Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Policy

HOME ASSESSMENT OF POSSIBLE COVID – 19 PATIENTS

National Ambulance Service (NAS)

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Table of Contents:

1.0 Policy

2.0 Purpose

3.0 Scope

4.0 Legislation/other related policies

5.0 Glossary of Terms and Definitions

6.0 Roles and Responsibilities

7.0 Procedure

8.0 Implementation Plan

9.0 Revision and Audit

10.0 Appendices

1.0 Policy Statement

1.1 The National Ambulance Service provides a home assessment service for patients that meet the Health Protection Surveillance Centre case definition for COVID – 19 and require clinical assessment and testing.

1.2 Patients are deemed to meet the case definition following a remote risk assessment by a Public Health Specialist.

1.3 This document describes the procedures the National Ambulance Service follows in providing home assessment of possible COVID – 19 patients.

2.0 Purpose

2.1 To describe procedures for call-taking and dispatch relevant to home assessment of possible COVID – 19 patients.

2.2 To describe procedures for NAS practitioners performing home assessment of possible COVID – 19 patients.

2.3 To describe procedures for recording and tracking of patients and test samples acquired by NAS practitioners from possible COVID – 19 patients.

2.4 To describe appropriate infection prevention and control procedures for NAS practitioners providing home assessments of possible COVID – 19 patients.

3.0 Scope

3.1 This policy applies to:

- all NAS practitioners assigned to home assessment roles in possible COVID – 19 patients and;
- all NAS NEOC staff providing call-taking and dispatch support to home assessment of possible COVID – 19 patients

4.0 Legislation/other related policies

NASCG012020 Ambulance Operations Procedure - Emergency Call for Suspected COVID-19

Interim Infection Prevention and Control Precautions for Possible or Confirmed 2019 novel Coronavirus (2019 nCoV), Middle East Respiratory Syndrome Coronavirus (MERS- CoV) and Avian Influenza A in Healthcare Settings v2.0 11.02.2020

Risk Assessment of Healthcare Workers with Potential Exposure to Covid19 Case v1.0 17/02/2020

5.0 Glossary of Terms and Definitions

AMPDS:	Advanced Medical Priority Dispatch System. The computer-aided decision support system used by NAS to triage emergency calls received via the 112/999 system.
COVID – 19:	A novel (new) coronavirus that has not previously been seen in humans was identified in Wuhan, China in December 2019. This virus is called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and the disease that it causes is called Coronavirus Disease 2019 (COVID-19).
HPSC:	HPSC is Ireland's specialist agency for the surveillance of communicable diseases and is part of Health Service Executive.
NAS practitioner:	A NAS staff member registered with the Pre – Hospital Emergency Care Council at Emergency Medical Technician, Paramedic or Advanced Paramedic level.
NEOC:	National Emergency Operations Centre. This provides emergency, urgent and routine call – taking and dispatch for the National Ambulance Service.
NVRL:	National Virus Reference Laboratory. The UCD National Virus Reference Laboratory (NVRL) provides a diagnostic and reference service for clinicians investigating viral infections throughout Ireland. The laboratory is affiliated to the University College Dublin School of Medicine.

6.0 Roles and Responsibilities

6.1 Director NAS: The Director of the National Ambulance Service has overall responsibility for the safe and effective implementation of this policy.

6.2 Medical Director NAS: The Medical Director of the National Ambulance Service is responsible for

- All clinical aspects of this policy, including the clinical governance of the home assessment service provided by NAS;
- Evaluation of the effectiveness of the home assessment service.

6.2 Deputy Director NAS: The Deputy Director of the National Ambulance service is responsible for the safe and effective operational implementation of this policy.

6.3 Chief Ambulance Officer - Education and Competency Assurance: The Chief Ambulance Officer - Education and Competency Assurance is responsible for the provision of all training needs. required for the safe and effective implementation of this policy.

6.4 Assistant Chief Ambulance Office – NEOC Informatics: The Assistant Chief Ambulance Officer – NEOC Informatics is responsible for the provision of effective and robust technical support for the safe and effective implementation of this policy.

6.5 Lead Ambulance COVID – 19 co-ordinator: the Lead Ambulance COVID -19 co – ordinator is responsible for the co-ordination of this policy across all elements of the NAS and with external stakeholders.

6.6 NEOC Manager: the NEOC Manager is responsible for the safe and effective delivery of this policy by all NEOC staff.

7 Procedure

7.1 NEOC

7.1.2 All calls received from a Public Health Specialist following a remote risk assessment relating to possible COVID – 19 patients will be assigned an AMPDS determinant of 26 – ALPHA – 12 C.

