



### Home Assessment of Possible COVID-19 Patients by the National Ambulance Service

# SUMMARY DOCUMENT 6<sup>th</sup> March 2020

When a patient has had a remote risk assessment by a Public Health Specialist and is deemed to require clinical assessment and testing for COVID-19, the National Ambulance Service (NAS) will provide a home assessment for possible COVID-19 patients. This document outlines the procedures for the following:

- Call-taking and dispatch of NAS practitioners
- Performance of home assessment
- Recording and tracking of patients and test samples acquired by NAS practitioners
- Infection prevention and control for NAS practitioners.

#### **Call-Taking and Dispatch of NAS Practitioners**

- Following remote risk assessment of the patient, the Public Health (PH) Specialist will contact the National Emergency Operations Centre (NEOC) to request clinical assessment and testing for COVID-19 by the NAS at the patient's home (home assessment). Patients cannot be considered for home testing without having had a remote risk assessment by a PH Specialist.
- The PH Specialist will be put through the dedicated COVID-19 Desk in NEOC and the following information will be recorded:
  - Patient name, address and telephone number
  - The name and number of the doctor requesting the home assessment (may be different from the PH Specialist)
- A NAS practitioner will be assigned to attend the patient's home to carry out a home assessment
- If the PH Specialist indicates that the patient has an acute clinical need, the NEOC call-taker will assign to the patient an ambulance resource that is appropriate for their clinical need (these patients are not suitable for home assessment).

#### **Performance of Home Assessment**

NAS Practitioners will don PPE prior to contact with the patient Home assessment will consist of four elements:

### 1. Patient Clinical Assessment

NAS practitioners will use the COVID-19 modified NEWS score<sup>\*</sup> 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.

### 2. Assessment of the Home Environment

NAS Practitioner assessment of the home environment will consider the following:

- Ensure accommodation is suitable and that exposure of other occupants can be minimised during the self-isolation period
- Consider whether other occupants are particularly vulnerable including chronic illness, immunosuppression, pregnant, infants and those over 65 years
- Ensure other occupants are aware of the risk to them in relation to COVID-19. This may be particularly relevant and particularly difficult where other occupants are not intimate partners or family
- Confirm that a working telephone is available to the patient and that there is at least one other working phone available in the residence
- Consider the patient's ability and/or likelihood of adhering to self-care and self-isolation requirements. If the patient is a child or lacks decision-making capacity, it will be necessary to confirm that a parent, guardian or carer is willing and able to abide by the requirements and recommendations

NAS Practitioners will be provided with a checklist to support this assessment.

## 3. Acquisition of a Clinical Sample for COVID-19 Testing

Clinical samples will be acquired from the mouth and nose in accordance with NAS Practitioner training. Samples will be tagged with the patient name, address, date of birth, NAS Incident Number and the name and number of the requesting doctor. The name and number of the requesting doctor must be recorded on the sample request form as the National Virus Reference Laboratory (NVRL) will contact the requesting doctor directly with the test result.

## 4. Provision of verbal and written advice

The NAS Practitioner will provide verbal and written advice to the patient and family members/carers as per HPSC information leaflets. The name and number of the referring doctor should also be provided to the patient. A patient pack including the following will also be provided:

- Two surgical masks
- One small waste bag
- Two information leaflets. (These are provided in a patient pack).

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

### Recording and Tracking of Patients and Test Samples Acquired by NAS Practitioners

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

## Follow-up of all patient results will be the responsibility of the requesting doctor

#### Infection prevention and Control for NAS Practitioners

- 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 <u>https://www.hpsc.ie/a-</u>

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• Any breach in PPE should be reported and recorded.



