**Agency Name**

**911**

**Public Safety Answering Point /**

**Emergency Communications Center**

**COVID-19 Pandemic**

**Continuity of Operations Response Plan for**

**Resurgence of Pandemic**

**[Outline]**

**How to Use this Document**

This document is intended to serve as an outline to assist 911 Public Safety Answering Point (PSAP)/Emergency Communications Center (ECC) managers/911 agencies in the preparation of a COVID-19 continuity of operations (COOP) response plan. PSAP/ECC managers/911 agencies are welcome to use this outline to develop a more detailed and specific COOP plan that meets the needs and circumstances of their individual agencies and jurisdictions.

This outline was developed in conformance with COOP planning methodologies promulgated by the Federal Emergency Management Agency (FEMA), the National Fire Protection Association (NFPA®), and the National Emergency Number Association (NENA). Response actions described in the outline were developed based upon current COVID-19 guidance provided by the Centers for Disease Control and Prevention (CDC), the Equal Opportunity Employment Commission (EEOC), and the Occupational Safety and Health Administration (OSHA).

Contributors to its content include representatives of the Association for Public-Safety Communications Officials-International (APCO), the APCO Institute, the International Academies of Emergency Dispatch (IAED), the National Association of State 911 Administrators (NASNA), NENA, and PowerPhone Inc., as well as their members and clients.

Links to pertinent information available on-line have been included as footnotes.

FEMA: Federal Continuity Directive 1 *Federal Executive Branch National Continuity Program and Requirements*, January 17, 2017

[Federal Continuity Directive 1 (FCD 1) January 2017](https://www.fema.gov/media-library-data/1486472423990-f640b42b9073d78693795bb7da4a7af2/January2017FCD1.pdf)

FEMA: Federal Continuity Directive 2 *Federal Executive Branch Mission Essential Functions and Candidate Primary Mission Essential Functions Identification and Submission Process*, June 13, 2017

[Federal Continuity Directive 2 (FCD 2) June 13, 2017](https://www.fema.gov/media-library-data/1499702987348-c8eb5e5746bfc5a7a3cb954039df7fc2/FCD-2June132017.pdf)

NFPA 1600: *Standard on Continuity, Emergency, and Crisis Management*

<https://www.nfpa.org/assets/files/AboutTheCodes/1600/1600-13-PDF.pdf>

NENA: *NENA Communications Center/PSAP Disaster and Contingency Plans Model Recommendation (NENA-INF-017.3.2018)*

<https://www.nena.org/resource/resmgr/standards/nena-inf-017.3-2018_disaster.pdf>

# Introduction

The United States is involved in an unprecedented global response to a pandemic public health disaster that has occurred because of the emergence of a novel, or new, viral pathogen. The coronavirus (COVID) spreads easily among people due to a lack of preexisting immunity in many within our population. The effects of a pandemic will impact the operation of the [**AGENCY NAME**].

The nation’s emergency services and public safety organizations have been designated as a *critical infrastructure sector* by the Department of Homeland Security (DHS).[[1]](#footnote-2) Public Safety Telecommunicators (PSTs) as “911 center employees” are classified as “*essential critical infrastructure* *workers*” by the DHS Critical Infrastructure and Cybersecurity Agency (CISA).2 Individuals serving in a public safety position in law enforcement, fire/rescue, emergency medical services (EMS), and emergency management are also designated as *essential critical infrastructure workers.[[2]](#footnote-3)* The work performed by PSTs is critical to the health and safety of the community and must continue during a COVID or other pandemic event.

# Purpose

The [**AGENCY NAME**] will utilize this plan to maintain mission-essential functions during a resurgence of a pandemic event. This plan presents procedures and actions that are intended to mitigate the effects of COVID on the operational capacity of the agency, and in particular, anticipatory activities Public Safety Answering Points (PSAPs)/Emergency Communications Centers (ECCs) may want to consider. The procedures and actions presented in this plan were developed based upon the recommendations of the Centers for Disease Control and Prevention (CDC).

The PSAP/ECC manager(s) must coordinate operational decisions and actions with the first-responder agencies they serve as well as the health and medical agencies they work with. The PSAP/ECC manager(s) and supervisor(s) should participate in the local incident command system (ICS) structure.

# Situation

Viruses, including COVID-19, are transmitted among individuals via three primary methods:

* Through the inhalation of virus-laden aerosols that have been expelled by another person by breathing, speaking, coughing, and sneezing.[[3]](#footnote-4)
* By direct physical contact with infected individuals (e.g., handshake, hugging) that directly transfers the virus to the skin and clothing of another.
* Through physical contact with a virus-laden surface (e.g., doorknobs, desktops, keyboards) then touching one’s eyes, nose, or mouth.

COVID-19 symptoms may appear 2-14 days after exposure. Individuals may be contagious before symptoms appear. Symptoms can range from mild to quite severe and include:

* + Fever
  + Chills
  + Repeated shaking with chills
  + Muscle pain
  + Headache
  + Cough
  + Shortness of breath/respiratory distress
  + Fatigue
  + Sore throat
  + New loss of taste or smell
  + Chest pain

Some individuals can be infected yet not experience any symptoms of the disease. These asymptomatic carriers unknowingly can spread the virus to others.

