Virginia Department of Health

Office of Emergency Medical Services

Quarterly Report to the

State EMS Advisory Board

February 12, 2010

Executive Management, Administration & Finance

Office of Emergency Medical Services
Report to The
State EMS Advisory Board
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MISSION STATEMENT:

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

I. Executive Management, Administration & Finance

a) Proposed Budget for the 2010-2012 Biennium

Governor Kaine's Proposed Budget for the 2010-2012 Biennium and Executive Amendments to the 2008-2010 Biennial Budget Impacting Emergency Medical Services are included in **APPENDIX A**.

b) 2010 Virginia General Assembly - Legislation Being Tracked

Every Friday or Saturday during the 2010 Virginia General Assembly, OEMS sends Legislative Grid and Legislative Report that OEMS is tracking to each member of the State EMS Advisory Board, each Regional EMS Council and other interested stakeholders. This information is also posted on the OEMS web site at: http://www.vdh.virginia.gov/OEMS/news_page/2010Legislative.htm. A copy of Grid and Report as of January 27, 2010 are also included as **APPENDIX A**.

c) Revision of Bylaws and Committee Restructuring

As discussed at the November 11, 2009 State EMS Advisory Board meeting (see minutes), the Bylaws Subcommittee met on January 14, 2010. The recommended revised Bylaws and proposed Committee restructuring are included as **APPENDIX B**.

d) EMS Provider Portal

OEMS is rolling out a new portal for each EMS provider in Virginia. It will possibly take another 6 months to fully load all the information that will be available to the provider, however it is up and running right now with some of the information available. You do not necessarily need to be certified to enter the portal. You may start using this portal once you are enrolled in an EMS course and have received a certification number. A provider will be able to get their CEU information, eligibility to test letters, test results, etc. An individual will be able to get anything online that OEMS normally mails to them. For additional information on the portal, go to: http://www.vdh.state.va.us/OEMS/Training/ProviderPortal.htm

Whenever anyone calls in having difficulty accessing the EMS Provider Portal (for their CE report) due to:

- connectivity issues
- portal error messages
- password/login issues
- password resets

and any other issue with the EMS Provider or Instructor Portals, they should e-mail the VDH Helpdesk at oems.support@vdh.virginia.gov.

The individual will need to provide:

- a description of the problem they are experiencing,
- their certification number
- full name, and
- a valid telephone number.

e) EMS Education Coordinator

Once the new regulations are in place, a transition process will be put in place by OEMS to move Instructors and ALS Coordinators to the new EMS Education Coordinator position. This will be done over a 4 year period. Go to: http://www.vdh.state.va.us/OEMS/Regulations/RegulationsReivew.htm and click on "2008 Regulations". Sections 12VAC5-31-1548 (page 191), 1549, 1551 and 1553 show most of the proposed changes for the EMS Education Coordinator.

f) Emergency Services Vehicles License Plates

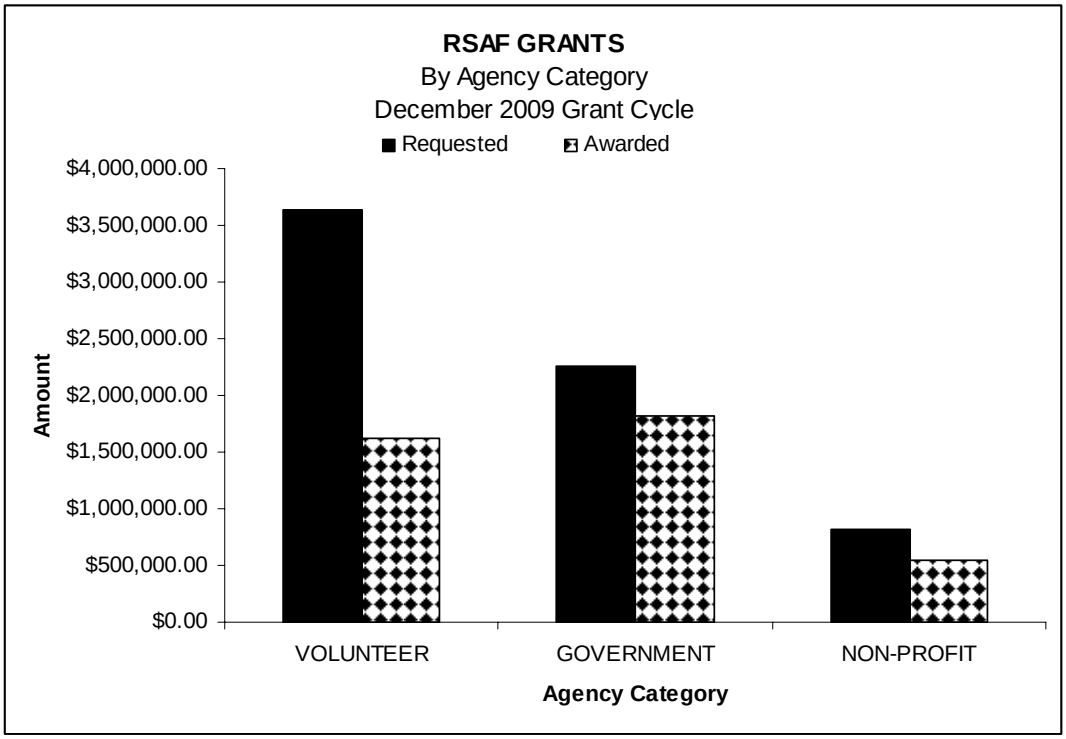
On December 28, 2009 a letter was sent to EMS Agencies by the Virginia Department of Motor Vehicles regarding a review of all previous issued EVS license plates. A copy of the letter is included as **APPENDIX C.**

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

The Virginia Office of Emergency Medical Services (OEMS) has completed the RSAF grant cycle for December 2009 (awarded January 1-December 31, 2010). OEMS received 117 grant applications requesting $6,719,511.00 in funding and awarded 99 grants totaling $3,595,295.31. The following agency categories were awarded funding:

- 56 Volunteer Agencies were awarded $1,615,841.77
- 36 Government Agencies were awarded $1,822,371.19
- 8 Non-Profit Agencies were awarded $547,698.39

Table 1 – Requested vs. Awarded Amount by Agency Category

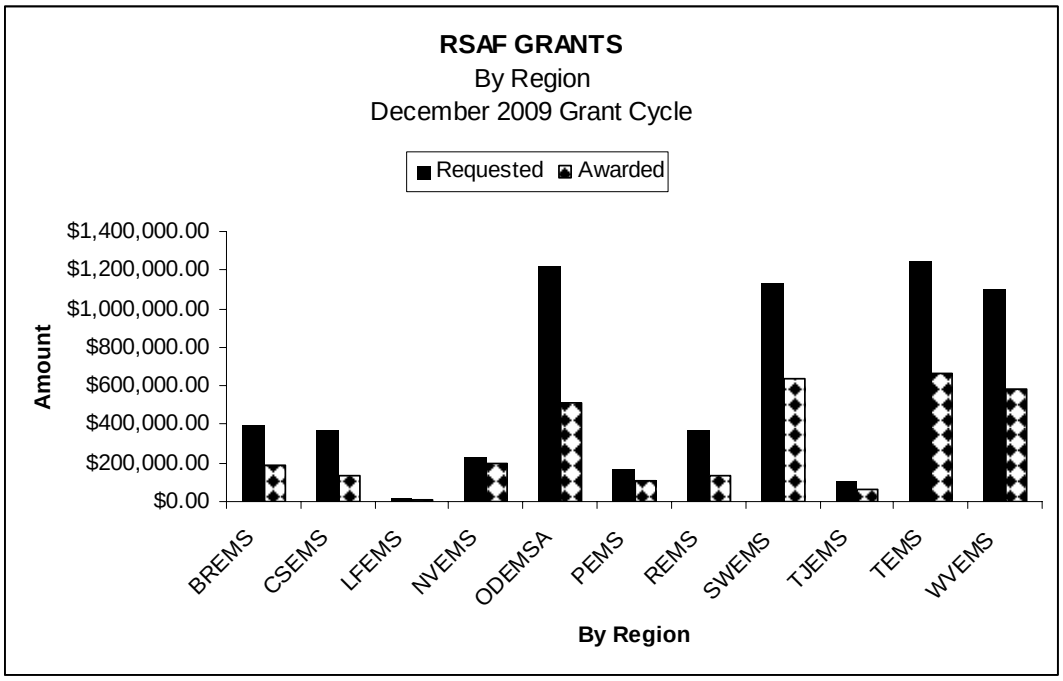


The following regional areas are requesting funding in the following amounts:

- Blue Ridge EMS Council – 7 agencies were awarded $191,400.82
- Central Shenandoah EMS Council – 5 agencies were awarded $134,576.40
- Lord Fairfax EMS Council – 1 agency was awarded $10,261.88
- Northern Virginia EMS Council – 3 agencies were awarded $198,790.00
- Old Dominion EMS Alliance – 18 agencies were awarded $509,554.92
- Peninsulas EMS Council – 9 agencies were awarded $104,445.37

- Rappahannock EMS Council – 7 agencies were awarded $135,598.83
- Southwestern Virginia EMS Council – 19 agencies were awarded $641,226.74
- Thomas Jefferson EMS Council – 2 agencies were awarded $66,926.00
- Tidewater EMS Council – 9 agencies were awarded $667,560.80
- Western Virginia EMS Council – 15 agencies were awarded $584,892.75
- Non-Affiliated Agencies – 4 agencies were awarded $350,060.80

Figure 2: Requested vs. Awarded Amount by Region



$3,595,295.31 in RSAF Grants were awarded to agencies for the following amount by item:

- Audio Visual and Computers - $404,483.00
  - Includes projectors, computers, toughbooks, mounting equipment and other audio visual equipment.

- Basic and Advanced Life Support Equipment - $794,558.00
  - Includes any medical care equipment for sustaining life, including defibrillation, airway management, and supplies.

- Communications - $283,659.00
  - Includes items for EMS dispatching, mobile/portable radios, pagers, and other communications system technology.

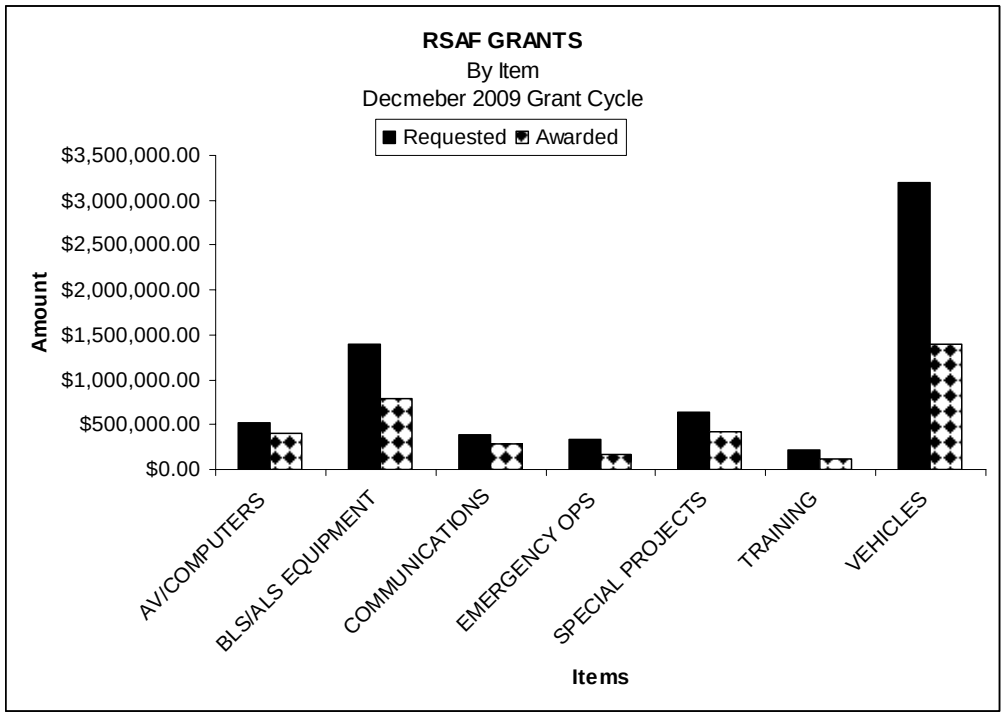
- Emergency Operations - $161,075.00
    - Includes items such as Mass Casualty Incident (MCI) trailers and equipment, Disaster Medical Assistance Team (DMAT) equipment, extrication equipment, and Health and Medical Emergency Response Team (HMERT) vehicles and equipment. The Emergency Operations category also includes any other equipment or items needed in order to rapidly mobilize and dispatch help in emergency situations.

- Special Projects - $427,038.00
    - Includes projects such as Recruitment and Retention, Management and Leadership and other innovative programs.

- Training - $122,432.00
    - 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 - $1,402,051.00
    - Includes ambulances, quick response vehicles, all-terrain vehicles and tow vehicles.

Figure 3: Requested vs. Awarded Amount by Item



The next RSAF Grant cycle will open February 1, 2010 and close March 15, 2010. These grants will be awarded on July 1, 2010.

h) Department of Homeland Security (DHS), Emergency Medical Services Registry (EMSR) Grant Program, now 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 payments in the amount of $539,730.00 for grants that were awarded through OEMS. Localities awarded through the Department of Homeland Security (DHS) will continue to submit their documentation to the Virginia Department of Emergency Management (VDEM).

Panasonic has shipped 1,026 of the awarded 1,068 toughbooks out to the awarded localities. All toughbooks will be shipped by March 31, 2010. All invoices and payment documentation are due to VDEM/OEMS by this date to avoid grant forfeiture. OEMS awarded 117 additional toughbooks to those localities and agencies that were not awarded during the DHS grant cycle. Localities and agencies continue to be encouraged to apply for this equipment through the RSAF grant program.

i) 2010 DHS Grant Application

The OEMS Grants Manager is coordinating with VDEM and EMS stakeholders throughout the Commonwealth in the submission of the 2010 DHS Grant Application. The Grants Manager attended the Regional Preparedness Advisory Committee on January 19 in Chesterfield, this meeting was coordinated by the Office of Commonwealth Preparedness (OCP) and VDEM to establish the guidelines and deadlines for the grant application. The specific tasks and deadlines were specified:

- VDEM Project Proposal due 2/21/10
- Investment Justification Lead Meeting with VDEM on 3/15/10
- Draft Investment Justification due to VDEM on 3/24/10
- VDEM presents Commonwealth Executive Summary to Governor on 3/31/10
- DHS Grant Application due to VDEM on 4/7/10
- VDEM submits Commonwealth grant application to DHS on 4/21/10

OEMS will apply for VHF high-band portable radios for all patient-transport vehicles permitted by OEMS. OEMS will determine current inventory levels and apply for the needed equipment for incident driven communications interoperability.

EMS on the National Scene

II. EMS On the National Scene

a) NTSB Issues Several HEMS Safety Recommendations

The National Transportation Safety Board recently issued safety recommendations that pertain to Helicopter Emergency Medical Services.

Issued to the American Hospital Association:

• (A-09-129) Inform its members, through its website, newsletters, and conferences, of the Federal Aviation Administration's (FAA) role in aviation safety with respect to medical/air ambulance services and provide FAA contact information. Further, the American Hospital Association should urge its members to communicate any safety concerns related to medical/air ambulance services to the FAA.

Issued to the Federal Aviation Administration:

• (A-09-130) Seek specific legislative authority to regulate helicopter emergency medical services (HEMS) operations conducted using government-owned aircraft to achieve safety oversight commensurate with that provided to civil HEMS operations.
• The NTSB also reiterated previous recommendations A-06-13, A-06- 15, and A-06-17.

Additional recommendations were forwarded to HEMS Operators:

• (A-09-131) Develop and implement flight risk evaluation programs that include training for all employees involved in the operation, procedures that support the systematic evaluation of flight risks, and consultation with others trained in helicopter emergency medical services flight operations if the risks reach a predefined level.
• (A-09-132) Use formalized dispatch and flight-following procedures that include up-to-date weather information and assistance in flight risk assessment decisions.

• (A-09-133) Install terrain awareness and warning systems on aircraft and provide adequate training to ensure that flight crews are capable of using the systems to safely conduct helicopter emergency medical services operations.

Issued to organizations whose members are involved in search and rescue operations:

• A-09-138: Inform members through websites, newsletters, and conferences of the lessons learned from the emergency response to this accident (District Heights, Maryland 9/27/08) particularly emphasizing that search and rescue personnel need to understand how to interpret and use both global positioning system coordinates and the results of cell phone “pinging.”

b) First Ambulance-Based Wireless Medical Records System Comes to Indianapolis

Health specialists in Indianapolis have established the nation's first ambulance-based information system that allows paramedics and emergency medical personnel immediate access to the statewide electronic health records (EHRs) of patients. The Regenstrief Institute and Wishard Health Services set up the system earlier this year with grants from the Health and Human Services and Homeland Security departments. The goal is to help the medics provide more effective emergency care to patients by having real-time access to a digital record of the patients' pre-existing medical conditions, previous treatments, allergies, current medications and other information.

c) Ryan White Emergency Response Provisions Reinstated

During the reauthorization of the Ryan White Care Act in 2006, the emergency-response provision that mandates that source patient test results be provided to the designated infection control officer (DICO) of the emergency response employee involved in an exposure incident were removed. State hospital associations were quick in advising their constituents that providing such information to emergency responders could represent a violation of HIPAA. Since that time, many "first responder" organizations (including NASEMSO through Advocates for EMS) have been working with Congressional staff to have these provisions reinstated, including revised language to include provisions for other infectious diseases such as tuberculosis, hepatitis C, pandemic influenza, and clarifying language on rapid testing. There are several new additions to the Ryan White Act that affect emergency care – and specifically emergency responders. Please note the list established under Section 2695 essentially determines what infectious diseases should be considered "potentially life-threatening." The list also is used to determine whether or not emergency responders must be notified of an exposure. S. 1793 was signed into law (Public Law No: 111-87) by President Obama on October 30, 2009.

d) FDA Investigates External Biphasic Defibrillators Energy Levels

The Food and Drug Administration (FDA) recently notified healthcare professionals that it is investigating energy levels in external biphasic defibrillators with shocks ≤ 200 joules. FDA received reports of 14 events since 2006 in which a 200 J biphasic defibrillator was ineffective in providing defibrillation/cardioversion therapy to a patient, whereas a subsequent shock from a different 360 J biphasic defibrillator resulted in immediate cardioversion or defibrillation. The majority of events occurred during attempts at cardioversion of atrial fibrillation, but there was at least one instance with defibrillation of a ventricular arrhythmia as well.

