

## Template 6.2. Core Functions of EMS Systems and EMS Personnel in the Implementation of CSC Plans

### Function 1. Assessment and Activation

#### State Task 1

State EMS office, in collaboration with the state public health agency and state emergency management agency (EMA), assumes the role of state EMS lead in collaboration with the state public health agency/ Emergency Support Function (ESF)-8 lead and state EMA. (If the state EMS office is the ESF-8 lead, it follows guidance for state functions and delegates EMS-specific functions below.)

#### State Task 2

Dispatch/call centers, EMS providers, and state EMS office recognize incident and assess medical needs and the necessity of implementing the state CSC plan.

#### State Task 3

State EMS office consults with the state disaster medical advisory committee (SDMAC) regarding medical care and policy issues.

#### State Task 4

State EMS office, in collaboration with the SDMAC, activates/authorizes implementation of the EMS component of the state CSC plan based on triggers identified in the plan.

#### Regional/Local EMS and Dispatch Center Task 5

Regional/local EMS and dispatch centers understand when to initiate jurisdictional CSC plans based on local and regional emergency response plan triggers and the state CSC plan

#### Notes and Resources

State EMS office and local EMS providers, in collaboration with the state public health agency, regularly the triggers in the CSC plan.

State EMS office has a mechanism in place for ready access to the SDMAC.

### Function 2. Alerts and Notifications

#### State and Regional/Local Task 1

State EMS office utilizes the statewide integrated communications system to provide and receive timely alerts during a CSC incident.

#### State Task 2

State EMS office establishes redundant and interoperable communications systems in case a disaster affects routine communications systems.

#### Regional/Local Task 3

Regional infrastructure and local provides understand what actions to take when state EMS office or lead ESF-8 agency sends notifications about a crisis or potential crisis situation.

#### Notes and Resources

All EMS system stakeholders routinely test the notification system and redundant systems and develop predefined alert messages.

### Regional/Local Task 4

Regional infrastructure and local providers understand when to request that the state ESF-8 lead agency activate/authorize CSC strategies.

### Public Safety Answering Points (PSAPs) and Call Centers Task 5

PSAPs and call centers understand when to send alert messages to stakeholders if the CSC plan is anticipated, activated, and terminated.

## Function 3. Command

### State and Regional/Local Task 1

State EMS office implements the incident command structure (ICS) within affected jurisdictions. Includes

- ensuring that command staff are trained and have exercised the use of alternate care sites, transportation modes, and staffing configurations (and other crisis adaptations) according to local/regional plans;
- ensuring that command staff are well-versed in incident action planning and how to incorporate appropriate technical experts (such as the SDMAC) into the planning process for long-term incidents; and
- ensuring that appropriate resources (job aids) are available to guide capacity expansion decisions as needed.

### State Task 2

All stakeholders understand the ESF-8 role in CSC incident and how the chains of command of the state emergency operations center (EOC) and agency internal operations center coordinate the development, communication, and implementation of new CSC strategies in response to incident-specific demands.

#### Notes and Resources

Refer to National Incident Management System (NIMS) and CSC plans.

Refer to the committee's letter report (IOM, 2009b) for information on the SDMAC.

State EMS office works closely with the state EMA to regularly exercise operations of the jurisdictional EOCs.

## Function 4. Control

### State and Regional/Local Task 1

State EMS office understands how to request additional resources and integrate requested assets within existing resources. Involves:

- jurisdictions, regional structures, and local emergency management and public health systems;
- regional hospital coalitions and regional EMS/trauma committees/councils;
- federal partners (Department of Health and Human Services [HHS]/Office of the Assistant Secretary for Planning and Response [ASPR], Federal Emergency Management Agency [FEMA], National Disaster Medical System [NDMS], Department of Homeland Security [DHS]);
- the Emergency Management Assistance Compact; and
- multistate regional coalitions.

#### Notes and Resources

Refer to the NDMS resources available through HHS and the availability of ambulance resources through the federal contract with American Medical Response.

State, regional, and local EMS medical directors strive for standardization

### Regional/Local Task 2

State EMS office ensures that EMS providers utilize triage, treatment, transport, and transfer protocols approved by the medical director within the response area as required during a CSC incident.

