

MEMO

To: Operations (Field & CMED)

From: Operations Management Team

Date: December 30, 2021

Re: UHP Production Mitigation Efforts - UPDATE

BLS 911 – TESTING

Below is an update on the current progress of the deploying BLS units in the 911-primary capacity.

After successfully completing multiple RTL upgrades it is time to test their benefit to the 911 system. With that aim in mind we will be conducting a small scale test involving the info below. While we have utilized BLS NET trucks in a 911 role they still maintained a primary mission of NET use and 911 support at need. The BLS 911 role will be primary 911 use with NET support.

Testing Info:

- First test will occur on 12/30 from 18:00 to 04:00 with one unit
- We will be testing:
 - Appropriate posting
 - Frequency and legitimacy of the ALS upgrade and transport
 - Appropriate use of the BLS911 crew as we develop procedures and expectations for their utilization

If you have any questions or concerns regarding the topics discussed above, please reach out to OSF Josh Baun with any questions.



Medical Excellence. Compassionate Care.

Mecklenburg EMS Agency
4425 Wilkinson Blvd.
Charlotte, NC 28208
p. 704.943.6000
f. 704.943.6001

medic911.com

Continued on next page →

RESOURCE UNITS – TESTING

Purpose: Effectively utilize spare EE to support field providers by reducing their workload.

Process:

1. Spare/no partner EE are assigned to their already deployed unit or M5 or M50 which are the designated resource units.
 - a. If M5 and/or M50 are 10-7 Logistics will designate another unit in their place.
2. RU EE will check out needed restock supplies, equipment and unit from the Logistics window.
3. RU EE will go 10-41 with CMED
4. CMED will track the unit, designate it as resource unit ("RU") and direct it to an ED of need
5. RU will be driven to the assigned ED and parked out of the way.
6. **RU EE will greet providers at the ED, introduce themselves and announce their intent of giving the crew assistance so they may take a moment to take care of themselves such as using the restroom, heating up their food or taking a quick lap through the parking lot.**
7. While at the ED RU EE should monitor hospital channels for ED that have several incoming ambulances or high priority patients. RU EE should also monitor conference for assignment changes from CMED or the FGS. All location changes should be communicated over the radio.

Additional Assignments/Tasks

- Restocking ambulances at ED, on scene, posts or other rendezvous points.
- Monitor swaps
- Tablet swaps

Note:

- L&D forms **MUST** be completed and turned in at the end of the RU assignment.

Continued on next page →

SIERRA RESPONSE CONFIGURATION CHANGE

As of this morning a subset of SIERRA-level call-types were adjusted to a 60 minute response time, similar to our ALPHA-level designation.

- This change results in two SIERRA-level responses:
 1. "SIERRA" = 60 minute response time, NO first responders, MEDIC COLD
 2. "SIERRA-FR" = 30 minute response time, first responders HOT, MEDIC COLD

CMED will continue to obtain as much information, including patient weight, so that first responders can be assigned as needed.

This is just a small sample of the efforts we are taking to relieve the pressure crews are feeling. As these develop additional communication will occur. **If you have any additional questions please reach out to a member of Operations Management Team.**