Georgia OEMS Update – Epidemiology and Operations

OEMS / Friday, 07/16/2021



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Agenda

- Epidemiology Report
- EMS Updates
- Upcoming meetings
- Questions

COVID-19 Epidemiology Report

Dr. Cherie Drenzek



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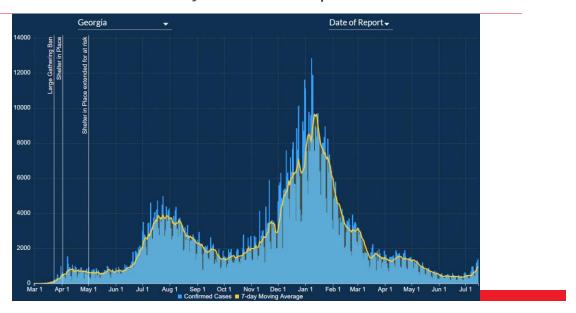
Epidemiology Report – Dr. Cherie Drenzek – graphs as of 07/15/2021 https://dph.georgia.gov/covid-19-daily-status-report



COVID-19 Testing 6)			
	Total PCR/ Molecular	PCR/Molecular Reported Today	Total Antigen	Total Antibody (Serology)
Number of Tests	9,271,965	13,394	2,317,927	550,219
Number of Positive Tests	882,866	598	212,713	115,309
% Positive	9.5%	4.5%	9.2%	21.0%

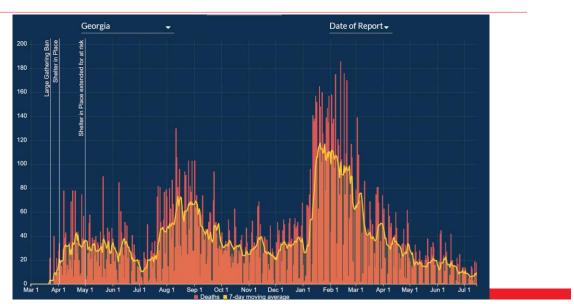
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Cases Over Time (By date of report)



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Confirmed Deaths by Date of Report



