



Division of Preparedness, Response, Infectious Disease and EMS

Center for Emergency Medical Services

2021 Annual Report

Envisioning the EMS System of the Future



MAY 20, 2022



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Overview

In accordance with the Emergency Medical Services Transportation Act, Rhode Island General Law §23-4.1-3(e), the Rhode Island Department of Health's (RIDOH) Center for Emergency Medical Services (CEMS) is pleased to release its 2021 Annual Report to Governor Daniel J. McKee and the leadership of the General Assembly.

CEMS is located within the Division of Preparedness, Response, Infectious Disease, and Emergency Medical Services (PRIDEMS). The core functions of CEMS include licensure of emergency medical services (EMS) practitioners, vehicles and ambulance services, inspection of ambulances, development of protocols and standing orders for emergency medical treatment in the pre-hospital setting, management of statewide EMS data, establishment of educational requirements, and investigation and resolution of complaints.

EMS agencies throughout the state continued to support the COVID-19 pandemic response by administering vaccines at local and regional clinics and long-term care facilities, testing clients at multiple venues and caring for infected individuals. CEMS provided technical assistance and guidance to licensed EMS agencies throughout these efforts, particularly regarding standing orders, protocols and regulations.

In 2021, CEMS leaders and staff started to think strategically about the Rhode Island EMS practitioner of the future. The conversations were mainly driven by the [National EMS Agenda 2050](#), which envisions an EMS system that is people centered. "The people centered EMS system serves as the front line of a region's healthcare system and plays a core role in supporting the well-being of community residents and visitors through data-driven, evidence-based and safe approaches to prevention, response and clinical care."

In 2021, CEMS worked with internal and external partners to shape healthcare policy and improve delivery of emergency care to all Rhode Islanders. CEMS collaborated with multiple partners to achieve many successes:

- Increased our internal programs from two to four, which focus on hospital and prehospital readiness, overdose death prevention, mental health awareness training and establishing mobile integrated health / community paramedicine (MIH-CP) programs across the state.
- Increased our staff from five to eight. CEMS hired an EMS public health epidemiologist (1.0 FTE), an EMS data manager / MIH-CP Coordinator (contractor), a behavioral health clinician (.25 FTE) and a Centers for Disease Control and Prevention (CDC) public health associate.
- The Chief of CEMS continued to support the ongoing initiative of the Governor's Overdose Prevention and Intervention Task Force. CEMS received funding for the First Responder's Project to Combat Opioid Overdoses in Rhode Island, a grant under the Comprehensive Addiction and Recovery Act.

CEMS staff are active participants of the Governor's Overdose Prevention and Intervention Task Force, the RI Stroke Task Force, the HeartSafe Communities Project, the Drug Overdose Prevention and Rescue Coalition, the Rhode Island Children's Cabinet, and the Child Death Review Team. Staff regularly attended meetings of the Department of Transportation's (RIDOT) Traffic Records Coordinating Committee, as CEMS provides data for the Fatality Analysis Reporting System (FARS). At the national level, CEMS Chief Jason M. Rhodes was elected to be the secretary of the National Association of State EMS Officials (NASEMSO), also serving on the organization's Executive Committee and Board of Directors.



EMS Licensing

The Center for Emergency Medical Services (CEMS) plans for and oversees licensing of emergency medical services in the state. Licensing is authorized by rules and regulations [216-RICR-20-10-2](#) which are promulgated pursuant to the authority conferred under R.I. Gen. Laws s § 23-4.1-10(b), for the purpose of establishing minimum standards for EMS.

Per the regulations, EMS practitioners are licensed at the following levels:

1. Emergency Medical Responder (EMR)
2. Emergency Medical Technician (EMT)
3. Advanced Emergency Medical Technician (AEMT)
4. Advanced Emergency Medical Technician-Cardiac (AEMT-C)
5. Paramedic

Ambulance services are licensed at the following levels:

- Class A: Advanced life support (ALS)
- Class B: Basic life support only (BLS)
- Class C: EMR

Ambulance vehicles are licensed at the following classifications:

- **Class A-1C:** Advanced Life Support transporting ambulance
- **Class A-1P:** Advanced Life Support transporting ambulance, paramedic level
- **Class A-2C:** Advanced Life Support non-transporting ambulance
- **Class A-2P:** Advanced Life Support non-transporting ambulance, paramedic level
- **Class A-2A:** Advanced Life Support non-transporting ambulance, advanced EMT level
- **Class B-1:** Basic Life Support transporting ambulance
- **Class B-2:** Basic Life Support non-transporting ambulance
- **Class C:** Advanced Life Support: Air Medical Service

EMS Licensing Statistics

In 2021, CEMS staff licensed 12 Emergency Medical Responders (EMRs), 310 Emergency Medical Technicians (EMTs), 5 Advanced EMTs, 147 Advanced EMT-Cardiacs and 48 Paramedics (Figure 1). Therefore, there are now a total of 5 EMRs, 2032 EMTs, 3 Advanced EMTs, 2301 Advanced EMT-Cardiacs and 541 Paramedics (Figure 2).

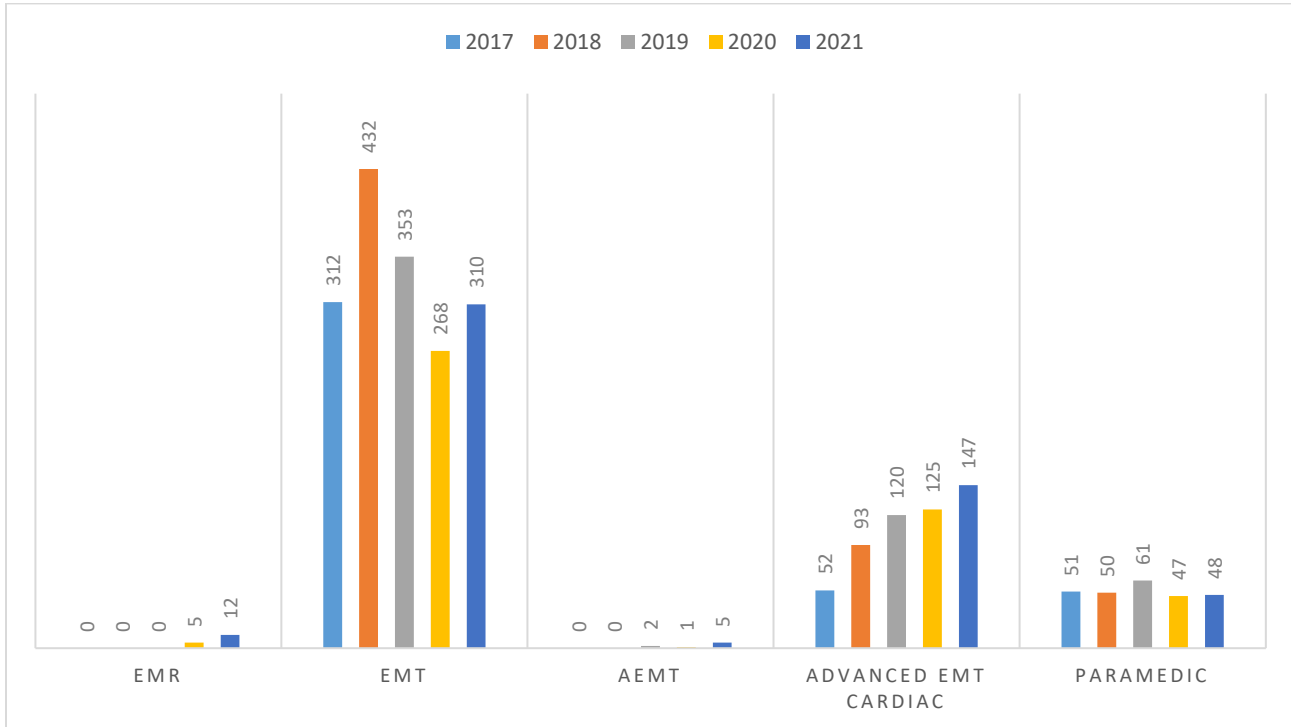


Figure 1: Number of Rhode Island EMS Practitioner Licenses Issued, By License Type, 2017 – 2021

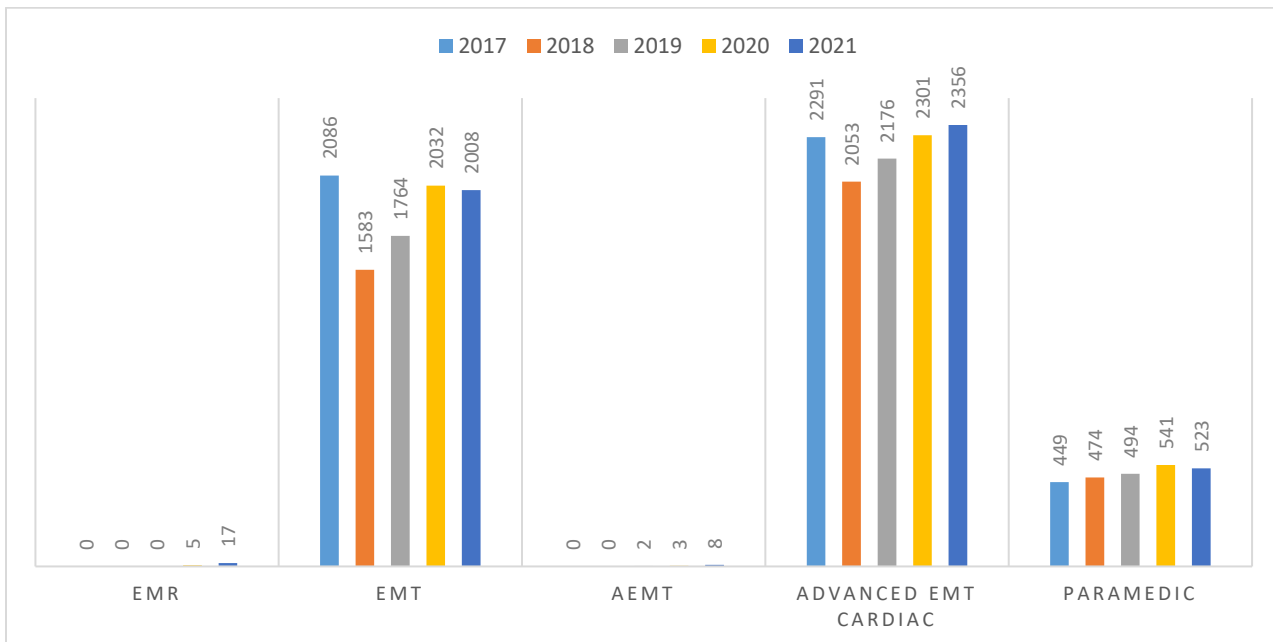


Figure 2: Number of Rhode Island EMS Practitioner Active Licenses, By License Type, 2016 – 2021

EMS Ambulance Service License and Inspection

In 2021, 84 ambulance services (Table 1) were licensed by CEMS. Additionally, ambulance services operate licensed vehicles, which must comply with equipment and supplies requirements, per the EMS regulations, and correct any deficiencies cited during an inspection. Each year, the EMS field technician is tasked with licensing and inspecting all licensed ambulance vehicles by the state. In 2021, 501 vehicles were active and licensed (Figure 3), and 431 ambulance vehicles were inspected (Figure 4).

Table 1: Rhode Island Licensed Ambulance Services, By Category, 2021

Category	Number
Municipal (total)	27
Fire Department, transporting	24
Independent EMS, transporting	3
Fire district (total)	21
Transporting	12
Non-transporting	9
Private, non-profit, community-based (total)	14
Transporting	11
Non-transporting	3
Private, for-profit (total)	11
In-state home office, transporting	3
In-state home office, non-transporting	1
Out-of-state home office, transporting	7
College/University (total)	7
Transporting	2
Non-transporting	5
Hospital-based	1
State assets, non-transporting	2
Industrial, private, non-transporting	1
Total licensed ambulance services	84

Note: A transporting service has at least one ambulance capable of transporting a patient. A non-transporting service (fire engines, sports utility vehicles) has licensed apparatus that are equipped with EMS supplies. There was a net loss of one licensed ambulance services from 2021.

