Virginia Department of Health

Office of Emergency Medical Services

Quarterly Report to the

State EMS Advisory Board

August 7, 2009

Executive Management

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

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

I. Executive Management

a) VDH Establishes Office of H1N1

The following correspondence was distributed on July 13, 2009 from Karen Remley, State Health Commissioner:

Dear Colleague:

I thank each of you for your incredible effort and dedication in helping the agency respond to the H1N1 influenza outbreak. This ongoing situation has increased attention to VDH and Virginia's public health system. I have briefed Governor Kaine and Secretary Tavenner concerning the situation and our planned response. They are impressed with our performance and grateful for your service and are aware that this evolving situation could become more difficult in the months ahead. Simply put, the continuing H1N1 outbreak presents challenges and opportunities for us all.

We continue to carefully monitor this outbreak and continue to respond to new cases of H1N1 throughout the state. At the same time, we are fine-tuning our response plans so that we remain prepared to protect public health if, as is possible, the current outbreak intensifies this fall and lasts for an extended period. Our planning focuses on surveillance, mitigation, vaccination, communication and direct clinical services.

Our In-Progress Review concluded that the agency's initial response to the outbreak of a novel strain of Influenza A (H1N1) was generally a success. This event gave VDH the opportunity to gauge areas of potential vulnerability if the outbreak grows more severe. This event also helped VDH to recognize the need to leave plans flexible enough to respond to emergencies in a way that is consistent with the actual situation.

VDH, with its vast array of responsibilities, seeks to balance effective and timely H1N1 response and planning with all of our other important public health work. To support our H1N1 response, VDH anticipates receiving a substantial amount of federal funding (current estimates range from $3 million to $7 million), which we will need to allocate in a very short period of time.

With this in mind, and to ensure that VDH effectively manages the unique and complex operational priorities associated with responding to H1N1, I have established the VDH Office of H1N1 Influenza Response, effective immediately. The Office has the following objectives:

- Promote and ensure coordination among VDH operating units to promote efficient, effective planning and response.

- Operationalize In-Progress Review recommendations into an H1N1 Project Plan, with defined deliverables, timelines and accountability.

- Monitor progress of the H1N1 Project Plan, identify issues that are affecting progress, and work to resolve those issues to the extent practical.

- Ensure issues pertaining to accomplishment of the H1N1 project plan are brought to Commissioner for resolution when needed, and as appropriate.

Dr. Diane Helentjaris will serve as the Office Director, on a part-time basis. In this capacity she will report directly to me.

The full-time office staff will include the following individuals in the following roles, each reporting to the Office Director:

- Lesliann Helmus (Office of Epidemiology) – Subject matter expert
- Kim Allan (Emergency Preparedness and Response) – Project manager
- A.J. Hostetler (Communications) – Public information officer
- Lisa Hague (Emergency Preparedness and Response) – Administrative professional

Lesliann, Kim, A.J. and Lisa are re-assigned to the Office of H1N1 Influenza Response, where their work will be in lieu of their normal job responsibilities. Arrangements are being made to enable the respective operating units to backfill their job positions in a timely manner.

The Office of H1N1 Influenza Response will remain operational for a minimum of six months, at which time the continued need for the office will be reassessed.

In conclusion, I would like to again commend each of you for the outstanding service that you continue to provide to the citizens of Virginia. As we move forward, I want to ensure that VDH receives a grade of "A+" from the Governor, the General Assembly and the people of Virginia for its response to the H1N1 outbreak. I also expect that our local

health departments and private clinicians will continue to receive meaningful and timely guidance and support. This is a great opportunity for VDH to shine before a large audience, and for us to demonstrate to policy makers who provide our funding the great value that we provide to the Commonwealth.

Thank you for your continued support.

Best,

Karen Remley, MD, MBA, FAAP
Commissioner, Virginia Department of Health
109 Governor Street
Richmond, VA 23219
1-804-864-7009
1-804-864-7022 fax
karen.remley@vdh.virginia.gov

Influenza Update - The National Association of State EMS Officials (NASEMSO)

Note: The Virginia Office of EMS is an active participant in the NASEMSO and has leadership roles in each NASEMSO Council.

b) NASEMSO Responds to H1N1 Influenza Crisis; Reminds Members of EMS and 9-1-1 Guidelines

NASEMSO members have been extremely involved in a variety of activities related to the recent outbreak of the H1N1 virus. EMS officials at every level are reminded of *"EMS Pandemic Influenza Guidelines for Statewide Adoption" and "Preparing for Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel"* documents which were developed through a cooperative agreement between NASEMSO and NHTSA in 2007. They remain consistent with emerging information on the H1N1 strain and are available at www.ems.gov and www.pandemicflu.gov. An assessment of the severity of an influenza pandemic has recently been posted by the World Health Organization.

Novel influenza A (H1N1) activity is now being detected through CDC's routine influenza surveillance systems and reported weekly in FluView. CDC tracks U.S. influenza activity through multiple systems across five categories. The fact that novel H1N1 activity can now be monitored through seasonal surveillance systems is an indication that there are higher levels of influenza-like illness in the United States than is normal for this time of year. About half of all influenza viruses being detected are novel H1N1 viruses.

c) NASEMSO Members Help Develop CDC Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection

NASEMSO members provided assistance to the CDC for the development of *"Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection"* available at http://www.cdc.gov/swineflu/guidance_ems.htm.

d) Link to EMS Checklist for Pandemic Planning

The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) previously developed a checklist to help emergency medical services (EMS) and non-emergent (medical) transport organizations assess and improve their preparedness for responding to pandemic influenza. Click here to download the *"Emergency Medical Services and Non-Emergent (Medical) Transport Organizations Pandemic Influenza Planning Checklist."*

e) Link to Additional NASEMSO Resources for H1N1

A "*SAMPLE Pandemic Influenza Virulent Infectious Disease Protocol for EMS and Dynamic System Severity Tool"* is also available on the NASEMSO web site at www.nasemso.org. Provided for illustrative purposes only, it is one example of how resources may be evaluated and reallocated within an EMS system during an influenza pandemic. *"What Is All the Fuss? A 'Just-in-Time' Primer on H1N1 Influenza A and Pandemic Influenza"* was posted as a self learning tool on the NASEMSO web site on May 1.

f) Clarification Related to Facemasks and N-95 Respirators Related to H1N1 Influenza Virus

NASEMSO has received several questions related to the use of surgical facemasks and N-95 respirators in the wake of the H1N1 outbreak. The following bullet points have been extracted from multiple CDC and FDA guidance documents for the convenience of WU readers:

1) Based on currently available information, for non-healthcare settings where frequent exposures to persons with novel influenza A (H1N1) are unlikely, masks and respirators are not recommended.

2) All patients with acute febrile respiratory illness should wear a surgical mask, if tolerated by the patient. Persons who are ill with influenza-like symptoms should stay home and limit contact with others as much as

possible. When not alone or in a public place, protect others by wearing facemasks (meaning surgical masks) to reduce the number of droplets coughed or sneezed into the air and the time spent in crowded settings should be as short as possible.

3) Respirators (meaning N-95 or higher filtering facepiece respirator certified by NIOSH) should be considered for use by individuals for whom close contact with an infectious person is unavoidable. This can include selected individuals who must care for a sick person (e.g., family member with a respiratory infection) at home.

4) Pending clarification of transmission patterns for this virus, EMS personnel who are in close contact with patients with suspected or confirmed swine-origin influenza A (H1N1) cases should wear a fit-tested disposable N95 respirator, disposable non-sterile gloves, eye protection (e.g., goggles; eye shields), and gown, when coming into close contact with the patient.

5) All EMS personnel engaged in aerosol generating activities (e.g. endotracheal intubation, nebulizer treatment, and resuscitation involving emergency intubation or cardiac pulmonary resuscitation) should wear a fit-tested disposable N95 respirator, disposable non-sterile gloves, eye protection (e.g., goggles; eye shields), and gown, unless EMS personnel are able to rule out acute febrile respiratory illness or travel to an endemic area in the patient being treated.

6) The FDA issued an Emergency Use Authorization (EUA) for N95 respirators on April 27, 2009. This EUA permits the deployment of these products, accompanied by fact sheets with information for use during the 2009 H1N1 flu virus emergency, from the Strategic National Stockpile for use by the general public to help reduce wearer exposure to airborne germs during this emergency. The specific products covered by the EUA are identified by manufacturer and model number (see http://www.fda.gov/cdrh/emergency/N95-authorization.html).

7) The term "general public" in this EUA is broad and includes people performing work-related duties, for example in occupational health care settings. However, this EUA does not affect Occupational Safety and Health Administration (OSHA) requirements. If respirators are used for people in occupational settings, employers must comply with the OSHA Respiratory Protection Standard, (29 CFR 1910.134), which can be found at http://www.OSHA.gov.

8) The EUA does not waive fit testing and other OSHA requirements that apply when respirators are used for people performing work-related duties.

9) The EUA did authorize the release of N-95 respirators from the Strategic National Stockpile (SNS) for "persons performing work-related duties," presumably public health and safety personnel such as EMS. While NASEMSO has not received a federal agency clarification related to "general public," it seems that the definition was intentionally broad to permit public health authorities to determine appropriate distribution of N-95 respirators for their populations at risk.

g) CMS Provides IG Supporting EMS Participation in Protocol Development

The Centers for Medicare and Medicare Services (CMS) have issued interpretive guidelines (IGs) for state survey agencies related to the 2009 EMTALA regulations. The revised regulations permit the voluntary use of "Community Care Plans" (CCP) to help relieve the EMTALA burden for on-call specialists. The IG also advocates including EMS in discussions related to the development and community level plans and protocols, specifically…

> *"The delivery of pre-hospital medical services is quite varied throughout the country and there are no specific EMTALA requirements that pertain to the development of EMS protocols. However, if there are EMS protocols in effect in part or all of the areas served by the CCP, then there must be an attestation by the CCP-participating hospitals that the CCP arrangement information has been communicated to the EMS providers and will be updated as needed so that EMS providers have the opportunity to consider this information when developing protocols. In addition, hospitals which are in the process of developing and refining their own CCPs may want to consider including input from the EMS providers that serve their DEDs so as to facilitate the efficient implementation of the CCP. For communities that do not have formalized EMS protocols, hospitals participating in a CCP would still be well-advised to inform individual EMS providers of the CCP arrangements amongst the hospitals in the geographic area specified in the plan."*

This position seems to support the role of EMS in the concept of regionalization of specialty care. Because ambulance diversion is frequently related to the (lack of) availability of specialized services and practitioners, the CMS ruling shows insight to the problem and NASEMSO applauds their efforts to identify EMS as a valued component of the health care system.

h) Mask and Respirator Shortfalls Predicted if True Influenza Pandemic Occurs

The Department of Health and Human Services (HHS) says the nation would need more than 30 billion masks- 27 billion of the simple surgical variety which can be worn safely for only about two hours before needing replacement, and 5 billion of the sturdier N95 respirator variety, which also requires regular replacement — to protect all Americans adequately in the event of a serious epidemic. However, the Centers for Disease Control

and Prevention (CDC) Strategic National Stockpile currently contains only 119 million masks -39 million surgical and 80 million N95 respirators. The U.S. mask shortfall stands in stark contrast to what other nations have on hand: the U.S. has one mask for every three Americans (masks are not supposed to be shared), while Australia has 2.5 masks per resident and Great Britain boasts six. To read the entire article, please visit: http://www.time.com/time/health/article/0,8599,1899526,00.html.

i) UPDATED: Interim Guidance for Facemask and Respirator Use to Reduce H1N1 Virus Transmission

The Centers for Disease Control and Prevention (CDC) has provided updated interim guidance on the use of facemasks and respirators for decreasing the exposure to the novel influenza A (H1N1) virus. This guidance replaces other CDC guidance on mask and/or respirator use that may be included in other CDC documents in regards to the outbreak of novel H1N1 virus.

No change has been made to guidance on the use of facemasks and respirators for health care settings but the document DOES include guidance on facemask and respirator use for a wider range of settings than was included in previous documents. It also includes recommendations for those who are at increased risk of severe illness from infection with the novel H1N1 virus compared with those who are at lower risk of severe illness from influenza infection.

Information on the use of facemasks and respirators in health care settings can be found at http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm.

j) Vehicle Telematics Initiative Will Provide Needed Research for EMS Trauma Triage Protocols

Deciding whether a victim of a vehicle crash requires care at a trauma center is a life or death decision for emergency medical responders. In a new report released by the CDC, the findings of a national expert panel comprised of leaders in emergency care, public health, safety, and automotive experts found that using available vehicle telematics technology, such as Advanced Automatic Collision Notification (AACN), shows promise in helping save lives through the potential to predict the severity of injuries of vehicle crash victims and the use of rapid communication and vehicle locating capabilities. Previous CDC-supported research indicates care at a Level I trauma center lowers the risk of death by 25 percent for severely injured patients, compared with treatment received at a hospital without trauma care services. The CDC Foundation and CDC recently hosted a telephone briefing to discuss the findings of an expert panel on the use of Advanced Automatic Collision Notification for emergency triage of motor vehicle crash victims. The report on the findings has been posted on line.

k) NASEMSO Previews National EMS Education Standards Gap Analysis Template

Because states may need to revise or develop processes to facilitate a smooth transition from the *U.S. Department of Transportation's National Standard Curricula* (NSC) to the new *National EMS Education Standards*, the National Association of State EMS Officials (NASEMSO) collaborated with a panel of EMS experts to establish the *2009 National EMS Education Standards Gap Analysis Template*. The purpose of the gap analysis is to identify skills, content, and new course considerations not included in the previous NSC for each EMS practitioner level. As discussed at the 2009 NASEMSO Mid-Year Meeting, the draft has been forwarded to NASEMSO members for advance comment and it will be further distributed for stakeholder review on July 7. A final document is expected by the end of the month. Additional info will be posted on the NASEMSO web site as it becomes available.

Other EMS News Across the Nation

l) ADA Emergency Preparedness Guide for Local Governments Useful to EMS

Making local government emergency preparedness and response programs accessible to people with disabilities (including helping people prepare for and respond to emergencies) is a critical part of protecting citizenry from harm. Making these programs accessible is also required by the Americans with Disabilities Act of 1990 (ADA). OEMS wishes to highlight an EP guide that can help EMS agencies identify needs and evaluate effective emergency management practices for persons with disabilities that is easy to use and available from the Department of Justice-- "Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities" which can be found on the NASEMSO web site.

m) Senator Leahy Introduces Bill Extending Death Benefits to Non-Profit EMS

On June 25, U.S. Senator Patrick Leahy (D-Vt.) introduced legislation to extend the federal Public Safety Officers Benefits (PSOB) program to paramedics and emergency medical technicians killed or disabled in the line of duty who are employed by nonprofit organizations and ambulance services. U.S. Senator Bernie Sanders (I-Vt.) is a cosponsor of the bill. Named the "Dale Long Emergency Medical Service Providers Protection Act" in honor of the Bennington emergency medical service provider who was tragically killed in an ambulance accident. The bill would extend federal death benefits under the Public Safety Officers' Benefit (PSOB) program which is run by he U.S. Department of Justice to those paramedics and EMTs who are employed by a non-profit ambulance agency.

n) House Passes Homeland Security Appropriations Bill Including EMS Language

On June 24, the U.S. House of Representatives by a vote of 389 to 27 passed the FY2010 Homeland Security Appropriations Bill (H.R. 2892) and the accompanying committee report (House Report 111-157). The committee report included language, secured by the American Ambulance Association (AAA) and targeted AAA member contacts, on emergency medical services. The language would strengthen the role of emergency medical service providers in state and local emergency preparedness planning and in obtaining homeland security funding for the purchase of personal protection equipment. The report accompanying the version of the bill passed by the Senate Committee on Appropriations does not include the language on EMS. When the Senate passes their bill and the House and Senate go to conference to reconcile the different bills, the AAA will be pushing for the inclusion of the EMS language in the final conference report.

o) Level I versus Level II trauma centers: an outcomes-based assessment.

Trauma centers improve outcomes compared with nontrauma centers, although the relative benefit of different levels of major trauma centers (Level I vs. Level II hospitals) remains unclear. Authors sought to determine whether there was a difference in the patient outcome in trauma victims taken to Level I versus Level II trauma centers. CONCLUSIONS: Patients taken to Level I centers had improved survival and better functional outcomes compared with injured persons taken to Level II hospitals. Source: J Trauma. 2009 May; 66(5):1321-6

p) Implementation of the EMS Education Agenda: 2009 National EMS Education Standards Gap Analysis Template Now Available

The National Association of State EMS Officials (NASEMSO) announces the availability of a new document intended to support national implementation of the *EMS Education Agenda for the Future: A Systems Approach (Education Agenda)*. Developed to support State implementation activities, the *"2009 National EMS Education Standards Gap Analysis Template"* describes key transition elements and provides greater understanding about the differences between the National Standard Curricula and the recently published EMS Education Standards. The content includes:

a) Introduction
b) Cross Reference of Education Standards and Instructional Guidelines
c) Glossary of Abbreviations and Terms
d) Knowledge and Skill Comparison: Emergency Medical Responder
e) Knowledge and Skill Comparison: Emergency Medical Technician
f) Knowledge and Skill Comparison: Advanced Emergency Medical Technician
g) Knowledge and Skill Comparison: Paramedic
h) "Essential" Content for Transition Courses
i) Skill Spreadsheet: National Standard Curricula to National SOP Model
j) Blank Checklist for Stakeholder Use

The *2009 National EMS Education Standards Gap Analysis Template* is intended for use by States, educators and others as they begin to define the specifics of what will be different at the state and local level between current EMS education delivery and future EMS education delivery. States will find this resource useful to consider "gaps" between an existing scope of practice compared to what may be implemented under the new SOP model and the Education Standards. Educators may similarly use this document to begin identifying educational content that will need to be accounted for in the transition of existing EMS personnel as well as the delivery of new programs in the future. Publishers may find it helpful in the development of adjunct material to support the implementation of the Education Agenda.

Any subsequent edits or corrections will be made through the NASEMSO version on the Association's web site. NASEMSO is not responsible for versions of the document re-distributed by other parties. The *2009 National EMS Education Standards Gap Analysis Template is* now available on the NASEMSO web site at www.nasemso.org. An *Education Agenda Implementation Timeline* is currently under development and the annual survey on state implementation of the *Education Agenda* (the "dot" survey) is currently in progress. These materials are expected to be available at the 2009 NASEMSO Annual Meeting in Little Rock, AR September 20-25, 2009.

Administration and Finance

II. Administration and Finance

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

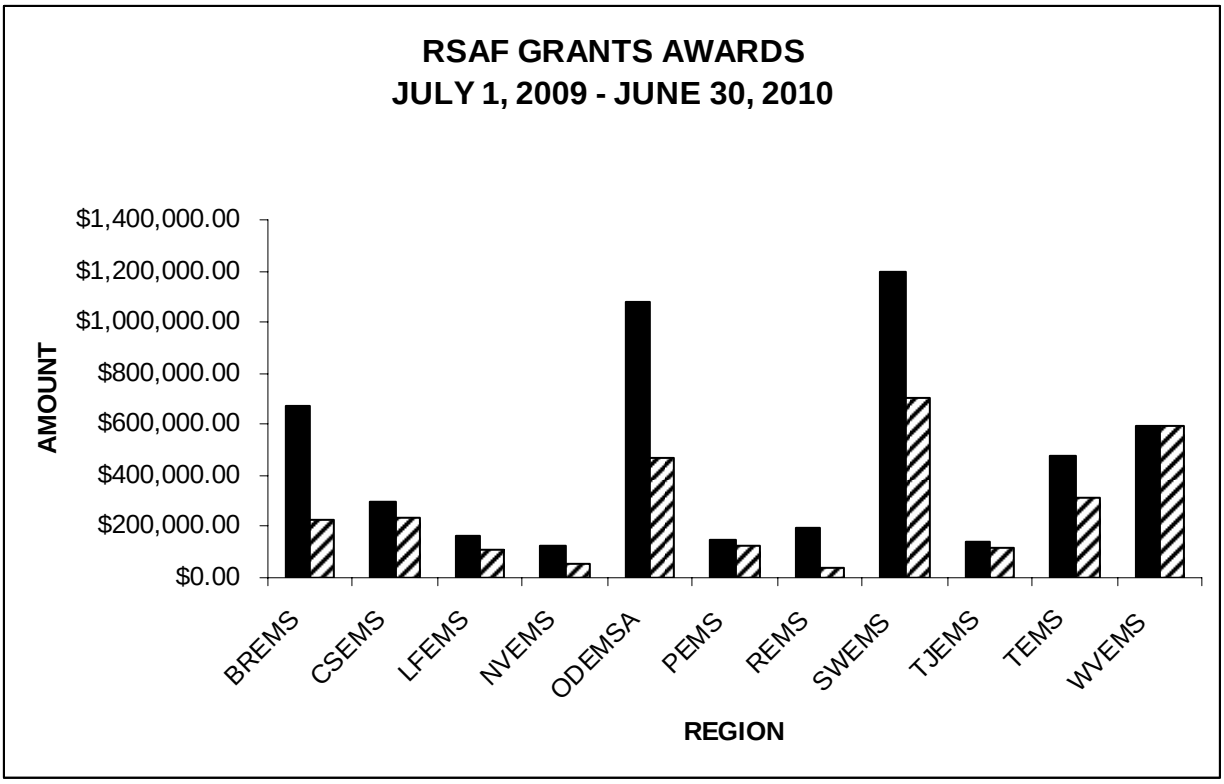
The RSAF grant deadline for the Spring 2009 cycle was March 16, 2009, OEMS received 111 grant applications requesting $5,165,054.00 in funding, OEMS awarded 98 agencies for $3,062,327.00 (**see attached award list – APPENDIX A.**). The following agency categories were awarded funding for the March 2009 grant cycle:

- 62 Volunteer Agencies awarded $1,760,393.00
- 28 Government Agencies awarded $1,003,139.00
- 8 Non-Profit Agencies awarded $298,795.00

The following regional areas requested funding in the following amounts:

- Blue Ridge EMS Council – 8 agencies awarded funding of $228,781.00
- Central Shenandoah EMS Council – 8 agencies awarded funding of $234,421.00
- Lord Fairfax EMS Council – 6 agencies awarded funding of $109,648.00
- Northern Virginia EMS Council – 1 agency awarded funding of $55,072.00
- Old Dominion EMS Alliance – 17 agencies awarded funding of $468,421.00
- Peninsulas EMS Council – 4 agencies awarded funding of $124,766.00
- Rappahannock EMS Council – 2 agencies awarded funding of $36,052.00
- Southwestern Virginia EMS Council – 22 agencies awarded funding of $707,234.60
- Thomas Jefferson EMS Council – 3 agencies awarded funding of $119,370.00
- Tidewater EMS Council – 8 agencies awarded funding of $315,040.00
- Western Virginia EMS Council – 18 agencies awarded funding of $597,521.00

Figure 1: Awarded Amount by Region



RSAF Grants were awarded to agencies for the following amount by item awarded:

- Audio Visual and Computers - $11,259.00
  - Includes projectors, screens, computers and other audio visual equipment.

- Basic and Advanced Life Support Equipment - $790,087.00
  - Includes any medical care equipment for sustaining life, including defibrillation, airway management, and supplies.

- Communications - $200,883.00
  - Includes items for EMS dispatching, mobile/portable radios, pagers, and other communications system technology.

