

# Template 6.1. Core Functions of EMS Systems in the Development of State Crisis Standards of Care (CSC) Plans

## Function 1. Assess Jurisdictional Authority and Planning Resources

### State and Regional/Local Tasks

#### State Task 1

State EMS office participates with the state lead agencies responsible for CSC planning and implementation (state health department/emergency management agency [EMA]) in assessing the scope, jurisdiction, and authority of existing state and regional EMS infrastructure for CSC planning and implementation:

- advisory committees
- regional trauma/EMS advisory councils/committees, and
- health care coalitions

#### State Task 2

State EMS office, in collaboration with the state health department, EMA, and legal counsel, develops an inventory of applicable federal, state, and local legal and regulatory authorities and protections, including those related to EMS personnel and provider agency liability, licensing, credentialing, and mutual aid agreements. Includes

- understanding how authorities and protections can be used to facilitate CSC strategies and identifying gaps to be addressed for revision of the plan, including EMS agency licensing, operations (e.g., staffing, advanced life support [ALS]/basic life support [BLS] licensure), and dispatch center operations; and
- state and local medical directors examining regulatory implications with respect to changing dispatch protocols, ambulance staffing, scope of practice, treat-and-release policies, destination policies, and disaster triage decisions.

#### State and Regional/Local Task 3

State EMS, regional infrastructure, and local EMS agencies identify and review existing state, regional, and local surge capacity, mass casualty, and CSC plans. Includes

- identifying gaps in the state/regional/local plans;
- reviewing after-action reports from previous functional exercises addressing surge capacity and CSC needs;
- searching resources from other states and national organizations (see the “Notes and Resources” column);
- identifying at-risk populations for inclusion in EMS CSC planning (refer to the EMS for Children program); and
- identifying and reviewing resource documents that may assist state, regional, and local EMS agencies in assessing CSC needs and developing CSC plans.

### Notes and Resources

*Guidance for Establishing Standards of Care for Use in Disaster Situations: A Letter Report* (IOM, 2009b)

*Preparedness and Response to a Rural Mass Casualty Incident: Workshop Summary* (IOM, 2011)

*Principles of EMS Systems* (ACEP, 2005)

*Medical Surge Capacity and Capability: A Management System for Integrating Medical and Health Resources During Large Scale Emergencies* (HHS, 2007)

State, regional, and local surge capacity plans

State, regional, and local mass casualty plans

Pre-arrival dispatch instruction protocols

State EMS statute and regulatory standards

Emergency Medical Assistance Compact (EMAC) and mutual-aid agreements

Area National  
Disaster Medical  
System (NDMS) and  
Metropolitan Medical  
Response System  
(MMRS) plans

*EMS Pandemic  
Influenza Guidelines  
for Statewide Adoption*  
(NHTSA, 2007a)

*EMS Incident Response  
and Readiness  
Assessment (EIRRA)*  
(NASEMSO, 2011a)

*Model Trauma  
Systems Planning  
and Evaluation Guide*  
(HRSA, 2006)

*State Emergency  
Medical Services  
Systems: A Model*  
(NHTSA, 2007b)

*Resources for Optimal  
Care of the Injured  
Patient: 2006* (ACS,  
2006)

*Operational  
Considerations During  
Pandemic Events:  
A Guide for State,  
Local, and Tribal  
Governments* (FEMA,  
2009)

*Terrorist Injuries:  
Information and  
Dissemination  
Exchange Project*  
(CDC, 2009)

*Crisis Standards of  
Care: Summary of a  
Workshop Series* (IOM,  
2009c)

State, regional, and  
local emergency  
operations plans

## Function 2. Development of Consistent and Comprehensive Plans Under the State Disaster Medical Advisory Committee (SDMAC) Structure

### State and Regional/Local Tasks

#### State Task 1

State EMS office establishes a state-level, multidisciplinary, and transparent EMS crisis care workgroup of the SDMAC) to draft portions of the state CSC plan pertaining to the provision of EMS. The workgroup's representation may include

- state health department/Emergency Support Function (ESF)-8 lead for consistency with SDMAC efforts;
- state EMS agency;
- regional EMS/trauma advisory committee;
- regional health care coalition representatives;
- state/local EMA;
- hospital specialty care (trauma, burn, poison control, pediatric);
- EMS agencies (urban, rural, private, and public providers);
- state EMS medical director and regional/agency directors;
- call center and dispatch center personnel;
- additional health care expertise (if applicable, regional medical coordination center or regional DMAC, local clinical care committee and triage team, private practitioners, community clinics, long-term care facilities, medical associations, hospital associations, professional health care associations, and mental health agencies and providers [including American Red Cross Disaster Mental Health]);
- EMS legal counsel; and
- EMS for Children.

#### State and Regional/Local Task 2

State EMS office, regional infrastructure, and local EMS agencies outline state and local EMS agency roles, responsibilities, and actions. Includes

- identifying when to activate CSC plans (indicators and triggers, process);
- establishing a CSC component activation and notification process;
- identifying how stakeholders will collaborate with state and federal partners;
- identifying communications and monitoring systems that support resource distribution and allocation;
- identifying strategies and processes for situational awareness; and
- ensuring that private-sector entities are included in planning efforts and identifying their roles.

#### State and Regional/Local Task 3

State EMS office, regional infrastructure, and local EMS agencies ensure connectivity and uniformity with regional advisory committees/councils and other regional resources. Includes

- ensuring consistent disaster triage policies;

### Notes and Resources

- addressing modified pre-arrival instructions and deferral of service or modified resource assignment; and
- integrating call centers, poison control centers, 2-1-1 centers and “ask a nurse” resources into CSC plans.