7.1.3 All calls received through the 112/999 system will be assigned an AMPDS determinant of 26 – ALPHA – 12 C, unless the patient has a higher clinical acuity, in which case the caller should be taken through the standard AMPDS algorithm and assigned a determinant appropriate to their clinical condition.

7.1.4 No call relating to COVID – 19 should be transferred to the Lowcode system.

7.1.5 Call dispatch relating to all COVID – 19 patients will be provided by a specialist COVID – 19 desk.

7.1.6 All calls for COVID – 19 home testing will come to the COVID – 19 desk from a Public Health Specialist.

7.1.7 The Public Health Specialist will provide the COVID – 19 desk with the name and mobile number of the doctor requesting the home assessment (this may not be the Public Health Specialist)– the result of the test will be communicated by the NVRL directly to this doctor

7.1.8 The dispatcher must provide the practitioner performing the home assessment with the name and contact mobile telephone number of the requesting doctor as this must be recorded on the sample request form when testing is complete.

7.1.9 Home assessment COVID – 19 calls will be separated on the CAD from emergency, urgent and routine ambulance calls and tagged as "**COVID – 19 HOME ASSESSMENT**".

7.1.10 Home assessment COVID – 19 calls should be collated at the end of each shift on a specific log with the following details

- Patient name, address, telephone number
- NAS Incident Number
- Name of NAS Practitioner
- Name and number of requesting doctor

7.2 Home assessment of COVID – 19 patients

7.2.1 Home assessment of possible COVID – 19 patients will be performed by NAS practitioners that are familiar with the following, which are described elsewhere in this document:

- Donning and doffing of PPE;
- Infection prevention and control principles;
- Patient clinical assessment;
- Acquisition of clinical samples for testing;
- Provision of advice to patients, family members and carers.

7.2.2 Practitioners will don PPE prior to patient contact as follows:

- Fluid repellent long sleeved gowns with thumb loops
- FFP3/2 mask
- Goggles
- Gloves

7.2.3 The home assessment will consist of four elements

A. Patient clinical assessment (to determine if the patient is well enough to remain at home);
B. Acquisition of a clinical sample for COVID – 19 testing;
C. An environmental assessment to ensure that the home setting is appropriate for a possible COVID – 19 patient to effectively self – isolate;
D. Provision of verbal and written advice to the patient, family members and/or carers on effective infection prevention and control measures in the home, and what to do if the patient deteriorates.

7.2.4 It is anticipated that most patients will be well enough to remain at home pending COVID – 19 test results. NAS practitioners will use the COVID - 19 modified NEWS score (Appendix 1) to determine if a patient is well enough to remain at home, or requires assessment in hospital. A score of zero indicates that it is clinically safe for the patient to remain at home, a score of one or more indicates that transport to hospital is required.

This means that patients aged 65 and over are not suitable for home management.

A step by step approach to applying this score is included in Appendix 2.

7.2.5 Clinical samples should be acquired as demonstrated in the NAS College training video and Appendix 3. All samples should be tagged with the NAS Incident Number for that patient, and the name and number of the requesting doctor. Both of these must be recorded on the sample request form – the NVRL will contact the requesting doctor directly with the test result.

7.2.6 Assessment of the home environment as being suitable for home isolation should consider the following:

- Ensure accommodation is suitable. In the case of multiple occupancy dwelling, can the exposure to other residents be minimised during the period of self-isolation.
- Consider whether any other occupants of the same dwelling are particularly vulnerable including chronic illness, immunosuppression, pregnant, infants and those over 65 years.
- Consider if other residents are aware of the potential risks to them related to COVID-19 and are able to consent to accepting those risks. This may be particularly relevant and particularly difficult to establish while respecting patient confidentiality

if other residents are not intimate partners or family.

- Ensure that there is a working telephone number for the person being isolated and that they can agree to keep the telephone charged and accessible at all times. If there are other people in the same residence at least one additional person's phone number should be available and be working.
- Consider if the patient is likely to be able to adhere to the requirements of self-care and self-isolation. For children or those who lack capacity, this may mean confirming that the parent, guardian or carer is capable of following and willing to abide by the requirements and recommendations
- A checklist is provided in Appendix 4 to support this assessment.

7.2.7 Advice (verbal and written) should be given to the patient and family members/carers as per HPSC information leaflets. Patients should be provided with 2 surgical masks, a small waste bag and two information leaflets. (These are provided in a patient pack). The name and number of the referring doctor should also be provided to the patient.

7.3 **Sample Logistics**

7.3.1 At end of shift, the NAS practitioner will bring all samples and request forms to the Microbiology Laboratory of the nearest acute hospital – the lab will ensure onward transport to NVRL for testing.

