

Virginia Department of Health
Office of Emergency Medical Services



Quarterly Report to the
State EMS Advisory Board

May 14, 2010

Executive Management, Administration & Finance

**Office of Emergency Medical Services
Report to The
State EMS Advisory Board
May 14, 2010**

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.

<u>I. Executive Management, Administration & Finance</u>

a) 2010-2012 Biennium Proposed Final Budget Language for Appropriations Act as Reenrolled

Department of Health (601)

281.	Emergency Medical Services (40200)	38,952,511	38,952,511
	Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203)	32,560,051	32,560,051
	State Office of Emergency Medical Services (40204)	6,392,460	6,392,460
Fund	Special		
Sources:		20,548,274	20,548,274
	Dedicated Special Revenue	17,998,654	17,998,654
	Federal Trust	405,583	405,583

Authority: §§ 32.1-111.1 through 32.1-111.16, 32.1-116.1 through 32.1-116.3, and 46.2-694 A 13, Code of Virginia.

A. Out of this appropriation, \$25,000 the first year and \$25,000 the second year from special funds shall be provided to the Department of State Police for administration of criminal history record information for local volunteer fire and rescue squad personnel (pursuant to § 19.2-389 A 11, Code of Virginia).

B. Distributions made under § 46.2-694 A 13 b (iii), Code of Virginia, shall be made only to nonprofit emergency medical services organizations.

C. Out of this appropriation, \$1,045,375 the first year and \$1,045,375 the second year from the Virginia Rescue Squad Assistance Fund and \$2,052,723 the first year and \$2,052,723 the second year from the special emergency medical services fund shall be provided to the Department of State Police for aviation (med-flight) operations.

D. 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. As sources are identified, the commissioner shall work with any federal and state agencies and the Trauma System Oversight and Management Committee to assist in securing additional funding for the trauma system.

E. Notwithstanding any other provision of law or regulation, the Board of Health shall not modify the geographic or designated service areas of designated regional emergency medical services councils in effect on January 1, 2008, or make such modifications a criterion in approving or renewing applications for such designation or receiving and disbursing state funds.

Item 3-6.03 #1c

Adjustments And Modifications To Fees

Annual Vehicle Registration Fee (\$4.25 for Life)

Language:

Page 381, after line 51, insert:

"Notwithstanding § 46.2-694 paragraph 13 of the Code of Virginia, the additional fee that shall be charged and collected at the time of registration of each pickup or panel truck and each motor vehicle shall be \$6.25."

Explanation:

(This amendment increases the annual vehicle registration fee known as "\$4 for Life" from \$4.25 to \$6.25. The additional \$2.00 fee is expected to generate \$12.6 million annually. A separate amendment to Item 281 (Emergency Medical Services) transfers \$2.1 million of the fee increase to the Department of State Police for med-flight operations. A companion amendment to Item 3-1.01 (Interfund Transfers) transfers \$10.5 million each year to the general fund during the 2010-12 biennium.)

Item 3-6.03 #2c

Adjustments And Modifications To Fees

Drivers License Reinstatement Fee

Language:

Page 381, after line 51, insert:

"Notwithstanding § 18.2-270.01 of the Code of Virginia, the drivers license reinstatement fee payable to the Trauma Center Fund shall be \$100."

Explanation:

(This amendment increases the drivers license reinstatement fee from \$50 to \$100 for persons convicted of a second or subsequent violation of the DUI statutes within 10 years of the date of the current offense. The additional fee revenue of \$9.0 million will be deposited into the Trauma Center Fund to reimburse trauma centers for the cost of providing emergency medical care to victims of automobile accidents. An amendment to Item 3-1.01 (Interfund Transfers) transfers \$6.6 million each year to the general fund during the 2010-12 biennium. The remaining portion estimated at \$2.4 million each year will restore funding for 14 trauma centers that was reduced in the introduced budget. All of the additional fee revenue will be distributed to trauma centers beginning July 1, 2012.)

Department of Health (601)

288.	Financial Assistance to Community Human Services Organizations (49200)	14,107,030	13,167,793
	Payments to Human Services Organizations (49204)	14,107,030	13,167,793
Fund Sources:	General	14,107,030	13,167,793

Authority: §[32.1-2](#), Code of Virginia.

U. Out of this appropriation, \$500,000 the first year and \$500,000 the second year from the general fund shall be provided to fund the Poison Control Centers.

b) Revision of Bylaws and Committee Restructuring

Enclosed in **Appendix A** are the following documents for consideration by the State EMS Advisory Board:

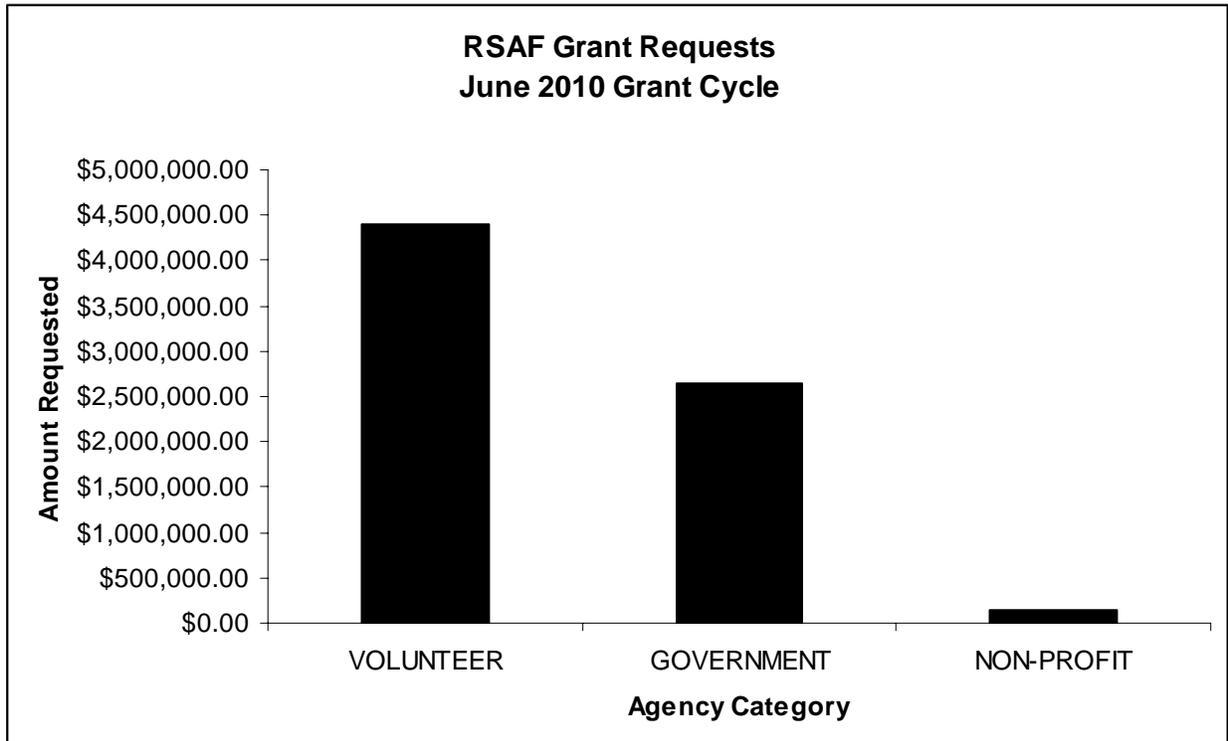
- Bylaws Committee Cover Letter
- Draft Bylaws without Track Changes
- Draft Bylaws with Track Changes
- Summary of Proposed Amendments to the Proposed Bylaws
- Proposed State EMS Advisory Board Committee Structure

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

The RSAF grant deadline for the Spring 2010 cycle was March 15, 2010, OEMS received 113 grant applications requesting \$7,203,196.00 in funding. The following agency categories are requesting funding for the Spring 2010 grant cycle:

- 75 Volunteer Agencies requesting \$4,397,917.00
- 33 Government Agencies requesting \$2,654,859.00
- 5 Non-Profit Agencies requesting \$150,420.00

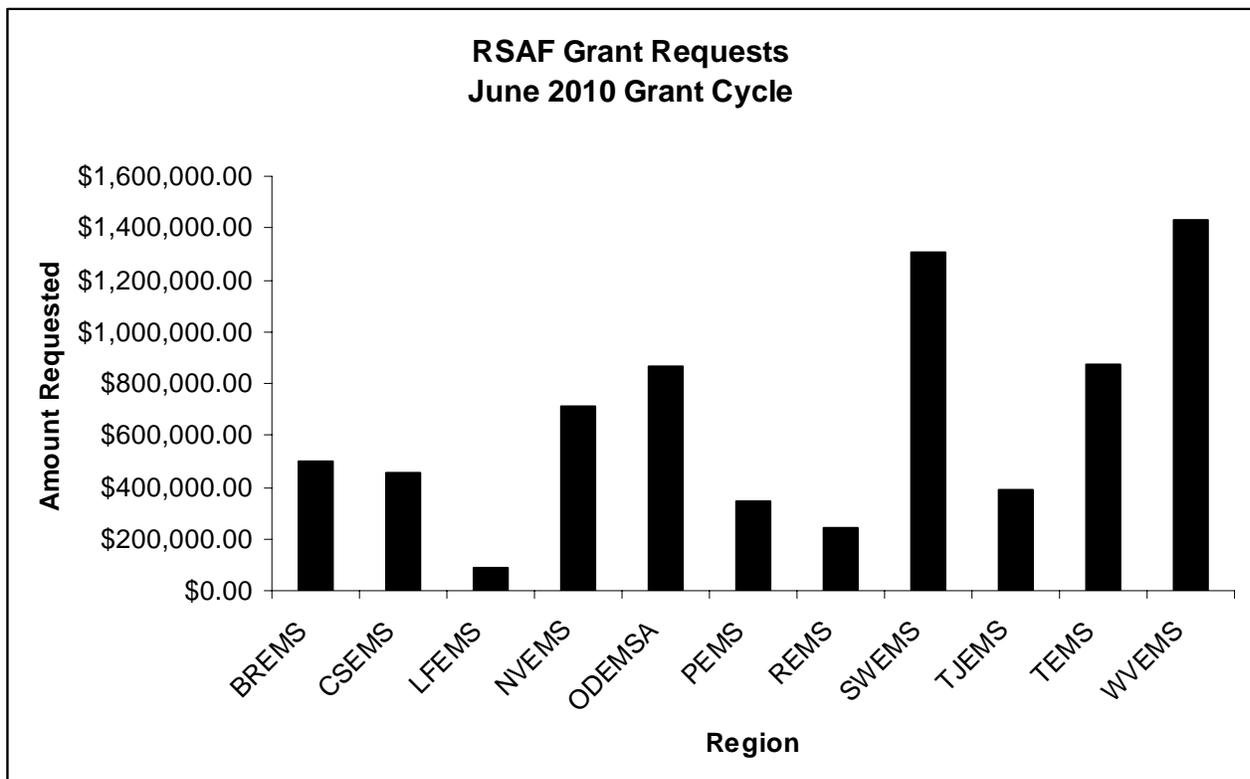
Table 1 – Requested Amount by Agency Category



The following regional areas are requesting funding in the following amounts:

- Blue Ridge EMS Council – 8 agencies requesting funding of \$495,576.00
- Central Shenandoah EMS Council – 10 agencies requesting funding of \$455,237.00
- Lord Fairfax EMS Council – 3 agencies requesting funding of \$85,828.00
- Northern Virginia EMS Council – 4 agencies requesting funding of \$710,892.00
- Old Dominion EMS Alliance – 19 agencies requesting funding of \$864,814.00
- Peninsulas EMS Council – 9 agencies requesting funding of \$344,529.00
- Rappahannock EMS Council – 6 agencies requesting funding of \$241,143.00
- Southwestern Virginia EMS Council – 18 agencies requesting funding of \$1,309,255.00
- Thomas Jefferson EMS Council – 3 agencies requesting funding of \$387,082.00
- Tidewater EMS Council – 10 agencies requesting funding of \$875,963.00
- Western Virginia EMS Council – 22 agencies requesting funding of \$1,431,512.00
- Non-Affiliated Agencies – 1 agency requesting funding of \$1,365.00

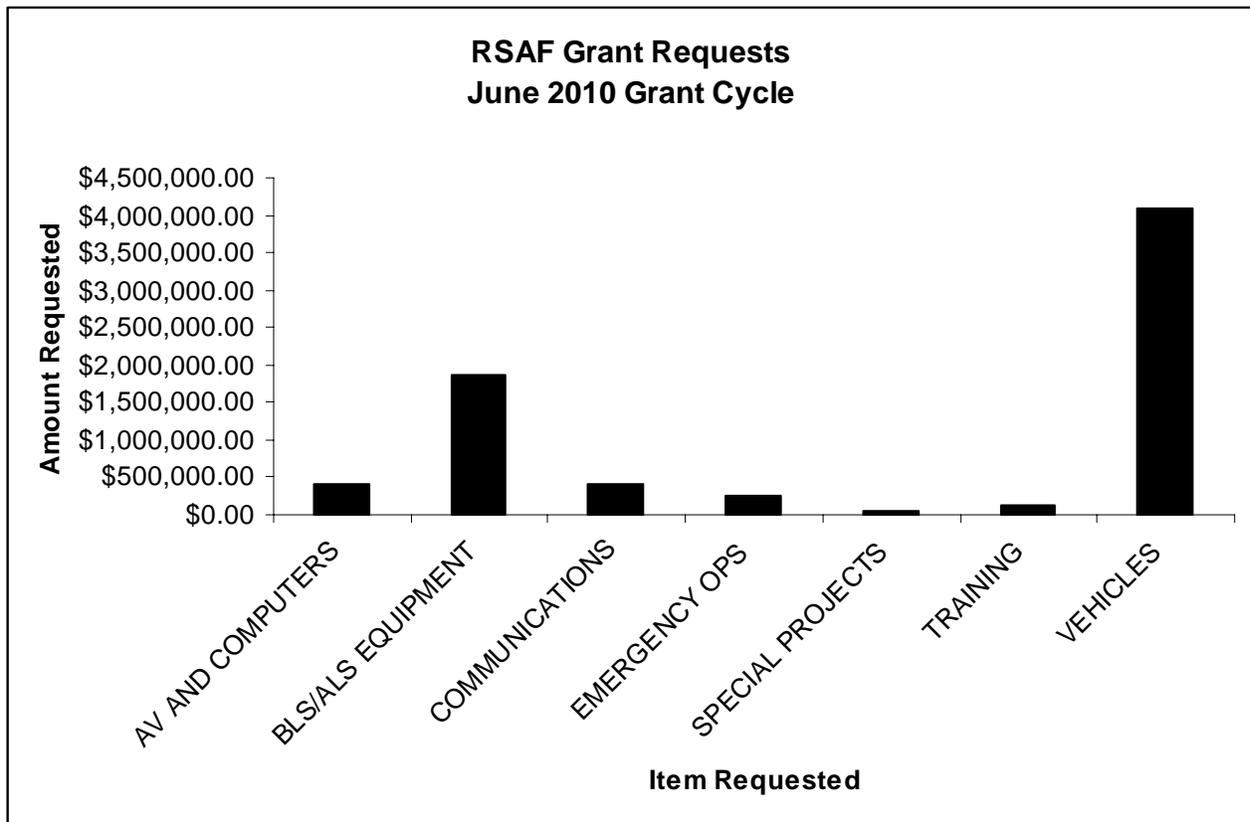
Figure 2: Requested Amount by Region



RSAF Grants requested from EMS agencies by item categories were as follows:

- Audio Visual and Computers - \$411,468.00
 - Includes projectors, computers, toughbooks, mounting equipment and other audio visual equipment.
- Basic and Advanced Life Support Equipment - \$1,867,726.00
 - Includes any medical care equipment for sustaining life, including defibrillation, airway management, and supplies.
- Communications - \$398,876.00
 - Includes items for EMS dispatching, Emergency Medical Dispatch (EMD), mobile/portable radios, pagers, and other communications system technology.
- Emergency Operations - \$255,121.00
 - Includes items such as Mass Casualty Incident (MCI) trailers and equipment, Disaster Medical Assistance Team (DMAT) equipment, extrication equipment, and Health and Medical Emergency Response Team (HMERT) vehicles and equipment. The Emergency Operations category also includes any other equipment or items needed in order to rapidly mobilize and dispatch help in emergency situations.
- Special Projects - \$62,610.00
 - Includes projects such as Recruitment and Retention, Management and Leadership, Medication Kits, Special Events Material and other innovative programs.
- Training - \$125,337.00
 - 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 - \$4,082,057.00
 - Includes ambulances, quick response vehicles, all-terrain vehicles, crash/rescue trucks and tow vehicles.

Figure 2: Requested Amount by Item



The next RSAF Grant cycle will open August 1, 2010 and close September 15, 2010. The Spring 2010 grant cycle will be awarded on July 1, 2010.

Other Grant Programs

Department of Homeland Security (DHS), Emergency Medical Services Registry (EMSR) Grant Program, known as the Virginia Pre Hospital Information Bridge (VPHIB)

OEMS continues to work with awarded localities and process payments for invoices that have been submitted. OEMS has processed all payments that were awarded by OEMS in the amount of \$1,044,228.00 for a difference of \$69,022.00. The Virginia Department of Emergency Management (VDEM) has processed payments in the amount of \$2,166,371.00, however there are funds remaining to be reimbursed in the amount of \$622,229.00. There are eighteen localities remaining that must request reimbursement before June 30, 2010 or their funding will be forfeited. OEMS has contacted these organizations.

Overall, OEMS has provided \$4,275,215.00 in funding to 129 localities (340 agencies) a total amount of 1,182 ToughBooks through DHS, OEMS and RSAF funding. **See Appendix B.**

2010 Department of Homeland Security (DHS) Grant Application

OEMS submitted a grant application to VDEM on April 7, 2010 for the 2010 State Homeland Security Grant Program (SHSGP) for funding in the amount of \$1,565,650.00 for the Virginia

Emergency Medical Services Interoperable Communications (VEMSIC) Project. This project will provide portable radios, vehicle chargers, mounting kits for vehicular installation and speaker microphones for each licensed patient-transport vehicle for EMS agencies recognized by OEMS as a designated emergency response agency (DERA) as defined by the Virginia Administrative Code 12 VAC 5-31-370. This project will be distributed to the local agencies through OEMS by a competitive grant process in order to provide the localities with voice capability that is used daily for basic operability and during major incidents. The voice capability will increase response capabilities for EMS agencies and offer resources to increase patient care. The increased communication between agencies will aid in patient tracking, resource allocation and overall daily issues that may arise, offering an imperative resource during a major event.

Personal Protective Equipment (PPE) Grant Program

OEMS awarded 58 localities funding through the Financial Assistance for Emergency Medical Services (FAEMS) Grant Program in the amount of \$437,160.00 to purchase molded surgical masks to be used during a state-declared pandemic event. The awarded localities were able to purchase the appropriate molded surgical mask or a higher level of protection mask. See Appendix B.

d) State Board of Health

Office of EMS staff presented two action items to the State Board of Health on Friday, April 23, 2010:

1. Based on the designation requirements as stipulated in § 32.1-111.11, *Code of Virginia* and language in Part VII of the Regulations Governing Emergency Medical Services – Designated Regional EMS Councils, and following the designation process including Site Team visits to each of the eleven councils; OEMS staff recommendations for designation of the current eleven (11) Regional EMS Councils was unanimously approved by the State Board of Health.
2. Based on § 32.1-111.3, *Code of Virginia* Statewide Emergency Medical Care System, paragraph C, The Board of Health shall also develop and maintain as a component of the Emergency Medical Services Plan a statewide prehospital and interhospital Stroke Triage Plan; the State Board of Health unanimously approved the State Stroke Triage Plan that was approved by the State EMS Advisory Board on February 12, 2010.

e) Upcoming Changes to the Line of Duty Act Fund

On April 12, 2010 representatives from the Office of EMS, Virginia Department of Fire Programs and the Virginia State Police met with Ms. Connie Jones, Line of Duty Coordinator, Finance and Administration, Virginia Department of Accounts. The purpose of the meeting was to discuss the impact of an amendment to the Budget (Item 258 #1c) that transitions the funding for the Line of Duty Death benefits to “participating employers” which has previously been funded with a direct General Fund appropriation within the Department of Accounts Transfer Payments (162).

In future years, funding for the Line of Duty benefit (for death, presumptive disability, etc.) will be based on premiums charged to state agencies and localities based on the number of employees who would be potentially eligible to receive benefits under the program. Funding for benefits paid out in FY 2011 will be from cash borrowed from the Virginia Retirement System (VRS) group life program. The Fund shall reimburse the Retirement System for all reasonable costs incurred and associated, directly and indirectly, with the administration, management and investment of the Fund.

Beginning in FY 2012, premiums collected from “participating employers” will be utilized to fund Line of Duty benefits. For purposes of establishing employer contribution contributions, a member of any **fire company or department or rescue squad** that has been recognized by an ordinance or a resolution of the governing body of any county, city, or town of the Commonwealth as an integral part of the official safety program of such county, city, or town shall be considered part of the city, county, or town served by the company, department or rescue squad. If a company, department, or rescue squad serves more than one city, county, or town, the affected cities, counties, or towns shall determine the basis and apportionment of the required covered payroll and contributions for each department, company, or rescue squad.

On or before July 1, 2011, political subdivisions with covered employees will have the opportunity to elect to be deemed a “non-participating employer” fully responsible for self-funding all benefits relating to its past and present covered employees under the Line of Duty Act from its own funds, including any responsibility apportioned to it for members of any fire company or department or rescue squad recognized by ordinance or resolution as an integral part of their official safety program. Non-participating employers shall continue to be subject to the provisions set forth in the Line of Duty Act.

Representatives from OEMS, VDFP, VSP and DOA will be developing information and materials to educate emergency service personnel and political subdivisions about these changes and to increase their awareness and understanding of requirements and eligible benefits available through the Line of Duty Act Fund.

For additional information about the Line of Duty Act, please visit the Department of Accounts Web site at:

http://www.doa.virginia.gov/Admin_Services/Line_of_Duty/Line_of_Duty_Main.cfm
or contact Ms. Connie Jones, Line of Duty Coordinator at connie.jones@doa.virginia.gov or by telephone at (804) 786-1856.

For additional information about the budget amendment related to the change in funding method for the Line of Duty benefit, see **APPENDIX C** or visit the Virginia Legislative Services Web site at: <http://leg1.state.va.us/cgi-bin/legp504.exe?101+bud+21-258+pdf>

EMS on the National Scene

II. EMS On the National Scene

a) Comments Sought on NEMSIS Version 3

The NEMSIS Version 3 Final Draft is now available for download and review. This is the second of 3 draft documents leading to a final Version 3 dataset in May of 2010. During this same time period the NEMSIS dataset is migrating into the HL7 based standards with a goal of formal HL7 balloting and approval ending in 2012. The goal of this draft release is to allow all NEMSIS users, EMS experts, and interested parties to review the dataset and provide comments and/or suggestions through the NEMSIS website at www.NEMSIS.org. To focus this review, the draft 2 document has been consolidated to provide only the key information relative to data collect data collection and application. Software related business logic/rules, XML structure, data element value codes, and Version 2 to 3 translational mapping is not included in this public comment. A separate public comment period will be provided for the business logic and XML structure components of NEMSIS Version 3 in the 2nd quarter of 2010. The first few pages of the NEMSIS Version 3 Draft provide an overview and summary of the document. Additional content will be provided over the next week to better describe the changes between Version 2 and Version 3. For additional information, please go to:

<http://www.nemsis.org/support/version3Info.html>.

• To view the Final Draft of the NEMSIS Version 3 Dataset go to:

<http://www.nemsis.org/media/pdf/NEMSISV3Draft2.pdf>.

• To view the Final Draft of proposed NEMSIS Version 3 National and State Performance Measures go to: <http://www.nemsis.org/media/pdf/NEMSISV3PerfMeasures.pdf>.

• To view the NEMSIS Version 2 to Version 3 Change Summary Document go to:

<http://www.nemsis.org/media/pdf/NEMSISV3SectionChangeSummary.pdf>.

b) Counterterrorism and Emergency Response Catalog Available from GPO

The U.S. Government Printing Office (GPO) recently published a catalog of its counterterrorism and emergency response publications for the use of law enforcement and first responder personnel nationwide. To make this resource more readily available, this catalog can now be found on the GPO Web site at: <http://bookstore.gpo.gov/collections/tswg.jsp>. Just click on the catalog cover to find this key tool in the fight against terrorism. “*Focus on Counterterrorism, Emergency Response, and Law Enforcement Publications*” features books on chemical and biological threats, forensics, and intelligence, as well as a special section on counterterrorism publications from the Federal Government’s Technical Support Working Group (TSWG). TSWG publications are available only from the U. S. Government Printing Office. All of these publications are designed specifically for the law enforcement and emergency preparedness communities.

c) NIOSH Offers Resources for Emergency Responders

As emergency responders are deployed to find survivors, save lives, and speed relief aid to earthquake-devastated Haiti, it is imperative to protect them from work-related injury and illness in the line of duty. NIOSH highlights its emergency response resources for search and rescue teams, fire fighters, and other responders at: <http://www.cdc.gov/niosh/topics/emres/>

d) Free Respirator Training Videos Available

NIOSH and OSHA have produced two 5-minute videos on respirator training: The Difference Between Respirators and Surgical Masks and Respirator Safety, which includes instructions on donning (putting on) and doffing (taking off) and user seal checks.