The strategic mission objectives of the [**AGENCY NAME**] during the current COVID-19 pandemic include:

1. Maintain the capability to continue the mission-critical functions necessary to support first responders and the community.
2. Protect personnel by reducing exposure to the COVID-19 virus among staff.
3. Maintain communications and coordinate operational decisions with the agencies that the PSAP/ECC serves. Communicate any disruption at the PSAP/ECC.
4. Maintain communications and public information with the local Office of Emergency Management (OEM) to maintain situational awareness of developing events and the management of resources.
5. Maintain communications and coordinate public information with the local Public Health Department to obtain medical interventions (i.e., vaccines, prophylactic treatment) for PSAP/ECC staff members on a prioritized basis.

# Pandemic Planning Assumptions

This plan was developed based upon the following assumptions:

* A pandemic is a global public health emergency that is a very dynamic event with conditions changing very quickly.
* The human-to-human community transmission of the novel COVID-19 virus has caused a pandemic that has spread worldwide.
* **The virus has spread worldwide and could result in several waves of illness extending over 6 to 18 months.**
* Antiviral medications are not yet available to treat the ill nor have vaccines been developed to prevent transmission of the virus.
* The PSAP/ECC may experience workforce shortages due to employee illness, employee family needs, and job/role abandonment.
* PSAP/ECC managers will need to continually evaluate staffing needs based upon conditions within the community and the availability of qualified personnel.
* PSAP/ECC managers will work with local medical control/local medical direction to modify call answering and emergency medical dispatch (EMD) protocols based upon changing conditions.
* The PSAP/ECC will likely experience an increase in call volume for medical emergencies and questions regarding emergency orders, medical treatment, and disease testing.
* Call dispatching procedures may be modified based upon conditions within the community and demand for public safety services.
* EMS providers and hospitals are, or soon will be, operating at or above capacity due to a surge of patients suffering from respiratory illness.
* Dispatch procedures may need to be changed as the situation evolves.
* Federal, state, and local government officials have issued various disaster declarations and recommended various voluntary measures to control the spread of the disease.
* Federal, state, and local government officials have enacted various emergency orders to close non-essential businesses, close schools, and limit social gatherings.
* Federal, state, and local government officials have enacted various emergency orders that require individuals to wear face masks or other cloth coverings when in public.
* Inventory of critical medical supplies, including protective masks and gloves, may be impacted.
* The public is competing for limited supplies of household items including paper products, cleaning materials, and disinfectants.
* Some grocery stores are experiencing shortages of basic food stock.
* Public health officials have required individuals to practice social distancing or physical separation (i.e., maintain a distance of six feet, at a minimum, from other individuals).
* School systems have closed, or soon may close, thereby impacting employees who are the parents of school-age children.
* PSAPs/ECCs in areas experiencing seasonal emergencies such as hurricanes may need to plan for concurrent response.

# Concept of Operations

The COVID-19 pandemic emerged very quickly in the U.S. with limited time to prepare. The CDC has developed a preparedness and response framework*[[4]](#footnote-5)* that defines six stages or intervals through which a pandemic event will progress. The response tasks presented in this plan are aligned with the intervals presented in Figure 1 and described in Table 1.

