

MINNEAPOLIS FIRE DEPARTMENT
STANDARD OPERATING PROCEDURES
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MINNEAPOLIS FIRE DEPARTMENT

**ALL-HAZARD
PANDEMIC PLAN**

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What Constitutes a Pandemic & Why is a Plan Necessary?

NHTSA #1 & 2

Holtca7/09

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A pandemic is a global disease outbreak. A pandemic illness occurs when a new virus or bacteria emerges for which there is little or no immunity in the human population, causing serious illness and spreads easily person-to-person worldwide. The Minneapolis Fire Department (MFD) recognizes that communicable disease exposure is a hazard of this job and disease transmission is possible during any aspect of our emergency response, in-house operations or public safety responsibilities. This plan has been written to provide all members with the best available protections from occupational acquired disease during a public health emergency. The EMS Deputy Chief has been designated as the MFD Pandemic Response Coordinator 612-209-4512 and in their absence the Assistant Chief of Operations will assume this responsibility 612-751-3818. If a public health emergency declaration appears imminent or one has been declared, Fire Administration in consult and/or under the advice of our Physician Medical Director will activate this plan. This document is interim guidance and will likely change as dictated by the changing circumstances of the pandemic.

How Do Germs Spread Person-to-Person?

NHTSA #3C

Viruses and bacteria are the organisms most commonly responsible for the spread of disease. Disease results from an invasion of a host (human) by one of these disease producing organisms. A communicable (or contagious) disease is one that can be transmitted (passed) from one person to another. A communicable disease-producing organism must be present for pandemic disease to exist. This organism or germ is transmitted person-to-person via the **BLOODBORNE**, **AIRBORNE** or **DROPLET** routes. **BLOODBORNE** diseases (e.g. hepatitis, HIV) are spread by direct contact with blood or body fluids of an infected person. To prevent disease transmission through contact, cover non-intact skin when touching blood or body fluids or wear gloves (wash hands after glove use, before eating or after going to the bathroom), prevent sharp injuries or splash by covering your eyes, nose or mouth with a mask and wear a pair of safety glasses. **AIRBORNE** diseases are transmitted by small 3-5 micro-droplets (referred to as **AIRBORNE**) or large droplets (referred to as **DROPLET**) of the disease-producing organism being expelled into the air by a productive cough or sneeze or by direct contact with infected bodily secretions. To prevent disease transmission through droplet spread, ask the patient to cover their cough or place a simple or oxygen mask over their nose and mouth if it will not interfere with their airway. First responders should cover their eyes, nose and mouth by using a simple mask for large droplet disease (e.g. Influenza) or particulate respirator (N95) mask for small droplet (e.g. Smallpox or TB) disease when working within 3 feet of the infected person or when performing suctioning, intubation, or assisting with aerosolizing procedures such as CPAP or nebulizer treatments and always wear gloves when touching wounds or contaminated surfaces.

NHTSA #3B

The disease-producing organisms responsible for a pandemic illness may be new or never before seen in the community. Its specific disease-producing characteristics may be unknown or ever-changing creating a dynamic prevention strategy. Be patient, stay alert. Specific disease education, transmission guidance, treatment and/or (personal protective equipment) PPE recommendations will be provided by our physician medical director and/or the Minnesota State Public Health Department located at www.health.state.mn.us or the Centers for Disease Control at www.cdc.gov/. Pandemic information will be disseminated or updated as the situation unfolds.

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What are my Exposure Risks to Pandemic Illness at Work?

NHTSA #3A

Fire Department personnel are at high risk of occupational exposure to illness anytime personnel are required to be in close proximity (within 3 feet) of sick people (e.g. EMS runs), or they are required to have repeated or extended contact with known or suspected sources (e.g. station living or assisting paramedics with hospital transport). Influenza for example, unlike most illness, is transmittable PRIOR to the onset of symptoms making it imperative that firefighters take precautions for ALL patient encounters if the prevalence of disease is high or the disease is severe. The MFD Pandemic Response Coordinator will monitor both national and state public health advisories to inform all fire departmental personnel of their exposure risk from the community.

How Could a Severe Pandemic Illness Affect the Fire Department?

NHTSA #3H

Unlike natural disasters or terrorist events, a pandemic will be widespread, affecting multiple areas of the United States and other countries at the same time. A pandemic will also be an extended event, with multiple waves of outbreaks in the same geographic area; each outbreak could last from 6 to 8 weeks and waves of outbreaks may occur over a year or more. A pandemic could affect as many as 30-40% of the workforce during periods of peak influenza illness. Many employees will be absent because they are sick, they must care for sick family member, schools and day care are closed, they are afraid to come to work or the employee has died.

During this period there will be no vacation granted and MFD will staff utilizing a staffing grid (seen below). This grid reflects a 30% reduction in daily staffing. Should our daily staffing number drop below 74 the Duty Deputy Chief in consult with the Assistant Chief of Operations will determine which additional apparatus ride down or close. In addition our Fire or EMS responses may be modified (e.g. sending one Engine Company instead of one Engine/one Ladder to Freeway Personal Injury Accidents) to reflect our daily numbers.

When Fire resources are limited and prior to implementing "Level Red" triage protocols (see below) it may become necessary to assign a Deputy Chief to the 911 dispatch center in order to modify Fire responses or triage EMS calls. When EMS resources are limited and they are pending transports, it may be necessary for MFD personnel to staff the MFD Mass Casualty Incident/Rehabilitation (MCI/REHAB) Van (capable of transporting 12 stretcher patients or 10 seated) or the MFD "Big Red" Bus (capable of transporting approximately 30 seated patients). These resources will be activated (locally or regionally) as a mutual aid response under the direction of the Assistant Chief of Operations and in consultation with the EMS Operations Managers and the MFD Medical Director.

