

Teller Regional EMS Crisis Matrix

	Conventional	Contingency	Crisis	Return towards Conventional
Triggers * multiple components may be met, but not all components are required. ** MHAP matrix levels & response may be at the same or different levels than other EMS functions based on event.	Normal daily operations. No specific triggers.	Impending natural disaster, public health event, mass casualty event, or other event that is expected, or is minimally to moderately causing strain on EMS resources and systems. This event does not have to be local, but should have an expectation of spread locally. Mild to moderate supply chain disruption. Mild to moderate human resources depletion. Expectations of strain on PPE, supplies, medications, or other components of the EMS system for patient care and response.	Currently occurring natural disaster, public health event, mass casualty event, or other event that is causing moderate to high strain on EMS resources, provider safety, system resilience, or ability to respond. Strain on PPE, supplies, medications, or other components of the EMS system for patient care and response. Supply chain major disruption. Moderate to severe human resources depletion. This may include a disaster declaration from local, State, or National government.	Crisis or contingency event with signs of stabilization of event including expected end-point of event. Resolving strain on PPE, supplies, medications, or other components of the EMS system for patient care and response. Supply chain stabilization. Human resources stabilization. Disaster or other contingency monies are received and cashed by EMS agencies to resolve financial strains so that EMS stabilization can occur. This may include resolution of disaster declarations from local, State, or National government.
Goals	Maintain efficiency of EMS system, resilience, and normal daily operations and response.	Protection of patients from potential communicable diseases or other health implications potentially occurring through EMS transport and hospital evaluation. Reduce risks to vulnerable populations. Ensure EMS and Fire resilience for all-hazards response. Decrease exposure risk to first responders and their families. Decrease exposure risk to hospital/healthcare facility staff. Ensure healthcare facility resilience during event, including expectations of surge needs and assisting with these needs. Working collaboratively with Office of Emergency Management, Colorado Department of Public Health, and any other entities for planning and event management. Protection of community from increased exposure risks. Optimizing PPE utilization during public health events Provide EMS provider peer-support and mental healthcare. Pre-planning for Crisis Event. Ensure community mental health resilience.	Attempt to decrease exposure of patients from potential communicable diseases or other health implications potentially occurring through EMS transport and hospital evaluation. Attempt to reduce risks to vulnerable populations. Salvage EMS and Fire resilience for all-hazards response. Attempt to decrease exposure risk to first responders and their families. Attempt to decrease exposure risk to hospital/healthcare facility staff. Salvage healthcare facility resilience during event, including surge and alternative destinations. Working collaboratively with Office of Emergency Management, Colorado Department of Public Health, and any other entities for planning, incident command systems, and event management. Attempt to decrease community exposure from increased event risks. Attempt to optimize PPE utilization during public health events. Attempt to manage EMS stress through peer support as much as possible. Attempt to salvage community mental health resilience. Attempt to manage EMS response, patient management, and transport for the "most benefit for the most people".	Begin return towards conventional daily operations. Stabilize supply chains. Stabilize human resources. Stabilize EMS supplies, medications, PPE, and other EMS components for response, patient care, and patient transport. Resolve financial constraints on EMS systems to allow for return to daily operations. Re-establish all-hazards response resilience for EMS and Fire. Re-establish community mental health resilience and response. Manage EMS provider peer-support to resolve outstanding EMS provider mental health issues. Return to normal EMS staffing.
Event Level	Public Health Event Level 5, or normal daily operations.	Public Health Event Level of 1-4 or adverse operations. Public Health Event Levels Guideline will be followed (as applicable).	Public Health Event Level 1 or crisis standards of care and operations. Public Health Event Levels Guideline will be followed (as applicable).	Public Health Event Level improving and operations improving. Public Health Event Levels Guideline will be followed (as applicable).
Public Notification	None necessary.	Public education through EMS, Medical Direction, and OEM/PIO for event.	ICS, OEM/PIO, EMS, and Medical Direction public education and announcements as resources and timing allow.	Public education regarding de-escalation of EMS crisis management towards conventional level.
EMS Education	Normal daily operations.	Education per Public Health Event Level Guideline and/or just-in-time education. Mandatory education for event activated. Routine education may be discontinued / postponed.	Education per Public Health Event Level Guideline and/or just-in-time education. Mandatory education for event activated. Routine education will be discontinued / postponed.	Education per Public Health Event Level Guideline and/or just-in-time education, however education will be focused on event resolution. Mandatory education for event activated but likely decreasing in need. Routine education may be returning to normal operations. Continuing education credits will be reviewed and updated.
Dispatch	Normal daily operations.	Changes to dispatch questions including potential exposure risk, Protocol 36 Level 0, or other PSAP risk assessment for responders based on Medical Direction implementation.	Changes to dispatch algorithms including Protocol 36 at escalating event levels, EMS non-response, and referral to EMS/RN triage lines based on Medical Direction implementation.	De-escalation of altered dispatch guidelines, EMS non-response, triage lines, and other altered management plans.

