

Emergency Medical Services Standard of Care Guidelines When Resources Are Not Available

A Dispatch Training Guide

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Purpose

To guide the allocation of Emergency Medical Services resources during a Public Health Emergency when demand for such resources exceeds supply

To be implemented during mass casualty events with developing/sustained impact such as anthrax, small pox, or flu pandemic

Model Assumptions

1. 20-30% population likely to be affected
2. 50% of 911 calls will require transport
3. Duration up to 6 months
4. 40% MFD personnel absenteeism rate

Trigger / Activation

1. The Federal, State or local government has declared a public health emergency.
2. The system has activated its Emergency Operations Plan.
3. Cannot access critical resources from other sources such as mutual aid, MABAS and other Federal, State and local assets.

Trigger / Activation

4. ALS (transport or non-transport) unit 911 call to scene arrival time interval greater than 30 minutes for an ALS type dispatch when no other EMS system personnel are on scene.

OR

The system is averaging one response per unit per hour for 24 hours and responses are projected to remain at this rate or increase.

Overall Operational Framework

1. Unlink response, treatment and transport functions
2. Maximize transport efficiency
3. Reassessment will occur prior to each work shift
4. Patient's rank in the response and transport queues will vary based on patient acuity and FD resource availability

Triage Framework

1. Call-taking triage will be performed according to normal operating procedures until MFD administration, local public health authorities and the EMS medical director determine that it may be possible to identify patients and reliable non-patient callers who can safely not receive a response, such as low risk individuals with influenza-like illness (ILI).

Triage Framework

2. Screening questions identifying persons who may be contagious or contaminated will be added to the dispatch interrogative
3. All calls will be answered and placed in a queue based on medical director approved standardized call assignment of patient acuity level and time of call.

Triage Work Process

1. Answer all calls
2. Follow Public Health Emergency script in addition to normal caller interrogation to determine dispatch type
3. Place call in appropriate queue based on call type
4. Inform caller of approximate queue duration.
5. Inquire regarding ability to self transport.
6. Send available units to reduce queue in order of priority

Patient Care Framework

1. Will focus on life-saving interventions
2. Reduction of scene time to limit EMS personnel infectious exposure
3. When more than one unit is on scene, the unneeded unit will be released as soon as possible
4. Basic life support level (BLS) units will transport select current system ALS patients
5. Requirements for on line medical control will be rescinded
6. Respiratory therapies may be restricted for patients with ILI based on virulence and communicability

Transport Framework

1. EMS will continue to transport to the closest most appropriate facility based on hospital capacity and may include alternate care sites
2. Alternate sites are an appropriate destination for select patients.

Rationale for Not Adopting EMS Treat and Release Model

1. Limits EMS personnel infectious exposure
2. Increases unit response capability by reducing scene time
3. Eliminates increased documentation needed for non-transport compared to transport
4. Unprecedented role of EMS provider in refusing the patient's request for transport
5. Most patients not requiring transport will already be culled out with caller interrogation and referral
6. Treat and non-transport model is uncompensated and cannot be sustained for a prolonged duration

Dispatch Protocol

- To be determined on ALL CALLS
 - Caller location and phone number verification
 - When the caller is not the patient
- When guidelines are ACTIVATED
 - Provide caller with estimated time in queue prior to response
 - **ASK:** Does the person have transportation to a medical facility?

Dispatch Protocol

ANSWER:

Yes ➤ ➤ ➤ Stay on the line while you are transferred to a help line

Hospital and Alternative Care Site Destination
Determination line

No/don't know ➤ ➤ ➤ Inform caller that a 911 callback will be made prior to dispatch of units.

**SICK / DIZZY / VOMITING /
DIARRHEA / FLU
COMPLAINT NOT LISTED**

ASK: Is anything else wrong?

ANSWER:

1. Yes ➤➤➤➤➤➤➤➤➤ **See appropriate chief complaint**
2. No/don't know

ASK: How old is the person?

ANSWER:

1. 60 or older ----- **BLSSK**
2. <60

SICK / DIZZY / VOMITING / DIARRHEA / FLU COMPLAINT NOT LISTED

ASK: Does the person have difficulty breathing or pain or pressure in their chest?

