Protocols, Resources and Tools to Support EMS Operations for H1N1 Pandemic Influenza

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- Clean Hands Save Lives – CDC
- Seasonal & 2009 H1N1 Flu – A Guide for Parents –CDC
- Action Steps for Parents if School is Dismissed or Children are Sick and Must Stay Home
- Action Steps for Parents to Protect to Protect our Child and Family from the Flu this School Year
- Action Steps for Parents of Children at High Risk for Flu Complications
- Cover Your Cough – School - CDC
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- What to Do If You Get Sick –CDC
- H1N1 Flu (Swine Flu): A Guide for Individuals and Families Caring for Someone at Home - CDC/KDHE
- H1N1 Flu (Swine Flu): A Guide for Individuals and Families, Prevention and Preparation - CDC/KDHE
- 2009- H1N1 Flu and You – CDC
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Pamphlets

- 2009- H1N1 Flu and You – CDC
- Seasonal and H1N1 Flu – When to Seek Medical Care – KDHE
- Seasonal & 2009 H1N1 Flu – A Guide for Parents –CDC
- CDC Says "Take 3" Steps to Fight the Flu –CDC

PowerPoint Presentations

- EMS Update on H1N1 Influenza A and Pan Flu (NASEMSO)
- H1N1 Influenza - Part 1, Understanding Flu and the Current Pandemic
- H1N1 Influenza - Part 2, Understanding the Terminology (090612)
- H1N1 Influenza - Part 3, Understanding H1N1 Influenza A (090612)
- H1N1 Influenza - Part 4, Personal Protection Equipment (PPE) for EMS
- H1N1 Influenza - Part 5, Decontamination of Ambulances (090612)
- H1N1 Influenza - Part 6 & 7, Influenza and EMTALA; Planning Considerations (090612)
- Pandemic Flu Update - KDHE

References

- Interim Guidance for EMS, Medical First Responders & Dispatch for Management of Patients with Confirmed/Suspected H1N1 Infection – KBEMS (SAMPLE)
- 2009-2010 Influenza Season Triage Algorithm for Adults(>18 Years) With Influenza-Like Illness (CDC)
- Interim Recommendations for Face Mask and Respirator Utilization

- Interim Guidance for Cleaning Emergency Medical Service Transport **Vehicles during an Influenza Pandemic (CDC)**

- Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine-Origin Influenza A (H1N1) Infection

- EMS Emergency Planning Guidance and Best Practices

- Pan Flu Legal Consideration Checklist - AHLA (08)

List of Acronyms

Introduction

An EMS Homeland Security Summit was conducted to focus on EMS Operations and H1N1 Pandemic Influenza. EMS professionals, Regional leadership, EMS Regional Homeland Security Coordinators, medical direction, Board Members, urban through frontier, basic life support to advanced life support, public and private, ground and air, planners, educators, responders and managers to participate in the development and refinement of an EMS “Toolkit” of resources and tools. Participants met to identify, develop, review, and revise the tools and protocols to assist EMS Services in meeting the needs and additional demands to their service in triaging, treating and transporting members of their communities in the H1N1 Pandemic. Their participation in this effort is greatly appreciated.

EMS personnel are used to long hours, harsh conditions, reduced staffing and declining budgets. The H1N1 Pandemic will greatly tax an already overburdened system, and reminds us of the importance of working for a common goal in a very demanding and complex environment. KBEMS recognizes the time, effort and resources necessary to prepare for and ensure continued EMS Service Operations in these situations.

Treat and Release Protocols

Recommended Protocol

Purpose

The purpose of this protocol is for those situations in which the local health network (EMS, hospitals, clinics) are overwhelmed with calls for assistance. This protocol represents the basic response. Local medical direction may determine expanded scope of this protocol to include first line treatment for patients at the time they are assessed in the field by EMS. EMS agencies are highly encouraged to refine and implement this protocol in cooperation with the local hospital(s), public health agency(s), and emergency management department. Local medical officials are encouraged to monitor EMSystem and Kansas Health Alert Network (KS-HAN, see https://phix.kdhe.state.ks.us/HealthAlertNetwork/) for updates.

Personal Protective Equipment Concerns

- Responders should use standard personal protective equipment and procedures to protect themselves against airborne illness. Current CDC recommendations give specific guidance for specific illnesses.

- Responders must consider the need to mask the patient in certain situations to limit the exposure to responders and prevent undue contamination of equipment and vehicles.

