Interviewer: So I’m just going to go through some questions. Feel free to just unmute yourself and talk. And if you have any questions while we go along, feel free to just stop me and ask. So, first what are the goals for your company, or workplace objectives for employee health?

Unidentified Male: I can kick it off.

Interviewer: Yes.

Unidentified Male: Who is the icebreaker, I’m probably not the best to kick it off, but I’ll kick it off. So, I think safety and employee health is something to achieve per chat always reiterates and is very high on our priority list. We look at everything from behavioral health to physical health. We’ve gotten grants in the past that have helped us expand out behavioral health program and brought on inhouse resources as well as third party providers to help us out, the EAP Programs. We are making a push to get a fitness standard for our organization that’s validated. And then once that happens, we’re trying to provide individuals with training both, you know, physical training, dietary needs. Those are the parts that we are currently exploring and starting to implement more. That way they can not only meet the standard but have a healthy career. And then a healthy retirement going forward. So that’s kind of brief summary of what I think we’re kind of trying to achieve.

Interviewer: Thanks for sharing. Does anyone have any other thoughts about that?

Unidentified Male: I think just the broad strokes of it are to leave in one piece at the end of a shift. And leave in one piece at the end of a twenty or twenty-five, or thirty year career I think are like really the broad strokes of it.

Interviewer: Okay.

Unidentified Male: And from like the safety aspect as well, like organization provides all required PPE to provide safety for employees as far as infection control and all that stuff. And we’ve adapted to different things as COVID’s come along. He could probably talk about some of that later. (Some of our…..?)[00:02:46] our PPE’s have come from COVID.

Interviewer: Yeah, we’ll talk a little bit more specifically about COVID. We’ll get into that for sure.

Unidentified Male: And I’d like to add a big component is giving people knowledge. Knowledge what health is versus what fitness is versus – you know and what exposed – what they’re exposed to. So I think teaching people.

Interviewer: A couple follow-up questions to that, what does that look like, like are there classes or trainings on that?

Unidentified Male: We’re working on it, and it’s a goal at this point, but what’s in place right now isn’t perfect, so it’s a work in progress.

Interviewer: For sure.

Unidentified Male: One thing we’re trying to do as well is partner with our work med, through the [university]. So we designated [redacted]- and [redacted] from this group that are going to work directly with [redacted] and the residents to try to come up with some informational stuff exactly like [redacted] was talking about that we could implement into our fire departments. We’re just at the very beginning stages of that. In the next few weeks, we’ll start meeting with them and really get a list of what our concerns are, what our goals are, and then see what it is that the [university] can help us tackle. Everything from dietary needs, employee health, fitness, infectious disease, policies that we want to revamp and make sure we’re following the NFPA standard when it comes to you know everything from physicals to PPE. So that’s a project that was offered up to us in the last couple weeks that we’re going to start working with the safety committee here soon.

Unidentified Female: I mean from a baseline level, we’ve had firefighter training, which is about four months of training, so that’s how to not die in a fire, and recognize hazards. And then you have your EMT training, which has elements of how to be safe, how to not contract whatever patients have. HR does a good job I think of like filling out – helping us fill out like first reports of injury and exposure reports. And then any additional training, like you have additional hazmat training, you have additional rescue training, that kind of thing. So, that’s just built into the job.

Interviewer: Yeah. Awesome, so kind of my next question, going off of that, or what other training do you all receive to stay healthy in your work environment. I know a lot were mentioned, but just wanted to follow-up if there are any other trainings?

Unidentified Male: So during COVID, if it’s specific to that, we had our safety officer at the time, now chief [redacted] that would meet with our physician from EMS Division as well as CDC guidelines to try to provide information to our stations to try to keep them safe. And this safety committee was a big part of that. These individuals that are in this group to give recommendations up through command staff. Ultimately they make all the decisions, but we can give recommendations or thoughts and do the research on the back end. So I think there’s always ongoing trainings that are pertinent to the situation that’s happening. So when COVID was happening, that’s definitely something that’s huge. But [redacted] I think hit it right, you know our firefighters are trained on many different things from hazmat calls to infectious disease and everything else that is part of their daily job. So sometimes it might not be a certain training ,but it’s something they do throughout the year.

