

**Virginia Department of Health
Office of Emergency Medical Services**



**Quarterly Report to the
State EMS Advisory Board**

Friday, May 9, 2014

Executive Management, Administration & Finance

**Office of Emergency Medical Services
Report to The
State EMS Advisory Board
May 9, 2014**

MISSION STATEMENT:

To reduce death and disability resulting from sudden or serious injury and illness in the Commonwealth through planning and development of a comprehensive, coordinated statewide emergency medical services (EMS) system; and provision of other technical assistance and support to enable the EMS community to provide the highest quality emergency medical care possible to those in need.

I. Executive Management, Administration & Finance

a) Action Items before the State EMS Advisory for February 7, 2014

The Peninsulas EMS Council (PEMS) and the Thomas Jefferson EMS Council (TJEMS) are the next in line to submit nominations to OEMS for representation on FARC beginning July 1, 2014. 12VAC5-31-2810. The Financial Assistance and Review Committee (FARC), states the following:

*“The eligible regional EMS council shall nominate one to **three candidates** to fill a vacancy on FARC. The EMS Advisory Board shall make appointments from the nominations submitted by the designated regional EMS council.”*

PEMS has provided a cover letter and CVs of two individuals for consideration. TJEMS has provided one CV for consideration in **Appendix A**.

b) EMS Voluntary Event Notification Tool (E.V.E.N.T.)

E.V.E.N.T. is a tool designed to improve the safety, quality and consistent delivery of Emergency Medical Services (EMS). It collects data submitted anonymously by EMS practitioners. The data collected is used to develop policies, procedures and training programs to improve the safe delivery of EMS. A similar system used by airline pilots has led to important airline system improvements based upon pilot reported "near miss" situations and errors.

Any individual who encounters or recognizes a situation in which an EMS safety event occurred, or could have occurred, is strongly encouraged to submit a report by completing the appropriate

E.V.E.N.T. Notification Tool (Patient Safety Event, Near Miss Event, Violence Event, Line of Duty Death). The confidentiality and anonymity of this reporting tool is designed to encourage EMS practitioners to readily report EMS safety events without fear of repercussion.

Appendix B contains: 1) an aggregate report of **patient safety events** reported to E.V.E.N.T. in the first quarter of 2014 (January through March 2014) and 2) an aggregate report of the **provider violence events** reported to E.V.E.N.T. for the first quarter of 2014 (January through March 2014).

There were not enough **Near Miss** reports this quarter.

Visit www.emseventreport.com for more information about E.V.E.N.T.

c) Model Interstate Compact for EMS Personnel Licensure Project Is Complete

The National Association of State EMS Officials (NASEMSO) received funding from the Department of Homeland Security (DHS), Office of Health Affairs to develop a model interstate compact for states' legislative use to solve the problem associated with day-to-day deployment of EMS personnel across state boundaries in non-declared states of emergency. The goal of this project is to allow member states to recognize licenses (certifications) by other states and the respective privilege of the individual to practice so long as the license is issued by another member state in a manner consistent with the compact terms.

The Model Interstate Compact will benefit EMS personnel who may work in cross border environments, EMS employers, state EMS offices and ultimately the patients served by EMS personnel and organizations working in more than one state. One of the important features of the compact addresses EMS personnel practicing medicine in a state in which they are not technically licensed.

NASEMSO received legal and technical assistance, and process guidance from the Council of State Governments (CSG) through its National Center for Interstate Compacts (NCIC).

The project was closely coordinated with the National Governors Association, National Council of State Legislatures, Federal Interagency Committee on EMS (FICEMS), the National EMS Advisory Council (NEMSAC), and all federal agencies that employ EMS personnel.

Key Provisions of the Compact

A home state's license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:

- 1) Currently requires the use of the NREMT examination as a condition of issuing initial licenses at the EMT and paramedic levels;
- 2) Has a mechanism in place for receiving and investigating complaints about individuals;
- 3) Notifies the Commission, in compliance with the terms of the Compact, of any adverse action or significant investigatory information regarding an individual;
- 4) No later than five (5) years after activation of the Compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the FBI;

- 5) Complies with the rules of the Commission.

Compact Privilege to Practice

In order to exercise the privilege to practice under the terms and provisions of the compact, an individual must:

- 1) Be at least 18 years of age;
- 2) Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state recognized and licensed level with a scope of practice and authority between EMT and paramedic; and
- 3) Practice under the supervision of an EMS medical director.

An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the commission.

An individual practicing in a remote state will be subject to the remote states' authority and laws. A remote state may, in accordance with due process and the state's laws, restrict or revoke an individual's privilege to practice in the remote state and may take any other necessary actions to protect the health and safety of its citizens. If a remote state takes action it shall promptly notify the home state and the Commission.

The final draft of the Compact language is available on the NASEMSO Web site at <https://www.nasemso.org/Projects/InterstateCompacts/documents/EMS-Personnel-Licensure-Interstate-Compact-Draft3.1.pdf> You may also view the final draft of the Interstate Compact for EMS Personnel Licensure as **Appendix C** to this report.

On June 10, 2014, NASEMSO will be holding a one-day seminar in Chicago for state EMS Directors and legal council (deputy attorney general, assistant attorney general, etc.) on the EMS Personnel Licensure Interstate Compact. The agenda for the seminar will include:

- Presentations by nationally recognized legal and technical experts on interstate compacts—what are they and how do they work?
- A presentation by the Council of State Governments National Center for Interstate Compacts (NCIC) Director about the Center and the work it performs and services it provides
- A focused walkthrough of the final draft EMS Personnel Licensure Interstate Compact as submitted to US Department of Homeland Security Office of Health Affairs
- An overview of a CSG's typical approach to outreach and education of Legislative Branch members in the states
- Presentation and discussion about the compact Commission that will be formed by the member states, including insights and lessons learned from other compact administrators

This session will contribute significantly to in-state deliberations related to joining the compact.

Following the seminar, FAQ's about the Compact and Commission will be developed.

A strategy to educate states on the provisions of the Compact and how to initiate legislation to adopt the Compact in respective states will also be developed.

A minimum of ten (10) states are required to sign on to activate the compact. The Compact creates and establishes a joint public agency known as the Interstate Commission for EMS Personnel Practice.

Terms of compact language is contractual in nature upon promulgation as law, subordinate rules and processes associated with the day-to-day use of the compact are collaboratively negotiated by the states and administered by a national (administration body) organization or Commission, allowing for flexibility and change to accommodate contemporary demands and process efficiency.

Compacts take precedence over conflicting statutes of the signatory states.

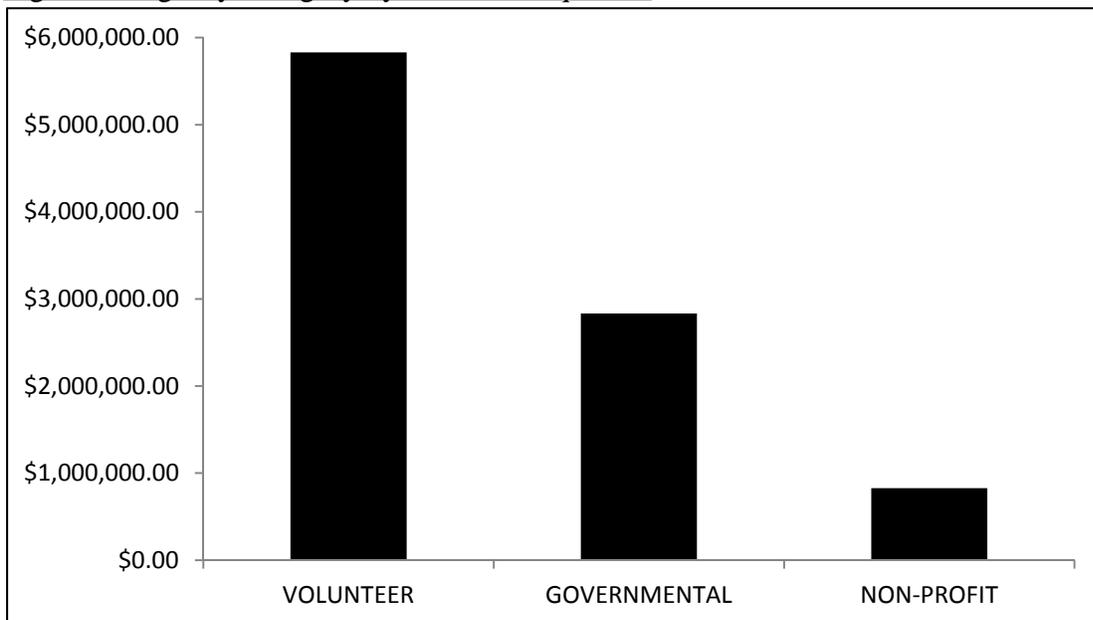
d) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)

The RSAF grant deadline for the Spring 2014 grant cycle was March 17, 2014, OEMS received 121 grant applications requesting \$9,490,821.00 in funding.

Funding amounts are being requested in the following agency categories:

- 72 Volunteer Agencies requesting \$5,829,299.00
- 73 Government Agencies requesting \$2,833,356.00
- 14 Non-Profit Agencies requesting \$828,165.00

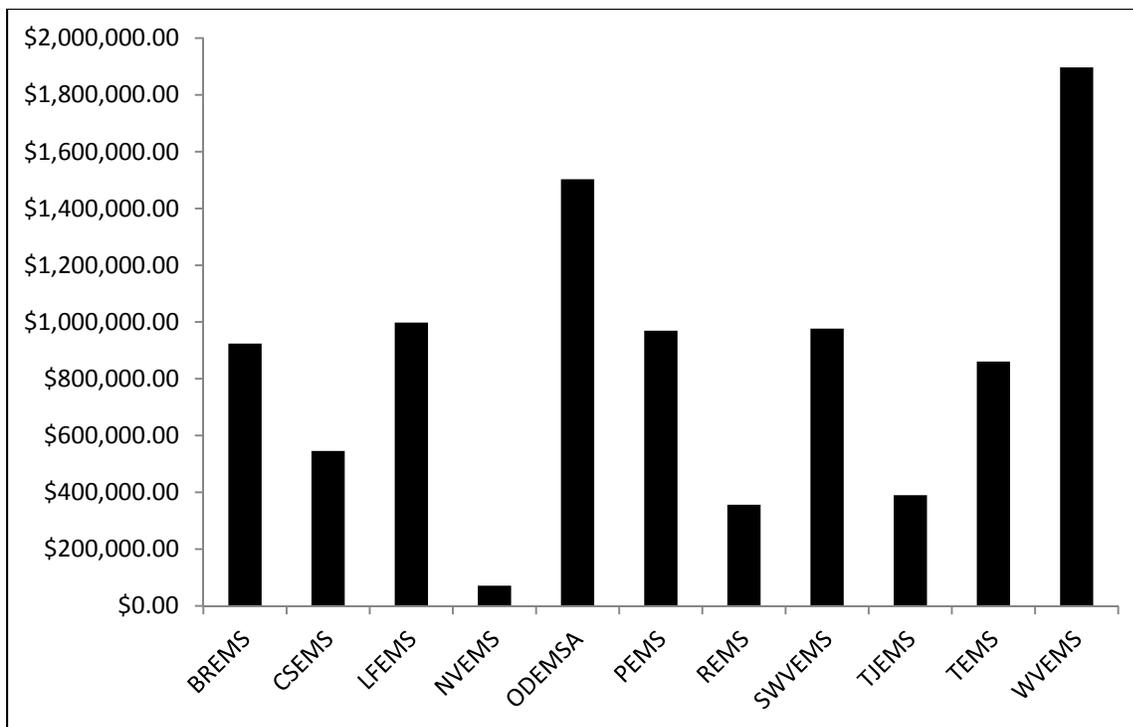
Figure 1: Agency Category by Amount Requested



Funding amounts are being requested in the following regional EMS Council areas:

- Blue Ridge – 10 agencies requesting funding of \$924,123.00
- Central Shenandoah – 9 agencies requesting funding of \$545,435.00
- Lord Fairfax – 9 agencies requesting funding of \$997,851.00
- Northern Virginia – 3 agencies requesting funding of \$70,824.00
- Old Dominion – 17 agencies requesting funding of \$1,503,066.00
- Peninsulas – 11 agencies requesting funding of \$969,457.00
- Rappahannock – 8 agencies requesting funding of \$356,068.00
- Southwestern Virginia – 14 agencies requesting funding of \$976,492.00
- Thomas Jefferson – 9 agencies requesting funding of \$390,034.00
- Tidewater – 10 agencies requesting funding of \$860,652.00
- Western Virginia – 21 agencies requesting funding of \$1,896,820.00

Figure 2: Regional EMS Council Area by Amount Requested

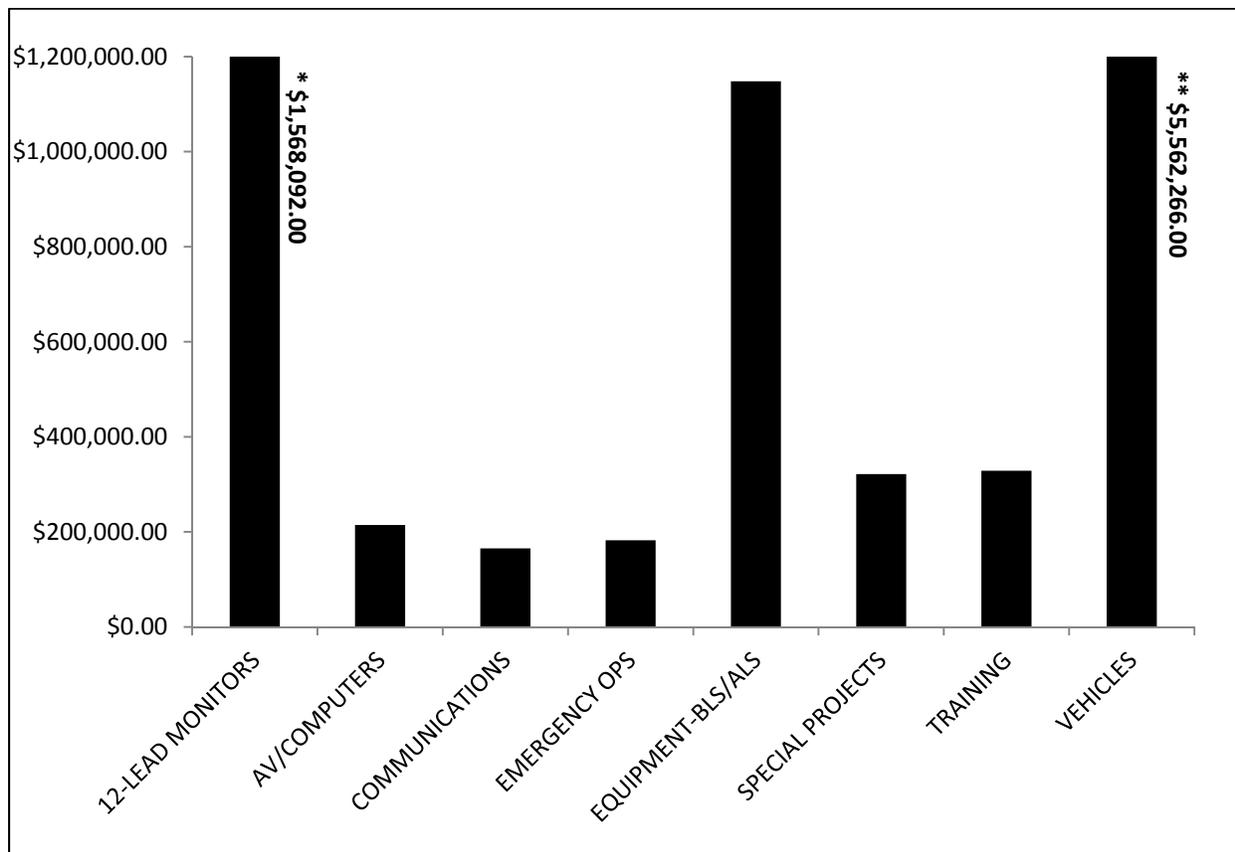


Funding amounts are being requested for the following items:

- 12 –Lead – \$1,568,092.00
 - Includes all 12-Lead Defibrillators.
- Audio Visual and Computers - \$ 214,463.00
 - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.
- Communications - \$ 165,244.00
 - Includes items for mobile/portable radios, pagers, towers, repeaters and other communications system technology.

- Emergency Operations - \$ 182,587.00
 - Includes items such as Mass Casualty Incident (MCI), extrication equipment and personal protection equipment (PPE). The Emergency Operations category also includes any other equipment or items needed in order to rapidly mobilize and dispatch help in emergency situations.
- Equipment - Basic and Advanced Life Support Equipment - \$ 1,147,871.00
 - Includes any medical care equipment for sustaining life, airway management, and supplies, not including 12-Lead Defibrillators.
- Special Projects - \$ 321,519.00
 - Includes projects such as Recruitment and Retention, Special Events Material, Emergency Medical Dispatch (EMD), Virginia Pre-Hospital Information Bridge (VPHIB) projects and other innovative programs.
- Training - \$ 328,779
 - This category includes all training courses and training equipment such as manikins, simulators, skill-trainers and any other equipment or courses needed to teach EMS practices.

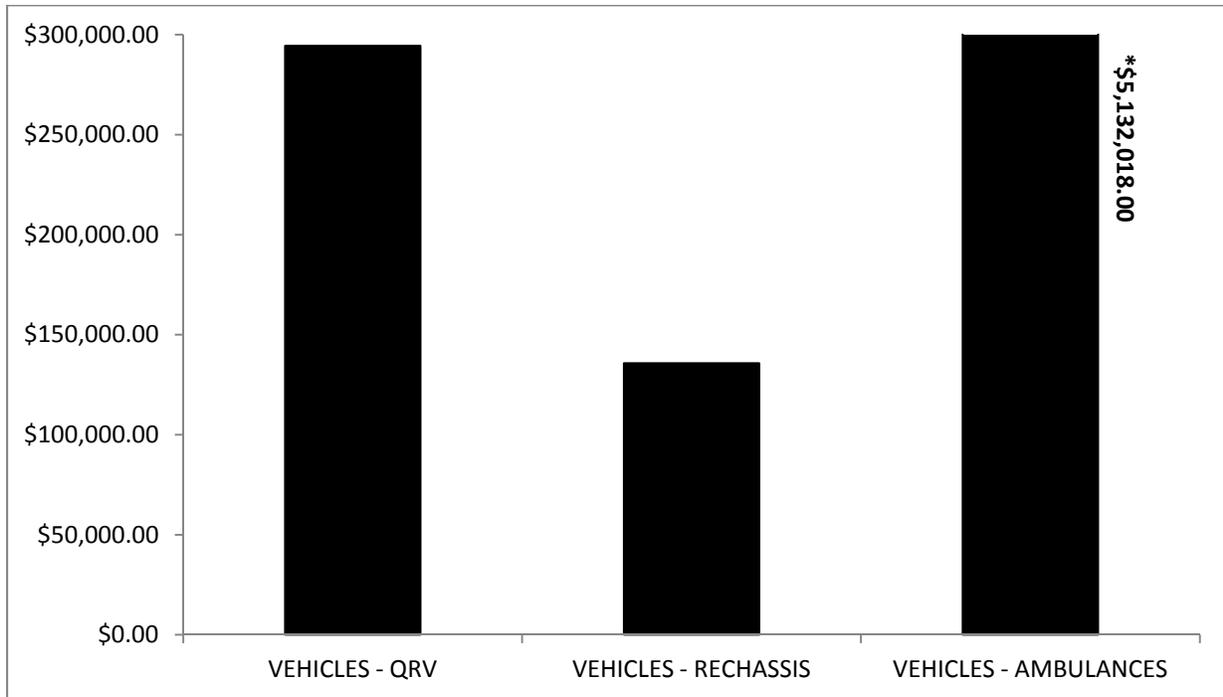
Figure 3: Item Requested by Amount Requested



***NOTE:** The 12-LEAD MONITORS category request amount was \$1,568,092.00, the graph only represents items requested up to \$1,200,000.00 to visually display other items requested.

****NOTE:** The AMBULANCES category request amount was \$5,562,266.00, the graph only represents items requested up to \$1,200,000.00 to visually display other items requested.

Figure 4: Vehicle Category by Amount Requested



****NOTE:** The AMBULANCE category request amount was \$5,132,018.00, the graph only represents items requested up to \$300,000.00 to visually display other items requested.

The RSAF Awards Meeting will be held on June 6, 2014 and the Financial Assistance and Review Committee (FARC) will make recommendations to the Commissioner of Health. The grant awards will be announced on July 1, 2014. The next RSAF grant cycle will open on August 1, 2014 and the deadline will be September 15, 2014.

Virginia Pre-Hospital Information Bridge (VPHIB) Special Initiative Grant

The VPHIB Special Initiative grant provided a 100% grant opportunity for all non-profit, volunteer and governmental Emergency Medical Services (EMS) and Fire Agencies licensed in Virginia. Funding was awarded to EMS agencies for the procurement of hardware (computers) to be used to collect and submit the mandatory EMS minimum dataset in the prescribed technical format and quality level as required by the *Code of Virginia* §32.1-116.1.

OEMS received 217 grant applications requesting funding in the amount of \$5,625,398.00 and awarded \$3,383,351.00 to 200 agencies. OEMS funded 151 non-profit agencies and 49 governmental agencies. This provided 1,032 computers across the following EMS regions:

- Blue Ridge – 4 agencies funded \$42,078.00
- Central Shenandoah – 31 agencies funded \$379,424.00
- Lord Fairfax – 7 agencies funded \$111,923.00
- Northern Virginia – 6 agencies funded \$189,740.00
- Old Dominion – 26 agencies funded \$593,902.00
- Peninsulas – 22 agencies funded \$359,514.00
- Rappahannock – 25 agencies funded \$408,542.00
- Southwestern Virginia – 19 agencies funded \$252,382.00
- Thomas Jefferson – 14 agencies funded \$207,361.00
- Tidewater – 9 agencies funded \$246,562.00
- Western Virginia – 37 agencies funded \$591,922.00

EMS – Grant Information Funding Tool (e-GIFT)

The OEMS Grants Unit and VDH Office of Information Management (OIM) is developing a web-based grant program to replace the Consolidated Grant Application Program (CGAP) for RSAF. Phase 1 of this project will be piloted during the December 2014 RSAF grant cycle and include the application portion of RSAF. Additional phases will be developed during the next year to include the grant review process, RSAF award meeting and reporting tools. OEMS plans to create user groups to assist with the development of all subsequent phases of this project.

EMS on the National Scene

II. EMS On the National Scene

a) New Federal Rule Allows Patient Access to Lab Reports

The US Department of Health and Human Services (HHS) published an updated rule that provides patient access to completed laboratory test results. The final rule amends the Clinical Laboratory Improvement Amendments of 1988 (CLIA) regulations to specify that, upon the request of a patient (or the patient's personal representative), laboratories subject to CLIA may provide the patient, the patient's personal representative, or a person designated by the patient with copies of completed test reports that can be identified as belonging to that patient using the laboratory's authentication process. At the same time, the final rule eliminates the exception under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule to an individual's right to access his or her protected health information when it is held by a CLIA-certified or CLIA-exempt laboratory. While patients can continue to get access to their laboratory test reports from their doctors, these changes give patients a new option to obtain their test reports directly from the laboratory while maintaining strong protections for patients' privacy. Under the HIPAA Privacy Rule, patients, patient's designees and patient's personal representatives can see or be given a copy of the patient's protected health information, including an electronic copy, with limited exceptions. In doing so, the patient or the personal representative may have to put their request in writing and pay for the cost of copying, mailing, or electronic media on which the information is provided, such as a CD or flash drive. In most cases, copies must be given to the patient within 30 days of his or her request. **The rule also explains that the changes to the HIPAA Privacy Rule would result in the preemption of a number of state laws that prohibit a laboratory from releasing a test report directly to the individual or that prohibit the release without the ordering provider's consent because the state laws now would be contrary to the access provision of the HIPAA Privacy Rule mandating direct access by the individual.** These regulations were effective on April 7, 2014. HIPAA covered entities must comply with the applicable requirements of this final rule by October 6, 2014. For more information go to: <http://www.gpo.gov/fdsys/pkg/FR-2014-02-06/pdf/2014-02280.pdf>.

b) GAO Says NG 9-1-1 Needs Protection from Cyberattacks

Next-Generation 9-1-1, which relies on IP-based technology, can be vulnerable to cyberattacks and needs protection from federal agencies, according to a recent Government Accountability Office report. The GAO called on the Department of Homeland Security to coordinate with the Commerce, Justice and Transportation departments, as well as the Federal Communications Commission, to ensure the emerging emergency response system is protected from threats that could range from phishers to a terrorist group. By the end of this year, DHS expects to have updated infrastructure protection plans that will include NG 9-1-1 and the National Public Safety Broadband Network. To read *CRITICAL INFRASTRUCTURE PROTECTION: More Comprehensive Planning Would Enhance the Cybersecurity of Public Safety Entities' Emerging Technology*, GAO-14-125, go to: <http://www.gao.gov/assets/670/660404.pdf>.

c) Improving 9-1-1 Reliability; Reliability and Continuity of Communications Networks

In a new document, the Federal Communications Commission (FCC or Commission) adopts rules to improve the reliability and resiliency of 911 communications networks nationwide by requiring that 911 service providers take “reasonable measures” to provide reliable 911 service. Providers subject to the rule can comply with the reasonable measures requirement by either implementing certain industry-backed “best practices” the Commission adopted, or by implementing alternative measures that are reasonably sufficient to ensure reliable 911 service. The FCC also requires 911 service providers to provide public safety answering points (PSAPs) with timely and actionable notification of 911 outages. For more information go to: <http://www.gpo.gov/fdsys/pkg/FR-2014-01-17/pdf/2014-00958.pdf>.

d) Are You Ready? An In-Depth Guide to Citizen Preparedness

The Federal Emergency Management Agency (FEMA) has posted a guide that has been designed to help the citizens of this nation learn how to protect themselves and their families against all types of hazards. The focus of the content is on how to develop, practice, and maintain emergency plans that reflect what must be done before, during, and after a disaster to protect people and their property. Also included is information on how to assemble a disaster supplies kit that contains the food, water, and other supplies in sufficient quantity for individuals and their families to survive following all types of natural and man-made disasters and hazards from tornadoes to terrorism, floods to fires, extreme cold to extreme heat in the event they must rely on their own resources. The "Are You Ready? An In-Depth Guide to Citizen Preparedness" from FEMA can be used as a reference source or as a step-by-step manual. An interactive course based on *Are You Ready?* is also available at: <http://www.ready.gov/are-you-ready-guide>.

e) SAMHSA Provides Technical Assistance on Disaster Behavioral Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) has published a new issue of The Dialogue, a quarterly technical assistance journal for professionals in the disaster behavioral health field. This issue includes discussion of the public and mental health responses to Hurricane Sandy, the impact of the Deepwater Horizon oil spill, and the Boston Marathon bombing. Please go to: <http://beta.samhsa.gov/dtac>.

f) SAMSHA Offers New Resource in Disaster Planning

The Substance Abuse and Mental Health Services Administration (SAMHSA) announces a new resource from its technical assistance publication series--*TAP34: Disaster Planning Handbook for Behavioral Health Treatment Programs*. This program offers guidance in creating a disaster preparedness and recovery plan for programs that provide treatment for mental illness and substance use disorders. It also covers the planning process, preparing for disaster, roles and responsibilities, training, and testing. For more information go to: http://store.samhsa.gov/product/TAP-34-Disaster-Planning-Handbook-for-Behavioral-Health-Treatment-Programs/BackInStock/SMA13-4779?WT.mc_id=EB_20140318_SMA13-4779.

