

**SAMPLE**

## Pre-hospital Pandemic Influenza Guidance

***(Insert Local Ambulance Service)***

*(This Pre-hospital Pandemic Influenza Guidance, which is being provided by the Nebraska Emergency Medical Services Program, is a template for Nebraska Ambulance Services to use in developing their own local pandemic plan. Much of the information in this guidance is referenced with websites. Your ambulance service can check for new information to update your plan periodically.)*



Nebraska Department of Health and Human Services  
Nebraska Emergency Medical Services Program  
September 2007

This Pandemic Influenza Guidance provides recommendations to pre-hospital providers by describing how they might prepare for, respond to, and recover from an influenza pandemic. When an influenza pandemic starts, public health officials will determine the severity of the pandemic and recommend actions to protect the community's health. People who become severely ill may need to be transported by ambulance and cared for in a hospital. However, most people with influenza will be safely cared for at home.

## Purpose

Local, State, and Federal agencies along with other organizations and (*insert Local Ambulance Service*) will be essential partners in protecting the public's health and safety when a pandemic occurs. The Pandemic Influenza Guidance document was created in part from the websites that are referenced throughout this Guidance. These websites include Tables that outline events that may occur at the World Health Organization, events that may occur at the Federal Government and State Government level, Pandemic Influenza Best Practices and Model Protocols: Emergency Medical Services Sector, CDC EMS Planning Checklist, and the NE DHHS EMS Program Sample Backup Response Plan.

Website 1: <http://www.pandemicflu.gov/plan/federal/fedresponsestages.html> is a table of the World Health Organization (WHO) Global Pandemic Phases and the Stages for Federal Government Response. During the global pandemic phases 1, 2, and 3 of the World Health Organization, (*insert Local Ambulance Service*) prepared this plan. This local plan was developed to prepare (*insert Local Ambulance Service*) should the Global Pandemic Phases 4, 5, and 6 occur. This Table also correlates with the Federal Government Response Stages of a Pandemic. In correlation with the WHO Phases, this Federal Plan has been developed in stages as the WHO global pandemic phases occur.

Website 2: <http://www.hhss.ne.gov/puh/epi/flu/pandemic/docs/One-page-response.pdf> is the Nebraska Department of Health and Human Services (DHHS) Plan in Action. This plan is an example of how the State Pandemic Flu plan would work if there's human-to-human transmission of a new deadly virus.

Website 3: [http://www.usfa.dhs.gov/downloads/pdf/PI\\_Best\\_Practices\\_Model.pdf](http://www.usfa.dhs.gov/downloads/pdf/PI_Best_Practices_Model.pdf) is the Pandemic Influenza Best Practices and Model Protocols: Emergency Medical Services Sector from Homeland Security. The Department of Homeland Security (DHS) is coordinating development of this guidance model by the United States Fire Administration (USFA) with the ongoing efforts of the Department of Transportation (DOT), the Department of Health and Human Services (HHS), and others. First and foremost, this document focuses on the need for a community to plan and prepare for a pandemic outbreak.

Website 4: <http://www.pandemicflu.gov/plan/pdf/ems.pdf> is the Emergency Medical Service and Non-Emergent (Medical) Transport Organizations Pandemic Influenza Planning Checklist. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the checklist to help EMS assess and improve their preparedness for responding to pandemic influenza.

Website 5: <http://www.hhs.state.ne.us/ems/PolicyResources/Backup-Response-Plan.pdf> is the Nebraska Department of Health and Human Services (DHHS), EMS Program Sample Backup Response Policy. It may be used to assist (*insert Local Ambulance Service*) to develop a Backup Response Plan.

## Flu Terms Defined

**Seasonal (or common) flu** is a respiratory illness that can be transmitted person to person. Most people have some immunity, and a vaccine is available.

**Avian (or bird) flu (AI)** is caused by influenza viruses that occur naturally among wild birds. Low pathogenic AI is common in birds and causes few problems. Highly pathogenic H5N1 is deadly to domestic fowl, can be transmitted from birds to humans, and is deadly to humans. There is virtually no human immunity and human vaccine availability is very limited.

**Pandemic flu** is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently, there is no pandemic flu.

The definitions above can be located at: <http://www.pandemicflu.gov/general/index.html#>

*(Insert Local Ambulance Service)* has developed the following Plan in Action with the guidance of:

Website 2, the Nebraska Department of Health and Human Services Plan in Action as listed on the following website: <http://www.hhss.ne.gov/puh/epi/flu/pandemic/docs/One-page-response.pdf>.

Website 3, Homeland Security Pandemic Influenza Best Practices and Model Protocols found at: [http://www.usfa.dhs.gov/downloads/pdf/PI\\_Best\\_Practices\\_Model.pdf](http://www.usfa.dhs.gov/downloads/pdf/PI_Best_Practices_Model.pdf)

Website 4, the Emergency Medical Service and Non-Emergent (Medical) Transport Organizations Pandemic Influenza Planning Checklist found at: <http://www.pandemicflu.gov/plan/pdf/ems.pdf>

*(Insert pertinent details according to what your local ambulance service would need to do if and when the following occur.)*

***(Insert Local Ambulance Service)* Plan in Action**

This is an example of how our local EMS pandemic flu plan would work if there's human-to-human transmission of a new deadly virus. The responses here are based on the given scenarios. In real life, things could happen very differently. It could be worse, it could be better. We won't know until it happens.

