

Preparedness Level	Decision Point (Volume)		Decision Point (Availability Due to Virus)		Decision Point (Offload Times)	Decision Point (Staffing)	Action	Response	
Level 0 (surveillance)							#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)		
Implement full EMD determinant completed prior to dispatch of resources/no voice 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	Or	Impactful Staffing Reductions (Decrease in total staffing of 15%)	#2 Consider "Assess and Refer" Patient offload policy Against Medical Advice Policy allowing BLS to AMA without ALS	Standard response (First Responder ALS/BLS)
Level 2 (Moderate Triage-Consider reduced for Bravo response)	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	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 encourage 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.	Enforcement of response time compliance temporarily suspended. BLS mandatory percentage waived Utilize EMT non-transport providers for first response. (Pro Safety) 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 transport necessity. If patient does not require transport they are to be referred to other resource.
								Consider alternative transport vehicles Consider interagency-cross staffing Consider suspension of base station contact	TBD based on resources availability (Uber, Taxi) Text ETA, BLS or ALS, stat or non stat patient to Unit Secretary. Text with 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/Or	45% Increase in patient offload times grossly affecting ambulance ability to respond	Or	Decrease in total staffing of 35%	#4 NO Alpha response Response referral of (Bravo) calls Referral of (Charlie) responses and reduced for (Delta) responses unless Level 2 in that EOA Utilize alternative transport vehicles and destinations Utilize interagency cross	Use first response agencies such as (Pro-Safety) Bringing staffing from other contracted providers to assist in areas of need

						staffing		
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	Or	Extreme staffing reduction (Decrease in total staffing greater than 50%) No 911 response to EMS calls Establish multiple Field Treatment Sites (FTS) EMD Policy Code Z	Available first responders report to FTS "Assess and Refer" Assess/Treat/Release" Assess/Treat/Transport"