

2020 Annual Report

Division of Preparedness, Response, Infectious Disease and EMS

Center for Emergency Medical Services

July 2021



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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 *2020 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 and ambulance services, inspection of ambulances, development of protocols for emergency medical treatment in the pre-hospital setting, management of statewide EMS data, establishment of educational requirements, and investigation and resolution of complaints.

In 2020, CEMS had the opportunity to work with internal and external partners to shape healthcare policy and improve delivery of care to all Rhode Islanders. CEMS collaborated with multiple partners to achieve many successes.

- 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*.
- The Rhode Island EMS Information System (RI-EMIS) continues to evolve and be enhanced. CEMS continues to collaborate with the health informatics team at the Executive Office of Health and Human Services (EOHHS) to share EMS electronic patient care record data with the State's Health Information Exchange (HIE). Also, CEMS developed a new partnership with Biospatial to analyze RI-EMIS data.
- The EMS for Children program received a new four-year award and supplemental funds to participate in a learning collaborative that enhanced the integration of pediatric coordinators in EMS agencies.
- CEMS incorporated a statewide learning management system (LMS) utilizing the Centers for Disease Control and Prevention (CDC) TRAIN LMS to manage continuing education for all license types.

CEMS staff are active participants of the Governor's Overdose Prevention and Intervention Task Force, the 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 because CEMS provides data for the Fatality Analysis Reporting System (FARS).

At the national level, three staff were active members of the National Association of State EMS Officials (NASEMSO):

- EMS for Children program manager Carolina Roberts-Santana continued to serve as the immediate past chair for Pediatric Emergency Care Council and the New England Regional Lead.
- CEMS Physician Medical Consultant Kenneth Williams, MD, remained as the immediate past chair of the Medical Directors Council.
- CEMS Chief Jason M. Rhodes was elected to the at-large position on the NASEMSO Executive committee, served on the Board of Directors, and as the chairperson for the East Region.

COVID-19 Public Health Response

The Center for Emergency Medical Services (CEMS) played an active role in the public response to the COVID-19 pandemic in 2020, providing a variety of services to the EMS community to keep the agencies and practitioners abreast of the most current information and guidance issued by RIDOH. While continuing to perform their assigned job functions, all CEMS staff were involved in the response, assisting the EMS community with handling this unprecedented effort.

- Established a virtual meeting twice a week for EMS agency leadership to provide updates;
- Amended EMS patient care protocols to better protect EMS practitioners;
- Created an [EMS protocol entitled Immunizations](#), allowing EMS practitioners to administer vaccinations during a declared State of Emergency; (see Section 6.10)
- Reminded EMS practitioners of personal protective equipment (PPE) policies and guidance;
- Published numerous EMS Advisory Notices to EMS agencies and practitioners;
- Provided consultation services via email, telephone, and virtual conferencing;
- Created a new section of [RIDOH's website](#) containing the most current COVID-19 guidance;
- Aided exposed practitioners in securing appointments for COVID-19 testing;
- Assisted EMS agencies with obtaining COVID-19 status of patients they attended; and
- Provided assistance to the Rhode Island Emergency Management Agency (RIEMA) to create Incident Action Plans for the field hospitals.

COVID-19 Related EMS Encounters

CEMS uses the software Biospatial to assess statewide trends in COVID-19 disease. Surveillance of COVID-19 related EMS runs includes patients whose medical history indicates lab-confirmed COVID-19 infection and/or meet criteria of a syndromic surveillance algorithm that assesses presence of symptoms of respiratory, gastro-intestinal, or influenza-like illness; travel history, and whether person is a close contact of a COVID-19 positive person.

There were 8,614 EMS patient run reports that met the criteria for a COVID-19 related incident, 5,597 of which were dispatched through the 9-1-1 response system. Providence County reported the highest volume of COVID-19 EMS runs (6,618), accounting for more than 75% of the COVID-19 EMS runs in the state. Male and female adults older than age 50 accounted for the largest burden of disease. The trends in COVID-19 cases over time mirror that of the Rhode Island epidemiological curve.

EMS practitioners in the state have access to the Biospatial platform and can analyze patient level information and geographic clusters of COVID-19 in their region. While the trends presented do not represent confirmed COVID-19 cases, the information can be used by state and local EMS to detect and prepare response against COVID-19.

Figure 1: COVID-19 EMS Encounters by Week, 2020

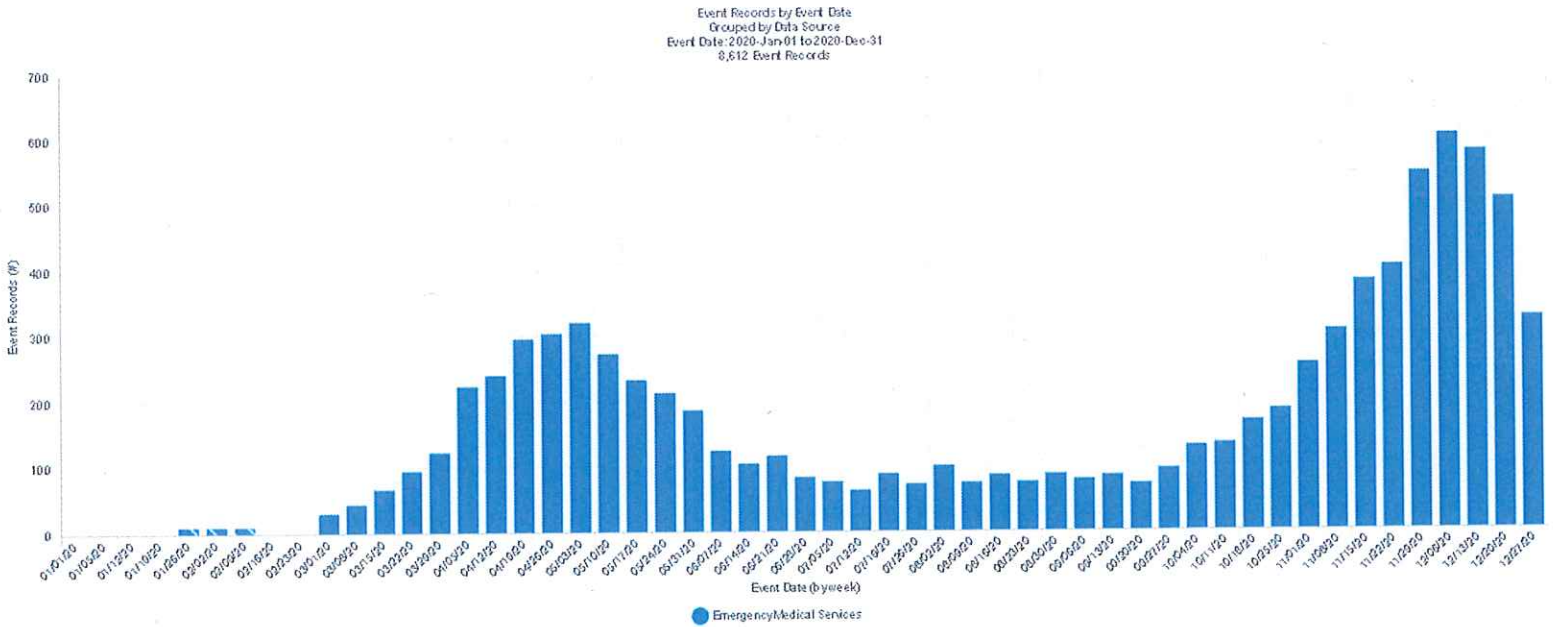


Figure 2: COVID-19 Syndrome Related EMS Run Count by Week Compared with Rhode Island COVID-19 Trends, 2020*