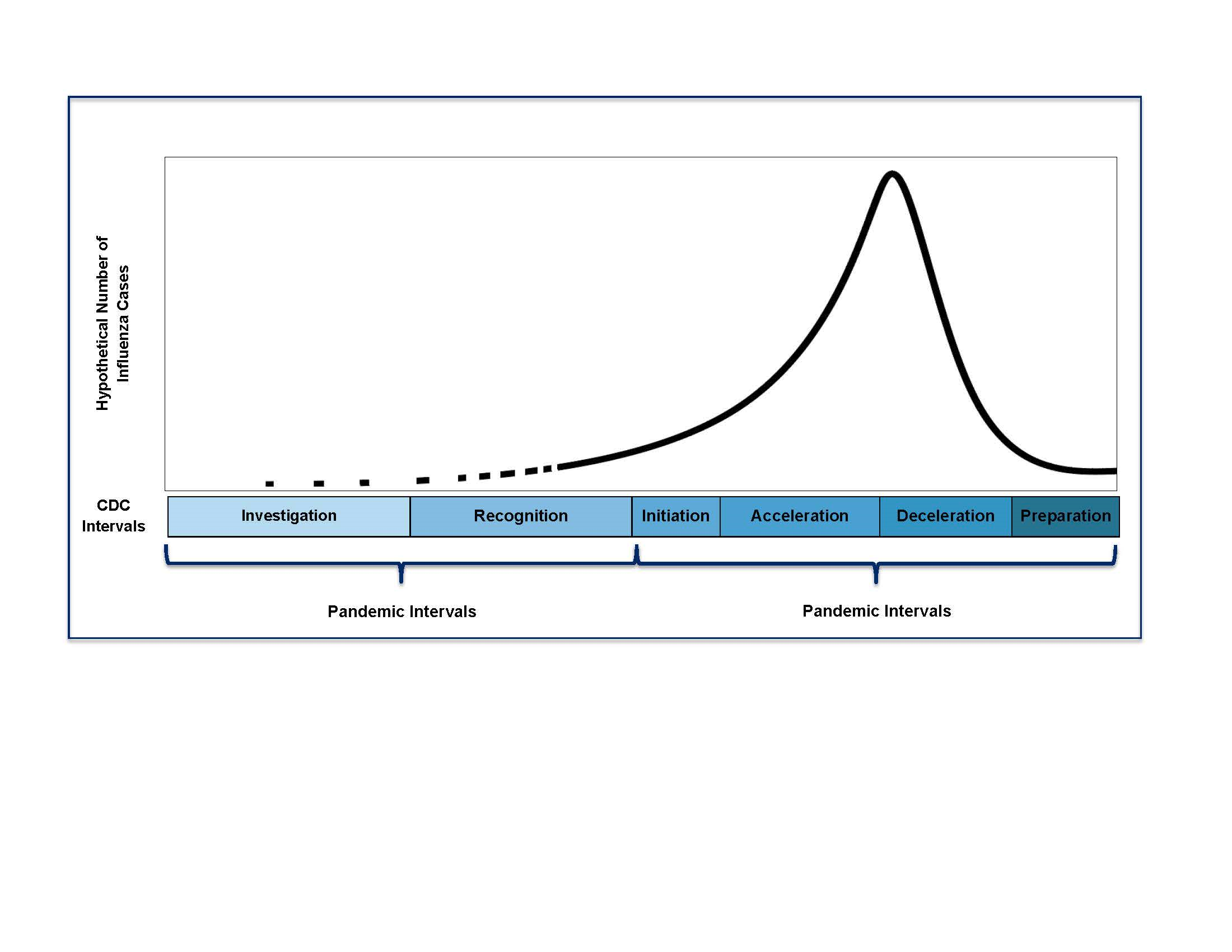


Figure : CDC Pandemic Intervals

While there are various models that have been published regarding a second resurgence, there is no official data on a timeline. The CDC has published the figure below based on data from the 1918 flu and the resurgence that was experienced.

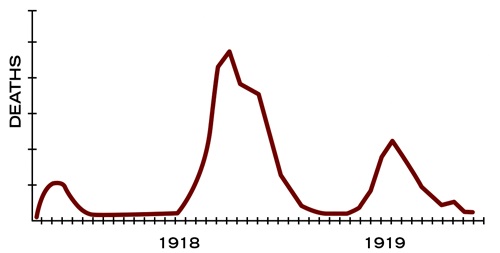


Figure : 1918 Pandemic Flu Second Wave[[5]](#footnote-6)

Table : CDC Pandemic Interval Table

| **CDC Pandemic intervals** | | |
| --- | --- | --- |
| **Interval** | **Definition** | **PSAP/ECC Response Actions** |
| **Pre-Pandemic Intervals** | | |
| **INVESTIGATION** | Investigation of novel virus in humans | * Maintain situational awareness * Monitor daily reports provided by local, state, and federal health authorities * Review continuity of operations procedures with PSAP/ECC staff * Encourage family preparedness * Test remote and virtual communications systems and applications * Review incident management procedures with staff * Review contracts and agreements such as mutual aid and vendor services * Maintain stock of cleaning supplies |
| **RECOGNITION** | Recognition of increased potential for ongoing transmission of a novel virus |
| **Pandemic Intervals – *Novel virus achieves efficient and sustained person-to-person transmission*** | | |
| **INITIATION** | Initiation of a pandemic resurgence–sustained human-to-human transmission is occurring | * Activate agency continuity of operations (COOP) plan * Implement personal protective measures recommended by health authorities * Monitor staff for illness * Maintain contact with partner agencies and contractors * Maintain situational awareness * Regularly sanitize workspaces * Communicate with vendors * Share and review written action plan with staff * Coordinate personnel screening processes with human resources (HR) department |
| **ACCELERATION** | Acceleration of a pandemic resurgence marked by increasing numbers of diagnosed cases |
| **DECELERATION** | Deceleration of a pandemic resurgence marked by reduction of cases |
| **Transition Phase** | | |
| **PREPARATION** | Preparation for future pandemic resurgences | * Conduct continuity planning * Provide staff training * Enhance relationship with local public health authority * Test and exercise plans * Develop and maintain situational awareness of developing threats * Assess response and conduct after-action review * Update plans as necessary * Replenish supplies * Reconstitute staff as necessary * Plan and hold a full debriefing |

# Protective Measures for the PSAP/ECC

The [**AGENCY NAME**] is implementing protective measures in the form of policies and procedures to assure continuity of operations. The measures being implemented are intended to reduce the spread of virus among the staff and to maintain a safe and functional work environment.

