



The Official
Newsletter
of the IAFC
EMS Section

EMS CHIEF ADVISOR

THE LEADERSHIP VOICE OF FIRE SERVICE-BASED EMS Fall 2009 Vol. 4 No. 3

THIS ISSUE

- 1 LETTER FROM THE CHAIR
Can You Hear Me Now?
- 1 EMS NOTIFICATION REINSTATED IN RENEWED RYAN WHITE ACT
- 2 TREASURER'S REPORT
- 2 ANNOUNCEMENTS
- 3 MEMBER PROFILE
Chief Randy Howell
- 4 IN THE SPOTLIGHT
Fire-Rescue Med 2010: Real Issues. Real Solutions.
- 5 H1N1 DISASTER DECLARATIONS FORGING NEW TERRITORY FOR EMS TO VACCINATE
- 7 CARING FOR OUR OWN: VACCINE COMPLIANCE WITHIN THE FIRE/EMS RANKS

LETTER FROM THE CHAIR Can You Hear Me Now!



By Gary Ludwig

The familiar phrase of “can you hear me now” is echoed through cellular telephone commercials constantly. The term refers to the common statement that we all make when we are having trouble communicating with someone on our cellular telephones. Optimally it is fantastic when you have a clear signal and the conversation is not interrupted. Basically, you are “fully involved” in a conversation with the other party.

This leads me to the EMS Section’s monthly podcast called “Fully Involved.” As in a clear signal cellular telephone conversation, the podcast that the EMS Section produces keeps our membership “fully involved” in timely and critical issues impacting fire service EMS.

Our first podcast featured well known author, educator, and speaker Dr. Bryan Bledsoe and actor Randy Mantooth who played Johnny Gage on the popular television show *Emergency!*. The participants talked about the new 2008 NFPA 1584 guidelines for rehabilitation and medical monitoring of firefighters during operations. The podcast coincided with the release of the book

produced by the Masimo Corporation that was sent to all IAFC members free of charge.

Another podcast was produced only about a week after the event happened. Earlier this summer a Metro train crashed in Washington, DC, killing nine and injuring dozens. About a week after the event, fire chief and EMS Section member Dennis Rubin, and medical director and EMS Section member Dr. James Augustine of the District of Columbia Fire and EMS Department, joined us to describe how their departments prepare for such events, how they responded to this multi-casualty, and what lessons were learned.

Podcasts produced by the EMS Section are designed to give our members hard-hitting and factual information that they can use. Each podcast is designed to last only about 30 minutes.

A good example of this is a podcast we did with Denis Onieal, superintendent at the National Fire Academy (NFA), on new and developing programs focusing on EMS at the NFA. This podcast ran about 30 minutes, and Dr. Onieal gave valuable information on what programs are offered, how to apply, how long the programs run, how much they cost, and more.

CONTINUED ON PAGE 6 ⇨

EMS Notification Reinstated in Renewed Ryan White Act

Nearly three years after pre-hospital provider notification was stricken from the Ryan White Act, those legal guidelines now are back in place.

“The Emergency Response provisions of the law that were deleted in 2006 have been reinstated in Part G of the new legislation,” said Steve Isaacson, a member of the IAFC’s Infectious Diseases Task Force. “The law that existed from 1990 to 2006 has been reinstated in its entirety.”

The clause, part of the Ryan White Act, requires facilities to share the infectious disease status of patients transported there by EMS. That portion of the law had been deleted during a committee meeting in 2006, but was reinstated when President Barack Obama renewed the entire law in October.

“On a personal note, thanks to the IAFC and their coordinated response with the International Association of Fire Fighters and other groups that made this change a reality,” Isaacson said.

