

EMS Leadership Call Summary  
December 2, 2021

**Covid Update – Will Moran**

Will have worldwide and statewide statistics.

**Licensing/Personnel – Ray**

Cognitive Exam Payment Process: A few months ago, the National registry cognitive exam fee payment process changed and the Registry deactivated the “paid by home state” option. The workaround has been that the candidate would reach out to VT EMS with their candidate application ID number and the state would pay the fee if the individual had completed their course and if they were affiliated with a service. We’ve created an application in lights called the NREMT Cognitive Exam Payment Request Application. The application asks for the candidate application ID number from their registry account, their affiliation, then goes to the agency head of service for verification, then shifts to VT EMS.

Exam Application Process is Changing: We’re hoping that by February we can do everything for exams through LIGHTS. In January, we will pilot a couple of exams to test the system. Candidates to those exams will be asked to submit both paper applications and also to enroll in an exam using the LIGHTS system. I/Cs: If you’re planning an exam in February, reach out to me to see where we are in the process. Until February, it’s routine paper exam applications.

There is a new video on [www.vermontems.org](http://www.vermontems.org) for practical exam coordinators to watch.

EMRs are due for renewal by 12/31.

**Data – Will**

Bethany Brouard has been hired to replace Chelsea Dubie in the EMS Data Manager role, and she will be joining us on 12/6. She currently is an AEMT with Richmond Rescue. We’ll be helping her to get familiarized over the next few weeks.

**EMSC – Will**

Merrill is on another call.

Case review 12/6 at 7 p.m. and the topic is “Emergency Tracheostomy Care.”

The EMSC survey will go out next month and all PedSafe agencies must complete the survey.

**Medical Director Update – Dr. Wolfson**

We’re officially updating the Behavioral and Restraint Protocols. Once posted, these are effective immediately. All references to excited delirium have been changed to delirium with agitated behavior. One of the pearls on Behavioral has been changed to more clarify what delirium with agitated behavior means. This is more widely accepted terminology and we’re changing our protocols to reflect this change. Also, in the Restraints Protocol, medical direction should be contacted any time you are going to give a chemical restraint. Please read over both protocols and familiarize yourselves with them.

Moving forward, these protocols will be updated more in 2022. Dr. Wolfson explained that EMS providers should not be administering sedated medication to facilitate LE taking that individual into custody. There has to be a medical need for sedation. And when possible, try de-escalation techniques first, and we will have trainings coming out around that.

There has been some difficulty in northern VT (District 3) getting a paramedic intercept. Communication centers no longer track where paramedics are; dispatch does. It would be wise to do some pre-planning and be aware of which agencies you might be able to reach out to to make arrangements for an intercept. Leslie Lindquist can help with contact information.

Jack Kruse asked about utilizing 911. Will suggested that dispatch centers were better than utilizing 911 in this manner. Scott Bagg suggested some kind of technology that would allow dispatch to know when they actually have a paramedic on duty at a particular time. Will – idea has some merit, but that's not a role that VT EMS can slip into. Better to start with your dispatch center and then coordinate with dispatch centers around you. District 3 did that work about 2 years ago and it was a well-orchestrated effort in the district, and they are happy to provide information on how they achieved their system.

Kathy Jochim of Fairfax – we send an email to our dispatch each week to let them know what days/times we'll have a medic on duty.

### **Training – Bambi**

LMS: Last Monday we discovered CentreLearn was no longer going to be a functioning LMS system. We've been working for the last year to find a new system, but we didn't know it was coming quite so quickly. We've been extended on CentreLearn til 12/31. We've been working with Vector to set up the new system. We took all of the survey responses and designed the new layout in the NREMT model. NCCP and all levels of licensure are covered. There will also be a leadership track as well as an I/C track. All providers should go in by 12/31 and print their transcript and print or download any necessary certificates.

Courses are CAPSE approved, so when you go to your NREMT account, you can use that particular CAPSE number and it'll populate the information in NREMT. NREMT and Vector will not communicate to each other due to data security.

