

Proposed Guidelines for Alterations in the Healthcare System During an Influenza Pandemic

Colorado Medical
Society

Disaster
Preparedness and
Response



- Goals
- Assumptions
- Pandemic Triage
- Ventilator Allocation
- Inclusion/Exclusion Criteria



Goals of the Guidance Document

- Provide guidance
- Greatest good for largest # of patients
- Minimize casualties – Effective use of resources
- Use public health messages
- Clarify healthcare facility utilization
- Legal Framework

Flu Terms

Pandemic flu is virulent form of human flu that causes a *global* outbreak of influenza.

Avian (or bird) flu is caused by influenza viruses that occur naturally among wild birds.

Pandemic Flu is not necessarily Bird Flu

Deaths attributed to Influenza Pandemics of the 20th Century

1918-1919 “Spanish Flu” 20 million worldwide
550,000 US

1957-1958 “Asian Flu” 70,000 US

1968-1969 “Hong Kong Flu” 34,000 US



Page 7-8 Question 2

- Pandemic is a worldwide outbreak caused by a novel strain of influenza
- Healthcare resources will be limited
- Limitations and scope
- Public Engagement
- Healthcare providers will be forced to alter their standards of care



- Susceptibility will be universal
- Outbreaks simultaneous throughout the U.S.
- A pandemic wave will last about 6 to 8 weeks -
At least two waves are likely
- The attack rate will be about 30% - About 50% of
the ill will seek outpatient medical care
- May be infectious before onset of symptoms
- Typical incubation period for influenza is 2 days

- Financially challenged and minority cultural groups may be at increased risk
- There will be profound effects on the health care system
- Altered standards of healthcare will be required to achieve the goal of saving the most lives
- Risk groups cannot be predicted with certainty
- Colorado deaths approximately 30,000 total or about 350 deaths/day during the pandemic

- Vaccine will not be available for 1st wave
- We need plans for absentee rates from 25% - 40%
- Healthcare, public health, and other traditional first responders will be at higher risk of exposure and illness
- Laboratory confirmation for pandemic influenza will occur only at the beginning of a pandemic
- Increased use of medical call centers

- GEEERC
 - **Potential Executive Orders:**
- Allowing medical care in alternate care facilities
- Altered standards of care
- Relaxing of prescribing regulations re: established care provider – patient relationship
- Alterations in HIPAA regulations



Current Draft Executive Orders

- Declaration of Bioterrorism/Pandemic Disaster
- Suspension of Federal Emergency Medical Treatment and Active Labor Act (EMTALA)
- Allowing seizure of specific drugs from private sources
- Suspension of certain Board of Pharmacy regulations regarding dispensing of medication
 - Activation of Strategic National Stockpile
 - Prioritizing influenza vaccines and antivirals

Pages 22-23 Question 4

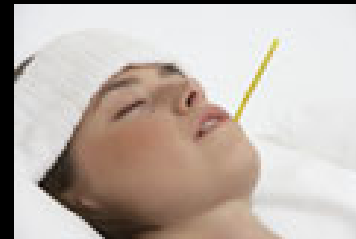
Pandemic Triage page 68-82 is a pullout guide

Home care for most

Hospitals will need to treat the critically ill and core functions (e.g. trauma)

Family and friends may be caring for the ill

Separate triage facilities



- Triggers for activation of a pandemic triage
- Hospital surge in a short amount of time
- Marked increase in the proportion of
- patients who are critically ill
- High percentage of hospitals on divert
- status
- shortage of ventilators

Pages 27-33 Question 5

Flow charts

Figure 4 page 27 Pre-Pandemic and Alert Phase

Figure 5 page 28 Pandemic Phase

Telephone triage

Guidelines for referral based on symptoms to a certain level of facility

EMS based transport and destination

Figure 6 page 31 EMS with adequate resources

Figure 7 page 32 EMS over capacity not overwhelmed

Figure 8 page 33 EMS overwhelmed – no response to cardiac arrest

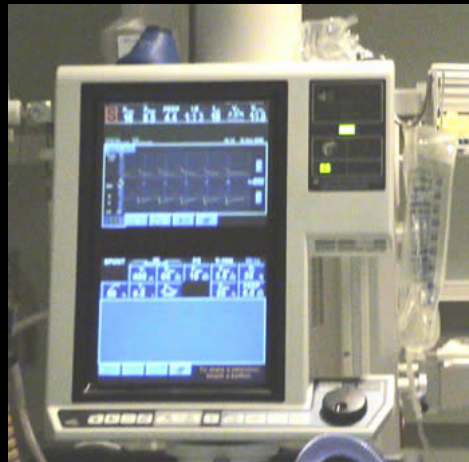
Pandemic Ventilator Triage

- Ventilators currently in US: 105,000
 - In daily use: 100,000
 - Projected pandemic need: 742,500
- Respiratory Therapists will be in great need
- Triage tiers based on severity of pandemic

Pages 40-42 Question 6

Ventilators

Page 40 Approximately 600 ventilators in the state 90-100% of these resources are currently in use for day to day needs. Ventilators will become a scarce resource.



Pages 40-42 Question 6

Progressive system to exclude those whose chance for survival is low from ventilator support

Page 41 Tier I and II- Do not offer & if started withdraw ventilator support to patients with any of the following:

Page 42 Tier III We have to get *even more* choosy about who will get the limited resources

Inclusion/Exclusion Criteria
pages 43-46 Question 7

Exclusion criteria



This Document:

- Will undergo continuous refinement
- Represents an initial attempt to deal with some very difficult issues
- Provides transparency to some tough decisions

Question 8-12

