

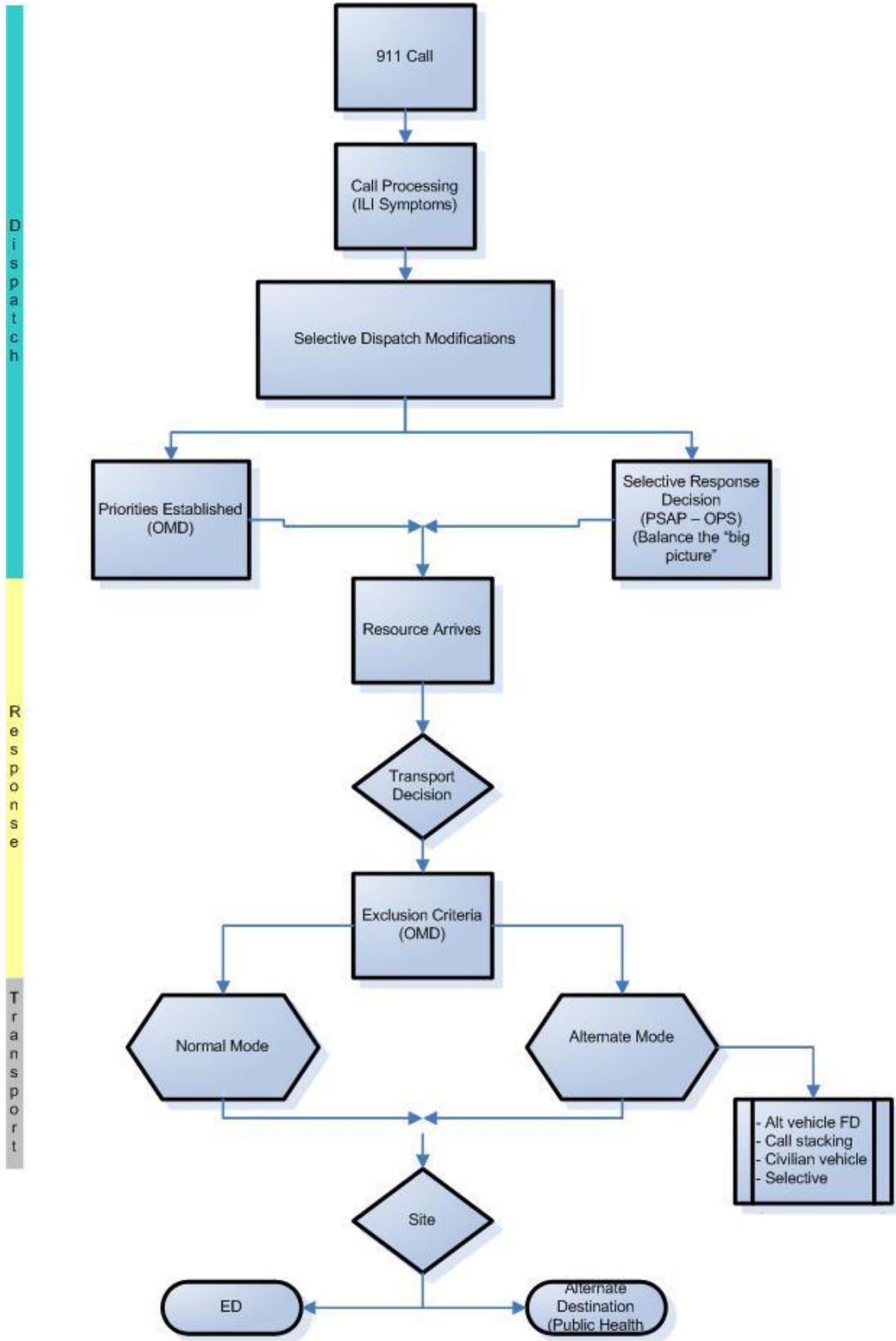
Northern Virginia Regional EMS Response Pandemic Incident

The following were agreed to by agency OMDs:

- The concept of an alternative mode of transport under the right circumstances
- Use of selective transport of non-acute patients
- Use of alternate destinations as defined by public health
- Response assets should be tailored to the resources that are available and the needs of the patient

The decision to move to an alternate strategy should be made by the Fire/EMS Chiefs who should be in contact with the OMD's. The goal is to balance medical needs with operational needs, and the decisions must be made by consult with both parties. In some jurisdictions the OMD may be the sole decision maker, due to the structure of the specific EMS system. Regardless, the decisions should be made physically in the PSAP. Due to differences in the regional systems, some jurisdictions may move to selective dispatch before others.