Administrative Considerations

Local communities may consider modifications to the following areas prior to or in conjunction with modification of protocols:

- **Administration**: Implement Incident Command System (ICS), suspend daily routine activities, and modify response and staffing. Consider calling for mutual aid. Distribute handouts to field providers for on scene education/communication.

- **Communications**: Increase staffing to handle the increased call volume, implement modified triage, pre-arrival/post-dispatch instructions, supervisors may have to prioritize responses and amend response configurations.

- **Medical Direction**: Approve use of modified medical protocols and suspend use of pre-arrival/post dispatch instructions. Approve on-scene education/communication materials. Approve alternate destinations as available.

- **Field Providers**: Transport to the closest facility, use modified treatment protocols. First responders may be handling low acuity calls without an ambulance. Implement on-scene education/communication practices for patients as directed by administration.

- **Hospitals**: Diversion suspended. Consider increased staffing and alternate care sites.

- **Regional Emergency Operations Center (EOC)**: Open, regular situation updates from EMS and public health and hospitals.

Modified Medical Protocols

When local parameters for activating this protocol are present and the protocol has been officially activated; automatically offer to transport patients with the following presentations. Minimize scene time and treat patients enroute to the transport destination.

Automatic Transport Presentations

1. **EMS responder discretion—suspicion of critical illness/injury.**

2. **Altered vital signs (or age-specific abnormal vital signs), including any one of these:**
   a. SBP < 90.
   b. SpO2 < 92%.
   c. Respiratory Rate (RR) > 30 or respiratory distress. For pediatrics use signs of cyanosis or increased work of breathing.
   d. Heart rate (HR) > 100, or delayed capillary refill.

3. **Breathing**
   a. Respiratory distress.
   b. Cyanosis or pallor/ashen skin.

4. **Circulation/Shock**
   a. Signs or symptoms of shock.
   b. Severe/uncontrollable bleeding.
   c. Large amounts of blood (or suspected blood) in emesis or stool.

5. **Neurologic**
   a. Unconscious or altered level of consciousness.
   b. New focal neurologic signs (CVA, etc).
   c. Status, multiple, or new-onset seizure.
   d. Severe headaches—especially sudden onset or accompanied by neck pain/stiffness.
   e. Head injuries with more than brief loss of consciousness or continued neck pain, dizziness, vision disturbances, ongoing amnesia or headache, and/or nausea and vomiting.

6. **Trauma**
   a. Significant trauma with chest/spinal/abdominal/neurologic injury deemed unstable or potentially unstable.
   b. Suspected fractures or dislocations that cannot be safely transported by private vehicle.

Important Note: Patients with the following may be more ill than they appear. Consider automatic transport.

1. Diabetes
2. Immunocompromised patients
3. Pregnancy
4. Coronary Artery Disease
5. Respiratory Disease
6. Chronic Renal Disease
7. Neuromuscular Disease

When Activated, Alternate Transport Protocols for Other Presentations

When local parameters for activating this protocol are present and the protocol has been officially activated; consider the patients with the following presentations for transport by EMS, transport by alternate means, or homecare. Minimize scene time and treat patients enroute to transport destination.

