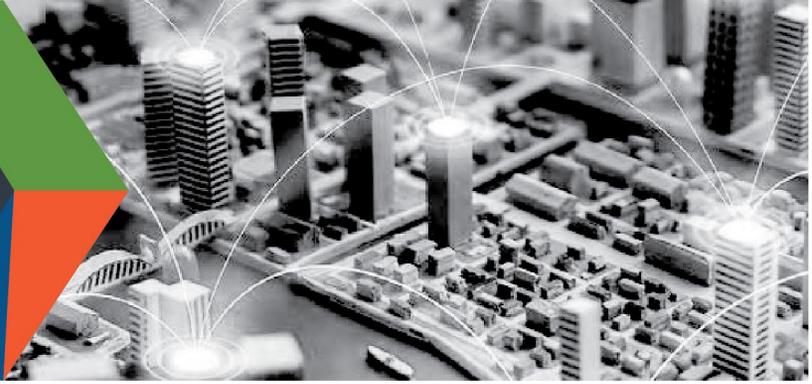




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GUIDELINES FOR EXECUTIVES: 911 CENTER PANDEMIC RECOMMENDATIONS

These recommendations are advisory and are not to be considered as Federal directives or standards. Representatives should review and apply the guidance based on their own requirements and discretion. All actions should appropriately balance public safety, the health and safety of the workforce, and the continued delivery of essential services and functions.

Maintaining operational and resilient emergency communications is imperative during pandemic response for both public health and safety, as well as community well-being. A critical component in delivering government services during any emergency, communications centers include public safety facilities at which 911 or other emergency communications lines are answered, calls are processed, and first responders are dispatched and managed.¹

Any impact on the ability of these centers to perform their critical functions has an immediate cascading effect, impacting law enforcement, firefighters, and emergency medical service (EMS) providers' ability to:

- Deliver life-saving and critical emergency services,
- Effectively and efficiently direct resources,
- Determine community needs,
- Avoid over- or under-responses,
- Coordinate responses with other agencies or levels of government, and
- Effectively and readily accomplish safety support and accountability for field forces.

This document is intended for executive leadership and decision-makers. For the most current guidance on disease control and prevention, visit the [Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov). Be sure to look for specific guidance for current circumstances and role. For example, for the coronavirus pandemic (COVID-19), consult [Interim Guidance for Emergency Medical Services \(EMS\) Systems and 911 Public Safety Answering Points \(PSAPs\) for COVID-19 in the United States](#).

Moreover, the public loses their primary points of contact with government and emergency services, potentially resulting in a loss of confidence in government. Government agencies are unable to efficiently coordinate and collaborate to assure effective use of available critical resources, and governments may lose their ability to notify the public of immediate actions to take to protect their own health and safety because these centers may serve as the point of initiation for alerts, warnings, and notifications.

POTENTIAL FOR INTERRUPTION OF VITAL 911 SERVICES

Communications centers must be considered as critical assets in pandemic response plans. Due to the limited availability of trained personnel and close working conditions, communications centers across the country might be faced with additional staffing shortages as skilled personnel become ill or unavailable (e.g., to take care of sick family members). Resources may not be available from mutual aid and assistance agreements as outbreaks occur simultaneously throughout an area. If a person in a communications center becomes ill, the personnel from that entire shift would have to be quarantined,



¹ These centers include emergency communication centers (ECC), public safety answering points (PSAP), public safety communication centers (PSCC), Emergency Operations Centers (EOC), and other public service communications centers.

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thus compromising an entire shift. Losing a shift in a center could result in the center being closed and no one available to answer 911 calls. If a center becomes contaminated and lacks access to a dedicated and fully equipped backup communication center, contamination may limit a jurisdiction's options to maintain critical services. The lack of interoperable radio system capabilities to contiguous communications centers also limits options to receive, process, and assign calls for services from a neighboring center.

CRITICAL INFORMATION FOR EXECUTIVES

Federal, State, local, Tribal, and territorial government representatives will need to make key decisions with only partial information as the pandemic environment quickly evolves. For support of communications centers during a pandemic, consider these actions:



- Identify communication centers as essential functions, and include staff as [essential critical infrastructure workforce](#), including any supporting services (e.g., janitorial staff, security staff, information technology specialists, communications systems repair staff [whether internal or contracted]).
- Recognize center staff as essential critical infrastructure workers and include them in efforts to protect and support personnel (e.g., eligible for easily accessible priority testing, protected access to facilities).
- Include center staff/management in strategic pandemic response and recovery discussions and coordinate emergency orders and guidance. This will ensure consistency in messaging and allow the center to anticipate increased call volume.
- Take steps to prevent, mitigate, and respond to the spread of the infection among center staff, including authorizing priority supply of sanitizing supplies² and personal protective equipment (PPE)³ to centers with accompanying training to ensure effective use. Develop recovery plans that include triggers that signal the change from response to recovery is well understood and achievable. Advise personnel to use PPE mindfully and follow the CDC's [Strategies to Optimize the Supply of PPE and Equipment](#).
- Be prepared to authorize additional staffing to avoid call abandonment and extended hold times, including authorizations for overtime and/or part-time funding, and provide maximum flexibility available regarding overtime, call-ins, and vacation schedules.
- Be prepared to communicate with other jurisdictions to identify trained personnel to help an affected center. Additional qualified staff may not be readily available due to the specialized training, credentials, and skill sets required of center staff. Appeals to communities such as retired communications staff and volunteer public safety organizations for qualified help with the requisite skill sets may be necessary as well.
- Ensure identified gaps in needed resources or services for the center are consistently monitored and be prepared to work with emergency management officials to elevate official requests to the next level of government if solutions are not forthcoming.
- Authorize alternate non-emergency phone numbers and websites to reduce non-emergency calls to 911 and announce when official guidance (e.g., stay-at-home orders) or alerts, warnings, and notifications (e.g., protective actions) are released.
- Work with centers to inform the public of expectations when calling 911 (e.g., extended hold times, modified/additional questioning to assess the proper level of response resources to send). Urge the use of 911 for emergencies only.

² See U.S. Environmental Protection Agency (EPA) list of [Disinfectants for Use Against SARS-CoV-2](#), the virus that causes COVID-19.

³ Refer to applicable State and local pandemic guidelines for exact PPE requirements.

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- Remain aware that centers may need to transfer operations to temporary seven- or 10-digit numbers or an alternate center⁴, if available and feasible. Centers may need assistance in communicating the new numbers or other related effects to the public.
- There is no single authoritative source of information regarding when communications centers are to shut down. The decision to close a center is made by the agency having jurisdiction. Close coordination is recommended with other communications centers, the first responder agencies that the communications center serves, the center's or agencies' Communication Unit Leaders (COML), and the jurisdiction's emergency management and public health agencies. Similarly, such close coordination is needed when making decisions on reopening a center.⁵
- When the decision to close is made, notifications should be made to the jurisdiction's elected and appointed leaders, Statewide Interoperability Coordinators (SWIC), State emergency management agency, critical infrastructure partners, alerting authorities, public information officers (PIO)/public affairs representatives, departments and agencies within the communications center's jurisdiction, Tribal partners, and departments and agencies in neighboring jurisdictions.
- The PIO or public affairs representative should prepare and disseminate an alert to the general public if a communications center closes, using broadcast AM, FM, and TV stations, and any cable or satellite TV and radio providers serving the jurisdiction. The jurisdiction's websites and social media should also publicize the closing of a communications center and provide directions to the public on how to reach emergency services while the center remains closed in the event of a complete shutdown.

OTHER PANDEMIC RESOURCES

Recognizing the critical importance of the health and performance of communications centers during a pandemic, CISA has developed a suite of documents providing specific guidance for communication center administrators and oversight personnel:

- [Guidelines for 911 Centers: Pandemic Planning](#)—Serves to highlight governance, resource planning, and contingency considerations from a holistic perspective during a pandemic.
- [Guidelines for 911 Centers: Pandemic Operating Procedures](#)—Provides recommendations on how to organize, train, and care for personnel while operating through a pandemic.
- [Guidelines for 911 Centers: Cleaning and Disinfecting During a Pandemic](#)—Provides unique cleaning and disinfecting guidance and resources for 911 centers during a pandemic.



Also, FEMA offers introductory training on continuity of operations planning, including planning for pandemics, through the [Emergency Management Institute](#):

- [FEMA Independent Study \(IS\)-1300: Introduction to Continuity of Operations](#)—Increases understanding of continuity and discusses the establishment of a comprehensive continuity program.
- [FEMA IS-520: Introduction to Continuity of Operations Planning for Pandemic Influenzas](#)—Reviews the characteristics of a pandemic influenza, the effects that a pandemic influenza can have on every facet of our society, and the steps their organizations can take to minimize the effects of a pandemic.

If experiencing a pandemic, visit the [CDC](#) for current guidance.

⁴ Providing an alternate center during an outbreak presents significant challenges and is best developed in advance of an incident. Transferring 911 calls to another center is generally either part of a standard continuity of operations (COOP) strategy or can be accomplished by the local exchange carrier (911 telephone service provider). Lack of a planned alternate center can lead to time delays in coordinating call-taker-to-dispatch seven- or 10-digit dialing; a loss of computer-aided dispatch data, creating longer translations via pencil and paper; increased susceptibility to misrouting; increased probability of call tracking; and closure errors.

⁵ See the CDC's [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#) for detailed recommendations and best practices.

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