



TOOLKIT TO GET INVOLVED WITH LOCAL TERRORISM

PREPAREDNESS & HOMELAND SECURITY PLANS:

LOCAL EMERGENCY PLANNERS NEED YOU...

The Department of Health and Human Services (HHS) and the Federal Emergency Management Administration (FEMA) have distributed more than \$1 billion worth of state planning grants to devise responses to terrorism incidents and other public health emergencies.

Some of the funds have established state and county commissions that include representatives of emergency medical service organizations who advise state government officials about where federal funds should be spent to best prepare communities.

SHOW YOUR LOCAL PLANNING COMMISSIONS THAT TERRORISM PREPAREDNESS IS A TOP PRIORITY...

The AAA is working hard at the Federal level to secure a role in the planning of the nation's response to terrorism incidents and other public health emergencies. Your outreach at the local level will better ensure that our industry has access to funding and other resources to provide our communities with the best-prepared and trained emergency response professionals. Get involved now by following the simple instructions below.

INSTRUCTIONS FOR GETTING INVOLVED

1) FORWARD THE ENCLOSED “BEST PRACTICES” DOCUMENT TO LOCAL OFFICIALS:

- Customize the letter on your operation’s letterhead and send it along with the “*Best Practices*” document to your governor, mayor, state EMS office, state health department and other local organizations involved in emergency planning.
- A SAMPLE OF THE OFFICES YOU SHOULD CONTACT IS BELOW:
 - ❑ Emergency Management Director
 - ❑ EMS Administrator and Medical Director
 - ❑ Health Department Director
 - ❑ Public Health Director
 - ❑ Fire Chief
 - ❑ Hospital Administrator

- ❑ Law Enforcement Chief
- ❑ Emergency and Trauma Physicians
- ❑ Local and State Elected Officials
- ❑ Other Community-based Health Care Providers

2) CALL YOUR OFFICIALS:



- Offer your assistance to help in the terrorism and other public health emergency response planning efforts by following up your package with a phone call to officials.
- Although each state will have a variety of different organizations and officials working on establishing an emergency response infrastructure, some states may have committees like the State Bioterrorism Advisory Committee and the State Hospital Bioterrorism Planning Committee already established in your community.
- You and your state ambulance association will want to be actively involved in these types of committees and planning groups. The “Best Practices” document will help you open the door.

If you have questions about any of the materials contained in this document, please contact Tristan North, Director, Government Affairs by email at tnorth@the-aaa.org or by calling 800-523-4447.

**TEMPLATE LETTER FOR OUTREACH TO YOUR GOVERNOR, STATE EMS OFFICE
AND STATE HEALTH DEPARTMENT FOR TERRORISM AND OTHER PUBLIC HEALTH
EMERGENCY PLANNING EFFORTS**

DATE

**NAME OF ELECTED OFFICIAL
ADDRESS
CITY, STATE ZIPCODE**

Dear [SALUTATION]:

I am writing to thank you for your efforts to strengthen our community's response to biological, chemical, and nuclear terrorism attacks. As one of the many front line organizations that provide our community's safety net, I wanted to make you aware that [NAME OF AMBULANCE PROVIDER] is committed to boosting our local emergency response efforts.

[INSERT NAME OF PROVIDER] will do our work at home by sharing first-responder best practices among our field and with other emergency preparedness groups. This effort will aim to improve communication infrastructures, enhance coordinated training of frontline personnel, provide better detection and reporting of any emerging biological or chemical threats, and streamline efforts to educate the community on how best to prepare and respond to the new challenges of terrorism.

I have also enclosed a copy of the ambulance industry's *Best Practices* guidelines for your consideration. As you work to make our community better prepared to respond to emergencies of all kinds, I am hopeful you will include us in your emergency planning boards or commissions. Feel free to reach me if you have any questions. I may be reached at [INSERT CONTACT TELEPHONE NUMBER].

Thank you for your consideration.

