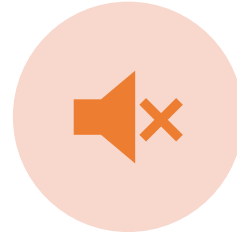


Please



TYPE QUESTIONS IN THE
CHAT BOX



MUTE YOUR LINES

GEORGIA DEPARTMENT OF PUBLIC HEALTH

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NOTE



This operational WebEx/call is for EMS agencies and EMS educational programs only.



If you are a member of the media or the general public, you are asked to disconnect from this WebEx/call immediately.

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Georgia OEMS Update – Epidemiology and Operations

OEMS / Friday, 10/06/2021



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3

Agenda

- Epidemiology Report
- OPB Presentation
- SAO Presentation
- EMS Updates
- Upcoming meetings
- Questions

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COVID-19 Epidemiology Report

Dr. Cherie Drenzek



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Epidemiology Report – Dr. Cherie Drenzek – graphs as of 10/07/2021
<https://dph.georgia.gov/covid-19-daily-status-report>

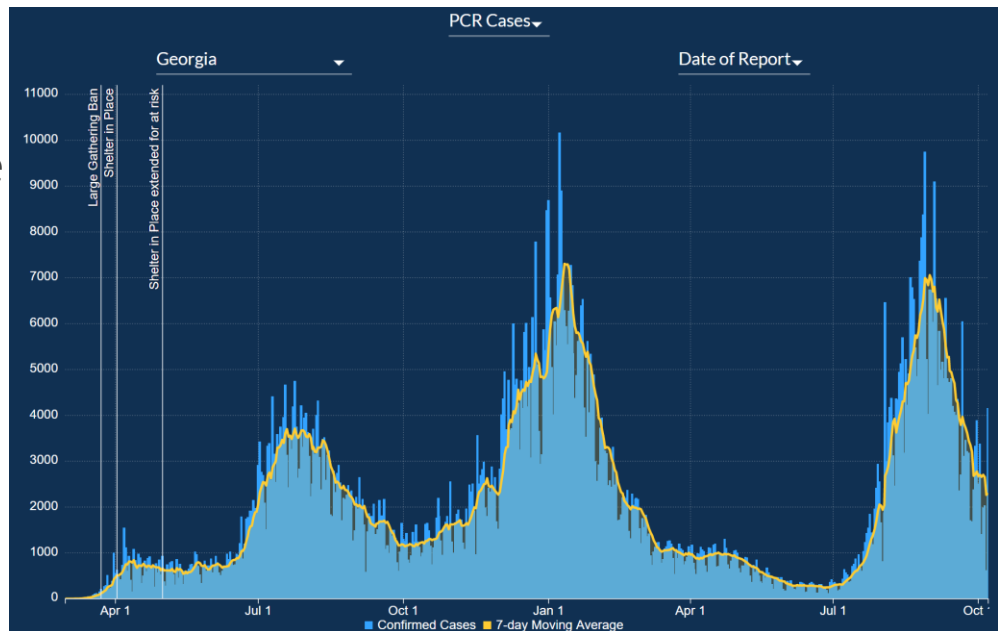
Confirmed Cases ⓘ	Confirmed Deaths ⓘ	Hospitalizations ⓘ	ICU Admissions ⓘ
1,238,404	23,236	82,365	13,011
Antigen Positive Cases ⓘ	Probable Deaths ⓘ		
360,989	3,775		

COVID-19 Testing ⓘ				
	Total PCR/ Molecular	PCR/Molecular Reported Today	Total Antigen	Total Antibody (Serology)
Number of Tests	11,811,075	48,365	3,410,325	641,015
Number of Positive Tests	1,241,942	3,877	321,685	165,599
% Positive	10.5%	8.0%	9.4%	25.8%

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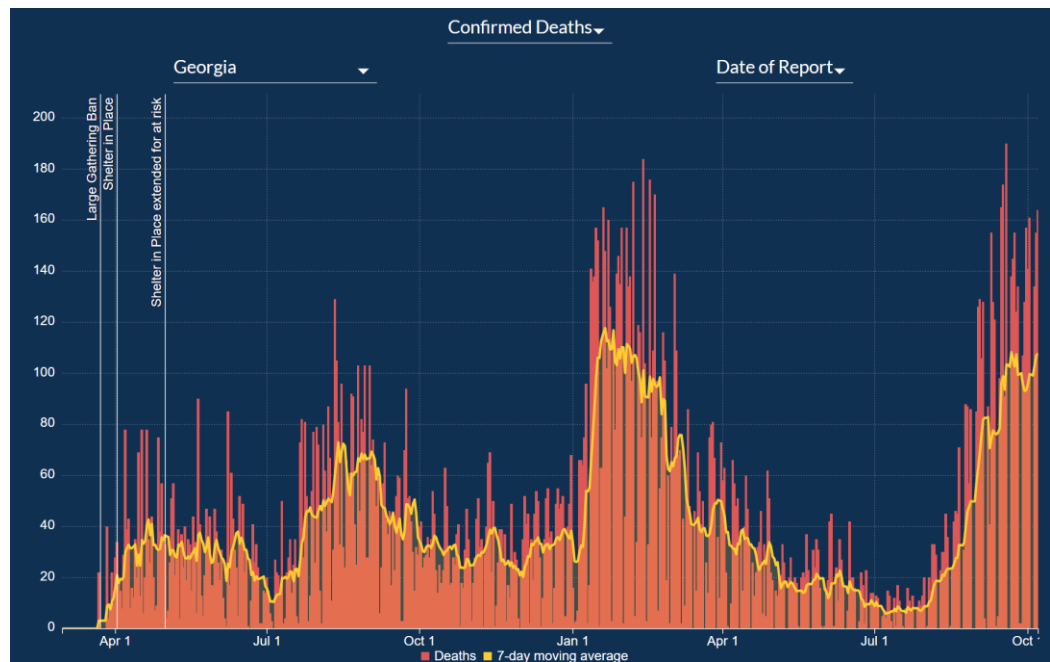
Cases Over
Time (By date
of report)



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Confirmed
Deaths by
Date of
Report



