



COUNTY OF SAN DIEGO
PUBLIC SAFETY GROUP
EMERGENCY MEDICAL SERVICES



Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: TEMPORARY EMERGENCY POLICY
Assess and Refer Option for Patients
During the COVID-19 Pandemic

POLICY NO: S-415A
PAGE: 1 of 11
EFFECTIVE DATE: March 27, 2022
DEACTIVATION DATE: September 1, 2022

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.94, 1797.153 and Division 1010, Section 101310, and [State of California Proclamation of State of Emergency, March 4, 2020](#)

I. PURPOSE

- A.** To establish a procedure for on-scene patient evaluation and referral to medical care as an alternate to immediate 9-1-1 emergency ambulance transport to an Emergency Department.
- B.** To identify patients who meet criteria considered safe and appropriate for the Assess and Refer Option:
 - 1. Stable patients suspected or confirmed to have COVID-19 (Appendix A)
 - 2. Stable patients with minor extremity trauma (Appendix B)
 - 3. Stable patients with other low-acuity presentations if authorized by a Base Hospital Physician Order (BHPO) (Appendix C)

II. BACKGROUND

- A.** San Diego County is experiencing COVID-19 pandemic-related healthcare system stress, including Emergency Department/Hospital crowding and prolonged Ambulance Patient Offload Times (APOT).
 - 1. The Assess and Refer Option augments the broader pandemic mitigation strategy.
 - 2. The Assess and Refer Option identifies patients whose condition does not require immediate 9-1-1 emergency ambulance transport to an Emergency Department.
- B.** The Assess and Refer Option represents a shared decision-making process to provide the best, most appropriate care for individual patients, including minimizing their risk of infectious disease exposure.



COUNTY OF SAN DIEGO
PUBLIC SAFETY GROUP
EMERGENCY MEDICAL SERVICES



Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: TEMPORARY EMERGENCY POLICY
Assess and Refer Option for Patients
During the COVID-19 Pandemic

POLICY NO: S-415A
PAGE: 2 of 11
EFFECTIVE DATE: March 27, 2022
DEACTIVATION DATE: September 1, 2022

C. Definitions

**Designated Decision
Maker (DDM):**

An individual to whom a person has legally given the authority to make medical decisions concerning the person's health care (i.e., a parent, legal guardian, an "attorney-in-fact" through a Durable Power of Attorney for Health Care (DPAHC), or an "agent" through an Advance Health Care Directive).

Emergency Patient:

Any person for whom the 9-1-1/EMS system has been activated and who meets the following criteria:

1. Has a chief complaint or suspected illness/injury
2. Is not oriented to person, place, time, or event
3. Requires or requests field treatment or transport
4. Is a minor who is not accompanied by a parent or legal guardian and is ill or injured, or appears to be ill or injured

Patient-Centered Care:

Defined as:

1. A patient's health needs are the deciding factor behind all health decisions and quality measurements.
2. Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.
3. Focusing care on the needs of the person rather than the needs of the service.



COUNTY OF SAN DIEGO
PUBLIC SAFETY GROUP
EMERGENCY MEDICAL SERVICES



Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: TEMPORARY EMERGENCY POLICY
Assess and Refer Option for Patients
During the COVID-19 Pandemic

POLICY NO: S-415A
PAGE: 3 of 11
EFFECTIVE DATE: March 27, 2022
DEACTIVATION DATE: September 1, 2022

