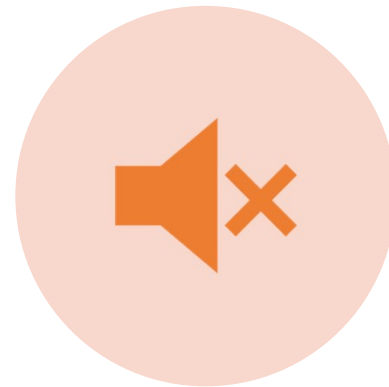


Please



**TYPE QUESTIONS IN THE
CHAT BOX**



MUTE YOUR LINES

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.

Georgia OEMST Update – Epidemiology and Operations

Kelly Joiner/Richard Rhodes/Cassie Longhart

COVID-19 Epidemiology Update

Dr. Cherie Drenzek

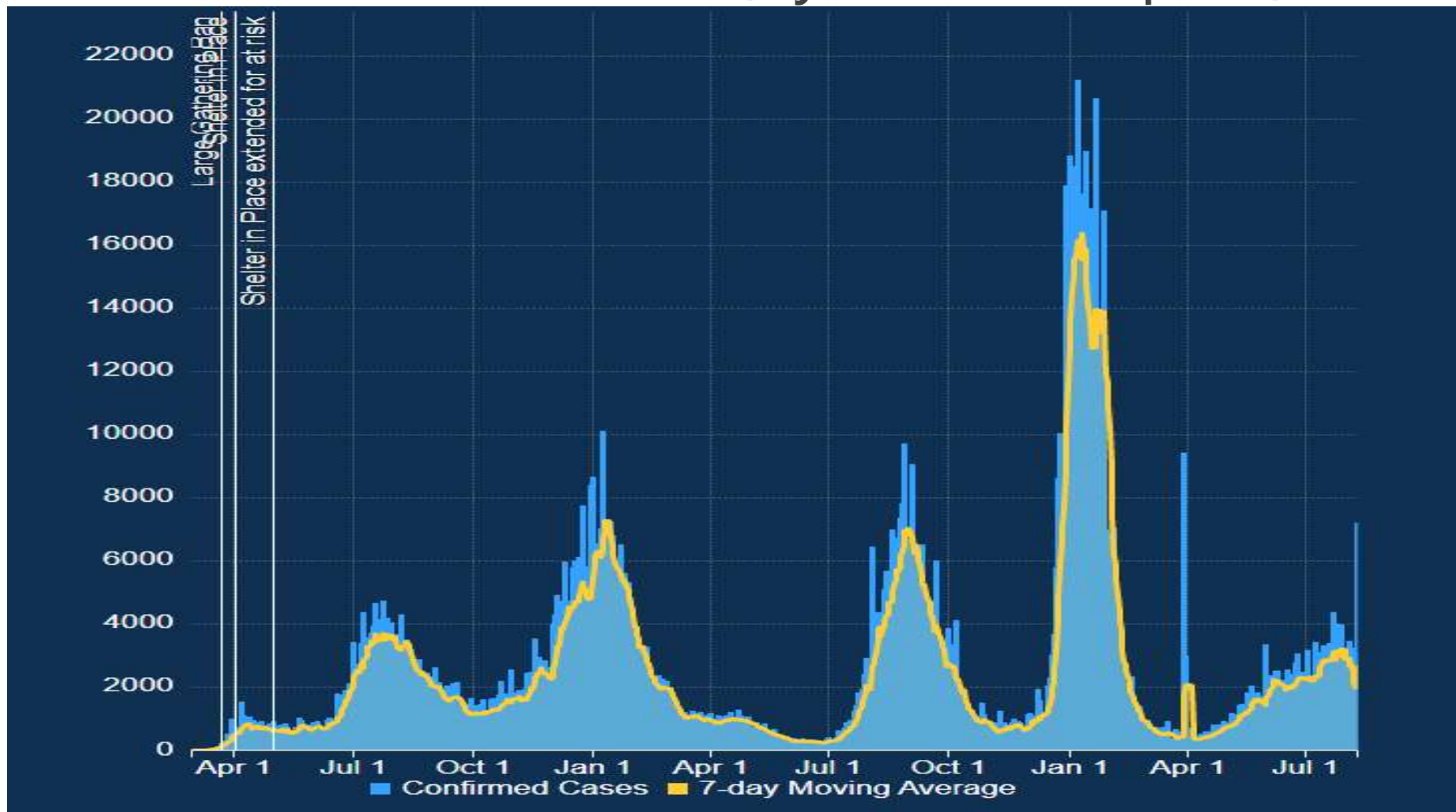
Epidemiology Report – Dr. Cherie Drenzek – graphs as of 8/10/2022
<https://dph.georgia.gov/covid-19-daily-status-report>



