

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



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

**May 4, 2018**

# **Executive Management, Administration & Finance**

**Office of Emergency Medical Services  
Report to The  
State EMS Advisory Board**

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**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 May 4, 2018**

At the time of finishing this report there are two action items from a Standing Committee:

1. The Medical Direction Committee moves to accept the revisions as reported in the Virginia SOP revision dated April 5, 2018. The SOP Procedures and Formulary, and motion are included in **Appendix A**.
2. The Financial Assistance Review Committee (FARC) requests the Board to appoint two members to FARC representing the Southwest Virginia EMS Council region and the Western Virginia EMS Council region. Please refer to **G** on page 10.

**B) 2018 General Assembly Legislative Tasks for OEMS**

- **Bill/Citation: 2017 Appropriation Act, Item 289**

The Commissioner of Health shall review current funding provided to trauma centers to offset uncompensated care losses, report on feasible long-term financing mechanisms, and examine and identify potential funding sources on the federal, state and local level that may be available to Virginia's trauma centers to support the system's capacity to provide quality trauma services to Virginia citizens.

Due to the Health Commissioner: 8/15/18  
Due to the Secretary: 8/30/18  
Due to the General Assembly: 10/1/18

- **Bill/Citation: HB1198/SB868**

Expands the list of certified stroke center designations for hospitals included in regional stroke triage plans to include comprehensive stroke centers, primary stroke centers with supplementary levels of stroke care distinction, and acute stroke-ready hospitals and adds the American Heart Association to the list of entities authorized to provide certification of such hospitals.

Due to the Health Commissioner: 6/1/18

- **Bill/Citation: HB1412/SB670**

Requires fire departments and emergency medical services agencies to develop curricula for mental health awareness training for their personnel. The bill provides that such personnel who receive the training shall receive appropriate continuing education credits.

Due to the Health Commissioner: 6/1/18

- **Bill/Citation: SB663/HB778**

Requires each hospital to establish a protocol requiring that, before a health care provider arranges for air medical transportation services for a patient who does not have an emergency medical condition, the hospital provide the patient or his authorized representative with written or electronic notice that the patient (i) may have a choice of transportation by an air medical transportation provider or medically appropriate ground transportation by an emergency medical services provider and (ii) will be responsible for charges incurred for such transportation in the event that the provider is not a contracted network provider of the patient's health insurance carrier or such charges are not otherwise covered in full or in part by the patient's health insurance plan. The provisions of such requirement become effective on March 1, 2019. The bill directs the Office of Emergency Medical Services to develop a mechanism no later than January 1, 2019, to disclose to a patient, prior to services provided by an out-of-network air transport provider, a good faith estimate of the range of typical charges for out-of-network air transport services provided in that geographic area.

Due to the Health Commissioner: 6/1/18

### **C) Dr. Marissa Levine, State Health Commissioner Resigns**

On Friday, April 13, 2018 Dr. Marissa Levine resigned as the State Health Commissioner. OEMS sincerely appreciates the leadership, guidance and dedication that she provided to the

entire EMS system in the Commonwealth during her tenure as State Health Commissioner. We wish her great happiness and continued success as she starts a new chapter in her life. The following email was distributed to all Virginia Department of Health employees and the State Board of Health on April 13, 2018:

*Dear Colleagues,*

*This will be my final message to you as I depart VDH today and end my term as Commissioner. Please know that I have been both honored and humbled to be the VDH agency head and the State Health Commissioner. There are few higher honors than to be entrusted with the health and well-being of all people in Virginia. I am humbled because of the passion and commitment you have shown to this important public health work.*

*I can only hope that my time has helped you do your jobs better and paved a path forward to better align those efforts as we worked collectively to improve the opportunity for all people in Virginia to be healthy and well.*

*I bid you farewell and hope that this is not “goodbye” but rather “until we see each other again.”*

*All the best*

*Marissa Levine*

## **D) Governor Northam Announces Administration Appointments**

### **M. Norman Oliver, MD, MA, Acting State Health Commissioner**

M. Norman Oliver has been appointed Acting State Health Commissioner. He currently serves as the Deputy Commissioner for Population Health at the Virginia Department of Health. Prior to that, Dr. Oliver served as the Walter M. Seward Professor and Chair of the Department of Family Medicine at the University of Virginia School Of Medicine. Dr. Oliver simultaneously earned his M.D. and a Master’s in medical anthropology from Case Western Reserve University.

## **E) Governor Northam to Change Mental Health Commissioners to Lead System Transformation**

*Reprint from Richmond Times Dispatch April 25, 2018*

Gov. Ralph Northam will name a new leader for Virginia’s behavioral health system, as the state prepares for crucial decisions to transform the way it delivers services to people with mental illness, addictions and other behavioral disabilities.

Northam will appoint Dr. Hughes Melton, now chief deputy health commissioner, to lead the Virginia Department of Behavioral Health and Developmental Services.

Melton, a nationally recognized family practitioner and addiction expert from Southwest Virginia, will replace Dr. Jack Barber, a psychiatrist and 30-year veteran who has served as acting behavioral health commissioner for three years.

Northam spokesman Brian Coy said the governor thanks Barber “for his dedication and leadership during his time as acting commissioner,” and looks forward to working with both men “to take the next step forward.”

“The governor believes Dr. Melton will build on the outstanding work underway at [the department] to transform Virginia’s mental health system to better serve families and communities in every corner of this commonwealth,” Coy said.

The decision to replace Barber dismayed Sen. Creigh Deeds, D-Bath, who is leading a bipartisan legislative effort to transform a mental health system that has weighed heavily on treatment at state-run institutions, with uneven delivery of community services at the local and regional levels.

“I’m disappointed that Jack wasn’t reappointed,” said Deeds, chairman of the Joint Subcommittee to Study Mental Health Services in the 21st Century. “I had confidence in him and the direction we were going in reforming the system.”

The Northam administration said Melton will carry that work forward, bringing administrative skills that will couple with policy expertise provided by Chief Deputy Commissioner Mira Signer, a former longtime mental health advocate.

“I think that’s a real powerful one-two punch,” Coy said. “This is how we believe we’re going to get the plan executed.”

Melton, who joined the Department of Health two years ago, is, like Northam, a former U.S. Army doctor who won a national award as “family practitioner of the year” in 2011 for his practice in Lebanon, the seat of Russell County. At the Health Department, “he led coordinated efforts to fight addiction across the commonwealth,” the governor’s office said.

With both a medical degree and MBA from the University of Virginia, he founded a family medical clinic, C-Health that served 18,000 patients in four Southwest Virginia counties over 12 years and an addiction treatment center, High Power that served as a model for the state’s Addiction Recovery Treatment Services program under Medicaid. He also served for two years as chief medical officer for Mountain States Health’s Virginia hospitals.

“He brings some timely experience to the table,” Deeds acknowledged. “My main concern is not losing ground.”

NOTE: The Office of EMS also extends its deepest thanks and appreciation to Dr. Melton for his leadership, support and advocacy for the statewide EMS system. He truly “had our back” but we know as EMS continues to progress and expand its mission that we will have the pleasure and honor to work with Dr. Melton in his new role of Commissioner.

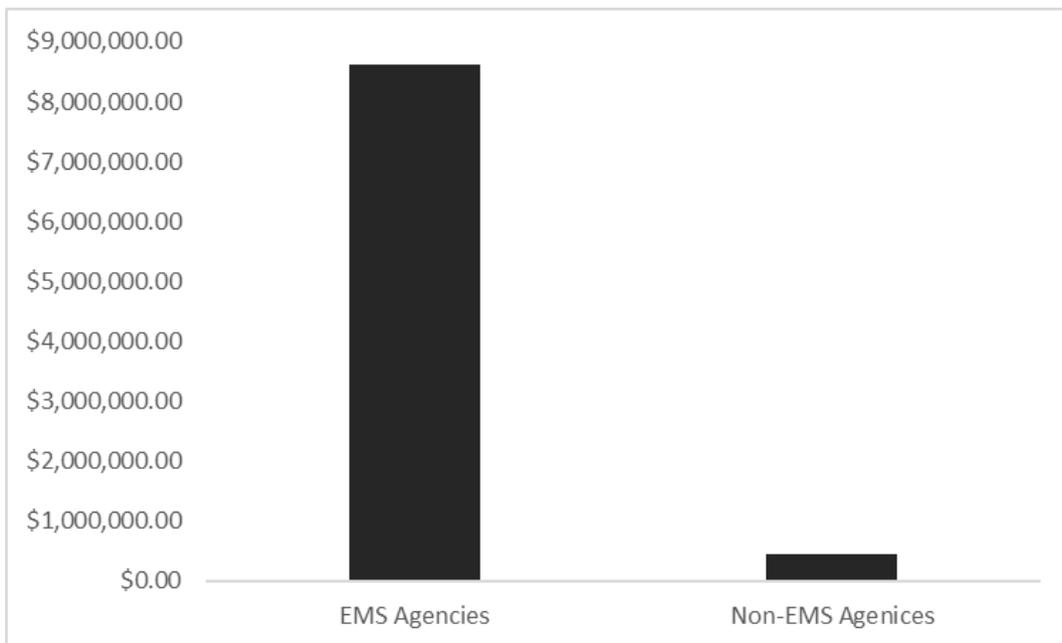
**F) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)**

The RSAF grant deadline for the Spring grant cycle was March 15, 2018. OEMS received 112 grant applications requesting \$9,045,968.00 in funding.

Funding amounts are being requested in the following agency categories:

- 101 EMS Agencies requesting \$8,613,363.00
- 11 Non EMS Agency requesting \$432,605.00

Figure 1: Agency Category by Amount Requested

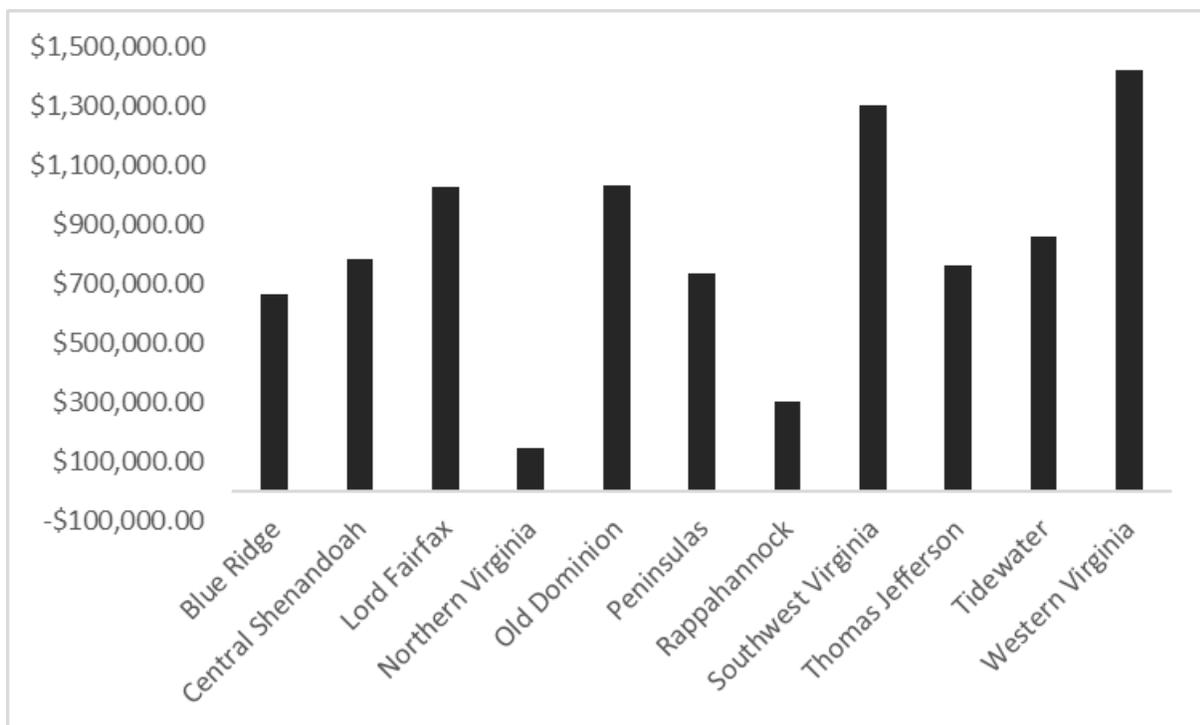


Funding amounts are being requested in the following regional areas:

- Blue Ridge – Requesting funding of \$667,807.00
- Central Shenandoah – Requesting funding of \$782,484.00

- Lord Fairfax – Requesting funding of \$1,029,034.00
- Northern Virginia – Requesting funding of \$143,444.00
- Old Dominion – Requesting funding of \$1,036,193.00
- Peninsulas – Requesting funding of \$733,423.00
- Rappahannock – Requesting funding of \$300,091.00
- Southwest Virginia – Requesting funding of \$1,304,845.00
- Thomas Jefferson – Requesting funding of \$761,813.00
- Tidewater – Requesting funding of \$862,148.00
- Western Virginia – Requesting funding of \$1,424,686.00

Figure 2: Regional Area by Amount Requested



Funding amounts are being requested for the following items:

- Audio Visual/Computer Hardware - \$100,171.00
  - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.

- Communications - \$68,298.00
  - Includes items for mobile/portable radios, pagers, towers, repeaters and other communications system technology.
- Cot Retention Systems - \$526,584.00
  - Includes all cot retention systems, cot conversion systems and equipment needed to install the systems, not including power cots.
- Emergency Operations - \$143,785.00
  - Includes items such as Mass Casualty Incident (MCI), extrication equipment, rescue boat 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 - \$2,333,075.00
  - Includes any medical care equipment for sustaining life, airway management, and supplies, including 12-Lead Defibrillators.
- Special Projects - \$160,050.00
  - Includes projects such as Emergency Medical Dispatch (EMD), Virginia Pre-Hospital Information Bridge (VPHIB) projects, Recruitment and Retention, regional drug boxes, special events and other innovative programs.
- Training - \$103,011.00
  - 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.
- Vehicles - \$5,610,994.00
  - This category includes all vehicles such as ambulances, re-chassis, re-mounts and quick response vehicles.