In related news, in a disaster, it's essential that behavioral health responders have the resources they need—when and where they need them. The SAMHSA Disaster App makes it easy to provide quality support to survivors. Users can navigate pre-deployment preparation, on-the-ground assistance, post-deployment resources, and more—at the touch of a button from the home screen. Users also can share resources, like tips for helping survivors cope, and find local behavioral health services. And, self-care support for responders is available at all stages of deployment. For more information go to: <http://store.samhsa.gov/apps/disaster/>.

g) Yellow Dot Programs Gaining Attention

The “Yellow Dot” Program was created to assist citizens in the “golden hour” of emergency care following a traffic accident when they may not be able to communicate their needs. Citizens are advised that placing a yellow dot in the vehicle’s rear window alerts first responders to check the glove compartment for vital information will ensure they will receive proper medical attention. Various law enforcement and transportation agencies are involved in the initiative, which seems to be regionally or state based.

h) Advocates for Highway and Auto Safety releases the 2014 Roadmap to State Highway Safety Laws

Advocates for Highway and Auto Safety (Advocates) has released its eleventh annual report card grading all 50 states and the District of Columbia on their performance in adopting 15 basic highway safety laws on adult and child occupant protection, impaired and distracted driving, and teen driving. This year’s report has new, stronger ratings for state seat belt laws resulting in knocking past top ranking states down from the highest tier (GA, KS, MD, NJ, NY, NC and TN). The 2014 Roadmap of State Highway Safety Laws report will feature the best and worst performing states, states making the most and least progress over the past year, dangerous loopholes in each state that contribute to preventable death and injury, and state-specific data on traffic deaths, injuries and related economic losses. For more information go to: <http://saferoads.org/>

i) NEMSAC Announces 2014 Public Meeting Dates

The National EMS Advisory Council (NEMSAC) has announced dates for three 1.5-day public NEMSAC meetings in the Washington, DC metropolitan area. The first meeting was held on April 23-24. The next two meetings are scheduled for September 9-10, and December 3-4, 2014. You can review NEMSAC meeting materials, membership, and previous recommendations, and register to attend the meetings, at: www.EMS.gov/NEMSAC.htm.

NEMSAC is currently working on four objectives:

- Recommending minimal updates to the EMS Education Agenda for the Future
- Recommendations on federal support to the implementation of the National EMS Culture of Safety Strategy
- Recommendations on revising or updating the 1996 EMS Agenda for the Future

- Recommendations on Federal implementation of the Patient Protection and Affordable Care Act for EMS.

j) PEC Provides Open Supplement on EMS Evidence Based Guidelines

Prehospital Emergency Care (PEC), the official journal of several national EMS organizations, has published an open supplement titled “Evidence Based Guidelines in EMS.” Included are the following topics:

- Evidence-based Guidelines for Prehospital Practice: A Process Whose Time Has Come
- The Development of Evidence-based Prehospital Guidelines Using a GRADE-based Methodology
- An Evidence-based Guideline for Pediatric Prehospital Seizure Management Using GRADE Methodology
- An Evidence-based Guideline for Prehospital Analgesia in Trauma
- An Evidence-based Guideline for the Air Medical Transportation of Prehospital Trauma Patients
- The Implementation and Evaluation of an Evidence-based Statewide Prehospital Pain Management Protocol Developed using the Prehospital Evidence-based Guideline Model Process for Emergency Medical Services

For more information go to: <http://informahealthcare.com/toc/pec/18/Supplement+1>.

k) NAEMSE Seeks Nominations for Hero Award

The National Association of EMS Educators (NAEMSE) is currently seeking nominations for awards presented at their Annual Symposium and Trade Show to be held in Reno, NV, September 16-21, 2014. NAEMSE seeks to recognize EMS instructors who are dedicated to excellence in service to their students. Complete details and nomination packets may be found at the following link: <http://www.naemse.org/hero/>

l) FDA Updates information Regarding Saline Shortages

Due to the shortage of Normal Saline, Fresenius Kabi USA LLC, will temporarily distribute normal saline in the United States from its Norway manufacturing facility. FDA is temporarily exercising enforcement discretion for the distribution of Fresenius Kabi USA’s normal saline product while it is needed to address this critical shortage that directly impacts patients. FDA inspected Fresenius Kabi’s Norway facility where its normal saline product is made to ensure the facility meets FDA standards. FDA asks that health care professionals contact the Fresenius Kabi USA directly to obtain the product. While these initial shipments will help, they will not resolve the shortage. However, FDA is working closely with manufacturers to meet the needs for normal saline across the U.S. in the coming weeks. Please find below the links to the updated general web posting, the Dear Healthcare Professional letter, labeling and an update on this new supply.

- <http://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm314743.htm>
- <http://www.fda.gov/downloads/Drugs/DrugSafety/DrugShortages/UCM390949.pdf>
- <http://www.fda.gov/downloads/Drugs/DrugSafety/DrugShortages/UCM390952.pdf>
- <http://www.fda.gov/Drugs/DrugSafety/ucm382255.htm>

In related news, the American Society of Health-System Pharmacists (ASHP) and the University of Utah Drug Information Service developed a document entitled “*Intravenous Solution Conservation Strategies*” (available here). This document is a very helpful resource for healthcare facilities developing coping strategies for spot shortages. The fact sheet summarizes the status of the current acute shortage of certain large-volume intravenous solutions and provides conservation and inventory control strategies for organizations to consider while managing the current situation. It is important to note that healthcare professionals should use their professional judgment in deciding how to use this information, taking into account the needs and resources of their individual organizations.

m) Ambulance Chassis Shortage Predicted Throughout 2014

Both Ford and GM, the primary producers of chassis for our industry, will be producing fewer chassis for ambulance production in calendar year 2014.

The slowdown has already started at Ford, where a V-10 engine commodity problem has curtailed the availability of Econoline 6.8L vans and cutaways so far this year. Many ambulance manufacturers are reporting they are virtually out of both models, and that new chassis will be scarce for the foreseeable future.

The shortage will escalate in June, when Ford cutaway (Type III) production is shut down for 6 weeks due to a plant modification. In addition, the venerable Econoline van, long the workhorse of our industry, will be completely discontinued at that same time. It will be replaced by the new Ford Transit as part of Ford’s global plan.

Industry sources state that the Transit startup in a new Ford plant will be slower than planned, and that the gas powered Transit vans *with the required ambulance package* are not expected to be available until early calendar 2015. Diesel powered Transit vans may be available slightly earlier. GM is also making some moves that will affect the supply of their ambulance chassis in 2014. A startup of production for a new mid-size pickup in the same GM plant that produces the G series vans and cutaways will reduce the production of those models by approximately 50% in the second half of calendar 2014. GM does not have any significant changes in their ambulance chassis models scheduled in the short term.

Supplies of Ford F cab/chassis, Sprinter, International, Freightliner and Ram appear to be normal, and no shortage is anticipated in those models at this time.

n) FAA Final Rule Addresses Helicopter Operations for Air Ambulance, Commercial, and Part 91

The U.S. Department of Transportation’s Federal Aviation Administration (FAA) has issued a final rule that requires helicopter operators, including air ambulances, to have stricter flight rules and

procedures, improved communications, training, and additional on-board safety equipment. The rule represents the most significant improvements to helicopter safety in decades and responds to government's and industry's concern over continued risk in helicopter operations. All U.S. helicopter operators, including air ambulances, are required to use stricter flying procedures in bad weather. This will provide a greater margin of safety by reducing the probability of collisions with terrain, obstacles or other aircraft. Within 60 days, all operators will be required to use enhanced procedures for flying in challenging weather, at night, and when landing in remote locations. Within three years, helicopter air ambulances must use the latest on-board technology and equipment to avoid terrain and obstacles, and within four years, they must be equipped with flight data monitoring systems. Under the new rule, all Part 135 helicopter operators are required to:

- Equip their helicopters with radio altimeters.
- Have occupants wear life preservers and equip helicopters with a 406 MHz Emergency Locator Transmitter (ELT) when a helicopter is operated beyond power-off glide distance from the shore.
- Use higher weather minimums when identifying an alternate airport in a flight plan.
- Require that pilots are tested to handle flat-light, whiteout, and brownout conditions and demonstrate competency in recovery from an inadvertent encounter with instrument meteorological conditions.

In addition, under the new rule, all air ambulance operators are required to:

- Equip with Helicopter Terrain Awareness and Warning Systems (HTAWS).
- Equip with a flight data monitoring system within four years.
- Establish operations control centers if they are certificate holders with 10 or more helicopter air ambulances.
- Institute pre-flight risk-analysis programs.
- Ensure their pilots in command hold an instrument rating.
- Ensure pilots identify and document the highest obstacle along the planned route before departure.
- Comply with Visual Flight Rules (VFR) weather minimums, Instrument Flight Rules (IFR) operations at airports/heliports without weather reporting, procedures for VFR approaches, and VFR flight planning.
- Conduct the flight using Part 135 weather requirements and flight crew time limitation and rest requirements when medical personnel are on board.
- Conduct safety briefings or training for medical personnel.

This rule became effective on April 22, 2014. For more information go to:

<https://www.federalregister.gov/articles/2014/02/21/2014-03689/helicopter-air-ambulance-commercial-helicopter-and-part-91-helicopter-operations>.

o) NTSB Issues Two Safety Alerts Focusing on Improving Helicopter Safety

The National Transportation Safety Board recently issued two Safety Alerts highlighting the importance of proper maintenance and simulator training as critical ways to improve helicopter safety. This year, helicopter safety was added to the NTSB's Most Wanted List of Safety

Improvements. In the past decade, over 1,500 accidents have occurred involving helicopters used as air ambulances, for search and rescue missions, commercial helicopter operations such as tour flights, and instructional operations. During that same time, the NTSB issued over 200 safety recommendations on issues related to helicopter investigations. The two Safety Alerts are: • Safety Through Helicopter Simulators • Helicopter Safety Starts in the Hangar. Accompanying the safety alerts are two videos, produced in conjunction with Helicopter Association International. Featured in the videos are NTSB investigators sharing their perspectives about the lessons learned from helicopter accident investigations.

The two helicopter Safety Alerts and the two videos, are available at:

http://www.nts.gov/safety/safety_alerts.html

http://www.nts.gov/safety/safety_videos.html

p) New Standards *Interpretations* Adopted by CoAEMSP Board of Directors

The CoAEMSP Board of Directors has adopted several new Interpretations for the CAAHEP *Standards and Guidelines*. The CoAEMSP Interpretations are NOT part of the *Standards and Guidelines* document and are subject to change by CoAEMSP. Questions regarding the Interpretations can be directed to the CoAEMSP Executive Office. The new Interpretations include:

- Sponsorship with regards to students in other states (Distance Education)
- Medical Director Qualifications with regards to students in other states (Distance Education)
- Hospital/Clinical/Field/Internship Affiliations
- Curriculum - Tracking
- Faculty Responsibilities
- Safeguards

You can access the new interpretations at:

<http://coaemsp.org/Documents/Standards Interpretations CoAEMSP-2-7%202014a.pdf>.

q) CAAHEP *Standards* Under Revision

The Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) is responsible for developing and periodically revising the CAAHEP *Standards and Guidelines* in order to maintain: a) compliance with CAAHEP policy, including the *Standards* Template; and b) congruence between the educational preparation of students and the accepted state of practice for the discipline. CAAHEP requires the CoAEMSP to review *Standards and Guidelines* at least once every five (5) years and provide the CAAHEP Board of Directors with a written report on the outcome of review. The current *Standards* were last approved by CAAHEP in 2005. In 2010, with the anticipated change in the profession for programs to become accredited by January 1, 2013, CoAEMSP requested and CAAHEP granted an extension for reviewing the *Standards*. In 2014, with the huge influx of programs successfully brought into the accreditation system, the CoAEMSP has embarked on the revision of the CAAHEP *Standards and Guidelines*. On February 8, 2014, the CoAEMSP Board of Directors approved the first draft of the proposed *Standards and Guidelines*.

The draft is being reviewed by the CAAHEP Standards Committee for its formal review and comment. Once the draft is finalized between the CAAHEP Standards Committee and the CoAEMSP Board of Directors, the draft will be disseminated to all the 14 sponsoring organizations and communities of interest. Solicitations will be made via e-newsletters, social media announcements, the coaemsp.org web site, CoAEMSP workshops, sponsoring organizations communiqués, etc. The revision process is expected to take 18-24 months.

r) FICEMS Releases 5-Year Plan

In an effort to further coordinate federal efforts in emergency medical services (EMS), the members of the Federal Interagency Committee on EMS (FICEMS) recently approved and released the five-year plan at their biannual meeting in Washington D.C. Developed through a collaborative process and funded by three different departments, the plan provides a framework to synchronize interagency efforts and strengthen EMS practices, principles and strategies throughout the United States. During the meeting, members collaborated on the new vision and mission statement, which provide an anchor for the strategic goals and objectives in the plan. For more on the plan's strategic goals and details, visit www.ems.gov/ficems/plan.htm.

s) House Committee Passes Public Health Legislation

The House Energy and Commerce Committee's Subcommittee on Health recently passed the following public health related bills.

- The Improving Trauma Care Act (HR 3548), introduced by Representative Bill Johnson (R-OH), amends the Public Health Service Act to improve the definition of trauma by including injuries caused by thermal, electrical, chemical, or radioactive force. These injuries are commonly treated by burn centers.
- The Trauma Systems and Regionalization of Emergency Care Reauthorization Act (HR 4080), introduced by Representatives Michael C. Burgess (R-TX) and Gene Greene (D-TX), reauthorizes Trauma Care Systems Planning Grants, which support state and rural development of trauma systems. It also reauthorizes pilot projects to implement and assess regionalized emergency care models.

For more information go to: <http://energycommerce.house.gov/markup/health-subcommittee-vote-hr-3548-hr-hr-1281-and-hr-1528>.

t) Senator Introduces "Good Samaritan" Bill on Use of Overdose Prevention Drug

On March 6, Senator Ed Markey (D-MA) introduced the "Opioid Overdose Reduction Act" (S.2092), which is "Good Samaritan" legislation to protect first responders, volunteers, family members who administer opioid overdose prevention drugs. The bill protects from civil liability individuals who have been properly trained and who administer Naloxone as well as health care professionals who prescribe Naloxone to a person at risk of overdose or a third party, such as a family member of an abuser. A one-page summary of the legislation can be found at: http://www.markey.senate.gov/imo/media/doc/Opiod_ReductionAct_Summary.pdf. On March 11, Senator Markey sent a letter to the Food and Drug Administration (FDA) calling on them to

engage researchers, addiction treatment leaders, and drug developers to develop and approve new therapies that will reduce drug use, as well as reduce the harms associated with it.

u) **Optimal Resources for Children's Surgical Care in the United States**

The American College of Surgeons has issued new standards aimed at ensuring surgical facilities achieve optimal outcomes in young patients by meeting the medical, emotional and social needs of children and infants. The standards categorize facilities by level of resources, similar to the classification of trauma centers:

- **Level I** facilities are at the highest level of preparedness. They're equipped to perform complex and non-complex procedures on children of all ages, are staffed around the clock with credentialed pediatric surgeons, anesthesiologists, radiologist and ER docs, and have Level IV NICUs.
- **Level II** facilities are capable of providing advanced care for children of all ages, including those with comorbid conditions, typically in a single surgical specialty. A certified pediatric surgeon, anesthesiologist and radiologist must be on staff, with other pediatric specialists available for consultation. Facilities must have a Level III or higher NICU and be able to stabilize and transfer critically ill children to a hospital with higher-level resources.
- **Level III** facilities have the resources to perform common, low-risk procedures in otherwise healthy children older than 1 year. A general surgeon, anesthesiologist and emergency physician with pediatric experience must be on staff. These facilities must have a Level I or higher NICU and be able to stabilize and transfer critically ill children to a hospital with higher-level resources.

Additionally, all facilities hosting pediatric patients must have at least 1 pediatric surgical nurse on staff, must develop a pediatric rapid response team that's available at all hours and have an in-house physician certified in Pediatric Advanced Life Support. They must also be equipped for the resuscitation of pediatric patients in all clinical care areas.

v) **May is National Trauma Awareness Month**

The American Trauma Society, in collaboration with the Society of Trauma Nurses, is once again pleased to present National Trauma Awareness Month. This May, National Trauma Awareness Month celebrates its 26th anniversary with the campaign slogan, “*Playing It Safe*” will focus on **Sports Injuries**. In recent years, increasing numbers of people of all ages have been heeding their health professionals’ advice to get active for all of the health benefits exercise has to offer. But for some people—particularly those who overdo or who don’t properly train or warm up—these benefits can come at a price: sports injuries. For more information go to:

<http://www.amtrauma.org/programs/resources/trauma-awareness-month-2014/index.aspx>.

w) IRS Excludes Volunteer Firefighters and EMS Personnel from ACA Employer Mandate

The Internal Revenue Service (IRS) and US Treasury Department have issued final regulations on the Shared Responsibility for Employers Regarding Health Coverage provisions under section 4980H of the Internal Revenue Code (Employer Mandate Provision of the Affordable Care Act), including a section on volunteer firefighters and emergency medical personnel. The final regulations provide that hours of service do not include hours worked as a “bona fide volunteer.” According to the regulations, “the definition of ‘bona fide volunteer’ is generally based on the definition of that term... which provides special rules for length of service awards offered to certain volunteer firefighters and emergency medical providers under a municipal deferred compensation plan. For purposes of section 4980H, bona fide volunteers are not limited to volunteer firefighters and emergency medical providers. Rather, bona fide volunteers include any volunteer who is an employee of a government entity or an organization described in section 501(c) that is exempt from taxation.” This provision ensures that hours worked by volunteers will not cause them to be treated as full-time employees under the Employer Mandate Provision. The regulations became effective February 12, 2014. For more information go to: <http://www.gpo.gov/fdsys/pkg/FR-2014-02-12/pdf/2014-03082.pdf>.

x) New National Organization Fills Gaps for Public Safety Infection Control Officers

Every emergency response employer in the United States is required by law to have a designated infection control officer (DICO). Individuals often are appointed to this position without being given any training or assistance on how to do the job. NAPSICO has been formed to fill this gap and provide DICOs what they need to effectively serve in this role. The National Association for Public Safety Infection Control Officers (NAPSICO) is a new non-profit association established to provide designated infection control officers (DICOs) the tools needed to develop and manage an effective infection control program in their organization. This Association is focused directly to the needs of the public safety DICO's. All information provided regarding diseases and infection control will be evidence-based, which will facilitate appropriate policy and procedure development and cost-benefit analysis. Visit the web site at www.napsico.org.

y) Senate Passes ICD-10 Delay Bill

The Senate has voted to approve a bill that will delay the implementation of ICD-10-CM/PCS by at least one year. The bill now moves to President Obama, who is expected to sign it into law. The bill was passed 64-35 at 6:59 pm ET on Monday, March 31. The bill, H.R. 4302, Protecting Access to Medicare Act of 2014, mainly creates a temporary “fix” to the Medicare sustainable growth rate (SGR). A seven-line section of the bill states that the Department of Health and Human Services (HHS) cannot adopt the ICD-10 code set as the standard until at least October 1, 2015. The healthcare industry had been preparing to switch to the ICD-10 code set on October 1, 2014. For more information go to: <https://www.govtrack.us/congress/bills/113/hr4302/text>.

National Association of State EMS Officials (NASEMSO)

Note: The Virginia Office of EMS is an active participant in the NASEMSO and has several leadership roles in each NASEMSO Council. The National Association of State EMS Officials is the lead national organization for EMS, a respected voice for national EMS policy with comprehensive concern and commitment for the development of effective, integrated, community-based, universal and consistent EMS systems. Its members are the leaders of their state and territory EMS systems.

z) NASEMSO Supports Standardized Ambulance Equipment List

Four decades ago, the Committee on Trauma of the American College of Surgeons (ACS) developed a list of standardized equipment for ambulances. In 1988, the American College of Emergency Physicians (ACEP) published a similar list. The two organizations collaborated on a joint document published in 2000, and the National Association of EMS Physicians (NAEMSP) participated in the 2005 revision. The 2005 revision included resources needed on emergency ground ambulances for appropriate homeland security. All three organizations adhere to the principle that emergency medical services (EMS) providers at all levels must have the appropriate equipment and supplies to optimize out-of-hospital delivery of care. The document was written to serve as a standard for the equipment needs of emergency ground ambulance services both in the United States and Canada. Equipment requirements will vary, depending on the certification or licensure levels of the providers (as defined by the National EMS Scope of Practice Model 2007), local medical direction and jurisdiction, population densities, geographic and economic conditions of the region, and other factors. In 2013, NASEMSO participated in the revision of *Equipment for Ground Ambulances* and now offers it as a resource for state EMS offices at <http://www.nasemso.org/Advocacy/Supported/index.asp>.

aa) NASEMSO Provides Comments to the National EMS Advisory Council

NASEMSO has provided comments to the National EMS Advisory Council (NEMSAC) on its *Recommendations for Revision of the Education Agenda* for the Future. NASEMSO reiterated its support for the original plan that includes timely revisions involving various components of the Agenda with consideration to evidence-based practice and integration with evolving model documents. For more information go to:

<http://www.nasemso.org/Advocacy/Supported/documents/NEMSAC-Response14Jan2014.pdf>

bb) NASEMSO Offers Compilation of Blast Injury Training Resources

The National Association of State EMS Officials (NASEMSO) Education and Professional Standards Council, Medical Directors Council, and Domestic Preparedness Committee has prepared a compilation of EMS training resources on bombings and blast injuries available free of charge through the Terrorism Injuries: Information, Dissemination and Exchange (TIIDE) partnership, the Firefighters Support Foundation, the International Association of Arson Investigators, and others. Several of these resources can be immediately used to support just in time blast injury and public health preparedness training efforts to prepare EMS responders at the state, regional, and local levels. NASEMSO will be utilizing this model to assist state EMS offices with future training

needs. For more information go to:

<https://www.nasemso.org/Projects/DomesticPreparedness/Training-Opportunities.asp>.

cc) NASEMSO Poster Competition Slated for 2014 Annual Meeting

Interested persons are reminded that NASEMSO is conducting a poster competition in conjunction with the NASEMSO Annual Meeting in Cleveland, OH October 6-10, 2014. The goal of the NASEMSO-sponsored poster competition is to foster and develop system research and performance assessment and improvement skills in State offices of EMS and trauma. Download the Call for Posters and for complete details go to:

<http://www.nasemso.org/Meetings/Annual/documents/NASEMSO-2014-Call-for-Posters.pdf>. The deadline for abstracts is **August 31, 2014**. Questions should be directed to Terry Mullins, terry.mullins@azdhs.gov.

dd) NASEMSO Offers New Resources to Assist Implementation Efforts

To assist state EMS officials, EMS program administrators, and others explain background and implementation progress related to the EMS Education Agenda for the Future, NASEMSO's Implementation Team has posted a Powerpoint presentation, "2014: A New Day in EMS Education The Progress Continues" on the NASEMSO web site. It has been provided in a ppt format so that users can modify the approach to meet state and local needs. The presentation can be downloaded at: <http://www.nasemso.org/EMSEducationImplementationPlanning/Toolkit.asp>

Visitors to NASEMSO's Education Agenda web site should notice that the web site has been reorganized to provide greater access to several resources intended to support implementation efforts, hopefully making them easier to find and use.

ee) Model EMS Clinical Guidelines - DRAFT Available for Public Review

The DRAFT *Model EMS Clinical Guidelines* are now posted at Model EMS Guidelines Project. The initial 2-year effort is led by the NASEMSO Medical Directors Council and comprised of a team of physicians from the American College of Emergency Physicians (ACEP), National Association of EMS Physicians (NAEMSP), American College of Osteopathic Emergency Physicians (ACOEP), American Academy of Emergency Medicine (AAEM), American Academy of Pediatrics, Committee on Pediatric Emergency Medicine (AAP-COPEM), American College of Surgeons, Committee on Trauma (ACS-COT) and Air Medical Physician Association (AMPA). While not yet a comprehensive set of EMS protocols, the Model Guidelines are intended to be a resource for EMS medical directors and EMS systems of care. They incorporate the latest evidence-based guidelines and will be updated over time. The Co-PIs, Drs. Carol Cunningham (Ohio State Medical Director) and Richard Kamin (Connecticut State Medical Director) are requesting input from the EMS community, as well as physician specialty organizations. Comments were due no later than April 30, 2014. The team will meet to review all comments the first week of May.

ff) NASEMSO Joins Coalition to Support EMS-C Appropriations

NASEMSO has joined forces with national, state, and local organizations in a letter to the House Subcommittee on Labor, Health and Human Services, and Education to restore funding for the

Emergency Medical Services for Children (EMSC) program at the Health Resources and Services Administration to \$21,116,000 in the Fiscal Year (FY) 2015 Labor, HHS, Education (LHHS) appropriations bill. The letter explained that “Every state has received EMSC funds, which they have used to ensure that hospitals and ambulances are properly equipped to treat pediatric emergencies, to provide pediatric training to paramedics and first responders, and to improve the systems that allow for efficient, effective pediatric emergency medical care. Additionally, EMSC funding has helped to improve pediatric capacity and transport of pediatric patients and address emerging issues such as pediatric emergency care readiness and pediatric emergency medical services in rural and remote areas.” The sign-on letter is available on the NASEMSO web site at: <http://www.nasemso.org/Advocacy/Supported/index.asp>.

Educational Development

III. Educational Development

Committees

- A. **Training and Certification Committee (TCC):** The Training and Certification Committee met on Wednesday, April 9, 2014. There were no action items to be considered by the Board. The CTS policy workgroup recommended to OEMS that the minimum number of candidates registered to hold a Consolidated Test Site (CTS) be lowered from 15 to 10 to reduce the number of canceled test sites. OEMS accepted the recommendation.

Copies of past minutes are available on the Office of EMS Web page at:

<http://www.vdh.virginia.gov/OEMS/Training/Committees-PDC.htm>

- B. **Medical Direction Committee (MDC)** The Medical Direction Committee meeting met on Thursday, April 10, 2014. There are no action items to be considered by the Board.

Copies of past minutes are available from the Office of EMS web page at:

<http://www.vdh.virginia.gov/OEMS/Training/Committees.asp>

New EMS Certification Process effective March 1, 2014

As of March 1, 2014, the EMS recertification process in Virginia has changed. Any provider, regardless of affiliation status, who receives recertification eligibility prior to their certification expiration, will automatically be recertified during the month of their certification expiration. There is no action required by the provider for this to occur, other than to assure their continuing education is received by the office prior to their certification expiration. Submission of a “blue form” with an OMD test waiver signature is no longer required.

