



Emergency and Security Systems
Minutes of the Second Roundtable
Friday, May 15, 2020

Theme: How are the region's Emergency and Security Systems preparing for natural disasters in times of COVID-19?

Panelists:

- Pablo González, Senior Specialist, Risk Management and Climate Change Adaptation Program, SEDI/OAS
- Elizabeth Riley, Acting Executive Director, CDEMA
- Claudia Herrera Melgar, Executive Secretary, CEPREDENAC, Central America and the Dominican Republic

Statements:

- Laurie Flaherty, Coordinator of the U.S. National 911 Program
- David Pérez Esparza, Head of the National Information Center, Mexico
- Gil Fabrega, Executive Director, SUME 9-1-1, Panama
- Juan Zapata, Director, ECU-911, Ecuador

KEY POINTS

- ◆ Response to COVID-19 based on evidence, reliable data and information, and experiences and lessons learned along the way. It is extremely important to document and share these experiences and lessons learned among first responders.
- ◆ Special attention must be paid to disinformation, and mechanisms put in place to deal with it.
- ◆ Partnerships and interagency relations are key to the COVID-19 response.
- ◆ Importance of preparation and protection of personnel against COVID-19. Need to provide staff not only with training and coaching, but also with psychosocial support. The stigma faced by first responders as an emerging challenge.
- ◆ In the context of the COVID-19 pandemic, international humanitarian aid for material disasters will be scarce.
- ◆ Identification of alternative spaces that can function as shelters and where minimum hygiene and social distancing measures can be met to avoid contagion.

Part I. Natural disaster preparedness and response in times of COVID-19

In the Americas: Pablo González, Senior Specialist, Risk Management and Climate Change Adaptation Program, SEDI/OAS

The COVID-19 context makes emergencies more complex. The prediction of a season of natural disasters (cyclones, hurricanes) and of phenomena exacerbated by man is not a single event but a series of events that converge with the coronavirus pandemic. COVID-19 should be viewed as a biohazard.

What can we expect from this hurricane season that is converging with COVID-19? In areas with weak and exposed infrastructure, people will have to move to shelters where they are likely to be housed in overcrowded conditions. Hand washing, hygiene, and social distancing will become hard to maintain. Moreover, emergency management services will be fatigued and their resources will be scarce. In the context of the COVID-19 pandemic, international humanitarian aid will diminish.

What can be done about this situation? First, provide communities with emergency and hygiene kits, knowledge and training. Organized and trained communities can be a fundamental pillar to get through moments of crisis.

Second, we must think about non-traditional shelters, i.e., other than the schools, gyms, or hospitals that are traditionally used. We must think of places where people can be protected and social distancing ensured.

Third, it must be clear that first responders must be the priority. They must be provided with the necessary protective equipment, information and protocols, and the general public must be educated in order to protect them.

Fourth, it is important to avoid disinformation, especially that which could put the population at risk. Call centers have an essential role to play in that regard. Rumor handling units should be set up to prevent the spread of misinformation.

Fifth, in terms of documentation, the information that first responders collect at the incident site is critical. It can provide useful clues to better understand the characteristics and conditions of the virus.

Finally, it is necessary to strengthen paramedical capacity.

In the Caribbean: Elizabeth Riley, Acting Executive Director, CDEMA

Within the region there are various levels of planning to respond to pandemics, which has resulted in a diversity of approaches. However, despite the above, Caribbean countries already have regional response mechanisms in place.

This is a multi-risk environment. Handwashing has been made difficult by water cuts and shortages in the region. During this period, the region would be preparing to deal with the season's traditional risks. Currently, security and emergency systems have focused on dealing with the effects of COVID-19, so that preparation has been neglected. Horizontal cooperation has been hampered by the restrictions that have been put in place in response to COVID-19.

What has been done? A Regional Coordination Centre has been established, based in Barbados, which is supported by a wide range of operational teams. As COVID-19 is a public health-related event, and specialized information is required, a team focused on health was established to provide guidance and indicate what levels of support are required from the system. The health sector has led all coordination actions, at the regional and national levels.

Existing resources have also been adapted. The following are some examples:

- The Operational Plan for the hurricane season was updated taking into account the COVID-19 context
- Response team trainings have been modified to be conducted virtually, even those with practical components
- Protocols and guidelines, among others, have been modified.

Some considerations regarding COVID-19 in the face of the hurricane season:

- Decisions based on scientific information.
- It is essential to focus on the safety and security of decision makers and organizational leaders.
- Adoption of social distancing measures in order to flatten the curve
- Potential management of shelters: Due to limited capacity, alternative sites have been identified and new means of distributing supplies and inputs have been established.
- Undocumented migrants are reluctant to approach the authorities
- Psychosocial considerations linked to the well-being and health of the population.
- Possibilities of interruption of supply chains, affecting the management and distribution of aid.
- Managing technology-associated risks.
- Planning for a centralized response to COVID-19 and other disasters, with limited or late support from traditional partners.
- Resilience as a central issue in managing COVID-19.

