

McLean County Area EMS System

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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, and by the 2003 SARS outbreak in Toronto. 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 of the McLean County Area EMS System. 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 the McLean County Area EMS System 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 the McLean County Area EMS System during an activation of the McLean County 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”
 - 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

☐ 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 and the Director of the McLean County Area EMS System in consultation with the McLean County Health Department. 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 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 will 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 with influenza.

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 Health Department 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 the medical aid response to your location will be extended with an ETA of"

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.**

EMS TREATMENT GUIDELINES:

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

- b. Nebulizers
 - c. Non-rebreather oxygen masks
 - d. Suction units
3. Patients must be able to maintain their own airway:
 - a. Oropharyngeal and nasopharyngeal airways will not be placed
 4. Mechanical ventilations will 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. Advanced airway maneuvers may not be helpful, including ventilation
 - a. Intubation and surgical airway will not be performed.
3. Palliative care, for patients, may be pre-authorized or obtained from Medical Control.
4. Permission to continue or cease cardiac arrest resuscitation efforts will not require 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 will 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 Alpha and Bravo calls.
4. “Reserve units” may be placed in service as BLS “Flu Response Units”. These units may be responsible solely for the treatment and transport of patients that are determined to have signs and symptoms of flu as determined by the emergency communications system while utilizing an influenza screening questionnaire.
5. The EMS Medical Director after consultation with the Illinois Department of Public Health 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 methods:
 - a. If, after evaluation of a patient on scene and by utilizing an influenza screening questionnaire, it is determined that the patient likely has influenza without other complications they will 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 Director may respond to media requests at request of the established Joint Information Center.

EMS MEDICAL DIRECTOR

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 McLean County Area 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 McLean County Area EMS System and their families.
4. Insure the McLean County Area 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 DIRECTOR

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 McLean County Area EMS System and to insure the safety of EMS System staff members and EMS responders.
2. Represent the McLean County Area 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 McLean County Area 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 reinstated 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 McLean County Area 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 History” 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.

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

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
 - Aero-medical transport units should not be utilized.

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, 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, such as a pandemic, 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.

1. Consideration of redistribution of equipment and staffing.
1. The use of non-emergency medical services personnel in a crisis like a pandemic is essential for operations. Personnel can be utilized for driving ambulances or other vehicles during the transport of patients or personnel. The McLean County Area EMS System may request emergency staffing waivers from IDPH for agencies to allow non-EMS licensed personnel as drivers.
2. Equal workloads for all staff. No company or personnel should be idle during operations with the exception of rest periods.
3. Redirection of shift configurations to accommodate staffing and rest periods.

PANDEMIC WELLNESS

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

VACCINE/ANTIVIRAL

The Illinois Department of Public Health (IDPH) is the responsible agency that will coordinate the influenza pandemic response in the State of Illinois. The McLean County Area EMS System will coordinate with the McLean 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 influenza vaccine and any antiviral medications found to be of benefit.

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 McLean County Area EMS System to work in conjunction with the McLean County Health Department and other local health departments to insure all EMS responders in the system are provided the opportunity to receive vaccinations.

The McLean County Area EMS System 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

influenza 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 advanced licensed members of the McLean County Area 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 McLean County Area EMS System 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 an influenza pandemic is essential to responding appropriately and successfully to the influenza virus. 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 influenza like symptoms, this should be reported to the EMS Resource Hospital and the EMS System Director immediately. The EMS System Director 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).

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 influenza. 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 influenza and the spread of infection and must be stressed to EMS employees:

- Hand washing and antiseptics (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.
- Wear a face mask to protect yourself in public. Any face mask will help to prevent you from touching your nose and mouth. An N-95 mask or surgical mask may be recommended as the best option for personal protective equipment.
- Surgical mask for patients with suspected symptoms.
- 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 EMS Medical Directors, EMS System Director, EMS Administrative Board, McLean County Health Department, MABAS Division 41/MCDC EMS/MCI committee, and the McLean County Area EMS System Hospital Preparedness committee. Distribution of this plan and any other information related shall be accomplished through the McLean County Area EMS System email list serve and then each individual EMS organization shall be responsible for distribution of the plan to each EMS responder. The plan will also be posted on the McLean County Area EMS System website.

ATTACHMENT #1

Pandemic Flu and Protocol 36

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36 PANDEMIC / EPIDEMIC / OUTBREAK (OFFICIALLY ENACTED TRIAGE)

KEY QUESTIONS		POST-DISPATCH INSTRUCTIONS	
1. Is s/he completely alert (responding appropriately)?		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.	
2. (Difficulty breathing) Describe to me what her/his breathing is like.		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).	
a. (INEFFECTIVE) Did s/he have any flu symptoms prior to this?		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.	
Yes _____	36-D-1	d. (Patient medication requested and Alert) Remind her/him to do what her/his doctor has instructed for these situations.	
No _____	6	e. (≥ 1 + DELTA) If there is a defibrillator (AED) available, send someone to get it now in case we need it later.	
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 ?	* per Rule 2		
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		
No flu symptoms in KQ 4-12 _____	CC		
		DLS: * Link to X-1 unless:	
		INEFFECTIVE BREATHING and Not alert	ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS	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			

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<p>➔ Flu Triage Level Suffixes</p> <p>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:</p> <p>A = Triage Level 1 (low) B = Triage Level 2 (moderate) C = Triage Level 3 (high)</p>	<p>CHANGING COLOR</p> <p>Changing colors of clinical significance include:</p> <ul style="list-style-type: none"> • Ashen/Gray • Blue/Cyanotic/Purple • Mottled <p>(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?")</p>	<p>likelihood that the Chief Complaint is actually the flu.</p> <ol style="list-style-type: none"> 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.
<p>INEFFECTIVE BREATHING</p> <p>The following, when volunteered at any point during Case Entry (code as ECHO on 2, 6, 9, 11, 15, 31):</p> <ul style="list-style-type: none"> • "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" 	<p>Pandemic An epidemic that becomes widespread, affecting an entire region, continent, or the world.</p> <p>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.</p> <p>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.</p>	<p>Axioms</p> <ol style="list-style-type: none"> 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.
<p>DIFFICULTY SPEAKING BETWEEN BREATHS</p> <p>Can also be described as:</p> <ul style="list-style-type: none"> • 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 	<p>Rules</p> <ol style="list-style-type: none"> 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 	<p>Flu Symptoms (may be updated as more is known about specific symptoms at the time of an outbreak)</p> <p>Common symptoms of the current H1N1 (swine flu) illness based on the latest information from government health agencies:</p> <ul style="list-style-type: none"> • 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
<p>36 PANDEMIC / EPIDEMIC / OUTBREAK (OFFICIALLY ENACTED TRIAGE)</p>		