



U.S. Fire Administration
Working for a fire-safe America

Pandemic Response Listening Session

June 2022



FEMA

Mission Statement

We support and strengthen fire and emergency medical services and stakeholders to prepare for, prevent, mitigate and respond to all hazards.



U.S. Fire Administration
Working for a fire-safe America

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Executive Summary

On Oct. 21-22, 2021, the U.S. Fire Administration (USFA) hosted a national-level pandemic response listening session at the National Emergency Training Center in Emmitsburg, Maryland.

The 2-day session provided an opportunity for the over 40 national stakeholder representatives to discuss the challenges and impacts of the ongoing COVID-19 pandemic on fire departments, emergency medical services (EMS), 911 dispatch telecommunicators and other response agency operations. These discussions provided insight to the complexity of the pandemic response as participants discussed their challenges and provided their proposed potential solutions that spanned state, local, tribal and territorial (SLTT) boundaries.

To aid the discussion, issues were divided into 4 categories:

1. Workforce.
2. Logistics and supply chain.
3. Business operations and continuity.
4. Agency funding, grants and reimbursement.

Many of the participants' issues and solutions spanned 2 or more categories and recurred throughout the discussions. Stakeholders identified the following impacts within each category.

Workforce

The stakeholders conveyed that the COVID-19 pandemic negatively affected the fire and EMS first-response agency workforce in several ways. The most prominent impact was the lack of available personnel to fully staff shifts for 911 dispatch and response. Fewer available personnel resulted in fewer staffed units, leading to longer response times and diminished incident mitigation capabilities, affecting patient outcomes. From the beginning, during case escalation and persisting throughout the global pandemic, the overall capability of emergency response organizations to recruit, train and retain a first-responder workforce has been greatly diminished. This was due to public health restrictions; staff who normally worked these nonresponse positions were assigned back to their response duties, leaving vacant the positions intended to address roles such as training and recruitment.

Participants shared that responder health and safety were also negatively affected as continual changes in scientific guidance based on new findings was communicated to the field. Initially, the science regarding the coronavirus was very broad, being refined as additional data became available. Frequent changes led to significant confusion and varied local concurrence. Stakeholders shared that their agencies struggled to decipher and meet requirements through unclear and inconsistent policy and procedural changes. Often, new requirements were provided without the necessary guidance or training. New information from the scientific community needed to be articulated in a manner specific for first responders to ensure implementation by local response agencies.

According to listening session participants, first responder behavioral health issues were greatly exacerbated during the pandemic. Health issues were brought on by increased worry, continual stress, more frequent exposure to post-traumatic

stress triggers, extended work cycles, and family concerns that resulted in personal struggles. These directly impacted the provision of emergency response services.

Infection control quickly became a problem due to the initial lack of sufficient and approved personal protective equipment (PPE).

Logistics and supply chain

Participants shared that the COVID-19 pandemic caused significant logistics and supply-chain issues for first responder agencies. This situation disrupted agency operations and negatively affected workforce safety and health. In part, this situation was due to shortages of appropriate PPE and insufficient distribution and allocation of materials that were available to responders. When testing and vaccines became available, there was difficulty in gaining access to them to enable responders who had been exposed or who had COVID-19 to return to or remain at work. Participants felt that in some circumstances, EMS was not considered part of the health care community and therefore not placed in the same primary tier as other health care providers for distribution of PPE, testing or vaccines.

Also, listening session participants shared that there were significant preliminary challenges in acquiring decontamination tools and agents for responders. In addition to PPE decontamination, all equipment (e.g., litters, defibrillators, oxygen kits and other durable equipment) as well as vehicles needed to be decontaminated to protect responders and patients. The guidance for decontamination and reuse of PPE, equipment and vehicles was continually changing as more information about COVID-19 became available. This resulted in significant confusion and inconsistency as leaders struggled to keep pace with the information to update policies, procedures and training protocols.

Business operations and continuity

Participants shared that the pandemic affected the response capability and continuity of operations for emergency response agencies nationwide. Many state and federal entities, such as Centers for Disease Control and Prevention (CDC) and the Federal Emergency Management Agency (FEMA), did not consider EMS responders as health care providers. This hindered access to necessary protective items (i.e., PPE, tests, vaccinations) and other items (i.e., cleaning supplies, personal hygiene items) required for ongoing operations, further impairing response operations. This limited responders' ability to obtain needed protective resources and left them more vulnerable while providing EMS care in less-controlled environments such as people's homes and businesses.