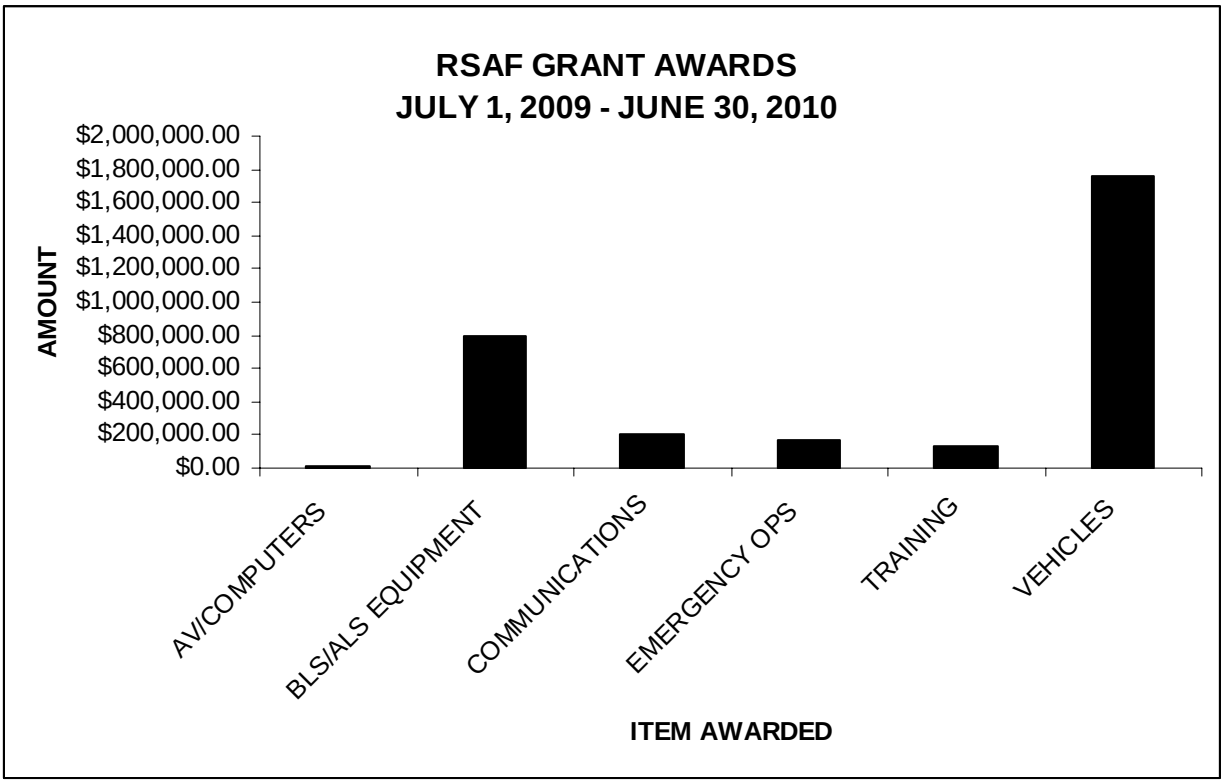
- Emergency Operations - $165,817.00
  - Includes items such as Mass Casualty Incident (MCI) trailers and equipment, Disaster Medical Assistance Team (DMAT) equipment, extrication equipment, and Health and Medical Emergency Response Team (HMERT) vehicles and equipment. The Emergency Operations

category also includes any other equipment or items needed in order to rapidly mobilize and dispatch help in emergency situations.

- Training - $131,373.00
  - This category includes all training courses and training equipment such as manikins, simulators, skill-trainers and any other equipment or courses needed to teach EMS practices.

- Vehicles - $1,762,909.00
  - Includes ambulances, quick response vehicles, all-terrain vehicles and tow vehicles.

Figure 2: Requested by Item



The next RSAF Grant cycle will open August 3, 2009 and close September 15, 2009. These grants will be awarded on January 1, 2010.

b) Grant Web Based Program

OEMS is continuing development of the web based program for the Financial Assistance for Emergency Medical Services Grant Program, known as RSAF. The business analyst has completed the project charter and project proposal as required by the Virginia

Information Technology Agency (VITA) and is awaiting review. This grant management system will consolidate all grant application information, grant review data and necessary reports into one database that can be accessed via the internet. The Business Analyst has met with the Virginia Department of Health (VDH) – Office of Information Management (OIM) to discuss utilizing an off-the-shelf software program vs. developing the system internally. The Business Analyst is planning on holding Joint Application Development (JAD) sessions in regional areas during the beginning of 2009 in order to gain user group input for the web development.

c) Other Grant Programs

Emergency Medical Services Registry (EMSR) Grant Program

OEMS along with the grant acquired through the Department of Homeland Security (DHS) awarded funding in the amount of $3,901,850.00 to 106 eligible localities throughout Virginia to purchase 1,069 Panasonic ToughBook 19 computers:

See attached award list - APPENDIX B
See map of awarded localities – APPENDIX C)

OEMS received $4,390,950.00 in requests from 114 localities. OEMS identified a list of criterion that was used to review the applications and then awarded the localities that met that criterion.

The ToughBook computers will be "loaned" out to the eligible agencies awarded within the locality to access the selected OEMS software, ImageTrend, to electronically submit pre-hospital patient care (PPCR) reports. OEMS is working with the selected vendor, ImageTrend, regarding training for the selected software. OEMS along with ImageTrend will provide state wide training and each agency will be notified directly by OEMS regarding training. Shipping will take a minimum of 60 days from the date of order and will be shipped with OEMS/ImageTrend software already loaded on the equipment.

Personal Protective Equipment (PPE) Grant Program

OEMS announced a 100% funding (no match) grant opportunity on July 13, 2009 to all non-profit, volunteer and governmental EMS and Fire agencies licensed in Virginia to purchase PPE (surgical masks). All grant applications have to be submitted by the local governing body (city/county manager) and then dispersed to all eligible agencies by the locality. This grant application can be found at the OEMS website at http://www.vdh.virginia.gov/OEMS/Grants/PPEGrant.htm . This is a reimbursement grant to be coordinated through the locality on behalf of the eligible agencies to purchase surgical masks to be used during a state declared pandemic event. The grant announcement, grant application, grant instructions and eligible agencies listing.

Division of Educational Development

III. Educational Development

Committees

The Professional Development Committee (PDC)

The committee met on July 8, 2009. Copies of past minutes are available from the Office of EMS web page at: http://www.vdh.virginia.gov/OEMS/Training/Committees.htm

Action Items:

The PDC unanimously approved the following changes to the Mission Statement and adopted the Visions Statement and Core Objectives:

MISSION: The Professional Development Committee will, in collaboration with the Medical Direction Committee and other stakeholders, promote quality educational, operational and other affiliated aspects related to the enhancement of the EMS profession across the Commonwealth.

VISION: The Professional Development Committee (PDC) will review and recommend changes for:

- policies and regulations affecting the training and certification of pre-hospital providers
- procedures and guidelines for each level of certification
- standardized education and testing curricula
- training and continuing education requirements and improvements
- monitoring of EMS training programs
- Quality Assurance, Quality Improvement and accreditation for educational programs.

Working with our various stakeholders, the PDC will be forward-thinking, utilizing best practices identified in the delivery of EMS, recommend implementation of cutting-edge technology and encourage EMS educators and providers to strive for professional development and excellence in coordination, management and instruction to ensure that students and providers receive the best initial and continuing education to insure quality patient care.

CORE OBJECTIVES:

Expand availability of Quality EMS Training. - Promote the professionalism of EMS by aligning all initial EMS educational programs to that of other allied health professions. Assure competent entry-level providers by having all EMS programs accredited with accreditation at the EMT level as an **option**.

Enhance Competency Based Training Programs. – Research and implement alternatives to the practical examination such as successful completion of a recognized competency–based training program conducted by an accredited site and the use of computer-based technology for written examinations.

Assure Quality and Evaluation - Update the certification process to assure certification examinations continue to be valid, psychometrically sound and legally defensible, using subject matter experts and documents such as: the *Virginia Scope of Practice, EMS Education Standards* and *AEMS Council Practice Analysis*.

Develop Partnerships with Stakeholders - Promote collaborative educational activities between local government, EMS agencies, hospitals and community colleges to support more community-based EMS programs which lead to increased recruitment and retention of certified EMS Providers.

This information was forwarded to the FLAP Committee as requested.

The next meeting of the PDC is scheduled for Wednesday, October 7, 2009

The Medical Direction Committee (MDC)

The MDC met on July 9, 2009. Copies of past minutes are available from the Office of EMS web page at: http://www.vdh.virginia.gov/OEMS/Training/Committees.asp

The Medical Direction Committee (MDC) completed the review of the Virginia Scope of Practice Procedures and Formulary documents at the meeting and will be submitting them for review at the Governors Advisory Board.

Advanced Life Support Programs

An ALS-Coordinator's Meeting was held on July 10th in Roanoke at the Jefferson College of Health Sciences with 25 ALS-Coordinators attending.

An ALS-Coordinator's Seminar (Administrative Program) was held on July 11th in Roanoke for ALS-Coordinator candidates who wish to become ALS-Coordinators. There are presently 72 candidates were invited to the program and 28 candidates completed the program.

Basic Life Support Program

A. Instructor Institutes

1. Fourteen (14) candidates attended the Instructor Institute in Blacksburg June 13-17, 2009. All successfully completed the Institute.

2. Thirty-two (32) Instructor Candidates were invited attended the Instructor Practical Exam on Saturday, August 1, 2009 in the Lord Fairfax EMS Council Area. The Office will hold the final Pilot of the New BLS Practical Exam processes, forms and stations at this teat site.

3. The final Instructor Institute for 2009 is scheduled for October 10-14, 2009 and will be held in the Winchester area.

4. With the new Education Standards looming on the horizon, effective June 28, 2009, the Office of EMS has temporarily suspended the Written Pretest for the EMT-Instructor Certification in order to conduct the first major re-write since 1995.

   Although there have been updates to the Instructor Written Pre-test over the years, the core exam is strictly based on the D.O.T. 1994 EMT-B National Standard Curriculum. The Division of Education Development (DED) is anticipating implementation of the Education Coordinator Certification in 2010 with the new Regulations and use of the Education Standards in programs in 2011. Instructor Candidates obtain 2-year eligibility after successfully passing the written pre-test, so Candidates who pass the exam this year may earn their Instructor Certification around the time the Education Standards are implemented. As such, the DED felt now was the appropriate time to rewrite the exam and begin basing it on the Education Standards and Practical Analysis since new Instructors will need to use the resources in order to teach in the future.

   The DED plans to complete the rewrite and information on how to prepare for the exam no later than October 31, 2009, preferably sooner. Please stay tuned as more information becomes available. If you have any questions or concerns, please contact Greg Neiman, BLS Training Specialist. (Gregory.Neiman@vdh.virginia.gov).

B. EMS Instructor Updates:

1. In response to the current budget situation the Division of Educational Development has implemented monthly online

Instructor Updates. We held successful updates in June and July. In-order to ensure Instructors actually participate in the webinar, they must successfully pass a quiz after completing the update in order to gain credit for attending. The schedule of future update can be found on the web: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm

2. The DED has also scheduled a few in-person updates for 2009. 50 Instructors attended the update June 13, in Blacksburg. Additional in-person updates are scheduled for September 26 at VAVRS Convention in Virginia Beach; October 10, in Winchester; and November 14 at the EMS Symposium in Norfolk.

C. New BLS Practical Exam

1. The fourth and final pilot of the EMT Basic Practical Exam is planned for the Instructor Practical scheduled for August 1, 2009

2. The May EMSAT Broadcast presented pieces of the new practical exams as well as discussions about it.

3. An implementation timeline has been completed, which included training all Certification Examiners and Program Representatives on May 19, 20 & 21st, 2009. The Regional Councils began retraining their evaluators between in early June. The new BLS Practical will go into effect on September 1, 2009. A transition plans has been developed to allow those who need to retest under the old practical to do so until December 1, 2009.

4. All information regarding the new BLS Practical Exam can be found on the DED website: http://www.vdh.virginia.gov/OEMS/Training/Practical_Exam.htm All documents and updates will be posted on this site.

EMS Training Funds

Statistics for the program for FY09 through July 20, 2009 are listed below:

	Commit $	Payment $	Balance $
Fiscal Year 2009	**$3,037,971.50**	**$1,361,717.87**	**$1,676,253.63**
40 BLS Initial Course Funding	$779,865.00	$521,909.09	$257,955.91
43 BLS CE Course Funding	$113,400.00	$54,381.27	$59,018.73
44 ALS CE Course Funding	$304,920.00	$87,819.00	$217,101.00
45 BLS Auxiliary Program	$68,000.00	$17,840.00	$50,160.00
46 ALS Auxiliary Program	$836,000.00	$149,922.25	$686,077.75
49 ALS Initial Course Funding	$935,786.50	$529,846.26	$405,940.24

Statistics for the program for FY10 through July 20, 2009 are listed below:

	Commit $	Payment $	Balance $
Fiscal Year 2010	**$1,215,632.00**	**$840.00**	**$1,214,792.00**
40 BLS Initial Course Funding	$223,992.00	$0.00	$223,992.00
43 BLS CE Course Funding	$48,720.00	$840.00	$47,880.00
44 ALS CE Course Funding	$152,880.00	$0.00	$152,880.00
45 BLS Auxiliary Program	$88,000.00	$0.00	$88,000.00
46 ALS Auxiliary Program	$292,000.00	$0.00	$292,000.00
49 ALS Initial Course Funding	$410,040.00	$0.00	$410,040.00

Accreditation

The accreditation program is starting to see a lot more activity now that we have reached the point where sites are beginning to go through reaccreditation.

- The UVa Prehospital program has successfully completed their bid for reaccreditation as an EMT-Intermediate training site.

- The Center for Emergency Health Services, Inc. has applied for national accreditation through CoAEMSP with a site visit scheduled in late September.

- Applications for reaccreditation of state EMT-Intermediate accreditation have been received by:
    a) The Roanoke Valley Regional Fire Training Center
    b) Prince William County Fire-Rescue

For more detailed information, please see the Accredited Site Directory which is an attachment to this report – **APPENDIX D.**

EMSAT/Electronic CE

Three new EMSAT programs have been uploaded to TRAIN Virginia and are available for CE credit. They are

- Epilepsy
- ECOs, TDOs and Restraints
- Geriatric Trauma Care

The EMSAT program on Epilepsy, produced with the help of Dr. Nathan Fountain at UVA and the Epilepsy Foundation of Virginia, will be distributed to all Virginia EMS and Fire agencies through funding provided by the Epilepsy Foundation.

EMSAT programs for the next three months include:

1 August 19: PPEs in the Age of Pandemic Flu.
2. September 16: Dispatch, We Need a Helicopter!
(This is a program on Dispatch)
3 October 21: Airway Management: Blind Insertion
Airway Devices

Other Activities

Warren Short participated in the Atlantic EMS Council Training Coordinators' meeting on July 27, 2009.

Update Training Program Administration Manual updates approved by the Professional Development Committee are included for information only as an attachment – **APPENDIX E**.

Emergency Operations

IV. Emergency Operations

Operations

- **H1N1 Virus Outbreak**

The Division of Emergency Operations continues to be an active participant in the continued planning process for future H1N1 Response Activities. Various activities have included participating in conference calls and meeting regarding the Virginia Department of Health response, providing information to EMS agencies regarding response expectation during an H1N1 outbreak, and working with other state agencies (DFP) to ensure that first responder preparedness is equivalent across the board.

- **PPE Preparation and OEMS Response**

As a result of the planning efforts for response to additional outbreaks of the H1N1 virus, the Office of EMS has recognized a gap in PPE supplies for field providers. As a result, the Office of EMS released a 100% Funding Grant Opportunity for surgical masks. This is Phase I of a three Phase approach. Phase II involves providing the Office of Emergency Preparedness and Response information on the EMS community's needs for fit testing kits, training, and testing. Phase II of the PPE Plan involves providing fit testing kits and training throughout the Commonwealth and to assist in fit testing all EMS providers to N95 masks. This phase is dependent on the receipt of Federal Funding. Phase III of the approach is aimed at ensuring the maintenance of the PPE program and resupply and stocking of N95 masks for daily use during a state declared pandemic event. This phase is also depending on Federal Funding. See **APPENDIX F** for plan specifics.

- **Stay Informed Website and Flyer**

In an effort to centralize information shared with first responders, the Office of EMS, Division of Emergency Operations created a website to serve as the central clearinghouse for all information released by the Office of EMS regarding current and ongoing emergency events. The website, www.vdh.virginia.gov/oems/vaemsevents will be updated and a link placed on the front page during activities where EMS related information needs to be shared. To advertise this website, a flyer was sent to all hospitals and they were asked to display the flyer in the EMS rooms of their ERs. The flyer was also placed on the VHHA website. A copy of the flyer can be found in **APPENDIX G**.

- **Virginia 1 DMAT**

The Emergency Operations Manager continues to attend the Virginia 1 DMAT leadership and along with the HMERT Coordinator also attends the membership meetings. Recent DMAT deployments have included the Frederick, MD warehouse to assist with the DMAT equipment caches stored there, the Independence Day celebration on the Mall in DC, credentialing training, and assistance with a CONTOMS exercise in Alexandria, VA

- **Guidance Document Rewrite**

The HMERT Coordinator has continued to work on rewriting Guidance Documents to meet the changing needs of the system as well as reflect the new structure. Members of the Division of Emergency Operations have provided feedback and the final rewrite will be released soon.

- **Logistical Support**

The Division of Emergency Operations provided logistical support to two localities during large events held this quarter: the Tappahannock Rivahfest held on June 20, 2009 and the Ashland Strawberry Faire held on June 6, 2009. These events were expected to attract large numbers with significant possibility for weather related incidents.

- **Hanover Tomato Festival**

On July 11, 2009, the Office of EMS, Division of Emergency Operations responded to a request for support from East Hanover Volunteer Rescue Squad, Hanover County Virginia. The event, 31st annual Hanover Tomato Festival, was held at Pole Green Park with an estimated attendance of 40,000. As part of the request for assistance, the HMERT Coordinator assisted Assistance in planning was provided as well as providing the HMERT Command Trailer. Equipment was also utilized including misters, coolers and generators used to set up cooling stations throughout the venue. The Emergency Operations truck and Command Trailer were the focal point of the treatment area and associated activities. The event was highly advertised with local news media broadcasting throughout the day.

Planning

- **OEMS COOP/Business Recovery Plan**

The Emergency Planner continues to update the COOP plan and will be looking at a tool developed by EP&R called Pandemic Fly Readiness Dashboard to identify items for COOP plan inclusion and review.

- **VERT ESF-8 Training for OEMS Employees**

The Emergency Planner completed a guidance document for OEMS VERT staff and conducted training to review and familiarize staff members with the document. Fourteen staff members attended the training. The Planner is also working to create a list of staff members that still need training to become active members of the VERT.

- **VEOC VERTEX**

On May 21, 2009 Winnie Pennington, Emergency Planner, participated as a remote player in the VEOC VERTEX, monitoring EMS based requests from the WebEOC.

Meetings

- **Veteran's Affairs Meeting and Training**

The Emergency Operations Division facilitated training for regional representatives of the VA NDMS organization at the state Emergency Operations Center. During the presentation the Emergency Operations Manager and Assistant Manager provided information on ESF-8 in the Commonwealth and the Office of EMS response and relationship with NDMS.

- **CISM Committee Meeting**

The Emergency Operations Manager and Assistant Manager attended the CISM Committee meeting on July 16, 2009. The committee members discussed the future of the program and scheduled a work session to create curriculum objectives.

- **Boy Scout Jamboree**

The Emergency Operations Manager and HMERT Coordinator attended a planning meeting for the 2010 Boy Scout Jamboree on June 2, 2009. The Emergency Operations Division continues to work on issues and question that arise during the meetings.

- **EMS Emergency Management Meeting**

Members of the Division of Emergency Operations, including the Manager, HMERT Coordinator, and Emergency Planner attended the EMS Emergency Management meeting on July 30, 2009.

- **Sprint Meeting**

Members of the Division of Emergency Operations participated in a meeting with Sprint Wireless to discuss communication needs during OEMS Symposium.

- **Regional Resource Committee**

The HMERT Coordinator attended the regularly scheduled meeting of the Region 1 Resource Group on May 20, 2009 at the Chesterfield Public Safety Training Building and on July 28, 2009 at the Virginia State Police Division 1 building.

- **Hurricane Evacuation Committee**

The HMERT Coordinator continues to attend the meetings for the Hurricane Evacuation Committee on Lane Reversal. Meetings this quarter were held on May 7 and June 24, 2009. There was also a demonstration of Lane Reversal on June 9 that the HMERT Coordinator

- **Gap Analysis Meeting**

On June 15, 2009 Winnie Pennington represented the Office of EMS at a meeting with HHS and EP&R for a review of the gap analysis of coverage for health services in the Commonwealth. Questions raised included number of licensed transport vehicles in the Commonwealth.

- **Hospital Emergency Management Committee (HEMC)**

The HEMC continues to meet quarterly. Discussions at the meeting included H1N1 preparedness, hospital patient tracking, program budget status, along with a review of the comments and suggestions from the 2009 Virginia Healthcare Emergency Management State Forum.

- **EP&R Team Meetings**

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

- **EMS Communications Committee**

The EMS Communications Committee held its quarterly meeting on May 15, 2009 in conjunction with the State EMS Advisory Board meeting. Discussions included OEMS PSAP Accreditation for Nelson County and Culpeper County 9-1-1 Centers. The committee also discussed priorities for the next 12-18 months to include:

  - Promotion and oversight of OEMS PSAP Accreditation program
  - Promotion and education of the FCC narrow banding mandate to EMS agencies, dispatch centers, and medical facilities
  - Promotion and education of communications interoperability efforts to EMS agencies, dispatch centers, and medical facilities
  - Review of EMS regulations concerning communications issues
  - Review of communications needs for the statewide EMS plan

- Promotion and education regarding public safety communications grants information

Training

- **Mass Casualty Incident Management I and II**

On May 31, 2009 Karen Owens, Emergency Operations Assistant Manager, and Frank Cheatham, HMERT Coordinator traveled to Fredericksburg Virginia to present the Mass Casualty Incident Management I and II program at the REMS Regional Council Office. The course, attended by approximately 18 students was designed to prepare responders for the upcoming Boy Scout Jamboree.

- **Vehicle Rescue Program**

Jim Nogle, Emergency Operations Manager, Karen Owens, Emergency Operations Assistant Manager, Frank Cheatham, HMERT Coordinator, and Terry Coy from the Office of EMS traveled to the Insurance Institute to gather information and get updates regarding new vehicle technology for OEMS programs.

- **HMERT Training**

The HMERT Coordinator held classes with HMERT Task Force Crater 6 to train new members and present the new structure of the HMERT system to team members.

Communications

- **Statewide Agencies Radio System/User Agency Review Committee (STARS/UARC)**

Ken Crumpler represented OEMS at the STARS/UARC meeting on February 4, 2009 at the Virginia State Police Headquarters. As of March 4, 2009, the Office of EMS determined it would not install any further STARS radio equipment in OEMS vehicles, freeing the equipment for use by other VDH offices and divisions having no pre-existing vehicular communication capabilities.

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

Ken Crumpler presented the OEMS PSAP Accreditation to the Culpeper County 9-1-1 Center on June 18, 2009 and to Nelson County 9-1-1 on June 10, 2009. Reaccreditation for Hanover County, City of Chesapeake, and Gloucester County are being scheduled. A

pending application for Amelia County will be presented to the Communications Committee at the next scheduled meeting.