### Regional/Local Task 3

Regional EMS infrastructure and local EMS agencies work in cooperation with local law enforcement and understand the EMS options for security and access controls during a disaster.

of protocols to foster consistency for patient care across jurisdictional boundaries or service areas.

## Function 5. Communications

### State Task 1

State EMS office ensures real-time exchange of information among stakeholders to assess the magnitude of the incident and evaluate ongoing resource needs and requests.

### State and Regional/Local Task 2

State EMS office ensures that policies and procedures are in place to provide and receive situational communications among staff, facilities, and agencies within the affected region, including by the following means:

- e-mail, text messaging, paging, telephone, amateur radio, satellite phone, and other devices;
- announcements, handouts, postings, and traditional media;
- web-based and social media.

### State, Regional/Local, and Dispatch Center Task 3

All stakeholders ensure that interoperable and redundant systems exist to communicate with:

- local EMS and dispatch centers,
- EOCs (emergency management),
- the regional medical multiagency coordination center (as applicable),
- hospitals and alternate care facilities in the area,
- federal partners,
- law enforcement,
- other appropriate state agencies (e.g., department of mental health),
- local public health agencies, and
- neighboring states.

### State and Regional/Local Task 4

State EMS office, regional and local EMS agencies, and medical directors understand the roles and functions of the SDMAC, state EMS medical director, state health officer/commissioner, regional medical coordination center, regional call centers, and regional EMS or trauma advisory committees and how information is received or communicated to these bodies.

### Notes and Resources

Refer to the National Highway Traffic Safety Administration's (NHTSA's) EMS Pandemic Influenza Guidelines for State Adoption (NHTSA, 2007a).

Refer to the Pandemic Influenza Appendix of the Hennepin County EMS Council regarding telephone triage, call centers, and protocols (Hennepin County, 2009).

Refer to the Maryland Institute for Emergency Medical Services Systems (MIEMSS) website regarding disaster protocols.

Refer to safecom.gov for assistance with interoperable communications systems.

Implementation of CSC is exercised regularly to ensure understanding of roles.

## Function 6. Coordination

### State Task 1

State EMS office understands interstate assets and Emergency Management Assistance Compact (EMAC) process, as well as NDMS capabilities, and, in cooperation with the state EMA and state health department, how to integrate outside assets with existing resources.

### State and Regional/Local Task 2

State EMS office implements available electronic incident management and patient tracking systems to manage assets and track patient movement.

### State and Regional/Local Task 3

State and local EMS agencies understand the authority, scope, and jurisdiction for all response organizations and how they interface within the ICS during a CSC incident.

### Notes and Resources

See <http://emacweb.org> for the Emergency Management Assistance Compact.

See the ASPR/NDMS website for resources.

## Function 7. Public Information

### State and Regional/Local Task 1

Through the ICS, state EMS office and local EMS agencies ensure appropriate risk communication and consistent messaging to the public via the media, as well as organization-/agency-specific means (website, calling programs, e-mail, social media) regarding use of 9-1-1 and EMS resources, when EMS should be called, limitations on response, etc.

### State and Regional/Local Task 2

All stakeholders in the emergency health care system coordinate information with other response organizations through the joint information system (JIS) and joint information center (JIC).

### Notes and Resources

Organizational public information officers (PIOs) are familiar with CSC plans and triggers.

Where possible, scripts are developed to address CSC implementation.

Refer to Public Information Overview: Joint Information (FEMA, 2012).

## Function 8. Operations

### Conventional Care

#### State and Regional/Local Task 1

All EMS stakeholders understand their roles and authority in providing routine care through medically approved triage, treatment, and transport protocols and using normal modes of transportation, staffing, and equipment, including mutual-aid resources.

### Notes and Resources

See Chapter 2 for further discussion of distinctions among modes of care.

## Contingency Care

### State and Regional/Local Task 1

EMS providers expand mutual-aid agreements/operations and response plans to substitute, conserve, and adapt staffing, transportation, patient triage, and destinations while still providing medical care functionally equivalent to conventional care.

