



August 2006, SEATTLE/KING COUNTY

EMS INFECTIOUS DISEASE PLAN & EMS PANDEMIC PLAN



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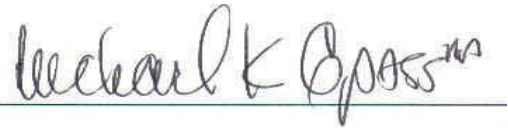
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LETTER OF AUTHORITY

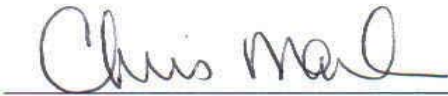
These plans have been drafted by the Central Region Trauma Council's, Pre-Hospital EMS & Trauma Subcommittee, chaired by Dr. Michael Copass. They are approved by the Trauma Council as recommendations, which may result in patient care procedures and protocols. The Medical Director of the Seattle Fire Department, Dr. Michael Copass, and the King County Medical Program Director, Dr. Mickey Eisenberg, have approved them as a prehospital patient care protocol. The Program Medical Directors of King County have reviewed and approved these plans with specific attention to Plan P. Additionally, they have been reviewed and adopted by the King County Fire Chiefs as an appendix to the "King County Fire Resource Guide.



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PURPOSE & GOALS

The Seattle – King County, EMS Infectious Disease Plan and EMS Pandemic Plan are 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 Tactical Plan” provides direction on “best practice” activity in the single patient scenario. By incorporating this behavior into our daily practice, we hope to establish basic principles, which will serve us in a larger pandemic environment.

We acknowledge the military adage that, “No plan survives first contact with the enemy.” Therefore, we offer these plans 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 this plan 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.
8. 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. Several groups, including the Seattle Fire Department, King County Medic One and the King County Fire Chiefs' Association, began to prepare plans for responding to and managing bio-hazards incidents and those involving infectious diseases.

With the possibility of an international pandemic increasing, Seattle Fire Department's Medical Director, Dr. Michael Copass, directed that members of the Washington State Central Region, Pre-Hospital EMS & Trauma Subcommittee make recommendations, which have resulted in these plans.

We have resisted the temptation to specifically address the possibility of pandemic "flu" since this may limit the utility of these plans. 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. These decisions will be difficult, but they must be made. Bluntly, we cannot afford to use time, resources or personnel to help those who are beyond survival. 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.

We feel it important that we 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 or manmade "disaster" occurs.

DEFINITIONS

ALS: Advanced Life Support

Alternate Treatment Centers: Alternative sites set up to care for patients with pandemic illness. Schools, churches, public buildings set up through the public health authority 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

EOC: Emergency Operations Center

EMS: Emergency Medical Service

Epidemic: A localized outbreak of an infectious disease

Employee Support Pack: Gloves, gowns, masks, etc. to be sent home with the employee to wear during all travel to and from work and to allow the employee to stay protected from infectious disease while away from the work place. [See Appendix 6.0]

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

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.

MSG: Medical Support Group, provides medical intelligence to public safety responders; links Public Health-Epidemiology, regional hospitals, Hospital Control, ALS provider groups, regional fire departments, law enforcement, ambulance, and EOCs.

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 masks.

Pandemic: An worldwide outbreak of infectious disease.

PEP: Post Exposure Prophylaxis medication.

PHSKC: Public Health Seattle King County

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.

TRP: Telephone Referral Program. A consulting nurse phone line that dispatchers may transfer some non-emergent medical calls to for further information and medical guidance.

211 line: Telephone line that is used for general information by the public. Currently staffed on a 12 hour basis.

WHO: World Health Organization

Pandemic EMS Alert Levels:

[Note: These are specific to Seattle-King County only.]

- **EMS-3:** Human pandemic exists somewhere in the world.
 - No cases identified in Seattle-King County region.
- **EMS-2:** Human pandemic cases identified in Seattle-King County.
 - No significant impact on EMS and medical systems.
- **EMS-1:** Human pandemic has achieved rapid, human-to-human transmission with increased morbidity and mortality.
 - Overwhelming impact on EMS and medical systems.

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 influenza virus that occurs naturally among wild birds. This flu virus is deadly to domestic fowl and can be transmitted from birds to humans. There is no human immunity and vaccine may not be 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.