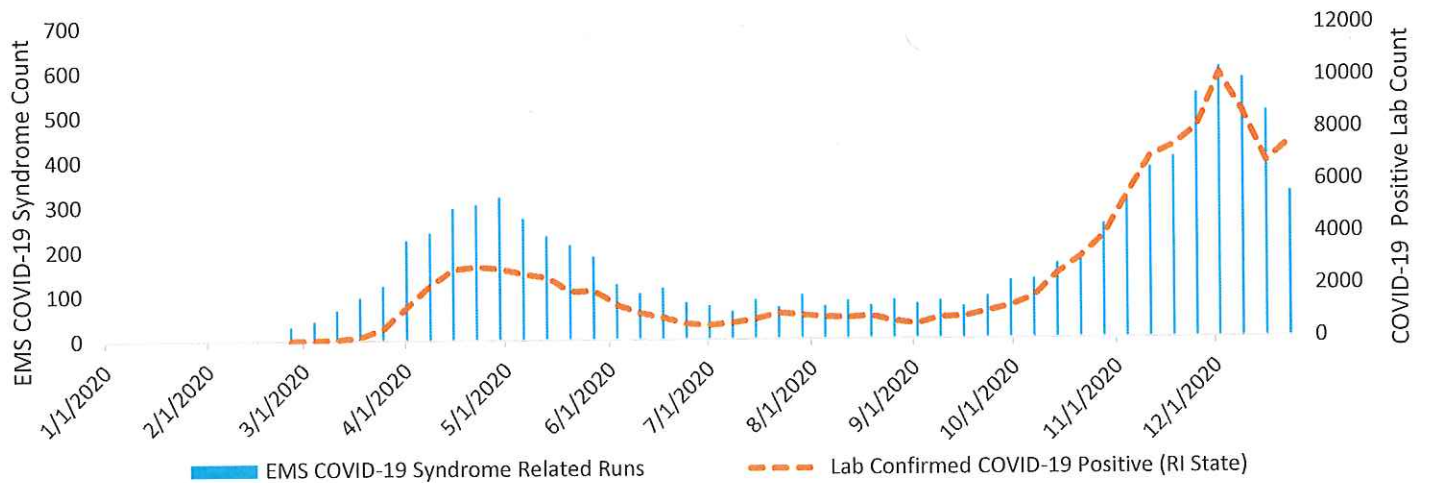
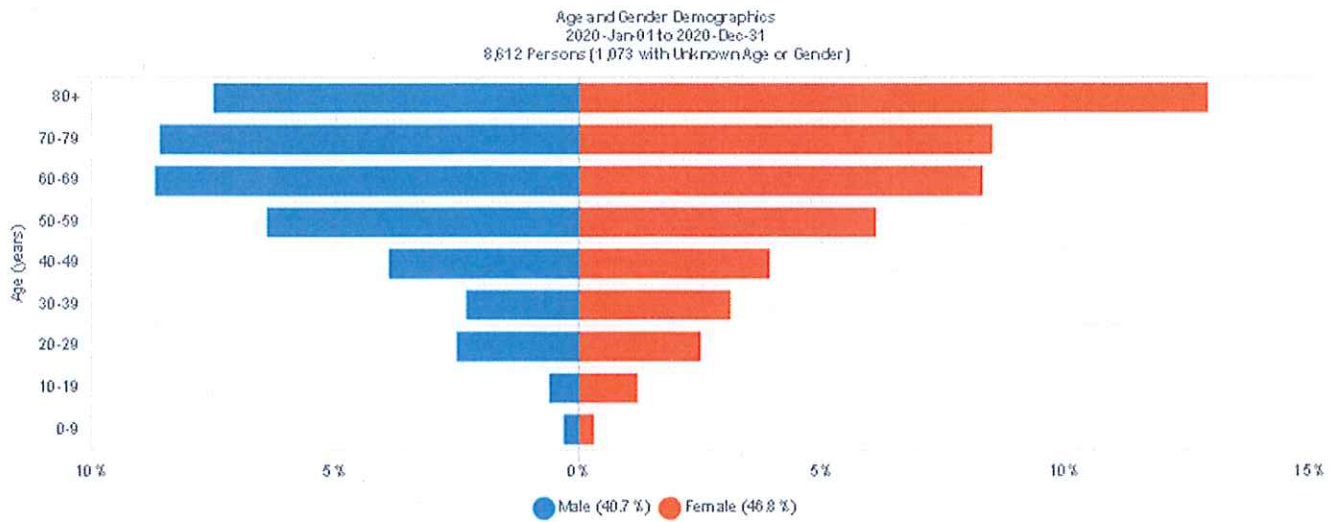


Figure 3: COVID-19 Related EMS Encounters by Patient Age and Sex, 2020



EMS Licensing Statistics

In 2020, CEMS staff licensed five Emergency Medical Responders (EMRs), 268 Emergency Medical Technicians (EMTs), one Advanced EMT, 125 Advanced EMT Cardiacs, and 47 Paramedics (Figure 4). Therefore, there are now a total of five EMRs, 2,032 EMTs, three Advanced EMTs, 2,301 Advanced EMT Cardiacs, and 541 Paramedics (Figure 5). CEMS staff also licensed 85 licensed EMS agencies (Table 1) and inspected 515 vehicles (Figure 6).

Figure 4: Number of Rhode Island EMS Practitioner Licenses Issued, By License Type, 2016 – 2020

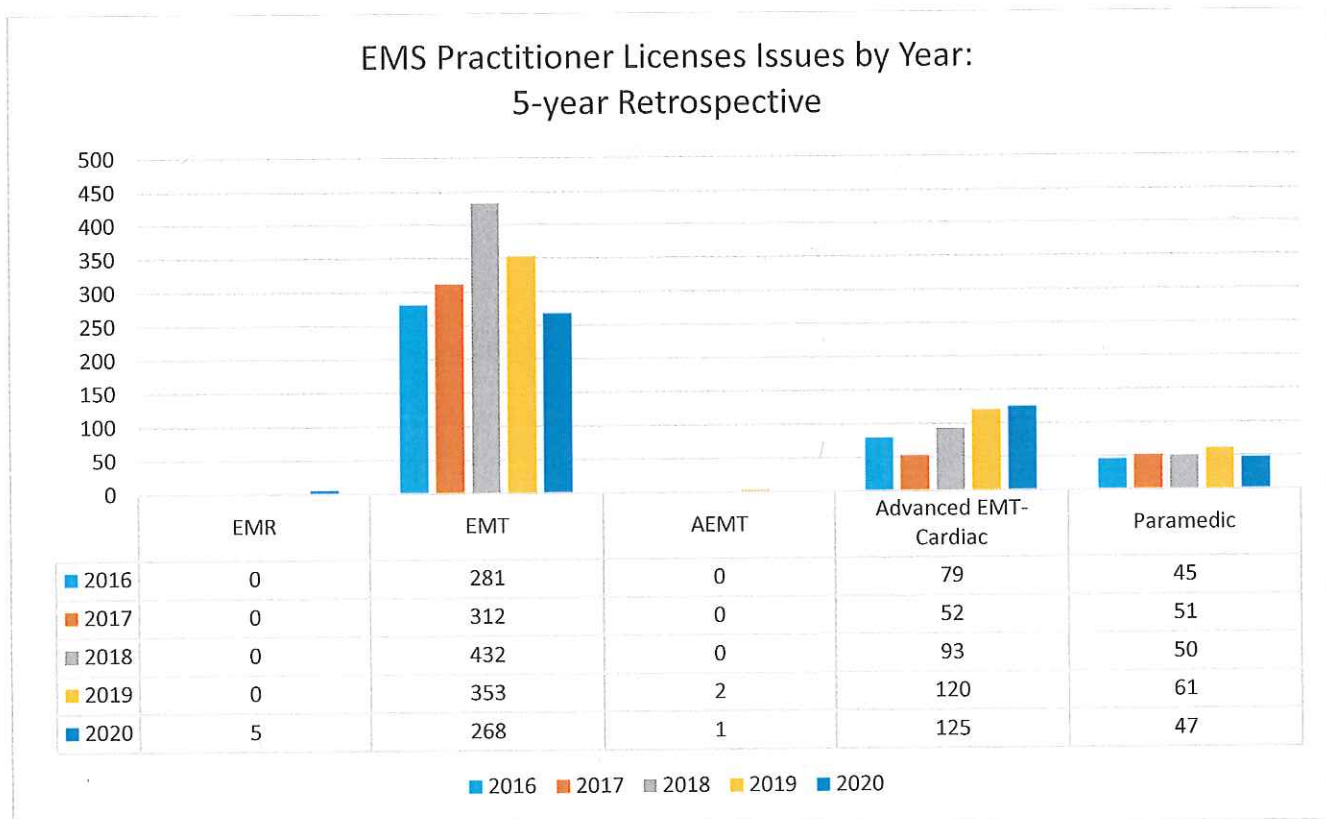


Figure 5: Number of Rhode Island EMS Practitioners Active Licenses, By License Type, 2016 – 2020