**What *(insert Local Ambulance Service)* will do if...**

The United States has a confirmed case of pandemic flu (human-to-human transmission).  
Response

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Pandemic flu outbreaks are in surrounding states.**

***(Insert Local Ambulance Service)* Response:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Nebraska has one confirmed case of pandemic flu.**

***(Insert Local Ambulance Service)* Response:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Nebraska has several cases of pandemic flu.**

***(Insert Local Ambulance Service)* Response:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Infection Control Recommendations for the Care of Patients with Pandemic Influenza

Sections that relate to pre-hospital personnel were obtained from the United States Department of Health and Human Services Pandemic Influenza Plan, Supplement 4, Infection Control, and those sections are referenced below. Supplement 4 was obtained at the following website:

<http://www.hhs.gov/pandemicflu/plan/sup4.html>

I) C. Infection control practices for healthcare personnel

1. Personal protective equipment

b. PPE for special circumstances

II) F. Healthcare setting-specific guidance

3. Pre-hospital care (emergency medical services)

III) Box 1. Summary of Infection Control Recommendations for Care of Patients with Pandemic Influenza

Category IB is referenced throughout the Box. The definition of Healthcare Infection Control Practices Advisory Committee categorization scheme IB was found in Table 1 at: <http://www.cdc.gov/mmwr/PDF/rr/rr5502.pdf>

**TABLE 1. Healthcare Infection Control Practices Advisory Committee categorization scheme for recommendations\***

Category IA Strongly recommended for implementation and strongly supported by well-designed experimental, clinical, or epidemiologic studies.

Category IB Strongly recommended for implementation and supported by certain experimental, clinical, or epidemiologic studies and a strong theoretic rationale.

Category IC Required for implementation, as mandated by federal or state regulation or standard.

Category II Suggested for implementation and supported by suggestive clinical or epidemiologic studies or a theoretic rationale.

No recommendation Unresolved issue; practices for which insufficient evidence or no consensus regarding efficacy exist.

\* Categorized on the basis of existing scientific data, theoretic rationale, applicability, and economic impact.

I) **C. Infection control practices for healthcare personnel**

**1. Personal protective equipment**

**b. PPE for special circumstances**

▪ **PPE for aerosol-generating procedures**

During procedures that may generate increased small-particle aerosols of respiratory secretions (e.g., endotracheal intubation, nebulizer treatment, bronchoscopy, suctioning), healthcare personnel should wear gloves, gown, face/eye protection, and a N95 respirator or other appropriate particulate respirator. Respirators should be used within the context of a respiratory protection program that includes fit-testing, medical clearance, and training. If possible, and when practical, use of an airborne isolation room may be considered when conducting aerosol-generating procedures.

▪ **PPE for managing pandemic influenza with increased transmissibility**

The addition of airborne precautions, including respiratory protection (an N95 filtering face piece respirator or other appropriate particulate respirator), may be considered for strains of influenza exhibiting increased transmissibility, during initial stages of an outbreak of an emerging or novel strain of influenza, and as determined by other factors such as vaccination/immune status of personnel and availability of antivirals. As the epidemiologic characteristics of the pandemic virus are more clearly defined, CDC will provide updated infection control guidance, as needed.

▪ **Precautions for early stages of a pandemic**

Early in a pandemic, it may not be clear that a patient with severe respiratory illness has pandemic influenza. Therefore precautions consistent with all possible etiologies, including a newly emerging infectious agent, should be implemented. This may involve the combined use of airborne and contact precautions, in addition to standard precautions, until a diagnosis is established.

**c. Caring for patients with pandemic influenza**

Healthcare personnel should be particularly vigilant to avoid:

- Touching their eyes, nose or mouth with contaminated hands (gloved or ungloved). Careful placement of PPE before patient contact will help avoid the need to make PPE adjustments and risk self-contamination during use. Careful removal of PPE is also important. (See also: <http://www.cdc.gov/ncidod/hip/ppe/default.htm>.)

- Contaminating environmental surfaces that are not directly related to patient care (e.g., door knobs, light switches)

**II). F. Healthcare setting-specific guidance**

**3. Prehospital care (emergency medical services)**

Patients with severe pandemic influenza or disease complications are likely to require emergency transport to the hospital. The following information is designed to protect EMS personnel during transport.

- Screen patients requiring emergency transport for symptoms of influenza.
- Follow standard and droplet precautions when transporting symptomatic patients. (See Table below)
- Consider routine use of surgical or procedure masks for all patient transport when pandemic influenza is in the community.
- If possible, place a procedure or surgical mask on the patient to contain droplets expelled during coughing. If this is not possible (i.e., would further compromise respiratory status, difficult for the patient to wear), have the patient cover the mouth/nose with tissue when coughing, or use the most practical alternative to contain respiratory secretions.
- Oxygen delivery with a non-rebreather face mask can be used to provide oxygen support during transport. If needed, positive-pressure ventilation should be performed using a resuscitation bag-valve mask.
- Unless medically necessary to support life, aerosol-generating procedures (e.g., mechanical ventilation) should be avoided during pre-hospital care.
- Optimize the vehicle's ventilation to increase the volume of air exchange during transport. When possible, use vehicles that have separate driver and patient compartments that can provide separate ventilation to each area.
- Notify the receiving facility that a patient with possible pandemic influenza is being transported.
- Follow standard operating procedures for routine cleaning of the emergency vehicle and reusable patient care equipment.

**III. Box 1. Summary of Infection Control Recommendations for Care of Patients with Pandemic Influenza**

Component	Recommendations
	<p>See <a href="http://www.cdc.gov/ncidod/hip/ISOLAT/std_prec_excerpt.htm">www.cdc.gov/ncidod/hip/ISOLAT/std_prec_excerpt.htm</a></p> <p><b><i>Background</i></b></p> <p>Standard Precautions synthesize the major features of UP (Blood and Body Fluid Precautions) (27,28) (designed to reduce the risk of transmission of bloodborne pathogens) and BSI (body substance isolation)(29,30) (designed to reduce the risk of transmission of pathogens from moist body substances) and applies them to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection status. Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; 3) nonintact skin; and 4) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.</p> <p><b><i>II. Standard Precautions</i></b></p>
<p><b>Standard Precautions</b></p>	<ul style="list-style-type: none"> <li>a. Use Standard Precautions, or the equivalent, for the care of all patients. <i>Category IB</i></li> <li>b. <u>Handwashing</u></li> <li>c. <u>Gloves</u></li> <li>d. <u>Mask, Eye Protection, Face Shield</u></li> <li>e. <u>Gown</u></li> <li>f. <u>Patient Care Equipment</u></li> <li>g. <u>Environmental Control</u></li> <li>h. <u>Linen</u></li> <li>i. <u>Occupational Health and Bloodborne Pathogens</u></li> <li>j. <u>Patient Placement</u></li> <li>A. Handwashing       <ul style="list-style-type: none"> <li>1. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash</li> </ul> </li> </ul>

hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites. *Category IB*

2. Use a plain (nonantimicrobial) soap for routine handwashing. *Category IB*
3. Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g., control of outbreaks or hyperendemic infections), as defined by the infection control program. *Category IB* (See Contact Precautions for additional recommendations on using antimicrobial and antiseptic agents.)

**B. Gloves**

Wear gloves (clean, nonsterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and nonintact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching noncontaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments. *Category IB*

**C. Mask, Eye Protection, Face Shield**

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions. *Category IB*

**D. Gown**

Wear a gown (a clean, nonsterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible, and wash hands to avoid transfer of microorganisms to other patients or environments. *Category IB*

**E. Patient-Care Equipment**

Handle used patient-care equipment soiled with blood, body

fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly. *Category IB*

F. Environmental Control

Ensure that the hospital has adequate procedures for the routine care, cleaning, and disinfection of environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces, and ensure that these procedures are being followed. *Category IB*

G. Linen

Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing, and that avoids transfer of microorganisms to other patients and environments. *Category IB*

H. Occupational Health and Bloodborne Pathogens

1. Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area. *Category IB*
2. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable. *Category IB*

I. Patient Placement

Place a patient who contaminates the environment or who

	<p>does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control in a private room. If a private room is not available, consult with infection control professionals regarding patient placement or other alternatives. <i>Category IB</i></p> <p><b>Date last modified:</b> April 1, 2005</p>
<p><b>Hand hygiene</b></p>	<p>Perform hand hygiene after touching blood, body fluids, secretions, excretions, and contaminated items; after removing gloves; and between patient contacts. Hand hygiene includes both handwashing with either plain or antimicrobial soap and water or use of alcohol-based products (gels, rinses, foams) that contain an emollient and do not require the use of water. If hands are visibly soiled or contaminated with respiratory secretions, they should be washed with soap (either non-antimicrobial or antimicrobial) and water. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbicidal activity, reduced drying of the skin, and convenience.</p>
<p><b>Personal protective equipment (PPE)</b></p> <p>Gloves</p> <p>Gown</p> <p>Face/eye protection (e.g., surgical or procedure mask and goggles or a face shield)</p>	<p>For touching blood, body fluids, secretions, excretions, and contaminated items; for touching mucous membranes and nonintact skin</p> <p>During procedures and patient-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated</p> <p>During procedures and patient care activities likely to generate splash or spray of blood, body fluids, secretions, excretions</p>
<p><b>Safe work practices</b></p>	<p>Avoid touching eyes, nose, mouth, or exposed skin with contaminated hands (gloved or ungloved); avoid touching surfaces with contaminated gloves and other PPE that are not directly related to patient care (e.g., door knobs, keys, light switches).</p>
<p><b>Patient resuscitation</b></p>	<p>Avoid unnecessary mouth-to-mouth contact; use mouthpiece, resuscitation bag, or other ventilation devices to prevent contact with mouth and oral secretions.</p>
<p><b>Soiled patient care equipment</b></p>	<p>Handle in a manner that prevents transfer of microorganisms to oneself, others, and environmental surfaces; wear gloves if visibly contaminated; perform hand hygiene after handling equipment.</p>
<p><b>Soiled linen and laundry</b></p>	<p>Handle in a manner that prevents transfer of microorganisms to oneself, others, and to environmental surfaces; wear gloves (gown</p>

	<p>if necessary) when handling and transporting soiled linen and laundry; and perform hand hygiene.</p>
<p><b>Needles and other sharps</b></p>	<p>Use devices with safety features when available; do not recap, bend, break or hand-manipulate used needles; if recapping is necessary, use a one-handed scoop technique; place used sharps in a puncture-resistant container.</p>
<p><b>Environmental cleaning and disinfection</b></p>	<p>Use EPA-registered hospital detergent-disinfectant; follow standard facility procedures for cleaning and disinfection of environmental surfaces; emphasize cleaning/disinfection of frequently touched surfaces (e.g., stretcher, rails, control panels, floors, walls, work surfaces).</p>
<p><b>Disposal of solid waste</b></p>	<p>Contain and dispose of solid waste (medical and non-medical) in accordance with facility procedures and/or local or state regulations; wear gloves when handling waste; wear gloves when handling waste containers; perform hand hygiene.</p>
<p><b>Respiratory hygiene/cough etiquette</b>        Source control measures for persons with symptoms of a respiratory infection; implement at first point of encounter (e.g., triage/reception areas) within a healthcare setting.</p>	<p>Cover the mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacles; perform hand hygiene after contact with respiratory secretions; wear a mask (procedure or surgical) if tolerated; sit or stand as far away as possible (more than 3 feet) from persons who are not ill.</p>
<p><b>Droplet Precautions</b></p>	<p><a href="http://www.cdc.gov/ncidod/hip/ISOLAT/droplet_prec_excerpt.htm">www.cdc.gov/ncidod/hip/ISOLAT/droplet_prec_excerpt.htm</a></p> <p>(could not find above website, referred to new website)</p> <p>New website is:  <a href="http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html">http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html</a></p> <p><b><i>Background</i></b></p> <p>Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5 µm in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of certain procedures such as suctioning and</p>

bronchoscopy. Transmission via large-particle droplets requires close contact between source and recipient persons, because droplets do not remain suspended in the air and generally travel only short distances, usually 3 ft or less, through the air. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission. Droplet Precautions apply to any patient known or suspected to be infected with epidemiologically important pathogens that can be transmitted by infectious droplets.

