



# State EMS System Pandemic Influenza Preparedness

**A Report of the FICEMS**

November 12, 2009



**FICEMS**

Federal Interagency Committee on EMS





# Table of Contents

**Statement by the FICEMS** . . . . . 1

**Background** . . . . . 2

**Assessment Methods** . . . . . 3

**Assessment Results** . . . . . 5

    Integration of EMS into Pandemic Preparedness . . . . . 5

    Integration of Public Safety Answering Points into Pandemic Preparedness . . . . . 8

**Analysis, Strategies and Actions** . . . . . 11

    Gap Analysis . . . . . 11

    Strategies . . . . . 13

        Strategy One: Improve Federal financial and technical assistance to support EMS and 9-1-1 . . . . . 13

        Strategy Two: Assure the personal protection and safety of EMS personnel . . . 13

        Strategy Three: Improve medical oversight . . . . . 14

        Strategy Four: Coordinate community mitigation strategies . . . . . 14

        Strategy Five: Enhance continuity of operations and surge capacity . . . . . 15

**FICEMS Members 2009** . . . . . 16

    Department of Defense . . . . . 16

    Department of Health and Human Services . . . . . 16

    Department of Homeland Security . . . . . 16

    Department of Transportation . . . . . 16

    Federal Communications Commission . . . . . 17

    State EMS Director . . . . . 17

**Acknowledgements** . . . . . 18



## Statement by the FICEMS

The Federal Interagency Committee on Emergency Medical Services (FICEMS) was created (42 U.S.C. 300d-4) by the Secretaries of Transportation, Health and Human Services and Homeland Security to, in part, ...ensure coordination among the Federal agencies involved with State, local, tribal or regional emergency medical services and 9-1-1 systems. The FICEMS has statutory authority to identify State and local Emergency Medical Services (EMS) and 9-1-1 needs, to recommend new or expanded programs and to identify the ways in which Federal agencies can streamline their processes for support of EMS.

At a June 3, 2009 meeting of the FICEMS, the FICEMS' Preparedness Committee reported on the findings of a January 2009 summary report to the Homeland Security Council (HSC): *Assessment of States' Operating Plans to Combat Pandemic Influenza: Report to Homeland Security Council* (HSC Report). Based on an assessment of States' operating plans for combating pandemic influenza, this report found that integration of EMS and 9-1-1 systems into pandemic influenza preparedness is generally inadequate.

The FICEMS directed its Preparedness Committee to conduct a more detailed analysis of State EMS and 9-1-1 pandemic influenza preparedness and to present its findings and recommendations to FICEMS. The Preparedness Committee analyzed unpublished data submitted by the States during development of the HSC Report in 2008. This analysis found that while many States EMS systems have addressed basic infection control procedures, essential activities such as "just-in-time training" and "treating and releasing patients" have received inadequate attention. The analysis also revealed Public Safety Answering Points (PSAPs) have generally been involved in State-wide pandemic influenza planning, but essential functions such as "isolation and quarantine procedures for PSAP personnel" and "PSAP triage and patient classification" were frequently not addressed. Based upon the State submitted data, most States were objectively described as "inadequately prepared" for both EMS and 9-1-1 pandemic influenza preparedness.

The FICEMS has prepared this report to improve coordination among its member agencies on EMS system pandemic influenza preparedness. FICEMS has adopted the following position:

*It is the intent of FICEMS that Emergency Medical Services (EMS) systems be fully integrated and coordinated with public health systems to improve preparedness for influenza pandemics. Federal resources may be used to support strategies, actions and target capabilities which improve EMS system preparedness for pandemic influenza including Federal funding and technical assistance, personal protective equipment and strategies, medical oversight, community mitigation measures, continuity of operations planning and surge capacity planning.*

This report provides further detailed analysis of EMS and 9-1-1 pandemic influenza preparedness gaps. This analysis serves as the basis for five recommended strategies and associated action steps to be taken by FICEMS member agencies in improving EMS system preparedness nationally.