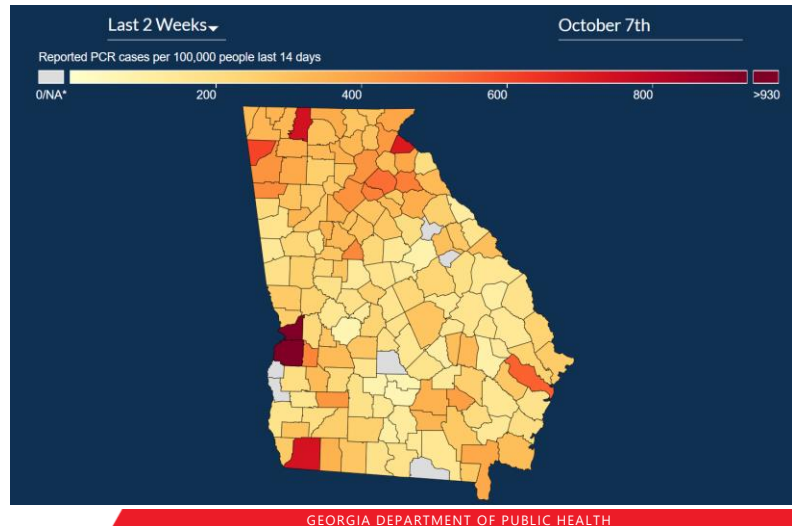
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Reported cases per 100,000 people last 14 days - as of 10/07/2021

Georgia - October 07

Cases (last 2 weeks): 35,545
 Cases per 100k (last 2 weeks): 328
 Cases (total): 1,238,404
 Cases per 100k (total): 11,431
 Population: 10,833,472



9

Vaccination Rates

	As of 4/8/21	As of 5/13/21	As of 7/15/21	As of 8/12/21	As of 9/08/21	As of 10/7/21
At least one dose	28%	37%	44%	48%	52%	55%
Fully vaccinated	15%	29%	39%	41%	45%	48%

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Questions for Dr. Drenzek

- Epidemiology

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County Indicator Reports – Reminder

- <https://dph.georgia.gov/county-indicator-reports>

County Indicator Report

Introduction Cases Laboratory Tests Emergency Department Visits Emerging Counties High Transmission Counties Supplemental Maps **Community Transmission**

last updated: 10/04/2021
7-day date range: 09/25/2021 - 10/01/2021
[metric descriptions](#)

160 records

Search:

	County or Statewide	Number confirmed cases (7 day)	7-day confirmed case rate (per 100k)	Number PCR tests (7 day)	PCR % positive (7 day)	Level of Community Transmission Indicator
	All	All	All	All	All	All
1	STATEWIDE	18810	179	160386	9.3%	High
2	APPLING	32	173	251	8.4%	High
3	ATKINSON	11	133	42	14.3%	High
4	BACON	38	340	90	8.9%	High
5	BAKER	3	Not Calculated	24	0.0%	Low
6	BALDWIN	36	80	395	9.1%	Substantial
7	BANKS	39	205	235	14.9%	High
8	BARROW	231	286	1484	15.4%	High

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	Counties (Count and % By Transmission Level)							
DATE-->	7/12/2021		8/9/2021		9/6/2021		10/7/2021	
Transmission Level	N	%	N	%	N	%	N	%
Not Calculated	8	5.0%		0.0%		0.0%	1	0.63%
Low	38	23.9%	1	0.6%		0.0%	5	3.14%
Moderate	68	42.8%	1	0.6%		0.0%	3	1.89%
Substantial	11	6.9%	1	0.6%		0.0%	21	13.21%
High	34	21.4%	156	98.1%	159	100.0%	129	81.13%
Grand Total	159	100.0%	159	100.0%	159	100.0%	159	100.0%

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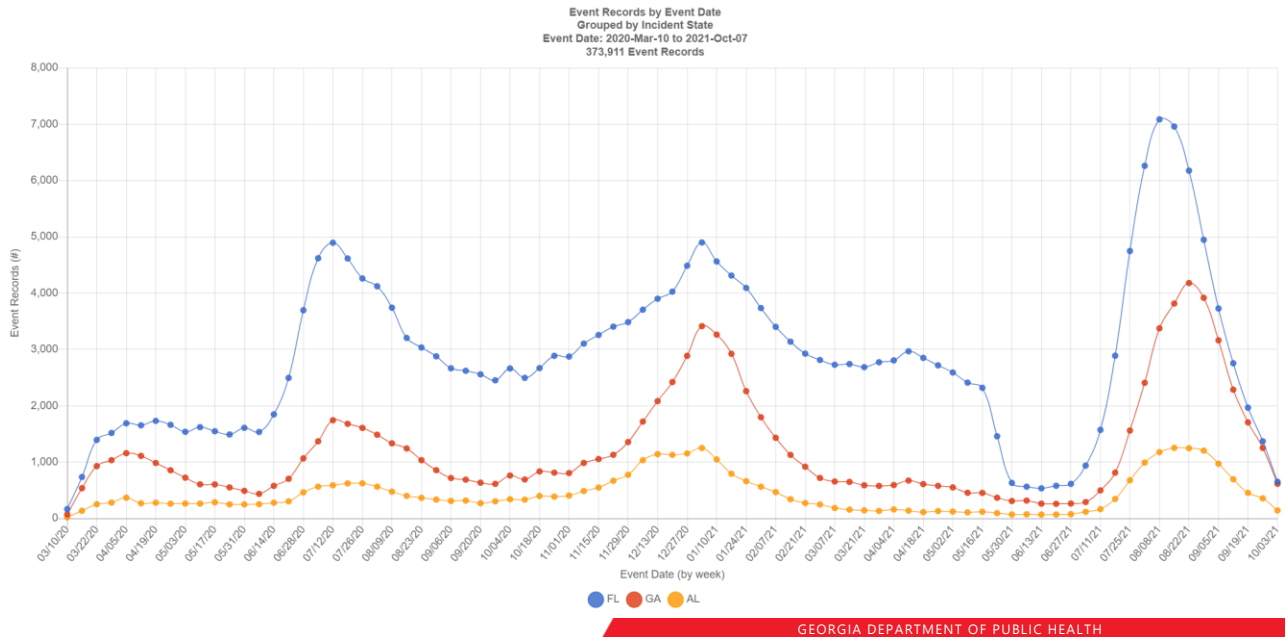
What does this mean?

