Abstract:
In 2009, RDPC conducted its second National Training Needs Survey. The survey targeted a random sample of individuals from eight disciplines representative of the rural emergency response community: Emergency Management Agency Personnel (EMAP); Emergency Medical Services (EMS); Fire Services (FS); Governmental Administrative (GA); Healthcare/Public Health (HCPH); Law Enforcement (LE); Public Safety Communications (PSC); and Public Works/Public Utilities (PWPU). This research brief presents a discussion of the finding of unmet training needs among rural EMS personnel across all homeland security mission areas, including: responding to health related emergencies; and containing the spread of a disease in order to protect the health of the population. A discussion of how this finding relates to the overall goals of homeland security training in rural communities will also be presented to the reader.

Homeland security in rural communities continues to be an area that requires constant oversight and refinement. It is imperative for rural communities to be fully prepared to effectively prevent, protect against, respond to, and recover from any type of emergency, and Emergency Medical Services (EMS) has been and continues to be at the forefront of this endeavor. Training is a key component to ensure a community’s level of preparedness. The U.S. Department of Homeland Security (DHS) has continued to be a significant resource for all-hazards preparedness training by investing billions of federal dollars into strengthening emergency preparedness research, technology, and training (DHS, 2008). This comprehensive approach has led to the development of the Target Capabilities List (TCL), which is central to the mission and strategic goals of DHS. The TCL identifies and defines capabilities that communities may need to achieve and sustain, depending on relevant risks and threats, in order to prevent, protect against, respond to, and recover from major events. It gives communities the framework that allows them to define areas in which they may need training to ensure that they are prepared for all-hazards events.

In 2005, Congress established the Rural Domestic Preparedness Consortium (RDPC) to develop and deliver all-hazards preparedness training to rural communities across America. To achieve its mission, RDPC is charged with conducting annual assessments in the form of national surveys, focus groups, and other outreach efforts in order to directly align the needs of rural emergency responders with its training curriculum. RDPC utilizes the TCL as basis for its assessment and curriculum planning efforts to ensure that the training needs of rural emergency responders can be easily translated to the overarching national targets and standards.
The 2009 RDPC National Training Needs Survey drew on the experiences and results of the previous two training needs surveys (see RDPC, 2006; 2008a; 2008b). The first National Training Needs Survey (RDPC, 2006) took a comprehensive approach in sampling emergency responders across various disciplines. The subsequent survey (RDPC, 2008a; 2008b) specifically focused on two disciplines: Emergency Management Agency Personnel (EMAP) and Governmental Administrative (GA). The current survey reverted to the comprehensive approach taken in the initial assessment by targeting a random sample of individuals from eight disciplines of the rural emergency response community. This brief focuses on the key findings of the EMS discipline.

**Key Findings**

Provided with a list of all 37 target capabilities, respondents were asked to indicate whether each capability was important to their job function, as well as whether they were confident in performing the tasks associated with each capability. In comparing the results of these two variables, training needs were revealed. The inclusion of this unique question allowed for a more thorough understanding of unmet training needs. For example, if a significant percentage of respondents indicated that a target capability was important to their job but that they were not confident in their ability to perform the tasks associated with the capability, the resulting conclusion was that the capability represents an area where training is needed.

The top five target capabilities which rural EMS responders considered most important to their job functions, yet were not confident in performing the tasks associated with those functions are displayed in Figure 1. Respondents identified “Information Gathering and Recognition of Indicators and Warnings” as the top training need. This capability entails the gathering, consolidation, and retention of raw data and information from human sources, observation, technical sources and open (unclassified) materials. Recognition of indicators and warnings is the ability to see in this gathered data the potential trends, indications, and/or warnings.

![Figure 1: Target Capabilities - Identified Training Needs (n=197)](image-url)
of criminal and/or terrorist activities (including planning and surveillance) against U.S. citizens, government entities, critical infrastructure, and/or our allies. Interestingly, this capability is linked with other capabilities that were defined as training needs among EMS responders: “Intelligence and Information Sharing and Dissemination” provides the means for collecting the data from various sources and “Critical Infrastructure Protection” is a source of data for information gathering (DHS, 2007).

