

# Division of Emergency Medical Service 2022 Annual Report

#### Justin M. Bibb

Mayor

Karrie D. Howard Chief Director Public Safety Officer

**Orlando D. Wheeler** Interim Commissioner of EMS

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#### **Commissioner's Message**



On behalf of the members of the Division of Emergency Medical Service (EMS), I am honored to present the Annual Report for 2022. The residual effects of COVID continue loom, the Division of EMS has maintained our special relationships with the community and our healthcare partners to address the challenges, by providing exceptional pre-hospital medical care to the citizens and visitors during these demanding times. EMS also continued to explore ways to expand our skills and stay ahead of the constantly changing landscape of pre-hospital emergency medicine.

The Division of EMS members have remained steadfast on our mission to optimize our customer service to ensure quality service from the time the incoming 911 call was

answered, to dispatching of the ambulance, to rendering emergency care and the transfer of care to a higher level at the emergency departments.

The Division of EMS transitioned to the Northeast Ohio Regional EMS Protocols in 2021 and continues to operate under the same protocols that are updated as changes occur. The pre-hospital medical protocols are utilized by majority of EMS and Fire agencies in northeast Ohio and are the efforts of a collaboration of the local Medical Directors, EMTs, Paramedics, Nurses, Pharmacists and EMS Educators representing all the local health systems and EMS agencies. By utilizing these protocols, it is a step in regional collaboration but more importantly, improves patient safety by aligning all providers on common medications, dosages, and procedures. The Division has also benefited from the purchase and use of the Autopulse a device that aids in the delivery of CPR with outstanding results.

In 2023, the Division will continue to recruit and hire qualified candidates for the EMT Cadet Academy and Emergency Medical Dispatcher (EMD) training. EMS is also still receiving new ambulances that was approved through the ARPA funds for 2022 to modernize our fleet.

I want to thank all the members of the Cleveland Division of Emergency Service for their hard work, dedication and commitment to the citizens and visitors of Cleveland, they are very fortunate to have you caring for them.

Sincerely,

0500

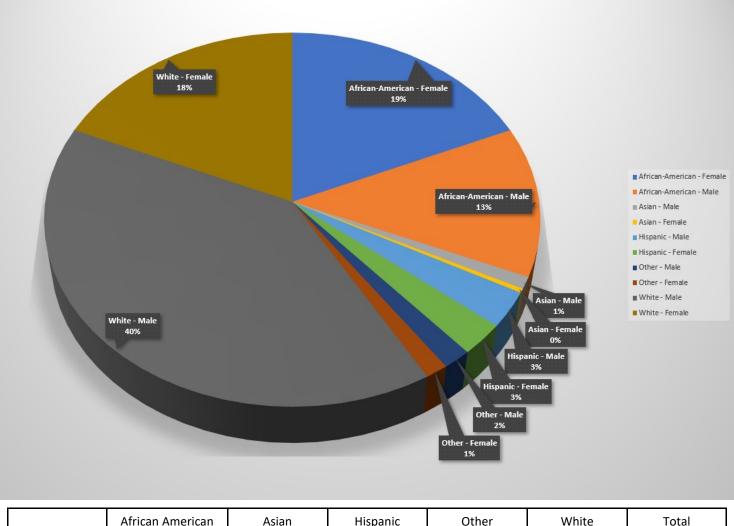
Orlando D. Wheeler, Interim Commissioner

### 2023 Budgeted Finances

	2023 Estimated Budget at of
	11-1-22
5005 - Full Time	16,286,445
5040 - Military Lea	0
5050 - Part-Time	0
5055 - Injury Pay	0
5060 - Student Trai	504,000
5075 - Uniformed Ov	0
5080 - Longevity	103,150
5083 - Wage Settlem	0
5085 - Separation P	125,000
5084 - Vacation C	0
5090 - Overtime	4,000,000
5095 - Deferred OT	102,500
510 - Salaries	21,121,095
5110 - Hospitalizat	3,247,642
5112 - Prescription	674,310
5115 - Dental	178,107
5116 - Vision Care	28,692
5120 - PERS	2,937,201
5131 - FICA Medicar	306,023
5140 - Workers' Com	426,114
5150 - Life Insuran	16,426
5160 - Unmplymnt Co	15,000
5170 - Clothing All	140,458
5175 - Clothing Mai	92,803
515 - Benefits	8,062,776
6210 - Travel	10,000
6220 - Tuition&Reg	320,000
6225 - Other Traini	25,000
620 - Oth Trng	355.000
6300 - Brkrd Gas Sp	4,785
6314 - Gas	2,856
6315 - ElecCPP	6
6316 - ElecOTH	( ) 2,262
625 - Utilities	9,909
6320 - Prof Srvc	50,000
6321 - Court Report	1,000
6322 - Referee Serv	15,000
6329 - Janitorial S	20,000
6331 - Medical Serv	2,000
6345 - Prkng CtyFac	1,500
6360 - Property Ren	0
6380 - Other Contra	20,000
630 - Contractual	109,500