They also shared issues procuring routine supplies and medications to maintain response operations for patients who did not have COVID-19. There were significant internal and external communication problems due to the unusual national scope of the pandemic and as the science changed, it required changes to federal and state guidance. The frequency of updated guidance and the communication of necessary changes resulted in significant challenges to the revision of agency policies and the retraining of personnel for safe operations.

Maintaining the needed operational response tempo became difficult with fewer staff available. State emergency regulation changes, certification and credentialing requirements, response policies, etc., affected those who responded across state

lines. According to participants, the lack of inclusion of EMS in the federal Emergency Support Functions (ESFs) as a prehospital provider of health care hindered EMS from receiving the same federal level of attention as other emergency responder and health care providers.

Agency funding, grants and reimbursement

Funding issues during the pandemic were significant, with cities seeing tax revenues decrease, which affected fire and EMS agencies' existing budgets. This will also likely have a negative impact on future-year budgets.

Listening session participants shared that for career and combination (those departments that include career and volunteer workforce) departments, there were significant issues with overtime, backfill and hazard pay. All agencies experienced the need to buy additional, unplanned quantities of PPE and other necessary equipment. Volunteer and combination fire and EMS organizations that rely on fundraising (e.g., barbecues, fish fries, rodeos, carnivals, etc.) experienced canceled fundraising events due to emergency pandemic public health regulations. Monetary or in-kind donations also decreased due to many local business closures or reduced hours of operation. Although some grant money became available, some small and volunteer agencies had difficulty applying for funding because they lacked the experience or staff to complete applications in the designated time period.

Reimbursement for EMS care was not always received or did not adequately cover the actual cost of response and treatment.



Purpose and Organization

The purpose of the organized facilitation was to bring together the national fire and EMS organizations and allied professions to listen and discuss the challenges and impacts of the ongoing COVID-19 pandemic on fire departments, EMS, 911 dispatch telecommunicators and other response agency operations. These discussions provided an overview of the complexity of the pandemic response, elevating responder needs during such a national disaster, and provided potential solutions that spanned SLTT boundaries to better prepare the nation for future pandemic events.

The USFA used professional facilitators from the U.S. Department of Homeland Security's (DHS's)/FEMA's Alternate Dispute Resolution staff to assist with planning, design, facilitation and implementation of the meeting. Participants from national organizations representing the fire service, EMS, 911 and other responder associations were invited to participate in person or virtually. Additionally, USFA federal partners, such as Federal Interagency Committee on EMS, U.S. Department of Transportation (DOT)/National Highway Traffic Safety Administration's (NHTSA's) Office of Emergency Medical Services (OEMS), U.S. Department of Agriculture (USDA)/U.S. Forest Service (USFS), DHS/FEMA, as well as observers from the research community, attended to listen and gather national insight from the discussions.

The participants were randomly divided into 3 groups, 2 in person and 1 virtual. Each group discussed and provided information during breakout sessions on the 4 key issue categories:

1. Workforce.
2. Logistics and supply chain.
3. Business operations and continuity.
4. Agency funding, grants and reimbursement.

The groups then reconvened after each work session and reported back in a plenary session that included in-person and virtual participants. Session notes were prepared, consolidated and used to develop the final report. A spreadsheet was also developed with all the attendees' comments from each session. Solutions offered in this report were captured from attendee comments and are those that attendees believe can be mitigated by the federal government.

The following section contains data from the 4 key issue categories followed by suggestions for mitigation.

Issue categories

Workforce

According to participants, workforce issues consist of insufficient staffing, recruitment and retention, infection testing, infection control, vaccination, quarantine and recovery from infection, retirements and resignations, and behavioral health impacts. These issues affect the ability of agencies to have the sufficient staff members to respond to and provide service in their usual timely and practiced manner.

Emergency responders and other staff members were unavailable for duty because they were ill, quarantined, or needed family and/or child care services due to child care facility and school closures and restrictions. Additionally, issues of recruitment and

retention during the pandemic were more difficult because of recruitment program cancellations due to public-health restrictions and personnel duty changes (from recruitment duties to emergency response duties) where additional resources were needed. Some members resigned or retired because they or a family member had medical comorbidities risks that would increase with COVID-19 or were unwilling to work under COVID-19 response conditions.

