Moderator: (Background chatter)

Okay, so now we should be recording and everybody should’ve gotten that little thing that says, “We are recording”, right? Yeah, okay. Good.

Participant: Yes, ma’am.

Moderator: All right, so all of your participation in this discussion is completely voluntary, okay? If there are questions you don’t want to answer, you don’t have to do that.

We just really appreciate your time in talking to us about this. Even though I just asked [redacted] for people’s names, in terms of the discussion that we’re about to have, we won’t be recording your name with the discussion. That’s more for our log for the gift card that you’re going to get at the end of this, okay?

So, I--

Participant: A surprise?

Moderator: Surprise!

Participant: A surprise. (In unison)

Participant: Yeah!

Moderator: Happy Holidays, right? Yes.

Participant: Thank you.

Moderator: So, okay. So, when I feel very clever, I’m going to drop the whatchamacallit?

Participant: Contact sheets?

Moderator: No, the—boy I am not clever today—the consent form. I’m dropping that in the chat, so everybody has a copy of that, okay?

So, cannot be sent. Oh, because I have it open. Okay. Oh dang, let me try it again. We’ll go ahead and put that in there, so everybody can take a look at that. It’s what we call a consent cover letter, right? Which just explains what we’re doing here.

There we go. That worked and everybody can have a copy of that, okay?

Okay, so if everybody’s okay I’m going to go ahead and ask the first question if that’s all right. Are there any questions about what we’re trying to do here?

Participant: (Long pause)

Moderator: No? Everybody good?

Participant: Yes, ma’am.

Moderator: Okay. Oh, yes, ma’am. Okay. Yay.

Participant: I’m getting recorded.

Moderator: All right.

Participant: I’ve got to make it official.

Moderator: Oh okay. I like it. That sounds great. Okay, all right. So, let’s just think about what are the goals for your workplace objectives for employee health? It’s just a big, overarching question.

Participant: (Long pause)

Moderator: Do we have any objectives for employee health?

Participant: I think employee health for the most part—and I’m sure [redacted] has the really clear answer, but as far as I understand it, it’s just be safe, be happy, prevent problems that may arise from work and then recognize problems that are likely to arise and treat them.

Moderator: Great. Great, okay. Anybody else?

Participant: (Crosstalk)

Just so you know, I’ve already taken it. They did a first one that they did with supervisors and that for this focus group focused on you guys—the crews. So--

Moderator: Yes.

Participant: (Long pause)

Participant: It’s crickets over there.

Participant: Yeah.

Participant: Moving along, anyone? Have you got some—

Participant: Do they know their muted?

Participant: I don’t know.

Participant: Someone was trying to talk about something.

Participant: I think that was [redacted], wasn’t it?

Participant: Yeah, I think so. It’s hard to tell underneath that mustache.

Participant: We’ve just got it muted, so we can talk shit on you and you don’t know.

Participant: This is recording, [redacted].

Participant: Oh, sorry. Oops.

Moderator: That’s okay. We’ll just go ask blank, blank, blank. It’s fine.

Participant: Okay.

Moderator: So, again, the question is about objectives for employee health in your workspace.

Participant: (Background chatter)

Participant: I think [redacted] hit it on the head. Make sure we’re taking care of ourselves, being healthy, safe, preventative, washing hands, just anything we can do to prevent taking stuff home or spreading stuff amongst ourselves at the fire station.

Moderator: Great. Anybody want to add to that?

Participant: I would just say keeping ourselves safe and being as smart as we can. But we still have a job to do and at the end of the day our job’s to protect the public and take care of the public.

So, we’ve got to keep ourselves as safe as we can. But we can’t let the public take a backseat either.

Participant: Yeah, that’s fair. Shit has to be accomplished.

Moderator: Great, thank you. That’s wonderful. So, have you received training about how to be healthy in this work environment that you’re in?

Participant: I think absolutely. I think every round we learn lessons and we learn on calls. We learn from each other. Our department provides us with the tools we need to be healthy and safe.

Anytime that we have something that comes up especially as our department progresses, we’re getting more literature on close calls, pathogens, or airborne, or sicknesses, anything that’s out there that’s a concern to us working as first responders.

Moderator: Great, okay. Okay, good. Anybody else?

