IDPH EMS Region 3 Regional Protocol

PANDEMIC RESPONSE PLAN

BACKGROUND:

International interest in the field of EMS infectious disease was accelerated by the U.S. Anthrax cases in October, 2001, concerns about Smallpox and bioterrorism, by the 2003 SARS outbreak in Toronto, and the international concerns of Ebola in 2016. Any pathogen may achieve pandemic proportions and impact, not just influenza. During a pandemic, it may be necessary to make painful decisions regarding limited care in the face of increased demand and decreasing resources. As in triage at an MCI, the goal of EMS providers' approach to a pandemic must be to maximize the use of available resources and provide reasonable help to the greatest number of people.

While compassion and caring are always appropriate, it is imperative that EMS providers not allow these natural, human feelings to cloud judgment in making treatment, transport, or resource decisions. If resources are limited, the decisions made in the field have implications beyond that of the individual patient. Subverting these guidelines could potentially threaten the entire medical system.

It is important to give these topics some consideration now so that we will be better prepared-not just operationally, but also emotionally- if the pandemic or any other natural manmade "disaster" occurs.

DEFINITIONS:

- **Seasonal** flu is an annual, recurring respiratory illness that can be transmitted person to person. Most people have some immunity and a vaccine is usually available.

- **Pandemic** flu is virulent human flu that causes a global outbreak- or "pandemic" – of serious illness. Because there is little natural immunity, the disease can spread easily from person to person, against which humans have little historic immunity.

OBJECTIVE:

A Pandemic Flu outbreak would cause a staffing shortage of employees as well as an increase in pre-hospital run volume for the member organizations participating in EMS Region 3. The objective of this plan is to mobilize the resources of the EMS response organizations to an elevated level. This requires a commitment to pre-hospital care beyond normal daily EMS capabilities and operations.
The Command Staff and EMS Officers of EMS Region 3 will assemble to determine and facilitate the following during a pandemic outbreak that affects the delivery of EMS Services:

- Analyze the emergency situation.
- Determine what EMS resources are needed for the emergency.
- Place additional apparatus or alternative apparatus in service as deemed necessary.
- Notify and mobilize appropriate personnel resources as necessary.
- Work with the EMS Medical Director to prioritize response and resources as necessary.

- Select and provide EMS Officers to staff Emergency Support Function 8.1 (EMS) to represent EMS Region 3 during an activation of an Emergency Operations Center.

PANDEMIC PLAN EMS LEVELS:

EMS Pandemic Level 1: Human Pandemic exists somewhere in the world.

- **No cases identified in the local region**

  - Continue with unfinished items in planning and preparations
  - Continue daily surveillance of "Infectious Disease" patient calls for service.
  - Callers will be asked on every "Breathing Difficulty" and "Unknown Sick" if the patient has a "fever" or "cough"
    - Callers will be ask of travel history and or contact with anyone who has been diagnosed with the afflicting illness.
  - Review plan and consider implementation of employee screening for symptoms, temperature and exposure
  - Implement mandatory personal protection guidelines when responding to possible pandemic patients
  - Prepare to manage increased volume of bio-hazard infectious waste.

EMS Pandemic Level 2: Human pandemic cases identified in the region.

- **No significant impact on local EMS and medical systems**

- Continue implementation of Level 1 operational changes
- Implement mandatory personal protection guidelines on all responses:
  - Mask, goggles, gloves, gowns, etc.
  - Minimize time spent in infectious environment
  - Minimize number of people in close contact with patient
  - Increase efforts at personal hygiene and decontamination
  - Decontaminate EMS equipment
  - Prepare for the following- Implementation of alternative staffing plans. Personnel may be called to report to duty for an undefined period of time. Stations may be used as living quarters for extended shifts. Alternative human and physical resources may be utilized for transportation needs. Plan on increase use of PPE, medical supplies, and other logistical items and supply accordingly

EMS Pandemic Level 3: Human pandemic cases identified within the EMS System area.

- **Human-to-human transmission with increased morbidity and mortality**
- **Overwhelming impact on local EMS and medical systems**

- Continue implementation of Level 1 and Level 2 operational changes
- Human pandemic has achieved rapid human-to-human transmission with increased morbidity and mortality. Outbreak is causing an overwhelming impact on EMS and medical systems
- Direct activation of Plan P Standing Orders by the EMS Medical Director and/or designee

PANDEMIC MEDICAL STANDING ORDERS – Plan P:

Rationale:

In the case of a pandemic, demand for Emergency Medical Services of all types may reach crisis proportions. In this event, significant adjustments may be necessary in the guidelines covering dispatch, response, treatment and transportation. Plan P provides guidance for the EMS system when and if the crisis point is reached.

The decision to activate Plan P will be made jointly by the EMS Medical Director in consultation with the appropriate County Health Department (s). In a public health crisis, the situation may evolve rapidly. *Depending on the situation, Plan P in its entirety or any portion, may be activated and adjusted as the crisis warrants.*

It is assumed that Plan P will be activated only at the Pandemic EMS Level-3. Plan P offers directions, which may be helpful under these circumstances, in the following EMS activities:

EMERGENCY COMMUNICATIONS

Information: Communications personnel may direct callers requesting information or reporting infectious disease signs and symptoms to alternate electronic resources. These may include prepared scripts or recorded information lines established by public health, pre-established information phone lines, or other information resources set up during a pandemic. This information may include reporting a dead body or caring for a dead body until retrieval can be arranged.