6410 - Office Suppl	10,000
5411 - Postage	2,500
5414 - Computer Hdw	10,000
5440 - Clothing	52,000
5450 - Hardware&Too	200
6457 - Electrical S	1,500
6460 - Clean Supply	35,000
6470 - Medical Supp	500,000
6474 - Medical Equi	200,000
6476 - Prntd Materi	40,000
6480 - Other Suppli	500
6487 - Safety Equip	300,000
6488 - Pharmaceutic	750,000
6495 - Batteries	30,000
5499 - JIT Offc Sup	5,000
640 - Materials	1,936,700
6612 - Maint Contra	365,000
6615 - Computer Hdw	
	0
6616 - Computer Sft	0
6650 - Maint MiscEq	100,000
6660 - Maint Buildi	25,000
6661 - Rpr Ovrhd Do	3,000
650 - Maintenance	493,000
6720 - JdgmntDmg&Cl	1,000
660 - Claims	1,000
6802 - Chrgs fr Tel	297,720
6807 - ChrgsfrRdCom	113,618
6830 - Chrgs fr Prn	72,409
6840 - ChrgsfrCntrl	359
6850 - Chrgs fr MVM	1,529,203
670 - Intrdept Chg	2,013,309
TOTOTH - Total Other	4,918,418
TOTEXP - Total Exp	34,102,289
4006 - Sale Scrap V	0
4020 - EMS	15,000,000
4021 - EmrgncyRun R	4,500
4023 - EMS Spec Evn	500
4024 - FireCalls2Su	0
4068 - COC PreAuthP	0
4089 - RevCntraActR	0
4144 - Witness Fees	300
400 - Chrg for Srv	15,005,300
4300 - Grant Rev	0
4608 - Misc Rev	0
4609 - Jury Duty	200
4615 - Wkrs' Comp R	0
4633 - Exp Recovery	0
4644 - Damaged City	2,000
420 - Misc	2,200
TOTREV	15,007,500
	20,000,000

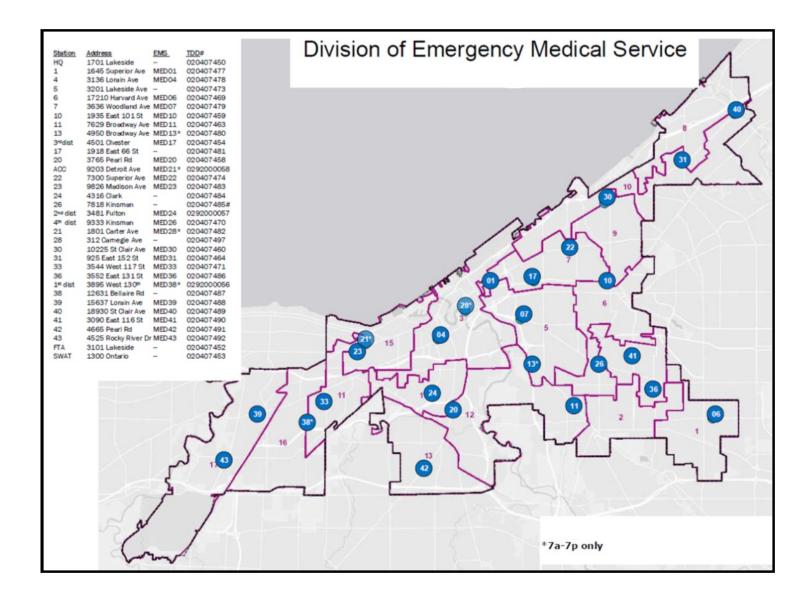
#### **2022 Staffing and Diversity**



	African American	Asian	Hispanic	Other	White	Total
Female	54	1	8	4	54	121
Male	38	3	9	5	117	172
Total	92	4	17	9	171	293

In 2022 the Division of EMS increased minority employment by 8.1%. African American employment increased by 4%, Hispanic employment by 1.1% and female employment increased 3.8%. The Division of EMS is proud of the strides made in this area and will continue to strive to be a reflection of the community we serve.

#### **Base Locations Map**



### **Base Locations**

Station	Location
Headquarters	1701 Lakeside Ave.
Medic 1	1645 Superior Ave.
Medic 4	3136 Lorain Ave.
Medic 6	17210 Harvard Ave.
Medic 7	3636 Woodland Ave.
Medic 10	1935 E.101st St.
Medic 11	7629 Broadway Ave.
Medic 13*	4950 Broadway Ave.
Medic 17	4501 Chester Ave. (3rd Dist.)
Medic 20	3765 Pearl Rd.
Medic 21*	9203 Detroit Ave.
Medic 22	7300 Superior Ave.
Medic 23	9826 Madison Ave.
Medic 24	3481 Fulton Ave. (2nd Dist.)
Medic 26	9333 Kinsman Ave. (4th Dist.)
Medic 28*	1801 Carter Ave.
Medic 30	10225 St. Clair Ave.
Medic 31	925 E.152nd St.
Medic 33	3544 W.117th St.
Medic 36	3552 E.131st St.
Medic 38*	3895 W.130th St. (1st Dist.)
Medic 39	15637 Lorain Ave.
Medic 40	18930 St. Clair Ave.
Medic 41	3090 E.116th St.
Medic 42	4665 Pearl Rd.
Medic 43	4525 Rocky River Dr.
*7 a.m 7 p.m. onl	У

