Virginia Department of Health

Office of Emergency Medical Services

Quarterly Report to the

State EMS Advisory Board

May 5, 2017

Executive Management, Administration & Finance

Office of Emergency Medical Services
Report to The
State EMS Advisory Board
May 5, 2017

MISSION STATEMENT:

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

I. Executive Management, Administration & Finance

A) Action Items before the State EMS Advisory for May 5, 2017

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

The TCC moves that the Office of EMS adopt as a start the attached competencies and internal psychomotor verification policies and that Virginia Accredited EMT programs who demonstrate implementation of these policies be eligible for consideration by the Office of EMS to verify student psychomotor competency – See **Appendix A**.

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

The following Town Hall meetings have been held:

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

Richmond Marriott Short Pump
4240 Dominion Boulevard
Glen Allen, Virginia 23060

February 23, 2017 – 5:30 p.m. – 7:30 p.m.

VFCA Fire & Rescue Conference
Virginia Beach Convention Center

March 8, 2017 – 7:00 p.m. – 9:00 p.m.

Blue Ridge Community College (BRCC)
One College Lane
Weyers Cave, VA 24486

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

Rappahannock Community College
52 Campus Drive
Warsaw, Virginia 22572

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

Holiday Inn - Tanglewood
Roanoke, Virginia
In conjunction with the VAVRS Spring Board of Governors meeting

April 25, 2017 – 10:00 a.m. to 12:00 noon

Manassas Volunteer Fire Company
9322 Centreville Road
Manassas, Virginia.

All Town Hall meetings have been recorded. A transcript of each Town Hall will be posted on the OEMS web site. In addition, the public is invited to post comments on the OEMS web site as well. All comments will be taken under consideration by the Training and Certification Committee, the Medical Direction Committee and the Executive Committee with a recommendation to the full State EMS Advisory Board tentatively planned for August, 2017.

C) Legislation

HB1426

During the 2016 General Assembly session, HB1426 was introduced by Delegate Garrett: http://lis.virginia.gov/cgi-bin/legp604.exe?171+sum+HB1426.

HB1426 requires the Department of Behavioral Health and Developmental Services and the Department of Criminal Justice Services to "develop a model for the use of alternative transportation providers to provide safe and efficient transportation of individuals involved in the emergency custody or involuntary admission process as an alternative to transportation by law enforcement."

The bill also requires this to be done in conjunction with stakeholders such as:

- Virginia Association of Community Services Boards
- The National Alliance on Mental Illness – Virginia
- The Department of Medical Assistance Services
- The Office of Emergency Medical Services
- Mental Health America of Virginia
- VOCAL, Inc.
- The Virginia Hospital and Healthcare Association
- The Virginia Association of Health Plans
- The Office of the Executive Secretary of the Supreme Court of Virginia
- The Virginia Association of Chiefs of Police
- The Virginia Sheriffs' Association
- The Virginia Association of Regional Jails
- The University of Virginia Institute of Law, Psychiatry, and Public Policy

The first meeting of this workgroup will be held on Monday, May 1, 2017 from 1:00pm-4:00pm.

HB1728

House Bill 1728 was introduced in the 2017 session of the Virginia General Assembly. The language of the Bill is as follows:

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

More information on House Bill 1728 can be found at:

http://leg1.state.va.us/cgi-bin/legp504.exe?171+sum+HB1728

The workgroup mentioned in the bill language has been created, and is made up of the following representatives:

- **Law Enforcement:**
    - Lt. Jay Cullen ,Virginia State Police (Unit Commander – VSP Aviation)
- **EMS Providers:**
    - Deputy Chief Eddie Ferguson - Goochland County Dept. of Fire-Rescue & Emergency Services, Past President – Virginia Association of Governmental Administrators
    - Derrick S. Ruble – Director of 911 & Emergency Communications, Tazewell County, VA
- **Health Insurance Providers:**
    - Jim Young, Insurance Policy Advisor – Policy, Compliance and Administration Division, Virginia State Corporation Commission, Bureau of Insurance
    - Bill Zeiser, Transportation Unit Supervisor,Virginia Department of Medical Assistance Services –Virginia Association of Health Plans – Kyle Shreve, Director of Policy
- **Medevac Committee:**
    - Anita Perry – Medevac Committee Chair
    - Julia Marsden – Vice Chair (Facilitator)
- **Emergency Physicians:** George Lindbeck, MD, State Medical Director
- **Interested Stakeholders:**
    - Rob Hamilton, President, Med-Trans Air Medical Transport (representing medevac operators)
    - Erik Bodin, Director, VDH Office of Licensure and Certification
    - Paul Davenport, Vice President – Emergency Services, Carilion Clinic (representing VHHA)
    - Paul Sharpe, Director of Trauma Services, Henrico Doctors' Hospital (representing VHHA)
    - Ed Rhodes – Lobbyist for VAVRS, VAGEMSA, VFCA, regional EMS Council Executive Directors Group.

The workgroup held its first meeting on April 24, 2017.

Information related to the HB1728 Workgroup can be found on the OEMS website at the link below:

http://www.vdh.virginia.gov/emergency-medical-services/other-ems-programs-and-links/medevac-system/house-bill-1728-workgroup/

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.

D) 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, Practitioner Near Miss Event, EMS Provider 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 (1Q) 2017 EVENT summary reports have been posted on the EVENT website. To access these reports go to www.emseventreport.com and click on the type of report you wish to view. Links to these reports are located along the top banner, just below the E.V.E.N.T. logo. Then click on 2017 under the “Download Our Summary Reports’ located on the left side of each reporting form page. Or simply click on the links below.

1Q2017 Patient Safety Summary Report:
http://event.clirems.org/Portals/4/PSE%20Reports/2017/1Q2017%20EVENT%20PSE%20Summary.pdf?ver=2017-04-09-145925-303

1Q2017 Practitioner Near Miss Summary Report:
http://event.clirems.org/Portals/4/Near%20Miss%20Reports/2017/1Q2017%20EVENT%20NME%20Summary.pdf?ver=2017-04-09-150031-273

1Q2017 EMS Provider Violence Summary Report:
http://event.clirems.org/Portals/4/Violence%20Reports/2017/1Q2017%20EVENT%20PVE%20Summary.pdf?ver=2017-04-09-145856-723

The calendar year 2016 EVENT Summary Reports are available for download.
Here are links for the Calendar Year 2016 summary reports:

CY16 Patient Safety (safety issues of patients)
CY16 Near Miss (safety issues of practitioners)
CY16 Violence (violence against paramedics)

How do these results compare to prior quarters? All of the summary reports are available for download on www.emseventreport.com.

Please take the time to anonymously report your own Patient Safety, Practitioner Near Miss, and EMS Practitioner Violence reports so that others can learn and we can reduce medical errors by knowing what trips us up and how we can stay clear of a bad situation.

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

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

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

NEW CHANGES IN EVENT FOR 2017:

The reporting tools for EVENT have been modified for 2017. They have been made Community Paramedic friendly through the addition of options that include choosing the Community Paramedic as a role, by adding an option for the root cause being “another healthcare provider” or other changes.

We have also added a new tool for anonymously reporting a Paramedic Suicide Attempt whether the attempt was your own or someone you know. The anonymous suicide reporting tool is for use in the United States, Canada, the UK, and Australasia.

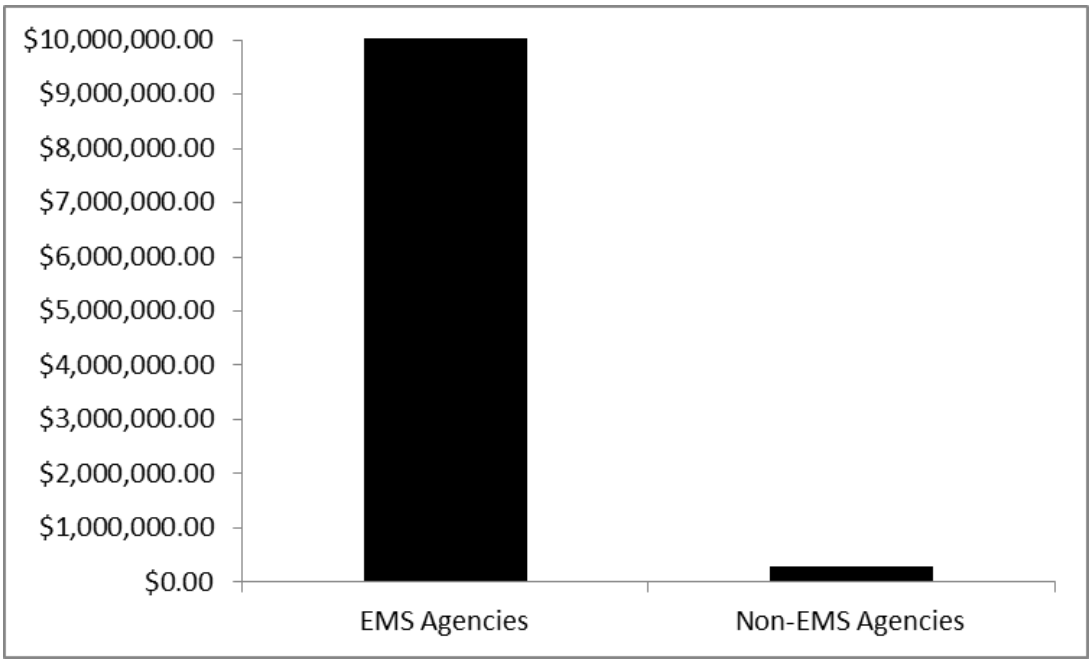
E) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)

The RSAF grant deadline for the Spring grant cycle was March 15, 2017. OEMS received 134 grant applications requesting $10,800,277.00 in funding.

Funding amounts are being requested in the following agency categories:

- 122 EMS Agencies requesting $10,500,773.00
- 12 Non EMS Agency requesting $299,504.00

Figure 1: Agency Category by Amount Requested

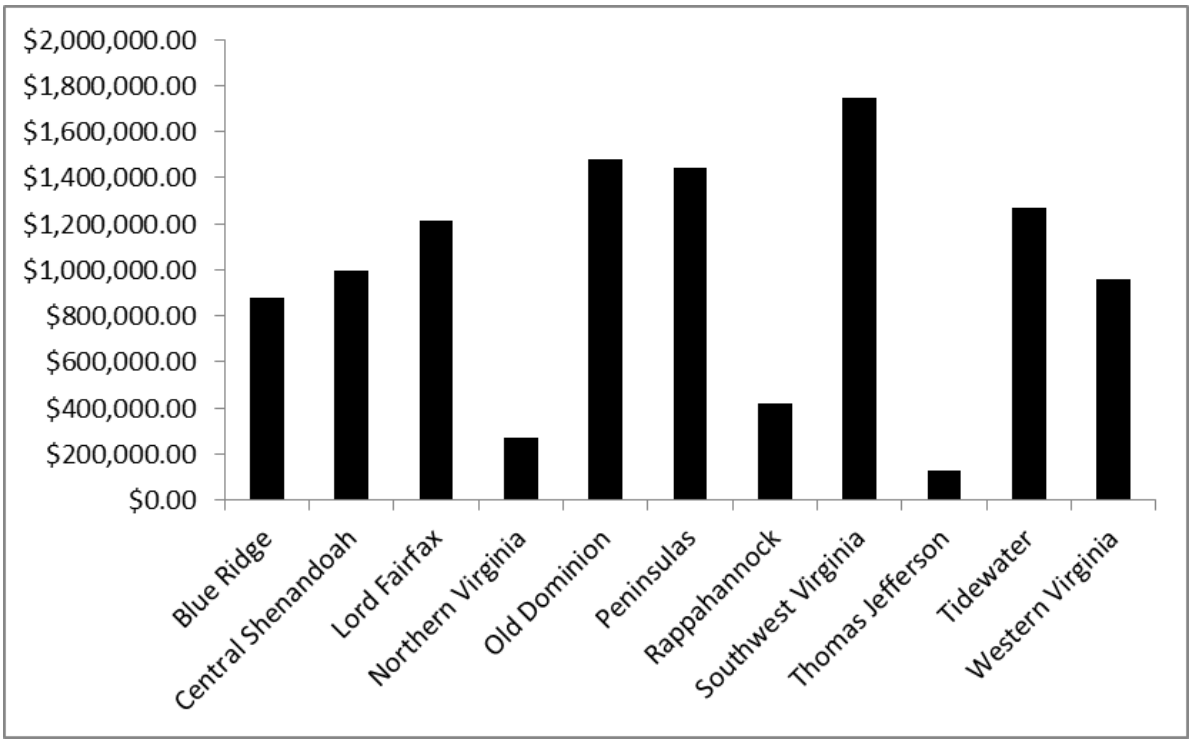


Funding amounts are being requested in the following regional areas:

- Blue Ridge – Requesting funding of $875,126.00
- Central Shenandoah – Requesting funding of $997,061.00

- Lord Fairfax – Requesting funding of $1,211,683.00
- Northern Virginia – Requesting funding of $267,669.00
- Old Dominion – Requesting funding of $1,482,039.00
- Peninsulas – Requesting funding of $1,442,179.00
- Rappahannock – Requesting funding of $419,980.00
- Southwestern Virginia – Requesting funding of $1,747,135.00
- Thomas Jefferson – Requesting funding of $127,682.00
- Tidewater – Requesting funding of $1,270,288.00
- Western Virginia – Requesting funding of $959,435.00