TREASURER'S REPORT

As of 30 November 2009

EMS SECTION CONSOLIDATED FINANCIAL REPORT

	EMS Section 60500	Fire Rescue Med Conference 81000	Total
CARRYOVER PRIOR YEARS	\$235,968		\$235,968
INCOME	-----	-----	-----
TOTAL INCOME	\$23,065	\$292,706	\$315,771
EXPENSES	-----	-----	-----
TOTAL EXPENSES	\$110,918	\$233,091	\$344,009
TOTAL CHANGE IN NET ASSETS	(\$87,853)	\$59,615	(\$28,238)
CURRENT BALANCE	\$148,115	\$59,615	\$207,730

Submitted by: Rob Brown, EMS Section Treasurer

EVENTS, LEGISLATION, NEWS & NOTES

THIS SPOT IS RESERVED for best practices, news, events and legislative activities. Send us a brief description of any of the above and we'll feature them in the newsletter. If you think your organization is doing something we all need to know about, let us know so we can get the information out and help your peers. This is a conduit and flows both ways; it's most effective if you contribute. Send an e-mail to dsbeckermo@msn.com.

SECTION ANNOUNCEMENTS:

Company Officers—Join the IAFC!

This publication is a benefit of IAFC and EMS Section membership. If you are not currently a member, now is the time to join. Company Officers can join as affiliate members, receive the benefits of IAFC membership, and get involved in the work of the EMS Section.

For more details visit:

www.iafc.org/companyofficer

or to speak with a representative in member services, call:

866-385-9110

EMS CHIEF ADVISOR

Editor

IAFC EMS Section Vice Chair
David S. Becker

IAFC President and Chairman of the Board

Chief Jeffrey D. Johnson
EFO, CFO, MIFireE

Managing Editor

Cathy Cruise

Contributing Writer

Courtney McCain

IAFC EMS SECTION

4025 Fair Ridge Drive, Fairfax, VA 22033
703-273-0911 | Fax: 703-273-9363

Gary Ludwig, Chair
David S. Becker, Vice Chair
John Sinclair, Immediate Past Chair
& International Director
Ken Riddle, Conference Coordinator
Mike Metro, Secretary
Norris Croom, Director-at-Large
Rob Brown, Treasurer

The IAFC EMS Section promotes fire-based EMS by providing a forum for addressing fire-service EMS issues, providing guidance and direction to the IAFC board and membership on fire-service EMS issues and representing fire-based EMS issues before the federal government and other EMS interest groups.

EMS CHIEF ADVISOR is published quarterly by the International Association of Fire Chiefs on behalf of the EMS Section.

Copyright 2008 International Association of Fire Chiefs EMS Section. No part of this publication may be reproduced without the written permission of the publisher.

HOW TO SUBSCRIBE

Subscriptions are free for EMS Section members. To see if you qualify, contact Member Services at membership@iafc.org or by phone at 866-385-9110.

Send address changes to IAFC, 4025 Fair Ridge Dr, Suite 300, Fairfax, VA 22033.

EDITORIAL COMMENTS

Contact Chief David Becker, Ret., via email at dsbeckermo@msn.com.





Chief Randy Howell

Member Profile

CHIEF RANDY HOWELL

By Courtney McCain

Randy Howell has put 25 years into EMS, but 21 may as well be his lucky number.

Howell, a native of Idaho, returned to Boise in March 2009 after more than two decades in the Las Vegas, NV area. He had worked his way up the ranks, eventually becoming EMS Chief of Henderson Fire Department, a bedroom community to Las Vegas.

But as much as he enjoyed his work, he always knew he wanted to move home to Boise. His chance came by way of a Boise-based nephew who was visiting Vegas on his 21st birthday. Howell showed him the town, took him to one of the casinos, and met another out-of-town visitor who happened to be wearing a Boise Fire Department shirt. They struck up a conversation.

"When I told him I was from Boise and that I was the Henderson EMS Chief, he said 'Boise's looking for an EMS Chief,'" Howell recalled. "I was curious enough to check into it, and decided to test for it."

Howell was hired, and began as Boise Fire Department's new EMS Chief in March 2009. Boise Fire, with 266 personnel, operates out of 17 stations, providing fire protection and combination BLS/ALS first response to Boise residents. A third service ambulance provides transports in the Boise area.