Sincerely,

[INSERT NAME OF SIGNER]

BEST PRACTICES BEST PRACTICES

*For Emergency Preparedness and Response:
Essential Components for America's Homeland Security*



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Best Practices For Emergency Preparedness and Response: *Essential Components for America's Homeland Security*

The response to a catastrophic disaster, act of terrorism or other public health emergency involves many local public safety, public health and health care organizations. America's ambulance service providers, both emergency and non-emergency, are an essential resource and perform vital services as part of each community's emergency response system.

During the response to a natural or man-made disaster, the role of an ambulance service provider will include many functions. This includes hazard recognition, symptom surveillance and reporting, disaster shelter staffing and re-supply, on-scene medical stand-by, and transport and redistribution of patients to free-up receiving hospital bed-space. The ambulance service provider's role also includes patient triage, decontamination, treatment, and transport.

Vital Role of Emergency Medical Services and Ambulance Services. The American Ambulance Association has committed the professional experience and support of its' members as part of America's Homeland Security. It is essential that local, state and federal government officials recognize the contributions to be made by both emergency and non-emergency ambulance providers. Non-fire-based 9-1-1 ambulance providers are the primary emergency medical service in over sixty-percent of America's largest 200 cities. And, experience has shown that non-emergency ambulance providers are also often "first responders" that dedicate essential vehicle and personnel resources within the first minutes of a disaster. Many ambulance providers have organized "disaster response teams" to augment and support local, state and federal resources.

In order to assure effectiveness, the local, state and federal planning process must account for the resources needed by America's emergency medical services systems and ambulance service providers based on the following guiding principles:

- Assure the safety of ambulance service personnel ("medics") and ambulance patients, and the security of ambulance facilities, supply inventories and vehicles;
- Integrate and effectively utilize local ambulance services in the local, state and federal incident management and emergency management systems;
- Establishing a timely and equitable reimbursement system to support and maintain the integrity of the first responder system.

We applaud President Bush's National Strategy for Homeland Security. We support the commitment that "our federal, state and local governments will ensure that all response personnel and organizations—including . . . emergency response and health care . . . are properly equipped, trained and exercised to respond to all terrorist threats and attacks in the United States." We also agree with the President's plan that coordination with the private sector and financial support for the first responder community is essential.

Best Practices for Emergency Preparedness and Response

This document is intended to assist local, state and federal officials, in addition to ambulance service providers, in planning, training and equipping the nation's ambulance services in accordance with the National Strategy for Homeland Security. In order to achieve a fully integrated national emergency response system that is adaptable to any terrorist attack and all types of national disasters, the following best practice components are essential.

Community-Based Planning. Ambulance service providers must be represented in the planning processes at the local, state and federal level. These processes must facilitate coordination and integration among various public and private (non-profit and for-profit) organizations in order to maximize the effectiveness of all local, regional (such as mutual aid), state and federal resources. Logistical planning must assure the ability to sustain long-term disaster operations and critical support functions, including mental health and CISD (critical incident stress debriefing) support of workers and their families. Ambulance services must appropriately interface with public health, law enforcement, fire suppression, hazardous materials and other responding agencies to hazardous scenes.

Personnel Protection & Safety. By definition, first responders, including emergency medical service and ambulance service personnel (i.e., ambulance medics), are the first on the scene of an emergency incident. Past experience has shown that proper equipment, training and procedures are necessary to prevent well-meaning rescuers from becoming victims themselves, especially in the case of a biological, chemical, radiological or nuclear attack. To provide an effective response, to serve our communities and most importantly, to protect the health and safety of our personnel, all medics, including those who have the potential to respond in a mutual aid capacity, must be protected. Personnel must have access to and must be trained on the appropriate procedures for use of personal protective equipment that may include tyvec suits, gloves, masks, hard hats, bunker suits and bio-hazard storage and disposal equipment. Procedures must be developed to assure access to vaccines and antidotes when necessary.

