

# EMS Pandemic Influenza Guidelines for Statewide Adoption

## Section 1 – EMS Planning

### Guideline 1.1 – Plans and Operational Procedures

**State, local, tribal, and territorial EMS agencies should adopt EMS pandemic influenza plans and operational procedures that define the role of EMS in preparing for, mitigating and responding to pandemic influenza.**

#### Rationale

EMS pandemic influenza plans and operational procedures help assure thoughtful pre-event consideration of the role of EMS in mitigating and responding to pandemic influenza.

#### Considerations

- State, local, tribal, and territorial EMS agencies should coordinate with their public health, health care, emergency management, 9-1-1 and public safety counterparts to ensure a coordinated, integrated community-wide mitigation of and response to pandemic influenza.
- Public involvement in the planning process is encouraged.
- Steps should be taken to ensure that EMS pandemic influenza plans are consistent with Federal, State, and local guidance, plans, and policies in order to support a coordinated approach.

#### Background

The threat of pandemic influenza has caused both non-governmental and public sector agencies throughout the world to recognize the need for pandemic influenza planning as essential to preparing for a severe public health threat. As a discipline within the emergency services sector, EMS is critical to the protection of all Critical Infrastructure/Key Resources<sup>12</sup> in the United States. Therefore, early and consistent planning regarding the EMS role will help ensure that when a pandemic reaches the United States the most appropriate actions can be taken to support the Nation.

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<sup>12</sup> US Department of Homeland Security. ONLINE. 2006. *Pandemic Influenza Preparedness, Response, and Recovery Guide for Critical Infrastructure and Key Resources*. Department of Homeland Security. Available: [www.pandemicflu.gov/plan/pdf/cikrpandemicinfluenzaguide.pdf](http://www.pandemicflu.gov/plan/pdf/cikrpandemicinfluenzaguide.pdf) [18 March 2007].

## Guideline 1.2 – Leadership and Authority

**State, local, tribal, and territorial pandemic influenza plans and operational procedures should identify leadership and authority that are consistent with the National Response Plan and the National Incident Management System, including the Incident Command System, and be carefully coordinated with local emergency management plans.**

### Rationale

Pre-established delegations of authority and methods of operation are vital to ensuring that all organizational personnel know who has the authority to make key decisions during a public health emergency, as well as the appropriate operational procedures to follow.

### Considerations

- EMS operations and personnel should already have clearly established authority under their EMS medical director and in accordance with the Incident Command System (ICS) and the National Incident Management System (NIMS). This authority should be maintained during an influenza pandemic.
- Drills and exercises, coordinated with public health and emergency management officials, should be used to validate pandemic influenza response plans and training programs.
- All Federal, State, local, tribal, and non-governmental personnel with a direct role in emergency management and response should be NIMS compliant, including ICD training. This includes EMS, 9-1-1, healthcare, emergency management, public health, fire service, law enforcement, public works/utilities and other personnel.

### Background

#### *National Response Plan (NRP)*

The National Response Plan<sup>13</sup> establishes a comprehensive all-hazards approach to enhance the ability of the United States to manage domestic incidents. The plan incorporates best practices and procedures from incident management disciplines — homeland security, emergency management, law enforcement, firefighting, public works, public health, responder and recovery worker health and safety, emergency medical services, and the private sector — and integrates them into a unified structure. It forms

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<sup>13</sup> US Department of Homeland Security. ONLINE. 2004. *National Response Plan*. Department of Homeland Security. Available: [www.dhs.gov/xlibrary/assets/NRP\\_FullText.pdf](http://www.dhs.gov/xlibrary/assets/NRP_FullText.pdf) [18 March 2007]. See also: [www.dhs.gov/nrp](http://www.dhs.gov/nrp)

the basis of how the Federal Government coordinates with State, local, and tribal governments and the private sector during incidents. Pandemic influenza in the United States may result in activation of the NRP. Management of a pandemic response during NRP activation will be driven by decisions at the State, local, tribal, and territorial level. Excerpted information about the NRP may be found in Appendix C.

### ***National Incident Management System (NIMS)***

The National Incident Management System<sup>14</sup> was developed so responders from different jurisdictions and disciplines can work together better to respond to natural and manmade disasters, including acts of terrorism. NIMS benefits include a unified approach to incident management; standard command and management structures; and emphasis on preparedness, mutual aid and resource management. While most emergency situations are handled locally, a major incident likely will warrant help from other jurisdictions, the State and the Federal Government.<sup>15</sup> However, during a pandemic additional assets may be limited or unavailable for mutual aid because they are already committed to service within their own communities. Regional coordination prior to the event may optimize the utilization of assets among multiple jurisdictions during an event.