## Background

An influenza pandemic could seriously impact the Nation – its health care delivery system, its transportation system, its economy and its social structure. As the Nation's health care "safety net," emergency medical services (EMS) will be faced with higher demands for services while experiencing problems similar to the rest of the Nation – increased employee absenteeism, disruption of supply chains and increased rates of illness and death. 9-1-1 Public Safety Answering Points (PSAPs) serve as the public's single point of access to EMS, law enforcement and fire services – as well as an avenue for requesting many other services. Ensuring both 9-1-1 and EMS are well-integrated into the Nation's pandemic influenza planning and response is essential to the Nation's health and safety in the event of a pandemic.

On January 15, 2009, HHS Secretary Leavitt and DHS Secretary Chertoff submitted a report to the HSC that summarized the status of States' operating plans with respect to preparedness for, response to, and recovery from an influenza pandemic. This report, *Assessment of States' Operating Plans to Combat Pandemic Influenza: Report to Homeland Security Council* (HSC Report), found that integration of EMS systems into pandemic influenza preparedness generally is inadequate. The FICEMS' Preparedness Committee presented a summary of these findings to the FICEMS at a June 3, 2009 meeting. The FICEMS directed its Preparedness Committee to conduct a more detailed analysis of State EMS and 9-1-1 pandemic influenza preparedness and to present its findings and recommendations to FICEMS prior to December of 2009.

The Preparedness Committee analyzed unpublished data collected during development of the HSC Report in 2008. Findings from this gap analysis, a review of the *EMS Pandemic Influenza Guidelines for Statewide Adoption* (EMS Guidelines) and *Preparing for Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points (PSAPs)* (9-1-1 Guidelines), and the committee's subject matter expertise served as the basis for recommendations to FICEMS for action. FICEMS reviewed the findings and recommendations of the Preparedness Committee and adopted five strategies and several associated action steps to help close the gaps in State EMS system pandemic influenza preparedness.

## Assessment Methods

The *National Strategy for Pandemic Influenza: Implementation Plan (May 2006)* directed the U.S. Department of Transportation (DOT), in cooperation with its Federal partners, to develop statewide EMS pandemic influenza guidelines, as well as model protocols for 9-1-1 call centers and PSAPs.

Through a cooperative agreement with the National Association of State EMS Officials (NASEMSO), the DOT's National Highway Traffic Safety Administration (NHTSA) developed and disseminated the EMS Guidelines and the 9-1-1 Guidelines in May of 2007.

On March 11, 2008, the U.S. Department of Health and Human Services (HHS) released the document *Federal Guidance to Assist States in Improving State-Level Pandemic Influenza Operating Plans* (Federal Guidance). DOT helped develop two appendices in this document, "Appendix B.12 – Integrate EMS and 9-1-1 into Pandemic Preparedness" (the EMS Appendix) and "Appendix B.13 – Integrate Public Safety Answering Points into Pandemic Preparedness" (the 9-1-1 Appendix). These two appendices were based on the EMS Guidelines and 9-1-1 Guidelines respectively.

The Federal Guidance requested that State health officers complete comprehensive assessments of their respective State pandemic influenza operating plans by responding to a series of questions in each appendix known as Supporting Activities. The State responses were evaluated by a Federal interagency work group which prepared "Draft Concluding Assessments". As part of a HHS-led quality control process, these were shared with individual States in October 2008 for review and comment. The final "Concluding Assessments" were distributed to all the States in December 2008.

The scoring of the States' EMS and 9-1-1 submissions were conducted by two NHTSA-led interagency teams of 9 or 10 reviewers each. Each team member served as a primary reviewer on 5 to 6 State submissions and as a secondary reviewer on 5 to 6 submissions. State assessment responses were posted on a secure website for evaluation and scoring. Reviewers examined the documentation for the Supporting Activities submitted by each State and used their own subject matter expertise when assigning a score to a State's response.

Reviewers independently scored each Supporting Activity and submitted scores to NHTSA. Reviewers discussed scores on conference calls, facilitated by a NHTSA staff member, and agreed upon a consensus score for each EMS and 9-1-1 Supporting Activity.

