Virginia Department of Health

Office of Emergency Medical Services

Quarterly Report to the

State EMS Advisory Board

Friday, August 10, 2012

Executive Management, Administration & Finance

Office of Emergency Medical Services
Report to The
State EMS Advisory Board
August 10, 2012

MISSION STATEMENT:

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

I. Executive Management, Administration & Finance

a) Action Items before the State EMS Advisory for May 18, 2012

The Executive Committee has requested that OEMS Executive Management list any motions that the Board will be asked to take action on be noted as the first item in the OEMS Quarterly Report to the State EMS Advisory Board. There are ? action items the Board will be asked to vote on Friday, August 10, 2012:

- Action Item Number 1

To review and approve the 2010 and 2011 financial reports of the Virginia Association of Volunteer Rescue Squads per Code of Virginia requirements.

Note: please refer to Section I Executive Management, Administration & Finance, item c and Appendix B report.

- Action Item Number 2

Endorse the requirement that providers trained outside Virginia submit a report from the National Practitioner Data Bank to gain EMS certification in Virginia.

Note: please refer to Section III, Educational Development and Appendix C of this report.

- Action Item Number 3

Endorse the Transition Plan from the EMT Enhanced certification program to the Advanced EMT certification program to meet the National Scope of Practice

Note: please refer to Section III, Educational Development and Appendix D of this report.

- Action Item Number 4

Endorse White Paper regarding the use of EMD at Public safety Answering Points (PSAPs) in Virginia.

Note: please refer to Section IV, Emergency Operations and Appendix E of this report.

- Action Item Number 5

The Office of EMS requests that the State EMS Advisory Board endorse the Virginia Version 3 Minimum Data Set (VAv3)

Note: please refer to Section IX, Trauma and Critical Care and Appendix I and J of this report.

b) State Board of Health Approves National Registry of Testing Allocation Methodology

As a refresher, the 2012 Virginia General Assembly unanimously passed the following Budget Amendment:

> Item 290 #1c Language: Page 215, after line 40, insert:
>
> "F. Notwithstanding any other provision of law or regulation, funds from the $0.25 of the $4.25 for Life fee shall be provided for the payment of the initial basic level emergency medical services certification examination provided by the National Registry of Emergency Medical Technicians (NREMT). The Board of Health shall determine an allocation methodology upon recommendation by the State EMS Advisory Board to ensure that funds are available for the payment of initial NREMT testing and distributed to those individuals seeking certification as an Emergency Medical Services provider in the Commonwealth of Virginia."
>
> Explanation:
>
> (This language amendment requires that funds from $0.25 of the current $4.25 for Life fee be used for the payment of the initial basic level EMS certification examination that must be completed by EMS providers. This amendment is consistent with current law that requires that $0.25 of the $4.25 fee be used to

pay for the costs associated with the certification and recertification training of emergency medical services personnel.)

On May 18, 2012 the State EMS Advisory Board unanimously passed the following motion:

> The Training and Certification Committee, after reviewing all of the available options, proposed the following action items: Certification candidates who have completed a Virginia approved initial certification Basic Life Support Training program (FR/EMR and EMT-Basic/EMT) shall have their initial (first attempt) National Registry written certification examination fee paid from the portion of the EMS funds specifically earmarked in Code §46.2-694(A.)(13.)(e.). A review of this process shall be conducted by the EMS Advisory Board every three (3) years or as warranted by changes in the Code of Virginia or Commonwealth of Virginia Budget pertaining to the funding of Emergency Medical Services.
>
> YEAS = 19; NAYS = 0; Abstentions = 0
> The motion was carried unanimously.

As a result of this action, and as required by the Budget Amendment, the Office of EMS presented the allocation methodology to the State Board of Health on June 15, 1012. The introductory memorandum to the Board of Health and the Allocation Methodology to Initiate Basic Level NREMT Testing in Virginia is attached to this report as **Appendix A.** The State Board of Health unanimously approved the Allocation Methodology as presented.

c) Virginia Association of Volunteer Rescue Squads (VAVRS) Financial Statements

The Code of Virginia requires that the State EMS Advisory Board shall review the annual financial report of VAVRS. Specifically the language reads as follows:

> § 32.1-111.10. State Emergency Medical Services Advisory Board Code of Virginia; purpose; membership; duties; reimbursement of expenses; staff support.
>
> C. The State Emergency Medical Services Advisory Board shall:
>
> 3. Review the annual financial report of the Virginia Association of Volunteer Rescue Squads, as required by § 32.1-111.13;

This section of the Code references § 32.1-111.13 which reads as follows:

> § 32.1-111.13. Annual financial reports.
>
> Effective on July 1, 1996, the Virginia Association of Volunteer Rescue Squads shall submit an annual financial report on the use of its funds to the State Emergency Medical Services Advisory Board on such forms and providing such information as may be required by the Advisory Board for such purpose.

In addition, the $4.25 motor vehicle registration fee earmarked for EMS reads as follows:

> § 46.2-694. (Contingent expiration date - see Editor's note) Fees for vehicles designed and used for transportation of passengers; weights used for computing fees; burden of proof.
>
> 13. An additional fee of $4.25 per year shall be charged and collected at the time of registration of each pickup or panel truck and each motor vehicle under subdivisions 1 through 12 of this subsection. All funds collected from $4 of the $4.25 fee shall be paid into the state treasury and shall be set aside as a special fund to be used only for emergency medical service purposes. The moneys in the special emergency medical services fund shall be distributed as follows:
>
> a. Two percent shall be distributed to the State Department of Health to provide funding to the Virginia Association of Volunteer Rescue Squads to be used solely for the purpose of conducting volunteer recruitment, retention and training activities.

To be compliant with the Code of Virginia the State EMS Advisory Board must approve the annual financial report for VAVRS. Unfortunately it appears that the 2010 and 2011 financial reports of VAVRS were not presented to the Board for review and approval. OEMS has been working with the leadership and staff of VAVRS and changes are being made by VAVRS to their accounting records and procedures to more clearly identify the use of state funds and state grants. A new Chart of Accounts has been developed and 8 departments/divisions have been identified to better track revenue and expenses.

It was agreed that the 2010 and 2011 reports would not be converted to the new VAVRS financial reporting requirements. VAVRS will present the 2012 audit and financial reports in the new format at the August 2013 EMS Advisory Board meeting. This will also show a comparison of 2012 to 2011 financial data. Please see **Appendix B and C** for the VAVRS 2010 and 2011 financial reports.

d) EMS Needs Assessment Survey

A small ad hoc workgroup of the Legislative and Planning Committee has been tasked with the responsibility to develop an initial set of questions to identify and assess the greatest needs of EMS agencies in Virginia. Information from this needs assessment will be used to make informed decisions about EMS funding issues and to protect existing EMS funding levels.

In order to achieve a high response rate to the survey, the workgroup discussed the need to cultivate partnerships between key system stakeholder groups (regional EMS Councils, VAVRS, VAGEMSA, VFCA, VSFA, etc.), as well as advise EMS Program Representatives to encourage EMS agencies to complete and return the needs assessment survey during their biennial licensure inspections.

The workgroup also discussed piggy backing on to the Department of Fire Programs (DFP) annual Fire needs assessment. However, the workgroup was unable to compete their work in time for this year's assessment and felt a more targeted EMS assessment is needed. Questions on the EMS Needs Assessment are grouped into seven (7) categories:

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

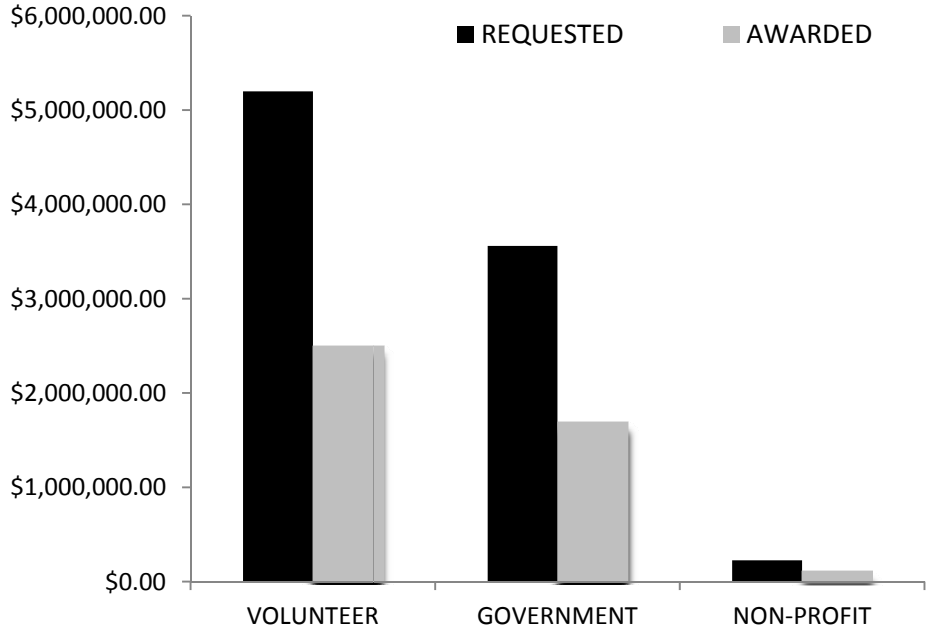
The workgroup is completing their review of an initial draft of questions for the needs assessment and plans are being developed to release a web based survey later this year.

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

The Spring 2012 RSAF grant deadline was March 15, 2012; OEMS received 135 grant applications requesting $8,983,448.00 in funding. Grants were awarded on July 1, 2012 in the amount of $4,305,602.00 to 103 agencies. The following agency categories were awarded funding for this grant cycle:

- 60 Volunteer Agencies were awarded $2,500,689.00
- 35 Government Agencies were awarded $1,696,187.00
- 8 Non-Profit Agencies were awarded $108,726.00

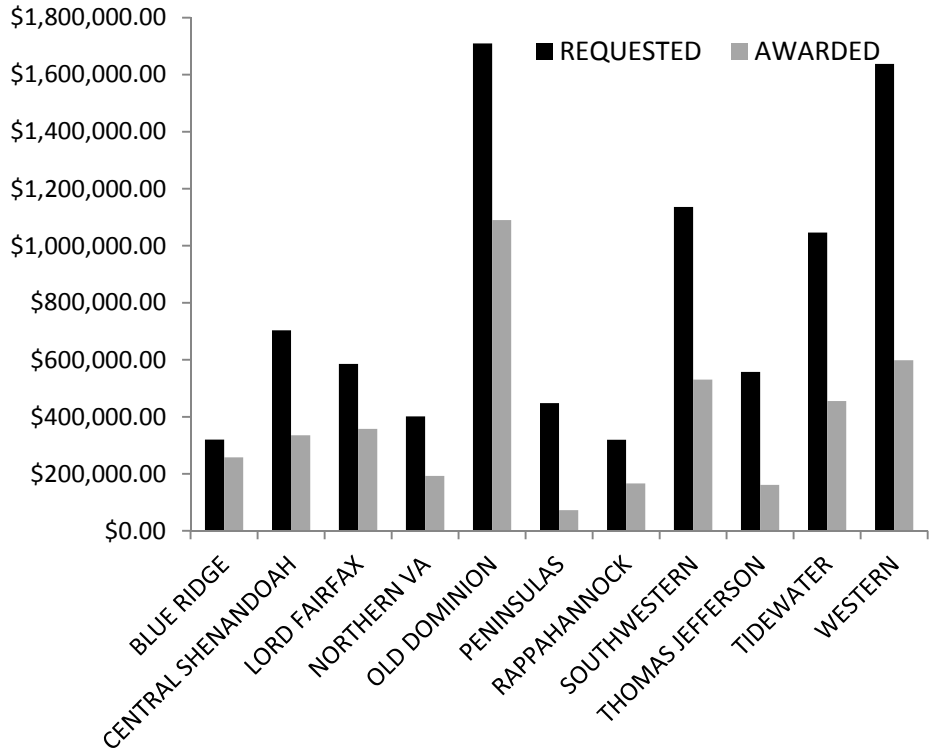
Figure 1: Amount Requested vs Amount Awarded by Agency Category



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

- Blue Ridge EMS Council – 4 agencies awarded $257,653.00
- Central Shenandoah EMS Council – 11 agencies awarded $335,071.00
- Lord Fairfax EMS Council – 7 agencies awarded $357,497.00
- Northern Virginia EMS Council – 5 agencies awarded $192,637.00
- Old Dominion EMS Alliance – 20 agencies awarded $1,089,845.00
- Peninsulas EMS Council – 5 agencies awarded $72,747.00
- Rappahannock EMS Council – 4 agencies awarded $166,242.00
- Southwestern Virginia EMS Council – 12 agencies awarded $530,439.00
- Thomas Jefferson EMS Council – 3 agencies awarded $161,127.00
- Tidewater EMS Council – 12 agencies awarded $455,382.00
- Western Virginia EMS Council – 18 agencies awarded $598,663.00

Figure 2: Amount Requested vs Amount Awarded by EMS Regions



NOTE: $88,299.00 was awarded to Non-Affiliated Agencies not represented in Figure 2.

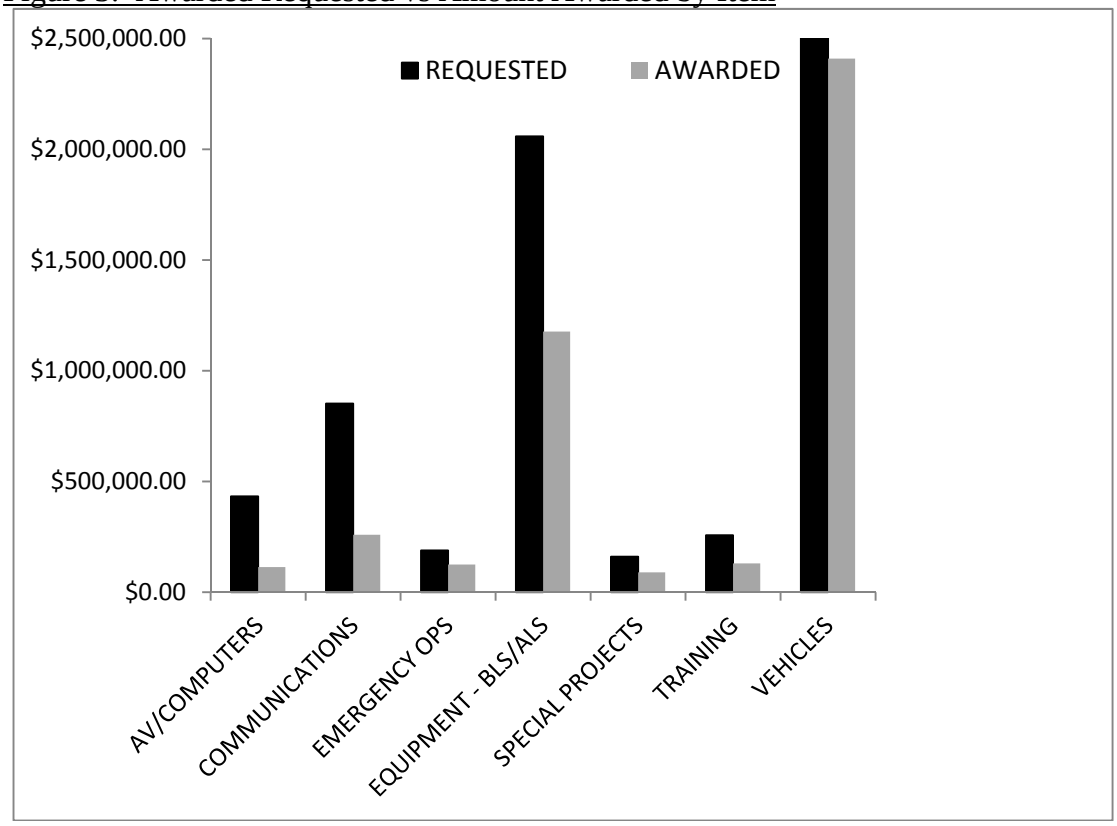
RSAF Grants Awarded by item categories:

- Audio Visual and Computers - $ 113,515.00
  - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.
- Communications - $ 259,552.00
  - Includes items for mobile/portable radios, pagers, towers, repeaters and other communications system technology.
- Emergency Operations - $ 125,329.00
  - Includes items such as Mass Casualty Incident (MCI) All Terrain Vehicle (ATV), extrication equipment and personal protection equipment (PPE). The Emergency Operations category also includes any other equipment or items needed in order to rapidly mobilize and dispatch help in emergency situations.
- Equipment - Basic and Advanced Life Support Equipment - $ 1,177,336.00
  - Includes any medical care equipment for sustaining life, including defibrillation, airway management, and supplies.
- Special Projects - $ 89,659.00
  - Includes projects such as Recruitment and Retention, Special Events Material, regional drug box projects, Emergency Medical Dispatch (EMD) and other innovative programs.
- Training - $ 130,304.00

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

- Vehicles – 2,409,907.00
  - Includes ambulances, 1st Response/Quick Response Vehicles (QRV) and rechassis/remount of ambulances.