Howell's career began literally the same way—by chance. "I'd graduated from high school, and still didn't know, even after one year of college, what I wanted to do," Howell said. "My uncle was a paramedic in Texas. I didn't have a direction, so I moved to Texas to see about opportunities there."

He'd been discussing career options with his uncle when a call came in, and Howell was invited to go along on an experience that would narrow his focus.

"I'd never been on an ambulance call in my life, and I felt like we were driving like madmen across these icy streets," Howell recalled.

Amidst the blur of living room-CPR and assisting medics during transport, Howell did as he was instructed to do.

"We got to the emergency department, and everything was still a blur," he said. "I'd never seen or done anything like that, before. I'd never thought about a career in fire or EMS. But my uncle did it, and I looked up to him, so I decided that's what I wanted to do. And it's been the only career I've ever had."

An EMT since 1983, Howell eventually became a paramedic with Amarillo Medical Services. In 1985, he moved to Las Vegas, working as a paramedic with private ambulance companies before joining the Henderson Fire Department in 1989. He was one of the first four firefighter/paramedics to join the department during its transition to ALS.

Howell (who became EMS battalion chief in 1991 and EMS chief in 1995) was one of the pioneers in the development of the Henderson Fire Department's EMS program. He was also instrumental in obtaining the department's accreditation with both the Commission on Fire Accreditation International (now the Center for Public Safety Excellence) and the Commission on Accreditation of Ambulance Services (CAAS), making Henderson Fire one of the few in the nation to achieve dual accreditation in 1999.

"Some chiefs don't see the value of accreditation," Howell said. "But it's an opportunity to look at your organization, to measure how well your organization is doing. I strongly believe it's worthwhile. And it is a difficult process, but worth it. Everyone tends to think they do EMS best where they are working, but how do they know? The accreditation process really puts a framework in place to look at all the different components of an organization."

'I'd never thought about a career in fire or EMS. But I decided that's what I wanted to do. And it's been the only career I've ever had.'

A member of the IAFC's EMS Section since 1991, Howell currently is the IAFC's representative on the CAAS board of directors. He also has been active with the planning and election committees, and has volunteered many times at Fire-Rescue Med. The next conference will bring him back to Las Vegas in May.

Howell is proud to have been part of a cooperative effort among fire and EMS departments in Nevada that banded together in 2005 to get an emergency bill passed requiring hospitals to transfer care within 30 minutes. Until then, crews could wait for hours to offload patients into an often gridlocked system.

"We were up against our own regulatory authority," Howell said of the campaign. "Sometimes in crisis and stress, we end up becoming closer, and that's what happened in the midst of this. We all worked together to solve a problem that impacted every agency."

Howell's decision to leave Henderson Fire was spurred by a yearning to raise his own family in his hometown. But he said it was still difficult to leave the agency and the bonds formed over more than two decades.

"It's unlike any other profession, really," Howell said. "It's a team atmosphere. You really develop camaraderie, and I enjoyed so much working with Henderson Fire. I knew I didn't want to do anything else, that I wanted to stay with the fire service. But we wanted to go back to Boise."

Howell and his wife of 18 years, Mardianne (also a native of Idaho), have three children (Mackinzie, 11; Mackayla, 8; and Parker, 6). "We moved in March, in the middle of the school year, and they really liked their school, so that was very hard," Howell said. "But when they started school (in Boise), they loved it. They've acclimatized very well."

CONTINUED ON PAGE 6 ⇨

In the Spotlight

FIRE-RESCUE MED 2010: REAL ISSUES. REAL SOLUTIONS.

By David S. Becker, MA, EMT-P, EFO

This year marks the 20th anniversary of the EMS Section of the International Association of Fire Chiefs. Mark your calendars for the premier conference for fire-based EMS leaders. The EMS Section of the IAFC will present the Fire-Rescue Med conference May 3-5, 2010, at the Orleans Hotel and Casino in Las Vegas, with pre-conference workshops on April 30, and May 1-2, 2010.

As in previous years, the conference pledges to provide a great learning and networking tool for important issues faced by fire-based EMS organizations. You can also earn Continuing Education credits (CEUs) for your EMT, EMT-I, or EMT-Paramedic certification.

