

ALTERED STANDARD OF CARE PRE-PLANNING GUIDE

I. PURPOSE

- A. The purpose of the Altered Standard of Care Pre-Planning Guide is designed to provide a mechanism to alter the EMS delivery system in response to an increased demand for medical aid services, beyond the capacity of the current system providers.

II. ASSUMPTIONS

- A. The Medical/Health Branch of the OA EOC (MHOAC) has established collaboration with the EMS Agency Medical Director and other affected agencies to coordinate changes to the EMS response.
- B. Mutual-aid resources are scarce or unavailable.
- C. Appropriate waivers, proclamations, or declarations required to implement specific system changes have been identified and secured.

III. WAIVERS/AUTHORITIES

A. Altered Treatment Protocols / Scope of Practice

- H&SC, Division 2.5, Section 1797.172 (b) The approval of the director, in consultation with a committee of local EMS medical directors named by the EMS Medical Directors Association of California, is required prior to implementation of any addition to a local optional scope of practice for EMT-Ps proposed by the medical director of a local EMS agency.
- CCR Title 22 Division 9, Ch 4, Art. 2. Section 100145 (2) Local Optional Scope of Practice: (A) Perform or monitor other procedure(s) or administer any other medication(s) determined to be appropriate for paramedic use, in the professional judgment of the medical director of the local EMS agency, that have been approved by the Director of the Emergency Medical Services Authority when the paramedic has been trained and tested to demonstrate competence in performing the additional procedures and administering the additional medications.
- HSC § 101040 Authority to take preventive measures during emergency. "The county health officer may take any preventive measure that may be necessary to protect and preserve the public health from any public health hazard during any "state of war emergency," "state of emergency," or "local emergency," as defined by Section 8558 of the Government Code, within his or her jurisdiction.

B. Ambulance Transport

- CCR Title 13, Div.2, Ch. 5, Art 1, Section 1100.3 (b) Medical Training Prerequisite. Ambulances should not respond to emergency calls or transport patients unless the attendant -or the driver, if the service has been exempted from the requirement to have an attendant -possesses a certificate or license evidencing compliance with the emergency medical training and educational standards for ambulance personnel established by the State Emergency Medical Service Authority in title 22 of this code. This requirement should not apply during a "state of war emergency," duly proclaimed "state of emergency," or "local emergency," as defined in Government Code section 8558, when it is necessary to fully utilize all available ambulances in an area and it is not possible to have such ambulances operated or attended by persons with the qualifications required by this

section.

- VC Div. 2, Ch. 2.5, Art. 2, Section 2512. (a) The commissioner, after consultation with, and pursuant to the recommendations of, the Emergency Medical Service Authority and the department, should adopt and enforce reasonable regulations as the commissioner determines are necessary for the public health and safety regarding the operation, equipment, and certification of drivers of all ambulances used for emergency services. The regulations should not conflict with standards established by the Emergency Medical Service Authority pursuant to Section 1797.170 of the Health and Safety Code. **The commissioner should exempt, upon request of the county board of supervisors that an exemption is necessary for public health and safety,** noncommercial ambulances operated within the county from the regulations adopted under this section as are specified in the board of supervisors' request. The Emergency Medical Service Authority should be notified by the county boards of supervisors of any exemptions.

IV. DEFINITIONS

- A. **“Altered Standard of Care”** means a level of medical care delivered to individuals under conditions of duress, such as after a disaster or when medical supplies are insufficient for demand for emergency care.
- B. **“Medical/Health Operational Area Coordinator (MHOAC)”** means the Public Health Officer and local EMS Agency Administrator or designee who is responsible, in the event of a disaster or major incident where mutual aid is requested, for obtaining and coordinating services and allocation of resources within the Operational Area (county) border.
- C. **“OA EOC”** means the Operational Area Emergency Operations Center for any of the member counties within the NOR-CAL EMS Agency Region.
- D. **“QRV”** means a Quick Response Vehicle that is staffed with at least one paramedic, and equipped with advanced life support (ALS) equipment/supplies per local EMS Agency protocol.

