



FEMA

MINUTES OF THE FEDERAL INTERAGENCY COMMITTEE ON EMERGENCY MEDICAL SERVICES (FICEMS)

DATE & TIME:	March 4, 2004 10:30 a.m.
LOCATION:	National Emergency Training Center (NETC) Building J, Room 102 16825 South Seton Avenue Emmitsburg, Maryland 21727
MEMBER AGENCY REPRESENTATION:	Department of Homeland Security <i>Federal Emergency Management Agency (FEMA)</i> Mr. Hugh Wood FICEMS Chairperson United States Fire Administration (USFA) Mr. Bill Troup United States Fire Administration Mr. John Brasko United States Fire Administration <i>Office for Domestic Preparedness</i> Mr. Terrance Flynn
	Department of Agriculture No Representation
	Federal Communications Commission No Representation
	Department of Defense (DOD) No Representation
	General Services Administration (GSA) No Representation
	Department of Health and Human Services Ms. Nancy Romano

	National Institute for Occupational Safety and Health (NIOSH)
	Department of Interior No Representation
	Department of Transportation (DOT) Mr. Dave Bryson National Highway Traffic Safety Administration (NHTSA) Ms. Susan McHenry National Highway Traffic Safety Administration
	Department of Veteran Affairs No Representation
	Federal Bureau of Investigation (FBI) No Representation
	Department of Labor No Representation
OTHER FEDERAL ATTENDEES:	Department of Commerce (DOC) No Representation
	Department of Justice (DOJ) No Representation
OTHER ATTENDEES PRIVATE SECTOR:	International Safety Equipment Association Mr. Joe Walker Mr. Dan Glucksman
	Maryland Institute for Emergency Medical Services System Ms. Rene Fechter
	National Volunteer Fire Council (NVFC) Mr. Joe Robison
	Little Rock, AR, Metropolitan Emergency Medical Systems (MEMS) Mr. Jon Swanson

		Trauma-EMS Technical Assistance Center Mr. Terry Mullins
DIAL-IN PARTICIPANTS:		American Ambulance Association (AAA) Mr. Kurt Krumperman

I. ANNOUNCEMENTS/HANDOUTS

Mr. Hugh Wood welcomed the group and gave an overview of FICEMS stating that it is an information sharing group, not intended for policy making. He noted that FICEMS is a Federal group that invites other interested parties to attend. That was the intent and purpose of this program years ago.

There were no announcements.

II. REVIEW OF PAST MEETING MINUTES

Mr. Wood mentioned the review of the December 2003 meeting minutes. A motion was made to approve them. Motion was passed and the FICEMS minutes from the December 2003 meeting were approved.

III. OLD BUSINESS

Mr. Wood reported that two letters went out to the Surgeon General’s Office regarding AED’s, however no response was received by either effort. This issue was superceded by the new GSA regulations on public access. Mr. Wood added that if anyone present did not know what the regulations were, he will see that copies or a website link be made available to those interested. The link site address is foh.dhhs.gov/public/whatwedo/AED/HHASED.asp.

Mr. Wood addressed the topic of the proposed Performance Technology Subcommittee starting up again. As it stood at the previous meeting, this subcommittee was not needed. Mr. Bill Troup added that it was Mr. Art French who initiated the reincarnation of a Technology Subcommittee, but rather than doing a formal subcommittee, they agreed to share as individuals reporting on our own with regards to technology.

The motion to discontinue pursuit of a Technology Subcommittee was made and passed.

IV. SUBCOMMITTEE REPORTS

Counter-Terrorism

Mr. John Brasko reported on behalf of Mr. Gordon Sachs (Subcommittee Chair). He reported that they are still in the hiring process for the Training Specialist (Health & Safety/EMS Management) and hope to have the position filled by the next FICEMS meeting.

The ICS for EMS is currently under revision. Pilots are scheduled for late summer and fall. These address current ICS applications for EMS incidents, and will address NIMS. (Information on NIMS can be found on www.usfa.fema.gov/inside-usfa/media/2004_releases/030904a.shtm).

The EMS Special Operations course is scheduled for revision this fiscal year. This addresses mass gathering and mass casualty planning and operations. It's a very popular 2-week course offered on and off-campus.

An additional offering of the course on EMS Management of Community Health Risks was added to the schedule for September 13-24. This is a very popular course that addresses EMS roles in injury prevention and other public health issues. DOT/NHTSA has been instrumental in spreading the word about this course to the EMS community, and a staff member observed part of the last offering.

FICEMS members are welcome to sit in, take, or observe any of the classes. If interested, please contact Mr. Gordon Sachs.

Ambulance Safety

Ms. Nancy Romano reported that the Ambulance Safety Subcommittee is becoming more cohesive on information sharing, but they are trying to figure out how to approach their objective (driver training and education). They have held some teleconferences between main meetings to allow time for presentations, etc.

Mr. John Russell, who has worked on the AAA database will be sharing his information with the subcommittee for those interested in doing their own database.

Ms. Romano is working with Mr. Larry Selditz and Mr. Jeff Lindsey to share information on use of simulators for training, which will be demonstrated at the National EMS Academy meeting in LA on March 15-19.

Mr. Brian Walker addressed EMS agencies in response to bio-terrorism issues. Ms. Romano is seeking guidance as to whether this topic should be directed to the Counter-Terrorism Subcommittee or is it appropriate for the AS group. Mr. Bill Troup suggested that the CT subcommittee take on this topic first and they will include the AS group if the information applies.

Another topic that needed clarification as to which subcommittee it should funnel through came from Mr. Michael Wileman from the Navy. The topic was chemical defense protection and decontamination. They are planning to schedule a teleconference for this presentation, and it was decided that the teleconference should be open to anyone interested, regardless of committee.

Lastly, Ms. Romano addressed the issue of dial-in participants not being able to hear the meeting due to either the phone or the connection. IT will look into the problem before the next meeting.

V. MEMBER AGENCY REPORTS

HRSA: Mr. Terry Mullins

- The grant announcements for trauma and EMS funding will soon be released. Amounts will remain the same: 40K for most states, 50K for some territories.
- Mr. Mullins is seeking participation in the April 21st meeting on trauma activities.
- The Federal program stakeholder group will meet in June. This group provides advice and information to use to help guide the program.
- The document that was produced by the trauma care systems plan is still under revision, but progress is being made, and that will hopefully come on in the next calendar year.
- Grant information will be released on the federal register, and the hope is that HRSA will have that information linked or posted on their website (www.hrsa.gov/trauma).

DOT/NHTSA: Ms. Susan McHenry

- Ms. McHenry passed out updated copies of the NHTSA EMS Division Traffic Injury Control – Program Development & Delivery – Safety Programs packet.
- They want to make sure public safety can be aided by the recognition of the location enhanced by wireless 911.
- There are new documents up on the NEMESIS website this month (www.nemesis.org).
- The next major phase is a proof of concept project, which involves four states submitting data up to the national level so we can generate pilot reports and make sure things are working correctly. Then we would develop the national resource center and try to implement the national programs.
- Many systems are switching over to the completed dataset, which provide opportunity for standardization. We are evaluating systems on the state level to provide benchmarks and looking at national data to see what EMS is doing out there. The hope is that EMS research will be improved since there will be a more complete data set nationally.
- Lastly, a national EMS research agenda was published, and they are beginning the 2nd phase looking at the pre-hospital part of that. They will be distributing a list of research questions to the EMS national organizations.

