Agency Logo

Infectious Disease/Pandemic Response Guidelines For _____ Agency

_____, 2009

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LETTER OF AUTHORITY

These guidelines have been drafted by the _____ agency. The EMS Medical Director, by his/her signature, has approved these protocols as recommendations, which will be applicable to patient care procedures and protocols.

_____, M.D.
Agency EMS Director

PURPOSE & GOALS

The ____ agency EMS Infectious Disease and Pandemic Guideline is designed to offer guidance, continuity, and organization to the delivery of emergency medical care during a significant infectious disease outbreak or pandemic.

The “Infectious Disease/Pandemic Response Guideline” provides direction on “best practice” activity in the single patient scenario. By incorporating this behavior into daily practice, we establish the basic principles, which will work in a larger pandemic environment.

We acknowledge the military adage that, “No plan survives first contact with the enemy.” Therefore, we offer these guidelines with the caution that they were designed with limited knowledge and imperfect forecasting. They must remain flexible and subject to revision on short notice.

Individual agencies and jurisdictions may implement portions of these guidelines as needed to craft specific policies and procedures. The regional impact of a pandemic, however, requires uniformity of policy and action, which we have attempted to outline here.

In managing infectious disease patients, whether a single patient or in an extended pandemic environment, the principles of the National Incident Management System must be applied.

The following points are recognized goals of the infectious disease/pandemic incident:

1. Achieve EMS “culture change” by incorporating “best practices” into daily infectious disease operations.

2. Safe, rapid and adequate response to the incident.

3. Adequate Personal Protective Equipment (PPE) to ensure responder safety.

4. Rapid containment to achieve personal safety and patient accountability and to reduce exposures.

5. Maximize utility of available EMS resources.

6. Provide reasonable patient care in the environment of limited resources.

7. Sustain public safety activities during times of prolonged or extended duress.

7. Recover and return to “normal” EMS operations as quickly and safely as possible.

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 bio-terrorism, and by the 2003 SARS outbreak in Toronto.

We have resisted the temptation to specifically address the possibility of pandemic “flu” since this may limit the utility of these guidelines. Any pathogen may achieve pandemic proportions and impact, not just influenza.

During a pandemic, it may be necessary to make decisions regarding limited care in the face of increased demand and decreasing resources. These decisions will be difficult, but they must be made. As in triage at an MCI, the goal of our 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 we do not allow these natural, human feelings to cloud our judgment in making treatment, transportation, or resource decisions. If resources are limited, the decisions we make in the field have implications beyond that of the individual patient. Subverting these guidelines could potentially threaten the entire medical system.

DEFINITIONS

ALS: Advanced Life Support

Alternate Medical Treatment Sites (AMTS): AMTS set up to care for patients with pandemic illness. Schools, churches, public buildings set up through the Public Health or volunteer agencies to care for the sick.

BLS: Basic Life Support

CAD: Computer Aided Dispatch

CBD: Criteria Based Dispatch

CDC: Center for Disease Control

DOH: Florida Department of Health.

EOC: Emergency Operations Center

EMS: Emergency Medical Service

Epidemic: A localized outbreak of an infectious disease

Febrile Respiratory Illness: Patients presenting with cough, and fever. Fever indicates infection. Cough may indicate contagiousness.

Haz-Mat: Hazardous Materials

HEPA: High Efficiency Particulate Air Filter, mask or filter.

I.D.: Infectious Disease

Isolation: Sequestration of patients with infectious disease to prevent pathogen spread.

MCI: Mass/Multiple Casualty Incident.

NIOS: National Institute for Occupational Safety

NIMS: National Incident Management System, a national incident management system that allows agencies of different disciplines and jurisdictions to work together during times of crisis or disaster.

N95/N100 Masks: NIOSH rated particulate respirators.

Pandemic: The spread of a disease throughout a country, continent, or the world.

Pandemic EMS Activation Levels:

- WHO-3: No or very limited human to human transmission.
- WHO-4: Evidence of increased human to human transmission
- WHO-5: Evidence of significant human to human transmission.
- WHO-6: Efficient and sustained human to human transmission.
  - Overwhelming impact on EMS and medical systems.