An email will go out to all providers. The bad news is that not all certificates will be transferred. The good news is that this platform will let us have much more flexibility when uploading course content. Some services utilize CentreLearn to track squad trainings. With the new system, tracking squad trainings may be a bit more technical than it was on CentreLearn, but it will be do-able.

“Will there be options to train on it prior to 12/31?” Bambi – Yes. We have access to it now and plan to run the two platforms concurrently once testing has been completed. Also, we have 397 custom courses in CentreLearn that will not carry over. We have to build those all from scratch, and Bambi's working on that now. Services will have to rebuild their own custom courses, and Bambi will help with it. Vector has a video and a handbook, and that information will be sent out.

Please don't upload more content until we make the transition.

Will – Vector is the same company. User names/email addresses should all carry over. Bambi – everyone who's currently a CentreLearn client will receive an email and will have to log into the new

platform and verify their email address. Vector will likely assign a generic password initially, but more to follow.

I/C courses will be coming out. The course is made of a didactic (on-line), one day in person lab, and a minimum of 6 hours of preceptorship with an IC. You need to complete didactic before doing one of the one-day labs. There are several courses scheduled around the state at this point. This course is appropriate for anyone who works with students, works with labs. Great place to start or sharpen skills.

### **General Updates – Will**

COVID – We’ve got to remain vigilant. Record-high case counts and hospitalizations. Flu shots and booster shots are critical. Hand washing, social distancing, and masking is important! We recommend folks use testing as a tool and don’t be surprised that you may have to travel a bit to access testing.

Omicron Variant – The first case was identified yesterday in CA. Now in more than 20 countries around the world. We believe it spreads more efficiently person-to-person but still have much to learn. In the meantime, Delta variant is still here and initial vaccinations and boosters are still critically important. [www.healthvermont.gov](http://www.healthvermont.gov) has some great information.

Police Use of Force Policy - Met with Deputy Commissioner of Public Safety and VSP rep to talk about the changes to the police use of force policy. That information has been pushed out via email and to the advisory committee reps and I hope they brought that information back. DC Morrison and Will are planning a statewide forum next week or the week after that will be held using an on-line platform. It will be opened to EMS, fire, LE and any interested parties. The forum will offer an opportunity for a quality question and answer session. There are misconceptions and some folks clearly do not understand the policy as it was intended. There is nothing in the law or policy that says LE is not to respond to a MH emergency; just their method of approach and response is different. We’re pushing information out as quickly as we can, and we look forward to the on-line forum.

EMS Rule Our public response summary is available on our website at [https://www.healthvermont.gov/sites/default/files/documents/pdf/Public%20Comment%20Responsiveness%20Summary.EMS%20Rule.Final\\_.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/Public%20Comment%20Responsiveness%20Summary.EMS%20Rule.Final_.pdf)

On 12/16 at 10 a.m., the rules will be presented to LCAR. That information is also on our website.

### Questions?

Someone asked the purpose of the recently issued transfer survey? Will - One of our HOC groups led by Dan Batsie looks at medical surge and planning for surge capacity. This particular HOC group is quite diverse, and there is one hospital representative that keeps raising a red flag about lack of capacity to get patients moved. The transfer survey was generated from that concern. If we have a lack of statewide resources to move patients, we have several things we could do, such as bringing in federal resources and other options. But we’re looking for hard data first before doing that type of request.

Adam – VSP pulling out of dispatch and going to regional dispatch centers? Will - DC Morrison told me last night that if there are folks who want to get involved with dispatching or are already involved in dispatching and want to perhaps be on of those 8 regional centers, to reach out. Jim Finger added that the process has to go to the legislature first, so we’re talking a year or so out.

On Monday, I spent time with an EMS team hosting a clinic in the Rutland area. Can't say enough how proud I am of teams out doing vaccinations, testing and other work during this pandemic. The professionalism, efficiency, hard work and determination reiterates to me how important a role EMS plays in both emergency response and ensuring the health and welfare of Vermonters. Thank you for all that you do. If folks who are not involved in the vaccination fight want to get involved, reach out. Truly appreciative.

Hosting this meeting again at 7 p.m. tonight.