Analysis of the 14 cases does not suggest the need for any change to current clinical practice, and as FDA continues its evaluation of this situation, providers are encouraged to follow the American Heart Association's guidelines/algorithms for treatment of cardiac arrhythmias, and to follow manufacturers' instructions for using defibrillators.

FDA is seeking additional information in order to interpret the significance of these events, and to determine whether FDA activities are advised.

If you suspect a problem with a defibrillator, such as a situation where a patient received shocks from multiple devices, the problem should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program online [at www.fda.gov/MedWatch/report.htm], by phone 1-800-332-1088, or by returning the postage-paid FDA form 3500 [which may be downloaded from the MedWatch "Download Forms" page] by mail [to address on the pre-addressed form] or fax [1-800-FDA-0178].

e) FDA Warns of Defective Powerheart and CardioVive (AED) Display Screens

The Food and Drug Administration (FDA) is warning healthcare providers that the Cardiac Science Corporation has received multiple complaints related to defective components in these AEDs that indicate the affected devices may not deliver electric shocks and that the devices' self-test may not detect the defect in advance of their use. 300,000 Cardiac Science AEDs worldwide are potentially affected by this problem. The G3 Series devices were manufactured between August 2003 and August 2009. Affected models include the following:

- Powerheart models 9300A, 9300C, 9300D, 9300E, 9300P, 9390A, 9390E; and
- CardioVive 92531, 92532 , and 9253

Because the AED display screen and/or audible indicators may not accurately indicate whether the device is functioning properly or will function properly at time of use, FDA encourages users of the affected AEDs to follow the additional precautions provided on the FDA web site. **For Hospitals, Ambulances, Clinical Settings and Emergency Transport Settings:** If an alternate AED is not available, then FDA recommends that trained responders (i.e., personnel certified in Advanced Cardiac Life Support), use manual defibrillators if they are available, or use the Powerheart and CardioVive AEDs if manual defibrillators are unavailable. The Powerheart and CardioVive units may still be able to deliver the necessary therapy. The FDA is currently investigating the situation, a recall has not been issued.

f) FEMA/FCC Announce Standards for Wireless Carriers to Receive and Deliver Emergency Alerts

As part of the Integrated Public Alert and Warning System (IPAWS), the nation's next generation of emergency alert and warning networks, the Department of Homeland Security's Federal Emergency Management Agency (FEMA) and the Federal Communications Commission (FCC) has announced the adoption of the design specifications for the development of a gateway interface that will enable wireless carriers to provide its customers with timely and accurate emergency alerts and warnings via their cell phones and other mobile devices.

The Commercial Mobile Alert System (CMAS) is one of many projects within IPAWS intended to provide emergency mangers and the President of the United States a means to send alerts and warnings to the public. Specifically, CMAS provides Federal, state, territorial, tribal and local government officials the ability to send 90 character geographically targeted text messages to the public regarding emergency alert and warning of imminent threats to life and property, Amber alerts, and Presidential emergency messages. The CMAS is a combined effort of the federal government and cellular providers to define a common standard for cellular alerts.

g) FICEMS Releases Report on State EMS System Pandemic Influenza Preparedness

"State EMS System Pandemic Influenza Preparedness" has been published by the Federal Interagency Committee on Emergency Medical Services (FICEMS). The FICEMS prepared this report to improve coordination among its member agencies on EMS system pandemic influenza preparedness. The report provides further detailed analysis of EMS and 9-1-1 pandemic influenza preparedness gaps. This analysis serves as the basis for five recommended strategies and associated action steps to be taken by FICEMS member agencies in improving EMS system preparedness nationally.

h) EMSC Reauthorization Included in Health Reform Legislation Passed by Senate

On Thursday, December 24, the Senate passed H.R. 3590, the Patient Protection and Affordable Care Act, by a vote of 60-39. The bill, which is the Senate's version of health care reform legislation, includes a provision to reauthorize the EMSC Program for five years, from fiscal year (FY) 2010 to FY 2014. The bill also changes the grant cycle from three years with an optional fourth year to four years with an optional fifth year. It authorizes an appropriation of $25 million for the Program in FY 2010, increasing to $30.4 million in FY 2014. These amounts, however, are simply a guide as to how much funding Congress believes the Program should receive; recall that actual funding is provided through the annual appropriations process. Next, the House of Representatives and the Senate will have to reconcile the differences between their respective versions of health care reform legislation and vote on a final, compromise bill. You may recall that the version approved by the House of Representatives earlier this year does not include language related to EMSC reauthorization; in March, however, the House passed H.R. 479, the Wakefield Act, to reauthorize the Program.

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

i) NASEMSO Publishes Monograph Representing Comprehensive Examination of State EMS Funding

The Status of State Emergency Medical Services Office Funding and Utilization of Section 402 and 408 Highway Safety Funding is now available from NASEMSO. This monograph represents the third comprehensive examination of state EMS funding. To the extent that funding equals resources, the level and trends associated with state EMS funding represent an important area of interest relating to a component of the healthcare system charged with a critical safety-net function. In this study, NASEMSO examined the levels and sources of all funding to support state EMS offices for Fiscal Year 2009 and compared those data with comparable information from previous studies. NASEMSO also specifically examined the access and use of Section 402 and Section 408 Highway Safety Funding currently experienced by state EMS offices. This monograph represents extensive work over the past year in instrument design, information gathering and data analysis. For information on purchasing copies of monographs, please contact NASEMSO Headquarters.

j) NASEMSO Program Staff Participates as FCC Panelist on Broadband Field Hearing

The Federal Communications Commission recently hosted a broadband field hearing on "*The Role of Broadband in Improving Public Safety Communications and Emergency Response.*" The hearing focused on the specific broadband requirements for America's first responders and emergency medical personnel, as well as the use of particular technologies and applications to maximize use of broadband, the cost of implementing such communications technologies, and how the National Broadband Plan now being developed by the Commission can help bring attention to, and address, these critical public safety issues. NASEMSO Program Advisor Kevin McGinnis participated as an EMS panelist. A recording of the broadcast can be viewed at: http://www.fcc.gov/live/2009_11_12-workshop.html.

k) NASEMSO Program Staff Participates as IOM Panelist on Workforce Needs in Health Incidents

NASEMSO Program Advisor Leslee Stein-Spencer recently participated in the Institute of Medicine's Forum on Medical and Public Health Preparedness for Catastrophic Events as a panelist. The Forum objectives included a review of objectives from the EUA and NHSS workshops, an update on health reform regarding preparedness and discuss potential next steps, and a panel discussion on workforce that examined the partnerships that are needed to improve workforce capacity in the situation of a catastrophic health incident. The proceedings will be available on the Forum's web site as soon as they become available.

l) NASEMSO Launches New Education Agenda Implementation List Serve

The National Association of State EMS Officials (NASEMSO) has announced the availability of a new list serve open to all EMS stakeholders to learn more about national implementation efforts related to the *Education Agenda*. Although anyone will be able to subscribe to the list serve to receive information, NASEMSO will facilitate all postings and requests to minimize the ability for "phishers" and spammers to access the list. The goal is to help connect individuals and organizations with resources and to provide access to information related to the *Education Agenda* such as new documents, survey results, best practices, and other materials *as they become available*.

Individuals and organizational representatives, including those who are not members of NASEMSO, are invited to subscribe to NASEMSO's EMS Education Agenda Implementation List Serve. To subscribe to the list, users will have to send an email to lyris@lists.nasemso.org with the subject of the email containing "subscribe emseducationagendaimplementation nasemso2009" (without the quotation marks.) When you send an email, you will get a reply email asking to confirm your email address. (If a password is requested to join the list, please use nasemso2009.) The subscribing member MUST reply to the email in order to be added. For more information, or to submit content to be included, please contact NASEMSO Program Manager, Kathy Robinson.

m) CMS Provides Clarification to NASEMSO Inquiry on 1135 Waiver Conditions for Ambulances

President Obama's recent declaration of a public health emergency puts in motion the government's ability to grant "EMTALA waivers" to hospitals that are unable to manage patient surges in face of influenza, consequently impacting EMS. (You are encouraged to review the CMS memo [**Ref: S&C-09-52]** related to EMTALA posted on the NASEMSO web site for more information.) In response to the 2009 H1N1 influenza virus, Secretary of Health and Human Services Sebelius, first declared a public health emergency under section 319 of the Public Health Service Act, 42 U.S.C. 247d on April 26, 2009. The Secretary has renewed that declaration twice, on July 24, 2009, and October 1, 2009. Secretary Sebelius invoked the 1135 waiver authority on October 29, 2009, with a retroactive effect to October 23, 2009.
NASEMSO recently asked the Centers for Medicare and Medicaid Service for clarification on waiver conditions for ambulances in the event alternate care centers or "flu clinics" were established for the H1N1 pandemic. The following response is provided in its entirety for your information:

Question: In emergency/disaster situations how does CMS define an "approved destination" for ambulance transports and would it include alternate care centers, field hospitals and other facilities set up to provide patient care in response to the emergency/disaster?

Answer: CMS defines "approved destination" in the Code of Federal Regulations (CFR), 42 CFR § 410.40(e), Origin and Destination requirements. Medicare can only pay for ambulance transportation when it meets the Origin and Destination Requirements and all other coverage requirements in Medicare regulations and manuals. These requirements specify that an appropriate destination is one of the following for all beneficiaries covered under either Medicare Part A or Part B:

· Hospital; · Critical Access Hospital (CAH); · Skilled Nursing Facility (SNF); · Beneficiary's home; · Dialysis facility for ESRD patient who requires dialysis. Beneficiaries residing in a SNF who are receiving Part B benefits only are eligible for ambulance transport to one additional "approved destination" from a SNF to the nearest supplier of medically necessary services not available at the SNF where the beneficiary is a resident. For SNF residents receiving Medicare Part A benefits, this type of ambulance service is subject to SNF consolidated billing.

A physician's office is not a covered destination. However, under certain circumstances an ambulance transport may temporarily stop at a physician's office without affecting the coverage status of the transport.

We do not expect an emergency/disaster to affect the availability of hospital or other facility services; however, should a facility which would normally be the nearest appropriate facility be unavailable during an emergency/disaster, Medicare may pay for transportation to another facility so long as that facility meets all Medicare requirements and is still the nearest facility that is available and equipped to provide the needed care for the illness or injury involved.

42 CFR 410.40 allows Medicare to pay for an ambulance transport (provided that transportation by any other means is contraindicated by the patient's condition and all other Medicare requirements are met) from any point of origin to the nearest hospital, CAH, or SNF that is capable of furnishing the required level and type of care for the beneficiary's illness or injury. The hospital or CAH must have available the type of physician or physician specialist needed to treat the beneficiary's condition.

The waiver authority under § 1135 does not authorize a waiver of the ambulance payment and coverage requirements, such as the approved destination requirements described above. However, Medicare payment for an ambulance transport to an alternative care site may be available if the alternative care site is determined to be part of an institutional provider (hospital, CAH or SNF) that is an approved destination for an ambulance transport under 42 CFR § 410.40 (whether under a § 1135 waiver or existing rules). If the alternative care site is granted approval by the State Agency to be part of an institutional provider (hospital, CAH or SNF) that is an approved destination under 42 CFR § 410.40 for an ambulance transport, Medicare will pay for the transport on the same basis as it would to any other approved destination in the absence an 1135 waiver. CMS has developed the "*Hospital Alternate Care Site Fact Sheet"*, which provides detailed information regarding permitted actions with or without section 1135 waiver authorization. This Fact Sheet can be accessed at http://www.cms.hhs.gov/H1N1/ or http://www.cms.hhs.gov/H1N1/Downloads/AlternativeCareSiteFactSheet.pdf

Educational Development

III. Educational Development

Committees

A. **The Professional Development Committee** (PDC): The committee met on January 6, 2010.

1. There were no action items.
2. In order to address ongoing budget issues, scheduled PDC meetings have been reduced to two for calendar year 2010 unless pressing issues require additional meetings. The next meeting is scheduled for October 6, 2010.

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 January 21, 2010.

1. The Medical Direction Committee discussed the King Systems warning letter from the FDA to "cease the dissemination of promotional materials for the King LT(S)-D Oropharyngeal Airway" pending resolution of the described issues." The issue surrounds the advertising of the device and not its efficacy or use. Therefore, MDC did not recognize a need to discontinue use of this device in Virginia.
2. The next meeting of MDC is scheduled for April 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, February 12, 2010 at Charlottesville-Albemarle Rescue Squad beginning at 10:00 AM. Katherine West will provide her annual infectious disease update.

B. An ALS-Coordinator's Seminar (Administrative Program) was held on January 9-10, 2010 with thirty-one (31) new candidates completing the program and one current ALS-Coordinator attending to refresh his knowledge.

Basic Life Support Program

A. Instructor Institutes

1. Although close to 30 candidates were eligible to attend the institute, OEMS did not obtain commitments from the minimum necessary to hold an Instructor Practical Exam in December 2009. The next practical is tentatively scheduled for early May in the Richmond area.

2. Due to the cancelation of the Practical Exam, there were not enough candidates to hold the regularly scheduled Instructor Institute on January 23-27, 2010. The next Institute is tentatively scheduled for June in conjunction with the VAVRS Rescue College in Blacksburg, VA.

3. The rewrite of the Instructor written pre-test has taken longer than anticipated. We anticipate the resumption of testing at CTS sites in February, 2010. If you have any questions or concerns, please contact Greg Neiman, BLS Training Specialist by Email at (Gregory.Neiman@vdh.virginia.gov).

B. 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 December, January and February. 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. Around 100 Instructors attended the update at EMS Symposium in November 2009 and 22 attended the Update held in Richmond on January 23, 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 January 25, 2010 are listed below:

	Commit $	Payment $	Balance $
Fiscal Year 2009	**$3,062,958.50**	**$1,458,877.07**	**$1,604,081.43**
BLS Initial Course Funding	$786,397.00	$550,115.32	$236,281.68
BLS CE Course Funding	$113,400.00	$61,136.27	$52,263.73
ALS CE Course Funding	$304,920.00	$102,536.50	$202,383.50
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	$598,301.74	$347,939.76

Statistics for the program for FY10 through January 25, 2010 are listed below:

	Commit $	Payment $	Balance $
Fiscal Year 2010	**$2,088,771.00**	**$537,929.96**	**$1,557,624.04**
BLS Initial Course Funding	$413,916.00	$171,720.06	$248,978.94
BLS CE Course Funding	$64,680.00	$20,158.00	$44,522.00
ALS CE Course Funding	$189,840.00	$40,827.50	$149,012.50
BLS Auxiliary Program	$136,000.00	$10,080.00	$125,920.00
ALS Auxiliary Program	$464,000.00	$39,580.00	$424,420.00
ALS Initial Course Funding	$820,335.00	$253,422.40	$566,912.60

EMS Education Program Accreditation

1. 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.

2. Applications for reaccreditation of state EMT-Intermediate accreditation have been received by:

    - Central Shenandoah EMS Council
    - The Roanoke Valley Regional Fire Training Center

3. Reaccreditation of Intermediate Programs – Completed site visits resulting in reaccreditation:

    - The Roanoke Valley Regional Fire Training Center

4. Initial Applications for Intermediate Programs - Applications for initial accreditation at the Intermediate level have been received by:

    - Ft. Lee Fire and Emergency Services

5. Initial Applications for Paramedic Programs - Applications for initial accreditation at the Paramedic level have been received by:

    - Prince William County Fire-Rescue
    - Lord Fairfax Community College

Loss of Accreditation

- The accreditation for the Center for Emergency Health Services in Williamsburg, Virginia has lapsed and they are no longer authorized to conduct Intermediate and Paramedic initial certification programs in Virginia.

For more detailed information, please view the Accredited Site Directory found in **Appendix D** of this report.

On Line Continuing Education

OEMS initially started with 10 programs posted on TRAINVirginia. Today the course library has grown to 43 programs. There are over 8,000 Virginia EMS providers registered on TRAINVirginia. So far in FY10, OEMS has recorded over 6411 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 375 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 and
http://www.vdh.virginia.gov/OEMS/Training/TRAINVirginia.htm.

EMSAT

A. Several new EMSAT programs have been encoded for TRAIN Virginia, but we have been in a holding pattern as we wait for VITA to deal with a firewall issue affecting the new server. Providers may still take existing

courses in TRAINVirginia, but OEMS has NOT been able to upload any new EMSAT programs since Dec. 15. OEMS has been advised to upload new EMSAT programs to an older server, and they will be moved later, when the new server is working correctly.

B. EMSAT programs for the next three months include:
   1 February 17, "Spinal Injuries"
   2. March 17, "Allergic Reactions"
   3 April 21, "Adult Post-Resuscitation"

Other Activities

A. The EMS Advisory Board's Patient Care Guidelines Workgroup met on January 13, 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 Office continues to coordinate all the National Registry and Enhanced tests in Virginia. Visit the OEMS Web page for a schedule of test sites.

C. DED continues working with Bill Meadows and the EMS Symposium Program Committee. The Committee is very active during November, December and January designing the program content and confirming speakers. Bill Meadows and Marcia Pescitani continue to provide outstanding leadership for the committee. The Committee members continue to show extraordinary dedication, assuring the EMS Symposium continues to be a leader in EMS education.

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. EMS Symposium awarded over 21,576 continuing education hours involving more than 13,850 participant contacts. In addition, the symposium continues to draw approximately 100 out of state providers.

F. DED staff have participated in the following activities:
   1. Distance Learning Committee –
   2. AHA – ECC Committee, Virginia Chapter
   3. AEMS Council
   4. Henrico Co. Fire Expo

Emergency Operations

IV. Emergency Operations

Operations

- **H1N1 Virus Outbreak**

During this quarter the Office of EMS, Division of Emergency Operations continued to provide information and equipment to agencies across the Commonwealth as it pertains to the H1N1 Pandemic. With the assistance of federal monies the Office of EMS has shipped 50,000 surgical gowns and over 26,000 safety glasses to licensed EMS agencies across the Commonwealth. The purpose of this equipment is to assist agencies in providing individuals with the appropriate PPE for response during the H1N1 outbreak. Additional safety glasses are being prepared for shipment.

