ESOP ID	ESOP 69
Version	9.0
Title	Coronavirus (COVID-19)
Issued by	AOC Leadership Team
Approved by	Gary Morgan, Deputy Chief Operating Officer
Date issued	18th March 2020
Review date	27th March 2020

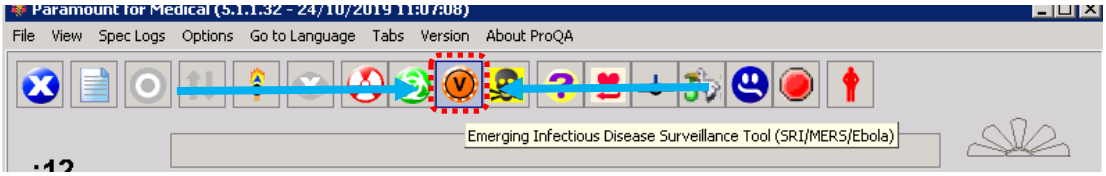
1.0 Background

- Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan City, China. A coronavirus is a type of virus. As a group, coronaviruses are common across the world. Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties. Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.
- Guidance for Ambulance Trusts has now been released which is designed to reduce the risk of human-to-human transmission. In line with this, EEAST is screening for patients who may have COVID-19 (previously known as WN-CoV and 2019-nCoV) to support the protection of our staff and other health organisations who come into contact with our patients. This document outlines the process to be followed by all AOC staff.

2.0 Procedure – Call Handlers

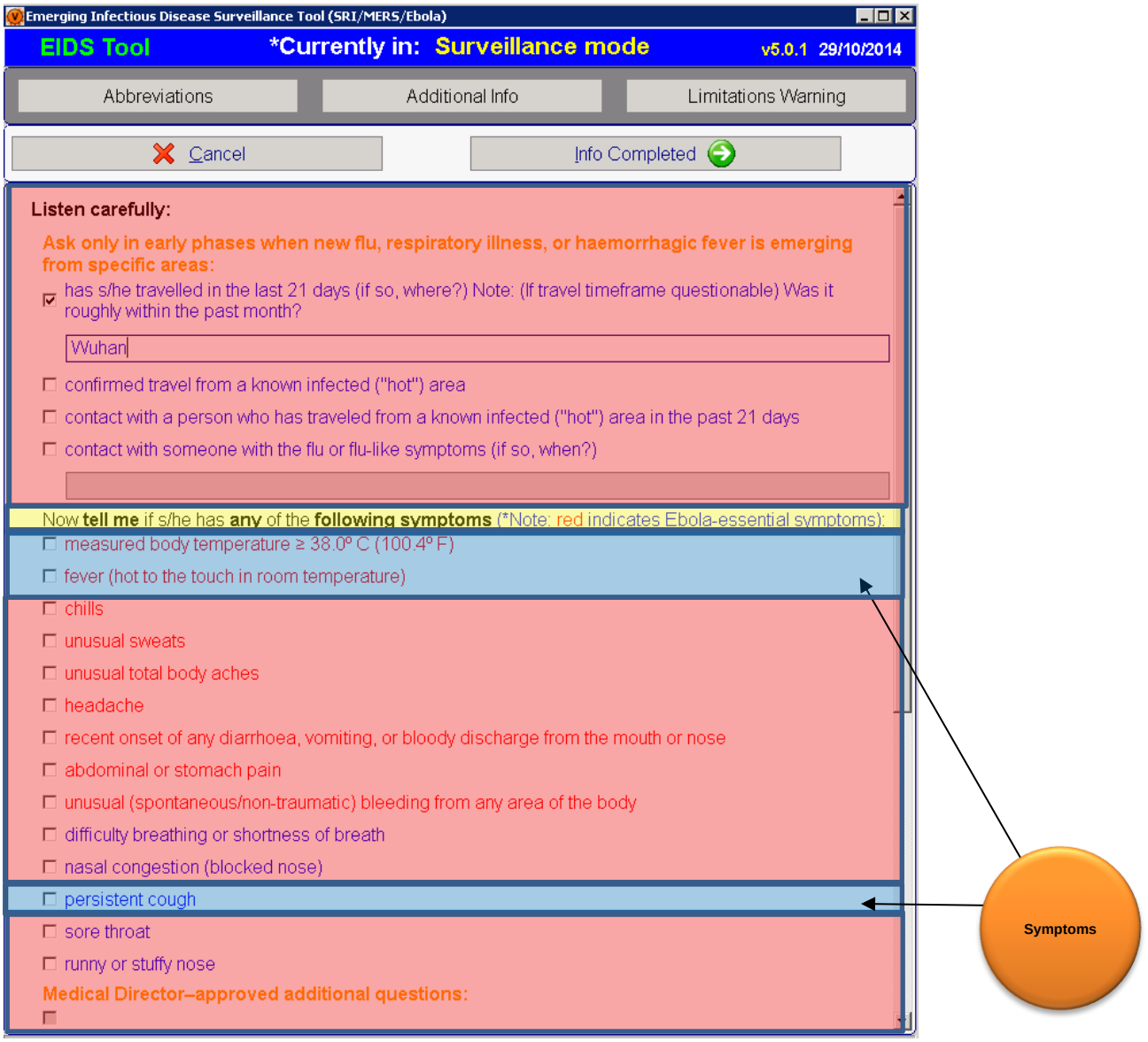
- This now applies to **ALL** emergency calls (i.e. medical and trauma)