### ***NIMS Training Requirements:***

The applicable NIMS and ICS training requirements<sup>16</sup> are included in Appendix I.

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<sup>14</sup> US Department of Homeland Security. ONLINE. 2004. *National Incident Management System*. Department of Homeland Security. Available: [www.fema.gov/pdf/emergency/nims/nims\\_doc\\_full.pdf](http://www.fema.gov/pdf/emergency/nims/nims_doc_full.pdf) [18 March 2007].

<sup>15</sup> See <http://www.fema.gov/emergency/nims/index.shtml>

<sup>16</sup> US Department of Homeland Security. ONLINE. 2006. *NIMS Alert 004-06. Our Top Five Most Frequently Asked Questions*. FEMA. Available: [http://www.fema.gov/pdf/emergency/nims/5\\_common\\_faqs.pdf](http://www.fema.gov/pdf/emergency/nims/5_common_faqs.pdf) [18 March 2007].

## Guideline 1.3 – Training and Exercising

**EMS pandemic influenza plans should establish a program of pre-pandemic training and exercising to prepare EMS personnel for their role in the local pandemic influenza plan.**

### Rationale

A pre-pandemic preparedness training and exercising program will help EMS agencies ensure EMS personnel have baseline training to support and understand their role in responding to pandemic influenza.

### Considerations

- Drills and exercises, coordinated with public health and emergency management, should be used to validate pandemic influenza response plans and training programs.
- Priority should be given to all-hazards preparedness training that incorporates pandemic influenza as a scenario to consider.
- Pre-pandemic exercises should test mechanisms to provide just-in-time training needed during an event.
- Exercises should incorporate NIMS principles to ensure responders are comfortable with NIMS principles and to allow problems to be identified and remedied prior to an actual event.

### Background

Exercises allow EMS and 9-1-1 personnel, as well as personnel from other disciplines, to train and practice prevention, protection, response, and recovery capabilities in a realistic but risk-free environment. Exercises are also a valuable tool for assessing and improving performance, while demonstrating community resolve to prepare for major incidents.

The Homeland Security Exercise and Evaluation Program (HSEEP) is a capabilities and performance-based exercise program which provides a standardized policy, methodology, and terminology for exercise design, development, conduct, evaluation, and improvement planning.

Further information on the HSEEP is available at <http://www.hseep.dhs.gov>.

## Guideline 1.4 – A Systems Approach

**State, local, tribal and territorial EMS agencies, in coordination with Federal, State and local public health, 9-1-1, emergency management and health care officials should ensure that EMS pandemic influenza plans define a process for gathering and developing updated pandemic influenza information, including clinical standards, treatment protocols and just-in-time training and disseminate it to local EMS medical directors and EMS agencies.**

### Rationale

Establishing a dynamic, coordinated and sustainable process will assure that State, local, tribal, and territorial EMS and 9-1-1 systems are able to rapidly incorporate updated disease and treatment information on pandemic influenza and other emerging public health threats into their practices.

### Considerations

- There should be clearly defined procedures for rapid dissemination of pandemic influenza information among EMS, public health, 9-1-1 PSAPs and other officials. This should include coordination with the CDC's Health Alert Network,<sup>17</sup> Public Health Information Network (PHIN),<sup>18</sup> and/or Public Health Information Rapid Exchange (PHIRE)<sup>19</sup>.
- There should be a dynamic statewide system for developing and implementing EMS response and treatment protocols for pandemic influenza and other public health emergencies consistent with legal authorities and medical direction and accompanied by just-in-time training.
- Medical direction, education, quality improvement and legal authority are essential components of the EMS system's role in mitigating and responding to Pandemic Influenza and other public health emergencies.
- EMS and 9-1-1 should be integrated into comprehensive pandemic influenza planning efforts.

### Background

During a pandemic, the medical community must have awareness of the ongoing epidemiological analysis and community-wide interventions being recommended by public health leaders. Likewise, the public health community must have situational awareness of the evolution of disease that can come from collaboration with 9-1-1, EMS, emergency departments and other acute care and outpatient

<sup>17</sup> Centers for Disease Control and Prevention. ONLINE. 2007. *Health Alert Network*. CDC. Available: <http://www.bt.cdc.gov/documentsapp/HAN/han.asp> [18 March 2007]

<sup>18</sup> Centers for Disease Control and Prevention. ONLINE. 2007. *Public Health Information Network*. CDC. Available: <http://www.cdc.gov/phinf/> [3 April 2007]

<sup>19</sup> Centers for Disease Control and Prevention. ONLINE. 2007. *Public Health Information Rapid Exchange*. CDC. Available: <http://www.cdc.gov/phire/> [3 April 2007]

settings where patients seek medical care. The pre-pandemic planning period presents an opportunity to establish and test these relationships.