These videos are available in both English and Spanish and are available for download at: <http://www.osha.gov/SLTC/respiratoryprotection/index.html>.

In related news, NIOSH Publication No. 2010-131: How to Properly Put on and Take off a Disposable Respirator go to: <http://www.cdc.gov/niosh/docs/2010-131/>.

e) EMSC Announces Changes to Pediatric Equipment List

The EMSC Program has updated an item on the Recommended Pediatric Equipment list for BLS and ALS ambulances. After a survey and lengthy discussion among experts, States and Territories will now be allowed to carry UNCUFFED AND/OR CUFFED Endotracheal (ET) Tubes for sizes 2.5 to 8.0. This change affects EMSC Performance Measure 73, which requires that all States and Territories have essential pediatric equipment and supplies as outlined in national guidelines. Grantees should have recently received an electronic copy of the updated equipment list via email. A hard copy of the document, intended for inclusion in implementation manuals, has also been distributed by mail. For more information go to:

http://www.childrensnational.org/files/PDF/EMSC/ForGrantees/Equipment_Checklist_for_PMs.pdf

f) FDA Announces Voluntary Recall of Cardiac Science Automated External Defibrillators

Cardiac Science Corporation and FDA notified healthcare professionals and consumers of a recall because the automated external defibrillator (AED) may not be able to deliver therapy during a cardiac resuscitation attempt, which may lead to serious adverse events or death. These AEDs were manufactured in a way that makes them potentially susceptible to failure under certain conditions. Each of the approximately 12,200 devices affected in this recall can be confirmed at the Cardiac Science Web site, www.cardiacscience.com/AED195. The affected AEDs were manufactured or serviced between October 19, 2009 and January 15, 2010 and include the following models - Powerheart 9300A, 9300E, 9300P, 9390A, 9390E, CardioVive 92532 and CardioLife 9200G and 9231. Each affected AED should immediately be removed from service since it may not deliver the expected therapy.

This issue is separate from the Company's November 13 announcement regarding a voluntary medical device correction. Each of the approximately 12,200 devices affected in this recall can

be confirmed at the Cardiac Science Web site at <http://www.cardiacscience.com/AED1951>. Cardiac Science detected this issue through its internal quality systems and has received no complaints or reports of this problem in the field.

g) WARNING to EMS First Responders: Self-Inflicted Hydrogen Sulfide Suicides on the Rise

Several apparent suicide deaths related to mixing common household chemicals have been reported by local media in the past year. This alarming news follows on the heels of 517 suicide deaths reported in Japan throughout 2008 attributed to inhaling hydrogen sulfide gas created by mixing household detergents. In 2009, one incident in San Jose, CA resulted in a hazardous materials lockdown of the hospital, diversion of incoming ambulances, and decontamination of nearly 100 persons that included rescuers. Ad hoc internet sites are felt to be responsible for disseminating harmful information related to mixing chemical products for this purpose. While there is no cause for widespread panic, symptoms can mimic carbon monoxide poisoning and EMS responders are encouraged to approach any closed, suspicious vehicle with extreme caution. An excellent and valuable training session for EMS responders is available at https://www.responsetechnologies.com/SCFD/H2S_suicide/player.html. NASEMSO sincerely thanks the Sarasota County Fire Dept for access to this link.

h) EMS Performance Measures Project Provides Final Report

The EMS Performance Measures Project, begun in 2002 and concluded in 2007, gives the Nation's EMS community an additional tool to gauge and report various aspects of an EMS system including the environment in which EMS responds, the performance of emergency medical service (EMS) agencies, and the overall performance of local systems. The EMS Performance Measures Project was coordinated by the National Association of State EMS Officials (NASEMSO) in partnership with the National Association of EMS Physicians (NAEMSP), and supported by the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA). The EMS Performance Measures Project seeks to create a set of 20 to 30 EMS system performance indicators and attributes that can begin to be used to better explain our discipline to the outside world, including those who use and/or fund EMS services. This is simply the beginning of an effort to establish national standards for such measures so that those using them will be able to compare their system's performance with other systems. It is expected that more indicators will be added to this set in the future. To download, go to <http://www.nasemso.org/Projects/PerformanceMeasures/>.

i) PSHSB Launches New Web Site

The Federal Communications Commission's Public Safety and Homeland Security Bureau launched a new web page: Broadband and Public Safety and Homeland Security to better ensure that the public safety community, the general public, government agencies and communications providers have access to the latest news and information on the FCC's efforts to implement the National Broadband Plan for public safety. The implementation of the plan will include initiatives to bring interoperable communications to America's first responders through the creation of a nationwide wireless broadband network and new cyber security reporting and monitoring programs; as well as Next Generation 9-1-1 services; emergency alerts and warnings through a variety of outlets (including via television and radio broadcasts (Emergency Alert System), wireless hand-held devices, such as cell phones and the Internet) and much more. The

web page includes access to the latest press releases, public notices, field hearings, and presentations. To access these pages, please visit: <http://www.fcc.gov/pshs/broadband.html>.

j) IOM Medical Surge Capacity Workshop Summary Now Available

The IOM's Forum on Medical and Public Health Preparedness for Catastrophic Events held a workshop June 10-11, 2009, to assess the capability of and tools available to federal, state, and local governments to respond to a medical surge. In addition, participants discussed strategies for the public and private sectors to improve preparedness for such a surge. The workshop brought together leaders in the medical and public health preparedness fields, including policy makers from federal agencies and state and local public health departments; providers from the health care community; and health care and hospital administrators. A new document summarizes the workshop. For more information go to: <http://www.iom.edu/Reports/2010/Medical-Surge-Capacity-Workshop-Summary.aspx>

k) EMS Safety Foundation November Webinar Recording and Handout Links Now Available

An archive of the EMS Safety Foundation November 2009 Webinar - "Key Lessons from the Workshop and the Summit, and EMS Safety Foundation Developments for 2009-2010" is now available. Given the importance of the information in this Webinar to the broader EMS community, there is now public access to this recording and handout from the www.ObjectiveSafety.net (TRB 2009 link) and the www.EMSafetyFoundation.org websites.

l) North Carolina EMSC Releases Emergency Care Guidelines for Schools

The North Carolina EMSC program has released North Carolina Emergency Care Guidelines for Schools, a comprehensive resource for school staff and school nurses on what to do when a student has a medical emergency. Developed in partnership with the North Carolina Division of Public Health, this resource provides guidance on more than 50 medical conditions, and includes a section on school safety planning and emergency preparedness. Copies of the resource are being distributed to 2,800 schools in the state. Please go to: <http://www.ncdhs.gov/dhsr/EMS/pdf/kids/guidelines.pdf>

m) James Page Collection Launches at UCLA Library

The James O. Page Charitable Foundation and the University of California Los Angeles (UCLA) have announced the launch of a special collection dedicated to the archives of Jim Page, including original articles, correspondence, speeches, audio tapes and even a video of the last lecture he gave. Page is credited as the father of modern EMS and was founding publisher of JEMS, the Journal of Emergency Medical Services. An attorney and fire chief, he was known for his insightful writing, speeches and love of EMS history. He died from sudden cardiac arrest in 2004. The Collection is physically housed at the Louise M. Darling Biomedical Library at UCLA and can be accessed by the public by making an appointment. The Collection's website can be accessed at <http://www.jamesopage.org>. The website makes dozens of articles and various multi-media materials available as well as information about the library's location, hours and contact points. The Collection was endowed by the James O. Page Charitable Foundation through a grant from the Physio-Control Corporation, and through the contributions of individuals and

organizations. The James O. Page Collection is produced in collaboration with the James O. Page Charitable Foundation.

n) Bill Introduced to Reallocate D Block to Public Safety

In its national broadband plan, the FCC recommended that the D Block be auctioned and that Congress provide \$12 billion to \$16 billion in funding for a public-safety network on the PSST spectrum. Public-safety users would be given priority access when roaming on commercial networks in the 700 MHz band under the plan, but many first-responder representatives have reservations whether that approach will be reliable enough for mission-critical communications. Instead, all major national public-safety organizations have supported D Block reallocation for public safety, noting that having 20 MHz of spectrum would greatly reduce the need for roaming onto commercial networks and would give first-responder agencies greater flexibility to pursue partnerships with other governmental and critical-infrastructure entities. As a first step to achieve that goal, HR 5081, the Broadband for First Responders Act of 2010, was introduced by Rep. Peter King (NY). It has been referred to the House Committee on Energy and Commerce. Go to: <http://thomas.loc.gov/cgi-bin/query/z?c111:H.R.5081>:

o) NAEMT Publishes Position Statement on EMS Medical Direction

In a new position statement, the National Association of Emergency Medical Technicians (NAEMT) states that medical direction is an essential component of an effective EMS system in order to ensure that patient care is administered with appropriate clinical oversight using medically accepted standards. All EMS systems, regardless of their delivery model, should operate with medical direction and oversight from an EMS physician. To view the full position statement, please go to the NAEMT Positions page in the Advocacy section of www.naemt.org.

p) IOM Releases Workshop Summary on Regionalizing Emergency Care

In 2006, the IOM recommended that the federal government implement a regionalized emergency care system to improve cooperation and overcome these challenges. In a regionalized system, local hospitals and EMS providers would coordinate their efforts so that patients would be brought to hospitals based on the hospitals' capacity and expertise to best meet patients' needs. In September 2009, three years after making these recommendations, the IOM held a workshop sponsored by the federal Emergency Care Coordination Center to assess the nation's progress toward regionalizing emergency care. The workshop brought together policymakers and stakeholders, including nurses, EMS personnel, hospital administrators, and others involved in emergency care. Participants identified successes and shortcomings in previous regionalization efforts; examined the many factors involved in successfully implementing regionalization; and discussed future challenges to regionalizing emergency care. This document summarizes the workshop. For more information go to: <http://www.iom.edu/Reports/2010/Regionalizing-Emergency-Care-Workshop-Summary.aspx>

q) ECCC Announces Availability of Regionalization Grants

The Emergency Care Coordination Center (ECCC) is promoting Federal efforts to implement the Institute of Medicine's Future of Emergency Care in the United State Health System (2006) recommendation to develop regionalized, accountable systems of emergency care. The ECCC now seeks to fund four projects to acquire more detailed information, data to support best practices about regionalization of emergency care in four component areas that were identified through the IOM workshop and national stakeholders meeting which helped to identify major issues, trends, and areas where additional information would be constructive. The deadline for applications is May 11, 2010. The four component areas are:

- Current Practices for Delivery of Regionalized Emergency Care in Time-Sensitive Clinical Conditions
- Regionalized Emergency Care Information Management
- Patient Mobility
- Comparative Effectiveness of Regionalized Emergency Medical Care Models

National Association of State EMS Officials (NASEMSO)

Note: The Virginia Office of EMS is an active participant in the NASEMSO and has leadership roles in each NASEMSO Council

r) NASEMSO Quick Reference Provides List of Helpful Links

To facilitate the ease of identifying and locating resources that support Education Agenda implementation, NASEMSO has created a quick reference with links where interested persons can click and download specific resource documents. The following link will connects you to the document:

<http://www.nasemso.org/EMSEducationImplementationPlanning/documents/WhereCanIFind.pdf>

s) NASEMSO Supports Passage of H.R. 2024

NASEMSO joins the American Association of State Highway and Transportation Officials (AASHTO) in support of H.R. 2024, "Commercial Motor Vehicle Advanced Safety Technology Tax Act of 2009," which would provide tax incentives for installation of available technology to prevent or mitigate what a 2006 NHTSA/Federal Motor Carrier Safety Administration study found were the leading causes of crashes involving large trucks. The device types that would qualify the trucking firms for tax breaks align with the study findings and prevent crashes related to brake failures, lane departure, rollovers, and colliding with cars in front of them. NASEMSO's interest is in safer trucks, fewer crashes, and more widespread market availability and affordability of such devices so that they become mainstream considerations for ambulances and heavy emergency response vehicles.

t) NASEMSO Joins SCCA and NAEMT in New Resource That Addresses School Sports

Saving Lives in Schools and Sports is a new publication that encourages school and athletic league administrators to install AEDs and develop SCA emergency plans.

To see **Saving Lives in Schools and Sports Booklet (PDF)** go to:
http://209.235.212.198/content/publications/scaa_saving_lives.pdf.

You can also order printed booklets by going to:
http://209.235.212.198/content/documents/slisas_order_form.pdf

u) Two New NASEMSO Position Statements on State EMS Medical Direction Now Available

NASEMSO has updated two position statements on EMS medical direction: “The Role of State Medical Direction in the Comprehensive Emergency Medical Services System: A Resource Document” and “The Role of the State EMS Medical Director: A Joint Statement by the American College of Emergency Physicians (ACEP), the National Association of EMS Physicians (NAEMSP), and the National Association of State EMS Officials (NASEMSO).” Significant input went into creating and updating these documents. They are now available at <http://www.nasemso.org/Councils/MedicalDirectors/>.

v) IEMTG Adopts NASEMSO Recommendations for Wildland Fire Incidents

After years of hard work and effort put forth by representatives from NWCG member agencies, the National Association of EMS Officials (NASEMSO), the National Association of EMS Physicians (NAEMSP), numerous outside organizations, and from individual medical unit leaders, the “*Interim NWCG Minimum Standards for Medical Units*” have been published. This document reflects a national approach focused on providing a coordinated, uniformed, and comprehensive delivery of emergency medical services (EMS) and occupational health on Federal wild land fires in the United States of America.

The *Interim NWCG Minimum Standards for Medical Units* is designed to be utilized as a baseline or minimum expectations for EMS personnel and services associated with Federal wild land fire incidents. **The IEMTG recognizes the *National EMS Scope of Practice Model* as the baseline standard for emergency medical service providers.** A key component of the minimum standards addresses the recognition of local, state, federal, and tribal jurisdictional authorities and the integration of medical services. The minimum standards seek to ensure that incident personnel receive quality, timely medical care on wild land fire incidents, which often occur in remote areas. To download related documents go to:

<http://www.nwcg.gov/branches/pre/rmc/iemtg/policy-guides.html>

w) NASEMSO Council Changes Name to Reflect Expanded Pediatric Focus

The NASEMSO Executive Committee recently approved a request to change the name of the EMSC Council to the “Pediatric Emergency Care Council.” The change is intended to more accurately reflect the scope of state programs which include EMS for Children as well as expanded functions in Injury Prevention, Pediatric Data, Pediatric Education/Training, Disaster

Preparedness, Family-Centered Care, and Trauma. Several working groups were recently established to address these focus areas.

x) NASEMSO Endorses Highway Safety Reauthorization

NASEMSO has joined several national organizations in signing onto a letter from the State Highway Safety Alliance to U.S. Senator James Inhofe in support of the following recommendations for the highway safety portions of the next surface transportation reauthorization legislation:

- A national highway safety goal of halving fatalities by 2030 with state targets that support the national goal.
- Increased safety funding to enable states to reach that goal.
- Streamlined program administration and enhanced flexibility to focus federal resources where they are most needed.
- A strengthened strategic highway safety planning process to ensure that states reach their targets.
- Enhanced data collection and analysis so that problems can be identified and progress tracked.
- Increased investment in safety research and development so that states can implement evidence-based programs.
- Better preparation of the highway safety workforce in order to develop a cadre of safety professionals.
- Incentives which will encourage states to improve as opposed to more sanctions.

Educational Development

III. Educational Development

Committees

- A. **The Professional Development Committee (PDC):** The committee met on April 7, 2010.
1. Information Items:
 - a. Nick Klimenko will replace Billy Altman on the Patient Care Guidelines Workgroup.
 - b. PDC recommended holding no additional ALS-Coordinator Seminars after the one scheduled in July 2010. The proposed EMS Regulations will transition ALS-Coordinators to EMS Education Coordinators.
 - c. A special call meeting is scheduled for Wednesday, May 19, 2010 to discuss several items that were tabled during the meeting.
 2. Two (2) action items were forwarded to the EMS Advisory Board for approval.
 - a. *DED Proposal for Implementation of the Virginia EMS Education Standards (VEMSES)* (see **APPENDIX D** Intermediate draft standards)
 - b. *DED Proposal for Transition to Education Coordinator Certification* (See **APPENDIX E** EMS Education Coordinator)

Copies of past minutes are available on the Office of EMS Web page at:
<http://www.vdh.virginia.gov/OEMS/Training/Committees.htm>

- B. **The Medical Direction Committee (MDC)** met on April 8, 2010.
1. The Medical Direction Committee did not have a quorum present but utilized the meeting to discuss several upcoming professional development agenda items.
 2. The next meeting of MDC is scheduled for July 8, 2010.

Copies of past minutes are available from the Office of EMS web page at:
<http://www.vdh.virginia.gov/OEMS/Training/Committees.asp>

Advanced Life Support Programs

- A. An ALS-Coordinator's Meeting is scheduled to be held on Friday, July 9, 2010 at Jefferson College of Health Sciences in Roanoke.
- B. An ALS-Coordinator's Seminar (Administrative Program) will be held in July in the Richmond area. The exact location and date will be determined soon.

Basic Life Support Program

A. Instructor Institutes

1. The Office resumed the Written Instructor Pretest on February 15, 2010. It is based on the National EMS Education Standards and Virginia Practice Analysis. To date at least 23 people have attempted the exam and we have a 25% pass rate.
2. The next Instructor Practical Exam was scheduled for early May in the Richmond area. Twenty-four people were eligible for the exam.
3. The next Institute is scheduled for June 12-16, 2010 in conjunction with the VAVRS Rescue College in Blacksburg, VA.

B. EMS Providers interested in becoming an Instructor or the process towards becoming an Education Coordinator in the future please contact Greg Neiman, BLS Training Specialist by e-mail at Gregory.Neiman@vdh.virginia.gov

C. EMS Instructor Updates:

1. As a result of the current budget deficit, the Division of Educational Development has implemented monthly online Instructor Updates. OEMS held successful updates in April and May. In order to ensure Instructors actually participate in the Webinar, they must successfully pass a quiz after completing the update in order to gain credit for attending. The schedule of future updates can be found on the Web at http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm
2. DED has also scheduled a few in-person updates for 2009-2010. The next in-person update is being held in conjunction with the VAVRS Rescue College in Blacksburg on June 12, 2010.

EMS Training Funds

Statistics for the program for FY09 through April 27, 2010 are listed below:

	Commit \$	Payment \$	Balance \$
Fiscal Year 2009	\$3,062,958.50	\$1,536,077.29	\$1,526,881.21
BLS Initial Course Funding	\$786,397.00	\$550,115.32	\$236,281.68
BLS CE Course Funding	\$113,400.00	\$61,976.27	\$51,423.73
ALS CE Course Funding	\$304,920.00	\$102,606.50	\$202,313.50
BLS Auxiliary Program	\$76,000.00	\$19,520.00	\$56,480.00
ALS Auxiliary Program	\$836,000.00	\$184,222.25	\$651,777.75
ALS Initial Course Funding	\$946,241.50	\$617,636.95	\$328,604.55

Statistics for the program for FY10 through April 27, 2010 are listed below:

	Commit \$	Payment \$	Balance \$
Fiscal Year 2010	\$2,099,838.00	\$728,872.42	\$1,370,965.58
BLS Initial Course Funding	\$424,983.00	\$247,665.81	\$177,317.19
BLS CE Course Funding	\$64,680.00	\$29,923.00	\$34,757.00
ALS CE Course Funding	\$189,840.00	\$62,527.50	\$127,312.50
BLS Auxiliary Program	\$136,000.00	\$11,280.00	\$124,720.00
ALS Auxiliary Program	\$464,000.00	\$78,880.00	\$385,120.00
ALS Initial Course Funding	\$820,335.00	\$298,596.11	\$521,738.89

EMS Education Program Accreditation

- D. The accreditation program is starting to see a lot more activity now that we have reached the point where sites are beginning to go through reaccreditation.
1. Applications for reaccreditation of state EMT-Intermediate accreditation have been received by:
 - a) Central Shenandoah EMS Council – Visit scheduled for May.
 2. Initial Applications for Intermediate Programs - Applications for initial accreditation at the Intermediate level have been received by:
 - a) Ft. Lee Fire and Emergency Services – Visit scheduled for May.
 - b) Nick Klimenko and Associates, Inc. – Visit scheduled for May.
 3. Initial Applications for Paramedic Programs - Applications for initial accreditation at the Paramedic level have been received by:
 - a) Prince William County Fire-Rescue – In review.
- B. For more detailed information, please view the Accredited Site Directory found in **APPENDIX F** of this report.

On Line Continuing Education

OEMS initially started with 10 programs posted on TRAINVirginia. Today the course library has grown to 58 programs. There are over 10,000 Virginia EMS providers registered on TRAINVirginia. So far in FY10, OEMS has recorded over 10,550 course completions.

In addition, OEMS developed and instituted a process for third party vendors offering Web based continuing education to participate. The Office has approved four third party vendors: 24-7 EMS, CentreLearn, TargetSafety and HealthStreams. More than 475 OEMS approved online CE courses are currently offered through these vendors. A vigorous screening process assures the programs are of quality and allows for the electronic submission of continuing education to the OEMS technician database.

For more information, visit the OEMS Web page at:
<http://www.vdh.virginia.gov/OEMS/Training/WebBasedCE.htm>

EMSAT

- A. The Division of Educational Development is currently working with the staff of Rappahannock EMS Council and the Trauma Department at Mary Washington Hospital in Fredericksburg to produce an EMSAT program. This program, “TRAUMA: Which Path Will You Take?” is all about choices in patient care and how these choices can affect the call from first response to delivery at the emergency department.
- B. EMSAT programs for the next three months include:
 - 1. May 19, “TRAUMA: Which Path Will You Take?”
 - 2. June 16, “Non-Traumatic Chest Pain”
 - 3. July 21, “Infection Control Update 2010”
- C. EMSAT will celebrate its 20th birthday on June 16 of this year! The program will include bloopers and special guests!

Other Activities

- A. The EMS Advisory Board’s Patient Care Guidelines Workgroup met on April 21, 2010 in the OEMS office located at 1001 Technology Park Dr in Glen Allen. The minutes for that meeting can be found at:
<http://www.vdh.virginia.gov/OEMS/Training/Committees.htm>
- B. The EMS Advisory Board’s Formulary Workgroup met on April 27, 2010 in the OEMS office located at 1001 Technology Park Dr in Glen Allen. The minutes for that meeting can be found at:
<http://www.vdh.virginia.gov/OEMS/Training/Committees.htm>
- C. The Office continues to coordinate all the National Registry and Enhanced tests in Virginia. Visit the OEMS Web page for a schedule of test sites.
- D. As a reminder, OEMS has posted information on the Web site about the use of barcode scanners. The point of contact is Mr. Chad Blosser, who has been very instrumental in the development of the optical scanning process and implementing this program.
- E. DED staff have participated in the following activities:
 - 1. Distance Learning Committee –
 - 2. AHA – ECC Committee, Virginia Chapter
 - 3. Atlantic EMS Council
 - 4. Henrico Co. Fire Expo
 - 5. Autism Public Safety Workgroup

DED staff is working on the writing of BLS and ALS test questions based on the new EMS Education Standards as well as other pertinent documents to be utilized for future certification and recertification examinations.

Emergency Operations

IV. Emergency Operations

Operations

- **Division of Emergency Operations Move**

On the week of March 22-26, 2010 the Division of Emergency Operations participated in and assisted with the move of the Office of EMS from downtown Richmond to Technology Park Drive in Glen Allen Virginia. The Division staff assisted in the movement of their personal office items, as well as the packing and movement of equipment and supplies from other divisions. Assistance with the move continued for the weeks before and the weeks after as staff loaded and unloaded equipment, sorted through and marked equipment for surplus, and assisted in the unpacking of items once the move was complete.

As a part of the move, the Emergency Operations Planner, Winnie Pennington, incorporated a Continuity of Operations exercises to check the effectiveness and accuracy of the OEMS Continuity of Operations Plan. Winnie spoke at Division Manager's meeting on March 2 to brief them on Continuity of Operations Exercise. She then met with Gary, Scott and Dennis on finalizing Continuity of Operations Plan Exercise March 18. The Planner then completed development and the Office Continuity of Operation Exercise was held March 22-26 as a five day full scale exercise with the Assistant Office Director – Scott Winston as the Continuity Manager and the Office Manager – Dennis Molnar, as the Recovery Manager. During the exercise Winnie worked with the Operations Division to develop and exercise an alternate location annex for Office COOP Plan. Annex was exercised during full-scale COOP EX on March 24. At the conclusion of the exercise the Planner developed and presented a preliminary After Action Report for the exercise to the Division Managers on April 6. She also develop a questionnaire for Division Managers and other Office employees to allow them input into the final After Action which will be completed around the beginning of May and will be used by the COOP Committee to manage and improve the current plan.