PEP: Post Exposure Prophylaxis medication.

Plan P: Standing orders specific to the EMS response to pandemic patients.

PPE: Personal Protective Equipment. Fit-tested HEPA masks, gloves, gowns, shields, eye protection.

PSA: Public Service Announcements.

Quarantine: Sequestration of individuals who have been exposed to infectious disease, but are not symptomatic, until a determined incubation period has passed.

S & S: Signs and Symptoms.

211 lines: Telephone line that is used for general information by the public.

WHO: World Health Organization.

Flu Terms Defined

Seasonal (or common) 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.

Avian (or bird) flu is caused by the H5N1/ or other identified influenza virus that may occur naturally among wild birds. This type of flu virus can be deadly to domestic fowl and can be transmitted from birds to humans.

Swine Flu is caused by the H1N1 influenza virus. This type of virus has already proven to be able to transmit human to human.

Pandemic flu is virulent human flu that causes a global outbreak - or “pandemic” - of serious illness. Because there is little and/or natural immunity, the disease can spread easily from person to person.

All-Hazards Infectious Disease/Pandemic Guidelines

Communications/Dispatch

History

Communications serve an important function in every phase of EMS incident management, including those involving infectious disease pathogens.

Dispatch centers provide a critical "link" in identifying the presence of an "infectious environment", determining resources required, initiating responses, advising responding units of prevailing conditions, and providing pre-arrival instructions to members of the public. In addition, they may identify specific clusters of illness based on symptoms and geographic locations, which will serve as an important "Epidemiology-link" to Public Health and responder agencies.

Operations

Communications personnel are trained to seek information from callers and transmit that information to responders, which indicates the presence of an infectious disease or a potentially infectious condition. In addition to the usual EMS questions, during a pandemic, callers should be asked:

Are signs or symptoms of infectious disease present?
Does the patient have?

- Fever
- Cough
- Shortness of breath
- Respiratory distress
- Unusual skin rash
- Gastro-intestinal symptoms (nausea, vomiting, diarrhea)
- Recent exposure to any ill persons
- Recent travel to regions known to be affected with disease outbreaks

Call-Receivers must be alert for information indicating that there are multiple patients with the same symptoms or complaints. Communications center personnel may identify "clusters" of patients, either geographically or within a period of time. This information may warrant the initiation of a Haz-Mat or MCI response and may indicate the need for law enforcement to provide scene security.

Short reports to responding units must include the information on signs and symptoms of infectious disease as outlined above, along with the term "PPE advised." Electronic warnings, via the CAD or paging system, including "Premise History" on known patients or locations of infectious disease must also be utilized. ***This***

<u>information should prompt responders to don Personal Protection Equipment (PPE) before making patient contact.</u>

Pre-arrival instructions to callers must include directions to provide scene security, limit number of individuals exposed, and reduce the infection risk:

- Caller to remain on location
- Avoid contact/exposure to other people
- Move outside, if possible
- Increase ventilation: open doors and windows

In addition, the communication centers must:

- Monitor the daily hospital status in the region, including hospitals on listed as on advisory status or closed and the designation of any infectious disease receiving facilities, including established alternate care sites.

EMS Response

During the response, EMS providers must pay close attention to the dispatch information provided, either verbally or via CAD and pager, for details indicating a possible infectious condition and the warning **"PPE advised."** This may 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 Personal Protective Equipment (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 / Supervisors
- Law enforcement
- Additional units
- Other infectious disease resources that may exist

Aero medical transport units should not be utilized unless absolutely necessary.

EMS Arrival & Patient Care

Consider safe parking and/or staging to permit scene security, access to patient, and transport needs.

Don Personal Protective Equipment (PPE). All-hazards Infectious Disease PPE may include:

- Splash-protective eyewear – goggles, glasses, face shield
- Fit-tested HEPA respirator
- Fit tested N-95 or 100 respirator
- Splash-resistant gown or suit
- PAPRs
- Gloves
- Boot covers

Limit the number of individuals exposed, including responders and public. The Incident Commander, if on scene, will ensure scene security, denying exit to those exposed and entry to unnecessary personnel and anyone not wearing approved PPE, including law enforcement and other responders.