Participants shared that responders were greatly affected by exposure to situations (multiple deaths, increased call volume, continual donning and doffing of PPE before and after each call, performing decontamination, etc.) that they had not previously experienced during their careers. Loss of family members and coworkers increased responder worry for themselves and others who were ill or quarantined. As the situation intensified, response agencies implemented mandatory overtime to fill shifts, intensifying the negative impacts on responder behavioral health.

Participant recommendations:

- ◆ Staffing and response issues (insufficient staff, illness, quarantined, resignations/retirements, family issues, ambulance hospital hold times, decontamination times, etc.).

Potential federal government solutions:

- ▶ Federal support to obtain more staffing in the times of crisis and develop contingencies to prepare for staffing revamp in future events.
- ▶ Federal funding for EMS training locations that can operate safely during the pandemic, as universities and colleges that traditionally teach this are closed or strictly virtual.
- ▶ Federal support to continue and improve use of virtual training.
- ◆ Recruitment and retention issues (recruitment activity and training shutdowns, resignations and retirements due to COVID-19, burnout, movement to better paying EMS jobs, moving to other career fields, etc.).

Potential local and state oversight solution:

- ▶ Develop and implement systems to improve interest in becoming a first responder.
- ◆ Responder safety and health (including worker's compensation programs, protection of responder families from COVID-19, etc.).

Potential federal government solutions:

- ▶ Federal-established best practices for care and rehabilitation of the workforce, like CDC's efforts during AIDS crisis.
- ▶ Federal-established, national-level follow-on study similar to the national 9/11 follow-on study.
- ▶ Federal-established central point for clear and consistent information for responders. Transparency when information is not readily available or if the guidance is likely to change.
- ▶ Federal government to update worker compensation guidelines.

➤ Behavioral health issues (worry/stress/burnout, post-traumatic stress, suicide, etc.).

Potential federal government solutions:

- ▶ Federal collaboration across agencies on mental health and suicide prevention in the workforce.
- ▶ Federal government to expand research on COVID-19 responder behavioral health impacts.
- ▶ Federal government to enact a national 9/11-type follow-on study.
- ▶ Federal government to expand support for the professions that need more training with mental health, etc.
- ▶ Federal agencies to collaborate across workforces on mental health and suicide prevention. EMS and 911 workforce need to be considered essential and need federal funding to do research and gather information about its workforce. A public health methodology might be needed and not just for line-of-duty deaths, but include all injuries and occupational hazards.

➤ Infection control and PPE issues (insufficient quantities, changing guidance for decontamination and reuse, periodic policy changes based on science changes, etc.).

Potential federal government solutions:

- ▶ Federal agencies as well as national standards bodies streamline and improve vehicle decontamination standards; mattresses, crevices, plywood were not designed with infection control in mind.
- ▶ Federal government support of research concerning ventilation in the back of ambulances.
- ▶ Federal government to update and maintain the Strategic National Stockpile (SNS).
- ▶ Federal government oversight of supply chain shortages around the globe and provide suggestions on how to obtain goods or to start manufacturing more goods.
- ▶ Federal government guidance on decontamination and reuse.
- ▶ Federal agencies to provide consistent decontamination messaging.
- ▶ Federal government to establish a guideline for uniform training and PPE protocols.

Logistics and supply chain

Participants shared that logistics and supply chain issues had a significantly negative impact on agency operations and workforce safety and health. The depletion of the SNS and movement of many of the pandemic critical items to offshore suppliers and manufacturing over the years had negative impacts on first responders.

Shortages of appropriate PPE, distribution/allocation of PPE, testing and vaccine access, procurement of decontamination equipment and agents, guidance changes for

PPE decontamination and reuse, etc., affected responders and agencies in a negative manner. In many circumstances, EMS was not considered part of health care; they were not placed in the same high tier for distribution of PPE, testing, and vaccines as other health care providers. This situation affected responder health and safety as well as response operations.

Participant recommendations:

- Issues concerning obtaining PPE (offshore manufacture, supply chain issues, EMS personnel not in high enough tier to have priority, etc.).