Seattle-King County

All-Hazards Infectious Disease

Tactical/Operations Plan

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 must be trained and required 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, when an infectious disease is reported or suspected, 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 information should prompt responders to don Personal Protection Equipment (PPE) before making patient contact.**

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, communication centers will:

- Monitor the daily hospital status in the region, including hospitals on “divert” or closed and the designation of any infectious disease receiving facilities, including established alternate care sites.
- Provide daily reports to Public Health Epidemiology, on known or suspected infectious disease patients and responses, as part of the regional I.D. surveillance and tracking program.

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. Private ambulance crews, mutual aid resources and law enforcement personnel must be advised of the need for PPE.

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 and MSO
- Law enforcement
- Public Health/Epidemiology (**Duty Officer # - 206-296-4606**)

- Private ambulance
- Other infectious disease resource as may exist

[Note: At the Port of Seattle, SeaTac Airport, and other high-volume, public venues, representatives from the CDC or Public Health may be available for telephone or on-scene consultation. Communication centers will assist with providing contact and notification upon request by responders.]

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 mask: N-95/100
- Splash-resistant gown or suit
- Gloves
- Boot covers

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

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 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
- Pre-designated hospital(s), if any, for known or suspected infectious disease patients
- Availability of transport vehicles
- Alternate care facilities

Local Medical Control hospitals will assist in determining patient transport destinations. However, **in the event of a multiple-patient incident, Hospital Control at Harborview Medical Center will 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 decon transport units
- Availability of specialized transport resources

[Aero-medical transport units should not be utilized]

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.

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 soaps and 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-waste.

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

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

No EMS crew members will enter the living quarters of their stations, or return home, without the company officer ensuring that every opportunity has been taken to wash, change clothing and otherwise provide personal hygiene and decontamination.

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

On scene, the company officer or incident commander will record the names and contact numbers of all:

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

This information may be used by department infection control officers, MSOs 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 alarm information for future consultation.

Department infection control officers will ensure that exposure forms are completed and will notify Public Health Epidemiology and the respective ALS provider of possible infectious disease exposures.

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

Regional ALS providers will provide medical control consultation and will provide the available and necessary PEP, if available and as directed by medical control.

Each EMS agency is responsible for its own exposure documentation, employee tracking and follow-up. Public Health, Seattle-King County will provide guidance on issues related to “Isolation” and “Quarantine” of exposed or ill employees. Each agency is responsible for monitoring its employees and their families and for setting prudent “Return-to-Work” guidelines.

Seattle-King County

Pandemic Plan

Pandemic EMS Alert Levels:

Pandemic EMS Alert Levels will be declared by the Health Department Director and/or King County Executive in consultation with Medical Control for Seattle and King County.

- **EMS-3: Human pandemic exists somewhere in the world.**
 - **No cases identified in Seattle-King County region.**

- **EMS-2: Human pandemic cases identified in Seattle-King County.**
 - **No significant impact on EMS and medical systems.**

- **EMS-1: Human pandemic has achieved rapid human-to-human transmission with increased morbidity and mortality.**
 - **Overwhelming impact on EMS and medical systems.**

Communications/Dispatch:

LEVEL 3

- **3 – Human pandemic flu exists somewhere in the world.**
 - **No cases identified in Seattle-King County region.**

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

Continue daily surveillance of “Infectious Disease” patient calls for service and notification of Public Health-Epidemiology and regional ALS providers. 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.”

Confirm availability of automated phone recordings, scripts and additional telephone resources and/or information lines for transfer. Continue transfer of non-emergent calls for EMS service to the Telephone Referral Program (TRP) line.

Complete assembling “Employee Support Kits” and prepare for distribution.

Review Employee Protection Plan, including availability and provision of anti-viral medications and vaccinations.

LEVEL 2

- **2 - Human pandemic cases identified in Seattle-King County.**
 - **No significant impact on EMS and medical systems.**

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 1.

Begin transferring calls for pandemic information and direction to alternate telephone services.

