



**ORLEANS PARISH COMMUNICATION DISTRICT**  
**9-1-1/3-1-1**

**EMERGENCY DIRECTIVE**

**DIRECTIVE NUMBER: 20-02 (Replaces Directive 20-01)**  
**SUBJECT: COVID-19 / Activation of Protocol 36**  
**DATE ISSUED/REVISED: 03/09/2020**

**RELATIVE REFERENCE(S):**  
**ACCREDITATION STANDARD(S): CALEA 3.6.2.**

**APPROVED BY** *Jayce T. Moni* **DATE** 03/09/2020  
**Executive Director, OPCD**

**PURPOSE:** The City of New Orleans along with the Center for Disease Control and Prevention (CDC) and the Louisiana Department of Health (LDH) are closely coordinating efforts to respond to the impacts of the COVID-19 outbreak. At the issuance of this directive, there has been one presumptive confirmed case in Louisiana. As the Emergency Communications Center (ECC) serving all of Orleans Parish, OPCD shall take every precaution to triage medical calls for service, which includes the activation of advanced protocol. This will ensure patients and first responders maintain an optimal level of situational awareness and take the necessary universal precautions.

**DIRECTIVE:** In consultation with the OPCD Medical Director and the International Academy of Emergency Dispatch, OPCD shall activate the use of Protocol 36: Pandemic/Epidemic/Outbreak Triage. This will allow the certified emergency medical dispatchers to properly triage calls for service and give the responding agencies and opportunity to adjust their response plans and resource allocation if needed.

**I. GUIDELINES**

1. All medical emergency calls for service shall be processed by actively certified Emergency Medical Dispatchers (EMD).
2. **Protocol 36 shall be used on calls where the chief complaint is breathing problems, headache, chest pain and sickness. *Protocols 6, 10, 18 or 26 SHALL NOT be used unless Protocol 36 takes you there.***
3. This directive shall remain in place until rescinded by the issuing authority.

**II. PROCEDURE**

1. OPCD EMDs that receive a medical call for service shall process as normal using the ProQA call taking software.
2. If the caller has a chief complaint of breathing problems, headache, chest pain or sickness, the call taker **SHALL** selected protocol 36. *Do not use protocols 6, 10, 18 or 26 initially.*

3. If the protocol determines that another chief complaint would be more appropriate, it will shunt there automatically.
4. If the patient's condition changes and the chief complaint is no longer breathing problems, headache, chest pain or sickness, the EMD shall select the most appropriate protocol. (Ex...Caller reports breathing problems initially but then goes into cardiac arrest. The EMD will change from protocol 36 to 9 (Cardiac Arrest)).
5. The EMD will provide the appropriate post-dispatch instructions which is determined by the response level (see below).

### III. RESPONSE LEVELS

1. Protocol 36 allows the public safety agencies to pre-determine responses at four different levels (0-3). **At the issuance of this directive, OPCD is operating at level 0.**
2. The response level can be adjusted by the OPCD Medical Director (Dr. Nichols) or Chief of EMS (William Salmeron).

Level	Summary
0	Normal operations. This level provides additional surveillance and data to health officials.
1	Alternative response is offered to the lowest priority patients. They may be asked to stay at home, self-transport to medical facility, or be picked up by alternative transportation. Fire EMS response reduced.
2	Additional reduction to Fire Dept response to keep them available for the most critical patients. Additional alternative responses as well as being sending single sprint cars to assess patients before sending an ambulance.
3	Fire response only for life threatening patients. Additional sprint only responses for patients who may not need transport.

### IV. DISPATCH PROCEDURES

1. The computer aided dispatch (CAD) system has been programmed to prompt a pre-determined response based upon the level.
2. The EMS dispatcher shall follow the recommendation of the CAD system and ensure the required resources are dispatched.
3. All priority zero "0" calls will be sent to EMS personnel to conduct additional triage on the phone and determine the best course of action.