Figure 3: Awarded Requested vs Amount Awarded by Item



*NOTE: The VEHICLES category request amount was $5,033,520.00, the graph only represents items requested up to $2,500,000.00 to visually display other items requested.

The fall 2012 grant cycle will begin on August 1, 2012 with a deadline of September 17, 2012; grants will be awarded January 1, 2013.

RSAF Special Priority - Migration to VPHIB's version 3 (VAv3) Requirements

OEMS is making this priority available (effective August 1, 2012) in response to changes that have now taken place with the national EMS dataset and technical requirements; OEMS must make significant changes to Virginia's EMS data collection programs, Virginia Pre-Hospital Information Bridge (VPHIB). Virginia's VPHIB program will be moving from its current version 2 to the new Virginia version 3 minimum dataset and technical format, or what we are calling "VAv3." Funding may be used for a broad range of items including, but not limited to, hardware, software, licenses, support and services. All applicants must complete the **VPHIB Questionnaire**

(http://www.vdh.virginia.gov/OEMS/Agency/Grants/index.htm) regardless of whether the agency is seeking special priority consideration.

Priority will be given to those agencies that are being forced to move to version 3 and this has caused a financial hardship on that agency (hardship must be justified in application).
Contact: VPHIB Support, 804-888-9149, Support@OEMSSupport.Kayako.com, http://oemssupport.kayako.com/

f) Gary R. Brown Elected to the National EMS Memorial Service Board of Directors

On June 24, 2012 the National Emergency Medical Services (EMS) Memorial Service Board of Directors elected Gary R. Brown, Director of the Office of Emergency Medical Services to a three year term on their Board. The Board elected Gary from a pool of applicants from throughout the country citing that "the number and quality of applicants this year was very competitive."

The National EMS Memorial Service was started in Virginia and for seventeen years was held in Roanoke, Virginia, home of the first all volunteer rescue squad in the country. In 2010 the National EMS Memorial service moved to Colorado Springs, Colorado. The mission of the National EMS Memorial Service is to honor and remember those men and women of America's Emergency Medical Services who have given their lives in the line of duty, and to recognize the sacrifice they have made in service to their communities and their fellow man.

EMS on the National Scene

II. EMS On the National Scene

a) Third Draft of *Strategy for a National EMS Culture or Safety* Released for Comments

EMS has been identified as a high-risk industry and safety impacts more than just EMS personnel. Safety in EMS affects our patients, EMS responders, and the public and includes factors such as vehicle operations, medical errors, infectious diseases, scene safety and responder health and fitness, just to name a few. Now, a three-year cooperative agreement between the National Highway Traffic Safety Administration (NHTSA), with support from the Health Resources and Services Administration's (HRSA) EMS for Children (EMSC) Program, and the American College of Emergency Physicians (ACEP) has brought together representatives from national EMS and fire organizations to develop a national EMS "Culture of Safety" Strategy.

Go to http://www.emsculturesofsafety.org/ to review the third draft of its road map to getting there, the *Strategy for a National EMS Culture of Safety*, which incorporates the contents of its various meetings and reviews, two prior drafts and an initial public comment period. A review meeting was held in Washington, DC, on June 19. A fourth and final version of the strategy will be released shortly.

b) FCC Initiates Proceeding to Create Public Safety Do-Not-Call Registry

FCC initiated a proceeding to create a Do-Not-Call registry for public safety answering points (PSAP) as required by the "Middle Class Tax Relief and Job Creation Act of 2012." Specifically, section 6507 of the Tax Relief Act requires the Commission, among other things, to establish a registry that allows PSAPs to register telephone numbers on a Do-Not-Call list and prohibit the use of automatic dialing or "robocall" equipment to contact those numbers. In addition, the Tax Relief Act establishes a range of monetary penalties for entities that disclose the registered numbers or use automatic dialing equipment to contact a number on the PSAP registry. These provisions are designed to address concerns about the use of "automatic dialing equipment," which can generate large numbers of phone calls in a short period of time, tie up public safety lines, divert critical responder resources away from emergency services and impede access by the public to emergency lines.

c) FEMA Urges Preparedness for Hurricanes and Severe Weather

Mobile wireless emergency alerting capabilities will be available nationwide through participating carriers. Hurricane Season begins June 1, 2012, FEMA is providing additional tools for federal, state, local, tribal and territorial officials to alert and warn the public about severe weather. Using the Commercial Mobile Alert System, or CMAS, which is a part of FEMA's Integrated Public Alert and Warning System, this structure will be used to deliver Wireless Emergency Alerts (WEA) to wireless carriers for distribution to the public.

d) FEMA ICPD Releases New Community Preparedness Education Tools

The Federal Emergency Management Agency's (FMEA) Individual and Community Preparedness Division (ICPD) and Emergency Management Institute recently released a new Independent Study Course entitled IS-909 - Community Preparedness: Implementing Simple Activities for Everyone. This online course includes 16 customizable preparedness modules covering preparedness topic areas such as hazard-reduction and how to make a kit on a budget. Completing preparedness training is a step individuals can take to become better informed and ready for any disaster or emergency event. Course tools include:

A comprehensive Program Leaders guide and Independent Study Course for those just starting a neighborhood preparedness effort. The Program Leaders guide strongly encourages coordination, collaboration and communication with local government and existing preparedness programs before starting a new effort.

A facilitator guide to assist the person who will lead the training, related presentation materials and handouts for participants to use and keep.

16 preparedness modules to be used as standalone modules or combined to create a comprehensive community training effort up to 2 hours at a time.

e) DOT Releases New Emergency Response Guidebook

The U.S. Department of Transportation's Pipeline and Hazardous Materials Safety Administration (PHMSA) released the 2012 version of its *Emergency Response Guidebook* (ERG), providing first responders with an newly revised go-to manual to help deal with hazmat accidents during the critical first 30 minutes. PHMSA will distribute more than two million copies of the guidebook to firefighters, emergency medical technicians and law enforcement officers across the nation who will use it to identify specific risks associated with compromised hazmat items, measures they should take to protect themselves and procedures for containing the incident as quickly and safely as possible.

f) House Approves Bill to Help Address the Nationwide Drug Shortage Issue

On May 30th, the House approved H.R. 5651, the Food and Drug Administration Reform Act, in a 387-5 vote . The bipartisan bill includes provisions to help address the nationwide drug shortage issue. In particular, the report language accompanying the bill clarifies that drugs used for treatment in emergency care situations, including resuscitation, are to be included in the FDA's drug shortage notification process. Furthermore, Rep. Burgess (R-TX) secured an additional component of the GAO study in the legislation that would evaluate how providers are compensating for a lack of access to preferred drugs in caring for their patients and whether there are impediments to their ability to adjust accordingly that can be ameliorated. The Senate passed S. 3187, the Food and Drug Administration Safety and Innovation Act, by a vote of 96-1. This bill included statutory changes to the drug shortage notification process to cover manufacturers of drugs used in the provision of emergency medical care and surgery, as well as all sterile injectable drugs. (The original draft bill only included "life-supporting" and "life-sustaining" drugs, but did not make

specific reference to drugs used in emergency situations.) NASEMSO was part of a group of several national EMS organizations that has argued to require manufacturers of drugs used in the provision of emergency medical care and surgery to report permanent discontinuances or temporary shortages to the Food and Drug Administration. The House and Senate will now move to a Conference Committee to iron out the differences between the two bills.

g) IAFF Proposes Changing Name of USFA to "U.S. Fire, EMS, and All-Hazards Preparedness Administration"

Testimony to the House Committee on Science, Space, and Technology Subcommittee on Technology and Innovation calls for the USFA of the 21st century to reflect the all-hazards role and mission of the 21st century fire service. While outlining the priorities of the USFA to legislators, Administrator Ernest Mitchell said his agency has much more work to do to support the nation's fire and emergency responders. Mitchell told the Committee: "The combined efforts of USFA and fire service stakeholders have contributed to a decline in fire-related deaths through public safety education, fire prevention inspections, fire code initiatives, and installation of smoke alarms and residential sprinkler systems." Read the full article at: http://www.emsworld.com/news/10715769/officials-tout-importance-of-re-authorizing-usfa.

h) Free Pediatric Emergency Learning for Physicians, Nurses and Other Providers

The Pediatric Emergency Care Safety Initiative (PECSI) is a FREE educational program, part of the University of Florida College of Medicine/Jacksonville's Department of Emergency Medicine. Here you'll find eight courses to assist healthcare professionals such as physicians, nurses, physician assistants, EMTs, and paramedics to enhance skills in the recognition and management of high acuity, high-risk pediatric patients in an emergent situation. CEUs and CMEs are available for the PECSI lessons, where each one is a self-guided educational experience of text, videos, images, and graphs to assist the adult learner in continuing education. Each course is a stand-alone educational program, but also connects to the others. At the completion of each course and an 80% passing score on the post test, participants will receive CME or CEU credit applicable for that course. Contact information in regard to CMEs and CEUs are provided on the introduction page of each module. Go to: http://emedjax-pecsi.com/.

i) NHTSA Launches Redesigned EMS.gov Website to Better Serve First Responders & Health Care Community

The National Highway Traffic Safety Administration (NHTSA) has launched a redesigned EMS.gov website to better serve first responders and the health care community. NHTSA has spearheaded EMS programs for 40 years, and its EMS.gov website is a premier online resource for information on EMS programs, events and educational materials.

j) President Obama and HHS Honor EMS Professionals During National EMS Week 2012

During National Emergency Medical Services Week, many recognized the tremendous role that EMS practitioners make to improve health in communities across the nation. The around-the-clock dedication to providing emergency care is evident with one statistic: more than 36 million patients were cared for by EMS professionals in 2011 alone.

Go to http://www.hhs.gov/news/press/2012pres/05/20120521c.html to read the Health and Human Services news release.

Go to http://www.whitehouse.gov/the-press-office/2012/05/21/presidential-proclamation-emergency-medical-services-week-2012 to read President Obama's proclamation.

k) The Broselow Tape as an Effective Medication Dosing Instrument: A Review of the Literature

The Journal of Pediatric Nursing published an analysis study of literature and research of the Broselow tape as a means of estimating weight in pediatric patients to address medication dosing. The systematic review was conducted using PubMed, Ebscohost, and ProQuest search engines. Inclusion criteria included peer-reviewed literature and original research articles. Results indicated even if the Broselow tape may underestimate the weight of outlier pediatric patients, it is still the most accurate tool available. In addition, it appears to be more accurate for use with younger patients. Finally, the evidence suggests that when compared with other methods of estimating medication dosing and airway equipment size, the Broselow tape is the most reliable predictor in most situations.

l) CDC Study Finds Universal Motorcycle Helmet Laws Increase Helmet Use, Save Money

Annual cost savings in states with universal motorcycle helmet laws were nearly four times greater (per registered motorcycle) than in states without these comprehensive laws, according to a Morbidity and Mortality Weekly Report study just released the Centers for Disease Control and Prevention. Universal helmet laws require that motorcycle riders and passengers wear a helmet every time they ride. For more information go to: http://www.cdc.gov/media/releases/2012/p0614_motorcycle_laws.html

m) Report Shows Regional Care Systems to Treat Severe Heart Attacks Improve Survival Rates

North Carolina's coordinated, regional systems for rapid care improved survival rates of patients suffering from the most severe heart attack, according to research in the American Heart Association's journal, *Circulation.*
Fewer ST -segment elevation myocardial infarction (STEMI) patients died when paramedics diagnosed them en route to hospitals and hospitals followed well-defined guidelines to quickly treat or transfer patients to facilities that performed artery-opening

procedures, if needed. Death rates were 2.2 percent for patients treated to guideline standards and 5.7 percent for those who weren't, according to the study.

n) New Law in Minnesota Funds Community Paramedics

A new law funding community paramedics is expected to save hospitals and the state a lot of money will take effect in Minnesota on July 1st. One ambulance ride to the emergency room can cost thousands. Some people end up in the ambulance more often than necessary, costing hospitals and the state a lot of money. Sponsor of the new law Senator Rosen said, "Some people are going to the emergency room for their primary care." Rosen says a community paramedic can help prevent these people from always using the emergency room for primary care.

o) Oregon Temporarily Adopts OAR 333-250-0051 Relating to Drug Shortages

The Oregon Health Authority, Public Health Division has temporarily adopted OAR 333-250-0051 relating to drug shortages and the use of expired pharmacological and medical supplies in ambulance services. Emergency medical services (EMS) providers in Oregon may periodically be unable to obtain necessary and sometimes life-saving pharmacological and medical supplies due to national or regional shortages. Currently, ambulance services are prohibited from carrying expired pharmacological and medical supplies. The intent of this temporary rule is to provide that an ambulance service will not be subject to discipline for retaining expired pharmacological or medical supplies when certain standards are met. By adopting this temporary rule an ambulance service may carry expired pharmacological and medical supplies and use them, at the direction of a medical director, if not providing the drug would adversely affect patient care or if necessary to potentially save a patient's life.

p) DOT Releases New Emergency Response Guidebook

The new 2012 Emergency Response Guidebook (ERG2012) has been released by the Department of Transportation (DOT) for use by fire fighters, police, and other emergency services personnel who may be the first to arrive at the scene of a transportation incident involving dangerous goods. The ERG2012 is primarily a guide to aid first responders in quickly identifying the specific or generic hazards of the material(s) involved in the incident, and protecting themselves and the general public during the initial response phase of the incident.

q) New Jersey EMSC Program Publishes Model Program in *Pediatric Emergency Care*

Alfred Sacchetti, MD, chair of the New Jersey EMSC Advisory Council; Nancy Kelly-Goodstein, EMT-P, New Jersey project director; and Erick Hicken, MICP, New Jersey EMSC program manager, have published Emergency Medical Services for Children: The New Jersey Model (*Pediatric Emergency Care*, April 2012; 28(4), p. 310–312). This article "examines a model developed by New Jersey in which every emergency department (ED) in the state is required by regulation to meet the standards of a traditional ED's

Approved for Pediatrics." As a result, the article finds "the New Jersey model leads to more accessible care and more rapid stabilization of children regardless of their mode of delivery to the ED."

r) ITLS eTrauma: Taking Trauma Training Online

ITLS eTrauma is an online education option developed by International Trauma Life Support. The program covers the eight hours of ITLS Provider classroom instruction, training on the core principles of rapid assessment, resuscitation, stabilization and transportation of trauma patients. Because of the program's comprehensive approach (based on the 6th edition *ITLS for Prehospital Care Providers* manual), ITLS eTrauma is appropriate for all levels of EMS personnel—from EMT-Bs and first responders to advanced EMTs, paramedics, trauma nurses and physicians. What the Program Provides:

- 13 multimedia interactive lessons that correspond to textbook chapters
- 6th edition *ITLS for Prehospital Care Providers* textbook to accompany online course material
- Lessons utilize video clips, quiz questions, click-and-drag matching exercises, new case studies, and more to maximize learning and retention
- 8 hours of CECBEMS continuing education credit upon successful completion

Go to: http://www.itrauma.org/resources/ITLSeTrauma.asp

s) Psychiatric Patients Face Long Stays in the Emergency Department

National Public Radio reports that as an increasing number of hospitals close their psychiatric wards due to cost concerns, such patients are being boarded in the emergency department (ED) until care can be found for them. Specifically, a study published in *Annals of Emergency Medicine* found that psychiatric patients spend more than 11 hours in the ED, on average. Wait times are even longer for patients who have been using alcohol or who require the use of restraints.

