
S.O.P. #: 400-32

SUBJECT: CRITICAL EMS UNIT SHORTAGE

DIVISION: EMERGENCY OPERATION

Objective: To facilitate adequate utilization of fire department resources and deployment strategies to ensure adequate EMS resource deployment during times of ALS and BLS transport shortages. Ensuring adequate EMS coverage during periods of high call volume requires a collaborative team approach that includes all members of the department, the 911 center, hospitals, and others.

Note: There is no single cause or scripted solution to address every incident involving EMS unit shortages. This SOP is not intended to be a step by step guide to resolving every incidence of EMS unit shortage rather to offer strategies and options for the on duty Shift Commander and EMS Shift Commander to address issues leading to EMS unit shortages. Successful management of times when EMS units are in critical shortage requires teamwork, sound decision making, and creative management of all officers in the department. When aware of a critical EMS unit shortage, all officers in the department shall take the necessary steps to assist in mitigating incidents in their area.

Section 1: Responsibilities

- A. The ADO is responsible for knowing the status of resources at all times during a shift and notifying EMS1 and the on duty DC/BC of equipment or personnel shortages. The ADO shall maintain situational awareness and notify the respective DC/BC when resources are limited. This should be done via the ADO talk group as well as Code Messaging. EMS1 should report to fire dispatch to assist if possible.
- B. All providers are responsible for complying with Maryland Medical Protocols and SOP 600-08 concerning the Hospital Bypass Policy and re-route. Strict adherence is critical to ensuring units transport to hospitals that are clear of alerts. Medical consultation should be done if there is a specific need to disregard the alert status, i.e. a cardiac patient will refuse service unless taken to a specific hospital. The EMS Shift commander will monitor hospital status and consult with EMS District Officers to assure medic units are not held up at hospitals.
- C. ADO will coordinate and collaborate with the Civilian Shift Supervisor to prompt units to clear the hospital as soon as practical. All crews are responsible for notifying the EMS DO whenever they are waiting to offload their patient longer than thirty minutes.
- D. ADO will notify EMS1 and the on duty chiefs anytime a unit is out of service at the hospital longer than forty five minutes. This will be done via the Code Messaging Program and/or the respective ADO/EMS talk group.
- E. If not on an emergency incident EMS District Officers are responsible for immediately responding to area hospitals with units delayed to coordinate ways to alleviate congestion and get units back in service. District Officers may withhold responses to low acuity incidents unless an upgrade is likely.
- F. All members of the department are required to be proficient to their level of medical certification.
- G. All members are required to maintain proficiency with medical unit operations to include DOT checks, equipment operation, patient care reporting etc.
- H. Officers must be prepared to staff additional units when required.

Section 2: Strategies to consider

- A. Paramedic Engines/Trucks will upgrade units. Company officers should use sound judgment and take action to ensure the ALS provider on the unit is upgrading units to allow other ALS units and District Officers to remain available.
- B. Alert volunteer EMS transport units for standby crews.

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- C. Alert first responders on ALL medical calls if the responding medic is 3rd due or greater. In addition to providing medical care and preparing for transition of care, first responders are a critical link to directing the deployment of incoming units, i.e. if the call requires ALS and there is an IV unit and Medic enroute, they should cancel the IV unit so it remains available for additional responses.
- D. EMS providers shall consider immediate transport if their travel time is quicker than waiting on a higher level of care.
- E. Alert volunteer units in affected areas to staff their stations.
- F. District Officer will upgrade units.
- G. Place additional EMS units in service if possible (E-Shift, M-shift etc.)
- H. Consider relocating units to affected areas, i.e. three transport units to Station 1 if Towson is primarily affected.
- I. Consider alternate transport units when appropriate, i.e. brush units, engines etc.
- J. Contact the EMS Director and/or Medical Director to develop a plan to work with hospital administration.
- K. EMS 1 and the on duty DC/BC will collaborate and implement additional strategies as appropriate.