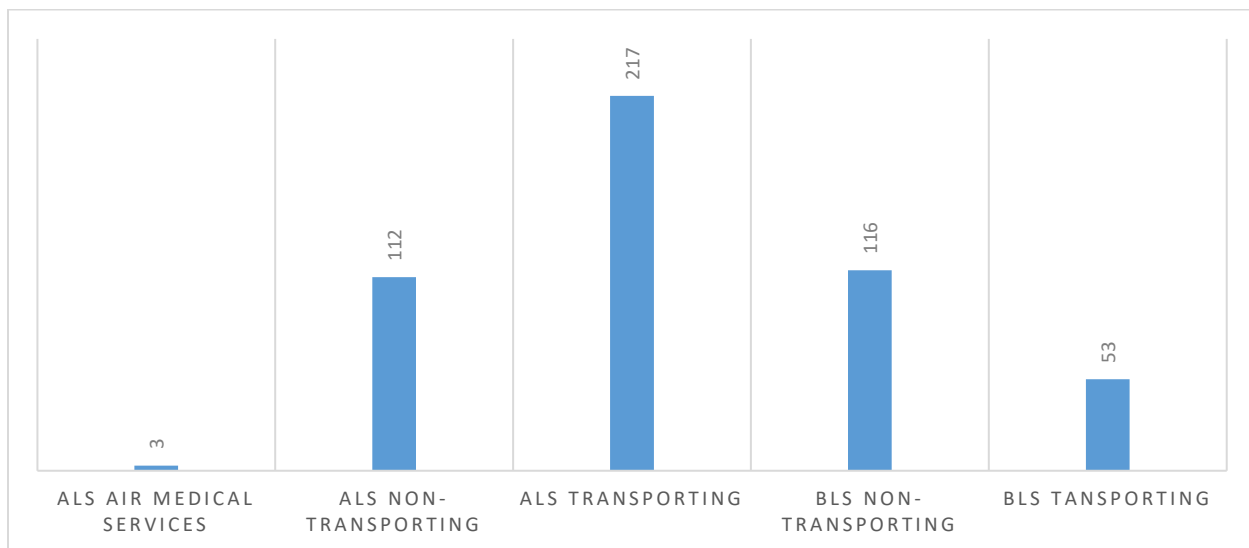


Figure 3: Rhode Island Licensed Ambulance Vehicles, by category, 2021

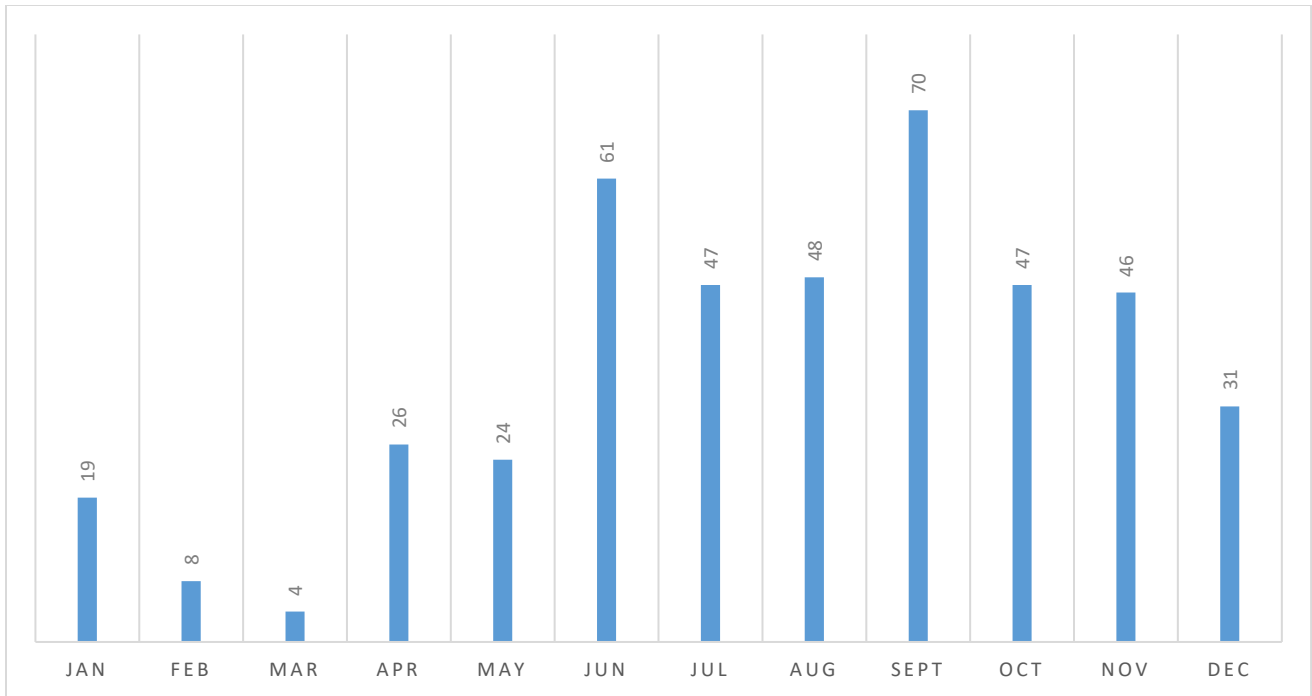


Figure 4: Rhode Island Licensed Ambulance Vehicles, by month, 2021

EMS Ambulance Deficiencies

Deficiencies occur when CEMS minimum requirements or standards are not fully satisfied. Equipment and supplies are not considered acceptable if they are damaged, expired or the original packaging is compromised.

Categories of Deficiencies

Deficiencies fall into one of two categories:

- **Immediate failure:** those that preclude the vehicle’s use as an ambulance until corrected (e.g., lack of cardiac defibrillator or oxygen).
- **Correctable failure:** those for which a corrective action period is allowed. Depending upon the failure, it may be corrected within 24 hours, 2 days or 10 days of inspection.

Note: If a vehicle is found to be deficient in three (3) or more items from the Immediate (24-hour correction list), a complete re-inspection of the vehicle will be required, unless waived by the Chief of EMS.



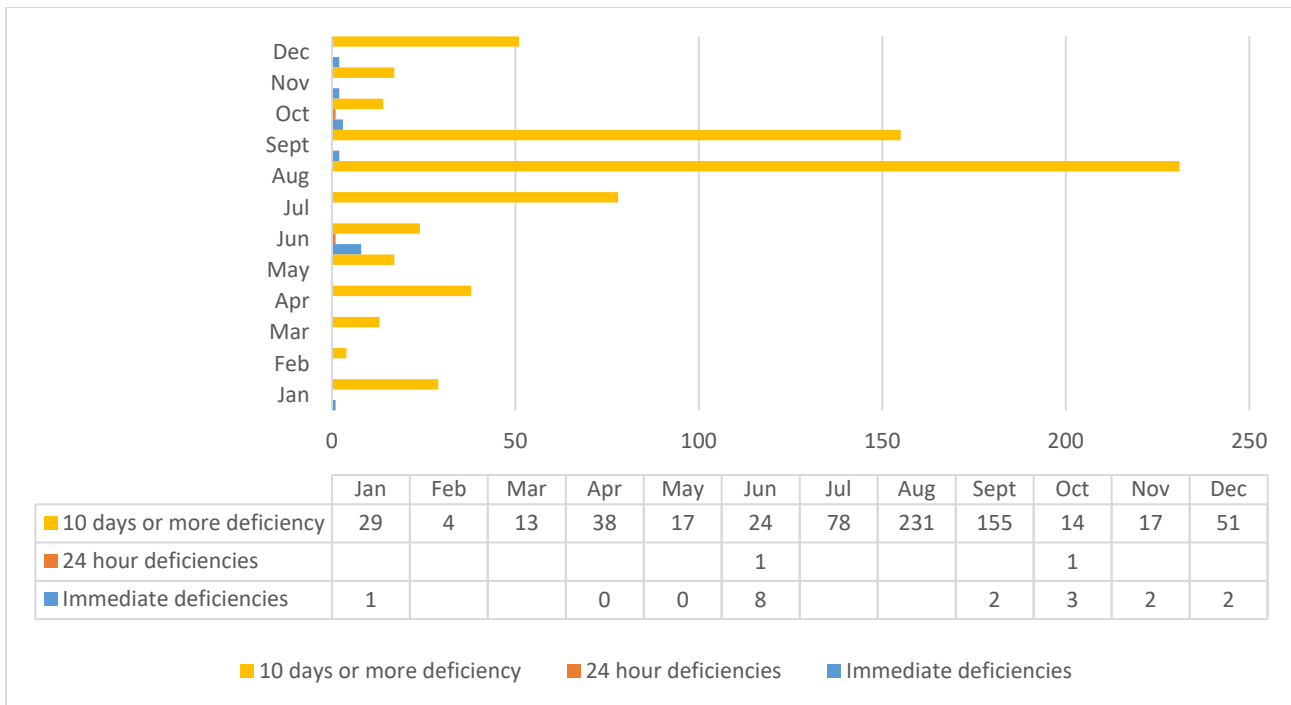


Figure 5: Rhode Island Licensed Ambulance Deficiencies, by month, 2021

Opportunities for Improvement

- **Challenge:** Limited system that is not online or automated. The inspection process of vehicles and services is still very manual and can be improved. The EMS field technician has standardized processes and has worked to enhance the current deficiency management process.
 - **Recommendations:**
 - implement a comprehensive license management solution that includes an inspection module. An inspection module allows the field technician to:
 - create a library of checklists
 - schedule inspections
 - record deficiencies.
 - configure automated inspection workflow to add notes and alerts, update statuses, send correspondence, or set associated dates.

EMS Compliance and Investigations

A responsibility of CEMS is to investigate complaints which may result in disciplinary action. In 2021, EMS investigated 18 complaints against licensed EMS practitioners, EMS services, or ambulances. The overall goal of complaint investigations is to improve the patient care experience via disciplinary action, but more often through remediation of the EMS practitioner.

Complaints originated from the public, patients and/or patients’ families, other licensed healthcare providers, CEMS, and the Office of State Medical Examiners. CEMS investigated each complaint filed and any public actions that were taken against an EMS practitioner, an EMS vehicle, or an EMS service agency as a result of a complaint investigation were posted on RIDOH’s [disciplinary actions website](#).



EMS Education and Training

“In order to deliver optimal patient care, EMS continuing education needs to ensure that our EMS professionals are actually being taught the latest and most up-to-date evidence.”
--EMS Agenda 2050

Throughout the years, the Center for EMS has made continuing education a priority. In 2019, a grant allowed the Center to hire the EMS Training Coordinator. The EMS training coordinator oversees training in all CEMS programs. In addition, the EMS training coordinator oversees:

- RI EMS Continued Competency Program
- TRAIN learning management system (LMS)
- Licensing of educational institutions

By 2030, CEMS aims to ensure that:

- EMS educational programs are led by qualified teams of EMS physicians and educators who have been carefully selected and educated to prepare future EMS practitioners to deliver people-centered care.
- National standards and certifications are used to for consistent baseline education and competency of all EMS personnel, assuring communities, employers and the public that every certified EMS professional is qualified and capable.
- Initial and ongoing education is tailored to the needs of patients, communities and EMS professionals, leveraging technology, evidence and data to deliver education that supplements previous education, promoting continued competency and further growth.
- EMS professionals are prepared to collect, share, analyze and use available data.
- Education of advanced EMS clinicians includes a comprehensive orientation to public health, social services, mental health and social determinants of health in a way that empowers them to provide integrated care.

Rhode Island Continued Competency Program

From 2019 – 2021 EMS practitioners completed the Rhode Island Continued Competency Program as part of the re-licensure process.

