

FDNY PANDEMIC ACTION PLAN – FINAL DRAFT 10/2/09

Level 0 – SOP

FC (fever/cough) call-types for ILI (Influenza-like-illness).

Inventory masks and other PPE supplies.

EMT's and Medics don N95 masks, goggles and gloves prior to entering patient location for FC call-types.

2 members of CFR crew (recon team) with N95, eye shield & gloves evaluate patient to determine if flu PPE is needed or await EMS for decision.

EMT's and Medics don gowns, in addition to other PPE, when administering meds by nebulizer or intranasal routes.

Medics don gowns, in addition to other PPE, when intubating.

ILI patients wear surgical mask or if in distress an oxygen mask.

Encourage frequent hand-wash or use of alcohol cleaning gels.

Routine ambulance decontamination procedures.

SCBA cleaning end of tour

H1N1 Voluntary Flu Vaccine – when available begin BIOPOD possibly in multiple phases as will need seasonal flu shot & additional 1 or 2 H1N1 shots. NYSDOH does not mandate for FDNY EMS & Fire

Response time Segment 1 to 3 avg. = 6:40 min. or 90% = 10:30 min.

Level 1A = 4,000 calls

FDNY FIP & DOHMH 311 (OUTSOURCED) Health Info line provides homecare instructions for appropriate patients

Ambulance response & transport to ED or Clinic when more than phone info is needed or requested

Pre-Notify hosp by Amb Crew or EMD for ILI patients.

Activate mutual aid in weekly notices in advance of need (e.g. ensure certificates, radios etc)

Stepwise escalation: extend tours, no pass days, FDNY recall

For low acuity calls (segments 4-8), eliminate patient choice for ambulance destinations (transport to closest appropriate ED/Clinic)

Hospital diversion requests NOT approved (unless extreme circumstances)

Level 1B = 4,500 calls

Increase call-screening for ILI for additional selected call-types.

FDNY FIP Info line provides homecare instructions for appropriate ILI patients – with ambulance response based only on patient need not request.

Transport ILI low acuity ambulatory patients to designated clinics or EDs using FDNY multi-passenger vans, staffed by light duty EMS or Fire

Cancel EMS Training/Medicals deploy BOT, LODI/RA into field

EMS FIP info line uses NYS licensed MD, PA or NP to prescribe Tamiflu based on algorithm (not in-person exam) for patient pickup at pharmacy – volume trigger occurs when EMS surge stretched to point of negative impact
Response time Segment 1 to 3 avg. = 7:40 min. or 90% = 11:30 min.

Level 2 = 5,000 calls

EMT's, Medics & CFR don N95 masks and gloves prior to entering patient location for all med. calls & eventually all calls.

Cancel Fire Training/Medical Deploy Fire LD into field

Fire CFR responses reduced to only for segment 1 call types to maintain minimum fire staffing or EMS staffing (see below)

EMERGENCY STEPWISE ESCALATION: Alternate staffing of EMS resources to maintain coverage. Paramedic/EMT for ALS. EMT/CFR firefighter for BLS response (chauffeurs first)

Stepwise de-emphasis of ILI and non-ILI low acuity calls:

1. FDNY Vans (staffed by Light Duty EMS or Fire) for response after either 911 phone triage or EMT in person assessment
2. No-transport (treat & release) of selected patients with homecare instructions, self-transport directs or Tamiflu prescriptions
3. 911 phone triage no response with Tamiflu as described below

For all calls (segments 1-8), eliminate patient choice for ambulance destinations

IF FLU HIGHLY VIRULENT: Nebulized meds only with use of one-way valve nebulizer or more lenient use of epi-pen

Level 3 = 5,500 calls

EMERGENCY STEPWISE ESCALATION CONTINUES: Alternate staffing of EMS resources to maintain coverage: Eliminate all CFR responses in order to enable CFR staffing of EMS resources. EMS staffing requirements take priority over fire staffing until minimum fire staffing limit is reached.

For all calls (segments 1-8) transport to closest hospital (eliminate specialty centers – ex. Trauma, STEMI, etc.)

FDNY request to City Hall & OEM for National Guard assistance with ambulance staffing.

IF FLU HIGHLY VIRULENT:

To further avoid exposure to aerosolized secretions:

1. Eliminate use of suctioning, intranasal medications, and endotracheal medications
2. Intubate using alternative airway as primary device

Divisions may occur due to lack of ICU ventilators or ICU beds/ staff

Follow CDC recommendations for advanced decontamination ambulances after each patient contact?

Level 4 = 6,000 calls

Closest ambulance assigned to each assignment – NO distinction if ALS & BLS

IF FLU HIGHLY VIRULENT:

NYSDOH may issue specific orders based on patient survivability, to reduce BVM ventilation or advanced airway use for in resp. arrest

All units function as BLS

NOTES:

ILI (influenza-like illness) for H1N1 Flu = fever AND 1 of following: cough, sore throat, nose drip/ congest

Level 0 is in effect permanently. Triggers for advancement to next level based on available resources (per EMS OPS) & virulence (per CDC & NYC DOHMH, NYSDOH, FDNYOMA/ BHS)

TAMIFLU by Phone Prescription may occur anywhere from level 1B–2. Depends on EMS surge ability

Advance vertically down each level and then horizontally as level # increases. Each level builds on prior.

If conditions warrant such as high virulence that may impact on numbers of workers reporting for work, then individual action items may be implemented earlier than their level.

Labor, REMSCO, NYSDOH pre-notified as indicated by law.

Expense & Reimbursement issues: (ambulettes, vans, no transport; increase PPE use, One-way nebulizers)

NYC OLR needs to consider paid medical leave for FDNY providers with ILI and home quarantine.

FDNY MAD/OPS orders pre-written.