Crisis Standards of Care for EMS

Guidance Document and Protocols

This document is to serve as a guidance tool for EMS agencies to provide crisis standards of care as part of the Idaho Crisis Standards of Care Plan and Strategies for Scarce Medical Resources Strategies. Any local or agency crisis standards of care should be submitted and approved by the Idaho EMS Physician Commission.

EMS crisis standards of care will be implemented under 2 scenarios, hospital overload or EMS system overload. Response options to each situation are outlined below.

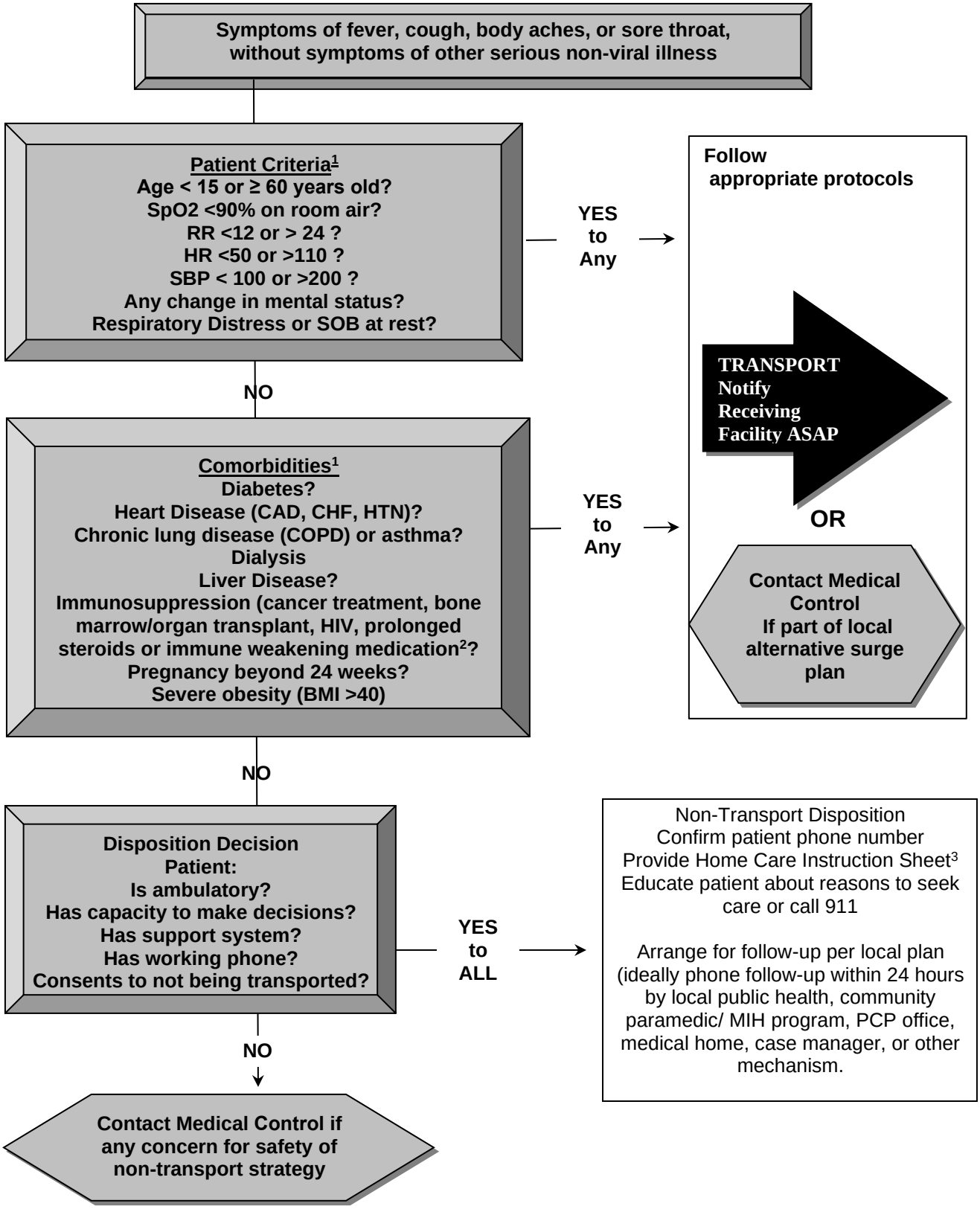
1. Hospital Overload
    a. Hospital system is overloaded and closed to/limits EMS transports
        i. Initiate transport to alternate hospitals, even if outside of the region.
            1. Coordination with air resources or ground resources outside region may be needed to ensure local 911 EMS coverage
        ii. Initiate transport to alternate destinations including urgent care, physician office or clinic
            1. Should have agreement in place with receiving facility
            2. Should triage by acuity and transport high acuity to distant hospital and lower acuity to clinic or urgent care
        iii. Initiate evaluation, treatment and leave at home protocol
            1. Enclosed protocols should be used as guidance for triaging patients, including low acuity suspected COVID patients.
                a. Patients meeting transport criteria should be transported to the closest open facility.
            2. Homecare instructions should be given
            3. Use CHEMS model for follow-up visit

iv. Consider early termination of cardiac arrest, especially for unwitnessed arrest presenting in asystole or “no shock advised” on AED or suspected or known COVID patients.

