

Tuesday, August 28, 2016

2016 Legislative Council Study Committee on Volunteer Firefighter and Emergency Medical Technician Shortages

Testimony by:

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I have been a volunteer EMT with Mason Ambulance Service since 2011. I am currently certified in Wisconsin as an EMT-Basic and also with National Registry of Emergency Medical Technicians. Thank you for having me today. At first, I wasn't sure I would have anything meaningful to add. I'm just a volunteer EMT Basic in a very rural area. I realized that could provide perspectives from the ground level, and I hope this can be pertinent to what you are studying. I'm going to focus my testimony on three areas today: why I became an EMT, my experience as a volunteer EMT in northern Wisconsin, and recommendations for what would improve the volunteer experience.

I. Why I became an EMT

I want to be completely honest and say that if I had understood the amount of time and training required to be a volunteer EMT, I never would have gotten involved. I was asked to join because our service was desperate for volunteers. More specifically, because our service area is larger than some counties in WI (Milwaukee, Racine, Ozaukee, Kenosha), they needed someone who could respond from where I lived. I also have a personal reason for joining. When I was young, my father was sick with a terminal illness and I know what it's like to be on the receiving end of volunteer help and care. But most importantly, I joined because I believe EMS services are critical for rural areas. They keep the expenses down for a township, and the volunteers are able to respond from throughout a rural area. Perhaps you've heard of Michael Perry's POPULATION 485. The nearest town to me, Mason, is population 98. Our challenges are similar, but in some ways, exaggerated because of our large service area and difficulty in recruiting EMTs. But like Michael Perry, being a part of the service has provided me with an opportunity to meet my neighbors, including the amazing EMTs and firefighters I serve with. As a transplant to the area, I feel it was an excellent way to become involved in my community. I am grateful that I've had the opportunity to serve, but, in my opinion, it isn't easy to become, or stay, a volunteer EMT.

II. My experience as an EMT basic.

Here is an approximation of my time commitment as a volunteer EMT for five years:

EMT Certification Course: 180 hours

Studying for EMT Certification: 3 hours/week for 32 weeks: 96 hours

EMT Refresher course: 3 refresher courses x 30 hours/course: 90 hours

Driver/Operator for EMS (EVOC): 15 hours

CPR Healthcare Certification Renewal: 4 hours/course x 3 courses: 12 hours

Continuing education requirements: 24 hours/year x 5 years: 120 hours

Monthly EMT Meetings (required): 1.5 hours/month x 60 months: 90 hours

Ambulance checks: 2 hours/each x 3 per year x 5 years: 30 hours

Ambulance outreach/fundraisers/community events volunteering: 24 hours/year x 5 years: 120 hours

On-call: 30 hours/month x 60 months: 1800 hours

Total: 2553 hours (106.5 days)

Broken out, this would equate to 21 full days (24-hour days) per year that I spend on volunteer EMT service. This is a very rough estimate, and I apologize if I've made obvious errors in my calculations. This does not necessarily factor in going on calls. Because of our rural location, most calls I've been on take a minimum of three hours before I return home. More serious calls and fires can take a half day or more.

Travel is also not factored into this equation. My EMT course was in Ashland—35 miles round trip from my home. The drivers training (EVOC) I attended was in Iron River-- 60 miles round trip from my home. The helicopter training was in Washburn—66 miles round trip from my home. If I respond directly to a call, it is usually over 10 miles to the patient. Our refresher courses have been held at our ambulance hall, but if you can't make one of the scheduled days, you have to make it up with another ambulance service. This happened to one of our EMTs, and her certification lapsed in the time it took for another service within our region (likely 40-60 miles roundtrip) to offer a refresher training. Although our service pays for all of our training, there aren't always trainings available or ones that are close by.

The time commitment for training and practicing as a volunteer EMT has a significant impact on my life, and on my husband's life as well. I'm tired after calls in the night, some calls are extremely stressful, and some calls are physically exhausting. I miss community events, family outings, and spend a lot of time away from home. A lot of my friends and family ask me why I would do this as a volunteer. I say, because if it was you that called, I would want someone to be there to respond.

III. Recommendations for improving the volunteer experience

While I have many ideas, I wanted to share three ideas for what could improve the volunteer experience.

First, the training experiences that I find most valuable are with my service, using our equipment, and running through scenarios that are possible in our area. I've also found trainings with neighboring services to be equally valuable in order to be more prepared and organized when mutual aid is needed in either region. I believe trainings should continue to be offered in conjunction with EMT services, and especially focus on combined trainings for services who provide mutual aid to each other.

Second, I believe there needs to be a transition program in place between the coursework and joining a volunteer service. I am not advocating for additional hours for training or certification, but I believe some of the classroom hours should be reallocated to training with the volunteer service personnel and equipment. Some rural services have a robust program in place, while others have very little. When I first started, I didn't know how to use my radio, when I should respond to calls, what equipment we had on our rig, or what our protocols were. We have excellent and respected leaders and trainers in our service, but I've heard from other services as well, that this is an area that could be improved. I would like to share a story from this summer. We had three new EMTs join our service this summer. Because of the major flooding, we had some difficult calls. One of our new EMTs responded directly to a call, while two of our seasoned EMTs got the rig and tried to find a way to the patient over washed out roads and a new river that didn't exist previously. Our new EMT got their kayak, put their mountain bike on their kayak, and paddled across the river, mountain biked up the washed out road, and helped facilitate a helicopter landing because the ambulance was unable to arrive. While this is an extreme example, it is typical for an EMT to be the only responder to a scene for some time, or to be the only EMT in the back of the ambulance with a patient. For our rural areas, where we struggle to find EMTs to serve, our new recruits have to have more support for joining the volunteer service. I believe that myself, and the other new EMTs who have joined our service, would have greatly benefitted from having some of the hours required for class reallocated with our service, using our equipment. This is a

necessary and practical part of being an EMT, but it is currently missing unless a service has put this in place themselves.

Third, our service greatly benefited from First Responders. Since the requirements for First Responder training increased, and since we've very rarely had the training offered in our area, we have lost all of our first responders. Now we only have EMTs and EVOC drivers. The First Responder plays a critical role in a rural area. We need people throughout our whole service area, and it is easier to recruit First Responders than EMTs. It allows people to get a foot in the door and potentially continue their training to being an EMT. The loss of First Responders has put increased pressure on our EMTs and made it harder to recruit members to our service.

In conclusion, I believe our EMT volunteer services are invaluable to rural areas. I cannot emphasize this enough. I would ask you to keep in mind how much time and energy is required to be an EMT when you are determining requirements for training. Out of the twenty-two students who started the EMT course at WITC-Ashland last year, only eleven graduated. I don't believe training requirements should increase, but I do think they should be examined to make sure that they meet the needs of rural services. I would recommend reallocated some hours to a bridge or transition program for volunteer EMTs. Finally, I think there is a crucial missing piece for rural services, which is a manageable first responder course, which is offered more frequently, and that can assist recruitment efforts by being a gateway to rural EMS services while also providing necessary coverage across rural regions.

Thank you for considering my testimony. I would be happy to answer any questions.