#### ***IV. Droplet Precautions***

In addition to Standard Precautions, use Droplet Precautions, or the equivalent, for a patient known or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets [larger than 5  $\mu\text{m}$  in size] that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures). *Category IB*

In addition to Standard Precautions, use Droplet Precautions, or the equivalent, for a patient known or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets [larger than 5  $\mu\text{m}$  in size] that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures). *Category IB*

##### **A. Patient Placement**

Place the patient in a private room. When a private room is not available, place the patient in a room with a patient(s) who has active infection with the same microorganism but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, maintain spatial separation of at least 3 ft between the infected patient and other patients and visitors. Special air handling and ventilation are not necessary, and the door may remain open. *Category IB*

##### **B. Mask**

In addition to wearing a mask as outlined under Standard Precautions, wear a mask when working within 3 ft of the patient. (Logistically, some hospitals may want to implement the wearing of a mask to enter the room.)  
*Category IB*

##### **C. Patient Transport**

Limit the movement and transport of the patient from the

	<p>room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplets by masking the patient, if possible. <i>Category IB</i></p> <p><b>Date last modified:</b> April 1, 2005</p>
<p><b>Patient placement</b></p>	<p>Place patients with influenza in a private room or cohort with other patients with influenza.* Keep door closed or slightly ajar; maintain room assignments of patients in nursing homes and other residential settings; and apply droplet precautions to all persons in the room.</p> <p>*During the early stages of a pandemic, infection with influenza should be laboratory-confirmed, if possible. Personal protective equipment Wear a surgical or procedure mask for entry into patient room; wear other PPE as recommended for standard precautions.</p>
<p><b>Patient transport</b></p>	<p>Limit patient movement outside of room to medically necessary purposes; have patient wear a procedure or surgical mask when outside the room.</p>
<p><b>Other</b></p>	<p>Follow standard precautions and facility procedures for handling linen and laundry and dishes and eating utensils, and for cleaning/disinfection of environmental surfaces and patient care equipment, disposal of solid waste, and postmortem care.</p>
<p><b>Aerosol-Generating Procedures</b></p>	<p>During procedures that may generate small particles of respiratory secretions (e.g., endotracheal intubation, bronchoscopy, nebulizer treatment, suctioning), healthcare personnel should wear gloves, gown, face/eye protection, and a fit-tested N95 respirator or other appropriate particulate respirator.</p>

## Signature Page

*(Insert Local Ambulance Service)*

\_\_\_\_\_  
Physician Medical Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EMS Officer's Signature

\_\_\_\_\_  
Date

## PANDEMIC INFLUENZA

# WHO Global Pandemic Phases and the Stages for Federal Government Response

WHO Phases		Federal Government Response Stages	
<b>INTER-PANDEMIC PERIOD</b>			
<b>1</b>	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	<b>0</b>	New domestic animal outbreak in at-risk country
<b>2</b>	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
<b>PANDEMIC ALERT PERIOD</b>			
<b>3</b>	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	<b>0</b>	New domestic animal outbreak in at-risk country
		<b>1</b>	Suspected human outbreak overseas
<b>4</b>	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	<b>2</b>	Confirmed human outbreak overseas
<b>5</b>	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).		
<b>PANDEMIC PERIOD</b>			
<b>6</b>	Pandemic phase: increased and sustained transmission in general population.	<b>3</b>	Widespread human outbreaks in multiple locations overseas
		<b>4</b>	First human case in North America
		<b>5</b>	Spread throughout United States
		<b>6</b>	Recovery and preparation for subsequent waves

**(The plan below is the Nebraska Health and Human Services System Plan in Action as listed on the following website: <http://www.hhss.ne.gov/pandemic/> )**

**HHSS Plan in Action** [www.hhss.ne.gov/pandemic](http://www.hhss.ne.gov/pandemic)

This is an example of how our state pandemic flu plan would work if there's human-to-human transmission of a new deadly virus. The responses here are based on the given scenarios. In real life, things could happen very differently. It could be worse, it could be better. We won't know until it happens.

**What happens in Nebraska if...**

The United States has a confirmed case of pandemic flu (human-to-human transmission).

Response:

- Issue state public health alert.

- Ramp up surveillance (data from doctor's offices, hospitals, schools, labs and travel histories).

- Activate the Health Alert Network and send message telling all Nebraska healthcare providers, health

- departments and hospitals what signs and symptoms to watch out for and to report anything suspicious.

- Work with the media to get preparedness and personal protection messages out to Nebraskans.

- Activate HHSS pandemic flu hotline and special web pages.

- Tell Nebraskans to watch their children and family members for signs and symptoms of pandemic flu.

- If they think that they or a family member might have pandemic flu, they should call their healthcare provider.

- Pull together government pandemic flu groups along with healthcare providers, businesses and schools

- to discuss situation and decide next steps. Identify who will receive vaccine and antivirals, if available.

- Survey pharmacies to see how much antiviral medication is on hand.

- If vaccine is available, begin vaccinating Nebraskans.

**Pandemic flu outbreaks are in surrounding states.**

**Response:**

- Surveillance is on-going.

- Limit activities to those considered essential (i.e. school, grocery shopping, medical visits, work).

- Discuss closing public activities (i.e. athletic events, concerts).

- Continue to work with media to get preparedness and protection information to Nebraskans.

- Monitor illnesses and deaths in other states and nationally.

**Nebraska has one confirmed case of pandemic flu.**

**Response:**

Person with pandemic flu would be hospitalized, isolated and receive antiviral medication.

Governor declares public health emergency.

Continue discussions about public closures.

Work closely with medical community to identify new cases and spread of disease.

Voluntary quarantine for people exposed.