The required EMS response time requirement, ambulance staffing, and ambulance response times may be waived by the EMS Medical Director and/or designee after consultation with and notification of the Illinois Department of Public Health.

In managing calls for EMS service, call receivers must be alert to signs and symptoms, which indicate the presence of an infectious disease or a potentially infectious condition. In addition to the usual EMS pre-arrival questions, when an infectious disease is reported or suspected, callers should be asked specifically:

Are signs or symptoms of infectious disease present?

- **Fever**
- **Cough**
- **Respiratory distress**
- **Unusual skin rash**
- **Gastro-intestinal symptoms (nausea, vomiting, diarrhea)**

PANDEMIC FLU TELEPHONE TRIAGE- EMD/PUBLIC HEALTH

Pre-hospital EMS capability will play a critical role in responding to requests for assistance, providing treatment, and in triaging patients. The emergency communications systems may experience a significant surge in calls and will determine how and when EMS units are dispatched. Modifying dispatch protocols and developing pandemic-specific pre-hospital triage and treatment protocols will help maintain critical response resources during this time of crisis. Given that most persons with pandemic influenza will

experience typical influenza symptoms, most persons who seek care can be managed appropriately by outpatient providers using a home-based approach. Appropriate management of outpatient pandemic influenza cases may reduce the risk of progression to severe disease and thereby reduce demand for inpatient care. A system of effective home-based care would decrease the burden on health care providers and hospitals and lessen exposure of uninfected persons to persons suffering symptoms.

During the waves of the pandemic outbreak it will be virtually impossible to make an ambulance response for every call with influenza like symptoms. Instead of a mobile response the emergency communications systems may be directed to transfer non-emergent calls to public health call centers created by the Illinois Department of Public Health and/ or local Health Department(s) to provide advice on whether to stay home or to seek care. This task could be accomplished by using the dispatch system already in place with modification to the response for a sick person without any priority symptoms.

The Emergency Medical Dispatch System would be utilized to give pre-arrival instructions and guide what resources are sent on emergency calls. If the chief complaint is flu like symptoms then the modified sick person would be the appropriate chief complaint card to go to. Following and completing the case entry and chief complaint card questioning will help insure that the patient does not have any priority symptoms and would not need an immediate emergency response. After activation of the Plan P, the PSAP centers utilizing Medical Priority Dispatch System would implement utilization of Card 36, "Pandemic/Epidemic/Outbreak." (See attachment #1)

Surveillance may be achieved by the use of Pro-QA (computerized version of the protocols) during a declared pandemic event. Pro-QA has a tab to click to check off flu like symptoms being reported by the callers and will be utilized during elevated threat levels. This data can be used to show trends and geographic locations.

Depending on available resources, there may be callers who need instructions on how to deal with the ill, dying or deceased. If emergency medical services are not available the following procedures will be followed by the EMD communications staff:

SCRIPT FOR REDUCTION OF SERVICE:

"Due to the recent declaration of a Level 3 Pandemic aid response to your location may not be available or be very delayed." If such a situation occurs, alternative Hotline numbers will be provided.

Instructions:

1. **Place patient in a position of comfort. If seated, have the patient lean forward. If supine (lying down), place the patient on their side.**

2. **Provide hydration with oral fluids and, if possible and no allergies, Tylenol for fever and body aches.**

<u>EMS TREATMENT GUIDELINES:</u>

BLS THERAPY GUIDELINES:

1. Apply surgical or procedure mask on identified symptomatic patients over oxygen appliances.
2. HEPA filters will be used, when available on:
    a. Bag-valve mask ventilators
3. Alterations should be made to avoid aerosol generating procedures
    a. Nebulizers
    b. Non-rebreather oxygen masks
    c. Suction units
    d. CPAP/biPAP
4. Mechanical ventilations may not be attempted
5. Decisions regarding palliative care may be required at the BLS level in consultation with medical control when medical resources and medical destinations are unavailable

ILS/ALS THERAPY GUIDELINES:

1. Support and continue BLS palliative care efforts as outlined above. Additional "care & comfort" measures may include: pain medications and IV hydration.
2. Palliative care, for patients, may be pre-authorized or obtained from Medical Control.
3. Permission to continue or cease cardiac arrest resuscitation efforts without Medical Control consultation.

SUSPENSION OF NON-EMERGENCY ACTIVITY

1. If this condition occurs, all non-emergency activity will be suspended until resources are returned to normal operational status. Alpha/ or non-emergent calls and calls for first responder companies due to extended response time of an ambulance may be suspended.
2. In the pandemic event, EMS response may be altered.
3. If local response capabilities are taxed the EMS Medical Director and/or designee may suspend routine response to Omega, Alpha and Bravo calls.
4. "Reserve units" may be placed in service as BLS "Pandemic Response Units". These units may be responsible solely for the treatment and transport of patients that are determined to have signs and symptoms of the pandemic as determined by the emergency communications system while utilizing a pandemic screening questionnaire.
5. If EMS staffing reaches crisis levels due to either limited EMS providers or overwhelm, alternative staffing model and/or downgrading of vehicles based on staffing may be approved by EMS Medical Director in consultation with IDPH
6. The EMS Medical Director may suspend routine transport of patients with pandemic signs and symptoms because of over-taxed EMS and acute care resources. This may be done by the following method:
    a. If, after evaluation of a patient via EMS, Health Department Hotline and/or Telehealth by utilizing a pandemic screening questionnaire, it is determined that the patient likely has the pandemic without other complications they may be advised to shelter in place.

