



## RESPIRATORY VIRAL SYNDROME TRANSPORT DECISION

**Effective:** April 13, 2020  
**Replaces:** New  
**Review:** April 13, 2021

### 1. Purpose

- 1.1. The purpose of this protocol is to assess the medical necessity for transport of adult patients calling 911 for mild fever and respiratory symptoms to acute care hospital emergency departments during periods of increased healthcare system utilization. This includes patients seeking transport to receive testing for the COVID-19 or other respiratory viruses. Assessment is based upon risk factors for respiratory illness progression, vital signs and the ability of the patient to seek outpatient healthcare.

### 2. High Risk Patients

- 2.1. High risk patients are defined as a patient with a symptom or complaint with the presence of one (1) or more comorbid factors. This will be assessed by the patient's past medical history. If the patient has any of the following conditions with symptoms, they are to be transported to an acute care receiving facility.
  - 2.1.1. **Age > 60 years** (protocol applies to adults 18-60 years).
  - 2.1.2. **Blood Disorders** such as sickle cell disorder or on blood thinners.
  - 2.1.3. **Chronic Kidney Disease or Renal Failure** including patients that have been advised to reduce or omit medications due to kidney disease or is receiving dialysis.
  - 2.1.4. **Chronic Liver Disease** such as cirrhosis and chronic hepatitis, including patients that have been advised to reduce or omit medications due to chronic liver disease or is receiving treatment for liver disease.
  - 2.1.5. **Immunosuppression (Compromised Immune System)** any patient receiving chemotherapy or radiation for the treatment of cancer, received an organ or bone marrow transplant, taking high dosages of corticosteroids or other immunosuppressant medications or has a past medical history of HIV or AIDS.
  - 2.1.6. **Current or recent pregnancy with in the last two weeks.**
  - 2.1.7. **Endocrine Disorders** such as diabetes mellitus.
  - 2.1.8. **Metabolic Disorders** such as inherited metabolic disorders or mitochondrial disorders.
  - 2.1.9. **Heart disease** such as congenital heart disease, congestive heart failure or coronary artery disease.
  - 2.1.10. **Lung Disease** such as asthma, chronic obstructive pulmonary disease (COPD) or other chronic conditions associated with impaired pulmonary function or that require home oxygen.
  - 2.1.11. **Neurological and neurodevelopmental disorders** including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury.



