Virginia Department of Health

Office of Emergency Medical Services

Quarterly Report to the

State EMS Advisory Board

Friday, May 6, 2016

Executive Management, Administration & Finance

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

May 6, 2016

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 May 6, 2016

Motion from the Training and Certification Committee: To accept the new ALS Certification Program Clinical Hour and Competency Summary Requirements (TR.17) with the understanding that MDC will review the minimum number of intubations.

B) Legislation Passed by the 2016 Virginia General Assembly Directly Impacting EMS

HB222 - Recognition of EMS Personnel Licensure Interstate Compact (REPLICA)

Creates the Recognition of Emergency Medical Services Personnel Licensure Interstate Compact to(i) protect the public through verification of competency and ensure accountability for patient-care-related activities of licensed emergency medical services (EMS) personnel, (ii) facilitate the day-to-day movement of EMS personnel across state boundaries in the performance of their EMS duties as assigned by an appropriate authority, and (iii) authorize state EMS offices to afford immediate legal recognition to EMS personnel licensed in a member state. The bill includes an enactment clause authorizing the State Emergency Medical Services Advisory Board to review decisions of the Interstate Commission for EMS Personnel Practice and, upon approval by the Interstate Commission of any action that will have the result of increasing the cost to the Commonwealth of membership in the compact, recommend to the General Assembly that the Commonwealth withdraw from the compact. The bill also provides that the compact shall expire on July 1,

2021, if it has not become effective as a result of enactment into law by at least 10 member states – Passed Unanmiously

HB1007 - Recognition of EMS Personnel Licensure Interstate Compact.

This bill is a duplicate of HB222 with the exception of the Enactment Clauses – Stricken from the docket by voice mail at the request of the patron as this was a duplicate bill.

SB233 - Recognition of EMS Personnel Licensure Interstate Compact.

This bill is a duplicate of HB222 - Passed Unanmiously

HB311 - Emergency medical services providers; interstate agreements.

With the passage of HB311 by the General Assembly of Virginia and Governor, the SHHR must *undertake efforts to establish collaborative agreements with other states, particularly those states that share a border with the Commonwealth, for the interstate recognition of certifications of emergency medical services providers for the purpose of allowing emergency medical services providers to enter into other states to provide emergency medical services and shall report to the General Assembly regarding the status of such efforts no later than November 1, 2016. That an emergency exists and this act is in force from its passage.*

Delegate Orrock advised Delegate Stolle (HB222) and Senator Reeves (SB233) that his bill (HB311) was introduced to address cross boundary issues on an interim basis until REPLICA is enacted in 10 states.

REPLICA has been adopted in six states (Virginia, Colorado, Texas, Utah, Idaho, Kansas) and is awaiting signature by the Governor of Tennessee. Other states are in various stages of process to present this measure to their legislators.

Based on the due date for this report, the following due dates have been established by Joe Hilbert (March 15, 2016 email from Joe Hilbert send at 5:06 PM entitled, "Matrix of VDH Required Studies/Reports/Legislative Implementation for 2016":

- Date Due to Commissioner – 09/15/2016
- Date Due to Secretary – 10/01/2016

OEMS will establish a project team and develop a time frame for completing a report to the General Assembly of Virginia regarding the status of our efforts to establish collaborative agreements with our border states to recognize an EMS providers privilege to practice across state borders.

C) Rescue Squad Assistance Fund for Ambulance Cot Retention Systems (language only)

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."

This amendment allocates $840,000 each year from the Virginia Rescue Squad Assistance Fund (RSAF) for the purchase of federally required ambulance cot retention systems. Language allows only non-profit Emergency Medical Services agencies to receive the funds. The costs to meet the new federal standard is $40,000 per unit.

D) Public Comment Requested on Revision of the EMS Agenda for the Future

The EMS Agenda for the Future was released in 1996 and has had a profound impact on the development of EMS Systems across the country; State planning, regulation and organizational activities and the vision for EMS at the crossroads of healthcare, public health and public safety. The EMS Agenda for the Future has driven and resulted in health care system changes and health care delivery roles that predicted Community Paramedicine/Mobile Integrated Healthcare.

The vision from this document stated: *"Emergency Medical Services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute care health care resources. EMS will remain the public's emergency medical safety net."*

When industry pioneers and experts collaborated on the development of the *Emergency Medical Services Agenda for the Future* two decades ago, they set forth a vision for the future of EMS system improvements. Today, the National Highway Traffic Safety Administration (NHTSA), on behalf of the Federal Interagency Committee on EMS (FICEMS), announced an effort to seek input from the public on the planned revision of the *EMS Agenda for the Future* that will guide the development and growth of the next generation of U.S. EMS systems.

FICEMS has released a Request for Information, which is the first step in creating a new *Agenda* that will envision the continued advancement of EMS systems. Results of this request will be shared publicly and will inform a collaborative and community-based process to revise the *Agenda* beginning in late 2016.

The *EMS Agenda for the Future* described a vision of data-driven, evidence-based EMS systems integrated with their community partners. Much of that vision was realized over the past 20 years due to the motivation, planning and commitment of the organizations which took part in its development. Now, with healthcare rapidly changing and EMS facing new challenges, from the threat of terrorism to the burden of chronic illness, it is time for the profession to once again come together and establish a path to guide EMS into the future.

NHTSA, on behalf of FICEMS, invites all interested parties, including the general public, industry trade groups, EMS professionals, public and private agencies, academic institutions, and government officials, to submit comments and to reply to specific questions in the RFI. The responses will play a critical role in the development of the new *Agenda* beginning in late 2016. All topics relevant to EMS systems can be addressed, including:

- Promoting a culture of safety among EMS personnel, agencies and organizations
- How the 1996 *Agenda* has been used by the EMS community to improve systems of care
- Potential changes that will impact EMS systems over the next 30 years
- How the new *Agenda* can contribute to improved EMS for children, data collection and evidence-based improvements
- Methods for innovating finance models and improving coordination for mass casualty incident preparedness and response

Agencies, associations and individuals are encouraged to provide input during the 90-day public comment period from April 1, 2016 to June 30, 2016. Comments may be submitted through the Federal eRulemaking Portal at: https://www.federalregister.gov/articles/2016/04/01/2016-06960/revision-of-the-emergency-medical-services-agenda-for-the-future-request-for-information and clicking "Submit a Formal Comment," as well as by mail or hand delivery to: Docket Management Facility, U.S. Department of Transportation, 1200 New Jersey Avenue SE, West Building, Room W12-140, Washington, DC, 20590.

The Office of Emergency Medical Services will lead a webinar during EMS Week on **May 16th at 2pm EST** with a panel of several authors of the 1996 *EMS Agenda for the Future.* They will look back at a few of the profession's most significant accomplishments over the last two decades, followed by a conversation about how the industry can evolve over the next 30 years. Register online to learn how associations, agencies and individuals can provide input in the planning process for the 2017 anticipated revision of the *Agenda.*

For further information, contact Gamunu Wijetung with the NHTSA Office of EMS.

NOTE: The Office of EMS committed to the EMS Agenda for the Future vision in 1996. Are we completely there? The answer is no. But it did shape policy, it provided guidance and it even shaped the organizational structure of the State EMS Advisory Board as the current Standing Committee structure is reflective of the 14 attributes of a comprehensive, coordinated and effective EMS system that the EMS Agenda for the Future identified. As such, OEMS Executive Management felt compelled to introduce you to this second generation effort to have input shaping EMS not just in Virginia, but across the nation for the next 20 to 30 years. This is also why so many OEMS Division and Program Managers participate in the National

Association of State EMS Officials – the OEMS philosophy is *"we would rather be shaping EMS policy in this country than following it. We must be leaders on the national stage."*

E) E.V.E.N.T. – EMS Voluntary Event Notification Tool

E.V.E.N.T. is a program of the Center for Leadership, Innovation, and Research in EMS (CLIR) with sponsorship provided by the North Central EMS Institute (NCEMSI), the National EMS Management Association (NEMSMA), the Paramedic Chiefs of Canada (PCC), the National Association of Emergency Medical Technicians (NAEMT) and the National Association of State EMS Officials (NASEMSO).

E.V.E.N.T. is a tool designed to improve the safety, quality and consistent delivery of Emergency Medical Services (EMS). It collects data submitted anonymously by EMS practitioners. The data collected is used to develop policies, procedures and training programs to improve the safe delivery of EMS. A similar system used by airline pilots has led to important airline system improvements based upon pilot reported "near miss" situations and errors.

Any individual who encounters or recognizes a situation in which an EMS safety event occurred, or could have occurred, is strongly encouraged to submit a report by completing the appropriate E.V.E.N.T. Notification Tool (Patient Safety Event, Near Miss Event, Violence Event). The confidentiality and anonymity of this reporting tool is designed to encourage EMS practitioners to readily report EMS safety events without fear of repercussion.

The first quarter 2016 EVENT summary reports have been posted on the internet. To access them go to www.emseventreport.com and click on the type of report, then 2016 on the left side, and then the file for 1Q2016. Or, simply use these links:

1Q2016 Patient Safety Summary Report: http://bit.ly/PSE1Q2016Summary
1Q2016 Near Miss Summary Report: http://bit.ly/nme1q2016summary
1Q2016 Violence against Paramedics Report: http://bit.ly/pve1q2016summary

Please distribute the summary reports widely in your organization and through associations you're part of. If you know of an event that could be reported anonymously, please take a couple minutes to report a:

Patient safety event: http://event.clirems.org/Patient-Safety-Event

Provider near miss event: http://event.clirems.org/Near-Miss-Event or a

Practitioner safety event: http://event.clirems.org/Provider-Violence-Event and encourage others to do so as well.

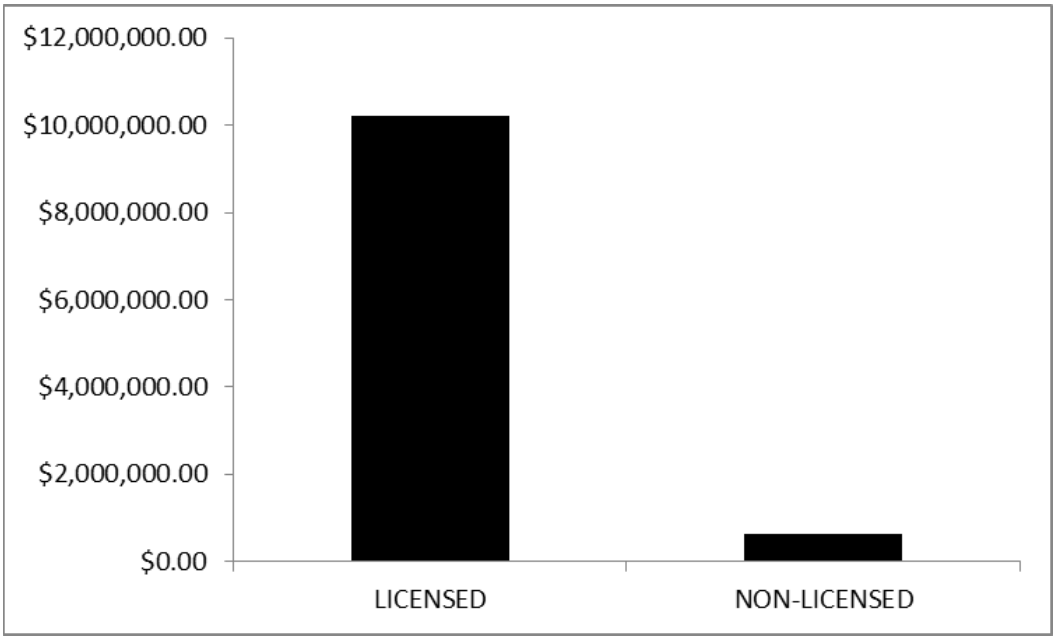
F) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)

The RSAF grant deadline for the Spring grant cycle was March 15, 2016. OEMS received 158 grant applications requesting $10,839,908.00 in funding.

Funding amounts are being requested in the following agency categories:

- 140 Licensed EMS Agencies requesting $10,207,375.00
- 18 Non EMS Agency requesting $632,533.00

Figure 1: Agency Category by Amount Requested



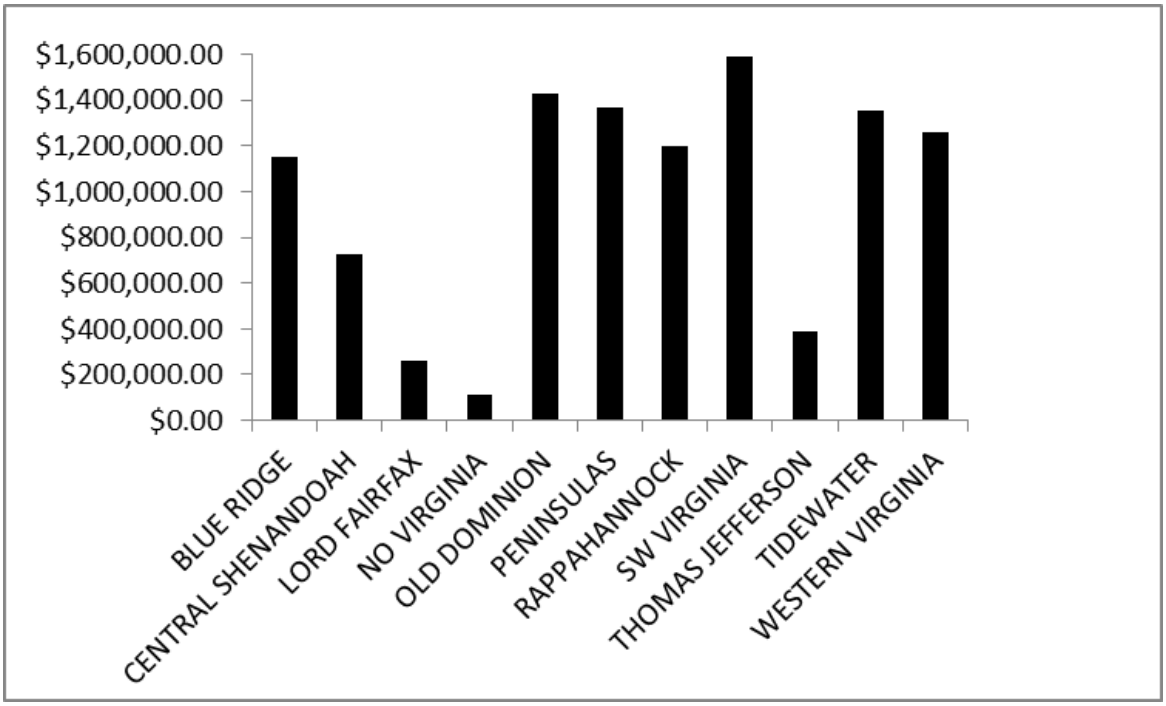
Funding amounts are being requested in the following regional areas:

- Blue Ridge – Requesting funding of $1,153,082.00
- Central Shenandoah – Requesting funding of $726,238.00
- Lord Fairfax – Requesting funding of $259,810.00

- Northern Virginia – Requesting funding of $111,315.00
- Old Dominion – Requesting funding of $1,429,841.00

- Peninsulas – Requesting funding of $1,365,750.00
- Rappahannock – Requesting funding of $1,197,031.00
- Southwestern Virginia – Requesting funding of $1,592,544.00
- Thomas Jefferson – Requesting funding of $387,768.00
- Tidewater – Requesting funding of $1,355,203.00
- Western Virginia – Requesting funding of $1,261,326.00