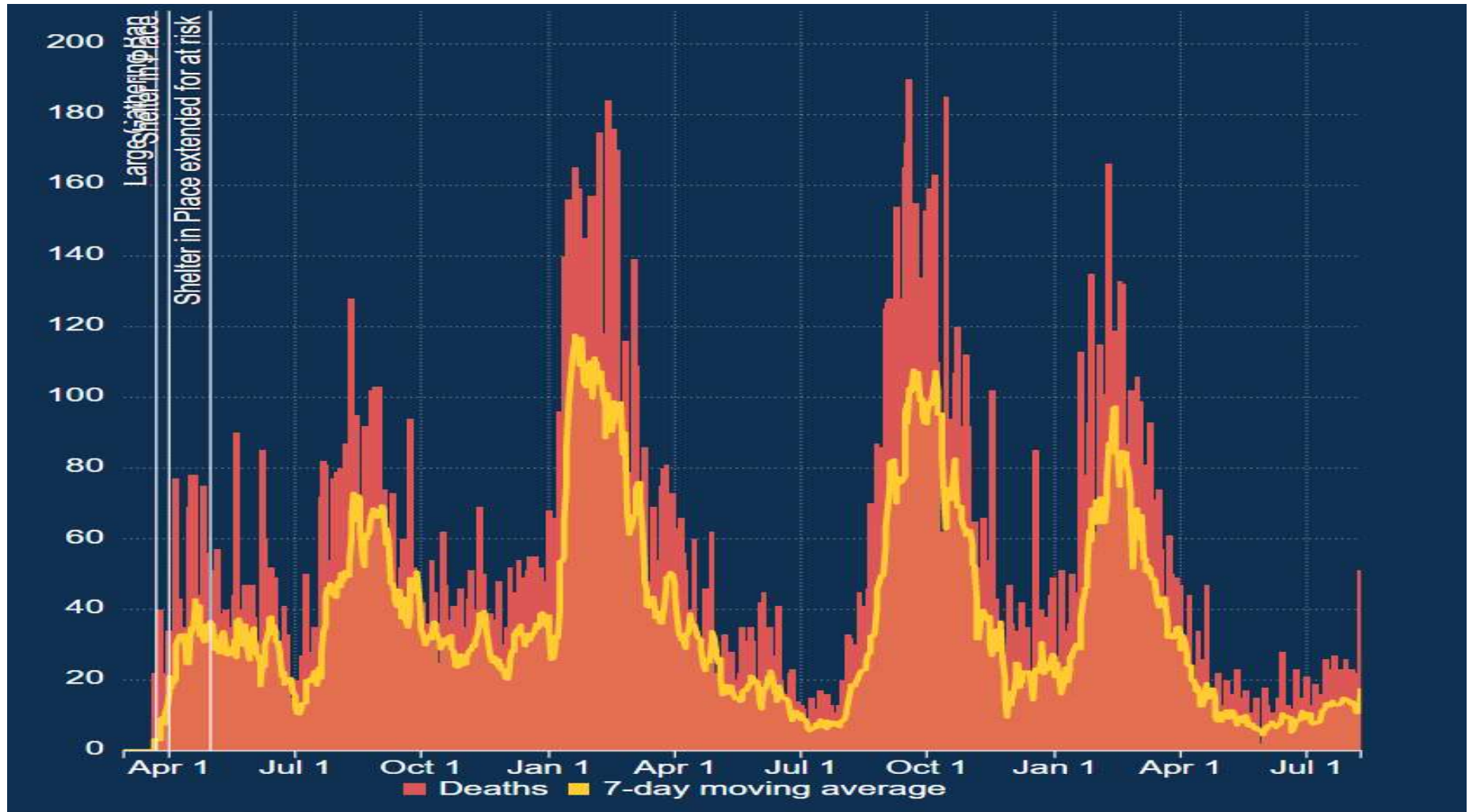
Reported Since Last Update ⓘ			
Confirmed Cases	Antigen Positive Cases	Confirmed Deaths	Hospitalizations
18,073	7,998	124	939

COVID-19 Testing ⓘ			
	Number of Tests	Number of Positive Tests	% Positive
Total PCR/ Molecular	19,518,572	2,461,304	12.6%

PCR Cases Over Time (By date of report)

