V3.4

Provincial COVID-19 Transfer Algorithm (Concept Plan)

Developed by: Provincial Patient Transfer Services Advisory Committee (PPTSAC)

April 14, 2020

This document will continue to evolve based on emerging medical science.

(Rural/Remote/First Nations Communities)

Plan A: Early Referral to COVID-19 Cohort Centre*

Plan B: Rapid Acute Care Transfer to Referral Hospital Plan C: Rapid Critical Care Transfer to Referral Hospital

IN SCOPE: Rural/Remote/First Nations Communities > 2 hrs Ground Travel Time to Referral Hospital (in scope of all patients³)

COVID-19 non-acute suspected criteria

Mild symptom guidelines (one or more of):

- ILI symptoms (fever, cough, sore throat, mild SOB, diarrhea)
- Positive <u>BCCDC COVID-19 screening</u>
- Mild SOB
- O₂ sat.(if known) > 92% on room air
- · Stable (alert and oriented)
- Independent or 1-person family assist with ADLs

Refer to Community Cohort Centre (CCC)¹

- Identified by Primary Care Practitioner
- Voluntary referral/informed consent conversation
- Trauma-informed goals of care conversation with patient and family²

Transport Options:

- Family vehicle, Health Connections, community bus, float plane, etc.
- BC Transit to facilitate Province wide public transit service to CCC*
- Alternative Service Providers
- BCEHS low acuity transport
- Protocol for PPE, social distancing and disinfection, during and after transport

Community Cohort Centre¹

- This may be a referral hospital depending on HA and patient needs
- Consider continuity of care with Primary Care Provider (Telehealth)

1 Cohort Centre:

- To be identified by each HA.
- Typically non-hospital facility (e.g. hotel)
- Located near referral hospital.

2 Community Cohort Conversation Cue Card

3 CCC may vary by specialty population (Obs, Neo, Peds)

ground ambulance

COVID-19 acute care criteria for BLS Mild to moderate SOB Able to maintain O2 sat. > 92% on less than 4 L/np Hemodynamically stable In scope of B.L.S. transport (IV, O2, PPE) Clinical assessment that patient should be transferred to a referral hospital Call BCPTN LLTO Transfer Trauma-informed goals of care conversation with patient and family2 BC Air Ambulance not available Local BCEHS BLS Transport? NO YES Air or ground PTCC deploys Health Authority PTCC arranges COVID-19 Team* rapid transport* if available *Ad Hoc air carrier or *Ad Hoc air carrier or ground ambulance

Rapid transport

to referral

Hospital

COVID-19 critical care transport criteria

- Patients requiring >5-6L/np to maintain O₂ sat. >92%
- Requires resuscitation, intubation and mechanical ventilation

Call BCPTN

- LLTO Transfer
- Trauma-informed goals of care conversation with patient and family²

BC Air Ambulance not available

PTCC

- · Deploy HA COVID-19 Team if available
- Coordinate air* or ground transport
- Ad Hoc carrier

Patient transported to referral hospital

Legend:

ADLs – Activities of Daily Living
BCEHS – BC Emergency Health Services
BCPTN – BC Patient Transfer Network
BLS – Basic Life Support
HA – Health Authority
III – Influenza Like Illness
L/np – litres Oy per nasal pross
LITO – Life Limb Threatened Organ
PTCC – Patient Transport Coordination Centre
SOB – Short of Breath