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Title:	Interview with Khalid Islam, MSHS EMS Training & Safety Manager
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COVID Memories Interview with Khalid Islam
Interviewed by Barbara Niss
July 30, 2020

COVID MEMORIES: Okay. So my name is Barbara Niss. I'm the Director of Archives and Records Management. Today is July 30, 2020 and I'm speaking to Khalid Islam for the Mount Sinai COVID Memories project. I'll just do a HIPAA disclaimer in that, if you tell me any of your personal health information it is no longer protected because you told me. And please don't tell any patient PHI because [inaudible]. Um, yeah.

So, tell me who you are and what it is you do here at Mount Sinai and then we'll get started kind of looking at, like, what your day was like before COVID and how it has evolved and changed since then.

KHALID ISLAM: Sure. My name is Khalid Islam. I am the Mount Sinai Health System EMS Training and Safety Manager - long title. I oversee 220 paramedics and EMTs in our 911 service that we provide to the City.

My day to day operations is usually training, continuing education, and safety in the sense of injury reduction, and any injuries sustained on the job I monitor. What's unique about my position was I only entered my position back in September. All three of our administrative staff within the EMS department started in the fall. So we were all fairly new to the Health System roles and so it was quite interesting to have to deal with a pandemic, all within our first year, which we're still not at one year yet.

CM: Oh, my! Well, at least you passed probation, right? [laughing]

KI: Yes. [laughing]

CM: Wow, that's, that's something. So tell us how your work evolved.

KI: Of course. So, what was it was like. As I said, we were new to the role, so we had multiple pilots and projects that we were trying to implement all up to the point of the pandemic.

What's interesting about myself is, I was in my last year of grad school for emergency management and I was actually part of a fellowship with the John D. Solomon group for New York City, New York City Emergency Management. So I actually was watching the pandemic sort of evolve from the City and regional level. Once I was getting an idea that we, you know, this is potentially going to be a bigger issue, I was using the recommendations that the DOH [Department of Health] and New York City Emergency Management were discussing and bring it back to the Health System.

So I went more from my training side and I started having to evolve more towards the safety side of my role. Fortunately, our assistant director [and] our director, they took it seriously also. We all worked together to start ramping up, securing personal protective equipment for our providers. The symptom checks, we actually implemented that early, early on, way before it became a Health System mandate, because we were noting that there was a potential for our own providers to accidentally spread the virus amongst themselves.

What ended up happening, my role then transitioned to make sure that the symptom checks were being performed, that there was mask compliance. I was reviewing each one of the calls to make sure that PPE was worn and was actually utilized appropriately. Once the peak hit that then transitioned to identifying which crews transported positive patients where, if crew members were getting sick to follow up with them, make sure that they had the guidance they needed. And then, towards the end, it became a lot more mental health support, pointing them towards the mental health resources, because a lot of them were becoming burnt out. They were feeling the psychological tolls and effects of the increased workload and, unfortunately, the high mortality rate that they were seeing in the field.

CM: Yes, so just from what I read in the paper, it seemed that there were, the decision-making was being placed directly on the EMTs themselves and to change their practice on how they actually treated some cases, you know, when they arrived at the scene. And so did you have to help them understand all the new regulations and rules?

KI: So that was a big portion of my job. I'm in direct communication with FDNY who oversees all 911 EMS operations in New York City. So we sort of fall under two umbrellas. We fall under their umbrella; we fall under the Mount Sinai umbrella also. And I was in direct communication with the Regional Council and the State councils that operate our EMS services. So, any new protocols or recommendations that came about - and the most famous example is to cease resuscitation after 20 minutes on scene - that we needed to train our providers, make sure they were comfortable and understood how that would actually function.

When the viral pandemic triage protocol came about, that actually was of great assistance and that allowed us to, for minor cases that we saw in the field - people with a runny nose, people with a slight cough but no true respiratory distress - we could actually make the recommendation that you stay home, just to ease the burden of the hospital. And that, that's sort of new to EMS, because our funding directly is tied to actively transporting a patient. We're not getting paid unless we transport a patient from this into the hospital. So now you have to change EMS providers' mindset to think, 'no, we have to now look at this from a patient-centric point of view,' where if we feel it's best for the patient to recover at home, if it's a minor case, we actually make that recommendation they should stay and only bring the critical patients to the hospital.