- **Virginia State Interoperability Executive Committee (SIEC)**

Ken Crumpler**,** Communications Coordinator, attended the State Interoperability Executive Committee Meeting on July 13, 2009 in Albemarle County. Mr. Crumpler is a member of the Operations Sub-committee and has participated weekly for the Baseline IAT Teleconference Meetings.

- **Association for Public Safety Communications Officers (APCO)**

The Office of EMS was represented by the Communications Coordinator, Ken Crumpler, at the Virginia Chapter APCO/NENA Spring Conference in Virginia Beach May 1-8, 2009. Mr. Crumpler taught "Are you Just a Dispatcher?" and attended the APCO and NENA membership meetings. Ms. Amanda Davis, Grants Administrator, also attended the meetings to assist with questions regarding communications grants.

Public Information and Education

V. Public Information and Education

Symposium

Registration for the Symposium opened on Friday, July 31st online. A notice was sent out on the list serv and throughout the EMS alternative Web media outlets. Registration will stay open until October 2, 2009.

The conference catalog has been completed, printed and mailed. This year funding for the catalog was generously provided by the Alliance for Emergency Medical Education and Research. OEMS felt that there should be one last printed catalog before we go to an all online catalog. This will allow those who rely on the printed catalog time to acclimate themselves to the Web site and the process of registering online. We are making it known that this will be the last printed catalog.

The pre-conference brochure that was only available online was one of the top documents downloaded from the OEMS Web site since it was posted. Just last month it was the third most downloaded document. We feel that this demonstrates the popularity of the Symposium and that participants will be open to not receiving the catalog next year.

PI&E is working to help secure sponsorships. Due to the current economic climate several potential and previous sponsors have had to decline. However, EMS Management Consultants will sponsor the name badge holders and provide a pen this year. PI&E is working with them to try to secure additional support or even for them to host a fundraising opportunity during symposium this year. Philips Health Care has sponsored the Hands on track and the Critical Care track for $1000. We are also working closely with other potential sponsors like Diversified Ambulance Billing. Additional staff members like Heather Phillips and Frank Cheatham have been working with us to secure sponsorships.

This year PI&E worked with several different groups to offer seminars in the evenings on various subjects. The first will be a presentation by the Workforce Development Committee on their Excellence in EMS agency accreditation program and a new leadership program. Also, Diversified Ambulance Billing will do a seminar on billing for services (they will not discuss their services, just how to start billing and benefits). Mosby Jems is sponsoring a dinner/seminar for instructors to show how they can use online learning modules in the EMT classroom. ImageTrend will be offering several educational seminars throughout symposium so that participants can learn about the new ePPCR program.

This year there are several classes geared towards specific audiences, and PI&E is working to make sure that all Medevac providers are made aware of the special Medevac courses and that OMDs are aware of the OMD courses this year.

There will be no disc provided to participants with the symposium course presentations on it, however, we will post the presentations on the OEMS Web page for all participants and others to download and review.

Governor's Awards

The Regional EMS Councils have submitted their nominations for the Governor's Awards. The due date was July 24th. All nominations were submitted electronically this year, this allowed us to save money on copying and shipping. Each member of the Awards Committee has received their disc with all of the nominations and their grading sheet. We will meet on August 21st to select the winners.

A request was sent to the Deputy Commissioner of EP&R to approve the special project of printing the OEMS recognition calendar for 2010. This request was denied, and therefore there will be no calendar this year. PI&E is trying to come up with additional ways to promote the winners of the Governor's Awards and to make sure the Virginia EMS system is aware of the important dates that are included in the calendar each year.

Our request for the Governor to attend this year was sent back, his office has requested that we resubmit it closer to the event. We are emphasizing that this year is the 30th anniversary for the Symposium and hope that the Governor will be able to attend.

Michael Perry, who is a humorist, novelist and EMS provider has been selected as the keynote speaker for the banquet. For more information on Michael Perry visit www.sneezingcow.com.

Conference & Event Participations

PI&E has registered OEMS to participate in the VAVRS Convention this year. This will also be the event where the new OEMS display is unveiled. This new display has a shelf for a laptop, shelves for printed materials and opens up the display area to make it more interactive. Participants will be able to check CEs on the lap top, sign up for the OEMS Bulletin and address their questions to the OEMS staff on hand.

Marketing & Promotion

a. *EMS Bulletin*

The Summer Bulletin has gone out. This edition featured a section on recruitment, retention and leadership programs. Articles were provided by guest writers from the

Workforce Development Committee. The hot feature of the Bulletin is always "Where's Little Gary?" We received over 200 submissions from people who found him. Again, two randomly selected winners received OEMS prize packs.

b. OEMS New Media

The OEMS Twitter and Facebook pages are the hottest new media resources right now. These outlets have proved valuable when letting people know about news like H1N1 updates, symposium registration opening, grant opportunities and more.

- MySpace: 803 friends (as of July 21, 2009)
- Facebook: 539 friends (as of July 21, 2009)
- Twitter: 274 followers (as of July 21, 2009)
- Wordpress Blog: 294 views for the month of June

c. RSAF Grant Promotion

PI&E created press releases to help promote grants that were awarded to various agencies across the state. There were nine releases created, and all of them were sent to their local media outlets to showcase the items that the local agencies received and how the RSAF grant helps to make sure that all agencies have access to new equipment that allows them the better serve their communities.

d. Toughbook Grant

PI&E created a press release that was distributed to statewide media outlets. This helped to promote the new ePPCR program and the use of laptops in ambulances. A map of the counties that received laptops was featured and showed which ones were covered by the DHS grant and by OEMS special grant funding. PI&E continues to promote the program and additional grant funds that will be available to EMS agencies.

e. OEMS Web site

PI&E is working with the OEMS Web developer on a new design and concept for the OEMS Web site. This design will change the left navigation bar to better reflect the groups who are searching for information on our site. This navigation bar should also have a pop up feature that allows people to quickly view what is on each page. The design for the home page has been updated some already to better showcase the main feature and provide direct links to the OEMS new media outlets like the Twitter site. When the new site is completed, we will advertise a re-launch of the OEMS Web page.

f. New Virginia EMS Jobs Web site

PI&E helped to promote the new VA EMS Jobs Web site which provides new features for people who are searching for career or volunteer opportunities and for agencies who

need to fill positions. This site was posted as a feature on the OEMS home page, was listed on Twitter, Facebook, Myspace, the OEMS blog and a sidebar in the EMS Bulletin.

g. EMS Benefits Brochure

PI&E is working closely with the Technical Assistance Coordinator to produce a new brochure (that will be available for download) on benefits for EMS providers. This will include information on VOLSAP and other various benefits that providers can get across the state.

h. OEMS Annual Report

Production is underway for the 2009 FY Annual Report. This will be an all online report like last year, but PI&E is working with the program managers to add new elements to make it more interactive and educational.

Media Relations

The Office of EMS had answered media inquiries from the Lynchburg News and Advance on CISM services in Virginia, Karen Owens, Emergency Operations Assistant Manager provided the reporter with insight about the CISM program, dealing with stress in a public safety setting and more. Visit http://www.newsadvance.com/lna/news/local/article/heart-stopping_moments_linger_for_first_responders_long_after_the_call_ends/17827/ to read the entire article.

VDH Communications

a) ***Swine flu***

The response to the swine flu outbreak is still ongoing. PI&E still provides updated information on the outbreak to EMS providers, agencies, fire departments, the Regional EMS councils, key EMS groups like VAVRS and VAGEMSA. OEMS PI&E Coordinator has not been as involved, but with flu season coming and the possibility of a H1N1 vaccine this fall, it is likely that the PI&E Coordinator will have to refocus attention on this issue. Of course the priority will be to educate EMS providers on the latest news and information while supporting VDH efforts.

b) VOPEX

PI&E Coordinator participated in the June VOPEX nuclear power plant pre-exercise, and will be participating in the actual exercise on August 4th as a representative of the VDH Communications Team.

c) VDH Web site

PI&E continues to work closely with the VDH Web designer on a new layout for the VDH Web site. The new layout is to be presented to VDH executive management and should go live soon.

d) Communications team plan

A five year plan was created during a communications team exercise and the PI&E Coordinator continues to work with the communications team on various elements on the plan. The communications team met recently to continue development, goals and action items. We also participated in HAN training.

The PI&E Coordinator continues to collect updates and information on OEMS projects and programs to include in the report to the Secretary and the weekly e-mail from the Commissioner.

PI&E Staffing

We would like to welcome Marian Hunter, the new PI&E Assistant. She started in June and has already been very busy with Symposium, program promotion and more. She comes to OEMS from the Chesterfield Towne Center where she worked as an Assistant Marketing Manager. Before that she worked with Lewis Ginter Botanical Gardens as a Public Relations Assistant. Marian is a graduate of the Virginia Commonwealth University and is excited to be on board with OEMS.

Regional Coordination and Planning

VI. Regional Coordination and Planning

Regional EMS Councils

The Regional EMS Councils have completed submitting their fourth quarter FY09 deliverables for review and evaluation by OEMS. Contracts and budgets for all the Regional EMS Councils for the 2010 fiscal year have been received and signed by OEMS and VDH personnel.

A small work group, made up of OEMS and the Regional EMS Council Directors Group (RDG), tasked with creating a standard chart of accounts for reporting of income and expenses, has met and soon will be proposing the standard chart of account document for future deliverable reporting of financial information for approval by OEMS and the RDG. This will also be included in the required documents for Regional EMS Council designation.

During the quarter, the EMS Systems Planner attended Regional EMS Council Awards Events at the Northern Virginia, Old Dominion, Southwest Virginia, and Tidewater EMS Councils, as well as attended Board of Directors meetings at Northern Virginia, Old Dominion, Peninsulas, Rappahannock, and Tidewater EMS Councils, and participated in the interviews for the Assistant Director position at the Peninsulas EMS Council.

Rural Hospital Flexibility (FLEX) Program

OEMS has partnered with the Office of Minority Health and Public Health Policy (OMHPHP) on projects to conduct evaluations of the EMS System capabilities in the areas surrounding three Critical Access Hospitals (CAH): Page Memorial Hospital in Luray, Shenandoah Memorial Hospital in Woodstock, and Dickenson Memorial Hospital in Clintwood. Site visits were conducted in both Page County and Shenandoah County, including visits to both CAH facilities in those counties. The Final Reports for Dickenson, Page, and Shenandoah are complete, and all six of the reports OEMS has produced can be found on the OEMS web site at the following address:

http://www.vdh.virginia.gov/OEMS/Locality_Resources/index.htm

Medevac Program

The safety and utilization workgroups of the Medevac committee have been working very hard on individual projects since the last state EMS Advisory Board meeting. The safety subgroup has continued work on implementation of the WeatherSafe weather turn down program, with most of the medevac programs in Virginia participating in the program.

The utilization workgroup – also known as "Project Synergy" – continues working on providing standard education for EMS providers regarding the proper utilization of medevac services, as well as data that will be required for the project - patients transported to hospitals via medevac that had a length of stay of 24 hours or less. They are looking at why those patients were transported by air versus ground, as well as developing a standard means of reporting medevac resource utilization information. It is the intention for Project Synergy to have information based on data gathered before the end of 2009.

Both the safety and utilization workgroups will be making presentations at the 2009 Virginia EMS Symposium in November.

Two other work groups, who are addressing Helicopter EMS (HEMS) regulations, and well as HEMS communications, are in early stages with their work, and should be making progress on their respective tasks in the coming months.

OEMS and Medevac stakeholders continue to monitor developments regarding federal legislation and other documents related to Medevac safety and regulation. These documents can be found on the Medevac page of the OEMS web site.

State EMS Plan

The Virginia Office of EMS Strategic and Operational Plan is mandated through *The Code of Virginia* to be reviewed and revised on a triennial basis. The current version of the plan was approved by the State Board of Health in October of 2007.

Based on this timeline, OEMS, in coordination with the Executive Committee of the Advisory Board, the Finance, Legislation and Planning (FL&P) Committee, and the chairs of all the standing committees of the EMS Advisory Board have been working on developing mission statements, determining the commitment and values of the committee members and appropriate EMS stakeholders, identifying a vision for the future – including core initiatives related to that vision, identifying critical strengths and weaknesses that currently exist, action strategies based on core initiatives, as well as action items to move toward achieving identified goals for the next 12 to 18 months.

The information gathered from these planning exercises will be used to create the next version of the Strategic and Operational Plan, which will be presented to the state EMS Advisory Board in May 2010 or review and approval at the August 2010 state EMS Advisory Board meeting.

Regulation and Compliance

VII. Regulation and Compliance

Compliance

The EMS Program Representatives have completed several investigations on EMS agencies and individuals during the second quarter of 2009. These investigations relate to issues concerning failure to submit quarterly prehospital patient care data, violation of EMS vehicle equipment and supply requirements, failure to secure medications and medication kits, failure to staff the ambulance with minimum personnel and individuals with felony convictions. The following is a summary of the Division's activities:

Enforcement

Citations Issued: 10 Providers: 8 Agencies: 2

Compliance Cases

New Cases: 17 Cases closed: 18

Suspensions: 1

Revocations: 1

EMS Agency Inspections

Licensed EMS agencies: 694 Active Permitted EMS Vehicles: 4,085

Recertification: Agencies: 105 Vehicles: 677

New EMS agencies: 3

Spot Inspections: 33

Hearings – 1

Variances

Approved: 20 Disapproved: 24
Note: Since 1993: Approved: 2203 Denied: 677

Mileage

Total: 34,668 miles traveled Average per Program Representative: 4,333

Consolidated Test Sites

Scheduled: 70 Cancelled: 7

OMD/PCD Endorsements

Remaining for re-endorsement: 103 Training: 59 Paperwork only: 44

EMS Regulations

The Board of Health at their February 13, 2009 meeting approved the submitted draft proposed regulations for 12VAC5-31 (Emergency Medical Services) and for 12 VAC5-66 (Durable Do Not Resuscitate). Since this approval and while awaiting completion of the regulatory process prior to actual public hearings, staff has conducted numerous "informational sessions" for organizations and EMS agencies with several more scheduled. These sessions allow discussion regarding the rationale and any additional suggestions regarding the proposed regulations prior to the actual public hearings. As of this writing, the 12VAC5-66 (Durable Do Not Resuscitate) draft proposed regulations remain within the Governor's office awaiting his signature and 12VAC5-31 (EMS Regulations) are in the final stages of their review by the Department of Planning and Budget (DPB). OEMS has received notification that any regulations in their current format waiting to be approved by the Governor may not occur prior to the end of the current administrations term of office.

Noteworthy Matters

Staff from the Regulations and Compliance Division met with representatives from Culpeper Rescue Squad on July 7, 2009 to asses the final step in the issued Correction Order of June 2008. OEMS is pleased to report that this agency has exceeded the minimum as required within the Correction Order and has been issued a standard two year EMS agency license. Data shows this agency with an 89.46% compliance rate for EMS calls answered and a roster with 94 members, up from the 43 originally reported. OEMS congratulates the Culpeper Volunteer Rescue Squad for their continued ongoing efforts.

Division Work Activity

Staff has participated in several local meetings and /or conferences to discuss local issues or provide technical assistance. The Division continues to offer invitations to EMS agencies and regional EMS Councils to provide seminars and/or open discussion forums

regarding OEMS regulations or other program matters administered by the Division. Events included the Spring Board of Governor's Meeting for VAVRS, Charlottesville-Albemarle Supervisor Survival course, Henry County Department of Public Safety, Continuing Concepts in Emergency Medical Medicine (Suffolk), VAVRS District 6 meeting (Franklin County), Roanoke County Fire Training Center, 2nd Annual Fire/EMS Conference (Bristol), VAVRS District 10 (Chancellorsville), LFEMS Board of Directors (Winchester), and TEMS Board of Directors (Norfolk).

1. The Division of Educational Development and the Regulation and Compliance staff are close to completing an updated Consolidated Test Site Manual that addresses the new BLS practical examination procedures. An education and training program was conducted in May for examiners and regional EMS Council staff. The new testing process will be implemented on September 1, 2009. OEMS is awaiting approval from the Secretary's Office to print the required materials.

2. At the request of the Virginia Fire Service Board, OEMS Regulation and Compliance staff are participating assessments of the Fire and EMS resources and capabilities in King William and Charlotte Counties.

3. At the request of Dr. Mark Levine, Deputy Health Commissioner, the OEMS Program Representatives are attending "regional VDH meetings" to include Emergency Preparedness and Response (EP&R) staff in order to improve communication and coordination of activities and management of resources. These meetings will also promote a better understanding of the respective roles and responsibilities of all VDH offices that fall under the Deputy Commissioner of Emergency Preparedness and Response.

4. Staff attended a national user's forum in Boston for the National Practioner Data Bank and Healthcare Integrity and Protection Data Bank. Staff learned specifics as to mandate reporting as well as offered input to improving the reporting process and data collected.

5. Staff continues its ongoing efforts to improving the efficiency of its investigative and compliance process. A training session was presented to the OEMS program representatives by the Attorney General Liaison at their scheduled staff meeting to include the newly appointed adjudication officer, Mr. Robert Swander. Heather Phillips, OEMS Program Representative Supervisor has been approved for travel to Denver in September to attend a national training conference sponsored by the Council on Licensure, Enforcement and Regulations regarding specialized interviewing processes as well as advanced report writing techniques.

6. Due to budgetary constraints there will be a reduction in the number staff meetings for the Regulation and Compliance staff from six to four meetings a year; two of which must be in Richmond (FARC awards). Additional cuts may be necessary that could greatly affect customer service.

Trauma and Critical Care

VIII. Trauma and Critical Care

The Division of Trauma/Critical Care would like to welcome its newest team member Ms. Sherrina Gibson. Ms. Gibson joined OEMS on June 25th as the new Informatics Coordinator on June 25th. While she is new to world of EMS, she is an experienced evaluator/data analyst, with a background in Sociology. Ms. Gibson's has used her public health analytical skills previously in the private, nonprofit, and state government sectors. Her prior work includes national research projects, quality of care performance improvement and policy analysis.

Recruiting also closes on July 22nd for a Performance Improvement Coordinator. This position will serve as statewide coordinator for Critical Care and EMS research and evaluation projects. The position will focus on evidence based clinical and system development.

c) Durable Do Not Resuscitate (DDNR)

There have been two recent very important recent changes to the DDNR program that EMS providers, agencies, and educators need to be aware of. The first item is that only the person named on the DDNR form itself may revoke the DDNR and the second item is that DDNR orders signed by a licensed nurse practitioner also valid and shall be honored. Both of these changes are effective as of July 1, 2009 and all EMS providers and agencies will need to adjust their treatment and protocols accordingly.

Previously, a patient's next of kin, guardian of a minor, power of attorney etc. could rescind a DDNR at anytime the patient became incapable of speaking for themselves and health care providers, including EMS providers, were required to honor the next of kin's wishes and attempt resuscitation. Senate Bill 1085 amended § 54.1-2987.1 during the 2009 General Assembly to state that *only the person named on a Durable Do Not Resuscitate (DDNR) order may revoke the order; the next of kin no longer may override a DDNR when the patient becomes unable to speak for themselves. In the case of a minor the person authorized to consent on the minor's behalf.*

This is a significant change in how we deliver care and EMS crews need to be aware that the Code of Virginia supersedes all policies and protocols both on the State and local level. When an individual is unable to speak for themselves EMS providers operate under "informed consent." Informed consent cannot be assumed when a DDNR exists.

Consensus has been reached as to whether or not a licensed nurse practitioner may sign DDNR forms en-lieu of a physician. Upon a recommendation of a Joint Committee of the Boards of Nursing and Medicine, both the Board of Nursing and the Board of Medicine concur that in accordance with §§ 54.1-2957.02 and 54.1-2987.1 of the Code of Virginia and 18VAC90-30-120 nurse practitioners have the authority to write DDNR

orders consistent with the normal delegated practice that they function under. To be perfectly clear, a licensed nurse practitioner is an advanced practice nurse with prescriptive powers, this does not include Registered Nurses (RN) or Licensed Practical/Vocational Nurses (LPN/LVN).

Additional revisions to the regulations related to the Durable Do Not Resuscitate (DDNR) program currently are pending the Governor's signature prior to release for public comment. The future changes to DDNR regulations are posted through the Virginia Town Hall which can be found on-line at http://townhall.virginia.gov/index.cfm this is the official Web site that Virginia Governmental Agencies are required to post proposed regulations, minutes to public meetings, and announce public meetings.

Emergency Medical Informatics

a) EMS Registry (upgrading PPCR)

ImageTrend and OEMS staff had their "kick-off" meeting at OEMS on July 7th and 8th. The purpose of the meeting was to begin developing a project plan to include: a communication plan, review of project scope, project milestones, project deliverables, project timeline, data conversion, and testing plan.
Since this meeting the ImageTrend and OEMS project team has:

- Established the web-based database (State Bridge)
- Loaded all Virginia and bordering state's hospitals into the State Bridge
- Loaded all Virginia Licensed EMS Agencies into the State Bridge
- OEMS Staff have begun training on the administrative tools that will be used to manage the new application.
- Have begun establishing the business rules that will be used to assure quality data is collected
- Reviewed the minimum dataset that will be loaded into the new dataset
- Currently reviewing the rules that will be used to convert existing data into the State Bridge
- Developing a training plan that will include
    - Train-the-trainer courses held in each EMS Service Area prior to the end of November (estimated)
    - Established a list of training sites that have computer labs (required for training)
- Identified Danville as the jurisdiction that will serve as the pilot for the project.
- Identified additional training dates for OEMS staff
- Development of mass communications to inform all EMS agencies of the pending changes and how to begin preparing for the change from PPCR to the new Virginia Pre-Hospital Information Bridge
- Established December 31, 2009 as the "goal" for go-live for the new program

Some challenges to the project include:

- The proposal by Northrop-Grumman for the projects server/hosting environment remains pending with no definitive delivery date available (all requirements gathering has been completed)
- Required approvals by the Virginia Information Technology Agency (VITA) Project Management Division (PMD) continue to move slower than anticipated by OEMS with additional items being routinely added

Steps agencies can take to prepare:

- Ensure internet access is available for data submission and management of agency information in the system
- Establish who at your agency will be responsible for managing the transition from PPCR to the new Virginia Pre-Hospital Information Bridge. This person will be responsible for setting up your agencies internet based information and will have access to your agencies patient data. (see below also)
- A workbook will be added to the EMS Registry web page located at http://www.vdh.virginia.gov/OEMS/Trauma/EMSRegistry.htm under the section called "Implementation and Training". Agencies can download and begin completing the Excel file titled Agency Staff Workbook. Staff data and agency information will need to be uploaded into the new program when each agency is implemented
- Agencies which utilize EMS Software vendors should begin to communicate with their particular vendor to begin preparing to export prehospital data from their program to the new Virginia Pre-Hospital Information Bridge. Many vendors may already be submitting data via ImageTrend in other states. The agency and their vendor should also monitor to EMS Registry web page for details related to the minimum dataset required to be submitted
- Agencies which utilize an EMS software vendor that is not NEMSIS compliant may have significant issues submitting the new dataset in the new format and should act now to avoid compliance issues in the future
- Agencies which utilize an EMS Software vendor that is NEMSIS Certified at the "Silver" or lower level will need to ensure that their vendor is still capable of submitting the minimum Virginia dataset. Silver compliance may or may not cover Virginia's requirements
- Monitor the EMS Registry web page, OEMS alert box, look for e-mails from OEMS related to the change and watch for notices by U.S. Mail
- Questions can be directed to the PPCR Coordinator Christy Saldana at Christy.saldana@vdh.virginia.gov or (804) 864-7598

It is very important that all EMS agencies have the correct information for their Chief Operations Officer on file with OEMS. This information is provided by each agency when it applies for initial licensure or with each two year inspection cycle. If your agency has changed its operational officers since its last OEMS inspection and has not

notified OEMS, this should be done prior to implementation of the new system. Changes to agency license information are managed through the OEMS Division of Regulation and Compliance either by contacting the central OEMS office or by contacting your area program representative.