1. **Abdominal Pain**
    a. **EMS**: Pulsating mass, marked tenderness/guarding, pain radiating into back and/or groin/inner thighs, recurrent severe vomiting not associated with diarrhea.
    b. **Privately Owned Vehicle (POV)/Clinic**: Recurrent severe vomiting associated with diarrhea. Patient to go to the emergency room if associated with signs/symptoms of dehydration, to urgent care or clinic if no dizziness nor vital sign changes and normal exam.
    c. **Homecare**: Intermittent vomiting and diarrhea without blood or evidence of dehydration.
2. **Anaphylaxis/Stings**
    a. **EMS**: Patients who have had epinephrine administered for symptoms, patients experiencing airway, hypotension or respiratory symptoms after an allergy exposure.
    b. **POV/Clinic/Homecare**: Patients with itching after exposure. If rapid onset of symptoms, may require EMS transport; if delayed > 1 hour, safe for private transport. All patients with a history of anaphylaxis should be seen in an emergency room if possible. Others may be seen in clinic or urgent care. EMS may administer diphenhydramine prior to clearing scene, up to 1 mg/kg.
3. **Back Pain**
    a. **EMS**: Acute trauma with midline bony spinal tenderness, new onset of extremity weakness, sensory deficits, other neurological changes, incontinence of urine or bowel, urinary retention, or bloody urine, concern for abdominal aortic aneurysm, pain radiating into abdomen or groin/inner thighs.
    b. **POV/Homecare**: Inability to ambulate/care for self.
    c. **Homecare**: Concern for kidney stone, bloody urine.
4. **Behavioral**
    a. **EMS**: Uncontrolled agitation requiring sedation by EMS.
    b. **EMS or Law Enforcement (LE) or POV**: Suicidal ideation—must be left with a responsible party.
    c. **LE or POV**: Other emotionally disturbed patients may be transported at law enforcement's discretion or by other means.
5. **Bleeding (Lacerations, abrasions, or avulsions)**
    a. **EMS**: Patient is on Coumadin or other blood thinner with significant ongoing bleeding or large hematoma.
    b. **POV/Clinic**: Significant lacerations after bandaging—heavily contaminated, bite-related, likely to involve foreign body, deep structure injury, sensory/motor deficit—to the emergency room. Lacerations requiring simple repair—consider self-transport to physician's office or urgent care center (however, patient will need to call ahead since some offices do not perform these procedures).
    c. **Homecare**: Abrasions or avulsions not requiring suturing or repair and no significant contamination, minor lacerations that do not require sutures.
6. **Burns**
    a. **EMS**: All chemical or electrical burns, suspected inhalation burn, significant third degree burns, second degree burns to ≥ 5% of body area, second degree burns to face/mouth, severe pain.
    b. **POV**: Second degree burns to hands or feet or to other location 1% to 5% body surface area (size of patient's palmar surface).
    c. **Homecare**: Second degree burns < 1% body surface area in non-critical location, first degree burns.

7. **Cardiac Arrest**
    a. **EMS**: Witnessed down time ≤ 10 minutes—follow usual resuscitation protocols.
    b. **Homecare:** All others—report death to dispatch and return to service; do not wait for law enforcement or medical examiner arrival.

8. **Chest Pain**
    a. **EMS**: Chest pain or other signs or symptoms suspicious for cardiac ischemia, pulmonary embolus, or other life threat.
    b. **POV/Clinic/Homecare**: Chest pain ongoing for > 12 hours and a normal ECG, pleuritic chest pain without hypoxia, chest pain reproducible on physical exam to palpation is generally not concerning. Unless there is ECG changes or known cardiac disease, unlikely to require treatment for acute coronary syndrome.

9. **Diabetic**
    a. **EMS or POV**: Any patient on oral diabetes medications with low blood glucose (if transported by POV, must not drive self), critical high glucose or signs of diabetic ketoacidosis/dehydration.
    b. **Homecare**: Patients with typical hypoglycemia and explanation for low sugar (did not eat, etc) can be left without medical control contact as long as family/friend is present and patient is eating.

10. **Environmental**
    a. **EMS**: Heat-related illness with any alteration in mental status (confusion, decreased Level of Consciousness [LOC]), frozen extremity, hypothermia with altered mental status.
    b. **EMS or POV**: Frostbite to face, hands, feet, other location suspected deeper injury, blisters, or frozen to touch.
    c. **Homecare**: Heat-related illnesses without alteration in mental status (initiate external cooling at home under supervision of friends/family), minor frostbite with tissues now soft, pink, no blisters, and not involving digits.

11. **ETOH/Substance Abuse**
    a. **EMS**: Very decreased LOC or other confounding issues (head injury, suspicion of aspiration).
    b. **LE**: Otherwise may be transported at law enforcement's discretion.
    c. **Homecare**: Patient may be left with a responsible individual who can assist the patient, able to ambulate safety without assistance.

12. **Eye Pain**
    a. **EMS**: Impaled objects or possible penetrating injury to eye, or globe rupture, Chemical exposures (alkaline)—after decontamination and initial rinsing.
    b. **EMS or POV/Clinic**: Eye pain and/or acute changes to vision should receive transport for urgent evaluation to the emergency room or other qualified clinic, i.e. eye clinic, chemical exposures (non-alkaline)—consult poison control for instructions; transport if symptoms/dangerous exposure.
    c. **Homecare**: Chemical exposures (non-alkaline)—consult poison control for instructions; if no symptoms and limited toxicity likely, give instruction sheet.

