



Status of EMT Preparedness for Terrorist Attack

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New York University's Center for Catastrophe Preparedness and Response released a report today titled Emergency Medical Services: The Forgotten First Responder, that highlights the deficiencies in funding, training, and equipment that could prohibit emergency medical services (EMS) personnel from responding to a major terrorist attack. Click [here](#) to download an Executive Summary of the report.

EMS providers, such as fire departments and hospital-based, commercial, and air ambulance services, ensure that patients receive the medical care they need during a terrorist attack. While EMS personnel, including Emergency Medical Technicians (EMTs) and paramedics, represent roughly one-third of traditional first responders (which also include law enforcement and fire service personnel), the EMS system receives only four percent of first responder funding. If EMS personnel are not prepared for a terrorist attack, their ability to provide medical care and transport to victims of an attack will be compromised. There will be an inadequate medical first response.

Tim Raducha-Grace, Director of Research and Programs for NYU's Center, said, "Emergency medical services personnel – paramedics and EMTs – are critical resources in the event of a major terrorist attack or catastrophic event. Yet, while the skills for delivering emergency medical care are well honed and their courage is unquestioned, they receive inadequate support to safeguard themselves in a perilous environment. If EMS personnel are not prepared for a terrorist attack, their ability to provide medical care and transport victims will be compromised. There will be an inadequate medical first response."

The study highlights the lack of preparedness, training, and education among EMS personnel as follows:

- **More than half** of EMTs and paramedics received **less than 1 hour** of training in biological, chemical, and explosive hazards since 11 September 2001. **20%** received no training at all in these areas.
- Fire department EMTs and paramedics received an average of **4½ hours** of training in homeland security and disaster management since 11 September 2001. EMTs and paramedics not affiliated with departments received an average of **less than 1 hour** of such training.
- EMTs and paramedics in urban areas have received **less than 3½ hours** of training in homeland security and disaster management since 11 September 2001.
- EMTs and paramedics in rural communities have received **less than 1 hour** of training in homeland security and disaster management since 11 September 2001.

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- In the past year, **fewer than 33%** of EMTs and paramedics participated in a drill simulating a radiological, biological or chemical attack.

A well-prepared EMS system is critical to homeland security. According to a Department of Homeland Security (DHS) report, "the readiness of EMS is vital to ensuring prompt and appropriate emergency care and transportation as a component of the overall response. Therefore, it is essential that EMS agencies receive support and assistance to prevent, respond to and assist in the recovery from terrorist incidents."

Recommendations – The report makes the following recommendations:

1) Improve the preparedness capabilities of the EMS system through more effective coordination of Federal programs.

- Congress should enact legislation to establish a Federal Interagency Committee on Emergency Medical Services (FICEMS) to improve coordination among all federal agencies involved in EMS activities.

2) Coordinate federal grant guidance and funding priorities and increase funding for EMS to improve preparedness and surge capacity goals.

- Federal agencies should increase homeland security funding for EMS and coordinate grant guidance and funding priorities to improve the preparedness of the EMS system. While the EMS system is eligible for multiple Federal programs, confusing grant guidance, ineffective outreach and the exclusion of EMS stakeholders from many state planning efforts cause EMS to receive as little as one percent of first responder funds. Federal agencies should consider requiring the involvement of the state EMS offices and others from the EMS system in the development of emergency preparedness plans and applications for federal preparedness and response funding.

3) Establish EMS-specific all-hazards preparedness standards and guidelines that will enable the measurement of homeland security preparedness.

- DHS, HHS and the Department of Transportation should convene a panel of national EMS organizations and other experts to establish specific recommendations for preparedness of the EMS system in areas such as:
 - Personal protective equipment
 - Surge capacity
 - Antidotes
 - Medical supplies (including specialized supplies for the very young and the very old)
 - Preparedness-specific EMS education
 - Models and best practices for integration of EMS into disaster response
 - Medical airlift capacity when airspace is shut down
 - EMS personnel readiness

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4) Conduct a nationwide needs assessment to identify the costs and methods for bringing the nation's EMS system into compliance with the national EMS preparedness standards and guidelines. This assessment will help determine the gap between current capabilities and the EMS preparedness standards.

- The Federal government should facilitate the performance of needs assessments to establish baseline capabilities of the EMS system. Without such needs assessments, resources will not be allocated to the areas with the greatest need. The needs assessment, standards, and guidelines are critical base line information to support cooperative interagency relationships and coordinated policy development.

5) Ensure the successful development of the needs assessments and preparedness standards through a scientific analytic approach.

- The Haddon Matrix is a well recognized and effective public health planning model for evaluating public health threats and should be used to develop EMS standards and needs assessments. Within the theoretical matrix, factors that affect patient outcome during a terrorist attack are divided into one of three categories: the host (organism sustaining disease or injury), the environment, and the vector (agent that carries disease or destructive energy). Factors are then further divided into one of three temporal categories: pre-event, event and post-event. Using the Haddon approach to evaluate terrorist attacks assures that prevention, mitigation and recovery are addressed. Policies that are systematic and sustainable must take all factors into account.

6) Federal, state and local governments should support research, modeling and development of best practices concerning the EMS system's response to disasters and major public health emergencies including its integration with the public health system and the traditional medical care system. These best practices should also identify the role of the EMS system in helping to manage surge capacity.

7) Ensure that EMS systems and other emergency agencies can communicate through interoperable communications and data systems.

- Federal, state and local funding should be provided to help EMS systems communicate with emergency responders, 911, and health care systems. These tools will ensure a more effective response to daily emergencies and better surveillance of emergency medical trends for homeland security analysis.

8) Develop more effective and uniform EMS data collection mechanisms.

- The Federal government should fund efforts such as the National EMS Information System. Because this effort is already underway, it provides a low cost and effective manner to begin developing a uniform EMS data set and an effective data collection mechanism.

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