**Agency Name**

**911**

**Public Safety Answering Point /**

**Emergency Communications Center**

**COVID-19 Pandemic**

**Continuity of Operations Response Plan**

**[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), 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 (APCO), the APCO Institute, the International Academies of Emergency Dispatch (IAED), the National Association of State 911 Administrators (NASNA), the National Emergency Number Association (NENA), and Power Phone; 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 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 Mission Essential Functions Identification and Submission Process July 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 (53-001/NENA-INF-017.2.108)

<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 that has occurred because of the emergence of a novel, or new, viral pathogen. The COVID-19 virus spreads easily among people because of a lack of preexisting immunity in the 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-1) 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 have also been designated as *essential critical infrastructure workers.[[2]](#footnote-2)* The work performed by public safety telecommunicators is critical to the health and safety of the community and must continue during the COVID-19 pandemic event.

# Purpose

The [**AGENCY NAME**] will utilize this plan to maintain mission-essential functions during a pandemic event. This plan presents procedures and actions that are intended to mitigate the effects of the COVID-19 virus on the operational capacity of the agency. 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. 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-3)
* 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:
* Individual may be contagious before symptoms appear
* Symptoms can range from mild to quite severe and include:
* Fever
* Cough
* Shortness of breath/respiratory distress
* Fatigue
* Sore throat
* Possible loss of smell
* Chest pain

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 communication 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 communication 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 is spreading worldwide.
* Antiviral medications are not yet available to treat the ill or prevent transmission of the virus.
* No vaccine is currently available.
* 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.
* Managers will work with medical control/local medical director 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, treatment and 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 protocols may need to be changed as the situation evolves.
* Federal, state, and local government officials may/not issue disaster declarations and enact measures to control the spread of the disease.
* There are shortages of critical medical supplies, including protective masks and gloves.
* The public is competing for limited household supplies 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, 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.

# Concept of Operations

The COVID-19 pandemic emerged very quickly in the U.S. with limited time to prepare. The CDC has developed the *Pandemic Intervals Framework (PIF)[[4]](#footnote-4)* 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.