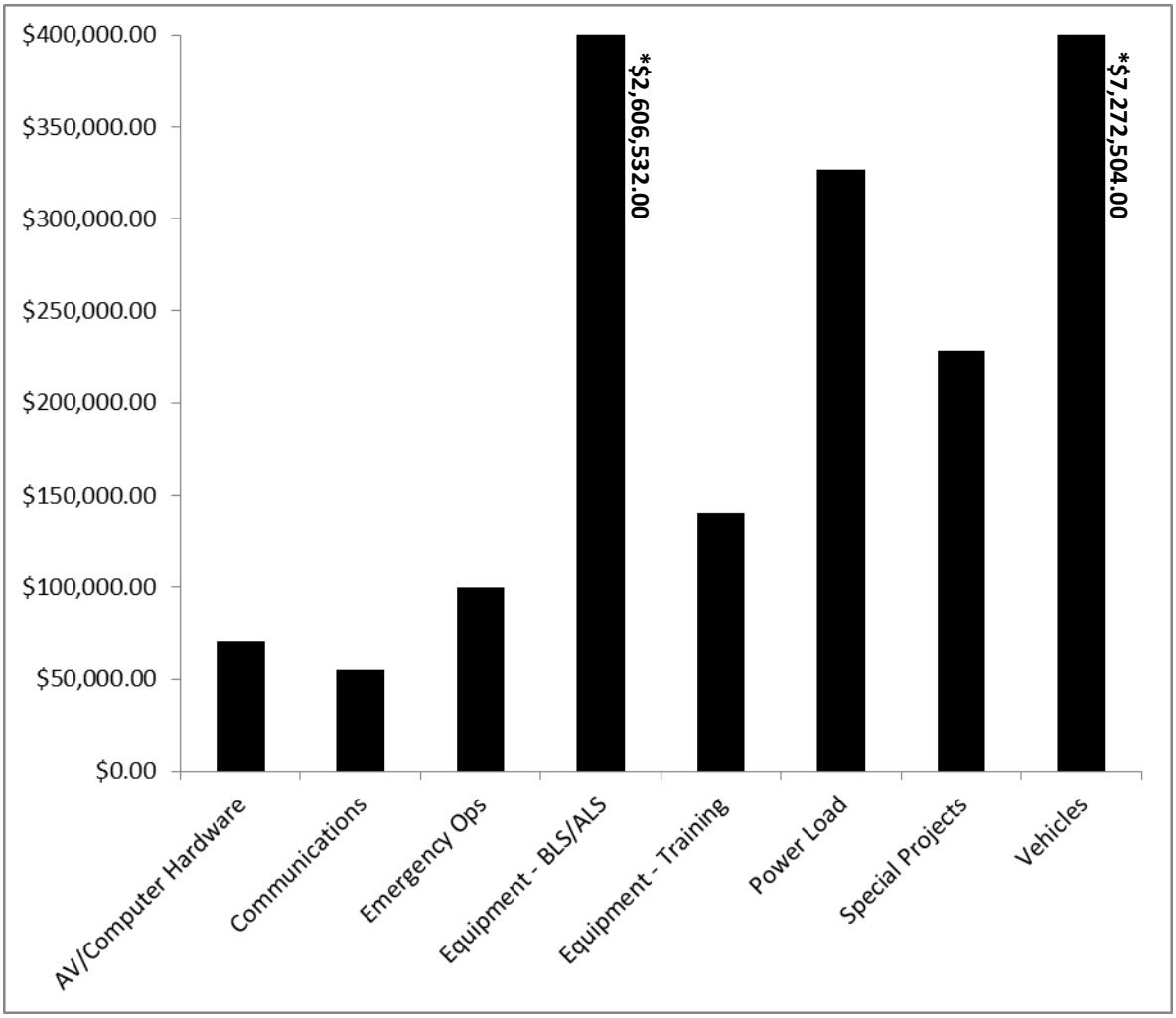
Figure 2: Regional Area by Amount Requested



Funding amounts are being requested for the following items:

- Audio Visual/Computer Hardware - $ 70,981.00
    - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.
- Communications - $54,931.00
    - Includes items for mobile/portable radios, pagers, towers, repeaters and other communications system technology.
- Power Load Systems - $327,042.00
    - Includes all cot retention systems, cot conversion systems and equipment needed to install the systems, not including power cots.
- Emergency Operations - $ 99,937.00
    - 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 - $2,606,532.00
    - Includes any medical care equipment for sustaining life, airway management, and supplies, including 12-Lead Defibrillators.
- Special Projects - $ 228,642.00
    - Includes projects such as Special Project material, Emergency Medical Dispatch (EMD), Virginia Pre-Hospital Information Bridge (VPHIB) projects, Recruitment and Retention, Protocol Projects and other innovative programs.
- Training - $ 139,707.00
    - 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 - $7,272,504.00
    - This category includes all vehicles such as ambulances, re-chassis, re-mounts and quick response vehicles.

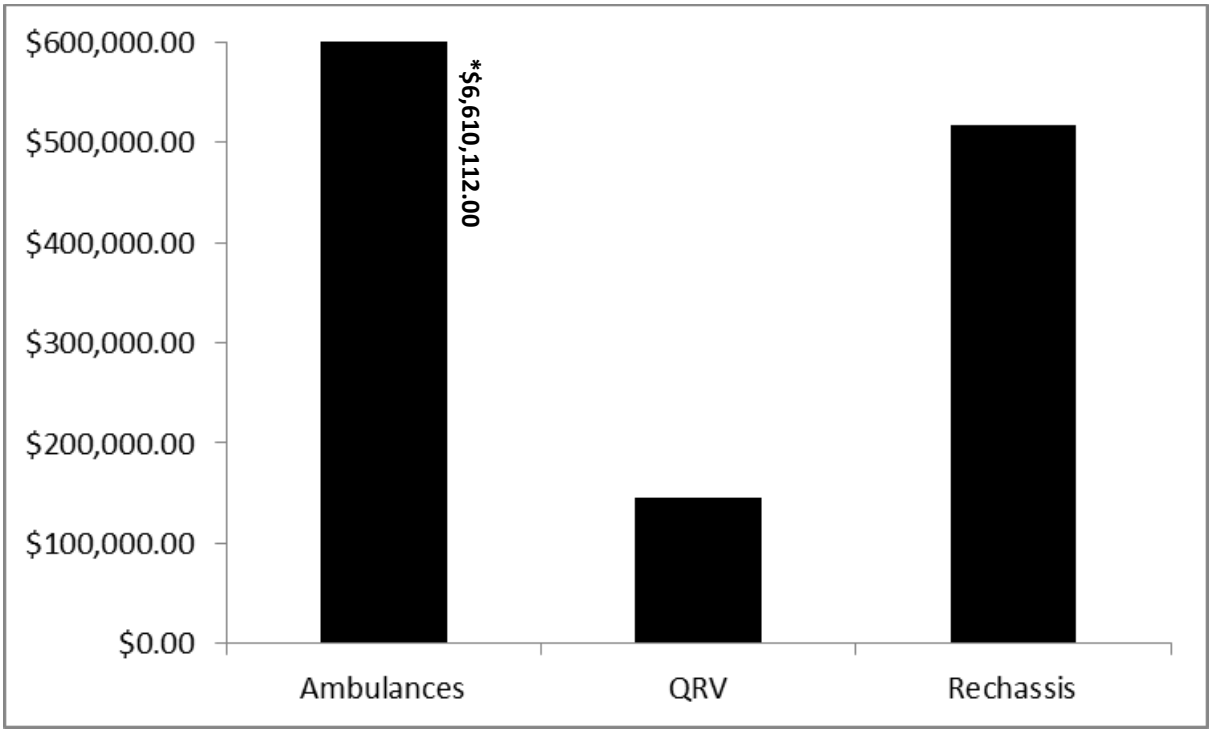
Figure 3: Item Requested by Amount Requested



***NOTE**:

The graph only represents items requested up to $400,000.00 to visually display other items requested. The following categories have higher request amounts which have been noted on the graph: EQUIPMENT-BLS/ALS and VEHICLES.

Figure 4: Vehicle Category by Amount Requested



***NOTE**: The VEHICLES category request amount was $7,272,504.00, the graph only represents items requested up to $600,000.00 to visually display other items requested.

The RSAF Awards Meeting will be held on June 2, 2017 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, 2017. The next RSAF grant cycle will open on August 1, 2017 and the deadline will be September 15, 2017.

Special Initiative Grants

The OEMS has announced EMS system initiative awards under 12VAC5-31-2860 to assist EMS agencies with funding for the following initiatives:

- Items needed to implement the National Registry testing of the Integrated Out-Of-Hospital Scenario.
- Enrollment costs for initial EMS certification programs that start on or after January 1, 2017, and before June 30, 2017 and is based on the OEMS pricing structure.
- The special initiative grant for the National Registry testing was awarded on February 15, 2017 to 13 agencies in the amount of $ $1,053,771.78. OEMS awarded 118 jump bags in the amount of $582,361.78 and 59 EKG monitor simulators in the amount of $471,410.00.
- The special initiative grant for initial EMS certification programs are due April 25, 2017 and will have an award date in May 2017.

EMS on the National Scene

II. EMS On the National Scene

a) National EMS Scope of Practice Model Revision Project

Health professional practice acts are statutory laws that establish licensing or regulatory agencies or boards to generate rules that regulate medical practice. State licensing statutes establish the minimum level of education and experience required to practice, define the functions of the profession and limit the performance of these functions to licensed persons. In response to a Request for Proposal by the National Highway Traffic Safety Administration's Office of EMS, the National Association of State EMS Officials (NASEMSO) has been awarded a contract to revise the National EMS Scope of Practice Model (SoPM). The SoPM promotes consistency among the states and serves as a national foundation for EMS practice. Newer scientific evidence is currently available that demonstrates improved patient outcomes with implementation of new skills and interventions that exceed the current SoPM. Some states are prohibited from implementing new interventions (e.g. therapeutic hypothermia in cardiac arrest, naloxone administration, hemorrhage control, etc.) until these new skills are added to the SoPM and/or otherwise adopted through an Evidence-Based Guideline or consensus-based process.

The National EMS Scope of Practice Model (2007) is a continuation of the commitment of the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA) to the implementation of the EMS Agenda for the Future and a component that has been identified by the National EMS Advisory Council (NEMSAC) as in need of revision.

The National Association of State EMS Officials (NASEMSO) is forming a Subject Matter Expert Panel (SMEP) consisting of persons with comprehensive knowledge of the duties and responsibilities necessary to complete this specific assignment. Ten national EMS organizations that served as the 2007 National EMS Scope of Practice Model Task Force will be asked to nominate representatives to the SMEP. Several additional panelists will be selected as members at large. The project will be completed by the Fall 2018.

b) Model EMS Clinical Guidelines Project

In 2014, the NASEMSO National Model EMS Clinical Guidelines were released following the conclusion of a two-year project initiated by the National Association of State EMS Officials (NASEMSO) Medical Directors Council. The project was developed for the purpose of helping state and local EMS systems ensure a more standardized approach to the practice of prehospital patient care using the most current knowledge and to encompass evidence-based guidelines as they are developed.

The guidelines are not intended to determine local scope of practice. Rather, the goal is to provide a resource to prehospital clinical practice and to maximize patient care, safety and outcomes. The prehospital guidelines may be used as presented or adapted for use on a state, regional or local level to enhance patient care and benchmark performance of EMS practice. The

initial set of guidelines (2014) were intended to be a core set until resources allowed additional guidelines to be developed.

The initial project was funded by the National Highway Traffic Safety Administration, Office of EMS and the Health Resources Services Administration, EMS for Children Program. Co-Principal Investigators Dr. Carol Cunningham and Dr. Richard Kamin led a project team comprised of emergency and other physicians from eight national EMS-related physician organizations in creating the document. Experts from a multitude of specialties provided input, and technical assistance in creating the guidelines and feedback from the EMS stakeholder community were incorporated into the final version.

The same process is being followed in the new phase as additional guidelines are developed and existing guidelines are updated.

c) NASEMSO Hosted Fatigue Expert Panel Meeting

On Feb. 28-Mar. 2, 2017, the National Highway Traffic Safety Administration (NHTSA) and NASEMSO hosted a meeting at NASEMSO Headquarters in Falls Church, Virginia. This meeting represented the final gathering of the full expert panel in regards to the project "Developing Fatigue Risk Management Guidelines for Emergency Medical Services." The goal of meeting was to review the findings of the systematic review of literature and develop recommendations.

d) OIG Offers Technical Corrections to Anti-Kickback Statute

In a final rule recently published, the Office of the Inspector General (OIG) amends the safe harbors to the anti-kickback statute by adding new safe harbors that protect certain payment practices and business arrangements from sanctions under the anti-kickback statute. The OIG also amends the civil monetary penalty (CMP) rules by codifying revisions to the definition of ''remuneration,'' added by the Balanced Budget Act (BBA) of 1997 and the Patient Protection and Affordable Care Act, Public Law 111– 148, 124 Stat. 119 (2010), as amended by the Health Care and Education Reconciliation Act of 2010 (ACA). This rule updates the existing safe harbor regulations and enhances flexibility for providers and others to engage in health care business arrangements to improve efficiency and access to quality care while protecting programs and patients from fraud and abuse and includes waivers of cost-sharing for emergency ambulance services furnished by State- or municipality-owned ambulance services. Read more at: https://www.gpo.gov/fdsys/pkg/FR-2016-12-07/pdf/2016-28297.pdf

e) Call for NASEMSO Air Medical Committee Members

In September 2016, NASEMSO announced the release of "State Model Rules for the Regulation of Air Medical Services" to assist states with regulatory language intended to avoid conflict with the Airlines Deregulation Act (ADA) and the possibility of Federal preemption. The model rules are intended to be applied in a manner that would confine their scope to matters solely related to medical care, and not construed in a way that could constitute regulation of aviation safety or economic matters. They can be downloaded at https://www.nasemso.org/Projects/AirMedical/.