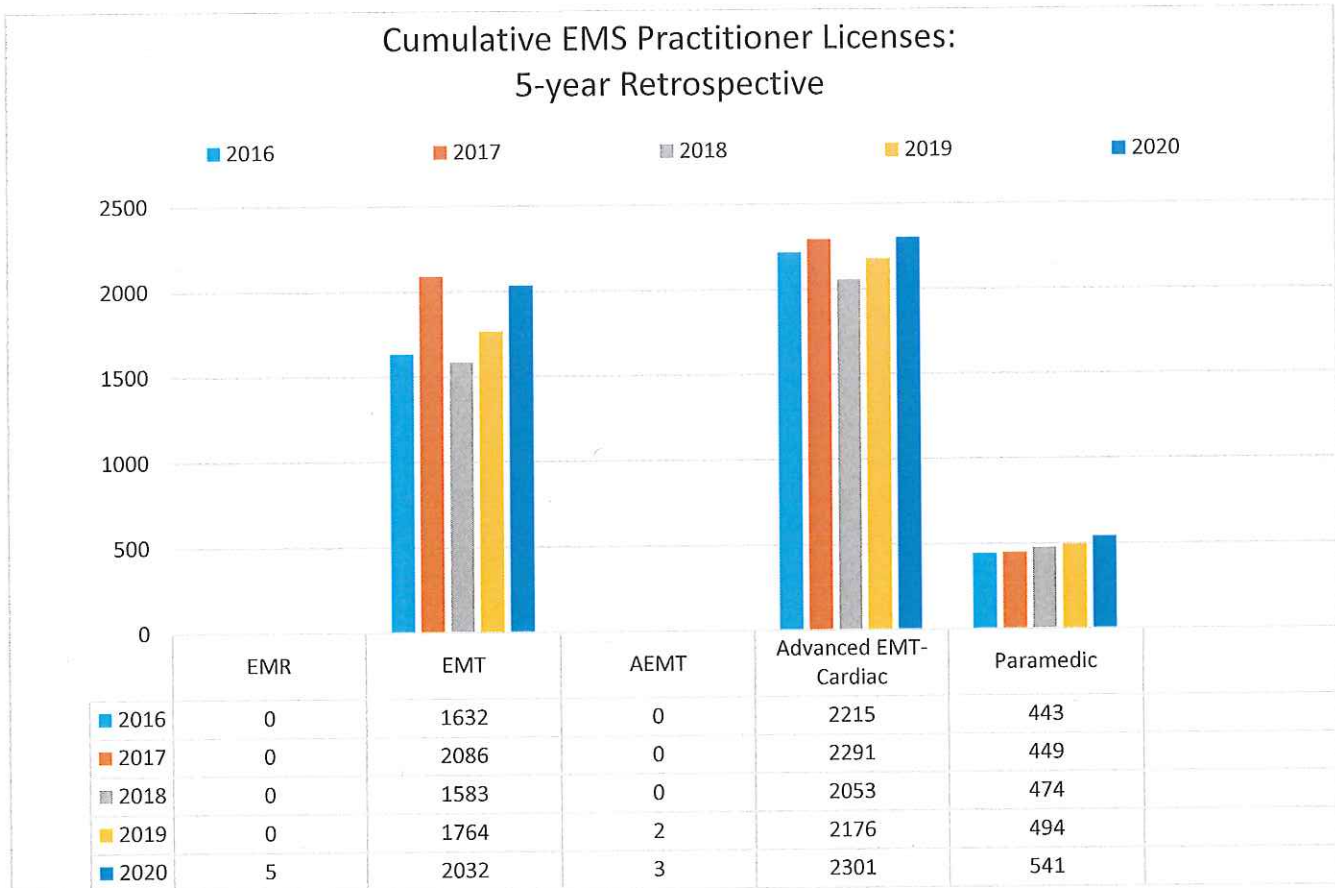
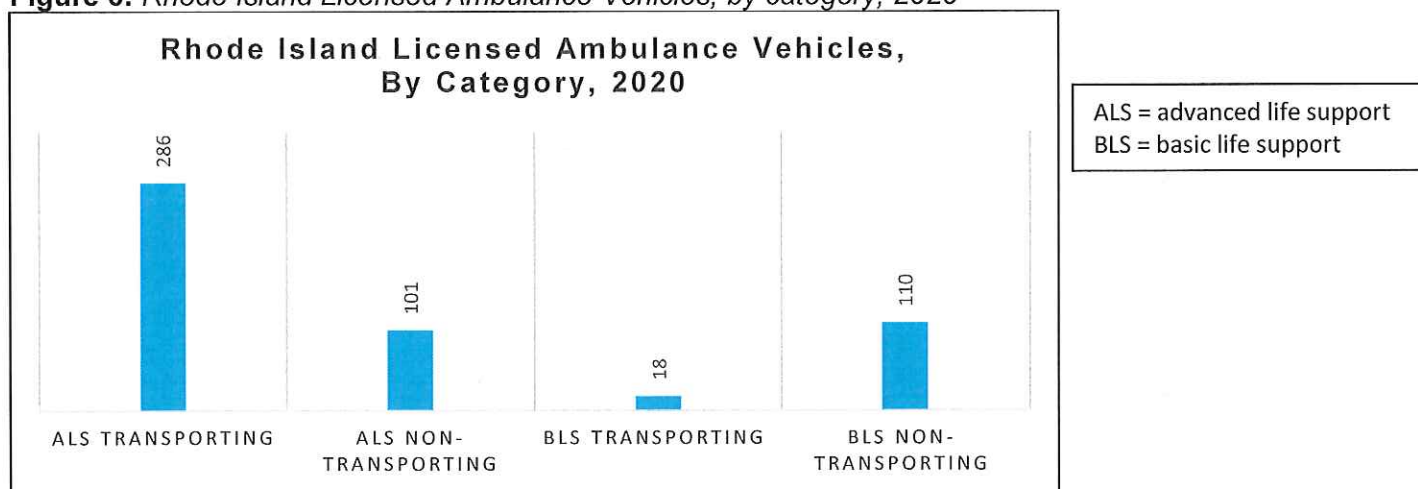


Table 1: Rhode Island Licensed Ambulance Services, By Category, 2020

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	12
Non-transporting	2
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 three licensed ambulance services from 2019.

Figure 6: Rhode Island Licensed Ambulance Vehicles, by category, 2020



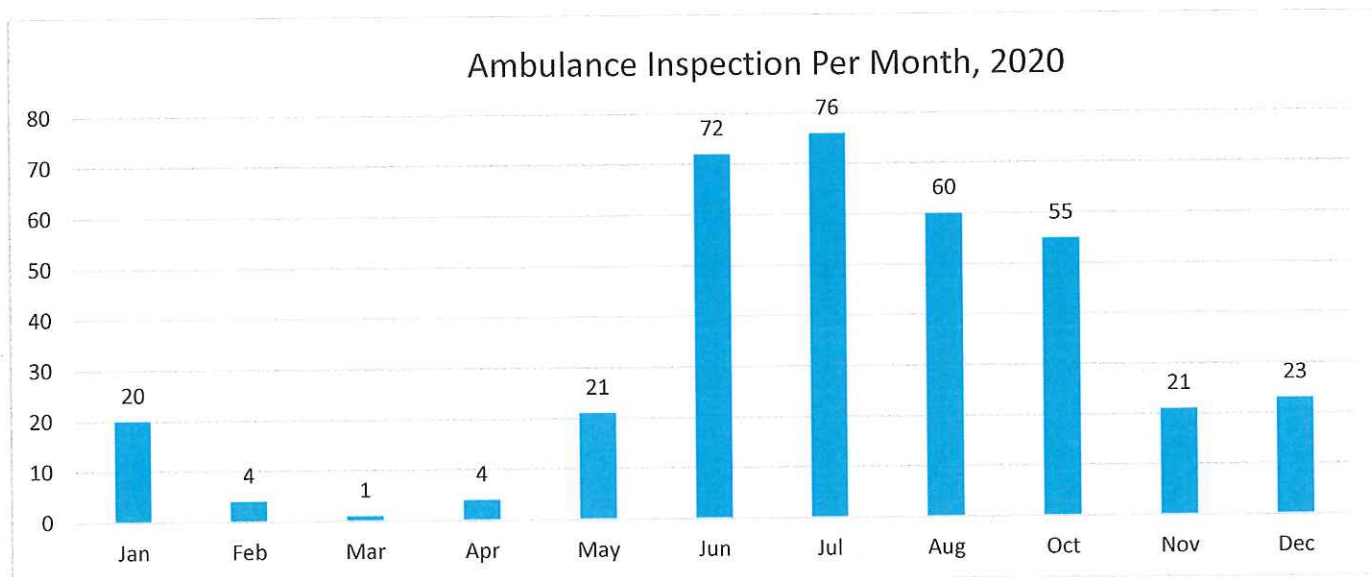
Note: Based upon the vehicle class (transporting versus non-transporting, basic life support versus advanced life support), each licensed ambulance is required to carry equipment as outlined in the Rhode Island EMS Regulations [216-RICR-20-10-2].

EMS Ambulance Vehicle Inspections

Ambulance services apply for licensure of their ambulance vehicles. To license ambulance vehicles, ambulance services must meet certain requirements, including complying with the equipment and supply requirements in § 2.12 of the 216-RICR-20-10-2 and correcting any deficiencies cited in the initial, or any other, inspection(s) before a license will be issued or renewed. To facilitate this process, every year, the EMS field technician is tasked with licensing and inspecting all ambulance vehicles in the State of Rhode Island.

Of note, on-site ambulance inspections were curtailed during the months of February, March, and April due to the COVID-19 pandemic. Only inspections of new ambulances were performed during that time.

Figure 7: Rhode Island Licensed Ambulance Vehicles, by Month, 2020



EMS Compliance and Investigations

A significant responsibility of CEMS is to investigate complaints which may result in disciplinary action. In 2020, EMS investigated 11 complaints against licensed EMS practitioners, EMS services, or ambulances.

