



Emergency Medical Services

COVID-19 Pandemic Healthcare Surge Strategies Framework

Emergency Medical Services (EMS) should follow the [latest regulatory guidance](#) from the Washington Department of Health (DOH). For questions, EMS should reach out to local, state, and federal regulatory agencies. For specific outbreak management and implementation guidance, facilities should reach out and follow the guidance of their local health jurisdiction (LHJ).

[NWHRN Engagement](#)

- Contact the NWHRN to sign up for regional situational awareness emails and receive coordination meeting invitations
- Contact the NWHRN Duty Officer when there are questions, concerns, or resource requests
- Participate in healthcare coalition situational awareness and coordination efforts

[Interdependencies](#)

- Coordinate with healthcare facilities to align infection prevention protocols and guidance, such as donning/doffing and decontamination
- Work with response agencies and healthcare partners to identify protocols and processes which reduce turnaround times, staff exposures, etc. during patient surges
- Notify the [WMCC](#) regarding long-term care facility (LTCF) outbreaks when multiple residents require (or will soon require) transports to acute care settings
- Follow local, state, and federal required and/or recommended COVID-19 infection prevention and related guidance
- Participate in information sharing and coordination calls
- Submit resource requests as needed to their LHJ, local emergency management, or DOH. Initiate requests for staffing variances through local or regional EMS office/council, or from DOH when appropriate
- Collaborate with regional response and healthcare partners, including to align public messaging.
- Reach out to partners with questions or concerns
- Share data with response agencies as requested or required

[Response Partners](#)

- [Northwest Healthcare Response Network](#) – *Western Washington Healthcare Coalition*
- [Local Health Jurisdiction](#) – *Local public health authority*
- [Washington Department of Health](#) – *State public health authority*
- [Washington Medical Coordination Center](#) – *State patient transfer center*

Interpandemic Phase (Preparedness)

- Ensure all EMS providers are trained in the use of enhanced PPE, infection control measures, and provide regular refresher trainings, especially as protocols change
- Identify alternate staffing, response, and mutual aid protocols for staffing shortages. Plans should be scalable for 20, 25 and 40% staff shortages. Consider adjusting shift duration or response algorithms for EMS teams
- Screen callers for symptoms related to possible COVID-19 infection per local protocol

Alert & Pandemic Phase (Response)

- Implement changes to standards of care or protocols as directed by the Medical Program Director. Follow all regulatory guidance and requirements
- Implement infection control, health screening, staff testing, and visitor/vendor restrictions, as necessary. Educate, encourage, and enforce safety protocols
- Implement PPE conservation strategies when required or recommended
 - Minimize the number of response team individuals who need to use respiratory protection by using modified response strategies
 - Utilize non-traditional PPE when encountering low-to-moderate risk patients
- Document normal scheduled leave, sick leave occurrences, mandatory overtime, callbacks, and number of individuals signed up for overtime each day
- Monitor call volume trends and adjust for changes in patient care demand
- Track COVID-19-specific indicators such as calls confirmed to be COVID-positive cases and number of transports where a patient has a temperature over 100.4 F
- Monitor hospital turnaround times for receiving patients. Identify types of delays, specifically bed availability, staff availability, decontamination, etc. Report abnormal emergency department turnaround times to NWHRN and the LHJ
- Monitor supply of agency-specific PPE, staffing, and patient care supplies
- Track and document all personnel who had contact with a Person Under Investigation (PUI) or confirmed to be positive for COVID-19
- Follow local protocol and pandemic guidance for high transmission risk procedures
- Strongly encourage all staff to receive full dose(s) of COVID-19 vaccine. Consider vaccine status when assigning staff to higher-risk duties

Transition Phase (Recovery)

- Document response actions and operational decisions made
- Document what went well, areas for improvement, and lessons learned
- Share identified best practices and lessons learned to local, regional, and statewide EMS partners
- Identify what is needed to return to normal operations. Develop time-based plan to achieve it
- Conduct debriefs with admin and staff
- Provide mental and behavioral health support for staff
- Develop an after-action report, identify corrective/improvement actions to implement, ideally before the next surge in cases
- Review protocols, procedures, and guidelines to ensure they align with real world response and transportation of high consequence infectious disease patients.