RECALL OF OFF-DUTY PERSONNEL

Each EMS agency will make a determination if there is a need to recall additional personnel. If the call volume has increased to a point that additional personnel are being utilized, the EMS agency should notify the EMS System to discuss the activation of a system-wide crisis.

PUBLIC INFORMATION

The EMS System will rely on the efforts of the hospitals, Local Health Department, and a Joint Information Center. The EMS System Medical Director and/or EMS System Coordinator may respond to media requests at request of the established Joint Information Center.

EMS MEDICAL DIRECTOR (or designee)

1. The EMS Medical Director will provide medical advice, assist with medical issues, and provide additional skill sets as needed.
2. The EMS Medical Director will be the liaison between the appropriate Region 3 EMS System, local health community, and the local and State Health Department to insure proper prevention and treatment in the case of pandemic conditions.
3. In conjunction with the Health Department Communicable Disease section and the Hospital Infection Control Offices, coordinate efforts for proper prevention measures and vaccinations for members of the Region 3 EMS System and their families.
4. Insure the Region 3 EMS System members are included in Local Health Department's Mass Vaccination/Prophylaxis plan for employees and families.
5. Enforce all pandemic wellness measures outlined by the Illinois Department of Public Health and the local health department.

EMS SYSTEM COORDINATOR (or designee)

1. Assist with situation analysis, policy making, and support activities as necessary during pandemic conditions to utilize personnel and resources appropriately for efficient emergency response to the citizens in the service area of the appropriate Region 3 EMS System and to insure the safety of EMS System staff members and EMS responders.
2. Represent the appropriate Region 3 EMS System at Field Command Posts and/or Emergency Operation Centers, as deemed necessary.
3. Represent the EMS Medical Director as necessary.
4. Participate in Pandemic preparedness and response committees.
5. Work with the County Emergency Management Agency if ESF-8 is activated.
6. Request County Mass Casualty Trailer to be deployed as necessary.
7. Request the Regional Medical Emergency Response Team as necessary.
8. Request IMERT and/or INVENT as necessary.
9. Facilitate the hospitals establishing Alternate Care Sites (ACS) as necessary.
10. Communicate with the Illinois Department of Public Health Regional EMS Coordinator.
11. Facilitate regular conference calls with the hospital preparedness coordinators for the hospitals in the Region 3 EMS System.

EMERGENCY MEDICAL SERVICE ORGANIZATIONS

1. Ensure additional ambulances are being placed in service as needed.
2. Ensure that the appropriate EMS Level Plan has been activated.
3. Ensure that hospitals, the public health department, private ambulances, helicopter services are notified and prepared to assist as the situation dictates.
4. Ensure that all EMS Support Staff are contacted or recalled. Personnel may be recalled to assist with mass vaccination clinics, replace EMS vacancies caused by incident, to place reserve companies in service, or to respond to the scene of an incident in a supervisory role.

5. Coordinate with the local Emergency Communications Centers and ensure that non-emergency incidents are redirected to appropriate triage points.
6. Coordinate with the Emergency Communications Centers and insure that non-emergency responses are reinstituted after pandemic has been stabilized.
7. Determine the need and availability for reserve EMS equipment to be used to place additional companies in service.
8. Determine the need for redirection of EMS personnel resources for staffing requirements of reserve ambulances.
9. Ensure preventive medical measures and proper rehab for all personnel involved in a natural or manmade incident. Ensure all EMS providers have been fit-tested for N-95 masks.
10. Ensure coordination with the Region3 EMS System and the local Health Departments in the event of a public health emergency.
11. Enforce all pandemic wellness measures outlined in the pandemic plan.

EMS RESPONSE

During the response, EMS providers must pay close attention to the dispatch information provided, either verbally or via Mobile Data Terminal (MDT), for details indicating a possible infections condition. As with all patients, use of appropriate PPE will be required. This may also include "Premise Alert" or other knowledge of known infectious patients or locations where these patients have been identified.
Every member of the responding crews must be informed and PPE readied for use. Units may consider staging until the scene is secured and PPE donned.

Region 3 EMS systems may authorize alternate responses (delayed) to limit the number of providers exposed.

Remember that the patient(s) may have been advised by dispatch to move outside.

Direct interactions with patients should be limited to one EMS provider, if possible, in effort to limit potential exposure.

However, during the response, units may consider the need for, and request, additional resources:

- Command Officers
- Law enforcement
- Additional Units
- Other infectious disease resources that may exist

PATIENT DISPOSITON AND TRANSPORT

Individual patient transport destinations will be determined based on:

- The patient's medical needs
- Infections disease status, suspected or known
- Regional hospital status—(bed availability)
- Pre-designated hospital(s), if any, for known or suspected infectious disease patients
- Availability of transport vehicles
- Alternate care sites, (if indicated by the EMS Resource Hospital)

- The EMS Resource Hospital will assist in determining patient transport destination. Destinations will be dependent upon bed availability, staffing, etc. This will be accomplished with information sharing and interoperability software tools
- Communications with the receiving hospital will include the known or suspected infectious disease status of the patient and plans for transferring the patient to the receiving facility.
- Transport vehicles will be utilized depending on:
    - Medical needs of the patient
    - Ability to protect and decontaminate transport units
    - Availability of specialized transport resources

During transport, environmental ventilation within the patient compartment will be increased by opening windows and turning on mechanical ventilation. A positive-pressure environment in the driver's cab will be achieved by turning on mechanical ventilation and leaving windows closed. If possible, any entry or opening between the patient compartment and cab will be closed and sealed.