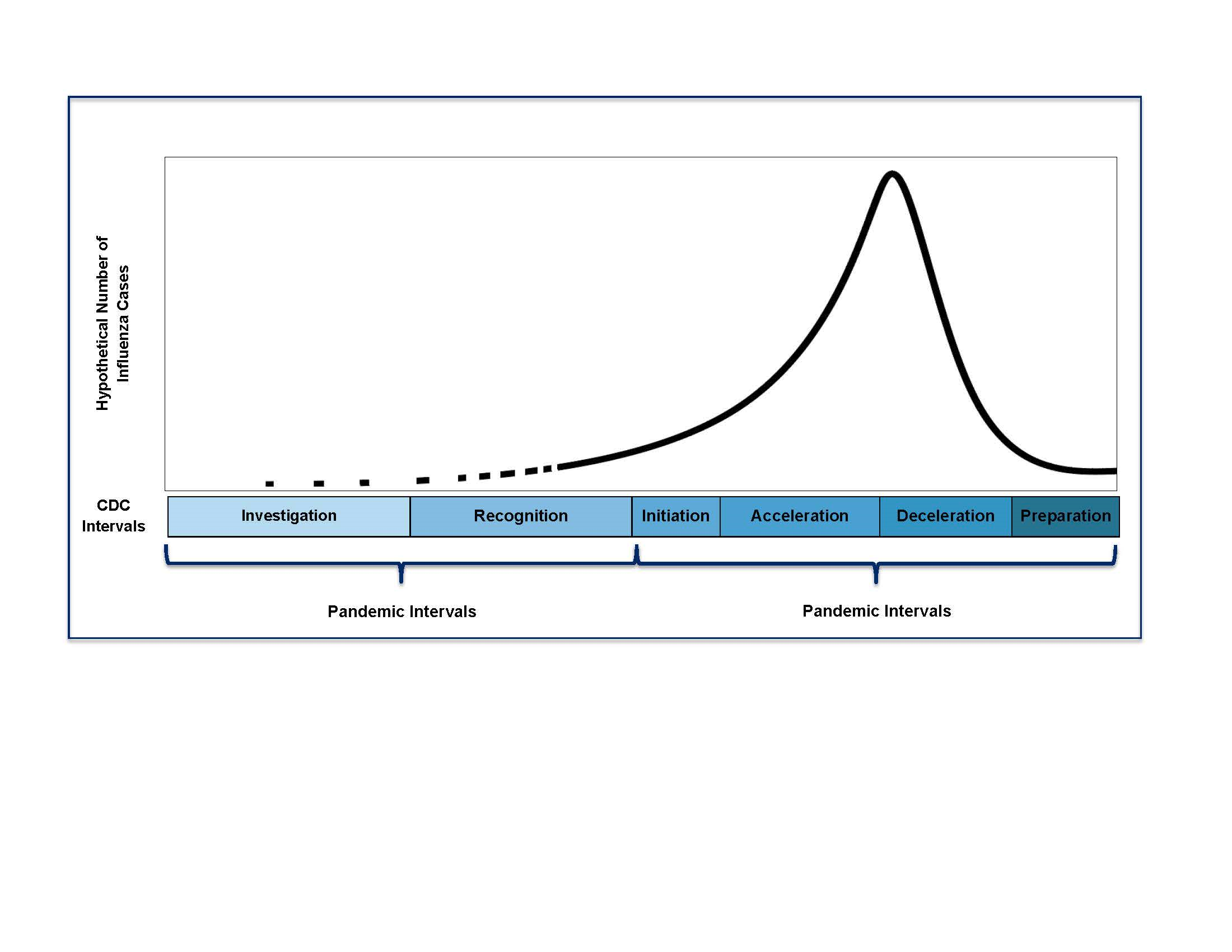


Figure : CDC Pandemic Intervals

| **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 wave –sustained human-to-human transmission is occurring | * Activate agency 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 * Loop in your vendors * Share and review written action plan with your staff * Coordinate personnel screening processes with human resources (HR) department |
| **ACCELERATION** | Acceleration of a pandemic wave marked by increasing numbers of diagnosed cases |
| **DECELERATION** | Deceleration of a pandemic wave marked by reduction of cases |
| **Transition Phase** | | |
| **PREPERATION** | Preparation for future pandemic waves | * Conduct continuity planning * Provide training to staff * Enhance relationships 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 |

Table : CDC Pandemic Interval Table

# 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’s/ECC’s work environment is intended to foster efficient communication among telecommunicators. 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**

*COMMENTS: Personnel Medical Screening Consideration for Managers*

*The implementation of on-site employee screening should be carefully assessed and coordinated with the agency’s Chief Executive, Human Resources, 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 regulations during a pandem[[5]](#footnote-5). PSAP/ECC managers are encouraged to review the guidance and confer with Human Resources 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[[6]](#footnote-6);*
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[[7]](#footnote-7); 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 feel 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.

1. **Practice Personal Hygiene**

All employees should practice personal hygiene at all times. 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 face, eyes, nose, mouth and any 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 (6) feet, at a minimum, from others. This may be difficult while working in the PSAP/ECC.

* If possible, public safety telecommunicators should be assigned to workstations that are separated by an unused workstation.
* Limit access to the PSAP/ECC/ECC to essential employees. (This may vary slightly from each jurisdiction)
* Limit access to training rooms 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 or visitors 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 mobile command vehicle, or similar alternate location in case of contamination in the PSAP/ECC.
* Develop mutual-aid agreement or policy with neighboring PSAP/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.
* To further distance telecommunicators, consider implementing a telephone response unit (TRU) to handle non-emergency calls pertaining to auto burglary, auto theft, larceny, indecent exposure, and fraud/forgery, among other non-violent crimes. Configure the agency’s private-branch exchange (PBX) to send calls to 10-digit remote/home offices and use mobile radios to dispatch calls. (Review these changes with your risk manager before implementing).

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 all surfaces that employees touch.
* Contact equipment vendors/manufacturers for guidance on proper cleaning and selection of cleaning agents.
* Acquire spare keyboards, mice, 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.
* Consider where you might find alternate sources of the appropriate disinfecting products that will kill the virus.
* Discourage the sharing of common items such as paper products, pens, pencils, etc.
* Frequent cleaning of common areas with commercial-grade disinfectant such as:
* Common surfaces shared spaces 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 a part of the cleaning process.
* Follow all directions on cleaning agents to prevent the unnecessary production of noxious chemicals in enclosed spaces.

1. **Use of** **Personal Protective Equipment**

It may not be practical to use personal protective equipment (PPE) while working in the PSAP/ECC. Face masks and gloves are not readily available. A face mask will likely inhibit clear voice communications and gloves require frequent replacement. The use of masks in the PSAP/ECC would require the PSAP/ECC/ECC to provide mandated training on their appropriate use. Each staff member would be required to undergo individual fit-testing to assure proper function. Employees should instead practice the recommended personal hygiene, distancing and cleaning procedures.

# Pandemic Response Actions

The following action items should be considered during the pandemic acceleration interval:

* Activate continuity of operation plans (COOP):
* Consider cancellation of training and travel.
* Brief staff on COOP procedures.
* Brief staff on pandemic response procedures.
* Test and exercise plans and adjust as 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 Integrated Public Alert & Warning System (IPAWS), Criminal Justice Information Services (CJIS), National Crime Information Center (NICINCIC), logging systems, and Computer Aided Dispatch (CAD) report programs.