#### **State and Regional/Local Task 4**

State EMS office, regional infrastructure, and local EMS agencies identify clinical and administrative triggers for activation of the CSC plan. Includes

- considering critical infrastructure disruption;
- addressing the doubling of EMS and 9-1-1 call volume (or routinely pending calls with potentially life-threatening complaints);
- considering the failure of contingency plans to accommodate call volumes; and
- understanding the transitions from conventional to contingency to crisis standards of care and administrative and operational changes implemented at each level.

#### **State and Regional/Local Task 5**

State EMS office, regional infrastructure, and local EMS agencies consider aspects of palliative care in CSC plans. Includes considering the role of EMS in the provision and facilitation of palliative care, especially in prolonged incident, including necessary education and resources.

#### **State and Regional/Local Task 6**

State EMS office, regional infrastructure, and local EMS agencies integrate mental health response into CSC plans. Includes

- engaging and integrating existing mental health care resources in CSC planning and implementation to develop a mass casualty/ CSC mental health concept of operations (CONOPS);
- training EMS personnel in mass casualty variant of psychological first aid that includes rapid mental health triage; and
- providing a comprehensive EMS responder resilience system for mental health support for all EMS personnel that includes pre-event stress inoculation, personal resilience planning, and triage/ self monitoring of responder stress.

#### **State and Regional/Local Task 7**

State EMS office, regional infrastructure, and local EMS agencies ensure that CSC planning at all levels:

- establishes clear lines of authority and roles and responsibilities of stakeholders (e.g., state health department, local health departments, state EMA, local EMAs, EMS, health care, federal partners);
- identifies processes for coordinating and facilitating resource requests and allocations (e.g., defines role of state EMA in managing requests and allocations within and across states and with federal assets);
- promotes collaboration with federal partners (e.g., Department of Health and Human Services [HHS]/Office of the Assistant Secretary for Planning and Response [ASPR]) and consistency

This group may be a sub-committee of an existing advisory committee.

Refer to template 5.1 in Chapter 5.

in scope of care for federally-deployed ESF-8 assets (i.e., across federal teams and with the state and local entities these federal teams support);

- integrates incident command system principles; and
- ensures inclusion of EMS-specific CSC into state and regional plans as extension of mass casualty or surge capacity planning.

## Function 3. Stakeholder and Public Engagement

### State and Regional/Local Tasks

#### State and Regional/Local Task 1

State EMS office may assist the state health department and the SDMAC in engagement with local EMS stakeholders on CSC planning. Regional and local EMS stakeholders:

- understand their role in CSC planning and implementation;
- understand the role of local health care stakeholders in CSC planning and implementation;
- understand state CSC processes;
- understand applicable federal, state, and local legal authorities; and
- have the opportunity to review and provide comments on the draft state CSC plan.

#### Regional/Local Task 2

Regional infrastructure and local EMS stakeholders interface with local health care facilities and local health departments/public health agencies to ensure congruency of assumptions and plans.

#### State Task 3

To engage the public (including at-risk populations), state EMS office may participate with the state health department and SDMAC to:

- coordinate, conduct, and prepare findings on public engagement to help inform the public about the state CSC plan;
- share public engagement findings with regional and local EMS stakeholders to assist them in the development of local and regional CSC policies and plans; and
- make the draft state CSC plan, with the EMS component, available for public review and comment.

#### State Task 4

State EMS office reviews the EMS component of the state CSC plan with applicable public officials (and/or their senior staff) within the state and informs them of their roles in a CSC response.

#### State Task 5

State EMS office ensures that legal authorities are described appropriately in the plan and that recommended actions in the plan are in accordance with applicable federal, state, and local laws and regulations.

### Notes and Resources

See Chapter 9 for a detailed discussion of public engagement.

See template 5.1 in Chapter 5.

See Chapter 3.

## Function 4. Monitoring, Evaluation, and Modification of the CSC Plan

### State and Regional Task 1

State EMS office and regional infrastructure partner with state and regional EMAs to integrate state the CSC plan into appropriate emergency operations plan (ESF-8 Public Health and Medical Annex) and the state surge capacity plan/annex or other state emergency response plan with EMS-specific information, as applicable.

### State and Regional/Local Task 2

State EMS office and regional infrastructure notify EMS stakeholders of plan adoption and strategies to be utilized.

### State Task 3

State EMS office notifies intrastate (regional advisory committee and local EMS committees) and interstate EMS partners, as appropriate, of the adoption of the state CSC plan and distributes the plan to them to promote consistency and transparency in CSC planning and response efforts. State EMS offices informs applicable federal partners with EMS-relevant responsibilities (e.g., HHS regional emergency coordinators) of plan adoption and strategies or likely resource requests that would involve their personnel (e.g., national ambulance contract).

### State and Regional Task 4

State and regional infrastructure make public versions of state and regional CSC plans available on the state EMS or other applicable website for public access. State EMS office and regional infrastructure conduct an awareness campaign throughout the state to inform stakeholders about the state CSC plan and processes.

### State and Regional/Local Task 5

State EMS office, regional infrastructure, and local EMS agencies ensure that state, regional, and local EMS components of the overall CSC plan are operational, up-to-date, and ready for activation. Includes

- conducting regular education with EMS stakeholders, and as appropriate, public officials and the public regarding the plan and its implementation;
- tracking developments in EMS CSC planning and guidance (within and external to the state);
- conducting tabletop and functional exercises involving the EMS component of the CSC plan at the state, regional, and local levels;
- reviewing and updating the EMS component of the plan on a regular (annual or more frequent) basis, as needed;
- soliciting input from EMS and other stakeholders and the public about the plan, including continuing to conduct public engagement activities; and
- notifying EMS and other stakeholders and the public, as necessary, of any substantive changes to the plan.