Agenda

- Epidemiology Report
- Vaccine Requirements from CMS and OSHA
- EMS Operations and LMS Updates
- Upcoming meetings
- Questions
COVID-19 Epidemiology Report

Dr. Cherie Drenzek

Epidemiology Report – Dr. Cherie Drenzek – graphs as of 11/10/2021

<table>
<thead>
<tr>
<th>Confirmed Cases</th>
<th>Confirmed Deaths</th>
<th>Hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,271,271</td>
<td>25,255</td>
<td>87,599</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>ICU Admissions</th>
<th>Antigen Positive Cases</th>
<th>Probable Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>13,688</td>
<td>373,726</td>
<td>4,494</td>
</tr>
</tbody>
</table>

COVID-19 Testing

<table>
<thead>
<tr>
<th></th>
<th>Total PCR/Molecular</th>
<th>PCR/Molecular Reported Today</th>
<th>Total Antigen</th>
<th>Total Antibody (Serology)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Tests</td>
<td>12,632,244</td>
<td>18,301</td>
<td>3,784,153</td>
<td>667,954</td>
</tr>
<tr>
<td>Number of Positive Tests</td>
<td>1,290,534</td>
<td>692</td>
<td>333,048</td>
<td>181,837</td>
</tr>
<tr>
<td>% Positive</td>
<td>10.2%</td>
<td>3.8%</td>
<td>8.8%</td>
<td>27.2%</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 11/10/2021

**Georgia - November 10**
- Cases (last 2 weeks): 9,837
- Cases per 100k (last 2 weeks): 91
- Cases (total): 1,271,271
- Cases per 100k (total): 11,735
- Population: 10,833,472

Vaccination Rates

<table>
<thead>
<tr>
<th></th>
<th>As of 4/8/21</th>
<th>As of 5/13/21</th>
<th>As of 7/15/21</th>
<th>As of 8/12/21</th>
<th>As of 9/08/21</th>
<th>As of 10/7/21</th>
<th>As of 11/10/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one dose</td>
<td>28%</td>
<td>37%</td>
<td>44%</td>
<td>48%</td>
<td>52%</td>
<td>55%</td>
<td>57%</td>
</tr>
<tr>
<td>Fully vaccinated</td>
<td>15%</td>
<td>29%</td>
<td>39%</td>
<td>41%</td>
<td>45%</td>
<td>48%</td>
<td>50%</td>
</tr>
</tbody>
</table>

View the most up-to-date data here:
- [https://experience.arcgis.com/experience/3d8eea39f5c1443db1743a4cb8948a9c](https://experience.arcgis.com/experience/3d8eea39f5c1443db1743a4cb8948a9c)
Questions for Dr. Drenzek

- Epidemiology

County Indicator Reports – Reminder

- [https://dph.georgia.gov/county-indicator-reports](https://dph.georgia.gov/county-indicator-reports)
### Counties (Count and % By Transmission Level)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Not Calculated</td>
<td>8</td>
<td>5.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1</td>
<td>0.63%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.26%</td>
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<tr>
<td>Low</td>
<td>38</td>
<td>23.9%</td>
<td>1</td>
<td>0.6%</td>
<td>0.0%</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.14%</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28.30%</td>
<td></td>
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<tr>
<td>Moderate</td>
<td>68</td>
<td>42.8%</td>
<td>1</td>
<td>0.6%</td>
<td>0.0%</td>
<td>3</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.89%</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>41.51%</td>
<td></td>
</tr>
<tr>
<td>Substantial</td>
<td>11</td>
<td>6.9%</td>
<td>1</td>
<td>0.6%</td>
<td>0.0%</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.21%</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.75%</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>34</td>
<td>21.4%</td>
<td>156</td>
<td>98.1%</td>
<td>159</td>
<td>100.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>129</td>
<td>81.13%</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.18%</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>159</td>
<td>100%</td>
<td>159</td>
<td>100.0%</td>
<td>159</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Calculated COVID-19 Syndrome – 3/10/2020 – 11/12/2021, AL, FL, GA**

![Graph showing event counts over time](image)
Vaccines – CMS and OSHA

Centers for Medicare and Medicaid Services (CMS)
Vaccine Mandate for Healthcare Providers and Suppliers

- Emergency rule (86 FR 61555) effective November 5, 2021
- Applies to 15 types of Medicare and Medicaid-certified facilities
15 types of Medicare and Medicaid-certified facilities

