

# **State EMS Office Involvement in Domestic Preparedness Efforts**

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**NASEMSO 2008 Addendum**

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

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## Introduction and Background

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The National Association of State EMS Officials (NASEMSO) is the professional organization of the administrative officers of EMS systems in each of the states, territories and the District of Columbia. As part of our core mission to improve emergency medical services nationwide, we have undertaken the task of measuring the involvement of the emergency medical services systems in the states and territories with domestic planning and preparedness efforts at the national level.

This report is based upon a follow-up survey to the NASEMSO 2007 Domestic Preparedness Survey. The object of the 2007 survey was to ascertain the extent to which state EMS offices are involved and included in federally supported preparedness efforts occurring at the state level. The 2008 Addendum is a follow-up effort aimed at gathering additional information on the utility and allocation of those funds as well as structural information on various protocols for preparedness.

The project involved a survey of the 56 state and territorial EMS agencies, to elicit further information regarding state EMS participation in federal domestic preparedness grant programs, distribution of funding and locus of control.

The survey population consisted of the EMS Directors of the States, Territories<sup>1</sup> and the District of Columbia. Of 56 surveys, 48 were returned, for an 86% rate of return<sup>2</sup>.

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<sup>1</sup> Territories include Guam, Puerto Rico, American Samoa, the Northern Mariana Islands and the U.S. Virgin Islands

<sup>2</sup> A list of jurisdictions participating in the survey is included in the appendix

## Response Analysis

### Section A: Flexibility in Funding

Sometimes, grant expenditures are narrowly restricted to certain activities that may not best suit locally identified priorities. In some instances, federal agencies can authorize latitude to accommodate these discrepancies of purpose. Respondents were asked for each listed funding source to indicate whether needed flexibility was allowed by the specified federal program to meet local EMS priorities in disaster preparedness and response. Table A categorizes the responses by grant source as to whether the respondents felt that the needed flexibility was provided by the grant authority; whether needed flexibility was not provided; whether flexibility was not applicable/not needed; or whether the respondent's agency received no funding from the specified source.

TABLE A

Grant Source	Flexibility provided	No flexibility provided	N/A	No funding received
<b>CDC:</b>	15	5	2	22
<b>HPP:</b>	15	3	5	16
<b>DHS:</b>	12	7	5	17
<b>EMPG:</b>	1	1	1	37
<b>Block Grants:</b>	13	2	1	25
<b>Other:</b>	5	1	2	16

These data show that a large number of the respondents did not receive funding. For CDC grants, 50% of respondents did not receive funding. For HPP grants, 41% of respondents did not receive funding. For DHS grants, 41% of respondents did not receive funding. For EMPG grants, 93% of respondents did not receive funding. For Block Grants, 61% of respondents did not receive funding. For all other grants, 67% of respondents did not receive funding.

Those respondents who indicated receiving federal funding reported in most instances that needed flexibility in the use of federal funds was provided by the grant authority. The single exception was the EMPG grant, but the numbers of EMS office recipients of that grant were so small that the comparison may be invalid.

## **Section B: Distribution of Services by Type and Allocation of Grant Funds**

There are multiple ways to break down emergency medical services by type of service (i.e., rural-urban, advanced-basic, etc...) however; the largest breakdown between types of services nationwide is between ambulance services provided by fire departments and services provided by non-fire agencies. It is important to point out that non-fire does not mean non-governmental. Included in this category would be county, municipal and other political subdivision ambulance services as well as private ambulance services.

The survey reveals that nationwide 41% of emergency medical services are operated by fire departments and 59% of emergency medical services are operated by non-fire organizations. In terms of patients transported, 35% of patient transports are carried out by fire-based services and 65% of patients are transported by non-fire emergency medical services.

These breakdowns vary widely by region of the country. In the East and West regions, the percent of fire-based EMS is 48.4 and 55.8, respectively. In the South Central and North Central regions fire-based EMS constitutes 21.9% and 23.6% of overall ambulance services.