ALS –Coordinators and Emergency Operations Instructors will continue to recertify through their normal process.

The new process allows the provider to recertify early, should they choose to do so.

Once a provider has complied with all recertification criteria prior to their certification expiration date, instead of an eligibility letter, the following notification will appear in their EMS portal:

ALS Certification Exam Letters

Test/Eligibility	Level	Eligibility Letter	Expiration Date
Recertification Eligibility Notice	I		03/31/2014
Congratulations on completing the continuing education requirements for recertification. Your certification will be automatically renewed and a new certification card mailed to you during the month of your current certification expiration. However, you have the option to recertify early by simply clicking on the box at the right. Clicking on the box at the right will process your recertification during tonight's run and a new certification card will be mailed tomorrow.			Recertify Me <input type="checkbox"/>

BLS Certification Exam Letters

Test/Eligibility	Level	Eligibility Letter	Expiration Date
No test letters			

By checking this box, the provider’s certification will be processed and a new certification card will be issued the next day. This allows providers who wish to forfeit any remaining time on their current EMS certification to do so and to recertify early. We primarily see this as an option for those who wish to keep both their Virginia EMS certification and their National Registry certification continuing education on the same rotation. Please remember, this is an optional process. Regardless of whether or not you check the box, you will automatically be recertified during you certification expiration month if you are eligible.

Important Note:

This change does not affect re-entry. If a provider’s CE is not received in the office prior to the certification expiration date, regardless of when the class was taken, the provider reverts to re-entry status. There is no grace period for the submission of CE. Upon receiving eligibility to recertify while in re-entry status, the provider will need to pass the certification examination. The new recertification process does not apply. A BLS provider will be required to pass both the Virginia psychomotor exam and the National Registry cognitive examination at their expense. ALS providers will be required to pass the National Registry cognitive assessment examination at their expense.

Providers, who obtained certification by legal recognition or are in the process of challenging Virginia EMT, must successfully complete the Virginia psychomotor exam and the National Registry cognitive examination at their expense after receiving an eligibility notice. The new recertification process does not apply if this is the first Virginia recertification for the provider who obtained their current certification through legal recognition; however, subsequent recertifications will follow the “new” process as described.

As with any new program, there may be some unforeseen or unanticipated situations. For those providers who are eligible for recertification and have not been recertified by the middle of the month of certification expiration, please contact the office.

Please contact OEMS training staff with any questions at 1-800-523-6019 or 804-888-9120.

To assist EMS providers in understanding the new recertification process we have developed a flowchart that is found in **Appendix D.**

Advanced Life Support Program

- A. An EMS Educator Institute was held on March 29 – April 2, 2014 at VAVRS HQ in Oilville. Two (2) candidates gained endorsement as an ALS Coordinator. These are the last two initial endorsements that will be granted for ALS Coordinator. Recertification of current ALS Coordinators will continue, however, anyone wishing to become eligible to serve as a Program Director for initial ALS certification programs must obtain their EMS Educator certification.

- B. Issuance of Virginia paramedic certification for current Nationally Registered I-99s who complete an approved Virginia I to P bridge program is now fully automated and it is no longer necessary to submit a paper application for reciprocity. I will take approximately one week between the time an individual obtains their National Registry certification and when their Virginia certification is issued.

Basic Life Support Program

- A. EMS Education Coordinator Institute
 - 1. The Office held an off-cycle EMS Education Coordinator (EC) Psychomotor Exam on March 1, 2014. Seven (7) Candidates attended and passed the exam.
 - 2. An off-cycle EC Institute was held March 29-April 2nd in Oilville VA. Eight (8) EC Candidates and the final two ALS-C Candidates completed the process.
 - 3. The next EC Psychomotor Exam is scheduled for May 3, 2014 in the Richmond Area.
 - 4. The Next EC Institute is scheduled for June 7-11 in Blacksburg, VA in conjunction with the VAVRS Rescue College
 - 5. EMS Providers interested in becoming an EMS Education Coordinator please contact Greg Neiman, BLS Training Specialist by e-mail at Gregory.Neiman@vdh.virginia.gov
 - 6. Schedule of the various deadlines and EC Institutes can be found on our website:
http://www.vdh.virginia.gov/OEMS/Training/BLS_InstructorSchedule.htm

B. EMS Educator Updates:

1. During 2014, the Division of Educational Development (DED) will continue to provide in-person Educator Updates. DED will be traveling to the Regions we did not visit in 2013.
2. Since the last state EMS Advisory Board meeting, the Office conducted in-person EMS Instructor Updates on March 15 in the REMS Council area and April 19 in the TJEMS Council area.
3. The schedule of future updates can be found on the OEMS Web at: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm
- 4.

EMS Training Funds

FY12

	<i>Commit \$</i>	<i>Payment \$</i>	<i>Balance \$</i>
BLS Initial Course Funding	\$784,836.00	\$416,612.42	\$368,223.58
BLS CE Course Funding	\$122,640.00	\$43,898.75	\$78,741.25
ALS CE Course Funding	\$273,840.00	\$85,776.25	\$188,063.75
BLS Auxiliary Program	\$94,000.00	\$15,200.00	\$78,800.00
ALS Auxiliary Program	\$332,000.00	\$182,910.00	\$149,090.00
ALS Initial Course Funding	\$734,067.66	\$712,441.49	\$21,626.17
Totals	\$2,341,383.66	\$1,456,838.91	\$884,544.75

FY13

	<i>Commit \$</i>	<i>Payment \$</i>	<i>Balance \$</i>
Emergency Ops Funding	\$1,460.00	\$755.00	\$705.00
BLS Initial Course Funding	\$729,348.00	\$353,918.16	\$375,429.84
BLS CE Course Funding	\$125,160.00	\$48,011.21	\$77,148.79
ALS CE Course Funding	\$297,360.00	\$77,315.00	\$220,045.00
BLS Auxiliary Program	\$80,000.00	\$18,120.00	\$61,880.00
ALS Auxiliary Program	\$350,000.00	\$158,645.00	\$191,355.00
ALS Initial Course Funding	\$1,102,668.00	\$536,283.39	\$566,384.61
Totals	\$2,685,996.00	\$1,193,047.76	\$1,492,948.24

FY14

	<i>Commit \$</i>	<i>Payment \$</i>	<i>Balance \$</i>
Emergency Ops Funding	\$1,120.00	\$140.00	\$980.00
BLS Initial Course Funding	\$742,356.00	\$283,927.56	\$458,428.44
BLS CE Course Funding	\$89,932.50	\$24,412.50	\$65,520.00
ALS CE Course Funding	\$216,777.50	\$52,937.50	\$163,840.00
BLS Auxiliary Program	\$128,000.00	\$42,640.00	\$85,360.00
ALS Auxiliary Program	\$300,000.00	\$121,920.00	\$178,080.00
ALS Initial Course Funding	1,164,024.00	\$407,267.04	\$756,756.96
Totals	\$2,642,210.00	\$933,244.60	\$1,708,965.40

EMS Education Program Accreditation

- A. EMS accreditation program.
1. Emergency Medical Technician (EMT)
 - a) Navy Region is scheduled for their one year follow-up visit in May.
 - b) City of Virginia Beach Fire/EMS is scheduled for their one year follow-up visit in May.
 - c) Frederick County Fire and Rescue has submitted their self-study and is currently under review in the office before being assigned to an accreditation team.
 2. Advanced Emergency Medical Technician (AEMT)
 - a) Frederick County Fire and Rescue has submitted their self-study and it is currently under review in the office before being assigned to an accreditation team.
 3. Intermediate – Reaccreditation
 - a) UVA Prehospital Program is being scheduled for their reaccreditation visit.
 4. Intermediate – Initial
 - a) Southwest Virginia EMS Council has submitted their self-study and it is currently under review in the office before being assigned to an accreditation team.
 5. Paramedic – Initial
 - a) Patrick Henry Community College had their CoAEMSP initial accreditation visit in April and is awaiting their report of findings.
 - b) Lord Fairfax Community College is awaiting their accreditation status from their accreditation site visit held in October 2013.
 - c) Associates in Emergency Care has been granted full accreditation from CAAHEP.
 6. Paramedic – Reaccreditation
 - a) No applications on file.
- C. For more detailed information, please view the Accredited Site Directory found on the OEMS web site at:
1. <http://www.vdh.state.va.us/OEMS/Training/Accreditation.htm>
- D. Effective January 1, 2013, students must enroll in a nationally accredited paramedic program to qualify for National Registry certification. National accreditation is offered through the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – www.coaemsp.org).
1. Virginia paramedic training programs in the Commonwealth have met the requirements making their students eligible to test NREMT.

2. The following programs have not met the standards to obtain national accreditation through CoAEMSP/CAAHEP.
 - a) Rappahannock EMS Council Paramedic Program
 - (1) Has received their Letter of Review from CoAEMSP and have completed their first cohort class. They are now required to submit their Initial-Accreditation Self Study Report (ISSR) within the next six months after which their initial site visit will be scheduled.
 - b) Prince William County Paramedic Program
 - (1) Has received their Letter of Review from CoAEMSP and have completed their first cohort class. They are now required to submit their Initial-Accreditation Self Study Report (ISSR) within the next six months after which their initial site visit will be scheduled.

On Line EMS Continuing Education

Distributive Continuing Education

EMSAT programs are available FREE on the internet. Certified Virginia EMS providers can receive free EMSAT continuing education courses on your home or station PCs. Fifty to sixty EMSAT programs are available on CentreLearn Solutions LLC, at no cost to Virginia EMS providers. For specifics, please view the instructions listed under Education & Certification, EMSAT Online Training. For more information on EMSAT, including schedule and designated receive sites, visit the OEMS Web page at:

<http://www.vdh.virginia.gov/OEMS/Training/WebBasedCE.htm>

EMSAT

A. EMSAT programs for the next three months include:

1. May 21, Responding to Agricultural Injuries
Cat. 1 ALS, Area 83, Cat. 1 BLS, Area 04

- Jun. 18, Managing Mass Casualties
Cat. 2 ALS, Cat. 2 BLS

- July 16, Infection Control Update 2014
Cat. 1 ALS, Area 89, Cat. 1 BLS, Area 06

The EMS Portal – EMS Physician Access

The Office of EMS has released phase 1 of the EMS Physician portal. EMS physicians now have access to their agencies, providers, courses, education coordinator endorsements, educational program statistics and they can check on the status of their re-endorsement. All current EMS physicians received an email providing information on how to access their portal. Any concerns or issues related to gaining access to the EMS Physician Portal should be directed to Mr. Warren Short or Mr. Michael Berg.

The EMS Portal is an all encompassing electronic dossier which provides unrivaled, 24/7/365 access to Virginia EMS providers, physicians, EMS agency officials and educators. Some of the features of the EMS Portal for providers include access to:

- EMS Agency affiliation data
- Continuing Education (CE) reports
- Enrolled course data
- Certification Test Eligibility letters
- Certification Test Results
- E-mail notifications of certification expiration
- Access to update/change address, phone number and e-mail address
- E-mail opt-in/opt-out functionality allowing for updates from various Divisions within the Office of EMS.

Please be sure to keep your email address up to date and assure it is listed correctly in the portal.

CTS

- A. There have been 27- CTS, 0- EMT accredited course and 3- ALS psychomotor test sites conducted since the last state EMS Advisory Board meeting held on February 7, 2014.
- B. Theresa Kingsley has resigned her examiner position leaving two examiner positions open in the southwestern region. Examiner positions are also being advertised for the western, peninsulas and tidewater EMS council regions. Interviews for the southwestern positions will begin soon.
- C. UPDATE FROM PREVIOUS REPORT. The following are the only written examinations that will be offered at Consolidated Test Sites as of January 1, 2014:
 - a. EMT Instructor re-entry until October 31, 2014
 - b. EMS Education Coordinator Pretest
 - c. EMT Enhanced retest

- D. The Office of EMS is implementing the recommendation from TCC to reduce the number required to hold a psychomotor test site from 15 to 10.
- E. There is a TCC workgroup that is developing an updated CTS evaluator training program that will be added as an appendix to the Psychomotor Examination Guide (PEG).

Other Activities

- The division continues working closely with OIM, OEMS Administration, and the EMS Symposium Program Committee to develop a new web-based program to manage the annual state EMS Symposium.
- Warren Short continues to participate on the National Governor's Association workgroup investigating processes to integrate veterans into the workforce and matters related to their licensure and certification. Debbie Akers is also assisting Mr. Short with this project.
- Debbie Akers participated in a NASEMSO webinar entitled Community Paramedicine Insights Forum: CP/CP and MIH/MHP - Sorting the Concepts (A Primer, But So Much More!) on February 17th.
- Warren Short participates on monthly NASEMSO's Education and Professional Standards Committee's (EPSC) conference calls
- The Division met with Major Boyd of the Va. National Guard, as part of the interest in assuring a seamless transition to EMS in civilian life on March 3rd.
- The Division conducted two retreats aimed at updating the Training Program Administrative Manual (TPAM) and hopes to have this project completed and rolled out by June.
- The Division was invited and participated with the Virginia Community College Systems' EMS program at their retreat held in Glen Allen the beginning of April.
- Warren Short participated in a meeting of the Atlantic EMS Councils EPSC committee April 23rd through 25th.

Emergency Operations

IV. Emergency Operations

Operations

- **New Emergency Operations Staff Member**

The Division of Emergency Operations welcomed Mrs. Constance Green as the new Emergency Operations Assistant Manager. Connie received her BA degree from Tulane University, her MBA from Auburn University, and is currently working on her PhD in Public Policy & Public Administration. She comes to the Office of EMS from the County of Henrico and previous to that she was employed with the Virginia Governor's Office of the Commonwealth Preparedness from 2002-2010. She has been a Volunteer EMT- B & Firefighter since 2002 and she is a Nationally Registered EMT – Paramedic and VA certified EMT – Paramedic and Firefighter II.

In her position, Connie will oversee the Emergency Planner, HMERT Coordinator, provider Health and Safety, and the Emergency Operations Training programs.

- **Winter Storm Operations**

On February 13, 2014, the Emergency Operations Planner provided ESF-8 support at the Virginia EOC for winter storms that were impacting the Commonwealth. While no ESF-8 requests were made, OEMS was prepared to continue to staff the EOC as necessary.

- **Statewide Tornado Drill**

Winnie Pennington, Emergency Planner, coordinated the Office of EMS participation in the Statewide Tornado Drill on March 11, 2014. The drill provided an opportunity to review and exercise the Building Emergency and Evacuation Plan (BEEP).

- **Virginia 1 DMAT**

Frank Cheatham, HMERT Coordinator continues to attend Va-1 DMAT meetings as a representative of the Office of EMS.

- **Vicarious Trauma Toolbox Committee**

Karen Owens, Emergency Operations Manager, has been appointed as the NASEMSO representative on a national committee tasked with creating a toolkit for helping first responders deal with Vicarious Trauma. Vicarious Trauma can occur in first responders leading to a transformation in the self that results from empathic engagement with traumatized patients and their reports of traumatic experiences. Its hallmark is disrupted spirituality, or a disruption in the first responders perceived meaning and hope.

The committee, which is funded by a grant through Northeastern University, has developed a survey and will meet next quarter to review the survey and potential results.

- **Mid-Atlantic EMAC Pre-planning**

Karen Owens, Emergency Operations Manager and Frank Cheatham, HMERT Coordinator have participated in two phone calls of the Mid-Atlantic states to discuss pre-planning possibilities for EMAC requests.

Committees/Meetings

- **EMS Provider Health and Safety Committee**

Karen Owens, Emergency Operations Manager, participated in the quarterly meeting of the EMS Provider Health and Safety Committee on February 6, 2014. The committee focused on the education that can be shared with providers to improve health and safety.

- **EMS Communications Committee**

The EMS Communications Committee met on February 7, 2013. Communications Coordinator Ken Crumpler presented to the committee the pending PSAP accreditation applications for the Martinsville-Henry Co. 9-1-1. The committee reviewed the application and voted unanimously to accept. There was further discussion on potential changes in reaccreditation procedures and the committee agreed to extend the accreditation/reaccreditation for three (3) years, to automate the reaccreditation process, to issue new certificates reflecting the three year expiration date and to send a letter to the PSAP when reaccreditation requirements had been met. The committee discussed the upgrade of the OEMS Communications Directory and EMD Coverage map. It was suggested OEMS provide a portal so local PSAP's can update their information electronically.

- **EMS Emergency Management Committee**

The EMS Emergency Management Committee met on February 6, 2013. The meeting, attended by the Emergency Planner and Emergency Manager included discussions of the position paper on patient tracking.

- **Virginia Strategic Highway Safety Plan Steering Committee**

The HMERT Coordinator and Director of the office attended a meeting of the Steering Committee and received an update on activities at the state and national level.

- **Traffic Incident Management (TIM)**

The HMERT Coordinator serves on the group overseeing the deployment of the Traffic Incident Management (TIM) training program in the Commonwealth. The focus of the group is the

Strategic Highway Research Program (SHRP) 2 training curriculum that was developed by the federal government. Classes were held in several parts of the state. He also continues serves as the Chairperson of the Best Practices workgroup under the Statewide TIM Committee. That workgroup held a meeting on April 16.

Training

- **Virginia Emergency Management Association Conference**

Winnie Pennington attended the Virginia Emergency Management Association conference March 19-21, 2014 held in Hampton Virginia. During the conference Winnie attended various classes including a presentation on the response to Hurricane Sandy in New York and New Jersey.

- **Vehicle Rescue Courses**

Three vehicle rescue course were held in this quarter. The classes, held in Crewe, Kenbridge, and Virgilina, had 16-20 students each.

Communications

- **OEMS Public Safety Answering Point (PSAP) & 911 Center Accreditation**

PSAP Accreditation for Martinsville-Henry Co. was approved by the EMS Advisory Board on February 7, 2014. Mr. Crumpler presented the accreditation before the Henry Co. Board of Supervisors the evening of March 25, 2014.

Additionally, Ken Crumpler attended a site visit to Staunton 9-1-1 to answer questions regarding the PSAP and 911 Center accreditation program.

- **The Association of Public Safety Communications Officers (APCO) and National Emergency Number Association (NENA)**

OEMS was represented at the winter APCO/NENA meeting in Chesterfield on Tuesday, February 4, 2014. Mr. Crumpler spoke regarding changes in PSAP accreditation and provided information on RSAF grant funding for emergency medical dispatch.

- **OEMS Radio Cache**

Working with the HMERT Coordinator the Communications Coordinator has secured ten (10) STARS radios to be issued to HMERT Teams in the event of a call out due to an emergency. These units are already programmed for appropriate channels and are easily installed.

Critical Incident Stress Management (CISM)

- **CISM Regional Council Reports**

During this reporting quarter Regional EMS Council CISM teams reported 16 events, including education sessions, training classes, and debriefings (both group and one-on-one sessions).

Planning and Regional Coordination

V. Planning and Regional Coordination

Regional EMS Councils

Regional EMS Councils

The Regional EMS Councils have submitted their FY14 Third Quarter contract reports throughout the month of January, and are under review. The EMS Systems Planner attended the Lord Fairfax, and Western Virginia EMS Council Board of Directors meetings during the quarter.

Medevac Program

The Medevac Committee is scheduled to meet on May 8, 2014. The minutes of the February 6, 2014 meeting are available on the OEMS website.

The Medevac WeatherSafe application continues to grow in the amount of data submitted. In terms of weather turndowns, there were 585 entries into the WeatherSafe system in the first quarter of 2014. 70% of those entries (415 entries) were for interfacility transports, which is a continuing trend. The total number of turndowns is an increase from 603 entries in the first quarter of 2013. This data continues to show dedication to the program itself, but also to maintaining safety of medevac personnel and equipment.

On February 21, 2014, The Federal Aviation Administration (FAA) released new rules and regulations governing Helicopter Air Ambulance Operations. These regulations were to be implemented on April 22, 2014. On April 21, 2014, the FAA released notification that the implementation date had been extended to April 22, 2015. This will allow certificate holders sufficient time to implement the new requirements based on the regulations.

OEMS and Medevac stakeholders continue to monitor developments regarding federal legislation and other documents related to Medevac safety and regulation.

State EMS Plan

The Virginia Office of EMS Strategic and Operational Plan is mandated through *The Code of Virginia* to be reviewed and revised on a triennial basis. The current version of the plan was approved by the State Board of Health in March of 2011.

A draft was approved by the EMS Advisory Board in November of 2013. OEMS is presenting the plan to the Board of Health in June for approval.

The current version of the State EMS Plan is available for download on the OEMS website at <http://www.vdh.virginia.gov/OEMS/EMSPlan/index.htm>

Public Information and Education

VI. Public Information and Education

Public Relations

EMS Bulletin

PR coordinator finished editing the winter EMS Bulletin and had it posted on the OEMS website, February 28. Promoted it via social media and through the Constant Contact Listserv. The EMS Bulletin was among the top five most downloaded items on the OEMS website in February and March.

Promotions

Via Social Media Outlets

We continue to keep OEMS' Twitter and Facebook pages active, educational and relevant by posting daily and/or weekly updates that provide important announcements and health-related topics to increase awareness and promote the mission of OEMS and VDH. Also regained access to the OEMS YouTube site in March, and posted new training videos courtesy of the Division of Educational Development. Some of the subjects that were featured from January - March are as follows:

- **January** – Certification extension, symposium call for presentations, cold weather safety reminders, VPHIB special initiative grant deadline, Influenza update, National Emergency Medical Services Memorial Foundation, Affordable Care Act, winter weather tips, office closures and Tidewater EMS Expo.
- **February** – Train the Trainer course on bloodborne/airborne and droplet transmitted diseases, winter weather preparedness, governor-declared state of emergencies, EMSC Survey deadline, Ready Virginia app, office closures, VAVRS Rescue College, VPHIB Special Initiative Grant awards announced, severe weather alerts/warnings, NVFC and Fire Engineering webinar and spring EMS Bulletin.
- **March** – Inclement weather closures, Statewide Tornado Drill registration, Ambulance chassis shortage, Napisco website, suicide prevention in EMS article, the Virginia Firefighter Games, Statewide Tornado Drill info, National Poison Prevention Week and Fairfax County USAR on Today Show.

Customer Service Feedback Form (Ongoing)

- PR assistant provides monthly reports to EMS management regarding OEMS Customer Service Feedback Form.

- PR assistant also provides weekly attention notices (when necessary) to director and assistant director concerning responses that may require immediate attention.

12-Lead Survey

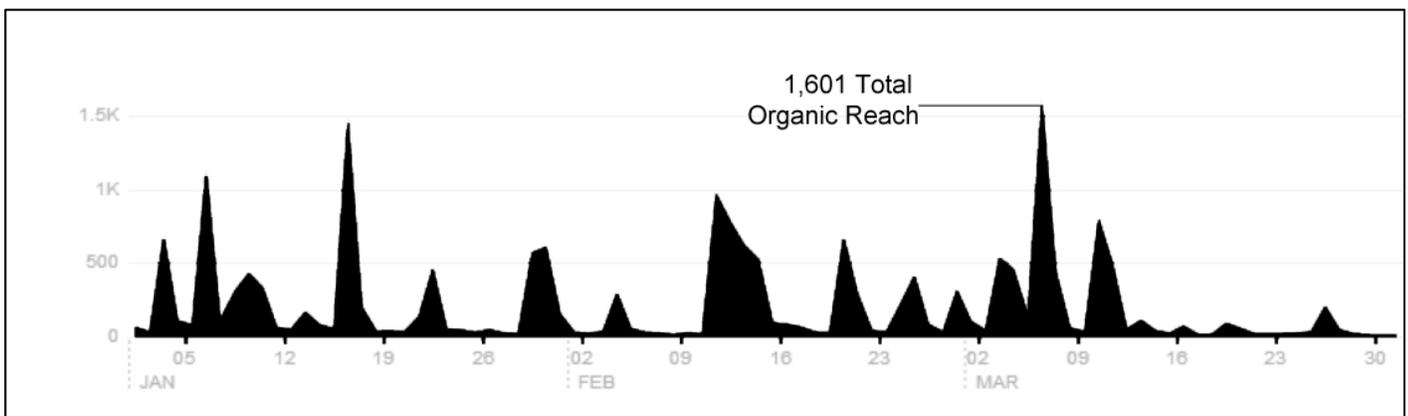
- PR assistant helped complete data collection for the 12-Lead ECG Survey by assisting the Regional EMS Councils in their collection and submission of final surveys from EMS agencies.
- The survey officially closed January 28, at which point the PR assistant began reviewing and downloading the data for analysis.

Social Media and Website Statistics

Figure 1: This graph shows the total organic reach of users who saw content from our Facebook page, January - March 2014. Each point represents the total reach of organic users in the 7-day period ending with that day.

Organic reach is the number of unique people who saw our post in the newsfeed or on our page, including people who saw it from a story shared by a friend when they liked it, commented on it, shared our post, answered a question or responded to an event. Also includes page mentions and check-ins. Viral reach is counted as part of organic reach.

***As of April 22, 2014, the OEMS Facebook page had 3,598 likes, which is an increase of 124 new likes since January 22, 2014. As of April 22, 2014, the OEMS Twitter page had**



2,572 followers, which is an increase of 186 followers since January 22, 2014.

Figure 2: This table represents the top five downloaded items on the OEMS website from January – March 2014.

January	<ol style="list-style-type: none"> 1. EMSAT on CentreLearn Instructions (27,203) 2. 2010 Symposium Presentations LMGT-732 (24,072) 3. Electronic Student Enrollment for Virginia EMS Certification (16,188) 4. 2012 Symposium Presentations OPE-4006 (13,805) 5. EMS Bulletin – Fall 2013 (11,876)
February	<ol style="list-style-type: none"> 1. 2010 Symposium Presentations LMGT-732 (36,628) 2. EMSAT CentreLearn Instructions (26,906) 3. 2013 Symposium Presentations AIR-202 (23,708) 4. EMS Bulletin - Winter 2014 (18,264) 5. 2013 Symposium Presentations SPE-6008 (12,545)
March	<ol style="list-style-type: none"> 1. EMS Bulletin – Winter 2014 (40,817) 2. EMSAT CentreLearn Instructions (31,685) 3. 2010 Symposium Presentations LMGT-732 (27,233) 4. 2013 Symposium Presentations SPE-6003 (18,936) 5. 2012 Symposium Presentations OPE-4022 (14,467)

Figure 3: This table identifies the number of unique visitors, the average hits per day and the average visit length by minutes to the OEMS website from January – March 2014. *Visitors* are defined as the number of unduplicated (counted only once) visitors to your website over the course of a specified time period, whereas the *average hits per day* include both unique visitors and repeat visitors.

	Visitors	Average Hits Per Day	Average Visit Length (Minutes)
January	83,958	2,708	10:48
February	79,746	2,848	11:49
March	95,771	3,089	00:52

Events

EMS Week

- PR assistant coordinated the ordering and mailing of the American College of Emergency Physicians 2014 EMS Week Planning Guides to all affiliated EMS agencies.
- PR assistant submitted a proclamation request to the Governor’s Office to recognize EMS Week.
- PR coordinator began promoting EMS Week on social media.

