

# State Emergency Medical Services Advisory Board BYLAWS

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## Article I. Authority

The State Emergency Medical Services Advisory Board is established in the executive branch pursuant to § 32.1-111.10 of the *Code of Virginia*.

## Article II. Advisory Board Responsibilities

### Section A. General Responsibilities

The Emergency Medical Services Advisory Board (hereafter referred to as “Advisory Board”) serves as a formal liaison between the Office of Emergency Medical Services (OEMS) and the public, ensuring that the OEMS understands and responds to public concerns and that the activities of the OEMS are communicated to the public. The Advisory Board provides advice and counsel regarding methods and procedures for planning, developing and maintaining a statewide emergency medical services (EMS) system to the OEMS and the State Board of Health.

### Section B. Other Responsibilities

Other responsibilities include but are not limited to:

1. Advising the OEMS and the State Board of Health on the administration of Title 32.1, Chapter 4, Article 2.1 of the *Code of Virginia*.
2. Reviewing and making recommendations on the statewide emergency medical services plan, and any revision thereto.
3. Reviewing the annual report of the Virginia Association of Volunteer Rescue Squads, as required by § 32.1-111.13.
4. Reviewing reports on the status of all aspects of the statewide EMS system, including the Financial Assistance Review Committee, the Rescue Squad Assistance Fund, the regional EMS councils, and the EMS vehicles, submitted by the OEMS.
5. Conducting appropriate meetings to provide assistance and advice to the EMS community.
6. Providing information on the EMS system to the Governor, state legislators and local officials.

7. Preparing an annual report of its activities for submission to the OEMS, the State Board of Health, State Health Commissioner and the Governor.
8. Developing and implementing a process for accepting nominees from the EMS Community for the EMS Representative to the State Board of Health and the subsequent process of selecting, recommending and submitting three (3) names to the Governor for his consideration in the appointment to the Board.
9. Performing other duties and responsibilities as may be assigned by the OEMS.

### **Article III. Membership**

Advisory Board members shall be appointed by the Governor as stipulated in § 32.1-111.10 of the *Code of Virginia*.

#### **Section A. Voting**

Each member will have one (1) vote. Proxy votes are not permitted.

#### **Section B. Attendance**

Members who are unable to attend a meeting of the Advisory Board, a committee or subcommittee will notify the respective Chair of the Advisory Board or OEMS. The respective Chair will determine whether the absence is excused, based upon the reasons indicated by the member. The Chair will note members with two (2) consecutive un-excused absences of regular meetings of such board, committee or subcommittee and notify the organization the individual represents, where applicable.

#### **Section C. Committee Service**

Each Advisory Board member is expected to serve on at least one (1) committee of the Advisory Board. Attendance at such committee meetings will be monitored as outlined in Section B.

#### **Section D. Member Information**

The members of the Advisory Board are not eligible to receive compensation. Members are eligible for the reimbursement of expenses incurred in the performance of their Advisory Board duties. Each member is responsible for completing a Statement of Economic Interest with the Secretary of the Commonwealth and for maintaining current contact information with the OEMS. Annually, each member will receive a copy of the Advisory Board roster from OEMS and any corrections / changes thereto.

## **Section E. Fiscal Year Definition**

The fiscal year of the Advisory Board will begin on July 1 and end June 30 the following calendar year.

## **Article IV. Officers**

The officers will be a Chair, Vice-Chair and five coordinators. Any member is eligible to be an officer.

### **Section A. Duties of the Chair**

1. The Chair will preside over all Advisory Board and Executive Committee meetings.
2. The Chair will preserve order and regulate debate according to parliamentary procedure.
3. The Chair will establish subcommittees necessary to perform the work of the Advisory Board.
4. The Chair will be an ex-officio member of all committees and subcommittees.
5. The Chair shall serve as liaison between the Executive Committee and the Advisory Board.
6. The Chair will compile and present the annual report to the Advisory Board for approval.
7. The Chair will present the annual report to the required entities, as specified in Article II, Section B, sub-part 8.
8. The Chair will interact with outside agencies or entities on behalf of the Advisory Board.
9. In the absence or inability of the chair and vice chair, the Administrative Coordinator, Infrastructure Coordinator, Patient Care Coordinator, ~~and~~ Professional Development Coordinator, and Trauma System Coordinator in this order of succession, shall discharge all of the duties of the Chair.