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Pandemic Operational Response Contingency Staffing Grid

NHTSA #3H

DAILY STAFFING GUIDE

Revised 02-09

District 1

	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99
ENG 1	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
ENG 4	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	3	3	3	3	3	3	3	3	3	3	3
ENG 6	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4
ENG 16	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
RES. 1	5	5	5	5	5	5	5	5	5	5	4	5	5	5	5	4	4	4	4	4	4	5	6	6	6	6
LAD 4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
LAD 11	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
MCV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1
	22	22	22	22	22	22	22	22	22	22	21	22	22	25	25	24	24	25	25	25	25	26	27	27	28	28

District 2

	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99
ENG 8	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
ENG 17	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
ENG 22	0	0	0	0	0	0	0	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
ENG 27	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
ENG 28	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
LAD 5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	16	16	16	16	16	16	16	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19

District 3

	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99
ENG 5	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
ENG 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	3	3	3	3	3	3	3	3	3	3
ENG 12	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
ENG 19	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
ENG 21	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
LAD 3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
LAD 2	0	0	0	0	0	0	0	0	0	0	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
SALVAGE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1
	16	16	16	16	16	16	16	16	16	16	20	20	20	20	20	23	24	24	24	24	24	24	24	24	24	24

District 4

	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99
ENG 2	0	0	0	0	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4
ENG 11	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
ENG 14	3	3	3	4	3	3	4	3	3	4	3	3	4	3	3	3	3	3	3	3	3	3	3	3	4	4
ENG 15	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4
ENG 20	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
RES 9	4	4	5	5	4	5	5	4	5	5	4	4	4	4	5	4	4	4	5	5	5	5	5	6	6	6
LAD 10	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	20	20	21	22	23	24	25	23	24	25	23	23	24	23	24	23	23	23	24	25	26	26	26	27	28	28

74 74 75 76 77 78 79 80 81 82 83 84 85 87 88 89 90 91 92 93 94 95 96 97 99 99

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Phone Triage Protocols:

NHTSA #3D

Hennepin County Medical Center (HCMC) EMS is our [Home Base]. Typically HCMC EMS uses Medical Priority Dispatch System which relies on patient complaint protocols to help the Emergency Medical Dispatcher obtain information from the caller and send an appropriate response. In a pandemic LEVEL RED response category (see "LEVEL RED EMS Protocol") the Minneapolis Fire Department (MFD) Assistant Chief of Operations, MFD EMS Deputy Chief, HCMC EMS Ambulance Administration in coordination with the Medical Director and the Minneapolis Emergency Communication Center (MECC) Dispatch Supervisor will activate the [PANDEMIC EMERGENCY] nature code (seen below). The scope of any response intervention will be sufficient to ensure to the best of our ability that the EMS System continues to function and is prioritized to answer calls that pose a life safety threat.

PANDEMIC EMERGENCY

[PAN]

Definition: A medical emergency that occurs during a declared Pandemic outbreak. The Use of this PNC can only be authorized by the MECC acting supervisor or designee [Activate 911 pre- recorded message].

All illness-related medical emergencies will be assessed with this protocol when in effect.

ALWAYS USE COMMENTS WITH THIS CODE! NO EXCEPTIONS!

IF...	THEN...
A. Party is reporting a medical problem that is related to injury (i.e. TRAUMA).	A. Assess with normal protocol but be sure to advise the party that EMS response may be delayed.
B. Party is reporting a medical problem that is NOT related to injury (i.e. medical condition or ILLNESS).	B. Ask the questions listed under #3 below and dispatch as indicated per protocol.

Related SOPs: 2-XXX Pandemic Situation

911 Operator: Enter standard call details (refer to the Call Processing SOP) in addition to the following:

1. Nature and severity of the problem.
 - ✓ Patient is or was unconscious at time of 911 call – use **UNCON**
 - ✓ Ears, lips or fingers blue or gasping for breath (unable to talk) – use **SOB**
 - ✓ Chest pain with history of heart probs & pain constantly present – use **HEART**
 - ✓ Any severe bleeding (bright red squirting blood) – use **BLEED**
 - ✓ Pt. unable to talk normally, confused or moving arms/legs unevenly – **STROKE**
2. If any of the above is true, enter the call and transfer the caller to PAI. If PAI is NOT available consult the acting supervisor or continue to attempt to transfer.
3. Ask the caller if she/he has a fever, cough, sore throat, body aches, runny or stuffy nose, diarrhea or vomiting, chills or sweats, headache or sudden onset of sever pain. **If the caller answers "yes" to more than 2 of these questions, the caller should be transferred to 311 [Active 311 pre-recorded messages].**
4. If the caller insists that their illness requires an EMS response, enter a call using this [PAN] nature code and include contact information to call back the caller if needed. Advise the caller that EMS services are severely affected right now by the pandemic situation and that response may be delayed.
5. If there are additional questions or you are unsure of the medical nature of the problems being reported, you may attempt to transfer the caller to PAI.

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Firefighter Screening:

NHTSA #3F

Once a shift (upon arrival) each Fire Captain shall screen their assigned personnel for individual illness or family illness at home. Each house will be provided a list of screening questions specific to the pandemic illness along with thermometers to evaluate their assigned personnel for fever. The screening questionnaire (see APPENDIX A example for "H1N1 Novel Influenza A" form) will be provided by the Minnesota Department of Health (MDH), obtained and/or replaced through MFD Fire Stores. The screening form ONLY needs to be completed and submitted to Fire HQ when a firefighter is found to have a fever and 2 or more symptoms characteristic of the on-going pandemic (see "H1N1 Novel Influenza A" symptom sample list below).

The Captain or Acting Captain "Screener" will evaluate the employee for the following:

- Fever (100.4 F or higher)
- cough
- difficulty breathing
- sore throat
- weakness
- headache
- diarrhea
- vomiting
- runny or stuffy nose
- joint or muscle aches (body aches)

PREGNANT or IMMUNOCOMPROMISED FIREIGHTERS:

If you are pregnant, breastfeeding or undergoing chemotherapy let the Duty Deputy Chief or EMS Deputy Chief know and with a letter from your physician light duty will be provided to you.

Any firefighter with signs or symptoms consistent with the pandemic illness will be isolated (taken out of service) from the remainder of the crew. The EMS Deputy Chief or Deputy Chief of Personnel will be contacted for further follow up instructions to occupational health and/or the firefighter will be sent home ill. Treatment of the ill-firefighter with anti-viral medications or antibiotics may be recommended after consult with the Minneapolis Fire Department Medical Director, Occupational Physician and/or the Minnesota Department of Health 651-201-5414 or 1-877-676-5414 (24 hours) and as available, provided at no charge to the employee. Home quarantine (see "Isolation & Quarantine" instructions) may be necessary. Medications (e.g. anti-viral) are available from State and Federal stockpiles but may be used only for treatment of illness, not for prophylaxis (prevention) and will be provided according to directions from the Minnesota Department of Health and/or Center for Disease Control (CDC). Vaccinations (when available) will be encouraged and offered at no charge to the firefighter. Whether or not medications or vaccinations will be offered to firefighter's families will be determined by availability and access.

Firefighter Exposure Reporting

If a firefighter sustains a "direct" cough, splash or spit to their unprotected face (no mask, no safety glasses) and/or transferred blood or body fluid from a patient to their non-intact and unprotected skin, complete a Supervisor's Report of Injury (SRI). Include in the SRI, the name of the person or contact (referred to as the "source") believed to have made you sick or causing the exposure. If on an EMS run document the "source" name in the [NOTES] Section and write a brief description of the incident to include the words, "possible pandemic exposure" in the [COMMENTS] Section of the National Fire Incident Reporting (NFIRS) report. Exposures may be difficult to track given the contagiousness of a disease prior to the onset of symptoms and thus, firefighters would be allowed to work unless they exhibit symptoms of the pandemic illness.

