Appendix R – Suggested 9-1-1 & EMS Activities/Readiness Steps Based on Different Phases of Pandemic Influenza

Pandemic Phase (Based on WHO)	**Public Safety Answering Point (PSAP) Administrative Response**	**EMS Administrative Response**	**Interactions With Other Agencies**
Phase 3: Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact. **(The mindset should be focused on IF pandemic influenza comes to your area.** **In general, build good habits.)**	• Surveillance mode • Plan how PSAP can help local public health (PH) officials, Emergency Medical Services (EMS), and the Emergency Management Agency (EMA) monitor and prepare for a pandemic influenza • Plan for graded responses to Phase 4-6 as detailed below • Monitor the CDC and local public health information on a monthly basis to follow the course of current infections • Plan for scripting/protocol development and agency response in the event of evolution and transmission of the infection to your area • Plan for resource protection of assets in your jurisdiction • Staff education on pandemic influenza • Plan infection control and in the center • Plan for security and isolation for the center • Plan for facility quarantine and staging/transportation of ill employees • Plan for family support of PSAP staff • Inventory operational supplies and ensure adequate sources • Do table top exercises to test your assumptions focusing on decision-making and command structure (community wide) • Identify alternative work force options (retirees, past employees, other government employee groups) • Education on signs and symptoms of mental stress • Look at next generation technology to allow for remote communications	• Surveillance mode • Plan how EMS can help local public health (PH) officials, Public Safety Answering Points (PSAP), and the Emergency Management Agency (EMA) monitor and prepare for a pandemic influenza • Complete CDC Emergency Medical Services and Non-Emergency Medical Operations Check List available at www.pandemicflu.gov • Educate staff on pandemic influenza • Develop a comprehensive staged response considering the following: Continuity of operations (COOP) when 40-60% of staff are ill or exposed—e.g alternate and/or flexible staffing plans • Supply chain disruption including identification of necessary supplies, purchase, storage and distribution • Housing, food and water etc for staff who must remain close to work • Develop plan for infection control • Develop plan for employee screening • Develop security plan • Develop protocols that address system needs related to fatality management • Plan and develop protocols for assessment, triage and transport with medical control with consideration to alternative care sites and modified response and treatment protocols for all patients including those with pandemic influenza • Participate in planning with EMS, public health officials and EMA for pandemic influenza • Work with community leadership to develop plans for medical call centers and/or	• Local PH, PSAP, EMS, EMA to plan for when you will begin active surveillance for pandemic influenza patients • PSAP and EMS agency medical directors contact with local PH officials (discussions should center about **if** a pandemic influenza infection might occur in your area) • Law enforcement to discuss resource protection • Identify who is responsible for local hospitals to plan for patient overloads, minimal or no-responses to requests for service, alternative care sites, etc. PSAP needs to be informed. • Engage all suppliers and ensure they are planning for pandemic influenza • Engage with the organizations that are responsible for updating your dispatch or field protocols • Local Medical Examiner, PH, PSAP, and EMA to plan for handling potential surge of fatalities

Phase 3: (continued)		211 non-medical public information points • Educate staff on prevention techniques • Develop security plan for facility, vehicles, and personnel • Participate in quarantine discussions with public health authorities-both for the public and for healthcare personnel who are exposed. Also, develop freedom of travel arrangements during restricted travel planning times • PPE level training and stockpile equipment • Plan for alternate supply lines during pandemic—"Just in time" supply lines may not be functional. Where will you get replacement supplies? • Mutual aid agreements—what will they (and you) honor? • Discuss with State leaders their resources in a pandemic and if there will be any help available from the State for you. Also, what are you expected to supply? • Plan for vaccination and/or prophylaxis of personnel and their families • Plan for supplying food/medicines/other needs of personnel who are quarantined • "Just in time" training program development • Discuss the coordination of public information planning program—what and how are you going to tell the public when you are forced to curtail services? • Develop a plan to ensure consistent messages from public health officials, EMS, PSAPs with media coordination through the regional ICS system • Patient tracking system in conjunction with PSAPs, public health officials, hospitals, Red Cross, etc. How are you going to track the patients? • Interoperable communications plan • Plan to modify operations according to level of severity of the pandemic • Fatality management • Continuity of operations planning (COOP) • Protocol development for field assessment and treatment based on latest information	