Interviewer: Gotcha. Awesome, and then so quickly I just want to touch on the health and safety committee. Is this a newer committee or has this been around for a while?

Unidentified Male: No, this is a standing committee, it’s been oh – does anybody know? It’s been around for – I think I’ve been on it for five or six years now. And it predated me. But if anybody knows when it was implemented, but it’s been probably a decade or longer a standing committee.

Unidentified Male: Exactly right yeah, it’s probably been a good ten-ish years that I know of for sure. And it’s evolved a little bit throughout the years. I think it will continue to evolve. I think there are some things in the near future that this committee’s going to take a lot larger role on is what it sounds like.

Interviewer: Thanks. So we’re talking about trainings, and now I want to talk a little bit about policies and the workplace. So what kinds of policies are you aware of that have to do with worker’s health?

Unidentified Male: [redacted], I think this is your question.

Unidentified Male: Yeah, I can bring up a couple, so – when I came into this role I started looking at, and that’s one of the goals that I would maybe like to come out of some of this is that it was realized during COVID that we do not have an infection control plan, which is part of the NFPA 1581. And so we started looking overall the whole organization, they started looking at policies and revamping them, and some of our ones specifically related to safety were way outdated. So as far as like first report of injury and that stuff, that policy is in the works right now to be finalized. We’re also like revising some of our collision investigation stuff and some of that stuff. But the big outstanding one that we have that I know we’re lacking on is our infection OSHA reportable infectious disease policy. It’s very, very outdated. We’ve adapted with our – we’re doing current practices with the [university], but our policies just don’t reflect what we’re actually doing, so –

Unidentified Male: Yeah, and we have a lot of policies that exactly to what [redacted] spoke about, we also have a return-to-work policies to know when individuals are coming back from an injury or an illness that has some parameters set-in order for them to return. We also have fitness for duty policies that if we have concerns about an individual’s either physical or behavioral health that we have third party providers that can evaluate that based off our job descriptions and based off of our minimum standards and make sure that they’re able to work. We have worker’s comp policies that all kind of intermix with employee health. You know drug and alcohol, smoke – tobacco free policy. So we have quite a few policies like that, but definitely infectious disease is one that is outdated. The practice we’re doing isn’t outdated, thanks to the [university] and their doctors and team keeping us straight, but our policy needs to reflect that, so –

Interviewer: Yeah, so what I’m hearing kind of is the – especially the infectious disease, the practices are up to date, they just need to be formalized into a written policy.

Unidentified Female: Can I just get a clarification. NFPA stands for what?

Unidentified Male: National Fire Protection Agency. It’s a set of guidelines, national guidelines that range from all aspects of fire service, but it’s just a set of guidelines, national guidelines.

Unidentified Female: And are those – is it something that everybody follows that’s mandated, or do you choose to follow their guidelines?

Unidentified Male: We choose to try to follow as many of those guidelines. It’s best practice, so we try to do that, like one example is like it is related to safety would be like our four-handed staffing. So they say like all engines and ladder trucks should be staffed with four people. And most of our stations have four people on them, but some of them – all of them don’t. So we try to follow it as best we can.

Unidentified Female: Thank you.

Unidentified Male: And if you look like the NFPA, there’s different standards like 1582 would be like your physical standards. So the [university] uses that as a baseline for us for our new hires and annual physicals. But we’ve actually, because of this committee exceeded that in some areas, on some of our testing and some of our things that we are looking at with our firefighters. So just gives you a good basis on what we should be doing as best practice.

Interviewer: So I know you feel like infection control is not up to standard at this point, are there others that are kind of on your radar for not up to standard, and then can you also talk about which ones you feel you are exceeding the standard?

