

Butler County EMS	Standard Operating Procedure 36.0
<u>Implemented: 05/15/2009</u> <u>Revised: 03/07/2020</u>	<u>Authored: Stueven, Storm, & Russell</u>



36.0 – Pandemic Incident Plan

36.1 BCEMS Pandemic Plan Mission Statement

It is the goal of Butler County EMS to provide the best medical care available to the citizens and visitors of Butler County. This document outlines the policies and protocols needed to maintain quality EMS care and responses with limited resources during a pandemic. It should be recognized that this is an outline for a scalable and dynamic plan and each pandemic event will present unique challenges and unforeseen factors that can affect the development and planning that surround such events. Therefore Butler County EMS will continually work to maintain the level of readiness needed to be prepared for the ever changing nature of pandemic events using the various resources of the department. At no point in time will Butler County EMS compromise its operations to assist other health care agencies during a pandemic and our primary focus will remain on timely quality responses to emergency calls for assistance.

36.2 Roles of EMS in Pandemic Surveillance and Mitigation

- 36.2.1 The role of Butler County EMS in the surveillance of pandemics will be defined by each incident. Reporting requirements and procedures will be developed at the onset of each event in association with the local and state health departments.
- 36.2.2 EMS will also have the responsibility of tracking, patient location, and patient disposition to allow public health and epidemiologic analysis. At the beginning of each pandemic Butler County EMS, along with the health departments, emergency management, county administrators, legal authorities, county dispatch and infection control experts will define procedures for EMS mitigation of pandemic infections.

36.3 Maintaining Continuity of EMS Operations during a Pandemic

- 36.3.1 During the event of a pandemic the normal day-to-day emergency responses of the department are paramount to other EMS needs, and every effort will be made to maintain the department's normal response capacity.
- 36.3.2 The on-duty EMS captain will be charged with maintaining the flow of EMS units from one emergency call to the next. The medical branch commander or designee will utilize the remaining EMS resources available to manage the demands of the pandemic. In extreme cases, the department Designated Infection Control Officer (DICO) will be placed into a role dedicated to mediating pandemic responses.

- 36.3.3 Maintaining continuity of care for all EMS calls not associated with the pandemic will be the priority of the department.
- 36.3.4 The patients transported by EMS that are not associated with the pandemic event will still receive a bed side report to nursing staff and the standard EMS run report following the transport.
- 36.3.5 Transports related to the pandemic will follow the procedures that are developed for that event.
- 36.3.6 At the discretion of EMS administration and following recommendations from public health authorities, EMS may convert EMS unit(s), both assessment and transporting units, designed specifically for the handling of victims of the pandemic. These modified EMS units will go beyond standard PPE protection and be stocked with advanced PPE materials and supplies, additional filtration and decontamination supplies, etc. The number of units converted, staffing, the equipment they carry, their response mechanisms and operational characteristics will be designed in response to the number of victims, the extent of the burden placed on EMS, and the specific needs following the particular pandemic being mediated as determined by EMS administration and the department DICO.
- 36.3.7 Staffing will be of the utmost priority during pandemic events. The staffing of extra EMS units and the relief of ill staff during the event will put a high level of strain on available staff. Butler County will implement its pandemic alternative staffing protocol as outlined in section 36.7 as needed.
- 36.3.8 The Logistics for Butler County EMS will be charged with the distribution of available medical supplies. A Logistics Officer (or designee) will also be charged with securing alternate methods of obtaining supplies as it is likely that supply lines will become disrupted. This will be the only role that is exempt from staffing an EMS Unit as this will be a vital role in maintaining vital EMS functions.
- 36.3.9 Communications equipment issues should be minimal, but EMS administration recognizes that it will be vital to have back up methods to contact hospitals and other designated treatment areas. EMS must ensure that it is able to provide sufficient equipment to maintain interoperability with other local, state, and federal agencies and will adjust communications policies as needed to help mediate the event.

36.4 Legal Authority

- 36.4.1 If instructed by the department medical director, Butler County EMS will utilize its pandemic medical protocols. These protocols will only be utilized in the event of a declaration of pandemic by local, state or federal officials. See Appendix B.
- 36.4.2 The leadership of Butler County EMS will meet as needed with local, state and federal officials to allow for freedom of movement of units and personal when faced with restricted travel laws or quarantine/isolation or other security measures.