The following scoring criteria were used by reviewers:

SCORE	DESCRIPTION
3	Complete response; documentation indicates actionable plan.
2	Substantial, but incomplete response; documentation indicates that State has largely addressed activity, but response is not complete or actionable.
1	Minimally responsive; documentation only indicates intention or beginning of planning for activity, or only a part of the activity has been addressed.
0	Response missing; documentation does not address activity.

After every Supporting Activity was scored, each State received a comprehensive score for EMS and for 9-1-1. The score for comprehensiveness was calculated as the percent average of scores for all supporting activities. The score for comprehensiveness was translated into a Summary Rating using the following key:

**Key:**

≥85% = “No Major Gaps”

69-84% = “A Few Major Gaps”

50-68% = “Many Major Gaps”

1-49% = “Inadequate Preparedness”

Failure to submit information or a non-responsive submission was considered “Inadequate Preparedness.”



# Assessment Results

## Integration of EMS into Pandemic Preparedness

An influenza pandemic could seriously impact the Nation – its health care delivery system, transportation system, economy and social structure. As the nation’s health care “safety net,” Emergency Medical Services (EMS) will be faced with amplified demands for services while experiencing problems similar to the rest of the Nation – increased employee absenteeism, disruption of supply chains, and increased rates of illness and death. Ensuring EMS is well-integrated into the Nation’s pandemic influenza planning and response is essential to the Nation’s health and safety. The EMS Guidelines identified several areas that should be addressed in preparing for and responding to an influenza pandemic: planning, influenza surveillance and mitigation, maintaining continuity of operations, legal authority, clinical standards and treatment protocols, and workforce protection. Questions (see Table 1) pertaining to each of these areas were included as supporting activities in the EMS Appendix. The frequency distribution of supporting activities by score is summarized in Table 2.

**Table 1:** Questions asked States regarding supporting activities for EMS pandemic influenza preparedness with most frequent (modal) score by question for all the States, Territories and D.C.

SUPPORTING ACTIVITIES	MOST FREQUENT SCORE
<b>EMS Planning</b>	
Has the State adopted EMS pandemic influenza plans and operational procedures that define the role of EMS in preparing for, mitigating and responding to pandemic influenza?	1
Has the State established a Statewide program of pre-pandemic training and exercising to prepare EMS personnel for their role in preparing for, mitigating and responding to pandemic influenza?	1
Has the State established a method for developing and distributing pandemic influenza information, including clinical standards, treatment protocols and just-in-time training to local EMS medical directors and EMS agencies?	1
Has the State established methods to integrate best practices or lessons learned during the previous pandemic wave into EMS system operations and to issue an after action report?	1
<b>The Role of EMS in Influenza Surveillance and Mitigation</b>	
Has the State established procedures for involving EMS agencies in ongoing disease surveillance?	1
Has the State identified procedures for involving EMS providers in pandemic influenza community mitigation strategies, including Targeted Layered Containment?	1
<b>Maintaining Continuity of EMS Operations During an Influenza Pandemic</b>	
Does the State have backup plans to augment the local EMS workforce if needed?	1

SUPPORTING ACTIVITIES	MOST FREQUENT SCORE
Does the State have backup plans to address disruptions in the availability of EMS equipment, supplies and services throughout the State?	1
Does the State have an effective, reliable interoperable communications system among EMS, 9-1-1, emergency management, public safety, public health and health care agencies?	3
Is there a Statewide communications plan, including communications equipment and radio frequency plan to support common hospital diversion and bed capacity situational awareness at the local, State and regional level?	1
<b><i>Legal Authority</i></b>	
Has the state established procedures for EMS providers to deviate legally from their established treatment procedures to support mitigation of and response to pandemic influenza and other public health emergencies while still assuring appropriate education, medical oversight and quality assurance?	1
Has the state identified mechanisms to ensure freedom of movement of EMS assets (vehicles, personnel, etc.)?	1
<b><i>Clinical Standards and Treatment Protocols</i></b>	
Is there coordinated Statewide medical oversight of EMS pandemic influenza planning, mitigation and response?	1
Has the State developed mechanisms for rapid development, adoption or modification of prehospital clinical standards and triage/ treatment protocols before or during an influenza pandemic that are based upon the most recent scientific information?	1
Has the State defined consistent, system-wide procedures for the rapid distribution of new or modified prehospital EMS treatment and triage protocols before or during an influenza pandemic?	1
Has the State defined a process for providing just-in-time training for EMS agencies, EMS providers, EMS medical directors and PSAPs?	1
Has the State defined the role of EMS providers in “treating and releasing” patients without transporting them to a healthcare facility?	1
<b><i>EMS Workforce Protection</i></b>	
Has the State identified strategies to assist local EMS agencies with the protection of the EMS and 9-1-1 workforce and their families during an influenza pandemic?	1
Does the State have requirements or recommendations for EMS agencies for basic infection control procedures?	3
Does the State have system-wide processes for providing vaccines and anti-viral medication to EMS personnel?	2
Have State EMS agencies and public health agencies identified mechanisms to address issues associated with isolation and quarantine of EMS personnel?	1