Applications are currently being accepted for NASEMSO's Air Medical Committee. Monthly meetings will resume shortly, so make sure to register for the committee to receive meeting notices and participate in the discussions. The goal is to develop a work plan and resources (such as a companion guide) to assist states in the interpretation and implementation of the Air Medical Model Rules.

f) FAA Issues General Aviation Medical Rule

The Federal Aviation Administration (FAA) recently issued a final rule that allows general aviation pilots to fly without holding an FAA medical certificate as long as they meet certain requirements. Until now, the FAA has required private, recreational, and student pilots, as well as flight instructors, to meet the requirements of and hold a third class medical certificate. They are required to complete an online application and undergo a physical examination with an FAA-designated Aviation Medical Examiner. A medical certificate is valid for five years for pilots under age 40 and two years for pilots age 40 and over. Beginning on May 1, pilots may take advantage of the regulatory relief in the BasicMed rule or opt to continue to use their FAA medical certificate. Under BasicMed, a pilot will be required to complete a medical education course, undergo a medical examination every four years, and comply with aircraft and operating restrictions. For example, pilots using BasicMed cannot operate an aircraft with more than six people onboard and the aircraft must not weigh more than 6,000 pounds. The exemption does not apply to pilots flying for compensation or hire. Read more at: https://www.faa.gov/news/updates/media/final_rule_faa_2016_9157.pdf

g) Texas Judge Sets Precedent in Air Medical Billing Case

A state district court judge in Austin has upheld the State of Texas' right to regulate fees paid to air ambulances for transporting patients covered by workers' compensation insurance. This case is the first in the recent national wave of litigation to hold that the federal Airline Deregulation Act of 1978 does not wipe out state workers' compensation fee caps. The Airline Deregulation Act was intended to free commercial passenger airlines, whose customers can price shop in competitive markets, from rate regulation. 345th District Court Judge Stephen Yelenosky noted that the McCarran-Ferguson Act, passed by Congress in 1945 to protect state rights to regulate the insurance industry, preempts the Airline Deregulation Act as it applies to payment in the workers' compensation system. Read more at: http://nasemso.org/Projects/AirMedical/

h) FAA Reports Decrease in US Helicopter Accidents

The U.S. helicopter accident rate and the fatal helicopter accident rate have fallen for the third consecutive year, according to Federal Aviation Administration data. The overall accident rate fell to 3.19 accidents per 100,000 flight hours in 2016 compared with 3.67 accidents in 2015. The fatal accident rate fell slightly to 0.51 accidents per 100,000 flight hours in 2016 compared with a 0.52 rate in 2015. However, the rate is down from 0.65 in 2014 and 1.02 in 2013. In raw numbers, there were 106 helicopter accidents in 2016, including 17 fatal accidents. That is a 12 percent decrease compared to the previous year and a 27 percent decrease compared to 2013. While the data is not specific to air ambulances, the report is encouraging that safety

measures implemented by the FAA in 2014 are working. Read more at: https://www.faa.gov/news/updates/?newsId=87406

i) NHTSA Whitepaper Highlights Importance of EMS Data

A new report highlights the importance of taking the EMS profession from one that simply collects data to one that turns those data into meaningful information that drives decision-making. Issued by the National Highway Traffic Safety Administration's (NHTSA) Office of EMS, the report, Beyond EMS Data Collection: Envisioning an Information-Driven Future outlines some of the findings from a summit convened by NHTSA earlier this year and attended by more than 30 leaders of national organizations, as well as federal officials and industry experts. The final report is not intended to serve as a consensus document, but rather a summary of the findings of the panel through its research and discussions with the EMS community. Read more at: https://www.ems.gov/pdf/ems-data/Provider-Resources/812361_Beyond-EMS-DataCollections.pdf

j) Using Predictive Analytics to Prevent Hospital Readmissions

In its publication, *Hospitals and Health Networks*, the American Hospital Association (AHA) is just the latest group featuring the benefits of predictive analytics to benefit patient outcomes. The LACE index scoring tool identifies patients at risk for readmission or death within 30 days of discharge. The LACE index comprises four parameters: length of stay; acuity; comorbidities; and number of emergency department visits. A patient's LACE score (risk for readmission) ranges from 1 to 19; the higher the score, the greater the patient risk for readmission. Some studies have shown that implementing the LACE index can result in a moderate to high reduction of 30-day readmissions.

Read "Taking Predictive Analytics to the Next Level" at: http://www.hhnmag.com/articles/8043-taking-predictive-analytics-to-the-next-level and a companion article "How Predictive Analytics Can Help Prevent Infection" at: http://www.hhnmag.com/articles/7971-hospitals-apply-predictive-analytics-to-prevent-infection. (An article on using predictive analytics in EMS was featured at: http://www.govtech.com/Cincinnati-Predictive-Analytics-Project-Takes-Aim-at-Emergency-Medical-Services.html in 2016.)

k) FBI Staff Shares Informative Resource on Fentanyl Safety for First Responders

Our friends and colleagues to the north have a new resource on the illicit drug Fentanyl for first responders. The Royal Canadian Mounted Police and the Justice Institute of British Columbia have developed FentanylSafety.com to provide information on how the fentanyl epidemic affects first responders, their jobs, and their safety. This issue has no borders; Canada is experiencing the same kinds of issues as the United States. There is an "overdose crisis" due to the spike in heroin addiction, but the use of Fentanyl to cut heroin creates a threat to first responders. Fentanyl is 100 times more potent than morphine. It can be inhaled, ingested, and absorbed through the skin if adequate personal protective equipment is not used. As little as 2 milligrams

is lethal. This new website educates first responders on what Fentanyl is, the occupational hazards, analogues of the drug, how to recognize overdoses, handling guidelines, and use of Naloxone. It has job aids for police, fire, EMS, and hazardous materials personnel. The information contained on this site could be lifesaving. Take the time to review it and pass it on to others in your department or agency: *https://www.fentanylsafety.com/*

l) HHS Launches New Human Trafficking TAC

The Office on Trafficking in Persons at the US Department of Health and Human Services (HHS) is pleased to announce the launch of the National Human Trafficking Training and Technical Assistance Center (NHTTAC). NHTTAC will serve as the anti-trafficking field's primary source of training and technical assistance from a public health perspective. The Center seeks to:

- Continue to build the capacity of communities assisting survivors of human trafficking and working to prevent modern forms of slavery
- Increase victim identification and access to trauma-informed services for all survivors
- Strengthen health and well-being outcomes for survivors of human trafficking
- Reduce the vulnerabilities of those most at risk of human trafficking

m) NIOSH Database Highlights Anthropometric Data for EMS

According to a study by the National Institute for Occupational Safety and Health (NIOSH), EMTs and paramedics have higher fatality rates when compared to all workers, with forty-five percent of EMT deaths resulting from highway incidents, primarily due to vehicle collisions. To reduce injury potential to the EMTs and other ambulance occupants, NIOSH, the Department of Homeland Security, the U.S. General Services Administration, and the National Institute of Standards and Technology, along with private industry partners, have committed to improving the workspace design of ambulance patient compartments for safe and effective performance. Up-to-date EMT anthropometric data were needed for this effort.
Between December 2013 and May 2015, NIOSH conducted a nationwide anthropometric survey of 472 male and 161 female EMTs in the continental U.S. A total of 40 measurements (39 body dimensions and weight) were taken on the basis of their utility in facilitating the patient compartment design. All measurements were taken while participants wore lab attire (shorts for men; shorts and sports bras for women), and assumed either a standing or seated posture.
The current database consists of summary statistics (mean, standard deviation, standard error, N, and percentiles) of all 40 measurements in both metric and English units. Read more at: https://www.cdc.gov/niosh/data/datasets/rd-1008-2016-0/default.html

n) Beyond Traffic: DOT's 30-Year Framework

When the United States Department of Transportation was created, the Secretary of Transportation was charged by law to report on both the current and the anticipated future conditions of our nation's transportation system. Beyond Traffic 2045 is U.S. DOT's most comprehensive assessment of current and future conditions in decades. After years of chronic underinvestment and policy choices that, in some cases, have actually worked at cross purposes with the broader economic and social goals held by most Americans, now is the time for a report

like this one to be read, understood, considered—and used. We encourage you to read, and share: Beyond Traffic: 2045.

o) BMJ Evaluates Use of Prehospital TXA

Many trauma systems are examining whether to implement prehospital tranexamic acid (TXA) protocols since hemorrhage remains the leading cause of potentially preventable early trauma mortality, and early in-hospital administration of TXA within 3 hours of injury is associated with reduced mortality. But robust evidence regarding the efficacy of prehospital administration of the antifibrinolytic drug TXA on trauma outcomes is lacking. This review examines the current evidence available regarding prehospital TXA efficacy in both military and civilian trauma, and updates available evidence regarding in-hospital TXA efficacy in trauma. Read more at: http://tsaco.bmj.com/content/tsaco/2/1/e000056.full.pdf.

p) Lifepak 15 Subject of New Class 1 Recall

Physio-Control is recalling the LIFEPAK Monitor/Defibrillator due to an electrical problem that may prevent the device from delivering the electrical shock needed to revive a patient in cardiac arrest. If the electrical shock is not delivered, the monitor will indicate "Abnormal Energy Delivery" on the display. Physio-Control will be conducting a voluntary Field Correction of these LIFEPAK 15 devices. Physio-Control is contacting customers with LIFEPAK 15 devices that contain the potentially affected Relay component to arrange for a device correction of all 338 devices. This correction will include the replacement of the Therapy PCBA. Read more at: http://www.fda.gov/MedicalDevices/Safety/ListofRecalls/ucm540979.htm

q) UWM Partnership Results in New Pediatric App

The Children's Hospital of Wisconsin is now using an app to aid emergency department physicians and paramedics in pediatric cardiopulmonary resuscitation, according to the Milwaukee Journal Sentinel. The smartphone or tablet app, called the First Five Minutes app, was launched as a collaborative effort between University of Wisconsin-Milwaukee's App Brewery, Milwaukee-based Medical College of Wisconsin and Children's Hospital of Wisconsin. For the project, the App Brewery — which employs six undergraduate and graduate students — coded the app, while Medical College of Wisconsin provided funding and owns the intellectual property.

Physicians input the child's age or weight to receive a chart with standardized medication doses. The goal is to decrease response time; previously, providers would have had to calculate the dosage themselves or relied on their memory. Although the app is in a limited trial run, its collaborators expect it to be publicly available later this year. Read more at: http://www.jsonline.com/story/news/health/2017/01/07/new-app-aids-childrens-health-emergencies/96244592/

r) Trauma Partners Seek to Create Action Plan

The American College of Surgeons Committee on Trauma, in partnership with the National Highway Traffic Safety Administration (NHTSA), the U.S. Department of Defense (DoD), and

the National Institutes of Health (NIH), is hosted a trauma care conference designed to disseminate, refine, and implement the recommendations proposed by the National Academies of Science, Engineering and Medicine's (NASEM) landmark report, A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths after Injury.

The meeting brought together multidisciplinary professionals across the full spectrum of the trauma care system. The goal is to build a National Trauma Action Plan designed to achieve zero preventable injury deaths. This ambitious goal requires support and commitment from both you and your organization. The conference was held on April 18-19, 2017 at the National Institutes of Health Natcher Conference Center in Bethesda, MD. **For meeting updates and information, visit the website at: https://www.facs.org/quality-programs/trauma/traumazpd**

s) NIOSH and NHTSA Partner to Evaluate Occupational Injuries in EMS

Emergency medical services (EMS) workers incur occupational injuries at a higher rate than the general worker population. A new study describes the circumstances of occupational injuries and exposures among EMS workers to guide injury prevention efforts. The study concludes, "New and enhanced efforts to prevent EMS worker injuries are needed, especially those aimed at preventing body motion injuries and exposures to harmful substances. EMS and public safety agencies should consider adopting and evaluating injury prevention measures to improve occupational safety and promote the health, performance, and retention of the EMS workforce." Read more at:
http://www.tandfonline.com/doi/full/10.1080/10903127.2016.1274350

In addition, NHTSA's recent EMS Focus webinar "Reducing EMS Workforce Injuries and Illness: What the Data Tell Us" is now available for viewing at: https://www.youtube.com/watch?v=f4HeJ6hgXZI

t) CMS Ambulance Open Door Forum Now Available as Podcast

The Centers for Medicare and Medicaid Services (CMS) Ambulance Open Door Forum (ODF) addresses issues related to the payment, billing, coverage and delivery of services in the ambulance industry. Among the many issues addressed within the forum are the Ambulance Fee Schedule rules; rural and other ambulance payment enhancements; and requirements for ambulance service certification and payment determinations. In addition, discussions differentiating the rules related to provider-based and independent ambulance services are facilitated. Timely announcements and clarifications regarding important rulemaking, agency program initiatives and other related areas are also included in the forums.
CMS has begun to make the transcripts of these sessions (and all open door forums) more readily available. The December Ambulance ODF, for example, discussed Staffing Requirements for ALS Transport, Update to the Claims Processing Manual pertaining to the SNF Ambulance Transport (CR-9791 and Transmittal code 3620), CY 2017 ambulance inflation factor and productivity adjustment (Change Request 9811), CY 2017 AFS Public Use Files release, and Expiration date of MACRA provisions. Read more at: https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/PodcastAndTranscripts.html

In related news, HHS Office of the Inspector General (OIG) has posted a revised section on ambulance services in its 2017 Work Plan. According to the report, "Prior OIG work found that Medicare made inappropriate payments for advanced life support emergency transports. We will determine whether Medicare payments for ambulance services were made in accordance with Medicare requirements." Read more at: https://oig.hhs.gov/reports-and-publications/archives/workplan/2017/HHS%20OIG%20Work%20Plan%202017.pdf

u) NAEMT Publishes National Survey on EMS ePCR Usability

Last year, the National Association of EMTs (NAEMT) published a national survey on data use, collection and exchange in EMS which looked at what data EMS collects, how agencies put it to use in assessing the quality of patient care and improving operations, and how EMS shares information. The results of that survey were published in July 2016. In a newer survey, conducted by St. Louis University College for Public Health and Social Justice on behalf of NAEMT, authors look specifically at how EMS practitioners interface with the software systems they use on a day-to-day basis to collect and store information. Read more at: http://www.naemt.org/docs/default-source/ems-data/ems-epcr-usability-survey-16.pdf

Educational Development

III. Educational Development

Welcome Charles "Chuck" Faison.

Charles "Chuck" Faison joined the Virginia Office of EMS, Division of Educational Development in March of 2017. He is serving as Training and Development Coordinator; his duties include, but are not limited to, managing distance learning projects, the EMS Training Funds program, and providing technical assistance to EMS educators. Prior to coming to VOEMS, he was Assistant Director of Learning Sciences at Longwood University developing faculty and staff development programs related to the effective integration of technology into instructional strategies. He holds a Master of Science in Instructional Design and Technology, which he earned through Walden University in October 2014.

Committees

A. **The Training and Certification Committee** (TCC): The Training and Certification Committee met on Wednesday, April 5, 2017. There is one action item for consideration - **See Appendix A.**

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

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

B. **The Medical Direction Committee (MDC)** The Medical Direction Committee met on Thursday, April 6, 2017. There are no action items.

