



SUBMISSION FORM

All submission forms must include the following information. Separate submission forms must be turned in for each eligible program. **Deadline: July 1, 2021.** Please include this submission form with the electronic entry. If you do not receive an email confirming receipt of your entry within 3 days of submission, please contact [Gage Harter](#).


PROGRAM INFORMATION

County: County of Henrico
Program Title: Alternative Response Units
Program Category: Criminal Justice and Public Safety

CONTACT INFORMATION

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SIGNATURE OF COUNTY ADMINISTRATOR OR DEPUTY/ASSISTANT COUNTY ADMINISTRATOR

Name: Brandon Hinton
Title: Deputy County Manager for Administration
Signature: 

Program Overview

The Henrico County Division of Fire created the Alternative Response Unit (ARU) model to respond to the global pandemic COVID-19. The ARU model placed an Advanced Life Support Provider in a quick response vehicle to respond to low risk COVID 19 patients after call processing and detailed triage was completed within the Emergency Communications Center by a Communications Officer and either a Communications Fire Officer, an RN, or both. The intent was to minimize the usage of advanced life support ambulances in order to keep them available for life threatening emergencies. This model allowed for the Division of Fire to conserve personal protective equipment during a time of limited supply streams. It also allowed the Division of Fire to maintain a healthy work force while not reducing the level of service provided to the community.

Problem/Challenge/Situation Faced by Locality

This program was created as an innovative component of the Division of Fires COVID- 19 response model. This program was designed to conserve personal protective equipment, maintain a healthy work force, and respond skillfully and tactically to the community's needs while keeping critical Advanced Life Support ambulances in service as much as possible. It was soon realized on a national scale that COVID 19 was going to be a serious pandemic and the concerns over a healthy workforce, a dwindling PPE stream, and needs outweighing resources needed to be accounted for. This model allowed the Division of Fire to respond to low acuity calls for service after a careful screening was completed within the Emergency Communications Center by a Paramedic or RN. By deploying this model, critical advanced life support ambulances could be kept in service to respond to life threatening emergencies.

How Program Fulfilled Awards Criteria

This program is worthy of consideration because it was an innovative way to respond to the COVID 19 pandemic during uncertain times. It allowed the division to match risk with response, while never reducing our standard of excellent care.

How Program Was Carried Out

The Alternative Response Unit model was created due to the COVID-19 19 pandemic. It began in April of 2020 after it was realized that careful consideration and planning was necessary to conserve PPE, maintain a healthy work force, and provide outstanding customer service to the community. The ARU model was comprised of a Paramedic paired with a basic life support driver who responded to low acuity calls for service after an intentional screening process was completed within the Emergency Communications Center. This allowed for advanced life support ambulances to remain in service to respond to life threatening emergencies, BLS ambulances to respond to low acuity calls for service, and the ARUs to respond to those triaged as delayed. This program, under the oversight of the Operational Medical Director, was used to provide customized service to the community. At the beginning stages of the pandemic the Division of Fire was encountering many individuals who had no significant medical complaints but wanted to speak with a provider. This model allowed the division to meet those needs by sending an advanced life support provider, giving advice, obtaining vital signs, and appropriately screen without sending a transport unit. This model allowed the division to respond to the surge uniquely and innovatively in “worried well” citizens who needed advice or comfort only, without transport to a medical center being necessary. The model was innovative because it allowed the needs of the citizens to be met in uncertain times, while never reducing the complement of advanced life support ambulances ready to respond to emergencies.

Financing and Staffing

The cost of the program was merely personnel operating costs. The units utilized were vehicles maintained within the complement assigned to the Division of Fire. The medical supplies were repurposed from either logistics or support vehicles.

Program Results

The program was a success. It allowed the Division to minimize personal protective equipment by only having one provider utilize PPE versus the traditional three associated with a fire first response vehicle. It also allowed the Division of Fire the opportunity to provide important information regarding resources and fact sheets to the community in a manner not previously employed by the division. Information packets were disseminated in multiple languages with CDC information as well as information regarding the resources able to be utilized by the community provided by the County at large.

Brief Summary

As the county and country prepared for the oncoming Pandemic the expectation was for very high call volume that would overwhelm pre-hospital (fire and ambulance) and hospital resources of all communities. Henrico County began to prepare for this expected increase in demand through several program and model changes. This model allowed the division to respond to the surge in EMS demand uniquely and innovatively by addressing the needs of “worried well” citizens who needed advice or comfort only, without transport to a medical center being necessary. The traditional model of fire based EMS is to provide a transport unit (ambulance) and crew whenever requested; however this program allowed for personnel to respond to address the needs of those who needed a medical evaluation, information or support; but, didn’t need transport. By keeping our transport units available for possible surge we were able to meet the needs of those calling

911 while still provide capacity. This program was especially valuable given the high number of nursing home calls the community received in this time frame. It allowed the Division to minimize personal protective equipment by only having one provider utilize PPE versus the traditional three associated with a fire first response vehicle. It also allowed the Division of Fire the opportunity to provide important information regarding resources and fact sheets to the community in a manner not previously employed by the division. Information packets were disseminated in multiple languages with CDC information as well as information regarding the resources able to be utilized by the community provided by the County at large.