



December 17 2020

Minister of Health
Office of the Minister
423 Legislature Building
10800 - 97 Avenue
Edmonton, AB
T5K 2B6

Re: COVID-19 Vaccine Roll-Out

The Honourable Tyler Shandro,

The Alberta Paramedic Association (Association) is an elected organization developed to establish a voice for Paramedics. As President of the Association, I am asking for clarification on where Paramedics stand in regards to receiving a COVID-19 vaccine. Paramedics are health care workers (HCW); however, in recent AHS communication, they've led Paramedics to understand that they are not being considered HCW's and will be in the following phase of the vaccine roll-out.

With a limited supply of vaccine, we recognize that there must be a targeted priority-based approach. We are urging the Government of Alberta to determine the next steps of the vaccine roll-out to be based on priority decisions on the following criteria. In order of priority:

- 1) Who is the most vulnerable?
- 2) What are the most significant critical workforce considerations?
- 3) Who is most likely to spread the virus?

On the second question, Paramedics are HCW's, and they are an intricate critical workforce who are vital to the sustainability of the health system. There is a misconception that Paramedics are a means to transport people to Emergency Rooms. However, Paramedics play a larger role in the health care system. Before excluding them from the first phase of vaccine roll-out, it would be prudent to consider the impacts of not having them vaccinated with their fellow HCW's.

EMS - Urban

Paramedics working in the EMS system are often the first point of contact for critically ill COVID patients. They are performing high-risk skills such as intubation and aerosol-generating procedures in often uncontrolled environments and confined spaces. It is not always feasible for critically ill people to find their own means of transport to the hospital; This can be attributed to several factors such as financial and social-economic situations, special populations with disabilities, or the patient's condition, where they are not capable of getting to the emergency room and require immediate interventions. Further to that point, we must remember that all the other 911 emergencies don't stop for the pandemic. For years the urban centres have been facing mounting pressures of increased call volumes and depletion of staff forced onto workplace leave or modified duties resulting in units going

out of service. Having practitioners forced into isolation due to COVID-19 exposure or having COVID-19 will only further compound resources' depletion.

EMS - Rural

Paramedics working in rural communities are faced with similar challenges as those in urban centres. However, rural EMS lacks extra resources to serve as a buffer if a unit was to go out of service due to COVID-19. In these communities, Paramedics serve as access to primary health care and can be the only available health services in their community. For those communities that do have an ER, Paramedics often help in the ER to stabilize critically ill patients, such as intubation and serve as the gap between rural health care and definitive care in the urban centres. Further to that, EMS crews will often be responsible for treating and transporting the critically ill to ICU's. To lose one ambulance in a rural community could be devastating to the delivery and continuity of health services.

Interfacility Transport (IFT)

Another vital component that is often overlooked in health care is that we have to transfer patients between health care facilities. For that reason, IFT units are critical to the sustainability of a centralized health care system. Through the IFT program, hospitals facing overcapacity can quickly create space by moving patients to other hospitals or lower acute care hospitals. IFT units are also a mechanism for transporting patients between long-term care facilities and hospitals. Furthermore, they are responsible for transporting critically-ill patients from lower care facilities to high care facilities and play an essential role in transporting specialty teams such as the NICU and PICU teams.

Critical Care Transport

These specialized teams are made up of 11 fixed-wing aircraft, 4 STARS helicopters and designated ground units. They are specialized teams consisting of paramedics and pilots who transport critically-ill patients throughout the province. In coordination with Transport Physicians, their primary responsibility is to bring critical and intensive care into these rural communities and then transport them to ICU's. In critically-ill patients, rural hospitals heavily rely on their experience, knowledge and skills. These paramedics are regularly intubating COVID-19 patients and performing aerosol-generating procedures in confined pressurized spaces. As the pandemic has spread to all corners of the province, it is essential that this critical service not be disrupted. In addition to their primary responsibility, they serve in a similar capacity as the IFT program, transporting patients between facilities and offer a rapid solution to creating space in an overcrowded facility.