- **Virginia 1 DMAT**

Frank Cheatham, HMERT Coordinator attended the Leadership Meeting and the regular membership meeting of Va-1 DMAT on February 16, 2010. Frank also attended the regularly scheduled meeting/orientation on March 16, 2010. The HMERT Coordinator attended a meeting of the Logistics Section of the DMAT Leadership on March 2, 2010.

- **Virginia Emergency Management Association Conference**

The Emergency Operations Assistant Manager, Emergency Planner, HMERT Coordinator, and Communications Coordinator attended Virginia Emergency Management Association Conference and March 31 and April 1, 2010. The Emergency Operations Planner and Communications Coordinator manned the OEMS booth on March 31 and April 1. The Emergency Operations Assistant Manager, HMERT Coordinator and Emergency Planner presented information about effects of the Nor'easter on the 2009 EMS Symposium on April 1, 2010.

- **H1N1 Activities**

Karen Owens, Emergency Operations Assistant Manager, continued to lead the OEMS response to H1N1. Final shipments of masks and fit testing supplies were made to agencies and councils.

- **Community Support**

The HMERT Coordinator continues to provide support to a local rescue squad attended planning meetings in support of a large scale event within the locality.

- **Pool Vehicles**

The HMERT Coordinator continues to monitor the pool vehicle program and make the adjustments as needed. The fuel receipt program is functioning well at this point but is constantly evaluated for any needed changes. All vehicles have been evaluated by the shop and plans are being developed for future needs.

- **Off-site Emergency Operations Center (EOC)**

The HMERT Coordinator has been working on procedures for the set-up of an off-site EOC. The Division of Emergency Operations used the OEMS move as an opportunity to exercise the functionality of the off-site EOC and make adjustments to procedures and guidelines for use.

- **Fire Department Instructors Conference**

Karen Owens and Frank Cheatham attended the Fire Department Instructors Conference April 19-25, 2010 in Indianapolis, Indiana. Karen taught a 4-hour workshop on Mass Casualty Incident Management and an hour and forty-five minute lecture on EMS Pre-planning. Frank taught an hour and forty-five minute lecture on electrical hazard safety. They both attended various lectures on safety, health, and operational topics during the conference.

Planning

- **State Family Assistance Center Planning**

On February 2, 2010, the Emergency Planner met with Bob Mauskapf of Emergency Preparedness and Response and Linda Taylor with the Office of Commonwealth Medical Examiner to discuss Health Department input needed to the State Family Assistance Center. Planner submitted comments and review for Office of Emergency Medical Services to Emergency Preparedness and Response on February 22 for inclusion in proposals to be taken back to Virginia Department of Emergency Management and Department of Social Services for completion of the plan.

- **Emergency Evacuation Planning**

Winnie Pennington, Emergency Planner, continues to assist the OEMS Business Manager in development of emergency evacuation plans for new offices now outside of the Madison Building downtown.

Committees/Meetings

- **Verizon Meeting**

The HMERT Coordinator met with representatives from Verizon to discuss options for communications equipment for Symposium.

- **Virginia Emergency Response Team Seminar**

On March 10, 2010 Karen Owens, Emergency Operations Assistant Manager, attended a seminar for members of the Virginia Emergency Response Team (VERT). The seminar allowed individuals to learn the responsibilities and duties of other ESFs and also the timeline for response through the Virginia Emergency Operations Center.

- **Rappahannock EMS Disaster Committee**

The HMERT Coordinator attended the meeting of the REMS Disaster Committee on February 2 and April 6, 2010.

- **Health and Medical Emergency Response Teams (HMERT)**

The HMERT Coordinator attended meetings of various EMS Task Forces across the Commonwealth. These teams include Metro 11 on April 5, NOVA 3 on April 7, and Western 14 on April 14

- **Hospital Emergency Management Committee (HEMC)**

The Emergency Operations Manger attended the April 14th meeting where discussions included the review of H1N1 activities and a discussion of lessons learned, an update of the planning for the 2010 Boy Scout Jamboree, introduction to the InVaTrak system for hospitals requesting supplies from the SNS and discussion on the EMS for Children survey and goals. Reminder was made of the upcoming Virginia Healthcare Emergency Management State Forum being held on May 25-27, 2010 at the Cavalier Hotel in Virginia Beach, VA.

- **Boy Scout Jamboree**

The HMERT Coordinator attended several meetings on planning for the Boy Scout National Jamboree on February 2, March 16, and April 6, 2010. The HMERT Coordinator met with a vendor on supply issues related to the BSA Jamboree.

- **EMS Emergency Management Meeting**

Emergency Operations staff including the Emergency Operations Manager, Assistant Manager, HMERT Coordinator, and Emergency Planner attended a meeting of the EMS Emergency Management Committee on April 29, 2010. The meeting's focus was the rewrite of Mass Casualty Incident Module I and II.

- **Incident Management Team**

The Division of Emergency Operations is actively participating in review and development of procedures for an Incident Management Team (IMT) at the state level. The Emergency Operations Assistant Manager attended a meeting on April 7, 2010 to review the IMT documents.

- **Hurricane Evacuation Committee**

The HMERT Coordinator attended the regular scheduled meeting of the Hurricane Evacuation Coordination Group on February 18 and April 15, 2010. The HMERT Coordinator also attended a meeting of the Richmond Metro Evacuation group on March 1, 2010.

- **EP&R Team Meetings**

The Emergency Planner continues to attend monthly meetings of the Emergency Preparedness and Response staff.

- **EMS Communications Committee**

The February 12, 2010 meeting of the EMS Communications Committee was cancelled due to inclement weather.

- **OEMS Boy Scout Jamboree Meeting**

The Emergency Operations staff met with the OEMS Director and Business Manager to discuss the OEMS approach to the Boy Scout Jamboree.

- **Critical Incident Stress Management (CISM) Committee**

The CISM Committee met on April 15, 2010 the Emergency Operations Manager and Assistant Manager participated in a meeting of the CISM Committee. The committee spent much of the meeting discussing the standards that will be used to review all trainings offered in the Commonwealth before receiving approval.

Training

- **Roadway Incident Safety Workshop**

The HMERT Coordinator attended a workshop on Roadway Incident Safety on February 12 and 19, 2010 in Charlottesville.

- **VIPER Training**

Winnie Pennington, Emergency Planner, and Frank Cheatham, Health and Medical Emergency Response Teams Coordinator, attended VIPER Training at the Virginia Emergency Operations Center on February 25, 2010.

- **Vehicle Rescue**

The Division of Emergency Operations sponsored a Vehicle Extrication program March 20-21, 2010 in South Hill, Virginia. Frank Cheatham served as the logistics support person during the program.

- **Critical Incident Stress Management Training**

The Division of Emergency Operations sponsored two CISM training programs during the month of March. On March 20-21, 2010 Assisting Individuals in Crisis was held and on March 22-25, 2010 a Basic Group CISM program was held. Both were well attended and reviews were extremely high.

- **Mass Casualty Incident Management**

The Division of Emergency Operations sponsored a Mass Casualty Incident Management I and II Training program on February 22, 2010. The class, held at Williamsburg-Newport News Airport was attended by fire, rescue, and airport representatives.

Communications

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

There are no pending applications at this time. The Communications Coordinator is working with jurisdictions to schedule site inspections for reaccreditations

- **Association of Public Safety Communications Officers (APCO)**

The Office of EMS was represented by Ken Crumpler at the Combined Virginia Chapter APCO/NENA/SIEC in Henrico on January 28, 2010. Ms. Amanda Davis, OEMS Grants Administrator is also attended to assist with presentations concerning public safety communications grants with VITA and SIEC representatives.

- **Virginia State Interoperability Executive Committee (SIEC)**

Ken Crumpler represented the Office of EMS at the SIEC meeting on March 19, 2010 at the Virginia Department of Fire Programs Office. SIEC Grants discussion was the focus of the meeting and Ms. Amanda Davis was also in attendance to provide guidance. The Operations Sub-Committee had a teleconference on April 15th. Mr. Crumpler participated as a member of that sub-committee.

Public Information & Education

V. Public Information and Education

Symposium

OEMS moves forward with planning for the 2010 Symposium. PI&E created the 2010 Symposium Pre-Conference Guide and it's ready to be posted online pending approval.

AEMER contracted with Marcia Pescitani to assist with sponsor solicitations for symposium and other training events. PI&E is assisting this project and created a sponsorship packet.

Governors Awards

The Regional Councils have set up their annual banquets for their award programs and PI&E is coordinating with OEMS staff to ensure that OEMS will have someone at each banquet to support their programs.

The Regional EMS Awards Programs are as follows:

TJEMS	May 12, 2010
REMS	May 18, 2010
BREMS	May 20, 2010
NOVA	June 3, 2010
LFEMS	June 9, 2010
WVEMS	June 10, 2010
PEMS	June 12, 2010
SWVEMS	June 17, 2010
TEMS	June 19, 2010
CSEMS	July 28, 2010
ODEMSA	July 30, 2010

PI&E is contacting the awards committee members to find out if they will be able to participate this year. We will be replacing those who can't participate with representatives from last year's winners. The committee structure will remain the same by having a representative from each award category.

The committee meeting will be held on August 20th, 2010.

Marketing & Promotion

Volunteer Benefits Brochure

PI&E created a benefits brochure highlighting state and local benefits available to EMS and Fire providers. This brochure was posted online under the retention/recruitment section and also promoted via social media Web sites and e-blast.

EMS Week

PI&E sent out EMS Week planning guides to all EMS agencies to help them create a fun and educational week of events. We also plan to work with the 2009 winner of the Governor's EMS Award for Outstanding EMS Agency to help promote their events for EMS Week. We'll promote EMS Week on our social networking sites and send out a press release to local media.

OEMS promotional items

The regional program representatives were provided with supplies of OEMS promotional items to hand out to EMS agencies when they visit the agencies or meetings within their communities.

OEMS Media

There were various media inquiries regarding compliance cases involving Suffolk firefighter students that submitted false certifications and Page County's license revocation. Each inquiry was dealt with in a timely manner and media alerts were submitted. For each incident there was coverage via online, newspaper or TV media outlets.

VDH Communications

- a. *Office of Licensure and Certification* –The OEMS PI&E Coordinator has continued providing media coverage for the Office of Licensure and Certification and has assisted on several media inquiries regarding Certificate of Public Need.
- b. *VDH media coverage* – The OEMS PI&E Coordinator provided support for VDH media inquires and events as needed.
- c. The PI&E Coordinator continues to collect updates and information on OEMS projects and programs to include in the report to the Secretary and the weekly e-mail from the Commissioner.

Planning and Regional Coordination

VI. Planning and Regional Coordination

Regional EMS Councils

Regional EMS Council Designation

As mandated in 12VAC5-31-2330 of the *Virginia EMS Regulations*, applications for entities wishing to be designated as Regional EMS Councils were received by the Office of EMS prior to the October 1, 2009 deadline. Those applications have been reviewed to ensure all required information is included in submitted applications for designation. Site reviews were conducted, utilizing individuals with extensive experience in EMS Systems, and with Regional EMS Council entities.

After successful site reviews, designation recommendations went before the Board of Health on April 23, 2010; the recommended EMS Councils are as follows:

Based on the applications received, as well as the site reviewer reports, the OEMS recommends designation of Regional EMS Councils and in specified service areas as follows:

Blue Ridge EMS Council – Service area including the counties of Amherst, Appomattox, Bedford and Campbell, and the cities of Bedford and Lynchburg.

Central Shenandoah EMS Council – Service area including the counties of Augusta, Bath, Highland, Rockbridge and Rockingham, and the cities of Buena Vista, Harrisonburg, Lexington, Staunton and Waynesboro.

Lord Fairfax EMS Council – Service area including the counties of Clarke, Frederick, Page, Shenandoah, Warren, and the city of Winchester.

Old Dominion EMS Alliance – Service area including the counties of Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Halifax, Hanover, Henrico, Goochland, Greensville, Lunenburg, Mecklenburg, New Kent, Nottoway, Powhatan, Prince Edward, Prince George, Surry, Sussex; the cities of Colonial Heights, Emporia, Hopewell, Petersburg, Richmond, and South Boston; and the towns of Ashland, Farmville and South Hill.

Peninsulas EMS Council – Service area including the counties of Essex, Gloucester, James City, King and Queen, King William, Lancaster; Mathews, Middlesex, Northumberland, Richmond, Westmoreland, York, and the cities of cities of Poquoson, Hampton, Newport News and Williamsburg.

Rappahannock EMS Council – Service area including the counties of Caroline, Culpeper, Fauquier, King George, Orange, Rappahannock, Spotsylvania, and Stafford; the town of Colonial Beach and the city of Fredericksburg.

Southwest Virginia EMS Council – Service area including the counties of Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise and Wythe and the cities of Bristol, Galax, and Norton.

Thomas Jefferson EMS Council – Service area including the counties of Albemarle, Fluvanna, Greene, Louisa, Madison, Nelson, and the City of Charlottesville.

Tidewater EMS Council – Service area including the counties of Accomack, Isle of Wight, Northampton, and Southampton, and the cities of Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk, and Virginia Beach.

Western Virginia EMS Council – Service area including the counties of Alleghany, Craig, Botetourt, Floyd, Franklin, Giles, Henry, Montgomery, Roanoke, Patrick, Pittsylvania, and Pulaski; and the cities of Covington, Danville, Martinsville, Radford, Roanoke, and Salem.

Northern Virginia EMS Council – Service area including the counties of Arlington, Fairfax, Loudoun, and Prince William; and the cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

OEMS will be contracting with these designated EMS councils for the FY2011 contract year. The terms of the designation are three years in duration, beginning on July 1, 2010.

Regional EMS Council Contracts

OEMS is developing the Regional EMS Council contracts for the FY2011 contract year, to be in effect on July 1, 2010.

The Regional EMS Councils submitted their Third Quarter contract reports at the end of April. Many of the Regional EMS Councils will be conducting their respective Regional EMS Awards programs during the months of May, June, and July.

Medevac Program

The safety and utilization workgroups of the Medevac committee continue work on individual projects. The safety subgroup has continued work on implementation of the WeatherSafe weather turn down program, with the majority of the medevac programs in Virginia participating in the program, and submitting information on a regular basis.

The utilization workgroup – also known as “Project Synergy” – continues working on providing standard education for EMS providers regarding the proper utilization of medevac services, as well as data that will be required for the project - patients transported to hospitals via medevac that had a length of stay of 24 hours or less. They are looking at why those patients were transported by air versus ground, as well as developing a standard means of reporting medevac resource utilization information.

OEMS and Medevac stakeholders continue to monitor developments regarding federal legislation and other documents related to Medevac safety and regulation. These documents can be found on the Medevac page of the OEMS web site.

State EMS Plan

The Virginia Office of EMS Strategic and Operational Plan is mandated through the *Code of Virginia* to be reviewed and revised on a triennial basis. The current version of the plan was approved by the State Board of Health in October of 2007.

Based on this timeline, OEMS, in coordination with the Executive Committee of the Advisory Board, the Finance, Legislation and Planning (FL&P) Committee, and the chairs of all the standing committees of the state EMS Advisory Board submitted planning templates created by OEMS; pertaining to each aspect of the EMS system that committee is tasked with.

A draft of the State EMS Plan was presented at the February 2010 meeting of the FL&P committee, and will be distributed at the May 14 meeting for review and approval by the state EMS Advisory Board at their August 2010 meeting. OEMS will present the final approved Plan to the Board of Health in October 2010.

Regulation & Compliance

VII. Regulation and Compliance

Compliance

The EMS Program Representatives have completed several investigations on EMS agencies and individuals during the first quarter of 2010. These investigations relate to issues concerning failure to submit quarterly prehospital patient care data, failure to meet EMS vehicle equipment and supply requirements, failure to secure medications and medication kits, failure to staff the ambulance with minimum personnel and individuals with felony convictions. The following is a summary of the Division's activities:

Enforcement

Citations Issued: 6
Providers: 5
Agencies: 1

Compliance Cases

New Cases: 12
Suspensions: 4
Revocations: 2
Cases closed: 7

EMS Agency Inspections

Licensed EMS agencies: 683 Active
Permitted EMS Vehicles: 4,127 (Active, Reserve, Temporary)
Recertification:
Agencies: 65
Vehicles: 605
New EMS agencies: 1
Spot Inspections: 57

Hearings (Formal, Informal Fact Finding Conferences)

January 26, 2010 – Briggs, Darla – settled evening prior
March 24, 2010 – Laurels and Yoder

Variances

Approved: 5
Disapproved: 11

Consolidated Test Sites

Scheduled: 52

Cancelled: 7

OMD/PCD Endorsements

As of April 29, 2010: 205 Endorsed

EMS Regulations

The public comment period for the Durable Do Not Resuscitate Regulations (12VAC5-66) and the Virginia Emergency Medical Services Regulations (12VAC5-31) has concluded. All submitted comments can be viewed on Town Hall (www.townhall.virginia.gov). Staff is currently working to schedule work sessions with the various committees to review and solicit recommendations for acceptance of submitted comments prior to recommending “Final Draft Regulations” to the Board of Health for their approval. Once this is accomplished, then the remaining regulatory process will ensue.

Division Work Activity

Staff has participated in several local meetings and /or conferences to discuss local issues or provide technical assistance. The Division continues to offer invitations to EMS agencies and regional EMS Councils to provide seminars and/or forums for open discussion of OEMS regulations or other program matters administered by the Division.

The Division of Educational Development and the Regulation and Compliance staff continue to monitor the process of the new practical format for the Consolidated Test Sites.

Regulation and Compliance staff represented the Office of EMS in Fire/EMS studies conducted by the Virginia Fire Service Board for Louisa County. A formal presentation of the study findings and recommendations was submitted to the Louisa County Board of Supervisors on April 19, 2010.

At the request of Dr. Mark Levine, Deputy Health Commissioner, the OEMS Program Representatives are attending “regional VDH meetings” to include Emergency Preparedness and Response (EP&R) staff in order to improve communication and coordination of activities and management of resources. The purpose of these meetings is to promote a better understanding of the respective roles and responsibilities of all VDH offices that fall under the Deputy Commissioner of Emergency Preparedness and Response.

OEMS staff is serving as subject matter experts in collaboration with the Virginia Association of Volunteer Rescue Squads and the Virginia Department of Fire Programs to revise the current Emergency Vehicle Operator’s Curriculum (EVOC) utilized by both entities. Changes to the curriculum will address administrative guidelines as well as updates to Virginia Motor Vehicle Codes.

Staff is reminding EMS agencies, entities and providers seeking Variances and/or Exemptions that all requirements established in the *Virginia Emergency Medical Services Regulations*, must be met in order to process requests. The following is an excerpt regarding the documentation that must be provided when returning such requests, "...Within the *Virginia Emergency Medical Services Regulations* 12 VAC 5-31-50 Variances (<http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC5-31-50>) and within the *Code of Virginia* § 32.1-111.9 Applications for variance or exemptions (<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+32.1-111.9>) must be accompanied by a recommendation from the local governing body.

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The committee has not met since the last EMS Advisory Board.

Presentations were made at the Virginia State Fire Chief's Conference in February providing information on the Standards of Excellence and EMS Officer Standards projects. The information was well received.

WDC Sub-committee Reports:

a) Standards of Excellence

The committee has met twice since the last advisory board meeting. Work continues on the Standards of Excellence documentation. The first order of business is to develop performance indicators for the following areas of excellence:

- Leadership/Management
- Life Safety
- Clinical Care Standards/Measures
- Performance Improvement
- Recruitment/Retention
- Medical Direction
- Community Involvement

Other components of the program being worked on are:

Developing a survey tool to assess community EMS resources and capabilities

Timelines

Application Process

Bench Marks for each Performance Measure

Gap Analysis to fill the gap between present and desired EMS delivery system.

The next meeting is on May 19, 2010. We welcome your comments and/or participation in the process.

b) EMS Officer Standards

The sub-committee has not met since the last board meeting.

c) EMS Job Fair planned at state EMS Symposium

The Job Fair has been scheduled on Thursday November 11, 2010 at the Symposium host hotel – the Norfolk Waterside Marriott. The event will be held from 7:00 to 9:00 PM.

Recruiters from:

Virginia EMS and Fire agencies,
Teaching hospitals, and
Emergency helicopter services are being invited to attend and provide job information.

More information will be available soon. If you have questions or would like to provide information about EMS employment opportunities please contact emstechassist@vdh.virginia.gov.

Keeping the Best (KTB) EMS Workforce Retention Program

A presentation was made on the Keeping the Best! EMS Retention program at the Virginia State Fire Chief's Conference in February.

A Keeping the Best! How to Use EMS Retention Principles workshop was held on April 24, 2010 at the Augusta Fire and EMS Training Center in Verona, Virginia. Approximately 15 individuals attended the workshop taught by Dave Tesh and Kim Batson. OEMS received a number of positive comments regarding the revised format for the workshops.

When asked what the group liked best about the class the following comments were given:

Very knowledgeable, open minded instructors with good interaction

Helped me to put together a program for my department.

Also helped to get to know my membership better.

Very good, it opens your eyes

Taught me as a leader to do different things to improve. Taking the class is really easy and simple.

When asked what additional information could be provided – the following comment was received:

I would like if the methods of improvement receive more emphasis. Mention examples of where these principles were applied and results

Another KTB! EMS Workforce Retention Workshop is being offered on Sunday, June 13, 2010 at the O.W.L Fire Department in Woodbridge, VA. Please see **APPENDIX G.**

The Virginia Recruitment and Retention (R&R0 Network

The R&R Network met on April 24 in Verona.

Bobby Hill (Virginia Beach) discussed an interesting opportunity for non-profit organizations. He provided information about an organization (www.TechSoup.org), that offers technology assistance to non-profit groups.

- **Ask your technology questions and learn from others:**
- **Enhance your technology skills:**
- **Learn about nonprofit technology events:**
- **Stay informed through our blog articles:**
- **Connect and share with others:**

Chris Leonard of Hanover County Fire and EMS presented information on the importance of honoring your current agency members. People liked to be recognized for their efforts. Cris provided samples of plaques and certificates that are used in Hanover County.

Kim Batson of Prince William County Fire and EMS gave an update of the recruitment project in her area. Every six (6) months, Prince William mails a postcard to communities in their jurisdiction providing information about becoming involved in EMS. Kim stated that they have been so successful they are having trouble being able to provide enough training opportunities for the new members.

The next meeting of the Virginia R&R Network will be on June 18, 2010 in Richmond. Please see **APPENDIX H**.

Rural Health Strategic Planning

At a Rural Health Strategic Planning meeting held in Richmond on April 27, 2010 issues about rural EMS were discussed. One of the biggest issues confronted by EMS continues to be the recruitment and retention of EMS providers. Through partnerships established at these meetings, OEMS staff has begun working with other state agencies, organizations and associations to address this challenging issue.

The Virginia Department of Veterans Affairs expressed interest in working with OEMS to identify volunteer or employment opportunities in EMS for military veterans returning from their tour of duty.

To help facilitate the integration of military veterans with medical training into EMS Senator Amy Klobuchar [D-MN], Richard Durbin [D-IL] and Michael Enzi [R-WY] introduced the Veterans to Paramedics Transition Act which amends the Public Health Service Act to authorize entities receiving rural emergency medical service training and equipment grants to use grant funds to provide required coursework and training to enable military veterans to satisfy

emergency medical services personnel certification requirements, as determined by the appropriate state regulatory entity.

S 1154 IS

111th CONGRESS

1st Session

S. 1154

To amend the Public Health Service Act to facilitate emergency medical services personnel training and certification curriculums for military veterans.

IN THE SENATE OF THE UNITED STATES

May 21, 2009

Ms. KLOBUCHAR (for herself and Mr. ENZI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to facilitate emergency medical services personnel training and certification curriculums for military veterans.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the 'Veterans to Paramedics Transition Act'.

SEC. 2. GRANTS FOR EMERGENCY MEDICAL SERVICES PERSONNEL TRAINING FOR VETERANS.

Section 330J(c)(8) of the Public Health Service Act ([42 U.S.C. 254c-15\(c\)\(8\)](#)) is amended by inserting before the period the following: ', including, as provided by the Secretary, may use funds to provide to military veterans required coursework and training that take into account, and are not duplicative of, previous medical coursework and training received when such veterans were active members of the Armed Forces, to enable such veterans to satisfy emergency medical services personnel certification requirements, as determined by the appropriate State regulatory entity'.

Last Action: May 21, 2009: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Benefits Brochure

The Office of EMS has developed a new EMS Personnel Benefits brochure. The brochure provides a summary of incentives and benefits available to volunteer and career EMS personnel. It's great to use as a recruitment and retention tool! The brochure can be personalized by printing an Agency's logo on a shipping label and placing it in the blank space at the bottom of the brochure. For a printable version of this brochure, visit the OEMS Web site at http://www.vdh.virginia.gov/oems/Files_page/Retention/BenefitsPamphlet.pdf. Please see **APPENDIX I.**

Trauma and Critical Care

IX. Trauma and Critical Care

Informatics Coordinator

The Division of Trauma/Critical Care unfortunately must report the resignation of its Informatics Coordinator Sherrina Gibson. With the significant changes that are about to occur in health care due to the passing of the Health Care Reform Act, Sherrina has chosen to take the opportunity to re-enter the non-profit health care industry, where she came to OEMS from, to work on this important issue. VDH Executive Management has declined the “request to hire” submitted for this position citing the Manpower Control Program of the 2008 Appropriations Act. As such, OEMS will no longer have a statistician available to assist with certain projects such as filling outside request for data, participating in outside research and other related tasks. A full review of services affected by this loss of position will be performed.