## Special Initiative Grants

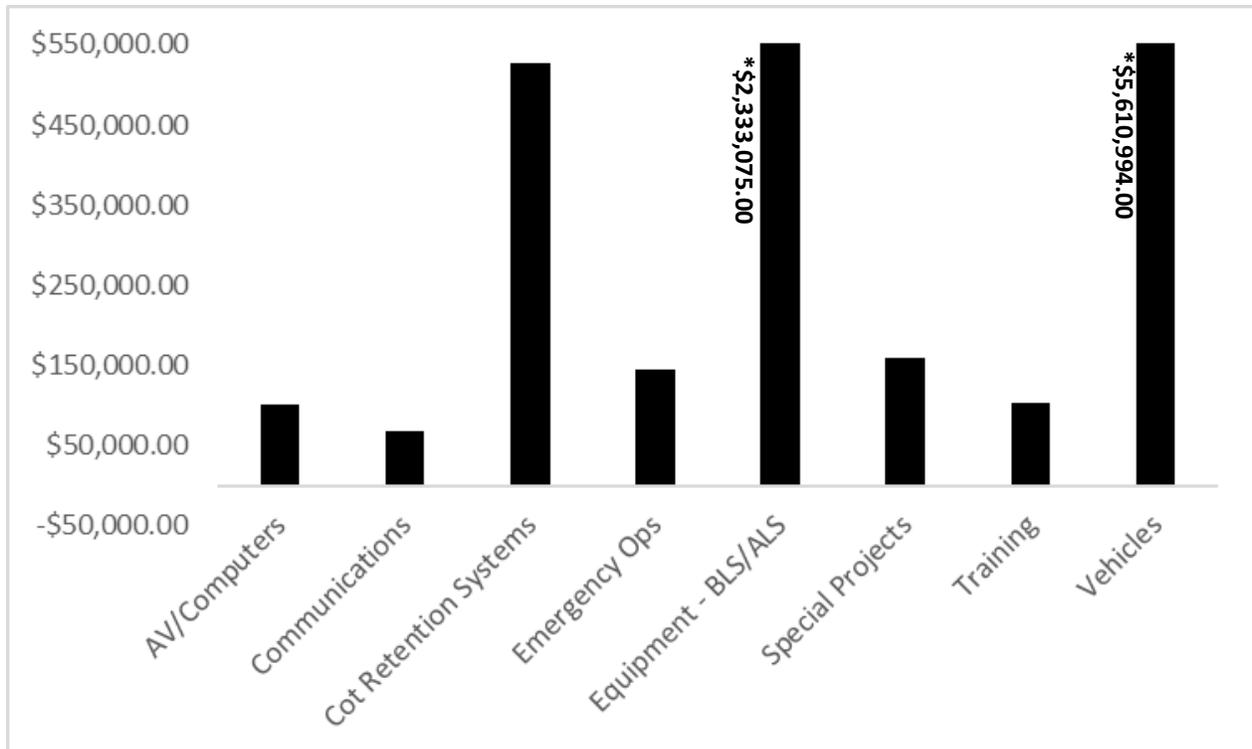
### Nasal Naloxone for EMS Agencies

The Virginia Office of Emergency Medical Services (OEMS) has extended the NO COST grant opportunity to licensed EMS agencies for nasal naloxone to be administered by EMS personnel. This grant opportunity has been extended until June 30, 2018, all information is available on the OEMS website at <http://www.vdh.virginia.gov/emergency-medical-services/administration-finance/rsaf-grants-program/> .

### Restocking Nasal Naloxone for EMS Agencies

The Virginia Office of Emergency Medical Services (OEMS) has announced a NO COST grant opportunity to licensed EMS agencies for replenishing their stock of nasal naloxone already funded by the special initiative. This grant opportunity is available until June 1, 2018, all information is available on the OEMS website at <http://www.vdh.virginia.gov/emergency-medical-services/administration-finance/rsaf-grants-program/> .

Figure 3: Item Requested by Amount Requested



**\*NOTE:** The graph only represents items requested up to \$550,000.00 to visually display other items requested. The following categories have higher request amounts which have been noted on the graph: EQUIPMENT-ALS/BLS and VEHICLES.

The RSAF Awards workshop will be held on June 7-8, 2018 in Fredericksburg, Virginia and will be combined with a tour of agencies funded through RSAF in the Rappahannock EMS Council region. The grant awards will be announced on July 1, 2018, the next RSAF grant cycle will open on August 1, 2018 and the deadline will be September 15, 2018.

## **G) Appointments to the Financial Assistance Review Committee**

§ 32.1-111.12:01. Financial Assistance and Review Committee; appointment; terms; duties.

- A. For the purposes of administering the Virginia Rescue Squads Assistance Fund as provided in § [32.1-111.12](#), there is hereby established the Financial Assistance and Review Committee. The Committee shall be composed of six members who shall be representatives of the regions encompassed by the emergency medical services councils and **appointed by the State Emergency Medical Services Advisory Board**. To ensure that each regional emergency medical services council is provided an opportunity to serve on the Committee, the Board of Health shall promulgate by regulation, after receiving the Advisory Board's recommendation, a cycle which provides for rotating geographic representation among the councils.

There are two vacancies on FARC. The next two council regions in the cycle rotation are the Southwest Virginia EMS Council and the Western Virginia EMS Council. The State EMS Advisory Board must appoint one member per council from the list below.

- **Southwest Virginia EMS Council**

### John J.C. Bolling

JC Bolling is the retired Fire Chief for the City of Bristol Fire Department. He has served in emergency medical services for more than thirty years in both volunteer and career capacities. J.C. Bolling has a diverse background in grant programs as a grant writer, screener, and grant administrator. J.C. has served on the regional RSAF Grant Review Committee for nearly twenty years. His regional work gives him intimate familiarity with the rescue squad assistance fund program. He has attended numerous workshops conducted by OEMS Grant Program personnel and has attended multiple professional grant writing workshops. In addition to his work as a grant reviewer, Bolling has assisted local EMS and fire agencies in completing state and federal grant applications for needed equipment. J.C. Bolling currently serves as President of the Southwest Virginia EMS Council Board of Directors. He has served in various leadership positions with the Council over the last twenty years. Because of his flexible

schedule, he is able to fully commit to the requirements of FARC membership. J.C. is a subject matter expert in emergency vehicles.

#### Michael Armstrong

Michael Armstrong currently serves as Chief of the City of Bristol Fire Department. He is an experienced professional with a long career in emergency services administration, operations and training. He is a member of the Southwest Virginia EMS Council Board of Directors and has served on the regional RSAF Grading Committee for the past two years. Prior to his work at the City of Bristol, Armstrong worked as an emergency management specialist, deputy chief of Augusta County Fire-Rescue, and Fire Captain at Roanoke Fire-EMS.

- **Western Virginia EMS Council**

#### L. Joseph (Joe) Trigg

Joe Trigg has been a member of the WVEMS board since January 2005, currently serving as the board's secretary. He is employed as the executive director of Regional EMS, Inc., the career/volunteer EMS DERA for Pulaski County. He is an EMS provider and very active in the EMS system. He is recommended by our board as its first priority for appointment to FARC.

#### J. Dale Wagoner

Dale Wagoner is a former member of the Virginia EMS Advisory Board. He is employed as Deputy County Administrator for Henry County. He is the former Public Safety Director for Henry County, and currently serves as vice president of the WVEMS board.

#### Michael Jefferson

Mike Jefferson is a member of the WVEMS board, and currently serves on its executive committee as an at-large member. He is employed by the City of Danville Fire Department, serving as a deputy chief responsible for EMS operations. He is a paramedic, and is active on the region's performance improvement committee.

# **EMS on the National Scene**

## **II. EMS On the National Scene**

### **National Association of State EMS Officials (NASEMSO)**

*Note: The Virginia Office of EMS is an active participant in the NASEMSO and has leadership roles on the Board of Directors and 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.*

### **Update on NASEMSO Projects and National EMS Activities**

#### **A) EMS Fatigue Guidelines Now Available**

NASEMSO is pleased to announce the availability of *Evidence-Based Guidelines for Fatigue Risk Management in Emergency Medical Services*. With funding from NHTSA's Office of Behavioral Safety Research and in collaboration with researchers at the University of Pittsburgh, the results of the systematic review of literature have been completed and evaluated via the GRADE process. Recommendations from a team of experts have been published early online in *Prehospital Emergency Care*. While the recommendations might seem intuitive, these guidelines provide a body of evidence to support them, an important first step towards reducing the effects of fatigue in the EMS industry. The project also establishes a framework for future research to inform sound EMS decision-making. A table of contents of all 15 articles in the fatigue supplement is available on the project's website. Drowsy driving is impaired driving; together we can work to reduce tragic outcomes in EMS! Please go to this site for more information: <http://www.nasemso.org/Projects/Fatigue-in-EMS/index.asp>.

#### **B) NASEMSO Partnering with California EMS Authority on the Health Information Exchange Network**

NASEMSO is partnering with the California EMS Authority to lead a national group to promote greater connectivity and interoperability between the target audiences of EMS agencies and hospitals to improve transitions of patient care through the sharing of electronic patient information. State EMS offices are the logical place to champion this effort. Moreover, as a result of the opportunity for Medicaid funding for EMS onboarding and data analytics through Sept. 30, 2021, state EMS offices may be well-positioned to take advantage of this opportunity.

For those interested in participating in the Health Information Exchange Workgroup, please contact Joe Ferrell through the NASEMSO web site at: <https://www.nasemso.org/>

### **C) REPLICA Commission Readies for Upcoming Meeting**

The 12 member states of the Recognition of Emergency Medical Services (EMS) Personnel Licensure Interstate Compact (REPLICA), assembled as the Interstate Commission for EMS Personnel Practice in-person for the second time on February 26-27, 2018, in Nashville, Tennessee.

REPLICA's model legislation creates a formal pathway for the licensed individual to provide pre-hospital care across state lines under authorized circumstances. Representatives from member states Alabama, Colorado, Georgia, Idaho, Kansas, Mississippi, Tennessee, Texas, Utah, Virginia, and Wyoming were in attendance. Delaware will participate virtually. The Tennessee Department of Health, Division of Licensure and Regulation, hosted this two-day meeting where the Commission planned for the Coordinated National Database, conducted a rulemaking work session, and continued discussions to finalize the sustainable funding proposals. Presenters included Elizabeth Lund, nurse licensure compact administrator from Tennessee, and Donnie Woodyard from the National Registry of EMTs.

“The Commission continues to focus on establishing a strong foundation for the Compact,” stated Chairman Joe Schmider. “The opportunity to meet in person is valuable to our continued efforts to advance the Compact’s implementation.” The group’s inaugural meeting was held in October 2017 in Oklahoma City, Oklahoma.

**NOTE:** On Tuesday, April 24, 2018 the Governor of Nebraska signed REPLICA into law, making Nebraska the 13<sup>th</sup> state to enact REPLICA. The REPLICA Commission’s next in-person meeting will be held in conjunction with the NASEMSO meeting scheduled in Providence, Rhode Island on Sunday, May 20 through Thursday, May 24, 2018.

### **D) FAA and ASSURE Announce Results of Air-to-Air Collision Study**

Although the Federal Aviation Administration (FAA) is not yet able to definitively address public concerns about air collisions between small unmanned aircraft systems and commercial aircraft, studies by a consortium of leading universities, through the Alliance for System Safety of UAS through Research Excellence (ASSURE), have begun to bring better understanding to the physical damage associated with small unmanned aircraft—or drones—colliding midair with commercial and business aircraft. A new report from ASSURE concludes that drones that collide with large manned aircraft can cause more structural damage than birds of the same weight for a given impact speed:

<http://www.assureuas.org/projects/deliverables/sUASAirborneCollisionReport.php>.

### **E) AHRQ Toolkit Addresses Transitions of Care in Ambulatory Settings**

Transitions of care among ambulatory sites are vulnerable to patient safety gaps. Patients who transition from one ambulatory care facility clinician to another are especially vulnerable to patient safety errors. This is due, in part, to a lack of effective communication and patient engagement in shared decision-making. A new toolkit from the Agency for Healthcare Research and Quality (AHRQ) is designed to help staff actively engage patients and their care partners to prevent errors during transitions of care. The Toolkit to Engage High-Risk Patients in Safe Transitions Across Ambulatory Settings can be found at <https://www.ahrq.gov/> and includes:

- A Toolkit Guide called Guide for Safe Patient Transitions to New Appointments, with in-depth instructions on how to use the toolkit, which also includes useful resources,
- Narrated PowerPoint slide deck for team training,
- Pre-Intervention Assessment, a step-by-step exercise in an Excel format for team members to identify safety gaps or areas for improvement,
- A checklist to Prepare Patients for New Appointments, a set of best practices team members should follow with every patient, and
- An Appointment Aide tool for patients to refer to and use at their current appointment, and take with them to their follow-up appointments

### **F) NFPA Fast Tracks Active Shooter Standard**

A rise in active shooter incidents and the escalating impact of hostile events has prompted the National Fire Protection Association (NFPA) to process NFPA 3000, Standard for Preparedness and Response to Active Shooter and/or Hostile Events as a provisional standard, which means it would be available for use as early as April 2018. Read more at: <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=3000>.

### **G) CMS Announces Extension of Prior Authorization Project on Non-Emergent Ambulance Transports**

The Centers for Medicare and Medicaid Services recently announced a 1-year extension of the Medicare Prior Authorization Model for Repetitive Scheduled Non-Emergent Ambulance Transport. The extension of this model is applicable to the District of Columbia and the states of Delaware, Maryland, New Jersey, North Carolina, Pennsylvania, South Carolina, Virginia, and West Virginia. Read more at:

<https://www.federalregister.gov/documents/2017/12/12/2017-26759/medicare-program-extension-of-prior-authorization-for-repetitive-scheduled-non-emergent-ambulance>.

## **H) CoAEMSP Announces Major Milestone for Paramedic Programs**

The Committee on Accreditation of Educational Program for the EMS Professions (CoAEMSP) recently announced a major milestone in the accreditation of Paramedic programs in its December 2017 newsletter. The last program director earned a Bachelor's degree, officially achieving the milestone that every Paramedic program in the United States has a program director with an earned Bachelor's degree or higher."

According to the CoAEMSP, 54% of program directors have a bachelor's degree, 41% of program directors have a master's degree and 5% of program directors have earned a doctorate.