Copies of past minutes are available from the Office of EMS web page at: http://www.vdh.virginia.gov/emergency-medical-services/education-certification/medical-direction-committee-standing/Advanced Life Support

ALS Program

A. Virginia Intermediate 99 (I-99) students who have maintained their National Registry certification continue the transition process that allows them to gain certification at the Paramedic level after completion of a Virginia approved Paramedic program. The National Registry transition process will end in 2018/2019 when their last certification cycle with National Registry expires as referenced in B below.

B. All National Registry I-99 certified providers must complete the transition process to Paramedic level by 2018/2019 or their certification level with National Registry will become AEMT. This will NOT affect their Virginia certification level which will remain I- 99.

C. ALS Coordinator re-endorsement requires an update every two years and the submission of a re-endorsement application. The application must be signed by an EMS Physician. Additionally, it must contain the signature of the regional EMS council director if courses are to be offered in their region.

D. All students enrolling in Paramedic programs that start after August 1, 2016 will be required to master the National Registry Paramedic portfolio of vital skills to qualify for the National Registry Paramedic (NRP) Certification examination. Testing requirements for Paramedic candidates will be changing as of January 1, 2017 with the implementation of the out-of-hospital scenario station.

E. As of January 1, 2017, all ALS testing candidates are required to have a Psychomotor Authorization to Test Letter (PATT) from National Registry to be allowed participation at an ALS Test site. To implement this new requirement, the Office of EMS has authorized early access to Virginia Program Directors, who in coordination with the program Medical Director can permit students to access the psychomotor examination at the point in their program they feel the students have reached competency. Information about this change has been provided to all program directors.

F. To align with the 2016 National Continued Competency program (NCCP) implemented by National Registry in October, 2016, continuing education will now be tracked utilizing both the 2012 and 2016 NCCP requirements. Providers with a certification or recertification date beginning on or after October 1, 2016 have had their continuing education hours adjusted to the new distribution of hours for the 2016 NCCP. Notifications were sent to all EMS providers in Virginia and updated information has been posted on the OEMS Division of Educational Development webpage. This information is being shared at all Education Coordinator updates and will be published in the upcoming OEMS Newsletter.

Basic Life Support Program

A. Education Coordinator (EC) Institute

1. Final Institute under the old process is scheduled for June, 2017.
2. The tentative deadline to pass the EC Cognitive Exam is Sunday, April 23rd, 2017 in order to be eligible to attend the Summer Institute.

3. The next EC psychomotor exam is tentatively scheduled for Saturday, May 6th, 2017 in the Richmond area.
4. Due to scheduling issues, the June Institute will not be held in Blacksburg in conjunction with the VAVRS Rescue College, but instead will be held in the Richmond area June 24-28, 2017.
5. 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
6. The new process is on track to begin in mid-summer 2017.

B. EMS Educator Updates:

1. For 2017, the Division of Educational Development will continue to provide in-person Educator Updates in the various EMS Council regions.
2. Updates were held in the ODEMSA Region in Kenbridge, VA on Saturday, February 25th, the TJEMS Region in Nellysford, VA on Saturday, March 18th, and in the LFEMS Region on Saturday, April 22 in Winchester.
3. Updates are scheduled for Saturday, May 20th in the REMS Region in Fredericksburg and Saturday, June 10th in the WVEMS Region in Blacksburg.
   The schedule of future updates can be found on the OEMS web at: http://www.vdh.virginia.gov/emergency-medical-services/2016-ems-educator-update-schedule/

EMS Training Funds

FY 17*

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

Special Initiative Grants

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

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

- The OEMS announced additional Special Initiative grant opportunities for non-profit, EMS education initial certification and continuing education programs on April 4, 2017. There will be two special initiative grant cycles administered. One cycle is open to programs with start dates between January 1, 2017 and June 30, 2017. The other cycle will be open to programs with start dates between July 1, 2017 and December 31, 2017. The deadline for the spring cycle is April 25. No funding match is required for eligible applicants. Notice about the fall grant will follow a similar format, with details to come.

Upcoming Changes to the EMS Training Funds Program

- Initial EMS Certification Funding. Effective January 1, 2018, the EMS Training Funds program (EMSTF) will transition to a scholarship program. The OEMS scholarship program will mirror the Office of Health Equity's (OHE) nursing scholarship program. OEMS entered into a Memorandum of Understanding (MOU) with OHE which will manage the administrative functions of the program. OEMS personnel will oversee the program to include, but not limited to, establishing and determining priorities, scoring, and other awarding criteria. There are three application/funding cycles per year, scheduled to correspond with spring, summer, and fall academic calendars. Eligible students will apply directly using the OHE's online application system. Funds will be distributed to awarded students prior to the start of their qualifying EMS certification program. Awardees will be required to report successful completion of their programs and affiliate with volunteer or career agencies within the Commonwealth.

- Continuing Education and Auxiliary Programs. Effective July 1, 2017, OEMS will execute contractual agreements with the regional EMS councils in support of the use of EMSTF funds for the provision of continuing education and auxiliary training programs. The design is planned to support two full CE programs for each jurisdiction identified with a FIPS code (independent cities and counties).

- The Division of Educational Development hosted a meeting amongst Program Directors on April 26 at the Virginia Public Safety Training Center. The purpose of the meeting was to facilitate a collaborative discussion and effectively address program needs under the new scholarship model.

EMS Education Program Accreditation

A. EMS accreditation program.

1. Emergency Medical Technician (EMT)

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

2. Advanced Emergency Medical Technician (AEMT)

    a) No changes

3. Intermediate – Reaccreditation

    a) The WVEMS New River Valley Training Center re-accreditation visit will take place in May, 2017.

    b) Central Shenandoah EMS Council is working on their re-accreditation packet. Matt Lawler, Program Director resigned and Amanda 'Mandy" McComas has been appointed as interim Program Director.

    c) Danville Training Center – Jeff Reynolds, Program Director resigned and Robert 'Tommy' Pruett has been appointed as interim Program Director.

4. Intermediate – Initial

    a) No new accreditation packets have been received.

5. Paramedic – Initial

    a) John Tyler Community College has been granted a Letter of Review from CoAEMSP. They have completed their first cohort and work has begun on completion of the Self Study report to be submitted to CoAEMSP.

b) Rappahannock Community College had their site visit from CoAEMSP in November, 2016. Awaiting accreditation findings report.

c) ECPI has been granted a Letter of Review from CoAEMSP.

6. Paramedic – Reaccreditation

a) Southside Virginia Community College had their 5 year CoAEMSP reaccreditation visit on October 6 & 7. Report will be forwarded upon completion. Results being forwarded to CAAHEP.

b) Tidewater Community College has their CoAEMSP re-accreditation visit scheduled for December 15 & 16. Awaiting accreditation findings report.

c) Northern VA Community College has submitted their 5 year reaccreditation self-study to CoAEMSP.

For more detailed information, please view the Accredited Site Directory found on the OEMS web site at: https://vdhems.vdh.virginia.gov/emsapps/f?p=200:1

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

National Registry

The NREMT Increased the initial certification fees effective January 1, 2017. The NREMT Board of Directors approved the fee increase effective 2017 following a ten-year price freeze (2007 -2017). The 2017 fee increase reflects the renewed relationship between the NREMT and Pearson VUE.

NREMT Initial Certification Fees effective January 1, 2017

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

Online EMS Continuing Education

Distributive Continuing Education

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

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

EMSAT

May 17	The Latest Trends in Pain Management
	Cat. 1 ALS, Area 19, Cat. 1 BLS, Area 14
June 21	Responding to Heat Emergencies
	Cat.1 ALS, Area 19, Cat. 1 BLS, Area 14
July 19	Infection Control Update 2017
	Cat. 1 ALS, Area 19, Cat. 1 BLS, Area 14

Psychomotor Test Site Activity

A. 40- CTS, 4- EMT accredited course and 8- ALS psychomotor test sites were conducted from January 17, 2017 through April 18, 2017.

B. Gary Pemberton has resigned as an OEMS Test Examiner in Northern Virginia. Open positions in Northern, Western/Southwestern and ODEMSA regions will be advertised in the near future.

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

D. The office is expecting new webinar software in the near future to conduct a webinar to better standardize expectations for the National Registry of EMTs Paramedic psychomotor examination process that changed January 1, 2017. The webinar will include all accredited paramedic programs, National Registry test representatives, and hopefully the National Registry to introduce the new initiative.

E. The office completed a special funding initiative to provide standardized first-in-bags with equipment and patient monitors for the new scenario based National Registry paramedic examination. This initiative provided the materials needed to comply with the National Registry suggestions for the first-in-bag and equipment contents. Thirteen accredited paramedic programs received the funding.

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.

- 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.

Emergency Operations

IV. Emergency Operations

Operations

- **Division of Emergency Operations Welcomes New Staff Member**

The Division of Emergency Operations is happy to welcome Samuel Burnette into the position of Emergency Services Coordinator. Sam will be responsible for managing Emergency Operations Training, including Mass Casualty Incident Management and Vehicle Rescue. He will also work with the Health and Medical Emergency Response Team Coordinator and Communications Coordinator while overseeing those programs.

Sam comes to OEMS from the Virginia Department of Fire Programs where he most recently served as the Fusion Center representative. He has also held various other roles including Division Chief. Sam has an extensive background in fire and EMS and will be a great addition to the division.

- **National Association of State EMS Officials (NASEMSO) Spring Meeting**

From March 7-9 Karen Owens, Emergency Operations Manager, participated in the Spring 2017 NASEMSO Conference. Held in New Orleans the conference brings together representatives from different state EMS offices to discuss current issues in EMS as well as participate in various training events. While at the event, Mrs. Owens conducted two courses including one discussing Provider Health and Safety and another on the importance of Continuity of Business plans.

- **Virginia-1 DMAT**

Frank Cheatham, HMERT Coordinator, continued to attend meetings for the Virginia-1 DMAT during this quarter. He continued to assist in the coordination of facilities for meetings in the Richmond area.

- **Planning Templates**

Winnie Pennington, Emergency Planner, developed and shared templates for agencies to utilize in planning. The templates cover Continuity of Business, Mass Casualty Incident response, Surge. The templates are available on the Office of EMS website for download.

Committees/Meetings

- **Statewide Interoperability Executive Committee (SIEC)**

Karen Owens, Emergency Operations Manager, represented the Office of EMS at the quarterly Statewide Interoperability Executive Committee on February 10, 2017. During the meeting attendees discussed grant priorities, implementation issues, and training opportunities, among other topics.

- **National Association of State EMS Officials (NASEMSO) Capabilities Workgroup**

On February 13, 2017, Karen Owens participated in a conference call with other members of the NASEMSO Capabilities workgroup. The workgroup is tasked with developing a survey to determine state EMS capabilities related to transporting special pathogen patients (i.e. Ebola).

Additionally on March 31 Karen traveled to Chicago to participate in an in person meeting to review a draft survey and develop a work plan for submission of the survey and collection and analysis of data from the survey.

- **EMS Communications Committee**

The EMS Communications Committee met on Friday, February 3, 2017 in conjunction with the quarterly State EMS Advisory Board Meeting. An update was provided on the status of changes to the communications regulations. A new draft was created by the committee and submitted for review and acceptance. Additionally the committee discussed the revision of the DCJS standards of communications officers and the requirements for continuing education. An update on the STARS program was provided by Mike Keefe. He reported that the program will transition off of portable radio frequencies (800 Mhz). Additional software and hardware updates are also occurring. Virginia is holding up FirstNet roll out in many of our border states, specifically Maryland and North Carolina which are both ready to move forward. Virginia has to opt-in or opt-out within 90 days of receiving the proposal.

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

Frank Cheatham, HMERT Coordinator, participated in conference calls and committee meetings to discuss topics related to Highway Incident Traffic Safety including electric and hybrid vehicles and vehicle rescue.

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

HMERT Coordinator, Frank Cheatham, serves on the SHSP Steering Committee and has worked on the update for the SHSP plan through multiple conference calls and committee meetings during this quarter.

- **Transportation Stakeholders Meeting**

On March 16, 2017 Frank Cheatham represented the Virginia Office of EMS at a Transportation Stakeholder meeting held at the Insurance Institute.

- **Traffic Incident Management Committees**

Frank Cheatham, HMERT Coordinator, continued to represent the Office of EMS at TIM Committee meetings, including Training Oversight, Best Practices, and the overall Statewide TIM Committee.

Frank continued his work with the new training program to make the federal program Virginia specific for the course participants.

- **Domestic Preparedness Conference Calls**

Karen Owens continues to participate in the NASEMSO Domestic Preparedness Workgroup Conference calls. Participants in these calls include emergency management representatives from other state EMS offices. Discussions center around EMS related emergency management issues and concerns, such as emerging infectious diseases, grant funding, intra-state mutual aid, and emergency response.

- **Unmanned Aircraft System (UAS) Workshop**

On February 28, 2017, Karen Owens, Emergency Operations Manager, attended a state level workgroup meeting for unmanned aircraft systems (UAS).

- **Multi-Jurisdictional MCI Planning Workshop**

On April 13, 2017, Winnie Pennington, Emergency Planner attended a workshop hosted by the Peninsulas EMS Council. The meeting, which was held at the New Kent Forestry Center, brought together multiple jurisdictions to conduct a planning workshop to address the inconsistencies between regional MCI plans to ensure that future responses to similar events will be more effective.

- **Old Dominion EMS Alliance MCI Committee**

Winnie Pennington, Emergency Planner, attended the Old Dominion EMS Alliance MCI Committee meeting on April 28, 2017.

- **Rider Alert**

Ken Crumpler represented the OEMS at the Rider Alert meeting on February 8, 2017 to discuss further outreach at motorcycle events as the weather gets warmer.

Training

- **Traffic Incident Management (TIM) Training**

Frank Cheatham assisted in multiple Traffic Incident Management training programs throughout the Commonwealth including courses during the annual Caroline County Regional Fire School (April 1 and 2) and at Upper Lancaster Volunteer Fire Department (April 6 and April 8). The course which is team taught by members of the Virginia State Police and Department of Fire programs provides all traffic incident responders with information on safe response and handling.

- **Suicide Prevention**

Karen Owens participated in a webinar on February 23, 2017. The program provided information on recognition of and assistance for suicidal first responders.