- Every 9-1-1 call is in a county that has high transmission
- Every community interaction we have is in a county that has high transmission
 - On Duty
 - Off Duty

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



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First Responders Supplement



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Acronyms

- OPB = Governor's Office of Planning and Budget
- SAO = State Accounting Office
- DOAS = Department of Administrative Services

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STEPS



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OPB Presentation

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SAO Presentation

SAO



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Workflow for Vendor Management *For EMS Agencies that apply and are approved by OPB*

For Private and Hospital-Based EMS Agencies Only!*

1. EMS Agency obtains Vendor Management Form (website on next slide)
 - o Fill out sections 2, 3, 4, 5
2. Email the form (with Email Encryption) to DOAS @ accounts.receivable@doas.ga.gov
3. You should expect a call from the Vendor Management team to verify your information

**NOTE: If your EMS Agency is affiliated with a city/county/state government, please contact your city/county/state government administration.*

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Vendor Payment Management

- <https://sao.georgia.gov/teamworks/teamworks-financials/vendor-payment-management>

Vendor Payment Management

Payment Methods

The State Accounting Office (SAO) is committed to continuously improving how the State conducts business with our vendors. In accordance with the Governor's Executive Order, "regarding the prompt and efficient payment for goods and services provided to the State," electronic disbursements are to be used for payments to contractors/vendors when practical. Through Electronic Payments, we offer a payment option to the State's wide range of "payees" - one that employs electronic transfer of funds to vendor bank accounts via the Automated Clearing House (ACH).

To establish electronic payments, banking information is required from vendors. In addition, vendors currently enrolled in the electronic payment process will be required to validate existing banking information. To simplify the process, please use:

- [Vendor management form](#)
- [Vendor management form instructions](#)
- [How to enter a 1099 for new Suppliers](#)

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SUPPLIER (VENDOR) MANAGEMENT FORM	
<p>Agency Vendor Liaisons MUST review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.</p> <p>Agency Vendor Liaisons MUST complete Section 1 the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.</p>	
<p>SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY</p> <p>CHECK ONE AND ENTER ID NUMBER</p> <p><input type="checkbox"/> Newly Assigned Supplier ID</p> <p><input type="checkbox"/> Existing TeamWorks Supplier ID</p>	
<p>SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)</p> <p><input type="checkbox"/> Change Bank Acct - Enter Loc# <small>(Required for Bank Changes)</small></p> <p><input type="checkbox"/> Change Address - Enter Addr ID# <small>(Required for Address Changes)</small></p> <p><input type="checkbox"/> Classification Change</p> <p><input type="checkbox"/> HCM Vendor</p> <p><input type="checkbox"/> Standalone Contract (DOAS Use Only)</p> <p><input type="checkbox"/> Other (Provide Details in Section 6 and Initial)</p>	
<p>By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed below.</p> <p>Liaison Name: _____ Agency BUI#: _____</p> <p>Signature: _____ Date: _____</p> <p>Email: _____ Phone: _____</p>	
<p>SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY</p> <p>FEI/SSN/TIN NUMBER: _____</p> <p>SUPPLIER NAME: _____</p> <p>PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP CODE: _____</p> <p>COUNTRY: _____ DRIVERS LICENSE #: _____ DL STATE: _____</p> <p>PRIMARY#: _____ EXT: _____ SECONDARY#: _____ EXT: _____</p> <p>LANDLINE <input type="checkbox"/> CELL <input type="checkbox"/> (USED FOR IDENTITY VERIFICATION) LANDLINE <input type="checkbox"/> CELL <input type="checkbox"/> (USED FOR IDENTITY VERIFICATION)</p> <p>CONTACT EMAIL: _____</p>	
<p>SECTION 3 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES) FOR EXISTING SUPPLIERS SUPPLIER USE ONLY</p> <p>ROUTING # _____ ACCOUNT # _____</p> <p><input type="checkbox"/> Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.</p> <p><input type="checkbox"/> Check here if this account can only be used for SPECIFIC purpose. _____</p> <p>Describe specific purpose: _____</p> <p>ACCOUNTS RECEIVABLE NOTIFICATION</p> <p>PYMT REMIT EMAIL: _____</p> <p>PYMT REMIT EMAIL: _____</p> <p>I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.</p> <p>Printed Name of Company Officer: _____ Signature of Company Officer: _____ Date: _____</p>	

<p>SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST</p> <p><input type="checkbox"/> Deactivate Supplier Profile (Enter justification in Section 6)</p> <p><input type="checkbox"/> Reactivate Supplier Profile</p> <p>Non-1099 Applicable <input type="checkbox"/> 1099 Applicable <input type="checkbox"/> 1099-N <input type="checkbox"/> 1099-M <input type="checkbox"/> Enter Code _____ <small>(Required for Form 1099-M)</small></p> <p>Add New Bank Account <small>(Must complete Section 3)</small></p> <p>Change Existing Bank Account <small>(Must complete Sections 1 & 3)</small></p> <p>FEI/TIN Change <small>(Cannot be changed if 1099 applicable)</small></p> <p>Supplier (Business) Name Change</p> <p>Add Additional Business Address <small>(Must complete Section 2)</small></p> <p>Change Existing Business Address <small>(Must complete Sections 1 & 2)</small></p> <p>Other (Provide Details in Section 6)</p>	
<p>SECTION 5 – TYPE OF BUSINESS (Check All That Apply)</p> <p>BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY</p> <p><input type="checkbox"/> Small Business <input type="checkbox"/> GA Resident Business <input type="checkbox"/> Women Owned <input type="checkbox"/> Minority Business Certified</p> <p>MINORITY BUSINESS ENTERPRISE (81% Owned):</p> <p><input type="checkbox"/> Hispanic – Latino <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Not Applicable</p> <p><small>*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.</small></p>	
<p>SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if "Other" or "Deactivate" box checked in Section 4)</p> <p>_____</p>	

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Do NOT fill out ANYTHING on this section!

 SUPPLIER (VENDOR) MANAGEMENT FORM	
<p><i>Agency Vendor Liaisons MUST review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.</i></p> <p><i>Agency Vendor Liaisons MUST complete Section 1 the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.</i></p>	
SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY	
CHECK ONE AND ENTER ID NUMBER	
<input type="checkbox"/> Newly Assigned Supplier ID	<input type="text"/>
<input type="checkbox"/> Existing TeamWorks Supplier ID	<input type="text"/>
SPECIFY TYPE OF ACTION(S) REQUESTED BY SUPPLIER (VENDOR)	
<input type="checkbox"/> Change Bank Acct - Enter Loc#	<input type="text"/> <i>(Required for Bank Changes)</i>
<input type="checkbox"/> Change Address - Enter Addr ID#	<input type="text"/> <i>(Required for Address Changes)</i>
<input type="checkbox"/> Classification Change	<input type="text"/>
<input type="checkbox"/> HCM Vendor	<input type="text"/>
<input type="checkbox"/> Statewide Contract <i>(DOAS Use Only)</i>	<input type="text"/>
<input type="checkbox"/> Other <i>(Provide Details in Section 6 and Initial)</i>	<input type="text"/>
<p>By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier name and Tax ID listed below.</p>	
Liaison Name:	Agency BU#:
Signature:	Date:
Email:	Phone:

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Section 2 – All Sections – for DL#, enter your EMS Agency License Number (OEMST)

SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) <i>SUPPLIER USE ONLY</i>			
FEI/SSN/TIN NUMBER: <input type="text"/>			
SUPPLIER NAME: <input type="text"/>			
PAYMENT ALT NAME: (IF PAYABLE TO DIFFERENT NAME) <input type="text"/>			
ADDRESS: <input type="text"/>			
CITY: <input type="text"/>	STATE: <input type="text"/>	ZIP CODE: <input type="text"/>	
COUNTRY: <input type="text"/>	DRIVERS LICENSE #: <input type="text"/>	DL STATE: <input type="text"/>	
PRIMARY#: <input type="text"/>	EXT: <input type="text"/>	SECONDARY#: <input type="text"/>	EXT: <input type="text"/>
LANDLINE <input type="checkbox"/>	CELL <input type="checkbox"/> (USED FOR IDENTITY VERIFICATION)	LANDLINE <input type="checkbox"/>	CELL <input type="checkbox"/> (USED FOR IDENTITY VERIFICATION)
CONTACT EMAIL: <input type="text"/>			

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SECTION 3 – BANK ACCOUNT INFORMATION															<small>(REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIERS)</small> SUPPLIER USE ONLY														
ROUTING #															ACCOUNT #														
<input type="checkbox"/>		Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.																											
<input type="checkbox"/>		Check here if this account can only be used for SPECIFIC purpose.															First Responders						Describe specific purpose						
ACCOUNTS RECEIVABLE NOTIFICATION																													
PYMT REMIT EMAIL:																													
PYMT REMIT EMAIL:																													
I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.																													
Printed Name of Company Officer														Signature of Company Officer														Date	

SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.			
<input type="checkbox"/>	Deactivate Supplier Profile (Enter justification in Section 6)		
<input type="checkbox"/>	Reactivate Supplier Profile		
Non- 1099 Applicable <input type="checkbox"/>	1099 Applicable <input type="checkbox"/>	1099-N <input type="checkbox"/>	1099-M <input type="checkbox"/>
		Enter Code <input type="text"/>	(Required for Form 1099-M)
<input type="checkbox"/>	Add <u>New</u> Bank Account (Must complete Section 3)		
<input type="checkbox"/>	Change <u>Existing</u> Bank Account (Must complete Sections 1 & 3)		
<input type="checkbox"/>	FEI/TIN Change (Cannot be changed if 1099 applicable)		
<input type="checkbox"/>	Supplier (Business) Name Change		
<input type="checkbox"/>	Add <u>Additional</u> Business Address (Must complete Section 2)		
<input type="checkbox"/>	Change <u>Existing</u> Business Address (Must complete Sections 1 & 2)		
<input type="checkbox"/>	Other (Provide Details in Section 6)		

Section 5 – Check the boxes that apply

SECTION 5 – TYPE OF BUSINESS (Check All That Apply)					
BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY					
<input type="checkbox"/> *Small Business	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Hispanic – Latino	<input type="checkbox"/> African American	<input type="checkbox"/> Native American	
<input type="checkbox"/> GA Resident Business	<input type="checkbox"/> Minority Business Certified	<input type="checkbox"/> Asian American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Not Applicable	
<small>*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.</small>					

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Workflow for Vendor Management

For EMS Agencies that apply and are approved by OPB

For Private and Hospital-Based EMS Agencies Only!*

- EMS Agency obtains Vendor Management Form
 - Fill out sections 2, 3, 4, 5
- Email the form (with Email Encryption) to DOAS @ accounts.receivable@doas.ga.gov
- You should expect a call from the Vendor Management team to verify your information

***NOTE: If your EMS Agency is affiliated with a city/county/state government, please contact your city/county/state government administration.**

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Questions for SAO?

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NEMSIS V3.5.0 Transition

Cassie Longhart, OEMST Data Manager



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OEMST Transition to V3.5 Update 2022



WHY TRANSITION TO V3.5.0?

- Develop standards for health information exchange

WHAT WILL V3.5.0 OFFER?

- More dispositions
- Less data entry errors
- Increase data accuracy

OEMST CONTACT

EMAIL: GEMSIS@DPH.GA.GOV

WEBSITE: [HTTPS://WWW.DPH.GA.GOV/EMS/GEMSIS](https://www.dph.ga.gov/ems/gemsis)



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More Information Coming Soon

Please keep a look out for emails containing more information about:

- Timeline for Go Live with V3.5
- Webinars for Agencies and Medics
 - Definition of Changes
 - Validation Rule Updates
- Guidance Documents for V3.5 Changes



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Schematron Update

Cassie Longhart



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Schematron (Validation Rules) Update

Schematron Update

- For new and revised validation rules
 - New license level (EMT-R)
 - Other data validation updates
- Facilities update
- If you utilize a Third Party ePCR system, you will need to implement these validation rule updates in your system prior to utilizing the new EMT-R license level on your responses and transports.
 - If your system will have a delay, you can utilize direct entry GEMSIS Elite.

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Medic Renewals, Provisional, Reinstatements

Kelly Joiner



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Medic Licensing

- **Medic Renewal**
 - Medic Renewal application now open
 - **Agency Pay for Medic Renewal application** open until 2/15/2022
 - ▣ Payment by the agency for a medic renewal expires 3/31/2022
- **GA Provisional Medic License**
 - ▣ Expiration date 12/31/2021, non-renewable
 - ▣ NREMT is no longer issuing Provisional certifications
- **Reinstatement** are still open
 - For those who expired in 2017, 2018, 2019, 2020, 2021
 - Reinstatement application must be submitted by 11:59pm on October 28th (end of Emergency Rule)