Educational Development

III. Educational Development

Committees

A. The **Training and Certification Committee** (TCC): The committee met at the Office of EMS, 1041 Technology Park Dr., Glen Allen, Virginia for a quarterly meeting on July 11, 2012.

1. There are two action items. See Motions in **Appendix D and E.**
2. Copies of past minutes are available on the Office of EMS Web page at: http://www.vdh.virginia.gov/OEMS/Training/Committees-PDC.htm

B. **The Medical Direction Committee (MDC)** The Medical Direction Committee meeting was held at the Office of EMS, 1041 Technology Park Dr, Glen Allen, Virginia on July 12, 2012. There are no action items to consider.

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

National Registry of EMTs Certification Test

The Office of EMS has implemented the transition to the National Registry of EMT's certification process as of July 1, 2012. To assist with preparing educators for this activity, the Office conducted webinars as follows:

1. Monday, June 18, 9 AM
2. Tuesday, June 19, 10 AM
3. Wednesday, June 20, 1 PM
4. Thursday, June 21, 7 PM
5. Saturday, June 23, 9 AM
6. Monday, July 16, 3 PM
7. Wednesday, July 18, 10 AM

The slide presentation is on our web site for instructors who have not been able to participate in one of the roll out webinars. In addition, updates to the Training Program Administration Manual (TPAM) have been completed and E-mailed to all EMS educators. The webinars are now part of the routine EMS Educator Updates. The office is monitoring the transition and will conduct future webinar's as responses are received.

Some of the major components of the transition are:

1. Electronic reciprocity for candidates who successfully complete a Virginia approved initial certification program.
2. All candidates completing an initial basic level EMS certification program ending after June 30, 2012, except for the EMT Enhanced level, are required to take the National Registry cognitive exam and the Virginia practical exam. There will be no changes for advanced level EMS certification programs until January 1, 2014.
3. Initial basic level EMS certification courses ending on or before June 30, 2012 are tested under the "old" system.
4. Current EMS recertification processes would not be affected until after December 31, 2013.

Advanced Life Support Program

A. The Instructor Institute was held in Blacksburg, VA from June 9-13, 2012 in conjunction with the VAVRS Rescue College. Nine new ALS coordinators were certified during this Institute.

B. The ALS Coordinator meeting was held in Roanoke, VA on Friday, July 20, 2012 at Jefferson College of Health Sciences. At this meeting the ALS-Coordinator group made nominations to fill their seat on the TCC committee for the upcoming year. The Division of Educational Development attends as a guest of the committee to address questions about EMS education in Virginia.

C. There are currently 43 applications pending for ALS Coordinator endorsement. These individuals will be invited to attend future Instructor Institutes as space allows.

Basic Life Support Program

A. Instructor Institutes

1. The Office held an EMT Instructor Institute June 9-15, 2012. 15 EMT-Instructor candidates and 6 ALS-Coordinators candidates attended. All except 2 received certification/endorsement. The remaining two candidates were excused because they were unable to complete the entire program and will receive certification after completing the remaining components of the course.

2. The next EMT Instructor Practical is scheduled for August 18, 2012, in the Richmond area.

3. The next Instructor Institute will be held in the Richmond area, September 15-19, 2012.

4. EMS Providers interested in becoming an Instructor or learning about the process of becoming an EMS Education Coordinator in the future please contact Mr. Greg Neiman, BLS Training Specialist by e-mail at Gregory.Neiman@vdh.virginia.gov

B. Virginia EMS Education Standards (VEMSES) Exam

1. There have been 410 Initial test attempts and the pass rate is 54.15%. There have been 106 second attempts on the exam and the pass rate is 59.43%. Twenty (20) providers have attempted the exam a third time, and the pass rate is 40%. Five (5) providers have attempted the exam a fourth time and the pass rate is 100%.

2. Although there has been vocal opposition by some current Instructors to the administration of this exam to evaluate their continued competence to teach the minimum required material, the results reinforce the need to continue to require an examination before an Instructor/Coordinator can implement the new Education Standards in their programs. It is important to note that the first time pass rate is not a reliable number as many Instructors/Coordinators have stated they did not study prior to taking the exam, but rather wanted to take it 'cold' to see what type of questions were on the exam. The low second time pass rate is somewhat concerning.

3. Current EMT-Instructors/ALS-Coordinators may schedule to take the exam at regional Consolidated Test Sites (CTS) or at specified locations with the Training Staff after in-person updates and ALS-Coordinator meetings.

C. EMS Instructor Updates:

1. The Division of Educational Development continues to hold online and in-person EMS Instructor Updates.

2. Online Updates are held on the second Thursday evening every other month, beginning January 2012. In-person updates have also been scheduled for 2012.

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

EMS Training Funds

FY12

	Commit $	*Payment $*	*Balance $*
BLS Initial Course Funding	$835,395.00	$360,260.41	$475,134.59
BLS CE Course Funding	$122,640.00	$43,303.75	$79,336.25
ALS CE Course Funding	$273,840.00	$79,546.25	$194,293.75
BLS Auxiliary Program	$94,000.00	$13,120.00	$80,880.00
ALS Auxiliary Program	$332,000.00	$153,550.00	$178,450.00
ALS Initial Course Funding	$1,342,350.00	$544,162.58	$798,187.42
Totals	**$3,000,225.00**	**$1,193,942.99**	**$1,806,282.01**

FY13

Emergency Ops Funding	$160.00	$0.00	$160.00
BLS Initial Course Funding	$119,952.00	$1,428.00	$118,524.00
BLS CE Course Funding	$49,560.00	$280.00	$49,280.00
ALS CE Course Funding	$129,360.00	$70.00	$129,290.00
BLS Auxiliary Program	$14,000.00	$0.00	$14,000.00
ALS Auxiliary Program	$124,000.00	$0.00	$124,000.00
ALS Initial Course Funding	$208,080.00	$0.00	$208,080.00
Totals	**$645,112.00**	**$1,778.00**	**$643,334.00**

EMS Education Program Accreditation

A. EMT accreditation program.

1. Emergency Medical Technician (EMT)
   a) No applications on file.
2. Advanced Emergency Medical Technician (AEMT)
   a) No applications on file.
3. Intermediate – Reaccreditation
   a) WVEMS – New River Valley Training Center
      (1) Site Visit conducted on May 17/18, 2012.
      (2) Full accreditation awarded June 2012.
   b) Rappahannock Community College
      (1) Follow-up site visit scheduled on July 9, 2012.
      (2) Full accreditation awarded July 2012.
2. Intermediate – Initial
      (1) No applications on file.
3. Paramedic – Initial
   a) No applications on file.

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

C. Paramedic students who are candidates for certification testing through the National Registry of EMT's (NREMT – www.nremt.org) and who initiate their training on or after January 1, 2013, are required to graduate from a nationally accredited paramedic program—national accreditation is offered through the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – www.coaemsp.org).
    1. Virginia is well positioned to ensure that students completing paramedic training programs in the Commonwealth are eligible to test NREMT beginning January 1, 2013.
    2. Of 16 accredited paramedic training programs, there are only a handful of programs which still need to obtain national accreditation through CoAEMSP/CAAHEP.
        a) Lord Fairfax Community College
            (1) Has submitted their CoAEMSP Institutional Self-study Report (ISSR).
        b) Patrick Henry Community College
            (1) Status unknown.
        c) Rappahannock EMS Council Paramedic Program
            (1) Working toward completing their CoAEMSP Institutional Self-study Report (ISSR).
        d) Southside Community College
            (1) Submitted their self-study to CoAEMSP.
            (2) CoAEMSP site visit conducted on December 1/2, 2011.
            (3) Awaiting review and approval of accreditation by CoAEMSP/CAAHEP.
        e) Prince William County Paramedic Program
            (1) Has submitted their CoAEMSP Institutional Self-study Report (ISSR).
        f) Center for EMS Training, Inc.
            (1) Submitted their self-study to CoAEMSP.
            (2) Awaiting scheduling of the initial accreditation site visit.

On Line EMS Continuing Education

Distributive Continuing Education

To date, the Office has approved five (5) third party vendors: 24-7 EMS, CentreLearn, HealthStreams, Medic-CE and TargetSafety.

There are more than 475 OEMS approved online CE courses currently offered through these vendors. A vigorous screening process promotes quality programming and ensures electronic submission of continuing education to the OEMS technician database.

For more information, visit the OEMS Web page at:
http://www.vdh.virginia.gov/OEMS/Training/WebBasedCE.htm

TRAINVirginia

Due to technical issues beyond our control, all online EMS CE programs posted on TRAINVirginia have been suspended by OEMS.

We hope to have a solution in the near future; however a specific date cannot be provided at this time.

EMS providers facing an approaching deadline for CE are encouraged to view the list of third party vendors posted on the OEMS Web site at:
http://www.vdh.virginia.gov/OEMS/Training/WebBasedCE.htm.

EMSAT

A. Although there are currently no EMSAT programs on TRAIN Virginia, there are close to seventy (70) Designated EMSAT sites in the Commonwealth where viewers can get one hour of category one (I) or two (II) credit on the third Wednesday night of each month. These sites are listed on the OEMS Web site under EMSAT Site Locations, Education and Certification, EMSAT Online Training.

B. EMSAT programs for the next three months include:
   1. Aug. 15 - Safe Vehicle Extrication: Back to Basics
   2. Sept. 19 - Kidney Failure: The Renal Dialysis Patient
   3. Oct. 17 - Chemical Suicides

The EMS Portal

On December 5, 2011, the EMS Agency component of the Office of EMS Portal was initiated. This component allows designated officer(s) of an EMS agency the ability to update agency profile data, manage affiliation, and the ability to produce specific reports in various formats. The system allows for 'real-time' access to technician and agency records and increases the security surrounding access to provider and agency data.

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

As of July 17, 2012, Agency participation has grown to 75% and provider participation has grown to 67%.

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

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

CTS

Mr. Michael Staats, Consolidated Test Site Examiner Supervisor is retiring from the Norfolk Fire Department and moving to Arizona. This led to his resignation from OEMS last month. OEMS will miss him and wishes him the best in Arizona. OEMS has concluded interviews and will be filling his position soon.

With the help of the EMS Program Representatives, especially Heather Phillips and PJ Fleenor, CTS policies and forms have been updated for the transition to VEMSES standards testing. In addition, consolidated test sites Coordinators now have the option of same day retesting.

There have been 22 CTS conducted since the last EMS Advisory Board meeting held on May 11th.

Other Activities

- Greg Neiman continues to participate with the Autism Public Safety Workgroup coordinated by the Commonwealth Autism Service.
- Warren Short participated with the AEMS council training coordinators and arranged to host their meeting here in Virginia on June 25-27, 2012.
- Debbie Akers has received her Virginia Emergency Response Team (VERT) training to participate as a member of the Emergency Operations Center for VDH.

Emergency Operations

IV. Emergency Operations

Operations

- **Virginia 1 DMAT**

The Emergency Operations Division Manager has attended the monthly Virginia 1 DMAT meetings. Discussion has centered on the ongoing changes that are occurring within the federal system. These changes have a direct effect on the application process, selection process, training process and others. VA-1 DMAT continues to discuss and pursue options on how to become a recognized state asset with appropriate coverage for its members.

The HMERT Coordinator continued to assist in management and support of the DMAT trailer including traveling to get the trailer inspected and conducting some additional work on trailer.

Frank Cheatham, HMERT Coordinator, also attended the Training Summit in Nashville held in May 2012. He attended classes on mass care, mass casualty management, and other emergency services/emergency management topics.

- **HMERT Operations**

On June 25, 2012 Frank Cheatham, the HMERT Coordinator held a training class for TJ-2 Task Force new members in Charlottesville.

The HMERT Coordinator and the Assistant Manager completed a recruitment mailing to all agencies for the Type Three asset for Task Forces. Type Three is a single resource asset initiated in the recent restructuring effort to add to the Task Forces.

- **Virginia Healthcare Emergency Management State Forum**

The Emergency Operations Division Manager attended the 2012 Virginia Healthcare Emergency Management State Forum on June 13-15, 2012. Programs attended provided information on tactical emergency casualty care, managing emergency chemical threats to EMS and healthcare agencies, view of national and global radiological threats, and others.

- **Medical Emergency Care Systems in a Post-Improvised Nuclear Device Detonation Scarce Resources Environment Workgroup**

A conference call was coordinated with this workgroup and attended by the Emergency Operations Division Manager to discuss the primary gaps identified by this workgroup to share suggestions and comments and to begin the establishment of timelines. Two “white papers” were also reviewed and discussed concerning emergency care systems operations and preparation for medical and public health response in a possible nuclear detonation.

- **Virginia Fire Service Council Legislative Summit**

On July 19, 2012, Jim Nogle, Emergency Operations Division Manager made a presentation to the Virginia Fire Service Council Legislative Summit regarding the intention to seek legislation to assure

liability, tort, and workmen's comp for the Heath and Medical Emergency Response Teams and the Virginia 1 DMAT team. This would be similar to the language that already exists in Virginia Code for Medical Reserve Corp and Citizen Emergency Response Team for coverage during a deployment as well as for approved training exercises.

- **Assistance to Office of Chief Medical Examiner**

Emergency Operations Division representatives met with staff from VDH/OCME to provide technical assistance and advice for their offices communications needs. Discussions included proper procurement for radio equipment under VITA guidelines, obtaining FCC licensure, narrow-banding, disaster communications and proper procedures for securing interoperability cache communications equipment and support

- **OPSail 2012**

The Emergency Operations Assistant Manager and Emergency Planner participated in planning sessions for the 2012 OpSail held in Hampton Roads June 1-12, 2012. While no assistance was needed from the EMS side, OEMS remained ready to assist as necessary.