Encourage members of the business community to activate pandemic plans.

Keep Nebraskans informed of new developments through the media and HHSS website, continue

personal preparedness/protection messages.

**Nebraska has several cases of pandemic flu.**

**Response:**

Work with local health departments to contain outbreaks.

Issue voluntary restrictions on activities and travel.

Recommend school and business closures.

Recommend people work from home and stay home.

Request federal stockpile of medical equipment and medicine.

Nebraska has a large amount of sick people and numerous deaths.

This is the point where government resources and the hospitals would be strained or overwhelmed...

that is why planning and partnership is crucial at a local level. This is where Nebraskans would need to take care of each other in their own communities.

From: [http://www.usfa.dhs.gov/downloads/pdf/PI\\_Best\\_Practices\\_Model.pdf](http://www.usfa.dhs.gov/downloads/pdf/PI_Best_Practices_Model.pdf)  
Page 24.... Model Protocols: Emergency Medical Services Sector

**Pandemic Influenza *Best Practices and Model Protocols***

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**Model Protocols: Emergency Medical Services Sector**

**Foreword**

The following model protocols were developed for universal application. Each protocol should be evaluated and tailored to meet community-specific needs for local application and implementation. Additional information may be obtained from the Department of Transportation-National Highway Traffic Safety Administration (DOT-NHTSA) publication on EMS Guidelines for Pandemic Influenza Planning, Surveillance, Mitigation and Response.

**Purpose**

To provide a model protocol designed for Emergency Medical Services (EMS) systems to guide local development of pandemic influenza operational plans that define the role of EMS in mitigating, preparing for, and responding to influenza outbreaks. Through the use of this model and the addition of local information, each EMS department should be equipped to assess the strengths and weaknesses within their communities and to establish an operational plan to meet the challenges of a pandemic influenza outbreak.

**Mitigation**

- Inform public of EMS pandemic outbreak consequence management
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
- Prioritizing prophylaxis for essential workforce
- Interruption in supply chain for food, fuel, PPE, and other essential items
- Depleted response resources due to mechanical failure/lack of personnel
- Maintenance of Continuity of Operations/Continuity of Government
- Interdependency with external departments/agencies/business partners
- Interdependency with local tribal planning and preparation
- Labor relations adjustments/variances during pandemic outbreak
- Isolation of EMS response facilities
- Altered standards of care and response protocol during outbreak response
- Infection control education for workforce and public
- Higher than normal death rate in community

**Preparedness**

- Inform public of EMS pandemic outbreak consequence management
- Frequent, honest, and reliable information to be released to the public
- Coordinate/identify use of alternative resources for public information
- Coordinate the gathering/reporting of current pandemic information, clinical statistics, and treatment protocols with local, State, and national public health entities
- Promote home disinfection, personal protection

- Use local media during pre-outbreak public education
- Inform of EMS response expectations
- Interdependency with external departments/agencies/tribal/business partners
- Assessment of cross-sector resources and workforce
  - Locating retired/non-practicing EMS staff
  - Using Fire/Law Enforcement EMS staff
  - Using hospital and clinical staff
  - Using non-EMS professional drivers
- Completing memorandum of understanding (MOU)
- Identify the role EMS will play in disease surveillance
- Tracking of patient
- Implementing Targeted Layer Containment
- Plan for higher than normal death rate in community
- Develop/train/exercise a community mass fatalities plan
- Develop handling/storage plan for handling deceased
- Clarify legal aspects of medical examiner versus coroner system
- Moving/touching of deceased prior to examiner/coroner declaration
- Prepare for modification of death declaration protocols at state level
  - New protocol to enable EMS personnel to declare obvious death
  - Coordination of body transport/pick up with mortuary services
  - Consideration of religious and cultural needs within community
- Coordinating protocol with coroner/medical examiner
- Potential of reduced workforce by 30-40% during peak of each pandemic wave
  - Develop surge capacity process of essential service workforce
  - Pre-train and certify cross-sector employees and volunteers
  - Establish policy to address payroll/benefits of employees
- Prioritizing prophylaxis for essential workforce
  - Pre-identify essential workforce positions
  - Plan for national distress during pandemic outbreak
- Interruption in supply chain for food, fuel, and other essential items

- Establish stockpiles to maintain operations for 90 days
- Prepare for shelter-in-place for EMS responders
  - Anticipate support for responder families
- Stockpile antiviral and symptomatic relief medications for responders
- Depleted response resources due to mechanical failure/lack of personnel
  - Enhance preventive maintenance programs for fleets
  - Establish supplemental contracts/MOUs with local repair/rental businesses
- Prepare to support transportation issues of response and support personnel
  - Coordinate with Public Works and Transportation
- Maintenance of Continuity of Operations/Continuity of Government
  - Establish devolution of authority lines through chain of command
  - Coordinate with medical director and public health
- Interdependency with external departments/agencies/business partners
  - Establish Memorandum of Understanding or Memorandum of Agreement
  - Clearly define roles, expectations, responsibility, accountability
- Interdependency with local tribal/territorial planning and preparation
  - Establish Memorandum of Understanding or Memorandum of Agreement
  - Clearly define roles, expectations, responsibility, accountability
- Labor relations adjustments/variances during pandemic outbreak
  - Establish MOU with employees/unions
  - Maintain Human Resources/Payroll/Benefits for workforce
  - Establish alternative absenteeism policy during a pandemic outbreak
- Isolation of EMS response facilities
  - Prepare for shelter-in-place protocol
    - Anticipate implementing a support system for responder families
  - Enforce restricted access
  - Ensure freedom of movement during travel restrictions
  - Establish alternative housing if necessary
- Altered standards of care and response protocol
  - Treat at home with no transport
  - Potential of Public Health Officials designating 'flu only' hospitals
  - Supporting alternative treatment centers
  - Supporting vaccination centers
  - Handling of terminally ill patients

