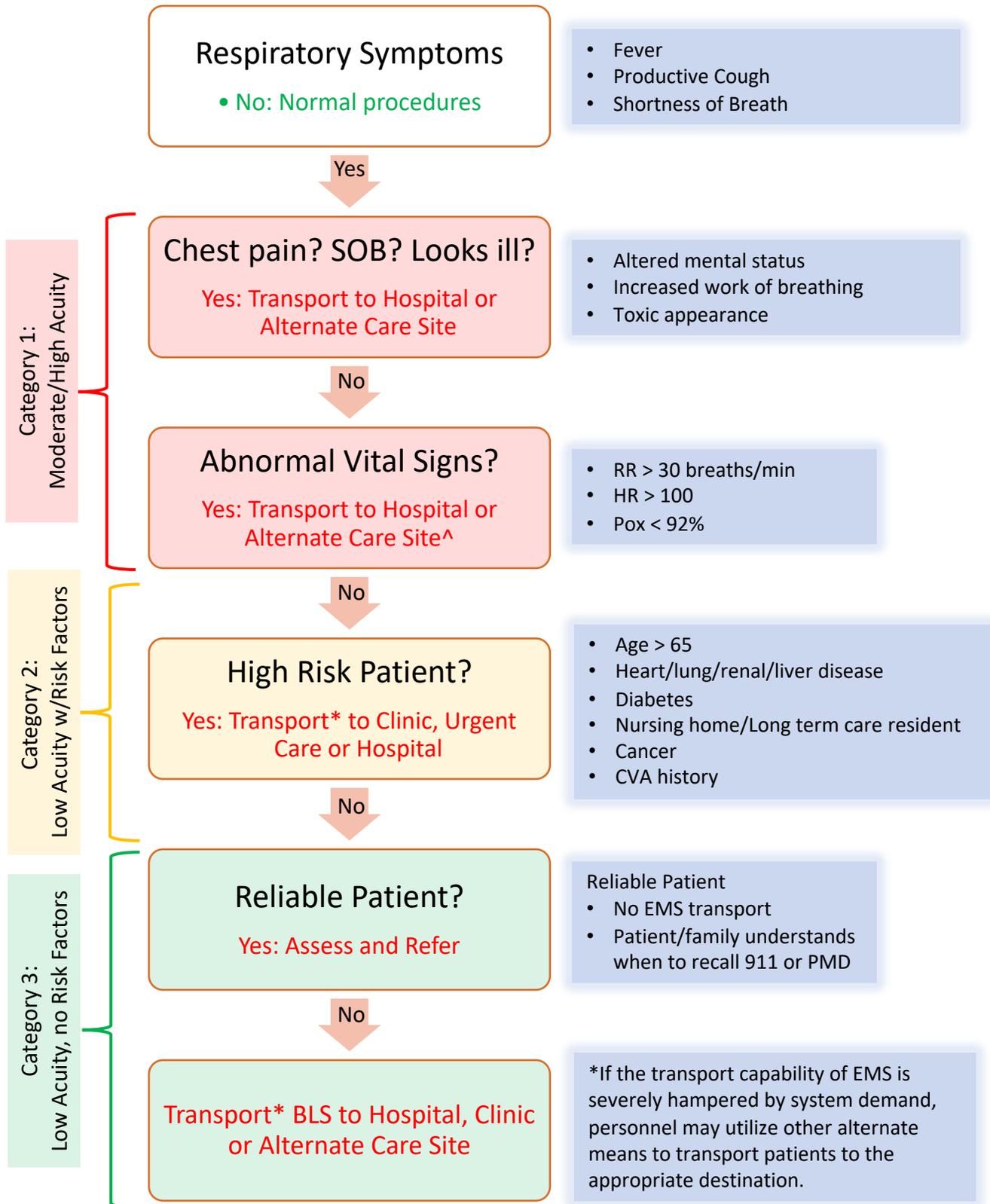




Santa Cruz County EMS Agency

Respiratory Illness Assessment & Transportation Algorithm



Acuity/Risk Categories:
 Combination of presentation and risk factors that determine appropriate disposition
 Category 1: Mod to high acuity
 Category 2: Low acuity with risk factors
 Category 3: Low acuity w/o risk factors

^Alternate Care Site:
 A non-hospital facility for patients that would otherwise be admitted to a hospital. This may be a SNF, Gym, Mobile Field Hospital and others.