With more than 35 educational sessions, you'll hear from industry leaders who can help you stay ahead. In addition to the educational sessions, more than 50 vendors will assist in your search for state-of-the-art products and services.

The EMS Section Membership Meeting will be held on Sunday, May 2, at 4:45 p.m. Come and participate in the business meeting and hear about the activities of the EMS Section and EMS issues on a national level. The meeting is open to all attendees of the conference. Even if you're not a member, come and see why you should join the EMS Section.

The EMS Section Board has maintained the cost of the program with no increases again for the past several years. Before April 10, 2010, IAFC members can register for \$365; non-members for \$395. After that date, the cost to IAFC members is \$445; non-members is \$495. For more information, call 703/449-6418 or 800-934-1957.

Watch for future announcements for the chance to be selected as a speaker at the 2009 conference.

The entire conference brochure and detailed descriptions of each course are available at www.iafc.org/frm, where you can also register.

FIRE-RESCUE MED PROGRAM

PRE-CONFERENCE SESSIONS

Friday, April 30

EMS Instructor Symposium

Saturday, May 1

- P1 Train-the-Trainer Course for Bloodborne Pathogens and TB, *Kathy West*
- P2 EMS Leadership Academy – Session 1, *Mike Metro*
- P3 Ethical Leadership In The Classroom, *Kevin Brame*
- P4 Fire Service 2.0: The Road Ahead, *Mike Ragone & Bruce Evans*
- P5 NFPA 1584: Incident Rehab, *Bryan Bledsoe & Mike McEvoy*

Sunday, May 2

- P6 Advanced Designated Infection Control Officer, *Kathy West & Jim Cross*
- P2 EMS Leadership Academy - Session 2, *Mike Metro*
- P7 Roadway Safety for Emergency Personnel - Instructor Course, *Dave Bradley*
- P8 Leadership Rules of Engagement, *Tim Holman*

MAIN CONFERENCE SESSIONS

Monday, May 3

Opening Gen. Session includes the presentation of 2010 James O. Page Award

Gen. Session 1: Presentation by the U.S. FEMA Administrator - *Craig Fugate (Invited)*

- 101 What the Fire Service Can Learn From Corporate America, *Todd LeDuc*
- 102 Firefighter Safety and Resource Deployment Study, *Lori Moore-Merrill*
- 103 Infectious Disease Update, *Kathy West*
- 104 The National Ambulance Contract - What is it?, *Jon Greene*
- 201 Hot Products 2010: Gotta Have it!, *Jeffrey T. Lindsey*
- 202 Marketing Your Fire Department to Survive the Economic Downturn, *Todd LeDuc*
- 203 EMS Ethics 101, *Tim Holman*
- 204 H1N1: Where Do We Go From Here?, *Rick Patrick*

Gen. Session 2: Panel Discussion: Federal EMS Initiatives - *FICEMS Members*

Tuesday, May 4

Opening Gen. Session including the presentation of 2010 Heart-Safe Community Awards

Gen. Session 3: EMS and the Department of Homeland Security - *Alex Garza (Invited)*

- 301 The Dash, *Jeffrey T. Lindsey*
- 302 How to Read the Tea Leaves: Situational Awareness, *Todd LeDuc*
- 303 EMS Personnel and Narcotics Tampering: Awareness and Prevention, *Aimin Alton*
- 304 EMS Credentialing: Across Stateline Practice of Pre-Hospital Medicine, *Joseph Martin III*
- 401 Ambulance Billing and Reimbursement Update, *Pete Lawrence*
- 402 Memphis Fire Department EMS and FedEx - Partners in Quality, *James Logan*
- 403 CoAEMSP and NREMT: Moving to Accreditation in 2013, *George Hatch & Bill Brown*
- 404 EMS at the United States Fire Administration, *Mike Stern & Bill Troup*

General Session 4: The Future of Fire-Based EMS - *Bryan Bledsoe*

Wednesday, May 5

Gen.Ses. 5: Leading During Crisis of Terrorism-Lessons from Mumbai, Beslan, and VA Tech-*John Giduck*

12:00 pm - 1:30 pm Leading During Crisis of Terrorism: Q & A Lunch (\$45)

H1N1 DISASTER DECLARATIONS FORGING NEW TERRITORY FOR EMS TO VACCINATE

By Courtney McCain

With the H1N1 virus sweeping the world, scope of practice issues that once prevented paramedics from assisting with vaccination clinics are being revisited in many jurisdictions.

