



**NASEMSO**  
**February 26, 2008**

# **Consensus Report:**

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## **EMAC and EMS Resources for National Disaster Response**

*(from the June 20, 2007 EMS Stakeholders Meeting  
in Arlington, VA)*

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***National Association of State Emergency Medical Services Officials***

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## MEMORANDUM

Date: February 26, 2008

To: Emergency Services Partners

From : Fergus Laughridge  
President  
NASEMSO

Subject: EMAC and EMS Resources Consensus Report

On June 20, 2007, the National Association of State Emergency Medical Services Officials (NASEMSO) and the American Ambulance Association (AAA) held a summit to discuss the use of Emergency Medical Services (EMS) resources during a state declared disaster. Participants in this summit included many of the national EMS Stakeholders and our many Federal partners.

This summit started out with a discussion on lesson learns from Hurricanes Katrina and Rita. The end result of the summit was the development of the **6 C's**; Coordination, Cooperation, Communication, Common Standards, Continued Operations and Commitment, which would ensure a robust national EMS response while not disrupting local emergency response capacity.

It is our honor to provide you with this consensus report as a starting point to enrich the National EMS response and available resources to a natural or man made disaster. This report also provides EMS stakeholders and our Federal partners a frame work of topics that need to be addressed as plans are developed. The goal of these plans is to ensure a smooth response and recovery from a state declared disaster.

This summit was just the beginning of the process as we continue to work together to prepare and respond to all challenges that we will face together in the future. Please join us in continuing to be a part of the solution and not a part of the problem!

## **Introduction**

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On June 20, 2007, the National Association of State Emergency Medical Services Officials (NASEMSO) and the American Ambulance Association (AAA) held a summit to discuss the use of emergency medical services (EMS) resources during a disaster of national significance.

In attendance were various EMS and emergency services national associations including: the American College of Emergency Physicians (ACEP), the Association of Air Medical Services (AAMS), the International Association of Emergency Managers (IAEM), the International Association of Fire Chiefs (IAFC), the National Association of Emergency Medical Technicians (NAEMT), the National Association of Emergency Medical Services Physicians (NAEMSP), the National Emergency Management Association (NEMA), the National EMS Management Association (NEMSMA) and the National Volunteer Fire Council (NVFC).

Federal agencies that participated were: Department of Homeland Security (DHS) Office of Health Affairs, Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response, Federal Emergency Management Agency (FEMA), and the National Highway Traffic Safety Administration (NHTSA) Office of EMS.

After a round table discussion of lessons learned from the response to Hurricanes Katrina and Rita and status updates of EMS response capabilities to incidents of national significance, the assembled stakeholders identified the desired state for EMS national disaster response captured by “6 C’s” which enable a robust national response while not disrupting local emergency response capacity:

**Coordination**

**Cooperation**

**Communication**

**Common Standards**

**Continued Operations**

**Commitment**

## **Coordination**

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By working together and sharing information a coordinated response maximizes resources while eliminating duplicate resource requests and response. Planning and response is seamless across jurisdictions and disciplines, involving integration of government and non-governmental service providers horizontally and vertically. State/territorial EMS Offices, local EMS Officials and providers must be involved in the planning process to ensure proper funding support for EMS through Federal preparedness grants. Additionally, there must be a plan developed that accounts for the multi-jurisdictional pre-hospital response to a catastrophic incident that considers mutual

aid agreements and associated equipment, staff, command and control and non traditional patient movement and transfers. This coordinated process is transparent and there is no competition for the same resources. The National Response Plan (NRP) and the National Incident Management System (NIMS), including the Incident Command System (ICS), form the foundation and the operational guidelines for the coordinated response as disasters are handled first locally with the support of interstate mutual aid (time to execute recall mutual aid agreements with state and local partners) and Federal resources as they are needed and/or requested.

## Cooperation

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Planning is key to cooperation so that State and Federal resources are complimentary to the local efforts. States, through the Emergency Management Assistance Compact (EMAC), organize resources that include government and non-governmental resources. Planning for critical infrastructure (e.g. hospitals) support is incorporated in the overall resource response plan. Federal disaster assets are organized as backup and supplement local or EMAC resources when they are unable to meet the need. States work together and exercise their EMAC agreements from the receiving and sending position. Professional personnel credentialing, both civil and criminal liability are key issues that remain to be solved. Provider scope of practice and protocol differences highlights the difficulties in coordinating healthcare personnel resources throughout the EMAC system.

