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EMS managers met today along with several conversations with hospital administration.

We are anticipating a couple staff being deployed (one paramedic has already been activated through DMAT). These are military, state, and federal deployments that are basically mandated. We are adjusting staff as we can to fill along with anticipating potential call-ins due to illness. Luckly, we have several double-medic shifts. Short story, staff should anticipate filling shifts with people that aren't your regular partner and being asked to fill shifts at places that aren't your regular station.

We have a plan for contingencies such as crews being exposed and not wanting to take possible contagion home. Also, these possibly contaminated crews continuing to work to handle transfers and scene calls of high-risk patients. These are plans in our back pocket in case we need to implement them.

Today, we decided no more meetings face-to-face with more than ten people. Therefore, no more in-person staff meetings until further notice.

We have two paramedic students from the 2019 class that are finishing their capstone (team lead). They are both our employees and will either be on the ambulance in a red shirt as a student or in a black shirt as an employee. Might as well let them finish clinicals and get ready to test. These two are the only exceptions to the no more clinicals rules.

Finally, there was already a great need for on-the-truck leadership before we are in almost disaster mode. The ability to manage staffing, alternate transportation, alternate clinical guidelines, etc. immediately and on-site is even more important, now. Managers had a lengthy discussion and formulating ideas to utilize the U-shift as "crew leaders." Earliest roll-out is probably early April, but here-and-there before then, you might start seeing managers and other senior paramedics staffing an ambulance that posts centrally and coordinates all five stations. Lots of details to keep working on, but I am excited to see where this is going.

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