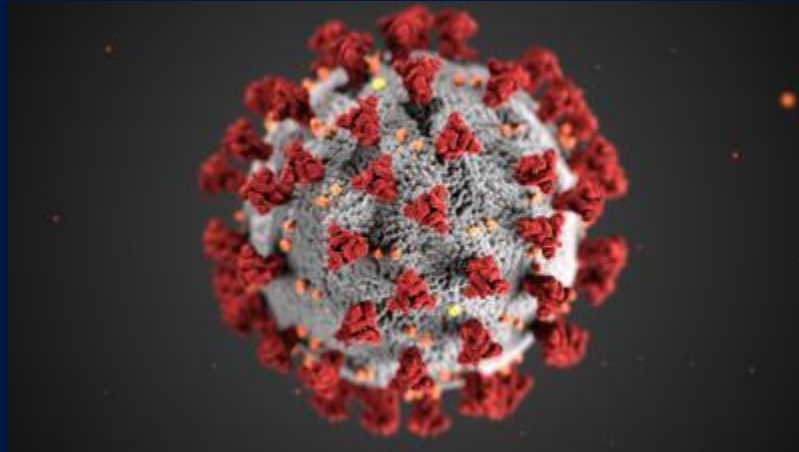




NEW ORLEANS EMS COVID-19 RESPONSE



Bill Salmeron
Chief of EMS

ABOUT US



The City

- Census Population: 390K. Surge population over 1 million at one time.
- Estimated 18 million visitors each year
- Tourism Revenue ~ \$9.1 billion.

The Department

- Founded in 1947 under the New Orleans Police Department and then moved under the City Health Department in 1985 where it remains today.
- Provide all ALS response and transport as well as rescue and special operations services.
- Supported by a BLS Fire Department and two private ambulance services that provide non-emergency services and 911 backup.



ANNUAL STATS

- ~69k calls for service
- ~45k transports (89% Tx Rate)
- ~750 special operations calls (Rescue/SWAT)



STAFFING

- 163 Employees
 - 137 Full Time
 - 26 PRN
 - Breakout by Level: 108 Paramedics/51 EMTs/1 AEMT/4 Other (RN, MD)
- 163 Volunteers (VIGOR Program)
- Average peak of 18 units in service each day (9 Day/8 Swing/8 night)



COVID-19 BY THE NUMBERS

- Peak was late March/early April.
- Call volume trends are similar to many other departments.

Total COVID Case Data	Data as of 5/28/20
Total Confirmed Cases	7,067
Total Deaths	505
Total Tests Completed	44,496 (11.4% of Pop)

EMS Response Data	Calls for Service (% Change from 2019)	Code & Transp (% Change from 2019)	Code-Terminate & DNAR On Scene (% Change from 2019)
March 2020	6489 (+13%)	45 (+45%)	103 (+52%)
April 2020	4949 (-11%)	51 (+42%)	134 (+198%)
To Date May 2020	4341 (-27%)	25 (-32%)	67 (+5%)

CRITICAL ISSUES



- **Staff Safety and Exposure Control**

- First known case transported was on March 9th. Pt was 63 year old female with altered LOC, knee Pain, and no suspicious travel history or contacts. This caused early adoption of “PPE for all” (Patients and Staff).
- Mobilized an Exposure Control Team to monitor staff exposure and care.
- Temporary protocol and clinical changes (Cardiac Arrests, Airways, AGP).
- PD and FD response adjusted to limit exposure and PPE burn.

- **Increase in Call Volume and Staffing Shortages**

- Initial increase of 14% total call volume and significant increase in codes and DNARs.
- Peak of 77 staff quarantined/67 tested with 17 positive/7 still out.
- Used local mutual aid initially but activated state surge unit contract for 2 months.
- Activated BLS services and volunteer EMT reservists for first time as a longer term solution.

- **Hospital Saturation**

- Many facilities were full for extended periods, limiting destinations.
- Hospital capacity changed on an hourly basis at times.
- We were on “hospital rotation” for a while which is done during busy times.
- State soon opened a field hospital (MMS) to care for lower acuity patients. They built capacity for 1,000 and received ~105 patients.

CRITICAL ISSUES CONT...



- **PPE Inventory**
 - Tried to order in December/January with little success.
 - Was only able to plan a few days at a time in beginning.
 - PPE supply never created crew safety concerns.
 - Supplier diversity and community donations got us to a good place.
- **Staff Health and Wellness**
 - Focused on frequent open/transparent communication with staff.
 - Added stress from COVID, exposures, and increased PPE caused wear on staff.
 - Now have free mental health resources for staff that need assistance.
 - Basic needs such as Food and housing became a need early and we were able to utilize our foundation and the Exposure Control Team to manage. This included housing assistance and daily food for staff working and quarantined at home.

CALL CENTER MANAGEMENT



- Activated EMD Flu Protocol 39 early in the pandemic and soon adjusted to asking flu questions on all calls.
- The NOLA 911 call center does not have any capacity to provide telemedicine. During the pandemic, we assigned field paramedics to provide over the phone triage and referral services to stable flu calls not requiring an ambulance.
 - 3,700 Flu Calls March-May
 - 780 were stable enough for additional screening
 - 263 was able to be referred to another service or cancelled by the caller
- Currently have a small CP/MIH program focused on vulnerable populations.
- Plan is to expand the CP/MIH program with a telemedicine capacity.
- More to Come!!

MOVING FORWARD



- Ongoing COVID challenges
 - Continued staff illness/shortage
 - Possible resurgence/second wave
- Planning for co-disasters (hurri-flu season)
 - Evacuation or shelter in place. If so...where?
 - Congregate sheltering considerations
- Ongoing staff support
 - Education/Information
 - Wellbeing/PTSD
- What does the "new normal" look like?



WHAT WE ARE MOST PROUD OF

Our Staff and Volunteers



FRONT of the Front Line!



CONTACT INFORMATION

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