Figure 2: Regional Area by Amount Requested



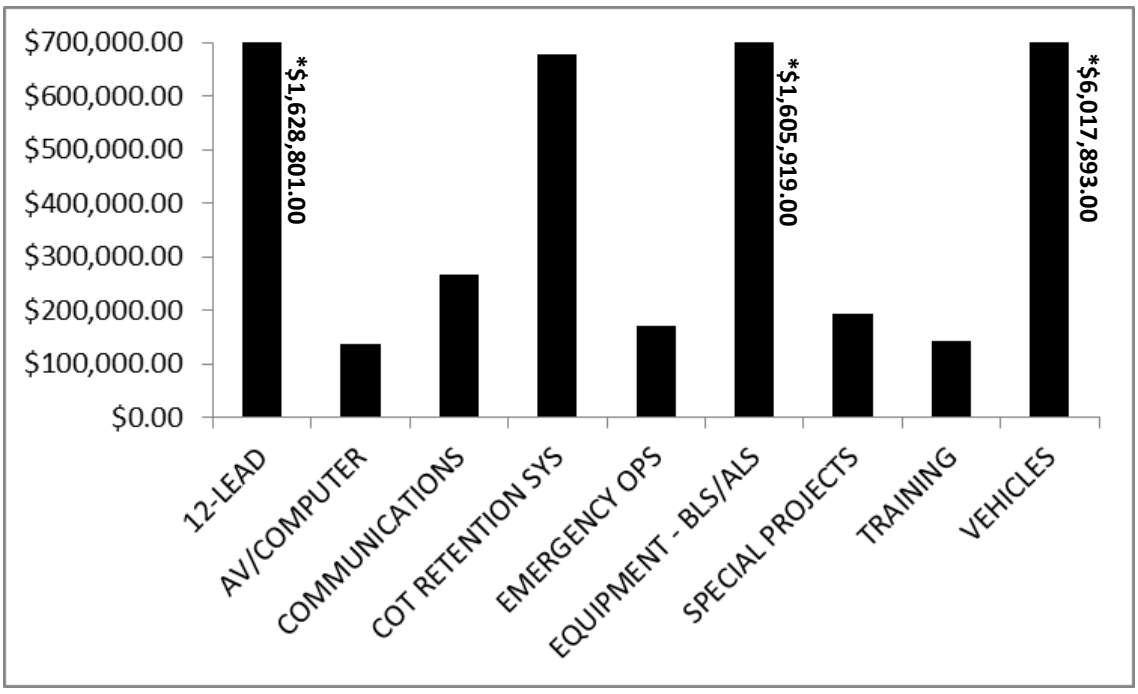
Funding amounts are being requested for the following items:

- 12 –Lead – $1,628,801.00
    - Includes all 12-Lead Defibrillators.

- Audio Visual/Computer Hardware - $ 135,672.00
    - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.
- Communications - $ 267,083.00
    - Includes items for mobile/portable radios, pagers, towers, repeaters and other communications system technology.
- Cot Retention Systems - $678,416.00
    - Includes all cot retention systems, cot conversion systems and equipment needed to install the systems, not including power cots.
- Emergency Operations - $ 170,293.00
    - 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 - $1,605,919.00
    - Includes any medical care equipment for sustaining life, airway management, and supplies, not including 12-Lead Defibrillators.
- Special Projects - $ 194,289.00
    - Includes projects such as Special Project material, Emergency Medical Dispatch (EMD), Virginia Pre-Hospital Information Bridge (VPHIB) projects, Protocol Projects and other innovative programs.
- Training - $ 141,542.00
    - 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 - $6,017,893.00

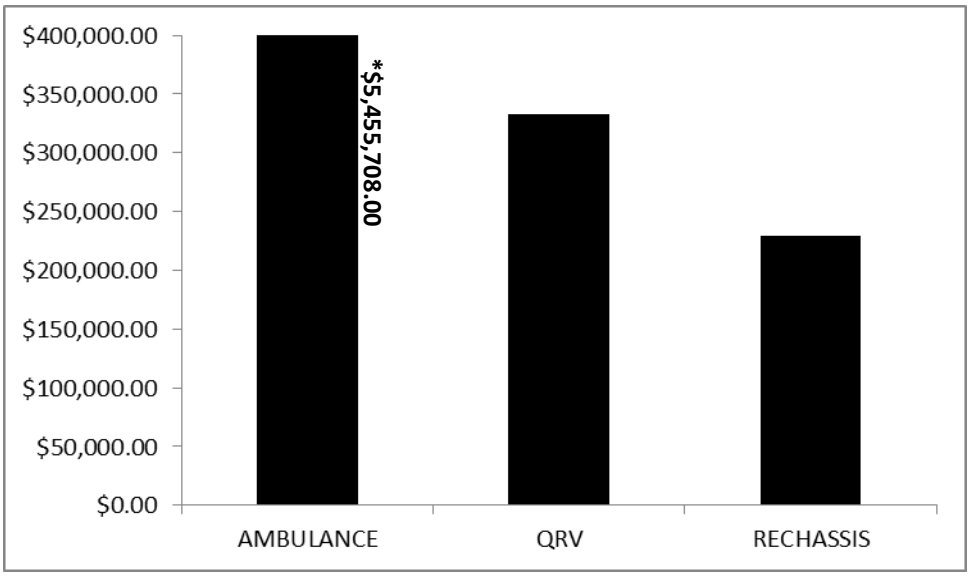
- This category includes all vehicles such as ambulances, re-chassis, re-mounts and quick response vehicles.

Figure 3: Item Requested by Amount Requested



***NOTE**: The graph only represents items requested up to $700,000.00 to visually display other items requested. The following categories have higher request amounts which have been noted on the graph: 12-LEAD, EQUIPMENT-BLS/ALS and VEHICLES.

Figure 4: Vehicle Category by Amount Requested



***NOTE**: The VEHICLES category request amount was $6,017,893.00, the graph only represents items requested up to $400,000.00 to visually display other items requested.

The RSAF Awards Meeting will be held on June 3, 2016 and the Financial Assistance and Review Committee (FARC) will make recommendations to the Commissioner of Health. The grant awards will be announced on July 1, 2016. The next RSAF grant cycle will open on August 1, 2016 and the deadline will be September 15, 2016.

G) Trauma and Critical Care Manager

The Office of EMS is pleased to announce the hiring of Camela (Cam) Crittenden as the new Trauma and Critical Care Manager. Ms. Crittenden has been a part of the EMS system for many years and has worked her way up through the ranks as a nurse at various hospital systems. She served as the EMS Coordinator at Bon Secours Richmond Health System and became the driving force to enhance emergency room and EMS relations. She served as the Director of Emergency Department Operations and EMS. Camela has served as a Certified Registered Flight Nurse with PHI Air Medical. Camela currently works as a Registered Nurse and Trauma Nurse at HCA Hospitals at Chippenham Medical Center.

Cam has a passion to provide world class education to EMS and has been instrumental in the execution of programs such as the Central Virginia EMS Education Expo, which provided continuing education to hundreds of EMS providers over the last few years. In addition, Camela created the Bon Secours EMS Quality Forum, which invites representatives from agencies in the Richmond metro area to discuss opportunities that will improve patient care in the field and in the emergency department. Cam has an Associates of Applied Sciences in Nursing from J. Sargent Reynolds Community College and a Bachelor's of Science in Nursing from the VCU School of Nursing. Cam was also the recipient of the Governor's Award for a Nurse with Outstanding Contributions to EMS in 2013. Welcome aboard Cam – we welcome you to the OEMS family.

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.

A) NASEMSO Launches Web Site to Highlight Fatigue Efforts

"Developing Evidence Based Fatigue Risk Management Guidelines for Emergency Medical Services" is a two-year project funded by the US Department of Transportation to address the potential dangers of drowsy and fatigued driving and the work of EMS practitioners, including the risk of traffic crashes and providing patient care. Through a partnership among NHTSA, NASEMSO, the Carolinas HealthCare Department of Emergency Medicine, and the University of Pittsburgh Department of Emergency Medicine, the groups hope to reach consensus on EBG fatigue risk management guidelines, the plan for dissemination of the EBGs, and additional project related activities and information.

A web site has been established at www.emsfatigue.org, where individuals and organizations can read about team members and follow their progress, view powerpoint presentations and various related resources, and submit comments or questions. The first meeting of the Expert Panel is being held on April 26-27, 2016 at USDOT Headquarters in Washington, DC. Persons interested in participating as an observer can register via the new web site. An agenda will be posted when it becomes available. **NOTE: George Lindbeck, M.D., Virginia State EMS Medical Director is a member of the Expert Panel.**

B) NASEMSO Posts Resources for Safe Transport of Children in Ambulances

The Safe Transport of Children (STC) Ad Hoc Committee was created for the purpose of examining current resources and pursuing research to develop specific and practical recommendations and promising practices for safely transporting children in ground ambulances. The goals of the committee are to:

- To recommend the criteria or specifications for proper restraint of children in ambulances. Such criteria will be evidence-based and will consider safety of both patients and providers.

- To have the recommended criteria adopted by one or more accredited standard setting organizations.

- To develop a strategy and resources for educating EMS providers on safely transporting children in ground ambulances based on the recommended criteria or standards.

The committee has initiated a collection of resources in a new area of NASEMSO's web site. Federal and state materials, including guidebooks, posters, guidelines, and protocols are available. Eric Hicken (NJ) serves as the Chairman for this new effort.

For more information go to: https://www.nasemso.org/Committees/STC/Resources.asp.

C) Reminder: ED "Patient Parking" Violates EMTALA; Conditions of Participation for Hospitals for ES

As a reminder to states, the practice of "patient parking" in the emergency department (preventing EMS from transferring patients from an ambulance stretcher to a hospital bed or gurney) for extended periods of time has been cited by the Centers for Medicare and Medicaid (CMS) as a violation of the Emergency Medical Treatment and Labor Act (EMTALA.) According to CMS, "A hospital has an EMTALA obligation as soon as a patient 'presents' at a hospital's dedicated emergency department, or on hospital property (as defined at 42 CFR 489.24(b)) other than the dedicated emergency department, and a request is made on the individual's behalf for examination or treatment of an emergency medical condition." Additionally, CMS has indicated this practice may also result in a violation of 42 CFR 482.55, the Conditions of Participation for Hospitals for Emergency Services, which requires that a hospital meet the emergency needs of patients in accordance with acceptable standards of practice. CMS documentation of their opinion, *EMTALA- "Parking" of Emergency Medical Service Patients in Hospitals,* is available in a letter to State Survey Agency Directors.

For more information go to: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter06-21.pdf.

D) ABC News Report on Air Ambulance Balanced Billing Stirs Industry Response

A recent investigative report by ABC News has resulted in a flurry of responses from various media outlets. The ABC News investigation found numerous cases of patients being billed $40,000 or $50,000 for a short helicopter ride -- with their bills offsetting balances the providers say they can't collect from poor or uninsured patients. Following a request to their consumer reporter hotline, The Fixer, ABC describes a scenario that a patient received a bill that consisted of "a base fee of $30,823 to lift off, with a charge of $289.63 per mile for 83 miles traveled,

which resulted in a huge $54,862.29 bill." Air Methods, the focus of ABC's investigation, issued a public statement following the report. ABC has encouraged its affiliates to follow-up with local reports, and several have emerged:

- http://komonews.com/news/consumer/air-ambulance-sticker-shock-life-saving-flight-can-leave-you-buried-in-debt
- http://helenair.com/news/politics/state/disparity-in-life-flight-companies-profitability-reviewed/article_f4d30598-9843-5507-b569-b79b5b7e3841.html
- http://www.beckershospitalreview.com/payer-issues/ohio-air-ambulance-company-sues-medical-mutual-for-3-5m.html
- http://www.wkow.com/story/31499399/2016/03/17/uw-healths-medflight-responds-following-abcs-investigation-into-air-ambulance-ride-debt
- http://abc7chicago.com/news/air-ambulance-patients-complain-of-sky-high-bills/1249183/
- http://6abc.com/health/sky-high-air-ambulance-bills-shock-to-patients/1249411/
- http://www.wday.com/news/north-dakota/3993378-judge-rejects-north-dakota-air-ambulance-law
- http://www.bizjournals.com/washington/news/2016/03/15/carefirst-air-ambulance-company-reach-agreement-on.html

The Airline Deregulation Act (ADA), which deregulated the airline industry in the 1970's, prevents states from capping the amount air ambulances can charge.

E) Senate Commerce Committee Votes on FAA Reauthorization

The Senate Committee on Commerce, Science, and Transportation recently approved the reauthorization for the Federal Aviation Administration (FAA) through September 30, 2017. S. 2658, the Federal Aviation Administration Reauthorization Act of 2016, passed on a voice vote and now goes to the full Senate for consideration of its provisions funding the FAA for another year. The bill addresses drone safety and privacy concerns, improves aircraft certification processes and forces airlines to be more transparent about their fees, among other things. **Of interest to emergency services personnel, Sec 2134 includes a provision on Aviation Emergency Safety Public Services Disruptions that prohibits aircraft activities (specifically, unmanned aircraft systems commonly known as drones) "as to interfere with firefighting, law enforcement, or emergency response activities" with civil penalties up to $20,000.**

For more information go to: https://www.congress.gov/bill/114th-congress/senate-bill/2658/text.

F) How Will EMS and Hospitals Use Telemedicine?

The National Public Safety Telecommunications Council (NPSTC) has released a comprehensive report on the use of video technology by EMS agencies and the hospitals and trauma centers they interact with. More than 670 public safety personnel responded to a nationwide questionnaire seeking input on how public safety broadband services may impact the clinical and operational environment in EMS. The *EMS Telemedicine Report: Prehospital Use of Video Technologies* describes an effort to assess this question. It is based on the results of a comprehensive nationwide questionnaire that provided input from EMS providers, hospital emergency department directors, trauma center directors, EMS medical directors, and online EMS medical control physicians.

The full report can be found at:
http://npstc.org/download.jsp?tableId=37&column=217&id=3612&file=EMS_Telemedicine_Report_Final_20160303.pdf.

G) FDA Announces Opioid Plan

In response to the opioid abuse epidemic, the Food and Drug Administration (FDA) recently called for a far-reaching action plan to reassess the agency's approach to opioid medications. The plan will focus on policies aimed at reversing the epidemic, while still providing patients in pain access to effective relief. As one of the cornerstones of this plan, the FDA will seek guidance from outside experts in the fields of pain management and drug abuse. For example, the FDA has already asked the National Academy of Medicine to help develop a framework for opioid review, approval and monitoring that balances individual need for pain control with considerations of the broader public health consequences of opioid misuse and abuse.

For more information go to:
http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm484765.htm.

H) Organizations Propose 9-1-1 Telecommunicator Training Guidelines; Opportunity for Comment

The *Recommended Minimum Training Guidelines for 911 Telecommunicators Project* is a 911 community-wide effort to identify nationally recognized, universally accepted, recommended minimum training topics that can be used to train aspiring and current 911 telecommunicators—call-takers and dispatchers—and to provide the foundation for their ongoing professional development. The effort is driven by the belief that it is vitally important that Americans receive a consistent level of 911 service no matter where they live or where they travel. A parallel goal is to develop Model Legislation for any state that does not currently have legislation concerning minimum training for telecommunicators. For those that do, the Model Legislation is intended as a baseline to ensure that the recommended training topics are being covered. The recommended guidelines were developed jointly by members of the Working Group and are not federally

owned or mandated. The National 911 Program—which is facilitating the Project—is a joint effort of the U.S. Department of Transportation/National Highway Traffic and Safety Administration (NHTSA) Office of Emergency Medical Services, and the U.S. Department of Commerce/National Telecommunications and Information Administration (NTIA).

To access the proposed guidelines go to: http://content.govdelivery.com/attachments/USDOTNHTSA911/2016/01/28/file_attachments/488996/Minimum%2BTraining%2BWorking%2BDocument.pdf.