Reported cases per 100,000 people last 14 days - as of 07/15/2021

Georgia - July 15

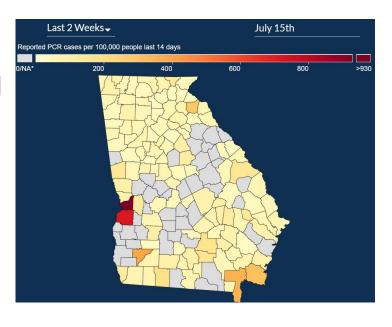
Cases (last 2 weeks): 6,742

Cases per 100k (last 2 weeks): 62

Cases (total): 909,937

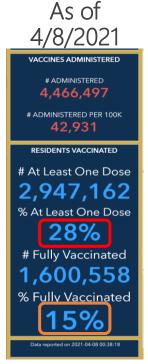
Cases per 100k (total): 8,399.3

Population: 10,833,472



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As of
    As of
 5/13/2021
                                        7/15/2021
                                        VACCINES ADMINISTERED
  # ADMINISTERED
                                           # ADMINISTERED
                                          8,481,898
 6,720,823
                                        # ADMINISTERED PER 100K
# ADMINISTERED PER 100K
                                           81,526
   64,599
                                        RESIDENTS VACCINATED
RESIDENTS VACCINATED
                                       # At Least One Dose
# At Least One Dose
                                       4,570,346
3,803,887
                                       % At Least One Dose
% At Least One Dose
                                          44%
                                       # Fully Vaccinated
# Fully vaccinated
                                       4,076,188
3,039,884
                                       % Fully Vaccinated
% Fully Vaccinated
```

Questions for Dr. Drenzek

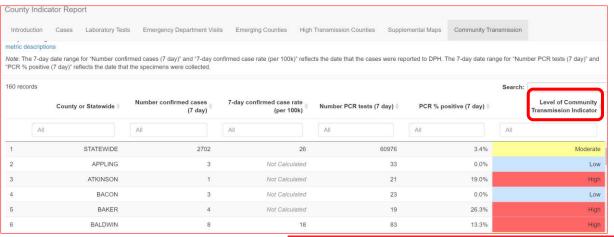
• Epidemiology

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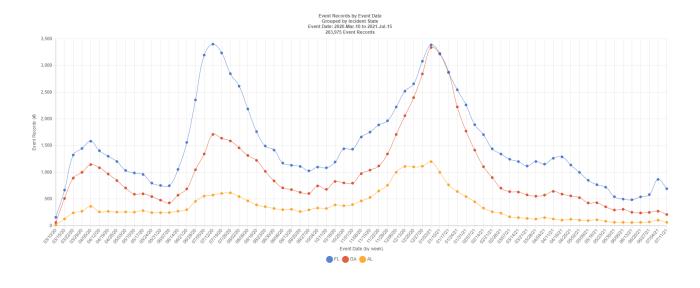
County Indicator Reports – New Feature

• https://dph.georgia.gov/county-indicator-reports



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Calculated COVID-19 Syndrome - 3/10/2020 - 7/15/2021, AL, FL, GA



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TRAIN Georgia



TRAIN Georgia

30 OEMS Approved Courses

- 19.26 Hours of Available Education
- 401 Course Completions
- •334.47 Hours of Completed Education

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Course Content Creation

- OEMST will assist agencies in converting content to SCORM Compliant
- Agencies provide:
 - o PPT with narrated slides (see below)
 - o Knowledge assessment questions
 - o Course Description, etc.
- OEMST will:
 - Convert PPT to SCORM
 - o Assist agency in placing on TRAIN Georgia
- More information to come



EMS Data

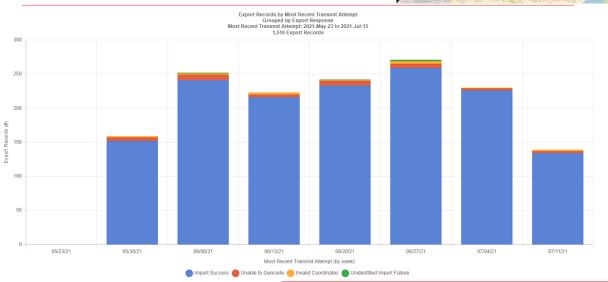


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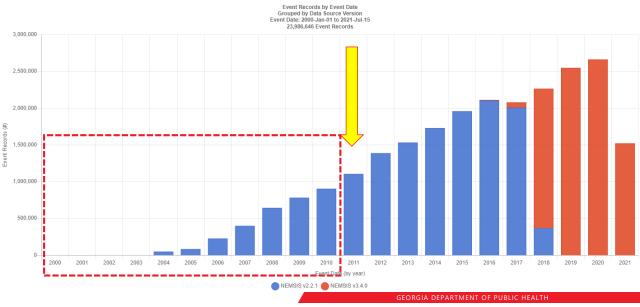
ODMAP (from Biospatial)





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Biospatial – 2004-2010 data now available



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Recorded Biospatial Training

https://dph.georgia.gov/EMS/gemsis

Biospatial (Data Visualizations for EMS Response Data)

(^

The Georgia Office of EMS and Trauma has partnered with Biospatial to provide advanced data visualizations for EMS response data. All EMS agencies are able to access their own data using Biospatial at no cost. To gain access to Biospatial, please contact Dipti Patel (dipti.patel@dph.ga.gov). Only the designated EMS Data Manager for each agency will be given access to Biospatial by the Office of EMS and Trauma directly, and the EMS Data Manager can give access to other personnel at the EMS agency.

Links:

- Biospatial Login
- Biospatial Homepage

Biospatial Training

- Friday, 5/7/2021
 - Webinar with EMS Agencies
 - Link to recorded training: CLICK HERE
 - Password to access recorded training: YmxsP4tU

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Biospatial Training for Medical Directors

- Must pre-register link sent to medical director emails in LMS (sent this week)
- Friday, 7/30/2021 @ 1:00-2:30pm
- To prepare for the Webinar:
 - o You should watch Biospatial 101 (in email)
 - o You should be able to login to Biospatial
 - □ Not required, but HIGHLY recommended
 - □ Contact your EMS Agency Director or Data Manager to get access
 - Come with questions and thoughts about what you want to see in the EMS data

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GEMSIS Elite

- Do NOT add EMS registered vehicles in Elite directly they must be added in LMS
 - Sync issues
- We will sync the vehicles over from LMS to Elite
 - o Contact your Regional EMS Director

Vendor/Key Personnel Changes



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Please notify OEMST ASAP! (in LMS)

- ...If your key personnel change.
 - o Data Manager
 - o Authorized Agent (also notify EMS Regional Director)
 - o Service Director (also notify EMS Regional Director)
 - Training Officer
 - o Infection Control Officer
 - Pediatric Emergency Care Coordinator (for 911 agencies both zoned and responding)
 - o Communications Officer
- ...If your software vendor is changing.
 - o Notify BEFORE this happens

If you add Non-Licensed Drivers to LMS