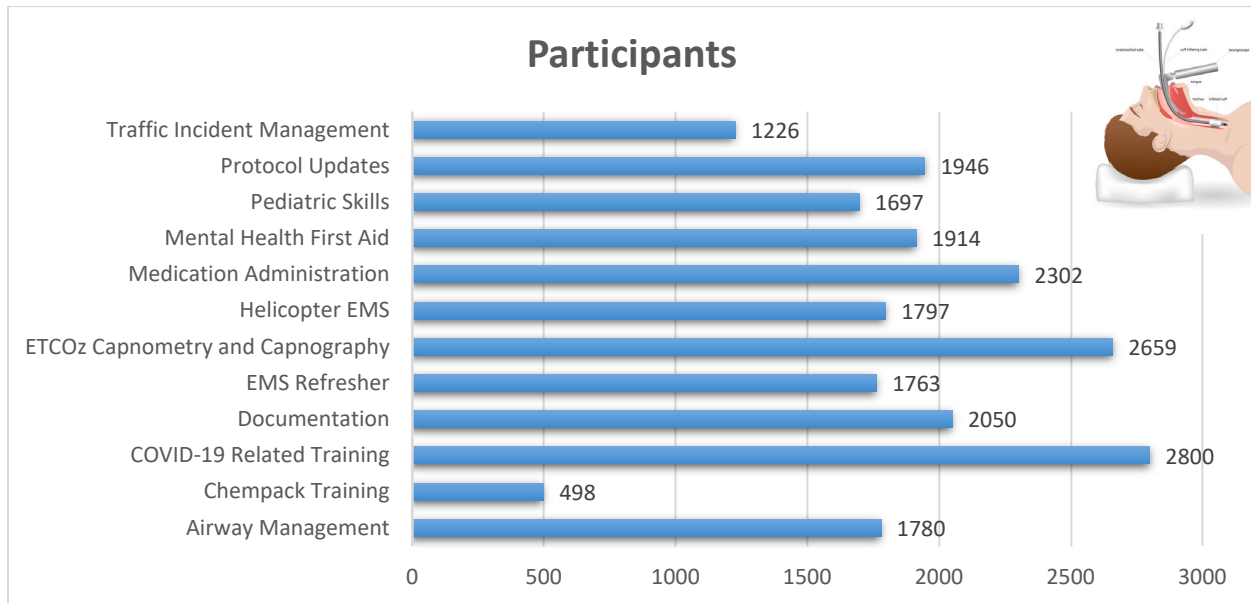


Figure 6: Training Topics Completed by EMS Practitioners 2019 – 2021

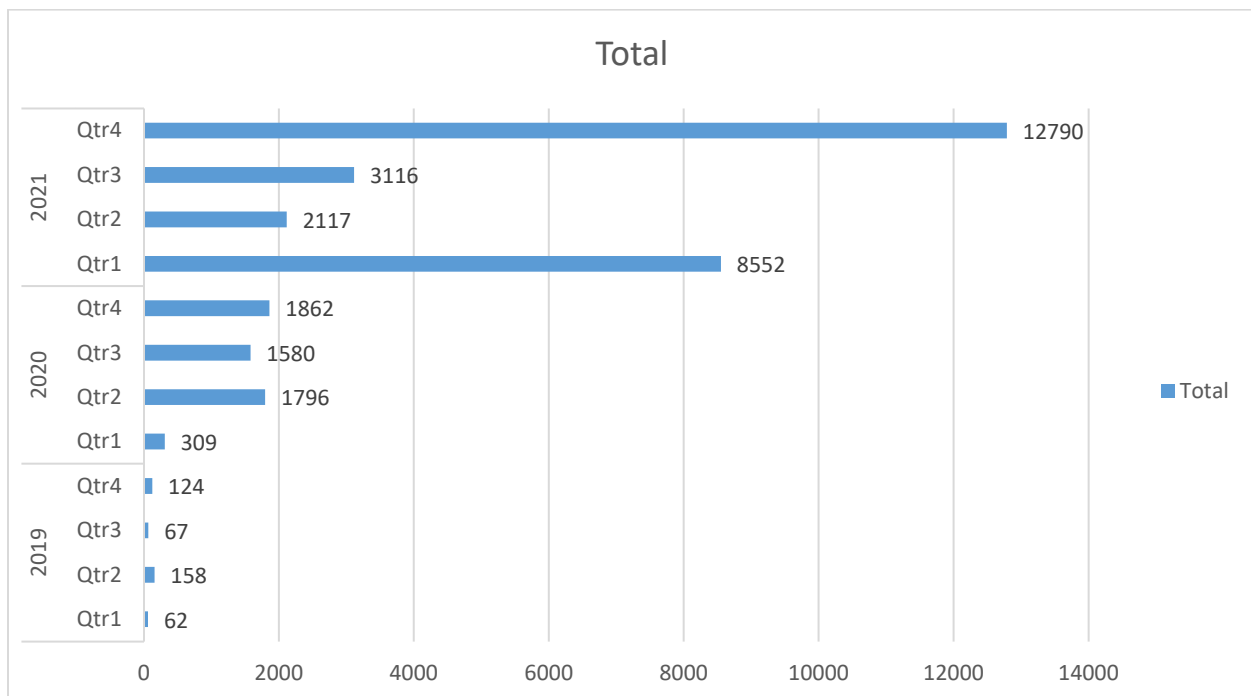


Figure 7: Training Topics Completion by Year, per Quarter 2019 - 2021

EMS Learning Management System (LMS)

In 2021, an additional 583 EMS users registered for TRAIN, bringing the total number of users to 4926 by December 31, 2021. In 2021, 137 courses were approved, resulting in a total number of 306 approvals by December 31, 2021.

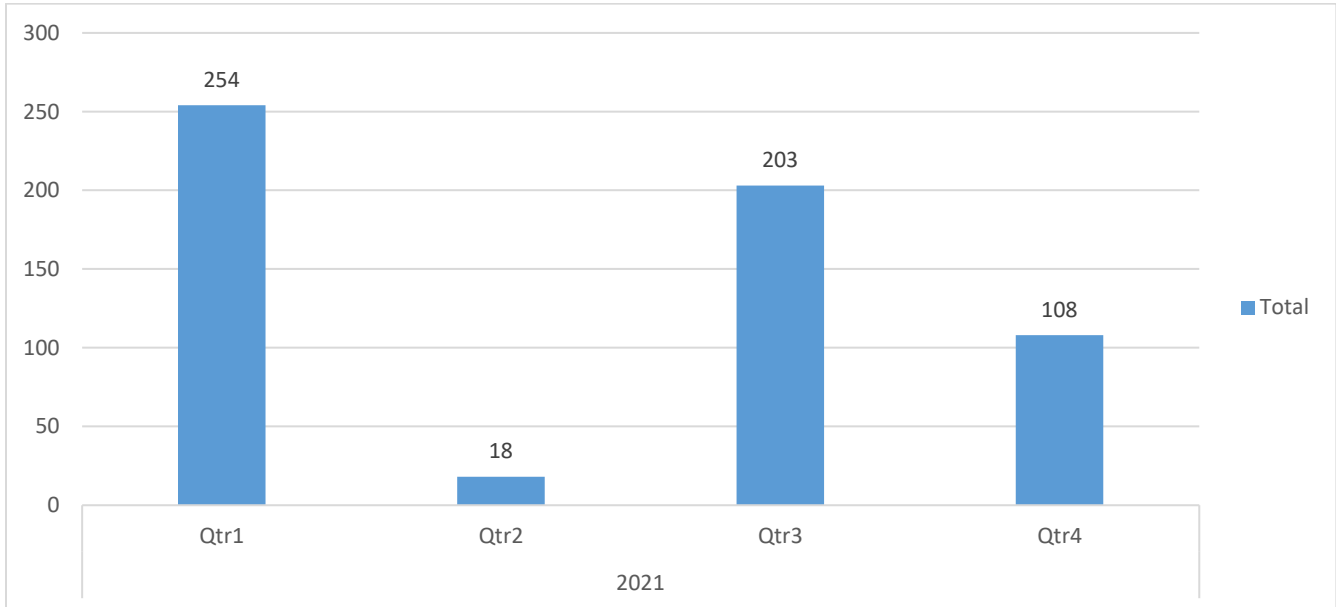


Figure 8: TRAIN LMS Enrollment 2021

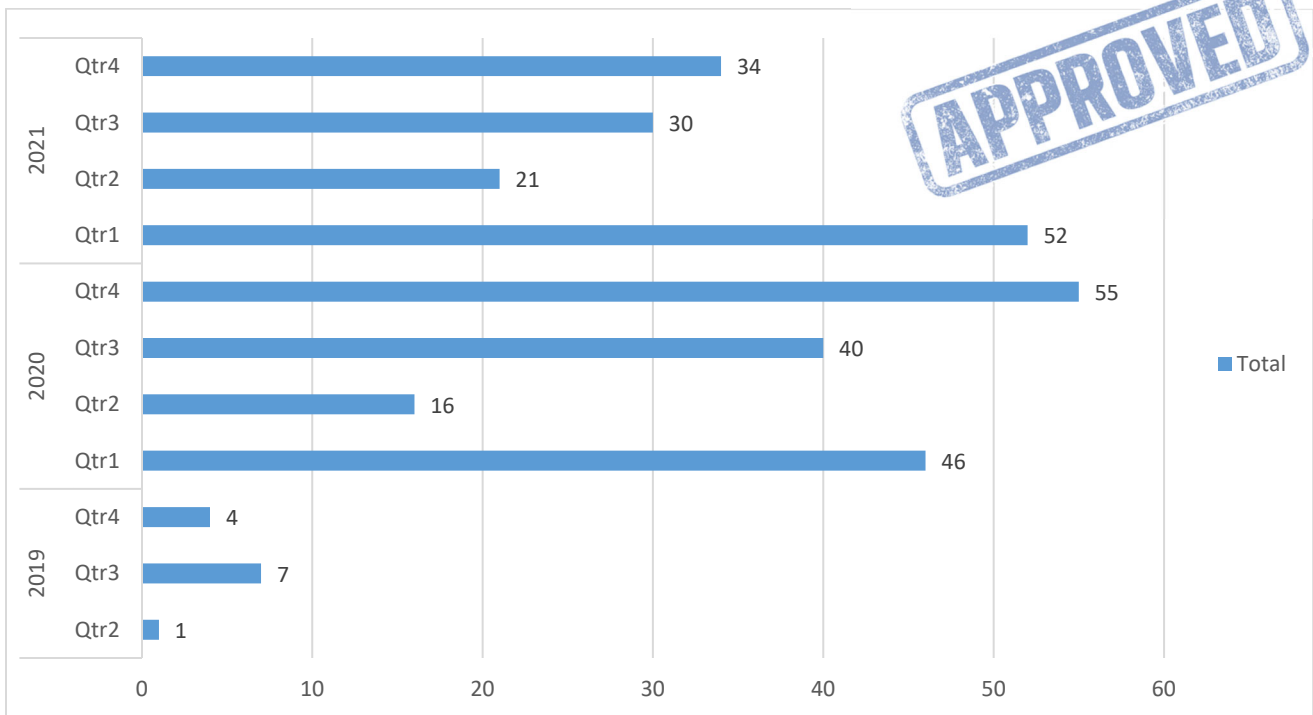


Figure 9: Course Approvals by Year, per Quarter 2019-2021

Licensing of EMS Training Institutions

Per the EMS regulations, EMS training institutions are licensed at one of five levels and can conduct training courses at the level of licensure or below:

- Paramedic
- Advanced Emergency Medical Technician-Cardiac (AEMT-C)
- Advanced Emergency Medical Technician (AEMT)
- Emergency Medical Technician (EMT)
- Emergency Medical Responder (EMR)

As of December 31, 2021, there were 16 licensed educational institutions in Rhode Island, of which seven are licensed to teach at the AEMT level or below, six licensed to teach at the EMT level or below and three are licensed to teach at the paramedic level (Figure 5). Furthermore, EMS training institutions must perform annual self-evaluation and submit their corresponding National Registry of Emergency Medical Technicians (NREMT) pass rates to CEMS (Figure 6).

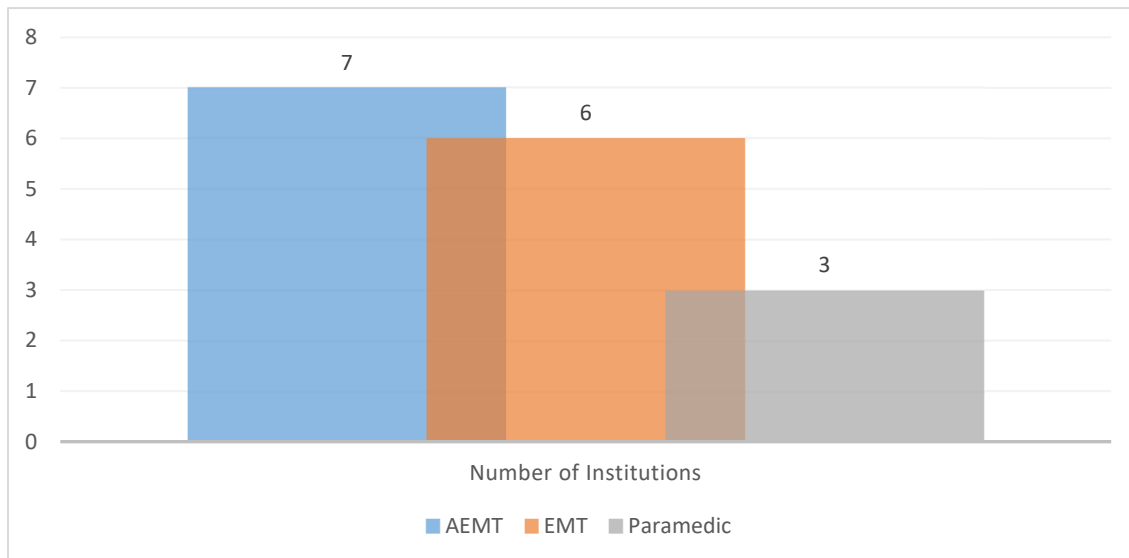


Figure 10: Number of Institutions Licensed by Training Level 2021

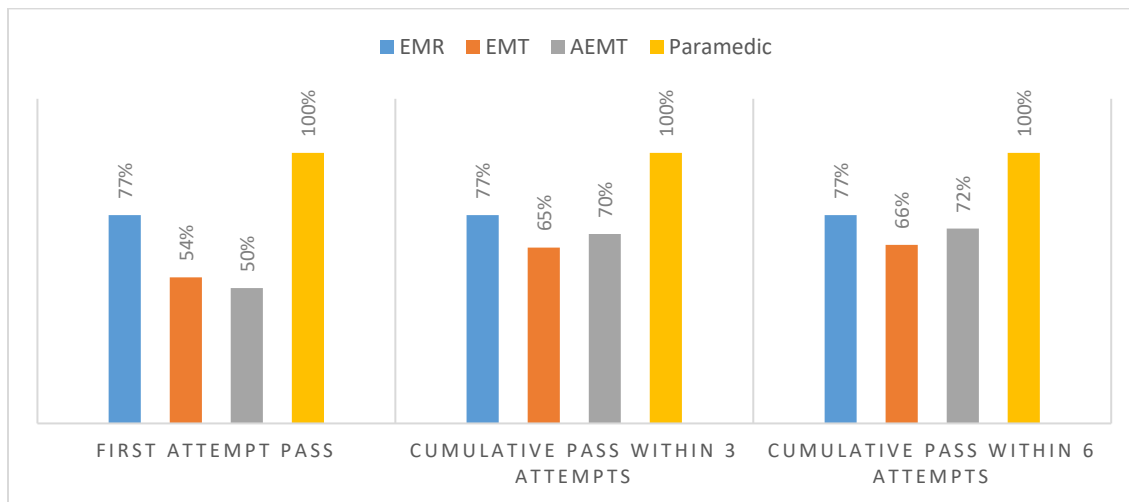


Figure 11: NREMT Cognitive Exam Pass Rate, 2021.