- Isolation of Incident Command Post (ICP) and/or Emergency Operations Center (EOC)
  - Establish standardized medical surveillance system for entry
  - Ensure Medical Director representation at the ICP and/or EOC
  - Maintain NIMS-NRP compliance for command-control-coordination
- Infection control education for workforce and public
  - Establish educational programs/materials
  - Utilize public resources to augment education
- Train workforce in emergency action plan
  - Complete exercise in the process
  - Debrief exercise to identify strengths/weaknesses
  - Retrain as necessary in final plan

### **Response**

- Inform public of EMS pandemic outbreak consequence management
    - Update information daily to the public
    - Maintain honesty, present concerns with solutions
    - Infection control education for workforce and public
  - Potential of reduced workforce by 30-40% during peak of each pandemic wave
- Implement staffing with pre-trained volunteers and administrative staff
- Reinstate retired or non-practicing EMS providers as needed
- Depleted response resources due to mechanical failure/lack of personnel
    - Initiate pre-contracted services for repair
    - Reassign equipment to staffed locations
  - Isolation of EMS response facilities
    - Establish pre-entry medical screening procedure
    - Establish disinfecting services
    - Manage stockpiled consumable supplies
    - Establish an in-house medical support system to care for employees and immediate family during a pandemic
  - Altered standards of care and response protocol
    - Implement pre-authorized emergency protocols from legal authorities
    - Establish a clinical triage/screening tool (job aid) to aid in treatment/transport decisions
      - Provide or refer transportation options to alternate care facility for patients determined to be non-hospital transports

- Ensure training in emergency protocols
- Manage the EMS network during the pandemic wave
  - Assign EMS staffing for each operational period  
Consider using hospital/clinic staff to supplement response/treatment
  - Equip EMS to maintain essential supplies/resources
- Coordinate infrastructure management with other sectors  
Include township/county/state/private entities
- Coordinate communication/reporting requirements with state/national resources  
Aids in declaration of emergency on regional/state/national levels
- Anticipate transition to an All-Hazard Incident Management Team  
Align reciprocal agreements on EMS licensing/certifications with State EMS authority

### **Recovery**

- Assess the mitigation components to evaluate the risk analysis  
Adjust as necessary
- Assess the preparedness components to evaluate the planning process  
Adjust as necessary
- Assess local and state laws and protocols  
Address through appropriate channels for council or legislative action  
Involve elected public officials
- Assess COOP/COG efforts  
Adjust as necessary  
Reconstitute to normal operating protocols/procedures

# EMERGENCY MEDICAL SERVICE AND NON-EMERGENT (MEDICAL) TRANSPORT ORGANIZATIONS PANDEMIC INFLUENZA PLANNING CHECKLIST



Planning for pandemic influenza is critical for ensuring a sustainable health care response. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to help emergency medical services (EMS) and non-emergent (medical) transport organizations assess and improve their preparedness for responding to pandemic influenza. EMS organizations will be involved in the transport of acutely ill patients with known or suspected pandemic influenza to emergency departments; some of these patients might require mechanical ventilation for life support and/or other lifesaving interventions. Non-emergent (medical) transport organizations will be called upon to transport recovering pandemic influenza patients to their home, residential care facility, or possibly to alternate care sites set up by state or local health departments. This checklist is modeled after one included in the HHS Pandemic Influenza Plan ([www.hhs.gov/pandemicflu/plan/sup3.html#app2](http://www.hhs.gov/pandemicflu/plan/sup3.html#app2)). The list is comprehensive but not complete; each organization will have unique and unanticipated concerns that also will need to be addressed as part of a pandemic planning exercise. Also, some items on the checklist might not be applicable to all organizations. Collaborations among hospital, public health and public safety personnel are encouraged for the overall safety and care of the public. Further information can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).

This checklist identifies key areas for pandemic influenza planning. EMS and non-emergent (medical) transport organizations can use this tool to self-assess and identify the strengths and weakness of current planning. Links to websites with information are provided throughout the document. However, actively seeking information that is available locally or at the state level will be necessary to complete the development of the plan. Also, for some elements of the plan (e.g., education and training programs), information may not be immediately available and monitoring of selected websites for new and updated information will be necessary

## 1. Structure for planning and decision making.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pandemic influenza has been incorporated into emergency management planning and exercises for the organization.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A planning committee<sup>1</sup> has been created to specifically address pandemic influenza preparedness.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A person has been assigned responsibility for coordinating pandemic influenza preparedness planning (hereafter referred to as the pandemic response coordinator) for the organization. (Insert name, title, and contact information.)</b>  _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Members of the planning committee include the following: (Insert below or attach a list with name title and contact information for each.)</b> <input type="checkbox"/> Administration: _____ <input type="checkbox"/> Medical staff: _____ <input type="checkbox"/> EMS providers: _____ <input type="checkbox"/> Phone triage personnel/dispatch center: _____ <input type="checkbox"/> Emergency management officer: _____ <input type="checkbox"/> State/local health official: _____ <input type="checkbox"/> Law enforcement official (for quarantine/security): _____ <input type="checkbox"/> Other member <sup>2</sup> : _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A point of contact (e.g., internal staff member assigned infection control responsibility for the organization or an outside consultant) for questions/consultation on infection control has been identified. (Insert name, title, and contact information.)</b>  _____ _____

1. Size of committee can vary, depending on the size and needs of the organization.

2. Some organizations may need or want to include a school official or volunteer coordinator for local civic and preparedness groups (e.g., Medical Reserve Corps, Citizen Corps, Community Emergency Response Teams, Rotary Club, Lions, Red Cross).