Community Care Paramedics

Community Care Paramedics are another specialized group of paramedics who perform a crucial task supporting the health care system. Through this program, these paramedics effectively keep vulnerable patients from being admitted into a hospital and provide ongoing treatments at the patient's home residence. By reducing the number of patients admitted to the hospital, they effectively alleviate overcapacity within hospitals. They also reduce the risk of vulnerable patients who would otherwise require admission to the hospital from contracting infectious diseases such as COVID-19.

Clinics - Remote Indigenous Communities

In remote indigenous communities, such as Fort Chipewyan and Fox Lake, Paramedics are critical to their health clinics' staffing. In areas such as these, where Medical Doctor access is limited, Health Canada, along with RN's, utilizes Paramedics as one of their prominent health care practitioners, who



are staffing the health clinic. Having their paramedics go into isolation due to COVID-19 would jeopardize their health clinics.

On the third question, Paramedics are at high risk of contracting COVID-19 and transmitting the virus. Unlike other HCW's, Paramedics are very transient across the health sector. Paramedics travel between multiple health departments, hospitals, LTC facilities, and residences in a single day. For example, Paramedics can transport a COVID-19 patient directly to the ICU, and the next place they go to is a LTC facility full of vulnerable patients.

In urban centres, EMS crews face a high volume of 911 calls, which not all patients may be forthcoming with their symptoms or be able to communicate with the practitioners that they have recently tested positive for COVID-19. Further to that, these practitioners perform skills that put them at high risk for COVID-19 transmissions, such as intubation, aerosol-generating procedures and CPR in confined spaces. Paramedics are also responsible for the disinfection of their equipment and their ambulance. With repeated back to back calls, there is a risk of not thoroughly disinfecting, which now that same environment that they treated their COVID-19 patient is their break room and perhaps the place that they will be forced to eat their lunch. PPE equipment was designed for controlled environments such as hospital facilities. To address PPE in freezing winter conditions for Paramedics, the recommendations by AHS EMS to have Paramedics wear their winter jackets, hats and gloves over their PPE is questionable at best and would increase their risk of contracting COVID-19.

In rural communities, Paramedics are working 96 hours straight. They often spend their 96 hours together in a crew house or at the station. Depending on the station, this could be upwards of six paramedics together for 96 hours. It would only take one asymptomatic paramedic who doesn't know they have COVID-19 to cause five other paramedics to go into isolation due to close contact, resulting in three ambulances now being out of service. Another factor to consider is that these Paramedics will travel long distances during a shift and make numerous stops at different communities due to the borderless EMS system, increasing their exposure rate and transmission rate.

Lastly, the Critical Care Transport teams travel tremendous distances into numerous communities interacting in close contact with EMS, Physicians and RN's in both rural and urban centres. They are transporting some of the most vulnerable and critically ill patients. Each aircraft utilizes two specialty-trained medevac pilots and two specialty-trained Paramedics or a Paramedic and Nurse combination. They are working in confined pressurized spaces, and it would only take one asymptomatic practitioner or pilot to unintentionally force three others into isolation and possibly shut down the aircraft.

The long-awaited arrival of the vaccine is heartening news. We also recognize that there must be a strategically targeted priority-based vaccine roll-out. We ask that your Government acknowledges the critical role Paramedics play to the sustainability of the health care system and ensure they are rightfully considered healthcare workers. We also ask that Paramedics' vital roles be considered when identifying who is the critical workforce. Are the number of paramedics going into isolation due to COVID exposure putting the public and the EMS system in jeopardy? That is something we believe the Government should be looking into and considering.



I would be happy to discuss this matter with you further or answer any questions surrounding the topic. Thank you for your attention to this matter and I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Myshrall".

Dusty Myshrall, ACP, Flight Paramedic
President

Alberta Paramedic Association