V. PROCEDURE

A. MHOAC / EMS Agency Collaboration

1. During a locally declared emergency, the MHOAC or Medical/Health Branch Director of the OA EOC should collaborate with the EMS Agency Medical Director, and other appropriate agencies, to modify the EMS delivery system in order to meet increased demand on the EMS system.
2. During a significant incident, and prior to a locally declared emergency, the EMS Agency Medical Director should collaborate with the Public Health Officer, Office of Emergency Services, and other appropriate agencies, to modify the EMS delivery system in order to meet increased demand on the EMS system

B. SYSTEM ACCESS

1. The MHOAC and EMS Agency should collaborate with the OA EOC to establish priorities

for 911 medical-aid response based upon available system resources.

2. **The MHOAC and EMS Agency should collaborate to complete the Standard Dispatch Order (Appendix A) to ensure the stability of the EMS system, and inform all Public Safety Answering Points (PSAPs), ambulance dispatch centers, Disaster Control Facilities, hospitals, and EMS providers of these orders.**

3. **Public Access Number**
The MHOAC and EMS Agency should collaborate to ensure notification of all provider agencies in the event that a Public Access telephone number (e.g. 2-1-1) or web-based information for the public seeking minor medical care, social services, and other non-urgent needs has been established by the OA EOC.

4. **Field Treatment Sites**
The MHOAC and EMS Agency should consider establishing Field Treatment Sites for rapid triage, treatment, and referral, in cooperation with the OA EOC.

5. **911 Medical-Aid Requests**
The MHOAC and EMS Agency should collaborate to authorize altered triage and response protocols for the 911 system. The MHOAC and EMS Agency should consider:
 - a. Suspension of Pre-Arrival Instructions
 - b. Implementation of symptom-specific triage (e.g. Pandemic Outbreak EMD)
 - c. Implementation of austere triage protocol (see Appendix B- Altered 911 Triage)

6. **Scheduled Transport Center**
In cooperation with the OA EOC, the MHOAC and EMS Agency should consider establishing a Scheduled Transport Center for all medical transport requests from all System Access Points (i.e. hospitals, health facilities, Public Access Number, 911, and field). The Scheduled Transport Center should consider:
 - a. Augmenting medical transportation with alternative vehicles: buses, taxis, etc.
 - b. Developing and implementing a medical transportation scheduling process
 - c. Working with Disaster Control Facilities to direct destinations of transport resources, including possible Alternate Care Sites, clinics, etc.

EXAMPLE OF ALTERED 911 TRIAGE

Access Point	Symptom-Specific	Immediate	Delayed	Minor	Deceased
Public Access #	Refer to (symptom-specific) Alternate Care Site	Refer to 911	Refer to Scheduled Transport Center	TBD	TBD
911 / Ambulance Dispatch	Dispatch Specialty Unit/Team	ALS Response	Refer to Scheduled Transport Center	Refer to Public Access #	Refer to Public Access #
Scheduled Transport Center (Ambl. Dispatch)	Dispatch Specialty Unit/Team	ALS Response	Schedule Transport	Refer to Public Access #	Refer to Public Access #

Field EMS	Transport to (symptom-specific) Alternate Care Site	Treat and Transport	Treat &Release or Refer	Refer to Public Access #	Witnessed = shock X3, unwitnessed = refer to Public Access #
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C. FIELD RESPONSE

1. In cooperation with the OA EOC, the MHOAC and EMS Agency should consider:
 - a. Establishing EMS staging area to consolidate personnel, equipment, supplies, and emergency response vehicles.
 - b. Converting all ALS ambulances to BLS transport units (allowing use of paramedics on QRVs), thereby expanding available EMS resources.
 - c. Implementing Quick Response Vehicles (QRVs) with available paramedics, thereby expanding available EMS resources.
 - d. Securing vehicles for QRVs (consider ALS supervisor vehicles, shared resources from other emergency response agencies, company cars, rental cars, private cars, etc.)
 - e. Equipping QRVs with ALS equipment/supplies, communications, etc.
 - f. Developing additional Disaster Caches, as needed, to augment ALS supplies (e.g. Flu Cache of: powdered Gatorade, compazine suppositories, ibuprofen, pepcid, etc.)
 - g. Developing, equipping, and deploying a specialty response team (e.g. Pandemic Flu Team) to respond to specific patient types