This significant achievement shows tremendous progress in the EMS profession compared to other health professions. It is noted that there are 2 programs with Program Directors who have not earned a minimum of a Bachelor's degree because they were grandfathered into the position when the new qualification went into effect in 2006 and are exempt as long as they continue to serve in that role with that sponsor. Congratulations to all involved.

## **I) National Institute for Occupational Safety and Health Releases Infographic to Help EMS Providers Stay Safe on the Job**

The National Institute for Occupational Safety and Health (NIOSH) just released an infographic that aims to prevent injuries and exposures to protect EMS providers, so they can help keep the public safe. EMS providers are critical to public health and safety. They are also at high risk for injuries at work, especially sprains, strains, falls, and exposures to body fluids.

"Thousands of EMS providers visit emergency departments or occupational health clinics each year for work related events. It is critical that we all take the necessary steps to ensure their health and safety, so they can perform their job when the public needs them," says Jon R. Krohmer, MD, Director of NHTSA Office of EMS. The infographic is available at:

[https://www.cdc.gov/niosh/topics/ems/pdfs/EMS\\_Provider\\_Infographic.pdf?s\\_cid=3ni7d2nhtsa2018](https://www.cdc.gov/niosh/topics/ems/pdfs/EMS_Provider_Infographic.pdf?s_cid=3ni7d2nhtsa2018)

## **J) NREMT Announces Team-Focused Organization Structure**

The National Registry of Emergency Medical Technicians (NREMT) recently announced a streamlined organizational structure. The National Registry is now organized in four teams: Certification and Policy, Finance and Administration, Operations and Stakeholder Relations, and Science and Examinations. The focus of the new structure is improved customer relationships, communications and accountability. Read more at: [www.nremt.org](http://www.nremt.org)

## **K) Disaster Information Management Research Center Posts New EMS Resources**

The Disaster Information Management Research Center (DIMRC) recently posted the following EMS Resources:

### Budgeting for Medical Countermeasures: An Ongoing Need for Preparedness

This 16-page report summarizes the progress in procuring medical countermeasures and prior Congressional funding mechanisms for Project Bio Shield; discusses ways to restore the program's original multi-year funding structure for medical countermeasures so that the existing public-private partnership can thrive; and reviews the Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) and future considerations for chemical, biological, radiological, and nuclear threats.

### Social Media Analysis during Disasters

This course from the National Library of Medicine Disaster Information Management Research Center helps users to develop and implement a plan that will help effectively monitor and analyze disaster information on social media. It details how to develop a plan for monitoring social media for disaster information, monitor social media for actionable information during disasters, choose reliable social media sources and use a checklist to verify content, and practice techniques to lessen uncertainty and information overload.

### Talking to Children about Terrorist Attacks and School and Community Shootings In the News

This two-page guide offers advice on how to talk to children about tragic events, such as shootings and terrorist attacks that they are likely to hear about at school or on the news. It helps parents and caregivers talk to children about the tragedy and provides guidance on how to tell if children need additional help.

### Helping Youth Cope with Disaster

This two-page document provides guidance and tips for helping youth cope with disasters that take different forms: natural (earthquakes, tornadoes, and wildfires), family loss, school shootings, and community violence. It lists common thoughts, emotions, and behavior changes, and details when to get more help if it is needed.

### Pediatric Issues in Disasters

This 91-minute webinar from TRACIE (Technical Resources, Assistance Center and Information Exchange) discusses how local, regional, state, and federal level entities are incorporating pediatric issues into their planning efforts. It details how to identify and

incorporate pediatric special considerations into preparedness, mitigation, response, recovery, and resilience-building plans and actions; be prepared every day for an emergency; and integrate pediatric issues into healthcare preparedness plans, trainings, and exercises.

#### Considerations for the Use of Temporary Surge Sites for Managing Seasonal Patient Surge

This 18-page document from TRACIE (Technical Resources, Assistance Center, and Information Exchange) describes the major considerations healthcare facility emergency planners must consider when determining patient surge management solutions for longer-duration events, such as weeks to months of managing seasonal illness surge. The severe 2017-2018 influenza season, coupled with increases in other upper respiratory infections, has caused many hospitals to surpass routine surge management measures and initiate temporary surge solutions.

#### Meeting Report from the WHO/ICRC Technical Meeting for Global Consensus on Triage

This seven-page document summarizes a meeting convened in January 2017 by the World Health Organization (WHO) and the International Committee of the Red Cross (ICRC) to discuss the current science of triage, including pre-hospital and facility-based triage during both routine operations and extraordinary/surge situations. The meeting also included a review of existing triage tools, and development of a consensus-based triage frame work for both routine operations and surge situations.

### **L) NREMT Retires I-99 Exam**

The NREMT has announced it will no longer offer the I-99 examination after December 31, 2019. Candidates will not be able to take the I-99 exam after December 31, 2019, including retesting. NREMT staff has developed a transition plan for the retirement of the examination for the states that still utilize this examination. Individual I-99s are encouraged to contact their state EMS office with questions. Read the NREMT Board Meeting Action Summary describing the motion at: [www.nremt.org](http://www.nremt.org).

### **M) National Systematic Legal Review of State Policies on EMS Licensure Levels' Authority to Administer Opioid Antagonists**

Given the continued increase in the number of opioid-related overdoses and deaths, many states have changed their policies to authorize EMTs and EMRs to administer opioid antagonists. The goal of this study, a collaborative effort between NHTSA's Office of EMS and NASEMSO, is to provide an updated description of policy on EMS licensure levels' authority to administer opioid antagonists for all 50 US states, the District of Columbia (DC), and the Commonwealth of

Puerto Rico (PR). Read more at:

<https://www.tandfonline.com/doi/full/10.1080/10903127.2018.1439129>.

### **N) ND Law Requires Written Disclosures for Non-Emergency Air Ambulance Transports**

North Dakota Senate Bill 2231 regulating how health insurance companies pay out-of-network air ambulance claims became effective Jan. 1, 2018. The law, signed by Governor Doug Burgum in April 2017, is designed to protect consumers from massive, unexpected air ambulance bills.

Air ambulances are being used more frequently as a mode of transport for individuals needing medical care. These patients often receive massive and unexpected bills for the full cost of the flight or the balance left after a partial payment is made by the patient's insurer, a practice known as "balance billing." Insurance does not cover the full cost of an air ambulance when the air ambulance provider does not have a contract with the patient's health plan.

Air ambulance services are also used for inter-hospital transfers when a patient requires treatment at a different facility. Consequently, state law requires hospitals to notify patients in non-emergency situations which air ambulance providers have a contract with the patient's health insurance company.

As this portion of the law took effect on Aug. 1, 2017, the Department created a one-page document illustrating which air ambulance providers are in-network with the three health insurance carriers in North Dakota. This information is available to consumers and health care providers and must be made available to patients prior to being transported by air ambulance in a non-emergency situation.

### **O) 9-1-1 System Law Enacted**

On February 16th, the 50th anniversary of the first 9-1-1 call in the US, H.R. 582, known as "Kari's Law," was signed in to United States law.

HR 582, Public Law No: 115-127, mandates that multi-line telephone systems (MLTS) enable callers to dial 9-1-1 without requiring a prefix number to reach a line outside the MLTS (for example "9--9-1-1", where "9" must be entered before getting an outside line to make any call). After February 16, 2020, all MLTS installations must allow direct outside line calling to 9-1-1.

The law is named for a woman whose husband killed her while her young daughter futilely dialed 9-1-1 on an MLTS system. Her family has been strongly promoting this legislation at the state and federal levels. Some states have already enacted this language as a result.

# **Community Health And Technical Resources**

### **III. Community Health and Technical Resources**

On March 6, 2018, The Office of EMS (OEMS) announced the creation of a new division, **Community Health and Technical Resources (CHaTR)**.

The manager of the new division is Mr. Tim Perkins. Tim has worked for OEMS as EMS Systems Planner since 2006. He brings his own unique perspective, knowledge and experience to the division. Tim will assume his new responsibilities this month and recruitment for the EMS Systems Planner position will begin soon.

Healthcare is rapidly transitioning from traditional fee-for-service models to patient-centered, value-driven and outcomes-based delivery systems. EMS is uniquely positioned to support our nation's healthcare transformation by filling the gaps in local healthcare and community services with 24/7 medical resources that improve the patient care experience, improves population health, and reduces healthcare expenditures.

This division is tasked with addressing many of the important topics that the EMS system is facing not only in Virginia, but also across the country, such as:

- Mobile Integrated Healthcare/Community Paramedicine
- Disease management and preventative healthcare services
- Identification of underserved populations and gaps in access to healthcare
- Fostering strategic partnerships and collaboration between EMS agencies, healthcare professionals, and communities to advance population-based initiatives that will improve health outcomes
- Technical Assistance liaison and subject matter expert
- Study and analyze EMS workforce trends, develop recruitment and retention strategies, and facilitate EMS agency resiliency and succession planning
- EMS agency leadership and management.

Visit the OEMS website for updates as the new division and its programs and projects take shape.

## **Planning and Regional Coordination**

### **Regional EMS Councils**

#### **Regional EMS Councils**

The OEMS entered into a new Memorandum of Understanding (MOU) with the Regional EMS Councils for the 2018 Fiscal Year. The Regional EMS Councils submitted their Third Quarter reports throughout the month of April, and are under review. OEMS has transitioned to a web based reporting application to replace Lotus Notes, for the Regional EMS Councils to submit quarterly deliverables.

The CHaTR Division Manager attended the meetings of the Lord Fairfax EMS Council Board of Directors in the quarter.

### **Medevac Program**

The Medevac Committee is scheduled to meet on May 3, 2018. The minutes of the February 1, 2018 meeting are available on the OEMS website linked below:

<http://www.vdh.virginia.gov/emergency-medical-services/advisory-board-committees/medevac-committee/>

The Medevac Helicopter EMS application (formerly known as WeatherSafe) continues to see an increase in the amount of data submitted. In terms of weather turndowns, there were 689 entries into the Helicopter EMS system in the first quarter of the 2018 calendar year. 66% of those entries (459 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is an increase from 570 entries in the first quarter of 2017. This data is utilized to maintain safety of medevac personnel and equipment.

The Virginia State Medevac Committee continues to evaluate whether or not there is an opportunity for the ST Segment Elevation Myocardial Infarction (STEMI) patient to have been transported from the scene by air to a specialty facility, versus being transported to/treated at a rural hospital first, then transported by air to a specialty facility for interventional treatment.

The aim of this retrospective chart review of ground and air transported STEMI patients is to:

- Determine if there is a greater opportunity to transport STEMI patients by air from the scene to a Percutaneous Coronary Intervention (PCI) center.
- Determine if air transport of the STEMI patient directly from the scene to a PCI center affects the patient's length of stay.

The Committee is also evaluating the increased use of unmanned aircraft (drones), and the increased presence in the airspace of Virginia. A workgroup continues work to raise awareness among landing zone (LZ) commanders and helipad security personnel.

### **House Bill 777**

House Bill 777 was introduced during the 2018 General Assembly session on January 9, 2018. The original language of the Bill is as follows:

*“1. That the Code of Virginia is amended by adding a section numbered 32.1-111.4:9 as follows:*

*§ 32.1-111.4:9. Notice requirements for emergency air medical transportation.*

*A. Before emergency medical services personnel initiate contact with an emergency air medical transportation provider for air transport of a patient, the emergency medical services personnel shall obtain written consent from the patient to receive emergency air medical transportation services after providing the patient with the following information for the purpose of allowing the patient to make an informed decision on choosing a form of transportation:*

*1. The patient will be responsible for any payments due for the emergency air medical transportation services;*

*2. The emergency air medical transportation provider might not have contracts with the patient's health care insurer and, therefore, services provided to the patient by such emergency air medical transportation provider may be considered out-of-network services and not covered under the patient's insurance plan; and*

*3. A description of the range of charges that the patient may incur for such emergency air medical transportation services.*

*B. Emergency medical services personnel shall be exempt from complying with the provisions of subsection A if the emergency medical services personnel determine and document that, due to emergency circumstances, compliance might jeopardize the health or safety of the patient or that the patient is unable to provide consent.”*

House Bill 777 was continued to the 2019 General Assembly session.

More information on House Bill 777 can be found at the link below:

<https://lis.virginia.gov/cgi-bin/legp604.exe?ses=181&typ=bil&val=HB777>

## **HB778**

In addition, House Bill 778 was introduced into the 2018 General Assembly session on January 9, 2018. The original language of the Bill is as follows:

*"1. That the Code of Virginia is amended by adding in Article 2.1 of Chapter 4 of Title 32.1 a section numbered **32.1-111.15:1** as follows:*

*§ **32.1-111.15:1**. Duties of health care provider arranging for air ambulance services.*

*A. As used in this section:*

*"Air ambulance provider" means a publicly or privately owned organization that is licensed or applies for licensure by the Department of Health to provide transportation and care of patients by air ambulance.*

*"Carrier" means an entity subject to the insurance laws and regulations of the Commonwealth and subject to the jurisdiction of the Commission that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care services, including an insurer licensed to sell accident and sickness insurance, a health maintenance organization, a health services plan, or any other entity providing a health benefit plan.*

*"Covered person" means a policyholder, subscriber, enrollee, participant, or other individual who is entitled to health care services provided, arranged for, paid for, or reimbursed pursuant to a health benefit plan.*

*"Health benefit plan" means an arrangement for the delivery of health care, on an individual or group basis, in which a carrier undertakes to provide, arrange for, pay for, or reimburse any of the costs of health care services for a covered person that is offered in accordance with the laws of any state. "Health benefit plan" does not include short-term travel, accident only, limited or specified disease, or individual conversion policies or contracts, nor policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans.*

*"Health care provider" means a facility, physician, or other type of health care practitioner licensed, accredited, certified, or authorized by statute to deliver or furnish health care services.*

*"Out-of-network provider" means a health care provider or air ambulance provider that is not a participating provider under a covered person's health benefit plan.*

*"Participating provider" means a health care provider or air ambulance provider that has agreed to provide health care services or air ambulance services, as applicable, to covered persons and to hold those covered persons harmless from payment with an expectation of receiving payment, other than copayments or deductibles, directly or indirectly from the carrier.*

*B. Before a health care provider arranges for air ambulance services for an individual whom the provider knows to be a covered person, the health care provider shall:*

*1. Provide the covered person or the covered person's authorized representative a written disclosure that states:*

*a. Certain air ambulance providers may be called upon to render air ambulance services to the covered person during the course of treatment;*

*b. The air ambulance provider may not have contracted with the covered person's carrier to provide under his health benefit plan air ambulance services to covered persons and, if not, is an out-of-network provider;*

*c. If the air ambulance provider has not contracted with the covered person's carrier to provide air ambulance services to covered persons, (i) the air ambulance services will be provided as an out-of-network provider and (ii) the air ambulance provider has not agreed to hold covered persons harmless from payment of any balance due after receiving any payment from the carrier under the covered person's health benefit plan;*

*d. The range of the typical charges for out-of-network air ambulance services for which the covered person may be responsible;*

*e. The covered person or the covered person's authorized representative may (i) agree to accept and pay the charges of the air ambulance provider as an out-of-network provider, (ii) contact the covered person's carrier for additional assistance, or (iii) rely on other rights and remedies that may be available under state or federal law; and*

*f. The covered person or the covered person's authorized representative may (i) obtain a list of air ambulance providers from the covered person's carrier that are participating providers and (ii) request that the health care provider arrange for air ambulance providers that are participating providers; and*

2. Obtain the covered person's or the covered person's authorized representative's signature on the disclosure document required pursuant to subdivision 1, by which signature the covered person or the covered person's authorized representative acknowledges receipt of the disclosure document before the air ambulance services were arranged.