CM: Different worlds.

So, this is just my ignorance, but I bet a lot of people share it. So, this the Mount Sinai EMS team. So do you have a specific region of the city that you cover? You pick up cases within that area and you only take them to Mount Sinai, or how exactly does that work?

KI: Sure. So what we formed the umbrella called Voluntary Hospitals. Historically, the hospitals were the first ones to provide ambulances to the City. So we operate mainly in Manhattan, Brooklyn and Queens. We have one ambulance that comes out of the hospital in Astoria [Mount Sinai Queens]. We have two ambulances that come out the Kings Highway hospital [Mount Sinai Brooklyn]. And then we have multiple ambulances that come out between Mount Sinai West, Mount Sinai Morningside and Mount Sinai Hospital itself. They operate under the rules of the FDNY system, which means that if a caller calls 911, they geographically look for the closest ambulance at the appropriate level, so paramedic versus EMT. And so it, just because we're in Manhattan, we have a couple units in East Harlem, they might actually get pulled into the Bronx, if the Bronx is becoming overwhelmed. So it's not that they're static, but they do tend to stay within the same region because they're posted on the street.

So the FDNY determines where the ambulance is needed, and it tends to be that if it's coming out of a particular hospital, they will try to keep that ambulance near that hospital. But ultimately, it's the patient's decision where they want to go. So if they would like to go to Lenox Hill, we would take them to Lenox Hill.

Now that did change during the pandemic and that caused a little bit of controversy, which was that was removed. Wherever the call was, the closest hospital needed to be the destination. So that ended up being a bit of a burden and the perfect example of that is Mount Sinai Brooklyn. The Emergency Room became slammed and the patient population in that area had an increased amount of COVID cases. So having that restriction in place and forcing all these ambulances to bring these patients to just that hospital caused a bit of a burden down there.

CM: Yeah, the concept of transferring, the ability to transfer out of hospitals that are becoming overrun…

KI: Yes.

CM: was not a smooth process. I think primarily on the City side, but still process, even within the Health System, that needed to be worked out.

KI: Right, right.

CM: So yeah, going forward, what impact is this going to have on your division?

KI: On our division, fortunately, like I said, we have very open minded administrators. Our Medical Director, Dr. Chason [Kevin Chason] and Dr. Redleiner [Michael Redlener], Dr. Nagal [?] are very

involved with the Department. So they are putting safeguards and practices in place to ensure that the spread wouldn't occur amongst our providers. And that was our biggest concern, was having our providers accidentally spread it amongst themselves, amongst their family members. So a lot of the safety regulations have been scrutinized, and we've updated those regulations to make sure that they stay for the long term practice. A simple example of that, even prior to the pandemic, I was mandating safety goggles use for our providers, just to avoid blood borne exposures, things of that nature. And the pandemic actually helped solidify that, you know, it became very important to protect your eyes. It's a strange concept in the pre-hospital field in the United States, but it's standard practice in Australia. In London they wear goggles on every call that involves a patient. So, something as simple as that, we had to sort of codify making it into policy.

Also, just the idea of what's interesting, Dr. Munjal [Kevin Munjal] would be better to speak of this, is there's a new policy that CMS came out with, ET3, which is the idea that ambulance crews would be reimbursed for treatment provided in the field. So we're now removing that component where you have to transport to get some reimbursement. So that now allows the field of telemedicine to increase and the pandemic really showed the power and potential of telemedicine. So now there's a, we're trying to petition FDNY to have a pilot where 911 ambulance crews would have tablets with video capability and you could actually three-way conference with the doctor, the patient, and the provider on-scene to determine if this patient really needs to actually be transported to the hospital or would the EMS group be able to provide treatment in the field and allow the patient to stay at home. So, things of that nature have really evolved from the pandemic and we're hoping to see that actually move forward at a greater rate.

CM: Yeah, it's good to have them, you know, become new regulations as opposed to just nice ideas and then people move on.

KI: Right.