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Education Module Upgrade

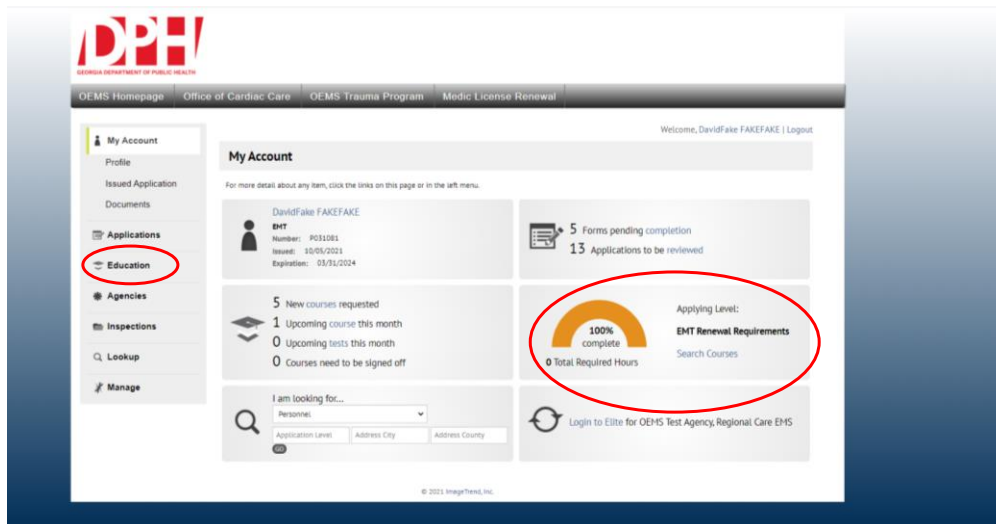
Kelly Joiner



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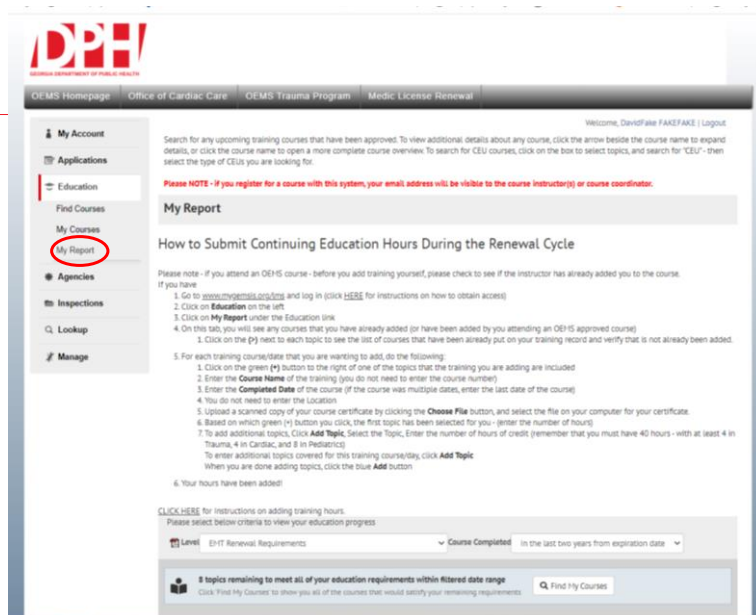
Education Module Upgrade



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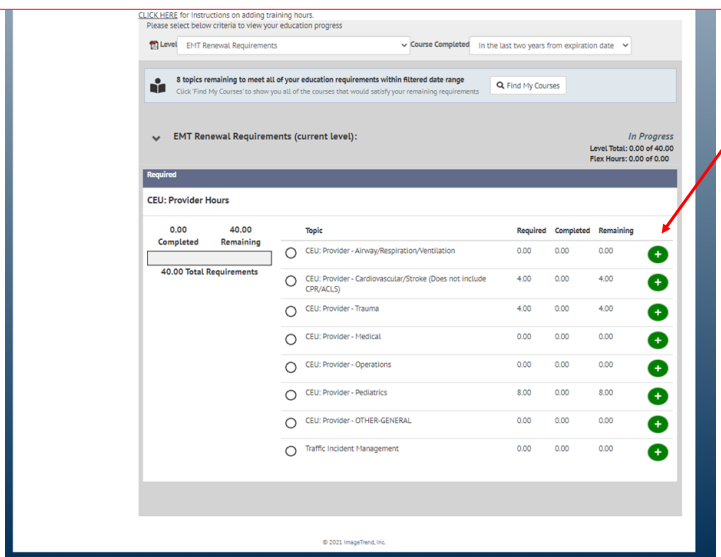
Education Report



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Adding CE to your Education Record



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Adding CE to your Education Record

Add Course

* Course Name

Start Date

* Completed Date

Location

File Upload No file chosen
Accepted File Types: .doc, .docx, .jpeg, .jpg, .mp4, .pdf, .png, .ppt, .pptx, .tif, .xls, .xlsx
No files larger than 25000 KB

Topics Hours

Hours

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My Courses

OEMS Homepage | Office of Cardiac Care | OEMS Trauma Program | Medic License Renewal

Welcome, DavidFake FAKEFAKE | Logout

Search for any upcoming training courses that have been approved. To view additional details about any course, click the arrow beside the course name to expand details, or click the course name to open a more complete course overview. To search for CEU courses, click on the box to select topics, and search for "CEU" - then select the type of CEUs you are looking for.

Please NOTE - If you register for a course with this system, your email address will be visible to the course instructor(s) or course coordinator.

My Courses

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL

Course Date Range to

Course Name	Course Number	Start Date	End Date	Instructor	Location	Status	PDF
Initial Paramedic Course	GA-PMDC-2020-INIT-0010	10/22/2020	10/22/2020	FAKEFAKE, DavidFake J	Imagetrend Test	2	
Initial Paramedic Course	PROTOTYPE - GA-PMDC-2020-INIT-0006	06/08/2020	10/01/2020	FAKEFAKE, DavidFake J	Imagetrend Test	2	IE: Completed/Graduated - Eligible for NREMT
Test Test	GA-2019-PRON-00229	11/28/2019	11/28/2019	Newton, David	GA Office of EMS & Trauma (CE)	IE: Attribution-Academic - Dismissed due to grades	
2019 OEMS Instructor Update	GA-2019-INST-00006	11/07/2019 9:00 am	11/07/2019 4:00 pm	Newton, David	GA Office of EMS & Trauma (CE)	CE: Complete	
Underwater Basketweaving	GA-2019-PRON-00129	11/04/2019 8:00 am	11/04/2019 1:00 pm	FAKEFAKE, DavidFake J	Imagetrend Test	2	CE: Complete
Agency Update	GA-2019-PRON-00073	10/29/2019 12:00 pm	10/31/2021 4:00 pm	FAKEFAKE, DavidFake J	Imagetrend Test	2	CE: Complete
2019 OEMS Instructor Update	GA-2019-INST-00005	10/15/2019 9:00 am	10/15/2019 4:00 pm	Newton, David	GA Office of EMS & Trauma (CE)	Pass	

Records 1-7 of 7 | First | Previous | Next | Last | Page 1 | Per Page 10

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EMR Course Requirements

Richard Rhodes



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Georgia Requirements for EMR Courses

- Minimum of **80 hours** of instruction (Didactic/Lab/Clinical/Field) to include:
 - BLS for HCP (4.5 hours)
 - NIMS 100 (2 hours, didactic online course)
 - NIMS 700 (3.5 hours, didactic online course)
 - TIM (4 or 10 hours, didactic online courses)
- 5 successful patient assessments
 - Assessments may be completed through simulation or through clinical/field experience
- Up to 10 hours of clinical/field time may be counted towards the 80-hour minimum