7.3.2 The NAS practitioner should record details of all samples delivered to the lab on NAS COVID – 19 Sample Record Form (Appendix 5). This sheet should be retained and stored securely at ambulance station or ambulance HQ level.

7.4 **Follow – up**

7.4.1 Follow up of all patient results will be the responsibility of the requesting doctor. NVRL will communicate the test result to the requesting doctor, who will ensure that this is communicated to the patient, and in the event of a positive test, will ensure appropriate steps are taken.

7.4.2 In the event of a patient testing positive for COVID – 19 the patient will be transported to a designated hospital for further assessment and treatment as per the provisions of NASCG012020 Ambulance Operations Procedure - Emergency Call for Suspected COVID-19.

7.5 **Staff welfare**

7.5.1 The NAS practitioner that provided the initial assessment of any patient subsequently testing positive will be followed up by Occupational Health – unless there was a breach in PPE during the home assessment, the practitioner is considered a

casual contact and can continue to work while self monitoring for symptoms. Contacts will receive information appropriate to their level of risk as per the Occupational Health Guidance https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/occupationalhealthguidance/. Any breach in PPE should be reported and recorded.

8 Implementation

8.1 On approval, this Procedure will be circulated electronically to all Managers, Supervisors and Staff.

8.2 This Procedure will be available electronically in each Ambulance Station for ease of retrieval and reference.

8.3 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to appropriate area Headquarters to confirm document circulation to all staff.

9 Evaluation and Audit

9.1 The NAS Medical Directorate are responsible for ensuring the maintenance, regular review and updating of this policy.

9.2 Revisions, amendments or alterations to the policy can only be implemented after consideration and approval by the Director

9.3 Compliance with this policy will be assessed through the ongoing supervision of staff at all times.

9.4 It is in the interest of all staff members to ensure that this policy is adhered to in order to enhance staff safety.

10 Appendices

Appendix 1 COVID – 19 Modified NEWS Score

Early warning score for 2019-nCoV Infected Patients							
PARAMETERS	**3**	**2**	**1**	**0**	**1**	**2**	**3**
Age				<65			≥65
Respiration Rate	≤8		9 - 11	12 - 20		21 - 24	≥25
Oxygen Saturations	≤91	92 - 93	94 - 95	≥96			
Any Supplemental Oxygen		Yes		No			
Systolic BP	≤90	91 - 100	101 - 110	111 - 219			≥220
Heart Rate	≤40		41 - 50	51 - 90	91 - 110	111 - 130	≥131
Consciousness				Alert			Drowsiness Letargy Coma Confusion
Temperature	≤35.0		35.1 - 36.0	36.1 - 38.0	38.1 - 39.0	≥39.1	

A score of zero indicates that a patient is well enough to remain at home. A score of one or greater indicates that a patient should be transported to hospital for further assessment.

Reference: Novel coronavirus infection during the 2019–2020 epidemic: preparing intensive care units—the experience in Sichuan Province, China.
Xuelian Liao, Bo Wang, Yan Kang
Intensive Care Med (2020) 46:357–360
https://doi.org/10.1007/s00134-020-05954-2

Appendix 2

COVID-19 modified NEWS scoring step-wise process

To limit physical contact with a patient suspected of being infected with COVID-19 virus and also to limit the need for decontaminating equipment following a patient assessment the following step-wise process can be applied to completing the COVID-19 NEWS scoring.

1. **Is the Patient 65 years of age or older?**

Yes = no home testing, patient transported to hospital / No = move to step 2

2. **Is the Patient on Oxygen?**

Yes = no home testing, patient transported to hospital / No = move to step 3

3. **Is the respiratory rate less than 12 or greater than 20?**

Yes = no home testing, patient transported to hospital / No = move to step 4

4. **Is the heart rate less than 51 or greater than 90 bpm?**

Yes = no home testing, patient transported to hospital / No = move to step 5

5. **Does the patient have an altered level of consciousness?**

Yes = no home testing, patient transported to hospital / No = move to step 6

6. **Is the temperature less than 36.1 degrees of greater than 38 degrees?**

Yes = no home testing, patient transported to hospital / No = move to step 7

7. **Is the SpO2 less than 96%?**

Yes = no home testing, patient transported to hospital / No = move to step 8

8. **Is the systolic blood pressure less than 111mmHg or greater than 219 mmHg?**

Yes = no home testing, patient transported to hospital / No = complete home test

Appendix 3 – Procedure for obtaining a sample

Confirm the patients name and date of birth.

