EMS Emergency Planning Guidance and Best Practices

Contents

Overview

Emergency planning is one of the most integral steps in fulfilling your agency's mission. The role of emergency planning is to ensure that, through effective preparation, your agency will be positioned to achieve short and long term response and recovery during an emergency event. Emergency planning will assist your agency in making decisions on priorities and resource allocations prior to an emergency event. It will also assist agencies by providing guidance for multiyear plans and budgets.

The benefits of emergency planning include:

- Building a consensus around organizational goals, objectives, and priorities.
- Providing the basis for resource allocations and operational planning.
- Defining baselines for controlling outcomes
- Helping to evaluate the agency's ability to operate and recover in an emergency event.

Emergency plans have been utilized by every type of agency throughout the state and nation from local emergency management agencies to the Department of Defense. To make these plans effective, they must be communicated within your local emergency planning committees with the expectations of other agencies shared.

How This Guide Can Help

The purpose of this document is to provide guidance both to those organizations and personnel starting the emergency planning process for the first time and to those

reviewing or updating existing plans. This guideline should not be construed as a rigid or restrictive rulebook. Each organization is encouraged to develop enhancements they think may be useful in their planning. The steps outlined in this document represent a very simplified approach to emergency planning. This simplicity will allow flexibility while generating those minimum necessary elements necessary to achieve a basic uniformity of approach that will facilitate use by all organizations.

What Emergency Planning Is

The operational planning with which most agencies are familiar deals with how to get things done and with the resources needed (people, money, facilities, time and information) to carry out tasks. Emergency planning takes this one step further and defines how your agency will accomplish response goals in the event of a large scale or disaster event. In EMS, organizations handle emergencies every day. What should be addressed in emergency planning is not the everyday emergencies that you expect, but large scale or disasters that exceed your agencies capability to respond.

The Key Elements of Emergency Planning

Emergency planning is not a science. At best it is a process for helping agencies consider their organizational gaps and putting plan in place to address them. There are about as many emergency planning processes and approaches as there are emergency planners! But there are some common denominators and, although each agency is free to adopt different processes as seem most expedient or appropriate to their organizational component, the following 13 components are recommended.

1. Mission
    a. The plan contained within is how we, “x” service, intend to implement EMS emergency operations within “x” county, “x”city, etc. (working within existing plans locally)
    b. Figuring out what baseline operations are, and then use this plan to enhance daily operations.
    c. Dynamic plans that are integrated with training and exercise are successful.(implementation guide)

2. Revision Schedule
    a. This plan will be revised upon implementation of the items related to incident-specific improvement plans, in coordination with the review of the county emergency management plan. (as gaps are identified they are corrected)

3. Authorities
    a. Forces collaboration, increases coordination

b. Day-to-day authority will depend on your structure. Language needs to put it back to county commission, hospital board, fire board, etc. (whoever the authority is). Use language of "owner" or "operator."

4. Planning Assumptions
    a. Plan needs to be workable in the framework of day-to-day operations.
    b. EMS workers work in unpredictable environments, which make it difficult to develop a response plan that will fit the particular situation. (coming up more with guidelines than procedures)
    c. Must build with all stakeholders involved (hospitals, law enforcement, fire, emergency management, municipalities, other services).
    d. All counties have plans – important to not supersede those plans. Language that emphasizes enhancement of county plans by adding portions specific to EMS, rather than replacement of existing plans.
    e. Can only plan for resources under direct control of EMS unit.
    f. Plan should fit within NIMS framework.
        i. Implementing ICS planning forms into day-to-day operations so that they are more familiar when used in disasters.

5. Activation procedures
    a. Determining the individual service's "unusual events" that may require additional procedures.
    b. Important that other infection control entities are involved (hospitals, for instance)
    c. Recognition of the Incident (Scope and Severity Index) – trigger mechanisms for action.