- Ambulatory Surgical Centers
- Community Mental Health Centers
- Comprehensive Outpatient Rehabilitation Facilities
- End Stage Renal Disease Facilities
- Federally Qualified Health Centers
- Home Health Agencies
- Home Infusion Therapy Suppliers
- Hospices
- Hospitals (including Critical Access Hospitals)
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Long Term Care Facilities (Nursing Facilities and Skilled Nursing Facilities)
- Outpatient Physical Therapy and Speech Language Pathology Clinics
- Programs of All-Inclusive Care for the Elderly (PACE) (none in Georgia)
- Psychiatric Residential Treatment Facilities (for children and youth)
- Rural Health Clinics

CMS Vaccine Mandate for Healthcare Providers and Suppliers

**Deadlines**

- Requires 1st dose of vaccine by 12/6/2021 and complete series by 1/4/2022
- For new hires, must be fully vaccinated (2 weeks or more since completion) prior to serving patients

**Acceptable Proof**

- CDC COVID-19 vaccination record card (or a legible photo of the card)
- Documentation of vaccination from a health care provider or electronic health record
- State immunization information system record
CMS Vaccine Mandate for Healthcare Providers and Suppliers

Exemptions
- Medical conditions
- Sincerely held religious beliefs, practices or observances

Applies to:
- Facility employees (unless 100% remote)
- Licensed practitioners
- Students, trainees and volunteers
- Individuals who provide care, treatment, or other services for the facility and/or its patients by contract or under arrangement

Excludes
- Individuals providing infrequent, ad-hoc, non-health care services (i.e., annual elevator inspection)

Occupational Safety and Health Administration (OSHA) Vaccine Mandate for Large Employers

- Emergency Temporary Standard (86 FR 61402) effective November 5, 2021

- Applies to private employers with 100 or more employees. Also includes public workers in states with an OSHA State Plan – Georgia is not one of these states.

- By December 6, 2021, employers must either implement a mandatory vaccination requirement or an alternative policy that allows employees to choose either to be fully vaccinated or to be regularly tested and wear a face covering.

- Employers must collect and maintain records of their employees’ vaccination statuses by December 6, 2021. As of that date, all workers who are not fully vaccinated must wear face coverings when indoors or inside a vehicle with others for work purposes.
OSHA Vaccine Mandate for Large Employers

By December 6, 2021, employers must encourage and support vaccination by:
• providing workers with information about vaccination policy, regulations, and safety;
• permitting paid time off to receive a vaccine; and
• allowing paid sick leave for recovery from vaccination side effects.

Starting January 4, 2022, employees who are not fully vaccinated must be tested for COVID if they come to the workplace.
• The ETS requires employers to ensure that each employee who is not fully vaccinated is tested for COVID-19 at least weekly (if in the workplace at least once a week) or within 7 days before returning to work (if away from the workplace for a week or longer).

Employers must require employees to provide prompt notice when they test positive for COVID-19 or receive a COVID-19 diagnosis. Employers must then remove the employee from the workplace, regardless of vaccination status; employers must not allow them to return to work until they meet required criteria.

• Mandate applies to both part-time and full-time workers. Remote workers are not subject to the mandate, but do count toward the 100 employee threshold.
• Exemptions are allowed for medical and religious reasons.
• Attestations of vaccination status are acceptable if worker cannot produce official documentation.
PWW Webinar - FYI

COVID-19 Vaccine Mandates – What the CMS and OSHA Rules Mean for EMS

- Monday, 11/15/2021


EMT-R License Level

Kelly Joiner
EMT-R

Rules became effective on 10/27/2021
• As of 11/10/2021 @ 3pm, 41 EMT-R licenses have been issued

NREMT has indicated that 243 currently certified EMRs live in Georgia (as of 10/20/2021)
• Email sent from OEMST to all 243 to indicate new license level and application process

• NOTE: Age requirement for EMT-R is 18 years

EMT-R by EMS Agencies

• The protocols for your agency will need to be updated to reflect this level of licensure
  o Must be submitted to the Department using the Update EMS Agency Protocols, Pharmacy, Data Management application through LMS.
EMTs on 911 Ground Ambulances

- Not permitted unless agency has received approval from OEMST
- If your EMS agency needs to utilize the EMT-R license level to routinely staff ground ambulances that respond to Public Calls (911 calls):
  - An attestation from the EMS agency and Primary Medical Director MUST be submitted to the Department for approval utilizing the EMT-R Staffing on Ground Ambulances application **BEFORE** this license level may operate on an ambulance responding to Public Calls.
  - If your agency is approved, you will be notified by email.
  - The approval will be effective for 1 year, after which the agency and Medical Director must complete a new attestation.