2. EMS System Overload
    a. EMS system is unable to respond to requests for service
        i. Maximize mutual aid resources
        ii. Initiate dispatch triage
            1. If EMD center, utilize response determinate codes to prioritize dispatches
                a. In low acuity cases, inform caller that an ambulance will not be dispatched and encourage POV transport, if able
            2. If not EMD center, utilize enclosed dispatch triage forms to prioritize calls
            3. Refer calls to medical screening or nurse line
        iii. Split medical resources and send single resource to calls for service.
        iv. Consider early termination of cardiac arrest, especially for unwitnessed arrest presenting with asystole or “no shock advised” on AED, or suspected or known COVID patient.
        v. Send non-transport agency or law enforcement to auto accidents to evaluate need for medical
        vi. Initiate evaluation, treatment and leave at home protocol
        vii. Request additional resources from state EMS Bureau.
        viii. Batch patient transports
            1. Transport multiple patient in a single ambulance

Questions, request for guidance or approval of additional local protocols can be sent to EMSPhysicianComm@dhw.idaho.gov

NONTRANSPORT OF PATIENTS WITH SUSPECTED COVID-19



NONTRANSPORT OF PATIENTS WITH SUSPETED COVID-19
STATEWIDE TEMPORARY BLS PROTOCOL

Purpose:

1. To identify patients that are safe to assess and not transport to a receiving facility during widespread cases of confirmed COVID-19 patients in a community.

System Requirements:

A. This protocol is only applicable if EMS agency medical director has approved a non-transport strategy based upon local indications and in coordination with regional EMS council, local/county public health agency, and/or hospital/ health system leadership.

B. This protocol should be considered when the local healthcare infrastructure is overwhelmed:

1. Emergency departments have significant crowding
2. Hospitals are at maximum census
3. Hospitals have enacted surge plans and are using alternative care sites

Possible MC Orders:

A. Transport to an alternative destination other than a receiving hospital emergency department

B. Care at home or other location without transport

Notes:

1. EMS agencies may use a checklist, like that attached as Appendix 1, to identify patients who meet criteria for home care.
2. Immunosuppressive Medications – See Appendix 2 for a list of steroids and other immunocompromising medications
3. Patient Instructions for Home Care – See Appendix 3 for sample instruction sheet to guide patient with care at home. These instructions are a guideline, but EMS agencies must provide instructions, and the instructions should be consistent with the CDC guidance. EMS agencies or regions may add local health system COVID-19 hotline numbers or other local contacts.

NONTRANSPORT OF PATIENTS WITH SUSPETED COVID-19

APPENDIX 1: Checklist for suspected COVID-19 infection

YES	NO	Criteria
		Patient age is ≥ 60 years old OR < 15 years old
		Patient has at least two (2) of the following: fever, cough, body aches, or sore throat (Circle those that apply)
		Patient has a history of disease that suppresses immune system (e.g. cancer undergoing chemotherapy, transplant patient, HIV, etc.)
		Patient is taking an immunosuppressing medication (See list in APPENDIX 2)
		Patient has a history of diabetes
		Patient has a history of heart disease (CAD, CHF, HTN)
		Patient has a history of chronic lung disease (e.g. COPD) or moderate/severe asthma
		Patient has history of dialysis or liver disease
		Patient has severe obesity (BMI >40) or Pregnancy > 24 weeks
		Patient has a heart rate between 50 - 110 bpm
		Patient has a systolic blood pressure between 100 – 200 mmHg
		Oxygen saturation (SpO2) ≥ 90% on room air
		Clear lung sounds
		Respiratory rate between 12 – 24 breaths per minute, and the patient does not complain of respiratory distress or shortness of breath at rest
		Patient can ambulate without difficulty or baseline disability with caregivers/assistants in home
		Patient is agreeable to home self-care

ANY CHECK in a shaded box indicate the need to contact medical command to determine if the patient qualifies for home self-care or needs to be transported to ED or an alternative destination.

If **ALL** CHECKS are in non-shaded boxes, patient may provide self-care at home.
Provide the patient no-transport/home-care instructions.

Any patient may be transported at the EMS provider or medical command physician's discretion.
Additional Information:

_____

APPENDIX 2: List of steroids and other immunocompromising medications

Brand Name			Generic Name		
Actemra	Idhifa	Rasuvo	Abatacept	Everolimus	Palbocilclib
Afinitor	Ilaris	Reflimid	Abemacicilib	Golimumab	Panitumumab
Alkteran	Imbruvica	Remicade	Abiraterone	Hydroxyurea	Panobinostat
Alunbrig	Imfinzi	Renflexis	Adalimumab	Ibrutinib	Pazopanib
Arava	Imuran	Rheumatrex	Afatinib	Idelalisib	PegInterferon Alfa-2B
Aristocort	Inflectra	Rituxan	Anakinra	Imatinib Mesylate	PEMBROLIZUMAB
Astagraf	Inlyta	Roferon-A	Apremilast	Infliximab	Pomalidomide
Bavencio	Interon-A	Rubraca	ATEZOLIZUMAB	Infliximab-ABDA	Ponatinib
Benlysta	Jakafi	Sandimmune	AVELUMAB	Infliximab-DYYB	Ponatinibm
Braftovi	Keytruda	Simponi	Axitinib	Interferon Alfa-2a	Prednisone
Camptosar	Kineret	Sprycel	Azathioprine	Interferon Alfa-2b	Ribocicilib-Letrozole
Caprelsa	Kisqalifemra	Stelara	Belimumab	IPILIMUMAB	Rituximab
Ceenu	Kyprolis	Sutent	Betamethasone	Irinotecan	Rucaparib
Celestone	Lenvima	Sylatron	Binimetinib	Ixazomib	Ruxolitinib
Cellcept	Libtayo	Tabloid	Brigatinib	Leflunomide	Secukinumab
Cimzia	Lynparza	Tagrisso	Cabozantinib	Lenalidomide	Sorafeneib
Cometriq	Medrol	Tarveva	CANAKINUMAB	Lenvatinib	Sunitinib
Cosentyx	Mekinist	Tasigna	Capecitabine	Lomustine	Tacrolimus
Cytoxan	Mektovi	Tecentriq	Carfilzomib	Melphalan	Temozolomide
Decadron	Meticorten	Temodar	CEMIPLIMAB-RWLC	Mercaptopurine	Thalidomide
Deltasone	Myfortic	Thalomid	Certolizumab	Methotrexate	Thioguaninie
Enbrel	Neoral	Vectibix	Crizotinib	Methylprednisolone	Tocilizumab
Envarsus	Neosar	Verzenio	Cyclophosphamide	Mycophenolate Mofetil	TOFACITINIB
Farydak	Nerlynx	Vesesid	Cyclosporine	Mycophenolate Sodium	Topotecan
Gengraf	Nexavar	Votrient	Dasatinib	Neratinib	Trametinimb Dimethyl Sulfoxide
Gilotrif	Ninlaro	Xalkorie	Dexamethasone	Nilotinib	Triamcinolone
Gleevec	Ninloro	Xeljanz	DURVALUMAB	NIVOLUMAB	Ustekinumab
Gleostine	Opdivo	Xeloda	Enasidenib	Olaparib	Vandetanib
Hecoria	Orasone	Yervoy	Encorafenib	Osimertinib	Vemurafenib
Humira	Orencia	Zejula	Erlotinib	Palbociclib	Vorinostat
Hydrea	Otezla	Zelboraf	Etanercept		
Hyfcamtin	Otrexup	Zolinza	Etoposide		
Ibrance	Pomalyst	Zydelig			
Iclusig	Prograf	Zytiga			
	Purinethol				

APPENDIX 3: Recommended instructions for patients instructed to care for suspected COVID-19 infection at home

Emergency Medical Services evaluated you today for an apparent viral respiratory infection (i.e. influenza, COVID-19, or other common respiratory viruses). At this time, your illness does not require you to go to an emergency department. Your vital signs are within acceptable ranges, which include, your heart rate, breathing rate, blood pressure, and oxygen level.
It is important you continue to treat your symptoms, monitor your own condition, and take steps to prevent spreading the infection to others.

You should follow the steps below:

- **Stay home except to get medical care.** Do not go to work, school, or public areas. Avoid using public transportation, ridesharing, or taxis.
- **Drink plenty of fluids** to stay very well-hydrated. Drink non-carbonated fluids. Avoid alcohol.
- **Take over-the-counter medications you would traditionally use as needed for fever or body aches, unless you have previously been told not to use this medicine.** Follow the recommended dosing instructions according to the label.
- **Separate yourself from other people and animals in your home.**
  - As much as possible, stay in a specific room and away from other people in your home. Use a separate bathroom, if available.
- **If you need follow-up care, call your healthcare provider before going there.** Call your healthcare provider and tell them you have or may have the flu, COVID-19, or similar respiratory illness. Advise your healthcare provider you called 9-1-1, were screened by EMS and a medical command physician, and told at that time you may remain at home. Your healthcare provider may arrange a follow-up visit with you in-person or via telehealth. Alerting your healthcare provider in this way will help the healthcare provider's office take steps to keep other people from getting infected or exposed.
- **Wear a facemask,** if you have one, when you are around other people (i.e. sharing a room or vehicle) or pets and before you enter a healthcare provider's office.
- **Cover your coughs and sneezes with your elbow or use a tissue and then throw the tissue in the trash.**
- **Clean your hands often.** Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- **Avoid sharing personal household items** (i.e. dishes, drinking glasses, cups, eating utensils towels, or bedding) with other people or pets. After using, wash them thoroughly.
- **Clean and disinfect frequently touched objects and surfaces** using a regular household cleaning spray or wipe.

Monitor your Symptoms

If you are in any way worsening, please seek care by contacting your doctor, going to an urgent care center, going to your nearest emergency department, or calling 9-1-1 for further evaluation and treatment of your condition. This could include, but is not limited to:

- **High or persistent fevers, vomiting, trouble breathing or shortness of breath, coughing up blood, severe headaches, neck pain/stiffness, or any new or worsening symptoms or concerns.**
- **If you unable to walk or you are experiencing shortness of breath limiting your ability to go by private car, please call 9-1-1.**

Before seeking care, call your healthcare provider, if possible, and tell them you have a respiratory infection. Put on a facemask before you enter the facility.