Opportunities for Improvement

- **Challenge: Limited Learning Management System (LMS).** The current TRAIN LMS system is not EMS specific. It is a product of the Centers for Disease Control and Prevention that is used by a variety of public health professionals. Navigating the system can be challenging for EMS practitioners when completing their continuing education. To achieve the EMS education goals of the future, CEMS would benefit from developing an LMS system that fits the needs of Rhode Island EMS practitioners.
 - **Recommendation:** Explore funding options for an EMS specific LMS system. The most ideal EMS system allows CEMS and instructors to:
 - Record the details of training courses held including topics covered to test details to course approval.
 - Create course from templates or on the fly according to agency needs and can be built either by administrators or through the public portal.
 - Track continuing education credits and trainings to ensure EMS practitioners are meeting the requirements to renew their license and to foster a life-long learning model of education.

- **Challenge: Changing EMS culture.** For many years, the Rhode Island EMS culture has been to teach EMS practitioners in-house at their affiliated ambulance service. Excellent leaders and instructors have identified the needs for their EMS practitioners and have developed plans to teach these classes. However, recent changes in license renewal policies require EMS practitioners to document and track their training. Furthermore, EMS training officers and EMS instructor-coordinators are required to work together to submit approval for all continuing education courses.
 - **Recommendation:** The CEMS training coordinator is working to develop resources that allow EMS practitioners, training coordinators, and instructor-coordinators the ability to participate in a streamlined continuing education experience. The process can be improved with the implementation of a new LMS system that includes the requirements presented above.



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EMS Data Management

“Information collected and shared in EMS data systems informs decisions made related to healthcare operations, public health and interventions related to social determinants of health and injury and illness prevention. EMS and public health data are integrated in ways that aid in the monitoring and identification of emerging outbreaks or demographic trends in injury and illness patterns” -- EMS Agenda 2050

In 2021, the data management goals of CEMS were to streamline processes for data extrapolation and cleaning, expand analytics capabilities, and disseminate findings to the EMS community and other stakeholders.

Rhode Island EMS Information System

The Rhode Island Emergency Medical Services Information System (RI-EMSIS) is the pre-hospital electronic patient care reporting (ePCR) system for CEMS, managed via the ImageTrend Elite platform. It is made available at no cost to RI EMS agencies, allowing for submission of a patient care report for each patient encounter. Upon accepting a report into the state repository, data is exported via live feeds to the National EMS Information System (NEMSIS), Biospatial, Inc., and CurrentCare, the Rhode Island health information exchange (HIE).

In this annual report, we present data analysis, challenges, and success stories in the following categories:

- Falls in EMS
- EMS Response to Overdose Epidemic
- EMS Response to the COVID Pandemic
- Mental Health Pediatric EMS Runs
- Motor Vehicle Crashes

Data Stories – Falls in EMS

Crew responded to a person fallen. On the call were several new providers/trainees. The lead provider not only was able to recognize and treat a possible hip fracture but also provide education and mentoring to new members who performed patient care and assisted with documentation.

—Chepachet Fire Department

According to the World Health Organization (WHO), falls are the #2 leading cause of death across the globe. Falls, particularly from ground-level, result in increased morbidity and mortality, particularly for the older population^{1,2}. Often falls necessitate hospitalization and can lead to further health complications. Ground-level falls continue to be a major cause of injury for Rhode Islanders and a top reason for calls to emergency medical services around the state.

In 2021, a total of 21,787 EMS runs met the criteria for a fall from ground level. An additional 2,344 EMS runs met the criteria³ for a fall from height, however, falls from ground level accounted for 9 out of every 10 (90.2%) of all falls. When examining only the ICD-10 codes for “slipping, tripping, stumbling, and falls” (W00-W19) a total of 10,927 EMS runs met the criteria.

Frequency & Time Trends

In 2021, falls from ground level were highest during the latter half of the year, including the summer and holiday seasons. October had the most falls and was the only month to reach over 1,000 EMS runs related to ground-level falls. (That is an average of 32 per day!) Most calls for ground-level falls occurred between 11AM – 5PM.

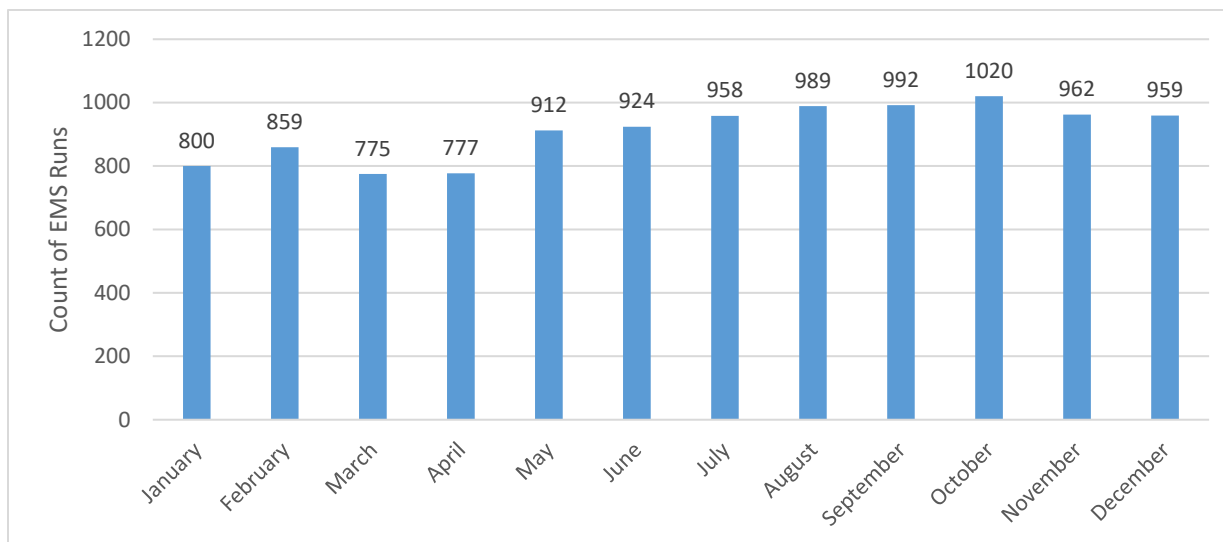


Figure 12. Count of EMS Runs for Ground-level Falls, by Month, Rhode Island, 2021

When examining temporal trends in falls from ground level comparing 2019 and 2020 to 2021, the impacts of the COVID-19 pandemic become visible. For instance, there is a steep drop in EMS runs that correlate with the lockdown period of the pandemic. For this same time in 2021, the number of falls rebounded, and then continued to increase throughout the summer and early fall. This increase is expected normally, although the impact of the COVID-19 Delta variant wave did not lower numbers as may have been expected.

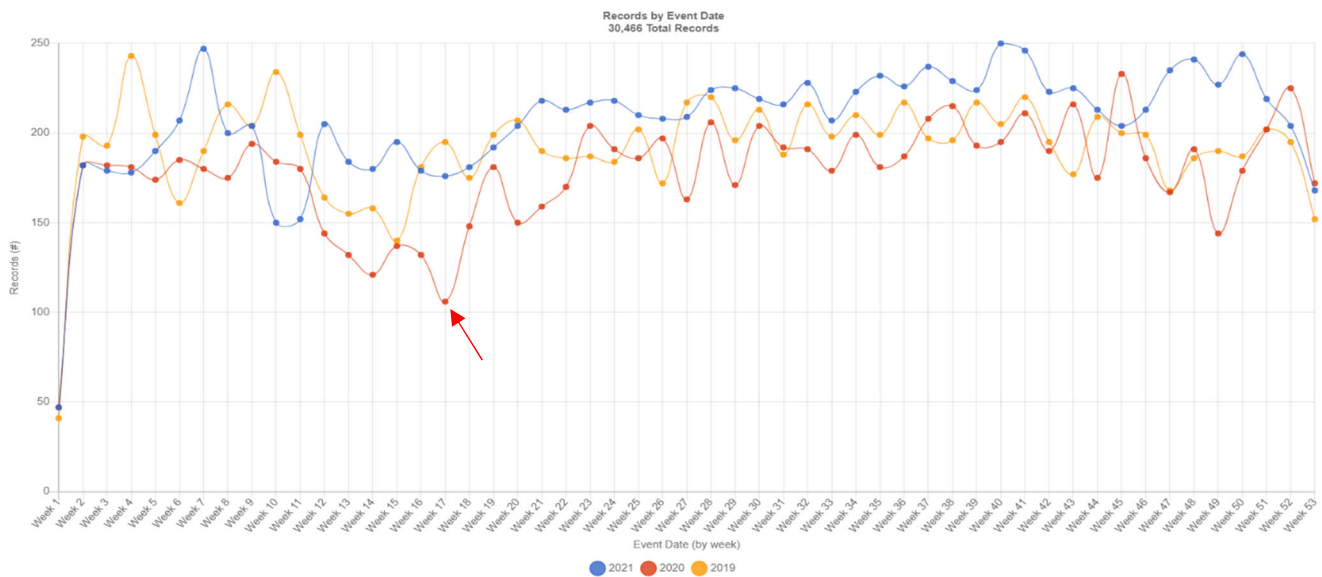


Figure 13. Count of EMS Runs for Ground-level Falls, by Week, Rhode Island, 2019-2021

Gender / Age

Approximately 60% of those experiencing a ground-level fall were female, while 40% were males. The disparity between sexes is heavily impacted by older adults. In addition, as seen in the figure below, women over 50 are more likely to fall than males of the same age.

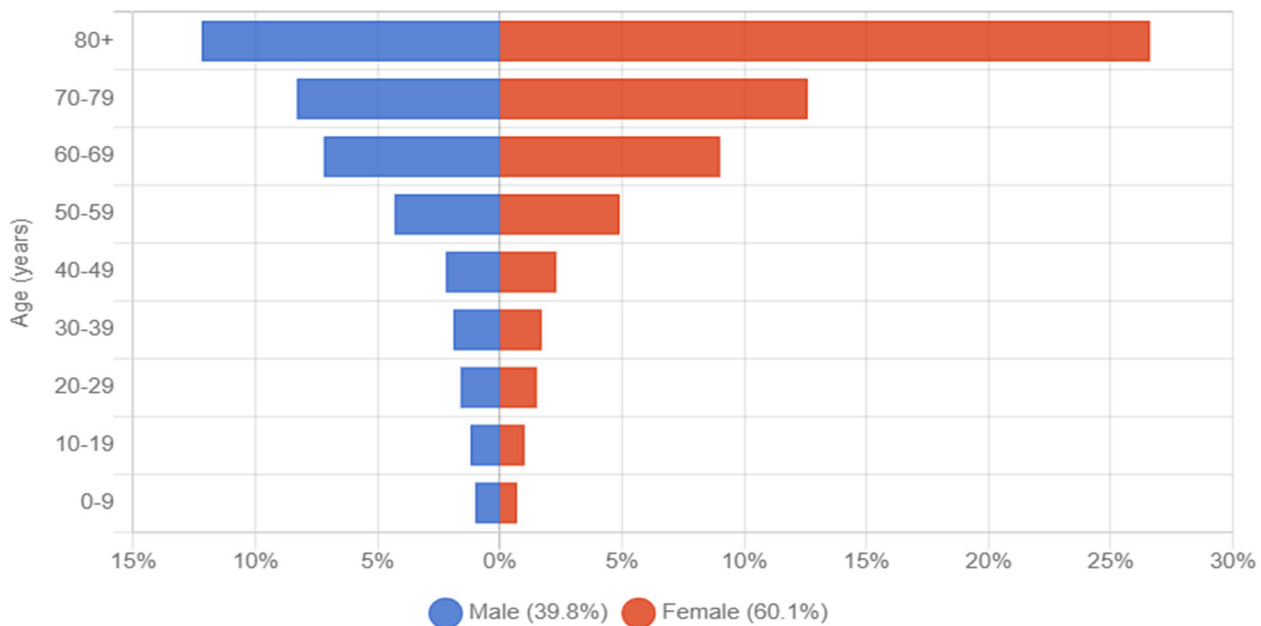


Figure 14. Count of EMS Runs for Ground-level Falls, by Age, Rhode Island, 2021

Location of Falls

An important consideration for the prevention and treatment of falls is the location where they occur. Of 10,927 falls, 6,597 (60.3%) occurred where the incident city and patient’s home city were the same.

