

Federal Healthcare Resilience Task Force

EMS/Prehospital Team

Best Practices for COVID-19 Call Screening and Modified Response

Product (EMS10) Purpose

Intended to provide procedural guidance to EMS agencies on practices that could result in improved call screening and Public Safety Answering Point and EMS care with the potential to decrease unnecessary COVID-19 transports to hospitals. If adopted these could alleviate a significant load to the currently strained healthcare system, and decrease additional infectious disease exposures among the community and healthcare providers. NOTE: protocols would have to be approved by state or local medical oversight

Developed By

The Federal Healthcare Resilience Task Force (HRTF) is leading the development of a comprehensive strategy for the U.S. healthcare system to facilitate resiliency and responsiveness to the threats posed by COVID-19. The Task Force's EMS/Pre-Hospital Team is comprised of public and private-sector Emergency Medical Service (EMS) and 911 experts from a wide variety of agencies and focuses on responding to the needs of the pre-hospital community. This Team is composed of subject matter experts from NHTSA OEMS, CDC, FEMA, USFA, US Army, USCG, and non-federal partners representing stakeholder groups and areas of expertise. Through collaboration with experts in related fields, the team develops practical resources for field providers, supervisors, administrators, medical directors and associations to better respond to the COVID-19 pandemic.

Intended Audience

State, Local, Tribal, and Territorial Governments (SLTTs) EMS agencies and 911 Public Safety Answering Points (PSAPs) /Emergency Communication Centers (ECCs)

Expected Distribution Mechanism

EMS.gov, 911.gov, Stakeholder Calls, EMS stakeholder organization's membership distribution Email mechanisms, USFA website, Social Media posts

Primary Point of Contact

NHTSA Office of EMS, nhtsa.ems@DOT.gov, 202-366-5440

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This guidance applies to all EMS delivery models including but not limited to; free standing, municipal third-service; fire-based, hospital-based, private, independent, volunteer, and related emergency medical service providers.

Best Practices for COVID-19 Call Screening and Modified Response Public Service Answering Points (PSAPs)/Emergency Communications Centers (ECCs) Call Screening

This document is intended to provide procedural guidance to Public Safety Answering Points (PSAPs) and Emergency Medical Service (EMS) agencies on practices that could result in improved call screening and EMS care with the potential to decrease unnecessary COVID-19 transports to hospitals. If adopted these could alleviate a significant load on the currently strained healthcare system, and decrease additional infectious disease exposures among the community and healthcare providers. NOTE: protocols would have to be approved by state or local medical oversight

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- For all requests for emergency care (including interfacility transports) the dispatcher/call taker should ask the following questions:
 - Has the Patient had a positive COVID-19 test?
 - Is the Patient A COVID-19 Person Under Investigation (PUI)? – (PUI is defined as: A patient who has been tested for COVID-19 but has not received their result).
 - Does the patient have Flu-like symptoms (fever, chills, tiredness, cough, muscle aches, headaches, sore throat or runny nose)?
 - The dispatcher/call taker should document any positive findings in their report.
 - **NOTE:** Recent travel is no longer a recommended question
- If the caller answers YES to ANY of the above, this information should be relayed to response agencies and the **Modified COVID-19 Response** Procedure should be followed
- If the caller answers NO to ALL of the above – response agencies should follow their normal response procedure

Modified COVID-19 Response (Caller answered YES to ANY PSAP/Dispatch screening questions)

- First Responders/Emergency Medical Responders (non-transport)
 - It is recommended First Responders/Emergency Medical Responders **NOT** respond to limit potential exposures.
 - If First responders/Emergency Medical Responders respond, it is recommended that their response is limited to life safety only.
- Emergency Medical Services (transport units)

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- It is recommended that, when possible, only one EMS clinician make contact with the patient using PPE (while N95, eye protection, gown, gloves, and face shield continue to be the recommended standard, during times of limited supplies or limited availability of resupply, eye protection, gloves and surgical mask are acceptable alternatives).
- If treatment and transport are required, consider having a single EMS clinician, in PPE, approach and treat the patient while isolating other EMS clinicians, family members and bystanders away from the patient.
- If transporting, it is advised that family members should not accompany the patient. Consideration may be given if the patient is a minor or vulnerable adult. However, the CDC recommends against family members riding in the ambulance. For more information, see the [Interim Guidance for Emergency Medical Services \(EMS\) Systems and 911 Public Safety Answering Points \(PSAPs\) for COVID-19](#).
- Consider treat-in-place/treat-no-transport guidelines (as approved by state or local medical oversight) for medically stable patients with the CDC identified COVID-19 signs and symptoms:
 - Fever as defined as 100.4 or greater without fever medications
 - Dry cough
 - Aches
 - Fatigue
- Examples of PSAP/ECC Resources:
 - CDC Recommendations for 911 PSAP can be found in the [Interim Guidance for Emergency Medical Services \(EMS\) Systems and 911 Public Safety Answering Points \(PSAPs\) for COVID-19](#)
 - National Emergency Number Association suggested triage questions can be found [on the NENA webpage.*](#)
 - Association of Public Safety Communications Officials recommendations for caller interrogation can be found [on the APCO webpage.*](#)
 - Protocol 36 (Emergency Medical Dispatching protocol) – Used on all calls where initial complaint is difficulty breathing, chest pain, headache, fever, and one additional flu symptom was identified during the call (for Emergency Dispatch clients) can be found [on the Academies of Emergency Dispatch webpage.*](#)

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