Preparedness Level	Decision Point (Call Volume)		Decision Point (Availability Due to Virus)		Decision Point (Offload Times)		Decision Point (Staffing)		Action	Response
Level 0 (Surveillance)					State of Emergency Declaration (Federal/State/Local)			#1	Situational Monitoring via Emergent Infectious Disease Tool (EID)	Standard Response (First Responder ALS/BLS Amb)
					Sustained surge 5% increase of 911 call volume (over an operational period)					
								mplete	d prior to dispatch of resource/no fou	ce dispatch if capable
Level 1 (Low Triage-Referral of Alpha response)	Sustained Surge 5% to 11% in 911 call volume (over an operational period)	And/ Or	Significant increase in units out of service for >=1hour for decontamination	And/ Or	15% Increase in Patient Offload times	And/ Or	Impactful Staffing Reductions (Decrease in total staffing of 15%)	#2	Assess and Refer Patient Offload Policy Against Medical Advise Policy allowing BLS to AMA without ALS Consider deferral of (Alpha, Low Acuity) ambulance responses in any EOA metro zone when level 3 or below.	Standard Response (First Responder ALS/BLS Amb) Private EMT non-transport provider may be utilized for first response for deferred Alpha, Low Acuity calls.
Level 2 (Moderate Triage- Consider reduced Bravo resposne)	Sustained surge 12% to 25% increase in 911 call volume (over an operational period)	And/ Or	Significant increase of units out of service for >=1hour for decontamination	And/ Or	30% Increase in patient offload times affecting ambulance ability to respond	And/ Or	Significant staffing reduction (Decrease in total staffing of 25%)	#3	No (Alpha, Low Acuity) ambulance responses unless level 3 in that EOA metro zone Unrestricted Mutual Aid. Closest ambulance to be dispatched to Delta and Echo calls regardless of EOA. Ambulance dispatch agency to encorage self trans to urgent care or contact primary care physician for Alpha calls not responded by ambulance company. Mandate appropriate use of "Straight to Triage" and "Assess and Refer" policies previously implemented. Consider alternative transport vehicles. Consider interagency-cross staffing. Consider suspension of base station contact	Enforcement of response time compliance temporarily suspended. BLS mandatory percentage waived. Utilize EMT non-transport provider for first response (ProSafety) EMS duty officer triage BLS patients to waiting room if held in ED. Any patient that can tolerate is to be placed in triage. All patients to be assessed for transprot necessity. If patinet does not require transport they are to be referred to other resource. TBD based on resources availability (Uber, Taxi) Text ETA, BLS or ALS, stat or nono stat patient and ETA to Unit Secretary
Level 3 (High Triage - Consider referral for Delta response	Sustained surge 26% to 49% in 911 call volume (over an operational period)	And/ Or	Significant increase of units out of service for >=1hour for decontamination	And/o r	45% Increase in patient offload times grossly affecting ambulance ability to respond	And/ Or	Decrease in total staffing of 35%	#4	No Alpha response Referral of (Bravo) calls Referral of (Charlie) responses and reduced for (Delta) resonses unless level 3 in that EOA metro zone. Utilize alternative transport vehicles and destinations Utilize ineragency cross staffing	Use first response agencies such as (ProSafety) Bring staffing from other contracted providers to assist in arias of need
Level 4 (Suspend dispatching to EMS response unless CPR in progress)	Sustained surge 50% to 100% increase of 911 call volume (over an operational period)	And/ Or	Significant increase of units out of service for >=1hour for decontamination	And/ Or	55% or more increased patient offload times affecting ambulance ability to respond	And/ Or	Extreme staffing reduction (Decrease in total staffing greater then 50%	#5	No 911 response to EMS calls Establixh multiple Fiels Treatment Sites (FTS) EMD Policy Code Z	All available first responders report to FTS "Assess and Refer" "Assess/Treat/Release" "Assess/Treat/Transport"