Participant: (Long pause)

I’d say yeah, that we receive training. So, we receive training. On an individual crew level we do training with literature that’s provided by the department whether that’s reviewing current policies, or SOGs, or best practices with certain I guess calls are going on.

With COVID especially there’s a lot of that and then even recently with the big uptake in RSV. People take opportunity and go, “Okay. This is what we’re seeing in the community”. Remind ourselves of all of our best practices with that.

Even when we do have stuff pop up that’s really prevalent, our administration will put forth memos or a training assignment through our online training platform we’re supposed to use.

Moderator: Great, okay. So, tell me a little bit about best practices and policies that you have in place on this.

Participant: For COVID specifically you’re talking?

Moderator: COVID or just worker safety. Yes, anything like that.

Participant: Oh, that’s pretty robust.

Moderator: I know.

Participant: There’s probably more. I can’t go into specifics or anything. It’s just for every type of call, we have almost like a, “If this, then that” kind of a flowchart. A tree is what we call them to follow. Take us through how to accomplish our mission like [redacted] was saying to help the public.

We have policies in place to recognize, “All right, if there’s a problem—” if we’ve gotten sick from something as far as a medical call or we’ve gotten hurt on a fire call, and what to do in those cases.

Organization has tried and has done a pretty decent job of taking any of the mystery out of what to do when something adverse happens in either case—in our medical responses or in our fire responses.

Moderator: Great, thank you. Anybody else from the [redacted] Group. You all have been very quiet this morning.

Participant: (Background chatter)

Guys?

Participant: It was pretty dynamic as COVID hit.

Moderator: Yeah.

Participant: Obviously, the organization came out with policies and guidelines on how best to respond, protect ourselves as well as provide care. Through the evolution of COVID, those policies and those guidelines adjusted as vaccines became available.

So yeah, it’s been a little bit dynamic. But as [redacted] said, initially it was very robust. It was a little bit overwhelming initially just given the amount of protection that we were required to provide for ourselves in order to provide care.

Moderator: Yeah. Could you tell me a little about the things you had to do for yourselves? I know what it looks like in the Health Sciences space, right? At the [university], but I don’t know what it would look like for you. Can you tell me a little bit about that?

Participant: Well, gowns, gloves, right? Obviously, respiratory protection and magnified masks. With what we respond on, it didn’t make sense for us to be in decomp (SP) or that type of respiratory protection.

Quite frankly, just resources were pretty limited. So--

Moderator: Yeah.

Participant: --right? Probably the most robust that it was, was gowning up, respiratory protection, gloves, a lot of decomp procedures.

Moderator: Right?

Participant: For a while, it was just being aware doing assessments like if it was a confirmed COVID case and you could get them outside to do an assessment, maybe that was the better option than keeping them in the COVID confirmed rooms at a nursing facility. So, just being smart about where we’re doing things.

Moderator: Great.

Participant: Opening the windows in the ambulance when we can, little things like that.

Moderator: Yep. I hadn’t thought about that. Thank you. Yeah, that’s great. Okay. All right, so over the last few months, as we’ve seen the sort of pandemic go down, but come back up again, have there been changes in discussions about worker safety?

Participant: There have definitely been discussions. I think you have to look at it from a couple of different points of view. The burnout of having to constantly be either gowned up or masked up, right?

It got to the point where we had vaccinations. We were seeing less impacts from COVID meaning even when you’ve got it, it wasn’t severe. We had the different variants and I guess what we would look at initially as an unknown was now a known. We treated it as a flu patient, right? Or just someone who’s just generally sick which is what we respond on every day.

So, I think probably the best way to put it is the volume on everything got turned down as we became more educated of the effects and what we were seeing from COVID.

Moderator: Okay. Okay, thank you. Anybody else?

Participant: Yeah. I would just add on that with not only the boots on the ground, we kind of adapted to it along with our dispatching as well. It’d be kind of more of a question towards if they’re sick, if they had COVID signs, then they would let us know prior to arrival.

So, we could kind of adjust how we were going into the house. If it was confirmed, then obviously we’d get up and do the whole thing. If it was flu like symptoms, then we would just use mask, gloves, just basically change it on what we were hearing.

Moderator: Great. So, sort of an ability to be more adaptive depending on what’s happening when you get out there. Okay, great.

Participant: I think some of the crews too just kind of adjusted what worked best for us or them. For example, our crew, if it was confirmed COVID or showing signs of COVID, we’d have just the two on the ambulance enter the house if they couldn’t come out.