The reason for having up to date Chief of Operations information is because the new system will allow each EMS agency with access to its own PPCR data. This data is patient identifiable data and must be protected as required by HIPAA and Virginia patient privacy regulations/laws. The "chief" of each agency will have the ability to assign the level of access they wish to have each staff person/member of their organization to have. OEMS will not provide an administrative level access to any individual that it cannot confirm through the OEMS licensure database as the "owner" of that agency. OEMS will post a template letter that agency "owners" can place on agency letterhead and submit to OEMS to provide a single proxy to receive the administrator role for their agency.

The project planning for the upgrade of PPCR is the first project that the Office of EMS has had to be developed under the oversight of the Virginia Information Technology Agency (VITA). As of July 2007 any major information technology (IT) project developed by a state agency is controlled by the VITA Project Management Division. There are multiple items associated with the development of an IT project under VITA which can be found at http://www.vita.virginia.gov/oversight/projects/ .

As mentioned in the Administrative section of the OEMS report, significant funding has been provided to agencies to purchase Panasonic Toughbook 19s to encourage the use of electronic patient care reporting (ePCR). The EMS Registry project will be providing free ePCR software that can be used by any licensed Virginia EMS agency. OEMS will continue to seek funding to assist agencies with obtaining hardware such as the Panasonic Toughbook, but we cannot guarantee funding and it will always be the agencies responsibility to maintain this hardware. Use of ePCR is not being mandated, only encouraged. Details are available at http://www.vdh.virginia.gov/OEMS/Grants/EMSRegistry.htm

Trauma System

a) Trauma Triage

A revised draft State Trauma Triage Plan (**APPENDIX H**) has been approved by the Trauma System Oversight and Management Committee and will come before the EMS Advisory Board for its approval as well. Significant discussions have been held about the triage plan establishing a state standard versus a standard being developed on the regional or locality level. As can be seen in the draft, the State Triage Plan utilizes the CDC (formerly ACS) Triage Guideline. Virginia law requires that the State plan establish "uniform criteria based on the ACS Guideline". Regional plans should address how these criteria will be achieved in each region given the resources and geography of the region.

b) Trauma Center Fund

The Virginia Trauma Center Fund distributes funds to Virginia Designated Trauma Centers to offset the costs associated with being designated. The funds are collected from two sources including DMV license reinstatement fees and DUI fines. The Office of EMS is the designee that is charged with developing a distribution model for these funds and providing payment to Virginia designated trauma centers. 100% of the funds collected are passed on to the qualifying hospitals on a quarterly basis. The most recent distribution is shown on the next page.

More information on the Trauma Center Fund can be found on the OEMS Trauma System Web page at: http://www.vdh.virginia.gov/OEMS/Trauma/TraumaSystem.htm

Trauma Center & Level	Percent Distribution	Previous Quarterly Distribution	June 2009 FY09	Total Funds Received Since FY06
I				
Roanoke Memorial Hospital	10.33%	$211,483.15	$188,550.54	$3,497,340.50
Inova Fairfax Hospital	22.29%	$456,294.46	$406,815.22	$7,518,329.12
Norfolk General Hospital	12.63%	$258,466.57	$230,439.21	$4,093,918.93
UVA Health System	15.20%	$311,120.37	$181,389.39	$4,045,026.06
VCU Health Systems	24.36%	$498,706.80	$444,628.49	$6,591,061.05
II				
Lynchburg General Hospital	3.97%	$81,179.45	$72,376.59	$688,288.92
Riverside Regional Medical Ctr.	3.03%	$62,027.35	$55,301.29	$691,145.66
Winchester Medical Ctr.	4.10%	$84,014.66	$74,904.35	$1,024,849.16
III				
New River Valley Medical Ctr.	0.31%	$6,364.75	$5,674.57	$79,785.38
CJW Medical Ctr.	0.48%	$9,836.42	$8,769.79	$340,474.12
Montgomery Regional Hospital	0.04%	$810.06	$722.22	$113,393.26
Southside Regional Medical Ctr.	0.47%	$9,662.85	$8,615.04	$165,759.39
Virginia Beach Gen'l Hospital	2.78%	$56,877.00	$50,710.05	$1,226,933.16
Total	100.00%			$30,076,304.70
Winchester Medical Ctr.	4.10%	$84,014.66	$74,904.35	$1,024,849.16
III				
New River Valley Medical Ctr.	0.31%	$6,364.75	$5,674.57	$79,785.38
CJW Medical Ctr.	0.48%	$9,836.42	$8,769.79	$340,474.12
Montgomery Regional Hospital	0.04%	$810.06	$722.22	$113,393.26
Southside Regional Medical Ctr.	0.47%	$9,662.85	$8,615.04	$165,759.39
Virginia Beach Gen'l Hospital	2.78%	$56,877.00	$50,710.05	$1,226,933.16
Total	100.00%			$30,076,304.70

c) Trauma Center Designation

Under the Code of Virginia the State Health Commissioner designates hospitals that choose to apply for designation as a trauma center. Hospitals that choose to be designated as a trauma center commit to continuously providing a higher level injury care than is required by routine hospital licensure. The cornerstones to trauma center designation are to have an organized approach to trauma care 24/7, provide rapid specialty care, have a trauma focused/specific performance improvement program, and trauma specific education. Virginia currently has 14 designated trauma centers that are one of three levels of designation; Level I (highest level), Level II, and Level III. Details on trauma center designation can be found on the OEMS Trauma Program Web page.

The list of hospitals below will undergo a trauma center verification site review during the 2009 review cycle.

- Mary Washington Hospital
- Winchester Medical Center
- Virginia Commonwealth University
- Sentara Norfolk General Hospital
- Montgomery Regional Hospital
- Southside Regional Medical Center

Stroke System

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

The EMS related goals for the VSSTF include dispatch guidelines, transport protocols (stroke triage), EMS assessment tool (i.e. Cincinnati Stroke Scale, 3 hr. window for acute stroke), and standard stroke treatment protocols. The task force has multiple other non-EMS related areas of focus including stroke prevention, early recognition, acute care/hospital clinical pathways, rehabilitation guidelines and more. Information will be posted on the OEMS Stroke Web page as it becomes available at http://www.vdh.virginia.gov/OEMS/Trauma/Stroke.htm

An initial draft State Stroke Triage Plan has been developed and is being discussed within the VSSTF. Over the next quarter the plan will be further discussed within the VSSTF (i.e. with Neurologists and Neuro-interventionalist) and through EMS' Medical Direction Committee. A public draft should be available for the next quarterly report.

STEMI Update

The Virginia Heart Attack Coalition (VHAC) continues to meet and work on the establishment of STEMI Systems of care for Virginia. The American College of Cardiologists and the American Heart Association have spearheaded the formation of VHAC. On May 16th VHAC sponsored a Stakeholders Summit to introduce VHAC to not only the EMS system, but also to other areas of the health care system as well. The focus of the summit was expand the stakeholder base of VHAC to include those areas that may already have STEMI systems established and those which do not have a STEMI system established at this time.

"Regional Champions" have been identified by VHAC and have begun developing STEMI groups on a regional level. General information about VHAC, regional development, or information about registering your local STEMI system can be found at http://virginiaheartattackcoalition.org/.

Emergency Medical Services for Children (EMSC)

a) Hospital Categorization and Recognition

National EMSC Performance Measure #66-C has to do with "*the existence of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies and trauma.*" VDH administration is very supportive of pediatric categorization/recognition, and the EMSC Program is working collaboratively with Virginia Hospital & Healthcare Association (VHHA) toward that end. VHHA is setting up a work group to assist in identifying pediatric emergency care levels.

b) Hospital Pediatric Assessments

Critical Access Hospitals (CAH) are being visited to assess whether appropriate pediatric emergency equipment is immediately available, and to encourage that key emergency staff maintain a reasonable level of pediatric expertise. In addition, the visits are being used to assist with written pediatric transport guidelines and agreements (National EMSC Performance Measure #66-D&E) that help EDs identify critical pediatric cases that need to be transported quickly to hospitals clinically able to handle those emergencies. Costs for this process are in part supported by the Virginia Department of Health through HRSA funding administered by the Office of Minority Health and Public Health Policy.

c) VHHA Assisting Hospital Pediatric Survey Process

EMS for Children programs in all every state are surveying hospitals in relation to key national pediatric performance measures. In Virginia, the Virginia Hospital and

Healthcare Association (VHHA) has agreed to facilitate completion of these surveys. Some of the performance measures being assessed are closely aligned with mass casualty and hospital surge capacity planning already required by various emergency preparedness initiatives.

d) New Ambulance Pediatric Equipment Recommendations Issued

A long-awaited revision to the list of recommended ambulance pediatric equipment has finally been released. This update has been endorsed by the following organizations:

- American College of Surgeons (ACS)
- American College of Emergency Physicians (ACEP)
- National Association of EMS Physicians (NAEMSP)
- American Academy of Pediatrics (AAP)
- EMS for Children (EMSC) Partnership for Children Stakeholder Group

The new list addresses both BLS and ALS needs, and future versions of state regulations will eventually conform to the new recommendations. National EMSC Performance Measure #66-B specifically references the recommended pediatric ambulance equipment list.

e) EMSC Committee to Assist In Budget Preparation

The EMSC Committee will be suggesting effective ways for the OEMS EMSC program to utilize future grant funds received from the Health Resource and Services Administration (HRSA) National EMS for Children State Partnership Grant program (through the Maternal Child and Health Bureau). OEMS is in the 3rd year of its 1st EMSC State Partnership Grant. Proposals for "competing continuation grants" are due this fall, and a special workshop will aid the 11 State EMSC Managers anticipated to be competing for these grants under "markedly new" grant guidance.

f) Virginia Statewide Trauma Registry (VSTR):

There are no significant new items to report with the Virginia Statewide Trauma Registry

Respectfully Submitted
OEMS Staff

Appendix A

Office of Emergency Medical Services
Rescue Squad Assistance Fund Awards
July 1, 2009 – June 30, 2010

1. AMELIA EMERGENCY SQUAD (SC-G03/06-09) - AMELIA Co., PD 14

1 Ambulance, Box-Style, Type III - $65,617.00 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

Total - $65,617.00

2. APPOMATTOX VOL RESCUE SQUAD (BR-G03/06-09) - APPOMATTOX Co., PD 11

1 Ford F450 4x4 Type I Amb. - $55,071.50 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

Total - $55,071.50

3. AUGUSTA COUNTY FIRE/RESCUE (CS-G08/06-09) - AUGUSTA Co., PD 06

1 LIFEPAK 12 MONITOR/DEFIB W/12L - $11,226.00 (50/50) State/Local Match

Total - $11,226.00

4. BASSETT RESCUE SQUAD, INC. (PI-G03/06-09) - HENRY Co., PD 12

1 FORD F450 4WD AMBULANCE - $88,114.40 (80/20) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

28 - Must be compliant with the OEMS Pre-Hospital Patient Care Reporting (PPCR) required by Virginia Code §32.1-116.1.

Total - $88,114.40

5. BEDFORD COUNTY SHERIFF'S OFFICE (BR-G01/06-09) - BEDFORD COUNTY, PD 11

8 Zoll AED Plus - $4,596.00 (50/50) State/Local Match

Total - $4,596.00

6. BEDFORD LIFE SAVING/FIRST AID (BR-G02/06-09) - BEDFORD CITY, PD 11

1 2009 FORD F450 HORTON AMBULANC - $55,071.50 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

Total - $55,071.50

7. BLUE RIDGE EMS COUNCIL (BR-G04/06-09) - LYNCHBURG CITY, PD 11

100 ACLS Heart Code KEYS - $8,960.00 (80/20) State/Local Match

Conditions: 4 - Results must be reported to OEMS at 6 months, 12 months and 18 months.

27 - Must submit a maintenance/sustainability plan to OEMS for awarded item.

Total - $8,960.00

8. BLUEFIELD VA RESCUE SQUAD (CP-G05/06-09) - TAZEWELL Co., PD 02

1 Monitor/Defibrillator - $9,717.60 (80/20) State/Local Match

1 Stryker Model 6500 Stretcher - $6,364.50 (50/50) State/Local Match

1 Stair Chair Pro Model 6252 - $1,213.50 (50/50) State/Local Match

Total - $17,295.60

9. BOTETOURT COUNTY EMERGENCY SER (WV-G08/06-09) - BOTETOURT Co., PD 05

1 TYPE III AMBULANCE - $56,877.00 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

1 Capnography Upgrade - $2,700.00 (50/50) State/Local Match

Total - $59,577.00

10. BOYKINS VOL FIRE/RESCUE SQUAD (TI-G06/06-09) - SOUTHAMPTON Co., PD 20

1 Stryker Pro XL Stretcher - $6,452.50 (50/50) State/Local Match

Total - $6,452.50

11. BRIDGEWATER VOL RESCUE SQUAD (CS-G02/06-09) - ROCKINGHAM Co., PD 06

1 Phillips Heartstart MRx - $8,018.50 (50/50) State/Local Match

Total - $8,018.50

12. BRISTOL LIFE SAVING CREW (MT-G13/06-09) - BRISTOL CITY, PD 03

1 2009 Chev or GMC 4500 Type 1 - $67,798.00 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

Total - $67,798.00

13. BUCKINGHAM CO VOL RESCUE SQUAD (SC-G04/06-09) - BUCKINGHAM Co., PD 14

1 FORD F-450 TYPE I - $55,071.50 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

10 Motorola Radius CP 200 - $2,880.00 (80/20) State/Local Match

2 Stryker Rugged Stretcher - $2,890.00 (50/50) State/Local Match

Total - $60,841.50

14. CAMPBELL COUNTY PUBLIC SAFETY (BR-G07/06-09) - CAMPBELL Co., PD 11

1 Zoll AutoPulse - $7,642.50 (50/50) State/Local Match

Total - $7,642.50

15. CAPE CHARLES VOLUNTEER FIRE CO (ES-G03/06-09) - NORTHAMPTON Co., PD 22

1 Hurst Electric Simo Pump - $6,400.00 (80/20) State/Local Match

1 Hurst Spreader - $5,600.00 (80/20) State/Local Match

Total - $12,000.00

16. CARROLL COUNTY EMS (MT-G03/06-09) - CARROLL Co., PD 03

1 LifePak 12 Defibrillator - $17,961.60 (80/20) State/Local Match

Total - $17,961.60

17. CHESTERFIELD FIRE AND EMS (MR-G01/06-09) - CHESTERFIELD Co., PD 15

16 Temp control drug compartment - $24,760.00 (50/50) State/Local Match

Total - $24,760.00

18. CITY OF MANASSAS FIRE AND RESCUE (NV-G01/06-09) - MANASSAS CITY, PD 08

6 Panasonic Toughbook CF-19 - $10,950.00 (50/50) State/Local Match

Conditions: 11 - Computer awards require establishment of internet account; providing OEMS with agency e-mail address; electronic submission of PPDR & grant applications

Total - $10,950.00

19. <u>CITY OF RICHMOND FIRE & EMS</u> (MR-G04/06-09) - RICHMOND CITY, PD 15

4 CO Oximeter - $9,920.00 (80/20) State/Local Match

3 CPR prompt 7 Pack Manikins - $1,152.00 (80/20) State/Local Match

12 Handheld Pulse Oximetry - $1,800.00 (50/50) State/Local Match

30 EMS response and Oxygen Bags - $3,000.00 (50/50) State/Local Match

Total - 15,872.00

20. <u>CITY OF VA BEACH DEPT OF EMS</u> (TI-G04/06-09) - VA BEACH CITY, PD 20

9 (AED/Manual) with 12 Lead - $82,154.70 (50/50) State/Local Match

42 Premium Suction Unit & Pouch - $17,041.92 (50/50) State/Local Match

7 (AED/Manual) with 3 lead - $53,483.50 (50/50) State/Local Match

Total - $152,680.12

21. <u>CLIFTON FORGE RESCUE SQUAD</u> (WV-G04/06-09) - ALLEGHANY Co., PD 05

1 Res-Q-Jack w/add. accessories - $2,700.00 (50/50) State/Local Match

4 Auto Cribbing - $898.00 (50/50) State/Local Match

1 Hurst Tools spreader & cutter - $6,400.00 (50/50) State/Local Match

Total - $9,998.00

22. <u>CLINTWOOD VOL RESCUE SQUAD</u> (CP-G06/06-09) - DICKENSON Co., PD 02

3 Heartstart MRX Monitor - $26,712.00 (80/20) State/Local Match

Total - $26,712.00

23. <u>COOL BRANCH RESCUE SQUAD</u> (PI-G05/06-09) - PITTSYLVANIA Co., PD 12

1 Power Pro Cot - $6,240.50 (50/50) State/Local Match

Total - $6,240.50

24. COUNTY OF FLOYD (NR-G02/06-09) - FLOYD Co., PD 04

7 Mobile Radios with installation - $4,967.20 (80/20) State/Local Match

20 Motorola Minitor 5 - $7,664.00 (80/20) State/Local Match

Total - $12,631.20

25. COVINGTON RESCUE SQUAD (WV-G03/06-09) - COVINGTON CITY, PD 05

1 Zoll Auto Pulse Support Pump - $7,500.00 (50/50) State/Local Match

Total - $7,500.00

26. DAMASCUS VOL RESCUE SQUAD, INC. (MT-G12/06-09) - WASHINGTON Co., PD 03

2 1power cot & 1 stair chair - $6,809.32 (50/50) State/Local Match

3 12-lead conversion - $10,897.50 (50/50) State/Local Match

Total - $17,706.82

27. DUNLAP FIRE AND RESCUE (WV-G09/06-09) - ALLEGHANY Co., PD 05

1 EXTRICATION SYSTEM - $22,823.50 (50/50) State/Local Match

Total - $22,823.50

28. EAGLE ROCK VOL FD AND RS (WV-G07/06-09) - BOTETOURT Co., PD 05

1 12-Lead Cardiac Monitor - $11,226.00 (50/50) State/Local Match

Total - $11,226.00

29. EASTERN SHORE 911 COMMUNICATIONS (ES-G01/06-09) - ACCOMACK Co., PD 22

1 MED Channel Radio-Northampton - $26,178.40 (100/0) State/Local Match

1 MED Channel Radio-Accomack - $7,013.60 (100/0) State/Local Match

1 VHF Radio and Antenna System - $18,125.60 (100/0) State/Local Match

Total - $51,317.60

30. ELK CREEK RESCUE SQUAD (MT-G06/06-09) - GRAYSON Co., PD 03

2 Stair PRO Model 6252 - $3,519.00 (50/50) State/Local Match

12 Kenwood TK2180-NKP Package - $3,420.00 (50/50) State/Local Match

10 Minitor 5 Pager - $2,295.00 (50/50) State/Local Match

Total - $9,234.00

31. FAIRFIELD VOL RESCUE SQUAD (CS-G06/06-09) - ROCKBRIDGE Co., PD 06

15 Motorola Minitor V Pagers - $6,036.00 (80/20) State/Local Match

1 Laptop Computer - $790.00 (50/50) State/Local Match

Conditions: 11 - Computer awards require establishment of internet account; providing OEMS with agency e-mail address; electronic submission of PPDR & grant application as applicable.

Total - $6,826.00

32. FALLING SPRING RESCUE SQUAD (WV-G05/06-09) - ALLEGHANY Co., PD 05

1 Zoll Model E 12 lead w/ ETCO2 - $16,098.40 (80/20) State/Local Match

Conditions: 28 - Must be compliant with the OEMS Pre-Hospital Patient Care Reporting (PPCR) required by Virginia Code ?32.1-116.1.

2 Masimo RAD-57 pulse oximeter - $6,972.67 (50/50) State/Local Match

Conditions: 28 - Must be compliant with the OEMS Pre-Hospital Patient Care Reporting (PPCR) required by Virginia Code §32.1-116.1.

Total - $23,071.07

33. FLOYD CO LIFESAVING/1ST AID (NR-G03/06-09) - FLOYD Co., PD 04

2 Zoll E-series - $33,216.00 (80/20) State/Local Match

Total - $33,216.00

34. FLUVANNA RESCUE SQUAD (TJ-G03/06-09) - FLUVANNA Co., PD 10

1 Type III Ambulance/MedTec - $91,003.20 (80/20) State/Local Match

Total - $91,003.20

35. GALAX-GRAYSON EMERG MED SERVS (MT-G01/06-09) - GALAX CITY, PD 03

1 Ford F-450 Type 1 Amb w/4WD - $88,114.40 (80/20) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

Total - $88,114.40

36. GLADE SPRINGS VOL LIFESAVING (MT-G02/06-09) - WASHINGTON Co., PD 03

1 2009 TYPE III CHEVROLET AMBULA - $65,617.00 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

Total - $65,617.00

37. GLASGOW LIFE SAVING/FIRST AID (CS-G03/06-09) - ROCKBRIDGE Co., PD 06

1 Vehicle Stabilization Kit - $5,537.50 (50/50) State/Local Match

Total - $5,537.50

38. GOOCHLAND CO F/R VOL ASSOC (MR-G05/06-09) - GOOCHLAND Co., PD 15

2 Lifepak 1000 AED - $2,178.00 (50/50) State/Local Match

Total - $2,178.00

39. GOODSON-KINDERHOOK VOL FD (MT-G14/06-09) - WASHINGTON Co., PD 03

1 computer - $841.88 (50/50) State/Local Match

Conditions: 11 - Computer awards require establishment of internet account; providing OEMS with agency e-mail address; electronic submission of PPDR & grant application as applicable.

1 AutoPulse - $7,193.75 (50/50) State/Local Match

1 Stryker Power Pro Cot - $6,452.50 (50/50) State/Local Match

3 Pulse Oximeter - $1,769.00 (50/50) State/Local Match

Total - $16,257.13

40. GREENE COUNTY RESCUE SQUAD (TJ-G01/06-09) - GREENE Co., PD 10

4 STRYKER STAIR-PRO - $4,854.00 (50/50) State/Local Match

1 Nonin Multi-Parameter Monitor - $6,760.00 (50/50) State/Local Match

2 Nonin 8500 Series Digital Hand - $678.50 (50/50) State/Local Match

Total - $12,292.50

41. GREENSVILLE VOL RESCUE SQUAD (CR-G01/06-09) - EMPORIA Co., PD 19

1 Ferno 35X PROFlex - $4,295.00 (50/50) State/Local Match

Total - $4,295.00

42. HALIFAX COUNTY RESCUE SQUAD (SS-G04/06-09) - HALIFAX Co., PD 13

1 Autovent 4000 with CPAP - $2,747.50 (50/50) State/Local Match

Conditions: 28 - Must be compliant with the OEMS Pre-Hospital Patient Care Reporting (PPCR) required by Virginia Code §32.1-116.1.

