EMS CONTINUITY OF OPERATIONS PLANNING (COOP)

Arthur H. Yancey II, MD, MPH
Section of Prehospital and Disaster Medicine
Department of Emergency Medicine
Emory University School of Medicine
Atlanta, Georgia

EMS COOP
Conflicts of Interest

• NONE!

EMS COOP
Objectives
• To convey the rationale for COOP
• To delineate the elements of COOP
• To discuss each element in context of EMS
• To reference Web sites on COOP geared to EMS
EMS COOP

• Public Health
  – One population (EMS care givers) ensuring continuity of care delivery to another population
  – Both populations at same risk, simultaneously
• Crises
  – Contagious disease (pandemic, bioterrorism)
  – Weather event (hurricane, tornado, flood, earthquake)
  – Multiple/wide-spread explosions (intentional, non-intentional)

EMS COOP

Homeland Security Council, National Strategy for Pandemic Influenza: Implementation Plan Program Elements

• Planning
• Essential Functions
• Authority Delegation
• Succession Planning
• Alternate Physical Facilities
• Effective Communications
• Record keeping
• Human Capital
• Training (on plan)
• Devolution
• Reconstitution
• Logistics/Supplies (suggested)
• Financial Continuity (suggested)

EMS COOP

Program Elements

• Planning (objective)
  – “…provide for the continued (time span) performance of an organization’s essential functions (mission) under all circumstances (scope).”
  – “…to minimize the health, social, and economic impact of a pandemic on the United States.”
EMS COOP
Program Elements

• Essential Functions
  – Provide vital service
  – Exercise civil authority
  – Maintain safety/wellbeing of populace
  – Sustain economic base during crisis

• Specific Essential Functions
  – Maintain 9-1-1 integrity & alternatives for the public to access EMS
  – Maintain a system to determine & triage callers’ problems → designate/dispatch appropriate medical response (on-line service, alternate on-site service response, ambulance)
  – Maintain working order of vehicles/equipment
  – Maintain workforce to respond to calls

• Specific Essential Functions (continued)
  – Enabling legislation for EMS to function effectively (i.e., reimbursement for care at point-of-patient contact)
  – Financial support to maintain system (i.e., suspension of response time fines, emergency govt. subsidy)
  – Medical direction & oversight (i.e., individual patient on-line determination & pronouncement of death in the field, crisis standards of care in surge: no invasive airway device use/assisted ventilations)
  – Communications systems (i.e., workforce expertise availability, reconfiguration for combining multi. Service communications resources)
EMS COOP Program Elements

• Specific Essential Functions (continued)
  – Public Education
    • public interactive on-line web-based tool for diagnosing ILI and determining indication for hospital evaluation & care
    • relationships with media for scripted messages on home precautions, care instructions, & altered standards of care education

EMS COOP Program Elements

• Delegation of Authority
  – Who has what authority for what functions?
  – Span of that authority over what personnel
  – NIMS & ICS compliant

• Succession Planning
  – Personnel replacement at each level of authority and function
  – Level-appropriate leadership training of mid- & upper-level supervisory staff

EMS COOP Program Elements

• Succession Planning (continued)
  – Appropriately credentialed medical director replacement personnel (i.e., EMS fellow, ED colleague)
  – Training in standard operating procedure alterations (on-scene/transport nebulizations in respiratory Flu pandemic, change in PPE’s in nuclear fallout from dirty bomb)
  – Scope of practice adjustments (invasive airway device use & artificial ventilation in pandemic, cardiac arrest in patient with known heavy radiation exposure)
EMS COOP Program Elements

• Alternate Physical Facilities
  — Investigate replacement facilities
    • That could best replace the operations of the evacuated one(s) (assuming physical damage: i.e., bomb, earthquake, tornado, flood)
    • That allow splitting staff to serve social distancing (may decrease workforce attrition from contagious infection: i.e., Flu, bioterrorism)

