COVID-19 Pre-Hospital Triage Guidance
Approved by State Disaster Medical Advisory Committee (SDMAC) - 4/1/2020

Background

There are multiple triage opportunities in every community, including pre-hospital triage opportunities. In larger communities there may be more. These include:

1. **Community Messaging**: Hospitals, public health, tribal health, community health representatives and public service organizations have the ability to influence behavior. For purposes of COVID-19, messaging from these groups should focus on the following resources before either driving to the emergency department or calling 9-1-1:
   o Educating on why testing for COVID-19 is recommended only for certain groups;
   o Recognizing and differentiating mild illness from more severe illness;
   o The need to use their primary care physician, community clinics, the Arizona Poison Control system or telehealth for medical evaluation and advice.
2. **9-1-1 Call Screening**:
   o Virtually all dispatch centers have screening tools to prompt dispatch staff to ask specific questions of the caller in order to ascertain the nature of the medical complaint.
   o Most of the larger dispatch centers are already screening callers for COVID-19 symptoms in order to provide responding Fire and EMS staff with a pre-arrival notification so they can don appropriate PPE prior to accessing the patient. Smaller dispatch centers may not have the expertise or time to perform that service.
   o It is reasonable to request that Medical Dispatchers provide a brief notification to callers that they should not expect to be transported to a hospital, but may be left at home with guidance or transported to an alternative destination based on EMS assessment.
3. **EMS Assessment**: All EMS agencies that provide advanced life support services in Arizona (95%), including tribal EMS, are required to have a Medical Director. These medical directors develop the clinical care protocols for EMS to use. These protocols are typically based upon the State medical guidance approved by the Medical Direction Commission, though regional and local variation is common.

   Since the beginning of Arizona's COVID-19 response, the Medical Director of the ADHS Bureau of EMS and Trauma Systems has issued regular guidance on PPE, and assessment and treatment of individuals with suspect COVID-19 infection. Most recently, the Medical Director issued guidance that is intended for use during initial stages of COVID-19 surge and focuses on assessing patients at home, and when the illness is mild, leaving them at home with public education materials. More severe cases would be transported or referred to alternate care sites including hospital triage areas.

The Medical Director for the Bureau of EMS and Trauma has worked with subject matter experts to further expand the alternative triage, treatment, and transport guidelines (ATTTG) to specifically address COVID-19. These include a quick-use tool to assist EMS in identifying high risk patients that would require transport to the hospital.

4. **Hospital Triage Areas**: In times of surge or mass casualty incidents, hospitals establish stand-alone areas where hospital staff dedicated to rapid assessment of illness see patients that arrive at a hospital either by private vehicle or by ambulance. This is another opportunity to triage which patients can be safely referred to an alternate care site, receive care at home, or potentially be admitted to the hospital.

On March 25, 2020, the Director of the Arizona Department of Health Services sent a communication to the chief executives of all hospitals in Arizona encouraging them to immediately activate their facility disaster plan, initiate triage practices to reduce emergency department burden, including the establishment of on-site, free-standing triage tents and to immediately prepare for an influx of critical patients by opening up additional beds and space for the treatment of COVID-19 patients. On March 26, 2020, Governor Ducey issued an executive order requiring hospitals to increase capacity for COVID-19 preparedness, including requiring hospitals to implement triage processes and develop triage criteria to relieve excess burden on emergency departments.

EMS COVID-19 Response	
Conventional	Patient calls 911, PSAP performs routine screening, EMS dispatched, EMS either transports the patient to the Emergency Department or obtains a patient refusal. EMS agencies approved for ADHS BEMSTS Treat and Refer program can refer or transport patients to alternative destinations or treat patients and leave them at home.
Contingency	ADHS BEMSTS activates COVID-19 Treat and Refer guidelines for all EMS agencies to implement.
Crisis	Pandemic Crisis Standards of Care guidelines released for all EMS agencies to implement.

