

Pandemic Planning Recommendations for Action

A White Paper by the Emergency Services
Sector Coordinating Council

Endorsing Organizations:



Issue

On June 11, 2009, the World Health Organization declared a pandemic. It signaled that a global pandemic of novel influenza A (H1N1) was underway affecting more than 70 countries by raising the alert level to Phase 6. This action as we understand was a reflection of the spread of the novel H1N1 virus, not the severity of the illness caused by the virus. Since this declaration, H1N1 has continued to spread, with the number of countries reporting cases of novel H1N1 nearly doubling. Currently the Southern Hemisphere is experiencing the spread of H1N1 and in the United States H1N1 has continued into the summer. The second wave of H1N1 is anticipated during the fall of 2009.

As the second wave approaches, many components of the nation's emergency services remain less than fully prepared. They often lack sufficient resources and specific operating policies and procedures to protect their emergency responders as well as the public at large. The Emergency Services Sector Coordinating Council (ES SCC) has documented this gap below, and proposes a series of specific actions for consideration by the leaders of the nation's response.

The ES SCC includes membership representing the various emergency services stakeholders from across the spectrum of emergency services activities, including emergency management, emergency medical services, law enforcement, fire-rescue, public works, private security, and other specialized emergency response functions. Our primary mission is the coordination of critical infrastructure protection activities that protect the infrastructure of the emergency services sector so that the sector retains the capability to protect others. The ES SCC is a collaborative effort between the disciplines, which is coordinated with our colleagues in the Federal government and the private sector.

Overview and Background

In the event of a pandemic influenza, emergency responders (Federal, State, and local) will play a critical role in maintaining government continuity (including the rule of law), as well as protecting the health and safety of citizens. All aspects of the nation's critical infrastructure depend upon a functioning emergency services sector, which essentially means ensuring emergency responders are healthy and safe in the conduct of their roles.

Planning for a pandemic is a health issue that involves all levels of government. A pandemic is not like other emergencies: the outbreak has no visible geographic boundary, and neither is it (due to the multiple waves) bound by time. Most of the current planning and preparedness activities for the ESS involve an "all-hazard" approach to mass casualty incidents, hazardous materials spills, tornadoes, multiple vehicle crashes, weapons of mass destruction, and many other natural and man made disasters. These events are rarely ongoing, and are generally geographically contained. The cornerstone of this planning is mutual assistance.

Mutual assistance at the local, regional, State or Federal level will most likely not be available during a pandemic. In essence, when the whole world is sick, there is no one to call for additional help. The Federal government has been clear and forthright: in a severe pandemic localities are on their own, and need to identify local capacity to manage in pandemic situations.

This capacity is not in place in all jurisdictions as the second wave of the pandemic approaches. The tremendous planning efforts to develop a vaccine strategy, for instance, have not been replicated in clarifying the expectations for, demands on, and role in the command system for law enforcement, public works, emergency medical services and emergency management personnel across the country. For example:

- the early summer wave of H1N1 was considered mild, yet jails had to be evacuated, shortages of respirators appeared in less than 48 hours, and hospitals had to invoke emergency procedures;
- stocks of protective equipment (gloves, respirators, eye protectors) for first responders remain inadequate and have not been replenished;
- the number of law enforcement and security personnel required to manage the mass vaccination program has not been quantified. This and other assumptions about emergency services personnel capacity present serious planning gaps;
- emergency services personnel have not been included in personal and family protection planning. Family security is a paramount need for an emergency of this scope and duration.

In the past four years there have been numerous guideline documents and planning assumptions. These documents were insufficient to anticipate these breakdowns in the system, and prepare the emergency responders for a pandemic. Based upon the experience of the early summer and in preparation for the anticipated second wave of H1N1, the ES SCC makes the following recommendations for action:

- All communities will respond to the threat to their citizens. There is no experience with the use of Federal compensation programs in a biological emergency; the Stafford Act has never been invoked before in a similar situation. The use of other Federal emergency powers as guidance for local response is not encouraged due to lack of experience or prior exercise.