CM: So what do you think was the most challenging part of COVID for you?

KI: For me, personally, being removed from the field. I, myself, I'm still an active paramedic. I've been working as a paramedic for about 15 years. I actually worked on the Mount Sinai System on the road units for about five years. So it was strange to me now to be in a role where people were looking towards me for answers, and I'm not out there doing the hands on skills. I still work for one of the competing health agencies once a month, but I don't think it's enough to really feel the trial by fire. So it became difficult listening to, especially the psychological stressors really kicking in. We had a few providers that, you know, needed help. Fortunately, Mount Sinai was able to provide the resources and they did take on those opportunities.

But it's rough to listen to them, to listen to them be fearful, to listen to them be worried about their own families. We had a couple providers that temporarily separated themselves

from their families because they didn't want to bring the virus home. So just, and we had a couple crews that were pronouncing multiple patients [dead] in a single shift, which is highly unusual, you know, and that also is a great psychological burden. So for me, that was the biggest stressor, was just listening to their worries, listening to their concerns and having to be able to provide sort of a sense of stability and calm, which you know, I did the best I could.

CM: And what about for your department. What was the hardest part for them to handle?

KI: I guess dealing with, you know the newspaper really played up the idea that the State was putting in protocols that we were going to leave everyone to die, things of that nature. The, the masking rumors, the vaccination rumors, having to deal with all of that as an EMS department was pretty rough. That I would say was a big deal, was trying to dispel myths, because our own providers might sometimes accidentally fall for the myths themselves. Especially in the beginning, you know, people were saying the mask is overdoing it. And I'm sure you've seen it around where people are like, this is just a bad flu. Don't worry about that. And we really have to sort of emphasize that evidence-based practices, really say we have to listen to the regulatory bodies and sort of push that forward.

And I think once the providers started seeing people physically sick in front of them and they were starting to see the hospitals fill up, that's when the reality sort of set in. But reaching that point, and you know, we discussed this in Emergency Management all the time. If you have a wildfire or an earthquake, that's a visual disaster and you understand the impact. But with a viral pandemic, that's an invisible threat. So unless you start seeing the after effects of people getting sick from it, it's hard to really reveal the severity of it, you know, especially to the providers.

CM: Do you think this, because it's been so hard for, providers, physicians, whatever, do you think this will impact on the ability to have people come into your field?

KI: I think actually the opposite. I think what ended up happening is you had that, I hate using the label non-essentials, you had that non-essential/essential split. And I think people realize that, in some ways, healthcare is a field that will have to keep going on, regardless of what happens. It's going to be a field which will have to keep people employed to at least provide the bare minimum and services.

And, you know, this was one of the first times. And it's funny, the EMS crews talk about this all the time. It's one the first times you've really been sort of noted as being, quote/ unquote “heroes.” I hate using that word, too. But people that actually make a difference, because we've always been sort of the stepchildren of Emergency Services, below the police, below the firefighters. We’re known as the guys that just haul people away. But now people are realizing that EMTs and paramedics both have a direct impact on the population they serve. So I'm optimistic that you will start to see people wanting to enter the field at a greater rate.

The bigger issue is a lot of education needs to be hands-on training. With the social distancing rules in place and the masking rules and things of that nature, schools are reluctant to allow these classes to go on, understandably, and that's causing a bit of a hindrance to the numbers increasing of providers out there.

CM: Yeah, I think that'll impact on a lot of health professional training. I mean, you need to be next to bodies. And so, yeah, we'll need more workers, but how do we get them?

It's like a last question, you know, what do you think is the memory of this that you'll take with you? What has the make the biggest impact on you?

KI: I guess the biggest impact on me was interacting with my director, the assistant director and all of us sort of looking at each other going, 'This is unprecedented.' You know, our System director Rob Prianti, comes from Columbia-Presbyterian after a great career over there as EMS manager. So it's not that he's inexperienced at all. Thomas ?, our assistant director, he's a retired Emergency Service Unit police officer so he's seen it, done at all. So, but for all of us together, we said, This is new. This is something that we are not used to.' I've worked through Ebola; I've worked through H1N1; I've worked through SARS. Nothing on this scale. So it's the memory of, you know, dealing with the constant changing of protocols - that was new - to have answers for 220 EMT and paramedics where they would be calling my phone 24/7 hours a day, that was new. That's something I'm not going to forget.