The PSAP/ECC work environment is intended to foster efficient communications among PSTs. Dispatch workstations are positioned adjacent to each other with personnel sitting only a few feet apart. The following measures [**can/will be/have been**] implemented to limit spread of the COVID-19 virus among staff.

1. **Medical Screening of Personnel**

The implementation of on-site employee screening should be carefully assessed and coordinated with the agency’s Chief Executive, HR, Risk Management, and legal counsel.

The U.S. Equal Employment Opportunity Commission (EEOC) has issued guidance entitled “Pandemic Preparedness in the Workplan and the Americans With Disabilities Act” that addresses employer compliance with ADA[[6]](#footnote-7) regulations during a pandemic[[7]](#footnote-8). PSAP/ECC managers are encouraged to review the guidance and confer with HR officials regarding local ADA policies.

On-site screening of personnel involves: A) interviewing an employee when they arrive for work regarding their state of wellbeing, B) observing the employee for COVID-19 signs and symptoms, and C) determining if they have an elevated temperature through the use a thermometer.

The screening process seems simple but in fact involves many complex issues including:

1. Selection, training and availability of personnel to serve as screeners;
2. Provision of the National Institute for Occupational Safety and Health (NIOSH) approved N95 respirator to screeners and the completion of user training required under 29 CRR1910.134[[8]](#footnote-9);
3. The potential creation of documents and records that may be classified as protected health information (PHI) that is subject to the Health Insurance Portability and Accountability Act (HIPAA) regulations[[9]](#footnote-10); and
4. Selection and availability of thermometers and possible sanitization/sterilization issues.

Employee Self-Screening

* Employees should monitor themselves for the onset of signs and symptoms associated with the COVID-19 virus. (e.g., fever, cough, chest pains, shortness of breath).
* Employees who are demonstrating symptoms or believe they are ill should notify their supervisor and not report for duty.
* Employees who become ill or demonstrate symptoms while at work should leave the PSAP/ECC and remain separated from other employees:
* Those who are well enough can drive themselves home.
* Those who are not well should be treated by EMS and/or picked up by another person.
* Employees who become ill should immediately seek instructions for receiving medical care.
* Employees who have a household member or close contact who has been diagnosed or is symptomatic should notify their supervisor and should not report for duty.
* Employees should not return to work until fully recovered from the virus and be free of symptoms or on the clearance of a healthcare provider or the local health department. Managers should consult with their local Human Resources official and/or legal counsel regarding requirements for clearance to return to work.
* Remind employees to seek the advice of their health care provider if they or any family member is experiencing any flu like symptoms.
* If COVID-19 testing becomes necessary, the PSAP/ECC should follow CDC guidance for [Testing for COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html) as well as any guidance provided by jurisdiction regarding priority testing of PSTs as essential public safety personnel.

1. **Practice Personal Hygiene**

All employees should always practice personal hygiene. During this time it is especially important to adhere to the following practices:

* + Practice frequent hand washing with soap and water for at least 20 seconds.
* Use an alcohol-based hand sanitizer when soap and water are not readily available.
* Avoid touching one’s face, eyes, nose, mouth, and other mucous membranes.
* Practice respiratory etiquette by covering coughs and sneezes.
* Promptly dispose of used tissues in a trash receptacle.

1. **Practice Social Distancing**

The CDC recommends that employees and other individuals that enter the PSAP/ECC maintain a distance of six feet, at a minimum, from others. This may be difficult while working in the PSAP/ECC.

* If possible, PSTs should be assigned to workstations that are separated by an unused workstation.
* Limit access to the PSAP/ECC to essential employees. (This may vary slightly among jurisdictions.)
* Limit access to training and conference rooms to essential personnel.
* Avoid congregating to visit or conduct shift briefings—instead use other methods such as computer-/smartphone-based chat functions (e.g., instant messaging).
* These rules and distance restrictions apply to any persons entering the PSAP/ECC.
* Cancel outside visitor groups, building tours, or observations.

Other options to consider:

* Consider dividing personnel between the backup and primary facility.
* Consider the use of a mobile command vehicle, or similar alternate location, in case of contamination in the PSAP/ECC.
* Develop mutual-aid agreements or policies with neighboring PSAPs/ECCs to supplement staffing as needed.
* Review alternate routing policies to transfer non-emergency calls, emergency calls, and radio traffic to other jurisdictions or secondary locations as available.
* Review evacuation and relocation plans with personnel.

1. **Implement Frequent Workspace Cleaning**

The COVID-19 virus can survive on various surfaces for several days. It is important to sanitize all surfaces in the workplace on a regular basis. Surfaces in shared workspaces—such as workstations, desks, break areas, and restrooms—should be cleaned before and after each use.

