



NARBERTH AMBULANCE

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INCORPORATED IN 1944

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Good morning to everyone and our 5 Senators in attendance. I am grateful for this opportunity to present a glimpse into the public safety component of gun violence with regards to the EMS affects in both safety and the health and well-being of our providers.

My name is Al Davey. I am both a paramedic of over 25 years and the Executive Director of Narberth Ambulance. Narberth Ambulance provides 911 EMS coverage to municipalities in both Montgomery and Delaware counties serving over 150,000 residents and guests in our coverage area. My hope today is to provide insight into how EMS, in conjunction with the Police, deal with this escalating challenge of gun violence.

A story: I am a paramedic for 10 years serving the residents of Montgomery County when in the early 2000's I am called to a local high school for a shooting. This is a few years after Columbine and the police and EMS training are quite basic at this point, but I am ushered in in the "diamond pattern" a tactical police technique designed to protect me and get me to the first bleeding student. For the next 30 minutes I sat with the patient as the police officers cleared the school and created intense stress for all involved as they completed a room-by-room search. Within 20 seconds the clinician in me realizes this student was not injured by the shooter, they were the shooter and had committed suicide after firing off a few rounds into the ceiling. I will tell you I was ill equipped for that moment and the 30 minutes we spent together as the police did their job, since then I seek opportunities to work towards a reduction in gun violence where I can.

The 911 EMS call is a roulette wheel of medical emergencies and trauma. It is what attracts most of us to the field, as no two days are never the same. However, when we get the "Unresponsive Subject" dispatch, our minds start preplanning someone who has lived a long and vibrant life and we are called to try to extend that life with all the protocols in our brain and all the tools in our rig. What we are finding more and more of these days is that it is not the body that has failed them, not the heart, not the lungs, more often recently it is the mind. Suicide, overdose, mental crisis, or violence. While all of these are significant EMS calls, when you add a firearm to these same situations it now not only becomes unsafe for the one in crisis, but for my team, the commonwealths EMS providers, your safety net for the community.

For our providers we have had to manage this growing problem but with only incremental outside assistance for training and funding, and each ambulance organization is being asked to go it alone. This unfunded mandate to protect our employees comes with huge costs. We deploy flexible sizing bullet proof vests instead of fitted ones, limited training budgets for simulation events and an overall underwhelming effort as these events in our area are low frequency but high risk. Think of the ambulance company in the poorer areas of PA where there is even less EMS reimbursement to offset these costs. When my pager goes off, with a “shooting” dispatch code, I quietly, anxiously hold my phone in my hand hoping it doesn’t ring with bad news.

I am a true believer in the saying: Those who fail to plan, plan to fail. Narberth works with our multiple police departments in tactical training and our physicians lead the medicine for these tactical teams. Our Stop the bleed training travels around the area, and we even designed our own Tactical stop the bleed kit and provide the training to those we sell it to. I assure you that not every ambulance has the bandwidth to develop these trainings or relationships.

Covid-19 placed EMS through immeasurable stress as we were asked to enter homes in Tyvek suits and reused Masks and I as an administrator I have never handed out more EAP’s (Employee assistance programs) or paired more EMS providers with our Montgomery County CISM (Critical Incident Stress Management) teams than I have over the past two years. When our providers were matched up with counselors they learned a lesson and these people have shared with my Operations team that while Covid-19 appeared to be the acceptable reason to seek counseling, they have found that Covid-19, while scary, was a “patient problem” and one they could mitigate with proper preplanning. During these sessions though, they have unlocked other separate incidents where they were scared due to non COVID related violent interaction, a dying gunshot victim, or simply an unsafe scene they were asked to managed without police presence.

I know this seems like a difficult time for these kinds of discussions, but I promise you we are on the right track. I spent the 2000’s pushing Public Access AED’s that was easy the heart wasn’t a weapon; I spent the 2010’s on Narcan efforts and that was changing the stigma of what a drug user really looks like. We now face a much tougher and rockier mountain and while I believe that while we still have many more deaths ahead, this rock with time and pressure will yield diamonds of mental health victories and proper legislation for a weapon to reside in properly trained and accountable hands

I am grateful for the opportunity today and I ask you to seek out input from a member of Law enforcement.