Fire and EMS Memorial Week

- PR coordinator attended the February 5 meeting in preparation for this event. Discussed promotional assistance that will be provided through the OEMS' social media sites, website, EMS Week press release and Listserv.
- Provided deadline date for any information to be included in the EMS Week press release.

EMS Symposium

- PR coordinator worked with Jennie Collins to update the Symposium Sponsorship Guide. Posted the updated sponsorship guide online March 12, 2014.
- PR coordinator started drafting Symposium Catalog, to be posted online prior to summer registration opening.

Governor's EMS Awards Program

- PR assistant prepared and submitted the 2014 Regional EMS Award nomination forms and guidelines to all Regional EMS Councils.
- PR assistant designed the 2014 Regional EMS Awards fliers and campaign posters to help promote the awards program.
- PR coordinator began promoting Governor's EMS Awards via social media, e-blast through Listserv, the EMS Bulletin and on the OEMS website.

Media Coverage

The PR coordinator was responsible for fielding the following OEMS media inquiries:

- Jan. 21 – Reporter Glenn Gannaway with The Post inquired about Appalachia Volunteer Rescue Squad (AVRS) being “shut down.” Reporter was actually referring to local action that was taken by the Co. of Wise to remove ability of the AVRS to answer 911 requests for service on behalf of Wise Co.
- Mar. 14 – Reporters Nick Ochsner, WVEC and Erin Kelly, Wavy TV inquired about drug box thefts off ambulances in Va. Beach. Reporters wanted a statewide perspective on this issue, and asked for the number of drug diversions that were reported in the Tidewater region.

- Mar. 18 – Reporter Sydney Freedberg, Scripps' Washington Bureau requested a current list of Virginia's designated trauma centers, date of designations, as well as any hospitals that applied for trauma status and their proposed level of designation.
- Mar. 21 - Received a follow-up question from Reporter Sydney Freedberg, Scripps' Washington Bureau regarding the closure of any Virginia trauma centers in the past decade. Request was for story on the distribution of trauma centers nationally.

VDH Communications

VDH Communications Tasks– The PR coordinator was responsible for covering the following VDH communications tasks from January – March:

- **January** – Responsible for being the primary backup for my PIO colleagues for the month of January. Covered various duties while they were out of the office, including fielding media inquires, editing press releases and covering their assigned monthly VDH communications tasks.
- **February** – Responsible for VDH in the News for the month of February. Collected news stories that mentioned VDH personnel or programs and emailed them to key staff every morning.
- **March** – Responsible for coordinating and editing stories that highlighted VDH offices and programs for the Commissioner's Weekly Email during the month of March.

Commissioner's Weekly Email – The PR coordinator submitted the following OEMS stories to the commissioner's weekly email. Submissions that were recognized appear as follows:

- **January 20 - OEMS Manager Chairs National Committee**

Congratulations to Office of Emergency Medical Services (OEMS) Regulation and Compliance Manager **Michael D. Berg**, who has been named chair of the National Association of State Emergency Medical Services Officials' Agency and Vehicle Licensure Committee. This committee develops model language for states regarding emergency vehicle standards and licensure, compliance and regulation of EMS agencies and complaint management practices, investigations and laws. Prior to his appointment, Michael served on a committee to work with the National Fire Protection Agency on ambulance standards; 25 of the committee's recommendations were accepted. Currently, he's working to develop minimum standards for ambulance licensure and compliance processes, to be adopted statewide.

- **March 19 – OEMS Awards \$3M+ in Grants**

The Office of Emergency Medical Services (OEMS) recently announced the awardees of the Virginia Pre-Hospital Patient Information Bridge Special Initiative Grant Program. This grant opportunity provided 100 percent funding to nonprofit, volunteer and governmental Emergency Medical Services (EMS) and Fire agencies licensed in Virginia for computers. These computers will be used for the collection and submission of the mandatory EMS minimum dataset in the prescribed technical format, as required by the Code of Virginia §32.1-116.1. OEMS received 220 grant applications requesting funding totaling approximately \$5.6 million. OEMS awarded \$3,638,546.02, for 1,031 computers provided to 200 EMS agencies. Kudos to Grants Manager **Amanda Davis**, Grants Specialist **Linwood Pulling** and Trauma and Critical Care Manager **Paul Sharpe**, who developed the grant application process, guidelines and review criteria.

Regulation and Compliance

VII. Regulation and Compliance

Compliance

The EMS Program Representatives continue to complete ongoing investigations pertaining to EMS agencies and providers. These investigations relate to issues concerning failure to submit prehospital patient care data (VPHIB), violation of EMS vehicle equipment and supply requirements, failure to secure drugs and drug kits, failure to meet minimum staffing requirements for EMS vehicles and individuals with criminal convictions. The following is a summary of the Division's activities for the 1st quarter of 2014:

Enforcement

Citations Issued:	12
Providers:	7
EMS Agencies:	5

Compliance Cases

New Cases:	14
Cases closed:	16
Suspensions:	5
Temporary Suspension:	8
Revocations:	1
Consent Order:	0

Reported Drug Diversions 4

EMS Agency Inspections

Licensed EMS agencies:	680 Active
Permitted EMS Vehicles:	4,400 (Active, Reserve, Temporary)
Recertification:	
Agencies:	72
Vehicles:	701
New EMS agencies:	3
Spot Inspections:	127

Hearings (Formal, Informal Fact Finding Conference)

January 30, 2014 – DeCarlo
March 27, 2014 – Sherry
March 27, 2015 – Jones
March 27, 2014 - Collins

Variances

Approved: 3
Disapproved: 3

OMD/PCD Endorsements

As April 23, 2014: 239 Endorsed EMS Physicians

EMS Regulations

Staff continues to work with the various stakeholder groups (Medevac and Training) to review suggested revisions to sections of the current EMS Regulations. Once revisions are completed, they will be directed through the Rules and Regulations Committee to be submitted as a regulatory review packet.

- A Fast Track Regulatory Packet has been submitted to VDH administration for review and processing. This packet addresses Financial Assistance for Emergency Medical Services and contains only technical changes and no substantive content change.
- Staff is still developing a Fast Track regulatory package to include the terminology of “affiliation” in the language of 12VAC-5-31-910.

The Commissioner (on behalf of the Board of Health) signed the Fast Track regulatory document (TH-04) to eliminate the requirement to obtain the practioner’s signature on the patient care report for any invasive procedure or drug administration by EMS personnel. This regulatory packet is now awaiting the remaining approval steps prior to implementation (<http://townhall.virginia.gov/L/ViewStage.cfm?stageid=6819>).

Fingerprint based Criminal Background Checks

The Office of EMS is working with the Virginia Department of Health (VDH) executive leadership and the Virginia State Police to obtain the necessary supplies and equipment, and develop policies and procedures for the implementation of FBI fingerprint background checks for each person who, on or after July 1, 2013, applies to be a volunteer with or employee of an EMS agency. Because these tasks are not complete, there has been a delay in the enactment of these new requirements into law (§32.1-111.5). Equipment has been delivered and OEMS is currently awaiting final approval from the Virginia State Police to initiate the program, <http://www.vdh.virginia.gov/OEMS/NewsFeatures/Implementation%20of%20FBI%20Background%20Checks%20Delayed.pdf>.

Division Work Activity

The Regulation and Compliance staff held their quarterly staff meeting on April 2-4, 2014 in Charlottesville, VA . The staff meeting was rescheduled from the original date of February 12-14, 2014 due to a weather related event that affected the Commonwealth.

OEMS staff continues to offer technical assistance and educational presentations to EMS agencies, entities and local governments as requested.

Field staff continues to assist the OEMS Grants Manager and the RSAF program by reviewing and grading grant applications as well as verification of RSAF grants awarded each cycle.

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee last met on February 6, 2014. The committee's primary goal is to complete the EMS Officer and Standards of Excellence (SoE) programs.

EMS Officer Workgroup

The EMS Officer Workgroup has met several times since the last State EMS Advisory Board meeting. The last meeting was a two day work session held in Glen Allen, VA on April 8-9, 2014.

The proposed general requirements to be recognized in Virginia as an EMS Officer I are as follows:

- Current EMS certification issued by the Virginia Office of EMS
- High school diploma or GED
- 2 years field experience
- Computer skills
- Communications skills
- ICS 100, 200, 700, 800
- EVOC
- No enforcement actions against the individual within the last 5 years

The Virginia EMS Officer I Task Book (draft) has been completed. The Task Book can be used by current experienced EMS providers and officers to track and document their EMS skills, experience, training, and document references and evaluator ratings.

The committee is currently in the process of creating a Virginia EMS Officer I course that can be taken by Virginia EMS providers. It is anticipated that the course will be 24 to 30 class hours with self-study requirement and other educational options, in a blended learning format.

- 5 class periods consisting of 24- 30 hours of classroom time
- Reading and homework assignments (to reduce in-class time)
- Special project work

Currently there are 4 modules in the course that will be taught over 5 class periods. The course will be completed approximately in 8-10 weeks. The EMS Officer I course is anticipated to be ready by fall 2014.

Standards of Excellence Workgroup

The Standards of Excellence Assessment program is a voluntary self-evaluation process for EMS agencies in Virginia based on eight Areas of Excellence. These areas have been identified and determined to be essential for the effective management and continued sustainability and survival of EMS agencies.

SoE Areas of Excellence

- 1) Leadership and Management
- 2) Recruitment and Retention
- 3) EMS Operational Readiness
- 4) Life Safety
- 5) Medical Direction
- 6) Clinical Care Measures/Standards
- 7) Local Government and Community Support
- 8) Emergency Medical Dispatch

Each Area of Excellence is reviewed using an assessment document that details optimal tasks, procedures, guidelines and best practices necessary to sustain the operation of an EMS agency.

Again, this is a voluntary, self-evaluation assessment for Virginia EMS agencies. After a self-evaluation is completed, the agency may choose to submit their SoE documents to OEMS for review and assistance with resources and information that can be used to address areas in need of improvement. Additionally, if requested, on-site assistance is available during the improvement process, from the SoE Technical Assistance Teams, which are comprised of representatives from regional EMS councils, VAVRS, VAGEMSA, VFCA and other subject matter experts.

The SoE self-assessment process has been beta tested at Forest View Volunteer Rescue Squad, Goochland Fire and Rescue Department, Orange County EMS, Lake of the Woods Volunteer Rescue Squad and Lifecare Ambulance Service. An SoE stakeholders meeting is planned for May 8, 2014.

The Virginia Recruitment and Retention Network

The last Recruitment and Retention Network meeting was held on February 21, 2014 in Virginia Beach at the annual Virginia Fire Chiefs Conference. Chief T. C. Hairston, Petersburg Fire Department, presented information on The Importance of Understanding the Younger Workforce.

The next Virginia Recruitment and Retention Network meeting will be held on Saturday May 17, 2014 at Station 20 (Dale City Volunteer Fire Department) in Prince William County located at 3171 Prince William Parkway, Woodbridge, VA 22193. The date for this meeting has been changed from Friday to Saturday in order to allow more volunteer EMS providers to attend and benefit from this great networking opportunity.

Trauma and Critical Care

IX. Trauma and Critical Care

Division of Trauma/Critical Care Staffing

We are very pleased to announce that we have recruited two new staff persons to fill the vacancies for the position that serve as the point of contacts for VPHIB and VSTR. The first person will begin on Friday, April 25th. The second individual's final offer is pending and a start date will most likely be available by the time this report is distributed.

Ms. Karen Rice will begin on April 25th. Ms. Rice has degrees in both medical record administration and history. She has served as a director of health information management and HIPAA officer for a healthcare facility, the quality officer for an acute care hospital, and a cancer registrar.

We believe Ms. Rice's experience in data collection, submission to a state registry, clinical application of data, performance improvement, and HIPAA experience will serve to not only fill the vacancy for VPHIB/VSTR, but also add some additional skills and abilities to the programs in general.

We look forward to introducing our other likely new staff person, but at the time we write this document we feel it is premature to announce. But like Ms. Rice, our other candidate will also bring a wealth of skills and knowledge that will also serve to "raise the bar" with the VPHIB / VSTR program.

Patient Care Information System (VSTR & VPHIB)

Migration to Virginia's Version 3 EMS dataset (VAv3)

"Don't Say You Didn't Know"

By the time this document is distributed VDH/OEMS will have received its version 3 application / product and will have begun setting up our new system. We are beginning to sense the system's anxiety with the change to version 3. We cannot emphasize enough the importance of watching out for notices by e-mail, access the VPHIB Support site to look for postings, and attend the monthly VAv3 forum webinars.

We are still utilizing the July 1, 2014 thru December 31, 2014 window for implementation. VPHIB staffs continue to consider factors that could affect this window. There was a recent concern that this timeline "is too aggressive" and Virginia will become a "beta test."

OEMS has worked to mitigate the effects of implementing version 3. There is no “one size fits all” way to perform implementation. A six-month window is critical for OEMS to be able to utilize EMS data to continue supporting its programs. As we have stated in the past, which six-month window was to be utilized was less important to us.

Virginia being an early adopter of version 3 initially began as a direct result of criticism / feedback from the EMS system when Virginia moved to version 2. Statewide complaints of not moving to NEMSIS version 2 sooner were a frequent excuse for not being able to comply with submission requirements. VDH/OEMS also polled EMS agency leadership asking which implementation window was most desirable for version 3. The poll clearly identified the desire of EMS agency leaders to adopt version 3 as early as possible.

OEMS is continuously watching for signs of the need to move our timeline. In February 2014 we performed an internal risk analysis of our best estimate of the effects of our timeline based on vendor use. When considering if the transition timeline for VAv3 should be moved, we considered which vendors are anticipated to be v3 ready near our timeline, the number of records involved, and the number of EMS agencies affected by a software company that may not have a v3 product in a timely manner or not at all. Table 1 shows these results.

Table 1 Number of agencies and records versus risk of VAv3 timeline

Risk	Records	% Records	Agencies
Low Risk	822442	80.32%	445
Moderate Risk	245234	13.90%	77
High Risk	102189	5.77%	32

On April 3, 2014 the National EMS Information System released its survey results of when EMS software vendors are targeting to seek NEMSIS v3 compliance. Below is an extract of that information limited to software vendors currently supporting customers in Virginia. This information is consistent with our February review.

Figure 1 April 2014 Vendor Plans for NEMSIS Certification

EMS Software Company	Target Date for v3 Testing
Alpine Software Corporation	No response
American Medical Response	June 1, 2014
EMS Consultants	July 2014
emsCharts Inc.	Qrt. 2 2014
FDM Software	No Response
Firehouse (Xerox)	No response
Forte Holdings	Qrt. 2 2014
Golden Hour Data Systems	Qrt. 4 2014
High Plains Inf Sys.	Qtr. 3 2014
ImageTrend Inc.	Qtr. 1 2014
Intermedix Technologies	June 2014
Open Incorporated	Qtr. 3 2014
Sansio	July/August 2014
Zoll Data Systems	Qtr. 2 2014

Another issue we are now looking at is the federal law that moved the implementation date of ICD-10 CM from October 2014 until at least October 2015. The following statement was released from the NEMSIS Technical Assistance Center (TAC):

The ICD-10 Implementation Delay and the NEMSIS Standard

Yesterday, Congress voted to delay the ICD-10 implementation deadline for another year. This delay does not impact implementation of NEMSIS Version 3. The NEMSIS Version 3 standard does rely on national standards (such as ICD-10) to provide coded values for some elements. Nevertheless, NEMSIS compliant EMS Patient Care Report (PCR) information is primarily utilized within the EMS industry, thus allowing us to move forward with version 3 implementation, as an industry. It is true that EMS PCR information is also utilized for EMS billing and is vital to patient care for patient’s transported to hospitals. Billing companies should be moving towards adoption of ICD-10 this year and can utilize available mappings to convert billing codes between the ICD-10 and -9 standards. In addition, hospital electronic medical records should also be migrating to ICD-10 and will probably utilize similar mapping programs during the conversion and apply them to preserve the value of legacy data. Understanding this, there is no reason for the EMS industry, which is ready for the conversion, to not push forward!

N. Clay Mann, PhD, MS | Professor |NEMSIS P.I.

University of Utah | School of Medicine | Dept. of Pediatrics

www.nemsis.org

Trauma program staff agrees with the NEMSIS TAC's assessment of the ICD-10 issue, but are also working to independently validate this information. We have been contacting / attempting to contact companies that serve Virginia and asking if the ICD-10 delay will affect them with Virginia's move to version 3. So far we have not received a response that they are affected by the change. We have discussed the issue with our vendor and other states. Our vendor expressed a concern with one national company, but that company has not stated that they will have an issue with the ICD-10 change. We strongly urge agencies that bill for service to talk to their billing service if they haven't already done so.

Tips to surviving the move to VAv3:

- Use OEMS as a resource. Remember, an e-mail is required as part of the minimum dataset to ensure we can communicate with you. OEMS will primarily utilize Support Suite (<http://oemssupport.kayako.com>) to post information that you need to know. We will also occasionally use the Support Suite list-serve to send announcements. You can subscribe to VPHIB "News" at the earlier link.
- Your agency should already know what version 3 elements it wants to collect above and beyond the state required elements.
- Attend our monthly VAv3 Open Forum by webinar. Webinars are held the second Wednesday of every month at 3:00 p.m. to provide education, information, answer questions, interact with your vendors, and allow EMS agencies to offer peer support to one another. We can increase the frequency of these forums as needed.
- Submit questions about version 3 through our Support Suite. There is a category for VAv3 Forum and Questions.
- Ask us for help when you are setting up your system to ensure a smooth transition.
- Stay within the national and state standard. If your EMS agency is about to create a new element or add an additional value within an existing element; stop and remind yourself you are going to "break the standard."
- If your new software allows creating custom elements we recommend the following steps prior to changing anything:
 - Double check if OEMS is using the element.
 - Check if what you need is already available in the full national data dictionary. There are almost 600 elements to choose from. Follow this link to the [NEMSIS Data Dictionary](#).
 - Be sure not to duplicate a value that is not already there. The terminology we have been using in EMS is changing with version 3. Don't try to change the names of values because "we have always done it this way." Educate your EMS agency personnel on new terms you think may be confusing to them.
 - Relabeling an existing element THAT MEANS THE SAME THING to a less confusing label is an easy way to fix confusing language without breaking the national standard.

- Use OEMS as a resource and ask us for advice! With the exception of billing and medical device items OEMS has been active in the development of version 3.

NEMSIS Related Items and Submission

During this quarter the NEMSIS TAC released its annual version 3 update. Version 3.3.4 was released in March 2014 and is available on the NEMSIS website. Trauma staff will update the Virginia data dictionary with the v3.3.4 updates. None of the changes should create any technical or non-technical issues for agencies or vendors.

NEMSIS is currently taking public comment for their March 2015 annual version update. Anyone interested in making suggestions on the NEMSIS standard is welcome to provide comment. You can access the public comment section through the NEMSIS website. Public comment closes in July.

NEMSIS states they have multiple vendors about to be certified and they should be posted within a week or too. Source: <http://www.nemsis.org/v3/compliantSoftware.html>

Virginia data is submitted by the Div. of TCC staff to NEMSIS each month when the Data Quality Dashboard and Compliance Report are developed. Data not submitted on time by Virginia EMS agencies will never get submitted to the national EMS database. We have seen a significant rise in the number of records being accepted by NEMSIS. Figure 2 shows the number of records that have been accepted by NEMSIS for the most recent quarters.

Figure 2 - Number of Virginia EMS records accepted to date by the national EMS database.

Warehouse Summary for Your Sites								
	2012		2013				2014	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
test VIRGINIA	1	8	41	97,005				
VIRGINIA	244,563	240,849	261,785	274,840	204,539	297,139	202,419	

[Sites listing](#)

The bottom row shows the records accepted by NEMSIS. The top row is only a testing site.

Quarterly Update – What was done: During the last quarter the bulk of trauma staff time dedicated to VPHIB was focused on covering the two staffing vacancies that were the primary contacts for VPHIB and the trauma registry. We thank the system for their patience and we hope everyone knows we are making our best effort to provide support to EMS agencies and providers.

Quarterly Update – What will be done: Trauma staff will begin setting up our VPHIB version 3 product. Our plan is to begin with our electronic patient care report (ePCR), then our validation rules, then Report Writer with limited standard reports that will report on EMS benchmarks / performance measures.

Trauma staff is also working to setting up a new server environment that will be used for version 3. The primary goal of the new server environment is to separate data submission from data reporting and improve the setup to perform data output (Report Writer, Linkage to other databases etc.)

On the technical side: There has been little need for any technical work to maintain VPHIB during this quarter. As mentioned above a work order is being developed to submit to our IT agency to create a new more robust server environment for VPHIB and the trauma registry.

Data Managers Council (NASEMSO)

The Data Managers Council (DMC) is primarily a “working” committee where all states collaborate to establish consistency in EMS data collection throughout the country. Virginia trauma staff serves as Chair of the DMC and one significant accomplishment introduced by Virginia was moving the NEMSIS annual software developers meeting to the same location as the DMC’s annual meeting.

Typically, only about five to seven states are able to attend the software developers meeting. By having the software developers meeting immediately follow the DMC meeting will likely increase state participation from 5-7 to 40. Communication between states and the vendor community has greatly improved over the past couple of years.

During the last quarter the DMC has been working on ending our focus of developing version 3 with NEMIS and the vendor community to providing peer support with implementation. Approximately 10 states have a goal of implementing version 3 around the same time as Virginia.

The DMC has three important workgroups including NEMSIS version 3 extended data definitions, Data Quality (developing uniform state validations), and Mentoring. These committees continue to meet and work on their projects.

VDH Data Warehouse Development/Linkage to Hospital Discharge Data Project (Output)

We are very excited to announce that in late December 2013 the OEMS portion of the VDH data warehouse went into production. The transfer process (ETL) has been established and data warehouse staff is working on the development of the reports that will be produced from the

warehouse. These reports will include the linkage of hospital records and EMS records as well as access to other health and population information.

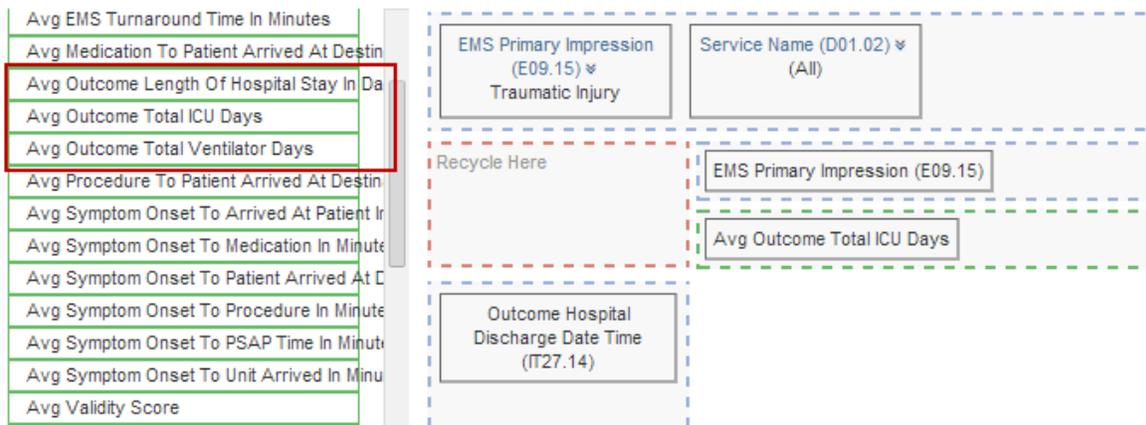
The Virginia Statewide Trauma Registry will also be linked to the VDH DW once the implementation of the new trauma registry is completed.

Virginia Statewide Trauma Registry (VSTR)

The new VSTR application went live at the New Year. At this time the legacy trauma registry application has been closed to all hospitals. All non-trauma designated hospitals are actively submitting to the new trauma registry and designated trauma centers, which use third party vendor software, will begin submitting over the next month or two.

Agencies may have noticed that there are some new measures available within the VPHIB data cube that will provide some basic hospital disposition information for trauma patients. Hospitals are on a very different submission schedule so the information will not likely be beneficial until later in 2014. We will demonstrate the value of the link between VPHIB and VSTR after all hospitals are on board and the legacy data has been moved from the old trauma registry to the new.

Figure 3 New trauma patient hospital outcome measures added to VPHIB’s Report Writer



From the OEMS Informatics Coordinator

Virginia Statewide Trauma Registry (VSTR)

- Continued to improve my skills in using the SAS ODBC connection and PROC SQL to extract data from VSTR

- Obtained and processed copies of all of the original VSTR CSV upload files (N = 2,255). The plan was to use original data to add back information that had been removed during the process that created the old VSTR. Data inconsistencies in the organ donor data files prevented them from being useful. The diagnosis data files did not provide as much information as anticipated; because of the resulting small return on investment, the data repair operation was cancelled.

TSOM Performance Improvement (PI) Committee

- The PI Committee’s quarterly meeting was held in March, after a six month hiatus. Follow up activities will be performed in April and May.

Virginia Pre Hospital Information Bridge (VPHIB)

- Continued to improve my skills in using the SAS ODBC connection and PROC SQL to extract data from VPHIB
- Continued to evaluate the quality of the extracted data so that resulting reports will be valid

EMS Councils Performance Improvement (PI)

- Trained a new EMS Regional Council PI staff member in how to use Report Writer 2 in VPHIB
- Continued to assist PI staff members with data analysis and reporting issues

VDH Data Warehouse (DW)

- Worked with Paul Sharpe (OEMS) and Todd Nemanich (Office of Information Management, OIM) on the integration of the VPHIB data into the VDH DW
- Began to use the Virginia Health Information (VHI) dataset in the DW.

Data Requests

All external requests were entered into a tracking system for data requests and approved by Gary Brown before the information was disseminated.

- City of Danville – Created a report to assist the jurisdiction in managing an “abuser” of the 9-1-1 system. The report was utilized to legally support the patient’s need for social

service like intervention. The report identified the frequency of activating EMS over a one year period and identified the number of responses per day in some cases.

