

EENA recommendations for Emergency Services Organisations during the COVID-19 outbreak

1. Leave **emergency numbers** for **acute cases**, use either some or all these options:
 - 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.
 - Use a **non-emergency medical helpline** (such as 116 117)
 - Ask citizens to call **General Practitioners** (GPs) directly / first
2. Prepare for emergency calls **overflow** among your Public Safety Answering Points (PSAPs) if your technology allows it.
3. **Protect the call-takers**, for example:
 - Ask administrative staff to work from home
 - Quarantine measures
 - Ask any personnel feeling ill to stay home
 - Plan how to react if there is a COVID-19 case in your personnel
 - Optimise ergonomics and shifts of PSAPs
 - Organise regular disinfection of the PSAPs
 - Organise call-taking from home if your technology allows it
4. Consider **increasing staff**, also by learning from experiences of other countries (e.g. hiring students, asking retired call-takers to help, asking former call-takers to come back to the PSAP).
5. In a Stage 1 / Stage 2 PSAP's organisation: Consider updating your Stage 1 PSAP **call-taking protocols** to **filter and divert** non-emergency COVID-19 related calls sooner and to ensure Emergency Medical Services (EMS) call-takers are available to deal with **acute cases**.
6. Think about what to do in case one PSAP has to close and prepare a **contingency plan**.
7. Consider the use of **Interactive Voice Response** (IVR) in PSAPs to remind callers to call another number for COVID information / medical advice.
8. 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.

9. Keep on **looking at what is being done in other countries**, especially the most affected ones. EENA will regularly provide updates to its members and invites its members to share information with others.
10. Make information and emergency services **accessible to people with disabilities**.
11. 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.
12. Use a **multi-channel public warning** with clear and coherent messages to avoid misinformation. If your **reverse-112 technology** enables it, consider sending **localised messages** in addition to nation-wide alerts.
13. Make sure your information number and/or medical line number are **accessible from abroad** so that your citizens currently abroad can reach them.
14. 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](#).
15. 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](#)).

Important disclaimer:

These recommendations are based on information from EENA's [document](#) and [webinar](#) 'Data and strategies on emergency calls & public warning during COVID-19 outbreak,' as well as the accompanying [Appendix](#) (which details the situation per country). The information for these materials was collected from news and media sources and online advice from governmental services between 19 March-26 March. It has not been validated by the emergency services in each country. The situation and strategies in each country is constantly changing and we will try to update this information as much as possible. This information is intended to help emergency services in each country to learn from each other and to prepare their emergency communications services. It is not intended as a source for the general public.

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