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Standard Guide for Establishing and Operating a Public Information, Education, and Relations Program for Emergency Medical Service Systems¹

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INTRODUCTION

The Emergency Medical Service (EMS) system exists for only one reason—to serve the public. If the system is to perform its functions, the public must be aware of it and must use it to the fullest extent. Because the public is an essential part of the EMS system, every EMS system must support a public information, education, and relations (PIER) component. However, because other elements such as categorization, critical care protocols, communications, and provider training require as much time and energy, plus the fact that most administrators lack orientation to public information principles, there is a tendency to approach the public information, education, and relations component in a less organized and scientific way. Consequently, PIER may suffer a lower priority and may become a random or fragmented activity.

The fact is that people do not readily change their attitudes and behavior unless it is specifically and immediately demonstrated to them that there is a need to do so. In this day of complex media message sending, it is often difficult to get the attention of the general public in the first place. To achieve a successful PIER program, it should be an organized and systematic effort, including:

- (1) An assessment of the attitudes, awareness, and knowledge about one's health and access to the health delivery system;
- (2) A determination of the knowledge needs and identifiable components of the general public;
- (3) A method for delivery of information that is relevant, accessible, understandable, acceptable, usable, timely, and cost-effective;
- (4) Ensure that, as much as possible, the information is integrated into attitudes and behaviors of daily living; and
- (5) Evaluate PIER objectives to assess whether or not behavioral changes have occurred, with beneficial effect upon the individual and ultimately society, and adjusting future PIER activities as indicated.

Education about health matters has to be interesting, enjoyable, uncomplicated, relevant, and have some evidence of immediate concrete benefit to the individual's activities. In EMS, some of the programs are intrinsically appealing: for example, people might readily participate in CPR training as it represents a dramatic and demonstrable learning process. However, citizens are less enthusiastic about access information, abuse and misuse messages, or other facts which are to them, less dramatic and apparently less relevant.

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1. Scope

1.1 The purpose of this guide is to provide national voluntary standards and recommendations to effectively provide emergency medical service system information and education to the public.

1.2 *This international standard was developed in accordance with internationally recognized principles on standardization established in the Decision on Principles for the Development of International Standards, Guides and Recommendations issued by the World Trade Organization Technical Barriers to Trade (TBT) Committee.*

2. Referenced Documents

2.1 *ASTM Standards:*²

F1086 Guide for Structures and Responsibilities of Emergency Medical Services Systems Organizations

3. Terminology

3.1 *Definitions of Terms Specific to This Standard:*

3.1.1 *demographics*—the study of the descriptive characteristics of the population. They have long been used to divide or segment the population.

3.1.2 *external PIER attributes*—for the public or user of the EMS system.

3.1.3 *internal PIER attributes*—within the EMS system for its participants and providers.

3.1.4 *public education*—an activity that conveys knowledge or training, or both, in specific skills.

3.1.5 *public information*—an activity that factually teaches what the EMS system is and how to enter and use it.

3.1.6 *public information, education, and relations (PIER) program*—the totality of efforts in all three areas. It is ideally well integrated, unified, focused, with planning and systematic execution.

3.1.7 *public information officer*—a person who disseminates appropriate and timely facts.

3.1.8 *public relations*—an activity used to foster positive public attitudes and enhance trust and credibility about the EMS system and its providers.

4. Significance and Use

4.1 It is essential to have the public's understanding and support for the EMS system to ensure its proper development and utilization.

4.2 This guide encompasses those procedures, considerations, and resources that are necessary for a successful EMS public information, education, and relations program. Complex EMS systems may integrate or augment, or both, this guide in its entirety. Less complex systems may need to collaborate with other EMS organizations and related agencies.

² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

Responsibility for this guide will vary by level of authority, that is, state, regional, and local. (See Guide **F1086**.)

4.3 The PIER tasks involve research, planning, production, distribution, and evaluation. Production requires significant resources and expertise and may be done most appropriately at the higher level, such as regional, state, and national levels.

5. Statement of the Problem

5.1 Despite the development and rapid expansion of emergency medical services following the passage of the Highway Safety Act of 1966 and the Emergency Medical Services System Act of 1973, underutilization and improper utilization of services still exist in the system. The general public lacks information on how to access and use the EMS system appropriately.

5.2 The public needs to learn what EMS is and especially that it is a system, the importance of utilizing EMS, how to access it, and what to do and not to do until the ambulance and therefore the EMS system arrives. If the public knowledge concerning EMS can be improved, then it is likely that appropriate utilization of EMS will increase.

6. Elements of a PIER Program for EMS

6.1 The essential elements of an effective public information, education, and relations program include, but are not limited to:

6.1.1 An understanding of EMS system design and operation.

6.1.2 Proper access to the system (9-1-1, telephone, call box).

6.1.3 Self help, for example, CPR, First Aid, Vial of Life, Medic Alert, and other emergency data devices.

6.1.4 Provision for the appropriate and timely release of information on EMS related events, issues, and public relations (damage control).

6.1.5 Evaluation of EMS.

6.1.5.1 Importance of user and provider input.

6.1.5.2 How to effectively collect and assimilate input.

6.1.6 Current health and safety habits as they relate to prevention and reduction of health risks for the public and providers.