- **November 2009 Nor'Easter**

On November 12, 2009, the Southeastern portion of Virginia was hit by a strong Nor'Easter that dropped a significant amount of precipitation. As a result of the storm, significant flooding occurred in the Hampton Roads area. With Symposium occurring at this time the Division of Emergency Operations took action to mitigate the situation and ensure that the EMS providers attending the conference were taken care of. The first stage of response was to set up a temporary EOC at the hotel, ensuring that Emergency Operations staff had access to up to date weather, news, and other information. OEMS staff actively conducted reconnaissance drives, ensuring that travel routes of Symposium attendees were still passable and that the parking area was not flooded. Additional steps were taken to prepare for sheltering in place activities as necessary and the hotel staff assisted in securing rooms for attendees who were unable to travel home. The Emergency Operations staff also stayed in contact with Virginia Department of Health staff and the state EOC in Richmond to ensure that information continued to flow from the scene. Two members of the Emergency Operations staff also traveled home early to provide staffing at the state EOC, though the state EOC stood down prior to their staffing.

- **Virginia EMS Symposium**

The Emergency Operations Staff participated in the 30th Annual EMS Symposium in Norfolk Virginia November 11-16, 2010. Emergency Operations staff actively participated in the ongoing training symposium in various roles including logistics, communications, and through courses offered specific to Emergency Operations. Emergency Operations courses offered include CISM, Communications, and Disaster Response/Emergency Preparedness.

- **Virginia 1 DMAT**

The Emergency Operations Manager continues to attend the monthly Virginia 1 DMAT leadership meetings. The Emergency Operations HMERT Coordinator attends the team membership meetings every other month. On January 23, 2010 there was a team maintenance drill and deployment readiness drill held at Technology Park. This was one of three held across the state. While not yet put on alert for the situation in Haiti, Va-1 DMAT is taking steps to have the team ready should an alert come down. The next on-call month for the team is March.

- **HMERT Guidance Documents**

The HMERT Coordinator completed rewrite of the Guidance Documents governing the HMERT structure and will begin the roll-out of these documents next quarter.

- **Pool Vehicles**

Frank Cheatham, HMERT Coordinator, continues to monitor the OEMS pool vehicle program and make modifications as necessary. All vehicles have been evaluated by a mechanic and plans are being developed to meet the future needs of the office.

Planning

- **OEMS COOP/Business Recovery Plan**

The Emergency Operations Planner conducted a COOP Committee meeting to review the COOP and discuss training exercises for OEMS staff. She also created and distributed a questionnaire and developed a report on COOP training needs within the office.

- **Mass Casualty Plan Review**

Winnie Pennington, Emergency Operations Planner, assisted several jurisdictions with review of their MCI plans.

Committees/Meetings

- **Sprint/Nextel Meeting**

The HMERT Coordinator attended a meeting with Sprint/Nextel to discuss options for communications equipment for Symposium. Also in attendance was the OEMS Communications Coordinator.

- **Regional Resource Committee**

The HMERT Coordinator attended the regularly scheduled meeting of the Region 1 Resource group on October 13, 2009 at the Virginia State Police Division 1 building.

- **Boy Scout Jamboree**

The Office of EMS was represented at the Boy Scout Jamboree Planning Meetings in November, December, and January.

- **EMS Emergency Management Meeting**

On January 28, 2010 the Emergency Operations Assistant Manager and Emergency Planner attended the EMS Emergency Management Meeting held at the Technology Park office of the Office of EMS. Assignments were made to begin the rewrite of the Mass Casualty Incident Management Module I and II program.

- **Pipeline Safety Workshop**

The HMERT Coordinator attended a workshop December 3, 2010 that focused on Pipeline safety.

- **TEMS/PEMS MCI Review Meeting**

On November 30, 2009, Winnie Pennington, Emergency Planner, participated, via teleconference, in a meeting to review the TEMS/PEMS MCI plan.

- **Hurricane Evacuation Committee**

The HMERT Coordinator worked with Communications personnel from the Virginia Department of Emergency Management to improve communications for Hurricane Evacuation Lane Reversal

- **EP&R Team Meetings**

The Emergency Planner continues to represent the Office of EMS at the monthly EP&R Team meetings.

- **EMS Communications Committee**

The EMS Communications Committee held its quarterly meeting on November 12, 2009 in Norfolk in conjunction with the EMS Symposium. Discussion included potential changes to the Committee structure as presented by the State EMS Advisory Board, EMD Utilization in PSAP's and continuing interoperability and FCC Narrowbanding mandate plans.

- **Credentialing Meeting**

On January 21, 2010 the Emergency Operations Assistant Manager participated in a meeting with the Department of Fire Programs, OEMS Division Of Education and Development, and the Office of Commonwealth Preparedness to discuss credentialing of first responders across the Commonwealth.

- **2010 EMS Symposium Planning Committee**

The Emergency Operations Assistant Manager attended the December meeting of the EMS Symposium Planning Committee. Final plans were made for the program for the 2010 EMS Symposium.

Training

- **ICS Training**

On January 27-29, 2010, the HMERT Coordinator attended a Train-the-Trainer session for the ICS 300 and 400 courses.

- **Vehicle Rescue**

The Emergency Operations Manager and HMERT Coordinator attended a Vehicle Rescue Extrication Program in Virginia Beach December 1-2, 2009. The course covered new vehicle technology and new extrication techniques.

- **PSAP Training Program**

At the request of the Prince William County Emergency Communications Center, Ken Crumpler, Communications Coordinator, taught "START Triage for 9-1-1" on January 27, 2010.

Communications

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

There are no pending applications at this time. Mr. Crumpler is scheduled to teach the "START Triage for 9-1-1" and "Are You Just A Dispatcher?" classes on January 27, 2010 at the Prince William Co. Emergency Communications Center at their request.

Public Information & Education

V. Public Information and Education

Symposium

OEMS is underway with planning for the 2010 Symposium. The Symposium planning committee is working on finalizing the classes and speaker contracts. This year will be different as we need to work with a smaller budget and try to work with the money that is brought in from registrations.

OEMS has discussed the possibility of raising the registration fee and looking at other alternatives like eliminating the breakfast snack tables and sodas. We are also eliminating one of the evening events. We have started working on securing sponsorships and looking at new sponsor opportunities to help cover some of the costs. We will continue to offer an excellent education opportunity, despite some of the budget cuts.

Governors Awards

The 2010 Governor's Awards applications have been sent to the Regional Councils. We are working with the councils to get their deadlines and banquet dates to help them promote their programs. We are also working on the request to invite the new governor to attend the Governor's Awards Banquet to present the awards.

The budget situation will also affect the awards banquet at the Symposium. We are going to try a new format that will be a reception style. This will eliminate a sit down formal dinner and a key note speaker. The event will have reception type food and seating that will allow more people to attend and be involved in the event.

Marketing & Promotion

a) **EMS Bulletin** – The winter bulletin will be released shortly before the February GAB meeting. This edition will feature information on the EMS Regulations comment period, the VPHIB program, winter safety and much more.

b) **H1N1** – PI&E worked to bring attention back to H1N1 and the need for people to get vaccinated during National Influenza Vaccination Week. We posted information on our social networking sites and linked to the CDC site on information about the week. Vaccine is readily available for everyone, and as we approach peak flu season it is important to keep this information in the forefront.

c) **OEMS PI&E 2010 Communications Plan**– PI&E has created the 2010 communications plan to cover communications and marketing activities for OEMS programs throughout the year. This plan covers activities for each division and for major events like the Symposium and EMS Week.

VDH Communications

a) **Office of Licensure and Certification** – With the lack of staffing on the communications team, the OEMS PI&E Coordinator has been providing media coverage for the Office of Licensure and Certification and has assisted on several media inquiries regarding Certificate of Public Need, elder abuse and other issues that are handled by this office.

b) **VDH media coverage** – The OEMS PI&E Coordinator provided support for VDH media inquires and events as needed.

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.

Regional Coordination & Planning

VI. Regional Coordination and Planning

Regional EMS Councils

Regional EMS Councils submitted First Quarter deliverables, as well as Annual Financial Audits, and Annual Program Reports in the quarter. These documents are available for viewing on the respective web page of each Regional EMS Council.

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 will be conducted, utilizing individuals with extensive knowledge and experience in EMS Systems and Regional EMS Council entities. The site reviews will be conducted as follows:

Regional EMS Council	Site Review Date
Western Virginia EMS Council	February 16, 2010
Tidewater EMS Council	February 23, 2010
Northern Virginia EMS Council	March 2, 2010
Central Shenandoah EMS Council	February 26, 2010
Southwest Virginia EMS Council	March 4, 2010
Rappahannock EMS Council	March 9, 2010
Lord Fairfax EMS Council	March 10, 2010
Old Dominion EMS Alliance	March 12, 2010
Peninsulas EMS Council	March 16, 2010
Blue Ridge EMS Council	March 19, 2010
Thomas Jefferson EMS Council	March 23, 2010

All regional entities receiving successful site reviews will be recommended for Regional EMS Council designation at the April 23 meeting of the Board of Health; and contracts with designated Regional EMS Councils will be in place for the start of the 2011 fiscal year.

State 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. The workgroup is also securing data required for the project related to 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.

Representatives from the safety and utilization workgroups made presentations at the 2009 Virginia EMS Symposium, which were well received by attendees.

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 2007.

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

The information gathered from these planning templates are being evaluated, in order to create the next version of the state EMS Strategic and Operational Plan. A draft of the revised State EMS Plan will be presented at the February 12, 2010 meeting of the FL&P committee, and subsequently presented to the state EMS Advisory Board for review and comment at their May 14, 2010 meeting. The state EMS Advisory Board will be requested to approve the new State EMS Plan at their August 13, 2010 meeting in anticipation of approval by the Board of Health at their October 15, 2010 meeting.
A copy of the current state EMS plan can be found on the Office of EMS Web site at http://www.vdh.virginia.gov/OEMS/EMSPlan/StrategicAndOperationalPlan.pdf

Regulation & Compliance

VII. Regulation and Compliance

Compliance

The EMS Program Representatives have completed several investigations on EMS agencies and individuals during the fourth quarter of 2009. These investigations relate to issues concerning failure to submit quarterly prehospital patient care data, violation of 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:	14
EMS Providers:	12
EMS Agencies:	2

Compliance Cases

New Cases:	14
Cases closed:	11
Suspensions:	4
Revocations:	0

EMS Agency Inspections

Licensed EMS agencies:	696	Active
Permitted EMS Vehicles:	4,127	Active, Reserve, Temporary
Recertification:		
Agencies:	57	
Vehicles:	414	
New EMS agencies:	0	
Spot Inspections:	57	

Hearings (IFFC): October 27, 2009 (Briggs), December 21, 2009 (Breeden)

Variances

Approved:	19
Disapproved:	22

Note: Since 1993: Approved: 2,252 Denied: 715

Mileage

Total: 31,521 miles traveled
Average per EMS Program Representative: 3,940 miles

Consolidated Test Sites

Scheduled: 45
Cancelled: 11

Operational Medical Director/Physician Course Director (PCD) Endorsements

As of January 27, 2010: 203 Endorsed

EMS Regulations

During the month of November and December 2009, Governor Kaine granted OEMS permission to proceed with the regulatory review process for the proposed draft regulations, Durable Do Not Resuscitate (DDNR) (12VAC5-66) and Emergency Medical Services (EMS) Regulations (12 VAC5-31).

The proposed draft DDNR Regulations were posted on the Virginia Town Hall (www.townhall.virginia.gov) and published in the Virginia Register http://legis.state.va.us/codecomm/Register/vol26/iss08/v26i08.pdf on December 21, 2009. A mandatory 60 day public comment period ends on February 19, 2010.

The proposed EMS regulations were posted on the Virginia Town Hall and published in the Virginia Register http://legis.state.va.us/codecomm/Register/vol26/iss10/v26i10.pdf on January 18, 2010. A mandatory 60 day comment period ends on March 19, 2010.

Public Hearings have been scheduled throughout the Commonwealth (**Appendix E**). Stakeholders are encouraged to review the proposed DDNR and EMS regulations and submit written comments via the Virginia Town Hall. In addition, individuals are encouraged to attend one of the scheduled Public Hearings to voice their concerns/ideas/suggestions. Please refer to **Appendix F** for the public participatory guidelines utilized by the Office of EMS.

Division Work Activity

1. Staff has participated in several local meetings and/or conferences to discuss local EMS service delivery issues or provide technical assistance. The Division continues to offer invitations to EMS agencies and regional EMS Councils to provide seminars and/or open discussion forums regarding EMS regulations or other program matters administered by the Division. Events included meeting local agency representatives in the Grayson County area at Mount Rogers

Volunteer Fire and Rescue Squad, and participating in the Rural EMS Summit in Lynchburg.

2. The Division of Educational Development and the Regulation and Compliance staff continue to monitor the new practical skills evaluation criteria utilized at Consolidated Test Sites.

3. Regulation and Compliance staff participated in Fire/EMS studies at the request of the Virginia Fire Service Board for King William County and Charlotte County. OEMS is currently participating in a Fire/EMS study involving Louisa County.

4. 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. These meetings will also 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.

5. Staff attended and actively participated as presenters, ambassadors, committee staff and program workers for the Virginia EMS Symposium held in Norfolk, Virginia, November 11-15, 2009 (the great Nor'easter!).

6. Staff, serving as subject matter experts and representing OEMS, Virginia Association of Volunteer Rescue Squads and the Virginia Department of Fire Programs are meeting regularly to revise the current Emergency Vehicle Operator's Curriculum (EVOC) utilized by both entities. Changes will address administrative guidelines and incorporate updates to the Virginia Motor Vehicle Codes.

7. Regulation and Compliance staff along with the Division of Emergency Operations is working with the Rappahannock Emergency Medical Services Council as they prepare for the upcoming Boy Scout Jamboree to be held at Fort A.P. Hill in 2010.

8. EMS agencies, entities and providers seeking Variances and/or Exemptions from certain requirements as established in the *Virginia Emergency Medical Services Regulations*, are being reminded about the defined steps necessary to process such requests. The following is an excerpt from the instructions for applicants applying for a variance or exemption, "…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) indicate a recommendation from the local

governing body must accompany the variance request along with the application form itself."

The current budget deficit has resulted in a reduction of travel, and funding available to attend meetings and conferences. This Division, along with the Office, remains committed to offering the best possible customer service with available resources.

Noteworthy Matters

Regulation and Compliance staff, along with the Attorney General's Office, reached a successful settlement the evening prior to a scheduled Formal Hearing on January 26, 2010.

Technical Assistance

VIII. Technical Assistance

Rural EMS Summit

A Rural EMS Summit was held on December 10-11, 2009 in Lynchburg, Virginia to discuss solutions and develop strategies to address the top deficiencies identified at the March 2009 Rural EMS Roundtable affecting the delivery of EMS in rural Virginia. The primary issues identified in March, in priority order were:

EMS Leadership and Management
Local Government Involvement/Accountability
EMS Recruitment and Retention

The majority of the forty (40) participants at the December 2009 Rural EMS Summit were Virginia EMS providers. In addition, there were several representatives from local government, two operational medical directors, employees of three regional EMS councils, leaders from the State Office of Rural Health, Virginia Rural Health Resource Center and the Virginia Office of Emergency Medical Services.

Three groups were formed to focus on each of the top issues identified at the March 2009 Rural EMS Roundtable. Each group was requested to identify the needs for each issue, initiatives/solutions and define performance measures and identify outcomes in order to determine if there have been improvements or corrections to the identified deficiencies.

As the Summit participants reported on their specific area of rural EMS challenge, several common themes were identified:

- A lack of community public awareness of local EMS
- Need for management training for EMS agency leaders

Many citizens in Virginia are not aware how local EMS service is provided, managed or funded. In order to educate the public, more programs are needed at the state, regional and local levels to explain how EMS is provided – whether a county service or a volunteer rescue squad; the hours that it takes to become an EMS provider, how much it costs to provide the service, and how to appropriately utilize EMS.

In many area of Virginia, EMS is provided by a volunteer agency, especially in rural areas. Whether an individual is a volunteer or career EMS leader, an EMS agency must be run and managed like a business. Individuals responsible for leading an EMS agency need training and experience as a supervisor, knowledge about how to prepare a budget, how to develop a strategic plan, experience purchasing equipment and supplies, as well as how to be politically savvy. These skills are not taught in an EMT class. Programs to

prepare individuals for leadership roles in EMS need to be supported, encouraged and developed.

The discussion group reviewing the issues in the area of EMS Recruitment and Retention determined that it is harder for the volunteer EMS agencies to recruit volunteers because:

In today's busy and financially strapped world it is difficult to find the time to volunteer. The group discussed various potential solutions to this issue:

- Create a Job-Sharing program – identify individuals within a jurisdiction that could collectively staff an EMS position for an EMS agency
- Community awareness – Create stock media/community awareness materials for EMS agencies to use

Another issue in attracting volunteers is that there are little or no incentives for an individual to obtain training and take time away from family and friends to volunteer. The potential solutions to address this deficiency are:

Provide:

- Retirement plan,
- Tax assistance,
- Discounts for goods and services,
- Appreciation programs for providers,
- Seek state funding to match individual and EMS agency contributions to Volunteer Length of Service Award Program (VOLSAP)
- Encourage all political jurisdictions to contribute to VOLSAP program
- OEMS to provide info to all agencies about the type of incentives that are currently available and could be provided locally

In the group focusing on EMS Leadership and Management, the issues centered on the fact that many volunteer EMS agencies are not run as a business. This may be in part because there are limited (if any) requirements for EMS personnel to serve in a leadership position. In fact many agencies elect their leaders, not based on their management skills but on their popularity,

The suggestions for providing assistance with this deficiency are:

- EMS Officer Standards - Require those elected to leadership positions to complete leadership/management training before becoming an officer or within months of taking office
- Promote EMS Leadership Challenge (VAVRS)
- Establish incentive programs to serve as EMS leaders
- RSAF initiative for L&M training
- Standards of Excellence voluntary EMS agency recognition program

The group noted that many EMS agency financial officers do not have experience related to budgeting and finance.