On arrival at the hospital, EMS will wait at the vehicles until directed by ED staff in regards to destination as well as the travel pathway to that destination. PPE will be worn until patient transfer has occurred and the EMS equipment and vehicle have been decontaminated. Decontamination of vehicle, equipment and all potentially contaminated surfaces will take place using recommended disinfectant approved by the safety officer and the infection control officer of the department. Removal and disposal of contaminated PPE will take place in accordance with local policy related to bio-waste.

REDIRECTION OF RESOURCES

In the event of a major emergency situation, the primary function of the Emergency Medical Service organizations is to provide personnel resources and transportation to support emergency operations. It must be remembered that all other emergency operations will continue as well. However, if the majority of calls for assistance are related to the pandemic and/or staffing of Emergency Medical Services is reduced due to pandemic conditions certain actions must be taken into consideration.

EMS Systems may authorize:

1. Premise Alert notification to 911 centers for those diagnosed or identified as PUIs.
2. Consideration of redistribution of equipment and staffing, if available.
3. The use of non-Emergency Medical Services personnel for driving ambulances or other vehicles during the transport of patients or personnel.
4. Just in time downgrading of ALS licensed units to function at BLS levels.
5. Bypass of EMS System credentialing of providers as long as they meet IDPH rules and regulations.
6. Requesting the reactivation of EMS licenses of personnel who previously held EMS licenses and are available to assist.
7. Waiving CE hours requirements for renewal of EMS providers whose renewal occurs during the event.

PANDEMIC WELLNESS

This Pandemic Wellness/Response plan represents an initial threat analysis and a broad series of guidelines for action in case a pandemic threat is realized.

VACCINE/ANTIVIRAL

The Illinois Department of Public Health (IDPH) is the responsible agency that will coordinate the pandemic response in the State of Illinois. The Region 3 EMS Systems will coordinate with their appropriate County Health Department and other surrounding local health departments for the vaccination of EMS System members and their immediate family members (if recommended) with both vaccine and any antiviral medications found to be of benefit, as available.

To increase the well-being of EMS responders and reduce elements that could create staffing difficulties it is strongly suggested that the EMS System members and their immediate family members be vaccinated against seasonal influenza. It is the intent of the Region 3 EMS Systems to work in conjunction with the appropriate County Health Department and other local health departments to insure all EMS responders in the system are provided the opportunity to receive vaccinations.

The Region 3 EMS Systems will work closely with the local Health Department on any plans to integrate advanced level EMS providers into mass vaccination clinics. In the case of a Pandemic, any vaccine and any antiviral medication proven to be beneficial will be coordinated with the local health department. This will be dependent upon the availability of an effective vaccine and/or antiviral medication. Qualified licensed members of the Region 3 EMS System may be utilized for the administration of vaccinations to emergency responders, their families, and the community at designated mass vaccination clinic sites under the direction of the EMS Medical Director and the local Health Department. This may be implemented during a Pandemic and/or exercised during annual mass vaccination clinics.

SECURITY

If EMS providers of the Region 3 Systems are involved in mass vaccination clinics or movement of pandemic related medical supplies/equipment, there must be local law enforcement providing security.

SYMPTOMS IN HUMANS

Early identification of a pandemic is essential to responding appropriately and successfully to the infectious disease. The typical influenza-like symptoms (e.g. fever, cough, sore throat and muscle aches) may be noted but other symptoms may also be present (e.g. eye infections, pneumonia, acute respiratory distress, viral pneumonia, or other severe and life-threatening complications.) If the 911 emergency communications center (Emergency Medical Dispatchers) or the EMS responders are noticing an increase in patients with the pandemic like symptoms, this should be reported to the EMS Resource Hospital and the EMS System Coordinator immediately. The EMS System Coordinator will consult with the EMS Medical Director related to the activation of the System Wide Crisis policy.

SICK LEAVE POLICY

It is suggested that EMS organizations enforce a strict stay at home sick policy for EMS responders experiencing influenza like symptoms. EMS responders should remain at home for at least 7 days or 24 hours fever free without the assistance of medication (whichever is greater). More specific guidance may be given as information about the source illness is identified which may change the time a provider patient care.

STANDARD PRECAUTIONS

EMS organizations must plan for the pandemic event with increased awareness related to the use of proper hygiene, appropriate acquisition and use of proper PPE, in addition to a plan for vaccination of the employees and their immediate family members (if indicated).

