



# INTERNATIONAL ASSOCIATION OF FIRE CHIEFS

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February 4, 2015

Amy Gutmann, Ph.D., Commission Chair,  
Presidential Commission for the Study of Bioethical Issues  
1425 New York Avenue, NW  
Suite C-100  
Washington, DC 20005

RE: Docket No. 2014-28617

Dear Dr. Gutmann:

On behalf of the more than 10,000 chief fire and emergency medical services officers of the International Association of Fire Chiefs (IAFC), thank you for the opportunity to provide comment on the questions posed by the Presidential Commission for the Study of Bioethical Issues (the Commission) in Federal Register Docket Number 2014-28617. The IAFC's members serve as the leadership of the nation's fire and emergency service and are experts in areas including hazardous materials response and emergency medical services (EMS). As such, the IAFC is uniquely positioned to address the Commission's concerns related to the establishment of quarantines and the storing of biological specimens, or biospecimens, to be tested for the Ebola Virus Disease (EVD).

Quarantines for personnel returning from responses to domestic or foreign medical emergencies can be an important tool in controlling the potential spread of pandemic diseases. However, the IAFC firmly believes that decisions on questions such as who to quarantine and the length of a quarantine should be left solely to federal, state, and local health officials rather than elected officials. Legal authority to conduct and maintain quarantines must be given to knowledgeable health officials who will implement a quarantine based solely on scientific findings and evidence. While defining the quarantine parameters, thought must also be given to where emergency responders will be quarantined and how their families and/or cohabitants will be protected in the event that they are quarantined in their own home.

Additionally, while under quarantine, emergency responders should be afforded all necessary medical testing and treatment. The total cost of this testing and treatment should be funded through workers' compensation funds rather than an emergency responder's personal health insurance. Furthermore, emergency responders placed under quarantine as a result of their duties should be eligible for paid leave throughout the duration of their quarantine.

Before establishing a quarantine, plans should also include a means for the quarantined individual to appeal their quarantine electronically. Currently several states require an appeal be made in-person and before a judge. A multitude of technological platforms exist which would enable a quarantined emergency responder to make such an appeal without breaking their quarantine. The federal government and Congress should support legislation which would clarify the rights of quarantined individuals to challenge their quarantine while still adhering to the quarantine.

In regards to the collection and storing of biospecimens during a public health emergency, the IAFC firmly believes that any agency, private company, or educational institution holding potentially infectious biospecimens must ensure compliance with all relevant codes, standards, regulations, and recognized best practices pertaining to the storage of these biospecimens. Entities failing to follow these standards place the public, and first responders in the event of an emergency, at great risk of harm when unknowingly coming in contact with these biospecimens and medical waste.

Lastly, the IAFC would also like to advise the Commission on two related matters pertaining to the fire service's response to the EVD crisis. Once a hazardous materials team and EMS personnel respond to and mitigate an EVD-related incident, the fire department incurs a significant cost for the decontamination of all vehicles, equipment, and emergency responders. For many fire departments across the nation, these costs can easily exceed the department's budget and reserve funds. The costs associated with decontamination should be funded by federal, state, and local public health agencies rather than just the responding fire department.

Additionally, when planning for EVD responses, America's fire service is facing a serious shortage of personal protective equipment (PPE). Fire departments ordering PPE have been notified that they can anticipate a delay of 6-8 weeks in receiving their order. This PPE shortage creates significant challenges for fire departments as they are potentially forced to respond to EVD-related emergency calls without the proper PPE. The IAFC encourages the Commission to consider what obligations emergency response agencies have to respond to EVD-related emergencies when they lack the proper PPE. The IAFC believes fire departments should adhere strictly to the PPE recommendations released by the Centers for Disease Control and Prevention when responding to a potential EVD patient.

Thank you again for the opportunity to provide recommendations as the Commission considers these important questions. If the Commission would like further information on the response of fire departments to the EVD emergency, please contact Evan Davis, Government Relations Manager, at 703-537-4809.

Sincerely,



Fire Chief G. Keith Bryant  
President and Chairman of the Board

/ed