



From: IAED
Date: 5 April 2010

New Update to Protocol 36 – Pandemic/Epidemic/Outbreak (Surveillance or Triage) – as contained in v12.1 release

- 1) **Protocol Title Clarifier modification** to (Surveillance or Triage) reflecting the expanded use of this protocol in earlier non-triage stages.
- 2) **Each Determinant Code on Protocol 36 is now matched**—by patient descriptor and Determinant Level—to its equivalent Determinant Code on the non-flu protocols (6, 10, 18, 26) on which the case would traditionally reside (e.g., 36-C-1 is equivalent to 6-C-1A under non-flu triage conditions).
- 3) **Level 0 (surveillance only) – no change in response** – can be implemented at the time that local concern of flu arrival begins. The responses for this level are exactly the same as the standard responses you currently utilize. Therefore, all responses assigned at Level 0 will be equivalent to the standard response used for the corresponding Determinant Code on the (non-flu) Chief Complaint regularly used for the patient’s condition. This level allows for assessment of the extent of flu case penetration in real time, and lets the EMDs become familiar with the protocol’s use before patient triage is actually implemented.
- 4) **Level 1 (low triage) – consider referral of ALPHA cases only** – should downgrade response only for cases in the ALPHA level. This maintains clinical response integrity while keeping triage risk low, because patients with priority symptoms or conditions are not affected.
- 5) **Level 2 (moderate triage) – consider reduced response for CHARLIE cases** – should be used to further lower or eliminate EMS responses for cases where priority symptoms or HIGH RISK Conditions are identified.
- 6) **Level 3 (high triage) – consider referral of some CHARLIE cases and reduced response for DELTA cases** – should be used to further lower or eliminate EMS

responses for cases that contain priority symptoms (CHARLIE level) and reducing response in the DELTA level where normally the highest acuity patients occur.

- 7) **Unchanged is the redirecting of patients** whose initial Chief Complaint is Breathing Problems, Chest Pain (Non-Traumatic), Headache, or Sick Person to Protocol 36 for evaluation of the presence of flu. Remember, all downgraded responses must be approved by the local medical control authority as system risk is involved in this process.
- 8) **The CHARLIE Determinant Level has been expanded and reordered** to include five specific Determinant Codes (up from two in the previous version). All Chest Pain patients age ≥ 35 are now in the CHARLIE level. All Breathing Problems patients without additional complicating signs and symptoms now reside in the CHARLIE level. A new HIGH RISK Conditions patient group has been added (see item 10-f).
- 9) **The vertical ordering of Determinant Codes** *within* any specific Determinant Level does not necessarily represent ascending or descending patient acuity, but rather are arranged to make it easiest for EMDs to visualize and select the specific patient descriptions contained in Protocol 36. This is especially true in the CHARLIE level.
- 10) **Specific changes to the Determinant Codes and Levels:**
 - a. The **OMEGA Determinant Level has been removed**. The ALPHA Determinant Level may be used to define non-EMS response and referrals only in Levels 1, 2, and 3 and only upon authorization by the local medical control authority.
 - b. The previous descriptor for the 36-A-1 Determinant Code (**Chest Pain ≥ 35 with multiple** flu symptoms) has been replaced with: "**Chest Pain < 35 with single** flu symptom."
 - c. The previous descriptor for the 36-A-2 Determinant Code (**Chest Pain < 35 with single** flu symptom) has been replaced with "**Chest Pain < 35 with multiple** flu symptoms."
 - d. Determinant Code 36-A-3 (**Abnormal breathing** with **multiple** flu symptoms) has been raised to 36-C-2.
 - e. The 36-C-1 code now **includes the condition of COPD**, as well as asthma. The previous version included only the asthma condition in the 36-C-2 determinant code.
 - f. A new **HIGH RISK** category for H1N1 patient conditions known to have shown significantly poorer outcomes has been added in the Additional Information section.

These patients have been given a specific Determinant Code (36-C-5). These are patients who have **diabetes, sickle cell disease, neurological diseases** (affecting swallowing or breathing), **pregnancy**, or are **age ≤ 12**.

- g. The **DELTA-level Determinant Codes have been reordered** to accommodate enhanced protocol logic.
- 11) **A new Rule 6** has been added that directs the EMD **NOT to use** Protocol 36 for any patient **65 years old or over**. It has been shown that this age group of patients is not likely to get significantly sick from H1N1.
 - 12) **A new Key Question**, “Has s/he ever had a **heart attack** or **angina** (heart pains)?” was added to identify possible heart attack victims when the primary Chief Complaint is chest pain. A “yes” answer immediately shunts the case to Protocol 10 (Chest Pain) without further Protocol 36 evaluation.
 - 13) **The Key Question** “Does s/he have **body aches**?” was changed to “Does s/he have **unusual total body aches**?” This better describes actual flu-like achiness, as opposed to pre-existing local pains a patient might concurrently have.
 - 14) **Axiom 2** has been rewritten to address the **increased risk** of complications, hospitalization, and **mortality** for **pregnant females** infected with H1N1.
 - 15) **Axiom 3** has been rewritten to address the **HIGH RISK Condition** of **neurological diseases** (affecting swallowing or breathing) and identifies several of these diseases. If a mentioned disease is questionable, you are advised to consider it as positive.

An updated Special Procedures Briefing is under revision and will be posted within the next 30 days.

[Please check this site regularly.](#) If a 3rd wave of the H1N1 flu returns, the Academy will likely be issuing regular updates and recommendations for the use and content of Protocol 36.

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