

	Manual	EMS
	Section (Department)	EMS
	Title	EMS Continuity of Operations Plan (COOP) COVID-19
	Number	
	First Approved Date	3/26/2020
	Most Recent Revision	3/26/2020
	Most Recent Review	

I. PURPOSE

To establish a Continuity of Operations Plan (COOP) for Reno County EMS during the escalation of the COVID -19 pandemic

II. SCOPE

The Reno County EMS Continuity of Operations Plan establishes tiered guidelines for the daily operations and long-term mitigation of the COVID-19 pandemic in the community.

III. Response Tiers

1) Tier 1 Operations.

Reno County EMS will modify daily operations to a Tier 1 Response based upon the following trigger points: The confirmation of a COVID-19 patient in Reno County and EMS units begin actively responding to incidents with COVID-19 symptomatic patients.

A. **911 Call Screening:** Reno County Emergency Communications will utilize the Emerging Infectious Disease Surveillance tool to screen for possible COVID-19 patients. Dispatch will alert responding agencies to a possible “Signal 12” patient if the screening is positive. Confirmed COVID-19 or PUI address will be flagged temporarily in the CAD system to notify responders.

B. Agency & Station Activities

- a. Vacation / PTO not restricted.
- b. Secondary jobs of full-time employees not restricted.
- c. Ensure command staff continuity. Deputy Director assigned to work remotely and avoid possible communal infection.
- d. Non-essential office staff assigned to work remotely and maintain billing continuity.
- e. Daily crew briefings conducted remotely.
- f. Expedited hiring processing for open positions.
- g. Daily screening of clinical staff – temperature & exposure risk assessment.
- h. Limit outside activities – No PR Event – No outside CEU classes.
- i. No clinical students or observers allowed.
- j. Limit station access – no visitors allowed.
- k. Updated decontamination procedures.
- l. Mandate PPE recommendations.
- m. Daily Inventory of PPE.
 - Respirators Facemasks
 - Eye Protection Gowns
 - Foot Covers Hair Covers
 - Gloves

C. Operational Responses

- a. Daily agency staffing remains normal (Medic 1, 2, 3, 4, 5, 70)
- b. Modified incident responses based upon EMS Memo 20-10 and EMS COVID-19 Response policy
- c. Patient compartment sealed off from driver compartment
- d. No riders to accompany patients with the exception of pediatrics patients

D. Clinical

- a. Place facemask on all respiratory and high-risk patients
- b. COVID 19- Non-Transport Protocol (mild symptoms)
- c. Updated Adult Respiratory Protocol
 - i. Deemphasized nebulized medication administration
 - ii. Addition of Terbutaline for treatment of respiratory distress
 - iii. Encourage supraglottic airways over ETT cardiac arrest

2) Tier 2 Operations

Reno County EMS will modify daily operations to a Tier 2 based upon the following trigger point: Multiple confirmed COVID-19 patients with communal spread identified as the primary pathogen acquisition method. The EMS workforce has more than one (1) crew member but less than 25% of the workforce restricted from work due to COVID-19 isolation or illness. In addition to Tier 1 modifications the additional processes will be implemented.

A. 911 Call Screening:

- a. Additional screening questions with instructions on how to shelter in place.

B. Agency & Station Activities

- a. Vacation / PTO restricted.
- b. Secondary jobs of full-time employees restricted from working at agencies outside of Reno County.
- c. Coordinate with education institutions to increase availability of employees who are paramedic students. Adjust attendance requirements to allow EMS staffing.
- d. Survey available EMS Providers in Reno County for possible staffing assistance.
- e. Daily screening of clinical staff – temperature & exposure risk assessment.
- f. Implement rapid testing of employees if symptomatic
- g. Mandate high level PPE on all responses.
- h. Daily Inventory of PPE.

C. Operational Responses

- a. Responses will be adjust based on availability of first responders to respond to medical calls.
- b. Consider BLS staffing of ambulances.
- c. Utilize Private Ambulance Agencies for non-emergent transfers.
- d. Require PAPER utilization on COVID-19 positive interfacility transfers.

D. Clinical

- a. Place a facemask on all patients.
- b. Increased automated CPR device utilization due to lack of co-responders on incidents.
- c. Adjustments will be made based upon recommendations subject matter experts.

3) Tier 3 Operations

Reno County EMS will modify daily operations to a Tier 3 based upon the following trigger points: Communal spread is identified as the primary method by which COVID-19 is acquired in Reno County. The EMS workforce has more than 25% of the workforce restricted due to COVID-19 isolation or illness. RCEMS capabilities are significantly reduced due to a restricted workforce (2 ambulances out of service). In addition to Tier 2 modifications the additional processes will be implemented.

A. 911 Call Screening:

- a. Additional screening questions with instructions on how to shelter in place.
- b. Call prioritization of emergency calls.
 - i. Consider no response to Omega calls.

B. Agency & Station Activities

- a. Reduced station staffing based on geographic distribution of call volume.
- b. End dual response with Haven & Pretty Prairie Ambulances.
- c. Consider alternate staffing from EMS agencies located in Reno County.
 - i. Haven Comm Ambulance
 - ii. Pretty Prairie Ambulance
 - iii. Nickerson EMS
 - iv. Trails West EMS
- d. Rapid onboarding of alternate staffing recruits.
- e. Just in time training for alternate staffing recruits.
- f. Employee monitoring – emotional & physical fatigue evaluation.
- g. Consider allowing non-symptomatic Employees with COVID-19 to return to work with facemask at all times.

C. Operational Responses

- a. Anticipate no medical assistance from first response agencies.
- b. Request mutual aid response from surrounding counties.
- c. Evaluate resources to respond mutual aid request.
- d. Consider regional coordination of interfacility transfer requests and resources.

D. Clinical

- a. Adjustments will be made based upon recommendations subject matter experts.