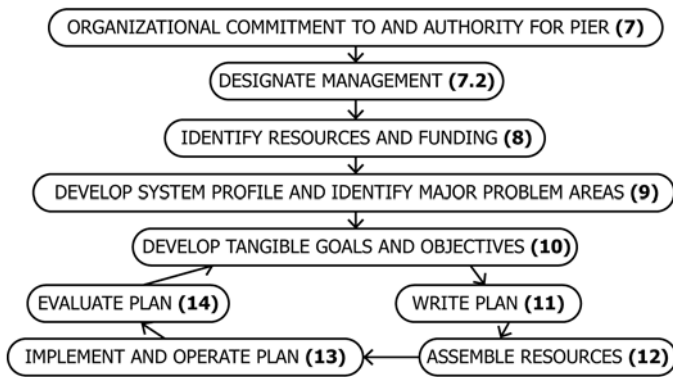
6.1.7 Provision for recruitment campaigns for career and volunteer personnel in EMS.

7. Organizational Commitment to and Authority for PIER

7.1 There must be an organizational commitment from the EMS system (see **Fig. 1**).

7.2 To have an effective PIER program the chief executive officer (CEO) must be personally committed to PIER and be able to make definitive decisions concerning commitment of organizational resources. This CEO must assign a PIER director who has access to the CEO. This person may in some small areas also be the CEO. The CEO must be continually apprised of the progress of the PIER program.

7.3 The organization must designate a responsible and committed public information and education person with



NOTE 1—In order to provide the elements of the PIER program, this planning model should be followed.

FIG. 1 PIER Planning Model

demonstrated ability who is accountable for the PIER program. This person will also provide the mechanism for establishing standard operating procedures for the occurrence of unplanned events, and appropriate training for PIOs or others assuming that role. The PIO’s responsibility may include, but not be limited to the news media concerning the nature and extent of an incident and emergency medical care, for planned or unplanned events.

8. Identify Resources and Funding

8.1 A successful PIER program must have a source of funding exclusively dedicated to PIER. Funding sources exist at federal, state, and local levels.

8.2 Greater expenditures may be required in areas where hard costs such as media space and time, and morbidity and mortality from medical/trauma emergencies are higher than national norms.

9. Develop System Profile and Identify Major Problem Areas

9.1 In developing the system profile you should utilize existing data included in 9.2.1 to 9.3.1.10. If public perception data is not readily available it may be necessary to collect the data using a valid research methodology. Development of the profile will enable PIER personnel to identify broad problem areas or possible problem areas, and other factors that may affect the PIER program in a positive or negative manner.

9.2 A statistically valid comprehensive poll must be taken to establish a baseline of information on the EMS system operation. The required baseline components of the poll should include:

9.2.1 *Demographic Variables*—These include age, race, sex, population characteristics and trends, income levels, predominant languages, education levels, cultural factors, and other socioeconomic factors (religion, employment, and related).

9.2.2 *System Utilization Variables*—These include number and type of EMS personnel (volunteer and paid) and attrition rate, trends in EMS responses (coverage and response time), access type (9-1-1, tele, multi or single, number, radio, and so forth), appropriate use or abuse problems, or both, and out-come costs and other utilization data.

9.2.3 *Medical Facilities*—These include number, location (and service area), beds, type, trauma center designation, teaching facility, and the interface/cooperation with the EMS system.

9.2.4 *Current Public Information and Education Programs*—These include type and scope of existing programs, effectiveness, program costs and funding sources, and related programs of other organizations and institutions (for example, AHA, ARC, and so forth).

9.2.5 *Current Public Perceptions and Knowledge*—This includes knowledge of existing system structure, capabilities and quality, access to the system, self help programs (CPR, first aid, and related programs), and current health habits, for example, diet, smoking, exercise, substance abuse, and so forth, as it is related to prevention and reduction of emergency health risks.

9.2.6 *Emergency Health Data*—This includes morbidity/mortality from critical care, subgroups of cardiac, trauma, poison, drugs, burns, neonate, CNS, behavioral, and other emergency health data that may affect the EMS system. This includes prehospital, hospital, and rehabilitation data.

9.2.7 *Risk Variables (Possible Public Health Hazards and Possible Dangers in Particular Area or System)*—These include insufficient medical facilities, cultural, occupational, criminal, recreational, transportation, system maturity (ALS versus BLS capabilities), weather, sanitation, disease, and geographic considerations (rivers, mountains).

9.2.8 *Media Resources*—These include type (radio, TV, print, public, private), availability, cost, public relations and marketing firms, and contacts.

9.2.9 *Contributory Variables*—These include adjoining systems/resources, political and financial considerations, type and effectiveness of EMS management at all levels, and applicable regulatory factors.

9.3 Methods to Accomplish System Profile and Baseline Study:

- 9.3.1 Compile data already in existence from:
 - 9.3.1.1 Census,
 - 9.3.1.2 Vital statistics (health, government, and planning agencies, phone companies, realtors, and so forth),
 - 9.3.1.3 Commercial sources,
 - 9.3.1.4 Voluntary organizations (AHA, ARC, ATS),
 - 9.3.1.5 National and state agencies,
 - 9.3.1.6 Current EMS system data,
 - 9.3.1.7 Colleges/universities,
 - 9.3.1.8 Chambers of commerce,
 - 9.3.1.9 Cultural/civic organizations, and
 - 9.3.1.10 Medical facilities registries.

9.3.2 Collect data not currently in existence using valid research methodologies. Identify appropriate technical expertise who can assist with the research methodology.

10. Develop Goals and Objectives

10.1 This guide requires the development of tangible PIER goals and objectives. Goals must be realistic and should be consistent with program needs. PIER objectives whether long or short term, must be concise, consistent, attainable, measurable, written, flexible, revised periodically, reliable, and