Some agencies, through partnerships with county and state departments, have assisted with numerous public vaccination clinics. Others still are developing those ties while remaining mired in politics as the influenza pandemic grows.

Vaccinations as preventative, emergency care

It isn't the procedure that's in question: Intramuscular injection is part of the national scope of practice for advanced, prehospital providers. It's what is being injected that is raising some legal eyebrows.

Even in the midst of a declared influenza emergency, at least one state is refusing to allow paramedics to assist with mass prophylaxis. But many others are viewing vaccination as preventative, emergency care.

The general public was urged to receive seasonal influenza vaccinations, and those news reports later were punctuated by reports of earlier-than-usual rounds of seasonal flu striking throughout the country. Now with H1N1 spreading, the urgency for vaccinations is evident in long lines of people outside clinics set up in churches, schools, and auditoriums.

In April, the Department of Health and Human Services declared H1N1 to be in pandemic status. Many states followed with their own declarations, and in October, U.S. President Barack Obama declared a state of national emergency regarding H1N1, clearing the way for public health entities to enlist help with vaccinating the masses. Services that had not already done so utilized the declarations as an opportunity for EMS personnel to assist with a formerly closed scope of practice.

It's all about relationships

Agencies that have good relationships with their county health officials (plus legislated authority to vaccinate) have had little difficulty assisting with inoculations.

"The best practice is to have already met with local and community health officials beforehand," said Chief John Sinclair, of Kittitas

Valley (Wash.) Fire & Rescue, and international director of the IAFC's EMS Section. "We're just the support agency for public health, and absolutely, this has helped forge closer relationships."

The H1N1 scare has also yielded lessons for even a well-established system like that in Kittitas County.

"We've had to look at where we are doing these clinics," Sinclair said of the original plan to house vaccination clinics in schools and similar structures designed for many people. "We've had to revise some plans so that, operationally, these places aren't needing to be shut down so we can run the clinics."

The drive-through clinics have been very successful for both seasonal and H1N1 inoculations, Sinclair said, and are held in areas where motorists can line up, receive vaccines, and be monitored for reactions while waiting in their vehicles, without impeding traffic.

"Agencies need to be coordinated in these responses," said Steve Isaacson, EMS chief of the Overland Park (KS) Fire Department. "Those folks who don't have working relationships need to begin improving those immediately. The benefits far exceed the work involved in forming dialogues and protocol."

Isaacson's department has been working with the county health department since 2005, when it was feared that Avian Flu might take off throughout the nation. The massive spread of that virus was contained, but the scare brought county and municipal agencies closer.

"When the bird flu waned off, we maintained those relationships and kept having the meetings," Isaacson said. "It's paid off today, because of those relationships that we fostered, and really took this event to see how far we'd come, and how well we've done. We've been planning for this for years, so when H1N1 came along, our preparedness worked out seamlessly."

"Our medical director wrote a vaccination protocol, and sent it to the (Kansas) Board of EMS," Isaacson said. "It's a one-sentence statement, about something new we have in our protocol, how we are changing our protocol to assist in our service area."

The protocol not only was changed for influenza vaccinations, but also for any future

event that may result in a mass prophylaxis, such as meningitis.

"If we're vaccinating thousands of people, you bet we're involved," Isaacson said. "Our people enjoy being part of the solution."

Vaccination roadblock in Virginia

But even eager providers and good relationships between public safety and public health officials can fall victim to interpretation of state law.

Just as plans were ramping up for H1N1 vaccine clinics, fire/EMS personnel in the state of Virginia were abruptly barred from administering vaccines.

