NORTH CENTRAL TEXAS TRAUMA REGIONAL ADVISORY COUNCIL

EMS Staffing Shortages Due to COVID-19 – Resource Sheet *(Last updated 01/11/2021)*

EMS agencies are reporting staffing shortages due to paramedics and EMTs contracting COVID-19 through community spread. This sheet is intended as a resource for EMS agencies experiencing staffing shortages.

Strategies for Managing an EMS Staffing Shortage During the COVID-19 Pandemic

1. Have you executed the following strategies with your existing workforce?
    a. **Addressed needs and initiated discussions on personnel and protocol revisions with your medical control physician. The medical control physician shall control all medically-related and patient, and care delivery decisions, notwithstanding any information provided herein.**
    b. Provide overtime shifts for current staff
    c. Adjust schedules to accommodate for peak times versus drop-offs in call volume
    d. Utilize properly licensed administrative staff as responding paramedics/EMTs to fill in staffing gaps
    e. Adjust the level of care per unit (such as staffing for BLS instead of ALS) as much as your protocols allow
    f. Utilize non-clinical staff to drive response units so that all licensed EMT-Bs and EMT-Ps can serve in direct patient care
        i. Reference DSHS variance allowing non-qualified individuals to drive ambulance as long as they do not provide direct patient care
2. Have you executed the following strategies relating to your community partnerships?
    a. Requested assistance from your Mutual Aid and/or Automatic Aid partners
        i. Can your mutual aid partners respond to regular 911 calls in an acceptable timeframe?
        ii. Have these partners' medical control physicians discussed and agreed to changes?
    b. Shared staff with First Responder Organizations (for lower levels of licensure – i.e., Emergency First Responder or EMT-B) and Mutual/Automatic Aid partners (for higher levels of licensure such as EMT-P)
    c. Strategized with local receiving facilities to implement triage areas and standardized patient handoff reports to facilitate quicker patient offload times so that crews are available faster
    d. Used nontraditional transport units such as fire apparatuses or EMS supervisor vehicles to transport non-emergent patients during extenuating circumstances or exceedingly high call volume periods
    e. Partnered with local departments to distribute PSAs educating the public about when to seek emergency care versus self-care
3. Have you executed the following strategies relating to organizational management of emergency calls?
    a. Implemented PSAP (Public Safety Awareness Point) call screening to determine if an ambulance is needed for the response
        i. Reference National Academy of Emergency Dispatch protocols (specifically pandemic protocols)
    b. Implemented a scaled or tiered response structure – i.e., screening is conducted by a First Responder Organization and EMS only responds if FRO determines transport is necessary (CDC Guidelines)
    c. Executed contracts with ride share organizations (e.g., Uber/Lyft) for transports deemed not medically necessary
4. Have you considered implementing protocol amendments to mitigate transports and ER overcrowding? All protocol revisions must be approved by the governing medical control physician.
    a. Adopted a No-Transport Guideline. Take into consideration that ensuring guidelines are complimentary to other surrounding EMS operations will optimize mutual aid efforts
    b. Allowed for alternate transport destinations such as free-standing clinics or other alternate care facilities
    c. Implemented a virtual Telemedicine option for patients in lieu of transport to an ER (Click here for Medicare and Medicaid options)

Other Considerations:

1. Has your agency joined the NCTTRAC Regional Surge Transportation Plan and Mutual Aid Agreement for assistance in the event EMS inter-facility transfer resource demands exceed capacity?
2. Has your agency submitted a State of Texas Assistance Request (STAR) for additional resources – i.e., staffing, equipment, Ambulance Strike Teams, etc., as needed to meet increased response demands?
3. Does your agency communicate EMResource hospital capabilities and status information (NEDOCS/Advisory Status) to support appropriate patient transport destination decisions and to promote efficient patient hand-off and return to service time intervals?
4. Does your agency have patient drop-off and/or return to service time standards in place and does your agency have a policy in place to assist crews if/when encountering excessive "wall times?"