The majority – nearly two-thirds – of falls occur in a private residence. Other common places for falls to occur are nursing homes, outdoor locations, private commercial establishments, and residential institutions. A list of the locations can be found in Table 1. An additional 3,425 (31.3%) falls occurred in a location different than the patient’s home city.

Table 1. Locations of ground-level falls requiring EMS runs, and their relevance to patient home city, Rhode Island, 2021

Location Categories Where Falls Occur	Count of Ground-Level Fall EMS Runs (2021)			
	At Home	Away from Home	Unknown	Total
Private Residence	4,560	1,642	608	6,810
Nursing Home	903	380	107	1,756
Outdoor (roadways, beaches, campgrounds, recreation areas, other)	380	414	79	873
Residential Institution	273	197	31	501
Private Commercial Establishment	190	292	20	502
Healthcare Establishment	90	143	14	247
Public Building	44	123	12	179
School (private, public, state)	59	72	10	141
Trade & Service Areas	36	48	15	99
Sport / Athletic Areas	18	35	5	58
Remaining Categories (Industrial/Construction, Religious Institution; Prison; Military Base; Other)	44	79	4	127
TOTAL	6,597 (60.3%)	3,425 (31.3%)	905 (8.4%)	10,927 (100%)

Crew responded to a home with a frequent caller for a lift assist. Patient was uninjured and refused assessment. Lead provider was able to advise family on home health care options, reducing falls risk, assessed patient’s physical environment and risk factors. Crew also escalated issue to fire department chief officers for reporting and review of elder neglect. – Chepachet Fire Department



¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7113992/#ref5>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4241333/>

³ NEMSIS v3: Labeled as a fall from height if **one or more** of the following are true:

- Narrative (eNarrative.01) or chief/secondary complaint (eSituation.04) contains "fall from height", "fall(ing) off", "fall(ing) from", and variants. Certain phrases are excluded, for example: "fall from standing", "fall from sitting", "leads fell off", "leads fell from", "heard fall from", "almost falls off", "risk of falling from", "danger of falling off", "recently fell from".
- Provider primary/secondary impression (eSituation.11/eSituation.12) or cause of injury (eInjury.01) indicate any of the following ICD-10-CM codes (sub-codes included): V80.0, W00.1, W00.2, W06, W08-W15, W16.0, W16.1, W16.3-W16.9, W17, X00.3, Y30.
- Height of fall (eInjury.09) indicates a height greater than ground-level **AND** any of the criteria for a ground-level fall are met.

Data Stories – EMS Response to the COVID-19 Pandemic

30 y/o M COVID positive, now with difficulty breathing. PMH Environmental allergies, depression. Patient tested positive 8-9 days ago, and over last 2 days has had increasing difficulty breathing. Today, SpO2 76% on EMS arrival. Patient ambulated out of the residence to the rescue and secured for transport. On assessment, patient with chills, nausea, and severe difficulty breathing. Placed on 2L and increased to 4L O2 with improvement to 94% and slight relief of breathing. IV access established, patient remained stable throughout transport.

The State of Rhode Island’s EMS agencies continued to feel the strain of the COVID-19 pandemic even throughout 2021. **A total of 5,447 EMS runs occurred in 2021 for COVID-19**, compared with 5,532 runs in 2020. As can be seen below, while the number of runs was consistent between years, the distribution of runs over the two years varied.

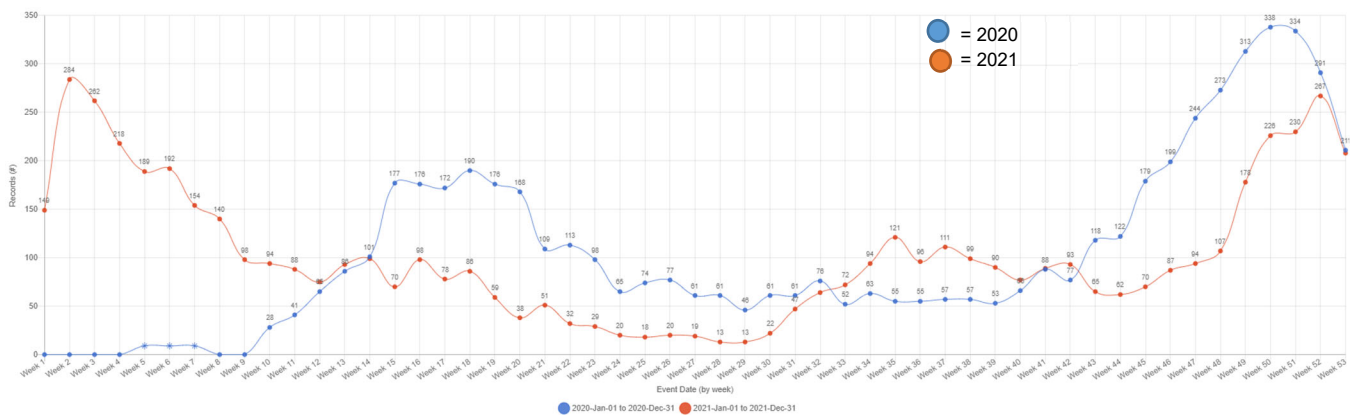


Figure 15. Count of EMS Runs for COVID-19 Syndrome, by Week, Rhode Island, 2020-2021

Age

In 2020, the state saw the initial pandemic peak in April and May, then spike again from October through early December. In 2021, cases spiked in early January and remained high through March, only to begin increasing again in September and spike in December. Despite these different waves of infection and vaccinations becoming widely available in the spring of 2021, the number of EMS calls for COVID-19 was nearly the same from 2020 (N=5,532) to 2021 (N=5,447), and the age distribution was not drastically different. EMS agencies responded to slightly more calls for younger patients in 2021. Those age 0-50 years accounted for 27% of all calls in 2020, versus 31% of calls in 2021.

Table 2. Age Distribution of EMS Runs for COVID-19 Syndrome, Rhode Island, 2020 versus 2021

Age Range	Year 2020		Year 2021		% Change (2020 to 2021)
	Count	%	Count	%	
0-10 years	49 (0.9%)	0.9%	76 (1.3%)	1.3%	+ 0.4%
10-20 years	111 (2.0%)	2.0%	137 (2.5%)	2.5%	+ 0.5%
20-30 years	365 (6.6%)	6.6%	420 (7.7%)	7.7%	+ 1.1%
30-40 years	419 (7.6%)	7.6%	507 (9.3%)	9.3%	+ 1.7%
40-50 years	549 (9.9%)	9.9%	560 (10.2%)	10.2%	+ 0.3%
50-60 years	889 (16.1%)	16.1%	874 (16.0%)	16.0%	- 0.1%
60-70 years	1,070 (19.3%)	19.3%	960 (17.6%)	17.6%	- 1.7%
70-79 years	1,061 (19.2%)	19.2%	1,014 (18.6%)	18.6%	- 0.6%
80+ years	993 (18.0%)	18.0%	884 (16.2%)	16.2%	- 1.8%
TOTAL	5,532	100%	5,447	100%	- 0.2%

Primary Impressions & Symptoms

The most common provider primary impression amongst COVID-19 calls was “coronavirus.” However, other common primary impressions from EMS practitioners included:

- Weakness
- Respiratory disorder
- Contact or exposure to viral communicable disease
- Shortness of breath
- Fever
- Angina pectoris (chest pain)
- Acute abdominal pain

Symptoms often reported during these runs included dyspnea, apnea, fever, sinusitis, cough, weakness, and gastrointestinal issues.

EMS Runs and COVID Incidence

Throughout the pandemic, EMS run patterns often indicated changing trends in infections, which were congruent with hospital and testing data. In the future, EMS data could prove to be a predictor of an increase in case counts and useful for syndromic surveillance.

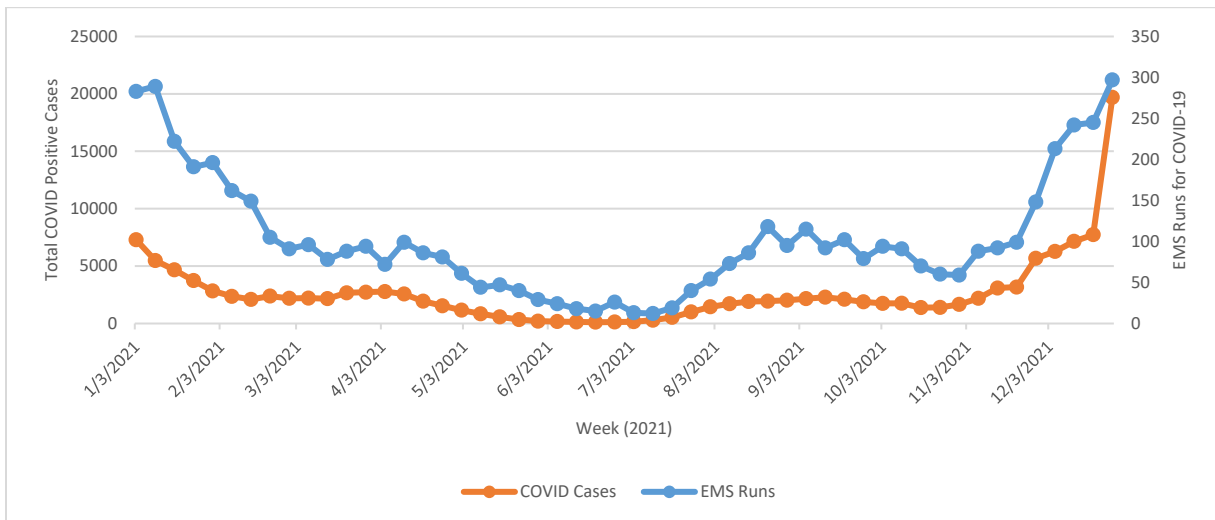


Figure 16. Confirmed COVID-19 cases and EMS Runs for COVID-19, Rhode Island, 2021

Data Stories – EMS Response to Opioid Epidemic

Wanted to share an experience I had at a recovery center. A woman walked in asking about help for her daughter who lives in Riverside. During my conversation with her, she stated she learned of the recovery center from the East Providence Safe Stations article in the paper and on the TV.

As we continued our conversation, she stated her daughter overdosed in June from a prescription pill she bought from the street. When she heard about the Safe Station and the Grab and Go naloxone, she went to the local fire station to grab a kit from the "red mailbox " out front. She left the kit in her bathroom cabinet.

A week or two later, her husband came into the house and told her that her daughter's boyfriend was overdosing in his car in front of their house. They got the kit from the bathroom and used it on the boyfriend. It was a successful reversal.

– East Providence Fire Department

Like other states, Rhode Island continued to feel the effects of the opioid epidemic in far-reaching ways in 2021. A total of 12 Rhode Island Overdose Action Area Response (ROAAR) notifications were issued, each indicating that a community was above threshold for the expected number of ED visits for overdoses during the previous week.

As of March 10, 2022, a total of 420 individuals died of an accidental drug overdose in Rhode Island in 2021. This number is expected to increase as the Office of the State Medical Examiners (OSME) continues to determine cause and manner of death for decedents who died in 2021. (There were 311 accidental drug overdose deaths in Rhode Island from 01/01/2021 – 09/30/2021 confirmed by the OSME. Fatal overdose counts for 10/01/2021 – 12/31/2021 are not yet final and are expected to be finalized in the coming months.)

Last year, EMS responded to 1,822 calls for opioid overdose – an average of almost five calls every day. Friday afternoon and evening, as well as the early hours from Saturday into Sunday had the most calls. The busiest time for overdose calls was between 7:00 – 9:00pm on Friday nights. The majority of calls occurred in Providence County, although Kent County saw a very similar rate when looking at runs per 10,000 residents.

Table 3. Count and Rate of EMS Runs for an Opioid Overdose, by County, Rhode Island, 2021

County	Total Runs	Population	Count p/ 10,000 people
Providence	1,275	636,547	20.03
Kent	305	164,646	18.52
Washington	118	125,746	9.38
Newport	79	81,836	9.65
Bristol	25	48,350	5.17

Victims were most often in their 30s (28.6%), followed by those in their 20s (20.9%) and in their 40s (16.8%). Additionally, males made up a much larger percentage of the victims when compared to females, outnumbering women in every age category except 70-79 years old.