- **Inclement Weather Response June 2012**

As a result of the "derecho" that struck the Commonwealth in June 2012, the Emergency Operations Assistant Manager and HMERT Coordinator responded to a request for EMS assistance in Northern Virginia. The request, which was for ALS ambulances to assist Alexandria post incident, was filled through a Statewide Mutual Aid process.

- **Tomato Festival**

HMERT Coordinator, Frank Cheatham, attended meetings during this quarter to assist in the Annual Hanover Tomato Festival planning. As with previous years, the Office of EMS assisted in EMS planning and logistical support. The event was held on July 14, 2012.

Planning and Preparedness

- **Family Assistance Center Planning**

VDEM FAC Committee met May 1 and OEMS Emergency Operations Planner participated in meeting along with other members of VDH that focused on requested changes and updates of the plan by VDH.

- **OEMS COOP**

Planner continues to work to update the Office COOP in light of VDEM recommended format and is meeting with COOP Committee to develop a plan to identify MEFs and PBFs for the Office by December 31, 2012.

- **OEMS Building Emergency and Evacuation Plan (BEEP)**

Winnie Pennington, Emergency Planner, continues to update the OEMS BEEP based on July 12 smoke detector alarm activation.

Committees/Meetings

- **Hurricane Evacuation**

The HMERT Coordinator participated in a Communications Drill for Lane Reversal that was held on May 4, 2012. This was an exercise to test the state agency communications capabilities in the event of a lane reversal. The HMERT Coordinator continued to attend Lane Reversal Committee Meetings.

- **State Agency Meeting**

The HMERT Coordinator attended a meeting of Region 1 State Agencies held at the EOC.

- **Virginia Strategic Highway Safety Plan Committee**

Frank Cheatham, HMERT Coordinator, continued to work on the Virginia Strategic Highway Safety Plan.

- **Motorcycle Safety Awareness Month**

Frank Cheatham, HMERT Coordinator, attended a press conference kick off for Motorcycle Safety Awareness Month.

- **EMS Communications Committee**

The EMS Communications Committee held its quarterly meeting on May 18, 2012. Discussion included the ongoing progression of the OEMS White Paper concerning local implementation of emergency medical dispatch protocols. Endorsement has be sought from the Virginia Chapter of the Association of Public Safety Communications Officials (APCO), the Virginia Department of Fire Programs, the Virginia Department of Emergency Management, the Virginia Association of Volunteer Rescue Squads, the directors of the regional EMS councils, the Virginia Sheriff's Association and the Medical Directors group of the Virginia EMS Advisory Board.

- **EMS Emergency Management Committee**

The EMS Emergency Management Committee met on July 26, 2012.

- **Battlefield Park Evacuation Exercise**

Karen Owens, Emergency Operations Assistant Manager, attended a meeting of the Hanover County Principals to review the Evacuation Exercise conducted by Battlefield Park Elementary School. The presentation provided an opportunity to ask questions and review the success of the event.

- **NASEMSO HITS Committee**

The HMERT Coordinator participated in the monthly teleconference with the NASEMSO HITS Committee, which is a committee looking at Highway Incidents and Transportation Systems.

Training

- **EMSAT**

Karen Owens, Emergency Operations Assistant Manager participated in the filming of a monthly EMSAT program. The training focuses on the basics of vehicle technology with the expectation that it will be used in EMT classes.

- **Traffic Incident Management (TIM) Train the Trainer**

The HMERT Coordinator attended a two day Train the Trainer course on Traffic Incident Management held at Virginia State Police Training Center.

- **OEMS COOP Exercise**

Winnie Pennington, Emergency Planner, developed and co-facilitated an exercise for OEMS staff on June 20 and 21 involving orientation and set up of workstations at the COOP designated alternate work site. An AAR/IP was developed for the exercise**.**

- **Office Fire Drill**

Winnie Pennington, Emergency Planner, conducted an annual fire drill on June 6, 2012 for the Office based on the published BEEP. An AAR/IP was developed for the exercise**.**

- **VDH Public Health Preparedness Summit**

Winnie Pennington, Emergency Planner, participated in VDH training on June 28–29, 2012 held in Richmond. She attended general session as well as planner specific meetings.

- **NFPA 1584 Training Class**

On May 22, 2012 the Emergency Operations Assistant Manager attended a training class at the Henrico Fire Training Center. The class focused on the NFPA 1584 Rehab standard.

- **VOPEX 2012**

The OEMS Emergency Planner participated and assisted the Division of Radiological Health during the Dominion Virginia Nuclear Power Station Exercise conducted on July 10, 2012. Winnie provided ESF-8 support by maintaining WebEOC and situational awareness to internal and external partners.

Communications

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

Orange County 9-1-1, Brunswick County 9-1-1, Stafford County 9-1-1 and City Of Roanoke 9-1-1 all received approval by the EMS Communications Committee and State EMS Advisory Board. Mr. Crumpler did formal presentations at Boards of Supervisors meeting for Orange, Brunswick and Stafford counties.

- **EMD Coverage Map**

The EMD Coverage map was updated on May 25, 2012 with the next scheduled update to coincide with updates to EMS Communications Directory. Special thanks to Stefanie McGuffin with VITA for PDF support on this project

- **STARS/UARC**

OEMS Communications Coordinator Ken Crumpler attended the scheduled meeting is May 29, 2012 at Virginia State Police Headquarters in Chesterfield County.

- **EMD Position Paper**

The Communications Committee has worked diligently over the last few months to research and develop a White Paper regarding the use of EMD at Public safety Answering Points (PSAPs) in Virginia. The PSAP accreditation program, the support of EMD through the RSAF grant program, and the partnership of the Office of EMS with various Telecommunication networks, including APCO and NENA, has strengthened the recognition and knowledge of the need for EMD across the Commonwealth. The committee has finalized the position paper and will present it to the board as an action item at the August Advisory Board meeting. Please see **Appendix F.**

Planning and Regional Coordination

V. Planning and Regional Coordination

Regional EMS Councils

Regional EMS Councils

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

Applications for Regional EMS Council designation/re-designation are due to OEMS on October 1, 2012. The next designation period begins on July 1, 2013.

The EMS Systems Planner attended meetings of the Lord Fairfax and Northern Virginia EMS Councils in the quarter, as well as the Regional Awards programs for Central Shenandoah, Lord Fairfax, Northern Virginia, Rappahannock, and Southwest Virginia EMS Councils.

Medevac Program

The Medevac Committee met on August 9, 2012. The minutes are not available at the time of the submission of the state EMS Advisory Board quarterly report.

The Medevac WeatherSafe application continues to grow in the amount of data submitted. In terms of weather turndowns, there were 376 entries into the WeatherSafe system in the second quarter of 2012. Two thirds of those entries were for interfacility transports, which is a continuing trend. This is a decrease from 440 entries in the second quarter of 2011…this data shows continued dedication to the program itself, but also to a commitment of maintaining safety of medevac personnel and equipment.

The EMS Systems Planner has begun making site visits to the medevac services in Virginia, to get a better understanding of how those services function, and to meet and interact with the flight crews. Site visits have been made to Wellmont One this quarter.

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 March of 2011.

Throughout the rest of 2012, and the early portion of 2013, OEMS will be working with the committees of the state EMS Advisory Board to review and revise the Plan, in preparation of the next version of the Plan.

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

Public Information & Education

VI. Public Information and Education

Marketing and Promotion

EMS Bulletin

The summer EMS Bulletin is currently in development and will be published at the beginning of August. Downloads of the Winter Bulletin continued in April, which made it one of the top five most downloaded items on the OEMS for that month with 4,323 downloads.

Promoted Events on Social Media Outlets

OEMS PIO promoted the opening of the Virginia EMS Symposium's registration on the OEMS Facebook and Twitter page, and via Constant Contact list-serv on July 25, 2012. Also promoted was a link to the downloadable course catalog.

Continued to keep OEMS' Twitter and Facebook pages active, educational and relevant by posting daily and/or weekly updates that provide important announcements and health-related topics to increase awareness and promote the mission of OEMS and VDH. Some of the features that were posted from April through June were related to current events including heat, food and water safety; **distracted driving awareness, injury prevention and National EMS Week.**

Community Donation Requests

OEMS provided giveaway items for community donation requests that were received from Middlesex County Volunteer Rescue Squad's camp rescue event and Central Volunteer Rescue Squad's golf tournament.

Press Release

Created a press release on behalf of VDH and OEMS for Cathy Fox, to commend her efforts and highlight a prestigious recognition award that she was given on behalf of **National Emergency Medical Services for Children.**

Website Statistics

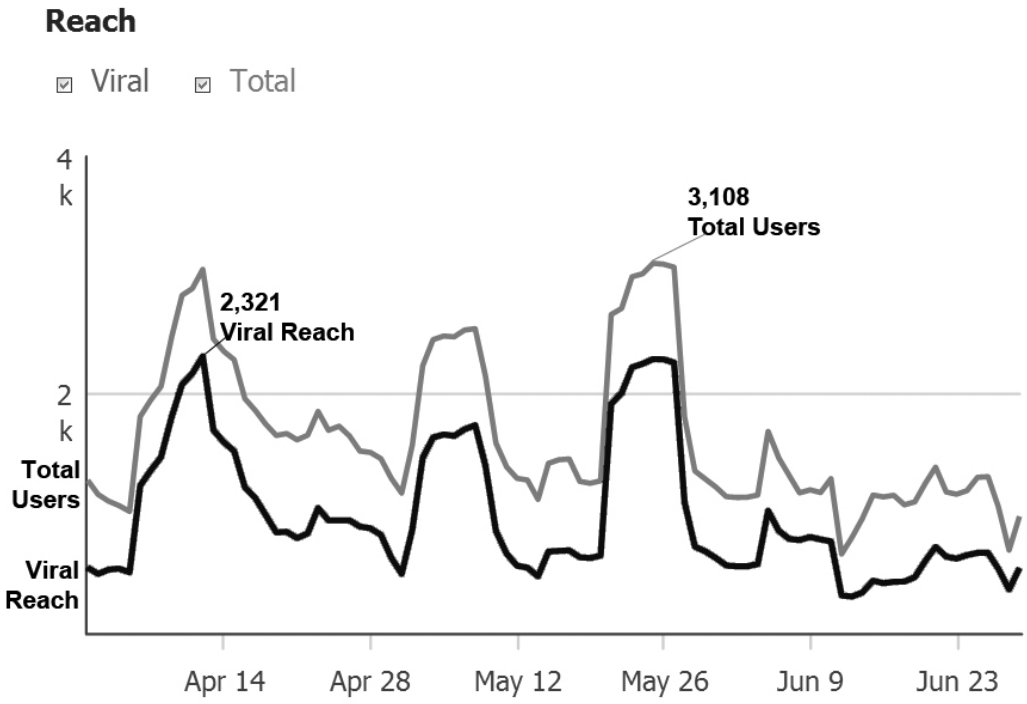
Figure 1: This table represents the top five downloaded items on the OEMS website from April – June, 2012.

April	1. Symposium 2010 Presentations – LMGT-732 (14,322 Downloads) 2. Training Catalog (8,325 Downloads) 3. Durable DNR Form (5,108 Downloads) 4. Practical Exam User Guide (4,550 Downloads) 5. Winter 2012 EMS Bulletin (4,323 Downloads)
May	1. Symposium 2010 Presentations – LMGT-732 (15,385 Downloads) 2. Training Catalog (9,456 Downloads) 3. Practical Exam User Guide (4,968 Downloads) 4. Virginia Emergency Medical Services Education Standards (4,851 Downloads) 5. Durable DNR Form (3,943 Downloads)
June	1. Symposium 2010 Presentations – LMGT-732 (13,867 Downloads) 2. NREMT Presentation Handouts - Full Slides (12,282 Downloads) 3. Training Catalog (9,589 Downloads) 4. Durable DNR Form (6,289 Downloads) 5. Full TPAM - 7/7/12 (4,864 Downloads)

Figure 2: This table identifies the number of unique visitors, the average hits per day and the average visit length by minutes to the OEMS website from April – June, 2012. *Unique visitors* are defined as the number of unduplicated (counted only once) visitors to your website over the course of a specified time period, whereas the *average hits per day* include both unique visitors and repeat visitors.

	Unique Visitors	Average Hits Per Day	Average Visit Length (Minutes)
April	22,514	2,088	10:07
May	23,798	2,173	9:35
June	23,021	2,135	10:11

Figure 3: This graph shows how many unique users and viral users saw content from our Facebook page from April - June, 2012. *Viral reach* defines unique users that saw a story about our page published by a friend. The *total number* of unique users is defined as people who saw any content associated with our page. Each point represents the unique people reached in the 7-day period ending with that day.



Symposium

Symposium Sponsorship Packet

OEMS PIO worked with Jennie Collins to complete the sponsorship packet for the 2012 Virginia EMS Symposium. New sponsorship opportunities were added and the format was reworked. Currently in the process of designing a sponsor bingo card, this is one of the new sponsorship opportunities that will be available this year.

Course Catalog

The Symposium course catalog was completed and mailed out to nearly 700 affiliated agencies the week of July 23, 2012. It was also posted on the OEMS website July 25, 2012. A limited number of catalogs will be given to the Regional EMS Councils in addition to a limited number of catalogs that are available at OEMS.

EMS Symposium Promo Mailer

OEMS PIO created a bi-fold promotional mailer that was sent to nearly 28,000 affiliated providers the week of July 23, 2012. This mailer advertised the 33rd Annual Virginia EMS Symposium and focused on promoting registration, course tracks, special seminars and events. This brochure also featured the link to a downloadable version of the course catalog.

Career Fair

OEMS PIO created an updated version of the 3rd annual Career Fair vendor registration form. This event is free for everyone and will be held on Thursday, November 8 from 5-7 p.m. at the 33rd Annual Virginia EMS Symposium.

Signage

OEMS is coordinating on-site signage for the Marriott and the Sheraton. This includes all Symposium-related signage and special sponsorship signage.

Governor's EMS Awards Program

OEMS received all of the regional EMS award nominations via Lotus Notes on Friday, July 20, 2012. The Governor's Awards Nomination Committee meeting will be held on August 17, 2012 to determine the winners of the 2012 Governor's EMS Awards. The winners of the Governor's EMS Awards will be announced at the 33rd Annual Virginia EMS Symposium Reception on Saturday, November 10, 2012.

Media Communications

Office of EMS Media Coverage

In April, the OEMS PIO fielded a call from the King George Journal related to the lack of service/response to EMS calls in the King George area.

In May, the OEMS PIO fielded calls from Channel 8 TV about 911 callers being put on hold, the Roanoke Times about Carilion Life Guard 12's near miss, Channel 8 TV regarding drug box thefts off ambulances in Virginia (coordinated taped interview with the Division of Regulations and Compliance), and worked with emergency operations communications coordinator to provide NPR radio information about the Virginia EMD program in follow-up to a nationally syndicated story that ran about 911 dispatchers and CPR instruction.

VDH Media Coverage

Fielded questions for requests related to other VDH programs. Coordinated media alerts for VDH during the month of July.

