

# Maintaining Emergency Medical Services Capabilities During a Pandemic



**Use this information to help your emergency medical services (EMS) prepare for a pandemic.**

## **Manage expectations**

- Leadership should make decisions about the level of service to provide with diminished staff (e.g., basic life support versus advanced life support (ALS); only respond on ALS incidents): Involve medical direction and state office of EMS.
- Communicate daily with health partners and the public to manage expectations about EMS capabilities with lower staffing levels.
- Leadership should have a clear plan.
  - Leadership should preplan a clear chain of command (i.e., who is in charge when the chief and/or supervisors are ill).
  - Leadership decisions about changing services should be made and communicated through the established chain of command.
- Assist with planning and support for nontraditional patient reception points to assist with hospital overcrowding.
- Redirect appropriate calls to the pandemic hotline.
- Where available use designated vehicles (e.g., respiratory emergency response units).
- Keep government officials and leadership informed of potential impact on response times caused by loss of personnel.
- Inform the public through your joint information system.
- Coordinate with your local public health officials: Stay informed.
- Ensure everyone is on the same page.

## **Support your troops**

- Keep track of colleagues who are sick.
- Include labor and other municipal components in planning.
- Actively engage in peer support.
- Clarify policy for pay during sick leave.
- Reach out to other professionals online.
- Change bunk bedding daily or after each use and clean linens and surfaces per CDC guidance.



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## Keep your distance

- Request more information from dispatch when sent to respiratory, sick person and fever-related calls.
- Assess patients at a distance: 6 feet away or as determined by the CDC, etc. (Determine respiratory illness signs/symptoms then don appropriate PPE prior to physical contact with patient.)
- Do not have your entire crew exposed when only one or two could conduct initial patient assessment.
- Place a mask on the patient if it is tolerated.
- Use recommended PPE. Follow guidance from the CDC, state and local public health officials, and EMS officials.
- Alert the receiving hospital/facility to the possibility of an infectious patient.
- Participate in alternative screening processes coordinated with local public health.
- Develop a policy on closing all EMS stations to visitors and how to assist walk-ins who arrive at the station to get them to care without entry.

## Fresh air is your friend

- Ventilate vehicles.
- Ensure good ventilation at all times.

## Wipe it down, wipe it out

- Use wipes or sprays to decontaminate equipment and exposed surfaces in vehicle post-response.
- Place alcohol-based sanitizer in easily accessible locations.
- Do not touch your face with gloved or unwashed hands.
- Wash hands after cleaning equipment.

## Cleanliness is nonnegotiable

- Assist with planning and support for nontraditional patient reception points to assist with hospital overcrowding.
- Control living and working environment (ventilation, contamination and patient flow).
- Decontaminate! Decontaminate! Decontaminate!
- Shower and change clothes before leaving the station. Go home clean!

## Assume the worst — hope for the best

- Assume patients with respiratory symptoms have the virus.
- Don approved PPE before entering the environment of a patient with respiratory symptoms.
- If they will tolerate it, place a mask on a patient with respiratory symptoms.
- Follow guidance from CDC, state and local public health officials, and EMS officials.

## Green is not always clean

- Do not recycle/reuse anything that could be contaminated.
- If you cannot clean it adequately, dispose of it.
- Follow CDC guidance on disposables, particularly masks and gloves. Maintain awareness on this issue as the science on this is rapidly changing.

## Rise to the occasion

- Reduce number of shifts and lengthen shifts, for example, “12 on, 12 off.”
- Consider special shift for two-earner families so one can stay home to care for sick children.
- Require overtime.
- If someone has had the virus and returned to work, ask more of them.
- Identify who is “double-booked” (e.g., “I work in one community, but I serve as a volunteer in another community”).

## Stock up

- You have to have food, water and supplies for your station(s).
- Stockpile the right things as soon as the potential for a pandemic becomes known.
- Purchase and store nutritious emergency food (e.g., beans, rice).
- Make contingency plans for water in case the city water supply is compromised or if bottled water is no longer delivered.

## Two in, two out

- Watch for fatigue and stress.
- Increase hydration.
- Aggressively engage peer support.
- Augment peer support with auxiliaries.
- Use telephone for counseling to reduce exposure.
- Provide counseling/support for EMS provider families.
- Provide respite breaks for responders as needed.

## We are all in this together

- If not already required, 100% vaccination should be encouraged for all personnel.
- If a vaccine is developed:
  - Vaccinate staff, then families if the vaccine is available for them.
  - Vaccinate at the station while on shift. (Contact your local public health director or agency to provide vaccines to the station.)
- If EMS personnel have authority to vaccinate in your state, coordinate with your EMS medical director to have them do so.
- Develop local incentives for rewarding those who get vaccinated and strongly encouraging those who do not.
- Utilize a rumor control system and provide education.
- Lead by example: Leaders get vaccinated first.

## Mobilize the reserves

- Identify volunteer personnel (e.g., personnel with basic first-aid and CPR skills, CERTs, Red Cross, Medical Reserve Corps, stay-at-home parents).
- Identify tasks for volunteers (first aid, vitals, driving and transporting patients to vehicles).
- Identify potential conflicts with state and local regulations.

## Come out with your hands clean!

- Cover your coughs.
- Wash your hands and/or use hand sanitizer frequently per CDC guidance.
- Wear appropriate PPE when working within an isolated area.
- Use only recommended PPE.

## Train the way you fight

- Cancel routine training or do pandemic training instead.
- Train the volunteer force.

## Business as *un-usual*

- Acknowledge the acceptance of increased risk (depleted workforce and increased call volume).
- Anticipate that the situation will last for a long time.
- Cross-train staff.
- Cross-train with fire, law enforcement and 911.
- Familiarize neighboring EMS personnel with your equipment and vice versa.
- Cross-train alternative drivers to drive ambulances if permissible under the law (e.g., bus drivers, security officers).
- Fill fuel tanks more often.
- Check with hospitals about disposal of excess biohazard material.
- Use recommended PPE.
- Review fatality management plans.
- Minimize response teams to minimize exposure (i.e., send limited number of units to incidents).
- Document everything for possible later reimbursement of costs and, more importantly, to provide a record of any exposed, contaminated or infected staff members for insurance, worker's compensation, etc.



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