The proposed solution was to offer Budget Model Workshop and promote fundraising training. This training could be provided in person or by video conferencing.

One of the hottest topics discussed was Local Government Accountability and Responsibility for EMS. Currently there is no mandate for a local government to be responsible/ accountable to ensure EMS is available in communities across Virginia. The suggested solutions are:

- Identify process for communities to self-determine expectations related to EMS accountability and performance measures
- Pursue legislation to establish greater responsibility for local governments to ensure the availability of EMS on a 24/7 basis.

Additional deficiencies in rural area that were discussed include:

Evidence Based Patient Care
Resource Management
Quality of Training and Education
EMS Medical Direction
EMS Integrations with local health care solutions

With the information and suggestions that have resulted from the Rural EMS Summit, an action plan for implementing the strategies will be completed and presented to the state EMS Advisory Board in the near future.

The Summit was funded through a federal Rural Health FLEX grant from Health Resources Services Administration (HRSA).

The full report will be available on the Virginia Office of Emergency Medical Services Web site in the near future.

EMS Workforce Development Committee

The Workforce Development Committee last met on January 13, 2010.

The committee has been requested to explore the possibility of offering an EMS Job Fair at the 2010 EMS Symposium. EMS Symposium attendees would have the opportunity to visit employers that have EMS job openings in their organizations. OEMS expects to attract interest from the following EMS organizations:

- Local government
- Fire and EMS Departments/agencies
- Commercial EMS Transport Services
- Medevac programs
- Hospital based programs

Plans are being made to hold the event in the early evening hours to avoid conflicts with class schedules. More information will be posted on the OEMS Web site and in the EMS Symposium brochure.

Keeping the Best (KTB) EMS Workforce Retention Tool Kit

KTB! Instructors from Virginia have once again been invited back to West Virginia to present additional information on the Keeping the Best! series.

This incredible program can be taught at an local EMS agency, a county-wide event, for a local government, a regional EMS council or at an educational conference.
OEMS is in the process of developing the 2010 calendar of classes - starting in April 2010. Refer to the OEMS Web site for the schedule of course offerings.

Please contact Carol Morrow @ (804) 864-7646 or carol.morrow@vdh.virginia.gov for additional information about sponsoring a class in your area! Your EMS agency will thank you.

Sub-Committee Reports – EMS Officer Standards

The EMS Officer Standards Sub-Committee has not met since the last committee meeting. The sub-committee has a meeting on February 1, 2010 to continue work on the latest draft of the competencies and training required to meet EMS Officer I-IV standards.

Sub-Committee Reports – Standards of Excellence

The Standards of Excellence sub-committee is in the process of reconsidering their approach to this project. The main focus will be on the EMS business process not the regulatory process.

The following is an excerpt from the latest draft version of the Standards of Excellence Program. The Standards of Excellence sub-committee welcomes comment on the draft material. The next meeting of the sub-committee will be on February 11, 2010.

Program Mission

By developing the structure and material for and devoting attention to the implementation of a Virginia Standards of Excellence Accreditation Program, we will improve the delivery of pre-hospital EMS care in the Commonwealth through the establishment and promotion of best practices, the definition, review and recognition of successful EMS agencies and the development and growth of technical assistant teams to aid in the support of same.

Program Goals

The Program promotes a path of recognition/accreditation that brings licensed Virginia EMS agencies in line with industry-established standards of excellence. A variety of standards were evaluated, and the detail of those standards was normalized by major topic area. These major topic areas are identified as "**Areas of Excellence**".

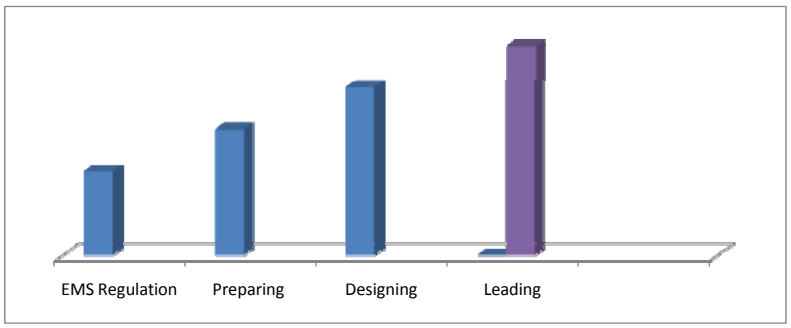
Recognizing the differing service types and funding levels in existence across the Commonwealth, the Program adopts a tiered recognition/accreditation structure. Serving as the baseline is the current EMS Regulations related to EMS agency licensure, and the terminal tier is a broad array of industry-established standards of excellence representing all identified Areas of Excellence. This "stepping stone" approach is designed to allow all EMS agencies in the Commonwealth to utilize an incremental method toward improvement. It also provides a growth path for EMS agencies to move toward process oriented operation, a key commonality of all evaluated industry standards.

This approach necessitated the further abstraction of the Areas of Excellence into tiers. The workgroup sought to group like areas together, but primary focus was on easing the transition to a process oriented operation while considering maximizing participation in the recognition/accreditation process.

The Program is overseen in such a way to both maintain equitability and accessibility and to support rigorous compliance with the Program elements. The Program uses a series of Technical Assistance Teams to provide guidance during adoption, identify compliance during accreditation and support resolution of identified deficiencies during the accreditation period.

Consistent with the goals of the Program, agencies are supported along an evolution from the existing body of EMS regulation toward a process-oriented suite of best practices designed to improve care of patients by providers, care of providers by agencies, and care of the public trust.

Program Accreditation Continuum



This program is success oriented, maintaining a rigorous approach to ensuring initial and ongoing adherence to the particular standards, and the overarching goals, of the Program. EMS agencies are provided every opportunity to achieve success, though publication of thorough accreditation criteria, access to technical assistance, preferential consideration through RSAF Grant review and prioritization, and communion with the body of EMS agencies undertaking and achieving Program recognition/accreditation.

Recognition/Accreditation Body

The Recognition/Accreditation Body will be appointed by the director of the Office of EMS and will consist of seven members; one from each of the following: Office of EMS Program Representative, Medical Direction Committee, Regional EMS Council Executive Directors Group, Virginia Association of Volunteer Rescue Squads, Virginia Association of Governmental EMS Administrators, Virginia Department of Fire Programs, and a Member at Large. The Recognition/Accreditation Body recommends policy and goals for the Program, and approves both EMS agency entry and successful completion of the Program. The Accreditation Body manages participation of the Technical Assistance Teams and interaction with OEMS personnel.

Technical Assistant Teams

Technical Assistance Teams (the "Teams") are made up of three people, one OEMS Program Representative and two subject matter experts (the "SME's"). The SME's will be chosen based on the particular needs of the EMS agency with respect to the recognition/accreditation process requirements. A list of SME's will be compiled and

sent to the OEMS Program Representatives to assign to the EMS agencies in the recognition/accreditation process.

The Teams provide two separate, equal functions: agency technical assistance and recognition/accreditation review.

EMS Agency Technical Assistance - Access to a Team for technical assistance is managed by current OEMS Program Representatives, consistent with their mission of education and mitigation. The OEMS Program Representative will work to provide the best possible access to subject matter expertise through formation of a Team.

Recognition/Accreditation Review - Distinct from EMS agency support, the primary mission of the Teams is to manage and nurture agencies as they proceed through and participate in the recognition/accreditation process. In this instance, the Team comprises personnel identified by the Recognition/Accreditation Body as best suited to provide guidance and support the accreditation of the EMS agency undertaking recognition/accreditation consistent with the accreditation process.

Areas of Excellence

To accomplish the goals of the program, the Workgroup reviewed a variety of operational models for EMS agencies in Virginia. These models were contrasted with the structure of industry accreditation for the provision of ambulance services. The workgroup identified accreditation methods from a variety of other industries, and codified 7 key areas whose summation is a fully actualized, process oriented organization. These key areas called "Areas of Excellence" are identified as:

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

Tier One - Preparing for Excellence

The entry level of this program is called "*Preparing for Excellence"*, and successful completion of this level represents the first tier of accreditation of the Program. In the preparing phase, EMS agencies are challenged to complete a comprehensive performance survey of the agency to identify existing strengths and weaknesses, and develop a corrective action plan.

EMS Agency Performance Survey

- To be developed by the various stakeholders

VAGEMSA	EMS for Children
VAVRS	Medical Direction Committee
VDFP	Others as needed

- Once the EMS Agency Performance Survey is completed and the results tabulated the EMS agency, in cooperation with the Technical Assistance Team will develop a plan of action for addressing those areas identified as deficient.

Tier Two - Designing for Excellence

The second tier, called "***Designing for Excellence"***, challenges EMS agencies to broaden the use of process in their daily and planning operations. This phase focuses on development of a wide array of performance measures, or benchmarks, creation of programs to determine self-compliance with these performance measures, and communication with local stakeholders regarding these programs. Deep participation in regional programs for training, communications interoperation, quality management and community involvement are additional aspects of this "Designing" phase.

- Develop and implement programs to address areas of deficiencies based on findings in tier one.
    - Plans should be of sufficient detail with accompanying documentation
- Benchmarks developed that lead to compliance in each "Area of Excellence" as defined in the recognition/accreditation process.

Tier Three - Leading for Excellence

"***Leading for Excellence"*** is the third tier of the Program, and EMS agencies successfully completing this phase will serve as beacons of the process-oriented best practices in Virginia. Those leaders whose EMS agencies have successfully completed the accreditation process will be eligible for consideration to serve on the Technical Assistance Team as a peer reviewer.

- Demonstrate benchmarks are being achieved
- Repeat EMS Agency Performance Survey
    - Technical Assistance Team will review EMS Agency Performance Survey and recommend agency for accreditation
- Submit EMS Recognition/Accreditation Application packet to OEMS for final accreditation approval

ACCREDITATION FLOWCHART

Conduct Meetings with:

- Agency Membership
- OEMS Program Representative
- Operational Medical Direcotor
- Local Governing Body

Submit Application to OEMS
With Letters of Support From Each
Of the Above

Tier One
Preparing for Excellence

Meeting With
Technical Assistance Team

Form Community Input Groups and
begin
Agency Performance Survey

Develop Action Plan Based on
Agency Performance Survey

Tier Two
Designing for Excellence

- Develop and Implement Programs
- Benchmarks developed for each "Area of Excellence"

Tier Three
Leading for Excellence

- Demonstrate Benchmarks are being achieved
- Repeat Agency Performance Survey
- TAT recommends Agency for Accreditation
- Submit application to OEMS for Accreditation

Trauma and Critical Care

IX. Trauma and Critical Care

Performance Improvement Coordinator

The Division of Trauma/Critical Care is very pleased to announce that it has filled a brand new position within OEMS. The new Performance Improvement (PI) Coordinator is Nevena Skoro and she began with OEMS just prior to the holidays. Nevena is a graduate of the University of Virginia where she received her undergraduate degree in Applied Mathematics. More recently Nevena chose to change career paths and attended the Virginia Commonwealth University and received her Master's Degree in Public Health. Immediately prior to joining OEMS she was working in the State Health Commissioner's office where she is still completing a project.

In addition to adding an additional statistical analyst to the Division, once oriented, Nevena will be charged with assessing EMS PI activities within the Commonwealth and best practices for EMS PI in other state programs and develop recommendations for future PI efforts. On the hospital side it is hoped that Nevena will be able to contribute to statewide research activities in fields such as Trauma, Stroke, and STEMI.

Durable Do Not Resuscitate (DDNR)

The proposed regulations related to the Durable Do Not Resuscitate (DDNR) program are currently open for public comment through the Virginia Town Hall which can be found on-line at http://townhall.virginia.gov/index.cfm this is the official Web site that Virginia Governmental Agencies are required to post proposed regulations, minutes to public meetings, and announce public meetings. A public hearing is scheduled for February 18, 2010 at the OEMS Technology Park office.

As of December 31st we had mailed **91,456** DDNR forms for 2009. This is a slight decrease in the number of forms mailed in 2008 and previous years. We can attribute this do to education and our taking more assertive control in not allowing facilities to stockpile large supplies of forms for distribution.

Emergency Medical Informatics

- **Virginia Pre-Hospital Information Bridge (VPHIB)**

The Virginia Pre-Hospital Information Bridge (VPHIB) has now gone live and is fully hosted within the State's data warehouse. Unfortunately, OEMS was required to change the web address from www.VPHIB.com to https://vphib.vhd.virginia.gov to meet State requirements. For those accessing the old web site via the internet they will simply be

redirected to the new web site. For any mobile PC's (i.e. Toughbooks) using the State sponsored ePCR (Field Bridge) the new web address will need to be updated manually.

OEMS staff continues to work with ImageTrend, the Virginia Information Technology Agency, and Northrop Grumman to make adjustments to both the software application and the hosting environment based on feedback received from the field and during training events. Agencies with special concerns such as needing an extension, have a desire to implement early, or need other forms of assistance should contact the PPCR Coordinator directly with any request.

In the interest of "going-green" multiple resources documents are posted on the OEMS website at http://www.vdh.virginia.gov/OEMS/Trauma/EMSRegistry.htm or if you already have a user logon for the new system it is located at https://VPHIB.VDH.Virginia.gov once users have the ability to logon there are multiple short training videos to demonstrate how to use most features. OEMS will continue to try and provide as many training opportunities as possible. As of 1/28/10 we have hosted 45 classroom training sessions (21 in computer labs) and eight webinars reaching 244 agencies and 264 attendees.

- **Prehospital Patient Care Reporting**

There have not been any significant changes to the existing PPCR program. Since the existing PPCR database will soon be turned into a "historical database" agencies which are behind with submitted the mandated data to OEMS may experience additional challenges and costs in the near future and are encouraged to become compliant prior to roll out of the new program. Detailed information and resources are available at http://www.vdh.virginia.gov/OEMS/Trauma/EMSRegistry.htm.

Virginia Statewide Trauma Registry

There are no significant new items to report with the Virginia Statewide Trauma Registry Last quarter's VSTR audit disclosed **100% compliance**. Our pre-audit for November 2009 has disclosed only four facilities as not sending in their data for the third quarter. Two of these facilities have already been in contact with us and should have their data into us by the audit date. We have not heard back from Southampton Memorial Hospital or HCA Retreat Hospital.

Trauma System

- **Trauma System Oversight and Management Committee (TSO&MC)**

The bulk of the December TSO&MC meeting was focused on discussing the trauma center fund disbursement as noted below. An update was provided on the Trauma Triage

Plan and the March meeting will include the approval of the Triennial update of regional trauma triage plans.

- **Trauma Center Fund**

During its December 2009 meeting the Trauma System Oversight and Management Committee discussed potential revisions to the Trauma Center Fund Disbursement Policy. The discussions presented a wide variety of potential considerations for modifying the policy and will require further review. 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

In 2008 the *Code of Virginia* § 32.1-111.3 *the Statewide Emergency Medical Care System* was amended to add a statewide pre-hospital and inter-hospital stroke triage plan designed to promote rapid access for stroke patients to organized stroke care. The section of *Code* language mandates the designation and use of trauma centers has always included "specialty centers", but until 2008 other specialty centers had not been identified. The designation of certain hospitals as either a trauma center or as a specialty center is to be based on applicable national systems.

A draft Statewide Stroke Triage Plan has been developed and approved by the Virginia Stroke System Task Force and the task force would like it to be accepted by the EMS system as well. The plan was presented at the January 21st Medical Direction Committee, but the committee did not have a quorum present to take action on the document. The draft plan is attached as **APPENDIX G**

STEMI System

The Virginia Heart Attack Coalition in partnership with the American Heart Association's Mission Lifeline continues to support Regional STEMI Champions that are working with or developing STEMI groups on a regional level. General information about VHAC, regional development, or information about registering your local STEMI system can be found at http://virginiaheartattackcoalition.org/. Currently the VHAC steering committee is working on several EMS related items most notable are an attempt to secure funding to assist Virginia EMS providers with obtaining access to the "Learn Rapid STEMI ID" course and encouraging the procurement of 12-Lead EKG monitors when possible.

Emergency Medical Services for Children (EMSC)

- **EMSC State Partnership Grant**

Virginia's Health Resource and Services Administration (HRSA) EMSC State Partnership Grant is in its final year. A "competing continuation" grant proposal was submitted January 29th for the next 3-year grant cycle; successful grantees will be notified by March 1 (the first day of the new EMSC grant year) concerning the $130,000 annual grant. All 50 states and 6 U.S. territories have a single EMSC State Partnership Grant, which helps states assess their progress toward achieving 10 National EMSC Performance Measures and provides funding to aid states in achieving specific EMSC objectives.

All existing EMSC Performance Measures associated with the federal EMSC program were recently revised and re-numbered to allow states to show more realistically the progress they have or have not made in achieving the Performance Measures. The annual EMSC Program Meeting (a requirement for grantees) will be May 25-27, 2010 in Bethesda, Maryland.

- **Surveying of Hospitals and EMS Agencies**

EMS for Children programs in every state will be surveying hospitals and EMS agencies in early 2010 in relation to key pediatric performance measures. For hospitals, the performance measures being assessed are closely aligned with mass casualty and hospital surge capacity planning already required by various emergency preparedness initiatives. For EMS agencies, the surveys concentrate more on pediatric equipment carried and access to both on and off-line pediatric medical control at the scene of pediatric emergencies. EMS agency leaders should begin looking for these important surveys (which can be completed on-line) in February. An 80% response rate is required to consider the surveys valid and is required by HRSA for EMSC grantee states to remain in good standing for continuation of their EMSC grant funding.

- **Hospital Pediatric Assessments**

Site visits to Critical Access Hospitals (CAH) hospitals have been delayed temporarily as questions regarding funding support from the FlexGrant (and the OEMS budget) have to be resolved. It is anticipated that these visits will now begin in the spring (April or May).