Total - $2,747.50

43. HENRICO COUNTY DIVISION OF FIRE (MR-G08/06-09) - HENRICO Co., PD 15

1 Rechassis an aumbulance - $66,588.50 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

1 Rechassis an aumbulance - $66,588.50 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

Total - $133,177.00

44. HILLSVILLE VOLUNTEER FIRE DEPT (MT-G05/06-09) - CARROLL Co., PD 03

1 Res-Q-Jack 4 point deluxe kit - $2,425.00 (50/50) State/Local Match

2 Phillips Heartstart - $1,744.80 (50/50) State/Local Match

Total - $4,169.80

45. HORSEPASTURE RESCUE SQUAD (PI-G02/06-09) - HENRY Co., PD 12

1 LP 12 w/ 12 lead and Cap - $17,961.60 (80/20) State/Local Match

1 Zoll Auto Pulse - $11,510.00 (80/20) State/Local Match

Total - $29,471.60

46. JEB STUART RESCUE SQUAD (PI-G04/06-09) - PATRICK Co., PD 12

1 Hurst Equipment see narrative - $17,712.50 (50/50) State/Local Match

Conditions: 28 - Must be compliant with the OEMS Pre-Hospital Patient Care Reporting (PPCR) required by Virginia Code §32.1-116.1.

1 Hurst 73 ton Airbag System - $2,438.50 (50/50) State/Local Match

Conditions: 28 - Must be compliant with the OEMS Pre-Hospital Patient Care Reporting (PPCR) required by Virginia Code §32.1-116.1.

1 Rescue Jack Deluxe Kit - $2,450.00 (50/50) State/Local Match

Conditions: 28 - Must be compliant with the OEMS Pre-Hospital Patient Care Reporting (PPCR) required by Virginia Code §32.1-116.1.

Total - $22,601.00

47. JEFFERSONVILLE VOL RESCUE SQUAD (CP-G01/06-09) - TAZEWELL Co., PD 02

1 Dodge 4500 4x4 Type I Ambulanc - $90,389.60 (80/20) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

1 Stryker MX-Pro Amb Stretcher - $2,316.50 (50/50) State/Local Match

Total - $92,706.10

48. KEMPSVILLE VOL RESCUE SQUAD (TI-G03/06-09) - VA BEACH CITY, PD 20

1 FORD E-450 TYPE III AMBULANCE - $56,877.00 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

Total - $56,877.00

49. KENBRIDGE EMERGENCY SQUAD (SC-G02/06-09) - LUNENBURG Co., PD 14

1 EXTRICATION SYSTEM - $36,517.60 (80/20) State/Local Match

Total - $36,517.60

50. KERR'S CREEK VOL FIRE DEPT (CS-G04/06-09) - ROCKBRIDGE Co., PD 06

1 Type 1 Dodge 4500 4x4 SLT 6.7L - $90,389.60 (80/20) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

2 - Agency must upgrade license to ALS.

10 - Agency must upgrade to transport agency.

28 - Must be compliant with the OEMS Pre-Hospital Patient

Care Reporting (PPCR) required by Virginia Code §32.1-116.1.

1 Life Pak 12 12-lead AED - $17,371.20 (80/20) State/Local Match

Conditions: 2 - Agency must upgrade license to ALS.

10 - Agency must upgrade to transport agency.

28 - Must be compliant with the OEMS Pre-Hospital Patient Care Reporting (PPCR) required by Virginia Code §32.1-116.1.

Total - $107,760.80

51. LACROSSE POLICE DEPARTMENT (SS-G03/06-09) - MECKLENBURG Co., PD 13

2 Powerheart AED G3 Plus, - $1,642.17 (50/50) State/Local Match

Total - $1,642.17

52. LEAD MINES RESCUE SQUAD (MT-G09/06-09) - WYTHE Co., PD 03

2 HEARTSTART MRX ALS MONITORS - $19,232.00 (80/20) State/Local Match

Total - $19,232.00

53. LONG SHOP-MCCOY FIRE & RESCUE (NR-G01/06-09) - MONTGOMERY Co., PD 04

1 Laptop Computer - $750.00 (50/50) State/Local Match

Conditions: 11 - Computer awards require establishment of internet account; providing OEMS with agency e-mail address; electronic submission of PPDR & grant application as applicable.

2 Hartwell Combo-Carrier (Scoop) - $800.00 (50/50) State/Local Match

Total - $1,550.00

54. LORD FAIRFAX EMS COUNCIL (LF-G02/06-09) - WINCHESTER Co., PD 07

3 Med 2, 3, and 5 Repeaters - $22,410.00 (100/0) State/Local Match

Conditions: 5 - Must be reviewed and approved by OEMS Communications Coordinator prior to purchase.

27 - Must submit a maintenance/sustainability plan to OEMS for awarded item.

2 Epson EX30 Multimedia Projector - $928.00 (80/20) State/Local Match

Conditions: 27 - Must submit a maintenance/sustainability plan to OEMS

for awarded item.

1 Toshiba Satellite notebook - $1,347.50 (100/0) State/Local Match

Conditions: 11 - Computer awards require establishment of internet account; providing OEMS with agency e-mail address; electronic submission of PPDR & grant application as applicable.

27 - Must submit a maintenance/sustainability plan to OEMS for awarded item.

1 Medallion EVM15 Notebook - $809.20 (80/20) State/Local Match

Conditions: 11 - Computer awards require establishment of internet account; providing OEMS with agency e-mail address; electronic submission of PPDR & grant application as applicable.

27 - Must submit a maintenance/sustainability plan to OEMS for awarded item.

Total - $25,494.70

55. LURAY VOLUNTEER RESCUE SQUAD (LF-G06/06-09) - PAGE Co., PD 07

1 FERNO ProFlexx Cot - New - $2,150.00 (50/50) State/Local Match

3 FERNO EZ-Glide Chair - Rep - $3,600.00 (50/50) State/Local Match

Total - $5,750.00

56. LYNCHBURG FIRE DEPARTMENT (BR-G09/06-09) - LYNCHBURG CITY, PD 11

1 Physio Control LifePak 15 - $11,226.00 (50/50) State/Local Match

Total - $11,226.00

57. LYNCHBURG LIFESAVING/1ST AID (BR-G11/06-09) - LYNCHBURG CITY, PD 11

24 ANSI 207 Breakaway Vests - $420.00 (50/50) State/Local Match

1 MDT and essential components - $2,500.00 (50/50) State/Local Match

Total - $2,920.00

58. MANCHESTER VOLUNTEER RESCUE SQ (MR-G07/06-09) - CHESTERFIELD Co., PD 15

7 Defibrillator - Semi-AED - $33,678.00 (50/50) State/Local Match

Total - $33,678.00

59. MATHEWS VOLUNTEER RESCUE SQUAD (MP-G01/06-09) - MATHEWS Co., PD 18

1 Airway Mgmt Training Torso - $547.50 (50/50) State/Local Match

2 Power Ferno Cot with Plug-Ins - $8,017.67 (50/50) State/Local Match

2 C-PAP Units - $998.00 (50/50) State/Local Match

Total - $9,563.17

60. MONETA RESCUE SQUAD (BR-G06/06-09) - BEDFORD COUNTY, PD 11

1 Type 1 2WD Ambulance - Dodge - $56,493.50 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

28 - Must be compliant with the OEMS Pre-Hospital Patient Care Reporting (PPCR) required by Virginia Code §32.1-116.1.

20 Replacement portable radios - $25,550.00 (50/50) State/Local Match

Conditions: 28 - Must be compliant with the OEMS Pre-Hospital Patient Care Reporting (PPCR) required by Virginia Code §32.1-116.1.

20 Reflective hi-visibility coat - $1,250.00 (50/50) State/Local Match

Conditions: 28 - Must be compliant with the OEMS Pre-Hospital Patient Care Reporting (PPCR) required by Virginia Code §32.1-116.1.

Total - $83,293.50

61. NEW KENT FIRE-RESCUE (MR-G06/06-09) - NEW KENT Co., PD 15

12 EZ IO (Intraosseus Devices) - $4,626.20 (50/50) State/Local Match

Conditions: 27 - Must submit a maintenance/sustainability plan to OEMS for awarded item.

Total - $4,626.20

62. NICKELSVILLE RESCUE SQUAD (LE-G01/06-09) - SCOTT Co., PD 01

1 ZOLL AUTOPULSE - $6,956.25 (50/50) State/Local Match

Total - $6,956.25

63. NORFOLK FIRE & PARAMEDICAL SER (TI-G05/06-09) - NORFOLK Co., PD 20

1 Rescue Shuttle / ATV - $9,785.50 (50/50) State/Local Match

Total - $9,785.50

64. **NORTH HALIFAX VOLUNTEER FIRE DEPT (SS-G05/06-09) - HALIFAX Co., PD 13**

1 Zoll M Series Multi Pro Plus - $11,226.00 (50/50) State/Local Match

Total - $11,226.00

65. **ONANCOCK VOLUNTEER FIRE DEPT (ES-G02/06-09) - ACCOMACK Co., PD 22**

5 Motorola MotoTRBO XPR6300 Digi - $2,250.00 (50/50) State/Local Match

5 Motorola Qa00506 Microphones - $212.50 (50/50) State/Local Match

15 Motorola Minitor V Pagers - $3,225.00 (50/50) State/Local Match

2 Laerdal PortableSuction Unit - $900.00 (50/50) State/Local Match

Total - $6,587.50

66. **PAGE COUNTY EMERGENCY SERVICES (LF-G05/06-09) - PAGE Co., PD 07**

1 2009 Type 3 ambulance - $56,877.00 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

Total - $56,877.00

67. **PAGE COUNTY SHERIFF'S OFFICE (LF-G01/06-09) - PAGE Co., PD 07**

4 Defibrillators - $4,412.80 (80/20) State/Local Match

Total - $4,412.80

68. **POQUOSON FIRE & RESCUE (VP-G01/06-09) - POQUOSON CITY, PD 21**

4 Medtronic Wireless Modem - $990.00 (50/50) State/Local Match

Total - $990.00

69. **POWHATAN COUNTY FIRE DEPT (MR-G03/06-09) - POWHATAN Co., PD 15**

5 Phillips AED M3861A FR2+ w/o E - $5,487.50 (50/50) State/Local Match

Total - $5,487.50

70. **RADFORD UNIVERSITY EMS (NR-G05/06-09) - RADFORD CITY, PD 04**

1 PMC (Vertex Standard) Repeater - $3,970.55 (80/20) State/Local Match

Conditions: 28 - Must be compliant with the OEMS Pre-Hospital Patient Care Reporting (PPCR) required by Virginia Code §32.1-116.1.

Total - $3,970.55

71. RAPHINE VOL. FIRE CO, INC. (CS-G07/06-09) - ROCKBRIDGE Co., PD 06

1 EMS Reponse Vehicle - $16,074.00 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

21 - Special condition(s):

Vehicle must be used for Response purposes only.

1 Phillips Heartstart MRx 12 Lea - $12,829.60 (80/20) State/Local Match

Total - $28,903.60

72. RAPPAHANNOCK EMS COUNCIL (RA-G03/06-09) - FREDERICKSBURG CITY, PD 16

1 Laerdal SimNew B Neonatal Simu - $18,480.00 (80/20) State/Local Match

Conditions: 27 - Must submit a maintenance/sustainability plan to OEMS for awarded item.

Total - $18,480.00

73. REMINGTON VOL FIRE DEPT/RESCUE (RA-G02/06-09) - FAUQUIER Co., PD 09

1 PHYSIO Control Upgrade - $2,138.40 (80/20) State/Local Match

2 Upgrade to ECTCO2 on 4 LP12 - $10,511.07 (50/50) State/Local Match

2 Motorola astro 800 MHZ. radios - $4,922.75 (50/50) State/Local Match

Total - $17,572.22

74. RICHMOND COUNTY EMS (NN-G01/06-09) - RICHMOND COUNTY, PD 17

1 2009 AEV Type III Amb - $91,003.20 (80/20) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

1 Physio-Control LP-12 ECG - $17,961.60 (80/20) State/Local Match

1 Stryker MX-Pro Ambulance Cot - $3,458.40 (80/20) State/Local Match

Total - $112,423.20

75. <u>RICHMOND SHERIFF'S OFFICE</u> (MR-G02/06-09) - RICHMOND CITY, PD 15

5 Basic Buddy Training Manakin - $172.13 (50/50) State/Local Match

2 Trauma Kits - $312.38 (50/50) State/Local Match

Total - $484.51

76. <u>ROANOKE COUNTY FIRE & RESCUE</u> (WV-G01/06-09) - ROANOKE COUNTY, PD 05

1 type 1 4WD Ambulance - $55,071.50 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

1 Extrication Equipment for W-1 - $11,000.00 (50/50) State/Local Match

1 12-Lead Zoll Monitor - $10,000.00 (50/50) State/Local Match

Total - $76,071.50

77. <u>ROANOKE FIRE- EMS DEPARTMENT</u> (WV-G02/06-09) - ROANOKE CITY, PD 05

1 G3500 Chevrolet Type III Amb - $87,095.20 (80/20) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

Total - $87,095.20

78. <u>ROUND HILL VOL FIRE & RESCUE</u> (NV-G02/06-09) - LOUDOUN Co., PD 08

1 Ford F450 4WD (Horton) - $55,071.50 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

28 - Must be compliant with the OEMS Pre-Hospital Patient Care Reporting (PPCR) required by Virginia Code §32.1-116.1.

Total - $55,071.50

79. <u>RURAL RETREAT VOL EMER SERVICE</u> (MT-G11/06-09) - WYTHE Co., PD 03

30 Monitor V 2 Channel pagers - $15,960.00 (80/20) State/Local Match

Total - $15,960.00

80. S.W. VIRGINIA COMM COLLEGE (CP-G04/06-09) - TAZEWELL Co., PD 02

1 12-Lead Monitor-Defib-Pacer - $9,600.00 (80/20) State/Local Match

3 Adult ALS Skills Manikin - $12,000.00 (80/20) State/Local Match

3 Child ALS skills manikin - $9,600.00 (80/20) State/Local Match

4 ECG rhythm simulators - $4,000.00 (80/20) State/Local Match

5 EZ-IO Trainers - $2,000.00 (80/20) State/Local Match

5 Airway Equipment - $1,600.00 (80/20) State/Local Match

5 AED Trainers - $2,400.00 (80/20) State/Local Match

Total - $41,200.00

81. SCOTT COUNTY (LE-G02/06-09) - SCOTT Co., PD 01

12 Powerheart AED G3 PLUS - $13,392.00 (80/20) State/Local Match

Total - $13,392.00

82. SHENANDOAH COUNTY FIRE/RESCUE (LF-G03/06-09) - SHENANDOAH Co., PD 07

8 Philips HeartStart FRx Defib - $9,178.37 (80/20) State/Local Match

8 EMS Jumpbag w/Oxygen Equipment - $2,664.32 (80/20) State/Local Match

8 Portable Suction Unit - $3,190.08 (80/20) State/Local Match

Total - $15,032.77

83. SOUTH RIVER DISTRICT VOL FD (CS-G01/06-09) - ROCKBRIDGE Co., PD 06

4 Suction Unit - $1,498.00 (50/50) State/Local Match

3 Manikins - $621.72 (50/50) State/Local Match

1 Projector/Screen/SpareLamp - $1,994.80 (50/50) State/Local Match

5 M5 Motorola Minitor 5 Pagers - $870.00 (50/50) State/Local Match

Total - $4,984.52

84. SOUTHSIDE RESCUE SQUAD (SS-G01/06-09) - MECKLENBURG Co., PD 13

20 MOTOROLA EX560-XLS - $10,200.00 (50/50) State/Local Match

Total - $10,200.00

85. <u>SOUTHWEST VIRGINIA EMS COUNCIL</u> (MT-G16/06-09) - WASHINGTON Co., PD 03

275 King Airway LT-D Kit - $34,000.00 (100/0) State/Local Match

Conditions: 3 - Agency must obtain endorsement from OMD.

4 - Results must be reported to OEMS at 6 months, 12 months and 18 months.

21 - Special condition(s):

Protocols must be submitted to OEMS for the use of awarded equipment

27 - Must submit a maintenance/sustainability plan to OEMS for award

Total - $34,000.00

86. <u>SUFFOLK FIRE DEPARTMENT</u> (TI-G01/06-09) - SUFFOLK Co., PD 20

2 ALS TRAINER - FULL BODY W/SIMU - $2,715.00 (50/50) State/Local Match

2 IV ARM TRAINERS - $499.00 (50/50) State/Local Match

1 ADV. LARRY INTUBATION TRAINER - $547.50 (50/50) State/Local Match

1 Neonat Simulator - $999.50 (50/50) State/Local Match

2 PowerPro Ambu Cot. - $5,161.50 (50/50) State/Local Match

2 STAIR PRO MODEL #6252 - $2,258.88 (50/50) State/Local Match

1 Zoll E Series AED - $7,158.00 (80/20) State/Local Match

Total - $19,339.38

87. <u>SUGAR GROVE LIFE SAVING CREW</u> (MT-G07/06-09) - SMYTH Co., PD 03

1 Vetter 96 Tom Set H.P. Airbags - $4,664.00 (80/20) State/Local Match

1 Complete set of extrication - $29,884.00 (80/20) State/Local Match

Total - $34,548.00

88. <u>SWOOPE VOLUNTEER FIRE COMPANY</u> (CS-G05/06-09) - AUGUSTA Co., PD 06

1 2009 Chevy Tahoe - $25,718.40 (80/20) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

21 - Special condition(s):

Vehicle must be used for Response purposes only.

20 Motorola XTS-1500 Portabl Rad - $28,352.00 (80/20) State/Local Match

5 Motorola Minitor V pagers - $1,600.00 (80/20) State/Local Match

1 Zoll AED Pro with Accesories - $3,048.44 (80/20) State/Local Match

1 Laerdal Compact Suction Unit - $404.76 (80/20) State/Local Match

1 Laptop, Projector &accessories - $2,040.80 (80/20) State/Local Match

Conditions: 11 - Computer awards require establishment of internet account; providing OEMS with agency e-mail address; electronic submission of PPDR & grant application as applicable.

Total - $61,164.40

89. TOWN OF CHILHOWIE FIRE DEPARTMENT (MT-G15/06-09) - SMYTH Co., PD 03

1 Ford Type II Ambulance - $32,000.00 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

Total - $32,000.00

90. TOWN OF RICHLANDS (CP-G03/06-09) - TAZEWELL Co., PD 02

1 FORD E350 TYPE III AMBULANCE - $52,923.50 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

1 STRYKER AMBULANCE COT - $3,130.40 (80/20) State/Local Match

Total - $56,053.90

91. VICTORIA FIRE & RESCUE (SC-G01/06-09) - LUNENBURG Co., PD 14

1 Ford Type I Ambulance - $55,071.50 (80/20) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

Total - $55,071.50

92. VA COLLEGE OF EMERGENCY PHYS (NA-G01/06-09) - NON-AFFILIATED Co., PD 00

1 EMS MD Training/ Endorsement - $40,000.00 (100/0) State/Local Match

Conditions: 21 - Special condition(s): Listed Below

- Grantee must submit a timeline of courses scheduled which must be approved in advance by the Office of EMS prior to reimbursement.
- Grantee must consider any courses conducted at the EMS Symposium as part of the approved courses for this grant.
- Each course must be approved by OEMS in advance with proper documentation (i.e. course agenda, outline, budget of course, participants registered).
- OEMS must review each instructor contract in advance of each course to include a copy of the contract and any commitment of funds.

1 EMS MD Hot Topics courses - $20,000.00 (100/0) State/Local Match

Conditions: 21 - Special condition(s): Listed Below

- Grantee must submit a timeline of courses scheduled which must be approved in advance by the Office of EMS prior to reimbursement.
- Grantee must consider any courses conducted at the EMS Symposium as part of the approved courses for this grant.
- Each course must be approved by OEMS in advance with proper documentation (i.e. course agenda, outline, budget of course, participants registered).
- OEMS must review each instructor contract in advance of each course to include a copy of the contract and any commitment of funds.

1 EMS Physician Orientation - $6,000.00 (100/0) State/Local Match

Conditions: 21 - Special condition(s): Listed Below

- Grantee must submit a timeline of courses scheduled which must be approved in advance by the Office of EMS prior to reimbursement.
- Grantee must consider any courses conducted at the EMS Symposium as part of the approved courses for this grant.
- Each course must be approved by OEMS in advance with proper documentation (i.e. course agenda, outline, budget of course, participants registered).
- OEMS must review each instructor contract in advance of each course to include a copy of the contract and any commitment of funds.

Total - $66,000.00

93. <u>VIRGINIA TECH RESCUE SQUAD</u> (NR-G04/06-09) - MONTGOMERY Co., PD 04

1 Type III Chevrolet Med Duty - $91,003.20 (80/20) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

Total - $91,003.20

94. WASHINGTON COUNTY SHERIFF'S OFF (MT-G08/06-09) - WASHINGTON Co., PD 03

20 Powerheart AED G3 Plus - $20,720.00 (80/20) State/Local Match

Total - $20,720.00

95. WESTERN VIRGINIA EMS COUNCIL (WV-G06/06-09) - ROANOKE CITY, PD 05

1 Misc BLS items - $11,360.00 (80/20) State/Local Match

Total - $11,360.00

96. WESTMORELAND VOLUNTEER FIRE DE (NN-G02/06-09) - WESTMORELAND Co., PD 17

4 Motorola HT750 - $1,790.00 (50/50) State/Local Match

Total - $1,790.00

97. WINTERGREEN FIRE DEPARTMENT (TJ-G02/06-09) - NELSON Co., PD 10

1 4x4 SUV - $16,074.00 (50/50) State/Local Match

Conditions: 1 - Vehicle must be available for service 24 hours a day, 7 days a week.

21 - Special condition(s):

Vehicle must be used for Response purposes only.

Total - $16,074.00

98. WISE RESCUE SQUAD, INC. (LE-G03/06-09) - WISE Co., PD 01

2 capnography - $8,000.00 (80/20) State/Local Match

2 c pap - $1,600.00 (80/20) State/Local Match

Total - $9,600.00

99. WOODSTOCK VOL RESCUE SQUAD (LF-G04/06-09) - SHENANDOAH Co., PD 07

1 Computer Work Station - $1,297.49 (50/50) State/Local Match

Conditions: 11 - Computer awards require establishment of internet account; providing OEMS with agency e-mail address; electronic submission of PPDR & grant application as applicable.

