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KEY QUESTIONS

1. What is the most prominent complaint?
   (Difficulty breathing)
   - Does s/he have difficulty speaking between breaths?
     - (No) Describe to me what her/his breathing is like.
   - (INEFFECTIVE or DSBB) Did s/he have any flu symptoms prior to this?
     - Yes & INEFFECTIVE
     - Yes & DSBB
     - No

(Chest pain ≥ 35)
- Has s/he ever had a heart attack or angina (heart pains)?
  - Yes

2. Is s/he completely alert (responding appropriately)?
3. Is s/he changing colour?
   - (Yes) Describe the colour change.
4. Is s/he having chills or sweats?
   - Yes & chest pain ≥ 35
5. Is s/he vomiting?
   - Yes & chest pain ≥ 35
6. Does s/he have a new cough that recently started?
7. Does s/he have a sore throat?
8. Does s/he have unusual total body aches?
9. Does s/he have a fever (hot to touch in room temperature)?

LEVELS # DETERMINANT DESCRIPTORS ➔ S A B C

D

1 ABNORMAL BREATHING with flu symptoms
2 DIFFICULTY SPEAKING BETWEEN BREATHS with flu symptoms
3 Not alert with flu symptoms
4 CHANGING COLOUR with flu symptoms

C

1 Abnormal breathing with single flu symptom or Asthma/COPD
2 Abnormal breathing with multiple flu symptoms
3 Chest pain ≥ 35 with single flu symptom
4 Chest pain ≥ 35 with multiple flu symptoms
5 HIGH RISK conditions

A

1 Chest pain < 35 with single flu symptom
2 Chest pain < 35 with multiple flu symptoms
3 Flu symptoms only (cough, fever, chills, sweats, sore throat, vomiting, diarrhoea, unusual total body aches, headache, etc.)
Locally enacted Flu Level designations may affect your agency's response assignment. With the exception of Level 0, the other levels allow for locally designated, potentially different levels of patient triage and reduced response:

- **S** = Level 0 (surveillance only) – no change in response
- **A** = Level 1 (low triage) – consider referral of ALPHA cases only
- **B** = Level 2 (moderate triage) – consider reduced response for CHARLIE cases
- **C** = Level 3 (high triage) – consider referral of some CHARLIE cases and reduced response for DELTA cases

### INEFFECTIVE BREATHING

See Protocol 9 for definitions.

### DIFFICULTY SPEAKING BETWEEN BREATHS

See Protocol 6 for definitions.

### CHANGING COLOUR

See Protocol 6 for definitions.

### HIGH RISK Conditions

- ≤12 years old
- Diabetes
- Neurological diseases (affecting swallowing or breathing)
- Pregnancy
- Sickle cell disease (sickle cell anaemia)
- Other high-risk conditions of asthma, COPD, heart disease, and angina are covered in other CHARLIE-level Determinant Codes.

## Flu Surveillance & Triage Level Suffixes

### Rules

1. **Once surveillance or triage is locally approved, use Protocol 36 for the medical Chief Complaints of breathing problems, chest pain, headache, and sickness.** Do not go to Protocols 6, 10, 18, or 26 unless Protocol 36 directs you there.

2. **Once two flu symptoms in Key Questions 4–12 have been identified, skip the rest of the questions to Key Question 13 and then choose the appropriate Determinant Code.** If positive flu symptoms were mentioned in Case Entry, these Key Questions do not have to be asked again. More than one flu symptom creates a higher likelihood that the Chief Complaint is actually the flu.

3. **If initial information identifies the Chief Complaint as Breathing Problems (6), Chest Pain (10), Headache (18), or Sick Person (26), and other flu symptoms are not identified, return to the original Chief Complaint and complete the call.**

4. **If the patient had a fever but took aspirin, acetaminophen/paracetamol (Tylenol, Panadol), or ibuprofen (Motrin, Brufen, Nurofen), and the fever is now gone,** answer the fever Key Question as “yes”.

5. **If the complaint is Chest Pain (≥ 35) and sweats, vomiting, or a history of heart attack or angina are later identified, go to Protocol 10 and complete the call. While sweats and vomiting are symptoms of flu, they may also be present in heart attacks.**

6. **Patients of age 65 or older are unlikely to have H1N1 and should be handled according to their most prominent Chief Complaint.**

### Axioms

1. It is predicted that a pandemic, epidemic, or outbreak will cause an increase in the number of severe breathing problems reported (more 6-D-1 cases) unless Protocol 36 triage is implemented.

2. Pregnant women infected with H1N1 are significantly at risk for complications, hospitalization, and death.

3. The **HIGH RISK** Condition of neurological diseases includes: multiple sclerosis (MS), muscular dystrophy (MD), amyotrophic lateral sclerosis (ALS or Lou Gehrig’s), motor neuron disease (MND), poliomyelitis, and myasthenia gravis. If a mentioned disease is questionable, consider it as positive.

### Pandemic

An epidemic that becomes widespread, affecting an entire region, continent, or the world.

### Epidemic

A sudden outbreak of a disease or an unusually large number of disease cases in a single community or relatively small area. Disease may spread from person to person and/or through the exposure of many persons to a single source, such as a water supply.

### Outbreak

A sudden increase in the number of disease cases, or occurrence of a larger than expected number of cases, within a short period of time.

### Flu Symptoms (may be updated as more is known about specific symptoms at the time of an outbreak)

Common symptoms of the current H1N1 (swine flu) illness based on the latest information from government health agencies:

- Chest pain
- Chills or sweats
- Cough (recent onset)
- Diarrhoea
- Difficulty breathing
- Fever (> 38º C/100º F)
- Headache
- Runny/stuffy nose
- Sore throat
- Unusual total body aches
- Vomiting