Georgia OEMS Update – COVID-19

David Newton / Friday, 5/1/2020

Agenda

• Operations:
  o Reminders
  o Data Reporting Requirements
  o PPE & Battelle Decontamination System
  o Considerations for Hospital/NH/LTCF
  o Provisional Licenses
  o Renewals
  o CDC Updates
  o Regional Council Meetings
  o Pearson Vue
  o Questions
Reminders

• OEMS Updates on our website – www.ems.ga.gov
  ○ Not all updates are emailed out – some are posted on the OEMS COVID-19 page
• EMS Personnel → Put your email in LMS
• EMS Agencies → Update rosters and Key Personnel
• PPE → Conserve it, Reuse it (appropriately), Decontaminate, Have a plan

Data Reporting Requirements – State Reporting

• To clarify from last week:
  o EMS Agency Licensed in Georgia only
    ❑ All calls, regardless of starting/ending location or dispatch origin MUST be reported to Georgia (GEMSIS Elite) within 24 hours of call completion
  o EMS Agency Licensed in Georgia and another state
    ❑ All calls: requested (originator) from a Georgia entity (911, hospital, NH/LTCF, etc) – MUST be reported to Georgia (GEMSIS Elite) within 24 hours of call completion, regardless of the destination
    ❑ All calls: requested (originator) from another state:
      • If call is completed in a vehicle licensed in both states (Georgia and the other state), report the call to the other state
      • If call is completed in a vehicle licensed only in Georgia – MUST be reported to Georgia (GEMSIS Elite) within 24 hours of call completion, regardless of starting/ending location
      • NEW: If call is being staffed by Georgia licensed personnel only in a Georgia licensed vehicle, then this call MUST be reported to Georgia (GEMSIS Elite) within 24 hours of call completion, regardless of starting/ending location
Data Reporting by the Numbers for EMS Agencies

• For each Incident:
  o There must be a unique eResponse.03 - Incident Number
    ❑ This must be the same for ALL vehicles, ALL patients for THIS incident
    ❑ “This number can be used to associate multiple EMS responses, dispatch information, and other information to the same EMS event or patient.”

• For each Vehicle:
  o There must be a unique eResponse.04 - EMS Response Number
    ❑ This must be the same for ALL patients for THIS vehicle for THIS incident
    ❑ “The internal EMS response number which is unique for each EMS Vehicle’s (Unit) response to an incident within an EMS Agency.”

• For each Patient:
  o There must be a unique eRecord.01 - Patient Care Report Number
    ❑ “The unique number automatically assigned by the EMS agency for each Patient Care Report (PCR). This should be a unique number for the EMS agency for all of time.”

Examples for an EMS Agency

• Example 1: One vehicle responds to one patient for a single 911 call:
  o 1 unique eResponse.03 - Incident Number
  o 1 unique eResponse.04 - EMS Response Number (can be the same as eResponse.03)
  o 1 unique eRecord.01 - Patient Care Report Number

• Example 2: Two vehicles (one MFR, one ambulance) responds to one patient for a single 911 call:
  o 1 unique eResponse.03 - Incident Number
  o 2 unique eResponse.04 - EMS Response Number
  o 2 unique eRecord.01 - Patient Care Report Number
Examples for an EMS Agency (continued)

- **Example 3:** Two vehicles from same agency (one MFR = Engine 1, one ambulance = Med 1) – two car MVC, 4 patients – all refusals that are split between the two vehicles -
  - 1 unique eResponse.03 - Incident Number – same for E1 & M1
  - 2 unique eResponse.04 - EMS Response Number (one for E1, one for M1)
  - For Engine 1
    - 2 unique eRecord.01 - Patient Care Report Number (one for Pt 1, one for Pt 2)
  - For Med 1
    - 2 unique eRecord.01 - Patient Care Report Number (one for Pt 3, one for Pt 4)