SUPPORTING ACTIVITIES	MOST FREQUENT SCORE
Has the State defined processes to supplement local EMS agencies in offering support services, including mental health services, to EMS personnel and their families during an influenza pandemic?	1

The activity that States most frequently completely addressed was having requirements or recommendations in place for EMS agencies for basic infection control procedures.

The most frequent activities States have largely, but not completely, addressed include: establishing a method for developing and distributing pandemic influenza information, including clinical standards, treatment protocols and just-in-time training to local EMS medical directors and EMS agencies; and developing backup plans to augment the local EMS workforce if needed.

The activity that States most frequently only minimally addressed was defining a process for providing just-in-time training for EMS agencies, EMS providers, EMS medical directors, and PSAPs. The activity that States most frequently did not address was defining the role of EMS providers in “treating and releasing” patients without transporting them to a healthcare facility.

**Table 2:** Summary of Most Frequent EMS Supporting Activities by Score for the States, Territories and the District of Columbia

SCORE	MOST FREQUENT SUPPORTING ACTIVITY
3 = Completely Addressed	Basic infection control procedures
2 = Largely Addressed	Information dissemination and workforce backup plans
1 = Minimally Addressed	Just-in-time training
0 = Not Addressed	Treating and releasing patients
<b>Total Number of EMS Supporting Activities</b>	<b>22</b>

The distribution of summary ratings for all the States, Territories and the District of Columbia is shown in Table 3. Only 4 States (7%) had no or few major gaps. The median summary rating for all the States indicates inadequate preparedness for pandemic influenza in EMS systems nationally.

**Table 3:** Summary EMS Ratings for the States, Territories and the District of Columbia

SUMMARY RATING	NUMBER OF STATES AND TERRITORIES
No Major Gaps	1
A Few Major Gaps	3
Many Major Gaps	16
Inadequate Preparedness	36
Not Applicable	0
<b>Total States and Territories</b>	<b>56</b>

## *Integration of Public Safety Answering Points into Pandemic Preparedness*

9-1-1 Public Safety Answering Points (PSAPs) serve as the public’s single point of access to EMS, law enforcement and fire services – as well as an avenue for requesting many other services. It is a number that is well known by the populace as a “fall back” number for any emergency. Ensuring 9-1-1 is well-integrated into pandemic influenza planning and response is essential to the Nation’s health and safety. 9-1-1 pandemic influenza preparedness should address the guiding principles and other areas identified in the 9-1-1 Guidelines such as: provision of information to the public, facilitation of call screening, assistance with priority dispatch of limited EMS resources, education and training of PSAP personnel and continuity of operations. Questions (see Table 4) pertaining to each of these areas were included as supporting activities in the 9-1-1 Appendix. The frequency distribution of supporting activities by score is summarized in Table 5.

**Table 4:** Questions asked State regarding supporting activities for 9-1-1 pandemic influenza preparedness with most frequent (modal) score by question for all the States, Territories and D.C.