13. **Fever**
    a. **EMS**: Fever plus altered mental status including confusion, fever plus severe symptoms on assessment, fever plus seizures, lethargy, stiff neck, rash or blistering.
    b. **EMS or POV/Clinic**: ≤ 3 months with fever estimated at 100.5 degrees—to emergency room or clinic urgently, ≥ 3 months with fever that does not reduce with anti-pyretic or fever lasting more than 5 days—emergency room, urgent care, or clinic.

14. **Headache**
    a. **EMS**: With vision deficit, lethargy, or Section 4 – Behavioral qualifiers.
    b. **POV**: New headaches for patient require assessment; usual headaches for patient may require treatment.

15. **Musculoskeletal Injuries (Isolated)**
    a. **EMS**: Loss of distal pulses, unable to effectively splint the affected part, neurological changes or deficits, open fractures, displaced fractures or pain requiring injectable narcotics.
    b. **POV**: Suspected fractures that are stable and do not require injected analgesia may be splinted appropriately and transported by POV.
    c. **POV or Homecare**: Neck pain and back pain after motor vehicle crash (MVC) that is delayed in onset and not associated with midline tenderness or neurologic symptoms.

16. **Nosebleed**
    a. **EMS**: Signs of hypovolemia or dizziness upon standing, patient is on blood thinners (Coumadin, Lovenox, clopidogrel, etc), continued high blood pressure (SBP > 200) in setting of nosebleed, and continued severe bleeding despite EMS efforts to control.
    b. **Homecare**: All others.

17. **OB/Pregnancy**
    a. **EMS**: Imminent delivery, pain in abdomen or back, profuse vaginal bleeding, third trimester (>24 weeks) bleeding, pre-eclampsia—syncope, seizure, altered mental status, SBP ≥ 140.
    b. **Homecare**: All other.

18. **Swallowing Problem**
    a. **EMS**: Patient unable to manage own secretions due to pain or obstruction.
    b. **Homecare**: All other.

19. **Syncope**
    a. **EMS**: History of coronary disease or heart failure, age ≥ 55, pregnant, chest pain, headache or shortness of breath (or other symptoms concerning to paramedics).
    b. POV/Clinic/Homecare: Likely dehydration with dizziness preceding the syncope, other underlying medical conditions.

20. **Toxicologic**
    a. **EMS/POV/Clinic/Homecare**: Overdose or other toxic exposure—contact Poison Control and/or on-line medical control. If intentional, see Section 4 Behavioral Health

21. **Vulnerable Person in Potential Danger**
    a. **EMS/LE/POV**: EMS should assure that the person will not be left in dangerous environment. If safe disposition and transport can be arranged and the injuries to do not otherwise require medical evaluation, other transport may be appropriate. Consider transport to a shelter, if available.

