

Virginia Department of Health
Office of Emergency Medical Services



Quarterly Report to the
State EMS Advisory Board

Friday, February 15, 2013

Executive Management, Administration & Finance

**Office of Emergency Medical Services
Report to The
State EMS Advisory Board
February 15, 2013**

MISSION STATEMENT:

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

I. Executive Management, Administration & Finance

a) Action Items before the State EMS Advisory for February 15, 2013

There are no identified Action Items in the OEMS Quarterly Report to the State EMS Advisory Board for February 15, 2013.

b) New State Health Commissioner Appointed

On January 7, 2013 Governor Bob McDonnell announced the appointment of Dr. Cynthia Romero to the Virginia Department of Health (VDH) as State Health Commissioner. Dr. Cynthia Romero manages TPMG Romero Family Practice, a private family medicine office and serves as the first female Chief Medical Officer for Chesapeake Regional Medical Center. Dr. Romero has served in a variety of leadership roles in the medical field, including immediate Past President of the Medical Society of Virginia; Past President of the Medical Staff of Chesapeake General Hospital; Past President of the Virginia Academy of Family Physicians; and Past President of the Norfolk Academy of Medicine.

Dr. Romero received her undergraduate degree in psychology from the University of Virginia, and her medical degree from Eastern Virginia Medical School. She completed her family medicine training at the Riverside Family Medicine Program. Dr. Romero began her employment with VDH on January 30, 2013.

c) EMS Needs Assessment Survey

A small ad hoc workgroup of the Legislative and Planning Committee developed an initial set of survey questions to identify and assess the greatest needs of EMS agencies in Virginia. This initial survey was designed to provide some basic statistical information to the Office of EMS,

regional EMS Councils, state EMS Advisory Board and the Legislative and Planning Committee regarding the overall needs of Virginia's EMS agencies.

It is the plan of the Legislation and Planning Committee to revise, update and repeat this survey in subsequent years to gather important information to identify needed resources, equipment, training and system priorities. This information will be used to plan and manage programs and services administered by the Virginia Office of EMS and the eleven (11) designated regional EMS Councils as well as assure current EMS funding is continued and possibly increased to assist EMS agencies and localities throughout Virginia.

Questions on the EMS Needs Assessment are grouped into seven (7) categories and a preliminary analysis of some of the data appears below:

- o General EMS Agency Information
- o EMS Education and Training
- o EMS Agency Personnel and Staffing (recruitment, retention, overtime, hiring practices, etc.)
- o Facilities and Vehicles
- o Operating Budget and Funding, Ability to fund matching grant requirements
- o EMS Radio Communications Equipment/Capabilities
- o EMS Agency Top Needs

Each EMS agency in Virginia that has an active account on the EMS Portal was requested to complete this on-line survey. Initial survey invitations were sent by Email to EMS agency representatives the week following Thanksgiving 2012. The initial deadline for submission of responses to the survey has been extended once in order to provide agencies an opportunity to respond. The survey closes on Friday, February 1.

Through assistance provided by OEMS field staff and regional EMS Councils, a number of agencies that did not originally receive the survey because they did not have an EMS Portal account have been able to participate.

Survey Summary: A total of 579 invitations were mailed to designed EMS agency representatives the week following Thanksgiving. As of Tuesday, January 29, a total of 282 responses have been received. This represents a 48.7% response rate. Of those that responded to the survey, 90.8% felt the survey questions are beneficial to the EMS System in Virginia. Please review **Appendix A** for a more detailed analysis and description of the survey results. A preliminary analysis of the data from the survey revealed the following findings:

General EMS Agency Information

43.5% of the respondents were from volunteer EMS agencies, followed by 32.9% from combination (volunteer and career) agencies, and 18.4% from career EMS agencies.

A majority of the respondents indicated their primary response area was rural, followed by suburban and urban.

EMS Education and Training

86.4 % of the respondents indicated their members/employees were willing to travel up to 1 hour one way to obtain EMS training.

48.5% of the respondents indicated EMT training was the most needed level of training in their agency, followed by Paramedic training (26%) and Intermediate training (14.5%).

39.1 % of the respondents indicated Training and upgrading EMS personnel was their number one concern, followed by recruitment and retention of EMS personnel (32%) as their top concern.

EMS Personnel and Staffing

70.5% of the respondents indicated their EMS agency does not have a program to maintain basic fitness and health of their EMS personnel.

52% of the respondents indicated they have difficulty covering shifts. Days, nights, and weekends, in that order, were identified as time periods EMS agencies experience the most difficulty covering shifts.

The reasons members of EMS agencies were unable to cover shifts were family demands (65.9%), conflicts with work (53.8%), and daycare/childcare/eldercare conflicts (37.6%).

Facilities, Vehicles and Equipment

84.3% of the respondents indicated their EMS agency has 12-lead ECG capabilities.

48.8% of the respondents that indicated they have 12-lead ECG capabilities indicated they are capable of transmitting the ECG obtained in the field to the receiving hospital.

Operating Budget and Funding

64.2% of the respondents indicated they have applied for an RSAF grant within the last five (5) years. 76.5% of the respondents indicated the ability to come up with a match to receive an RSAF grant did not prevent them from applying for an RSAF grant.

58.6% of the respondents indicated their EMS agency bills the patient for services rendered. Of those agencies that bill for service, 74.4% of the agencies contract with a billing company to collect their fees.

EMS Radio Communications Equipment/Capabilities

90.5% of the respondents indicated they can communicate by radio with neighboring/adjoining EMS agencies, 93% of the EMS agencies can communicate by radio with local hospitals that routinely receive patients transported by their agency, and 56.8% of the EMS agencies indicated they can communicate by radio with non-local hospitals that receive patients transported by their agency.

EMS Agency Top Needs

EMS Personnel was identified by EMS agencies as their overall number one need.

The second most important need overall for EMS agencies was identified as training, third most important need was Equipment, fourth most important need was vehicles, and their fifth most important need was facilities.

d) Proposed Budget for the 2013 Session of the Biennium

On Monday, December 17, 2012 Governor Robert F. McDonnell submitted The Budget Bill for the 2013 Session of the 2012-2014 Biennium. The proposed budget for Emergency Medical Services is listed as Item 290 under the Department of Health, beginning on page 251, line 14 through 50, as follows:

Department of Health (601)

290.	Emergency Medical Services (40200)	36,120,756	36,120,756
	Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203)	28,648,150	28,648,150
	State Office of Emergency Medical Services (40204)	7,472,606	7,472,606
Fund	Special		
Sources:		17,847,721	17,847,721
	Dedicated Special Revenue	17,867,452	17,867,452
	Federal Trust	405,583	405,583

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

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

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

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

D. The State Health Commissioner shall review current funding provided to trauma centers to offset uncompensated care losses, report on feasible long-term financing mechanisms, and examine and identify potential funding sources on the federal, state and local level that may be available to Virginia's trauma centers to support the system's capacity to provide quality trauma services to Virginia citizens. As sources are identified, the commissioner shall work with any federal and state agencies and the Trauma System Oversight and Management Committee to assist in securing additional funding for the trauma system.

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

F. Notwithstanding any other provision of law or regulation, funds from the \$0.25 of the \$4.25 for Life fee shall be provided for the payment of the initial basic level emergency medical services certification examination provided by the National Registry of Emergency Medical Technicians (NREMT). The Board of Health shall determine an allocation methodology upon recommendation by the State EMS Advisory Board to ensure that funds are available for the payment of initial NREMT testing and distributed to those individuals seeking certification as an Emergency Medical Services provider in the Commonwealth of Virginia.

e) Proposed House Budget Amendments

Chief Patron: Peace

Item [290](#) #1h

Health And Human Resources

Department Of Health

Language:

Page 251, after line 50, insert:

"G. Notwithstanding any other provision of law or regulation \$500,000 the second year from the special emergency medical services funding shall be provided to the Virginia Rescue Squad Assistance Fund for grants to emergency medical services organizations to purchase 12-lead electrocardiograph monitors."

Explanation:

(This amendment adds language to provide funding from the Rescue Squad Assistance Fund for grants to local Emergency Medical Services (EMS) organizations to purchase 12 lead electrocardiograph (ECG) monitors for ambulances to identify a patient who is suffering from a severe and often fatal heart attack known as a ST-segment elevation myocardial infarction (STEMI). One out of four heart attacks are classified as a STEMI heart attack and less than half of the patients receive treatment within the recommended 90-minute window. The mortality rate for these heart attacks is very high. The use of these 12-lead ECG monitors will allow the EMS provider to quickly determine the type of heart attack and transport the patient to the most appropriate hospital. Many of EMS providers, particularly rural providers, do not have this key

piece of equipment, which can cost from \$20,000.00 to \$30,000.00 per unit, but have an extensive service life. Companion amendments in this item and Item 3-1.01 (Interfund Transfers) provide for the funding for this initiative in the Virginia Rescue Squad Assistance Fund (VRSFAF) by (i) transferring \$375,000 nongeneral funds from the Office of EMS and (ii) decreasing the transfer of \$10.5 million from the special emergency medical services fund to the general fund by \$125,000 in fiscal year 2014. Another companion amendment in this item adds language requiring the Commissioner of Health to work with the State EMS Advisory Board to prioritize up to \$500,000 in the VRSFAF for this new equipment.)

Chief Patron: Peace

Item [290](#) #2h

Health And Human Resources

Department Of Health

Language:

Page 251, after line 50, insert:

"G. Notwithstanding any other provision of law or regulation \$375,000 the second year from the State Office of Emergency Medical Services shall be provided to the Virginia Rescue Squad Assistance Fund for grants to emergency medical services organizations to purchase 12-lead electrocardiograph monitors."

Explanation:

(This amendment adds language to provide \$375,000 in fiscal year 2014 from State Office of Emergency Medical Services to the Rescue Squad Assistance Fund for grants to local Emergency Medical Services (EMS) organizations to purchase 12 lead electrocardiograph (ECG) monitors for ambulances to identify a patient who is suffering from a severe and often fatal heart attack known as a ST-segment elevation myocardial infarction (STEMI). One out of four heart attacks are classified as a STEMI heart attack and less than half of the patients receive treatment within the recommended 90-minute window. The mortality rate for these heart attacks is very high. The use of these 12-lead ECG monitors will allow the EMS provider to quickly determine the type of heart attack and transport the patient to the most appropriate hospital. Many of EMS providers, particularly rural providers, do not have this key piece of equipment, which can cost from \$20,000.00 to \$30,000.00 per unit, but have an extensive service life. Companion amendments in this item and Item 3-1.01 (Interfund Transfers) provide for the funding for this initiative in the Virginia Rescue Squad Assistance Fund (VRSFAF) by decreasing the transfer of \$10.5 million from the special emergency medical services fund to the general fund by \$125,000 in fiscal year 2014. Another companion amendment in this item adds language requiring the Commissioner of Health to work with the State EMS Advisory Board to prioritize a portion of the funding in the VRSFAF for this effort.)

Chief Patron: Peace
Health And Human Resources
Department Of Health

Language:

Page 251, after line 50, insert:

"G. The Commission of Health shall work with the State EMS Advisory Board to prioritize up to \$500,000 million the second year from the Virginia Rescue Squad Assistance Fund to provide grants to local EMS organizations to purchase 12 lead electrocardiograph (ECG) monitors for ambulances."

Explanation:

(This amendment adds language to require the Commissioner of Health to work with the State Emergency Medical Services (EMS) Advisory Board to prioritize up to \$1.0 million in fiscal year 2014 from the Virginia Rescue Squad Assistance Fund (VRSAF) for grants to local EMS organizations to purchase 12 lead electrocardiograph (ECG) monitors for ambulances to identify a patient who is suffering from a severe and often fatal heart attack known as a ST-segment elevation myocardial infarction (STEMI). One out of four heart attacks are classified as a STEMI heart attack and less than half of the patients receive treatment within the recommended 90-minute window. The mortality rate for these heart attacks is very high. The use of these 12-lead ECG monitors will allow the EMS provider to quickly determine the type of heart attack and transport the patient to the most appropriate hospital. Many of EMS providers, particularly rural providers, do not have this key piece of equipment, which can cost from \$20,000.00 to \$30,000.00 per unit, but have an extensive service life. Companion amendments in this item and Item 3-1.01 (Interfund Transfers) provide additional funding of \$750,000 for the VRSAF for this effort by (i) transferring \$375,000 nongeneral funds from the Office of EMS and (ii) decreasing the transfer of \$10.5 million from the special emergency medical services fund to the general fund by \$125,000 in fiscal year 2014.)

Chief Patron: Pogge
Health And Human Resources
Department Of Health

Language:

Page 251, after line 50, insert:

"G. Notwithstanding any other provision of law or regulation \$110,000 the second year from the Virginia Rescue Squad Assistance Fund shall be provided national background checks on applicants for membership in volunteer and career emergency medical services organizations, pursuant to House Bill 1383, as passed by the 2013 General Assembly."

Explanation:

(This amendment adds \$110,000 the second year from the Virginia Rescue Squad Assistance Fund (VRSAF) for the implementation of House Bill 1383 to provide national background checks. A companion amendment in Item 3-3.03 eliminates the transfer of \$158,578 in interest earnings from the VRSAF to the general funds. This additional funding in the VRSAF shall be used to fund this initiative.)

Chief Patron: Peace

Item [297](#) #2h

Co-Patron(s): O'Bannon

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	\$500,000	\$1,000,000	GF

Language:

Page 256, line 42, strike "\$15,475,065" and insert "\$15,975,065".

Page 256, line 42, strike "\$12,497,162" and insert "\$13,497,162".

Page 259, line 25, after line 31, insert:

"3. Out of this appropriation, \$500,000 the first year and \$1,000,000 the second year from the general fund shall be provided to fund the Virginia Commonwealth University Poison Control Center."

Explanation:

(This amendment adds \$500,000 the first year and \$1,000,000 the second year to provide funding to the Virginia Commonwealth University (VCU) Poison Control Center. Chapter 3, 2012 Special Session 1, Virginia Acts of Assembly provides \$500,000 from the general fund in the first year only for the operation of two poison control centers. This amendment provided continued funding for the operation of the poison control center operated by VCU.)

Chief Patron: Toscano

Item [297](#) #3h

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	\$0	\$3,000,000	GF

Language:

Page 256, line 42, strike "\$12,497,162" and insert "\$15,497,162".

Page 259, line 25, after "year", insert:

"and \$3,000,000 the second year".

Page 259, line 26, strike "two" and insert "three".

Page 259, line 26, after "Centers", insert:

"The appropriation of general fund amounts the second year shall be divided between the three poison control centers in proportion to the Virginia population served by the centers."

Explanation:

(This amendment adds \$3.0 million the second year from the general fund to restore funding to operate the current three poison control centers serving Virginia. Chapter 3, 2012 Special Session 1, Virginia Acts of Assembly provides \$500,000 from the general fund in the first year only for the operation of two poison control centers instead of three. This funding would ensure the continued statewide operation of the poison control services for the Commonwealth.)

Chief Patron: May

Item 297 #5h

Co-Patron(s): Lingamfelter

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	\$0	\$2,000,000	GF

Language:

Page 256, line 42, strike "\$12,497,162" and insert "\$14,497,162".

Page 259, line 25, after "year", insert:

"and \$3,000,000 the second year".

Page 259, line 26, strike "two" and insert "three".

Page 259, line 26, after "Centers", insert:

"The appropriation of general fund amounts the second year shall be divided between the three poison control centers in proportion to the Virginia population served by the centers."

Explanation:

(This amendment adds \$2.0 million the second year from the general fund to restore funding to operate the current three poison control centers serving Virginia operated by the University of Virginia, Virginia Commonwealth University and the National Capital Poison Center. Chapter 3, 2012 Special Session 1, Virginia Acts of Assembly provides \$500,000 from the general fund in the first year only for the operation of two poison control centers instead of three. This funding would ensure the continued statewide operation of the poison control services for the Commonwealth. Funding shall be provided from the unappropriated balance of this act.)

f) Proposed Senate Budget Amendments

Chief Patron: Ruff

Item 290 #1s

Health And Human Resources

Department Of Health

Language:

Page 251, after line 50, insert:

"G. Notwithstanding any other provision of law or regulation, \$1,000,000 the second year from the special emergency medical services funding shall be provided to the Virginia Rescue Squad Assistance Fund for grants to emergency medical services organizations to purchase 12-lead

electrocardiograph monitors."

Explanation:

(This amendment adds language to provide funding from the Rescue Squad Assistance Fund for grants to local Emergency Medical Services (EMS) organizations to purchase 12 lead electrocardiograph (ECG) monitors for ambulances to identify a patient who is suffering from a severe and often fatal heart attack known as a ST-segment elevation myocardial infarction (STEMI). One out of four heart attacks are classified as a STEMI heart attack and less than half of the patients receive treatment within the recommended 90-minute window. The mortality rate for these heart attacks is very high. The use of these 12-lead ECG monitors will allow the EMS provider to quickly determine the type of heart attack and transport the patient to the most appropriate hospital. Many EMS providers, particularly rural providers, do not have this key piece of equipment, which can cost from \$20,000.00 to \$30,000.00 per unit and has an extensive service life. A companion amendment in Item 3-1.01 (Interfund Transfers) provides the funding for this initiative in the Virginia Rescue Squad Assistance Fund (VRSAF) by decreasing the transfer of \$10.5 million from the special emergency medical services fund to the general fund by \$1.0 million in fiscal year 2014.)

Item [290](#) #2s

Chief Patron: Carrico

Health And Human Resources

Department Of Health

Language:

Page 251, after line 50, insert:

"G. Notwithstanding any other provision of law or regulation, \$110,000 the second year from the special emergency medical services funding shall be provided to the Virginia Rescue Squad Assistance Fund for national background checks required of applicants to volunteer and career emergency medical services agencies. The Office of Emergency Medical Services may transfer funding to the Office of State Police for national background checks as necessary."

Explanation:

(This amendment adds language to provide funding from the Rescue Squad Assistance Fund for national background checks required by federal law. Budget language allows the transfer of funding to the Office of State Police for background checks as necessary. A companion amendment to Item 3-3.03 (Interest Earnings) provides for the funding for this initiative in the Virginia Rescue Squad Assistance Fund (VRSAF) by eliminating the retention of interest earnings to the general fund in fiscal year 2014.)

Chief Patron: Barker

Health And Human Resources	FY 12-13	FY 13-14	
Department Of Health	\$0	\$3,000,000	GF

Language:

Page 256, line 42, strike "\$12,497,162" and insert "\$15,497,162".

Page 259, line 25, after "year", insert "and \$3,000,000 the second year".

Page 259, line 26, strike "two" and insert "three".

Page 259, line 26, after "Centers", insert:

"The appropriation of general fund amounts the second year shall be divided between the three poison control centers in proportion to the Virginia population served by the centers."

Explanation:

(This amendment adds \$3.0 million the second year from the general fund to restore funding to operate the current three poison control centers serving Virginia. Chapter 3, 2012 Special Session 1, Virginia Acts of Assembly provides \$500,000 from the general fund in the first year only for the operation of two poison control centers instead of three. This additional funding will ensure the continued statewide operation of poison control services for the Commonwealth.)

g) §3-1.01 INTERFUND TRANSFERS

U. The State Comptroller shall transfer quarterly, one-half of the revenue received pursuant to § 18.2-270.01, of the Code of Virginia, and consistent with the provisions of § 3-6.03 of this act, to the general fund in an amount not to exceed \$9,055,000 the first year, and \$9,055,000 the second year from the Trauma Center Fund contained in the Department of Health's Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203).

BB. On or before June 30 each year, the State Comptroller shall transfer \$10,518,587 the first year and \$10,518,587 the second year to the general fund from the \$2.00 increase in the annual vehicle registration fee from the special emergency medical services fund contained in the Department of Health's Emergency Medical Services Program (40200).

h) 2013 Virginia General Assembly - Legislation Being Tracked

Every Friday or Saturday during the 2013 Virginia General Assembly, OEMS sends a Legislative Grid and a Legislative Report reflecting all bills 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/NewsFeatures/2012Legislative.htm>.

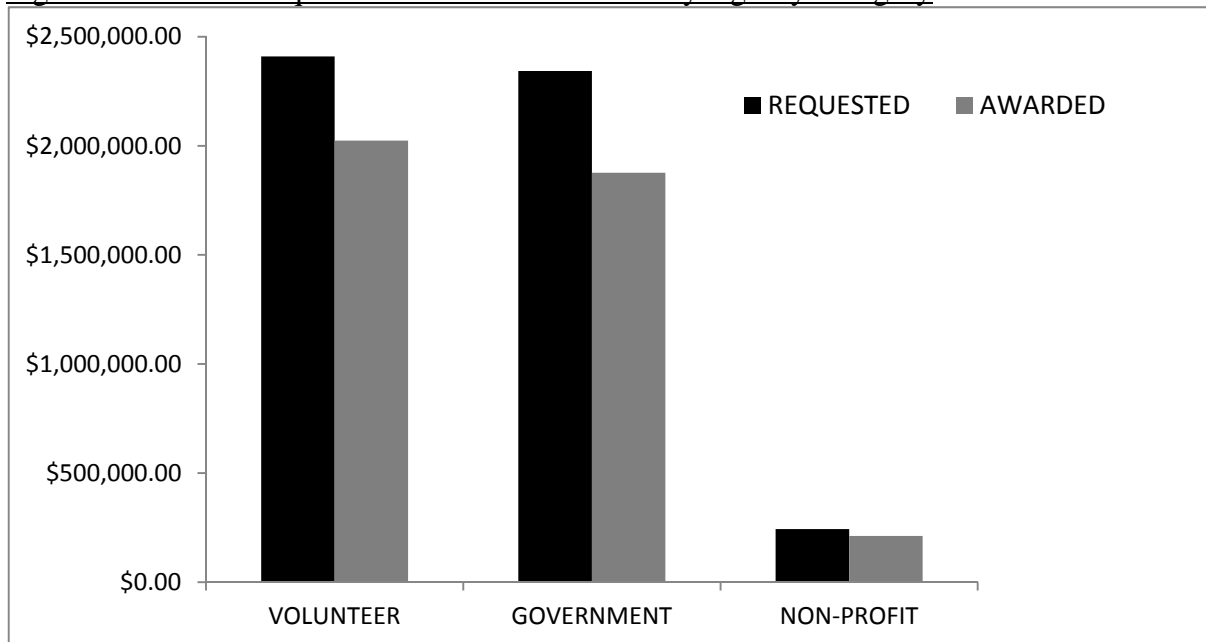
A copy of Grid and Report as of February 1, 2013 is included as **APPENDIX B**. A full text of each of the EMS bills that the Office of EMS has been assigned lead on by the Secretary of Health and Human Resources) is included in **Appendix C**.

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

The Fall 2012 RSAF grant deadline was September 17, 2012; OEMS received 130 grant applications requesting \$9,755,799.00 in funding. Grants were awarded on January 1, 2013 in the amount of \$4,111,876.00 to 101 agencies. The following agency categories were awarded funding for this grant cycle:

- 54 Volunteer Agencies were awarded \$2,023,879.00
- 37 Government Agencies were awarded \$1,876,308.00
- 10 Non-Profit Agencies were awarded \$211,688.00

Figure 1: Amount Requested vs Amount Awarded by Agency Category

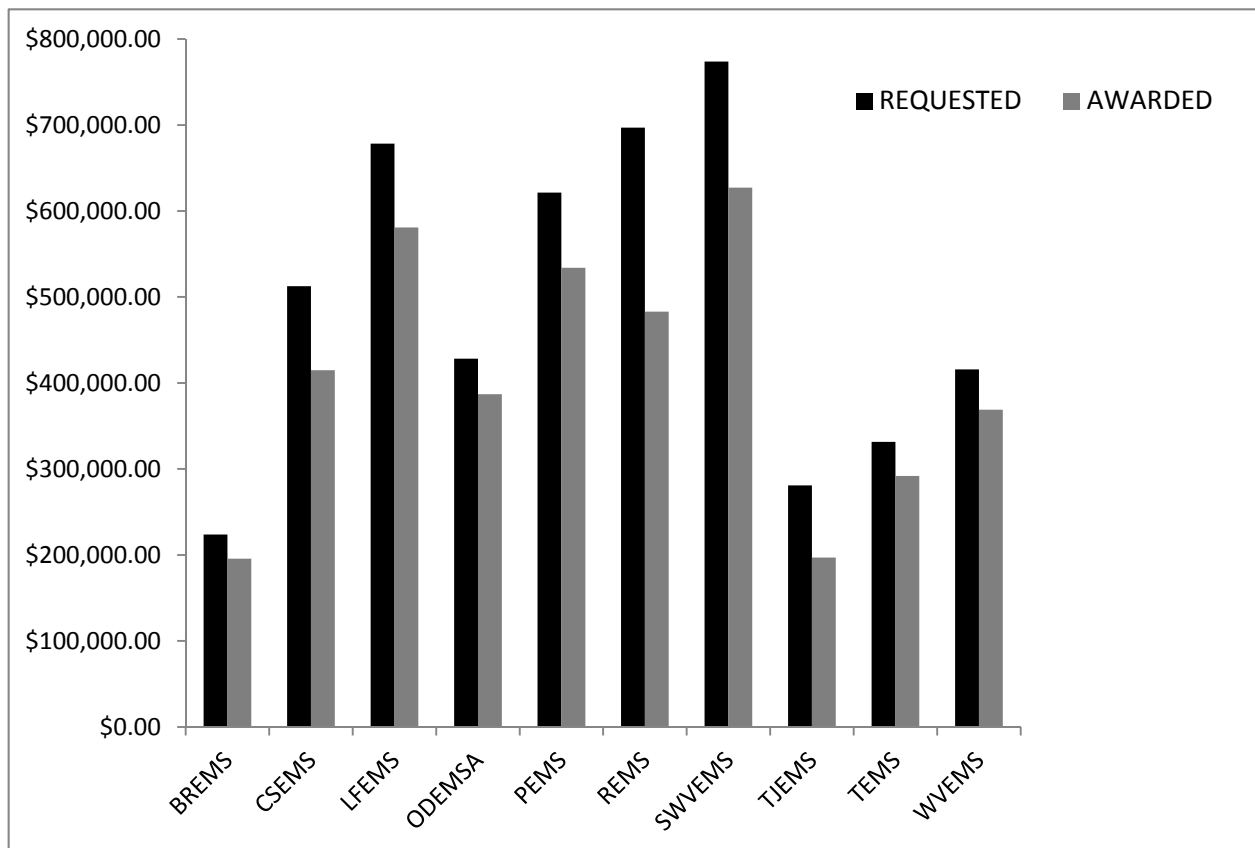


The following EMS regional areas were awarded funding in the following amounts:

- Blue Ridge EMS Council – 3 agencies awarded \$195,613.00
- Central Shenandoah EMS Council – 13 agencies awarded \$414,942.00
- Lord Fairfax EMS Council – 5 agencies awarded \$580,909.00
- Old Dominion EMS Alliance – 16 agencies awarded \$386,954.00
- Peninsulas EMS Council – 11 agencies awarded \$534,006.00

- Rappahannock EMS Council – 12 agencies awarded \$482,918.00
- Southwestern Virginia EMS Council – 14 agencies awarded \$627,114.00
- Thomas Jefferson EMS Council – 5 agencies awarded \$197,052.00
- Tidewater EMS Council – 7 agencies awarded \$291,976.00
- Western Virginia EMS Council – 13 agencies awarded \$368,886.00

Figure 2: Amount Requested vs Amount Awarded by EMS Regions



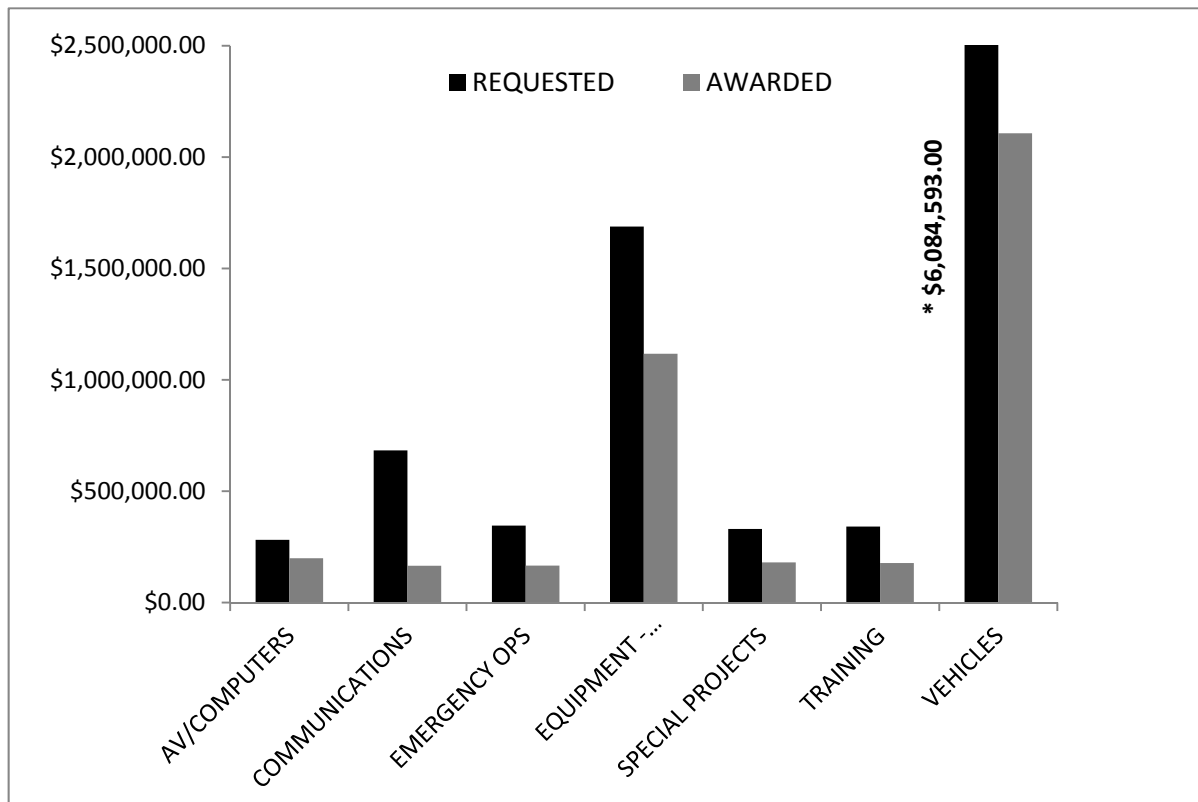
NOTE: \$33,012.00 was requested and \$31,506.00 was awarded to Non-Affiliated Agencies not represented in Figure 2.

RSAF Grants Awarded by item categories:

- Audio Visual and Computers - \$ 198,912.00
 - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.

- Communications - \$ 165,161.00
 - Includes items for mobile/portable radios, pagers, towers, repeaters and other communications system technology.
- Emergency Operations - \$ 165,835.00
 - Includes items such as Mass Casualty Incident (MCI) All Terrain Vehicle (ATV), extrication equipment and personal protection equipment (PPE). The Emergency Operations category also includes any other equipment or items needed in order to rapidly mobilize and dispatch help in emergency situations.
- Equipment - Basic and Advanced Life Support Equipment - \$ 1,117,133.00
 - Includes any medical care equipment for sustaining life, including defibrillation, airway management, and supplies.
- Special Projects - \$ 180,408.00
 - Includes projects such as Recruitment and Retention, Special Events Material, regional drug box projects, Emergency Medical Dispatch (EMD), Virginia Pre-Hospital Information Bridge (VPHIB) projects and other innovative programs.
- Training - \$ 177,534.00
 - 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 – 2,106,893.00
 - Includes ambulances, 1st Response/Quick Response Vehicles (QRV) and rechassis/remount of ambulances.

Figure 3: Awarded Requested vs Amount Awarded by Item



*NOTE: The VEHICLES category request amount was \$6,084,593.00, the graph only represents items requested up to \$2,500,000.00 to visually display other items requested.

The Spring 2013 grant cycle will begin on February 1, 2013 with a deadline of March 15, 2013; grants will be awarded July 1, 2013.

j) RSAF Special Priority – EMS Advanced Life Support (ALS) Training Equipment Supplemental Grant

OEMS announced this special grant initiative on December 18, 2012 to eligible Virginia accredited EMS Training Programs to be used for the purchase of specific, high fidelity EMS training equipment for training Advanced Life Support (ALS) providers in Virginia. The programs were for non-profit or governmental training programs accredited to conduct Intermediate and/or Paramedic training in Virginia. The deadline for the grant application was January 25, 2013, OEMS received 21 applications requesting funding in the amount of \$1,316,617.00, all requested funds were awarded on February 4, 2013.