If it became something we either had to transport, then we would all go in, obviously, and help. But just tired to limit the exposure for our crew.

Moderator: Okay, great. Thank you. Okay, so what do you do at work that makes you less safe? We’re going to go the other side. I know [redacted]’s like, “I don’t want to hear that.

Participant: Specifically pertaining to this discussion, [redacted] kind of hit it on the head that we had to accomplish the mission of serving the public and giving them the care that they needed.

So, very early on before there was a lot of education about it, we were just going on these calls, right? So, especially very early on. No masks. No gowns.

As the literature came out from our department, we were really aggressive. But all right, “Put on everything you can for every call” and then we ran out of stuff. You still went on patients, right? You don’t have a HEPA filter for your E2 tube on a full arrest. Do you decide not to tube somebody?

We would not decide not to tube them. So, we’d still provide the best care possible. Not disregarding our own safety, but just acknowledging that we’re in an inherently risky profession, and we decided to do this, and still provide the best care we could.

Moderator: Okay. Anybody else?

Participant: Yeah. I think to go along with [redacted], early on even with the masking and gowning, I felt it was not in the public’s best interest. So, sometimes you had to.

For example, we had a full arrest call and you’ve got EMS trying to gown up wasting precious time at the door--

Participant: Yeah.

Participant: --other than just getting in there and taking care of the full arrest. Every day we were exposed to C. diff, AIDS, hepatitis and then we go full out because of this new virus we didn’t know much about.

But at the end of the day, we still have a job to do and I don’t think it’s in the public’s best interest to spend 10 minutes in the front yard getting gowned up when they’re dying or dead.

Moderator: (Long pause)

Great, okay. Yeah. No, I understand that. Okay. What do you do at work that impacts how close you are to other people at work? I see we’re all--

Participant: We are--

Moderator: --sitting around together today.

Participant: We are very close all the time and that was something even from our department that came out that—and this is gospel according to [redacted] here—was never realistic expectation of keeping six feet of distance within a station where you live together and eat together. I never actually saw that happen.

So, I don’t know that any of us really prioritized that honestly. I think we put more focus on trying to be as smart as we could with limiting our exposures and then just I know for us, we just kind of even [redacted] and [redacted] here at [redacted] just like, “All right, well, if someone gets it, the whole shift is going to get it” potentially, right? Just kind of came to peace with that.

Moderator: Okay, great. Great.

Participant: I think that’s one other thing too is calling in sick. People have always used their sick time when they felt like it or when they were sick. But pre-COVID people would come to work sick. They had a cough or kind of flu like symptoms and now it’s like, “You’re going home if you display any of those symptoms.” Our department makes it very easy for you to go home.

Not that they didn’t make it easy, but it was like, “Okay. I’ve got this and this symptom.” So, they would get you away and get you out of there. They didn’t want you coming in sick, and getting the whole rest of the crew, and everybody else you may be in contact with.

Participant: Yeah, so--

Participant: So, that’s--

Participant: --different culture.

Participant: --a lot easier to do and even now. It’s like, “If you’re sick, you’re sick. Stay home.” Whatever it is—if it’s COVID, or a cold, or whatever. You don’t need to be bringing it to work, and getting everybody else sick, and going home, and getting their kids sick, and everybody else.

Moderator: Great, thank you. Yeah, that makes total sense. I know. I’ve heard from other people that in the pandemic setting it was easier to call in and say, “I’m not feeling well. I’m not coming in” because--

Participant: Yeah.

Moderator: --there’s sort of that ripple effect of other people could be infected. Yeah, thank you.

Okay, so who do you talk to about your health in the workplace?

Participant: (Long pause)

(Background chatter)

I think on our crew level, it’s we’re pretty open amongst ourselves. But we do have an annual physical we have to do. We talk to a doctor, do our physical and then just our primary care.

Moderator: Okay, all right. Anybody else that you talk to about your health in the workspace?

Participant: I think it just falls on chain of command for the most part if you have a health issue. So, just goes up to our captain. If it’s something on shift, then report up to BC. We have paperwork that we fill out to kind of track either injury or exposures when we need to.

So, and then, if an employee’s unsure of what resources they need, typically it’d be the captain and the BC go to the BC to figure out where to put that or where to direct them for getting that problem fixed.

