

**NORTHWEST COMMUNITY EMS SYSTEM
PATIENT AGREEMENT for NON-TRANSPORT during COVID-19 Pandemic**

EMS Agency:		Incident #:	
Date:		Time:	
Patient name (PRINT):		Address:	
Date of birth:	Gender:	Phone #:	

The patient DOES NOT meet any of the below RISK FACTORS for severe illness from Covid-19

- Age 65 years or older
- Resident in a nursing home or long-term care facility
- Chronic lung disease; moderate to severe asthma
- Heart disease with complications/ uncontrolled HTN
- Diabetes mellitus; renal failure, liver disease
- Obesity with a BMI of 40 or higher

Immunocompromised state:

Cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

Pregnant

The patient DOES NOT currently meet any of the S&S suggesting severe illness from Covid-19

Fever > 100° F	Abnormal vital signs and/or evidence of hypoxia
Shortness of breath	Severe headache or new onset altered mental status
Abnormal breath sounds/sputum production - pneumonia	S&S of sepsis or septic shock

Disclosure to patient / legal representative if a minor

Based on your (the patient's) age, medical history, and our assessment, you (the patient) **either appear well or** may have an infectious disease that could include Covid-19, but the **condition appears mild**.

Hospitals are unable to test everyone for COVID-19 who presents to an ED if they are asymptomatic or have mild signs and symptoms. There are national guidelines that prioritize testing.

Fortunately, **you** (the patient) **do not currently meet the criteria for evaluation at a hospital**. In order to limit exposures and preserve resources, **we are not transporting** you (the patient) at this time.

We **encourage you to contact your** (the patient's) **physician**. Many medical groups are able to conduct a virtual visit if you have computer access. There are State, County and hospital hotlines you can call or access <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>.

If your (the patient's) **condition worsens** please do not hesitate to immediately call your (the patient's) doctor, **call 9-1-1**, or have someone take you to the emergency department.

Patient/legal representative acknowledgement

I understand the information received from EMS. I acknowledge that I (the patient) was assessed, had an adequate opportunity to ask questions, and am able to follow the instructions provided to manage my health condition at home right now. I understand that if my condition worsens, I should immediately seek help by contacting my physician, calling 9-1-1, or going to an emergency department.

Patient / surrogate signature

Date

CHECK HERE if patient/surrogate gave verbal consent for EMS to sign on the patient's behalf

EMS member PRINTED NAME & Signature (Do NOT sign patient's name)

Date

Witness (PRINT Last NAME/Signature Paramedic/ PHRN)

Date