Reporting and documentation requirements

1. Appropriate pre-arrival notification must be provided to the receiving facility. This will allow healthcare personnel at the facility sufficient time to prepare an isolated room for the patient and don appropriate PPE. Furthermore, some facilities may have implemented alternative destination and treatment protocols for PUIs (e.g. outdoor clinical staging areas to screen patients for coronavirus) and may direct the ambulance crews to those destinations vice the emergency department. Please follow guidance provided by your local, regional, and State health departments.
2. Complete all required patient care documentation. In the PCR narrative (or appropriate drop down menu for ePCRs), document exactly what type of PPE was used for patient care (e.g. face shield and surgical mask, gown + eye shield + N95 respirator + gloves). This may have public health implications when determining if staff need to implement self-quarantine measures or if they require active surveillance for higher risk exposures (e.g. provider was coughed on by a patient not wearing a surgical mask and the provider had not donned a surgical mask or respirator).
    a. Guidance is available on the CDC website that helps determine level of risk of exposure and what measures, if any, need to be taken post-patient contact.
3. COVID-19 is a reportable illness. Everyone must be aware of their local and state reporting requirements and how to submit reports (e.g. for persons in Virginia, utilize the following website). Everyone should also be familiar with reporting requirements to the patient's chain of command and local military public health authorities (e.g. NEMPU, local MTF, etc).

Patient refusals

1. It is likely that our ambulance crews will come into contact with persons with fever + respiratory symptoms who may end up refusing transport. In these instances, all efforts should be made to obtain all relevant contact information for the patient so that proper reporting to local and military public health officials can be performed. This may facilitate follow up, testing of the patient, and helps with the collection of epidemiologic data.
    a. To accomplish this, gather:
        i. The patient's contact information (address, phone numbers)
        ii. Work location and contact information for a supervisor
        iii. Relevant travel and exposure history
        iv. Symptoms of the patient
    b. Provide this information to your immediate chain of command at the Fire Station. They will work with your District leadership to coordinate with local PHEOs, MTFs, and installation Commands or CDO to ensure information is properly passed.
2. Depending upon the extent of the outbreak, it may reasonable to consider *encouraging* patient refusals after EMS treatment and assessment (i.e. treat and release). This may reduce the risk of exposure to EMS crews and hospital staff, as well as reduce the burden on local emergency departments to see and treat what will likely be a large number of positive cases with mild symptoms.

    **NOTE – this procedure can only be fully implemented by Navy Fire & ES personnel who are operating under US Navy EMS protocols, and will only be implemented in the field when it is officially ordered by the local / regional EMS Medical Director. For all other locations, EMS clinicians should continue to follow their local or state protocols for patient transport. This

procedure can be presented to your local medical director or local, regional, or State EMS advisory boards for consideration and implementation in your jurisdiction.

a. Inclusion criteria:
    i. Age < 50 years
    ii. Patient with a fever + respiratory symptoms (e.g. dry cough, dyspnea, productive cough, sore throat, congestion or rhinorrhea)
    iii. Speaking in full sentences. Does not appear to be in respiratory distress
    iv. Normal lung exam – good air movement and no diffuse rhonchi, rales, or wheezing
    v. Able to provide contact information
    vi. Has access to medical follow up
    vii. Is able to self-isolate and quarantine at home and not living with high risk persons
b. Exclusion criteria:
    i. High risk criteria – diabetes mellitus, hypertension, cardiovascular disease, cancer, immunosuppression, chronic respiratory illness
    ii. Vital signs abnormal for age, in particular: SpO2 < 95% on room air, respiratory rate > 20 breaths per minute, or hypotensive (SBP < 100 mmHg)
    iii. Presence of any other condition that may require immediate treatment and evaluation (e.g. chest pain)
c. Steps
    i. Don appropriate level of PPE
    ii. Provide the patient a surgical mask.
    iii. Obtain medical history and recent travel / exposure history
    iv. Obtain all necessary contact information and document on the appropriate PCR and refusal records.
    v. Explain that the patient will receive minimal to no medical interventions if transported by EMS
    vi. Contact online medical control for physician consultation to approve the refusal
    vii. Encourage the patient to either self-isolate at home or to self-transport to the nearest hospital capable of performing COVID-19 testing.
    viii. If the patient self-transports, ensure proper notification is provided to the hospital
    ix. If the patient self-isolates at home, provide information on how to care for oneself at home, how to limit risk of exposure to close contacts, and how to monitor for symptoms of worsening disease (i.e. development of dyspnea). Explain that the disease severity tends to peak after 1 week from the onset of symptoms
        1. What you need to know about COVID-19
        2. What to do if you are sick with COVID-19
    x. Advise the patient they can always call back EMS for transport to a hospital at any time.