

COVID-19: Field Triage Guideline

Revised August 4, 2021

PURPOSE:

To identify patients that are safe to assess and not transport to a hospital during widespread cases of confirmed COVID-19 virus.

This protocol is only authorized for patients with signs or symptoms consistent with COVID 19 (fever, cough, shortness of breath) or concerning contact or travel history.

INDICATION FOR COVID-19 FIELD TRIAGE PROTOCOL: Offline Medical Director for service has decided to enact field triage guidance based on local indications and consultation with hospital leadership and Mississippi EMS.

INITIAL ASSESSMENT:



Responders who will have close contact (less than six (6) feet) with any potential emergency medical patient should don appropriate personal protective equipment before making contact.



If dispatch advises that the patient is:

- Suspected of having infectious disease (COVID-19) or has had close contact with someone being evaluated for or diagnosed with COVID-19, **OR**
- Patient is exhibiting symptoms including fever, or cough, or shortness of breath, **THEN**

EMS practitioners should put on appropriate PPE before entering the scene. Initial assessment should begin from a distance of at least 6 feet from the patient and be limited to one EMS practitioner if possible.



EVALUATE PATIENT FOR SEVERITY OF DISEASE:



Respiratory Distress? *severe breathlessness, unable to finish a sentence in one breath, use of accessory muscles, respiratory exhaustion*

Increased Respiratory Rate? *over 30 breaths per minute in adult*

Oxygen Saturations less than 93% on RA (room air)?



Evidence of Severe Dehydration or Shock? *SBP less than 90 mmHg and/or DBP less than 60 mmHg, reduced skin turgor, severely dry mucous membranes, dizziness on postural changes*



Changes in Mental Status? *any alteration of mental status, confusion, agitation, seizures, drowsiness, GCS < 15*



Chest Pain (other than mild with coughing)?

Patient with worsening symptoms? *especially in second week of illness*



Any history of immunosuppression? *patients treated for HIV, patients receiving chemotherapy, transplant patients*



ALL NO? Patient less ill.
Proceed to next page.



Any YES? Patient clinically ill.

Proceed with standard medical treatment protocols. Patient should be transported to the hospital, maintaining infection control principles of limiting exposure to patient, masking patient, wearing appropriate PPE, and minimizing aerosol-generating procedures, when possible.

Alert hospital as soon as operationally feasible.

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Consider the patient's age

Consider patient's past medical history
Assess for underlying pulmonary, cardiac or renal disease, or underlying malignancy.

Evaluate the patient's eligibility for home care

Are there caregivers in the home?
Is there a separate room where the patient can recover without sharing immediate space with others?
Are there resources for access to food or other necessities?
Are there medically-fragile patients in the home?

Discuss the feasibility of home care with Medical Direction.

Patients most appropriate for home care include those with the following characteristics:

1. Meet all criteria for "less ill".
2. Ages between 5 and 65 years old
3. Is generally healthy without significant burden of underlying medical disease.
4. Has support, resources and caregivers in the home with no medically-fragile co-inhabitants.

If Home Care Deemed Appropriate by Medical Direction

1. Leave the CDC home instructions with patient (attached to this protocol).
2. Assure the patient has a support system.
3. Assure the patient is competent.
4. Assure that the patient consents to not being transported.
5. Suggest the patient contact their primary care physician.
6. Patient should be advised to follow up with health resources as per **local plan**.
7. Ask the patient to call 9-1-1 for worsening symptoms, including worsening dyspnea.

If Home Care Deemed NOT Appropriate by Medical Direction

Transport patient to the hospital, maintaining infection control principles of limiting exposure to patient, masking patient, wearing appropriate PPE, and minimizing aerosol-generating procedures, when possible.

Alert hospital as soon as operationally feasible.