EMS on the National Scene

II. EMS On the National Scene

a) Side by Side Comparison of GSA KKK-A-1822F, ASTM 2020 and NFPA 1917 Available

Ambulance manufacturers have provided NASEMSO with what is believed to be the first ever side by side comparison of the GSA KKK-A-1822F August 1, 2007 “Federal Specification for the Star-of-Life Ambulance” specification, ASTM F2020 - 02a(2009)” Standard Practice for Design, Construction, and Procurement of Emergency Medical Services Systems (EMSS) Ambulances”, and NFPA 1917 “Standard for Automotive Ambulances”.

A slide show and comparison table can be downloaded at:

<http://www.nasemso.org/Projects/AgencyAndVehicleLicensure/index.asp>.

b) Plans & Challenges Emerge For Nationwide Public Safety Broadband

The First Responder Network Authority (FirstNet), an independent board established to oversee the creation of a nationwide public safety broadband network (NPSBN) for first responders, recently started the difficult work of designing a blueprint of what such a massive network might look like. The sheer size and scope of the effort, combined with the multitude of existing systems currently in use across the country suggest that planning; policy and integration activities will be more difficult and time consuming than actually building the network. The FCC granted the public safety broadband license to FirstNet, which includes what used to be referred to as the D Block. Also, the FCC terminated the PSST's license. For more information go to:

<http://www.hstoday.us/single-article/plans-challenges-emerge-for-nationwide-public-safety-broadband/88d3ce2a0fe3a0272750c78870133f9d.html>.

The First Responder Network Authority (FirstNet) recently held its first meetings to begin the important work of constructing and operating the Nationwide Public Safety Broadband Network (NPSBN). This is a monumental task in size, scope, and complexity. Underpinning the task FirstNet will undertake is the work accomplished by the Public Safety Spectrum Trust (PSST) in the last 5 years. The PSST, whose 15 Board members represented a cross-section of public safety, including law enforcement, fire service, emergency medical service, and others, laid the groundwork for the NPSBN, leading the way on decisions such as the preferred technology, a nationwide set of goals for the network, and a single PLMN (Public land mobile network) ID. In the last 2 years, the PSST has managed the leases of the 20 waiver recipients and worked closely with the waiver recipients' Operator Advisory Committee and the Public Safety Communications Research Program to facilitate questions of governance and develop technical knowledge which will now serve as a framework for moving forward.

c) Golden Hour Jury Verdict Leads emsCharts to Bankruptcy

Golden Hour announced on October 30th that after a 6-year suit in Federal Court and the US Circuit Court of Appeals, and reexamination by the USPTO of the US Patent 6,117,073, its suit against emsCharts, the resulting jury verdict, pending post-trial motion for judgment and

permanent injunction, has caused emsCharts' insolvency. Golden Hour believes emsCharts chose bankruptcy to forestall judgment and a potential injunction against its operations as well as to stall a second patent suit for infringement and induced infringement of US Patent 7,668,736. Golden Hour is now the single, largest, creditor of emsCharts and will aggressively pursue all legal recourse available to see that damages caused by emsCharts' infringement are paid and that the infringement discontinues.

d) PrioriHealth Partners, LLP Awarded NHTSA Contract to Evaluate NEMSIS Performance

PrioriHealth has finalized a contract with the National Highway Traffic Safety Administration, Office of Emergency Medical Services (EMS.gov) to implement a two-year project to assess the ability of existing National EMS Information System (NEMSIS) data to measure local and state EMS system performance as outlined by the December 2009 EMS Performance Measures. The National Association of Emergency Medical Technicians (NAEMT) and the National EMS Management Association (NEMSMA) were key partners in the proposal development and integral in identifying the key agency participants that will be studied. For more information: <https://www.priorihealth.com/evaluating-nemsis-performance-measures.aspx>.

e) EMS System Data Integration to Improve Traffic Crash Emergency Response and Treatment

ITS and Transportation Safety: EMS System Data Integration to Improve Traffic Crash Emergency Response and Treatment – Phases IV and V. The University of Minnesota Center for Transportation Studies has released a report that outlines the development and pilot testing of CrashHelp, a software designed to improve the information exchange between emergency medical service providers and emergency department providers. For more information go to: <http://www.trb.org/Main/Blurbs/167986.aspx>.

f) GAO Ambulance Report Released

The Government Accountability Office (GAO) has released a report on ground ambulance provider costs and Medicare margins, as required by the *Middle Class Tax Relief and Job Creation Act of 2012*. This report updates the GAO's 2007 report, and examines three themes: (1) 2010 ground ambulance providers' costs for furnishing transports; (2) the relationship between 2010 Medicare payments and ground ambulance providers' costs; and (3) Medicare beneficiaries' use of ground ambulance transports in 2010. For more information go to: <http://www.gao.gov/products/GAO-13-6>.

g) OHA Guidance to EMS on Force Protection and Stress Management amid Hurricane Recovery Efforts

The Department of Homeland Security (DHS) Office of Health Affairs (OHA) has released guidance to EMS systems on force protection and stress management amid hurricane recovery efforts. With Hurricane Sandy and the related recovery work taking a toll on the first responder (emergency services) community, EMS systems in impacted areas along the Eastern Seaboard

must take steps to ease the stress on their personnel, mitigate burnout, and ensure that immediate challenges do not become long-term problems. The importance of taking care of responders with empathy and support as they serve their communities cannot be overemphasized, especially in the aftermath of a catastrophic event such as Hurricane Sandy. EMS systems must limit the psychological fallout their personnel experience for the sake of compassion and to ensure the system can carry out its mission. To download guidance from DHS Office of Health Affairs go to: <http://www.nasemso.org/documents/GuidancetoEMSSystems.pdf>.

h) The National Conference of State Legislatures Posts Trauma System Video and Booklet

A trauma system is designed to provide a continuum of intensive medical services that begins immediately following a traumatic injury and continues through hospital discharge. EMS is an integral part of a trauma system that provides rapid response to emergencies, prehospital emergency care and transportation to an appropriate medical facility. For patients with severe injuries, getting care at a Level I trauma center lowers the risk of death by 25 percent. Trauma systems vary by state. The video is intended to provide an overview of the trauma system and can be viewed at: <http://www.ncsl.org/issues-research/health/trauma-ems-overview.aspx>.

i) Report Released on the Impact of the National Drug Shortage on Emergency Care

The Emergency Care Coordination Center (ECCC), Office of the Assistant Secretary for Preparedness and Response has issued a report titled "The Impact of the National Drug Shortage on Emergency Care." Over the last six years, drug shortages of medications have nearly quadrupled from a peak of approximately 70 drugs in shortage during 2006 to a peak of 267 today. It is estimated that nearly 40% of drugs in shortage impact the delivery of emergency care (EC) by virtue of the shortage's strong effect on the availability of sterile injectables widely used in the EC setting. Outside of EC, cardiovascular, oncology, anesthetic, analgesic, and anti-infective medications are routinely in short supply. The national drug shortage is so acute that at times the only way health care administrators have known a drug is in shortage is when it was missing from a manufacturer's shipment. A meeting of stakeholders held in April 2012 and hosted by the ECCC gathered input from private medical and pharmaceutical organizations on what they considered to be the factors and effects of the national drug shortage, and the coping strategies they have employed. You can download the report at: <http://www.nasemso.org/documents/ImpactOfTheNationalDrugShortageOnEmergencyCareApril2012.pdf>.

j) EMS On the Hill Day 2013 To Be Held Prior To EMS Today

EMS leaders, practitioners and media are encouraged to mark their calendars for EMS on the Hill Day 2013, which will be held March 5-6 in Washington, D.C. The event will be held immediately prior to EMS Today, the annual JEMS conference and exhibition. All EMS professionals from across the nation are invited to participate in the event, where they can personally meet with their Congressional representatives to let them know about challenges in providing emergency medical care, and to advocate for the passage of key EMS legislation.

Attendees will have the opportunity to meet and work with the top EMS leadership from across the country and learn how to effectively advocate on behalf of EMS. What they learn from their experience at EMS on the Hill Day can be applied locally to benefit their EMS agencies and communities. For more information go to:

<http://www.naemt.org/advocacy/emsonthehillday/EMSontheHillDay.aspx>.

k) NREMT Board Selects New Executive Director

The National Registry of Emergency Medical Technicians (NREMT) Board of Directors has announced the selection of Severo (Tré) Rodriguez, III, MS, AEMCA, NREMT-P as the new Executive Director. Mr. Rodriguez will begin his employment with the NREMT in early 2013 and assume the role of Executive Director upon the retirement of William E. Brown, Jr.

l) NEMSMA and IAFC-EMS Section Jointly Support Chief EMS Officer Designation

The National EMS Management Association (NEMSMA) and International Association of Fire Chiefs (IAFC) EMS Section signed a joint statement in support of the Chief EMS Officer Designation Program. The CEMSO Designation provides high-level credentialing for those leading and managing emergency medical services programs in fire departments, city or county government third service, hospital-based, private, volunteer, military, federal and other organizations. The National EMS Management Association (NEMSMA) and the International Association of Fire Chiefs – EMS Section (IAFC-EMS Section) represent a broad group of EMS leaders from most of the various organizational types by which EMS is delivered in the United States. Working together, the leadership of IAFC-EMS Section and NEMSMA has determined that it was in their best interest to collaboratively support the CEMSO process and encourage participation in the program by EMS leaders regardless of the government or corporate environment in which they work. While each environment has its unique aspects, the vast majority of what is done and what needs to be done by those leading and managing EMS programs is common to all legitimate, progressive EMS organizations. To read the joint statement go to:

<http://publicsafetyexcellence.org/LinkClick.aspx?fileticket=LaS3RJVkkOk%3d&tabid=112>.

m) Beyond 911: State and Community Strategies for Expanding the Primary Care Role of First Responders

The National Conference of State Legislatures (the national US association of elected State Representatives and Senators) has just published a document titled "Beyond 911: State and Community Strategies for Expanding the Primary Care Role of First Responders" which describes the current status of, and raises items of consideration for, community paramedicine in the United States. The document is available for download at:

<http://ircp.info/Portals/22/Downloads/Policy/NCSL%20-%20Beyond%20911%20-%20State%20and%20Community%20Strategies%20for%20Expanding%20the%20Primary%20Care%20Role%20of%20First%20Responders.pdf>.

n) Pediatricians Can Be Key in Improving Rural Emergency Care

Pediatricians can play a valuable role in ensuring that children living in rural communities have access to high-quality and comprehensive emergency care, according to an AAP policy statement, "The Role of the Pediatrician in Rural Emergency Medical Services for Children," published in the November 2012 issue of *Pediatrics* (published online Oct. 29). Children living in rural communities have unique surgical and medical needs. They have an increased risk of disability and death from injury, trauma and medical disease because of long transport times to care and a lack of optimal, available medical expertise. The policy statement outlines obstacles to care in rural communities and urges pediatricians to help develop community-sensitive strategies to organize regionalized pediatric emergency care, using available rural expertise and assets, to optimize outcomes of seriously ill or injured rural children. For more information go to: <http://pediatrics.aappublications.org/content/130/5/978>.

o) FCC Sets Public Safety Do-Not-Call Registry

The Federal Communications Commission (FCC) adopts rules to create a Do-Not-Call registry for public safety answering points (PSAPs) as required by the "Middle Class Tax Relief and Job Creation Act of 2012" (Tax Relief Act). Specifically, section 6507 of the Tax Relief Act requires the Commission, among other things, to establish a registry that allows PSAPs to register telephone numbers on a Do-Not-Call list and prohibit the use of automatic dialing equipment to contact those numbers. Therefore, the Commission adopts rules necessary for the creation and ongoing management of the Do-Not-Call registry, including requirements for adding PSAP telephone numbers, granting and tracking access by operators of automatic dialing equipment, and protecting the registry from unauthorized disclosure or dissemination of registered numbers. In addition, the Commission adopts specific monetary penalties for unauthorized disclosure or contact of any numbers on the PSAP registry. These provisions are designed to address concerns about the use automatic dialing equipment which can generate large numbers of phone calls in a short period of time, tie up public safety lines, divert critical responder resources away from emergency services, and impede access by the public to emergency lines. For more information go to: <http://www.fcc.gov/document/fcc-initiates-proceeding-create-public-safety-do-not-call-registry>.

p) Factors Associated with the Interfacility Transfer of the Pediatric Trauma Patient

A study published by *Pediatric Emergency Care* aimed to identify prehospital factors associated with the interfacility transfer of pediatric trauma patients from a Level I, II, or III trauma center to a pediatric trauma center after arrival. The retrospective study used 1,673 pediatric patients in the Denver metropolitan area aged 12 years and younger with blunt, penetrating, or thermal injuries. Results found that factors associated with interfacility transfer included younger age, lower Glasgow Coma Scale score (used to assess mental status), presence of burns, non-accidental trauma, falls, other motor vehicle-related incidents, abdominal injury, head/neck injury, limb injury, and multiple injuries. These results could be useful in future development of pediatric trauma triage guidelines by eliminating delay of treatment due to a second transfer.

q) FCC Chairman Announces Commitments to Accelerate Text-to-911

FCC Chairman Julius Genachowski announced that the nation's four largest wireless carriers – AT&T, Verizon, Sprint, T-Mobile – have agreed to accelerate the availability of text-to-911, with major deployments expected in 2013 and a commitment to nationwide availability by May 15, 2014. Building on text-to-911 deployments and trials that are already underway, this agreement will accelerate progress and ensure that over 90 percent of the nation's wireless consumers, including millions of consumers with hearing or speech disabilities, will be able to access emergency services by sending a text message to 911, where local 911 call centers (known as a Public Safety Answering Points, or PSAPs) are also prepared to receive the texts. Text-to-911 will provide consumers with enhanced access to emergency communications in situations where a voice call could endanger the caller, or a person with disabilities is unable to make a voice call. Text-to-911 will be a complement to, not a substitute for, voice calls to 911 services, and consumers should always make a voice call to 911 during an emergency if they can.

r) New Tools to Help Providers Protect Patient Data in Mobile Devices

Launched by the U.S. Department of Health and Human Services (HHS), a new education initiative and set of online tools provide health care providers and organizations practical tips on ways to protect their patients' protected health information when using mobile devices such as laptops, tablets, and smartphones. The initiative is called *Mobile Devices: Know the RISKS. Take the STEPS. PROTECT and SECURE Health Information* and is available at www.HealthIT.gov/mobiledevices. It offers educational resources such as videos, easy-to-download fact sheets, and posters to promote best ways to safeguard patient health information.

s) DHS Guide on the Role of EMS in Fusion Centers Now Available

The Department of Homeland Security (DHS), Office of Health Affairs (OHA) has been working diligently with the DHS Office of Intelligence and Analysis (I&A) and the Federal Emergency Management Agency (FEMA) to foster collaboration between Emergency Medical Services (EMS) stakeholders and fusion centers. A new resource guide was recently distributed to all fusion centers on behalf of Scott McAllister, Deputy Under Secretary for State and Local Program Office, DHS I&A and Dr. Alexander G. Garza, Assistant Secretary for Health Affairs and Chief Medical Officer, DHS OHA to promote awareness and strengthen relations between EMS stakeholders and fusion centers.

As DHS strives towards strengthening relationships between EMS stakeholders and fusion centers, the agency will continue to promote awareness of available resources and encourage fusion centers and EMS stakeholders to take advantage of these services. For more information go to: <http://www.nasemso.org/Projects/DomesticPreparedness/National-InternationalResources.asp>.

t) EMS Community Hails Passage of PSOB

On Wednesday, January 2, 2013, President Obama signed into law language which will extend coverage under the Public Safety Officers Benefit (PSOB) program to paramedics and EMTs who die in the line of duty and are employed by, or volunteer for, a private non-profit EMS organization. The President signed the EMS coverage language into law as part of the National Defense Authorization Act for Fiscal Year 2013 (S. 3254). In November, Senator Patrick Leahy (D-VT) offered the EMS coverage language as an amendment to S. 3254. The Senate passed the amendment (S. Amdt. 2955) by a vote of 85 to 11 and several days later passed S. 3254. The House had already passed its version of the Defense Authorization Bill as well as the EMS coverage language in a separate bill. The Conference Committee on S. 3254 agreed to include the Leahy amendment language in the final conference report which was overwhelmingly approved by both chambers. As a result of this provision, paramedics and EMTs employed by a private non-profit EMS organization now will be eligible for a \$315,000 federal death benefit.

u) EMSC Targeted Issue FOA Released; Focus on Prehospital Pediatric Research

The Health Resources and Services Administration (HRSA) has released the Funding Opportunity Announcement (FOA) for the Emergency Medical Services for Children (EMSC) Targeted Issue Demonstration Project. The current FOA solicits two categories of applications. The purpose of both categories is to improve pre-hospital pediatric research. Applications are due April 9; Letter of Intent is due February 7, 2013 - Announcement Number: HRSA-13-181 Catalog of Federal Domestic Assistance (CFDA) No. 93.127.

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. The National Association of State EMS Officials is the lead national organization for EMS, a respected voice for national EMS policy with comprehensive concern and commitment for the development of effective, integrated, community-based, universal and consistent EMS systems. Its members are the leaders of their state and territory EMS systems.

v) NASEMSO Awarded Three Nationally Significant Projects

Two new initiatives intended to enhance clinical guidelines for emergency medical services (EMS) are being launched by the National Association of State EMS Officials (NASEMSO), thanks to funding provided by National Highway Traffic Safety Administration's (NHTSA) Office of EMS and HRSA's EMS for Children (EMSC) Program. Together, the Projects are supportive of the goal of Evidence-Based EMS Practice to ultimately improve the quality of patient care. A third initiative, funded through the Department of Homeland Security (DHS), has initiated a 20-month process to develop a model interstate compact for EMS personnel licensure.

- **Model EMS Clinical Guidelines**

This project, initiated by the Medical Directors Council, was awarded to NASEMSO under its umbrella cooperative agreement with NHTSA. This initiative is a 2-year undertaking to develop a core set of medical guidelines to help state EMS systems ensure a more standardized approach to the practice of patient care and to incorporate evidence-based guidelines as they become available. The project team is comprised of a small group of members of the NASEMSO Medical Directors Council and representatives of national organizations that focus on the clinical aspects of emergency medical services. Multiple opportunities for input from EMS providers in the field are incorporated into the project. The effort entails the development of a core set of clinical guidelines which will be offered as an optional model for state, regional and local EMS systems to adopt. Standardizing guidelines is intended to enhance the ability of EMS providers to move across systems, improve EMS data collection and analysis, and provide the most current standards of practice for prehospital care. Co-Principal Investigators are Carol Cunningham, MD (Ohio EMS Medical Director) and Richard Kamin, MD (Connecticut EMS Medical Director). For further information, contact NASEMSO Program Manager Mary Hedges at hedges@nasemsso.org.

- **Statewide Implementation of a Prehospital Care Guideline**

This project was awarded to NASEMSO through a competitive application process. The objective of this grant is to support the use and further refinement of the National Evidence-Based Guideline (EBG) Model Process, developed under the auspices of the Federal Interagency Committee on EMS (FICEMS) and the National EMS Advisory Council (NEMSAC). Using a Pain Management Guideline (with special attention paid to pediatric patients), this project will focus on the last three steps of the EBG Model Process: Dissemination, Implementation and Evaluation. Five states will be chosen to participate in this project; the states will be chosen with the purpose of achieving diversity in EMS configurations, to include areas with mandatory protocols, voluntary model guidelines and no statewide guidelines. The Co-Principal Investigators of this three year effort are J. Matthew Sholl, MD (Maine EMS Medical Director) and Peter Taillac, MD (Utah EMS Medical Director). For more information on this project, contact NASEMSO Program Manager Rachael Alter at alter@nasemsso.org.

- **Model Interstate Compact for EMS Personnel Licensure for State Adoption**

This project was awarded to NASEMSO by the DHS Office of Health Affairs. NASEMSO has proposed to demonstrate, at a national level, that systematic development and design of an interstate compact model will facilitate a robust and capable method of offering rapid, and in specified cases, immediate legal recognition to individuals properly licensed in their states of origin under controlled circumstances. This effort will initiate a twenty month process to develop a model interstate compact for states' legislative use to solve the problem associated with day-to-day emergency deployment of EMS personnel across state boundaries. In short, this project is intended to create an instrument that parallels that which has made it possible for interstate recognition of nursing licenses and

state drivers' licenses to be recognized by other states on short term and condition-limited bases. In each example member states agree to honor licenses so long as the license is issued in another member state in a manner consistent with the compact terms. For more information on this project, contact NASEMSO Executive Director Dia Gainor at dia@nasemsso.org.

w) NASEMSO Previews AAMS Document Intended to Support States

As states have attempted to regulate air medical programs and ensure their integration with state and local EMS systems, operators have responded with lawsuits asserting the exclusive authority of the Federal Aviation Administration (FAA) under the Airline Deregulation Act (PL 95-504) of 1978 (ADA). To see the NASEMSO white paper and companion document go to: <http://www.nasemsso.org/Projects/AirMedical/documents/AirAmbAdvocacyWhitePaper.pdf> and <http://www.nasemsso.org/projects/airmedical/documents/HelicopterEMS.pdf>.

In 2011, NASEMSO announced plans to identify model air medical regulations intended to assist states to medically protect patients and enhance a systems approach without conflicting with the FAA's authority. In the interim, the Association of Air Medical Services (AAMS) and the MedEvac Foundation collaborated with several national air medical and EMS organizations to create a consensus document intended to assist and enhance NASEMSO's goal to identify model language for states with the legal authority to regulate ambulance services. NASEMSO President Jim DeTienne and Air Medical Committee Chairman, Dr. Robert Bass met with AAMS leadership to discuss the newly released AAMS document entitled "Model State Guidelines." NASEMSO has been an observer in the development of the resource document which is intended to help address clinical and patient safety issues from a unique industry perspective. As a result of the meeting NASEMSO President Jim DeTienne commended AAMS for coordinating an effort that can be used as a foundation for moving forward, "NASEMSO is very appreciative of the work that AAMS has put into these comprehensive guidelines. It is very important for our members to have this industry perspective as we develop our model state regulations. We look forward to a continued strong partnership with AAMS in ensuring that when medically necessary, patients have access to the safest and highest quality air medical services possible."

x) NASEMSO Signs-On to Support New Version of PAHPA Reauthorization Bill

The U.S. House of Representatives will consider this week a new version of the Pandemic and All Hazards Preparedness Act (PAHPA) reauthorization bill. This draft reflects the priorities that EMS stakeholders have worked on to strengthen the National Health Security Strategy (NHSS). The draft reflects proposed changes to the NHSS, focusing on language regarding medical surge capacity of critical care, EMS, and trauma care. The draft also proposes a coordinated and flexible approach to surge capacity. NASEMSO has signed-on to a letter supporting this reauthorization bill. To read the draft go to: <https://www.nasemsso.org/documents/PAHPAReauthorizationChangesDec2012.pdf>.

y) Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules

This document was published 01/25/2013 and available at: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2013-01073.pdf>.

The law offices of Quarles and Brady LLP have provided a nice summary of the revision at: <http://www.quarles.com/HIPAA-privacy-security-breach-notification-enforcement-rules-2013/>. The effective date of the final rule is March 26, 2013, and covered entities and business associates have 180 days after the effective date to come into compliance with most of the final rule's provisions, including the modifications to the Breach Notification Rule. Simply, you need to be in compliance by September 23, 2013. Please feel free to share this information with any colleagues.

Educational Development

III. Educational Development

Committees

- A. **The Training and Certification Committee (TCC):** The committee did not conduct any business for their scheduled quarterly meeting on January 9, 2013, as there was no quorum.
- B. **The Medical Direction Committee (MDC)** The Medical Direction Committee did not meet for their scheduled quarterly meeting on January 17, 2013 due to weather related cancellation.

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

National Registry of EMTs Certification Test

The office continues to process electronically, reciprocity for applicants graduating from Virginia approved programs.

Advanced Life Support Program

- A. Five new ALS Coordinator candidates attended the Instructor Institute held at VAVRS on January 26 through 29 to obtain their endorsement. An ALS Coordinator Institute will be held on February 25 & 26, 2013 at the Office of EMS. Invitations were extended to individuals who are Fire Instructor I or greater or who have their Masters in Education as this institute will only include the two days of Administrative Overview. The office is not accepting any new applications for ALS Coordinators. Those who had pending ALS coordinator application when the process was stopped are being allowed to complete the endorsement process.
- B. There are 44 ALS Coordinator applications pending endorsement and these individuals will be invited to future Instructor Institutes as space allows. No further applications are allowed and all candidates have been encouraged to pursue their EMS Education Coordinator certification.

Basic Life Support Program

A. Instructor Institutes

1. The Office held an Education Coordinator (EC) Institute January 26-30, 2013. Six (6) EC Candidates, One (1) bridging ALS-Coordinator, One (1) Fire Instructor I and 5 ALS-Coordinator Candidates attended. All received certification/endorsement.
2. The deadline to pass the EC Psychomotor Exam is April 6, 2013 in order to qualify for the next EC Institute.
3. The next EC Psychomotor Exam is scheduled for May 4, 2013, in the Richmond area.
4. The next EC Institute will be held in conjunction with the VAVRS Rescue College in Blacksburg, VA, June 8-12, 2013.
5. EMS Providers interested in becoming an Education Coordinator please contact Greg Neiman, BLS Training Specialist by e-mail at Gregory.Neiman@vdh.virginia.gov
6. A schedule of the various deadlines and EC Institutes can be found on the OEMS website at:
http://www.vdh.virginia.gov/OEMS/Training/BLS_InstructorSchedule.htm

B. Virginia EMS Education Standards (VEMSES) Exam

1. Scoring of the VEMSES exam was transitioned to the EMS Portal in late November/December 2012. Current Instructors/ALS Coordinators wishing to transition to Education Coordinator can access their scores and Letters of Eligibility online through their EMS portal.
2. Current EMT-Instructors/ALS-Coordinators may schedule to take the exam at Regional Consolidated Test Sites (CTS) or at specified locations with the Training Staff.

C. EMS Educator Updates:

1. The Division of Educational Development continues to hold both online and in-person Educator Updates.
2. The Office conducted an in person Update June 26, 2012 in the ODEMSA Region. The update was held at Henrico Doctors' Hospital – Forest Campus and 18 Education Coordinators/ALS-Coordinators/EMT-Instructors attended.
3. The first online Instructor Update for 2013 was held on February 3, 2013

4. The schedule of future updates can be found on the Web at:
http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm

EMS Training Funds

FY12

	<i>Commit \$</i>	<i>Payment \$</i>	<i>Balance \$</i>
BLS Initial Course Funding	\$784,836.00	\$376,066.75	\$408,769.25
BLS CE Course Funding	\$122,640.00	\$43,898.75	\$78,741.25
ALS CE Course Funding	\$273,840.00	\$85,776.25	\$188,063.75
BLS Auxiliary Program	\$94,000.00	\$15,200.00	\$78,800.00
ALS Auxiliary Program	\$332,000.00	\$178,910.00	\$153,090.00
ALS Initial Course Funding	\$1,342,350.00	\$598,490.84	\$743,859.16
Totals	\$2,949,666.00	\$1,298,342.59	\$1,651,323.41

FY13

	<i>Commit \$</i>	<i>Payment \$</i>	<i>Balance \$</i>
Emergency Ops Funding	\$660.00	\$140.00	\$520.00
BLS Initial Course Funding	\$615,900.00	\$124,093.13	\$491,806.87
BLS CE Course Funding	\$102,480.00	\$18,059.96	\$84,420.04
ALS CE Course Funding	\$258,720.00	\$35,586.25	\$223,133.75
BLS Auxiliary Program	\$62,000.00	\$4,360.00	\$57,640.00
ALS Auxiliary Program	\$296,000.00	\$51,540.00	\$244,460.00
ALS Initial Course Funding	\$1,052,484.00	\$250,876.35	\$801,607.65
Totals	\$2,388,244.00	\$484,655.69	\$1,903,588.31

EMS Education Program Accreditation
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A. EMS accreditation program.

1. Emergency Medical Technician (EMT)
 - a) Two applications on file.
2. Advanced Emergency Medical Technician (AEMT)
 - a) No applications on file.
3. Intermediate – Reaccreditation
 - a) No applications on file.
4. Intermediate – Initial
 - a) No applications on file.

5. Paramedic – Initial

- B. For more detailed information, please view the Accredited Site Directory found on the OEMS web site at:
1. <http://www.vdh.state.va.us/OEMS/Training/Accreditation.htm>
- C. Beginning January 1, 2013, students must enroll in a nationally accredited paramedic program to qualify for National Registry certification. National accreditation is offered through the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – www.coaemsp.org).
1. Virginia is well positioned to ensure that students completing paramedic training programs in the Commonwealth will be eligible to test NREMT beginning January 1, 2013.
 2. Of 16 accredited paramedic training programs, there are only a handful of programs which still need to obtain national accreditation through CoAEMSP/CAAHEP.
 - a) Lord Fairfax Community College
(1) Has submitted their Initial-Accreditation Self Study Report (ISSR) to CoAEMSP.
 - b) Patrick Henry Community College
(1) Status unknown.
 - c) Rappahannock EMS Council Paramedic Program
(1) Has received their Letter of Review from CoAEMSP.
 - d) Prince William County Paramedic Program
(1) Has received their Letter of Review from CoAEMSP.
 - e) Center for EMS Training, Inc.
(1) Submitted their self-study to CoAEMSP.
(2) Status unknown.

On Line EMS Continuing Education

Distributive Continuing Education

- A. Soon, Virginia EMS providers can receive **Free EMSAT** Continuing Education through **CentreLearn**. A Learning Management System (LMS) to house **EMSAT** programs (similar to TRAIN Virginia) should be functioning early in 2013. We are currently working to meet federal closed-captioning guidelines for online learning. Fifty or more **EMSAT** programs will be available at no charge for continuing education to Virginia EMS providers.
- B. For more information, visit the OEMS Web page at:
<http://www.vdh.virginia.gov/OEMS/Training/WebBasedCE.htm>

EMSAT

- A. There are currently about seventy (70) Designated **EMSAT** Sites in the Commonwealth where viewers can get one hour of category one or two CE credit on the third Wednesday night of each month. More information on **EMSAT** is available from the Division of Educational Development.
- B. EMSAT programs for the next three months include:
1. Feb. 20 The Virginia Certification Testing Experience
Cat. 2 ALS, Cat. 2 BLS
 2. Mar. 20 Basic Management of Ingested Toxins in Pediatric Patients
Cat. 1 ALS, Area 76, Cat. 1 BLS, Area 08
 3. Apr. 17 Geriatric Encounters: Specific Considerations for Emergency Care, Cat. 1 ALS, Area 89, Cat. 2 BLS, Area 05

The EMS Portal

The Office of EMS Portal initiated the EMS Agency component on December 5, 2011. This component allows an agency and designated officers the ability to update agency profile data, manage member/employee affiliations, and the ability to produce specific reports in various formats. The system allows for 'real-time' access to records and increases the security surrounding access to provider and agency data.

It is most important for all agencies to activate their portal. All affiliations are now managed over the web via the Agency component of the EMS Portal. Through the Portal, anyone with an EMS number can request to be affiliated with an EMS Agency. Once the request is submitted, the agency representative must either accept or deny the request. All activity through the EMS Portal initiates emails between the agency and applicant indicating the status of their request. An agency can also submit a request to a provider, who also must either accept or deny the request. **AGENCY AFFILIATION IS NO LONGER MANAGED USING THE BLUE EMS CERTIFICATION TEST FORM.** To activate the Agency component of the EMS Portal, the CEO of your organization must contact your OEMS Program Representative who can explain the process and assist in initiating your agency account. Once activated, please contact anyone in Training or Regulation and Compliance for assistance in navigating the component and extending access to other officers in your agency.

As of January 30, 2013, agency participation has grown from 79% in October 2012 to 82% as of January 30, 2013. Provider participation has grown from 71% to 74% during the same time period.

As a reminder, the EMS Portal is an all encompassing electronic dossier which provides unrivaled, 24/7/365 access to Virginia EMS personnel. Some of the features of the EMS Provider Portal include access to:

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

CTS

The first psychomotor examination conducted by an **accredited EMT** program will be held on February 5th at the Newport News Fire Department Training Center.

The new Psychomotor Examination Guide (PEG) is replacing the Program User Guide (PUG), and will be released in early February.

Max Bornstein has been hired to replace Tom Nevetral as the OEMS Test Examiner Supervisor in the ODEMSA region.