EXAMPLE OF ALTERED EMS SYSTEM RESPONSE

- All paramedics are re-assigned to QRVs to respond to patients with immediate medical needs (paramedics may be placed in supervisor vehicles, on fire apparatus, or deployed in other non-traditional vehicles).
- After providing on-scene medical care/intervention, patients are handed off to a BLS transport unit, freeing the QRV to respond to the next call in need of ALS intervention.
- Other options include: Treat/Release on-scene with home care instructions; referral to Public Access Number; referral to Transport Center for scheduled transport to hospital or other medical agency.
- Staffing BLS Ambulances with 2 EMTs or EMT and First Responder.

2. The MHOAC and EMS Agency should work collaboratively with the OA EOC to develop a Family/Patient brochure to be distributed by EMS personnel to include:
 - Development of home care/home treatment documents (e.g. Flu Care).
 - Explanation of current healthcare situation and altered system standards currently being implemented.
 - Preventative measures to avoid exposure to health threat.
 - Available community resources (e.g. Public Access Number, website, etc.)

D. JUST-IN-TIME TRAINING

In cooperation with the OA EOC, the MHOAC and EMS Agency should collaborate to develop Just-in-Time Training for ambulance dispatch and field personnel to include:

- A. Altered System Standard Orders (Appendix A)
- B. Altered 911/EMD/Triage Algorithm (Appendix B)
- C. Sample Altered Treatment Table (Appendix C & D)
- D. Family/Patient Brochure
- E. Grief Support Principles

Altered System Standard Orders

Date: _____ Time: _____ Effective Period: _____ Until Further Notice

NOTICE

The following actions should be implemented immediately in order to ensure the stability of the Emergency Medical Services system. All EMS providers, ambulance dispatch centers, and EMS field units should be informed of these orders. If it is not possible to electronically transmit a copy of this form, these orders may be relayed verbally to all affected agencies.

Authority: Division 2.5, Health and Safety Code, Sections 1797.170, 1797.220, 1798.101; California Code of Regulations, Title 22, Division 9, Chapters 4 through 9

EMERGENCY ORDERS

Operating as an agent of the Medical Health Operational Area Coordinator or EMS Agency Medical Director, I hereby authorize the following altered system standard orders.