III. POLICY

- A.** Paramedics and EMTs authorized by the agency medical director who are working within the 9-1-1 system may use the Assess and Refer Option.
- B.** The following conditions shall be met in order to apply the Assess and Refer Option:
 - 1. The emergency patient must be stable and meet one of the criteria outlined in the appendices
 - 2. The emergency patient and/or DDM demonstrates the ability to safely follow medical advice
 - 3. Patients directed to alternate sources of care must have all necessary resources to access that care:
 - a. These elements shall include communication and transportation resources, and timely access to medical care
 - b. If on-scene EMS personnel determine patient referral to in-person medical care is necessary following evaluation, availability of reliable transportation outside of the 9-1-1 system must be available¹
 - 4. EMS personnel shall provide culturally appropriate, patient-centered care
 - 5. For patients not requiring BHPO (Appendix A & B), base hospital medical consultation remains available to assist with Assess and Refer decision-making
- C.** If the patient/DDM requests immediate 9-1-1 emergency ambulance transport to an Emergency Department, EMS personnel shall transport per [County of San Diego EMS Policy S-407 Triage to Appropriate Facility](#)²
- D.** Patients not meeting low-risk criteria, as defined in the appendices, shall be treated and transported per San Diego County EMS Policies [S-407](#) and [S-415](#), and County EMS

¹ Immediately accessible reliable transportation includes, but is not limited to, private vehicle, rideshare services, or other methods.

² During periods with heavy EMS system demand, EMS providers should consider modifying transportation to EMT ambulance per County EMS Policy S-412.



COUNTY OF SAN DIEGO
PUBLIC SAFETY GROUP
EMERGENCY MEDICAL SERVICES



Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: TEMPORARY EMERGENCY POLICY
Assess and Refer Option for Patients
During the COVID-19 Pandemic

POLICY NO: S-415A
PAGE: 4 of 11
EFFECTIVE DATE: March 27, 2022
DEACTIVATION DATE: September 1, 2022

Medical Director memo [EMS Patient Destination Considerations During The COVID-19 Outbreak](#)

E. Documentation and Quality Assurance

1. EMS personnel shall document in the electronic Patient Care Record (ePCR) that the patient has the resources needed to access alternate sources of medical care
2. EMS personnel shall document that the patient understands and accepts referral to other care as an alternate to immediate 9-1-1 emergency ambulance transport to an Emergency Department
3. EMS personnel shall not require patients that meet the Assess and Refer criteria to sign the Against Medical Advice (AMA) section of the ePCR
4. 9-1-1 Service Provider agencies shall review every Assess and Refer patient contact within 72 hours for criteria compliance. Inappropriate Assess and Refer patient contacts shall be forwarded to agency's Base Hospital for immediate review.

IV. PROCEDURE

1. For patients being referred to other resources, EMS personnel shall advise patients directly or via their DDM to:
 - a. Contact 2-1-1 and/or their medical home's telephone medical advice line
 - b. Seek follow-up treatment with their physician, preferably by telephone or televisit
2. Additionally, for patients meeting Appendix A criteria who are not transported by 9-1-1 emergency ambulance to an Emergency Department, EMS personnel shall provide:
 - a. Information about no-cost COVID-19 testing sites via the coronavirus-sd.com website
 - b. Information about outpatient COVID-19 treatment via the [MARC \(monoclonal antibody regional center\)](#) website
 - c. Patient education and supply of home pulse oximeter devices, as appropriate and available
 - d. Instructions to isolate at home, apply appropriate social/physical distancing, avoid contact with high-risk persons, and self-monitor their condition for worsening



COUNTY OF SAN DIEGO
PUBLIC SAFETY GROUP
EMERGENCY MEDICAL SERVICES



Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: TEMPORARY EMERGENCY POLICY
Assess and Refer Option for Patients
During the COVID-19 Pandemic

POLICY NO: S-415A
PAGE: 5 of 11
EFFECTIVE DATE: March 27, 2022
DEACTIVATION DATE: September 1, 2022

symptoms. For patients unable to isolate at home, EMS personnel can call the Care and Shelter hotline at 858-715-2350 or instruct the patient to call 2-1-1.