### **Section B. Duties of the Vice-Chair**

1. The Vice-Chair, in the absence or inability of the Chair, will discharge all of the duties of the Chair.
2. The Vice-Chair, upon direction of the Chair, will serve as liaison to outside agencies or entities and perform other duties as assigned by the Chair.

### **Section C. Duties of the Coordinators**

1. In general, the Administrative, Infrastructure, Patient Care, ~~and~~ Professional Development and Trauma System Coordinators shall oversee the activities of the committees assigned to them for the purpose of ensuring that their activities are aligned with the EMS Strategic Plan.

2. The Administrative Coordinator shall oversee the activities of the Rules and Regulations and Legislative and Planning Committees; Infrastructure Coordinator shall oversee the activities of the Transportation, Communications and Emergency Management Committees; the Patient Care Coordinator shall oversee the activities of the Medical Direction, Medevac, and EMS for Children Committees; the Professional Development Coordinator shall oversee the activities of the Training and Certification, Workforce Development and Provider Health and Safety Committees and the Trauma System Coordinator shall oversee the activities of the Trauma Administrative and Governance, System Improvement, Injury and Violence Prevention, Prehospital Care, Acute Care, Post-Acute, Emergency Preparedness and Response Committees.
3. Coordinators shall also maintain communications among all activities to ensure the strategic alignment of the committees' collective work.

#### **Section D. Elections and Term of Office**

Election of Officers and Chairs of standing committees will occur at the last regular meeting of each calendar year.

Officers and Chairs of standing committees shall serve a term of one year or until their successor is elected.

#### **Article V. OEMS**

The OEMS will provide staff support to the Advisory Board in the performance of its duties, which will include but is not limited to:

1. Recording and publishing the official minutes of all Advisory Board meetings.
2. Maintaining the rosters of the Advisory Board, committees and subcommittees.
3. Posting notices of all scheduled meetings of the Advisory Board on the Commonwealth Calendar and other appropriate sites.

#### **Article VI. Meetings**

##### **Section A. Meetings**

1. The Advisory Board will meet in public session as frequently as required to perform its duties, but not less than four (4) times per year. A special meeting may be convened at the request of the Governor, Advisory Board Chair, Director of the Office of EMS, State Health Commissioner, Secretary of Health and Human Resources or by one-third (1/3) of the members.
2. Written notice will be given for all meetings of the Advisory Board. For all regularly scheduled meetings, at least ten (10) days notice is required.

3. A majority (one-half plus one) of the members of the Advisory Board will constitute a quorum. A quorum is required to take any formal action.
4. A majority vote will be required to take formal action. Such majority is determined by the number of members present and voting at the time of the vote.
5. With permission of the Chair, non-board members may address the board.

### **Section B. Minutes of Meetings**

The OEMS will be responsible for maintaining an official copy of the approved Advisory Board minutes. Their representative shall be designated the Recording Secretary. The Chair of each committee and subcommittee is responsible for maintaining an official copy of the approved minutes of their respective meetings.

### **Section C. Attendance**

The OEMS will record the attendance of all members at each Advisory Board meeting. The Chair of each committee and subcommittee is responsible for recording attendance at their respective meetings.

## **Article VII. Committees and Subcommittees**

### **Section A. General Committee Responsibilities**

1. All committees shall meet as necessary to perform the duties and responsibilities of the committee.
2. All committees shall maintain communications with its respective coordinator.
3. All committees are responsible for identifying and making recommendations regarding public illness and injury prevention.
4. All committees are responsible for identifying and making recommendations regarding funding of EMS system components.

