## Hennepin EMS COVID-19 Response Matrix

**DRAFT February 25, 2020**

<table>
<thead>
<tr>
<th></th>
<th><strong>Conventional (Few cases)</strong></th>
<th><strong>Contingency (Many cases)</strong></th>
<th><strong>Crisis (Overwhelming number cases)</strong></th>
</tr>
</thead>
</table>
| **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