Richard Robinson

- Everything is status quo.
- Working on cases and active with Emergency Preparedness and vaccine PODs.
- Renewals were sent out electronically to regional agencies and should be sent back electronically.
- If agency has check for Part 80 renewals for Controlled Substances they should contact BEMS&TS regional office for instructions on how/where to send check. If agency is expiring but has not received renewal package for upcoming recertification they should contact BEMS&TS regional office.

Valerie Ozga

- EMS Memorial Service has been moved from May to Thursday 9/30/21. Attendance guidelines will be less strict and will allow more family members and community to attend.
- Vital Signs Conference housing information will be opening 4/1/21. Will be sending out notices.
- Award nominations for EMS providers and agencies are due to BEMS&TS by 7/1/21. They have to be submitted through Regional EMS Councils.
• Leadership Virtual Conference will be held on a Saturday in June. Sessions will be offered throughout the day. Information is to come.
• SEMSCO, SEMAC and Committee meetings will be held virtually on Tuesday 5/25/21 and Wednesday 5/26/21.
• Vital Signs Academy is running 4 days a week, Monday through Thursday. Attendance has been really good. There will be a Spring Break 4/5/21 through 4/8/21 when no classes will be presented.

Michael Bagozzi  
Albany, Capitol Region  
• Working on getting 3 Bureau of Adjudication requests submitted. They went out Friday and have been accepted.
• Joe Farrell and Mary Ramo continue to support both standard workloads and multiple COVID-19 missions.

Syracuse, Central Region  
• Continuing day-to-day operations as well as supporting the COVID-19 missions.
• Have been working closely with Director Greenberg on creating the state Community Paramedicine policy as well as the draft template for agencies to use as a starting point for their submission.
• Have received a waiver to begin the hiring process for a Grade 18 in the Syracuse office. When more information is received it will be announced.

Question: Regarding recertification paperwork - who should we send recertification paperwork to? E-mail or US mail? Answer: E-mail is preferred but can use US mail. Richard Robinson added that for MARO, since they will be moving soon that everything come in electronically.

Jean Taylor  
• Things are moving along.
• We are a bit stressed right now because we have one person who is a major player in the office out indefinitely.
• I am picking up scheduling and there should be some updates very soon that will help students with the process. Making sure it works first and then will get it out to everybody. Ryan Greenberg added that earlier in the day he received confirmation that it was live. He clarified that after students are in the system with 1st attempt on the final exam that they could schedule directly with PSI 2nd and 3rd attempts at the exam if needed. They no longer have to first submit a form to BEMS&TS requesting to schedule another exam. This is just set up and still being tested. If students have problems contact BEMS&TS.
• Certification cards are being printed on a weekly basis on Mondays and Fridays.
• In the process of going back into 2020 and printing cards for refresher students. Is up through the month of August and probably early next week will be doing September and October and should be caught up in a month or so.
• Cards for those in the CME refresher program may be on hold for a bit due to staffing issues.
• Question: Any word on sponsorship renewals? I know they expired and were extended. Any word on when they will be due? Answer: At this point the honest answer is no. Office is in process of regrouping and will be meeting about how to get the work done.
• Question: Can an expired EMT use 100% online CME classes to regain certification? Answer: Expired EMT cannot use CME refresher program to regain certification. One of the rules of the CME program is that person must be currently providing care and certified to get into the program.

Gene Myers  
• Question: With on-line CME being completely allowed can a CIC deliver core CMEs via ZOOM and it count the same as in-person? Local Regional EMS Program Agency says ZOOM is not an approved on-line platform for their CME plan. Answer: Being on Zoom, Webex or some other platform if there is 2 way communication for immediate response it is a live classroom. It is not a packaged program. Jean Taylor added that BEMS&TS has been allowing it for regular classes and all kinds of educational content. As long as there is 2 way communication between the instructor and student it is a perfectly viable option in these times.
John MacMillan

- Question: Where can I find the instructor continuing education classes on the Vital Signs Academy? I just don’t see much that is relevant. Answer: We do not have any instructor education – there are a few that are coming up. There will be an instructor update day for Vital Signs Academy coming in the near future.

Amy Eisenhauer

- Everything the same
- Last day for agencies to complete the EMS for Children Survey is 3/19/21.
- 400 EMS agencies have completed the survey.

