SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/01/11 **Protocol: P-100**
Supersedes: 09/01/06

AUSTERE CARE PROTOCOL

THE AUSTERE CARE CONCEPT

"Austere Care" refers to quality medical care delivered to individuals under conditions of duress, such as after a disaster or when medical supplies are insufficient for demand for emergency care. Examples would include an earthquake with major infrastructure damage, biological events with depletion of health care resources, or a severe shortage of medical supplies and personnel due to physical factors such as a vessel isolated at sea. The advantage of Austere Care over normal emergency medical care in these circumstances is the ability to provide a certain level of care to every individual who needs it instead of a high level of care to only a few individuals. Austere Care is only rendered in the setting of disaster or isolation and requires activation as described in this protocol. Austere Care is never considered advantageous over normal emergency medical care and cannot be used in settings where normal or comprehensive emergency care is available.

ACTIVATION/DEACTIVATION OF AUSTERE CARE

Austere care is only authorized by the County Health Officer or his or her designee. Communication of the decision to use Austere Care will come through the Incident Command System chain of authority. Medical units will render care as described in the following protocols. If warranted, standard emergency medical care protocols can be utilized at the discretion of the Medical Group Supervisor depending on local conditions. Austere Care is designed to be a "floor" level of medical care, which may be superseded or augmented as conditions permit.

HOW TO UTILIZE AUSTERE CARE CLINICAL TRIAGE GUIDELINES

These guidelines are utilized when Alternate Care Sites are established by the Director of Health or his/her designee. They are designed to be used by EMS Dispatchers, EMS Providers, triage personnel at Alternate Care Sites, and triage personnel at Receiving Hospitals. Some information will not be available to all personnel utilizing these guidelines, e.g. Vital Signs for EMS Dispatchers, or Temperature for EMS Providers.
When in doubt, patients should be triaged to a higher level of care. No specific therapies are recommended for prehospital personnel to administer, however all symptomatic patients and appropriate providers should be masked per standard applicable protocols.

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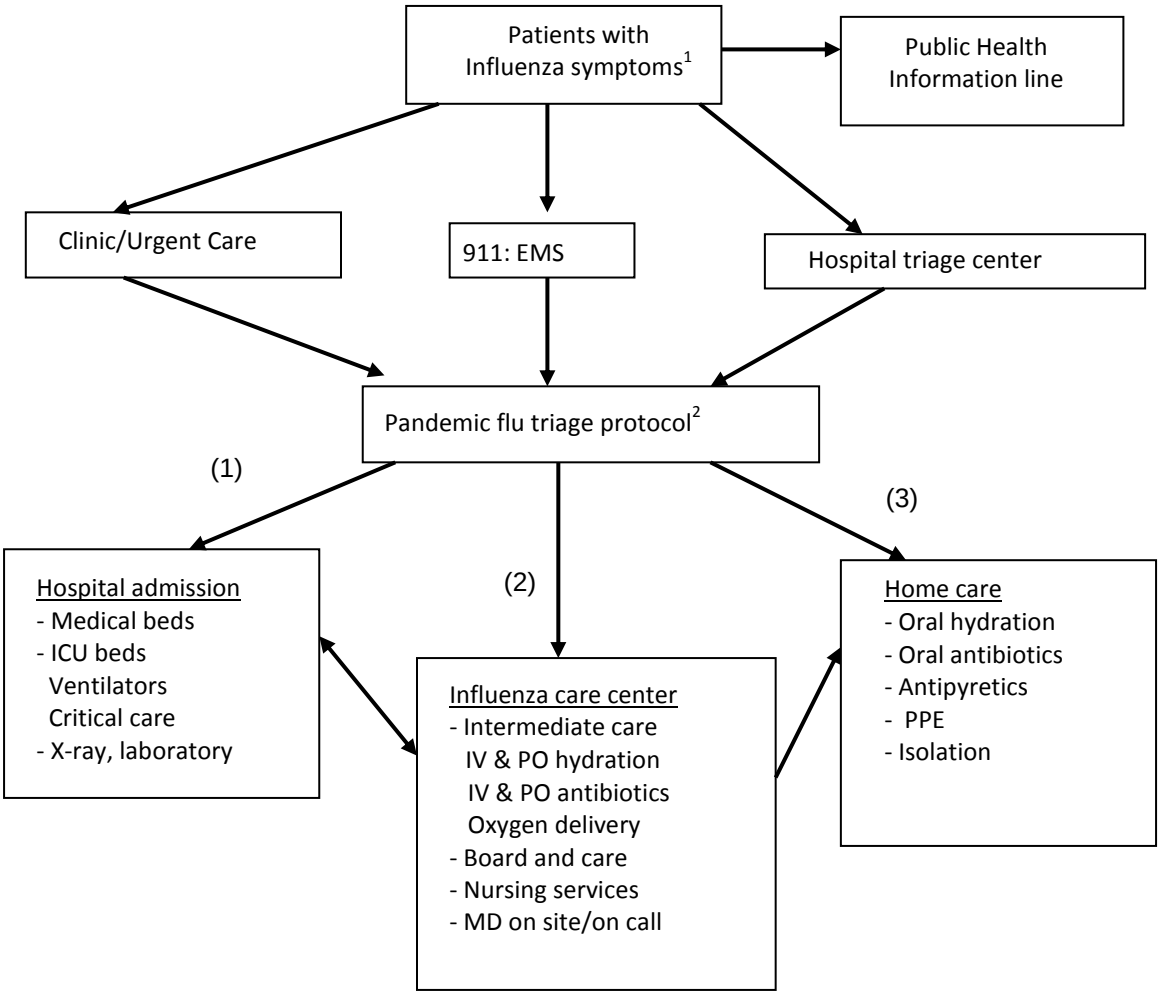
CLINICAL TRIAGE GUIDLINES
During Pandemic Critical Resources Stage