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Isolation & Quarantine

Isolation refers to keeping sick individuals from exposing others – for example, a firefighter with a fever during a pandemic would be required to stay home and asked to minimize exposure to others. Quarantine refers to keeping individuals that may have been exposed under watch for symptoms and sometimes keeping them in a single location. There is no role for involuntary isolation and quarantine the recommendations for these are to help prevent further spread of illness.

Requests for “self-imposed-fire-house” isolation and quarantine to prevent taking illness home will be discouraged based on the fact that it doubles well-firefighter’s exposures. Additionally, fire stations are not equipped to handle long term firefighter isolation and quarantine.

If a firefighter becomes ill, responds poorly to treatment and/or treatment is unavailable, under the direction of the MFD Medical Director, the City Doctor and/or the Minnesota Department of Health, periods of isolation and/or quarantine may be necessary. Listed below are best “Home Isolation” practices in order to reduce the spread of disease to well family members.

Home Isolation Checklist

1. Limit physical contact between those who are sick and those who are not.
 - The ill household member(s) needs to be physically separate from non-ill persons living in the home. Pick one room in the house where the ill person(s) can stay for their entire infectious period. That is one day before clinically ill and two days after symptoms resolve (around 7 days). If more than one person in the home is sick all ill persons can share the same room. The ideal room for ill person(s):
 - has windows that open to increase air circulation.
 - gets natural light (UV light will often kill the causative agent)
 - has a door that closes.
 - doesn’t share bathroom space with well persons
 - One person in the home should be the designated caregiver; all others should have limited to no contact. The designated caregiver can bring meals, beverages and medicines to the room of the ill person.
 - Ill persons should not leave their room or the home during the period when they are most likely to be infectious. When travel outside the home is allowed and necessary (e.g. for medical care), the ill person should cover their mouth and nose when coughing and sneezing and should wear a surgical or procedure mask (not an N95). Types of masks to be used may depend on supply. Recommendations will be issued at the time of the event (see APPENDIX C for “Make a Simple Mask”).
 - If contact between infected and not infected cannot be avoided (e.g. during transport in a car), place a surgical or procedure mask over the nose and mouth of the ill person (the well person in the vehicle should wear an N95 when available), and open the windows to increase air circulation.

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2. Contain the respiratory or wound secretions of the ill. All persons with signs and symptoms of a the pandemic illness regardless of presumed cause, should:
 - Cover their nose and mouth when coughing or sneezing and/or keep weeping wounds covered
 - Use tissues to contain respiratory secretions or dressings to cover wounds
 - Dispose of tissues or dressing materials in the nearest waste receptacle after use
 - Wash your hands after contact with respiratory/wound secretions and contaminated objects/materials.
 - Wear a simple mask (surgical mask – soft type) when in contact with others.

3. Protect the well with personal protective equipment (PPE) such as a mask (an N95 when available) and encourage frequent hand washing. The primary caregiver, or anyone who cannot avoid contact with the ill household member, can protect themselves by:
 - Wearing an N95, surgical or procedure mask when in close contact (<3 feet) with an infectious person. Masks should be changed and discarded when they become moist. Wash hands or use alcohol based hand rub after touching or discarding as mask. Mask recommendations will be updated at the time of an event.
 - Wear gloves if there is likely to be contact with wound or respiratory secretions. Discard gloves immediately after use.
 - Wash hands with warm water and soap or when not available an alcohol-based hand rub or anytime after contact with a person who may be ill, after removing mask or gloves, or after touching items or surfaces that may be soiled.

4. Keep environment clean
 - Tissues or waste (dressings) used by the ill person should be placed in a bag and disposed of with other household waste.
 - Laundry may be washed in a standard washing machine with warm or cold water and detergent. It is typically not necessary to separate soiled linen and laundry used by a sick person from other household laundry. Care should be used when handling soiled laundry (i.e. avoid “hugging” the laundry) to avoid self-contamination. Clean hands after handling soiled laundry.
 - Soiled dishes and eating utensils should be washed either in a dishwasher or by hand with warm water and soap. Separation of eating utensils for use by a sick patient is not necessary.
 - Environmental surfaces in the home can be cleaned using normal procedures and detergents or 1:10 bleach solution. An EPA registered hospital disinfectant can be used according to manufacturer’s instructions, but is not necessary. There is no evidence to support the widespread disinfection of the environment or the air.

5. Prevent illness among household members
 - Persons who have not been exposed to pandemic illness and who are not essential for patient care or support should not enter the home while persons are actively ill with pandemic symptoms.
 - Household members should monitor closely for the development of symptoms and contact a telephone hotline such as the MDH hotline (www.health.state.mn.us) or their own medical care provider if symptoms occur.

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The City of Minneapolis Public Health in conjunction with the Minnesota Department of Health (MDH) will update these home care recommendations should isolation and quarantine become necessary.

Mass Dispensing

NHTSA #3G

In any biological event it may become necessary to provide all essential personnel with medications, vaccinations or cached PPE. In the metro-region we have developed a First Responder Distribution and Dispensing Annex using a "Hub & Spoke" style distribution system that can be utilized, when needed, to advance antibiotics to providers from local caches prior to the arrival of outside assets'. The licensed ambulance that serves your public service area is considered your "Home Base". The Minneapolis Fire Department's Home Base is HCMC EMS. Upon activation by the MDH the Metro 911 EMS Coordinator will notify each Home Base of the cache pick up location and a courier will be dispatched to retrieve the necessary drugs and/or supplies. Each Home Base is responsible for distributing medications and/or supplies to the public service agencies (Police, Fire, Dispatch) in their PSA. Depending on the pandemic disease-producing organism, immunizations or vaccinations (when available) may be offered. When that is the case, vaccination centers may be used over the "Hub & Spoke" distribution system as an alternative means for mass distribution.

In years past we have had you complete a paper version (**Appendix E**) of "First Responder Mass (Drug) Dispensing Form" (in the event computer access is not available, this form may be found on the M:/drive>Fire Shared Documents>EMS folder>Drug Form) when you came to EMS. This form is in the process of being replaced by an automated form designed to be fail-safe and confidential. This screening form is available on the [First Responder and Personnel who Perform Mission Critical Functions] website. It is a tool used for prescribing oral antibiotics to first responders and personnel who perform mission critical functions in the event of exposure to **Anthrax, Plague or Tularemia**. Please follow the instructions below to sign you and your family members up to receive drugs in event mass dispensing should become necessary:

First Responder Mass (Drug) Dispensing Form:

1. Click on the following link:

<https://www.responderdispense.org>

2. Sign up as a user on the left hand side. Enter your EMPLOYEE NUMBER as **USERNAME** and (work or home) **EMAIL** address.