It is critical for EMS responders to strictly adhere to standard precautions to minimize droplet contact and airborne transmission of the disease in the care of patients with known or suspected pandemic. It is paramount that strict body substance isolation practices are followed. Focus should be given to protection of respiratory routes of exposure as well as protection of mucous membranes. The following are standard precautions to be utilized:

- Gloves
- Eye Protection
- N-95 Mask for the EMS responder when aerosolized generating airway management maneuvers are being performed otherwise a surgical mask
- Surgical mask on the patient
- Gown - appropriate for conditions

In addition, the following are precautions known to reduce the instance of pandemic and the spread of infection and must be stressed to EMS employees:

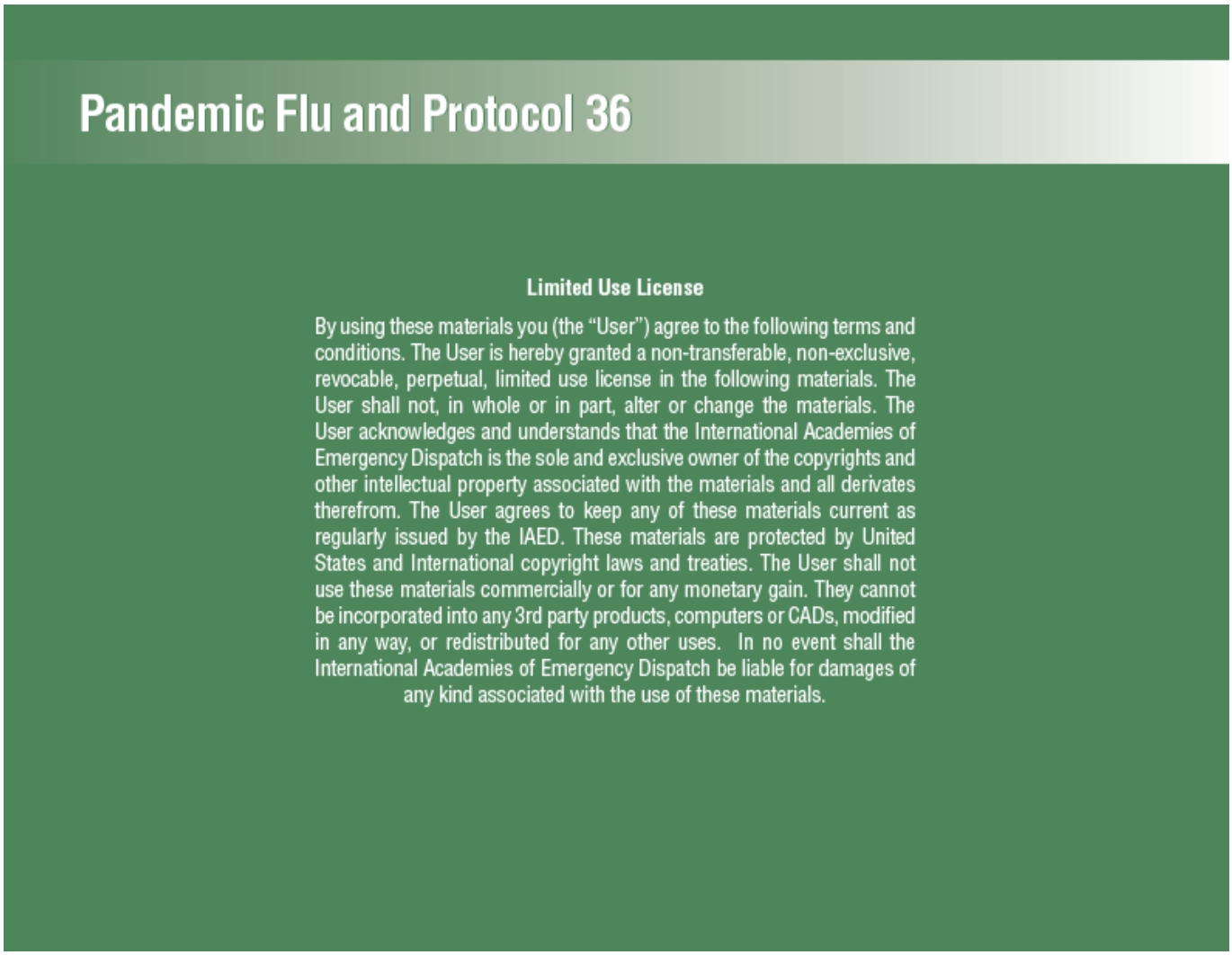
- Hand washing and antisepsis (hand hygiene)- Wash before and after touching your face, after touching doorknobs, handrails, ATM machines, and before and after patient contact. - Wash your hands thoroughly with soap and running water for at least 20 seconds and dry them completely with a disposable paper towel. Hand sanitizers which are a minimum of 70% alcohol based also kill viruses.
- Use of personal protective equipment when handling blood, body substances, excretions and secretions. The utilization of appropriate Body Substance Isolation is a must.
- Avoid touching your face, nose and mouth.
- Wear a surgical mask to prevent transmission when droplet precautions are needed. Certain situations may necessitate higher level of PPE (ie. N-95 masks) for airborne precautions
- EMS responders should be offered the opportunity to be vaccinated as a prevention mechanism.
- Appropriate handling of patient care equipment and supplies – items contaminated with bodily fluids should be disinfected with an appropriate solution with a minimum contact time of 10-15 minutes. Use a trigger pump sprayer instead of aerosols to reduce the risk of spreading the virus.
- Prevention of needle stick/sharp injuries
- Appropriate handling of waste - Consider all waste that has come into contact with a patient as hazardous.
- Avoid touching your eyes, nose and mouth. This is how a virus enters your body. Learn to cough into the crook of your arm rather than your hands to prevent spreading infection.
- Stay healthy by eating a balanced diet, drink at least 6 glasses of water per day, get at least 15 minutes of exercise each day, and sleep at least 7 hours per night. Remember the flu can be spread 1-3 days before symptoms appear. Avoid close contact and shaking hands with people.