Peter Brodie

- Working on help for education with forms submissions and other opportunities.
- Preparing analysis on statewide quality measures for the SEMSCO-SEMAC meetings
- Statewide documentation standards are expected out 6/1/21. More information about that will go out early next week.
- ET3 standards will be coming out at the same time.
- Briefings and information sessions on the PCR portal and ePCR option continue through 3/31/21. Agencies still using paper PCRs need to advise their Regional EMS Program Agencies by 3/31/21 on how they are proceeding with either the paper PCR portal or converting to e-PCRs. Regional EMS Program Agency and BEMS&TS staff have been processing a lot of forms DOH-5136 Application and Approval for EMS Agency Use e-PCR.
- There is an arrangement with a number of regions using the state Elite site whereby ePCR data is submitted and then passed back and loaded to Hospital Hub sites. These areas include Central NY, Mid-State, Monroe-Livingston, Big Lakes, Wyoming-Erie, Southwestern and Susquehanna.
- Question: Does DOH have or know of a paper standard form for a BLS 1st response fire department to use in the field in conjunction with the new ePCR system? Answer: We do not, however, if one is developed and there is a willingness it can be shared with others. Some regions have trip sheets or “short sheets” that can be found on their web sites.
- Question: If BLS 1st response is on-scene and does not complete patient care such as ambulance is on the scene first does a PCR have to be completed? Is that up to the agency? Answer: If 1st response agency responded the PCR can be completed as no patient found or no patient contact. That documents that you responded to the scene and the ambulance directed all of the care. Chat Box Comment: That wasn’t an example of a No Patient Found! There was a patient, but they didn’t provide care. Reply: No Patient Contact ... I will validate and include instructions in the documentation we are developing so it is consistent across NYS.

Steven Dziura

- Things are looking good. Everyone is tired of masking and social distancing but it is not time to let guard down. Requirements are still in effect.
- Exposed worker quarantine requirements changed last week. Check out the new guidance as there are exceptions including for members who have been vaccinated.
- Question: Should a chief who is not an EMT be making decisions at EMS incidents? Answer: There is a complex answer to a simple question if chief is not an EMT. Chief is responsible for overall management of an incident. Highest level EMS provider is responsible for patient care. There are instances where highest level EMS provider could trump fire chief. Everyone needs to work together and build relationships ahead of time and avoid patient care disputes on scene.

Ryan Greenberg

- Trying for biweekly briefing calls going forward unless something specific comes out.
- Local health departments are really pushing Community Paramedicine programs particularly in rural areas where they are trying to figure out how to get out to homebound patients. There have been a number of calls with local health departments this past week covering what the
programs would look like, how do agencies become a Community Paramedicine program and so on.

- Policy Statement will come out tomorrow or over the weekend that outlines the process and particularly the Community Paramedicine vaccination program. There are about 8 things to cover such as operational plan, where medications and vaccines are coming from, how doing data entry, how going to insure all the vaccines are used to best of ability, how doing homebound people with appropriate providers such as only EMT-Ps under the Executive Order, making sure medications do not time out - Moderna and Pfizer have different time periods as the when vial is started and when it can be last used. There may be procedures on bringing back vials near expiration to a central point to be used up and taking out another vial to allow more people to be vaccinated. Also want to make sure there is active participation by agency Medical Director.

- Agencies have asked about establishing vaccination programs on their own. There are pathways but with the limited amount of vaccine there is now agencies are encouraged to partner with their local health departments.

- Templates for establishing a Community Paramedicine program are being put together and are coming out to supplement the Policy Statement. These templates can be modified and adjusted as needed. This is just another tool provided by BEMS&TS. Everything has to be submitted through the Drupal portal indicated on the Policy Statement. Hopefully, applications can be turned around within 48 to 72 hours. If the program needs quicker approval reach out to Ryan Greenberg or Michael Bagozzi. The biggest time delay is in getting the Medical Director’s signature.

- Leadership Training RFP is being completed for development of a 2 day program by the end of 2021. In addition, in June there will be a 1 day 8 hour leadership course through Vital Signs. There may also be a second educational session in June.

- Determined to have Vital Signs Conference this year in a safe manner with both an on-line portion and an in-person portion. The in-person sessions may have to be more socially distanced and spread out and may not have the ability to have the same number of people at the conference. There may be less tracts in the morning and afternoon. There will be ALS and BLS tracts as well as preconference for ALS and BLS.

- CDC has issued a number of guidance documents related to when to wear masks and when not required to wear masks. Everybody is reminded that those CDC recommendations have not necessarily changed in NYS yet. Epidemiology is looking into these things but they are not in place yet. We are only seeing about 50% to 60% of the emergency services population actually being vaccinated. People may have an objection to it or whatever the reason even in our own circles. In reality not all 1A eligible people chose to get vaccinated.

