

## EMS Leadership Call Summary

January 7, 2021 – 11 a.m.

1. General Update: Dan has to head to an 11:30 a.m. meeting. Will turn it over to our new chief if need be. Things are crazy; thanks for all the efforts. Lowest death rates in the US...rests on many of your shoulders. Be proud of that. But there's a year ahead.
  - a. Will intro – Will recently joined as new EMS Chief. Will – thanks for all the phone calls, emails and text messages. Warm welcome. Look forward to meeting you all in person. However, you can certainly expect a phone call in the coming weeks. DB – Glad to have you around. Great relief as we move forward.
  - b. COVID Update – Second highest total number of cases in VT as of last night. But we've also tested a little over 8K yesterday. But the pandemic is touching all communities. Protect yourselves. Wear PPE on 100% of the calls you take.
  - c. Testing update
    - i. EMS surveillance testing – Increasing testing capacity, and a lot of EMS agencies are helping with that. If you've helped under contract, we're working to update your contract if you're interested in continuing. Testing is important; helps us identify outbreaks and respond accordingly. So far 74% of the deaths in VT have been identified with a long-term care facility. Sites are being identified where first responders can test: 6 sites nailed down so far. The plan is to have a half hour a week where only first responders will be able to sign up for testing. Chittenden County will host testing for first responders also. Remember that you do have access to testing at any time, so don't worry if you can't get in during the designated times. This is just to add an additional layer of testing options for first responders. Hopefully it'll help with surveillance testing.
    - ii. Why test after the vaccine? We'll talk about that over time.
  - d. Vax Update – First priority population. EMS is in that population. If your local hospital is not reaching out to you to offer opportunities to vaccinate, please let us know so we can work with the hospitals. They've been given it with a clear mandate that health care providers must make up a certain percentage.
    - i. Contracts – We need EMS help with vaccination. 18,000 vaccines out a week to stay on a schedule. Heavy lift! We need help with the clinical administration, support pop-up clinics perhaps as early as the 20<sup>th</sup> of January and we're going to be working with Merrill and Will to bring as many agencies under contract as we can and add new agencies. We need more help, so here we are, asking again. 28 agencies currently have contracts in the works. Working hard to be sure paperwork is in order. Then once paperwork is done, Merrill and Will will work with agencies to schedule clinics. Need about 4 vaccine administrators for every 300 vaccinated. Shared lift.
    - ii. EMT roll out – working to add EMTs. AEMTs and Paramedics are trained to do IM injections. EMTs do in some cases with ready check inject, but there's not a routine way to require that skill in an EMT class. DW has created an online training (WASH) for EMTs. We need to verify some level of psychomotor competency. Not trying to flunk anyone out. But the mistakes of giving an

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improper vaccine in this setting are very high. We don't want folks shying away from this vaccine. We need some measure of psychomotor supervision before that person is turned over to a vaccine clinic. Asking the districts to help line up training opportunities. That'll let an EMT come before a higher-level practitioner and demonstrate their skills. Not every service has an IC at an AEMT or Paramedic level, so we'll spread it out. Not restrictive or hard, but want to make sure it's done right. Will has worked on educational standards behind this....to be posted to the website and Centrelearn today. Just pay attention to the training details. 1300 potential providers if we add EMTs to the mix.

e. Training Admin – searching still. Questions for Will before meeting continued:

Clem – COVID testing. I go get tested today. Do I need to quarantine? DB – surveillance testing for example. Also there's a number (15%) who have declined the vaccine...so test them once a week. Not a required quarantine unless you have an exposure. Aaron – if they're feeling adverse effects from the vaccine, should they stay out? DB – will ping EPI again. I think if they feel better at the 36-hour mark, bring them back to work. If they continue more than 36 hours, perhaps send for test? DB will see if he can find out before the municipal call.

Will – can take more questions, or we can move on to the team reports.

2. Licensing – Ray. Trends of personnel. 2,683 licensed personnel. That number has dropped 75 during this year. Only lost 39 last year. Too early to determine trends. Previous year we gained 90 people. Trended up and down. 2,500 to over 3,100 people. Most interesting is 1989 (2,680). 2683 people as of January 2021. Licensed personnel numbers have pretty much stayed the same.
3. EMSC – Merrill.
  - i. Survey went out to HOSs yesterday or today. Will only take a few minutes. Call with questions. Any agency recommended as PedSafe agency has to complete it to maintain status. There is a committee meeting next week, at which time 3 new applications will be reviewed.
  - ii. In December, we did a pediatric virtual conference session that was well received and a request was made for a pediatric case study soon.
  - iii. VDH has received a telehealth grant for pediatric medical direction – just starting this month so will share information as we move forward.
  - iv. Include PPE information in your siren account daily if you don't want to hear from me frequently.
4. Data – Will for Chelsea Dubie
  - i. ImageTrend is in the process of transferring over our NEMSIS version 2 data (data from the old SIREN system) into a new platform called "Vault".
  - ii. The transfer should be completed within the next month. The old system will remain active until the transfer is complete.

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- iii. Heads-of-services will receive instructions in the next month on how to access to new platform.
  
5. Medical Director/VTACHR – DW –
  - a. Doing really well regarding COVID. Don't let your guard down. Continue to use the protocol, activated by a DMA, if needed.
  - b. FAST ED stroke severity score. Very important. Depending on where you're located, focus on the time last known well and be aware that you may be able to divert to get your patient a much better care response. Calculate the scores and document them in SIREN.
  - c. Huge increase in mental health problems and drug overdoses. The Naloxone Leave-Behind Program is in place. Please make use of that.
  - d. Vaccine – I was hesitant myself. Did a lot of research of efficacy and safety. It's a very personal decision – no one is telling you what to do. MRNA vaccine seems really safe. This isn't a low activity live vaccine or attenuated vaccine. This vaccine isolated the genetic coded of the virus, it isolated the messenger MRNA and put that into the vaccine. It doesn't alter your DNA. It has your cells produce some of these proteins, then it breaks down. Your immune system recognizes those spiked proteins as being foreign and builds an immune response. You can't get COVID-19 by getting the vaccine and you won't test positive on a PCR test because you've had a vaccine. Comes down to a risk-benefit analysis. Pretty severe disease. Not just a cold or flu. Terrible disease that some recover from while others become seriously ill with. It's a very personal decision and I decided to get it. Don't hesitate to reach out with questions or concerns...if I can help. Just received the second dose. Don't plan on working the day after you get your second dose. Pretty crappy for 24-36 hours after second dose.
  
6. Will – circle back to a couple of items. Couple emails have come out of the office this week:
  - i. Survey about vaccinations. Number of staff members who have opted for the vaccine and numbers who have declined, as well as numbers not contacted yet about vaccination schedule. The more data we can access, the more we can help our counterparts and the more we can support the vaccination efforts. At your earliest opportunity, please report back via that survey. If you haven't seen the survey or need the link again, reach out to Ray.
  - ii. Specimen collection or vaccination contracts – 28 services. We greatly appreciate those services that are stepping up to initiate or renew a contract. Already identified about 200 practitioners in just the 30% of the 28 agencies I've spoken to. If your service hasn't been contacted, reach out to me. 18,000 vaccinations a week is a huge lift, so every willing body is needed.
  - iii. Meeting adjourned 11:47 a.m.