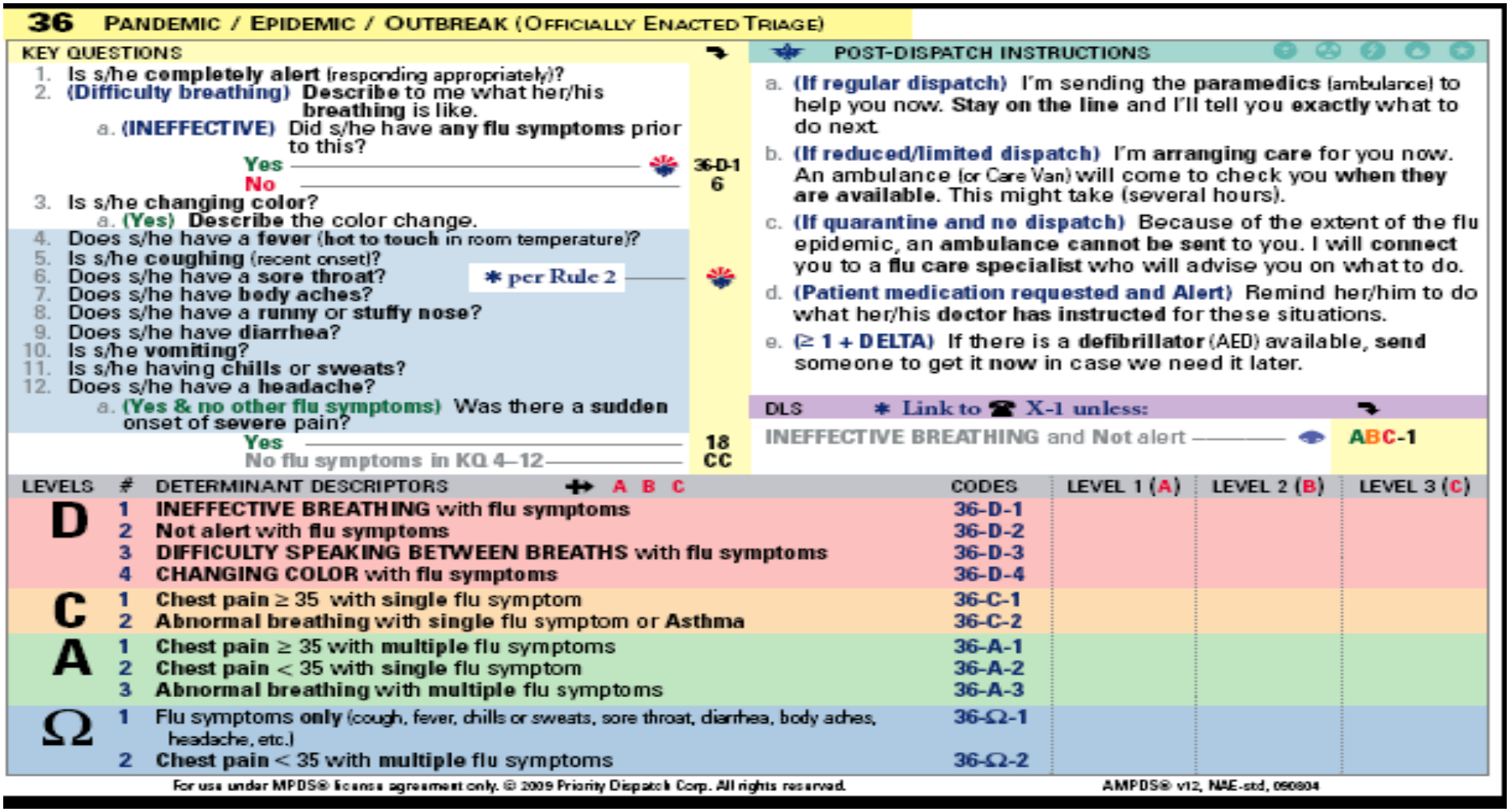
If you are sick stay home!

REVIEW AND DISTRIBUTION OF PLAN

This plan will be reviewed annually by the Region 3 EMS Medical Directors and Region 3 EMS System Coordinators. Distribution of this plan and any other information related shall be accomplished through email list serve and then each individual EMS organization shall be responsible for distribution of the plan to each EMS responder.