3 Airway Heads w/ supplies - $783.50 (50/50) State/Local Match

Total - $2,080.99

Total Awarded: $3,073,277

Agencies: 99

Appendix B

GRANT AWARDS
July 1 – November 1, 2009

VIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES (OEMS)
AND
DEPARTMENT OF HOMELAND SECURITY (DHS),
STATE HOMELAND SECURITY GRANT (SHSG)

1. ACCOMACK COUNTY - $73,000.00 – 20 Panasonic ToughBook 19 – AWARDED BY DHS
2. ALLEGHANY COUNTY - $40,150.00– 11 Panasonic ToughBook 19– AWARDED BY DHS
3. AMELIA COUNTY - $14,600.00– 4 Panasonic ToughBook 19– AWARDED BY DHS
4. APPOMATTOX COUNTY - $18,250.00– 5 Panasonic ToughBook 19– AWARDED BY DHS
5. BATH COUNTY - $29,200.00– 8 Panasonic ToughBook 19– AWARDED BY DHS
6. BLAND COUNTY - $21,900.00– 6 Panasonic ToughBook 19– AWARDED BY DHS
7. BRISTOL CITY - $18,250.00– 5 Panasonic ToughBook 19– AWARDED BY DHS
8. BRUNSWICK COUNTY - $25,550.00– 7 Panasonic ToughBook 19– AWARDED BY DHS
9. BUCHANAN COUNTY - $29,200.00– 8 Panasonic ToughBook 19– AWARDED BY DHS
10. BUENA VISTA CITY - $18,250.00– 5 Panasonic ToughBook 19– AWARDED BY DHS
11. CAROLINE COUNTY - $47,450.00–13 Panasonic ToughBook 19– AWARDED BY DHS
12. CARROLL COUNTY - $62,050.00– 17 Panasonic ToughBook 19– AWARDED BY DHS
13. CHARLOTTE COUNTY - $18,250.00– 5 Panasonic ToughBook 19– AWARDED BY DHS
14. CHESAPEAKE CITY - $65,700.00– 18 Panasonic ToughBook 19– AWARDED BY DHS
15. COVINGTON CITY - $21,900.00– 6 Panasonic ToughBook 19– AWARDED BY DHS
16. CRAIG COUNTY - $25,550.00– 7 Panasonic ToughBook 19– AWARDED BY DHS
17. CULPEPER COUNTY - $58,400.00– 15 Panasonic ToughBook 19– AWARDED BY DHS
18. CUMBERLAND COUNTY - $21,900.00– 6 Panasonic ToughBook 19– AWARDED BY DHS
19. DANVILLE CITY - $25,550.00– 7 Panasonic ToughBook 19– AWARDED BY DHS
20. DICKENSON COUNTY - $29,200.00– 8 Panasonic ToughBook 19– AWARDED BY DHS
21. DINWIDDIE COUNTY - $25,550.00– 7 Panasonic ToughBook 19– AWARDED BY DHS

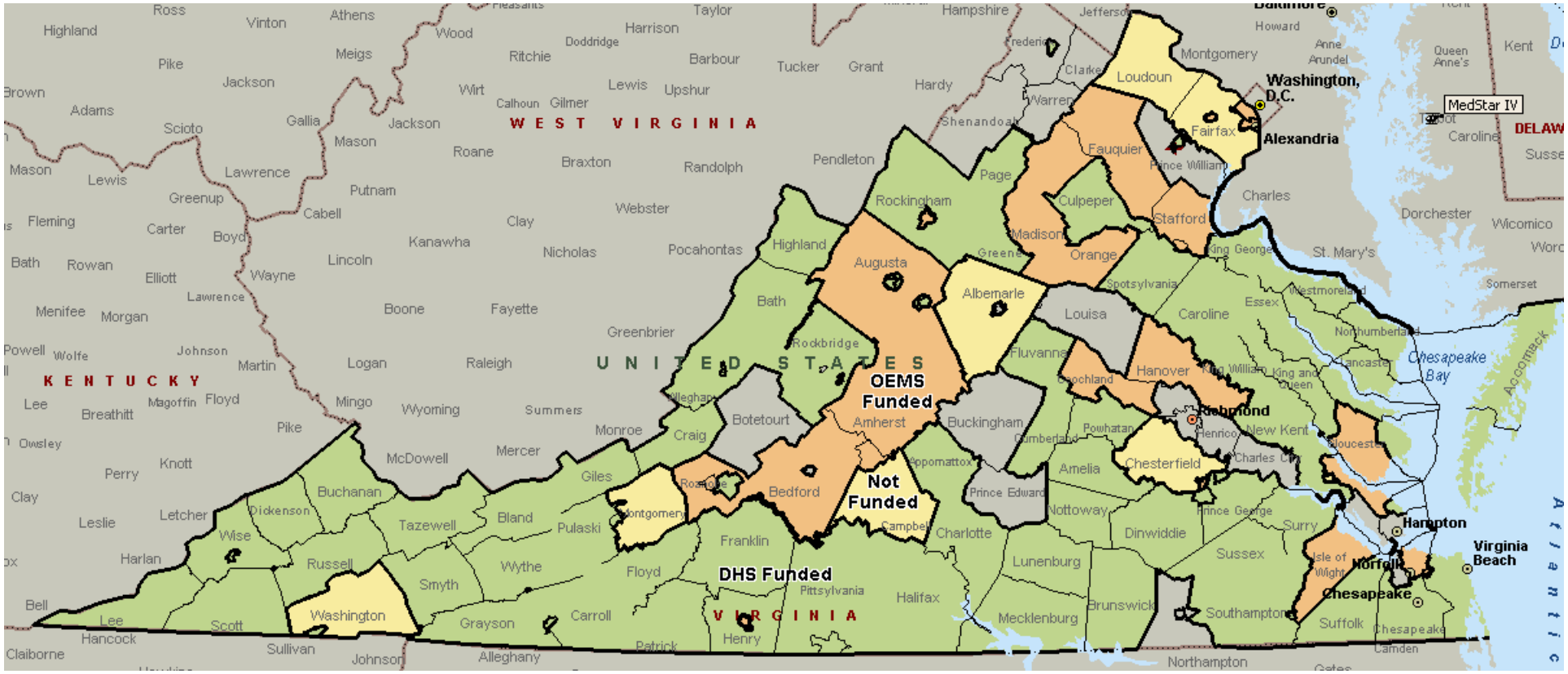
22. ESSEX COUNTY - $18,250.00– 5 Panasonic ToughBook 19– AWARDED BY DHS
23. FLOYD COUNTY - $29,200.00– 8 Panasonic ToughBook 19– AWARDED BY DHS
24. FLUVANNA COUNTY - $18,250.00– 5 Panasonic ToughBook 19– AWARDED BY DHS
25. FRANKLIN CITY - $14,600.00– 4 Panasonic ToughBook 19– AWARDED BY DHS
26. FRANKLIN COUNTY - $83,950.00– 23 Panasonic ToughBook 19– AWARDED BY DHS
27. GALAX CITY - $18,250.00– 5 Panasonic ToughBook 19– AWARDED BY DHS
28. GILES COUNTY - $21,900.00– 6 Panasonic ToughBook 19– AWARDED BY DHS
29. GRAYSON COUNTY - $62, 050.00– 17 Panasonic ToughBook 19– AWARDED BY DHS
30. GREENE COUNTY - $21,900.00– 6 Panasonic ToughBook 19– AWARDED BY DHS
31. HALIFAX COUNTY - $25,550.00– 7 Panasonic ToughBook 19– AWARDED BY DHS
32. HENRY COUNTY - $65,700.00– 18 Panasonic ToughBook 19– AWARDED BY DHS
33. HIGHLAND COUNTY - $14,600.00– 4 Panasonic ToughBook 19– AWARDED BY DHS
34. HOPEWELL CITY - $21,900.00– 6 Panasonic ToughBook 19– AWARDED BY DHS
35. JAMES CITY COUNTY - $29,200.00– 8 Panasonic ToughBook 19– AWARDED BY DHS
36. KING & QUEEN COUNTY - $32,850.00– 9 Panasonic ToughBook 19– AWARDED BY DHS
37. KING GEORGE COUNTY - $21,900.00– 6 Panasonic ToughBook 19– AWARDED BY DHS
38. KING WILLIAM COUNTY - $25,550.00– 7 Panasonic ToughBook 19– AWARDED BY DHS
39. LANCASTER COUNTY - $21,900.00– 6 Panasonic ToughBook 19– AWARDED BY DHS
40. LEE COUNTY - $36,500.00– 10 Panasonic ToughBook 19– AWARDED BY DHS
41. LUNENBURG COUNTY - $18,250.00– 5 Panasonic ToughBook 19– AWARDED BY DHS
42. MANASSAS CITY - $14,600.00– 4Panasonic ToughBook 19– AWARDED BY DHS
43. MANASSAS PARK CITY - $7,300.00– 2 Panasonic ToughBook 19– AWARDED BY DHS
44. MATHEWS COUNTY - $14,600.00– 4 Panasonic ToughBook 19– AWARDED BY DHS
45. MECKLENBURG COUNTY - $47,450.00– 13 Panasonic ToughBook 19– AWARDED BY DHS
46. MIDDLESEX COUNTY - $25,550.00– 7 Panasonic ToughBook 19– AWARDED BY DHS

47. NEW KENT COUNTY - $40,150.00– 11 Panasonic ToughBook 19– AWARDED BY DHS
48. NORTHAMPTON COUNTY - $18,250.00– 5 Panasonic ToughBook 19– AWARDED BY DHS
49. NORTHUMBERLAND COUNTY - $25,550.00– 7 Panasonic ToughBook 19– AWARDED BY DHS
50. NORTON CITY - $10,950.00– 3 Panasonic ToughBook 19– AWARDED BY DHS
51. NOTTOWAY COUNTY - $25,550.00– 7 Panasonic ToughBook 19– AWARDED BY DHS
52. PAGE COUNTY - $43,800.00– 12 Panasonic ToughBook 19– AWARDED BY DHS
53. PATRICK COUNTY - $54,750.00– 15 Panasonic ToughBook 19– AWARDED BY DHS
54. PETERSBURG CITY - $29,200.00– 8 Panasonic ToughBook 19– AWARDED BY DHS
55. PITTSYLVANIA COUNTY - $102,200.00– 28 Panasonic ToughBook 19– AWARDED BY DHS
56. POQUOSON CITY - $14,600.00– 4 Panasonic ToughBook 19– AWARDED BY DHS
57. POWHATAN COUNTY - $25,550.00– 7 Panasonic ToughBook 19– AWARDED BY DHS
58. PRINCE GEORGE COUNTY - $18,250.00– 5 Panasonic ToughBook 19– AWARDED BY DHS
59. PULASKI COUNTY - $32,850.00– 9 Panasonic ToughBook 19– AWARDED BY DHS
60. RADFORD CITY - $7,300.00– 2 Panasonic ToughBook 19– AWARDED BY DHS
61. RICHMOND COUNTY - $14,600.00– 4 Panasonic ToughBook 19– AWARDED BY DHS
62. ROANOKE CITY – $54,750.00– 15 Panasonic ToughBook 19– AWARDED BY DHS
63. ROCKBRIDGE COUNTY - $43,800.00– 12 Panasonic ToughBook 19– AWARDED BY DHS
64. ROCKINGHAM COUNTY - $94,900.00– 26 Panasonic ToughBook 19– AWARDED BY DHS
65. RUSSELL COUNTY - $54,750.00– 15 Panasonic ToughBook 19– AWARDED BY DHS
66. SCOTT COUNTY - $43,800.00– 12 Panasonic ToughBook 19– AWARDED BY DHS
67. SMYTH COUNTY - $43,800.00– 12 Panasonic ToughBook 19– AWARDED BY DHS
68. SOUTHAMPTON COUNTY - $32,850.00– 9 Panasonic ToughBook 19– AWARDED BY DHS
69. SPOTSYLVANIA COUNTY - $91,250.00– 25 Panasonic ToughBook 19– AWARDED BY DHS
70. STAUNTON CITY - $21,900.00– 6 Panasonic ToughBook 19– AWARDED BY DHS
71. SUFFOLK CITY - $40,150.00– 11 Panasonic ToughBook 19– AWARDED BY DHS
72. SURRY COUNTY - $10,950.00– 3 Panasonic ToughBook 19– AWARDED BY DHS

73. SUSSEX COUNTY - $21,900.00– 6 Panasonic ToughBook 19– AWARDED BY DHS
74. TAZEWELL COUNTY - $76,650.00– 21 Panasonic ToughBook 19– AWARDED BY DHS
75. VIRGINIA BEACH CITY - $124,100.00– 34 Panasonic ToughBook 19– AWARDED BY DHS
76. WAYNESBORO CITY - $18,250.00– 5 Panasonic ToughBook 19– AWARDED BY DHS
77. WESTMORELAND COUNTY - $40,150.00– 11 Panasonic ToughBook 19– AWARDED BY DHS
78. WINCHESTER CITY - $21,900.00– 6 Panasonic ToughBook 19– AWARDED BY DHS
79. WISE COUNTY - $47,450.00– 13 Panasonic ToughBook 19– AWARDED BY DHS
80. WYTHE COUNTY - $40,150.00– 11 Panasonic ToughBook 19– AWARDED BY DHS

Appendix C

VIRGINIA OFFICE OF EMERGENCY MEDICAL SERVICES
EMERGENCY MEDICAL SERVICES REGISTRY (EMSR) GRANT AWARDS
FOR PANASONIC TOUGHBOOK 19 COMPUTERS



LEGEND

- DHS FUNDED
- OEMS FUNDED
- NOT FUNDED

NOTE: OEMS received $4,303,350.00 in requests, funding was awarded for $3,901,850.00 ($2,788,600.00 - DHS, $1,113,250.00 – OEMS) for 1,069 Panasonic Toughbook 19 Computers.

Appendix D

Accredited Training Site Directory

As of July 1, 2009

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

Accredited Paramedic[1] Training Programs in the Commonwealth

Site Name	Site Number	Expiration	Accreditation Status
Associates in Emergency Care – OWL	15319		National – Initial
Associates in Emergency Care – Quantico	15314		National – Initial
Center for Emergency Health Services – Paul D. Camp	62003	11-2009	State – Full
Center for Emergency Health Services – RAA	76028	11-2009	State – Full
Center for Emergency Health Services – Williamsburg	83006	11-2009	State – Full
Center for EMS Training	74015	09-2008	State – Continuing
Central Virginia Community College	68006	07-2009	State – Full
J. Sargeant Reynolds Community College – Chesterfield	04107		National – Initial
J. Sargeant Reynolds Community College – Colonial Hgts.	57004		National – Initial
J. Sargeant Reynolds Community College – Goochland	07504		National – Initial
J. Sargeant Reynolds Community College – Hanover	08513		National – Initial
J. Sargeant Reynolds Community College – Henrico	08709		National – Initial
J. Sargeant Reynolds Community College – RAA	76029		National – Initial
Jefferson College of Health Sciences	77007		National – Continuing
Loudoun County Fire & Rescue	10704		National – Continuing
National College of Business & Technology	77512	11-2009	State – Full
Northern Virginia Community College	05906		National – Continuing
Patrick Henry Community College	08908		State – Conditional
Piedmont Virginia Community College/UVa	54006		National – Initial
Rappahannock EMS Council Intermediate Program	63007	01-2009	State – Continuing
Southside Community College	11709	06-2012	State – Continuing
Southwest Virginia Community College	18507		National – Continuing
Tidewater Community College	81016		National – Continuing
Tidewater Community College – NNFDTC	70014		National – Continuing
VCU School of Medicine Paramedic Program	76011		National – Continuing

1. Programs accredited at the Paramedic level may also offer instruction at EMT- I, EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

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

Accredited Intermediate[1] Training Programs in the Commonwealth

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

1. Programs accredited at the Intermediate level may also offer instruction at EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

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

EMT-Intermediate Candidate Sites

Site Name	Site Number	Council	Accreditation Status
Danville Training Center	unassigned	WVEMS	Site visit complete—not yet accredited.

Appendix E

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-222**	Page: **1**	of: **2**
Title: **Certificates of Completion**		
Regulatory Authority: **12VAC5-31-1580**		
Date of Issue: **December 1, 2002**	Effective Date: **May 1, 2009**	

A. Candidates successfully completing all requirements for state certification will be mailed a certificate with attached pocket card. This initial certificate will be free of charge and include the following:
   1. Individual's full name.
   2. Individual's current mailing address.
   3. Individual's EMS Certification Number.
   4. Level of certification issued.
   5. Expiration date of the certification issued.

B. Certified Virginia EMS personnel requesting a reprint and/or a duplicate copy of their certification card, to include but not limited to any change in personal data, will be accessed the following charges:
   1. Paper-based certification cards:
      a. Each reprint will incur a charge of US $5.00.
         i. Reprints must be requested in writing and purchased from the Virginia Office of EMS.
            (i) Payment must be in the form of a personal check or cashier's check, or money order.
            (ii) Same day service (in person) will only be available with a cashier's check or money order.
            (iii) Payment by personal check will require verification of funds BEFORE certification cards are printed and mailed.
   2. Durable First Responder Authentication Card certification cards
      a. Each reprint will incur a charge of US $15.00.
         i. Reprints must be requested in writing and purchased from the Virginia Office of EMS.
            (i) Payment must be in the form of a personal check or cashier's check or money order.

(ii) Same day service (in person) will only be available with a cashier's check or money order.

(iii) Payment by personal check will require verification of funds BEFORE certification cards are printed and mailed.

C. Fees collected from the reprint of certification cards will be used to offset the cost of supplies, printing, processing and mailing.

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-244**	Page: **1**	of: **2**
Title: **Reinstatement of Inactive Certification**		
Regulatory Authority: **12VAC5-31-1630**		
Date of Issue: **December 1, 2002**	Effective Date: **May 1, 2009**	

A. Any provider whose certification has been placed in INACTIVE status by the Office may request REINSTATEMENT of the INACTIVE certification using a form provided for this purpose after a minimum period of one hundred eighty (180) days.
   1. Reinstatement of certification to ACTIVE status will require the approval of the OMD of the provider's licensed EMS agency before being processed by the Office. OMD approval is required for all EMS agency affiliations.
   2. Approval for reinstatement of the provider's certification to ACTIVE status; will not obligate any EMS agency to authorize the provider to practice at the reinstated level.
   3. Reinstatement of an INACTIVE certification will not be processed if the involved provider is not currently affiliated with a licensed EMS agency unless evidence is presented in writing from a licensed EMS agency demonstrating a need for current EMS certification as a condition of future employment or membership.

B. Certified Virginia EMS personnel requesting reactivation of their certification will be assessed the following charges:
   1. Paper-based certification cards:
      a. Each reprint will incur a charge of US $5.00.
         i. Reprints must be requested in writing and purchased from the Virginia Office of EMS.
            (i) Payment must be in the form of a personal check or cashier's check or money order.
            (ii) Same day service (in person) will only be available with a cashier's check or money order.
            (iii) Payment by personal check will require verification of funds BEFORE certification cards are printed and mailed.
   2. Durable First Responder Authentication Card certification cards
      a. Each reprint will incur a charge of US $15.00.
         i. Reprints must be requested in writing and purchased from the Virginia Office of

EMS.

(i) Payment must be in the form of a personal check or cashier's check or money order.

(ii) Same day service (in person) will only be available with a cashier's check or money order.

(iii) Payment by personal check will require verification of funds BEFORE certification cards are printed and mailed.

C. Fees collected from the reprint of certification cards will be used to offset the cost of supplies, printing, processing and mailing.

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-800**	Page: **1**	of: **1**
Title: **Alternative Methods of CE Submission**		
Regulatory Authority: **12VAC5-31-1710**		
Date of Issue: **April 15, 2009**	Effective Date: **May 1, 2009**	

Per TPAM policy **T-050**, the Office has developed several alternative methods for submission of continuing education (CE) records to the Office. The policies in this section (Section 800) pertain to OEMS approved, alternative methods for submission of continuing education credit hours to the Office and the requirements in order to do so.

NOTE: The default method for submission of continuing education (CE) hours to the Office of EMS is completion of CE scancards.

A. **Handheld CE Scanners** – The Office has developed specifications for handheld scanners which will allow for the tracking, recordation and submission of CE to the Office through the internet. This program requires a very specific type of scanner and software. Procedures with regard to this method of submission can be found in TPAM Policy **T-805**.

B. **3rd Party OEMS Approved CE Vendors** – The Office has a program which allows 3rd Party CE Vendors to apply for authorization to submit CE completions to the Office for processing. Procedures with regard to this method of submission can be found in TPAM Policy **T-820**.

C. **Learning Management Systems (LMS)** – Special requirements and data submission criteria have been set up to allow for external LMS's to communicate CE completions to the Office for processing. Procedures with regard to this method of submission can be found in TPAM Policy **T-825**.

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-805**	Page: **1**	of: **2**
Title: **Handheld CE Scanners**		
Regulatory Authority: **12VAC5-31-1710**		
Date of Issue: **April 15, 2009**	Effective Date: **June 10, 2009**	

A. The Office has developed specifications for handheld scanners which will allow for the tracking, recordation and submission of CE to the Office through the internet.

1. **Scanner Hardware** - There is only one specific scanner model which has been certified to work with the ***Office of EMS CE Recordation*** software package.
   a. Specifications – Motorola's Symbol Scanner Model #MC5590-PK0DKQQA9WR Mobile Enterprise Digital Assistance.
   b. Accessories – The following accessories may be desired in order to maintain and interface with the scanner model specified above:
      i. SYM-CRD5500-100UR MC50 Desktop Cradle Kit with line cord includes:
         (a) 321 MC50 RoHS Compliant Single Slot USB Desktop Cradle
         (b) 331 Single Slot USB Cradle Power Supply
         (c) 341 and US 2 Wire AC Line Cord
      ii. SYM-CRD5500-400UR 4 Slot USB Cradle/Charging Station kit includes:
         (a) USB Cable and Power Supply
         (b) 341 and US 2 Wire AC Line Cord
2. **Software** - The ***Office of EMS CE Recordation*** software has been developed by the Office to ensure that CE is properly recorded and meets the transmission and interface requirements of the Virginia Department of Health (VDH) Office of Information Management (OIM).
3. **Training and Installation** - ***Office of EMS CE Recordation*** software must be installed and verified by the Office of EMS at a designated training session.
   a. Group training sessions will be scheduled by the Office on an as needed basis.
      i. Only endorsed ALS-Coordinator's and certified EMT-Instructors will be trained on the use of the CE scanners and the ***Office of EMS CE Recordation*** software.
      ii. Each endorsed ALS-Coordinator and certified EMT-Instructor seeking to obtain training on the use of the CE scanners must complete and sign a *Commonwealth of Virginia, Department of Health, Emergency Medical Services Educational*

Development (Training) Information Systems Security Access Agreement. See TPAM Policy **T-815** for more information.

b. Private training sessions may be requested by an agency/entity/individual.
    i. Private training and installations sessions will only be held at OEMS in Richmond, Virginia.
    ii. All efforts will be made to accommodate training requests outside of normally scheduled group sessions, however the Office cannot promise staff or facility availability.

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-810**	Page: **1**	of: **1**
Title: **Barcode Specifications**		
Regulatory Authority: **12VAC5-31-1710**		
Date of Issue: **March 15, 2009**	Effective Date: **May 1, 2009**	

A. The following are the required specifications for barcodes that are used with the continuing education (CE) scanners:

1. **Barcode font** - The only acceptable barcode font is ***Code 128.***
   a. Code 128 is a variable length, high density, alphanumeric symbology. Code 128 has 106 different bar and space patterns and each pattern can have one of three different meanings, depending on which of three different character sets is employed. Code 128 also employs a check digit for data security.
2. **Name badges/ID's** - The following specifications must be used for barcodes for certification numbers.
   a. The certification number is formatted as (A##########)--that is an alpha character followed by 9 numeric characters with no spaces.
3. **Course/topic numbers** - The following specifications must be used for barcodes for course and topic numbers.
   a. The barcode is formatted as (##########)--that is a course number (5 numeric characters) together with the appropriate topic number (5 numeric characters) and no spaces.
      i. For example 1234566666 would be the string used for a course number of 12345 with a topic number of 66666.
4. **Barcoding Tips**
   a. Printing
      i. Barcodes must be printed on a laser or ID badge printer.
      ii. A clear, crisp barcode is essential.
   b. Size
      i. Barcodes need to measure <u>at least</u>:
         (a) ½ inch tall
         (b) 1 ½ inches wide

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-815**	Page: **1**	of: **2**
Title: **Information Technology/Computer Security**		
Regulatory Authority: **12VAC5-31-1710**		
Date of Issue: **April 15, 2009**	Effective Date: **May 1, 2009**	

A. Computer Security Awareness Requirements for Emergency Medical Services (EMS) Training
   1. Application-Users: All Application-Users are required to read the below listed Virginia Department of Health computer security best practices policies and agree to abide by them by signing the EMS Educational Development application user Access and Confidentiality Agreement.
   2. All Application Users must be aware that:
      a. Application users are not permitted to share passwords except for web page saver passwords and then only when management documents, in writing that it is necessary to share.
      b. Application users must locate their desktops / laptops in a direction that does not permit unauthorized individuals to view client information.
      c. Users shall not disable any security function, device, or application.
      d. Application users must ensure that virus protection is implemented on all laptops / desktops.
      e. Application users must log out of the EMS Educational Development application when they have finished their file uploads and lock the screen ANY TIME their terminal or computer is going to be left idle and unattended.