Potential federal government solutions:

- ▶ Federal government to enact the Defense Production Act sooner for more than just ventilators and masks to an expanded use.
 - ▶ Federal government to provide oversight to educate and inform on which goods are experiencing shortages and recommendations on how to procure goods or begin manufacturing goods.
 - ▶ Federal government to leverage onshore production of critical supplies needed for pandemic response.
 - ▶ Federal government to advocate for EMS needs to be made essential in all states.
 - ▶ Federal government to develop and implement plans to eliminate competition for supplies between private sector, federal agencies, states, local, tribal, and territorial agencies.
 - ▶ Federal agencies revise the level of priorities to ensure first responders are given tier 1 prioritization (first responders are given the same prioritization as health care workers) for PPE, vaccines, testing, etc.
 - ▶ Federal agencies ensure the supply chain is recreated, maintained, restored, stock rotated, and products are sent out in an orderly manner. Manage SNS supplies; if they are expiring, send them to organizations that need them.
- Decontamination and reuse of PPE issues (changing science and guidance, access to decontamination systems, shortages, etc.).

Potential federal government solutions:

- ▶ Federal agencies develop and provide clear information, messaging and training on the different decontamination levels. There could be training for some decontamination levels.
 - ▶ Federal government to provide 1 agency to take the lead on messaging.
 - ▶ Federal agencies along with national standards bodies improve vehicle standards for decontamination.
- Address issues around access to COVID-19 tests and vaccines for responders (EMS is not considered part of the health care system nationwide; not the same level as doctors, nurses, etc., in matters such as national shortages, distribution issues, ESFs, planning and response, etc.).

Potential federal government solutions:

- ▶ Federal agencies predefine who is an essential employee or a critical infrastructure worker; first responders should be at a higher level of prioritization; EMS needs to become an essential service.
- ▶ Federal agencies must recognize EMS as part of health care and not just transport for ESFs; recognize EMS as first touch of health care in planning and response.
- ▶ Federal agencies define, identify and vet critical infrastructure employees before a critical event.

Business operations and continuity

According to participants, there are a variety of reasons why the pandemic interrupted the response and continuity of operations for emergency response agencies. Participants shared that EMS responders were not considered health care providers and not in the same tier as hospital, other health care providers or emergency responders. In addition to shortages, the decision to keep prehospital health care in a lower tier for access to required protective items affected the procurement of needed PPE, testing and vaccinations, etc., impairing the health and safety of emergency responders. This circumstance limited responders' ability to obtain necessary medical resources and left them vulnerable while providing EMS care in less-controlled environments, i.e., people's homes, businesses, etc.

Other important issues shared by the participants included procuring supplies and items to maintain response operations; communications issues and weaknesses both internally and externally; keeping up with the continuing federal and state guidance revisions as the science adapted; ongoing agency policy changes and revisions; and distributing the latest information to all the necessary personnel to address reacting to and addressing the mis- and disinformation.

Maintaining the needed operational response tempo became difficult due to staff shortages. Additional time was needed to decontaminate ambulances and crew members and mitigate hours-long ambulance holds due to no available hospital beds. Mutual-aid support was not available as each jurisdiction was experiencing similar issues, and agencies refused to provide out-of-area services.

Personnel who responded across state lines were negatively impacted by state-to-state emergency regulation changes that included inconsistencies in certification requirements and response policies. The proper inclusion of EMS in the ESFs as a prehospital provider of health care and not just transportation, or some other type of support service, would have helped give EMS the same level of federal attention as other health care entities. The services could have been better planned for, supported and utilized.

Participant recommendations:

- ❖ Field EMS operations issues (existing and situational matters that impeded EMS operations such as staffing shortages, increased demand for services, dispatch issues, lack of PPE, at-hospital ambulance wait times, etc.).

Potential federal government solutions:

- ▶ FEMA should reinforce the need for adherence to the National Incident Management System (NIMS) and the National Response Framework (NRF), responders need to be educated about NIMS.