Communications

- **APCO/NENA**

Ken Crumpler attended the Virginia APCO/NENA Winter meeting at Chesterfield PSTC on February 16, 2017 and spoke to the group on the role of the public safety answering point during a mass casualty incident. Ken Crumpler met with Hopewell 911 on February 10, 2017 and with

Buckingham 911 and Cumberland 911 on April 7, 2017 working with the APCO Pro-Chart Committee to expand EMD deployment in Virginia to centers not providing the service.

Critical Incident Stress Management (CISM)

- **CISM Regional Council Reports**

During this reporting quarter Regional Council CISM teams reported 17 events, including education sessions, training classes, meetings, and debriefings (both group and one-on-one).

Planning and Regional Coordination

V. Planning and Regional Coordination

Regional EMS Councils

The Regional EMS Councils have submitted their 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. OEMS has entered into a modification of the current service contract with all of the Regional EMS Councils through June 30, 2017.

The EMS Systems Planner attended the Blue Ridge EMS Council and Old Dominion EMS Alliance board meetings during the quarter.

Medevac Program

The Medevac Committee is scheduled to meet on May 4, 2017. The minutes of the February 2, 2017 meeting are available on the OEMS website linked below:

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

The Medevac Helicopter EMS application (formerly known as WeatherSafe) continues to grow in the amount of data submitted. In terms of weather turndowns, there were 580 entries into the Helicopter EMS system in the first quarter of the 2017 calendar year. 68% of those entries (386 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns (580) is an increase from 498 entries in the first quarter of 2016. This effort is an example of the commitment from air medical services operating in VA to make safety of medevac personnel and equipment a priority.

The Virginia State Medevac Committee continues work on an evaluation to determine whether there is benefit for the ST Segment Elevation Myocardial Infarction (STEMI) scene patient to be transported by air to a specialty facility from the initial scene, versus being transported to/treated at a rural hospital first, then transported by air to a specialty facility for interventional treatment.

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

- Determine if there is any benefit 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 drone workgroup has developed a safety flyer that was included in the registration packet for all attendees of the 2016 Virginia EMS Symposium.

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.

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

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

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

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

Public Information and Education

VI. Public Information and Education

Public Relations

New WordPress Website Launch

On January 17, 2017, the OEMS officially launched the new website powered by a WordPress platform. As more functions become available, we will integrate them into the new site. This new platform offers a variety of features, most notably including a responsive design, which allows users on a mobile phone/device, tablet or desktop computer to easily access our website. This new platform also reduces the workload needed to maintain a website, which will allow information to be updated quicker for visitors to utilize. Additionally, the new website is search engine-optimized, which means users will be able to find the information they are looking for faster and easier by using the search function at the top of each webpage.

Public Outreach 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 –** Tips to avoid, spot and treat frostbite & hypothermia infographic, tips for dressing for cold weather infographic, Governor's press release urging Virginians to prepare for major winter storm, State of Emergency declared ahead of winter storm, office closures/delays, VDH guidance to prevent snow-related injury and illness, inauguration resource request, Symposium call for presentations deadline, new website launch, Trauma Center Fund update, Fire Rescue Recruitment and Retention Day of Training and Networking, EMS apps down for scheduled maintenance, RSAF grant program new scoring criteria, Town Hall Meetings to discuss the future of Intermediate-99 and RSAF special initiative grant funding opportunity for non-profit Virginia and CAAHEP accredited paramedic programs.

- **February –** Diabetes prevention, AirCare 2 P.A.C.E.S Pre-Hospital and Critical Care Education Symposium, office closures and additional dates for Town Hall Meetings to discuss the future of Intermediate-99.

- **March –** CPR training centers, 7th Annual Virginia Fire Chiefs Foundation Golf Tournament, National Fire Protection Association updates to NFPA 1917 Standard for Automotive Ambulances public comment period, Statewide Tornado Drill, Virginia Fallen Firefighters and EMS Memorial Service flyer, Town Hall meeting cancellation due to inclement weather, RSAF grant deadline, Physio-Control Inc. recalls LIFEPAK 1000 defibrillator recall, web portal down for scheduled maintenance, National Poison Prevention Week and Updates for Town Hall Meetings to discuss the future of Intermediate-99.

Public Outreach via GovDelivery Email Listserv (January - March)

- 01/12/2017 – New OEMS Website Address Launching Soon
- 03/17/2017 – LIFEPAK 1000 Defibrillator Recall

Customer Service Feedback Form (Ongoing)

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

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

Social Media and Website Statistics

As of April 18, 2017, the OEMS Facebook page had 5,056 likes, which is an increase of 101 new likes since January 20, 2017. As of April 18, 2017, the OEMS Twitter page had 4,037 followers, which is an increase of 79 followers since January 20, 2017.

Figure 1: This graph shows the total organic reach* of users who saw content from the OEMS Facebook page, January – March. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our two most popular Facebook posts received 12,833 total organic reach and 65 shares, and 10,260 total organic reach and 70 shares.**

> **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.*

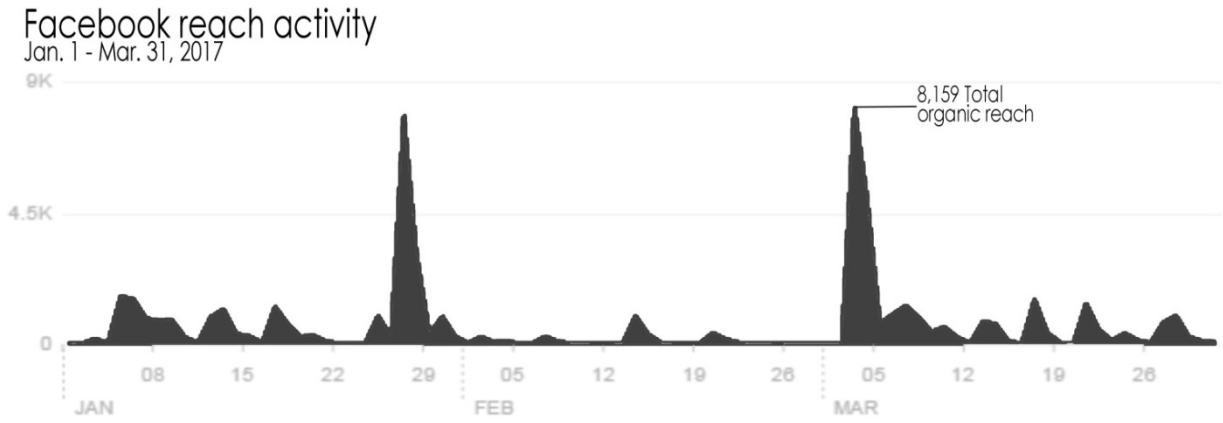


Figure 2: This graph shows the total organic impressions* over a 91-day period on the OEMS Twitter page, October - December. **During this 91-day period our tweets earned a total of**

37.4k impressions and 415 impressions per day. The most popular tweet received 1,003 organic impressions.

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

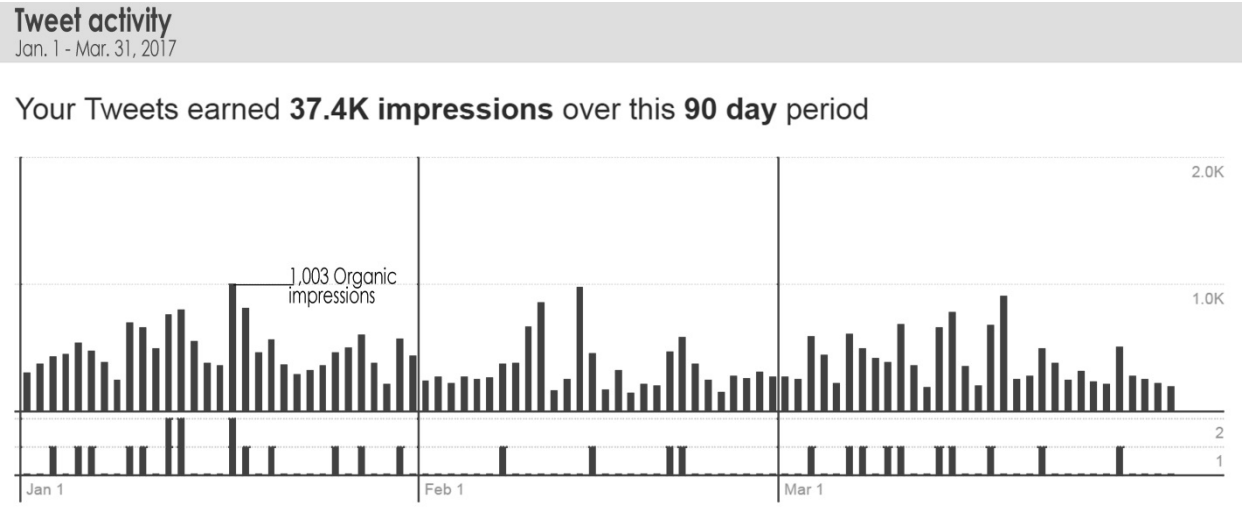


Figure 3: Due to the transition to the new WordPress platform and utilization of Google Analytics, the top five downloaded items data from January - March was not available for this report. It will be included in the next Quarterly Report.

Figure 4: This table identifies the total number of unique pageviews, the average time on the homepage and the average bounce rate for the OEMS website from January – March**.**

	Unique Pageviews	Average Time on Page (Minutes)	Bounce Rate (Average for view)
January	9,660	1:01	27.11%
February	25,732	00:55	33.88%
March	24,254	00:56	27.93%

Google Analytics Terms:

A ***unique pageview*** aggregates pageviews that are generated by the same user during the same session. A *unique pageview* represents the number of sessions during which that page was viewed one or more times.

The **average time on page** is a type of visitor report that provides data on the average amount of time that visitors spend on a webpage. This analytic pertains to the OEMS homepage.

A **bounce rate** is the percentage of visitors or single page web sessions. It is the number of visits in which a person leaves the website from the landing page without browsing any further. This data gives better insight into how visitors are interacting with a website.

If the success of a site depends on users viewing more than one page, then a high bounce rate is undesirable. For example, if your homepage is the gateway to the rest of your site (e.g., news articles, additional information, etc.) and a high percentage of users are viewing only your home page, then a high bounce rate is undesirable.

The OEMS website is setup in this way; our homepage is a gateway to the rest of our information, so ideally users should spend a short amount of time on the homepage before bouncing to other OEMS webpages for additional information. Generally speaking, a bounce rate in the range of 26 to 40 percent is excellent and anything under 60 percent is good.

Events

EMS Week

- PR assistant coordinated the ordering and mailing of the American College of Emergency Physicians 2017 EMS Week Planning Guides to all 633 affiliated EMS agencies. This event will take place May 21 – 27, 2017.

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

Fire and EMS Memorial Week

- PR coordinator will work with the VDFP to promote Fire and EMS Memorial Week via the following plan:

    - 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.
    - Will send out email through our listserv to inform providers about this event.

EMS Symposium

- PR coordinator working 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.

- On February 16, PR coordinator designed and submitted a flyer for inclusion in the handouts for the Va. Fire Chiefs Association Conference to promote the OEMS' upcoming events.

Governor's EMS Awards Program

- PR assistant prepared and submitted the 2017 Regional EMS Award nomination forms, guidelines and criteria to all Regional EMS Councils.

- PR assistant designed the 2017 Regional EMS Awards fliers and campaign posters to help promote the awards program.

- PR coordinator developed a Regional EMS Council Awards Quick Form on the OEMS website, which will be used to assist the Regional EMS Councils in garnering leads for the Regional EMS Council awards. This quick form will be available and promoted by the OEMS all year-round in order to elicit award suggestions in the field as the opportunity presents itself, and not limiting nomination leads/suggestions to the regional award season.

Media Coverage

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

- **Feb. 13** – Reporter from The Enterprise inquired about an equipment permit being pulled from Stuart Volunteer Fire Dept.

- **Feb. 16** – Reporter from ABC 13 inquired about the average EMS response times for Bedford County and statewide in 2016.

- **Feb**. **17** – Reporter from ABC 13 had a follow-up question re: EMS response times and wanted clarification of the term non-emergency transport.

- **Feb**. **24** – Reporter from WTVR inquired about state regulations regarding hospital maintenance.

- **Mar. 13** – Reporter from The Progress-Index inquired about EMS licensure and addresses re: a possible merger between a local fire department and emergency crew.

- **Mar**. **30** – Reporter from the Lynchburg News & Advance inquired about the status of Altavista EMS Agency's license.

OEMS Communications

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

- On a daily basis, the PR assistant monitors and provides assistance to emails received through the EMS Tech Assist account and forwards messages to their respective divisions.

- The PR assistant is the CommonHealth coordinator at OEMS, and as such sends out weekly CommonHealth Wellnotes to the OEMS staff.

- The PR coordinator designs certificates of recognition and resolutions for designated EMS personnel on behalf of the Office of EMS and State EMS Advisory Board.

- Upon request, the PR coordinator creates certificates for free Symposium registrations to be used at designated Regional EMS Council events.

- PR coordinator and PR assistant respond to requests from the community by sending out letters, additional information, EMS items, etc.

- The PR coordinator and PR assistant provide reviews and edits of internal/external documents as requested.

- The PR coordinator is responsible for monitoring social media activity and requests received from the public. She forwards questions to respective OEMS division managers and provides response to the inquiries through social media.

- The PR coordinator is responsible for coordinating and submitting weekly OEMS reports to be used in the report to the Secretary of Health and Human Resources.

- The transition to the new WordPress website platform occurred on January 17, 2017. The PR coordinator and PR assistant regularly update the OEMS website with general information and other documents as requested. As more web tools and widgets become available, we will update our webpage to offer more interactive and useful features for our public.

- On January 7, PR assistant provided coverage at the Virginia Emergency Operations Center, Emergency Support Function (ESF)-8 on behalf of OEMS in response to winter storm Helena.

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 assigned.

    - On February 13 and March 13, PR coordinator attended the PIO Agencywide Communication Committee meetings to discuss the Communication Transformation Project and the scope of the committee and sub-committees.

    - On March 6, PR coordinator prepared and provided Poison Prevention Week tweets, Facebook posts and PowerPoint for display on the monitors downtown.

- **VDH Communications Conference Calls (Ongoing) -** The PR coordinator participates in bi-weekly conference calls and polycoms for the VDH Communications team.

