

Moderate/High Acuity

Low Acuity w/Risk Factors

Low Acuity, no Risk Factors

Category 3:

Category 2:

Category 1:

# Santa Cruz County EMS Agency Respiratory Illness Assessment & Transportation Algorithm

# **Respiratory Symptoms**

- No: Normal procedures
- Fever
- · Productive Cough
- · Shortness of Breath

Yes

# Chest pain? SOB? Looks ill?

Yes: Transport to Hospital or Alternate Care Site

- · Altered mental status
- · Increased work of breathing
- Toxic appearance

No

# Abnormal Vital Signs?

Yes: Transport to Hospital or Alternate Care Site^

- RR > 30 breaths/min
- HR > 100
- Pox < 92%</li>

No

# High Risk Patient?

Yes: Transport\* to Clinic, Urgent Care or Hospital

No

- Age > 65
- · Heart/lung/renal/liver disease
- Diabetes
- · Nursing home/Long term care resident
- Cancer
- CVA history

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#### Reliable Patient?

Yes: Assess and Refer

No

### Reliable Patient

- No EMS transport
- Patient/family understands when to recall 911 or PMD

Transport\* BLS to Hospital, Clinic or Alternate Care Site

\*If the transport capability of EMS is severely hampered by system demand, personnel may utilize other alternate means to transport patients to the appropriate destination.

#### 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> <li>Normal occasional negative system levels</li> <li>Normal offload times</li> <li>Normal hospital diversion</li> <li>Baseline sick calls</li> </ul>	Occasional negative system levels     Normal offload times     Normal hospital diversion     Increased sick calls covered by callbacks and overtime		Frequent negative system levels     Increased offload times     Increased hospital diversion     Increased sick calls difficult to cover by callbacks and overtime	<ul> <li>Continual negative system levels</li> <li>Prolonged offload times</li> <li>Continual hospital diversion</li> <li>Increased sick calls unable to cover by callbacks and overtime</li> </ul>
		Interve	entio	ns	
	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
		Interven	tion	List	
1. Prepar	ation 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. Staffin	g				
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. Capaci	ty				
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			
e. Nurse tr	iage at SCR 911		f. (	Consider centralized patient	distribution
e. Nurse tr				Consider centralized patient  Modify hospital admissions c	

I. Fire and/or ambulance self-activating, conducting patrols

b. Medical self-screening at communications agency

d. Suspend normal PCR requirements

k. Modify release at scene policies, refusal to transport

m. Reduce time on task for Code 3 for all calls

Suspend advanced airways, nebulizers

Paramedic vaccination

4. Clinical

a.