36.5 Clinical Standards and Treatment Protocols

36.5.1 Medical oversight for Butler County EMS will be provided by the department Medical Director. This oversight will include, but is not limited to, the following:

- Planning of the mitigation of a pandemic
- The department's response to pandemics
- Development of medical protocols for use during the pandemic.
- Development of triage guidelines
- Development of standards of care during a pandemic.

36.5.2 The Medical Director, if needed, may be involved in any "just-in-time" training for EMS staff members and those involved with emergency communications, law enforcement and first responders.

36.5.3 The Medical Director and health department will be consulted regarding needed participants and levels of involvement in the management of fatalities suffered from the pandemic.

36.5.4 The Medical Director will also be consulted regarding the development and implementation of a release program for EMS providers and the public.

36.6 EMS Workforce Protection

36.6.1 The EMS work force will be the most important resource available during the time of the pandemic.

36.6.2 The leadership of Butler County EMS and department DICO will develop measures that are appropriate to the disease associated with the pandemic. Along with the protection of the EMS staff the plan will include methods to provide protection for the families of staff members.

36.6.3 During the event of a pandemic the following infection controls steps will be followed at all times on top of already established infection control policies. Failure to follow these steps will result in administrative actions up to termination:

- All staff members will wash their hands after any patient contacts.
- The EMS unit will be decontaminated after every patient contact.
- For airborne spread disease a minimum of a surgical mask will be worn by staff. Higher levels of protection may be required. (N95 masks or other needed equipment.)
- Droplet spread diseases will require the uses of eye protection, and masks.
- Breaks in the skin, rashes, or other injuries or disorders that prevent the skin from acting as a barrier will be covered at all times.

- Employees will shower and leave contaminated clothing at the station in clearly marked biohazard bags. EMS will launder the contaminated items. OSHA and CDC guidelines will be followed.

36.6.4 EMS will provide vaccines and anti-viral medications when available to the department. Those items that are directly related to the pandemic will be the only ones that are provided. Prophylactic treatment of bacterial infections will be provided when available and medically prudent.

36.6.5 If the need for quarantine/isolation is proven to be necessary for EMS personal it will be done in accordance with CDC guidelines. These employees that are required to go in to quarantine will be placed on paid administrative leave until they are medically cleared to return to work.

36.6.6 Support services such as mental health professionals, chaplains, etc. will be made available by the EMS department.

36.7 Alternative Staffing Protocol

36.7.1 The alternative staffing plan will be implemented at the beginning of a pandemic event or when staffing has reached the point where EMS services are beginning to become ineffective. Implementation of this plan will be at the discretion of the on-call administrator or designee and will be based on the following:

36.7.2 Alternative Staffing Level 1:

Staffing shortage (full time) of <10% (3 or less) due to illness (2 per shift):

- All attempts will be made to fill open spots using off duty and part time staff.
- Volunteers and reserves will be placed in to service.

36.7.3 Alternative Staffing Level 2:

Staffing shortage (full time) >10% but < 20% (between 4 and 7) due to illness (2-3 per shift):

- All previous actions remain in place, and in addition:
- Specialized infection control truck brought online with necessary supplies and additional filtration and protection mechanisms to handle pandemic related calls
- Shift captains may staff open spots on EMS units & admin would assume supervisory role.
- Mandatory OT will be initiated to ensure minimum 5 trucks (minimum 3 ALS) are in service 24/7.
- Members of the rescue squad who are trained EMS providers *may serve* in a driver capacity.
- As staffing begins to fail, transfers from health care facilities may be suspended in an attempt to keep EMS staffing in optimal condition.

36.7.4 Alternative Staffing Level 3:

Staffing shortage (full time) >20% but less than 50% (7-16) due to illness (4 to 5 per shift):

- All previous actions remain in place, and in addition:
- Shift with lowest illness rate will be dissolved and personnel will be divided and reassigned to remaining two shifts
- Two shift scheduling will ensue (Schedule to be determined at that time). All attempts will be made to staff a minimum of 4 trucks (as many ALS as possible) and remaining available staffing and units will be used as “floats” to cover areas as needed and relieve crews experiencing temporary high volumes.
- EMS administration will begin to staff EMS units.
- All attempts will be made to leave at least one infection control truck online
- Failed staffing levels will result in unit phase out considerations based on average station/truck volume with lowest volume trucks eliminated first.

