

ESSENTIAL *Emergency Medical Service* WORKERS BRIEFING BOOK



BUSINESS UNUSUAL

ADDRESSING ESSENTIAL WORKERS' NEEDS
DURING & AFTER THE COVID-19 PANDEMIC

a Collaboration Between
the Johns Hopkins Berman Institute of Bioethics &
the University of Colorado Boulder MENV

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Emergency Medical Service Workers

Emergency Medical Service (EMS) workers find themselves at the heart of the COVID-19 pandemic by nature of their work. These workers span a wide range of services, from ambulance and paramedic services, first responders, and EMTs, to clinicians working in emergency departments. EMS treats illnesses and injuries that require an urgent medical response, providing out-of-hospital care in some cases, and transport to definitive care in others. EMS is intertwined with the national healthcare system at large, and also serves as the best or only option for emergency medical care in more rural areas of the nation, such as care that would otherwise be offered in emergency departments. EMS are necessary for a smoothly functioning healthcare system, and play an integral role in delivering urgent and life-saving services across the nation.

Because EMS workers are directly exposed to sick individuals on a daily basis, their chances of becoming ill themselves is significantly higher than other essential workers. However, this is the very description of the services these workers offer. If EMS workers fall ill due to heightened exposure and lack of personal protective equipment (PPE), and are unable to work as a result, the community at large will suffer from the deterioration of these services. There is a cascade of health consequences as a result of inadequate protections for this group: risk of infection to the workers, risk of infection to their immediate families, risk of infection to those they serve (who may already be ill or injured) and risk of infection to the communities they serve at large.

Protecting EMS workers, and ensuring their work is performed as safely and as efficiently as possible not only protects this extremely valuable group of service providers, but also prevents the spread of a highly contagious pathogen to the communities they serve. Because EMS are the only options in locations with no nearby hospitals or clinics, maintaining the integrity of these services is imperative.

WHO ARE EMERGENCY MEDICAL WORKERS?

The average EMS worker is 35.9 years old, with an average salary of \$44,218. EMS workers thus make less than the average national salary (\$53,888 in 2017), with female EMS workers making significantly less, at \$37,130 on average annually. There are approximately 209,000 EMS workers in the United States. 82.8% of EMS workers are white, and 7.68% are black. In some sectors of EMS work, such as for first responders, it is notable that while some members are paid, others are volunteers.

HOW COVID-19 HAS CHANGED THIS WORK

The outbreak of the COVID-19 pandemic has placed additional stress on all healthcare systems at this point in its progression; however, some systems are more overwhelmed than others. The pandemic has shifted the role of the EMS worker, and added additional strain to an already

taxed and strained system. Often times, EMS are the only options in locations with no nearby hospitals or clinics. During times of surge in COVID-19 cases, EMS workers are forced to travel further and with higher demand to meet patients' needs. Funding relief for EMS programs is not currently available (French, 2020, www.ems1.com), nor are additional essential resources, such as ambulances, PPE, tests for first responders, and more.

ON THE JOB RISKS

By the nature of this work, EMS workers are unable to work-from-home or keep their distance at work. EMS workers face risk of infection as a result of direct exposure to sick individuals, lack of protective equipment, lack of isolating ability, and limited to no testing. They are also at risk by interacting with their coworkers, who similarly cannot practice social distancing.

While EMS workers have stressful jobs under normal circumstances, they report higher stress during the COVID-19 pandemic. Many have expressed psychological forms of concern over their well-being as well as concerns of manifesting burnout with a significant rise in call volumes and greater travel distances needed to perform their jobs.

ECONOMIC RISKS

Not only are EMS workers taking on heightened risks of COVID-19 exposure from working, but they are also taking on financial costs and burdens associated with working during this time.

EMS workers expressed dissatisfaction with their wages before the pandemic. Now, many EMS workers are taking on costs for childcare while they report to work, as schools across the nation have shut down.

Paid sick leave is another paramount issue EMS workers face. Even before the COVID-19 pandemic, paid sick leave was difficult to navigate in the EMS field, where workers regularly complete 24-hour shifts and work overtime. States have differing rules on what kind of workers (full-time vs. part-time) are able to benefit from paid sick leave, and how many hours in relation to work hours they complete they are permitted to take off.

In addition, there are no National guidelines for subsidizing healthcare costs for EMS workers.

THREATS TO & RESILIENCE OF THIS WORKFORCE

Resilience of the EMS workforce is another legitimate concern. Even before the COVID-19 pandemic, employers expressed concerns regarding a shortage of workers, particularly in rural areas (which are already under-resourced and understaffed settings), and had difficulty recruiting new workers to fill these roles. Understaffing, though problematic under "normal" circumstances is compounded during a pandemic like this, with an increase in the volume of sick individuals reporting need for aid. COVID-19 may exacerbate worker shortages in the

future too, dissuading future workers from joining this field if current workers are not offered adequate protections and sufficiently compensated for their work.

We should protect EMT workers for the sake of their own safety and wellbeing, but also to ensure that this taskforce is kept intact. Protecting these workers is tantamount to protecting the healthcare system as a whole and thus protecting the community at large.

HOW CAN WE HELP THIS WORKFORCE?

The most important measure to protect EMS workers is to ensure they're properly equipped with protective equipment and testing. This will protect them, and the patients, as well as other healthcare providers and community members they interact with daily.

Training regarding COVID-19-specific measures is also needed, including protocols for screening of symptoms to determine likelihood of a positive COVID-19 case (such as the Department of Defense's symptom survey), and for the transportation of those who are confirmed to be positive for COVID-19 to a location that can treat their symptoms if treatment is recommended.

In order to encourage EMS workers to remain at work during this critical time, it is recommended that costs for COVID-19 related health expenses be covered. Workers who must take on child and elder care costs should be given financial assistance.

Some form of hazard pay should be offered to compensate for the additional risks they are facing. Unlike some other healthcare providers whose salaries are well-above the national average, the average salaries of EMS workers fall below the national average. Further, while EMS workers take on a certain level of risk in their line of work, they certainly did not enter this field with the expectation of working through a pandemic that would put them and their families at risk of serious complications - and even death - as a result of inadequate workplace protections. The heightened level of risk (and, in fact, the grave potential consequences) justifies hazard pay for this group of essential workers.

The image shows the cover of a briefing book. The background is a light blue, textured surface. On the left, there is a dark blue triangle. The text is arranged in two columns. The left column contains the title 'ESSENTIAL EMERGENCY MEDICAL SERVICE WORKERS BRIEFING BOOK' in blue, followed by the authors' names: 'Tiara Sepahpour - Lead Author', 'Anne Baerhubb, PhD - Senior Author', and 'Nicole Civita, JD, LLM - Editor/Designer'. The right column contains the title 'BUSINESS UNUSUAL' in large, bold, dark blue letters, followed by the subtitle 'ADDRESSING ESSENTIAL WORKERS' NEEDS DURING & AFTER THE COVID-19 PANDEMIC'. Below the subtitle is a dark blue brushstroke containing the URL 'https://bioethics.jhu.edu/essential'. At the bottom right, it says 'a Collaboration Between the Johns Hopkins Berman Institute of Bioethics & the University of Colorado Boulder MENV'.

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