Unidentified Male: Well I think the big one that I think we’re all in agreement that probably isn’t up to standard is our physical fitness assessment, and we’re in the process of implementing that right now with the company, hoping to have it implemented what, I think early next year or spring of next year. So that’s one where at least everyone on this committee is really anticipating implementing. Maybe somebody else can speak for one where we’re exceeding the NFPA.

Unidentified Male: Yeah, exceeding’s always scary, right, cause I think like you always strive to do better. So I think you know, that’s definitely one. I know for sure on NFPA 1582 that we are meeting the standard for annual and new hire physicals, but we are doing some stuff to exceed that. So that’s one that I know we are exceeding what we’re trying to do. But, that’s also been a lot of years in the works. There was a point, not too long ago, that we weren’t quite where we needed to be. And after looking at it similarly to we’re doing today, that helped us get to where we need to be. Another thing this committee has talked about a lot is near misses. Having a committee that maybe is – reports near misses, evaluates near misses so we can educate our employees to avoid those situations in the future, whether it’s just by having the knowledge or training or whatever it is we can provide. And then also having an accident review committee that actually reviews accidents in depth to see how they can be prevented, whether it’s design of apparatus, human error, or something else. So those are a few things that we’ve talked about as a committee that we definitely still need to improve on. And I think that’s just going to be an always, there’s never going to be zero accidents. There’s never going to be zero injuries, so I think there’s always room for improvement.

Interviewer: Thanks, that’s very helpful. Any other thoughts on like policies or best practices, guidelines?

Unidentified Female: This doesn’t necessarily tie into NFPA, but having been on the receiving end of a worker’s comp claim, the department did a really good job of handling it. They – like I got a surprise bill that wasn’t tied to my worker’s comp claim, and I forwarded it, and it got handled on that end, so I didn’t have to deal with it. They did a really good job of like helping me get doctor stuff and keeping up to date. And then placing me so I could still work within whatever limited scope I was allowed. So that’s not an NFPA thing, but I think the department handles injuries or sort of like mental problems that limit people from doing their job, really well, and helps place us.

Interviewer: Thanks for sharing.

Unidentified Male: And actually one other thing that ties into that where I think we exceed as an organization is with our light duty policy. So firefighting’s a very physical job and because of the NFPA standards, like if people aren’t meeting that, they can’t meet the minimum requirements to function in the job. And our department is very good about bringing people in on light duty so that their paycheck stays whole, and it provides them a light duty assignment or a limited use assignment. So I think that’s one area we really do exceed a lot of agencies. A lot of places will just do like short-term disability, and they’ll say okay, cool here you are, let us know when you’re better. And our organization let’s people come in and do that, and we do that typically for on or off the job injuries.

Interviewer: Okay.

Unidentified Male: We’ve also had a focus, Captain [redacted] can probably speak to this better than I can. On the cancer legislation that has passed to make sure that we are compliant with that. So if a claim is submitted that we have done everything as an organization to set that employee up to be able to submit that claim and get it accepted. Captain [redacted], is there anything you’d like to add to that?

Unidentified Male: Yeah, so currently the [state] recognizes four types of cancers presumptive and then an employee can make a claim through worker’s comp and initiate the process that way. And one of the areas that we need to revisit and expand and improve, but at least it’s a gateway at this point.

Interviewer: All right, I’m going to move on, but if any thoughts or ideas come up, feel free to revisit any of the subjects that we talk about. So who do you talk to about health in your workplace? And it might depend on what position you’re in.

Unidentified Male: Well obviously this committee, right, we’re meeting once a month, talking about health and safety. And then I think another obviously answer is with our crews, the people we work with at the station day in and day out.

Unidentified Male: And all of us that are EMT’s or above are licensed under the doctor that works with our EMS division, so there is a lot of information passed down through a learning management system from that doctor in the EMS division as well about employee health, patient health. And then our safety officer is always someone that is a key role in both health and injury exposures and everything else as well as our administrative team.

Unidentified Male: I was going to say even within the organization and the employee association, [redacted] with the International Association of Firefighters, there’s always conversations like we just mentioned about cancer awareness, cancer legislation, those kinds of things. So there’s – to me it’s like a broad web of conversations that go on, depending on are we looking at it the direct response to a call, is somebody wearing the PPE, are we talking about global issues like behavioral health, and long-term health issues you know, whether it’s physical fitness, behavioral health, etc.