Action: Local and state authorities seek clarity on which emergency powers will be invoked by the Federal government as soon as possible.

- All essential personnel, including emergency services sector organizations, must be included in the first tier of vaccinations in order to continue to serve in their capacities as the emergency responders for public safety and public health. The recent Centers for Disease Control and Prevention decision to modify guidance and reduce the priority given to emergency responders will undermine the emergency response system.

Action: Every organization should be told as soon as possible the number of their personnel and their families who will be fully vaccinated within the first four weeks of the vaccination campaign.

- Dispatch protocols must be modified to provide specific healthcare instructions to callers that may have the flu and not need medical transport. During an outbreak of an infectious disease, patients that should be treated without transport, and those that truly need transportation to a healthcare facility must be identified early in the dispatch process. Identifying the "worried-well" must also be included early in the dispatch process. This is the first step in reducing the spread of disease and maximizing appropriate use of emergency response and community resources.

Action: Determine best practices for ensuring continuity of operations of the 911 system. Develop alternative dispatch protocols that may be implemented during a pandemic.

- Each jurisdiction must identify a joint information center that is identified as the prevailing authority for all information related to the pandemic. Consistency of information regarding the outbreak is of paramount importance to insure appropriate messaging, response and the dissemination of accurate information to the emergency responders AND the public. Because of their broader jurisdiction, and likely greater capacity and resources, state agencies are best situated to fill this function.

Action: Identify public information communications lead.

- All emergency sector services agencies must be included in the planning process for pandemic flu and the local public health department or authority must be directed to include these agencies in the planning process.

Action: Identify common situational awareness systems to ensure all agencies are operating with the same knowledge.

- Most emergency responder organizations have not been engaged by public health professionals on policies/practices for managing defendants and prisoners while in custody or transport, or for managing crowds or responding to trauma sites.

Action: Coordinate with emergency responder organizations on guidance from public health authorities for any additional precautions required for engaging the public in confined and/or emergency situations.

Conclusion

It is imperative that planning continue and not be set aside simply because there is not a crisis at hand. Failure to plan now will most likely have significant consequences should a surge in disease in our communities quickly materialize, overwhelming our emergency responder systems. We must use the time before the pandemic wave to prepare and determine the chain of command and new expectations placed upon emergency responders in a pandemic.

About the Emergency Services Sector

The Emergency Services Sector (ESS) is a system of prevention, protection, preparedness, response, and recovery elements that forms the Nation's first line of defense for preventing and mitigating the risks presented by all hazards events. As the first line of defense and primary protector of the public and – in the direct context of national CIKR protection efforts, the other CIKR sectors – the loss or incapacitation of ESS capabilities would clearly impact the Nation's security, public safety, and morale.

Thus, the mission of the ESS in regards to its own critical infrastructure protection is to provide an inward-looking perspective that focuses on maintaining the ability of the response community to engage in its mission activities during an all-hazards event.

The emergency services sector encompasses all fire, rescue and emergency, sworn law enforcement, EMS, and emergency management personnel. The extent of the sector extends beyond “first responders” to those who provided specialized, prevention, or investigative capabilities, and personnel and services that directly support emergency services capabilities, including but not limited to emergency services administrative/operational staff, public safety answering points and dispatch, corrections and public works. The sector is primarily a public sector, but does include private sector holdings such as industrial fire departments, sworn private security officers, private EMS providers, etc. It should be noted that the ESS *does not* include emergency rooms and their personnel, which are health care sector assets. The ESSCC and the Health Care SCC are in agreement that the transfer of a patient to definitive care represents a transfer point between the two very-interdependent sectors.

About the ESSCC

The Emergency Services Sector Coordinating Council (ESSCC) is an independent, unfunded coalition of organizations that represent the emergency services sector. It represents emergency response and security elements primarily across *State, local, tribal and territorial* emergency responder communities. The **Emergency Services Government Coordinating Council** (ESGCC) represents the Federal component of this system.