- i. Isolation shall be in accordance with County of San Diego, Health and Human Services Agency, Department of Public Health Services guidance located at coronavirus-sd.com.
 - ii. Ensure the newest version of the versions of the [Public Health Officer's Quarantine and Isolation Orders](#) are followed as they are frequently updated
 - e. Homecare instructions and referral contact information (2-1-1 or other contact appropriate for patient-centered care). These instructions may include [County of San Diego Home Isolation Instructions for COVID-19](#), [the California EMSA home care guidance](#), [COVID-19 Case Guide](#), or similar documents.
3. EMS personnel shall document the advice given to the patient/DDM in the ePCR. The following advice statement is recommended:
- a. **"It appears that you do not require emergency ambulance transportation to the hospital emergency department. You should seek care via your regular healthcare provider or a doctor's office or clinic, particularly if symptoms worsen. Call 2-1-1 for advice if you do not have access to other healthcare. If you develop shortness of breath, confusion, dizziness, or other severe symptoms, recontact 9-1-1 immediately."**



Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: TEMPORARY EMERGENCY POLICY
Assess and Refer Option for Patients
During the COVID-19 Pandemic

POLICY NO: S-415A
PAGE: 6 of 11
EFFECTIVE DATE: March 27, 2022
DEACTIVATION DATE: September 1, 2022

APPENDIX A

STABLE PATIENTS SUSPECTED OR CONFIRMED TO HAVE COVID-19 CRITERIA

Patients with suspected or confirmed COVID-19 infections and mild or no symptoms may require further medical assessment without immediate 9-1-1 emergency ambulance transport to an Emergency Department.

Patient inclusion and exclusion criteria for the Assess and Refer Option are described below.

I. ASSESS AND REFER PATIENT CRITERIA

A. ELIGIBLE PATIENTS (INCLUSION CRITERIA)

1. Asymptomatic patients older than 2 years of age requesting transport solely for COVID-related evaluations³
- OR**
2. Mildly symptomatic⁴ patients older than 2 years of age and younger than 60 years of age without risk factors for progression to severe illness from COVID-19

B. INELIGIBLE PATIENTS (EXCLUSION CRITERIA)

1. **FULLY VACCINATED AND BOOSTED⁵ PATIENTS WITH:**
 - a. An emergency medical condition per EMS personnel judgment

³ Examples of requests for COVID-19 evaluation may include but are not limited to requests for COVID testing, requests for COVID-19 outpatient treatment or prescriptions for COVID-19 outpatient treatment, exposure counseling, confirmation of self-administered test results, doctor/work/school notes, or other non-emergency medical requests.

⁴ Common symptoms of the Omicron variant infection include: headache, fatigue, sneezing, and sore throat; sometimes includes persistent cough, chills, and fever; and rarely includes loss of smell, chest pain, and shortness of breath.

⁵ Patients fully vaccinated and boosted without other high-risk co-morbidities are at low risk of progression to severe illness from COVID-19.



COUNTY OF SAN DIEGO
PUBLIC SAFETY GROUP
EMERGENCY MEDICAL SERVICES



Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: TEMPORARY EMERGENCY POLICY
Assess and Refer Option for Patients
During the COVID-19 Pandemic

POLICY NO: S-415A
PAGE: 7 of 11
EFFECTIVE DATE: March 27, 2022
DEACTIVATION DATE: September 1, 2022

- b. Abnormal vital signs for age including SpO₂ <94% (sustained measure, including on exertion), RR >20, or observed labored breathing⁶
- c. Suspicion the patient/DDM is impaired by alcohol or drugs
- d. The patient/DDM is unable to comprehend or demonstrate an understanding of their illness
- e. History of immunodeficiency, solid organ transplant, or current recipient of chemotherapy
- f. Symptomatic residents of skilled nursing facilities

2. UNVACCINATED OR INCOMPLETELY VACCINATED⁷ PATIENTS WITH:

- a. An emergency medical condition per EMS personnel judgment
- b. A complaint of shortness of breath, chest pain, or altered level of consciousness
- c. Abnormal vital signs for age including SpO₂ <94% (sustained measure, including on exertion), RR >20, or observed labored breathing⁸
- d. Suspicion the patient/DDM is impaired by alcohol or drugs
- e. The patient/DDM is unable to comprehend or demonstrate an understanding of their illness
- f. History of significant comorbid disease including COPD, CHF, diabetes, cardiac disease, renal failure, immunodeficiency, solid organ transplant, current recipient of chemotherapy, or pregnancy
- g. Residents of skilled nursing facilities

⁶ Presence of fever does not preclude the application of the Assess and Refer Option.