Santa Cruz County Medical Response Matrix for COVID 19

	No Outbreak	Mild impact	Moderate Impact	Severe Impact
Description	No cases have been identified in Santa Cruz County and there is little appreciable impact on call volume or patient visits or sick calls of medical and public safety personnel	Some cases have been identified in Santa Cruz County and there is some measurable impact on call volume or patient visits and sick calls of medical and public safety personnel but ability to respond or provide care is not significantly affected	Widespread cases have been identified in Santa Cruz County and there is a significant impact on call volume or patient visits as well as increased sick calls of medical and public safety personnel. The ability to respond is strained with moderate delays in providing care	Widespread cases have been identified in Santa Cruz County and there is a severe increase in call volume and or patient visits and numerous sick calls of medical and public safety personnel that make it likely that some patients will not receive any evaluation or care.
Indicators	<ul style="list-style-type: none"> • Normal occasional negative system levels • Normal offload times • Normal hospital diversion • Baseline sick calls 	<ul style="list-style-type: none"> • Occasional negative system levels • Normal offload times • Normal hospital diversion • Increased sick calls covered by callbacks and overtime 	<ul style="list-style-type: none"> • Frequent negative system levels • Increased offload times • Increased hospital diversion • Increased sick calls difficult to cover by callbacks and overtime 	<ul style="list-style-type: none"> • Continual negative system levels • Prolonged offload times • Continual hospital diversion • Increased sick calls unable to cover by callbacks and overtime

Interventions

	No Outbreak	Mild impact	Moderate Impact	Severe Impact
SCR911	1a, 1c	2g, 3a	2g, 3e, 3g	
Fire	1a, 1b, 1c, 1d	2g	2a, 2f, 2d, 2c, 2h, 2i, 3k, 4d	
AMR	1a, 1b, 1c, 1d	2g	2a, 2b, 2c, 2d, 2e, 2f, 3k	
Emergency Departments	1a, 1b		3b, 3h, 3i	3f
Hospitals	1a, 1b		3h, 3i	3f
Clinics	1a, 1b			
EMS/Health Agency	1a, 1b, 1c, 1d		3a, 3b, 3k, 4d,	3c, 3d

Intervention List

1. Preparation and Planning

- | | |
|--|---|
| a. Prepare for staffing shortages/continuity plans | b. Prepare for patient surges |
| c. Plan for modified dispatch | d. Plan for modified unit configuration |

2. Staffing

- | | |
|--|----------------------------------|
| a. Deploy Valley Task Force BLS ambulances | b. Deploy Non EOA BLS ambulances |
| c. Mutual Aid | d. Modify unit staffing |
| e. Alternate transportation | f. Use QRV to triage calls |
| g. Consider non dispatch | h. Consider muster stations |
| i. Consider cross staffing at other agencies | |

3. Capacity

- | | |
|---|--|
| a. Modify dispatch protocols | b. Suspend hospital diversion |
| c. Alternate care sites (Gyms, conference centers, tents) | d. Field hospital setup |
| e. Nurse triage at SCR 911 | f. Consider centralized patient distribution |
| g. Telemedicine | h. Modify hospital admissions criteria |
| i. Implement overflow treatment sites on hospital campus | j. Suspend automatic ambulance dispatch |
| k. Modify release at scene policies, refusal to transport | l. Fire and/or ambulance self-activating, conducting patrols |
| m. Reduce time on task for Code 3 for all calls | |

4. Clinical

- | | |
|---|--|
| a. Suspend advanced airways, nebulizers | b. Medical self-screening at communications agency |
| c. Paramedic vaccination | d. Suspend normal PCR requirements |