ADDITIONAL INFORMATION

This protocol is designed to be used in instances of increased risk to

responders and the general public of infection by an identified highly contagious disease in the community. Ex: SARS, MERS, Ebola, H1N1, CoVid-19

This protocol should be used closely in conjunction

with recommendations/temporary protocols laid out by

industry and agency leaders. And should only be implemented at the direction of

the agencies Medical Director

The below key questions are intended to supplement the key questions on

primary complaint protocols and should be used in conjunction with the proper

protocol for the chief complaint

During times when this protocol is in force, calls for service

shall be screened using this additional tool When using any of the following EMD protocol cards:

* Sick Case/General
* Heat Related/Fever
* Breathing Problem
* Abdominal Pain
* Bleeding
* Headache

Affirmative answers to the below key questions will trigger a

“conditional response” and the proper additional information will

Be added to the CAD call and the EMS page.

DETERMINANT

* Send only essential resources to calls for assistance or consider staging additional resources near-by but away from the scene.
* Consider restricting assignment to ambulance only if no life-threatening symptoms (chest pain, difficulty breathing, altered mental status) present in order to decrease first responder exposure.
* Adjust resource assignments (e.g., police only on reported vehicle crash until non-ambulatory injuries confirmed)
* Auto-answer and caller deferral to information/prescribing/nurse advice lines for nonemergency situations
* Recommend private transport when appropriate with consideration for transport to nontraditional or non-emergency receiving facilities during surge times.
* Deferral of selected 911 requests for service as approved by the system medical director
* If, during the EMD caller interrogation process, it appears that the patient may have symptoms of a suspected infectious agent, provide scripted alerts to all responding EMS units.
* Recommend that ambulatory patients meet the responding EMS service outside of their residence if their condition allows and the environment is safe.
* Consider implementation of a telehealth process to allow for direct EMS communication with the patient.

KEY QUESTIONS

\* Does a HAZARD EXIST?

1. Does the patient have a fever?
   1. Have you taken their temperature?
2. Is the patient experiencing shortness of breath or other difficulty

Breathing?

1. Does the patient have a cough?

1. Has the patient been exposed to (insert current infectious disease that is being screened)?
2. Has the patient or anyone in the household traveled outside of Colorado

in the last 2 months?

* 1. Where?

PRE-ARRIVAL INSTRUCTIONS

>=See ADDITIONAL CARD if appropriate

If a HAZARD exists, do not attempt rescue without

removing hazard first.

\* GIVE NOTHING TO EAT OR DRINK

\* KEEP PATIENT WARM

*Go to other appropriate card as soon as possible.*

2, 3. *If unconscious and not breathing, go to*

*CPR/COMPRESSIONS card for*

*appropriate age. Utilize Compression only CPR (no breaths)*

*If unconscious and breathing, go to*

*UNCONSCIOUS* ***card***

**If some/all key questions are answered in the affirmative:**

**ADVISE RESPONDING UNITS OF CONDITIONAL RESPONSE USING DEPARTMENT APPROVED SCRIPT**