

# COUNTY OF SUFFOLK



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**DEPARTMENT OF HEALTH SERVICES**

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Commissioner

**To:** All Emergency Medical Service Providers in Suffolk County  
All Ambulance Services & Fire Departments in Suffolk County

**From:** Thomas Fealey, Deputy Chief of Operations *TF*

**Date:** March 24, 2020

**Subject:** New York State Department of Health, Bureau of Emergency Medical Services – “EMS Viral Pandemic Triage Protocol”

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As part of the ongoing state-wide pandemic response, in efforts to increase regional healthcare system capacity while simultaneously decreasing the impact of unnecessary EMS transports on both the EMS & hospital networks, the NYS BEMS has released an “EMS Viral Pandemic Triage Protocol.” The Suffolk County Regional Emergency Medical Advisory Committee (REMAC) met this evening to review this protocol and its impacts to the Suffolk County region. Under NYS guidance, the Suffolk REMAC has accepted this protocol as written and in its entirety. Effective immediately this protocol shall be utilized by all agencies and providers.

This protocol seeks to rapidly differentiate those patients who may have simple influenza-like-illness (ILI) from those with more serious ILI or other non-ILI related complaints. In doing so, patients identified as simple ILI cases will be screened for concerning symptoms or comorbidities which may necessitate hospital emergency department evaluation. Those patients with simple ILI who are not identified to have concerning signs, symptoms, or comorbidities will be provided with an informational handout, and transport will not occur. This process represents a paradigm shift from transporting all patient to a hospital to evaluating determining the need for transport.

The protocol, attached herein, operates as a flow chart, identifying exclusionary criteria as the provider works through it. ALL patient encounters, unless in extremis, should be screened under this protocol.

- The initial interview should take place from a minimum safe distance of six (6) feet from the patient. Any patients not falling into the ILI category should then be treated in accordance with standard Suffolk County ALS & BLS protocols as appropriate.
- Providers who identify patients as meeting ILI criteria should immediately don appropriate COVID-19 personal protective equipment, as per previous guidance, prior to initiating close contact with the patient.
- Continuing through the screening protocol, providers should conduct an assessment to evaluate the patient’s vital signs, inclusive of mental status, pulse oximetry, and temperature. Patients with vital signs outside of the designated ranges should be treated and transported accordingly. Pediatric patients should be triaged in accordance with age appropriate vitals as designated in the NYS BLS Protocols.
- Providers should then obtain a thorough medical history, with specific questions regarding diabetes, pregnancy, cardiovascular or pulmonary disease, and potential immunocompromising conditions (HIV, chemotherapy, auto-immune disorders, etc.).



DIVISION OF EMERGENCY MEDICAL SERVICES  
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- Lastly, providers should maintain a high-index of suspicion and assess for secondary or underlying conditions which the patient may have in addition to ILI (cardiac chest pain, CHF, etc.) Patients identified to have comorbidities or secondary medical concerns should be transported accordingly. When in doubt, or if appropriate disposition is unclear, online medical direction should be contacted for guidance.
- Patients that meet the criteria for non-transport and/or treatment in place should be informed that their illness does not necessitate evaluation within an emergency department setting and that ambulance transport will not occur.
- **If a patient should insist on transport, the provider should contact online Medical Control for further guidance.**
- Any patient who is not transported to a hospital must be provided with the attached handout. The handout includes information on what to do should symptoms worsen, how to limit exposure and cross-contamination within the home, NYS COVID-19 Hotline and the Suffolk County Health Department Hotline. In addition, providers should offer guidance and encouragement to remain hydrated, self-isolate and practice social distancing, and to follow the guidelines on the handout.
- Non-transport by means of this protocol does not exclude the provider of their customary documentation requirements, including completion of a NYS Patient Care Report or electronic Patient Care Report. Providers should document all assessments appropriately, especially the questions and assessments utilized to rule-out high risk criteria and comorbidities. As this is not a refusal of care, patients do not need to sign an acknowledgement, and the disposition should be indicated as “010 – other.” Electronic care record disposition should be documented as “Treated and Released – Per Protocol,” or platform equivalent. Should your ePCR validation rules require a patient signature, the provider should indicate “Not Applicable” by writing it into the signature field prior to completing the record. At no point should non-transport via this protocol be dispositioned as “No Patient Found,” “Refused Medical Attention,” or electronic equivalent.

Copies of this protocol can be found on the Suffolk REMSCO website.

Should you have further questions regarding implementation of this protocol, please do not hesitate to reach out to the EMS Division at 631-852-5080, or via email [thomas.fealey@suffolkcountyny.gov](mailto:thomas.fealey@suffolkcountyny.gov) or [nathaniel.bialek@suffolkcountyny.gov](mailto:nathaniel.bialek@suffolkcountyny.gov).

# EMS Viral Pandemic Triage Protocol

**During a pandemic, all patients must be screened for the following.  
Screening shall occur from a safe distance of six (6) feet.**

**Does the patient have s/s of Influenza Like Illness (ILI)?**

Fever greater than 100.4 °F or subjective temperature if thermometer is not available.

Sore throat	Wheezing
Nasal congestion	Cough
Post-nasal drainage	Headache
Shortness of breath	Fatigue
s/s of gastrointestinal distress	

NO

**Follow standard  
ALS & BLS EMS  
treatment protocols.**

## **DON PPE BEFORE INITIATING CLOSE CONTACT WITH THE PATIENT**

- N95 or surgical mask, gloves, gown and eye protection.
- Limit close contact to as few providers as possible. Other personnel should remain 6 feet away.
- Only providers wearing proper PPE should perform a close patient assessment.

\*Close contact means being within approximately 6 feet of a COVID-19 case for a prolonged period of time.