"We've always vaccinated our department personnel for seasonal flu," said Chief Rob Brown, of the Stafford County (VA) Fire & Rescue Department. "It's quicker and costs less. It costs \$25 to \$30 per shot through (county health), but we can deliver it to our own personnel for \$8 per shot. I don't think there's a fire department that wouldn't pinch a penny where they could."

That vaccination plan came to a halt on October 14 when Virginia Attorney General William C. Mims issued an ultimatum: Prehospital personnel would not be permitted to vaccinate anyone. Based on his interpretation of Virginia Code, Mims stated that EMS personnel could only administer medications in the course of emergency medical care.

"The administration of seasonal flu vaccination cannot be construed to be needed for the individual's immediate medical care," Mims wrote in response to queries about his ruling. "This prohibition extends to the administration of other vaccinations and the administration of Tuberculin Skin Tests and the interpretation of those results."

Not only could Stafford County Fire/EMS not assist the overwhelmed community clinics, they weren't even allowed to administer the just-delivered H1N1 vaccine to their own personnel.

"I was flabbergasted," Brown said. "We just don't understand that opinion. We had 1,000 doses of H1N1 vaccine for our personnel and suddenly, we weren't being allowed to give it, and now we had to hire nurses to give it to us."

CONTINUED ON PAGE 6 →

Brown is thankful for two happenstances: The RN spouses of some Stafford County personnel volunteered to help vaccinate, saving the department thousands of dollars in fees they would have paid to hire nurses. Also, the department had already finished the seasonal flu vaccine by the time the AG ruling came down.

Brown said that nurses staffing Stafford county vaccination clinics have expressed their frustration, also.

"We're on standby at these clinics in case someone has a reaction," Brown said. "And it's ironic that we can't give vaccinations, but as soon as someone thinks they're having a vaccine reaction, those patients are turned over to us."

Virginia's medics snarled in politics, but politics might bring a solution

"It's absolutely crazy that the governor and the director of the department of health have not stepped in," Brown said. "We're a stone's throw from our nation's capitol, and we aren't allowed to follow the national scope of practice."

The Code in question has been revised at least twice in the past several years. One opinion clearing the way for paramedics to vaccinate originally came out last year, well before H1N1 became an issue. But when the law was accessed for review last month, the revised opinion had been omitted.

"It's been taken off. I have the original copy, and somehow, the revised opinion has been removed," Brown said. "The part that would allow us to do our jobs has been taken out, and no one is telling us why."

That reason might be snarled in politics and lame-duck, Virginia tradition and a deviation of attention. The recently unseated governor (who by law can only serve one, four-year term) is doubling as current chair of the Democratic National Committee.

"Since the vaccine is so scarce, now, there wasn't a huge outcry," Brown said.

Mims did state that although Virginia Code does not authorize EMS providers to administer vaccinations, the state health commissioner would be permitted to authorize it in the event of a disaster declaration. In that event, all EMS personnel would be under the direction of the commissioner, and not each service's individual medical director.

But that hasn't happened, Brown said.

Brown and other frustrated prehospital providers are hoping that a legal end-runaround might ultimately allow EMS personnel to vaccinate in Virginia, disaster declaration or not. State legislators are hoping to enact an emergency clause during the first day of the upcoming session, but that won't begin until January 1, 2010.

Vaccination scope of practice largely not an issue between paramedics, RNs

In most cases, the re-legislated authority has been met with relief by nurses, themselves frustrated by legislative grips on their own profession during times of mass prophylaxis.

The emergency and disaster declarations have been helpful to the nursing industry in establishing legislation to eliminate red tape during vaccination clinics.

"Until (October), nurses couldn't even do mass vaccinations without a specific doctor's order for each patient, but now that's changed," said Mike McEvoy, EMS coordinator for Saratoga County, NY. "New York just passed a new, state regulation that allows paramedics to vaccinate in clinics. Up until then, they couldn't."

Faced with the reality of a rapidly spreading H1N1 pandemic, the former vaccination scope of practice chasm between paramedics and nurses has filled in, largely because nurses also face similar legislative challenges in many states.