Complaints originated from the general 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 disciplinary 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

EMS Learning Management System (LMS)

In June 2019, CEMS implemented a statewide learning management system (LMS) using the CDC TRAIN platform. The TRAIN platform allows staff to easily track learner progress and performance, approve courses, perform comprehensive data collection and analysis of delivered trainings, and deliver critical just-in-time trainings.

In 2020, an additional 924 EMS users registered for TRAIN bringing the total number of users to 1,167 by December 31, 2020. These users made 34,820 course registrations and 30,689 course completions during the year. In addition, CEMS approved 41 EMS instructor coordinators as course providers and approved 152 courses for EMS credit in the TRAIN LMS.

An additional benefit of the TRAIN LMS was the ability to use the system to host and distribute just-in-time trainings during the pandemic. A temporary *Patient evaluated, no transport required* protocol was developed by CEMS for EMS allowing EMS providers to not transport certain patients who were experiencing COVID-19 symptoms in the absence of acute distress or underlying medical conditions. A training was developed in collaboration with medical direction and was distributed to all EMS providers statewide. In total, 1,887 EMS providers completed this just-in-time training between April 15, 2020, and December 31, 2020.

EMS Continuing Education

RIDOH CEMS created and released updated educational topics for the Rhode Island Continued Competency Program (RI-CCP). These topics were considered and chosen in cooperation with EMS stakeholders to address current education needs and further CEMS's lifelong learning model. The topics are applicable to the 2019-2021 renewal period and are required for all EMS practitioner's license renewal.

CEMS utilized the TRAIN LMS to organize and disseminate trainings for the updated educational topics. To facilitate learning objectives and make the required topics easier to locate, training plans were created for all levels of EMS practitioners. EMS practitioners can use Training Plans to locate, register, and participate in CEMS-approved, in-person or online trainings for any of the RI-CCP topics. Additionally, CEMS and EMS practitioners can utilize TRAIN to monitor and track their completion of their required RI-CCP.

Due to the pandemic, the National Registry of Emergency Medical Technicians, and subsequently CEMS, removed the requirement for in-person learning for the remainder of the renewal cycle. To assist the EMS community in completing their educational requirements during a time of duress, CEMS, with assistance from stakeholders, created online courses for all the required RI-CCP topics. CEMS utilized the TRAIN LMS to make all these trainings available to Rhode Island EMS providers at no cost.

Table 2: Updated RI-CCP Educational Topics and Required Hours of Training

State component of CCP	EMR (4)	EMT (10)	AEMT (12.5)	AEMT-C (12.5)	Paramedic (15)
Mental Health First Aid	2	3	3	3	3
EVOC or Traffic Incident Management	0	2	2	2	2
CPR or ACLS	1	1	1	1	1
Pediatrics Skills	1	1	1	1	1
Documentation		1	1	1	1
Medication administration		1	1	1	1
Protocols		0.5	0.5	0.5	0.5
Regulations Update		0.5	0.5	0.5	0.5
ETCO2 (AEMT ONLY)			1	0	0
CHEMPACK			1	0	1
Helicopter EMS			0.5	0.5	0.5
Endotracheal Intubation and ETCO2				2	2
ToR protocol for paramedics					1.5
Total	4	10	12.5	12.5	15

Licensing of EMS Training Institutions

As of December 31, 2020, there were 17 licensed educational institutions in Rhode Island. Three paramedic education programs held a letter of review with the Committee on Accreditation for the EMS Professions (CoAEMSP) and one educational program in the state is fully accredited by CoAEMSP. A letter of review allows a paramedic program to operate, but they are required to obtain full accreditation to continue as a program.

EMS Data Management

In 2020, goals of CEMS were to continue to streamline processes for data extrapolation and cleaning, expand analytic capabilities, and disseminate findings to the EMS community and other stakeholders.

Rhode Island EMS Information Management System

The Rhode Island Emergency Medical Services Information System (RI-EMSIS) is the pre-hospital electronic patient care (ePCR) reporting system for CEMS operated by the ImageTrend Elite product. It is made available at no cost to Rhode Island EMS agencies to allow for submission of a patient care report on each patient encounter. Upon accepting a report into the State repository, ImageTrend exports de-identified records through a live data feed to three external partners: the National EMS Information System (NEMSIS), Biospatial, Inc., and CurrentCare, the Rhode Island health information exchange (HIE).

In 2020, funding was set aside to purchase the ImageTrend Elite statewide license which allows all EMS agencies to utilize RI-EMSIS through a single patient care reporting system. As of December 31, 2020, 64 of the 85 ambulance services used the State-supplied ImageTrend license; seven agencies utilized ImageTrend licenses separate from the State; and 14 employ third-party vendor data management products. In 2020, 208,821 NEMSIS v.3.4 records were submitted to RI-EMSIS.

National EMS Information System (NEMSIS)

NEMSIS compiles EMS data into publicly accessible dashboards which compare statewide aggregated data on performance measures such as, ST-Elevation Myocardial Infarction (STEMI), naloxone administration, motor vehicle crashes (MVC), and data quality. It also allows researchers to use nationwide EMS data to study and analyze current trends and practices.

Biospatial, Inc.

Biospatial is a cloud-based data visualization software which uses geospatial analysis to conduct syndromic surveillance to inform data-driven EMS response. Built-in dashboards can perform customized searches related to electronic patient care record (ePCR) analytics, EMS performance measures, data management, and syndrome-specific surveillance, such as opioid overdose and motor vehicle crashes.

Health Information Exchange (HIE)

The HIE admission, discharge, and transfer (ADT) system, known as RI CurrentCare, appends the pre-hospital patient care report to the patient's medical record to be accessed by authorized medical professionals.

Other internal and external partners

- The Governor's Overdose Prevention and Intervention Task Force
- Prevent Overdose RI
- Rhode Island Department of Transportation (RIDOT) Fatality Analysis Reporting System
- Office of the State Medical Examiners (OSME)
- OSME's Child Death Review Team
- RIDOH's Violence and Injury Prevention Program
- RIDOH's Center for Health Data Analysis
- First Responder Workgroup on Overdose Prevention
- Rhode Island Stroke Task Force
- Rhode Island State Police HOPE Initiative
- Physician researchers

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 2020, 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.
- **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 who are 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 Emergency Management Agency (RIEMA)**
- **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 worked 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.
- Other external partners include EMS agencies, hospitals, and educational institutions.

National Partners

- **National Association of EMS Officials (NASEMSO):** In 2020, three CEMS staff belonged to the leadership of 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

EMS Programs

Emergency Medical Services for Children

Grantor: Health Resources and Services Administration (HRSA)

Funding Amount: \$130,000 per year

Budget Period: 04/01/2020 – 03/31/2021

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

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 childcare, 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. EMSC also partners with local chapters of the American Academy of Pediatrics (AAP) and the American College of Emergency Physicians (ACEP), Family Voices, and other professional organizations to seek support and advice for the continued improvement of EMS care for children in Rhode Island.

Target Population

All children in Rhode Island that may require transport by EMS.

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, EMSC Advisory Committee, Ambulance Service Coordinating Advisory Board, Lifespan Simulation Center, Autism Project, Family Voices

2020 Program Successes

In 2020, the EMSC program awarded 16 EMS agencies with a Pediatric Skills Mini award to support projects that promote a process that requires EMS providers to physically demonstrate the correct use of pediatric specific equipment and pediatric education. The maximum award was \$4,950.

Awarded agencies

1. **Brown Emergency Medical Services** was awarded \$2,465.85 to purchase pediatric training equipment and build an EMS pediatric curriculum titled *Three Sepsis Scenarios in Pediatric Care*. There were 10 EMS practitioners trained.
2. **Charlestown Fire Department** was awarded \$4,720.29 to purchase pediatric equipment and train three instructors utilizing the HandTevy system training. Subsequently, 30 EMS practitioners will be trained.
3. **Cumberland Emergency Medical Services** was awarded \$4,898.50 to purchase pediatric equipment to train 24 EMS practitioners.

4. **East Providence Fire Department** was awarded \$4,950 to purchase training materials and fund four instructors to participate in HandTevy system training.
5. **Harmony Fire Department** was awarded \$4,945 to purchase pediatric equipment and train 67 EMS practitioners to utilize the HandTevy system and other pediatric simulation training.
6. **Harrisville Fire Department** was awarded \$4,950 to purchase pediatric equipment and train 22 EMS practitioners to utilize the HandTevy system and other pediatric simulation training.
7. **Hianloland Fire Department** was awarded \$4,950 to purchase pediatric equipment and train 17 EMS practitioners.
8. **Kingston Fire District** was awarded \$4,950 to develop curriculum and encourage EMS practitioners to enhance pediatric simulation skills. There were 72 participants trained.
9. **Lincoln Fire Department** was awarded \$4,832 to train 18 EMS practitioners to utilize the HandTevy system.
10. **Narragansett Fire Department** was awarded \$4,903.56 to purchase pediatric equipment for pediatric simulation training. There were 32 EMS practitioners trained.
11. **Providence Fire Department** was awarded \$4,950 to provide simulation training to Providence EMS practitioners.
12. **Smithfield Fire Department** was awarded \$3,974.53 to purchase pediatric equipment for pediatric simulation training.
13. **South Kingstown Emergency Medical Services** was awarded \$4,574.76 to purchase pediatric equipment and train 20 EMS practitioners to utilize the HandTevy system and other pediatric simulation training.
14. **Warwick Fire Department** was awarded \$4,950 but did not complete grant requirements.
15. **Warren Fire Department** was awarded \$3,347.51 to purchase pediatric equipment and train 20 EMS practitioners.
16. **Western Coventry Fire Department** was awarded \$4,325.03 to purchase pediatric equipment and train 21 EMS practitioners to utilize the HandTevy system and other pediatric simulation training.