In Central America: Claudia Herrera Melgar, Executive Secretary, CEPREDENAC

The Central American Integration System (SICA) has developed a regional contingency plan that, based on skills and capacities, analyzes risks and opportunities. As the rainy season and the hurricane season begin, SICA is building its technical capacities to support member countries in their preparedness and response processes.

CEPREDENAC and COMISCA—the latter being the agency that coordinates the health bodies—have developed some aspects of the risk management and health components, respectively, of this regional contingency plan. This included measures for prevention and containment and for patient management; regional harmonization of public information, prevention, and education messaging; and access to medicines and medical devices through a process of joint negotiation.

CEPREDENAC has carried out the following actions:

- Creation of coordination mechanisms between health systems and the governing bodies for risk management and civil protection.
- Updating of protocols or coordination mechanisms between emergency operations centers.
- Use of protocols for management of hospital and pre-hospital waste, in accordance with the protocol indicated by the International Health Regulations.
- Adoption of a Central American Protocol for the sending, transit, and receipt of international humanitarian and technical assistance
- Establishment of specialized national groups.
- Development of a Regional Information and Coordination Platform for the consolidation of information of a regional nature. The platform makes it possible to identify and georeference sources of infection, as well as measures being carried out in each country.

It also has an epidemiological calculator, which allows a more effective analysis of the situation. Not only does it allow us to know the location of cases, but also of the hospitals designated for COVID-19 care, isolation centers, emergency operation centers, cooperative instruments that have been implemented, and sea, air, and land ports.

The aim of all this is to develop informed strategies in advance, provide differentiated attention to the population, and guide countries on specific actions they should carry out.

Main implications foreseen for a scenario of confluence between COVID-19 and the rainy season, from a risk management perspective:

- Areas with higher-than-normal rainfall where there are also infection outbreaks and where there is also some kind of overcrowding or crowding, including detention centers, migrant transit areas, and others. The aim is to implement prevention actions in advance, such as health, isolation, hygiene, and waste management protocols.
- Possible increased vulnerability of socio-economically fragile urban communities. Demand for humanitarian aid and cooperation is expected to increase.

PART II. Emergency and Security System preparedness and main challenges in a disaster confluence scenario

Laurie Flaherty, Coordinator of the U.S. National 911 Program

Since February 2020, 911 has received a high number of calls requesting information about COVID-19, as well as calls related to domestic violence and suicide attempts. The system has found a way to redirect non-emergency calls to specialized centers, where nurses and paramedics refer people to the appropriate information.

In addition, a group of 911 experts has been set up and has been meeting once a week since the beginning of March to share information and ideas and to voice their needs. One of those needs was that there was no contingency plan in place to deal with an emergency of this type. As a result, a model plan has been devised with the most important aspects that should be included:

how to clean equipment; limiting access to centers; diagnosis and treatment of officials in case of contagion; and provision of emotional support. The document can be adapted according to the conditions and needs of each center.

Ahead of the hurricane season, the National 911 Program has encouraged centers to prepare for what may happen by learning from past experiences and from what has been done in response to COVID-19, so as to be prepared for a joint response to two or more simultaneous disasters.

The question is not so much *what* emergency facilities can do to prepare, but *with whom*. The relationships that 911 personnel build with other services, particularly emergency medical services, will keep them up to date with data and information, as well as providing situational awareness to make decisions and propose ideas.

David Pérez Esparza, Head of the National Information Center, Mexico

In Mexico, 911 has 200 Emergency Call Centers (CALLEs). Due to the fact that it follows a federal model, coordination is complex. Each center has the capacity to make its own decisions within the framework of binding national standards. All their information is collected by the National Information Center and is publicly accessible.

Actions taken:

- Transparency in 911-information.
- Training for operators in active listening. This is important in cases of domestic violence and in providing assistance for victims who may be suffering abuse, with the perpetrator present.
- Partnerships have been established with a number of entities at the national level to provide assistance with a gender perspective.
- As a result of the pandemic, 74 replicators have been trained nationwide, who will in turn train operators in every STREET in the country.
- Creation and start of the implementation of a protocol to mitigate and avoid inappropriate, false, or prank calls, which currently amount to 79 percent of total calls received.

Gil Fabrega, Executive Director, SUME 9-1-1, Panama

The pandemic has led to a strengthening of coordination between SUME and other institutions. The Ministry of Health has led the COVID-19 response. SUME has established a link with the Emergency Operations Centre of the National Civil Protection System. It is also part of the Health and Emergency Commissions; in addition, as a result of the pandemic, a Safety Committee and a Biosafety Committee have been established.