B. **Access/Security: User Logon Request Forms -** All users must read the security information listed above and after reading this information, complete the following forms:
   1. Access and Confidentiality of Records agreement.
   2. User Logon Request Form.
      a. Note: Each user must complete both forms and submit them to the Division of Education via USPS or fax.

C. **Implementation Packets:** Browser Profile, Settings, and Downloads - this is information needed by your IT Help Desk, Security or System Administrator to set up a computer so it will allow you to access the web site and upload data.

1. Setting up your browser
    a. IMPORTANT: Check your policy and procedure guidelines and with your IT Help Desk and Security or System Administrator before making any changes.
    b. **Internet Explorer:** The EMS Educational Development File Upload program is accessed with **Internet Explorer 5.5 with Service Pack 1 or above**. This browser is 128-bit encrypted and is very important to the security of this application. To verify the version of Internet Explorer being used, click on the MENU BAR at the top of the monitor's web page and click on "HELP" to reveal a drop-down menu showing "About Internet Explorer."

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-820**	Page: **1**	of: **2**
Title: **3rd Party Vendor Approval – For-profit**		
Regulatory Authority: **12VAC5-31-1710**		
Date of Issue: **April 15, 2009**	Effective Date: **May 1, 2009**	

A. For-profit vendors wishing to provide electronic continuing education (CE) records to the Office of EMS must first complete an *Application for 3rd Party Vendors to Provide Web-Based Continuing Education Programs*.

B. **Approval Criteria** - The following criteria must be provided to be considered for Virginia Office of EMS approval for web based training programs:

1. The program content must be related to emergency medical services education, skills or administration (management) and must be approved by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).
2. The applying sponsor must be an educational entity; a national, state, regional, or local agency or association; a corporation, hospital or any combination of the above; or other appropriate continuing education agency as approved by the Office.
3. The required submission (Application Package) must be completed per the requirements of the Office.
   a. *Application for 3rd Party Vendors to Provide Web-Based Continuing Education Programs*
   b. Information Systems Security Access Agreement
   c. EMS User Logon Request Form

C. **Program Format** - All programs must meet the requirements set forth in the Virginia Emergency Medical Services Regulations 12 VAC 5-31 and the Training Programs Administration Manual as published by the Office of EMS Division of Educational Development.

1. Evaluation component (test) required
   a. The evaluation tool must:
      i. Have a 15-20 question pool.
      ii. At a minimum the evaluation must have 10 randomly selected questions from the question pool.
      iii. Be graded.

(a) Minimum passing score is 70% (can be higher if the program chooses)

2. Objectives (minimum 3 objectives, prefer 5 per hour credit)
3. Body (presentation)
    a. PowerPoint™
    b. Lesson Outline
    c. Video Streaming
    d. Scenarios
    e. Grand Rounds

D. **Data Transmission Criteria** - Approved entities must generate a file (see the *Application for 3rd Party Vendors to Provide Web-Based Continuing Education Programs*) which will be submitted to the Office via a secure web interface.

1. All data files must be submitted as set forth in the Virginia Emergency Medical Services Regulations 12 VAC 5-31 and the Training Programs Administration Manual as published by the Office of EMS Division of Educational Development.
2. A daily data file is required to be submitted by the institution/business/agency. The data file has the following requirements:
    - The file must be a comma separated, .csv file containing the data elements described on the *Data File Format* sheet located in the *Application for 3rd Party Vendors to Provide Web-Based Continuing Education Programs*.
    - Files being submitted to the Office must be named using the following naming convention (MMDDYY.csv), where MMDDYY is the date that the file is being submitted to the Office.
        - Our system is specifically programmed to only input records from files for the day the batch process is being run. Batch processes begin running at 12:01 AM each night.
        - The vendor is required to submit, at a minimum, one (1) file per day in which they have user activity.
        - The file must be uploaded to the server by 11:45 PM each night.

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-825**	Page: **1**	of: **2**
Title: **Agency Based Learning Management Systems (LMS) Approval**		
Regulatory Authority: **12VAC5-31-1710**		
Date of Issue: **April 15, 2009**	Effective Date: **May 1, 2009**	

A. Agency/Institutional/Regional based entities who own a Learning Management System (LMS) and are seeking to provide electronic continuing education (CE) records to the Office of EMS must first complete an *Application and Criteria for Authorization to Offer Web-Based Continuing Education Programming in Virginia – Agency LMS.*

B. **Approval Criteria** - The following criteria must be provided to be considered for Virginia Office of EMS approval for web based training programs:

1. The applicant institution must be in good standing with the Office.
2. The program content must be related to emergency medical services education, skills or administration (management) and must meet the requirements as outlined in TPAM Policy **T-835**.
3. The applying sponsor must be a Virginia educational entity; a designated Regional EMS Council, or local agency or association; hospital or any combination of the above; or other appropriate continuing education agency as approved by the Office.
4. The required submission (Application Package) must be complete per the requirements of the Office.
    a. *Application and Criteria for Authorization to Offer Web-Based Continuing Education Programming in Virginia – Agency LMS*
    b. Information Systems Security Access Agreement
    c. EMS User Logon Request Form

C. **Program Format** - All programs must meet the requirements set forth in the Virginia Emergency Medical Services Regulations 12 VAC 5-31 and the Training Programs Administration Manual as published by the Office of EMS Division of Educational Development.

1. Evaluation component (test) required
    a. The evaluation tool must:
        i. Have a 15-20 question pool.

ii. At a minimum the evaluation must have 10 randomly selected questions from the question pool.

iii. Be graded.

(a) Minimum passing score is 70% (can be higher if the program chooses)

2. Objectives (minimum 3 objectives, prefer 5 per hour credit)
3. Body (presentation)
   a. PowerPoint™
   b. Lesson Outline
   c. Video Streaming
   d. Scenarios
   e. Grand Rounds

D. **Data Transmission Criteria** - Approved entities must generate a file (see the *Application and Criteria for Authorization to Offer Web-Based Continuing Education Programming in Virginia – Agency LMS*) which will be submitted to the Office via a secure web interface.

1. All data files must be submitted as set forth in the Virginia Emergency Medical Services Regulations 12 VAC 5-31 and the Training Programs Administration Manual as published by the Office of EMS Division of Educational Development.
2. A daily data file is required to be submitted by the institution/business/agency. The data file has the following requirements:
   - The file must be a comma separated, .csv file containing the data elements described on the *Data File Format* located in the *Application and Criteria for Authorization to Offer Web-Based Continuing Education Programming in Virginia – Agency LMS* .
   - Files being submitted to the Office must be named using the following naming convention (MMDDYY.csv), where MMDDYY is the date that the file is being submitted to the Office.
     - Our system is specifically programmed to only input records from files for the day the batch process is being run. Batch processes begin running at 12:01 AM each night.
     - The vendor is required to submit at a minimum one (1) file per day in which they have user activity.
     - The file must be uploaded to the server by 11:45 PM each night.

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-830**	Page: **1**	of: **2**
Title: **Continuing Education Hour Determination**		
Regulatory Authority: **12VAC5-31-1710**		
Date of Issue: **April 15, 2009**	Effective Date: **May 1, 2009**	

A. Each presentation is comprised of finite number of written words that are consumed by the reader in a finite amount of time. On average, adults read between 150-250 words per minute. Thus, a one hour presentation will consist of roughly 10,000 words with appropriate charts, graphs and case presentations that support the written objectives.
   1. Current literature suggests that student interest and comprehension decreases dramatically after the first hour of any continuing education (CE) program. Therefore, any applicant requesting more than one hour's worth of CE will be required to provide justification for such by matching course objectives with additional content.
   2. Applications that request two or more hours should be divided into hour-long presentations as volumes of the subject matter presented, i.e. advanced airway I, advanced airway II, etc. The examples outlined below should be used to assist you in determining appropriate CE hour designations for each web-based continuing education program.

B. EMS web-based Continuing Education Training Programs must include a post test that evaluates the student's understanding of the subject matter. Please add an additional ten (10) minutes for every ten (10) questions in the post test.

Example 1:

An EMS web-based Continuing Education Training Program contains a BLS presentation titled "*Review of Basic Airway Techniques"* including measuring and insertion of NPA, OPA and bag valve mask ventilation. The material is limited to simple terms and no new techniques are discussed. The applicant supplies a presentation length of 10,000 words.

- 10,000 words / 200 words per minute = 50 minutes
- 10 question post test that meets the objectives = 10 minutes

Total CE hours assignment for 10,000 word presentation = 60 minutes

Example 2:

An applicant submits a 16,000 word program on the *"Recognition and Treatment of Chest Trauma"*. The presentation is very detailed and includes illustrated x-rays, CT scans and arteriograms that depict chest anatomy and clinical representations of various trauma related chest abnormalities. Included in the discussion are detailed treatment guidelines and a comprehensive chart that aids in the diagnosis of various trauma related complications.

- 16,000 words / 200 words per minute = 80 minutes
- Assignment based on degree of difficulty = 40 minutes
- 26 question post test that meets the objectives = 26 minutes

Total CE hours assignment for 16,000 word presentation = 146 minutes

For this program the Office can assign 2.5 hours (146 minutes) of CE hour time.

Continuing Education Hour Determination Chart

Length of Presentation	Minutes Assigned	Post Test	Total	Hours	Added Degree of Difficulty (DOD)	Total Hours	Post Test	Total with 20 Question Post Test and DOD
10,000 words	50	10	60	1.00	30	1.50	20	1.83
11,000 words	55	10	65	1.08	30	1.58	20	1.91
12,000 words	60	10	70	1.16	30	1.66	20	1.99
13,000 words	65	10	75	1.25	30	1.75	20	2.08
14,000 words	70	10	80	1.30	30	1.83	20	2.16
15,000 words	75	10	85	1.40	30	1.91	20	2.24
16,000 words	80	10	90	1.50	30	2.00	20	2.33
17,000 words	85	10	95	1.58	30	2.08	20	2.41
18,000 words	90	10	100	1.60	30	2.16	20	2.49
19,000 words	95	10	105	1.75	30	2.25	20	2.58
20,000 words	100	10	110	1.83	30	2.33	20	2.66
21,000 words	105	10	115	1.91	30	2.41	20	2.74
22,000 words	110	10	120	2.00	30	2.50	20	2.83
23,000 words	115	10	125	2.08	30	2.58	20	2.91
24,000 words	120	10	130	2.16	30	2.66	20	2.99
25,000 words	125	10	135	2.25	30	2.75	20	3.08
26,000 words	130	10	140	2.33	30	2.83	20	3.16
27,000 words	135	10	145	2.41	30	2.91	20	3.24
28,000 words	140	10	150	2.50	30	3.00	20	3.33

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-835**	Page: **1**	of: **2**
Title: **Mandatory Course Components**		
Regulatory Authority: **12VAC5-31-1710**		
Date of Issue: **April 15, 2009**	Effective Date: **May 1, 2009**	

A. The following components are required—at a minimum—in order for an online, web-based course to be approved by the Office to receive Category 1 continuing education (CE) credit via a learning management system (LMS).
   1. An opening page listing the following:
      a. Course Name
      b. Length of program (number of CE hours awarded)
      c. Area numbers and category credit (BLS and ALS)
      d. Include a disclaimer that informs the student of who to contact with regard to CE errors and program concerns
   2. A page listing objectives (minimum 3 objectives, prefer 5 per hour credit)
   3. Body of the presentation (can be made up of the following)
      a. Lesson Outline
      b. PowerPoint™ (voice over preferred)
      c. Video Streaming
      d. Scenarios
      e. Grand Rounds
   4. An evaluation component (test/quiz) is required
      a. The evaluation tool must:
         i. Have a 15-20 question pool
         ii. At a minimum the evaluation must have 10 randomly selected questions from the question pool
         iii. Be graded
            (a) Minimum passing score is 70% (can be higher if the program chooses)
   5. Summary page informing the student about their pass/fail status.
      a. Credits
         i. Who developed the program
         ii. Contact information for follow-up questions

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-840**	Page: **1**	of: **2**
Title: **Pedagogical Elements for online (web-based) on CE Programs**		
Regulatory Authority: **12VAC5-31-1710**		
Date of Issue: **April 15, 2009**	Effective Date: **May 1, 2009**	

A. Pedagogical elements are a way to define structures or units of educational material. For example, these could be: a lesson; an assignment; a multiple choice test or a quiz; a discussion group; or a case study. Pedagogical elements would **not** include: textbooks; web pages, video conferences or a podcast.

1. When beginning to create web-based programming, the pedagogical approaches need to be evaluated. Simple pedagogical approaches make it easy to create content, but lack flexibility, richness and downstream functionality.
2. On the other hand, complex pedagogical approaches can be difficult to set up and slow to develop, though they have the potential to provide more engaging learning experiences for students. Somewhere between these extremes is an ideal pedagogy that allows a particular educator to effectively create educational materials while simultaneously providing the most engaging educational experiences for students.
3. Some of the various pedagogical approaches for web-based programming include:
   a. **Instructional Design** is the practice of arranging media and content to help learners and teachers transfer knowledge most effectively. The process consists broadly of determining the current state of learner understanding, defining the end goal of instruction, and creating some media-based "intervention" to assist in the transition. Ideally the process is informed by pedagogically tested theories of learning and may take place in student-only, teacher-led or community-based settings. The outcome of this instruction may be directly observable and scientifically measured or completely hidden and assumed.
   b. **Laurillard's Conversational Model** The conversational approach to learning and teaching is slightly different from others. This model is based on discussion of the teaching/learning *system.* While this is a feature of some of the humanistic approaches, they are largely interested in the values underpinning teacher/learner interaction. Other approaches focus on learning as an attribute of the learner (as the

person who is changed by the experience), and separate out the teaching as simply a process of facilitation, a means to an end.

c. The **conversational approach** looks at the on-going learner-teacher interaction, and particularly in Laurillard's model, at the process of negotiation of views of the subject which takes place between them in such a way as to modify the learner's perceptions. From this a set of criteria has been developed for the judgment of teaching/learning systems, particularly those based on educational technology.
d. **Cognitive perspective** focuses on the cognitive processes involved in learning as well as how the brain works. This approach examines internal mental processes, such as creativity, perception, thinking, problem solving, memory, and language. Cognitive psychologists are interested in how a person understands, diagnoses, and solves a problem, concerning themselves with the mental processes that mediate between stimulus and response.
e. **Emotional perspective** focuses on the emotional aspects of learning, such as motivation, engagement, fun, etc.
f. **Behavioral perspective** focuses on the skills and behavioral outcomes of the learning process. Role-playing and application to on-the-job settings.
g. **Contextual perspective** focuses on the environmental and social aspects which can stimulate learning. Interaction with other people, collaborative discovery and the importance of peer support as well as pressure.

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-845**	Page: **1**	of: **1**
Title: **Announcing Web Based Courses to the Office**		
Regulatory Authority: **12VAC5-31-1710**		
Date of Issue: **April 15, 2009**	Effective Date: **May 1, 2009**	

A. In order for electronic CE records to be processed by the Office and appropriately applied to each provider's CE Report, a course must be established in the system. In order to generate a course, the Office must receive a separate course announcement for each program offered.

B. **OEMS Approved 3rd Party CE Vendors** must:
   1. Submit a Course Approval Request Form (EMS TR-01-3RD),
      a. This form must be submitted to the Office of EMS at least 45 days in advance of the launch of the planned course.
   2. Complete a separate form for each course.
   3. A Web-based CE Course Hour Designation spreadsheet must also accompany the Course Approval Request form.

C. **Agency/Institutional/Regional Based Learning Management Systems (LMS)** must:
   1. Submit a Course Approval Request Form (EMS TR-01-WEB),
      a. This form must be submitted by either a Certified EMT-Instructor or an Endorsed ALS-Coordinator.
      b. This form must be submitted to the Office of EMS at least 45 days in advance of the launch of the planned course.
      c. Complete a separate form for each course.
   2. A Web-based CE Course Hour Designation spreadsheet must also accompany the Course Approval Request form.

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-850**	Page: **1**	of: **1**
Title: **Funding for Online (web-based) Continuing Education Programs**		
Regulatory Authority: **12VAC5-31-1710**		
Date of Issue: **April 15, 2009**	Effective Date: **May 1, 2009**	

A. Programs developed for continuing education (CE) which are posted on a Learning Management System (LMS) and reported electronically to the Office of EMS for processing will not be eligible for funding through the Emergency Medical Services Training Funds program.

EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: **T-855**	Page: **1**	of: **3**
Title: **Alternative Course Presentation Formats for Continuing Education Programming**		
Regulatory Authority: **12VAC5-31-1710**		
Date of Issue: **April 15, 2009**	Effective Date: **May 1, 2009**	

A. Definitions:
   1. Synchronous - A type of two-way communication with virtually no time delay, allowing participants to respond in real time.
   2. Asynchronous - A type of two-way communication with time delay, where participants do not respond in real time.

B. Synchronous two-way audio and video format
   1. EMS continuing education (CE) courses utilizing an approved alternative course presentation format using two-way video interactive technology shall comply with the following:
      a. Use synchronous electronic media as real time two-way audio and video transmissions.
      b. Asynchronous transmission methods are considered online/web-based training under these policies. See TPAM Policy T-825.
      c. The Emergency Medical Technician Instructor or Advanced Life Support Coordinator shall indicate in writing the desire to use such media on the Course Approval Request Form (TR-01).
      d. Any other requirements established by but not limited to the Office of EMS, and if applicable the Virginia Community College System (VCCS) and the Virginia Department of Education.
      e. Any lab activities at the remote site shall have direct on-site supervision by a course coordinator certified at or above the level of instruction. If the instructor acts as the remote site proctor, he assumes the responsibility of the class roster.
      f. In cases where the remote site proctor is absent or when the remote site electronics are not fully operational (transmit and receive audio and/or video) the students do not receive credit for attending and the session shall be rescheduled.
      g. All course tests for the program whether at the origin or remote site must comply with “e” above.

h. The course coordinator must maintain records of student participation at each approved alternative site and submit continuing education records for each involved student for programs used for continuing education purposes.
i. Non-compliance with these polices shall result in the continuing education credits being considered as invalid.

C. Synchronous one-way video, two-way audio (i.e. a webinar)
1. EMS continuing education (CE) courses utilizing an approved alternative course presentation format using two-way video interactive technology shall comply with the following:
a. Use synchronous electronic media as real time two-way audio and video transmissions.
b. Asynchronous transmission methods are considered online/web-based training under these policies. See TPAM Policy T-825.
c. The Emergency Medical Technician Instructor or Advanced Life Support Coordinator shall indicate in writing the desire to use such media on the Course Approval Request Form (TR-01).
d. Any other requirements established by but not limited to the Office of EMS, and if applicable the Virginia Community College System (VCCS) and the Virginia Department of Education.
e. A proctor who is certified at or above the level of the program shall be present at each remote site during the entire broadcast for all didactic portions of the program.
f. Any lab activities at the remote site shall have direct on-site supervision by a course coordinator certified at or above the level of instruction. If the instructor acts as the remote site proctor, he assumes the responsibility of the class roster.
g. In cases where the remote site proctor is absent or when the remote site electronics are not fully operational (transmit and receive audio and/or video) the students do not receive credit for attending and the session shall be rescheduled.
h. All course tests for the program whether at the origin or remote site must comply with “e” above.
i. The course coordinator must maintain records of student participation at each approved alternative site and submit continuing education records for each involved student for programs used for continuing education purposes.

D. Non-compliance with these polices shall result in the continuing education credits being considered as invalid.

Appendix F

PPE Plan

I. PHASE I

A. Funding

1. Earmark $500,000 from RSAF January – December 2010 cycle and apply it immediately to funding for PPE

B. Distribution

1. Conduct a special grant cycle

2. OEMS will create a list of requirements for grant applications (i.e. specifications on surgical masks)

3. Accept applications August 1 through September 1

4. Will follow same procedures as Toughbook Grant Program

C. Protocol

1. Have Dr. Lindbeck draft an OEMS protocol for review and approval by Dr. Remley

    1. Protocol will be a statewide standard for use of surgical masks during a Pandemic ONLY

    2. Protocol will only apply to certified first responders

2. Work with Office of Epidemeology for assistance in guidelines and suggestions for protocol

D. Legal issues

1. Consult with Attorney General's Office regarding liability issues and questions that may arise regarding PPE use and distribution (more specifically N95 mask usage)

    a. Framework for issues will be created by OEMS

II. PHASE II

A. Funding

1. Interest from RSAF accounts
2. Funds not drawn from previous RSAF awards
    a. Both of these funding streams MUST be reinstated to OEMS for application
3. Federal funding needs to be secured for sustainment of the program

B. Partnerships

1. Virginia Association of Governmental EMS Administrators (VAGEMSA)
    a. Work with members to begin an inventory of supplies of EMS agencies and also a need assessment of EMS agencies (i.e. fit testing, equipment, type of N95 mask, etc)
    b. Determine current policies and procedures in place and work with VAGEMSA members to determine best approach to standardization
2. Department of Fire Programs and Department of Criminal Justice Services
    a. Consistency
    b. Distribution of equipment to ALL first responders
    c. Standardized Policies for ALL first responders

C. Procurement

1. Test kits and supplies to ensure fit testing of ALL first responders
2. N95 masks to begin program (to supply to first responder after fit testing)
3. Any additional PPE (i.e. gowns, gloves, etc)

D. Training

1. Fit testers for law enforcement and fire
2. Additional fit testers for EMS

III. PHASE III – SUSTAINMENT OF PROGRAM

A. Funding

1. Federal monies will need to be secured to fund a sustainable program

B. Procurement

1. Masks for daily use of response and transport of patients

C. Distribution

1. Daily supply needs determined by CDC guidelines
2. Create a distribution plan that includes fire, police, and EMS

D. Program Maintenance

1. Ensure OSHA compliance with fit testing, medical requirements, etc
2. Provide updates and additional training as necessary
3. Review protocols and procedures for effectiveness and situational updates

Appendix G

Stay Informed!

When disaster strikes it's important to stay informed! That's why the Office of Emergency Medical Services has a Web site with the latest information about breaking news events, including (but not limited to):

* Acts of Terrorism
* Hazardous Material Leaks
* Natural Disasters [Earthquakes, Hurricanes, Floods, Tornados, Wildfires]
* Nuclear Power Plant Emergencies
* Pandemics [Novel Influenza A (H1N1) virus aka Swine Flu]

Please visit this Web site when there's an occurring event:
www.vdh.virginia.gov/oems/vaemsevents

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

Contact Us

Office of EMS staff can be reached at
(804) 864-7600 or 1-800-523-6019.

Appendix H

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

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

Index

Executive Summary

Under the *Code of Virginia* § *32.1-111.3*, The Office of Emergency Medical Services acting on behalf of the Virginia Department of Health has been charged with the responsibility of maintaining a Statewide Trauma Triage Plan. Emergency Medical Services (EMS) Agencies are required by EMS Regulation 12 VAC 5-31-390 to follow triage plans. This plan is to include prehospital and inter-hospital patient transfers. ALL trauma triage plans must be submitted to OEMS for approval. OEMS shall utilize the Trauma System Oversight and Management Committee to establish trauma triage plan approvals.