DOT/NHTSA: Mr. David Bryson

- Mr. Bryson reported that they have moved forward with the GSA regulations and NHTSA is contracting to do a pilot study with the Office of the Secretary.
- They will be training about 128 people in DOT on trauma and the use of AEDs.
- There are steps to EMT basic for effective restraint, but no process for removing those and getting a national consensus and standards.

- The national core content is now being reviewed internally with NHTSA and the document defines the domain of the out of hospital environment.
- The national scope of practice document takes elements and determines the depth and breadth, looking at all provider levels today.
- There is a meeting in mid May regarding the scope of practice project.
- We are contracting with educators to start looking at the process they'll use to work on educational standards coming from core content.

DHH: Mr. Terrance Flynn

- They are hoping to build a better partnership with USFA/Emmittsburg from a training prospective. Mr. Flynn is the liaison between DHH and the facility here in Emmitsburg and is here to help build the partnerships.
- There has been significant growth among the reorganization of the ODP. Two years ago there were 50 people on staff. This year they will provide over \$4-billion in grants.

USFA: Mr. Bill Troup

- The *Health and Wellness Guide for the Volunteer Fire Service* produced via a cooperative partnership between USFA and the National Volunteer Fire Council (NVFC) will soon be published and released.
- The USFA is working with the International Association of Fire Chiefs (IAFC) in a fire service health and wellness partnership to produce a manual detailing best practices for health and wellness programs in the fire service.
- USFA is continuing its study of non-blinding emergency warning lights with the Society of Automotive Engineers (SAE).
- The report on *Fire Service Emergency Vehicle Safety Initiative* project is almost finished and should be completed by the June FICEMS meeting.
- The National Fallen Firefighters Foundation (NFFF) will be conducting a Firefighter Life Safety Summit on March 10-11 in Tampa, Florida. The goal of this summit is reduce line of duty deaths of firefighters.

USFA: Mr. John Brasko

- Mr. Brasko handed out information regarding the All-Hazards Incident Management Team (IMT) training. Type 3 IMTs run large/more complex incidents. There are two pilots, one in April and one in May. Contact Mr. Gordon Sachs with questions on the IMT.
- Mr. Brasko handed out a guide for fire/emergency service preparedness for homeland security. Further information can be found on the website.
- Next month is the National Disaster Medical System Conference in Dallas – a flyer was handed out with information about this conference.

USFA: Mr. Hugh Wood

- The Critical Infrastructure Protection Program will not only assist them on a daily basis, but eventually, we'll be able to securely provide that target group with sensitive information in order to make decisions in critical periods (code yellow going to orange, Homeland Security Advisory System). That capacity was not there before, but will be there with the Critical Infrastructure Protection Program.
- Discussed how the infrastructure of the Nation's Forest Wildland was recently addressed in a Critical Infrastructure Protection informational Bulletin.

VI. REPORTS – OTHER INTERESTED PARTIES

American Ambulance Association: Mr. Kurt Krumperman

Mr. Krumperman reported that they are actively engaged with DHS to keep communication open. The annual Stars of Life event in DC will recognize them for their good work.

International Safety Equipment Association: Mr. Dan Glucksman

Mr. Glucksman reported that DHS is adopting some standards for protective clothing and some NIOSH standards relating to gas masks. They are working on a standard for personal portable decontamination showers, a new standard on high visibility safety apparel (mainly for road construction workers, roadway safety, etc.), and have updated the eye wash and shower standard as well as the First Aide standard.

National Volunteer Fire Council: Mr. Joe Robison

Mr. Robinson referred to the *Health and Wellness Guide for the Volunteer Fire Service* noting that heart attack is the leading cause of line of duty death of volunteer firefighters. He further mentioned that under the new line of duty death criteria for the Federal Public Safety Officer Benefit (PSOB) program heart attacks are now included, not just on those that happen during the incident, but also those that occur within 24 hours afterwards.

VII. ACTION ITEMS REVIEW

No new action items were stated.

VIII. NEW BUSINESS

Mr. Wood has received an overview of previous meetings from his group, and noted that the information exchange within this group is phenomenal. Mr. Wood acknowledged the declining number of participants at the meetings, and decided to bring up the topic of rotating to various meeting sites in the Old Business section of the June meeting's agenda. Locations must be conducive to holding a large group, and options such as DOT and DHH were suggested.

Mr. Wood continued noting that there had been discussion about discontinuing the Counter-Terrorism Subcommittee due to lack of participation since the retirement of Mr. Jeff Dyar. However there seem to be some potential items for the CT group to address from the AS subcommittee, so the CT subcommittee will remain active for now.

Regarding the National Incident Management System, Mr. Wood encouraged members to learn more about NIMS through the website (www.usfa.fema.gov/inside-usfa/media/2004_releases/030904a.shtm). This is a systems approach allowing the nation to work from one “sheet of music” when they deploy resources.

Mr. Bill Troup reported with regards to a letter received from DOT, requesting information on data collection efforts. Mr. Troup inquired how they should get that information out to the constituent base? Mr. Wood replied noting that we could put the information on the website. Mr. Dave Bryson from DOT encouraged the Federal organizations in FICEMS to post the information on their own website. Mr. Wood indicated that a letter was sent to all FICEMS Partners asking for their assistance with the DOT project by sending them contact information for this project.

IX. SUBCOMMITTEE MEETINGS FOLLOWING THIS MEETING

Counter-Terrorism meets at 1:00

X. NEXT MEETING

June 3, 2004, 10:30 a.m., NETC, Emmitsburg, Maryland
Building J, Room 101

XI. ADJOURNMENT

Meeting adjourned at 12:30 p.m.

**** Please see the following pages for the handouts provided in this meeting.**



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Photo: Dallas Convention & Visitors Bureau

USFA Advocates Development of Incident Management Teams

Stakeholders, experts develop IMT training “roadmap”

The Department of Homeland Security’s (DHS) United States Fire Administration (USFA), part of the Federal Emergency Management Agency (FEMA), today announced a training “roadmap” for the Nation’s fire and emergency services to develop local, regional, metropolitan, and statewide Incident Management Teams (IMTs). This recommendation comes in part as a result of a Memorandum of Understanding between USFA, the International Association of Fire Chiefs, and the National Fire Protection Association Metro Chiefs Section to:

- Establish metro area IMT regional overhead teams based on the U.S. Forest Service (USFS) models;
- Develop IMT capability;
- Develop and train IMTs to support command;
- Provide mutual aid staff – unified command training and development;
- Utilize IEMS; and
- Develop and implement nationwide credentialing criteria/system similar to US Forest Service “Red Card” system

USFA’s IMT training roadmap, developed in partnership with USFS, also supports Homeland Security Presidential Directive 5 (HSPD-5), which states:

To prevent, prepare for, respond to, and recover from terrorist attacks, major disasters, and other emergencies, the United States Government shall establish a single, comprehensive approach to domestic incident management. The objective of the United States Government is to ensure that all levels of government across the Nation have the capability to work efficiently and effectively together, using a national approach to domestic incident management.