Moderator: Great, thank you. Anybody else?

Participant: I think more commonly, if it’s turned into kind of a prolonged, you can be out for a little while and you can also be referred to RHR program. Talk to them, figure out what’s going on and they’ll kind of guide you on next steps.

Participant: You sound really confident about that, [redacted]. Did you just do that?

Participant: Yeah, recently un fact.

Moderator: Great, thank you. Thank you. That’s good. Okay, well, what do you think would make you safer at work?

Participant: More safe? I honestly don’t know. That’s a hard question to ask. Even because I feel like recently we talked about the training that we did that if you trained too much about safety, it almost hyper focuses you on that and then you’re not paying attention to your environment or you think that there’s safety policies in place that make you feel secure when you’re not.

So, it’s almost a balance, right? Between just being able to look for risks and then going through training that’s helpful.

Moderator: Okay. Anybody else?

Participant: I think it kind of starts on the individual level because you have to . You can’t make someone be safe. We can have your supervisor try to redirect people on staying safe. You can’t keep your eye over everyone’s shoulder and make sure they’re washing their hands, and doing all that stuff.

But I think it’s just kind of individually people just kind of need to and it should’ve been happening way before COVID. Just think of all the other things that could’ve been stopped or limited just if people would wash their hands. It’s amazing that people have to be reminded, “You should wash your hands before eating” and things like that.

But I think it just starts on an individual level as far as that goes. Just minimal things that we should be doing every day. It’s great if we can help reduce all that stuff just on even other than COVID, just all these other issues going on too right now.

Moderator: Yeah. No, I think that’s a really good point that this is something we are all taught when we are much younger. Somehow we don’t ever follow through with just washing our hands. So yeah, that’s a very good point. Very good point.

Okay, so is there anything else you’d like to share with us about the impact of the COVID-19 pandemic on the work that you’ve done and the work environment?

Participant: (Long pause)

Moderator: Okay. Do you think that this new virus—not new—the respiratory virus is going to have a big impact on you? I’m sure it already has starting this flu season because we got the trifecta here.

Okay, all right.

Participant: Not really, no.

Moderator: Go ahead. I’m sorry.

Participant: I was going to say I think no, it’s just kind of business as usual. Now that we’ve got through this, that experience is a known. So, the same thing could happen and I would feel like we would know how to deal with it, know how to work with it. I almost think after that experience, it’s fatiguing on multiple levels dealing with people who are uneducated as far as the people that we serve and then dealing with different perspectives on the information and on the either severity or the reality of what’s going on. That’s the fatiguing and refreshing experience out of this that I’ve had.

But as far as work? No, it’s just go to work and do it.

Participant: Yeah, and I think that what kind of drives changes for us organizationally in how we respond is how this starts effecting hospitals, how it starts effecting our personnel as COVID did.

So, if we start seeing an uptake in that kind of impact, I think you’ll see more guidance come out, reminders, right? We should wear masks. We should all be wearing our PD heads (SP) as appropriate when we respond.

But like everyone says, we respond on sick people. So, until we start seeing the effects and I think maybe the hospitals are having that side of it right now with the amount of hospitals that are going on to BERT (SP) daily, how full primary children’s is with the RSV.

So, as those effects start to trickle down to our level, we may see some changes in our guidance.

Moderator: Yeah. No, thank you. That makes sense.

Participant: I haven’t taken any critical COVID patients. I can’t remember the last one. But I’ve taken three super sick kids in the last month or so.

Moderator: Oh.

Participant: With RSV, they definitely needed an ambulance to transport the patient.

Moderator: Okay.

(Long pause)

Yep, so you think you’ll see more of that?

Participant: Oh yeah.

Moderator: Yeah, okay. Okay. Is there anything else that you’d like to share with [moderator] and me?

Participant: (Long pause)

I think everyone here at [company] is good.

Moderator: Okay.

(Long pause)

Great. [moderator], is there anything that you’d like to ask?

Moderator 2: No, I don’t think so. Thanks, you guys, for taking time out yet again to help us out.

Moderator: Yeah, we really appreciate this. Very helpful information.

Okay, all right. We’re going to let you get back to work then. Thank you for your time and Happy Holidays, everybody. Stay safe.

Participant: Thanks, you too. Bye. (In unison)

You guys too.

Moderator: Great, thank you.

Participant: Later, gators.