6. Notification
    a. Internal (local EMS)
    b. External (hospitals, neighboring services, public health, etc.)
    c. Triggers for beginning notification – Scope and Severity Index (decision making tools/guides)
        i. Matrix in KDHE plan useful
        ii. Community health surveillance will help with threat assessment (working with community health partners, i.e. public health).
        iii. Discussions with partners will increase awareness, even if they don't result in firm activation numbers.
    d. List points of contact by position – on an attached list.
        i. Attachment updated regularly (minimum of annually, more frequently for key players, recommend coordination with emergency management/dispatch/etc. update).
        ii. Call-down trees to delegate notification responsibility can be suggested
        iii. Technology available (on-call pages, etc.) through dispatch centers

7. Responsibilities of Off-Duty Personnel

a. [Policies already in place can be referenced.] ← Allows localities to insert existing policies.
    i. Small Service Example: Check family and self; if all is okay, report to normal duty station.
    ii. Large Service Example: Check family and self; if all is okay, call in for assignment.

8. Pre-Arrival Assessment (potentially provided to you – "proactive")
    a. Size-up situation
        i. Number of patients per severity of injuries
        ii. Resources on-hand
        iii. Resources needed
            1. Types
            2. Quantities
    b. Notify dispatch (part of this discussed in notifications)
    c. Notify hospitals
    d. Notify mutual aid partners

9. Post-Arrival Assessment (actually assessed by you – "reactive")
    a. Size-up situation
        i. Number of patients per severity of injuries
        ii. Resources on-hand
        iii. Resources needed
            1. Types (What kind of resources are needed)
                a. Response
                b. Rehab for responders
                    i. Small Service Example – American Red Cross, Lions Club, church groups, other volunteer groups.
                    ii. Large Service Example
                    iii. Limits to hours worked (rehab guidelines)
            2. Quantities
    b. Notify dispatch (part of this discussed in notifications)
    c. Notify hospitals
    d. Notify mutual aid partners
    e. Setting up command (most likely on-scene), activate incident command to appropriate level

10. Current capabilities (generalized)
    a. Strategic Goal for Service?
    b. Evaluate local emergency management plan and determine current commitments for EMS (who is expecting EMS to do what).
    c. Capabilities of local EMS (generally).
        i. Levels of care that can be provided
        ii. Special expertise
        iii. HazMat capabilities

iv. Number of Ambulances
v. Number of patients that can be treated
vi. Capability to bring other resources to the scene [need collaboration with community partners]
vii. Alternate Care Sites (additional care sites) [need collaboration with community partners AND (Memorandum of Agreement) agreements for use of sites]
viii. Provision of best practice for calling air support to the scene (who can call, when to call, etc.)

d. Ensuring that EMS needs are being identified as part of the overall incident planning process.

11. Resolution/Termination of the Event
    a. Remember to begin thinking about demobilizing from the time your first asset is ordered.

12. After Action Report (AAR) – focus on lessons learned
    a. Overview
    b. Goals and Objectives
    c. Analysis of the outcomes
    d. Analysis of the capacity to perform critical tasks
    e. Summary: and
    f. Recommendations (including specific improvements for each community partner).

13. Improvement Plan (IP)
    a. Submission of IP/briefing to owners/operators/funders.
    b. Follow up on IP tasks.

Best Practices

One thing to remember when you are planning is your emergency plan must be operational. It needs to be able to function in your daily operations and be implementable by the first responder on scene. Here are some best practices gathered from agencies across the state.

- Consider the need to have a place for employees to bring their family members during a callback of staff. This allows the employee to have the ability to come to work, but also provides them we reassurance that their family is safe.
- Consider doing a call back of staff during regular Tornado watches/ warnings. This gets staff into the habit of being called back and in the case of a real event, will have your agency better prepared and staffed.

Helpful links

FEMA

IS-100: http://emilms.fema.gov/IS100A/index.htm
IS-200: http://emilms.fema.gov/IS200A/index.htm
IS-235: http://training.fema.gov/EMIWeb/IS/is235.asp
IS-317: http://www.citizencorps.gov/cert/IS317/
IS-546: http://emilms.fema.gov/is546_COA/index.htm
IS-547: http://emilms.fema.gov/is547_COOP/index.htm
IS-700: http://emilms.fema.gov/IS700a/index.htm

IS-800.B: http://emilms.fema.gov/IS800B/index.htm
IS-808: http://emilms.fema.gov/IS808/index.htm

KDHE-CPHP

www.ksprepared.org
http://www.kdheks.gov/cphp/pan_flu.htm
http://www.kdheks.gov/cphp/responders.htm