IMTs are designed to assist local emergency services manage unusually large, complex, or long-term emergency incidents. An all-hazards IMT consists of emergency service officers from appropriate disciplines (fire, rescue, emergency medical, hazardous materials, law enforcement) trained to perform the functions of the Command and General Staff of the Incident Command System (ICS). These functions include Command, Operations, Planning, Logistics, and Administration/Finance, as well as Safety, Information, and Liaison. Members of the initial responding departments often fill these

functions; however, the size, scope, or duration of an emergency incident may indicate the need for an IMT to support them. The local Incident Commander can request, through standard mutual aid procedures, an IMT to help support management of the incident.

In August, USFA convened a Focus Group of stakeholders and experts from across the country to best determine the means to develop all-hazards IMTs across the country. In the wildland fire community, the USFS and the National Wildfire Coordinating Group (NWCG) recognize five “Types”, or levels, of IMTs; the Focus Group agreed to stay with this model for the all-hazards emergency response community. The IMT types, including certifying level and basic make-up, as recommended by the Focus Group are:

- Type 5 City and Township Level—Locally certified, jurisdiction specific or by mutual aid agreement.
- Type 4 County or Fire District Level—County or regionally certified, multi-agency/jurisdiction.
- Type 3 State or Large Metropolitan Area Level—State certified; state, region, or area with multi-jurisdictions or mutual aid agreements.
- Type 2 National and State Level—Federally certified, less staffing and experience than Type 1, smaller scale incident, now in existence.
- Type 1 National and State Level—Federally certified, most experience, most equipped, now in existence.

USFA’s IMT training roadmap, recommended by the Focus Group, identifies the training needed to develop Types 3, 4, and 5 IMTs. The IMT training roadmap recommends that:

- All emergency service personnel should take training equivalent to the NWCG courses, *ICS 100*, *200*, and *300*, either web-based or classroom. An example of a course meeting this requirement would be USFA’s 2-day *Incident Command System*, offered through State fire training networks.
- All emergency service officers, including those who may serve on a Type 4 or Type 5 IMT should take the following courses or their equivalent:
 - USFA’s *Introduction to Command and General Staff* (self-study)
 - USFA’s *Command and General Staff Functions in the Incident Command System* (6-day class offered through USFA’s National Fire Academy)

- USFA's *Introduction to Unified Command for Multi-Agency and Catastrophic Incidents* (2-day class offered through State fire training networks)
- Assigned members of a Type 3 IMT (appointed by a metropolitan, regional, or state authority having jurisdiction) should meet the requirements of a member of a Type 4 or Type 5 IMT and:
 - Attend (as a team) USFA's new *All-Hazards Incident Management Team* course (7-day, on-site customized course)
 - Attend position-specific training provided through NWCG
 - Participate in coordinated "shadowing" at a major incident with experienced Command and General Staff members from a Type 1 or 2 IMT

USFA has agreed that, for rapid development of Type 3 IMTs, assigned members who have current training and/or experience in Command and General Staff positions may not need to complete the training requirements of a Type 4 or 5 IMT.

"The operations of IMTs are highly dependant on the local community needs, available resources, and the level of training/experience," said Charlie Dickinson, Deputy United States Fire Administrator and former chief of the Pittsburgh Bureau of Fire. "Local jurisdictions establish, train, and control Type 4 and Type 5 IMTs at their respective levels. Type 1 and Type 2 IMTs are currently in existence at the federal level. The Focus Group identified the need to develop Type 3 IMTs for regional or state level incidents." USFA and USFS will work together in delivering training to develop these IMTs.

Several states and metropolitan fire departments already utilize the equivalent of a Type 3 IMT. The Fire Department of the City of New York (FDNY) recently completed the development of IMTs through training and shadowing in partnership with USFS. Fire departments in the National Capital Region, through the Washington Metropolitan Council of Governments Fire Chiefs and Senior Operations Committees, are preparing to undertake the USFA Type 3 training regimen early in 2004. Several states and other metropolitan areas are making plans to develop Type 3 IMTs in 2004 as well.

"USFA has long been the Federal government's harbinger of ICS training for local fire and emergency service personnel," said R. David Paulison, U. S. Fire Administrator and former chief of Metro Dade Fire-Rescue in Florida. "Through NFA or State fire training networks, no less than twelve different courses provide instruction on various applications of ICS during different types or sizes of incidents, including high rise fires, structural collapses, hazardous materials incidents, multiple casualty

incidents, wildland/urban interface fires, and natural and manmade disasters.” USFA courses typically use exercises and simulations to provide practical applications for students; many courses at NFA provide computer-generated simulation experiences through USFA’s Incident Simulation Laboratory. USFA also provides web-based and computer-based ICS-related training and simulations, available through their website, www.usfa.fema.gov.

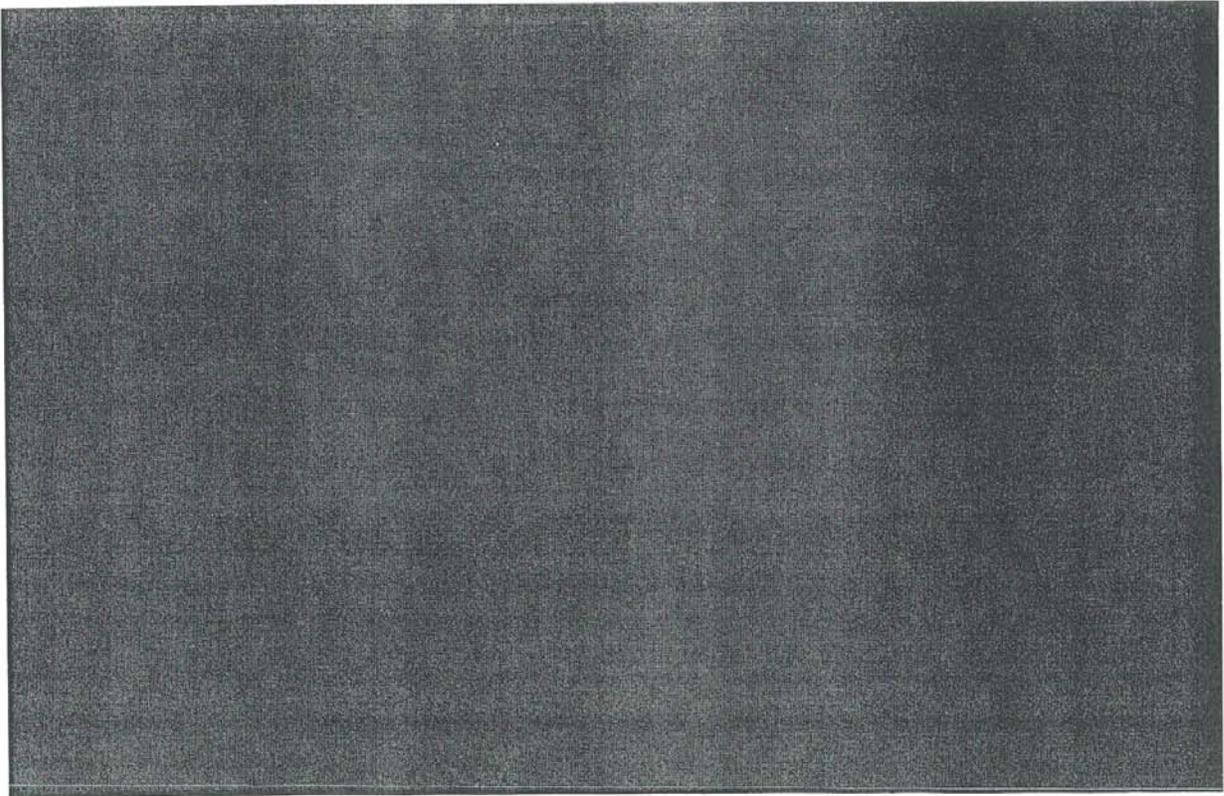
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Fire and Emergency Services Preparedness Guide for the Homeland Security Advisory System