* Establish daily cleaning and sanitizing procedures for individual workstations.
* Clean workspace surfaces at the beginning and end of each shift. Include desktop, keyboards, chair seats and arms, desktop surfaces and any surfaces that employees touch.
* Contact equipment vendors/manufacturers for guidance on proper cleaning and selection of cleaning agents.
* Acquire spare keyboards, mice, and headsets for replacement due to contamination or possible damage from cleaning agents.
* Maintain an adequate supply of commercial cleaning materials and other necessary supplies such as paper towels, toilet paper, personal hygiene products, office supplies, and hand soap.
* Locate alternate sources from which to obtain the appropriate disinfecting products that will kill the virus.
* Discourage the sharing of common items such as paper products, pens, pencils, etc.
* Encourage frequent cleaning with commercial-grade disinfectants of common areas such as:
  + Light switches, kitchens counters, break room tables, restrooms, filing cabinets, lockers and vending machines.
  + Doorknobs, drawer pulls, and recessed handles.
* Ensure ventilation systems are part of the regular cleaning process.
* Follow all directions on cleaning agents to prevent the unnecessary production of noxious chemicals in enclosed spaces.

1. **Personal Protective Equipment**

It may not be practical for employees to wear personal protective equipment (PPE) while working in the PSAP/ECC. A face mask may inhibit clear voice communications and be difficult to wear with a headset. Latex gloves will tear if used for extended periods, requiring frequent replacement. Face masks and gloves are not readily available due to supply shortages. PSAP/ECC personnel are not typically trained in the selection and proper use of PPE.

Federal guidelines include the use of face masks in public settings, including the workplace. Some jurisdictions have mandated that individuals wear face masks or cloth coverings in public. The Occupational Safety and Health Administration (OSHA) administers regulations and standards concerning the use of PPE in the workplace. Many states also regulate the use of PPE in the workplace. PSAP/ECC managers should consult with their local HR and Health and Safety manager when considering implementing the implementation of policies regarding the use of PPE and provide training for PSAP/ECC personnel. Guidance on proper donning and doffing of PPE can be found at the CDC website: [Using Personal Protective Equipment (PPE](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)). Additional information is available at the following websites:

|  |  |
| --- | --- |
| CDC  [Use of Cloth Face Coverings](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) | OSHA  [OSHA Respiratory Protection Guidance](https://www.osha.gov/SLTC/respiratoryprotection/index.html) |