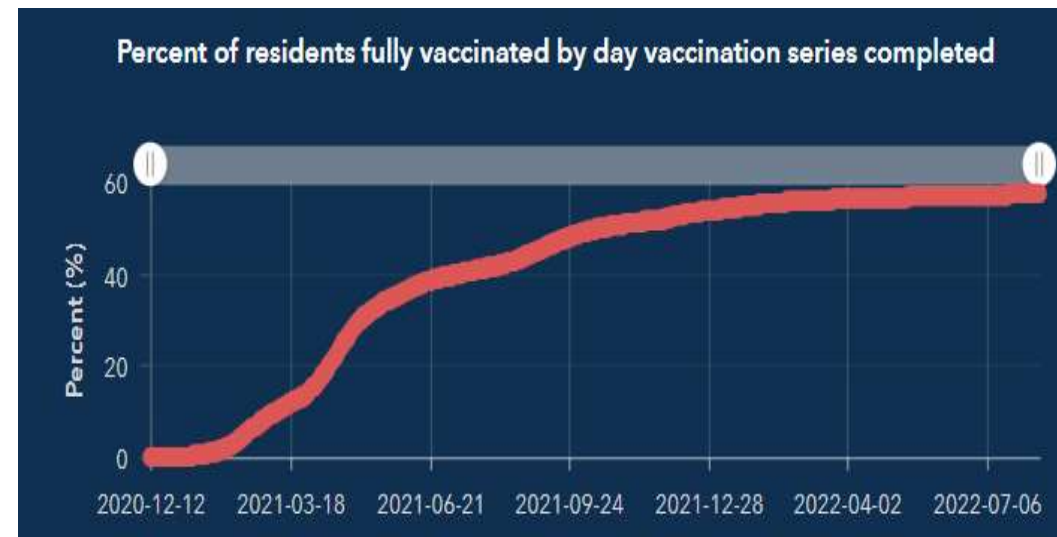
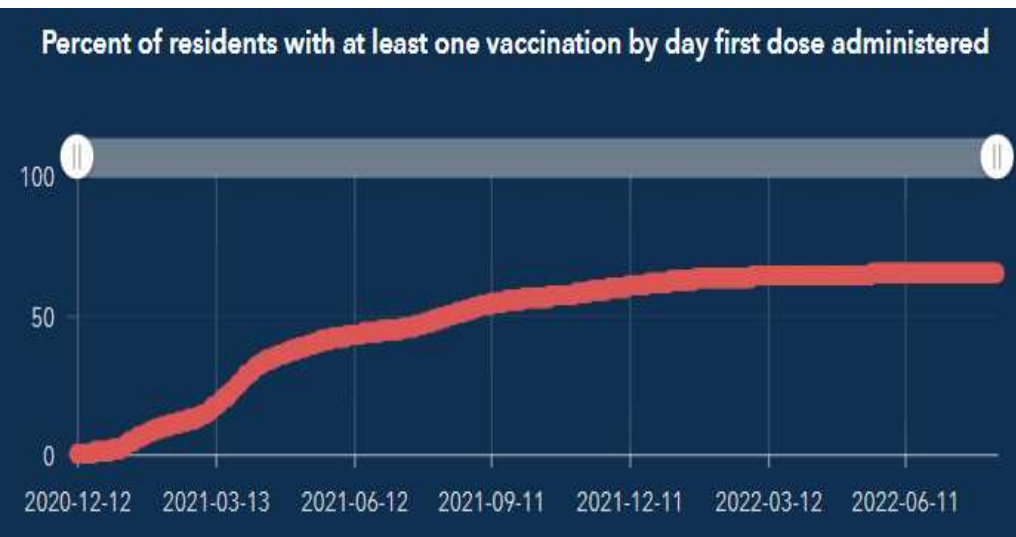


Confirmed Deaths by Date of **Report**



Vaccination Rates (as of 8/10/2022)

At least 1 dose = 65%; Fully Vaccinated = 57%



View the most up-to-date data here:

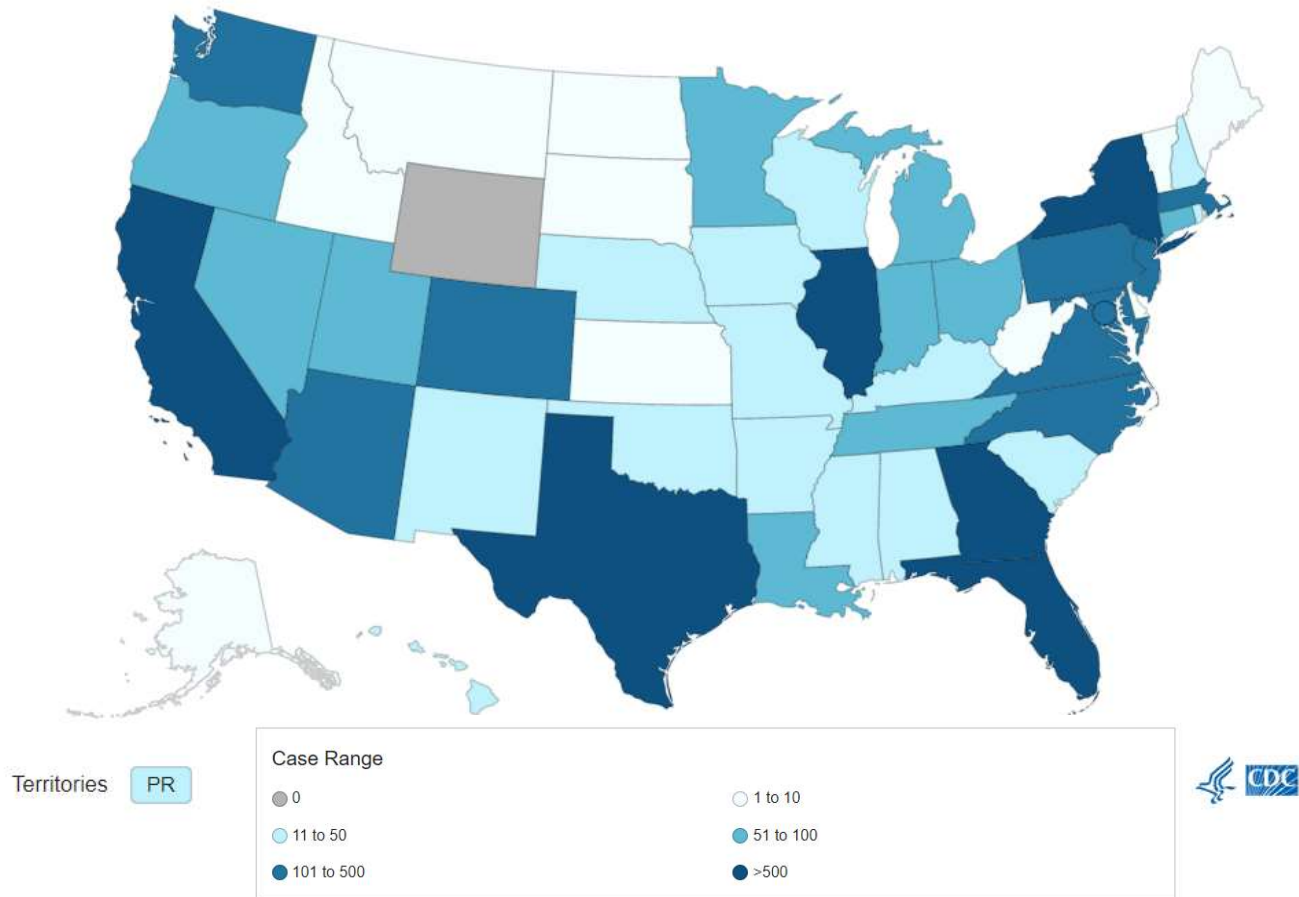
- <https://experience.arcgis.com/experience/3d8eea39f5c1443db1743a4cb8948a9c>

Monkeypox

Dr. Cherie Drenzek

10,768 Total confirmed monkeypox/orthopoxvirus cases

*One Florida case is listed here but included in the United Kingdom case counts because the individual was tested while in the UK.





Kathleen E. Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

2 Peachtree Street, NW, 15th Floor
Atlanta, Georgia 30303-3142

dph.ga.gov

July 27, 2022

Dear Georgia EMS Providers:

Monkeypox cases are increasing rapidly among Georgia residents, particularly in the Atlanta metropolitan area. It is important for EMS personnel to recognize the signs, symptoms, and risk factors for monkeypox; understand EMS strategies for preventing the spread of monkeypox; and know how to prevent person-to-person transmission of monkeypox.

Signs, Symptoms and Risk Factors for monkeypox

- The signs and symptoms of monkeypox may include flu-like symptoms (fever, headache, muscle aches) and swollen lymph nodes. Ultimately, persons with monkeypox will develop a rash.
- In this outbreak, many cases have had a rash only and have not developed other flu-like symptoms. These flu-like symptoms may come before or after the development of the rash.
 - o Typically, the monkeypox rash is characterized by lesions that are well circumscribed, deep seated, and often develop umbilication (resembles a dot on the top of the lesion).
 - o Disseminated rash is centrifugal (more lesions on extremities, face and can include palms and soles).
 - o Lesions are often described as painful until the healing phase when they become itchy (crusts).
 - o In this outbreak, many persons have had the rash begin and stay isolated to the genital and rectal area. Proctitis is a common report in this outbreak.
- It is important to remember that the highest risk of transmission of monkeypox is associated with prolonged direct contact with lesions and lesion material.

Epidemiologic risks for monkeypox

Epidemiologic criteria may be updated over time, please find the most up-to-date criteria at: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/case-definition.html>

Currently, primary epidemiologic risks in the 2022 outbreak include persons who in the 21 days prior to symptom onset:

- Report having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox OR
- Had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity, this includes men who have sex with men (MSM) who meet partners through an online website, digital application ("app"), or social event (e.g., a bar or party) OR
- Traveled outside the US to a country with confirmed cases of monkeypox or where Monkeypox virus is endemic

Isolation of the patient is important to prevent the transmission of the illness. During the treatment and transport of the patient, a hierarchy of controls should be implemented, including the following:

- Separate the driver compartment from the patient compartment, if possible.
- Turn the exhaust fan on high in the patient compartment (if so equipped) and adjust air handling to introduce fresh air in both compartments if possible.
- PPE should include gloves, gown, eye protection, and a mask.
- Limit the number of personnel making patient contact.
- Exercise caution when performing aerosol-producing procedures (e.g., endotracheal intubation, airway suctioning, CPAP/BIPAP, CPR). Only perform these procedures if medically necessary and cannot be postponed.
- Notify the receiving facility early of any potential or suspected monkeypox case. Upon arrival at the receiving facility, notify the receiving staff.
- Clean and disinfect all surfaces of the ambulance and equipment with an EPA-registered hospital-grade disinfectant. Look for disinfectants with a label claim against vaccinia.