Durable Do Not Resuscitate (DDNR)

As a reminder, the regulations governing the Durable Do Not Resuscitate (DDNR) program are currently in the process of being revised. The regulations were available for public comment and a public hearing offered. It is anticipated that the revised regulations will go into effect this summer. Once program changes have been made based on final and approved revised regulations, OEMS will provide education on the changes. Highlights of the revised regulations include:

- Eliminate the need to print forms on unique distinctive paper
- The form will be changed to a “standardized” form
- Original copies of DDNR’s will not be required; legible copies will be honored
- The lists of procedures and equipment that can or cannot be used to control an airway have been updated to reflect current practice.
- The new DDNR form will be able to be downloaded by health care provider who have authority to prescribe.

Emergency Medical Informatics

Virginia Pre-Hospital Information Bridge (VPHIB)

The Virginia Pre-Hospital Information Bridge (VPHIB) has now been implemented in all areas of the Commonwealth. A small number of agencies had been granted extensions, but any future requests for extensions will need to follow the official variance process as outlined in the EMS Regulations. OEMS will maintain performing a monthly training class for the VPHIB system via interactive on-line, or webinar, classes held at the end of each month. The class schedule can be found on the [OEMS Patient Care Information System web page](#).

The old PPDR program information has been removed from the OEMS web page with the exception of the “PPDR File Upload” link which some agencies will still need to use to make their final submissions. Based on each agencies implementation date, access to the PPDR upload system has been modified to begin shutting down. Agency leaders from those agencies that have not yet begun using the new VPHIB system are being notified directly of the need to convert from the old system to the new.

The old PPDR data collected between June 2000 and December 15, 2009 was loaded into the system on April 28th. Agencies should note when creating reports from this data that it may not be complete. The next loading of PPDR legacy data will occur soon and include all data collected from December 16, 2009 up to April 23, 2010. The final data load will occur when the old PPDR database has been completely shut down. OEMS will be developing a class to teach users how to utilize the “Report Writer” tool and the performance improvement features in the VPHIB system. Classes will be held by webinar and at EMS Symposium.

OEMS has established an electronic suggestion box where VPHIB users can submit suggestions for future enhancements or changes. Suggestions can be sent to VDHEMSVPHIBSuggestions@VDH.Virginia.gov. This is an automated e-mail collection tool and only receives suggestions that will be compiled into a report used during development meetings.

Other Informatics Items:

OEMS has been actively working with the Department of Motor Vehicles (DMV) to develop a solution (design/plan) to link the VPHIB system and the VSTR with the DMV’s Traffic Record Electronic Data System (TREDS). This partnership will enhance our ability to assess motor vehicle crash data to help improve trauma and EMS care. The DMV will be able to enhance their transportation safety efforts and continue to decrease the fatalities and severity of injuries that occur within the Commonwealth.

The linkage of TREDS, VPHIB, and VSTR is the first step in linking multiple databases together including, hospital data, vital statistics data, Office of the medical examiner data, and hopefully others.

Virginia Statewide Trauma Registry (VSTR)
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There are no significant new items to report with the VSTR. VSTR continues to maintain **100% compliance**.

Trauma System

a) Trauma System Oversight and Management Committee (TSO&MC)

The TSO&MC last met on March 4, 2010. The TSO&MC meeting was preceded by the Trauma Performance Improvement (TPI) sub-committee meeting. This was the first TPI meeting and some efforts to begin structuring this committee we made. The committee will begin by review risk adjusted mortality for injured patients in Virginia and establishing audit filters to actively monitor the trauma triage

Committee members and OEMS are working with stakeholders from the burn injury specialty to review where burn care is being provided throughout the commonwealth. The ultimate goal of this group is to bring awareness to the needs of burn patients and assure a method of evaluating burn specific best practices.

During the March 4th meeting the regional trauma triage plans were presented to the committee for their approval. Most plans were accepted; those that were not include: Blue Ridge EMS Council (BREMS), Central Shenandoah EMS Council (CSEMS), Old Dominion EMS Alliance (ODEMSA), and Rappahannock EMS Council (REMS).

- The BREMS plan was not accepted by the committee due to trauma center staff not being involved in the planning process and had not reviewed the plan prior to the meeting
- CSEMS plan was not accepted because the committee believed it defined a lower standard of care than required
- The ODEMSA plan was not accepted as it did not reflect the final changes agreed on by the ODEMSA trauma triage committee.
- The REMS plan was not accepted by the committee due to their local trauma stakeholders recommending additional changes

b) Trauma Center Fund

The most recent trauma fund distributions are posted on the OEMS web-page under Trauma/Critical Care. OEMS sought clarification on language contained in the “budget bill” that effected the trauma fund. There was concern that the trauma fund was potentially affected by a decrease of up to 90 percent, but fortunately this was not the case. Revised projections are being developed and will be sent to the recipients of the fund prior to the release of this report.

More information on the Trauma Center Fund can be found on the OEMS Trauma System Web page at: <http://www.vdh.virginia.gov/OEMS/Trauma/TraumaSystem.htm>

Stroke System

The new Statewide Stroke Triage Plan was approved by the State Board of Health on April 23rd, 2010. The stroke plan formalizes acute stroke as a time sensitive critical illness equal to that of trauma care. The plan will be posted on the OEMS website and an implementation packet developed to assist agencies, councils and other entities to utilize to teach the importance of stroke triage and/or developing their own stroke plan so that it meets or exceeds the state plan.

STEMI System

OEMS continues to participate as an active member of the Virginia Heart Attack Coalition (VHAC) which functions in concert to the American Heart Associations Mission Life Line. OEMS' current contribution to this effort to assess EMS agencies for the presence of 12-Lead capable cardiac monitors and the level of STEMI specific care and training that has been present in the agency. The results will be used to develop funding opportunities focused on increasing the ability to increase STEMI care throughout the EMS system. Potential efforts may include prioritizing 12-lead EKG equipment and/or access to Learn Rapid STEMI Care education as initiatives for funding from available resources.

Emergency Medical Services for Children (EMSC)

a) EMSC State Partnership Grant

In March the Health Resources & Services Administration (HRSA) awarded OEMS a new EMSC State Partnership Grant. Each of the 50 states and 6 U.S. protectorates is eligible for one EMSC grant and OEMS its first in 2007. This federal grant will contribute \$130,000 annually to support EMS for Children initiatives in Virginia for the next 3-6 years, and ensure that Virginia's progress toward achieving specific National EMSC Performance Measures is being measured and encouraged.

b) Surveying of Hospitals and EMS Agencies

EMS for Children programs in every state will be surveying hospitals and EMS agencies in 3-month blocks during 2010; hospital surveys will begin in May or June, and EMS agency surveys will begin shortly after that. For hospitals, the performance measures being assessed related to the presence or absence of pediatric emergency transfer guidelines and agreements. For EMS agencies, the surveys concentrate on pediatric equipment carried on ambulances and EMS access to both on and off-line pediatric medical control at the scene of pediatric emergencies.

c) Small Hospitals Offered Assistance toward Improving Pediatric Readiness

The EMSC program presented to the Small Rural Hospital Conference in April concerning pediatric readiness Critical Access Hospitals (CAH) and other small rural hospitals. Also

included in the presentation was a discussion of summary recommendations by the Institute of Medicine (IOM) related to their special report “Emergency Care for Children: Growing Pains”. On-site informal pediatric assessments are being offered to interested hospitals, which can result in technical help and potential grant funding to aid in improvement.

d) Immobilizing Children in Ambulances

The status of EMS industry efforts to effectively immobilize children during ambulance transport will be a special presentation topic during the July 8, 2010 EMSC Committee. This topic has become a special focus of the Committee, which is now gathering best practices and other resources for eventual inclusion on the EMSC website. The EMSC Committee is also exploring ways to aid in disseminating to EMS providers the excellent gang violence educational resources developed by the Attorney General’s office.

e) EMSC Family Representative Leaves Committee

Betsy Smith, RN, NREMT-P, long-time Family Representative for the Virginia EMS for Children program will be leaving the EMSC Committee and her position because of other demands. Betsy was instrumental in developing and instructing the Special Children’s Outreach and Prehospital Education (SCOPE) course, and she also compiled fantastic pediatric instructor resource kits (complete with special manikins and dolls) for an EMSC Committee project. The kits were distributed to every EMS regional council in Virginia and are still in use. Betsy had recently been sharing the Family Representative role with Petra M. Connell, PhD (the previous EMSC Coordinator for Virginia), and fortunately Petra will be continuing with the EMSC program as its Family Representative.

Respectfully Submitted

**Office of Emergency Medical
Services Staff**

APPENDIX A

Date: April 27, 2010

To: Ms. Jennie Collins, Chair
State EMS Advisory Board

From: Bruce W. Edwards, Chair
Bylaws Committee

Subject: Bylaws Revisions

Madam Chair,

Pursuant to your direction, the Bylaws Committee, consisting of Gary Dalton, Carol Lee Strickler, Jason Campbell, Asher Brand and myself, met on several occasions to discuss ways to improve the function of our Board through changes in the Bylaws of the organization. During the process, we sought input from the entire Board on two occasions, as well as from OEMS staff members and you as Board Chair.

During the revision effort, the Board's committees were configured into functional areas with each area having a "coordinator." A major role of the coordinators is to ensure the committees' work has been a collaborative effort with the other appropriate committees as needed, prior to moving to the Board for action. This structure is expected to facilitate improved communications among the committees, as well as to assure mutual goal seeking and alignment with the State EMS Plan.

Within this reconfiguration, we are recommending instituting a new committee on provider health and wellness and realignment of other committees into an "ad hoc" position. The FARC Committee, which specifically appears in the *Code of Virginia* as a separate committee with specific duties and reporting requirements, is recommended to be structured as a "direct report" committee of the Board.

Attached is a summary sheet on the revisions, a marked-up copy of the Bylaws, a clean copy of the Bylaws and an organization chart depicting the new structure.

This will be presented to the Board on May 14, 2010 and will be open for discussion/modification if the Board so chooses. Upon completion of that process, the proposed Bylaws will lay on the table until the August Board meeting, where it will be voted on without discussion in accordance with the current Bylaws.

Finally, it is recommended that, from time to time, the Bylaws be reviewed to ensure they are meeting the needs of the Board. The Bylaws should be considered a "living document" for the organization.

In speaking for all the members of the Ad Hoc Bylaws Committee, it has been an honor to have been selected to serve the Board on such an important Committee.

cc: Bylaws Committee
Mr. Gary Brown

**State Emergency Medical Services Advisory Board
BYLAWS**

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 four 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, 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.

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Section C. Duties of the Coordinators

1. In general, the Administrative, Infrastructure, Patient Care and Professional Development Coordinators shall oversee the activities of the committees

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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, Trauma Oversight and Management and EMS for Children Committees; and the Professional Development Coordinator shall oversee the activities of the Training and Certification, Workforce Development and Provider Health and Safety Committees.~~

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3. ~~Coordinators shall also maintain communications among all activities to ensure the strategic alignment of the committees' collective work.~~

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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 Four 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. Trauma System Oversight and Management Committee

The Trauma System Oversight and Management Committee will maintain an inclusive system that ensures when the severity and incidence of trauma cannot be decreased, that all injured person

within the Commonwealth have rapid access to optimal, equitable, efficient specialized trauma care to prevent further disability utilizing a public health approach.

d. 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).

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.
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*.

Article XIII. Code of Ethics

All members of the Advisory Board and its committees are required to adhere to the EMS Advisory Board's Code of Ethics and the laws of the Commonwealth of Virginia regarding prohibited conduct found in the *Code of Virginia*.

Suspected violations of this section will be investigated by a special panel appointed by the Executive Committee. Their findings shall be reported to the Executive Committee in a timely fashion. The Executive Committee, in turn, will determine whether the results are founded or unfounded. If founded, the Advisory Board will be notified in closed session for the purpose of determining corrective action including sanctioning, or other appropriate actions.

These bylaws shall become effective on (Date)

Approved by the Advisory Board _____

Chair—**DATE**

State Emergency Medical Services Advisory Board BYLAWS

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.

Comment [c1]: All references to COV should be either underlined or in italics.

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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.

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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*.

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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 OEMS [Chair](#) will note members with two (2) consecutive un-excused absences of regular meetings of such board, committee or [subcommittee](#). ~~The OEMS will also and notify the Chair and the organization the individual represents, where applicable.~~

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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, ~~First Vice-Chair, and Second Vice-Chair~~ and four coordinators. Any member is eligible to be an officer.

Comment [c2]: The definition of officers in Article IV.D differs and includes the Chairs of the standing committees.

Comment [c3]: Does this describe the composition of the Executive Committee?

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, in this order of succession, shall discharge all of the duties of the Chair.

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Section B. Duties of the ~~First~~ Vice-Chair

1. The ~~First~~ Vice-Chair, in the absence or inability of the Chair, will discharge all of the duties of the Chair.
2. ~~The First Vice-Chair shall serve as liaison between the Executive Committee and other Advisory Board committees, upon direction of the Chair.~~
3. The ~~First~~ 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 ~~Second Vice-Chair~~ Coordinators

1. ~~The Second Vice Chair, in the absence or inability of the First Vice Chair, will discharge all of the duties of the First Vice Chair.~~
2. ~~The Second Vice Chair shall supervise the efforts of all Advisory Board members in complying with the requirement to be involved on a minimum of one committee and report this information to the Chair.~~
3. ~~The Second Vice Chair will perform other duties assigned by the Chair, or as otherwise prescribed herein.~~
4. In general, the Administrative, Infrastructure, Patient Care and Professional Development 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.
5. 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, Trauma Oversight and Management and EMS for Children Committees, and the Professional Development Coordinator shall oversee the activities of the Training and Certification, Workforce Development and Provider Health and Safety Committees; and
6. Coordinators shall also maintain communications among all activities to ensure the strategic alignment of the committees' collective work.

Section C 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. ~~first regular meeting each fiscal year.~~
 Officers shall include the Chair, ~~the First Vice Chair, Second Vice Chair, the four Coordinators~~ and ~~the~~ Chairs of the standing committees.

Officers and Chairs of standing committees shall serve a term of one year or until their successor is elected ~~commencing the first meeting of the fiscal year.~~

- Comment [c4]: Section D?
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- Comment [c5]: Article IV states the officers will be a Chair, Vice-Chair, and four coordinators.

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. ~~Making attendance notifications to respective organizations as applicable.~~
4. Posting notices of all scheduled meetings of the Advisory Board on the Commonwealth Calendar and other appropriate sites.

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- Comment [c6]: At the direction of the Chair? Article III Section B names the Chair as responsible for notifying the organizations when their member is not attending meetings.
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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.

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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.

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Section C. Attendance

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

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Article VII. Committees and Subcommittees

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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.

Comment [c7]: Do we want each committee to review and assess EMS system funding issues? It has been proposed that FL&P will no longer evaluate EMS funding issues.

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Section B. Standing Committees

1. Executive Committee

The Executive Committee will be composed of the Chair, Vice Chair and the Four 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.

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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.

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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

Comment [c8]: Do we want to say something about the state EMS plan???
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 BOH.

Comment [c9]: Review and assess state and federal legislation and inform the Advisory Board of any potential impact on the emergency medical services (EMS) system in Virginia.

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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.

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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 high quality EMS systems in Virginia.

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Comment [c10]: High quality describes a particular type of EMS system. We are interested in advances that affect any EMS system in VA. I recommend deleting the phrase "high quality."

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 prehospital area of EMS and emergency management.

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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.

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c. Trauma System Oversight and Management Committee

~~The Statewide Registries committee will assess and make recommendations regarding patient triage. In particular, national triage schemes should be addressed with an eye towards statewide implementation. An emphasis shall be placed on data reporting and related analysis and reporting in accordance with the Code of Virginia 32.1-116.1~~

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

d. 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.

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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.

Comment [c11]: What does this mean?"

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Comment [JDC12]: Inserted "including" in order to clarify the intent of the committee's vision and to ensure that the committee covers these areas.

Comment [c13]: This phrase is redundant.

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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. Awards Selection Committee~~

~~The Awards Selection Committee will review and evaluate nominees for the annual Governor's EMS awards, select award winners and recommend revisions to the awards program. This committee's work is considered confidential working papers of the Governor. Minutes of its meetings shall be filed but not publicly published.~~

Comment [JDC14]: The Awards Selection Committee is being eliminated, as it is actually a workgroup of the Office of EMS.

~~8. Communications Committee~~

~~The Communications Committee will review and recommend policies on EMS communications and coordinate the development and implementation of communications and associated technology that support EMS operations at the local, regional and state level.~~

~~9. Critical Incident Stress Management Committee (CISM)~~

~~The CISM Committee will coordinate the activities of the CISM Teams that have been recognized by the Office of EMS and review and recommend to the Advisory Board policies on training, membership, continuing education and funding of CISM activities.~~

~~10. EMS Emergency Management Committee~~

~~The EMS Emergency Management Committee will review and recommend to the Advisory Board policies relating to disaster and mass casualty preparedness, to include patient triage; incident management and command structure; weapons of mass destruction training; communications; supplies; equipment; and mutual aid agreements.~~

11. EMS for Children (EMSC) Committee

The EMSC Committee will review and recommend policies and standards to assist EMS agencies, providers and physicians to reduce child and youth disability and death due to severe illness or injury. It will encourage that emergency medical care is available for all ill or injured children and adolescents; pediatric services are well integrated into an EMS system; and that the entire spectrum of emergency services, including primary prevention of illness and injury, acute care and rehabilitation, are provided to children and adolescents.

12. EMS System Finance, Legislation and Planning Committee

The EMS System Finance, Legislation and Planning Committee will coordinate state EMS planning activities, review regional, state and federal EMS plans; review EMS system funding and review and recommend legislation governing EMS. The committee shall develop system priorities and evaluate their effectiveness.

13. Executive Committee

The Executive Committee will be composed of the Chair, First Vice Chair and Second Vice Chair. The remaining members of the Executive Committee will be the Chair of the following committees: EMS System Finance, Legislation and Planning; Regulation and Policy; Trauma System Oversight and Management Committee; Professional Development; and Medical Direction.

14. The Trauma System Oversight and Management Committee will review and recommend policies and procedures on the Statewide Trauma Registry; trauma data collection and related analysis and reporting; the designation, site review and verification of critical care centers; trauma systems management; and quality assurance. It will also review and recommend legislative policies regarding critical care.

15. Transportation Committee

The Transportation Committee will review and recommend policies on EMS ground transportation vehicles and medical equipment and coordinate the development and implementation of specifications and policies on procurement of ground response and transport vehicles and medical equipment.

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, sub-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 ~~the Chair of the Advisory Board~~, will annually appoint the membership of the committee. Consideration shall be given to diverse geographic representation from the entire state, ~~and to inclusion of the system's stakeholders, and to the continuity of the committee. Alternates are not permitted.~~
2. The Chair of each committee, in consultation with his/her Coordinator shall make recommendations on committee ~~the Chair of the Advisory Board, will develop an organizational structure to the Executive Committee for approval.~~
3. The chair of a committee may appoint subcommittees ~~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.

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Comment [c15]: Do we mean subcommittees? Article IV Section A states The Chair will establish subcommittees necessary to perform the work of the Advisory Board.

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Comment [c16]: Is it necessary to define the distinction between Subcommittee and sub-committee?

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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 1st 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.

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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*.

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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*.

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Article XIII. Code of Ethics

All members of the Advisory Board and its committees are required to adhere to the EMS Advisory Board's Code of Ethics and the laws of the Commonwealth of Virginia regarding prohibited conduct found in the *Code of Virginia*.

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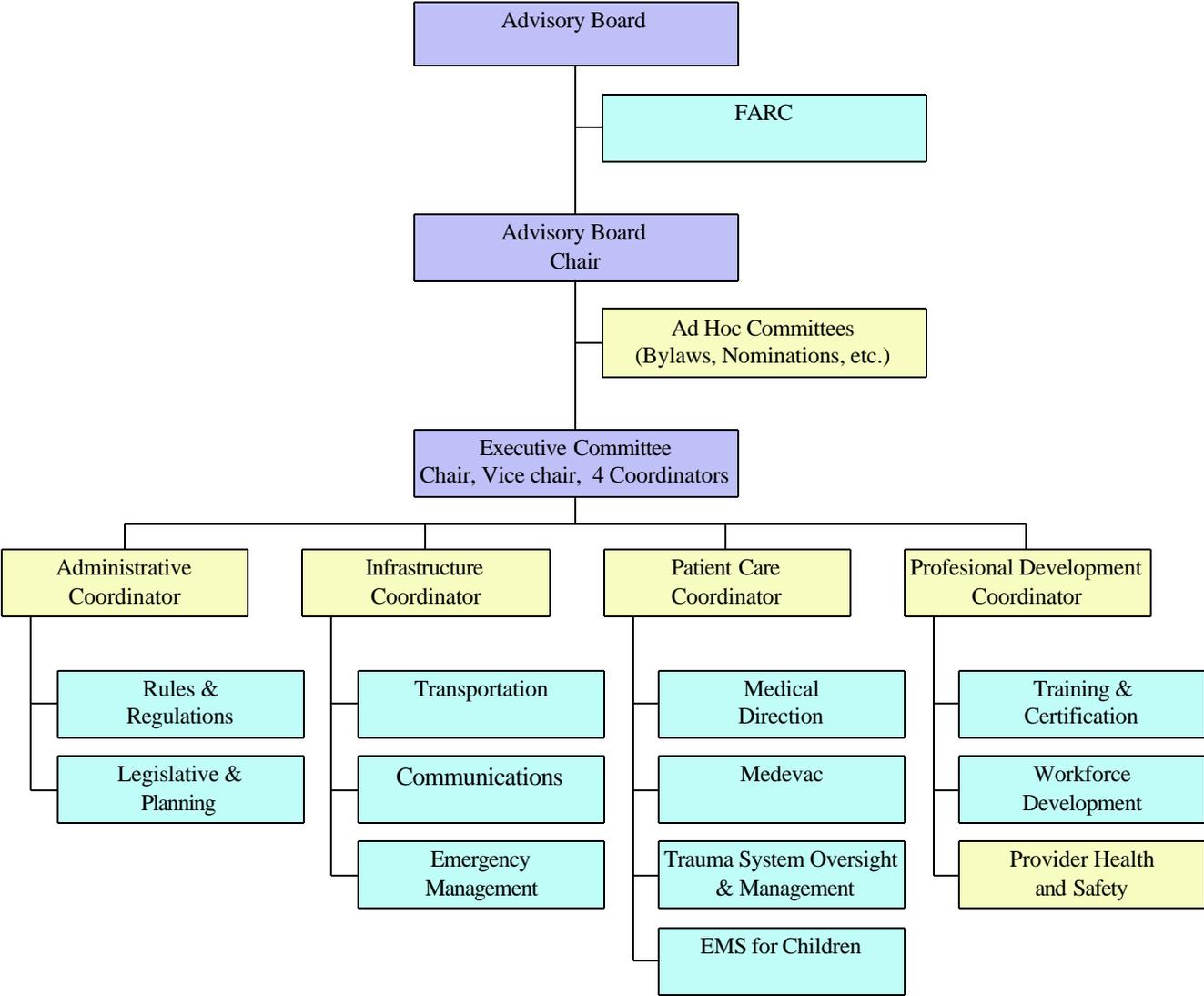
Suspected violations of this section will be investigated by a special panel appointed by the Executive Committee. Their findings shall be reported to the Executive Committee in a timely fashion. The Executive Committee, in turn, will determine whether the results are founded or unfounded. If founded, the Advisory Board will be notified in closed session for the purpose of determining corrective action including sanctioning, or other appropriate actions.

