## OPTIONAL SUPPLEMENTAL PROTOCOL VIRAL PANDEMIC: TRIAGE PROTOCOL (ALTERNATIVE DISPATCH PROTOCOL DURING PANDEMIC ILLNESS) (NEW '20)

## AA. VIRAL PANDEMIC TRIAGE PROTOCOL, ALTERNATIVE DISPATCH PROTOCOL DURING PANDEMIC ILLNESS (NEW '20)

Viral Syndrome Pandemic Triage Protocol					
EFFECTIVE March 17, 2020 until rescinded or superceded					
For Use By BLS and ALS Clinicians					
YES NO					
	Patient age is between 2 and 55 years				
	Patient has a suspected viral syndrome with at least two (2) of the following symptoms: fever, cough, body aches, or sore throat				
	Patient has a history of immunosuppression, or is taking medicines that depress the immune system (cancer undergoing chemotherapy, transplant patient, HIV, etc.)				
	Patient has a history of diabetes				
	Patient has a history of heart disease				
	Patient has a history of COPD or lung disease				
	Patient has a heart rate between: 50 - 110 bpm (age 13-55 years); (age 2-5 years: 80-140 bpm; age 6-12 years: 70-120 bpm)				
	Patient has a systolic blood pressure between: 110-180 mmHg (age 13-55 years); (age 2-5 years: > 80mmHg; age 6-12 years: > 90mmHg)				
	Oxygen saturation (SpO2) greater than or equal to 94%				
	Clear lung sounds				
	Respiratory rate between 12 - 22 breaths per minute, and the patient does not complain of shortness of breath				
	Patient is able to ambulate without difficulty				
	Patient is agreeable to home self-care				
ANY CHECKS in a shaded box indicate that patient transport should be encouraged.					
If <u>ALL</u> CHECKS are in non-shaded boxes, patient may provide self-care at home. Refer to no-transport instructions for patients.					
Any patient may be transported at the EMS Clinician's discretion.					
This emergency protocol was issued by the Maryland Institute for Emergency Medical Services Systems, after approval by the Executive Director and Chairman of the State Emergency Medical Services Board, in response to the COVID-19 pandemic, and in accordance with Education Article Section 13-516(d)(1) and COMAR 30.03.05.02(1) and a catastrophic health emergency proclamation					

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Maximize the Use of Limited Resources Alternative Dispatch Protocols						
Dispatch Priority Level (match vendor or call center based dispatch pro- tocol/tiered algorithm)	Response (Standard Operating Mode)	Level 1(A) Activation of Card 36 and ONLY for use in 6, 10, 18, and 26 DSS1 BELOW IS BACK UP STRATEGY FOR EMD WITHOUT CARD 36	Level 2(B) Implement Declining Response / Configuration CAD Table (Moderate) + Card 36 (6,10,18 & 26) DSS2	Level 3(C) Implement Declining Response / Configuration CAD Table (Severe) + Card 36 (6,10,18 & 26) DSS 3		
Classification 1 (*Echo) Confirmed Cardiac Arrest (Not Breathing, Unresponsive per 911 call) (MPD cards - 2, 6, 9, 11,15, 31)	Closest AED Unit and Closest 1st Re- sponder and Closest ALS Ambulance	Closest AED Unit <u>and</u> Closest 1st Re- sponder <u>and</u> Closest BLS Ambulance if available	-Closest AED Unit and -Closest 1st Respond- er if available	Closest AED Unit if available     If no unit available, no response		
Classification 2 (*Delta) Life Threatening Emergency/Potentially Life Threatening/Confirmed Unstable Patient(s)	Closest 1st Responder <u>and</u> Closest ALS Ambulance	- Closest 1st Responder <u>and</u> Closest ALS Ambulance if available; - BLS ambulance if ALS unit not available	Closest 1st Responder and Closest Ambulance available (ALS or BLS)	- Closest 1st Responder <u>and</u> - Closest Ambulance if available (ALS or BLS)		
Classification 3 (*Charlie) Non-Critical/Currently Stable Patient(s) Requiring ALS Assessment	Closest ALS Ambulance	Closest Ambulance available (ALS or BLS)	Closest Ambulance available (ALS or BLS)	- Closest 1st Responder if available or - Closest stand-in responder unit		
Classification 4 (*Bravo) BLS Assessment for unknown/possibly danger- ous scenes	Closest 1st Responder <u>and</u> Closest BLS Ambulance	Closest 1st Responder and Closest BLS Ambulance if available	Closest 1st Responder	- Trauma Closest 1st Responder - Medical Referral to Nurse or Health Department Advice Phone service if available; or self- transport to Alternate Care Site		
Classification 5 (*Alpha) BLS Treatment	BLS Ambulance	Alternate Care Referral	Alternate Care Referral	Alternate Care Referral		
Classification 6 (*Omega) Non-Ambulance Care	Alternate care such as Poison Control Center; Police/Fire service call, etc.	Alternate care such as Poison Control Center; Police/Fire service call, etc.	Alternate care such as Poison Control Cen- ter; Police/Fire service call, etc.	Alternate care such as Poison Control Cen- ter; Police/Fire service call, etc.		