## 2. Development of a written pandemic influenza plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Copies of relevant sections of the Department of Health and Human Services Pandemic Influenza Plan have been obtained. <a href="http://www.hhs.gov/pandemicflu/plan">www.hhs.gov/pandemicflu/plan</a>.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Copies of available community and state pandemic plans have been obtained.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A written plan has been completed or is in progress that includes the elements listed in #3 below.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>The plan describes the organizational structure (i.e., lines of authority) that will be used to operationalize the plan.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>The plan complements or is part of the community response plan.</b>

## 3. Elements of an influenza pandemic plan.

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>A plan is in place for surveillance and detection of pandemic influenza in the population served and the appropriate organizational response.</b></p> <p><input type="checkbox"/> Responsibility has been assigned for monitoring national and state public health advisories (e.g., <a href="http://www.cdc.gov/flu/weekly/fluactivity.htm">www.cdc.gov/flu/weekly/fluactivity.htm</a>) and informing the pandemic response coordinator and members of the pandemic influenza planning committee when cases of pandemic influenza have been reported in the United States and when they are nearing the geographic area (e.g., state or city). (Insert name, title, and contact information of person responsible.)</p> <hr/> <p><input type="checkbox"/> A system has been created to track influenza-like illness in patients transported to hospitals and among EMS staff and to report this information to the pandemic response coordinator (i.e., weekly or daily number of patients with influenza-like illness). For more information see <a href="http://www.cdc.gov/flu/professionals/diagnosis/">www.cdc.gov/flu/professionals/diagnosis/</a>. (Having a system for tracking illness trends in patients and staff during seasonal influenza will ensure that organizations can detect stressors that may affect operating capacity, such as staffing and supply needs, and hospital and emergency department capacity during a pandemic.)</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>A communication plan has been developed.</b></p> <p><input type="checkbox"/> Key public health points of contact for pandemic influenza have been identified. (Insert below or attach a list with the name, title, and contact information for each.)</p> <p><input type="checkbox"/> Local health department contact: _____</p> <p><input type="checkbox"/> State health department contact: _____</p> <p><input type="checkbox"/> Local emergency management contact: _____</p> <p><input type="checkbox"/> State emergency management contact: _____</p> <p><input type="checkbox"/> Federal health emergency contact(s): _____</p> <p><input type="checkbox"/> The organization's point person for external communication has been assigned. (Insert name, title, and contact information.)</p> <hr/> <p>(Having one person who speaks with the health department, and if necessary, media, local politicians, etc., will help ensure consistent communication is provided by the organization.)</p> <p><input type="checkbox"/> A list of healthcare entities and their points of contact (e.g., other local EMS and non-emergent [medical] transport organizations, local hospitals and their emergency departments, community health centers, residential care facilities) has been created. (Insert location of or attach copy of contact list.)</p> <hr/> <p><input type="checkbox"/> The pandemic response coordinator has contacted local or regional pandemic influenza planning groups to obtain information on communication and coordination plans, including how EMS will be represented in the planning process. (For more information on state and local planning, see <a href="http://www.hhs.gov/pandemicflu/plan/part2.html#overview">www.hhs.gov/pandemicflu/plan/part2.html#overview</a>.)</p> <p><input type="checkbox"/> The pandemic response coordinator has contacted other EMS and non-emergent (medical) transport organizations regarding pandemic influenza planning and coordination of services.</p>

### 3. Elements of an influenza pandemic plan. (continued)

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>A plan is in place to ensure that education and training on pandemic influenza is provided to ensure that all personnel understand the implications of, and control measures for, pandemic influenza and the current organization and community response plans.</b></p> <p><input type="checkbox"/> A person has been designated to coordinate education and training (e.g., identify and facilitate access to education and training programs, ensure that staff attend, and maintain a record of attendance at education and training programs). (Insert name, title, and contact information.)</p> <hr/> <p><input type="checkbox"/> Current and potential opportunities for long-distance (e.g., web-based) and local (e.g., health department or hospital sponsored programs, programs offered by professional organizations or federal agencies) education of EMS and medical transport personnel have been identified. (For more information see <a href="http://www.cdc.gov/flu/professionals/training/">www.cdc.gov/flu/professionals/training/</a>.)</p> <p><input type="checkbox"/> Language and reading-level-appropriate materials for professional and non-professional personnel on pandemic influenza (e.g., available through state and federal public health agencies and professional organizations) have been identified and a plan is in place for obtaining these materials.</p> <p><input type="checkbox"/> Education and training include information on infection control measures to prevent the spread of pandemic influenza.</p> <p><input type="checkbox"/> Differences between responding to pandemic influenza and a mass casualty event have been incorporated into education and training programs.</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>A plan has been developed for triage and management of patients during a pandemic that includes the following:</b></p> <p><input type="checkbox"/> A system for phone triage of patients calling 911 or other emergency numbers that might be used (provide/post list of appropriate numbers) that includes pre-established criteria and coordination protocols to determine who needs emergency transport. The system includes points of referral for patients who do not need emergency transport.</p> <p><input type="checkbox"/> A plan for coordination with receiving facilities (e.g., hospital emergency departments), other EMS and non-emergent (medical) transport organizations, and local planning groups to manage the transportation of large numbers of patients at the height of the pandemic.</p> <p><input type="checkbox"/> A policy and procedure for transporting multiple patients with pandemic influenza during a single ambulance run.</p> <p><input type="checkbox"/> The plan considers the possible necessity of sharing transportation resources or using vehicles other than those designed for emergency or medical transport (e.g., buses).</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>An infection control plan is in place and includes the following: (For information on infection control recommendations for pandemic influenza, see <a href="http://www.hhs.gov/pandemicflu/plan/sup4.html">www.hhs.gov/pandemicflu/plan/sup4.html</a>).</b></p> <p><input type="checkbox"/> A plan for implementing Respiratory Hygiene/Cough Etiquette for patients with a possible respiratory illness.</p> <p><input type="checkbox"/> The plan includes distributing masks<sup>3</sup> to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), providing facial tissues and receptacles for their disposal, and hand hygiene materials in EMS and medical transport vehicles.</p> <p><input type="checkbox"/> Implementation of Respiratory Hygiene/Cough Etiquette has been exercised during seasons when seasonal influenza and other respiratory viruses (e.g., respiratory syncytial virus, parainfluenza virus) are circulating in communities.</p> <p><input type="checkbox"/> A policy that requires healthcare personnel to use Standard Precautions (<a href="http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html">www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html</a>) and Droplet Precautions (i.e., mask for close contact) (<a href="http://www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html">www.cdc.gov/ncidod/dhqp/gl_isolation_droplet.html</a>) with symptomatic patients.</p>

3. Masks include both surgical and procedure types. Procedure masks that are affixed to the head with ear loops might be used more easily by patients and are available in pediatric and adult sizes. Either surgical or procedure masks may be used as a barrier to prevent contact with respiratory droplets.