Patients can be managed safely if the appropriate infection prevention measures are in place. **For more information on EMS strategies for preventing the spread of monkeypox and EMS documentation for monkeypox, please visit: <https://dph.georgia.gov/monkeypox-ems/>**

In the unlikely event that a high-risk exposure does occur in an EMS setting, you should work with your occupational health staff to reach out to 1-866-PUB-HLTH for information on obtaining post-exposure prophylactic vaccination.

Thank you for all you are doing to help stop this current outbreak of monkeypox and to keep your staff and patients healthy.

Sincerely,

Kathleen E. Toomey, M.D., M.P.H.
Commissioner and State Health Officer

<https://dph.georgia.gov/monkeypox-ems>

We protect lives.

We protect lives.

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Questions for Dr. Drenzek

- Epidemiology

OEMST Position Updates

Kelly Joiner

OEMST Position Updates

State Office of EMS Director

- Michael Johnson
- Michael.johnson@dph.ga.gov

Cardiac Care Director

- Position will be posted in the coming weeks

Regional Training Coordinator – R6

- Ryan Hollingsworth is the Region 6 RTC interim Training Coordinator
- Position is in the HR process

R3 Safety and Compliance

- Start date August 16th

R3 Assistant Regional Director

- In HR hiring process

Grant Opportunity

Kelly Joiner

SS4A Grant Program

<https://www.transportation.gov/grants/SS4A>

The screenshot shows the U.S. Department of Transportation website. The header includes the DOT logo, the text "U.S. Department of Transportation", and navigation links for "ABOUT DOT", "PRIORITIES", and "CONNECT". There are also social media icons for Facebook, Twitter, Instagram, LinkedIn, and YouTube. The main content area is titled "Safe Streets and Roads for All (SS4A) Grant Program". On the left, there is a sidebar with a "Safe Streets and Roads for All Grants" menu containing links for "About Safe Streets and Roads for All Grants", "Announcement", "Webinar Series", "How to Apply", "Resources", and "FAQs". The main text describes the program established by the Bipartisan Infrastructure Law (BIL) and provides details on funding availability for FY22. It also mentions that the program supports Secretary Pete Buttigieg's National Roadway Safety Strategy. A large graphic displays "SS4A" in a stylized font. Below this, a section titled "Amended FY22 Notice of Funding Opportunity is open, now through September 15, 2022" provides information about the amended NOFO and lists several links for more details, including "Review the amended NOFO", "Review highlights of changes to the FY22 SS4A NOFO", "Visit our 'How to Apply' assistance page", "Visit our 'Resources' page", "Review answers to Frequently Asked Questions", and "Watch a 'How to Apply' webinar". A note states that award announcements are expected by the end of calendar year 2022 or early 2023. The page concludes with the question "Who is eligible to apply for grant funding?".

NHTSA EMS Reassessment

Kelly Joiner

NHTSA EMS Assessment

The National Highway Traffic Safety Administration (NHTSA) believes that effective emergency medical services (EMS) programs should provide comprehensive, inclusive, and appropriate emergency health care for patients of all ages, adult and pediatric.

The Reassessment process allows a State to assess and evaluate current EMS system effectiveness in relation to the original EMS assessment, subsequent EMS program modifications, and integration of new technology or nationally accepted standards.



**STATE OF GEORGIA
AN ASSESSMENT
OF
EMERGENCY MEDICAL
SERVICES**

June 6-8, 1995

**National Highway Traffic Safety
Administration
Technical Assistance Team**

**Nicholas Benson, MD, FACEP
Howard Champion, MD, FACS
John L. Chew, Jr.
Dia Gainer, MPA
Howard Kirshwood, JD
Steve Mercer**

NHTSA EMS Assessment

Last assessment completed in 1995

- Georgia was one of the first states to complete this assessment
- OEMST requested the assessment in 2019, delayed due to COVID

Assessment will include EMS and Systems of Care

August 30th – September 1st, 2022

GEMSIS v2.0 PCR transition to Vault

Kelly Joiner

GEMISIS v2.0



HOME

ABOUT

CONTACT US

GEMISIS

Georgia Emergency Medical Services Information System



INTEGRATIVE CARE

EMS Service Bridge integrates information across the entire emergency medical community, whether in the ambulance, the local station, or regional or state offices. With the EMS Service Bridge, ambulance services are able to satisfy reporting requirements easily, without major investment and without learning complex new technology.

Working with the emergency community has kept the focus on simplifying and streamlining data collection, so that a wealth of data can quickly and easily be collected and made available for in-depth analysis at any level.