- **EMSC Committee Focuses on Child Restraints**

The EMSC Committee, at its January 14th meeting of the EMSC Committee solidified their commitment to addressing methods of appropriately restraining children in ambulances. Several strategies and methodologies were discussed, and members will be working with the OEMS EMSC program to provide leadership in this area. In addition, the Committee is working to provide easier access to some excellent "gang violence" education for EMS agencies in Virginia.

Respectfully Submitted

Office of Emergency Medical Services Staff

APPENDIX

A

Governor's Budget Bill

1. Transfer revenue generated by the $0.25 motor vehicle fee registration fee to support the Department of State Police's medevac program

   Transfers $1.0 million from the Rescue Squad Assistance Fund to the Department of State Police to support its med-flight operations. The Department of State Police will supplant general fund appropriation equal to the new revenue collected from the motor vehicle fee increase.

2. Reduce funding for the Poison Control Centers

3. Allows the agency to pursue one single statewide contract for toll-free poison control services. Transfer a portion of the Trauma Center balance to the general fund

   Transfers nongeneral fund cash balance to the general fund.

	FY 2011	FY 2012
Revenue/Transfers	$1,455,000	$1,455,000

Current transfers to the Department of State Police for MedFlight operations include:

$1,045,375 is transferred from the Rescue Squad Assistance Fund program
$ 600,000 is transferred from the $0.25 portion of funding designated for EMS Training.

The proposed FY2010 Budget Reductions in HB29 include an additional $1,000,000 for State Police MedFlight. These funds will be derived as follows:

$298,242 (30% portion for EMS program development)
$318,357 (32% portion for RSAF grants)
$258,014 (26% portion for Local Governments)
$108,742 (10% portion for the state's Office of EMS)
$ 16,645 (2% portion for the VA Association of Volunteer Rescue Squads)

Budget Amendments Impacted Emergency Medical Services

j) Introduced Budget Amendments in the House

There have been three budget amendments introduced to restore $1.6 million to the Four-for-Life budget for EMS. All three budget amendments are identical.

There has been one budget amendment (language only) that requires the Department of State Police to report annual on the funds it receives from Four-for-Life.

There has been one budget amendment introduced to restore funding for the Poison Control Centers.

The five House budget amendments follow:

Item 281#1h

Chief Patron: O'Bannon **Item 281** #1h

Health And Human Resources	**FY 10-11**	**FY 11-12**	
Department Of Health	$1,600,000	$1,600,000	NGF

Language:
Page 184, line 20, strike "$36,447,065" and insert "$38,047,065".
Page 184, line 20, strike "$36,447,065" and insert "$38,047,065".
Page 184, line 35, strike "1."
Page 184, line 35, strike the first "$2,645,375" and insert "1,045,375".
Page 184, line 35, strike the second "$2,645,375" and insert "1,045,375".
Page 184, strike lines 38 through 42.

Explanation:
(This amendment restores $1.6 million each year in nongeneral funds from the additional $0.25 of the motor vehicle registration fee to the Virginia Rescue Squad Assistance Fund that was transferred to the State Police for med-flight operations.)

Item 281 #2h

Chief Patron: Abbitt **Item 281** #2h

Health And Human Resources	**FY 10-11**	**FY 11-12**	
Department Of Health	$1,600,000	$1,600,000	NGF

Language:
Page 184, line 20, strike "$36,447,065" and insert "$38,047,065".
Page 184, line 20, strike "$36,447,065" and insert "$38,047,065".

Page 184, line 35, strike "1."
Page 184, line 35, strike the first "$2,645,375" and insert "1,045,375".
Page 184, line 35, strike the second "$2,645,375" and insert "1,045,375".
Page 184, strike lines 38 through 42.

Explanation:
(This amendment restores $1.6 million each year in nongeneral funds from the additional $0.25 of the motor vehicle registration fee to the Virginia Rescue Squad Assistance Fund that was transferred to the State Police for med-flight operations.)

Item 281 #3h

Chief Patron: Rust **Item 281** #3h

Health And Human Resources	**FY 10-11**	**FY 11-12**	
Department Of Health	$1,600,000	$1,600,000	NGF

Language:
Page 184, line 20, strike "$36,447,065" and insert "$38,047,065".
Page 184, line 20, strike "$36,447,065" and insert "$38,047,065".
Page 184, line 35, strike "1."
Page 184, line 35, strike the first "$2,645,375" and insert "1,045,375".
Page 184, line 35, strike the second "$2,645,375" and insert "1,045,375".
Page 184, strike lines 38 through 42.

Explanation:
(This amendment restores $1.6 million each year in nongeneral funds from the additional $0.25 of the motor vehicle registration fee to the Virginia Rescue Squad Assistance Fund that was transferred to the State Police for med-flight operations.)

Item 281 #4h

Chief Patron: Rust **Item 281** #4h

Health And Human Resources	
Department Of Health	Language

Language:
Page 184, line 37, after "operations.", insert:
"The Department of State Police shall report on the use of funds provided from the Rescue Squad Assistance Fund for aviation (med-flight) operations to the Emergency Medical Services Advisory Board by November 1 of each year."

Explanation:
(This amendment adds language requiring the Department of State Police to report annually on the use of $4 for Life funds for med-flight operations. A companion

amendment restores the transfer of $1.6 million from the $4 for Life funds to the State Police contained in the introduced budget.)

Item 288 #1h

Chief Patron: O'Bannon **Item 288 #1h**

Health And Human Resources	**FY 10-11**	**FY 11-12**	
Department Of Health	$1,049,691	$1,049,691	GF

Language:
Page 189, line 28, strike "$13,284,333" and insert "$14,334,024".
Page 189, line 28, strike "$13,284,333" and insert "$14,334,024".

Explanation:
(This amendment provides $1.0 million each year from the general fund to restore funding for three poison control centers. The introduced budget proposes services at one poison control center and captures savings to the general fund of $1 million annually from this action.)

k) Introduced Budget Amendments in the Senate

On the senate side, two budget amendments have been introduced to restore funding to the Four-for-Life program, one budget amendment (language only) has been introduced to require the Department of State Police to report on the use of funds from Four-for-Life and one budget amendment has been introduced to restore funding to the Poison Control Centers. Those budget amendments follow:

Item 281 #1s

Chief Patron: Houck **Item 281 #1s**

Health And Human Resources	**FY 10-11**	**FY 11-12**	
Department Of Health	$1,600,000	$1,600,000	NGF

Language:
Page 184, line 20, strike "$36,447,065" and insert "$38,047,065".
Page 184, line 20, strike "$36,447,065" and insert "$38,047,065".
Page 184, line 35, strike "1."
Page 184, line 35, strike the first "$2,645,375" and insert "1,045,375".
Page 184, line 35, strike the second "$2,645,375" and insert "1,045,375".
Page 184, strike lines 38 through 42.

Explanation:
(This amendment restores $1.6 million each year in nongeneral funds from the additional

$0.25 of the motor vehicle registration fee to the Virginia Rescue Squad Assistance Fund that was transferred to the State Police for med-flight operations.)

Item 281 #2s

Chief Patron: Colgan **Item 281** #2s

Health And Human Resources	**FY 10-11**	**FY 11-12**	
Department Of Health	$1,600,000	$1,600,000	NGF

Language:
Page 184, line 20, strike "$36,447,065" and insert "$38,047,065".
Page 184, line 20, strike "$36,447,065" and insert "$38,047,065".
Page 184, line 35, strike "1."
Page 184, line 35, strike the first "$2,645,375" and insert "1,045,375".
Page 184, line 35, strike the second "$2,645,375" and insert "1,045,375".
Page 184, strike lines 38 through 42.
Explanation:
(This amendment restores $1.6 million each year in nongeneral funds from the additional $0.25 of the motor vehicle registration fee to the Virginia Rescue Squad Assistance Fund that was transferred to the State Police for med-flight operations.)

Item 281 #3s

Chief Patron: Lucas **Item 281** #3s

Health And Human Resources	
Department Of Health	Language

Language:
Page 184, line 37, after "operations.", insert:
"The Department of State Police shall report on the use of funds provided from the Rescue Squad Assistance Fund for aviation (med-flight) operations to the Emergency Medical Services Advisory Board by November 1 of each year."

Explanation:
(This amendment adds language requiring the Department of State Police to report annually on the use of $4 for Life funds for med-flight operations. A companion amendment restores the transfer of $1.6 million from the $4 for Life funds to the State Police contained in the introduced budget.)

Item 288 #6s

Chief Patron: Barker **Item 288** #6s

Health And Human Resources	**FY 10-11**	**FY 11-12**	
Department Of Health	$1,049,691	$1,049,691	GF

Language:
Page 189, line 28, strike "$13,284,333" and insert "$14,334,024".
Page 189, line 28, strike "$13,284,333" and insert "$14,334,024".
Page 192, line 33, strike each "500,000" and insert "1,549,691".

Explanation:
(This amendment provides $1.0 million each year from the general fund to restore funding for three poison control centers. The introduced budget proposes services at one poison control center and capturing savings to the general fund of $1.0 million annually from this action.)

2010: Office of EMS Legislative Grid

Composite view

Bills	Committee	Last action	Date
HB 166 - Pogge - Capital murder; adds law-enforcement officers, etc., to statute so death sentence can be imposed.	(H) Committee for Courts of Justice	(H) Subcommittee recommends reporting with amendment(s) (6-Y 1-N)	01/15/10
HB 173 - Pogge - Drugs; certified emergency medical services personnel may administer and dispense.	(H) Committee on Health, Welfare and Institutions	(H) Read first time	01/27/10
HB 290 - Griffith - Fire programs; any fire/EMS department of a locality shall be immune from civil liability.	(H) Committee on Militia, Police and Public Safety	(H) Subcommittee recommends reporting with amendment(s) (4-Y 0-N)	01/22/10
HB 395 - Lohr - Helmet use; exempts operators and passengers riding on motorcycles with wheels of 8" or less.	(H) Committee on Militia, Police and Public Safety	(H) Subcommittee recommends laying on the table	01/21/10
HB 754 - Janis - Wireless E-911 charges; establishes rate & procedures for collection & remittance of by sellers.	(H) Committee on Commerce and Labor	(H) Assigned C & L sub: #1	01/22/10
HB 798 - Griffith - Drugs; certified emergency medical services personnel may administer and dispense.	(H) Committee on Health, Welfare and Institutions	(H) Incorporated by Health, Welfare and Institutions (HB173-Pogge)	01/26/10
HB 843 - Hope - Medical emergency response plan & automated external defribrillators; required in certain buildings.	(H) Committee on General Laws	(H) Assigned GL sub: #4 Professions/Occupations and Administrative Process	01/19/10
HB 901 - Barlow - Safety belts; makes nonuse thereof a primary offense.	(H) Committee on Militia, Police and Public Safety	(H) Assigned MPPS sub: #2	01/21/10
HB 973 - Rust - Line of Duty Death and Health Benefits Trust Fund; funding therefor.	(H) Committee on Finance	(H) Assigned Finance sub: #1	01/18/10

HB 1078 - Lewis - Charitable gaming; exempts volunteer fire departments & rescue squads from filing quarterly reports.	(H) Committee on General Laws	(H) Referred to Committee on General Laws	01/13/10
HB 1160 - Cosgrove - Fire Prevention Code, Statewide; authority to set fees to cover actual cost of administering.	(H) Committee on General Laws	(H) Referred to Committee on General Laws	01/13/10
HB 1162 - Cosgrove - Pyrotechnicians and fireworks operators; State Fire Marshal to establish a certification program.	(H) Committee on General Laws	(H) Referred to Committee on General Laws	01/13/10
HB 1173 - Phillips - Public Safety Fund; imposes an assessment on property and casualty insurance companies.	(H) Committee on Commerce and Labor	(H) Referred to Committee on Commerce and Labor	01/13/10
HJ 41 - Orrock - Commending the Virginia Association of Volunteer Rescue Squads on the 75th anniversary.		(S) Agreed to by Senate by voice vote	01/21/10
HJ 52 - Sherwood - Hurricane Awareness and Preparedness Week; designating as last week of May 2010.	(H) Committee on Rules (S) Committee on Rules	(S) Referred to Committee on Rules	01/22/10
SB 9 - Blevins - Safety belts; makes nonuse thereof a primary offense.	(S) Committee on Transportation	(S) Read third time and passed Senate (24-Y 16-N)	01/27/10
SB 10 - Blevins - Wireless telecommunications devices; prohibits talking on such device unless in hands-free mode.	(S) Committee on Transportation	(S) Referred to Committee on Transportation	12/10/09
SB 54 - Martin - Capital murder; fire and emergency personnel added to capital murder statute.	(S) Committee for Courts of Justice	(S) Referred to Committee for Courts of Justice	01/04/10
SB 68 - McEachin - Firefighters and Emergency Medical Technicians Procedural Guarantee Act; conduct of interrogations.	(S) Committee for Courts of Justice	(S) Read third time and passed Senate (25-Y 15-N)	01/21/10
SB 97 - Quayle - Line of Duty Death and Health Benefits Trust	(S) Committee on Finance	(S) Referred to Committee on Finance	01/06/10

Fund; funding from additional surcharge.			
SB 183 - Wampler - Search and rescue personnel; enhanced penalty for malicious or unlawful wounding.	(S) Committee for Courts of Justice	(S) Read third time and passed Senate (39-Y 0-N)	01/21/10
SB 229 - Barker - Safety belts; use required for all occupants of a motor vehicle.	(S) Committee on Transportation	(S) Referred to Committee on Transportation	01/12/10
SB 328 - Stuart - Emergency medical services providers; allowed to administer vaccines to adults and minors.	(S) Committee on Education and Health	(S) Referred to Committee on Education and Health	01/12/10
SB 441 - Saslaw - Wireless E-911 charges; establishes rate and procedures for collection and remittance by sellers.	(S) Committee on Commerce and Labor	(S) Referred to Committee on Commerce and Labor	01/13/10
SB 518 - Norment - Safety belts; primary enforcement when violations are observed at traffic safety checkpoints.	(S) Committee on Transportation	(S) Read third time and passed Senate (26-Y 14-N)	01/27/10
SJ 29 - Edwards - Commending the Virginia Association of Volunteer Rescue Squads, Inc., on the 75th anniversary.		(H) Laid on Speaker's table	01/22/10
SJ 112 - Marsden - Commending Virginia Task Force 1.		(S) Laid on Clerk's Desk	01/15/10
SJ 128 - Saslaw - Commending Virginia Task Force 1.		(S) Laid on Clerk's Desk	01/22/10

HB 166 Capital murder; adds law-enforcement officers, etc., to statute so death sentence can be imposed.

A BILL to amend and reenact § 18.2-31 of the Code of Virginia, relating to capital murder; auxiliary law-enforcement officers, fire marshals and assistant fire marshals, and EMS personnel; penalty.

10101043D

Summary as introduced:
Capital murder; auxiliary law-enforcement officers, fire marshals and assistant fire marshals, and EMS personnel; penalty. Adds auxiliary law-enforcement officers, EMS personnel, and fire marshals and assistant fire marshals with law-enforcement powers to the capital murder statute so that the death sentence can be imposed for their murder.

Patron: Pogge

01/06/10 House: Prefiled and ordered printed; offered 01/13/10 10101043D
01/06/10 House: Referred to Committee for Courts of Justice
01/11/10 House: Impact statement from VCSC (HB166)
01/13/10 House: Assigned Courts sub: Criminal
01/15/10 House: Subcommittee recommends reporting with amendment(s) (6-Y 1-N)

HB 173 Drugs; certified emergency medical services personnel may administer and dispense.

A BILL to amend and reenact §§ 32.1-48.016 and 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 32.1-42.2, relating to administration and dispensing of necessary drugs by emergency medical services personnel.

10102194D

Summary as introduced:
Administration and dispensing of necessary drugs by emergency medical services personnel. Provides that certified emergency medical services personnel who are employed by or affiliated with a licensed emergency medical services agency and who have received the training necessary to safely administer or dispense necessary drugs may administer skin tests for influenza or tuberculosis in nonemergency settings to public safety personnel and, upon the request of the local health director, the general public.

Patron: Pogge

01/06/10 House: Prefiled and ordered printed; offered 01/13/10 10102194D
01/06/10 House: Referred to Committee on Health, Welfare and Institutions
01/20/10 House: Assigned HWI sub: #1
01/21/10 House: Impact statement from DPB (HB173)
01/25/10 House: Subcommittee recommends reporting with amendment(s) (6-Y 0-N)
01/26/10 House: Reported from Health, Welfare and Institutions with substitute (22-Y 0-N)
01/26/10 House: Committee substitute printed 10104392D-H1
01/27/10 House: Read first time

HB 290 Fire programs; any fire/EMS department of a locality shall be immune from civil liability.

A BILL to amend and reenact § 27-15.2 of the Code of Virginia, relating to fire programs; donated fire equipment; liability.

10102819D

Summary as introduced:
Fire programs; donated equipment; liability. Provides that any fire/EMS department of a city, town, or county, or any fire/EMS company donating equipment for fighting fires or performing emergency medical services, which equipment met existing standards at the time of its purchase by the donating entity, shall be immune from civil liability unless the organization acted with gross negligence or willful misconduct.

Patron: Griffith

01/11/10 House: Prefiled and ordered printed; offered 01/13/10 10102819D
01/11/10 House: Referred to Committee on Militia, Police and Public Safety
01/19/10 House: Assigned MPPS sub: #3
01/22/10 House: Subcommittee recommends reporting with amendment(s) (4-Y 0-N)

HB 395 Helmet use; exempts operators and passengers riding on motorcycles with wheels of 8" or less.

A BILL to amend and reenact § 46.2-910 of the Code of Virginia, relating to helmet use; motorcycles.

10101335D

Summary as introduced:
Motorcycles; helmet use. Removes exception that allows operators and passengers riding on motorcycles with wheels of eight inches or less to ride without wearing a helmet.

Patron: Lohr

01/12/10 House: Prefiled and ordered printed; offered 01/13/10 10101335D

01/12/10 House: Referred to Committee on Militia, Police and Public Safety
01/19/10 House: Assigned MPPS sub: #2
01/21/10 House: Subcommittee recommends laying on the table

HB 754 Wireless E-911 charges; establishes rate & procedures for collection & remittance of by sellers.

A BILL to amend and reenact §§ 56-484.12 and 56-484.17 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 56-484.17:1, relating to establishing the rate and collection procedures for E-911 charges on prepaid wireless mobile telecommunications service.