### 3. Elements of an influenza pandemic plan. (continued)

Completed	In Progress	Not Started	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>An occupational health plan has been developed that includes the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A liberal/non-punitive sick leave policy for managing EMS and non-emergent (medical) transport personnel who have symptoms of, or documented illness with, pandemic influenza.</li> <li><input type="checkbox"/> The policy considers the following: <ul style="list-style-type: none"> <li>• Handling of staff who become ill at work.</li> <li>• When personnel may return to work after recovering from pandemic influenza.</li> <li>• When personnel who are symptomatic but well enough to work will be permitted to continue working.</li> <li>• Personnel who need to care for their ill family members.</li> </ul> </li> <li><input type="checkbox"/> A system for evaluating symptomatic personnel before they report for duty that has been tested during a non-pandemic influenza period.</li> <li><input type="checkbox"/> A list of mental health and faith-based resources available to provide counseling to personnel during a pandemic.</li> <li><input type="checkbox"/> Management of personnel who are at increased risk for influenza complications (e.g., pregnant women, immunocompromised healthcare workers) by placing them on administrative leave or altering their work locations.</li> <li><input type="checkbox"/> The ability to monitor seasonal influenza vaccination of personnel.</li> <li><input type="checkbox"/> Offering annual influenza vaccine to personnel.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>A vaccine and antiviral use plan has been developed.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Websites containing current CDC and state health department recommendations for the use and availability of vaccines and antiviral medications have been identified. (For more information, see <a href="http://www.hhs.gov/pandemicflu/plan/sup6.html">www.hhs.gov/pandemicflu/plan/sup6.html</a> and <a href="http://www.hhs.gov/pandemicflu/plan/sup7.html">www.hhs.gov/pandemicflu/plan/sup7.html</a>.)</li> <li><input type="checkbox"/> An estimate has been made of the number of personnel who will be targeted as first and second priority for receipt of pandemic influenza vaccine and antiviral prophylaxis, based on HHS guidance for use. (For more information, see <a href="http://www.hhs.gov/pandemicflu/plan/appendixd.html">www.hhs.gov/pandemicflu/plan/appendixd.html</a>.)</li> <li><input type="checkbox"/> Discussions have been held with the local and/or state health department regarding the role of the organization in a large-scale program to distribute vaccine and antivirals to the general population.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Concerns related to surge capacity during a pandemic have been addressed.</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A plan is in place for managing a staffing shortage within the organization because of illness in personnel or their family members.</li> <li><input type="checkbox"/> The minimum number and categories of personnel necessary to sustain EMS and non-emergent (medical) transport services on a day-to-day basis have been determined.</li> <li><input type="checkbox"/> Contingency staffing plans have been developed in collaboration with other local EMS and non-emergent (medical) transport providers.</li> <li><input type="checkbox"/> Hospitals and regional planning groups have been consulted regarding contingency staffing resources.</li> <li><input type="checkbox"/> Anticipated consumable resource needs (e.g., masks, gloves, hand hygiene products) have been estimated.</li> <li><input type="checkbox"/> A primary plan and contingency plan to address supply shortages have been developed. These include detailed procedures for the acquisition of supplies through normal channels and requesting resources for replenishing supplies when normal channels have been exhausted.</li> <li><input type="checkbox"/> Plans include stockpiling at least a week's supply of resources when evidence exists that pandemic influenza has reached the United States.</li> <li><input type="checkbox"/> An understanding of the process exists for requesting and obtaining assets for the organization made available through the community response plan.</li> </ul>

# Sample Backup Response Policy

The model provided is a sample agreement between two or more EMS agencies, therefore, it is recommended that your service request legal counsel when writing the “Backup Response Policy”.

## Backup Response Plan for (Name of Licensed Service)

### PURPOSE:

In the event that (Name of Licensed Service) cannot respond to a request for emergency medical service, the dispatcher shall dispatch the request to (Name of Responding Service’s) (**Identify the service or services to be dispatched.**)

### POLICY:

**The (Name of Licensed Service) will be paged (*number of pages i.e. 3,4*) times at specified intervals. The first page is considered number one for counting purposes, if no response is received from (Name of Licensed Service) within (*number of minutes*) after the first page, dispatch will initiate a second page. If there has been no response from (Name of Licensed Service) within (*number of minutes*) after second page, dispatch will then initiate a third page and also page the backup service.**

\_\_\_\_\_  
Physician Medical Director’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EMS Officer’s Signature

\_\_\_\_\_  
Date

*There is additional information to consider when writing your Backup Plan. Depending on how your service is dispatched you will want to write the plan to meet your needs. You will also want to make sure you have the signature of your PMD.*

*The following suggestions may help you as you write your Backup Plan.*

- ◆ **If more than one service is listed, the requesting Licensed Service may identify the service to be dispatched first or dispatch may be instructed to dispatch the service that is geographically closest to event.**
  
- ◆ **If your Communication Center has established protocols for dispatching a backup service that include the number of pages and the time interval between each page, that protocol may be used to determine when the backup service will be dispatched.**
  
- ◆ **The Backup Response Plan for your service will be given to your communication center, to the backup service, and will be placed in the EMS files where your service records are kept.**