Increase ventilation: open doors and windows. Move patient outside, if possible. Do not place a possibly infectious patient in an EMS response vehicle until circumstances are more clearly understood.

Determine or confirm the presence of possible infectious disease based on:

- patient complaint
- symptoms
- signs
- history - including travel and possible exposure.

Place mask (surgical/procedure masks) on patient, as tolerated.

Cough-producing treatment procedures will increase the spread of respiratory droplet pathogens. Consider limiting these procedures as outlined by local medical guidelines and standing orders. For example, consider placing a surgical/procedure mask over nasal cannulas supplying oxygen to patients. **Nebulizer and Metered-Dose inhaler treatments may be contraindicated in patients with respiratory infections.**

Consider using specific HEPA filtered equipment in respiratory droplet pathogen situations; equipment to include:

- Bag-valve mask devices
- Non-rebreather oxygen masks
- Suction devices

Patient Disposition & Transport

Individual patient transport destinations will be determined based on:

- The patient's medical needs
- Infectious 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 Medical Treatment Site facilities

The local/regional Hospital Emergency Departments may assist in determining patient transport destinations, depending on bed availability, staffing, etc. However, **in the event of a multiple-patient incident, the County/region/state ESF 8 may be utilized for determining patient destinations.**

Communications with the receiving hospital will include the known or suspected infectious disease status of the patient and plans for transferring the patient at the receiving facility.
Transport vehicles will be utilized depending on:

- Medical needs of the patient
- Ability to protect and de-con transport units
- Availability of specialized transport resources

During transport, 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.

[Aero-medical transport units should not be utilized unless absolutely necessary. In aircraft with uncontrolled interior airflow, such as rotor wing or small non-pressurized fixed wing aircraft, all personnel should wear disposable N95 or higher level respirators during transport of the patients. For the pilot / cockpit crews, aircraft aviator tight fitting face pieces capable of delivering oxygen that is not mixed with cabin air may be used in lieu of a disposable N95 respirator. If the patient is on mechanical ventilation, HEPA or equivalent filtration of airflow exhaust should be utilized. Consult equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive pressure ventilation]

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 following each agency's directions and using solutions, wipes and other materials provided for this purpose. **Remember: for waterless hand cleaning the CDC recommends using solutions, which contain >60% alcohol.**

Removal and disposal of contaminated PPE will take place in accordance with each agency's policies. Contaminated PPE must be disposed of as any other contaminated, bio-medical waste.

Removal of PPE will be followed by hand-washing with soap and warm water, if available, otherwise with waterless, alcohol-based hand sanitizer.

PPE items will be replenished and readied before returning to in-service status.

Depending on type of exposure, no EMS crew members will enter the living quarters of their stations, or return home, without ensuring that every opportunity has been taken to wash, change clothing and otherwise provide personal hygiene and decontamination. **Hospital De-con may be utilized.**

Patient & Responder Tracking, Follow-Up and Post-Exposure Prophylaxis

On scene, an effort should be made to record the names and contact numbers for all:

- Patients
- Potentially exposed individuals, family members, social contacts, etc.
- Fire & EMS responders
- Law enforcement
- Ambulance Service

This information may be used by department infection control officers, and public health officials to track individuals for notification and/or Post-Exposure Prophylaxis (PEP). Employees are encouraged to maintain their own personal log-book or diary to document date, time and other applicable information for future consultation. Exposure

reports, including descriptions of any recognized breaches in infection control precautions should be communicated to agency infection control officers.

The Agency infection control officers and/or safety officers, or designees will ensure that exposure forms are completed and will notify Public Health of possible infectious disease exposures.

Infection control officers at individual hospitals serve as important contacts for the confirmation of patients' infectious status.

Each EMS agency is responsible for its own exposure documentation, employee tracking and follow-up. Each agency is responsible for monitoring its employees and their families and for setting prudent "Return-to-Work" guidelines.