If you have a medical emergency and need to call 9-1-1, notify the operator you have a respiratory infection, EMS has responded once to you regarding your symptoms, and EMS advised to call back if my condition worsened. If possible, put on a facemask before EMS arrives.

Discontinuing Home Isolation

If your doctor or local health department advises you to remain on home isolation precautions, please contact them for advice for when it is appropriate to discontinue this and resume normal daily activities.

If you have not been advised about home isolation precautions by your doctor or local health department, please stay home when you are sick and until there is no fever for a minimum of 72 hours without medicine like Tylenol, Motrin, or Advil.

Recommendations related to COVID-19 may change over time. Please check the CDC website for updates on home quarantine, preventing disease spread, and treatment: https://www.cdc.gov/coronavirus/2019-ncov/about/index.html

INFO	Provide homecare information
CLINIC	Refer to a clinic or other medical destination
ALT TRANS	Refer to use of alternate transportation to a hospital, clinic or other medical destination
LE	Transport by (and at the discretion of) law enforcement
EMS	Transport by ambulance to a hospital or other medical destination

Standing Orders

1. A. If the patient's complaint or symptoms are not listed in this Appendix, Paramedic's discretion is advised as long as the decision is not in conflict with SOP.

2. B. When resources during a Pandemic are in crisis mode, automatically offer to transport patients with the following presentations:

EMS	1. Paramedic discretion – suspicion of critical illness/injury
EMS	2. Altered vital signs (or age-specific abnormal vital signs), including any one of these: • SBP < 90+ • SpO2 < 92% • RR > 30 (or respiratory distress) • HR > 120, or delayed capillary refill
EMS	3. Breathing: • Respiratory distress • Cyanosis, or pallor/ashen skin
EMS	4. Circulation/Shock: • Signs or symptoms of shock • Severe/uncontrollable bleeding • Large amounts of blood (or suspected blood) in emesis or stool
EMS	5. Neurologic: • Unconscious or altered level of consciousness • New focal neurologic signs (CVA, etc.) • Status, multiple or new-onset seizure • Severe headaches – especially sudden onset or accompanied with neck pain/stiffness • Head injuries with more than brief loss of consciousness or continued neck pain, dizziness, vision disturbances, ongoing amnesia or headache, and/or nausea and vomiting
EMS	6. Trauma: • Significant trauma with chest/spinal/abdominal/neurologic injury deemed unstable or potentially unstable • Suspected fractures or dislocations that cannot be safely transported by private vehicle

Under CSC, when hospital or EMS resources are overwhelmed, consider patients with the following presentations for:

- **Transportation by ambulance**: - Note that many 'transport by ambulance' patients will not require emergency transport to the hospital – in which case, the crew may answer additional calls until the ambulance is full, or a critical patient is picked up, depending on system call volumes.
- **Transportation by alternate means:** Private vehicle or police to clinic or hospital. Except in very limited cases, the patient should NOT self-transport to the hospital/clinic, but could be driven by someone else.
- **Homecare:** Give patient the Homecare Instruction form. The form will have information regarding what to look for that would prompt self-transport to a clinic or hospital, or recall 911 for transport via ambulance to the hospital. Advise the patient that this does not restrict them from seeking care at a clinic or hospital on their own, should they desire.

1. ABDOMINAL PAIN:

EMS	• Pulsating mass • Marked tenderness/guarding • Pain radiating into back and/or groin/inner thighs • Recurrent severe vomiting not associated with diarrhea
ALT.TRANS/CLINIC	• Recurrent severe vomiting associated with diarrhea – to emergency if associated with signs/symptoms of dehydration, to urgent care or clinic if no dizziness nor vital sign changes and normal exam
INFO	• Intermittent vomiting and diarrhea without blood or evidence of dehydration

2. ANAPHYLAXIS/STINGS:

EMS	• Patients who have had epinephrine administered for symptoms • Patients experiencing airway, hypotension or respiratory symptoms, after an allergy exposure
INFO/ALT. TRANS./CLINIC	• Patients with itching after exposure – if rapid onset of symptoms, may require EMS transport; if delayed > 1hour, safe for private transport. All patients with history of anaphylaxis should be seen in emergency room if possible. Others may be seen in clinic or urgent care. EMS may administer diphenhydramine prior to clearing scene, up to 1mg/kg.

3. BACK PAIN

EMS	• Acute trauma with midline bony spinal tenderness • New onset of extremity weakness, sensory deficits, other neurological changes, incontinence of urine or bowel, urinary retention, or bloody urine • Concern for abdominal aortic aneurysm • Pain radiating into abdomen, or groin/inner thighs

INFO/ALT. TRANS.	• Inability to ambulate/care for self
INFO	• Concern for kidney stone, bloody urine

4. BEHAVIORAL

EMS	• Uncontrolled agitation requiring sedation by EMS
EMS/LE/ ALT. TRANS	• Suicidal ideation – must be left with a responsible party
INFO/ALT. TRANS	• Other emotionally disturbed patients may be transported at law enforcement's discretion or by other means

5. BLEEDING (LACERATIONS, ABRASIONS, OR AVULSIONS):

EMS	• Patient is on Coumadin or other blood thinner with significant ongoing bleeding or large hematoma
ALT.TRANS/ CLINIC	• Significant lacerations after bandaging – heavily contaminated, bite-related, likely to involve foreign body, deep structure injury, sensory/motor deficit – to emergency room • Lacerations requiring simple repair – consider self-transport to physician's office or urgent care center (however, some offices do not do procedures; patient will need to call ahead)
INFO	• Abrasions or avulsions not requiring suturing or repair, no significant contamination. • Minor lacerations that do not require sutures

