National Emergency Medical Services Advisory Council
FINAL
Advisory and Recommendations

Title: A strategy to mitigate negative impacts to EMS well-being during public health emergencies by recognizing EMS practitioners as essential healthcare workers as well as identifying the term prehospital as a healthcare setting.

A. Executive Summary

Extended public health emergencies cause a multitude of additional stresses on the first response and healthcare communities. In addition to an increased level of exposures to illness and longer than usual work hours, they often face the challenges of conflicting and rapidly changing guidance or information from local, state, and federal authorities. These experiences may have a negative impact on the well-being and safety of EMS practitioners. EMS practitioners are both first responders and healthcare practitioners and they serve on the frontline of all public health emergencies across our nation.

States and local jurisdictions are left to determine how to categorize and prioritize EMS during the distribution of critical resources and the application of established federal healthcare guidance. This lack of clarity from state to state can lead to an increased risk to EMS practitioners by creating an environment of inconsistent adherence to issued healthcare guidance. Increased clarity from federal and state partners is required. All federal healthcare guidance should identify and prioritize EMS as healthcare workers and clearly recognize the prehospital medical setting as a healthcare setting.

B. Recommendations

National Emergency Medical Services Advisory Council
Council recommendations to continuously monitor areas within our EMS profession related to all aspects of health and safety to EMS practitioners not limited to public health emergencies, but everyday health and safety.

National Highway Traffic Safety Administration

Recommendation 1:

The U.S. Department of Transportation and the National Highway Traffic Safety Administration (NHTSA) should convene a post-pandemic meeting to discuss and share

lessons learned with a focus on how to improve the inclusion of EMS during dissemination of timely health care guidance. This gap-analysis conveyance should include the COVID-19 Response White Paper detailing the challenges experienced in the out of hospital environment. Participants involved in this forum should be all inclusive and not be limited to representatives from federal, state, local and tribal first responder communities.

Recommendation 2:

By 2023, National Highway Traffic Safety Administration (NHTSA) should convene a meeting with FICEMS to include a representative from the Centers for Disease Control and Prevention (CDC) and recommend all language within the guidance be clarified to clearly define EMS practitioners as healthcare workers. Following this meeting, as the CDC makes healthcare guidance recommendations, all state departments of public health shall include EMS practitioners in all guidance pertaining to all healthcare workers.

Recommendation 3:

In 2022-2023, FICEMS shall continue to work with other governmental partners to explore avenues to directly market and disseminate evidenced-based health and safety guidance to all first responder receivers which mimics healthcare worker guidance. Within this recommendation, FICEMS shall explore an improved approach to identify all EMS providers and agencies like how the Centers for Medicare and Medicaid Services realizes there are 6090 hospitals in the United States.

Federal Interagency Committee on Emergency Medical Services
NEMSAC recommendations for consideration to FICEMS via NHTSA

C. Scope and Definition

During the recent pandemic, EMS front-line workers lacked consistent and easy access to rapidly changing healthcare guidance and safety communications. Many governmental agencies on the national and state level continued to give critical guidance to in-facility "healthcare workers." In the absence of clear definition and without direct guidance to the out of hospital or facility health care workers, EMS provider agencies had to choose or assume they should fall under this nomenclature and available guidance.

For many decades, emergency medical services have been regulated by state and/or local governmental bodies. Over the years, emergency medical services have developed into a critical community resource serving many different needs under a variety of emergency and non-emergency circumstances. Based on needs and circumstances, the oversight of EMS has moved between offices of emergency services, public health and disaster management. As it relates to public health emergencies, there is lack of evidence that show EMS

practitioners fall under the auspices of healthcare except within a health care setting.

The CDC defines health care worker as: "**Healthcare Personnel (HCP):** HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, dental healthcare personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel)".

Although vague, the COVID-19 pandemic has helped us identify a gap by correlating emergency medical services with out-of-hospital response not associated with "healthcare settings" as defined by the "term *healthcare setting* represents a broad array of services and places where healthcare occurs, including acute care hospitals, urgent care centers, rehabilitation centers, nursing homes and other long-term care facilities, specialized outpatient services (e.g., hemodialysis, dentistry, podiatry, chemotherapy, endoscopy, and pain management clinics), and outpatient surgery centers. In addition, some healthcare services are provided in private offices or homes."

