IAEMSC

INTERNATIONAL ASSOCIATION OF EMERGENCY MEDICAL SERVICES CHIEFS

December 8, 2020

Executive Summary

Position Paper on COVID Vaccine Prioritization for EMS Providers

The International Association of Emergency Medical Services Chiefs call on elected and career leadership at the federal and state level to adopt the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) science-based recommendations that places EMS personnel in the first tier, 1A, of healthcare providers to be vaccinated for COVID 19. Elected officials need to issue the appropriate executive orders to guarantee that Emergency Medical Services (EMS) is in the first vaccination cohort. EMS providers must receive the COVID vaccination during the initial phase (1a) location in order to sustain emergency medical care in local jurisdictions—especially as a nation we confront an exponential upward trajectory of current and projected cases.

EMS personnel are essential to the health of the community, often as the provider of last resort and mobile emergency room. As of this date every 30 seconds one person in the United States dies from COVID 19. EMS has suffered disproportionately in regards to infections and deaths related to COVID 19. Quarantining and isolation of EMT's and Paramedics due to COVID has hobbled overwhelmed EMS systems, placing the delivery of care in jeopardy. EMS is essential to homeland, national, and health security as a constituent and a stakeholder. Without implementation of medical counter-measures to protect the EMS workforce the system is in peril of collapse—which will concurrently create a series of cascading failures across the health and medical ecosystem.

The complexity and operational volumes from the COVID-19 pandemic has overwhelmed the U.S. EMS system. The use of medical countermeasures to protect our workforce, in this case a vaccine, is critical to the sustainment of homeland security and the EMS system. We applaud the fact that ACIP has recognized EMS as a discipline not as an agency or service delivery model.

The IAEMSC position concludes that federal and state elected leadership must issue the appropriate executive orders to guarantee that EMS is in the first group of providers who must receive COVID vaccinations. This is essential to preserve the integrity of the health care system, national and homeland security as a whole.

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Position Paper on COVID Vaccine Prioritization for EMS Providers

The International Association of Emergency Medical Services Chiefs calls on elected and career leadership at the federal and state level to adopt the Centers for Disease Control Advisory Committee on Immunization Practices science-based recommendations that places EMS personnel in the first tier, 1A, of healthcare providers to be vaccinated for COVID 19. Elected officials need to issue the appropriate executive orders to guarantee that EMS is in the first group of providers who must receive COVID vaccinations in order to preserve their ability to continue to provide continued care as we reach an ever increasing demand for service.

EMS personnel are essential to the health of the community as the provider of last resort and mobile emergency room. They have suffered disproportionately in regards to infections and deaths related to COVID 19. Quarantining and isolation of personnel have hobbled overwhelmed EMS systems, placing the delivery of care in jeopardy. EMS is essential to homeland and national security and without implementation of medical counter-measures to protect the workforce we are in danger of collapse.

Introduction

We have reached an incredible milestone. During the 1918 Spanish Flu Pandemic between 1918 to 1920 675,000 Americans died. Conversely COVID 19 in the span of less than a year, over 300,000 will have died, almost half the 1918 total in one third of the time. At the time of issuance of this policy statement every 30 seconds one person in the United States will die from COVID 19. Since the outbreak of COVID 19 emergency medical services (EMS) has been simultaneously the canary in the coal mine and the tip of the spear. EMS has suffered tens of thousands of providers who have been infected with COVID, many with long term health effects. Data shows that the risk of COVID-19 deaths per 100,000 persons is higher in EMS than other public safety agencies, nurses, or physicians. In addition, the number of EMS providers who have struggled under the mental health toll of this pandemic and died as a result of suicide is unacceptable.[1-2].

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There does not appear to be a measure of relief or restoration of PPE supply chains until late into 2021. In spite of a paucity of personnel protective equipment (PPE) providers have continuously shown up for work, re-using single use PPE, deconning it with a variety of methods. These methods have degraded their ability to provide protection to EMS providers. In spite of dealing with highly infectious patients who have incredible viral load, providing aerosol generating procedures which place providers at increased danger, with PPE that is wholly inadequate they continue to risk their lives day in and day out. This has resulted in a disparate number of EMS providers becoming infected with COVID.

The tangential threat is not negligible. In the history of modern medicine we have not participated in any response that is comparable in size, scope, and lethality. Many providers have infected family members, some of whom who have died.

EMS fulfills a critical and vital charge in every community in the United States. Their role in reducing death and disability due to trauma and cardiac disease, their ability to flex up in times of disaster, these are what we see with our own eyes every day. EMS achieves a greater duty as the healthcare provider of last resort for underserved communities or any community where the socially and economically disenfranchised reside, because these groups historically do not have the agency of choice or access.

The health care system is on the verge of collapse around the United States. Intensive care units are at or over capacity. Hospitals are on divert, overcrowded emergency departments have resulted in EMS units transporting patients further to find an available facility. Surge facilities are being erected in sports arenas and parking decks at breakneck speed. EMS systems are refusing transport to patients because hospitals are overwhelmed. Increased call demand has increased response times for critical patients. A variety of EMS services have anywhere from a third to half their staff out sick due to COVID or they are on quarantine due to a COVID exposure.

This has left EMS systems to staff fewer EMS units during times of increased demand. EMS education programs have had declining enrollment over the last 20 years, and with the advent of COVID, the challenges of running an educational program with laboratories and clinical experiences

has been impossible in some locales, further contributing to shortage of new staff members into the manpower pipeline.