First Responder's Project to Combat Opioid Overdoses in Rhode Island

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

Funding Amount: \$800,000 per year

Budget Period: 09/30/2019 – 09/29/2020

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

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 who 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 Rhode Island residents who 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), Medical Reserve Corps Naloxone Overdose Prevention Education (NOPE) Program, Rhode Island State Police Heroin Opioid Prevention Effort (HOPE) Initiative.

Program Successes

- Thirty-one (79.5%) law enforcement agencies engaged in the CARA program and signed a memorandum of agreement.
- CEMS established policies for law enforcement agencies (LEAs) to replace expired naloxone kits with CARA naloxone and worked with RIDOH's Naloxone Workgroup to approve policies for LEAs to redistribute expiring naloxone to local community recovery agencies.
- In 2020, law enforcement officers (LEOs) administered naloxone in 236 suspected overdose events and discharged 343 4mg intranasal (IN) doses of naloxone.
- Most of the patients (80%) were revived by first responders' naloxone; 4% indicated fatal outcome (suspected but unconfirmed) as reported by LEOs; 17% of patients' condition did not improve, but the outcome was unknown.
- EMS agencies are an integral part of first responder response, substantiated by 91% of overdose patients revived by LEOs being transferred into EMS care.
- Of the 214 overdose patients whom LEOs reported were transported by EMS, 150 were linked to EMS patient care reports.

- Persons whom LEOs reverted were most frequently males (69%) and were in the 25-34 age range (40%). These demographics align with statewide trends in opioid overdose as measured by the hospital emergency department data.
- The grant succeeded in training 548 LEOs from 10 agencies in naloxone administration and response during 2020, totaling 663 LEOs trained in 2019 and 2020.
- Of the 548 LEOs trained in 2020, 456 (83%) completed a course evaluation form.
- Prior to the training, 61% of participants indicated they knew how to administer naloxone; following the training, 94% of participants ranked themselves as knowledgeable or higher.
- Confidence in LEO's ability to administer naloxone also increased following the training, with confident/very confident ability increasing from 85% pre-training to 98% post-training.
- Among officers completing a post-training survey, the majority (61%) self-reported zero naloxone administrations in the past 12-months, whereas 36% administered naloxone 1-5 times, and 3% claimed to have administered naloxone on more than 6 occurrences in the same time frame.
- RISP HOPE received reports of 149 LEO naloxone administrations, of which 107 correlated with CARA LEO naloxone administrations and 73 ultimately accepted referral to recovery services.
- Despite COVID-19 pandemic pause, the project director participated in internal and external opioid related meetings:
 - First Responder's Work Group
 - Data Overdose Strategic Exchange (DOSE)
 - Governor's Task Force Meeting
 - Rhode Island Opioid Drug Overdose Grants Group
 - Naloxone Workgroup
 - Drug Overdose Prevention Program Team Meeting

Appendix A: Ambulance Service Coordinating Advisory Board

Member	Representing	Role
John Potvin, NRP	RI State Association of Firefighters	Chair
Michael DeMello, NRP	Bristol County EMS	Vice Chair
Raymond Medeiros, AEMT-C	RI State Association of Firefighters	Secretary
James Richard, NRP	RI State Association of Firefighters	Member
Gillian Cardarelli, NRP	Providence County, career EMS	Member
Kimberly Perrault, AEMT-C	Providence County, volunteer EMS	Member
Jason Umbenhauer, AEMT-C	Kent County EMS	Member
Bethany Gingerella, RN, NRP	Washington County EMS	Member
Randall Watt, AEMT-C	Newport County EMS	Member
Lynne Palmisciano, MD	American Academy of Pediatrics	Member
Joseph Lauro, MD	American College of Emergency Physicians	Member
Michael Connolly, MD	American College of Surgeons	Member
Kenneth Williams, MD	Rhode Island Medical Society	Member
Dawn Lewis, PhD, RN	Hospital Association of Rhode Island	Member
John Pliakas, APRN, NRP	Emergency Nurses Association	Member
Andrew Pappas, NRP	Private EMS	Member
Adam Reis, RN, EMT	Private EMS	Member
Scott Partington, AEMT-C	Rhode Island Association of Fire Chiefs	Member
Albert Peterson, AEMT-C	Public member	Member
Kathleen Barton	Public member	Member
Paul Casey, AEMT-C	Rhode Island House of Representatives	Member
Keith Calci, AEMT-C	Rhode Island House of Representatives	Member
Zachariah Kenyon, AEMT-C	Rhode Island Senate	Member
The Hon. Joseph Polisena, RN, AEMT-C	Rhode Island Senate, municipal mayor	Member
Lori Poirier, NRP	Rhode Island State Firemen's League	Member

Committees

- Rules and Regulations Committee
- Educational Standards Committee
- Legislation Committee
- Medical Affairs Committee
- EMS Culture of Safety Committee
- Data Management Committee
- Controlled Substances Committee
- EMS Dispatch Committee
- EMS for Children Committee
- Falls by the Elderly Committee

Appendix B: Rhode Island EMS Information System (RI-EMSIS) Data

At the time of publication, RI-EMSIS contained 208,821 ePCR records that were submitted in 2020. Elements of the EMS run reports are presented below.