I) NG911 Progress Snapshot Across the U.S. Now Available

The National 911 Program and the National Emergency Number Association (NENA) recently released data on state and territory progress toward Next Generation 911 (NG911) deployment. The combined data, from the National 911 Profile Database and NENA's NG911 database, provides a snapshot of each state and territory's progress toward fully utilizing NG911 infrastructure and capabilities. A color-coded map aims to communicate that advancement to others outside of the 911 community, such as legislators and public safety officials, at a glance. This quick overview helps to provide context for state progress across the nation. All of the data displayed in the map is self-reported by the states and territories, and reflects progress toward fully implementing NG911 collected during 2014. For more information go to: http://www.911.gov/911connects/NG911-progress-across-the-us-snapshot-now-available.html.

J) "White Hat Hackers Hit 12 American Hospitals to Prove Patient Life 'Extremely Vulnerable"

Patient health is "extremely vulnerable" to digital attacks, according to a two-year research project. The research by Independent Security Evaluators (ISE) involved attacking medical organizations in controlled settings. Had the attacks been carried out by malicious hackers, they would have ended in patient injury or death, the study found. The report found that hackers could "easily" compromise patient health, by either stealing their data or by compromising medical data. In one of the attacks, carried out with permission, the white hat hackers found a server accessible over the Web, attacked other connected systems to pivot around the network, and finally gained access to one of many vulnerable patient monitors. In an offline setting, the researchers instructed the machine to sound false alarms and forced it to display incorrect vitals. In another scenario, researchers discovered they could manipulate the flow of blood samples or drugs from within the complex's lobby. In a real-world situation, this could lead to mismatched prescriptions or contaminated blood. "Every single thing we looked at had these critical security issues that had implications on patient health," said Ted Harrington, executive partner of ISE. "We believe if we had unlimited resources and unlimited time, we would probably find ways to attack patient health in any arena of healthcare." Researchers looked at the security of hospital across the United States; however, the firm is not currently disclosing the names of hospitals

(Source: Forbes 02/23/16 Fox-Brewster, Thomas). For more information go to: https://www.securityevaluators.com/hospitalhack/.

K) "Called to Care" Announced as 2016 EMS Strong Campaign Theme

The American College of Emergency Physicians (ACEP), in partnership with the National Association of Emergency Medical Technicians (NAEMT), announces this year's EMS Strong Campaign and EMS Week theme: "Called to Care". The campaign continues to recognize and inspire emergency medical services (EMS) personnel, strengthen the profession on a national level, and expand and amplify National EMS Week (May 15-21). The campaign brings together key associations, media partners, and corporate sponsors who are committed to celebrating the EMS professional, strengthening the profession, and bringing EMS Week into the future. The 2016 EMS Week Planning Guide is now available. For more information go to: http://www.emsstrong.org/.

L) NEMSMA Offers New Resource on EMS Mental Health and Wellbeing

The National EMS Management Association debuted a video and released a new white paper on EMS practitioner suicide at EMS Today 2016. The effort culminated in the organization being recognized for the prestigious James O. Page Award. NEMSMA and its Practitioner Mental Health and Wellbeing Committee have developed the paper to identify the magnitude of mental health issues and suicide among emergency medical providers in the prehospital setting. For more information go to: https://www.nemsma.org/index.php/news/management-news/entry/mental-health-and-stress-in-ems.

M) Comment Link to National Framework Document to Promote Innovation in EMS Draft Recommendations

The Promoting Innovation in EMS (PIE) project convened an East Coast, a West Coast, and a National stakeholder meeting in 2015 in addition to disseminating public surveys and conducting interviews with experts both within and outside of the EMS community. The results indicated myriad barriers to innovation across a wide spectrum of themes. The steering committee for the PIE project conducted a series of issue-based meetings to review these barriers as well as how groups, governments, and individuals in various localities and regions across the United States have been able to surmount such obstacles and roll out or facilitate very innovative and impressive EMS programs.

Furthermore, the committee looked at barriers that remain prohibitive to innovation in EMS and designed recommendations for those as well. A draft of the complete series of transformative and actionable recommendations to overcome barriers to innovation can be found in each of the categories below.

The National Steering Committee invites readers to review the draft recommendations and provide comments and feedback that the PIE project steering committee may use to further

improve the National Framework Document to Promote Innovation in EMS. For more information go to: http://dot.sinaiem.org/draft-of-the-national-framework-document-to-promote-innovation-in-ems/.

N) Illinois (IL) Supreme Court Rejects "Public Duty" Rule That Provided Immunity Protection to First Responders

For decades, Illinois cities, villages, fire protection districts and others providing police, fire protection and ambulance services have enjoyed general immunity from lawsuits brought by plaintiffs who may accuse paramedics, firefighters and police officers of failing to provide the level of protection or response individuals may believe they should have. On January 22, 2016, however, a majority of justices on the Illinois Supreme Court decided the time had come to undo the judicial rule underlying that immunity, finding in a 4-3 decision that the so-called "public duty rule" should be discarded. In its opinion on the matter of a woman that died after first responders failed to deliver care in a timely basis, the court states, "The common law public duty rule provides that local governmental entities owe no duty of care to individual members of the general public to provide adequate government services, such as police and fire protection." Pointing out that duty and immunity are separate issues, the Supreme Court said that the time has come to address the continued viability of the public duty rule in Illinois. The court abolished the rule, as well as its special duty exception, finding that application of the rule is incompatible with the legislature's grant of limited immunity in cases of willful and wanton misconduct and that the rule has caused jurisprudence to become muddled and inconsistent. The court's entire opinion (and background on the case) is posted here: http://www.illinoiscourts.gov/Opinions/SupremeCourt/2016/117952.pdf.

O) TIM Network Offers Excellent New Resource for Emergency Responders

Over the past three decades: fire, EMS, and law enforcement agencies have recognized the need to provide support to personnel impacted by traumatic events. These efforts have featured as a central focus with the use of peer support personnel to provide the initial response and support. The models used have evolved and changed in order to reflect current best practice and evidence-informed approaches. However, response to transportation incidents involves more than public safety personnel and support programs have not been widely recognized as necessary or implemented. A new resource from the Traffic Incident Management (TIM) Network, *Annex: Supporting Responders to Effectively Deal with Atypical Stressful Events*, seeks to help fill this gap and ensure that the national TIM program addresses this vital topic by providing a succinct, relevant resource that outlines key information about dealing with potentially traumatic events including those involving transportation incidents. It is a "must read" for every EMS agency manager and practitioner.

For more information go to: http://timnetwork.org/wp-content/uploads/Annex-Trauma-Response.pdf.

P) CAAS Releases Ground Vehicle Standard for Ambulances

Following a consensus-based process 2 years in the making, the Commission on Accreditation of Ambulance Services (CAAS) has announced the publication of its long awaited Ground Vehicle Standard for Ambulances, *CAAS GVS v.1.0 Final*. CAAS is an ANSI accredited Standards Developer Organization that defines the "gold standard" for operations in the medical transportation industry. The GVS standard will have an effective date of July 1, 2016, and is available now for free download: http://www.groundvehiclestandard.org/wp-content/uploads/2016/03/CAAS-GVS-v.1.0-Final-3-28-16.pdf.

The GVS website will eventually contain a portal for providers or regulators to connect with the GVS Technical Committee for questions or interpretations regarding the standard. The organization anticipates its potential for use as a successor to the KKK-A-1822 specification.

For more information go to: http://www.groundvehiclestandard.org/.

Q) A Federal Perspective: 50 Years of Helping EMS Systems Improve

On the 50th anniversary of the birth of modern EMS, EMS Strong reflects on the role the federal government has had in helping local agencies and care providers serve their communities. Often cited as the foundation of modern emergency medical services, this year EMS recognizes the 50th anniversary of the groundbreaking whitepaper, Accidental Death and Disability: The Neglected Disease of Modern Society. The paper, released by the National Academy of Sciences in 1966, assessed the mortality and injury rate among civilians during a time in which the number of people killed on the nation's roadways was near epidemic proportions. The findings and recommendations in the report led to the development of an EMS system that is much more sophisticated than the report's authors likely predicted. As the industry looks ahead and plans for the next 50 years of EMS innovation, it's important to reflect on the profession's history, those who have and continue to shape the EMS landscape and the major milestones that helped create modern EMS. For more information go to: http://www.emsstrong.org/a-federal-perspective-50-years-of-helping-ems-systems-improve/.

Educational Development

III. Educational Development

Committees

A. **The Training and Certification Committee** (TCC): The Training and Certification Committee met on Wednesday, April 6, 2016. There is one action item for consideration in **Appendix A.**

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

http://www.vdh.virginia.gov/OEMS/Training/Committees-PDC.htm

B. **The Medical Direction Committee (MDC)** The Medical Direction Committee met on Thursday, January 7, 2016. There is no action item for consideration.

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

C. During the course of the I-99 workgroup, several data elements were requested. This information is available on our web page. A portion of this information is provided for you in **Appendix D.**

D. The Office is seeking input into the education coordinator process. This was briefly discussed at the TCC meeting. A copy of the proposed process is attached. If you have any suggestions or recommendations, please email them to Greg Neiman by May 31, 2016. (Gregory.neiman@vdh.virginia.gov). See **Appendix C.**

Advanced Life Support Program

A. Virginia I-99 students who still have 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. Paramedic programs can award experiential credit. 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. The 2015 Paramedic Psychomotor Competency Portfolio (PPCP) has been mailed to all accredited Paramedic programs in Virginia from National Registry. All students enrolling in Paramedic programs that start after August 1, 2016 will be required to master the portfolio of vital skills to qualify for the National Registry Paramedic (NRP) Certification examination.

E. In April, 2016, all Virginia Enhanced (J) providers transitioned to the Virginia Advanced EMT level (C). All current CE was moved to the new certification level with recertification requirements remaining the same. A new certification card will be mailed to each of these providers and the certification expiration date will remain the same.

F. As approved at the last Governor's EMS Advisory Board meeting, continuing education requirements will change in July, 2016. At that time the system will move all CE to the new categories and update each provider's CE report with new recertification requirements being implemented. If a provider has gained recertification eligibility under the old CE process, they will maintain that eligibility until recertified at which time they will be required to start meeting the new continuing education requirements. (See **Appendix B**)

Basic Life Support Program

A. Education Coordinator (EC) Institute

1. The second EC Institute of 2016 is scheduled in conjunction with the VAVRS Rescue College in Blacksburg, June 11-15th.
2. The next EC psychomotor exam is scheduled for May 7, 2016 in the Richmond Area. Twenty (20) candidates have been invited.
3. 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
4. A schedule of the various deadlines and EC Institutes can be found on the OEMS website at: http://www.vdh.virginia.gov/OEMS/Training/BLS_InstructorSchedule.htm

B. EMS Educator Updates:

1. For 2016, the Division of Educational Development will continue to provide in-person Educator Updates in the various Council Regions.
2. With the success of the Friday Update held in the Western Virginia Council Region in June of 2015 and at the request of our Educators, the Office will offer two Friday Updates in addition to the normal Saturday Updates. The first was on Friday, January 29th at Henrico Fire in the ODEMSA Region and the second will be on Friday, September 9th at the Fairfax County Fire Training Center. Both are scheduled from 1-5pm.
3. The schedule of future updates can be found on the OEMS web at: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm

EMS Training Funds

FY14

	Commit $	**Payment $**	**Balance $**
Emergency Ops Funding	$1,120.00	$360.00	$760.00
BLS Initial Course Funding	$789,480.00	$380,237.25	$409,242.75
BLS CE Course Funding	$94,010.00	$39,182.50	$54,827.50
ALS CE Course Funding	$224,950.00	$80,115.00	$144,835.00
BLS Auxiliary Program	$130,000.00	$61,300.00	$68,700.00
ALS Auxiliary Program	$304,000.00	$177,985.00	$126,015.00
ALS Initial Course Funding	$1,188,504.00	$615,334.15	$573,169.85
Totals	**$2,732,064.00**	**$1,354,513.90**	**$1,377,550.10**

FY15

	Commit $	Payment $	Balance $
Emergency Ops	$2,480.00	$540.00	$1,940.00
BLS Initial Course Funding	$737,320.50	$354,540.52	$382,779.98
EMT Initial Course	$4,284.00	$0.00	$4,284.00
BLS CE Course Funding	$59,300.00	$32,663.80	$26,636.20
Category 1 CE Course	$1,680.00	$0.00	$1,680.00
ALS CE Course Funding	$146,335.00	$66,263.75	$80,071.25
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	**$2,603,604.50**	**$1,204,881.12**	**$1,398,723.38**

FY16

	Commit $	Payment $	Balance $
BLS Initial Course Funding	$0.00	$47,404.17	($47,404.17)
EMT Initial Course	$615,672.00	$201,104.32	$414,567.68
BLS CE Course Funding	$0.00	$5,320.00	($5,320.00)
Category 1 CE Course	$133,685.00	$35,122.50	$98,562.50
ALS CE Course Funding	$0.00	$8,251.25	($8,251.25)
Auxillary Course	$426,400.00	$69,600.00	$356,800.00
BLS Auxillary Program	$0.00	$4,455.00	($4,455.00)
ALS Auxillary Program	$0.00	$39,360.00	($39,360.00)
ALS Initial Course	$982,260.00	$326,573.65	$655,686.35
ALS Initial Course Funding	$0.00	$107,966.65	($107,966.65)
	$0.00	$46,544.28	($46,544.28)
Totals	**$2,158,017.00**	**$845,157.54**	**$1,312,859.46**

EMS Education Program Accreditation

A. EMS accreditation program.

1. Emergency Medical Technician (EMT)

    a) Two new accreditation packets have been received. The Office of EMS is looking at a Letter of Review process for the initial cohort class after which no further classes could be conducted until the site visit is conducted.

2. Advanced Emergency Medical Technician (AEMT)

    a) No new accreditation packets have been received.

3. Intermediate – Reaccreditation

    a) Roanoke Valley Regional Fire/EMS Training Center has notified the Office of EMS that they are voluntarily surrendering their accreditation and have partnered with another accredited program to offer the education.

4. Intermediate – Initial

    a) Southwest Virginia EMS Council has been granted full accreditation.

    b) Paul D. Camp Community College has been granted a one year conditional accreditation. The Office of EMS will conduct a follow up visit after the completion of their first cohort class to assure that the requirements of accreditation are being met before full accreditation is issued.

    c) Henrico Fire & EMS had their site visit in August, 2015. They have been granted accreditation from the Office of EMS.

5. Paramedic – Initial

    a) Prince William County CoAEMSP site visit was conducted in November. Their site results will be reviewed by CoAEMSP and then forwarded to CAAHEP for consideration at their next meeting.

    b) Historic Triangle EMS Institute voluntarily retired their CoAEMSP accreditation in April, 2017. The students enrolled in their current program are not affected and will be allowed to test for their National Registry Paramedic certification.

c) John Tyler Community College has been granted a Letter of Review from CoAEMSP.

d) ECPI has submitted their LSSR to CoAEMSP as the first step to receiving a Letter of Review.

6. Paramedic – Reaccreditation

a) Piedmont Virginia Community College has gained full accreditation with CoAEMSP/CAAHEP.
b) American National University in Salem, VA has placed their accreditation status on hold for a period of two years.

B. For more detailed information, please view the Accredited Site Directory found on the OEMS web site at:
   1. http://www.vdh.state.va.us/OEMS/Training/Accreditation.htm

C. 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 will be increasing 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

On Line 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. Fifty to sixty EMSAT programs are available on CentreLearn Solutions LLC, 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/OEMS/Training/WebBasedCE.htm

EMSAT

EMSAT programs for the next three months include:

May 18, **Updating the Virginia Triage System**
Instructor: Connie Green, OEMS Emergency Operations Assistant Manager
Cat. 1 ALS, Area 78, Cat. 1 BLS, Area 04

June 15, **EMS Culture of Safety**

Instructor: Karen Owens, OEMS Emergency Operations Manager
Cat. 2, ALS, Cat. 2 BLS

July 20, **Infection Control Update 2016**
Instructor: Katherine West, RN
Cat. 1 ALS, Area 89, Cat. 1 BLS, Area 06

CTS

A. 43 - CTS, 2- EMT accredited courses and 5- ALS psychomotor test sites were conducted from January 12, 2016 through April 19, 2016

B. One vacant OEMS Test Examiner position in Northern Virginia has been filled. Gary Pemberton is now going through the hiring process. Additional open positions in the

Western/Southwestern and ODEMSA regions will be advertised after the Northern Virginia positions are filled. Hiring for these positions continues to be preempted for hiring vacant full time OEMS office positions.

