

Section 2 – Provision of Information to the Public

Objective: The public has been trained to call 9-1-1 when help is needed, whether the problem is small or large, urgent or not. The PSAP is a trusted source of information for the public and will be inundated with calls for help during a pandemic. Plans need to ensure that PSAPs have current, factual information regarding the events affecting their communities, that they have resources to update that information as changes arise, and that they can effectively communicate that information to the public.

2a. Contacting the Incident Commander and Key Groups

The PSAP director should be in contact with the Incident Commander (in accordance with the Incident Command System, as a part of the National Incident Management System), to facilitate the flow of information, both to and from all relevant groups, including the following:

- Public information officer from the agency acting as Command
- County or District Public Health Officer
- EMS Medical Director(s) or designee(s)
- Local Emergency Management Agency or Emergency Operations Center
- State Emergency Management Agency or Emergency Operations Center
- Local Fire/EMS/Law Enforcement
- Private Ambulance Companies
- Local Hospitals
- Any other agency deemed appropriate (State Police, local shelters)

Routine contact with these groups should occur under the authorization of the Incident Commander, in keeping with the Incident Command System, in order to report data and status from the PSAP and to post information for call taker and dispatcher review.

Examples of information to be recorded:

- Status and scope of the emergency
- Recommendations for pre-arrival assistance
- Resources other than 9-1-1 for assistance
- Current availability of EMS, Fire, Police
- Current bed availability in local hospitals

2b. Post-dispatch Instructions

Protocols may allow for expanded post-dispatch instructions for special care of infected patients, and may change depending on the phase of the influenza. The following should be considered in this context:

- Advise caller that no ambulance transport is available or may be delayed because requests for assistance have exceeded system overcapacity
- As may be appropriate to support community mitigation strategies, provide instructions for isolation of ill patients and quarantine of exposed family members (don't send children to school, don't go shopping, etc)
- Advise caller of locally designated patient collection and treatment points
- Utilize secondary triage when available
- Advise caller of preparatory steps for next wave

2c. Consistency of Information

In the event of pandemic influenza, the PSAP will be a primary source of information for those who are accustomed to call 9-1-1 for their perceived emergencies, whether urgent or not. 9-1-1 officials need to be included in local and State information distributions and briefings to ensure consistency of information is provided to the media and to the public.

2d. Special Needs Community

For many in the Special Needs Community, or for those who speak a foreign language, 9-1-1 might be a primary source of information (such as through translation services and access to TTY) PSAPs need to be prepared to assist these groups.

2e. Working with the Media

Adherence to NIMS, and working through the Public Information Officer (PIO) designated by the Incident Commander, will provide consistent messages for the media. The PIO needs to alert the PSAP in advance of any notices to the public to ensure information given to callers is consistent.

2f. Working with the CDC and Local Public Health Offices

Official information for the public on the pandemic will be developed through local public health offices based on information provided to them by Centers for Disease Control and Prevention (CDC). The local public health office will be the official reference point for information that PSAPs will use when providing information to the public. PSAPs should plan on frequent updates of information. Resources available to the PSAP and the local public health office include the Public Health Information Network (PHIN), an initiative of the CDC. One goal of PHIN is to enable real-time data flow, computer assisted analysis, decision support, professional collaboration, and rapid dissemination of information to the public health service, 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.

2g. Included in Planning for Closures

PSAPs need to be included in the planning and notification for the closing of schools, government, or industry, so that information provided to callers is consistent.

2h. Emergency Alert Systems

The use and coordination of automated emergency alerts to the public, in the form pre-recorded phone messages and through other media, should be considered in the overall strategy for delivering information to the public.