Telephone Triage/Dispatch

Recommendations

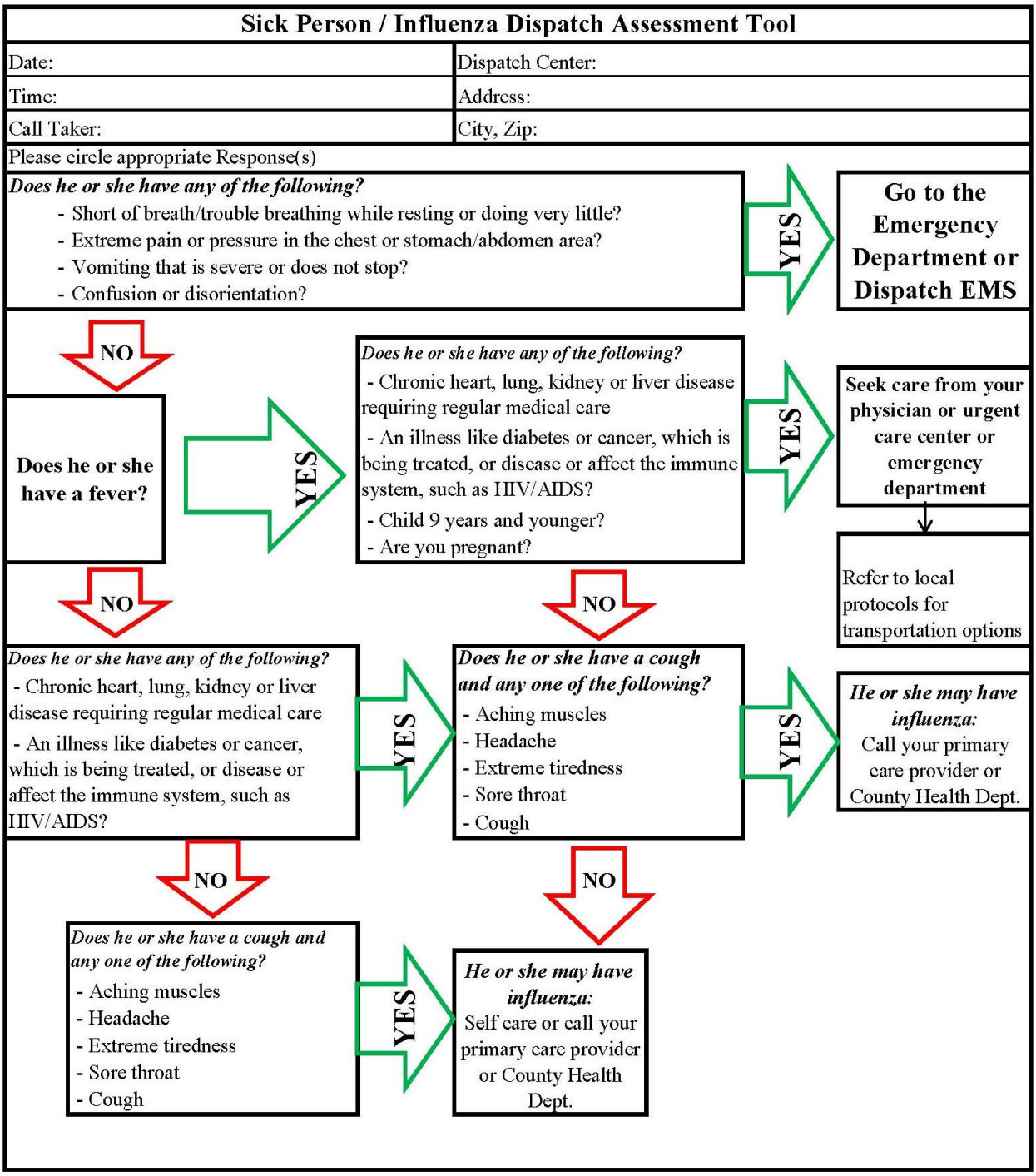
- Establish a trigger for limiting response to certain types of calls for EMS.
- Triggers are related to call volume and capacity of the EMS system. Therefore, there is no real difference between urban or rural.
- Triage of calls should be able to be performed at the dispatch center or at the EMS agency.
- See model sick person/influenza dispatch assessment tool on the following page(s).
- **When demand surpasses capacity, consider the following resource allocation options**:
    1. Only respond to high priority calls, as determined by local dispatch matrix. Defer low priority to other means of response and transport.
    2. Eliminate long transports, as defined by areas outside of dispatch.
    3. Eliminate scheduled transfers.
    4. Eliminate standbys for special events, public relations events, etc.
    5. Work with hospitals to prioritize critical care transfers.
    6. Work with hospitals to decrease drop times at hospital.
    7. Deferring preventive fleet maintenance.

Questions for EMS Agency Consideration

- At what point will my system be overwhelmed?
    - Workforce issues
    - Ambulance availability
    - Increased demand for services: Temporary or sustained?
    - Emergency Department (ED) backlog causing increased drop times or turnaround times
    - Geography
    - Weather
    - Logistics
    - Sustainability
- How do we prioritize resource deployment to high-priority calls?
    - Geographic clustering
    - Pregnant women – highest hospitalization rate
    - 9 years and younger – highest hospitalization rate

Dispatch Assessment Tool

The sick person/influenza dispatch assessment tool refined by the team is on the following page.