3. In the **AGENCY** drop down list, select "Minneapolis Fire Department" (specify shift e.g. A, B or C Shift or Day Shift if you are an hour 8 a day employee, MECC if assigned to dispatch).

4. Enter your **FIRST** name, **LAST** name and choose your own **PASSWORD** unique to yourself.

5. Use XXXX as your **SIGN UP CODE** (located on M:/drive>Fire Shared Documents>EMS>Drug Form).

6. Click through the site & enter data for pertinent to yourselves and your household members. Use the **EDIT** tab to show your profile and the **UPDATE** button to fill out the questionnaire.

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If the need for mass dispensing antibiotics were to become necessary the Minnesota Department of Health (MDH) will look at our aggregate (Minneapolis Fire Department) profile and see how many doses of antibiotics (Doxy, Cipro or Amoxicillin) are needed per household. An MFD representative will be dispatched to the mass dispensing site to pick up our allotted amount and deliver our pre-screened number of each drug to the employee at their assigned stations.

Levels of Personal Protective Equipment (PPE) and Procedures

NHTSA #3E

Guidance will be provided by the Center for Disease Control (CDC) and/or the Minnesota Department of Health (MDH) regarding the appropriate level of personal protective equipment (PPE) that will be necessary to protect you against the pandemic disease-producing organism. This information will be disseminated electronically or through interdepartmental mail from the Assistant Chief of Operations or the EMS Deputy Chief.

There are three levels of MFD PPE protection:

- **Hand**-This is the basic level of protection to include non-latex medical exam gloves. Gloves should be worn on every EMS call and/or anytime you anticipate touching patients their wounds, their body fluids or contaminated surfaces in their proximity. Wash your hands after every glove use, after the bathroom or before putting anything (cigarette, gum) in your mouth.
- **Face**-This is the second step in PPE protection and should be used in conjunction with the first or basic hand protection to include goggles or safety glasses and a face mask (MDH will provide specific mask guidance) to protect your eyes, nose and mouth. This level of protection should be worn anytime you anticipate splash, spit, splatter, cough or sneezing or while performing CPAP, suctioning, assisting with intubation, setting up a nebulizer treatment, rolling over and checking "one downs" or anytime you will be within 3 feet of a coughing, sneezing patient that is warm to touch or covered in full body rash.

MFD has shielded face masks and filter (N95) masks. In the event that N95's are limited it may be necessary to re-use masks (see APPENDIX B), decontaminate used masks using ultra-violet light and drying or you may be required to wear a simple face mask over the N95. If we can no longer get ANY masks (N95 or simple) it may be necessary to wear your SCBA or make our own (see APPENDIX C). No mask (N95, simple or home-made) should be reused once it is wet, visibly soiled or you are unable to get a good fit check).

- **FULL Body**-This is the highest level of protection and should be used in conjunction with the first (hand) and second (face) levels to include donning disposable coveralls (during body recovery or anticipated delivery) or wearing full turnout gear along with an N95 particulate respirator mask (when available). In the event N95 masks are not available and/or the pandemic disease producing organism requires airborne protection, you may be required to wear your SCBA.

Pandemic Supply Cache

NHTSA #3H

The Minneapolis Fire Department has cached antibiotics for all its firefighters plus up to 10 family members, antiviral medications for 33% of its work force who may become ill and enough PPE (N95 masks, simple masks, shielded face masks, safety glasses, disposable sleeves, gowns, Tyvek coveralls, hand sanitizers, bio-safe lotions and disinfectants) for 3 months EMS calls and 100% compliance. The fact remains that during a pandemic (lasting

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as long as 18 months) we may exhaust our cache and replacement may be difficult or impossible. While the City of Minneapolis Public Health, Hennepin County Public Health and the Minnesota Department of Health have (PPE/medication) stockpiles that may be made available to public safety, it will be imperative to utilize PPE appropriately and adhere to safe work practices and procedures as recommended below or by the MDH.

Safe Work Practices & Procedures

NHTSA #3E

- Pre-Response
 - Do NOT come to work sick.
 - Cover all open wounds.
 - Inventory personal PPE (must be able to cover eyes, nose, mouth, hands) & EMS bags.
 - Keep turn outs clean (use station washers/dryers, do NOT use bleach).
 - Wash hands after going to bathroom or before putting anything into your mouth (chewing gum, smoking).
 - Keep station clean- vacuum carpets/upholstery daily, sweep/mop floors daily, wipe down all hard surfaces with disinfectant (especially common areas such as door knobs, railings, phone receivers, computer keyboards), do NOT share personal items or utensils, use paper towels to turn off faucets, elbows to cover coughs or open doors, discard used tissues in waste can that has a liner or flush down the toilet.
 - Change bed linen (sheets/pillow case) DAILY and air out mattress. May be required to wash your own linens in the event there is limited or no linen service.
 - Use ONLY your own blankets or a laundered blanket not yet used.
 - Keep a clean uniform and a pair of shoes in your locker and do NOT wear dirty uniform or work shoes home.
 - Keep at least 6 feet between your bed and the next. As weather allows, open the dorm room windows to encourage fresh air exchange.
 - Review city emails, intradepartmental memos and/or listen to AM Radio Test Page to learn about what level of PPE you need to don for the day.
 - Use rubber maid gloves and Cavicide or Bleach (1/4 cup bleach to 1 gallon water) for disinfecting contaminated equipment or hard surfaces or inanimate surfaces inside apparatus cab.

- Making-the-Response
 - Don the appropriate level of PPE for the day (identified in the AM radio test or via written and/or electronic intradepartmental communications).
 - Wear medical exam gloves whenever you make an EMS response or you anticipate meeting, greeting or touching the public or inanimate objects such as bed railings or door knobs.
 - ANYTIME you will be less than 3 feet of an individual (e.g. suctioning, intubation, CPAP, nebulizer treatments) cover your eyes nose and mouth (shielded face mask or safety glasses w/mask). Whether or not you use a shielded face mask or an N95 will be depend on what level of PPE you have been instructed to use. This information will be dynamic. Pay attention to the AM MECC radio test and/or to intradepartmental written or electronic communications.
 - If you sustain a “direct” cough, splash or spit to their unprotected face (no mask, no safety glasses) and/or transferred blood/body fluid from a patient to their non-intact and unprotected skin IMMEDIATELY wash contaminated skin with soap and water (if available) or use waterless hand

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soap ASAP, flush your eyes, blow your nose, gargle your mouth out and at the end of the call return to the station for further decontamination and follow up instructions.