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National Education Standards

- Current National Education Standards can be found at <https://www.ems.gov/education.html>
- The National Scope of Practice model can also be found on this page
- These documents should be used to design your curriculum to ensure student success with NREMT



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New Rules

David Newton



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About DPH

- > Commissioner's Message
- > Board of Public Health
- > Public Health Regulations
- > Contact DPH
- > Media/Public Affairs
- > Office of Government Relations
- > Office of Inspector General
- ▼ Emergency Medical Services
 - > Public Notices, Regional and Statewide Meetings
- License Management System

Emergency Medical Services

NOTICE OF PROPOSED RULEMAKING

- The Department of Public Health ("DPH") proposes the revisions to Chapter 511-9-2 of its regulations - [CLICK HERE to See the notice of proposed rulemaking and the proposed rules revisions](#)
- Due to the COVID-19 pandemic, there will not be a physical in-person meeting, however, oral comments may be presented via phone or via WebEx at a public meeting scheduled for 1:00 p.m. on Wednesday, September 15, 2021. To join the public meeting:
- To join by computer:
 - <https://gdph.webex.com/gdph/j.php?MTID=m1d965b44b5fc529f63cf8637200f1172>
 - Meeting number: 179 516 8052
 - Password: cCBABnG@275 (22222641 from phones)
- Join by phone
 - +1-408-418-9388 United States Toll
 - Access code: 179 516 8052
 - Password: 22222641 from phones

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NOTE

- The rules have been *finalized* by the Commissioner and sent to the Secretary of State's office
 - Effective* date = 10/27/2021
- If you or your organization has questions, please reach out to:
 - David Newton
 - Kelly Joiner
 - Richard Rhodes

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EMT-R Application

- EMT-R Application will be available starting on **Wednesday, 10/13/2021**
 - Once a submitted and paid for application (\$75.00) is received;
 - Allows us to clear applicants to go get their fingerprint background check and for OEMST to begin to process the application components
 - ▣ (CPR, U.S. residency form, government ID, background, etc)
- Applications that meet all license requirements will be issued a License beginning on the morning of **10/27/2021**

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EMT-R Expiration Date and Scope of Practice

- Expiration Dates:
 - EMT-Rs (based on National EMR expiration date) will have expiration date of September 30th
- Scope of Practice
 - EMSMDAC
- Renewal Requirements
 - Current BLS/CPR certification
 - 16 hours continuing education
 - Maintain NREMT certification (Must renew prior to renewing GA license)
 - Renewal Fee (NREMT renewal fee + GA renewal fee = \$75.00)

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How To Document the EMT-R License Level eCrew.02

1	9925005	2009 Emergency Medical Technician (EMT)	EMT	<input checked="" type="checkbox"/>
2	9925017	EMT-Intermediate	EMT-I	<input checked="" type="checkbox"/>
3	9925001	2009 Advanced Emergency Medical Technician (AEMT)	AEMT	<input checked="" type="checkbox"/>
4	it9925.101	Cardiac Technician	CT	<input checked="" type="checkbox"/>
5	9925007	2009 Paramedic	Paramedic	<input checked="" type="checkbox"/>
6	9925013	First Responder	First Responder	<input checked="" type="checkbox"/>
7	9925003	2009 Emergency Medical Responder (EMR)	EMR (GA EMT-Responder)	<input checked="" type="checkbox"/>
8	9925031	Student	EMT Student	<input checked="" type="checkbox"/>
9	9925043	Registered Nurse	RN	<input checked="" type="checkbox"/>
10	9925037	Nurse Practitioner	Nurse Practitioner	<input checked="" type="checkbox"/>
14	9925023	Other Healthcare Professional	Other Healthcare Professional	<input checked="" type="checkbox"/>
15	9925025	Other Non-Healthcare Professional	Other Non-Healthcare Professional	<input checked="" type="checkbox"/>
16	9925027	Physician	Physician	<input checked="" type="checkbox"/>
17	9925039	Physician Assistant	Physician Assistant	<input checked="" type="checkbox"/>
19	9925029	Respiratory Therapist	Respiratory Therapist	<input checked="" type="checkbox"/>
24	it9925.141	AEMT Student	AEMT Student	<input checked="" type="checkbox"/>
25	it9925.132	Paramedic Student	Paramedic Student	<input checked="" type="checkbox"/>

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eProcedures.10 – Role/Type of Person Performing the Procedure

1	9905005	2009 Emergency Medical Technician (EMT)	EMT	<input checked="" type="checkbox"/>
2	9905003	2009 Emergency Medical Responder (EMR)	EMR (GA EMT-Responder)	<input checked="" type="checkbox"/>
3	9905001	2009 Advanced Emergency Medical Technician (AEMT)	AEMT	<input checked="" type="checkbox"/>
5	9905007	2009 Paramedic	Paramedic	<input checked="" type="checkbox"/>
6	9905031	Critical Care Paramedic	Critical Care Paramedic	<input checked="" type="checkbox"/>
8	9905011	EMT-Intermediate	EMT-I	<input checked="" type="checkbox"/>
9	it9905.192	Cardiac Technician	Cardiac Technician	<input checked="" type="checkbox"/>
10	9905015	First Responder	First Responder	<input checked="" type="checkbox"/>
13	9905035	Nurse Practitioner	Nurse Practitioner	<input checked="" type="checkbox"/>
14	9905019	Other Healthcare Professional	Other Healthcare Professional	<input checked="" type="checkbox"/>
15	9905021	Other Non-Healthcare Professional	Other Non-Healthcare Professional	<input checked="" type="checkbox"/>
16	9905023	Patient/Lay Person	Patient/Lay Person	<input checked="" type="checkbox"/>
17	9905025	Physician	Physician	<input checked="" type="checkbox"/>
18	9905037	Physician Assistant	Physician Assistant	<input checked="" type="checkbox"/>
19	9905041	Registered Nurse	RN	<input checked="" type="checkbox"/>
20	9905027	Respiratory Therapist	Respiratory Therapist	<input checked="" type="checkbox"/>
21	9905029	Student	Student	<input checked="" type="checkbox"/>

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eMedications.10 – Role/Type of Person Administering Medication