6. Burns

EMS	• All chemical or electrical burns • Suspected inhalant burn • Significant third degree burns • Second degree burns to ≥5% of body area • Second degree burns to face, mouth • Severe pain • Circumferential burns
ALT. TRANS	• Second degree burns to hands or feet, or to other location 1%-5% body surface area (size of patient's palmar surface)
INFO	• Second degree burns < 1% body surface area, non-critical location • First degree burns

7. CARDIAC ARREST

EMS	• Witnessed down time ≤ 10 minutes – follow usual resuscitation protocols
INFO	• All others – report death to dispatch and return to service; do not wait for law enforcement or medical examiner arrival

8. CHEST PAIN

EMS	• Chest pain or other signs or symptoms suspicious for cardiac ischemia, pulmonary embolus, or other life threat
INFO/ALT. TRANS/ CLINIC	• Chest pain ongoing for >12 hours and a normal ECG • Pleuritic chest pain without hypoxia • Chest pain reproducible on physical exam to palpation is generally NOT concerning; unless ECG changes or known cardiac disease, unlikely to require treatment for acute coronary syndrome

9. DIABETIC

EMS/ALT. TRANS	• Any patient on oral diabetes medications with low blood glucose – if transported by private vehicle must NOT drive self • Critical high glucose or signs of Diabetic Ketoacidosis/dehydration
INFO	• Patients with typical hypoglycemia and explanation for low sugar (did not eat, etc.) can be left without medical control contact as long as family/friend is present and patient is eating

10. ENVIRONMENTAL

EMS	• Heat-related illness with any alteration in mental status (confusion, decreased LOC) • Frozen extremity • Hypothermia with AMS
EMS/ ALT. TRANS.	• Frostbite to face, hands, feet, other location suspected deeper injury, blisters, or frozen to touch
INFO	• Heat-related illness without alteration in mental status – initiate external cooling at home under supervision of friends/family • Minor frostbite with tissues now soft, pink, no blisters, and NOT involving digits

11. ETOH/SUBSTANCE ABUSE

EMS	• Very decreased LOC or other confounding issues (head injury, suspicion of aspiration)
LE	• Otherwise may be transported at law enforcement's discretion
INFO	• Patient may be left with a responsible individual who can assist the patient • Able to ambulate safely without assistance

12. EYE PAIN

EMS	• Impaled objects or possible penetrating injury to eye, or globe rupture • Chemical exposures (alkaline) after decontamination and initial rinsing
EMS/ALT. TRANS/ CLINIC	• Eye pain and/or acute changes to vision should receive transport for urgent evaluation to emergency department or other qualified clinic (e.g. eye clinic)

	• Chemical exposures (non-alkaline) – consult poison control for instructions; transport if symptoms/dangerous exposure
INFO	• Chemical exposures (non-alkaline) – consult poison control for instructions; if no symptoms and limited toxicity likely, give instruction sheet

13. FEVER

EMS	• Fever plus altered mental status including confusion • Fever plus severe symptoms by paramedic assessment • Fever plus seizures, lethargy, still neck, rash, or blistering
EMS/ALT. TRANS/ CLINIC	• ≤ 3 months with fever estimated a 100.5˚F → emergency room or clinic urgently • > 3 months with fever that does not reduce with anti-pyretics, or fever lasting more than 5 days→ emergency room, urgent care, or clinic

14. HEADACHE

EMS	• With vision deficit, lethargy, or page 1 qualifiers (fever, etc.)
ALT. TRANS	• New headaches for patient require assessment • Usual headaches for patient may require treatment

15. MUSCULOSKELETAL INJURIES (ISOLATED)

EMS	• Loss of distal pulses • Unable to effectively splint the affected part • Neurological changes or deficits • Open fractures • Displaced fractures or pain requiring injectable narcotics
ALT. TRANS	• Suspected fractures that are stable and do not require injected analgesia may be splinted appropriately and transported by private vehicle
INFO OR ALT. TRANS.	• Neck pain and back pain after MVC, that is delayed in onset and not associated with midline tenderness or neurologic symptoms

16. NOSEBLEED

EMS	• Signs of hypovolemia or dizziness upon standing • Patient is on blood thinners (Coumadin, lovenox, clopidogrel, etc.)
INFO	• All other

17. OB/PREGNANCY

EMS	• Imminent delivery • Pain in abdomen or back • Profuse vaginal bleeding • Third trimester (>24 weeks) bleeding • Pre/eclampsia – syncope, seizure, altered mental status, SBP≥140

INFO	• All other

18. SWALLOWING PROBLEM

EMS	• Patient unable to manage own secretions due to pain or obstruction
INFO	• All other

19. HEART DISEASE

EMS	• History of coronary disease or heart failure • Age =>55 • Pregnant • Chest pain, headache, or shortness of breath (or other symptoms concerning to paramedics)
INFO/ALT. TRANS./CLINIC	• Likely dehydration, with dizziness preceding the syncope • Other underlying medical conditions

20. TOXICOLOGIC

EMS/INFO/ALT. TRANS./CLINIC	• Overdose or other toxic exposure→ contact Poison Control and/or online medical control • If intentional, see Behavioral Health in this Appendix

VULNERABLE PERSON IN POTENTIAL DANGER

EMS/ALT. TRANS./CLINIC	• EMS should assure person will not be left in dangerous environment • If safe disposition and transport can be arranged and the injuries do not otherwise require medical evaluation, other transport may be appropriate

HOMECARE INSTRUCTIONS

UNIVERSAL INSTRUCTIONS:

• IT HAS BEEN DETERMINED THAT YOU DO NOT NEED EMS TRANSPORT TO THE HOSPITAL AS THIS TIME.