Statewide EMS Encounter Data

Figure 8: Time-Sensitive Related EMS Encounters, 2020

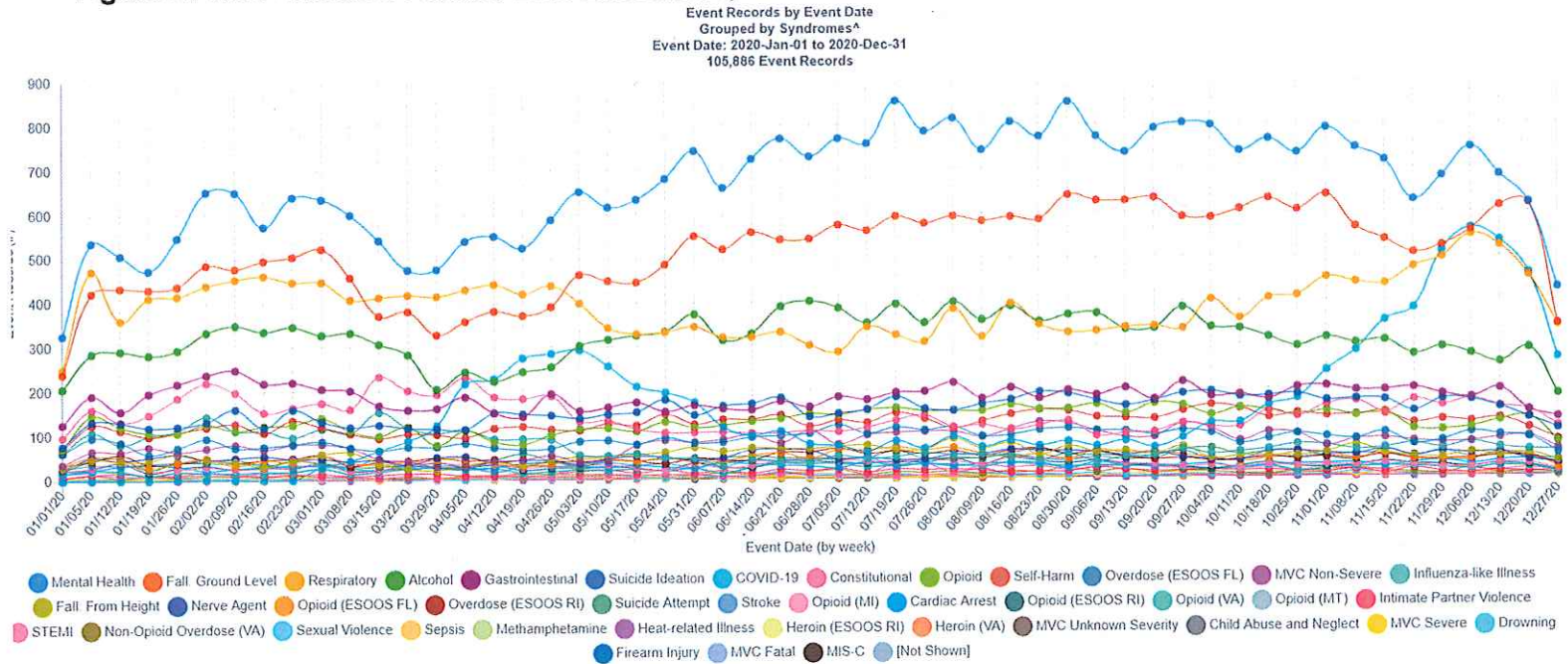
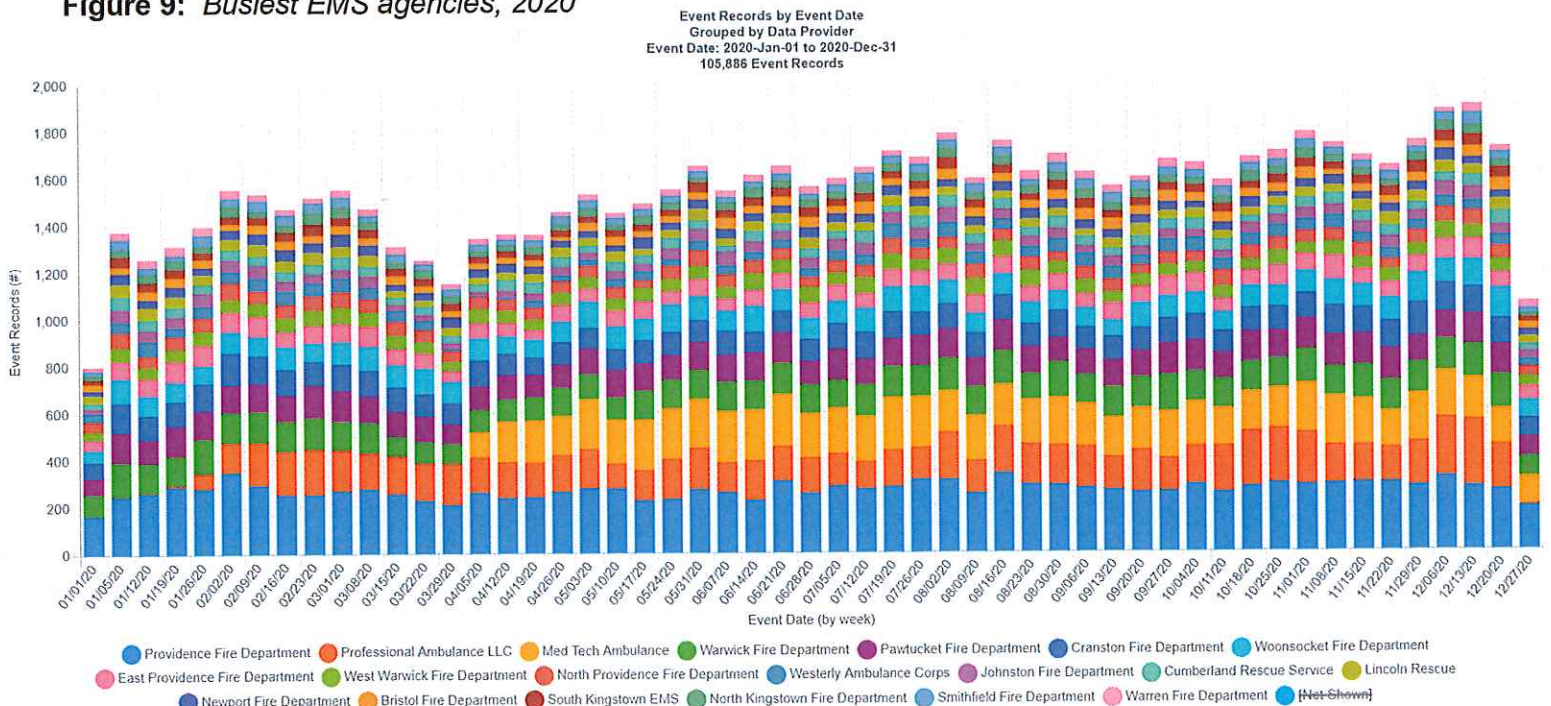


Figure 9: Busiest EMS agencies, 2020



Stroke Related EMS Encounters

The Biospatial software defines an EMS incident as stroke-related if the primary or secondary impression field includes an ICD-10 code associated with a cerebrovascular incident (CVA) or when stroke scale score indicates a positive stroke assessment. In 2020, Rhode Island EMS agencies responded to 1,793 9-1-1 response calls related to stroke. Females and males older than 60 comprise the population most frequently involved in stroke-related EMS incidents. The average time duration from call to destination for stroke patients was 35 minutes. Rhode Island Hospital (RIH) is the primary destination for stroke patients in the state; 1,054 (58.6%) of stroke-related EMS runs used RIH as the destination facility.