There is now a Pearson Vue Testing Center located at the Lord Fairfax EMS Council office in Winchester, VA.

There have been 32 psychomotor test sites conducted since the last state EMS Advisory Board meeting held on November 7, 2012.

Other Activities

- Greg Neiman continues to participate with the Autism Public Safety Workgroup coordinated by the Commonwealth Autism Service.
- Debbie Akers participated with the National Association of EMS Educators as the Local Program Chairman of the 2013 NAEMSE Conference to be held in Washington, DC from August 5 through 10, 2013.
- Warren Short participated in an OMD workshop conducted in the Peninsulas' region.

Emergency Operations

IV. Emergency Operations

Operations

- **Virginia 1 DMAT**

The HMERT Coordinator continues to attend the monthly meetings of the VA-1 DMAT. Discussions have centered on the ongoing changes that are occurring within the federal system. These changes have a direct effect on the application process, selection process, training process, and others. He also participated in two equipment readiness drills, one in James City county and the other at the Tidewater EMS Council.

- **Office of EMS Annual Symposium**

The Division of Emergency Operations supported the annual Office of EMS Symposium held in Norfolk Virginia, November 6-11, 2012. Staff members taught classes, provided logistical support, and assisted in communications support for the program.

Committees/Meetings

- **School Safety - Mental Health Subcommittee**

Karen Owens, Emergency Operations Acting Manager, received appointment to the Mental Health Subcommittee of the Governor's Committee on School Safety. This committee, which meets monthly, focuses on methods of providing assistance and intervention to those in mental health crisis.

- **Hurricane Evacuation**

Frank Cheatham, HMERT Coordinator attended monthly meetings focused on Hurricane Evacuation of Hampton Roads area. Discussions focus on smoother operations and communications issues.

- **EMS Communications Committee**

Due to a lack of a quorum the Quarterly Communications was postponed until February 15, 2013.

- **EMS Emergency Management Committee**

As part of the EMS Emergency Management Committee taskings, Winnie Pennington, Emergency Planner worked with graduate students from the VCU Douglas L. Wilder School of Business to develop a continuity of business checklist suitable for use by agencies to enhance

their emergency preparedness. Students presented their project to the staff on December 5 and a presentation was given to the EMS Emergency Management Committee in January.

- **NASEMSO Highway Incident Traffic Safety (HITS) Committee**

During this quarter the HMERT Coordinator was appointed to a National Association of State EMS Officials (NASEMSO) Emergency Response Safety Committee. The HMERT Coordinator continues to review documentation and send comments back to the committee chair for review.

- **Traffic Incident Management (TIM)**

Frank Cheatham, HMERT Coordinator, was appointed to a Traffic Incident Management committee during this quarter. This state level committee works on creating and implementing a training program for emergency first responders.

- **Commonwealth Preparedness Health and Medical Subpanel**

Karen Owens, Emergency Operations Acting Manager, attended the Health and Medical Subpanel of the Commonwealth Preparedness Working Group on December 12, 2012. Presentations focused on flu preparations, and regional response capabilities, most specifically at the hospital level.

Training

- **Family Assistance Center Training**

Winnie Pennington, Emergency Planner, attended Family Assistance Center (FAC) training at the state Emergency Operations Center on December 6, 2012. The Executive and Judicial Branch were also represented at the training.

- **COOP Verification Checklist**

The Emergency Planner developed and presented a training class on the completion of the agency COOP checklist at the December Program Manager's meeting. This training will allow all Division Managers to complete the VDH COOP Checklist with their employees.

Communications

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

PSAP Accreditation for the City of Lynchburg, Arlington County, and Greene County were approved by the State Advisory board on November 7, 2013. The presentation of Accreditation was given at the Lynchburg City Council meeting the evening of January 8, 2013. Mr. Crumpler, Communications Coordinator also visited Bedford and Amherst 911 centers during this trip.

Critical Incident Stress Management (CISM)

- **CISM Regional Council Reports**

Regional CISM Team reports received by the date of this quarterly report include 12 calls for assistance and five training programs.

Public Information and Education

V. Public Information and Education

Marketing & Public Relations

Promotion

Via Constant Contact E-mail List-serv

- **October 9, sent out Governor's EMS Awards invitation e-blast to all award nominees.**
- **November 21, sent out voluntary recall information from the** Product Safety Commission and KidCo, Inc. for PeaPod and PeaPod Plus Travel Beds.
- December 18, sent out email promoting the 2012 Governor's EMS Award winners.

Via Social Media Outlets

Continued to keep OEMS' Twitter and Facebook pages active, educational and relevant by posting daily and/or weekly updates that provide important announcements and health-related topics to increase awareness and promote the mission of OEMS and VDH. Some of the subjects that were featured from October through December are as follows:

- October – Final call for symposium registration, OEMS telephone line out of service, EMT-Instructors/ALS Coordinators reminder, international infection prevention week, fungal meningitis outbreak case update.
- November – Article about the dangers of working in the EMS field, CPR, safety recalls, holiday closure info, heart-healthy and safe driving tips for Thanksgiving, EMS portal maintenance and on-site event updates for the Virginia EMS Symposium.
- December – Recognition of the 2012 Governor's EMS Award winners, national influenza vaccination week, VDH heart healthy holiday safety tips, Virginia Public Safety Foundation Memorial, CDC food safety tips, MCI magnifiers article and a reminder about end of year certification expiration dates.

Website Statistics

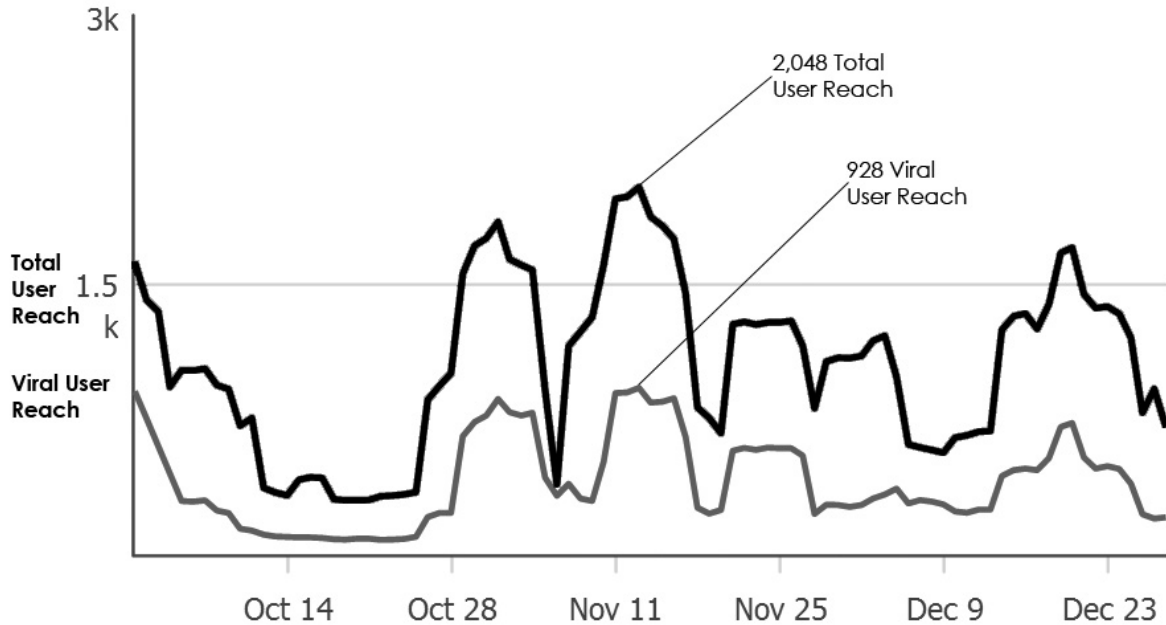
Due to technical difficulties with the WebTrends reporting program, we were unable to obtain website statistics pertaining to the OEMS webpage. These statistics included the top downloaded items, unique visitors, average hits per day and the average visit length by minutes to the OEMS website.

Figure 1: This graph shows how many unique users and viral users saw content from our Facebook page from October - December, 2012. *Viral user reach* defines unique users that saw a story about our page published by a friend. The *total user reach* of unique users is defined as people who saw any content associated with our page. Each point represents the unique people reached in the 7-day period ending with that day.

***It's important to note that on November 28, 2012 the OEMS Facebook page officially reached over 2,000 likes.**

Reach

(Total User and Viral User Reach)



Symposium

- Finalized signage order, which included all symposium-related onsite signage for the Marriott and the Sheraton. All signs were submitted for print by October 5, 2012.
- Continued to update Symposium sponsor's website links on the OEMS website.
- Created a bingo card and printed 1,800 copies for symposium attendees. This bingo card was a new sponsorship opportunity this year, which allowed sponsors to have their company logo on a small card that would be given to all symposium attendees in their registration packet. Each attendee would be required to visit said sponsor table in the exhibit hall and have them validate their space. Once they visited all of the sponsors listed on the bingo card they could enter their card for a chance to win a prize. Karen Owens, emergency operations assistant manager coordinated and obtained bingo prizes from various symposium vendors and local retailers.
- Coordinated all handouts (from sponsors and OEMS staff) to be included in the registration packets. The week of October 29 – November 2, stuffed and packed 1,800 registration packets.

- Continued to field calls from providers regarding registration, cancellations and also from vendors regarding sponsorship opportunities and the availability of vendor hall space.
- Attended the 33rd Annual Virginia EMS Symposium, November 6 – 11, 2012 and assisted with registration and signage, coordinated the Governor’s EMS Awards ceremony and reception, the flu shot clinic and other evening events, assisted with the vendor hall and updated social media sites with classroom/instructor updates and other event info.
- Emailed Leadership and Management honorary certificates, December 5 - 11, 2012 to Symposium attendees that signed up and met the course track requirements.

Governor’s EMS Awards Program

- Posted Governor’s EMS Award winners on the OEMS website homepage.
- Promoted award winners through Facebook and Twitter social media sites.
- Sent award winners info to the regional EMS councils for local recognition on their websites.
- Sent an email through the OEMS list-serv recognizing the 2012 Governor’s EMS Award winners.
- On December 14, the PR coordinator met with the Governor’s EMS Awards Nomination Committee to discuss the 2013 awards program and updating the nomination forms.

Media Coverage

Office of EMS Media Coverage – Fielded the following media inquiries during the months of October - December:

- Oct. 1 - Audrey Thomasson with the Rappahannock Times requested information regarding Lancaster Volunteer Rescue Squad’s potential staffing issues.

VDH Media Coverage – Fielded the following media inquiries pertaining to other VDH programs during the months of October - December:

- Nov. 26 - Gabriella Souza with the Virginia Pilot requested information regarding nursing home complaints for Sentara-Norfolk and Kindred Bay Pointe. I contacted Connie Kane in the Office of Licensure and Certification to assist with this request.

VDH Communications

Commissioner's Weekly E-mail - Submitted the following OEMS stories to the commissioner's weekly email. Submissions that were recognized appear as follows:

- **October 7 - OEMS Employees Elected to Serve on National EMS Councils**

The Office of EMS recently attended the National Association of State EMS Officials (NASEMSO) Annual Meeting hosted in Boise, Idaho. During this event **Paul Sharpe**, manager of the division of trauma/critical care, was selected as president-elect of the Data Managers Council. **David Edwards**, EMS for Children coordinator, assumed the chairmanship of the Pediatric Emergency Care Council (PECC). The vision of the PECC is to improve health outcomes for children by promoting an emergency medical care system that addresses the unique needs of children. It is comprised of each state and U.S. territory's Emergency Medical Services for Children coordinator. Both of these national councils submit recommendations to the NASEMSO Executive Committee, and positions are taken by the association to represent the consensus of all state and territorial EMS offices nationwide.

- **December 2 - OEMS Hosts 33rd Annual Virginia EMS Symposium**

The Virginia Office of Emergency Medical Services (OEMS) recently hosted the 33rd Annual Virginia EMS Symposium. The largest EMS training event in the state and one of the largest in the country, the symposium offered 253 courses, 17 course tracks and 1,875 registered attendees (112 of whom were from out of state). Approximately 22,109 hours of continuing education credits and 14,448 provider sessions were granted by OEMS, the Virginia College of Emergency Physicians, the Virginia Nurses Association and the Virginia Chapter of the Emergency Nurses Association. Course topics ranged from hands-on training in trauma, medical and cardiac care to training for Medevac services, communications, operations and health and safety. The event also featured a two-day youth rescue camp that trained children ages 8 – 12 on basic lifesaving skills.

Many thanks go to the entire OEMS staff whose assistance and dedication made this event a success: **Gary Brown**, director; **Scott Winston**, assistant director; **Dennis Molnar**, business manager; **Warren Short**, state EMS training manager; **Dr. George Lindbeck**, state operational medical director; **Debbie Akers**, ALS training specialist; **Chad Blosser**, training and development specialist; **Frank Cheatham**, HMERT coordinator; **Terry Coy**, media specialist III; **Irene Hamilton**, executive secretary; **Norma Howard**, continuing education coordinator; **Marian Hunter**, public relations coordinator; **Greg Neiman**, BLS training specialist and **Karen Owens**, emergency operations assistant manager. Thanks also to the following staff for providing on-site support: **Michael Berg**, **Wayne Berry**, **Peter Brown**, **James Burch**, **Nancy Burrows**, **Ken Crumpler**, **Ed Damerel**, **Amanda Davis**, **David Edwards**, **Paul Fleenor**, **Gerry Girard**, **Adam Harrell**, **Ora Shea Jones**, **Ron Kendrick**, **Stephen McNeer**, **Carol Morrow**, **Kim Owens**, **Winnie Pennington**, **Tim Perkins**, **S. Heather Phillips**, **Carol Pugh**, **Paul Sharpe**, **Christy Shires**, **Wanda Street** and **Robert Swander**.

VDH Communications Tasks

- The PR coordinator was responsible for collecting and editing stories for the commissioner's weekly email in October, was scheduled to cover tweets/VDH homepage in November, and was responsible for submitting daily media alert reports in December.
- On October 30, the PR coordinator was assigned to the Virginia Emergency Operations Center Joint Information Center from 7 a.m. – 7 p.m. to cover public information duties during Hurricane Sandy.
- On December 6-7, the PR coordinator participated in the quarterly Office of Risk Communication and Education meeting, which include COOP and project management training.

Planning and Regional Coordination

VI. Planning and Regional Coordination

Regional EMS Councils

Regional EMS Councils

The Regional EMS Councils submitted Second Quarter contract reports throughout the month of January. Submitted deliverable items are under review by OEMS.

Applications for Regional EMS Council designation/re-designation were submitted to OEMS by the eleven (11) currently designated regional EMS Councils on November 1, 2012. Designation site visits and evaluations are being conducted in February and March.

The next designation period begins on July 1.

The EMS Systems Planner attended meetings of the Lord Fairfax and Peninsulas EMS Councils in the quarter.

Medevac Program

The Medevac Committee is scheduled to meet on February 14, 2013. The minutes of the November 7, 2012 meeting are available on the OEMS website.

At a prior meeting, Dr. Remley has tasked the State Medevac committee to examine the future shape of air medical medicine in Virginia. Dr. Remley's directive also tasked the committee to partner with other stakeholders to propose a comprehensive voluntary statewide network committed to safety, access and quality. Over the past several months, a draft of a presentation related to this directive was created to educate and familiarize hospital staff with the Virginia Medevac System, including when to activate air medical services. This presentation was approved in November, and distributed to appropriate stakeholders at the end of 2012.

The Medevac WeatherSafe application continues to grow in the amount of data submitted. In terms of weather turndowns, there were 475 entries into the WeatherSafe system in the fourth quarter of 2012. Two thirds of those entries were for interfacility transports, which is a continuing trend. This is a decrease from 374 entries in the fourth quarter of 2011...also, there were 1,801 entries into the WeatherSafe system in the 2012 calendar year, an increase from 1748 in 2011. This data continues to show dedication to the program itself and a commitment to maintaining the safety of medevac personnel and equipment.

The EMS Systems Planner has begun making site visits to the medevac services in Virginia, to get a better understanding of how those services function, and to meet and interact with the flight crews. Site visits will continue in 2013.

OEMS and Medevac stakeholders continue to monitor developments regarding federal legislation and other documents related to Medevac safety and regulation, including the bills in Congress as shown below:

- S 1407 Air Ambulance Medicare Accreditation and Accountability Act
- HR 1117 Air Ambulance Patient Safety, Protection and Coordination Act
- S 2376 Air Ambulance Services Clarification Act

State EMS Plan

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

In September, OEMS staff participated in a strategic planning retreat, facilitated by Mr. Greg Brittingham of the Performance Management Group at VCU. During this day and a half long retreat, staff discussed what recent changes have occurred in the last several years in the State EMS system, where the EMS system is today, and where it should be in the next three years and beyond. Additionally, the current version of the State EMS Plan was evaluated to determine what key strategic initiatives should remain, what should be removed, and what key strategic initiatives should be added to the next version of the plan.

As has been done in the past, the committees of the state EMS Advisory Board will be tasked with evaluating the current Plan, and proposing additions and/or deletions, as well as a SWOT analysis will be performed under the direction of the Chair of each standing committee, as it pertains to their particular subject area. Templates for these planning sessions will be distributed in February. OEMS plans to solicit input throughout the year from key stakeholder groups, and present a revised plan for the state EMS Advisory Board to approve during the last quarter of 2013 and for the Board of Health to review and approve during the first quarter of 2014.

Specific information related to the plan, and the development process to create and revise the plan is included as **Appendix D**.

The State EMS Plan continues to be available for download via the OEMS website at <http://www.vdh.virginia.gov/OEMS/EMSPlan/index.htm>.

Regulation & Compliance

VII. Regulation and Compliance

Compliance

The EMS Program Representatives continue to complete ongoing investigations pertaining to EMS agencies and providers. These investigations relate to issues concerning failure to submit prehospital patient care data (VPHIB), violation of EMS vehicle equipment and supply requirements, failure to secure drugs and drug kits, failure to staff the ambulance with minimum personnel and individuals with criminal convictions. The following is a summary of the Division's activities for the 4th quarter of 2012:

Enforcement

Citations Issued:	12
Providers:	3
EMS Agencies:	9

Compliance Cases

New Cases:	15
Cases closed:	15
Suspensions:	4
Temporary Suspensions:	3
Revocations:	0
Consent Order:	0

EMS Agency Inspections

Licensed EMS agencies:	683 (Active)
Permitted EMS Vehicles:	4,456 (Active, Reserve, Temporary)

Recertification:	
Agencies:	73
Vehicles:	478

New EMS agencies:	0
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Spot Inspections:	149
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Hearings (Formal, IFFC)

October 31, 2012; Fulgaro
December 5, 2012; Long

Variances

Approved: 10
Disapproved: 7

OMD/PCD Endorsements

As of January 29, 2013: 220 Endorsed

EMS Regulations

The *Virginia EMS Regulations* became effective on October 10, 2012. Approval was obtained to print the document and copies are being mailed to the EMS agencies, one for each station listed, as well as to the regional EMS Councils. Staff has created a document to assist in understanding the main changes in the 2012 EMS Regulations (**Appendix E**). There is also an ongoing effort by this Division to offer educational sessions regarding the 2012 EMS Regulations to any interested agencies, organizations or groups.

Staff has worked with stakeholders to develop templates for agencies to utilize in their efforts to meet the new requirements in the 2012 *EMS Regulations*. Applications and documents have been update accordingly on the OEMS web page.

Finally, staff is working with the Rules and Regulations committee and other stakeholders to identify changes that are needed due to actions taken by the 2013 General Assembly or by the normal progression of EMS.

Division Work Activity

Regulation and Compliance staff represented the Office of EMS in Fire/EMS studies conducted by the Virginia Fire Service Board. Staff participated in the Fire/EMS study in Tazewell County (October 3-5). A Fire/EMS study is planned for Wythe County on a date to be determined. Copies of all previously completed Fire & EMS Studies can also be found on the Virginia Dept. of Fire Programs (VDFP) Website at :
http://www.vafire.com/virginia_fire_services_board/vfsb_studies.htm.

OEMS staff continues to offer technical assistance and educational opportunities to EMS agencies, entities and local governments as requested. The following is a listing of locations and dates for the fourth quarter of 2012:

October 3-5, Fire/EMS study, Tazewell County
October 11, MDC meeting
October 22, Transportation Committee
November 6-11 – EMS Symposium
November 27, Regulation Presentation, Frederick County
November 29, EMS Fellow Presentation/Orientation
November 30, Virginia Fire Service Board meeting
December 13, OMD Course, PEMS/TEMS

Staff completed their annual review and update of “Guidance Documents” pertinent to EMS. A listing of these documents can be found on the Virginia Town Hall at <http://townhall.virginia.gov/L/GDocs.cfm>.

Field staff continues to assist the OEMS Grants Manager and the RSAF program by performing reviews for submitted grant requests as well as ongoing verification of RSAF grants awarded each cycle.

Quarterly meetings of the OEMS field staff were held in Richmond on October 17-19 and December 5-7, 2012. The agendas for these meetings focused on the routine operational and administrative functions of the work unit.

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The Workforce Development Committee (WDC) last met on November 7, 2012. The committee is scheduled to meet again on February 14, 2013.

WDC Sub-Committee Reports:

a) Standards of Excellence

The sub-committee last met on October 5, 2012 and completed the draft material for all 7 Standards of Excellence Self-Assessment Surveys. These self-assessments surveys can be used by any EMS agency that wants to assess their ability to perform tasks in the following areas:

- **Leadership/Management**
- **Recruitment & Retention**
- **EMS Operational Readiness**
- **Life Safety**
- **Medical Direction**
- **Clinical Care Measures/Standards**
- **Community Involvement**

In addition, assistance is available to any EMS agency needing it with this process.

Draft copies of the 7 Standards of Excellence Self-Assessment Surveys will be posted on the Virginia Office of EMS Web site under the Agency and Leadership Resources.

b) EMS Officer Standards (I – IV)

The EMS Officer sub-committee last met on January 30, 2013. Documentation for the Virginia EMS Officer I program is near completion. The program is scheduled to be rolled out in March 2013.

Draft copies of the Virginia EMS Officer I Task Book and the Reference Document for the EMS Task book can be found on the Virginia Office of EMS web site under the Agency and Leadership Resources – Leadership and Management section at <http://www.vdh.virginia.gov/OEMS/Agency/EMSOfferI.htm>.

In addition, to completing the EMS Officer Task Book, a set of Essay Questions will be part of the process to become recognized as a Virginia EMS Officer I.

c) EMS Career Fair

The third annual EMS Career Fair was held on November 8, 2012 at Symposium. There were 17 EMS organizations represented at the 2012 Career Fair.

The Virginia Recruitment and Retention Network

The Recruitment Retention Network meeting was held on Friday December 7, 2012 at the Ashland Volunteer Fire Department in Ashland, Virginia. The guest speaker was Dena Reynolds, Public Relations Consultant. Dena provided critical information on how to create a positive image and public relations through a variety of strategies.

www.denareynolds.org/Public_Relations_Consultant/Home.html

The next meeting will be held on Friday, February 22 at the Virginia Fire Chief's Association Mid-Atlantic Expo and Symposium in Virginia Beach, Virginia.

Volunteer EMS Agency Support Conference - March 9, 2013
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A Volunteer EMS Support Conference, sponsored by Health Corporation of America (HCA) and in cooperation with the Virginia Office of EMS will be held on Saturday, March 9, 2013 in Fredericksburg, Virginia. The event will be held at the Spotsylvania Regional Medical Center.

The goal of this one (1) day conference is to provide information to volunteer rescue squads and other EMS organizations on the importance of good organizational leadership, recruitment and retention of EMS members and taking pride in the service provided to their community. Classes in the following areas will be provided:

- Important Qualities of a Good EMS Leader
- Recruitment and Retention of EMS Members
- Funding Opportunities for Non-Profit EMS Agencies
- Identifying Financial Irregularities and Embezzlement in Volunteer Organizations

Contact Carol Morrow for additional information: carol.morrow@vdh.virginia.gov


Additional Information will also be available on the OEMS web site at www.vdh.virginia.gov/oems.

Recruitment and Retention Workshop – March 23, 2013

The Central Shenandoah EMS Council is offering an all day workshop on EMS recruitment and retention. Recruiting and retaining EMS providers is one of the greatest challenges facing Virginia EMS agencies today.

Carol Morrow, OEMS Technical Assistance Manager will work with the class to identify the greatest problems their agencies have in recruiting and retaining EMS providers and develop programs to improve the outcome.

Recruitment and Retention Workshop CSEMS-Sponsored Course



CSEMS is sponsoring a Recruitment and Retention Workshop. The workshop will help agency leaders develop strategies and identify solutions to enhance the retention of volunteer and career EMS personnel. Agency leadership will learn how to maintain and leverage the strengths of the EMS agency while helping identify important weaknesses and learning techniques for converting weaknesses into strengths.

This all day workshop will be taught by Carol Morrow, Technical Assistance Coordinator with the Virginia Office of EMS.

Date & Time: Saturday, March 23, 2013 from 9:00 AM to 5:00 PM

Location: Central Shenandoah EMS Council Training Center
2312 W. Beverley St.
Staunton, VA 24401

Speakers: Carol Morrow

Registration: <http://csems.vaems.org/courses/>

Contact [Chad Blosser](mailto:cblosser@vaems.org) (cblosser@vaems.org) to register.

Trauma and Critical Care

IX. Trauma and Critical Care

Emergency Medical Services for Children (EMSC)

National Pediatric Readiness Project Assessment in Progress: The “National Pediatric Readiness Project” began in January. This ongoing quality improvement initiative, endorsed by a large cadre of national organizations, seeks to gauge the pediatric readiness of more than 5,000 U.S. hospitals.

Virginia hospitals are scheduled to be assessed in the 2nd of 5 cohorts, and will have a February 1 through April 30 window in which to complete the on-line assessment tool. The Virginia EMSC program is assisting the national project in making contact with appropriate personnel at hospitals to participate in the assessment, and in follow-up contacts to work toward achieving a 100% national response rate.

Length-Based Pediatric Emergency Tapes Being Distributed by EMSC: 2,000 of the latest (Version (2011 Edition A) Broselow™ Pediatric Emergency Tapes have been purchased with federal EMSC funding for distribution to Virginia EMS Agencies that have need for them. A plan for distribution is being developed and information will be forthcoming on the OEMS website.

EDAP Designation Criteria Revised (PM 74): Following the well-attended stakeholders meeting held in October 2012, the EDAP (Emergency Department Approved for Pediatrics) Work Group made extensive revisions to EDAP criteria based upon the stakeholder suggestions received. The latest draft criteria are referred to as “version 122712”, when the newest revisions were incorporated.

Distribution of the revised draft criteria is occurring now, and additional stakeholder input is being solicited. The intended outcome from this process is to eventually implement a voluntary pediatric facility recognition program in Virginia to recognize excellence and encourage improvement in pediatric emergency medical care.

EMSC State Partnership Grant: The Virginia EMSC program is awaiting notice concerning its “competing continuation” grant application to the Health Resources & Services Administration (HRSA). If the application is successful, Virginia would likely receive federal EMSC State Partnership Grant funding over the next four years (beginning March 1, 2013) for a total of \$520,000 (\$130,000 per grant year). This funding, of course, is always subject to congressional action, and is potentially subject, as many federal programs will be, to “sequestration”—essentially automatic budget cuts caused by the inability of Congress to enact cuts on its own.

EMSC funding, if approved will provide (among other items) a limited number of child restraint/immobilization devices for volunteer EMS agencies during 2013-2014, to be distributed on a needs basis. The most probable devices being considered are the Pedi-Air-Align, Pedi-Mate, and LSP.

Trauma Center Pediatric Criteria Under Revision (PM 75, 80): Trauma Center Designation criteria continue their revision process, and specific pediatric criteria are being considered. If adopted, this effort would directly enhance Virginia’s ability to show progress toward achieving 2 of the national Performance Measures.

Facilitating Access to Pediatric Education (PM78, 80): The Virginia EMSC program is working to facilitate access to pediatric education and training, especially in the form of EPC (*Emergency Pediatric Care*) and *Emergency Nursing Pediatric Course* (ENPC) courses around the Commonwealth. If

continuation federal funding is approved in March, EMSC plans to provide a number of these courses in areas with historically difficult access to pediatric training.

Pediatric ED Assessments Continue (PM 74): The Virginia EMSC program continues to visit small and rural Virginia hospitals to assess their pediatric needs and capabilities in relation to the “*Guidelines for Care of Children in the Emergency Department*” document (published in October of 2009).

NASEMSO Mid-Year Meeting & Pediatric Emergency Care (PEC) Council: The mid-year meeting of NASEMSO (National Association of State EMS Officials) is being held in March while the next meeting of the Pediatric Emergency Care Council (PECC) of NASEMSO is being attached to the Annual EMSC Program Managers Meeting being held in April 28-May 2.

The newest on-going federally funded projects of NASEMSO are:

- *Model Interstate Compact for EMS Personnel Licensure for State Adoption.*
- *Model EMS Guidelines.*
- *Statewide Implementation of a Prehospital Care Guideline.*

The PEC Council is currently working on:

- Creating a pediatric disaster readiness checklist for states
- Accepting responsibility to maintain and update the latest federal recommendations for safe transport of children in ambulances as a “living document”
- Providing direct input into the final revision of new national recommendations for equipment for ground ambulances (ACS, AAP, ENA and others...)
- Determining evidence-based recommendations for minimum requirements to maintain pediatric care proficiency for recertification of EMS providers
- Providing input to on-going study of pediatric mass casualty triage system effectiveness
- Facilitating success of the Pediatric Readiness Project hospital emergency department assessments currently underway

Suggestions or questions regarding the Virginia EMS for Children program should be submitted to David Edwards via david.edwards@vdh.virginia.gov or by calling the EMSC program within the Office of EMS at 804-888-9144.

Poison Control Services

Legislative report on poison funding: OEMS’ Division of Trauma/Critical Care serves as the contract administrator for the three poison centers that make up the Virginia Poison Control Network (VPCN). As a reminder, the 2012 – 2014 Appropriations Act ends State funding for poison control services for Virginia. No direction has been provided to date related to mitigating the impact of the potential loss of poison control services for Virginia.

There are four separate budget amendments pending for poison control services including:

- Chief Patron Del. May, Co-patron Del. Lingamfelter, proposes \$2 million for year two for the three poison centers that serve Virginia.

- Chief Patron Del. Peace, Co-patron Del. O'Bannon, proposes \$1 million for year two for the Virginia Poison Center at Virginia Commonwealth University.
- Chief Patron Del. Toscano, proposes \$3 million for year two for the three poison centers that serve Virginia.
- Chief Patron Sen. Barker proposes \$3 million for year two for the three poison centers that serve Virginia.

Patient Care Information System

Virginia Pre-Hospital Information Bridge (VPHIB)

VPHIB submission compliance remains high: Agency compliance with submitting to VPHIB is at approximately 95 percent.

VPHIB quality compliance: VPHIB data quality compliance has improved to a high percentage. Significant data quality issues exist with provider information such as EMS certification level, provider role, certification number, and similar provider demographic information. OEMS is continuing to assess provider demographic and has begun to make as many fixes on the database end as possible. New validation rules will soon be put into place that help to show agencies where issues exist for their agency.

Migration to Virginia's version 3 EMS dataset (VAv3):

VAv3 was officially adopted on 8/21/2012. TCC will soon post a revised VAv3 data dictionary. The revision will be VAv3.2 and will reflect the final changes recently released by NEMSIS.

Quarterly Update – What was done: During the last quarter the bulk of TCC staff time was dedicated to assessing and fixing provider demographic information. Where possible, corrections were run on the database to fix as many records as possible without the agencies involvement. TCC staff installed mappings to help prevent further poor data from being entered into VPHIB. Building the mappings on the VPHIB end of the system decreases the need for many individual agencies and vendor from having to change their software.

Quarterly Update – What will be done: In the upcoming quarter TCC will finish assessing provider information and will attempt to implement new validation rules that will show individual agencies where corrections need to be made on the agency side. TCC will also manage its portion of updating the server environment.

NEMSIS submission: Virginia Data is submitted by TCC staff to NEMSIS each month when the Data Quality Dashboard and Compliance Report are developed. Data not submitted on time by Virginia EMS agencies does not get submitted to the national EMS database. Figure 3 shows the number of records being accepted by NEMSIS.

