

## Report and Recommendations from Countermeasures 2.0

The Emergency Services Coalition for Medical Preparedness (Coalition) convened in Orlando, FL for its annual review ahead of a new Congress and Administration. The October 26, 2012 meeting, *Countermeasures 2.0*, was dedicated to building a "reasonable, realistic and doable agenda." More than sixty emergency services providers and representatives of private sector companies, emergency services associations were in attendance.

The Coalition addressed the issues of vaccinating the emergency services workforce; developing a Medkit for the homes and workplaces of emergency services providers, critical drug shortages affecting emergency medical services; and the essential protections needed for families and households.

The meeting started with remarks from Representative Bilirakis, the Chairman of the House Homeland Security Subcommittee on Preparedness, Response and Communications. In addition, the Coalition heard presentations from a wide variety of private companies (including Medicago, Walgreens, Cold Chain and CalStar), national associations, and local officials (from Frederick County, MD, and Winter Park, FL). A former CIA operations officer reminded the Coalition that the nation faces a threat from an adaptive, imaginative, ruthless enemy willing to die to meet their terrorist goals.

The Coalition members debated current plans for resilience in the face of biological threats, and suggested ways to improve national preparedness. The following areas were discussed in detail:

- *forward positioning Medkits in workplaces and households* - current individual physician-based prescription efforts have provided protection to hundreds of postal employees, but not the millions of protectors and their families.
- *anthrax guidance* - federal authorities have divided protection from an anthrax attack responsibility into at least four compartments, across as many departments and operational divisions (pre- and post-event vaccination, pediatrics, and antibiotic distribution). The recent 'Guidance for Protecting Responders' Health During the First Week Following a Wide-Area Aerosol Anthrax Attack' illustrates the challenges of this approach, using citations and references to companion guidance that has not been finalized, with assumptions that may, or may not be common across documents.
- *EMS drug substitutions* - every day across the nation EMS operations are faced with the recurring crisis of critical drug shortages. The shortages may worsen in the aftermath of recent problems unsurfaced with compounding drug pharmacies.
- *vaccinating the workforce* - the emergency services workforce is not fully vaccinated against influenza, hepatitis and other common community spread viruses. Unlike the healthcare workforce there is no national standard

vaccination schedule, nor comprehensive review of the appropriate protections for emergency services providers and the public they serve.

- *pending legislation* – Urban Areas Security Initiative (UASI) , Metropolitan Medical Response System (MMRS) and Pandemic and All Hazards Preparedness Act (PAHPA) bills are all under consideration. All of these bills contain important components that "protect the protectors."

The *Countermeasures 2.0* meeting produced a set of **recommendations** that will be further specified and defined by the Coalition for the new Congress and Administration:

- swift adoption of a program to place Medkits in the homes and workplaces of emergency service providers is a realistic goal, current dependence on individual physician prescribing is a serious gap in resilience;
- full integration of federal guidance for anthrax exposure that includes all aspects of pre- and post-exposure vaccination *and* adoption of pre-event home Medkits;
- the compilation of new best practices in use of EMS drug substitutions pre-shortage, including "best-if-used-by" labeling;
- extension of the MMRS program and provisions within UASI legislation to develop forward deployments of stockpiles in the homes and workplaces of emergency services providers;
- passage of PAHPA with language describing the critical need to "protect the protectors;"
- the development by the Advisory Committee on Immunization Practices (ACIP) of a vaccination schedule for emergency services workers based on the schedule for healthcare workers,;
- add a physician with emergency services experience to the ACIP;
- regular reporting by the Centers for Disease Control and Prevention on the vaccination levels of emergency services providers;
- adoption of new technologies and practices to enhance the delivery of vaccines to employees at the worksite to ensure a fully vaccinated workforce an entirely reasonable goal;
- expand legal coverages for emergency services personnel for the use of "expired" products when warranted by patient safety.