H1N1 and EMS

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H1N1...
the origin of the pandemic...
YOU LITTLE BASTARD.

YOU'VE KILLED US ALL.
H1N1 – Does it matter?

• Hasn’t it petered out?
• Think of swine flu as a good drill
• Swine flu, seasonal flu, avian flu, SARS, bioterrorism...same playbook
• How can you help your organization be prepared?
# 1: Take care of your people
Your people are your organization

- Protect them first
- Keep them informed
- Frequent updates to the field
- Keep it simple
- Dispel the rumors and myths
Protecting your providers

- Vaccinations - # 1 priority
- Work with public health
- Procure vaccines early
Vaccinations

- Dispel the myths
- Fact vs. fiction
- Make them available at the work sites
- If your paramedics can administer, may foster sense of autonomy and confidence
Personal Protective Equipment

- PPEs
  - Proper masks (surgical vs. N95s)
  - Disposable gowns
  - Disinfectant
  - N95s require fit-testing
Training

- What is the bug?
- How is it transmitted?
- Incubation period
- Signs and symptoms
- Risk to co-workers (especially in fire-based EMS systems on 24 hour platoon schedules)
- Hand-washing
- Alcohol-based disinfectants
- Gloves
Training

- When is “the flu” not just the flu?
- How are most at risk?
- Very young, very old?
- Co-morbidities?
- Red flags to identify on scene
Dispatch

• Do you have a tiered dispatch system?
• If not, can you maintain your coverage in the event of a massive and sustained spike in call load?
• Do you have a “no-send” category?
Do we need to send?

• Can you safely identify the “at risk” patient over the phone?
• Implementation of a referral line
• 311 hotline for FAQs
• Location of health clinics, vaccination sites, signs and symptoms, when to see a doctor or go to the ER, and when to call 911 and when NOT to call 911
• Must have decreased levels of response as the situation worsens
Adoption of a “no send” category

• Pre-defined trigger points
• Must not be done in a vacuum
• Must include other stakeholders
• Fire Chief/CEO
• Mayor/council
• City attorney
• Add as many pallbearers as possible
• Define the risk
• Ultimately you will be held responsible
LAFD dispatch policy
THEY CALL, WE SEND, YOU GO!
Different bug, different rules

- Who is most “at risk”? 
- Are there referral sites? 
- Available transportation 
- Think about the repercussions 
- “5 year old girl rushed to ER by her parents died after 911 operator refused to send an ambulance”
Biosurveillance

• Software programs for biosurveillance
• Stay ahead of the curve
• Spike in calls for ILI provides you and the other stakeholders early warning to ramp up and implement your IAP
• Integrate with your CAD
• Dispatcher training
Stay informed

• Subject matter expert for your agency
Incremental approach as the situation worsens
Change in Treatment Protocols

- Emphasis on PPEs
- Surgical mask as effective as N95
- Place on both the patient and the providers
- Don for any pt with ILI
- Minimize aerosolizing secretions
- Use of closed circuit/patient-activated nebulizer
- Use of alternative airways (King, Combi, LMA) instead of ETT
Change in *Transport* Policies

• Level 1 - Routine transport policies
• Level 2 – Evaluate and refer
  – Must define specific chief complaints
  – ALS vs. BLS evaluation
  – Age parameters
  – Co-morbidities
  – OLMC consultation (via base stations) is paramount
  – Provide specific aftercare instructions
Changing Transport Policies

• Level 3 – Adoption of a “no-send” category
• Already existing “omega” protocols for nurse referrals
• Secondary interrogation of callers with RNs in dispatch center for low acuity non-emergency calls
• Referrals
What are the trigger points?

- Call load
- Resource availability
- ED diversion
- Ambulance availability
- Absenteeism
Absenteism

• Recall policy
• Not just for mass casualty incidents but for prolonged incidents
• Alternate staffing
• 1+1 ambulance staffing
Alternative destinations

• Must work with hospitals and regulatory agencies
Early treatment

• Have a medical cache available for your providers
• Early treatment to minimize duration of symptoms
• Earlier return to duty
Partnership

• Multiple stakeholders
• EMS
• Hospitals
• Office/clinic-based providers
• Public health
Summary

• Thus far H1N1 has not severely impacted our health care system or EMS system
• Think of H1N1 as a good drill for the next bug
• Planning
• Response
• Recovery
• Are you ready???
N-n-nnow look fellas. Relax, I'm telling you, it's just a c-c-cold.