

Figure 3: Sample Pandemic Influenza EMS Operating Protocols

The “Sample Pandemic Influenza EMS Dispatch Protocol” is for illustrative purposes only. It is **one example** of how resources may be reallocated within the system during an influenza pandemic utilizing the Pandemic Severity Index. EMS planners should consider other factors, including community mitigation strategies, that will impact how resources will be used. These factors may include:

1. Increased Demand for Services
2. Reduction of EMS/Dispatch Workforce
3. Healthcare Facility Bed Availability

Sample Protocols	Pandemic Severity Index Category 1	Pandemic Severity Index Category 2-3	Pandemic Severity Index Category 4-5
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 non-medical space, such as cafeterias within hospitals, or other non-medical facilities)	Emergency department access may be reserved for immediate-need patients.

*See also SAMPLE PANDEMIC INFLUENZA EMS DISPATCH PROTOCOL