C. If the health care provider is unable to provide the written disclosure or obtain the signature of the covered person or the covered person's authorized representative as required under subsection B, the health care provider shall document the reason, which may include the health and safety of the patient. The health care provider's documentation of the reason for his inability to provide the written disclosure or obtain the signature of the covered person or the covered person's authorized representative satisfies the requirements imposed on the health care provider under subsection B.”

The House Health, Welfare, and Institutions (HWI) subcommittee #3 met on January 18, 2018, and the amended language (underlined) below was passed by the HWI subcommittee:

*“1. That § 32.1-127 of the Code of Virginia is amended and reenacted as follows:*

*§ 32.1-127. Regulations.*

*21. Shall require that each hospital establish a protocol requiring that, before a health care provider arranges for air medical transportation services for a patient who does not have an emergency medical condition as defined in 42 U.S.C. § 1395dd(e)(1), the hospital shall provide the patient or his authorized representative with written or electronic notice that the patient (i) may have a choice of transportation by an air medical transportation provider or medically appropriate ground transportation by an emergency medical services provider and (ii) will be responsible for charges incurred for such transportation in the event that the provider is not a contracted network provider of the patient's health insurance carrier or such charges are not otherwise covered in full or in part by the patient's health insurance plan.”*

On February 19, the following amendment was added during deliberations in the Senate:

*“3. That the Office of Emergency Medical Services shall, as soon as possible and no later than January 1, 2019, develop a mechanism by which to disclose to the patient, prior to services provided by an out of network air transport provider, a good faith estimate of the range of typical charges for out of network air transport services provided in that geographic area.”*

A bill (Senate Bill 663) identical to HB778, was introduced as well. The House Health, Welfare, and Institutions (HWI) subcommittee #3 met on January 18, 2018, and the HWI subcommittee passed the amended language (underlined) below:

*“1. That the Code of Virginia is amended by adding a section numbered 32.1-111.4:9 as follows:*

*§ 32.1-111.4:9. Notice requirements for emergency air medical transportation.*

*A. Before emergency medical services personnel initiate air transportation of a patient by an emergency medical services air transportation provider, the emergency medical services personnel shall obtain written consent to such air transportation from the patient.*

*B. Emergency medical services personnel shall be exempt from complying with the provisions of subsection A if the emergency medical services personnel determine and document that, due to emergency circumstances, compliance might jeopardize the health or safety of the patient or that the patient is unable to provide consent.*

*2. That the provisions of the first enactment of this act shall become effective on July 1, 2019.*

*3. That the Office of Emergency Medical Services shall develop (i) a process by which emergency medical services personnel shall obtain consent of a patient prior to initiating air transportation by an emergency medical services air transportation provider and (ii) a form on which such consent shall be executed. The Office of Emergency Medical Services shall report on the development of such process and form to the Chairmen of the House Committee on Education, the House Committee on Health, Welfare and Institutions, and the Senate Committee on Education and Health on the development of the protocol by December 1, 2018.”*

House Bill 778/Senate Bill 663 passed both the House of Delegates and Senate, and approved by the Governor on March 9, 2018.

More information on House Bill 778 can be found at the link below:

<https://lis.virginia.gov/cgi-bin/legp604.exe?ses=181&typ=bil&val=HB778>

Note: The CHaTR Division Manager also participates on the NASEMSO Air Medical Committee.

OEMS and Medevac stakeholders continue to monitor many 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 final draft of the most recent version of the State EMS Plan was approved by the state EMS Advisory Board, at the November 9, 2016 meeting. The Plan was presented to the Board of Health, and unanimously approved at their March 16, 2017 meeting. Review and revision of the State EMS Plan will begin in early 2019.

The current version of the State EMS Plan is available for download via the OEMS website at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/state-strategic-and-operational-ems-plan/>

## **Technical Assistance**

## **EMS Workforce Development Committee**

The EMS Workforce Development Committee met on May 3, 2018. The minutes of the February 1, 2018 meeting are available on the OEMS website, at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/advisory-board-committees/workforce-development-committee/>

The committee's primary goal is to complete the EMS Officer and Standards of Excellence (SoE) programs.

### **EMS Officer Sub-Committee**

The EMS Officer I program is being offered as a session at the 2018 VAVRS Rescue College in Blacksburg on June 9-10. The workgroup continues to adjust the program.

### **Standards of Excellence (SoE) Sub-Committee**

The SoE Assessment program is a voluntary self-evaluation process for EMS agencies in Virginia based on eight Areas of Excellence – or areas of critical importance to successful EMS agency management.

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

All documents related to the SoE program can be found on the OEMS website at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/virginia-standards-of-excellence-program/>

OEMS conducted a site visit of Hampton Fire-Rescue on April 30, 2018.

### **The Virginia Recruitment and Retention Network**

The Virginia Recruitment and Retention Network met on Thursday, February 22, 2018 from 11:30am-1:30pm at Virginia Beach Rescue Squad Station 14, in conjunction with the 2018 Virginia Fire Chief’s Association Fire and Rescue Conference.

The next meeting is scheduled to be held from 11am to 2pm May 18, 2018 at the Ashland Volunteer Fire Company. The topic for discussion is “Outside of the Box Recruitment”

The mission of the Virginia Recruitment and Retention Network is “to foster an open and unselfish exchange of information and ideas aimed at improving staffing” for volunteer and career fire and EMS agencies and organizations.

Several changes have been made to the Recruitment and Retention page on the OEMS website to give it a more streamlined appearance. Links to pertinent reference documents are expected to be added to the page in the coming months.

### **System Assessments**

CHaTR staff assisted the Virginia Department of Fire Programs (VD FP) with an evaluation of the system in the City of Bristol, Virginia. The final report was presented to the Bristol City Council on March 26, 2018. The report can be found at the link below:

<http://www.vafire.com/content/uploads/2018/03/Final-Report-City-of-Bristol-Fire-and-EMS-Study-March-2018.pdf>

ChaTR staff will be assisting VDFP with evaluations of Cumberland County and the Town of Farmville in the coming months.

In addition, OEMS is conducting an evaluation of the EMS system in Highland County; the final report of that evaluation will also be available in the coming months.

# Educational Development

## **IV. Educational Development**

### Committees

- A. The Training and Certification Committee (TCC) met on April 4, 2018. There are no action items.

Copies of past minutes are available on the Office of EMS Web page at:  
<http://www.vdh.virginia.gov/emergency-medical-services/standing-and-ad-hoc-committees-oems-workgroups/>

- B. The Medical Direction Committee (MDC) met on April 5, 2018. There is one action item for consideration. For the motion see (Appendix A)

Copies of past minutes are available from the Office of EMS web page at:  
<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/medical-direction-committee-standing/Advanced Life Support>

### ALS Program

- A. On January 5, 2018, the Office received an email from the National Registry of EMTs providing a summary of their Board Meeting held November 14-15, 2017. One of the items included the following: ... The NREMT will no longer offer the I-99 examination after December 31, 2019. Candidates will not be able to take the I99 exam after December 31, 2019, including retesting.... The office will be working with those programs that conduct I99 programs to identify actions needed to provide the optimal opportunity to access I99 certification testing.
- B. Virginia I-99 students who have maintained their National Registry certification continue the transition process that allows them to gain certification at the Paramedic level after completion of a Virginia approved Paramedic program by taking the National Registry cognitive examination only. The National Registry transition process will end in 2019 when their last certification cycle with National Registry expires.
- C. All National Registry I-99 certified providers with an expiration date of March 31, 2018 were transitioned to AEMT and recertified at that level if they chose to remain certified with National Registry. This did NOT affect their Virginia EMS certification level, which will remain Intermediate 99. This same process will occur for those with an expiration date of March 31, 2019.

- D. ALS Coordinator re-endorsement requires an update every two years and the submission of a re-endorsement application. An EMS Physician must sign the application. Additionally, applications must contain the signature of the regional EMS council director if courses are being conducted in their region.
- E. As of January 1, 2017, all ALS testing candidates are required to have a Psychomotor Authorization to Test Letter (PATT) from National Registry to be allowed participation at an ALS Test site. To enable this new requirement, the Office of EMS has authorized early access which allows Virginia Program Directors, in coordination with the program Medical Director to allow students access to the psychomotor examination at the point in their program they feel the students have reached competency. Information about this process has been provided to all program directors.
- F. All EMS providers recertifying with National Registry starting with the 2019 recertification cycle will be required to complete the CE hours requirements based on the 2016 National Continued Competency Program (NCCP). To align with the 2016 NCCP it is critical that providers recertify with Virginia when recertifying with National Registry to keep their CE report aligned with the hours requirements.

Basic Life Support Program
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A. Education Coordinators (EC)

- 1. The New Education Coordinator process went live on February 1, 2018. New candidates will select an Education Coordinator to serve as their mentor while completing teaching hours. As of April 17<sup>th</sup>, 2018, we have 56 Applicants and 92 Candidates.
- 2. An EC Institute is tentatively scheduled for June 2018.
- 3. EMS Providers interested in becoming an Education Coordinator can contact Billy Fritz at [billy.fritz@vdh.virginia.gov](mailto:billy.fritz@vdh.virginia.gov) or call the office at 804-888-9120.

B. EMS Educator Updates:

- 1. The office held two updates since January 2018, one in the PEMS Region in March and BREMS in April. The next update is scheduled for the Northern Virginia region in May. The schedule of future updates can be found on the OEMS web at: <http://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/>

EMS Training Funds

**Table. EMS Certification and Training Funding (Year-to-Date)**

Certification Level	No. Awarded	Amount Awarded
EMT	23	\$11,385.00
AEMT	1	\$619.00
Intermediate	0	\$0.00
Paramedic	24	\$51,984.00
I-to-P Special Award	52	\$281,632.00
<b>EMSSP Total</b>	<b>100</b>	<b>\$345,620.00</b>
<b>CE-Auxiliary MOU Program Total</b>	<b>11</b>	<b>\$81,135.00</b>
<b>Grand Total (All Programs)</b>		<b>\$426,755.00</b>

**Table. Special Initiative Grant Funding – Training Programs**

Grant Period	Total Funding Amt.	No. of Agencies/Orgs	No. of Courses
07/01/16 – 12/31/16	\$707,931.00	42	78
01/01/17 – 06/30/17	\$502,349.70	43	71
07/01/17 – 12/31/17	\$939,608.31	31	89

A. EMS Scholarship Program (EMSSP)

- 1) Information on the scholarship program is available on the OEMS website under the Division of Educational Development: <http://www.vdh.virginia.gov/emergency-medical-services/education-certification/ems-scholarship/>.
- 2) The EMS Scholarship officially began with its first application cycle on October 2<sup>nd</sup>, 2017.
- 3) Two application cycles have been completed. The 3<sup>rd</sup> cycle opened on April 1<sup>st</sup> and will close on May 31<sup>st</sup>.
- 4) To date, 471 applications have been received; of which, 100 were awarded. Total amount awarded is \$345,620.
- 5) By certification level, 23 awards totaling \$11,385 for EMT; 1 award totaling \$619 for AEMT; 0 awards totaling \$0 for Intermediate; 24 awards totaling \$51,984 for Paramedic; and, 52 awards totaling \$281,632 for the I-to-P Special Award.
- 6) OEMS DED and VDH, Office of Health Equity (OHE) personnel continue to work with scholarship candidates whose applications are in “pending” status through regular email and phone contacts, in order to help them advance through the

application and decision process and address technical challenges encountered using the online application.

- 7) OEMS DED continues to work with OHE and the Office of Information Management (OIM) to correct defects and make improvements to both the EMSSP online application and the WIPS administrative web database.

#### B. Continuing Education (CE) and Auxiliary Programs MOU

- The CE and Auxiliary Programs partnership with the Regional EMS Councils began in August 2017.
- The end date for this initial MOU term is June 30, 2018.
- To date, the Regional EMS Councils have reported and invoiced for 3 quarters.
- To date, a total of \$81,135.00 has been allocated supporting CE and Auxiliary programs under this MOU.
- OEMS DED staff will coordinate a meeting with the regional EMS Council Executive Directors to discuss the future of the agreement and improvements to the program based on reporting data and feedback.

EMS Education Program Accreditation
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#### A. EMS accreditation program.

1. Emergency Medical Technician (EMT)
  - a) Northern Virginia Community College has submitted documentation to add EMT accreditation.
  - b) Isle of Wight Volunteer Rescue has submitted an EMT accreditation application to the office. DED met with the interested parties and Isle of Wight has requested a postponement of consideration until summer, 2018.
  - c) Arlington County Fire Department was issued a Letter of Review to allow them to conduct their initial cohort course. The Office of EMS visited the program in April to review their progress.
2. EMT Psychomotor Competency Verification Approval
  - a) Central Virginia Community College received approval for internal psychomotor competency verification effective August 17, 2017.