Scope of Practice

David Newton
<table>
<thead>
<tr>
<th>Assessment Skills</th>
<th>Levels</th>
<th>Interpretive Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Basic assessment skills (continued)</td>
<td></td>
<td>Includes investigation of chief complaint, past medical history, pertinent negatives, and more detailed assessments of major body systems and anatomical regions.</td>
</tr>
<tr>
<td>b. Perform comprehensive patient assessments</td>
<td>E I A C P</td>
<td></td>
</tr>
<tr>
<td>c. Manual blood pressure measurement.</td>
<td>R E I A C P</td>
<td></td>
</tr>
<tr>
<td>2. Advanced assessment skills/Monitoring Devices</td>
<td></td>
<td>EMT-Rs may only use an automated BP device under the direction of an EMT or higher licensed Medic, RN, PA, or MD/DO who is present with the EMT-R and the patient.</td>
</tr>
<tr>
<td>a. Non-invasive (automated) blood pressure measurement</td>
<td>E I A C P</td>
<td></td>
</tr>
<tr>
<td>b. Pulse oximetry measurement</td>
<td>E I A C P</td>
<td>EMT-Rs may only use a pulse oximetry device in preparation for the arrival of the responding EMS vehicle (with an EMT or higher licensed Medic), or under the direction of an EMT or higher licensed Medic, RN, PA, or MD/DO who is present with the EMT-R and the patient.</td>
</tr>
</tbody>
</table>
### Pharmacological Interventions/Skills

<table>
<thead>
<tr>
<th>Levels</th>
<th>Interpretive Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Aerosolized/nebulized</td>
<td>E I A C P</td>
</tr>
<tr>
<td>b. Endotracheal tube</td>
<td>E I A C P</td>
</tr>
<tr>
<td>c. Inhaled</td>
<td>E I A C P</td>
</tr>
<tr>
<td>d. Intradermal</td>
<td>E I A C P</td>
</tr>
<tr>
<td>e. Intramuscular</td>
<td>E I A C P</td>
</tr>
<tr>
<td>f. Intramuscular-auto-injector</td>
<td>E I A C P</td>
</tr>
<tr>
<td>g. Intrasal</td>
<td>E I A C P</td>
</tr>
<tr>
<td>h. Intrasal – unit-dosed, premmeasured</td>
<td>E I A C P</td>
</tr>
<tr>
<td>i. Intravenous</td>
<td>E I A C P</td>
</tr>
<tr>
<td>j. Intravenous</td>
<td>E I A C P</td>
</tr>
<tr>
<td>k. Mucosal/Sublingual</td>
<td>E I A C P</td>
</tr>
<tr>
<td>l. Nasogastric</td>
<td>E I A C P</td>
</tr>
<tr>
<td>m. Oral</td>
<td>E I A C P</td>
</tr>
<tr>
<td>n. Rectal</td>
<td>E I A C P</td>
</tr>
<tr>
<td>o. Subcutaneous</td>
<td>E I A C P</td>
</tr>
<tr>
<td>p. Topical</td>
<td>E I A C P</td>
</tr>
<tr>
<td>q. Transdermal</td>
<td>E I A C P</td>
</tr>
<tr>
<td>r. Ocular</td>
<td>E I A C P</td>
</tr>
<tr>
<td>s. Intrathecal</td>
<td>E I A C P</td>
</tr>
<tr>
<td>t. Vaginal</td>
<td>E I A C P</td>
</tr>
<tr>
<td>u. Otic</td>
<td>E I A C P</td>
</tr>
<tr>
<td>v. Intrarectal</td>
<td>E I A C P</td>
</tr>
<tr>
<td>w. Parasite injection</td>
<td>E I A C P</td>
</tr>
<tr>
<td>x. Other routes not listed above</td>
<td>E I A C P</td>
</tr>
</tbody>
</table>

*Includes buccal.*

For the ocular route, Paramedics are only permitted to perform instillation.

Not permitted at any provider level.

Not permitted at any provider level.

Not permitted at any provider level.

Not permitted at any provider level.

Not permitted at any provider level.

Not permitted at any provider level.

Not permitted at any provider level.

### Crew Member Response Role

#### 1. Patient Caregiver:

- Serve as the primary patient caregiver during transport
  
  - **Levels:** E I A C P
  
  - **Interpretive Guidelines:** 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.

- Serve as a secondary patient caregiver during transport
  
  - **Levels:** R* E I A C P
  
  - **Interpretive Guidelines:** 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.