<b>SUPPORTING ACTIVITIES</b>	<b>MOST FREQUENT SCORE</b>
<b><i>Guiding Principles for Public Safety Answering Points</i></b>	
Does the Statewide pandemic influenza plan delineate the role of PSAPs?	0
Are PSAPs involved in Statewide pandemic influenza planning?	0
Does the Statewide pandemic flu plan establish mechanisms for “Just-in-Time” training and education to call-takers and other PSAP personnel?	0
Is there a consistent Statewide mechanism for communications of pandemic flu updates to PSAPs?	1
Does the State pandemic influenza plan establish standardized 9-1-1 protocols that capture symptoms specific to the pandemic?	0
Does the State have established processes for the integration of best practices or lessons learned during the previous pandemic wave across the 9-1-1 system and issue an after action report?	0
<b><i>Provision of Information to the Public</i></b>	
Does the State have a mechanism and protocols in place to coordinate quickly the latest public health and other information and messages with PSAPs to assure a coordinated system-wide message?	1
<b><i>Facilitation of Call Screening</i></b>	
Does the State pandemic influenza surveillance system incorporate the role of the PSAPs in implementing automated data gathering and data packaging of specific symptoms for purposes of real-time analysis to identify geographic and temporal clusters of symptoms and patients?	0
Does the State have a mechanism established to disseminate rapid updates to pandemic influenza symptom set to PSAPs for caller screening and for data collection/analysis?	1

SUPPORTING ACTIVITIES	MOST FREQUENT SCORE
Are there Statewide policies and procedures and legal protections for sharing pertinent data with State and local public health authorities?	0
Are there Statewide protocols and procedures in place to guide PSAP triage and patient classification during an influenza pandemic?	0
<b><i>Assistance with Priority Dispatch of Limited EMS</i></b>	
Is there Statewide legal authority and protocols to allow tiered response of different EMS unit during a pandemic influenza?	0
Does the State pandemic influenza plan establish mechanisms to identify those 9-1-1 callers or patients appropriate for transfer to a secondary triage specialist or alternate call center? Is there coordination between public health, EMS and PSAPs to coordinate this transfer?	0
<b><i>Education and Training of PSAPs</i></b>	
Does the State identify PSAP pandemic influenza continuing education and training?	1
Does the State identify methods for pandemic influenza “just in time” training for PSAP personnel and their medical directors that is coordinated with EMS, public safety and public health?	0
<b><i>Continuity of Operations</i></b>	
Does the state define isolation and quarantine policies and procedures for PSAPs?	1
Does the state define system-wide processes for vaccinating 9-1-1 personnel, as an element of the critical infrastructure?	0
Does the state identify mechanisms for freedom of movement of PSAP personnel?	0

Activities that States most frequently completely addressed were involving PSAPs in statewide pandemic influenza planning and delineating the role of PSAPs in the statewide pandemic influenza plan.

The most frequent activities States have largely, but not completely, addressed include: establishing a mechanism and protocols to coordinate quickly the latest public health and other information and messages with PSAPS to assure a coordinated system-wide message; and establishing a mechanism to disseminate rapid updates of the pandemic influenza symptom set to PSAPs for caller screening and for data collection/analysis.

The activity that States most frequently only minimally addressed was defining isolation and quarantine policies and procedures for PSAPs. The activity that States most frequently did not address was having protocols and procedures in place to guide PSAP triage and patient classification during an influenza pandemic.

**Table 5:** Summary of Most Frequent 9-1-1 Supporting Activities by Score for the States, Territories and the District of Columbia

SCORE	MOST FREQUENT SUPPORTING ACTIVITY
3 = Completely Addressed	Involving PSAPs in Statewide pandemic influenza planning
2 = Largely Addressed	Establishing a mechanism for information dissemination to PSAPS
1 = Minimally Addressed	Isolation and quarantine procedures for PSAP personnel
0 = Not Addressed	PSAP triage and patient classification
<b>Total Number of 9-1-1 Supporting Activities</b>	<b>18</b>

The distribution of summary ratings for all the States, Territories and the District of Columbia is shown in Table 6. Only 1 State (2%) had no or few major gaps. The median summary rating for all the States indicates inadequate preparedness for pandemic influenza in 9-1-1 systems nationally.