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

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 1

- 1 - Human pandemic has achieved rapid, human-to-human transmission with increased morbidity and mortality.**
 - **Overwhelming impact on EMS and medical systems.**

Monitor daily instructions and direction from Medical Support Group (MGS).
Activate Plan P Standing Orders when directed by MGS:

Transfer callers to recorded lines or other automated systems for:

- General information
- Information of personal hygiene
- Patient and self care instructions
- Locations of alternate treatment centers
- Reporting dead bodies and care of the dead

“Reduction of Service” policies implemented.

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

- Paramedic(s) assigned to dispatch center to help assess calls.
- No EMS response to minor complaints.
- BLS response for many previous ALS calls.
- Possible pandemic flu patients transported to designated hospital or alternate care facilities.
- Down-loading of BLS calls for service to stations for self-dispatching.
- No dispatch of units for EMS calls for service.

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 may serve as living quarters for those on duty for extended shifts, to minimize traveling to and from home.

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

BLS System:

LEVEL 3

- **3 – Human pandemic exists somewhere in the world.**
 - **No cases identified in Seattle-King County region.**

Agencies will complete their individual “Pandemic Plan.”

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 to ill individuals.

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

- Based on previously developed dispatch guidelines.
- Dispatch will alert responding crews.
- Crews also mandated to implement protection if patient displays specific signs and symptoms.
- Review plans to manage increased volume of bio-hazard infectious waste.

Distribute Employee Support Packs if available and not already distributed.

Agencies implement Employee Protection Plan:

Stockpile, dispense vaccination/antiviral medications as recommended and available.

LEVEL 2

- **2 - Human pandemic cases identified in Seattle-King County.**
 - **No significant impact on EMS and medical systems.**

Educate employees on implementation of Level 1 activities.

Implement mandatory personal protection guidelines on all responses:

- Masks, goggles, gloves, gowns, shoe covers, etc.
- Minimize time spent in home
- Minimize number of people in close contact with patient
- Decontaminate EMS equipment

Based on alarm volumes and work loads, consider implementing an alternative staffing plan.

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

Continually survey employees' availability.

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

Patient care will be according to modified response, treatment, and transportation plans (implemented depending on need) as directed by Program Medical Directors:

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

Review and begin to practice individual 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 environments" with adequate decontamination of personnel required before entering. If the haz-mat environment is applied to this concept:

Scene is considered the "hot zone."

Truck bays and decon areas are "warm zones."

Living quarters are "cold zones."

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

LEVEL 1

- **1 - Human pandemic has achieved rapid, human-to-human transmission with increased morbidity and mortality.**
 - **Overwhelming impact on EMS and medical systems.**

Activate Plan P ("Pandemic") Standing Orders [see Appendix 3.0] based on direction from MSG. BLS personnel will respond, treat, and transport flu patients according to Plan P criteria.

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

Consider activating and staffing local/regional Emergency Operations Center (EOC) to provide link to Medical Support Group (MSG), review new information and emerging situation and create an agency Action Plan.

Alternate Treatment Centers may be created for isolation and treatment of patients. BLS personnel may be assigned to Alternate Treatment Centers or hospitals, depending on need.

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.

Activate family support plans.

Monitor personnel status:

On-duty

Off-duty

Ill, Isolated, or Quarantined

ALS System:

LEVEL 3

- **3 – Human pandemic exists somewhere in the world.**
 - **No cases identified in Seattle-King County region.**

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

Confirm that regional ALS providers will act as medical support for regional BLS, dispatch, law enforcement and private ambulance within respective regions.

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.

Distribute Employee Support Packs, if available and not already distributed.

Implement agency-specific Employee Protection Plan:

Stockpile, dispense vaccination/antivirals as recommended and available.

LEVEL 2

- **2 - Human pandemic cases identified in Seattle-King County.**
 - **No significant impact on EMS and medical systems.**

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.

Implement Employee Protection Plan (vaccinations, antiviral medication as available and recommended by Program Medical Directors).

Consider implementing alternative staffing plan.

Consider screening employees coming to work.

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 Program Medical Director or Medical Support Group.

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

LEVEL 1

- **1 - Human pandemic has achieved rapid, human-to-human transmission with increased morbidity and mortality.**
 - **Overwhelming impact on EMS and medical systems.**

Activate Plan P Standing Orders as directed by Program Medical Director. ALS 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.

ALS personnel may be assigned to Alternate Treatment Centers, clinics or hospitals depending on need.