First Edition - January 2004



FEMA



United States Fire Administration

FIRE AND EMERGENCY SERVICES

PREPAREDNESS GUIDE

FOR THE

HOMELAND SECURITY

ADVISORY SYSTEM



FEMA

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FIRE AND EMERGENCY SERVICES PREPAREDNESS GUIDE FOR THE HOMELAND SECURITY ADVISORY SYSTEM

Threat Conditions and Associated Preparedness Measures

The world has changed since September 11, 2001. We remain a Nation at risk from terrorist attacks and will remain so for the foreseeable future. At all Threat Conditions, we must remain vigilant, prepared, and ready to deter terrorist attacks. The following Threat Conditions each represent an increasing risk of terrorist attacks. Beneath each Threat Condition are some suggested preparedness measures. These preparedness measures are provided to assist the heads of fire and Emergency Medical Services (EMS) agencies with development and implementation of appropriate agency-specific preparedness measures. These listed measures should be modified to meet local conditions and situations.

In order to provide a guide for activities that may be appropriate for the five Homeland Security Advisory System (HSAS) Levels, the U.S. Fire Administration's (USFA) Emergency Management and Response - Information Sharing and Analysis Center (EMR-ISAC) offers the following preparedness information to protect the infrastructures of fire/EMS and related departments/agencies. The preparedness actions below are not all inclusive, nor do they reflect all the variations in local conditions, agencies, and operations. They should, however, provide a good place to start development, or enhancement, of agency-specific plans. Agencies need to balance cost versus benefit of various proposed measures to determine the most cost effective activities.

PREPARATORY CONSIDERATIONS

Information/Planning

1. Periodically review, maintain familiarity with, and practice all agency operating plans (*e.g.*, standard operating procedures, plans, orders, *etc.*).
2. Develop system to obtain access to all agency facilities after hours.
3. Review all agency/jurisdiction plans and requirements related to elevated threat conditions. Develop a threat condition plan if not already in place.
4. If appropriate, review and coordinate security measures with law enforcement for senior or high profile agency personnel.
5. Assist in development or review of the department/jurisdiction's Continuity of Operations (COOP) Plan.
6. Assist in development or review of the department/jurisdiction's Critical Incident Stress Management (CISM) Plan.
7. Keep key contact and phone lists current, including your jurisdiction, mutual aid, voluntary and private sector agencies that assist the fire and emergency services.
8. Consider developing a family emergency plan for safety/care of family without the emergency responder due to deployment to long-term incidents.
9. Consider organizing Family Support Teams from among family members to assist each other during emergencies when department members are committed for long periods.
10. Consider potential to support the staff and/or families at fire/EMS facilities during crises.
11. Ensure that personnel are trained on the agency's Threat Condition Plan.
12. Review appropriate crisis action plans (*i.e.*, hospitals, schools, major industries, *etc.*).
13. Review related mutual aid plans and procedures. Update/modify as needed.
14. Consider maintaining sufficient supplies of food, water, *etc.*, for staff held over or if stores are closed due to the crisis.

15. Update and expand dependable communications procedures for exchanging operational information with other agencies and departments. Ensure that common radio frequencies or radio frequency switching-integration systems are established and exercised among essential first responders, public health, ICS leadership, and policy makers.
16. Assess threats and vulnerabilities across the community to create specific response plans for key locations.
17. Consider pre-positioning or repositioning supplies, equipment, (e.g., EMS supplies, spare SCBA cylinders, foam, etc.) apparatus, and staff for better access/coverage during crises.
18. Develop plans for returning to lower HSAS Threat Condition levels.
19. Develop plans to ensure adequate protective and DECON equipment is quickly accessible by mutual aid agreement for a local worst-case scenario (sports arena, largest office building, mass transit terminal, etc.).
20. Consider developing plans to ensure adequate capacity and fuel to support all essential sites/systems/apparatus for a minimum of 72 hours.
21. Consider developing plans for alternate water supplies in case the municipal supply is contaminated and shutdown or pumping stations are knocked offline by a regional blackout, earthquake, etc.
22. Consider developing and exercising detailed plans for the decontamination of first responder apparatus and equipment, as well as essential critical infrastructure support transportation such as buses, food and pharmaceutical trucks, etc.

Facility Security

1. Perform initial and annual agency facility threat and vulnerability assessments; apply countermeasures for those critical infrastructures that are both threatened and vulnerable. Seek advice/assistance from law enforcement or other security entities.
2. Ensure perimeter and parking area lighting is properly operating and lit during periods of limited visibility.
3. Assure that all computer systems and networks are operated in accordance with current information technology security measures.
4. Remind staff to remain attentive for unexplained odors, powders, liquids, etc.
5. Remain observant for and report any unusual or suspicious activity or people to appropriate fire department and law enforcement personnel. This activity should be reported to the Homeland Security Operations Center at (202) 323-3204/3205/3206 or nipc.watch@fbi.gov and/or the USFA EMR-ISAC at (301) 447-1325 emr-isac@dhs.gov.
6. If needed, work with law enforcement to develop a vehicular parking plan for safe distances next to and around agency facilities, including garages or underground/under building parking.
7. Implement the Critical Infrastructure Protection Process using the USFA CIP Job Aid: (<http://www.usfa.fema.gov/fire-service/cipc/cipc-jobaid.shtm>).

