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KEY QUESTIONS

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

   Yes & INEFFECTIVE
   Yes & DSBB
   No

(Chest pain ≥ 35)
   a. 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?
   a. (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

D
1. INEFFECTIVE 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.)

KEY QUESTIONS (continued)

10. Does s/he have a runny or stuffy nose?
11. Does s/he have diarrhoea?
12. Does s/he have a headache?
   a. (Yes & no other flu symptoms) Was there a sudden onset of severe pain?

13. Does s/he have any HIGH RISK conditions?

POST-DISPATCH INSTRUCTIONS

a. (If regular dispatch) I am organising help for you now. Stay on the line and I’ll tell you exactly what to do next.
b. (If reduced/limited dispatch) I’m arranging care for you now. An ambulance (or Care Van) will come to check you when they are available. This might take (several hours).
c. (If quarantine and no dispatch) Because of the extent of the flu epidemic, an ambulance cannot be sent to you. I will connect you to a flu care specialist who will advise you on what to do.
d. (Patient medication requested and Alert) Remind her/him to do what her/his doctor has instructed for these situations.
e. (≥ 1 + DELTA) If there is a defibrillator (AED) available, send someone to get it now in case we need it later.

DLS

* Link to X-1 unless:
INEFFECTIVE BREATHING and Not alert

LEVELS # DETERMINANT DESCRIPTORS

S A B C

D
1. INEFFECTIVE 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
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3. Flu symptoms only (cough, fever, chills, sweats, sore throat, vomiting, diarrhoea, unusual total body aches, headache, etc.)
### Flu Surveillance & Triage Level Suffixes

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**:

<table>
<thead>
<tr>
<th>Suffix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>S</strong> = Level 0</td>
<td>(surveillance only) – no change in response</td>
</tr>
<tr>
<td><strong>A</strong> = Level 1</td>
<td>(low triage) – consider referral of ALPHA cases only</td>
</tr>
<tr>
<td><strong>B</strong> = Level 2</td>
<td>(moderate triage) – consider reduced response for CHARLIE cases</td>
</tr>
<tr>
<td><strong>C</strong> = Level 3</td>
<td>(high triage) – consider referral of some CHARLIE cases and reduced response for DELTA cases</td>
</tr>
</tbody>
</table>

### 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.

### 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 more 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** (> 100º F/38º C)
- **Headache**
- **Runny/stuffy nose**
- **Sore throat**
- **Unusual total body aches**
- **Vomiting**