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.

Coordinate the acquisition and delivery of vaccines and anti-viral medications, depending on availability, to regional EMS partners - dispatch, BLS, law enforcement and private ambulance.

MEDICAL DIRECTORS:

LEVEL 3

- **3 – Human pandemic flu exists somewhere in the world.**
 - **No cases identified in Seattle-King County region.**

Review and revise Plan P Standing Orders as needed.

Confirm and test “chain-of-communication with EMS/ALS providers.

Provide instructions on distribution of vaccines and medications.

Complete “Planning and Preparations” activities [See Appendix 2.0].

Provide specific pandemic training and continuing education as required.

LEVEL 2

- **2 - Human pandemic cases identified in Seattle-King County.**
 - **No significant impact on EMS and medical systems.**

Prepare for Level 1.

Coordinate treatment and transportation options.

Direct ALS providers to distribute vaccines and PEP medications, if available.

Consider establishing and staffing of Medical Support Group.

LEVEL 1

- **1 - Human pandemic has achieved rapid human-to-human transmission with increased morbidity and mortality.**
 - **Overwhelming impact on EMS and medical systems.**

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

Establish and staff Medical Support Group. [See Appendix 4.0]

REGIONAL HOSPITALS:

LEVEL 3

- **3 – Human pandemic exists somewhere in the world.**
 - **No cases identified in Seattle-King County region.**

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

LEVEL 2

- **2 - Human pandemic cases identified in Seattle-King County.**
 - **No significant impact on EMS and medical systems.**

Prepare for Stage 1.

One or more hospitals designated for pandemic patients (or areas of hospitals set aside for containment).

Prepare “Surge Capacity.”

LEVEL 1

- **1 - Human pandemic has achieved rapid, human-to-human transmission with increased morbidity and mortality.**
 - **Overwhelming impact on EMS and medical systems.**

Activate individual hospital facilities plan and security -- no public entry without passing through a triage/screening checkpoint.

Pandemic patients diverted to Alternate Treatment Centers.

Cancel all elective surgeries.

Immediately discharge all possible patients.

Continuously up-date hospital status.

PUBLIC HEALTH:

LEVEL 3

- **3 – Human pandemic exists somewhere in the world.**
 - **No cases identified in Seattle-King County region.**

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

Educate citizens per Level 3 Public Service Announcements [PSA], mailings, etc.

LEVEL 2

- **2 - Human pandemic cases identified in Seattle-King County.**
 - **No significant impact on EMS and medical systems.**

Prepare for Level 1.

Begin to physically prepare the Alternate Care Facilities for use in Level 1.

Educate citizens per Level 2 PSA, mailings, etc.

Begin community-wide infection control procedures.

Begin distribution of vaccine and medications, if available.

LEVEL 1

- **1 - Human pandemic has achieved rapid human-to-human transmission with increased morbidity and mortality.**
 - **Overwhelming impact on EMS and medical systems.**

Education of citizens via PSAs, mass mailings, media announcements etc., about how to obtain medical aid, care for someone with flu, etc. (described earlier).

Enforcement of community-wide infection control procedures (such as requiring businesses like stores to provide and insist on the use of masks).

Implementation of Alternate Treatment Centers. Number of centers will be based on extent of cases, with the ability to ramp up as needed. Consider need for oxygen manifold systems, security, food prep, cots, sanitation, etc.

Alternate Treatment Centers created for treatment of patients with pandemic illness and to isolate these patients from others with non-pandemic illness or injury.

Appendix 1.0

PPE Pocket Card

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

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

Removal Sequence

- Gloves > Gown or Suit > **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**
 - HEPA Masks, Eye Protection, Gowns or Suit & Gloves
 - *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 Alert Levels:

- **EMS-3: Human pandemic exists somewhere in the world.**
 - **No cases identified in Seattle-King County region.**
- **EMS-2: Human pandemic cases identified in Seattle-King County.**
 - **No significant impact on EMS and medical systems.**
- **EMS-1: Human pandemic has achieved rapid human-to-human transmission with increased morbidity and mortality.**
 - **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. This information will be relayed by the dispatch supervisors every 24 hours to Public Health - Infectious Disease/Epidemiology and to the regional ALS providers.