• Contact Gemsis@dph.ga.gov to have the roster synced over to Elite

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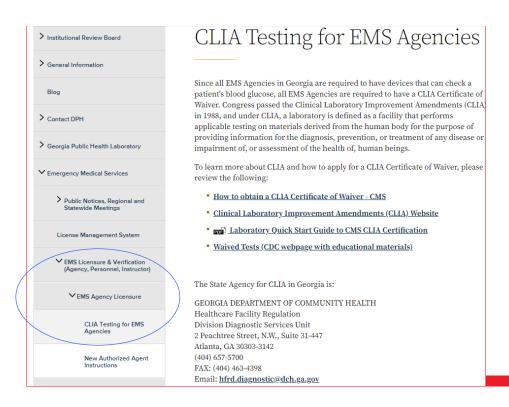
CLIA Certificate



CLIA Certificates Required (Federal Law)

- 42 USC 263a; 42 CFR 493
- Any entity that will examine materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings – CLIA Certificate is Required
 - o This includes "waived" tests like Blood Glucose
- All Ambulance services (Ground, Neonatal, Air) and all MFR who check BG must have CLIA
 - New agency licenses = NOW
 - o Renewals as of 1/1/2022

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Emergency Rule



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End of Public Health Emergency

- Declared PHE ended on 7/1/2021 @ midnight
- DPH Emergency Rule 511-9-2-0.3-.20 ends 120 days after that
 - o The night of 10/28/2021
 - o Ends at 12:00am on 10/29/2021
 - o Will NOT be extended

Provisions in Emergency Rule

- Workforce
 - o Alternate Staffing → see EMT-R proposal
 - o Non-Licensed Drivers → ends 10/28/2021 after 11:59pm
 - o Temporary Licenses → ends 10/28/2021 @ COB
 - o Provisional Licenses → Already memorialized in DPH Rules
 - o Reinstatements→ ends 10/28/2021 @ COB
- Data Reporting
 - o GEMSIS Data (ePCRs)→ in draft for rule revision
 - o Rostering of Medics → in draft for rule revision

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EMT-R Proposal



OEMS Proposal – add an additional level of EMT

- EMT-Responder (EMT-R)
 - Must have current NREMT EMR certification
 - o Current healthcare provider CPR
 - o Background check (federal fingerprint based)
 - License Application Fee
 - Scope of Practice = based on national EMR scope
 - o Renewable; expiration date = NR expiration date (9/30)
 - Renewal requirements
 - □ Renewal period = April 1st through September 30th
 - □ CEU hours
 - □ License application fee
 - □ Current healthcare provider CPR

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EMS Compact Note

- EMRs from other Compact states will NOT be able to have privilege to practice in Georgia as an EMT-R
 - They would be required to get licensed as EMT-R in Georgia (must have NR EMR Cert)
- EMRs are not included in the EMS Compact legislation

Proposed Minimum Staffing Changes

Ground Ambulance

- Current:
 - Two EMT or higher (EMT, EMT-I, AEMT, CT, Paramedic)
- Proposed:
 - Two medics
 - ONE may be EMT-R
 - Patient attendant must be EMT or higher (EMT, EMT-I, AEMT, CT, Paramedic)

Neonatal Ambulance

- Current:
 - *Driver*: EMT or higher (EMT, EMT-I, AEMT, CT, Paramedic)
- Proposed:
 - *Driver*: EMT-R or higher (EMT-R, EMT, EMT-I, AEMT, CT, Paramedic)
- No change to patient compartment personnel.

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Proposed Minimum Staffing Changes

Air Ambulance

 No change to required personnel.

• MFR Unit

- Current:
 - One EMT or higher (EMT, EMT-I, AEMT, CT, Paramedic)
- Proposed:
 - One EMT-R or higher (EMT-R, EMT, EMT-I, AEMT, CT, Paramedic)

Crew Member Response Role		Levels					Interpretive Guidelines	
1. Patient Caregiver:								
Serve as the primary patient caregiver during transport		E	-	A	С	P	The primary patient caregiver during transport must be a licensee at or above the level of care provided to the patient on scene and at or above the level of care required based on the patient's condition and required treatments during transport and the protocols approved by the local EMS Medical Director. For example, a patient who received a treatment on scene that was at the AEMT level must be attended by a licensee at the AEMT level or higher during transport.	
b. Serve as a secondary patient caregiver during transport	R*	E	ı	A	С	P	EMT-Rs may only be present in the patient compartment during transport on ground ambulances when a medic with an EMT license or higher is serving as the primary patient caregiver in the patient compartment during the patient transport.	

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How does this help? (Pros)

- May increase likelihood of EMRs (who are EMT students) passing NR EMT exam (more on the job training) and becoming licensed as an EMT
 Anecdotal evidence that doing EMR first increases pass rates on EMT
- Increases available workforce (there are already 300+ NR EMRs in Georgia)
- Shorter time to gain a license
 - New National EMS Education Standards
 - □ EMR Initial Education hours = 48-70 hours
 - □ EMT Initial Education hours = 150-220 hours
- Currently 325 Non-Licensed Drivers
- NOTE this does NOT completely fix the workforce issues...but it is a step while we work on additional long-term solutions.

Possible Cons

- Can't rotate anymore how does this affect stress levels?
 - o Before if 2 EMTs on the truck they can rotate who is in the back
 - o Now if a truck is staffed by an EMT-R and EMT, the EMT must be in the back all the time and do all the PCRs
