Do you see a marked difference between conducting a mental health meeting with just a crew versus conducting a shift-wide multi-station, sit-down after-action report? What are your thoughts on the impact of these different approaches?

Great question! I always recommend only conducting after action stress management meetings (CISM) with crews and dispatchers directly involved in the call. Discussing the call as a wider group would open others to vicarious trauma. If there are operational lessons to be learned (CQI), those can come in a wider meeting that does not directly identify the call related to the operational lesson learned, and would be best presented as part of a quality improvement meeting that discusses many learned best practices at one time, and does not focus on one specific call, which could trigger a mental health response from crews involved in the call response that initiated the discussion.

Do you have any advice on how to help children on the autism spectrum who are now confined to the home and have had their daily routine significantly disrupted?

Great question! Find many great resources on this topic here: https://www.autismspeaks.org/covid-19-information-and-resources-families

In addition to the CDC, what other websites do you recommend suggesting to the public to obtain further information on the pandemic?

I recommend individuals focus on using the CDC for information, but for state specific information, state departments of health as well as county government websites are reputable sources for information related to COVID-19. If one is seeking information on something more specific , such as managing diabetes amid COVID-19, or childcare, etc. most country library systems are offering librarians virtually to help users access online resources and tools on a host of topics. This would be a great way to get connected to online information as well.

Many prehospital practitioners believe that stress levels will continue beyond the end of the COVID-19 crisis. How can EMS providers mobilize the massive Critical Incident Stress Debriefing (CISD) process that may be needed to mitigate the cumulative effects of this stress?

Great question! If your agency does not have a department CISM team, this would be an ideal team to assemble one. Keep in mind however that CISM is about episodes of exposure to stress. As it relates to cumulative stress, it would be best to ensure your department have a robust Employee Assistance Program where employees can seek counseling, peer support, chaplaincy to navigate mental health needs and then a CISM team if they have a specific call that is traumatic.

In addition to training, staying up to date on information, and spreading appropriate information to the public, what can EMS providers do to best serve the field and stay busy if 911 calls are down in your area?

Great question! Many agencies have been in the community doing hospital drive by to lift the spirit of fellow health workers, drive by in neighborhoods to cheer children and older adults and show our presence, and also using the opportunity to assist with community drives for food distribution. Aside from these customer service efforts, a great way to stay busy is to make follow up phone calls to older adults, pregnant patients, and pediatric patients who have called 911 to ensure they healthy and understand precautions, as well as have access to food, healthcare, and medication.

What advice can you offer for providers who may run into a patient with religious beliefs or social concerns that conflict with social distancing or other recommended precautions or treatments during the pandemic?

Great Question! If a patient has a belief system that is not aligned with social distancing or other precautions we certainly want, and to some extent are required, to respect their belief system. If the individual lives in an area that has government issued orders that are enforceable by law, then we would want to encourage the patient to consider legal vs. religious beliefs and consult with an attorney as to their rights. If this was the case and we have concerns for their safety or the community's safety you would also want to consider reporting their illegal activity within your departments protocols. If the patient is not residing in an area with government orders that enforceable by law, then we really have little recourse to do more than educate about the risks they are taking for their health, and those close to them, as well as the community at large. Talking to the patient about their beliefs in a calm, non-judgmental manner and letting them know you want to partner with them to balance respect for their beliefs and safety issues may also make the patient less defensive and more open to compromise. I would recommend involving a social worker, or if this is a religious belief, perhaps a member of their church/synagogue, or a chaplain to help facilitate that discussion.