#### 2022 Fleet Status

### **Frontline Ambulances**

License	Code	Make	Model	Year	Mileage	Condition
AMB 1	15H223	Freightliner	Excellance	2018	177,857	Good
AMB 4	15H201	Freightliner	Excellance	2018	174,599	Good
AMB 6	15H205	Freightliner	Excellance	2018	159,065	Good
AMB 7	15H202	Freightliner	Excellance	2018	200,197	Good
AMB 10	15H203	Freightliner	Excellance	2018	152,310	Good
AMB 11	15H303	Freightliner	Excellance	2022	20,176	Good
AMB 13	15H103	Freightliner	Excellance	2013	319,222	Poor
AMB 17	15H104	Freightliner	Excellance	2013	334,990	Poor
AMB 20	15H204	Freightliner	Excellance	2018	158,377	Good
AMB 21	15H162	Freightliner	Excellance	2015	241,692	Good
AMB 22	15H161	Freightliner	Excellance	2015	280,428	Fair
AMB 23	15H307	Freightliner	Excellance	2022	10,903	Good
AMB 24	15H280	Freightliner	Excellance	2020	80,532	Good
AMB 26	15H310	Freightliner	Excellance	2022	2,866	Good
AMB 28	15H061	Freightliner	Excellance	2011	345,494	Poor
AMB 30	15H281	Freightliner	Excellance	2020	103,853	Good
AMB 31	15H277	Freightliner	Excellance	2019	108,788	Good
AMB 33	15H169	Freightliner	Excellance	2015	282,881	Fair
AMB 36	15H224	Freightliner	Excellance	2018	164,994	Good
AMB 38	15H090	Freightliner	Excellance	2012	299,686	Fair
AMB 39	15H226	Freightliner	Excellance	2018	121,734	Good
AMB 40	15H308	Freightliner	Excellance	2022	8,452	Good
AMB 41	15H278	Freightliner	Excellance	2019	111,765	Good
AMB 42	15H225	Freightliner	Excellance	2018	151,215	Good
AMB 43	15H302	Freightliner	Excellance	2022	16,893	Good

### Spare Ambulances

X 50	15H107	Freightliner	Excellance	2013	325,406	Poor
X 51	15H164	Freightliner	Excellance	2016	305,508	Poor
X 52	15H166	Freightliner	Excellance	2016	279,349	Poor
X 54	15H054	Freightliner	Excellance	2010	397,690	Poor
X 60	15H053	Freightliner	Excellance	2009	367,419	Poor
X 61	15H105	Freightliner	Excellance	2013	350,190	Poor
X 62	15H060	Freightliner	Excellance	2011	376,234	Poor
X 63	15H091	Freightliner	Excellance	2012	338,225	Poor
X 64	15H102	Freightliner	Excellance	2013	350,306	Poor
X 65	15H165	Freightliner	Excellance	2016	322,878	Poor

### Supervisor and Administrative Vehicles

Capt. 1	2L2643	Ford	Explorer	2022	14,709	Good
Capt. 2	2L2641	Ford	Explorer	2021	21,461	Good
Capt. 3	2L2516	Ford	Explorer	2019	59,281	Good
Capt. 4	2L2448	Ford	Explorer	2017	81,420	Good
Capt. 5	2L2386	Ford	Explorer	2016	101,131	Good
Capt. 6	2L2318	Ford	Explorer	2016	91,422	Good
Capt/Edu Pool	2L2387	Ford	Explorer	2016	95,793	Good
Van	2L1666	Ford	E 350	1998	204,874	Poor
Exec. Pool	2L2109	Ford	Escape	2009	45,934	Good
Comm. Edu	2L1972	Ford	Explorer	2004	143,140	Poor
Comm. Edu	2L1866	Ford	Explorer	2004	87,263	Poor
HQ Pool	210P65	Honda	Civic	2009	64,948	Good
Pool	90L140	Jeep	Cherokee	2000	106,949	Poor

### **Special Event Vehicles**

Spec Ops	1H15	Chevy	Central	2005	16,546	Good
Mobile 1	174X22	Polaris	RGR-16	2016	1,972	Good
Mobile 2	174X23	Polaris	RGR-16	2016	2,130	Good
Mobile 3	174X24	Polaris	RGR-16	2016	1,768	Good
Mobile 4	174X25	Polaris	RGR-16	2016	1,500	Good
Mobile 5	174X26	Polaris	RGR-16	2016	1,850	Good
Mobile 6	174X27	Polaris	RGR-16	2016	1,681	Good
Mobile 7	174X28	Polaris	RGR-16	2016	2,057	Good

The Division of EMS deployed 4 new ambulances in 2022, there are 3 additional units that have been received and are being prepared for service. We are on par for deploying 11 additional units in 2023. All of these new units will also have the Power LOAD device which enables the crew to lift and load the patient into the ambulance with just a touch of a button. This device provides a secure cot locking mechanism that adheres to all Triple K specifications, resulting in a much safer work environment for the patient and care givers.