Training, Exercises and Continuing Education. Ambulance services (both emergency 9-1-1 units and units regularly performing non-emergency inter-facility transports) immediately become "first responders" in the early stages of an emergency incident. Proper training of all personnel with the potential to respond to disaster and terrorist incidents is essential to assure effective use of resources and to prevent crews from inadvertently becoming casualties themselves. Each local ambulance service provider that is listed as a disaster resource by the local community's "emergency operations officials" must be included in training programs. The following types of training should be considered: nuclear, biological, chemical and radiological terrorism awareness training, incident command system procedures, biological/chemical symptom recognition and protocols, multi-casualty incident drills and exercises, and cross-training of medics as public health workers. Plans should include provisions for training updates, new employee training and integration with continuing education programs.

Communication System. All scene responders, including ambulance medics, must have access to improved on-scene communications, such as radios and cellular telephones, to assure communication between agencies. Larger incidents involve even greater numbers of emergency response personnel that often must respond from long distances. Response personnel must have equipment, systems and procedures that assure seamless on-scene communications. Emergency medical dispatchers must be trained to screen for biological and chemical events. Other considerations include planning for

additional radios and cellular phones and a back-up communication center in the event all or parts of the communications center or system is inoperable.

Disease Surveillance and Reporting System. In the case of chemical, biological, radiological and nuclear weapons, the emergency medical services system, and specifically local ambulance dispatch (call-taking) centers, may be one of the early points of detection. Proper reporting and analysis of this crucial information can assist in the detection, identification and early implementation of patient triage and treatment protocols. Procedures must be implemented to coordinate and integrate these essential assets with the local public health department's disease symptom surveillance and identification system. Recent computer-aided dispatch software enhancements enable emergency medical dispatchers to identify sudden increases in certain caller complaints in real time. Ambulance medics could be cross-trained for various public health functions according to response plans.

Facilities, Equipment and Vehicles. Ambulance service providers need to plan and develop stockpiles of secure food, water, personal items, uniforms, and bedding for events that require sustained operations requiring maximum staffing. Operations facilities may be utilized as personnel sleeping quarters. The needs of their families are also important to assure personnel can focus on the community's needs. Ambulance service providers will need to establish a decontamination station for personnel, vehicles, supplies and equipment and appropriate disposal of contaminated uniforms, medical supplies, patient bedding and other materials. Ambulance services must develop procedures for securing facilities, equipment and vehicles to assure they are not sabotaged, stolen or misused.

Incident Command Structure and Emergency Management System. Ambulance service providers should be integrated into the overall incident command structure. For resource planning, legal and reimbursement purposes, local officials must document requests for all types of assistance from ambulance providers. Services requested may include, but are not limited to: patient triage, treatment and transport; medical stand-by and first aid services on-scene, at disaster shelters or at first aid stations; requests for additional medical personnel, supplies and equipment; non-emergency transport and redistribution of patients to free-up receiving hospital bed-space; and other emergency services. State and local emergency managers must integrate ambulance providers into each phase of the emergency management planning process: mitigation, preparedness, response, and recovery and include an ambulance representative in the emergency operations center.

Medical Supplies and Medications. Before additional federal stockpiles (referred to as "Push Packs" under the proposed plan) arrive in affected communities, local first responders, public health and health care providers will need the capacity to distribute adequate levels of medical supplies and medications during the first 12 hours of an incident. The local and regional planning and funding process must account for these purchase, storage and distribution costs. Mass-casualty incidents will require additional pharmaceuticals, such as, Valium, Atropine, antidote kits, Mark 1 kits and an antibiotic (i.e., Cipro) cache for field personnel. Additional medical supplies will also be required, such as, intubation, bag mask, and nebulizer supplies; sheets, drapes, and poly masking tape for patient packaging and additional immunization supplies.

Public Education. Through the appropriate local, state and federal entities, the public must be educated before an emergency incident, and must receive regular information updates during an incident especially if there is a suspected biological, chemical or radiological exposure. The focus of the information should include: *what* to do in an emergency; *where* disaster shelters are located; *where* to receive treatment and *where not* to receive treatment (in order to contain and prevent further

contamination); and, *which* agencies to contact for more information or to report critical information to emergency officials. The public has learned to rely on the local 9-1-1 system and the community's emergency response agencies for information and these agencies should play a key role in calming the public's understandable fears and anxiety and to correct false information.

