### Figure 4: Suggested 9-1-1 & EMS Activities/Readiness Steps Based on Different Phases of Pandemic Influenza

<table>
<thead>
<tr>
<th>Pandemic Phase (Based on WHO)</th>
<th>9-1-1 Administrative Response</th>
<th>EMS Administrative Response</th>
<th>Interactions With Other Agencies</th>
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</table>
| 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 9-1-1 can help your local public health 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 | • Complete CDC Emergency Medical Services and Non-Emergency Medical Operations Check List available at [www.pandemicflu.gov](http://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  
  • 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  
  • 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 211 non-medical public information points  
  • Educate staff on prevention techniques  
  • Develop security plan for facility, vehicles, and personnel | • Local PH, 9-1-1, EMS, EMA to plan for when you will begin active surveillance for pandemic influenza patients  
• 9-1-1 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 EMD or field protocols |
| Phase 3 (continued) | • 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 9-1-1, 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 available from the CDC  
• Consider develop of plans for alternative transportation  
• Participate in planning or be aware of planning for alternate destinations |
Phase 3: (continued)

- Consider protocols for non-transport
- Develop a plan with 9-1-1 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. | 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 public health 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 9-1-1 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  
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  
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  
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 | Local PH, 9-1-1, EMS, EMA planners (discussion should center on when 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 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 | • Evaluate need for implementation of first level of plan | • Discussion should center on when a pandemic influenza infection might occur in your area |
| Callers questions modified as agreed by EMS medical direction and local public health authorities | • Local surveillance mode should be at highest level | • Preparations for the first infected cases in your area should be almost complete |
| Identify means to notify local EDs of a potentially infected patient | • Identify means to notify local EDs of a potentially infected patient | • 9-1-1, EMS, PH and EMA discussions should occur regularly with Regional PSAP and EMS managers, elected officials, and law enforcement |
| Monitor the CDC and the local PH sites every day | • 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 9-1-1 are appropriate | • Preparation for providing public information—coordinate with (PIO) incident command structure to ensure appropriate public expectations of 9-1-1 are appropriate | |
| Coordinate plans of alternative care sites (when the public calls, what are you going to tell them?) | • Coordinate plans of alternative care sites | |
| (No drills) | • Aggressive infection control procedures put in place | |

**Phase 6:** Pandemic: increased and sustained transmission in general population.

| • Continued monitoring of influenza cases | • Maintain close contact with public health leadership to facilitate activation of plan and communication to field providers | • EOC and EMA activation probable |
| Caller questions and scripting should abandon the surveillance questions and shift to disaster scripting appropriate for local responses | • Caller questions modified as agreed by EMS medical direction and local public health authorities | • 9-1-1, EMS, PH, EMA interaction several times per day |
| Daily CDC and PH monitoring | • Daily CDC and PH monitoring | • Hospital or alternative care site coordinators |
| Provide public information consistent with the local PH, EMS, and EMA message | • Provide public information consistent with the local PH, 9-1-1, and EMA message | Regional PSAP and EMS managers |
| Work with mental health professionals to deal with critical incident stress | • 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 | • Work with incident command structure to determine plans for hospital resources, alternative care centers and fatality management | |
| Phase 6:  
(Recovery) |
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<td>• After action reports and evaluation (completed within two week period to prepare for next wave.)</td>
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<td>• Planning for the next phase</td>
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<tr>
<td>• Prepare for continuing challenges with stress and mental health</td>
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<tr>
<td>• Re-engage surveillance mode</td>
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<tr>
<td>• After action reports and evaluation (completed within two week period to prepare for next wave.)</td>
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<tr>
<td>• Ongoing communication with social support networks to help address personnel and family recovery needs</td>
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<tr>
<td>• Establish re-supply lines and reorder inventory</td>
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<tr>
<td>• Look externally to involve after action reports for entire community, involving 9-1-1, EMS, EM, PH, PIO and elected officials</td>
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