**Hennepin EMS COVID-19 Response Matrix**

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DRAFT February 25, 2020

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|  | **Conventional**  **(Few cases)** | **Contingency**  **(Many cases)** | **Crisis**  **(Overwhelming number cases)** |
| **Dispatch** | * Travel and exposure screening * Communicate information to crews via CAD | * Possible travel and exposure screening * Increased dispatch discretion for call/acuity priority | * No travel screening * Auto-answer system may be needed – emergency calls only – roll info and other calls to 311 or other hotline * Additional call triage – possibly with paramedic / MD assistance * Consider recommend private transport if delays >30min to answer priority calls |
| **Send** | * Full response | * May institute selective response (i.e. sending fire or EMS alone on certain responses to conserve resources – fire only on down, PI, EMS only for CP, SOB, etc. – see call code document) | * Consider community paramedic response? * Scheduled BLS provider? WC van? * Consider sending taxi/Uber/other? * Police or fire transport? |
| **Staffing** | * Normal staffing | * Curtail special event staffing? * Adjust shift duration? * Supervisors on streets? * MDs on streets? | * Paramedic and EMT-B crews? * EMR drivers? * MFD / first response agency drivers? * Public works drivers? * National Guard? |
| **Destination** | * Hospital of choice | * Closest hospital * Batch transports? | * Closest hospital * Alternate care location * Batch transports as appropriate |
| **Lefts** | * Per SOP | * Broaden discretion with call to MD | * Broaden discretion for lefts (HC pandemic plan) * Consider restricting cardiac arrest resuscitations |
| **PPE** | * Mask symptomatic patients * N95, barrier gown, eye protection, gloves for suspect cases | * Mask symptomatic patients * N95, barrier gown, eye protection, gloves for suspect cases * Simple mask, gloves, eye protection on all calls | * Wearing of simple masks by all patients encouraged * Staff may need to wear N95 all patients vs. selected * Daily temperature and symptom checks * Consider work when ill with mask / early return after illness |
| **Supplies** | * Per usual | * Conserve, substitute, adapt, re-use medications / supplies as required based on shortages | * Allocate medications / supplies to most likely to benefit (per MD guidelines) |

Notes:

* Strategies may vary by the day and shift (i.e. may have to adjust dispatch priority / institute selective response during daytime hours and not at night)
* Strategies are not listed in order – at dispatch level will create thresholds – changes should be least intensive first – i.e. closest hospital, then selective response, then batch transports, then increased discretion to send EMS/recommend private transport