- b) Prince William County Fire & Rescue received approval for internal psychomotor competency verification effective August 12, 2017.
  - c) Henrico County Fire Division of Fire received approval for internal psychomotor competency verification effective August 18, 2017.
  - d) Frederick County Fire and Rescue received approval for internal psychomotor competency verification effective August 11, 2017.
  - e) Tidewater Community College received approval for internal psychomotor competency verification effective August 18, 2017.
  - f) Southwest Virginia Community College received approval for internal psychomotor competency verification effective September 8, 2017.
  - g) Associates in Emergency Care received approval for internal psychomotor competency verification effective October 16, 2017.
  - h) Chesterfield Fire and EMS received approval for internal psychomotor competency verification effective December 11, 2017.
  - i) ECPI received approval for internal psychomotor competency verification effective January 17, 2018.
3. Advanced Emergency Medical Technician (AEMT)
- a) No changes
4. Intermediate – Reaccreditation
- a) All Intermediate programs were granted an extension until December 31, 2019 based on the sunset date announced by National Registry. If they choose to maintain accreditation at the Advanced EMT level, they will submit a reaccreditation packet for that level.
5. Intermediate – Initial

a) No new accreditation packets have been received.

#### 6. Paramedic – Initial

a) John Tyler Community College’s CoAEMSP accreditation visit is scheduled for April 26 & 27.

b) Rappahannock Community College has received their award of accreditation from CoAEMSP.

c) ECPI has been granted a Letter of Review from CoAEMSP.

#### 7. Paramedic – Reaccreditation

a) Southside Virginia Community College had their 5-year CoAEMSP reaccreditation visit on October 6 & 7. Report will be forwarded upon completion. Results are being forwarded to CAAHEP.

b) Tidewater Community College has received their reaccreditation from CoAEMSP.

c) Northern VA Community College had their 5-year CoAEMSP reaccreditation visit in February 2018. They are awaiting their findings report.

d) Loudoun County Fire & Rescue had their CoAEMSP reaccreditation visit on February 26 & 27, 2018. They are awaiting their findings report.

B. For more detailed information, please view the Accredited Site Directory found on the OEMS web site at:

<https://vdhems.vdh.virginia.gov/emsapps/f?p=200:1>

C. All students must enroll in a nationally accredited paramedic program to qualify for National Registry certification. National accreditation occurs through the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – [www.coaemsp.org](http://www.coaemsp.org)).

D. For more detailed information, please view the Accredited Site Directory found on the OEMS web site at:

<https://vdhems.vdh.virginia.gov/emsapps/f?p=200:1>

E. All students must enroll in a nationally accredited paramedic program to qualify for National Registry certification. National accreditation occurs through the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – [www.coaemsp.org](http://www.coaemsp.org)).

National Registry

**NREMT Initial Certification Fees effective January 1, 2017**

NREMT Level	Current Fees	Fees Effective 1/1/17	Change
EMR	\$65	\$75	\$10
EMT	\$70	\$80	\$10
AEMT	\$100	\$115	\$15
Intermediate/99	\$100	\$125	\$25
Paramedic	\$110	\$125	\$15

Online 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. There are 60-70 category one EMSAT programs available on TargetSolutions/CentreLearn 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/emergency-medical-services/emsat/>

## EMSAT

May 16, 2018	The Department of Homeland Security “Stop the Bleed” Campaign Cat. 1 ALS, Area 18, Cat. 1 BLS, Area 13
June 20, 2018	Vaccinations: A Cooperative Effort to Interact Cat. 1 ALS, Area 20, Cat. 1 BLS, Area 15
July, 20, 2018	Infection Control Update 2019 Cat. 1 ALS, Area 19, Cat. 1 BLS, Area 14

## Psychomotor Test Site Activity

- A. 21- Consolidated Test Sites, 3 - EMT accredited course and 6- ALS psychomotor test sites were conducted from January 21, 2018 – April 7, 2018.
- B. Open examiner positions in Northern, Western/Southwestern, Central and ODEMSA regions are still available due to delays in the hiring process.
- C. Virginia BLS Psychomotor Examination scenarios are in the final process of revision. The Scenario Update Workgroup has been working through webinar meetings that have included the state Medical Director making changes based on current education standards and scope of practice. All interested parties will receive information prior to the rollout this spring.

## Other Activities

- Charles Faison submitted his resignation effective April 20, 2018. The Division will miss Chuck and his expertise in utilizing technology to enhance learning and educational opportunities. We wish all the best to Charles.
- Debbie Akers has been selected to serve as the volunteer coordinator for the National Association of EMS Educators at their annual conference in Washington, DC for 2018. Virginia Education Coordinators are recruited to assist with these responsibilities, which allows collaboration with educators from throughout the United States and internationally on best practices for education.

- The Division of Educational Development participated in Virginia Emergency Support Team (VEST) training conducted by the VDEM.
- Billy Fritz has been appointed to work on the VDH Training Coordination workgroup.
- The DED participated in the VFCA conference, managing the recordation of CE.
- DED continues to work with OIM on changing EMT test order.
- DED has collaborated with the Virginia Community College System (VCCS) to update and standardize their EMS curriculum.
- Terry Coy participated in an editing training program in Washington, DC.

# Emergency Operations

## **V. Emergency Operations**

### **Operations**

- **Virginia-1 DMAT**

Frank Cheatham, HMERT Coordinator, continued to attend meetings for the Virginia-1 DMAT during this quarter. Frank attended the Annual Anniversary luncheon meeting in Williamsburg on February 20, 2018.

- **Virginia Emergency Support Team**

Throughout this quarter, members of the Division of Emergency Operations participated in a variety of meetings and training opportunities at the Virginia Emergency Operations Center.

### **Committees/Meetings**

- **APCO/NENA Winter Summit**

Ken Crumpler, Communications Coordinator, attended the Association of Public Communications Officers (APCO) and National Emergency Number Association (NENA) Winter Summit held in Chesterfield County on February 8, 2018. Mr. Crumpler presented information on OEMS' Rescue Squad Assistance Fund (RSAF) grant opportunities for Public Safety Answering Points (PSAP) and OEMS technical assistance available for the implementation of emergency medical dispatch protocols.

- **EMS Communications Committee**

The EMS Communications Committee met on Friday, February 2, 2018 in Glen Allen VA. Virginia Department of Emergency Management (VDEM) provided information on the

continuing FirstNet expansion throughout Virginia. The Association of Public Safety Communications Officers (APCO) reported on continuing efforts with OEMS to expand the use of emergency medical dispatch protocols in Virginia.

- **Hurricane Evacuation Coordination Workgroup**

Frank Cheatham continued attending the meetings of the Hurricane Evacuation Coordination Workgroup.

- **NASEMSO HITS Committee**

Frank Cheatham continues to participate in the conference calls with the NASEMSO HITS Committee.

- **Regional Preparedness Advisory Committee for Interoperability (RPAC-I)**

The Emergency Services Coordinator, Sam Burnette, attended the Region 1 RPAC-I bi-monthly meeting held in Chesterfield County on April 6, 2018. The committee discussed interoperability projects with the region as well as the deployment of FirstNet. The committee generated a list of questions for AT&T concerning deployment of FirstNet for discussion at the next meeting scheduled for June 1, 2018.

- **EMS Emergency Management Committee**

Winnie Pennington, Emergency Planner, participated in the February 1, 2018 EMS Emergency Management Committee meeting. A variety of topics were discussed in the meeting, including the update of Mass Casualty Incident Management and the development of an emergency preparedness survey.

A workgroup of the EMS Emergency Management Committee met to draft survey questions to be presented to the full committee. The survey is designed to develop a better understanding of the emergency preparedness and readiness needs of EMS agencies in the Commonwealth.

- **Leadership Essentials Training**

Karen Owens, Emergency Operations Manager, attended a three day Leadership Essentials training program, March 20-22, 2018. The program, which is part of a VDH initiative, provides guidance to managers on supporting employees and the VDH mission.

- **Rider Alert**

Ken Crumpler, Communications Coordinator, represented OEMS endorsed motorcycle safety program Rider Alert at the Progressive International Motorcycle Show in Washington DC February 23-25, 2018.

Mr. Crumpler represented OEMS, along with Rider Alert partners Richmond Ambulance Authority and the Virginia State Police, at the Department of Motor Vehicles headquarters to assist with securing continued highway safety grant funding for the program.

- **Strategic Highway Safety Plan (SHSP)**

HMERT Coordinator, Frank Cheatham, continues to serve on the SHSP Steering Committee and maintains update information regarding the monitoring the implementation and tracking of the plan.

- **Traffic Incident Management Committees**

Frank Cheatham, HMERT Coordinator, represented OEMS at the Statewide TIM Committee meeting where he reported on the progress and completion of the rollout of the new Virginia Specific TIM Program. Mr. Cheatham, a member of the Richmond area Executive TIMS Committee, also participated in the Training Oversight Committee.

- **Traffic Incident Management System Communications and Interoperability Workgroup**

Sam Burnette, Emergency Services Coordinator, and Ken Crumpler, Communication Coordinator, attended a Traffic Incident Management System (TIMS) Communications and Interoperability Workgroup meeting on March 15, 2018 at Virginia State Police Headquarters in Chesterfield, Virginia. The workgroup discussed ways to improve interoperability amongst first responders at traffic incidents.

- **Virginia Emergency Management Association (VEMA) Symposium**

Sam Burnette, Emergency Services Coordinator, attended the 2018 Virginia Emergency Management Association Symposium in Hot Springs, Virginia on March 21-23, 2018. Session attended included: Best Practices During and Active Threat Response; Local Pharmacies Assisting with Emergencies; Overview of the VDH Patient Movement Plan; and Improving Connections Between Public Health and Emergency Management During Routine and Disaster Situations.

## Training

- **Health and Healthcare Preparedness Academy**

Winnie Pennington, Emergency Planner represented the Office of EMS at the Health and Healthcare Preparedness Academy March 27-28. The training event, held in Roanoke, Virginia, provided an opportunity for Winnie to interact with other planners and attend training on a variety of emergency planning and preparedness topics.

- **Provider Health and Safety Committee**

Karen Owens, Emergency Operations Manager, participated in the quarterly meeting of the Provider Health and Safety

- **Emergency Management Accreditation Program (EMAP) Accreditation Manager**

Sam Burnette, Emergency Services Coordinator, successfully completed the *Emergency Management Accreditation Program Accreditation Manager* course held in Bath County, Virginia on March 19-20, 2018. EMAP is the nationally recognized standard for emergency management programs and includes a set of 64 standards by which emergency management partners evaluate their plans and programs. EMAP encourages agencies to continuously evaluate, improve, and maintain their emergency management program.

- **Foundations of Emergency Management**

Sam Burnette, Emergency Services Coordinator, successfully completed the FEMA Emergency Management Institute (EMI) *Foundations of Emergency Management* training program held on February 5-9 and March 5-9, 2018 in Midlothian, Virginia. This program, part of the National Emergency Management Basic Academy, is a nationally recognized program for developing emergency management professionals in accordance with the National Emergency Management Association (NEMA) and International Association of Emergency Managers (IAEM) recognized competencies.

- **Mass Casualty Incident (MCI) Training**

Frank Cheatham taught a class for New Kent Fire covering both Modules MCI 1 and 2.

- **Readiness: Training Identification and Preparedness Planning**

Sam Burnette, Emergency Services Coordinator, and Winnie Pennington, Emergency Planner, successfully completed the National Center for Biomedical Research and Training (NCBRT) *Readiness: Training Identification and Preparedness Planning* training program sponsored by

the Virginia Department of Health Division of Risk Communication and Exercise. The course was on February 14-15, 2018 in Glen Allen, Virginia. The program, designed to help agencies and jurisdictions create and manage effective training plans, reviewed the VDH Multi-Year Training and Exercise Plan (MYTEP) and is utilized to determine how prepared the agency needs to be, how prepared they are, and what steps are necessary to close the difference.

- **Traffic Incident Management System (TIMS) Training**

Frank Cheatham coordinated and assisted with additional information sessions for the new TIMS Program for Virginia. The Office of EMS, Virginia State Police, and Department of Transportation co-sponsored these training courses.

Frank Cheatham coordinated assisted with the delivery of a TIMS Train the Trainer Course on February 28 and March 1, 2018 in Glen Allen, VA. Sam Burnette, Emergency Services Coordinator, successfully completed the program. This class marked the first Train the Trainer Course conducted in the state by instructor trainers approved by the federal government. Additionally, Frank assisted in the delivery of the new TIM class on several occasions.

- **Virginia Planning Software (VPLS)**

On February 12, 2018, the Emergency Services Coordinator Sam Burnette and the Emergency Planner Winnie Pennington attended the Virginia Department of Emergency Management (VDEM) training program on their new web-based, planning software solution. The system is available for use, free of charge, by all state agencies and local jurisdictions to utilize in the development of comprehensive emergency management plans following nationally recognized planning models.

<b>CISM</b>
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- **CISM Regional Council Reports**

During this reporting quarter Regional Council CISM teams reported 7 events, including education sessions, training classes, meetings, and debriefings (both group and one-on-one).

# Public Information and Education

## **VI. Public Information and Education**

### **Public Relations**

#### **Public Outreach via Marketing Mediums**

##### *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. Some of the subjects that were featured from January – March are as follows:

- **January** – Dressing for cold weather infographic, state of emergency declared ahead of impending winter storm, recognizing the signs of human trafficking info, EMS portal scheduled maintenance, state holiday office closures, EMS Today conference info, inclement weather delays, call for presentations for the 2018 Va. EMS Symposium and Flu and the common cold signs and symptoms.
- **February** – Important messages regarding influenza from Va.'s State Health Commissioner, new EMS Education Coordinator program launch, state holiday office closure, OEMS at EMS Today conference, OEMS at Va. Fire Rescue conference, deadline to apply for the Nasal Naloxone grant, EMS for Children (EMSC) program is hosting a survey nationwide and Traffic Incident Management website for Emergency Responder Safety.
- **March** – “First Responder Beware” safety website for electrical and natural gas, restocking of nasal naloxone grant opportunity, OEMS at Central Va. EMS Education Expo, new Division of Community Health and Technical Resources announcement, nasal naloxone grant opportunity, 2018 Va. EMS Symposium room block, E-Gift system error update, Virginia Statewide Tornado Drill, inclement weather delays, Va. Highway Safety Summit and Stop the Bleed Day.