36.8 Policy Appendices

Policy appendices are attached in order to provide more detailed information regarding specific pandemic related events. In order to rapidly adjust this policy with specific information regarding changing and/or developing circumstances of pandemic situations, and to accommodate different pandemic events, policy information appendices may be added, changed, or amended as deemed necessary by department administration, the department DICO, or their designees outside of official policy update procedures. In such instances, all EMS staff members and/or other concerned emergency response agencies will be notified of the appendices updates and copies will be provided to all concerned or involved individuals.

Appendix A: General EMS Pandemic Treatment Protocol

	Pandemic Severity Index Category 1	Pandemic Severity Index Category 2	Pandemic Severity Index Category 3
Triage (to occur both at the 9-1-1 center and on scene)	Determine whether to implement triage and treatment protocols that differentiate between non-infected and potentially infected patients based on CDC case definition.	Triage would focus on identifying and reserving immediate treatment for individuals who have a critical need for treatment and are likely to survive. The goal would be to allocate resources in order to maximize the number of lives saved.	Using screening algorithm to ensure only severe get response
Treatment	Ambulatory patients will be redirected to alternate care sites within or outside of the hospital.	Treatment protocols may be modified to enable and encourage patients to receive care at home. Consider provision of antiviral prophylaxis if effective, feasible and quantities sufficient.	Certain lifesaving efforts may have to be discontinued. Provision of antiviral prophylaxis if effective, feasible and quantities sufficient.
Equipment	Prudent use of equipment Implementation of strict PPE/infection control protocols for patients meeting case definition established by CDC during the response phase of a 9-1-1 call.	Selective criteria in place for priority use. Some scarce and valuable equipment, such as ventilators, may not be used without staff available who are trained to operate them.	Strict criteria in place for equipment use. Some scarce and valuable equipment, such as ventilators, may not be used without staff available who are trained to operate them.
Transportation	Non-urgent and ambulatory victims may have to walk or self-transport to the nearest facility or hospital.	Emergency medical services may transport victims to specific quarantine or isolation locations and other alternate care sites.	Only severe cases transported via ambulance
Destination	Alternate care sites will be used for triage and distribution of vaccines or other prophylactic measures, as well as for quarantine, minimum care, and hospice care.	Ambulatory and some non-ambulatory patients may be diverted to alternate care sites (including nonmedical space, such as cafeterias within hospitals, or other non-medical facilities)	Emergency department access may be reserved for immediate-need patients.

Appendix B: Flu-Related Pandemic Dispatch Protocol and EMS Specific Tailored Response



DISPATCHING STANDARD OPERATING PROCEDURES

SOP #EID1: EMERGING INFECTIOUS DISEASE SURVEILLANCE

BACKGROUND:

The novel coronavirus originating from Wuhan City, China has now spread to several dozen countries, including localities in North America, Europe, Asia, and the Australasian region.

This virus (COVID-19) has caused concern among global health authorities since it is believed to have recently jumped from animals to humans and there are now confirmed cases of human-to-human transmission - making it potentially very dangerous in human populations since there is currently no vaccine and little or no immunity.

Coronavirus is a species of virus that has several potentially deadly strains, including the past spread of SARS-CoV (Severe Acute Respiratory Syndrome) and MERS-CoV (Middle East Respiratory Syndrome). Known symptoms of the illness include **fever, difficulty breathing, cough,** and other milder **respiratory symptoms** such as **sneezing.**

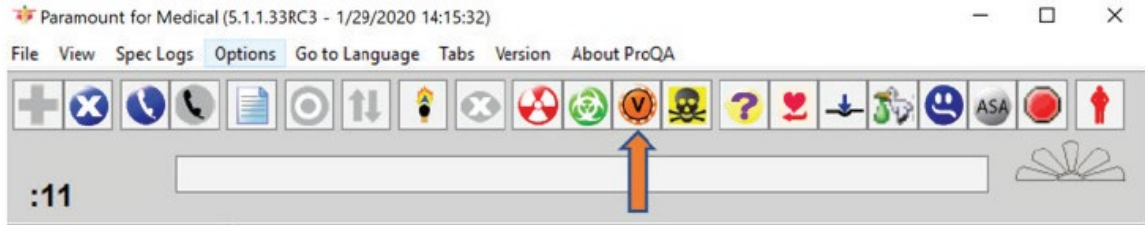
PURPOSE: When widespread disease outbreaks such as Pandemic Flu, Measles, and Novel (New) Viruses threaten Kansas certain temporary measures will be implemented to effectively screen 9-1-1 calls for the protection of emergency response personnel and the public. These efforts will be closely coordinated with all of our public health partners and modified regularly based on the latest scientific research and expert advice concerning the threat.