[Knowledgebase Resources](#)

SYSTEM LOGIN

Username:

Password:

[CLICK HERE
IF YOU FORGOT YOUR PASSWORD](#)

Note: ImageTrend is unable to provide users with permissions-based requests (i.e. Active or Lock Status changes, Usernames, Passwords, Permission Level Changes, etc.). Please contact your State or Service Administrator if you need further assistance.

EMS REGIONS

Welcome to myGEMISIS!

Getting Started: Please click Login, if you are an authorized GEMISIS user. If you are not an authorized GEMISIS user, please click on About to learn more about the GEMISIS system. This website contains information and data on EMS in Georgia. It is designed to provide information to a wide variety of people, agencies and organizations.

We encourage all Georgia EMS provider agencies to use this website and explore its numerous tools and reports. As the reports are used more and more their quality will improve and as data errors and discrepancies are identified and corrected



What is Vault?

- Vault is an archiving solution for protecting historical GEMSIS v2 **Patient Care Reports** prior to April 2018.
- Vault provides an added layer of security and management control for the EMS Agency.
- All GEMSIS v2 **data** is in biospatial and GEMSIS Elite Report Writer
- This does not affect Hospital Hub
- To request access, please contact Dipti Patel Dipti.patel@dph.ga.gov

Workforce Numbers

Kelly Joiner

Number of Licensees as of 8/11/2022

Level	As of 01/01/22	As of 04/01/2022	As of 08/11/2022	Δ YTD	Δ since 4/01
EMT-Responder	99	203	258	+159	+55
EMT	5,805	5,431	5,945	+140	+514
EMT-Intermediate	4,881	4,805	4,811	-70	+6
Advanced EMT	4,931	4,716	4,963	+32	+247
Cardiac Technician	28	27	27	-1	NC
Paramedic	8,770	8,562	8,868	+98	+306
TOTAL	24,514	23,744	24,873	+359	+1,129

EMS Personnel License Renewal

Richard Rhodes

Personnel License Renewals

Late Medic Renewal Period

- Late Medic Renewal Period:
4/1/2022 – 9/30/2022
- “Late Georgia Medic Renewal” Application
- After September 30th, an Initial EMT/AEMT/Paramedic License application will need to be completed to regain licensure

Instructor Renewals

- Instructor Renewal period:
1/1/2020 – 12/31/2022
- CE/Active Teaching requirements restart as soon as your renewal is issued
- Application fee of \$25
- Late renewal period is 6 months after the license renewal date
 - Late fee will apply

Instructor Renewal

If an Instructor does not meet the Active Teaching requirement for their level they have two options:

- Obtain the required time between now and renewal, or late renewal time
- Downgrade the license to the level they qualify for

If an instructor chooses to downgrade:

- Submit renewal with active practice
- OEMS will evaluate and trigger another form
- The applicant will complete the form to state which level they wish to downgrade to

EMS Education Consortium

Richard Rhodes

First Meeting

The first meeting of the consortium is being held today at Central Georgia Technical College at 12:30 – 2:00

Also being held virtually – link in chat

Things we are working on

- TCSG IFCC committee and curriculum specialist – Reviewing TCSG curriculum and best practices
- Student Survey of NREMT barriers

Vehicle Re-inspection Fees

Kelly Joiner

Rule 511-9-2-.11. Inspections of EMS Agencies

(a) EMS Agencies or those applying to be an EMS Agency whose Ground Ambulance(s), Air Ambulance(s) or Neonatal Transport Vehicle(s) is/are unable to fully pass the Department-specified inspection and is/are unable to become compliant before the assigned Department personnel depart(s) the inspection site, shall have the inspection(s) recorded as (a) failed inspection(s) and shall be subject to a re-inspection fee for each re-inspection of that/those ambulance(s)/vehicle(s). A subsequent inspection for that/those Ground Ambulance(s), Air Ambulance(s), or Neonatal Transport Vehicle(s) will not be performed until the re-inspection fee is received by the Department. Re-inspection fees will be as follows:

1. For the first re-inspection of a Ground Ambulance, Air Ambulance, or Neonatal Transport Vehicle, the re-inspection fee will be equal to ten percent (10%) of the Department-specified annual Ground Ambulance/Air Ambulance/Neonatal Transport Vehicle license fee.
2. For the second and subsequent re-inspection(s) of a Ground Ambulance, Air Ambulance, or Neonatal Transport Vehicle, the re-inspection fee will be equal to twenty-five percent (25%) of the Department-specified annual Ground Ambulance/Air Ambulance/Neonatal Transport Vehicle license fee.

Vehicle Re-Inspection Fees

Vehicle Re-inspection Fees will begin **September 1, 2022**.