C. Final edits are being made on the updated Psychomotor Examination Guide (PEG) following the staff review and is expected to be released soon.

D. Current Psychomotor Examination scenarios are being reviewed for revision.

E. Medical scenarios have been updated reflecting recent changes of standards of care for oxygen administration for stroke and heart attack patients.

F. OEMS National Registry Examiners will be attending an update session in May.

G. Examiners Keith Moore and Kerry Huston have left employment with the Office of EMS.

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 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.

- Adam Harrell and Warren Short participated with the February with the Virginia Fire and Rescue Conference and the electronic recordation of EMS CE.

- The Division participated with the Virginia Community College EMS program directors' meeting in March.

- An EMS educator update was conducted for BREMS region on April 30.

Emergency Operations

IV. Emergency Operations

Operations

- **Tornado Response**

On Wednesday February 24, 2016 multiple tornadoes touched down in various areas of the state. As a result of the tornadoes, the state EOC was activated and statewide response was initiated. At the request of the state EOC, Karen Owens, Emergency Operations Manager, provided staffing coverage in the ESF-8 chair for a shift. She worked with the locality to determine needs and maintained situational awareness, which she shared with EOC staff.

- **Virginia-1 DMAT**

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

- **APCO Professional Communications Human Resources Committee** (**PRO-CHRT)**

OEMS Communications Coordinator, Ken Crumpler will work with the Virginia chapter of APCO Pro-CHRT subcommittee as an advisor for that organizations promotion of EMD to agencies currently not providing that service to the citizenry.

- **EVD Activities**

Winnie Pennington, Emergency Planner, assisted other VDH staff in evaluation of EVD-in-a-box pilot exercise at Radford University on February 25, 2016. Winnie Pennington, Emergency Planner, also participated in HHS Region 3 EVD TTX in Baltimore on April 5, 2016. Winnie Pennington, Emergency Planner, participated in Infectious Disease- in-a-box (formerly Ebola-in-a-Box) exercise development meeting on February 1, 2016.

- **Traffic Incident Management (TIM)**

Frank Cheatham, HMERT Coordinator, continues to represent OEMS as a member of the statewide TIM program committees. He continually monitors websites and incident reports for lessons learned that can assist in updating and strengthening the Virginia program.

- **Tactical Medic Project**

Karen Owens, Emergency Operations Manager and Connie Green, Emergency Operations Assistant Manager, continue to meet with VSP Officer A. Galton on to work on the framework and content for the Tactical Medic Project informational website. The objectives are to develop a website of useful data, policies and promising practices to be available for EMS and other partner agencies to review when considering developing a tactical medic program or team.

- **Vicarious Trauma Toolkit**

Karen Owens, Emergency Operations Manager, continues to serve as the National Association of State EMS Officials representative on the Vicarious Trauma Toolkit. The committee presented an update on the project to Department of Justice, Office of Victims of Crime in Washington DC on February 12, 2016.

- **Mission Ready Packages (MRP)**

Karen Owens, Emergency Operations Manager participated in an all-day session to review the development of Mission Ready Packages in the Commonwealth as a way to be better capable of responding to emergency events both within the state and to assist other states in response to EMAC requests. The expectation is for the development of templates to utilize for EMS assets and other potential response capabilities.

- **Statewide Interoperability Executive Committee**

Karen Owens, Emergency Operations Manager, participated in a workgroup to review the paperwork that governs the Statewide Interoperability Executive Committee. The group is tasked with restructuring the SIEC and redeveloping the Statewide Interoperability Communications Plan (SCIP).

Committees/Meetings

- **EMS Communications Committee**

The EMS Communications Committee met on Friday, February 5, 2016. Agenda items included location of the Fall EMS Communications Committee meeting, APCO Pro-CHRT subcommittee work regarding emergency medical dispatch, OEMS recommendations for FirstNet interoperability representation to NASEMSO, changes to the Commonwealth of Virginia EMS regulations regarding communications, and PSAP Accreditation applications for Winchester 911 and King & Queen 911.

Mike Keefe-Thomas (Virginia Dept. of Emergency Management VDEM) accepted the role of Subject Matter Expert representing Virginia EMS to NASEMSO regarding the FirstNet wireless voice and data project. OEMS Communications Coordinator, Ken Crumpler and Mike Keefe-Thomas will work on a possible standardized interoperability radio program bank for addition to the Commonwealth of Virginia EMS rules and regulations.

- **Provider Health and Safety Committee**

Karen Owens, Emergency Operations Director, and Connie Green, Emergency Operations Assistant Manager, met with the Provider Health & Safety Committee on February 5, 2016. The National EMS Fatigue project was discussed in detail along with CISM and the monthly safety bulletins.

- **Emergency Management Committee**

Karen Owens, Emergency Operations Director, Connie Green, Emergency Operations Assistant Manager, and Winnie Pennington, Emergency Operations Planner, attended the Emergency Management Committee meeting on February 4, 2016. The committee discussed the MCIM/MUCC training for EMS providers and triage methodologies.

- **Lane Reversal Coordination**

Frank Cheatham, HMERT Coordinator, continues to attend meetings in regards to Lane Reversal. He continues to work on the various workgroups as needed.

- **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 has recently been updated on a new grant that NFPA received that will result in some training on Alternative Fuel Vehicles. He has participated in conference calls in regards to the new training for Alternative Fueled Vehicles.

- **Strategic Highway Safety Plan**

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 has been assigned to a workgroup within the Steering Committee.

- **Domestic Preparedness Committee**

The Emergency Operations Manager continues to serve on the NASEMSO Domestic Preparedness Committee and participated in two conference calls during this quarter.

- **Mass Casualty Incident Management Module I and II Train-the-Trainer**

Karen Owens, Emergency Operations Manager, coordinated a Mass Casualty Incident Management program at the Richmond Airport Fire Department. The course, attended by members of the hospital and healthcare community, as well as members of the Richmond Airport Fire Department, provided instruction on the management of mass casualty incidents as well as the information on how to conduct courses.

Training

- **Traffic Incident Management (TIM)**

Frank Cheatham, HMERT Coordinator, coordinated a Train-the-Trainer program for the TIM course on April 12-13, 2016 at the Chesterfield Public Safety Training Center. The course, attended by 35 public safety members including law enforcement, fire, EMS, and tow truck drivers, provides education and information on how to instruct the TIM course. In addition Mr. Cheatham assisted in teaching three TIM Classes throughout the Commonwealth including Hanover County, Warsaw, and Glenns, Virginia.

- **2016 VESTEX**

Winnie Pennington, Emergency Planner, participated in the Virginia Department of Emergency Management Virginia Emergency Support Team Exercise (VESTEX) on March 22-25, 2016. The exercises, conducted at the state Emergency Operations Center focused on the recovery phase of an emergency event.

- **EMSAT**

Connie Green, Emergency Operations Assistant Manager, developed and participated in the filming of the EMSAT Video “2016 Virginia Triage System Update” during the quarter.

Communications

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

During this quarter, PSAP Accreditation applications from King & Queen Co. 911 and Winchester 911 were approved by the Communications Committee of the Virginia EMS Advisory Board.

- **APCO/NENA**

Mr. Crumpler, Emergency Communications Coordinator, attended the Winter APCO/NENA meeting at Chesterfield Public Safety Training Center on Thursday, February 25, 2016. He presented with Mr. Jeff Flournoy (Eastern Shore 911) regarding EMD in Virginia and assisting APCO Pro-CHRT subcommittee with ongoing efforts. Mr. Crumpler met with the subcommittee on March 24th at Henrico 911 for final confirmation of the subcommittees report and presentations.

Critical Incident Stress Management (CISM)

- **CISM Regional Council Reports**

During this reporting quarter Regional Council CISM teams reported 21 events, including education sessions, training classes, and debriefings (both group and one-on-one).

Planning and Regional Coordination

V. Planning and Regional Coordination

Regional EMS Councils

Regional EMS Councils

The Regional EMS Councils have submitted their FY16 Third Quarter contract reports throughout the month of April, 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.

Applications for Regional EMS Council re-designation were submitted to OEMS on October 1, 2015, and are under review. OEMS had to put a hold on the RC designation site review process, in order to comply with DGS policies related to consultants, which affected the ability to select site reviewers. This change brought about a bid process for the site review work, and the other associated functions. OEMS hopes to continue the site reviews beginning in May.

Given this change in process, OEMS has determined that the re-designation process will not be completed before the current period ends on June 30, 2016. VDH executive management has advised their desire to have the designation recommendations approved by the Advisory Board before those recommendations go before the Board of Health. The advisory board next meets in August, and the Board of Health in September. OEMS will enter into an extension of the current service contract to cover the time between the end of the current designation period, and the next designation period.

Medevac Program

The Medevac Committee is scheduled to meet on May 5, 2016. The minutes of the February 4, 2016 meeting are available on the OEMS website at http://166.67.66.226/OEMS/AdvisoryBoard/Committees/Medevac.htm.

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 498 entries into the Helicopter EMS system in the first quarter of 2016. 68% of those entries (341 entries) were for interfacility transports, which is higher than information from previous quarters. The total number of turndowns is an increase from 513 entries in the first quarter of 2015. 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 is performing 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 between January 1, 2015 – December 31, 2015 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.

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 workgroup has developed a safety flyer that will easily be able to be distributed and posted to the hospital and EMS communities.

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 EMS Advisory Board, as well as OEMS staff, and Regional EMS Council staff, will be 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. Templates for these planning sessions are being distributed, in hope to have input from stakeholders throughout 2016, and an anticipated approval by the Board of Health in late 2016/ early 2017.

The current version of the State EMS Plan is available for download via the OEMS website at http://166.67.66.226/OEMS/EMSPlan/index.htm.

Public Information and Education

VI. Public Information and Education

Public Relations

Promotions

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 January – March are as follows:

- **January –** New Year, New You – Heathy eating tips, The National Association of EMS Educators EMS Instructor Course in Winchester, AirCare Medevac 2016 conference for Prehospital and Critical Care, office closures due to state holidays and inclement weather, Prince George Fire and free training event, "Stop the Bleed", Governor McAuliffe declares state of emergency ahead of winter storm, cold weather safety tips, food safety tips if power goes out, know the warning signs for frostbite and hypothermia, snow safety clean up tips and Virginia's online, electronic procurement system (eVA).

- **February -** Mid-Atlantic MedWar Medical Wilderness Adventure Race in Newport News State Park, VDEM and Dominion Virginia Power's full-scale exercise at North Anna Power Station, cold weather safety, increased risk for severe weather and tornadoes, Governor McAuliffe Declares State of Emergency in Response to Severe Weather Event, post-storm safety tips and the 25th Annual Hampton Roads Trauma Symposium.

- **March -** OEMS Web portals down for maintenance March 5, 6 – 10 p.m., register for the Statewide Tornado Drill, March is National Nutrition Month – healthy eating tips when on the go, set clocks forward and replace the batteries in your smoke detectors during DST, RSAF Grant application deadline, Southwest Virginia Ems Council Inc.'s Slim to Win Weight Loss Challenge for licensed EMS agencies in SWVA and in the wake of terrorist attacks in Brussels, Belgium, Virginians reminded to be alert of suspicious activity – see something, say something.

Via GovDelivery E-mail Listserv (January - March)

- Feb. 12 – Important Update: Transition to NEMSIS Version 3

Customer Service Feedback Form (Ongoing)

- PR assistant provides monthly reports to EMS management regarding OEMS Customer Service Feedback Form.

- PR assistant also provides bi-weekly attention notices (when necessary) to director and assistant director concerning responses that may require immediate attention.

Social Media and Website Statistics

Figure 1: This graph shows the total organic reach of users who saw content from our Facebook page, January – March. Each point represents the total reach of organic users in the 7-day period ending with that day.

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.

***As of April 19, 2016, the OEMS Facebook page had 4,639 likes, which is an increase of 181 new likes since January 6, 2016. As of April 19, 2016, the OEMS Twitter page had 3,644 followers, which is an increase of 129 followers since January 6, 2016.**

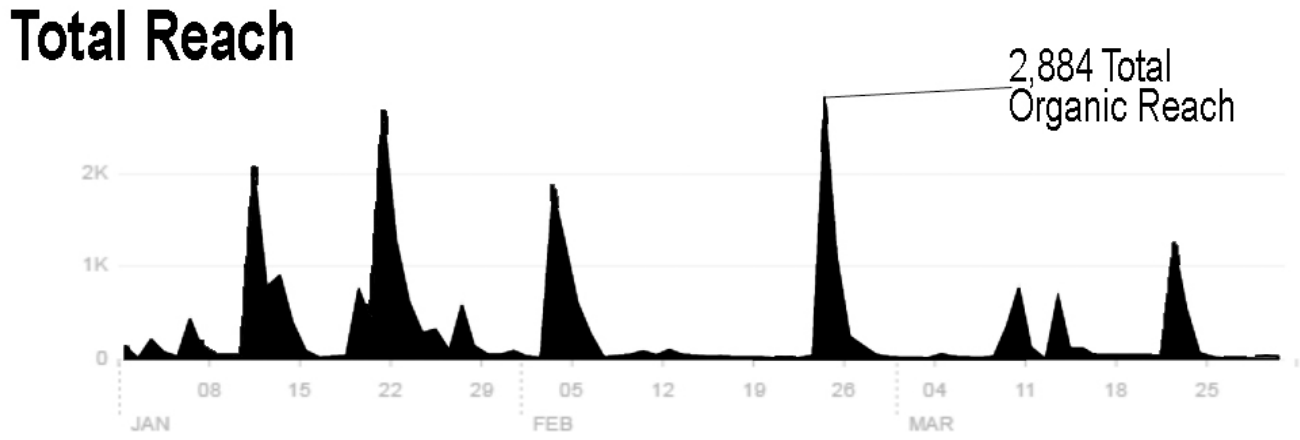


Figure 2: This table represents the top five downloaded items on the OEMS website from January – March.

January	1. 2010 Symposium Presentations/LMGT-732 (20,564) 2. EMS Bulletin/Winter2015 (10,796) 3. EMSAT Centrelearn Instructions (9,148) 4. 2014 Symposium Presentations/PRE-004 (8,709) 5. 2012 Symposium Presentations/OPE-4006 (8,207)
February	1. 2010 Symposium Presentations/LMGT-732 (21,343) 2. Resource CD/Instructor Institute (9,112) 3. EMSAT Centrelearn Instructions (8,191) 4. 2012 Symposium Presentations/OPE-4006 (6,693) 5. 2009 Symposium Presentations/SPE-1001 (5,784)
March	1. 2010 Symposium Presentations/LMGT-732 (20,754) 2. 2014 Symposium Presentations/PRE-020 (9,932) 3. EMSAT Centrelearn Instructions (9,555) 4. 2012 Symposium Presentations/OPE-4022 (8,321) 5. 2012 Symposium Presentations/SPE-6012 (5,190)

Figure 3: This table identifies the number of unique visitors, the average hits per day and the average visit length by minutes to the OEMS website from January – March. *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 hits per day* include both unique visitors and repeat visitors.

	Visitors	Average Hits Per Day	Average Visit Length (Minutes)
January	105,206	3,393	15:13
February	97,466	3,360	15:41
March	101,858	3,285	17:59

Events

EMS Week

- PR assistant coordinated the ordering and mailing of the American College of Emergency Physicians 2016 EMS Week Planning Guides to all affiliated EMS agencies.

- PR assistant submitted a proclamation request to the Governor's Office to recognize EMS Week in Virginia.

Fire and EMS Memorial Week

- PR coordinator will coordinate with the VDFP to promote Fire and EMS Memorial Week.
    - Will promote the date of this event in the EMS Week press release.
    - Will create a special webpage on the OEMS website to promote this event.
    - Will share and post additional information on the OEMS social media sites.

EMS Symposium

- PR coordinator to work with designated sponsorship coordinator to update the Symposium Sponsorship Guide.

- PR coordinator started drafting Symposium Catalog, which will be posted online prior to summer registration opening.

Governor's EMS Awards Program

- PR assistant prepared and submitted the 2016 Regional EMS Award nomination forms and guidelines to all Regional EMS Councils. Nomination forms included a new awards category: Outstanding Contribution to Emergency Preparedness and Response.

- PR assistant designed the 2016 Regional EMS Awards fliers and campaign posters to help promote the awards program.

- On Jan. 26, the PR coordinator submitted a full-size color ad promoting the 2016 Governor's EMS Awards program to the VFCA Inc.'s Commonwealth Chief publication.

Media Coverage

The PR coordinator was responsible for fielding the following OEMS media inquiries January – March, and submitting media alerts for the following requests:

- Jan. 6 – Reporter from the News & Advance requested RSAF grant applications for Blue Ridge EMS Council region.

- Feb. 26 – Reporter from the Virginia Gazette inquired about King William Volunteer Fire & Rescue Squad's citation.

- Mar. 7 – Reporters from WTOP, ABC News D.C., Free Lance-Star and Washington Post inquired about Va. Firefighters under investigation for patient transport.

OEMS Communications

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

- On a daily basis, the PR assistant monitors and provides assistance to the 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 she sends out weekly CommonHealth Wellnotes to the OEMS staff.

VDH Communications

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

- **January - March** – Responsible for providing back up for the PR team, including coverage for media alerts, VDH in the News, media assistance and other duties as needed.

- **Feb. 25** – PR coordinator reported to the VEOC Joint Information Center in response to declared State of Emergency due to damage from severe storms/tornados.

- **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. Submissions that were recognized appear as follows:

- **Feb. 8 - OEMS Conducts EMS Educator Update and Institute**

  The Office of EMS (OEMS) Division of Educational Development recently conducted two Richmond-area EMS Educator Updates to provide critical information to Virginia EMS educators. Topics of discussion included new options to deliver EMS Education and how it may initiate opportunities for rural Virginia. Approximately 40 EMS educators participated in this event. The Division of Educational Development also conducted a five-day EMS Educator Institute in the Richmond Area. There were 14 new educator candidates who completed the institute and are now certified as Education Coordinators. This Educator Institute also included special online components to assist the OEMS move toward utilizing technology as a means of contributing to a greener Virginia. Many thanks to all training staff who participated in these two events: Debbie Akers, Advanced Life Support training specialist; Adam Harrell, training and development specialist; Greg Neiman, Basic Life Support training specialist; and Warren Short, training manager.

- **Feb. 22 - VDH Office of EMS Awards RSAF Grants**

  The Office of EMS recently announced the Rescue Squad Assistance Fund (RSAF) grant program awards for the December 2015 cycle, awarded Jan. 1, 2016. Of the 116 Virginia EMS agencies that applied for grant funding totaling more than $9.7 million, 86 Virginia EMS agencies received grant funding totaling $4,558,021.81. The current RSAF grant cycle began Feb. 1 and closes March 15. The RSAF grant awards can be referenced here. Special thanks to Amanda Davis, grants manager, Linwood Pulling, grants specialist, and Dennis Molnar, business manager, for all their hard work.

- **Feb. 29 - Office of EMS Conducts Physician Update**

  A Virginia EMS Physician Update was conducted February 8, in conjunction with the Virginia College of Emergency Physicians (VACEP) winter meeting. This program complies with one of two required Office of EMS (OEMS) updates for Virginia EMS physicians. Changes to regulations, education and practice are all components of this program. The OEMS participants in this update included State Medical Director Dr. George Lindbeck, Michael Berg, manager, Division of Regulation and Compliance and Warren Short, manager, Division of Educational Development.

- **Mar. 14 - OEMS Coordinates CE Credits for Fire/Rescue Conference**

  In February, the Office of Emergency Medical Services (OEMS), Division of Educational Development (DED) participated and coordinated the issuing of EMS Continuing Education (CE) to more than 600 participants at the annual Virginia Fire and Rescue Conference in Virginia Beach, hosted by the Virginia Fire Chiefs Association. This is the first time that EMS CE has been offered in conjunction with this event. The DED team worked closely with the event conference committee to provide guidance, CE scanning equipment and supervision. Participants in this event included Adam Harrell, training and development specialist and Warren Short, training manager.

- **Mar. 21 OEMS Conducts Educator Update**

  The Office of EMS (OEMS) Division of Educational Development (DED) conducted a mandatory EMS Educator Update at Fort Lee February 27. Advanced Life Support Training Specialist Debbie Akers and Basic Life Support Training Specialist Greg Neiman provided information about the changes in EMS education delivery, EMS training funds program, ethics in EMS and the transition from Emergency Medical Technician (EMT) Enhanced to Advanced EMT, which will occur in April. The DED team also discussed the transition to the new Continuing Education program. Fifteen EMS educators from across Virginia attended the update.

Regulation and Compliance

VII. Regulation and Compliance

EMS Agency/Provider Compliance

The EMS Program Representatives conduct and complete investigations pertaining to EMS agencies and providers. These investigations relate to issues concerning failure to submit prehospital patient care data and/or quality (VPHIB), violation of EMS vehicle equipment and supply requirements, failure to secure drugs and drug kits, failure to meet minimum staffing requirements for EMS vehicles and individuals with criminal convictions. The following is a summary of the Division's activities for the first quarter 2016:

Compliance

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

Correction Order	**23**				**59**	**64**	**23**
Agency	23				59	64	23
Provider	0				0	0	0
Temp. Suspension	**9**				**20**	**26**	**9**
Agency	0				0	0	0
Provider	9				12	26	9
Suspension	**2**				**11**	**15**	**2**
Agency	0				1	0	0
Provider	2				5	15	2
Revocation	**2**				**7**	**8**	**2**

Agency	0				0	0	0
Provider	2				4	8	2
Compliance Cases	**39**				**202**	**166**	**39**
Opened	22				140	112	22
Closed	17				62	54	17
Drug Diversions	**4**				**21**	**15**	**4**
Variances	**10**				**29**	**23**	**10**
Approved	9				16	14	9
Denied	1				13	9	1

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

Jan 29 - Peck

Jan 29 - Cox

Licensure

Licensure	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016
Agency	643				669	646	643
New	2						2
Vehicles	4,220				4,137	4,568	4,220
Inspection							
Agency	51				289	319	51
Vehicles	226				2,261	1,964	226
Spot	115				447	571	225

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. A dedicated section of the OEMS website has updated and relevant information on this new process and can be found at the following URL:

http://www.vdh.virginia.gov/OEMS/Agency/RegCompliance/CriminalHistoryRecord.htm.

Background Checks	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016
Processed	1,903				3,488	6,773	
Eligible	1,458				2,683	5,415	
Non-Eligible	16				19	50	
Outstanding	202				546	1,091	
Jurisdiction Ordinance	155					189	

This program has obtained permission to advertise for the vacated position left by the resignation of Mrs. Regina Garcia. Potential candidates for this wage position are currently being scheduled for employment interviews.

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 Fast Track regulatory package to include the terminology of "affiliation" in the language of 12VAC-5-31-910 is in the regulatory review process and currently resides in the Governors' Office for the analyst to review and approve, (http://townhall.virginia.gov/L/viewstage.cfm?stageid=7067)
  The Office has received communications that the Governor's Office does not support this regulatory packet as presented. OEMS staff will work to develop further clarifying language with input from the EMS Advisory Board and resubmit for review.

- The Periodic Review of the Durable Do Not Resuscitate (DDNR) regulations 12VAC5-66 has been completed. OEMS Staff has developed a Fast Track regulatory packet to include the definition of "POST" in the definitions. This was approved by the Board of Health on March 17, 2016 and is currently working its way through the regulatory process (http://townhall.virginia.gov/L/viewstage.cfm?stageid=7484).

EMS Physician Endorsement

Endorsed EMS Physicians: As of March 2016: 221

The OMD workshops for 2016 are winding down. The first "Currents" session was held at the Virginia EMS Symposium on November 12, 2015. An updated listing of workshops may be found at the following URL, http://www.vdh.virginia.gov/OEMS/MedicalDirectors/CEWorkshops.htm. 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 February 2-4, 2016 in Staunton, Virginia.

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

January 27 - EMS Fellow Orientation

February 8 - OMD Course – Homestead – Bath County

February 17 – Webinar, State EMS Office, WA, Ambulance Standards

February 24-26 – State Fire Chiefs Conference, Virginia Beach

March 2 – OMD Course, Lord Fairfax EMS Council, Winchester

March 9 – OMD Course, Northern Virginia EMS Council, Fairfax

March 14 – Conference Call – State EMS Office, OH, Ambulance Standards

March 17 – BOH presentation – Richmond

March 31 – Fire/EMS Study, Charles City County

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.

Commission on the Accreditation of Ambulance Services (CAAS) Ground Vehicle Standards v1:

Staff continues its work at the national level in the development of ambulance standards.

CAAS announced the release of GVS v.1.0 on March 28, 2016. The document is to be effective July 1, 2016. For additional information, contact Mark Van Arnam or visit: www.groundvehiclestandard.org or www.caas.org.

National Fire Protection Association (NFPA) 1917

NFPA 1917 has begun soliciting public comment for Version 3 of this document. Directions can be found at the following link, http://www.nfpa.org/1917.

KKK-1822-F General Services Administration (GSA)

Comments are currently being solicited regarding the proposed "Change Notice 9". This draft document seeks to incorporate SAE J3043, Ambulance Equipment Mounts to add the following:

3.11.1.3 EQUIPMENT MOUNTING DEVICES

> *Installed Oxygen cylinder, cardiac monitor, and fire extinguisher mounting devices shall meet the performance requirements of SAE J3043*

If you have technical questions regarding this change notice, please contact John McDonald at jmcdonald@gsa.gov for assistance.

OEMS staff is working with the Transportation Committee to review and submit recommendations as to what ambulance standard Virginia should adopt in regulations and to identify any "Virginia" specific requirements. The Transportation Committee met on Monday, April 25 at OEMS in Glen Allen, Virginia.

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee is planning to meet on Thursday, May 5 at 10 AM at the Courtyard Marriott in Glen Allen, VA. The minutes of the February 4th, 2016 meeting are available on the OEMS website at http://166.67.66.226/OEMS/AdvisoryBoard/Committees/WorkforceDevelopment.htm.

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 several times 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 committee continues to make edits to the draft content of all the modules of EMS Officer I. There is no updated completion date, or a date of the launch of the pilot courses, but the hope is for the program to be launched in 2016. In addition, the committee is evaluating national efforts to produce similar training programs.

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.

All documents related to the SoE program can be found on the OEMS website at http://166.67.66.226/OEMS/Agency/SoE.htm.

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

The Virginia Recruitment and Retention Network

The Virginia Recruitment and Retention Network met on February 25, 2016, in conjunction with the Virginia Fire Chief's Association conference in Virginia Beach. A presentation was given by representatives of several Virginia EMS agencies on the best practices of their recruitment and retention programs. The next meeting is tentatively scheduled to be held in conjunction with the VAVRS Rescue College in June 2016.

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.

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.

Trauma and Critical Care

IX. Trauma and Critical Care

American College of Surgeons (ACS) Trauma System Consultation

Between September 1, 2015 and September 4, 2015 the Office of EMS underwent a state trauma system assessment. The ACS utilizes the Model Trauma System Planning and Evaluation guide that utilizes a public health approach to trauma system development and maintenance.

The consultative team performs an "exit interview" and verbally provides an overview of those items they deem as priority issues in Virginia. The Office of EMS recorded a video of this exit interview. You can download the video of the exit interview at the following link.

http://www.vdh.virginia.gov/OEMS/Trauma/LinksDocuments.htm.

Click on: ACS Trauma System Consultative Exit Interview 9/4/2015 (37 min, 570 MB)

You can view it on YouTube at: https://www.youtube.com/watch?v=9YrNpTHxc-U

You can also download the entire Virginia ACS Statewide Trauma System Report at: http://www.vdh.virginia.gov/OEMS/Files_Page/trauma/ACSVirginiaTSCReport2015.pdf

The Chair and Executive Committee of the State EMS Advisory Board requested the appointment of a multi-disciplinary task force representing the trauma and EMS system in Virginia to begin the process of addressing the recommendations contained in the Trauma System Consultation Report.

The charge of the Trauma System Plan Task Force is to develop a timeline for completing a draft Virginia Trauma System Plan. In order to accomplish this task, the task force has identified subject matter experts to serve on work groups that will examine key aspects and components of the trauma system in Virginia.

Prior to adoption by the State EMS Advisory Board and the State Board of Health, the Virginia Trauma System Plan will be thoroughly vetted using an open, transparent and inclusive process. The following workgroups have been formed (and have begun to meet) to examine the key aspects and components of the trauma system in Virginia.

Trauma System Plan Task Force

- Administrative Workgroup
- Injury Prevention Workgroup
- Pre-Hospital Workgroup
- Acute Definitive Care Workgroup
- Rehabilitation Workgroup
- Data/Education/Research/System Evaluation Workgroup

The Commissioner of Health and the Chair of the Task Force in consultation with the Chair and Executive Committee of the State EMS Advisory Board reserve the right to add additional members for any workgroup as they deem appropriate to reflect the diversity and disciplines of the statewide trauma care system in Virginia.

Each of these membership rosters, including meeting dates, locations and minutes can be found on the OEMS web site at:

http://www.vdh.virginia.gov/OEMS/Trauma/TraumaPlanTaskForceIndex.htm

The "current" membership of the Trauma System Plan Task Force and the six (6) workgroups follows on the following eight (8) pages.

Trauma Systems Plan Task Force		
Name	Organization / Agency Represented	Discipline Expertise
Michel Aboutanos, Chair	Trauma System Oversight & Management Committee	Chief of Acute Care Surgery, VCU Health Systems
Emory Altizer	Lewis Gale Hospital – Montgomery	Trauma Program Manager, Lewis Gale Hospital Montgomery
Sid Bingley	Carilion / Blacksburg Rescue	Captain, Blacksburg Volunteer Rescue Squad
J. Forrest Calland	American College of Surgeons	Trauma Medical Director, University of Virginia Medical Center
Gary Critzer	State EMS Advisory Board – Central Shenandoah EMS Council	Director, Waynesboro Dept. of Emergency Management
Michael Feldman	Virginia Commonwealth University	Asst. Professor / Medical Director, VCU Health Systems
Maggie Griffen	Inova Fairfax Trauma Center	Trauma Acute Care Surgeon
Melissa Hall	Mary Washington Healthcare	Trauma Program Manager
Scott Hickey	Virginia College of Emergency Physicians / American College of Emergency Physicians	Emergency Medical Director, Chippenham Medical Center
John Hyslop	Johnston Willis Hospital	Medical Director
Marilyn McLeod	Medical Direction Committee	Operational Medical Director, Lynchburg General Hospital
Lou Ann Miller	Riverside Regional Medical Center	Trauma Program Manager

Anne Mills	Danville Regional Medical Center	Director of Emergency Department
Valeria Mitchell	Sentara Norfolk General	Trauma Program Manager
T. J. Novosel	Eastern Virginia Medical School – Sentara Norfolk General	Asst. Professor / General Surgery / Trauma, Sentara Virginia Beach General Hospital
Morris Reece	Virginia Hospital and Healthcare Association	Disaster Coordinator / Technical Advisor
Tom Ryan	Virginia Hospital and Healthcare Association	Senior Medical Advisory
Shawn Safford	Carilion Children's Hospital	Section Chief Pediatric Surgery
R. Macon Sizemore	Virginia Commonwealth University Health	Director of Rehabilitative Services
Keith Stephenson	Carilion New River Valley	Trauma Medical Director, General Surgery
Andi Wright	Carilion Roanoke Memorial Hospital	Director, Trauma Services
Anne Zehner	Virginia Department of Health – Office of Family Health Services	Program Admin Specialist II

Upcoming Meeting Dates – June 2, September 1, and December 1 at 11 a.m.

Administrative Workgroup		
Name	Organization / Agency Represented	Discipline Expertise
Andi Wright, Chair	Carilion Roanoke Memorial Hospital	Director, Trauma Services
Lou Ann Miller, Co-Chair	Riverside Regional Medical Center	Trauma Program Manager
Emory Altizer, RN	Montgomery Regional Hospital	Trauma Program Manager
Tom Ryan, MD	Virginia Hospital and Healthcare Association	Senior Medical Advisory
Len Weireter, MD	Sentara Norfolk General Hospital	Professor of Surgery
Ann Mills, RN	Danville Regional Hospital	Director of Emergency Department
Morris Reece	Virginia Hospital and Healthcare Association	Disaster Coordinator / Technical Advisor
Ad Hoc/Content Experts – Maggie Griffith, Public Health, OEMS, Marl Lawrence (legislation), Forrect Calland, Chair of Virginia Committee on Trauma		

Data/Education/Research/System Evaluation Workgroup		
Name	Organization / Agency Represented	Discipline Expertise
Valeria Mitchell, Chair	Sentara Norfolk General	Trauma Program Manager
Melinda Myers, Co-Chair	Inova	Trauma Division Director
Mark Day	Sentara Virginia Beach General Hospital	Trauma Program Manager
Dwight Crews	Virginia Office of EMS	Analyst-Statistician
Greg Stanford	Winchester Hospital	Trauma Medical Director
Robin Pearce	Henrico Doctors Hospital, Forest Campus	Pediatric Trauma Program Manager
Alan Ottarson	Virginia Commonwealth University / Gloucester Fire & Rescue	
Lisa Bono – Ad hoc	Sentara Norfolk General	
Kelly Guilford	Chippenham	Trauma Performance Improvement Manager
Anne Zehner	Virginia Department of Health	Program Admin Specialist II
J. Forrest Calland	University of Virginia / Trauma System Oversight & Management Committee	Trauma Medical Director
Melinda Carter	Reston	
Forrest Winslow – Ad hoc		

Acute Definitive Care Workgroup		
Name	Organization / Agency Represented	Discipline Expertise
Heather Davis, Chair	HCA - Chippenham	Director of Trauma and EMS Services
Tracey Lee, Co-chair	Southside Regional Medical Center	
Scott Hickey	Virginia College of Emergency Physicians / American College of Emergency Physicians	Emergency Medical Director
Christopher Lindsay	HCA Healthcare	Associate Administrator
John Hyslop	Johnston Willis Hospital	Medical Director
Pier Ferguson	VCU Community Memorial Hospital	EMS R.N.
Terrel Goode	Winchester Medical Center	Trauma Program
Tiffany Lord	Virginia Commonwealth University Health	Burn Program Coordinator
Kelley Rumsey	Virginia Commonwealth University Health	Nurse Clinician / Program Manager, Children's Hospital of Richmond at VCU

Pre-Hospital Workgroup		
Name	Organization / Agency Represented	Discipline Expertise
Dallas Taylor, Chair	Lewis Gale Medical Center	Director of Trauma Services
Sherry Stanley, Co-Chair	Carilion New River Valley Medical Center	Trauma Program Manager
Marilyn McLeod, MD	OMD / Medical Direction Committee / ER Physician	Operational Medical Director, Lynchburg General Hospital
Sid Bingley	Air Transport	Captain, Blacksburg Volunteer Rescue Squad
David Edwards	OEMS / Pediatrics	EMS for Children Coordinator
T.J. Novosel, MD	Level I Trauma Surgeon	Assistant Professor / General Surgery / Trauma
Carol Bernier, MD	Level I ED MD / OMD	
Jeffrey Haynes, MD	Level I Pediatric	
Ron Passmore	Ground Transport	Chief of EMS / Galax-Grayson Emergency Medical Services
Raymond Makhoul or Brad Taylor	Level II Representative	Trauma Medical Director

Injury Prevention Workgroup		
Name	Organization / Agency Represented	Discipline Expertise
Melissa Hall, Chair	Mary Washington Healthcare	Trauma Program Manager
Diamond Walton, Co-Chair	UVA Health System	
Linda Watkins	Inova Health System	Injury Prevention Coordinator
Corri Miller-Hobbs	VCU Health System	Safe Kids Virginia Program Coordinator, Children's Hospital of Richmond at VCU
Joanie Steil	HCA Chippenham	Trauma Education & Injury Prevention Coordinator
Cassie McCallister	Carilion New River Valley	
Sara Beth Dinwiddie	Carilion Roanoke Memorial	
Amy Gulick	Mary Washington Healthcare	
Heather Board	VDH	Trauma Educator / IP Coordinator
Valerie Kirby	Sentara Norfolk General	Injury & Violence Prevention

Rehabilitation Workgroup		
Name	Organization / Agency Represented	Discipline Expertise
Kathy Butler, Chair	University of Virginia	
Stephanie Boesce, Co_Chair	Inova Loudoun	
Macon Sizemore	VCU Health	Director of Rehabilitative Services, VCU Health Systems
Ad-hoc participants which will vary from meeting to meeting		

Emergency Medical Services for Children (EMSC)

Pediatric Medication Errors

In consultation with the EMS for Children Committee, the EMSC program has planned additional action steps going forward in addressing concerns about pediatric medication errors and how to prevent them. Currently these will include:

- Letter to Medical Direction Committee raising awareness of the issue.
- Providing the MI-MEDIC product (result of an EMS for Children Targeted Issues Grant) to the Medical Directors Committee for comment—the EMSC program is considering providing a similar product for Virginia use.
- Letters to regional performance improvement entities (care of regional councils/trauma centers, etc.).
- Statement of concern to EMS providers on state listserv (plea to document weight in kg.).
- Submission of articles to the EMS Bulletin and VAVRS newsletter for consideration.
- Single-page descriptive/educational fact sheet for 2016 Symposium registration packet.
- Proposing "pediatric medication errors" as a potential EMSAT subject.
- Letters to state-approved EMS education programs, EMS instructors and EMS Medical Directors emphasizing concern regarding the potential of pediatric medication errors.
- Following progress of NEMSIS version 3 implementation to lobby for prompting for pediatric weight in kg.

Peds Ready Quality Improvement Project Continues

"Peds Ready" is shorthand for the quality improvement initiative begun three years ago nationally with the national pediatric readiness assessment of hospital emergency departments. All of the 24-hour civilian emergency departments in Virginia that were invited to complete an assessment at that time (97) did so, and nationally 4,146 EDs completed assessments. When the hospitals submitted their assessments online, they received an immediate readiness "score" and a "gap analysis" to use for their own QI purposes, which also grouped them with hospitals experiencing a somewhat similar pediatric patient volume.

When the results of this assessment were analyzed nationally, toolkits and other resources were developed to address common needs. Virginia scored well above the national average, but still has clear areas where improvement can occur. As a result, the Virginia EMS for Children program continues to focus its *PedsReady* efforts for 2016 on convincing every hospital emergency department to:

1. Identify a physician and a nurse ED Pediatric Coordinator (advocate/champion).

2. Measure and record the weight of pediatric patients in kilograms.

3. Establish/review specific pediatric policies and safety procedures, which should include written emergency pediatric transfer guidelines and agreements.

BREAKING NEWS: The Peds Ready Portal has re-opened!

Hospitals that wish to re-take their Pediatric Readiness Assessment may now do so—*and receive a new "readiness score" and a new "gap analysis"*. **Please spread the word**. Only one person from each hospital may fill out the assessment online, and access is gained by navigating to **www.pedsready.org**. The portal will be open until September 2016, and the process is intended as a performance improvement tool for hospitals to assess and improve their pediatric readiness.

On-Site Pediatric Training

The Virginia EMSC Program continues to facilitate access to pediatric education and training, especially in the form of EPC (*Emergency Pediatric Care*), *Emergency Nursing Pediatric Course* (ENPC), PALS (*Pediatric Advanced Life Support*), and PEPP (*Pediatric Education for Prehospital Professionals*) courses around the Commonwealth, particularly in areas with historically difficult access to pediatric training.

Pediatric Track for 2016 EMS Symposium

The Virginia EMS for Children program is using federal EMSC grant resources received from the Health Services and Resources Administration (HRSA) to support a *dedicated pediatric track* at the 2016 EMS Symposium. Please take the time to review the choices available for those working to improve their knowledge and skills related to the emergency care of children.

Pediatric Disaster Preparedness Efforts…

The EMSC program is working to provide assistance to hospitals and EMS agencies in their efforts to increase their pediatric disaster preparedness.

- Prepared individualized report of pediatric ED readiness assessment data for the 12 hospitals of the FARSW Region, who are working on their pediatric readiness, and presented the results at their meeting March 10th in Bristol, TN/VA.

- The Virginia Public Health & Healthcare Preparedness Academy will be held in Portsmouth May 17-18. The EMSC Manager is presenting a breakout session on May 18th @ from 8:30-10:00 am with these three objectives:

    1) Describe the Virginia EMS for Children (EMSC) Program.
    2) Discuss the EMSC hospital assessment (Pediatric Readiness Assessment).
    3) Discuss the "Checklist: Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies."

- EMSC is participating in the Medically Vulnerable Populations Workgroup of the Virginia Hospital & Healthcare Association (VHHA), and is also assisting this group to develop a video for families and caregivers of those dependent on medical devices in their homes when faced with disasters/loss of power, etc.

NASEMSO & PECC (Pediatric Emergency Care Council)

The Pediatric Emergency Care Council of the National Association of State EMS Officials met during the NASEMSO Spring Meeting in April. Highlights of discussion and presentations included some of the following:

- Safe Transport of Children Ad Hoc Committee -- latest progress in developing ambulance compartment standards and eventual funding of crash-testing related to pediatric devices and the "Safe Transport of Children in Ambulances".
- Human trafficking – panel discussion and Mississippi video was very informative concerning this huge but very misunderstood subject.
- "Treat the Streets--Prehospital Pediatric Asthma Intervention to Improve Health Outcomes" – EMSC targeted Issues grant care health care delivery model of asthma care. (Indiana University School of Medicine, Dr. Elizabeth Weinstein, MD, FAAEM, FACEP, FAAP). Excellent description of this unique project.
- PECC project developing pediatric injury prevention best practice resources for those considering Community Paramedicine-Mobile Integrated Healthcare programs.
- Facilitating the development of consensus guidelines for the care of pediatrics during medical surge events and disasters.

Continued On-Site Pediatric Assessments for Small & Rural EDs

The Virginia EMSC program continues to perform collaborative on-site assessments of pediatric needs and capabilities of small and rural emergency departments (at no cost to the hospital). Our latest request is from a hospital in southwest Virginia.

Program staff use the consensus document *"Joint Policy Statement - Guidelines for Care of Children in the Emergency Department", American Academy of Pediatrics, October 2009* as a guide to assess gaps in basic ED preparedness. This document delineates "guidelines and the resources necessary to prepare hospital emergency departments (EDs) to service pediatric

patients", and is endorsed by many organizations. For additional information please contact David Edwards at 804-888-9144 or by email (david.edwards@vdh.virginia.gov).

Facilitating Pediatric Participation in the Trauma State Plan Process

Some members of the EMSC Committee and other strong pediatric advocates are actively participating in the work groups of the Trauma State Plan task force, and the EMSC program is providing resources to these groups and the task force as requested.

EMSC State Partnership Grant Notes

As previously reported, the federal government released a draft version in mid-December of proposed new national EMS for Children performance measures which, when adopted, will likely take effect in 2017. A brief opportunity for comments was provided in January, and again in April. Essentially, 4 performance measures are being retired, 3 new performance measures are being proposed and 6 are being retained—all with updated target dates, metrics and scoring details. The Virginia EMSC Coordinator submitted written comments to HRSA concerning 4 of the 9 performance measures during the first comment period, and these are available upon request.

Again, the shorthand explanation of the newly proposed/revised performance measures is below. (Each of these measure actually has several pages of metrics and scoring behind it):

- EMSC 01: The degree to which EMS agencies submit NEMSIS compliant version 3.x data to the State EMS Office for submission to NEMSIS Technical Assistance Center TAC.
- EMSC 02: The percentage of EMS agencies in the state/territory that have a designated individual who coordinates pediatric emergency care.
- EMSC 03: The percentage of EMS agencies in the state/territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.

The unchanged performance measures with updated targets:

- EMSC 04 (previously PM 74): Hospital recognition system for pediatric medical emergencies.
- EMSC 05 (previously PM 75): Hospital recognition system for pediatric trauma emergencies.
- EMSC 06 (previously PM 76): Written inter-facility transfer guidelines.
- EMSC 07 (previously PM 77): Written inter-facility transfer agreements.
- EMSC 08 (previously PM 79): Established permanence of EMSC.
- EMSC 09 (previously PM 80): Established permanence of EMSC by integrating EMSC priorities into statutes/regulations

We did receive approval from HRSA to begin our 4th and final budget year on this EMSC cycle, but surprisingly, in mid-April, we were granted an additional year at level funding. This 5th year will allow us more time to plan before we have to embark on a competitive process for a new four-year EMSC State Partnership Grant cycle (which should now begin in 1918).

On a sadder note, Robin Pearce (Trauma Manager, OEMS Division of Trauma/Critical Care) has left the Office of Emergency Medical Services. This will create more challenges for us; as she is a good friend and was a working partner in several projects. We will miss her enthusiasm and advocacy for children.

Suggestions/Questions

Suggestions or questions regarding 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

Attachment A
State EMS Advisory Board
Motion Submission Form

☒ **Committee Motion:**	**Name:**	Training and Certification Committee - April 6, 2016
☐ **Individual Motion:**	**Name:**	

Motion:

To accept the new ALS Certification Program Clinical Hour and Competency Summary Requirements (TR.17) with the understanding that MDC will review the minimum number of intubations.

EMS Plan Reference (include section number):

2.2.1 Ensure adequate, accessible and quality EMS provider training and continuing education exists in Virginia.
2.2.2 Enhance competency-based EMS training programs.
4.2.2 Assure adequate and appropriate education of EMS students.

Committeee Minority Opinion (as needed):

For Board's secretary Use only:

Motion Seconded by:				
Vote:	**By Acclamation:**	☐ **Approved**	☐ **Not Approved**	
	By Count	**Yea:** ☐	**Nay:** ☐	**Abstain:** ☐

Board's Minority Opinion:

ALS Certification Program Clinical Hour and Competency Summary

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

AREAS	EMT to AEMT	EMT to INTERMEDIATE[14]	EMT to PARAMEDIC[14]
CLINICAL REQUIREMENTS:			
Emergency Department[1]	12 hrs	12 hrs	24 hrs
Critical Care Area[2]	-	4 hrs	8 hrs
Pediatrics[3]	-	4 hrs	8 hrs
Labor & Delivery[4]	-	4 hrs	8 hrs
OR/Recovery	-	4 hrs	8 hrs
Other Clinical Settings[5]	prn	prn	prn
TOTAL MINIMUM CLINICAL HOURS[6]	**36 hrs**	**72 hrs**	**144 hrs**
ALS Medic Unit (Field Internship)	12 hrs	24 hrs	48 hrs
TOTAL MINIMUM FIELD/CLINICAL	**48 Hours**	**96 Hours**	**192 Hours**
TOTAL PATIENT CONTACTS[6]	**30**	**60**	**120**
COMPETENCIES:			
Trauma Assessment, pediatric[7]	**2**	**5**	**10**
Trauma Assessment, adult	**2**	**5**	**10**
Trauma Assessment, geriatric	**2**	**5**	**10**
Medical Assessment, pediatric[7]	**2**	**5**	**10**
Medical Assessment, adult	**2**	**5**	**10**
Medical Assessment, geriatric	**2**	**5**	**10**
Cardiovascular distress[8]	**5**	**10**	**20**
Respiratory distress	**5**	**10**	**20**
Altered Mental Status	**5**	**10**	**20**
Obstetrics; delivery	**-**	**-**	**2**
Neonatal Assessment/care	**-**	**-**	**2**
Obstetrics Assessment	**-**	**5**	**10**
Med Administration	**15**	**30**	**60**
IV Access	**25**	**25**	**25**
Airway Management[9, 10]	**20[8]**	**25[10]**	**50[20]**
Ventilate Non-Intubated Patient[10]	**20**	**20**	**20**
Endotracheal Intubation[11]		**1 real Patient**	**1 real Patient**
Field Experience (Team Member)[12]	**5**	**15**	**30**
Capstone Field Experience (Team Leader)	**5**	**10**	**20[13]**

[1] May be free-standing ED. However, clinics, urgent care centers, physician offices, etc. may not be substituted.
[2] CCU, ICU, CC, step-down, Cath Lab, etc.
[3] PICU, PEDs ED, Pediatrician Office, Peds Urgent Care, Peds clinic.
[4] Prefer L&D unit, but can be satisfied with OB Physician office or OB clinic.
[5] Use of non-traditional clinical sites is encouraged to allow the student to meet the minimum clinical hour requirements and allow them to see a variety of patients.
[6] The minimum hours/patient contacts is not meant to equal the total. The minimums must be met in each area, but the student has flexibility to meet the total.
[7] Paramedic students must have no fewer than (2) in each subgroup. : Neonate, Infant, Child, and Adolescent.
[8] Cardiac Arrest, Chest pain/pressure, STEMI, dysrythmias, etc.
[9] Refer to CoAEMSP interpretation of what constitutes Airway Management "Airway Management Recommendation". In order to demonstrate airway competency, the student should be 100% successful in the listed attempts at airway management. The number required is listed inside the brackets.
[10] Ventilation may be accomplished utilizing any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs.
[11] Intermediate: older than 12 years; P: any age group.
[12] Field Experience contacts will occur during the course of the program. These patient contacts cannot be counted toward the capstone field experience.
[13] To satisfy the Paramedic Portfolio requirements, 18 out of the last 20 patient contacts must be successfully completed on an ALS unit responsible for responding to critical and emergent patients who access the EMS system. Successful is defined as a score of '2' in Team Leadership category on Field Internship Evaluation Form.
[14] A certified Intermediate 99 enrolling in a Paramedic program may, at the discretion of the program's director and medical director, be awarded clinical and competency credit less than or equal to that noted in the EMT to Intermediate column. A certified AEMT enrolling in an Intermediate program may, at the discretion of the program's director and medical director, be awarded clinical competency less than or equal to that noted in the EMT to AEMT column.

NOTE: The above listed clinical hours/competencies are minimum mandatory as of August 1, 2016. Accredited Programs may set higher minimums or add to this list.

win

Appendix

B

Attachment B

BLS Recertification Requirements

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Area #	National Continued Competency Requirements (NCCR)	Hours Required EMR	Hours Required EMT
11	Airway, Oxygenation and Ventilation	2.0	4.0
12	Cardiovascular	2.0	6.0
13	Trauma	1.0	2.0
14	Medical	3.0	6.0
15	Operations		2.0
	TOTAL NCCR HOURS	8	20
	Local Continued Competency Requirements (LCCR) Individual Continued Competency Requirements (ICCR)		
	LCCR/ICCR HOURS	8	20
	TOTAL HOURS	16	40

Links to EMS resources to assist EMS Educators in planning Continuing Education programs:

National EMS Education Standards:
http://ems.gov/pdf/811077a.pdf

Use of the National EMS Education Standards will assist in the planning of the NCCR/LCCR/ICCR continuing education program.

National Registry Training Officer Guide:
https://www.nremt.org/nremt/downloads/2015NCCPTOGuide.pdf

National Registry EMT Education Guidelines:
https://www.nremt.org/nremt/downloads/NCCREMTEducationGuidelines.pdf

Use of the National Registry Training Office Guide and EMT Education Guidelines should be utilized when planning the NCCR portion of your continuing education program. Any hours offered that exceed the minimum hours required will roll to the LCCR/ICCR requirements.

Attachment B

Virginia ALS Continuing Education Requirements – All Levels

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

AREA #	DIVISION HOURS PER CERTIFICATION LEVEL					NCCR
	Paramedic E		Intermediate I		AEMT C	
16	4		3		4	Airway, Ventilation and Respiration
17	10		10		6	Cardiovascular
18	4		3		2	Trauma
19	7		7		6	Medical
20	5		5		2	Operations
	30		*28*		*20 + 5*	**MANDATORY CORE CONTENT TOTAL**
	30		28		20	**NCCR HOURS REQUIRED PER LEVEL**
					5	**Additional NCCR hours from Paramedic List**
	30		27		25	**LCCR + ICCR Hours**
	60		55		50	**TOTAL HOURS REQUIRED PER LEVEL**

Links to EMS resources to assist EMS Educators in planning Continuing Education programs:

National EMS Education Standards:
http://ems.gov/pdf/811077a.pdf

Use of the National EMS Education Standards will assist in the planning of the NCCR/LCCR/ICCR continuing education program.

National Registry Training Officer Guide:
https://www.nremt.org/nremt/downloads/2015NCCPTOGuide.pdf

National Registry EMT Education Guidelines:
https://www.nremt.org/nremt/downloads/NCCRParamedicEducationGuidelines.pdf

Use of the National Registry Training Office Guide and Paramedic Education Guidelines should be utilized when planning the NCCR portion of your continuing education program. Any hours offered that exceed the minimum hours required will roll to the LCCR/ICCR requirements.

Appendix

C

Attachment C

Outline for Education Coordinator Candidate

I. Requirements

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

B. Possess a high school diploma or equivalent.

C. Hold current Virginia EMS certification as an EMT or higher level Virginia EMS certification.

D. 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.

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

II. Application

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

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

C. 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 with the education coordinator endorsing the candidate.

D. Applicant must sign a self-declaration indicating they meet the eligibility requirements for EC.

E. Attach documents of the highest level of education completed

1. High school diploma or equivalent

2. Associates Diploma from a nationally accredited educational program whose accreditation is recognized by Virginia.

3. Bachelor's Diploma from a nationally accredited educational program whose accreditation is recognized by Virginia.

4. A Master's or PhD diploma from a nationally accredited educational program whose accreditation is recognized by Virginia.

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

III. Pre-institute Phase

A. Must have a completed and 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.

C. Testing Requirements

1. Shall pass the National Registry EMT cognitive assessment examination.
   a. List process
   b. The candidate is responsible for all testing fees.
2. Shall pass the EMT psychomotor examination at a CTS site
   a. List process
   b. The candidate is responsible for all testing fees.

D. Teaching Requirements

1. Shall teach with a 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 setting or in a lab setting.
3. Teaching hours are based on the educational credentials of the EC candidate as follows:
   a. For a high school diploma or equivalent – 100 hours
      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

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 PhD – 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. 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 on a 5 point scale with 1 lowest and 5 highest score possible.
   5. Teaching log must be complete and turned in to the office of EMS.
   6.

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
7. Scanner Training
8. EC Administrative Test – Given post institute

C. The institute is estimated at 3 days.

V. Passing Criteria

A. National Registry cognitive assessment examination – a score of pass as defined below
   1. Passing Score with no below passing criteria – 100
   2. Passing Score with one below passing criteria – 85
   3. Failing score with a below passing criteria of more than one section - 40

B. EC Psychomotor examination - Passing 85%
   1. Score calculated by sum of score divided by possible points.

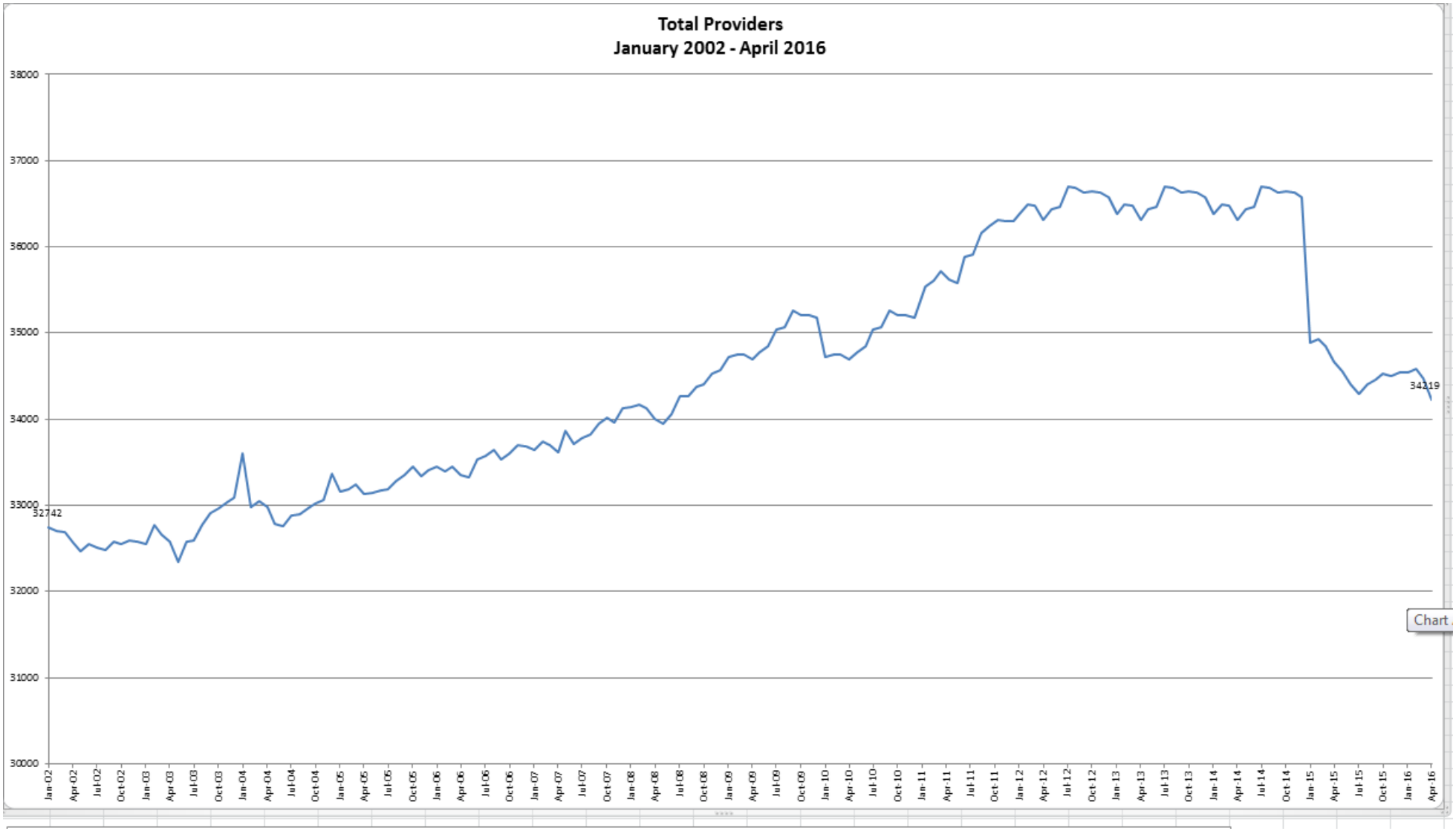
C. Institute
   1. Attendance – 100% of institute
   2. Successfully log into portal during scanner training.
      a. Without help or difficulty – 100
      b. With help but not changing password – 75
      c. With help and changing password – 50
      d. Having never logged in – 0
   3. EC Administrative test

D. Average score = passing = 85

Appendix

D

Attachment D



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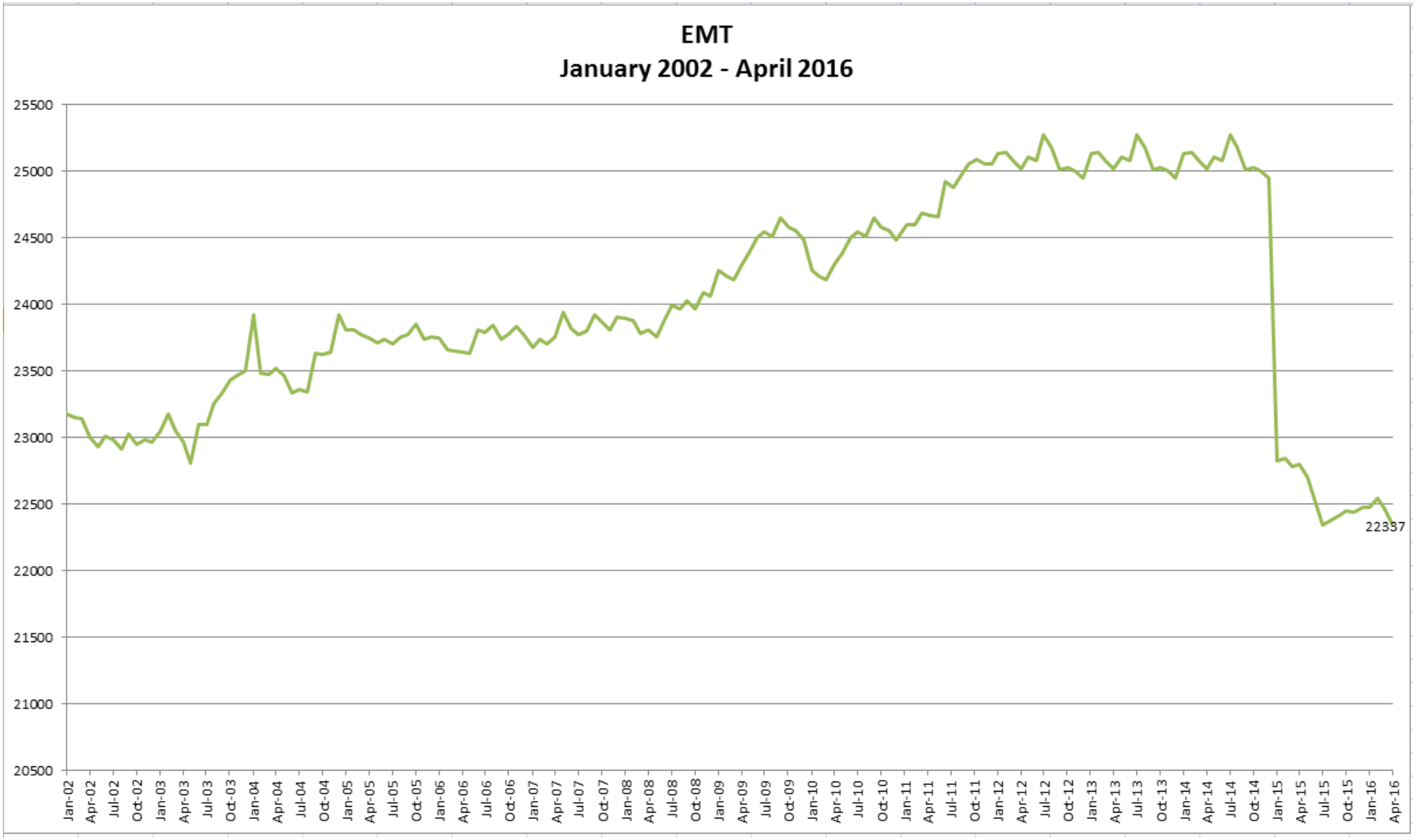

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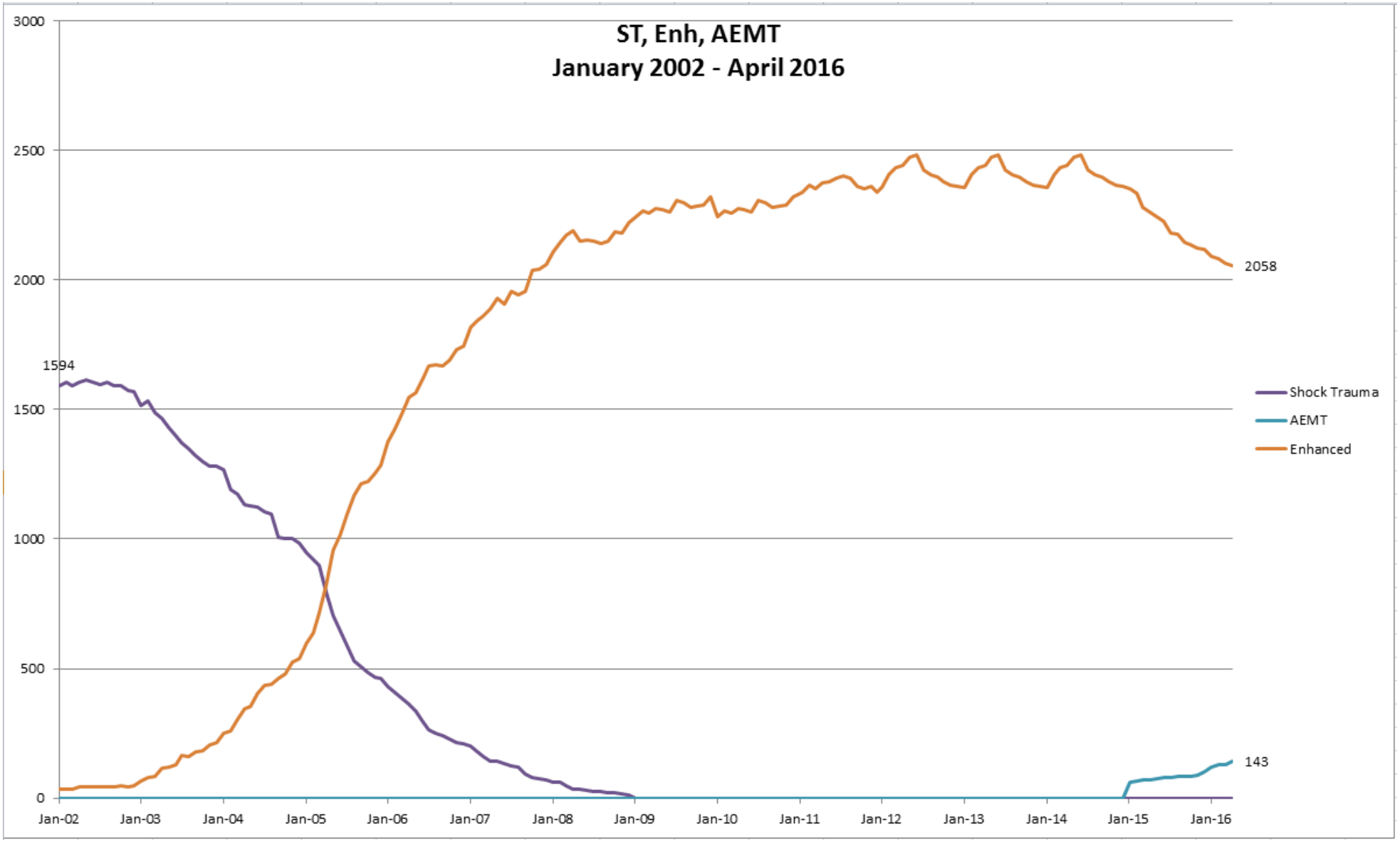

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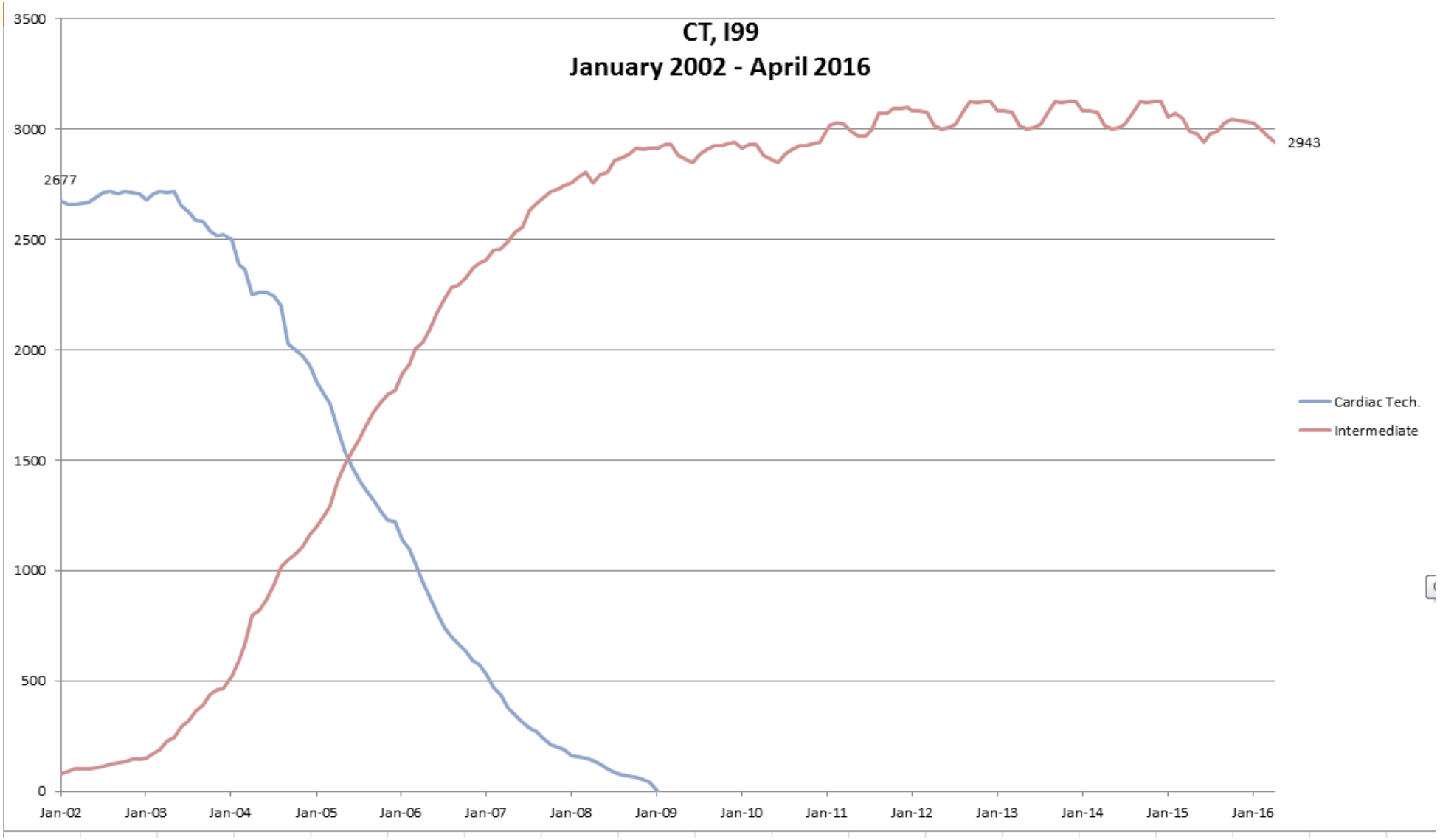

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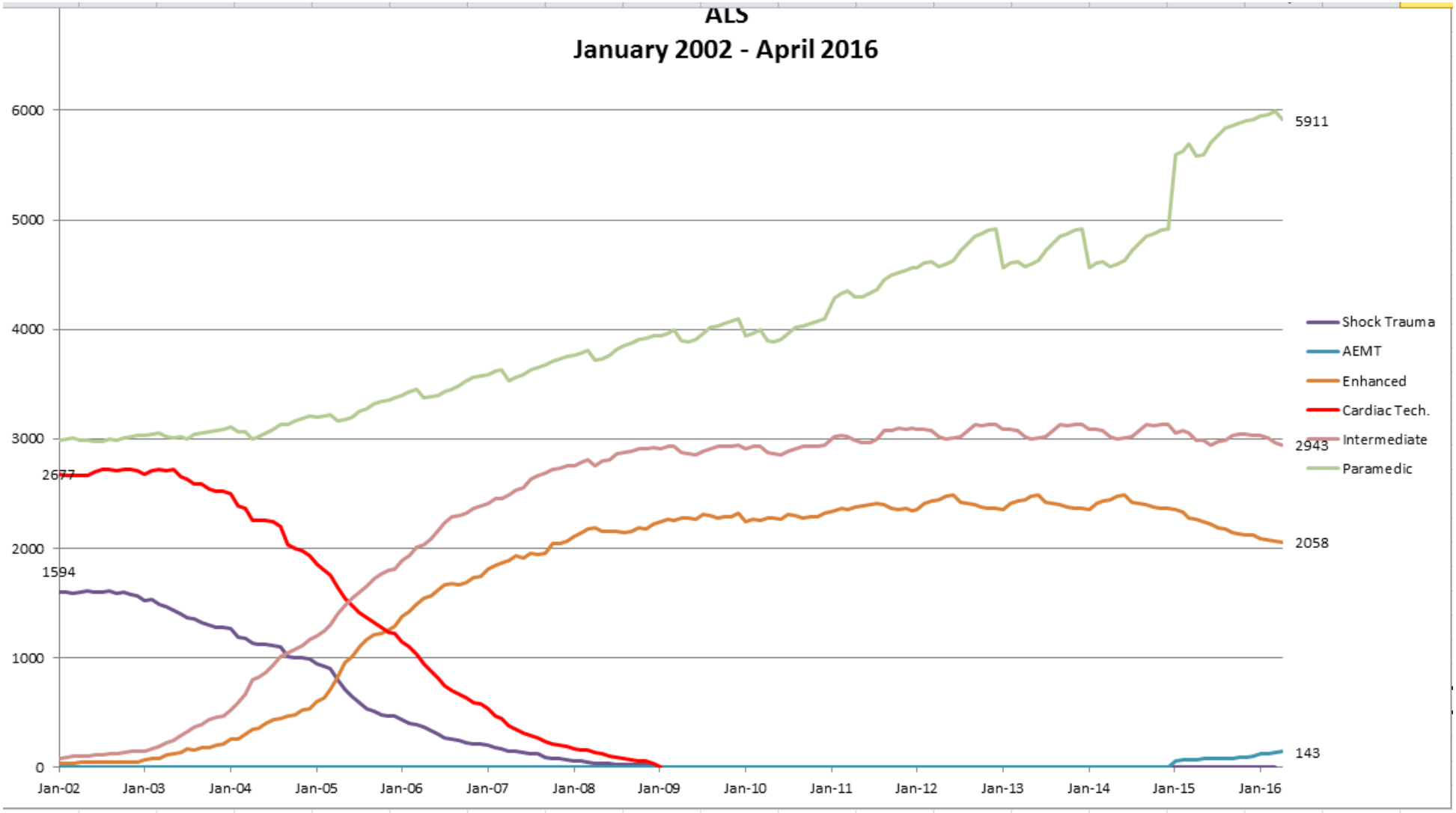

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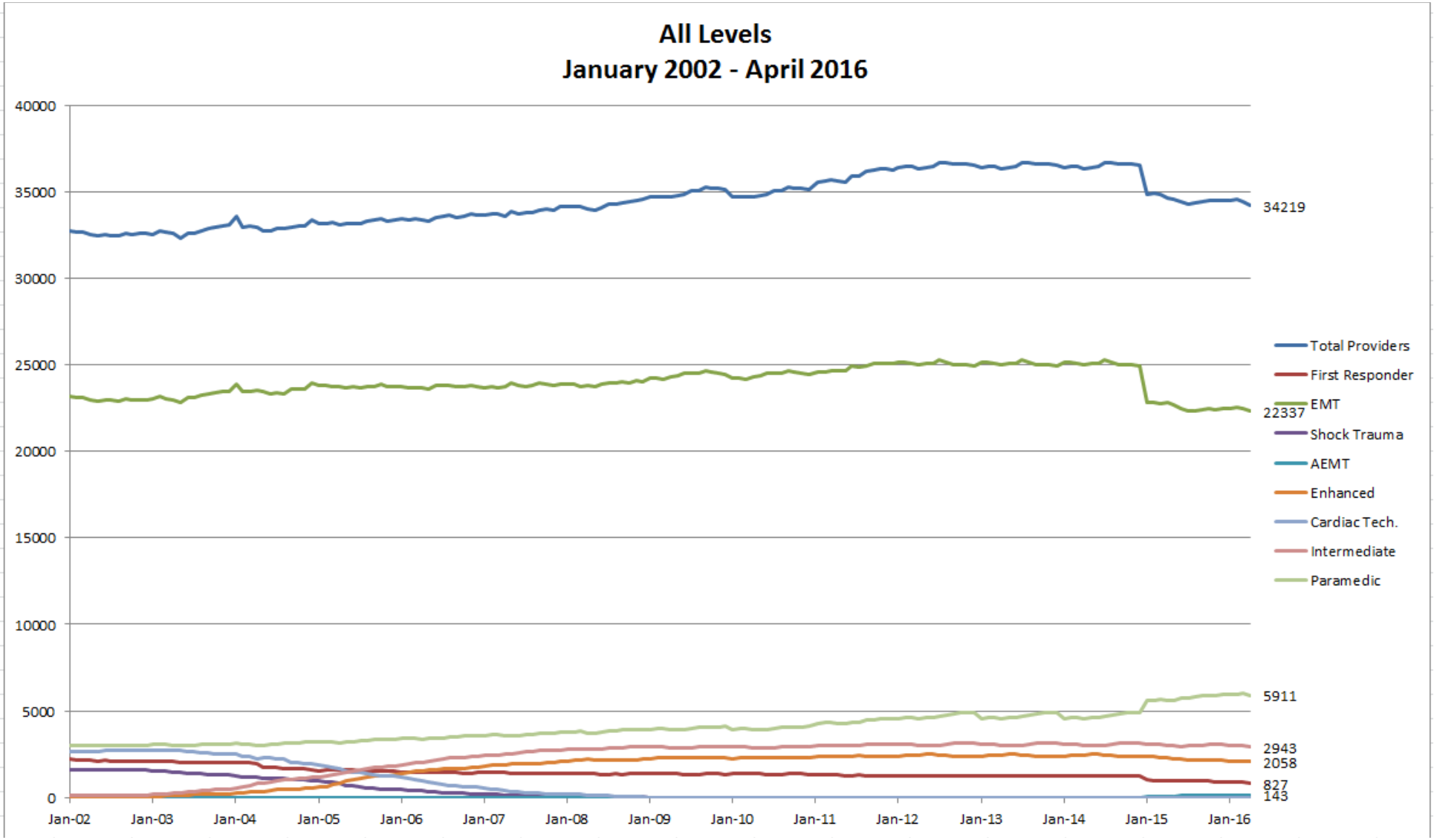

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