Interviewer: Is the safety officer one officer for all of [company] or are there multiple safety officers for smaller groups?

Unidentified Male: So in our organization we have two, technically two safety officers. We have this position that I’m in, so it’s labeled as a safety officer, but really it’s probably more of a health and safety officer role. And then we also have another Captain [redacted], who is also one of our Safety Officers, but he focuses more on the behavioral health side of things. And then as far as like the response goes, typically like in smaller – well typically like the safety officer would be responding to most like fires or big incidents. And one way like the [location] have addressed that as they’re sending two Battalion Chiefs on all these big incidents, and also notifying the safety officer. But typically there’s a fire, and then they’ll send two Battalion Chiefs, so one of them is supposed to kind of focus on that safety role. And then just generally, within the organization, every station or every crew has a company officer. And so that company officer kind of does function as like a mini safety officer for the daily health and safety of their crews, going on calls and at the station.

Interviewer: I have another follow-up question to that, which is what do those conversations look like, either like within your crew or within this kind of larger health and safety committee?

Unidentified Female: Okay so we do what’s called an AAR, which is an After Action Review. So if we have a call where it was scary or it was hard for us mentally, we After Action it, that’s where we talk about what we wanted to do, what happened instead, what were some of the risks. And then every fire does an AAR as well, so the Battalion Chief will generally lead the AAR like who was supposed to do what, and if it happened well. And if there was anything that didn’t get communicated. Good crews will do AAR’s after a lot of calls. Every fire has one, so that’s just like our baseline level of communication.

Unidentified Male: And what was mentioned earlier, in terms of behavioral health, we provide trainings, not only for behavioral health team, a peer support team but also we try and get the word out that those resources are available, and every morning we have a rollcall where we go over policy to plan for the day. But if something comes out, especially in memo form, you know we direct employees to that. Training even at the station level to keep an eye on each other for instance, if we see something, say something basically.

Unidentified Male: Kind of what I touched on before, what it would be like. And Captain [redacted] can probably add to this as well, but the company officer is going to be that front line person. So if something is not happening correctly or safely, they’re going to be the first ones that are going to see something and hopefully the majority of them would say something and put a stop to that. So the company officers are kind of the key role in our organization.

Interviewer: And with that kind of see something, say something, is that like kind of one on one, like hey this is unsafe, or is that like you go talk to like your chief or something?

Unidentified Male: If you’re referring to like a safety issue on scene, it’s handled directly one-on-one immediately to prevent injury or death. If you see somebody having like a behavioral health issue, you obviously want to talk to them in private.

Interviewer: Uhm-hmm.

Unidentified Male: That can also kind of brought third party if you see somebody struggling, you’re not really sure what to do yourself, there’s – there are resources you can say you can talk to somebody who will then talk to that person. So there’s other means to it. So some are more time sensitive than others, you know. If behavioral health wise, if somebody’s in an absolute crisis at that moment, some people are trained to handle that immediately, some are not. But we’re – that’s an area or an arena that we’re improving on, but on scene safety, it’s like hey put your gloves on. It could be that simple, you know what I mean.

Unidentified Male: I think if what you’re getting is what you’re really asking is if we’re really overly structured, and there’s a lot of bureaucracy that we have to go through to change things. I would say our department is not that way at all, we’re very ad hoc and I think that goes to the type of job we perform. We don’t have to go through forms and go through supervisors and stuff like that to correct things generally. I think we just fix them as needed. I think organizationally of course, we have the bureaucracy to change policy and things like that that are broader stroke, as our physical assessment for example. That’s been how many year long process try to change that policy. But sort of the things that we see day-to-day, ear protection, eye protection and things like that we just take care of it you know, at the moment.

Interviewer: Any other thoughts on that? All right so has there been kind of a discussion around the pandemic and worker’s health, and maybe how has the pandemic changed that discussion?