# Pandemic Response Actions

**1. The action items below should be considered during the Pandemic Acceleration Interval:**

* Activate COOP plan:
  + Consider cancellation of non-essential training and travel.
  + Brief staff on COOP procedures.
  + Brief staff on pandemic response procedures.
  + Test , exercise and adjust plans as the situation changes.
  + Review orders of succession and delegation of authority weekly as staff changes due to illness.
  + Brief staff on cybersecurity policies.
  + Ensure that all employees have the correct passwords for access to programs such as the Integrated Public Alert & Warning System (IPAWS), Criminal Justice Information Services (CJIS), National Crime Information Center (NCIC), logging systems, and computer-aided dispatch (CAD) report programs.
* Encourage employee family preparedness by:
  + Recommending that every staff member develop a family plan using guidance provided by FEMA’s [Ready Responder Toolkit](https://www.ready.gov/sites/default/files/documents/files/RRToolkit.pdf).
* Maintain situational awareness of the COVID-19 pandemic by:
  + Maintain regular contact with local EMS providers, emergency management, agency public information officer (PIO), and public health officials.
    - Consistent communications will be essential when adjusting caller screening questions and dispatch of EMS as situation evolves.
  + Monitor local media outlets via online sources and broadcast media.
  + Monitor local, state and federal briefings.
  + Monitor the CDC website for daily situational updates – ([CDC COVID-19 Updates](https://www.coronavirus.gov/)).
  + Monitor and communicate with citizens via social media.
  + Register with the appropriate agencies to receive alerts for jurisdictional updates related to the incident.
  + Awareness of resources available such as the National 911 Program, National Highway Traffic Safety Administration (NHTSA), National Association of State 911 Administrators (NASNA), National Emergency Number Association (NENA), Association of Public-Safety Communications Officials-International (APCO) and the International Academies of Emergency Dispatch (IAED).
* Maintain contact with managers in neighboring PSAPs and ECCs.
* Collect call data as possible, and report significant changes to appropriate entities/agencies that may indicate acceleration/deceleration of pandemic, or other unanticipated types of calls that may require action (i.e., increase in domestic violence and/or suicide calls).
* Maintain contact with the local emergency operations center (EOC) and providing situation reports as requested or on a scheduled basis.
* Coordinate with agency PIO on public-facing messaging.
* Implement facility protective measures.
  + Allow only essential personnel into the PSAP/ECC.
  + Cancel pre-employment observation activities.
  + Avoid congregating to visit; use other methods such as computer-/smartphone-based chat functions (e.g., instant messaging).
  + Implement/use of barriers between consoles
* Implement the use of masks or cloth facial coverings as recommended by the CDC, and approved for use by the agency.
  + Follow CDC recommendations and OSHA regulations regarding the selection and use of masks in the PSAP.
  + Determine if a face mask impedes voice communications.
  + Determine if a face mask can be properly used in conjunction with a headset.
  + Coordinate purchases of masks with local EMS or healthcare providers.
* Implement social-distancing measures within the PSAP/ECC to the extent possible.
  + As possible, establish alternate worksites within the main facility to separate staff.
  + Assure compliance with cybersecurity and CJIS rules when implementing remote network access.
* Monitor PSAP/ECC staff and other essential personnel for signs and symptoms of illness.
  + Take and record temperatures of at the beginning and end of each shift.
  + Interview incoming staff to ensure CDC sheltering and social distancing recommendations have been observed.
  + Record any reports of family symptoms or illness.
  + Review personal protection requirements with radio technicians, building cleaning service crews, and any technicians that may need to be brought into the PSAP/ECC.
* Ensure policies and training and/or communication are in place so employees understand where to seek assistance for any added mental or emotional stress that PSTs may experience either at work or at home because of the situation.
* Adjust to staffing impacts.
  + Modify shifts/schedules to accommodate staffing shortages.
  + Plan for staff losses due to exposure/illness.
    - Consider staffing plans to include retired staff who could come back to assist with shortages
* Coordinate the tracking of personnel time and expenses with the jurisdiction’s finance officer for potential reimbursement through public-assistance disaster funds.
* Track and document expenses incurred that are related to pandemic response including:
  + Overtime.
  + Cleaning supplies.
  + Food and beverage supplies.
  + Additional equipment such as refrigerators, cots, blankets, etc.
  + Contracted cleaning services.
  + Other disaster-related expenses.
* Test generator(s), exercise batteries, and assure that multiple sources of fuel delivery are available and contracted for in advance, including multiple suppliers.
* Test remote communications systems and applications. Test connections with backup 911 centers and neighboring 911 centers.
* Revisit/develop mutual-aid agreements/policies with neighboring PSAP/ECCs to supplement staffing as needed.
* In concert with elected and public health officials, develop and distribute public education materials to inform the community and proactively reduce non-emergency calls.
* Prepare public service announcements (PSAs) for the public regarding when to call/when not to call 911 that accommodate requests for information that can go to 211/311/411, the local health department, or caller’s primary physician.
* Prepare changes in caller screening questions based on guidance from local official sources (i.e., local health department, CDC) and in concert with and approved by local medical control/medical director.
* Explore administrative/technical/operational options for redirecting non-emergent medical calls to nontraditional entities (e.g., nurse call lines, telemedicine screening).[[10]](#footnote-11)
* Prepare messaging to notify callers of any delays in response as situation evolves, and EMS resources change.
* Understand information technology (IT) requirements to alter CAD to accommodate changes to dispatch software.
* Ensure personnel information and contact data is up to date.
* Assure that essential contractors and vendors have adopted and tested business continuity plans:
  + Telephony.
  + Customer premise equipment (CPE)/ call handling equipment (CHE).
  + CAD.
  + Radio.
  + Agency/jurisdictional IT.
  + Uninterruptible power supply (UPS).
  + Generator.
  + Generator fuel provider(s).
  + Building maintenance.
* Establish daily cleaning and sanitizing procedures for the PSAP/ECC.
  + Acquire cleaning agents or sanitizing materials that meet CDC COVID-19 recommendations.[[11]](#footnote-12)
  + Acquire and distribute hand sanitizer and personal tissues to each employee and place others throughout the PSAP/ECC.
  + Have employees clean shared workspaces at the beginning and end of each shift.
  + Treat all material in trash cans as potentially infectious waste.
  + Stock food items onsite to reduce the dependence on outside providers, such as restaurants. No potlucks or food sharing. Use proper sanitizing of food items brought in from the outside. Reconsider accepting food from outside sources.
  + Replenish supplies weekly.
* Provide personnel with agency identification cards for building access, and to assure compliance with travel restrictions imposed for non-essential personnel and as proof of “essential personnel” as needed.
* Delay routine modifications to computer hardware and software updates and upgrades with exception of cybersecurity enhancements and virus protection; utilize remote installation as much as possible.
* Suspend ancillary PSAP/ECC duties to relieve personnel of non-essential functions.
* Identify staff that can be re-assigned to essential duties, (i.e., training coordinators, shift supervisors, quality assurance).
* Review HR policies and employee contracts and adjust for:
  + Sick leave usage.
  + Vacation leave/personnel leave.
  + Emergency call back or hold over.
  + Essential employee designation.
  + Consideration for contracts for temporary staff.
  + Special provisions in employee contracts during time of emergency situations or declarations.
  + Agreements related to secondary employment.
  + Potential impacts on personnel if secondary employment is prohibited.