The inability to roster and respond EMS units and to educate the next generation of providers has seriously jeopardized not only the needs of many communities across the US but is on the verge of catastrophe for our homeland and national security. The use of medical countermeasures for the workforce, in this case a vaccine, is critical to the sustainment of homeland security and the EMS system.

On October 7, 2020 the National Academy of Sciences (NAS) released their recommendations on the prioritization of vaccine administration. The NAS breakdown for prioritization is as follows:

Phase 1A (e.g. High-risk health workers, first responders, etc.);

Phase 1B (e.g. Older adults living in congregate or overcrowded settings, etc.);

Phase 2 (e.g. People of all ages with comorbid and underlying conditions that put them at moderately higher risk, etc.);

Phase 3 (e.g. Young adults, children, etc.);

Phase 4 (Everyone residing in the US who did not have access to the vaccine in previous phases).

On December 1, 2020 ACIP made additional recommendations based on the original NAS report as well as supplemental recommendations from the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency (CISA) and HHS's CDC.

ACIP identified that in order to maintain the capabilities of the healthcare system that healthcare providers needed to be in the first group of people in the population to receive a COVID vaccine, Group 1A.

We applaud the fact that ACIP has recognized EMS as a discipline not as an agency or service delivery model, fostering inclusion of different EMS delivery models within the continuum of healthcare with those responder agencies.

The rational based on the available science was that “COVID-19 exposure (inside and outside the healthcare setting) results in absenteeism due to quarantine, infection and illness. Vaccination has the potential to reduce HCP absenteeism”

They stated that:

“Healthcare providers including, but not limited to, physicians (MD/DO/DPM); dentists; psychologists; midlevel practitioners; nurses; ***emergency medical services personnel***, assistants and aids; infection control and quality assurance personnel...”

In spite of these recommendations and the tenable position of the American healthcare system as a whole and EMS in particular, several states have indicated that they will move EMS to Group 1B. This is unconscionable.

The direct impact of a sick, overworked system of providers directly affects all categories of patients and leaves communities at risk. The providers are at their breaking point. The optics due to a failure to recognize the incredible sacrifice of EMS and to provide for their protection will erode confidence in leadership. The failure to restore PPE and re-enforce supply chains in a meaningful sustained way means that EMS providers respond every day with an unacceptable level of danger.

The International Association of Emergency Medical Services Chiefs calls on elected leadership at the federal and state level to issue the appropriate executive orders to guarantee that EMS is in the first group of providers who must receive COVID vaccinations in order to preserve their ability to continue to provide continued care as we reach an ever increasing crescendo of demand for service.

Drafted and Approved:

International Association of EMS Chiefs

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REFERENCES

1. **"Occupational Fatalities Among EMS Clinicians and Firefighters in the New York City Fire Department; January to August 2020"** Brian J Maguire, Dr.PH, MSA, EMT-P, Scot Phelps, JD, MPH, Paramedic, Barbara J. O'Neill, PhD, RN, Daniel R. Gerard, MS, RN, NREMT-P, Paul Maniscalco, PhD(c), MPA, MS, EMT/P, LP and Kathleen A. Handal, MD JEMS November 19, 2020, https://www.jems.com/2020/11/19/occupational-fatalities-among-ems-clinicians-and-firefighters/

2. **"COVID-19 fatalities among EMS clinicians"** Brian J. Maguire, Dr.PH, MSA, EMT-P Barbara J. O'Neill, PhD, RN Scot Phelps, JD, MPH, Paramedic Paul M. Maniscalco, PhD(c), MPA, MS, EMT/P, LP Daniel R. Gerard, MS, RN, NRP Kathleen A. Handal, MD EMS1 September 25, 2020, https://www.ems1.com/ems-products/personal-protective-equipment-ppe/articles/covid-19-fatalities-among-ems-clinicians-BMzHbuegIn1xNLrP/

3. **COVID 19 Lesson Plan/Curriculum/PowerPoints** Dan Gerard, https://bit.ly/EMSCOVIDCURRICULUM

4. **"Will an Ambulance Be Available When You Call?"** Brian Maguire, Barbara O'Neill, Paul Maniscalco, Daniel Gerard, Kathleen A. Handal Op-Ed Inside Sources September 10, 2020 https://www.insidesources.com/will-an-ambulance-be-available-when-you-call/

5. **"Paramedicine Strategic Planning"** Scot Phelps, JD, MPH, Paramedic, Paul Maniscalco, PhD(c), MPA, MS, EMT/P, LP, Brian J Maguire, Dr.PH, MSA, EMT-P, Daniel R. Gerard, MS, RN, Andy Gienapp, NRP, Kathleen A. Handal, MD and Barbara J. O'Neill, PhD, RN |JEMS May 14, 2020, https://www.jems.com/2020/05/14/paramedicine-strategic-planning/

6. **"Dear Congress, now is the time to fix EMS"** By Brian J. Maguire, Dr.PH, MSA, EMT-P Daniel R. Gerard, MS, RN, NRP Scot Phelps, JD, MPH, Paramedic Barbara J. O'Neill, PhD, RN Kathleen A. Handal, MD Paul Maniscalco, PhD(c), MPA, MS, EMT/P, LP Richard A. Bissell, PhD EMS1 March 31, 2020, https://www.ems1.com/legislation-funding/articles/dear-congress-now-is-the-time-to-fix-ems-luAuNUMRFQws0r2n/

7. **Phased Allocation of COVID-19 Vaccines ACIP COVID-19 Vaccines Work Group** Kathleen Dooling, MD, MPH ACIP meeting December 1st, 2020 https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-12/COVID-02-Dooling.pdf