To the Editor:

The Canadian Severe Acute Respiratory Syndrome (SARS) experience of last spring repeatedly has demonstrated a systemic, ongoing, and potentially lethal disconnect between Public Health Policy planning officials and essentially all Emergency Medical Services and Medical First Response agencies. A recent meeting with leading Emergency Medical Priority Dispatch agencies in the United States provided significant indications that this public health-public safety agency disconnect is not just a Canadian, but a North American phenomenon.

Historically, the liaison between Public Health and Emergency Medical Services agencies in most North American jurisdictions has ranged from minimal to non-existent. Working at opposite and distinct ends of the health care continuum, Public Health in disease prevention, Emergency Medical Services in emergency response and disaster management, the prehospital Emergency Medical Service Systems understandably have been given little or no consideration in Public Health planning or policy development. Only recently have the more proactive Public Health agencies begun to consider the role of Emergency Medical Services in the development of pandemic and bioterrorism protocols.

The resulting lack of Public Health awareness and training in Emergency Medical Services, roles and responsibilities, paramedic scopes of practice, medical control methods, medical priority dispatch criteria, regional event mapping and data management capabilities, and the multi-agency response processes of such services, has left many Public Health practitioners unaware of the sophisticated surveillance and patient-care capacities of the modern Emergency Medical System. Concurrently, this lack of emergency medical system awareness in public health circles has placed Public Health policy-makers at profound risk of under-estimating and mismanaging the potential disease transmission presented by poorly briefed, Emergency Medical Services professionals and the thousands of volunteer Medical First Response agencies that precede them into tens of thousands of calls annually.

I am deeply concerned that North American public health policy-makers are woefully unaware of the risk presented by and the resources available from their Emergency Medical Services colleagues when it comes to dealing quickly, effectively, and uniformly with diseases that have transmission profiles such as does SARS. I have been equally concerned at the lack of disease surveillance and situation analysis processes that I have witnessed, in many Emergency Medical Services communities when dealing with this disease.

This lack of organizational connectivity between Public Health and Emergency Medical Service agencies in Canada early in the SARS, prompted outbreak, the establishment of a weekly, nation-wide teleconference to connect Canada's largest Emergency Medical Services agencies so that clinical and responder pre-alert communication protocol information on how to cope with SARS, could be exchanged. At the same time as Emergency Medical Services Safety officers and Managers tried to infiltrate the Public Health planning "table" in their respective regions. Ironically, once identified as a "player", the Emergency Medical Service systems in several Canadian cities were given planning and educational responsibilities for the public safety agencies in their areas by Public Heath Officials

In Canada, we now speak of a "new normal", that is, how our practices will change to prevent the spread of the next SARS-type virus. I write to sound the alarm that if we do not resolve the obvious and systemic disconnect between Public Health Policy-Makers and Emergency Medical System leaders, we will not do well by our collective patients. We will be held accountable in both the court of public opinion as well as to our respective Professional Colleges and Municipal and Labor Councils to explain why we did not deal with this major and easily identified communications concern, and why we did not prepare all elements of the Health Care System equally to deal with such viruses.

We immediately and collectively must begin to think beyond the curb of the hospital and in terms of Health Care systems. Public Health and Emergency Medical Systems must collectively be better prepared and integrated locally, regionally, and nationally to exchange accurate surveillance information, develop best practices, and publish clear public information campaigns and treatment regiments so we can better prepare our communities for the next challenge Mother Nature sends our way.

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https://doi.org/10.1017/S1049023X00000662 Published online by Cambridge University Press