Unidentified Male: I can speak to that like from the administrative side. We set up an IMT, an Instant Management Team right when the pandemic was happening. That incorporated everyone from the chief of our department down through each of the divisions, logistics, safety, health, all of them. So we were always on a good communication playing like good communication with each other and make sure that we’re supporting our men and women out in operations, which is ultimately what we’re here to do from an administrative side, right. That’s our customer, that’s who we need to take care of, and that’s who we need to support. So we structured that right at the beginning of COVID, and we still have that going to this day. But it’s not as active as it was. We were meeting daily for a while, then weekly for a long time, and now it’s as needed. And that could range from anything from PPE requirement changes or guidelines from the CDC or changes from our command staff or administration that we were going to push through operations. So that was kind of the administrative starting point when COVID happened.

 Unidentified Male: I think things, you know obviously things changed a lot, but ultimately what we do every day, we go around infected people with infectious diseases, or we have the possibility of going around with infectious diseases. So ultimately like I think you know, realistically it probably changed our industry a lot less than a lot of other industries. Particularly day-to-day a few more PPE considerations, especially at the beginning when we weren’t sure – as the world weren’t sure what you know, COVID was, or what it looked like, or how infectious it was. But I think over all it really – I don’t know, it didn’t seem to affect us too much.

Interviewer: Yeah.

Unidentified Male: I think in general it may have helped a little bit going forward. I mean not all the time, but like I still see quite a few people like when they’re going to their calls, that they’re still like wearing a mask and eye protection, where I would say that would be more of a rarity prior to COVID. I mean like if you got dispatched to a call where it was like a gunshot or something like that maybe, like people would gear up, but in general people weren’t really wearing much more than gloves for the most part. But it’s still hit or miss.

Interviewer: How are you feeling about what the fall and winter might look like as we have seen increases in the past with infectious disease during fall and winter, because people move inside and that kind of thing. How are you feeling that things might change as we enter that season?

Unidentified Female: Nothing super changes on our end. I mean since COVID started I wear a mask on most calls now just because I don’t want what other people have as a general rule. But not everybody does that, and when we get more respiratory calls like an uptick in flu calls or whatever, we just wear masks and treat them the same. I mean Captain [redacted] are jobs are pretty, like we deal with sick people all the time anyways, so nothing super changed with COVID.

Unidentified Male: Organizationally like with COVID general, people aren’t coming to work sick as much as they were before. Like people, before COVID, if you had a cold or a cough or anything like that, most of the time people would just come to work with that, and I think we’ve seen people generally stay away from work when they have symptoms.

Unidentified Male: And we also provide vaccinations for those that would like to have them, whether it’s flu vaccines or COVID. It’s up to them. Flu vaccines, we did administer them ourselves, so it’s a lot easier for our employees that want to get one to get one. They don’t have to go and seek it out from a doctor or a pharmacy or something. We’ll bring it to them and get it taken care of. I think everything else is kind of yeah, kind of status quo.

Interviewer: [redacted], I can see you talking but I can’t hear you.

Unidentified Male: I would say there’s a bit of COVID fatigue within the department, and we’ve been through these waves numerous times that we’re just going to do our job. We have so many things that can hurt us and kill us, we’re no longer wasting time just worrying about the prospect of the next wave.

Interviewer: That makes sense. Any other thoughts on how COVID has kind of changed these discussions or anything along those lines? All right moving along. Are there – is there anything that – or what do you do at work that makes you less safe. And I know this is kind of a broad question so answer it whatever comes to mind.

Unidentified Male: Probably eating donuts when they’re on the counter.

Unidentified Male: Driving to the grocery store to shop. Like statistically driving is the most dangerous thing we do.

Interviewer: Yeah.

Unidentified Male: [redacted] or [redacted], do you guys have anything to add being more of the frontline people?

Unidentified Female: I’d have to say fatigue, the lack of sleep, sometimes even showing up tired already, and then having a rough night.. Going two days with very little rest is definitely unsafe.