• REVIEW AND FOLLOW THE BELOW INSTRUCTIONS BASED UPON YOUR CONDITION.

• IF YOUR SYMPTOMS WORSEN AT ANY TIME, YOU SHOULD SEE YOUR DOCTOR, GO TO THE EMERGENCY DEPARTMENT OR CALL 911.

ABDOMINAL PAIN:

- Abdominal pain is also called belly pain. Many illnesses can cause abdominal pain and it is very difficult for EMS to identify the cause.
- Take your temperature every 4 hours.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Your pain gets worse or is now only in 1 area
- You vomit (throw up) blood or find blood in your bowel movement
- You become dizzy or faint
- Your abdomen becomes distended or swollen
- You have a temperature over 100° F
- You have trouble passing urine
- You have trouble breathing

BACK PAIN:

- Apply heat to the painful area to help relieve pain. You may use a warm heating pad, whirlpool bath, or warm, moist towels for 10 to 20 minutes every hour.
- Stay in bed as much as possible the first 24 hours.
- Begin normal activities when you can do them without causing pain.
- When picking things up, bend at the hips and knees. Never bend from the waist only.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- You have shooting pains into your buttocks, groin, legs, or arms or the pain increases.
- You have trouble urinating or lose control of your stools or urine.
- You have numbness or weakness in your legs, feet, arms, or hands.

FEVER:

- Always take medications as directed. Tylenol and Ibuprofen can be taken at the same time.
- If you are taking antibiotics, take them until they are gone, not until you are feeling better.
- Drink extra liquids (1 glass of water, soft drink or gatorade per hour of fever for an adult)
- If the temperature is above 103° F, it can be brought down by a sponge bath with room temperature water. Do not use cold water, a fan, or an alcohol bath.
- Temperature should be taken every 4 hours .

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101° F for 24 hours
- A child becomes less active or alert.
- The Temperature does not come down with Acetaminophen (Tylenol) or Ibuprofen with the appropriate dose.

HEAD INJURY:

- Immediately after a blow to the head, nausea, and vomiting may occur.
- Individuals who have sustained a head injury must be checked, and if necessary awakened, every 2 hours for the first 24 hours.
- Ice may be placed on the injured area to decrease pain and swelling.
- Only drink clear liquids such as juices, soft drinks, or water the first 12 hours after injury..
- Acetaminophen (Tylenol) or Ibuprofen only may be used for pain.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- The injured person has persistent vomiting, is not able to be awakened, has trouble walking or using an arm or leg, has a seizure, develops unequal pupils, has a clear or bloody fluid coming from the ears or nose, or has strange behavior.

INSECT BITE/STING:

- A bite or sting typically is a red lump which may have a hole in the center. You may have pain, swelling and a rash. Severe stings may cause a headache and an upset stomach (vomiting).
- Some individuals will have an allergic reaction to a bite or sting. Difficulty breathing or chest pain is an emergency requiring medical care.
- Elevation of the injured area and ice (applied to the area 10 to 20 minutes each hour) will decrease pain and swelling.
- Diphenhydramine (Benadryl) may be used as directed to control itching and hives.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- You develop any chest pain or difficulty breathing.
- The area becomes red, warm, tender, and swollen beyond the area of the bite or sting.
- You develop a temperature above 101° F.

RESPIRATORY DISTRESS:

- Respiratory Distress is also known as shortness of breath or difficulty breathing.
- Causes of Respiratory Distress include reactions to pollen, dust, animals, molds, foods, drugs, infections, smoke, and respiratory conditions such as Asthma and COPD. If possible avoid any causes which produce respiratory distress.
- If you have seen a physician for this problem, take all medication's as directed.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101° F.
- The cough, wheezing, or breathing difficulty becomes worse or does not improve even when taking medications.
- You have Chest Pain.
- Sputum (spit) changes from clear to yellow, green, grey, or becomes bloody.
- You are not able to perform normal activities.

EXTREMITY INJURY:

- Extremity Injuries may consist of cuts, scrapes, bruises, sprains, or broken bones (fractures).
- Apply ice on the injury for 15 to 20 minutes each hour for the first 1 to 2 days.
- Elevate the extremity above the heart as possible for the first 48 hours to decrease pain and swelling.
- Use the extremity as pain allows.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101° F.
- The bruising, swelling, or pain gets worse despite the treatment listed above.
- Any problems listed on the **Wound Care instructions** are noted.
- You are unable to move the extremity or if numbness or tingling is noted.
- You are not improved in 24 to 48 hours or you are not normal in 7 to 10 days.