Pandemic Guidelines

Pandemic EMS Activation Levels:

- Pandemic EMS Alert Levels will be declared by the local/regional/state ESF 8 in consultation with the Florida Department of Health. As the alerts accelerate, the impacts on EMS and the health care system will increase. The demand may outstrip supply. Asymmetric pandemic may overwhelm local, regional, state systems.

- **WHO-3: No or very limited human to human transmission.**
- **WHO-4: Evidence of increased human to human transmission**
- **WHO-5: Evidence of significant human to human transmission.**
- **WHO-6: Efficient and sustained human to human transmission.**
  - **Overwhelming impact on EMS and medical systems.**

Communications/Dispatch:

LEVEL 3

WHO-3: No or very limited human to human transmission.

Continue with any unfinished items from “Planning & Preparations.” [See Appendix 2.0]

Continue daily surveillance of “Infectious Disease” patient calls for service.

Callers will be asked on every “Breathing Difficulty” and “Sick Unknown” if the patient has a “fever” or “cough.”

When calls for EMS response include symptoms of fever and cough (Febrile Respiratory Illness), continue notification to responding units of symptoms and “**PPE advised**.”

LEVEL 4

- **WHO-4: Evidence of increased human to human transmission**

Begin asking about presence of fever and cough, exposure to ill individuals, or travel to affected regions with all callers. Continue to relay this information to responding units with the direction, “**PPE advised**.”

Review criteria to be implemented at Level 3.

Monitor call volume and work load. Consider implementing an alternative staffing plan for dispatchers and call receivers, ambulance crews.

Consider screening of employees coming to work for exposure, symptoms and temperature.

Survey employees’ availability for work.

Review facility plan. Ensure availability of needed medical and non-medical items at stations to support extended operations.

LEVEL 5

- **WHO-5: Evidence of significant human to human transmission.**

Monitor daily instructions and direction from agency Medical Director.

Consider Activating Plan P Standing Orders as directed by agency Medical Director:

“Reduction of Service” policies considered.

Response may be according to need and availability of resources, up to and including the following:

- No EMS response to minor complaints.
- BLS response for many previous ALS calls, which could include staffing driver/EMT, rather than EMT/EMT, or EMT/Paramedic.
- Possible pandemic flu patients transported to designated hospital or alternate care facilities, (if required by DOH)

Facility plan and staffing model may be implemented:

- Consider securing facility.
- Consider work schedule changes that may include the fact that personnel may be called to report to duty for an undefined period of time.
- Dispatch center, or ambulance operations center may serve as living quarters for those on duty for extended shifts, to minimize traveling to and from home.

Communications center will regularly contact employee families to check status and determine needs.

LEVEL 6

- **WHO-6: Efficient and sustained human to human transmission.**
  - **Overwhelming impact on EMS and medical systems.**

Monitor daily instructions and direction from agency Medical Director.

Activate Plan P Standing Orders when directed by agency Medical Director:

"Reduction of Service" policies implemented.

Response will be according to need and availability of resources, up to and including the following:

- No EMS response to minor complaints.
- BLS response for many previous ALS calls, which could include staffing driver/EMT, rather than EMT/EMT, or EMT/Paramedic.
- Possible pandemic flu patients transported to designated hospital or alternate care facilities.

Fully activate facility plan and implement alternative staffing model:

- Secure facility.
- Personnel may be called to report to duty for an undefined period of time.
- Dispatch center, or ambulance operations center may serve as living quarters for those on duty for extended shifts, to minimize traveling to and from home.

Communications center will regularly contact employee families to check status and determine needs.

EMS SYSTEMS (Field Units):

LEVEL 3

WHO-3: No or very limited human to human transmission.

Continue with any unfinished items from "Planning & Preparations." [See Appendix 2.0]

Review plan and consider implementation of employee screening for symptoms, temperature and exposure.