These bylaws shall become effective on _____ (Date)

Approved by the Advisory Board _____

Chair _____DATE

State EMS Advisory Board Proposed Committee Structure



Summary of Proposed Amendments to the Bylaws of the State EMS Advisory Board (as submitted for consideration on May 14, 2010)

1. Adds the responsibility to the EMS Advisory Board to accept nominations for the EMS representative to the State Board of Health.
2. Shifts responsibility for notifying the appropriate representative group of their advisory board member's unexcused absence from OEMS to the Advisory Board Chair.
3. Clarifies that OEMS is responsible for providing the annual roster of Advisory Board members.
4. Changes the officers from a Chair, First Vice Chair, and Second Vice Chair to a Chair, Vice Chair and four focus area Coordinators – Administrative Coordinator, Infrastructure Coordinator, Patient Care Coordinator, and Professional Development Coordinator.
5. Establishes the order of succession for the coordinators by alphabetical order.
6. Adjusts the duties of the vice chair and establishes the duties of the coordinators.
7. Establishes the last regular meeting of each calendar year as the meeting for the election of officers and committee chairs.
8. Designates a representative of OEMS to serve as the recording secretary for meetings.
9. Establishes four Committee Focus Areas in order to better coordinate business of the advisory board and committees. The focus areas are based on the State EMS Plan, with consideration to the National EMS Plan. The four focus areas are Administrative, Infrastructure, Patient Care and Professional Development.
10. General committee responsibilities are established.
11. The Executive Committee includes the chair, vice chair, four focus area coordinators and the Board of Health EMS representative as an ad hoc member, and eliminates the second vice chair and chair of the Professional Development Committee, Medical Direction Committee and the FLAP Committee as members of the executive committee. The purpose of this is to give the entire focus area representation on the executive committee and not just select committees.
12. The responsibility for establishing each committee's organizational structure and membership is being shifted from the chair to the executive committee.
13. Financial Assistance Review Committee (FARC) is now a direct report to the EMS Advisory Board per the Code of Virginia.
14. The responsibilities of the committees are amended to reflect the new purposes/responsibilities submitted by the committees.
15. Committee Name Changes:
 - a. Regulation & Policy is changed to Rules & Regulations
 - b. Finance, Legislation and Planning is changed to Legislative & Planning
 - c. Professional Development is changed to Training & Certification
16. Establishes a Provider Health & Safety Committee.
17. Eliminated the Awards Selection Committee, as this is actually a workgroup of the Office of EMS.
18. A section for Ad Hoc Committees is added to the Bylaws.
19. Designates the responsibility and approval process for organizational structure for committees and committee member appointment.
20. Adds reference to the State Code of Ethics.

APPENDIX B

APPENDIX C

ITEM 258.	Item Details(\$)		Appropriations(\$)	
	First Year FY2011	Second Year FY2012	First Year FY2011	Second Year FY2012

Department of Accounts Transfer Payments (162)

258.	Line of Duty (76000).....			\$9,458,131	\$9,458,131
	Death Benefit Payments Under the Line of Duty Act (76001)	\$525,000	\$525,000		
	Health Insurance Benefit Payments Under the Line of Duty Act (76002).....	\$8,933,131	\$8,933,131		
	Fund Sources: Trust and Agency	\$9,458,131	\$9,458,131		

Authority: Title 9.1, Chapter 4, Code of Virginia.

A. In addition to such other payments as may be available, the full cost of group health insurance, net of any deductions and credits, for the surviving spouses and dependents of certain public safety officers killed in the line of duty and for certain public safety officers disabled in the line of duty, and the spouses and dependents of such disabled officers, are payable from this Item pursuant to Title 9.1, Chapter 4, Code of Virginia.

B.1. There is hereby established the Line of Duty Act Fund (the Fund) for the payment of benefits prescribed by and administered under the Line of Duty Act. The funds of the Line of Duty Act Fund shall be deemed separate and independent trust funds, shall be segregated and accounted for separately from all other funds of the Commonwealth, and shall be invested and administered solely in the interests of the covered employees and beneficiaries thereof. Neither the General Assembly nor any public officer, employee, or agency shall use or authorize the use of the Fund for any purpose other than as provided in law for benefits and administrative expenses. Fund deposits are irrevocable and are not subject to the claims of creditors. In addition to other such powers as shall be vested in the Board, the Board shall have the full power to invest, reinvest and manage assets of the Fund in accordance with Article 3.1 (§ 51.1-124.30 et seq.) of Chapter 1 of Title 51.1, and no officer, director, or member of the Board or of any advisory committee of the Retirement System or any of its tax exempt subsidiary corporations whose actions are within the standard of care in Article 3.1 of Chapter 1 of Title 51.1 shall be held personally liable for losses suffered by the Fund on investments made under the authority of this article. The Board is authorized to establish loans to the Fund from the Group Life program in such amounts and under such terms as may be established by the Board. On July 1, 2010 the Virginia Retirement System shall advance funds as may be needed for the initial capitalization of the Fund from fund balances of the Group Life program. The Fund shall reimburse the Retirement System for all reasonable costs incurred and associated, directly and indirectly, with the administration, management and investment of the Fund.

2. Definitions. - As used in this item:

"Board" means the Board of Trustees of the Virginia Retirement System.

"Covered employee" means any employee, sheriff, deputy sheriff, or volunteer of a participating employer or non-participating employer eligible for coverage under the provisions of the Line of Duty Act.

"Fund" means the Line of Duty Act Fund.

"Line of Duty Act" means §9.1-400 et seq.

"Non-participating employer" means any political subdivision making the irrevocable election, in a manner and on such forms as prescribed by the Board, to self-fund Line of Duty Act benefits under Item paragraph B.4 of this Item.

"Participating employer" means any agency of the Commonwealth with covered employees and any (i) county, city, or town with covered employees that does not make the election under paragraph B.4 of this Item; or (ii) political entity, subdivision, branch, commission, public authority, or body corporate, or other entity of a local government with covered employees that does not make the election under paragraph B.4 of this Item.

"Retirement System" means the Virginia Retirement System.

ITEM 258.	Item Details(\$)		Appropriations(\$)	
	First Year FY2011	Second Year FY2012	First Year FY2011	Second Year FY2012

3. Payment of benefits; funding of benefits.

(a) All payments for benefits provided through the Line of Duty Act shall be paid by the State Comptroller. The State Comptroller shall be reimbursed from the Fund for all benefit payments made on behalf of participating employers that, which payments have been approved by the State Comptroller. The State Comptroller shall be reimbursed on no more than a monthly basis from documentation provided to the Retirement System. Reimbursement from the Fund may include reasonable administrative expenses incurred by the Department of Accounts or the State Comptroller for administering the provisions of the Line of Duty Act.

Each participating employer shall make contributions each year to the Fund in accordance with guidelines adopted by the Board. Such contributions shall be for purposes of funding benefits and administrative expenses under the Line of Duty Act. The employer contribution for each participating employer shall be determined by the Board on a current disbursement basis in accordance with the provisions of this section.

b) For purposes of this item, employer contributions for coverage provided to members of the National Guard and United States military reserves on active duty shall be paid by the Commonwealth.

(c) For purposes of establishing employer contribution contributions, a member of any fire company or department or rescue squad that has been recognized by an ordinance or a resolution of the governing body of any county, city, or town of the Commonwealth as an integral part of the official safety program of such county, city, or town shall be considered part of the city, county, or town served by the company, department or rescue squad. If a company, department, or rescue squad serves more than one city, county, or town, the affected cities, counties, or towns shall determine the basis and apportionment of the required covered payroll and contributions for each department, company, or rescue squad.

(d) Each participating employer shall provide all required data requested by the Board to administer the Fund in a form approved by the Board.

(e) In the event any participating employer fails to remit contributions or other fees and costs of the Fund as duly prescribed, the Board shall inform the State Comptroller and the participating employer of the delinquent amount. The State Comptroller shall forthwith transfer such amounts to the Fund from any moneys otherwise distributable to such participating employer.

4. Irrevocable election to become non-participating employer.

(a) A political subdivision with covered employees may make, in a manner and on such forms as prescribed by the Board, an irrevocable election on or before July 1, 2011, to be deemed a non-participating employer fully responsible for self-funding all benefits relating to its past and present covered employees under the Line of Duty Act from its own funds, including any responsibility apportioned to it under the provisions of paragraph 3(c) above. Non-participating employers shall continue to be subject to the provisions set forth in the Line of Duty Act.

(b) A non-participating employer shall not be required to contribute to the Fund.

(c) All payments for benefits provided through the Line of Duty Act shall be paid by the State Comptroller. The State Comptroller shall be reimbursed by the non-participating employer for all Line of Duty Act benefit payments made on behalf of such non-participating employer for which payments have been approved by the State Comptroller. The State Comptroller shall be reimbursed on no more than a monthly basis from documentation provided to the non-participating employer.

C. In addition to any other benefit provided by law, an additional death benefit in the amount of \$20,000 for the surviving spouses and dependents of certain members of the National Guard and United States military reserves killed in action in any armed conflict on or after October 7, 2001, are payable pursuant to § 44-93.1.B., Code of Virginia, from the Line of Duty Death and Health Benefits Trust Fund. The Department of Accounts, with support from the Department of Military Affairs, shall determine eligibility for this benefit.

D. For any surviving spouse of a "deceased person" or any "disabled person" as those terms

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are defined in § 9.1-400, who is receiving the benefits described in § 9.1-401 and who would otherwise qualify for the health insurance credit described in Chapter 14 of Title 51.1, Code of Virginia, the amount of such credit shall be calculated and reimbursed to the State Comptroller for deposit into the Line of Duty Death and Health Benefits Trust Fund from the health insurance credit trust fund, in a manner prescribed by the Board of Trustees of the Virginia Retirement System.

APPENDIX D

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
1 Preparatory	Uses simple knowledge of the EMS system, safety/well-being of the EMR, medical/legal issues at the scene of an emergency while awaiting a higher level of care.	Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care.	Applies fundamental knowledge of the EMS system, safety/well-being of the AEMT, medical/legal and ethical issues to the provision of emergency care.	Same as previous level	Integrates comprehensive knowledge of EMS systems, the safety/well-being of the paramedic, and medical/legal and ethical issues which is intended to improve the health of EMS personnel, patients, and the community.
1A EMS Systems	Simple depth, simple breadth <ul style="list-style-type: none"> • EMS systems • Roles/ responsibilities/ professionalism of EMS personnel • Quality improvement 	EMR Material PLUS: <ul style="list-style-type: none"> Simple depth, foundational breadth • EMS systems • History of EMS • Roles/ responsibilities/ professionalism of EMS personnel • Quality improvement • Patient safety 	EMT Material PLUS: <ul style="list-style-type: none"> Fundamental depth, foundational breadth • Quality improvement • Patient safety 	Same as previous level	AEMT Material PLUS: <ul style="list-style-type: none"> Fundamental depth, foundational breadth • History of EMS Complex depth, comprehensive breadth • EMS systems • Roles/ responsibilities/ professionalism of EMS personnel • Quality improvement • Patient safety
1B Research	Simple depth, simple breadth <ul style="list-style-type: none"> • Impact of research on EMR care • Data collection 	EMR Material PLUS: <ul style="list-style-type: none"> Simple depth, simple breadth • Evidence-based decision making 	Same as Previous Level	Same as previous level	AEMT Material PLUS: <ul style="list-style-type: none"> Fundamental depth, foundational breadth • Research principles to interpret literature and advocate evidence-based practice
1C Workforce Safety and Wellness	Simple depth, simple breadth <ul style="list-style-type: none"> • Standard safety precautions • Personal protective equipment • Stress management <ul style="list-style-type: none"> o Dealing with death and dying • Prevention of response related injuries • Lifting and moving patients 	EMR Material PLUS: <ul style="list-style-type: none"> Fundamental depth, foundational breadth • Standard safety precautions • Personal protective equipment <ul style="list-style-type: none"> o Dealing with death and dying • Stress management <ul style="list-style-type: none"> o Dealing with death and dying • Prevention of work related injuries • Lifting and moving patients • Disease transmission • Wellness principles 	Same as Previous Level	Same as previous level	AEMT Material PLUS: <ul style="list-style-type: none"> Complex depth, comprehensive breadth • Provider safety and wellbeing • Standard safety precautions • Personal protective equipment • Stress management <ul style="list-style-type: none"> o Dealing with death and dying • Prevention of work related injuries • Lifting and moving patients • Disease transmission • Wellness principles
1D Documentation	Simple depth, simple breadth <ul style="list-style-type: none"> • Recording patient findings 	EMR Material PLUS: <ul style="list-style-type: none"> Fundamental depth, foundational breadth • Principles of medical documentation and report writing 	EMT Material PLUS: <ul style="list-style-type: none"> Complex depth, foundational breadth • Principles of medical documentation and report writing 	Same as previous level	AEMT Material PLUS: <ul style="list-style-type: none"> Complex depth, comprehensive breadth • Principles of medical documentation and report writing

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
1E	EMS System Communication Simple depth, simple breadth Communication needed to • Call for Resources • Transfer care of the patient • Interact within the team structure	EMR Material PLUS: Simple depth, simple breadth • EMS communication system • Communication with other health care professionals • Team communication and dynamics	EMT Material PLUS: Fundamental depth, foundational breadth • EMS communication system • Communication with other health care professionals • Team communication and dynamics	Same as previous level	AEMT Material PLUS: Complex depth, comprehensive breadth • EMS communication system • Communication with other health care professionals • Team communication and dynamics
1F	Therapeutic Communication Simple depth, simple breadth Principles of communicating with patients in a manner that achieves a positive relationship • Interviewing techniques	EMR Material PLUS: Simple depth, simple breadth Principles of communicating with patients in a manner that achieves a positive relationship • Adjusting communication strategies for age, stage of development, patients with special needs, and differing cultures Fundamental depth, foundational breadth • Interviewing techniques • Verbal defusing strategies • Family presence issues	EMT Material PLUS: Simple depth, simple breadth Principles of communicating with patients in a manner that achieves a positive relationship • Dealing with difficult patients	Same as previous level	AEMT Material PLUS: Complex depth, comprehensive breadth Principles of communicating with patients in a manner that achieves a positive relationship • Factors that affect communication • Interviewing techniques • Dealing with difficult patients • Adjusting communication strategies for age, stage of development, patients with special needs, and differing cultures
1G	Medical/Legal and Ethics Simple depth, simple breadth • Consent/refusal of care • Confidentiality • Advanced directives • Tort and criminal actions • Evidence preservation • Statutory responsibilities • Mandatory reporting • Ethical principles/moral obligations • End-of-life issues	EMR Material PLUS: Fundamental depth, foundational breadth • Consent/refusal of care • Confidentiality • Advanced directives • Tort and criminal actions • Evidence preservation • Statutory responsibilities • Mandatory reporting • Ethical principles/moral obligations	Same as Previous Level	AEMT Material PLUS: Complex depth, comprehensive breadth • Consent/refusal of care • Confidentiality • Advanced directives • Tort and criminal actions • Statutory responsibilities • Mandatory reporting • Health care regulation • Patient rights/advocacy • End-of-life Issues • Ethical principles/moral obligations • Ethical tests and decision making	AEMT Material PLUS: Complex depth, comprehensive breadth • Consent/refusal of care • Confidentiality • Advanced directives • Tort and criminal actions • Statutory responsibilities • Mandatory reporting • Health care regulation • Patient rights/advocacy • End-of-life Issues • Ethical principles/moral obligations • Ethical tests and decision making
2	Anatomy and Physiology Uses simple knowledge of the anatomy and function of the upper airway, heart, vessels, blood, lungs, skin, muscles, and bones as the foundation of emergency care.	Applies fundamental knowledge of the anatomy and function of all human systems to the practice of EMS.	Integrates complex knowledge of the anatomy and physiology of the airway, respiratory and circulatory systems to the practice of EMS.	Integrates complex knowledge of the anatomy and physiology of the airway, respiratory, circulatory, muscular skeletal, nervous, integumentary, endocrine, and digestive systems as well as a fundamental appreciation of the immune system to the practice of EMS.	Integrates a complex depth and comprehensive breadth of knowledge of the anatomy and physiology of all human systems

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC	
3	Medical Terminology	Uses simple medical and anatomical terms.	Uses foundational anatomical and medical terms and abbreviations in written and oral communication with colleagues and other health care professionals.	Same as Previous Level	Uses foundational anatomical and medical terms and abbreviations in written and oral communication with colleagues and other health care professionals consistent with the systems described in A&P.	Integrates comprehensive anatomical and medical terminology and abbreviations into the written and oral communication with colleagues and other health care professionals.
4	Pathophysiology	Uses simple knowledge of shock and respiratory compromise to respond to life threats.	Applies fundamental knowledge of the pathophysiology of respiration and perfusion to patient assessment and management.	Applies comprehensive knowledge of the pathophysiology of respiration and perfusion to patient assessment and management.	Applies comprehensive knowledge of the pathophysiology of respiration and perfusion to patient assessment. This includes management as well as a foundational appreciation for the other body systems included for this level.	Integrates comprehensive knowledge of pathophysiology of major human systems.
5	Life Span Development	Uses simple knowledge of age related differences to assess and care for patients.	Applies fundamental knowledge of life span development to patient assessment and management.	Same as Previous Level	Same as Previous Level	Integrates comprehensive knowledge of life span development.
6	Public Health	Have an awareness of local public health resources and the role EMS personnel play in public health emergencies.	Uses simple knowledge of the principles of illness and injury prevention in emergency care.	Uses simple knowledge of the principles of the role of EMS during public health emergencies.	Same as Previous Level	Applies fundamental knowledge of principles of public health and epidemiology including public health emergencies, health promotion, and illness and injury prevention.
7	Pharmacology	Uses simple knowledge of the medications that the EMR may self-administer or administer to a peer in an emergency.	Applies fundamental knowledge of the medications that the EMT may assist/administer to a patient during an emergency.	Applies to patient assessment and management fundamental knowledge of the medications carried by AEMTs that may be administered to a patient during an emergency.	Applies comprehensive knowledge of pharmacology to formulate a treatment plan intended to mitigate emergencies and improve the overall health of the patient.	Integrates comprehensive knowledge of pharmacology to formulate a treatment plan intended to mitigate emergencies and improve the overall health of the patient.

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
7A Principles of Pharmacology	No knowledge related to this competency is applicable at this level.	Simple depth, simple breadth <ul style="list-style-type: none"> • Medication safety • Kinds of medications used during an emergency 	EMT Material PLUS: Fundamental depth, foundation breadth <ul style="list-style-type: none"> • Medication safety • Medication legislation • Naming • Classifications • Storage and security • Autonomic pharmacology • Metabolism and excretion • Mechanism of action • Medication response relationships • Medication interactions • Toxicity 	AEMT Material PLUS: Complex depth, comprehensive breadth) <ul style="list-style-type: none"> • Medication safety • Medication legislation • Naming • Classifications • Schedules • Pharmacokinetics • Storage and security • Autonomic pharmacology • Metabolism and excretion • Mechanism of action • Phases of medication activity • Medication response relationships • Medication interactions • Toxicity 	Intermediate Material PLUS: Complex depth, comprehensive breadth) <ul style="list-style-type: none"> • Medication safety • Medication legislation • Naming • Classifications • Schedules • Pharmacokinetics • Storage and security • Autonomic pharmacology • Metabolism and excretion • Mechanism of action • Phases of medication activity • Medication response relationships • Medication interactions • Toxicity
7B Medication Administration	Simple depth, simple breadth Within the scope of practice of the EMR, how to <ul style="list-style-type: none"> • Self-administer medication • Peer-administer medication 	EMR Material PLUS: Fundamental depth, foundational breadth Within the scope of practice of the EMT how to <ul style="list-style-type: none"> • Assist/administer medications to a patient 	EMT Material PLUS: Fundamental depth, foundational breadth <ul style="list-style-type: none"> • Routes of administration • Within the scope of practice of the AEMT, administer medications to a patient 	AEMT Material PLUS: Complex depth, comprehensive breadth <ul style="list-style-type: none"> • Routes of administration • Within the scope of practice of the paramedic-intermediate, administer medications to a patient 	Intermediate Material PLUS: Complex depth, comprehensive breadth <ul style="list-style-type: none"> • Routes of administration • Within the scope of practice of the paramedic, administer medications to a patient
7C Emergency Medications	Simple depth, simple breadth Within the scope of practice of the EMR <ul style="list-style-type: none"> • Names • Effects • Indications • Routes of administration • Dosages for the medications administered 	EMR Material PLUS: Fundamental depth, simple breadth within the scope of practice of the EMT <ul style="list-style-type: none"> • Names • Actions • Indications • Contraindications • Complications • Routes of administration • Side effects • Interactions • Dosages for the medications administered 	EMT Material PLUS: Fundamental depth, foundational breadth within the scope of practice of the AEMT <ul style="list-style-type: none"> • Names • Actions • Indications • Contraindications • Complications • Routes of administration • Side effects • Interactions • Dosages for the medications administered 	Same as Previous Level	Intermediate Material PLUS: Complex depth, comprehensive breadth within the scope of practice of the paramedic <ul style="list-style-type: none"> • Names • Actions • Indications • Contraindications • Complications • Routes of administration • Side effects • Interactions • Dosages for the medications administered

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
8 Airway Management, Respiration and Artificial Ventilation	Applies knowledge (fundamental depth, foundational breadth) of general anatomy and physiology to assure a patent airway, adequate mechanical ventilation, and respiration while awaiting additional EMS response for patients of all ages.	Applies knowledge (fundamental depth, foundational breadth) of general anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.	Applies knowledge (fundamental depth, foundational breadth) of additional upper airway anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.	Integrates Applies complex knowledge of anatomy, physiology, and pathophysiology into the assessment to develop and implement a treatment plan with the goal of assuring a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.	Integrates complex knowledge of anatomy, physiology, and pathophysiology into the assessment to develop and implement a treatment plan with the goal of assuring a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.
8A Airway Management	Fundamental depth, simple breadth Within the scope of practice of the EMR • Airway anatomy • Airway assessment • Techniques of assuring a patent airway	EMR Material PLUS: Fundamental depth, foundational breadth Within the scope of practice of the EMT • Airway anatomy • Airway assessment • Techniques of assuring a patent airway	EMT Material PLUS: Fundamental depth, foundational breadth Within the scope of practice of the AEMT • Airway anatomy • Airway assessment • Techniques of assuring a patent airway	AEMT Material PLUS: Complex depth, comprehensive breadth Within the scope of practice of the paramedic-intermediate • Airway anatomy • Airway assessment • Techniques of assuring a patent airway	AEMT Material PLUS: Complex depth, comprehensive breadth Within the scope of practice of the paramedic • Airway anatomy • Airway assessment • Techniques of assuring a patent airway
8B Respiration	Fundamental depth, simple breadth • Anatomy of the respiratory system • Physiology and pathophysiology of respiration o Pulmonary ventilation o Oxygenation o Respiration □ External □ Internal □ Cellular • Assessment and management of adequate and inadequate respiration • Supplemental oxygen therapy	EMR Material PLUS: Fundamental depth, foundational breadth • Anatomy of the respiratory system • Physiology and pathophysiology of respiration o Pulmonary ventilation o Oxygenation o Respiration □ External □ Internal □ Cellular • Assessment and management of adequate and inadequate respiration • Supplemental oxygen therapy	EMT Material PLUS: Complex depth, foundational breadth • Anatomy of the respiratory system Fundamental depth, comprehensive breadth • Physiology and pathophysiology of respiration o Pulmonary ventilation o Oxygenation o Respiration □ External □ Internal □ Cellular • Assessment and management of adequate and inadequate respiration • Supplemental oxygen therapy	AEMT Material PLUS: (SAP) Complex depth, comprehensive breadth • Anatomy of the respiratory system • Physiology, and pathophysiology of respiration o Pulmonary ventilation o Oxygenation o Respiration □ External □ Internal □ Cellular • Assessment and management of adequate and inadequate respiration • Supplemental oxygen therapy	AEMT Material PLUS: Complex depth, comprehensive breadth • Anatomy of the respiratory system • Physiology, and pathophysiology of respiration o Pulmonary ventilation o Oxygenation o Respiration □ External □ Internal □ Cellular • Assessment and management of adequate and inadequate respiration • Supplemental oxygen therapy

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
8C Artificial Ventilation	Fundamental depth, simple breadth Assessment and management of adequate and inadequate ventilation • Artificial ventilation • Minute ventilation • Alveolar ventilation • Effect of artificial ventilation on cardiac output	EMR Material PLUS: Fundamental depth, foundational breadth Assessment and management of adequate and inadequate ventilation • Artificial ventilation • Minute ventilation • Alveolar ventilation • Effect of artificial ventilation on cardiac output	EMT Material PLUS: Complex depth, foundational breadth Assessment and management of adequate and inadequate ventilation • Artificial ventilation • Minute ventilation • Alveolar ventilation • Effect of artificial ventilation on cardiac output	AEMT Material PLUS: Complex depth, comprehensive breadth Assessment and management of adequate and inadequate ventilation • Artificial ventilation • Minute ventilation • Alveolar ventilation • Effect of artificial ventilation on cardiac output	AEMT Material PLUS: Complex depth, comprehensive breadth Assessment and management of adequate and inadequate ventilation • Artificial ventilation • Minute ventilation • Alveolar ventilation • Effect of artificial ventilation on cardiac output
9 Assessment	Use scene information and simple patient assessment findings to identify and manage immediate life threats and injuries within the scope of practice of the EMR.	Applies scene information and patient assessment findings (scene size up, primary and secondary assessment, patient history, and reassessment) to guide emergency management.	Same as Previous Level	Integrate Applies scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression. This includes developing a list of differential diagnoses through clinical reasoning to modify the assessment and formulate a treatment plan.	Integrate scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression. This includes developing a list of differential diagnoses through clinical reasoning to modify the assessment and formulate a treatment plan.
9A Scene Size-Up	Complex depth, comprehensive breadth • Scene safety Fundamental depth, foundational breadth • Scene management o Impact of the environment on patient care o Addressing hazards o Violence o Need for additional or specialized resources o Standard precautions	EMR Material PLUS: Fundamental depth, foundational breadth • Scene management o Multiple patient situations	Same as Previous Level	AEMT Material PLUS: Complex depth, comprehensive breadth • Scene management o Impact of the environment on patient care o Addressing hazards o Violence o Multiple patient situations	AEMT Material PLUS: Complex depth, comprehensive breadth • Scene management o Impact of the environment on patient care o Addressing hazards o Violence o Multiple patient situations
9B Primary Assessment	Simple depth, simple breadth • Primary assessment for all patient situations o Level of consciousness o ABCs o Identifying life threats o Assessment of vital functions • Begin interventions needed to preserve life	EMR Material PLUS: Fundamental depth, simple breadth • Primary assessment for all patient situations o Initial general impression o Level of consciousness o ABCs o Identifying life threats o Assessment of vital functions • Integration of treatment/ procedures needed to preserve life	EMT Material PLUS: Fundamental depth, foundational breadth • Primary assessment for all patient situations o Initial general impression o Level of consciousness o ABCs o Identifying life threats o Assessment of vital functions • Integration of treatment/ procedures needed to preserve life	Same as Previous Level	AEMT Material PLUS: Complex depth, comprehensive breadth • Primary assessment for all patient situations o Initial general impression o Level of consciousness o ABCs o Identifying life threats o Assessment of vital functions • Integration of treatment/ procedures needed to preserve life

