

Pandemic Influenza Planning for EMS

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Live and let live is good, Live and help live is
better

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Planning for pandemic
influenza is critical for
ensuring a sustainable
healthcare response.



EMS Agencies should adopt EMS
Pan Flu plans and operational
procedures that define the role of
EMS for preparing for, mitigation
and response to Pan Flu

An EMS system's response needs to
be flexible, and timely with the
ability to change based on new
information about the pandemic
virus

The Principles of EMS Planning and Response

- Medical Direction
- Quality Improvement
- Education and Training
- Communication with partner responders
- Procurement of supplies

Assumptions

- Rates of severe illness, hospitalizations, and deaths will depend on the disease
- Rates of absenteeism will depend on the severity of the pandemic
- Certain public safety health measures are likely to increase rates of absenteeism
- A pandemic will come in waves (6-8 weeks)

2009 Novel H1N1

- Lesson Learned

Our assumptions can and were wrong about this strain

Public Safety

- The main goal of an preparedness program is the improvement of public safety
- The use of vulnerability assessments and identification of shortfalls allow communities to better prepare for worst case scenarios.

EMS organizations will be involved in the transport of critically ill patients with known or suspected pandemic influenza



Over 40% of the SARS infected in Toronto were healthcare workers

This will be a comprehensive presentation, but each agency will have unique and unanticipated concerns.

What is a Pandemic

•A pandemic is the emergence of a new communicable disease that infects humans and creates serious illness. This illness spreads among humans in a local or regional epidemic which exponentially spread to a global outbreak.

•Pandemics are among the natural disaster threats that have been recently added to the list of serious potential threats to business continuity as well as the health and safety of people.

Since 1900, three pandemics and several "pandemic threats" have occurred

- 1918: Spanish Flu
- It is estimated that approximately 20 to 40 percent of the worldwide population became ill and that over 50 million people died between September 1918 and April 1919
- Approximately 675,000 deaths from the flu occurred in the U.S. alone.
- Up to 100 M worldwide

1918 Spanish Flu

- Killed more people than any other disease in history
- Caused more deaths than WW1, WW II, both the Korean and Vietnam Conflicts



Pandemics

- 1957: Asian Flu – killed 70,000 in U.S.
- Immunity to this strain was rare in people less than 65 years of age, and a pandemic was predicted
- 1968: Hong Kong Flu – 35,000 in U.S.
- 1976: Swine Flu Threat – more people died from the vaccine than the disease
- 1997: Avian Flu threat begins
- 2009: H1N1 Novel Influenza

Obtain state and local plans

www.Flugov.com

Steps should be taken to ensure that EMS plans are consistent with federal, state, local guidance, plans of police or other law enforcement agency.

Develop agency specific written plans for a pandemic response

- During a pandemic local EMS agencies should incorporate influenza pandemic annexes into organizational emergency plans.
- COOP planning and implementation should sustain the agency for 30 days

Community Wide Issues

- Greatest secondary hazard will be the problems caused by shortage of medical supplies, equipment and healthcare workers

The plan needs to be part of the community plan

- Meet with local and county health DOH to discuss and review pandemic plans
- Develop flu response plans at all levels
- Integrate private sector into planning effort



EMS Day to Day Operations

- Preparing for the pandemic surge
- Protecting the EMS workforce
 - ◆ via PPE
- Operational considerations
- COOP Plans



Computerized Early Warning System:

Community Health Electronic Surveillance System (CHESS):

An integral part of the County's efforts to improve emergency preparedness, the Community Health Electronic Syndromes Surveillance system (CHESS) is a highly-sophisticated computerized early warning system designed to track and statistically analyze unusual levels or patterns of disease within Westchester County

A plan needs to be in place that educates and provides training on pandemic influenza

Staff / members must understand

- Implications of a pandemic
- Control measures
- Current organization plan
- Current community plans

Individual citizens need to be educated in order to be prepared for an influenza pandemic



- Street car conductor in Seattle not allowing passengers aboard without a mask in 1918.

- US Postal Worker

- 1918, Because service workers, who frequently came into contact with the public, were at a greater risk of contracting influenza, they often wore masks in attempt to ward off the disease.



Planning Considerations and Preparedness Activities

- Continuity Of Operations Planning (COOP)
 - ◆ Plan for the continuity of essential functions and identify the resources that can be used or
 - ◆ Redirected to maintain the essential functions

Planning Considerations and Preparedness Activities

- Identify frontline personal that provide the essential functions or provide support
- Triage and conserve use of advanced life support vs. BLS units

Planning Considerations and Preparedness Activities

- Plan for succession and deligation of authority for key leadership decision making / authority positions within the organization

Planning Considerations and Preparedness Activities

- Appoint a pandemic coordinator
- Consider appointing a workforce coordinator who would be responsible for addressing pan flu issues and the impact on the workforce

Pan Flu Coordinator Responsibilities

- Point of Contact with LHD, and other stakeholders
- Develops, revises, implements response protocols
- Monitor and tracks employees / volunteers health and safety
- Tracking inventory