Mutual Aid Agreements. Generally, the larger the incident, man-made or natural, the greater the scope of mutual aid response required. As a result of large mass casualty incidents, ambulance providers respond to mutual aid requests from long distances—including neighboring cities, counties and even states. It is impossible for a local ambulance provider to secure prior mutual aid agreements with every local community that *may* request services in the future. Therefore, practical mechanisms must be instituted to streamline and document all mutual aid requests for assistance, especially when there is no time to work out the financial details before a response is initiated. As local, regional and state mutual aid plans are strengthened and broadened, the planning process should formalize mutual aid agreements, including financial arrangements, with all potential responders and service providers.

Initial Emergency Preparedness Funding. Because existing resources, surge capacities and community needs will vary, each community's specific funding requirements will be unique. As an example, however, one community recently developed a local plan for response to weapons of mass destruction. According to this plan, the local emergency ambulance provider's funding needs for planning, employee training, personnel protective equipment, medical supplies and medications equaled approximately \$5 per resident for a community of 285,000 residents, totaling approximately \$1.4 million in start-up costs. Each community will also need to budget for the ongoing costs of training, equipment replacement and repurchase of expired medications. Federal funds must flow to all local entities in the emergency response system, including private (non-profit and for-profit) service providers. Immediate and sustained funding will also be required to increase and maintain the health care capacity (or "surge capacity") needed to respond to mass casualty incidents of various types. Program funding should factor in the ongoing costs of the planning and training process that is continuously reviewed and refined.

Emergency Incident Reimbursement. Each organization that responds to a natural disaster or terrorist incident will incur costs for personnel salaries; overtime expenses; fuel; travel expenses; specialized equipment such as generators; drugs and supplies; replacement costs for damaged or lost equipment; supplies and equipment for decontamination stations and other direct costs. Even though the service may have performed flawlessly in the public's interest, local emergency responders can very quickly face financial devastation as a result. Under existing laws governing federally declared disasters (i.e., the Stafford Act), all types of ambulance service providers (including private non-profit and for-profit services) are eligible for federal reimbursement under both "emergency protective measures" and "emergency work" provisions. Ambulance services can also be reimbursed as an independent contractor under provisions regarding "use of local firms and individuals" (subchapter {307} 5150). Local and state officials must assist ambulance providers involved in a disaster response with the process of submitting requests for federal reimbursement.

Sources of Additional Information. Local and state emergency management officials are urged to include all local emergency and non-emergency ambulance services in their emergency response plan. These organizations are an essential resource and perform vital services as part of each community's emergency response system. Contact your local ambulance service provider and state ambulance association for more details about these best practice components. Or, contact the American Ambulance Association for additional information at (800) 523-4447 or at www.the-aaa.org.

Best Practices Check List

For Emergency Preparedness and Response

America's ambulance providers are an essential resource and perform vital services as part of each community's emergency response system. Listed below is a check list of best practice components to assist in planning, training and equipping the nation's ambulance services to participate in a fully integrated national emergency response system that is adaptable to any terrorist attack and all types of disasters.