In every one of these regions, the percentage of patients transported by fire-based EMS is lower than the proportion of fire-based services. In the East and West regions, 40.5% and 51.6% of all patients respectively are transported by fire-based services. In the South Central and North Central regions, 18.1% and 14.7% of all patients respectively are transported by fire-based services.

Items 4 and 5 of the survey asked respondents what specific types of respiratory personal protective equipment (PPE) have been purchased with federal grant dollars for non fire-based EMS personnel and for fire-based EMS personnel. The types of PPE asked about were: PAPR, N-100, and N-95.

PAPR stands for Powered Air Purifying Respirator. This system consists of a half or full face piece, a breathing tube, battery powered blower and a particulate filter. In all, 11 purchases for fire-based EMS personnel were reported, compared to 15 for non fire-based personnel.

The N-100 is a mask with a filter designed to protect the wearer from certain aerosol hazards. A total of seven purchases for fire-based EMS personnel were reported, and seven for non fire-based personnel.

The N-95 is a mask with a filter designed to protect the wearer from particulate hazards. Respondents indicated a total of 22 purchases for fire-based EMS personnel were reported, and 24 for non fire-based personnel.

A combination of personal protective equipment purchases was reported by 8 respondents for fire-based personnel and 8 for non-fire personnel.

## **Section C: Jurisdictional Levels of Medical Control**

Where provided, physician medical control of EMS operations may be implemented at the local level, the regional level or a statewide level. The survey inquired as to the level of written protocols approved by medical control for four specific areas: EMS Assessment; Mass Casualty Triage; Transport; and EMS Tracking.

For EMS Assessment Protocols, 30 respondents indicated the level of medical control was local. Regional medical control was cited by 10 respondents. Statewide medical control was indicated by 25 respondents. Only one respondent indicated there was no medical control for this area of protocol approval.

For EMS Mass Casualty Incident Protocols, 24 respondents indicated the level of medical control was local. Regional medical control was cited by 9 respondents. Statewide medical control was indicated by 26 respondents. Four respondents indicated there was no medical control for this area of protocol approval.

For EMS Transport Protocols, 28 respondents indicated the level of medical control was local. Regional medical control was cited by 11 respondents. Statewide medical control was indicated by 23 respondents. No respondents indicated there was no medical control for this area of protocol approval.

For EMS Tracking Protocols, 23 respondents indicated the level of medical control was local. Regional medical control was cited by 9 respondents. Statewide medical control was indicated by 9 respondents. Fourteen respondents indicated there was no medical control for this area of protocol approval.

### *Compliance Tracking*

The respondents were also asked if they had a mechanism in place to track compliance with these protocols. Of these, 35% indicated they have a mechanism in place to track protocol compliance; an additional 26% do not have a compliance-tracking mechanism in place at present, but plan to implement one; and 39% do not have and do not plan to implement a compliance tracking mechanism.

### *Mutual Aid Agreements*

The survey also inquired as to the level of jurisdiction for control over mutual aid agreements. Local control was cited by 34 respondents; regional control was cited by 20 respondents; statewide control was cited by 19 respondents; and four respondents indicated the level of control is unknown.

## **Summary and Conclusion**

It is clear that a majority of state and territorial EMS offices are not participating in the various federal grants aimed at improving domestic preparedness. The underlying reasons for this remain unknown. It may be that EMS offices are not considered by the federal granting authorities as a primary target of these endeavors. It is also possible that the various grant programs are inadequately funded to promote more inclusion of the state EMS offices.

As the agencies primarily responsible for the architecture of the EMS systems, clearly the state EMS offices have a major role to play in preparedness endeavors and that this role is either not fully recognized or adequately supported at the federal level.

Federal funding to state and territorial EMS offices has been lagging in comparison to other areas of consideration such as hospitals and public health.

It is clear that physician medical control and oversight for many aspects of EMS domestic preparedness is lacking and that compliance tracking is far behind where it might be with appropriate federal support and priority.