D. Analysis

Public Law 93-154 (1973) provides a historical background that gives context to the role of EMS and the guidance it should receive at parity with the in-hospital settings. EMS roles and horizons were further expanded by the propositions of the EMS Agenda for the future (1996) followed by the EMS Education Agenda for the future (2000), which was reinforced by the Rural and Frontier EMS Agenda for the Future (2004). All of these provide the vision for integrating EMS into the tapestry of our healthcare system. It is pertinent to mention that the guidance and communication directed at EMS during the COVID -19 pandemic are divergent from the expectation of the foregoing background. As a result of the lack of adequate guidance and recognition of EMS practitioners as essential first-line healthcare workers, they were exposed to adverse well-being in the course of their duties during the pandemic. It is equally germane to know why this is so, what we need to do to avoid recurrence, and what lessons are there to learn going forward.

Beyond the background, the principle on which this advisory is founded is human needs, which lead to the concept of safety and guidance for EMS practitioners. These concepts help

at arriving at the suggestion that EMS front-line workers, unlike the in-hospital settings, lacked appropriate health and safety guidance during the recent pandemic of COVID-19. Phenomenon and lessons learned from the pandemic should leave further explanation for the adverse impact on the well-being of EMS practitioners. The phenomenon that we saw was that there was no parity in the safety guidance for EMS practitioners relative to hospital healthcare workers; whereas EMS practitioners are traditionally first responders as they were for most cases during the pandemic. The root cause of the negative impact on EMS practitioners' well-being that these advisory attempts to unearth, lends itself to the significance of the advisory and the recommendations that go with it as strategies to mitigate these negative impacts.

D. Strategic Vision

As was recognized during the recent pandemic, clinical guidance and resource distribution plans developed at the national, state, or local levels of government focused primarily on in-hospital healthcare workers and lacked any specificity for the out of hospital / first responder healthcare practitioners, namely EMS. This could be remedied by increasing communication and marketing the EMS nomenclature to entities providing supplies, resources and healthcare guidance as EMS personnel are considered and recognized as healthcare workers.

E. Strategic Goals

The strategic goal of this advisory is to include EMS practitioners as health care workers under CDC and OSHA guidance. Exploratory measures must take place to evaluate the role of EMS practitioners as healthcare workers on the frontlines. Exploratory measures can include but are not limited to the following:

1) Evaluation of the awaited white paper on COVID-19 response.
2) Encourage to include the pre-hospital medical environment as a health care setting in all CDC recommendations.
3) Identify best practices of states or local jurisdictions that used their authority for mandatory vaccine requirements for healthcare workers and subsequently EMS practitioners.
4) Evaluate best practices and have CDC identify EMS practitioners as healthcare workers when providing pandemic guidance.
5) Encourage states and local entities to identify EMS practitioners as healthcare workers as they follow CDC guidance, for example, the guidance-risk-assessment (CDC, 2019).

6) Encourage all local, state and federal partners to include a representative of EMS in all discussions that result in the development of guidance or policies for healthcare workers during a public health emergency of any type.

G. References

Centers for Disease Control and Prevention (2019). *Guidance on risk assessment.* https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Department of Health and Human Services Health Resources and Services Administration Office of Rural Health Policy (2004). *Rural and Frontier EMS Agenda for the Future: A Service Chief's Guide to Creating Community Support of Excellence in EMS.* https://www.ems.gov/pdf/advancing-ems-systems/Provider-Resources/EMS_Rural_Frontier_Agenda.pdf

National Highway Traffic Safety Administration (2000). *EMS Education Agenda for the future: A systems approach.* https://www.ems.gov/pdf/education/EMS-Education-for-the-Future-A-Systems-Approach/EMS_Education_Agenda.pdf

National Highway Traffic Safety Administration and the Health Resources and Services Administration (1996). *EMS Agenda for the Future.* https://www.ems.gov/pdf/advancing-ems-systems/Provider-Resources/EMS_Agenda_For_The_Future_2010.pdf

Public Law 93-154 (1973). *Emergency Medical Services Systems Act of 1973.* https://www.congress.gov/bill/93rd-congress/senate-bill/2410