ANSWER:

1. Yes ➤➤➤ ➤➤➤➤ **See appropriate chief complaint**
2. No/don't know

ASK: Is the person pregnant? Does the person have heart, lung, liver or kidney problems? Diabetes, cancer, sickle cell disease or spinal cord injury?

ANSWER:

1. Yes to any -----**PRISK**
2. No/don't know

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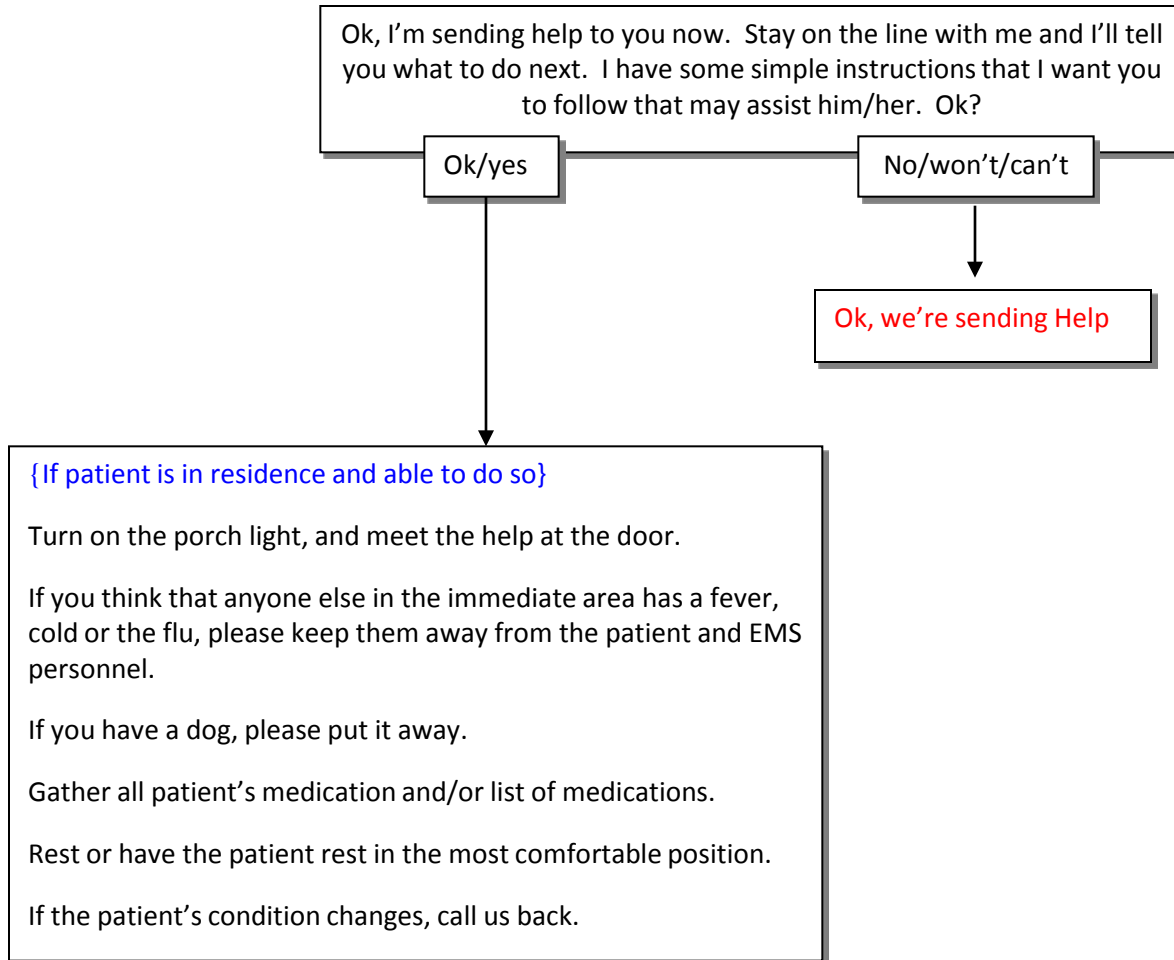
ASK: Does the person have a fever/chills or feel hot to the touch?