Phase 3: (continued)		available from the CDC • Consider develop of plans for alternative transportation • Participate in planning or be aware of planning for alternate destinations • Consider protocols for non-transport • Develop a plan with PSAP for coordination of information to the field providers to address infection control related to pandemic influenza • Develop the working relationship with your local public health agencies/personnel • Revise transfer agreements and transfer protocols with health care (including skilled nursing and long term care) facilities and hospitals which reflect modified procedures to be used during a pandemic • Coordinate suggested referral policies or agreements with local home health agencies	
Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans. **(The mind set is WHEN it will happen, not if. PSAPs have to prepare for worst scenario.)**	• Increased surveillance mode • Determine if there are any local EMS/public health surveillance tools used within their jurisdictions • Heightened awareness of the need to identify potential patients, protect the healthcare workforce, and to serve as another surveillance tool in the PH arsenal • Training staff to ask relevant questions should Phase 5 occur • Decision regarding how public information will be handled through the PSAP • Ensure information/ communication tools and methods of information in and out are consistent, reliable and up-to-date • Begin modified isolation procedures • Implement infection control measures • Full scale drills (include elected officials)	• Anticipate need for expedited review and approval of treatment protocols with just-in-time training based on case definition of the influenza patient • Need to participate and plan for alternate destinations/transportation modes • Engage with elected officials to plan executive orders that support PSAP and EMS needs during a pandemic • Reevaluate training needs for personnel on infection control and community mitigation efforts • Ensure medical countermeasures have been made available and/or administered to personnel per OSHA standards • Real-time supply monitoring to ensure that excess respirators are not held in reserve while healthcare personnel are conducting activities for which they would otherwise be provided respiratory protection • Decision guidance for determining respirator wear should consider factors such as duration, frequency, proximity and degree of contact with the patient • Begin modified isolation procedures	• Local PH, PSAP, EMS, EMA planners (discussion should center on **<u>when</u>** a pandemic influenza infection might occur in your area) • More detailed discussions as detailed above in Phase 3 • Agree with EMS and health leadership and other EMS/public safety responders what your protocol will be to notify responders that a potentially infected patient has called for help, what infection control measures they will use, and the protocol that all will follow in this instance • Engage mental health partners in your community to address post traumatic stress syndrome

Phase 4 : (continued)		• Are food and essential supplies available in stations to minimize the need for personnel to "shop" while on duty? • Plan with community agencies to support families of EMS personnel who may be quarantined and/or isolated due to exposure • Implement local plans on fatality management • Anticipate increased illness and absenteeism and implement flexible/alternate staffing plans to augment workforce • Diversion protocols may need to be suspended or modified to reflect facilities that are or are not receiving influenza patients	
Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk). **(Mind set: Implement aggressive infection control measures.)**	• Local surveillance mode should be at highest level • Caller questions modified as agreed by EMS medical direction and local public health authorities • Identify means to notify local EDs of a potentially infected patient • Monitor the CDC and the local PH sites every day • Preparation for providing public information—coordinate with (PIO) incident command structure to ensure appropriate public expectations of PSAP are appropriate • Coordinate plans of alternative care sites (when the public calls, what are you going to tell them?) • (No drills) • Aggressive infection control procedures put in place	• Evaluate need for implementation of first level of plan • Local surveillance mode should be at highest level • Identify means to notify local EDs of a potentially infected patient • Monitor the CDC and the local PH sites every 4-7 days • Preparation for providing public information—coordinate with (PIO) incident command structure to ensure appropriate public expectations of PSAP are appropriate • Coordinate plans of alternative care sites • Aggressive infection control procedures put in place • Evaluate appropriateness of clinical procedures that increase the risk of dissemination of droplets or sputum • "Just in time" training program implemented	• Discussion should center on **<u>when</u>** a pandemic influenza infection might occur in your area • Preparations for the first infected cases in your area should be almost complete • PSAP, EMS, PH and EMA discussions should occur regularly with Regional PSAP and EMS managers, elected officials, and law enforcement

Phase 6: Pandemic: increased and sustained transmission in general population.	• Continued monitoring of influenza cases • Caller questions and scripting should abandon the surveillance questions and shift to disaster scripting appropriate for local responses • Daily CDC and PH monitoring • Provide public information consistent with the local PH, EMS, and EMA message • Work with mental health professionals to deal with critical incident stress • Work with incident command structure to determine plans for hospital resources, alternative care centers and fatality management	• Maintain close contact with public health leadership to facilitate activation of plan and communication to field providers • Daily CDC and PH monitoring • Implementation of modified triage and treatment protocols as needed • Implementation of modified staffing plans as needed • Monitor equipment and supply inventories closely • Provide public information consistent with the local PH, • PSAP, and EMA message • Work with mental health professionals to deal with critical incident stress • Work with incident command structure to determine plans for hospital resources, alternative care centers and fatality management	• EOC and EMA activation probable • PSAP, EMS, PH, EMA interaction several times per day • Hospital or alternative care site coordinators can assist in destination decisions and facilitate bed exchange capabilities • Regional PSAP and EMS managers are essential contacts within the incident command system • Equipment and supply vendors who may be able to re-allocate supply assets to areas of greatest need
Phase 6: (Recovery)	• After action reports and evaluation (completed within two week period to prepare for next wave.) • Planning for the next phase • Prepare for continuing challenges with stress and mental health • Re-engage surveillance mode	• After action reports and evaluation (completed within two week period to prepare for next wave.) • Ongoing communication with social support networks to help address personnel and family recovery needs • Establish re-supply lines and reorder inventory	• Look externally to involve after action reports for entire community, involving PSAP, EMS, EM, PH, PIO and elected officials