Explain that to take the sample you will need to put a swab into their mouth and nose that it may be uncomfortable an ask them to confirm if they are willing to have the test done

Ask the patient to turn their face turn away cover their face and nose with a tissue if they feel they are about to cough or sneeze

Given the person a tissue and them to blow their nose first and dispose of the tissue in the waste bag

Position the person in a comfortable position

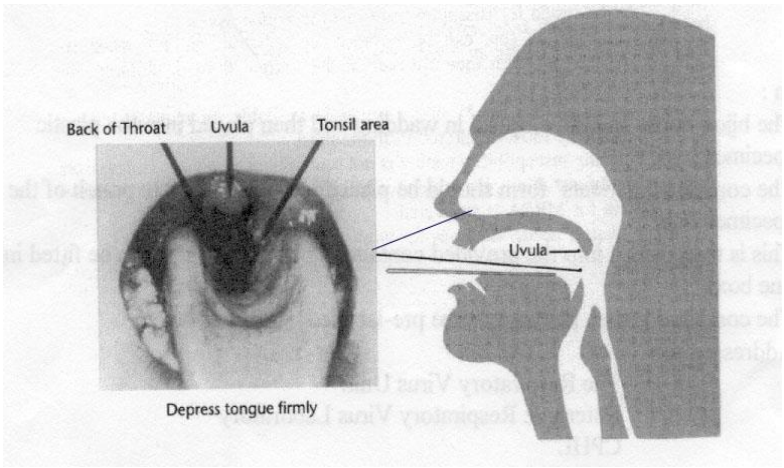
- If person is able ask them to stand with their back against the wall (so don't move)
- If unable to stand sit in a chair with their head supported either by the chair or against the wall

Remind the patient that this may uncomfortable and ask them to remain as still as possible.

Tell them that if they need you to stop they will show you this by raising both hands but without touching you.

Remove the swab from the packaging and insert into posterior pharynx and tonsillar area rub over tonsils and pharynx (avoid touching tongue teeth gums)

The same swab is then inserted into the nose, aim for the back of the nose (parallel to the palate) not upwards, until you feel resistance (the nasophyarnx) gently rub and roll the swab and leave the swab in place for a few seconds



The swab is then broken off into the bottle containing the transport medium

Discard the broken stem and any tissues used into the small waste bag

Place the lid on the container and immediately check that the lid on the container is securely in

place so that there is no danger of spill

Place the specimen container in the plastic biohazard bag

Appendix 4 Checklist to assess whether residential accommodation is suitable for home isolation for individuals undergoing diagnostic testing for COVID-19

Patient is considered by clinician to be well enough not to require admission to hospital with no significant co-morbidities or care needs (as per Covid – 19 Mofified NEWS Score)	
There are no patient specific factors that are likely to compromise their ability to adhere to self-isolation requirements (for example substance dependence).	
Is the patient able to perform effective hand hygiene	
A working direct telephone link with the healthcare provider has been established for the full duration of the homecare period until the result becomes available.	
At least one working phone number (patient and other member(s) of the household) – check that these are working	
Patient has capacity to understand instructions and advice. For children or those who lack capacity, confirm that the parent, guardian or carer is capable of following and happy to abide by the requirements and recommendations	
Access to secondary care within a reasonable distance by road.	
If multi-occupancy accommodation, do other residents understand and accept the risk and can exposure of other residents be minimised sufficiently?	
Risk assessment made if occupants of the same dwelling are particularly vulnerable to infection, for example, those with a chronic illness, immunosuppression, pregnant, infants and those over 65 years	
Individual room to sleep in (single occupancy)	
Facilities for hand hygiene – soap and water, disposable paper towels	
Sufficient toileting facilities that the patient can have their own toilet OR it will be feasible that shared facilities can be adequately cleaned as per patient guidance between use.	
Sufficient cutlery, crockery and utensils to avoid sharing with other residents*	
Sufficient facemasks, alcohol hand rub, tissues, kitchen towel, waste disposal bags*	
Sufficient cleaning materials as per patient guidance provided*	
Area in which waste/laundry can be temporarily stored securely	
Support for getting groceries, prescriptions, and other personal needs.	
Written advice provided • Contact details for designated medical contact provided • Advice for the patient about self-isolation requirements • Advice for other members of the household, if applicable	
No indications that self-isolation at home is likely to be associated with an unacceptable level of public anxiety or compromise to the patients privacy and safety	

***** enough supplies for 48 hours – as it is anticipated that laboratory test results should be available within this time frame.

Appendix 5

NAS COVID – 19 Sample Record Form

Practitioner Name:_____ Shift date and time:_____

Vehicle call sign:_____ Receiving laboratory:_____

Time samples handed over:_____

NAS INCIDENT NUMBER	PATIENT NAME	PATIENT ADDRESS