Sick Person / Influenza Dispatch Assessment Tool
Date:
Dispatch Center:
Time:
Address:
Call Taker:
City, Zip:
Please circle appropriate Response(s)
Does he or she have any of the following?
- Short of breath/trouble breathing while resting or doing very little?
- Extreme pain or pressure in the chest or stomach/abdomen area?
- Vomiting that is severe or does not stop?
- Confusion or disorientation?
YES
Go to the Emergency Department or Dispatch EMS
NO
Does he or she have a fever?
YES
Does he or she have any of the following?
- Chronic heart, lung, kidney or liver disease requiring regular medical care
- An illness like diabetes or cancer, which is being treated, or disease or affect the immune system, such as HIV/AIDS?
- Child 9 years and younger?
- Are you pregnant?
YES
Seek care from your physician or urgent care center or emergency department
Refer to local protocols for transportation options
NO
NO
Does he or she have any of the following?
- Chronic heart, lung, kidney or liver disease requiring regular medical care
- An illness like diabetes or cancer, which is being treated, or disease or affect the immune system, such as HIV/AIDS?
YES
Does he or she have a cough and any one of the following?
- Aching muscles
- Headache
- Extreme tiredness
- Sore throat
- Cough
YES
He or she may have influenza:
Call your primary care provider or County Health Dept.
NO
NO
Does he or she have a cough and any one of the following?
- Aching muscles
- Headache
- Extreme tiredness
- Sore throat
- Cough
YES
He or she may have influenza:
Self care or call your primary care provider or County Health Dept.

Resources/Tools/Samples

Initial Considerations

General H1N1 considerations related to information dissemination and informational resources.

- Media driven
- Pediatric issues
- Parental issues
- Workforce/School issues
- Just because its “H1N1” doesn’t mean it is different than the “regular” flu, in the way EMS is responding
- Unusual issues (flu versus H1N1)
    - Spreads through US in colder months (study: thrives in colder environment)
    - H1N1 outbreaks “occur” in all weather
    - Youth (respiratory issues – significant) – More than normal?

Issues for EMS Services

Issues related to EMS services and this pandemic.

1. Staffing level
2. Fit-testing
3. Equipment on hand
4. Phone call (primary contact) is EMS. Health care of “1st” resort. Potential of overloading the system.
5. Training Resource for EMS: National Association of State EMS Officials.
6. What “therapies” garner the most risk?
7. Human Resource issues: Agencies may not know how to deal with the following issues, for example:
    - Fit testing (with beard)
    - Human resources: back-up for services

Issues Related to Identification, Development and Distribution of Information

Information is needed for a variety of groups, venues, and resource levels. Different situations require different types of materials. This is an overview of the team’s discussion related to information distribution.

1. Venues
    - Schools (elementary, high school, university)
    - Community/Public
    - EMS Personnel
    - Other
2. Resource levels
3. Age level
    - Which groups H1N1 “hits”
    - Pediatric / Geriatric
4. Tool Kit for the crew for education (for the tech, for the public)
    - A separate document (pamphlet – community / technicians / operational issues)

- PR info (School, geriatric, pediatric, EMS)
- What information is included (both for the crew / for the public)
- IS 520 Class - Introduction to Continuity of Operations Planning for Pandemic Influenzas.
- State Operational Protocols

5. Language resources (Note: Most CDC resources are available in other languages through their website.)
6. How to best provide the document (physically, by call, by mail, by website, by school, by phone, by community meeting)
7. IS 520 Class- Introduction to Continuity of Operations Planning for Pandemic Influenza.
    - Identify critical organizational function to be sustained by each agency (taking call, responding call, transporting patient)
    - Backing up in agency (back-up for all aspects of the agency) – both patient care and operations
    - Identify political and regulatory authority to operating sub-optimal
    - Re-route to other health system (coordinate with other "system") – offload the obligation legally
8. Presentations
    - Director to Staff
    - EMS training officer to students
    - Presentation to public

Questions for Consideration before Information Is Disseminated

1. What does the EMS technician provide the community in their role as an EMT?
2. What information is necessary to provide in those situation?
3. What information is Kansas Medical Society (KMS), Kansas Department of Health and Environment (KDHE), Centers for Disease Control and Prevention (CDC), Kansas Hospital Association (KHA), etc. already producing?
4. What are the local resources?
5. What information does the community need when asking for information in a public setting?
6. What do we need to tell people?

Pandemic Flu COOP Checklist

The team developed a Continuity of Operations checklist for EMS in Kansas, which is based on the FEMA Pandemic Influenza Continuity Considerations Checklist (http://www.fema.gov/pdf/about/org/ncp/inf_checklist.pdf) . See following pages.