Commissioner's Weekly Email

The PR coordinator submitted the following OEMS stories to the commissioner's weekly email, from January - March. Submissions that were recognized appear as follows:

- **March 13 - OEMS Staff Hosts Educator Update**

    Office of EMS (OEMS) Training Manager Warren Short and Basic Life Support Training Specialist Greg Neiman recently held an Educator Update at the Kenbridge Emergency Squad in the Old Dominion EMS Alliance Council region. Seventeen EMS educators participated, discussing numerous emerging issues in EMS education, including continuing education (CE) requirements and course delivery options. Various testing issues were also discussed such as consolidated testing, education coordinator recertification, training and certification committee workgroup updates, town hall meetings on the future of the Intermediate (I-99) certification, ethics and EMS provider mental health. The OEMS also provided an orientation on the new CE electronic recordation program, which provides substantial savings to the EMS providers and OEMS.

- **March 21 - OEMS Staff Supports Fire Chiefs Conference**

    Office of Emergency Medical Services (OEMS) Division of Educational Development Training Manager Warren Short, Advanced Life Support Training Specialist Debbie Akers and Basic Life Support Training Coordinator Greg Neiman attended the Virginia Fire Chiefs Association Conference in Virginia Beach to provide onsite recording and coordination of continuing education (CE) credits. More than 800 people attended the four-day event, including approximately 340 EMS providers and firefighters who

collectively earned 3,370 CE hours. OEMS also staffed a vendor booth to provide EMS-related information and updates. OEMS attendees included Director Gary Brown, Assistant Director Scott Winston, EMS Systems Planner Tim Perkins and State EMS Medical Director Dr. George Lindbeck.

Regulation and Compliance

VII. Regulation and Compliance

The Division of Regulation and Compliance performs the following tasks:

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

The following is a summary of the Division's activities for the first quarter, 2017:

EMS Agency/Provider Compliance

Enforcement	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY 2014	CY 2015	CY 2016	CY 2017
Citations	**25**				**40**	**55**	**53**	**25**
Agency	14				22	23	23	14
Provider	11				18	32	30	11

Verbal Warning	**0**				**21**	**6**	**7**	**0**
Agency	0				11	5	3	0
Provider	0				10	1	4	0
Correction Order	**11**				**59**	**64**	**62**	**11**
Agency	11				59	64	62	11
Provider	0				0	0	0	0
Temp. Suspension	**7**				**20**	**26**	**25**	**7**
Agency	1				0	0	0	1
Provider	6				12	26	25	6
Suspension	**3**				**11**	**15**	**11**	**3**
Agency	0				1	0	0	0
Provider	3				5	15	11	3

Revocation	3				**7**	**8**	**4**	**3**
Agency	0				0	0	0	0
Provider	3				4	8	4	3
Compliance Cases	**55**				**202**	**166**	**121**	55
Opened	37				140	112	71	37
Closed	18				62	54	48	18
Drug Diversions	**3**				**21**	**15**	**16**	3
Variances	**2**				**29**	**23**	**16**	2
Approved	2				16	14	13	2
Denied	0				13	9	3	0

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.

Hearings

January 18 – Burnett

February 16 – Orebaugh; Halfacre

March 22 – Womack; Paladin Medical Transport

Licensure

Licensure	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY 2014	CY 2015	CY 2016	CY 2017
Agency	633				669	646	638	633
New	2						6	2
Vehicles	4,217				4,137	4,568	4,227	4,217
Inspection	754				2,997	2,854	3,400	754
Agency	108				289	319	222	108
Vehicles	516				2,261	1,964	2,564	516
Spot	130				447	571	563	130

Background Unit

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

Kathryn “Katy” Hodges has tendered her resignation effective April 20, 2017 as she has accepted full time employment elsewhere. Katy was a one of two wage staff who has been working diligently in the Background Unit. Katy, along with Cynthia Fien (and assistance form Marybeth Mizell) has greatly improved the background administrative processes.

Background Checks	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016	CY2017
Processed	2,366				3,488	6,773	8,157	2,366
Eligible	2,120				2,683	5,415	5,916	2.120
Non-Eligible	8				19	50	46	8
Outstanding	13				546	1,091	1,362	13
Jurisdiction Ordinance	246					189	1,167	46

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 sent to the Rules and Regulations Committee for review and thensubmitted as a regulatory review packet.

- A Notice of Intended Regulatory Action (NOIRA) has been approved by the Governor's Office and submitted on April 17, 2017 to the Virginia Register of Regulations to be published on May 15, 2017 Volume: 33 Issue: 19. Public comment on the NOIRA will be open from May 15, 2017 until June 5, 2017. A Public hearing will be scheduled to solicit comment from any interested members of the community on the NOIRA.
  http://townhall.virginia.gov/L/viewstage.cfm?stageid=7850

EMS Physician Endorsement

Endorsed EMS Physicians: As of April 21, 2017: 218

The regional OMD workshops scheduled for 2016 – 2017 period are as follows:

The following OMD workshops with a strikethrough have already successfully been completed:

November 10th, 2016	Full Day Workshop, EMS Symposium Norfolk, Virginia
November 11th, 2016	Full Day OPS Course, EMS Symposium Norfolk, Virginia
December 8th, 2016	Half Day Workshop, PEMS/TEMS PEMS Office
February 13, 2017	Full Day Workshop VACEP Winter Meeting The Homestead, Hot Springs, Virginia: cancelled

March 31st, 2017	Half Day Workshop, NOVAEMS 1000-1500
April 4th, 2017	Half Day Workshop, LFEMS/REMS 1000-1500 REMS – TBA
April 12th, 2017	Half Day Workshop WVEMS/SWVEMS Southwest Virginia Higher Education Center in Abingdon, VA

There are two remaining OMD Workshops in FY2017:

April 27, 2017	Half Day Workshop, CSEMS/TJEMS TJEMS Office
May 11, 2017	Half Day Workshop, ODEMSA ODEMSA offices

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

Additional Division Work Activity

The Regulation and Compliance staff held their quarterly staff meeting on March 29 – 31, 2017 in Charlottesville, Virginia. The next quarterly staff meeting is scheduled for May 31 – June 2, 2017 in Glen Allen, Virginia.

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

February 10 – met with representative of UVA to discuss potential research project

February 14 – subsequent meeting with UVA about potential research project

February 24 - presentation at the Tennessee Ambulance Association, Gatlinburg, TN

March 4 – presentation for annual EMS Expo, Henrico

March 9 – participated in POST Collaborative Executive Committee meeting, Richmond

March 11 – presented at the March Medical Madness event, Fluvanna

March 12 – presented at the Rural EMS Expo (PEMS), Glenns

March 31 – participated in OMD workshop for NOVA, Fairfax

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

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

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

Staff has also been invited to participate in a forum on June 7, 2017 in Charlotte, NC aimed at soliciting concerns and relevent information from ambulance manufacturers, ambulance remounters, NHTSA, and other interested parties on what standards should be developed for the ambulance remount industry. This effort is being coordinated by the GVS v1of CAAS. Mr. Michael Berg will represent NASEMSO, NFPA and Virginia for this event.

Staff will also be meeting in Nashville, TN August 15-16, 2017 as part of the NFPA 1917 version 3 processes. Michael Berg has been appointed chair of a workgroup of the NFPA 1917 committee to develop standards for remounts and refurbished ambulances.

The General Services Administration (oversees KKK-1822) will be issuing Change Notice 10 on July1, 2017, https://vehiclestd.fas.gsa.gov/CommentCollector/Home.

Mr. Michael Berg was featured in two articles in the April edition of EMS World; specifically, *Ambulance Safety and Innovation*, and *Virginia Brings Standards to Remounts*, http://emsworld.epubxp.com/i/804255-apr-2017

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee met on February 2, 2017. The meeting minutes are available on the OEMS website, at the link below:
http://www.vdh.virginia.gov/emergency-medical-services/advisory-board-committees/workforce-development-committee/

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

EMS Officer Sub-Committee

The EMS Officer Sub-committee met for a two day work session on April 6 and 7 . 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).

A pilot of the EMS Officer I program was offered as a pre-conference session at the 2016 Virginia EMS Symposium, with 15 students completing the class. A similar pilot course will be offered at Rescue College in June 2017.

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 the link below:
http://www.vdh.virginia.gov/OEMS/Agency/SoE.htm

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

Keeping The Best! Program

On March 25, at the Loudoun County EMS Recruitment and Retention Summit, OEMS EMS Systems Planner Tim Perkins assisted Deputy Chief John Bianco of Virginia Beach EMS, and Volunteer Recruiter David Tesh of Chesterfield County Fire & EMS in presenting a module of the OEMS "Keeping The Best!" program, designed to recruit and retain volunteer EMS personnel. The program was attended by over 50 EMS personnel from Virginia and Maryland looking for new and creative ways to recruit and retain EMS personnel.

The Virginia Recruitment and Retention Network

The Virginia Recruitment and Retention Network met on February 23, 2017 at Virginia Beach Volunteer Rescue Squad, Station 14, in conjunction with the Virginia Fire Chief's Association conference.

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

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

Trauma and Critical Care

IX. Trauma and Critical Care

Image Trend Update

- Migration of data from Image Trend servers to VITA servers
    - In December 2017 the Virginia Office of Information Management and Image Trend staff began the process of migrating prehospital patient care data from Image Trend servers to internal VITA servers. This important first step was completed successfully and planning has already begun for the creation of a data warehouse which will increase stakeholder access to our data and allow for integration of EMS data with other VDH data sources.

- Transition from NEMSIS Version 2 to NEMSIS Version 3 (VAv3) standard
    - NEMSIS discontinued collection of Version 2 data on 12/31/2016

    - At this time 23 of Virginia's 575 active EMS Agencies have not transitioned to the new VAv3 version. OEMS staff is working with these agencies to accomplish the transition. The information is being shared with the Division of Regulation and Compliance.

    - OEMS staff has handled 535 end user support requests during the first quarter. This is significantly less than last quarter (due to the completion of the VAv2-VAv3 transition) and staff is now able to devote more time to the implementation of data collection updates.

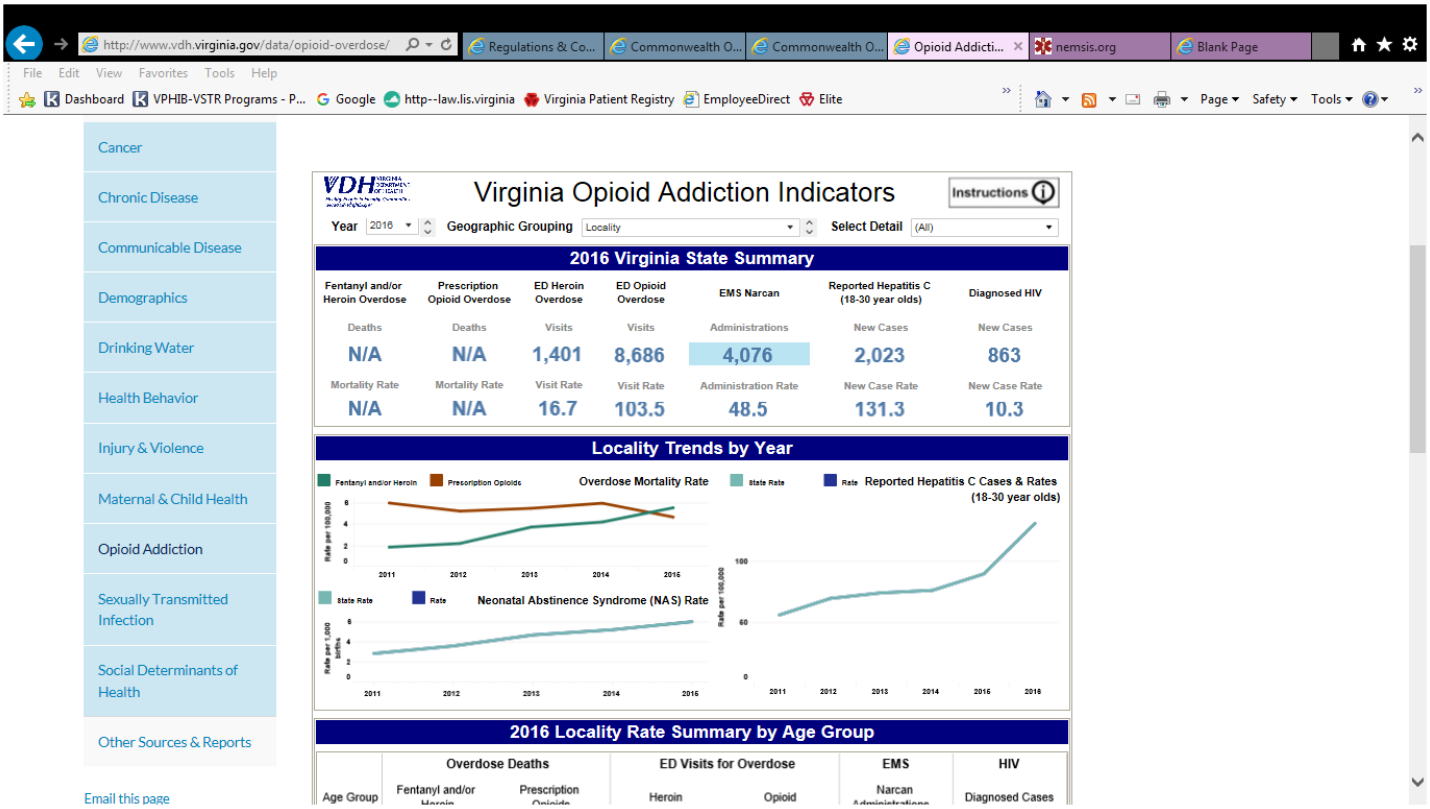
        - The requests were spread over the following categories:

            - User account issues (password/locked accounts)
            - Data Quality questions
            - Ongoing Data Projects
            - Hospital Hub questions
            - Configuration/Setup issues (agency system setup)

    - The NEMSIS TAC team released NHTSA / NEMSIS Version 3.4.0 Build 150302. This is a major release with the addition of nine elements to the standard and two retired. Staff is preparing to deploy the update in June 2017.

