

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	5052.01
	<u>PROGRAM DOCUMENT:</u> <b>Assess and Refer for Low Acuity Patients          During the COVID-19 Outbreak - NEW</b> <b>DRAFT 09/30/21</b>	Initial Date:	
		Last Approval Date:	
		Effective Date:	
		Next Review Date:	

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EMS Medical Director

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EMS Administrator

**Purpose:**

- A. This policy will become ACTIVE ONLY after approval from both the Sacramento County Emergency Medical Services Agency (SCEMSA) on-duty administrator and the 9-1-1 dispatch when they concur that SCEMSA is facing a critical ambulance shortage [need to define a specific trigger based on an EMS surge plan]
- B. To guide the evaluation and transport decisions for patients experiencing low acuity illness or injury.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9
- C. Executive Order N-25-20

**Principles:**

- A. Sacramento County is experiencing severe Emergency Department over-crowding and prolonged Ambulance Patient Off LoadTime (APOT) resulting in critical ambulance shortages and prolonged EMS response times as a result of the SARS-CoV-2 coronavirus outbreak and multiple other operational factors.
- B. The Assess and Refer policy is part of a broader EMS surge plan which may include recruitment of ambulances from outside the traditional 9-1-1 system, modifications to ambulance dispatch timing, additional SCEMSA / Medical Health Operational Area Coordinator (MHOAC) efforts to shorten APOT, and more.
- C. The Assess and Refer policy will identify patients whose condition does not require transport by 9-1-1 emergency ambulance.

**Definitions:**

- A. **Low risk potential COVID-19 patients:** Patients greater than 12 months of age and less than 65 years of age with fever and/or respiratory complaints.
- B. **Emergency Medical Condition:** A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs are also indications of an emergency medical condition. Patients who meet any criteria for Base Contact are also considered to have an emergency medical condition.

## Policy:

- A. The following "Assess and Refer" criteria apply to all clinical situations below:
  - a. Low acuity illness, injury, or behavioral health complaint which does not warrant transportation to the emergency department.
  - b. The means necessary to successfully navigate the referral, including health plan coverage, means of reliable transportation, competent patient or responsible care giver who will ensure the appropriate follow up in a timely manner.
  - c. The patient, guardian, or parent should meet all of the following:
    - i. Is an adult (>18 years old), or legally emancipated.
    - ii. Is oriented to Person, Place, Time, and Situation.
    - iii. Exhibits no evidence of:
      1. Altered Level of Consciousness.
      2. Alcohol or drug ingestion that impairs Decision Making Capacity.
    - iv. Exhibits evidence of Decision Making Capacity sufficient to understand the nature of the medical condition, as well as the risks and potential consequences of not seeking additional medical care/transport from the provided referral.
    - v. The patient would benefit from the provided referral.
  - d. Appropriate care resources for referral include:
    - i. The patient's existing health system, clinic or primary provider.
    - ii. Pre-identified list of urgent care clinics which have agreed to accept EMS referred patients. **[need appendix with list of clinics from hospitals]**
    - iii. Pre-defined mental health clinic/hospital (see behavioral health section below).
  - e. All advice given and referral made shall be documented on the electronic Patient Care Record (ePCR).
  - f. EMS personnel shall document a disposition of "Patient Evaluated, No Treatment / Transport Required."
    - i. NEMSIS field: eDisposition.12 – option 4212021 should be activated as an option on ePCR software.
  - g. **ALL** scene calls with a 'assess and refer' disposition will be reviewed by the provider agency, **AND** a list of these calls will be provided to SCEMSA daily.
    - i. NEMSIS field: eDisposition.26: - option 4226007 – (Problem Specific Instructions Provided) shall be required (Information provided to patient during disposition for patients not transported or treated.)
  - h. 'Assess and Refer' patients **SHALL NOT** be documented as an 'Against Medical Advise' (AMA) on the ePCR.
  - i. **If the patient or the patient's legal representative requests that the patient be transported after assurance that the transport is not needed, EMS personnel shall honor the request and transport per SCEMSA Destination Policy 5050.**

## Respiratory Infection:

- A. Inclusion criteria for 'Assess and Refer': Patients with mild symptoms of respiratory infection (e.g., fever, cough, upper respiratory illness) AND with NONE of the following:
  - a. Complaint of shortness of breath or;
  - b. Chest pain or
  - c. Syncope
  - d. Abnormal vital signs for age
  - e. History of significant comorbid disease including;

- i. COPD,
  - ii. CHF,
  - iii. cCrldiac disease,
  - iv. Renal failure,
  - v. Immunodeficiency, or
  - vi. Emergency medical condition per paramedic judgment.
- B. Patients meeting inclusion criteria, or their guardian, or parent should be advised that their current condition does not require transport to the emergency department.
- C. EMS personnel shall advise the patient to:
  - a. Seek follow-up treatment as needed with their physician or appropriate referral clinic.
  - b. Isolate themselves at home, apply appropriate social distancing, avoid contact with high-risk persons, and self-monitor their condition for worsening symptoms.

**Traumatic Injury:**

- A. Inclusion criteria for assess and refer of minor trauma:
  - a. Does not meet Trauma Triage Criteria (TTC)
  - b. No Loss of Conscious or head trauma
  - c. Glasgow Coma Scale (GCS) =15
  - d. No indication for Spinal Motion Restriction (SMR)
  - e. No abnormal breath sounds or oxygen saturation
  - f. Hemorrhage controlled with non-pressure dressing
  - g. No joint or long bone gross deformity or instability
  - h. Intact Circulation, Sensation, Motion (CSM) in all extremities
  - i. Able to bear weight and ambulate
- B. Patients meeting inclusion criteria or their guardian or parent should be advised that their current condition does not require transport to the emergency department.
- C. EMS personnel shall advise the patient to seek follow-up treatment as needed with their physician or appropriate referral clinic (wound care and radiology capable).

**Behavioral Health:** [This requires a list of accepting BH facilities, and their approval of this section of the protocol] [need appendix with list of clinics from hospitals]

- A. 'Assess and Refer' for behavioral health complaints can only be performed by a Mobile Integrated Health (MIH) unit by staff trained in Specific, Measurable, Attainable, Relevant, and Time-bound (SMART) clearance of behavioral health patients per the Serria Sacramento Valley Medical Society (SSVMA) SMART Medical Clearance Project: <http://smartmedicalclearance.org/>
- B. Inclusion criteria for assess and refer of behavioral health patients:
  - a. No acute medical complaints
  - b. Meet all criteria as outlined in the SMART Medical Clearance Form
  - c. Have a negative rapid antigen COVID test performed by MIH staff
  - d. Patient is cooperative / agreeable with treatment and transportation plan to referral facility
- C. The MIH team will ensure transportation and appropriate supervision in transit is arranged to the receiving facility.
- D. The MIH team will contact the receiving Behavioral Health facility to notify them of the referral.