PANDEMIC INFLUENZA CONTINUITY CONSIDERATIONS CHECKLIST FOR EMERGENCY MEDICAL SERVICES in KANSAS

This checklist provides guidance to EMS services for incorporating pandemic influenza considerations into Continuity of Operations (COOP) planning. Pandemic influenza requires specialized continuity planning. Unlike traditional Continuity events, a pandemic will not be geographically or temporally bounded, and will significantly affect planning considerations. EMS services build upon existing Continuity plans, and incorporate considerations that address the pandemic threat. This guidance assists organization in identifying special considerations for maintaining essential functions and services during a pandemic outbreak.

Continuity Elements	EMS Strategy for Pandemic Influenza Guidance	Pandemic Influenza Continuity of Operations (COOP) Considerations	Status
Essential Functions	During a pandemic, or any other emergency, these essential functions must be continued to facilitate emergency medical services primary mission and essential functions.	Established Continuity plans to ensure sustainment of essential functions beyond 30 days List and determine essential functions and identify non-essential functions that can be suspended during a pandemic.	□ Complete □ In Progress □ Not Initiated
Orders of Succession	Personnel should consider the creation of an organization chart, and back-up personnel for those positions. • Billing • Maintenance • Administration • Payroll • IT	Established succession orders for agency head and other key leadership positions that are at least three deep for each position	□ Complete □ In Progress □ Not Initiated
Delegations of Authority	Because absenteeism may reach a peak of 40 percent at the height of a pandemic wave, delegations of authority are critical. • Billing • Maintenance • Administration • Payroll • IT	Established delegations of authority that are at least three deep while considering the level of absenteeism. Established a list of documented delegations of authority prior (see the HR officer, director, or governmental entity) to a pandemic that specify limits of authority.	□ Complete □ In Progress □ Not Initiated

Continuity Elements	EMS Strategy for Pandemic Influenza Guidance	Pandemic Influenza Continuity of Operations (COOP) Considerations	Status
Continuity Facilities	Because a pandemic may break-out everywhere, the use of alternate operating facilities must be considered in a non-traditional way. COOP planning for pandemic influenza will involve alternatives to staff relocation/co-location such as "social distancing" in the workplace through telecommuting or other means.	Established procedures to ensure reliable logistical support, services, and infrastructure systems at continuity facilities to include: Prioritization/determination of accessible facilities/buildings (as alternative to relocating to remote facility) • Necessary support staff • Social distancing policies • Public health guidance for operation of facilities and safety of employees • Sanitation • Essential services • Food/water. Developed plans to use multiple Continuity facilities if applicable, to ensure performance of essential functions during a pandemic.	□ Complete □ In Progress □ Not Initiated
Continuity Communications	Systems that provide communications in the absence of person-to-person contact can be used to minimize workplace risk for essential employees and can potentially be used to restrict workplace entry of people with influenza symptoms.	Identified appropriate communication resources needed such as laptops, high-speed telecommunications links, Personal Digital Assistants (PDAs), and other systems that support perform essential functions. Ensured each continuity facility has appropriate communication systems needed to maintain essential functions during a pandemic.	□ Complete □ In Progress □ Not Initiated

Continuity Elements	EMS Strategy for Pandemic Influenza Guidance	Pandemic Influenza Continuity of Operations (COOP) Considerations	Status
Vital Records Management	Pandemic influenza COOP planning must identify and maintain the integrity of vital systems that require periodic maintenance or other direct physical intervention by employees (examples). • Billing • Patient Care Reports • Kansas Open Records Request	Identified records needed to sustain operations for longer than 30 days and established plans for maintenance of vital systems that rely on periodic physical intervention/servicing. Developed and maintained a current list of vital records, systems and databases. Ensured hard copies of vital records are current at each continuity facility	□ Complete □ In Progress □ Not Initiated
Human Capital	Each organization must develop, update, exercise, and be able to implement comprehensive plans to protect its workforce. Although an influenza pandemic will not directly affect the physical infrastructure the EMS service, a pandemic will ultimately threaten all operations by its impact on the services' personnel The health threat to personnel is the primary threat to COOP during a pandemic. • Inter-facility transports • Stand-bys • Community and Public Relation events • Students and observers	Coordinated with human resources to determine the impact of Pandemic Influenza on workforce capabilities to include: • Compensation policy for nonessential and essential employees • Sick leave policy • Fitness for Duty policy • Family medical leave policy • Grievance policy • Telework policy • Family Assistance Programs. Reviewed terms and conditions of non-emergent transport to ensure contractor responsibility for essential functions (where relevant) and to suspend non-essential work. Evaluated need for hygiene supplies, medicines, and training to promote the health and wellness of EMS providers.	□ Complete □ In Progress □ Not Initiated