#### 2. Disposition Determination:

- Determine the patient disposition, including patient refusals
  
  - **Levels:** E I A C P
  
  - **Interpretive Guidelines:** Determination should be based on assessment findings, patient’s wishes, and Medical Director protocols.
Medic Renewals, Provisional, Reinstatements

Kelly Joiner

Medic Licensing

- **Medic Renewal**
  - Medic Renewal application now open for those that expire 3/31/2022
  - **Agency Pay for Medic Renewal application** open until 2/15/2022
    - Payment by the agency for a medic renewal expires 3/31/2022
  - Already renewed = 160
  - Still to renew = 7,152

- **GA Provisional Medic License (N = 118)**
  - Expiration date 12/31/2021, non-renewable
  - NREMT is no longer issuing Provisional certifications
  - All provisional medics must transition to full NR certification and full GA licensure prior to 12/31/2021 by COB

- **Reinstatement** and late renewal no longer open
  - Anyone wishing to get their license back must complete an initial license application and have current NR at the level of application
Education Module Upgrade

Brandin Gillman-Clark
Self- Entered Courses – Certificate/ Transcript Upload now Required – Start Date removed, Topics language updated

Add Course

- Course Name
- Completed Date: mm/dd/yyyy

- File Upload (Upload PDF Certificate/ Transcript)
  - Choose File: No file chosen
  - Accepted File Types: .doc, .docx, .jpg, .gif, .mp4, .pdf, .png, .ppt, .ppsx, .xls, .xlsx
  - No file larger than 2500 KB

- Topics (list all that apply with the hours of credit for each)
  - CEU Provider - Alina...
  - Hours
  - Add Topic

Add Close

Initial Education Hours

- For medics who are in an approved EMS initial education program during the renewal cycle
  - Hours in the initial education program may be used for continuing education (hour for hour, topic for topic)
Topics Changes for Initial Education

Previous
• 258 topics, based on National EMS Education Standards (with sub-topics)
  • “Didactic In Person”
  • “Lab”
  • “Distance Education”

Current
• 84 topics, based on National EMS Education Standards sections
• Won’t be able to do course copies on previous courses (that had old topics)
• Summative Review is now one topic

Why did we change the topics?
• We heard you
• This provides a streamlined way to submit initial education courses through LMS
Updated Spreadsheet


Forms and Documents for EMS Initial Education

- [PDF] EMS Initial Education Medical Director Agreement Form
- [PDF] Program Director Certification Form
- [PDF] Spreadsheet for EMS Initial Education Hours

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Course Location</th>
<th>Course Number</th>
<th>Course Name</th>
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<tbody>
<tr>
<td>FORMATIVE/SUMMATIVE/OTHER</td>
<td>HOURS</td>
<td></td>
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<tr>
<td>FORMATIVE HOURS</td>
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<td></td>
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<td>SUMMATIVE HOURS</td>
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<td>OTHER TOPICS</td>
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<td>TOTAL FORMATIVE/SUMMATIVE/OTHER</td>
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<tr>
<td>TOTAL FIELD</td>
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</tr>
<tr>
<td>CAPSTONE</td>
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<tr>
<td>TOTAL FIELD/CLINICAL/CAPSTONE</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL ALL HOURS</td>
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</table>

**BREAKDOWN OF HOURS**

No knowledge related to this competency is required at the IE level.

<table>
<thead>
<tr>
<th>FORMATIVE TOPICS</th>
<th>HOURS</th>
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<tr>
<td>IE-Airway/Respiration/Ventilation: Airway Management</td>
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<tr>
<td>IE-Airway/Respiration/Ventilation: Artificial Ventilation</td>
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</tr>
<tr>
<td>IE-Airway/Respiration/Ventilation: Respiration</td>
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<td></td>
</tr>
<tr>
<td>IE-Anatomy and Physiology</td>
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</tr>
<tr>
<td>IE-Assessment: History Taking</td>
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<td></td>
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<tr>
<td>IE-Assessment: Monitoring Devices</td>
<td>0</td>
<td>*</td>
</tr>
</tbody>
</table>
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
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

Upcoming Meetings/Trainings

David Newton
Upcoming Meetings/Trainings

- OEMST Educational Update on Fri, 11/19/2021 @ 11am-12:30pm
  - Last planned OEMST Educational Update for the year
  - Any additional educational updates for the remainder of 2021 will be included on the 12/17/2021 call
- OEMST Epidemiology and Operations Update on Fri, 12/17/2021 @ 11am

Position Updates

- Derwin Daniels, Region 3 RTC is retiring
- Crispin Kingrey, currently Region 10 RTC is moving to Region 3 RTC on 11/18
OEMST is hiring!
https://dph.georgia.gov/about-dph/careers

- EMS Safety and Compliance Specialist – Region 3 (Part-time)
- EMS Licensing and Compliance Specialist (posting available soon)
- Assistant Regional Director – Region 3
- Regional Training Coordinator – Region 7
- Regional Training Coordinator – Region 10
- EMS Epidemiologist (closed on 11/7)
- Cardiac Epidemiologist (closed on 11/7)

Questions? And Open Discussion