



# MN Metro Region EMS System COVID-19 Response Matrix

Approved March 12, 2020 EMS TOC Executive Committee

	Conventional (Few cases)	Contingency (Many cases)	Crisis (Overwhelming number cases)
<b>Dispatch</b>	<ul style="list-style-type: none"> <li>Travel and exposure screening</li> <li>Communicate information to crews via CAD</li> </ul>	<ul style="list-style-type: none"> <li>Possible travel and exposure screening</li> <li>Increased dispatch discretion for call/acuity priority</li> </ul>	<ul style="list-style-type: none"> <li>No travel screening</li> <li>Auto-answer system may be needed – emergency calls only – roll info and other calls to 311 or other hotlines</li> <li>Additional call triage – possibly with paramedic / MD assistance</li> <li>Consider recommend private transport if delays &gt;30min to answer priority calls</li> <li>Modify/suspend Pre-Arrival Instructions</li> </ul>
<b>Send</b>	<ul style="list-style-type: none"> <li>Full response</li> </ul>	<ul style="list-style-type: none"> <li>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)</li> </ul>	<ul style="list-style-type: none"> <li>Consider community paramedic response?</li> <li>Scheduled BLS provider? WC van?</li> <li>Consider sending taxi/Uber/other?</li> <li>Police or fire transport?</li> </ul>
<b>Staffing</b>	<ul style="list-style-type: none"> <li>Normal staffing</li> </ul>	<ul style="list-style-type: none"> <li>Curtail special event staffing?</li> <li>Adjust shift duration?</li> <li>Supervisors on streets?</li> <li>MDs on streets?</li> </ul>	<ul style="list-style-type: none"> <li>Paramedic and EMT-B crews?</li> <li>EMR drivers?</li> <li>MFD / first response agency drivers?</li> <li>Public works drivers?</li> <li>National Guard?</li> </ul>
<b>Destination</b>	<ul style="list-style-type: none"> <li>Hospital of choice</li> </ul>	<ul style="list-style-type: none"> <li>Closest hospital</li> <li>Batch transports?</li> </ul>	<ul style="list-style-type: none"> <li>Closest hospital</li> <li>Alternate care location</li> <li>Batch transports as appropriate</li> </ul>
<b>Lefts</b>	<ul style="list-style-type: none"> <li>Per SOP</li> </ul>	<ul style="list-style-type: none"> <li>Broaden discretion with call to MD</li> </ul>	<ul style="list-style-type: none"> <li>Broaden discretion for lefts (HC pandemic plan)</li> <li>Consider restricting cardiac arrest resuscitations</li> </ul>
<b>PPE</b>	<ul style="list-style-type: none"> <li>Mask symptomatic patients</li> <li>N95, barrier gown, eye protection, gloves for suspect cases</li> </ul>	<ul style="list-style-type: none"> <li>Mask symptomatic patients</li> <li>N95, barrier gown, eye protection, gloves for suspect cases</li> <li>Simple mask, gloves, eye protection on all calls</li> </ul>	<ul style="list-style-type: none"> <li>Wearing of simple masks by all patients encouraged</li> <li>Staff may need to wear N95 all patients vs. selected</li> <li>Daily temperature and symptom checks</li> <li>Consider work when ill with mask / early return after illness</li> </ul>
<b>Supplies</b>	<ul style="list-style-type: none"> <li>Per usual</li> </ul>	<ul style="list-style-type: none"> <li>Conserve, substitute, adapt, re-use medications / supplies as required based on shortages</li> </ul>	<ul style="list-style-type: none"> <li>Allocate medications / supplies to most likely to benefit (per MD guidelines)</li> </ul>

**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