##### *Via Staff Attendance at Conferences*

The PR Coordinator organized staff attendance at the following EMS-related events in an effort to share information about EMS in Virginia and to promote the Virginia EMS Symposium on a local and national level, in addition to being available as a resource to answer questions pertaining to the Virginia Office of EMS. The PR Coordinator and PR Assistant designed and coordinated flyers and information to hand out at each event, including information about the Virginia EMS Symposium, reciprocity and legal recognition, Governor's EMS Awards, EMS Scholarship Program, etc.

- **EMS Today Conference**

The PR Coordinator, ALS Training Specialist and the Manager for the Community Health and Technical Resources Division attended the EMS Today conference in Charlotte, N.C., Feb. 20-23. At this event, OEMS staff manned an exhibitor booth and collected contact information for approximately 145 participants who visited the booth. Staff also shared important information about the Virginia Office of EMS, Virginia EMS Symposium, training opportunities, reciprocity and legal recognition from other states to Virginia and more. EMS Today is a national event that offers networking with 4,500+ EMS professionals from around the world, countless hands-on experiences (both on-site and off-site) and the most innovative products and services available to the industry displayed by over 250 exhibiting companies.

- **Virginia Fire Rescue Conference**

The PR Assistant and other OEMS staff attended the Virginia Fire Chiefs Association Fire Rescue Conference in Virginia Beach, Feb. 21-24. During this event, staff manned an exhibitor booth and handed out information about the Governor's EMS Awards, the Virginia EMS Symposium, EMS Scholarship Program and other EMS-related info. Approximately 100 event participants visited the booth.

- **The Central Virginia EMS Education Expo**

The PR Coordinator organized staff attendance at the 9<sup>th</sup> Annual Central Virginia EMS Education Expo, March 3 - 4, at the Henrico Training Center in Henrico, Va. This two-day training event offered free continuing education for EMS providers and it was hosted by the Henrico County Division of Fire, Chesterfield Fire and EMS and Bon Secours Richmond Health System. The PR Coordinator and PR Assistant staffed a booth in the exhibit hall Saturday and Sunday, and handed out information regarding the annual Virginia EMS Symposium, Governor's EMS Awards, EMS Scholarship Program, CE requirements and other EMS-related info. The ALS Training Specialist also staffed the booth on Sunday and assisted with questions pertaining to the Division of Educational Development. Approximately 110 event participants visited the booth.

- The PR Coordinator started planning staff attendance at the National Public Health Week event, to be hosted at VDH headquarters.

*Via GovDelivery Email Listserv (January - March)*

- **1/11/18** - EMS Today/The JEMS Conference & Exposition Special Offer – Marketing Promo

- **1/18/18** - Final Days to SAVE an EXTRA \$100 for EMS Today Conference – Marketing Promo
- **1/24/18** - Opioid Exposure Among Virginia First Responders Survey
- **3/2/18** - Opioid Exposure Among Virginia First Responders Survey Deadline Extended
- **3/2/18** - Nasal Naloxone for EMS Agencies (NNEA) – RESTOCKING
- **3/9/18** - 2018 Virginia EMS Symposium Hotel Room Block Opening Soon!

### Customer Service Feedback Form (Ongoing)

- PR Assistant provides monthly reports to EMS management regarding OEMS Customer Service Feedback Form.
- PR Assistant also provides biweekly attention notices (when necessary) to director and assistant director concerning responses that may require immediate attention.

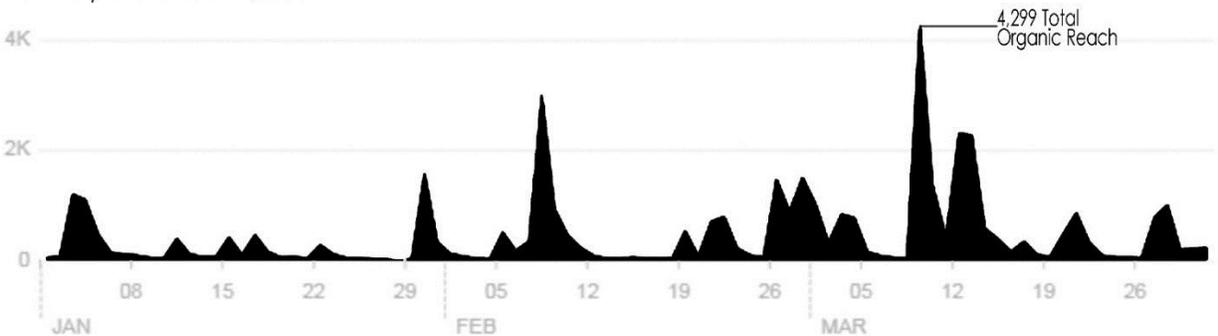
### Social Media and Website Statistics

As of April 20, 2018, the OEMS Facebook page had 5,598 likes, which is an increase of 90 new likes since January 19, 2018. As of April 20, 2018, the OEMS Twitter page had 4,490 followers, which is an increase of 118 followers since January 19, 2018.

**Figure 1:** This graph shows the total organic reach\* of users who saw content from the OEMS Facebook page, January – March. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post received 4,061 total organic reach and 72 reactions, comments and shares.**

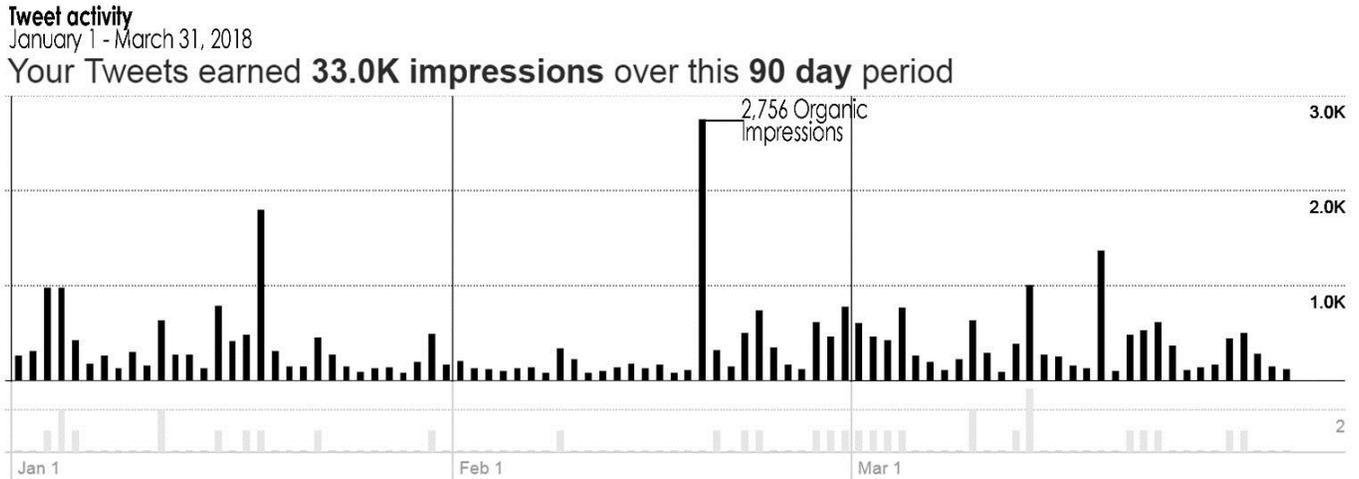
*\*Organic reach is the number of unique people who saw our post in the newsfeed or on our page, including people who saw it from a story shared by a friend when they liked it, commented on it, shared our post, answered a question or responded to an event. Also includes page mentions and check-ins. Viral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

**Facebook reach activity**  
January 1 - March 31, 2018



**Figure 2:** This graph shows the total organic impressions\* over a 90-day period on the OEMS Twitter page, January - March. **During this 90-day period, the OEMS Twitter page earned 366 impressions per day. The most popular tweet received 2,041 organic impressions.**

*\*Impressions are defined as the number of times a user saw a tweet on Twitter. Organic impressions refer to impressions that are not promoted through paid advertising.*



**Figure 3:** This table represents the top five most downloaded items on the OEMS website from October 2017 – March 2018.

October 2017	<ol style="list-style-type: none"> <li>1. Authorized Durable DNR Order Form Instructions (1,182)</li> <li>2. Quick Guide Completing National Registry Recertification Application (994)</li> <li>3. 2017 Symposium Course Selection Worksheet (916)</li> <li>4. 2012 EMS Regulations Air Medical (897)</li> <li>5. RSAF Nasal Naloxone for EMS agencies grant opportunity (651)</li> </ol>
November 2017	<ol style="list-style-type: none"> <li>1. Authorized Durable DNR Order Form Instructions (1,420)</li> <li>2. 2012 EMS Regulations Air Medical (1,108)</li> <li>3. Quick Guide Completing National Registry Recertification Application (1,004)</li> <li>4. 2017 Symposium Course Selection Worksheet (960)</li> <li>5. CentreLearn Instructions (920)</li> </ol>
December 2017	<ol style="list-style-type: none"> <li>1. Authorized Durable DNR Order Form Instructions (1,584)</li> <li>2. CentreLearn Instructions (1,275)</li> <li>3. 2012 EMS Regulations Air Medical (1,220)</li> <li>4. Quick Guide Completing National Registry Recertification Application (1,022)</li> <li>5. 2017 Symposium Course Selection Worksheet (972)</li> </ol>
January 2018	<ol style="list-style-type: none"> <li>1. CentreLearn Instructions (1,921)</li> <li>2. Authorized Durable DNR Order Form Instructions (1,597)</li> </ol>

	<ol style="list-style-type: none"> <li>3. 2012 EMS Regulations Air Medical (1,459)</li> <li>4. EMSAT Announcement (1,385)</li> <li>5. TR06 Course Roster (1,199)</li> </ol>
February 2018	<ol style="list-style-type: none"> <li>1. CentreLearn Instructions (2,105)</li> <li>2. Authorized Durable DNR Order Form Instructions (1,606)</li> <li>3. EMSAT Announcement (1,573)</li> <li>4. 2012 EMS Regulations Air Medical (1,470)</li> <li>5. Quick Guide Completing National Registry Recertification Application (1,248)</li> </ol>
March 2018	<ol style="list-style-type: none"> <li>1. CentreLearn Instructions (2,093)</li> <li>2. Authorized Durable DNR Order Form Instructions (1,607)</li> <li>3. EMSAT announcement (1,574)</li> <li>4. 2012 EMS Regulations Air Medical (1,458)</li> <li>5. Quick Guide Completing National Registry Recertification Application (1,237)</li> </ol>

**Figure 4:** This table identifies the total number of unique pageviews, the average time on the homepage and the average bounce rate for the OEMS website from October 2017 – March 2018.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
October 2017	11,284	00:24	3,432 (30.41%)
November 2017	11,181	00:22	3,329 (29.77%)
December 2017	9,937	00:22	3,028 (30.47%)
January 2018	14,456	00:23	4,281 (29.61%)
February 2018	13,634	00:35	3,928 (28.81%)
March 2018	14,734	00:52	4,629 (31.42%)

**Google Analytics Terms:**

A *unique pageview* aggregates pageviews that are generated by the same user during the same session. A *unique pageview* represents the number of sessions during which that page was viewed one or more times.

The **average time on page** is a type of visitor report that provides data on the average amount of time that visitors spend on a webpage. This analytic pertains to the OEMS homepage.

A **bounce rate** is the percentage/number of visitors or single page web sessions. It is the number of visits in which a person leaves the website from the landing page without browsing any further. This data gives better insight into how visitors are interacting with a website.

If the success of a site depends on users viewing more than one page, then a high bounce rate is undesirable. For example, if your homepage is the gateway to the rest of your site (e.g., news articles, additional information, etc.) and a high percentage of users are viewing only your home page, then a high bounce rate is undesirable.

The OEMS website is setup in this way; our homepage is a gateway to the rest of our information, so ideally users should spend a short amount of time on the homepage before bouncing to other OEMS webpages for additional information. Generally speaking, a bounce rate in the range of 26 to 40 percent is excellent and anything under 60 percent is good.

## Events

### EMS Week

- PR Assistant coordinated the ordering and mailing of the American College of Emergency Physicians 2018 EMS Week Planning Guides to 600 affiliated Virginia EMS agencies. This event will take place May 20 – 26, 2018 and EMS for Children Day will take place Wednesday, May 23, 2018. This year’s theme is “EMS Strong: Stronger Together.”
- PR Assistant drafted and submitted a proclamation request to the Governor’s Office to recognize EMS Week in Virginia.

### Fire and EMS Memorial Week

- PR Coordinator will work with the VDFP to promote Fire and EMS Memorial Week via the following plan:
  - Will promote the date of this event in the EMS Week press release.
  - Will create a special webpage on the OEMS website to promote this event.
  - Will share and post additional information on the OEMS social media sites.
  - Will send out email through our listserv to inform providers about this event.

### EMS Symposium

- PR Coordinator started drafting Symposium Catalog, which will be posted online prior to summer registration opening.
- PR Coordinator designed symposium flyers for the Virginia Fire Rescue Conference, EMS Today Conference and Central Virginia EMS Education Expo.

- PR Coordinator will work with the Symposium Sponsorship Coordinator and Business Manager to update the Symposium Sponsorship Guide.

### **Governor’s EMS Awards Program**

- PR Coordinator and PR Assistant emailed Regional EMS Awards quick forms, which are submitted via the OEMS website, to respective Regional EMS Councils. This web-based quick form was created to assist the Regional EMS Councils in garnering leads for the Regional EMS Council awards. This quick form is promoted by the OEMS all year-round in order to elicit award suggestions in the field as the opportunity presents itself, and not limiting nomination leads/suggestions to the regional award season.
- PR Assistant designed Governor’s EMS Awards flyers for Virginia Fire Rescue Conference and Central Virginia EMS Education Expo.
- PR Assistant updated the Regional and Governor’s EMS Awards webpage with updated nomination forms and flyers.
- PR Assistant updated and submitted the 2018 Regional EMS Award nomination forms, guidelines and criteria to all Regional EMS Councils.
- PR Assistant designed the 2018 Regional EMS Awards flyers to help promote the awards program and nomination deadlines/banquet schedule, to be posted on the OEMS website.

### **Media Coverage**

The PR Coordinator was responsible for fielding the following OEMS and VDH media inquiries January – March, and submitting media alerts for the following requests:

- Jan. 3 – Reporter from NBC 12 inquired about flu activity data in Virginia.
- Feb. 6 – Reporter from The Virginian-Pilot inquired about Virginia stroke centers.
- Feb. 8 – Reporter from the Virginian-Pilot had follow-up questions regarding stroke centers.
- Feb. 9 – Reporter from The Virginian-Pilot inquired about the EMS certification status/enforcement actions for an EMS provider.
- Feb. 27 – Reporter from the Rockbridge Report inquired about EMT certification in Virginia.

