Global Recommendations for Emergency Services Organisations to manage the outbreak of COVID-19

A guide for public safety organisations & public safety professionals

A partnership from the Collaborative Coalition for International Public Safety (CC:IPS).
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The Collaborative Coalition for International Public Safety (CC:IPS) - Association of Public-Safety Communications Officials, Canada (APCO Canada), the British Association of Public-Safety Communications Officials (BAPCO), the European Emergency Number Association (EENA), the National Emergency Communications Working Group - Australia / New Zealand, (NECWG-A/NZ), and NENA: The 9-1-1 Association – has compiled a number of recommendations for Emergency Services Organisations, including Public Safety Answering Points (PSAPs), in order to help organisations respond and prepare in the best way possible during the COVID-19 outbreak.

Emergency numbers & preparing for overflow of calls

1. Leave emergency numbers for acute cases. Use either some or all of these options:
   - Set up a free of charge dedicated information number for general questions about COVID-19, which should be available 24/7. If possible, make this a short number (3-5 digits), easy to remember and properly advertised. Make sure enough information is available online (dedicated websites, apps) and that this is well communicated.
   - Use a non-emergency medical helpline (such as 116 117 in Germany or 311 in the USA).
   - Ask citizens to call General Practitioners (GPs) directly / first.

2. Consider the use of Interactive Voice Response (IVR) in PSAPs to remind callers to call another number for COVID-19 information / medical advice.

3. Consider increasing staff, also by learning from experiences of other countries (e.g. hiring students, trained volunteers, asking retired/former control room staff to come back to the PSAP).

4. Make sure your information number and/or medical line number are accessible from abroad so that your citizens currently abroad can reach them.
5. In a PSAP’s organisation:

- Consider updating your call-taking protocols to filter and divert non-emergency COVID-19 related calls sooner and to ensure Emergency Medical Services (EMS) control room staff are available to deal with acute cases. For instance, Lombardy (Italy) has published a tree filter for 112 control room staff, Florida (USA) has published guidelines on 911 call handling, Tracy Police Department (USA) has published examples of triage processes. Additional examples available here.
- Consider forwarding calls to another emergency call centre of the same discipline or forwarding emergency calls to another call centre.
- Consider involving other disciplines to filter some or all calls related to COVID-19.

**Care of employees**

6. **Protect the control room staff**, for example:
   - Ask administrative staff to work from home.
   - Introduce quarantine measures.
   - Ask any personnel feeling ill to stay at home.
   - Plan how to react if there is a COVID-19 case among your personnel.
   - Optimise ergonomics and shifts of PSAPs. For instance, you may divide the pool of control room staff into several small clusters.
   - Organise call-taking from home if your technology allows it.
   - Do not permit entry to the PSAPs by any unnecessary visitors.
   - Take into consideration the mental health and physical health needs of control room staff, e.g. stress management, peer support, exercise. A post-tragedy care checklist is available here.
   - If possible, arrange control room staff at consoles to maintain appropriate distancing.
   - Communication is key – communicate well with employees regarding any new measures and the support available.

7. Maximise **safety of the equipment**:
   - Organise regular disinfection of the PSAPs.
   - If possible, control room staff should not share personal equipment, e.g. headsets.
   - Desks, keyboards and screens should be cleaned regularly.
   - Provide disinfecting hand gel at all entry/exit points, as well as warning notices.

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1 For example, call-takers, dispatchers, telecommunicators, nurses, among other professionals.
Communicating with the public

8. Keep messages to the public as simple, clear and coherent as possible.

9. Make sure to dedicate some time to adapting and readapting to the situation; but make sure that decisions are clearly communicated to citizens. 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 countries can be very useful.

10. Use a multi-channel public warning with clear and coherent messages to avoid misinformation. If your technology enables it, consider sending localised messages in addition to nation-wide alerts.

11. Consider providing information in different languages.

12. Be aware that misinformation and disinformation can pose significant problems.
   - When communicating, ensure that all information is factual and reliable.
   - Ensure that the reliable information reaches as much of the population as possible, to reduce the impact of disinformation.
   - Communicating concise, regular and accurate information to the public can help to ensure that panic and sense of insecurity does not increase.
   - Emergency services can also play a role in dispelling rumours by disproving harmful content publicly. For instance, the emergency medical services of Lille, France, took actions to counter false information that was spread about them.
   - Examples of the problems caused by disinformation include: helplines being congested in Czechia due to rumours that the lines were answered by epidemiologists and rumours in the UK that the outbreak was caused by 5G.

General measures

13. Think about what to do in case one PSAP has to close and prepare a contingency plan.
   - Continuity of Operations Response Plan outlines are available here.

14. Consider and prepare for the impact that the outbreak and measures such as lockdowns may have on other services, such as hotlines for domestic violence, children, mental health and suicide.

15. Consider cybersecurity as essential. Cybersecurity measures should be strengthened as cyberattacks against public authorities and critical services are increasing in the current context of COVID-19. Useful guidelines are available here.
16. Keep **looking at what is being done in other countries**, especially the most affected ones.

- **NENA** and **EENA** are collecting useful resources on their webpages in order to share as much information as possible. These include a [report on the response of 911 PSAPs](#), a document on [strategies in different countries](#) and an [interview about the response in Lombardy](#) (Italy).

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

18. Make sure to keep **good coordination** between all the different public safety organisations e.g. overflow of calls, availability of hospital beds, availability of patient transportation means.

19. Technology **can be an ally** (e.g. aggregated data, drones, artificial intelligence, cooperation with platforms) – and remember that the virus didn’t kill privacy rights (great read: [here](#)).

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**About the CC:IPS**

The Collaborative Coalition for International Public Safety (CC:IPS) is a pact involving the [Association of Public-Safety Communications Officials, Canada](#) (APCO Canada), the [British Association of Public-Safety Communications Officials](#) (BAPCO), the [European Emergency Number Association](#) (EENA), the [National Emergency Communications Working Group - Australia / New Zealand](#), (NECWG-A/NZ), and NENA: The 9-1-1 Association. It was launched on 4 November 2019. The organisations involved pledge to promote, support and improve emergency communications services utilising the most current and commonly accepted technologies, standards, and best practices.

**Further resources on COVID-19**

Resources collect by EENA available [here](#).

Resources collected by NENA available [here](#).