**2. The following actions items below should be considered during the deceleration phase before the fall of 2020.**

* Maintain situational awareness of developing waves or the resurgence of COVID-19.
* Continue monitoring personnel for signs of stress resulting from the prolonged response phase.
* Anticipate the need for staff support due to prolonged exposure to pandemic related stressors and identify resources for mental health and wellness maintenance.
* Modify hiring procedures to accelerate filling vacant positions. Agencies shall ensure liability is not created with negligent hiring processes.
  + Consider virtual interview processes or other procedures to ensure safety and reduce exposure risks.
* Modify training procedures to accelerate training program while ensuring all critical topic areas and necessary certifications are completed for new hires. Agencies shall ensure liability is not created with negligent training processes.
  + Modify classroom training to accommodate social distancing and reducing exposure risks.
* Work with accreditation, licensing or certification entities (e.g. state/local) who have temporarily modified certification standards for new personnel or reactivate retired personnel.
* Revise and update COOP plan to reflect changes in response methodology and incorporate new data and procedures resulting from research and other data.
* PSAPs/ECCs in areas experiencing seasonal emergencies such as hurricanes may need to plan for concurrent emergencies.
* Work in conjunction with local and/or state public health department in areas where the distribution of pharmaceutical interventions through a closed point of dispensing (POD) for public safety personnel have been established to ensure the inclusion of PSAP/ECC personnel.
  + Ensure staff and their dependents have the medication they need to maintain optimal health (such as maintenance medications) without having to worry about pharmacies being closed, having reduced schedules, etc.
* Establish agreements with other agencies, such as EMS or healthcare providers, for the cooperative purchase of medical-grade masks and related PPE as needed.
* Develop an adequate inventory of essential supplies such as antibacterial soaps, hand sanitizer, disinfectant cleaners, paper products, and other cleaning supplies.
* Provide training to staff in the proper selection and use of PPE in compliance with OSHA regulations and CDC guidelines.
* Consider redirection of calls (e.g., information hotlines, nurse triage lines or telemedicine lines or telephone response unit [TRU]), as technology is available and relationships with necessary outside agencies can be established. Refer to the Federal Healthcare Resilience Task Force EMS/Prehospital Team document entitled, *Redirecting 911 Calls for Information & Low Acuity Medical Complaints[[12]](#footnote-13)* for ideas and examples*.*
* Consider use of remote 911 call processing, as technology is available, relationships with necessary enabling entities are established, and staffing allows using available resources (a list of available resource pages are linked at the end of this document).
* Consider analysis of call data, staffing data, and other forms of data, that could be utilized to anticipate PSAP/ECC needs, or be shared with other public safety agencies to manage changes in pandemic situation, or unintended consequences of pandemic control strategies (i.e. domestic violence and/or suicide).
* Test and exercise plans.

# Orders of Succession and Delegation of Authority

Certain positions are essential to the continued operation of the [**AGENCY NAME**]and must be filled regardless of emergency circumstances. The following guidelines provide for the succession of authority in the event that the primary individual in a position is unavailable or incapacitated.

Each key position within the [**AGENCY NAME**] is staffed by an individual on a full-time basis. Some individual staff members may be unavailable during the pandemic. Alternate positions must be identified that will assume the duties of each key position. It is assumed that the authorities granted to each key position will transfer to the individuals assigned to serve as an alternate. However, certain authorities may be reassigned to alternate personnel.

Defining orders of succession and the delegation of authority are critical to ensuring effective leadership during an emergency. In the event that an incumbent staff member is incapable or unavailable to fulfill essential duties, successors have been identified to ensure that there is no lapse in essential decision-making authority. In addition to the incumbent, two alternate positions/individuals should be identified to ensure sufficient staffing in each leadership position within the PSAP/ECC.

***Instructions:*** *Use the tables below to enter information regarding the positions that support PSAP/ECC operations. Provide a list of key tasks that are performed by each position and the authorities that will convey with temporary assignment to the primary position. (Note: All positions should be listed by title and not the names of individuals serving in those positions.)*

|  |
| --- |
| **[Position Title]** |
| Alternate 1: |
| Alternate 2: |
| Essential Tasks to Perform:  1.  2.  3. |
| Authority to be Delegated:  1.  2.  3. |

|  |
| --- |
| **[Position Title]** |
| Alternate 1: |
| Alternate 2: |
| Essential Tasks to Perform:  1.  2.  3. |
| Authority to be Delegated:  1.  2.  3. |

|  |
| --- |
| **[Position Title]** |
| Alternate 1: |
| Alternate 2: |
| Essential Tasks to Perform:  1.  2.  3. |
| Authority to be Delegated:  1.  2.  3. |

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| **[Position Title]** |
| Alternate 1: |
| Alternate 2: |
| Essential Tasks to Perform:  1.  2.  3. |
| Authority to be Delegated:  1.  2.  3. |

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| **[Position Title]** |
| Alternate 1: |
| Alternate 2: |
| Essential Tasks to Perform:  1.  2.  3. |
| Authority to be Delegated:  1.  2.  3. |

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| **[Position Title]** |
| Alternate 1: |
| Alternate 2: |
| Essential Tasks to Perform:  1.  2.  3. |
| Authority to be Delegated:  1.  2.  3. |

# Partner Agencies

As the COVID 19 pandemic continues to evolve, consistent interaction among 911 agencies, EMS agencies, public health agencies, and emergency management agencies (and EOCs, as operational), is essential. A list of state and local contacts should be maintained, including names, titles, email addresses, and office and cell phone numbers. During a pandemic, a working relationship with 911 is essential for two reasons:

1. The need for specific screening questions for 911 callers will continue to evolve.
2. EMS response to 911 calls is likely to evolve, and may include alternative care instructions (e.g., private physicians, health departments)

To ensure that screening and dispatch protocols are current, and to ensure that evolving needs are met, it is **strongly recommended** that all agencies involved in responding to a pandemic event establish consistent mechanisms for interaction as soon as possible. To enable this process, consider identifying points of contact. These websites can help:

* State 911 agencies: <http://www.nasna911.org/state-911-contacts>
* State EMS agencies: <https://nasemso.org/about/state-agencies/>
* State public health agencies: <https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>
* State emergency management agencies: <https://www.fema.gov/emergency-management-agencies>

XII. Online Resources

A list of resources has been provided below.