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 (TRP, Public Health, 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 by applying revised CBD criteria. 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 alarms, especially those dealing with pandemic symptoms and patient complaints, may be managed more efficiently by telephone information lines.
- A plan must be developed to begin reducing EMS dispatches by 10% increments to be phased-in as needed.
- BLS providers should consider the necessity of “station dispatching” to manage an increasing volume of EMS requests and decreasing resources.
- Determine need for liability protection for dispatch decisions made during Plan P

Educate dispatch:

- 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)
- Develop “Employee packs” or list of recommended items for employees
- Masks, gloves, wipes, educational information, etc.
- Consider distribution of antiviral medications, vaccinations, etc. to employees, families

Determine comm 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.) and

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.

BASIC LIFE SUPPORT (BLS) SYSTEM:

Educate BLS providers

- Self-paced online tutorial about seasonal, avian, and pandemic flu (PowerPoint presentation)
- Written information/presentations/online info about the Pandemic Flu Plan, adjusted Triage of pandemic patients 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, symptoms, etc.)

Develop “Operations Continuity Plan”:

- Develop alternate staffing models (for example, consider longer shifts so there will be less travel to and from home).
- Determine non-equipment needs for a pandemic to support extended staffing and operations.

Develop Employee Protection Plan:

- Define mutual expectations (“You take care of us; we’ll take care of you.”)
- Determine employee/family needs (letter, survey)
- Develop “Employee Support packs”:
 - Masks, gloves, hand wipes, educational information
- Consider distribution of antivirals, vaccinations, etc. to employees, families
- 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.

Determine need for liability protection/insurance/workers comp, etc. and try to obtain this protection.

Purchase necessary work-related personal protective equipment (masks, disposable items, etc.).

ADVANCED LIFE SUPPORT SYSTEM:

Educate ALS providers:

- Self-paced online tutorial about seasonal, avian and pandemic flu (PowerPoint presentation)
- Written information/presentations/online info about the Pandemic Flu Plan and “Plan P”:
 - Employee responsibility for personal protective equipment
 - Understanding guidelines for wearing PPE
 - Medical aspects/employee responsibilities of Plan P

Develop “family packs”:

- Masks, gloves, hand wipes, educational information

Develop Employee Protection Plan

- Define mutual expectations (“You take care of us, we’ll take care of you.”)
- Determine employee/family needs (letter, survey)
- Consider distribution of antiviral medications, vaccinations, etc. to employees.
- 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.

Determine need for liability protection/insurance/workers comp, etc. and try to obtain this protection.

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).

Develop screening for employees coming to work (temperature, symptoms, etc.).

MEDICAL DIRECTORS:

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 BLS & ALS programs on PPE and treatment recommendations and changes.

Review and approve Patient Care Guidelines changes.

Develop Pandemic Plan, 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.

Develop plan to provide dispatch, BLS and ALS personnel with vaccinations and medications, distributed through regional ALS programs.

REGIONAL HOSPITALS:

Determine hospital plan

- Facility security plan
- Business continuity / Operations plan
- Designation of hospital for treating flu patients
- Support for “alternate care facilities”
 - Personnel
 - Medications and supplies
 - Linen

Make hospitals aware of the EMS Pandemic Flu Plan

PUBLIC HEALTH, SEATTLE-KING COUNTY:

- Decision Making (Direction & Control): Define clear lines of authority and communications between PHSKC and EMS providers.
- Public Information & Education: Provide clear, consistent messages.
 1. Educate all Public Health employees about pandemic, individual response roles and personal preparation.
 2. Educate the public about pandemic illness and provide directions for personal preparedness.
 3. Develop messages, plans and systems to inform the public about pandemic illness.
- Provide information, guidance and support to the Seattle-King County pre-hospital EMS system and its providers.
- The Medical Examiner’s office will provide direction and guidance on managing mass fatality management.
- Public Health will provide mass vaccinations and medication distribution if available.
- Epidemiology will provide technical support to the EMS system, via the Medical Support Group, regarding the identification, diagnosis, management, prevention and infection control measures and recommendations.
- Public Health will coordinate the establishment of Alternate Care Facilities for the treatment of pandemic illness patients outside of established hospitals. This coordination will include: locations, plans, services, staffing, facilities, equipment, medical supplies and budgets.