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- ▶ Update FEMA's NRF and FEMA's ESFs to include lead federal agency for each component (EMS).
 - ▶ Federal government to develop evidence-based strategies. Responders immediately transitioned from traditional to crisis standards of care without proper understanding of what this entailed; many available options were found through trial and error causing infections and errors. Uniform standards and vetted practices are needed proactively. (USFA and the NHTSA's OEMS are both currently developing pandemic after-action reports based on the COVID-19 response.)
 - ▶ Federal government to lead a national assessment of true resource capabilities of fire and EMS, i.e., number of stations, number of volunteer organizations, etc.
 - ▶ Federal government to develop policies to eliminate competition between federal, state and local agencies. The federal level sets the recommendation under the advisement from state and local levels. The state and local levels then administer the recommendations.
- 🔗 Define, identify and vet critical infrastructure employees.
- Potential federal government solutions:
- ▶ Federal government to lead a national assessment of true resource capabilities of fire and EMS, i.e., number of stations, number of volunteer organizations, etc.
 - ▶ Federal government to define the agency that provides leadership and outreach for EMS.
- 🔗 Maintain continuity of operations.
- Potential federal government solutions:
- ▶ Federal government to review and update the ESFs considering the pandemic.
 - ▶ Federal government to update the NRF and ESFs to include a lead federal agency for each component, such as EMS.
 - ▶ Federal government to define, identify and vet critical infrastructure employees.
- Potential local and state government agencies solutions:
- ▶ Local and state government to define, identify and vet critical infrastructure employees.
- 🔗 Internal and external information dissemination issues (receiving and developing/ disseminating information from/to multiple sources in an ever-changing environment).
- Potential federal government solutions:
- ▶ Federal government to develop a collaborative effort/national approach for setting and resetting public expectations.
 - ▶ Federal government to develop a federal collaborative effort/national approach for community messaging.
 - ▶ Federal government to establish a timely clearance/approval process for all federal agencies to ensure messaging is delivered within hours and days, not weeks and months.

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- ▶ Federal government to establish 1 federal voice to message and disseminate information to first responders. Once this is created, begin communication in steady state to establish trust and understanding before a crisis.
 - ▶ Federal government to establish a single source of vetted, accurate information for agencies.
 - 🔗 Issues with automatic aid and mutual aid during the pandemic (prior planning or lack of prior planning, stresses of increased demand, etc.).

Potential local and state agencies solutions:

- ▶ Local and state governments develop training/protocols to address mutual aid/automatic aid in planning for pandemics and other public health emergencies.
- ▶ Advocate for the use of the Interstate EMS Compact — Recognition of EMS Personnel Licensure Interstate Compact. (Only 21 states are currently on board with the system.)
- 🔗 Planning for future COVID-19 tactical operations.

Potential federal government solutions:

- ▶ Create a federal informational toolkit or a reference guide to share lessons learned. USFA and OEMS are developing pandemic after-action reports based on the COVID-19 response.
- ▶ Create toolkits from the challenges faced early on, keep them up-to-date and make them available across the board. Example: National Association of State EMS Officials (NASEMSO) collected some material for USFA's revised pandemic continuity of operations report based on the COVID-19 response.
- ▶ Develop training on establishing vaccination sites and testing facilities. FEMA's Emergency Management Institute (EMI) and Center for Domestic Preparedness (CDP) have similar courses: CDP Mass Antibiotics Dispensing, Train-the-Trainer MGT-442-1 and EMI Points of Distribution (commodities) IS-0026. These courses can be used while new courses are developed.
- ▶ Create a toolkit based on this report for all levels of government, including information for first responders and the public on how their first responders' service may change during a pandemic time.
- ▶ Identify best practices at the federal level and create reports that can be used in future events. USFA and OEMS are developing pandemic after-action reports based on the COVID-19 response.
- ▶ Create a toolkit to assist departments in creating their own pandemic standard operating procedures (SOPs). Provide tools to help state, local, territorial and tribal entities create SOPs and adapt their existing SOPs.
- ▶ Create evidence-based strategies, etc., to transition from traditional to crisis standard of care. Provide uniform standards and vetted practices prior to a crisis.
- 🔗 Developing new plans for future pandemic operations (more strategic, to include recovery planning, etc.).

Potential federal government solutions:

- ▶ Identify best practices. Create a toolkit to make these practices available to all organizations. OEMS is working on a similar project now.
 - ▶ Plan national-level exercises that mirror the many different components working together during the pandemic.
 - ▶ Review pandemic framework.
 - ▶ Create a pandemic recovery plan that includes the key players and is clear across all agencies.
- 🔗 Apparatus decontamination issues (science changes, access to supplies/equipment, time and staff needed, policy changes, etc.).

Potential federal government solutions:

- ▶ Develop policies and training on the science of decontamination that can be shared with local and state responders. During the pandemic, many organizations didn't complete proper decontamination.
 - ▶ Leverage federal government influence to bring about revised vehicle standards to improve infection control and decontamination.
- 🔗 Development and dissemination of new COVID-19 SOPs and policies.