Another Twist

- **Example 4:** Two vehicles from different agencies (one MFR = Engine 1, one ambulance = Unit 222) – two car MVC, 4 patients – all refusals that are split between the two vehicles -
  - MFR Agency (E1):
    - 1 unique eResponse.03 - Incident Number
    - 1 unique eResponse.04 - EMS Response Number
    - Patients that they come into contact with:
      - Patient 1 = 1 unique eRecord.01 - Patient Care Report Number
      - Patient 2 = 1 unique eRecord.01 - Patient Care Report Number
  - Ambulance Agency (Unit 222):
    - 1 unique eResponse.03 - Incident Number
    - 1 unique eResponse.04 - EMS Response Number
    - Patients that they come into contact with:
      - Patient 3 = 1 unique eRecord.01 - Patient Care Report Number
      - Patient 4 = 1 unique eRecord.01 - Patient Care Report Number
Data Reporting Requirements

- If the crew comes into contact with the patient at all, the ePCR **must** include the patient’s demographics (minimum = First Name, Last Name, DOB)
  - We can’t notify you of possible exposure to COVID-19 patient if you don’t give us the basic information
- Medics must be the ones to enter the data into an ePCR system (paper PCRs are not acceptable on a routine basis). See *Emergency Rule 511-9-2-0.2-.20 Emergency Medical Services Rules for COVID-19 Response*
  - [https://dph.georgia.gov/media/58796/download](https://dph.georgia.gov/media/58796/download)

Accuracy and Timeliness of Data

- Data must be submitted to GEMSIS Elite within 24 hours of call completion
PPE and Battelle

- PPE is Extremely limited
  - Gowns are extremely limited *Nationally*
  - We are receiving PPE from Federal Procurement
- Battelle Decontamination System – HIGHLY Encouraged
  - You should have received an email regarding this regarding N95 mask decontamination

Considerations for Hospital/NH/LTCF

- Communicate, Plan, Prepare, Perform
  - Work out with your hospitals/NH/LTCF NOW on best way to facilitate picking up/dropping off patients
  - NOT recommended for EMS to expend multiple PPE sets to just pick up the patient from a hospital
  - For NH/LTCF – work out how to meet outside of patient’s room (designated meeting place)
Issues

• Issues with Nursing Homes and Hospitals
  o Let your Regional EMS Director know – they will forward up the chain

• Other
  o Remember that people may be scared during this time...but they are our patients, our coworkers, our stakeholders, our customers...
    □ Be understanding
    □ Be helpful
    □ If something seems amiss, say something

Provisional Licenses

• Now that there are some Psychomotor Exams being held, we will have a transition application soon to move from a Provisional License to a Standard License
  o No fee
  o No new background check
  o Expiration date moves from 12/31/2021 → 3/31/2022
Renewals

• For those expiring on 6/30/2020
  o Expiration dates will **NOT** be extended again – this was a ONE time thing
  o 1268 medics

• Late Renewals (for those who expired on 3/31/2020)
  o Late Renewal fee is waived until 6/30/2020
  o 869 medics

• Other numbers
  o Total reinstatements = 63
  o Total temporary = 55
  o Total provisional = 80
  o Total medics = 23,145

CDC Updates

• CDC – Coronavirus:

• CDC Symptom updates
  o Several printable flyers are included that your communications team may find useful.

• Criteria for return to work by healthcare personnel updated

• Discontinuation of Transmission-Based Precautions and Dispositions of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

• Ten Clinical Tips on COVID-19 for Healthcare Providers Involved in Patient Care

• As referenced in the Ten Clinical Tips document, the NIH has developed treatment guidelines for COVID-19 that are regularly updated
  o https://covid19treatmentguidelines.nih.gov/introduction/

• First Responders and Law Enforcement
Regional Council Meetings

• Should continue to meet virtually
• OEMS will setup the WebEx for you (up to 1000 people)
• Must comply with Open Meetings

Pearson Vue/NREMT

• More Pearson Vue sites opening up today
• Not just EMS and Nursing
• NREMT is instituting remote proctoring EMT and AEMT
Questions?

• Stay healthy and stay safe!