#### Deployment



The 2022 Targeted Deployment for the Division of EMS had 25 Ambulances from 7 a.m. to 7 p.m. and 21 Ambulances from 7 p.m. to 7 a.m. Moving forward with the change in staffing numbers the anticipated deployment for 2023 will be 23 ambulances from 7 a.m. to 7 p.m. and 19 Ambulances from 7 p.m. to 7 a.m. The targeted staffing for Dispatch will remain at 7 Emergency Medical Dispatchers from 7 a.m. to 7 p.m. and 6 Emergency Medical Dispatchers from 7 p.m. to 7 a.m.

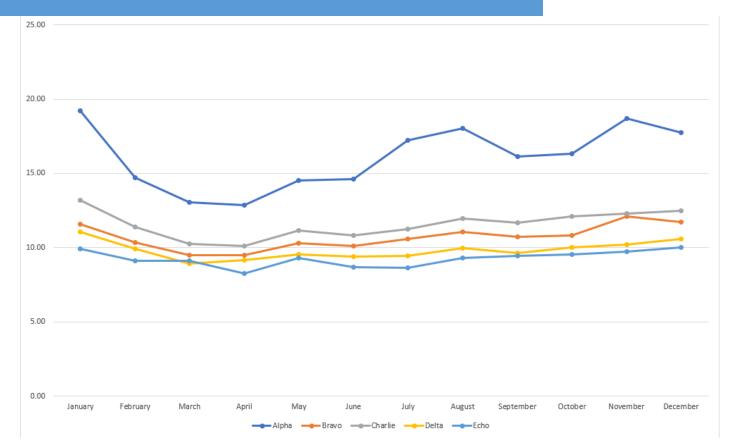
#### 2022 Calls for Service



\_\_\_\_\_2020 \_\_\_\_\_2021 \_\_\_\_\_2022

2022 Calls for service were slightly down from 2021, which is an unusual trend as calls have traditionally increased every year, with the exception of 2020 the first year of the COVID-19 pandemic. In 2020 there was a decrease of about 4000 incoming calls from the year before and we had close to the same decrease in calls this year. With similar declines in calls dispatched and calls to the scene. The COVID-19 pandemic has affected the Division in many ways including altering trends and we will continue to monitor how it affects EMS and public health into the future.

#### 2022 Response Times



### 2022 Average Response Times per Month

	January	February	March	April	May	June	July	August	September	October	November	December
Alpha	19.21	14.73	13.05	12.87	14.52	14.60	17.22	18.02	16.15	16.31	18.71	17.75
Bravo	11.58	10.33	9.48	9.48	10.32	10.10	10.58	11.06	10.75	10.80	12.10	11.70
Charlie	13.17	11.40	10.27	10.10	11.17	10.80	11.25	11.96	11.68	12.10	12.28	12.48
Delta	11.07	9.93	8.93	9.17	9.52	9.40	9.45	9.95	9.63	10.02	10.20	10.60
Echo	9.93	9.10	9.10	8.25	9.30	8.67	8.62	9.28	9.43	9.56	9.71	10.03

