NENA Recommendations for PSAPS & Emergency-Services Organizations During the COVID-19 Outbreak

1. Leave **9-1-1** for **acute cases**, use either some or all these options:
   a. Set-up a **dedicated information number** free of charge, which should be available **24/7**. Make sure enough information is available online (dedicated websites, apps) and that this is well communicated.
   b. Use a **non-emergency medical helpline**
   c. Ask citizens to call **Primary Care Physicians** directly / first

2. Verify emergency call **overflow** procedures are accurate and up to date among designated Public Safety Answering Points (PSAPs).

3. **Protect your staff**, for example:
   a. Ask administrative staff to work from home
   b. Quarantine measures should be based on COOP plans
   c. Ask any personnel feeling ill to stay home
   d. Plan response to Covid-19 cases among your personnel
   e. Optimize ergonomics and shifts of your PSAP – practicing staff distance
   f. requirements
   g. Organize regular cleaning of your PSAP
   h. Preplan remote call-taking/dispatching from home if your technology allows it

4. Consider decreasing staffing levels when call volumes have decreased for the health of your staff with contingency plans in place to ramp staffing back up quickly when needed.

5. Preplan options for **increasing staff** size if necessary, by learning from experiences of other PSAPs (e.g. asking retired staff to help, asking former staff who left on good terms to come back temporarily, hiring students).

6. In PSAPs at the early stages of the outbreak: Consider updating your PSAP **call-taking and dispatching protocols** as appropriate to **filter and divert** non-emergency Covid-19 related calls sooner and ensure updated EMD protocols are available to deal with **acute-cases**.

7. Consider the use of **prerecorded messages** in PSAPs to redirect callers to call a non-emergency medical helpline for Covid-19 information / medical advice.

8. Preplan procedures in how to respond if the need to close your PSAP to clean/disinfect arises.

9. Make sure to dedicate some time to **adapting and readapting** to the situation; but make sure that decisions are **clearly communicated** to citizens and employees. This may require avoiding too many changes of plans and trying to put in place **stable measures as early as possible**. This is **where learning from other affected areas** can be very useful.

10. Increase frequency of Public Education outreach regarding Covid-19 messaging in coordination with your Emergency Management Joint Operations Center (JIC) - consider using Social Media, Public Service Announcements, News Releases and any other means you have at your disposal.

11. Keep **watching what is being done in other areas**, especially the most affected ones. NENA will regularly provide updates to its members and invites its members to share resources with each other. If you send the resources you would like to share to aheinze@nena.org, we will ensure those are posted to our COVID-19 Resource page.

12. Make information and emergency services **accessible to people with disabilities**.

13. Ensure that **good coordination** exists between all the different public safety organizations (e.g. overflow of calls, availability of hospital beds, availability of patient transportation means, etc.).

14. Technology can be an ally (e.g. aggregated data, artificial intelligence, cooperation with platforms) – and remember that the virus doesn't prevent privacy rights.