Recommendations

1. Hospitals, Public Health, Tribal Health, Community Health Representatives and public service organizations should create and distribute messaging to the public on why testing for COVID-19 is recommended only for certain groups, how to recognize and differentiate mild illness from more severe illness and how to manage symptoms at home, importance of home isolation for symptomatic individuals, and the need to refer to their primary care physician, community clinics, Arizona Poison Control Systems for medical evaluation and advice.

2. The Arizona Office of 9-1-1 should distribute guidance to all PSAPS on how to communicate to callers that based on the assessment provided by EMS, they should not expect to be transported to a hospital, but may be left at home with guidance or transported to an alternative destination.

3. The ADHS Bureau of EMS and Trauma System should communicate the following to all Arizona EMS agencies:
   a. The clinical and operational status of the Arizona healthcare system is at Contingency Status and that they should expect to change to Crisis Status in the near future;
   b. Every EMS agency operating in a community experiencing a COVID-19 surge should implement a Treat and Keep Home protocol for individuals with mild illness and a Treat and Refer to Alternate Care Sites for individuals with more severe illness. These guidelines should include patient education on home care and self-isolation;
   c. Fire service EMS agencies should consider deployment strategies to increase utilization of 2-person response units for the next 60 days.

ADHS

COVID-19
Dispatch Protocol

Every 911 Call

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Does the individual report:
- Fevers or chills
AND
- Cough or dyspnea

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YES TO BOTH	YES TO ONE	NO

YES TO BOTH

1) When possible dispatch the closest 2-person resource & limit number of EMS personnel in direct contact with the patient
2) Provide pre-arrival alert to responders: **High-risk COVID-19 Patient**
3) Instruct the patient to wait outside of the building to await EMS, if patient is able
4) Instruct other people at the scene to restrict contact with the patient unless wearing appropriate personal protective equipment (PPE)
5) When safe, instruct single medic to evaluate the patient with **ENHANCED** PPE*

YES TO ONE

1) Dispatch normal resource, limiting the number of EMS personnel in direct contact with the patient
2) Provide pre-arrival alert to responders
3) Instruct the patient to wait outside of the building to await EMS, if patient is able
4) Instruct other people at the scene to restrict contact with the patient unless wearing appropriate personal protective equipment (PPE)
5) When safe, instruct single medic to evaluate the patient with **STANDARD** PPE*

NO

1) Dispatch normal resource
2) No pre-arrival alert

* Please follow CDC guidelines for PPE recommendations.

EMS Guideline for Care of Patients with Suspected COVID-19

ADHS

Clinical concern for COVID-19 infection & Symptoms requiring EMS Treatment and Transport

Don PPE**
Place surgical mask on patient (may use NC under mask)

Stabilizing Measures
1. Administer oxygen (NC preferred) and titrate to SaO_2 of $\geq$ 88%
2. Obtain IV/IO access as indicated
3. Administer IVF only to treat shock (SBO <90)
4. Modify standard guidelines to minimize aerosolization of the virus.*

1. Transport to the closest appropriate receiving facility
2. Provide receiving facility notification:
   - "Possible COVID-19"
   - Primary Symptoms
   - If any aerosolizing measures were used (Avoid use, if possible. See asterisk below*)

*__Basic Airway management:__
- Perform all basic and advanced airway procedure in enhanced PPE **
- Avoid high flow oxygen: maintain an O_2 sat $\geq$88% using < 6LPM O_2.
- Place surgical mask over nasal cannula.

*__Medications:__
- No nebulizer use for patients with wheezing and likely COVID-19.
- Consider using patient's own MDI, 1-2 puffs every 5 minutes.
- Administer 0.3 mg of IM epinephrine, 1:1000, no more than once every 20 minutes, if needed for respiratory distress, use caution in patients over the age of 50 or with known cardiac disease.

*__Avoid Positive Pressure Ventilation (PPV): CPAP/BIPAP__

*__Advanced Airway Management:__
- Early RSI is not recommended in the prehospital setting.
- **For cardiac arrest, avoid endotracheal intubation and high flow O_2 for passive oxygenation.**
  - Insertion of supraglottic airways is preferred.
  - Passive oxygenation in cardiac arrest may be performed by attaching a BVM to the SGA (with a viral filter, if available), allowing oxygen to flow through the BVM or passive oxygenation port at 10 Lpm without manual ventilation.
  - When ventilation is necessary, agencies should use available devices to limit exposure to aerosolized particles (examples: PEEP valves to close exhalation ports when present, viral filters, etc.)