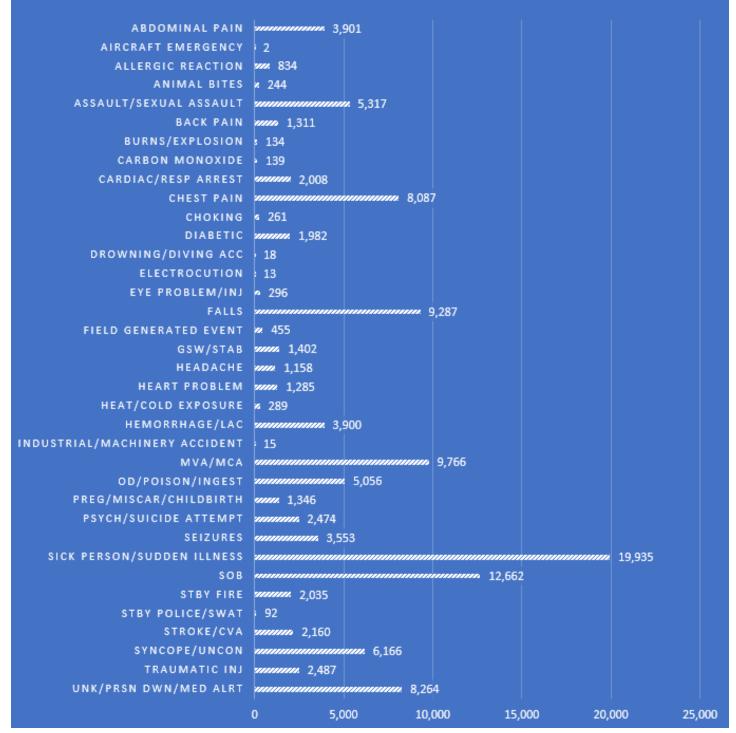
### Average for the Year

Year	Average
Alpha	16.:06
Bravo	10.41
Charlie	11:34
Delta	9:49
Echo	9:15

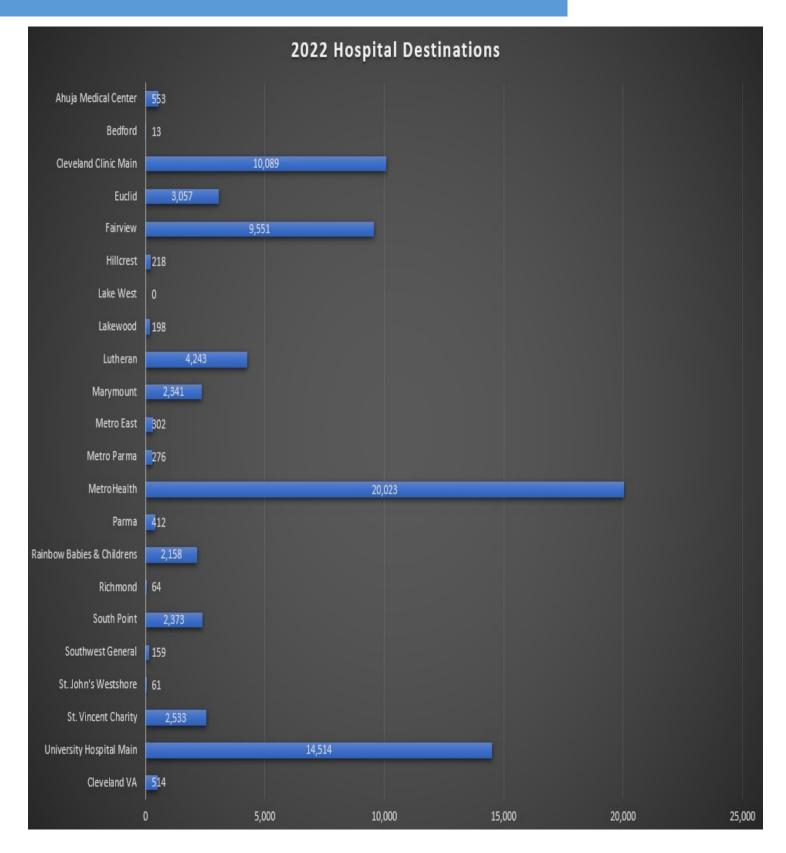
These times include call processing time. They are reflective from when the call is answered until the unit arrives on scene.