## Appendix

A. Survey instrument

B. List of Participating States and Territories

### NASEMSO Domestic Preparedness Survey Follow-Up

State:	Person Completing Survey:		
<p>1. Sometimes, grant expenditures are narrowly restricted to certain activities that may not best suit locally identified priorities. In some instances, federal agencies can authorize latitude to accommodate these discrepancies of purpose. For each funding source listed, please indicate whether needed flexibility was allowed by the associated federal program to meet your EMS priorities.</p> <p><b>CDC</b> Choose from list below                      <b>HPP</b> Choose from list below                      <b>DHS</b> Choose from list below  <b>EMPG</b> Choose from list below                      <b>Block Grants</b> Choose from list below                      <b>Other</b> Choose from list below</p>			
<p>2. What is the percent of fire-based EMS services vs. non-fire-based EMS services in your state? (These two values should add up to 100%)</p> <p>Fire based %                      OR <input type="checkbox"/> Unknown                      Non fire-based %                      OR <input type="checkbox"/> Unknown</p>			
<p>3. What is the percent of <i>patients</i> transported by fire-based EMS services vs. <i>patients</i> transported by non-fire based EMS services in your state? (These two values should add up to 100%)</p> <p>Fire based %                      OR <input type="checkbox"/> Unknown                      Non fire-based %                      OR <input type="checkbox"/> Unknown</p>			
<p>4. What type of respiratory PPE has been purchased with federal grant dollars for <b>non fire based</b> EMS personnel (Check all that apply)</p> <p><input type="checkbox"/> PAPR    <input type="checkbox"/> N-100    <input type="checkbox"/> N-95  <input type="checkbox"/> Combination (specify:                      )</p>			
<p>5. What type of respiratory PPE has been purchased with federal grant dollars for <b>Fire based</b> EMS personnel (Check all that apply)</p> <p><input type="checkbox"/> PAPR    <input type="checkbox"/> N-100    <input type="checkbox"/> N-95  <input type="checkbox"/> Combination (specify:                      )</p>			
<p>6. Please indicate the level of written protocols approved by medical control for EMS assessment, triage, transport and tracking of patients (for items 5a-5d, check all that apply):</p> <p>6.a. EMS Assessment</p> <p><input type="checkbox"/> None                      <input type="checkbox"/> Local                      <input type="checkbox"/> Regional                      <input type="checkbox"/> Statewide</p>			
<p>6.b. EMS MCI Triage</p> <p><input type="checkbox"/> None                      <input type="checkbox"/> Local                      <input type="checkbox"/> Regional                      <input type="checkbox"/> Statewide</p>			
<p>6.c. EMS Transport</p> <p><input type="checkbox"/> None                      <input type="checkbox"/> Local                      <input type="checkbox"/> Regional                      <input type="checkbox"/> Statewide</p>			
<p>6.d. EMS Tracking</p> <p><input type="checkbox"/> None                      <input type="checkbox"/> Local                      <input type="checkbox"/> Regional                      <input type="checkbox"/> Statewide</p>			
<p>7. Does your state have a mechanism in place to track compliance with these protocol requirements?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Mechanism planned, but not yet in place</p>			
<p>8. Please indicate the levels at which mutual aid agreements (excluding an EMAC deployment) are in place (Check all that apply):</p> <p><input type="checkbox"/> Local                      <input type="checkbox"/> Regional                      <input type="checkbox"/> Statewide                      <input type="checkbox"/> Unknown</p>			

Appendix B: List of Participating States and Territories by Region

**EAST**

Connecticut  
Delaware  
District of Columbia  
Maine  
Maryland  
Massachusetts  
New Jersey  
New York  
North Carolina  
Ohio  
Pennsylvania  
Rhode Island  
South Carolina  
Vermont  
Virginia  
West Virginia

**NORTH CENTRAL**

Iowa  
Kansas  
Kentucky  
Minnesota  
Nebraska  
North Dakota  
South Dakota  
Wisconsin

**SOUTH CENTRAL**

Alabama  
Arkansas  
Florida  
Georgia  
Louisiana  
Mississippi  
Oklahoma  
Tennessee  
Texas  
Virgin Islands

**WEST**

Alaska  
American Samoa  
Arizona  
California  
Colorado  
Guam  
Hawaii  
Idaho  
Montana  
New Mexico  
N. Mariana Islands  
Utah  
Washington  
Wyoming