

TESTIMONY BY EMT CHRIS BRIGGS IN FAVOR OF SB 6

Senate Business & Commerce Committee



Chris Briggs
EMT Lifecare EMS

Hello, my name is Chris Briggs. I am a paramedic with Lifecare EMS serving the people of Parker County. I am offering this written testimony in favor of SB 6 and urge you to pass this bill.

Every day, we deal with sick and injured patients facing an emergency. However, during this pandemic, we've been rendering emergency care amidst an ongoing, non-stop emergency crisis. COVID has changed our treatment options and compounded our workload, physical and mental stress.

We've had to learn on the fly and deal with a steady stream of unknowns. We put ourselves at risk when answering every emergency call because every patient could be an asymptomatic COVID carrier today. More concerning for us, we may be putting our family members at risk if we unknowingly take it home to our spouses or children.

First responders should not be expected to have known or overcome every COVID concern. Paramedics deserve a higher standard of care when rendering treatment during this pandemic unless they acted recklessly.

Nothing has been customary. None of us previously experienced a pandemic. We've had to learn about the disease and retrain ourselves on patient care and safety protocols on an almost daily basis.

Our dispatcher asks the appropriate questions that may trigger what we call a PPE response. If indicated, we alert our crew members that this is a COVID suspicious or likely COVID patient. Take full precautions.

Initially, we didn't know how contagious the disease was. Subsequently, we learned that the potential for cross-contamination is immense. We had to learn how to take off PPE and not get contaminated or contaminate others. Consequently, we now decontaminate ourselves, spray with disinfectant, and wipe down every piece of equipment in the back of the ambulance after every run. This decontamination work has doubled our turnaround time for the next EMS call. However, we must do the best we can to protect the next patient we put into the back of our ambulance.

Historically, the fire department and EMS provided a shared response to an emergency. Now, we avoid unnecessarily exposing a first responder to the COVID virus. Our new approach is to do an interview, make an assessment, and figure out how to get the patient safely out of the house. Additional help is sent inside the home only if it is necessary. Respiratory patients are given breathing treatments outdoors instead of inside their house or in the back of the ambulance. Doing so helps protect first responders from exposure to the COVID virus for an extended period. In the past, those with congestive heart failure or severe shortness of breath might be fitted for a CPAP, providing

more oxygen and continuous positive airway pressure. The patient needs increased oxygen, but the CPAP aerosolizes the treatment, potentially exposing the EMT to COVID-infected respiratory droplets.

So, we've switched to the use of a nasal cannula. The trouble is, the higher you go on the oxygen flow, the more likely it is that the breathing treatment aerosolizes. We've had to experiment to find a relatively secure medium that keeps the patient alive and keeps us safe.

Once inside the ambulance, we're in a confined space with not much air circulation. I'm wearing PPE and treating a patient on a 35-minute trip to the hospital. The patient is sick, probably COVID-infected, and I'm two feet from their face. I've got to save that person. But I also must keep myself and my fellow EMT partner safe.

Our local colleagues have shared many ideas that we put into practice. Among them, we started to use an isolation tent. Suspected COVID patients are placed in an isolation tent—much like a mosquito tent-- hooked to the ambulance ceiling. The EMT is outside the tent, keeping the patient breathing and oscillated, lessening the chance of being exposed to the COVID virus.

One mistake, and we put ourselves and our colleagues at risk. One mistake could eliminate our entire shift at work, and patients lose critical care. We have never faced anything like COVID.

Fifteen of the 70 or so paramedics I work with have become infected by COVID this past year. Fortunately, all have fully recovered. However, when you lose part of your staff, others must pick up that shift. So, my 24-hour shift is now a 72-hour shift.

When you're tired, you're more apt to make a mistake. Parker County residents are now left with two less than ideal choices: Either no one responds to your emergency, or you get an exhausted paramedic.

We're learning as we go and doing the best we can. We're taking every step we know to protect ourselves, our patients, our families, colleagues, and our community. This pandemic has produced many unique, extenuating, and trying circumstances. Paramedics should not be held liable for any lapse in patient care or safety unless that care is grossly lacking. Please protect us. Please vote in favor of SB 6.