

EMS PREPAREDNESS AND RESPONSE INFRASTRUCTURE FOR MASS CASUALTY EVENTS

Emergency Medical Services Standard of Care Guidelines When Resources Are Not Available

Purpose

To guide the allocation of Emergency Medical Services (EMS) resources during a Public Health Emergency (PHE) when demand for such resources exceeds supply.

Next Step

Train the trainer program for MFD communicators/dispatchers based. [MCW]

Remaining Task List for Implementation

1. Develop process to identify trigger: [MFD]

ALS (transport or non-transport) unit 911 call to scene arrival time interval greater than 30 minutes for an ALS type dispatch when no other EMS system personnel are on scene.

OR

The system is averaging one response per unit per hour for 24 hours and responses are projected to remain at this rate or increase.

2. Develop dispatch method, electronic preferred, to establish and track priority queues [MFD]
3. Develop procedure to alter ALS transport unit staffing to provide a single paramedic and a single Emergency Medical Technician (EMT) on as many transport and response units as possible. [MFD]
4. Infrastructure for 211 or similar referral line for advice and phone follow up. [MPHD]
5. Infrastructure for a centralized hospital and alternate care site destination determination coordination center. [MPHD, MCEMS and WHA]
6. Identification of alternative care (approved transport) sites. [MPHD, MCEMS and WHA]
7. Develop educational materials for patients who are not transported to medical facilities, including instructional material for follow-up care and other available services. [MPHD]
8. Just in time education of employees and public on change in staffing, shift in response priorities, use of 211 help line and option of self transport. [MFD]
9. Process for daily retrospective review of triage, EMS care and transport decisions. [MFD]