If a vehicle fails Inspection:

1st vehicle **re-inspection** fee will be 10% of the vehicle license fee: \$140.00

2nd and subsequent **re-inspection** fee will be 25% of vehicle license fee: \$350.00

Naloxone for EMS Agencies

Kelly Joiner

Naloxone for EMS Agencies

Gov. Kemp Awards \$13M in Settlement Funds to Help Fight Opioid Crisis

FEBRUARY 17, 2022

Atlanta, GA – Governor Brian P. Kemp today announced the award of \$13,081,929 in funds from the State of Georgia's [settlement with McKinsey & Company](#) to be used to address the negative effects of opioid misuse and to invest in opioid abatement strategies. The funds will be utilized to expand Medication Assisted Treatment (MAT) availability, increase detoxification service capacity, promote stigma reduction, increase access to naloxone for emergency service providers, and expand training on naloxone to community providers.

"The opioid crisis has affected - either directly or indirectly - almost every Georgia family," said **Governor Brian P. Kemp**. "We appreciate the Office of the Attorney General for working to represent the interests of Georgians throughout this litigation, and we look forward to ensuring these funds are leveraged to help us combat the scourge of opioid misuse in our state."

Funds will be distributed through Memorandums of Understanding between the Department of Law, the Department of Behavioral Health and Developmental Disabilities (DBHDD), and the Department of Public Health (DPH).

Provide naloxone kits to Emergency Medical Service providers

Emergency Medical Service providers (EMS) personnel indicated to DPH the ongoing need for naloxone kits. \$2,017,929 will provide for DPH to distribute approximately 326,000 naloxone kits to EMS providers.

Naloxone for EMS Agencies

A survey will be sent to all licensed EMS Agency, Authorized Agents:

- To identify the concentration and administration method needed for your agency

Licensed EMS Agencies will order on a quarterly basis via an application in LMS.

Narcan will be shipped to the EMS agency from the warehouse.

Armband Pilot Project

Cassie Longhart

Armband Pilot Project

Link Crash Records, EMS Records, and Hospital Records from initial patient contact to discharge.

Phases 1-3 of the pilot test are expected to take about 2 years to complete and will include Law Enforcement Agencies, EMS, and Hospital partners.

During the pilot testing, data will be collected from Trauma Patients involved in crash-related incidents. Each phase of the pilot will allow us to learn what works well and where opportunities for improvement are.

The OEMST Armband project is funded through the Governor's Office of Highway Safety.



Phase 1

Expected to take about 6 months and include the following:

3 EMS Agencies

6 Law Enforcement Agencies

1-2 Hospitals

CRASH REPORT	EMS PCR
Enter # in Occupant Info "By:" Field 6 letters (A-Z)	AAEVTP 6 letters (A-Z)
AAEVTP	External Report Type = "Patient ID", enter # for External Report #
CRASH REPORT	EMS PCR
Enter # in Occupant Info "By:" Field 6 letters (A-Z)	AAEVTO 6 letters (A-Z)
AAEVTO	External Report Type = "Patient ID", enter # for External Report #
CRASH REPORT	EMS PCR
Enter # in Occupant Info "By:" Field 6 letters (A-Z)	AAEVTN 6 letters (A-Z)
AAEVTN	External Report Type = "Patient ID", enter # for External Report #
CRASH REPORT	EMS PCR
Enter # in Occupant Info "By:" Field 6 letters (A-Z)	AAEVTM 6 letters (A-Z)
AAEVTM	External Report Type = "Patient ID", enter # for External Report #
CRASH REPORT	EMS PCR
Enter # in Occupant Info "By:" Field 6 letters (A-Z)	AAEVTL 6 letters (A-Z)
AAEVTL	External Report Type = "Patient ID", enter # for External Report #
CRASH REPORT	EMS PCR
Enter # in Occupant Info "By:" Field 6 letters (A-Z)	AAEVTK 6 letters (A-Z)
AAEVTK	External Report Type = "Patient ID", enter # for External Report #
CRASH REPORT	EMS PCR
Enter # in Occupant Info "By:" Field 6 letters (A-Z)	AAEVTJ 6 letters (A-Z)
AAEVTJ	External Report Type = "Patient ID", enter # for External Report #
CRASH REPORT	EMS PCR
Enter # in Occupant Info "By:" Field 6 letters (A-Z)	AAEVTI 6 letters (A-Z)
AAEVTI	External Report Type = "Patient ID", enter # for External Report #

AAEVTP
AAEVTO
AAEVTN
AAEVTM
AAEVTL
AAEVTK
AAEVTJ
AAEVTI



Georgia Systems of Care Armband
DO NOT REMOVE
To learn more: visit <https://dph.ga.gov/EMS/armband>

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AAEVTP
AAEVTO
AAEVTN
AAEVTM
AAEVTL
AAEVTK
AAEVTJ
AAEVTI

Hospital Use - this # will be recorded in Pt Record and in Trauma/Stroke/Cardiac Registry