- Agencies who adopt this level will need to address this new level in their protocols
- Medical First Responder agencies
 - If they change staffing model to nothing but EMT-Rs, this would reduce overall skill level they are able to provide

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NOTES

- EMS Agencies do not have to use EMT-Rs
 - Agencies may adopt a higher staffing standard based on the needs of their community and the approval of their medical director
- Patient care during transport remains unchanged

Additional Note

Anyone who has completed a state-approved EMR course recently (within 2 years) → talk to your instructor about being able to take the NREMT EMR exam

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EMT-R Proposal

- Supported by:
 - o EMSAC
 - o EMSMDAC
 - o GAPA
 - _oGAFC
- Next Steps:
 - oRules being drafted for EMT-R license level
 - Scope of Practice being drafted (EMSMDAC SOP committee)

What if we already have the Non-Licensed Drivers? What do we do?

- Non-Licensed Drivers will NOT be permitted to staff an EMS vehicle after 11:59pm on 10/28/2021
 - o This will NOT be extended
- EMS Agencies currently using the Non-Licensed Drivers will need to offer state-approved EMR training ASAP to get their personnel up to that level and Nationally Registered before the deadline
- Your training staff should be on the OEMS Educational Update call on Friday, 7/23/2021 @ 11am
 - We will be talking about how to conduct a state approved EMR course

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What about first responder courses?

- Can first responder courses that have no intention of taking NREMT and no intention of gaining licensure still be done without state approval?
 - o YES....but....
 - ☐ This is not considered a state-approved course and they are not permitted to hold themselves out as designated/approved
 - ☐ They CANNOT take NREMT
 - ☐ They CANNOT gain licensure
 - ☐ They CANNOT function as EMT-Rs
 - ■They have NO Scope of Practice they are a citizen with NO license
 - No oxygen use, no blood glucose checks, etc.
 - □ Course is basically for self-edification

Workforce Study



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OEMST Workforce Study

- OEMST will be conducting an EMS Workforce Study
 Medic survey
 - Agency survey

Continuing Education Policy

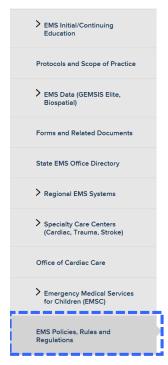


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EMS Continuing Education Policy

- Updated based on comments received
- Posted now on www.ems.ga.gov
- Effective 9/1/2021
- Puts into policy what has already been in practice
- Adds:
 - o Credit for Authorship
 - o Recognition for CE approved by other state EMS offices



Paramedics and Paramedic Students) Policy

EMS Education Policies (Continuing Education, Medics, Students, Instructors, Instructor Candidates, Initial Education Programs, etc)

- DEMS-INS-2021-001 Requirements for Instructor-Coordinator Internship Candidates & Preceptors
 - The intent of this policy is to define the requirements necessary for completion of the internship component needed to apply for an EMS Instructor/Coordinator license and define the requirements for an instructor to serve as an internship preceptor.
- DEMS-INS-2021-002 Recognized EMS Instructor Courses
 - The intent of this policy is to specify recognized instructional techniques and instructional preparation curriculum courses for EMS Instructor and EMS Instructor/Coordinator licensure applicants, respectively.
- DEMS-INS-2021-004 Requirements for Conducting Department Approved EMT Psychomotor Exams
 - The intent of this policy is to create a defined process for requesting and conducting a Departmentapproved EMT psychomotor exam.

OEMS-CE-2021-001 - EMS Continuing Education

- The purpose of this policy is to establish minimum standards and guidelines for educational activities that may be used by EMS personnel (Medics, Instructors and Instructor Coordinators) to earn continuing education (CE) contact hours toward relicensure in accordance with DPH Rules. The EMS continuing education should consist of educational activities designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of professional practice, thus improving the quality of emergency medical services provided to the public.
- Attendee Import File see below

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Upcoming Meetings/Trainings



Upcoming Meetings/Trainings

- OEMS Educational Update on Fri, 7/23/2021 @ 11am
- OEMS Epidemiology and Operational Update on Fri, 8/13/2021 @ 11am

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Questions? And Open Discussion



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Thanks for all that you do!

- Be safe
- Be prepared
- Watch your emails

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