**Table 6:** Summary 9-1-1 Ratings for the States, Territories and the District of Columbia

SUMMARY RATING	NUMBER OF STATES AND TERRITORIES
No Major Gaps	1
A Few Major Gaps	0
Many Major Gaps	4
Inadequate Preparedness	51
Not Applicable	0
<b>Total</b>	<b>56</b>

# Analysis, Strategies and Actions

## Gap Analysis

The 2007 EMS Guidelines and 9-1-1 Guidelines provided guidance to State and local agencies in developing their pandemic influenza plans and operational protocols. The 2009 HSC Report summarized the status of each State's EMS and 9-1-1 pandemic influenza preparedness compared to these guidelines. FICEMS conducted a more detailed gap analysis of unpublished data collected in 2008 during development of the HSC report. This quantitative data, along with qualitative data provided by the subject matter expertise of the Preparedness Committee, indicate gaps in the capabilities of EMS and 9-1-1 systems. These five gaps, accompanied by a brief discussion, are described below and serve as the basis for the FICEMS' five recommended strategies and associated action items.

### **Gap #1: Integration with ongoing pandemic influenza preparedness efforts.**

While the National EMS Advisory Council (NEMSAC) has stressed the importance of core funding specifically for EMS, regardless of the delivery model, to ensure surge capacity and response to public health emergencies (natural or made-made), FICEMS has found the integration of EMS and 911 into pandemic influenza preparedness is generally inadequate. In a 2007 report the Institute of Medicine indicated that EMS systems have, to a large extent, been overlooked in disaster preparedness planning at the State and Federal levels.

### **Gap #2: Availability of appropriate personal protective equipment for EMS personnel.**

In a June 19, 2009 Morbidity and Mortality Weekly Report (*Novel Influenza A (H1N1) Virus Infections Among Health-Care Personnel—United States, April—May 2009*), the CDC highlighted the need to maintain adherence to comprehensive infection-control strategies to prevent transmission of novel H1N1 in health-care settings. The CDC stated: "These strategies should include administrative controls (e.g., visitor policies and triage of potentially infectious patients), provision of infection-control resources, training in infection-control practices and correct use of PPE, identification of all ill HCP [health care personnel], and exclusion of ill HCP from work."

Anecdotal reports from State EMS officials during the initial H1N1 outbreak in early 2009 indicated that in some cases local EMS personnel were fit tested to a particular brand of N-95 respirators, however N95's provided by the Strategic National Stockpile (SNS) were a different brand.

### **Gap #3: Medical oversight of EMS and 9-1-1 systems.**

The specific characteristics of a new pandemic virus – virulence, transmissibility, initial geographic distribution, clinical manifestation, risk to different age groups and subpopulations, and drug susceptibility – will remain unknown until the viral strain is identified. Therefore the ongoing role of EMS medical directors is essential. Each State, local, tribal and territorial EMS system should have an EMS medical director to provide medical oversight of EMS pandemic influenza planning, mitigation and response.

Planning for EMS pandemic influenza clinical standards and treatment protocols should address just-in-time training. Optimal patient outcomes will depend on an EMS system's pre-planned

ability to quickly integrate emerging medical research/information. The effectiveness of patient care will require responsive medical direction, training and coordinated system oversight.

**Gap #4: Integration of EMS systems with community mitigation strategies**

A comprehensive community mitigation strategy may slow the spread of pandemic influenza ultimately saving lives and reducing demand on healthcare resources including EMS. EMS operational infrastructure, including 9-1-1, is well positioned for supporting community mitigation strategies.

EMS systems are ubiquitous and collect patient information, including signs and symptoms, of persons calling 9-1-1 and persons receiving prehospital emergency care for a defined geographic area. Aggregation of this patient information may be useful in disease surveillance. The FICEMS supports the use of National EMS Information System (NEMSIS) data for influenza surveillance.

The organization and delivery of healthcare is highly regulated. During a public health emergency such as an influenza pandemic, it is likely there may be a temporary modification of regulatory requirements at all levels of government. States have largely not addressed the ability of EMS providers to treat and release patients during a pandemic.