Personnel

1. Provide staff training on all related plans, SOPs, etc.
2. Keep staff informed of threat level and any special situations needing attention.
3. Consider preparation of personnel callback lists, if not already developed.
4. Consider devising new operating procedures that are designed for force protection, safety from terrorism, emergency assembly points, etc.
5. Consider that, if necessary, first responders and their families have priority access for immunization against biological threats (e.g. smallpox, anthrax, etc.).
6. Consider developing evacuation plans and give priority to first responder families.

Operations

1. Consider periodic drills/exercises with police, public health, National Guard, and HAZMAT/WMD teams, etc.
2. Assure 24/7 access to and availability of repair, maintenance, and towing services for apparatus.

LOW CONDITION (GREEN)

This condition is declared when there is a low risk of terrorist attacks. Fire departments and EMS agencies should consider the following general measures in addition to the agency-specific preparedness measures they develop and implement:

1. Refine and exercise as appropriate the preplanned preparedness measures.
2. Ensure personnel receive proper training on the HSAS and specific preplanned department or agency preparedness measures.
3. Institutionalize a process to assure that all critical infrastructures are periodically assessed for vulnerabilities to terrorist attacks, and all reasonable measures are taken to mitigate these vulnerabilities.

Preparedness Actions***Information/Planning***

1. Monitor local, state, national and international terrorism activities as well as intelligence and threat information.
2. Adjust the department operating status based on HSAS Threat Level changes.
3. Review plans for implementing the Guarded (Blue) Threat Condition.

Facility Security

1. Maintain routine access control.
2. Continually watch for and report the presence of abandoned parcels, briefcases, etc.
3. Secure buildings, rooms, and storage areas not in regular use.

Personnel

1. Periodically remind all personnel to be suspicious and inquisitive about strangers, particularly those carrying packages, suitcases, or other containers. Avoid complacency.
2. Ensure computer and network access control mechanisms function properly and are used in accordance with established policies.
3. Immediately report suspicious or abnormal computer or network behavior to appropriate personnel.
4. Encourage personnel to prepare their families for potential crises by gathering needed supplies, etc.

Operations

1. Secure all apparatus and equipment when either unattended or not in use.
2. Arrange with law enforcement for limited access to the immediate area of an incident.
3. Diversify operational procedures to avoid consistent patterns.
4. Increase the vigilance by all personnel on scenes regardless of rank or position.
5. Encourage personnel to vary their routines and habits.
6. Instruct supervisors to pre-plan emergency responses with their personnel.

GUARDED CONDITTON (BLUE)

This condition is declared when there is a general risk of terrorist attacks. In addition to the preparedness measures taken in the previous Threat Condition, fire departments and EMS agencies should consider the following general measures as well as the agency-specific preparedness measures that they will develop and implement:

1. Check communications with designated emergency response or command locations.
2. Review and update emergency response procedures.
3. Provide the public and private sectors with any information that would strengthen their ability to act appropriately.

Preparedness Actions

Continue all security measures for the previous Threat Condition and warn personnel of any potential terrorist threat.

Information/Planning

1. Conduct regularly scheduled meeting/conference calls with law enforcement to review emergency plans, access controls, incident command, force protection, and other issues.
2. Schedule periodic agency staff meetings to discuss planning and policies for security and infrastructure protection.
3. Review plans for implementing the Elevated (Yellow) Threat Condition.
4. Stay in contact with local/state/federal authorities and private sector agencies on threat and mutual response to terrorism measures.
5. Update and practice emergency action plans for single and multiple incidents.

Facility Security

1. Screen all visitors.
1. Deny entry to anyone who refuses inspection or fails to follow security guidance.
2. Require department identification for employees and implement a positive visitor identification and accountability system.
4. Increase vigilance and observations of areas surrounding agency facilities.
5. Direct agency mail-handlers and mail-deliverers to be more vigilant in handling and delivering mail. They need to look for powders, liquids, wires, etc.
6. Increase awareness and attention applied to computer and network access control measures.

Personnel

1. Periodically check callback or volunteer availability.
2. Keep all officers, supervisors, and special team leaders informed of conditions.
3. Provide training as needed to enhance staff ability to operate safely at terrorist, or suspected terrorist, Chemical, Biological, Radioactive, Nuclear and Explosives (CBRNE) incidents.

Operations

1. Check communications with law enforcement and other jurisdictions and agencies at least weekly.
2. Review, revise, or implement Incident Command and its Unified Command component.

ELEVATED CONDITION (YELLOW)

An Elevated Condition is declared when there is a significant risk of terrorist attacks. In addition to the preparedness measures taken in the previous Threat Conditions, fire departments and EMS agencies should consider the following general measures as well as the preparedness measures that they will develop and implement:

1. Increase scrutiny of critical agency locations.
2. Coordinate emergency plans as appropriate within the jurisdiction and with nearby jurisdictions and related private sector agencies.
3. Assess whether the precise characteristics of the threat require the further refinement of preplanned preparedness measures.
4. Implement contingency and emergency response plans as appropriate.

Preparedness Actions

Continue all security measures for previous Threat Conditions.

Information/Planning

1. Contact law enforcement at least weekly to exchange and disseminate threat and intelligence information.
2. Maintain contact with the Local Emergency Planning Committee (LEPC) or its equivalent. Periodically meet to make decisions of what to do, who will do it, etc. to respond to changing conditions/requirements.
3. Review plans for, and prepare to immediately implement the High (Orange) Threat Condition measures.
4. Assess and report new found or changed vulnerabilities.

Facility Security

1. Limit the number of access points to facilities.
2. Enforce access control procedures (100% ID check) and consider escorting unknown visitors.
3. Implement screening practices for incoming postal and electronic mail, phone calls, deliveries, and visitors.
4. Randomly inspect the security and condition of all facilities and HVAC systems.
5. Lock all facilities and require access control.
6. Periodically test security systems, back-up power systems, and emergency communications systems.
7. Review existing threat analysis and vulnerability assessments for department critical infrastructures. Apply new countermeasures if needed.

Personnel

1. Keep personnel informed in order to stop rumors and prevent unnecessary alarm.
2. Remind staff to maintain their personal and family emergency preparedness "go kits."
3. Require staff to review all pertinent special operations and terrorism related plans.

Operations

1. Consider placing selected emergency teams on a higher alert status based on the nature of the underlying threat.
2. Review and exercise emergency operations plans.
3. Request police assistance to periodically surveil apparatus located away from quarters.
4. Arrange with law enforcement to restrict access to the immediate area of an incident.
5. Vary response routes to avoid regular patterns. Establish the Command Post at a different position each time. Avoid predictability.
6. Prioritize training and investments in new resources to accomplish response plans.

HIGH CONDITION (ORANGE)

A High Condition is declared when there is a high risk of terrorist attacks. In addition to the preparedness measures taken in the previous Threat Conditions, fire departments and EMS agencies should consider the following general measures as well as the agency-specific preparedness measures that they will develop and implement:

1. Coordinate necessary security/preparedness efforts as directed by Federal, State, and local agencies.
2. Take additional precautions at those public events receiving agency participation, and possibly considering alternative venues or even cancellation.
3. Prepare to execute contingency procedures, such as moving to an alternate site or dispersing the agency workforce.
4. Restrict threatened facility access to essential personnel only.