10103781D

Summary as introduced:
Prepaid wireless E-911 charges; collection by retailers. Establishes the rate and procedures for the collection and remittance of prepaid wireless E-911 charges by sellers of prepaid wireless service in the Commonwealth. The bill would establish a charge of $0.50 per retail purchase of prepaid wireless services that allow access to the 911 system, with such charge also adjusted proportionately with any change to the wireless E-911 surcharge on postpaid wireless services. The Department of Taxation would be required to establish registration and payment procedures with respect to prepaid wireless E-911 charges that are substantially similar to those applicable to the sales tax. Retail sellers would be allowed to retain a discount of five percent of collected prepaid wireless E-911 charges. The provisions of the bill would apply to retail transactions occurring on or after January 1, 2011.

Patron: Janis

01/12/10 House: Prefiled and ordered printed; offered 01/13/10 10103781D
01/12/10 House: Referred to Committee on Commerce and Labor
01/17/10 House: Impact statement from TAX (HB754)
01/22/10 House: Assigned C & L sub: #1
01/26/10 House: Impact statement from TAX (HB754H1)

HB 798 Drugs; certified emergency medical services personnel may administer and dispense.

A BILL to amend and reenact §§ 32.1-48.016 and 54.1-3408 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 32.1-42.2, relating to administration and dispensing of necessary drugs by emergency medical services personnel.

10103798D

Summary as introduced:
Administration and dispensing of necessary drugs by emergency medical services personnel. Provides that certified emergency medical services personnel who are employed by or affiliated with a licensed emergency medical services agency and who have received the training necessary to

safely administer or dispense necessary drugs may administer skin tests for influenza or tuberculosis in nonemergency settings to public safety personnel and, upon the request of the local health director, the general public.

Patron: Griffith

01/12/10 House: Prefiled and ordered printed; offered 01/13/10 10103798D
01/12/10 House: Referred to Committee on Health, Welfare and Institutions
01/20/10 House: Assigned HWI sub: #1
01/21/10 House: Impact statement from DPB (HB798)
01/25/10 House: Subcommittee recommends incorporating (HB173-Pogge)
01/26/10 House: Incorporated by Health, Welfare and Institutions (HB173-Pogge)

HB 843 Medical emergency response plan & automated external defribrillators; required in certain buildings.

A BILL to amend and reenact § 22.1-274 of the Code of Virginia and to amend the Code of Virginia by adding in Article 6 of Chapter 2 of Title 2.2 a section numbered 2.2-214.2, by adding in Article 4 of Chapter 11 of Title 2.2 a section numbered 2.2-1161.2, and by adding sections numbered 15.2-922.2 and 59.1-296.2:2, relating to automated external defibrillators in health spas and state and local public buildings.

10103843D

Summary as introduced:
Medical emergency response plan and automated external defibrillators; required in certain buildings. Requires the development of medical emergency response plans and the installation of automated external defibrillators in health spas and certain state and local buildings open to the public. The bill also establishes the Automated External Defibrillator Grant Fund to provide matching funds to localities to assist with the cost of compliance.

Patron: Hope

01/13/10 House: Prefiled and ordered printed; offered 01/13/10 10103843D
01/13/10 House: Referred to Committee on General Laws
01/19/10 House: Assigned GL sub: #4 Professions/Occupations and Administrative Process

HB 901 Safety belts; makes nonuse thereof a primary offense.

A BILL to amend and reenact § 46.2-1094 of the Code of Virginia, relating to use of safety lap belts and shoulder harnesses in motor vehicles.

10102019D

Summary as introduced:

Motor vehicle safety belts. Makes nonuse of motor vehicle safety belts a primary offense.

Patron: Barlow

01/13/10 House: Prefiled and ordered printed; offered 01/13/10 10102019D
01/13/10 House: Referred to Committee on Militia, Police and Public Safety
01/18/10 House: Impact statement from DPB (HB901)
01/21/10 House: Assigned MPPS sub: #2

HB 973 Line of Duty Death and Health Benefits Trust Fund; funding therefor.

A BILL to amend and reenact §§ 9.1-400, 56-484.12, and 58.1-1730 of the Code of Virginia, relating to the Line of Duty Act; definitions; funding for the Line of Duty Death and Health Benefits Trust Fund.

10103160D

Summary as introduced:
Line of Duty Act; definitions; funding for the Line of Duty Death and Health Benefits Trust Fund. Includes local employees disabled on or after January 1, 1966, in the definition of "disabled employee." The bill also provides for funding through a five-cent surcharge for E-911 service.

Patrons: Rust, Hugo, Abbott, Barlow, Brink, Bulova, Ebbin, Englin, Kory, Miller, P.J., Morrissey, Plum, Pogge, Scott, J.M., Sickles and Surovell

01/13/10 House: Prefiled and ordered printed; offered 01/13/10 10103160D
01/13/10 House: Referred to Committee on Finance
01/18/10 House: Assigned Finance sub: #1

HB 1078 Charitable gaming; exempts volunteer fire departments & rescue squads from filing quarterly reports.

A BILL to amend and reenact §§ 18.2-340.30 and 18.2-340.31 of the Code of Virginia, relating to charitable gaming; reports and audits; exceptions.

10103766D

Summary as introduced:
Charitable gaming; reports and audits; exceptions. Exempts volunteer fire departments and rescue squads from filing quarterly reports of their charitable gaming activity with the Department of Agriculture and Consumer Services. The bill also exempts these entities from having their annual reports audited by the Department of Agriculture and Consumer Services.

Patrons: Lewis and Pollard

01/13/10 House: Prefiled and ordered printed; offered 01/13/10 10103766D

01/13/10 House: Referred to Committee on General Laws

HB 1160 Fire Prevention Code, Statewide; authority to set fees to cover actual cost of administering.

A BILL to amend and reenact § 27-98 of the Code of Virginia, relating to the Statewide Fire Prevention Code; administration and enforcement; fees.

10103979D

Summary as introduced:
Statewide Fire Prevention Code; administration and enforcement; fees. Moves authority to set fees to cover the actual cost of administering and enforcing the Statewide Fire Prevention Code from the Board of Housing and Community Development to the Virginia Fire Services Board. The bill also provides that the fee increases may not occur more than once in any given fiscal year.

Patron: Cosgrove

01/13/10 House: Prefiled and ordered printed; offered 01/13/10 10103979D
01/13/10 House: Referred to Committee on General Laws

HB 1162 Pyrotechnicians and fireworks operators; State Fire Marshal to establish a certification program.

A BILL to amend and reenact §§ 27-97 and 27-97.2 of the Code of Virginia, relating to the Statewide Fire Prevention Code; certification of pyrotechnicians and fireworks operators.

10103977D

Summary as introduced:
Statewide Fire Prevention Code; State Fire Marshal; regulation of pyrotechnicians and fireworks operators. Provides for the State Fire Marshal to establish a certification program for pyrotechnician or fireworks operator to design, setup, conduct or supervise the design, setup or conducting of any fireworks display, either inside a building or outdoors.

Patron: Cosgrove

01/13/10 House: Prefiled and ordered printed; offered 01/13/10 10103977D
01/13/10 House: Referred to Committee on General Laws

HB 1173 Public Safety Fund; imposes an assessment on property and casualty insurance companies.

A BILL to amend the Code of Virginia by adding a section numbered 38.2-401.2, relating to an

assessment on property and casualty insurance companies; Virginia Public Safety Fund assessment.

10102699D

Summary as introduced:
Insurance companies; Virginia Public Safety Fund assessment. Imposes an assessment on property and casualty insurance companies in the amount of one-half percent of the total direct gross premium income for such insurance. Moneys collected pursuant to the assessment shall be credited to the Virginia Public Safety Fund.

Patron: Phillips

01/13/10 House: Prefiled and ordered printed; offered 01/13/10 10102699D
01/13/10 House: Referred to Committee on Commerce and Labor
01/20/10 House: Impact statement from TAX (HB1173)

HJ 41 Commending the Virginia Association of Volunteer Rescue Squads on the 75th anniversary.

Commending the Virginia Association of Volunteer Rescue Squads, Inc., on the occasion of the 75th anniversary of its founding.

10102658D

Summary as introduced:
Commending the Virginia Association of Volunteer Rescue Squads, Inc., on the occasion of the 75th anniversary of its founding.

Patrons: Orrock and O'Bannon

01/05/10 House: Prefiled and laid on Speaker's table; offered 01/13/10 10102658D
01/12/10 House: Introduced bill reprinted 10102658D
01/15/10 House: Engrossed by House
01/15/10 House: Agreed to by House by voice vote
01/21/10 Senate: Agreed to by Senate by voice vote

HJ 52 Hurricane Awareness and Preparedness Week; designating as last week of May 2010.

Designating the last week of May, in 2010 and in each succeeding year, as Hurricane Awareness and Preparedness Week in Virginia.

10100499D

Summary as introduced:
Designating Hurricane Awareness and Preparedness Week in Virginia. Designates the last

week of May, in 2010 and in each succeeding year, as Hurricane Awareness and Preparedness Week in Virginia.

Patron: Sherwood

01/11/10 House: Prefiled and ordered printed; offered 01/13/10 10100499D
01/11/10 House: Referred to Committee on Rules
01/19/10 House: Reported from Rules (15-Y 0-N)
01/21/10 House: Taken up
01/21/10 House: Engrossed by House
01/21/10 House: Agreed to by House BLOCK VOTE (97-Y 0-N)
01/21/10 House: VOTE: BLOCK VOTE PASSAGE (97-Y 0-N)
01/22/10 Senate: Reading waived
01/22/10 Senate: Referred to Committee on Rules

SB 9 Safety belts; makes nonuse thereof a primary offense.

A BILL to amend and reenact § 46.2-1094 of the Code of Virginia, relating to use of safety lap belts and shoulder harnesses.

10100095D

Summary as introduced:
Safety belts. Makes nonuse of safety belts a primary offense.

Patron: Blevins

12/10/09 Senate: Prefiled and ordered printed; offered 01/13/10 10100095D
12/10/09 Senate: Referred to Committee on Transportation
01/21/10 Senate: Reported from Transportation (10-Y 4-N)
01/25/10 Senate: Constitutional reading dispensed (39-Y 0-N)
01/26/10 Senate: Read second time and engrossed
01/27/10 Senate: Read third time and passed Senate (24-Y 16-N)

SB 68 Firefighters and Emergency Medical Technicians Procedural Guarantee Act; conduct of interrogations.

A BILL to amend and reenact § 9.1-301 of the Code of Virginia, relating to the Firefighters and Emergency Medical Technicians Procedural Guarantee Act; conduct of interrogations.

10101321D

Summary as introduced:
Firefighters and Emergency Medical Technicians Procedural Guarantee Act; conduct of interrogations. Provides that firefighters or emergency medical technicians may have a witness of their choice present during an interrogation, as long as the interview is not unduly delayed. The bill

specifies that the observer cannot participate or represent the employee. In addition the bill provides that all interrogations should be conducted with at least 24 hours' notice, unless the nature of the investigation requires immediate.

Patron: McEachin

01/04/10 Senate: Prefiled and ordered printed; offered 01/13/10 10101321D
01/04/10 Senate: Referred to Committee for Courts of Justice
01/12/10 Senate: Assigned Courts sub: Civil
01/18/10 Senate: Reported from Courts of Justice (9-Y 3-N)
01/19/10 Senate: Constitutional reading dispensed (40-Y 0-N)
01/20/10 Senate: Read second time and engrossed
01/21/10 Senate: Read third time and passed Senate (25-Y 15-N)

SB 183 Search and rescue personnel; enhanced penalty for malicious or unlawful wounding.

A BILL to amend and reenact § 18.2-51.1 of the Code of Virginia, relating to malicious bodily injury; search and rescue personnel; penalty.

10103516D

Summary as introduced:
Malicious injury; search and rescue personnel. Adds search and rescue personnel who are members of an organization that has a memorandum of understanding with the Virginia Department of Emergency Management to the definition of search and rescue personnel so that the enhanced penalty will apply if they are the victims of malicious or unlawful wounding. Malicious wounding is a Class 3 felony (five to 20 years); the penalty for malicious wounding of search and rescue personnel is five to 30 years, with a mandatory minimum term of imprisonment of two years. Unlawful wounding of search and rescue personnel is a Class 6 felony (one to five years), with a mandatory minimum term of imprisonment of one year.

Patrons: Wampler and Martin

01/11/10 Senate: Prefiled and ordered printed; offered 01/13/10 10103516D
01/11/10 Senate: Referred to Committee for Courts of Justice
01/12/10 Senate: Assigned Courts sub: Criminal
01/13/10 Senate: Impact statement from VCSC (SB183)
01/18/10 Senate: Reported from Courts of Justice (12-Y 0-N)
01/19/10 Senate: Constitutional reading dispensed (40-Y 0-N)
01/20/10 Senate: Read second time and engrossed
01/21/10 Senate: Read third time and passed Senate (39-Y 0-N)

SB 441 Wireless E-911 charges; establishes rate and procedures for collection and remittance by sellers.

A BILL to amend and reenact §§ 56-484.12 and 56-484.17 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 56-484.17:1, relating to establishing the rate and collection procedures for E-911 charges on prepaid wireless mobile telecommunications service.

10103812D

Summary as introduced:
Prepaid wireless E-911 charges; collection by retailers. Establishes the rate and procedures for the collection and remittance of prepaid wireless E-911 charges by sellers of prepaid wireless service in the Commonwealth. The bill would establish a charge of $0.50 per retail purchase of prepaid wireless services that allow access to the 911 system, with such charge also adjusted proportionately with any change to the wireless E-911 surcharge on postpaid wireless services. The Department of Taxation would be required to establish registration and payment procedures with respect to prepaid wireless E-911 charges that are substantially similar to those applicable to the sales tax. Retail sellers would be allowed to retain a discount of five percent of collected prepaid wireless E-911 charges. The provisions of the bill would apply to retail transactions occurring on or after January 1, 2011.

Patron: Saslaw

01/13/10 Senate: Prefiled and ordered printed; offered 01/13/10 10103812D
01/13/10 Senate: Referred to Committee on Commerce and Labor
01/17/10 Senate: Impact statement from TAX (SB441)

SB 518 Safety belts; primary enforcement when violations are observed at traffic safety checkpoints.

A BILL to amend and reenact § 46.2-1094 of the Code of Virginia, relating to the use of safety lap belts and shoulder harnesses in motor vehicles; enforcement.

10102210D

Summary as introduced:
Safety belt enforcement. Allows for primary enforcement of safety belt requirements when violations are observed by law-enforcement officers at traffic safety checkpoints.

Patron: Norment

01/13/10 Senate: Prefiled and ordered printed; offered 01/13/10 10102210D
01/13/10 Senate: Referred to Committee on Transportation
01/21/10 Senate: Reported from Transportation (10-Y 4-N)
01/25/10 Senate: Impact statement from DPB (SB518)
01/25/10 Senate: Constitutional reading dispensed (39-Y 0-N)
01/26/10 Senate: Read second time and engrossed

01/27/10 Senate: Read third time and passed Senate (26-Y 14-N)

SJ 29 Commending the Virginia Association of Volunteer Rescue Squads, Inc., on the 75th anniversary.

Commending the Virginia Association of Volunteer Rescue Squads, Inc., on the occasion of the 75th anniversary of its founding.

10100908D

Summary as introduced:
Commending the Virginia Association of Volunteer Rescue Squads, Inc., on the occasion of the 75th anniversary of its founding.

Patron: Edwards

01/11/10 Senate: Prefiled and laid on Clerk's desk; offered 01/13/10 10100908D
01/20/10 Senate: Introduced bill reprinted 10100908D
01/21/10 Senate: Engrossed by Senate
01/21/10 Senate: Agreed to by Senate by voice vote
01/22/10 House: Received
01/22/10 House: Laid on Speaker's table

SJ 112 Commending Virginia Task Force 1.

Commending Virginia Task Force 1.

10104086D

Summary as introduced:
Commending Virginia Task Force 1.

Patron: Marsden

01/15/10 Senate: Presented 10104086D
01/15/10 Senate: Laid on Clerk's Desk

SJ 128 Commending Virginia Task Force 1.

Commending Virginia Task Force 1.

10104206D

Summary as introduced:
Commending Virginia Task Force 1.

Patrons: Saslaw, Barker, Blevins, Colgan, Edwards, Hanger, Herring, Houck, Howell, Hurt, Locke, Lucas, Marsden, Marsh, McDougle, McEachin, McWaters, Miller, J.C., Miller, Y.B., Newman, Norment, Northam, Petersen, Puller, Ruff, Stosch, Stuart, Ticer, Vogel, Wagner, Wampler and Whipple; Delegates: Ebbin, Kory and Surovell

01/22/10 Senate: Presented 10104206D
01/22/10 Senate: Laid on Clerk's Desk

Counts: HB: 13 HJ: 2 SB: 5 SJ: 3

APPENDIX

B

DRAFT 1/22/10

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 and 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 task group 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 task group~~. The OEMS will also~~ and notify ~~the Chair and~~ 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, ~~First~~ Vice-Chair~~, and Second 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 task groups necessary to perform the work of the Advisory Board.
4. The Chair will be an ex-officio member of all committees and task groups.
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 ~~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. ~~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. ~~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, Statewide Registries 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. ~~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 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 shall serve a term of one year or until their successor is elected ~~commencing the first meeting of the fiscal year~~.

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 task groups.
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.

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 Services 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, sub-committee and task group 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, sub-committee and task group is responsible for recording attendance at their respective meetings.

Article VII. Committees and Task Groups

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.

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 all committee organizational structures and compositions and the monitoring of the progress of the 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 sanding 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.

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 Governor's 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 Governor's Advisory Board for EMS. 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.

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.