**Gap #5: Planning for continuity of operations and surge capacity**

One of the challenges that EMS systems may face during an influenza pandemic is to keep operations functioning despite increases in call volume, workforce shortages and absenteeism, supply chain disruptions and other threats to continued operations.



## Strategies

The FICEMS has adopted the following five short and long term strategies to help address national gaps in State EMS system pandemic influenza preparedness: improve Federal financial and technical assistance to support EMS and 9-1-1, assure the personal protection and safety of EMS personnel, improve medical oversight, expand community mitigation, continuity of operations and surge capacity planning.

Each of these recommended strategies includes short and long term action steps for coordinated implementation by FICEMS member agencies.

Rather than recommending a piecemeal approach to targeting individual gaps, the FICEMS has recommended strategies and action items that are intended to provide coordinated systems-based support to some of the challenges faced by the States.

### Strategy One: Improve Federal financial and technical assistance to support EMS and 9-1-1

Enhance Federal financial and technical assistance to State and local Emergency Medical Services Systems and 9-1-1 Public Safety Answering Points to enhance pandemic influenza preparedness and response.

#### Short Term Action Steps

- 1.1 FICEMS should develop processes to ensure interagency coordination of Federal preparedness grant program support for improving State and local EMS and 9-1-1 system pandemic influenza preparedness
- 1.2 The CDC should support State EMS pandemic influenza planning by convening a series of State and regional EMS pandemic influenza planning meetings involving multidisciplinary stakeholders.

#### Long Term Action Steps

- 1.3 Create a new State EMS System Pandemic Influenza Preparedness grant program to address pandemic influenza preparedness gaps that are outside of the statutory scope of existing preparedness grant programs
- 1.4 The ASPR should lead a focused Federal assessment of State EMS and 9-1-1 system pandemic influenza preparedness based upon the DOT's EMS and 9-1-1 guidelines and issue a report with additional recommendations to FICEMS by December 2011.

### Strategy Two: Assure the personal protection and safety of EMS personnel

Enhance Federal, state and local efforts to assure the personal protection and safety of EMS personnel

#### Short Term Action Steps

- 2.1 HHS should ensure coordination with State EMS Offices when Strategic National Stockpile (SNS) resources are distributed to EMS.
- 2.2 The CDC should ensure dissemination of current guidance on EMS use of PPE to State EMS Offices.

**Strategy Three: Improve medical oversight**

Enhance the medical direction and clinical oversight of EMS systems and PSAPs in preparing for and responding to an influenza pandemic, and in providing clinically appropriate just-in-time education to EMS and 9-1-1 personnel.

**Short Term Action Steps**

- 3.1 Where appropriate FICEMS member agencies should increase grant program support for State and local EMS and 9-1-1 systems to enable just-in-time training, including funding for learning management system platforms and other associated costs.
- 3.2 The CDC, in collaboration with FICEMS member agencies, should develop guidance for State EMS offices on providing EMS system medical oversight during an influenza pandemic.
- 3.3 The CDC, in collaboration with FICEMS member agencies, should develop an ongoing process to ensure coordinated development and dissemination of timely and evidence based guidance for EMS system management of patients during an influenza pandemic, including PSAP triage and patient classification.
- 3.4 FICEMS member agencies should collaborate with the CDC in disseminating call center coordination guidance to the EMS and 9-1-1 stakeholder community.

**Long Term Action Steps**

- 3.5 The CDC, in collaboration with FICEMS member agencies and the Federal Education and Training Interagency Group (FETIG), should lead development of pandemic influenza preparedness training modules for EMS and 9-1-1 medical directors.

**Strategy Four: Coordinate community mitigation strategies**

Expand integration of EMS systems into innovative community mitigation strategies including sentinel surveillance, targeted antiviral prophylaxis, mass vaccination and treatment without transport.