ANSWER:

1. Yes ➤➤➤➤➤➤➤➤ **REF** (211 or similar referral line)
2. No/don't know -----**PRISK**

PRE-ARRIVAL INSTRUCTIONS

SICK / DIZZY / VOMITING / DIARRHEA / FLU COMPLAINT NOT LISTED



Public Health Emergency Dispatch

PRIORITY	TYPE	NORMAL OPERATIONS	PUBLIC HEALTH EMERGENCY DISPATCH			
			AVAILABILITY FOR NEXT UNIT RESPONSE IN QUEUE			
0	REFERRAL (REF)	NONE	Help/Referral line			
1	ADVANCED LIFE SUPPORT (ALS)	ALS Transport <i>and</i> BLS Non-Transport	ALS Non-Transport <i>and</i> BLS Non-Transport	ALS Non-Transport <i>and</i> BLS transport	ALS Non-transport	Next available unit (transport capability preferred)
2	UNDETERMINED	BLS or ALS Non-Transport	BLS Non-Transport (non PFR)	ALS Non-Transport	BLS Transport	ALS Transport
3	BASIC LIFE SUPPORT (BLS)	BLS Transport (private)	BLS Transport	BLS Non-Transport (non PFR)	ALS Non-Transport	ALS Transport

Public Health Emergency Dispatch

4 Step process

- Determine type of call based on current dispatch guidelines
 - ALS, Undetermined, BLS
- Place calls in Priority category
 - 0, 1,2,3
- Rank list calls based on time of call
 - 1st come, next served
- Respond to all Priority 1 calls before 2 then 3

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Ranking Queue based on Time of Call

- Priority 1
 - 10:00
 - 10:09
- Priority 2
 - 10:02
 - 10:08
- Priority 3
 - 10:01
 - 10:07

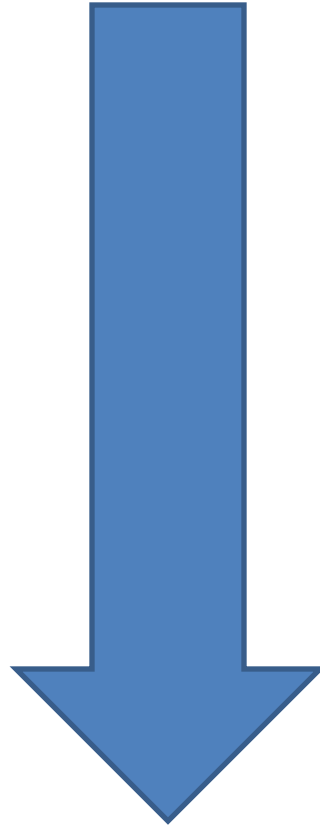
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Send available response 1st

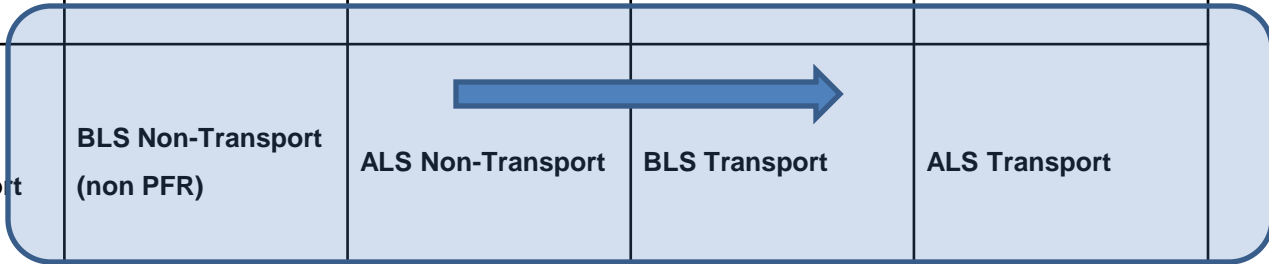
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MFD Administration

Policy and procedure will address sick leave, vaccinations, family support; including child, elder and pet care, and other services to aid employees to report to work

Summary

- Business as usual until run out of response vehicles
- Response to ALS calls are 1st priority
- Address all ALS calls before other EMS calls
- Queue will constantly change
- Caller personal transport is encouraged