Figure 3 Number of Virginia EMS Records in the NEMSIS System

Warehouse Summary for Your Sites							
	2011			2012			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4
test VIRGINIA	19	56,222	1	1	1	11	62,611
VIRGINIA	185,711	215,940	228,468	240,750	248,485	244,522	159,732

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

As a reminder, NEMSIS maintains a public data “cube” that anyone can access to compare their own information to. Go to www.NEMSIS.org and click on the “Reporting Tools” tab.

On the technical side: TCC staff has been working with the VITA/NG partnership to implement multiple significant server changes based on a work request submitted by OEMS in July 2012. OEMS has also requested that all VPHIB servers be upgrade to MS SQL Server 2008 Enterprise (the most current available from NG.) Utilizing the enterprise version should allow some repairs and maintenance to occur without the system going off-line.

This upgrade is needed in order for VPHIB to receive missed and future ImageTrend product upgrades. The upgrades are also needed install the new trauma registry application.

Virginia Statewide Trauma Registry (VSTR)

- Changed analysis data sets from MS Access to SAS JMP files for more efficient analysis
- Began work on a data validation project that will compare trauma centers’ own trauma registry counts with those of the VSTR.

Date Requests During the Quarter Included:

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

- Matthew Smith of Virginia Department of Fire Programs made a request for data from Henry County at the year (2007 through 2011) and agency level. Provided a spreadsheet containing three tables: EMS Call Types by Agency and Year, EMS Call Descriptions by Agency and Year, and EMS Level of Care by Agency and Year.
- Matthew Smith of Virginia Department of Fire Programs made a request for data from Tazewell County at the year (2007 through 2011) and agency level. Provided a spreadsheet containing three tables: EMS Call Types by Agency and Year, EMS Call Descriptions by Agency and Year, and EMS Level of Care by Agency and Year.
- Lisa Harbert of National College Paramedic Program made a request for data for VPHIB data during CY 2012 YTD for Roanoke County Fire and Rescue Department, Roanoke City Fire and EMS, Salem Fire and EMS and Franklin County Public Safety in order to complete their accreditation with CoAEMSP. Provided a spreadsheet containing 4 tables, one for each of

the agencies noted above. Row labels are *Provider Primary Impression* values; columns are count and percentage values for the number of calls in CY 2012 YTD overall, for pediatric patients (ages 0 – 18 years), and for patients with unknown ages.

- Stephanie Adams of Isle of Wight Volunteer Rescue Squad made a request for data to be used in an assignment for a professional development class at TCC Virginia Beach. Provided a spreadsheet containing one table and a related pivot table. Column labels are CY, Patient Disposition (Treated & Transported, Patient Refused), Primary Symptom (Breathing Problem, Cardiorespiratory Arrest, Chest Pain), Certification Level of Primary Care Giver (EMT-Basic, etc.), Airway medication/procedure (yes/no), Cardiac medication/procedure (yes/no), Oxygen (yes/no), Other Related medication/procedure (yes/no), Number of records.
- Larry Wagner of Mid-County Volunteer Rescue Squad made a request for data from Callao VRS, Lancaster County Emergency Services, Lancaster-Kilmarnock VRS, Mid-County VRS, Northumberland County VRS, Upper Lancaster VRS, and Richmond County Emergency Services. For CY 2011 and CY 2012. Provided a spreadsheet containing tables with descriptive statistics values for the following times: Unit Notified, Enroute, Response, Time to Patient at Scene, Scene, Transport, and Unit Back in Service. Summary statistics provided by agency and for the group as a whole. Graphs included for the median time values for all measures by agency as well as for the distribution (counts) of times for each measure by agency.
- Heather Philips of OEMS, on behalf of VSP-TEMS and Warren County Fire & Rescue made a request for statewide and Lord Fairfax EMS Region data on cricothyrotomies. Used data summarized at calendar year level. Provided a spreadsheet with a table containing statewide counts of cricothyrotomies performed by Virginia EMS providers by type and calendar year (2007 - 2012) as well as provider certification level and patient age group and a figure summarizing cricothyrotomies performed by Virginia EMS providers by type and calendar year (2007 - 2012) at the state level and for Lord Fairfax EMS Council agencies.

Trauma System

EMS Councils Trauma Performance Improvement

The first quarterly report comparing EMS Regions on several measures resulted in no feedback from EMS Council EDs. Drs. Ajai Maholtra (chair of the TSOM Committee) and Forrest Calland (chair of the TSOM PI Committee) made suggestions on how to simplify and streamline future reports.

TCC will hold off on additional reports until the VPHIB annual statistics are completed.

Trauma Center Designation Manual Revised: On August 29, 2012 the most recent version of the Trauma Center Designation Manual was approved. Effective on January 1, 2013 the revised manual is

now the *Virginia Statewide Trauma and Burn Center Designation Manual*. The trauma center designation application documents are being updated and will be rolled out on a revised OEMS trauma system webpage.

TSO&MC December 6, 2012 meeting: The TSO&MC last met on December 6, 2012 and the draft minutes to this meeting can be found posted on the Virginia Town Hall Website as required. The key items for this meeting included trauma center designation criteria, trauma PI, and the trauma registry upgrade.

TSO&M Performance Improvement Committee (TPIC):

The presentation at the August 10th meeting of the EMS Advisory Board resulted in a great deal of discussion which effectively derailed the TSOM PI Committee's activities for this quarter. The PI Committee is in the midst of being reorganized and will begin anew in March, if all goes according to plan.

Durable Do Not Resuscitate (DDNR)
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Nothing to report.

Respectfully Submitted

OEMS Staff

Appendix

A

2012 EMS Needs Assessment Survey Statistics

General EMS Agency Information:

Question: Please select from the following list to indicate the status of your EMS agency.		
Answer Options	Response Percent	Response Count
Career	18.4%	47
Volunteer	43.5%	111
Combination	32.9%	84
Other (please specify)	5.1%	13
<i>Answered Question</i>		255
<i>Skipped Question</i>		27

Question: Is the area that your EMS agency has primary responsibility to serve (exclude mutual aid areas) urban, suburban, rural? (Check all that apply.)		
Answer Options	Response Percent	Response Count
Urban	22.7%	56
Suburban	34.0%	84
Rural	72.9%	180
<i>Answered Question</i>		247
<i>Skipped Question</i>		35

EMS Agency Personnel:

Question: Does your EMS agency have a program to maintain basic EMS personnel fitness and health?		
Answer Options	Response Percent	Response Count
Yes	29.5%	69
No	70.5%	165
<i>Answered Question</i>		234
<i>Skipped Question</i>		48

Question: What type of fitness program does your EMS agency provide? (check all that apply)		
Answer Options	Response Percent	Response Count
EMS agency has no program	55.4%	118
Exercise equipment in station/crew hall	34.3%	73
Agency subsidized health club membership	9.9%	21
Other, please specify	11.3%	24
<i>Answered Question</i>		213

<i>Skipped Question</i>	69
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Question: Does your EMS agency currently have the following personnel programs?			
Answer Options	Yes	No	Response Count
Does your EMS agency have a Recruitment Program?	101	132	233
If "Yes", do you have an individual assigned to coordinate the program?	77	65	142
Does your EMS agency have a Retention Program?	77	153	230
If "Yes", do you have an individual assigned to coordinate the program?	63	71	134
<i>Answered Question</i>			233
<i>Skipped Question</i>			49

Facilities, Vehicles and Equipment:

Question: Does your EMS agency have 12-lead ECG capabilities?		
Answer Options	Response Percent	Response Count
Yes	84.3%	199
No (Skip to question 21)	15.7%	37
<i>Answered Question</i>		236
<i>Skipped Question</i>		46

Question: If Yes, Does your EMS agency have the ability to transmit 12-lead ECG's to a receiving hospital?		
Answer Options	Response Percent	Response Count
Yes	48.8%	100
No	51.2%	105
<i>Answered Question</i>		205
<i>Skipped Question</i>		77

Operating Budget Information:

Question: Has your EMS agency applied for an Rescue Squad Assistance Fund (RSAF) grant within the last five (5) years?		
Answer Options	Response Percent	Response Count
Yes	64.2%	147
No	35.8%	82
<i>Answered Question</i>		229
<i>Skipped Question</i>		53

Question: Most grant awards require a match from the EMS agency. Has the lack of a match ever prevented your EMS agency from applying for or accepting an RSAF grant?

Answer Options	Response Percent	Response Count
Yes	23.5%	53
No	76.5%	173
<i>Answered Question</i>		226
<i>Skipped Question</i>		56

Question: Excluding RSAF, does your EMS agency actively seek out and apply for other grant assistance (local/state/federal)?		
Answer Options	Response Percent	Response Count
Yes	61.0%	141
No	39.0%	90
<i>Answered Question</i>		231
<i>Skipped Question</i>		51

Communications:

Question: Can you communicate by radio with neighboring/adjoining EMS agencies that you regularly respond with to an incident scene?		
Answer Options	Response Percent	Response Count
Yes	90.5%	209
No	9.5%	22
<i>Answered Question</i>		231
<i>Skipped Question</i>		51

Question: Can your EMS agency communicate by radio with local hospitals that routinely receive patients transported by your agency?		
Answer Options	Response Percent	Response Count
Yes	93.0%	213
No	7.0%	16
<i>Answered Question</i>		229
<i>Skipped Question</i>		53

Question: Can your EMS agency communicate by radio with non-local hospitals that receive patients transported by your agency?		
Answer Options	Response Percent	Response Count
Yes	56.8%	130
No	43.2%	99
<i>Answered Question</i>		229
<i>Skipped Question</i>		53

Question: Who has primary responsibility for dispatch operations?		
Answer Options	Response Percent	Response Count
EMS Agency - Self Dispatch	8.2%	19
Law Enforcement Department (Police, Sheriff)	23.8%	55
911 Center/Communications Department	62.8%	145
Other, please specify	5.2%	12
<i>Answered Question</i>		231
<i>Skipped Question</i>		51

Question: What type of internet access does your EMS agency have? (Check all that apply.)		
Answer Options	Response Percent	Response Count
Dial-up Internet	1.7%	4
High Speed Internet (DSL)	77.2%	179
Satellite Internet	4.3%	10
Wireless Internet	57.8%	134
No Internet Service	2.2%	5
<i>Answered Question</i>		232
<i>Skipped Question</i>		50

EMS Agency Roles/Training:

Question: Please rank your order of preference for types of EMS educational opportunities:								
Answer Options	Most Preferred				Least Preferred			Response Count
	1	2	3	4	5	6	7	
Hands on Skills Practice	170	31	5	3	0	3	1	213
Classroom	33	131	20	6	7	8	3	208
CD-ROM	2	5	45	44	44	40	11	191
DVD	2	8	49	85	39	13	4	200
Satellite	0	5	18	26	45	59	39	192
Internet/Interactive Video	10	18	58	27	37	42	10	202
Correspondence	4	3	7	15	23	27	131	210
<i>Answered Question</i>								228
<i>Skipped Question</i>								54

Question: How much time are members/employees of your EMS agency willing to travel one-way to obtain EMS education/continuing education and training?		
Answer Options	Response Percent	Response Count
Up to 30 minutes	36.4%	83

Up to 45 minutes	17.1%	39
Up to 1 hour	32.9%	75
Up to 1 ½ hours	4.4%	10
More than 1 ½ hours	2.6%	6
Time is not an issue	6.6%	15
Answered Question		228
Skipped Question		54

Question: Does your EMS agency have difficulty covering shifts?		
Answer Options	Response Percent	Response Count
Yes	52.0%	119
No (Skip to Question 36)	48.0%	110
Answered Question		229
Skipped Question		53

Question: If "Yes", when do these difficulties occur? Check all that apply.		
Answer Options	Response Percent	Response Count
Nights	54.7%	64
Days	71.8%	84
Weekends	53.0%	62
Holidays	50.4%	59
Answered Question		117
Skipped Question		165

Question: What are the reasons members of your EMS agency are unable to cover all shifts?		
Answer Options	Response Percent	Response Count
Family Demands	65.9%	114
Daycare/Childcare/Eldercare	37.6%	65
Conflicts with Employer	53.8%	93
Distance from Employer	26.6%	46
Other, please specify	30.6%	53
Answered Question		173
Skipped Question		109

Question: Does the patient receive a bill for services rendered by your EMS agency?		
Answer Options	Response Percent	Response Count
Yes	58.6%	133

No (Skip to Question 39)	41.4%	94
<i>Answered Question</i>		227
<i>Skipped Question</i>		55

Question: If "Yes", how does your EMS agency conduct billing activities? (Select all that apply.)		
Answer Options	Response Percent	Response Count
EMS agency bills direct	16.5%	22
Billing contracted to outside entity	74.4%	99
Other, please specify	9.0%	12
<i>Answered Question</i>		133
<i>Skipped Question</i>		149

EMS Agency's Top Needs:

Question: Please rank your EMS agency's top needs from 1 to 5 for CY2012 (January 1, 2012 - December 31, 2012)						
	Most Important			Least Important		
Answer Options	1	2	3	4	5	Response Count
Vehicles	42	23	43	70	40	218
Equipment	24	44	66	53	31	218
Facilities	18	24	30	36	107	215
Personnel	110	49	32	20	11	222
Training	32	81	47	35	24	219
<i>Answered Question</i>						229
<i>Skipped Question</i>						53

Question: Please select the top 3 priority types of training that your EMS agency needs for CY2013 (January 1, 2013 to December 31, 2013) from the following training areas and levels.				
Answer Options	1	2	3	Response Count
EMS First Responder/Emergency Medical Responder	8	3	6	17
EMT-Basic	110	38	33	181
EMT-Enhanced	11	35	29	75
EMT-Intermediate	33	70	35	138
EMT-Paramedic	59	23	31	113
Emergency Vehicle Operators Course (EVOC)	4	37	53	94
Vehicle Extrication	2	16	29	47
<i>Answered Question</i>				227
<i>Skipped Question</i>				55

Question: From the list below, please rank your EMS agency's top 5 EMS concerns.						
Answer Options	1	2	3	4	5	Response Count
Training and upgrading EMS personnel	88	58	25	15	9	195
Medical supply needs (such as dressings, medications, etc.)	2	10	14	13	19	58
Training equipment needs (manikins, KEDs, Long Spine Boards, etc.)	4	19	24	23	27	97
Recruitment and Retention of EMS personnel	72	41	22	16	11	162
Relations with Hospitals	4	3	8	12	16	43
Continuing Education for EMS personnel	14	37	52	35	23	161
Quality Assurance/Performance Improvement	7	20	19	28	18	92
Radio Communications Equipment	8	10	13	20	14	65
Equipment for Hazardous Materials, Bioterrorism, Weapons of Mass Destruction Response	2	1	3	9	13	28
Medical Equipment needs (Non-disposable)	14	12	20	25	29	100
Computers/Software	8	10	22	22	35	97
<i>Answered Question</i>						225
<i>Skipped Question</i>						57

Question: Do you think this survey is beneficial to the Emergency Medical Services System in Virginia?		
Answer Options	Response Percent	Response Count
Yes	90.8%	208
No	9.2%	21
Comments:		29
<i>Answered Question</i>		229
<i>Skipped Question</i>		53

Appendix

B

**Office of EMS Legislative Grid
February 1, 2013**

Bills	Committee	Last action	<u>Date</u>
<u>HB 428</u> - <u>Bulova</u> - Virginia Retirement System; benefits for certain local employees.	<u>(H) Committee on Appropriations</u>	(H) Left in Appropriations	11/29/12
<u>HB 1305</u> - <u>Habeeb</u> - Workers' compensation; injuries presumed to be in course of employment, unless evidence to contrary.	<u>(H) Committee on Commerce and Labor</u> <u>(S) Committee on Commerce and Labor</u>	(S) Referred to Committee on Commerce and Labor	01/24/13
<u>HB 1321</u> - <u>Kory</u> - Public schools; possession and administration of epinephrine by local health department employee.	<u>(H) Committee on Education</u>	(H) Subcommittee recommends laying on the table (8-Y 0-N)	01/17/13
<u>HB 1383</u> - <u>Pogge</u> - Criminal history record information; emergency medical services providers.	<u>(H) Committee on Health, Welfare and Institutions</u> <u>(S) Committee on Education and Health</u>	(S) Referred to Committee on Education and Health	01/23/13
<u>HB 1499</u> - <u>Stolle</u> - Emergency medical services personnel; administration of medications.	<u>(H) Committee on Health, Welfare and Institutions</u> <u>(S) Committee on Education and Health</u>	(S) Referred to Committee on Education and Health	01/23/13
<u>HB 1526</u> - <u>Rust</u> - HOT lanes; emergency vehicles and law-enforcement vehicles cannot use when commuting to work place.	<u>(H) Committee on Transportation</u> <u>(S) Committee on Transportation</u>	(S) Referred to Committee on Transportation	01/23/13
<u>HB 1622</u> - <u>Pogge</u> - Emergency medical services providers; Board of Health shall prescribe regulation, procedures, etc.	<u>(H) Committee on Health, Welfare and Institutions</u> <u>(S) Committee on Education and</u>	(S) Referred to Committee on Education and Health	01/21/13

	Health		
HB 1835 - Poindexter - Firefighters and emergency medical technicians; cap on damages.	(H) Committee for Courts of Justice	(H) Assigned Courts sub: #2 Civil	01/11/13
HB 1842 - Rust - License plates, special; issuance for firefighters and auxiliaries; Fraternal Order of Police; etc.	(H) Committee on Transportation	(H) Stricken from docket by Transportation	01/22/13
HB 1856 - Orrock - Emergency medical services; Board of Health to develop policies related to statewide providers.	(H) Committee on Health, Welfare and Institutions (S) Committee on Education and Health	(S) Referred to Committee on Education and Health	01/30/13
HB 1865 - Robinson - Motorcycles; rider safety training centers required to provide at least one per student.	(H) Committee on Transportation	(H) Subcommittee recommends incorporating (HB1476-Scott, E.T.)	01/21/13
HB 1907 - Anderson - Driving while texting; primary offense, increased penalties.	(H) Committee for Courts of Justice	(H) Subcommittee recommends reporting with amendment(s) (9-Y 0-N)	01/28/13
HB 1927 - Morris - Assault and battery; adds emergency medical services personnel, penalty.	(H) Committee on Appropriations	(H) Subcommittee recommends reporting with amendment(s) (7-Y 0-N)	01/31/13
HB 2010 - Cline - Motorcycles; motorcyclists who are 21 years old or older to ride without wearing helmets.	(H) Committee on Transportation	(H) Subcommittee recommends laying on the table (4-Y 2-N)	01/23/13
HB 2028 - Dudenhefer - Public schools; cardiopulmonary resuscitation and automated external defibrillators.	(H) Committee on Education	(H) Read first time	01/31/13
HB 2140 - Morefield - Statewide Fire Prevention Code; fees charged by State Fire Marshal.	(H) Committee on General Laws	(H) Subcommittee recommends laying on the table	01/16/13
HB 2171 - McQuinn - School safety audits; school crisis, emergency management, and	(H) Committee on Education	(H) Assigned Education sub: Teachers and Admin. Action	01/15/13

medical emergency response plans.			
HB 2280 - Ward - Virginia Freedom of Information Act; exempts records of disaster preparedness plans and policies.	(H) Committee on General Laws	(H) Reported from General Laws (22-Y 0-N)	01/31/13
HB 2301 - Cline - Insurance; charging insurers on behalf of volunteer fire/EMS departments.	(H) Committee on Commerce and Labor	(H) Read first time	01/31/13
HB 2315 - O'Bannon - Volunteer Rescue Squads, Va Association of; to submit an annual financial report on use of funds.	(H) Committee on Health, Welfare and Institutions	(H) Reported from Health, Welfare and Institutions with amendments (22-Y 0-N)	01/31/13
HB 2337 - Kory - Public schools; school crisis, emergency management, and medical emergency response plans.	(H) Committee on Education	(H) Assigned Education sub: Teachers and Admin. Action	01/22/13
HJ 698 - Cox, M.K. - Commending the Brain Injury Association of Virginia.		(S) Agreed to by Senate by voice vote	01/24/13
HJ 772 - Scott, E.T. - Commending the Rapidan Volunteer Fire Department.		(H) Presented and laid on Speaker's table 13104068D	01/25/13
HR 131 - Rush - Commending the Dublin Volunteer Fire Department.		(H) Agreed to by House by voice vote	01/18/13
SB 312 - Blevins - Four-for-Life; substantive review.	(S) Committee on Finance	(S) Left in Finance	11/30/12
SB 773 - Blevins - Emergency medical services personnel; administration of medications.	(S) Committee on Education and Health	(S) Passed Senate (40-Y 0-N)	01/29/13
SB 790 - Stuart - Emergency medical care services providers; recertification and appeals.	(S) Committee on Education and Health	(S) Passed Senate (40-Y 0-N)	01/29/13
SB 822 - Puckett - Statewide Fire Prevention Code; fees charged by State Fire Marshal.	(S) Committee on General Laws and Technology	(S) Read second time and engrossed	01/31/13
SB 839 - Carrico - Local boundaries for law-enforcement; organizing for purpose of 911 dispatch and response.	(H) Committee on Counties, Cities and Towns	(H) Referred to Committee on Counties, Cities and Towns	01/25/13

	(S) Committee on Local Government		
SB 881 - Deeds - Volunteer fire/EMS departments; localities may have ordinances that include billing property owners.	(S) Committee on General Laws and Technology	(S) Engrossed by Senate - committee substitute SB881S1	01/31/13
SB 896 - Reeves - Workers' compensation; weather as risk of public safety officer's employment, injuries incurred.	(S) Committee on Commerce and Labor	(S) Engrossed by Senate - committee substitute SB896S1	01/31/13
SB 915 - Ruff - Workers' compensation; injuries to public safety officers.	(S) Committee on Commerce and Labor	(S) Incorporated by Commerce and Labor (SB896-Reeves) (16-Y 0-N)	01/28/13
SB 986 - Stuart - Public schools; cardiopulmonary resuscitation and automated external defibrillators.	(S) Committee on Education and Health	(S) Committee substitute printed 13104805D-S1	01/31/13
SB 1126 - Norment - Workers' compensation; injuries to public safety employees.	(S) Committee on Commerce and Labor	(S) Incorporated by Commerce and Labor (SB896-Reeves) (16-Y 0-N)	01/28/13
SB 1199 - Saslaw - Workers' compensation; injuries to public safety officers.	(S) Committee on Commerce and Labor	(S) Incorporated by Commerce and Labor (SB896-Reeves) (16-Y 0-N)	01/28/13
SB 1288 - Carrico - Criminal history record information; emergency medical services providers.	(S) Committee on Education and Health	(S) Reported from Education and Health (15-Y 0-N)	01/31/13
SB 1352 - Vogel - Protective helmets; ordinance to require every person wear when riding or being carried on bicycle.	(S) Committee on Local Government	(S) Constitutional reading dispensed (40-Y 0-N)	01/31/13
SJ 277 - Blevins - National Unified Goal for Traffic Incident Management; implementation, etc.	(S) Committee on Rules	(S) Referred to Committee on Rules	12/20/12
SJ 364 - Marsh - Commending state and local law-enforcement agencies for their outstanding service during 2012.	(S) Committee on Rules	(S) Referred to Committee on Rules	01/18/13
SJ 372 - Deeds - Celebrating the life of Carol Lee Fischer Strickler.		(H) Laid on Speaker's table	02/01/13

Office of EMS Legislative Report February 1, 2013

HB 428 Virginia Retirement System; benefits for certain local employees.

A BILL to amend and reenact § 51.1-138 of the Code of Virginia, relating to the Virginia Retirement System; benefits for certain local employees.

12101084D

Summary as introduced:

Virginia Retirement System; benefits for local law-enforcement, correctional, and emergency response employees in certain localities. Permits any locality that is exempt from providing all of the special statutory retirement benefits to local law-enforcement, correctional, and emergency response employees because the locality's annual retirement allowance for such employees exceeds the statutory amount to provide all of the other statutory benefits except the statutory annual retirement allowance (i) to all employees eligible for such benefits or (ii) only to eligible employees hired on or after July 1, 2010. The additional costs of providing the benefits would be borne by the locality making the election.

01/10/12 House: Prefiled and ordered printed; offered 01/11/12 12101084D

01/10/12 House: Referred to Committee on Appropriations

01/16/12 House: Assigned App. sub: Compensation and Retirement

01/23/12 House: Impact statement from VRS (HB428)

02/09/12 House: Subcommittee recommends continuing to 2013

02/10/12 House: Continued to 2013 in Appropriations

11/29/12 House: Left in Appropriations

HB 1305 Workers' compensation; injuries presumed to be in course of employment, unless evidence to contrary.

A BILL to amend and reenact § 65.2-105 of the Code of Virginia, relating to workers' compensation; presumption; injuries in course of employment.

13104004D

Summary as passed House:

Workers' compensation; injuries presumed to be in course of employment. Revises the provision enacted in 2011 that created a presumption, in the absence of a preponderance of evidence to the contrary, that an injury is work related if an employee is physically or mentally unable to testify and there is unrebutted prima facie evidence that the injury was work related. This measure clarifies that where the factual circumstances are of sufficient strength from which

the only rational inference to be drawn is that the accident arose out of and in the course of employment, it shall be presumed the accident arose out of and in the course of employment, unless such presumption is overcome by a preponderance of competent evidence to the contrary.

08/09/12 House: Prefiled and ordered printed; offered 01/09/13 13100110D

08/09/12 House: Referred to Committee on Commerce and Labor

01/08/13 House: Impact statement from DPB (HB1305)

01/10/13 House: Assigned C & L sub: #1

01/15/13 House: Subcommittee recommends reporting with amendment(s) (10-Y 0-N)

01/17/13 House: Reported from Commerce and Labor with substitute (22-Y 0-N)

01/17/13 House: Committee substitute printed 13104004D-H1

01/21/13 House: Read first time

01/22/13 House: Impact statement from DPB (HB1305H1)

01/22/13 House: Read second time

01/22/13 House: Committee substitute agreed to 13104004D-H1

01/22/13 House: Engrossed by House - committee substitute HB1305H1

01/23/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)

01/23/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)

01/24/13 Senate: Constitutional reading dispensed

01/24/13 Senate: Referred to Committee on Commerce and Labor

HB 1321 Public schools; possession and administration of epinephrine by local health department employee.

A BILL to amend and reenact §§ 8.01-225, 22.1-274.2, and 54.1-3408 of the Code of Virginia, relating to the administration of epinephrine in public schools by local health department employees.

13100694D

Summary as introduced:

Public schools; possession and administration of epinephrine. Requires local school boards to include in policies for the possession and administration of epinephrine a provision allowing any local health department employee approved by the local governing body to provide health services pursuant to § 22.1-274 who is authorized and trained in the administration of epinephrine to administer the drug to any student believed to be having an anaphylactic reaction.

10/23/12 House: Prefiled and ordered printed; offered 01/09/13 13100694D

10/23/12 House: Referred to Committee on Education

01/11/13 House: Assigned Education sub: Students and Early Education

01/17/13 House: Subcommittee recommends laying on the table (8-Y 0-N)

HB 1383 Criminal history record information; emergency medical services providers.

A BILL to amend and reenact §§ 19.2-389 and 32.1-111.5 of the Code of Virginia, relating to criminal history record information; emergency medical providers.

13103990D

Summary as introduced:

Criminal history checks of emergency medical services providers. Provides that criminal history record information shall be supplied at no charge to a person applying to serve as a licensed provider in an emergency medical services agency licensed pursuant to Article 2.1 (§ 32.1-111.1 et seq.) of Chapter 4 of Title 32.1, including volunteer rescue squads, lifesaving crews, and volunteer fire departments providing emergency medical services, provided that, a person applying to a for-profit emergency medical services agency or a nonprofit local government emergency medical services agency and meeting the requirements in § 32.1-111.5 shall request, at his cost, his criminal history record information.

12/12/12 House: Prefiled and ordered printed; offered 01/09/13 13101764D

12/12/12 House: Referred to Committee on Health, Welfare and Institutions

01/11/13 House: Assigned HWI sub: #1

01/15/13 House: Subcommittee recommends reporting with amendment(s) (8-Y 0-N)

01/17/13 House: Reported from Health, Welfare and Institutions with substitute (22-Y 0-N)

01/17/13 House: Committee substitute printed 13103990D-H1

01/18/13 House: Read first time

01/21/13 House: Read second time

01/21/13 House: Committee substitute agreed to 13103990D-H1

01/21/13 House: Engrossed by House - committee substitute HB1383H1

01/22/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)

01/22/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)

01/23/13 Senate: Constitutional reading dispensed

01/23/13 Senate: Referred to Committee on Education and Health

01/25/13 House: Impact statement from DPB (HB1383H1)

HB 1499 Emergency medical services personnel; administration of medications.

A BILL to amend and reenact § 54.1-3408 of the Code of Virginia, relating to administration of medications.

13100898D

Summary as introduced:

Administration of medications. Clarifies the circumstances under which emergency medical services personnel may administer medications and provides that emergency medical services personnel may administer medications pursuant to an oral or written order or standing protocol.

01/02/13 House: Prefiled and ordered printed; offered 01/09/13 13100898D

01/02/13 House: Referred to Committee on Health, Welfare and Institutions

01/17/13 House: Reported from Health, Welfare and Institutions (22-Y 0-N)

01/18/13 House: Read first time
01/21/13 House: Read second time and engrossed
01/22/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/22/13 House: Impact statement from DPB (HB1499)
01/22/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)
01/23/13 Senate: Constitutional reading dispensed
01/23/13 Senate: Referred to Committee on Education and Health

HB 1526 HOT lanes; emergency vehicles and law-enforcement vehicles cannot use when commuting to work place.

A BILL to amend and reenact § 33.1-56.1 of the Code of Virginia, relating to use of HOT lanes by emergency vehicles and law-enforcement vehicles.

13101828D

Summary as introduced:

HOT lanes. Provides that emergency vehicles and law-enforcement vehicles that otherwise would be allowed free use of HOT lanes cannot do so when the vehicle is being used to commute.

01/03/13 House: Prefiled and ordered printed; offered 01/09/13 13101828D
01/03/13 House: Referred to Committee on Transportation
01/11/13 House: Assigned Transportation sub: #3
01/15/13 House: Subcommittee recommends reporting with amendment(s) (4-Y 0-N)
01/17/13 House: Reported from Transportation with amendment (22-Y 0-N)
01/18/13 House: Read first time
01/21/13 House: Read second time
01/21/13 House: Committee amendment agreed to
01/21/13 House: Engrossed by House as amended HB1526E
01/21/13 House: Printed as engrossed 13101828D-E
01/22/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/22/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)
01/23/13 Senate: Constitutional reading dispensed
01/23/13 Senate: Referred to Committee on Transportation

HB 1622 Emergency medical services providers; Board of Health shall prescribe regulation, procedures, etc.

A BILL to amend and reenact §§ 32.1-111.5, 63.2-1509, and 63.2-1606 of the Code of Virginia, relating to emergency medical services providers; recertification and appeals.

13101765D

Summary as passed House:

Emergency medical care services; recertification and appeals. Directs the Board of Health to promulgate regulations governing procedures and the qualifications required for recertification of emergency medical services providers and removes the requirement that the Board's regulations include certain testing and other requirements for recertification.

01/07/13 House: Prefiled and ordered printed; offered 01/09/13 13101765D
01/07/13 House: Referred to Committee on Health, Welfare and Institutions
01/14/13 House: Impact statement from DPB (HB1622)
01/15/13 House: Reported from Health, Welfare and Institutions with amendment (22-Y 0-N)
01/16/13 House: Read first time
01/17/13 House: Read second time
01/17/13 House: Committee amendment agreed to
01/17/13 House: Engrossed by House as amended HB1622E
01/17/13 House: Printed as engrossed 13101765D-E
01/18/13 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/18/13 House: VOTE: BLOCK VOTE PASSAGE (98-Y 0-N)
01/21/13 Senate: Constitutional reading dispensed
01/21/13 Senate: Referred to Committee on Education and Health
01/29/13 House: Impact statement from DPB (HB1622E)

HB 1835 Firefighters and emergency medical technicians; cap on damages.

A BILL to amend and reenact § 27-23.6 of the Code of Virginia, relating to firefighters; emergency medical technicians; cap on damages.

13102675D

Summary as introduced:

Firefighters; emergency medical technicians; cap on damages. Imposes a \$250,000 cap on damages that may be recovered against firefighters and emergency medical technicians in a civil action arising out of the provision of fire-fighting and emergency medical services.

01/08/13 House: Prefiled and ordered printed; offered 01/09/13 13102675D
01/08/13 House: Referred to Committee for Courts of Justice
01/11/13 House: Assigned Courts sub: #2 Civil

HB 1842 License plates, special; issuance for firefighters and auxiliaries; Fraternal Order of Police; etc.