- Instruct all patients to cover their cough, wear a surgical or procedure mask, or put them on an oxygen mask with O2 flowing appropriate.
 - Guidance may be given during the event to place a simple mask on all patients.
 - During transport assistance open ambulance box windows and do not re-circulate cab/box air.
 - Remove PPE and discard in ambulance trash containers prior to leaving the scene or in patient's trash containers. Identify and/or dispose of sharps in ambulance sharps containers.
- After-the Call
 - Any firefighter who sustained a "direct" cough, splash or spit to their unprotected face (no mask, no safety glasses) and/or transferred blood/body fluid from a patient to their non-intact and unprotected skin, wash your contaminated skin with soap and water or further flush your eyes, blow your nose or gargle, take a shower, don a clean uniform and wash the contaminated uniform in the station washer/dryers (hot water and detergent will kill the bacteria/virus). Complete a Supervisor's Report of Injury (SRI) to include the patient's name in the [NOTES] Section and write a brief description of the incident to include the words, "possible pandemic exposure" in the [COMMENTS] Section of the National Fire Incident Reporting (NFIRS) report. Monitor for signs and symptoms of pandemic illness such as: fever, cough, rash, difficulty breathing, sore throat, weakness, headache, diarrhea, fatigue, joint or muscle aches. Should you become ill, follow the instructions outlined in the section entitled, "Firefighter's Exposure Reporting" listed above.
 - Clean all non-disposable equipment or hard surfaces using Cavicide or bleach (ratio 1/4 cup bleach to 1 gallon water) while wearing gloves. Discard waste (unless DRIPPING blood or body fluid-then red bag and call MCV to transport waste to HCMC EMS garage for disposal) in trash can with liner.
 - Wash hands using soap and water, apply Bio-Safe lotion.
 - Restock your EMS bags and turnouts with PPE supplies.

This MFD All-Hazard Pandemic Plan is intended to supplement the existing MFD Infection Control Policy and not replace it. For the latest recommendation related to the on-going Pandemic Illness refer to the following web sites www.cdc.gov or www.pandemicflu.gov or www.health.state.mn.us.

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LEVEL "RED" EMS PROTOCOLS:






NHTSA #3D

During a pandemic event the Minnesota EMS Regulatory Board has identified conditions which may be used by EMS providers that trigger changes to operations based on resource availability. These conditions or LEVELS are as follows:

1. GREEN: Operations as usual.
2. YELLOW: EMS services are pending or not answering calls that normally would warrant a Code 3 response.
3. RED: EMS Services are pending or not answering calls for which there is a significant risk of death for the patient.

These standing orders will be used to provide the best pre-hospital care to the greatest number of people during an extreme situation. They will only be put into place when resources are defined by the system as "Level Red," which means EMS services are pending or not answering calls for which there is a significant risk of death for the patient. They do not supersede other protocols. You will be notified by MFD Assistant Chief of Operations or the MFD EMS Deputy Chief when this status has been activated.

When LEVEL RED protocols are in effect and the patient presents with complaint you will assess the patient's objective condition and triage him/her into the following categories:

	<input type="radio"/> provide homecare information
	<input type="radio"/> refer to a clinic or other medical destination
	<input type="radio"/> refer to use of alternate transportation to a hospital, clinic or other medical destination
	<input type="radio"/> transport by (and at the discretion of) law enforcement
	<input type="radio"/> transport by ambulance to a hospital or other medical destination


Standing Orders







- A. If the patient's complaint or symptoms are not listed in these protocols, Paramedic or Fire Officer (in the event a Paramedic is NOT available) discretion is advised as long as the decision is not in conflict with SOP.

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B. During a Pandemic “Level Red,” assess the patient, once it has been determined Ambulance transport  is necessary, the Fire Officer will notify MECC dispatch they have a CODE 3 transport, then proceed to treat and package the patient within their level of EMT-Basic scope of practice, pending transport arrival:

	1. Paramedic or Fire Captain’s 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"> ○ Top number blood pressure < 90 ○ Pulse Ox < 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 (Stroke, 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

C. When resources during a Pandemic are “Level Red,” consider patients with the following presentations for:




- transportation by ambulance  - Note that many ‘transport by ambulance’ patients will not require emergency transport to the hospital – in which case, the crew may answer additional calls until the ambulance is full, or a critical patient is picked up, depending on system call volumes.


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- transportation by alternate means:

private vehicle  or police  to clinic  or hospital. Except in very limited cases, the patient should NOT self-transport to the hospital/clinic, but could be driven by someone else.



- homecare  Give patient the “Homecare Forms” for their complaint and advise to contact physician if symptoms persist or worsen. The “Homecare Forms” will have information pertaining to their complaint and list ways of caring for themselves, as well as what to look for that would prompt self-transport to a clinic or hospital, or transport via ambulance to the hospital. Advise the patient that this does not restrict them from seeking care at a clinic or hospital on their own, should they desire. These forms will be provided through MFD Fire Stores during a pandemic event and prior to instituting LEVEL RED protocols.

Specific Patient Care Guidelines:

1. ABDOMINAL PAIN:

	<ul style="list-style-type: none"> ○ Pulsating mass (felt as a mid-line abdominal pulse) ○ Marked tenderness/guarding ○ Pain radiating into back and/or groin/inner thighs ○ Recurrent severe vomiting not associated with diarrhea
	<ul style="list-style-type: none"> ○ Recurrent severe vomiting associated with diarrhea – to emergency if associated with signs/symptoms of dehydration, to urgent care or clinic if no dizziness nor vital sign changes and normal exam
	<ul style="list-style-type: none"> ○ Intermittent vomiting and diarrhea without blood or evidence of dehydration

2. ANAPHYLAXIS OR STINGS:





	<ul style="list-style-type: none"> ○ Patients who have had epinephrine administered for symptoms ○ Patients experiencing airway, low blood pressure or respiratory symptoms, after an allergy exposure
	<ul style="list-style-type: none"> ○ Patients with itching after exposure – if rapid onset of symptoms, may require EMS transport; if delayed > 1hour, safe for private transport. All patients with history of anaphylaxis should be seen in emergency room if possible. Others may be seen in clinic or urgent care. EMS may administer Benadryl prior to clearing scene, up to 1mg/kg.