- Greg Hudson (Valley Health System) – Asked for local information to be used by hospital leaders to better understand services that could be offered at their hospital. Provided an Excel spreadsheet with data summarized at the destination level for calendar years 2011 through 2012. Three data tabs contained destinations subdivided by: 1) ZIP code of origin (5 digits); 2) primary symptom type; and 3) reason destination was chosen.
- Frank DosSantos (Naval Medical Center Portsmouth) – Wanted to know how much trauma occurred in the NMCP catchment area (roughly a 15 mile radius around the facility). Provided an Excel spreadsheet with VSTR data summarized at the E Code group, city/county of injury, and type of hospital (Trauma Center/Non Trauma Center) level.
- Tommy Tomlin (Northumberland County Board of Supervisors Member/NCVRS) – Requested the total number of calls, by time of day, for Callao Volunteer Rescue Squad, Mid-County Volunteer Rescue Squad, and Northumberland County Volunteer Rescue Squad to be used in discussion of the County going paid (full- or part-time). I also recommended that the output include information on the month and day of the week that the call was placed; information on the nature of the call (Emergency (Yes/No), patient assessed (Yes/No), and patient transported (Yes/No) was also included. I also checked to make sure that the data from the two previous calendar years were consistent with those for 2013. Provided a PDF file with summary information only, plus an Excel spreadsheet with summary information requested as well as individual call level data for CY (2013), month (Jan, Feb, etc.), time of call (0000, 0300, etc.), and the nature of the call data described above.
- Travis Lindsey (King William County) – Requested data for Mattaponi Volunteer Rescue Squad to be used in planning for the fiscal year 2015 King William County budget. Asked for total number of calls in calendar year 2013, average response time for all calls, and the 90th percentile response time recorded. I also recommended that the output include data from the other agencies in King William County (King William Volunteer Fire & Rescue Squad and West Point Volunteer Fire Department & Rescue) and that all of the data be stratified by call location (King William County versus all other locations). Provided a PDF file with summary information only, plus Excel spreadsheet with the summary data requested plus more detailed information (Scene Location, Agency Name, Call Type (Emergency/Non Emergency), Response Time (rounded to nearest whole minute), Patient Assessed (Yes/No), Patient Transported (Yes/No), and Number of Records.

Other Data Projects

- Provided Pokey Harris (Washington County Department of Emergency Management) with an analysis of the data validity scores for EMS agencies in Washington County as well as agencies outside of the county that responded to incidents in Washington County.
- Gave background information on the nature and types of data collected by EMTs for David Fallis, a writer for *The Washington Post*.
- Provided Gary Critzer (Department of Emergency Management and EMS, City of Waynesboro) with a summary of patients over the age of 35 with chest pain for whom a 12-lead ECG was obtained by EMTs from the agencies serving Waynesboro.
- Continued to work with Mary Kay Goldschmidt, a Doctorate in Nursing Practice student at UVA; Provided the denominator data for the acute head trauma dataset I developed for her last fall. Work in conjunction with Ginny Powell of the Office of the Chief Medical Examiner to provide additional details from the ME's files in a way that was in keeping with HIPAA constraints.

Other Activities

- Attended JMP (statistical software) weekly webinars on a variety of topics (01/17/14 through 03/28/14).
- Did the data clean up and joining with OEMS agency demographics for Scott Winston's EMS 12-Lead ECG Survey. Began the data analysis and also started working on the slides for a presentation of the material for the Virginia Heart Attack Coalition's annual meeting on May 2 in Fredericksburg, VA.
- Russ Stamm retired in late January and Christy Shires left OEMS for another job in mid-February. This loss of staff resulted in the need to spend a considerable amount of time fielding support suite questions and assisting with other VPHIB and VSTR program activities.
- Read through the 155 applications received for the two new staff positions to succeed Russ and Christy. Helped to develop the interview questions for the seven candidates invited for interviews.

EMS Agencies Encouraged to Submit VPHIB Data in Real-time!

VDH/OEMS requests that agencies that have the ability to submit VPHIB data in real-time please do so. With the advances that have been made in EMS data collection, the EMS system could be the fastest resource for bio-surveillance information. RSAF grants related to patient care documentation, storage, and reporting will now include a condition of the grant that requires real-time features be activated.

The most common issue VPHIB staff hear from EMS agencies about why they don't want to submit a patient's EMS record in real-time is that they want to assure the record is complete and has the highest quality score possible. Agencies tell us that if a provider doesn't complete the EMS record during their shift that it may take up to 30 days for providers to complete it. Along the same lines, agencies want to be able to perform QA for data quality on the record before it is submitted.

All of the issues mentioned in the previous paragraph are still possible with real-time submission. When EMS agencies establish web-services (automatic uploading) even if the initial EMS record that is submitted to VPHIB is incomplete; once the record is updated on the agency level and is completed, it will be resubmitted to VPHIB and replace/overwrite the incomplete record. VPHIB staff would not assess an agency's data quality compliance on records until they were over 30 days old. The initial data that is available in an incomplete record could be extremely valuable for bio-surveillance. The same process agencies are currently using to assure VPHIB receives high quality records should not have to be changed if they initiate real-time submission.

All EMS agencies that use the State provided Field Bridge submit in real-time, as do all EMS Charts users in Virginia. EMS Charts was the first third party vendor to establish real-time submission and VPHIB receives their records within minutes. Many agencies with their own ImageTrend Service Bridges also submit in real-time just by clicking on the auto-uploading feature in the administrators section of their Service Bridge. Zoll Inc. also has this functionality. Zoll users can contact Zoll support and request "web-services" be turned on to auto-submit to VPHIB. Zoll will work with ImageTrend to make the connection.

Trauma System

Trauma System Oversight and Management Committee (TSO&MC)

The most recent TSO&MC meeting was held on March 6, 2014. The final agenda and draft minutes to the meeting can be found on-line on the [Virginia Regulatory Town Hall](#).

The agenda included an update from Dr. George Lindbeck on Tranexamic Acid (TXA) use in the prehospital setting. TXA is a relatively simple and inexpensive medication that has anti-fibrinolytic activity that can reduce bleeding after surgery or injury. Dr. Lindbeck, State EMS Medical Director, briefed the committee on the potential use of TXA in the prehospital setting. Some of the flight programs are already using TXA and others are in the process of integrating it into their EMS programs. The evidence base for pre-hospital use is mainly derived from the Crash 2 study which provides for a three-hour administration window.

Agencies with short transport times will need to consider whether administering TXA is a priority compared to those agencies that have longer transport times. Dr. Lindbeck wanted to make the trauma programs aware, as they would be required to manage TXA infusions on trauma patients received from EMS.

The Medical Direction committee will be drafting recommended guidelines for the use of TXA by Virginia EMS Agencies and Dr. Lindbeck will forward a draft to the TSO&MC. Committee discussion included acknowledgment that some trauma centers nationally use TXA, one center has TXA as part of its massive transfusion protocol and that if EMS is utilizing TXA that should take ownership of the performance improvement issues surrounding its use.

A continued discussion was held on correcting the committee's composition to meet state requirements, EMS Advisory Board Bylaws, and allow for the application of Robert's Rules of Order. The Chair (Dr. Malhotra) was not present and requested no formal action on the committee composition take place until the June meeting. Dr. Malhotra, Dr. Calland, and staff met to discuss how to move forward. Dr. Calland shared that there are two generally accepted approaches. One being a large committee, which will not exclude opinions or points of view. A second approach is a smaller committee consisting of 10 to 15 individuals who may be more efficient for conducting business.

The Chair submitted the following two ideas for committee composition:

Option 1 (12 Members)

- 1 Pre-hospital Representative
- 1 ED Representative
- 3 Physicians (a Level I, II, III)
- 3 Program Managers (a Level 1, II, III)
- 1 Post Hospital Care/Rehabilitation Rep
- 1 Patient/Citizen Representative
- 1 VHHA Rep
- 1 Chair

Option 2 (11 Members)

- 1 Pre-hospital Representative
- 1 ED Representative
- 5 Members representing 5 regions (Level I)
- 1 Post Hospital Care/Rehabilitation Rep
- 1 Patient/Citizen Representative
- 1 VHHA Rep
- 1 Chair

Option 1 is a non-geographic composition. Option 2 is more of a regional or geographical approach. A member not present for recent meetings/discussion asked if there is a real problem or a perceived problem with this group. Staff stated that at a recent meeting a fairly new member to the committee accused the committee of not following procedures or adhering to the *Code of*

Virginia and this puts the VDH/OEMS in a precarious position. Staff presented a list of concerns with the committee structure and processes and how they do not meet the Code of Virginia, the bylaws of the EMS Advisory Board, nor follow Roberts' Rules of Order.

There was discussion with individual members expressing their opinions on the structure with a motion passing to establish a three to five person small group to evaluate the committee structure.

The only action item on the agenda was the approval of the revised Trauma Center Designation Manual. Ultimately, the committee decided not to act on or approve the revised Trauma Center Designation Manual. For details it is easiest to refer to the minutes of the meeting. In summary, at the December 2013 meeting the committee voted to eliminate the Level I and Level II pediatric trauma center levels for a single pediatric designation and that the pediatric criteria would be incorporated into the current Level I designation level. In other words to be a Level I trauma center would incorporate care of adults and children.

During the March 2014 meeting the committee voted to create a single and distinct pediatric designation level and bring back a new draft Trauma Center Designation Manual to the June 2014 meeting. The special needs work group, which is managing the pediatric criteria, is scheduled to meet on April 28, 2014 at the OEMS.

Trauma Performance Improvement Committee (TPIC)

The trauma PI committee met on March 6, 2014 and is moving forward with creating automated reports for EMS agencies and regional EMS councils for potential missed-triages of patients meeting Step 1 of the state trauma triage plan. The intent is to have auto-sent e-mails sent out to agency leadership identifying patients meeting Step 1 criteria that were not transported to a designated trauma center.

We are hoping that in June, the leader of the Michigan TQIP (trauma Quality Initiative Project) initiative will be in Virginia to discuss and present Michigan's risk adjusted state trauma data reports.

<h3>Emergency Medical Services for Children (EMSC)</h3>
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Virginia EMS Agencies Make EMS for Children Survey a Success (*PM 71,72,73)

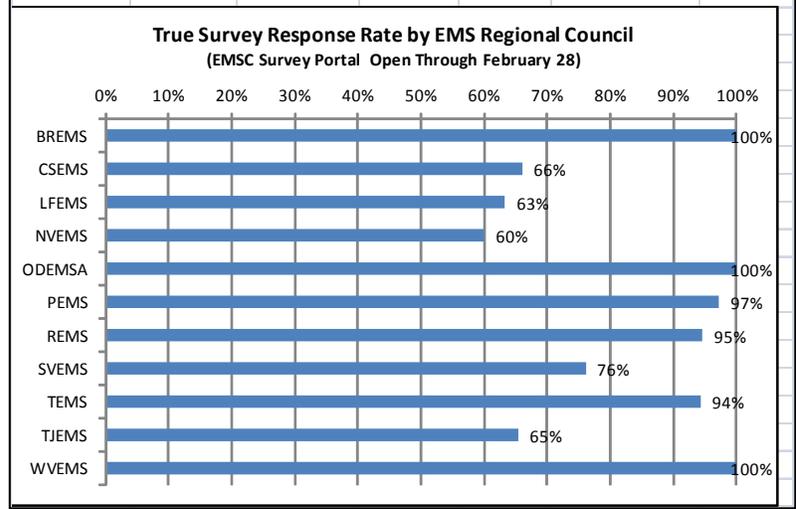
The EMS for Children (EMSC) program surveyed 498 EMS agencies and received 425 online responses (85.3%) as part of a national EMSC survey event. Many folks were instrumental in facilitating this response; most notably EMS Regional Council Directors (and their staffs), the EMSC Committee, OEMS staff, AAP, ENA, ACEP, EMS agency leadership and many others.

*PM = (Performance Measures)

A good survey response like this makes it very likely that continued significant EMSC funding will be received by the Virginia Office of EMS. These amounts are passed on to EMS agencies, hospitals and EMS providers in multiple supportive ways (supplies, training, technical assistance, etc.).

Pediatric Track “On Track” for 2014 EMS Symposium (PM 78): The Virginia EMS for Children program has used federal EMSC grant funding through HRSA to support pediatric training opportunities in Virginia for several years now. This year EMSC funding will provide a *dedicated pediatric track* at the 2014 EMS Symposium in Norfolk in November.

85.3%		www.emscsurveys.org			Submitted		2:00 PM
Agencies Invited To Survey		(Incompletes counted as "no" in resp %)			(Y/total=resp%)	As of Mar 5, 2014	
		INC	Y	N	Current True Response Percentage		
BREMS	27		27		100%		
CSEMS	50	2	33	15	66%		
LFEMS	30	4	19	7	63%		
NVEMS	35	4	21	10	60%		
ODEMSA	66		66		100%		
PEMS	36		35	1	97%		
REMS	37	1	35	1	95%		
SVEMS	71	5	54	12	76%		
TEMS	35	2	33		94%		
TJEMS	26	2	17	7	65%		
WVEMS	85		85		100%		
Grand Total	498	20	425	53	85.3%		



Child Immobilization Devices Still Coming.... (PM 73)

The EMSC Program is still in the process of purchasing a limited number of child immobilization devices for distribution to volunteer EMS agencies that indicate a need. If more requests are received than devices available, a drawing will be held to determine who will receive the items.

We anticipate procuring close to 170 of these child immobilization devices over the next few months. Volunteer EMS agency leaders interested in having their agency be considered when the EMSC program distributes these devices should contact David Edwards at the Office of EMS by phone (804-888-9144) or email (david.edwards@vdh.virginia.gov).

More On-Site Pediatric Training/Education Requests Being Accepted (PM 78,80)

EMS agencies interested in on-site pediatric training should contact David Edwards at 804-888-9144 (david.edwards@vdh.virginia.gov) or Dr. Robin Foster (rlfoster@hsc.vcu.edu). The Virginia EMSC program continues to facilitate access to pediatric education and training, especially in the form of EPC (*Emergency Pediatric Care*), *Emergency Nursing Pediatric Course* (ENPC), and PEPP (Pediatric Education for Prehospital Professionals) courses around the Commonwealth, especially in areas with historically difficult access to pediatric training.

As one example; the EMSC program provided textbooks for “Peds Trio” training held March 28-April 1 at the Montross Volunteer Rescue Squad. Participants there joined in a multi-day blitz of pediatric training that yielded cards in PALS, Pediatric Trauma Life Support and PEPP. In similar fashion, the Virginia EMSC program is purchasing a number of specialized pediatric training manikins to assist in regional pediatric training and education.

On-Site Emergency Department Pediatric Assessments Available Once Again (PM 74)

The Virginia EMS for Children program is once again accepting requests from Virginia hospital emergency departments to provide on-site assessments of their pediatric needs and capabilities (at no cost to the hospital). Program staffs use the consensus document “[Joint Policy Statement - Guidelines for Care of Children in the Emergency Department](#)”, *American Academy of Pediatrics, October 2009* as a guide to assess gaps in basic ED preparedness. This document delineates “guidelines and the resources necessary to prepare hospital emergency departments (EDs) to service pediatric patients”, and is endorsed by many organizations. For additional information please contact David Edwards at 804-888-9144 or by email (david.edwards@vdh.virginia.gov).



EMSC State Partnership Grant Notes: Now that two major EMSC assessments (hospital *and* EMS agency) have been completed, EMS for Children grantees will be renewing their perspective and direction at the *Annual EMSC Program Meeting* (July

28-August 1) in Arlington, VA. The Virginia EMSC Medical Director, FAN (Family Advisory Network) representative and EMSC Program Manager will be attending on Virginia’s behalf. The existing list of ten EMSC Performance Measures that guide EMSC programs nationally are undergoing re-evaluation by HRSA work groups, and these (among many other items) will very likely be presented and discussed.

As one follow-up item related to completion of the recent EMSC assessments, the EMSC Program Manager is required to attend a technical workshop presented by the National EMSC Data Analysis Resource Center (NEDARC) titled “*Communicating Your Performance Measures Results*”; this is being held June 3-5, 2014.

Suggestions/Questions

Suggestions or questions regarding the EMSC program should be submitted to David Edwards via david.edwards@vdh.virginia.gov or by calling the EMSC program within the OEMS at 804-888-9144. We welcome your interest and support.

Respectfully Submitted

Office of EMS Staff

Appendix A



Peninsulas Emergency Medical Services Council, Inc.

6898 Main Street, PO Box 1297
Gloucester, VA 23061
Office (804) 693-6234 - Fax (804) 693-6277
www.peninsulas.vaems.org

15 April 2014

Gary R. Brown
Director
Office of Emergency Medical Services
Virginia Department of Health
1041 Technology Park Drive
Glenn Allen, VA 23059-4500

Dear Mr. Brown:

Please accept the following nominations for the position representing the Peninsulas Emergency Medical Services Council, Inc. service region on the Financial Assistance Review Committee.

The PEMS Nominees are as follows:

1. Richard Paul Long, Assistant Chief, York County Department of Fire and Life Safety
2. Mark Radcliffe Nugent, Emergency Services Chief, Middlesex County

Both of the candidates have extensive EMS experience and either one would capably represent the EMS system's interests and otherwise contribute to the excellence of the emergency medical services system in the Commonwealth.

Please let us know if you will require additional documentation or information.

Sincerely,

Michael B. Player, MPA, NRP
Executive Director

Cc: Julia B. Glover, President, PEMS BOD

Enclosure: Richard Paul Long Resume
Mark Radcliff Nugent Resume

In accordance with the Americans With Disabilities Act ("ADA"). Peninsulas Emergency Medical Services Council (PEMS), Inc. is committed ensuring that individuals with disabilities are not denied an opportunity to participate in and benefit from any service, program, or activity, offered by the PEMS Council. Persons with disabilities who anticipate needing special accommodations or who have questions about physical access may call (804) 693-6234 in advance of the program.

WE ARE PEMS!

RICHARD PAUL LONG, MPA, CFO, CEM, VAPEM, NREMT-P

1504 Showalter Road • Yorktown, VA 23692 • Home Phone 757-898-8362 • Mobile Phone 757-897-1869

E-mail: rplycfirefighter@cox.net (Home) • longr@yorkcounty.gov (Work)

Personal Information

Name: Richard Paul Long "Paul"

Date of Birth: June 22, 1970

Place of Birth: Newport News, Virginia

Marital Status: Married, 19 years to wife Cheryl, two children, son Chase age 17 and daughter Ashley age 15.

Higher Education

2008 MPA - Troy University

Master of Public Administration – Public Human Resources Management (Public Administration National Honor Society Graduate)

2003 BS - Hampton University

Bachelor of Science - Fire Administration

2000 Tidewater Community College

Career Studies Certificate – EMS Paramedic

1999 AAS - Tidewater Community College

Associate of Applied Science – Fire Science

Professional Designations

2011 – Current Chief Fire Officer Designation – (CFOD)

Designated Chief Fire Officer (CFOD) by the Center for Public Safety Excellence.

2010 – Current Certified Emergency Manager (CEM)

Certified Emergency Manager (CEM) by the International Association of Emergency Managers (IAEM).

2009 – Current Virginia Professional Emergency Manager (VAPEM)

Virginia Department of Emergency Management (VDEM) Professional Emergency Manager (PEM)

2011 – Member Institution of Fire Engineers (MIFireE)

Approved Designation as Member of the Institution of Fire Engineers – United States

2004 – Current – Virginia Office of EMS – ALS Coordinator

2004 – Current – Virginia Office of EMS – EMT Instructor

Honors, Awards and Recognitions

2013 Peninsulas EMS Council Regional Award – Russell J. Lowery Outstanding EMS Administrator

2010 Old Dominion Historic Fire Society Founders Award

2010 Service Citation, International Association of Firefighters Local 2498

2007 Governor's Award for Excellence in Virginia Fire Services Training

2006 Firefighter of the Year – Exchange Club of York

2003 United States Congress Special Congressional Citation

2003 Letter for Service from United States Senator John Warner

2003 Virginia General Assembly Resolution for Service

2003 Letter for Service from Virginia Governor Mark Warner

2003 York County Board of Supervisor's Special Citation

2003 Firefighter of the Year - Women's Club of Williamsburg

2002 Firefighter of the Year - First Annual Daily Press Guardian Award

2002 National NACO Award for the Virtual Firefighter Website

**Professional
Certifications**

Highest Level

1999 Firefighter of the Year - Veterans of Foreign Wars Post 824
1997 Valuable and Dedicated Employee; Stephen P. Kopczynski, Fire Chief
1997 Service Citation, International Association of Firefighters Local 2498

Emergency Management

International Association of Emergency Managers Certified Emergency Manager (CEM)
Virginia Department of Emergency Management Professional Emergency Manager (PEM)
FEMA - Emergency Management Institute Advanced Professional Series (APS)
FEMA - Emergency Management Institute Professional Development Series (PDS)
Virginia Department of Emergency Management Certified Emergency Management Assistant (CEMA)

Incident Command

Virginia Department of Fire Programs NIMS ICS 300/400 Instructor
Virginia Department of Emergency Management NIMS ICS 300/400 Instructor

Fire Service

Member Designation Institution of Fire Engineers
Center for Public Safety Excellence Chief Fire Officer Designation
Virginia Department of Fire Programs Fire Officer IV
Virginia Department of Fire Programs Fire Instructor III (Adjunct Instructor)
Virginia Department of Fire Programs Fire Investigator 1033
Virginia Department of Fire Programs Fire Inspector 1031

Emergency Medical Services

Nationally Registered EMT - Paramedic
Commonwealth of Virginia EMT - Paramedic
Commonwealth of Virginia Advanced Life Support Coordinator
Commonwealth of Virginia Emergency Medical Technician Instructor
Commonwealth of Virginia Mass Casualty Incident Management Module III
American Heart Association Advanced Cardiac Life Support

Special Operations

DHS National Urban Search and Rescue Response System Planning Team Training
FEMA Urban Search and Rescue Structural Collapse Technician School
Virginia Department of Emergency Management Hazardous Materials Technician
Virginia Department of Fire Programs Rope Rescue III
Virginia Department of Fire Programs Confined Space Rescue
Virginia Department of Fire Programs Trench Rescue
PADI Open Water Diver

**Specialized
Programs -
Courses**

2001 County of York
York County Department of Fire and Life Safety Senior Command Series
1998 County of York
York County Department of Fire and Life Safety Command School
1998 Commonwealth Of Virginia
Virginia Fire Marshal Academy Courses (Inspector 1031/Investigator 1033)
1995 Tidewater Regional Fire Academy
Class President

RICHARD PAUL LONG, MPA, CFO, CEM, VAPEM, NREMT-P

1504 Showalter Road • Yorktown, VA 23692 • Home Phone 757-898-8362 • Mobile Phone 757-897-1869

E-mail: rplycfirefighter@cox.net (Home) • longr@yorkcounty.gov (Work)

Employment Information

Assistant Chief – Emergency Management and Support Services/Deputy Coordinator of Emergency Management
- York County Department of Fire and Life Safety
P.O. Box 532
Yorktown, Virginia 23690
757-890-3600

Employment Information Continued

Adjunct Instructor – Commonwealth of Virginia
- Virginia Department of Fire Programs
Division 5 Office
1300 Thomas Street, Room 216
Hampton, Virginia 23669
757- 727-4700

Sponsored Instructor - Commonwealth of Virginia
- Virginia Department of Emergency Management
10501 Trade Court
Richmond, Virginia 23236
804-897-6500

Volunteer Activities

Assistant Football Coach – Grafton High School Junior Varsity Football Team
Assistant Football Coach/Statistician – Grafton High School Varsity Football Team
Newsletter Editor/Publisher – Old Dominion Historical Fire Society Eastern Region
Newsletter – “The Steamer Connection”

Interests

Spending Time with My Wonderful Wife and Children
Family Vacations to Walt Disney World
Day Trip Travel (Exploring Virginia)
Volunteering at Grafton Middle and High School
Parading and Displaying our 1970 American LaFrance Fire Pumper
Amateur Photography
Collecting Historic Fire Service and Civil Defense Memorabilia
Visiting Fire Stations and Museums
Historical Study (United States and Fire Service History)
Amateur Graphic/Artistic Design
Amateur Computer Based Video/Movie/Slideshow/Web Design

Professional Affiliations

Center for Public Safety Excellence (CPSE)
International Association of Emergency Managers (IAEM)
National Association of Emergency Medical Services Educators (NAEMSE)
National Association of Emergency Medical Technicians (NREMT)
National Fallen Firefighters Local Assistance State Team (LAST)
National Fire Academy Alumni Association
Virginia Fire Chiefs Association (VFCA)
Virginia Fire Chiefs Association – Health and Safety Committee
Virginia Fire Chiefs Association – Company Officers Section
Virginia Emergency Management Association (VEMA)
Virginia Chapter International Society of Fire Service Instructors (VISFSI)
Old Dominion Historic Fire Society (ODHFS)
Tidewater Firefighter’s Association

**Community
Affiliations**

Windy Point Recreation Association
Grafton High School Parent Teacher Association
Grafton High School Athletic Boosters Club
Poquoson Masonic Lodge No. 49 AF & AM

**Organizational
Appointments**

* Leadership Positions

Virginia Emergency Management Association (VEMA) – Board of Directors (**Region 5 Representative**)
Peninsulas Emergency Medical Services Council (PEMS) – **Board of Directors (Local Government Representative)**
*Hampton Roads Emergency Management Committee (HREMC) – **Chair 2012-2013 - 1st Vice Chair 2011 - 2012, 2nd Vice Chair 2010-2011**
*Hampton Roads Fire Officer Command School (HRFOCS) – **Director 2013 - Co-Director 2010 - 2011**
*Hampton Roads Planning District Commission Regional Emergency Management Technical Advisory Committee (REMTAC) – **Vice Chair 2011-2013**
*DHS/FEMA Southeastern Virginia - North Eastern North Carolina Regional Catastrophic Planning Grant Team (RCPT) – **Chair - 2011 - 2012**
Hampton Roads Fire Chiefs Association Professional Development Committee
Hampton Roads Fire Chiefs Association Tidewater Regional Fire Academy Advisory Committee
*Virginia Department of Emergency Management Hurricane Evacuation Coordination Group – Workgroup Lead (**Locality Representative**)
Virginia Emergency Management Symposium Planning/Steering Committee
*Hampton Roads Planning District Commission Regional Emergency Management Technical Advisory Committee (REMTAC) – WebEOC Subcommittee – **Chair 2009 - 2012**
Hampton Roads Planning District Commission Regional Emergency Management Technical Advisory Committee (REMTAC) – Healthcare Organizations Emergency Preparedness Seminars Emergency Management Panel
Hampton Roads Planning District Commission Regional Emergency Management Technical Advisory Committee (REMTAC) – Fuel Commodities Sub-committee
Hampton Roads Emergency Services Media Council (HRESMC)
York County Human Shelter Committee
York County Citizen Corps Council
York County Employee of Quarter Selection Committee

**Past
Organizational
Appointments**

* Leadership Positions

Institution of Fire Engineers – United States Branch (IFireE)
Thomas Nelson Community College Fire Science Technology Curriculum Committee
VDEM/CRA Hampton Roads Chief Administrative Officer Exercise Planning Team
*DHS/FEMA Southeastern Virginia - North Eastern North Carolina Regional Catastrophic Planning Grant Team (RCPT) – **Vice Chair – 2010 - 2011**
*Southeastern Virginia-North Eastern North Carolina Regional Catastrophic Planning Grant Team (RCPT) – Commodities, Resources and Volunteers Sub-Committee – **Co-Chair 2008 - 2010**
Hampton Roads Regional Citizen Corps Steering/Marketing Committee
Hampton Roads Planning District Commission Regional Emergency Management Technical Advisory Committee (REMTAC) – Pet Sheltering Sub-committee
Virginia Fire Chief's Association - Professional Development Committee
*Hampton Roads Metropolitan Medical Response Strike Team – **Logistics Section Chief**
Hampton Roads Fallen Firefighter's Memorial Service Committee – **Chair**
Honor Guard Commanders of Hampton Roads – **Chair**

RICHARD PAUL LONG, MPA, CFO, CEM, VAPEM, NREMT-P

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Past Organizational Appointments

Continued

*Hampton Roads Fire Officer Command School – **Coordinator 2004, 2006, 2008**
International Society of Fire Service Instructors
York County 4th of July Committee – Associate Member
Virginia Training Officers Group (VTOG)
*Tidewater Regional Fire Academy Advisory Board – **Chair**
DHS/FEMA VATF-2 Urban Search and Rescue Team
American Society for Public Administration
American Society for Public Administration – Hampton Roads Chapter
*VFCA Company Officers Section **1st Vice President 2007,2008**
VFCA Company Officers Section 2007 Fire Officer Academy Steering Committee
York County 225th Anniversary Celebration Public Safety Committee
Peninsula’s Emergency Medical Services Council – Regional Recruiting Kiosk Committee
York County Department of Fire and Life Safety 50th Anniversary Committee
Peninsula Fine Arts Center “Aftermath – Images from 9-11” Committee
Peninsula’s Emergency Medical Services Council – Education, Training, Quality Improvement Committee
Virginia Fire Chief’s Association – Historian (unofficial)
Peninsula Regional Technical Rescue Team
Tidewater Regional Technical Rescue Team
*Historic Triangle 9-11 Memorial Committee - **Chair**
York County September 11th Memorial Service Committee
York County Employee Values Team
York County Historical Committee
Charter Member -York County Historical Society

Publications and Presentations

2011 Administration and Budgeting Course/Presentation developed/delivered at Hampton Roads Fire Officer Command School

2011 Emergency Management for the Fire Service Course/Presentation developed/delivered at Hampton Roads Fire Officer Command School

2011 Administration and Budgeting Course/Presentation developed/delivered at Hampton Roads Fire Officer Command School

2010 Crew Resource Management (CRM) Course/Presentation developed/delivered at Hampton Roads Fire Officer Command School

2010 Fire Officer Applied Research Project - Developing a wildland/urban interface risk reduction emergency preparedness guide for the citizens and businesses of York County, Virginia.