## Crisis Care

### State and Regional/Local Task 1

EMS providers expand mass casualty and surge capacity plans to include

- reuse and reallocation of supplies,
- alternate modes of transportation (buses),
- sheltering-in-place and transport to alternate care sites,
- modification of the ambulance staffing configuration (one medical person and a driver),
- use of medically approved protocols for patient care based on established triggers in the CSC plan,
- dispatch screening protocols,
- use of regional call centers to assist with coordination of assets and patient destination,
- treat-and-release protocols,
- 2-1-1 and 3-1-1 call centers, and
- declarations and emergency orders to facilitate the provision of sufficient care.

## Medical Care Branch

### State Task 1

State EMS office understands when to shift from contingency to crisis care on assessment of a response in progress or recommendation of the SDMAC and knows how to identify specific needs of response organizations and the resources at risk.

### State Task 2

State EMS office understands the process for requesting resources and coordinating these resources with federal partners and regional and local response organizations.

### State Task 3

State EMA activates the EOC (if not already done) and the crisis care annex that details the role of the SDMAC and waivers of regulatory standards. Includes

- activation guidelines and triggers,
- roles and responsibilities,
- documentation of decisions (medical records and incident documentation), and
- triage protocols and possible decision tools.

State EMS office refers to mapped EMS resources and a resource management system (<http://www.fema.gov/pao/joint.shtm>).

Refer to state, regional, and local surge capacity and mass casualty plans.

Refer to other operational plans such as those for pandemic influenza, regional/area NDMS, mass casualty incidents, and regional/state surge capacity.

## **Mental Health**

### **State Task 1**

State EMS office participates in a rapid mental health triage/incident management system linking local, regional, and state disaster systems of care, including health care facilities and mental health resources, in ICS operations.

### **State Task 2**

State EMS office provides for access to a continuum of evidence-based mental health interventions for adults and children.

### **Regional/Local Task 3**

Regional infrastructure and local public and private EMS agencies provide training in basic “neighbor-to-neighbor, family-to-family” psychological first aid for the general public and health care workers that includes triage.

### **Region/Local Task 4**

Regional infrastructure and local public and private EMS agencies provide CSC-specific behavioral coping components in risk communications.

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

All stakeholders complete a CSC gap analysis with plan to enhance local disaster mental health and spiritual care capacities and capabilities.

### **Regional/Local Task 6**

Regional infrastructure and local public and private EMS agencies develop a health care worker resilience system with integrated triage and referral components.

## **Palliative Care**

### **State Task 1**

State EMS office, with medical direction, defines the role of EMS personnel in providing symptomatic management for patients needing palliative care and provides the necessary training and resources.

### **State Task 2**

With palliative care experts, state EMS office provides just-in-time training that may be appropriate for EMS personnel, especially in a sustained CSC incident.

### **Regional/Local Task 3**

State and local medical directors address palliative care, if appropriate, in the emergency operations plan, including triage tools and any agency-specific protocols or policies (which are approved by medical directors at the state or agency level).

Refer to the mental health section of Chapter 4 for a more a detailed list of functions and discussion of examples.

Refer to the palliative care section of Chapter 4 for additional information.

## Function 9. Logistics

### Staffing Resources

#### State and Regional/Local Task 1

State EMS office, regional infrastructure, and local EMS providers understand available staffing resources within jurisdictions and utilize established processes for requesting and allocating the workforce (Medical Reserve Corps [MRC], Emergency System for Advance Registration of Volunteer Health Professionals [ESAR-VHP], state strike teams, NDMS teams, military/National Guard personnel, including ambulances).

#### State and Regional/Local Task 2

State EMS office, regional infrastructure, and local EMS agencies utilize a resource monitoring system to track staffing resources and understand when to activate mutual-aid agreements or alternative staffing patterns.

#### State and Regional/Local Task 3

All stakeholders ensure that call-back criteria and policies are in place, including maintenance of current and accurate employee contact information.

#### State and Regional/Local Task 4

State EMS office, regional infrastructure, and local EMS providers have the capability to assess the number of staff available for large-scale incidents.

#### State and Regional/Local Task 5

State EMS office, regional infrastructure, and local EMS providers ensure that staff receive personal preparedness training to assist with family needs and are prepared for on-site accommodation of staff and family members, as appropriate.