Implement mandatory personal protection guidelines when responding to possible pandemic patients:

- Based on current dispatch guidelines.
- Dispatch will alert responding crews.
- Crews also mandated to implement protection if patient displays specific S&S.
- Review plans to manage increased volume of bio-hazard infectious waste.

LEVEL 4

- **WHO-4: Evidence of increased human to human transmission**

Review implementation of Level 1 operational changes.

Implement mandatory personal protection guidelines on all responses.

- Masks, 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

Based on call volume and work loads, consider implementing alternative staffing plan

Begin screening employees coming to work for symptoms, temperature, and exposure to ill patients.

Continually survey employees' availability.

Ensure availability of needed medical and non-medical items at stations to support sustained operations.

Patient care will be according to modified response, treatment, and transportation plans as directed by Medical Director.

- No response to minor complaints.
- BLS response to many previous ALS calls.
- Possible pandemic flu patients transported to designated hospital, if identified.

Review and begin to practice agency "facilities plan, "to ensure vehicle equipment and personnel decontamination prior to entering station living quarters.

Station quarters, including offices, "day room" and bunk rooms should be considered "sterile environment", with adequate decontamination of personnel required before entering. If the haz-mat environment is applied to this concept:

- Scene is considered "hot zone
- Truck bays and de-con areas are "warm zones"
- Living quarters are "cold zones"

Assess volume of bio-hazard, infectious waste for increased vendor pick-ups or storage

LEVEL 5

- **WHO-5: Evidence of significant human to human transmission.**

Consider activating Plan Flu Guidelines Standing Orders as directed by Agency Medical Director. EMS personnel may respond, treat and transport flu patients according to Plan Flu Plan instructions.

Consider implementing agency "facilities plan" to ensure vehicles, equipment and personnel are decontaminated before personnel enter station living quarters. A single site for decontamination activities might be preferred, which would offer security; vehicle and equipment decon supplies and personal hygiene facilities. Additional storage for accumulations of bio-hazard, infectious waste may need to be designated.

Consider implementing alternative staffing plans:

- Personnel may be called to report to duty for an undefined period of time.
- Stations may serve as living quarters for those on duty for extended shifts, to minimize traveling to and from home.

LEVEL 6

- **WHO-6: Efficient and sustained human to human transmission.**
  - **Overwhelming impact on EMS and medical systems.**

Activate Plan Flu Guidelines Standing Orders as directed by Agency Medical Director. EMS personnel will respond, treat and transport flu patients according to Plan P instructions.

Implement agency "facilities plan" to ensure vehicles, equipment and personnel are decontaminated before personnel enter station living quarters. A single site for

decontamination activities might be preferred, which would offer security; vehicle and equipment decon supplies and personal hygiene facilities. Additional storage for accumulations of bio-hazard, infectious waste may need to be designated.

Implement alternative staffing plans:

- Personnel may be called to report to duty for an undefined period of time.
- Stations may serve as living quarters for those on duty for extended shifts, to minimize traveling to and from home.
- Utilize County School Bus employees as alternate drivers.

MEDICAL DIRECTORS:

LEVEL 3

WHO-3: No or very limited human to human transmission.

Review and revise Plan Flu Guidelines Standing Orders as needed.

Confirm and test "chain-of-communication" with respective agency.

Complete "Planning and Preparations" activities **[See Appendix 2.0]**.

Provide specific pandemic training and continuing education as required.

LEVEL 4

- **WHO-4: Evidence of increased human to human transmission**

Prepare for Level 1.

Coordinate treatment and transportation options.

LEVEL 5

- **WHO-5: Evidence of significant human to human transmission.**

Consider direct activation of Plan Flu Guidelines Standing Orders. [See Appendix 3.0]

LEVEL 6

- **WHO-6: Efficient and sustained human to human transmission.**
  - **Overwhelming impact on EMS and medical systems.**

Direct activation of Plan P Standing Orders. [See Appendix 3.0]

Appendix 1.0

Infectious Disease "Pocket Cards"

INFECTIOUS DISEASE PREVENTION

HANDWASHING

Hand washing is the most effective way to prevent transmission of Infectious Disease.