2008 Troy University Quantitative Methods - Using Statistical Analysis to Design a Fire Station Response District in York County, Virginia

2006 Tidewater Regional Fire Academy – Basic Large Area Search and Search Line Operations

Numerous training, history and current event articles published in Virginia Fire News Magazine.

**Professional
Experience**
(York County)
Current Position

**May 2012 – Present York County Department of Fire and Life Safety –
Emergency Management and Support Services
Assistant Chief/Deputy Coordinator of Emergency Management**

Performs highly responsible work involving the coordination and management of the County's Comprehensive All-Hazards Emergency Management program, Emergency Medical Services (EMS) system and Professional Development programs. Develops and coordinates plans for disaster situations, disaster public information education programs, and training the community's disaster organizations in emergency services and operations. Controls the major functions of the Emergency Medical Services system such as administration, professional development and performance standards, medical control, patient care and incident reporting, EMS Cost Recovery, EMS vehicles/equipment/supplies standards and specifications and quality assurance/performance improvement. Performs other work including pre-incident planning, emergency response and service provision, public assistance, incident command functions. Oversees the coordination and/or provides and evaluates department, local, state and federal professional development programs, training and education, equipment and procedural research, testing and evaluation. Responsible for ensuring adherence to all applicable federal, state and local laws and ordinances, rules, regulations, and protocols for each of the functional areas of Emergency Management, EMS and Professional Development. Serves as the department spokesperson (public information officer), Maintains contact with fire and rescue departments, State officials, civic clubs, law enforcement agencies, schools, emergency agency representatives, and the general public. Uses acquired training, experience, abilities, initiative and independent judgment to effectively supervise and lead people, command working fire and rescue incidents develop and implement innovative programs, effectively use computer programs, and handle extensive projects with minimal supervision. Additional responsibilities include grants management for various grants. Work is performed under minimal supervision of the Fire Chief.

- Oversight and management of the day-to-day operations of the Department of Fire and Life Safety Emergency Management and Support Services Division (Emergency Medical Services Administration, Professional Development and the Office of Emergency Management).
- Prepare, coordinate, maintain and administer the Department of Fire and Life Safety Emergency Management and Support Services Division annual fiscal and capital budgets incorporating funding from local, state, and federal governments; including multiple grant funding sources (Federal, State, Local, Private).
- Research, prepare, apply for, coordinate, maintain, administer, manage and report for local, state, and federal government grant funds, as well as private and non-profit grant funds.
- Develop, write and/or assist with all procurement functions including research, quotes, purchase orders, Requests for Proposals (RFPs), Invitation for Bids (IFBs), contractual agreements as well as review and participate in bid opening, closing and pre-bid workshops and processes.
- Coordinate, develop and/or complete local, state, and federal government as well non-governmental organization reports, analysis and/or applications.
- Research and monitor risks; monitor County, state and federal mandates and perform studies to identify and determine area layout, geography, demography, and any peculiarities which are to be considered in planning for emergency and disaster procedures.
- Develop goals and objectives; assist with departmental organization and

Professional Experience Continued
(York County)

development.

- Conduct emergency management, fire service, and EMS strategic research and planning.
- Coordinates and implements the County's Emergency Operations Plan (EOP), Hurricane Response Plan, Radiological Response Plan, COOP Plan and other disaster and/or emergency and non-emergency preparedness plans and standard operating procedures including staffing for the emergency operations center (EOC).
- Advises and instructs various emergency response and recovery agencies in understanding of proper roles and responsibilities of officials and agencies in emergency services/disaster operations.
- Coordinates with appropriate agencies/department to ensure that the emergency and evacuation plans of various businesses, medical facilities, senior care, assisted living and child care centers are reviewed for effectiveness and compliance with applicable local, state and federal regulations and the County's Emergency Operations Plan (EOP) and provides planning recommendations as needed.
- Assist the Director (County Administrator) and Coordinator (Fire Chief) of Emergency Management to initiate actions to obtain state and or federal assistance when a local State of Emergency is declared.
- Participate in local, regional, state and federal emergency management planning efforts on behalf of the County.
- Respond to inquiries from other jurisdictions and agencies as well as from the general public to provide information, bulletins and brochures relative to emergency management and emergency preparedness programs and activities
- Coordinate the maintenance and update of information including maps, plans, emergency personnel rosters, and resource documents
- Direct the management, coordination and administration of the County's Community Emergency Response Team (CERT) and Community Animal Shelter team training programs, planning processes and initial and continuing education training.
- Develops, coordinates and implements a program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of the department's patient care as mandated by State Law; develop and implement a process to monitor and document exceptions to established emergency medical services response capabilities and time interval standards as mandated by State Law.
- Develops and implements regular Pre-hospital Patient Care Record Reviews, supervised by the County's Operational Medical Director as mandated by state law to include an annual review of exceptions to established EMS response capability, unit mobilization interval and response interval standards as mandated by State law; provide a report of the review of exceptions to the department's Operational Medical Director, County Board of Supervisors and Virginia Department of Health Office of EMS as mandated by State law.
- Participates in management and supervisory level training programs to include a variety of emergency management, fire, EMS, rescue, and hazardous materials and continuing education classes; monitors and evaluates in-service training classes; instructs personnel in policies and procedures, and reporting requirements and systems; conducts post-incident critiques; coordinates training and release programs Staff and Shift Battalions.
- Directs the management and administration of the County's Emergency Medical Services Transport Cost Recovery Program.
- Receives, investigates and responds to complaints from public pertaining to

Professional Experience Continued
(York County)

services of personnel of department pursuing to appropriate action as indicated to resolve identified problems.

- Plans, coordinates, and directs/delivers essential entry-level, advanced and specialty certification training programs, including the National Incident Management System and the Incident Command System, as well as, in-service and continuing education training programs. Determines training needs in consultation with the each of the departments divisions, battalions and/or bureaus; Develops and implements processes to aid in the regular evaluation of the knowledge, skills, and competence of emergency response personnel. Directs and/or manages the design, scheduling, coordinating and evaluation of a comprehensive emergency management and disaster exercise and evaluation program (HSEEP Compliant).
- Coordinates, and/or directs the maintenance of the Departments training facilities, resource library, multi-media training aids and manikins, and audiovisual training equipment; maintains personnel training records pertaining to courses attended, scores received, certificates awarded, and outside training courses attended.
- Assists with pre-employment, probationary, and promotional examinations and evaluation processes.
- Serve as the department's Public Information Officer/Spokesperson.
- Function as the department's Webmaster developing, coordinating, and managing the department's official website.
- Provides technical support for strategic planning, the development of long and short-range goals, service/performance indicators, operational and capital budgets, personnel management, research, policy recommendations, standard operating procedures, administrative programs and management projects.
- Responds to emergencies; evaluates responding resources; modifies response assignments as necessary, coordinates with multiple agencies; formulates action plans, assigns tasks, directs an on-going operational evaluation, and deploys additional resources as needed; re-distributes uncommitted resources for best advantage, safety considerations, hazard control, and public relations. Serves as incident commander, as appropriate. Responds to routine fire and EMS incidents as available; provides emergency medical care as appropriate. In the absence of the EMS Supervisor, provides EMS supervision and public relations.
- Respond to emergencies; evaluate responding resources; modify response assignments as necessary, coordinate with multiple agencies; formulate action plans, assign tasks, direct an on-going operational evaluation, and deploy additional resources as needed; re-distribute uncommitted resources for best advantage, safety considerations, hazard control, and public relations.
- Provide pre-hospital emergency medical care at the basic and advanced life support level consistent with department procedures, regional treatment protocols and standards of care.
- Assist with the design, scheduling, coordinating and evaluation of a comprehensive emergency management and disaster exercise and evaluation program (HSEEP Compliant).
- Attends seminars, conference, workshops, classes, lectures, etc., as appropriate to enhance and maintain knowledge of trends and development in such professional fields of study as: administration and management, public safety, training and personnel development, emergency medical services, mass care, incident command and incident management, special operations, fire suppression, rescue, hazardous materials response, emergency management, EMS billing, etc.

Professional Experience Continued
(York County)

**March 2008 – April 2012 York County Department of Fire and Life Safety – Office of Emergency Management
Captain/Deputy Coordinator of Emergency Management/PIO**

- Oversight and management of the day-to-day operations of the Department of Fire and Life Safety Office of Emergency Management.
- Prepare, coordinate, maintain and administer the Department of Fire and Life Safety Office of Emergency Management annual fiscal and capital budgets incorporating funding from local, state, and federal governments; including multiple grant funding sources (Federal, State, Local, Private).
- Research, prepare, apply for, coordinate, maintain, administer, manage and report for local, state, and federal government grant funds as well as private and non-profit grant funds.
- Develop, write and/or assist with all procurement functions including research, quotes, purchase orders, Requests for Proposals (RFPs), Invitation for Bids (IFBs), contractual agreements as well as review and participate in bid opening, closing and pre-bid workshops and processes.
- Coordinate, develop and/or complete local, state, and federal government as well non-governmental organization reports, analysis and/or applications.
- Research and monitor risks; monitor County, state and federal mandates and perform studies to identify and determine area layout, geography, demography, and any peculiarities which are to be considered in planning for emergency and disaster procedures.
- Develop goals and objectives; assist with departmental organization and development.
- Conduct emergency management, fire service, and EMS strategic research and planning.
- Conduct Fire and Emergency Services operational best practices research and planning.
- Prepare written and electronic plans, reports, analysis, policies and procedures.
- Coordinate with the Emergency Communications Center Staff including telecommunicators, CAD administrator, Training Officer, ECC Supervisor and the County's Communications Manager with regard to various emergency and non-emergency radio and telecommunications and warning systems.
- Respond to emergencies; evaluate responding resources; modify response assignments as necessary, coordinate with multiple agencies; formulate action plans, assign tasks, direct an on-going operational evaluation, and deploy additional resources as needed; re-distribute uncommitted resources for best advantage, safety considerations, hazard control, and public relations.
- Serve as incident commander, as appropriate. Respond to routine fire and EMS incidents as available; provide emergency medical care as appropriate. In the absence of the EMS Supervisor, provides EMS supervision. In the absence of the Battalion or other Chief Officer, provides shift command as well as executive level supervision and/or direction.
- Responsible for assuming the duties and responsibilities of a Battalion Chief/Shift Commander as requested/required.
- Responsible for assuming the duties and responsibilities of the Shift EMS Supervisor as requested/required.
- Drive Virginia Department of Health Office of EMS permitted vehicles, fire apparatus, other emergency apparatus and county vehicles.
- Provide pre-hospital emergency medical care at the basic and advanced life support level consistent with department procedures, regional treatment protocols and standards of care.

Professional Experience Continued
(York County)

- Provide command support services to include all command staff functions as well as coordinate special assistance and provide support services to victims of fire and emergency medical incidents.
- Serve as the department's Public Information Officer/Spokesperson.
- Function as the department's Webmaster developing, coordinating, and managing the department's official website.
- Coordinate the maintenance and update of information including maps, plans, emergency personnel rosters, and resource documents
- Research industry best practices; network with other professionals to obtain information, and complete and regularly update County threat and hazard analysis.
- Coordinate York County's application(s) for reimbursement funding from federal government in cases of declared natural and/or human caused disaster(s). Coordination of a comprehensive, risk-based, emergency management program of mitigation, preparedness, response, and recovery.
- Coordinate and implement the County's Emergency Operations Plan (EOP), Hurricane Response Plan, Radiological Response Plan, COOP Plan and other disaster and/or emergency and non-emergency preparedness plans and standard operating procedures as required and/or directed.
- Develop, maintain and oversee response operation plans for response to natural or man-made emergencies and/or disasters.
- Coordinate staffing for the emergency operations center (EOC).
- Advise and instruct various emergency response and recovery agencies in understanding of proper roles and responsibilities of officials and agencies in emergency services/disaster operations.
- Assist in the identification of evacuation routes in community wide disasters.
- Assist with the design, scheduling, coordinating and evaluation of a comprehensive emergency management and disaster exercise and evaluation program (HSEEP Compliant).
- Review and assess the emergency and evacuation plans of various businesses, medical facilities, senior care, assisted living and child care centers for effectiveness and compliance with applicable local, state and federal regulations and the County's Emergency Operations Plan (EOP) and provide planning recommendations as needed.
- Maintain the County's Emergency Management facilities, equipment and resource directories for use by the department and other emergency management stakeholders.
- Develop and write training plans, manuals, and other procedural information.
- Plan, organize, and support a diverse group of County Departments, Agencies, and Offices as well as non-governmental agencies, stakeholders and partners involved with emergency and disaster planning, mitigation, response and recovery.
- Develop training, public awareness, and educational programs; schedule classes and training seminars and instruct individuals and/or groups with regard to the County's emergency plans and/or emergency preparedness measures.
- Serve as the National Incident Management System (NIMS) compliance officer ensuring and coordinating the County's compliance efforts in meeting the requirements of the National Incident Management System.
- Instruct and coordinate courses of instruction in the National Incident Management System and the Incident Command System.
- Respond to inquiries from other jurisdictions and agencies as well as from the general public to provide information, bulletins and brochures relative to

Professional Experience Continued
(York County)

- emergency management and emergency preparedness programs and activities
- Develop brochures and other written materials including media reports to respond to inquiries and to publicize activities.
- Assist the Director (County Administrator) and Coordinator (Fire Chief) of Emergency Management to initiate actions to obtain state and or federal assistance when a local State of Emergency is declared.
- Assist in the coordination of local emergency management actions with those of other local government, state and federal agencies.
- Participate in local, regional, state and federal emergency management planning efforts involving the County.
- Provide technical support for strategic planning, the development of long and short-range goals, operational and capital budgets, personnel management, research, policy recommendations, standard operating procedures, administrative programs and management projects.
- Manage, coordinate and administer the County's Community Emergency Response Team (CERT) training program, planning process and initial and continuing education training.
- Manage, coordinate and administer the County's CERTified neighborhood recognition program including neighborhood presentations, neighborhood emergency plan review and recommendations, training and outreach.
- Assist with business Continuity of Operations Planning (COOP) as well as business restoration planning and services.
- Develop and deliver public and business outreach and education programs and seminars.
- Attend seminars, conferences, workshops, classes, lectures, etc., as appropriate to enhance and maintain knowledge of trends and development in such professional fields of study as: administration and management, public safety, training and personnel development, emergency medical services, mass care, incident command and incident management, special operations, fire suppression, rescue, hazardous materials response, emergency management and planning, exercise design and evaluation.

2003 - March 2008 York County Department of Fire and Life Safety

Captain/Training Coordinator -Technical Services and Special Operations

- Responsible for coordinating high quality, challenging training programs.
- Responsible for developing high quality, realistic, accurate and professional training programs.
- Responsible for scheduling and de-conflicting department training schedules.
- Responsible for the systematic evaluation and management of both computer based and hard copy personnel certifications and training records.
- Responsible planning and assisting in the planning, coordination, and command of large and small special events.
- Responsible for responding to Fire/Rescue/Emergency Medical/ Hazardous Materials/Multiple Casualty/Weapons of Mass Destruction/Technical and Water Rescue Incidents.
- Responsible for the provision of medical care at the Basic and Advanced Life Support level.
- Responsible for attending meetings, conferences, lectures, workshops, and classes, as assigned and appropriate as a member of committees
- Responsible for up-keep, maintenance, cleanliness, and readiness of the departments Fire Training Center, Audio Visual Equipment, and training aids
- Responsible for providing professional, accurate and timely reports, updates and

Professional Experience Continued
(York County)

information, both on and off camera to major media outlets and the York County Public Information Office.

- Responsible for coordinating and conducting activities to ensure safe practices are being used by department personnel.
- Responsible for performing a variety of personnel related duties.
- Responsible for assuming the duties and responsibilities of a Battalion Chief/Shift Commander.
- Responsible for assuming the duties and responsibilities of a Captain/EMS Supervisor.
- Responsible for assuming the duties and responsibilities of a Captain/Station Commander.
- Responsible for assuming the duties and responsibilities of a Fire Investigator/Inspector.
- Responsible for assuming the duties and responsibilities of an Incident Safety Officer.
- Responsible for assuming the duties and responsibilities of an Incident Commander and/or any of the Command and General Staff functions.
- Responsible for assuming the duties and responsibilities of Public Information Officer for the department as assigned.
- Responsible for department photography.
- Manage and command emergency and non-emergency incidents.
- Develop and maintain Purchase Orders and Standing Purchase Orders.
- Revise and develop standard operating procedures
- Attend seminars, conferences, workshops, classes, lectures, etc., as appropriate to enhance and maintain knowledge of trends and development in such professional fields of study as: administration and management, public safety, training and personnel development, emergency medical services, mass care, incident command and incident management, special operations, fire suppression, rescue and hazardous materials response.

**2001 – 2003 York County Department of Fire and Life Safety
Lieutenant-Station Officer - Operations**

- Provide the highest quality fire and life safety protection, prevention, and education to the citizens and visitors of York County and its surrounding jurisdictions in a safe and timely manner.
- Provide quality emergency medical services to the citizens and visitors of York County and its surrounding jurisdictions in a safe and timely manner.
- Responsible for the readiness of an advanced life support fire engine, medic unit, technical rescue squad and trailer, zodiac boat and all other specialized and assigned equipment.
- Manage and command emergency and non-emergency incidents, personnel, and serve as a liaison between the citizens and the department.
- Regularly fill in as a Captain – Station Commander and command emergency and non-emergency incidents, personnel, and assist with the staffing, support, and daily management of the entire shift.
- Regularly fill in as a Captain – EMS Supervisor and insure the readiness of the departments advanced life support units and personnel. Command emergency and non-emergency incidents, personnel, and assist with the staffing, support, and daily management of the entire shift. Cover for the Shift Battalion Chief when he/she is not available for incident response. Respond to most emergency incidents and serve as an incident commander, sector manager, ALS provider, staff liaison and/or victim assistance coordinator.
- Maintain inventory and distribution of uniforms, personal protective clothing and fire

Professional Experience Continued
(York County)

department equipment/supplies to all members of the York County Department of Fire and Life Safety.

- Develop and maintain Purchase Orders, Standing Purchase Orders, Invitation for Bids, Request for Proposals and contracts with fire service equipment vendors/suppliers.
- Prepare the Uniform/Protective Clothing Fiscal Year Budget for the York County Department of Fire and Life Safety.
- Revise and develop standard operating procedures pertaining to Uniforms/Protective Clothing, Honor Guard, Memorial Services and Structural Fires.
- Serve as an instructor for the Technical Services and Special Operations Division and the Office of Emergency Management.

1994 - 2001 York County Department of Fire and Life Safety

Firefighter/ ALS Technician (1994-1999) and Senior Firefighter/ALS Technician (1999-2001)

- Provide the highest quality fire and life safety protection, prevention, and education to the citizens and visitors of York County and its surrounding jurisdictions in a safe and timely manner.
- Provide quality emergency medical services to the citizens and visitors of York County and its surrounding jurisdictions in a safe and timely manner.
- Responsible for the readiness of an Advanced Life Support fire engine and/or medic unit and all assigned equipment.
- Act as a station officer, managing incidents, personnel, and liaison between the citizens and the department.
- Maintain inventory and distribution of uniforms, personal protective clothing and fire department equipment/supplies to all members of the York County Department of Fire and Life Safety.
- Develop and maintain Purchase Orders, Standing Purchase Orders, and contracts with fire service equipment vendors/suppliers.
- Prepare the Uniform/Protective Clothing Fiscal Year Budget for the York County Department of Fire and Life Safety.
- Revise and develop standard operating procedures pertaining to Uniforms/Protective Clothing, Honor Guard, and Memorial Services.
- Additional responsibilities as assigned by superiors.

1997-Present York County Department of Fire and Life Safety

Honor Guard Commander and Department Historian

- Coordinating the departments Honor Guard activities, personnel assignments, memorial services, and other special events.
- Revise and develop standard operating procedures pertaining to Honor Guard Protocol, Drill and Ceremony and Flag Etiquette.
- Archive and catalog department historical documents and photographs.
- Chair of the Department's 50th Anniversary Committee.
- Coordinated, authored and served as the publishing liaison for the Department's 50th Anniversary History Book.

Professional Experience
(Concurrent)

2008 – Present Commonwealth of Virginia – Department of Fire Programs - Adjunct Instructor

- Maintain Virginia Department of Fire Programs Certified Instructor 3 (NFPA 1041).
- Plan, coordinate, monitor and/or evaluate a comprehensive training program.
- Deliver/instruct comprehensive funded and non-funded Virginia Department of Fire Programs fire training programs/courses.
- Deliver course material for both hazardous and non-hazardous training programs.
- Administer examinations as appropriate after course completion.
- Complete appropriate course documentation as required.

2008 – Present Commonwealth of Virginia – Thomas Nelson Community College - Business, Public Services, Information Systems and Mathematics Div. - Adjunct Faculty

- Demonstrate a thorough and accurate knowledge of the field or discipline.
- Possess appropriate educational/professional credentials to teach in field or discipline.
- Attempt to connect subject matter with related fields
- Maintain currency in subject matter through professional development.
- Plan and organize instruction in ways which maximize student learning.
- Effectively employ teaching and learning strategies
- Modify instructional methods and strategies to meet diverse students' needs.
- Effectively employ available instructional technology when appropriate.
- Encourage the development of communication skills and higher order thinking skills through appropriate assignments.
- Effectively communicate subject matter content to student.
- Contribute to the selection and development of instructional materials
- Establish and adhere to cogent learning outcomes.
- Develop and uses evaluation methods, which fairly measures student progress toward outcomes.
- Evaluate and returns student work to promote maximum learning
- Maintain accurate records of student progress.
- Submit final grade rosters and supporting documents according to established deadlines.
- Maintain familiarity with and adheres to College Policies and Procedures.
- Fulfill requirements of instructors set forth in the letter of appointment
- Maintain regular office hours to ensure accessibility to students and colleagues.
- Prepare, distribute, and submit syllabi and approved course outlines for all assigned sections in accordance with program, division and College procedures.
- Assure confidentiality.
- Serve on College, divisional, and program committees, teams, and task forces as assigned.
- Attend meetings and events as required by College administration
- Participate in professional activities which contribute to the educational goals of the College and its constituents.
- Respond in a timely fashion to information requests from College and division administrators and program chairs
- Foster and maintain effective working relationships with students, colleagues, and supervisors.
- Assist the chair in developing, reviewing, and revising curriculum
- Maintain familiarity with College goals, mission, and long-range plans
- Contribute to planning and development processes through appropriate

Professional Experience continued
(Concurrent)

channels.

- Perform professional responsibilities in accordance with pertinent goals, mission, and plans of College, division, and program.
- Support recruitment and retention of students, including academic advising.

**2004 – 2008 DHS/FEMA USAR Team - Virginia Task Force II
Plans Component/Technical Information Specialist**

- Responsible for gathering requested information from all available sources and forward to the Plans Officer and or Task Force Commander for incorporation in the planning function.
- Responsible for Documenting (written, audio, and visual mediums) the activities of the US&R task assigned mission for onsite and post-incident analysis, historic documentation and lessons learned, and training.
- Responsible for tracking all pertinent task force personnel information, work schedules, and equipment
- Responsible for adhering to all safety procedures.
- Responsible for accountability, maintenance, and minor repairs for all issued equipment.
- Responsible for performing additional tasks or duties as assigned during a mission.
- Responsible for preparing all audio and visual references materials necessary during the mission.

**July 2007 – May 2008 Virginia Fire Chiefs Association – Virginia Fire Officer Academy
Director/Incident Commander**

- Serve as liaison between Virginia Fire Chiefs Association (VFCA) Board of Directors and the VFCA Company Officers Section as well as Virginia Fire Officer Academy staff
- Brief Command Staff and Section Chiefs.
- Schedule, coordinate, oversee, and review meetings and briefings.
- Establish immediate priorities, goals and objectives, affix responsibilities and coordinate contracts.
- Establish an appropriate organization and chain of command.
- Determine strategy to achieve the objectives.
- Co-Authorize release of information to the news media.
- Ensure planning meetings are scheduled as required.
- Establish and monitor academy organization.
- Approve the implementation of the written or oral Incident Action Plan (IAP).
- Ensure that adequate safety measures are in place.
- Coordinate activity for all Command and General Staff.
- Coordinate with key people and officials.
- Approve requests for additional resources or for the release of resources.

**September 2006 - June 2007 Virginia Fire Chiefs Association – Virginia Fire Officer Academy
Section Chief Selection Section and Deputy Section Chief Planning Section**

- Collect and process all candidate application materials.
- Determine acceptance criteria and assign point system to each candidate package.
- Develop and populate a comprehensive database to record all applicants.
- Make selections for admittance to academy and forward to the VFCA BOD for

Professional Experience continued
(Concurrent)

review.