Commissioner's Weekly E-mail

Submitted the following OEMS stories to the Commissioner's weekly e-mail; OEMS reporting pre-hospital care data on a national level through NEMSIS, Inova Fairfax Child Care Center Preschool EMS safety talk and the EMSTAT training video collaboration with the Office of the Chief Medical Examiner on the management of infant and child death scenes.

Regulation & Compliance

VII. Regulation and Compliance

Compliance

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

Enforcement

Citations Issued: 6
Providers: 4
EMS Agencies: 2

Compliance Cases

New Cases: 13
Cases closed: 11

Suspensions: 5
Temporary Suspensions: 4

Revocations: 0

Consent Order: 0

EMS Agency Inspections

Licensed EMS agencies: 682 Active
Permitted EMS Vehicles: 4,398 (Active, Reserve, Temporary)

Recertification:
Agencies: 91
Vehicles: 723

New EMS agencies: 1

Spot Inspections: 139

Hearings (Formal, IFFC)

April 16, 2012: Dotson; Campbell
May 10, 2012: Beddow
May 22, 2012: Wittig

Variances

Approved: 12 Disapproved: 11

OMD/PCD Endorsements

As of July 2012: 221 Endorsed

EMS Regulations

The final draft of the Virginia Emergency Medical Services Regulations 12VAC5-31 resides with Governor's Office awaiting his review and approval (8/16/2011).

Notable Information

Mr. Andy Daniel resigned his position to further his education pursuing his medical degree. Interviews are scheduled for August 6/7, 2012 seeking a successful candidate for the vacant position. Currently, the region formerly served by Andy is being serviced by three of the current field representatives.

Division Work Activity

1. Regulation and Compliance staff represented the Office of EMS in Fire/EMS studies conducted by the Virginia Fire Service Board. Fluvanna County has been completed and the information is now being formalized. Both Henry County and Tazewell County have had their requests for Fire/EMS studies approved by the Virginia Fire Service Board; no dates have been established for these studies to begin.

2. Staff continues to offer technical assistance and educational opportunities to EMS agencies, entities and local governments as requested. The following is a listing of locations and dates this first quarter:

   April 18: VHHA – POST
   April 18: Northumberland County Board of Supervisors
   May 22: BREMS EMS Awards
   May 31: VFCA Board meeting

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

4. The quarterly staff meeting was held in Richmond on June 6-8, 2012. The meeting agenda included routine business as well as meeting with the FARC committee.

5. Staff is actively participating with Dr. Lindbeck in presenting OMD "Hot Topics" programs across the Commonwealth, The following locations and dates were completed during the second quarter:

   May 3: SWVA, Abingdon

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The Workforce Development Committee last met on May 17, 2012. Unfortunately, a quorum was not present at the meeting. The members were updated on the committee re-organization:

- Virginia State Fire Chiefs organization representative will replace Statewide Fire Service Organization
- VACO/VML representative will replace Local Government Official
- VNA/VENA representative will replace 1 of the Member at Large positions

The committee will meet on Thursday August 9, 2012.

WDC Sub-committee Reports:

a) Standards of Excellence

The sub-committee last met on June 5, 2012 and will meet again on July 26, 2012 to complete the remaining Core Areas Self-Assessment Survey questions.

Remaining SoE Core Areas:

- **Clinical Measures**
- **Medical Direction**
- **Community outreach/Involvement**
- **Performance Improvement**

Essex County Emergency Medical Services (Tappahannock Volunteer Rescue Squad) has completed the Self-assessment survey on Recruitment and Retention and Leadership and Management. The Standards of Excellence sub-committee has requested feed-back on the self-assessment from the agency.

b) EMS Officer Standards

The sub-committee last met on June 5, 2012 and will meet again on July 26, 2012.
The committee is considering using a Task Book approach for an individual that is tracking their pre-requisites for EMS Officer I. The "book" would be broken down into various Modules:

- General Pre-requisites
- Job Performance Pre-requisites
- Human Recourses

- Community and Government Relations
- Administration
- Emergency Service Delivery
- Health and Safety
- Quality Management

The sub-committee is currently collecting and comparing various job descriptions and guidelines for release of the attendant in charge (EMS Officer I).

c) EMS Career Fair

The Third Annual EMS Career Fair will be held at EMS Symposium in Norfolk, VA on Thursday, November 8, 2012 from 5:00 PM to 7:00 PM. Please see **Appendix G.**

The Virginia Recruitment and Retention (R&R) Network

The Recruitment and Retention Network met on June 2012 at the Forest View Volunteer Rescue Squad.

Forest View presented their "Thirds Orientation" program for new members. A complete 32 hour introductory course for new members to become familiar with the station, apparatus, and crews, and enough training to be useful on calls as a third until they complete their EMT training.

Mr. David Tesh then discussed Forest View's new Physical Agility Test (PAT). The test was replicated/modified from a PAT used by a rescue squad in Durham, NC. All Forest View squad members are required to complete the PAT in less than 7 minutes. The test consists of 8 events.

1: Truck Exit
2: Stretcher Lift
3: Maneuvering Stairs
4: Equipment Move
5: Equipment Transfer
6: CPR
7: Repeat Stretcher Life
8: Return to Ambulance

Please see **Appendix H.**

The next meeting of Virginia Recruitment and Retention Network is in Hampton VA on August 17th in conjunction with the VA State Firefighter's Assoc Conference.

Volunteer Rescue Squad Assistance Work Group (VRSAWG)

The Volunteer Rescue Squad Assistance Work Group (VRSAWG) last met in June at the VAVRS Headquarters. The majority of the six (6) VRSAWG Objective Sub-Groups have completed their assignments in preparation for the pilot project.

Two volunteer rescue squads (in the western Virginia area) have been identified as having multiple problem areas that may benefit from assistance from VRAWG's Fix it Now (FIN) Teams.

VRSAWG representatives visited with one of these agencies in early July, to work with them on:

- Organizational structure
- Recruitment and Retention
- Culture and Accountability

Additional follow-up visits are planned.

A Rescue Squad Assistance Fund (RSAF) grant was awarded to VAVRS on July 1, 2012 to conduct one (1) VAVRS EMS Leadership Challenge.

Volunteer Agency Support Conference

HCA Virginia Health System is sponsoring the Volunteer Agency Support Conference on August 18, 2012 in conjunction with the Office of EMS and VRSAWG.

Classes addressing EMS agency grants, Leadership, Communication and Recruitment and Retention will be offered at no charge. In addition, two EMS agency (Fredericksburg Vol. RS and Virginia Beach EMS) success stories will be told.

Contact: Valeta.Daniels@hcahealthcare.com to sign-up!

Please see **Appendix I**.

Trauma and Critical Care

IX. Trauma and Critical Care

This section includes:

- Virginia Pre-Hospital Information Bridge (VPHIB)
  - VPHIB Version 3 (VAv3) Migration
  - Submission & Quality Compliance
  - New Functionality
  - Quarterly Update – What was done…
  - Quarterly Update – What will be done…
  - NEMSIS Submission
  - EMS Data Output
  - On the Technical Side
- Virginia Statewide Trauma Registry (VSTR)
  - VSTR Upgrade
  - VSTR Data Quality
  - VSTR Data Requests this Quarter
  - VSTR Submission Compliance
- Trauma System
  - TSO&MC meeting
  - Trauma Performance Improvement Committee
  - Trauma Center Designation Manual revisions
  - Trauma Center Fund
- Poison Control Services
  - Legislative report on poison funding
- EMS for Children
  - "When a Child Dies" Child EMSAT video
  - Hospital Pediatric Designation program
  - Pediatric education symposiums
  - Small and rural hospital site visit
  - Symposium ENPC course
  - Safe transport of children in ambulances DVD
  - EMSC State Partnership Grant
- Durable Do Not Resuscitate

Patient Care Information System

Virginia Pre-Hospital Information Bridge (VPHIB)

VAv3 funding opportunity: On Tuesday, July 17th the OEMS RSAF grant program announced that agencies suffering a financial hardship due to the migration of VPHIB to VAv3 will be eligible to "special priority" status in the upcoming RSAF grant cycles. See below:

The Virginia Office of EMS has made some important additions regarding the Rescue Squad Assistance Fund (RSAF) grant program, specifically adding a new SPECIAL PRIORITY to the program, effective for the September 17, 2012 grant cycle (available August 1, 2012 on the OEMS Web site). The new special priority is outlined below.

Migration to VPHIB's version 3 (VAv3) Requirements NEW!
OEMS is making this priority available in response to changes that have now taken place with the national EMS dataset and technical requirements; OEMS must make significant changes to Virginia's EMS data collection programs, Virginia Pre-Hospital Information Bridge (VPHIB). Virginia's VPHIB program will be moving from its current version 2 to the new Virginia version 3 minimum dataset and technical format, or what we are calling "VAv3." Funding may be used for a broad range of items including, but not limited to, hardware, software, licenses, support and services. All applicants must complete the ***VPHIB Questionnaire*** NEW! *regardless of whether the agency is seeking special priority consideration.*

- ***Priority will be given to those agencies that are being forced to move to version 3 and this has caused a financial hardship on that agency (hardship must be justified in application).***

For grant related questions please contact the grants program directly. For VPHIB related questions Contact: VPHIB Support, 804-888-9149, Support@OEMSSupport.Kayako.com, http://oemssupport.kayako.com/

Migration to Virginia's version 3 EMS dataset (VAv3): The implementation date for Virginia to move to the VPHIB version 3 EMS minimum dataset has now been locked down as July 1, 2013 thru December 31, 2013. As of January 1, 2014 VPHIB will no longer accept EMS data in the current version 2 format.

Unlike, the move from PPDR to VPHIB, it will be each individual agency's choice when to move from the current version 2 to VAv3 during this six month window. Agencies should prepare to:

- If applicable, ensure you EMS software vendor will be capable of collecting v2 until 7/1/2013 and able to submit VAv3 by 12/31/2013.
- Remember to ensure your vendor is able to submit to VPHIB and not NEMSIS.
- Your vendor should be capable of submitting Virginia's minimum data set. This includes each element, each field/value, and meets the quality standards of VAv3.
- RSAF has identified the migration to VAv3 as a "special priority" for funding.

- Ensure that your agency's submission to VPHIB is not interrupted. The move from v2 to VAv3 must occur during the 7/1/13 to 12/31/13 window.
- Any data submitted after January 1, 2014 must be in VAv3 format and include the VAv3 minimum dataset. Agencies should plan to migrate to VAv3 and submit any v2 format data prior to this date.
- For agencies using the State's Field Bridge (FB) license, you will be notified when FB will move over to VAv3. This will likely be a single statewide cut over and not at the agency's discretion.

Section § 32.1-116.1 of the *Code of Virginia* requires the Board of Health (BOH) to prescribe the EMS minimum data set and technical format used by the Virginia Emergency Medical Services Registry (EMSR). Prior to taking the proposed minimum data set to the BOH, the OEMS requests the EMS Advisory Board provide its endorsement of the data set. The proposed minimum data set and motion form are attached as **Appendices J and K.**

The proposed EMS minimum data set (VAv3) was posted for public comment from February 1, 2012 thru April 30, 2012 and then an updated version for the month of June 2012. The move to VAv3 and its public comment period was announced at the majority of the EMS Advisory Board's standing committees, included in the OEMS quarterly report, e-mailed to all agency leaders within the OEMS licensure program, e-mailed to all VPHIB agency administrators, posted on the OEMS, VPHIB, and VPHIB Support Suite main Web pages, sent by U.S. mail to each agency, e-mailed, mailed, and faxed to all vendors serving Virginia, added to the OEMS newsletter, featured within the VAVRS' Virginia Lifeline periodical, posted on the VAGEMSA and PEMS Web sites, and included in multiple other reports.

OEMS has been mirroring the process used to roll out the national v3 data dictionary to allow maximum input from the entire system, affected vendors, and other entities, as well as maximize the use of our limited resources. The v2 to v3 migration timeline is the following:

- ~~February 1, 2012 – OEMS makes the Virginia Version 3.0 Data Dictionary (VAv3) available to the public by posting it on the VPHIB Support Suite Knowledgebase, VPHIB Knowledgebase, and the OEMS website.~~
- ~~February 1 – February 14 - OEMS will open a Wiki page to collect public comment. Details and instructions about how to use the VPHIB-VAv3 Wiki will be made available.~~

  ~~Note: State, regional and local committees, EMS software vendors, EMS agencies, organizations, associations, providers, and all interested parties are highly encouraged to comment via the VAv3 Wiki.~~
- ~~February 1 – April 30 – If needed, "Town Hall" meetings will be scheduled using a webinar format to respond to concerns and questions.~~
- ~~April 30, 2012 – VAv3.0 comment period closed.~~
- ~~May 18, 2012 - VAv3.1 exposure draft included in quarterly report to EMS Advisory Board~~
- ~~June 1, 2012 - VAv3.1 posted for additional comment for final 30 days.~~
- ~~June 30, 2012 – Vav3.1 Second comment period closed, minimum dataset locked down.~~

- August 10, 2012 – EMS Advisory Board asked to endorse VAv3/EMS minimum data set. (final document)
- September 14, 2012 – OEMS has requested that the VAv3/EMS minimum data set be on the State Board of Health agenda for approval.
- September 15, 2012 – Final VAv3/EMS minimum data set be made available publicly if applicable.
- July 1, 2013 – OEMS opens collection of VAv3 data set to agencies.
- December 31, 2013 – OEMS closes collection of version 2 and all submission after this date will need to be submitted using VAv3 standards.

VPHIB submission compliance remains high: Agency compliance with submitting to VPHIB is at approximately 95 percent. The rate is likely to improve even further based on the efforts of some agencies to correct issues.

VPHIB quality compliance: Yes, data quality is a compliance related matter. However, OEMS at this point is committed to raising the systems' awareness of data quality issues and providing information to agencies that can help them make improvements when needed. OEMS also understands that an agency which is having challenges with the quality of their VPHIB submissions cannot change this over-night. It may likely take a few of our monthly Data Quality Dashboard reports before we see your agency's improvements begin to show your efforts.

OEMS also understands that there will always be some mistakes/errors and if we do not allow for some mistakes it can cause providers to "just enter whatever is needed" to have the record validate correctly. OEMS uses a very simple data collection philosophy that if the information being submitted is correct 95 percent of the time we are doing very well. This generally will allow for user errors and those scenarios that occur, such as patients who are unconscious, alone, and without identification on their person.

Data quality will remain a primary focus for Trauma Critical Care)TCC) staffs as we strive for a 95% statewide average, 95% individual agency average, 95% average for each element and 95% rate of successfully submitting to the national EMS database. Improving data quality is the reason for VAv3, NEMSIS version 3, and the current focus of states throughout the nation.

TCC staffs were asked to provide information to provide the EMS system with an understanding of why TCC makes changes to the VPHIB system. The top three general issues we believe we are seeing:

1) Receiving conflicting information. Examples include: When medication name is missing or is listed as a common null value (i.e. n/a, not reporting) and there is a route of administration, dosage, dosage units, adverse effects etc. If a record indicates that "medication given" is not applicable then the other six related elements need to also say "not applicable."

   Other common conflicts occur when you have an element that has a drop down list to choose from. Using medications as an example again; if you gave Morphine 10 mg IV and document an adverse reaction was respiratory depression; we often see

what is likely a default of "none" is also included. If we are preparing a report on the adverse effects of Morphine we cannot use this record because it has conflicting information.