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
9C History Taking	Simple depth, simple breadth <ul style="list-style-type: none"> Determining the chief complaint Mechanism of injury/nature of illness Associated signs and symptoms 	EMR Material PLUS: Fundamental depth, foundational breadth <ul style="list-style-type: none"> Investigation of the chief complaint Mechanism of injury/nature of illness Past medical history Associated signs and symptoms Pertinent negatives 	Same as Previous Level	AEMT Material PLUS:(SAP) Complex depth, comprehensive breadth <ul style="list-style-type: none"> Components of the patient history Interviewing techniques How to integrate therapeutic communication techniques and adapt the line of inquiry based on findings and presentation 	AEMT Material PLUS: Complex depth, comprehensive breadth <ul style="list-style-type: none"> Components of the patient history Interviewing techniques How to integrate therapeutic communication techniques and adapt the line of inquiry based on findings and presentation
9D Secondary Assessment	Simple depth, simple breadth <ul style="list-style-type: none"> Performing a rapid full body scan Focused assessment of pain Assessment of vital signs 	EMR Material PLUS: Fundamental depth, foundational breadth Techniques of physical examination <ul style="list-style-type: none"> Respiratory system <ul style="list-style-type: none"> Presence of breath sounds Cardiovascular system Neurological system Musculoskeletal system All anatomical regions 	EMT Material PLUS: Complex depth, foundational breadth Assessment of <ul style="list-style-type: none"> Lung sounds 	AEMT Material PLUS: (SAP) Complex depth, comprehensive breadth Techniques of physical examination for all major <ul style="list-style-type: none"> Body systems Anatomical regions 	AEMT Material PLUS: Complex depth, comprehensive breadth Techniques of physical examination for all major <ul style="list-style-type: none"> Body systems Anatomical regions
9E Monitoring Devices	No knowledge related to this competency is applicable at this level.	Simple depth, simple breadth Within the scope of practice of the EMT <ul style="list-style-type: none"> Obtaining and using information from patient monitoring devices including (but not limited to) <ul style="list-style-type: none"> Pulse oximetry Non-invasive blood pressure 	EMT Material PLUS: Within the scope of practice of the AEMT Simple depth, simple breadth <ul style="list-style-type: none"> Obtaining and using information from patient monitoring devices including (but not limited to) <ul style="list-style-type: none"> Blood glucose determination 	AEMT Material PLUS: Fundamental depth, foundational breadth Within the scope of practice of the Intermediate <ul style="list-style-type: none"> Obtaining and using information from patient monitoring devices including (but not limited to): <ul style="list-style-type: none"> Continuous ECG monitoring 12 lead ECG interpretation Carbon dioxide monitoring Basic blood chemistry 	AEMT Material PLUS: Fundamental depth, foundational breadth Within the scope of practice of the paramedic <ul style="list-style-type: none"> Obtaining and using information from patient monitoring devices including (but not limited to): <ul style="list-style-type: none"> Continuous ECG monitoring 12 lead ECG interpretation Carbon dioxide monitoring Basic blood chemistry
9F Reassessment	Simple depth, simple breadth <ul style="list-style-type: none"> How and when to reassess patients 	EMR Material PLUS: Fundamental depth, foundational breadth <ul style="list-style-type: none"> how and when to perform a reassessment for all patient situations 	Same as Previous Levels	AEMT Material PLUS: Complex depth, comprehensive breadth <ul style="list-style-type: none"> How and when to perform a reassessment for all patient situations 	AEMT Material PLUS: Complex depth, comprehensive breadth <ul style="list-style-type: none"> How and when to perform a reassessment for all patient situations

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
10 Medicine	Recognizes and manages life threats based on assessment findings of a patient with a medical emergency while awaiting additional emergency response.	Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.	Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely ill patient.	integrates Applies assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with a medical complaint.	Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with a medical complaint.
10A Medical Overview	Simple depth, simple breadth Assessment and management of a • Medical complaint	EMR Material PLUS: Simple depth, foundational breadth Pathophysiology, assessment, and management of a medical complaints to include • Transport mode • Destination decisions	EMT Material PLUS: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of a medical complaints to include • Transport mode • Destination decisions	Same as Previous Level	AEMT Material PLUS: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of medical complaints to include • Transport mode • Destination decisions
10B Neurology	Simple depth, simple breadth Anatomy, presentations, and management of • Decreased level of responsiveness • Seizure • Stroke	EMR Material PLUS: Fundamental depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of • Stroke/ transient ischemic attack • Seizure • Status epilepticus • Headache	EMT Material PLUS: Complex depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of • Seizure	AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of Complex Fundamental depth, comprehensive breadth • Stroke/intracranial hemorrhage/transient ischemic attack • Seizure • Status epilepticus • Headache Fundamental depth, foundational breadth • Dementia • Neoplasms • Demyelinating disorders • Parkinson's disease • Cranial nerve disorders • Movement disorders • Neurologic inflammation/ infection • Spinal cord compression • Hydrocephalus • Wernicke's encephalopathy	AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of Complex depth, comprehensive breadth • Stroke/intracranial hemorrhage/transient ischemic attack • Seizure • Status epilepticus • Headache Fundamental depth, foundational breadth • Dementia • Neoplasms • Demyelinating disorders • Parkinson's disease • Cranial nerve disorders • Movement disorders • Neurologic inflammation/ infection • Spinal cord compression • Hydrocephalus • Wernicke's encephalopathy

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
10C Abdominal and Gastrointestinal Disorders	Simple depth, simple breadth Anatomy, presentations and management of shock associated with abdominal emergencies • Gastrointestinal bleeding	EMR Material PLUS: Fundamental depth, foundational breadth Anatomy, physiology, pathophysiology, assessment, and management of • Acute and chronic gastrointestinal hemorrhage Simple depth, simple breadth • Peritonitis • Ulcerative diseases	Same as Previous Level	Same as Previous Level	AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of Complex depth, comprehensive breadth • Acute and chronic gastrointestinal hemorrhage • Liver disorders • Peritonitis • Ulcerative diseases Fundamental depth, foundational breadth • Irritable bowel syndrome • Inflammatory disorders • Pancreatitis • Bowel obstruction • Hernias • Infectious disorders • Gall bladder and biliary tract disorders Simple depth, simple breadth • Rectal abscess • Rectal foreign body obstruction • Mesenteric ischemia
10D Immunology	Simple depth, simple breadth Recognition and management of shock and difficulty breathing related to • Anaphylactic reactions	EMR Material PLUS: Fundamental depth, foundational breadth Anatomy, physiology, pathophysiology, assessment, and management of hypersensitivity disorders and/or emergencies • Anaphylactic reactions	EMT Material PLUS: Complex depth, comprehensive breadth Anatomy, physiology, pathophysiology, assessment, and management of hypersensitivity disorders and/or emergencies • Allergic and anaphylactic reactions	Same as Previous Level	AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major immune system disorders and/or emergencies Complex depth, comprehensive breadth • Hypersensitivity • Allergic and anaphylactic reactions • Anaphylactoid reactions Fundamental depth, foundational breadth • Collagen vascular disease • Transplant related problems

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
10E Infectious Diseases	<p>Simple depth, simple breadth Awareness of</p> <ul style="list-style-type: none"> • A patient who may have an infectious disease • How to decontaminate equipment after treating a patient 	<p>EMR Material PLUS: Simple depth, simple breadth Assessment and management of</p> <ul style="list-style-type: none"> • A patient who may have an infectious disease • How to decontaminate the ambulance and equipment after treating a patient 	<p>AEMT Material PLUS: Fundamental depth, foundational breadth Assessment and management of</p> <ul style="list-style-type: none"> • A patient who may be infected with a bloodborne pathogen <ul style="list-style-type: none"> o HIV o Hepatitis B • Antibiotic resistant infections • Current infectious diseases prevalent in the community 	<p>Same as Previous Level</p>	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, reporting requirements, prognosis, and management of Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • HIV-related disease • Hepatitis • Pneumonia • Meningococcal meningitis <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Tuberculosis • Tetanus • Viral diseases • Sexually transmitted disease • Gastroenteritis • Fungal infections • Rabies • Scabies and lice • Lyme disease • Rocky Mountain Spotted Fever • Antibiotic resistant infections
10F Endocrine Disorders	<p>Simple depth, simple breadth Awareness that</p> <ul style="list-style-type: none"> • Diabetic emergencies cause altered mental status 	<p>EMR Material PLUS: Fundamental depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of</p> <ul style="list-style-type: none"> • Acute diabetic emergencies 	<p>EMT Material PLUS: Complex depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of</p> <ul style="list-style-type: none"> • Acute diabetic emergencies 	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Acute diabetic emergencies • Diabetes <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Adrenal disease • Pituitary and thyroid disorders 	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Acute diabetic emergencies • Diabetes <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Adrenal disease • Pituitary and thyroid disorders

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
10G Psychiatric	<p>Simple depth, simple breadth Recognition of</p> <ul style="list-style-type: none"> Behaviors that pose a risk to the EMR, patient or others 	<p>EMR Material PLUS: Simple depth, simple breadth</p> <ul style="list-style-type: none"> Basic principles of the mental health system <p>Fundamental depth, foundational breadth Assessment and management of</p> <ul style="list-style-type: none"> Acute psychosis Suicidal/risk Agitated delirium 	<p>Same as Previous Level</p>	<p>EMR Material PLUS: Simple Fundamental depth, simple Foundational breadth</p> <ul style="list-style-type: none"> Basic principles of the mental health system <p>Fundamental depth, foundational breadth Assessment and management of</p> <ul style="list-style-type: none"> Acute psychosis Suicidal/risk Agitated delirium <p>Commonly prescribed psychiatric medications</p>	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> Acute psychosis Agitated delirium <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> Cognitive disorders Thought disorders Mood disorders Neurotic disorders Substance-related disorders / addictive behavior Somatoform disorders Factitious disorders Personality disorders Patterns of violence/abuse/neglect Organic psychoses

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
10H Cardiovascular	<p>Simple depth, simple breadth Anatomy, signs, symptoms and management</p> <ul style="list-style-type: none"> • Chest pain • Cardiac arrest 	<p>EMR Material PLUS: Anatomy, physiology, pathophysiology, assessment, and management of</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Acute coronary syndrome <ul style="list-style-type: none"> o Angina pectoris o Myocardial infarction • Aortic aneurysm/dissection • Thromboembolism <p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Heart failure • Hypertensive emergencies 	<p>EMT Material PLUS: Anatomy, physiology, pathophysiology, assessment, and management of</p> <p>Complex depth, foundational breadth</p> <ul style="list-style-type: none"> • Acute coronary syndrome <ul style="list-style-type: none"> o Angina pectoris o Myocardial infarction <p>Fundamental depth, simple breadth</p> <ul style="list-style-type: none"> • Heart failure • Hypertensive emergencies 	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of</p> <p>Complex foundational-depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Acute coronary syndrome <ul style="list-style-type: none"> o Angina pectoris o Myocardial infarction • Heart failure • Non-traumatic cardiac tamponade • Hypertensive emergencies • Cardiogenic shock • Vascular disorders <ul style="list-style-type: none"> o Abdominal aortic aneurysm o Arterial occlusion o Venous thrombosis • Aortic aneurysm/dissection, Thromboembolism • Cardiac rhythm disturbances <p>Fundamental Simple depth, foundational Simple breadth</p> <ul style="list-style-type: none"> • Infectious diseases of the heart <ul style="list-style-type: none"> o Endocarditis o Pericarditis • Congenital abnormalities 	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Acute coronary syndrome <ul style="list-style-type: none"> o Angina pectoris o Myocardial infarction • Heart failure • Non-traumatic cardiac tamponade • Hypertensive emergencies • Cardiogenic shock • Vascular disorders <ul style="list-style-type: none"> o Abdominal aortic aneurysm o Arterial occlusion o Venous thrombosis • Aortic aneurysm/dissection, Thromboembolism • Cardiac rhythm disturbances <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Infectious diseases of the heart <ul style="list-style-type: none"> o Endocarditis o Pericarditis • Congenital abnormalities

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
10I Toxicology	<p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Recognition and management of <ul style="list-style-type: none"> o Carbon monoxide poisoning o Nerve agent poisoning • How and when to contact a poison control center 	<p>EMR Material PLUS: Fundamental depth, foundational breadth</p> <p>Anatomy, physiology, pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Inhaled poisons • Ingested poisons • Injected poisons • Absorbed poisons • Alcohol intoxication and withdrawal 	<p>EMT Material PLUS: Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Opiate toxidrome 	<p>AEMT Material PLUS: Complex Fundamental depth, comprehensive breadth</p> <p>Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of the following toxidromes and poisonings:</p> <ul style="list-style-type: none"> • Cholinergics • Anticholinergics • Sympathomimetics • Sedative/hypnotics • Opiates • Alcohol intoxication and withdrawal • Over-the-counter and prescription medications • Carbon monoxide • Illegal drugs • Herbal preparations 	<p>AEMT Material PLUS: Complex depth, comprehensive breadth</p> <p>Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of the following toxidromes and poisonings:</p> <ul style="list-style-type: none"> • Cholinergics • Anticholinergics • Sympathomimetics • Sedative/hypnotics • Opiates • Alcohol intoxication and withdrawal • Over-the-counter and prescription medications • Carbon monoxide • Illegal drugs • Herbal preparations
10J Respiratory	<p>Simple depth, simple breadth</p> <p>Anatomy, signs, symptoms and management of respiratory emergencies including those that affect the</p> <ul style="list-style-type: none"> • Upper airway • Lower airway 	<p>EMR Material PLUS: Anatomy, physiology, pathophysiology, assessment, and management of</p> <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Epiglottitis • Spontaneous pneumothorax • Pulmonary edema • Asthma • Chronic obstructive pulmonary disease • Environmental/industrial exposure • Toxic gas <p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Pertussis • Cystic fibrosis • Pulmonary embolism • Pneumonia • Viral respiratory infections 	<p>EMT Material PLUS: Complex depth, foundational breadth</p> <p>Anatomy, physiology, pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Asthma • Obstructive/restrictive disease • Pneumonia 	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, management of</p> <p>Complex Fundamental depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Acute upper airway infections • Spontaneous pneumothorax • Obstructive/restrictive lung diseases • Pulmonary infections <p>Fundamental Simple depth, foundational breadth</p> <ul style="list-style-type: none"> • Neoplasm • Pertussis • Cystic fibrosis 	<p>AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, management of</p> <p>Complex depth, comprehensive breadth</p> <ul style="list-style-type: none"> • Acute upper airway infections • Spontaneous pneumothorax • Obstructive/restrictive lung diseases • Pulmonary infections <p>Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Neoplasm • Pertussis • Cystic fibrosis

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
10K Hematology	No knowledge related to this competency is applicable at this level.	Simple depth, simple breadth Anatomy, physiology, pathophysiology, assessment, and management of • Sickle cell crisis • Clotting disorders	EMT Material PLUS: Fundamental depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of • Sickle cell crisis	AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major hematological diseases and/or emergencies Simple depth, foundational breadth • Sickle cell disease Fundamental depth, foundational breadth • Blood transfusion complications • Hemostatic disorders • Lymphomas • Red blood cell disorders • White blood cell disorders • Coagulopathies	AEMT Material PLUS: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major hematological diseases and/or emergencies Complex depth, foundational breadth • Sickle cell disease Fundamental depth, foundational breadth • Blood transfusion complications • Hemostatic disorders • Lymphomas • Red blood cell disorders • White blood cell disorders • Coagulopathies
10L Genitourinary/Renal	Simple depth, simple breadth • Blood pressure assessment in hemodialysis patients	EMR Material PLUS: Simple depth, simple breadth Anatomy, physiology, pathophysiology, assessment, and management of • Complications related to o Renal dialysis o Urinary catheter management (not insertion) • Kidney stones	EMT Material PLUS: Fundamental depth, simple breadth Anatomy, physiology, pathophysiology, assessment, and management of • Complications related to renal dialysis • Kidney stones	Same as Previous Level	AEMT Material Plus: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of Complex depth, comprehensive breadth • Complications of o Acute renal failure o Chronic renal failure o Dialysis • Renal calculi Fundamental depth, foundational breadth • Acid base disturbances • Fluid and electrolyte • Infection • Male genital tract conditions

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
10M Gynecology	Simple depth, simple breadth Recognition and management of shock associated with • Vaginal bleeding	EMR Material Plus: Anatomy, physiology, assessment findings, and management of Fundamental depth, foundational breadth • Vaginal bleeding • Sexual assault (to include appropriate emotional support) Simple depth, simple breadth • Infections	Same as Previous Level	AEMT Material Plus: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major gynecological diseases and/or emergencies Complex Fundamental depth, comprehensive Foundational breadth • Vaginal bleeding • Sexual assault Fundamental depth, foundational breadth • Infections • Pelvic Inflammatory Disease • Ovarian cysts • Dysfunctional uterine bleeding • Vaginal foreign body	AEMT Material Plus: Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major gynecological diseases and/or emergencies Complex depth, comprehensive breadth • Vaginal bleeding • Sexual assault Fundamental depth, foundational breadth • Infections • Pelvic Inflammatory Disease • Ovarian cysts • Dysfunctional uterine bleeding • Vaginal foreign body
10N Non-Traumatic Musculoskeletal Disorders	No knowledge related to this competency is applicable at this level.	Fundamental depth, foundational breadth Anatomy, physiology, pathophysiology, assessment and management of • Non-traumatic fractures	Same as Previous Level	Same as Previous Level	AEMT Material Plus: Fundamental depth, foundation breadth Anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, and management of common or major non-traumatic musculoskeletal disorders • Disorders of the spine • Joint abnormalities • Muscle abnormalities • Overuse syndromes
10O Diseases of the Eyes, Ears, Nose, and Throat	Simple depth, simple breadth Recognition and management of • Nose bleed	Same as Previous Level	Same as Previous Level	AEMT Material Plus: Fundamental Simple depth, foundational breadth Knowledge of anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, management of • Common or major diseases of the eyes, ears, nose, and throat, including nose bleed	AEMT Material Plus: Fundamental depth, foundational breadth Knowledge of anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis, management of • Common or major diseases of the eyes, ears, nose, and throat, including nose bleed

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC	
11	Shock and Resuscitation	Uses assessment information to recognize shock, respiratory failure or arrest, and cardiac arrest based on assessment findings and manages the emergency while awaiting additional emergency response.	Applies fundamental knowledge of the causes, pathophysiology, and management of shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.	Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.	Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.	Integrates comprehensive knowledge of causes and pathophysiology into the management of cardiac arrest and peri-arrest states. Integrates a comprehensive knowledge of the causes and pathophysiology into the management of shock, respiratory failure or arrest with an emphasis on early intervention to prevent arrest.
12	Trauma	Uses simple knowledge to recognize and manage life threats based on assessment findings for an acutely injured patient while awaiting additional emergency medical response.	Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely injured patient.	Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely injured patient.	Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression to implement a comprehensive Foundational treatment/disposition plan for an acutely injured patient.	Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression to implement a comprehensive treatment/disposition plan for an acutely injured patient.
12A	Trauma Overview	No knowledge related to this competency is applicable at this level.	Fundamental depth, foundational breadth Pathophysiology, assessment, and management of the trauma patient • Trauma scoring • Rapid transport and destination issues • Transport mode	Same as Previous Level	Same as Previous Level	AEMT Material Plus: Complex depth, comprehensive breadth Pathophysiology, assessment and management of the trauma patient • Trauma scoring • Transport and destination issues
12B	Bleeding	Simple depth, simple breadth Recognition and management of • Bleeding	EMR Material Plus: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of • Bleeding	EMT Material Plus: Complex depth, comprehensive breadth • Fluid resuscitation	Same as Previous Level	AEMT Material Plus: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of • Bleeding

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
12C Chest Trauma	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> • Blunt versus penetrating mechanisms • Open chest wound • Impaled object 	<p>EMR Material Plus: Fundamental depth, simple breadth Pathophysiology, assessment and management</p> <ul style="list-style-type: none"> • Blunt versus penetrating mechanisms • Hemothorax • Pneumothorax <ul style="list-style-type: none"> o Open o Simple o Tension • Cardiac tamponade • Rib fractures • Flail chest • Commotio cordis 	<p>EMT Material Plus: Fundamental depth, foundational breadth Pathophysiology, assessment and management of</p> <ul style="list-style-type: none"> • Traumatic aortic disruption • Pulmonary contusion • Blunt cardiac injury • Hemothorax • Pneumothorax <ul style="list-style-type: none"> o Open o Simple o Tension • Cardiac tamponade • Rib fractures • Flail chest • Commotio cordis • Traumatic asphyxia 	Same as Previous Level	<p>AEMT Material Plus: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Traumatic aortic disruption • Pulmonary contusion • Blunt cardiac injury • Hemothorax • Pneumothorax <ul style="list-style-type: none"> o Open o Simple o Tension • Cardiac tamponade • Rib fractures • Flail chest • Commotio cordis • Tracheobronchial disruption • Diaphragmatic rupture • Traumatic asphyxia
12D Abdominal and Genitourinary Trauma	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> • Blunt versus penetrating mechanisms • Evisceration • Impaled object 	<p>EMR Material Plus: Fundamental depth, simple breadth Pathophysiology, assessment and management of</p> <ul style="list-style-type: none"> • Solid and hollow organ injuries • Blunt versus penetrating mechanisms • Evisceration • Injuries to the external genitalia • Vaginal bleeding due to trauma • Sexual assault 	<p>EMT Material Plus: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Vascular injury • Solid and hollow organs injuries • Blunt versus penetrating mechanisms • Evisceration • Retroperitoneal injuries • Injuries to the external genitalia • Vaginal bleeding due to trauma • Sexual assault 	Same as Previous Level	<p>AEMT Material Plus: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Vascular injury • Solid and hollow organ injuries • Blunt versus penetrating mechanisms • Evisceration • Retroperitoneal injuries • Injuries to the external genitalia

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
12E Orthopedic Trauma	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> • Open fractures • Closed fractures • Dislocations • Amputations 	<p>EMR Material Plus: Pathophysiology, assessment, and management of Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Upper and lower extremity orthopedic trauma • Open fractures • Closed fractures • Dislocations • Sprains/strains • Pelvic fractures • Amputations/replantation 	<p>EMT Material Plus: Pathophysiology, assessment, and management of Simple depth, simple breadth Complex depth, foundational breadth</p> <ul style="list-style-type: none"> • Compartment syndrome • Pelvic fractures • Amputations/replantation 	<p>AEMT Material Plus: Pathophysiology, assessment, and management of Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Pediatric fractures • Tendon laceration/ transection/ rupture (Achilles and patellar) • Compartment syndrome Complex depth, foundational breadth • Upper and lower extremity orthopedic trauma • Open fractures • Closed fractures • Dislocations 	<p>AEMT Material Plus: Pathophysiology, assessment, and management of Fundamental depth, foundational breadth</p> <ul style="list-style-type: none"> • Pediatric fractures • Tendon laceration/ transection/ rupture (Achilles and patellar) • Compartment syndrome Complex depth, foundational breadth • Upper and lower extremity orthopedic trauma • Open fractures • Closed fractures • Dislocations
12F Soft Tissue Trauma	<p>Simple depth, simple breadth Recognition and management of</p> <ul style="list-style-type: none"> • Wounds • Burns <ul style="list-style-type: none"> o Electrical o Chemical o Thermal • Chemicals in the eye and on the skin 	<p>EMR Material Plus: Fundamental depth, foundational breadth Pathophysiology, assessment, and management</p> <ul style="list-style-type: none"> • Wounds <ul style="list-style-type: none"> o Avulsions o Bite wounds o Lacerations o Puncture wounds o Incisions • Burns <ul style="list-style-type: none"> o Electrical o Chemical o Thermal o Radiation <p>Simple depth, simple breadth</p> <ul style="list-style-type: none"> • Crush syndrome 	<p>EMT Material Plus: Fundamental depth, simple breadth</p> <ul style="list-style-type: none"> □ Crush syndrome 	<p>AEMT Material Plus: Complex Fundamental depth, comprehensive breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Wounds <ul style="list-style-type: none"> o Avulsions o Bite wounds o Lacerations o Puncture wounds • Burns <ul style="list-style-type: none"> o Electrical o Chemical o Thermal • High-pressure injection • Crush syndrome 	<p>AEMT Material Plus: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of</p> <ul style="list-style-type: none"> • Wounds <ul style="list-style-type: none"> o Avulsions o Bite wounds o Lacerations o Puncture wounds • Burns <ul style="list-style-type: none"> o Electrical o Chemical o Thermal • High-pressure injection • Crush syndrome

