

## FOREWORD

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.

The *National Strategy for Pandemic Influenza: Implementation Plan* (May 2006) directed the Department of Transportation, 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. With its long-standing commitment to improving the Nation’s EMS system and sharing responsibility with the National Telecommunications Information Administration (NTIA) for the National E9-1-1 office, the National Highway Traffic Safety Administration (NHTSA) was delegated responsibility for both tasks.

From the outset, the need for joint development of the EMS guidelines and the 9-1-1 protocols was clear. 9-1-1 call taking and dispatching must be coordinated with the EMS response system and with public health officials. EMS response is dependent on 9-1-1 and upon public health coordination. Consistency of both messaging and response is essential.

Two stakeholder meetings were convened by the National Association of State EMS Officials (NASEMSO) to address the tasks and to solicit stakeholder guidance. The meetings were attended by a wide variety of national stakeholder organizations within the EMS, 9-1-1 and public health communities and by Federal agencies.

The dialogue among participants was robust and valuable. Their interactions, advice, and insights resulted in two excellent documents. Although the format of each document is slightly different, the stakeholders worked hard to ensure that the two are closely related and interconnected. It is recommended that both documents, “*EMS Pandemic Influenza Guidelines for Statewide Adoption*” and “*Preparing for Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points (PSAPs)*,” be reviewed together.

The audience for both documents is statewide EMS agencies, statewide 9-1-1 managers, local EMS agencies, 9-1-1 Public Safety Answering Point managers and other key stakeholders who could assist these agencies in the event of an influenza pandemic. Both documents are intended to provide guidance to State and local agencies in developing their pandemic influenza plans and operational protocols. Given the unique configuration of systems and local resources, it was not feasible to develop detailed national operational protocols for EMS or for 9-1-1. However, a

sample 9-1-1 call flow sheet, integrated with the EMS system, is provided as well as sample protocols (inter-related) for both EMS and for 9-1-1.

The documents can be used to provide a framework for pandemic influenza planning. They provide general guidance, considerations, references and ideas that can enhance the optimal delivery of emergency care and 9-1-1 services during an influenza pandemic. In the process of preparing these documents, stakeholders noted an important additional benefit that PSAPs and EMS agencies can take from the effort of getting ready for pandemic influenza: The collaboration with public health can be a catalyst and model for other community initiatives for everyday operations, as well as disaster planning.