EPO / COOP Plans

- Identify persons who have authority to activate the plans
- Triggers for activation
- Establish communication with external agencies
- Work with JIC on all external public messages

Preparing for the Pandemic Surge

- There will be an increase in the number of EMS calls over and above day to day EMS calls
- The increase volume will be caused by:
 - ◆ Hospital overload
 - ◆ Diversions
 - ◆ Absenteeism

Preparing for the Pandemic Surge

- Planning for surge management must address
 - ◆ Implementation triggers
 - ◆ Guidance for decision making, and communication strategies
 - ◆ Just in time training

Planning – Triage / Treatment / Transportation Protocols

- Modify triage and treatment protocols for patients (including influenza like illness) to expedite on-scene care.
- Ensure appropriate medical control and oversight

Pre-hospital Care

- Patients with severe pandemic influenza or disease complications are likely to require emergency transport to the hospital

Maintain contact with the LHD and hospitals in regards to alternate destinations either on a hospital campus or ACS set up by a health department

Non- Emergent transports and transfers may have to be delayed . Work with the Authority Having Jurisdiction

Dispatch Protocols

- Modify protocols for in-house dispatchers
 - ◆ Screen calls
 - ◆ Develop criteria to triage and prioritize call
 - ◆ EMD Protocol 36

Dispatch Protocols

- Review protocols for Public Safety Access Points (PSAP) dispatchers with all employees / members to maximize effective and appropriate use of the EMS System

Dispatcher Protocols

- Develop a protocol or script for operators to advise callers on how to care for an ill person at home

Staff Education

- Sample poster available from NYS DOH
- Published by the CDC



Develop a plan for triage and management of patients during a pandemic that includes

- Phone triage
- Coordination with receiving facilities
- Policies for transporting multiple patients
- Additional vehicles

Protecting the EMS Workforce

- EMS Personnel should plan for an increase use . Need for and a lack of PPE supplies during a pandemic



Develop an infection control plan

- Cough Etiquette
- Hand Hygiene
- Respiratory Hygiene



Face Masks

- The issue of the need for N 95 use during a pandemic continues to be debated for use during a novel virus.
- Follow the current CDC or NYS DOH Guidance during a pandemic



Hand Hygiene

Proper hand hygiene is the best way to prevent the spread of disease

Hands when they are visibly dirty or soiled with fluid or body fluids

Wash hands with either an antimicrobial soap

Rub together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers

and fingers

Dry hands with a clean dry cloth.

- Hands that are not visibly soiled, an alcohol based gel may be used in place of soap and water
- Apply product to the palm of one hand and rub hands together
- Cover all surfaces of hands and fingers, until the hands are dry

- Avoid wearing artificial fingernails when caring for patients. Keep natural finger tips less than $\frac{1}{4}$ inch long.
- Wear gloves when in contact with blood or OPIM
- Remove gloves after caring for each patient
- Change gloves during patient care when caring for more than one patient.

Cough Etiquette

- Cover your nose / mouth when coughing or sneezing
- Use tissues to contain respiratory secretions
- Dispose of tissues in the nearest waste receptacle after use
- Wash hands thoroughly and/or use alcohol-based hand cleaner after contact with respiratory secretions

Touchless Bathrooms

- Consider touchless
- Paper towel dispensers
- Soap dispensers
- Faucets



You will need an adequate stock of disposable supplies

- Facial tissues
- Hand wipes or gels
- Disposable gloves



Provide and track seasonal influenza vaccine for employees



Occupational Health Plan

A liberal / non punitive leave policy for all EMS personnel who have symptoms of, or documented illness with pandemic influenza.

The policy should include

- Handling of staff who become ill at work
- When personnel may return to work after recovering from pandemic influenza.
- When personnel who are symptomatic but well enough to work will be permitted to continue to work.
- Personnel who need to care for their ill family members.

Training and Education

- EMS pandemic influenza plans should establish a program of pre-pandemic training and exercises to prepare EMS personnel for their role in the local pandemic influenza plan

Education and Training

- A pre-pandemic training and exercise program will help EMS agencies ensure EMS personnel have baseline training to support and understand their role in responding to pandemic influenza

Drill and Exercises

- Drills and exercise, coordinated with public health and emergency management, should be used to validate pandemic influenza response plans and training programs.
- All hazard preparedness that incorporates pan flu as a scenario to consider
- Pan Flu exercises should test mechanism to provide just in time training needed during an event

- A system for evaluating symptomatic personnel before they report for duty that has been tested during a non-pandemic influenza period.
- A pandemic will come in waves lasting 12 weeks.

Surge Capacity Plan

- Managing a staff shortage because of illness in personnel or their family members
- Calculate the minimum number and categories of personnel necessary to sustain EMS services and day to day operations

Surge Capacity Plan

- Contingency staffing plans need to be developed in collaboration with other local EMS providers
- Understand hospital contingency plans

Surge Capacity Plan

- Anticipate consumable resource needs
 - Masks
 - Gloves
 - Hand Hygiene Products
- Have a plan to address supply shortages

Summary

- Work with your local DOH
- State DOH
- Local Hospital

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