### Transportation and Equipment Resources

#### State and Regional/Local Task 1

State EMS office, regional infrastructure, and local EMS agencies conduct an assessment of the types and location of EMS transportation and equipment resources available within the state and know how to request resources from other jurisdictions (through EMAC, the federal ambulance contract, medication caches, equipment trailers).

#### State and Regional/Local Task 2

State EMS office, regional infrastructure, and local EMS agencies, with medical direction, identify strategies for appropriate substitution, conservation, adaptation, reuse, and reallocation of scarce equipment and supplies.

#### State/Regional/Local Task 3

State EMS office, regional EMS infrastructure, and local EMS agencies utilize a resource tracking or deployment system to monitor the availability of ambulances and understand when to engage other modes of patient transportation.

### Notes and Resources

Refer to NDMS and EMAC websites.

## Space

### State and Regional/Local Task 1

State EMS office, regional infrastructure, and local EMS providers understand when to initiate plans to transport patients to alternate care sites and the processes for requesting and allocating such space.

### State and Regional/Local Task 2

State EMS office, regional infrastructure, and local EMS providers are able to recognize when to activate alternate call centers (such as 2-1-1 or nurse triage centers) to provide information to the public .

### Regional/Local Task 3

Regional infrastructure and local EMS providers understand when to initiate treat-and-release protocols and processes approved by state and agency medical directors.

### Regional/Local Task 4

Regional infrastructure and local EMS providers identify regional staging areas for use when major mutual aid will be required but specific assignments are not yet available, and understand support requirements for those sites.

### PSAPs and Call Centers Task 5

PSAPs, regional call centers, and dispatch centers understand when to utilize CSC dispatch protocols and alter resource assignments.

## Special Populations

### State and Regional/Local Task 1

State EMS office, regional infrastructure, local EMS providers, and medical directors identify patient groups requiring special consideration with respect to transportation, treatment, equipment, and supplies.

### State and Regional/Local Task 2

Local EMS personnel are trained and exercised in managing special populations, including pediatric, burn, elderly, and non-English speaking patients, and purchase and stockpile tools, equipment, and supplies to address special-population needs.

Refer to Maryland emergency medical dispatch (EMD) protocol.

Refer to the Pediatric Emergency Mass Critical Care Task Force supplement (Task Force for Pediatric Emergency Mass Critical Care, 2011). The full-text articles are available free of charge on the Pediatric Critical Care Medicine website.

## Function 10. Planning

### Disaster Medical Advisory Committee

#### State Task 1

State EMS office understands how to interface with incident command, in particular the planning section and planning cycle, as well as how to interface with the SDMAC its role in activating the CSC plan and other strategies.

#### State and Regional/Local Task 2

Technical specialists and medical directors understand their interface with command and planning sections.

### Notes and Resources

Refer to SDMAC charter and state CSC plan.



## Personnel Management

### State and Regional/Local Task 1

In collaboration with existing regional structures, state and local EMS agencies establish policies and procedures to integrate external staffing resources (MRC, ESAR-VHP, state strike teams, disaster medical assistance team [DMAT]) during a disaster based on mutual-aid agreements, EMAC, the NDMS plan, emergency operations plan, and appropriate annexes.

### State and Regional/Local Task 2

In collaboration with existing regional structures, state and local EMS agencies develop an educational program and materials to orient external staffing resources on local, regional, and state triage and treatment policies and applicable elements of the state CSC plan.

### State and Regional/Local Task 3

State and local EMS providers develop policies for personnel management, such as altered staffing configurations, shift lengths, and staff roles, and address any collective bargaining issues that may arise prior to an incident.

### State and Regional/Local Task 4

Need for non-medical assistance for families, volunteers, and external staffing resources is addressed within the emergency operations plan.

Refer to information on the MRC, ESAR-VHP, NDMS, and EMAC on the ASPR and FEMA websites.

