



## **Position Statement**

### **The Importance of EMS in Preparedness Planning**

**Statement:** NAEMT believes that emergency medical services (EMS) has a vital role in the response to all threats to our nation and is a critical element in every facet of preparedness planning. These threats include, but are not limited to, natural disasters, healthcare crises, accidental catastrophes, public health emergencies, and acts of violence. EMS practitioners also serve as an invaluable source of support to the public and an effective resource for building strong community resilience. To eliminate the current gaps in our emergency response network, the EMS community must be provided with:

- Inclusion and integration as a primary partner in all aspects of preparedness planning.
- Equitable and stable funding comparable to other partners within the emergency response network.
- Resources and training opportunities to that are accessible to all EMS providers and EMS organizations.

**Background:** The Institute of Medicine (now the National Academies of Medicine) has noted that EMS is one of five pillars of medical surge response that are critical elements of a disaster system. EMS must be well integrated with the other four pillars, which include hospital care, public health, out of hospital care, and emergency management and public safety organizations, to create a unified disaster care response system. An independent or poorly integrated pillar may delay, deter, or disrupt medical care delivery during a disaster.

Despite the acknowledgement that EMS is critical in preparedness planning on all levels, the shortcomings to transform the current framework into the system envisioned by the Institute of Medicine remain glaring. The NASEMSO report of January 2015 on EMS domestic preparedness notes that EMS receives a mere four percent of federal disaster preparedness funds from the U.S. Department of Homeland Security and the U.S. Department of Health and Human Services. In addition, there is no mandate of minimum funding of EMS required for other organizational recipients of these grant programs. The paucity of preparedness funding of EMS is a weak link that may result in the collapse of our emergency response and healthcare systems during disaster.

The outreach of EMS within and outside of the medical community and beyond the confines of an ambulance has repeatedly demonstrated to be beneficial to the public and to other response organizations. As allied healthcare professionals, the evolving utility of the EMS community in mass vaccination campaigns, rescue task forces, mobile integrated healthcare,

and other initiatives of prevention, mitigation, and response serve as undeniable evidence that the pillar of EMS can no longer be considered ancillary or ignored.

**References:**

*A New Response: Supporting Paradigm Change in EMS' Operational Medical Response to Active Shooter Events*, Smith, E. Reed and Delaney, John B., *Journal of Emergency Medical Services*, December 2013, pp. 48-55.

*Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response*, Institute of the National Academies, 2012, Volume 1, pp. 2-4.

*Emergency Medical Services Domestic Preparedness Improvement Strategy*, National Association of State EMS Officials, January 2015.

*Final Advisory on Community Paramedicine*, National EMS Advisory Council, Adopted December 4, 2014.

*The Institute of Medicine's Forum on Medical and Public Health Preparedness for Catastrophic Events: Regional Workshop Series on the 2009 H1N1 Influenza Vaccination Campaign*, Institute of the National Academies, 2011.

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