"I've not heard anything about it, and I am a nurse, so I'm pretty attuned to that," said McEvoy, a paramedic/RN who also serves on the IAF's Emerging Diseases Task Force. "I haven't seen any resistance from nursing communities regarding paramedics giving shots. From everything I've seen and heard, they're glad that we'll be helping out."

In some states, where scope of practice is more strictly legislated, agencies have hired personnel who can straddle both professions. Some departments, like the Los Angeles County Fire Department, utilizes in-house nurses for education and employee health. The 15 nurses employed by LA County Fire also vaccinate the agency's personnel.

"In our state, paramedics are not allowed to give vaccinations to the public," said Deputy Chief Mike Metro, with LA County Fire. "They have established a variance to some agencies that they can vaccinate their own first responders, but not anyone else."

Letter from the Chair continued from page 1

I personally like to listen to other podcasts and choose to do so while sitting at my desk and working on other projects. You can also register on iTunes and get notified each time a new podcast is available for download. You can then download the latest podcast and listen to it on your iPod while in the car, walking, or working out.

The podcasts would not be possible without the help of EMS Section member Chief Michael Carter from Currituck County, North Carolina. Each month, Chief Carter records and produces the show, which is eventually uploaded to our website and made available for downloading and listening.

To listen to our podcast, visit:
www.IAFCEMS.org

Member Profile continued from page 3

Now that he's moved to Boise, he's literally come home—albeit to a service where he's had no history.

"I came in with a reputation for making changes, and our reputation in Henderson was for the great EMS care we delivered," Howell said. "Change is a scary thing for people, especially if it's coming from 'outside'. It's all in how it's implemented."

Is accreditation on the horizon for the Boise Fire Department?

"Maybe," Howell said. "We are looking at how our agencies cooperate with others in the service area. It's a learning opportunity for me, because I came in here with a clean slate."

Howell holds associate's degrees in fire science technology and fire service management, and a bachelor's in education from the University of Nevada in Las Vegas. He has completed courses at the National Fire Academy and holds numerous instructor certificates in both fire and EMS disciplines.

CARING FOR OUR OWN: VACCINE COMPLIANCE WITHIN THE FIRE/EMS RANKS

By Courtney McCain

While nearly all departments across the United States are offering vaccinations to their personnel, they have stopped short of requiring them.

"They're afraid they'll get a huge backlash, and that people will quit and go work where it's not required," said Mike McEvoy, EMS coordinator for Saratoga County, NY and a member of the IAFC's Emerging Diseases Task Force. "That's a problem that's very real in our profession. To some degree, they just don't want to be told what to do."

McEvoy cited examples of past dissent against such recommendations as required seatbelt and helmet use, and said he hopes that personnel who once shunned seasonal flu shots will change their minds.

Some facilities (namely hospitals) have begun requiring that all clinical personnel receive a seasonal shot as a condition of further employment. In Northern California, nursing staff walked off the job and enlisted union assistance rather than be forced to take a flu shot. While some facilities have since waived the requirement, others are standing firm regarding seasonal flu shots.

"We can't mandate it," said Gary Ludwig, deputy fire chief with Memphis Fire and chair of the IAFC's EMS Section. "But we can encourage them to take the shot."

Like many fire/EMS agencies, Memphis Fire is increasing voluntary compliance

"It's more of a convenience issue," said Lt. Jim Logan, EMS consequence management officer with Memphis Fire. "When we've brought the shot to the stations, we have had

obesity, and pulmonary issues increase the chances for complications, we're also seeing very healthy individuals whose immune systems are having such an aggressive

'It's more of a convenience issue, When we've brought the shot to the stations, we have had higher numbers of people getting the shot.'

higher numbers of people getting the shot."

So far, they have a 55 percent compliance rate—still considerably higher than the national rate among EMS providers, which hovers at 40 percent.

Thanks to the education in-service offered by the vaccination team, "we've had people who have changed their minds, and gotten the shot," said Lt. Barry Nash, infection control officer for Memphis Fire. "We've had to tackle some myths."