VOMITING/DIARRHEA:

- Vomiting (throwing up) can be caused by many things. It is common in children, but should be watched closely.
- Diarrhea is most often caused by either a food reaction or infection.
- Dehydration is the most serious problem associated with vomiting or diarrhea.
- Drink clear liquids such as water, apple juice, soft drinks, or gatorade for the first 12 hours or until things improve. Adults should drink 8 to 12 glasses of fluids per day with diarrhea. Children should drink 1 cup of fluid for each loose bowel movement.

Call or see a physician, go to the emergency department, or call 911 immediately if:

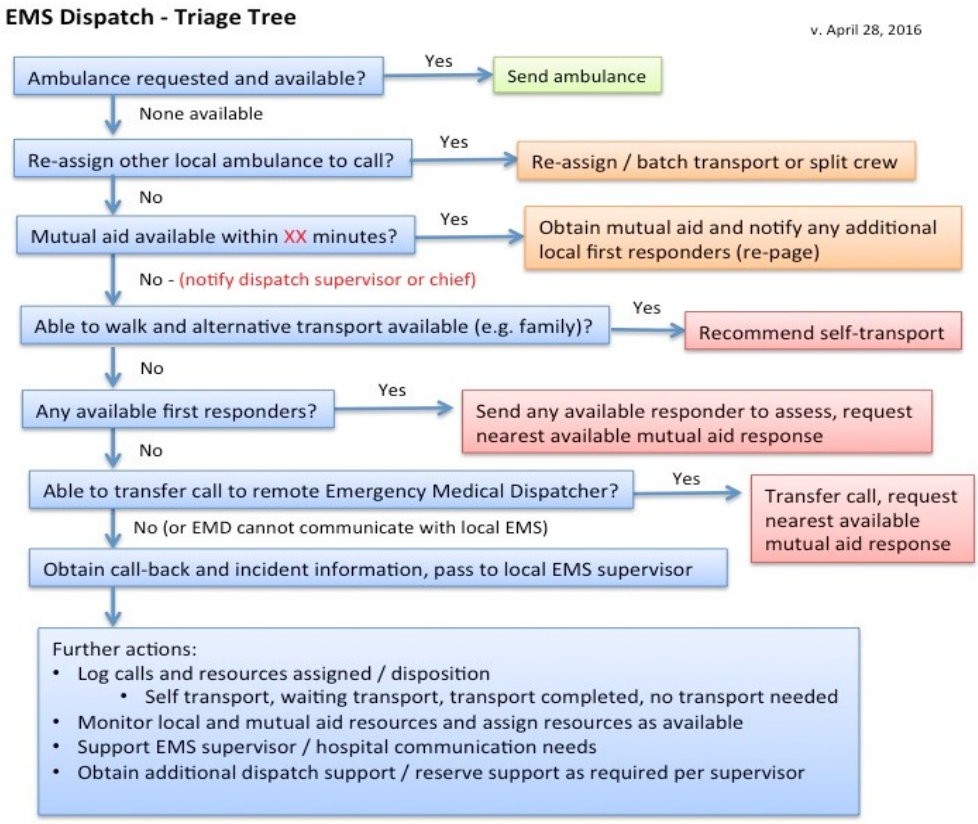
- Temperature is greater than 101° F.
- Vomiting or Diarrhea lasts longer than 24 hours, gets worse, or blood is noted.
- You cannot keep fluids down or no urination **is** noted in 8 hours.

WOUND CARE:

- Wounds include cuts, scrapes, bites, abrasions, or puncture wounds.
- If the wound begins to bleed, apply pressure over the wound with a clean bandage and elevate the wound above the heart for 5 to 10 minutes.
- Unless instructed otherwise, clean the wound twice daily with soapy water, and keep the wound dry. It is safe to take a shower but do not place the wound in bath or dish water.
- See a physician for a tetanus shot if it has been 10 years or more since your last one.

Call or see a physician, go to the emergency department, or call 911 immediately if:

- See the **Extremity Injury instructions**.
- Temperature is greater than 101° F.
- Bruising, swelling, or pain gets worse or bleeding is not controlled as directed above.
- Any signs of infection, such as redness, drainage of yellow fluid or pus, red streaks extending from the wound, or a bad smell is noted.



Notes:

- Assumes non-EMD PSAP - for EMD PSAP triage calls based on priority dispatch levels and in conjunction with medical direction
- Supervisors for EMS and public safety should be notified when any 'red box' / 4th level is used
- Dispatcher should have authority, process, and contact numbers for activating this algorithm
- Dispatcher should have contact information for regional ground and rotor-wing resources
- Identify support mechanism for call triage decisions (EMS supervisor / lead medic, hospital personnel and document responsibilities / contact information prior to event)
- Identify role of EMS supervisor / medical director in this process
- First responders without an ambulance should coordinate appropriate care with receiving hospital / EMS supervisor
- Consider *not* sending EMS initially on calls for potential injury accidents until confirmed significant injuries.
- Consider other call type triage based on local system and dispatcher training

Additionally, if the PSAP does not use an emergency medical dispatch system the service may wish to authorize the use of an algorithm by non-medically trained personnel to prioritize ambulance dispatches during a disaster as shown below in Figure 3.3. Note that this algorithm does not cover all circumstances and should not substitute for good judgment of the dispatcher.