Figure 10: Stroke-Related EMS Encounters by Patient Age and Sex, 2020

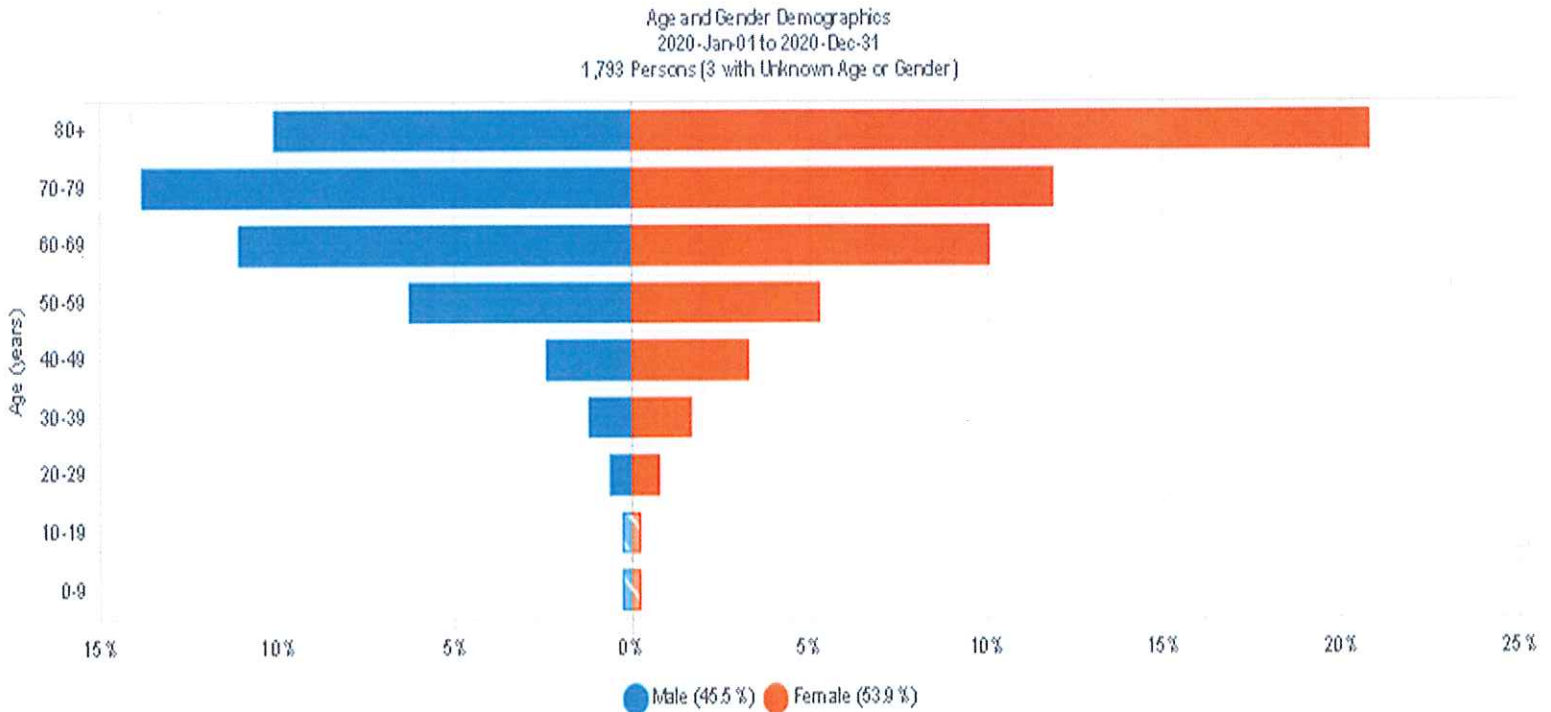


Figure 11: Stroke-Related EMS Encounters by Week, 2020

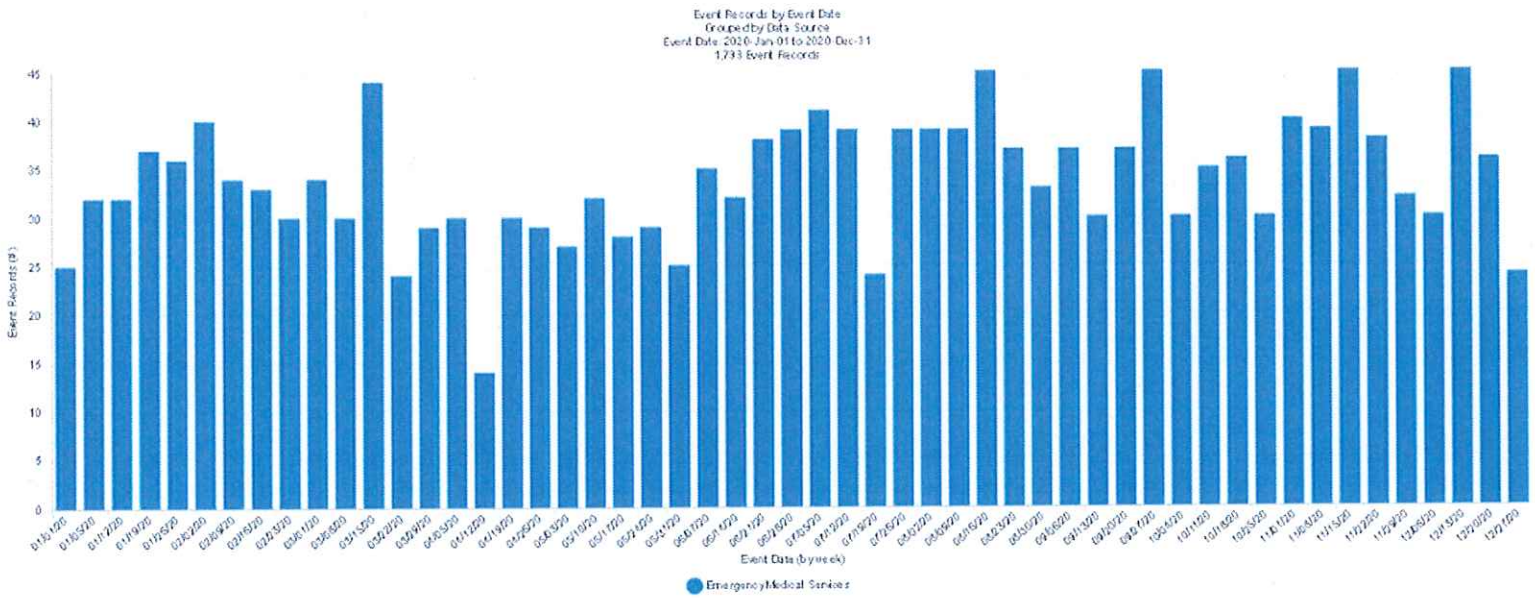
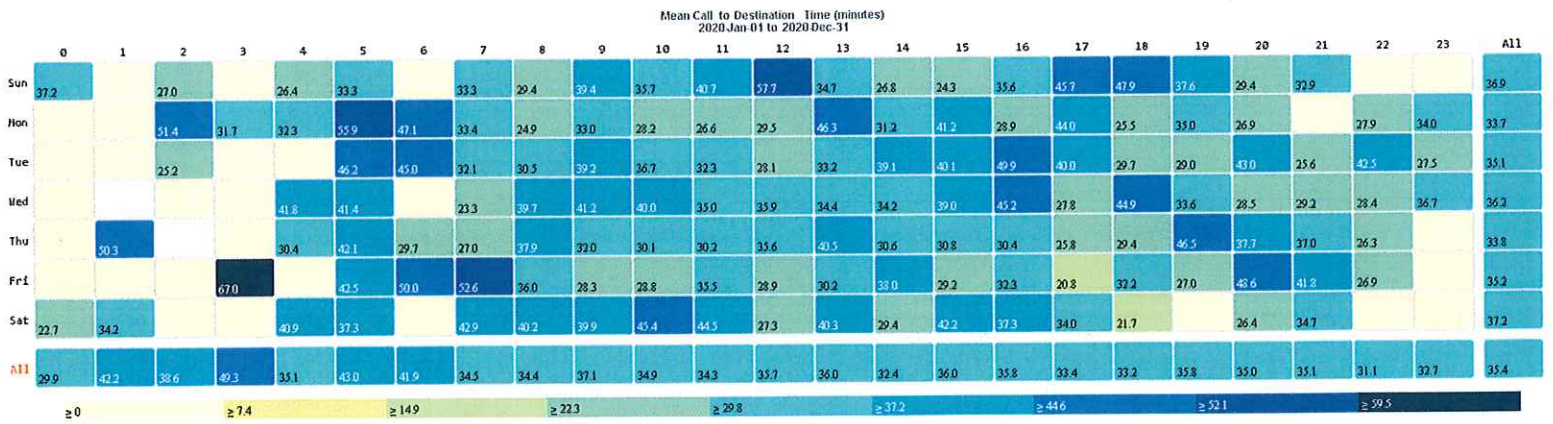


Figure 12: Stroke-Related EMS Runs Average Time Duration from Call to Destination, 2020



Cardiac Arrest-Related EMS Encounters

Figure 13: Cardiac Arrest-Related EMS Encounters by Patient Age and Sex, 2020

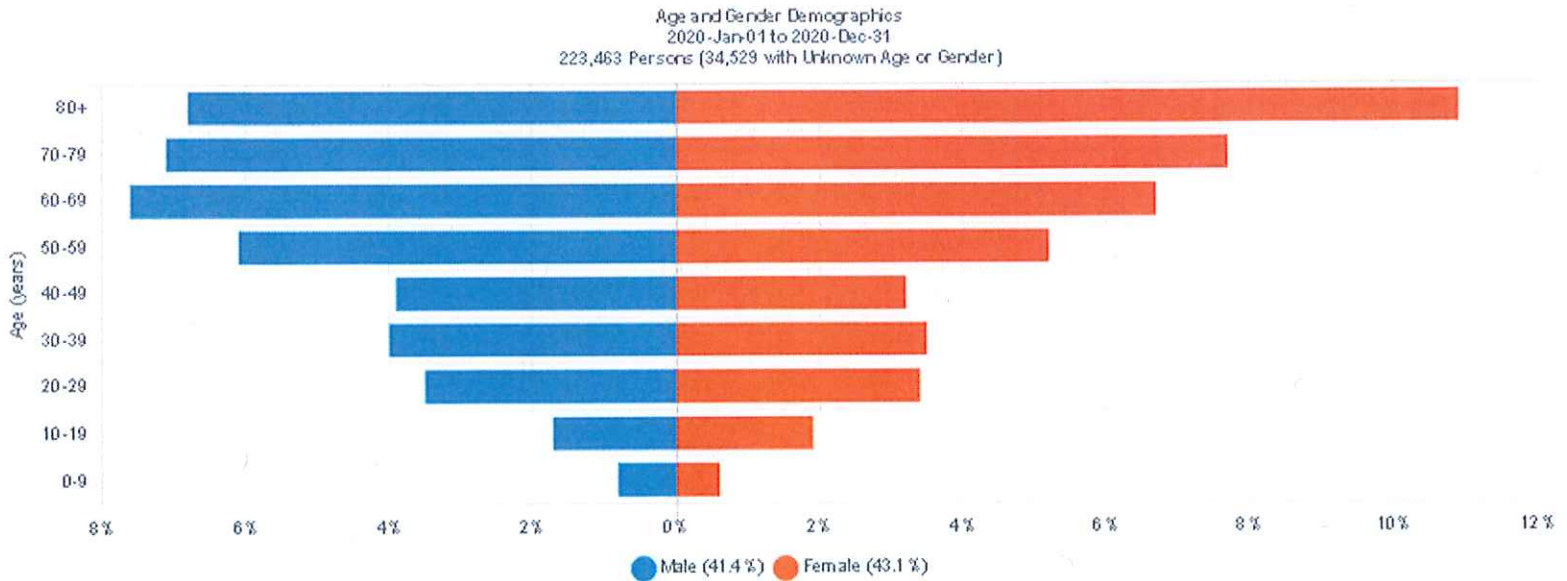
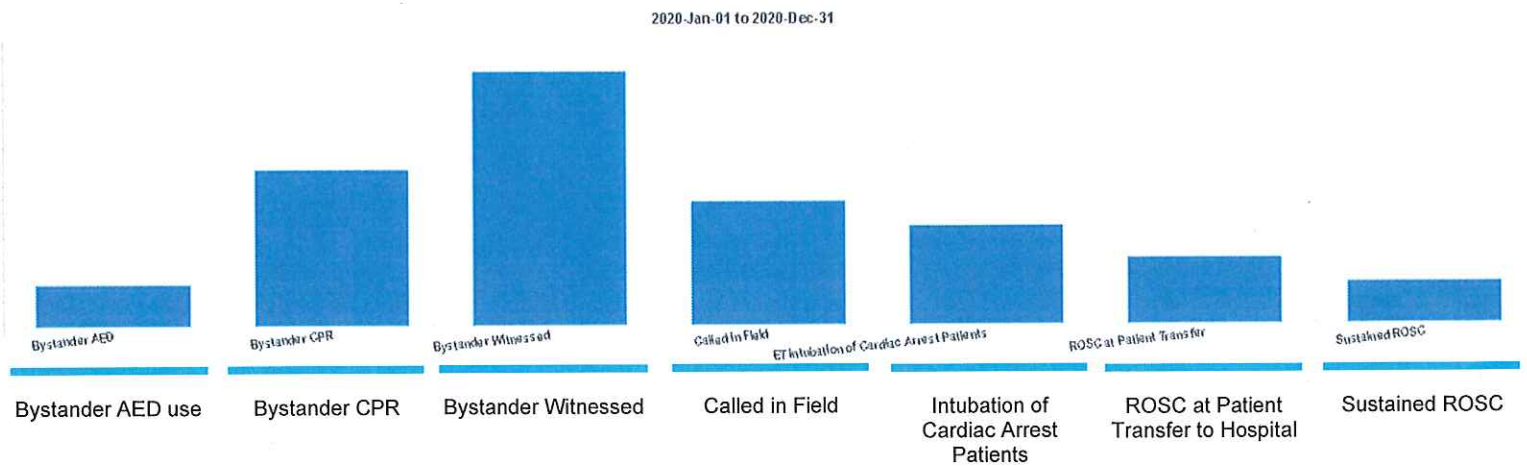