    - The Division continues to participate in the VDH Addiction Work Group that is tasked with developing strategies to combat opiate related drug overdose deaths in the Commonwealth. EMS data is playing a key role in the prevention process and we provide monthly Narcan usage reports to Dr. Melton, the Health District

Managers and Regional Council Directors as a part of the ongoing surveillance efforts. The most recent quarterly report can be found on the Virginia Department of Health website at Opioid Addiction – Data.



Staffing Updates

The Division is continuing to recruit for one position at this time. EMO27 Lead Statistical Analyst has been Re-posted 4/17/2017 - Interviews will be conducted once a qualified pool is available.

- Due to the ever increasing demand for EMS data and because we have been unsuccessful to date in recruiting a qualified candidate for the position above, OEMS received approval to utilize contract staff to assist with department deliverables. Two candidates were identified and began work at the beginning of April. Sunny Lessner has an extensive background in all aspects of IT to include programming, data base management, statistical analysis and data mining. Reginald (Reggie) Dean specializes in visual analytics, specifically in the Tableau environment. We are pleased to have them for the next year and they will be instrumental in building our data analytics program.

- We are pleased to announce that the position of Trauma and Critical Care Coordinator has been filled. Tim Erskine will join OEMS May 10, 2017 and comes from the Ohio

Department of Public Safety, where he was the Chief of Trauma Systems and Research since 2001. Tim received his Bachelor's degree in Health Services Administration in 2014 from DeVry University. He is a member of the EMS Compass Project Steering Committee and, before relocating to Virginia, he served on the Ohio Traffic Records Coordinating Committee and the Ohio Department of Health Institutional Review Board. Tim has been a Paramedic since 1985 and was formally the Trauma Data Manager of University Hospital, Cincinnati. He has coauthored three articles:

- "Substance Use and Type and Severity of Injury Among Hospitalized Trauma Cases: Ohio, 2004–2007", March 2012, Journal of Studies on Alcohol and Drugs
- "Development of Statewide Geriatric Trauma Triage Criteria", June 2011, Prehospital and Disaster Medicine
- "Farm Injuries in Ohio, 2003-2006: A Report from the Emergency Medical Services Prehospital Database", June 2009, Journal of Agricultural Safety and Health 3

- Once he has completed orientation, Tim will begin to assume the duties associated with trauma center designation and will be staff to the Trauma System Oversight & Management Committee, the Trauma System Plan Taskforce and the Trauma Performance Improvement Committee. We will also utilize his experience in data collection and research to further the strategic objectives of the Division.

Trauma System

- Trauma System Plan Taskforce

  - The Trauma System Plan Taskforce is a multi-disciplinary task force representing the trauma and EMS system in Virginia. Convened at the request of the Chair and Executive Committee of the State EMS Advisory Board, the Taskforce is charged with addressing the recommendations contained in the American College of Surgeons Trauma System Consultation Report. The task force identified subject matter experts to serve on work groups that are examining key aspects and components of the current trauma system in Virginia. The Trauma System Plan Taskforce and the workgroups meet quarterly with their most recent meeting March 2, 2017 in Richmond. The workgroups are continuing work on their draft strategic plans for submission to the Trauma System & Oversight Committee's approval prior to submission to this Board.

- The membership rosters, meeting dates, locations and meeting minutes can be found on the new OEMS web site at Trauma System – Emergency Medical Services.

- Trauma Performance Improvement Committee

  - The final draft 2016 Annual Report has been completed and it will be presented to the Medical Direction Committee for their review, comments and suggestions.

Trauma Center Designations

- Verification Visits

  - Carilion New River Valley underwent a successful triennial verification visit.

- Designation Visits

  - Inova Loudon Hospital submitted a Letter of Intent to seek Level III Trauma Designation and their site visit was conducted April 18, 2017. The site review team is in the process of writing their report and recommendations for submission to Dr. Levine.

- Upcoming

  - Children's Hospital of the Kings Daughters has submitted a Letter of Intent to seek Level I Pediatric Trauma Center Designation. Their site visit has been scheduled for July 25, 2017.

  - Henrico Doctors' Forest one year provisional period follow up site visit is June 7, 2017.

  - Johnston Willis triennial site visit June 27, 2017.

State Stroke Plan

- A workgroup was convened by the Division in conjunction with the Virginia Stroke System Taskforce (VSSTF), to review and update the State's Stroke Triage Plan. The plan was last updated in April 2010. Dr. Lindbeck briefed the VSSTF on the status of the plan at their January 13, 2017 meeting and the Medical Direction Committee at their April 6, 2017 meeting. The plan will be presented to this Board for review and approval once it is finalized.

EMS for Children

EMS for Children and Safe Kids Virginia Hosting CPS Refresher Course August 17th

Virginia EMS for Children is partnering with Safe Kids Virginia to offer currently certified Child Passenger Safety Technicians a **Child Passenger Safety (CPS) Refresher Course** on August 17, 2017 (8 am to 4:30 pm) at the Insurance Institute for Highway Safety (IIHS) in Ruckersville, Virginia. As part of the course participants will probably witness a live crash simulation that is scheduled for that day.

The course will be free of charge to qualified students, and 6 education credits can be earned. Space is limited, so those interested should email Corri Miller-Hobbs (corri.millerhobbs@vcuhealth.org) to register.

NASEMSO Releases "Interim Guidance" on Safe Transport of Children by EMS

On March 24th, NASEMSO (National Association of State EMS Officials) announced the release of Safe Transport of Children by EMS: Interim Guidance. The guidance is a result of the work of NASEMSO's Safe Transport of Children Ad Hoc Committee, a multidisciplinary group which is focused on reviewing the existing scientific evidence and to suggest best practices to utilize in transporting children until true evidence-based standards can be established for ground ambulances and ambulance equipment.

While a variety of products exist to secure children being transported in ambulances, the EMS provider (and the children being transported) must depend on the manufacturer for determining if the restraint would operate as intended in an ambulance crash. Unlike the child restraints (car seats) used in passenger vehicles, which must meet the crash standards defined by the Federal Motor Vehicle Safety Standard (FMVSS) 213, there are no required crash-testing standards for these devices in the United States.

This Safe Transport of Children Ad Hoc Committee was a direct result of previous efforts of the Pediatric Emergency Care Council (PECC) of NASEMSO urging federal agencies and industry experts to meet with NASEMSO and conduct this kind of review, and to prioritize federal funding in the future to help establish a scientific evidence base for ambulance and equipment standards (especially pediatric).

NASEMSO is working with its partners now to obtain funding to conduct the necessary crash-testing research to develop standards to be met by manufacturers. Until such research can be completed and standards developed, NASEMSO has issued Interim Guidance to maximize the safety of children in ambulances. This guidance is based on what is known at present and includes, in part:

"All EMS agencies that transport children should develop specific policies and procedures that address, at minimum the following elements: methods, training, and equipment to secure children during transport in a way that reduces both forward motion and possible ejection.

- *The primary focus should be to secure the torso, and provide support for the head, neck, and spine of the child, as indicated by the patient's condition.*

- *A prohibition on children being transported unrestrained.*

- *A provision for securing all equipment during a transport where a child is an occupant of the vehicle, with mounting systems tested in accordance with the requirements of SAE J3043.*

- *To only use child restraint devices in the position for which they are designed and tested.*

- *All device(s) (including a combination of devices) should cover a weight range of between five and 99 pounds (2.3 - 45 kg), ideally supporting the safest transport possible for all persons of any age or size.*

- *Only the manufacturer's recommendations for the weight/size of the patient should be considered when selecting the appropriate device for the specific child being transported."*

NASEMSO does not endorse any product but urges prospective buyers to request testing information from the vendor/manufacturer. The NASEMSO Safe Transport of Children Committee is comprised of members from state EMS for Children programs, federal partners, children's hospitals, the Ambulance Manufacturers Division of the NTEA, and the Association of Air Medical Services (AAMS). More information about the Committee is available at on the committee web page at https://www.nasemso.org/Committees/STC/index.asp#Goals.

The full text of the *Interim Guidance* is available at on the NASEMSO website at https://www.nasemso.org/Committees/STC/Resources.asp.

Note: NASEMSO will also be soon be issuing a "product comparison list" as a companion to these recommendations, which will list current products available along with their current supportive evidence. It is anticipated that this list will be most helpful in allowing EMS provider agencies to make more informed decisions when purchasing pediatric restraint device/systems. Virginia EMSC will widely circulate this list when it becomes available.

(The National Association of State EMS Officials is a leading 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.)

"Stop the Bleed" Rolled Out to EMSC Managers

A webinar held March 29th, 2017 introduced "Stop the Bleed" to EMSC Managers across the country. Speakers were:

- Mary Fallat, MD, FACS
- Lenworth Jacobs, MD, MPH, FACS
- Richard C. Hunt, MD, FACEP

The 'Stop the Bleed' campaign was initiated by a federal interagency workgroup convened by the National Security Council Staff and launched by the White House in October 2015. The purpose of the campaign is to build national resilience by better preparing the public to save lives through raising awareness of basic actions to stop life threatening bleeding following everyday emergencies and man-made and natural disasters. Advances made by military medicine and research in hemorrhage control during the wars in Afghanistan and Iraq have informed the work of this initiative which exemplifies translation of knowledge back to the homeland to the benefit of the general public.

This program should be considered as an outreach activity by EMS agencies in Virginia, as the preparedness and mitigation of the results of terror attacks are a combined responsibility of both citizens and the government. Bleeding control should be right up there with using an automated external defibrillator (AED) as something everyone should probably learn.

Anyone needing access to materials to teach this problem should email David Edwards for further information at david.edwards@vdh.virginia.gov.

Collaboration with Emergency Preparedness/Hospital Preparedness Program Formalized

Earlier this month the Virginia EMSC program signed a collaboration letter with the VDH Office of Emergency Preparedness (OEP) Hospital Preparedness Program (HPP) with the aim to better meet the needs of children during a disaster. The HPP program is including this letter with their application for continued assistance from the federal Hospital Preparedness Program administered by the Assistant Secretary for Preparedness and Response (ASPR).

The letter acknowledges the assistance of EMSC in developing pediatric surge capabilities and participation with the vulnerable population's workgroup. Virginia HPP and EMSC also identified four specific areas in which to collaborate for Budget Period I (BPI):

- VDH OEP will assist the EMSC program address gaps in the 2014 state pediatric readiness assessment related to disaster preparedness.

- Utilize communications channels through HCCs to share information related to pediatric preparedness (i.e. utilizing Virginia Healthcare Alerting and Status Systems document library to share EMSC documents, information, and toolkits).

- EMSC will continue to be a Subject Matter Expert (SME) and work with the HCCs on topics\projects related to disaster preparedness for children and to increase facilities ability to prepare to receive, stabilize, and manage pediatric patients.

- VDH OEP will assist EMSC with National Performance Measures for EMSC related to disaster preparedness as needed.

Virginia EMS for Children is looking forward to a productive relationship with the Office of Emergency Preparedness.

Pediatric Handoffs Highlighted in New AAP Policy Statement

Countless peer reviewed studies have documented increased patient vulnerability to error when care is transferred from one healthcare provider to another. While the aviation industry is credited with recognizing the need to implement standard operating procedures to mitigate team risk, several handoff models, checklists, and communication strategies have emerged with applicability to healthcare.

According to the American Academy of Pediatrics (AAP), "Although little literature currently exists to establish 1 model as superior, multi-organizational consensus groups agree that standardization is warranted and that additional work is needed to establish characteristics of transitions of care (ToCs) that are associated with clinical or practice outcomes." The rationale for structuring ToCs, specifically those related to the care of children in the emergency setting, and a description of identified strategies are presented, along with resources for educating health care providers on ToCs.

Recommendations for development, education, and implementation of transition models are outlined in a new policy statement published in *Pediatrics*, the official journal of the AAP, including a section specific to emergency medical services. Here is the link: http://nasemso.us13.list-manage.com/track/click?u=bdaf9a0cf267d423437d7b149&id=d62bdb653e&e=84d7bb04f9.

EMSC State Partnership Grant Notes

- NEDARC Video Series Explains Performance Measures--NEDARC (National EMSC Data Analysis Resource Center) is producing a video series to assist with understanding the EMSC Performance Measures, and will include interview, information about each new measure, as well as performance measure goals and more. The first in this series – ***EMSC 01: NEMSIS*** is available for viewing on the NEDARC YouTube channel. Simply go to https://outu.be/n9sK-5SoDDU

- All Grantee EMSC Meeting Set for August--The 2017 EMSC All Program Meeting will be held in Arlington VA on August 15-17. 2017.

- HRSA and NEDARC Release New EMSC Performance Measure Implementation Manual of State Partnership Grantees--With the introduction of the new generation of performance

measures for the EMSC State Partnership (SP) Program, HRSA and NEDARC have just provided a new EMSC Performance Measure Implementation Manual in electronic format. The manual is intended to further describe and define key components of each performance measure; establish benchmarks to measure progress along the way; provide target objectives for each performance measure; and provide resources that support each of the performance measures.

The EMSC Performance Measure Implementation Manual outlines the details and yearly goals of the three new, and six continuing, EMSC Performance Measures. These PMs went into effect March 1st, 2017, and the Manual should serve as a useful guide for several years.

- EMSC Program Still Operating with Partial Funding—Due to congressional budget issues, federal funding for this EMSC budget year is still set at 57.53% of the expected award level for the budget year that began March 1, 2017.

Suggestions/Questions

Suggestions or questions related to the Virginia EMS for Children program in the Virginia Department of Health should be submitted to David Edwards via email, 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.

Funding for programmatic support is provided by the EMSC

Respectfully Submitted

OEMS Staff

Appendix

A

State EMS Advisory Board
Motion Submission Form

☒ Committee Motion: Name: Training and Certification Committee (TCC)

☐ Individual Motion: Name: _____

Motion:
The TCC moves that the Office of EMS adopt as a start the attached competencies and internal psychomotor verification policies and that Virginia Accredited EMT programs who demonstrate implementation of these policies be eligible for consideration by the Office of EMS to verify student psychomotor competency

EMS Plan Reference (include section number):

2.2.2 Enhance competency based EMS training programs.

Committee 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 Minority Opinion:

Meeting Date:

Subject: Approving Psychomotor Competency for Accredited EMT Programs

1. Purpose

The Virginia Office of Emergency Medical Services recognizes the increased demands on accredited EMT education programs to complete the required "competency-based education" model as compared to non-accredited sites. This policy reflects these demands and successes of this model by allowing these accredited sites to complete psychomotor skills verification within the program without having to utilize the existing Consolidated Test Site model.