**Enhanced PPE: prioritize use of masks blocking aerosolized particles (N95, P100, etc.) when any medication or procedure is being provided that generates aerosolized particles (nebulizers, PPV, airway suction, etc.)

COVID-19 Alternative Destination Tool

ADHS

COVID-19 Positive Screen

Perform patient evaluation
Obtain vital signs

Does the patient exhibit no, moderate, or severe vital sign abnormalities?

SEVERE | **MODERATE** | **NO**

1. Transport the patient to the nearest emergency department.
2. Notify the receiving facility of a positive COVID-19 screen.

Evaluate patient for special considerations.

Evaluate patient for special considerations.

1. Send patient to the nearest alternate care site or ED.*
2. Notify the receiving facility of a positive COVID-19 screen.

1. Proceed with home quarantine and COVID-19 hotline referral.**
2. Provide the patient with their vital signs.

Vital Sign Severity Scale

Severe	Moderate
RR >24	RR >20
O_2 Sat <90%	O_2 Sat <94%
SBP < 100	SBP < 110

Special Considerations

Per CDC guidelines, patients with advanced age or significant medical comorbidities (heart conditions, lung problems, diabetes, etc.) should be transported to a higher level of care.

* EMS agencies should consider using an alternative destination policy when the state approves use of these services or when the EMS agency identifies that increased call volumes are impacting their ability to deliver normal care. Alternate care sites can include outpatient and primary care clinics, urgent cares, screening tents, and telemedicine resources.

** The COVID-19 Hotline is 1-844-542-8201.

Respiratory Guidelines

ADHS

Initiate Usual Respiratory Protocol

Evaluate patient for risk factors with triage tool.

1

Each of the following counts as <u>one</u> point:	
Age <2 or >55	History of diabetes
History of heart disease	Difficulty ambulating
Tachycardia or bradycardia	Unable to seek outpatient care
Abnormal lung sounds or history of lung disease (COPD, asthma, pulmonary fibrosis, etc.)	
History of immunosuppression (HIV, cancer, etc.) or currently taking immunosuppressive medications (chemotherapy, transplant, etc.)	

3

Each of the following counts as <u>three</u> points:
Hypotension (Pediatric guide: 70 + 2 x age in years)
Tachypnea, shortness of breath, or increased work of breathing
SpO2 $\leq$ 90% on room air

Total the number of points for the patient, as above.