A BILL to impose a supplemental fee for the issuance of special license plates for professional and volunteer firefighters, members of volunteer fire department auxiliaries, members of the Fraternal Order of Police, and members of volunteer rescue squads and volunteer rescue squad auxiliaries; fees.

13102077D

Summary as introduced:

Special license plates; firefighters and auxiliaries; Fraternal Order of Police; volunteer rescue squads and auxiliaries. Authorizes the imposition of a \$10 annual surcharge for issuance of special license plates for professional and volunteer firefighters, members of volunteer fire department auxiliaries, members of the Fraternal Order of Police, and members of volunteer rescue squads and volunteer rescue squad auxiliaries. The amount of this surcharge is reduced to \$2 per year beginning July 1, 2015. The proceeds of such fee are to be paid monthly to the Virginia Public Safety Foundation to be spent for the construction, operation, and maintenance of a public safety memorial in the Darden Memorial Garden next to Capitol Square.

01/08/13 House: Prefiled and ordered printed; offered 01/09/13 13102077D

01/08/13 House: Referred to Committee on Transportation

01/11/13 House: Assigned Transportation sub: #1

01/21/13 House: Subcommittee recommends striking from docket

01/22/13 House: Stricken from docket by Transportation

HB 1856 Emergency medical services; Board of Health to develop policies related to statewide providers.

A BILL to require the State Board of Health to develop certain policies related to statewide emergency medical services.

13104296D

Summary as introduced:

Emergency medical services; procedures and practice. Requires the Board of Health to prescribe by regulation a statewide operating procedure for activities performed by emergency medical services personnel and agencies. The bill also prohibits operational medical directors from prohibiting an emergency medical services provider from practicing emergency medical services in the absence of remedial or corrective measures or suspension.

01/08/13 House: Prefiled and ordered printed; offered 01/09/13 13100939D

01/08/13 House: Referred to Committee on Health, Welfare and Institutions

01/14/13 House: Impact statement from DPB (HB1856)

01/15/13 House: Assigned HWI sub: #1

01/21/13 House: Subcommittee recommends reporting with amendment(s) (5-Y 2-N)

01/24/13 House: Reported from Health, Welfare and Institutions with substitute (22-Y 0-N)

01/24/13 House: Committee substitute printed 13104296D-H1

01/25/13 House: Read first time

01/28/13 House: Read second time

01/28/13 House: Committee substitute agreed to 13104296D-H1

01/28/13 House: Amendment by Delegate Orrock agreed to

01/28/13 House: Engrossed by House - committee substitute with amendment HB1856EH1

01/28/13 House: Printed as engrossed 13104296D-EH1

01/29/13 House: Read third time and passed House (96-Y 3-N)

01/29/13 House: VOTE: PASSAGE (96-Y 3-N)

01/30/13 Senate: Constitutional reading dispensed
01/30/13 Senate: Referred to Committee on Education and Health
01/31/13 House: Impact statement from DPB (HB1856EH1)

HB 1865 Motorcycles; rider safety training centers required to provide at least one per student.

A BILL to amend and reenact § 46.2-1190.2 of the Code of Virginia, relating to facilities and equipment of motorcycle rider safety training centers.

13101533D

Summary as introduced:

Motorcycle rider safety training centers. Requires that motorcycle rider safety training centers provide at least one motorcycle per student.

01/08/13 House: Prefiled and ordered printed; offered 01/09/13 13101533D
01/08/13 House: Referred to Committee on Transportation
01/11/13 House: Assigned Transportation sub: #1
01/18/13 House: Impact statement from DPB (HB1865)
01/21/13 House: Subcommittee recommends incorporating (HB1476-Scott, E.T.)

HB 1907 Driving while texting; primary offense, increased penalties.

A BILL to amend and reenact § 46.2-1078.1 of the Code of Virginia, relating to penalty for texting while driving; primary offense.

13103495D

Summary as introduced:

Driving while texting; primary offense; increased penalties. Provides that driving while texting is a traffic infraction punishable, for a first offense, by a fine of \$250 and, for a second or subsequent offense, by a fine of \$500. The current penalties are \$20 for a first offense and \$50 for a second or subsequent offense. The bill also changes the offense from a secondary offense (one that can only be charged when the offender is stopped for another, separate offense) to a primary offense.

01/08/13 House: Prefiled and ordered printed; offered 01/09/13 13103495D
01/08/13 House: Referred to Committee for Courts of Justice
01/17/13 House: Assigned Courts sub: #1 Criminal
01/28/13 House: Subcommittee recommends reporting with amendment(s) (9-Y 0-N)
01/29/13 House: Impact statement from DPB (HB1907)

HB 1927 Assault and battery; adds emergency medical services personnel, penalty.

A BILL to amend and reenact § 18.2-57 of the Code of Virginia, relating to emergency medical services personnel; penalty for assault and battery.

13101984D

Summary as introduced:

Emergency medical services personnel; penalty for assault and battery. Adds emergency medical services personnel who are employed by or volunteers of an emergency medical services agency providing services pursuant to an agreement between the agency and a local government to the list of individuals of whom assault and battery may be a Class 6 felony.

01/09/13 House: Prefiled and ordered printed; offered 01/09/13 13101984D

01/09/13 House: Referred to Committee for Courts of Justice

01/10/13 House: Impact statement from VCSC (HB1927)

01/28/13 House: Referred from Courts of Justice

01/28/13 House: Referred to Committee on Appropriations

01/30/13 House: Assigned App. sub: Public Safety

01/31/13 House: Subcommittee recommends reporting with amendment(s) (7-Y 0-N)

HB 2010 Motorcycles; motorcyclists who are 21 years old or older to ride without wearing helmets.

A BILL to amend and reenact § 46.2-910 of the Code of Virginia, relating to wearing of helmets by motorcyclists.

13103488D

Summary as introduced:

Motorcyclists. Allows motorcyclists who are 21 years old or older to ride without wearing helmets.

01/09/13 House: Prefiled and ordered printed; offered 01/09/13 13103488D

01/09/13 House: Referred to Committee on Transportation

01/18/13 House: Assigned Transportation sub: #2

01/23/13 House: Subcommittee recommends laying on the table (4-Y 2-N)

HB 2028 Public schools; cardiopulmonary resuscitation and automated external defibrillators.

A BILL to amend and reenact §§ 22.1-178, 22.1-253.13:1, 22.1-253.13:4, 22.1-274, 22.1-298.1, and 22.1-299.3 of the Code of Virginia and to amend the Code of Virginia by adding sections numbered 22.1-137.2 and 22.1-274.4, relating to public schools; cardiopulmonary resuscitation and automated external defibrillators.

13103531D

Summary as introduced:

Public schools; cardiopulmonary resuscitation and automated external defibrillators.

Allows school boards to require current certification or training in emergency first aid, cardiopulmonary resuscitation (CPR), and the use of automated external defibrillators (AEDs) for bus drivers, increases required school personnel with such training per school, and requires such training for those seeking initial teacher licensure, renewal of a license to teach, or a provisional teaching license with a waiver for disabilities. For students, beginning with first-time ninth grade students in the 2014-2015 school year, the bill adds a requirement that recipients of the standard and advanced diplomas must receive training in emergency first aid, CPR, and the use of AEDs with a waiver for students with disabilities. The bill also requires an AED in every school by the 2014-2015 school year and schoolwide cardiopulmonary resuscitation drills.

01/09/13 House: Prefiled and ordered printed; offered 01/09/13 13103531D

01/09/13 House: Referred to Committee on Education

01/15/13 House: Assigned Education sub: Teachers and Admin. Action

01/28/13 House: Subcommittee recommends reporting with amendment(s) (9-Y 0-N)

01/30/13 House: Reported from Education with substitute (20-Y 1-N)

01/30/13 House: Committee substitute printed 13104661D-H1

01/31/13 House: Read first time

HB 2140 Statewide Fire Prevention Code; fees charged by State Fire Marshal.

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

13102695D

Summary as introduced:

Statewide Fire Prevention Code; State Fire Marshal; fees. Changes approval authority over fees that may be charged by the State Fire Marshal to recover enforcement costs from the Board of Housing and Community Development to the Virginia Fire Services Board.

01/09/13 House: Prefiled and ordered printed; offered 01/09/13 13102695D

01/09/13 House: Referred to Committee on General Laws

01/14/13 House: Assigned GL sub: #1 Housing

01/16/13 House: Subcommittee recommends laying on the table

HB 2171 School safety audits; school crisis, emergency management, and medical emergency response plans.

A BILL to amend and reenact § 22.1-279.8 of the Code of Virginia, relating to school safety audits; school crisis, emergency management, and medical emergency response plans.

13103171D

Summary as introduced:

School safety audits; school crisis, emergency management, and medical emergency response plans. Requires each local school board to conduct a school safety audit and review its school crisis, emergency management, and medical emergency response plans bimonthly. Under current law, each local school board is required to complete such tasks annually.

01/09/13 House: Presented and ordered printed 13103171D

01/09/13 House: Referred to Committee on Education

01/15/13 House: Assigned Education sub: Teachers and Admin. Action

01/29/13 House: Impact statement from DPB (HB2171)

HB 2280 Virginia Freedom of Information Act; exempts records of disaster preparedness plans and policies.

A BILL to amend and reenact § 2.2-3705.2 of the Code of Virginia, relating to the Virginia Freedom of Information Act; exempt records; disaster preparedness plans.

13104131D

Summary as introduced:

Virginia Freedom of Information Act; exempt records; disaster preparedness plans.

01/16/13 House: Presented and ordered printed 13104131D

01/16/13 House: Referred to Committee on General Laws

01/18/13 House: Assigned GL sub: #2 FOIA/Procurement

01/28/13 House: Impact statement from DPB (HB2280)

01/31/13 House: Subcommittee recommends reporting (7-Y 0-N)

01/31/13 House: Reported from General Laws (22-Y 0-N)

HB 2301 Insurance; charging insurers on behalf of volunteer fire/EMS departments.

A BILL to amend and reenact §§ 27-14 and 32.1-111.14 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 22 of Title 38.2 a section numbered 38.2-2235, relating to charging insurers on behalf of volunteer fire/EMS departments.

13103829D

Summary as introduced:

Insurance; charging insurers on behalf of volunteer fire/EMS departments. Allows localities to adopt ordinances to directly bill insurance companies on behalf of local volunteer fire/EMS departments for responding to emergency automobile accidents.

01/17/13 House: Presented and ordered printed 13103829D

01/17/13 House: Referred to Committee on Commerce and Labor

01/29/13 House: Reported from Commerce and Labor with substitute (22-Y 0-N)

01/29/13 House: Committee substitute printed 13104736D-H1
01/31/13 House: Read first time

HB 2315 Volunteer Rescue Squads, Va Association of; to submit an annual financial report on use of funds.

A BILL to amend and reenact § 32.1-111.13 of the Code of Virginia, relating to Virginia Association of Volunteer Rescue Squads; report to the State Emergency Medical Services Advisory Board.

13103947D

Summary as introduced:

Virginia Association of Volunteer Rescue Squads; report to the State Emergency Medical Services Advisory Board. Requires the Virginia Association of Volunteer Rescue Squads to submit an annual financial report on the use of funds received from the special emergency medical services fund to the State Emergency Medical Services Advisory Board.

01/18/13 House: Presented and ordered printed 13103947D
01/18/13 House: Referred to Committee on Health, Welfare and Institutions
01/23/13 House: Assigned HWI sub: #1
01/23/13 House: Impact statement from DPB (HB2315)
01/28/13 House: Subcommittee recommends reporting with amendment(s) (5-Y 0-N)
01/31/13 House: Reported from Health, Welfare and Institutions with amendments (22-Y 0-N)

HB 2337 Public schools; school crisis, emergency management, and medical emergency response plans.

A BILL to amend and reenact § 22.1-279.8 of the Code of Virginia, relating to school crisis, emergency management, and medical emergency response plans; parent involvement.

13103107D

Summary as introduced:

Public schools; school crisis, emergency management, and medical emergency response plans; parent involvement. Directs each local school board to hold and require the parents of each student in the local school division to attend an informational session no later than August 31 of each year at which the school board shall distribute and present an overview of the school crisis, emergency management, and medical emergency response plan. The bill requires each parent to sign a form to certify that he attended the informational session and received a copy of the plan.

01/18/13 House: Presented and ordered printed 13103107D
01/18/13 House: Referred to Committee on Education
01/22/13 House: Assigned Education sub: Teachers and Admin. Action

HJ 698 Commending the Brain Injury Association of Virginia.

Commending the Brain Injury Association of Virginia.

13100566D

Summary as introduced:

Commending the Brain Injury Association of Virginia.

01/10/13 House: Introduced bill reprinted 13100566D

01/10/13 House: Introduced bill reprinted 13100566D

01/18/13 House: Engrossed by House

01/18/13 House: Agreed to by House by voice vote

01/21/13 Senate: Received

01/21/13 Senate: Laid on Clerk's Desk

01/24/13 Senate: Agreed to by Senate by voice vote

HJ 772 Commending the Rapidan Volunteer Fire Department.

Commending the Rapidan Volunteer Fire Department.

13104068D

Summary as introduced:

Commending the Rapidan Volunteer Fire Department.

01/25/13 House: Presented and laid on Speaker's table 13104068D

HR 131 Commending the Dublin Volunteer Fire Department.

Commending the Dublin Volunteer Fire Department.

13103835D

Summary as introduced:

Commending the Dublin Volunteer Fire Department.

01/15/13 House: Presented and laid on Speaker's table 13103835D

01/17/13 House: Introduced bill reprinted 13103835D

01/18/13 House: Engrossed by House

01/18/13 House: Agreed to by House by voice vote

SB 312 Four-for-Life; substantive review.

A BILL to amend and reenact § 46.2-694 of the Code of Virginia, as it is currently effective and as it may become effective, relating to Four-for-Life funds.

12101617D

Summary as introduced:

Four-for-Life; substantive review. Requires that a reallocation of moneys set aside from the Four-for-Life fees be made pursuant to legislation that has been reviewed by the House Health, Welfare and Institutions Committee and the Senate Committee on Education and Health. The bill includes technical amendments.

01/10/12 Senate: Prefiled and ordered printed; offered 01/11/12 12101617D

01/10/12 Senate: Referred to Committee on Transportation

01/18/12 Senate: Reported from Transportation (14-Y 0-N)

01/18/12 Senate: Rereferred to Finance

01/31/12 Senate: Continued to 2013 in Finance (15-Y 0-N)

11/30/12 Senate: Left in Finance

SB 773 Emergency medical services personnel; administration of medications.

A BILL to amend and reenact § 54.1-3408 of the Code of Virginia, relating to administration of medications.

13100926D

Summary as introduced:

Administration of medications. Clarifies the circumstances under which emergency medical services personnel may administer medications and provides that emergency medical services personnel may administer medications pursuant to an oral or written order or standing protocol.

12/18/12 Senate: Prefiled and ordered printed; offered 01/09/13 13100926D

12/18/12 Senate: Referred to Committee on Education and Health

01/09/13 Senate: Assigned Education sub: Health Professions

01/22/13 Senate: Impact statement from DPB (SB773)

01/24/13 Senate: Reported from Education and Health (15-Y 0-N)

01/25/13 Senate: Constitutional reading dispensed (40-Y 0-N)

01/28/13 Senate: Read second time and engrossed

01/29/13 Senate: Read third time and passed Senate (40-Y 0-N)

01/29/13 Senate: Reconsideration of passage agreed to by Senate (40-Y 0-N)

01/29/13 Senate: Passed Senate (40-Y 0-N)

SB 790 Emergency medical care services providers; recertification and appeals.

A BILL to amend and reenact §§ 32.1-111.5, 63.2-1509, and 63.2-1606 of the Code of Virginia, relating to emergency medical services providers; recertification and appeals.

13101327D

Summary as introduced:

Emergency medical care services; recertification and appeals. Directs the Board of Health to include an appeals process in its regulations regarding certification and recertification of emergency medical services providers and removes the requirement that the Board's regulations include certain testing and other requirements for recertification.

12/19/12 Senate: Prefiled and ordered printed; offered 01/09/13 13101327D
12/19/12 Senate: Referred to Committee on Education and Health
01/09/13 Senate: Assigned Education sub: Health Professions
01/15/13 Senate: Impact statement from DPB (SB790)
01/24/13 Senate: Reported from Education and Health with amendments (14-Y 0-N)
01/25/13 Senate: Constitutional reading dispensed (40-Y 0-N)
01/28/13 Senate: Read second time
01/28/13 Senate: Reading of amendments waived
01/28/13 Senate: Committee amendments agreed to
01/28/13 Senate: Engrossed by Senate as amended SB790E
01/28/13 Senate: Printed as engrossed 13101327D-E
01/29/13 Senate: Impact statement from DPB (SB790E)
01/29/13 Senate: Read third time and passed Senate (40-Y 0-N)
01/29/13 Senate: Reconsideration of passage agreed to by Senate (40-Y 0-N)
01/29/13 Senate: Passed Senate (40-Y 0-N)

SB 822 Statewide Fire Prevention Code; fees charged by State Fire Marshal.

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

13102633D

Summary as introduced:

Statewide Fire Prevention Code; State Fire Marshal; fees. Changes approval authority over fees that may be charged by the State Fire Marshal to recover enforcement costs from the Board of Housing and Community Development to the Virginia Fire Services Board.

12/27/12 Senate: Prefiled and ordered printed; offered 01/09/13 13102633D
12/27/12 Senate: Referred to Committee on General Laws and Technology
01/28/13 Senate: Reported from General Laws and Technology (13-Y 2-N)
01/30/13 Senate: Constitutional reading dispensed (40-Y 0-N)
01/31/13 Senate: Read second time and engrossed

SB 839 Local boundaries for law-enforcement; organizing for purpose of 911 dispatch and response.

A BILL to amend and reenact § 15.2-1726 of the Code of Virginia, relating to local boundaries for law-enforcement purposes.

13101142D

Summary as introduced:

Local boundaries for law-enforcement purposes. Provides that localities may designate mutually agreed-upon boundary lines between contiguous localities for purposes of organizing 911 dispatch and response, determining territorial jurisdiction in criminal cases, and clarifying issues related to coverage under workers' compensation and risk management laws.

01/02/13 Senate: Prefiled and ordered printed; offered 01/09/13 13101142D

01/02/13 Senate: Referred to Committee on Local Government

01/15/13 Senate: Reported from Local Government (12-Y 1-N)

01/17/13 Senate: Constitutional reading dispensed (39-Y 0-N)

01/18/13 Senate: Read second time and engrossed

01/21/13 Senate: Read third time and passed Senate (38-Y 1-N)

01/25/13 House: Placed on Calendar

01/25/13 House: Read first time

01/25/13 House: Referred to Committee on Counties, Cities and Towns

SB 881 Volunteer fire/EMS departments; localities may have ordinances that include billing property owners.

A BILL to amend and reenact § 27-14 of the Code of Virginia, relating to billing property owners on behalf of volunteer fire departments.

13104483D

Summary as introduced:

Insurance; charging insurers on behalf of volunteer fire/EMS departments. Allows localities to adopt ordinances to directly bill insurance companies on behalf of local volunteer fire/EMS departments for responding to emergency automobile accidents.

01/04/13 Senate: Prefiled and ordered printed; offered 01/09/13 13100913D

01/04/13 Senate: Referred to Committee on General Laws and Technology

01/21/13 Senate: Failed to report (defeated) in General Laws and Technology (6-Y 9-N)

01/27/13 Senate: Impact statement from SCC (SB881)

01/28/13 Senate: Reconsidered by General Laws and Technology

01/28/13 Senate: Committee substitute printed 13104483D-S1

01/28/13 Senate: Reported from General Laws and Technology with substitute (9-Y 0-N)

01/30/13 Senate: Constitutional reading dispensed (40-Y 0-N)

01/31/13 Senate: Read second time

01/31/13 Senate: Reading of substitute waived

01/31/13 Senate: Committee substitute agreed to 13104483D-S1

01/31/13 Senate: Engrossed by Senate - committee substitute SB881S1

SB 896 Workers' compensation; weather as risk of public safety officer's employment, injuries incurred.

A BILL to amend the Code of Virginia by adding a section numbered 65.2-301.1 relating to workers' compensation; weather as a risk of a public safety officer's employment.

13104357D

Summary as introduced:

Workers' compensation; off-premises injuries incurred by public safety employees.

Eliminates, with respect to off-premises injuries incurred by public safety employees, the condition for eligibility for workers' compensation benefits that the nature of an employee's employment exposed the employee to a particular risk of injury that is usually not faced by a member of the public. The measure would eliminate an employer's defense that such an injury was an act of God not covered by the Workers' Compensation Act because the risk of injury was no greater for the employee than for members of the public.

01/04/13 Senate: Prefiled and ordered printed; offered 01/09/13 13100382D

01/04/13 Senate: Referred to Committee on Commerce and Labor

01/13/13 Senate: Impact statement from DPB (SB896)

01/15/13 Senate: Assigned C&L sub: Worker's Compensation

01/28/13 Senate: Reported from Commerce and Labor with substitute (15-Y 0-N)

01/28/13 Senate: Committee substitute printed 13104357D-S1

01/29/13 Senate: Incorporates SB1126

01/29/13 Senate: Incorporates SB915

01/29/13 Senate: Incorporates SB1199

01/30/13 Senate: Impact statement from DPB (SB896S1)

01/30/13 Senate: Constitutional reading dispensed (40-Y 0-N)

01/31/13 Senate: Read second time

01/31/13 Senate: Reading of substitute waived

01/31/13 Senate: Committee substitute agreed to 13104357D-S1

01/31/13 Senate: Engrossed by Senate - committee substitute SB896S1

SB 915 Workers' compensation; injuries to public safety officers.

A BILL to amend the Code of Virginia by adding a section numbered 65.2-301.1, relating to the Virginia Workers' Compensation Act; injuries to public safety officers arising out of employment.

13102478D

Summary as introduced:

Workers' compensation; injuries to public safety officers. Provides that an injury incurred by a public safety officer that occurs in the course of his employment at a location that is off the premises his regular premises of employment shall be deemed to have arisen out of employment if the injury would not have occurred but for the fact that the conditions and obligations of his employment placed the public safety officer at the location where the injury was incurred. Such an employee shall not be required to prove (i) that the nature of his employment exposed him to a special, additional, peculiar, or particular risk of injury to which a member of the public is not

generally subject or (ii) a causal connection between the conditions under which his employment was required to be performed and the resulting injury. The measure would eliminate an employer's defense that such an injury was an act of God not covered by the Virginia Workers' Compensation Act. The measure would not apply to injuries incurred prior to July 1, 2013.

01/07/13 Senate: Prefiled and ordered printed; offered 01/09/13 13102478D

01/07/13 Senate: Referred to Committee on Commerce and Labor

01/13/13 Senate: Impact statement from DPB (SB915)

01/15/13 Senate: Assigned C&L sub: Worker's Compensation

01/28/13 Senate: Incorporated by Commerce and Labor (SB896-Reeves) (16-Y 0-N)

SB 986 Public schools; cardiopulmonary resuscitation and automated external defibrillators.

A BILL to amend and reenact §§ 22.1-178, 22.1-253.13:1, 22.1-253.13:4, 22.1-274, 22.1-298.1, and 22.1-299.3 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 22.1-274.4, relating to public schools; cardiopulmonary resuscitation and automated external defibrillators.

13103554D

Summary as introduced:

Public schools; cardiopulmonary resuscitation and automated external defibrillators.

Allows school boards to require current certification or training in emergency first aid, cardiopulmonary resuscitation (CPR), and the use of automated external defibrillators (AEDs) for bus drivers; requires all administrative staff, physical education instructors, and coaches to have such training; and requires such training for those seeking initial teacher licensure, renewal of a license to teach, or a provisional teaching license with a waiver for teachers with disabilities. For students, beginning with first-time ninth grade students in the 2014-2015 school year, the bill adds a requirement that recipients of the standard and advanced diplomas must receive training in emergency first aid, CPR, and the use of AEDs with a waiver for students with disabilities. The bill also requires an AED in every school by the 2014-2015 school year.

01/08/13 Senate: Prefiled and ordered printed; offered 01/09/13 13103554D

01/08/13 Senate: Referred to Committee on Education and Health

01/17/13 Senate: Assigned Education sub: Public Education

01/31/13 Senate: Reported from Education and Health with substitute (15-Y 0-N)

01/31/13 Senate: Committee substitute printed 13104805D-S1

SB 1126 Workers' compensation; injuries to public safety employees.

A BILL to amend the Code of Virginia by adding a section numbered 65.2-301.1, relating to the Virginia Workers' Compensation Act; injuries to public safety employees arising out of employment.

13101540D

Summary as introduced:

Workers' compensation; injuries to public safety employees. Provides that a public safety employee who is injured in the course of his employment is not required to prove that the nature of his employment exposed him to a special, additional, peculiar, or particular risk of injury to which a member of the public is not generally subject. The measure further provides that (i) an injured public safety employee is not required to prove a causal connection between the conditions under which his employment was required to be performed and the resulting injury and (ii) the characterization of the causation of such an injury as an act of God shall not be a defense to a claim for compensation under this title.

01/09/13 Senate: Prefiled and ordered printed; offered 01/09/13 13101540D

01/09/13 Senate: Referred to Committee on Commerce and Labor

01/13/13 Senate: Impact statement from DPB (SB1126)

01/15/13 Senate: Assigned C&L sub: Worker's Compensation

01/28/13 Senate: Incorporated by Commerce and Labor (SB896-Reeves) (16-Y 0-N)

SB 1199 Workers' compensation; injuries to public safety officers.

BILL to amend the Code of Virginia by adding a section numbered 65.2-301.1, relating to the Virginia Workers' Compensation Act; injuries to public safety officers arising out of employment.

13100408D

Summary as introduced:

Workers' compensation; injuries to public safety officers. Provides that a public safety officer who is injured in the course of his employment while on duty on a public or private street or highway in the Commonwealth is not required to prove that the nature of his employment exposed him to a special, additional, peculiar, or particular risk of injury to which a member of the public is not generally subject. The measure further provides that such an injured employee is not required to prove a causal connection between the conditions under which his employment was required to be performed and the resulting injury.

01/09/13 Senate: Prefiled and ordered printed; offered 01/09/13 13100408D

01/09/13 Senate: Referred to Committee on Commerce and Labor

01/13/13 Senate: Impact statement from DPB (SB1199)

01/15/13 Senate: Assigned C&L sub: Worker's Compensation

01/28/13 Senate: Incorporated by Commerce and Labor (SB896-Reeves) (16-Y 0-N)

SB 1288 Criminal history record information; emergency medical services providers.

A BILL to amend and reenact §§ 19.2-389 and 32.1-111.5 of the Code of Virginia, relating to criminal history record information; emergency medical providers.

13103028D

Summary as introduced:

Criminal history checks of emergency medical services providers. Requires the State Board of Health to require persons who apply on or after July 1, 2013, to be a volunteer with or an employee of an emergency medical services agency to have an FBI based criminal background check.

01/15/13 Senate: Presented and ordered printed 13103028D
01/15/13 Senate: Referred to Committee on Education and Health
01/23/13 Senate: Assigned Education sub: Health Professions
01/25/13 Senate: Impact statement from DPB (SB1288)
01/31/13 Senate: Reported from Education and Health (15-Y 0-N)

SB 1352 Protective helmets; ordinance to require every person wear when riding or being carried on bicycle.

A BILL to amend the Code of Virginia by adding a section numbered 15.2-1806.1, relating to helmet ordinances.

13103686D

Summary as introduced:

Protective helmet ordinance. Provides that any locality may by ordinance require that every person shall wear a commercially manufactured protective helmet whenever riding or being carried on a bicycle, a skateboard, or roller skates on any publicly owned skate park facility. Violation of any such ordinance shall be punishable by a fine of \$25. However, such fine shall be suspended under certain conditions. Violation of any such ordinance shall not constitute negligence or assumption of risk or be considered in mitigation of damages of whatever nature, be admissible in evidence, or be the subject of comment by counsel in any action for the recovery of damages arising out of the operation of any bicycle, skateboard, or roller skates, nor shall the provisions of the bill change any existing law, rule, or procedure pertaining to any civil action.

01/18/13 Senate: Presented and ordered printed 13103686D
01/18/13 Senate: Referred to Committee on Local Government
01/29/13 Senate: Reported from Local Government (10-Y 5-N)
01/31/13 Senate: Constitutional reading dispensed (40-Y 0-N)

SJ 277 National Unified Goal for Traffic Incident Management; implementation, etc.

Requesting the Virginia Secretary of Public Safety to coordinate the adoption and implementation of the National Unified Goal for Traffic Incident Management. Report.

13100980D

Summary as introduced:

National Unified Goal for Traffic Incident Management; report. Requests the Virginia Secretary of Public Safety to coordinate the adoption and implementation of the National Unified Goal for Traffic Incident Management by highway and emergency response personnel in order to mitigate highway incidents and improve incident response in the Commonwealth.

12/20/12 Senate: Prefiled and ordered printed; offered 01/09/13 13100980D

12/20/12 Senate: Referred to Committee on Rules

SJ 364 Commending state and local law-enforcement agencies for their outstanding service during 2012.

Commending state and local law-enforcement agencies for their outstanding service during the 2012 Presidential campaign.

13102436D

Summary as introduced:

Commending state and local law-enforcement agencies for their outstanding service during the 2012 Presidential campaign.

01/18/13 Senate: Presented and ordered printed 13102436D

01/18/13 Senate: Referred to Committee on Rules

SJ 372 Celebrating the life of Carol Lee Fischer Strickler.

Celebrating the life of Carol Lee Fischer Strickler.

13100071D

Summary as introduced:

Celebrating the life of Carol Lee Fischer Strickler.

01/24/13 Senate: Presented 13100071D

01/24/13 Senate: Laid on Clerk's Desk

01/31/13 Senate: Engrossed by Senate

01/31/13 Senate: Agreed to by Senate

02/01/13 House: Received

02/01/13 House: Laid on Speaker's table

Appendix

C

HOUSE BILL NO. 1383

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the House Committee on Health, Welfare, and Institutions
on January 17, 2013)

(Patron Prior to Substitute--Delegate Pogge)

A BILL to amend and reenact §§ [19.2-389](#) and [32.1-111.5](#) of the Code of Virginia, relating to criminal history record information; emergency medical providers.

Be it enacted by the General Assembly of Virginia:

1. That §§ [19.2-389](#) and [32.1-111.5](#) of the Code of Virginia are amended and reenacted as follows:

§ [19.2-389](#). Dissemination of criminal history record information.

