



Health Alert

December 4, 2023

Assess and Refer Policy and Patient Referrals

Fresno County hospitals are experiencing a surge in respiratory illnesses caused by various circulating viruses, including COVID-19, flu, and RSV. The heightened prevalence of these respiratory viruses is placing a strain on local hospitals, affecting resources for both adults and children. Regional hospitals are also facing challenges in coping with increased activity, particularly in managing traumas and other medical issues.

As a result, the Fresno County Department of Public Health (FCDPH) and the Central California Emergency Medical Services Agency (CCEMSA) have reimplemented the EMS Assess and Refer policy to reduce the impact of patients on local emergency departments and to increase the availability of ambulances. The purpose of this policy is to slow down the surge of non-emergency patients at local hospital emergency departments. Ambulances will respond and assess patients. If it is determined that the patient is stable, and does not require emergent transport, the ambulance personnel will provide an appropriate alternate recommendation and not transport the patient by ambulance.

Patients are being asked to avoid the use of an ambulance and the hospital emergency room for non-emergency situations and instead **seek care at their primary care physician's office, urgent care clinics, or use telehealth through their insurance carrier.**

How can all medical providers help at this time of severe surge conditions?

Given the rise in the number of patients with respiratory illnesses impacting our region's hospitals, all healthcare facilities are strongly encouraged to consider implementing the following recommendations in your surge plans:

1. Primary Care and Ambulatory Care Practices:
 - a. Offer and encourage flu, COVID-19 vaccines, and anti-viral treatments for all eligible patients.
 - b. RSV vaccines are now recommended by the Centers for Disease Control and Prevention (CDC) for the following [populations](#):

Categories of Health Alert Messages:

Health Alert: Conveys the highest level of importance; warrants immediate action or attention

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action

Health Information: Provides general health information which is not considered to be of emergent nature

Promotion, preservation and protection of the community's health

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- i. [Adults](#) 60 years of age and older, using shared clinical decision-making.
 - ii. Pregnant people at 32 through 36 weeks of pregnancy during September through January to prevent RSV disease in infants under 6 months of age and to preserve the limited supply of Nirsevimab (see below). Only the Pfizer RSVpreF vaccine (Abrysvo) is approved and recommended for use in pregnant people. The GSK RSVpreF3 vaccine (Arexvy) should **not** be used in pregnant people.
 - iii. Nirsevimab (a long-acting monoclonal antibody product) is FDA approved for all infants less than 8 months who are born during or entering their first RSV season and for infants and children 8–19 months who are at increased risk for severe RSV disease and are entering their second RSV season. Most infants will likely only need protection from either the prenatal RSV vaccine or infant immunization, but not both. In the context of limited supply during the 2023–2024 RSV season, CDC recommends prioritizing available Nirsevimab 100mg doses for infants at the highest risk for severe RSV disease: young infants (less than 6 months) and infants with underlying conditions that place them at highest risk for severe RSV disease.
 - iv. Due to the current limited availability of [Nirsevimab](#), the CDC further recommends that providers suspend using Nirsevimab in palivizumab-eligible children 8–19 months for the 2023–2024 RSV season. These children should receive palivizumab (another antibody product which requires monthly injections) per the [American Academy of Pediatrics \(AAP\)](#) recommendations.
 - c. Expand patient care services via in-person or telehealth options. If not already implemented, promote phone advice lines for after-hour consultation.
 - d. Avoid sending patients to the emergency room unless they are critically ill and consider longer prescriptions or additional refills for chronic medical conditions, to allow patients who need to isolate at home to continue their daily medications.
2. Urgent Cares and Related Clinics:
- a. Consider expanding your urgent care center hours.
 - b. In addition to offering flu and COVID-19 vaccines, continue to offer early administration of flu and COVID-19 antiviral medications for eligible patients.
3. Primary Care, Inpatient Care, and Adult Care Facilities including Long-Term Care Facilities and Skilled Nursing Facilities:
- a. Offer COVID-19 and flu vaccinations to staff and residents. Early administration of flu and COVID-19 antiviral treatments is recommended for eligible residents.
 - b. Get medical director consultations before you send patients to emergency departments. The medical director may be able to work up and start therapy for many common patient complaints.
4. Emergency Departments and Hospitals:
- a. Review triage criteria to streamline patient volumes.
 - b. Prioritize admission for critically ill patients at facilities.
 - c. Discuss transfer agreements with local hospital networks, with a focus on preserving critical resources for those requiring the most serious and/or most specialized care.

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List of Urgent Cares

The FCDPH has created the following Urgent Care referral list for medical providers to refer patients:

www.fcdph.org/urgentcare

Telehealth Options


The FCDPH encourages medical providers to offer telemedicine services. Please encourage patients to ask your office or their health insurance company about their telehealth options.

There are also health centers and on-demand telehealth services available to everyone, including people who do not have health insurance.

- **CDPH SESAME**, Free Virtual COVID-19 Visit (If eligible, prescription for COVID-19 oral antiviral medication will be prescribed the same day as visit): <https://sesamecare.com/covidca>
- For more information about COVID-19 treatments and telehealth, visit <https://covid19.ca.gov/treatment/>

Please see the attached infographic to post in your emergency rooms and to educate patients on when to seek treatment services (attached).

Do I need to go to the emergency room?

Emergency Room	Urgent Care (Walk-in)	Primary Care & Telehealth
Have difficulty breathing, or chest, arm or jaw pain	Common illness (like cold & flu)	Common illness (like cold & flu)
Experience a severe burn or electric shock	Ear aches	Ear aches
Experience seizures or a head injury where you are confused or fainting	Migraines	Migraines
Have deep wounds with heavy bleeding	Minor cuts	Minor cuts
Are dealing with a severe allergic reaction	Sprains	Sprains
Are concerned about possible poisoning	Rashes	Rashes
Have severe abdominal pain that is associated with trauma or pain/pressure in chest		Routine visits & less urgent medical problems