Continuity Elements	EMS Strategy for Pandemic Influenza Guidance	Pandemic Influenza Continuity of Operations (COOP) Considerations	Status
Human Capital (continued)		Developed plans to promote health and safety of personnel to include: • Infection control • Personal hygiene • Social distancing techniques • Travel restrictions Established plans to provide employees and families with relevant information and advisories about the pandemic, via • Hotlines • Web sites • Voice Messaging System Alerts.	□ Complete □ In Progress □ Not Initiated
Inability to provide service and coverage	Because local outbreak will occur, the outbreak can restrict the ability for the EMS service to sustain operations, to maintain coverage, or fulfill already established plan, policies, authorities, and operations.	Develop a plan to call for coverage, maintain of legal authority to operate, notification, communication, and • KBEMS • MERGe • Neighboring Services	
Return to Normal Operations	Because a pandemic will not harm the physical infrastructure or facilities of the EMS service, and because long-term contamination of facilities is not a concern, the primary challenge for the service after a pandemic will be the return to normal and bringing systems back to full capacity.	Established plans to replace employees unable to return to work and prioritized hiring efforts In conjunction with public health authorities, developed plans and procedures to ensure facilities/buildings are safe for employees to return to normal operations.	□ Complete □ In Progress □ Not Initiated

Samples/Resources

Flyers

- Guidance for Community Settings: Interim CDC Guidance for Public Gatherings in Response to Human Infections with Novel Influenza A (H1N1) – KBEMS (SAMPLE)
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- What Pregnant Women Should Know About H1N1 Virus – CDC

Pamphlets

- 2009- H1N1 Flu and You – CDC
- Seasonal and H1N1 Flu – When to Seek Medical Care – KDHE

- Seasonal & 2009 H1N1 Flu – A Guide for Parents –CDC
- CDC Says “Take 3” Steps to Fight the Flu –CDC

PowerPoint Presentations

- EMS Update on H1N1 Influenza A and Pan Flu (NASEMSO)
- H1N1 Influenza - Part 1, Understanding Flu and the Current Pandemic
- H1N1 Influenza - Part 2, Understanding the Terminology (090612)
- H1N1 Influenza - Part 3, Understanding H1N1 Influenza A (090612)
- H1N1 Influenza - Part 4, Personal Protection Equipment (PPE) for EMS
- H1N1 Influenza - Part 5, Decontamination of Ambulances (090612)
- H1N1 Influenza - Part 6 & 7, Influenza and EMTALA; Planning Considerations (090612)
- Pandemic Flu Update - KDHE

References

- Interim Guidance for EMS, Medical First Responders & Dispatch for Management of Patients with Confirmed/Suspected H1N1 Infection – KBEMS (SAMPLE)

- 2009-2010 Influenza Season Triage Algorithm for Adults(>18 Years) With Influenza-Like Illness (CDC)

- Interim Recommendations for Face Mask and Respirator Utilization

- Interim Guidance for Cleaning Emergency Medical Service Transport **Vehicles during an Influenza Pandemic (CDC)**

- Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine-Origin Influenza A (H1N1) Infection

- EMS Emergency Planning Guidance and Best Practices

- Pan Flu Legal Consideration Checklist - AHLA (08)

List of Acronyms

CDC: Centers for Disease Control and Prevention

COG: Continuity of Government

COOP: Continuity of Operations

CVA: Cerebro-Vascular Accident

ECG: Electro CardioGram

ED: Emergency Department

EMD: Emergency Medical Dispatch

EMS: Emergency Medical Services

EOC: Emergency Operations Center

HR: Heart Rate

HR: Human Resource

IAED: International Academies of Emergency Dispatch

ICS: Incident Command System

IT: Information Technology

KBEMS: Kansas Board of EMS

KDHE: Kansas Department of Health and Environment

KHA: Kansas Hospital Association

KMS: Kansas Medical Society

KS-HAN: Kansas Health Alert Network

LE: Law Enforcement

LOC: Level of Consciousness

MVC: Motor Vehicle Crash

PDA: Personal Digital Assistant

POV: Privately Owned Vehicle

PPE: Personal Protective Equipment

RR: Respiratory Rate

SBP: Systolic Blood Pressure

SPO2: Saturation of Peripheral Oxygen