Order	Code	Value	Label	Active
1	9905005	2009 Emergency Medical Technician (EMT)	EMT	<input checked="" type="checkbox"/>
2	9905003	2009 Emergency Medical Responder (EMR)	EMR (GA EMT-Responder)	<input checked="" type="checkbox"/>
2	9905011	EMT-Intermediate	EMT-I	<input checked="" type="checkbox"/>
3	9905001	2009 Advanced Emergency Medical Technician (AEMT)	AEMT	<input checked="" type="checkbox"/>
4	it9905.181	Cardiac Technician	CT	<input checked="" type="checkbox"/>
5	9905007	2009 Paramedic	Paramedic	<input checked="" type="checkbox"/>
6	9905031	Critical Care Paramedic	Critical Care Paramedic	<input checked="" type="checkbox"/>
7	9905029	Student	Student	<input checked="" type="checkbox"/>
8	9905015	First Responder	First Responder	<input checked="" type="checkbox"/>
9	9905041	Registered Nurse	RN	<input checked="" type="checkbox"/>
13	9905035	Nurse Practitioner	Nurse Practitioner	<input checked="" type="checkbox"/>
14	9905019	Other Healthcare Professional	Other Healthcare Professional	<input checked="" type="checkbox"/>
15	9905021	Other Non-Healthcare Professional	Other Non-Healthcare Professional	<input checked="" type="checkbox"/>
16	9905023	Patient/Lay Person	Patient/Lay Person	<input checked="" type="checkbox"/>
17	9905025	Physician	Physician	<input checked="" type="checkbox"/>
18	9905037	Physician Assistant	Physician Assistant	<input checked="" type="checkbox"/>
20	9905027	Respiratory Therapist	Respiratory Therapist	<input checked="" type="checkbox"/>

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EMS Compact

David Newton

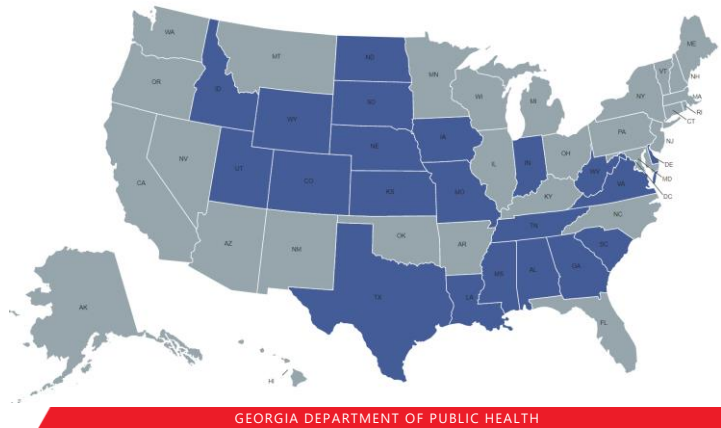


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EMS Compact

- EMT-R (EMR) not included in Compact legislation



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Integration with LMS

OEMST LMS system is now integrated with the National EMS Coordinated Database (NEMSCD)

- Allows for updates to NEMSCD when a licensee upgrades/downgrades/retires/renews

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National EMS ID – how to locate on NREMT

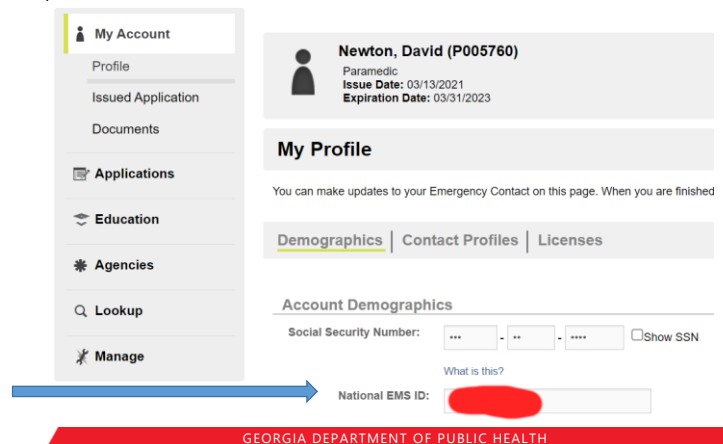
- National EMS ID is NOT the same as your NREMT Number



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National EMS ID – how to locate on LMS

- Login to LMS (www.mygemsis.org/lms)
- Click on Profile (under My Account)



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What if I don't see my National EMS ID on LMS?

- It is likely that there is an issue with your demographics (address, email, DOB, etc) in LMS
- Please complete the Update Demographics application in LMS

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What if my National EMS ID is different on NR compared to LMS?

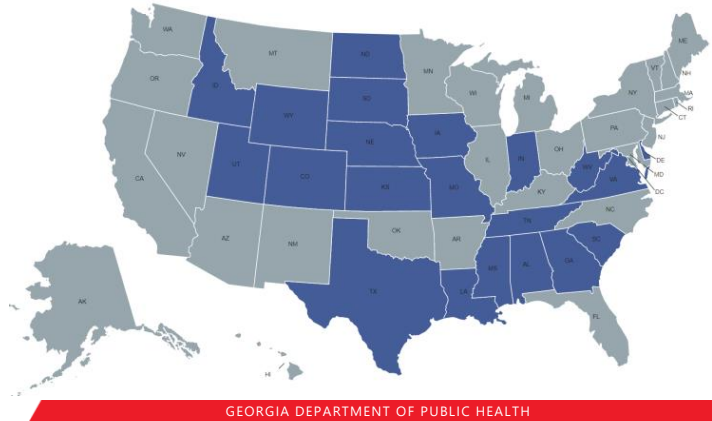
- This is due to a mismatch on your SSN/DOB/Name/etc.
- Verify your demographics info is correct and both – if it is not, you will need to update the respective agency (NR or OEMST) to get this corrected

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How does this LMS/NEMSCD integration help me?

- Allows for privilege to practice in other states
- Allows for easier transition to licensure in other Compact states



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Biospatial Updates

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Now able to search/filter on Crew Member Level

Minimum EMS Crew Levels ⓘ

Select minimum crew level(s) ▼

Maximum EMS Crew Levels ⓘ

Select maximum crew level(s) ▲

Maximum EMS Crew Levels

EMS Crew Level (V2: E04_03; V3: eCrew.02) is the functioning level of the crew member during the EMS patient encounter. Crew member level is ranked lowest to highest as follows:

- Student
- Other Non-Healthcare Professional
- Other Healthcare Professional
- Respiratory Therapist
- Community Paramedicine
- Licensed Practical Nurse
- First Responder
- EMR
- EMT - Basic
- EMT
- EMT - Intermediate
- EMT - Advanced
- EMT - Paramedic
- Paramedic
- Critical Care Paramedic
- Registered Nurse
- Nurse Practitioner
- Physician Assistant
- Physician

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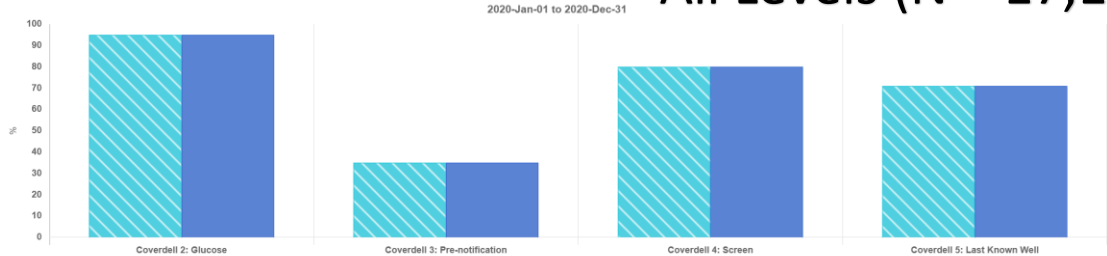
How does this help me?