Figure 14: Cardiac Arrest-Related EMS Encounters with Bystander Metrics, 2020



Note: ROSC is return of spontaneous circulation

Appendix C: First Responders Grant Tables

**Table 2. Naloxone Distribution, Agencies Participating in CARA Activities, 2020
(10/1/2019 – 9/30/2020)**

Agency Name	Month-Year MOA	LEO	Naloxone Kits	Month-Year Received Naloxone	Months Reporting YR2
Barrington Police Department	April-19	26	36	June-19	12
Bristol Police Department	April-19	40	48	May-19	12
Burrillville Police Department	April-19	25	36	June-19	12
Central Falls Police Department	February-20	40	24	February-20	8
Charlestown Police Department	May-19	25	36	June-19	12
Coventry RI Police Department	April-19	57	60	May-19	12
Cranston Police Department	April-19	154	168	August-19	12
Cumberland Police	September-20	49	72	September-20	1
East Greenwich Police Department	August-19	34	48	August-19	12
East Providence Police Department	August-19	95	60	August-19	12
Jamestown Police Department	April-19	15	24	June-19	12
Johnston Police Department	April-19	67	72	September-19	12
Lincoln Police Department	May-19	37	36	June-19	12
Little Compton Police Dept	April-19	10	12	June-19	12
Middletown Police Department	April-19	40	48	June-19	12
Narragansett Police Department	April-19	41	48	June-19	12
North Providence Police Department	October-19	66	72	October-19	12
North Smithfield Police Department	April-19	30	36	May-19	12
Pawtucket police Department	May-19	141	144	July-19	12
Portsmouth Police Department	April-19	35	36	June-19	12
Providence Police Department	April-19	430	516	May-19	12
Scituate Police Department	April-19	17	24	May-19	12
Smithfield Police Department	August-19	42	48	August-19	12
South Kingstown Police Department	May-19	54	60	August-19	12
State Police	August-19	227	276	January-20	9
Tiverton Police	April-19	31	36	August-19	12
Warren Police Department	April-19	24	24	June-19	12
Warwick Police	July-19	175	192	August-19	12
West Greenwich Police	April-19	14	24	August-19	12
West Warwick Police Department	April-19	51	60	June-19	12
Woonsocket Police Department	August-19	100	120	September-19	12

Table 3

Law Enforcement Agency	Admin Events	4mg IN Doses Administered	\bar{x} mg Narcan Administered	Condition Improved			EMS Transport		EMS Record Linkage
				Y	N	U	Y	N	Y
Barrington Police Department	0	0	0	0	0	0	0	0	0
Bristol Police Department	7	11	6.29	4	3	0	3	4	5
Burrillville Police Department	8	13	6.50	8	0	0	8	0	6
Central Falls Police Department	1	0	0	1	0	0	1	0	1
Charlestown Police Department	6	6	6.00	4	2	0	6	0	5
Coventry RI Police Department	10	13	5.78	7	2	1	9	0	6
Cranston Police Department	7	10	5.71	6	1	0	6	1	4
Cumberland Police Department	1	2	8.00	1	0	0	1	0	1
East Greenwich Police Department	1	1	4.00	1	0	0	1	0	0
East Providence Police Department	18	21	4.67	6	12	0	16	2	9
Jamestown Police Department	0	0	0	0	0	0	0	0	0
Johnston Police Department	2	2	4.00	2	0	0	2	0	3
Lincoln Police Department	1	2	8.00	1	0	0	1	0	1
Little Compton Police Department	1	5	20.00	1	0	0	1	0	0
Middletown Police Department	2	5	10.00	2	0	0	2	0	1
Narragansett Police Department	6	7	4.67	4	2	0	5	1	3
North Providence Police Department	4	7	7.00	3	1	0	3	1	3
North Smithfield Police Department	16	33	8.25	13	2	1	15	1	13
Pawtucket police Department	17	19	4.47	16	1	0	16	1	11
Portsmouth Police Department	1	1	4.00	1	0	0	1	0	1
Providence Police Department	21	38	7.24	15	3	3	16	2	9
Scituate Police Department	1	1	4.00	0	1	0	1	0	1
Smithfield Police Department	1	1	4.00	1	0	0	1	0	0
South Kingstown Police Department	19	27	5.68	16	1	2	17	0	16
State Police	15	15	4.00	15	0	0	14	1	0
Tiverton Police	0	0	0	0	0	0	0	0	0
Warren Police Department	3	4	5.33	3	0	0	3	0	3
Warwick Police	28	45	6.43	25	3	0	27	1	18
West Greenwich Police	2	5	10.00	0	2	0	2	0	1
West Warwick Police Department	6	8	5.33	6	0	0	6	0	5
Woonsocket Police Department	31	41	5.29	26	5	0	30	1	24
Total	236	343	5.91	188	41	7	214	16	150

Table 4. RIEMSIS Patient Demographics, Persons Whom LEO Administered Naloxone, 2020(N=236)

Patient Demographics	Condition Improved			Total
	Yes	No	Unk.	N
Age				
18-24 years	24	3	0	27
25-34 years	55	6	0	61
35-44 years	35	8	0	43
45-54 years	7	4	2	13
55-64 years	5	1	0	6
≥ 65 years	0	0	0	0
Missing				86
Gender				
Female	41	5	0	46
Male	85	17	2	104
Missing				86
Race				
Black/African American	0	1	0	1
Hispanic or Latino	1	1	0	2
White	14	7	1	22
Not Recorded	42	4	0	46
Missing				165

Table 5a: Naloxone Training Evaluation Results, 2019-2020
(10/1/2018 – 9/30/2020)

Training Evaluation	LEO Response	
	2019	2020
Total Attendees	115	548
Attendees Completing Evaluation	97	456
Agency		
Barrington PD	19	15
Bristol PD	32	33
Coventry PD	-	39
Jamestown PD	-	20
Little Compton PD	8	-
Narragansett PD	-	26
Portsmouth PD	25	15
Providence PD	-	85
Smithfield PD	-	-
South Kingstown PD	-	50
Warren PD	-	26
Warwick PD	-	136
West Greenwich PD	13	-
West Warwick	-	44
Basic Life Support (BLS) Certified		
No	30	165
Yes	63	264
If yes, BLS Certification in Past 12 months		
No	6	31
Yes	31	113
Administered Naloxone, Past 12 months		
Never	83	276
1-5 times	11	160
6-10 times	3	12
More than 10 times	-	3
Information or Skills Gained		
None	5	59
Administering opioid overdose reversal drugs	52	200
Local resources for treatment and harm reduction	53	234
Recognizing the signs of an overdose	53	186
Other	2	-
Anticipated Barriers/ Challenges to Narcan Administration		
None	2	157
Cost	13	43
Lack of resources	12	34
Insufficient training	3	8
Issues related to the incident scene	24	124
Patient compliance issues	21	113
Lack of time to assess patient	6	29

Table 5b: Pre-Post Naloxone Training Assessment, 2019-2020 (10/1/2018-9/30/2020)

	YR1				YR2			
	Pre-Training		Post-Training		Pre-Training		Post-Training	
	N	%	N	%	N	%	N	%
Level of Knowledge Regarding Naloxone								
No knowledge/ Barely any knowledge	17	17.5	0	0	15	3.3	1	0.2
Neutral	45	46.4	10	10.5	163	35.8	29	6.4
Knowledgeable/Very Knowledgeable	35	36.1	85	89.5	277	60.9	423	93.4
Confidence in Naloxone Administration								
Very unconfident/unconfident	4	4.1	1	1.1	12	2.6	2	0.04
Neutral	35	36.1	5	5.3	54	11.9	8	1.8
Confident/Very confident	58	59.8	89	93.7	389	85.5	441	97.8

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