A. Criminal history record information shall be disseminated, whether directly or through an intermediary, only to:

1. Authorized officers or employees of criminal justice agencies, as defined by § [9.1-101](#), for purposes of the administration of criminal justice and the screening of an employment application or review of employment by a criminal justice agency with respect to its own employees or applicants, and dissemination to the Virginia Parole Board, pursuant to this subdivision, of such information on all state-responsible inmates for the purpose of making parole determinations pursuant to subdivisions 1, 2, 3, and 5 of § [53.1-136](#) shall include collective dissemination by electronic means every 30 days;

2. Such other individuals and agencies that require criminal history record information to implement a state or federal statute or executive order of the President of the United States or Governor that expressly refers to criminal conduct and contains requirements or exclusions expressly based upon such conduct, except that information concerning the arrest of an individual may not be disseminated to a noncriminal justice agency or individual if an interval of one year has elapsed from the date of the arrest and no disposition of the charge has been recorded and no active prosecution of the charge is pending;

3. Individuals and agencies pursuant to a specific agreement with a criminal justice agency to provide services required for the administration of criminal justice pursuant to that agreement which shall specifically authorize access to data, limit the use of data to purposes for which given, and ensure the security and confidentiality of the data;

4. Individuals and agencies for the express purpose of research, evaluative, or statistical activities pursuant to an agreement with a criminal justice agency that shall specifically authorize access to data, limit the use of data to research, evaluative, or statistical purposes, and ensure the confidentiality and security of the data;

5. Agencies of state or federal government that are authorized by state or federal statute or executive order of the President of the United States or Governor to conduct investigations

determining employment suitability or eligibility for security clearances allowing access to classified information;

6. Individuals and agencies where authorized by court order or court rule;

7. Agencies of any political subdivision of the Commonwealth, public transportation companies owned, operated or controlled by any political subdivision, and any public service corporation that operates a public transit system owned by a local government for the conduct of investigations of applicants for employment, permit, or license whenever, in the interest of public welfare or safety, it is necessary to determine under a duly enacted ordinance if the past criminal conduct of a person with a conviction record would be compatible with the nature of the employment, permit, or license under consideration;

7a. Commissions created pursuant to the Transportation District Act of 1964 (§ [15.2-4500](#) et seq.) and their contractors, for the conduct of investigations of individuals who have been offered a position of employment whenever, in the interest of public welfare or safety and as authorized in the Transportation District Act of 1964, it is necessary to determine if the past criminal conduct of a person with a conviction record would be compatible with the nature of the employment under consideration;

8. Public or private agencies when authorized or required by federal or state law or interstate compact to investigate (i) applicants for foster or adoptive parenthood or (ii) any individual, and the adult members of that individual's household, with whom the agency is considering placing a child or from whom the agency is considering removing a child due to abuse or neglect, on an emergency, temporary, or permanent basis pursuant to §§ [63.2-901.1](#) and [63.2-1505](#), subject to the restriction that the data shall not be further disseminated to any party other than a federal or state authority or court as may be required to comply with an express requirement of law;

9. To the extent permitted by federal law or regulation, public service companies as defined in § [56-1](#), for the conduct of investigations of applicants for employment when such employment involves personal contact with the public or when past criminal conduct of an applicant would be incompatible with the nature of the employment under consideration;

10. The appropriate authority for purposes of granting citizenship and for purposes of international travel, including, but not limited to, issuing visas and passports;

11. A person requesting a copy of his own criminal history record information as defined in § [9.1-101](#) at his cost, except that criminal history record information shall be supplied at no charge to a person who has applied to be a volunteer with (i) a Virginia affiliate of Big Brothers/Big Sisters of America; (ii) a volunteer fire company or volunteer rescue squad; (iii) the Volunteer Emergency Families for Children; (iv) any affiliate of Prevent Child Abuse, Virginia; (v) any Virginia affiliate of Compeer; or (vi) any board member or any individual who has been offered membership on the board of a Crime Stoppers, Crime Solvers or Crime Line program as defined in § [15.2-1713.1](#);

12. Administrators and board presidents of and applicants for licensure or registration as a child welfare agency as defined in § [63.2-100](#) for dissemination to the Commissioner of Social Services' representative pursuant to § [63.2-1702](#) for the conduct of investigations with respect to employees of and volunteers at such facilities, caretakers, and other adults living in family-day-care ~~are~~ *day care* homes or homes approved by family-day-care ~~are~~ *day care* systems, and foster and adoptive parent applicants of private child-placing agencies, pursuant to §§ [63.2-1719](#), [63.2-1720](#), and [63.2-1721](#), subject to the restriction that the data shall not be further disseminated by the facility or agency to any party other than the data subject, the Commissioner of Social Services' representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination;

13. The school boards of the Commonwealth for the purpose of screening individuals who are offered or who accept public school employment and those current school board employees for whom a report of arrest has been made pursuant to § [19.2-83.1](#);

14. The State Lottery Department for the conduct of investigations as set forth in the State Lottery Law (§ [58.1-4000](#) et seq.), and the Department of Agriculture and Consumer Services for the conduct of investigations as set forth in Article 1.1:1 (§ [18.2-340.15](#) et seq.) of Chapter 8 of Title 18.2;

15. Licensed nursing homes, hospitals and home care organizations for the conduct of investigations of applicants for compensated employment in licensed nursing homes pursuant to § [32.1-126.01](#), hospital pharmacies pursuant to § [32.1-126.02](#), and home care organizations pursuant to § [32.1-162.9:1](#), subject to the limitations set out in subsection E;

16. Licensed homes for adults, licensed district homes for adults, and licensed adult-day-care ~~are~~ *day care* centers for the conduct of investigations of applicants for compensated employment in licensed homes for adults pursuant to § [63.2-1720](#), in licensed district homes for adults pursuant to § [63.1-189.1](#), and in licensed adult-day-care ~~are~~ *day care* centers pursuant to § [63.2-1720](#), subject to the limitations set out in subsection F;

17. The Alcoholic Beverage Control Board for the conduct of investigations as set forth in § [4.1-103.1](#);

18. The State Board of Elections and authorized officers and employees thereof in the course of conducting necessary investigations with respect to registered voters, limited to any record of felony convictions;

19. The Commissioner of Behavioral Health and Developmental Services for those individuals who are committed to the custody of the Commissioner pursuant to §§ [19.2-169.2](#), [19.2-169.6](#), [19.2-182.2](#), [19.2-182.3](#), [19.2-182.8](#), and [19.2-182.9](#) for the purpose of placement, evaluation, and treatment planning;

20. Any alcohol safety action program certified by the Commission on the Virginia Alcohol Safety Action Program for (i) assessments of habitual offenders under § [46.2-360](#), (ii)

interventions with first offenders under § [18.2-251](#), or (iii) services to offenders under § [18.2-51.4](#), [18.2-266](#), or [18.2-266.1](#);

21. Residential facilities for juveniles regulated or operated by the Department of Social Services, the Department of Education, or the Department of Behavioral Health and Developmental Services for the purpose of determining applicants' fitness for employment or for providing volunteer or contractual services;

22. The Department of Behavioral Health and Developmental Services and facilities operated by the Department for the purpose of determining an individual's fitness for employment pursuant to departmental instructions;

23. Pursuant to § [22.1-296.3](#), the governing boards or administrators of private or religious elementary or secondary schools which are accredited by a statewide accrediting organization recognized, prior to January 1, 1996, by the State Board of Education or a private organization coordinating such records information on behalf of such governing boards or administrators pursuant to a written agreement with the Department of State Police;

24. Public and nonprofit private colleges and universities for the purpose of screening individuals who are offered or accept employment;

25. Members of a threat assessment team established by a public institution of higher education pursuant to § [23-9.2:10](#) or by a private nonprofit institution of higher education, for the purpose of assessing or intervening with an individual whose behavior may present a threat to safety; however, no member of a threat assessment team shall redisclose any criminal history record information obtained pursuant to this section or otherwise use any record of an individual beyond the purpose that such disclosure was made to the threat assessment team;

26. Executive directors of community services boards or the personnel director serving the community services board for the purpose of determining an individual's fitness for employment pursuant to §§ [37.2-506](#) and [37.2-607](#);

27. Executive directors of behavioral health authorities as defined in § [37.2-600](#) for the purpose of determining an individual's fitness for employment pursuant to §§ [37.2-506](#) and [37.2-607](#);

28. The Commissioner of Social Services for the purpose of locating persons who owe child support or who are alleged in a pending paternity proceeding to be a putative father, provided that only the name, address, demographics and social security number of the data subject shall be released;

29. Authorized officers or directors of agencies licensed pursuant to Article 2 (§ [37.2-403](#) et seq.) of Chapter 4 of Title 37.2 by the Department of Behavioral Health and Developmental Services for the purpose of determining if any applicant who accepts employment in any direct care position has been convicted of a crime that affects his fitness to have responsibility for the safety and well-being of individuals with mental illness, intellectual disability, or substance abuse pursuant to §§ [37.2-416](#), [37.2-506](#), and [37.2-607](#);

30. The Commissioner of the Department of Motor Vehicles, for the purpose of evaluating applicants for a motor carrier certificate or license subject to the provisions of Chapters 20 (§ [46.2-2000](#) et seq.) and 21 (§ [46.2-2100](#) et seq.) of Title 46.2;

31. The chairmen of the Committees for Courts of Justice of the Senate or the House of Delegates for the purpose of determining if any person being considered for election to any judgeship has been convicted of a crime;

32. Heads of state agencies in which positions have been identified as sensitive for the purpose of determining an individual's fitness for employment in positions designated as sensitive under Department of Human Resource Management policies developed pursuant to § [2.2-1201.1](#). Dissemination of criminal history record information to the agencies shall be limited to those positions generally described as directly responsible for the health, safety and welfare of the general populace or protection of critical infrastructures;

33. The Office of the Attorney General, for all criminal justice activities otherwise permitted under subdivision A 1 and for purposes of performing duties required by the Civil Commitment of Sexually Violent Predators Act (§ [37.2-900](#) et seq.);

34. Shipyards, to the extent permitted by federal law or regulation, engaged in the design, construction, overhaul, or repair of nuclear vessels for the United States Navy, including their subsidiary companies, for the conduct of investigations of applications for employment or for access to facilities, by contractors, leased laborers, and other visitors;

35. Any employer of individuals whose employment requires that they enter the homes of others, for the purpose of screening individuals who apply for, are offered, or have accepted such employment;

36. Public agencies when and as required by federal or state law to investigate (i) applicants as providers of adult foster care and home-based services or (ii) any individual with whom the agency is considering placing an adult on an emergency, temporary, or permanent basis pursuant to § [63.2-1601.1](#), subject to the restriction that the data shall not be further disseminated by the agency to any party other than a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination, subject to limitations set out in subsection G;

37. The Department of Medical Assistance Services, or its designee, for the purpose of screening individuals who, through contracts, subcontracts, or direct employment, volunteer, apply for, are offered, or have accepted a position related to the provision of transportation services to enrollees in the Medicaid Program or the Family Access to Medical Insurance Security (FAMIS) Program, or any other program administered by the Department of Medical Assistance Services;

38. The State Corporation Commission for the purpose of investigating individuals who are current or proposed members, senior officers, directors, and principals of an applicant or person licensed under Chapter 16 (§ [6.2-1600](#) et seq.) of Title 6.2. Notwithstanding any other provision of law, if an application is denied based in whole or in part on information obtained from the

Central Criminal Records Exchange pursuant to § [6.2-1605](#), the Commissioner of Financial Institutions or his designee may disclose such information to the applicant or its designee;

39. The Department of Professional and Occupational Regulation for the purpose of investigating individuals for initial licensure pursuant to § [54.1-2106.1](#);

40. The Department for Aging and Rehabilitative Services and the Department for the Blind and Vision Impaired for the purpose of evaluating an individual's fitness for various types of employment and for the purpose of delivering comprehensive vocational rehabilitation services pursuant to Article 11 (§ [51.5-170](#) et seq.) of Chapter 14 of Title 51.5 that will assist the individual in obtaining employment;

41. Bail bondsmen, in accordance with the provisions of § [19.2-120](#);

42. The State Treasurer for the purpose of determining whether a person receiving compensation for wrongful incarceration meets the conditions for continued compensation under § [8.01-195.12](#); and

43. Other entities as otherwise provided by law.

Upon an ex parte motion of a defendant in a felony case and upon the showing that the records requested may be relevant to such case, the court shall enter an order requiring the Central Criminal Records Exchange to furnish the defendant, as soon as practicable, copies of any records of persons designated in the order on whom a report has been made under the provisions of this chapter.

Notwithstanding any other provision of this chapter to the contrary, upon a written request sworn to before an officer authorized to take acknowledgments, the Central Criminal Records Exchange, or the criminal justice agency in cases of offenses not required to be reported to the Exchange, shall furnish a copy of conviction data covering the person named in the request to the person making the request; however, such person on whom the data is being obtained shall consent in writing, under oath, to the making of such request. A person receiving a copy of his own conviction data may utilize or further disseminate that data as he deems appropriate. In the event no conviction data is maintained on the data subject, the person making the request shall be furnished at his cost a certification to that effect.

B. Use of criminal history record information disseminated to noncriminal justice agencies under this section shall be limited to the purposes for which it was given and may not be disseminated further.

C. No criminal justice agency or person shall confirm the existence or nonexistence of criminal history record information for employment or licensing inquiries except as provided by law.

D. Criminal justice agencies shall establish procedures to query the Central Criminal Records Exchange prior to dissemination of any criminal history record information on offenses required to be reported to the Central Criminal Records Exchange to ensure that the most up-to-date

disposition data is being used. Inquiries of the Exchange shall be made prior to any dissemination except in those cases where time is of the essence and the normal response time of the Exchange would exceed the necessary time period. A criminal justice agency to whom a request has been made for the dissemination of criminal history record information that is required to be reported to the Central Criminal Records Exchange may direct the inquirer to the Central Criminal Records Exchange for such dissemination. Dissemination of information regarding offenses not required to be reported to the Exchange shall be made by the criminal justice agency maintaining the record as required by § [15.2-1722](#).

E. Criminal history information provided to licensed nursing homes, hospitals and to home care organizations pursuant to subdivision A 15 shall be limited to the convictions on file with the Exchange for any offense specified in §§ [32.1-126.01](#), [32.1-126.02](#), and [32.1-162.9:1](#).

F. Criminal history information provided to licensed assisted living facilities, licensed district homes for adults, and licensed adult ~~day care~~ *day care* centers pursuant to subdivision A 16 shall be limited to the convictions on file with the Exchange for any offense specified in § [63.1-189.1](#) or [63.2-1720](#).

G. Criminal history information provided to public agencies pursuant to subdivision A 36 shall be limited to the convictions on file with the Exchange for any offense specified in § [63.2-1719](#).

H. Upon receipt of a written request from an employer or prospective employer, the Central Criminal Records Exchange, or the criminal justice agency in cases of offenses not required to be reported to the Exchange, shall furnish at the employer's cost a copy of conviction data covering the person named in the request to the employer or prospective employer making the request, provided that the person on whom the data is being obtained has consented in writing to the making of such request and has presented a photo-identification to the employer or prospective employer. In the event no conviction data is maintained on the person named in the request, the requesting employer or prospective employer shall be furnished at his cost a certification to that effect. The criminal history record search shall be conducted on forms provided by the Exchange.

§ [32.1-111.5](#). Certification and recertification of emergency medical services personnel.

A. The Board shall prescribe by regulation the qualifications required for certification of emergency medical care attendants, including those qualifications necessary for authorization to follow Do Not Resuscitate Orders pursuant to § [54.1-2987.1](#). Such regulations shall include criteria for determining whether an applicant's relevant practical experience and didactic and clinical components of education and training completed during his service as a member of any branch of the armed forces of the United States may be accepted by the Commissioner as evidence of satisfaction of the requirements for certification.

B. Each person desiring certification as emergency medical services personnel shall apply to the Commissioner upon a form prescribed by the Board. Upon receipt of such application, the Commissioner shall cause the applicant to be examined or otherwise determined to be qualified for certification. When determining whether an applicant is qualified for certification, the

Commissioner shall consider and may accept relevant practical experience and didactic and clinical components of education and training completed by an applicant during his service as a member of any branch of the armed forces of the United States as evidence of satisfaction of the requirements for certification. If the Commissioner determines that the applicant meets the requirements for certification as *an* emergency medical services personnel, he shall issue a certificate to the applicant. An emergency medical services personnel certificate so issued shall be valid for a period required by law or prescribed by the Board. The certificates may be renewed after successful reexamination of the holder. Any certificate so issued may be suspended at any time that the Commissioner determines that the holder no longer meets the qualifications prescribed for such emergency medical services personnel. The Commissioner may temporarily suspend any certificate without notice, pending a hearing or informal fact-finding conference, if the Commissioner finds that there is a substantial danger to public health or safety. When the Commissioner has temporarily suspended a certificate pending a hearing, the Commissioner shall seek an expedited hearing in accordance with the Administrative Process Act (§ [2.2-4000](#) et seq.).

C. The Board shall prescribe by regulation procedures and the qualifications required for the recertification of emergency medical services personnel. Such regulations shall include (i) authorization for continuing education and skills testing, in lieu of a written examination, with the signature of the relevant operational medical director; (ii) authorization for the relevant operational medical director to require the written examinations administered or approved by the Office of Emergency Medical Services, as deemed necessary, of certain emergency medical services personnel; (iii) authorization for exemptions from the written test for recertification by the relevant operational medical director; (iv) triennial recertification of advanced life support providers; (v) approval by the Office of Emergency Medical Services of continuing education modules in which each module may be tested separately; and (vi) effective on January 1, 1998, a sequential option for the completion of the skills tests for recertification.

D. The Commissioner may issue a temporary certificate when he finds that it is in the public interest. A temporary certificate shall be valid for a period not exceeding ~~ninety~~ 90 days.

E. The State Board of Health shall require each person who, on or after July 1, 2013, applies to be a volunteer with or employee of an emergency medical services agency to submit fingerprints and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation, for the purpose of obtaining his criminal history record information. The Central Criminal Records Exchange shall forward the results of the state and national records search to the Commissioner or his designee, who shall be a governmental entity. If an applicant is denied employment or service as a volunteer because of information appearing on his criminal history record and the applicant disputes the information upon which the denial was based, the Central Criminal Records Exchange shall, upon written request, furnish to the applicant the procedures for obtaining a copy of the criminal history record from the Federal Bureau of Investigation.

HOUSE BILL NO. 1622

House Amendments in [] –January 17, 2013

A BILL to amend and reenact §§ [32.1-111.5](#), [63.2-1509](#), and [63.2-1606](#) of the Code of Virginia, relating to emergency medical services providers; recertification and appeals.

Patron Prior to Engrossment--Delegate Pogge

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That §§ [32.1-111.5](#), [63.2-1509](#), and [63.2-1606](#) of the Code of Virginia are amended and reenacted as follows:

§ [32.1-111.5](#). Certification and recertification of emergency medical services providers; appeals process.

A. The Board shall prescribe by regulation the qualifications required for certification of emergency medical ~~care attendants~~ *services providers*, including those qualifications necessary for authorization to follow Do Not Resuscitate Orders pursuant to § [54.1-2987.1](#). Such regulations shall include criteria for determining whether an applicant's relevant practical experience and didactic and clinical components of education and training completed during his service as a member of any branch of the armed forces of the United States may be accepted by the Commissioner as evidence of satisfaction of the requirements for certification.

B. Each person desiring certification as *an* emergency medical services ~~personnel~~ *provider* shall apply to the Commissioner upon a form prescribed by the Board. Upon receipt of such application, the Commissioner shall cause the applicant to be examined or otherwise determined to be qualified for certification. When determining whether an applicant is qualified for certification, the Commissioner shall consider and may accept relevant practical experience and didactic and clinical components of education and training completed by an applicant during his service as a member of any branch of the armed forces of the United States as evidence of satisfaction of the requirements for certification. If the Commissioner determines that the applicant meets the requirements for certification as *an* emergency medical services ~~personnel~~ *provider*, he shall issue a certificate to the applicant. An emergency medical services ~~personnel~~ *provider* certificate so issued shall be valid for a period required by law or prescribed by the Board. ~~The certificates may be renewed after successful reexamination of the holder.~~ Any certificate so issued may be suspended at any time that the Commissioner determines that the holder no longer meets the qualifications prescribed for such emergency medical services ~~personnel~~ *provider*. The Commissioner may temporarily suspend any certificate without notice, pending a hearing or informal fact-finding conference, if the Commissioner finds that there is a substantial danger to public health or safety. When the Commissioner has temporarily suspended a certificate pending a hearing, the Commissioner shall seek an expedited hearing in accordance with the Administrative Process Act (§ [2.2-4000](#) et seq.).

C. The Board shall prescribe by regulation procedures and the qualifications required for the recertification of emergency medical services ~~personnel providers~~ [~~, which shall include an appeals process to the Commissioner for adverse decisions~~] . Such regulations shall include ~~(i) authorization for continuing education and skills testing, in lieu of a written examination, with the signature of the relevant operational medical director; (ii) authorization for the relevant operational medical director to require the written examinations administered or approved by the Office of Emergency Medical Services, as deemed necessary, of certain emergency medical services personnel; (iii) authorization for exemptions from the written test for recertification by the relevant operational medical director; (iv) triennial recertification of advanced life support providers; (v) approval by the Office of Emergency Medical Services of continuing education modules in which each module may be tested separately; and (vi) effective on January 1, 1998, a sequential option for the completion of the skills tests for recertification.~~

D. The Commissioner may issue a temporary certificate when he finds that it is in the public interest. A temporary certificate shall be valid for a period not exceeding ~~ninety~~ 90 days.

§ [63.2-1509](#). Requirement that certain injuries to children be reported by physicians, nurses, teachers, etc.; penalty for failure to report.

A. The following persons who, in their professional or official capacity, have reason to suspect that a child is an abused or neglected child, shall report the matter immediately to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred or to the Department's toll-free child abuse and neglect hotline:

1. Any person licensed to practice medicine or any of the healing arts;
2. Any hospital resident or intern, and any person employed in the nursing profession;
3. Any person employed as a social worker;
4. Any probation officer;
5. Any teacher or other person employed in a public or private school, kindergarten or nursery school;
6. Any person providing full-time or part-time child care for pay on a regularly planned basis;
7. Any mental health professional;
8. Any law-enforcement officer or animal control officer;
9. Any mediator eligible to receive court referrals pursuant to § [8.01-576.8](#);
10. Any professional staff person, not previously enumerated, employed by a private or state-operated hospital, institution or facility to which children have been committed or where children have been placed for care and treatment;

11. Any person 18 years of age or older associated with or employed by any public or private organization responsible for the care, custody or control of children;
12. Any person who is designated a court-appointed special advocate pursuant to Article 5 (§ [9.1-151](#) et seq.) of Chapter 1 of Title 9.1;
13. Any person 18 years of age or older who has received training approved by the Department of Social Services for the purposes of recognizing and reporting child abuse and neglect;
14. Any person employed by a local department as defined in § [63.2-100](#) who determines eligibility for public assistance;
15. Any emergency medical services ~~personnel~~ *provider* certified by the Board of Health pursuant to § [32.1-111.5](#), unless such ~~personnel~~ *provider* immediately reports the matter directly to the attending physician at the hospital to which the child is transported, who shall make such report forthwith;
16. Any athletic coach, director or other person 18 years of age or older employed by or volunteering with a private sports organization or team;
17. Administrators or employees 18 years of age or older of public or private day camps, youth centers and youth recreation programs; and
18. Any person employed by a public or private institution of higher education other than an attorney who is employed by a public or private institution of higher education as it relates to information gained in the course of providing legal representation to a client.

This subsection shall not apply to any regular minister, priest, rabbi, imam, or duly accredited practitioner of any religious organization or denomination usually referred to as a church as it relates to (i) information required by the doctrine of the religious organization or denomination to be kept in a confidential manner or (ii) information that would be subject to § [8.01-400](#) or [19.2-271.3](#) if offered as evidence in court.

If neither the locality in which the child resides nor where the abuse or neglect is believed to have occurred is known, then such report shall be made to the local department of the county or city where the abuse or neglect was discovered or to the Department's toll-free child abuse and neglect hotline.

If an employee of the local department is suspected of abusing or neglecting a child, the report shall be made to the court of the county or city where the abuse or neglect was discovered. Upon receipt of such a report by the court, the judge shall assign the report to a local department that is not the employer of the suspected employee for investigation or family assessment. The judge may consult with the Department in selecting a local department to respond to the report or the complaint.

If the information is received by a teacher, staff member, resident, intern or nurse in the course of professional services in a hospital, school or similar institution, such person may, in place of said report, immediately notify the person in charge of the institution or department, or his designee, who shall make such report forthwith. If the initial report of suspected abuse or neglect is made to the person in charge of the institution or department, or his designee, pursuant to this subsection, such person shall notify the teacher, staff member, resident, intern or nurse who made the initial report when the report of suspected child abuse or neglect is made to the local department or to the Department's toll-free child abuse and neglect hotline, and of the name of the individual receiving the report, and shall forward any communication resulting from the report, including any information about any actions taken regarding the report, to the person who made the initial report.

The initial report may be an oral report but such report shall be reduced to writing by the child abuse coordinator of the local department on a form prescribed by the Board. Any person required to make the report pursuant to this subsection shall disclose all information that is the basis for his suspicion of abuse or neglect of the child and, upon request, shall make available to the child-protective services coordinator and the local department, which is the agency of jurisdiction, any information, records, or reports that document the basis for the report. All persons required by this subsection to report suspected abuse or neglect who maintain a record of a child who is the subject of such a report shall cooperate with the investigating agency and shall make related information, records and reports available to the investigating agency unless such disclosure violates the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g). Provision of such information, records, and reports by a health care provider shall not be prohibited by § [8.01-399](#). Criminal investigative reports received from law-enforcement agencies shall not be further disseminated by the investigating agency nor shall they be subject to public disclosure.

B. For purposes of subsection A, "reason to suspect that a child is abused or neglected" shall include (i) a finding made by a health care provider within six weeks of the birth of a child that the results of toxicology studies of the child indicate the presence of a controlled substance not prescribed for the mother by a physician; (ii) a finding made by a health care provider within six weeks of the birth of a child that the child was born dependent on a controlled substance which was not prescribed by a physician for the mother and has demonstrated withdrawal symptoms; (iii) a diagnosis made by a health care provider at any time following a child's birth that the child has an illness, disease or condition which, to a reasonable degree of medical certainty, is attributable to in utero exposure to a controlled substance which was not prescribed by a physician for the mother or the child; or (iv) a diagnosis made by a health care provider at any time following a child's birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol. When "reason to suspect" is based upon this subsection, such fact shall be included in the report along with the facts relied upon by the person making the report.

C. Any person who makes a report or provides records or information pursuant to subsection A or who testifies in any judicial proceeding arising from such report, records, or information shall be immune from any civil or criminal liability or administrative penalty or sanction on account of such report, records, information, or testimony, unless such person acted in bad faith or with malicious purpose.

D. Any person required to file a report pursuant to this section who fails to do so as soon as possible, but not longer than 24 hours after having reason to suspect a reportable offense of child abuse or neglect, shall be fined not more than \$500 for the first failure and for any subsequent failures not less than \$1,000. In cases evidencing acts of rape, sodomy, or object sexual penetration as defined in Article 7 (§ [18.2-61](#) et seq.) of Chapter 4 of Title 18.2, a person who knowingly and intentionally fails to make the report required pursuant to this section shall be guilty of a Class 1 misdemeanor.

E. No person shall be required to make a report pursuant to this section if the person has actual knowledge that the same matter has already been reported to the local department or the Department's toll-free child abuse and neglect hotline.

§ [63.2-1606](#). Protection of aged or incapacitated adults; mandated and voluntary reporting.

A. Matters giving reason to suspect the abuse, neglect or exploitation of adults shall be reported immediately upon the reporting person's determination that there is such reason to suspect. Medical facilities inspectors of the Department of Health are exempt from reporting suspected abuse immediately while conducting federal inspection surveys in accordance with § 1864 of Title XVIII and Title XIX of the Social Security Act, as amended, of certified nursing facilities as defined in § [32.1-123](#). Reports shall be made to the local department or the adult protective services hotline in accordance with requirements of this section by the following persons acting in their professional capacity:

1. Any person licensed, certified, or registered by health regulatory boards listed in § [54.1-2503](#), with the exception of persons licensed by the Board of Veterinary Medicine;
2. Any mental health services provider as defined in § [54.1-2400.1](#);
3. Any emergency medical services ~~personnel~~ *provider* certified by the Board of Health pursuant to § [32.1-111.5](#), unless such ~~personnel~~ *provider* immediately reports the suspected abuse, neglect or exploitation directly to the attending physician at the hospital to which the adult is transported, who shall make such report forthwith;
4. Any guardian or conservator of an adult;
5. Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;
6. Any person providing full, intermittent or occasional care to an adult for compensation, including, but not limited to, companion, chore, homemaker, and personal care workers; and
7. Any law-enforcement officer.

B. The report shall be made in accordance with subsection A to the local department of the county or city wherein the adult resides or wherein the adult abuse, neglect or exploitation is believed to have occurred or to the adult protective services hotline. Nothing in this section shall

be construed to eliminate or supersede any other obligation to report as required by law. If a person required to report under this section receives information regarding abuse, neglect or exploitation while providing professional services in a hospital, nursing facility or similar institution, then he may, in lieu of reporting, notify the person in charge of the institution or his designee, who shall report such information, in accordance with the institution's policies and procedures for reporting such matters, immediately upon his determination that there is reason to suspect abuse, neglect or exploitation. Any person required to make the report or notification required by this subsection shall do so either orally or in writing and shall disclose all information that is the basis for the suspicion of adult abuse, neglect or exploitation. Upon request, any person required to make the report shall make available to the adult protective services worker and the local department investigating the reported case of adult abuse, neglect or exploitation any information, records or reports which document the basis for the report. All persons required to report suspected adult abuse, neglect or exploitation shall cooperate with the investigating adult protective services worker of a local department and shall make information, records and reports which are relevant to the investigation available to such worker to the extent permitted by state and federal law. Criminal investigative reports received from law-enforcement agencies shall not be further disseminated by the investigating agency nor shall they be subject to public disclosure; such reports may, however, be disclosed to the Adult Fatality Review Team as provided in § [32.1-283.5](#) and, if reviewed by the Team, shall be subject to all of the Team's confidentiality requirements.

C. Any financial institution staff who suspects that an adult has been exploited financially may report such suspected exploitation to the local department of the county or city wherein the adult resides or wherein the exploitation is believed to have occurred or to the adult protective services hotline. For purposes of this section, financial institution staff means any employee of a bank, savings institution, credit union, securities firm, accounting firm, or insurance company.

D. Any person other than those specified in subsection A who suspects that an adult is an abused, neglected or exploited adult may report the matter to the local department of the county or city wherein the adult resides or wherein the abuse, neglect or exploitation is believed to have occurred or to the adult protective services hotline.

E. Any person who makes a report or provides records or information pursuant to subsection A, C, or D, or who testifies in any judicial proceeding arising from such report, records or information, or who takes or causes to be taken with the adult's or the adult's legal representative's informed consent photographs, video recordings, or appropriate medical imaging of the adult who is subject of a report shall be immune from any civil or criminal liability on account of such report, records, information, photographs, video recordings, appropriate medical imaging or testimony, unless such person acted in bad faith or with a malicious purpose.

F. An employer of a mandated reporter shall not prohibit a mandated reporter from reporting directly to the local department or to the adult protective services hotline. Employers whose employees are mandated reporters shall notify employees upon hiring of the requirement to report.

G. Any person 14 years of age or older who makes or causes to be made a report of adult abuse, neglect, or exploitation that he knows to be false shall be guilty of a Class 4 misdemeanor. Any subsequent conviction of this provision shall be a Class 2 misdemeanor.

H. (Effective until July 1, 2013) Any person who fails to make a required report or notification pursuant to subsection A shall be subject to a civil penalty of not more than \$500 for the first failure and not less than \$100 nor more than \$1,000 for any subsequent failures. Civil penalties under subdivision A 7 shall be determined by a court of competent jurisdiction, in its discretion. All other civil penalties under this section shall be determined by the Commissioner or his designee. The Board shall establish by regulation a process for imposing and collecting civil penalties, and a process for appeal of the imposition of such penalty pursuant to § [2.2-4026](#) of the Administrative Process Act.

H. (Effective July 1, 2013) Any person who fails to make a required report or notification pursuant to subsection A shall be subject to a civil penalty of not more than \$500 for the first failure and not less than \$100 nor more than \$1,000 for any subsequent failures. Civil penalties under subdivision A 7 shall be determined by a court of competent jurisdiction, in its discretion. All other civil penalties under this section shall be determined by the Commissioner for Aging and Rehabilitative Services or his designee. The Commissioner for Aging and Rehabilitative Services shall establish by regulation a process for imposing and collecting civil penalties, and a process for appeal of the imposition of such penalty pursuant to § [2.2-4026](#) of the Administrative Process Act.

I. Any mandated reporter who has reasonable cause to suspect that an adult died as a result of abuse or neglect shall immediately report such suspicion to the appropriate medical examiner and to the appropriate law-enforcement agency, notwithstanding the existence of a death certificate signed by a licensed physician. The medical examiner and the law-enforcement agency shall receive the report and determine if an investigation is warranted. The medical examiner may order an autopsy. If an autopsy is conducted, the medical examiner shall report the findings to law enforcement, as appropriate, and to the local department or to the adult protective services hotline.

J. No person or entity shall be obligated to report any matter if the person or entity has actual knowledge that the same matter has already been reported to the local department or to the adult protective services hotline.

K. All law-enforcement departments and other state and local departments, agencies, authorities and institutions shall cooperate with each adult protective services worker of a local department in the detection, investigation and prevention of adult abuse, neglect and exploitation.

HOUSE BILL NO. 1927

Offered January 9, 2013

Prefiled January 9, 2013

A BILL to amend and reenact § [18.2-57](#) of the Code of Virginia, relating to emergency medical services personnel; penalty for assault and battery.

Patron-- Morris

Referred to Committee for Courts of Justice

Be it enacted by the General Assembly of Virginia:

1. That § [18.2-57](#) of the Code of Virginia is amended and reenacted as follows:

§ [18.2-57](#). Assault and battery.