- There have been questions about resuming in-person meetings but these are still discouraged to a certain extent right now. If you can, avoid having large groups come together. As reopening process progresses keep in mind the space available. You do not want to wipe out a department. Maybe bring in only half a department at a time. Peoples comfort level may determine what half and half might look like.

- Medicaid can reimburse EMS providers for vaccinating. Information will be coming out.

- Medicare is coming out with a treatment in place payment model. It is similar to ET3 but on a smaller scale and directly relates to the pandemic. So far guidelines actually say Medicare can do this but it looks to be going down this pathway. This means on a COVID-19 call providers assess patient, do vitals and all the appropriate things according to the Pandemic Triage Protocol and determine patient does not need to go to a hospital, contact the doctor, etc. that there would be a payment model associated to that. Some of the other things that could happen are to treat a diabetic at home, treat an asthmatic at home in consult with OLMC and determine that patient does not need to be transported at this time and there would be a payment model associated with this. For those agencies that bill this could be a big thing recognizing providers being health care professionals with training, knowledge and equipment needed to stabilize patient and compensated for the situation. Cardiac arrest situation where resources were used but patient was pronounced on scene was cited where there is no reimbursement in today’s model and this could be changed.

- State mobilization plan is still being used and grows on a daily basis. There are more than 50 ambulances deployed around the state as well as about 100 vaccinators. Many are not part of the state mobilization but are being used in county plans and Queens County operations was noted.
• Conversations continue with the National Registry of EMTs (NREMT). EMT-Ps getting their initial training will be taking the NREMT exam coming up in the future. For everybody it is an option to take the NREMT or NYS exam and work on NYS certification from there.

• E-mail addresses on forms should be used whenever possible as they are generic and several people in BEMS&TS can access the incoming e-mails. E-mails to specific persons may have a delayed reply if the person is out, on leave, sick, etc.

• Informatics team is making an effort to get a number of forms set up as Drupal forms, which is a version of Survey Monkey. Working on streamlining processes. Also working on getting forms on the DOH website forms page.

QUESTIONS & COMMENTS RECEIVED BEFORE & DURING CALL

• Question: Could we get a clarification for PPE use in the front of the ambulance? Answer: Technically it is still a requirement if you do not have 6 feet of separation. You should be wearing appropriate PPE including a face mask.

• Question: Do you have a list of area of responsibilities for the Deputy Directors or a list like "If you have a question about ...... contact"? Answer: We don't but we can try to put one together for you.

• Question: If regulations require a mid-level provider such as MD, PA or NP must to be on-scene for EMS to perform vaccinations and if an agency has a Community Paramedicine program in place they can vaccinate without the mid-level providers on scene how does an agency become a Community Paramedicine program? Answer: That is in the policy document. If anyone is looking to becoming one sooner than that document coming out they should contact Ryan Greenberg or Deputy Chief Bagozzi. EMTs and above can vaccinate, you need to be with a mid-level practitioner unless they are a Community Paramedic program and the EMT-P can vaccinate independently. In some small rural areas the local health department does not have resources so small POD is staffed with just Community Paramedics running the POD. The EMT-P leader is the one to administer the vaccines and when they have a question there is direct contact through telemedicine to provide consultation with the patient and provider. The Community Paramedic can operate independently but must at all times when they operate have direct access to a mid-level provider who can answer questions should something come up related to the vaccine.

• Question: Does EMS provider have to register and affiliate with an organization for Community Paramedicine in order to vaccinate off-site? At a POD? Answer: Community Paramedic has to be part of an EMS agency in order to operate in a POD or outside of a POD. An EMT-P under the supervision of mid-level provider [MD, PA or NP] can vaccinate in a POD without being part of an EMS agency. There are situations where Community Paramedics working with local health department sets up in a senior living facility or other partnership such as pharmacies – there are different things there. An EMT cannot work in a pharmacy unless the pharmacy is staffed with an MD, PA or NP on days that vaccinations are done.

• Question: If someone doing CME refresher documented in the past that they performed a skill do they still have to do the station when it is time to submit the CME? Answer: It used to be that through QA or observation or skill sheets the provider was determined to be proficient. This has been changed to everybody must have completed the skill sheets in order ensure proficiency. It should be a learning environment not a stringent PSE environment and a positive engagement situation.