2. Policy

This policy allows accredited EMT education programs to verify psychomotor skills outside of the Consolidated Test Sites. This policy is not intended to require accredited programs to verify psychomotor skills outside of the Consolidated Test Sites, but to provide an opportunity to do so if such option is approved by the program director, physician course director, and program's advisory board.

2.1. Program Eligibility

Programs who have been awarded full accreditation at the Emergency Medical Technician (EMT) level through the Virginia Office of EMS (VAOEMS) are eligible to utilize this policy. This classification does not automatically extend to

programs accredited at Advanced Life Support levels either by the VAOEMS or the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The program must be accredited by course start date and remain accredited through the announced course end date as announced on the approved Course Announcement form. Courses that do not begin and end within the approved accreditation window are not included within this policy and graduates should utilize the existing Consolidated Test Site process. Any new alternative site will be considered having conditional accreditation and will require all cohorts to test at a CTS until such time that a complete site visit can be conducted and full accreditation granted.

2.2. Competency-Based Education

As required by VAOEMS, EMT accreditation, programs must utilize competency-based education for all courses announced under an accredited program. The list of required competencies must be approved by the program director, physician course director, and the program's advisory board. The program must maintain appropriate documentation showing each student meeting these established competencies as required by existing rules and regulations regarding record retention.

2.3. Approving Psychomotor Skills

Program directors will notify the VAOEMS upon completion of the required competencies by the student. This approval shall not be completed until the program director and physician course director agree that the student has met the minimum required competencies.

3. Responsibilities

The program director, physician course director, and program advisory board shall create a list of minimum competencies required to become an entry-level competent provider. This list shall include the skill, and the required number of successful iterations to be deemed competent in each skill. This list shall be reviewed annually and such review evident in the documented meeting minutes. The competency list shall include at, a minimum, those competencies and successful attempts as listed by VAOEMS on the published EMT Competency Tracking Form (TR-90).

Upon completion of the program, the program director and physician course director

shall review the collected documentation on a per-student basis to verify competency. A student's psychomotor verification shall not be submitted to VAOEMS until such review has been completed and documented.

4. Procedures

4.1. Documenting Student Competency

Programs shall utilize a standard documentation process to verify student acquisition of required skills and competencies. At a minimum, the retained documentation shall demonstrate the required minimum number of successful attempts at a skill to meet the established competency requirements. It is suggested, however, that programs maintain documentation on all attempts, including unsuccessful attempts, to best document the student learning process.

4.2. Reviewing Student Competency

At the conclusion of the course, the program director and physician course director shall review each student's file to verify that all required competencies are met. Such review shall be documented in a consistent manner such as a terminal competency form.

4.3. Verifying Psychomotor Skills

Once the program director and physician course director have reviewed and approved each student as "entry-level competent", the program director shall notify the VAOEMS of such so that completion of the psychomotor skills can be verified to the National Registry of EMTs.

5. Definitions

Competencies: Skills, and the minimum number of iterations of such skills, as defined by the Virginia Office of EMS' EMT Competency Tracking Form (TR-90), program director, physician course director, and program advisory board.

Entry-Level Competent Provider: In the context of this policy, a provider who has met the minimum-required competencies of an education program.

6. References

Virginia Office of EMS rules and regulations

EMT Competency Tracking Form

Student Name: _____ **Student Certification #:** _____

Instructions:
The student will be evaluated on each competency, at a minimum, as listed in the table. The evaluator will award a score from the list below and initial and date the appropriate block. The evaluator should only document scores of "2". Scores of "1" or "0" should not be signed off by the evaluator.

Upon completing the evaluations, the student's competency will be validated by the faculty. If the student is deemed competent, the faculty will assign a "2" then initial and date in the first "Faculty" column. If the student is not deemed competent at the skill, the faculty will assign a score, then initial and date, checking the "☐R" Remediation Needed box. The student must then complete the required remediation, as determined by the program, and have a final faculty validation.

At course completion all skill areas must have been completed to signify eligibility for certification testing. Competency in all relevant skills contained within the Competency-based EMT program is required before the student can move forward for state certification.

Scoring:

2 = Successful/competent; no prompting necessary – The student performed at the entry-level of competency as judged by the preceptor. Entry-level of competency takes into account the amount of education the student has undergone at the time of evaluation.

1 = Not yet competent, marginal or inconsistent; this includes partial attempts.

0 = Unsuccessful – required critical or excessive prompting; inconsistent; not yet competent; this includes "Not attempted" when the student was expected to try. The student performed with some errors of commission or omission that would lead the preceptor to a conclusion that the student did not meet competency in the skill being evaluated.

Program Specific Information for evaluation:

Preparatory Competencies										
		Date & Initial When Student Deemed Competent								
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
1	select, don, doff and properly/safely discard PPE				☐R					
2	determine a patient's level of consciousness				☐R					
3	assess a patient for a patent airway.				☐R					
4	assess a patient for breathing and provide depth, rate, quality.				☐R					
5	acquire a pulse and provide rate, rhythm, and strength				☐R					
6	assess the skin color, temp, and moisture, turgor in an adult				☐R					
7	assess capillary refill				☐R					
8	assess the pupils as to equality, size, reactivity, accommodation				☐R					
9	obtain an auscultated blood pressure				☐R					
10	obtain a palpated blood pressure				☐R					
11	obtain a SAMPLE history				☐R					
12	operate a stretcher				☐R					
13	operate a stair chair				☐R					

Preparatory Competencies (continued)										
		Date & Initial When Student Deemed Competent								
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
14	provide proper patient lifting and moving techniques				☐R					
15	perform a simulated, organized, concise radio transmission (lab setting)				☐R					
16	perform pt. report that would be given to staff at receiving facility (lab setting)				☐R					
17	Perform report that would be given to ALS provider in (lab setting)				☐R					
18	Complete pre-hospital care report (lab setting)				☐R					

Airway Oxygen and Ventilation Competencies

		Date & Initial When Student Deemed Competent								
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
1	perform a chin-lift during an airway scenario.				☐R					
2	perform a jaw thrust during an airway scenario.				☐R					
3	perform suctioning using soft/rigid suction devices during an airway scenario .				☐R					
4	assemble, connect to O_2 and ventilate with a BVM during an airway scenario.				☐R					
5	ventilate using a BVM for 1 min at the appropriate rate.				☐R					
6	artificially ventilate patient w/stoma.				☐R					
7	insert OP airway during an airway scenario.				☐R					
8	insert NP airway during an airway scenario.				☐R					
9	operate an O_2 tank and regulator.				☐R					
10	use a non-rebreather and adjust O_2 flow requirements needed during an airway scenario.				☐R					
11	use a nasal cannula and adjust O_2 flow requirements needed during an airway scenario.				☐R					
12	use a Venturi mask during an airway scenario.		[redacted]	[redacted]	☐R					

Airway Oxygen and Ventilation Competencies (continued)										
		Date & Initial When Student Deemed Competent								
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
13	use a supraglottic airway in a scenario.				☐R					
14	use and interpret pulse oximetry in a scenario				☐R					
15	apply and use capnography in a scenario.				☐R					

Patient Assessment Competencies

		Date & Initial When Student Deemed Competent								
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
1	identify potential hazards while performing a scene size-up				☐R					
2	assess mental status in a scenario				☐R					
3	assess the airway in a scenario				☐R					
4	assess if a patient is breathing in a scenario				☐R					
5	assess if a patient has a pulse in a scenario				☐R					
6	assess a patient for external bleeding in a scenario				☐R					
7	assess patient skin color, temperature, moisture, and turgor in scenario				☐R					
8	prioritize a patient in a scenario				☐R					
9	assess a responsive patient with no known history in a scenario				☐R					
10	assess an unconscious/ALOC patient in a scenario				☐R					
11	perform a secondary assessment in a scenario				☐R					
12	perform a reassessment in a scenario				☐R					

Medical, Behavioral and OB/GYN Competencies

		Date & Initial When Student Deemed Competent								
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
1	assist a patient with self-administration of medication				☐R					
2	read labels and confirm each type of medication				☐R					
3	perform steps in using an inhaler in a scenario.				☐R					
4	apply and operate an AED in a scenario with CPR.				☐R					
5	perform steps to administer nitroglycerin for chest pain/discomfort in a scenario.				☐R					
6	perform steps to administer aspirin for chest pain/discomfort in a scenario.				☐R					
7	apply and obtain a 12 lead ECG to include Vr4, V8 and V9.				☐R					
8	provide emergency medical care for a patient taking diabetic medicine w/ALOC in a scenario.				☐R					
9	perform steps to administer of oral glucose in a scenario.				☐R					
10	use a glucometer in a scenario.				☐R					
11	Perform steps to administer and dispose of epinephrine in a scenario.				☐R					

Medical, Behavioral and OB/GYN Competencies										
		Date & Initial When Student Deemed Competent								
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
12	perform steps to administer of naloxone via the intra-nasal route in a scenario.				☐R					
13	assess and care for a patient with a behavioral emergency in a scenario				☐R					
14	safely restrain pt. with behavioral problem in scenario.		[redacted]	[redacted]	☐R					
15	Assess and provide care for the pregnant female				☐R					
16	assist in a normal cephalic delivery.				☐R					
17	perform neonatal assessment and care procedures.				☐R					
18	provide post-delivery care of newborn.				☐R					
19	determine how and when to cut umbilical cord.				☐R					
20	perform the steps for the delivery of the placenta.				☐R					
21	provide post-delivery care of the mother.				☐R					
22	perform the procedures for abnormal deliveries (vaginal bleeding, breech birth, prolapsed cord, limb presentation, and nuchal cord).				☐R					
23	Assess and care for a patient suffering from GI/GU emergency in a scenario.				☐R					

Medical, Behavioral and OB/GYN Competencies											
		Date & Initial When Student Deemed Competent									
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
24	Assess and care for a patient suffering from a toxicology emergency in a scenario.				☐R					
25	communicate effectively and appropriately with the patient during a medical scenario.				☐R					
26	complete a PPCR for various medical patients at the conclusion of the scenarios.				☐R					

Trauma

		Date & Initial When Student Deemed Competent								
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
1	perform direct then diffuse pressure by applying dressing to the head				☐R					
2	perform direct then diffuse pressure by applying dressing to the torso				☐R					
3	perform direct then diffuse pressure by applying dressing an extremity				☐R					
4	use a commercial tourniquet for an extremity injury.				☐R					
5	care for a patient with signs and symptoms of internal bleeding/shock				☐R					
6	care for closed soft tissue injuries			[redacted]	☐R					
7	Care for facial injuries				☐R					
8	Care for eye injuries				☐R					
9	Care for epistaxis		[redacted]	[redacted]	☐R					
10	care for an open neck wound		[redacted]	[redacted]	☐R					
11	Care for an open chest wound		[redacted]	[redacted]	☐R					
12	care for an open abdominal wounds		[redacted]	[redacted]	☐R					
13	Care for an open groin injury		[redacted]	[redacted]	☐R					

Trauma (continued)										
		Date & Initial When Student Deemed Competent								
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
14	care for an impaled object				☐R					
15	care for a patient with an amputation and the amputated part				☐R					
16	care for a patient with superficial burns		[redacted]	[redacted]	☐R					
17	care for a patient with partial thickness burns				☐R					
18	care for a patient with full thickness burns			[redacted]	☐R					
19	care for a patient w/chemical burns			[redacted]	☐R					
20	care for a patient with a painful swollen deformed forearm				☐R					
21	care for a patient with a painful swollen deformed upper arm				☐R					
22	care for a patient with a painful swollen deformed clavicle				☐R					
23	Care for a patient with a painful hip/pelvis				☐R					
24	care for a patient with a painful swollen deformed upper leg				☐R					
25	care for a patient with a painful swollen deformed lower leg				☐R					
26	care for a patient with a painful swollen deformed ankle/foot/wrist				☐R					

Trauma (continued)										
		Date & Initial When Student Deemed Competent								
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
27	opening the airway in a patient with a suspected spinal cord injury during a scenario				☐R					
28	evaluate and manage a responsive patient with a suspected spinal cord injury during a scenario				☐R					
29	stabilize a patient's cervical spine				☐R					
30	perform a four person log roll for a patient with a suspected spinal cord injury				☐R					
31	log roll a patient with a suspected spinal cord injury using two people				☐R					
32	secure a patient to a long spine board				☐R					
33	Immobilization of the pregnant female		[redacted]	[redacted]	☐R					
34	secure a patient to a short board				☐R					
35	perform rapid extrication on a patient				☐R					
36	perform the preferred methods for stabilization of a helmet				☐R					
37	perform the helmet removal techniques				☐R					
38	Assess and care for a patient experiencing an environmental emergency (heat/cold, near drowning)				☐R					

Trauma (continued)										
		Date & Initial When Student Deemed Competent								
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
39	communicate effectively and appropriately with the patient during a trauma scenario				☐R					
40	complete a PPCR for various trauma patients at the conclusion of the scenarios.				☐R					

Infants & Children and Operations										
		Date & Initial When Student Deemed Competent								
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
1	Provide artificial ventilations with a BVM at the appropriate rate for the infant				☐R					
2	Provide artificial ventilations with a BVM at the appropriate rate for the child				☐R					
3	Provide oxygen delivery for the infant and child				☐R					
4	perform a primary, secondary , and reassess an infant in a scenario				☐R					
5	perform a primary, secondary and reasses a child in a scenario				☐R					
6	Perform triage during a scenario of a mass casualty incident				☐R					

Signature Page

Evaluator Name (Print Clearly)	Evaluator Signature	Evaluator Initials

Signature Page (continued)

Evaluator Name (Print Clearly)	Evaluator Signature	Evaluator Initials

Faculty Signature Page

Faculty Evaluator Name (Print Clearly)	Faculty Evaluator Signature	Faculty Evaluator Initials

Final Verification of Student Competency

Program Director Final Verification of Competency::

Print Name **Signature:** **Date Verified:**

Physician Course Director Final Verification of Competency:

Print Name **Signature:** **Date Verified:**