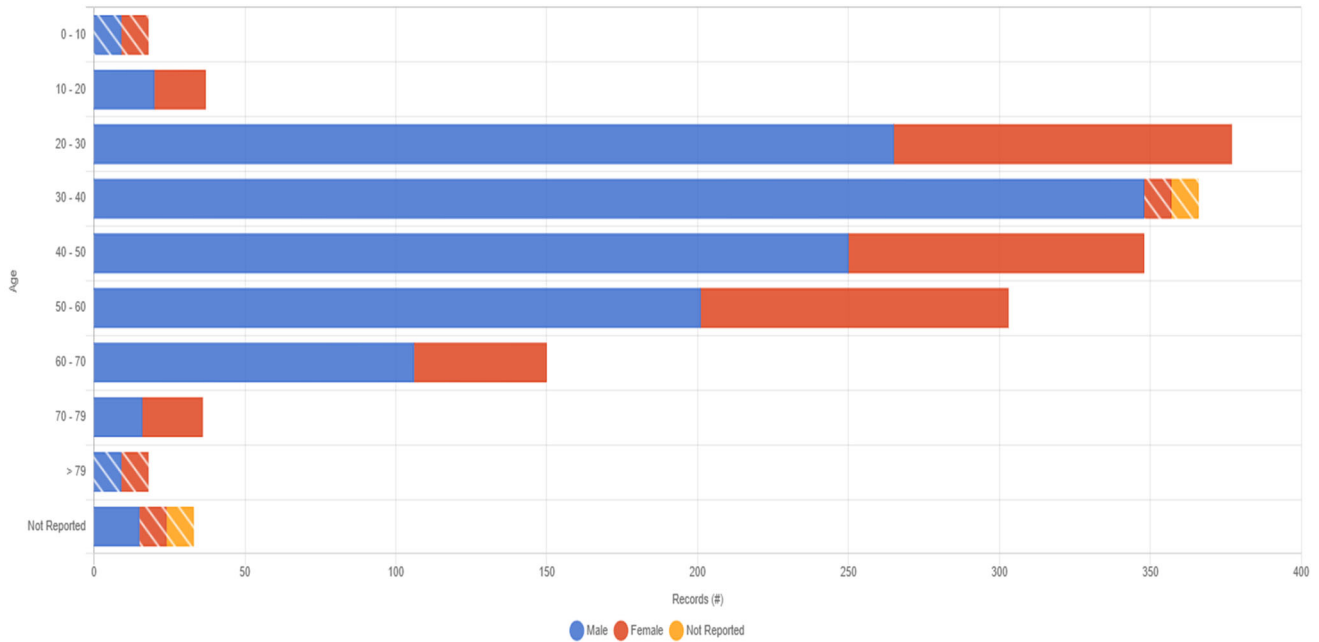


Figure 17. Count of EMS Runs for an Opioid Overdose, by Age and Sex, Rhode Island, 2021

Naloxone was administered often during these incidents. During 2021, there were six instances where ~100mg or more of naloxone administered in just seven days by EMS personnel across the state. In total, approximately 2,650mg of naloxone were administered by EMS, over 50% of which was administered intranasally. Additionally, over 750mg of naloxone were administered prior to EMS arrival. About 98% of patients were treated and transported by EMS from the scene.

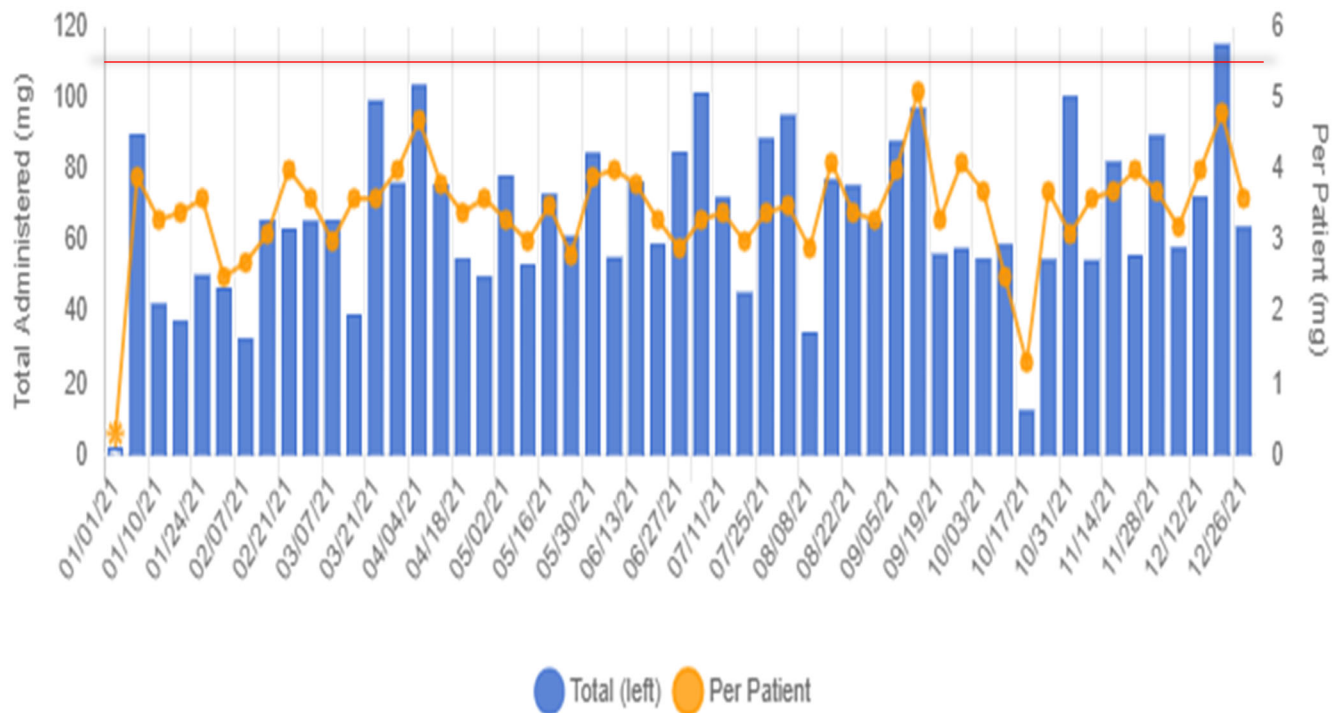


Figure 18. Total Milligrams of Naloxone Administered per Week, and Average Milligrams of Naloxone Administered per Patient, Rhode Island, 2021

Data Stories – Pediatric Mental and Behavioral Health

EMS responded to a young male who had fled his school during a mental health episode.

Two EMTs, in addition to the ride along EMT student that was on the call, “stayed back to give the patient some space. The patient said he just wanted to be left alone, to live his life...also that he has made statements of self-harm in the past. The patient’s father then showed up on the scene...After some conversation, it was decided the patient should be transported, and that we would wait for the patient’s mother to ride along. The patient finally agreed to walk with us back to the ambulance and climb on the stretcher. We buckled him in, and explained that was for his safety, and everyone needed to do the same. We hooked him up to our monitor, while waiting for his mom. He had become more talkative by this time. When his mother arrived, we allowed her to sit next to the patient...The patient was calm, and his vitals good. He said he does have nightmares, which included suicidal thoughts. Once at [the hospital], we brought the patient inside... We wished the young patient well and returned to quarters.”

-Hope Valley Ambulance Squad

Pediatric mental and behavioral health continues to be a growing national crisis, which has been exacerbated by the COVID-19 pandemic. While pediatric calls make up a small portion of all EMS runs in Rhode Island, they often have a higher acuity. These often include mental and behavioral health emergencies for children throughout the state. **In 2021, EMS providers responded to 3,420 calls for mental health-related crises amongst those 0-18 years old.** These calls pertain to mostly to suicidal ideation or attempt, depression, self-harm, alcohol or drug use, and general psychiatric evaluations.

A total of 1,802 calls were for those aged 15-18 years old. A total of 970 calls were for those aged 12-14 years old. A total of 523 calls were for those aged 6-11 years old. The remaining 125 calls were for those aged 5 years and under. Nationally, children ages 11-13 have had the largest increase in behavioral health incidents in recent years.

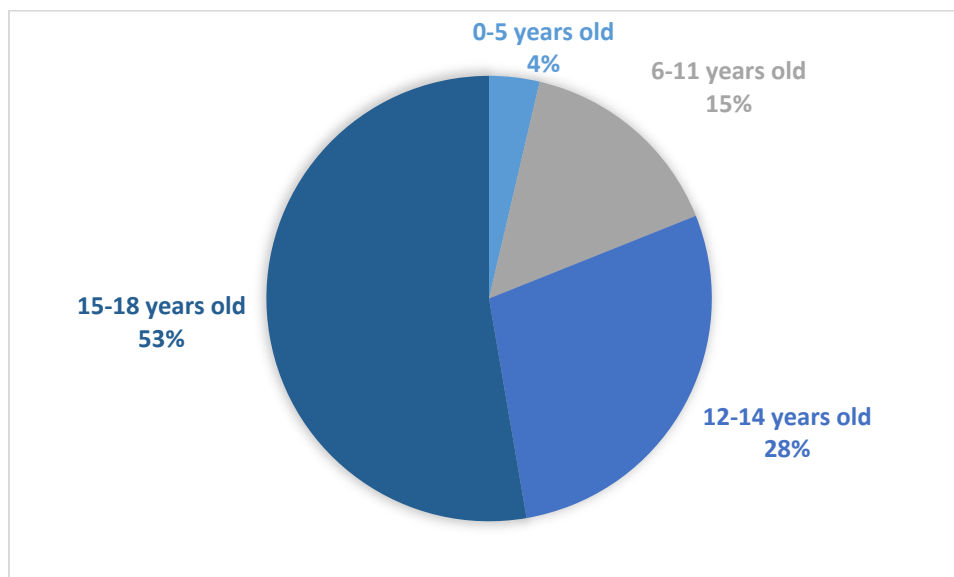


Figure 19. EMS Runs for Pediatric Mental Health, Age Distribution, Rhode Island, 2021

Females accounted for 1,867 calls, or slightly more than half (54.5%) of all runs. Males accounted for the highest portion of EMS response for those age 0-11 years old, whereas females accounted for the highest portion of EMS response for those aged 12 years and older.

Table 4. EMS Runs for Pediatric Mental Health, Age Distribution by Sex, Rhode Island, 2021

Age Range	Females	Males
0-5 years old	43.5%	56.5%
6-11 years old	39.3%	60.7%
12-14 years old	57.2%	42.8%
15-18 years old	58.9%	41.1%
Total	54.9%	45.10%

Top Pediatric Mental Health Impressions

Anxiety and depression and behavioral problems are among the most commonly diagnosed mental disorders in children. Anxiety and depression often occur together and also commonly co-occur with behavioral disorders. For older teens, alcohol/drug use and suicide are concerns.

All pediatric mental health calls had a provider primary impression; additionally, approximately 25% of calls also had a listed provider secondary impression, leading to a total of 4,298 impressions. The most often listed provider impression was an unspecified mental disorder, accounting for nearly 1/3 of all impressions. Homicidal ideations and suicidal ideations and attempts were very prominent, accounting for nearly ¼ of all impressions (over 1,000 impressions). These impressions were summarized into broader categories and are presented below.

