

Section 4 - Assistance with Priority Dispatch of Limited Emergency Medical Services (EMS)

Objective: During an influenza pandemic, EMS and public health resources will likely be limited and normal services curtailed. In addition to identifying and assisting likely pandemic flu patients, PSAPs will need to safely triage other non-influenza related requests for help, appropriately matching need to resource, including alternative treatments, such as nurse assist lines. Telecommunicators need to know what to tell callers if no response is available or will be delayed. This should be part of the pre-pandemic planning effort. PSAPs need to have pre-established links with other types of call centers (such as 2-1-1 or nurse assist lines) or alternate care centers to ensure these resources can effectively be utilized in transferring or referring callers. PSAPs should ensure that any such plans are in concert with the appropriate medical and legal authority. An example of the types of call flow decisions to be made in a period of pandemic influenza versus the norm is shown in Figure 1. Figure 2 shows an example of a modified dispatch protocol based on the pandemic severity index. Figure 3 shows an example of how triage, treatment, equipment, transportation and destination can vary depending on the severity of the influenza pandemic. These figures, taken together, are meant to put the planning process in perspective, and provide a possible template, to be modified to meet local needs and to accommodate local resources.

4a. Tiered Responses/Altered Responses

Protocols will provide for tiered response of different EMS unit types. The protocol will include a resource deployment table that lists the response for each severity level by EMS response resources type, consistent with resource typing defined by the Department of Homeland Security (DHS) for the National Incident Management System (NIMS), in FEMA document 508-3 (May 2005). This table will allow for changes and updates when responses are altered by local authorities.

Local EMS authorities will determine when altered response is necessary and notify the PSAP. Local EMS authorities will determine which specific call types will receive an altered response.

4b. Dispatch Protocol Modifications

In some instances, there may be no ambulances immediately available to be sent and the public safety telecommunicator may be unable to pass the call on to another resource. As a part of their planning, PSAPs need to address the need for dispatch protocols with their EMS medical director when limited response, severely restricted response or no response occurs.

4c. Secondary Triage

Protocols will identify those 9-1-1 callers or patients appropriate for transfer to a secondary triage specialist or alternate call center (e.g. nurse-advice center). Local EMS, emergency management and operational authorities will determine when secondary triage should be incorporated into PSAP processes. They will also determine when and how to notify the 9-1-1 center and the secondary call triage agencies (if those agencies are separate from EMS/medical

call-taking PSAP). Local EMS and EMD system physician medical director(s) will determine which specific call types will be transferred to a secondary triage center (e.g. asymptomatic and influenza-like symptoms with no abnormal breathing or other call types that are identified as non-acute, such as a minor injury).. The PSAP will establish and maintain policies and procedures for an effective transfer process to a secondary triage agency.

4d. Fatality Management and Effective Use of 9-1-1

PSAPs will likely get calls from family members about the deceased as well as for general information. Plans should take this likelihood into account, with a coordinated effort with alternate call centers and resources. The goal is to identify and divert these non-emergency calls to a more appropriate alternate source.

4e. Managing the 9-1-1 Queue

During a pandemic outbreak, public safety telecommunicators will be faced with the significant challenge of managing the incoming 9-1-1 call queue. They will need to quickly identify those callers who are seeking help for the ill and injured from those who are simply calling for information or non-emergency advice. In order to prevent 9-1-1 system overload, these "worried well" must be efficiently managed and directed to a non-emergency, non 9-1-1 call queue as quickly as possible.

Public safety telecommunicators may need to enhance their standard call taking routine by asking several clarifying questions when obtaining a complaint type or patient chief complaint. As an example, a modified chief complaint query may include a question such as:

"Are you calling for ambulance, police, fire services, or non-emergency information?"

OR, for EMS call centers (secondary PSAPs): "Do you have a medical emergency or need urgent medical care right now?"

If the caller is able to clearly communicate that his or her needs are informational or non-emergency only, the calltaker may transfer the caller to a non-emergency call queue, or when available, an outside agency that can provide the proper help or advice.

Local governments should also consider 9-1-1 overcapacity mitigation strategies such as public service announcements that provide information on accessing 3-1-1, 2-1-1, mental health hotlines, animal control, and other 24-hour community service help lines. PSAPs may also want to consider the use of automated answering systems, as an alternative of last resort to callers unable to access 9-1-1 or getting busy signals because of call overload.