Preparedness Actions

Continue all security measures for previous Threat Conditions.

Information/Planning

1. Contact law enforcement at least daily to collect and disseminate threat and intelligence information.
2. Identify public events of concern and caution employees to avoid participation or attendance.
3. Review plans for, and prepare to immediately implement, the Severe (Red) Threat Condition measures.
4. Track apparatus and equipment availability.
5. Review plans for returning to the lower HSAS level.
6. Keep the Public Information/Affairs Officer informed so he/she can accurately brief public officials, media, etc.
7. Maintain communications with related private sector agencies for status changes.

Facility Security

1. Search all bags, cases and parcels, including employee-carried.
2. Reduce visitations by non-department personnel.
3. Screen all personnel allowed to enter the facility such as repair workers, etc.
4. Consider escorting all required visitors.
5. Conduct regular, but randomly timed inspection tours of the facility exterior.
6. Limit access to computer facilities.
7. Consider restricting or prohibiting incoming traffic access to agency controlled underground/under building parking garages.

Personnel

1. Alert staff to situation and any special considerations.
2. Place the on-call Emergency Operations Center (EOC) Team on a higher alert status.
3. Place the off-call EOC Team(s) on alert (if multiple EOC teams).
4. Notify special team leaders of situation.
5. Implement additional security measures for senior or high profile personnel, if required.

Operations

1. Review and practice incident handling procedures under High Condition (Orange).
2. Reaffirm communications lines.
3. Consider partial activation of the EOC.
4. Arrange with law enforcement for aggressive restriction to the incident area.
5. Conduct pre-event security checks followed by extra inspections as necessary for all public events.

SEVERE CONDITION (RED)

This condition reflects a severe risk of terrorist attacks. Under most circumstances, the preparedness measures for a Severe Condition will not be sustained for substantial periods and may be implemented on a local, regional, or state level based on specific threat intelligence. In addition to the preparedness measures in the previous Threat Conditions, fire and EMS departments should also consider the following general measures as well as the agency-specific preparedness measures that they will develop and implement:

1. Increase or redirect personnel to address critical emergency needs.
2. Assign emergency response personnel; mobilize and pre-position specially trained teams or resources if appropriate based on specific threat information.
3. Consider requesting the redirection of transportation systems in very close proximity to department critical infrastructures.
4. Consider closing non-essential public and government facilities.

Preparedness Actions

Continue all security measures for previous Threat Conditions.

Information/Planning

1. Review staffing levels for appropriateness.
2. Contact law enforcement once daily, or more frequently if the situation warrants, to exchange threat and intelligence information.
3. Consider preparation to support short-term housing of employees and families in agency facilities if necessary.
4. Review and/or modify plans and actions in response to specific threat information, including potential for relocation of personnel or resources.
5. Plan for alternate service delivery means in case of disruption of normal operations.

Facility Security

1. Close and secure all non-emergency or other unnecessary facilities.
2. Close fire/EMS department controlled underground/under building parking garages to incoming traffic.
3. Shut down all nonessential network and computer systems.
4. Provide added security to fire/EMS facilities as needed (e.g., 9-1-1 center, communications center, Emergency Operating Center, etc.)
5. Assure all empty stations and other facilities are properly secured. Set alarms if installed.

Personnel

1. Alert on-duty staff to situation and any special considerations based on threat(s).
2. Consider need for releasing non-emergency/non-critical personnel.
3. Consider activating the EOC staff for minimal staffing.
4. Place the off-call EOC Team(s) on higher alert status (if multiple teams).
5. Notify special teams as needed.

Operations

1. Activate other pertinent emergency plans.
2. Consider staffing levels of the Emergency Operations Center (consider full staffing based on threat(s) or potential), 9-1-1 center, dispatch center, etc.
3. Pre-position or reposition apparatus if required.
4. Keep all apparatus and staff in quarters except for responses.
5. Arrange with law enforcement to close access to the area of an incident.
6. Consider pre-positioning or relocating equipment and supplies (e.g., EMS supplies, foam, etc.).

HELPFUL LINKS

Federal Links

Department of Homeland Security
<http://www.dhs.gov/dhspublic/display?theme=29>

Federal Emergency Management Agency
<http://www.fema.gov>

State Links

California Office of Emergency Services
[http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/HomelandSecGuide/\\$file/HomelandSecGuide.pdf](http://www.oes.ca.gov/Operational/OESHome.nsf/PDF/HomelandSecGuide/$file/HomelandSecGuide.pdf)

Illinois Terrorism Task Force
<http://www.state.il.us/iema/ILHSASMnl.pdf>

New Jersey Division of Fire Safety
<http://www.state.nj.us/dca/dfs/firedepartmenthsasguide.doc>

Organization Links

American Red Cross
<http://www.redcross.org/services/disaster/beprepared/hsas.html>

International Association of Fire Chiefs
<http://www.ichiefs.org/downloads/hscoloralert.pdf>

Joint Commission on Accreditation of Healthcare Organizations
<http://www.jcaho.org/about+us/public+policy+initiatives/emergency+preparedness.pdf>

Volunteer Firemen's Insurance Services
<http://www.vfis.com/pdf/TerrorismAssessmentMatrix.pdf>



National Highway Traffic Safety Administration's Emergency Medical Services Division

Traffic Injury Control – Program Development & Delivery – Safety Programs

Winter 2004

The National Highway Traffic Safety Administration's (NHTSA) mission is to save lives, prevent injuries and reduce traffic-related health care and other economic costs. The agency develops, promotes and implements effective educational, engineering and enforcement programs toward ending preventable tragedies and reducing economic costs associated with vehicle use and highway travel.

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LEADERSHIP

Trauma System Agenda for the Future

As recommended at the Skamania Symposium on Trauma Systems in July 1998, NHTSA, Centers for Disease Control & Prevention (CDC), and Maternal and Child Health Bureau (MCHB) co-sponsored the development of a consensus national vision for the future of trauma systems. The document is now complete and is available on our web site. For additional information, please contact Susan McHenry.

develop a nationwide deployment strategy. For more information, please contact Susan McHenry.

Guidelines for Air Medical Crew Education

The U.S. DOT first published guidelines for an air-medical crew curriculum in 1988. By the mid-1990's, however, NHTSA and representatives of the Association of Air Medical Services (AAMS) and other professional industry associations were discussing the need to revise the curriculum to acknowledge the rapid changes occurring in the industry. A decision was made to assure that the new version would reflect current practices and standards in a broad range of different types of air-medical programs. In 1999, a group of invited industry leaders reviewed the existing curriculum, analyzed changes in air-medical crew tasks, and recommended changes.

The result is a publication considerably wider in scope than the 1988 curriculum. New technology and new protocols for assessment and treatment of specific injuries and diseases have been included. This document is the result of contributions by many air-medical professionals who represent all facets of the air-medical industry and every type and size of program. The completed guidelines are available from AAMS at www.aams.org. For more information, contact Laurie Flaherty.