WASH HANDS

- After patient contact
- Before eating, drinking, smoking or handling food
- Before & after using the bathroom
- After cleaning or checking equipment

PPE

Gloves and Eye Protection should be worn for every patient.

FULL PPE *for possible Infectious contacts*

Donning Sequence

- Gloves > Gown or Suit > Mask > Eye Protection
- *Mask Patient*

Removal Sequence

- Gown or Suit > Gloves > Hand cleaner
- Eye Protection > Mask > Hand cleaner
- Handle as contaminated waste
- Decon Eye Protection

INFECTIOUS DISEASE

FEBRILE ILLNESS

- Dispatchers will notify units of - Infectious symptoms or locations
- Dispatch info *or* fever w/ cough or illness *or* possible infectious disease
  - **FULL PPE**
    - Gloves, Eye Protection, HEPA Masks & Gowns or Suit
    - *Mask patient*
    - Limit patient contacts
  - **After patient contact**
    - Remove PPE – approved sequence
    - Dispose of PPE as contaminated waste
    - On scene decon - Eye Protection & equipment w/ germicidal cleaner
    - Hospital decon - Eye Protection, equipment and apparatus
  - **At station**
    - Decon affected equipment & contacts (kits, BP/steth, radios, clipboards, etc.)
    - Wash hands before leaving apparatus floor.

Appendix 2.0

Pandemic Planning & Preparations

Pandemic EMS Activation Levels:

- **WHO-3: No or very limited human to human transmission.**
- **WHO-4: Evidence of increased human to human transmission**
- **WHO-5: Evidence of significant human to human transmission.**
- **WHO-6: Efficient and sustained human to human transmission.**
  - **Overwhelming impact on EMS and medical systems.**

COMMUNICATIONS/DISPATCH:

Develop a communications plan to provide surveillance of "trends" related to calls for EMS service for Infectious Disease symptoms. The individual calls need to be identified within the CAD system so that routine queries may be made to track the incidence of infectious disease, including pandemic flu.

Develop dispatch plan for questioning callers about febrile respiratory illness symptoms and relaying this information to EMS. These questions will include the presence of:

- Fever (indicates infection)
- Cough (indicates contagion)
- Shortness of breath related to fever and cough
- Exposure to other ill individuals
- Travel to regions of known infectious disease outbreaks

Short Reports to responding units will include the above information, along with the statement, "**PPE Advised**."

Develop a system to provide automated information to callers in the event of an overwhelming pandemic. This information may be provided by reading prepared and approved scripts or by transfer to a recorded message. The possible scenarios for requested information will include:

- Directions to any other available information lines (County Health Departments, Florida Department of Health, information lines, 211)
- General infectious disease/pandemic information
- Personal hygiene and decontamination
- Self-care and care of any ill patients
- Directions to any alternate care facilities
- Reporting fatalities and care of dead bodies

Develop plan to reduce EMS responses to meet available staffing levels. In general, reductions in all infectious disease patients and all low-acuity patients must be considered. **[This may result in increased call-processing times.]**

- A greater number of low-acuity calls, especially those dealing with pandemic symptoms and patient complaints, may be managed more efficiently by telephone information lines.

Educate dispatch: (Identify appropriate on-line training)

- Self-paced online tutorial with general information about seasonal, avian, and pandemic flu (PowerPoint presentation)
- Written information/guidelines on new flu questions
- Plan P and how it affects dispatch

Develop Employee Protection Plan:

- Update emergency contact info for each employee
- Define mutual expectations ("You take care of us, we'll take care of you")
- Determine employee/family needs (letter, survey)
- Masks, gloves, wipe educational information, etc.

Determine communications center facilities plan:

- Security and access to ensure "operations continuity"
- Equipment needs (masks, hand wipes, etc.)
- Non-equipment needs for a pandemic (e.g. food, toiletries, bedding for stations in the event that the dispatch center is as temporary housing for employees)
- Alternate staffing models (for example, consider longer shifts so there will be less travel to and from home)
- Screening for employees coming to work (temperature, symptoms, etc.)
- Establish sick leave policies for employees suspected to be ill or who become ill at work. Employees with suspected pandemic influenza should not remain at work and should return only after their symptoms resolve and they are physically ready to return to work.
- Establish policies and procedures for employee sick leave absences unique to a pandemic environment, which is non-punitive and liberal. Employee absenteeism may result from being sick themselves; caring for ill family members; or exposure to known or suspected ill individuals.