ATTACHMENT #1





36 PANDEMIC / EPIDEMIC / OUTBREAK (OFFICIALLY ENACTED TRIAGE)

KEY QUESTIONS

1. Is s/he **completely alert** (responding appropriately)?
2. **(Difficulty breathing)** **Describe** to me what her/his **breathing** is like.
   a. **(INEFFECTIVE)** Did s/he have **any flu symptoms** prior to this?
      Yes — 36-D-1
      No — 6
3. Is s/he **changing color**?
   a. **(Yes)** **Describe** the color change.
4. Does s/he have a **fever** (**hot to touch** in room temperature)?
5. Is s/he **coughing** (recent onset)?
6. Does s/he have a **sore throat**?
7. Does s/he have **body aches**?
8. Does s/he have a **runny** or **stuffy nose**?
9. Does s/he have **diarrhea**?
10. Is s/he **vomiting**?
11. Is s/he having **chills** or **sweats**?
12. Does s/he have a **headache**?
    a. **(Yes & no other flu symptoms)** Was there a **sudden** onset of **severe** pain?
       Yes — 18 CC
       No flu symptoms in KQ 4–12

* per Rule 2

POST-DISPATCH INSTRUCTIONS

a. **(If regular dispatch)** I'm sending the **paramedics** (ambulance) to help you now. **Stay on the line** and I'll tell you **exactly** what to do next.

b. **(If reduced/limited dispatch)** I'm **arranging care** for you now. An ambulance (or Care Van) will come to check you **when they are available**. This might take (several hours).

c. **(If quarantine and no dispatch)** Because of the extent of the flu epidemic, an **ambulance cannot be sent** to you. I will **connect** you to a **flu care specialist** who will advise you on what to do.

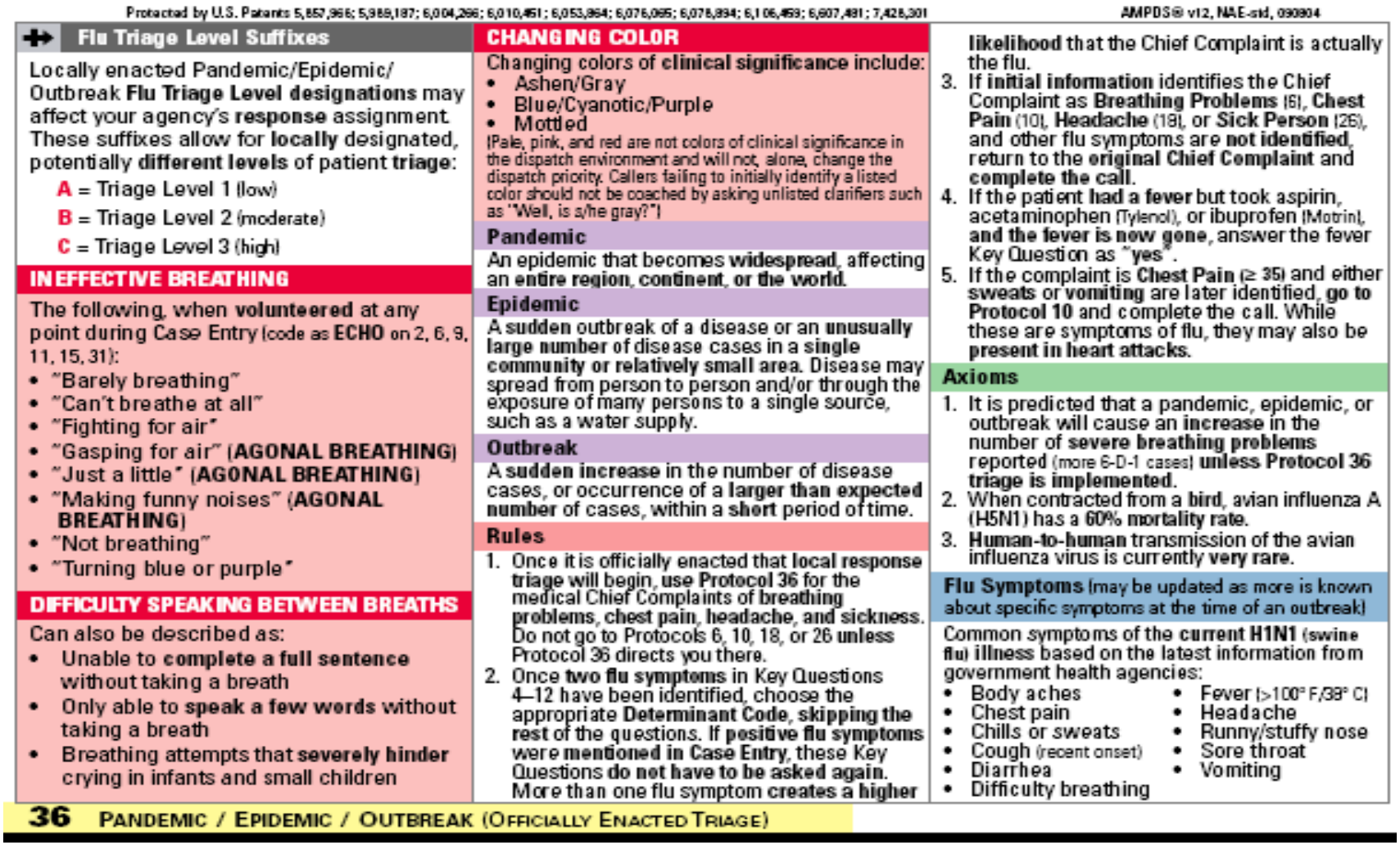
d. **(Patient medication requested and Alert)** Remind her/him to do what her/his **doctor has instructed** for these situations.

e. **(≥ 1 + DELTA)** If there is a **defibrillator** (AED) available, **send** someone to get it **now** in case we need it later.