5. Patient Care Coordinator

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 Advisory Committee provides expert guidance to the OEMS Advisory Board regarding appropriate standards and

recommendations to promote a high quality and safe Medevac system for Virginia.

c. Statewide Registries

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 and in accordance with the Code of Virginia 32.1-116.1

d. EMS For Children (EMSC)

The EMS for Children (EMSC) Committee provides expertise and advice to the state EMS 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 Training & Certification will review and recommend changes for policies and regulations affecting the training and certification of pre-hospital providers; procedures and guidelines for each level of certification; standardized education and testing curricula; training and continuing education requirements and improvements; monitoring of EMS training programs; quality Assurance, Quality Improvement and accreditation for educational programs.

b. Workforce Development

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

c. Provider Health & Safety

The Provider Health & Safety Committee will recommend policies and practices for the development of EMS provider health and

safety programs, including physical and mental health and wellness and critical incident stress management (CISM).

~~7. Awards Selection Committee~~

Comment [JDC1]: The Awards Selection Committee is being eliminated, as it is actually a workgroup of the Office of EMS.

~~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.~~

~~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 B. 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 C. Task Groups

Task groups 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 task groups 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.

SectionD. 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 task groups 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 sub-committees 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 Advisory Board Chair 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 ~~1~~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 task groups 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.

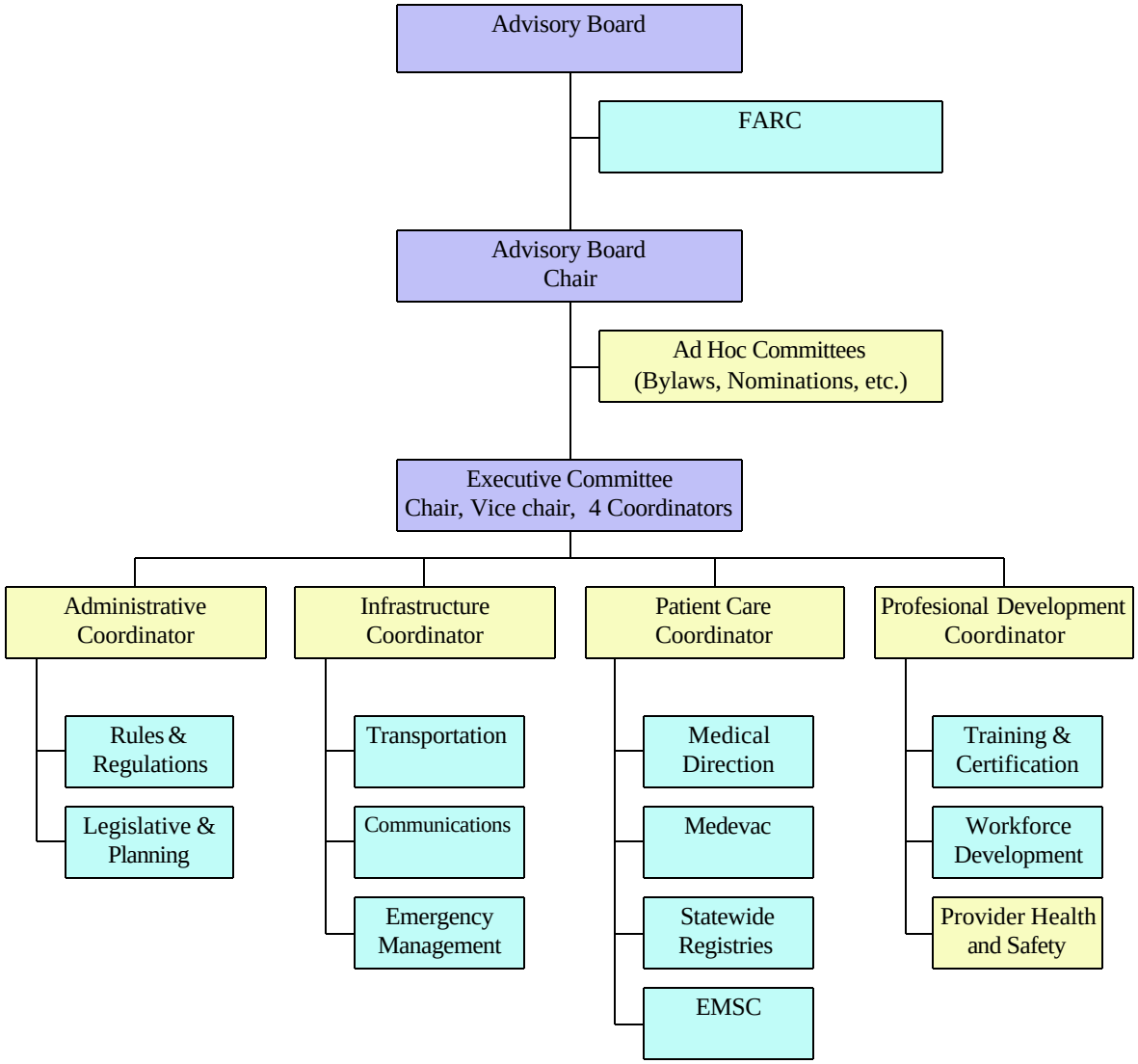
Suspected violations of this section will be investigated by a special panel appointed by the Executive committee. Their findings shall be reported to the Executive Committee in a timely fashion. The Committee, in turn, will determine whether the results are founded or unfounded. If founded, the Advisory 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



1/11/10

APPENDIX

C

Special Plates Group
Virginia Department of Motor Vehicles
Attention: EVS Plate Certification
Post Office Box 26668
Richmond, Virginia 23261-6668
Volunteer, private and government emergency services organizations

Dear:

The Virginia Department of Motor Vehicles (DMV) conducted a review of all previously-issued Emergency Vehicle Services (EVS) license plates to ensure the integrity of DMV's issuance process for these plates. **Action is required by you before February 1, 2010 on the plates listed at the end of this letter.** You will need to determine if your agency is eligible for EVS plates and if so, provide a signature from an authorized representative certifying this eligibility.

EVS plates are issued to vehicles (not individuals) used by qualified emergency volunteer service organizations. Vehicles with EVS plates must be a firefighter vehicle with firefighting apparatus permanently attached, or an ambulance, rescue squad or similar vehicle painted with the required signage. Vehicles with EVS plates must be used in a Virginia locality exclusively by a volunteer fire department, volunteer lifesaving or first aid crew, in accordance with Title 27 of the Virginia Code. In addition, EVS-plate vehicles cannot be rented, leased or lent.

If you determine that the vehicles associated with the license plates listed on this letter qualify for EVS plates, complete and sign the enclosed Emergency Vehicle License Plates-Vehicle Registration Application (VSA 125) form for **each** qualified plate. You may sign one form and make photocopies for each plate listed. A photocopied signature is acceptable in this instance. If one or more of the plates listed were inactivated by DMV, please indicate the plate is no longer registered to your organization by marking through the plate number, and mail this letter to the address listed above, along with your VSA 125 forms, before February 1, 2010.

If you determine that any vehicle with plates listed in this letter does **not** qualify for EVS plates, take one of the following actions before February 1, 2010. You may return them via mail to the address listed above. Or, visit any DMV customer service center or DMV Select to apply for the correct emergency service plate by submitting the VSA 125 forms and required fees for each vehicle. Your current EVS plates may be turned in after the correct plates are issued.

If you need to replace 50 or more EVS plates with another type of plate, please call Nancy Cuddihy in DMV's Special Plates Group at 804-367-0029 first and indicate the DMV office you plan to visit. If you do not qualify for EVS plates, your organization may qualify for another type of special license plate.

According to Virginia law (46.2-750), local or state government agencies that own emergency services vehicles used only for governmental purposes qualify for government license plates. Also, private ambulances or emergency services vehicles may qualify for private passenger or truck license plates if they:

- hold an Office of Emergency Medical Services permit,
- have an EMT on board, and
- are equipped to provide emergency medical care/transportation to sick injured, wounded or otherwise incapacitated patients

If you need additional information, contact Nancy Cuddihy in DMV's Special Plates Group at 804-
367-0029.

Sincerely,

William Childress, Director
DMV Vehicle Services

APPENDIX

D

Accredited Training Site Directory

As of January 1, 2010

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

Accredited Paramedic[1] Training Programs in the Commonwealth

Site Name	Site Number	Expiration	Accreditation Status
Associates in Emergency Care – OWL	15319		National – Initial
Associates in Emergency Care – Quantico	15314		National – Initial
Center for EMS Training	74015	03-2010	State – Continuing
Central Virginia Community College	68006	01-2010	State – Full
J. Sargeant Reynolds Community College – Chesterfield	04107		National – Initial
J. Sargeant Reynolds Community College – Colonial Hgts.	57004		National – Initial
J. Sargeant Reynolds Community College – Goochland	07504		National – Initial
J. Sargeant Reynolds Community College – Hanover	08513		National – Initial
J. Sargeant Reynolds Community College – Henrico	08709		National – Initial
J. Sargeant Reynolds Community College – RAA	76029		National – Initial
Jefferson College of Health Sciences	77007		National – Continuing
Loudoun County Fire & Rescue	10704		National – Continuing
National College of Business & Technology	77512		National – Initial
Northern Virginia Community College	05906		National – Continuing
Patrick Henry Community College	08908		State – Conditional
Piedmont Virginia Community College/UVa	54006		National – Initial
Rappahannock EMS Council Intermediate Program	63007	05-2010	State – Continuing
Southside Community College	11709	06-2012	State – Continuing
Southwest Virginia Community College	18507		National – Continuing
Tidewater Community College	81016		National – Continuing
Tidewater Community College – NNFDTC	70014		National – Continuing
VCU School of Medicine Paramedic Program	76011		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.

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

Accredited Intermediate[1] Training Programs in the Commonwealth

Site Name	Site Number	Expiration	Accreditation Status
Central Shenandoah EMS Council Intermediate Program	79001	05-2010	State – Full
Danville Training Center/Danville Community College	69009	10-2009	State – Conditional
Franklin County Public Safety Training Center	06705	07-2012	State – Full
James City County Fire Rescue	83002	02-2010	State – Conditional
John Tyler Community College	04115	02-2012	State – Full
Lord Fairfax Community College	06903	06-2010	State – Full
New River Valley Training Center	75004	12-2011	State – Full
Norfolk Fire Department	71008	07-2011	State – Full
Old Dominion EMS Alliance	04114	08-2012	State – Full
Prince William County Dept. of Fire and Rescue	15312	07-2010	State – Full
Rappahannock Community College – Glenns	11903	07-2011	State – Full
Rappahannock Community College – Warsaw	15904	07-2011	State – Full
Roanoke Regional Fire-EMS Training Center	77505	12-2010	State – Conditional
Southside Rescue Squad	11708	07-2011	State – Full
UVa Prehospital Program	54008	07-2014	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

APPENDIX

E

Karen Remley, MD, MBA, FAAP
State Health Commissioner

Gary R. Brown
Director

P. Scott Winston
Assistant Director

COMMONWEALTH of VIRGINIA

Department of Health

Office of Emergency Medical Services
P.O. Box 2448
Richmond, VA 23218-2448

109 Governor St., Suite UE
Richmond, Virginia 23

1-800-523-6019 (VA o
804-864-7
FAX: 804-864-7

PUBLIC HEARINGS SCHEDULE

12VAC5-66 Durable Do Not Resuscitate

- February 18, 2010 - 2:00 p.m. - Virginia Office of EMS, 1041 Technology Park Drive, Glen Allen, Virginia

12VAC5-31 Emergency Medical Services Regulations

- February 3, 2010 - 7 p.m. - Fauquier Hospital, Sycamore Room, 500 Hospital Drive, Warrenton, Virginia
- February 4, 2010 - 7 p.m. - Central Virginia Community College, Merritt Building, 3506 Wards Road, Lynchburg, Virginia
- February 10, 2010 - 1 p.m. - Prince William County Complex, #1 Count Complex Court, Woodbridge, Virginia
- February 10, 2010 – 7 p.m. – Abingdon Volunteer Fire and Rescue, 2676 Hayes Road, Hayes, Virginia
- February 17, 2010 - 7 p.m. - Rockingham County Training Center, 20 East Gay Street, Harrisonburg, Virginia
- February 20, 2010 - 10 a.m. - Southwest Virginia Higher Education Executive Auditorium, PO Box 1987, One Partnership Circle, Abingdon, VA
- February 23, 2010 - 7 p.m. - Centra Southside Community Hospital, 800 Oak Street, Farmville, Virginia
- February 25, 2010 - 7 p.m. - Virginia Beach Convention Center, 1000 19th Street, Virginia Beach, Virginia

Document Link: http://legis.state.va.us/codecomm/register/vol26/iss10/v26i10.pdf.

APPENDIX

F

PREFACE FOR PUBLIC HEARINGS

For Public Hearings in the Commonwealth of Virginia Relating to Proposed Changes in the Virginia Emergency Medical Services Regulations 12VAC5-31

Welcome -

Introduction of Panelists -

Preface

We are here today to conduct an open public hearing regarding the proposed changes for the Virginia Emergency Medical Services Regulations 12VAC5-31. Similar hearings have been or are scheduled to be held throughout the Commonwealth in an effort to obtain public participation in the regulatory process.

The current regulations were developed and went into effect in 2003. Since that period of time, many changes and developments have taken place in the field of out of hospital emergency medical care. The revisions for the proposed regulations have focused on those changes and have also taken into account new advances in medical technology, training and operational procedures.

The proposed regulations are a culmination of efforts by many groups and individuals including, but not limited to, the Regulation and Policy Committee, the Medical Direction Committee, the Transportation Committee, the Medevac Committee, the EMS Emergency Management Committee, the Professional Development Committee and Office of EMS staff.

The goal of the proposals is focused at the continuation of the high level of medical care the citizens of the Commonwealth expect and deserve. The proposals are not intended to place undue burdens or hardships on any aspect of the EMS system or to create objectives impossible to accomplish. All participants realized the diverse and complex geographic and demographic make-up of the Commonwealth. These variables made for a very difficult task for all involved. The proposed regulations have been written to take into account all regions of our great Commonwealth from the densely populated metropolitan areas, the sparsely populated rural areas and all points in between. It has been a formidable task to say the least but one that has been successful. Many hours of assessment have been expended on these proposals and the draft document is now presented for your comment.

This panel is not here to debate any specific issue, to answer specific questions or hear any topic other than the proposed regulation changes. The purpose of the hearing is to gather comments, concerns and input for the finalization of the project.

In order to conduct the hearing in an orderly manner, the following guidelines will strictly be adhered to:

- Only speakers signed up will be allowed to address the panel;
- Each speaker will be allotted five (5) minutes for comment;
- Each speaker must provide their name and/or the group or organization they represent;
- The panel will accept written comments at the conclusion of the hearing by forwarding such to the hearing administrator;
- The panel moderator will have authority to terminate a speaker at anytime to maintain an orderly control of the hearings.

To expedite the process and to obtain as many concerns as possible in the allotted time, it is requested to avoid repetitive comments. All comments incorporate equal importance and repeating the comments of others does not increase the influence of the concern. Should a previous speaker make a statement in regard to a particular focus, please do not reiterate the subject unless you have a different or opposing view.

Every effort will be made to hear all speakers but please be respectful of the freedoms and opinions of your peers.

At the conclusion of the public hearing process, all received information and data will be evaluated by the OEMS staff. If sufficient justification is demonstrated, the recommendations and/or comments will be incorporated into the final product for adoption.

Thank you for your interest and participation in the EMS System in the Commonwealth and may we continue to provide the best care for the citizens of our communities and our great state.

Revised: January 2010

APPENDIX

G

Virginia Office of Emergency Medical Services
Division of Trauma/Critical Care
Prehospital and Interhospital
State Stroke Triage Plan

Virginia Department of Health
Office of Emergency Medical Services
P.O. Box 2448
Richmond, Virginia 23218
(804) 864-7600
www.vdh.virginia.gov/oems

Index

Executive Summary

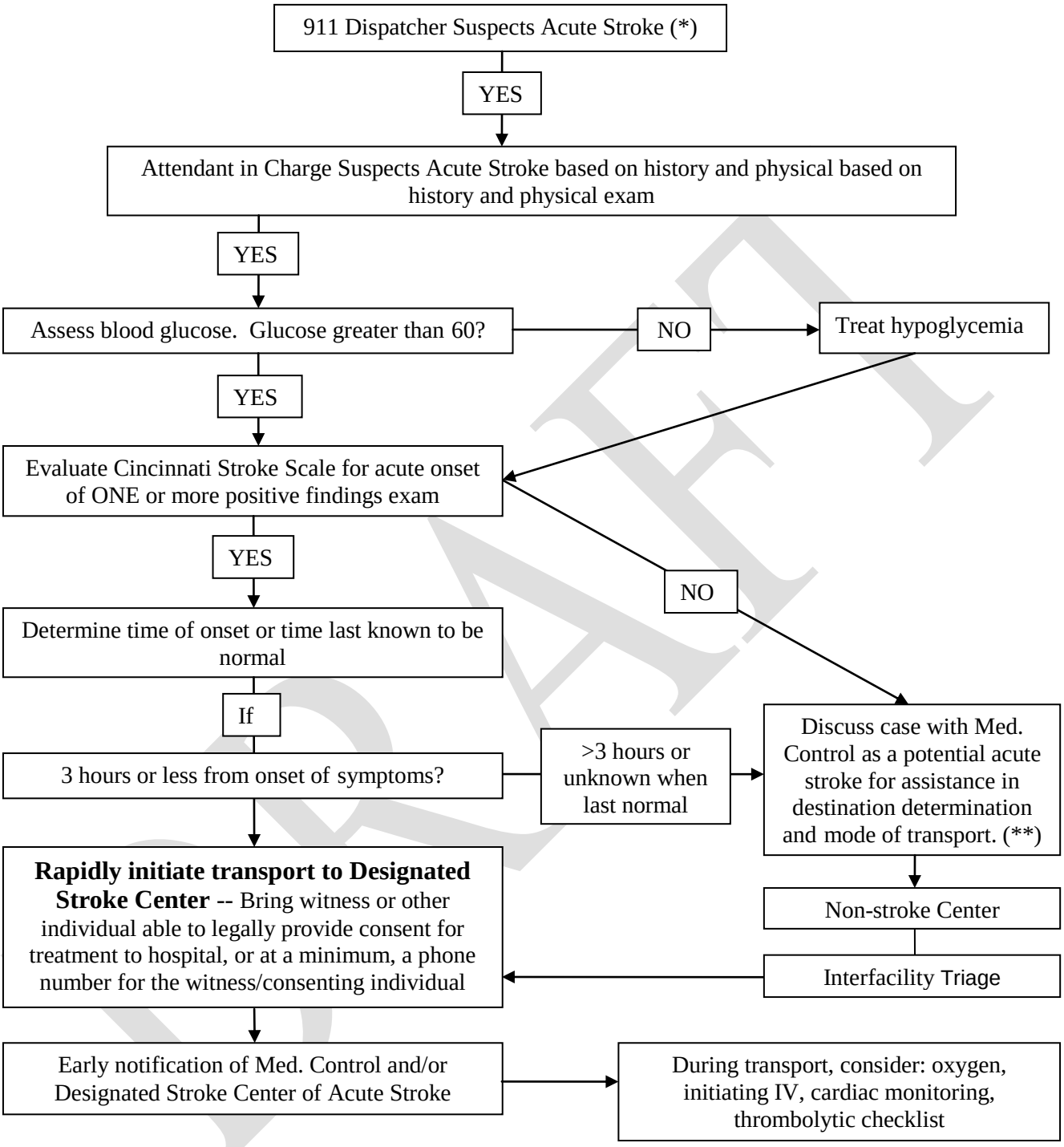
Under the *Code of Virginia* **§** *32.1-111.3,* The Office of Emergency Medical Services acting on behalf of the Virginia Department of Health has been charged with the responsibility of maintaining a Statewide Stoke Triage Plan. The Statewide Stroke Triage Plan establishes a strategy through formal regional stroke triage plans that incorporate each region's geographic variations and acute stroke care capabilities and resources, including hospitals designated as "Primary Stroke Centers" through certification by the Joint Commission or a comparable process consistent with the recommendations of the Brain Attack Coalition. The Statewide Stroke Triage Plan is to include guidelines for prehospital patient care as well as inter-hospital patient transfers.