NOTES:

1. Influenza symptoms: High fever (T > 38) plus sore throat, cough or shortness of breath. Other symptoms: weakness, malaise, myalgias, chills, headache, nasal congestion, and (sometimes) abdominal symptoms.

2. Pandemic flu triage protocol must consider:
   - Available resources: vital signs, examination, pulse oximetry.
   - Patient: wears respiratory mask on presentation.
   - Personnel: respiratory and universal precautions.
   - Evaluation: age, living conditions, functional status, sick contacts.
   - Other comorbid medical conditions.

Adults and children >10 years of age AND > 25 kg (55 pounds): modified pneumonia severity index (PSI) calculation:

Characteristic	Points assigned
Highest risk age group(s) (to be determined)	+10
Significant co-morbid illness[1]	+10
Physical exam	
Altered mental status	+20
Respirations >30	+20
Systolic BP<90	+20
Pulse >125	+20
Room air pulse oximetry <92%	+20

Admission to hospital: Score ≥ 50 or

(1) Toxic appearance or rapid decompensation (especially important in adolescents and in pregnant women)
(2) Significant hypoxia – O_2 saturation in room air < 88%

HOW TO PERFORM AUSTERE CARE

Routine Medical Care guidelines do not change. Monitoring devices, oxygen and immobilization supplies may be in short supply and should be applied utilizing MCI triage guidelines (the greatest good for the greatest number, or the "immediate, delayed, minimal, expectant" scheme). Examples would include treating those patients with minor injuries or illnesses that could be put to work to help improve the situation first, then treating patients with the greatest chance of recovery next, then treating those patients most severely ill or injured last. Wherever possible, palliative care, i.e. pain control and reassurance should be given to all patients who are in need of it. In natural disasters such as earthquakes and severe climactic conditions, environmental injury (heat, cold) and trauma (wound and burn) care will

[1] For purposes of these triage guidelines, significant co-morbid illness would include any of the following:

- Pregnancy
- Asthma requiring daily use of medications, or symptomatic at presentation,
- Chronic lung disease, requiring oxygen or medications, or symptomatic at presentation,
- Hemodynamically significant congenital heart disease,
- Heart failure,
- HIV infection with CD4 count < 200,
- Patients on systemic steroid therapy equivalent to prednisone ≥15 mg/day for ≥1 month,
- Severe rheumatological or autoimmune diseases,
- Other immunocompromising conditions likely to result in life-threatening complications,
- Renal patients requiring dialysis,
- Cancer, currently on chemotherapy or radiation therapy,
- Severe anemia with hemoglobin concentration < 10 gm/dl,
- Hemoglobinopathies, such as sickle cell disease or thalassemia,
- Chronic neurological disorders affecting the muscles of respiration, such as spinal cord injuries, spastic quadriplegia, muscular dystrophy, etc.

be in the highest demand. This protocol provides recommendations for patient care that is less extensive in most areas, with the exception of wounds, than standard treatment protocols. Communication with the Base Hospital for physician consultation is encouraged only for special circumstances, as communication channels are likely to be busy with other traffic.