Identify the authority responsible for declaring a public health emergency within Seattle-King County and for activating the regional pandemic plan, including the movement within the “Pandemic Alert Levels.”

Identify the legal authorities responsible for executing testing, case identification, isolation, quarantine, movement and public gathering restrictions, healthcare options, emergency response and mutual aid.

Identify the role and position of PH, SKC within a regional EMS command structure according to the principles of the National Incident Management System. This identification will provide a clear line of authority as well as procedures and terminology to be followed.

Obtain key political and medical support for the plan.

Determine need for liability protection/insurance/workers comp, etc. and try to obtain this protection.

Research alternative transportation and treatment options

- Buses, vans, etc for transport
- Schools, other public buildings for Flu Treatment Centers

Consider the need to provide treatment for patients in their homes and/or Alternate Treatment Centers, to include intravenous hydration, while limiting the exposure of non-infected patients.

Prepare an early campaign for mass, multi-media communication about pandemic influenza, including specific instructions for health-care providers at every level. Once a pandemic occurs, PHSKC must develop a schedule for public information updates on the status of the disease in the community and work toward a single, unified message distribution system.

- Provide general, pandemic information to the public regarding personal hygiene, disease transmission, and pandemic preparedness
- Develop, but do not distribute, pamphlets, PSAs, signs, information phone number options, with information about flu at the subsequent stages (recognition, treatment, and instructions on where to go and what to do).
- A separate series of instructions is necessary for each stage of the pandemic.

Contribute to the regional hospital operational plan for managing pandemic “surge-capacity” during several “waves” of disease, each lasting several months.

Appendix 3.0

Seattle-King County

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 Medical Director of Seattle Medic One and the Program Medical Director of King County EMS, with consultation with Public Health, Seattle-King County. 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-1.

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, existing TRP or 211 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.**

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**
- **Increase ventilation: open doors & windows**

Reduction of Service: During Pandemic EMS Level-1 operations, communications centers may be directed by Medical Program Directors, through the Medical Support Group, 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. Callers will receive scripted directions and continue to be transferred to recorded information lines. The “Reduction of Service Policy” will be terminated upon directions from the Medical Support Group.

Emergency Medical Services:

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.
- **Purple:** Infectious disease patients in need of care and comfort measures, Palliative Care. Seriously ill with little or no chance of survival.
- **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
- Shoe or boot covers
- Hair cover

BLS Therapy Guidelines:

- Do not assist with BVM ventilations for patients who are breathing adequately.
- 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 by the Medical Support Group or obtained by Medical Control hospitals.
- Permission to continue or cease cardiac arrest resuscitation efforts, in Purple patients, will not require Medical Control consultation.

Appendix 4.0

Medical Support Group

The Medical Support Group (MSG) is based on the critical need for coordinated, timely and unified information to Public Safety agencies during an infectious disease pandemic.

The MSG also recognizes the importance of workforce protection and system continuity.

The MSG will serve multiple functions:

- Providing a link between Public Safety (dispatch, fire, EMS, law enforcement and private ambulance) providers, the agencies of Public Health and regional EOCs.
- Medical intelligence gathering
- Medical operations planning
- Medical support to Public Safety employees
- Monitoring regional hospitals status and patient transport destinations

An example of the “links” established with the MSG may appear as follows:

Medical Support Group

<u>Public Health</u>	<u>Regional Hospitals</u>	<u>RCECC</u>	<u>King County Zones</u>
Public Health EOC	Zone 1	Zone reps	Zone 1
Epidemiology	Zone 3	Logistics	EOCs
EMS	Zone 5	Planning	ALS Providers Bellevue FD Redmond FD Shoreline FD
			Zone 3 EOCs King Co Medic One
			Zone 5 EOC Seattle Fire Dept.

Medical Intelligence and Operational Planning

The MSG will function as an adjunct to agency and regional Emergency Operations Centers (EOCs). The MSG’s role within the Incident Management System (IMS) will be to provide medical intelligence and planning support to regional providers and to established Plans and Logistics sections.

It will consult with Public Health and coordinate and advise on issues related to pre-hospital regional EMS providers. It will serve as a resource for individual agencies and regional EOCs.