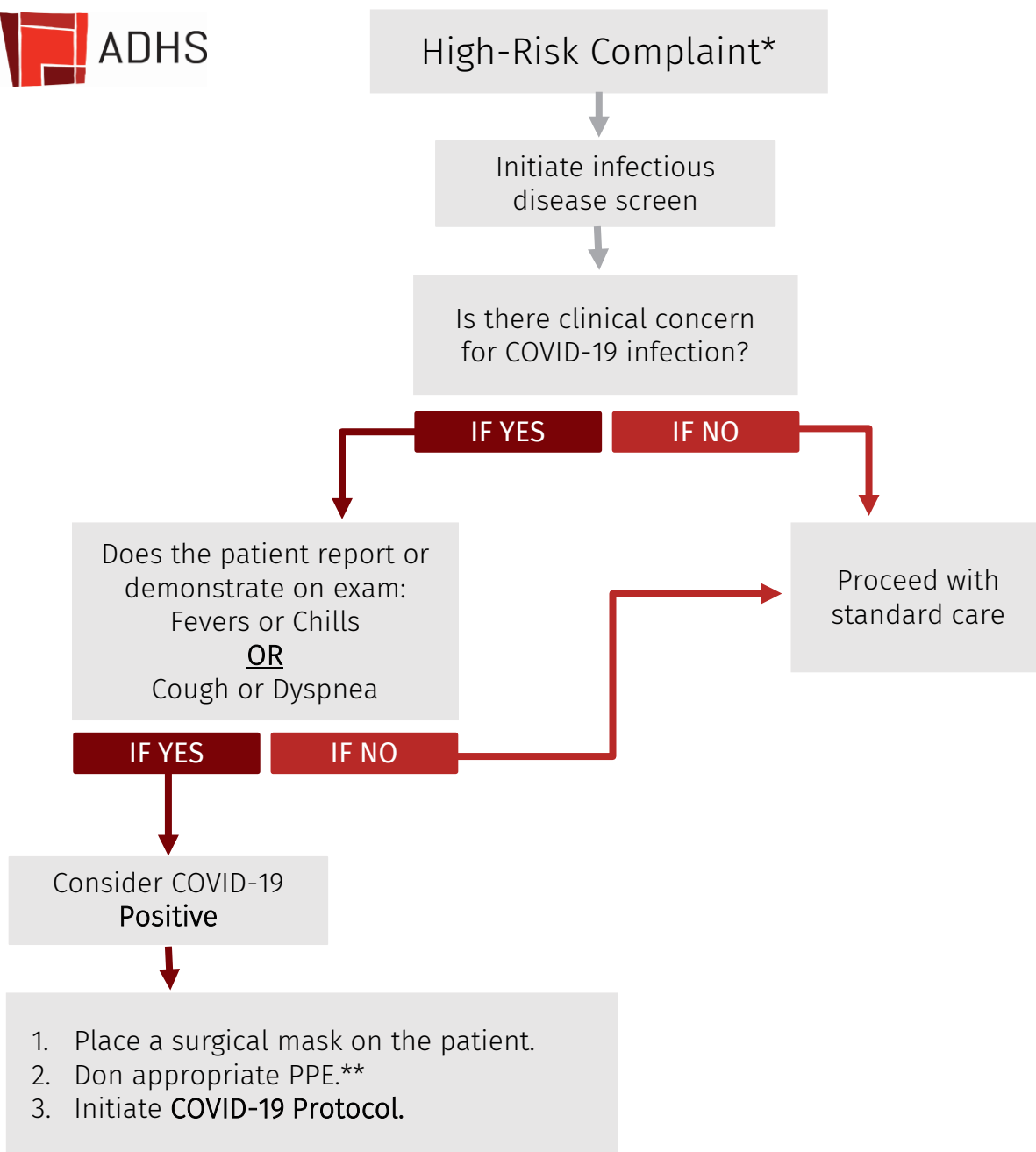| 3 or more	1 or 2	0
Transport patient by ALS to the nearest emergency department.	Transport patient BLS or POV to the nearest alternate care site.	Encourage patient to seek outpatient care with primary care provider or urgent care.

EMS Screening Tool for COVID-19

ADHS

High-Risk Complaint*

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Initiate infectious disease screen

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Is there clinical concern for COVID-19 infection?

IF YES → **IF NO**

IF YES → Does the patient report or demonstrate on exam:
Fevers or Chills
OR
Cough or Dyspnea

IF NO → Proceed with standard care

IF NO →

IF YES ↓

Consider COVID-19
Positive

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1. Place a surgical mask on the patient.
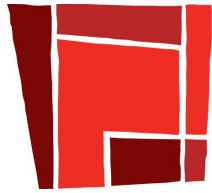2. Don appropriate PPE.**
3. Initiate **COVID-19 Protocol.**

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* Several complaints may implicate the need for pandemic triage, including: Breathing Problems, Cardiac or Respiratory Arrest, Chest Pain, Headache, Sick Person, Unconscious, Shortness of Breath/Difficulty Breathing, or patients with these symptoms in combination with GI symptoms.

** The PPE providers use should be determined by their agency leadership and safety team based on CDC guidelines.

Note: Interventions that generate aerosols increase the risk of virus transmission, including bag valve mask ventilation, oropharyngeal suction, nebulizer treatment, positive pressure ventilation (CPAP/BiPAP), intubation, and CPR. Prioritize N95 masks to providers administering these interventions. If possible, **aerosolizing interventions should be paused** when entering hospitals or public spaces.

