Agenda

- Epidemiology Report
- EMS Updates
- Upcoming meetings
- Questions
COVID-19 Epidemiology Report

Dr. Cherie Drenzek

Epidemiology Report – Dr. Cherie Drenzek – graphs as of 07/15/2021

<table>
<thead>
<tr>
<th>Confirmed Cases</th>
<th>Confirmed Deaths</th>
<th>Hospitalizations</th>
<th>ICU Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>909,937</td>
<td>18,607</td>
<td>65,845</td>
<td>11,207</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antigen Positive Cases</th>
<th>Probable Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>234,953</td>
<td>2,939</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COVID-19 Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total PCR/Molecular</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>Number of Tests</td>
</tr>
<tr>
<td>Number of Positive Tests</td>
</tr>
<tr>
<td>% Positive</td>
</tr>
</tbody>
</table>
Cases Over Time (By date of report)

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

**As of 4/8/2021**

- **VACCINES ADMINISTERED**
  - # ADMINISTERED: 4,466,497
  - # ADMINISTERED PER 100K: 42,931

- **RESIDENTS VACCINATED**
  - # At Least One Dose: 2,947,162
  - % At Least One Dose: 28%
  - # Fully Vaccinated: 1,600,558
  - % Fully Vaccinated: 15%

**Data reported on 2021-04-08 00:18:18**

**As of 5/13/2021**

- **VACCINES ADMINISTERED**
  - # ADMINISTERED: 6,720,823
  - # ADMINISTERED PER 100K: 64,599

- **RESIDENTS VACCINATED**
  - # At Least One Dose: 3,803,887
  - % At Least One Dose: 37%
  - # Fully Vaccinated: 3,039,884
  - % Fully Vaccinated: 29%

**Data reported on 2021-05-13 14:13:32**

**As of 7/15/2021**

- **VACCINES ADMINISTERED**
  - # ADMINISTERED: 8,481,898
  - # ADMINISTERED PER 100K: 81,526

- **RESIDENTS VACCINATED**
  - # At Least One Dose: 4,570,346
  - % At Least One Dose: 44%
  - # Fully Vaccinated: 4,076,188
  - % Fully Vaccinated: 39%

**Data reported on 2021-07-15 00:02:24**
Questions for Dr. Drenzek

- Epidemiology

County Indicator Reports – New Feature

- [https://dph.georgia.gov/county-indicator-reports](https://dph.georgia.gov/county-indicator-reports)
TRAIN Georgia

30 OEMS Approved Courses

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

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:
  o Convert PPT to SCORM
  o Assist agency in placing on TRAIN Georgia
• More information to come
EMS Data

ODMAP (from Biospatial)
Biospatial – 2004-2010 data now available

Recorded Biospatial Training

- [https://dph.georgia.gov/EMS/gemsis](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 Dipi Patel (dipi.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: YmxxP4U
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
  o Come with questions and thoughts about what you want to see in the EMS data

GEMSIS Elite

• Do NOT add EMS registered vehicles in Elite directly – they must be added in LMS
  o Sync issues
• We will sync the vehicles over from LMS to Elite
  o Contact your Regional EMS Director
Please notify OEMST ASAP! (in LMS)

- ...If your key personnel change.
  - Data Manager
  - Authorized Agent *(also notify EMS Regional Director)*
  - Service Director *(also notify EMS Regional Director)*
  - Training Officer
  - Infection Control Officer
  - Pediatric Emergency Care Coordinator (for 911 agencies – both zoned and responding)
  - Communications Officer
- ...If your software vendor is changing.
  - 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
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
  - 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
  - Renewals as of 1/1/2022

CLIA Testing for EMS Agencies

Since all EMS Agencies in Georgia are required to have devices that can check a patient’s blood glucose, all EMS Agencies are required to have a CLIA Certificate of Waiver. Congress passed the Clinical Laboratory Improvement Amendments (CLIA) in 1988, and under CLIA, a laboratory is defined as a facility that performs applicable testing on 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 assessment of the health of, human beings.

To learn more about CLIA and how to apply for a CLIA Certificate of Waiver, please review the following:

- How to obtain a CLIA Certificate of Waiver - CMS
- Clinical Laboratory Improvement Amendments (CLIA) Website
- Laboratory Quick Start Guide to CMS CLIA Certification
- Waived Tests (CDC webpage with educational materials)

The State Agency for CLIA in Georgia is:

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
Healthcare Facility Regulation
Division Diagnostic Services Unit
2 Peachtree Street, N.W., Suite 31-447
Atlanta, GA 30303-3142
(404) 657-5708
FAX: (404) 463-4398
Email: hfred.lab@dph.georgia.gov
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
  - The night of 10/28/2021
  - Ends at 12:00am on 10/29/2021
  - 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
OEMS Proposal – add an additional level of EMT

- **EMT-Responder (EMT-R)**
  - Must have current NREMT EMR certification
  - Current healthcare provider CPR
  - Background check (federal fingerprint based)
  - License Application Fee
  - Scope of Practice = based on national EMR scope
  - 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

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.**

• **Ground Ambulance**
  - 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.**

• **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)
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?
  - Before if 2 EMTs on the truck – they can rotate who is in the back
  - 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

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

EMT-R Proposal

- Supported by:
  - EMSAC
  - EMSMDAC
  - GAPA
  - GAFC

- Next Steps:
  - Rules 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
  o We will be talking about how to conduct a state approved EMR course

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
OEMST Workforce Study

• OEMST will be conducting an EMS Workforce Study
  ○ Medic survey
  ○ Agency survey
EMS Continuing Education Policy

- Updated based on comments received
- Posted now on [www.ems.ga.gov](http://www.ems.ga.gov)
- Effective 9/1/2021
- Puts into policy what has already been in practice
- Adds:
  - Credit for Authorship
  - 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)

- **EMS-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.

- **EMS-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.

- **EMS-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 Department-approved EMT psychomotor exam.

- **EMS-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
Upcoming Meetings/Trainings

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

Questions? And Open Discussion
Thanks for all that you do!

• Be safe
• Be prepared
• Watch your emails