Medical Support for Public Safety Employees

The MSG will provide medical support, advice and direction to Public Safety employees and their families during a time of an overwhelmed medical system. This support may be relayed and coordinated through regional ALS providers as the best means of contacting dispatch centers, BLS agencies, law enforcement and private ambulance companies.

During a pandemic, Public Safety personnel will be expected to work long hours in dangerous and difficult circumstances. The MSG will provide them with medical consultation, referral and work clearance if required. The MSG may also provide supervision on issues related to Isolation and Quarantine and provide direction on disease exposure contacts.

If credible immunization, prophylaxis and/or post-exposure treatment is warranted and available, the MSG will coordinate the delivery of these services to Public Safety employees.

Location and Staffing

The MSG will be located in a secure facility near Harborview Medical Center (HMC) and supported by the Seattle Fire Department, Public Health, Seattle-King County and the regional ALS providers.

At the pandemic Level I declaration, the MSG will be staffed 24/7 and will be directed by the Seattle Fire Department Medical Director or his designee in conjunction with the King County Medical Program Director or his designee. It is recognized that close operational communication with Public Health and other agencies is mandatory. Staffing will be coordinated “in depth” and will be supported by other agencies as required. This staffing may include:

- MGS Manager
- Medical consultants such as the HMC physician staff
- Public Safety representatives
- Agency Disability Officers
- Support staff
- Liaison as needed

Appendix 5.0

Reduction of Service Policy

1.0 PURPOSE/REFERENCES:

To authorize an alternative form of medical instruction for callers during an EMS Level 1 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 procedures shall be implemented to assist the caller during an EMS Level 1 Pandemic.

3.0 PROCEDURE:

3.1 Implementation:

In the event that an EMS Level 1 Pandemic in King County 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, decreased level of consciousness 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, 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 Script for Reduction of Service:

“Due to the recent declaration of a Level 1 Pandemic we are unable to provide an aid response to your location. I can provide you with a resource that can assist you.

****The caller then would be transferred to either the TRP or Hotline that has been set up via King County Public Health. ****

If these resources are not available, instructions may have to be provided by specially-trained personnel at the communications center.

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.**
- 3. Care for patients in your neighborhood is being provided at _____. Do you have available transportation? (Do not take public transportation!)**

INTERNET RESOURCES ON AVIAN INFLUENZA

US Government Pandemic Flu Site: <http://www.pandemicflu.gov/>

Center for Infections Disease Research and Policy (UMinn): <http://www.cidrap.umn.edu/>

“Effect Measure” A Public Health Professionals’ Blog: <http://effectmeasure.blogspot.com/>

H5N1 A news collection site, w/ commentary, exhaustive links to a wide variety of resources as well:
<http://crofsblogs.typepad.com/h5n1/>

WHO Epidemic Pandemic Site: <http://www.who.int/csr/en/>

Influenza Report 2006-an online medical textbook that is written and published online as information becomes available: <http://www.influenzareport.com/index.htm>

UN Food and Agriculture Site: http://www.fao.org/ag/againfo/subjects/en/health/diseases-cards/special_avian.html

World Organization for Animal Health-A veterinarian disease reporting site:
http://www.oie.int/eng/en_index.htm

An MD’s BF Blog: http://drbobgleeson.typepad.com/bird_flu/

FluTrackers-a BF focused site for info and discussion of BF: <http://www.flutrackers.com/forum/>

Current Events Forum-see areas devoted to Flu Clinic, Flu Discussion, Flu Preparation:
<http://www.curevents.com/vb/forumdisplay.php?f=40>

FluWIKI: An authoritative information site and discussion forum, currently as read only while addressing technical IT issues, respected source where authorities and lay people discuss BF topics and build a storehouse of information in the wiki: <http://www.fluwikie.com/pmwiki.php?n=Main.HomePage>

Wall Street Journal: Avian Flu News Tracker:
http://online.wsj.com/public/article/SB112896461663164579-ppo_6wfcgN3zajns2WY43LVH7E4_20051019.html?mod=blogs/

NEWS NOW (UK): News tracker service using 22,500+global news sources:
<http://www.newsnow.co.uk/newsfeed/?name=Bird+Flu>

www.metrokc.gov/health/pandemicflu/index.htm