

COOP – Planning Outline Guidance

Purpose

[AGENCY NAME] will utilize and adapt this plan as necessary to maintain mission-essential functions during ongoing operations and if/when a resurgence of the COVID-19 pandemic and/or another event occurs. This Continuity of Operations (COOP) plan presents procedures and actions that are intended to prepare a Public Safety Access Point or Emergency Medical Services (EMS) Agency for all hazards, including COVID-19. The COVID-19 pandemic response has evolving best-practice and lessons learned guidance material that can be leveraged towards developing plans for a possible resurgence of COVID-19 and preparing for other all-hazard events.

EMS agencies can utilize this outline to adapt and revise and/or develop a more detailed and specific COOP plan that meets the needs and circumstances of their agencies and jurisdictions. The format of this outline is in a simple “problem” and “resolution” statement format (an example follows in the next section):

- TOPIC AREA
 - Problem Statement:
 - Proposed Resolution:
 - Resources:

This bottom-up guidance plan was developed based on the following assumptions:

- A pandemic is a global public health emergency that is a very dynamic event with rapidly changing conditions.
- The human-to-human community transmission of the novel COVID-19 virus has caused a pandemic that has spread worldwide.
- The virus has spread worldwide resulting in several expected waves of illness extending over 6 to 18 months.
- Specific antiviral medications and other treatments are not yet available to treat the ill nor have vaccines been developed to prevent transmission of the virus. Modifications may be necessary when those factors change.
- The EMS agency may experience workforce shortages due to employee quarantine, illness or death, employee family needs, decreased recruitment, decreased retention, increased risk to employees, and decreased new EMS providers resulting from training and certification pipeline issues.
- EMS agency managers will need to continually evaluate staffing supply versus staffing demand, especially around the uncertainties of the COVID-19 pandemic.

- EMS agency managers must work with their medical directors, and if necessary, state regulators and healthcare partners to modify protocols based upon changing conditions. In severe burden areas, contingency or crisis standards of care may need to be enacted.
- The 911 Public Safety Answering Point and EMS agency may experience an increase in call volume for medical emergencies and questions regarding emergency orders, medical treatment, and disease testing.
- Some EMS agencies may experience an increase or decrease in call volume that will not support the normal operational model, with unclear predictability.
- EMS providers and healthcare facilities may be operating at, or above capacity, due to a possible surge of patients or below capacity resulting in decreased operational revenue.
- Federal, state, and local government officials have issued various disaster declarations and recommended various voluntary and/or mandated emergency orders to 1) control the spread of the disease, 2) to close non-essential businesses, schools and limit gatherings, or 3) require individuals to wear face masks or other cloth coverings when in public.
- Critical supplies, including protective masks (N95 or others if deemed appropriate) from bona fide distributors, eye protection, gowns, and gloves, may be impacted and not available for all EMS agencies.
- The public is competing for limited supplies of household items including but not limited to paper products, cleaning materials, and disinfectants.
- Some grocery stores are experiencing shortages of basic food stock and other routine supplies.
- Public health officials have required individuals to practice social distancing or physical separation (i.e., maintain a distance of six feet, at a minimum, from other individuals).
- School systems and daycares have closed, or soon may close, and may remain closed for an indefinite period, thereby impacting employees with children.
- EMS agencies experiencing other emergencies such as hurricanes, floods, blizzards, wildland fires, or civil disturbances will need to plan for concurrent response.
- The mental health of the EMS workforce should be a consideration as the response continues to change, adding new challenges, both emotional and physical.

Proposed Topics

This section provides a list of topics to be addressed for the planning process. These topics can include anything that needs to be addressed to aid in organizational preparedness, capability, and resilience.:

- **TOPIC AREA** – The overall high-level topic area in which the problem statement fits.
 - **Problem Statement:** The specific problem or issue that needs to be addressed as a statement or question.
 - **Proposed Resolution(s):** Ideas for the proposed resolution of the specific problem statement.
 - **Resources:** The resources or interrelationships needed for the resolution.

