

Minutes of EMS Leadership Call
February 4, 2022

Will started with COVID-19 update. Omicron surge has resulted in a sharp uptick in 28 days. Case counts and the 7% positivity rate are slowly going down but our hospital rates are still high, although trending right.

Licensing - Ray

VEFR – became official on 2/1. The delay in processing is due to adjustments I had to make to the LIGHTS system, but those certs should be out in the next day or so.

License renewals for personnel due in 2022, your NREMT is due next month, and you have until June to submit VT renewals.

Data - Beth

VEFR has been added into SIREN. Ray and Beth are picking up the threads and hope to integrate LIGHTS and SIREN at some point, so soon VEFR will only need to be managed in LIGHTS. There's a new field in SIREN; not required but available for use. This is the "Vermont Specific Protocol Used" drop down, and it's listing under Provider Action – Treatment, directly below the Protocols Used section.

EMSC – Merrill has a conflicting – Will for her

Remind folks that the EMSC survey went out last month and only 44% of services have responded.

Merrill would appreciate it if they were completed.

Next EMSC case review is Monday, 2/28 at 7 p.m. Non-accidental trauma and mandated reporting.

In January, we set a record and we had 155 documented callers! Real win and a testament to the quality of training. Thanks to all who are contributing to that program.

Dr. Wolfson's Update

We're working on the 2022 protocols. They'll be red this time (and hopefully read also!).

Leave Behind naloxone QA – will share findings as we crunch the numbers. There's room for folks to be giving out more leave behind naloxone kits than we are. Whether an acute overdose or you're in the house or on the street and have some reason to think their friend, brother, mother might need one, give one out. You can also give folks a kit even if you're transporting them to the hospital. The news reports how many overdoses we're having and our numbers support that.

Will – it's an important step to help prevent injury in your public/community and ways we support our community. EMS is uniquely positioned to distribute those kits. We should have very low thresholds to distributing those kits. If you or your staff have any inkling that folks would benefit with leave behind kits, do so.

Training – Bambi

March renewals – your instructor certification does not automatically renew. You need to submit that license renewal as well.

Changes in EMR protocols – finally wrapping up some additional training that is required. We're increasing the scope of practice for some of the EMRs.

Behavioral emergency training-really great training coming up that we are modifying for EMS. It's opioid-induced behavioral emergencies. Meeting with Stephanie Bush to tailor the training to an EMS perspective.

VEFR – candidates need to remember to fully submit their applications. Seems to be some confusion that enrolling in the course was enough. You have to go in to LIGHTS to apply for the certification. There are about 16 waiting for head of service approval.

Skills instructor students need to sign up for their practical skills days, even if they haven't completed their online portions. We have a couple locations that needs students, or we'll have to cancel them.

Will – putting a plug in for licensure renewals. Don't wait til the last minute. It can result in delays. As soon as you have your NREMT renewed, submit your renewal in LIGHTS.

Ray - In the education resources on our website, there's a list of state/local topics for continuing education.

General updates

Will – daily COVID record case counts and hospitalizations lately. Seeing numbers drop and believe Omicron has peaked. Hospitalization is a lagging indicator (about 10 days to 2 weeks) but we do expect the hospitalizations to drop. Also, important to recognize we're not out of the woods yet. Vaccination efforts continue for this youngest band of children, and we're excited to get these children protected.

Today is the 2nd year anniversary of opening the HOC for COVID 19 response. Beginning to have discussions about endemic planning. Unfortunately, the response goes on and while we'd like to be clear of this, we appreciate your patience. DEPRIP will continue to be a vital part of the response.

Key protective measures:

- Vaccines and boosters
- Stay home if you are sick – support policies to this effect
- Mask
- Thoughtfully gathering
- Wash hands
- Get your flu shot

EMS Rule went into effect 2 days ago. We have more than 60 pending VEFR applications. Upwards of 13 courses offered around the state and more upcoming. Excited to get the new certification cards pushed out the door.

Interfacility transfer update – Conversations over the last couple of months with hospitals concerned with the capability of EMS to meet transport needs. We brought stakeholders together. We looked internally at our own processes and protocols to make sure that we maximize existing resources. Easy to look at the future, but there were hospitals looking for immediate relief. We worked together to pull together a proposed protocol revision. Went through the protocol line by line and it was a great example of collaboration. Utilizing your cardiac monitor in the AED mode for example lets AEMTS assist with IFT. Also, we better describe the appropriate patient that any level of licensure can transport. This assists both the services providing IFT and the hospitals transporting these patient types. We'll be watching this protocol use carefully. Our hospitals have a loud voice and their voices have been heard at the highest level of state government. I believe we've answered their voices and we hope to push this protocol out today or tomorrow. Also DB and I had a conversation about how do we getter prepare our practitioners to become CCPs. We feel we have the obligation to offer trainings in that realm, so we'll be exploring that with an EMS stakeholder group in the coming months. It's a recognized gap that we are looking to close. We will look to grow out that program.

Any questions:

Jack Kruse – in person meetings lately? Will – state employees have a lot of discretion. Masking, vaccination, distance. There are ways to safely do it but do your best to keep yourselves and your coworkers safe. Some folks are doing in person training. Some have not. Scott Crady – limiting coming together. 3-4 in a room, masked. Not doing in person squad level trainings. Just doing the best to minimize contact.

Jack – what about ambulance cabs? Scott – if they're a suspected or known positive, we close the cab door and we're still minimizing the number of family members who ride with us. And if there are a lot of folks in the back, we minimize the number of folks exposed in the back. Dan Wolfson – in the ED where patients present, I'm just wearing a mask and glasses for every patient. More than ¾ of the patients that turn up positive, we have no suspicion that they have it. Wear your eye protection and mask for every patient encounter, that's my suggestion.

Mark Podgwaite – Small agency but still holding in person meetings and trainings. Held in the bay, 6' apart, crack the bay door. But we are still doing in person meetings and trainings inside as well as outdoors.

(Ellen) Sen Sanders virtual forum the other day – seemed very fire based. Have you had conversations with his office? DB and WM have a meeting with Sen Sanders next week. Working out the meeting details right now but suspect it's early next week. Happy to report back out on the March call.

Sue P – number of VEFR students interested in going on to EMT or EMR. Bridge course? Bambi – there's some overlap. Instructors do have that flexibility within their course design and I'm happy to help folks develop that within an EMR or EMT class. And we hope that VEFR is a recruitment tool that prompts them to move forward with licensure and not just a resting point.