  Once the call has been coded and any DLS has been issued as necessary launch the EIDS tool on ProQA as shown below. In the event that the patient is unconscious or active DLS is being given the EIDS tool questions should be asked if there is an appropriate pause when monitoring the patient.



- When the EIDS tool opens this provides a function which allows for data collection and negates the need to use paper / flow charts.

- The EIDS tool is as follows:



The areas shaded in red are not to be used for this EIDS surveillance.

The Call Handler is no longer to ask the caller about the patients travel or ask about contact with others.

They are to ask every caller about their/the patient having COVID-19 symptoms:

"Now tell me if s/he has any of the following symptoms…"

The call handler is to proceed to read the symptoms shown in section 3, (highlighted in blue).

If the patient has any of the following symptoms:

- Measured body temperature ≥ 38^{O}C
- Fever (hot to the touch in room temperature)
- **NEW** Persistent cough (***or*** continuous cough)

the call handler is to immediately escalate this to the CHTL and to write **#WUHAN** in the call notes.

If the patient fits any of the criteria as above and the code is appropriate for NO SEND/Call Handler Hear and Treat; **the appropriate script is to be given (EIDS Covid-19 positive script)**.

If the patient fits any of the criteria as above (excluding Call Handler Hear and Treat/No-Send) and is a suspected EIDS COVID-19 case the call handler must escalate each call to the CHTL as these will need to be assessed by a member of the ECAT team.

➢ An acute hospital may request Ambulance transport for the discharge of a patient where there are no other safe transportation means available. The following process should be adhered to:

- Enter the incident as a 'ROUTINE' by manually entering this into the CRI box to generate a Category 4 response and gather the following information:
  - ➢ Incident location [hospital]
  - ➢ Destination location
  - ➢ Patient name, DOB, NHS number
  - ➢ Details of diagnosis

  These incidents must be **immediately** escalated to the CHTL.

3.0 Procedure – CHTL

➢ The CHTL is responsible for ensuring that they speak verbally with a Clinical Coordinator or ECAT Team Leader for calls coded Category 1/2 where the patient is positive within the EIDS tool to enable an immediate transfer where appropriate and possible. For Category 3 – 5 calls COVID Review is to be entered into the Instruction field and for all calls notes are to be entered into the call to reflect this.

➢ Any discharge incident [as above] must be immediately escalated to the DEO for upgrade and review for deployment.

4.0 Procedure – CCORD/Senior AOC Clinician

➢ When alerted of a possible COVID-19 patient the CCORD/Senior AOC Clinician is to either request a warm transfer of the call or to agree to call back the patient when they are speaking with the CHTL. Please note the changes to dispatch arrangements in section 6.