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3. BACK PAIN:

	<ul style="list-style-type: none"> ○ Acute trauma with midline bony spinal tenderness ○ New onset of extremity weakness, numbness or tingling, other neurological changes, no control of urine or bowel, can not urinate, or bloody urine ○ Concern for abdominal aortic aneurysm ○ Pain radiating into abdomen, or groin/inner thighs
 	<ul style="list-style-type: none"> ○ Inability to ambulate/care for self
	<ul style="list-style-type: none"> ○ Concern for kidney stone, bloody urine

4. BEHAVIORAL:

	<ul style="list-style-type: none"> ○ Uncontrolled agitation requiring sedation by EMS
 OR  OR 	<ul style="list-style-type: none"> ○ Suicidal ideation – must be left with a responsible party
 OR 	<ul style="list-style-type: none"> ○ Other emotionally disturbed patients may be transported at law enforcement's discretion or by other means

5. BLEEDING (LACERATIONS, ABRASIONS OR AVULSIONS):




	<ul style="list-style-type: none"> ○ Patient is on "Coumadin" or other blood thinner with significant ongoing bleeding or large hematoma
 	<ul style="list-style-type: none"> ○ Significant lacerations after bandaging – heavily contaminated, bite-related, likely to involve foreign body, deep structure injury, sensory/motor deficit – to emergency room ○ Lacerations requiring simple repair – consider self-transport to physician's office or urgent care center (however, some offices do not do procedures; patient will need to call ahead)
	<ul style="list-style-type: none"> ○ Abrasions or avulsions not requiring suturing or repair, no significant contamination. ○ Minor lacerations that do not require sutures

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6. BURNS:

	<ul style="list-style-type: none"> ○ All chemical or electrical burns ○ Suspected inhalant burn ○ Significant third degree burns ○ Second degree burns to $\geq 5\%$ of body area ○ Second degree burns to face, mouth ○ Severe pain
	<ul style="list-style-type: none"> ○ Second degree burns to hands or feet, or to other location 1%-5% body surface area (size of patient's palmer surface)
	<ul style="list-style-type: none"> ○ Second degree burns < 1% body surface area, non-critical location ○ First degree burns



7. CARDIAC ARREST:

	<ul style="list-style-type: none"> ○ Witnessed down time ≤ 10 minutes – follow usual resuscitation protocols
	<ul style="list-style-type: none"> ○ All others – report death to dispatch and return to service; do not wait for law enforcement or medical examiner arrival

8. CHEST PAIN:

	<ul style="list-style-type: none"> ○ Chest pain or other signs or symptoms suspicious for cardiac ischemia, pulmonary embolus, or other life threat
	<ul style="list-style-type: none"> ○ Chest pain ongoing for >12 hours and a normal ECG ○ Chest pain with deep breath or movement (pulse ox and color normal) ○ Chest pain reproducible on physical exam to palpation is generally NOT concerning; unless ECG changes or known cardiac disease, unlikely to require treatment for acute coronary syndrome

9. DIABETIC:





	<ul style="list-style-type: none"> ○ Any patient on oral diabetes medications with low blood glucose – if transported by private vehicle must NOT drive self ○ Critical high glucose or signs of hyperglycemia/dehydration
	<ul style="list-style-type: none"> ○ Patients with typical hypoglycemia and explanation for low sugar (did not eat, etc.) can be left without medical control contact as long as family/friend is present and patient is eating

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10. ENVIRONMENTAL:

	<ul style="list-style-type: none"> ○ Heat-related illness with any alteration in mental status (confusion, decreased LOC) ○ Frozen extremity ○ Hypothermia with AMS
 OR 	<ul style="list-style-type: none"> ○ Frostbite to face, hands, feet, other location suspected deeper injury, blisters, or frozen to touch
	<ul style="list-style-type: none"> ○ Heat-related illness without alteration in mental status – initiate external cooling at home under supervision of friends/family ○ Minor frostbite with tissues now soft, pink, no blisters, and NOT involving fingers

11. ETOH/SUBSTANCE ABUSE:

	<ul style="list-style-type: none"> ○ Very decreased LOC or other confounding issues (head injury, suspicion of aspiration)
	<ul style="list-style-type: none"> ○ Otherwise may be transported at law enforcement's discretion
	<ul style="list-style-type: none"> ○ Patient may be left with a responsible individual who can assist the patient ○ Able to ambulate safely without assistance

12. EYE PAIN:





	<ul style="list-style-type: none"> ○ Impaled objects or possible penetrating injury to eye, or globe rupture ○ Chemical exposures (alkaline) – after decontamination and initial rinsing
 OR  	<ul style="list-style-type: none"> ○ Eye pain and/or acute changes to vision should receive transport for urgent evaluation to emergency department or other qualified clinic (e.g. eye clinic) ○ Chemical exposures (non-alkaline) – consult poison control for instructions; transport if symptoms / dangerous exposure
	<ul style="list-style-type: none"> ○ Chemical exposures (non-alkaline) – consult poison control for instructions; if no symptoms and limited toxicity likely, give instruction sheet

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13. FEVER:

	<ul style="list-style-type: none"> ○ Fever plus altered mental status including confusion ○ Fever plus severe symptoms by paramedic assessment ○ Fever plus seizures, lethargy, stiff neck, rash, or blistering
 OR  	<ul style="list-style-type: none"> ○ ≤ 3 months with fever estimated at 100.5 degrees – to emergency room or clinic urgently ○ > 3 months with fever that does not reduce with Tylenol or Ibuprofen, or fever lasting more than 5 days – emergency room, urgent care, or clinic

14. HEADACHE:

	<ul style="list-style-type: none"> ○ With vision changes, lethargy, or page 1 qualifiers (fever, etc.)
	<ul style="list-style-type: none"> ○ New headaches for patient require assessment ○ Usual headaches for patient may require treatment

15. MUSCULOSKELETAL INJURIES (ISOLATED):



	<ul style="list-style-type: none"> ○ Loss of distal pulses ○ Unable to effectively splint the affected part ○ Neurological changes or deficits (not moving extremities equal or numbness and tingling) ○ Open fractures ○ Displaced fractures or pain requiring injectable narcotics
	<ul style="list-style-type: none"> ○ Suspected fractures that are stable and do not require injected analgesia may be splinted appropriately and transported by private vehicle
 OR 	<ul style="list-style-type: none"> ○ Neck pain and back pain after MVC, that is delayed in onset and not associated with midline tenderness or neurologic symptoms

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16. NOSEBLEED:

	<ul style="list-style-type: none"> ○ Signs of hypovolemia (weakness or dizziness upon standing) ○ Patient is on blood thinners (Coumadin, lovenox, clopidogrel, etc.) ○ Continued high blood pressure (SBP >200) in setting of nosebleed ○ Continued severe bleeding despite EMS efforts to control
	<ul style="list-style-type: none"> ○ All other