#### **2022** Nature of Emergencies

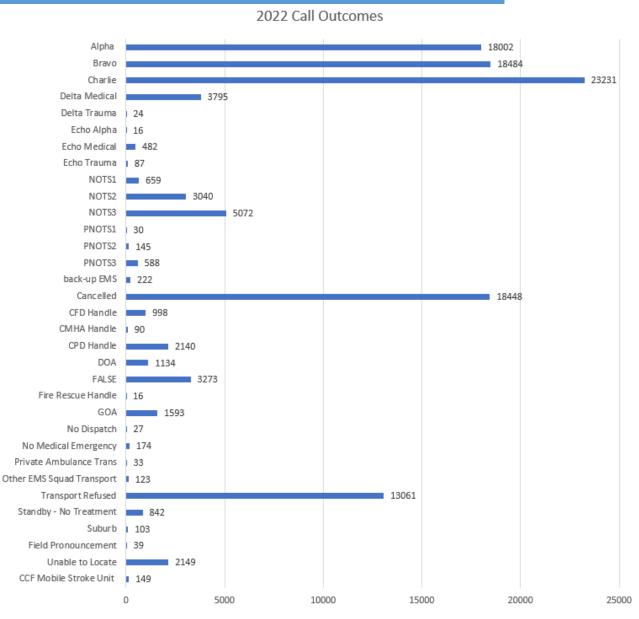
#### 2022 NATURE OF EMERGENCIES



#### Hospital Destinations



#### 2022 Call Outcomes

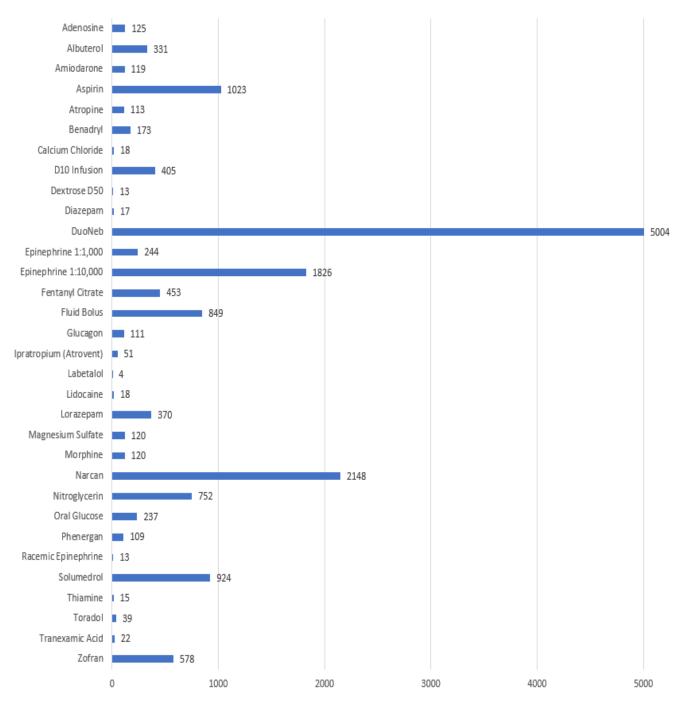




Alpha	Basic Life Support (BLS) patient ambulatory
Bravo	BLS patient non-ambulatory
Charlie	Medical Emergency Advanced Life Support (ALS) administered patient non-critical
Delta	Medical Emergency ALS administered patient critical
Echo	Medical Emergency patient in full arrest
NOTS1	Trauma Patient Critical
NOTS2	Trauma Patient Serious
NOTS3	Trauma Patient by mechanism of injury
PNOTS	Pediatric Trauma

#### **2022 Adult Medication Interventions**

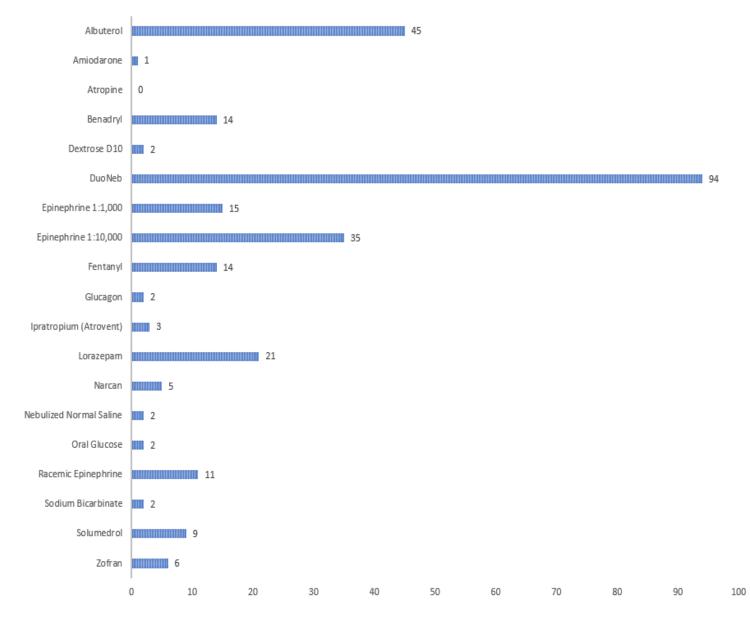




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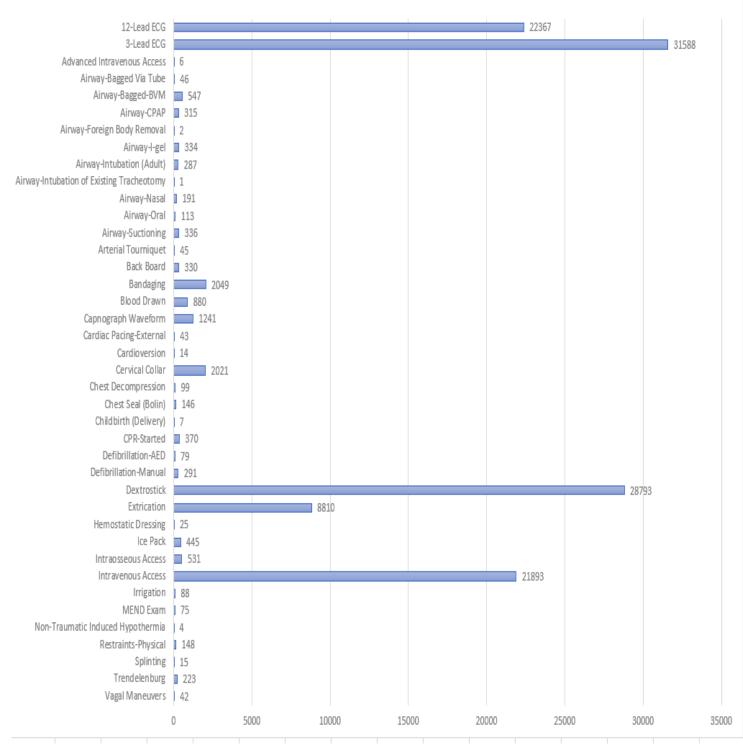
#### **2022** Pediatric Medication Interventions