### 3. Patients with an Advanced Life Support (ALS) Complaint or Symptom

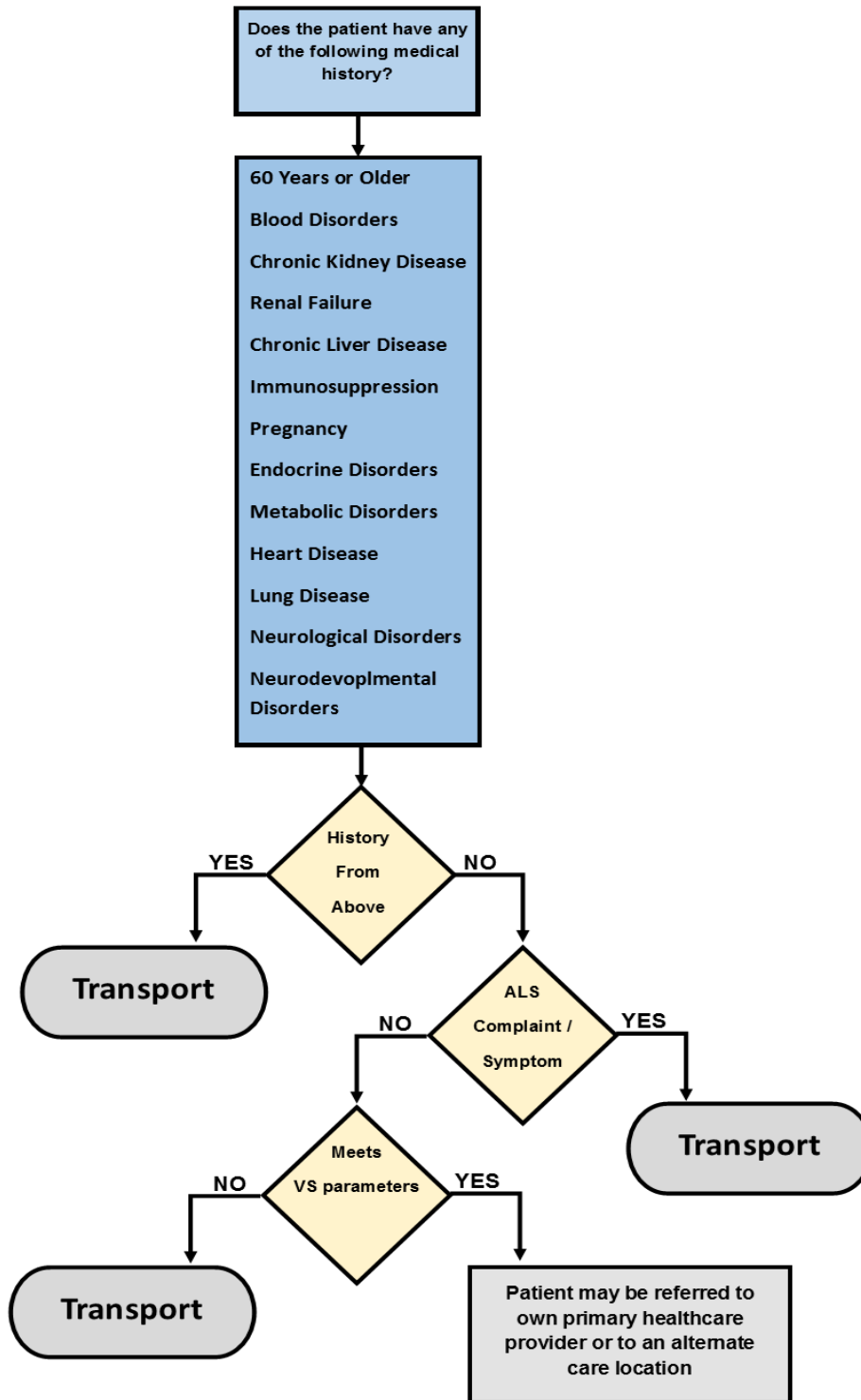
- 3.1. Any patient with an ALS complaint and/or condition requiring ALS intervention or an abnormal vital sign (obtained at any point during patient interaction) regardless of the presence of respiratory virus symptoms will be transported to the appropriate receiving facility in accordance to **Policy 602**.
- 3.2. Vital sign parameters for referral to outpatient follow up: SpO<sub>2</sub> ≥ 94% and respiratory rate < 20/minute.

### 4. Low Risk Patients with no complaint or Symptom

- 4.1. Patients that do not meet any of the above criteria and are reliable with the legal authorization to refuse care and/or transport, per **Policy 502** (Patient Consent and Refusal for EMS Services) should be referred to their own primary healthcare provider or to an alternative care location avoiding transport to an acute care receiving facility by 911 Emergency Medical Services (EMS). Before care is terminated the patient must demonstrate the capacity and ability to reactivate the 911 system if they start to exhibit associated respiratory infection symptoms or the onset of an unrelated condition or symptom.
- 4.2. Home isolation advice:
  - 4.2.1. Stay at home and seek healthcare provider treatment if symptoms worsen.
  - 4.2.2. Call 911 for progressive dyspnea, dizziness, vomiting, chest pain or confusion.
  - 4.2.3. Isolate at home with social distancing, avoiding contact with high-risk persons. Use over the counter medications for fever, cold and flu symptoms.
  - 4.2.4. Maintain isolation for 72 hours after symptoms resolve or as advised by a healthcare provider.
  - 4.2.5. Virus testing may not be necessary. Follow the advice of a healthcare provider but do not seek testing by calling 911 or going to a hospital emergency department.



5. Screening Flow Chart



Protocol # 700-S14