A goal of the PHIN is to enable real-time data flow, computer assisted analysis, decision support, professional collaboration, and rapid dissemination of information to public health officials, the clinical care community and the public. The Health Alert Network functions as PHIN's Health Alert component. This includes collaborating with Federal, State and city/county partners to develop protocols and stakeholder relationships that will ensure a robust interoperable platform for the rapid exchange of public health information.

The Centers for Disease Control and Prevention is a trusted source of important, timely information concerning actual or potential public health emergencies. PHIRE, the CDC Public Health Information Rapid Exchange, is a system that sends important real-time health information to select subscribers based on their preferences. For example, the system enables CDC to rapidly disseminate alerts about evidence of suspected pandemic influenza in the United States.

PHIRE is a secure electronic communication system designed to keep health care providers informed to protect our Nation's health. The information is provided in real time during an emergency and also allows subscribers the ability to have scheduled moderated forums. The information registrants provide regarding their county and work setting enables CDC to target relevant emergency health information specific to the registrants needs.

More information, including the ability to register can be done at [www.cdc.gov/phire](http://www.cdc.gov/phire).

## Guideline 1.5 – Public and Media Communications

**State, local, tribal, and territorial EMS and 9-1-1 agencies should define a public and media communications plan that is coordinated with the Incident Command System and public health officials to assure consistent education and instructions to the public.**

### Rationale

A clear, coordinated communications strategy will provide information so the public can understand the potentially evolving and changing role of EMS during an influenza pandemic.

### Considerations

- Message coordination with public health and emergency management officials, elected officials and others is essential to ensuring public confidence.
- The role of EMS in Pandemic Influenza mitigation and response should be clearly communicated to the public.
- There should be early public feedback to ensure the messages are understandable and useful to the public.

### Background

To maintain public confidence and enlist the support of individuals and families in disease containment efforts, EMS and 9-1-1 agencies should coordinate their public messages and guidance with the Incident Command System. The public will respond favorably to messages from EMS that acknowledge their concerns, allay anxiety and uncertainty, and provide clear direction.

This may include dissemination of information on what individuals can do to protect themselves, how to care for family members at home, when and where to seek medical care, and how to protect others and minimize the risks of disease transmission. The public will respond favorably to messages which are coordinated and consistent between authorities.

The language, timing, and detail of key messages will depend on a number of factors, including demographics and group psychological profiles of intended audiences, available or preferred media, and urgency.<sup>20</sup> The Department of Health and Human Services will provide communications materials for states and localities throughout all pandemic phases. Many of these resources will be made

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<sup>20</sup> US Department of Health and Human Services. ONLINE. 2005. *HHS Pandemic Influenza Plan*. Department of Health and Human Services. Available: <http://www.hhs.gov/pandemicflu/plan/> [3 April 2007]

available at appropriate times on the [www.pandemicflu.gov](http://www.pandemicflu.gov) website. Others will be disseminated by using the Health Alert Network (HAN), Epidemic Information Exchange (Epi-X), and other resources for health professionals. Additional resources for information such as links to fact sheets are included in Appendix M.

One of the resources for communications professionals is the *CDCynergy* CD-ROM set produced by CDC. *Emergency Risk Communication CDCynergy* is applicable to communicating before and during an influenza pandemic. Communications staff also may find the *CDCynergy 3.0* disk helpful. Information about *CDCynergy* is available on CDC's website at <http://www.cdc.gov/communication/cdcynergy.htm>.

*Communicating in a Crisis: Risk Communication Guidelines for Public Officials* is available on SAMHSA's website at <http://www.riskcommunication.samhsa.gov/index.htm>. This reference describes basic skills and techniques for clear, effective crisis communications and information dissemination, and provides some of the tools of the trade for media relations.

CDC's Office of Communication is offering Emergency Risk Communication Training for appropriate public health workers and communicators both inside and outside the government. Additional information on this program including slide sets and course books can be found at <http://www.bt.cdc.gov/erc/index.asp>.

## **Section 1: EMS Planning**

### **SEE RELATED APPENDICES**

- 1. Appendix B-- EMS and Non-Emergent Medical Transport Organizations  
Pandemic Influenza Planning Checklist from the Centers for Disease Control and Prevention**
- 2. Appendix C—National Response Plan, ESF 8 (Excerpt)**
- 3. Appendix M—Pandemic Influenza Resources**