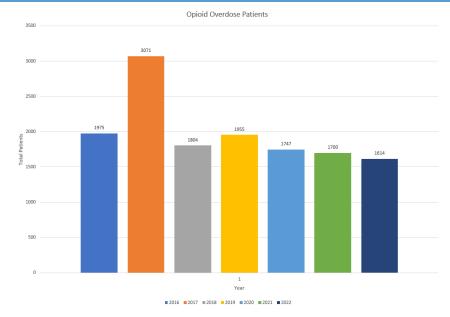
#### PEDIATRIC MEDICATION INTERVENTIONS

#### 2022 Non-medication Interventions

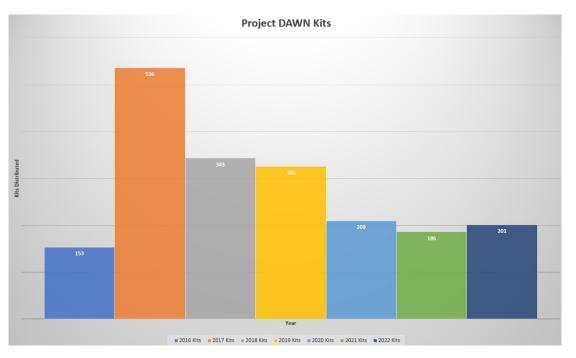




#### **Opioid Crisis**



The Opioid Crisis has not ended, while we are not at the peak of the crisis and the trends are slowing decreasing. The Division of EMS is still working diligently to save lives. The Division of EMS provides Narcan, an opioid antagonist, to the Divisions of Fire and Police. Within the City of Cleveland 1614 patients were treated for Opioid Overdoses and a total of 2889 doses of Narcan were administered. 2186 by EMS, 639 by Fire and 64 by police.



The Division of EMS is also a distributor of Project DAWN Kits. DAWN stands for Deaths Avoided With Nalox-one (Narcan). The Division of EMS distributed 201 kits in 2022. Within the City there were 206 document-ed cases of a civilian administering Narcan to overdose patients.



# Autopulse



The most important aspects of resuscitating a patient suffering from cardiac arrest is good quality CPR and early defibrillation. In 2022 the Division of EMS made great strides in those areas. In May of 2022 the Division of EMS deployed twenty-one (21) mechanical CPR devices called the Autopulse. The Autopulse not only provides high quality continuous CPR, but it also enables there to be less care givers in the back of the vehicle which, in the time of COVID, makes it a safer work environment.



# **Cardiac Monitors**

In addition to the Autopulse the Division of EMS replaced all of the cardiac monitors. The current cardiac monitors are state of the art in design and function. They have the ability to perform all of the functions as the previous cardiac monitors such as, 12 lead EKGs, defibrillation, pacing, cardioversion, continuous cardiac monitoring and capnography, and feature Real CPR Help which provides immediate feedback on rate and depth of CPR compressions. The new monitors provide Real BVM Help which shows real-time ventilation feedback allowing the Paramedics to view the target and delivered tidal volume and the ventilation rate directly on the monitor. They also have a traumatic brain injury (TBI) dashboard that provides trending information on the parameters most critical to a TBI patient, enabling to quickly detect potential patient deterioration. The RescueNet Case Review enables the Quality Insurance staff to view data from the monitor after the treatment has been rendered. The RescueNet Case Review allows the QI staff to watch in real time as care was provided and show the crews the quality of CPR. All of these make the cardiac monitor an extremely valuable tool in the treatment of critically ill patients.



# **Patient Stretchers**

In 2022 the Division of EMS replaced all of the patient stretchers. Until 2022 some stretchers had been in-service since 2008. Now every cot in the fleet is brand new. With battery-powered hydraulic systems that raise and low the cot with the touch of a button, retractable head section which enables navigation in tight spaces in any height position, XPS siderails which allow for safe transport of patients of all sizes, Steer-lock which enables the cot to be moved easily by one person when there is not patient on the cot and all cots are equipped with XPR restraints which safely secures the patient during movement and transport.



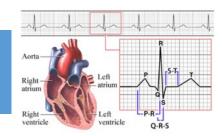
# Power LOAD



As referenced in the fleet section all of the new ambulances are equipped with the Power LOAD system. The Power LOAD system works in conjunction with the patient stretcher to safely load and secure the patient with no strain on the care provider. The Power LOAD system eliminates the need to steer the cot into the ambulance, helps eliminate patient drops by supporting the cot until the wheels are on the ground, meets dynamic crash test standards for maximized occupant safety and has an easy-to-use manual backup system.

These two items greatly increase the safety of the patient and the Paramedics and EMT's for the Division of EMS.





The Division of EMS undertook two major initiatives in 2022. We have joined both the CARES registry and are receiving data from American College of Cardiology NCDR Chest Pain / MI (myocardial infarction) Registry. Both of these registries will allow us to compare our Division to National benchmarks with the CARES Registry and NCDR eReports will compare us within the state with aggregated metrics.

CARES (Cardiac Arrest Registry to Enhance Survival) help communities measure performance and identify how to improve cardiac arrest survival rates. By joining CARES, communities gain more than just access to information that will help them improve performance and save lives. They also contribute to one of the largest EMS registries in the world, and one of the few that also includes patient outcome information from hospitals. Those features enable CARES data to be used to conduct vital research that furthers our knowledge of cardiac arrest treatment and saves countless lives for years to come. Compare our community to local, state, and national performance and discover ways to improve your emergency medical system's response to cardiac arrests.