## **Perform an Assessment**

Age >65	Heart Rate > 110
Temperature >100.4F	Systolic BP < 100 mmHg
Respirations > 22	Altered mental status
SpO2 < 95%	

\* Refer to BLS protocols for pediatric vital signs

YES

**Follow standard  
BLS & ALS EMS  
treatment protocols.**

## **Obtain Patient Medical History**

Is the patient a diabetic?  
Is the patient pregnant?  
Does the patient have a cardiovascular or pulmonary disease?  
Is the patient immunocompromised (HIV, chemotherapy, etc.)?

YES

**Consult with medical  
control for any  
difficult or unclear  
situations.**

**If indicated,  
transport patient in  
accordance with  
DOH BEMS Policy**

**Does the patient have secondary or underlying medical  
conditions other than, or in addition to, ILI?**

Ex. chest pain concerning for cardiac cause, CHF, etc.

YES

## **This patient meets criteria for non-transport and/or treatment in place**

Provide the patient with the NYS DOH COVID-19 Hotline number and the NYS DOH EMS COVID-19 Patient Information Handout. If the patient insists on transport, contact medical control for guidance.



**Department  
of Health**

**Bureau of  
Emergency  
Medical Services**

# **Information Handout for Patients Not Transported by Emergency Medical Services**

## **If your symptoms worsen:**

- **Contact your health care provider.**
- **If it is an emergency, call 911.**
- **Upon first contact with any health care provider (physician, ambulance, emergency room, clinic) inform them immediately that you have a cough/fever so that they can treat you promptly and appropriately.**
- Consider taking over-the-counter medications that you normally use for cough/fever. If under age 15 do not take aspirin or aspirin containing products.
- Continue to take your regular medications unless your health care provider advises you otherwise.
- Stay at home until you have no fever for 24 hours without the use of fever-reducing medication.
- Avoid close contact with others.
- Cover your mouth when sneezing, blowing your nose or coughing.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Wash hands frequently and always after coughing/sneezing, etc. Use soap and water or alcohol-based hand sanitizer.
- Do not share glasses, cups, utensils, toothbrushes.
- Clean hard surfaces (especially in commonly used areas: bedroom, kitchen, bathroom) with standard household disinfectants.
- Contact your health care provider if you have any further questions or if your condition worsens.

## **NYS COVID-19 Hotline**

**Call 1-888-364-3065 for Information about COVID-19**

**Local Health Department COVID-19 Hotline:**

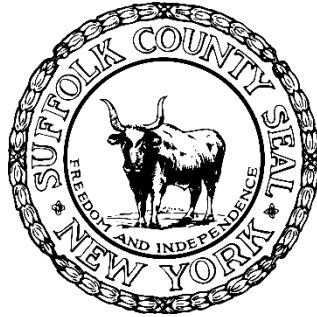
**631-853-0333**



### **Folleto de información para pacientes no transportados por servicios médicos de Emergencia**

Si los síntomas empeoran:

- Comuníquese con su proveedor de atención médica.
- Si es una emergencia, llame al 911.
- Al primer contacto con cualquier proveedor de atención médica (médico, ambulancia, sala de emergencias, clínica) infórmeles inmediatamente que usted tiene tos/fiebre para que puedan tratarlo de manera pronta y apropiada.
- Considere tomar medicamentos de venta libre que normalmente usa para la tos/fiebre. Si es menor de 15 años no tomen aspirina o productos que contengan aspirina.
- Continúe tomando sus medicamentos regulares a menos que su proveedor de atención médica le aconseje lo contrario.
- Permanezca en casa hasta que no tenga fiebre durante 24 horas sin el uso de medicamentos que reducen la fiebre.
- Evite el contacto cercano con otras personas.
- Cúbrase la boca al estornudar, soplar la nariz o toser.
- Evite tocarse los ojos, la nariz y la boca. Los gérmenes se propagan de esta manera.
- Lávese las manos con frecuencia y siempre después de toser/estornudar, etc. Use jabón y agua o desinfectante de manos a base de alcohol.
- No comparta vasos, tazas, utensilios, cepillos de dientes.
- Limpie las superficies duras (especialmente en las zonas de uso común: dormitorio, cocina, baño) con desinfectantes domésticos estándar.
- Comuníquese con su proveedor de atención médica si tiene más preguntas o si su afección empeora.



### **Over-The-Phone Language Interpretation Service Through LanguageLine<sup>SM</sup> Solutions**

As a service to all EMS providers, Suffolk REMSCO continues offer the following language interpretation service:

Language Line Services, Inc. (A LanguageLine<sup>SM</sup> Solutions Company).

Remember, it is of utmost importance to ‘get the story’ when responding to a call, even if the patient is not able to communicate well in English. Using an interpreter to facilitate communication is better than using a family member, bystander, child, or hand gestures, and is the standard of care. Errors that adversely affect patient care *can and do* happen as a result of poor communication.

To access an interpreter:

- Dial: [1-800-523-1786](tel:1-800-523-1786)
- Provide your Client ID Number: 572448
- Press 1 for Spanish or press 2 for all other languages (at the prompt, state the name of the language you need)
- Provide your: Access Code\*

*You will be connected to an interpreter who will provide his/her ID number.*

- Brief the interpreter.

*Summarize what you wish to accomplish and provide any special instructions.*

- Add the LEP onto the call.
- Say “End of Call” to the interpreter when your call is completed
- Document your use of an interpreter on your Patient Care Record

**[\\*Spreadsheet of Agency 4-digit Access Codes](#)**

**[11 Tips for Working with an Interpreter](#)**

**[Language Line Quick Reference Guide](#)**

This information can be found on the [Suffolk REMSCO](#) website under Headlines and Advisories.