Example EMS Scripting Information for COVID-19 Treat and Refer Patient:

Emergency Medical Services evaluated you today for an apparent viral respiratory infection (e.g., influenza, COVID-19, and other common respiratory viruses). Because emergency departments are overloaded, we are only allowed to transport patients whose illness is serious. At this time your illness does not require you to go to the emergency department. Your vital signs are within acceptable ranges, including your heart rate, breathing rate, blood pressure, and oxygen level.

It is important that you continue to treat your symptoms, monitor your own condition, and take steps to prevent spreading the infection to others. If your condition changes significantly, you may request that EMS re-evaluate you.

Steps to help prevent the spread of COVID-19 if you are sick

FOLLOW THE STEPS BELOW: If you are sick with COVID-19 or think you might have it, follow the steps below to help protect other people in your home and community.

Stay home except to get medical care

- **Stay home:** People who are mildly ill with COVID-19 are able to recover at home. Do not leave, except to get medical care. Do not visit public areas.

- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you feel worse or you think it is an emergency.

- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people in your home, this is known as home isolation

- **Stay away from others:** As much as possible, you should stay in a specific "sick room" and away from other people in your home. Use a separate bathroom, if available.

- **Limit contact with pets & animals:** You should restrict contact with pets and other animals, just like you would around other people.

  - Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people with the virus limit contact with animals until more information is known.
  - When possible, have another member of your household care for your animals while you are sick with COVID-19. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with them. See COVID-19 and Animals for more information.

Call ahead before visiting your doctor

- **Call ahead:** If you have a medical appointment, call your doctor's office or emergency department, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.

Wear a facemask if you are sick

- **If you are sick:** You should wear a facemask when you are around other people and before you enter a healthcare provider's office.

- **If you are caring for others:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then people who live in the home should stay in a different room. When caregivers enter the room of the sick person, they should wear a facemask. Visitors, other than caregivers, are not recommended.

Cover your coughs and sneezes

- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.

- **Dispose:** Throw used tissues in a lined trash can.

- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.

- **Hand sanitizer:** If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.

- **Soap and water:** Soap and water are the best option, especially if hands are visibly dirty.

- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items

- **Do not share:** Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.

- **Wash thoroughly after use:** After using these items, wash them thoroughly with soap and water or put in the dishwasher.

Clean all "high-touch" surfaces everyday

Clean high-touch surfaces in your isolation area ("sick room" and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of the home.

- **Clean and disinfect:** Routinely clean high-touch surfaces in your "sick room" and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
  - If a caregiver or other person needs to clean and disinfect a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.
- High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.
- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
  - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
  - Most EPA-registered household disinfectants should be effective. A full list of disinfectants can be found hereexternal icon.

Monitor your symptoms

- **Seek medical attention, but call first:** Seek medical care right away if your illness is worsening (for example, if you have difficulty breathing).
  - **Call your doctor before going in:** Before going to the doctor's office or emergency room, call ahead and tell them your symptoms. They will tell you what to do.
- **Wear a facemask:** If possible, put on a facemask before you enter the building. If you can't put on a facemask, try to keep a safe distance from other people (at least 6 feet away). This will help protect the people in the office or waiting room.
- **Follow care instructions from your healthcare provider and local health department:** Your local health authorities will give instructions on checking your symptoms and reporting information.

If you develop **emergency warning signs** for COVID-19 get **medical attention immediately.**

Emergency warning signs include*:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.

How to discontinue home isolation

- People **with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:
  - *If you will not have a test* to determine if you are still contagious, you can leave home after these three things have happened:
    - You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers)
      AND
    - other symptoms have improved (for example, when your cough or shortness of breath have improved)
      AND
    - at least 7 days have passed since your symptoms first appeared
  - *If you will be tested* to determine if you are still contagious, you can leave home after these three things have happened:
    - You no longer have a fever (without the use medicine that reduces fevers)
      AND
    - other symptoms have improved (for example, when your cough or shortness of breath have improved)
      AND
    - you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

In all cases, follow the guidance of your healthcare provider and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances.

More information is available here.

Additional information for healthcare providers: Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus.