

Virginia Department of Health
Office of Emergency Medical Services



Quarterly Report to the
State EMS Advisory Board

February 3, 2017

Executive Management, Administration & Finance

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

February 3, 2017

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 3, 2017

At the time of finishing this report there is one action from a Standing Committee:

The Training & Certification Committee moves to adapt the outline for the Education Coordinator Candidate Process as shown in **Appendix B** to be implemented as soon as DED develops the necessary infrastructure.

B) Town Hall Meetings to Discuss the Future of Intermediate-99

February 2, 2017 – 7:00 p.m. to 9:00 p.m.

Richmond Marriott Short Pump
4240 Dominion Boulevard
Glen Allen, Virginia 23060
Commonwealth B & C

February 23, 2017 – 3:00 p.m. – 5:00 p.m.

VFCA Fire & Rescue Conference
Virginia Beach Convention Center
Room 1 D

March 14, 2017 – 10:00 a.m. to 12:00 noon

Manassas Volunteer Fire Company 9322 Centreville Road
Manassas, Virginia.
Bingo Hall located on the second floor. There are stairs and an elevator.

March 21, 2017 – 7:00 p.m. to 9:00 p.m.

Rappahannock Community College
52 Campus Drive
Warsaw, Virginia 22572
Lecture Hall

March 31, 2017 – 7:00 p.m. – 9:00 p.m.

Holiday Inn - Tanglewood
Roanoke, Virginia
In conjunction with the VAVRS Spring Board of Governors meeting
Room and Start Time TBA

Town Hall meetings will also be scheduled for Wytheville, Virginia and Harrisonburg, Virginia. Please check the OEMS web site for exact locations, dates and times - TBA.

C) Proposed Emergency Medical Services Budget for FY2017 and FY2018

Item 289	First Year - FY2017	Second Year - FY2018
Emergency Medical Services (40200)	\$42,969,058	\$42,969,058
Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203)	\$35,159,839	\$35,159,839
State Office of Emergency Medical Services (40204)	\$7,809,219	\$7,809,219
Fund Sources:		
Special	\$18,184,334	\$18,184,334
Dedicated Special Revenue	\$24,379,141	\$24,379,141
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.1. Distributions made under § 46.2-694 A 13 b (iii), Code of Virginia, shall be made only to nonprofit emergency medical services organizations.

2. Out of the distribution made from paragraph 1, from the special emergency medical services fund for the Virginia Rescue Squad Assistance Fund, \$840,000 the first year and \$840,000 the second year shall be used for the purchase of new ambulance stretcher retention systems as required by the federal General Services Administration.

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.

G. Out of this appropriation, up to \$400,000 the first year and up to \$400,000 the second year from the Virginia Rescue Squad Assistance Fund shall be used for grants to emergency medical services organizations to purchase 12-lead electrocardiograph monitors.

H. Out of this appropriation, \$90,000 the first year and \$90,000 the second year from the Virginia Rescue Squad Assistance Fund shall be provided for national background checks on persons applying to serve as a licensed provider in a licensed emergency medical services agency. The Office of Emergency Medical Services may transfer funding to the Office of State Police for national background checks as necessary.

C) § 3-1.01 INTERFUND TRANSFERS

S. 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 \$6,055,000 the first year, and \$6,055,000 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).

X. On or before June 30 each year, the State Comptroller shall transfer \$7,518,587 the first year and \$7,518,587 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).

FF. On or before June 30, 2017, the State Comptroller shall transfer amounts estimated at \$16,345,357 from the agencies and fund sources listed below to the general fund of the state treasury.

Department of Health (601)

<i>Transfer Trauma Center Fund revenue from reinstatement of driver's licenses</i>	09020	\$150,000
<i>Transfer additional revenue from Emergency Medical Services</i>	02130	\$150,000

KK. On or before June 30, 2018, the State Comptroller shall transfer to the general fund amounts estimated at \$210,000 from the following funds in the second year of the biennium within the Department of Health.

Department of Health (601)

<i>Trauma Center Fund</i>	09020	\$49,920
<i>Virginia Rescue Squads Assistance Fund</i>	09100	\$82,542

D) § 3-6.00 Adjustments and Modifications to Fees

§3-6.02 ANNUAL VEHICLE REGISTRATION FEE (\$4.25 FOR LIFE)

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

§ 3-6.03 DRIVERS LICENSE REINSTATEMENT FEE

Notwithstanding § 46.2-411 of the Code of Virginia, the drivers license reinstatement fee payable to the Trauma Center Fund shall be \$100.

E) Budget Amendments

Senate Amendment - Chief Patron: Barker Trauma Fund (language only)

Health and Human Resources

Department of Health

Page 282, after line 27, insert:

"C. The Virginia Department of Health shall analyze the impact of policy changes implemented or under consideration in 2017 that impact the resources directed to the trauma fund and develop recommendations in collaboration with the Department of Medical Assistance Services on potential strategies available to match these state resources with federal funds and enhance, or at a minimum preserve to the maximum extent possible, the critical support to Virginia's trauma services provided by the current trauma fund."

Explanation

(This amendment requires the Department of Health to analyze the impact of policy changes implemented or under consideration in 2017 that impact the resources directed to the trauma fund and develop recommendations in collaboration with the Department of Medical Assistance Services on potential strategies available to match these state resources with federal funds and enhance, or at a minimum preserve to the maximum extent possible, the critical support to Virginia's trauma services provided by the current trauma fund.)

F) Legislation Introduced in the 2016 Virginia General Assembly Directly Impacting EMS or Bills of Interest to EMS.

Legislation tracked by the Office of EMS is included in a Grid in **Appendix A** of this report. The statuses of these bills are as of Thursday, January 26, 2016.

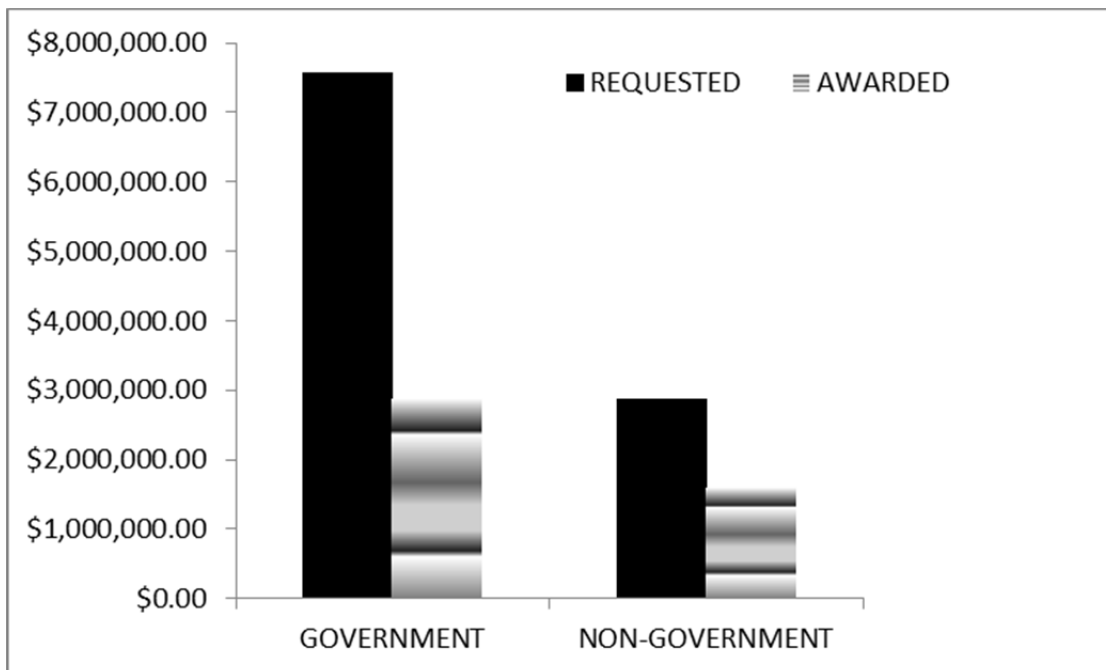
G) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)

The RSAF grant deadline for the Fall grant cycle was September 15, 2016. OEMS received 119 grant applications requesting \$10,463,957.00 in funding. OEMS awarded 83 agencies funding in the amount of \$4,479,201.00, 43% of RSAF requests were awarded.

Funding was awarded in the following agency categories:

- 48 Non-Government Agencies awarded \$2,876,612.00
- 35 Government Agencies awarded \$1,602,589.00

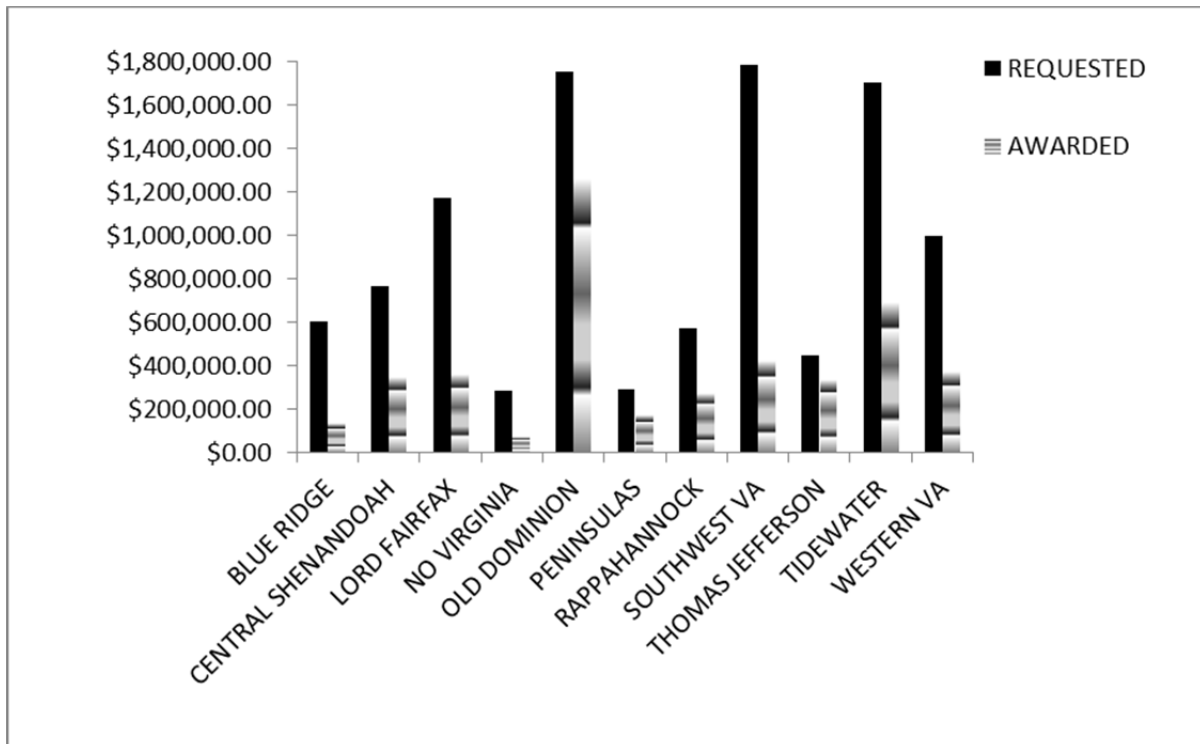
Figure 1: Requested vs Amount Awarded by Agency Category



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

- Blue Ridge – Awarded funding of \$136,085.00
- Central Shenandoah – Awarded funding of \$348,141.00
- Lord Fairfax – Awarded funding of \$358,088.00
- Northern Virginia – Awarded funding of \$76,063.00
- Old Dominion – Awarded funding of \$1,258,341.00
- Peninsulas – Awarded funding of \$171,443.00
- Rappahannock – Awarded funding of \$273,295.00
- Southwestern Virginia – Awarded funding of \$424,980.00
- Thomas Jefferson – Awarded funding of \$337,549.00
- Tidewater – Awarded funding of \$691,216.00
- Western Virginia – Awarded funding of \$374,000.00

Figure 2: Requested vs Amount Awarded by EMS Regions



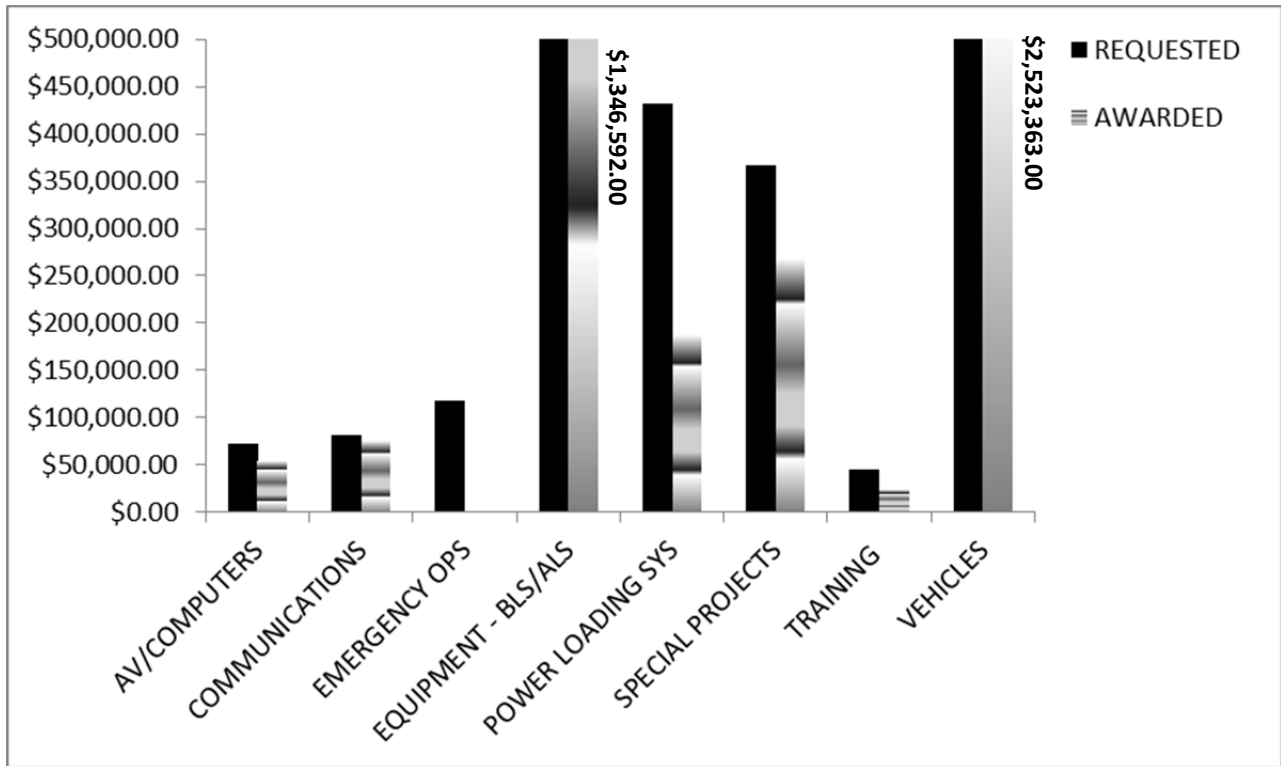
NOTE: This chart does not include the non-affiliated grant awards to 2 agencies in the amount of \$30,000.00.

RSAF Grants Awarded by item categories:

- Audio Visual/Computer Hardware - \$53,719.00
 - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.

- Communications - \$75,412.00
 - Includes items for mobile/portable radios, pagers and other communications system technology.
- Emergency Operations - \$740.00
 - Includes items such as Mass Casualty Incident (MCI), extrication equipment, rescue boat and personal protection equipment (PPE). The Emergency Operations category also includes any other equipment or items needed in order to rapidly mobilize and dispatch help in emergency situations.
- Equipment - Basic and Advanced Life Support Equipment - \$1,346,592.00
 - Includes any medical care equipment for sustaining life, airway management, and supplies, including 12-Lead Defibrillators.
- Power Loading Systems - \$187,470.00
 - Includes all power load systems and/or installation fees, not including power cots.
- Special Projects - \$268,217.00
 - Includes projects such as Special Project material, Emergency Medical Dispatch (EMD), Virginia Pre-Hospital Information Bridge (VPHIB) projects, non-affiliated agency programs and other innovative programs.
- Training - \$23,688.00
 - 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 - \$2,523,363.00
 - This category includes ambulances, chassis, QRV's and specialty vehicles.

Figure 3: Requested vs Amount Awarded by Item

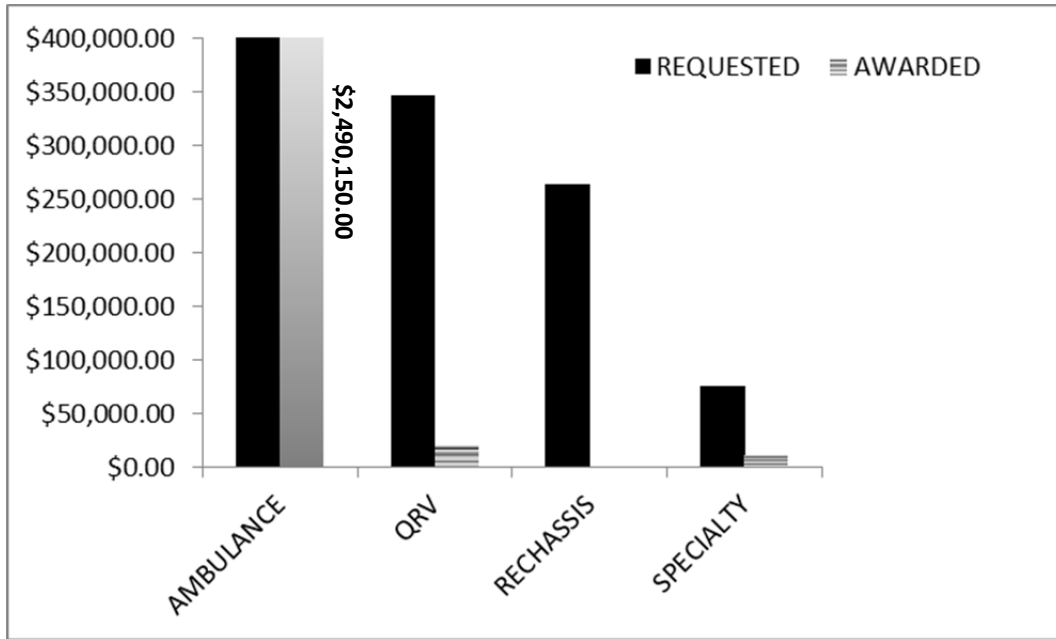


Note: The EQUIPMENT – BLS/ALS had a requested amount of \$2,246,964.00 with an award amount of \$1,346,592.00 . The VEHICLES had a requested amount of \$7,103,393.00 with an award amount of \$2,523,363.00. The figure represents categories up to \$500,000.00 to give a clearer picture of the data.

The Vehicles category was broken into the following categories:

- 18 Ambulances were awarded in the amount of \$2,490,150.00
- 1 QRV was awarded in the amount of \$21,463.00
- 1 Specialty vehicle was awarded in the amount of \$11,750.00
- There were no Re-chassis awarded

Figure 4: Requested vs Amount Awarded by Type of Vehicle



NOTE: The figure represents categories up to \$400,000.00 to give a clearer picture of the data.

The Spring 2017 grant cycle will begin on February 1, 2017 with a deadline of March 15, 2017; grants will be awarded July 1, 2017.

Emergency Grant Awards

OEMS awarded two emergency grants during November 2016 both grants were for ambulances that were damaged in the Tidewater region due to Hurricane Matthew. Kempsville Volunteer Rescue Squad was awarded 1 Wheeled Coach Ambulance at an 80/20 funding level in the amount of \$134,866.40 due to damage by flood waters. Davis Corner Volunteer Fire & Rescue was awarded 1 Wheeled Coach Ambulance at a 100/0 funding level in the amount of \$157,684.79 due to damage by flood waters. Both agencies were awarded for replacement ambulances that were due to be replaced within 60 days of the award date.

EMS on the National Scene

II. EMS On the National Scene

National Association of State EMS Officials (NASEMSO)

Note: The Virginia Office of EMS is an active participant in the NASEMSO and has leadership roles on the Board of Directors and in each NASEMSO Council. The National Association of State EMS Officials is the lead national organization for EMS, a respected voice for national EMS policy with comprehensive concern and commitment for the development of effective, integrated, community-based, universal and consistent EMS systems. Its members are the leaders of their state and territory EMS systems.

Update on NASEMSO Projects and Activities

- *Fatigue in EMS*

As a result of the expert panel meeting in April 2016, 7 PICO questions have been finalized and registered. The systematic reviews have been initiated. The Research Team has received training on using GRADEPro software and the Expert Panel is scheduled to meet in February 2017 to review the evidence and begin to formulate recommendations.

- *EMS Compass*

Significant improvements to the measurement development process were made this summer and tested successfully in August. The project team brought over 50 draft measures to the Compass Steering Committee meeting in September and selected 14 individual measures across 8 conditions/topics to be released as “candidate” measures for widespread testing in the EMS industry.

- *Ground Ambulance Vehicle Standards and EMS Safety Resource*

SafeAmbulances.org has posted a guide on state ambulance regulations. View ambulance crash test videos. The link to Doug Wolfberg’s editorial on red lights and sirens at EMS1 is a “must read.”

- *National Model EMS Clinical Guidelines*

Fifteen potential new clinical guidelines are being considered by the work team. The “Resuscitation” chapter is being revised to reflect current ECC guidelines.

- *REPLICA*

Sue Prentiss (former state EMS director from New Hampshire) has been named as NASEMSO's REPLICA Advocate. Sue will work with states that are supportive of or filing compact legislation to provide resources and informational needs. Only 3 more states are needed to enact legislation that would enable implementation of the EMS licensure compact.

NASEMSO NEWS

a) NASEMSO Releases Air Medical Model Rules

NASEMSO announces the release of “State Model Rules for the Regulation of Air Medical Services” to assist states with regulatory language intended to avoid conflict with the Airlines Deregulation Act (ADA) and the possibility of Federal preemption. The model rules are intended to be applied in a manner that would confine their scope to matters solely related to medical care, and not construed in a way that could constitute regulation of aviation safety or economic matters. In response to “Guidelines for the Use and Availability of Helicopter Emergency Medical Transport (HEMS)” published by the United States Department of Transportation in April 2015, NASEMSO sought to identify opportunities for state regulations that address outcomes related to:

- Quality of emergency medical care provided to patients
- Requirements related to the qualifications and training of air ambulance medical personnel
- Scope of practice and credentialing
- Maintenance of medical records, data collection, and reporting
- Medically related equipment standards
- Patient care environments
- EMS radio communications
- Medically related dispatch requirements
- Medical transport plans including transport to appropriate facilities
- Other medical licensing requirements

Download the State Model Rules for the Regulation of Air Medical Services at:
<https://www.nasemso.org/documents/State-Model-Rules-for-the-Regulation-of-Air-Medical-Services-21Sept2016.pdf>

b) NASEMSO Awarded SoPM Revision Project

State licensing statutes establish the minimum level of education and experience required for health professionals to practice, define the functions of the profession and limit the performance of these functions to licensed persons. In response to a Request for Proposal by the National Highway Traffic Safety Administration's Office of EMS, NASEMSO has been awarded a contract to revise the National EMS Scope of Practice Model (SoPM). The SoPM promotes consistency among the states and serves as a national foundation for EMS practice. Additional information will be available soon.

c) Highlight on NASEMSO Member Resources

Many reports and monographs have been released by NASEMSO in the fourteen months. Here is a summary of what they are and where you can find them!!

- Status of State Trauma System Planning and Development: Utilization of the HRSA Model Trauma System Planning and Evaluation Document (September 2016)

In this monograph, NASEMSO examines the general status of formal trauma system development in the states, and particularly the utilization of system development tools produced by the Health Resources and Services Administration (HRSA) and the National Highway Traffic Safety Administration (NHTSA.)

- Domestic Preparedness Funding (January 2016)

This report summarizes the funding opportunities available to NASEMSO member states from federal agencies during the 2015 federal fiscal year.

- Personnel Licensing Policies, Practices and Procedures of State EMS Offices (November 2015)

This monograph describes contemporary state EMS licensing authority practices and requirements for the licensure of EMS personnel. It also discusses variations in practices and requirements that may exist for military-related EMS personnel (those separating from the military, members of guard or reserve units, and military spouses).

d) NASEMSO Board Realigns Membership Regions

The NASEMSO Board of Directors recently voted to realign its Regions to more closely overlap with FEMA Regions. Under the new format, NASEMSO's East Region will align with FEMA Regions I, II, and III; the South Region will align with FEMA Regions IV and VI; Great Lakes will encompass FEMA Region V; the Western Plains Region will align with FEMA Regions VII and VIII, and: the West Region will overlap FEMA Regions IX and X. For more information go to: <https://www.nasemso.org/Members/Board/documents/Proposed-New-Regions-for-NASEMSO-and-FEMA-Aug2016.pdf>

e) NASEMSO Names First Replica Advocate

Sue Prentiss, MPA, NREMT-P, has been named as NASEMSO's first REPLICA Advocate and her role in this capacity began in early September. The advocate will work primarily with state emergency medical services (EMS) officials, leadership from within the state EMS systems, interstate compact experts, the National Registry of EMTs (NREMT), and other interstate compact commissions to assist and enable states that are filing, or supportive of the Recognition of EMS Personnel Licensure Interstate CompAct (REPLICA) legislation with informational needs. She also will retrieve and assess materials from other compact commissions and expert sources, work closely with the states that have enacted the law, and prepare drafts of materials that will be needed upon activation of REPLICA and the outset of commission proceedings. Sue can be contacted via email at Prentiss@emsreplica.org. CMS Poised to Implement EP Requirements

f) CMS Poised to Implement EP Requirements

The Centers for Medicare & Medicaid Services (CMS) have finalized a rule to establish consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and man-made disasters. After careful consideration of stakeholder comments on the proposed rule, this final rule requires Medicare and Medicaid participating providers and suppliers to meet the following four common and well known industry best practice standards.

1. **Emergency plan:** Based on a risk assessment, develop an emergency plan using an all-hazards approach focusing on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters specific to the location of a provider or supplier.

2. **Policies and procedures:** Develop and implement policies and procedures based on the plan and risk assessment.
3. **Communication plan:** Develop and maintain a communication plan that complies with both Federal and State law. Patient care must be well-coordinated within the facility, across health care providers, and with State and local public health departments and emergency systems.
4. **Training and testing program:** Develop and maintain training and testing programs, including initial and annual trainings, and conduct drills and exercises or participate in an actual incident that tests the plan.

These regulations are effective 60 days after publication in the Federal Register. Health care providers and suppliers affected by this rule must comply and implement all regulations one year after the effective date.

g) 2015 NEMSIS Public Research Dataset Now Available

The NHTSA Office of EMS and the NEMSIS TAC staff have commended EMS providers, State EMS officials and software company employees that have labored so hard to implement and improve NEMSIS! The 2015 NEMSIS Public-Release Research Dataset includes 30,206,450 EMS activations submitted by 10,137 EMS agencies serving 49 states and territories during the 2015 calendar year. Compared to the previous year, an additional 1,352 agencies began submitting records and an additional 4,370,721 records were submitted. Data quality has also improved. Estimated data quality with an internal consistency score for 2015 91%!

To access the 2015 NEMSIS Public-Release Research Dataset go to:
<http://www.nemsis.org/reportingTools/requestNEMSISData.html>.

h) NHTSA Reports Spike in Traffic Fatalities

The nation lost 35,092 people in traffic crashes in 2015, ending a 5-decade trend of declining fatalities with a 7.2% increase in deaths from 2014. The final data released by the U.S. Department of Transportation's National Highway Traffic Safety Administration showed traffic deaths rising across nearly every segment of the population. The last single-year increase of this magnitude was in 1966, when fatalities rose 8.1% from the previous year.

In response to the increase, DOT, NHTSA, and the White House are issuing an unprecedented call to action to involve a wide range of stakeholders in helping determine the causes of the increase. NHTSA will share its **Fatality Analysis Reporting System** with safety partners, state and local officials, technologists, data scientists, and policy experts. And private sector partners using new data collection technologies will be offering access to unprecedented amounts of data and new visualizations tools.

In related news, preliminary data provided by state highway safety offices indicates that more than 5,000 people were killed on motorcycles 2015. This represents an estimated 10 percent increase compared with 2014 -- more than 450 additional deaths, as reported by the Governors Highway Safety Association's (GHSA). Motorcyclist Traffic Fatalities by State: 2015 Preliminary Data is GHSA's sixth annual motorcyclist fatality Spotlight report. The series provides an early look at current data, trends, and developing issues. GHSA projects the final motorcyclist fatality total for 2015 will be 5,010 -- only the third year in U.S. history and the first time since 2008 in which the fatality number topped 5,000. Currently, only 19 states and D.C. require all riders be helmeted. Another 28 mandate helmet use by riders younger than age 18 or 21, and three have no requirement.

i) NAEMT Survey on EMS Mental Health Services

To assist the EMS profession in determining how best to address mental health issues, the National Association of EMTs (NAEMT) has announced the results of their 2016 national survey on EMS mental health services. The results provide a snapshot of the resources, programs and services EMS agencies provide to EMS practitioners to help them cope with the stress of the job, to maintain their mental health and wellbeing, and to seek help when they need it. The survey revealed that the EMS profession has significant work to do in demonstrating to the EMS workforce that their struggles and concerns matter, and in ensuring that EMS professionals know where to turn when they are struggling.

j) Distracted Driving's Legal Concerns for EMS

Traffic is difficult enough to maneuver for EMS teams without having to deal with distracted drivers. Since the introduction of mobile devices, accidents caused by distracted driving have spiked, and it affects EMS drivers, too. According to Distraction.gov, 660,000 drivers are using cell phones or electronic devices while driving at any given daylight moment. This number has held steady since 2010.

Statistics for EMS drivers also show a lot of electronics use, with 26 percent admitting to using a mobile device while driving and 53 percent admitting to still using one even though they know the safety risks. In addition to the serious threat to life, departments also need to take into account the legal and insurance issues they may face.

Many states now have limitations on drivers using mobile devices while driving. If an EMS driver is found to have been using one and they are at fault for the accident, insurance may not cover the damages. Worse, in some states the insurer may cancel or not renew the policy. This makes the liability risk greater. In addition to the above, accidents involving apparatus are newsworthy; if the driver is found to have been using a cell phone at the time, the public and political scrutiny will be even more intense. Departments should frame policy to minimize distracted driving of any kind, and could enact a “sterile cockpit” model from the airline industry. Minimizing distractions to drivers is key to the safety of the patient, the public, and the crew.

Educational Development

III. Educational Development

Committees

- A. **The Training and Certification Committee (TCC):** The Training and Certification Committee met on Wednesday, January 4, 2017. There is one action item for consideration – See **Appendix B**.

Copies of past minutes are available on the Office of EMS Web page here:

<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/2016-training-certification-committee-standing/>

- B. **The Medical Direction Committee (MDC)** The Medical Direction Committee met on Thursday, January 5, 2017. There are no action items.

Copies of past minutes are available from the Office of EMS web page at:

<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/medical-direction-committee-standing/Advanced Life Support>

Program

- A. Virginia I-99 students who have maintained their National Registry certification continue the transition process that allows them to gain certification at the Paramedic level after completion of a Virginia approved Paramedic program. The National Registry transition process will end in 2018/2019 when their last certification cycle with National Registry expires as referenced in B below.
- B. All National Registry I-99 certified providers must complete the transition process to Paramedic level by 2018/2019 or their certification level with National Registry will become AEMT. This will NOT affect their Virginia certification level which will remain Intermediate 99.
- C. ALS Coordinator re-endorsement requires an update every two years and the submission of a re-endorsement application. The application must be signed by an EMS Physician. Additionally it must contain the signature of the regional EMS council director if courses are to be offered in their region.
- D. All students enrolling in Paramedic programs that start after August 1, 2016 will be required to master the National Registry Paramedic portfolio of vital skills to qualify for the National Registry Paramedic (NRP) Certification examination. Testing

requirements for Paramedic candidates will be changing as of January 1, 2017 with the implementation of the out-of-hospital scenario station.

- E. As of January 1, 2017, all ALS testing candidates are required to have a Psychomotor Authorization to Test Letter (PATT) from National Registry to be allowed participation at an ALS Test site. To enable this new requirement, the Office of EMS has authorized early access which allows Virginia Program Directors, in coordination with the program Medical Director to allow students access to the psychomotor examination at the point in their program they feel the students have reached competency. Information has been provided to all program directors.
- F. Continuing education requirement changes were implemented on July 11, 2016. All CE has been moved to the new categories and each provider's CE report has been updated with new recertification requirements. Providers who gained recertification eligibility under the old CE process, will maintain that eligibility until recertified at which time they will be required to start meeting the new continuing education requirements. Providers expiring in July, August or September who did not previously have eligibility were granted an extension of certification until October 31, 2016. These providers have received a new certification card reflecting the new expiration date.
- G. Recertification with National Registry has been simplified. Information on the steps necessary to recertify will be posted on the Office of EMS webpage and distributed to all Education Coordinators and ALS Coordinators. Additionally, a list of the identified training officer for each agency is being provided by National Registry that will allow information to be distributed to them as well.

Basic Life Support Program

A. Education Coordinator (EC) Institute

1. There are 17 EC candidates registered for the first EC Institute of 2017 scheduled for January 28-February 1 in James City County.
2. The tentative deadline to pass the EC Cognitive Exam is Sunday, April 9th, 2017 in order to be eligible to attend the Summer Institute in conjunction with the VAVRS Rescue College in Blacksburg, June, 2017.
3. The next EC psychomotor exam is tentatively scheduled for Saturday, May 6th, 2017 in the Richmond Area.
4. EMS Providers interested in becoming an Education Coordinator please contact Mr. Greg Neiman, BLS Training Specialist by e-mail at Gregory.Neiman@vdh.virginia.gov
5. A schedule of the various deadlines and EC Institutes will be posted to the web pending the outcome of the Training and Certification Committee motion pertaining to the EC process.

B. EMS Educator Updates:

1. For 2017, the Division of Educational Development will continue to provide in-person Educator Updates in the various EMS Council regions.
2. Updates are set for Friday, January 27th and Saturday, January 28th in the PEMS Region
The schedule of future updates can be found on the OEMS web at:
<http://www.vdh.virginia.gov/emergency-medical-services/2016-ems-educator-update-schedule/>

EMS Training Funds

FY 15

	Commit \$	Payment \$	Balance \$
Emergency Ops	\$2,480.00	\$540.00	\$1,940.00
BLS Initial Course Funding	\$745,888.50	\$357,522.52	\$388,365.98
BLS CE Course Funding	\$59,300.00	\$32,663.80	\$26,636.20
ALS CE Course Funding	\$148,015.00	\$66,263.75	\$81,751.25
BLS Auxiliary Program	\$90,625.00	\$17,960.00	\$72,665.00
ALS Auxiliary Program	\$552,376.00	\$141,720.00	\$410,656.00
ALS Initial Course Funding	\$1,009,204.00	\$591,193.05	\$418,010.95
Totals	\$2,607,888.50	\$1,207,863.12	\$1,400,025.38

FY 16

	Commit \$	Payment \$	Balance \$
BLS Initial Course Funding	\$664,632.00	\$278,376.43	\$386,255.57
Category 1 CE Course	\$143,555.00	\$54,521.25	\$89,033.75
Auxiliary Programs	\$473,600.00	\$122,015.00	\$351,585.00
ALS Initial Course Funding	\$1,067,940.00	\$496,566.70	\$571,373.30
Totals	\$2,349,727.00	\$951,479.38	\$1,398,247.62

FY 17*

	Commit \$	Payment \$	Balance \$
BLS Initial Course Funding	\$0.00	\$69,061.25	(\$69,061.25)
Category 1 CE Course	\$0.00	\$19,617.50	(\$19,617.50)
Auxiliary Programs	\$0.00	\$38,320.00	(\$38,320.00)
ALS Initial Course Funding	\$0.00	\$137,093.27	(\$137,093.27)
Totals	\$0.00	\$264,092.02	(\$264,092.02)

* Payments made in FY17 for commitments made in FY15 & FY16

A special grant initiative for funding of Initial Programs that start on or between July 1, 2016 and December 31, 2016 was announced with a Grant Request Period of 09/21/2016 through 10/05/2016.

Special Initial Grant for funding of Initial Programs

A total of \$703,647 was approved through the Special Initiative Grant for any initial certification program with a start date between 07/01/16 and 12/31/16. This was available to any non-profit licensed EMT agencies or other EMS organization operating on a nonprofit basis exclusively for the benefit of the general public and was distributed to 47 (78 courses) applicants.

Funding availability for remainder of Fiscal Year 2017 is still in development.

EMS Education Program Accreditation

A. EMS accreditation program.

1. Emergency Medical Technician (EMT)

- a) John Tyler Community College has added EMT accreditation after successfully demonstrating the components required

2. Advanced Emergency Medical Technician (AEMT)

- a) No changes

3. Intermediate – Reaccreditation

- a) Western VA EMS Council has submitted their 5 year re-accreditation self-study.

4. Intermediate – Initial

- a) No new accreditation packets have been received.

5. Paramedic – Initial

- a) John Tyler Community College has been granted a Letter of Review from CoAEMSP.
- b) Rappahannock Community College had their site visit from CoAEMSP in November, 2016. Awaiting accreditation findings report.
- c) ECPI has been granted a Letter of Review from CoAEMSP.

6. Paramedic – Reaccreditation

- a) Southside Virginia Community College had their 5 year CoAEMSP reaccreditation visit on October 6 & 7. Report will be forwarded upon completion. Results being forwarded to CAAHEP.
- b) Tidewater Community College has their CoAEMSP re-accreditation visit scheduled for December 15 & 16. Awaiting accreditation findings report.

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

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

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

National Registry

The NREMT increased the initial certification fees effective January 1, 2017. The NREMT Board of Directors approved the fee increase effective 2017 following a ten-year price freeze (2007 -2017).

The 2017 fee increase reflects the renewed relationship between the NREMT and Pearson VUE.

NREMT Initial Certification Fees effective January 1, 2017

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

Online EMS Continuing Education

Distributive Continuing Education

EMSAT programs are available FREE on the Internet. Certified Virginia EMS providers can receive free EMSAT continuing education courses on your home or station PCs. There are 60-70 category one EMSAT programs available on TargetSolutions/CentreLearn at no cost to Virginia EMS providers. For specifics, please view the instructions listed under Education & Certification, EMSAT Online Training. [For more information on EMSAT, including schedule and designated receive sites, visit the OEMS Web page at:](#)

<http://www.vdh.virginia.gov/emergency-medical-services/emsat/>

EMSAT

February 15 Post-Traumatic Syndrome in First Responders #2

Cat. 1 ALS, Area 19, Cat. 1 BLS, Area 14

March 15 One Pill to Kill: Pediatric Ingestions

Cat.1 ALS, Area 19, Cat. 1 BLS, Area 14

April 19 Helping to Combat Human Trafficking
Cat. 1 ALS, Area 20, Cat. 1 BLS, Area 15

Consolidated Test Site Activity

- A. 30- CTS, 1- EMT accredited course and 3- ALS psychomotor test sites were conducted from October 19, 2016 through January 17, 2017.
- B. Gary Pemberton has been hired as an OEMS Test Examiner in Northern Virginia. He is now in the training process. Open positions in the Western/Southwestern and ODEMSA regions will be advertised after OEMS full time positions are filled.
- C. Current Psychomotor Examination scenarios are being reviewed for revision.
- D. All OEMS National Registry Representatives attended a National Registry Paramedic Psychomotor Examination hosted by ODEMSA on January 21st. This is the first examination in the state using the new “integrated out of hospital” scenario.
- E. The Office plans to schedule a webinar to better standardize expectations for the National Registry of EMTs Paramedic psychomotor examination process that changed January 1, 2017. The webinar that will include all accredited paramedic programs, National Registry test representatives, and hopefully the National Registry to introduce the new initiative.
- F. The office is also investigating an initiative to provide standardized first-in-bag and equipment for the new scenario based National Registry paramedic examination. This initiative is aimed at providing the materials needed to comply with the National Registry suggestions for the first-in-bag and equipment contents.

Other Activities

- Debbie Akers continues to participate in the NASEMSO webinars Community Paramedicine Insights Forum.
- Debbie Akers is serving as the staff liaison to a Mobile Integrated Healthcare workgroup. The workgroup has representation from the following: Fire based EMS, EMS OMD, ED Physician, EMS Administrator, EMS Provider, Regional EMS Councils, Hospital Accountable Care Organizations, Pediatrics, Commercial EMS, VDH Licensure, Primary Care Physician, VHHA, DMAS, VA Association for Home Care and Hospice and the VA Association for Hospices and Palliative Care. The workgroup is being chaired by Dr. Allen Yee.

- Warren Short continues participating with the NASEMSO's Education and Professional Standards Committee's (EPSC) monthly conference calls.
- Greg Neiman continues to participate on the Autism Public Safety Workgroup working toward improving EMS and Fire interface when responding to a patient with autism.
- The Division conducted 18 webinars orient educators to the new CE Scanning program released at the EMS Symposium. Access to the program requires the educator participate in the orientation program. More webinars will be scheduled. In addition, the orientation program will be part of the EMS educator updates for 2017.

Emergency Operations

IV. Emergency Operations

Operations

- **2017 Inauguration**

The Division of Emergency Operations participated in planning and response activities related to the 2017 Inauguration activities. Karen Owens, Emergency Operations Manager and Frank Cheatham, HMERT Coordinator staffed the Virginia Emergency Operations Center (EOC) on Friday January 20, 2017. Additionally the Emergency Operations staff assisted in developing a list of EMS resources available to deploy to Washington D.C. or other affected areas if needed.

- **Office of EMS Symposium**

From November 8-13, 2017 the Division of Emergency Operations participated in the 37th Annual Virginia EMS Symposium. Ken Crumpler, Communications Coordinator, supported the telecommunications needs of the event, Frank Cheatham, HMERT Coordinator, served as the Logistics Coordinator, and Karen Owens instructed courses in Mass Casualty Incident Management.

- **Virginia-1 DMAT**

Frank Cheatham, HMERT Coordinator, continues to attend Va-1 DMAT meetings as a representative of the Office of EMS. He continues to coordinate facilities for meetings and training in the Richmond area.

- **VDH Virginia Emergency Support Team (VEST)**

During this quarter, along with the support for the 2017 Inauguration, OEMS VEST staff provided staffing for activation in support of Winter Storm Helena on January 6, 2017. Tim Perkins, Warren Short, and Tristen Graves provided staffing for two shifts.

Committees/Meetings

- **EMS Communications Committee**

The EMS Communications Committee met on Thursday, November 10, 2017 in conjunction with the Virginia EMS Symposium. Committee Chair Gary Critzer reported there were concerns from the Rules and Regulations Committee about the communications section of the regulations. Michael Berg and Gary Critzer were tasked with creating new language for that section regarding effective communication between base stations, hospitals, mutual aid partners, etc., and language about new subscriber units have interoperability channels. Richard Rubino agreed

to do research and create a draft for committee review. Additionally Mike Keefe stated that approved common interoperability frequencies would be released by the end of the year. Additional conversations were held regarding FirstNET.

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

Frank Cheatham, HMERT Coordinator, continues to attend NASEMSO HITS Committee conference calls and serves on a committee on various aspects of Vehicle Rescue focusing on electric and hybrid vehicles. The Committee was updated on a new grant that NFPA received that will result in some training on Alternative Fuel Vehicles. Mr. Cheatham has participated in conference calls in regards to the new training for Alternative Fueled Vehicles.

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

Frank Cheatham, HMERT Coordinator, serves on the SHSP Steering Committee and has participated in several conference calls working on the update for the SHSP plan. He continues to work with the Steering Committee on the new plan.

Work has continued on the update to the plan with final additions to the Draft Plan. Frank participated in several of the Roadshows held at various locations across the Commonwealth to present the Draft Plan for comments.

- **Transportation Stakeholders Meeting**

Frank Cheatham represented the Virginia Office of EMS at a meeting of all Transportation Stakeholders at DMV on October 28, 2016.

- **Traffic Incident Management Committees**

Frank Cheatham, HMERT Coordinator continues to attend the various TIM Committee Meetings which include the Training Oversight Committee, Best Practices Workgroup that he chairs as well as the Statewide TIM Committee. The Statewide Committee met in late November.

Frank is working with the new program that the Federal Highway is developing and has sent out for comments. Along with two others, Frank is working to develop a Virginia specific curriculum for Federal approval to be used here in Virginia.

- **Exercise Planning Session**

Karen Owens, Emergency Operations Manager, participated in a two day planning session with state and federal partner agencies regarding a state exercise in 2017. The exercise will bring together local, state, and federal partners.

- **Hurricane Evacuation Workgroup**

Frank Cheatham continues to be involved in the Hurricane Evacuation Workgroup.

Training

- **Rider Alert**

Ken Crumpler, Communications Coordinator, represented the Office of EMS endorsed motorcycle safety program on Saturday November 19, 2016 at the “Toys for Tots” charity ride. Rider Alert decal and card sets were provided to all participants when requested.

Communications

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

There are no pending PSAP Accreditation applications at this time.

- **APCO/NENA**

Mr. Crumpler provided the Traffic Incident Management for Dispatchers class at the Virginia APCO/NENA/SIEC Conference in Roanoke on October 28, 2016.

Critical Incident Stress Management (CISM)

- **CISM Regional Council Reports**

During this reporting quarter Regional Council CISM teams reported 13 events, including education sessions, training classes, meetings, and debriefings (both group and one-on-one).

Planning and Regional Coordination

V. Planning and Regional Coordination

Regional EMS Councils

The Regional EMS Councils have submitted their Second Quarter contract reports throughout the month of January, and are under review. OEMS has transitioned to a web based reporting application to replace Lotus Notes, for the Regional EMS Councils to submit quarterly deliverables. OEMS has entered into a modification of the current service contract with all of the Regional EMS Councils through June 30, 2017.

Regional EMS Council Designation

Section 32.1-111.11 of the Code of Virginia states that “The Board shall designate regional emergency medical services councils which shall be authorized to receive and disburse public funds. Each council shall be charged with the development and implementation of an efficient and effective regional emergency medical services delivery system. The Board shall review those agencies that were the designated regional emergency medical services councils. The Board shall, in accordance with the standards established in its regulations, review and may renew or deny applications for such designations every three years. In its discretion, the Board may establish conditions for renewal of such designations or may solicit applications for designation as a regional emergency medical services council.”

In accordance with the Code section above, as well as 12 VAC 5-31-2340 (Section N) of the Virginia Emergency Medical Services Regulations governing Regional EMS Councils, the Virginia Office of EMS (OEMS) is providing the Board of Health with information and recommendations for entities who have applied for re-designation as a Regional EMS Council in Virginia.

Applications for designation as Regional EMS Councils were received by OEMS in October of 2015. Upon verification of completion of those applications, OEMS forwarded those applications on to Regional EMS Council designation site reviewers, to provide an objective evaluation of the information supplied by the applicant in the submitted materials, as well as conduct a review of the physical location of the applicant, and conduct interviews of the applicant organization’s staff, officers, and other system stakeholders.

Site reviews of all applicant entities were conducted between February 19 and July 12, 2016.

The state EMS Advisory Board approved the recommendations as presented at the August 5, 2016 meeting. The Board of Health approved the recommendations at the December 1, 2016 meeting. The designation term is three years, and began following the approval of the Board of Health.

Medevac Program

The Medevac Committee is scheduled to meet on February 2, 2017. The minutes of the November 9, 2016 meeting are available on the OEMS website linked below:

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

The Medevac Helicopter EMS application (formerly known as WeatherSafe) continues to grow in the amount of data submitted. In terms of weather turndowns, there were 447 entries into the Helicopter EMS system in the fourth quarter of the 2016 calendar year. 59% of those entries (297 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a decrease from 681 entries in the fourth quarter of 2015. For the 2016 calendar year, there were 1,990 entries into the system. 64% of those entries (1289 entries) were for interfacility transports, which is a decrease from 2,333 entries (1,481 interfacility) for the 2015 calendar year. This data continues to show dedication to the program itself, but also to maintaining safety of medevac personnel and equipment.

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

The aim of this retrospective chart review of ground and air transported STEMI patients in 2015 and 2016 is to:

Determine if there is a greater opportunity to air transport the STEMI patient from the scene to a PCI center.

Determine if air transport of the STEMI patient directly from the scene to a PCI center impacts the patient's length of stay.

Anita Ashby presented STEMI study information to the Virginia Heart Attack Coalition meeting In May.

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

The drone workgroup has developed a safety flyer that was included in the registration packet for all attendees of the 2016 Virginia EMS Symposium.

OEMS is tracking two bills related to air medical services:

Senate Bill 873 was introduced into the 2017 General Assembly. The language of the Bill is as follows:

“Authorizes a fire chief or other officer in charge to ban or restrict privately owned unmanned aircraft systems at fires, explosions, or other hazardous situations. The bill provides civil immunity for damages to a public safety agency or an employee of such agency if such an unmanned aircraft system is damaged during a ban or restriction.”

More information on Senate Bill 823 can be found at the link below:
<http://leg1.state.va.us/cgi-bin/legp504.exe?171+sum+SB873>

House Bill 1728 was also introduced into the 2017 General Assembly. The language of the Bill is as follows:

“That the Department of Health (the Department) shall convene a work group composed of stakeholders, including representatives of law enforcement, emergency medical services providers, health insurance providers, and other interested stakeholders, to review the rules, regulations, and protocols governing use of air transportation services, also known as air ambulances, in emergency medical situations. The Department shall also review the rules, regulations, and protocols governing dispatch of air transportation services providers in response to emergency medical situations and develop recommendations for changes to such rules, regulations, and protocols that will address differences in procedures governing dispatch of air transportation services providers in emergency medical situations, differences in billing that may affect individuals involved in emergency medical situations during which air transportation services providers are dispatched for the provision of air transportation, and other issues related to the use of air transportation services in emergency medical situations. The Department shall report its findings and recommendations to the Governor and the General Assembly by December 1, 2017.”

More information on House Bill 1728 can be found at the link below:
<http://leg1.state.va.us/cgi-bin/legp504.exe?171+sum+HB1728>

The EMS Systems Planner also participates on the NASEMSO Air Medical Committee.

OEMS and Medevac stakeholders continue to monitor developments regarding federal legislation and other documents related to Medevac safety and regulation.

State EMS Plan

The Virginia Office of EMS Strategic and Operational Plan is mandated through The Code of Virginia to be reviewed and revised on a triennial basis. The current version of the plan was approved by the State Board of Health on June 5, 2014.

As has been done in the past, the committees of the Advisory Board, as well as OEMS staff, and Regional EMS Council staff, were tasked with evaluating the current Plan, and proposing additions and/or deletions, as well as a SWOT analysis, as it pertains to their particular subject area. This information, as well as information received during the public comment period that took place from August 22-September 23, 2016, was reviewed during a session of the Legislation and Planning Committee on September 29, 2016.

The final draft of the State EMS Plan was approved by the state EMS Advisory Board, at the November 9, 2016 meeting. The Plan will be presented to the Board of Health for approval at their March 16, 2017 meeting.

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

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

Public Information and Education

VI. Public Information and Education

Public Relations

Promotions

EMS Bulletin

The PR coordinator completed the winter edition of the EMS Bulletin, Dec. 30, 2016. The EMS Bulletin was posted on the OEMS website, shared through social media and sent via email through the GovDelivery listserv.

Via Social Media Outlets

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

- **October** – Hurricane Matthew updates, disaster assistance and self-dispatching during emergencies, registration reminder for the Va. EMS Symposium, Spirit of Norfolk cruise info., OEMS job openings and Halloween safety tips.
- **November** – Important reminders for Va. EMS Symposium attendees, various on-site Symposium event updates including: Sheraton City Dock lunch options, State EMS Advisory Board meeting time and location, Spirit of Norfolk tickets available, free Flu Shot Clinic, box lunches at the Marriott, Exhibit Hall vendor info., EMS Career Fair, Thursday night dance, event info for three-masted sailing ship docked in Norfolk during Symposium, Friday night musical entertainment and casino night, 2016 Governor's EMS Awards ceremony and Saturday night musical entertainment and dance; Commissioner's letter on the opioid addiction crisis, press release and Governor's EMS Award winners bios, holiday office closures, Near Miss and Safety Reporting for EMS free training event and scheduled maintenance to VAV3.
- **December** – OEMS creates website with updated info re: Opioid Addiction in Va., 2017 lodging info for Symposium, Fentanyl safety for first responders, FDA administers final ruling to ban Powdered Surgeon's Gloves, holiday office closures, Healthy New Year tips to boost health and well-being and EMS Bulletin – winter edition.

Via GovDelivery Email Listserv (October - December)

- 10/06/16 – Registration for the Va. EMS Symposium Closes Friday!
- 10/18/16 – Invitation to the 37th annual Governor's EMS Awards Ceremony and Reception

- 11/04/16 – Important Reminders for Attendees of the 37th Annual Virginia EMS Symposium
- 11/23/16 – Congratulations to the 2016 Governor’s EMS Award Winners!
- 11/29/16 – Virginia Elite System (VAv3) Down for Maintenance
- 12/01/16 – Opioid Addiction in Virginia
- 12/06/16 – 2017 Virginia EMS Symposium Lodging Info
- 12/30/16 – Virginia Office of EMS Bulletin – Winter 2016 Edition

Customer Service Feedback Form (Ongoing)

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

Social Media and Website Statistics

As of January 20, 2017, the OEMS Facebook page had 4,955 likes, which is an increase of 68 new likes since October 24, 2016. As of January 20, 2017, the OEMS Twitter page had 3,958 followers, which is an increase of 66 followers since October 24, 2016.

Figure 1: This graph shows the total organic reach* of users who saw content from the OEMS Facebook page, October – December. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post received 3,360 total organic reach.**

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

Facebook reach activity
Oct. 1 - Dec. 31, 2016

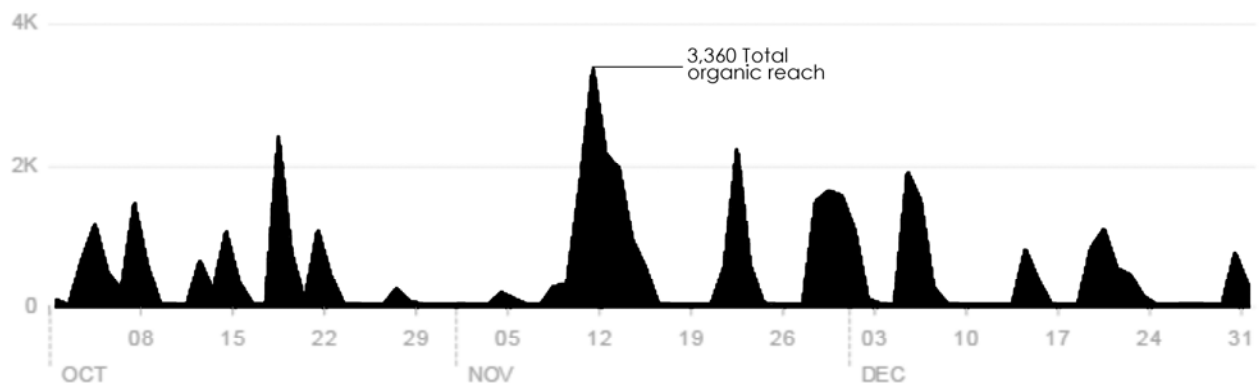


Figure 2: This graph shows the total organic impressions* over a 91-day period on the OEMS Twitter page, October - December. **During this 91-day period our tweets earned a total of 88.5k impressions and 972 impressions per day. The most popular tweet received 4,624 organic impressions.**

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

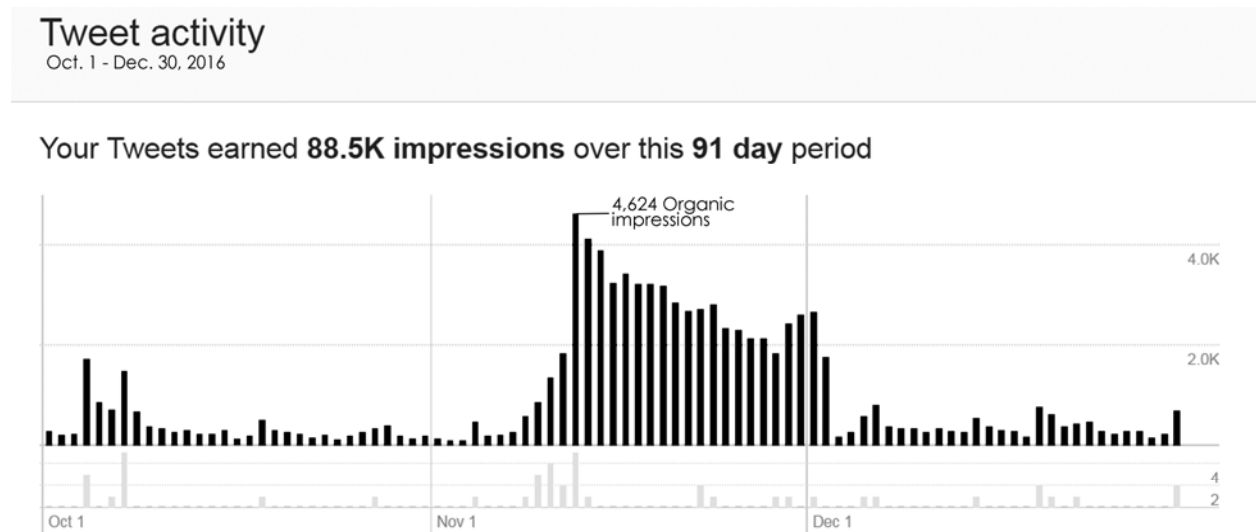


Figure 3: This table represents the top five downloaded items on the OEMS website from October - December.

October	<ol style="list-style-type: none"> 1. 2016 Symposium Catalog (22,574) 2. 2010 Symposium Presentation/LMGT-732 (12,629) 3. 2009 Symposium Presentation/SPE-1008 (4,033) 4. 2010 Symposium Presentation/PREP-1013 (2,792) 5. 2012 Symposium Presentation/OPE-4006 (2,694)
November	<ol style="list-style-type: none"> 1. 2010 Symposium Presentation/LMGT-732 (12,131) 2. 2016 Symposium Catalog (9,567) 3. 2012 Symposium Presentations/AIR-206 (4,188) 4. 2009 symposium Presentations/SPE-1008 (3,998) 5. 2012 Symposium Presentation/OPE-4022 (3,826)
December	<ol style="list-style-type: none"> 1. 2010 Symposium Presentation/LMGT-732 (10,759) 2. 2009 Symposium Presentation/SPE-1008 (3,506) 3. 2010 Symposium Presentation/PREP-1013 (3,366) 4. CTS/Manual Psychomotor ExaminationGuide-July2016 (3,303) 5. 2012 Symposium Presentation/OPE-4022 (2,653)

Figure 4: This table identifies the number of unique visitors, the average visits per day and the average visit length by minutes to the OEMS website from October – December. *Visitors* are defined as the number of unduplicated (counted only once) visitors to your website over the course of a specified time period, whereas the *average visits per day* include both unique visitors and repeat visitors.

	Visitors	Average Visits Per Day	Average Visit Length (Minutes)
October	9,744	1,549	32:56
November	10,069	1,628	32:35
December	9,490	1,423	34:11

EMS Symposium

- PR assistant organized and ordered supply items that would be needed for symposium registration packets.
- PR coordinator finalized event details for free Flu Shot Clinic, which would be hosted in coordination with the Norfolk Health Department.
- PR coordinator finalized Symposium On-Site Guide and sent it to the printer October 25, 2016.
- PR assistant updated the classroom locations in the symposium database.
- PR assistant printed name badges for symposium attendees.
- PR assistant created bingo cards for participating sponsors and printed 1,800 copies for the symposium bags. Karen Owens, emergency operations manager, coordinated and obtained symposium event prizes from various symposium vendors and local retailers.
- PR coordinator printed and collated all registration letters for symposium packets.
- PR coordinator worked with Web coordinator to update symposium sponsors on the OEMS website.
- PR coordinator finalized on-site event signage and submitted it for print.
- PR coordinator organized and submitted symposium to be used in the Symposium mobile app, which mimicked the printed On-Site Guide.

- Coordinated all handouts (from sponsors and OEMS staff) to be included in the registration packets. The week of October 31 – November 4, 2016, OEMS staff stuffed and packed 1,800 registration packets.
- Fielded calls and emails from providers regarding registration, cancellations and vendors requesting sponsorship opportunities and the availability of vendor hall space.
- Attended the 37th Annual Virginia EMS Symposium, November 8-13, 2016. Assisted with registration and signage, coordination of the Governor’s EMS Awards ceremony and reception, the flu shot clinic and other on-site events. Assisted with the vendor hall and updated social media sites with classroom/instructor updates and other event info.
- After the conclusion of the Symposium, the PR assistant emailed Leadership and Management honorary certificates to eligible Symposium attendees who signed up and met the certificate requirements.
- PR coordinator emailed Symposium photos per requests received from symposium attendees.

Governor’s EMS Awards Program

- PR assistant sent email invite to all Governor’s EMS Award nominees to attend the 2016 Annual Governor’s EMS Awards ceremony and monitored nominee’s RSVP to the award ceremony.
- PR assistant prepared the presentation book that contained the award winners’ brief bios, which were read during the awards ceremony.
- PR assistant designed the PowerPoint presentation that was shown at the beginning of the ceremony and displayed the award nominees’ photo and agency affiliation.
- PR coordinator prepared talking points for the Governor’s EMS Awards.
- PR coordinator prepared the Governor’s EMS Award winners’ bios and pictures and posted it on the OEMS website homepage.
- PR coordinator sent out a statewide press release announcing the Governor’s EMS Award winners November 22, 2016.
- Sent email through the OEMS listserv recognizing the 2016 Governor’s EMS Award winners.
- Promoted award winners through OEMS Facebook and Twitter social media sites.
- Sent additional award winner information and photos as requested from public or media.

Media Coverage

The PR coordinator and PR assistant responsible for fielding the following OEMS and VDH media inquiries October – December, and submitting media alerts for the following requests:

- **Dec. 8** – Reporter from the Dallas Morning News wanted verification of Stephen Suprun’s certification level as well as his Virginia EMT certification record.
- **Dec. 19** – Reporter from the Nelson County Times inquired about the status of Gladstone Rescue Squad's license.

OEMS Communications

The PR coordinator and PR assistant are responsible for the following internal and external communications at OEMS:

- On a daily basis, the PR assistant monitors and provides assistance to emails received through the EMS Tech Assist account and forwards messages to their respective divisions.
- The PR assistant is the CommonHealth coordinator at OEMS, and as such sends out weekly CommonHealth Wellnotes to the OEMS staff. In October, she attended the Commonhealth agency coordinators meeting held in Richmond.
- The PR coordinator designs certificates of recognition and resolutions for designated EMS personnel on behalf of the Office of EMS and State EMS Advisory Board.
- Upon request, the PR coordinator creates certificates for free Symposium registrations to be use at designated Regional EMS Council events.
- The PR coordinator and PR assistant provide reviews and edits of internal/external documents as requested.
- The PR coordinator is responsible for monitoring social media activity and requests received from the public. She forwards questions to respective OEMS division managers and provides response to the inquiries through social media.
- The PR coordinator is responsible for coordinating and submitting weekly OEMS reports to be used in the report to the Secretary of Health and Human Resources.
- In October, the PR assistant worked with OEMS HR analyst to organize the OEMS “Stand Up! Stand Out for Health” Challenge. This was an internal office initiative that was coordinated to utilize the new standing VariDesks that OEMS staff members received. Staff members were challenged to use their VariDesks to work while standing up for fifteen minutes every hour, for one day out of the week. The challenge lasted for

four weeks and culminated with a staff survey to gauge staff thoughts about this health initiative.

- In December, the PR assistant coordinated the regional Commonwealth Coordinator, Rose O’Toole, to present the “Get a Grip on Joint Pain” presentation to OEMS staff.
- In December, the PR coordinator and PR assistant worked with OIM IT specialist, OEMS Business Manager and division managers to discuss the transition of the OEMS website to a WordPress platform. All division managers were responsible for updating and verifying their webpages for accuracy.
 - PR assistant and PR coordinator updated general information pages within the new website. PR coordinator worked with OIM IT specialist to develop several layout options for the new homepage and to discuss web tools and widgets that will be available for use in the future. As more tools become available, the webpage will be updated to best fit OEMS’ business needs. The transition to new platform takes place in January 2017.

VDH Communications

VDH Communications Tasks– The PR coordinator was responsible for covering the following VDH communications tasks from October – December:

- **October - December** – Responsible for providing back up for the PR team, including coverage for media alerts, VDH in the News, media assistance and other duties as assigned.
- **VDH Communications Conference Calls (Ongoing)** - The PR coordinator participates in bi-weekly conference calls and polycoms for the VDH Communications team.

Commissioner’s Weekly Email – The PR coordinator submitted the following OEMS stories to the commissioner’s weekly email, from October - December. Submissions that were recognized appear as follows:

- **November 28 - OEMS Hosts 37th Annual Virginia EMS Symposium**

The Virginia Office of Emergency Medical Services (OEMS) recently hosted the 37th Annual Virginia EMS Symposium. The largest EMS training event in the state, and one of the largest in the country, welcomed 1,722 registered attendees. The symposium offered 14 course tracks and 278 courses covering everything from hands-on training in trauma, medical and cardiac care to education for pediatrics, operations, and health and safety. Approximately 22,558 hours of continuing education credits were granted.

An improved version of the EMS Symposium app for Android was available for download in the Google Play Store and a Web version of the app was available for iOS users. The app offered class schedules, evaluations, important updates, on-site event information and more. The training event also included a two-day youth rescue camp for

children ages 8 – 12, which taught basic lifesaving skills, as well as the Governor’s EMS Awards, which recognize excellence in the field.

OEMS also collaborated with VCU Health to host 12 foreign exchange students from the Australian Catholic University and two employees from the Rwandan Ministry of Health. Many thanks to the entire OEMS staff whose assistance and dedication make this event a continued success.

Additional thanks go to staff responsible for preplanning, event coordination and on-site assistance: Gary Brown, director; Scott Winston, assistant director; Warren Short, EMS training manager; Adam Harrell, business manager; Dr. George Lindbeck, state operational medical director; Debbie Akers, Advanced Life Support training specialist; Frank Cheatham, Health and Medical Emergency Response Team coordinator; Terry Coy, media specialist; Tristen Graves, public relations assistant; Irene Hamilton, executive secretary; Norma Howard, continuing education coordinator; Marian Hunter, public relations coordinator and Greg Neiman, Basic Life Support training specialist.

Thanks also to the following for their support: Michael Berg, Wayne Berry, Peter Brown, James Burch, Pat Couser, Dwight Crews, Cam Crittenden, Ken Crumpler, Kapil Daddikar, Sudheer Dadivela, Ed Damerel, Amanda Davis, David Edwards, Paul Fleenor, Bryan Hodges, Jackie Hunter, Dheeraj Katangur, Ron Kendrick, Doug Layton, Shurtone Lee, Stephen McNeer, Manoj Madhavan, Karen Owens, Kimberly Owens Tim Perkins, Linwood Pulling, Heather Phillips-Greene, Wanda Street, Lenice Sudds, Robert Swander and Scotty Williams.

- **November 28 - Norfolk HD Participates in Flu Shot Clinic at Annual Symposium**

The Norfolk Department of Public Health, in coordination with OEMS, hosted a free Flu Shot Clinic for all symposium participants. Approximately 132 vaccinations were administered to attendees. Thanks to the following for making this event successful: Norfolk Department of Public Health Emergency Health Coordinator Eve Zentrich, Nurse Supervisor Nicole Baker, Immunization Nurse Joyce Sample, Staff Nurses Frankie Fisher and Britany Smith, Emergency Health Coordinator Norfolk Medical Reserve Corps (MRC) Coordinator Linda Botts and six MRC volunteers.

- **December 12 - OEMS Staff Member Participates on National Panel**

Recently, the Office of Emergency Medical Services (OEMS) Regulation and Compliance Manager Michael Berg participated on a panel of nationally recognized experts to discuss ambulance standards and their impact on the EMS industry. As the Chair of the Ambulance, Vehicle, Licensure Committee for the National Association of State EMS Officials, he participated with the Commission on the Accreditation of Ambulance Services’ development of the Ground Vehicle Standards v1, released July 1, 2016. He is also a voting member of the National Fire Protection Administration (NFPA) 1917 Automobile Ambulance Standards, which currently has a version of the NFPA standards out and is working on the development of version 3 NFPA standards.

Additionally, he has represented OEMS concerning a Virginia EMS regulation that requires remounted ambulances to meet the same safety requirements as new construction.

- **December 19 - OEMS Conducts Educator Update**

The Office of Emergency Medical Services (OEMS) Division of Educational Development conducted an Emergency Medical Services educator update Saturday, November 12, in Norfolk. Timely topics included new course delivery methods, ethics, an open forum with The National Registry Representatives present and change in continuing education requirements. Participants also learned about updates to certification testing, status of the Intermediate 99 provider level, and the rollout of a new continuing education recordation program. Additionally, an open forum was held to discuss any topics, issues and concerns the educators wanted to highlight. The program was attended by 104 educators from across the state. Program staff included Advanced Life Support training specialist Debbie Akers, Consolidated Test Site Coordinator Peter Brown, Basic Life Support Training Specialist Greg Neiman and Training Manager Warren Short.

Regulation and Compliance

VII. Regulation and Compliance

The Division of Regulation and Compliance is comprised of the following work units:

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

The following is a summary of the Division's activities for the fourth quarter 2016:

EMS Agency/Provider Compliance

Enforcement	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016
Citations	18	10	16	9	40	55	53
Agency	7	5	8	3	22	23	23
Provider	11	5	8	6	18	32	30
Verbal Warning	1	4	1	1	21	6	7
Agency	0	2	0	1	11	5	3
Provider	1	2	1	0	10	1	4

Correction Order	23	16	21	2	59	64	62
Agency	23	16	21	2	59	64	62
Provider	0	0	0	0	0	0	0
Temp. Suspension	9	4	6	6	20	26	25
Agency	0	0	0	0	0	0	0
Provider	9	4	6	6	12	26	25
Suspension	2	3	3	3	11	15	11
Agency	0	0	0	0	1	0	0
Provider	2	3	3	3	5	15	11
Revocation	2	1	1	1	7	8	4
Agency	0	0	0	0	0	0	0
Provider	2	1	1	1	4	8	4
Compliance Cases	39	35	28	19	202	166	121
Opened	22	14	27	10	140	112	71
Closed	17	21	1	9	62	54	48

Drug Diversions	4	1	6	5	21	15	16
Variances	10	3	3	0	29	23	16
Approved	9	1	3	0	16	14	13
Denied	1	2	0	0	13	9	3

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

x – Indicates data not available

Hearings: December 12 - Hart

Licensure	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016
Agency	643	641	638	635	669	646	638
New	2	4	0	0			6
Vehicles	4,220	4,165	4,233	4,227	4,137	4,568	4,227
Inspection	443	1,103	1,100	754	2,997	2,854	3,400
Agency	51	54	59	58	289	319	222
Vehicles	226	865	892	581	2,261	1,964	2,564
Spot	115	184	149	115	447	571	563

Background Unit

The Office of EMS began the process of conducting criminal history records utilizing the FBI fingerprinting process through the Virginia State Police on July 1, 2014. There is a dedicated section on the OEMS website with relevant information on this new process that can be found at the following URL: <http://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/criminal-history-record/> .

Background Checks	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016
Processed	1,903	2,490	2,063	1,701	3,488	6,773	8,157
Eligible	1,458	1,733	1,224	1,501	2,683	5,415	5,916
Non-Eligible	16	10	11	9	19	50	46
Outstanding	202	522	612	26	546	1,091	1,362
Jurisdiction Ordinance	155	317	320	375		189	1,167

Regulatory

OEMS Staff continues to work with the various stakeholder groups to review suggested revisions to sections of the current EMS Regulations. Once completed, these recommended changes will be directed through the Rules and Regulations Committee to be submitted as a regulatory review packet.

- A Notice of Intended Regulatory Action (NOIRA) has been submitted to OEMS Executive management for review and subsequent forwarding to VDH Executive Management on January 11, 2017.

EMS Physician Endorsement

Endorsed EMS Physicians: As of January 18, 2017: 218

The regional OMD workshops scheduled for 2017 period are as follows:

February 13, 2017	Full Day Workshop VACEP Winter Meeting The Homestead, Hot Springs, Virginia
March 31st, 2017	Half Day Workshop, NOVA EMS 1000-1500
April 4th, 2017	Half Day Workshop, LFEMS/REMS 1000-1500 REMS – TBA
April 12th, 2017	Half Day Workshop WVEMS/SWVEMS Southwest Virginia Higher Education Center in Abingdon, VA
TBD	Half Day Workshop, CSEMS/TJEMS TJEMS Office
May 11th, 2017	Half Day Workshop, ODEMSA ODEMSA offices

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

Additional Division Work Activity

The Regulation and Compliance staff held their quarterly staff meeting on November 30 – December 2, 2016 in Glen Allen, Virginia in conjunction with the RSAF meeting. The next quarterly staff meeting is scheduled for March 29-31, 2017.

OEMS staff offers technical assistance and educational presentations to EMS agencies, entities and local governments as requested:

October 6, Hot Springs Rescue Squad – presentation

October 16 - 18, Fire/EMS Study (VDFP collaborative) – Franklin County

October 18 - 20, NFPA v3 work session – Kansas City

November 7 - 8, American Ambulance Association – Clark County, NV

November 9 -13, EMS Symposium, Norfolk

December 5, Atlantic EMS Council, Washington, DC

December 5 - 7, NASEMSO BOD, Alexandria

December 8, OMD Workshop, PEMS/TEMS

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

OEMS staff, in conjunction with the VDH, Office of Information Management (OIM), has initiated the process of converting data, files and processes from the existing Lotus Notes database to a new Oracle database for the Division of Regulation and Compliance. It is estimated to be completed in early 2017.

OEMS staff continues its work at the national level in the development of ambulance standards. Staff attended on behalf of the National Association of EMS Officials (NASEMSO) a meeting between the NFPA and CAAS (GVS v1) as part of the mediation process between the two organizations. CAAS has submitted to the American National Standards Institute (ANSI) to have GVS v1 an ANSI accredited ambulance standard; NFPA objects in having two ANSI accredited organizations on the same topic. This meeting was held on January 10, 2017 in Crystal City, VA.

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee met on November 11, 2016 at the Virginia EMS Symposium. The meeting minutes are available on the OEMS website, at the link below:

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

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

EMS Officer Sub-Committee

The EMS Officer Sub-committee has met since the last State EMS Advisory Board meeting. The sub-committee has been working on developing an EMS Officer I course based on the Fire Officer I course material in the Jones and Bartlett Fire Officer Principles and Practice (Third Edition).

The workgroup has worked to finalize the draft content of all the modules of EMS Officer I. A pilot of the EMS Officer I program was offered as a pre-conference session at the 2016 Virginia EMS Symposium, with 15 students completing the class. The workgroup has been evaluating student feedback, etc. to determine changes that may be necessary to future offerings of EMS Officer I.

Standards of Excellence (SoE) Sub-Committee

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

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

A SoE site visit was conducted at Loudoun County Fire-Rescue (LCFR) on October 27th, and LCFR has been recognized as an Agency of Excellence.

All documents related to the SoE program can be found on the OEMS website at the link below:
<http://www.vdh.virginia.gov/OEMS/Agency/SoE.htm>

OEMS continues to receive communications from agencies interested in participating in the SoE process.

Keeping The Best! Program

A Keeping The Best! Program will be facilitated in conjunction with Loudoun County Fire-Rescue's recruitment and retention training day on March 25, 2017.

The Virginia Recruitment and Retention Network

The Virginia Recruitment and Retention Network met on November 10, 2016, in conjunction with the Virginia EMS Symposium. The network is scheduled to meet on February 23, 2017 at Virginia Beach Volunteer Rescue Squad, Station 14, in conjunction with the Virginia Fire Chief's Association conference.

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

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

Loudoun County Fire-Rescue is hosting a full day of Recruitment and Retention training and networking on Saturday March 25, 2017. More information can be found at the web link below:

<http://www.vdh.virginia.gov/content/uploads/sites/23/2017/01/LoudounRecruitmentFlyer03-2017.pdf>

Trauma and Critical Care

IX. Trauma and Critical Care

Image Trend Update

- Migration of data from Image Trend servers to VITA servers
 - In December 2017 the Virginia Office of Information Management and Image Trend staff began the process of migrating prehospital patient care data from Image Trend servers to internal VITA servers. This important first step will pave the way for data warehousing, will increase access to our data and allow for integration of EMS data with other VDH data sources. While the focus of the transition team has been on the Electronic Patient Care Report application in order to minimize impact to EMS field staff, work is being done on the optional modules the State has made available to end users (Report Writer, Hospital Hub).

- Transition from NEMSIS Version 2 to NEMSIS Version 3 (VAV3) standard
 - NEMSIS discontinued collection of Version 2 data on 12/31/2016

 - At this time 47 of Virginia's 575 active EMS Agencies have not transitioned to the new VAV3 version. OEMS staff will continue to work with those agencies to accomplish the transition so that it does not become a compliance issue.

 - OEMS staff has handled over 1200 support requests during the last quarter. The requests were split over the following categories:
 - User account issues (password/locked accounts)
 - V2 to V3 transition support
 - Requests for Data
 - Data Exchange issues (XML Mapping, 3rd party submission issues)
 - Setup issues (agency system setup)
 - Server transition issues

- Ongoing Data Projects
 - The Division continues to participate in the VDH Addiction Work Group that is tasked with developing strategies to combat opiate related drug overdose deaths in the Commonwealth. EMS data is playing a key role in prevention process and we provide monthly Narcan usage reports to Dr. Melton, the Health District Managers and Regional Council Directors as a part of the ongoing surveillance efforts. The most recent quarterly report can be found on the Virginia Aware website (www.VaAware.com) in the Resources section. EMS plays a vital role in the survival of these patients and their role is being recognized.

Staffing Updates

- The Division continues to have two open positions.
 - EMO27 Lead Statistical Analyst
 - Posted 9/28-10/12/2016
 - 27 applications received with 7 screened in as meeting minimum required standards
 - Interviews conducted without identifying a suitable candidate
 - Position to be reviewed and reposted
 - EM025 Trauma and Critical Care Coordinator
 - Posted 9/28-10/28/2017
 - 17 applications received with 5 screened in as meeting minimum standards
 - Interviews being scheduled

Trauma System

- Trauma System Plan Taskforce
 - The Trauma System Plan Taskforce is a multi-disciplinary task force representing the trauma and EMS system in Virginia. Convened at the request of the Chair and Executive Committee of the State EMS Advisory Board, the Taskforce is charged with addressing the recommendations contained in the American College of Surgeons Trauma System Consultation Report. The task force identified subject matter experts to serve on work groups that are examining key aspects and components of the current trauma system in Virginia. The Trauma System Plan Taskforce and the workgroups meet quarterly with their most recent meeting December, 1, 2016 in Richmond. The workgroups are continuing work on their draft strategic plans for submission to the Trauma System & Oversight Committee's approval prior to submission to this Board.
 - Dr. Michael Aboutanos and OEMS staff is scheduled to give a Trauma System Briefing during the Lunch and Learn session at the next Board of Health meeting in March 2017.

- The membership rosters, meeting dates, locations and meeting minutes can be found on the new OEMS web site at www.vdh.virginia.gov/emergency-medical-services/.

Trauma Center Designations

- Designations
 - Inova Fairfax Hospital and Southside Regional Medical Center both underwent successful triennial designation visits.
- Verifications
 - Inova Loudon Hospital submitted a Letter of Intent to seek Level III Trauma Designation. Their site visit is scheduled for April 2017.
 - Children’s Hospital of the Kings Daughters has submitted a Letter of Intent to seek Level I Pediatric Trauma Center Designation. The site visit date is pending their completion of the application documents.

Trauma Fund

The Virginia Supreme Court Rule 1:24 will become effective February 1, 2017 and is intended to facilitate the payment of fines, court costs, penalties and restitution assessed against those convicted of a criminal offense or traffic infraction. The rule requires the courts to make available deferred and installment payment plans to those individuals prior to suspending their driver’s license for nonpayment.

The potential decline in driver’s license suspensions will result in decreased collections of the \$145.00 reinstatement fee, of which the Trauma Fund receives \$100.00. The exact fiscal impact of Rule 1:24 is unknown at this time, however we do anticipate some loss in funding. The Virginia Department of Health, Office of Emergency Medical Services and the Department of Motor Vehicles will monitor the financial impact once the ruling goes into effect on February 1, 2017 and we will keep you informed.

State Stroke Plan

A workgroup was convened the Division in conjunction with the Virginia Stroke System Taskforce (VSSTF), to review and update the State’s Stroke Triage Plan. The plan was last updated in April 2010. Dr. Lindbeck briefed the VSSTF on the status of the plan at their January 13, 2017 meeting and we are awaiting final comments. The plan will be presented to this Board for review and approval once it is finalized.

Emergency Medical Services for Children (EMSC)

EMS Agency Surveys—Virginia Assigned to Cohort 10

The Virginia EMS for Children (ESMC) program in the Office of EMS, with the assistance of the National EMSC Data Analysis Resource Center (NEDARC), will be conducting web-based surveys of licensed Virginia EMS agencies **December 2017 through February 2017**—with the group of states referred to as “Cohort 10”.



Preparations for the surveying process will begin during the 3-month period directly preceding Cohort 10’s start date of December 1, 2017. The “baseline data” being collected is related to two of the three new national EMSC Performance Measures (PMs) recently announced, and reported to the Committee in the October EMSC Program Report.

All of the Performance Measures have detailed percentage targets (by year) that states will measure their progress against. For example, PM EMSC 01 (which will be collected from state EMS offices) has an ultimate goal of *90% of the licensed EMS agencies in a state submitting the required EMS data in NEMSIS 3.x format (and subsequent reporting by the state to the NEMSIS Technical Assistance Center [TAC]) by the year 2020.*

EMSC State Partnership Grant Notes

- As 2016 came to a close, the **EMSC Innovation and Improvement Center (EIIC)** established specific *State Partnership teams* to assist the EMS for Children state program managers in their work to improve pediatric emergency care. These teams will be collaborating with state EMSC programs, the Health Resources and Services Administration (HRSA) and the National EMSC Data Analysis Resource Center (NEDARC) on EMSC priorities, including achievement of selected national performance measures. *EIIC team members assisting Virginia will include **Diana Fendya** and **Kate Remick**.*
- The final funding total for budget year 2017-1028 of the EMSC State Partnership Grant is uncertain as the federal government is currently operating under a continuing resolution (CR) until April 28, 2017. Currently, the CR is a temporary funding measure that has allowed operations to continue with a proportional reduction in discretionary funding. For the EMSC State Partnership grant program the proportional reduction is 57.53%, and is being applied across all EMS for Children budget categories.
- The required EMSC All Grantee Program Meeting (usually held now once every two years) is scheduled for Arlington, Virginia August 15-17, 2017. Virginia is expected to

send at least 3 folks connected with the EMSC State Partnership Grant—usually the EMSC Manager, FAN rep, EMSC Medical Director and/or EMSC Grant Principal Investigator.

- Virginia’s EMSC Coordinator will be attending the workshop “*Tools and Skills for Engaging Stakeholders*”, presented by the National EMSC Data Analysis Resource Data Center (NEDARC) next month in South Carolina.
- Urging the use of appropriate child restraint systems for ground ambulances is a major objective of the Virginia EMS for Children program, and a solid portion of 2017 EMSC State Partnership Grant funding will go toward assisting a limited number of volunteer EMS agencies acquire these systems. (One of the recommendations of the American College of Surgeons in their Trauma System Consultation Report was that the state help EMS agencies find funding for child restraints for ground ambulances. EMSC funding was specifically mentioned as a prime option to help with this, and had been previously discussed by the Committee. A method for determining volunteer agencies with the need for an appropriate child restraint system will be forthcoming.)
- We still await word on our carryover request of 2015-2016 funding (unobligated balances), with hopes it can be applied to this grant period.

Joint AAP, PTS and STN Policy Statement on *Management of Pediatric Trauma* Released Earlier this Year

A revised joint policy statement from the American Academy of Pediatrics, Pediatric Trauma Society and Society of Trauma Nurses on “Management of Pediatric Trauma” was released this year.

Injury is still the number 1 killer of children ages 1 to 18 years in the United States. Children who sustain injuries with resulting disabilities incur significant costs not only for their health care but also for productivity lost to the economy. The families of children who survive childhood injury with disability face years of emotional and financial hardship, along with a significant societal burden. The entire process of managing child-hood injury is enormously complex and varies by region. Only the comprehensive cooperation of a broadly diverse trauma team will have a significant effect on improving the care of injured children.

The policy statement can be found at:

<http://pediatrics.aappublications.org/content/early/2016/07/21/peds.2016-1569>.

Pediatric Disaster Preparedness

The 2017 Virginia Public Health & Healthcare Preparedness Academy will be held May 31-June 1, 2017 in Fredericksburg at the Fredericksburg Expo and Conference Center. The theme of this year’s meeting is “Moving Preparedness Forward” and the Virginia EMS for Children program plans to be a sponsor and participant in the Academy.

Pediatric Topics for 2017 Symposium

- The “Call for Presentations Portal” is the place to suggest pediatric topics for the 2017 Virginia EMS Symposium. Though the deadline for submitting topics is past, PLEASE submit anyway, and if it is too late, the topic can be considered for the next Symposium. We always need ideas for good pediatric topics! Please cut and paste this link or click on it:

https://vdhems.vdh.virginia.gov/emsapps/f?p=102:LOGIN_DESKTOP:.....

- In addition to financially supporting the pediatric track as a whole, the Virginia EMSC program hopes to present a pre-conference Pediatric Education for Prehospital Professionals (PEPP) course at the 2017 Virginia EMS Symposium.

Nationally, EMSC Strategic Planning Underway for New 5-Year Plan

--Compiled from EMSC Pulse, Dec. 8 & Jan. 5 editions—re: Theresa Morisson-Quinata, EMSC Branch Chief

For over 30 years, the Department of Health and Human Services (HHS), Health Resources and Systems Administration’s (HRSA) Emergency Medical Care for Children Program (EMSC) has improved Emergency Medical Services (EMS) systems throughout the country as part of its mission to manage and improve the emergency medical needs of children.

EMSC has been impactful and longstanding because of its ability to demonstrate measurable improvements in how emergency medical care is provided to children. Much of this success is achieved through EMSC’s partnerships with States, communities, medical institutions, public-private partners, and families.

But the landscape is shifting, and to ensure continuous improvement to children’s EMS, the program is going through a necessary transition to meet changing needs. As all thoughtful and diligent organizations must do, EMSC understands it must evolve and is developing a 5-year Strategic Plan, which will serve as the roadmap for the program and those who support it. In order for the transition to be successful, the program needs to refocus its strategy, prioritize and explain its investments, and work closely with its stakeholders – those who care about and are invested in the EMS initiative – to improve emergency care for children.

EMSC leaders are working with EIIC and other stakeholders to shape the Strategic Plan every step of the way. EMSC is working with its partners to answer the following questions:

- 1) What are our goals and aspirations?**
- 2) Where will we focus?**
- 3) How will we succeed?**
- 4) What capabilities will we need?**
- 5) What are our priority initiatives?**

Through strategic planning meetings, conference calls, ongoing check-ins and conversations, and ongoing requests for input, EMSC is developing a Strategic Plan that encompasses the priorities, concerns, and solutions of its stakeholders. Most importantly, the EMSC Strategic Plan will help explain EMSC's vision of EMS services for children, and the steps that must be taken to achieve it.

EMSC leaders are working with Atlas Research, LLC, comprised of Atlas Research and Deloitte, to develop a 5-year Strategic Plan, which will serve as a roadmap for the EMSC program and those who support it. Understanding that much of the success of the EMSC program is attributed to EMSC's partnerships with states, communities, medical institutions, public-private partners, families, federal agencies, the Atlas Research is engaging these stakeholders in every step of the strategic planning process.

The strategic planning process kicked off with the HRSA EMSC Strategic Planning Meeting held in Rockville, MD in October 2016. Forty-six stakeholders came together to discuss how the EMSC program should prioritize its resources in ways that will advance the program's vision amidst the trends and forces in the environment. During the meeting, participants assessed existing and potential stakeholders' assets and priorities as they relate to the EMSC program's vision, strengths, and investments; and identified factors needed to advance elements of the vision and measure progress.

Atlas Research is utilizing the outcomes of Strategy Meeting to inform ongoing engagements with EMSC partners, such as national organizations, federal agencies, EIIC Implementation Advisory Board, EIIC Quality Improvement Advisory Board, and EMSC Town Hall participants to elevate and validate the Strategy Meeting's results. Additionally, Atlas Research is hosting a series of conversations with existing and potential stakeholders to understand tensions and opportunities impacting the EMSC program. Input from each of these groups is collectively helping Atlas Research identify the range of strategic choices available to the EMSC program, and will eventually help narrow the path that the EMSC program will take on its journey to achieve its 5-year Strategic Plan.

Ultimately, the intent of this series of activities is to create the clarity and focus needed to ensure meaningful value for the children served by the HRSA EMSC program through the development of a Strategic Plan for the EMSC program.

Pediatric Readiness Assessment Portal to Re-Open

Due to the interest of many hospitals to continually improve, the Pediatric Readiness Assessment portal **will be open** to allow hospitals to take the assessment as many times as they would like for QI purposes. This new capability will be available in early 2017. We appreciate the support of so many hospitals who have taken a special interest in this project and desire to improve emergency care for children. Questions, contact Patty Schmuhl, Pediatric Readiness Information Coordinator or 801-213-3216.

Suggestions/Questions

Suggestions or questions related to the Virginia EMS for Children program in the Virginia Department of Health should be submitted to David Edwards via email at david.edwards@vdh.virginia.gov, or by calling 804-888-9144 (direct line).



The EMS for Children Program is hosted by the Office of EMS, and is a function of the Division of Trauma/Critical Care.

Respectfully Submitted

OEMS Staff

Appendix

A

2017 Office of EMS Legislative Grid

January 26, 2017

Bills	Committee	Last action	<u>Date</u>
<u>HB 1398</u> - <u>Bell, Richard P.</u> - Hate crimes; acts against law-enforcement officers, firefighters, and EMS personnel.	<u>(H) Committee for Courts of Justice</u>	(H) Assigned Courts sub: Criminal Law	01/13/17
<u>HB 1404</u> - <u>Cole</u> - Fire alarms; malicious activation in any building, penalty.	<u>(H) Committee for Courts of Justice</u>	(H) VOTE: BLOCK VOTE PASSAGE (99-Y 0-N)	01/26/17
<u>HB 1413</u> - <u>Cole</u> - Driver's licenses; expiration and renewal.	<u>(H) Committee on Transportation</u>	(H) Subcommittee failed to recommend reporting (3-Y 3-N)	01/16/17
<u>HB 1416</u> - <u>Helsel</u> - Line of Duty Act; payments to beneficiaries.	<u>(H) Committee on Appropriations</u>	(H) Assigned App. sub: Compensation and Retirement	01/12/17
<u>HB 1426</u> - <u>Garrett</u> - Emergency custody or involuntary admission process; alternative transportation model.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Printed as engrossed 17100871D-E	01/26/17
<u>HB 1449</u> - <u>Boysko</u> - Naloxone; dispensing for use in opioid overdose reversal, etc.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Subcommittee recommends laying on the table	01/24/17
<u>HB 1453</u> - <u>LaRock</u> - Naloxone; dispensing for use in opioid overdose reversal, etc.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Subcommittee recommends reporting with substitute (11-Y 0-N)	01/24/17
<u>HB 1480</u> - <u>Helsel</u> - Mental health awareness training; law-enforcement officers, firefighters, and emergency personnel.	<u>(H) Committee for Courts of Justice</u>	(H) Assigned Courts sub: Mental Health	01/13/17
<u>HB 1481</u> - <u>Helsel</u> - Ordinances relating to fire departments and fire companies; operators of emergency vehicles.	<u>(H) Committee on General Laws</u>	(H) Assigned GL sub: Subcommittee #1	01/16/17
<u>HB 1525</u> - <u>Albo</u> - Revocation	<u>(H) Committee for</u>	(H) Subcommittee	01/25/17

or suspension of driver's licenses; laws of other jurisdictions.	Courts of Justice	recommends reporting with amendment (10-Y 0-N)	
HB 1531 - Farrell - Department of Health; regulations governing Other Do Not Resuscitate Orders.	(H) Committee on Health, Welfare and Institutions	(H) Assigned HWI sub: Subcommittee #3	01/12/17
HB 1532 - Wright - Fire Programs Fund.	(H) Committee on Commerce and Labor <hr/> (S) Committee on Commerce and Labor	(S) Referred to Committee on Commerce and Labor	01/24/17
HB 1590 - Campbell - Duty of care to law-enforcement officers and firefighters; fireman's rule.	(H) Committee for Courts of Justice	(H) Subcommittee recommends reporting (7-Y 0-N)	01/23/17
HB 1599 - Fariss - Suspension of driver's license for unpaid fines, etc.; written offer of employment.	(H) Committee for Courts of Justice	(H) Subcommittee recommends laying on the table	01/25/17
HB 1611 - Leftwich - Child support arrearages; suspension of driver's license.	(H) Committee for Courts of Justice	(H) Assigned Courts sub: Criminal Law	01/13/17
HB 1642 - Hope - Naloxone or other opioid antagonist; possession and administration.	(H) Committee on Health, Welfare and Institutions <hr/> (S) Committee on Education and Health	(S) Referred to Committee on Education and Health	01/25/17
HB 1719 - Anderson - Wireless E-911 Fund; distribution percentages.	(H) Committee on Commerce and Labor <hr/> (S) Committee on Commerce and Labor	(S) Referred to Committee on Commerce and Labor	01/24/17
HB 1720 - Anderson - Flag at half mast; public safety personnel.	(H) Committee on Militia, Police and Public Safety	(H) Assigned MPPS sub: #3	01/17/17

<u>HB 1728</u> - <u>Ransone</u> - Air transportation services providers; VDH to review rules for use in medical situations.	(H) <u>Committee on Health, Welfare and Institutions</u> (S) <u>Committee on Education and Health</u>	(S) Referred to Committee on Education and Health	01/25/17
<u>HB 1739</u> - <u>Minchew</u> - Civil immunity; emergency services and communications.	(H) <u>Committee for Courts of Justice</u>	(H) Subcommittee recommends striking from docket	01/25/17
<u>HB 1747</u> - <u>O'Bannon</u> - Advance medical directives; person authorized to provide assistance in completing.	(H) <u>Committee on Health, Welfare and Institutions</u>	(H) Engrossed by House - committee substitute HB1747H1	01/26/17
<u>HB 1750</u> - <u>O'Bannon</u> - Dispensing of naloxone; patient-specific order not required.	(H) <u>Committee on Health, Welfare and Institutions</u>	(H) Subcommittee recommends reporting (11-Y 0-N)	01/24/17
<u>HB 1763</u> - <u>Greason</u> - Special license plates; highway safety.	(H) <u>Committee on Transportation</u>	(H) Reported from Transportation (22-Y 0-N)	01/26/17
<u>HB 1785</u> - <u>Bell, Robert B.</u> - Emergency vehicles, privately owned; exemptions and requirements.	(H) <u>Committee on Transportation</u>	(H) Committee substitute printed 17104560D-H1	01/26/17
<u>HB 1789</u> - <u>Rasoul</u> - Volunteer emergency vehicles, privately owned; requirement for flashing lights and sirens.	(H) <u>Committee on Transportation</u>	(H) Assigned Transportation sub: Subcommittee #1	01/13/17
<u>HB 1829</u> - <u>Dudenhefer</u> - Teacher licensure; certification or training in emergency first aid, cardiopulmonary resuscitation.	(H) <u>Committee on Education</u>	(H) Assigned Education sub: Education Innovation	01/20/17
<u>HB 1862</u> - <u>Lopez</u> - Driver's license; suspension for nonpayment of fines or costs.	(H) <u>Committee for Courts of Justice</u>	(H) Subcommittee recommends laying on the table	01/25/17
<u>HB 1878</u> - <u>Pogge</u> - Suspension of license; person legally adjudged incompetent, notice to DMV Commissioner.	(H) <u>Committee on Transportation</u>	(H) Committee substitute printed 17104303D-H1	01/26/17

<u>HB 2049</u> - <u>Krizek</u> - Driver's license; suspension of license for nonpayment of fines and court costs.	<u>(H) Committee for Courts of Justice</u>	(H) Subcommittee recommends laying on the table	01/25/17
<u>HB 2153</u> - <u>Rasoul</u> - Durable Do Not Resuscitate Orders; reciprocity.	<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	01/25/17
<u>HB 2300</u> - <u>O'Bannon</u> - Health, Department of; frequency of inspections.	<u>(H) Committee on Health, Welfare and Institutions</u>	(H) Referred to Committee on Health, Welfare and Institutions	01/11/17
<u>HB 2317</u> - <u>O'Bannon</u> - Harm reduction programs; public health emergency, etc.	<u>(H) Committee on Appropriations</u>	(H) Subcommittee recommends reporting (7-Y 0-N)	01/24/17
<u>HJ 687</u> - <u>Cole</u> - Commending the Rappahannock Emergency Medical Services Council.		(S) Agreed to by Senate by voice vote	01/19/17
<u>HJ 732</u> - <u>Bell, John J.</u> - Commending the Sterling Volunteer Fire Company.		(S) Laid on Clerk's Desk	01/23/17
<u>SB 790</u> - <u>Cosgrove</u> - Crimes against law-enforcement officers, firefighters, and other emergency personnel; penalty.	<u>(S) Committee on Finance</u>	(S) Rereferred to Finance	01/16/17
<u>SB 805</u> - <u>Carrico</u> - Vehicle registration fees; funds for Department of State Police.	<u>(S) Committee on Finance</u>	(S) Passed by indefinitely in Finance (16-Y 0-N)	01/25/17
<u>SB 848</u> - <u>Wexton</u> - Naloxone; dispensing for use in opioid overdose reversal, etc.	<u>(S) Committee on Education and Health</u>	(S) Assigned Education sub: Health Professions	01/23/17
<u>SB 867</u> - <u>Stuart</u> - Lien against person whose negligence causes injury; emergency medical services agency.	<u>(S) Committee for Courts of Justice</u>	(S) Read third time and passed Senate (40-Y 0-N)	01/19/17

SB 873 - Marsden - Authority of fire chief over unmanned aircraft systems at a fire, etc.; civil liability.	(S) Committee on General Laws and Technology	(S) Read third time and passed Senate (38-Y 0-N)	01/20/17
SB 888 - Chafin - Civil immunity; emergency services and communications.	(S) Committee for Courts of Justice	(S) Referred to Committee for Courts of Justice	12/20/16
SB 896 - Ruff - Volunteer Firefighters' and Rescue Squad Workers' Service Award Fund Board; meetings.	(S) Committee on General Laws and Technology	(S) Read third time and passed Senate (38-Y 0-N)	01/20/17
SB 980 - Stanley - Statewide Fire Prevention Code; State Fire Marshal; consumer fireworks; penalties.	(S) Committee on General Laws and Technology	(S) Passed by indefinitely in General Laws and Technology (10-Y 5-N)	01/23/17
SB 1003 - Ebbin - Wireless E-911 Fund; distribution percentages.	(S) Committee on Commerce and Labor	(S) Read third time and passed Senate (38-Y 0-N)	01/20/17
SB 1031 - Marsden - Naloxone or other opioid antagonist; possession and administration.	(S) Committee on Education and Health	(S) Read third time and passed Senate (40-Y 0-N)	01/17/17
SB 1064 - Deeds - Mental health awareness training; law-enforcement officers firefighters, and emergency medical.	(S) Committee on Finance	(S) Constitutional reading dispensed (40-Y 0-N)	01/26/17
SB 1118 - McPike - Line of Duty Act; Act includes firefighter trainees.	(S) Committee on Finance	(S) Rereferred to Finance	01/16/17
SB 1120 - McPike - Workers' compensation; volunteer firemen and emergency medical services personnel.	(S) Committee on Commerce and Labor	(S) Referred to Committee on Commerce and Labor	01/09/17
SB 1198 - DeSteph - Operators of emergency vehicles; completion of Emergency Vehicle Operator's Course.	(S) Committee on General Laws and Technology	(S) Referred to Committee on General Laws and Technology	01/10/17

SB 1242 - Dunnivant - Advance directives; persons authorized to provide assistance in completing, training programs.	(S) Committee on Education and Health	(S) Read third time and passed Senate (39-Y 0-N)	01/24/17
SB 1244 - Dunnivant - Glucagon; administration by emergency medical services providers.	(S) Committee on Education and Health	(S) Assigned Education sub: Health Professions	01/23/17
SB 1280 - Ebbin - Driver's license; suspension for nonpayment of fines or costs.	(S) Committee for Courts of Justice	(S) Committee substitute printed 17104799D-S1	01/25/17
SB 1330 - Carrico - Critical incident stress management team; peer support team privileged communications.	(S) Committee for Courts of Justice	(S) Rereferred to Courts of Justice	01/19/17
SB 1365 - Edwards - Statewide Fire Prevention Code; authority of Va. Fire Services Bd., fees for school inspections.	(S) Committee on General Laws and Technology	(S) Referred to Committee on General Laws and Technology	01/11/17
SB 1411 - Suetterlein - Statewide Fire Prevention Code; authorizes use of consumer fireworks, penalties.	(S) Committee on General Laws and Technology	(S) Passed by indefinitely in General Laws and Technology (9-Y 6-N)	01/23/17
SB 1511 - Deeds - Advance directives; amends procedures, mental health treatment, capacity determinations.	(S) Committee on Education and Health	(S) Referred to Committee on Education and Health	01/19/17
SB 1557 - Barker - Community health workers; VDH to establish work group to examine risks, etc.	(S) Committee on Rules	(S) Referred to Committee on Rules	01/20/17
SB 1561 - Dunnivant - Emergency Department Care Coordination Program; established.	(S) Committee on Education and Health	(S) Referred to Committee on Education and Health	01/20/17
SJ 244 - Favola - Commending the Sterling Volunteer Fire Company.		(H) Agreed to by House by voice vote	01/20/17

<u>SJ 308</u> - <u>Vogel</u> - Governor; confirming appointments.	<u>(S) Committee on Privileges and Elections</u>	(S) Reading waived (40-Y 0-N)	01/26/17
<u>SJ 310</u> - <u>Vogel</u> - Governor; confirming appointments.	<u>(S) Committee on Privileges and Elections</u>	(S) Reading waived (40-Y 0-N)	01/26/17

Appendix

B

Appendix
Outline for Education Coordinator Candidate Process

Committee Motion: Name: Training And Certification Committee

Individual Motion: Name: _____

Motion:
TCC moves to adapt the outline for the Education Coordinator Candidate Process as attached to be implemented as soon as DED develops the necessary infrastructure.

EMS Plan Reference (include section number):
2.2.1 Ensure adequate, accessible and quality EMS provider training and continuing education exists in Virginia.
4.2.2 Assure adequate and appropriate education of EMS students.

Committee Minority Opinion (as needed):
None. There was no opposition or abstentions.

For Board's secretary use only:
Motion Seconded

By: _____

Vote: By Acclamation: Approved Not Approved

By Count: Yea: _____ Nay: _____ Abstain: _____

Board Minority Opinion:

Meeting
Date:

Appendix
Outline for Education Coordinator Process

Requirements

Be a minimum of 21 year of age upon application submission.

Possess a high school diploma or equivalent.

Hold current Virginia EMS certification as an EMT or higher level [Virginia EMS certification](#). **(will require a change in regulations)**

Have three years medical experience with a minimum of two years verified field experience as an EMS provider at the appropriate EMS level or two years of current Virginia licensure as a registered nurse, physician assistant, doctor of osteopathic medicine, or doctor of medicine.

Must not have any EMS compliance enforcement actions within the previous five years including during the candidate review process.

Application

Candidate status is initiated upon receipt of a completed EC candidate application.

Must have the endorsement of an OEMS recognized EMS physician on a form approved by the OEMS.

Must have the endorsement of an OEMS certified Education Coordinator on a form approved by the OEMS from the educator who is willing to mentor the candidate and who is at or above the 16 percentile. A minimum of 60% of the teaching experience must be under the direction of the education coordinator endorsing the candidate.

In the event that the EC mentor is unable to continue during the 2-year period, and the candidate is in good standing, the candidate can request a new mentor by submitting a form to the Office. The request will be reviewed by the Office and may be approved or denied.

All hours and steps that were completed prior to the loss of the EC Mentor will remain.

The applicant must sign a self-declaration indicating they meet the eligibility requirements for EC.

Educational Verification Requirements:

Appendix
Outline for Education Coordinator Process

Submission of high school diploma or equivalent.

If requesting teaching hour requirement credit (section III.D.), submission of an Official Transcript from the Educational Institution verifying:

Successful completion of an Associate's, Bachelor's, Masters or Doctorate Degree from a regionally accredited educational program.

and/or

Completion certificate for the following educational courses/certifications:

JMA Method Seminar, NAEMSE Instructor Course I/II,
Nationally Certified EMS Educator (NCEE), VDFP/Proboard
Instructor I

The Application is valid for 2 years from date it is approved by OEMS.

If all aspects of the process are not completed in the 2-year application period, the candidate must restart the application and previous steps completed will be zeroed, including attending the institute.

Pre-institute Phase

- A. Must have completed an approved OEMS EC Candidate application to start the Pre-institute phase.
- B. All Pre-institute phase components must be completed to receive an invitation to the EC Institute but may be completed in any order.
- C. Testing Requirements (may be completed in any order)
 1. Shall pass the National Registry EMT cognitive assessment examination.
 - a. The process to complete this will be established by the Office of EMS
 - b. The candidate is responsible for all testing fees.
 2. Shall pass the EMT psychomotor examination at a CTS site
 - a. The process to complete this will be established by the Office of EMS
 - b. The candidate is responsible for all testing fees.
- D. Teaching Requirements
 1. Shall teach under the direction of the Virginia certified Education Coordinator who endorsed the candidate in an initial EMT program as indicated above.
 2. Teaching hours can only be applied for face-to-face interaction such as in a traditional classroom or lab setting.
 3. Teaching hour requirements are based on the educational credentials of the EC candidate as follows:
 - a. For a high school diploma or equivalent – 100 hours

Appendix
Outline for Education Coordinator Process

- i. A minimum of 60% must be in an initial certification program
 - a) 20 hours lab
 - b) 40 hours classroom
 - ii. The remaining 40% may be obtained in an initial program or through delivery of CE.
 - iii. If the EC candidate is an ALS provider, may substitute up to 25 hours of instruction in the classroom or lab in an ALS initial program up to and including their ALS certification level.
- b. For an Associate's degree – 75 hours
- i. A minimum of 60% must be in an initial certification program
 - a) 15 hours lab
 - b) 30 hours classroom
 - ii. The remaining 40% may be obtained in an initial program or through delivery of CE.
 - iii. If the EC candidate is an ALS provider, may substitute up to 25 hours of instruction in the classroom or up to 10 hours in the lab in an ALS initial program up to and including their ALS certification level.
- c. For a Bachelor's degree – 50 hours
- i. A minimum of 60% must be in an initial certification program
 - a) 10 hours lab
 - b) 20 hours classroom
 - ii. The remaining 40% may be obtained in an initial program or through delivery of CE.
 - iii. If the EC candidate is an ALS provider, may substitute up to 15 hours of instruction in the classroom or up to 5 hours in the lab in an ALS initial program up to and including their ALS certification level.
- d. For a Master's or Doctorate – 25 hours
- i. A minimum of 60% must be in an initial certification program
 - a) 5 hours lab
 - b) 10 hours classroom
 - ii. The remaining 40% may be obtained in an initial program or through delivery of CE.
 - iii. If the EC candidate is an ALS provider, may substitute up to 5 hours of instruction in the classroom or up to 5 hours in the lab in an ALS initial program up to and including their ALS certification level.
- e. Equivalent Programs – completion of the following programs will reduce the number of teaching hours required by the following percentage:
- i. JMA Method Seminar: 5%
 - ii. Completion of NAEMSE I or II: 10%
 - iii. Completion of NAEMSE I and II: 15%

Appendix
Outline for Education Coordinator Process

- iv. Possessing NCEE Certification: 10%
- v. VDFP/Pro Board Fire Instructor I: 5%

E. Documentation Required

1. The EC candidate and the EC mentor(s) must maintain documentation of the candidate's instruction on forms approved by the office.
2. A teaching log will be maintained by the EC candidate and signed off by the EC mentor(s).
3. An evaluation will be performed by the EC mentor(s) or the course coordinator on the EC candidate as requested.
4. An evaluation will be performed by students on the EC candidate when requested.

F. Successful Completion of the pre-institute phase

1. Passing of the NR EMT cognitive assessment exam.
2. Passing the EC psychomotor examination at a CTS.
3. EC mentor evaluations must average equal to or above 3.0 on a 5 point scale with 1 lowest and 5 highest score possible.
4. Student evaluations must average equal to or above 3.0
5. Teaching log must be complete and turned in to the office of EMS.

G. Remediation

1. If a candidate is not successful during the teaching phase of the pre-institute, they should work with their EC Mentor to improve and must restart all required teaching hours if within the 2 year application period.
 - a. If the application period expires, the candidate must reapply, pursuant to section II. G. above.
2. If a conflict exists between the EC Mentor and the candidate, the candidate shall request a new EC mentor on a form submitted to the Office.
 - a. The candidate would be required to complete all teaching hours under the new EC Mentor
 - b. The Office will review the request and may either approve or deny the request.

IV. Institute

- A. The EC Candidate shall have successfully completed the pre-institute phase to receive an invitation to the institute.
- B. The institute content will include but not limited to:
 1. Pertinent Regulation and policy.
 2. Course Development and announcement documentation.
 3. How to appropriately apply CE.
 4. Resources for teaching.
 5. Creating Evaluation Tools
 6. Intro to Hybrid and online programming

Appendix
Outline for Education Coordinator Process

- 7. Scanner Training
- 8. EC Administrative Test – Given post institute
- V. Passing Criteria
 - A. National Registry cognitive assessment examination – Passing
 - B. EC Psychomotor examination - Passing
 - C. Institute
 - 1. Attendance – 100% of institute
 - 2. Successfully log into portal during scanner training.
 - 3. EC Administrative test =>80
- VI. TCC Will Re-evaluate this plan 1 year after implementation.

Final Draft for AB Motion