### **OEMS Communications**

The PR Coordinator and PR Assistant are responsible for the following internal and external communications at OEMS:

- On a daily basis, the PR Assistant monitors and provides assistance to the emails received through the EMS Tech Assist account and forwards messages to their respective divisions.
- The PR Assistant is the CommonHealth Coordinator at OEMS, and as such, she sends out weekly CommonHealth Wellnotes to the OEMS staff.
  - The PR Assistant coordinated representatives from insurance companies to visit with OEMS staff about supplemental insurance options.
- The PR Coordinator designs certificates of recognition and resolutions for designated EMS personnel on behalf of the Office of EMS and State EMS Advisory Board.
- Upon request, the PR Coordinator creates certificates for free Symposium registrations to be used at designated Regional EMS Council events.
- PR Coordinator provides assistance for the preparation of some responses for constituent requests.
- PR Coordinator and PR Assistant respond to community requests by sending out letters, additional information, EMS items, etc.
- The PR Coordinator and PR Assistant provide reviews and edits of internal/external documents as requested.
- PR Coordinator and PR Assistant update OEMS website with content and documents upon request from office Division Managers.
- The PR Coordinator is responsible for monitoring social media activity and requests received from the public. She forwards questions to respective OEMS division managers and provides response to the inquiries through social media.
- The PR Coordinator is responsible for coordinating and submitting weekly OEMS reports to be used in the report to the Secretary of Health and Human Resources.
- PR Coordinator submitted new hire bios to be included in the New Employees webpage on the VDH intranet.

<b>VDH Communications</b>
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**VDH Communications Tasks** – The PR Coordinator was responsible for covering the following VDH communications tasks from January – March:

- **January - March** – Responsible for providing back up for the PR team, including coverage for media alerts, VDH in the News, media assistance and other duties upon request.

- **VDH Communications Conference Calls (Ongoing)** - The PR Coordinator participates in bi-weekly conference calls and polycoms for the VDH Communications team.
  - PR Coordinator participates in monthly Agencywide Communications Committee meetings.
  - PR Coordinator participates in the VDH website/social media subcommittee.

**Commissioner’s Weekly Email** – The PR Coordinator submitted the following OEMS stories to the commissioner’s weekly email, from January – March. Submissions that were recognized appear as follows:

- **1/16/18 - OEMS Awards \$4.1M+ in RSAF Grants**  
 On January 1, 2018, the Office of Emergency Medical Services (OEMS) awarded the Rescue Squad Assistance Fund (RSAF) grants. OEMS received 111 applications requesting \$10,687,579.00 in funding. OEMS awarded 61 grants totaling \$4,195,318.24. The RSAF Grant Program is a multimillion-dollar grant program for Virginia nonprofit EMS agencies and organizations. Items eligible for funding include EMS equipment, vehicles, computers, EMS management programs, courses/classes and projects benefiting the recruitment and retention of EMS members. Special recognition goes to OEMS Grants Manager Amanda Davis and Grants Specialist Linwood Pulling, for their continued hard work and dedication to the grants program. [Learn more about the grant awards.](#)
- **3/26/18 - OEMS Staff Attends Central Virginia EMS Education Expo**  
 Office of Emergency Medical Services (OEMS) staff attended the 9th Annual Central Virginia EMS Education Expo, March 3 - 4, at the Henrico County Training Center. The two-day training event offered free continuing education classes for EMS providers and was sponsored by the Henrico County Division of Fire, Chesterfield Fire and EMS, and Bon Secours Richmond Health System. OEMS Public Relations Coordinator Marian Hunter coordinated staff attendance in addition to staffing an exhibitor booth with Public Relations Assistant Tristen Graves and Advanced Life Support (ALS) Training Specialist Debbie Akers. During this event, OEMS staff handed out information regarding the annual Virginia EMS Symposium, Governor’s EMS Awards and the EMS Scholarship Program. They also fielded numerous questions regarding EMS in Virginia. The OEMS ALS Training Specialist was especially helpful in answering provider questions pertaining to continuing education, National Registry testing and the Division of Educational Development. More than 110 event participants visited the OEMS booth.

# Regulation and Compliance

## **VII. Regulation and Compliance**

The Division of Regulation and Compliance performs the following tasks:

- Licensure
  - EMS Agency and vehicles
- Regulations/Compliance
  - EMS Agencies
  - EMS Vehicles
  - EMS Personnel
  - RSAF Grant Verification
  - Regional EMS Councils
  - EMS Physicians
  - Virginia DDNR
- Background Investigation Unit
- EMS Physician Endorsement

The following is a summary of the Division’s activities for the first quarter, 2018:

### **EMS Agency/Provider Compliance**

<b>Enforcement</b>	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>4th Quarter</b>	<b>CY2014</b>	<b>CY20 15</b>	<b>CY20 16</b>	<b>CY20 17</b>	<b>CY20 18</b>
<b>Citations</b>	<b>1</b>				<b>40</b>	<b>55</b>	<b>53</b>	<b>78</b>	
EMS Agency	0				22	23	23	37	
EMS Provider	1				18	32	30	41	

<b>Verbal Warning</b>	<b>1</b>				<b>21</b>	<b>6</b>	<b>7</b>	<b>5</b>	
EMS Agency	1				11	5	3	2	
EMS Provider	0				10	1	4	3	
<b>Correction Order</b>	<b>0</b>				<b>59</b>	<b>64</b>	<b>62</b>	<b>30</b>	
EMS Agency	0				59	64	62	30	
EMS Provider	0				0	0	0	0	
	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>4th Quarter</b>	<b>CY2014</b>	<b>CY2015</b>	<b>CY2016</b>	<b>CY2017</b>	
<b>Temp. Suspension</b>	<b>12</b>				<b>20</b>	<b>26</b>	<b>25</b>	<b>15</b>	
EMS Agency	0				0	0	0	1	
EMS Provider	12				12	26	25	14	
<b>Suspension</b>	<b>0</b>				<b>11</b>	<b>15</b>	<b>11</b>	<b>7</b>	

EMS Agency	0				1	0	0	0	
EMS Provider	0				5	15	11	7	
<b>Revocation</b>	0				7	8	4	4	
EMS Agency	0				0	0	0	0	
EMS Provider	0				4	8	4	4	
<b>Compliance Cases</b>	21				202	166	121	160*	
EMS Opened	16				140	112	71	77*	
EMS Closed	5				62	54	48	53	
<b>Drug Diversions</b>	2				21	15	16	20	
<b>Variances</b>	8				29	23	16	8*	
Approved	6				16	14	13	6*	
Denied	2				13	9	3	2*	

**Note:** Not all enforcement actions require opening a compliance case. Because some actions are stand-alone, on the spot infractions, a full compliance case is not opened. Therefore, the number of enforcement actions will not equal the total number of compliance cases.

x – Indicates data not available

**Hearings**

March 14 – Yoon

March 26 – Tennett

**Licensure**

Licensure	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016	CY2017	CY2018
<b>EMS Agency</b>	600				669	646	638	621	
New	0						6	5	
<b>EMS Vehicles</b>	4,154				4,137	4,568	4,227	4,679	
<b>Inspection</b>	612				2,997	2,854	3,400	3,089*	
EMS Agency	65				289	319	222	319	
EMS Vehicles	547				2,261	1,964	2,564	2,278	
Spot	65				447	571	563	492*	

**\*Note:** Statistical date may be slightly incomplete due to the migration to Oracle platform.

<b>Background Investigation Unit</b>
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The Office of EMS began the process of conducting criminal history background checks utilizing the FBI fingerprinting process through the Central Criminal Record Exchange (CCRE) of the Virginia State Police on July 1, 2014. A dedicated section with relevant information about this process is on the OEMS web site at: <http://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/criminal-history-record/>.

Background Checks	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016	CY2017	CY2018
Processed	1,837				3,488	6,773	8,157	7,633	
Eligible	1,746				2,683	5,415	5,916	6,015	
Non-Eligible	10				19	50	46	30	
Outstanding	23				546	1,091	1,362		
Jurisdiction Ordinance	246					189	1,167	1,301	

<b>Regulatory</b>
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OEMS staff continue to work with key EMS stakeholder groups to review suggested revisions to sections of the current EMS Regulations (12VAC5-31). Once completed, these recommended changes will be sent to the Rules and Regulations Committee of the state EMS Advisory Board for review and then submitted as a regulatory review packet.

- A Notice of Intended Regulatory Action (NOIRA) posted in the Virginia Register of Regulations (Vol. 33 Issue 19) on May 15, 2017. The deadline for public comment was June 14, 2017. No public comments were submitted. OEMS Staff is working to complete the required documentation for the next step for the “Proposed” EMS Regulations.
- A work session of the Rules and Regulations Committee was held on October 25, 2017 in Waynesboro to work on the draft of the “Proposed” EMS Regulations (Chapter 32).
- Another work session of the Rules and Regulations Committee was held in Charlottesville on April 3, 2018.
- Additional work sessions will be necessary to finalize changes to the proposed draft EMS Regulations (12VAC5-32) related to:
  - legislative action completed during the 2018 session of the VA General Assembly,
  - correcting references to Code sections that have changed,
  - changes in practice, process and procedures resulting from the development of a new Licensure, Compliance and Regulations (LCR) program utilized by OEMS,

- incorporating definitions and terminology used in the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA),
  - updating references to current national EMS certification levels and testing procedures,
  - amending policies related to criminal convictions,
  - updating EMS physician qualifications and responsibilities,
  - updating equipment and supply requirements for EMS vehicles,
  - And including references to fatigue management, use of red lights and sirens, mental health awareness training, impaired EMS providers, and new ambulance standards and specifications designed to improve the safety of EMS personnel and patients.
- It is projected a draft of the proposed EMS regulations will be presented to the state EMS Advisory Board for their review and input at the November 7, 2018 meeting.
  - OEMS staff has submitted to the Office of the Commissioner the “Final Exempt” regulatory package reflecting the changes from HB 2153 (2017) regarding recognition by EMS personnel of valid out-of-state Durable Do Not Resuscitate (DDNR) orders. <http://leg1.state.va.us/cgi-bin/legp504.exe?171+ful+CHAP0179>

<b>EMS Physician Endorsement</b>
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Number of Endorsed EMS Physicians: As of April 4, 2018: 451

Two regional OMD workshops have been conducted during Q1, City of Fairfax Fire Department and Bedford County Fire & Rescue Headquarters. Upcoming dates are posted on the Virginia OEMS Website for the first half of the 2018 year with the next updates scheduled for April 26, 2018 in Abingdon; and May 10, 2018 in Bon Air, Virginia.

Interested OMD’s can contact the Office to register for the upcoming workshops. OEMS staff is also reviewing and updating the on-line OMD training program that is utilized as a pre-requisite for anyone interested in becoming an endorsed EMS Physician in Virginia.

## **Additional Regulation & Compliance Division Work Activity**

The Regulation and Compliance staff held their bi-monthly staff meetings on February 7-9, 2018 in Glen Allen, Virginia; and April 11-13, 2018 in Lynchburg, Virginia. The next divisional staff meeting is scheduled for June 6-8, 2018 in Glen Allen, Virginia.

During Q1 of CY2018 Regulation and Compliance, supervisory staff attended the Leadership Essentials Certificate Program in Norfolk, Virginia. Staff have provided technical assistance and conducted educational presentations to EMS agencies, entities and local governments as requested:

OEMS field staff assists the OEMS Grants Manager and the RSAF program by performing reviews of submitted grant requests as well as verification of RSAF grants awarded each funding cycle.

OEMS staff, in conjunction with the VDH, Office of Information Management (OIM), has completed the process of converting data, files and processes from the existing Licensure and Investigation Lotus Notes database to a new Licensure, Compliance and Enforcement (LCR) Oracle database for the Division of Regulation and Compliance. This new platform went live on December 16, 2017. This project streamlines the process for EMS agencies to submit requests for permits, schedule inspections, drug diversions and offers additional tools for them to upload information; in addition to staff tracking, agency management and the inspection process. Mr. Paul Fleenor and Mr. Wayne Berry worked extremely hard to assist OIM with the design, implementation and training for OEMS staff members on this project. Staff are currently working on user guidelines for EMS agencies that will soon be disseminated.

The Office is proud to announce Mr. Ronald L. Passmore as the new Manager of the Regulation and Compliance Division. Mr. Passmore comes to the Office with >35 years of experience in EMS. Mr. Passmore starts his new position on April 25, 2018. Over the last 6 months, managerial unit work activities have been handled by Mr. Scott Winston, Assistant Director; and Mr. Jimmy Burch & Ms. Heather Phillips, EMS Program Representative Supervisors.

The Office, in conjunction with VDH is in the process of developing an internal policy to consider requests for the re-instatement of impaired EMS providers who have been sanctioned because of a substance abuse issue. Collaborative efforts have begun with several committees of the state EMS Advisory Board to ensure consistency with project development regarding treatment and monitoring programs, such as the Health Practitioners Monitoring Program (HPMP) utilized by the Virginia Board of Nursing and the Board of Medicine.

