ASSESS AND REFER GUIDELINES

DECLARATION

The Yolo County Emergency Medical Services Agency has determined that an unscheduled revision to Yolo County Emergency Medical Services Protocol will be issued when emergency changes or immediate implementation of practices is necessary in order to ensure the protection of the public’s health and safety.

Issuance of administrative orders shall bypass the normal review process. Administrative Orders will be executed by the Medical Director, or their designee, in matters of medical control (when of a clinical nature), and such orders may be made effective immediately. Administrative orders will either be formalized into policy or expire one (1) year after issuance unless terminated earlier by the Yolo County Emergency Medical Services Agency.

STATEMENT OF CHANGE

The Assess and Refer process identifies patients whose condition does not require transport by 9-1-1 emergency ambulance. All 9-1-1 calls for EMS will receive an appropriate response, timely assessment, and appropriate patient care.

Assess and Refer Criteria:
The patient, guardian, or parent should meet each of the following criteria:
• Is an adult (18 years of age or over), is legally emancipated if under the age of 18, or is in the care of a parent or guardian
• Is oriented to Person, Place, Time, and Situation
• Exhibits no evidence of:
  o Altered Level of Consciousness
  o Alcohol or Drug ingestion that impairs decision making capacity
• Exhibits evidence of decision-making capacity appropriate to understand the nature of the medical condition, as well as the risk and potential consequences of not seeking medical care/transport from the provider referral.
• The patient would benefit from the provider referral
• The patient, guardian, or parent is likely to successfully navigate the provider referral

Documentation Requirements:
• Physical exam
• Evidence that the patient is oriented and acting appropriately for their age
• Indications that there were no signs of significant impairment due to drugs, alcohol, organic causes, or mental illness
• Observations that support the Assess and Refer guidelines
• Care/treatment was offered, and a provider referral was provided
• The efforts made to encourage the patient, guardian, or parent to seek care via the provider referral
• The person(s), if any, who remained to look after the patient
PREHOSPITAL SCREENING FOR RESPIRATORY ILLNESS/COVID-19

Assess and Refer can only be done by ALS providers

For any patient presenting with fever/coughing/sneezing or shortness of breath of unknown etiology:

Stable Patients for Assess and Refer

Vital Signs:
- Temperature < 100.4°F < 65 years
- Temperature < 99.6°F for patients ≥ 65 years
- Respirations < 22
- SpO2 ≥ 95%
- Heart Rate < 110
- Blood Pressure ≥ 100 Systolic
- No decreased LOC

Medical History:
- Age < 65 years
- No lung OR heart disease
- No diabetes
- Not immunocompromised
- Not pregnant

If the patient meets the above criteria, but is requesting transport, contact Base Hospital for direction.

Patients who should be evaluated in an ED

Chief Complaint:
- Shortness of breath of unknown etiology
  - Not a current exacerbation Asthma/COPD/CHF

Vital Signs:
- Temperature ≥ 100.4°F < 65 years
- Temperature ≥ 99.6 °F for patients ≥ 65 years especially those with respiratory symptoms or history
- Heart Rate > 110
- Respirations < 8 or >30
- Blood Pressure < 100/p
- SpO2 < 95%
- Decreased LOC

Medical History:
- Age > 65 years
- Past medical history of lung OR heart disease
- Diabetes
- Immunocompromised
- Pregnant
ASSESS AND REFER GUIDELINES
PROVIDER NURSE TRIAGE LINES

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<thead>
<tr>
<th>Provider</th>
<th>Contact</th>
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<tr>
<td>Sutter</td>
<td>866-961-2889</td>
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<tr>
<td>Dignity</td>
<td>877-944-1058</td>
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<td>CommuniCare</td>
<td>877-250-1670</td>
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<tr>
<td>Northern CA VA</td>
<td>800-382-8387</td>
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<td>Partnership Health</td>
<td>800-863-4155</td>
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<td>Health Net</td>
<td>800-893-5597</td>
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<td>Kaiser Members</td>
<td>866-454-8855</td>
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<td>Aetna Better Health</td>
<td>855-772-9076</td>
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<td>Anthem Blue Cross</td>
<td>800-224-0336</td>
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<td>Blue Shield</td>
<td>877-304-0504</td>
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<td>Molina Healthcare</td>
<td>866-472-0601</td>
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QUESTIONS
Please direct questions to Kristin Weivoda via email at Kristin.weivoda@yolocounty.org or by phone 530-666-8671.

EXECUTION
Administrative Order Number 03-2020 is effective as of March 20, 2020. This administrative order may result in a change to policy that will be reviewed through the annual policy review process.