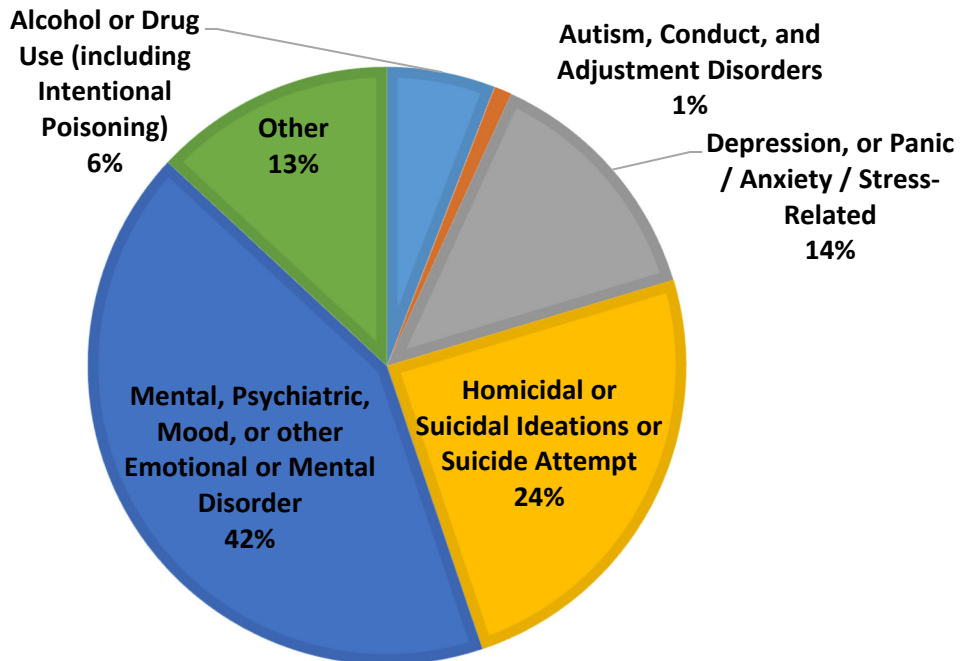


Figure 20. Distribution of Provider Impressions (N=4,298) from all Pediatric Mental Health Calls (N=3,420), 2021, Rhode Island

Data Stories – Motor Vehicle Crashes

*Dispatched to a head on MVA. On scene found 2 cars w/ heavy front end damage. There was a 23 y/o **unrestrained** male who was unconscious but had a strong carotid pulse. Driver was trapped in the vehicle. Rapid assessment was performed in the car. C-spine was intact, w/ no deformity noted. C-collar was applied. No penetrating trauma was noted. Extrication took approx. 10 minutes, and p/t was extricated onto the stretcher, and secured. Vitals were assessed, and stable. Transport and notification of incoming trauma was initiated.*

According to United States government data, traffic fatalities and crashes due to impaired and distracted driving, speeding, aggression, and more are at their highest levels in ten years. Even despite many people driving less and in the increase in remote work because of the COVID-19 pandemic, the roads – nationally and in Rhode Island – have become more dangerous. Data⁴ released by the National Highway Traffic Safety Administration (NHTSA) for the January – September 2021 shows a 5% increase in estimated traffic fatalities in the northeast region, and an increase of 12% nationally. Rhode Island did see a slight drop in fatalities (N=49) for the first nine months of 2021 compared to the same time period in 2020 (N=53).

EMS responded to 6,677 motor vehicle crashes (MVCs) in 2021. Approximately 92% of the injuries associated with these MVCs were considered non-severe. However, this still averages to over 10 accidents each week with injuries that were severe, likely fatal, or fatal.

MVC – Related Injuries per Week



Would you have guessed?

Nearly 200 children under 10 years old were involved in MVCs where EMS responded in 2021



Suspected alcohol use was present in 6.5% of EMS MVC calls, and suspected drug use in 1.3% of calls.



Overall, 1 in 4 MVCs where EMS responded had a victim between 20-29 years old.



Frequency of Calls

The number of MVCs increased throughout the year, peaking in June (749 accidents). January and February had the least MVCs – about half of what was seen in June.

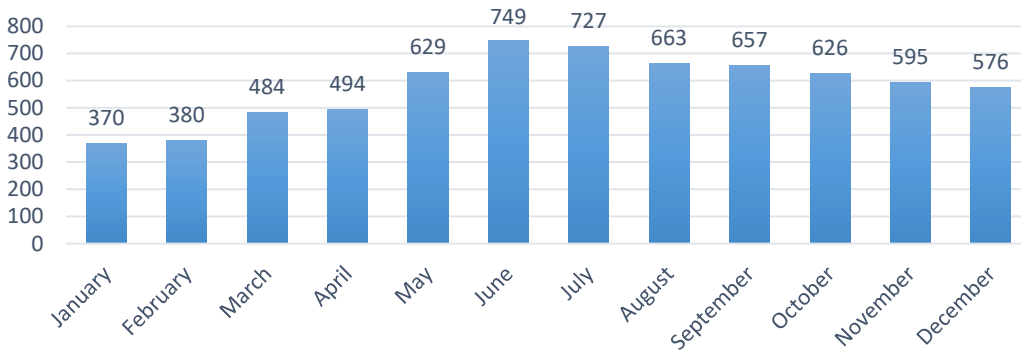


Figure 21. Count of EMS Calls for MVC by Month, 2021, Rhode Island

Most MVC runs occurred on Fridays and Saturdays, with Thursdays seeing the least number of reports. Tuesday and Sunday were the days with the most fatalities.

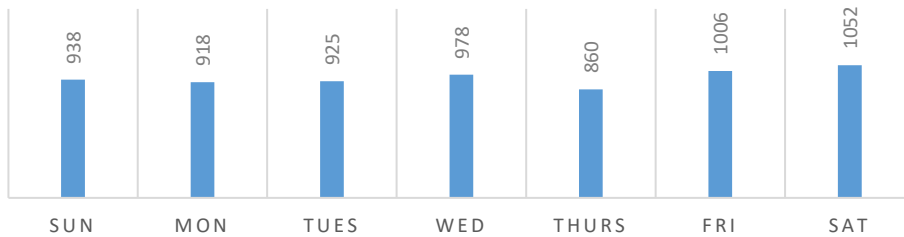


Figure 22. Count of EMS Calls for MVC by Day of Week, 2021, Rhode Island

Who is Injured during an MVC?

Most incidents (78.8%) involved injuries to a car occupant. However, another 377 (5.6%) incidents involved a motorcyclist injury as well. Bicyclists were injured in 133 incidents (2.0%). Pedestrians were injured in 327 (4.9%) of incidents. Only 64 (1.0%) incidents involved the passenger of a bus, train, or streetcar.

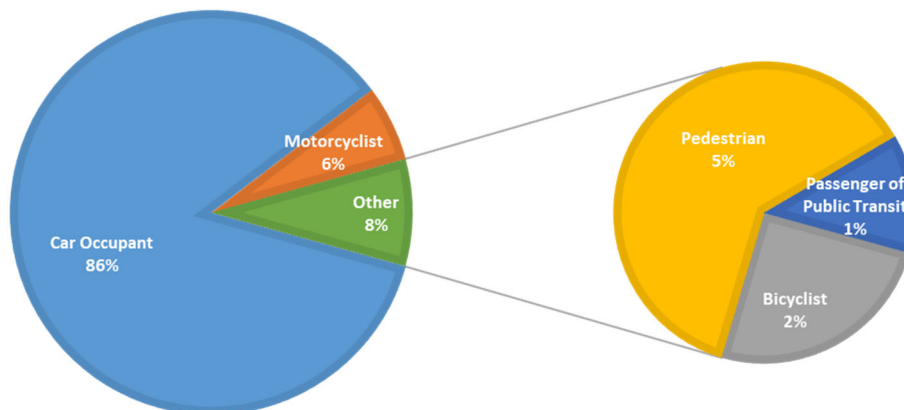


Figure 23. Type of Motorist Impacted during MVCs, 2021, Rhode Island

Location of Response

The city of Warwick had the most MVC responses, with 781. Providence was second with 709 runs. Other prominent cities included Pawtucket (566), Woonsocket (410), East Providence (335), and Cranston (316).

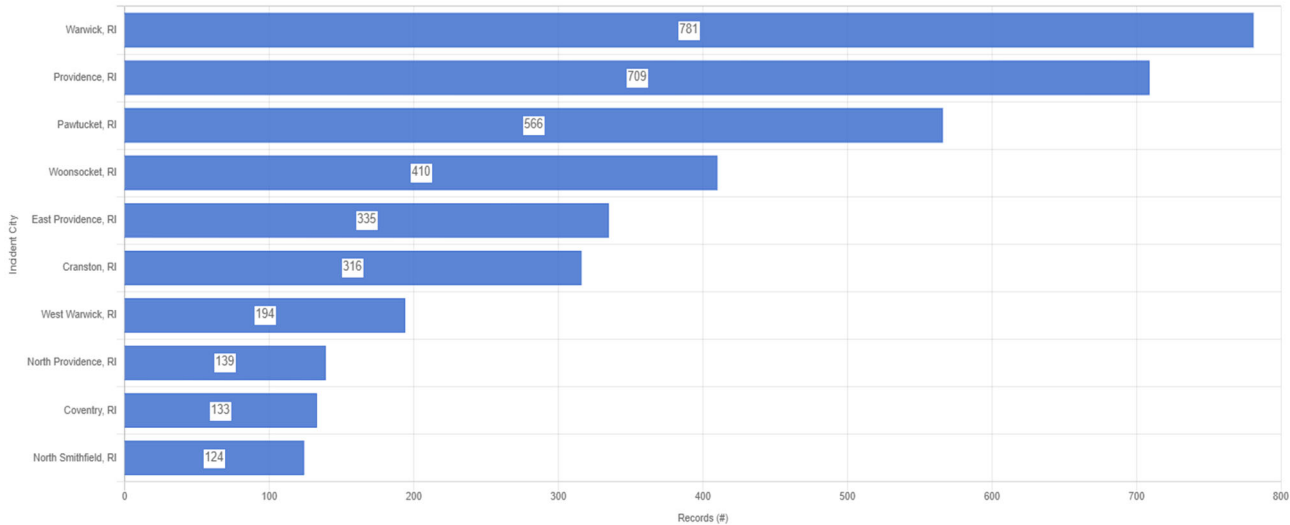


Figure 24. Number of MVCs by Incident City, 2021, Rhode Island

A total of 51 events had a documented fatal outcome. Nearly half (47%) of these events happened in Providence County. However, when examining fatality rates based on the number of reports, Washington County had the highest rate of fatal incidents – over twice the fatality rate of all other counties.

Table 5. Number of Fatal and Non-Fatal MVC EMS Runs by County, 2021, Rhode Island

County Name	Fatal MVC Runs	Non-Fatal MVC Runs	% Fatal of Total
Bristol	0	236	0.00%
Kent	11	1,334	0.82%
Newport	3	414	0.72%
Providence	24	4,070	0.59%
Washington	13	623	2.09%

⁴ National Center for Statistics and Analysis. (2022, February). Early estimate of motor vehicle traffic fatalities for the first 9 months (January–September) of 2021 (Crash•Stats Brief Statistical Summary. Report No. DOT HS 813 240). National Highway Traffic Safety Administration.

Challenges and Opportunities for Improvement

EMS systems invest in the equipment and expertise necessary to maintain and adequately secure data systems, which use the most advanced methods of protecting patient privacy.

Quality of Data

Complete and accurate data is crucial to obtaining the full picture of pre-hospital patient care. CEMS uses data directly from EMS run reports to inform policy and report to the community on patient pre-hospital outcomes. EMS touches all areas – from mental health to motor vehicle crashes – and thus this data informs many partners internal and external to the Department of Health. CEMS recognizes that EMS first responders are acting under pressure and in unpredictable, life-or-death circumstances and therefore are often unable to complete all data variables requested. This can be due to limited time, complications at the scene, or a lack of available data due to the nature of the call (e.g., a patient being unconscious). However, CEMS continues to encourage EMS first responders to prioritize data completeness and accuracy in their reporting, as this data is directly utilized and analyzed for improvements to protocols, procedures, patient care, and data systems. Often crucial elements such as patient home city, race, ethnicity, and gender may not be completed, which hinder informed analysis. Additionally, there are many optional fields that are not often completed but could greatly enhance the quality of data – for example, seatbelt usage or road conditions during a motor vehicle crash. CEMS plans to launch educational resources for EMTs to demonstrate the value of complete data and ensure that entry of information into RIEMIS is as easy as possible for first responders on the road.

Limited Funding

CEMS currently relies on federal funding to support data initiatives related to emergency medical services. As such, continual and uninterrupted funding, for data initiatives is never guaranteed for the long term. CEMS has worked tirelessly to obtain new and diversified sources of funding to continue to support data efforts. CEMS will continue to seek out new federal funding sources but reaffirms the need for state-level funding to ensure longevity of these surveillance mechanisms.



CEMS Programs

The EMS Agenda of 2050 envisions EMS systems as people – centered.

“A people-centered EMS system includes processes, protocols, technology, policies and practices designed to provide the best possible outcome for individuals and communities—every day and during major disasters”. – EMS Agenda 2050

The goal is that in 2050, EMS is a versatile and mobile community healthcare resource, integral to regional systems of care that prevent and treat acute illness and injury, as well as chronic ailments. However, the Center for EMS started transitioning to the 2050 vision in 2020.

The goal of the RIDOH CEMS programs is to help our EMS practitioners serve as the front-line of Rhode Island’s healthcare system and play a core role in supporting the well-being of community residents and visitors through data-driven, evidence-based and safe approaches to prevention, response and clinical care. We aim to support EMS agencies as they collaborate with their community partners and have access to the resources they need, including up-to-date technology and a highly trained, healthy workforce. To achieve this, CEMS oversees the following EMS Programs:

- RI Emergency Medical Services for Children Program
- RI Mental Health Awareness Training Project
- RI First Responders Project
- Health Equity Mobile Integrated Healthcare / Community Paramedicine (MIH-CP) programs

In addition, CEMS provides guidance and staffing support to multiple internal and external partners.