Chief John Sinclair's department, Kittitas Valley Fire & Rescue in Washington State, has a 75 percent compliance rate among his personnel. This is due, he said, in large part to education.

"There are people who feel no need to vaccinate, or who have allergies or concerns about the preservative (thimerosal) in some of the shots," Sinclair said. "We've also got that segment of the population that believe all vaccinations are evil, but the majority are

response that it's resulting in total, systemic failure," Sinclair said.

"H1N1 is taking a group of people who don't normally have these complications, and taking them in the prime of their lives. It's got such a different, fast onset. And what's scary is that if you get it, you don't know if you're going to be one of those people whose immune system has that (aggressive response). So far, there's no way to predict that. So if you don't get vaccinated, you really are taking a big chance."

Faced with those facts, many front-line fire/EMS personnel aren't taking their chances with H1N1. Overland Park Fire Department, for example, has seen more than 90 percent of its personnel accept the H1N1 vaccine, said EMS Chief Steve Isaacson.

As the H1N1 virus spreads, pockets of the country that have not yet seen a wide impact are preparing for the worst as cooler weather encroaches.

Chief Mike Metro, whose personnel receive shots voluntarily from one of 15 nurses employed as educators for the Los Angeles County Fire Department, understands that some of his personnel will be getting ill at the same time ambulance call volumes are likely to rise for the same, viral reason.

"As you look at statistics from the CDC and projections, we're certainly concerned about the pandemic's impact on departments operationally," Metro said. "The latest estimates from CDC place a 30 percent impact on EMS personnel."

'We've got a segment of the population that believes all vaccinations are evil, but the majority are more realistic.'

through convenience. Although the public health department offers the shot to fire personnel, many won't take off-duty time to get the shot on their own. So Memphis has a dedicated unit (staffed by two teams of four paramedics) to vaccinate 900 people within the department.

more realistic."

One ominous difference between H1N1 and the seasonal flu has been the proportion of relatively healthy people who have become critically ill from H1N1.

"I think one of the things that gets lost is that while co-morbid factors like diabetes,

EMS CHIEF ADVISOR

EMS SECTION BOARD

EMS SECTION CHAIR

Gary Ludwig, Deputy Fire Chief
Memphis Fire Dept
65 S. Front Street
Memphis, TN 38103
901-527-1400; Fax: 901-320-5631
gary.ludwig@memphistn.gov

VICE CHAIR

David S. Becker
12873 Wenlock Drive
St. Louis, MO 63146
314-878-3332; Cell: 314-724-0926
dsbeckermo@msn.com

SECRETARY

Mike Metro, Deputy Fire Chief
Serving Division 3, Division 5 and
the Air and Wildland Missions
North Region Operations Bureau
26320 Citrus Street
Santa Clarita, CA 91355
Office: 661-286-2792
Fax: 661-286-2799

TREASURER

J. Robert (Rob) Brown Jr., CFO
Fire and Rescue Chief
Stafford County Fire & Rescue Dept
1300 Courthouse Road, P.O. 339
Stafford, VA 22555-0339
540-658-7200; Fax: 540-658-4545
rbrown@co.stafford.va.us

DIRECTOR-AT-LARGE

Norris W. Croom III, EMT-P, CMO
Division Chief of Operations
Castle Rock Fire and Rescue Department
300 Perry Street
Castle Rock, CO 80104
303-660-1066; Fax: 303-660-1069
ncroom@crgo.com

IMMEDIATE PAST CHAIR & INTERNATIONAL DIRECTOR

John Sinclair,
Fire Chief & Emergency Manager
Kittitas Valley Fire & Rescue
2020 Vantage Highway
Ellensburg, WA 98926
509-856-7714; Fax: 509-933-7240
sinclairj@kvfr.org; JDS606@aol.com

CONFERENCE COORDINATOR

Ken Riddle, Deputy Fire Chief (Ret.)
Las Vegas Fire & Rescue
10916 Maryville Ave.
Las Vegas, NV 89144
Office: 702-254-7749
ken.riddle@cox.net