- Prepare acceptance letters and serve as POC for all applicants relative to academy information.
- Collect and process situation information about the incident.
- Supervise preparation of the Incident Action Plan (IAP).
- Provide input to the Incident Commander (IC) and the Operations Section Chief (OPS) in preparing the IAP.
- Chair planning meetings and participate in other meetings as required.
- Reassign out-of-service personnel already onsite to Incident Command System (ICS) organizational positions as appropriate.
- Establish information requirements and reporting schedules for Planning Section Units (e.g., Resources, Situation Units).
- Determine the need for any specialized resources in support of the incident.
- Establish special information collection activities as necessary (e.g., weather and environmental)
- Assemble information on alternative strategies.
- Provide periodic predictions on incident potential.
- Report any significant changes in incident status.
- Compile and display incident status information.
- Oversee preparation and implementation of the Incident Demobilization Plan.
- Incorporate plans (e.g., communications and site safety) into the IAP.

2005 – 2008 Hampton Roads Metropolitan Medical Response Strike Team

Logistics Section Chief

- Responsible for coordinating, managing, and supervising all MMST logistical activities while preparing for and during deployment.
- Responsible for adhering to all safety procedures.
- Responsible for ensuring that all assigned personnel are kept informed of status changes.
- Responsible for providing accountability, maintenance, and repairs for all MMST equipment.
- Responsible for providing logistics sit/stat reports and maintaining records.
- Responsible for documenting the activities of the MMST logistics section during assigned missions for onsite and post-incident analysis, historic documentation, lessons learned, and training.
- Responsible for tracking all pertinent MMST Logistics personnel information, work schedules, and equipment during missions.
- Responsible for accountability, maintenance, and minor repairs for all issued MMST equipment.
- Responsible for coordinating high quality and challenging training programs for York County MMST Logistics personnel.
- Responsible for the systematic evaluation and management of both computer based and hard copy personnel certifications and training records for York County MMST Logistics personnel.

1999-2009 Virginia Fire News Magazine

Staff Writer/Photographer

- Responsible for authoring creative and interesting columns for the fire service community.
- Responsible for developing innovative and informative training articles.
- Responsible for photographing fire scenes, fire apparatus and fire related subjects with 35mm and digital photography equipment.

**Qualifications -
Certifications -
Training**

*Denotes Certification to
Instruct

National Fire Academy (NFA)

National Fire Academy – Fire Service Supervision
National Fire Academy – Conducting Basic Fire Inspections
National Fire Academy – Incident Command System
National Fire Academy – Incident Command System for EMS
National Fire Academy – Incident Command System for Structural Collapse
National Fire Academy – Incident Command System for High Rise Incidents
*National Fire Academy – Basic Incident Command System for First Responders
*National Fire Academy – Managing Company Tactical Operations - Preparation
National Fire Academy – Managing Company Tactical Operations - Decision Making
National Fire Academy – Managing Company Tactical Operations - Tactics
*National Fire Academy – Leadership I Strategies for Company Success
*National Fire Academy – Leadership II Strategies for Personal Success
*National Fire Academy – Leadership III Strategies for Supervisory Success
National Fire Academy – Emergency Response to Terrorism
National Fire Academy – Shaping the Future
National Fire Academy – Managing in a Changing Environment
*National Fire Academy – Building Construction
*National Fire Academy – Arson Detection for the First Responder
National Fire Academy – Fire Prevention for First Responders and Small Departments
*National Fire Academy – Incident Safety Officer
*National Fire Academy – Strategy and Tactics for Initial Company Operations

**Qualifications -
Certifications -
Training**

Continued
*Denotes Certification to
Instruct

Virginia Department of Fire Programs (VDFP)

Virginia Department of Fire Programs Adjunct Instructor
Virginia Department of Fire Programs Fire Officer IV
Virginia Department of Fire Programs Fire Officer III
*Virginia Department of Fire Programs Fire Officer II
*Virginia Department of Fire Programs Fire Officer I
Virginia Department of Fire Programs Fire Instructor III
Virginia Department of Fire Programs Firefighter III
*Virginia Department of Fire Programs Firefighter I & II
Virginia Department of Fire Programs Emergency Response to Terrorism: Tactical Considerations for the Company Officer
*Virginia Department of Fire Programs Diver Operator Pump
*Virginia Department of Fire Programs Diver Operator Aerial
Virginia Department of Fire Programs Haz-Mat Awareness
Virginia Department of Fire Programs Haz-Mat Operations
*Virginia Department of Fire Programs EVOG S3
Virginia Department of Fire Programs ARFF – Structural Fire Fighters
Virginia Department of Fire Programs Instructor I Update
Virginia Department of Fire Programs Instructor II Update
Virginia Department of Fire Programs NFPA 1403 Awareness
*Virginia Department of Fire Programs Communicating with Children
*Virginia Department of Fire Programs ICS 300
*Virginia Department of Fire Programs ICS 400
*Virginia Department of Fire Programs Crew Leader
Virginia Department of Fire Programs Near Miss Reporting System
*Virginia Department of Fire Programs Mayday Awareness
Virginia Department of Fire Programs Firefighter I and II TTT Update
Virginia Department of Fire Programs Ethical Decision Making
Virginia Department of Fire Programs NFPA 1403 Awareness Update
Virginia Department of Fire Programs Fire Attack Essentials

Qualifications -

Certifications -

Training Continued

*Denotes Certification to Instruct

Virginia Department of Fire Programs Adjunct In-service 2005

Virginia Department of Fire Programs Adjunct In-service 2007

Virginia Department of Fire Programs Adjunct Orientation 2008

Virginia Department of Fire Programs Adjunct In-service 2009

Virginia Department of Fire Programs/FEMA USAR Heavy and Tactical Rescue (HTR)

*Virginia Department of Fire Programs Mayday Firefighter Down

Virginia Department of Fire Programs HTR Vehicle Rescue

Virginia Department of Fire Programs HTR Confined Space Rescue

Virginia Department of Fire Programs HTR Trench Rescue

Virginia Department of Fire Programs HTR Rope Rescue I

Virginia Department of Fire Programs HTR Rope Rescue II

Virginia Department of Fire Programs HTR Rope Rescue III

PADI - Open Water Diver

FEMA USAR Structural Collapse Technician

FEMA USAR GPS Awareness

FEMA USAR WMD Enhanced Operations

FEMA USAR Structural Collapse Awareness

FEMA USAR Companion Animal Rescue

Emergency Medical Services (EMS) Certifications

Nationally Registered EMT-Paramedic

*Virginia EMT Instructor

Virginia ALS Coordinator

*Virginia Mass Casualty Incident Management Module I

*Virginia Mass Casualty Incident Management Module II

Virginia Mass Casualty Incident Management Module III

Advanced Cardiac Life Support

Virginia Department of Emergency Management (VDEM)

VDEM Fundamentals Course for Radiological Monitors

VDEM ICS/EOC Interface

VDEM Principles of Emergency Management

VDEM Mass Fatality Incident Management

VDEM Hazardous Materials Technician

VDEM WebEOC Locality Training - VEOC

VDEM Damage Assessment Training

VDEM Homeland Security Exercise and Evaluation Mobile Training Course (HSEEP)

VDEM Hazard Mitigation Grant Program Workshop (HMPG)

VDEM Coordinators Briefing 2008

VDEM Basic Public Information Officer (PIO)

VDEM Radiological Emergency Preparedness Training

VDEM Coordinators Briefing 2009

VDEM Hurricane Planning for Coastal Communities

VDEM EOC Management and Operations

VDEM Rapid Assessment

*VDEM ICS 300

*VDEM ICS 400

VDEM/VEMA HURREVAC 2010 Overview

VDEM/VEMA Media Relations 101

VDEM/VEMA Using GIS in a Local EOC

VDEM/VEMA Emergency Procurement

**Qualifications -
Certifications -**

Training Continued
*Denotes Certification to
Instruct

VDEM/VEMA VIPER Part 2 - How to Localize it for You
VDEM/VEMA Mitigation Planning Workshop for Local Governments

FEMA/Emergency Management Institute

FEMA/EMI - Advanced Professional Series Certification (APS)
FEMA/EMI - Professional Development Series Certification (PDS)
FEMA/EMI - Emergency Program Manager
FEMA/EMI - Emergency Preparedness USA
FEMA/EMI - Radiological Emergency Mgmt.
FEMA/EMI - Haz-Mat a Citizens Orientation
FEMA/EMI - Citizens Guide to Disaster Assistance
FEMA/EMI - Building for Earthquakes of Tomorrow
FEMA/EMI - Animals In Disaster 1
FEMA/EMI - Animals In Disaster 2
FEMA/EMI - Community Disaster Exercises
FEMA/EMI - Basic Incident Command
FEMA/EMI - EOC Management and Operations
FEMA/EMI - Retrofitting Flood Prone Structures
FEMA/EMI - Voluntary Agencies in Emergency Management
FEMA/EMI - Radiological Emergency Response
FEMA/EMI - Haz-Mat for Medical Personnel
FEMA/EMI - Introduction to Mitigation
FEMA/EMI - Mitigation for Homeowners
FEMA/EMI - The Professional In Emergency Management
FEMA/EMI - Special Events Contingency Planning
FEMA/EMI - Household Hazardous Materials A Guide for Citizens
FEMA/EMI - Emergency Planning
FEMA/EMI - Introduction to Community Emergency Response Team
FEMA/EMI - Multi-Hazard Emergency Planning for Schools
FEMA/EMI - Developing and Managing Volunteers
FEMA/EMI - Livestock in Disasters
FEMA/EMI - Introduction to the Public Assistance Process
FEMA/EMI - Public Assistance Operations I
FEMA/EMI - In Depth Guide to Citizen Preparedness
FEMA/EMI - Principles of Emergency Management
FEMA/EMI - Decision Making and Problem Solving
FEMA/EMI - Anticipating Hazardous Weather & Community Risk
FEMA/EMI - National Disaster Medical System (NDMS) Federal Coordinating Center
Operations
FEMA/EMI - National Response Framework, An Introduction
FEMA/EMI - State Disaster Management
FEMA/EMI - Mitigation eGrants System for Subgrant Applicant
FEMA/EMI - Disaster Basics
FEMA/EMI - Building Partnerships in Tribal Communities
FEMA/EMI - Protecting Your Home or Small Business form Disaster
FEMA/EMI - Continuity of Operations (COOP) Awareness Course
FEMA/EMI - Introduction to Continuity of Operations (COOP)
FEMA/EMI - Multi-Hazard Emergency Planning for Schools
FEMA/EMI - Introduction to Residential Coastal Construction
FEMA/EMI - Exercise Evaluation and Improvement Planning
FEMA/EMI - Anticipating Hazardous Weather and Community Risk
FEMA/EMI - Deployment Basics for FEMA Response Partners
FEMA/EMI - An Introduction to Exercises

**Qualifications -
Certifications -**

Training Continued
*Denotes Certification to
Instruct

FEMA/EMI - Fundamentals of Emergency Management
FEMA/EMI - Dams Sector: Crisis Management

**National Incident Management System (NIMS) Courses (VDFP, VDEM, DHS,
FEMA/EMI)**

ICS 100 - FEMA/EMI - Introduction to the Incident Command System, I 100 for Law Enforcement
ICS 100 - FEMA/EMI - Introduction to the Incident Command System, I 100 for Health Care/Hospitals
ICS 100 - FEMA/EMI - Introduction to the Incident Command System, I 100 for Schools
ICS 100 - FEMA/EMI - Introduction to the Incident Command System, I 100 for Public Works Personnel
ICS 200 - FEMA/EMI - Applying ICS to Healthcare Organizations - I 200 for Health Care/Hospitals
*ICS 300 - Virginia Department of Fire Programs ICS - 300
*ICS 300 - Virginia Department of Emergency Management - ICS - 300
ICS 300 - U.S. DHS/National Wildfire Coordinating Group - ICS 300 - Intermediate ICS
* ICS 400 - Virginia Department of Fire Programs ICS - 400
* ICS 400 - Virginia Department of Emergency Management - ICS - 400
ICS 400 - U.S. DHS/National Wildfire Coordinating Group - ICS 400 - Advanced ICS
ICS 700 - FEMA/EMI - National Incident Management System
ICS 800 - FEMA/EMI - National Response Plan, an Introduction
FEMA/EMI - Introduction to the Incident Command System for Federal Disaster Workers
FEMA/EMI - Incident Command System Basic for Federal Disaster Workers
FEMA/EMI - National Incident Management System
FEMA/EMI - NIMS Resource Management
FEMA/EMI - NIMS Public Information Systems
FEMA/EMI - NIMS Intrastate Mutual Aid an Introduction
FEMA/EMI - NIMS Multi-Agency Coordination System
FEMA/EMI - NIMS Communications and Information Management
FEMA/EMI - Introduction to NRF Support Annexes
FEMA/EMI - Emergency Support Function 1 - Transportation
FEMA/EMI - Emergency Support Function 2 - Communications
FEMA/EMI - Emergency Support Function 3 - Public Works and Engineering
FEMA/EMI - Emergency Support Function 4 - Firefighting
FEMA/EMI - Emergency Support Function 6 - Mass Care, Emergency Assistance, Housing, Human Services
FEMA/EMI - Emergency Support Function 7 - Logistics Management and Resource Support
FEMA/EMI - Emergency Support Function 8 - Public Health and Medical
FEMA/EMI - Emergency Support Function 9 - Search and Rescue
FEMA/EMI - Emergency Support Function 10 - Oil and Hazardous Materials Response
FEMA/EMI - Emergency Support Function 11 - Agriculture and Natural Resources
FEMA/EMI - Emergency Support Function 12 - Energy
FEMA/EMI - Emergency Support Function 13 - Public Safety and Security
FEMA/EMI - Emergency Support Function 15 - External Affairs

Special and Conference Courses Attended (Local, Regional, State, National)

Fire Service Customer Service - Phoenix, Az. Fire Chief Alan Brunacini - VFCA Mid Winter Training Conference, Williamsburg, Va.
Incident Command System - Phoenix, Az. Fire Chief Alan Brunacini - Firehouse Expo - Baltimore, Md.

**Qualifications -
Certifications -
Training** Continued

*Denotes Certification to
Instruct

Interrogation Techniques for the Fire Investigator - Firehouse Expo - Baltimore, Md.
Virginia State Police Arson Investigation School - International Association of Arson
Investigators - Williamsburg, Va. 199 and 2000
Confined Space Rescue Atmospheric Monitoring Course - York County, Va.
Taking Care of Our Own (Line of Duty Death) - National Fallen Fighters Foundation -
National Fire Academy - Emmittsburg, Md.
Fire Sprinkler Basics - Virginia Sprinkler Company - York County, Va.
Fire Alarm Basics - Virginia Sprinkler Company - York County, Va.
Virginia Department of Fire Programs Instructor College - Roanoke College - Salem, Va.
All - Steer-Aerial Platform Operations Course - Pierce Manufacturing - York County, Va.
Huskey 10 Foam System Operations Course - Pierce Manufacturing - York County, Va.
Burn Team Training - Newport News Fire Department 2005 - Newport News, Va.
Burn Team Training Update - Newport News Fire Department 2010, Newport News, Va.
Unlawful Harassment Awareness for Employees-Workplace Answers, York County, Va.
Unlawful Harassment Awareness for Supervisors-Workplace Answers, York County, Va.
Law Enforcement Response to WMD Incidents - Louisiana State University/Academy of
Counter Terrorism Education - York County, Va.
Critical Incident Stress Management Awareness - PEMS/York County, Va.
Infection Control Procedures - York County, Va.
LP Gas Emergencies - Giant Refinery/York County, Va.
Basic Natural Gas Emergencies - Virginia Natural Gas/ York County, Va.
Basic Water Safety and Survival for Firefighters - York County, Va.
Basic Electrical Safety for Firefighters - York County, Va.
Large Area Search and Search Line Techniques - York County, Va.
Crime Scene Photography Course - York-Poquoson Sheriff's Officer (Lt. Troy Lions)
Project Management-Rockhurst University Continuing Ed Center, York County, Va.
Strike Team Operations Module I - TEMS/Hampton Roads Metropolitan Medical
Response System (MMRS) - Norfolk, Va.
EMS I Basic Concepts for WMD Incidents - Office of Domestic Preparedness/Texas
Engineering and Extension Service - Texas A & M University System - York County, Va.
Public Works WMD Basic Concepts - Office of Domestic Preparedness/Texas
Engineering and Extension Service - Texas A & M University System - York County, Va.
WMD Terrorism Awareness for Emergency Responders - Office of Domestic
Preparedness/Texas Engineering and Extension Service - Texas A & M University
System - York County, Va.
EMS Operations and Planning for WMD - Office of Domestic Preparedness/Texas
Engineering and Extension Service - Texas A & M University System - York County, Va.
MSA Fit Test Trainer Course - Fire Protection Systems - York County, Va.
Rapid Intervention Team Exercises - Pennsylvania State Fire Academy
*Courage to be Safe...So Everyone Goes Home - 16 Firefighter Life Safety Initiatives
Instructor Course - Virginia Beach, Va.
Five Alarm Leadership - FDNY Battalion Chief John Salka - FDIC - Indianapolis, In.
Embedded Incident Operations - Phoenix, Az. Battalion Chief Nick Brunacini and
Phoenix, Az. Fire Chief (Ret.) Alan Brunacini - FDIC - Indianapolis, In.
Pride and Ownership: For the Love of the Job - Lewisville, Tx. Fire Chief Rick Lasky -
FDIC - Indianapolis, In.
Art of Reading Smoke: The Sequel - Battalion Chief (Ret.) David Dodson - FDIC -
Indianapolis, In.
Virginia Fire Corps Information Workshop, Glen Allen, Va.
Network Security Awareness S103 - York County, Va.
Emergency Planning for Special Needs Communities (West Virginia University) -
Virginia Beach, Va.
EZ-IO - Vidacare Intraosseous Infusion System, York County, Va.

**Regional
Instructorships**

WebEOC Administrator Training Course - ESI - Newport News, Va.
WebEOC Board Building Training Course - ESI - Newport News, Va.

Hampton Roads/Tidewater Regional Instructorships

Tidewater Regional Fire Academy Lead Instructor
Tidewater Regional Fire Academy Program Coordinator
Tidewater Regional Fire Academy Instructor Train-the-Trainer
Regional Live Fire Training Instructor Train-the-Trainer
Hampton Roads Fire Officer Command School Instructor
Community Emergency Response Team (CERT) Instructor

**Personal
References**

Ms. Sue Durham 1506
Showalter Road
Yorktown, Virginia 23692
757-898-2966
(Neighbor)

Ms. Gladys Barto
1508 Showalter Road
Yorktown, Virginia 23692
757-898-8257
(Neighbor)

Mr. Richard "Dick" and Sandy Hartian
1507 Showalter Road
Yorktown, Virginia 23692
757-898-3647
(Neighbor)

Mr. John and Linda Ewell
1503 Showalter Road
Yorktown, Virginia 23692
757-898-8117
(Neighbor)

Mr. Sean Segerblom
9563 Bay Point Drive
Norfolk, VA 23518
757-362-3337
(Friend/Co-Worker)

RICHARD PAUL LONG, MPA, CFO, CEM, VAPEM, NREMT-P

1504 Showalter Road • Yorktown, VA 23692 • Home Phone 757-898-8362 • Mobile Phone 757-897-1869

E-mail: rplycfirefighter@cox.net (Home) • longr@yorkcounty.gov (Work)

Professional References

Mr. William P. "Pat" Dent, Fire Chief/Coordinator of Emergency Management
City of Williamsburg Fire Department
412 N. Boundary Street
Williamsburg, VA. 23185
757-220-6220 Office
wdent@williamsburgva.gov
(Retired Assistant Chief, Newport News Fire Department)

Mrs. Tracy Hanger, Assistant Chief
City of Hampton Fire and Rescue
22 Lincoln Street, 6th Floor
Hampton, Virginia 23669
757-727-2288 Office
thanger@hampton.gov

Mr. Rusty Chase, Chief of Emergency Services
Isle of Wight County Department of Emergency Services
17140 Monument Circle
Isle of Wight, VA 23397
757-365-6308 Office
rchase@isleofwightus.net

Mr. Randall P. Baldwin, Fire Chief
Cripple Creek Emergency Services
147 East Bennett Avenue
Cripple Creek, Colorado 80813
(719) 689-0240 Office
rbaldwin@cripple-creek.co.us

Current Immediate Supervisor

Stephen P. Kopczynski, Fire Chief/Director
York County Department of Fire and Life Safety
Post Office Box 532
Yorktown, VA 23690
757-890-3600
kopczyns@yorkcounty.gov

I respectfully thank you for the taking time to review my curriculum vitae!
Updated: July 11, 2013

MARK RADCLIFFE NUGENT

350 River Road Circle ■ Saluda, VA 23149
804.654.9659 ■ m.nugent@co.middlesex.va.us

I am an innovative, goal-focused, Fire and EMS Executive, with an extensive and accomplished background in leadership, team-building, volunteer management, planning, project management, and excellence in establishing positive community and corporate relationships. My proven professional knowledge, skills, and abilities have positioned me to effectively integrate into the leadership team of Middlesex, County, Virginia, as the Chief/Emergency Services Coordinator. As a key member of the County Administrators Leadership Team, I am responsible for the coordination of the management and coordination of all county Fire Departments and Rescue Squads, as well as all aspects of Emergency Mitigation, Preparedness, Response and Recovery.

CORE COMPETENCIES

- Incident Command/Emergency Management
 - Budget Development and Management
 - Winning Grant Proposal Development
 - Business Model and Plan Development
 - Strategic Plan Development and Execution
 - Build Effective Community and Business Relationships
 - Persuasive and Effective Communicator
 - Effectively Manage Multiple Projects
 - Published Book and Magazine Author
 - Public Speaker at the Local and National Level
-

FORMAL EDUCATION

Bluefield College, Bluefield, Virginia

Bachelors Degree in Organizational Management and Development

- Graduated December 2011, Magna Cum Laude

J. Sergeant Reynolds Community College, Richmond, Virginia

Associates Degree in Applied Science in EMS Management

- Graduated May 2008, Summa Cum Laude

J. Sergeant Reynolds Community College, Richmond, Virginia

Associates Degree in Applied Science in Fire Science

- Graduated May 1992, Summa Cum Laude
-

PROFESSIONAL HISTORY AND EXPERIENCE

2013 to Present: Emergency Services Coordinator/Chief; Middlesex County, Virginia

Provide leadership and managerial direction as the Emergency Services Coordinator for Middlesex County, Virginia, Office of Emergency Services. Chief Nugent is responsible for a Volunteer Emergency Service Organization of 320 volunteer Fire and EMS members. Middlesex County, Virginia, is located in the Middle Peninsula of Virginia and the collective Fire Departments and Rescue Squads, which operate out of four Fire Stations and three Rescue Stations, protect 11,000 permanent citizens and an additional 20,000 yearly vacationing citizens. Middlesex County has a land mass of 131 square miles, which is bordered by 134 linear miles of shoreline.

Chief Nugent is a member of the Middlesex County Leadership Team and reports directly to the County Administrator of Middlesex County, Virginia. In his short tenure in the department, Chief Nugent has been actively involved in all aspects of the County and Community, with a primary emphasis on the safety of the combined Fire and Rescue Squad membership. Chief Nugent was recently appointed as Chairman of the County Emergency Services Committee by the Chairman of the Board of Supervisors; a position traditionally held by a setting Board of Supervisors Member. As a member of the County Leadership Team, Chief Nugent is responsible for Command and Control Functions, providing

assistance in Project Development and Management, Planning Functions, Grant Project Development, Political and Community Relations Liaison.

PROFESSIONAL HISTORY (CONTINUED)

1978 to 2013: Chesterfield County, VA, Department of Fire and Emergency Medical Services (Retired)

2001-2009; 2012-2013: Battalion Chief, Emergency Operations Division

Direct responsibility for the leadership, development and mentoring of all assigned personnel, which included fire officers, firefighters, and volunteer personnel in seven fire/rescue stations.

- Command and control responsibility of all Fire and EMS emergency incidents.
- Direct responsibility for the safety and wellness of operational personnel in assigned battalion.
- Responsibilities as Shift Commander when assigned
- Direct leadership of assigned fire officers, firefighters and volunteer personnel. Providing daily assistance in personnel management, safety programs, training, personnel development, daily shift activities, and interactions with citizen, community and political leaders.
- Direct all fire and EMS responses, hazardous materials, technical and water rescue teams
- Direct responsibilities to ensure all activities are directed towards meeting the goals and objectives of the Operations Division Plan and the Department and County Performance Plans.
- Daily interaction with Executive Staff, Shift Commanders, Battalion Chiefs and Division Heads.

2009-2012: Assistant to the Fire Chief, Executive Staff

Member of the Department Executive Staff, providing assistance in Project Development and Management, Planning Functions, Grant Project Development, Political and Community Relations Liaison.

- Develop written correspondence and speaking notes for the Fire Chief, Deputy Chiefs, County Administrator and Board of Supervisors for functions on behalf of the department.
- Fire Chief's representative during speaking engagements at community, business and political events.
- Direct responsibility for development of all department Political and Community Relations initiatives.
- Development and management of all departments grant initiatives.
- Development and management of all Board of Supervisor Consent and Agenda items to support grant awards.
- Fiscal and budgetary management of all department grant awards, currently over \$4.3 million in active awards.

2001-2009: Battalion Chief, Emergency Operations Division (Responsibilities outlined above)

1999-2001: Battalion Chief, Department Grants Administrator and Media Liaison

Direct responsibility for management of all department grants activities and coordination of all media activities.

- Responsibility for developing needs assessments, grant source searches, budget development, application and narrative development, submission process, grantor recognition and reporting processes.
- Development and presentation of all related Board of Supervisors resolutions and consent items.
- Coordination of all department media activities; development of media notifications, press releases, public fire and life safety education messages and spokesperson on emergency incident scenes with local and national media.
- Daily interaction with Fire Chief, Executive and Division Staff, County Leadership Team and department heads, county grants coordinator, corporate, business and community leaders, and local and national news media outlets.

1993-1998: Senior Captain, Deputy Fire Marshal, Fire Marshals Office

1990-1992: Senior Captain; Shift Administrative Officer; Emergency Operations Division

1978-1989: Firefighter, Lieutenant, Captain; Emergency Operations Division

2002 to 2009: Founding Partner and Business Manager, GenMar Solutions

- Developed the business model for GenMar Solutions. Providing leadership and professional services to Emergency Service and Non-Profit Organizations and Associations and Jurisdictions from across the nation.
 - Strategic Planning, Succession Planning, Project and Program Development.

- Planning and Development to establish Internal Revenue Service 501 (c) 3, Non-Profit Designation.
- Grant Proposal Development and Management resulting in grant awards in excess of \$6.6 Million.