The Statewide Trauma Triage Plan establishes minimum criteria for identifying trauma patients and the expectation that these patients shall enter the "trauma system" and receive rapid definitive trauma care at appropriate hospitals. Regional trauma triage plans may augment the Commonwealth's minimum trauma triage standards by providing additional point of entry information such as hospital capabilities, air medical services and others. At no time shall a regional or local plan set standards lower than prescribed by the state trauma triage plan or trauma center criteria.

The Virginia Department of Health, Office of Emergency Medical Services (OEMS) and the Trauma System Oversight and Management Committee endorses the January 23, 2009 Centers for Disease Control (CDC) *Field Triage Decision Scheme: The National Trauma Triage Protocol* and it accompanying document the *Guidelines for Field Triage of Injured Patients*. The CDC is now home to the national trauma program and has assumed responsibility for establishing the national standard for trauma triage in cooperation with the American College of Surgeons (ACS) who has traditionally developed these criterions. The 2009 CDC documents have been endorsed by the following organizations:

The Joint Commission (JCAHO)
National Association of State EMS Officials (NASEMSO)
American College of Surgeons (ACS)
American Academy of Pediatrics (AAP)
National Association of EMS Physicians (NAEMSP)
National Association of EMS Educators
National Native American EMS Association
Commission on Accreditation of Medical Transport Systems (CAMTS)
American Medical Association (AMA)
The American Public Health Association (APHA)
American Pediatric Surgical Association
American College of Emergency Physicians (ACEP)
National Association of EMT's (NAEMT)
International Association of Flight Paramedics (IAFP)
Air Medical Physician Association (AMPA)
National Ski Patrol

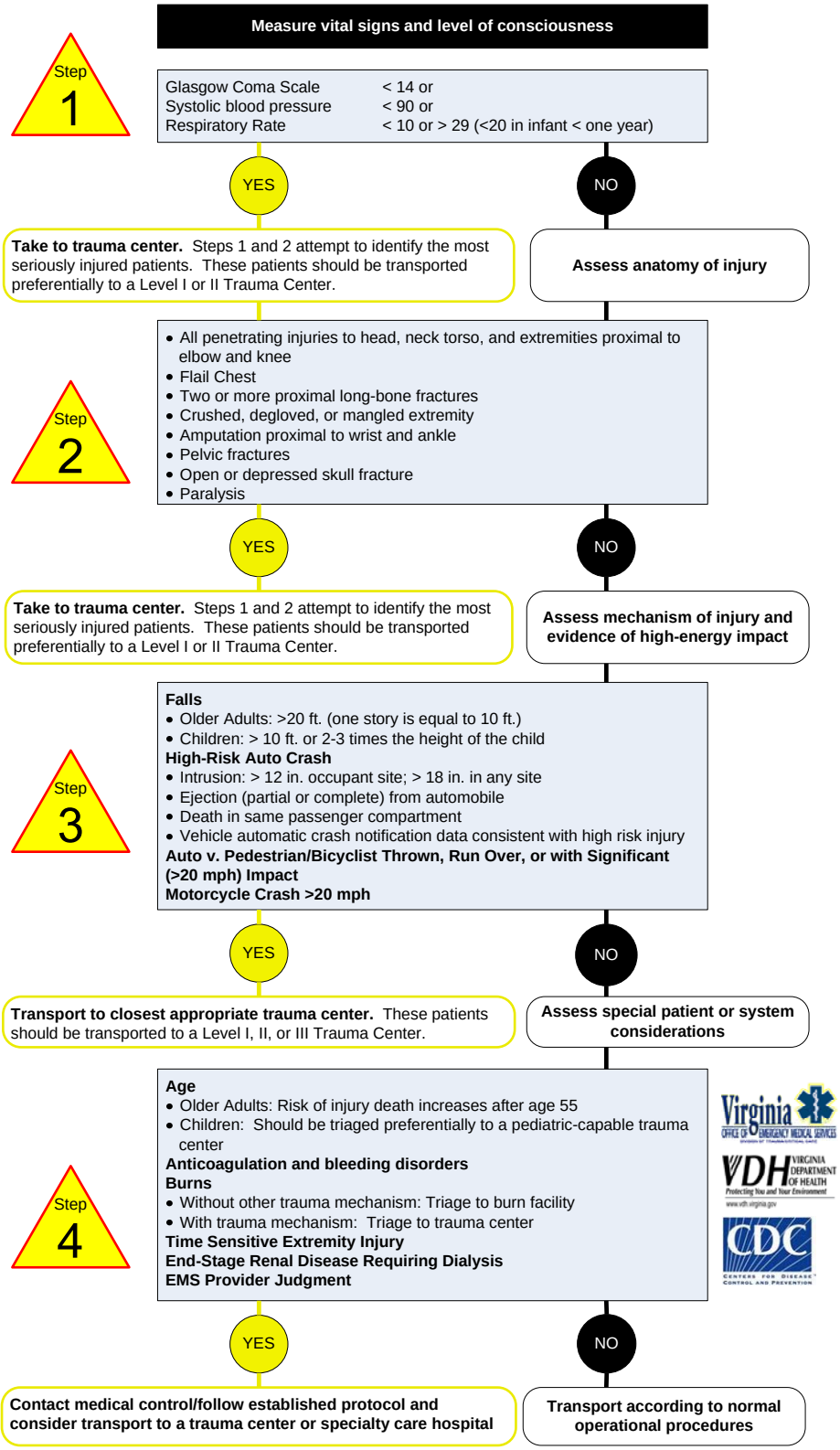
The Virginia Trauma System is an inclusive system and therefore all hospitals are required to participate in the Trauma Triage Plan. Establishing a comprehensive statewide emergency medical care system, incorporating healthcare facilities, transportation, human resources, communications, and other components as integral parts of a unified system serves to improve the delivery of emergency medical services and thereby decrease morbidity, hospitalization, disability, and mortality. This document will provide a uniform set of criteria for prehospital and inter hospital triage and transport of trauma patients.

The Virginia Trauma System defines a "trauma victim" as a person who has acquired serious injuries and or wounds brought on by either an outside force or an outside energy. These injuries and or wounds may affect one or more body systems by blunt, penetrating or burn injuries. These injuries may be life altering, life threatening or ultimately fatal wounds.

Trauma patient recognition and Triage is a Two-tiered System:

- Initial Field Triage in the prehospital environment (pre-hospital criteria) and;
- Secondary triage or trauma patient recognition and appropriate timely triage by all Virginia hospitals.

Field Trauma Triage Decision Scheme



***Prehospital providers should transfer trauma patients with uncontrolled airway, uncontrolled hemorrhage, or if there is CPR in progress to the closest hospital for stabilization and transfer.**

Trauma Patient Transport Considerations

EMS Patient Care Protocols must address transport considerations. Each jurisdiction is unique in its availability of trauma resources. Consideration should be given to the hospital(s) that is/are available in the region and the resources that they have available to trauma patients when developing a point of entry plan. Pre-planning for times when the primary hospital is not available to receive trauma patients because of multiple patients, diversion, loss of resources such as power need to be made in advance of being on scene with a critical trauma patient.

Consideration should also be given to prehospital resources including, the level of care available by the ground EMS crews, and the closest Medevac service available at the time of the incident, and other conditions such as transport time and weather conditions. Use of Medevac (Air ambulances) services can assist with trauma patients reaching definitive trauma care in a timely fashion.

Field transports by helicopter of trauma patients as defined in this plan shall:

1. Lessen the time from on scene to a hospital compared to ground transport
2. Bypassing a non-trauma designated hospital to transport directly to a trauma center should not be greater than 30 minutes
3. Trauma patients transported by air must meet the clinical triage criteria for transport and be transported to the closest Level I Trauma Center, or when appropriate the closest Level II Trauma Center.
4. Patient requires a level of care greater than can be expected by the local ground provider if the Medevac unit can be on scene in a time shorter than the ground unit can transport to the closest hospital.
5. Extenuating circumstances such as safety, egress/access should be documented similar to other "extraordinary" care scenarios.

EMS Mass Casualty Incident (MCI) Plans and Disaster/Weapons of Mass Destruction (WMD) Plans

Both prehospital and hospital providers should become familiar with other related plans. These plans represent a tiered response to a growing numbers of patients:

- MCI Plan
- Disaster/WMD Plans
- Surge Capacity Plans

The plans build upon one another. The Trauma Triage Plan is intended to guide treatment for a smaller number of patients that can be managed by resources available during normal day to day operations. MCI Plans provide additional guidance to agencies, municipalities and medical facilities when their normal resources are being strained. Surge plans are developed to meet the need of large scale events that may require caring for hundreds even thousands of patients. The Trauma Triage Plan is intended for incidents that occur during normal EMS operations.

INTER-HOSPITAL TRIAGE CRITERIA

Hospitals not designated by the Virginia Department of Health as a Trauma Center should enter injured patients that meet the below physiological and/or anatomic criteria into the trauma system (rapid transfer to an appropriate level designated Trauma Center)

Adult Patient	Pediatric Patient
	All pediatric patients with Pediatric Trauma Scores ≤ 6 * See pediatric trauma score below
Respiratory • Bilateral thoracic injuries • Significant unilateral injuries in pt's >60 (e.g. pneumothorax, hemo- pneumothorax, pulmonary contusion, >5 rib fractures) • Significant unilateral injuries in patients with pre-existing cardiac and/or respiratory disease • Respiratory compromise requiring intubation • Flail chest	**Respiratory** • Bilateral thoracic injuries • Significant unilateral injuries in patients with pre-existing cardiac and/or respiratory disease • Flail chest
CNS • Unable to follow commands • Open skull fracture • Extra-axial hemorrhage on CT, or any intracranial blood • Paralysis • Focal neurological deficits • GCS ≤ 12	**CNS** • Open skull fracture • Extra-axial hemorrhage on CT Scan • Focal neurological deficits
Cardiovascular • Hemodynamic instability as determined by the treating physician • Persistent hypotension • Systolic B/P (<100) without immediate availability of surgical team	
Injuries • Any penetrating injury to the head, neck, torso or extremities proximal to the elbow or knee without a surgical team immediately available. • Serious burns/burns with trauma (see below) • Significant abdominal to thoracic injuries in patients where the physician in charge feels treatment of injuries would exceed capabilities of the medical center	**Injuries** • Any penetrating injury to the head, neck, chest abdomen or extremities proximal to the knee or elbows without a surgical team immediately available • Combination of trauma with burn injuries • Any injury or combination of injuries where the physician in charge feels treatment of the injuries would exceed the capabilities of the medical center
Special Considerations • Trauma in pregnancy (≥ 24 weeks gestation) • Geriatric • Bariatric • Special needs individuals	

Pediatric Trauma Score

COMPONENT	+2	+1	-1
Size	Child/adolescent, >20 Kg.	Toddler, 11-20 Kg.	Infant, <10 Kg.
Airway	Normal	Assisted O2, mask, cannula	Intubated: ETT, EOA, Cric
Consciousness	Awake	Obtunded; loss of consciousness	Coma; unresponsiveness
Systolic B/P	>90 mm Hg; good peripheral pulses, perfusion	51-90 mm Hg; peripheral pulses, pulses palpable	<50 mm Hg.; weak pr no pulses
Fracture	None seen or suspected	Single closed fracture anywhere	Open, multiple fractures
Cutaneous	No visible injury	Contusion, abrasion; laceration <7 cm; not through fascia	Tissue loss; any GSW/Stabbing; through fascia

BURN RELATED INJURIES

The American Burn Association has identified the following injuries that usually require referral to a burn center.

- Partial thickness and full thickness burns greater than 10% of the total body surface area (BSA) in patients under 10 or over 50 years of age.
- Partial thickness burns and full thickness burns greater than 20% BSA in other age groups.
- Partial thickness and full-thickness burns involving the face, eyes, ears, hands, feet, genitalia or perineum of those that involve skin overlying major joints.
- Full-thickness burns greater than 5% BSA in any age group.
- Electrical burns, including lightning injuries; (significant volumes of tissue beneath the surface may be injured and result in acute renal failure and other complications).
- Significant chemical burns.
- Inhalation injuries.
- Burn injury in patients with pre-existing illness that could complicate management, prolongs recovery, or affects mortality.
- Any burn patient in whom concomitant trauma poses an increased risk of morbidity or mortality may be treated initially in a trauma center until stable before transfer to a burn center.
- Children with burns seen in hospitals without qualified personnel or equipment for their care should be transferred to a burn center with these capabilities.
- Burn injury in patients who will require special social and emotional or long term rehabilitative support, including cases involving child abuse and neglect.

Inter-hospital Transports by Helicopter

1. All trauma patients transported by air must meet the clinical trauma triage criteria for transport to the closest Level I or Level II trauma center or burn center

2. Patient requires a level of care greater than can be provided by the local hospital.

3. Patient requires time critical intervention, out of hospital time needs to be minimal, or distance to definitive care is long.

4. Utilization of local ground ambulance leaves local community without ground ambulance coverage.

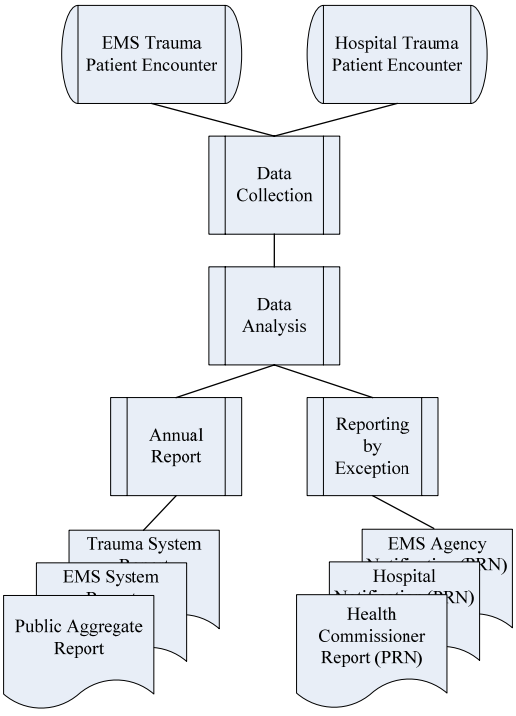
Trauma Triage Quality Monitoring

The Office of EMS is responsible for monitoring and ensuring the quality of trauma care and trauma triage in the Commonwealth. Quality monitoring and assurance is accomplished through several means including, but not limited to, the trauma center designation process, analysis of data from the Emergency Medical Services Patient Care Information System (EMS and Trauma Registries) and from other existing validated sources, the trauma performance improvement committee, feedback mechanisms, and performance improvement groups throughout the Commonwealth.

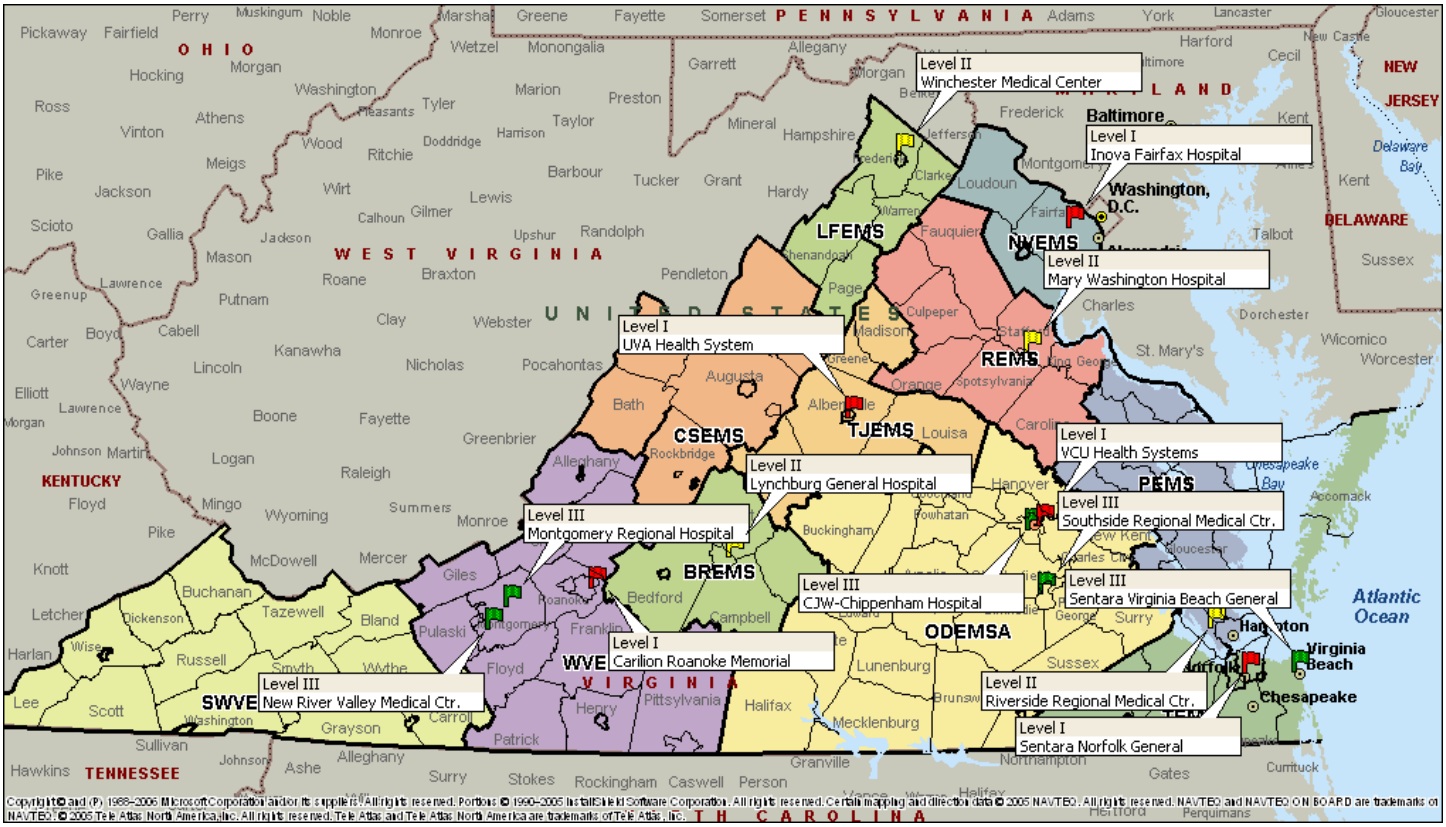
The Office of EMS, acting on behalf of the Commissioner of Health, will report aggregate trauma triage findings annually to assist the EMS and Trauma Systems to improve local, regional and statewide trauma triage programs. A de-identified version of the report will be available to the public and will include, minimally, as defined in the statewide plan, the frequency of (i) incorrect triage in comparison to the total number of trauma patients delivered to a hospital prior to pronouncement of death and (ii) incorrect interfacility transfer for each region.

The program will ensure that each emergency medical services director or hospital is informed of any patterns of incorrect prehospital or interfacility missed triage, delayed or missed interfacility transfer as defined in the statewide plan, specific to the provider and will give the entity an opportunity to correct any facts on which such a determination is based, if the entity or its providers assert that such facts are inaccurate.

The Commissioner shall ensure the confidentiality of patient information, in accordance with § 32.1-116.2. Such data or information in the possession of or transmitted to the Commissioner, the EMS Advisory Board, or any committee acting on behalf of the EMS Advisory Board, any hospital or prehospital care provider, or any other person shall be privileged and shall not be disclosed or obtained by legal discovery proceedings as is written in the *Code of Virginia*, unless a circuit court, after a hearing and for good cause shown arising from extraordinary circumstances, orders disclosure of such data.



Virginia Designated Trauma Centers and Designation Level Description



Trauma Center Designation Levels Defined

Level I Trauma Centers

Level I trauma centers have an organized trauma response and are required to provide total care for every aspect of injury, from prevention through rehabilitation. These facilities must have adequate depth of resources and personnel with the capability of providing leadership, education, research, and system planning.

Carilion Roanoke Memorial Hospital
Bellevue @ Jefferson Streets, Roanoke

Inova Fairfax Hospital
3300 Gallows Road, Falls Church

Sentara Norfolk General Hospital
600 Gresham Drive, Norfolk

UVA Medical Center
1224 West Main Street, Charlottesville

VCU Medical Center
12th & Marshall Streets, Richmond

Level II Trauma Centers

Level II trauma centers have an organized trauma response and are also expected to provide initial definitive care, regardless of the severity of injury. The specialty requirements may be fulfilled by on call staff, that are promptly available to the patient. Due to some limited resources, Level II centers may have to transfer more complex injuries to a Level I center. Level II centers should also take on responsibility for education and system leadership within their region.

Lynchburg General Hospital
1901 Tate Springs Road, Lynchburg

Mary Washington Hospital
1001 Sam Perry Boulevard,
Fredericksburg

Riverside Regional Medical Center
500 J. Clyde Morris Boulevard,
Newport News

Winchester Medical Center
1840 Amherst Street, Winchester

Level III Trauma Centers

Level III centers, through an organized trauma response, can provide prompt assessment, resuscitation, stabilization, emergency operations and also arrange for the transfer of the patient to a facility that can provide definitive trauma care. Level III centers should also take on responsibility for education and system leadership within their region.

Carilion New River Valley Medical Center
2900 Lamb Circle, Christiansburg

CJW Medical Center, Chippenham
7101 Jahnke Road, Richmond

Montgomery Regional Hospital
3700 South Main Street, Blacksburg

Sentara Virginia Beach General Hospital
1060 First Colonial Road, Virginia Beach

Southside Regional Medical Center
200 Medical Park Blvd, Petersburg

Minimum Surgical & Medical Specialties for Trauma Designation

Surgical Clinical Capabilities: (On call and promptly available)	**Level of Designation**		
	I	**II**	**III**
Trauma/General Surgery	**X**	**X**	**X**
Anesthesiology	**X**	**X**	**X**
Orthopedic Surgery	**X**	**X**	**X**
Thoracic Surgery	**X**	**X**	
Cardiac Surgery	**X**		
Pediatric Surgery	**X**		
Hand Surgery	**X**		
Microvascular/Replant Surgery	**X**		
Neurological Surgey	**X**	**X**	
Plastic Surgery	**X**	**X**	
Maxillofacial Surgery	**X**	**X**	
Ear, Nose & Throat Surgery	**X**	**X**	
Oral Surgery	**X**		
Ophthalmic Surgery	**X**	**X**	
Gynecological Surgery/Obstetrical Surgery	**X**	**X**	

Medical Clinical Capabilities: (On call and promptly available)	**Level of Designation**		
	I	**II**	**III**
Cardiology	**X**	**X**	
Pulmonology	**X**		
Gastroenterology	**X**		
Hematology	**X**		
Infectious Disease	**X**		
Internal Medicine	**X**	**X**	**X**
Nephrology	**X**		
Pathology	**X**	**X**	**X**
Pediatrics	**X**		
Radiology	**X**	**X**	**X**
Interventional Radiology.	**X**		

Trauma Triage Related Resources

Virginia Office of EMS Trauma Web page: http://www.vdh.virginia.gov/OEMS/Trauma/index.htm

Centers for disease Control and Injury Prevention
CDC Field Triage Main page: http://www.cdc.gov/fieldtriage/
CDC National Trauma Triage Protocol Podcast: http://www2a.cdc.gov/podcasts/player.asp?f=10649
CDC Field Triage PowerPoint:
http://search.msn.com/results.aspx?q=CDC+Trauma+triage&FORM=CBPW&first=1

American College of Surgeons – Committee on Trauma
http://www.facs.org/trauma/index.html