Response Flow Chart



EMS Call Classification

General EMD Call Classification	APCO or Medical Priority Dispatch EMD System (if used)	Selective Response Dispatch Priorities
<p style="text-align: center;">PRIORITY ALS</p> <p>(Or the jurisdictional equivalent)</p>	<p style="text-align: center;">ALS Priority</p> <p style="text-align: center;">DELTA</p>	<ul style="list-style-type: none"> • ALS Provider with transport capability <i>If none available then</i> • ALS provider without transport capability <i>If none available then</i> • BLS Provider with transport capability <i>If none available then</i> • BLS provider without transport capability
<p style="text-align: center;">STANDARD ALS</p> <p>(Or the jurisdictional equivalent)</p>	<p style="text-align: center;">ALS Standard</p> <p style="text-align: center;">CHARLIE</p>	<ul style="list-style-type: none"> • ALS Provider without transport capability <i>If none available then</i> • ALS provider with transport capability <i>If none available then</i> • BLS Provider with transport capability <i>If none available then</i> • BLS provider without transport capability
<p style="text-align: center;">PRIORITY BLS</p> <p>(Or the jurisdictional equivalent)</p>	<p style="text-align: center;">BLS Priority</p> <p style="text-align: center;">ALPHA</p>	<ul style="list-style-type: none"> • BLS Provider with transport capability <i>If none available then</i> • ALS provider without transport capability <i>If none available then</i> • ALS Provider with transport capability <i>If none available then</i> • BLS provider without transport capability
<p style="text-align: center;">STANDARD BLS</p> <p>(Or the jurisdictional equivalent)</p>	<p style="text-align: center;">BLS Standard</p> <p style="text-align: center;">OMEGA</p>	<ul style="list-style-type: none"> • BLS Provider without transport capability <i>If none available then</i> • BLS provider with transport capability <i>If none available then</i> • ALS Provider without transport capability <i>If none available then</i> • ALS provider with transport capability

EXCLUSION CRITERIA FOR SELECTIVE TRANSPORT

When resources during a pandemic are “Level Red”, automatically offer to transport patients with the following presentation: This document is to be used to establish minimums—each jurisdiction may add to these criteria.

1. Provider discretion – suspicion of critical illness/injury
2. Altered vital signs (or age-specific abnormal vital signs), including any one of these: <ul style="list-style-type: none">• SBP < 90• SpO₂<92%• RR>30 (or respiratory distress)• HR>120, or delayed capillary refill
3. Breathing: <ul style="list-style-type: none">• Respiratory Distress• Cyanosis, or pallor/ashen skin
4. Circulation / Shock: <ul style="list-style-type: none">• Signs or symptoms of shock• Severe / uncontrollable bleeding• Large amounts of blood (or suspected blood) in emesis or stool
5. Neurologic: <ul style="list-style-type: none">• Unconscious or altered level of consciousness• New focal neurologic signs (CVA, etc.)• Status, multiple or new-onset seizure• Severe headaches – especially sudden onset or accompanied with neck pain/stiffness• Head injuries with more than brief loss of consciousness or continued neck pain, dizziness, vision disturbances, ongoing amnesia or headache, and/or nausea and vomiting
6. Trauma: <ul style="list-style-type: none">• Significant trauma with chest/spinal/abdominal/neurologic injury deemed unstable or potentially unstable• Suspected fractures or dislocations that cannot be safely transported by private vehicle

Note: patients with flu-like illness may be offered alternative transportation or services if they do not meet the above criteria.