## Function 11. Jurisdiction, Scope, Authority, and Legal/Regulatory Issues

### State and Regional/Local Task 1

State EMS office and EMS providers examine the scope and delegation of authority to incident commanders during a disaster and make any necessary changes to ensure that CSC decisions are supported (i.e., that the incident commander is acting with the authority of the agency/jurisdiction). During a crisis, policy makers may require additional communications and coordination with the incident commander.

### State and Regional/Local Task 2

State EMS officials understand the impact of the CSC plan on the provision of patient care within the appropriate jurisdiction, understand state and local laws and regulations that would impact the response organizations' ability to implement CSC, and identify possible solutions.

#### Notes and Resources

Refer to state and local legal counsel.

Refer to Chapter 2 for a detailed discussion of legal functions.

## EMS Personnel Functions

### Function 1. Notification

#### Task 1

EMS personnel understand call-back roles and responsibilities during an incident, including potential roles that may vary from routine, such as ICS positions.

### **Task 2**

EMS personnel ensure up-to-date contact information. Exercises in incident messaging are conducted.

## **Function 2. Command, Control, Communications, Coordination**

### **Task 1**

EMS personnel understand where they report and to whom they answer during a disaster and how to execute their roles.

### **Task 2**

EMS personnel understand how to contact and request resources from dispatch and/or EMS command personnel.

### **Task 3**

EMS personnel undergo training and exercising in their appropriate role in the command structure, including

- knowledge of plans, resources, and actions for the full continuum of care in their jurisdiction, such as use of triage protocols, alternative resources, and staffing; and
- understanding and use of appropriate job action aids to guide decisions and activities based on applicable emergency operations plans.

### **Task 4**

EMS personnel understand and are able to use of interoperable communications and backup systems.

## **Function 3. Public Information**

### **Task 1**

EMS personnel know of all potential sources of information in a disaster and key contacts within each (web, Twitter, hotline, etc.).

## **Function 4. Operations**

### **Task 1**

EMS personnel understand how to utilize the resource management system and assess the need to expand from conventional to crisis care and activate the CSC plan.

### **Task 2**

EMS personnel understand when and how to apply disaster triage protocols, the EMS pandemic influenza plan, and mass casualty plans, if available.

### **Task 3**

EMS personnel understand when to activate mutual-aid agreements, the emergency operations center, and the emergency operations plan.

#### **Task 4**

EMS personnel undergo training and exercising in their ICS role and are able to function within the unified command or multiagency command ICS structure.

### **Function 5. Logistics**

#### **Communications**

##### **Task 1**

EMS personnel understand how to utilize interoperable communications systems, backup communications systems, the patient tracking system, and the incident/resource management system (web-based and/or hard copy).

#### **Staffing**

##### **Task 1**

EMS personnel understand how staffing and hours may change during a disaster.

##### **Task 2**

EMS personnel understand how role may be changed/expanded (scope of practice) during crisis, including integration of staffing resources from other jurisdictions.

##### **Task 3**

EMS personnel understand how changes in record keeping and other duties may occur in crisis situations (e.g., where to find and how to use paper forms).

##### **Task 4**

EMS personnel are aware of changes to treat-and-release protocols.

#### **Transportation, Equipment, and Supplies**

##### **Task 1**

EMS personnel understand how to access supply caches and trailers from other jurisdictions.

##### **Task 2**

EMS personnel understand what to do in case of shortages when crisis plans are in place (shelter in place, reuse supplies, use alternative modes of transportation).

### **Function 6. Mental Health**

##### **Task 1**

EMS personnel understand how to access local mental health and employee support resources, including any incident-specific mental health information or resources.

#### **Notes and Resources**

The mental health section of Chapter 4 provides a more

### Task 2

EMS personnel are aware of the site-based mental health triage system in place for at-risk patients and coworkers and for self-triage.

### Task 3

EMS personnel are trained in psychological first aid and integrated, evidence based mental health triage techniques.

detailed discussion of functions.

## Function 7. Legal Issues

### Task 1

EMS personnel understand their legal obligations and liabilities in providing crisis care in the ambulance and in alternate patient care settings when:

- a disaster or public health emergency is declared;
- a disaster or public health emergency has not been declared; and
- they have other disaster relief functions (for example, serving as an MRC or DMAT member).

### Notes and Resources

Chapter 3 describes legal issues in depth.