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Response	Normal daily operations.	EMS Tiered Response for Capacity Events activated at discretion of Medical Direction.	<p>EMS Tired Response for Capacity Events active.</p> <p>EMS/RN Triage Lines activated at escalating levels at discretion of Medical Direction.</p> <p>Self and bystander just-in-time phone resuscitation, termination of resuscitation, and enhanced first aid implemented at Medical Direction discretion.</p> <p>Recognition that EMS response <i>may not</i> be available based on resources and call load.</p> <p>EMS units may be staffed with other level providers of EMR or above, single providers, or non-EMS trained personnel (or any combination thereof) for attempted system salvage.</p> <p>Search & Rescue may be activated for EMS assistance and/or urban, rural, frontier, and/or backcountry rescues.</p> <p>Community retired EMS, nursing, military, NP, APP, physician, dental, and other providers may be implemented in EMS response.</p>	<p>De-escalation of tiered response, triage lines, and phone management of responses.</p> <p>Adjustment of EMS provider levels to that of normal daily operations as EMS system capabilities and resilience improve.</p>
Patient Assessment	Normal daily operations.	<p>Infectious Disease Triage or other Event Triage Guidelines will be activated at discretion of Medical Direction.</p> <p>Alternative assessments, including Web-Based Assessment Tool Guidelines, will be activated at the discretion of Medical Direction.</p> <p>PPE/Isolation Guidelines will be activated for event as based on need for PPE/Isolation at the discretion of the Medical Director. PPE reuse will be considered based on availability.</p> <p>MHAP program will provide augmented assessment as determined by Medical Direction.</p>	<p>Infectious Disease Triage or other Event Triage Guidelines will be activated at discretion of Medical Direction.</p> <p>Alternative assessments, including Web-Based Assessment Tool Guidelines, will be activated at the discretion of Medical Direction.</p> <p>PPE/Isolation Guidelines will be activated for event as based on need for PPE/Isolation at the discretion of the Medical Director. PPE reuse will be considered based on availability.</p> <p>MHAP program will provide augmented assessment as determined by Medical Direction. This may include EMT and above level providers performing medical assessment, along with community clinicians providing psychiatric evaluation and management.</p> <p>EMS/RN triage lines will be implemented for alternative care for patients, including assessments, and enhanced first aid, etc based on EMS response availability and call loads.</p> <p>Community retired EMS, nursing, military, NP, APP, physician, dental, and other providers may be implemented in EMS assessment.</p>	De-escalation of Crisis or Contingency patient assessment as able to based on current EMS resources and response capabilities.
Patient Treatment	Normal daily operations.	<p>Event specific treatment guidelines will be implemented at the discretion of Medical Direction.</p> <p>Expansion of medications, medication routes, procedures, and other adjustments will occur based on supply chain, provider safety, patient needs, and other contingencies as determined by Medical Direction in accordance with State Rules & Emergency Waivers.</p> <p>Treat in Place Guidelines will be activated at the discretion of Medical Direction.</p> <p>Follow-up resources and potential EMS call-back followup will be established at the discretion of Medical Direction.</p> <p>MHAP program will provide augmented treatment as determined by Medical Direction.</p>	<p>Event specific treatment guidelines will be implemented at the discretion of Medical Direction.</p> <p>Expansion of medications, medication routes, procedures, and other adjustments will occur based on supply chain, provider safety, patient needs, and other contingencies as determined by Medical Direction in accordance with State Rules & Emergency Waivers.</p> <p>Treat in Place Guidelines will be activated at the discretion of Medical Direction.</p> <p>Follow-up resources and potential EMS call-back followup will be established at the discretion of Medical Direction <i>if resources are available</i>.</p> <p>MHAP program will provide augmented treatment as determined by Medical Direction. This may include EMT and above level providers performing medical treatment, along with community clinicians providing psychiatric evaluation and management.</p> <p>Self and bystander just-in-time phone resuscitation, termination of resuscitation, and enhanced first aid will be at Medical Direction discretion based on EMS system response capabilities.</p> <p>Community retired EMS, nursing, military, NP, APP, physician, dental, and other providers may be implemented in EMS treatment.</p> <p>Alternative cardiac arrest and end-of-life guidelines will be implemented at the discretion of Medical Direction. These guidelines may include specific populations that will not receive resuscitative efforts, will receive limited resuscitative efforts, or will receive end-of-life comfort measures.</p>	De-escalation of Crisis or Contingency patient treatment as able to based on current EMS resources, supply chains, and response capabilities.

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Transportation	Normal daily operations.	<p>Transportation guidelines will be adjusted at the discretion of Medical Direction based on infectious disease or other event-based destination needs, hospital capacities, and alternative destinations.</p> <p>Treat in place guidelines will be activated at the discretion of Medical Direction. Patient's meeting treat in place criteria, and refusing to not be transported, may be denied transport by medical control only.</p> <p>MHAP program will provide augmented transport as determined by Medical Direction.</p> <p>Guidelines may be implemented, at the discretion of Medical Direction, for non-transport of cardiac arrest or end-of-life patients.</p>	<p>Transportation guidelines will be adjusted at the discretion of Medical Direction based on infectious disease or other event-based destination needs, hospital capacities, and alternative destinations.</p> <p>Treat in place guidelines will be activated at the discretion of Medical Direction. Patient's meeting treat in place criteria, and refusing to not be transported, may be denied transport by medical control. If medical control is not available due to system overload, EMS providers may refuse transport based on Triage and Treat In Place Guidelines.</p> <p>MHAP program will provide augmented transport as determined by Medical Direction. This may include EMS providers of any level as well as non-EMS personnel performing transport.</p> <p>Batched transportation may occur based on EMS capacity. Patient may be required to be transported with other patients due to critical EMS capacity.</p> <p>Alternative provider level EMS transportation and/or non-EMS personnel may augment or provide transport based on EMS capacity.</p> <p>Community retired EMS, nursing, military, NP, APP, physician, dental, and other providers may be implemented in EMS transport.</p> <p>Guidelines will be implemented, at the discretion of Medical Direction, for non-transport of cardiac arrest or end-of-life patients.</p>	De-escalation of Crisis or Contingency patient transport as able to based on current EMS resources, supply chains, and response capabilities.