⁷ Incompletely vaccinated include patients that have not received a booster vaccination for the purpose of the Assess and Refer Option.

⁸ Presence of fever does not preclude the application of the Assess and Refer Option.



COUNTY OF SAN DIEGO
PUBLIC SAFETY GROUP
EMERGENCY MEDICAL SERVICES



Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: TEMPORARY EMERGENCY POLICY
Assess and Refer Option for Patients
During the COVID-19 Pandemic

POLICY NO: S-415A
PAGE: 8 of 11
EFFECTIVE DATE: March 27, 2022
DEACTIVATION DATE: September 1, 2022

APPENDIX B

STABLE PATIENTS WITH MINOR EXTREMITY TRAUMA CRITERIA

Patients with isolated low-mechanism extremity trauma/injuries often require further medical assessment but may not require immediate 9-1-1 emergency ambulance transport to an Emergency Department. These injuries may include sports-related musculoskeletal injuries, accidental household trauma, or other low-mechanism lacerations, abrasions, or injuries resulting in pain adequately managed with BLS treatments.

Patient inclusion and exclusion criteria for the Assess and Refer Option are described below.

I. ASSESS AND REFER PATIENT CRITERIA

A. ELIGIBLE PATIENTS (INCLUSION CRITERIA)

1. Patients older than 2 years of age and younger than 60 years of age with isolated low-mechanism extremity trauma/injury with:
 - a. Normal mental status (GCS 15 and oriented to person, place, time, and event)
 - b. Demonstrated ability to comprehend the importance of complying with referral instructions
 - c. Normal vital signs for adults (or [age-appropriate vital signs for pediatrics](#))
 - i. SBP \geq 90mm
 - ii. HR 60-100
 - iii. RR 12-20
 - iv. SpO₂ \geq 94% on room air (sustained measure, including on exertion)
 - d. Hemorrhage control using basic first-aid measures, including application of simple/non-pressure dressings
 - e. Ability to bear weight and ambulate
 - f. Immediately available alternate means of transportation to medical care



COUNTY OF SAN DIEGO
PUBLIC SAFETY GROUP
EMERGENCY MEDICAL SERVICES



Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: TEMPORARY EMERGENCY POLICY
Assess and Refer Option for Patients
During the COVID-19 Pandemic

POLICY NO: S-415A
PAGE: 9 of 11
EFFECTIVE DATE: March 27, 2022
DEACTIVATION DATE: September 1, 2022

B. INELIGIBLE PATIENTS (EXCLUSION CRITERIA)

- a. Any emergency medical condition per EMS personnel judgment
- b. Any ALS indication for treatment (including [S-141 Pain Management/S-173 Pediatric Pain Management](#))
- c. Any abnormal vital signs for age⁹
- d. Meets Trauma Center Patient Criteria, including Special Considerations ([T-460/T-460A](#))
- e. Any reported or suspected loss of conscious or head trauma
- f. Any joint or long bone gross deformity or instability
- g. Any indication for [Spinal Motion Restriction \(SMR\)](#)
- h. Impaired circulation, sensation, and motion (CSM) in any extremity
- i. Any non-accidental injury, including intimate partner violence and battery
- j. Any thermal or electrical injury
- k. Any suspicion of acute substance ingestion or overdose
- l. Any EMS provider suspicion the patient/DDM is impaired by alcohol or drugs
- m. Any suspected or reported homicidal or suicidal ideations or attempts, or a gravely disabled state
- n. Any involuntary hold, including law enforcement custody or conservatorship
- o. Any safety concerns in the current environment, including physical or social risk factors, fall/trip hazards, or other living situation concerns
- p. Any bleeding disorders, hemodialysis, or poor baseline physiologic reserves (e.g., severe cardiac and/or respiratory disease)
- q. Any anticoagulant or antiplatelet therapies (e.g., warfarin, clopidogrel, except ASA)

⁹ Initial abnormal vital signs do not preclude eligibility for the Assess and Refer Option if vital signs normalize during scene assessment (e.g., a resolved tachycardia).