Potential federal government solutions:

- ▶ Identify best practices and create an educational tool for development of policy and procedure.
- ▶ Identify best practices and formulate guidance for future events.

Agency funding, grants and reimbursement

Participants conveyed that cities are experiencing significant funding issues during the pandemic. Decreases in tax revenue can impact fire and EMS agencies' existing and future-year budgets. For career and combination departments, there remain issues of significant overtime/backfill/hazard pay due to ill or quarantined staff as well as staff working overtime due to hospital emergency department wait times.

All agencies were required to purchase additional unplanned quantities of PPE and other equipment. Volunteer and some combination fire and EMS organizations that rely on fundraising (e.g., barbecues, fish fries, rodeos, carnivals, etc.) saw a decrease in revenue due to cutbacks or cessation of events due to emergency pandemic public health regulations. Funds or in-kind donations to agencies decreased due to many local business closures.

Although grant money became available, some agencies had difficulty applying because they lacked the experience or staff. Multiple grants with varying processes to apply created confusion and redundancy. Reimbursement for EMS care was not always received or was less than the response and treatment costs. For example, Centers for Medicare and Medicaid Services (CMS) only considers mileage for reimbursement of ambulance transport. The CMS pilot Emergency Triage, Treat, and Transport (ET3)

Model as currently designed and enacted is insufficient to support all EMS response agencies and is not permanent.

Participant recommendations:

- ❖ Budget issues (insufficient, reprogramming budget funds, decrease in funding due to less taxes/fees collected, etc.).

Potential federal government solutions:

- ▶ Better marketing of outreach or information on available grants. The Coronavirus Aid, Relief, and Economic Security Act and PPE grants helped smaller departments and covered supply gaps in regions.
 - ▶ Consider an expansion of the Staffing for Adequate Fire and Emergency Response Grants program.
 - ▶ Streamline the grant submission process. Create one grant system to allow users to complete information once instead of reentering the same information into multiple systems.
- ❖ Issues with obtaining grants (processes, complexity, tracking, reporting, etc.).

Potential federal government solutions:

- ▶ Streamline the grant process to get funding to the departments as quickly as possible.
 - ▶ Identify best practices to formulate grant guidance for the future.
 - ▶ Market the availability of funds to fire, EMS, and 911 departments and explain how to apply.
- ❖ Issues with obtaining reimbursements (processes, complexity, tracking, billing, etc.).

Potential federal government solutions:

- ▶ Identify EMS as health care providers for the purposes of reimbursement.
 - ▶ Revisit the Government Accountability Office (GAO) Report as it relates to reimbursement. (GAO-13-6 Oct. 1, 2011: "Ambulance Providers — Costs and Medicare Margins Varied Widely; Transports of Beneficiaries Have Increased." <https://www.gao.gov/assets/gao-13-6.pdf>)
 - ▶ Simplify the ET3 program and make it available to all areas.
 - ▶ Express the need for speedy reimbursements and waiver acknowledgments.
- ❖ Problems receiving donations of cash and durable or consumable goods (some normally supportive local business closed or lost income and could not provide items to the responders, etc.).

Potential federal and local/state government solution:

- ▶ Communicate to public the specifics of what donations are necessary and where to drop them off.

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- Salary, hazard pay and overtime pay impacts (increased overtime costs due to backfill for ill, quarantined or retired/resigned members, increase in service demand, etc.).

Potential federal government solutions:

- ▶ Create guidance on receiving funding for and using hazard pay or COVID-19 overtime pay.
- ▶ Create guidance to dedicate funding for provider pay (e.g., hazard pay instead of backfilling/overtime).
- ▶ Create national guidance/consistency concerning handling of hazard pay.

Conclusion

The USFA gathered national-level fire, EMS and affiliate group members — in person and virtually — to listen and discuss responders' experiences and needs during the ongoing COVID-19 pandemic. USFA staff and other observers were able to gather information to develop this listening session document and gain knowledge of responder agencies' workforce, logistics and supply chains, business operations and continuity, funding, grants, and reimbursement needs during the ongoing pandemic.