- Allows you to examine performance measures and data based on the crew staffing (minimum/maximum levels)

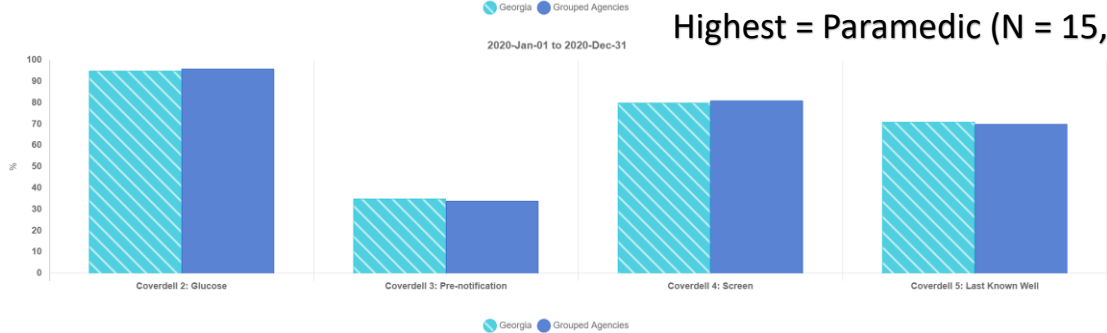
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All Levels (N = 17,188)



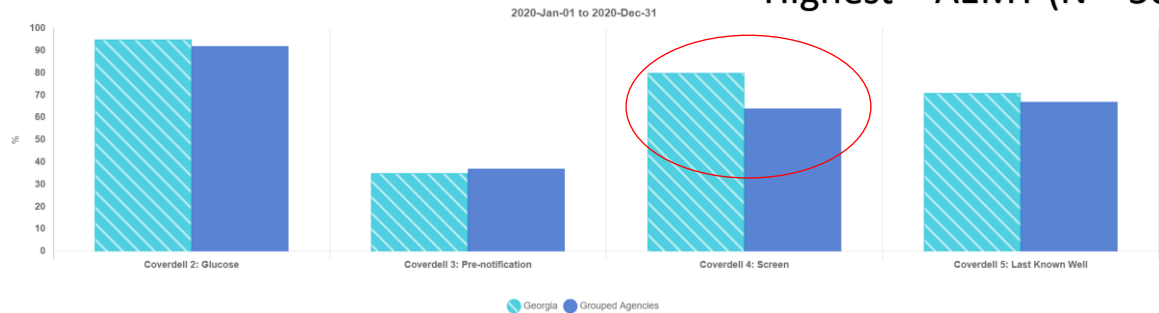
Highest = Paramedic (N = 15,835)



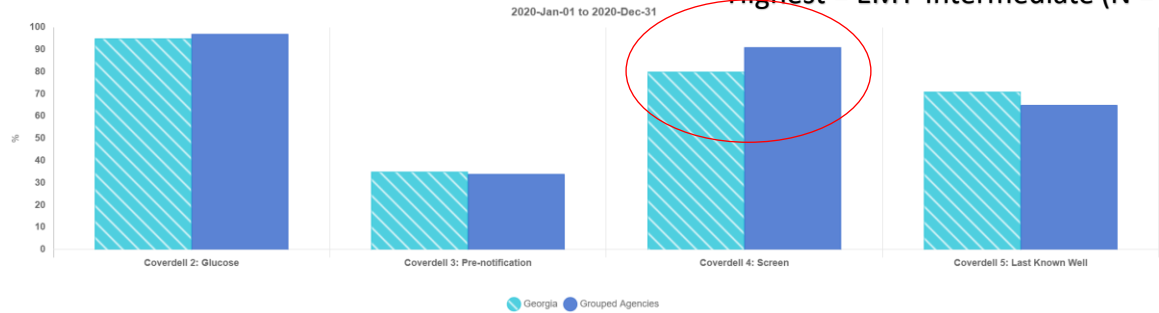
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Highest = AEMT (N = 565)

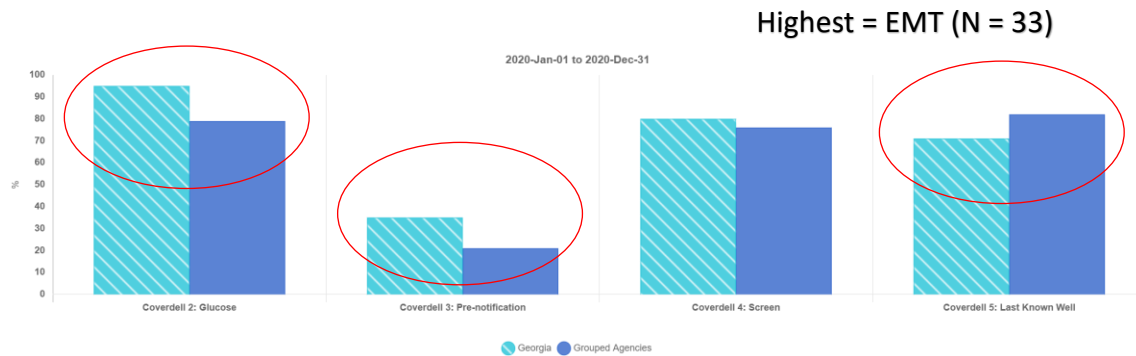


Highest = EMT-Intermediate (N = 215)



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Upcoming Meetings/Trainings

David Newton



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Upcoming Meetings/Trainings

- GEMSA Conference – Sunday, 10/10/2021
 - 8am – Education and LMS Update (Richard and Kelly)
 - 6pm – A Dialogue with the Office of EMS and Trauma
- OEMS Educational Update on Fri, 11/5/2021 @ 11am
- OEMS Epidemiology and Operational Update on Fri, 11/12/2021 @ 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