

TO: Dispatch Centers and EMS Operational Programs

FROM: Richard Alcorta, MD FACEP
State EMS Medical Director

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RE: Call Screening/ Card 36 for Febrile Respiratory Illness

The CDC has posted ***Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine-Origin Influenza A (H1N1) Infection*** http://www.cdc.gov/swineflu/guidance_ems.htm . This guidance recommends that each Public Service Access Point provide the following:

- PSAP call takers should screen all callers for any symptoms of acute febrile respiratory illness. Callers should be asked if they, or someone at the incident location, has had nasal congestion, cough, fever or other flu-like symptoms.
 - If the PSAP call taker suspects a caller is noting symptoms of acute febrile respiratory febrile illness, they should make sure any first responders and EMS personnel are aware of the potential for “acute febrile respiratory illness” before the responders arrive on scene.

Concurrently, the National Academies of Emergency Dispatch (NAED) has posted for open use by all dispatch programs regardless of vendor, the use of the Card 36 template for screening calls to identify the determinant level and to provide a precautionary advisory to the EMS responding providers as posted on the following websites:

<http://www.prioritydispatch.net/index.php?a=flu>
<http://www.emergencydispatch.org/flu.php>

At a minimum for the following chief complaints of Breathing Problems (P-6), Chest Pain (P-10), Headache (P-18), and Sick Person (P-26), the following actions are recommended as these are most likely to generate a positive finding. Those that have the computer or the card set version of Priority Dispatch© or other vendor base algorithms should continue to screen calls in the normal fashion until they have established the determinant code. The computer version should then hit the “SRI” (*Severe Respiratory Infection (Flu-Like) Symptoms*) button at the top of the screen. The card set centers (including non- Priority Dispatch© dispatch programs) should use the “key questions” of the Card 36 print out. Using either check list, the dispatcher will determine if the patient has two more of the respiratory related signs or symptoms and will alert the responding unit(s) by telling them this is a “Code 36” call so they will use precautions and perform onscreen interrogation following the CDC guidance. The use of “Code 36” should be standardized to expedite facility across all EMS jurisdictions and reduce any cross jurisdictional confusion.

Public Service Access Points are not to adjust or reduce the determinant code for dispatching of EMS resources at this time. If the probability of acute respiratory illness (Swine –Origin Influenza A- S-OIA) escalates, then adjustments to these recommendations will be provided with increased call screening and possible adjustments in determinant resource allocation.

MIEMSS wants to encourage the Public Service Access Points (PSAP) review the Card 36 with your EMS Medical Director and dispatch operational leadership and escalating levels in a preplanning fashion to assign resources and consider future determinant response unit assignments. If you are interested in a draft template that has been tested in previous Pandemic Flu exercises please contact Richard Alcorta, MD at ralcorta@miemss.org