Name: _____ Title: _____

Signature: _____ Date / Time: _____

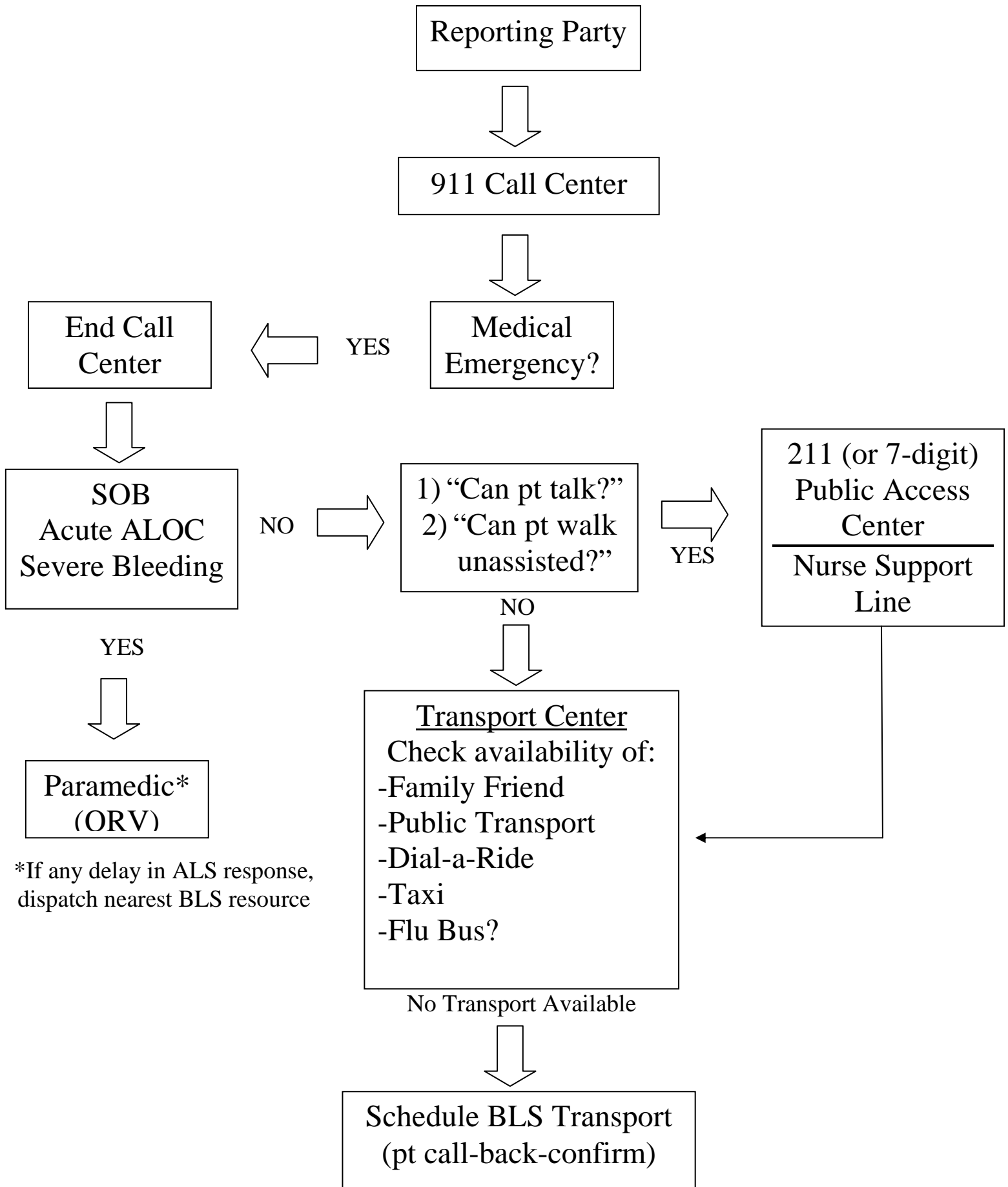
ACTIONS

	Order Number	Initial to Execute	Description
DISPATCH	ASO-1		Notify All Dispatch Center personnel of ASOs
	ASO-2		Notify All EMS Field Units and personnel of ASOs
	ASO-3		Place All Available Ambulances in Service Place all available ambulances in service. Once attached to an event, a BLS unit should not be canceled because of ALS availability.
	ASO-4		Dispatch BLS to Alpha, Bravo, and Code 2 EMS Events Once attached to an event, the BLS ambulance should remain on the event even if the call is upgraded. If ALS is required, the first responder agency or QRV should provide this service (if available) and follow up to the hospital if needed.
	ASO-5		Automatic Ambulance Dispatches are Suspended Until Verified by First Responder Ambulances should only be sent to calls for services when a patient has been identified and is in need of EMERGENCY transportation by ambulance. <u>Patients not in immediate need will not be transported.</u>
	ASO-6		Ambulance Dispatches to Alpha, Bravo, and Code 2 EMS Calls are Suspended
	ASO-7		Implement Pandemic Outbreak EMD Protocol Card
	ASO-8		Discontinue Use of Emergency Medical Dispatching (EMD) Procedures Implement Altered Triage Algorithm
	ASO-9		Discontinue Use of Pre-Arrival Instructions (PAI)
	ASO-10		Shelter-in-Place Implement Shelter-in-Place protocols in response to external threat.
CONTROL FACILITY	ASO-11		Notify All DCF personnel and Hospitals of ASOs
	ASO-12		Suspend System Communications on _____ radio frequency Notify all hospitals that use of the _____ radio frequency is suspended and allocated for EMS Command Net communications.
	ASO-13		Direct all Ambulance Patient Destinations