**Short Term Action Steps**

- 4.1 Where appropriate FICEMS member agencies should increase grant program support for State, regional and local NEMSIS implementation and the integration of 9-1-1 and NEMSIS data into sentinel disease surveillance systems.
- 4.2 The CDC, with the support of the DHS Office of Health Affairs and FICEMS member agencies, should develop consensus guidelines for the integration of 9-1-1 and NEMSIS data into State sentinel disease surveillance systems

- 4.3 DHS, HHS and DOT should collaborate with the Federal Education and Training Interagency Group (FETIG) to develop a conceptual model for providing just-in-time training system support to State EMS Offices.
- 4.4 The CDC, in collaboration with FICEMS member agencies, the Food and Drug Administration, the National Security Staff, and stakeholders, should develop community mitigation guidance for EMS systems including the role of EMS and 9-1-1 in sentinel surveillance, targeted antiviral prophylaxis, mass vaccination, and treatment without transport.
- 4.5 NHTSA, in collaboration with FICEMS member agencies, should disseminate model legislation and model regulations to States for modifying the scope of practice (including treatment without transport) of EMS personnel during an influenza pandemic and other public health emergencies.

#### **Strategy Five: Enhance continuity of operations and surge capacity**

Enhance continuity of operations and surge capacity planning for the EMS system.

##### **Short Term Action Steps**

- 5.1 The DHS Office of Health Affairs, in collaboration with FICEMS member agencies and stakeholders, should develop guidance for State EMS system continuity of operations planning. This guidance should address business and operations continuity planning for EMS and 9-1-1.

##### **Long Term Action Steps**

- 5.2 NHTSA, in collaboration with FICEMS member agencies, should develop workforce augmentation guidance for the States to include guidelines for the emergency/temporary licensure of new EMS workers during a pandemic.
- 5.3 FICEMS member agencies should study the operational and financial impact of H1N1 flu and other declared public health emergencies on the delivery of EMS to Medicare and Medicaid beneficiaries and non-beneficiaries.

## FICEMS Members 2009

### *Department of Defense*

Mark Gentilman, M.D.  
Office of the Assistant Secretary of Defense  
(Health Affairs)

### *Department of Health and Human Services*

Kevin Yeskey, M.D., FACEP [FICEMS Chair]  
Office of the Assistant Secretary for Preparedness and Response

David Boyd, MDCM, FACS  
EMS Coordinator  
Indian Health Service

Henry Falk, M.D.  
Director, Coordinating Center for Environmental Health & Injury Prevention  
Centers for Disease Control and Prevention

Peter Van Dyck, M.D. MPH  
Associate Administrator, Maternal and Child Health  
Health Resources and Services Administration

Thomas Hamilton  
Director  
Survey and Certification Group  
Center for Medicaid and State Operations  
Centers for Medicare & Medicaid Services

### *Department of Homeland Security*

Jon Krohmer, M.D., FACEP  
Principal Deputy Assistant Secretary for Health Affairs/Deputy Chief Medical Officer  
Office of Health Affairs

Glenn Gaines  
Deputy Assistant Administrator  
U.S. Fire Administration

### *Department of Transportation*

Brian McLaughlin [FICEMS Vice-Chair]  
Senior Associate Administrator  
National Highway Traffic Safety Administration

## ***Federal Communications Commission***

David Furth  
Deputy Chief  
Public Safety and Homeland Security Bureau

## ***State EMS Director***

Robert Bass, M.D.  
Executive Director, Maryland Institute for Emergency Medical Services Systems

## Acknowledgements

The FICEMS Preparedness Committee is chaired by Dr. Robert Bass and consists of the following members: Col. Mark Gentilman (DoD); Dr. Mike Handrigan (HHS/ASPR/Emergency Care Coordination Center); Rick Patrick (DHS/Office of Health Affairs); Mike Stern (DHS/U.S. Fire Administration); and Gamunu Wijetunge (DOT/NHTSA/Office of EMS).

The lead writer for this report was Gamunu Wijetunge. Anthony Oliver, public health fellow with the DOT/NHTSA/Office of EMS, was a co-writer. Questions regarding this report should be directed to Drew Dawson, Chair of the FICEMS Technical Working Group, at [Drew.Dawson@dot.gov](mailto:Drew.Dawson@dot.gov) or [nhtsa.ems@dot.gov](mailto:nhtsa.ems@dot.gov).