There were multiple issues brought forth by listening session participants affecting various areas of fire department and EMS response and 911 dispatch center capabilities. For example, a lack of appropriate and sufficient PPE put members at risk for health and safety issues and affected the agency's ability to respond appropriately to requests for service. This issue also exacerbated the lack of sufficient staffing due to illness, quarantine and family care, which impacted career, combination and volunteer agencies and members. The lack of career personnel led to increased or mandatory overtime, had a negative impact on budget, and contributed to personnel burnout. Volunteer staff responded to an increasing number of calls; this increase in call volume and the increased time for mutual aid to respond also increased patient access times and increased the need for care and transportation. Every level of the fire and EMS services dealt with increased response times, over budget spending, increased patient load, staff behavioral health issues, excessive overtime, and staff exposure, illness and burnout.

Agency regulation changes or adoption of potential mitigation efforts provided in this report may improve the safety and efficacy of emergency response for a future pandemic or event of national significance. The regulation changes and implementation of the noted mitigations and proposed solutions may provide for a more robust EMS system within SLTT agencies and provide a more resilient workforce and community. It is through the recognition of the issues and solutions discussed herein that agencies at all levels will be able to develop the plans to prepare for, respond to and mitigate future large-scale disasters.



Attendees and Organizations

In-person attendees

Augustine, James	International Association of Fire Chiefs (IAFC)
Brauer, Brian	North American Fire Training Directors (NAFTD)
Brown, Rob	IAFC
Cormier, Scott	National Association of Emergency Medical Technicians (NAEMT)
Ehrlich, Bob	FEMA
Elkins, Katherine	DOT/NHTSA/OEMS
Evans, Bruce	NAEMT
Gerard, Daniel	International Association of EMS Chiefs
Hanifan, Amy	Women in Fire
House, Mel	NASEMSO
Keiken, Jim	NAFTD
Krohmer, Jon	DOT/NHTSA/OEMS
McClintock, Robert	International Association of Fire Fighters (IAFF)
Miller, Tom	National Volunteer Fire Council
Overton, Jerry	International Academies of Emergency Dispatchers®
Patterson, Cathie	FEMA Grants
Ragone, Michael	Global Medical Response/American Medical Response
Sanders, Russ	National Fire Protection Association (NFPA)
Seifarth, Bill	National Registry of Emergency Medical Technicians
Sinclair, John	IAFC
Smith, Hezedeane	National EMS Management Association (NEMSMA)
Strozyk, Randy	American Ambulance Association
Weber, Mario	FEMA Office of Policy & Program Analysis

Virtual attendees

Blankenship, Charles	NEMSMA
Campbell, Michaela	Congressional Fire Service Institute (CFSI)
Chaney, Eric	DOT/NHTSA/OEMS
Fortner, James	USDA/USFS
Gainor, Dia	NAEMSO
Mole, Clary	DOT/NHTSA/OEMS
Openshaw, Mark	Native American Fire Chiefs Association
Russell, Greg	IAFF
Sigrist, Marc	Energetics
Statler, Seth	NFPA
Stuebing, Ken	IAFC
Webb, Bill	CFSI
Ziyad, Amy	Women in Fire

Acronyms

CDC	Centers for Disease Control and Prevention
CDP	Center for Domestic Preparedness
CFSI	Congressional Fire Services Institute
CMS	Centers for Medicare and Medicaid Services
DHS	U.S. Department of Homeland Security
DOT	U.S. Department of Transportation
EMI	Emergency Management Institute
EMS	emergency medical services
ESF	Emergency Support Function
ET3	Emergency Triage, Treat, and Transport
FEMA	Federal Emergency Management Agency
GAO	Government Accountability Office
IAFC	International Association of Fire Chiefs
IAFF	International Association of Fire Fighters
NAEMT	National Association of Emergency Medical Technicians
NAFTD	North American Fire Training Directors
NASEMSO	National Association of State EMS Officials
NEMSMA	National EMS Management Association
NFPA	National Fire Protection Association
NHTSA	National Highway Traffic Safety Administration
NIMS	National Incident Management System
NRF	National Response Framework
OEMS	Office of Emergency Medical Services
PPE	personal protective equipment
SLTT	state, local, tribal and territorial
SNS	Strategic National Stockpile
SOP	standard operating procedure
USDA	U.S. Department of Agriculture

USFA U.S. Fire Administration
USFS U.S. Forest Service



U.S. Fire Administration
Working for a fire-safe America

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