

From: IAED

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Clarification on why, when, and how to use Protocol 36 – Pandemic Flu (Officially Announced)

Protocol 36 is not a surveillance protocol; it is a response triage protocol to be used to incrementally reduce response when the flu situation is affecting the EMS and/or our hospital systems. This can happen in three areas using “**VCR**” as a memorable acronym:

V = Volume The increased volume of patients entering the system because of actual flu, suspected flu symptoms, or flu “scare”.

C = Capacity The reduced capacity of the receiving facilities due to ED overflow, increased admission, and/or their reduction in professional staff due to their own infection or quarantining.

R = Response The need to reduce (or even eliminate) mobile response due to increased 9-1-1 volume, reduced numbers of response personnel, and/or reduced receiving facility resources and capacity.

How do you know when to implement (start the use of) Protocol 36? By including the words “Officially Announced” in the title of the protocol, we mean that someone in authority (local health departments, medical directors, public safety administration) has determined that things are serious enough to warrant initiating the first level of a reduced response, patient redirection, or quarantine, based on the Protocol 36 determinant codes. This will obviously be different in various places due to the extent of the outbreak and its level of effects. The three levels included in the protocol should be defined by your agency prior to ever needing to use the protocol. These modified responses in each severity level might later be fluidly modified as things change during an outbreak.

How will we know how to correctly use this protocol? Every manager, dispatcher, and responder in your organization should take the 10 minutes necessary to read, cover-to-cover, the Special Procedures Briefing document issued with Protocol 36.

What if all we want to do is to obtain and relay possible flu patient symptoms information for our responders? This is what the Severe Respiratory Infection (Swine Flu) Symptoms Checklist is for. The SRI list can be used at any time, with any caller; its purpose is to screen for the presence of these signs, symptoms, and recent travel.

What do we use for pre-pandemic surveillance to identify emerging symptoms of the flu? Several things can contribute to this. ProQA and the MPDS are used to identify suspect Chief Complaint codes, Key Question answers, and Severe Respiratory Infection (Swine Flu) Symptoms Checklist items. Protocol 36 is not used for this purpose before the pandemic is announced. Special software data mining programs exist, like FirstWatch™, which assays all the above information generated through ProQA and examines that data in real time: the frequency, time, and locations trends within this data. The FirstWatch™ software then reports back to supervisory personnel based on pre-set levels of concern or anomalies, such as an emerging pre-pandemic condition.

Note: Announced elevation of CDC, WHO, Health Canada, UK NHS, or other national/international public health threat scales do not necessarily require reduced/limited response from your EMS system. Protocol 36 is a device to be initiated locally, only at the direction of your local medical control, public safety, and health authorities.

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