Hennepin Emergency Medical Services
Crisis Contingency Strategies
DRAFT March 1, 2020

Real Time Adaptations

Trigger:
• Code 3 calls in queue
• No mutual aid available
• Duty Chief Authorization

Hold over crews
Closest Hospital
Limit responders – per call type, limit initial response to EMS or Fire only

>1h anticipated duration?

Yes

Notify MECC of change to limit responders and consider auto-answer
Request supervisor / MD / CP jump car to augment ambulances

No

Able to resume normal operations?

Yes

Resume Normal Operations

No

Medical Director consultation to approve:
• Discretionary ‘left’ SOP
• Batch transport
• Limit responses based on availability of private transport or patient complaint relative to resources available (may involve RN or MD call screening depending on duration)
• Coordinate alternate transportation – Metro Mobility, BLS, WC, ride-share, etc.
• Cardiac arrest – VF resuscitation only, consult with MD if no response to airway, initial meds, three shocks
• If further triage of calls needed may implement real-time MD review/calltaking subject to resources available

As system volumes allow, work backwards up algorithm to normal operations

Shift Adaptations

• Jump car(s)
• Adjusted shift duration / frequency (open additional shifts / ill calls)
• EMR / paramedic staffing
• FF / paramedic staffing (paramedic drives to scene, FF drives to hospital)
• Staff some ambulances BLS