**36 PANDEMIC / EPIDEMIC / OUTBREAK (SURVEILLANCE OR TRIAGE)**

KEY QUESTIONS		KEY QUESTIONS (continued)				
1. What is the most prominent complaint? (Difficulty breathing)		10. Does s/he have a runny or stuffy nose?				
a. Does s/he have difficulty speaking between breaths?		11. Does s/he have diarrhea? * see Rule 2				
i. (No) Describe to me what her/his breathing is like.		12. Does s/he have a headache?				
b. (INEFFECTIVE or DSBB) Did s/he have any flu symptoms prior to this?		a. (Yes & no other flu symptoms) Was there a sudden onset of severe pain?				
Yes & INEFFECTIVE	36-D-1	Yes	18			
Yes & DSBB	36-D-2					
No	6		CC			
(Chest pain ≥ 35)		13. Does s/he have any HIGH RISK conditions?				
a. Has s/he ever had a heart attack or angina (heart pains)?		No flu symptoms in KQ 4–12				
Yes	10					
2. Is s/he completely alert (responding appropriately)?		POST-DISPATCH INSTRUCTIONS				
3. (Not 1st party) Is s/he changing color?		a. (If regular dispatch) I'm sending the paramedics (ambulance) to help you now. Stay on the line and I'll tell you exactly what to do next.				
a. (Yes) Describe the color change.		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).				
4. Is s/he having chills or sweats?		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.				
Yes & chest pain/discomfort ≥ 35	10	d. (Patient medication requested and Alert) Remind her/him to do what her/his doctor has instructed for these situations.				
5. Is s/he vomiting?		e. (≥ 1 + DELTA) If there is a defibrillator (AED) available, send someone to get it now in case we need it later.				
Yes & chest pain/discomfort ≥ 35	10					
6. Does s/he have a new cough that recently started?		DLS * Link to X-1 unless:				
7. Does s/he have a sore throat?		INEFFECTIVE BREATHING and Not alert				
8. Does s/he have unusual total body aches?		ABC-1				
9. Does s/he have a fever (hot to touch in room temperature)?						
LEVELS	#	DETERMINANT DESCRIPTORS	CODES: LEVEL 0 (S)	LEVEL 1 (A)	LEVEL 2 (B)	LEVEL 2 (C)
D	1	INEFFECTIVE BREATHING with flu symptoms	36-D-1			
	2	DIFFICULTY SPEAKING BETWEEN BREATHS with flu symptoms	36-D-2			
	3	Not alert with flu symptoms	36-D-3			
	4	CHANGING COLOR with flu symptoms	36-D-4			
C	1	Abnormal breathing with single flu symptom or Asthma/COPD	36-C-1			
	2	Abnormal breathing with multiple flu symptoms	36-C-2			
	3	Chest pain/discomfort ≥ 35 with single flu symptom	36-C-3			
	4	Chest pain/discomfort ≥ 35 with multiple flu symptoms	36-C-4			
	5	HIGH RISK conditions	36-C-5			
A	1	Chest pain/discomfort < 35 with single flu symptom	36-A-1			
	2	Chest pain/discomfort < 35 with multiple flu symptoms	36-A-2			
	3	Flu symptoms only (cough, fever, chills, sweats, sore throat, vomiting, diarrhea, unusual total body aches, headache, etc.)	36-A-3			

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Flu Surveillance & Triage Level Suffixes	Rules
<p>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:</p> <p><b>S = Level 0</b> (surveillance only) – no change in response</p> <p><b>A = Level 1</b> (low triage) – consider referral of ALPHA cases only</p> <p><b>B = Level 2</b> (moderate triage) – consider reduced response for CHARLIE cases</p> <p><b>C = Level 3</b> (high triage) – consider referral of some CHARLIE cases and reduced response for DELTA cases</p>	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>If initial information identifies the Chief Complaint as Breathing Problems (6), Chest Pain/Chest Discomfort (10), Headache (18), or Sick Person (26), and other flu symptoms are not identified, return to the original Chief Complaint and complete the call.</li> <li>If the patient had a fever but took aspirin, acetaminophen (Tylenol), or ibuprofen (Motrin), and the fever is now gone, answer the fever Key Question as "yes."</li> <li>If the complaint is Chest Pain/Chest Discomfort (≥ 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.</li> </ol>
<b>INEFFECTIVE BREATHING</b>	
See Protocol 9 for definitions.	
<b>DIFFICULTY SPEAKING BETWEEN BREATHS</b>	
See Protocol 6 for definitions.	
<b>CHANGING COLOR</b>	
See Protocol 6 for definitions.	
<b>HIGH RISK Conditions</b>	
<ul style="list-style-type: none"> <li>≤ 12 years old</li> <li>Diabetes</li> <li>Neurological diseases (affecting swallowing or breathing)</li> <li>Pregnancy</li> <li>Sickle cell disease (sickle cell anemia)</li> </ul> <p>Other high-risk conditions of asthma, COPD, heart disease, and angina are covered in other CHARLIE-level Determinant Codes.</p>	
	<ol style="list-style-type: none"> <li>Pregnant women infected with H1N1 are significantly more at risk for complications, hospitalization, and death.</li> <li>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.</li> </ol>
	<b>Pandemic</b>
	An epidemic that becomes widespread, affecting an entire region, continent, or the world.
	<b>Epidemic</b>
	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.
	<b>Outbreak</b>
	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.
	<b>Flu Symptoms</b> (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:
	<ul style="list-style-type: none"> <li>Chest pain/discomfort</li> <li>Chills or sweats</li> <li>Cough (recent onset)</li> <li>Diarrhea</li> <li>Difficulty breathing</li> <li>Fever (&gt; 100° F/38° C)</li> <li>Headache</li> <li>Runny/stuffy nose</li> <li>Sore throat</li> <li>Unusual total body aches</li> <li>Vomiting</li> </ul>