As an agency, SUME has nearly 600 operatives, whom it has trained as part of the response to the pandemic and provided with biosafety materials. They have 19 launch stations, 492 units, 32 ambulances, 4 rapid intervention vehicles, and 3 motorcycles. From 2009 to 2019, it has dispatched nearly 552,514 ambulances, treated 615,713 patients, and coordinated with other agencies, such as the police and fire department, some 76,369 times. Since the declaration of the

pandemic, SUME assistance has increased from an average of 200 cases per day to around 260, and on weekends to between 400 and 450.

About 80 percent of the calls the system receives are unusable or malicious, an issue that will be addressed by a new law imposing exemplary penalties on people who make such calls.

Juan Zapata, Director, ECU-911, Ecuador

Ecuador has had three recent experiences of managing emergencies:

- i. The magnitude 7.8 earthquake in the coastal area of Ecuador (northern sector);
- ii. Days of demonstrations and unrest in the country and, more recently,
- iii. The health emergency caused by the global COVID-19 pandemic.

Ecuador has in place mitigation measures and instruments, including a video surveillance system operated by ECU-911 that strengthens coordination in emergencies. It also has an early warning system (EWS), a high-tech monitoring, warning, and prevention mechanism for natural disasters, be they earthquakes, volcanic eruptions, floods, or tsunamis. The SAT works with technical and scientific instruments such as seismographs, tide gauges. It also has a video surveillance system for tsunami prevention and detection, communication, and warning through loudspeakers, and evacuation to safe zones.

ECU-911 has become the primary source of statistical information on alerts, health emergencies, risk management, domestic violence, public safety, traffic, epidemiological barriers, and government responses, among other things. In addition, ECU-911 has developed several contingency plans for different phases of the pandemic. Therefore, ECU-911 is technologically and operationally prepared for the possibility of two or more coinciding emergencies.

Further work is needed on short-term operational capacity and development of operational plans to counter threats. ECU-911 underlines the importance of the joint development of new emergency protocols, especially a hemispheric protocol, and a single, universally adopted emergency assistance number for the entire region.

Part III: Exchange between the two panels

What role do the Emergency and Security Systems in the respective countries that make up their organizations play in terms of informing based on evidence, good practice, and lessons learned in a possible response to natural disasters in the context of the COVID-19 pandemic? How is all that wealth of experience that Emergency and Security Systems are gathering linked to their capacity to prevent, prepare for, and respond to a confluence of emergencies?

Claudia Herrera Melgar, Executive Secretary, CEPREDENAC: Emergency systems are part of risk management systems. They analyze and respond in a permanent and articulated way to the actions that are being developed for the containment of COVID-19 and to forecast other complex scenarios. This, in turn, is coordinated from the Central American Integration System (SICA).

Elizabeth Riley, Acting Executive Director, CDEMA: The use of science and evidence-based decision making is extremely important, especially in the context of the COVID-19 pandemic. That is why, with the support of the University of the West Indies, a number of projections have been made, including the number of deaths that could have occurred had the measures currently in place not been taken. In addition, figures have been analyzed regarding the number of people who would require special care. As a result, the Caribbean countries were able to take early and proactive action on COVID-19; this allowed them to reduce or lower the infection curve, and gain time for their respective health systems to cope with the case load.

At the same time, the communication that has taken place between the national emergency coordinators is worth emphasizing. They hold weekly coordination meetings, where they exchange ideas, experiences, and successful approaches, and where it is clear that the lessons learned on this subject are being applied on a daily basis. This type of meeting has been replicated among police chiefs, doctors, and others.

Pablo González, Senior Specialist, Risk Management and Climate Change Adaptation Program, SEDI/OAS: COVID-19 is a biological risk for which experiences such as the SARS epidemic have yielded some insight and information. Protocols, mechanisms, and tools used in such past experiences can be harnessed to address the current crisis.

What is being done with personnel in terms of training? How are Emergency and Security Systems in the region preparing their staff on how to provide assistance, and provide them with psychosocial support?

Laurie Flaherty, Coordinator of the U.S. National 911 Program In the United States, the effects of stress on 911 operators have been studied, and it has been found that at least 25 percent of them suffer from post-traumatic stress disorder. The problem also affects police officers, firefighters, and emergency medical personnel. The Centers for Disease Control and Prevention (CDC) have published a series of documents on managing stress among first responders.

Gil Fabrega, Executive Director, SUME 9-1-1, Panama

There is a team of clinical psychologists who provide support to both call center and pre-hospital staff in stressful situations. There are high levels of stress at work due to the increase in the number of cases, the rejection that emergency personnel are experiencing from the community that perceives them as a potential contagion risk, and the possibility of becoming ill, among other factors.

Biosafety Committees have also been created and are implementing a series of measures to protect personnel, including: taking temperatures at entrances, installing carpets with disinfectant, and making the use of masks mandatory.

Elizabeth Riley, Acting Executive Director, CDEMA

Ms. Riley emphasized the importance of virtual training being offered to staff to prepare them for different scenarios. She mentioned that psychosocial support is also provided, which is key

considering that the crisis caused by the spread of the coronavirus is not showing signs of disappearing in the short or medium term.