Unidentified Male: Yeah, I agree with [REDACTED], the lack of sleep is you know, has immediate concerns and even long-term concerns. But also just the nature of the fact that every time the tones go off, we have no idea what we’re going on and whether we’ve ever encountered that or trained for that. I mean the vast majority of the calls, yeah, we’re trained for you know, medical responses, fire responses. But somethings there just an element to it that could be just unfamiliar. So –

Interviewer: Any other thoughts?

Unidentified Male: I think that’s a tough question for firefighters, right. I mean like Captain [redacted] said, the second they get into a vehicle, to the second they go home, their jobs are dangerous for a multitude of reasons, whether it’s exposure to infectious diseases or the elements or you know, vehicles or fires. I think everything they do has a high potential of risk. That’s a tough question cause I think like from a civilian aspect I see what they do, and I think it’s absolutely amazing. And then you ask firefighters, they’ll just say that’s part of their daily job, right. So I think that’s a tough one.

Interviewer: Yeah, definitely, I understand that. And I know we already talked about how firefighters on calls can be exposed to like infectious diseases and respiratory diseases. So we already touched on that, but I want to kind of talk about like social distancing, and what that looks like as a firefighter. I know it can be hard maybe on calls, but yeah, just give me a little bit more insight into social distancing in the workplace.

Unidentified Female: It doesn’t exist. I’m going to be very honest. Like we spend a third of our lives with the people we work with, and we share – there’s one station where like there was one big open dorm, and that’s not the case anymore. That station’s being rebuilt, but we sleep in the same place, we work out together, we cook together, we watch TV together. There’s not a lot of separation and the idea that like we go home to our families that are sick and then bring it to us that could also be sick. Like I think we all got over the whole social distancing thing very quickly at work, just because we’re so different than an office job.

Unidentified Male: I think it’s - when we were kind mandating the social distancing. I don’t really know how we’re – to achieve social distancing at the station, and then the tones go off and we have to work in a closed environment together, you know, inches away. I just kind of felt like what are we accomplishing here. We’re not doing anything by socially distancing in the station, and then being on calls in a fire truck together. I don’t know, it just didn’t make any sense to me. There’s some risks but with that and we just have to be all right with those risks.

Unidentified Male: With the onset of COVID and as new information was developing rather rapidly, there was still a lot of unknowns. There were times when we were sending one person in to make contact with a patient, the rest of the people wait outside. But as [redacted] referred to at the station, like at my station, at shift change, we can have 12 people standing around in the kitchen. Some may or may not be wearing masks, some may or may not know they’re even sick. But when we can control the environment we did, when we couldn’t, we wouldn’t. So it’s kind of like just doing the best you can with what you have sometimes. But as COVID went on, I think as the term used right, COVID fatigue, we just kind of – I don’t want to say we didn’t take it seriously, but yeah, it was just a matter of is it a why bother attitude or is it we’re just doing, again, the best we can and with what we have. So –

Interviewer: Could you expand a little bit, somebody mentioned earlier about how much it is like a family at work for you. Then you also go home to a family. And how did you negotiate the transition? And concerns about risk?

Unidentified Male: Well Captain [redacted]’s point, at the beginning of the pandemic, there was so many unknowns, nobody knew what it was going to look like. I know a local or the IFF, they had hotel rooms available for us if we wanted to you know isolate ourselves from our families to stay at, particularly if we were at an exposure to COVID. You know I don’t know how many people utilized that resource, then I think that was a really scary time, right. Like we just didn’t have any idea what COVID was going to look like and what it was going to do. But again, there’s only so much you can do when you’re living with a group of people in the station and unless you’re totally isolating your family from yourself, which I didn’t want to do, you know, there’s a lot of risks to that. There still is, even you know, regardless of COVID. Anything that I’m exposed to at work I can bring home.

