

MN Metro Region EMS System

Crisis Contingency Strategies

Approved March 12, 2020 EMS TOC Executive Committee



Real Time Adaptations

Trigger:

- Emergent requests for service 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?

No

Resume Normal Operations

Yes

Notify primary PSAPs & MRCC of change to limit responders and consider auto-answer
MRCC will create an advisory on MNTrac
Request supervisor / MD / CP jump car to augment ambulances

Able to resume normal operations?

Yes

No

Medical Director consultation to approve: Reference Response Matrix

- 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/call-taking subject to resources available

As system volumes allow, work backwards up algorithm to normal operations;
Update MRCC as needed

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