The purpose of the Statewide Stroke Triage Plan is to establish a uniform set of criteria for the prehospital and inter-hospital triage and transport of acute stroke patients. Formal regional or local stroke triage plans may augment the State Stroke Triage Plan to acknowledge and address variations in each region's EMS and hospital resources. This State Stroke Triage Plan, and the related regional plans, address patients experiencing an "acute stroke." For the purposes of this document, "acute stroke" is defined as any patient suspected of having an acute cerebral ischemic event or stroke with the onset of any one symptom within a three hour period. The primary focus of the plan is to provide guidelines to facilitate the early recognition of patients suffering from acute stroke and to expedite their transport a center able to provide definitive care within an appropriate time window.

It is very important to note that because of the continuing evolution of scientific evidence indicating successful management of acute stroke greater than the three-hour time window, *real-time contact with regional or local medical direction should be freely used to discuss individual cases outside the three-hour window*. In selected cases it may be determined that expeditious transfer or transport directly to a Designated Stroke Center may be of beneficial for a specific patient.

Some selected acute stroke types may benefit from intervention *up to 24 hours* following symptom onset. Regardless of time of onset the sooner an acute stroke is treated, the better the potential outcome ("Time is Brain"). Based on a individual patient's time of onset and following discussion with Medical Command, consider what mode of transport would be most appropriate to transport the patient expeditiously to a Designated Stroke Center.

Field Stroke Triage Decision Scheme



(*) See Appendix A for guidance regarding dispatch protocols

(**) If time from symptom onset is more than 3 hours, discuss case with Medical Command as a potential acute stroke for destination determination. Recall that patients with specific acute stroke types may benefit from intervention up to 24 hours, although the sooner an acute stroke is treated, the better the potential outcome. Based on patient time of onset and discussion with Medical Command, consider whether use of helicopter EMS will offer potential benefit to the patient, either in time to Designated Stroke Center, or for critical care management expertise. EMS does not determine whether a patient is excluded from any or all therapeutic options. Final decisions regarding patient eligibility for any given intervention will be determined by the receiving physician(s).

Guidance Documents

Cincinnati Prehospital Stroke Scale (CPSS)

All patients suspected of having an acute stroke should undergo a formal screening algorithm such as the CPSS. Use of stroke algorithms has been shown to improve identification of acute strokes by EMS providers up to as much as 30 percent. The results of the CPSS should be noted on the prehospital medical record. ANY abnormal (positive) finding which is suspected or known to be acute in onset is considered an indicator of potential acute stroke.

F-(face)	FACIAL DROOP: Have patient smile or show teeth. (Look for asymmetry) Normal: Both sides of the face move equally or not at all. Abnormal: One side of the patient's face droops.
A-(arm)	MOTOR WEAKNESS: Arm drift (close eyes, extend arms, palms up) Normal: Remain extended equally, drifts equally, or does not move at all. Abnormal: One arm drifts down when compared with the other.
S-(speech)	"You can't teach an old dog new tricks" (repeat phrase) Normal: Phrase is repeated clearly and correctly. Abnormal: Words are slurred (dysarthria) or abnormal (aphasia) or none.
T-Time	Time of SYMPTOM ONSET:_____

* Results of the F.A.S.T. should be included on the patient's prehospital medical record

Local/Regional Protocols

Local and regional prehospital patient care protocols for acute stroke should include:

- An initial/primary assessment
- Focused assessment including:
    - Blood glucose level (if authorized to perform skill)
    - Documented time of onset or time last known to be normal
    - Cincinnati Prehospital Stroke Scale
    - SAMPLE history to include mention of acute stroke mimics (i.e. seizures, migraines, hypo/hyper glycemia and others as deemed appropriate)
    - SAMPLE history to include potential thrombolytic exclusions (i.e. pregnancy, seizure at onset, terminal illness and others as deemed appropriate as on check sheet)
- Appropriate treatment for hypoglycemia. IV access and cardiac monitoring if available, reassessment of neurologic exam and stroke scale. Contact with medical command and/or receiving hospital to advise of potential acute stroke patient.
- Transport criteria that direct acute stroke patients with stable airway and without hypotension to Designated Stroke Centers if time of onset is within 3 hours of EMS assessment. If symptoms are acute, but over the 3 hour window, real-time contact with regional or local medical direction should be freely used to discuss the individual patient case to determine whether transport directly to a Designated Stroke Center would be of benefit in that specific patient.
- EMS Regions incorporate specific strategies appropriate to their area to assure that acute stroke patients evaluated more than 3 hours from symptom onset can still potentially access specialty resources for acute stroke intervention and management. Examples may include partnerships with acute stroke specialists at the Designated Stroke Center who can provide input on specific patient cases in a timely manner to either the medical command physician or EMS directly.

- For regions wishing to include a thrombolytic checklist, see Appendix B for Sample Acute Stroke Thrombolytic Checklist. EMS does not determine whether a patient is excluded from any or all therapeutic options. Final decisions regarding patient eligibility for any given intervention will be determined by the receiving physician(s).

Acute Stroke Patient Transport Considerations

MODE OF TRANSPORTATION: EMS Patient Care Protocols should address mode of transport considerations. Each jurisdiction is unique in its availability of EMS and acute stroke care resources. Consideration should be given to the hospital(s) that is/are available in the region and the resources that they have available to acute stroke patients when developing plans and protocols, as well as EMS system capacity.

RAPID TRANSPORTATION: Because stroke is a time-critical illness, time is of the essence, and EMS should rapidly initiate transport once acute stroke is suspected. Consideration should also be given to prehospital resources including use of helicopter EMS (HEMS) available at the time of the incident, and other conditions such as transport time and weather conditions. Use of HEMS can facilitate acute stroke patients reaching Designated Stroke Centers in a timeframe that allows for acute treatment interventions. **The likelihood of benefit of acute stroke therapy decreases with time**, **but there are several therapy options which offer definite benefit outside the standard 3 hour window.** Interventions may include any or all of the following: specialty physician or ICU capability, medical therapy (such as tPA or new experimental therapies), radiologic evaluation and procedures (MRI, intraarterial thrombolytics, mechanical thrombectomy), or life-saving emergent surgery (hemicraniectomy, large artery thrombus extraction).

Field transports of acute stroke patients by helicopter as defined in this plan:

1. should significantly lessen the time from scene to a Designated Stroke Center compared to ground transport
2. should be utilized to achieve the goal of having acute stroke patients expeditiously transported to a Designated Stroke Center, ideally within three hours of symptom onset.
3. should only be to non-stroke centers in very unusual circumstances, following consultation with local or regional medical command. If a HEMS resource is used, the patient should be transported directly to a Designated Stroke Center..

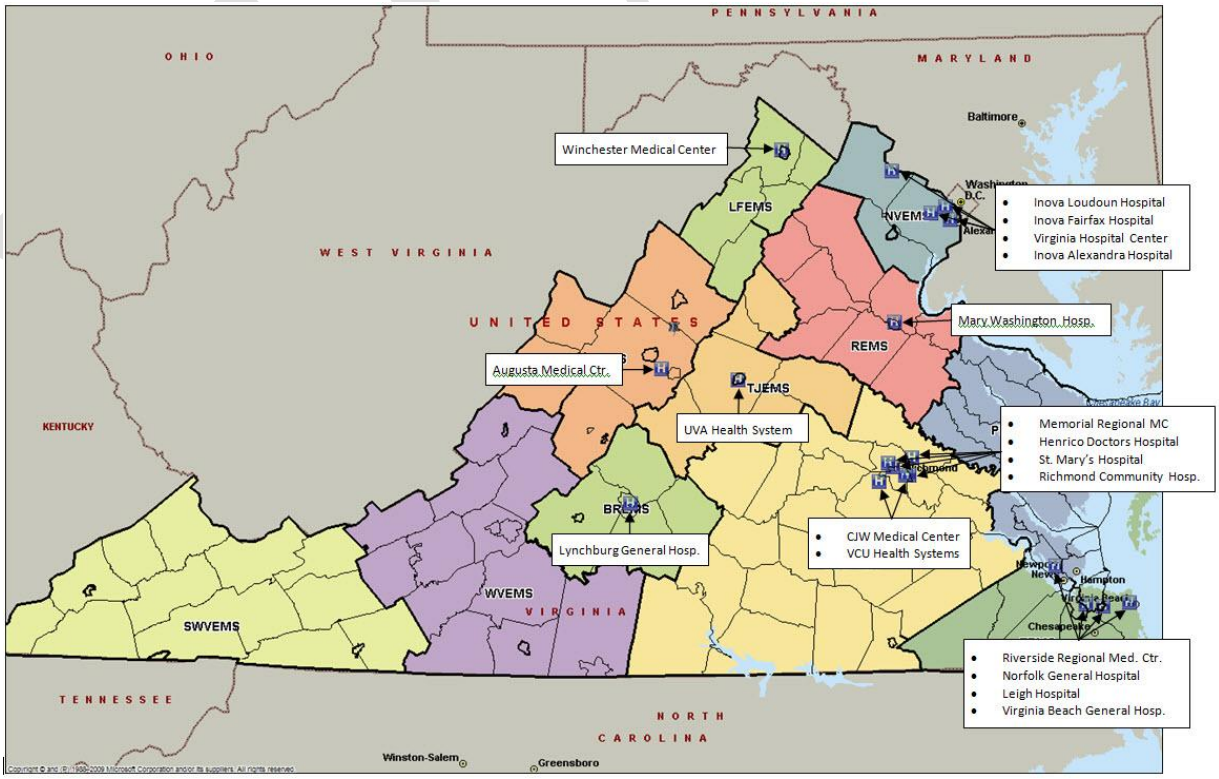
Designated Stroke Centers

The Commonwealth of Virginia defines a Designated Stroke Center as a hospital that has achieved Primary Stroke Center Certification by the Joint Commission. The process of Stroke Designation/Certification is entirely voluntary on the part of the hospitals and identifies hospitals that have established and maintain an acute stroke program that provides a specific level of medical, technical, and procedural expertise for acute stroke patients. Designation ensures that the hospital is prepared to provide definitive acute stroke care at all times and has an organized approach to providing clinical care, performance improvement, education etc. As of December 31, 2009, the current Virginia Stroke Designated Centers are:

Augusta Medical Center	Richmond	**Medicorp Mary Washington**	Fredericksburg
Bon Secours Memorial Regional MC	Richmond	**Riverside Regional MC**	Newport News
Bon Secours Richmond Community	Richmond	**Sentara Leigh Hospital**	Norfolk
Bon Secours St. Mary's Hospital**	Richmond	**Sentara Norfolk General Hospital****	Norfolk
Centra Lynchburg General	Lynchburg	**Sentara Virginia Beach General**	Virginia Beach
CJW Medical Center**	Richmond	**University of Virginia Health System****	Charlottesville
Henrico Doctors' Hospital	Richmond	**VCU Health Systems****	Richmond
Inova Alexandria Hospital	Alexandria	**Virginia Hospital Center**	Arlington
Inova Fairfax Hospital**	Falls Church	**Winchester Medical Center****	Winchester
Inova Loudoun Hospital Center	Leesburg		

***denotes that the hospital meets the Brain Attack Coalition's criteria as comprehensive stroke center via self-reported survey and not through a formal designation process (known existing as of this publication date)*

A current list of The Joint Commission Primary Stroke Centers that meet the definition of Virginia Designated Stroke Centers is available at http://virginiastrokesystems.org/ or by entering the state of interest at http://www.qualitycheck.org/consumer/searchQCR.aspx



Interhospital Triage Criteria

When acute stroke patients cannot be transported directly to a Designated Stroke Center in a timely manner, ideally within the three-hour window, consideration may be given to transport to a closer hospital. Various hospitals meet many of the components of a Designated Stroke Center based on national survey results and would be the next logical choice. The closest hospital may not be the most appropriate hospital. Resource information via self-reported data on the level of acute stroke care provided by hospitals which are not Designated Stroke Centers is available at http://virginiastrokesystems.org/.

These considerations should be addressed specifically within the regional plan in a manner consistent with this state stroke plan, and should be updated as hospital resource availability changes. Individual EMS regions are best qualified to assess the capabilities of their EMS and hospital stroke management resources and provide direction to EMS agencies within their regional guidelines. The default destination for acute stroke patients should be a Designated Stroke Center. Regional plans should provide guidance for situations where patients would be transported to non-stroke centers, as well as specific guidance for use of HEMS for transport to Designated Stroke Centers.

Non-stroke center hospitals should have transfer guidelines and agreements in place for the expeditious and appropriate management of acute strokes when the care required exceeds their capabilities. This is especially critical for transfer of patients following thrombolysis since specific protocols must be followed to diminish the risk of cerebral or systemic hemorrhagic complications.

Stroke Triage Quality Monitoring

The Virginia Office of EMS, acting on behalf of the Commissioner of Health, will report aggregate acute stroke triage findings on an intermittent basis, but no less than annually, to assist EMS systems and the Virginia Stroke Systems Task Force improve the local, regional and Statewide Stroke Triage Plans. A de-identified version of the report will be available to the public and will include, minimally, as defined in the statewide plan, the frequency of (i) over- and undertriage to Designated Stroke Centers in comparison to the total number of acute stroke patients delivered to hospitals and (ii) interfacility transfers that do not meet criteria for transfer to Designated Stroke Centers (iii) HEMS utilization. The program reports shall be used as a guide and resource for health care providers, EMS agencies, EMS regions, the Virginia Office of EMS, and the Virginia Stroke Systems Task Force. Additional specific data points to be collected within the EMS prehospital patient care report (written or electronic) will be established collaboratively between OEMS and VSSTF. Information to be contained in routine reports on both system and patient-level indicators and outcomes will be developed by OEMS in partnership with VSSTF to guide further system development in a patient focused way.

Hospitals, EMS Regions, and EMS agencies are encouraged to utilize their performance improvement programs to perform quality monitoring and improve the delivery of acute stroke care within their regions.

Annual reporting on the State Stroke Triage Plan will typically be provided through the OEMS, Division of Trauma/Critical Care's "Trends" report and on an ad-hoc basis in response to appropriate inquiries.

Stroke Related Resources

Virginia Stroke System Web page: http://virginiastrokesystems.org/
Virginia Office of EMS Stroke Web page: http://www.vdh.virginia.gov/OEMS/Trauma/Stroke.htm
Joint Commission: http://www.jointcommission.org/CertificationPrograms/PrimaryStrokeCenters/

Appendix A: Sample Thrombolytic Checklist

NOTE: Exclusions on this checklist are not absolute. Final decisions regarding patient eligibility for any given intervention will be determined by the receiving physician(s).

Date:_____ Time:_____EMS Unit: _____

PHOTOCOPY THIS FORM AND LEAVE COPY WITH ED PHYSICIAN OR NEUROLOGIST AT BEDSIDE

Patient Name:_____ Age:_____

Estimated .weight:_____lbs/kg

1. Did patient awaken with symptoms? Yes / No
2. Time last known to be normal: _____
3. Time of symptom onset: _____
4. Onset witnessed or reported by: _____
5. Witness/Family or other individual able to legally provide consent for treatment coming to Emergency Department? _____ [ENCOURAGE TO DO SO].

If not, phone # where such individuals will be immediately available for calls from hospital staff to assist in giving additional patient history and consent. **( ) -**

Cincinnati Stroke Scale Score:

Symptoms from **Cincinnati Stroke Scale** (circle abnormal findings)

ANY ONE FINDING = POSSIBLE STROKE=MINIMIZE ON SCENE TIME

FACIAL DROOP: R L
ARM DRIFT: R L
SPEECH: slurred wrong words mute /unable to speak

1 2 3

Indicate status for each

Current use of anticoagulants (e.g., warfarin sodium/Coumadin)	Yes	No	?
Has blood pressure consistently over 185/110 mm Hg	Yes	No	?
Witnessed seizure at symptom onset	Yes	No	?
intracranial hemorrhage history	Yes	No	?
GI or GU bleeding history within 3 weeks	Yes	No	?
Stroke within 3 months of prior stroke	Yes	No	?
Stroke within 3 months of serious head trauma	Yes	No	?
Stroke within 21 days of acute myocardial infarction	Yes	No	?
Stroke within 21 days of lumbar puncture (spinal tap)	Yes	No	?
Stroke within 14 days of major surgery or serious trauma	Yes	No	?
Is pregnant	Yes	No	?
Abnormal blood glucose level (<50) FSBS (if done):			

Receiving Site/Physician Printed Name: _____Time_____

EMS Provider Name: _____Signature_____