COUNTY OF SAN DIEGO
PUBLIC SAFETY GROUP
EMERGENCY MEDICAL SERVICES



Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: TEMPORARY EMERGENCY POLICY
Assess and Refer Option for Patients
During the COVID-19 Pandemic

POLICY NO: S-415A
PAGE: 10 of 11
EFFECTIVE DATE: March 27, 2022
DEACTIVATION DATE: September 1, 2022

APPENDIX C

STABLE PATIENTS WITH OTHER LOW-ACUITY PRESENTATIONS CRITERIA

Patients with low-acuity presentations may require further medical assessment but may not benefit from immediate 9-1-1 emergency ambulance transport to an Emergency Department. Low-acuity patient presentations may include requests for medication refills or treatment of stable chronic conditions, and other conditions resulting in discomfort/pain adequately managed with BLS treatments.

Patient inclusion and exclusion criteria for the Assess and Refer Option are described below. BHPO is required for non-EMS transport patient dispositions.

I. ASSESS AND REFER PATIENT CRITERIA

A. ELIGIBLE PATIENTS (INCLUSION CRITERIA)

1. Patients older than 2 years of age and younger than 60 years of age with low-acuity presentations who meet the following criteria:
 - a. Normal mental status (GCS 15 and oriented to person, place, time, and event) and the patient/DDM comprehends and demonstrates an understanding of their condition
 - b. Normal vital signs for adults (or [age-appropriate vital signs for pediatrics](#))
 - i. SBP \geq 90mm
 - ii. HR 60-100
 - iii. RR 12-20
 - iv. SpO₂ \geq 94% on room air (sustained measure, including on exertion)
 - c. Ambulatory with steady gait without assistance (as appropriate for age)
 - d. Alternate means of transportation to medical care is immediately available (must be documented in the ePCR)

B. INELIGIBLE PATIENTS (EXCLUSION CRITERIA)

- a. Any emergency medical conditions per EMS personnel judgment



COUNTY OF SAN DIEGO
PUBLIC SAFETY GROUP
EMERGENCY MEDICAL SERVICES



Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: TEMPORARY EMERGENCY POLICY
Assess and Refer Option for Patients
During the COVID-19 Pandemic

POLICY NO: S-415A
PAGE: 11 of 11
EFFECTIVE DATE: March 27, 2022
DEACTIVATION DATE: September 1, 2022

- b. Any indication for ALS treatment (including [S-141 Pain Management/S-173 Pediatric Pain Management](#))
- c. Any abnormal vital signs for age¹⁰
- d. Any suspected or reported chest pain, syncope, or acute neurologic symptoms (e.g., focal weakness, dizziness, vertigo, imbalance)
- e. Meets Trauma Center Patient Criteria, including Special Considerations ([T-460/T-460A](#))
- f. Any reported or suspected loss of conscious or head trauma
- g. Any suspected or reported homicidal or suicidal ideations or attempts, or a gravely disabled state
- h. Any suspicion of acute substance ingestion or overdose
- i. Any involuntary hold, including law enforcement custody or conservatorship
- j. Any safety concerns in the current environment, including physical or social risk factors, fall/trip hazards, or other living situation concerns

¹⁰ Initial abnormal vital signs do not preclude eligibility for the Assess and Refer Option if vital signs normalize during scene assessment (e.g., a resolved tachycardia).