

APPROVED September 24

PILOT PROTOCOL

N4 Page 268-12

On Scene Protocol and Alternative Dispatch Protocol
During Declared Public Health Emergency for Pandemic Influenza

This protocol is designed to be implemented only when there is a significant infectious disease that has impacted the health care system to the extent that all hospital beds are full, the EMS/Dispatch work force is significantly depleted due to absenteeism, and the calls for EMS support overwhelm resources to manage all calls. MIEMSS in collaboration with DHMH and Local health officers would activate this protocol to provide authorization for the adjustment in the pre-hospital standard of care.

NOTE: For this exercise, these criteria will **only be applied to adults** even if there is a child presented.

START of On-SCENE Pandemic Flu PROTOCOL

Managing Arrests

If the patient is in cardiac arrest, CPR for 5 cycles then apply AED. Shock and continue to shock with 5 cycles CPR if indicated.

- 1) If return of pulse, initiate transport and rendezvous with ALS if available and can beat your arrival time at the ED
- 2) No shock indicated or when shock indicated stops with no return of pulse, Consult Medical Direction to withdraw care and leave patient on scene.

Follow normal *Maryland Medical Protocol for EMS Providers* and conduct General Patient Care assessment and make sure you are using appropriate universal precautions.

Follow the sequential steps below:

- 1) If patient has an obvious **non-flu related illness or injury**, apply appropriate *Maryland Medical Protocol for EMS Providers* then treat and transport appropriately
- 2) If patient has **Critical Vital Signs**, transport patient to ED (Table #1)

TABLE #1

Assess patient's vital signs (adults)

	Critical Adult Vital Signs	Critical Pediatric Vital Signs	Normal Adult Vital Signs	Normal Pediatric Vital Signs
	Transport to ED		Consider Alternate Care	
Pulse/Pefusion	Equal or Greater than	CRT greater than 2 seconds	Less than 130	CRT less than or equal to 2

On Scene Protocol and Alternative Dispatch Protocol
During Declared Public Health Emergency for Pandemic Influenza

	130			<i>seconds</i>
RR/ <i>Distress</i>	Equal or Greater than 30	<i>Greater than 45 or increased work of breathing Neonates: Less than 30 Infant: Less than 20 Child: Less than 15</i>	Less than 30	<i>Unlabored breathing or Neonates: 30-45 Infant: 20-45 Child: 15-45</i>
Systolic BP	Less than 90	<i>Neonates: Less than 60 Infants: Less than 70 Children under 10: Less than 70 + (2 x years)</i>	Equal or Greater than 91	<i>Neonates: Equal or greater than 60 Infants: Equal or greater than 70 Children under 10: Equal or greater than 70 + (2 x years)</i>
Pulse Ox	Less than 92 on room air	<i>Less than 92 on room air</i>	Equal or Greater than 92	<i>Equal or Greater than 92</i>
Temp	No fever	<i>No fever</i>	Fever	<i>Fever</i>
AVPU	Pain or Unresponsive	<i>Pain or Unresponsive</i>	Alert or Verbal	<i>Alert or Verbal</i>
Lung sounds	Rales/ Wheezing	<i>Rales/ Wheezing</i>	Clear	<i>Clear</i>

3) If patient has **Normal Vital Signs (Table #1)** then go to Case Definition Signs and Symptoms for Flu (Table #2)

- a) If the patient has **three or more Case Definition Signs or Symptoms for Flu** transport patient to Alternate Care Facility

- b) If the patient has **two or less Case Definition Signs or Symptoms for Flu** (symptoms), EMS provider shall call for Medical Consult (state central resource physician) to determine if EMS provider can leave the patient on scene, self quarantine and refer to nurse /public health hotline for further assistance.

Table #2
Case Definitions Signs and Symptoms for the FLU

APPROVED September 24

PILOT PROTOCOL

N4 Page 268-12

On Scene Protocol and Alternative Dispatch Protocol
During Declared Public Health Emergency for Pandemic Influenza

1. Difficulty breathing with exertion
2. Has doctor diagnosed flu
3. Cough
4. Fever
5. Shaking Chills
6. Chest Pain (pleuritic)
7. Sore throat (no difficulty breathing or swallowing)
8. Nasal congestion
9. Runny nose
10. Muscle aches
11. Headache

ALTERNATIVE DISPATCH PROTOCOL

<p style="text-align: center;">Maximize the Use of Limited Resources Alternative Dispatch Protocols</p>				
Dispatch Priority Level <small>(match vendor or call center based dispatch protocol/ tiered algorithm)</small>	Response <small>(Standard Operating Mode)</small>	Level 1 (A) Activation of Card 36 and ONLY for use in 6, 10, 18, and 26 DSS1 BELOW IS BACK UP STRATEGY FOR EMD WITHOUT CARD 36	Level 2(B) Implement Declining Response /Configuration CAD Table (Moderate) + Card 36 (6,10,18 & 26) DSS2	Level 3(C) Implement Declining Response /Configuration CAD Table (Severe) + Card 36 (6,10,18 & 26) DSS 3
Classification 1 (*Echo) Confirmed Cardiac Arrest (Not Breathing, Unresponsive per 911 call) (MPD cards- 2, 6, 9, 11,15, 31)	Closest AED Unit and Closest 1 st Responder and Closest ALS Ambulance	Closest AED Unit and Closest 1 st Responder and Closest BLS Ambulance if available	-Closest AED Unit and -Closest 1 st Responder if available	- Closest AED Unit if available - If no unit available, no response
Classification 2 (*Delta) Life Threatening Emergency/Potentially Life Threatening/Confirmed Unstable Patient(s)	Closest 1 st Responder and Closest ALS Ambulance	- Closest 1 st Responder and Closest ALS Ambulance if available; - BLS ambulance if ALS unit not available	Closest 1 st Responder and Closest Ambulance available (ALS or BLS)	-Closest 1 st Responder and -If available Closest Ambulance available (ALS or BLS)
Classification 3 (*Charlie) Non-Critical/Currently Stable Patient(s) Requiring ALS Assessment	Closest ALS Ambulance	Closest Ambulance available (ALS or BLS)	Closest Ambulance Available (ALS or BLS)	- Closest 1 st Responder if available or -Closest stand-in responder unit
Classification 4 (*Bravo) BLS Assessment for unknown/possibly dangerous scenes	Closest 1 st Responder and Closest BLS Ambulance	Closest 1 st Responder and Closest BLS Ambulance if available	Closest 1 st Responder	- Trauma Closest 1 st Responder - Medical Referral to Nurse or Health Department Advice Phone service if available; or self-transport Alternate Care Site
Classification 5 (*Alpha) BLS Treatment	BLS Ambulance	Alternate Care Referral	Alternate Care Referral	Alternate Care Referral
Classification 6 (*Omega) Non Ambulance Care	Alternate care such as Poison Control Center, Police/Fire service call, etc	Alternate care such as Poison Control Center, Police/Fire service call, etc	Alternate care such as Poison Control Center, Police/Fire service call, etc	Alternate care such as Poison Control Center, Police/Fire service call, etc