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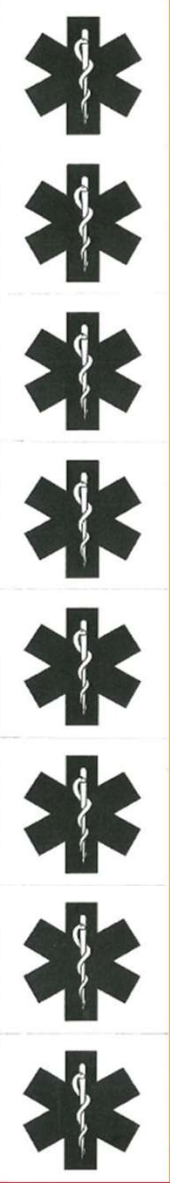
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Hospital Use - this # will be recorded in Pt Record and in Trauma/Stroke/Cardiac Registry



Upcoming Meetings/Trainings

Richard Rhodes

Upcoming Meetings/Trainings

EMSAC Quarterly Meeting – August 16th, 2022 at 10:00am (1600 Phoenix BLVD and virtual option)

EMSMDAC Quarterly Meeting – October 11th, 2022 @ 10:00 (Virtual)

<https://dph.georgia.gov/EMS/public-notices-regional-and-statewide-meetings>

Note: OEMST Monthly Epi and Ops Update: 2nd Friday of each month

Regional Instructor Symposiums

Region 3 – August 17th, Atlanta Fire Department

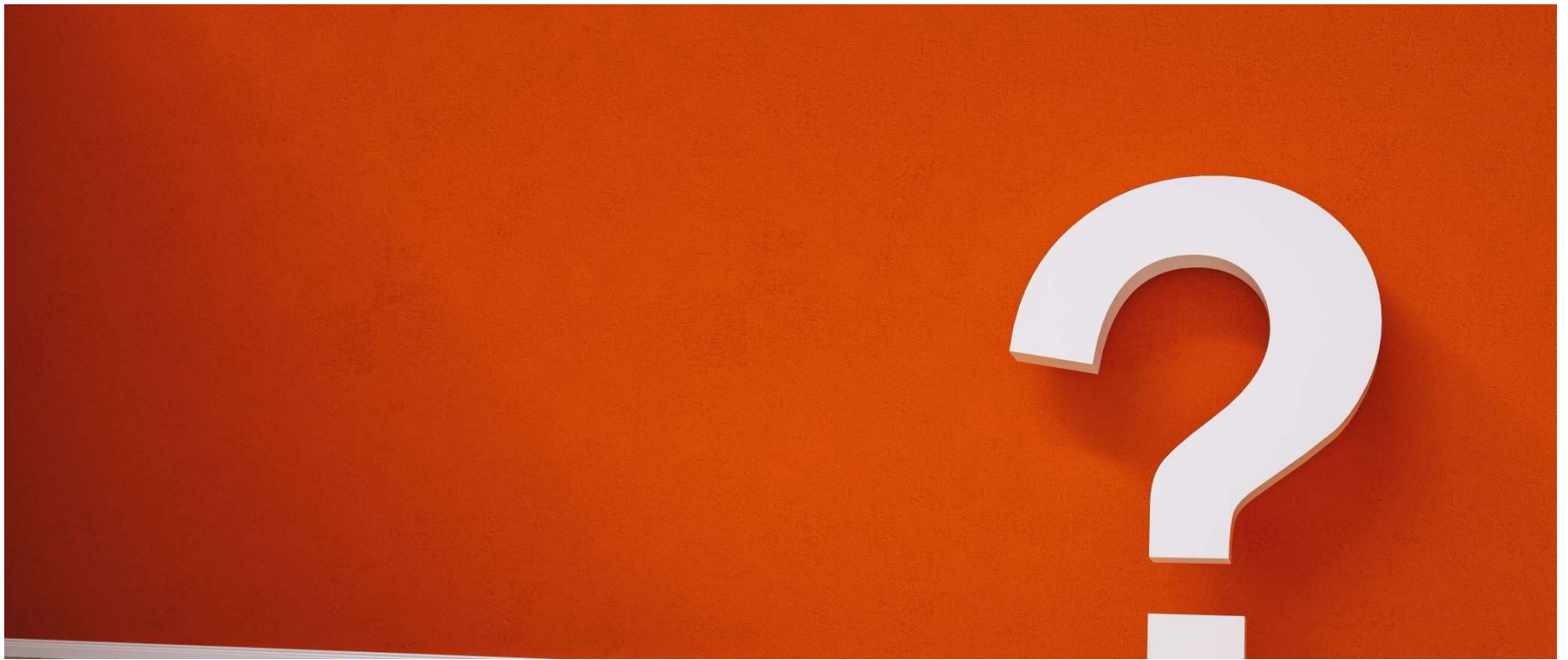
Region 8 – August 19th, Albany Technical College

Region 5 – September 16th, Central Georgia Technical College

Region 10 – November 18th, Athens Technical College

Region 1 – December 1st, Cherokee County Fire

Questions? And Open Discussion



Thanks for all that you do

- Be Safe
- Be prepared
- Watch for emails