A. Any person who commits a simple assault or assault and battery shall be guilty of a Class 1 misdemeanor, and if the person intentionally selects the person against whom a simple assault is committed because of his race, religious conviction, color or national origin, the penalty upon conviction shall include a term of confinement of at least six months, 30 days of which shall be a mandatory minimum term of confinement.

B. However, if a person intentionally selects the person against whom an assault and battery resulting in bodily injury is committed because of his race, religious conviction, color or national origin, the person shall be guilty of a Class 6 felony, and the penalty upon conviction shall include a term of confinement of at least six months, 30 days of which shall be a mandatory minimum term of confinement.

C. In addition, if any person commits an assault or an assault and battery against another knowing or having reason to know that such other person is a judge, a law-enforcement officer as defined hereinafter, a correctional officer as defined in § [53.1-1](#), a person employed by the Department of Corrections directly involved in the care, treatment or supervision of inmates in the custody of the Department, a firefighter as defined in § [65.2-102](#), *any emergency medical services personnel member who is employed by or is a volunteer of an emergency medical services agency providing services pursuant to an agreement between the agency and a local government*, or a volunteer firefighter or ~~lifesaving or rescue squad member~~ *volunteer emergency medical services personnel member who is a member of a bona fide volunteer fire department or volunteer-rescue or emergency medical-squad services agency*, regardless of whether a resolution has been adopted by the governing body of a political subdivision recognizing such firefighters or ~~members~~ *emergency medical services personnel* as employees, engaged in the performance of his public duties, such person is guilty of a Class 6 felony, and, upon conviction, the sentence of such person shall include a mandatory minimum term of confinement of six months.

Nothing in this subsection shall be construed to affect the right of any person charged with a violation of this section from asserting and presenting evidence in support of any defenses to the charge that may be available under common law.

D. In addition, if any person commits a battery against another knowing or having reason to know that such other person is a full-time or part-time teacher, principal, assistant principal, or guidance counselor of any public or private elementary or secondary school and is engaged in the performance of his duties as such, he shall be guilty of a Class 1 misdemeanor and the sentence of such person upon conviction shall include a sentence of 15 days in jail, two days of which shall be a mandatory minimum term of confinement. However, if the offense is committed by use of a firearm or other weapon prohibited on school property pursuant to § [18.2-308.1](#), the person shall serve a mandatory minimum sentence of confinement of six months.

E. In addition, any person who commits a battery against another knowing or having reason to know that such individual is a health care provider as defined in § [8.01-581.1](#) who is engaged in the performance of his duties as an emergency health care provider in an emergency room of a hospital or clinic or on the premises of any other facility rendering emergency medical care is guilty of a Class 1 misdemeanor. The sentence of such person, upon conviction, shall include a term of confinement of 15 days in jail, two days of which shall be a mandatory minimum term of confinement.

F. As used in this section:

"Judge" means any justice or judge of a court of record of the Commonwealth including a judge designated under § [17.1-105](#), a judge under temporary recall under § [17.1-106](#), or a judge pro tempore under § [17.1-109](#), any member of the State Corporation Commission, or of the Virginia Workers' Compensation Commission, and any judge of a district court of the Commonwealth or any substitute judge of such district court.

"Law-enforcement officer" means any full-time or part-time employee of a police department or sheriff's office that is part of or administered by the Commonwealth or any political subdivision thereof who is responsible for the prevention or detection of crime and the enforcement of the penal, traffic or highway laws of the Commonwealth, any conservation officer of the Department of Conservation and Recreation commissioned pursuant to § [10.1-115](#), any special agent of the Department of Alcoholic Beverage Control, conservation police officers appointed pursuant to § [29.1-200](#), and full-time sworn members of the enforcement division of the Department of Motor Vehicles appointed pursuant to § [46.2-217](#), and such officer also includes jail officers in local and regional correctional facilities, all deputy sheriffs, whether assigned to law-enforcement duties, court services or local jail responsibilities, auxiliary police officers appointed or provided for pursuant to §§ [15.2-1731](#) and [15.2-1733](#), auxiliary deputy sheriffs appointed pursuant to § [15.2-1603](#), police officers of the Metropolitan Washington Airports Authority pursuant to § [5.1-158](#), and fire marshals appointed pursuant to § [27-30](#) when such fire marshals have police powers as set out in §§ [27-34.2](#) and [27-34.2:1](#).

"School security officer" means an individual who is employed by the local school board for the purpose of maintaining order and discipline, preventing crime, investigating violations of school

board policies and detaining persons violating the law or school board policies on school property, a school bus or at a school-sponsored activity and who is responsible solely for ensuring the safety, security and welfare of all students, faculty and staff in the assigned school.

G. "Simple assault" or "assault and battery" shall not be construed to include the use of, by any teacher, teacher aide, principal, assistant principal, guidance counselor, school security officer, school bus driver or school bus aide, while acting in the course and scope of his official capacity, any of the following: (i) incidental, minor or reasonable physical contact or other actions designed to maintain order and control; (ii) reasonable and necessary force to quell a disturbance or remove a student from the scene of a disturbance that threatens physical injury to persons or damage to property; (iii) reasonable and necessary force to prevent a student from inflicting physical harm on himself; (iv) reasonable and necessary force for self-defense or the defense of others; or (v) reasonable and necessary force to obtain possession of weapons or other dangerous objects or controlled substances or associated paraphernalia that are upon the person of the student or within his control.

In determining whether a person was acting within the exceptions provided in this subsection, due deference shall be given to reasonable judgments that were made by a teacher, teacher aide, principal, assistant principal, guidance counselor, school security officer, school bus driver, or school bus aide at the time of the event.

2. That the provisions of this act may result in a net increase in periods of imprisonment or commitment. Pursuant to § [30-19.1:4](#), the estimated amount of the necessary appropriation cannot be determined for periods of imprisonment in state adult correctional facilities; therefore, Chapter 3 of the Acts of Assembly of 2012, Special Session I, requires the Virginia Criminal Sentencing Commission to assign a minimum fiscal impact of \$50,000. Pursuant to § [30-19.1:4](#), the estimated amount of the necessary appropriation cannot be determined for periods of commitment to the custody of the Department of Juvenile Justice.

HOUSE BILL NO. 1856
AMENDMENT IN THE NATURE OF A SUBSTITUTE
(Proposed by the House Committee on Health, Welfare and Institutions)
(Patron Prior to Substitute--Delegate Orrock)
House Amendments in [] -- January 28, 2013

A BILL to require the State Board of Health to develop certain policies related to statewide emergency medical services.

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the Board of Health shall direct the State Emergency Medical Services Advisory Board to, by July 1, 2014, develop and facilitate the implementation of (i) a process whereby an emergency medical services [~~personnel~~ provider] who is certified by the Office of Emergency Medical Services pursuant to § [32.1-111.5](#) and who has received an adverse decision related to his authority to provide emergency medical care on behalf of an emergency medical services agency under the authority of an agency operational medical director shall be informed of the appeals process and (ii) a standard operating procedure template to be used in the development of local protocols for emergency medical services personnel for basic life support services provided by emergency medical services personnel. The Board, in cooperation with the State Emergency Medical Services Advisory Board, shall also review the training for emergency medical services personnel throughout the state to identify and address disparities in the delivery of training to and the availability of training for emergency medical services personnel. The Board shall report on its progress in meeting the requirements of this act to the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health no later than December 1, 2013.*

HOUSE BILL NO. 1988
AMENDMENT IN THE NATURE OF A SUBSTITUTE
(Proposed by the House Committee for Courts of Justice
on January 16, 2013)
(Patron Prior to Substitute--Delegate Sickles)

A BILL to amend and reenact § [8.01-225](#) of the Code of Virginia, relating to automated external defibrillators; immunity.

Be it enacted by the General Assembly of Virginia:

1. That § [8.01-225](#) of the Code of Virginia is amended and reenacted as follows:

§ [8.01-225](#). Persons rendering emergency care, obstetrical services exempt from liability.

A. Any person who:

1. In good faith, renders emergency care or assistance, without compensation, to any ill or injured person (i) at the scene of an accident, fire, or any life-threatening emergency; (ii) at a location for screening or stabilization of an emergency medical condition arising from an accident, fire, or any life-threatening emergency; or (iii) en route to any hospital, medical clinic or doctor's office, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such care or assistance.

2. In the absence of gross negligence, renders emergency obstetrical care or assistance to a female in active labor who has not previously been cared for in connection with the pregnancy by such person or by another professionally associated with such person and whose medical records are not reasonably available to such person shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care or assistance. The immunity herein granted shall apply only to the emergency medical care provided.

3. In good faith and without compensation, including any emergency medical services technician certified by the Board of Health, administers epinephrine in an emergency to an individual shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if such person has reason to believe that the individual receiving the injection is suffering or is about to suffer a life-threatening anaphylactic reaction.

4. Provides assistance upon request of any police agency, fire department, rescue or emergency squad, or any governmental agency in the event of an accident or other emergency involving the use, handling, transportation, transmission or storage of liquefied petroleum gas, liquefied natural gas, hazardous material or hazardous waste as defined in § [10.1-1400](#) or regulations of the Virginia Waste Management Board shall not be liable for any civil damages resulting from any act of commission or omission on his part in the course of his rendering such assistance in good faith.

5. Is an emergency medical care attendant or technician possessing a valid certificate issued by authority of the State Board of Health who in good faith renders emergency care or assistance whether in person or by telephone or other means of communication, without compensation, to any injured or ill person, whether at the scene of an accident, fire or any other place, or while transporting such injured or ill person to, from or between any hospital, medical facility, medical clinic, doctor's office or other similar or related medical facility, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care, treatment or assistance, including but in no way limited to acts or omissions which involve violations of State Department of Health regulations or any other state regulations in the rendering of such emergency care or assistance.

6. In good faith and without compensation, renders or administers emergency cardiopulmonary resuscitation (*CPR*), cardiac defibrillation, including, but not limited to, the use of an automated external defibrillator (*AED*), or other emergency life-sustaining or resuscitative treatments or procedures which have been approved by the State Board of Health to any sick or injured person, whether at the scene of a fire, an accident or any other place, or while transporting such person to or from any hospital, clinic, doctor's office or other medical facility, shall be deemed qualified to administer such emergency treatments and procedures and shall not be liable for acts or omissions resulting from the rendering of such emergency resuscitative treatments or procedures.

7. Operates an ~~automated external defibrillator~~ *AED* at the scene of an emergency, trains individuals to be operators of ~~automated external defibrillators~~ *AEDs*, or orders ~~automated external defibrillators~~ *AEDs*, shall be immune from civil liability for any personal injury that results from any act or omission in the use of an ~~automated external defibrillator~~ *AED* in an emergency where the person performing the defibrillation acts as an ordinary, reasonably prudent person would have acted under the same or similar circumstances, unless such personal injury results from gross negligence or willful or wanton misconduct of the person rendering such emergency care.

8. *Maintains an AED located on real property owned or controlled by such person shall be immune from civil liability for any personal injury that results from any act or omission in the use in an emergency of an AED located on such property unless such personal injury results from gross negligence or willful or wanton misconduct of the person who maintains the AED or his agent or employee.*

9. Is a volunteer in good standing and certified to render emergency care by the National Ski Patrol System, Inc., who, in good faith and without compensation, renders emergency care or assistance to any injured or ill person, whether at the scene of a ski resort rescue, outdoor emergency rescue or any other place or while transporting such injured or ill person to a place accessible for transfer to any available emergency medical system unit, or any resort owner voluntarily providing a ski patroller employed by him to engage in rescue or recovery work at a resort not owned or operated by him, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care, treatment or assistance, including but not limited to acts or omissions which involve violations of any state regulation or any standard of the National Ski Patrol System, Inc., in the rendering of such emergency care or assistance, unless such act or omission was the result of gross negligence or willful misconduct.

~~9-10.~~ Is an employee of a school board, authorized by a prescriber and trained in the administration of insulin and glucagon, who, upon the written request of the parents as defined in § [22.1-1](#), assists with the administration of insulin or administers glucagon to a student diagnosed as having diabetes who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if the insulin is administered according to the child's medication schedule or such employee has reason to believe that the individual receiving the glucagon is suffering or is about to suffer life-threatening hypoglycemia. Whenever any employee of a school board is covered by the immunity granted herein, the school board employing him shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such insulin or glucagon treatment.

~~10-11.~~ Is a school nurse or an employee of a school board, authorized by a prescriber and trained in the administration of epinephrine, who provides, administers, or assists in the administration of epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

B. Any licensed physician serving without compensation as the operational medical director for a licensed emergency medical services agency in ~~this~~ *the* Commonwealth shall not be liable for any civil damages for any act or omission resulting from the rendering of emergency medical services in good faith by the personnel of such licensed agency unless such act or omission was the result of such physician's gross negligence or willful misconduct.

Any person serving without compensation as a dispatcher for any licensed public or nonprofit emergency services agency in ~~this~~ *the* Commonwealth shall not be liable for any civil damages for any act or omission resulting from the rendering of emergency services in good faith by the personnel of such licensed agency unless such act or omission was the result of such dispatcher's gross negligence or willful misconduct.

Any individual, certified by the State Office of Emergency Medical Services as an emergency medical services instructor and pursuant to a written agreement with such office, who, in good faith and in the performance of his duties, provides instruction to persons for certification or recertification as a certified basic life support or advanced life support emergency medical services technician shall not be liable for any civil damages for acts or omissions on his part directly relating to his activities on behalf of such office unless such act or omission was the result of such emergency medical services instructor's gross negligence or willful misconduct.

Any licensed physician serving without compensation as a medical advisor to an E-911 system in ~~this~~ *the* Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering medical advice in good faith to establish protocols to be used by the personnel of the E-911 service, as defined in § [58.1-1730](#), when answering emergency calls unless such act or omission was the result of such physician's gross negligence or willful misconduct.

Any licensed physician who directs the provision of emergency medical services, as authorized by the State Board of Health, through a communications device shall not be liable for any civil damages for any act or omission resulting from the rendering of such emergency medical services unless such act or omission was the result of such physician's gross negligence or willful misconduct.

Any licensed physician serving without compensation as a supervisor of an ~~automated external defibrillator AED~~ in ~~this~~ *the* Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering medical advice in good faith to the owner of the ~~automated external defibrillator AED~~ relating to personnel training, local emergency medical services coordination, protocol approval, ~~automated external defibrillator AED~~ deployment strategies, and equipment maintenance plans and records unless such act or omission was the result of such physician's gross negligence or willful misconduct.

C. Any communications services provider, as defined in § [58.1-647](#), including mobile service, and any provider of Voice-over-Internet Protocol service, in ~~this~~ *the* Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering such service with or without charge related to emergency calls unless such act or omission was the result of such service provider's gross negligence or willful misconduct.

Any volunteer engaging in rescue or recovery work at a mine or any mine operator voluntarily providing personnel to engage in rescue or recovery work at a mine not owned or operated by such operator, shall not be liable for civil damages for acts or omissions resulting from the rendering of such rescue or recovery work in good faith unless such act or omission was the result of gross negligence or willful misconduct. For purposes of this subsection, the term "Voice-over-Internet Protocol service" or "VoIP service" means any Internet protocol-enabled services utilizing a broadband connection, actually originating or terminating in Internet Protocol from either or both ends of a channel of communication offering real time, multidirectional voice functionality, including, but not limited to, services similar to traditional telephone service.

D. Nothing contained in this section shall be construed to provide immunity from liability arising out of the operation of a motor vehicle.

E. [Expired.]

F. For the purposes of this section, the term "compensation" shall not be construed to include (i) the salaries of police, fire or other public officials or personnel who render such emergency assistance, (ii) the salaries or wages of employees of a coal producer engaging in emergency medical technician service or first aid service pursuant to the provisions of § [45.1-161.38](#), [45.1-161.101](#), [45.1-161.199](#) or [45.1-161.263](#), (iii) complimentary lift tickets, food, lodging or other gifts provided as a gratuity to volunteer members of the National Ski Patrol System, Inc., by any resort, group or agency, (iv) the salary of any person who (a) owns an ~~automated external defibrillator AED~~ for the use at the scene of an emergency, (b) trains individuals, in courses approved by the Board of Health, to operate ~~automated external defibrillators AEDs~~ at the scene of emergencies, (c) orders ~~automated external defibrillators AEDs~~ for use at the scene of emergencies, or (d) operates an ~~automated external defibrillator AED~~ at the scene of an

emergency, or (v) expenses reimbursed to any person providing care or assistance pursuant to this section.

For the purposes of this section, an emergency medical care attendant or technician shall be deemed to include a person licensed or certified as such or its equivalent by any other state when he is performing services which he is licensed or certified to perform by such other state in caring for a patient in transit in ~~this~~ *the* Commonwealth, which care originated in such other state.

Further, the public shall be urged to receive training on how to use ~~cardiopulmonary resuscitation (CPR)~~ *CPR* and an ~~automated external defibrillator (AED)~~ *AED* in order to acquire the skills and confidence to respond to emergencies using both *CPR* and an *AED*.

HOUSE BILL NO. 2315
Offered January 18, 2013

A BILL to amend and reenact § [32.1-111.13](#) of the Code of Virginia, relating to Virginia Association of Volunteer Rescue Squads; report to the State Emergency Medical Services Advisory Board.

Patron-- O'Bannon

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That § [32.1-111.13](#) of the Code of Virginia is amended and reenacted as follows:

§ [32.1-111.13](#). Annual financial reports.

Effective on July 1, 1996, the Virginia Association of Volunteer Rescue Squads shall submit an annual financial report on the use of ~~its~~ funds *received from the special emergency medical services fund* to the State Emergency Medical Services Advisory Board on such forms and providing such information as may be required by the Advisory Board for such purpose.

(HB2315)

AMENDMENT(S) PROPOSED BY THE HOUSE

HEALTH, WELFARE AND INSTITUTIONS

1. Line 14, introduced, after Board

insert

Executive Committee

HEALTH, WELFARE AND INSTITUTIONS

2. Line 15, introduced, after Board

insert

Executive Committee

SENATE BILL NO. 790

Senate Amendments in [] -- January 28, 2013

A BILL to amend and reenact §§ [32.1-111.5](#), [63.2-1509](#), and [63.2-1606](#) of the Code of Virginia, relating to emergency medical services providers; recertification and appeals.

Patron Prior to Engrossment--Senator Stuart

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ [32.1-111.5](#), [63.2-1509](#), and [63.2-1606](#) of the Code of Virginia are amended and reenacted as follows:

§ [32.1-111.5](#). Certification and recertification of emergency medical services providers; appeals process.

A. The Board shall prescribe by regulation the qualifications required for certification of emergency medical ~~care attendants~~ *services providers*, including those qualifications necessary for authorization to follow Do Not Resuscitate Orders pursuant to § [54.1-2987.1](#). Such regulations shall include criteria for determining whether an applicant's relevant practical experience and didactic and clinical components of education and training completed during his service as a member of any branch of the armed forces of the United States may be accepted by the Commissioner as evidence of satisfaction of the requirements for certification.

B. Each person desiring certification as *an* emergency medical services ~~personnel~~ *provider* shall apply to the Commissioner upon a form prescribed by the Board. Upon receipt of such application, the Commissioner shall cause the applicant to be examined or otherwise determined to be qualified for certification. When determining whether an applicant is qualified for certification, the Commissioner shall consider and may accept relevant practical experience and didactic and clinical components of education and training completed by an applicant during his service as a member of any branch of the armed forces of the United States as evidence of satisfaction of the requirements for certification. If the Commissioner determines that the applicant meets the requirements for certification as *an* emergency medical services ~~personnel~~ *provider*, he shall issue a certificate to the applicant. An emergency medical services ~~personnel~~ *provider* certificate so issued shall be valid for a period required by law or prescribed by the Board. [~~The certificates may be renewed after successful reexamination of the holder.~~] Any certificate so issued may be suspended at any time that the Commissioner determines that the holder no longer meets the qualifications prescribed for such emergency medical services ~~personnel~~ *provider*. The Commissioner may temporarily suspend any certificate without notice, pending a hearing or informal fact-finding conference, if the Commissioner finds that there is a substantial danger to public health or safety. When the Commissioner has temporarily suspended a certificate pending a hearing, the Commissioner shall seek an expedited hearing in accordance with the Administrative Process Act (§ [2.2-4000](#) et seq.).

C. The Board shall prescribe by regulation procedures and the qualifications required for the recertification of emergency medical services personnel providers [, ~~which shall include an appeals process to the Commissioner for adverse decisions~~] . Such regulations shall include (i) ~~authorization for continuing education and skills testing, in lieu of a written examination, with the signature of the relevant operational medical director;~~ (ii) ~~authorization for the relevant operational medical director to require the written examinations administered or approved by the Office of Emergency Medical Services, as deemed necessary, of certain emergency medical services personnel;~~ (iii) ~~authorization for exemptions from the written test for recertification by the relevant operational medical director;~~ (iv) ~~triennial recertification of advanced life support providers;~~ (v) ~~approval by the Office of Emergency Medical Services of continuing education modules in which each module may be tested separately;~~ and (vi) ~~effective on January 1, 1998, a sequential option for the completion of the skills tests for recertification.~~

D. The Commissioner may issue a temporary certificate when he finds that it is in the public interest. A temporary certificate shall be valid for a period not exceeding ~~ninety~~ 90 days.

§ [63.2-1509](#). Requirement that certain injuries to children be reported by physicians, nurses, teachers, etc.; penalty for failure to report.

A. The following persons who, in their professional or official capacity, have reason to suspect that a child is an abused or neglected child, shall report the matter immediately to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred or to the Department's toll-free child abuse and neglect hotline:

1. Any person licensed to practice medicine or any of the healing arts;
2. Any hospital resident or intern, and any person employed in the nursing profession;
3. Any person employed as a social worker;
4. Any probation officer;
5. Any teacher or other person employed in a public or private school, kindergarten or nursery school;
6. Any person providing full-time or part-time child care for pay on a regularly planned basis;
7. Any mental health professional;
8. Any law-enforcement officer or animal control officer;
9. Any mediator eligible to receive court referrals pursuant to § [8.01-576.8](#);
10. Any professional staff person, not previously enumerated, employed by a private or state-operated hospital, institution or facility to which children have been committed or where children have been placed for care and treatment;

11. Any person 18 years of age or older associated with or employed by any public or private organization responsible for the care, custody or control of children;
12. Any person who is designated a court-appointed special advocate pursuant to Article 5 (§ [9.1-151](#) et seq.) of Chapter 1 of Title 9.1;
13. Any person 18 years of age or older who has received training approved by the Department of Social Services for the purposes of recognizing and reporting child abuse and neglect;
14. Any person employed by a local department as defined in § [63.2-100](#) who determines eligibility for public assistance;
15. Any emergency medical services ~~personnel~~ *provider* certified by the Board of Health pursuant to § [32.1-111.5](#), unless such ~~personnel~~ *provider* immediately reports the matter directly to the attending physician at the hospital to which the child is transported, who shall make such report forthwith;
16. Any athletic coach, director or other person 18 years of age or older employed by or volunteering with a private sports organization or team;
17. Administrators or employees 18 years of age or older of public or private day camps, youth centers and youth recreation programs; and
18. Any person employed by a public or private institution of higher education other than an attorney who is employed by a public or private institution of higher education as it relates to information gained in the course of providing legal representation to a client.

This subsection shall not apply to any regular minister, priest, rabbi, imam, or duly accredited practitioner of any religious organization or denomination usually referred to as a church as it relates to (i) information required by the doctrine of the religious organization or denomination to be kept in a confidential manner or (ii) information that would be subject to § [8.01-400](#) or [19.2-271.3](#) if offered as evidence in court.

If neither the locality in which the child resides nor where the abuse or neglect is believed to have occurred is known, then such report shall be made to the local department of the county or city where the abuse or neglect was discovered or to the Department's toll-free child abuse and neglect hotline.

If an employee of the local department is suspected of abusing or neglecting a child, the report shall be made to the court of the county or city where the abuse or neglect was discovered. Upon receipt of such a report by the court, the judge shall assign the report to a local department that is not the employer of the suspected employee for investigation or family assessment. The judge may consult with the Department in selecting a local department to respond to the report or the complaint.

If the information is received by a teacher, staff member, resident, intern or nurse in the course of professional services in a hospital, school or similar institution, such person may, in place of said report, immediately notify the person in charge of the institution or department, or his designee, who shall make such report forthwith. If the initial report of suspected abuse or neglect is made to the person in charge of the institution or department, or his designee, pursuant to this subsection, such person shall notify the teacher, staff member, resident, intern or nurse who made the initial report when the report of suspected child abuse or neglect is made to the local department or to the Department's toll-free child abuse and neglect hotline, and of the name of the individual receiving the report, and shall forward any communication resulting from the report, including any information about any actions taken regarding the report, to the person who made the initial report.

The initial report may be an oral report but such report shall be reduced to writing by the child abuse coordinator of the local department on a form prescribed by the Board. Any person required to make the report pursuant to this subsection shall disclose all information that is the basis for his suspicion of abuse or neglect of the child and, upon request, shall make available to the child-protective services coordinator and the local department, which is the agency of jurisdiction, any information, records, or reports that document the basis for the report. All persons required by this subsection to report suspected abuse or neglect who maintain a record of a child who is the subject of such a report shall cooperate with the investigating agency and shall make related information, records and reports available to the investigating agency unless such disclosure violates the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g). Provision of such information, records, and reports by a health care provider shall not be prohibited by § [8.01-399](#). Criminal investigative reports received from law-enforcement agencies shall not be further disseminated by the investigating agency nor shall they be subject to public disclosure.

B. For purposes of subsection A, "reason to suspect that a child is abused or neglected" shall include (i) a finding made by a health care provider within six weeks of the birth of a child that the results of toxicology studies of the child indicate the presence of a controlled substance not prescribed for the mother by a physician; (ii) a finding made by a health care provider within six weeks of the birth of a child that the child was born dependent on a controlled substance which was not prescribed by a physician for the mother and has demonstrated withdrawal symptoms; (iii) a diagnosis made by a health care provider at any time following a child's birth that the child has an illness, disease or condition which, to a reasonable degree of medical certainty, is attributable to in utero exposure to a controlled substance which was not prescribed by a physician for the mother or the child; or (iv) a diagnosis made by a health care provider at any time following a child's birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol. When "reason to suspect" is based upon this subsection, such fact shall be included in the report along with the facts relied upon by the person making the report.

C. Any person who makes a report or provides records or information pursuant to subsection A or who testifies in any judicial proceeding arising from such report, records, or information shall be immune from any civil or criminal liability or administrative penalty or sanction on account of such report, records, information, or testimony, unless such person acted in bad faith or with malicious purpose.

D. Any person required to file a report pursuant to this section who fails to do so as soon as possible, but not longer than 24 hours after having reason to suspect a reportable offense of child abuse or neglect, shall be fined not more than \$500 for the first failure and for any subsequent failures not less than \$1,000. In cases evidencing acts of rape, sodomy, or object sexual penetration as defined in Article 7 (§ [18.2-61](#) et seq.) of Chapter 4 of Title 18.2, a person who knowingly and intentionally fails to make the report required pursuant to this section shall be guilty of a Class 1 misdemeanor.

E. No person shall be required to make a report pursuant to this section if the person has actual knowledge that the same matter has already been reported to the local department or the Department's toll-free child abuse and neglect hotline.

§ [63.2-1606](#). Protection of aged or incapacitated adults; mandated and voluntary reporting.

A. Matters giving reason to suspect the abuse, neglect or exploitation of adults shall be reported immediately upon the reporting person's determination that there is such reason to suspect. Medical facilities inspectors of the Department of Health are exempt from reporting suspected abuse immediately while conducting federal inspection surveys in accordance with § 1864 of Title XVIII and Title XIX of the Social Security Act, as amended, of certified nursing facilities as defined in § [32.1-123](#). Reports shall be made to the local department or the adult protective services hotline in accordance with requirements of this section by the following persons acting in their professional capacity:

1. Any person licensed, certified, or registered by health regulatory boards listed in § [54.1-2503](#), with the exception of persons licensed by the Board of Veterinary Medicine;
2. Any mental health services provider as defined in § [54.1-2400.1](#);
3. Any emergency medical services ~~personnel~~ *provider* certified by the Board of Health pursuant to § [32.1-111.5](#), unless such ~~personnel~~ *provider* immediately reports the suspected abuse, neglect or exploitation directly to the attending physician at the hospital to which the adult is transported, who shall make such report forthwith;
4. Any guardian or conservator of an adult;
5. Any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive or direct care capacity;
6. Any person providing full, intermittent or occasional care to an adult for compensation, including, but not limited to, companion, chore, homemaker, and personal care workers; and
7. Any law-enforcement officer.

B. The report shall be made in accordance with subsection A to the local department of the county or city wherein the adult resides or wherein the adult abuse, neglect or exploitation is believed to have occurred or to the adult protective services hotline. Nothing in this section shall

be construed to eliminate or supersede any other obligation to report as required by law. If a person required to report under this section receives information regarding abuse, neglect or exploitation while providing professional services in a hospital, nursing facility or similar institution, then he may, in lieu of reporting, notify the person in charge of the institution or his designee, who shall report such information, in accordance with the institution's policies and procedures for reporting such matters, immediately upon his determination that there is reason to suspect abuse, neglect or exploitation. Any person required to make the report or notification required by this subsection shall do so either orally or in writing and shall disclose all information that is the basis for the suspicion of adult abuse, neglect or exploitation. Upon request, any person required to make the report shall make available to the adult protective services worker and the local department investigating the reported case of adult abuse, neglect or exploitation any information, records or reports which document the basis for the report. All persons required to report suspected adult abuse, neglect or exploitation shall cooperate with the investigating adult protective services worker of a local department and shall make information, records and reports which are relevant to the investigation available to such worker to the extent permitted by state and federal law. Criminal investigative reports received from law-enforcement agencies shall not be further disseminated by the investigating agency nor shall they be subject to public disclosure; such reports may, however, be disclosed to the Adult Fatality Review Team as provided in § [32.1-283.5](#) and, if reviewed by the Team, shall be subject to all of the Team's confidentiality requirements.

C. Any financial institution staff who suspects that an adult has been exploited financially may report such suspected exploitation to the local department of the county or city wherein the adult resides or wherein the exploitation is believed to have occurred or to the adult protective services hotline. For purposes of this section, financial institution staff means any employee of a bank, savings institution, credit union, securities firm, accounting firm, or insurance company.

D. Any person other than those specified in subsection A who suspects that an adult is an abused, neglected or exploited adult may report the matter to the local department of the county or city wherein the adult resides or wherein the abuse, neglect or exploitation is believed to have occurred or to the adult protective services hotline.

E. Any person who makes a report or provides records or information pursuant to subsection A, C, or D, or who testifies in any judicial proceeding arising from such report, records or information, or who takes or causes to be taken with the adult's or the adult's legal representative's informed consent photographs, video recordings, or appropriate medical imaging of the adult who is subject of a report shall be immune from any civil or criminal liability on account of such report, records, information, photographs, video recordings, appropriate medical imaging or testimony, unless such person acted in bad faith or with a malicious purpose.

F. An employer of a mandated reporter shall not prohibit a mandated reporter from reporting directly to the local department or to the adult protective services hotline. Employers whose employees are mandated reporters shall notify employees upon hiring of the requirement to report.

G. Any person 14 years of age or older who makes or causes to be made a report of adult abuse, neglect, or exploitation that he knows to be false shall be guilty of a Class 4 misdemeanor. Any subsequent conviction of this provision shall be a Class 2 misdemeanor.

H. (Effective until July 1, 2013) Any person who fails to make a required report or notification pursuant to subsection A shall be subject to a civil penalty of not more than \$500 for the first failure and not less than \$100 nor more than \$1,000 for any subsequent failures. Civil penalties under subdivision A 7 shall be determined by a court of competent jurisdiction, in its discretion. All other civil penalties under this section shall be determined by the Commissioner or his designee. The Board shall establish by regulation a process for imposing and collecting civil penalties, and a process for appeal of the imposition of such penalty pursuant to § [2.2-4026](#) of the Administrative Process Act.

H. (Effective July 1, 2013) Any person who fails to make a required report or notification pursuant to subsection A shall be subject to a civil penalty of not more than \$500 for the first failure and not less than \$100 nor more than \$1,000 for any subsequent failures. Civil penalties under subdivision A 7 shall be determined by a court of competent jurisdiction, in its discretion. All other civil penalties under this section shall be determined by the Commissioner for Aging and Rehabilitative Services or his designee. The Commissioner for Aging and Rehabilitative Services shall establish by regulation a process for imposing and collecting civil penalties, and a process for appeal of the imposition of such penalty pursuant to § [2.2-4026](#) of the Administrative Process Act.