An example:

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- **Equipment Maintenance**
 - **Problem Statement:** Closed and limited availability of current maintenance providers threatens equipment reliability and thus our response capabilities
 - **Proposed Resolution(s):** Identify and establish relationships with 1) other agencies to form a cooperative, and/or 2) other maintenance providers to develop redundancy
 - **Resources:** Development and maintenance of an equipment maintenance COOP documents, and identification of all responsible party management expectations.
 - **Data** – Identification of the data and data sharing mechanisms to enable comprehensive planning and decision-making.
 - **Problem Statement:**
 - **Proposed Resolution(s):**
 - **Resources:**
 - **Staffing Concerns** – Current and potential future staffing levels and personnel availability
 - **Problem Statement:**
 - **Proposed Resolution(s):**
 - **Resources:**
 - **Education, Training, and Self-preparedness** – What barriers or deficiencies to the development of a prepared and resilient workforce exist?
 - **Problem Statement:**
 - **Proposed Resolution(s):**
 - **Resources:**
 - **Clinical Standards and Treatment Protocols** – Are there gaps or potential modifications in treatment standards?

- Problem Statement
 - Proposed Resolution(s):
 - Resources:

- **Policy** – Are there current policies that need to be updated or developed to meet future challenges?
 - Problem Statement:
 - Proposed Resolution(s):
 - Resources:

- **Personal Protective Equipment (PPE)** – Does an appropriate quantity and type of PPE exist currently and for the future?
 - Problem Statement:
 - Proposed Resolution(s):
 - Resources:

- **Finance** – What are the potential financial concerns currently, and in the context of a major crisis?
 - Problem Statement:
 - Proposed Resolution(s):
 - Resources:

- **Public Education** – Can public education be leveraged now to reduce future burdens, and can this be adapted to Just-In-Time training to rapidly educate the community?
 - Problem Statement:
 - Proposed Resolution(s):
 - Resources:

- **Protective Measures** – Do protective measures, such as redesigned living or working space or other operational controls need to be developed?
 - Problem Statement:
 - Proposed Resolution(s):
 - Resources:

- **Planning** – What guidance and relationship development need to be developed both for normal operation periods and for times of crisis?
 - Problem Statement:
 - Proposed Resolution(s):
 - Resources:

Appendix A
Recommend Topics for Inclusion in COOP (if appropriate)

Topics can also be developed through analysis of the assumptions listed on page 1.

- **Data –**
 - Problem Statement: Limited ability for data collection and/or data sharing mechanisms with decision-makers.
- **Staffing Concerns –**
 - Problem Statement: • The COVID-19 pandemic will exacerbate staffing challenges already existing in the EMS workforce. Staffing shortages may reduce or limit the capability of EMS agencies to provide prehospital medical care and transport.
- **Education, Training, and self-preparedness –**
 - Problem Statement: COVID-19 has made the education and training of employees more difficult and created additional challenges to adequately address the need for additional EMS personnel as well as self-care and self-preparedness.
- **Clinical Standards and Treatment Protocols –**
 - Problem Statement: Current organizational structure and/or change management processes do not enable the rapid alteration of clinical standards and treatment protocols, which are likely necessary as the pandemic evolves.
- **Policy –**
 - Problem Statement: Current organizational structure and/or policy review mechanisms do not enable timely development/update of policies to enable effective response.
- **Personal Protective Equipment (PPE) –**
 - Problem Statement: Mechanisms may not be established that ensure appropriate quantity and type of PPE to include N95 masks, gowns, gloves, and eye shields.
- **Finance –**
 - Problem Statement: The impact of lost revenue (either from increased demand for non-reimbursable services or a decrease in reimbursable services) is likely to disrupt/discontinue EMS care to communities
- **Public Education –**
 - Problem Statement: Messaging and mechanisms for reaching the public may not support the timely alteration of essential public information; which is likely necessary as the pandemic evolves
- **Protective Measures –**

- Problem Statement: Current living/working conditions may not be optimally conducive to maintaining the health and safety of the workforce during a pandemic.
- **Planning**
 - Problem Statement: EMS may not have consistent, active working relationships with other entities/agencies essential to provide an effective, efficient response (e.g., emergency management, 911 agency, public health department).