**Minimum Staffing Reporting Process**

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This memo is to clarify questions regarding the requirements for when an EMS agency can reduce to minimum staffing on the ambulance during the COVID 19 Pandemic.**

**Minimum staffing is ONLY to be used as a last resort when staffing levels cannot be met due to certified personnel being ill, quarantined, or not willing to work due to COVID-19 exposure or illness.**

**Requirements:**

1. **EMS agencies must exhaust all efforts with current staffing, mutual aid agreements, and consultation with the local county Emergency Management Agency before falling below minimum staffing.**
2. **At least one certified EMT, advanced EMT, or paramedic must be monitoring the patient during transport.**
3. **The driver must receive and have documented training on the operation of an emergency vehicle, moving a patient on and off the cot, and loading and unloading the cot.**
4. **Minimum staffing shall only be used to maintain normal operations. It is not to be used to add additional units or to reduce operating costs.**
5. **The EMS agency’s medical director shall be notified immediately if staffing is reduced to minimum levels.**
6. **The Division of EMS shall be notified immediately in order to help assess the scope of any staffing shortages statewide. PLEASE email this completed form to ASKEMS@dps.ohio.gov**

**Please complete the following:**

What is the average number of ambulances operated each day? \_\_\_\_\_

How many of these vehicles will be reduced to minimum staffing? \_\_\_\_\_

Employees Information: # of certified # of personnel out Not willing to work due

 personnel sick / quarantined to personal or other reason

 Full Time \_\_\_\_\_ \_\_\_\_\_ sick / \_\_\_\_\_ quarantined \_\_\_\_\_

Part Time \_\_\_\_\_ \_\_\_\_\_ sick / \_\_\_\_\_ quarantined \_\_\_\_\_

Volunteer \_\_\_\_\_ \_\_\_\_\_ sick / \_\_\_\_\_ quarantined \_\_\_\_\_

**Total \_\_\_\_\_ \_\_\_\_\_ sick / \_\_\_\_\_ quarantined \_\_\_\_\_**

Medical Director’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This minimum staffing notification is valid for no more than thirty (30) days from the date the form is submitted. If minimum staffing is still needed, additional forms must be submitted. Minimum staffing is only permitted if approved by the Division of EMS and only during the Governors Pandemic Declared Emergency.** August 2020