

iChiefs Article. April 2021

The Pandemic is not Over for the Fire Service James Augustine, MD. Fire EMS Medical Director Member, IAFC COVID Task Force

In March 2020, President Gary Ludwig stood up *The IAFC Coronavirus Task Force* led by Fire Chief John Sinclair, IAFC President (2016-2017). The Task Force developed guidance for fire service leaders to protect the first responders, assist the larger public health system response, address supply shortages, and mitigate some of the impacts of community shutdowns and health care disruption. The Task Force worked collaboratively with the IAFF to craft safety plans and best practices for quarantine, testing, and maintaining local funding for fire and emergency medical services.

The IAFC in the summer months continued to develop and promulgate best practices through the challenges of civil unrest, a vicious early wildland fire season, and a record setting tropical storm year. The IAFC and the Task Force were able to positively influence how the Federal and state governments allocated Personal Protective Equipment (PPE), and prioritized EMS and fire service members for COVID vaccines as they have come available.

A year of work behind, but there are critical elements ahead. **The work ahead can be viewed as five theatres of operations.** Fire chiefs and service leaders have critical skills and responsibilities to help many communities organize the end of the pandemic. This five-theatre process has used, and will best practices, and be ready to implement them rapidly when our Departments and communities are ready for them. And frankly, share the experiences when things do not go well, so that others can avoid.

First Theatre

Through at least February, North America has seen the highest COVID numbers ever, and major stress on Fire EMS and ED's. Through this big wave of sick COVID patients the challenge was to provide critical EMS services to many ill patients, record numbers of cardiac arrest victims, and overcome the issues of full hospitals, ED's, and ICU's. There were extensive efforts made to not lose more of our members to the illness. That required, and still requires, the reinforcement of great exposure control practices on and off duty, and the ramp up of COVID vaccination protections. It is likely that by the summer, this theatre of operations will be concluded.

Second Theatre

Building confidence in, and initiating the complicated vaccination process. Especially the difficulty of scheduling the second vaccine of the same type. The IAFC and IAFF combined efforts to improve the uptake of these two initial available vaccines by fire service members, despite limited available supplies. Overcoming the limited confidence by some members of the community, many fire EMS providers received the available vaccines. The IAFC was part of the group that designed and implemented a novel system for collecting information on adverse effects. The rapid reporting of safety with the vaccines increased the confidence in the process. Very importantly, many members of the force then joined the immunization teams, acting as a force multiplier for local public health resources.

Great performance and leadership in this phase of vaccine distribution opened the door to the critical next step of ending the pandemic and restoring our communities.

Third Theatre

This is the Mass Vaccination theatre, with the unprecedented difficulty of having to deliver multiple vaccines, and multiple doses of multiple vaccines. And still incorporating more vaccine types to come.

Incredible work by scientists and a global effort have led to 4 vaccines being available, and a system that built confidence has led to millions of North Americans receiving the vaccine, and still millions waiting for their turn to. There is a significant challenge when there are 5 or 6 or more choices of vaccines. It will be difficult if everyone wants their own "flavor" of vaccine, and there is crushing demand to get protected. The challenges remain when the public is asking for the particular vaccine they want, and organizing the two shot sequence that was never planned for in a pandemic playbook.

Fire Chiefs and EMS leaders helped improve, one community at a time, the general recognition that the way to exit the pandemic is through vaccination. Even in these spring months, there is clearly a public relations opportunity for our ED and Fire EMS members, who are well respected in the community and drivers of public opinion.

There are still more opportunities to establish very efficiency vaccination sites, and working with public health and the media to deliver in **a 24 hour a day operation**. This will be done better if there is a respected Fire EMS leader and medical director explaining to the community where to get their vaccine and how to stay safe through the process.

It has been a mental health boost to our Fire EMS and ED workforce to participate as providers in the vaccine program. For the past year they have treated very sick patients, and now get the very rewarding experience of delivering a vaccine to prevent infection.

Fourth Theatre

Today we are faced with the challenge of safely winding down pandemic operations, to a “new normal” in the emergency system. The wind down will include the tough decisions of how to safely back down on PPE use and re-open our communities and public events safely. For those in the emergency medical and unscheduled care system that will include a major implementation of telemedicine and community paramedicine, and a very different way of approaching patients with unscheduled acute care needs.

Winding down will also include efforts to restore the mental health of our public safety force, and strengthen our approaches to resiliency. Most providers haven’t had a break or a moment to consider what they’ve been through. As they pause and the pandemic wanes, they’ll need support through that phase.

Fifth Theatre

There are significant voids to be filled, after 18 months of massive disruption, loss of life, and unthinkable numbers of personnel ill or in quarantine. The prominent challenge for many Departments is the financial difficulties of many jurisdictions that will impact operations. In the EMS arena, this includes wider implementation of payment for “Treatment in Place” like ET3 is for the 207 organizations approved for that process.

The mental health stresses, on top of the fatigue and physical stress, have severely impacted personnel and need to be addressed. Many services are suffering major voids in personnel as older members are leaving, and the recruiting and training pipelines are very empty. In many cases the personnel health surveillance process has not taken place and needs to be restored.

Our education processes for fire and EMS personnel have been gutted at the expense of operations and reduced risk of spread of infection. Those people pipelines will not be restored for a couple of years, and will be redesigned to accommodate the lessons of the pandemic.

Our facilities, equipment, and treatment modalities will be redesigned. There is an immediate need to address the availability and quality of PPE and re-stock those items. After years of shortages, there is a need to resupply emergency drugs. From the pandemic lessons, there needs to be a re-think of safe design of ambulances, our stations, and the entrances to Emergency Departments.

And there is the requirement to prepare for the next challenges of terrorism, and then for the next unknown.

The Calling of the Phoenix

Let’s call the coming months the period of rehab and renewal. The Phoenix has always been the symbol of our service.

There is a high level of exhaustion, but in the past few months a sense of exhilaration as the vaccines have rolled out and some elements of community begin to return. A tough year of work behind. Out of every crisis in history there is a tradition of rapid improvements in products and services. We need to make sure we are thinking expansively in the many AAR’s that are waiting to be written. In those needs to be the confirmation and recognition for the Fire Chiefs and service leaders that used their critical skills to serve their communities. And build a better future for the service ahead.