One of the key findings among rural EMS responders was the overwhelming indication of unmet training needs in the area of information gathering and intelligence sharing processes. Interestingly, this area was also cited by EMS responders as an unmet training need in the original RDPC National Training Needs Survey (RDPC, 2006). This may be indicative of rural EMS responders lacking the resources to access such training, which has been a barrier identified in past research on the rural EMS community (see McGinnis, 2004).

The finding that training in information gathering and intelligence sharing processes is an unmet need for the EMS discipline is particularly interesting, because, in recent years, it has become a more pronounced area of concern for these responder disciplines. What was once considered an area that was only applicable to law enforcement has now become an area that spans various disciplines, including EMS and Fire Services (FS). The need for collaboration and inter-communication between agencies and across disciplines in order to prevent, and at the time of, a homeland security-related event has driven this concern (Pitts, 2008). DHS has developed a relatively new program to address this shortfall. The program, the Fire Service Intelligence Enterprise (FSIE), incorporates FS interests¹ into a national framework for homeland security preparedness. The goals of the FSIE program are to promote the integration of fire and EMS services within other agencies across different levels of government, and to facilitate information-sharing and intelligence-sharing standards and training (The future of fusion centers, 2009).

At least one expert has argued that EMS personnel should be included in the process of collecting intelligence in order to prevent acts of terrorism (see Petrie, 2007), although this idea has not been well-received within the terrorism intelligence community. Nevertheless, EMS responders are typically one of the first responder groups that arrive at the scene of any type of emergency. Without having the most current and relevant knowledge about the situation at hand, these responders may be limited in their abilities.

EMS responders also identified “Isolation and Quarantine” and “Fatality Management” as two areas of unmet training needs. Like the area of information gathering and intelligence sharing processes, the former was also identified by EMS responders as an unmet training need in the original RDPC training needs survey (RDPC, 2006). The latter pertains to containing the spread of a disease in order to protect the health of the population. It is defined as the ability to effectively deal with all matters that pertain to the deceased, including the collection and recovery of the dead, scene documentation, collection and recovery of the victim’s personal effects, decontamination of remains, forensic and physical evidence collection, determination and certification of the cause of death, and processing and returning the remains. Bioterrorism, pandemic influenza outbreaks, and other large-scale health emergencies pose a unique challenge to EMS responders in rural communities. The devastating effects of these types of events often threaten the health of emergency responders and, therefore, require specialized approaches to mitigating their impact. In addition, unlike an emergency event that can be contained within the vicinity of occurrence, health-related outbreaks often spread rapidly and are difficult to contain. The threat of high rates of fatality is also associated with this type of event, which poses an additional challenge to the response.

The other target capabilities that were identified by respondents as unmet training needs pertain to the “protect” and “respond” homeland security mission areas. With regard to the “protect” mission area, EMS responders indicated that “Critical Infrastructure Protection” is an unmet need.
training need. This finding is concerning, since this capability enables public and private entities to identify, assess, prioritize, and protect critical infrastructure and key resources to address intentional efforts to hinder such infrastructure and resources. This is a vital area of homeland security preparedness. Furthermore, it relates to the capability that pertains to the “respond” mission area, which also directly relates to a specific type of an emergency — health emergency or outbreak. “Environmental Health” pertains to protecting the public from and managing the health effects of an environmental health hazard. Interestingly, these highlight the need for an “all-hazards” approach to training for EMS responders. For example, in November 2005, the U.S. Department of Health and Human Services (DHHS) released a comprehensive plan for first responders to deal with a pandemic influenza. According to the plan, EMS responders, along with public health officials, will address the medical needs of affected victims.

Conclusion

It is imperative that rural EMS responders receive proper training to be able to provide leadership, safety, and care to their rural communities in the event of an emergency. As evidenced by the results of the EMS discipline of the 2009 National Training Needs Survey, information gathering and intelligence sharing processes is an area in which rural EMS personnel are in need of training. Training providers should consider whether the unmet training needs identified in the survey indicate a need for new curriculum to be developed, a need for a more effective system of training delivery, or a combination of both. Armed with this knowledge, RDPC will develop strategies to ensure that rural fire and EMS responders receive the training they need, and that the training is delivered from an “all-hazards” approach.

References