Maintaining patient confidentiality, as always, is important and radio transmissions to alert first responders of any infectious disease should be restricted to simply using the term Signal 12. Responders are expected to approach those scenes having properly donned the appropriate personal protective equipment (PPE) in advance and take appropriate precautions.

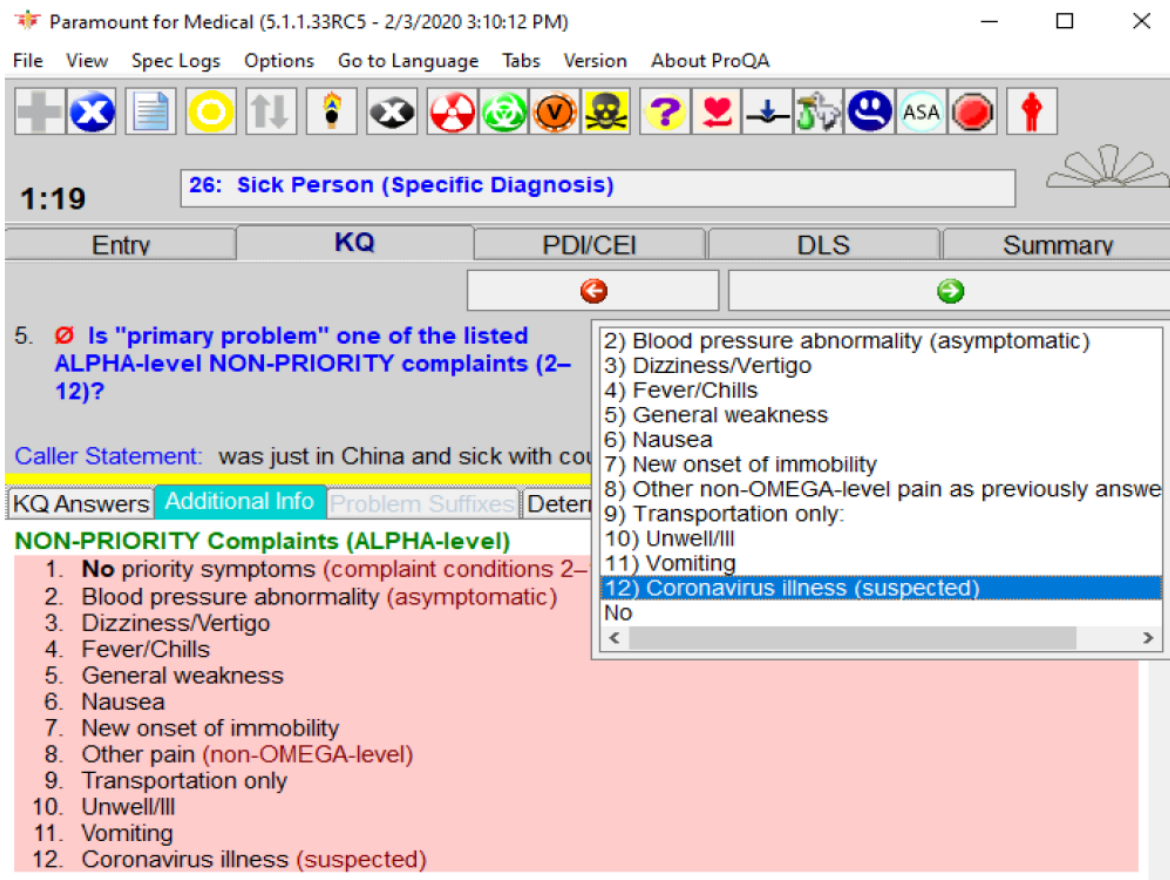
POLICY: Effective March 1st until rescinded, the Emerging Infectious Disease Surveillance (EIDS) Tool in Paramount will be utilized based on key question answers and the following procedures will be followed.