EMS COOP Program Elements

• Alternate Physical Facilities (continued)
  — EMS-specific facility types
    • 9-1-1/Emergency medical dispatch centers
    • Administrative/record storage offices
    • Ambulance garage/repair facilities
    • Crew & logistics shift change bays/areas
    • Hospital ambulance bays/intake triage areas

EMS COOP Program Elements

• Effective Communications
  — Objectives
    • Minimize (social contact) risk of contagious spread to asymptomatic employees
    • Isolate symptomatic employees from workplace while maintaining communication with them
  — Identification of critical systems that prevent person-to-person contact (i.e., cell, radio, satellite phone, walkie-talkie)
    • Capacities (cell phone & radio traffic)
    • Availabilities (Sat phone)
    • Redundancies (cell-radio)
EMS COOP Program Elements

• Effective Communications (continued) Nodes
  – Into 9-1-1/EMD \rightarrow call taking
  – Out of 9-1-1/EMD \rightarrow dispatching
  – Responder-to-responder coordination on-scene
  – Into medical control (care coordination)
  – Into destination facility (report of patient care)
  – Out to special populations (i.e., dialysis)
  – Warning/education to the public (public relations)

EMS COOP Program Elements

• Record Keeping (electronic & paper)
  – Objective
    • Protect & ensure integrity, security, & access
  – Mission
    • Ensure system (electronic) integrity
  – EMS record systems
    • 9-1-1/EMD/CAD
    • Patient identification & care
    • Billing
    • Compliance (i.e., HIPAA, Medicare/Medicaid)

EMS COOP Program Elements

• Human Capital (workforce protection)
  – Primary threat to COOP success!!!
  – Interventions
    • Education/training
      – nature of threat
      – PPE use
      – Infection control (hand-washing, sneezing/coughing prevention)
      – Enforcement!!!
    • Vaccinations/administration of anti-viral medication
    • Emotional/social support of personnel
EMS COOP
Program Elements

- Absenteeism (40% for 2 weeks at Flu peak!!!)
  - Addressing anticipated personnel absences
    - Modify state certification & licensing requirements to allow out-of-state providers (Flu knows no borders!!)
    - Modify state regulations to broaden relevant providers’ scope of practice standards
    - Reassign relevant providers from non-emergency positions to EMS work
    - Create curriculum/train non-medical support workers
    - Adequate provisions for provider families
    - Design systems for advance registration/credentialing of clinicians to augment workforce

- Absenteeism (continued)
  - Prospective absentee estimates per free on-line CDC tool [www.cdc.gov/flu/tools/fluworkloss/](http://www.cdc.gov/flu/tools/fluworkloss/)

- Training
  - Essential to test, train, and exercise plans (i.e., sustainable social distancing techniques in epidemic/pandemics)

- Devolution
  - Transfer of authority/responsibility of essential function(s) from primary operational staff to that of another department/organization for prolonged time

EMS COOP
Program Elements

- Reconstitution
  - Process by which resumption of normal operations takes place

- Logistics & Supplies (suggested)
  - Arrangements to protect/ensure supply chain
  - Threat: just-in-time inventory practices \(\Rightarrow\) immediate vulnerability to shortages
  - Solution: stockpile critical materiel as individual service vs. as regional cartel (with vendor managed inventory)
EMS COOP
Program Elements

• Financial Continuity (suggested)
  — Strategies
    • Federal Government: Stafford Act (must involve other sources)
    • Mutual aid agreements/contracts for emergency reimbursements
    • Patient billing hinges on service documentation capabilities (not likely in crises)
    • Compensatory legislative action

EMS COOP
Web Site References

• EMS Guidelines for Pandemic Influenza – NHTSA www.nhtsa.gov/people/injury/ems.../Task61136Web/PDFs/AppN.pdf

EMS COOP
Web Site References (cont.)

• Public Health Department – Santa Barbara County Continuity of Operations Plan (COOP) template www.countyofsb.org >...>Emergency Preparedness Program