Unidentified Male: I think Captain [redacted] just hit it right on the nose. You know a lot of these procedural things our firefighters come upon way before COVID because of the things that they’re exposed to. Not only infectious diseases but chemicals and everything else. They have the ability to launder their clothes at the station. They have the ability to do all that there, so they can minimize any exposures going home. Obviously if you’re sick, that’s different, but as far as changing your clothes and everything else, that’s something that is available, and I think is practiced quite a bit through our department prior to COVID.

Unidentified Male: Right and I would say, and you know I’d have to ask my colleagues if they’d agree to this, but I would almost be more concerned about bringing bedbugs home from some of the places that I respond to then say an infectious disease. Because they’re – you know we try not – or say we tried to separate work from home like I’m not going to wear contaminated clothes home, but it’s not to say that you couldn’t bring anything home, you know. It’s – so you try and treat it like, as we were taught 100 years ago in EMT school “Universal Precautions” right. You don’t want anything that’s on them, on you. So that’s one way to approach it.

Unidentified Female: I mean I’ll speak to the family side of it. My mom is older, and she is very, very susceptible to respiratory illnesses and so I lived alone during the pandemic, and I didn’t see my family for probably eight or nine months, because they were all very worried about what I had, or what I ran into. I didn’t – I like would wave to my mom from across the yard as I picked up my dogs, and it felt like an illicit drug deal, cause she would like let the dogs out the back door, and then I would pick them up. So that was hard for me personally. But I didn’t really have a family or kids to go back to, so I didn’t have to make that choice. I just didn’t see my extended family for quite some time.

Unidentified Male: Yeah, like my wife is working health care so she was exposed to the same stuff, and so we didn’t really change anything. So we were both exposed to stuff and just accepted those risks.

Unidentified Female: I unfortunately did bring it home and gave it to my family. But it was something that we got through together. Eventually it was going to happen. I did not take the option of doing the hotel room, cause the last thing I wanted was to be separated.

Interviewer: That’s certainly a tough decision to make.

Unidentified Male: I think to some degree, if you got – I don’t know, for me I had to get over the fear of infection and stuff pretty quickly. I think if you dwell on it too much, you’re just going to go nuts in this job. It’ll just drive you crazy and you won’t last. So you just have to make peace with it to some degree. I think some things have improved like at the beginning of my career, I’d bring my uniform home and stuff like that and wash it. I don’t do that anymore, I just leave everything at the station. You know I think we’ve done a good job of messaging, transporting our turnouts, and not having them in the same – either having them in a bin. An airproof bin, if they’re going to be in the same compartment with us or our families. You know I think we’ve done a good job with that, that’s really changed. When I first come on the department, we had our turnouts next to our beds at Station 104. And that really is – you don’t see that ever anymore, which is good.

Interviewer: Thank you.

Unidentified Female: I’ve got to agree with what Captain [redacted] said. I’m sorry to interrupt.

Interviewer: No, go ahead.

Unidentified Female: I mean if we do focus on everything that could possibly happen, we will go nuts. So all we can do is our best.

Interviewer: Definitely. Thank you all for sharing, are there any other thoughts on that? And we just have a couple more questions to go. So what do you think makes you – or what makes or what would make you safer at work?

Unidentified Male: I personally would think that safety is also part of your attitude. You know, do you take it seriously or not, and being a professional and minding your own situational awareness to where you are and what you’re doing. You know, that’s on scene. You know and do you want to respect your coworkers around the station and like was mentioned earlier, prior to COVID, you know, there was a chance someone could lose overtime pay if they called in sick, so they would come to the work with the flu or a cold and give it to others. But that sort of attitude has changed, and people will stay home because we’ve also solved the problem somebody can have an overtime shift on their timecard and not lose that overtime pay if they stay home. So I would say attitude and professionalism.

Unidentified Male: And to me it’s information, having information knowing that dirty turnouts are causing cancer, knowing that fire hoods, unclean fire hoods are a high source of cancer, and it’s information. Like as soon as we know that COVID is a respiratory virus and we need to wear and N95’s instead of surgical masks, they’ll keep us safer. That keeps you safer, and lastly I think it’s your peer group and examples set by the surround that help you be safer.