And also just the complete shock because, and this, I'm speaking from my grad program, we discussed case studies and disasters all the time, but no one talks about the potential of civil unrest, the potential of people not wanting to abide by the rules because they feel like their freedoms are being, you know, attacked or whatever. That is something I'm never going to forget. And it's something we're going to have to acknowledge in the future, you know, if there is another threat that comes down, be it something else other than a virus and we need to, you know, put protocols in place. How's the general population going to react to that? How are some of the providers going to react to that, that sort of believe in conspiracy theories and whatnot? That's something I learned pretty quickly and I think it's worth discussing into the future, also.

CM: Absolutely. I think you're probably in a good role being a trainer. I mean, you obviously think things through and you see the broader picture. So, congratulations.

KI: Thanks.

CM: Is there any particular story or anything you want to share, or anything else?

KI: No. I was actually just curious about this archive and what the plans are for just, is it just a living record or..

CM: Yeah, that's kind of it. We're, you know, Dr. Reich [President, The Mount Sinai Hospital] was really keen on us doing this to kind of broaden out, you know, in all the newspapers you see a lot of doctors and you see a lot of nurses. They're all compelling stories, but a lot of people have stories on different levels and he wanted us to be able to broaden it out.

So this was kind of quickly stood up. So we're gathering all kinds of COVID materials here in the Archives and almost all of it electronic, and the next thing we have to do is move into the phase of, 'Okay, so what do we do with this stuff now?' And it'll take us a little while to get it put together. You know, we have it, but how do you make it available? Do you put it on your website? You have to have a coherent plan.

KI: Of course.

CM: And obviously, we also collected some things that we can't make available, so we have to go through, through all of that. So I have to say, you know, Marketing turns things, you do an interview with Marketing and it's turned around and you're on Facebook the next day, you know. [laughter] We don't, we don't do that.

KI: Right, right.

CM: We make sure we get it down, that's the important stuff, and then we worry about how we are going to make it all available. So, ultimately, yes, we will, but we just haven't gotten to figure that out yet. I mean, like you were still, you know, it's still evolving and we're still responding, and then who knows what they'll ask us to do next. So it will it will get out there. We just want to be, need to be thoughtful about how we are going to do that.

KI: Of course, that makes sense. I guess the biggest thing I hope that people gain out of this, at least from my perspective in my department, is that Mount Sinai Health System does have EMT and paramedics, they're very active. We consider ourselves part of the team. I think the reason a lot of, at least in-house, a lot of people don't know us is we used to be unique to only St. Luke's-Roosevelt until about 2014 is when we formally were part of the Health System. We just want to make sure that people realize that we're out there and we're very proud of the Health System we work for, and we hope to continue to keep doing the good work. And, you know, just keep counting us in.

CM: Oh, absolutely! This is our job, actually, over here in the Archives to know that Roosevelt was one of the first hospital ambulance providers in the city.

KI: It was, yes.

CM: I mean, originally it was one of the three. And actually, we just received, some woman sent us her grandfather or a great grandfather's ambulance hat. They used to have, you know, a doctor, house physician, would ride on the ambulance.

KI: Right.

CM: And they had these blue caps with bills and it had like a leather band, and it says “Ambulance Surgeon” on it, “Roosevelt Hospital.” And we're so excited to have that.

KI: That's excellent.

CM: Actually, I'll have her take a picture of it, or I will find it and take a picture of it, and I’ll send to your email so you can see it. So it's a very long tradition and she [the donor] sent some great information about her grandfather and whatever. But we're very happy to have that and actually our archivist for St. Luke's-Roosevelt - I still use the old fashioned name – is working on putting together a display about emergency medicine, there’s a display case when you walk into Mount Sinai West, and put that that hat down there.

KI: That’s wonderful.

CM: Yeah. Alright, well thank you very much. It was great, I really enjoyed it. Take care.

KI: Thank you. Take care.

CM: Bye, bye.

[END OF INTERVIEW]