* [CDC Guidance](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html)
* [How to Prepare for a Pandemic](https://www.ems.gov/pdf/preparedness/Resources/Pandemic_Influenza_Recommendations_For_911_And_PSAPS.pdf)
* National 911 Program [COVID Resources](https://www.911.gov/project_coronavirus_covid-19_resources.html)
* [NENA Resources](https://www.nena.org/page/covid19)
* [APCO Resources](https://www.apcointl.org/resources/911-info/information-on-covid-19-for-emergency-communications-centers/)
* [NASNA Resources](http://www.nasna911.org/current-issues)
* [EEOC](https://www.eeoc.gov/coronavirus)
* [OSHA](https://www.osha.gov/SLTC/covid-19/standards.html)
* [IAED Resources](https://shared.outlook.inky.com/link?domain=gcc01.safelinks.protection.outlook.com&t=eyJ0eXAiOiJKV1QiLCJhbGciOiJFUzI1NiJ9.eJxFkmuL4jAUhv9LQT85NU1S2woy49gK66pdZp0ZK4LEJL1o2pQ2rZdl__umM8JCEjicS568b_4YipM8Y8bYyGnpWZYxMLJC8aogwhjHRNR8YHCdFaSpMm7GgqS8UrcXJpWZyFaXd73_o6bSfUaqVFmP98P9MKEUWGZNYi6y4lybZSUVpyqThSkbJaQ8m1Tm--Gzbpx8tfXQtAfnel0uF5PnvEp4QW8sq0uiaGrKKtG5Wfjxw3-yvKeZzPOmyCjpRtZ9RhSZANhzZsDSx_Kbev6g7mHwINU5BCzsWZx6lBwxhBgQ1wUucziDHmIu0iUUUwaxfcQ4Bhh5NrEIQS52GbTd2HGP3TWPPUIORO4IoZEHwMj2HLdff8EsWufcFtDW0B-vfmArpKS_DdryPM-q5a_f3Wvg4k2F8ueIi1UP-f2K17xqOZsALWj4boyLRoiBodKKE3UQvOVaY0sb1Ul__Fxfwk1wXcJURNs3udsuVARZust35fH8qiI0tVeboImgp5b3xSm6BzqeWqE_va78KV7579fVaZGFfnBd5_N0t4nA7pRclvdA1yS39YmCtZ80esak81ejHXhOMnEgjGnSurNbc2mBc5qQOM6Kl--v1Blr_P0HSkbEEQ.MEUCIG-zqnaM6-HjGQQqZBas2j-F84RTJ8l4Srs6TGeeZUCfAiEA_k5DqIq_fDZ6iZwPk-Jyf4nkV_IYp4afcSqIXf53C0Y)

1. Homeland Security Presidential Directive 7: Critical Infrastructure Identification, Prioritization, and Protection [↑](#footnote-ref-2)
2. Memorandum on Identification of Essential Critical Infrastructure Workers during COVID-19 Response. (CISA) March 19, 2020 [↑](#footnote-ref-3)
3. Principles and Practices of Clinical Virology [↑](#footnote-ref-4)
4. “Updated Preparedness and Response Framework for Influenza Pandemics.” Centers for Disease Control and Prevention. **September 26, 2014 / 63(RR06);1-9.** <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6306a1.htm> [↑](#footnote-ref-5)
5. 1918 Pandemic Influenza: Three Waves. “Second Wave Fall 1918”. <https://www.cdc.gov/flu/pandemic-resources/1918-commemoration/three-waves.htm>. Last accessed May 4, 2020. [↑](#footnote-ref-6)
6. Americans with Disabilities Act. [↑](#footnote-ref-7)
7. <https://www.eeoc.gov/facts/pandemic_flu.html> [↑](#footnote-ref-8)
8. <https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=STANDARDS> [↑](#footnote-ref-9)
9. <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html> [↑](#footnote-ref-10)
10. <https://cdn.ymaws.com/www.nena.org/resource/resmgr/covid/91103_Inovative_call_handlin.pdf> [↑](#footnote-ref-11)
11. <https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhome%2Fcleaning-disinfection.html> [↑](#footnote-ref-12)
12. The Federal Healthcare Resilience Task Force EMS/Prehospital Team, *911 and EMS Algorithms.* <https://www.ems.gov/pdf/Federal_Guidance_and_Resources/Operations/911_and_EMS_Algorithms.pdf>. *Last accessed May 4, 2020.*  [↑](#footnote-ref-13)