NCDR (National Cardiovascular Data Registry) eReports EMS. This new reporting product provides EMS agencies with information from the Chest Pain - MI Registry on the care and outcomes of their AMI (acute myocardial infarction) patients. Using their EMS agency's state ID number, EMS agencies can assess their own performance along with the receiving hospital and their combined efforts as a system of care. Ability to generate reports across all of the EMS agency's destination hospitals that are participating in the CHEST PAIN - MI Registry. See local data compared to national aggregate values. Snapshot or time series views. EMS and system of care performance metrics, including STEMI (ST-segment elevated MI) (pre-admit) Symptoms to Arrival, STEMI (pre-admit) Time to First ECG, STEMI ECG Pre-Hospital (ECG to treatment), STEMI (pre-admit) Time to Treatment, STEMI (pre-admit) Total Ischemia Time (available as a separate report) , and STEMI (transferred in) Time to Treatment. There is a weekly data refresh.

The eReports provided by NCDR is data compiled from the hospitals that have STEMI Programs and participate in the NCDR Chest Pain MI Registry. EMS only provides the documented patient care reports to the facilities that participate. We already send the patient care reports to the facilities. The current facilities that participate and are in our Cleveland market are Fairview Hospital, MetroHealth, University Hospitals (UH), Cleveland Medical Center, and UH Parma. At this time, Cleveland Clinic does not participate in the NCDR Chest Pain Registry.



#### **Excellence in Cardiac Care**

Based on the data that has been received the Division of EMS ranks among the top providers in both cardiac treatment and cardiac arrest resuscitation. The Division consistently ranks among the best in early recognition of AMI's due to early 12 Lead EKG, cardiac care and door-to-balloon times, as well as, ROSC (return of spontaneous circulation) rates, CPR and ventilation rate intervals.

The Division of EMS utilizes the ability to transmit all 12 Lead EKG's to the receiving hospitals whenever dealing with a potential cardiac emergency. This enables hospitals to mobilize their cardiac care teams and be ready as soon as the ambulance arrives. This significantly reduces the time it takes to get the patient to the Cardiac Catheterization Laboratory (Cath Lab) where doctors perform an angioplasty to restore blood flow to the heart during a myocardial infarction (MI). This is referred to as the door-to-balloon time.

The Division of EMS has always provided high quality CPR, which along with early defibrillation, are key components to successfully achieving Return of Spontaneous Circulation (ROSC) in patients suffering from cardiac arrest. When the Autopulse was deployed there was a noticeable increase in ROSC that was achieved by EMS. In 2021 the Division of EMS had ROSC in 21.8% of all cardiac arrest patients. The high quality CPR that is provided by the Autopulse is already evident in the unaudited numbers of our patients who have suffered cardiac arrest. The Autopulse was utilized on a total of 238 patients in 2022. In 2022 the number of ROSC patients increased to 26.5%. That is a significant impact after only six (6) months of utilizing the Autopulse. The Division is currently pursuing funding to ensure that all ambulances are supplied with the Autopulse.

With the advancements in the cardiac monitors, the deployment of the Autopulse and the continued high quality training and performance improvement evaluations. The Division of EMS is looking forward to continuing to provide top quality cardiac care and improving even more in the future.









#### **Partnerships**

The Division of EMS began a training partnership with Magnolia Clubhouse of Cleveland. Magnolia Clubhouse was established in 2004, and is based on the Clubhouse Model. The Clubhouse Model provides people with mental illness opportunities for friendship, employment, housing, education, and access to medical and psychiatric service in a a caring and safe environment. The members and the staff work side-by-side to operate the Clubhouse. This unique environment enables the Division of EMS trainees to learn about mental illness not only from clinicians, but from the mental health consumers themselves. Each cadet in the current class has had the opportunity to spend a day at the Magnolia Clubhouse, taking part in their daily activities interacting with the members and the staff. All of the cadets have very positive feedback on the time they spent at the Magnolia Clubhouse and the Division of EMS looks forward to continuing to take advantage of this unique learning opportunity.

The Division of EMS is actively pursuing an educational partnership with Case Western Reserve University to provide members of the Division of EMS extensive practical learning experiences that will be valuable additions to our current training.



In addition the Division of EMS, along with the Division of Fire, took part in the active shooter training that was presented by the Division of Police. Division of EMS and Fire, Paramedics and EMT's, worked side by side with Police in tactical exercises for response to an active shooter situation. The Division of EMS continues to have a strong partnership with the local health systems and the Health Department while welcoming new partnerships to provide unique and compelling learning opportunities.

#### **Education Section**

During this difficult time of attracting new employees, the Division of EMS was able to lean on the education staff which gave the Division the opportunity to attract individuals that had no previous EMT training or experience greatly increasing the pool of potential candidates and allowing more opportunity for employment to the citizens of Cleveland. The Division was able to hire thirty-one (31) civilians, twenty-eight (28) of which successfully completed the EMT training. These EMTs were joined by five (5) individuals who are certified Paramedics and began the EMS cadet academy. They are scheduled to graduate in early 2023. The Education and Training Section of the Division of EMS is a valuable resource. The Education and Training Section also provides training to all EMS employees ensuring they have all of the required continuing education training, as well as, maintaining certifications for Cardio-Pulmonary Resuscitation (CPR), Advanced Cardiac Life Support (ACLS), International Trauma Life Support (ITLS) and Pediatric Education for Pre-hospital Providers (PEPP).