AUSTERE CARE GUIDELINES

The following table identifies changes to the treatment of patient conditions covered in the Standard Treatment Protocols.

CONDITION	TREATMENT
Abdominal Discomfort	Treat for shock if indicated. Trial of p.o. fluids. Trial of over-the-counter antacid if available.
Allergic Reaction	Epinephrine or Benadryl IM if indicated.
Altered Mental Status	Check glucose, treat with oral or IV glucose if indicated.
Cardiac arrest	V-Fib/ Pulseless V-Tach: If no return of spontaneous circulation (no pulses) after 3 shocks, cease resuscitation efforts. Do not initiate resuscitation of other cardiac arrest rhythms.
Chest discomfort	Aspirin and nitroglycerin .
Childbirth	Oxygen and IV fluid hydration if needed; Deliver baby.
Near-drowning	Oxygen and protect from hypothermia.
Pain control	Morphine and over-the-counter oral pain medications as appropriate and available (e.g. tylenol; ibuprofen) .
Respiratory distress	Bronchospasm: Albuterol CHF:Nitroglycerin
Stroke	Aspirin
Trauma	Follow standard treatment guidelines for treatment of individual conditions. If shock develops and does not respond to initial IV infusion of 2 liters of normal saline, provide palliative care only.

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The following table identifies treatment for conditions that are not found in the standard treatment protocols:

CONDITIONS	TREATMENT
Anxiety/depression	Reassure patient; assist with finding supportive group of others such as friends, relatives or volunteers. Lorazepam OR diazepam if needed for restraint/sedation.
Dehydration	Oral rehydration solutions (Gatorade, sports drinks, water, juices.)
Fracture care	Immobilization, ice pack, pain control with Morphine or over-the-counter pain medication.
Palliative care (Comfort care for dying patients)	Reassurance, place patient with supportive others. Morphine or over-the-counter pain medication if needed.
Vomiting	Antiemetic if available, oral rehydration solutions.
Wound care	Clean wounds with soap and water. Remove foreign bodies and debris. Irrigate with normal saline or clean water as available. Apply dressings. Qualified personnel may perform suturing. Wounds that are over 6 hours old cannot be sutured. Dressings should be changed daily. Signs of infection (fever, pus drainage, red streaks on skin, increased pain from wound) warrant triage to higher level of care.

DISASTER CACHE LIST TO PROVIDE AUSTERE CARE

<u>Wound care supplies:</u>

Suture kits (1% lidocaine, forceps, needle holders, hemostat, gauze, sterile drape)
3 ml syringes
10 ml syringes
18 g needles
22 g needles
25 g needles
4-0 ethilon suture material on a cutting (triangular) needle
4-0 vicryl suture material on a cutting (triangular) needle
4-0 absorbable suture material on a cutting (triangular) needle
Steri-strips
4 x 4 “gauze
3’ kerlix bandages
4” kerlix bandages
1” tape
Betadine solution
Alcohol pads
Bacitracin ointment

Normal saline 1000 ml IV solution bags for irrigation
Irrigation kits/syringes
Hand soap
Xeroform dressing material

Fracture care supplies:

1" aluminum padded foam splint material
3" fiberglass/foam splint material
4" fiberglass/foam splint material
4" bias wrap material
Arm slings—small, medium and large
Cervical collars—pediatric, medium, large and no-neck

Symptomatic relief supplies:

Oral hydration solution (e.g. powdered Gatorade)
Compazine suppositories
Over-the-counter pain medication, e.g. ibuprofen
Over-the-counter antacid, e.g. pepcid
Iodine tablets for water purification