17. OB/PREGNANCY:

	<ul style="list-style-type: none"> ○ Imminent delivery ○ Pain in abdomen or back ○ Profuse vaginal bleeding ○ Third trimester (>24 weeks) bleeding ○ Pre/eclampsia – syncope, seizure, altered mental status, SBP≥140
	<ul style="list-style-type: none"> ○ All other

18. SWALLOWING PROBLEM:

	<ul style="list-style-type: none"> ○ Patient unable to manage own secretions due to pain or obstruction
	<ul style="list-style-type: none"> ○ All other

19. SYNCOPE:

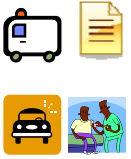
	<ul style="list-style-type: none"> ○ History of coronary disease or heart failure ○ Age =>55 ○ Pregnant ○ Chest pain, headache, or shortness of breath (or other symptoms concerning to paramedics)
  	<ul style="list-style-type: none"> ○ Likely dehydration, with dizziness preceding the syncope ○ Other underlying medical conditions

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20. TOXICOLOGIC (Overdose):

	<ul style="list-style-type: none">○ Overdose or other toxic exposure – contact Poison Control and/or on-line medical control○ If intentional, see Behavioral Health in this Appendix
---	---

21. VULNERABLE PERSON IN POTENTIAL DANGER:

	<ul style="list-style-type: none">○ EMS should assure that person will not be left in dangerous environment○ If safe disposition and transport can be arranged and the injuries do not otherwise require medical evaluation, other transport may be appropriate
---	--

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APPENDIX A: Sample Captain Screening Form (e.g. H1N1 Novel Influenza A)

Suspect (H1N1) Novel Influenza A Screening Form

1. Symptoms

Fever or feverishness (chills) Yes No Highest temp: _____
Cough Yes No
Sore throat Yes No
Nasal congestion or runny nose Yes No
Date of first symptom onset ____/____/____

2. Is this patient:

Complaining of lower respiratory symptoms (chest pain, shortness of breath, cough)?
Contact to a confirmed or suspect case of (H1N1) Novel Influenza A virus infection?

IF patient has 2 or more symptoms THEN:

Complete form with Firefighter demographics and submit via interdepartmental mail to FIRE HQ

Firefighter/Patient's Last Name: _____ Patient's First Name: _____

Date of Birth ____/____/____ Age _____ Sex: M ___ F ___

Patient's Street: _____

City: _____ State: _____ Zip: _____

Patient Phone: _____ (cell/home/work) _____ (cell/home/work)

If patient in minor, name of parent or guardian: _____

Fire Captain/Submitter Information *CONTACT MFD EMS Deputy Chief 612-209-4512

Name (person completing form): _____ Phone: _____

Provider name (currently responsible for care): _____

Pager/cell: _____

Station Assignment: _____ SHIFT: _____

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APPENDIX B:
Interim Respirator Re-Use Protocol for
H1N1 novel influenza (does not apply to TB patients)
May 4, 2009

Reuse of respirator masks is current best practices of Metro Hospitals.

Any reuse is restricted to a single person: mask cannot be shared between employees.

A disposable N95 respirator can be reused with the following precautions

- Protective covering such as a medical mask or a clear plastic face shield may be worn over the respirator if tolerated to protect it from surface contamination
- The inside of the mask should not be handled with contaminated gloves or hands
- Mask should be carefully stored in a paper bag between uses

Application:

- Perform hand hygiene, put on clean gown and gloves, don N95 respirator and fit check.
- If needed, apply loose fitting surgical mask or clear plastic face shield over the N95 if tolerated. Put goggles on AFTER applying mask.



Removal:

- Remove gloves / gown and perform hand hygiene.
- Remove surgical mask/face shield using straps, avoiding contact with the front of the mask/shield. Discard the surgical mask by the straps if used. (Face shield re-use - disinfect exterior surfaces with disinfectant wipes)
- Remove N95 respirator by straps without touching inside of mask, place in a clean paper bag*, and again perform hand hygiene. You do not need a clean bag each time – may consider discarding bag when mask discarded
- Do not store paper bag/mask in patient rooms



Discard N95 when:

- **Damaged**
- **Defective** (failing fit-test, broken straps, etc)
- **Damp** (from provider respirations)
- **'Dirty'** – soiled or contaminated (directly coughed on or secretions from patient). Masks should be assumed to be 'dirty' after airway procedures such as intubation. May become dirty much faster if covering mask is not used

PAPR Use:

Personnel using hooded PAPRs as an alternative to N95 masks should disinfect unit with wipes after use and allow to dry. Airflow should be checked for adequacy every shift using manufacturer-supplied meter (float system) or described process. Canisters need only be replaced when airflow does not meet minimum requirements.



11/11/09

APPENDIX C: MAKE A SIMPLE MASK (CENTER FOR DISEASE CONTROL)

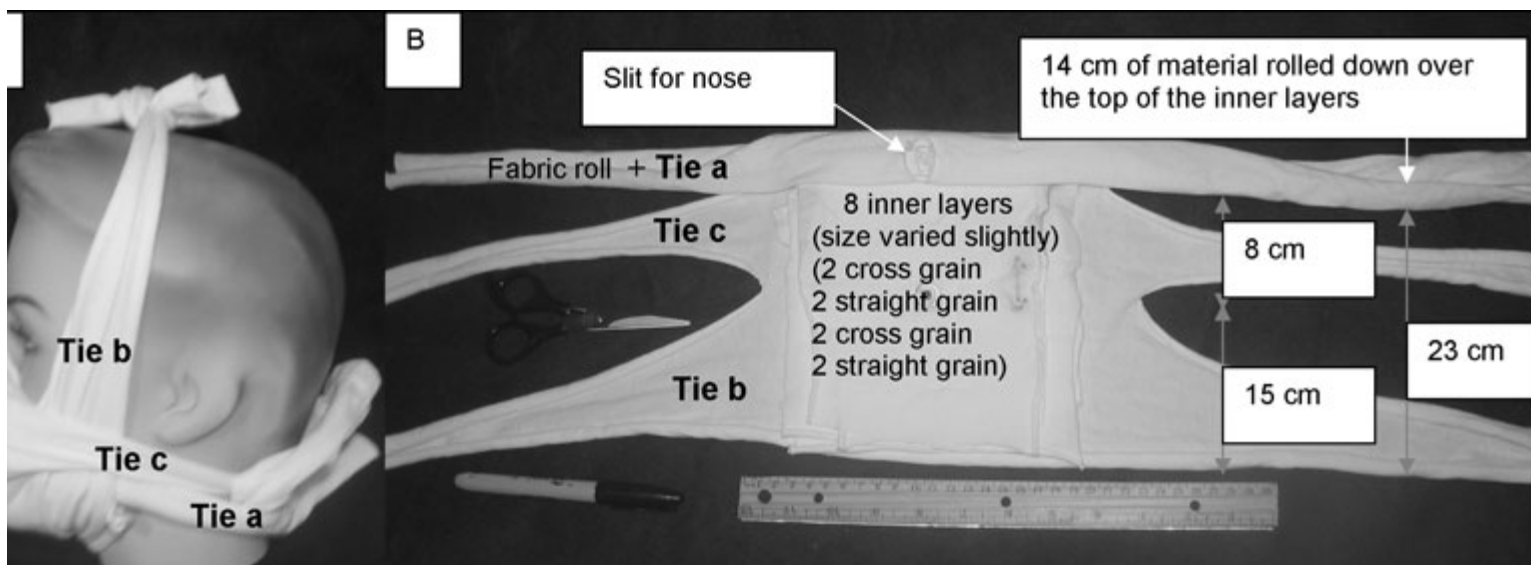
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Volume 12, Number 6, June 2006