### **Section B. Standing Committees**

#### **1. Executive Committee**

The Executive Committee will be composed of the Chair, Vice Chair and the Five Coordinators. The EMS Representative to the State Board of Health shall serve as an ex officio member.

The Executive Committee will have general supervision of the affairs of the Advisory Board between regular meetings, which, except when the Governor shall declare a state of general emergency, shall be subject to ratification by the Advisory Board. This supervision shall include the approval of each committee organizational structures and membership and the monitoring of the progress of the EMS Strategic Plan.

## **2. Financial Assistance Review Committee (FARC)**

The FARC is responsible for recommending to the Commissioner of Health monetary awards as stipulated in the *Code of Virginia*, Section 32.1-111.12. Membership, authority and responsibilities are stipulated in the *Code of Virginia*. FARC will report biannually, after each funding cycle, the number of grant applications received, the total costs of grant applications funded, the number of grant applications denied funding, the total costs of grant applications denied funding, and the nature of the denied requests and the reasons for denying funding, to the Advisory Board and the Commissioner. This committee's work is considered confidential working papers of the Governor. Minutes of its meetings shall be filed but not publicly published.

## **3. Administrative**

### **a. Rules & Regulations**

The Rules and Regulation Committee is charged to ensure the system's regulations are reflective of the needs and operation of EMS agencies and to aid in ensuring there is quality service delivery within the Commonwealth. This is accomplished by environmental monitoring and collecting input related to the Rules and Regulations. The Committee will also be responsible for developing regulations as a result of new or revised legislation and/or Code changes at the federal and state level.

### **b. Legislative & Planning**

The Legislative and Planning committee will advise and coordinate efforts of the state EMS Advisory Board in its various standing and ad hoc committees as they relate to legislation and planning in order to best serve the overall needs of the EMS system in Virginia. The committee will review and assess state and federal legislation and inform the Advisory Board of any potential impact on the EMS system in Virginia. The committee is responsible for revising and updating the state EMS plan on a triennial basis. The Plan will be submitted to the Advisory Board for review and approval prior to requesting approval of the Plan from the Board of Health.

## **4. Infrastructure**

### **a. Transportation**

The Transportation Committee is a resource committee that provides a review of EMS vehicle specifications for functional

adequacy and safety and to ensure design features contribute to the efficiency of the unit and to facilitate good patient care; and recommends routine, standardized methods and procedures for inspection and licensing/permitting of all EMS agencies/vehicles to include equipment and supply requirements; and reviews and makes recommendations of RSAF request for EMS vehicles to the Financial Assistance Review Committee (FARC) and the Advisory Board to promote a high quality EMS system in Virginia.

**b. Communications**

The Communications Committee provides both technical and operational overview and guidance of communications issues effecting local, state and federal emergency medical systems to the Advisory Board. This includes, but not limited to Federal Communication Commission (FCC) rules and regulations, State and Federal policies regarding wireless communications and industry advances that affect the EMS systems in Virginia.

**c. Emergency Management**

The Emergency Management Committee, through the Advisory Board, shall focus on providing recommendations and guidance for EMS Agencies in Virginia to enhance and assist in their development and incorporation of strategies for approaching the four phases of emergency management and using those phases to best prepare and respond as an EMS agency. The Committee will also assist the Virginia Office of Emergency Medical Services in the development and revision of Emergency Management Training Programs that focus on the pre-hospital area of EMS and emergency management.

**5. Patient Care**

**a. Medical Direction**

The Medical Direction Committee will review and recommend guidelines and/or standards to assist EMS agencies, providers and physicians with medical procedures. It shall provide guidance to the EMS system with medical oversight, specifically in the areas of protocols, on-line medical direction, system audits, quality improvement and the improvement of patient care.

**b. Medevac**

The Medevac Committee provides expert guidance to the OEMS Advisory Board regarding appropriate standards and recommendations to promote a high quality, safe, and reliable Medevac system for Virginia.