I. Any mandated reporter who has reasonable cause to suspect that an adult died as a result of abuse or neglect shall immediately report such suspicion to the appropriate medical examiner and to the appropriate law-enforcement agency, notwithstanding the existence of a death certificate signed by a licensed physician. The medical examiner and the law-enforcement agency shall receive the report and determine if an investigation is warranted. The medical examiner may order an autopsy. If an autopsy is conducted, the medical examiner shall report the findings to law enforcement, as appropriate, and to the local department or to the adult protective services hotline.

J. No person or entity shall be obligated to report any matter if the person or entity has actual knowledge that the same matter has already been reported to the local department or to the adult protective services hotline.

K. All law-enforcement departments and other state and local departments, agencies, authorities and institutions shall cooperate with each adult protective services worker of a local department in the detection, investigation and prevention of adult abuse, neglect and exploitation.

SENATE BILL NO. 881
AMENDMENT IN THE NATURE OF A SUBSTITUTE
(Proposed by the Senate Committee on General Laws and Technology
on January 28, 2013)
(Patron Prior to Substitute--Senator Deeds)

A BILL to amend and reenact § [27-14](#) of the Code of Virginia, relating to billing property owners on behalf of volunteer fire departments.

Be it enacted by the General Assembly of Virginia:

1. That § [27-14](#) of the Code of Virginia is amended and reenacted as follows:

§ [27-14](#). Ordinances as to fire/EMS departments, etc.

A. Such governing body may make such ordinances in relation to the powers and duties of fire/EMS departments, companies, chiefs or directors and other officers as it may deem proper, *including billing property owners on behalf of volunteer fire departments as provided in § [38.2-2130](#).*

B. The ordinances shall not require a minor who achieved certification under National Fire Protection Association 1001, level one, firefighter standards, as administered by the Department of Fire Programs, on or before January 1, 2006, between the ages of 15 and 16, to repeat the certification after his sixteenth birthday.

SENATE BILL NO. 1288

Offered January 15, 2013

A BILL to amend and reenact §§ [19.2-389](#) and [32.1-111.5](#) of the Code of Virginia, relating to criminal history record information; emergency medical providers.

Patron-- Carrico

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That §§ [19.2-389](#) and [32.1-111.5](#) of the Code of Virginia are amended and reenacted as follows:

§ [19.2-389](#). Dissemination of criminal history record information.

A. Criminal history record information shall be disseminated, whether directly or through an intermediary, only to:

1. Authorized officers or employees of criminal justice agencies, as defined by § [9.1-101](#), for purposes of the administration of criminal justice and the screening of an employment application or review of employment by a criminal justice agency with respect to its own employees or applicants, and dissemination to the Virginia Parole Board, pursuant to this subdivision, of such information on all state-responsible inmates for the purpose of making parole determinations pursuant to subdivisions 1, 2, 3, and 5 of § [53.1-136](#) shall include collective dissemination by electronic means every 30 days;

2. Such other individuals and agencies that require criminal history record information to implement a state or federal statute or executive order of the President of the United States or Governor that expressly refers to criminal conduct and contains requirements or exclusions expressly based upon such conduct, except that information concerning the arrest of an individual may not be disseminated to a noncriminal justice agency or individual if an interval of one year has elapsed from the date of the arrest and no disposition of the charge has been recorded and no active prosecution of the charge is pending;

3. Individuals and agencies pursuant to a specific agreement with a criminal justice agency to provide services required for the administration of criminal justice pursuant to that agreement which shall specifically authorize access to data, limit the use of data to purposes for which given, and ensure the security and confidentiality of the data;

4. Individuals and agencies for the express purpose of research, evaluative, or statistical activities pursuant to an agreement with a criminal justice agency that shall specifically authorize access to data, limit the use of data to research, evaluative, or statistical purposes, and ensure the confidentiality and security of the data;

5. Agencies of state or federal government that are authorized by state or federal statute or executive order of the President of the United States or Governor to conduct investigations determining employment suitability or eligibility for security clearances allowing access to classified information;
6. Individuals and agencies where authorized by court order or court rule;
7. Agencies of any political subdivision of the Commonwealth, public transportation companies owned, operated or controlled by any political subdivision, and any public service corporation that operates a public transit system owned by a local government for the conduct of investigations of applicants for employment, permit, or license whenever, in the interest of public welfare or safety, it is necessary to determine under a duly enacted ordinance if the past criminal conduct of a person with a conviction record would be compatible with the nature of the employment, permit, or license under consideration;
- 7a. Commissions created pursuant to the Transportation District Act of 1964 (§ [15.2-4500](#) et seq.) and their contractors, for the conduct of investigations of individuals who have been offered a position of employment whenever, in the interest of public welfare or safety and as authorized in the Transportation District Act of 1964, it is necessary to determine if the past criminal conduct of a person with a conviction record would be compatible with the nature of the employment under consideration;
8. Public or private agencies when authorized or required by federal or state law or interstate compact to investigate (i) applicants for foster or adoptive parenthood or (ii) any individual, and the adult members of that individual's household, with whom the agency is considering placing a child or from whom the agency is considering removing a child due to abuse or neglect, on an emergency, temporary, or permanent basis pursuant to §§ [63.2-901.1](#) and [63.2-1505](#), subject to the restriction that the data shall not be further disseminated to any party other than a federal or state authority or court as may be required to comply with an express requirement of law;
9. To the extent permitted by federal law or regulation, public service companies as defined in § [56-1](#), for the conduct of investigations of applicants for employment when such employment involves personal contact with the public or when past criminal conduct of an applicant would be incompatible with the nature of the employment under consideration;
10. The appropriate authority for purposes of granting citizenship and for purposes of international travel, including, but not limited to, issuing visas and passports;
11. A person requesting a copy of his own criminal history record information as defined in § [9.1-101](#) at his cost, except that criminal history record information shall be supplied at no charge to a person who has applied to be a volunteer with (i) a Virginia affiliate of Big Brothers/Big Sisters of America; (ii) a volunteer fire company ~~or volunteer rescue squad~~; (iii) the Volunteer Emergency Families for Children; (iv) any affiliate of Prevent Child Abuse, Virginia; (v) any Virginia affiliate of Compeer; or (vi) any board member or any individual who has been offered membership on the board of a Crime Stoppers, Crime Solvers or Crime Line program as defined in § [15.2-1713.1](#);

12. Administrators and board presidents of and applicants for licensure or registration as a child welfare agency as defined in § [63.2-100](#) for dissemination to the Commissioner of Social Services' representative pursuant to § [63.2-1702](#) for the conduct of investigations with respect to employees of and volunteers at such facilities, caretakers, and other adults living in family-day-care ~~day care~~ homes or homes approved by family-day-care ~~day care~~ systems, and foster and adoptive parent applicants of private child-placing agencies, pursuant to §§ [63.2-1719](#), [63.2-1720](#), and [63.2-1721](#), subject to the restriction that the data shall not be further disseminated by the facility or agency to any party other than the data subject, the Commissioner of Social Services' representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination;

13. The school boards of the Commonwealth for the purpose of screening individuals who are offered or who accept public school employment and those current school board employees for whom a report of arrest has been made pursuant to § [19.2-83.1](#);

14. The State Lottery Department for the conduct of investigations as set forth in the State Lottery Law (§ [58.1-4000](#) et seq.), and the Department of Agriculture and Consumer Services for the conduct of investigations as set forth in Article 1.1:1 (§ [18.2-340.15](#) et seq.) of Chapter 8 of Title 18.2;

15. Licensed nursing homes, hospitals and home care organizations for the conduct of investigations of applicants for compensated employment in licensed nursing homes pursuant to § [32.1-126.01](#), hospital pharmacies pursuant to § [32.1-126.02](#), and home care organizations pursuant to § [32.1-162.9:1](#), subject to the limitations set out in subsection E;

16. Licensed homes for adults, licensed district homes for adults, and licensed adult-day-care ~~day care~~ centers for the conduct of investigations of applicants for compensated employment in licensed homes for adults pursuant to § [63.2-1720](#), in licensed district homes for adults pursuant to § [63.1-189.1](#), and in licensed adult-day-care ~~day care~~ centers pursuant to § [63.2-1720](#), subject to the limitations set out in subsection F;

17. The Alcoholic Beverage Control Board for the conduct of investigations as set forth in § [4.1-103.1](#);

18. The State Board of Elections and authorized officers and employees thereof in the course of conducting necessary investigations with respect to registered voters, limited to any record of felony convictions;

19. The Commissioner of Behavioral Health and Developmental Services for those individuals who are committed to the custody of the Commissioner pursuant to §§ [19.2-169.2](#), [19.2-169.6](#), [19.2-182.2](#), [19.2-182.3](#), [19.2-182.8](#), and [19.2-182.9](#) for the purpose of placement, evaluation, and treatment planning;

20. Any alcohol safety action program certified by the Commission on the Virginia Alcohol Safety Action Program for (i) assessments of habitual offenders under § [46.2-360](#), (ii)

interventions with first offenders under § [18.2-251](#), or (iii) services to offenders under § [18.2-51.4](#), [18.2-266](#), or [18.2-266.1](#);

21. Residential facilities for juveniles regulated or operated by the Department of Social Services, the Department of Education, or the Department of Behavioral Health and Developmental Services for the purpose of determining applicants' fitness for employment or for providing volunteer or contractual services;

22. The Department of Behavioral Health and Developmental Services and facilities operated by the Department for the purpose of determining an individual's fitness for employment pursuant to departmental instructions;

23. Pursuant to § [22.1-296.3](#), the governing boards or administrators of private or religious elementary or secondary schools which are accredited by a statewide accrediting organization recognized, prior to January 1, 1996, by the State Board of Education or a private organization coordinating such records information on behalf of such governing boards or administrators pursuant to a written agreement with the Department of State Police;

24. Public and nonprofit private colleges and universities for the purpose of screening individuals who are offered or accept employment;

25. Members of a threat assessment team established by a public institution of higher education pursuant to § [23-9.2:10](#) or by a private nonprofit institution of higher education, for the purpose of assessing or intervening with an individual whose behavior may present a threat to safety; however, no member of a threat assessment team shall redisclose any criminal history record information obtained pursuant to this section or otherwise use any record of an individual beyond the purpose that such disclosure was made to the threat assessment team;

26. Executive directors of community services boards or the personnel director serving the community services board for the purpose of determining an individual's fitness for employment pursuant to §§ [37.2-506](#) and [37.2-607](#);

27. Executive directors of behavioral health authorities as defined in § [37.2-600](#) for the purpose of determining an individual's fitness for employment pursuant to §§ [37.2-506](#) and [37.2-607](#);

28. The Commissioner of Social Services for the purpose of locating persons who owe child support or who are alleged in a pending paternity proceeding to be a putative father, provided that only the name, address, demographics and social security number of the data subject shall be released;

29. Authorized officers or directors of agencies licensed pursuant to Article 2 (§ [37.2-403](#) et seq.) of Chapter 4 of Title 37.2 by the Department of Behavioral Health and Developmental Services for the purpose of determining if any applicant who accepts employment in any direct care position has been convicted of a crime that affects his fitness to have responsibility for the safety and well-being of individuals with mental illness, intellectual disability, or substance abuse pursuant to §§ [37.2-416](#), [37.2-506](#), and [37.2-607](#);

30. The Commissioner of the Department of Motor Vehicles, for the purpose of evaluating applicants for a motor carrier certificate or license subject to the provisions of Chapters 20 (§ [46.2-2000](#) et seq.) and 21 (§ [46.2-2100](#) et seq.) of Title 46.2;
31. The chairmen of the Committees for Courts of Justice of the Senate or the House of Delegates for the purpose of determining if any person being considered for election to any judgeship has been convicted of a crime;
32. Heads of state agencies in which positions have been identified as sensitive for the purpose of determining an individual's fitness for employment in positions designated as sensitive under Department of Human Resource Management policies developed pursuant to § [2.2-1201.1](#). Dissemination of criminal history record information to the agencies shall be limited to those positions generally described as directly responsible for the health, safety and welfare of the general populace or protection of critical infrastructures;
33. The Office of the Attorney General, for all criminal justice activities otherwise permitted under subdivision A 1 and for purposes of performing duties required by the Civil Commitment of Sexually Violent Predators Act (§ [37.2-900](#) et seq.);
34. Shipyards, to the extent permitted by federal law or regulation, engaged in the design, construction, overhaul, or repair of nuclear vessels for the United States Navy, including their subsidiary companies, for the conduct of investigations of applications for employment or for access to facilities, by contractors, leased laborers, and other visitors;
35. Any employer of individuals whose employment requires that they enter the homes of others, for the purpose of screening individuals who apply for, are offered, or have accepted such employment;
36. Public agencies when and as required by federal or state law to investigate (i) applicants as providers of adult foster care and home-based services or (ii) any individual with whom the agency is considering placing an adult on an emergency, temporary, or permanent basis pursuant to § [63.2-1601.1](#), subject to the restriction that the data shall not be further disseminated by the agency to any party other than a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination, subject to limitations set out in subsection G;
37. The Department of Medical Assistance Services, or its designee, for the purpose of screening individuals who, through contracts, subcontracts, or direct employment, volunteer, apply for, are offered, or have accepted a position related to the provision of transportation services to enrollees in the Medicaid Program or the Family Access to Medical Insurance Security (FAMIS) Program, or any other program administered by the Department of Medical Assistance Services;
38. The State Corporation Commission for the purpose of investigating individuals who are current or proposed members, senior officers, directors, and principals of an applicant or person licensed under Chapter 16 (§ [6.2-1600](#) et seq.) of Title 6.2. Notwithstanding any other provision of law, if an application is denied based in whole or in part on information obtained from the

Central Criminal Records Exchange pursuant to § [6.2-1605](#), the Commissioner of Financial Institutions or his designee may disclose such information to the applicant or its designee;

39. The Department of Professional and Occupational Regulation for the purpose of investigating individuals for initial licensure pursuant to § [54.1-2106.1](#);

40. The Department for Aging and Rehabilitative Services and the Department for the Blind and Vision Impaired for the purpose of evaluating an individual's fitness for various types of employment and for the purpose of delivering comprehensive vocational rehabilitation services pursuant to Article 11 (§ [51.5-170](#) et seq.) of Chapter 14 of Title 51.5 that will assist the individual in obtaining employment;

41. Bail bondsmen, in accordance with the provisions of § [19.2-120](#);

42. The State Treasurer for the purpose of determining whether a person receiving compensation for wrongful incarceration meets the conditions for continued compensation under § [8.01-195.12](#); and

43. Other entities as otherwise provided by law.

Upon an ex parte motion of a defendant in a felony case and upon the showing that the records requested may be relevant to such case, the court shall enter an order requiring the Central Criminal Records Exchange to furnish the defendant, as soon as practicable, copies of any records of persons designated in the order on whom a report has been made under the provisions of this chapter.

Notwithstanding any other provision of this chapter to the contrary, upon a written request sworn to before an officer authorized to take acknowledgments, the Central Criminal Records Exchange, or the criminal justice agency in cases of offenses not required to be reported to the Exchange, shall furnish a copy of conviction data covering the person named in the request to the person making the request; however, such person on whom the data is being obtained shall consent in writing, under oath, to the making of such request. A person receiving a copy of his own conviction data may utilize or further disseminate that data as he deems appropriate. In the event no conviction data is maintained on the data subject, the person making the request shall be furnished at his cost a certification to that effect.

B. Use of criminal history record information disseminated to noncriminal justice agencies under this section shall be limited to the purposes for which it was given and may not be disseminated further.

C. No criminal justice agency or person shall confirm the existence or nonexistence of criminal history record information for employment or licensing inquiries except as provided by law.

D. Criminal justice agencies shall establish procedures to query the Central Criminal Records Exchange prior to dissemination of any criminal history record information on offenses required to be reported to the Central Criminal Records Exchange to ensure that the most up-to-date

disposition data is being used. Inquiries of the Exchange shall be made prior to any dissemination except in those cases where time is of the essence and the normal response time of the Exchange would exceed the necessary time period. A criminal justice agency to whom a request has been made for the dissemination of criminal history record information that is required to be reported to the Central Criminal Records Exchange may direct the inquirer to the Central Criminal Records Exchange for such dissemination. Dissemination of information regarding offenses not required to be reported to the Exchange shall be made by the criminal justice agency maintaining the record as required by § [15.2-1722](#).

E. Criminal history information provided to licensed nursing homes, hospitals and to home care organizations pursuant to subdivision A 15 shall be limited to the convictions on file with the Exchange for any offense specified in §§ [32.1-126.01](#), [32.1-126.02](#), and [32.1-162.9:1](#).

F. Criminal history information provided to licensed assisted living facilities, licensed district homes for adults, and licensed adult ~~day care~~ *day care* centers pursuant to subdivision A 16 shall be limited to the convictions on file with the Exchange for any offense specified in § [63.1-189.1](#) or [63.2-1720](#).

G. Criminal history information provided to public agencies pursuant to subdivision A 36 shall be limited to the convictions on file with the Exchange for any offense specified in § [63.2-1719](#).

H. Upon receipt of a written request from an employer or prospective employer, the Central Criminal Records Exchange, or the criminal justice agency in cases of offenses not required to be reported to the Exchange, shall furnish at the employer's cost a copy of conviction data covering the person named in the request to the employer or prospective employer making the request, provided that the person on whom the data is being obtained has consented in writing to the making of such request and has presented a photo-identification to the employer or prospective employer. In the event no conviction data is maintained on the person named in the request, the requesting employer or prospective employer shall be furnished at his cost a certification to that effect. The criminal history record search shall be conducted on forms provided by the Exchange.

§ [32.1-111.5](#). Certification and recertification of emergency medical services personnel.

A. The Board shall prescribe by regulation the qualifications required for certification of emergency medical care attendants, including those qualifications necessary for authorization to follow Do Not Resuscitate Orders pursuant to § [54.1-2987.1](#). Such regulations shall include criteria for determining whether an applicant's relevant practical experience and didactic and clinical components of education and training completed during his service as a member of any branch of the armed forces of the United States may be accepted by the Commissioner as evidence of satisfaction of the requirements for certification.

B. Each person desiring certification as emergency medical services personnel shall apply to the Commissioner upon a form prescribed by the Board. Upon receipt of such application, the Commissioner shall cause the applicant to be examined or otherwise determined to be qualified for certification. When determining whether an applicant is qualified for certification, the

Commissioner shall consider and may accept relevant practical experience and didactic and clinical components of education and training completed by an applicant during his service as a member of any branch of the armed forces of the United States as evidence of satisfaction of the requirements for certification. If the Commissioner determines that the applicant meets the requirements for certification as *an* emergency medical services personnel, he shall issue a certificate to the applicant. An emergency medical services personnel certificate so issued shall be valid for a period required by law or prescribed by the Board. The certificates may be renewed after successful reexamination of the holder. Any certificate so issued may be suspended at any time that the Commissioner determines that the holder no longer meets the qualifications prescribed for such emergency medical services personnel. The Commissioner may temporarily suspend any certificate without notice, pending a hearing or informal fact-finding conference, if the Commissioner finds that there is a substantial danger to public health or safety. When the Commissioner has temporarily suspended a certificate pending a hearing, the Commissioner shall seek an expedited hearing in accordance with the Administrative Process Act (§ [2.2-4000](#) et seq.).

C. The Board shall prescribe by regulation procedures and the qualifications required for the recertification of emergency medical services personnel. Such regulations shall include (i) authorization for continuing education and skills testing, in lieu of a written examination, with the signature of the relevant operational medical director; (ii) authorization for the relevant operational medical director to require the written examinations administered or approved by the Office of Emergency Medical Services, as deemed necessary, of certain emergency medical services personnel; (iii) authorization for exemptions from the written test for recertification by the relevant operational medical director; (iv) triennial recertification of advanced life support providers; (v) approval by the Office of Emergency Medical Services of continuing education modules in which each module may be tested separately; and (vi) effective on January 1, 1998, a sequential option for the completion of the skills tests for recertification.

D. The Commissioner may issue a temporary certificate when he finds that it is in the public interest. A temporary certificate shall be valid for a period not exceeding ~~ninety~~ 90 days.

E. The State Board of Health shall require each person who, on or after July 1, 2013, applies to be a volunteer with or employee of an emergency medical services agency to submit fingerprints and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation, for the purpose of obtaining his criminal history record information. The Central Criminal Records Exchange shall forward the results of the state and national records search to the Commissioner or his designee, who shall be a governmental entity. If an applicant is denied employment or service as a volunteer because of information appearing on his criminal history record and the applicant disputes the information upon which the denial was based, the Central Criminal Records Exchange shall, upon written request, furnish to the applicant the procedures for obtaining a copy of the criminal history record from the Federal Bureau of Investigation.

Appendix

D

Reviewing the Plan

What is the State EMS Plan?

- Three year strategic and operational plan
- Designed to utilize core strategies and key strategic initiatives to outline and address the needs of the EMS System over a three year span.
- Goal is to make fundamental improvements to EMS System in Virginia, and not necessarily in the delivery of emergency medical care.
- Build on the past efforts made in previous versions of State EMS Plan.

Why was the State EMS Plan created?

- §32.1-111.3 of the Code of Virginia requires the development of a comprehensive, coordinated, statewide emergency medical services plan by the Virginia Department of Health's Office of EMS (OEMS).
- Support delivery of emergency medical care in Virginia
- Support existing and new initiatives designed to improve all aspects of the EMS system in Virginia.

How was the Plan created?

- In the fall of 2009, the Office of EMS, in conjunction with the state EMS Advisory Board and it's 13 committees, reviewed the existing plan to determine the needs of the EMS system.
 - Plan divided into four core strategies:
 - Develop Partnerships
 - Create Tools and Resources
 - Develop Infrastructure
 - Assure Quality and Evaluation

Plan Creation – 2009

- OEMS staff gathered and evaluated information submitted by subcommittees, and integrated that information into the draft plan.
- Plan presented to EMS Advisory Board in May of 2010, approved in August of 2010.
- Plan posted to OEMS website for public comment from June 1 to July 16, 2010.
- Plan presented to State Board of Health for approval in October 2010, approved in March 2011.

Highlights of State EMS Plan

- Use of technology and social media to provide accurate and timely information.
- Creation of EMS Agency and Provider Portal
- Creation, maintenance, and expansion of Virginia Pre-hospital Information Bridge (VPHIB)
- Transition to new EMS education standards.

Why is a revision to the State EMS Plan necessary?

- Required by the Code of Virginia to be revised triennially.
- Current plan is nearly three years old.
- Many of the strategic initiatives and action steps have been met, or made significant progress.
- EMS is dynamic field, and plan must also remain dynamic to address the needs of changing system.

What happens to the current plan?

- Unfinished initiatives carry over to new version of plan.
- Summary information about status of key strategic initiatives provided, as requested
- Lessons learned help shape the new version of plan.

How will the new plan be created?

- OEMS staff held planning retreat in September 2012.
- Input will be gathered from EMS Advisory Board subcommittees February 2013 – May 2013.
- Revised plan presented to EMS Advisory Board for review in August 2013.
- Public comment period – September 1 – October 15, 2013
- Vote for approval by EMS Advisory Board – November 2013.
- Presented to State Board of Health for approval – Spring 2014.

For more information:

<http://www.vdh.state.va.us/OEMS/EMSPan/index.htm>

Appendix

E



2012 Virginia Emergency Medical Services Regulations

§12VAC5-31

[Effective October 10, 2012]

SUMMARY OF EMS REGULATIONS

1/28/2013

Division of Regulation & Compliance

- I. Document
 - A. This document is NOT all-inclusive, only a summary document to aid jurisdictions in a quick view of the majority of changes in the *Virginia Emergency Medical Services Regulations §12 VAC 5-31*
- II. Changes
 - A. Definitions & Terminology
 - a. “Commissioner” vs. “OEMS”
 - b. “Drug” vs. “Medication”
 - i. Per Commonwealth of Virginia Board of Pharmacy (BOP)
 - c. Training accreditation process, certification levels, new BLS testing
 - d. Designated Infection Control Officer (ICO) training requirement
 - i. Currently 2 programs approved in the Commonwealth
 - e. Invasive procedure [signature requirements]
 - i. Board of Pharmacy (BOP) requires signature from authorized practitioner/prescriber:
 - 1. ANY invasive procedure
 - 2. ANY assisted self administration of medicine
 - 3. ANY drug administration
 - 4. Includes ALL Intra-venous (IV) procedures
 - 5. Copy of Pre-hospital Patient Care Report (PPCR) MUST be left within 12 hours
 - f. Local governing body defined
 - g. Safety apparel must meet new Federal requirements
 - h. Medevac terms
 - i. New training terms
 - B. Clarifications
 - C. Enforcement
 - a. National Registry Guidelines
 - b. EMS personnel &/or agencies may not interfere with investigations
 - c. Defines service process for enforcement actions
 - d. DUI’s – places responsibility on the agency / removes OEMS

- e. Patient information – MUST provide a copy of PPCR to transporting agency upon their request

D. Civil Penalties

- a. \$ 1,000.00 per offense per day
- b. Agencies and entities only

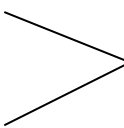
E. Training Regulations

- a. Previous Training Program Administrative Manual (TPAM) is now incorporated into the EMS Regulations
- b. “Scope of Practice” terminology
- c. Education Coordinator endorsements
- d. Numerous changes in EMS course notifications
 - i. Postmarks
 - ii. Dates
 - iii. Contract information
 - iv. Course documentation
 - 1. Student records
 - 2. Instructor records
 - 3. Testing issues
 - 4. Course records
 - v. EMS Physician Course Director (PCD) responsibilities defined
 - vi. Training site accreditation requirements

F. Removes out-dated language

G. Removes the Compliance Manual

H. Requires an Emergency Response Plan

- a. Where to go?
 - i. Trauma
 - ii. Stroke
 - iii. STEMI
 - iv. 24 hour coverage requirement to primary service area
 - v. Must comply with local responding interval or must develop one if it does not exist
-  Specialty Care Facility Plans

1. Specifies what MUST be done if agency cannot meet the performance requirement
 2. All performance must be documented and reviewed
- I. Requires agencies to follow Specialty Care Triage Plans in accordance with § 32.1-111.3 of the Code of Virginia
 - J. Requires agency participation in mutual aid
 - a. EMS agencies MUST notify OEMS upon commitment of any of their resources if requested as a result of an EMAC, FEMA, or any other out-of-state request
 - b. EMS agencies MUST comply with the Virginia Interoperability Plan as defined in the Governor's Office of Commonwealth Preparedness requirements
 - K. Requires EMS agency policy development of the following:
 - a. Permitted EMS vehicle operations policy
 - b. Reporting of DUI, ASAP program assignments, any other prohibitions from operating an OEMS permitted vehicle policy
 - i. Requires immediate notification by personnel regarding convictions (regardless of the state or charges to their driver's license.
 - ii. Must identify mechanisms regarding agency actions for driver penalties (i.e. probation or suspension of driving privileges, etc.)
 - c. Driver eligibility policy
 - d. Driving education & training policy
 - e. Safe operation of vehicles policy
 - f. Driving record review policy
 - g. Drugs and substance abuse policy
 - i. May not be under the influence of ANY drugs or intoxicating substances that impairs the ability to provide patient care or operate a motor vehicle while on duty or when responding or assisting in the care of any patient

- ii. Must include a process for testing for drugs or intoxicating substances
 - h. Authorization to Practice policy
 - i. OMD must sign and date every individual's privilege/authorization to practice
 - i. Written policy for EMS personnel to carry:
 - i. Epinephrine (EPI) pens
 - ii. Oxygen in Privately Owned Vehicle (POV)
- L. OEMS can determine suitability for an EMS agency license
- M. 25 triage tags required on all EMS permitted vehicles
- N. NCIC checks and DMV records for all new affiliations required
 - a. Will take effect when legislation changes to provide funding
 - b. Includes non-EMS personnel
 - c. Must continue to obtain Virginia State Police (VSP) checks [free to Volunteer agencies]
- O. Agency Officer reporting to OEMS
- P. Establishes Designated Emergency Response Agency (DERA) standards
 - a. Plans available for EMS review readily
 - b. 100% compliance – 90% of time
 - c. EMS agencies MUST document an Annual Review of Exceptions and provide to the Agency OMD and to the local governing body
- Q. Extends Temporary Permit time frames
 - a. Temporary permits may remain valid for up to 180 days
 - b. No temporary permits will be issued for “Reserve” vehicles
- R. No tobacco products, firearms not addressed
 - a. No cigarettes
 - b. No cigars
 - c. No chewing or dipping tobacco
 - d. None allowed in any permitted EMS vehicle
- S. Minimum of three (3) straps to secure patient [in use at all times*]

**unless contraindicated by patient condition - document*

- T. Push-to-talk communications
- U. Equipment requirements in an alternate format
 - a. Neonatal – not many changes
 - b. Medevac ship requirements vs. fixed wing aircraft
 - c. Ground – removal of infant nasal cannulas, add triage tags & safety apparel, BVM's, etc.
 - d. See oxygen cylinder guidance sheet (*intent: combined*)
 - e. Oral glucose required
 - f. Pillows required
- V. Air medical completely re-written
- W. Providers required to update OEMS of contact information
- X. Criminal exclusions updated, includes changes in driver eligibility and agency responsibility
 - a. General Denial (*denial in all cases*)
 - i. Serious crimes of violence
 - ii. Other states actions
 - b. Presumptive Denial
 - i. Denied except in extraordinary circumstances (“Clear & Convincing” evidence required)
 - ii. Currently incarcerated, on work release, on probation or parole
 - iii. Categories which five years must have passed since conviction or release from custodial confinement, whichever occurs later
 - iv. Crimes involving controlled substances
 - v. Serious crimes against property – i.e. grand larceny, burglary, embezzlement or insurance fraud
 - vi. Any other crimes involving sexual misconduct
- Y. Requires greater accountability of agency to the Operational Medical Director (OMD)
 - a. OMD must sign individually every provider's Authorization to Practice and date same
 - b. Agency must have copies of these Authorizations

- c. Must be on Agency Letterhead and placed in personnel or training file
- Z. Includes “Scope of Practice”
 - a. EMS providers may only perform procedures, treatments or techniques license or certified to perform – no exceptions
 - b. EMS providers must act in accordance with local medical protocols
 - c. EMS providers may only perform as authorized in the Emergency Medical Services Procedures and Medications Schedule as approved by OEMS
 - d. EMS agencies must perform consistent with the State EMS Plan – Board of Health
- AA. Updates the EMS Physician/OMD approval process and re-endorsement
 - e. Must have required training prior to submission of application for EMS Physician endorsement
 - f. Regional EMS Council endorsement no longer needed
 - g. Background verifications done by OEMS
 - h. Endorsement period remains five (5) years
 - i. Requires EMS Physicians/OMD’s to attend two (2) “Currents” sessions
- BB. Regional EMS Councils
 - a. Directories of localities, hospitals, and EMS agencies
 - b. Removes hospital catchment areas and adds “listing”
 - c. Accountability of public funds
 - i. Independent annual audits by Certified Public Accountant (CPA)
 - ii. Change of Executive Director – requires another review by CPA
- III. Fiscal Impact
 - a. Economic impact analysis was completed by the Department of Planning & Budget
 - b. No identified cost to localities
 - i. Funding currently exists for VSP to conduct Central Criminal Records Exchange (CCRE) background checks for Volunteer EMS agencies
 - ii. The suggested additional costs for National Crime Information Center (NCIC) background checks should be addressed with current funds allocated for CCRE

1. Bill proposed January 2013 for language to support funding this effort
 - iii. EMS equipment and supplies requirements have only minimally changed and should not result in additional costs to EMS agencies or EMS personnel
- c. Individuals and entities affected
 - i. Approximately 800 licensed EMS agencies
 - ii. Approximately 34,000 certified EMS providers
- d. Family and stakeholder impact
 - i. Higher level of emergency medical services state-wide
 - ii. Reduces death and disability resulting from serious injury or illness
 - iii. The changes affect all EMS agencies licensed by the Commonwealth and as such should not bear any disproportionate material impact compared to any other EMS agency or locality

Note: Visit the Virginia Regulatory Town Hall for specific and complete documents, located using the following link:

http://townhall.virginia.gov/L/GetFile.cfm?File=E:\townhall\docroot\58\2446\5047\AgencyStatement_VDH_5047_v1.pdf

Additional questions should be directed to: Michael D. Berg, Manager, Regulation & Compliance Division, Contact information: Michael.Berg@vdh.virginia.gov Office: (804) 888-9131 or (800) 523-6019 toll free VA