➢ The CCORD/Senior AOC Clinician is responsible for triaging the patient's condition to ascertain any further details in line with the latest guidance to determine if the patient requires a response if it is possible that the patient has COVID-19. All details are to be entered into the call notes. Options are shown below for both pathways for both symptomatic and non-symptomatic callers.

- It is no longer a requirement to contact PHE, however they are available to provide advice if required. Further useful information (such as self-isolation or advice for healthcare workers who may have travelled to the affected areas) can be found in the latest NHS Pathways Guidance or on gov.uk in "COVID-19: guidance for health professionals"

- Following **CCORD/Senior AOC Clinician review, the following options are available for suspected cases that are symptomatic regardless of travel.** As a general rule and to minimise the risk of disease spread, unless requiring acute hospital care, suspected cases should be kept out of hospital or any face to face healthcare setting and managed at home wherever possible.

    - Testing is only being undertaken for patients within a hospital environment, therefore any previous advice for testing is to be disregarded.
    - If you feel a Primary Care disposition is appropriate, then patients should be directed to make initial contact via phone or a call back arranged. Patients must **not** attend their GP Practice or any other primary care facility. This is to minimise the risk of the virus spreading. Inform the caller that while waiting for a Primary Care service to call them back, they must stay at home in self-isolation / stay indoors and avoid contact with others where possible.
    - Ambulance for response and conveyance if clinically required (RRV should not be used for conveyance but can be used for initial response assuming PPE requirements are met as below and clinically appropriate). **Where transported a Pre-Alert to the receiving hospital must take place.**
    - Self-conveyance – **only following discussion and agreement with receiving hospital**. The patient must be advised to only use private transport (**public transport or taxis are not to be used)** and to follow any advice that is posted outside of the receiving department as to what they should do and where they should go on their arrival.
    - Self-care (noting the need for advice in accordance with latest guidance such as self-isolation (stay at home) and advising to contact 111 if further symptoms develop). Stay at home guidance should be given for **seven days**. The following guidance should be given to all self-care:
        - Stay away from vulnerable individuals such as the elderly and those with underlying health conditions as much as possible.
        - Wash your hands regularly for 20 seconds, each time using soap and water.

    All symptomatic callers must be told to inform the receiving service that they have symptoms.

    Government Guidance can be found at: www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-people-with-confirmed-or-possible-coronavirus-covid-19-infection

- The CCORD/Senior AOC Clinician is responsible for adding any guidance notes into the call which would support the dispatcher in deployment / allow the dispatcher to support the attending crew.

- If the caller is currently in a self-isolation period and is calling due to a change in symptoms (e.g. they have developed new symptoms, or their symptoms have worsened) they should be reassessed.

5.0 Procedure – ECAT

- Whilst triaging any call (or providing clinical advice) the ECAT clinician should follow the existing guidance, however if concerned this should immediately be escalated to the CCORD or Senior AOC Clinician for further guidance. If the patient meets the suspected Covid-19 criteria, **enter #WUHAN in the call notes.**

6.0 Procedure – Dispatcher/DTL

- Possible COVID-19 calls should be dispatched and managed in line with ESOP 25 (Deployment Guidelines), with the following variations (see flow chart in Appendix 1):

  Category 1: Dispatch immediately and alert crew of possible COVID 19

  Category 2: Urgent clinical assessment by ECAT before dispatch (ideally warm transfer to clinician) *

  Category 3, 4 and 5: Do not dispatch immediately - pass to ECAT for clinical assessment

  **In some cases, immediate dispatch may be necessary therefore urgent clinical assessment must determine the need for dispatch. If clinical assessment is delayed or there is a concern for patient risk, dispatch and immediately escalate to the CCORD.*

  Calls where a patient is awaiting an ECAT triage or clinical assessment should have an ambulance stood down.