**c. EMS For Children (EMSC)**

The EMS for Children (EMSC) Committee provides expertise and advice to the Advisory Board regarding EMS issues affecting children in Virginia. The EMSC Committee also serves as an advisor to Virginia's EMSC program; an initiative designed to reduce child and adolescent disability and death due to severe illness or injury.

**6. Professional Development**

**a. Training & Certification**

The Training and Certification Committee will, in collaboration with the Medical Direction Committee and other stakeholders, promote quality educational, operational and other affiliated aspects related to the enhancement of the EMS profession across the Commonwealth. The Committee will review and recommend changes to policies and regulations affecting the training and certification of pre-hospital providers, including procedures and guidelines for each level of certification and standardized education and testing curricula; training and continuing education requirements and improvements; monitoring of EMS training programs; quality Assurance, Quality Improvement and accreditation of EMS educational programs.

**b. Workforce Development**

The workforce development committee reviews, develops, and recommends recruitment, retention, leadership and management programs and services designed to assist EMS agencies maintain and increase their human resources in order to deliver prompt, high quality emergency medical care while meeting the emergency medical services demands and expectations of the communities they serve.

**c. Provider Health & Safety**

The Provider Health & Safety Committee will recommend policies and practices for the development of EMS provider health and safety programs, including physical and mental health and wellness and critical incident stress management (CISM).

**7. Trauma System**

**a. Trauma Administrative and Governance**

Utilizing a public health approach, the Trauma Administrative and Governance Committee will maintain an inclusive system that ensures that when the severity and incidence of trauma cannot be decreased, all injured persons within the Commonwealth have rapid access to optimal, equitable, efficient specialized trauma care to prevent further disability.

**b. System Improvement**

The System Improvement Committee will use data to optimize patient care, implement best practices, develop clinical practice guidelines and engage the populace in the trauma system through training, advocacy and understanding.

**c. Injury and Violence Prevention**

The Injury and Violence Prevention Committee will use an integrated data surveillance process to strengthen analyses, establish injury and violence prevention priorities and further statewide injury prevention efforts.

**d. Prehospital Care**

The Prehospital Care Committee, in collaboration with the Medical Direction Committee and other stakeholders, will develop and make practice recommendations concerning the treatment and transport of injured pediatric, adult, and geriatric patients.

**e. Acute Care**

The Acute Care Committee will provide technical assistance to ensure that all acute care facilities are integrated into a resource-efficient, inclusive network that meets required standards, maintains a competent workforce and is patient outcome focused.

**f. Post-Acute**

The Post-Acute Committee will work with community stakeholders to integrate rehabilitation facilities into the trauma system and ensure that these resources are made available to all populations as required.

**g. Emergency Preparedness and Response**

The Emergency Preparedness and Response Committee will work with the Emergency Management Committee, Regional Councils, and EMS Agencies to ensure that the trauma system is engaged in the State disaster planning process.

**Section C. Ad Hoc Committees**

**1. Nominating Committee**

The Nominating Committee will be composed of five (5) members, three (3) of whom shall be appointed by the Chair and two (2) of whom shall be elected by the members. The committee shall present a slate of nominations to the Board thirty (30) days prior to the election.

**2. Bylaws Committee**

The Bylaws Committee shall be responsible for review of the Bylaws and considering amendments to the Bylaws.

**Section D. Subcommittees**

Subcommittees may be appointed by the Advisory Board Chair to accomplish specific designated functions. Each individual appointed will continue to serve for a period of no more than one (1) year. This time period may be extended. Any extension will require approval by the Advisory Board.

The Chair of each committee may appoint subcommittees to address specific functions. Each individual appointed will continue to serve for a period of no more than one (1) year. This time period may be extended by the Advisory Board Chair.

