

Web-Based/WhatsApp Assessment Tool

ACTIVATED 3/27/20 under EMS
Crisis Matrix and Colorado
Crisis Standard of Care.

DESCRIPTION

A Web-based assessment tool is a patient engagement platform that can be utilized in the mitigation of Public Health Events to promote social isolation while ensuring patients have a meaningful assessment. This guideline will be activated/deactivated at the discretion of the Medical Director in consultation with EMS agency leadership and/or Incident Command.

WHEN A PATIENT SELECTS IN UNDER THE EIDS DISPATCH PROTOCOL OR SCREEN IN THROUGH EMS

- 1) While EMS is responding the dispatcher/EMS provider will ask the patient if they have the approved web-based application if they do not the patient will be asked to upload the approved web-based application onto their personal device/computer.
- 2) The patient will be asked for the needed identifier corresponding with their the approved web-based application account.
- 3) The patient will be advised to meet the provider outside while maintaining their distance from the crew.
- 4) Upon arrival, the provider will don a surgical mask and gloves then stand no less than 15 feet (one full size car length) back from the patient and ensure the approved web-based application is properly operational.
- 5) The provider will then place the automated blood pressure and SpO₂ on the ground 15 feet (one full size car length) back away from the patient.
- 6) The provider will then move back into the ambulance/apparatus and the patient will take the medical equipment inside the house.
- 7) The provider will then conduct the remote assessment utilizing the approved web-based application.
- 8) The patient assessment shall be conducted as outlined in the [INFECTIOUS DISEASE TRIAGE](#) Guideline.

SELECTS IN FOR TREATMENT IN PLACE

- 1) If the patient selects in for Treatment in Place, they will be provided with a document packet:
 - a) A copy of the patient home care instruction sheet for COVID-19 with the DHS support number.
 - b) A copy of the Release of Care (ROC) form.
 - c) The ROC script.
- 2) The provider will instruct the patient to contact the ROC and consent line at 719-686-6663.
- 3) The patient must call the first time and select option # 1 for the ROC line. The provider shall instruct the patient to listen carefully to the information provided.
- 4) When the recording is completed, the patient should be instructed to clearly state the **name of the agency that is with them, the patient's full name, and their date of birth.**
- 5) The patient should be reminded that they will be contacted by a community paramedic via approved web-based application or phone call within 12 – 24 hours for a follow-up welfare check.
- 6) After leaving the area the crew shall follow doffing procedures as noted in the [RESPIRATORY ISOLATION COVID-19](#) Guideline.
- 7) Patients that select in for treatment in place must be reported to their respective counties Department of Human Services (DHS) and Public Health through the ICS system.

SELECTS OUT FOR TREATMENT IN PLACE/TRANSPORT TO HOSPITAL

- 1) If the patient selects out for treatment in place, then the provider will request an EIDS protocol prepared ambulance for transport.
- 2) Crew member one will don full PPE and then instruct the patient to meet them outside and apply a surgical mask and gloves.
- 3) Crew member two in surgical mask and gloves will work with the patient no closer than 15 feet or one ambulance length back.

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- 4) Crew member two will remain uncontaminated so he can bring items into the other crew member and conduct all communications.
- 5) Once the COVID-19 ambulance arrives care will be transferred as appropriate.
- 6) After leaving the area the crew member two shall follow doffing procedures as noted in the [RESPIRATORY ISOLATION COVID-19](#) Guideline.

FOLLOW-UP WELFARE CHECK

- 1) All patients that select in for treatment in place will receive a follow-up welfare the approved web-based application or phone call within 12-24 hours of ROC.
- 2) Welfare checks will be conducted via the approved web-based application or telephone if the approved web-based application is not available. These follow-ups will not be prescheduled.
- 3) The agency with transport authority or Manitou Springs FD shall conduct all Welfare check phone calls.
- 4) If the patient cannot be contacted via the approved web-based application, then a welfare phone call must be attempted by calling Woodland Park Police Department and asking for a recorded line and providing the patients phone number. WPPD will connect you and ensure the call is being recorded.
- 5) If the patient cannot be reached via either method, then a single resource response unit from the local first responder EMS agency may be dispatched along with law enforcement on a welfare check.
- 6) Once contacted the patient should be asked the following:
 - a) Do you have increased SOB?
 - b) New onset C/P that does not change with a deep breath or pressing on your chest?
 - c) Do you have any new concerns that you did not have yesterday?
- 7) The provider should also look and listen to the patient, do they have:
 - a) Signs of increased work of breathing consistent with pending respiratory failure?
 - b) Cyanosis or poor skin color?
 - c) Diaphoresis?
 - d) Altered level of consciousness beyond the reported baseline?
- 8) Yes, to any of the above requires a response from local EMS providers for a physical assessment and probable deselection from the treat in place program.
- 9) Confirm that the patient has connected with a provider through telehealth. If not, help them establish a plan to do so utilizing the telehealth resources provided in the after-care instructions.
- 10) Advise the patient to continue following their provider's orders and the home care instructions.

DOCUMENTATION

- 1) Documentation is the responsibility of the EMS provider assessing the patient and shall be completed by the end of their shift or within 24 hours whichever comes first.
- 2) The EMR should include a history of present illness, vital signs, physical assessment, and any signs of clinical intoxication.
- 3) All treatments, interventions, decisionality, and outcomes should also be documented.
- 4) If a patient is not transported a Release of Care must be completed via the ROC line and the Audio file must be attached to the ePCR.