	ASO-14		All Hospitals Ordered Open Notify hospitals that diversion and trauma bypass statuses are suspended.							
EMS PROVIDERS	ASO-15		Ambulance High System Volume Actions Implement or continue high system volume management plans.							
	ASO-16		Alert EMS Command Staff Alert all EMS Command Staff (managers, supervisors) and advise to monitor EMS Command Net communications on frequency: _____.							
	ASO-17		Activity Suspension Announce to field units that the following activities have been suspended until further notice: <input type="checkbox"/> off-duty times (e.g. vacations, PTO, etc), <input type="checkbox"/> meal breaks, <input type="checkbox"/> inter-facility transports.							
	ASO-18		Ambulances Should Transport to the Closest Open Emergency Department							
	ASO-19		Replace PCRs with Triage Tags Discontinue all Patient Care Reports (PCRs) and replace with Triage Tags. Only basic patient information and triage status is collected.							
	ASO-20		Emergency Staging Areas Resources should be staged at the following Staging Areas: <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>RESOURCE</u></th> <th style="text-align: center;"><u>LOCATION</u></th> </tr> </thead> <tbody> <tr> <td>#1 _____</td> <td>_____</td> </tr> <tr> <td>#2 _____</td> <td>_____</td> </tr> <tr> <td>#3 _____</td> <td>_____</td> </tr> </tbody> </table> <p style="text-align: center;">(Resources will be advised who to report to upon arrival.)</p>	<u>RESOURCE</u>	<u>LOCATION</u>	#1 _____	_____	#2 _____	_____	#3 _____
<u>RESOURCE</u>	<u>LOCATION</u>									
#1 _____	_____									
#2 _____	_____									
#3 _____	_____									
	ASO-21		Deploy Pandemic Response Team(s)							
	ASO-22									
	ASO-23									
	ASO-24									
	ASO-25									
Additions/Notes										
<p>Discontinue the Following Orders</p>										

Total Number of Actions to Execute _____ Total Number of Actions to Discontinue _____

Appendix B: Altered 911/EMD Triage



*If any delay in ALS response, dispatch nearest BLS resource

Appendix C: Sample Altered Treatment Table

The following table identifies changes to the treatment of patient conditions covered in the Standard Treatment Protocols.

CONDITION	TREATMENT
Abdominal Discomfort	Treat for shock if indicated. Trial of p.o. fluids. Trial of over-the-counter antacid if available.
Allergic Reaction	Epinephrine or Benadryl IM if indicated
Altered Mental Status	Check glucose, treat with oral or IV glucose if indicated
Cardiac arrest	V-Fib/ Pulseless V-Tach: If no return of spontaneous circulation (no pulses) after 3 shocks, cease resuscitation efforts. Do not initiate resuscitation of other cardiac arrest rhythms.
Chest discomfort	Aspirin and nitroglycerin
Childbirth	Oxygen and IV fluid hydration if needed; Deliver baby.
Near-drowning	Oxygen and protect from hypothermia
Pain control	Morphine and over-the-counter oral pain medications as appropriate and available (e.g. tylenol; ibuprofen)
Respiratory distress	Bronchospasm: Albuterol CHF: Nitroglycerin
Stroke	Aspirin
Trauma	Follow standard treatment guidelines for treatment of individual conditions. If shock develops and does not respond to initial IV infusion of 2 liters of normal saline, provide palliative care only

Appendix D: Sample Altered Treatment Table

The following table identifies treatment for conditions that are not found in the standard treatment protocols:

CONDITIONS	TREATMENT
Anxiety/depression	Reassure patient; assist with finding supportive group of others such as friends, relatives or volunteers. Lorazepam OR diazepam if needed for restraint/sedation
Dehydration	Oral rehydration solutions (Gatorade, sports drinks, water, juices)
Fracture care	Immobilization, ice pack, pain control with Morphine or over-the-counter pain medication
Palliative care (Comfort care for dying patients)	Reassurance, place patient with supportive others. Morphine or over-the-counter pain medication if needed
Vomiting	Antiemetic if available, oral rehydration solutions
Wound care	Clean wounds with soap and water. Remove foreign bodies and debris. Irrigate with normal saline or clean water as available. Apply dressings. Qualified personnel may perform suturing. Wounds that are over 6 hours old cannot be sutured. Dressings should be changed daily. Signs of infection (fever, pus drainage, red streaks on skin, increased pain from wound) warrant triage to higher level of care.