- CFRs or co-responders **should not be sent** to suspected COVID-19 cases (i.e. identified as positive from the tool).
- 18 LOM cars are equipped with additional PPE which can be used as an alternative to FFP3 where it is not immediately available. The ICD will confirm and maintain a daily list of availability for AOC use whilst this is being rolled out.
- If it is possible that a patient has COVID-19 the dispatcher/DTL should continue resources running to scene. Current guidance indicates that most patients will not require crews to use an FFP3 mask (PPE requirement is a surgical face mask). The exception is where an aerosol generated procedure is used (AGP), which includes intubation, suction and procedures relating to CPR. Dispatch of the nearest vehicle should, however, not be delayed and any concerns escalated to the CCORD / DEO.
- If a trust clinician has any questions pertaining to the management of their patient the dispatcher/DTL is to advise them to contact the CAL. The latest advice is also available on MiDoS.
- It is not appropriate for observers on Trust resources to attend these cases (e.g. "3rd person") unless they are student under mentoring with PPE. If a third person is identified by the dispatch team, the LOM should be informed to arrange their movement off the attending ambulance before transport (this may be completed at scene if the 3rd person remains in the cab).
- Where an interhospital transfer is requested (or a call from a HCP is received) for a **confirmed** case of COVID-19, this **must** be escalated to the CCORD to ensure appropriate deployment.

7.0 Procedure – Duty Manager

- A discharge incident must be immediately upgraded to a category 3 response and resourced with the appropriate vehicle in line with ESOP 25.
- If a discharge incident cannot be resourced within 30 minutes this must be escalated to the DTC for escalation to the Tactical team for potential intervention.

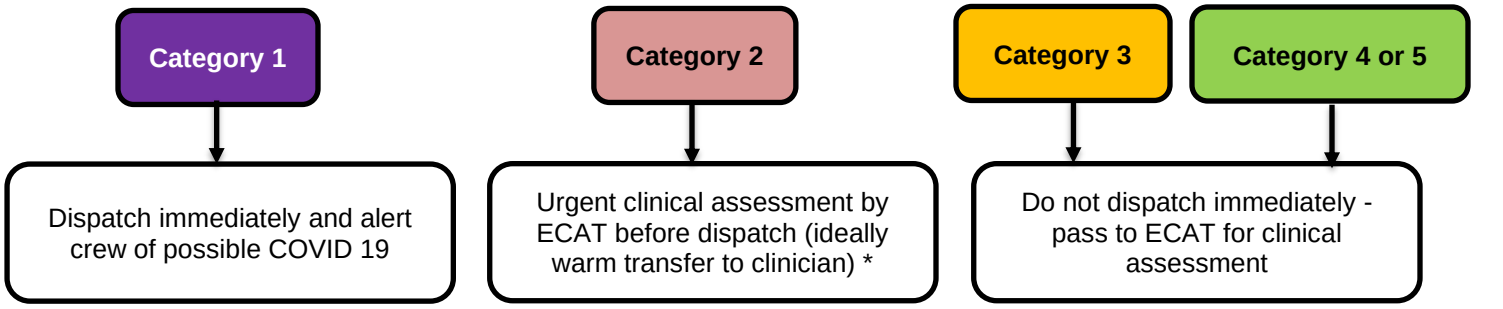
8.0 Procedure – TOC/PVSH

- After an attendance to a potential patient with COVID-19 the crew will need to be booked out of service to appropriately discard/clean PPE and equipment as appropriate. The TOC through the PVSH manager is to liaise with the crew to ensure that they have the equipment required to complete this task and to ensure that the LOM is notified when the crew are clear to maintain their welfare.

9.0 Summary

- The purpose of undertaking the surveillance is to support attending staff and other NHS staff/patients. As further information is released this ESOP will be amended and re-circulated.
- Any concerns or queries should be routed through the CCORD who will be able to access advice through the resilience team or PHE.

Appendix 1: Dispatcher / DTL Process – Possible COVID Patient



***In some cases, immediate dispatch may be necessary therefore urgent clinical assessment must determine the need for dispatch. If clinical assessment is delayed or there is a concern for patient risk, dispatch and immediately escalate to the CCORD.**

General Notes

- If it is possible that a patient has COVID-19 the dispatcher/DTL should continue resources running to scene. Current guidance indicates that most patients will not require crews to use an FFP3 mask (PPE requirement is a surgical face mask). The exception is where an aerosol generated procedure is used (AGP), which includes, intubation, suction and procedures relating to CPR. Dispatch of the nearest vehicle should, however, not be delayed and any concerns escalated to the CCORD / DEO.
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