EMS SYSTEM (Field Units):

Educate EMS providers:

- Written information about the Pandemic Flu Guidelines and Plan P.
  - Employee responsibility for personal protective equipment
  - Understanding guidelines for wearing PPE
  - Understanding guidelines for personal hygiene and decontamination
  - Medical aspects/employee responsibilities of Plan P

Develop facilities plan:

- Security
- Develop screening for employees coming to work (temperature, s/s, etc)

Develop "Continuity of Operations Plan":

- Develop alternate staffing models (ex. Consider longer shifts so there will be less travel to and from home, combining all ambulance services within a jurisdiction, to include staff and ambulances into a single model)
- Determine non-equipment needs for a pandemic to support extended staffing operations (cots, food, etc)

Develop Employee Protection Plan

- Define mutual expectations ("You take care of us, we'll take care of you.")
- Determine employee/family needs (letter, survey)
- Update emergency contact info for each employee

Establish sick leave policies for employees suspected to be ill or who become ill at work. Employees with suspected pandemic influenza should not remain at work and should return only after their symptoms resolve and they are physically ready to return to work.

Establish policies and procedures for employee sick leave absences unique to a pandemic environment, which is non-punitive and liberal. Employee absenteeism may result from being sick themselves, caring for ill family members and/or exposure to known or suspected ill individuals.

Purchase cache of necessary work-related personal protective equipment (masks, goggles, gloves, gowns, etc.).

Determine non-equipment needs for a pandemic to support extended periods of staffing and operations.

Develop alternate staffing models (for example, consider longer shifts so there will be less travel to and from home).

MEDICAL DIRECTOR(S):

Review and approve Dispatch changes

- Surveillance plan
- Additional infectious disease questions
- Short reports to responding units
- CBD guideline changes to reduce EMS responses
- "Reduction of Service" policy,

Provide guidance to EMS Agencies on PPE and treatment recommendations and changes.

Review and approve Patient Care Guidelines changes.

Develop Pandemic Guidelines, Standing Orders: Plan P ("Pandemic").

Review and approve Medical Support Group plan:

- Staffing schedule
- Communication links

Affirm that when care is rationed, the highest priority will be to health care providers to ensure that health care is available.

Appendix 3.0

Model Pandemic Medical Standing Orders
Plan P Plan

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 Flu Guidelines 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 Medical Director for all emergency agencies in consultation with _____. In a public health crisis, the situation may evolve rapidly. Depending on the situation, Plan Flu Plan 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-6.

Plan P offers directions, which may be helpful under these circumstances, in the following EMS activities:

Communications/Dispatch:

Information: Communications personnel may transfer 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, 211 or 311 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 call-processing time limits will be waived, along with response time requirement, ambulance staffing, and ambulance response times.**

In managing calls for EMS service, Call Receivers must be alert for signs and symptoms, which indicate the presence of an infectious disease or a potentially infectious condition. In addition to the usual EMS 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)**
- **Recent exposure to any ill persons**
- **Recent travel of regions known to have disease outbreaks**
-

Short Reports: This information must be relayed to responding units as part of the Short Report, along with the direction, **"PPE Advised."** (This information should prompt

EMS responders to don PPE before making patient contact. If confusion or questions arise during the response, use plain English to transmit, **"Personal Protective Equipment advised."**)

Pre-Arrival Instructions to callers must include instructions to provide scene security, limit number of people exposed and reduce the risk of infection. These instructions will include:

- **Caller to remain on location**
- **Avoid contact/exposure of other people**
- **Move patient(s) outside, if possible, to reduce infection**
- **Increase ventilation: open doors & windows**

Reduction of Service: During Pandemic EMS Level-1 operations, communications centers may be directed by the Medical Director to reduce or restrict EMS responses. This will be implemented by a "Reduction of Service Policy" to specific EMS alarm types or Incident Dispatch Codes. The "Reduction of Service Policy" will be terminated upon directions from the Medical Director.