**36 PANDEMIC / EPIDEMIC / OUTBREAK (SURVEILLANCE OR TRIAGE)**

**Incident Type Description**

36D01	INEFFECTIVE BREATHING with flu symptoms
36D02	DIFFICULTY SPEAKING BETWEEN BREATHS with flu symptoms
36D03	Not alert with flu symptoms
36D04	CHANGING COLOR with flu symptoms
36C01	Abnormal breathing with single flu symptom or Asthma/COPD
36C02	Abnormal breathing with multiple flu symptoms
36C03	Chest pain/discomfort >35 with single flu symptom*
36C04	Chest pain/discomfort >35 with multiple flu symptoms*
36C05	HIGH RISK conditions
36A01	Chest pain/discomfort <35 with single flu symptom
36A02	Chest pain/discomfort <35 with multiple flu symptoms
36A03	(cough, fever, chills, sweats, sore throat, vomiting, diarrhea, unusual total body aches, headache, ect.)

Level 0 (surveillance)			Level 1 (low triage)			Level 2 (moderate triage)			Level 3 (high triage)		
Priority	Response	Fire	Priority	Response	Fire	Priority	Response	Fire	Priority	Response	Fire
3	AMB/SPR	Yes	3	AMB/SPR	Yes	3	AMB/SPR	Yes	3	AMB/SPR	Yes
3	AMB	Yes	3	AMB	Yes	3	AMB	Yes	3	AMB	No
3	AMB	Yes	3	AMB	Yes	3	AMB	No	3	AMB	No
3	AMB	Yes	3	AMB	No	3	AMB	No	3	AMB	No
2	AMB	Yes	2	AMB	No	2	AMB	No	2	AMB	No
2	AMB	Yes	2	AMB	No	2	AMB	No	2	AMB	No
2	AMB	Yes	2	AMB	No	2	AMB	No	1	SPR	No
2	AMB	Yes	2	AMB	No	2	AMB	No	1	SPR	No
2	AMB	No	2	AMB	No	2	AMB	No	2	AMB	No
2	AMB	No	1	SPR	No	0	ALT	No	0	ALT	No
2	AMB	No	1	SPR	No	0	ALT	No	0	ALT	No
1	AMB	No	0	ALT	No	0	ALT	No	0	ALT	No

**Response Definition**

AMB/SPR	Ambulance & Sprint Unit
AMB	Ambulance ONLY
SPR	Sprint Unit ONLY
ALT	Alternative Response - No Public Safety Response (Special Vehicle or Stay Home)

\* No previous cardiac history

Level	Summary
0	Normal operations. This level provides additional surveillance and data to health officials.
1	Alternative response is offered to the lowest priority patients. They may be asked to stay at home, self transport to medical facility, or be picked up by alternative transportation. Fire EMS response reduced.
2	Additional reduction to Fire Dept response to keep them available for the most critical patients. Additional alternative responses as well as being sending single sprint cars to assess patients before sending an ambulance.
3	Fire response only for life threatening patients. Additional sprint only responses for patients who may not need transport.