

Section 3 – Facilitation of Call Screening

Objective: For purposes of monitoring, surveillance, treatment and the potential of contamination and quarantine, during the influenza pandemic period it will be important for the PSAP to be able to identify callers who are likely afflicted by the pandemic influenza virus and to assign the appropriate resource to help them. This resource may not be a responding EMS unit, but an alternative source of care, such as a nurse assist line or other health care call line.

3a. Automated Data Gathering & Surveillance

Protocols allow for automated data gathering and data packaging of specific symptoms for purposes of real-time analysis to identify geographic and temporal clusters of symptoms and patients. Data for each case will include, at a minimum, the patient's chief complaint, specific influenza-like symptoms established for the pandemic, time of case (time of origination of call), and street address or latitude/longitude of call. The collection of this information will allow more effective utilization of limited EMS resources and timely dispatch for patients requiring ambulance service. The PSAP will establish and maintain policies and procedures for sharing these data with State and local public health authorities, especially in regards to the legal requirements for sharing such data.

Most health surveillance efforts are not focused on specific patients, but are looking at trends and patterns in aggregate. However there are certainly times when public health officials are called upon to investigate specific cases which would require working with Protected Health Information (PHI). The Health Insurance Portability and Accountability Act (HIPAA) of 1996 clearly defines the rules for sharing data and PHI. The Act has a broad exclusion related to the gathering and sharing of data to prevent or control disease or injury. (Furthermore, many PSAPs, as governmental agencies, may not be required to comply with HIPAA.) See Appendix C for more information on this and the 9-1-1 Working Group's review of the topic of *surveillance* and the use of 9-1-1 and EMS data for this purpose.

3b. Protocol Expansion/Modification

Protocols will provide for specific caller queries for pandemic influenza-like symptoms in cases where the reported chief complaint may indicate an infected patient. There should be communication with the incident commander (in consultation with the local medical director) to determine the triage guidelines used to identify an influenza patient. In addition to the PSAP's standard EMD interrogation, the EMD will query the caller for "*pandemic influenza symptom set*" consistent with recommendations by the local public health office and based on criteria established by the Centers for Disease Control and Prevention. The definitive "pandemic influenza symptom set" cannot be established in advance of the disease. PSAPs need to be prepared to act quickly to implement protocols when the symptom set is provided to them.

The controlling State and local EMS authorities may authorize PSAPs and other emergency call centers to use modified caller queries containing the pandemic influenza symptom set when they consider the threat of a local outbreak to be elevated, based on information provided by local,

State, and Federal public health authorities, including the city or county health department(s), State health department(s), and the CDC.

3c. Protocol Updates (dynamic)

Protocols will provide a mechanism for dynamic and rapid updates of the symptoms in the caller queries (above), so that when more disease specific information is discovered protocols can be updated in a timely manner.

The controlling State and local EMS authorities may authorize changes in the pandemic influenza symptom set, based on new information (as it becomes available) from local, State, and Federal public health authorities, including the city or county health department(s), State health department, and CDC.

3d. Triage/Patient classification

Protocols provide scripted caller questions, relevant to specific chief complaints, signs, and symptoms that allow for triage and patient classification to different levels of severity. Patient classification should be based on a consistent, reproducible coding system that can be used to assign a specified type of EMS response. Also, codes should be specific enough to identify patients who don't require an ambulance response, especially when ambulance resources are depleted by system overcapacity.