* Encourage family preparedness by:
* Ensuring every has a family plan
* Guidance provided by FEMA’s Ready Responder

<https://www.ready.gov/sites/default/files/documents/files/RRToolkit.pdf>

* Maintain situational awareness of the COVID-19 pandemic by:
* Maintaining regular contact with local emergency medical services providers, emergency management, agency Public Information Officer (PIO) and public health officials.
  + Consistent communication will be essential, in adjusting caller screening questions and dispatch of EMS, as situation evolves
* Monitoring local media outlets via online sources and broadcast media.
* Monitor local, state and federal briefings.
* Monitor and communicate with citizens via social media.
* Register with the appropriate agencies to receive alerts for your jurisdiction’s updates related to this incident.
* Be aware of resources available such as 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 (APCO), Centers for Disease Control and Prevention (CDC).
* Maintain contact with managers in neighboring PSAP/ECCs/ECCs.
* Maintain contact with the emergency operations center (EOC) and provide situation reports as requested or on a scheduled basis.
* Coordinate with agency PIO on public facing messaging.
* Implement facility protective measures including:
  + Allow only essential personnel into the PSAP/ECC.
  + Do not allow non-essential personnel or visitors into the PSAP/ECC.
  + Cancel pre-employment observation activities.
  + Avoid congregating to visit – instead use other methods such as computer/smartphone-based chat functions, e.g., instant messaging.
* Implement social-distancing measures within the PSAP/ECC to the extent possible.
* Monitor staff and other essential personnel for signs and symptoms of illness.
* Have staff take and record temperatures at the beginning of each shift.
* Interview incoming staff to ensure CDC sheltering and social distancing recommendations have been observed.
* Record any reports of family symptoms.
* Review personal protection requirements with radio technicians, building cleaning service crews, and any technicians that may need to be brought into the PSAP/ECC.
* Adjust to staffing impacts
* Modify shifts/schedules to accommodate staffing shortages.
* Staffing plan for losses due to exposure/illness.
* Coordinate the tracking of personnel time and expenses with the jurisdiction finance officer for 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 back-up 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 your community and proactively reduce non-emergency calls.
* In concert with elected and public health officials, develop and distribute public education materials to inform your community and proactively reduce non-emergency calls. Prepare 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, local health department, caller’s primary physician.
* Prepare changes in caller screening questions based on guidance from local, official sources (i.e. local health department, CDC) and approved by Medical Control/Medical Director.
* Explore administrative/technical/operational options for redirecting non-emergent calls to nontraditional entities (e.g., nurse call lines, telemedicine screening of callers).
* Prepare messaging to notify callers to anticipate delay in response, as situation evolves and EMS resources change. Understand IT requirements to alter CAD, to accommodate dispatch software.
* Assure that essential contractors and vendors have adopted and tested business continuity plans:
* Telephony provider.
* Call Handling Equipment (CPE) provider.
* Computer Aided Dispatch (CAD) vendor.
* Radio vendor.
* Agency IT/jurisdictional Information Technology (IT).
* Uninterrupted Power Supply (UPS) vendor.
* Generator vendor.
* Diesel or propane provider(s) for generator.
* Building Maintenance.
* Establish daily cleaning and sanitizing procedures for PSAP/ECC:
* Acquire cleaning agents or sanitizing materials that meet CDC COVID-19 recommendations[[8]](#footnote-8)
* Acquire and distribute hand sanitizer and personal tissues to each employee and place others throughout the PSAP/ECC.
* Employees will clean shared workspaces at the beginning and end or 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, food sharing and 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 nonessential 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 Human Resources (HR) policies and employee contracts and make adjustments to accommodate for:
* Sick leave usage.
* Vacation leave/personnel leave.
* Emergency call back or hold over.
* Essential employee designation.
* Consideration for contracts for temporary staff.
* Identify special provisions in employee contracts during time of emergency situations or declarations.
* Check HR polices or employee agreements related to secondary employment.
* Identify potential impacts on personnel if secondary employment is prohibited.

# Orders of Succession and Delegation of Authority

Certain positions are essential to the continued operation of [**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. Please 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. |

|  |
| --- |
| **[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. |

# Partner Agencies

As the COVID 19 pandemic continues to evolve, consistent interaction among 911 agencies, Emergency Medical Services (EMS) agencies, Public Health agencies, and Emergency Management agencies (and Emergency Operations Centers, as operational), is essential. Make a list of state and local contacts including name, title, email address, office and cell phone numbers. During this 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 are 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 COVID establish consistent mechanisms for interaction as soon as possible. To enable this process, and identify points of contact:

* 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

* [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)
* [EMS/911 COVID webinar](https://www.youtube.com/watch?v=ZrnbufgDqjo)
* [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)

1. Homeland Security Presidential Directive 7: Critical Infrastructure Identification, Prioritization, and Protection [↑](#footnote-ref-1)
2. Memorandum on Identification of Essential Critical Infrastructure Workers during COVID-19 Response. (CISA) March 19, 2020 [↑](#footnote-ref-2)
3. Principles and Practices of Clinical Virology [↑](#footnote-ref-3)
4. https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6306a1.htm [↑](#footnote-ref-4)
5. https://www.eeoc.gov/facts/pandemic\_flu.html [↑](#footnote-ref-5)
6. <https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=STANDARDS> [↑](#footnote-ref-6)
7. <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html> [↑](#footnote-ref-7)
8. 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-8)