# Trauma and Critical Care

## VIII. Trauma and Critical Care

### Patient Care Informatics

- ImageTrend Elite
  - Support staff fielded over 500 emails, support tickets and phone calls for the following issues:
    - Account maintenance
    - Data quality issues
    - Report Writer issues
    - General Software Issues
  
- Virginia Elite Updates
  - Virginia has completed the transition from v3.3.4 to v3.4.0
  - A new “Line of Duty Injury” section has been added that will allow agencies to record and suspected EMS work related exposures, injuries, or death events related to an incident. The system allows for separate entries for each crewmember if necessary.
  - Report Writer has been updated/upgraded and the Analytical Reports feature is now available to those with EMS Agency Administrator level access or Regional Council level access. For more information on Analytical Reporting, please refer to the Help/University under the Community tab of ImageTrend Elite.
  - A Post Reminder option has been added to the Elite system. EMS agency Administrators will have the ability to set reminders for their providers to post records upon login, log off, or upon closing the incident. Current settings default to “no”. The Agency Administrator will need to change the default settings to “yes” in order to enable Post Reminder. For more information, please refer to the Help/University located in the Community menu and search for Elite Field Configuration.
  - New validation rules are scheduled to go into effect 4/30/2018. The rules are being implemented in an ongoing effort to improve the quality of the data being submitted by 3<sup>rd</sup> party vendors. The planned changes can be found here: [Virginia Elite Validation Rule updates - Activation Date: 04.30.2018](#)
  - The Hospital/Facility List will be updated to reflect the opening of the Bon Secours Short Pump Free Standing Emergency Department. The updated list can be found here: [Hospital List and Codes - Virginia Elite \(revision 03.30.2018\) - Powered by](#)

## Kayako Help Desk Software

- EMS Agency Administrators now have access to the “Manage Duplicate Records” feature in the Virginia Elite system. This feature allows the Administrator to merge patient records when the agency has created duplicate patient entries for the same individual. This feature can be located by going to Resources, Patient Records and choosing the “More” option located at the top right of the Patient Records screen. A complete overview of this feature is located in the “Managing Duplicate Patient Records Overview” article found in the ImageTrend University.
  - One important note. As the University article will point out, once patient records are merged together, the action cannot be reversed. If an Administrator improperly merges patient records together, neither ImageTrend nor OEMS support can undo this action. Because of this, we strongly encourage Administrators to review the University article fully (and any other related articles as well) to gain a complete understand of how this feature works if the agency is going to use it. As with other features OEMS has made available, agencies are not mandated to use this. It is only being made available so agencies may take advantage of the functionality if an agency chooses to.
  
- **EMS Data**
  - **Submission and Data Quality:** Staff works monthly with EMS agencies and the Regulation and Compliance Division to improve the quality of the data that is being submitted to the Elite system.
    - The latest Data Quality Report and Data Submission Compliance Reports can be found on the Knowledgebase here: [Knowledgebase - Powered by Kayako Help Desk Software](#)
  
  - **Opioid Data:**
    - The VDH Addiction Work Group coordinates data resources used in the development of strategies to combat opiate related drug overdose deaths in the Commonwealth. EMS data is playing a key role in the prevention process and we provide monthly Narcan usage reports to Dr. Melton, the Health District Managers and Regional Council Directors as a part of the ongoing surveillance efforts. The most recent quarterly report is on the Virginia Department of Health website at [Opioid Addiction – Data](#).

## Trauma and Critical Care

- Trauma System Plan Taskforce
  - The Trauma System Plan Taskforce is a multi-disciplinary task force representing the trauma and EMS system in Virginia. Convened at the request of the Chair and Executive Committee of the State EMS Advisory Board, the Taskforce is addressing the recommendations contained in the American College of Surgeons Trauma System Consultation Report. The task force identified subject matter experts to serve on work groups that are examining key aspects and components of the current trauma system in Virginia. The Trauma System Plan Taskforce and the workgroups meet quarterly with their most recent meeting March 1, 2017 in Richmond. The Trauma System Plan Task Force had also a retreat on February 6, 2018 and accomplished much to finalize the assessment portion of strategic planning. A final draft document will be presented to the Taskforce members in May for their review and the then will be submitted for review at the March 2018 Trauma System Oversight and Management Committee meeting.
  - The membership rosters, meeting dates, locations and meeting minutes can be found on the OEMS web site at [Trauma System – Emergency Medical Services](#).

## Trauma Center Designations

- Verification Visits
  - January 2018-Riverside Regional Medical Center, successful Level II triennial survey
  - January 2018-Chippenham Medical Center, Successful Level II triennial survey
  - February 2018-University of Virginia Health System, successful Level I triennial survey
- Designation Visits
  - Carilion Roanoke Memorial Hospital has submitted a letter of intent to seek Level 1 Pediatric Trauma Designation. They are still in the application process and a site visit has not been scheduled.

## **EMS for CHILDREN (EMSC) PROGRAM**

### **New 4-Year EMSC State Partnership Grant awarded.**

Virginia's recent competing continuation application resulted in a Notice of Award (NoA) for a new 4-year EMSC State Partnership Grant. The grant period began April 1 and will run through March 31, 2022 (with the possibility of a 1-year extension), with an average yearly award of \$130,000 anticipated.

Initially, the President had chosen not to fund the EMS for Children program in his initial budget recommendation. Recently, however, he signed the Omnibus legislation that funded reauthorization of the federal EMS for Children program, with a slight overall increase in funding. Many thanks are due to EMS stakeholders and allies in Virginia who strongly demonstrated support for the EMSC program to those responsible for its eventual inclusion in the funding legislation. These are some of the proposed activities in next EMSC 4-year grant cycle (4/1/18 through 3/31/22):



- Collaborate to support pediatric disaster planning and preparedness for hospitals, EMS agencies and governmental entities.
- Provide no-cost ED pediatric capability evaluations upon request (8 planned per year).
- Support and manage a dedicated pediatric track at each annual EMS Symposium.
- Actively support a NASEMSO initiative to develop specific accredited ambulance and equipment standards. (These will guide future manufacture and crash testing of safer equipment alternatives.)
- Support regional pediatric training and ENPC courses.
- Participate in two major Quality Improvement (QI) Collaboratives.
- Support and provide resources for outreach programs (“Stop the Bleed”)
- Promote and support injury and illness prevention initiatives.
- Assist in producing two EMSAT pediatric topics each year.
- Develop resources for “regular provider level pediatric skills checking”.
- Continued purchasing of ambulance child restraint systems, as funds allow.
- Continued efforts to promote pediatric dosing accuracy, with some purchases as funds allow.

- In Years 2,3 and 4, a potential EMSC Boot Camp to support and train agency pediatric coordinators, roll out pediatric skills check CE modules, provide pediatric medication dosing best practices, demonstrate child safe transport alternatives, etc.).
- Champion Virginia participation in the 2019 National Pediatric Readiness Assessment.

### **2018 hospital transfer guidelines and agreements assessment begins May 15.**

Surveying of hospitals regarding the presence of *written inter-facility transfer guidelines and agreements* (Performance Measures EMSC 06 and 07) is set for May15-August 15, 2018. The target contacts for the survey are emergency department nurse managers, but the information may come from any reliable hospital resource. Every state will be surveying simultaneously this time, instead of by cohort, in order to meet urgent deadlines for the data faced by the Human Resources and Services Administration (HRSA).

### **2018 EMS agencies assessment completed.**

The 2018 national assessment of EMS Agencies to determine baseline data for new EMSC Performance Measures (PM) EMSC 02 (coordination of pediatric care) and EMSC 03 (use of pediatric-specific equipment) was completed February 28. Virginia was part of Cohort 10, which surveyed from December 1 through February 28. From the group of eligible agencies, Virginia submitted 435 surveys, the 6<sup>th</sup> largest number of any state. Our final response rate was 73%, slightly below our target of 80%, but representative of an enormous effort by individual agency leaders, EMS regional councils, OMDs and OEMS Program Representatives, and very much appreciated by the EMS for Children program.

### **Ambulance child restraint systems ordered.**

The EMS for Children program recently ordered 80 Ambulance Child Restraint (ACR) systems to aid in the safe transport of children in ground ambulances, and will release details related to distribution of these systems very soon. The EMSC program will be purchasing a number of these systems every year for the next four years, as funding allows.

### **EMS for Children Program Manager's Meeting held earlier this week.**

Cam Crittenden and David Edwards attended the required 2018 EMSC Program Manager's Meeting in Austin, Texas April 20-May2. There were three tracks; one for State Partnership grantees, one for Family Advisory Network (FAN) representatives, and one for those involved in the current national Quality Improvement (QI) Collaborative.

## **EMSC Committee.**

The EMS for Children Committee was unable to meet April 5 (Spring Break and other attendance issues), but is scheduled to meet again July 12 at the EMS Offices in Glen Allen, Virginia. In addition to the regular agenda, work groups will form to oversee activities scheduled for the new EMSC grant cycle.

## **Suggestions/Questions**

Please submit suggestions or questions related to the Virginia EMSC Program to David P. Edwards via email ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)), or by calling 804-888-9144 (direct line).



The EMS for Children (EMSC) Program is a part of the Division of Trauma and Critical Care, within the Virginia Office of Emergency Medical Services (OEMS).

The Virginia EMSC Program receives significant funding for programmatic support through the EMSC State Partnership Grant (H33MC07871) awarded by the U.S. Department of Health and Human Services (HHS) via the Health Resources & Services Administration (HRSA), and administered by the Maternal and Child Health Bureau (MCHB) Division of Child, Adolescent and Family Health.

# Respectfully Submitted

## OEMS Staff

# Appendix

## A

State EMS Advisory Board  
Motion Submission Form

<input checked="" type="checkbox"/> <b>Committee Motion:</b>	<b>Name:</b>	Medical Direction Committee	
<input type="checkbox"/> <b>Individual Motion:</b>	<b>Name:</b>		
<b>Motion:</b>			
MDC moves to accept the revisions as reported in the Virginia SOP revision dated April 5, 2018.			
<b>EMS Plan Reference (include section number):</b>			
3.1.7 Through a consensus process, develop a recommendation for evidence-based patient care guidelines and formulary.			
4.2.2 Assure adequate and appropriate education of EMS students.			
<b>Committee Minority Opinion (as needed):</b>			
<b>For Board's secretary Use only:</b>			
<b>Motion Seconded by:</b>			
<b>Vote:</b>	<b>By Acclamation:</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Not Approved</b>
	<b>By Count</b>	<b>Yea:</b> <input type="checkbox"/>	<b>Nay:</b> <input type="checkbox"/> <b>Abstain:</b> <input type="checkbox"/>
<b>Board's Minority Opinion:</b>			



Virginia Office of Emergency Medical Services  
Scope of Practice - Formulary for EMS Personnel

This SOP represents *practice maximums*.

CATEGORY		EMR	EMT	AEMT	I	P	
<b>Analgesics</b>							
	Acetaminophen		●	●	●	●	
	Nonsteroidal anti-inflammatory		●	●	●	●	
	Opiates and related narcotics			●	●	●	
	Dissociative analgesics						
	Ketamine 0.5 mg/kg or less IV/IN				●	●	
<b>Anesthetics</b>							
	Otic			●	●	●	
	General - initiate					●	includes Propafol
	Ketamine greater than 0.5 mg/kg					●	
	General - maintenance				●	●	Excludes Propafol infusion at the Intermediate level
	Ocular		●	●	●	●	
	Inhaled-self administered		●	●	●	●	
	Local			●	●	●	
<b>Anticonvulsants</b>							
				●	●	●	
<b>Glucose Altering Agents</b>							
	Glucose Elevating Agents		●	●	●	●	
	Glucose Lowering Agents				●	●	
<b>Antidotes</b>							
	Anticholinergic Antagonists				●	●	
	Anticholinesterase Antagonists	●	●	●	●	●	
	Benzodiazepine Antagonists						
	Narcotic Antagonists	●	●	●	●	●	
	Nondepolarizing Muscle Relaxant Antagonist						
	Beta/Calcium Channel Blocker Antidote				●	●	
	Tricyclic Antidepressant Overdose				●	●	
	Cyanide Antidote				●	●	
	Cholinesterase Reactivator	●	●	●	●	●	
<b>Antihistamines &amp; Combinations</b>							
			●	●	●	●	

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.



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Scope of Practice - Formulary for EMS Personnel

This SOP represents *practice maximums*.

CATEGORY		EMR	EMT	AEMT	I	P
<b>Biologicals</b>						
	Immune Serums				●	●
	Antibiotics		●	●	●	●
<b>Blood/Blood products</b>						
	Initiate					●
	Maintain				●	●
<b>Blood Modifiers</b>						
	Anticoagulants				●	●
	Antiplatelet Agents		●	●	●	●
	Hemostatic Agents		●	●	●	●
	Thrombolytics					●
	Anti-fibrinolytics (eg tranexamic acid)				●	●
<b>Cardiovascular Agents</b>						
	Alpha Adrenergic Blockers				●	●
	Adrenergic Stimulants				●	●
	Antiarrhythmics				●	●
	Beta Adrenergic Blockers				●	●
	Calcium Channel Blockers				●	●
	Diuretics				●	●
	Inotropic Agents				●	●
	Vasodilatory Agents		●	●	●	●
	Vasopressors				●	●
	Epinephrine for allergic reaction		●	●	●	●
<b>Central Nervous System</b>						
	Antipsychotic				●	●
	Sedatives					
	Benzodiazepines				●	●

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Virginia Office of Emergency Medical Services  
Scope of Practice - Formulary for EMS Personnel

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CATEGORY		EMR	EMT	AEMT	I	P		
<b>Dietary Supplements/Electrolyte</b>	Vitamins							
	Minerals - start at a health care facility	See section: Intravenous Fluids						
	Salts - start at a health care facility							
	Electrolytes Solutions - start at a health care facility							
	Hypertonic Saline				●	●		
<b>Gas</b>	Oxygen	●	●	●	●	●		
	Heliox				●	●		
<b>Gastrointestinal</b>	Antacids							
	OTC			●	●	●		
	Antidiarrheals		●	●	●	●		
	Antiemetics		●	●	●	●		
	EMT SL/PO route only H2 Blockers		●	●	●	●		
<b>Hormones</b>	Steroids			●	●	●		
<b>Intravenous Fluids</b>	isotonic		●	●	●	●	EMT may transport patient with IV fluids not requiring titration or adjustment	
	hypotonic		●	●	●	●		
	hypertonic				●	●		
	M = Maintenance I = Initiate							
	Crystalloid, +/- Dextrose/Lactate		M	I/M	I/M	I/M		
	with Multi=vitamins		M	M	M	M		
	with Thiamine		M	M	M	M		
<b>Neuromuscular Blockers</b>						●		
<b>Respiratory</b>	Anticholinergics		●	●	●	●		
	Sympathomimetics							
	Beta agonists Epinephrine (nebulized)		●	●	●	●		
<b>Dosage and Concentration Calculation</b>				●	●	●		
M = Maintenance								
I = Initiate								

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."

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## Virginia Office of Emergency Medical Services Scope of Practice - Formulary for EMS Personnel

This SOP represents *practice maximums*.

CATEGORY		EMR	EMT	AEMT	I	P		
	Note: EMT's may administer medications within their scope of practice in addition to assistance in administration of those medications. EMT's may access a drug kit to access those medications. MDC discussions.							

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