2) Poor mapping can occur with many elements. A couple of poor mappings can quickly drop your agency's average. They can also in many cases be very easily fixed. If your destinations, incident dispositions, or similar elements are mapped poorly it will drastically affect your agency's data from being useful. Since medications and procedures can occur many times within one record having these poorly mapped can cause a very large number of errors.

3) Not collecting an element(s) required in the minimum data set. Just because "other" our "unknown" is a valid choice for an element does not mean it can be you answer for every response. To map a required element to a default setting of "other" or "not reporting" or similar not value to avoid reporting the element is an overt act of non-compliance and not part of the learning curve for submitting quality data.

Data Quality Trends:

Utilizing May 2012 data (n = 84,219) for all 911 Scene, Flag-down, Mutual Aid, or Rendezvous. OEMS was asked to demonstrate why we make changes to VPHIB. Below are some examples of our efforts to identify areas of poor data quality. Figure 1 below demonstrates a very simple report that shows that the organizational status of "non-volunteer" and organization type of private, non-hospital services have the lowest average validation scores. In Figure 2 we drill down the private, non-hospital group further and discover that three of the lowest scores in this group are medevac agencies. This provides us with an area to focus our attention on.

Figure 1 – Average validity score by organization status and type

Organization Status	Avg Validity Score
⊟ All Services	84.45
Mixed	85.69
Non-Volunteer	78.12
Volunteer	92.07

Organization Type	Avg Validity Score
⊟ All Services	84.45
Community, Non-Profit	87.50
Fire Department	82.02
Governmental, Non-Fire	92.99
Hospital	79.65
Private, Non Hospital	74.15

Figure 2 – Drill down of lowest 10 scoring agencies by organization type

Organization Type	Private, Non Hospital
Service Name	Avg Validity Score
⊟ All Services	74.14
REGIONAL ONE EMS	51.57
WINGS AIR RESCUE	53.68
AIR METHODS INC/LifeEvac	59.77
CHILHOWIE AMBULANCE SERVICE	60.03
ABINGDON AMBULANCE SERVICE	62.70
Trinity Ambulance Service	63.19
PHI AIR MEDICAL VIRGINIA	65.11
MERCY AMBULANCE SERVICE	70.87
AMBULANCE SERVICE OF BRISTOL INC	73.89

Figure 3 – Average validity score by software creator

Software Creator	Avg Validity Score ▼	No of Incidents
⊟ All	84.54	84,219
ACS FIREHOUSE Solutions	95.81	566
ImageTrend, Inc.	95.55	44,128
FDM Software Ltd.	92.97	1,507
FIREHOUSE Software, Des	91.22	3,044
Emergency Technologies, Inc	90.27	2,096
Sansio	88.53	3,194
emsCharts Inc.	83.03	4,584
Intermedix Technologies, Inc.	79.98	315
ESO Solutions	73.89	9
EMS Consultants, LTD	68.95	1,868
Emergency Technologies, Inc.	66.02	2,566
ZollDataSystems	64.30	12,824
Alpine Software Corporation	64.25	1,843
OPEN INC	62.98	3,828
Golden Hour Data Systems Inc.	62.55	85
High Plains Info Sys	36.92	1,762

Figure 4 – Average validity score by provider impression

Best

Provider Impression	Avg Validity Score
All Provider Impression	84.53
Other Endocrine/Metabolic Problem	97.95
Other GU Problems	97.42
Cancer	96.81
Other Cardiovascular Problem	96.61
Migraine	96.19
CHF (Congestive Heart Failure)	95.06
Other Abdominal/GI Problem	94.89
Diabetic Hyperglycemia	94.59
Diarrhea	94.29
OB/Gyn - Unspecified/Other	94.23

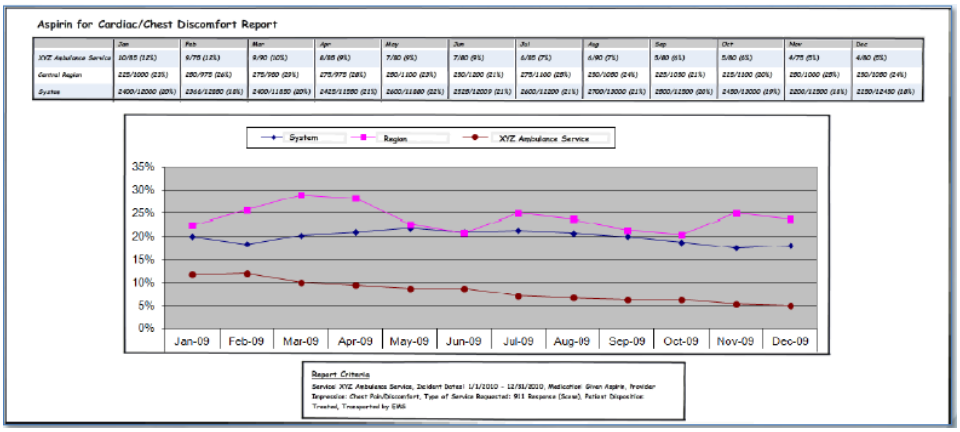
Worst

Provider Impression	Avg Validity Score
All Provider Impression	84.53
Poisoning/Drug Ingestion	70.67
OB/Gyn - Vaginal Hemorrhage	72.90
Cardiac Arrest	76.82
Toxic Exposure	78.44
Respiratory Arrest	80.16
Stroke/CVA	80.72
Traumatic Injury	80.89
Electrocution	81.38
Altered Mental Status	82.10
Abdominal Pain/Problems	82.31

New Functionality: Auto-uploading remains available to all vendors being used by Virginia EMS agencies. EmsCharts successfully implemented auto-uploading and VPHIB receives their customers' run information every 15 minutes. To establish auto-uploading (Web services) have your EMS software vendor contact ImageTrend support.

As a reminder new comparative analysis reports have been added to VPHIB. The new comparative analysis reports will allow individual EMS agencies to compare their own operational and clinical reports against their region, the state or to other similar EMS agencies within the state. Figure 5 shows a sample comparative analysis report where an agency compares its rate of aspirin administration to chest pain patients to its region's rate and that of the state.

Figure 5



Data quality reports (DQR) are now automatically e-mailed within 24 hours after uploading third party vendor submission files. The e-mailed DQR will be sent to the person submitting the file and the person listed as the agency contact in VPHIB. If e-mail addresses are not supplied then you will not receive these reports.

Quarterly Update – What was done: During the last quarter the bulk of TCC staff time was dedicated to developing the data quality tools now being used and finalizing the VPHIB Version 3 Data Dictionary (VAv3). Between now and September new tools will be added to VPHIB by ImageTrend to help agencies achieve quality data submissions. The new reports that will provide the system with detailed reports on the mapping your vendor is using and the validations that are in place.

Based on events that occurred in Virginia, ImageTrend can now download the VPHIB validation rules directly into individual agencies Service Bridges (agencies with their own ImageTrend license.) Mathews County was the first in the nation to receive the validation rule import. Other agencies can request this import from ImageTrend support.

Quarterly Update – What will be done: In the upcoming quarter TCC will continue to develop and implement additional validation rules. The next round of validations will be focused on completing vital sign related validations that did not function as anticipated. This will likely be added in one at a time. Provider information will be the next larger group of validations. These rules will focus of provider demographic information such as EMT level, provider role, certification etc. The new provider rules will be implemented in late August or September.

OEMS has also begun revising the ePCR/Run Forms. ImageTrend offers a "Dynamic Run Form (DRF)." The DRF works as a single run form and is designed so that as a provider documents their EMS response, only those questions needed to be answered will be visible based on the providers responses to questions. It is our intention to offer the DRF as an additional form that can be used by agencies if desired. The DRF will become the only run form available with VAv3.

VPHIB will be updated to ImageTrend's version 5.4 sometime by the end of September. 5.4 will include improvements to the data validation engine that processes uploaded submissions. It will also include several improvements to Report Writer including aggregating the columns and rows in the transactional reports, new canned reports, and enhanced analytics reports.

NEMSIS submission: On April 25, 2012 Virginia began contributing its EMS data to the National EMS Database. All Virginia responses from January 2011 and on has now been provided to ImageTrend to post to NEMSIS. NEMSIS maintains a public data "cube" that anyone can access to compare their own information to. Go to www.NEMSIS.org and click on the "Reporting Tools" tab.

TCC staff are considering performing the uploads to NEMSIS internally. By submitting to NEMSIS on a monthly basis the same submissions that are included in our monthly compliance and quarterly reports can also be available in the NEMSIS data cube.

EMS data output: New data request sections were added to the VPHIB Support Suite and OEMS Web page. In addition to accessing the Data Request Form, other resource materials were added to assist requestors with understanding the limitations of access to trauma and EMS data. These resources include FOIA & the EMS and Trauma Registries, VDH's Confidentiality Policy found on-line at http://oemssupport.kayako.com/Knowledgebase/Article/View/85/0/vdh-confidentiality-policy, and the procedure for obtaining an Institutional Review Board (IRB) approval. An IRB is required for accessing identifiable data and may also be found on-line at http://oemssupport.kayako.com/Knowledgebase/Article/View/84/0/identifiable-data-procedures---irb.

On the technical side: Multiple server changes have been made during this quarter due to sub-optimal performance. As previously reported the VPHIB servers had their RAM increased from 16GB each to 64 GB each. 64 GB is the maximum the current servers can accept. The increase was made to electively enhance VPHIBs response times, its upload speed, addition of web services, and provide extra power for the new local ems system user role.

During this quarter the VPHIB Web servers began functioning poorly appearing that the system was going off-line. The servers are supposed to balance the volume of incoming requests and this was not occurring. The cause of the problem could never be isolated so OEMS approved the decommissioning of the web servers and move to new ones. During the move the operating system (MS SQL Server) was updated to a new version. Many other programmatic changes were implemented as well. These steps resolved the issues.

Additional work requests are being submitted to upgrade the operating system further. OEMS is also in the process of ordering the newest version of Adobe Cold Fusion (CF) which is the program that allows the ImageTrend application to work between multiple servers. CF will be updated upon arrival of the new software. The additional operating systems upgrades will also include the addition of two more servers.

Virginia Statewide Trauma Registry (VSTR)

VSTR data quality: TCC staff continue to work with the VDH Office of Information Management and Virginia Commonwealth University Health Systems' (VCUHS) Trauma Registrar to resolve several long standing data upload problems into VSTR (primarily location where the injury occurred and blood alcohol values)

- ☑ VCUHS resolved all of its issues and replaced all of its datasets (CY 2003 onward) in late May.
- ☑ OIM began implementing the fixes on May 15th; at the time of this report (July 23rd), the process is not yet finished.

OEMS and the 14 designated trauma centers (DTC) performed a data quality assurance exercise. Each DTC was provided with a VSTR data file for its hospital from CY10 and asked to confirm its contents against the center's internal trauma registry.

- ☑ The process was discussed informally at the June Trauma System Oversight & Management Committee (TSO&MC) meeting. No new problems were noted by any of the DTCs.

Data requests for the quarter:

- Kim Lowry of Martha Jefferson Hospital
  - ☑ Table 1. Monthly Runs Reported by 911 Responders Based in the Thomas Jefferson EMS Council Region by Agency Name for Calendar Year (CY) 2011
  - ☑ Tables 2 & 3. Monthly Transports by Any Agency to Martha Jefferson Hospital by VDH District and Agency Name for Calendar Years 2011 and 2010

- Larry Wagner of Mid-County VRS
  - ☑ Summarized CY 2011 VPHIB Unit Notified Time, Enroute Time, Response Time, Scene Time, Transport Time, and Unit Back in Service Time for EMS Agencies serving Lancaster County.
  - ☑ Data provided in aggregated and agency level detail in both table and chart formats.

- Len Weireter, MD of Eastern Virginia Medical School
  - ☑ Table. Discharge (Alive or Expired) Status for Pediatric Patients by Trauma Center Designation (Levels I, II, and III; Non Trauma Centers) and ISS Range by CY (2007 through 2011) and Age (0 to 12 and 13 to 18 years)

- Pulled missing CY 2009 VSTR records for Virginia Heath Information (VHI) for use in Crash Outcomes Data Evaluation System (CODES) database by David Williams

- Provided a summary of Farm Injuries *versus* Motor Vehicle Accidents for the Commissioner using VSTR data from 1992 through 2011.

- Developed tracking system for data requests and sign off on data delivery by OEMS Director.
  - ☑ Entered all previously delivered external data request fulfillments (see above and CY 2010 Q1 report)
  - ☑ All new external requests (see below) were entered prospectively and approved by Gary Brown before the information was disseminated.

VSTR submission compliance: The first quarter 2012 official VSTR submission audit disclosed 95% compliance. Four facilities were found to be non-compliant. Two were granted an extension; one has since submitted all their data and we are actively working with the fourth to ensure data is in by our next official audit for the second quarter of 2012 will be conducted on August 15, 2012.

Trauma System

TSO&MC March 1, 2012 meeting: The TSO&MC last met on June 7, 2012 and the draft minutes to this meeting can be found posted on the Virginia Town Hall Web site as required. The key items for this meeting included updates from the various trauma designation manual revision work groups. These work groups are working on a full designation manual revision and this is not to be confused with the designation manual revision that is pending the State Board of Health (BOH) approval. The pending revision of the manual is primarily focused on nursing and burn criteria.

TCC staff has notified the TSO&MC that VDH executive management has determined that the current revision will not be able to be presented at the September 14, 2012 BOH meeting because the full meeting will need to be dedicated to abortion provider regulations. This version of the designation manual was also pulled from the June 2012 BOH meeting to allow the Virginia Hospital and Healthcare Association (VHHA) with an opportunity to distribute and receive input from Virginia's hospitals. VHHA had no additional comments for TCC.

TSO&M Performance Improvement Committee (TPIC): The TPIC has been working to develop a performance improvement report focused on supporting the Statewide Trauma Triage Plan. The data being used is from CY11; the process had not been able to be finished in time for the 2nd Quarter CY 2012 meeting. Dr. Malhotra will present the first finished Trauma Triage Report at the August 10, 2012 EMS Advisory Board meeting. OEMS will then begin to distribute a regionalized report via the EMS regional councils.

- ☑ Presented a table summary of trauma centers with missing data, which led to a discussion of how DTCs are notified when their data are rejected.
- ☑ Presented 3 charts with incomplete 2011 data:
  - Types of Facilities Transferring and Receiving Patients by Absence or Presence of Step 1 Trauma Criteria.
  - Patient Mortality (All Patients) by Facility Type and Absence or Presence of Step 1 Trauma Criteria
  - Patient Injury Location Data by Facility Type
- ☑ Calculated the time between transfers from arrival at the first hospital and arrival at the second hospital; the median time is about 4.3 hours.

Emergency Medical Services for Children (EMSC)

"When a Child Dies" EMSAT Video Completed (PM 78): The education arm of the OEMS completed an hour-long EMSAT video training session relating to managing pediatric death scenes in May. For a schedule of EMSAT programs and designated viewing sites, please call the Virginia Office of EMS at (800) 523-6019 or visit www.vdh.virginia.gov/oems.

Hospital Pediatric Designation Program (PM 74): The Pediatric Emergency Department (PED) Designation Work Group is accepting final input to draft criteria for 3 levels of a voluntary PED Designation program.