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
12G Head, Facial, Neck, and Spine trauma	Simple depth, simple breadth Recognition and management of • Life threats • Spine trauma	EMR Material Plus: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of • Penetrating neck trauma • Laryngeotracheal injuries • Spine trauma Simple depth, simple breadth • Facial fractures • Skull fractures • Foreign bodies in the eyes • Dental trauma	EMT Material Plus: Complex depth, foundational breadth Pathophysiology, assessment, and management of • Facial fractures • Laryngeotracheal injuries	AEMT Material Plus: Pathophysiology, assessment, and management of Fundamental depth, foundational breadth • Unstable facial fractures • Orbital fractures • Perforated tympanic membrane Complex Fundamental depth, Foundational comprehensive breadth • Skull fractures • Penetrating neck trauma • Laryngeotracheal injuries • Spine trauma o Dislocations/subluxations o Fractures o Sprains/strains • Mandibular fractures	AEMT Material Plus: Pathophysiology, assessment, and management of Fundamental depth, foundational breadth • Unstable facial fractures • Orbital fractures • Perforated tympanic membrane Complex depth, comprehensive breadth • Skull fractures • Penetrating neck trauma • Laryngeotracheal injuries • Spine trauma o Dislocations/subluxations o Fractures o Sprains/strains • Mandibular fractures
12H Nervous System Trauma	No knowledge related to this competency is applicable at this level.	Fundamental depth, foundational breadth Pathophysiology, assessment, and management of • Traumatic brain injury • Spinal cord injury	EMT Material Plus: Complex depth, foundational breadth Pathophysiology, assessment, and management of • Traumatic brain injury	Same as Previous Level	AEMT Material Plus: Pathophysiology, assessment, and management of Fundamental depth, foundational breadth • Cauda equina syndrome • Nerve root injury • Peripheral nerve injury Complex depth, comprehensive breadth • Traumatic brain injury • Spinal cord injury • Spinal shock
12I Special Considerations in Trauma	Simple depth, simple breadth Recognition and management of trauma in • Pregnant patient • Pediatric patient • Geriatric patient	EMR Material Plus: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of trauma in the • Pregnant patient • Pediatric patient • Geriatric patient • Cognitively impaired patient	EMT Material Plus: Complex depth, foundational breadth Pathophysiology, assessment, and management of trauma in the • Pregnant patient • Pediatric patient • Geriatric patient • Cognitively impaired patient	Same as Previous Level	AEMT Material Plus: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of trauma in the • Pregnant patient • Pediatric patient • Geriatric patient • Cognitively impaired patient

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
12J Environmental Emergencies	Simple depth, simple breadth Recognition and management of • Submersion incidents • Temperature-related illness	EMR Material Plus: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of • Near drowning • Temperature-related illness • Bites and envenomations • Dysbarism o High-altitude o Diving injuries • Electrical injury • Radiation exposure	Same as Previous Level	Same as Previous Level	AEMT Material Plus: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of • Near-drowning • Temperature-related illness • Bites and envenomations • Dysbarism o High-altitude o Diving injuries • Electrical injury • High altitude illness
12K Multi-System Trauma	Simple depth, simple breadth Recognition and management of • Multi-system trauma	EMR Material Plus: Fundamental depth, foundational breadth Pathophysiology, assessment, and management of • Multi-system trauma • Blast injuries	EMT Material Plus: Complex depth, foundational breadth Pathophysiology, assessment and management of • Multi-system trauma	AEMT Material Plus: Complex Fundamental depth, comprehensive breadth Pathophysiology, assessment, and management of • Multi-system trauma • Blast injuries	AEMT Material Plus: Complex depth, comprehensive breadth Pathophysiology, assessment, and management of • Multi-system trauma • Blast injuries
13 Special Patient Populations	Recognizes and manages life threats based on simple assessment findings for a patient with special needs while awaiting additional emergency response.	Applies a fundamental knowledge of growth, development, and aging and assessment findings to provide basic emergency care and transportation for a patient with special needs.	Applies a fundamental knowledge of growth, development, and aging and assessment findings to provide basic and selected advanced emergency care and transportation for a patient with special needs.	Integrates Applies assessment findings with principles of pathophysiology and knowledge of psychosocial needs to formulate a field impression and implement a comprehensive treatment/disposition plan for patients with special needs.	Integrates assessment findings with principles of pathophysiology and knowledge of psychosocial needs to formulate a field impression and implement a comprehensive treatment/disposition plan for patients with special needs.

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
13A Obstetrics	Simple depth, simple breadth Recognition and management of • Normal delivery • Vaginal bleeding in the pregnant patient	EMR Material Plus: Fundamental depth, foundational breadth • Anatomy and physiology of normal pregnancy • Pathophysiology of complications of pregnancy • Assessment of the pregnant patient • Management of o Normal delivery o Abnormal delivery □ Nuchal cord □ Prolapsed cord □ Breech delivery o Third trimester bleeding □ Placenta previa □ Abruptio placenta o Spontaneous abortion/miscarriage o Ectopic pregnancy o Preeclampsia/Eclampsia	Same as Previous Level	AEMT Material Plus: Complex Fundamental depth, comprehensive breadth • Anatomy and physiology of pregnancy • Pathophysiology of complications of pregnancy • Assessment of the pregnant patient Psychosocial impact, presentations, prognosis, and management of • Normal delivery • Abnormal delivery o Nuchal cord o Prolapsed cord o Breech • Spontaneous abortion/miscarriage • Ectopic pregnancy • Eclampsia • Antepartum hemorrhage • Pregnancy induced hypertension	AEMT Material Plus: Complex depth, comprehensive breadth • Anatomy and physiology of pregnancy • Pathophysiology of complications of pregnancy • Assessment of the pregnant patient Psychosocial impact, presentations, prognosis, and management of • Normal delivery • Abnormal delivery o Nuchal cord o Prolapsed cord o Breech • Spontaneous abortion/miscarriage • Ectopic pregnancy • Eclampsia • Antepartum hemorrhage • Pregnancy induced hypertension
13B				Third trimester bleeding o Placenta previa o Abruptio placenta • High risk pregnancy • Complications of labor o Fetal distress o Pre-term o Premature rupture of membranes o Rupture of uterus • Complication of delivery • Post partum complications Foundational depth, foundational breadth • Hyperemesis gravidarum • Post partum depression	Third trimester bleeding o Placenta previa o Abruptio placenta • High risk pregnancy • Complications of labor o Fetal distress o Pre-term o Premature rupture of membranes o Rupture of uterus • Complication of delivery • Post partum complications Foundational depth, foundational breadth • Hyperemesis gravidarum • Post partum depression
13C Neonatal care	Simple depth, simple breadth • Newborn care • Neonatal resuscitation	EMR Material Plus: Fundamental depth, foundational breadth Assessment and management • Newborn • Neonatal resuscitation	Same as Previous Level	Same as Previous level	AEMT Material Plus: Complex depth, comprehensive breadth • Anatomy and physiology of neonatal circulation • Assessment of the newborn Presentation and management • Newborn • Neonatal resuscitation

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
13D Pediatrics	Simple depth, simple breadth Age-related assessment findings, and age-related assessment and treatment modifications for pediatric specific major diseases and/or emergencies • Upper airway obstruction • Lower airway reactive disease • Respiratory distress/failure/arrest • Shock • Seizures • Sudden Infant Death Syndrome	EMR Material Plus: Fundamental depth, foundational breadth Age-related assessment findings, age-related, and developmental stage related assessment and treatment modifications for pediatric specific major diseases and/or emergencies • Upper airway obstruction • Lower airway reactive disease • Respiratory distress/failure/arrest • Shock • Seizures • Sudden Infant Death Syndrome • Gastrointestinal disease	Same as Previous Level	AEMT Material Plus: Age-related assessment findings, age-related anatomic and physiologic variations, age related and developmental stage related assessment and treatment modifications of the pediatric specific major or common diseases and/or emergencies: Complex Fundamental depth, comprehensive breadth • Foreign body (upper and lower) airway obstruction • Bacterial tracheitis • Asthma • Bronchiolitis o Respiratory Syncytial Virus (RSV) • Pneumonia • Croup • Epiglottitis • Respiratory distress/failure/arrest • Shock • Seizures • Sudden Infant Death Syndrome (SIDS) • Hyperglycemia	AEMT Material Plus: Age-related assessment findings, age-related anatomic and physiologic variations, age related and developmental stage related assessment and treatment modifications of the pediatric specific major or common diseases and/or emergencies: Complex depth, comprehensive breadth • Foreign body (upper and lower) airway obstruction • Bacterial tracheitis • Asthma • Bronchiolitis o Respiratory Syncytial Virus (RSV) • Pneumonia • Croup • Epiglottitis • Respiratory distress/failure/arrest • Shock • Seizures • Sudden Infant Death Syndrome (SIDS) • Hyperglycemia • Hypoglycemia
				• Hypoglycemia Fundamental depth, foundational breadth • Pertussis • Cystic fibrosis • Bronchopulmonary dysplasia • Congenital heart diseases • Hydrocephalus and ventricular shunts	Fundamental depth, foundational breadth • Pertussis • Cystic fibrosis • Bronchopulmonary dysplasia • Congenital heart diseases • Hydrocephalus and ventricular shunts

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
13E Geriatrics	Simple depth, simple breadth • impact of age-related changes on assessment and care	EMR Material Plus: Fundamental depth, foundational breadth Changes associated with aging, psychosocial aspects of aging and age-related assessment and treatment modifications for the major or common geriatric diseases and/or emergencies • Cardiovascular diseases • Respiratory diseases • Neurological diseases • Endocrine diseases • Alzheimer's • Dementia	EMT Material Plus: Complex depth, foundational breadth • Fluid resuscitation in the elderly	AEMT Material Plus: Normal and abnormal changes associated with aging, pharmacokinetic changes, psychosocial and economic aspects of aging, polypharmacy, and age-related assessment and treatment modifications for the major or common geriatric diseases and/or emergencies. Complex Fundamental depth, comprehensive breadth • Cardiovascular diseases • Respiratory diseases • Neurological diseases • Endocrine diseases • Alzheimer's • Dementia • Delirium o Acute confusional state Fundamental depth, foundational breadth • Herpes zoster • Inflammatory arthritis	AEMT Material Plus: Normal and abnormal changes associated with aging, pharmacokinetic changes, psychosocial and economic aspects of aging, polypharmacy, and age-related assessment and treatment modifications for the major or common geriatric diseases and/or emergencies Complex depth, comprehensive breadth • Cardiovascular diseases • Respiratory diseases • Neurological diseases • Endocrine diseases • Alzheimer's • Dementia • Delirium o Acute confusional state Fundamental depth, foundational breadth • Herpes zoster • Inflammatory arthritis
13F Patients with Special Challenges	Simple depth, simple breadth • Recognizing and reporting abuse and neglect	EMR Material Plus: Simple depth, simple breadth Healthcare implications of • Abuse • Neglect • Homelessness • Poverty • Bariatrics • Technology dependent • Hospice/ terminally ill • Tracheostomy care/dysfunction • Homecare • Sensory deficit/loss • Developmental disability	EMT Material Plus: Fundamental depth, foundational breadth Healthcare implications of • Abuse • Neglect • Homelessness • Poverty • Bariatrics • Technology dependent • Hospice/ terminally ill • Tracheostomy care/dysfunction • Homecare • Sensory deficit/loss • Developmental disability	Same as Previous level	AEMT Material Plus: Complex depth, comprehensive breadth Healthcare implications of • Abuse • Neglect • Poverty • Bariatrics • Technology dependent • Hospice/ terminally ill • Tracheostomy care/dysfunction
14 EMS Operations	Knowledge of operational roles and responsibilities to ensure safe patient, public, and personnel safety	Same as Previous Level	Same as Previous Level	Same as Previous Level	Same as Previous Level
14A Principles of Safely Operating a Ground Ambulance	Simple depth, simple breadth • Risks and responsibilities of emergency response	EMR Material Plus: Simple depth, foundational breadth • Risks and responsibilities of transport	Same as Previous Level	Same as Previous Level	Same as Previous Level

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
14B	Incident Management Simple depth, simple breadth • Establish and work within the incident management system	EMR Material Plus: Fundamental depth, foundational breadth • Establish and work within the incident management system	Same as Previous Level	Same as Previous Level	AEMT Material Plus: Complex depth, comprehensive breadth • Establish and work within the incident management system
14C	Multiple Casualty Incidents Simple depth, simple breadth • Triage principles • Resource management	EMR Material Plus: Simple depth, foundational breadth • Triage • Performing • Re-Triage • Destination Decisions • Post Traumatic and Cumulative Stress	Same as Previous Level	Same as Previous Level	Same as Previous Level
14D	Air Medical Simple depth, simple breadth • Safe air medical operations • Criteria for utilizing air medical response	Same as Previous Level	Same as Previous Level	AEMT Material Plus: Complex fundamental depth, comprehensive foundational breadth • Medical risks/needs/advantages	AEMT Material Plus: Complex depth, comprehensive breadth • Medical risks/needs/advantages
14E	Vehicle Extrication Simple depth, simple breadth • Safe vehicle extrication • Use of simple hand tools	Same as Previous Level	Same as Previous Level	Same as Previous Level	Same as Previous Level
14F	Hazardous Materials Awareness Simple depth, simple breadth • Risks and responsibilities of operating in a cold zone at a hazardous material or other special incident	Same as Previous Level	Same as Previous Level	Same as Previous Level	Same as Previous Level
14G	Mass Casualty Incidents due to Terrorism and Disaster (this section subject to ongoing collective and cooperative review and input from all stakeholders including the Department of Transportation, Department of Homeland Security and the Department of Health and Human Services) Simple depth, simple breadth • Risks and responsibilities of operating on the scene of a natural or man made disaster	Same as Previous Level	Same as Previous Level	Same as Previous Level	Same as Previous Level
	Clinical Behavior/Judgment				

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
C1 Assessment	Perform a simple assessment to identify life threats, identify injuries requiring immobilization and conditions requiring treatment within the scope of practice of the EMR: including foreign substance in the eyes and nerve agent poisoning.	Perform a basic history and physical examination to identify acute complaints and monitor changes. Identify the actual and potential complaints of emergency patients.	Perform a basic history and physical examination to identify acute complaints and monitor changes. Identify the actual and potential complaints of emergency patients.	Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. Formulate a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. Relate assessment findings to underlying pathological and physiological changes in the patient's condition. Integrate and synthesize Apply the multiple determinants of health and clinical care. Perform health screening and referrals.	Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. Formulate a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. Relate assessment findings to underlying pathological and physiological changes in the patient's condition. Integrate and synthesize the multiple determinants of health and clinical care. Perform health screening and referrals.
C2 Therapeutic communication and cultural competency	Communicates to obtain and clearly transmit information with an awareness of cultural differences.	Communicate in a culturally sensitive manner.	Communicate in a culturally sensitive manner.	Same as Previous Level	Effectively communicate in a manner that is culturally sensitive and intended to improve the patient outcome.

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
C3	<p>Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.</p> <p>Airway and Breathing</p> <ul style="list-style-type: none"> • Basic Airway Maneuvers • Head-tilt, chin-lift • Jaw thrust • Modified chin lift • FBAO relief - manual • Oropharyngeal airway • Sellick's maneuver • Positive pressure ventilation devices such as BVM • Suction of the upper airway • Supplemental oxygen therapy • Nasal cannula • Non-rebreather mask <p>Assessment</p> <ul style="list-style-type: none"> • Manual B/P <p>Pharmacologic interventions</p> <ul style="list-style-type: none"> • Unit-dose autoinjectors (lifesaving medications intended for self or peer rescue in hazardous materials situation, nerve agent antidote kit) 	<p>Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.</p> <p>Airway and Breathing</p> <ul style="list-style-type: none"> • Nasopharyngeal airway • Positive pressure ventilation • Manually-triggered ventilators • Automatic transport ventilators • Supplemental oxygen therapy • Humidifiers • Partial-rebreather mask • Venturi mask <p>Assessment</p> <ul style="list-style-type: none"> • Pulse oximetry • Automatic B/P <p>Pharmacologic interventions</p> <ul style="list-style-type: none"> • Assist patients in taking their own prescribed medications • Administration of OTC medications with medical oversight • Oral glucose for hypoglycemia • Aspirin for chest pain 	<p>Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.</p> <p>Airway and Breathing</p> <ul style="list-style-type: none"> • Airways not intended for insertion into the trachea • Esophageal-tracheal • Multi-lumen airway • Tracheal-bronchial suctioning of an already intubated patient <p>Assessment</p> <ul style="list-style-type: none"> • Blood glucose monitor <p>Pharmacologic interventions</p> <ul style="list-style-type: none"> • Establish and maintain peripheral intravenous access • Establish and maintain intraosseous access in pediatric patient • Administer (nonmedicated) intravenous fluid therapy • Sublingual nitroglycerin (chest pain) • Subcutaneous or intramuscular epinephrine (anaphylaxis) • Glucagon (hypoglycemia) 	<p>Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND Virginia Scope of Practice (VaSoP) at this level.</p> <p>Airway and Breathing</p> <ul style="list-style-type: none"> • Oral and nasal endotracheal intubation • FBAO—direct laryngoscopy • Percutaneous cricothyrotomy • Pleural decompression • BiPAP, CPAP, PEEP • Chest tube monitoring • ETCO2 monitoring • NG/OG tube <p>Assessment</p> <ul style="list-style-type: none"> • ECG interpretation • 12-lead interpretation • Blood chemistry analysis <p>Pharmacologic interventions</p> <ul style="list-style-type: none"> • Intraosseous insertion • Enteral and parenteral administration of approved prescription medications • Access indwelling catheters and implanted central IV ports • Medications by IV infusion 	<p>Safely and effectively perform all psychomotor skills within the National EMS Scope of Practice Model AND state Scope of Practice at this level.</p> <p>Airway and Breathing</p> <ul style="list-style-type: none"> • Oral and nasal endotracheal intubation • FBAO – direct laryngoscopy • Percutaneous cricothyrotomy • Pleural decompression • BiPAP, CPAP, PEEP • Chest tube monitoring • ETCO2 monitoring • NG/OG tube <p>Assessment</p> <ul style="list-style-type: none"> • ECG interpretation • 12-lead interpretation • Blood chemistry analysis <p>Pharmacologic interventions</p> <ul style="list-style-type: none"> • Intraosseous insertion • Enteral and parenteral administration of approved prescription medications • Access indwelling catheters and implanted central IV ports • Medications by IV infusion
	C4	<p>Medical/Cardiac care</p> <ul style="list-style-type: none"> • Manual CPR • AED • Assisted normal delivery <p>Trauma care</p> <ul style="list-style-type: none"> • Manual stabilization • C-spine injuries • Extremity fractures • Bleeding control • Emergency moves • Eye irrigation 	<p>Medical/Cardiac care</p> <ul style="list-style-type: none"> • Mechanical CPR • Assisted complicated delivery <p>Trauma care</p> <ul style="list-style-type: none"> • Spinal immobilization • Cervical collars • Seated • Longboard • Rapid extrication • Splinting • Extremity • Traction • PASG • Mechanical patient restraint • Tourniquet 	<ul style="list-style-type: none"> • Intravenous 50% dextrose (hypoglycemia) • Inhaled beta agonists (wheezing) • Intravenous narcotic antagonist (narcotic overdose) • Nitrous oxide (pain) 	<ul style="list-style-type: none"> • Maintain infusion of blood or blood products • Blood sampling • Thrombolytic initiation • Administer physician approved medications <p>Medical/Cardiac care</p> <ul style="list-style-type: none"> • Cardioversion • Manual defibrillation • Transcutaneous pacing • Carotid massage <p>Trauma care</p> <ul style="list-style-type: none"> • Morgan lens

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC	
C5	Professionalism	Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time management, teamwork/ diplomacy, respect, patient advocacy, and careful delivery of service	Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time management, teamwork/ diplomacy, respect, patient advocacy, and careful delivery of service.	Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time management, teamwork/ diplomacy, respect, patient advocacy, and careful delivery of service.	Same as Previous Level	Is a role model of exemplary professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time management, teamwork/ diplomacy, respect, patient advocacy, and careful delivery of service.
C6	Decision Making	Initiates simple interventions based on assessment findings	Initiates basic interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care	Initiates basic and selected advanced interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care	Performs basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Evaluates the effectiveness of interventions and modifies treatment plan accordingly.	Performs basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Evaluates the effectiveness of interventions and modifies treatment plan accordingly.
C7	Record Keeping	Record simple assessment findings and interventions	Report and document assessment data and interventions.	Report and document assessment findings and interventions.	Report and document assessment findings and interventions. Collect and report data to be used for epidemiological and research purposes.	Report and document assessment findings and interventions. Collect and report data to be used for epidemiological and research purposes.

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
C8 Patient Complaints	Perform a patient assessment and provide prehospital emergency care for patient complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, apnea, back pain, behavioral emergency, bleeding, cardiac arrest, chest pain, cyanosis, dyspnea, eye pain, GI bleeding, hypotension, multiple trauma, pain, paralysis, poisoning, shock, and stridor/drooling.	Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ataxia, back pain, behavioral emergency, bleeding, cardiac arrest, cardiac rhythm disturbances, chest pain, constipation, cyanosis, dehydration, diarrhea, dizziness/vertigo, dysphasia, dyspnea, edema, eye pain, fatigue, fever, GI bleeding, headache, hematuria, hemoptysis, hypertension, hypotension, joint pain/swelling, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, rash, rectal pain, shock, sore throat, stridor/drooling, syncope, urinary retention, visual disturbances, weakness, and wheezing.	Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ataxia, back pain, behavioral emergency, bleeding, cardiac arrest, cardiac rhythm disturbances, chest pain, constipation, cyanosis, dehydration, diarrhea, dizziness/vertigo, dysphasia, dyspnea, edema, eye pain, fatigue, fever, GI bleeding, headache, hematuria, hemoptysis, hypertension, hypotension, joint pain/swelling, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, rash, rectal pain, shock, sore throat, stridor/drooling, syncope, urinary retention, visual disturbances, weakness, and wheezing.	Perform a patient assessment, develop a treatment and disposition plan for patients with the following complains: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ascites, ataxia, back pain, behavioral emergency, bleeding, blood and body fluid exposure, cardiac arrest, cardiac rhythm disturbances, chest pain, congestion, constipation, cough/hiccough, cyanosis, dehydration, dental pain, diarrhea, dizziness/vertigo, dysmenorrhea, dysphasia, dyspnea, dysuria, ear pain, edema, eye pain, fatigue, feeding problems, fever, GI bleeding, headache, hearing disturbance, hematuria, hemoptysis, hypertension, hypotension, incontinence, jaundice, joint pain/swelling, malaise, multiple trauma, nausea/vomiting, pain, paralysis, poisoning, pruritus, rash, rectal pain, red/pink eye, shock, sore throat, stridor/drooling, syncope, tinnitus, tremor, urinary retention, visual disturbances, weakness, and wheezing.	Perform a patient assessment, develop a treatment and disposition plan for patients with the following complains: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ascites, ataxia, back pain, behavioral emergency, bleeding, blood and body fluid exposure, cardiac arrest, cardiac rhythm disturbances, chest pain, congestion, constipation, cough/hiccough, cyanosis, dehydration, dental pain, diarrhea, dizziness/vertigo, dysmenorrhea, dysphasia, dyspnea, dysuria, ear pain, edema, eye pain, fatigue, feeding problems, fever, GI bleeding, headache, hearing disturbance, hematuria, hemoptysis, hypertension, hypotension, incontinence, jaundice, joint pain/swelling, malaise, multiple trauma, nausea/vomiting, pain, paralysis, poisoning, pruritus, rash, rectal pain, red/pink eye, shock, sore throat, stridor/drooling, syncope, tinnitus, tremor, urinary retention, visual disturbances, weakness, and wheezing.
C9 Scene Leadership	Manage the scene until care is transferred to an EMS team member licensed at a higher level arrives.	Entry-level EMTs serve as an EMS team member on an emergency call with more experienced personnel in the lead role. EMTs may serve as a team leader following additional training and/or experience.	Serve as an EMS team leader of an emergency call.	Function as the team leader of a routine, single patient advanced life support emergency call.	Function as the team leader of a routine, single patient advanced life support emergency call.
C10 Scene Safety	Ensure the safety of the rescuer and others during an emergency.	Ensure the safety of the rescuer and others during an emergency.	Ensure the safety of the rescuer and others during an emergency.	Ensure the safety of the rescuer and others during an emergency.	Ensure the safety of the rescuer and others during an emergency.
Educational Infrastructure					