EMS EDUCATION AGENDA IMPLEMENTATION

Development of the National EMS Core Content

NHTSA and MCHB funded a Cooperative Agreement with the National Association of EMS Physicians (NAEMSP) and the American College of Emergency Physicians (ACEP) to produce the National EMS Core Content. The document describes the entire domain of out-of-hospital emergency medical care and will obviate the need to revisit the medical appropriateness of each procedure or cognitive domain when education standards are revised. Completion of the National EMS Core Content is expected by February 2004. For additional information, please contact David Bryson.

Development of the National EMS Scope of Practice Model

NHTSA and MCHB funded a Cooperative Agreement with the National Association of State EMS Directors (NASEMSD) and the National Council of State EMS Training Coordinators (NCSEMSTC) to produce the National EMS Scope of Practice Module...the second phase of the National EMS Education Agenda for the Future. This document will define the various levels of out-of-hospital providers and the skills and knowledge that each level of provider must possess. Completion of the National Scope of Practice Model is anticipated for Fall 2005. For additional information, please contact David Bryson.

Instructor Preparation Research Project

NHTSA and MCHB have entered into a Cooperative Agreement with the National Association of EMS Educators (NAEMSE) to assess the tools and resources used by today's EMS Instructors. This will be valuable information in the development of the

National EMS Education Standards and in further implementation of the National EMS Education Agenda for the Future. The first phase of the project is complete and the second phase of the project, analysis of the survey data, will be completed by the end of 2005. For additional information, please contact David Bryson.

PUBLIC INFORMATION, EDUCATION, AND RELATIONS

Buckle Up America Campaign

Medical and emergency professionals are in a unique position to help increase seat belt and child safety seat use. The ability of EMS professional to speak out and be heard is a vital component of a strong community Buckle Up America (BUA) partnership. BUA uses community programs to increase seat belt and child safety seat use, and focuses the attention on this issue during the "Click It Or Ticket/Operation ABC Mobilization, May 24 – June 6, 2004. Materials, templates, and activities are organized during these weeks in all 50 states. For more information, contact Laurie Flaherty.

You Drink & Drive, You Lose

From August 27-September 12, 2004, *You Drink & Drive You Lose*, a national mobilization, will be conducted in conjunction with traffic safety partners in all 50 states. The mobilization includes focused community activities to promote safe driving and reduce alcohol-related motor vehicle injuries and deaths. Materials, templates, and activities are organized during these weeks in all 50 states. For more information, contact Laurie Flaherty.

First There, First Care Campaign

NHTSA and MCHB sponsored the development of a national bystander care campaign entitled, *First There, First Care*. This campaign provides tools to teach citizens bystander care. The *First There, First Care* campaign educates citizens on five life-sustaining actions that can be given at the scene of a motor vehicle crash. The purpose of the program is to teach the public that their assistance can sustain a life until EMS arrives.

The program materials consist of an awareness kit, an instructor preparation package, and student materials. Materials are available through the NHTSA EMS Division and Regional Offices, State Highway Safety Offices, State EMS Offices, and other national organizations. The instructor preparation package is designed to be used by medical professionals and available through the EMS Division, State EMS Offices, and State Highway Safety Offices. A revision of *First There, First Care* addressing care of crashed motorcyclists is currently under development. For more information, please contact Laurie Flaherty.

Public Information, Education and Relations (PIER) Programs

PIER is a composite of three elements: public information, public education, and public relations. NHTSA's PIER program provides EMS providers with tools to create a cohesive relationship with the community, increase public support, and enhance healthy

patient outcomes. NHTSA's PIER network began with a national training program in 1996 and since then, 32 states have PIER programs. The PIER Injury Prevention Modules, developed as part of a cooperative agreement with the National Association of State EMS Directors, became available in August of 2003 and consist of the following five modules:

- Injury Prevention Basics
- Personal Injury Prevention for Prehospital Professionals
- The Mark of a Professional: EMS as Role Model and Teacher
- Data Collection and Risk Assessment
- Strategies for Implementing Safety Coalitions

A complete revision of the remaining component of PIER is currently underway. For more information, please contact Gamunu Wijetunge.

EMS Injury Prevention

In January of 2003 the State and Territorial Injury Prevention Directors' Association (STIPDA), in partnership with the National Association of State EMS Directors (NASEMSD) and NHTSA, hosted a roundtable discussion on the status of Injury Prevention activities among EMS providers and systems. Among the results of the conference were consensus recommendations for advancing the field of injury prevention in the EMS community. A policy paper highlighting these recommendations (as well as meeting minutes) is due out in 2004. For more information contact Gam Wijetunge.

Child Passenger Safety Training Programs

Children sustain serious injuries or die in motor vehicle crashes. Many of these injuries and deaths can be avoided with the correct use of safety seats and safety belts. However, many adults are unaware that they are using the child safety restraint incorrectly. NHTSA has developed the Standardized Child Passenger Safety Program, a 32 – hour course to address the needs of child passenger safety. The CPS Training program was developed in response to a need for quality control in course content to ensure that information and materials being taught and disseminated are up-to-date, and consistent.

In addition several other training programs are available nationally to address child passenger safety issues. The "Operation Kids" curricula have been developed for selected audiences and are intended to raise the awareness among individuals who interact with children on a regular basis. "Operation Kids" - LE (Law Enforcement) is a training program encouraging law enforcement personnel to take an active role in promoting child passenger safety. "Operation Kids" - Fire/ Rescue encourages fire and rescue personnel to work effectively in their communities to prevent child passenger injuries and deaths. "Operation Kids" - RN has been developed to teach nurses and other health care professionals to be resources for parents about child passenger safety. "Operation Kids" Moving Kids Safely in Child Care was developed to educate child care providers about whether and how to transport children. For more information contact your State Highway Safety Office or call Mary McCue.

Emergency Nurses Association/EN CARE

Emergency Nurses Association (ENA) has partnered with NHTSA for several years and the nurses have become injury prevention advocates with focus on traffic safety. EN CARE is the Injury Prevention Institute for ENA that has developed programs that show the dangers of drinking and driving and promote seatbelt, child safety restraint and bicycle helmet use. EN CARE will be working with ten other professional nursing organizations to provide child passenger safety awareness with NHTSA's Operation Kids-RN program so that all nurses can be resources for parents and other health care professionals. ENA/EN CARE and NHTSA have also awarded thirteen impaired driving minigrants to states to involve the nurses in "You Drink & You Drive. You Lose" activities in their local areas. For more information please contact Mary McCue.

RESEARCH AND EVALUATION

National EMS Research Agenda

As recommended in both the *EMS Agenda for the Future* and the *EMS Agenda for the Future Implementation Guide*, NHTSA and MCHB initiated the development of the *National EMS Research Agenda*. The Research Agenda is completed and is currently available on our web site. The next step in this process is the development of a listing of EMS research priorities. The first meeting of the Research Priorities Writing Team is scheduled for February 2004. For more information, please contact Susan McHenry.