- ❑ **Community-Based Planning.** Ambulance services must be represented in the planning processes at the local, state and federal level.
- ❑ **Personnel Protection & Safety.** All medics, including those who have the potential to respond in a mutual aid capacity, must have appropriate access to personal protective equipment, training, exercises and vaccines and antidotes.
- ❑ **Training, Exercises and Continuing Education.** Each ambulance service that is identified as a resource by local emergency officials must be included in training programs and exercises.
- ❑ **Communication System.** All response personnel must have equipment, systems and procedures that assure seamless on-scene communications.
- ❑ **Disease Surveillance and Reporting System.** Procedures must be implemented to report patient symptom information gathered by ambulance dispatchers and medics to public health officials.
- ❑ **Facilities, Equipment and Vehicles.** Plans and procedures must assure the safety of medics and ambulance patients, and the security of ambulance facilities, supply inventories and vehicles.
- ❑ **Incident Command Structure and Emergency Management System.** Ambulance services must be integrated with the incident command system and represented in the emergency operations center.
- ❑ **Medical Supplies and Medications.** The local and regional planning and funding process must account for the purchase, storage and distribution costs of medical supplies and medications.
- ❑ **Public Education.** The local 9-1-1 system and emergency responders should play a key role in public education programs and public information updates during an incident.
- ❑ **Mutual Aid Agreements.** Practical mechanisms must be instituted to streamline and document all mutual aid requests for assistance.
- ❑ **Initial Emergency Preparedness Funding.** Federal and state funds must flow to all local providers in the emergency response system, including private (non-profit and for-profit) services.
- ❑ **Emergency Incident Reimbursement.** Local and state officials must assist ambulance providers involved in a disaster response with the process of submitting requests for federal reimbursement.

Local, state and federal officials are urged to include emergency and non-emergency ambulance services in their emergency response plans. Contact your local ambulance service provider and state ambulance association for more details about these best practice components. Or, contact the American Ambulance Association for additional information at 1-800-523-4447 or at www.the-aaa.org

American Ambulance Association

Pledges Support to Homeland Security

Ambulance Service Role in the Emergency Response System. Both emergency and non-emergency ambulance providers play a key role in our nation's homeland security as first responders. Sadly, the eight emergency medical service and ambulance personnel who lost their lives in the line of duty on September 11, 2001, very much reflect the diversity of the organizations across the country that are first to respond to a terrorist attack. Two were from the FDNY, two were from non-profit and for-profit private ambulance providers, one was from a volunteer fire department and three were from hospital-based ambulance providers. The events of that horrible day demonstrate that during a catastrophic disaster, local ambulance services are an essential resource and a vital part of the emergency response system.

Ambulance Providers Commit to Homeland Security. The AAA, on behalf of its membership and the ambulance industry across the United States, commits the professional experience and support of ambulance service providers as part of America's Homeland Security Plan. In achieving this national strategy, the following principles are essential:

- Safety of ambulance service personnel and patients, and the security of ambulance facilities, supply inventories and vehicles;
- Effective use of ambulance resources benefiting the patients and communities we serve;
- Integration of local ambulance services into emergency management including:
 - 1) mitigation, 2) preparedness, 3) response, and 4) recovery;
- Timely cost reimbursement to offset the financial impact of disaster preparedness and response;
- Accurate recognition of critical role of ambulance service providers, before, during and after an event.

Resource Needs of First Responders. The nation's emergency response system is comprised of a diverse group of public and non-public first responder services. The AAA believes that local leaders best understand the distinct emergency response needs of their community. Each community should have access to a network of properly trained and equipped first responders. The federal government has announced its plan to develop a first responder grant program. The AAA believes federal grant program eligibility should be based on those who participate in locally designed emergency response systems, and include public and private services.

About the Members of the American Ambulance Association (AAA). The AAA represents ambulance services across the United States that participate in serving more than 95% of the urban U.S. population with emergency and non-emergency care and medical transportation. Over 60% of the largest 200 cities in the U.S. have their 9-1-1 emergency medical services provided by a non-public ambulance service. The nation's medics, including health care professionals that are highly trained paramedics and emergency medical technicians, are on the front line everyday serving as the health care safety net for people all across America.

The American Ambulance Association represents urban and rural for-profit, not-for-profit and public ambulance services that provide emergency and non-emergency medical transportation services to over 95% of the U.S. urban population. As a result, many of our members provide the critical 9-1-1 and emergency ambulance services that comprise the backbone of our nation's health care safety net.

The AAA was formed in 1979 to respond to the need for improvements in ambulance and emergency medical services. Today, the Association serves as a primary voice and clearinghouse for ambulance providers nationwide.



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