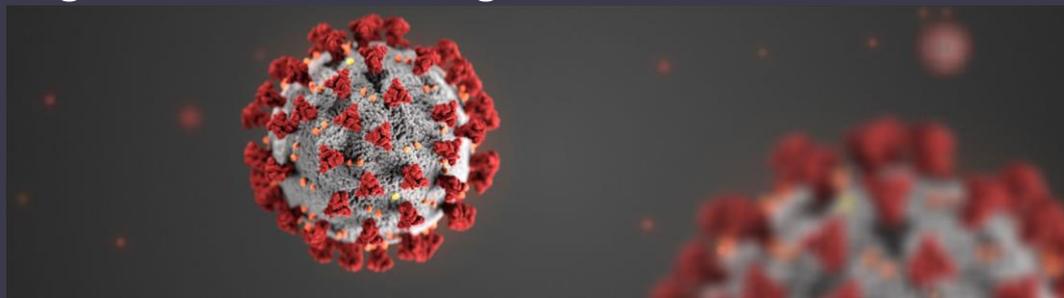


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Global Recommendations for Emergency Services Organisations to manage the outbreak of COVID-19



A guide for public safety organisations & public safety professionals

A partnership from the Collaborative Coalition for International Public Safety (CC:IPS).



INSPIRING GLOBAL INTEROPERABILITY
AND ENHANCING PUBLIC SAFETY



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

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**¹, 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.

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](#)).

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](#).

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