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
E1	Educational Facilities	Same as Previous Level	Same as Previous Level	Same as Previous Level	<ul style="list-style-type: none"> • Reference Committee on Accreditation for EMS Professions (CoAEMSP) Standards and Guidelines (www.coaemsp.org)
E2	Student Space	Same as Previous Level	Same as Previous Level	Same as Previous Level	
E3	Instructional Resources	Same as Previous Level	Same as Previous Level	Same as Previous Level	
E4	Instructor Preparation Resources	Same as Previous Level	Same as Previous Level	Same as Previous Level	
E5	Storage Space	Same as Previous Level	Same as Previous Level	Same as Previous Level	
E6	Sponsorship	Same as Previous Level	Same as Previous Level	Same as Previous Level	
E7	Programmatic Approval	Same as Previous Level	Same as Previous Level	Same as Previous Level	

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
E8	Faculty	Same as Previous Level	Same as Previous Level	Same as Previous Level	
E9	Medical Director Oversight	Same as Previous Level	Same as Previous Level	Same as Previous Level	
E10	Hospital/Clinical Experience	<ul style="list-style-type: none"> • None required at this level 	<ul style="list-style-type: none"> • Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care. Students must perform <u>ten</u> patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc. or on standardized patients if clinical settings are not available. 	<ul style="list-style-type: none"> <input type="checkbox"/> The student must demonstrate the ability to safely administer medications (the student should safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patient). <input type="checkbox"/> The student must demonstrate the ability to safely gain vascular access (the student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients of various age groups). <input type="checkbox"/> The student <u>should</u> demonstrate the ability to effectively ventilate unintubated patients of all age groups (the student should effectively, and while performing all steps of each procedure, ventilate at least 20 live patients of various age groups). <p>See State Requirements</p>	See State Requirements

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
E11			<p>The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with chest pain.</p> <ul style="list-style-type: none"> • The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with respiratory distress. • The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for patients with altered mental status. • The student must demonstrate the ability to perform an adequate assessment on pediatric, adult and geriatric patients. 		
E12	Field Experience	<ul style="list-style-type: none"> • The student must participate in and document patient contacts in a field experience approved by the medical director and program director. 	<ul style="list-style-type: none"> • The student must participate in and document team leadership in a field experience approved by the medical director and program director. 	<i>See State Requirements</i>	
E13	Course Length	<ul style="list-style-type: none"> • Course length is based on competency, not hours • Course material can be delivered in multiple formats including but not limited to: <ul style="list-style-type: none"> • Independent student preparation • Synchronous/Asynchronous distributive education • Face-to-face instruction • Pre- or co-requisites • Course length is estimated to take approximately 48-60 didactic and laboratory clock hours 	<ul style="list-style-type: none"> • Course length is based on competency, not hours • Course material can be delivered in multiple formats including but not limited to: <ul style="list-style-type: none"> • Independent student preparation • Synchronous/Asynchronous distributive education • Face-to-face instruction • Pre- or co-requisites • Course length is estimated to take approximately 150-190 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material 	<ul style="list-style-type: none"> • Course length is based on competency, not hours • Course material can be delivered in multiple formats including but not limited to: <ul style="list-style-type: none"> • Independent student preparation • Synchronous/Asynchronous distributive education • Face-to-face instruction • Pre- or co-requisites • Course length is estimated to take approximately 150-250 clock hours beyond EMT requirements including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material 	<i>See State Requirements</i>

	EMR	EMT	AEMT	INTERMEDIATE	PARAMEDIC
E14 Course Design	<ul style="list-style-type: none"> • Provide the following components of instruction: • Didactic instruction • Skills laboratories 	<ul style="list-style-type: none"> • Provide the following components of instruction: • Didactic instruction • Skills laboratories • Hospital/Clinical experience • Field experience 	Same as Previous Level	Same as Previous Level	
E15 Student Assessment	<ul style="list-style-type: none"> • Perform knowledge, skill, and professional behavior evaluation based on educational standards and program objectives • Provide several methods of assessing achievement • Provide assessment that measures, as a minimum, entry level competency in all domains 	Same as Previous Level	Same as Previous Level	Same as Previous Level	
E16 Program Evaluation	<ul style="list-style-type: none"> • Provide evaluation of program instructional effectiveness • Provide evaluation of organizational and administrative effectiveness of program 	Same as Previous Level	Same as Previous Level	Same as Previous Level	

APPENDIX E

EMS EDUCATION COORDINATOR PROGRAM

Background:

Currently Virginia utilizes EMT Instructors for the coordination/instruction of First Responder (EMR) and Emergency Medical Technician–Basic (EMT) programs. Enhanced (AEMT), Intermediate and Paramedic Programs are coordinated by ALS Coordinators. Significant disparity exists between the two coordinator levels as they complete their respective EMT Instructor Institutes and/or ALS-Coordinator Seminars. Presently ALS-Coordinators are not required to demonstrate competency in adult teaching techniques or instructional delivery nor are they required to instruct specific hours during their endorsement. EMT Instructor candidates must complete an adult education module and demonstrate competency in delivering the didactic material at an EMT Instructor Institute as well as document 50 hours of instruction of Category 1 topics every two years in order to recertify their EMT Instructor status.

It has been identified that the two separate programs are inconsistent. Because both require the same set of tasks, the office is proposing to streamline the coordinator programs into a single EMS Education Coordinator process to prevent confusion, avoid duplication, ensure quality and provide consistent EMS educational instruction.

The proposed *EMS Regulations* are written as follows:

12VAC5-31-1548. EMS Education Coordinator

Note: Current EMT-Instructors and or ALS Coordinators will be transitioned to EMS Education Coordinator within 4 years of adoption of these regulations.

A. The EMS Education Coordinator may announce and teach courses at or below their provider certification level.

1. An EMS-Education Coordinator who certifies at a higher level may not begin announcing/coordinating courses at that level until they have attained one year of field experience at that level.

B. Performance of any medical procedure is not permitted based upon EMS Education Coordinator certification.

Any ALS Coordinator who desires to become an Education Coordinator after the four (4) year transition period will be required to complete the Education Coordinator program and is not eligible for the transition program.

12VAVC-5-31-1549. EMS Education Coordinator Prerequisites.

Prerequisites for certification as an EMS Education Coordinator are:

- A. Be a minimum of 21 years of age.
- B. Posses a high school diploma or equivalent.
- C. Have three years medical experience with a minimum of two years verified field experience as an EMS provider at the appropriate EMS level or two years of current Virginia licensure as an RN, PA, DO, or MD.
- D. Must not have any EMS compliance enforcement actions within the previous five years.

12VAC5-31-1551. EMS Education Coordinator Certification Process.

A. Eligible EMS Education Coordinator candidates will submit an application to include endorsement from an EMS physician.

B. Upon receipt and verification of the application, the eligible EMS Education Coordinator candidate will be required to complete a written and practical examination.

1. Education Coordinator candidates are required to pass the EMT Instructor pre-test with a minimum score of 85%.
2. Education Coordinator candidates are required to pass the EMT Instructor practical examination.

C. After successfully completing the written and practical examination, the qualified eligible EMS Education Coordinator candidate shall attend training as required by OEMS.

ALS-COORDINATORS (NOT-CERTIFIED as an EMT INSTRUCTOR)

Those candidates who are not presently certified as Virginia EMT Instructors will be required to complete the existing EMT Instructor process that includes:

1. Endorsement by a Virginia EMS physician (PCD or OMD).
2. Successful completion of the EMT Instructor pre-test based on the new EMS Education Standards.
3. Successfully complete the EMT practical exam.
4. Complete the two and half (2 ½) day EMT Instructor Institute which includes:
 - a. 2 days of adult education principles*
 - b. ½ day for the “stand & deliver” component to determine their competency for instructing adult learners and must obtain a “pass” on their presentation.*

ALS-Coordinators who do not wish to seek certification as an EMS Education Coordinator may elect to continue their endorsement as ALS-Coordinators. ALS-Coordinators may coordinate Category 1 ALS programs up to their level of certification. ALS-Coordinators have a two-year reentry period, where they must meet their re-endorsement requirements as outlined below. ALS Coordinators are not eligible to announce or coordinate BLS initial or continuing education programs. ALS-Coordinators must complete the following to maintain their two year endorsement period:

- a. Complete an ALS-Coordinator application
- b. Attend one EMS Education Coordinator Update within their endorsement period.

PRESENTLY CERTIFIED EMT INSTRUCTORS or educators who are both Certified EMT Instructors and Endorsed ALS Coordinators

Educators who are presently certified as Virginia EMT Instructors only or *those that are also Endorsed ALS Coordinators*

will be automatically recertified as an EC shortly after the EMS regulations are promulgated.

CANDIDATES WISHING TO BECOME EDUCATION COORDINATORS

Those candidates who are neither EMT Instructors nor ALS-Coordinators must complete the EC pretest, EC practical and all components of the EC Institute that includes two (2) days of adult education theory, two (2) days of administration and a “stand and deliver” component.

12VAC5-31-1552. EMS Education Coordinator Recertification Process.

A. To be eligible to recertify, the EMS Education Coordinator shall:

1. Maintain their EMS provider certification.
2. Teach a minimum of 50 hours of initial certification or Category 1 CE and documentation of completion submitted in a process established by OEMS.
3. Complete one (1) EMS Education Coordinator update in the three-year certification period.
4. Submit an EMS Education Coordinator application to include endorsement from an EMS Physician.

B. Upon completion of the recertification requirements, the EMS Education Coordinator will receive an “Eligibility Notice” and must take and pass the EMS Education Coordinator recertification examination.

The recertification exam can not be waived by an OMD. The recertification examination evaluates the administrative responsibilities of the EMS Education Coordinator and their knowledge of the Training Program Administration Manual (TPAM).

C. All EMS Education Coordinator recertification requirements must be completed and submitted to OEMS prior to the certification expiration date.

12VAC5-31-1553. EMS Education Coordinator Reentry.

A. If an EMS Education Coordinator does not complete or submit all recertification requirements prior to their expiration date, they will go into a two-year reentry period.

B. During the reentry, the EMS Education Coordinator will not be allowed to coordinate any EMS certification or CE courses.

1. Any current courses in progress at the time of loss of EMS Education Coordinator certification will be suspended and the enrolled students will be notified in writing by OEMS.

C. All outstanding recertification requirements shall be completed during the reentry period.

D. Failure to complete all recertification requirements during the reentry period will require the provider to complete the entire certification process as prescribed in 12VAC5-31-1551.

CURRENT EMT INSTRUCTORS	CURRENT ALS-COORDINATORS	CURRENT EMT-INSTRUCTOR & ALS-COORDINATOR
<p>Automatically will become an EC upon promulgation of the EMS regulations.</p>	<p>Must complete EMT Instructor process:</p> <ul style="list-style-type: none"> a. EMT Pretest b. EMT Practical exam c. 2 day adult education techniques d. 1/2 day “stand & deliver “ component 	<p>No requirements to complete. Automatically will become an EC upon promulgation of the EMS regulations.</p>

* Fire Instructors and candidates who have documented completion of a Masters degree in education may be exempted from the adult education/”stand & deliver” requirement.

APPENDIX F

Accredited Training Site Directory

As of April 8, 2008





Accredited Paramedic¹ Training Programs in the Commonwealth

Site Name	Site Number	Expiration	Accreditation Status
Associates in Emergency Care – GMRS	68303	11-2009	National – Initial
Associates in Emergency Care – LFCC	06111	11-2009	National – Initial
Associates in Emergency Care – Stafford	17908	11-2009	National – Initial
Center for Emergency Health Services – Fredericksburg	63013	11-2009	State – Full
Center for Emergency Health Services – Portsmouth	74014	11-2009	State – Full
Center for Emergency Health Services – Richmond	76028	11-2009	State – Full
Center for Emergency Health Services – Williamsburg	83006	11-2009	State – Full
Central Virginia Community College	68006	07-2009	State – Full
J. Sargeant Reynolds Community College – Chesterfield	04107	11-2007*	National – Initial
J. Sargeant Reynolds Community College – Colonial Hgts.	57004	11-2007*	National – Initial
J. Sargeant Reynolds Community College – Goochland	07504	11-2007*	National – Initial
J. Sargeant Reynolds Community College – Hanover	08513	11-2007*	National – Initial
J. Sargeant Reynolds Community College – Henrico	08709	11-2007*	National – Initial
J. Sargeant Reynolds Community College – RAA	76029	11-2007*	National – Initial
Jefferson College of Health Sciences	77007	05-2011	National – Continuing
Loudoun County Fire & Rescue	10704	05-2012	National – Continuing
National College of Business & Technology	77512	11-2009	State – Full
Northern Virginia Community College	05906	05-2011	National – Continuing
Patrick Henry Community College	08908	08-2008	State – Conditional
Piedmont Virginia Community College/UVa	54006	11-2008	National – Initial
Southwest Virginia Community College	18507	01-2012	National – Continuing
Tidewater Community College	81016	05-2011	National – Continuing
Tidewater Community College – NNFDTTC	70014	05-2011	National – Continuing
VCU School of Medicine Paramedic Program	76011	03-2012	National – Continuing

1. Programs accredited at the Paramedic level may also offer instruction at EMT- I, EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

* J. Sargeant Reynolds is in the process of completing a self-study document at the request of CoAEMSP for a follow up visit scheduled for 2009.

Legend: - Community College Main Site - Private Business Main Site - Alternate Site

Accredited Intermediate¹ Training Programs in the Commonwealth

Site Name	Site Number	Expiration	Accreditation Status
Central Shenandoah EMS Council Intermediate Program	79001	05-2010	State – Full
John Tyler Community College	04115	02-2012	State – Full
Lord Fairfax Community College	06903	06-2007	State – Full
New River Valley Training Center	75004	12-2011	State – Full
Norfolk Fire-Rescue	71008	07-2011	State – Full
Franklin County Public Safety Training Center	06705	07-2008	State – Conditional
Old Dominion EMS Alliance	04114	08-2008	State – Conditional
Prince William County Paramedic Program	15312	07-2010	State – Full
Rappahannock Community College – Glenss	11903	07-2011	State – Full
Rappahannock Community College – Warsaw	15904	07-2011	State – Full
Rappahannock EMS Council Intermediate Program	63007	01-2009	State – Full
Roanoke Regional Fire-EMS Training Center	77505	12-2009	State – Full
Southside Rescue Squad	11708	07-2011	State – Full
UVa Prehospital Program	54008	07-2009	State – Full

1. Programs accredited at the Intermediate level may also offer instruction at EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

Legend: - Community College Main Site - Private Business Main Site - Alternate Site

EMT-Intermediate Candidate Sites

Site Name	Site Number	Council	Accreditation Status
Tidewater EMS Council	unassigned	TEMS	Will be submitting a self study in 2007 for the Eastern Shore of Virginia.
Hampton City Fire-Rescue	unassigned	PEMS	Failed site visit, unsure about resubmitting.
James City County Fire-Rescue	unassigned	PEMS	Inquired about how to set up a site.

Coverage:

Paramedic Programs

	Number of Main Sites	Number of Alternative Sites
VCCS Institutions	7	6
Private Institutions	6	5

Intermediate Programs

	Number of Main Sites	Number of Alternative Sites
VCCS Institutions	3	1
Private Institutions	10	0

What is OEMS's plan or "next steps" to increase the 92 percent coverage within a 30-mile radius of accredited sites and to increase the number of accredited sites?

The OEMS Accreditation program is still growing and building on its own—with little or no specific action being taken by the Office. However, the Division of Educational Development continues to market to and educate ALS-Coordinators and Regional Councils during each of the EMS Instructor Updates conducted throughout the year [there are 10 updates held per year at a minimum]. The Division continues to encourage participation with the accreditation program whenever and where ever we have an audience.

The Office has recently been in communication with the Tidewater EMS Council and they are planning to submit a self-study sometime during FY08 which will bring training to the Eastern Shore, an area where training is desperately needed. According to our calculations, that will boost the coverage by accredited training sites to 96% of the Commonwealth.

APPENDIX G



New and Improved Format

Keeping the Best! EMS Retention Training

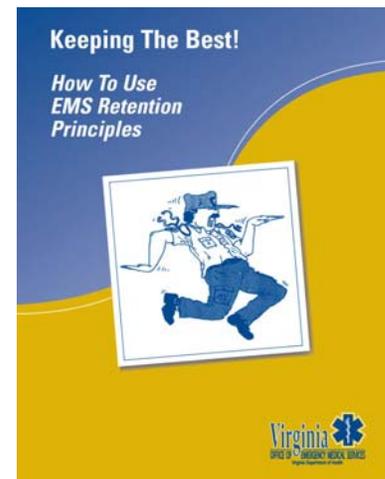
This is your chance to learn how to assess and improve your EMS agency's retention efforts.

Keeping the Best! How to Use EMS Retention Principles –

In this one day course, participants will learn:

- The four core EMS retention principles
- How to apply learned principles to your EMS agency's specific needs
- Situational discussions and examples

WHEN: **JUNE 13, 2010 9:00 am – 4 pm**
WHERE: **O.W.L. V.F.D. STATION # 2 Woodbridge**



**Sponsored by O.W.L. V.F.D. and
the Virginia Office of EMS
In Conjunction with the**

Alliance for Emergency Medical Education and Research

Seating is limited. Register today! There is no charge - includes lunch and all course materials.

For Questions contact:

Melissa Payne – (571) 641-5498

Carol Morrow – (800) 523-6019



Category II continuing education units will be awarded.

APPENDIX H

Virginia's Recruitment & Retention Network



...is a casual association of volunteer and career emergency medical services (EMS) and fire department recruiters from emergency services organizations across Virginia with a clear interest in staffing, manpower, retention, and recruitment.

The Network has been described as a “think tank,” and the “sharing of ideas” and programs for the betterment of emergency services organizations all over Virginia is key to its success. The mix of volunteer and "full-time" membership officers and recruiters inspires open discussion about diverse topics free-and-clear of any career versus volunteer slant.

Whether you are part of a large metropolitan department or small volunteer rescue squad or fire company, you can benefit from an open sharing of ideas and exchange of information and materials. Our Associates or “members” agree the networking group has evolved to enrich, support, and energize them.

I “joined” the VA R&R Network late in 2005 and left my first meeting feeling rejuvenated. I cannot recall ever attending a local, much less a state wide volunteer / career EMS and Fire meeting where everyone shared, no strings attached, such fantastic R-R ideas.

Bobby Hill, EMS Recruitment Coordinator, Virginia Beach Rescue Squad Foundation

The Network meetings are not the place to focus on training, operations, financial, or administrative matters. The Network meets every other month (February, April, June, August, October and December) for early afternoon meetings that begin with lunch.

For additional information about the Network, please contact Dave Tesh (teshd@chesterfield.gov), Cris Leonard (jcleonard@co.hanover.va.us), Karen McQuaid (Karen.Mcquaid@loudoun.gov) or Connie Moore (brunswickvrs@yahoo.com).

“Our mission is to foster an open and unselfish exchange of information and ideas aimed at improving staffing for our organizations.”

APPENDIX I

Additional Benefits

- **Volunteer Firefighters' and Rescue Squad Workers' Service Award Fund (VOLSAP)** is established to provide service awards to eligible volunteer firefighters and rescue squad workers who elect to become members of the Fund. The Volunteer Firefighters' and Rescue Squad Workers' Service Award Fund Board (the Board) shall utilize the assistance of the Virginia Retirement System in establishing, investing, and maintaining the Fund. § 51.1-1200 - § 51.1-1211

VOLSAP benefits are locality-specific, please contact your local jurisdiction about participation. For additional information about VOLSAP benefits, e-mail Patty Atkins-Smith at psmith@varetire.org.

- **VAVRS Death Benefit Plan** - At the time of death, financial aid is rendered to the designated beneficiary or estate of any member in good standing of the Plan. To qualify for membership in the Plan, the person applying shall be one of the following VAVRS member types: individual, sustaining, associate or associate unit member.

- **Governor's EMS Awards** - Every year the Governor of Virginia recognizes select members of the EMS community for their hard work and dedication to the field. Nominees are first selected through their Regional EMS Councils and then nominated at the state level. Contact your Regional EMS Council for additional information about this program.

- **IRS Tax Deductions** - Write off mileage to and from the station, expenses for meals, personal equipment, etc. Consult your tax advisor for additional details.

- **Incentive Award Program** - At the EMS Agency level there are various incentive award programs that offer members benefits such as movie tickets, reduced prices at retail establishments, gift certificates, vacation trips, etc. Contact your local EMS Agency for additional information about this benefit.

For more information about your benefits, contact your local EMS Agency, Regional EMS Council, VAVRS or e-mail questions to emstechasst@vdh.virginia.gov.

Virginia Office of EMS

1041 Technology Park Drive
Glen Allen, VA 23059
804-888-7507
1-800-523-6019 (VA only)
www.vdh.virginia.gov/oems

Discover your Benefits



A Guide to Local and State Benefits for Virginia EMS Providers

VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment
www.vdh.virginia.gov

Virginia 
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health
www.vdh.virginia.gov/oems

Local & State Benefits

Local Benefits

The following benefits are initiated by locality and may not pertain to all agencies.



- **Personal property tax reduction for vehicles** owned or leased by volunteers. § 58.1-3506

- **County sticker** (local license) may be issued free of charge. § 46.2-752

- **Loans** to volunteer firefighting and rescue organizations. Any locality may make loans of money appropriated from public funds to any nonprofit organization furnishing firefighting or rescue services **for the construction of facilities or the acquisition of equipment** that is to be used for the purpose of providing firefighting or rescue services. § 15.2-954

- Any volunteer fire department or rescue squad or auxiliary unit thereof which has been recognized in accordance with § 15.2-955 by an ordinance or resolution of the political subdivision where the volunteer fire department or rescue squad is located as being part of the safety program of such political subdivision shall be **exempt from the payment of application and audit fees to conduct charitable gaming, bingo, etc.** (required by § 18.2-340.25 - § 18.2-340.31). § 18.2-340.23



- Volunteer firefighter or emergency medical services **personnel tuition reimbursement.** Notwithstanding any other provision to the contrary, any locality may by ordinance establish and administer a tuition reimbursement

program for eligible volunteer firefighters or emergency medical services personnel, or both, for the purposes of recruitment and retention. § 15.2-954.1

- **Liability insurance or self insurance for EMS agency operational medical directors (OMDs) or physician course directors (PCDs)** to cover the costs and expenses for settlement, suit or satisfaction of judgement arising from their conduct in the discharge of their official duties. § 15.2-1518

State Benefits

- **Workmen's compensation coverage** for firefighters, lifesaving or rescue squad members and law enforcement officers in an off-duty capacity. Notwithstanding any other provision of law, a claim for workers' compensation benefits shall be deemed to be in the course of employment of any firefighter, lifesaving or rescue squad member or law-enforcement officer who, in an off-duty capacity or outside an assigned shift or work location, undertakes any law-enforcement or rescue activity. § 65.2-102

- **Waiver of tuition and certain charges and fees** for eligible children and spouses of certain military service members, eligible children and spouses of certain public safety personnel, and certain foreign students. § 23-7.4:1

- **State employees shall be allowed up to 24 hours of paid leave in any calendar year,** in addition to other paid leave, to serve with a volunteer fire department and rescue squad or auxiliary unit thereof that has been recognized in accordance with § 15.2-955 by an ordinance or resolution of the political subdivision where the volunteer fire department or rescue squad is located as being a part of the safety program of such political subdivision. § 2.2-2821.2

- **Commonwealth Public Safety Medal of Valor.** Governor can award a Public Safety Medal of Valor to a public safety officer for performance above and beyond the call of duty involving extraordinary valor in the face of grave danger, at great personal risk. § 9.1-800

- **Purchase of continued health insurance coverage** by the surviving spouse and any dependents of an active or retired local law-enforcement officer, firefighter, etc., through the Department. § 2.2-1205

State Benefits continued...

- **Availability of surplus items** to volunteer rescue squad or volunteer fire department as well as departments, divisions, institutions, or agencies of the Commonwealth. § 2.2-1124

- **Special license plates** for members of volunteer rescue squads and volunteer rescue squad auxiliaries; fees. The Commissioner, on application, shall supply members of volunteer rescue squads and members of volunteer rescue squad auxiliaries special license plates bearing the letters "RS" followed by numbers or letters or any combination thereof. § 46.2-735

- **Payments to beneficiaries** of certain deceased law enforcement officers, firefighters, etc., and retirees in line of duty. § 9.1-402



- **Compensation to dependents** of an employee killed; burial expenses. The employer shall also pay burial expenses not exceeding \$10,000 and reasonable transportation expenses for the deceased not exceeding \$1,000. § 65.2-512

- **Allowances to injured officials and employees and their dependents.** The governing body of any locality is authorized in its discretion to make allowances by appropriation of funds, payable in monthly or semimonthly installments, for the relief of any of its officials, employees, police officers, firefighters, sheriffs or deputy sheriffs, town sergeants and town deputy sergeants, or their dependents, who suffer injury or death as defined in Title 65.2, whether such injury was suffered or death occurs before or after June 29, 1948 (date is the effective date of the section.) § 15.2-1511

- Volunteer fire departments and rescue squads classified as **charitable organizations.** § 58.1-3610

- **Reimbursement of expenses** incurred in responding to DUI incidents and other traffic accidents. § 15.2-1716

- **Obstructing members of rescue squad** in performance of mission; penalty. § 18.2-414.1