Interviewer: Thanks. So I know one of the things you’re working on is infectious disease and you’re getting some guidance on that from [redacted]. Are there other things that you’d like to add to the list that we might be able to provide feedback on or some suggestions?

Unidentified Male: I think it would be helpful to know capabilities as well. And that’s something that this Health and Safety Committee could discuss on what kinds of things are available to us through this grant. And then that’s something we could talk to command staff as well and see what kind of prioritized list or order they feel would be beneficial. But I think definitely what we’ve discussed is a huge thing for us. The environmental health is always a big deal, we’ve done a lot of studies in the past. So anything that’s available to us that would help us with worker’s comp, behavioral health, environmental health, that’s definitely something that’s going to be a huge thing for us. And something we have to have done.

Interviewer: Yeah, so we have our department is family and preventive medicine, so we have occupational health, we have public health, we’ve got environmental health, so if there are things you would particularly like to push on, we can find the right expertise. We also have access through the University to people who are in organizational behavior. If it’s, you know, something like that kind of thing. And you’ve mentioned behavioral health a lot. I don’t know if you feel like you want more there, or you’re getting exactly what you need already?

Unidentified Male: I would say we could use more in all aspects. And I think one thing I’ve been struggling as we’re pushing through a fitness standard is here’s a benchmark that people have to meet, but there’s no information on how people meet that, as far as like physical training, or if people want to lose weight, you have kind of a number that you want to meet as far as your like BMI. There’s no information on proper nutrition or ways to achieve that goal. So that’s kind of – focus is - mine is like how do we get people from point A to point B. And I mean that’s the hardest part of it, but we really don’t have the bandwidth the money to do that within our organization.

Interviewer: Are there priorities that you could give us, and we could start working at the top and work our way through?

Unidentified Male: I think our priorities are mental health is up there. Physical health or just health in general, so that would be fitness and nutrition. And then financial health as well, so that people feel stable and their homelife is stable. So those are kind of three priorities from the Health and Safety Committee side of it on an individual basis. I think there’s then the organizational side and the OSHA side that are priorities that I’m less focused on, but Captain [redacted] could probably speak more to that.

Unidentified Male: Yeah he had to step away real quick, but yeah, I think those are great topics. One thing that we’ve been talking about is the infectious disease policy and making sure that we’re compliant with that. Making sure we’re compliant with all OSHA standards. We do have OSHA audits, that we bring in to help us so it’s not the surprise visit. We actually invite them to come in and tell us what we can do to improve. Those are two areas that I think we definitely can always improve on and it’s always changing. So kind of stay on top of the latest and greatest.

Interviewer: Thank you. Thank you all for your thoughts. I just want to ask if there’s anything else, any other thoughts, anything else you want to share with us. Anything we didn’t get to that you were hoping to touch on today? All right, I’m going to take that as a no. But yeah, thank you again for your participation today. We got a lot of really great information. A lot of great things were discussed so, yeah, thank you all for your time. Looks like [moderator] just shared the employee contact form and the gift card form in the chat. So if you get a chance you can download that. And send it to us.

Unidentified Male: I just put on there [moderator], if you’ll send me all that as well by email, and then I’ll forward the whole group, so they have everything assessable.

Unidentified Male: Perfect, I will send that out to you then as soon as we end the meeting.

Interviewer: Awesome, so [moderator] will send that out and then [moderator] will be our point of contact for that, getting those back. And I’ll follow-up with you about gift cards too.

Unidentified Male: Yeah, I will definitely talk to our chain of command about that. And then for the few individuals that wanted to still participate in this, that maybe will be watching the video. Would you like them to reach out with maybe an email. If you would just tell me who they should email directly to, that way we can have them participate, that would be awesome.

Interviewer: Yeah, that’d be great. Then we’ll sort of summarize and send back to you and schedule time for a follow-up to address some of the things that you’ve talked about wanting help with.

Unidentified Male: Excellent, thank you very much.

Interviewer: Thank you, thank you all, I hope you have a great rest of your afternoon, and a good rest of your week.

Unidentified Male: Thank you.