**Section E. Committee Management**

The Chair of each committee will be elected from the membership of the Advisory Board, unless otherwise specified in the *Code of Virginia*. The members of the committees and subcommittees may be appointed from among

the board members or from other qualified citizens of the Commonwealth of Virginia, unless otherwise specified in the *Code of Virginia*.

1. The Chair of each committee, in consultation with his/her Coordinator and the approval of the Executive Committee, will annually appoint the membership of the committee. Consideration shall be given to diverse geographic representation from the entire state, to inclusion of the system's stakeholders, and to the continuity of the committee. Alternates are not permitted.

- a. Proposed Trauma System Committee Structure

- i. The EMS Advisory Board's Trauma System Coordinator (TSC) will serve as chair of the Trauma Administrative and Governance Committee;
- ii. Chairs of the Trauma System Committees will be appointed by the TSC;
- iii. The TSC will ensure that all committees have fair and equal representation from Trauma System stakeholders;
- iv. The chair of the System Improvement Committee (SIC) shall serve a 3-year term with a limit of two consecutive terms;
- v. The chairs of the trauma system committees (except TAG and SIC) will serve either 2-year or 3-year terms with a limit of two consecutive terms:

The following committee chairs will serve 3-year terms:

- a. Acute Care
- b. Post-Acute

The following committee chairs will serve 2-year terms:

- c. Injury & Violence Prevention
- d. Prehospital
- e. Emergency Preparedness and Response

- b. The members of each committee will serve alternating 2-year and 3-year terms with a limit of two consecutive terms with no more than 50% committee members (i.e., 7 members) rotating at the end of a term. The chair of each committee will submit the name and position of the rotating members and the proposed incoming members to the TSC for consideration and approval.

2. The Chair of each committee, in consultation with his/her Coordinator, shall make recommendations on committee organizational structure to the Executive Committee for approval.
3. The chair of a committee may appoint subcommittees to accomplish the work of the committee.
4. The committee Chair is responsible for maintaining minutes and an attendance roster for each meeting, and forwarding them to the OEMS following the meeting.
5. Committee membership will be limited to ten (10) members unless approved by the Executive Committee or stipulated in the *Code of Virginia*.
6. In general, all issues brought before the Advisory Board will be referred to the appropriate committee for review and recommendation before the Executive Committee and/or Advisory Board will take action.
7. The Chair will pay special attention to minimize the financial obligations of the Commonwealth to support the activities of the committee.
8. The Chair of each committee will submit a report of the prior fiscal year's activities to the Vice-Chair at the end of each fiscal year.

#### **Article VIII. Parliamentary Procedure**

All meetings of the Advisory Board and its associated committees and subcommittees shall be conducted in accordance with the latest edition of Roberts Rules of Order. The Chair may appoint a parliamentarian.

#### **Article IX. Amendment of Bylaws**

Any proposed change to the existing bylaws shall be submitted in writing to the Advisory Board members at least ten (10) days prior to a scheduled meeting. The proposed change(s) and substantiation will be reviewed during the next scheduled meeting. The minutes of that meeting will include the proposed change(s) and any pertinent discussion information. The vote to effect the change can then be taken at the next scheduled meeting. A two-thirds majority vote of all members is needed to pass the proposed amendment.

#### **Article X. Agenda**

An agenda will be published by the OEMS and provided to the Advisory Board members for all Advisory Board meetings.

#### **Article XI. Conflict of Interest**

All members of the Advisory Board and its committees are required to adhere to the laws of the Commonwealth of Virginia regarding conflicts of interest that are detailed in § 2.2-3100 et seq. of the *Code of Virginia*.

**Article XII. Virginia Freedom of Information Act**

All members of the Advisory Board and its committees are required to adhere to the laws of the Commonwealth of Virginia regarding the Virginia Freedom of Information Act that are detailed in § 2.2-3700 et seq. of the *Code of Virginia*.

These bylaws shall become effective on November 7, 2018

Approved by the Advisory Board \_\_\_\_\_  
Chair—DATE

November 7, 2018