National EMS Information System (NEMSIS)

As recommended in both the *EMS Agenda for the Future* and the *EMS Agenda for the Future Implementation Guide*, NHTSA and HRSA initiated revision of the Uniform Prehospital Data Set (1993) and development of a national EMS information system. The project was requested by and is being coordinated through the National Association of State EMS Directors. Final revised pre-hospital EMS datasets are available on the web at www.nemsis.org for review and use. The second phase of the project will include, development of the database physical schema, based on the xml schema, and creation of a pilot version of the National EMS Database. The proposed business model for the implementation phase of NEMSIS is under review. For more information, contact Susan McHenry.

TRAUMA SYSTEM DEVELOPMENT

NHTSA and HRSA's Trauma and EMS Systems Program are working on several trauma system development initiatives, including some national trauma infrastructure projects:

Trauma Awareness

NHTSA and HRSA's Trauma and EMS Systems Program are administering a trauma

awareness project with the American Trauma Society (ATS) and their Trauma Information Exchange Program (TIEP). In 2003 ATS convened a National Trauma Conference with a specific focus on increasing Trauma System awareness. ATS also developed print and video outreach materials for Trauma System awareness. For more information, contact Gam Wijetunge.

National Trauma Databank (NTDB) and Trauma System Consultation

NHTSA and HRSA's Trauma and EMS Systems Program are supporting enhancement of the National Trauma Databank and the Trauma System Consultation Program of the American College of Surgeons/ Committee on Trauma. Further enhancement of these existing programs will better support the development and evaluation of trauma systems across the country. For more information, contact Susan McHenry.

INTELLIGENT TRANSPORTATION SYSTEMS PROGRAM

NHTSA is working with the Department of Transportation's Intelligent Transportation Systems (ITS) program to ensure that EMS issues are integral to the development of the nation's future transportation system. The ITS Program focuses on the application of information technologies to enhance the safety and efficiency of the nation's transportation network. The ITS program conducts demonstrations and deployments to evaluate and highlight advanced technology applications and provides state level funding to support implementation.

Emergency medical service issues, such as emergency access through the 9-1-1 system, emergency vehicle response, and the coordination of incident management with other public safety agencies, are key ITS concerns. The following are specific ITS-related projects:

Public Safety Advisory Group (PSAG)

The DOT Intelligent Transportation Systems Joint Program Office has established an interdisciplinary Public Safety Advisory Group, through ITS America, to develop a coordinated EMS, Fire, Law Enforcement, and Traffic Management plan for utilizing advanced information technologies to improve the performance of community public safety operations.

The Public Safety Advisory Group will provide ongoing guidance for the ITS Public Safety Program and has produced a vision document outlining the range of opportunities for applying the technologies to public safety operations. A report entitled "Recommendations for ITS technology in Emergency Medical Services" was published in August 2002. For more information, please contact Laurie Flaherty.

Implementation of Wireless E9-1-1

Promising recent emergency access technologies, automatic collision notification and wireless enhanced 9-1-1, require a sophisticated state infrastructure, including transmission and receiving capabilities, standardized operating protocols, and complex

administrative agreements.

Emergency medical professionals have the local leadership potential to overcome these obstacles and facilitate the development of consensus state plans for adoption of automatic collision notification and wireless enhanced 9-1-1. Medical professionals can unite state stakeholders, according to their common interest, in reducing morbidity and mortality. NHTSA and the ITS Program have demonstrated the efficacy of medical community leadership in developing state plans for the implementation of wireless enhanced 9-1-1 and automatic collision notification in a project based at the Department of Emergency Medicine at the Upstate Medical University in Syracuse, NY (SUNY). During FY 04, SUNY will be working actively to educate EMS personnel about intelligent transportation system issues and will be working closely with the National Association of State EMS Directors and others.

In Fall 2001, the Department of Transportation launched a Secretarial Initiative for Wireless E9-1-1. A National Wireless E9-1-1 Summit was conducted on April 8, 2002, providing national leadership, through a DOT Steering Council on Wireless E9-1-1, to stimulate and coordinate implementation efforts among public safety, wireless industry and governmental groups. The NHTSA EMS Division has been working closely with the FHWA Intelligent Transportation Systems Joint Program Office on this effort to facilitate national implementation of wireless E9-1-1.

In addition to the leadership provided by the national summit, the Initiative also includes technical assistance activities to assist State 9-1-1 dispatch centers with upgrading their technical capacity, and a technology innovation effort to ensure that emerging technologies are considered as the next generation 9-1-1 system is being established.

The NHTSA EMS Division will be assuming a greater role in helping to speed the implementation of Wireless E9-1-1 nationally. For more information, contact Laurie Flaherty.

A MAJOR NEW INITIATIVE STARTING IN FY04

EMS Workforce for the 21st Century – The goal of this project will be to promote a sufficient, stable and well-trained workforce to sustain the nationwide EMS system. The project will include assessment, projections and modeling, as well as development of strategies to assure a sufficient workforce. Provider safety and wellness will also be addressed as will leadership development. As with all the NHTSA EMS projects, this will include a multidisciplinary team of EMS stakeholders to guide the project and to work toward consensus on the development of National Strategies to Assure a Viable EMS Workforce. For more information, contact Gamunu Wijetunge.

PARTNERSHIPS

HRSA/MCHB - Emergency Medical Services for Children

NHTSA and MCHB, of the Health Resources and Services Administration (HRSA), work as close partners in supporting the nation's EMS systems. The MCHB's Emergency Medical Services for Children Program (EMSC) is funded by Congress to improve the emergency care of children. The EMSC program offers support for interventions along the entire continuum of care, from prevention through rehabilitation. Information on the EMSC National Resource Center can be found at: www.ems-c.org

HRSA – Trauma Systems

NHTSA and the Trauma-EMS Systems program of the Health Resources and Services Administration (HRSA), work closely together on efforts to improve and enhance our nation's trauma systems. The Trauma-EMS program is funded by Congress to support state trauma system development and enhancement, as well as to support some national infrastructure issues in support of trauma and EMS systems.

HRSA – Office of Rural Health Policy

NHTSA and the Office of Rural Health Policy continue to coordinate our efforts as they regard EMS system development and enhancement, with particular attention to rural EMS.

Federal Interagency Committee on EMS (FICEMS)

The Federal Interagency Committee on Emergency Medical Services (FICEMS) serves as a forum to establish and facilitate effective communications and coordination between and among Federal departments and agencies involved in activities related to EMS. FICEMS meets on a quarterly basis at varied Federal facilities in the Metropolitan Washington D.C. area.

State Partnerships

NHTSA continues to work closely with the State EMS Offices and Governor's Highway Safety Offices to provide technical assistance on EMS issues.

National Organizations

NHTSA also works closely with a range of national organizations involved with emergency medical services, medicine, and public health. These groups include national professional organizations representing physicians, nurses, emergency medical technicians, allied health providers, law enforcement first responders, and other advocacy groups.

NHTSA Regional EMS Contacts

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