

EMS Bioterrorism Response Guidelines

	Physical Security	Operations Management
SEVERE Severe Risk of Terrorist Attacks	All actions from LOW (green), GUARDED (blue), ELEVATED (yellow) and HIGH (orange) plus: <ul style="list-style-type: none"> • Reduce access points to absolute minimum necessary to sustain health care operations. • Consider relocation of personnel from targeted or nearby facilities, as necessary • Conduct daily briefing of security force to include identification of potential threats and vulnerabilities. • Review emergency action plan - drill as necessary to assure an effective response. • Alert all personnel in area of potential threat (via EOC) so additional casualties can be prevented or severity reduced. 	<ul style="list-style-type: none"> • Maintain 24-hour operations. <ul style="list-style-type: none"> • Validate call roster and update staff on red status. • Revise staff schedules and augment as indicated. • Consider adding a third staff person to response to manage scene safety issues. • Activate agency disaster plans. • Take protective measures against civil disturbances. • Mobilize pre designated EMS personnel and vehicles. • Report any patients with symptoms of potential WMD agent exposure to medical command immediately. • Notify county EMA when EMS systems are being overwhelmed and assistance is needed. • Consider activating a regional EMS council operations center and/or function at a county EOC (regional councils). • Review protocol for responding to potentially dangerous environments, i.e., dangerous gas, radiologic contamination, unusual powder present. • Should a service inadvertently initiate transport of a contaminated patient, call medical command prior to off loading the patient. Do not contaminate the hospital inadvertently. • Consider CISM for staff. • If called to respond to suspicious event or explosion, consider the threat of secondary devices and proceed with great caution. • Consider that an explosion may also be a contaminated site with radiological (dirty bombs) or chemical agents.
HIGH High Risk of Terrorist Attacks	All actions from LOW (green), GUARDED (blue) and ELEVATED (yellow) plus: <ul style="list-style-type: none"> • Anticipate need for law enforcement to assist at scene and en route to scene. 	<ul style="list-style-type: none"> • Notify medical command physicians and medical command facility medical directors. • ALS services request exception to state drug list as appropriate to carry antidotes/pharmaceuticals targeted to threat and risk.. • Review agency plan for special populations (children, elderly, homeless, etc.) • Refresh all staff on symptoms and interventions for WMD. • Reinforce the need for personal protection equipment for personnel. • Stock additional supplies of personnel protective supplies • Distribute materials explaining hazards and activities EMS personnel can take to protect themselves; and to clean vehicles and equipment. • Be suspicious of any calls for EMS to hotels, apartment buildings, restaurant shopping malls, etc., for more than one patient experiencing the same symptoms. Verify that 911 center has also alerted law enforcement. • Brief all staff on specific threat and protocols that apply. • Determine supply needs, including appropriate medications/antidotes, number of ambulances needed and being utilized. Assure appropriate supply line. Include vehicle fuel availability. • Review response to radiological contaminated scenes and patients and the decontamination required before patients are transported in an ambulance. • Implement plan for emergency medical care and response to staff injuries/illnesses resulting from response to threat environments. • Assure that family care plan and support measures are in place.
ELEVATED Significant Risk of Terrorist Attacks	All actions from LOW (green) and GUARDED (blue) plus: <ul style="list-style-type: none"> • Brief key personnel - threats, changes to security patterns, potential action plan. • Communicate with all staff the need to enhance security awareness. • Determine the need to restrict building access points - escort personnel entering controlled areas. 	<ul style="list-style-type: none"> • Review agency disaster plan. • Report any unusual activity that might indicate an interest in using ambulances for access to scenes and locations • Pre designate personnel to respond to biological calls. • Pre designate personnel to assist at inoculation centers. • Identify vehicles to transport patients with communicable diseases. • Review mass casualty incident kit: triage tags, vests for ICS, etc. • Consider alternate routes in case the infrastructure (highway, bridge, tunnel, etc.) is disrupted. • Conduct briefing by infection control personnel.
GUARDED General Risk of Terrorist Attacks	All actions from LOW (green) plus: <ul style="list-style-type: none"> • Report suspicious persons, items, and vehicles, unidentified vehicles parked in an unusual manner. • Assure that emergency vehicles are secured at all times. • Increase liaison with local agencies, regional 	<ul style="list-style-type: none"> • Brief leadership and staff of elevated threat posture - emphasize personal and family preparedness; include safe location and activation plan. • Report any trends and patient symptoms to the hospital infectious disease coordinator.

	<p>EMS councils to monitor threat.</p> <ul style="list-style-type: none"> • Advise staff of their individual and departmental security responsibilities. 	
<p>LOW Low Risk of Terrorist Attacks</p>	<ul style="list-style-type: none"> • Normal operations consistent with organizational Security Management Plan. • On-going emergency planning and drills. • On-going staff and new hire orientation. • On-going information sharing at meetings • All staff issued security credentials (badges) and wears them while on duty. 	<ul style="list-style-type: none"> • Provide photo identify card to staff. • Review and update personnel recall and mobilizations rosters. • Arrangements for fuel, repairs and recovery services. • Assure CISM intervention is available. • Obtain training in agents/diseases; incident and unified command; triage, etc. • Report any trends and patient symptoms to the hospital infectious disease coordinator.

Revision Date: March 20, 2003