Guidance for Skilled Nursing Facilities, Long Term Care Facilities, and Adult Family Home Care when requesting Emergency Medical Services

Purpose
As the COVID-19 pandemic continues to stress hospital and Emergency Medical Services (EMS) systems, County EMS Medical Program Directors are issuing guidance to short-term and long-term care facilities about the Emergency Medical Services response to these facilities. Washington State Department of Health recognizes the need to utilize all available medical resources prudently. To assist in this effort the algorithm below should help you in deciding when to call 911, when to call a private ambulance to transport your patients, and when to shelter-in-place.

Requesting Emergency Medical Services
If a hospital-based or public health assessment team is available to you, follow their activation protocol. They will assist you in determining the mode and destination for your patient’s transport.

If an emergency, or if directed by the algorithm below, contact EMS (call 911). When a provider calls 911, they will be asked a series of questions to determine if it is a potential flu/fever call. EMS personnel will use current protocols to determine if the patient may remain at your facility, needs to be transported, and if transported, the destination. This determination will be made through standing written EMS protocols or in a discussion between the Emergency Department Medical Control Physician and the EMS personnel. Do not call 911 to have a patient transported for a COVID-19 test in a nonemergency situation.

Generally, our assessment protocol includes parameters for EMS to determine if the patient has flu-like symptoms, without an immediate life-threatening condition. In these circumstances off-site physician orders and in-house nursing protocols prescribing transport may be overridden by the Emergency Department Medical Control Physician or the County EMS Medical Program Director.

EMS and Emergency Departments are working hard to limit COVID-19 exposures for everyone. Skilled Nursing Facilities and other short-term healthcare facilities will need to consider how to take care of respiratory (i.e. flu-like) patients in those facilities.

The algorithm guides Skilled Nursing Facilities and other short- or long term care facilities to “Make the Right Call” when considered the need for 911/EMS interventions.
Make the Right Call
Transportation Decision Guidelines

**L.O.C.**
- Altered L.O.C.
  - (deviated from baseline)
  - Or
  - Stroke symptoms?
- NO

**BREATHING**
- Difficulty Breathing?
- NO

**CHEST PAIN**
- Chest pain or severe abdominal pain?
- NO

**SHOCK**
- Signs of shock?
  - Tachycardia, arrhythmias, hypotension, agitation, confusion, coma, tachypnea, dyspnea, pallor, diaphoresis, cyanosis (in obstructive shock cases), mottling.
  - Vital signs that fall outside of expected ranges must be correlated with the overall clinical presentation.
- NO

**Call 911**

**Is this an acute* change?**

**Note:** If family initiates 911 call let the arriving EMS personnel know.

**If in doubt error on the side of patient!**

---

* Acute = Abrupt onset, in reference to a disease. An illness that is of short duration, rapidly progressive, and in need of emergency care.

** Consult with Physician on need for transport v. stay and treat and/or what the timeframe is before the patient needs to be seen at the ER. Can this patient wait for transport other than 911 or do they need to be seen right away.

---

Call private ambulance for non-emergency with medical need.

Call report to Emergency Department.

Call non-medical transport (e.g. paratransit) for patients with appointments.