EMS System:

Triage: Patients will be triaged in the pre-hospital setting using the following criteria:

- **Green**: Patient stable; no treatment or transport required.
- **Yellow**: Patient in need of medical care with reasonable chance of survival.
- **Red**: Patient in need of advanced medical care with reasonable chance of survival. No signs or symptoms of infectious (pandemic) disease.
- **Black**: Dead or immediately expected to expire.

Personal Protective Equipment: Minimum PPE will be used, consisting of:

Gloves
Eye protection
Fit-tested HEPA or other mask
Gown

Enhanced PPE may be directed, to include:

Face shield
PAPRs
Shoe or boot covers
Hair cover

BLS Therapy Guidelines:

- Apply surgical or procedure mask to I.D. symptomatic patients over oxygen appliances.
- HEPA filters will be used, when available, on:
    - Bag-valve mask ventilators
    - Nebulizers
    - Non-rebreather oxygen masks
    - Suction units
- Patients must be able to maintain their own airway:
    - Oropharyngeal and nasopharyngeal airways will not be placed.
    - Mechanical ventilations will not be attempted.
- Decisions regarding palliative care may be required at the BLS level in consultation with medical control when medical resources and medical destinations are unavailable.

ALS Therapy Guidelines:

- Support and continue BLS palliative care efforts as outlined above. Additional "care & comfort" measures may include: sedative and pain medications and IV hydration.
- Advanced airway maneuvers may not be helpful, including ventilation, intubation and surgical airways, and will not be performed.
- Palliative care, for Purple patients, may be pre-authorized or obtained from Medical Control hospitals.
- Permission to continue or cease cardiac arrest resuscitation efforts, may not require Medical Control consultation.

Appendix 4.0

Optional Model Reduction of Service Guideline

1.0 PURPOSE/REFERENCES:

To authorize an alternative form of medical instruction for callers during an EMS Level 6 Pandemic in which EMS service may be reduced. This may be due to overwhelming increases in demands for service, decreased or unavailable resources and/or no available regional transport destinations.

2.0 POLICY:

When an event or conditions impact our ability to manage the calls for service, these guidelines shall be implemented to assist the caller during an EMS Level 6 Pandemic.

3.0 PROCEDURE:

3.1 Implementation:

In the event that an EMS Level 6 Pandemic has been declared, there would be continued provisions for police services, fire combat, extrication and rescue activity and minimal medical responses. Requests for EMS responses related to patients with Respiratory Febrile Illness (RFI) and associated shortness-of-breath, respiratory distress, and/or "flu-like-symptoms" will not receive an EMS response. When the request for service is denied we will provide resources and/or instructions for the caller to receive any assistance available. These may include alternate resources phone numbers, personal hygiene, scene safety, self-care and patient care directions, or directions to alternate care sites.

3.2 Exclusions:

Patients or callers reporting signs and symptoms of Respiratory Febrile Illness, flu-like symptoms (acute onset, fever, dry cough, sore throat, head and muscle aches, general malaise), in combination with:

- Shortness of breath
- Respiratory distress
- Decreased level-of-consciousness
- Unknown illness, including "Flu-like symptoms"

3.3 Instructions:

Depending on available resources there may be outside service options, i.e. Public Health information line through 211, 311 or, TRP, etc. for callers who need instructions on how to deal with the ill, dying or

deceased. If those services are not available the following procedures will be followed by the communications staff.

3.4 <u>Script for Reduction of Service:</u>

"Due to the recent declaration of a Level 1 Pandemic we are unable to provide an aid response to your location.

Instructions:

1. **Position patient for comfort. If seated, have the patient lean forward. If supine (lying down), place patient on their side.**

2. **Provide hydration with oral fluids and, if possible, Tylenol for fever and body aches.**