Final input from the VHHA has been requested and is due by August 31, 2012. Copies of Version 031112 of the draft criteria are available upon request (david.edwards@vdh.virginia.gov) in pdf format.

Pediatric Education Symposiums (PM78): The EMSC Committee is facilitating pediatric education opportunities around the state as funding and logistics permit. The next offering is a two-day Pediatric Emergency Care course at Riverside Tappahannock Hospital September 29-30, 2012.

Site Visits Continue to Small and Rural Hospitals (PM 74): The EMSC program visits small and rural Virginia hospitals ED's to assess their pediatric needs and capabilities in relation to the "Guidelines for Care of Children in the Emergency Department" document (published in October of 2009). The most recent hospital visited was Riverside Tappahannock on July 19, 2012, and served as a "tune-up" for hospital plans to pursue an appropriate level of pediatric ED designation when and if the voluntary program is approved by the Department of Health. Hospitals interested in undergoing an informal pediatric ED assessment should contact David Edwards at the Office of EMS online (david.edwards@vdh.virginia.gov) or by phone (804-888-9144).

Symposium ENPC Course on Track: The Virginia EMSC Program is funding an Emergency Nurse's Pediatric Course (ENPC) at the 2012 EMS Symposium. Costs of the course will be fully funded by EMSC federal grant money for the 20-24 students. A limited number or EMS personnel will be accepted into the course, with the understanding that they cannot received an ENPC certificate, though 16 hours of continuing education will be awarded for participation.

DVD for Safe Transport of Children in Ambulances (PM 80): Funding has finally become available for producing a DVD for Virginia EMS providers concerning the safe transport of children in ambulances, and a vendor is being sought. This video will be based upon the recommendation of the committee that had been tasked with this objective for the National Highway Safety Administration (NHTSA). EMSC funding for this project had been frozen for a time, but is now available.

EMSC State Partnership Grant: The Virginia EMSC program is in the last year of its current 3-year EMSC State Partnership Grant. An application for a 4-year "competing continuation" grant is being due to HRSA (Health Resources & Services Administration) by September 26th.

The 2012 EMSC Program meeting was held in Bethesda, MD in May and was attended by the EMSC Program Manager (David Edwards), EMSC Family Representative (Petra Connell) and EMSC Medical Director (Theresa Guins).

Anyone who has specific ideas or requests for money for EMSC program activities for the grant year(s) starting in March 2013 is invited to submit those to David Edwards as soon as possible (david.edwards@vdh.virginia.gov).

The national Pediatric Readiness Project that begins with the surveying of 5,000 hospitals will commence at the beginning of 2013. Virginia hospitals will be in the first group surveyed.

Poison Control Services

Legislative report on poison funding: OEMS' Division of Trauma/Critical Care serves as the contract administrator for the three poison centers that make up the Virginia Poison Control Network (VPCN). Item 297 of the 2012 – 2014 Appropriations Acts states "The Commissioner of Health shall report to the Senate Finance and House Appropriations Committees by November 1, 2012 on the level of funding needed to support the operations and services of the two Poison Control Centers."

As a result of this language OEMS has contracted with PHBV partners to perform the analysis of the funding needed to support the VPCN. The analysis would be limited to the minimum funding needed to meet the deliverables listed in the scope of work section of the most recent contract between the Commonwealth and the VPCN by two poison centers. This scope of work reflects the minimum requirements for American Association of Poison Control Centers (AAPCC) certification.

The timeline for the study included a kick-off meeting held on Jul 9, 2012 and the final report being due to the State Health Commissioner on September 15, 2012.

Durable Do Not Resuscitate (DDNR)

Downloadable DDNR well accepted: OEMS has still received over 95% positive feedback about the new multi-part DDNR Order available for download on the Internet. Due to the number of requests for a Spanish version of the DDNR Order, OEMS has been in contact with the Office of Minority Health and Public Health Policy in regards to getting the form translated. OEMS has been advised that VDH has a new vendor contract for interpretation and translation services, World Wide Interpreters, Inc. (WWI) located in South Houston, TX. No timeframe has been provided as to when they will complete the translations, have them reviewed, and approved by the appropriate authority.

Reminder of new regulations: The DDNR regulations were approved by the Governor and went into effect in July 2011. The OEMS Web site has been updated with a new multi-page DDNR Order form available for download and printing. The regulations also now allow for legible photocopies of DNR orders to be accepted by health care personnel. The new form can be seen on-line at http://www.vdh.virginia.gov/oems/ddnr/ddnr.asp.

Respectfully Submitted

Office of EMS Staff

Appendix

A

May 23, 2012

MEMORANDUM

TO: Members of the State Board of Health

FROM: Gary R. Brown, Director
Office of Emergency Medical Services

SUBJECT: 2012 Budget Bill (Item 290 #1h) Requiring Payment of Initial Basic Level Emergency Medical Services (EMS) Certification Examination Provided by the National Registry of Emergency Medical Technicians (NREMT) and Development of an Allocation Methodology

Background

§ 32.1-111.5. *Code of Virginia* requires that the Board of Health shall prescribe by regulation the qualifications required for certification and recertification of emergency medical care attendants. This section further requires that *"each person desiring certification as emergency medical services personnel shall apply to the Commissioner upon a form prescribed by the Board. Upon receipt of such application, the Commissioner shall cause the applicant to be examined or otherwise determined to be qualified for certification."*

The "National EMS Education Agenda – A Systems Approach" has been adopted by all states and establishes EMS standards for EMS education and certification. These national standards identified five integrated primary components, one which stipulates National EMS Certification. The only national certifying organization endorsed and recognized by the National Association of State EMS Officials is the National Registry of Emergency Medical Technicians (NREMTs).

Today, the Office of Emergency Medical Services (OEMS), Virginia Department of Health requires an applicant seeking certification at the Emergency Medical Technician (EMT) Intermediate and the EMT Paramedic levels to be examined by taking the respective tests prepared by the National Registry of EMTs (NREMT) and administered by the OEMS. Beginning July 1, 2012, OEMS proposes that candidates for Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) certification will be examined by taking the respective tests from the NREMTs, thus all EMS certification levels in Virginia will utilize examinations prepared by NREMT.

Currently Virginia uses exams developed by the Atlantic EMS Council (AEMSC) for the EMR and EMT levels. The AEMSC, formed in 1974 includes New Jersey, Pennsylvania, Delaware, Maryland, Washington D.C., West Virginia, Virginia, North Carolina and South Carolina. All but one AEMSC member states are transitioning to using EMS certification examinations prepared by NREMT by January 2013 or sooner. As such AEMSC states will no longer have access to valid, psychometrically sound and legally defensible examinations developed by AEMSC.

Candidates testing at the EMR and EMT basic levels have never paid a fee to take the written examination in Virginia. The fee for taking the National Registry EMR exam is $65 and the fee to take the National Registry EMT is $70. This will be the first time in the history of Virginia's EMS system that there will be a fee for testing at these two levels.

There are no known opponents in the EMS system or among the key EMS stakeholders groups that oppose using the National Registry of EMTs for initial testing and certification as this brings Virginia into compliance with national standards and the National EMS Education Agenda. The only concern is the cost of the testing fee for the student, many of whom are volunteers.

As a result of these concerns, several EMS stakeholder groups requested that a budget amendment be introduced in the 2012 session of the Virginia General Assembly allowing the use of dedicated EMS special funds for payment of the initial test fee for students seeking certification at the basic EMR and EMT levels. This budget amendment has been unanimously approved by the 2012 Virginia General Assembly and the Budget Bill has been signed into law by the Governor.

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

On August 12, 2011 the State EMS Advisory Board unanimously voted, with one abstention, to implement National Registry testing in Virginia at all levels and pay for the initial cost of testing at the EMR and EMT levels. At the request of the Commissioner, the Chairperson of the State EMS Advisory Board asked the Training and Certification Committee (TCC) to revisit the issue of paying for the test fee. They created and unanimously approved the attached motion and position paper at a special called meeting on March 7, 2012. The TCC met again on April 4, 2012 and reaffirmed their position. This motion was forwarded to the State EMS Advisory Board for approval. The Board unanimously approved the motion and position paper on May 18, 2012 to utilize dedicated EMS special funds for payment of the initial National Registry of EMTs testing fee for individuals seeking certification at the Emergency Medical Responder and Emergency Medical Technician basic levels.

Approximately 5,000 to 6,000 initial EMS certification written examinations are administered annually. Given that the cost of the National Registry written examination for EMR is $65 and $70 for EMT, the anticipated fiscal impact of paying for the National Registry examination at the EMR and EMT level is between $325,000 and $420,000 on an annual basis. If this recommendation is approved, these funds will come from the dedicated EMS special funds which, if unused, remain within the Rescue Squad Assistance Fund **(§ 46.2-694 A. 13 (e)** *All revenues generated by the remaining $0.25 of the $4.25 fee approved by the 2008 Session of the General Assembly shall be deposited into the Rescue Squad Assistance Fund and used only to*

pay for the costs associated with the certification and recertification training of emergency medical services personnel). The primary impact of paying for the NREMT exam, therefore, will be on those additional EMS special funds which would have otherwise reverted to the Rescue Squad Assistance Fund.

Action Requested of the State Board of Health

The State EMS Advisory Board and the EMS system stakeholder groups represented by the Board are seeking the State Board of Health's approval of the attached allocation methodology that utilizes funds from the $0.25 portion of the $4.25 for Life allocation for the payment of fees associated with the initial basic level emergency medical services certification examination provided by the National Registry of Emergency Medical Technicians (NREMT) as stipulated in the approved budget amendment.

Next Steps

Once the new testing process is initiated, the OEMS will examine, review and analyze data and statistics on a month to month basis. The overall testing process and procedure will be reviewed by the State EMS Advisory Board every three (3) years or as warranted by changes in the *Code of Virginia* or Commonwealth of Virginia budget pertaining to the funding of Emergency Medical Services. The findings and recommendations of this review will be reported to the Board of Health by the State EMS Advisory Board in order to ensure that funds are available for the payment of initial NREMT testing fees for candidates seeking certification as an EMS provider in the Commonwealth of Virginia.

Allocation Methodology
To Initiate Basic Level NREMT Testing
In Virginia

Presented to the State Board of Health
June 15, 2012

The following procedure outlines the allocation methodology to ensure funds are available for the payment of initial NREMT Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) test fees for EMS certification candidates in Virginia. This methodology only pays for those candidates who are trained in Virginia by certified Virginia EMS educators. The Office of EMS proposes to pay only for the first (initial) attempt at the basic level EMS certification examination. Candidates are provided multiple attempts to pass each EMS certification level examination but there is no provision for payment of test fees beyond the first attempt. EMS certification candidates who are eligible to have their first attempt paid for must meet the following criteria:

1. The candidate must meet all eligibility requirements as outlined in EMS Regulations (12 VAC 5-31).
2. The candidate must be enrolled in a Virginia approved Emergency Medical Responder /First Responder or EMT program.
3. The candidate must comply with and successfully complete all course requirements as outlined in 12 VAC 5-31, the Office of EMS Training Program Administration Manual, and meet any additional requirements established by the course coordinator and /or the Physician Course Director.
4. The candidate must comply with all course completion expectations as evidenced by the course coordinator marking the student passed in the electronic student tracking program maintained by the Office of EMS.
5. Once marked as pass, the candidate will be issued a test eligibility letter authorizing the candidate to initiate the two part EMS certification process that involves cognitive and psychomotor (practical) components. The first part requires the student to take the Virginia practical skills examination. Successful completion of this practical skills examination is used to demonstrate achievement of entry level psychomotor competence. Successful completion of the psychomotor component of the examination is required prior to taking the written EMS certification examination prepared by NREMT. Only candidates who have passed the psychomotor examination will be granted access to the test site to complete the written examination. Candidates passing the practical skills examination will complete an online National Registry application that must be marked as passed by their Virginia course coordinator. Once the psychomotor examination results are verified, the Office will electronically submit the candidate's examination results to the National Registry of EMTs which will initiate a National Registry cognitive written test eligibility letter.

6. The candidate receiving the National Registry eligibility letter will then register with an approved Pearson Vue Test Center to take the written EMS certification examination.
7. Once the scheduled written examination has occurred, the National Registry will bill the Office of EMS. Only the initial EMS certification examination fee will be billed. Any subsequent attempts to pass the written examination must be paid for by the candidate. The National Registry will electronically transmit each candidate's National Registry test results to the Office of EMS. Candidates with a passing score will become eligible for EMS certification in Virginia. This will replace the paper based process currently used by OEMS, resulting in a reduction of printing and mailing costs.
8. National Registry testing is only required to obtain initial Virginia EMS certification. Re-certification of EMS credentials will be processed by OEMS; however, each provider has the option of maintaining their EMS certification issued by NREMT. Any cost associated with maintaining NREMT credentials is the sole responsibility of the provider. The recertification process for EMS credentials issued by OEMS is not changing and there is no associated cost to the provider.

The EMS Advisory Board will review the methodology utilized by this program in three (3) years to assure continued appropriate use of the funds as a recommendation to the Virginia Board of Health.

Appendix

B

VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INCORPORATED

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2010

CONTENTS

HARRIS, HARDY & JOHNSTONE, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

Board of Governors
Virginia Association of Volunteer
Rescue Squads, Incorporated
Richmond, Virginia

We have audited the accompanying statement of financial position of Virginia Association of Volunteer Rescue Squads, Incorporated as of December 31, 2010 and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Virginia Association of Volunteer Rescue Squads, Incorporated as of December 31, 2010, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was made for the purpose of forming an opinion on the financial statements, referred to in the first paragraph, taken as a whole. The budget information for 2010 is presented for purposes of additional analysis and is not a required part of the above referenced financial statements. Such information has not been subjected to the auditing procedures applied to the audit of the basic financial statements and, accordingly, we express no opinion on it.

Harris, Hardy & Johnstone, P.C.