DLS — * Link to ☎ X-1 unless:
INEFFECTIVE BREATHING and **Not alert** — **ABC-1**

LEVELS	#	DETERMINANT DESCRIPTORS ✚ A B C	CODES	LEVEL 1 (A)	LEVEL 2 (B)	LEVEL 3 (C)
D	1	**INEFFECTIVE BREATHING** with **flu symptoms**	36-D-1			
	2	**Not alert** with **flu symptoms**	36-D-2			
	3	**DIFFICULTY SPEAKING BETWEEN BREATHS** with **flu symptoms**	36-D-3			
	4	**CHANGING COLOR** with **flu symptoms**	36-D-4			
C	1	**Chest pain** ≥ 35 with **single** flu symptom	36-C-1			
	2	**Abnormal breathing** with **single** flu symptom or **Asthma**	36-C-2			
A	1	**Chest pain** ≥ 35 with **multiple** flu symptoms	36-A-1			
	2	**Chest pain** < 35 with **single** flu symptom	36-A-2			
	3	**Abnormal breathing** with **multiple** flu symptoms	36-A-3			
Ω	1	Flu symptoms **only** (cough, fever, chills or sweats, sore throat, diarrhea, body aches, headache, etc.)	36-Ω-1			
	2	**Chest pain** < 35 with **multiple** flu symptoms	36-Ω-2			

AMPDS® v12, NAE-std, 090804



Protected by U.S. Patents 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481; 7,426,301 AMPDS® v12, NAE-std, 090804

Flu Triage Level Suffixes

Locally enacted Pandemic/Epidemic/Outbreak **Flu Triage Level designations** may affect your agency's **response** assignment. These suffixes allow for **locally** designated, potentially **different levels** of patient **triage**:

A = Triage Level 1 (low)

B = Triage Level 2 (moderate)

C = Triage Level 3 (high)

INEFFECTIVE BREATHING

The following, when **volunteered** at any point during Case Entry (code as **ECHO** on 2, 6, 9, 11, 15, 31):

- "Barely breathing"
- "Can't breathe at all"
- "Fighting for air"
- "Gasping for air" (**AGONAL BREATHING**)
- "Just a little" (**AGONAL BREATHING**)
- "Making funny noises" (**AGONAL BREATHING**)
- "Not breathing"
- "Turning blue or purple"

DIFFICULTY SPEAKING BETWEEN BREATHS

Can also be described as:

- Unable to **complete a full sentence** without taking a breath
- Only able to **speak a few words** without taking a breath
- Breathing attempts that **severely hinder** crying in infants and small children

CHANGING COLOR

Changing colors of **clinical significance** include:

- Ashen/Gray
- Blue/Cyanotic/Purple
- Mottled

(Pale, pink, and red are not colors of clinical significance in the dispatch environment and will not, alone, change the dispatch priority. Callers failing to initially identify a listed color should not be coached by asking unlisted clarifiers such as "Well, is s/he gray?")

Pandemic

An epidemic that becomes **widespread**, affecting an **entire region, continent, or the world.**

Epidemic

A **sudden** outbreak of a disease or an **unusually large number** of disease cases in a **single community or relatively small area.** Disease may spread from person to person and/or through the exposure of many persons to a single source, such as a water supply.

Outbreak

A **sudden increase** in the number of disease cases, or occurrence of a **larger than expected number** of cases, within a **short** period of time.

Rules

1. Once it is officially enacted that **local response triage** will begin, **use Protocol 36** for the medical Chief Complaints of **breathing problems, chest pain, headache, and sickness.** Do not go to Protocols 6, 10, 18, or 26 **unless** Protocol 36 directs you there.
2. Once **two flu symptoms** in Key Questions 4–12 have been identified, choose the appropriate **Determinant Code, skipping the rest** of the questions. If **positive flu symptoms were mentioned in Case Entry**, these Key Questions **do not have to be asked again.** More than one flu symptom **creates a higher likelihood** that the Chief Complaint is actually the flu.
3. If **initial information** identifies the Chief Complaint as **Breathing Problems** (6), **Chest Pain** (10), **Headache** (18), or **Sick Person** (26), and other flu symptoms are **not identified**, return to the **original Chief Complaint** and **complete the call.**
4. If the patient **had a fever** but took aspirin, acetaminophen (Tylenol), or ibuprofen (Motrin), **and the fever is now gone**, answer the fever Key Question as "**yes**".
5. If the complaint is **Chest Pain** (≥ 35) and either **sweats** or **vomiting** are later identified, **go to Protocol 10** and complete the call. While these are symptoms of flu, they may also be **present in heart attacks.**

Axioms

1. It is predicted that a pandemic, epidemic, or outbreak will cause an **increase** in the number of **severe breathing problems** reported (more 6-D-1 cases) **unless Protocol 36 triage is implemented.**
2. When contracted from a **bird**, avian influenza A (H5N1) has a **60% mortality rate.**
3. **Human-to-human** transmission of the avian influenza virus is currently **very rare.**

Flu Symptoms (may be updated as more is known about specific symptoms at the time of an outbreak)

Common symptoms of the **current H1N1** (**swine flu**) **illness** based on the latest information from government health agencies:

- Body aches
- Chest pain
- Chills or sweats
- Cough (recent onset)
- Diarrhea
- Difficulty breathing
- Fever (>100° F/38° C)
- Headache
- Runny/stuffy nose
- Sore throat
- Vomiting

36 PANDEMIC / EPIDEMIC / OUTBREAK (OFFICIALLY ENACTED TRIAGE)

1. [IAED Guidance for Implementation of Protocol 36]