FIRE OFFICER AND EMS CERTIFICATIONS // PROFESSIONAL DEVELOPMENT

Professional Development

- 2013, Virginia Department of Emergency Management, CERT Program Manager
- 2010, Virginia Department of Emergency Management, CERT Team Coordinator
- 2010, Fire-Rescue Leadership Institute, Columbia Southern University
- 2004, Incident Safety Officer Academy, Fire Department Safety Officers Association
- 2000, Total Quality Initiative Institute, Chesterfield County, Graduate
- 1995, Multi-Agency Incident Management, International Association of Chiefs of Police
- 1999, Grant Writing Training Program, The Grantsmanship Center
- 1996 to 2007, Nationally Registered - Emergency Medical Technician-Paramedic
- 1995 to present, Adjunct Instructor, Virginia Department of Fire Programs
- 1992 to 2006, Adjunct Instructor, National Fire Academy
- 1990, Certified Fitness Coordinator, University of Maryland
- 1990 to present, Fire Officer III, Virginia Department of Fire Programs
- 1990 to present, Fire Instructor III, Virginia Department of Fire Programs
- 1988 to present, Firefighter III, Virginia Department of Fire Programs
- 1988 to present, Fire Inspector II, Virginia Department of Fire Programs
- 1978 to present, Emergency Medical Technician, Commonwealth of VA

FIRE OFFICER AND EMS CERTIFICATIONS // PROFESSIONAL DEVELOPMENT (CONTINUED)

National Fire Academy and Emergency Management Institute Course Completion

- 2012, Current Student, Executive Fire Officer Program, National Fire Academy (NFA)
- 2011, IMS ICS All-Hazards Liaison Officer, Emergency Management Institute (EMI)
- 2010, All Hazards Incident Management Team, EMI
- 2009, Command and Control of Fire Department Operations at Target Hazards, NFA
- 2009, All Hazards Public Information Officer, EMI
- 2009, ICS 400, Advanced ICS Command and General Staff-Complex Incidents, EMI
- 2008, IS-800, National Response Framework, EMI
- 2007, IS-700 National Incident Management System (NIMS), EMI
- 2007, IS-275, Role of the EOC in Community Preparedness, Response and Recovery, EMI
- 2007, H-465/ICS 300 – Intermediate ICS for Expanding Incidents, EMI
- 2007, IS-200, ICS for Single Resources and Initial Action Plans, EMI
- 2007, IS-100, Introduction to the Incident Management System, EMI
- 2000, Executive Development, NFA
- 1995, Incident Safety Officer, NFA
- 1992, Fire Command Operations, NFA
- 1990, Infection Control for Emergency Response Personnel, NFA
- 1989, Incident Command; Incident Analysis, NFA
- 1986, Commanding the Initial Response, NFA
- 1986, Preparing for Incident Command, NFA

COMMITMENT // INVOLVEMENT

- 2012, Project Workgroup Leader, CFEMS-IAFC-TV Production
- 2011 to present, Committee member, County of Chesterfield, Customer Service Terminology Team
- 2010, Participant, Annual United States / United Kingdom, Chief Fire Officer Symposium
- 2009 to present, Committee member, County of Chesterfield, Adult Services Interagency Task Force
- 2009 to present, Charter Member, All-Hazards Incident Management Team Association
- 2009 to present, Marketing/Public Relations Committee, All-Hazards Incident Management Team Association,
- 2009 to present, Committee Member, SAFE Group, Chesterfield Youth Services Office
- 2009 to present, Charter Member, Central Virginia All-Hazards Incident Management Team
- 2009 to present, Committee Member, Commonwealth of VA, Community Injury Prevention Group
- 2009 to present, Student Mentor, Chesterfield County School System
- 2008, IMT Team Member with DC Fire and EMS, 2008 Presidential Inauguration
- 2007 to present, Certified Coordinator, “Survivors Offering Assistance in Recovery” Program for burn survivors
- 2006, Battalion Chief Process, Assessment Panel Member, Prince George’s County, MD
- 2006, Panel Member, National Fire Service “Wingspread Conference”, Atlanta, Georgia
- 2002 to present, Panel Member, National Networking Symposium (The Baggers)
- 1999 to present, Department Liaison, Department non-profit group “Citizens Against Residential Emergencies”
- 1996, Documentation Officer, National Fire Service “Wingspread Conference”, Dothan, Alabama
- 1996 to 2004, Committee Member, Chesterfield County Administrators “Access to Success” Committee
- 1996 to 2001, Member; Co-Chairman, “Central Virginia Emergency Services/Media Coalition”
- 1994, National Fire Academy, Course Development Team, “Infection Control for First Line Supervisors”,
- 1993, Panel Member, Congressional White Paper, “Health and Fitness Issues of Females in the Fire Service”

PROFESSIONAL AFFILIATIONS AND PROFESSIONAL ACCOMPLISHMENTS

- 2013, member, Virginia Emergency Management Association
- 2012, 2013, Assisted the IAFC Program Planning Committee and IAFC Staff at the FRI Conference
- 2010, Co-Author of the Book and Web Site, “Community Fire Safety Operational Guide”
- 2006 to present, Member, International Association of Fire Chiefs; and Southeastern Section
- 2005 to present, Member, the Phoenix Society, National Burn Survivor network organization
- 2004 (2), 1994, Recipient of three Department of Fire and EMS Life Save Awards
- 2001 to present, Member, State Fire Chiefs Association of Virginia
- 1999 to 2005, Board Member, Camp Baker, Chesterfield VA; Board Chairman, 2003 to 2005
- 1999 to present, Board Member, Department Community Group, Citizens Against Residential Emergencies
- 1999 to present, Author of winning grant proposals for Chesterfield Fire and EMS in excess of \$4.7 million
- 1998, Recipient of Inside Business Magazines “Top 40 under 40” Leadership Award
- 1997 to 2003, Board Member “Safe and Sober Youth”
- 1995, Selected as the Chesterfield County, Virginia, “Outstanding Employee of the Year”
- 1995 to present, Published author of over 25 published trade journal articles
- 1995 to present, Public speaker, presenting symposiums at over 50 national professional conferences
- 1995, Department nominee, Chesterfield County, Virginia, “Outstanding Employee of the Year”
- 1994, Selected as the Chesterfield Fire Department, “Outstanding Career Officer of the Year”

- 1993 to present, Charter Member, The 100 Club, Assisting Public Safety Officers in Central, VA
- 1992, Developed the department's award winning drown prevention program "SWIM SAFE"
- 1991 to 2001, Spokesperson for the WRIC-TV8 safety segment "It Only Takes A Minute"

Curtis Neil Sheets
CURRICULUM VITAE

April 14, 2014

Address: 166 River View Drive
Verona, VA 24482

P.O. Box 711
Wintergreen, VA 22958

Birthplace: Staunton, Virginia

Citizenship: U.S.A.

Birth Date: November 23, 1971

Marital Status: Not Married

Children None

Education: James Madison University
Harrisonburg, Virginia
Masters in Public Administration

Masters in Health Care Administration

Graduated 2004

James Madison University

Harrisonburg, Virginia

Bachelor of Arts in Public Administration

Graduated 1994

Fort Defiance High School

Fort Defiance, Virginia

Advanced Studies Diploma

Graduated 1989

Employment:

Wintergreen Property Owners Association

Nelson County, Virginia

Deputy Executive Director

Chief of Fire & Rescue

November 1999 to present

Aquastar Distributors Inc.

Waynesboro, Virginia

Manager of Retail Operations

May 1994 – November of 1999

Sheets Logistics LLC

Verona, Virginia

Real Estate Development

1994 – Present

Sheets' Apple Cider Mill

Mount Sidney, Virginia

Owner/Operator

August 1987 – November 2000

Committees:

Statewide Incident Management (SIM)

Virginia Department of Transportation

1999 – 2006

Thomas Jefferson EMS Council

Charlottesville, Virginia

Member 1999 – Present

President 2000 – Present

Strategic Planning Committee

Staunton-Augusta Rescue Squad

Staunton, Virginia

Chairperson

January 2014 – Present

Nelson County Emergency Services Council

Lovington, Virginia

Member 1999 – Present

Augusta County Emergency Officer Association

Verona, Virginia

Member 1999 - Present

Augusta County Fire & Rescue SOG Review

Facilitator - Summer 2010

Certifications: Virginia EMT-I

Firefighter II

Aircraft Rescue Fire Fighter

Advanced Cardiac Life Support, Provider

Pediatric Advanced Life Support, Provider

Basic Trauma Life Support

Basic Trauma Life Support, Pediatric

Infectious Disease Control Officer

Mass Casualty Incident Management II

Emergency Vehicle Operations, III

Vehicle Rescue Instructor

Basic & Light Duty Rescue

Vertical Rescue

Advanced Vertical Rescue

Search and Rescue

Project LifeSaver Operator

Farm Machinery Extrication

Open Water Scuba Diver

Rural Water Supply

Basic Pump Operator

Driver Pump Operator

Aerial Pump Operator

Traffic Incident Management

Public Information Officer

Licensed and Active Virginia Realtor

* Not all certifications are current.

Community Services:

Staunton-Augusta Rescue Squad

Staunton, Virginia

Lifetime Volunteer Member 2001

President – 1999

Vice President – 1997 - 1998

Training Officer – 1995 – 1997

Vehicle Maintenance Officer – 1994

Board of Governor's Rep – 1993

Junior President – 1992

Junior Vice President – 1990 – 1991

Stonewall Jackson Boy Scout Council

Waynesboro, Virginia

Christmas Tree Sale Coordinator

1991 – 1993

Honors and Awards:

Governor's Award – 2013

Outstanding EMS Administrator

Nelson County Emergency Services Council

Community Service Award – 2012

Thomas Jefferson EMS Council

Outstanding Administrator – 2013

Thomas Jefferson EMS Council

Outstanding Administrator – 2004

Staunton-Augusta Rescue Squad

Life Member – 2001

Waynesboro First Aid Crew

Community Service Award – 1996

Boy Scouts of America

Eagle Scout – 1989

Technology Student Association

National President – 1989

Outstanding Young Men of America

Future Leader Award – 1988

Technology Student Association

Virginia President

Appendix B

FIRST QUARTER 2014

EMS Patient Safety Event Report



Welcome!

Welcome to the EMS Voluntary Event Notification Tool (E.V.E.N.T.)!

This is an aggregate report of the patient safety events reported to E.V.E.N.T. in the first quarter of 2014. We want to thank all of our organizational site partners. For a complete listing of site partners, see page 4.

E.V.E.N.T. is a tool designed to improve the safety, quality and consistent delivery of Emergency Medical Services (EMS). It collects data submitted anonymously by EMS practitioners. The data collected will be used to develop policies, procedures and training programs to improve the safe delivery of EMS. A similar system used by airline pilots has led to important airline system improvements based upon pilot reported "near miss" situations and errors.

Any individual who encounters or recognizes a situation in which an EMS safety event occurred, or could have occurred, is strongly encouraged to submit a report by completing the appropriate E.V.E.N.T. Notification Tool. The confidentiality and anonymity of this reporting tool is designed to encourage EMS practitioners to readily report EMS safety events without fear of repercussion.

"...The patient grabbed me by my shirt collar and pulled me down toward him with one hand when I was bent over and began to punch me in the face. He hit me 6 times before I could break free" – 1Q2014 EVENT Provider Violence Report #6

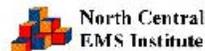
This is the aggregate Patient Safety E.V.E.N.T. summary report for first quarter 2014.

PROVIDED BY:



The Center for Leadership, Innovation, and Research in EMS (CLIR)

IN PARTNERSHIP WITH:



FIRST QUARTER 2014

E.V.E.N.T. Provider Violence Report



Welcome!

Welcome to the EMS Voluntary Event Notification Tool (E.V.E.N.T.)!

This is an aggregate report of the provider violence events reported to E.V.E.N.T. for the first quarter of 2014 (January through March 2014). We want to thank all of our organizational site partners. For a complete listing of site partners, see page 4.

E.V.E.N.T. is a tool designed to improve the safety, quality and consistent delivery of Emergency Medical Services (EMS). It collects data submitted anonymously by EMS practitioners. The data collected will be used to develop policies, procedures and training programs to improve the safe delivery of EMS. A similar system used by airline pilots has led to important airline system improvements based upon pilot reported "near miss" situations and errors.

Any individual who encounters or recognizes a situation in which an EMS safety event occurred, or could have occurred, is strongly encouraged to submit a report by completing the appropriate E.V.E.N.T. Notification Tool (Patient Safety Event, Near Miss Event, Violence Event, Line of Duty Death). The confidentiality and anonymity of this reporting tool is designed to encourage EMS practitioners to readily report EMS safety events without fear of repercussion.

"...The patient grabbed me by my shirt collar and pulled me down toward him with one hand when I was bent over and began to punch me in the face. He hit me 6 times before I could break free" – 1Q2014 EVENT Provider Violence Report #6

This is the aggregate Provider Violence E.V.E.N.T. summary report for First Quarter 2014.

PROVIDED BY:



The Center for Leadership, Innovation, and Research in EMS (CLIR)

IN PARTNERSHIP WITH:



Appendix C

EMERGENCY MEDICAL SERVICES PERSONNEL LICENSURE

INTERSTATE COMPACT

ARTICLE I

PURPOSE

Whereas, states license emergency medical services (EMS) personnel, such as emergency medical technicians (EMTs), advanced EMTs and paramedics in order to protect the public through verification of competency and ensure accountability for patient care related activities; and

Whereas, this Compact is intended to facilitate the day to day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority; and

Whereas, this Compact is intended to authorize state EMS offices to afford legal recognition, in a manner consistent with the terms of the Compact, to EMS personnel licensed in a member state; and

Whereas, this Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of EMS personnel and that such state regulation will best protect public health and safety;

Consistent with these principles, this Compact is designed to achieve the following purposes and objectives:

1. Increase public access to EMS personnel;

2. Enhance the states' ability to protect the public's health and safety, especially patient safety;
3. Encourage the cooperation of member states in the areas of EMS personnel licensure and regulation;
4. Support licensing of military members who are separating from an active duty tour and their spouses;
5. Facilitate the exchange of information between member states regarding EMS personnel licensure, adverse action and significant investigatory information;
6. Promote compliance with the laws governing EMS personnel practice in each member state;
and
7. Invest all member states with the authority to hold EMS personnel accountable through the mutual recognition of member state licenses.

ARTICLE II

DEFINITIONS

- A. “Advanced Emergency Medical Technician (AEMT)” means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.
- B. “Adverse Action” means: An action taken against a practitioner’s privilege to practice or a licensure disciplinary action.
- C. “Alternative program” means a voluntary, non-disciplinary substance abuse recovery program approved by a state EMS authority.
- D. “Certification” means: the successful verification of entry-level cognitive and psychomotor competency using a reliable, validated, and legally defensible examination.
- E. “Commission” means: the national administrative body of which all states that have enacted the compact are members.
- F. “Emergency Medical Technician (EMT)” means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.
- G. “Home State” means: a member state where an individual is licensed to practice emergency medical services.
- H. “License” means: the document issued by a state that authorizes an individual to practice as an EMT, AEMT, paramedic, or a level in between EMT and paramedic.
- I. “Medical Director” means: a physician licensed in a member state who is accountable for the care delivered by EMS personnel.
- J. “Member State” means: a state that has enacted this compact.

- K. "Privilege to Practice" means: an individual's authority to deliver emergency medical services in remote states as authorized under this compact.
- L. "Paramedic" means: an individual licensed with cognitive knowledge and a scope of practice that corresponds to that level in the National EMS Education Standards and National EMS Scope of Practice Model.
- M. "Remote State" means: a member state in which an individual is not licensed.
- N. "Restricted" means: the outcome of an adverse action that limits a license or the privilege to practice.
- O. "Rule" means: a written statement by the interstate Commission promulgated pursuant to Article XII of this compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal or suspension of an existing rule.
- P. "Scope of Practice" means: defined parameters of various duties or services which may be provided by an individual with specific credentials. Whether regulated by rule, statute, or court decision, it tends to represent the limits of services an individual may perform.
- Q. "Significant Investigatory Information" means:
- a. investigative information that a state EMS authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proved true, would indicate more than a minor infraction; or
 - b. investigative information that indicates that the individual represents an immediate threat to public health and safety regardless of whether the individual has been notified and had an opportunity to respond.

- R. "State" means: a state of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the US Virgin Islands, Guam, American Samoa, the Northern Mariana Pacific Islands and any other US territory.
- S. "State EMS Authority" means: the board, office or other agency with the legislative mandate to license EMS personnel.

ARTICLE III
HOME STATE LICENSURE

- A. Any member state in which an individual holds a current license shall be deemed a home state for purposes of this compact.
- B. Any member state may require an individual to obtain and retain a license to be authorized to practice in the member state under circumstances not authorized by the privilege to practice under the terms of this compact.
- C. A home state's license authorizes an individual to practice in a remote state under the privilege to practice only if the home state:
 - 1. Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;
 - 2. Has a mechanism in place for receiving and investigating complaints about individuals;
 - 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;
 - 4. No later than five years after activation of the Compact, requires a criminal background check of all applicants for initial licensure, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation with the exception of federal employees who have suitability determination in accordance with US CFR §731.202; and
 - 5. Complies with the rules of the Commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE

- A. Member states shall recognize the privilege to practice of an individual licensed in another member state that is in conformance with Article III.
- B. To exercise the privilege to practice under the terms and provisions of this compact, an individual must:
 - 1. Be at least 18 years of age;
 - 2. Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state recognized and licensed level with a scope of practice and authority between EMT and paramedic; and
 - 3. Practice under the supervision of a medical director.
- C. An individual providing patient care in a remote state under the privilege to practice shall function within the scope of practice authorized by the home state unless and until modified by an appropriate authority in the remote state as may be defined in the rules of the commission.
- D. Except as provided in Article IV Section C an individual practicing in a remote state will be subject to the remote state's authority and laws. A remote state may, in accordance with due process and that state's laws, restrict, suspend or revoke an individual's privilege to practice in the remote state and may take any other necessary actions to protect the health and safety of its citizens. If a remote state takes action it shall promptly notify the home state and the Commission.
- E. If an individual's license in any home state is restricted or suspended the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.

F. If an individual's privilege to practice in any remote state is restricted, suspended or revoked the individual shall not be eligible to practice in any remote state until the individual's privilege to practice is restored.

ARTICLE V

CONDITIONS OF PRACTICE IN A REMOTE STATE

- A. An individual may practice in a remote state under a privilege to practice only in the performance of the individual's EMS duties as assigned by an appropriate authority, as defined in the rules of the Commission, and under the following circumstances:
1. The individual originates a patient transport in a home state and transports the patient to a remote state;
 2. The individual originates in the home state and enters a remote state to pick up a patient and provide care and transport of the patient to the home state;
 3. The individual enters a remote state to provide patient care and/or transport within that remote state;
 4. The individual enters a remote state to pick up a patient and provide care and transport to a third member state;
 5. Other conditions as determined by rules promulgated by the commission.

ARTICLE VI
RELATIONSHIP TO EMERGENCY MANAGEMENT
ASSISTANCE COMPACT

Upon a member state's Governor's declaration of a state of emergency or disaster that activates the Emergency Management Assistance Compact, all relevant terms and provisions of the Emergency Management Assistance Compact shall apply and supercede the terms of this Compact with respect to any individual practicing in the remote state in response to such declaration.

ARTICLE VII

VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE DUTY MILITARY, AND THEIR SPOUSES

- A. Member states shall consider a veteran, active military service member and member of the National Guard and Reserves separating from an active duty tour, and a spouse thereof, who holds a current valid and unrestricted NREMT certification at or above the level of the state license being sought as satisfying the minimum training and examination requirements for such licensure.
- B. Member states shall expedite the processing of licensure applications submitted by veterans, active military service members and members of the National Guard and Reserves separating from an active duty tour, and their spouses.
- C. All individuals functioning with a privilege to practice under this article remain subject to the Adverse Actions provisions of Article VIII.

ARTICLE VIII

ADVERSE ACTIONS

- A. A home state shall have exclusive power to impose adverse action against an individual's license issued by the home state.
- B. If an individual's license in any home state is restricted or suspended the individual shall not be eligible to practice in a remote state under the privilege to practice until the individual's home state license is restored.
 - 1. All home state adverse action orders shall include a statement that the individual's compact privileges are inactive. The order may allow the individual to practice in remote states with prior written authorization from both the home state and remote state's EMS authority.
 - 2. An individual currently subject to adverse action in the home state shall not practice in any remote state without prior written authorization from both the home state and remote state's EMS authority.
- C. A member state shall report adverse actions and any occurrences that the individual's compact privileges are restricted, suspended or revoked to the Commission in accordance with the rules of the Commission.
- D. A remote state may take adverse action on an individual's privilege to practice within that state.
- E. Any member state may take adverse action against an individual's privilege to practice in that state based on the factual findings of another member state, so long as each state follows its own procedures for imposing such adverse action.

- F. A home state's EMS authority shall investigate and take appropriate action with respect to reported conduct in a remote state as it would if such conduct had occurred within the home state. In such cases, the home state's law shall control in determining the appropriate adverse action.
- G. Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the member state's laws. Member states must require individuals who enter any alternative programs to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

ARTICLE IX

ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S EMS AUTHORITY

A. A member state's EMS authority, in addition to any other powers granted under state law, is authorized under this compact to:

1. Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a member state's EMS authority for the attendance and testimony of witnesses, and/or the production of evidence from another member state shall be enforced in the remote state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state EMS authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and
2. Issue cease and desist orders to restrict, suspend or revoke an individual's privilege to practice in the state.

ARTICLE X

ESTABLISHMENT OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE

- A. The Compact states hereby create and establish a joint public agency known as the Interstate Commission for EMS Personnel Practice.
1. The Commission is a body politic and an instrumentality of the compact states.
 2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
 3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.
- B. Membership, Voting, and Meetings
1. Each member state shall have and be limited to one (1) delegate. The responsible official of the state EMS authority or their designee shall be the delegate to this compact for each member state. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the member state in which the vacancy exists.
 2. Each delegate shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A delegate shall vote in person or by such

- other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.
3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.
 4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article XII.
 5. The Commission may convene in a closed, non-public meeting if the Commission must discuss:
 - a. Non-compliance of a member state with its obligations under the compact;
 - b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - c. Current, threatened, or reasonably anticipated litigation;
 - d. Negotiation of contracts for the purchase or sale of goods, services or real estate;
 - e. Accusing any person of a crime or formally censuring any person;
 - f. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;
 - g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - h. Disclosure of investigatory records compiled for law enforcement purposes;
 - i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or

- j. Matters specifically exempted from disclosure by federal or member state statute.
6. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes which fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.
- C. The Commission shall, by a majority vote of the delegates, prescribe bylaws and/or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:
- 1. Establishing the fiscal year of the Commission;
 - 2. Providing reasonable standards and procedures:
 - a. for the establishment and meetings of other committees; and
 - b. governing any general or specific delegation of any authority or function of the Commission;
 - 3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the membership votes to close a meeting in whole or

- in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each member with no proxy votes allowed;
4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;
 5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any member state, the bylaws shall exclusively govern the personnel policies and programs of the Commission;
 6. Promulgating a code of ethics to address permissible and prohibited activities of Commission members and employees;
 7. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;
 8. The Commission shall publish its bylaws and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the member states, if any.
 9. The Commission shall maintain its financial records in accordance with the bylaws.
 10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.

D. The Commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all member states;

2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state EMS authority or other regulatory body responsible for EMS personnel licensure to sue or be sued under applicable law shall not be affected;
3. To purchase and maintain insurance and bonds;
4. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a member state;
5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;
7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
8. To sell convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;
9. To establish a budget and make expenditures;
10. To borrow money;

11. To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;
12. To provide and receive information from, and to cooperate with, law enforcement agencies;
13. To adopt and use an official seal; and
14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of EMS personnel licensure and practice.

E. Financing of the Commission

1. The Commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities.
2. The Commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials and services.
3. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission which shall promulgate a rule binding upon all member states.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.
5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.

F. Qualified Immunity, Defense, and Indemnification

1. The members, officers, Executive Director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.
2. The Commission shall defend any member, officer, Executive Director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person

against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, Executive Director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

ARTICLE XI
COORDINATED DATABASE

- A. The Commission shall provide for the development and maintenance of a coordinated database and reporting system containing licensure, adverse action and significant investigatory information on all licensed individuals in member states.
- B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the coordinated database on all individuals to whom this compact is applicable as required by the rules of the Commission, including:
1. Identifying information;
 2. Licensure data;
 3. Significant investigatory information;
 4. Adverse actions against an individual's license;
 5. An indicator that an individual's privilege to practice is restricted, suspended or revoked;
 6. Non-confidential information related to alternative program participation;
 7. Any denial of application for licensure, and the reason(s) for such denial; and
 8. Other information which may facilitate the administration of this compact, as determined by the rules of the Commission.
- C. The coordinated database administrator shall promptly notify all member states of any adverse action taken against, or significant investigative information on, any individual in a member state.
- D. Member states contributing information to the coordinated database may designate information that may not be shared with the public without the express permission of the contributing state.

E. Any information submitted to the coordinated database that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the coordinated database.

ARTICLE XII
RULEMAKING

- A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.
- B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any member state.
- C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.
- D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:
 - 1. On the website of the Commission; and
 - 2. On the website of each Member State EMS authority or the publication in which each state would otherwise publish proposed rules.
- E. The Notice of Proposed Rulemaking shall include:
 - 1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
 - 2. The text of the proposed rule or amendment and the reason for the proposed rule;
 - 3. A request for comments on the proposed rule from any interested person; and
 - 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

- F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
- G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
1. At least twenty-five (25) persons;
 2. A governmental subdivision or agency; or
 3. An association having at least twenty-five (25) members.
- H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.
1. All persons wishing to be heard at the hearing shall notify the Executive Director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
 2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
 3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.
 4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

- I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
- K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.
- L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
 - 1. Meet an imminent threat to public health, safety, or welfare;
 - 2. Prevent a loss of Commission or Member State funds;
 - 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
 - 4. Protect public health and safety.
- M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any

revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE XIII

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

A. Oversight

1. The executive, legislative and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.
2. All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities or actions of the Commission.
3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this compact or promulgated rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the Commission shall:
 - a. Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and
 - b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
3. Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the Governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.
4. A state which has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations which extend beyond the effective date of termination.
5. The Commission shall not bear any costs related to a state which is found to be in default or which has been terminated from the compact, unless agreed upon in writing between the Commission and the defaulting state.
6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

C. Dispute Resolution

1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the compact which arise among member states and between member and non-member states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

D. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.
2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.
3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

ARTICLE XIV

DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR EMS PERSONNEL PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

- A. The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions which become effective at that time shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.
- B. Any state which joins the compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule which has been previously adopted by the Commission shall have the full force and effect of law on the day the compact becomes law in that state.
- C. Any member state may withdraw from this compact by enacting a statute repealing the same.
 - 1. A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.
 - 2. Withdrawal shall not affect the continuing requirement of the withdrawing state's EMS authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.
- D. Nothing contained in this compact shall be construed to invalidate or prevent any EMS personnel licensure agreement or other cooperative arrangement between a member state and a non-member state which does not conflict with the provisions of this compact.

E. This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

ARTICLE XV

CONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining member states. Nothing in this compact supersedes state law or rules related to licensure of EMS agencies.

Appendix D

New EMS Recertification Process as of March 1, 2014

