



# Initial Questions re: Implementing DOH Protocol Viral Pandemic Triage v1.0

**IQ Version 3-23. If further questions arise this document will be updated and redistributed.**

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This protocol is designed to give EMS providers a tool in an effort to reduce the transport of patients with mild influenza like illness to the ED and reduce unnecessary Medical Control contact. This is a paradigm shift from the normal practice of “every patient should be encouraged to go to the ED”. For the duration of this pandemic it is important to minimize the number of patients going to the ED, tying up limited hospital and EMS resources. Patients identified by this protocol will be better served isolating at home and they should be contacting their primary healthcare provider and if necessary contacting the COVID-19 hotline to arrange testing.

EMS Providers should use common-sense and discretion to avoid a situation that could turn contentious or violent. With Law Enforcement agencies being discouraged to automatically respond, make sure to request them if needed.

**In order to help your agency implement this protocol, we have compiled questions we’ve received this morning, and our answers.**

**Q: When should we start using this protocol?**

A: Immediately, it is now an approved New York State Protocol that should be used by all levels of EMS provider, CFR, EMT, AEMT, and Paramedic.

**Q: If I have to stay 6 feet away, how do I check vitals and handle paperwork?**

A:  
The 6 foot distance is recommended for your initial assessment. During this assessment you will ask the required screening questions and determine whether the patient has signs and symptoms of Influenza Like Illness (ILI). IF the patient does have s/s of ILI then you should don PPE per CDC recommendations (mask, gloves, gown, and eye protection). If the patient does not have s/s of ILI then you should don PPE per agency policy.

Once you have determined an appropriate PPE level a single provider can approach the patient, and perform a full assessment, take vital signs and handle any paperwork as needed.



Erik Larsen, MD  
Chairperson

## **Q: When do I need to contact medical control?**

A: You do NOT need medical control to leave a patient at home if they meet all of the “no” criteria on the left side of the protocol. Medical control should be utilized if the patient triggers a “yes” for either abnormal vitals, medical history, or secondary/underlying conditions *and you feel they would be better served at staying at home*. In these “yes” cases, medical control will evaluate the significance and provide patient specific guidance as to whether that patient should be left at home or transported to the ED.

Medical control can also be used if the patient fits the “non-transport” criteria, but insists on transport. If EMS explaining the reasoning for staying home, along with the COVID-19 Patient Information Handout is not sufficient to convince the patient, then medical control can speak to them directly or through the crew members. In this case the physician can assist in explaining to the patient why it is more appropriate for them to stay at home. If the conclusion of this conversation is that the patient cannot be convinced to stay at home then EMS may provide transport if guided to do so by the physician. Be sure to document the name of the physician, the hospital you called and the time/date of the conversation.

NOTE: Make sure to decontaminate the telecommunications device used to contact Medical Control. The second provider may be used to establish contact and hand over the device,

## **Q: If a patient fits the criteria for non-transport do I need to complete an RMA?**

A: The most appropriate disposition (if available in your PCR) is “treated and released per protocol” (NEMESIS code 4212029). If the patient is willing to sign an RMA then this can be included in the documentation, however at this time it does not appear an RMA signature is a requirement of the protocol.

## **Q: Does this protocol apply to all patients?**

A: Yes, the screening should be performed on all patients. If the patient does not have s/s of ILI, OR the patient has ILI but also abnormal vital signs, or underlying medical conditions then these conditions should be treated using normal BLS or ALS protocols, and a transport decision should be made regardless of the ILI symptoms, medical control can be consulted for difficult or unclear situations.

## **Q: What is the local health department COVID-19 hotline?**

A: 211 (General COVID-19 Information)  
NYS: 1-833-626-7662 / 1-855-626-7662