Simple Respiratory Mask

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Figure. Prototype mask using “T”-shirt material. A) Side view, B) Face side. This mask consisted of 1 outer layer ($\approx 37 \text{ cm} \times 72 \text{ cm}$) rolled and cut as in panel B with 8 inner layers ($\leq 18 \text{ cm}^2$) placed inside (against the face). The nose slit was first placed over the bridge of the nose, and the roll was tied below the back of the neck. The area around the nose was adjusted to eliminate any leakage. If the seal was not tight, it was adjusted by adding extra material under the roll between the cheek and nose or by pushing the rolled fabric above or below the cheekbone. Tie b was tied over the head. A cloth extension was added if tie b was too short. Finally, tie c was tied behind the head.

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APPENDIX E

Client Screening - Anthrax, Plague or Tularemia Post-Exposure Prophylaxis																			
Interim Version June 2007																			
Date: _____		Not for use in a U.S. Postal Service Biodetection System exposure event.																	
A Home Address: Street _____			City _____		State _____		Zip Code _____		County _____										
Phone #: _____					Cell Phone #: _____														
B Check all that apply: <input type="checkbox"/> I am picking up medications for myself. I agree to take them as prescribed. <input type="checkbox"/> I am picking up medications for others in my household or people who are unable to pick up their own medications. I am authorized to sign for all of these people, and I agree to provide medications and instructions to all of them. None of these people is receiving additional medications at other mass dispensing clinics. <i>I understand that the decision to take medications is voluntary. All of the information I have provided to the clinic is true, correct, and complete to the best of my knowledge.</i> X _____ Signature					C Enter the names and birthdates of all the people that you are picking up medication for. Put yourself on line 1. Use additional forms if you need to.														
					Self	Others	Self	Others	Self	Others	Self	Others	Self	Others					
1.	Date of birth: _____	Age: _____ years _____ months	Last name	2.	Date of birth: _____	Age: _____ years _____ months	Last name	3.	Date of birth: _____	Age: _____ years _____ months	Last name	4.	Date of birth: _____	Age: _____ years _____ months	Last name	5.	Date of birth: _____	Age: _____ years _____ months	Last name
D If you or anyone you are picking up for is on any of the medications listed below, put the initial(s) of the drug under the name of the person who is taking it. (Refer to medications list as needed)																			
1. Taking? (C)=Coumadin (I)=Insulin (D)=Digoxin (P)=Probenecid (G)=Glyburide (T)=Tetracycline	No	No	No	No	No	No	No	No	No										
2. Allergic* to any Tetracycline antibiotics? Circle answer <i>*Allergic reactions include: hives, difficulty breathing, or wheezing.</i>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No									
3. Currently pregnant, breastfeeding, or under 6 months old?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No									
4. Taking? (A)=Accutane (P)=Phenobarbital (L)=Lithium (R)=Rifampin (M)=Methotrexate (T)=Tegretol	No	No	No	No	No	No	No	No	No	No									
5. If less than 75 pounds, list weight.	lbs	lbs	lbs	lbs	lbs	lbs	lbs	lbs	lbs										
6. Experiencing kidney failure and/or on dialysis? Circle answer	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No									
7. Taking? (Ci)=Ciprofloxacin (R)=Ropinirole (Cy)=Cyclosporine (Th)=Theophylline (D)=Dilantin (Tz)=Tizanidine	No	No	No	No	No	No	No	No	No	No									
8. Allergic to? (Q)=Quinolones including Ciprofloxacin (P)=Penicillin including Amoxicillin	No	No	No	No	No	No	No	No	No	No									
STOP Staff Use Only STOP Staff Use Only STOP																			
Doxy	Adult (75 lbs and over) 100 mg twice a day	initials:	initials:	initials:	initials:	initials:	initials:	initials:	initials:										
	Under 75 lbs: enter dose if different than 100 mg <input type="checkbox"/> Dosing chart given	mg	mg	mg	mg	mg	mg	mg	mg										
Cipro	Adult (75 lbs and over): 500 mg <input type="checkbox"/> once a day <input type="checkbox"/> 500 mg <input type="checkbox"/> twice a day	initials:	initials:	initials:	initials:	initials:	initials:	initials:	initials:										
	Under 75 lbs: enter dose (mg/freq) if different <input type="checkbox"/> Dosing chart given	freq mg	freq mg	freq mg	freq mg	freq mg	freq mg	freq mg	freq mg										
Other	Medication:	initials:	initials:	initials:	initials:	initials:	initials:	initials:	initials:										
	freq mg	freq mg	freq mg	freq mg	freq mg	freq mg	freq mg	freq mg	freq mg										
Quantity <input type="checkbox"/> 7 days <input type="checkbox"/> 10 days <input type="checkbox"/> 14 days <input type="checkbox"/> 50 days <input type="checkbox"/> Other: _____	Write in lot number or use label	Write in prescription (Rx) # or NDC # or use label	Lot	Rx #/NDC #	Lot	Rx #/NDC #	Lot	Rx #/NDC #	Lot	Rx #/NDC #									
	Lot	Rx #/NDC #	Lot	Rx #/NDC #	Lot	Rx #/NDC #	Lot	Rx #/NDC #	Lot	Rx #/NDC #									

Immunizations, Tuberculosis and International Health (8/07)

**MINNEAPOLIS FIRE DEPARTMENT
STANDARD OPERATING PROCEDURES**

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7. Centers for Disease Control (CDC) <http://www.cd.gov/> Infection Control Guidelines
8. National Highway Transportation Safety Admin.(NHTSA): EMS Pandemic Influenza Planning Checklist
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