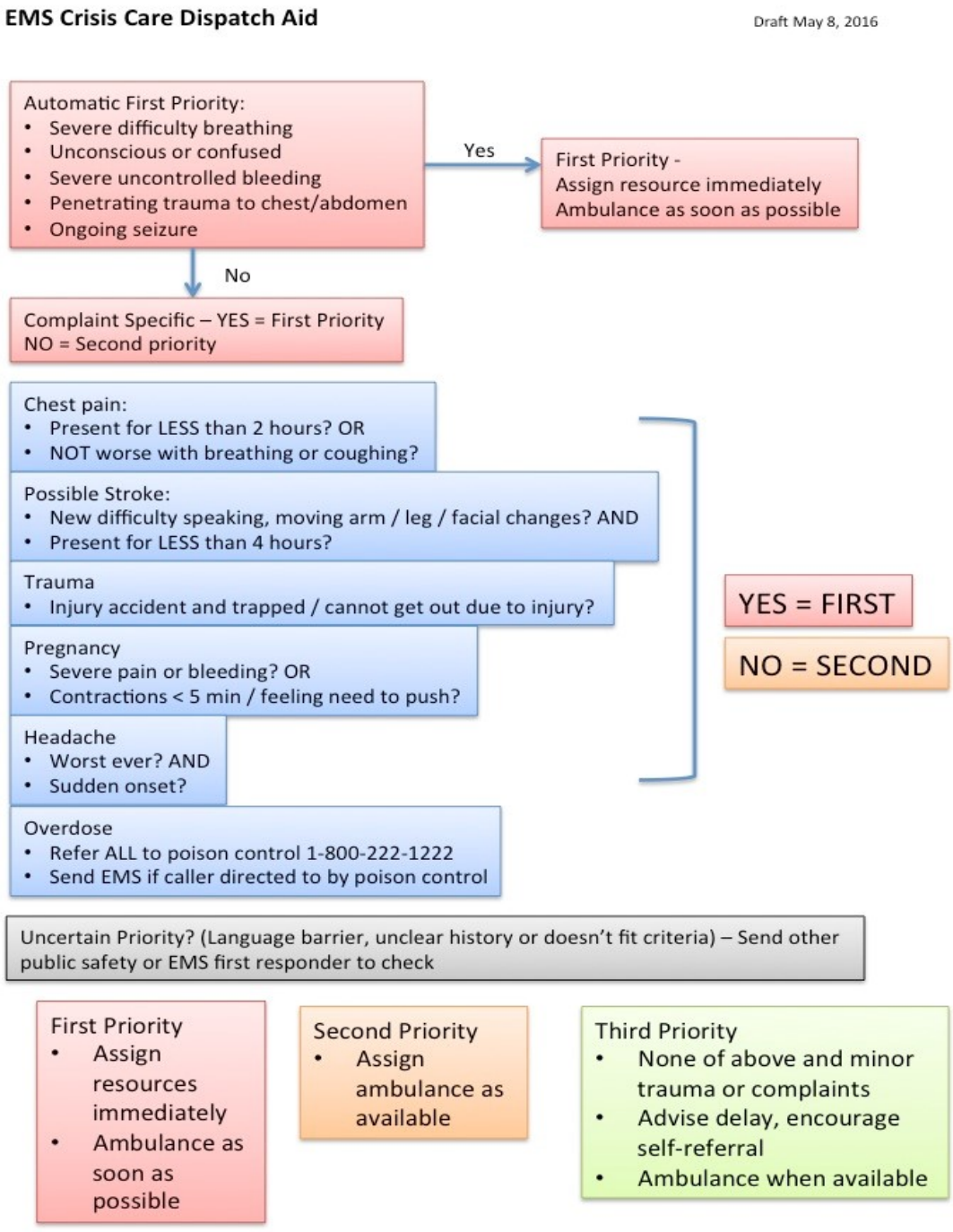

EMS Crisis Care Dispatch Aid
Draft May 8, 2016
Automatic First Priority:
• Severe difficulty breathing
• Unconscious or confused
• Severe uncontrolled bleeding
• Penetrating trauma to chest/abdomen
• Ongoing seizure
Yes
First Priority -
Assign resource immediately
Ambulance as soon as possible
No
Complaint Specific – YES = First Priority
NO = Second priority
Chest pain:
• Present for LESS than 2 hours? OR
• NOT worse with breathing or coughing?
Possible Stroke:
• New difficulty speaking, moving arm / leg / facial changes? AND
• Present for LESS than 4 hours?
Trauma
• Injury accident and trapped / cannot get out due to injury?
Pregnancy
• Severe pain or bleeding? OR
• Contractions < 5 min / feeling need to push?
Headache
• Worst ever? AND
• Sudden onset?
Overdose
• Refer ALL to poison control 1-800-222-1222
• Send EMS if caller directed to by poison control
YES = FIRST
NO = SECOND
Uncertain Priority? (Language barrier, unclear history or doesn't fit criteria) – Send other public safety or EMS first responder to check
First Priority
• Assign resources immediately
• Ambulance as soon as possible
Second Priority
• Assign ambulance as available
Third Priority
• None of above and minor trauma or complaints
• Advise delay, encourage self-referral
• Ambulance when available

Fig. 3.3