The Rhode Island EMS Practitioner of the future will ensure children in Rhode Island receive consistent, high-quality care by participating in continuing education and having access to specialists and other resources that ensure their comfort in treating a population they encounter less frequently in the field. – Socially Equitable

RI EMS for Children

Grantor: Health Resources and Services Administration (HRSA)

Funding Amount: \$130,000 per year

Budget Period: 04/01/2021 – 03/31/2021

Project Period: 04/01/2021 – 03/31/2024

Staff: Carolina Roberts-Santana (FTE); Darren Danaie (CDC Associate)

Summary

The purpose of the Rhode Island EMS for Children (EMSC) program is to coordinate, extend, and improve upon the integration and focus of pediatric needs within the state EMS system. This involves building upon and strengthening relationships between mutually supportive pediatric-oriented programs and activities, such as those found in Maternal and Child Care, trauma system development, disaster preparedness, and highway safety. EMSC also looks to support continued pediatric education for EMTs, paramedics, and school and emergency department nurses. Furthermore, EMSC works with Hospitals to encourage participation in the National Pediatric Readiness Project.

Target Population

All children in Rhode Island that may require transport by Emergency Medical Services due to illness or injury.

Partners

- **Internal:** Maternal and Child Health Program, Office of Rural Health, Office of Special Needs, Center for Emergency Preparedness and Response, Office of the State Medical Examiners, Violence, and Injury Prevention Program
- **External:** EMS agencies, Hospitals, Hasbro Children's Hospital, Ambulance Service Coordinating Advisory board, Lifespan Simulation Center, Autism Project, Family Voices

2021 Program Successes / Challenges

- 15 EMS agencies implemented their Pediatric Training Grants
- 9 Hospitals participated in the National Pediatric Readiness Survey
- In 2021 there was a significant increase in pediatric behavioral health emergencies,



Rhode Island EMS practitioners of the future will participate in EMS education that includes extensive discussions of behavioral health issues, making clinicians capable of and comfortable treating people who suffer from both acute behavioral health episodes and chronic mental illness. - *Socially Equitable*

RI Mental Health Awareness Training Project

Grantor: Substance Abuse and Mental Health Service Resource

Funding Amount: \$125,000 per year

Budget Period: 09/30/2021 – 09/29/2022

Project Period: 09/30/2021 – 09/29/2026

Staff: Jason Rhodes (FTE); Carolina Roberts-Santana (FTE); Eric Rossmeis (FTE); Heather Seger (0.25 FTE)

Summary

The Rhode Island Emergency Medical Services Mental Health Awareness Training (RI EMS MHAT) project will provide mental health awareness training to the Emergency Medical Services (EMS) practitioners licensed by the Rhode Island Department of Health (RIDOH) Center for Emergency Medical Services (CEMS). There are approximately 4500 EMS practitioners in 83 EMS agencies in RI. In 2019, RI EMS practitioners played a vital role in responding and assessing about 39,000 people with behavioral health emergencies (BHE).

Target Population

The program targets the State of Rhode Island, focusing on responding to those who access 911 with a BHE and caring for EMS practitioners' mental health.

Partners

- **Internal:** Violence and Injury Prevention Program
- **External:** EMS Agencies, Fire Departments, the mental health leadership council, Rhode Island CISM.

2021 Program Successes/Challenges

- From October 2021 – December 2021, 1039, EMS practitioner completed mental health first aid training.
- In the month of December, we had three EMS practitioners die by suicide. This came as a shock to the EMS community and our Center. However, it was a reality check for those who were not advocates of increasing mental health awareness training across the state.
- The pandemic is still hurting our EMS community with increased hours and a lot of difficult calls. We continue to engage and encourage leaders to provide supports for their crews while understanding that these are difficult times.



Rhode Island EMS practitioners of the future will go beyond sharing data and communicating during or after a specific incident or episode of patient care to be truly integrated. A people-centered EMS system takes advantages of the strengths and resources brought by each organization and clinician to protect the health and wellness of individuals and communities. – Integrated and Seamless

RI First Responders Project

Grantor: Substance Abuse and Mental Health Services Administration (SAMHSA)

Funding Amount: \$800,000 per year

Budget Period: 09/30/2020 – 09/29/2021

Project Period: 09/30/2018 – 09/29/2022

Staff: Carolina Roberts-Santana (FTE); Eric Rossmeisl (FTE); Anna Civitarese (FTE); Heather Seger (.25 FTE)

Summary

The first responder's project to combat opioid overdoses in Rhode Island (First Responders – CARA grant or CARA grant) was a proposal submitted to SAMHSA in 2017 and was awarded in 2018. The project aims to make naloxone available to all law enforcement officers by 2022, train all first responders (approximately 1,800 law enforcement officers, 4,500 EMS providers and 2,000 fire fighters) so that they can effectively respond to Rhode Island residents that overdose, establish processes, protocols, and mechanisms for first responders to refer consumers to appropriate treatment and recovery services and enhance the EMS opioid surveillance system.

Target Population

First responders (law enforcement, EMS, and fire personnel) and RI residents that overdose.

Partners

Internal: Drug Overdose Prevention Program (Expert partner), Violence and Injury Prevention Program (training partner – MHFA grant), Center for Health Data and Analysis, and Public Health Informatics (Data partner - ESOOS grant).

External: Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), Rhode Island State Police Heroin Opioid Prevention Effort (HOPE) Initiative.

Program Successes / Challenges

At the close of YR3, 33 (84.6%) LEA engaged in MOA with RIDOH to participate in grant activities and reporting requirements.

LEO administered naloxone in 268 suspected overdose events and discharged 412 4mg intranasal (IN) doses of naloxone.

EMS responded to 1,822 suspected overdose events and discharged 1300 mg of naloxone.

Carolina Roberts-Santana was named the co-chair of the First Responders Workgroup.

Challenges remain the same with the opioid epidemic taking the highest number of lives in 2021.



Local EMS leadership, educators and clinicians reflect the diversity of their communities. EMS professionals often take pride in responding to, treating and transporting anyone who needs help, regardless of socioeconomic or insurance status, race or ethnicity, or any other factors. –
Socially Equitable

Health Equity MIH-CP Programs (Sub-Recipient)

Grantor: Centers for Disease Control and Prevention

Funding Amount: \$995,000 over 2 years

Budget Period: 09/30/2020 – 09/29/2021

Project Period: 05/01/2021 – 05/31/2023

Staff: Constance Ball (Contractor)

Summary

This grant will support a 12-month pilot program that will provide technical assistance, outreach, education, and subject matter expertise to help select municipalities implement a multidisciplinary model of care aimed at reducing COVID-related hospital admissions and rates of morbidity and mortality in hard-hit communities.

Target Population

Rhode Islanders who access the 911 systems and are at risk of being exposed to COVID-19 regardless of their health status, race, ethnicity, gender, socioeconomic status or other social factors.

Partners

- **Internal:** RIDOH Health Equity Institute
- **External:** Participating EMS Agencies

Program Successes / Challenges

- Connie Ball the MIH-CP and EMS Data manager was hired in December 2021.
- Delays in hiring and funding have limited the start-up of this grant program.
- Projected start date in May 2022.

EMS Partnerships and Collaborations

CEMS supports the overall mission of RIDOH by working with other Centers and Programs. In addition, CEMS has developed partnerships with external partners that intersect with emergency medical services.

Internal Partnerships

- In 2021, CEMS worked with the following Centers and Offices and their respective programs:
- Center for Chronic Care and Disease Management: CEMS collaborates with the Diabetes, Heart Disease, and Stroke Prevention Program to support the state's Stroke Task Force and the Heart Safe Community Program.
- Center for Emergency Preparedness and Response: CEMS collaborated with the Hospital Preparedness Program by participating in their preparedness conference and on its coalition. CEMS staff was available to fulfill staffing and emergency response needs. Chief Rhodes also serves as RIDOH's tactical communications coordinator.
- Center for Health Data and Analysis and Public Health Informatics: CEMS provided EMS data to enhance surveillance of opioid overdoses in Rhode Island.
- Center for Health Promotion: CEMS helped with the implementation of the SAMHSA Mental Health First Aid grant that aimed to train 1,000 EMS practitioners across the state. Also, CEMS staff certified as instructors provided mental health first aid training throughout Rhode Island.
- Office of the State Medical Examiner: CEMS provides EMS patient care reports and also participates in Child Death Review Team (CDRT).

External Partners

- Rhode Island Department of Transportation (RIDOT): CEMS assisted RIDOT by providing data to help minimize traffic-related injuries and the Fatality Analysis Reporting System.
- Ambulance Service Coordinating Advisory Board: CEMS works with the Ambulance Service Coordinating Advisory Board (ASCAB) to provide advice to the Director of Health regarding emergency medical services related issues. Members of the board are listed in Appendix A.
- Rhode Island Quality Institute, CurrentCare health information exchange
- Rhode Island Emergency Management Agency (RIEMA)
- Other external partners include EMS agencies, hospitals, and educational institutions.

National Partners

- National Association of EMS Officials (NASEMSO)
 - Chief Jason M. Rhodes
 - NASEMSO Executive Committee, at-large position
 - Board of Directors
 - Chairperson for the East Region
 - Kenneth Williams, MD, served as the immediate past Chair of the Medical Directors Council
 - Carolina Roberts-Santana served as the immediate past Chair of Pediatric Emergency Care Council
- National EMS Information System (NEMSIS)
- Biospatial, Inc.

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Appendix A

Rhode Island Ambulanced Service Coordinating Advisory Board

R.I. General Laws §23-4.1-2

John Potvin, NRP, EMS-IC, Chairperson, EMS Director, East Providence Fire Department, RISAFF*

Michael DeMello, NRP, EMS-IC, Vice Chairperson, Chief, Bristol Fire Department, Bristol County

Raymond Medeiros, AEMT-C, EMS-IC, Secretary, RISAFF

Heather Rybasack-Smith, MD, Rhode Island Medical Society

Ryan Carter, MD, RI Chapter of the American College of Emergency Physicians

Lynne Palmisciano, MD, RI Chapter of the American Academy of Pediatrics

Michael Connolly, MD, RI Chapter of the American College of Surgeons, Committee on Trauma

Scott Partington, AEMT-C, Chief, Narragansett Fire Department, RI Association of Fire Chiefs

James Richard, NRP, EMS-IC, Captain, Cumberland Emergency Medical Services, RISAFF

Lori Poirier, NRP, EMS-IC, Lieutenant, Oakland-Mapleville Fire Department, RI State Firemen's League

Richard Greene, AEMT-C, Deputy Chief, Cranston Fire Department, Kent County

Randall Watt, AEMT-C, Captain, Little Compton Fire Department, Newport County

Virginia Colwell, AEMT-C, EMS-IC, Commander, Foster Ambulance Corps, Providence County, volunteer

Gillian Cardarelli, NRP, Lieutenant, Providence Fire Department, Providence County, career department

Bethany Gingerella, RN, NRP, EMS-IC, Charlestown Ambulance-Rescue Service, Washington County

Lynn Blais, RN, RI Emergency Nurses Association

Dawn Lewis, PhD, RN, EMT, Hospital Association of Rhode Island

Adam Reis, RN, Chief, Access Ambulance, professional ambulance service

Joseph Baginski, EMT, Chief, Professional Ambulance, professional ambulance service

Joseph M. Polisena, RN, MEd., AEMT-C, EMS-IC, Town of Johnston Mayor, RI Senate President appointee

Zachariah Kenyon, AEMT-C, EMS Chief, Providence Fire Department, RI Senate President appointee

Michael Carreiro, AEMT-C, Lieutenant, Warwick Fire Department, RI Speaker of the House appointee

Keith Calci, AEMT-C, Captain, Johnston Fire Department, RI Speaker of the House appointee

Kathleen Barton, Public Member

Danielle Green, RN, Public Member

**RISAFF is the Rhode Island State Association of Fire Fighters*

Acknowledgements

Nicole Alexander-Scott, MD, MPH; Director of Health (2021)

James McDonald, MD, MPH; Interim Director of Health (2022)

RIDOH Division of Preparedness, Response, Infectious Disease, and Emergency Medical Services (PRIDEMS)

Utpala Bandy, MD, MPH; Medical and Division Director, Rhode Island State Epidemiologist

Christine Goulette, MAT; Associate Director of Health

Jason M. Rhodes, MPA, AEMT-C; Chief, CEMS

Kenneth Williams, MD; EMS Physician Medical Consultant, CEMS

Carolina Roberts-Santana, MHA, DHS; Deputy Chief, CEMS

Eric Rossmeisl, AEMT-C; Training Coordinator, CEMS

Todd Manni; Program Planner, CEMS

Anna Civitarese, MPH, Public Health Epidemiologist, CEMS

Christine Moniz, EMT, Field Technician, CEMS

Constance Ball, MPA, EMS Data Manager / Mobile Integrated Healthcare Coordinator, CEMS

Heather Seger, MSW, LICSW, QMHP, Behavioral Health Clinician, CEMS

Darren Danaie, CDC Public Health Associate, CEMS

Jodie Lavoie, Licensing Aide, Division of Customer Service

Special thanks

RIDOH Center for Public Health Communication

Center for Emergency Medical Services

Phone: 401-222-2401

Fax: 401-222-3352