## Communication

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Communication is the sharing and understanding of information between people/responders and their organizations. Open lines of communication exist between all entities involved in disaster response in the pre-disaster phases of planning and exercising. This includes communication across jurisdictions and disciplines. Additionally, leadership of stakeholder organizations promoting the 6 C's of EMS Resources of national disaster response through their organizations. In the operational mode, communications rely on advanced technologies, including back up systems, with the following features:

- Interoperability using broadband and various gateways
- Redundancy
- Common data dictionary
- AVL/GPS/GIS
- Resource tracking of availability, utilization and accountability

## Common Standards

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In order to properly coordinate, cooperate and communicate, there are common agreed upon standards that all participating organizations utilize including:

- Data Dictionary- National EMS Information System (NEMSIS) Compliant
- NIMS credentialing and national EMS certification NIMS Resource typing
- Disaster clinical protocols based on a single national EMS scope of practice model

- Self sufficiency
- Accountability
- Equipment, supplies and PPE
- Conduct of personnel
- Standardize Disaster Plans

## **Continued Operations**

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Disasters of national significance may require weeks and months of continued operations. There must be systems in place in order for all EMS resources to be used across jurisdiction, both intrastate and interstate, using the National Incident Management System (NIMS) (Res.C1a 1.3.2). In order to sustain operations in the disaster area as well as local emergency response in unaffected areas, the following components help maintain national EMS disaster response at an effective and efficient level:

- Sent resources are self sufficient for a minimum of 72 hours. There is no competition for resources or duplication of requests
- Resource response is measured and in waves
- Regular but flexible resource (personnel and equipment) replacement schedules are utilized
- Mission determines resource need
- Logistical support is planned and resourced adequately

## **Commitment**

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Coordination, cooperation, communication, common standards and continued operations are achieved by the commitment of all involved partners. All stakeholders are at the planning table and committed to achieving consensus. Local, tribal, territorial, State and Federal EMS leaders are integrated at every level with Emergency Management leaders and with the Federal agencies responsible for disaster preparedness and response. There are no barriers to participation of any stakeholder agency or organization.

## **Current Issues**

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Against this vision of effective national EMS disaster response, the EMS and EM stakeholders identified various areas where improvement is necessary to achieve our maximum effectiveness. Those issues are:

- Coordination and outright competition between states and EMAC and Federal ambulance and shelter contractors, and hospital systems
- Clarity about the Federal support of EMAC as the primary way to provide state resources to a disaster leading to multiple pools of resources

- Assess, categorize and track health and medical resources at the state, regional and local levels including but not limited to trauma centers, burn centers, pediatric facilities, acute care facilities and other specialty facilities (Res. C1a 1.1)
- Due to the current capabilities of our EMS system in meeting the day-to-day operations, a plan needs to be identified for surge capacity at local and state levels.
- A method to prevent over taxing local resources thus degrading local emergency operations in areas outside of the disaster zone
- Coordination of resource requests from neighboring states at the same time those states are receiving evacuees
- Standardized credentialing and uniform clinical protocols
- Uniformity and interpretation in how states prepare for and respond to EMAC requests
- Inclusion of State/territorial EMS Offices, local EMS Officials and providers in planning and preparedness activities
- Identification of EMS as a priority in grant guidance
- Air medical resources should be a part of the local, regional and national ICS operations
- Deployment lengths are problematic for physicians, paid personnel, volunteers and their families
- Self sufficiency needs to be fully explained so that it is understood and practiced uniformly
- Requests should be based on mission rather than resource
- Some states incorporate nongovernmental resources in their EMAC resource plan
- Preplanning needs to be the foundation for all disaster response not waiting for sequential failure as the trigger for additional resources
- Need to clarify reimbursement through the EMAC process
- Assure that there is an understanding that reimbursement through the EMAC process is between requesting and assisting states
- EMAC reimbursements are slow and cumbersome relying on the receiving state to get funded then reimburse the sending states

## **Action Items**

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1. Support the current initiative spearheaded by DHS-OHA, HHS-ASPR and FEMA to develop a single pool of resources and a single resource ordering system (ROSS) accessible by states and the Federal government using NIMS resourced and credentialed EMS resources with standardized reimbursement rates.
2. NASEMSO, NEMA and EMAC leadership summit to get state EMS officials fully engaged in the EMAC process.
3. Distribute this consensus document to all stakeholders and Federal partners.
4. Collaborate with the ongoing IAFC interstate and intrastate mutual aid project.
5. Support the Federal Interagency Committee on EMS (FICEMS) Technical Working Group (TWG) Preparedness Committee.

6. Support the identification and inclusion of EMS priorities in preparedness grant guidance.
7. State/territorial EMS Offices need to be actively engaged in planning and preparedness activities.
8. Re-convene this stakeholders group in December 2007 or early January 2008 to further develop and implement the vision and action plan.

## **Contact**

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For more information on this consensus report on EMS resources in national disaster response, contact NASEMSO Program Advisor Leslee Stein-Spencer, [LesleeSS@aol.com](mailto:LesleeSS@aol.com).

## **Consensus Report Approved by:**

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American Ambulance Association  
American College of Emergency Physicians  
Association of Air Medical Services  
International Association of Emergency Managers  
National Association of EMS Physicians  
National Association of Emergency Medical Technicians  
National Association of State EMS Officials  
National EMS Management Association

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