PROCEDURE:

This SOP applies to all emergency disciplines responding to calls that meet the screening criteria as set forth by the International Academies of Emergency Dispatch's surveillance tool designed specifically for the existing threat. The tool is located at the top of the Paramount software:



- I. Call handling will be conducted in accordance with SOP # IR 1: Incoming Reports Procedure.
- II. When symptoms include any of the following the EIDS tool  will be opened and completed **following delivery of PDIs.**
 - a. Fever
 - b. Cough
 - c. Shortness of breath
- III. Many of these calls will be reports of flu like symptoms which are handled on protocol 26. It is critical that the highest priority that applies be selected, for example, a Delta level if the patient is not alert on protocol 26. When **no priority symptoms** are present and the caller reports a chief complaint equivalent of they suspect the patient has COVID-19, the call taker should select the 26A12 code as shown below. The code 26A12 has changed from possible meningitis to Coronavirus Illness.



IV. **The EIDS Tool** currently has the following question set. As information changes the IAED will update these questions appropriately. Additionally, the Medical Director may insert questions or instructions at any time.

The Medical Director Questions 1 and 2 REPLACE the first three travel history questions.

Listen carefully and tell me if s/he has any of the following symptoms:

Medical Director–approved additional questions:

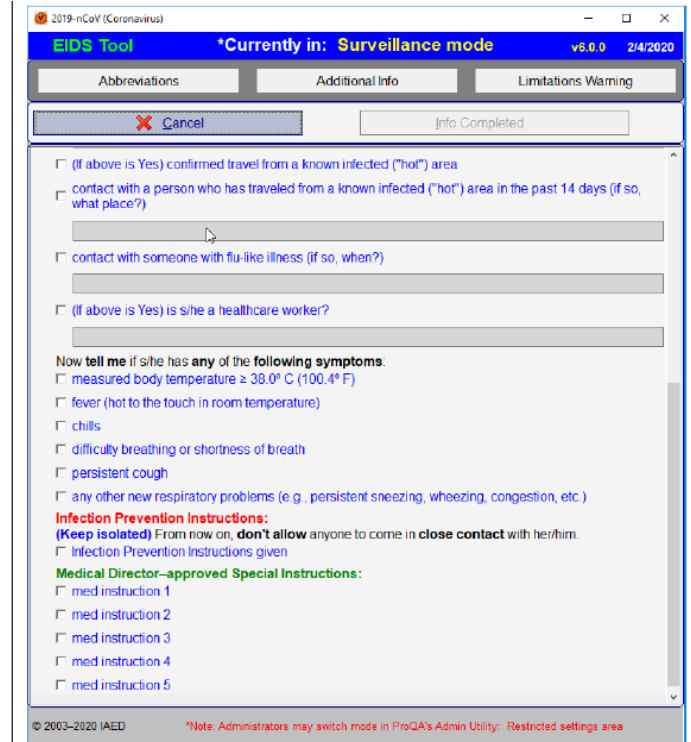
Has s/he traveled by air, or had contact with someone who traveled by air, in the last 14 days?

(Yes - Air Travel) Where?

The next question should be: *Has s/he had contact with someone with flu-like illness (if so when)?*

Current Definitions:

- a. **Hot Area** = Traveled by Air.
- b. **Keep Isolated** = Infection Prevention Instructions are NOT in use at this time. The (Keep Isolated) pre-instruction qualifier does not apply at this time and instructions with that PIQ are not to be read.



- V. The call taker should select all of the relevant answers which will then become part of the EMD narrative in CAD. Once these questions are answered and appear in CAD the **CALL TAKER** must dispatch the unit "EIDS" to the call in order to deliver the answers to the EIDS questions via CAD page. The DISPATCHER should simply advise responding crews that **signal 12** information is being sent via CAD Page when they are aware that 2 or more of the questions have been answered "yes".

REPORTING: When the EIDS unit is assigned to the call responding EMS units automatically receive the updated information via Active 911. In addition an email is generated to the group PANDEMIC@bucoks.com to notify all of our public health partners.

Additional information links:

<https://www.emergencydispatch.org/coronavirus-2019-nCoV>

<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

<https://www.cdc.gov/>

(See attachments on following pages)