Richmond, Virginia
March 1, 2011

9201 Arboretum Parkway, Suite 200, Richmond, Virginia 23236 Tel: 804-560-0560 Fax: 804-560-0553 hhjcpa.com

VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INCORPORATED

STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2010

ASSETS

Cash and cash equivalents	$ 189,356
Accounts receivable	6,098
Inventory	26,488
V.A.V.R.S Death Benefit Plan assets	50,857
Property and equipment, net	589,018
TOTAL ASSETS	$ 861,817

LIABILITIES

Deferred income	$ 139,710
V.A.V.R.S. Death Benefit Plan - future liability	50,857
TOTAL LIABILITIES	190,567

NET ASSETS

Unrestricted	671,250
TOTAL LIABILITIES AND NET ASSETS	$ 861,817

See Notes to Financial Statements

VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INCORPORATED

STATEMENT OF ACTIVITIES

YEAR ENDED DECEMBER 31, 2010

	Unrestricted	Budget
SUPPORT AND REVENUE		
Commonwealth of Virginia	$ 536,088	$ 479,000
Commonwealth of Virginia - grant	-	10,000
Convention receipts	122,241	141,375
Squad dues and assessments	61,617	68,570
Sales of training manuals, patches and rockers, etc.	10,207	6,000
Virginia Lifeline - ads and subscriptions	8,791	10,000
VAVRS - Rescue College	1,730	10,900
Interest	633	1,000
Other	351	2,000
TOTAL SUPPORT AND REVENUE	741,658	728,845
EXPENSES		
Program services		
Member services	214,732	-
Training	415,372	-
Convention	128,253	-
National EMS Memorial Service	3,022	-
Total program services	761,379	-
Administration	22,554	-
TOTAL EXPENSES	783,933	728,845
DECREASE IN NET ASSETS	(42,275)	$ -
Net assets, beginning of year	713,525	
NET ASSETS, END OF YEAR	$ 671,250	

See Notes to Financial Statements

VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INCORPORATED

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2010

	Member Services	Training	Convention
Rescue College	$ -	$ 144,526	$ -
Convention	-	23,344	100,934
Salaries - State Office staff	18,698	67,439	12,577
Training equipment and personnel	-	90,462	-
Elected officers	41,697	10,000	-
Depreciation	20,384	14,269	2,038
Postage, equipment rental maintenance	24,449	7,830	1,000
Virginia Lifeline	27,647	-	-
Meetings and conferences	17,024	5,674	-
Fringe benefits	3,323	12,185	2,215
Officer - appointed/training	5,158	5,158	5,158
Office maintenance	6,471	4,529	647
CPA annual audit	5,613	3,928	561
Telephone - State Office	4,722	3,655	1,044
Training manuals, patches and rockers, etc.	9,926	-	-
VAVRS van	3,260	6,055	-
Office insurance	4,028	2,820	403
Payroll taxes	1,415	5,183	943
District	3,672	3,673	-
Recruitment and retention	5,961	-	-
Office supplies	2,272	1,906	272
Office utilities	2,232	1,563	223
Legislative committee	2,750	-	-
Bank service charges	-	-	-
National EMS Memorial Service	-	-	-
Telephone - officers	1,515	505	-
Public relations	1,150	-	-
Travel - State Office staff	238	475	238
Hall of Fame	765	-	-
Dues and subscriptions	65	193	-
Other	195	-	-
Fidelity bond	-	-	-
Memorial Fund	102	-	-
Equipment purchases	-	-	-
Professional services	-	-	-
	$ 214,732	$ 415,372	$ 128,253

See Notes to Financial Statements

National EMS Memorial Service	Administration	Total	Budget
$ -	$ -	$ 144,526	$ 120,000
-	-	124,278	142,375
-	4,079	102,793	103,659
-	-	90,462	84,000
-	-	51,697	42,000
-	4,077	40,768	-
-	5,873	39,152	35,700
-	-	27,647	22,780
-	-	22,698	14,000
-	738	18,461	21,969
-	-	15,474	10,000
-	1,294	12,941	16,425
-	1,122	11,224	12,000
522	500	10,443	11,500
-	-	9,926	-
-	-	9,315	7,500
-	806	8,057	7,700
-	314	7,855	7,500
-	-	7,345	10,000
-	-	5,961	18,500
-	544	4,994	10,000
-	447	4,465	9,000
-	-	2,750	3,500
-	2,585	2,585	1,500
2,500	-	2,500	2,500
-	-	2,020	1,500
-	-	1,150	1,000
-		951	3,000
-	-	765	1,200
-	-	258	5,000
-	-	195	837
-	175	175	200
-	-	102	800
-	-	-	1,000
-	-	-	200
$ 3,022	$ 22,554	$ 783,933	$ 728,845

See Notes to Financial Statements

VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INCORPORATED

STATEMENT OF CASH FLOWS

YEAR ENDED DECEMBER 31, 2010

Decrease in net assets	$ (42,275)
Adjustments to reconcile decrease in net assets to net cash used in operating activities	
Depreciation	40,768
Changes in assets and liabilities	
Increase in accounts receivable	(1,188)
Decrease in inventory	3,030
Increase in Death Benefit Plan assets	(11,569)
Decrease in accounts payable	(3,448)
Decrease in accrued expenses	(3,390)
Increase in deferred revenue	13,264
Increase in Death Benefit Plan - future liability	11,569
NET CASH PROVIDED BY OPERATING ACTIVITIES	6,761
CASH FLOWS FROM INVESTING ACTIVITIES	
Acquisition of property and equipment	(9,294)
NET DECREASE IN CASH AND CASH EQUIVALENTS	(2,533)
Cash and cash equivalents, beginning of year	191,889
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 189,356

See Notes to Financial Statements

VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INCORPORATED

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010

NOTE 1 - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

Nature of activities - The Virginia Association of Volunteer Rescue Squads, Incorporated (the Association) is an organization composed of more than 300 volunteer rescue squads and over 15,000 individual members in Virginia. Its objective is to promote and assist member rescue squads in improving pre-hospital emergency care in Virginia. The Association is supported primarily through squad dues and assessments and the Commonwealth of Virginia Four-for-Life receipts.

Basis of presentation - The financial statements of the Association have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The financial statement presentation follows the recommendations of Financial Accounting Standards Board (FASB) ASC 958, "Not-for-Profit Entities". Under FASB ASC 958, the Association is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted and permanently restricted.

Unrestricted Net Assets - Net assets that are neither permanently restricted nor temporarily restricted by donor-imposed stipulations.

Temporarily Restricted Net Assets - Net assets resulting from contributions whose use is limited by donor-imposed stipulations that either expire by the passage of time or can be fulfilled and removed by actions of the Association pursuant to these stipulations. Net assets may be temporarily restricted for various purposes, such as use in future periods or use for specified purposes. The Association has no temporarily restricted net assets.

Permanently Restricted Net Assets - Net assets resulting from contributions whose use is limited by donor-imposed stipulations that neither expire by the passage of time nor can be fulfilled or otherwise removed by the Association's actions. The Association has no permanently restricted net assets.

Inventory - Inventory of merchandise held for resale is stated at the lower of cost (first-in, first-out method) or market.

Property and equipment - Purchases of property and equipment are recorded at cost. Depreciation is computed using both accelerated and straight-line methods over the estimated useful lives of 3 to 7 years.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE 1 - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES - Continued

Fair value measurements - The Association has implemented FASB ASC 820 *"Fair Value Measurements."* FASB ASC 820 defines fair value, establishes a framework for measuring fair value in accordance with generally accepted accounting principles, and expands disclosures about fair value measurements with regard to nonfinancial assets and liabilities that are not recognized or disclosed at fair value in the financial statements on a recurring basis. The Association does not believe that adoption of FASB ASC 820 materially affects the financial statements.

NOTE 2 - INCOME TAXES

The Association is exempt from taxation under Internal Revenue Code Section 501(c)(3) and would be taxed only to the extent it has taxable trade or business income unrelated to its exempt purpose.

The Association adopted, effective January 1, 2010, FASB guidance (FASB ASC 740, *"Income Taxes")* related to accounting for uncertainty in income taxes, which clarifies the accounting for income taxes by prescribing the minimum recognition threshold that a tax position is required to meet before being recognized in the financial statements. The standard also provides guidance on penalties and interest, classification, and disclosure. The Association has not identified any uncertain tax positions; and, the Association did not have any penalties and interest assessed by taxing authorities during the year ended December 31, 2010. The Association's income tax returns for the tax years since December 31, 2007 remain open for examination by tax authorities, generally for three years after they are filed.

NOTE 3 - CASH AND CASH EQUIVALENTS

Cash and cash equivalents at December 31, 2010 consist of the following:

Wachovia Bank:	
Checking	$ 153,289
Money market	8,819
Money market – vehicle replacement	2,507
Franklin Federal Bank certificate of deposit - building and grounds	24,642
Petty cash	99
	$ 189,356

For purposes of the accompanying statement of cash flows, the Association considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Bank and credit card service charges incurred during 2010 amounted to $2,585. Commercial banks deduct monthly service charges as a matter of standard business practice when an account is interest bearing and allows unlimited deposit and check writing capabilities.

NOTE 4 - ACCOUNTS RECEIVABLE

Accounts receivable at December 31, 2010 consist of the following:

Sale of training manuals, patches and rockers, flags, etc	$ 637
Trophy sponsors	52
Convention	5,409
	$ 6,098

At December 31, 2010, the Association had accounts receivable of $0 that were over ninety days old.

NOTE 5 - INVENTORY

Inventory of merchandise held for resale at December 31, 2010 consists of the following:

VAVRS anniversary book	$ 13,602
VAVRS anniversary bank	4,476
Rockers	3,810
Training manuals	1,699
Patches	1,507
Lapel pins	1,014
VAVRS flags	159
VAVRS decals	152
VAVRS miscellaneous	69
	$ 26,488

NOTE 6 - PROPERTY AND EQUIPMENT

Property and equipment at December 31, 2010 consists of the following:

	Date Purchased	Original Cost	Accumulated Depreciation	Undepreciated Basis
Land	1996	$ 64,374	$ -	$ 64,374
Land improvements	1998-2007	136,063	53,055	83,008
Office building	1998-2006	577,597	201,381	376,216
Various equipment	Pre 2006	168,226	168,226	-
Fire line replacement	2006	9,163	7,118	2,045
Logo mat	2006	289	225	64
Sprinkler system	2006	1,092	848	244
QuickBooks Premier	2006	420	420	-
Database software	2006	18,060	18,060	-

NOTE 6 - PROPERTY AND EQUIPMENT - Continued

	Date Purchased	Original Cost	Accumulated Depreciation	Undepreciated Basis
Computer terminal	2007	399	337	62
Artwork framing	2007	7,348	4,766	2,582
Dell laptops (5)	2007	6,308	5,013	1,295
Software	2007	1,150	1,150	-
PC memory	2007	383	305	78
2000 Ford Ambulance	2008	23,000	-	23,000
Dell Optiplex (3)	2008	2,337	2,000	337
Communications system	2008	5,700	4,879	821
Dell PowerEdge 1900	2009	3,859	1,415	2,444
Website	2009	10,967	4,874	6,093
2010 Ford Explorer	2009	24,274	5,664	18,610
Database software	2010	9,294	1,549	7,745
		$1,070,303	$ 481,285	$ 589,018

NOTE 7 - COMMONWEALTH OF VIRGINIA - FOUR-FOR-LIFE

For each twelve-month period ending June 30, the Association automatically receives its allocable share of the Four-For-Life funds collected by the Division of Motor Vehicles for the operation of an administrative office and for the training of rescue squad personnel.

The funds received in 2010 from the Four-for-Life program accounted for 72% of the Association's total support and revenue.

NOTE 8 - V.A.V.R.S. DEATH BENEFIT PLAN

The Association's Board of Governors approved the V.A.V.R.S. Death Benefit Plan (the Plan) in September 1984. The purpose of the Plan is to render financial aid to the beneficiary and immediate family of any member at time of death who is in good standing as a member of the Plan.

The Plan is funded by contributions ($3.00 each) of those who choose to enter the Plan and qualify for membership ("the person applying shall be a member or an official of a rescue squad that is affiliated with the Virginia Association of Volunteer Rescue Squads") and an assessment of fifty cents ($.50) per member upon the death of a member of the Plan.

NOTE 8 - V.A.V.R.S. DEATH BENEFIT PLAN - Continued

The following outlines the transactions of the Plan for the year ended December 31, 2010:

Plan assets available for future death benefit claims, December 31, 2009	$ 39,288
Source of plan assets	
Contributions received/receivable from members	45,328
Interest income	31
Total Sources	45,359
Disposition of plan assets	
Death benefit payments/payable	33,750
Bank service charges	40
Total Dispositions	33,790
Plan assets available for future death benefit claims, December 31, 2010	$ 50,857

NOTE 9 - RETIREMENT PLAN

In 1998, the Association adopted a Simplified Employee Pension Plan covering all employees with at least one year of service. Contributions to the plan are discretionary. For the year ended December 31, 2010, contributions to the Plan were $2,794. The Association also entered into a tax deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code. Employees may make contributions to the plan up to the maximum amount allowed by the Internal Revenue Code if they wish.

NOTE 10 - CONCENTRATIONS

From time to time during the year ended December 31, 2010, the Association had on deposit with one financial institution amounts in excess of federally insured limits ($250,000).

NOTE 11 - SUBSEQUENT EVENTS

In the preparation of its financial statements, Virginia Association of Volunteer Rescue Squads, Incorporated considered subsequent events through March 1, 2011, which was the date the financial statements were issued.

Appendix

C

VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INCORPORATED

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2011 AND 2010

CONTENTS

HARRIS, HARDY & JOHNSTONE, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

Board of Governors
Virginia Association of Volunteer
Rescue Squads, Incorporated
Richmond, Virginia

We have audited the accompanying statements of financial position of Virginia Association of Volunteer Rescue Squads, Incorporated as of December 31, 2011 and 2010 and the related statements of activities, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Virginia Association of Volunteer Rescue Squads, Incorporated as of December 31, 2011 and 2010, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were made for the purpose of forming an opinion on the financial statements, referred to in the first paragraph, taken as a whole. The budget information (contained in the accompanying statements of activities and statements of functional expenses) for 2011 and 2010, which is the responsibility of management, is presented for purposes of additional analysis and is not a required part of the above referenced financial statements. Such information has not been subjected to the auditing procedures applied to the audits of the basic financial statements and, accordingly, we express no opinion or provide any assurance on it..

Harris, Hardy & Johnstone, P.C.

Richmond, Virginia
March 30, 2012

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VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INCORPORATED

STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Cash and cash equivalents	$ 118,612	$ 189,356
Accounts receivable	7,278	6,098
Prepaid expenses	12,569	-
Inventory	22,061	26,488
V.A.V.R.S. Death Benefit Plan assets	55,191	50,857
Property and equipment, net	574,470	589,018
TOTAL ASSETS	$ 790,181	$ 861,817
LIABILITIES		
Accrued expenses	$ 29,804	$ -
Deferred income	139,711	139,710
V.A.V.R.S. Death Benefit Plan - future liability	55,191	50,857
TOTAL LIABILITIES	224,706	190,567
NET ASSETS		
Unrestricted	565,475	671,250
TOTAL LIABILITIES AND NET ASSETS	$ 790,181	$ 861,817

See Notes to Financial Statements

VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INCORPORATED

STATEMENTS OF ACTIVITIES

YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011		2010	
	Unrestricted	Budget	Unrestricted	Budget
SUPPORT AND REVENUE				
Commonwealth of Virginia	$ 561,838	$ 500,000	$ 536,088	$ 479,000
Commonwealth of Virginia - grant	-	12,500	-	10,000
Convention receipts	105,540	134,020	122,241	141,375
Squad dues and assessments	67,431	62,700	61,617	68,570
In-kind contributions	22,000	-	-	-
Sales of training manuals, patches and rockers, etc.	18,941	6,000	10,207	6,000
Virginia Lifeline - ads and subscriptions	16	9,000	8,791	10,000
VAVRS - Rescue College	1,367	10,000	1,730	10,900
Interest	287	200	633	1,000
Other	3,443	4,000	351	2,000
TOTAL SUPPORT AND REVENUE	780,863	738,420	741,658	728,845
EXPENSES				
Program services				
Member services	237,116	-	214,732	-
Training	499,906	-	415,372	-
Convention	119,182	-	128,253	-
National EMS Memorial Service	1,500	-	3,022	-
Total program services	857,704	-	761,379	-
Administration	28,934	-	22,554	-
TOTAL EXPENSES	886,638	738,420	783,933	709,645
INCREASE (DECREASE) IN NET ASSETS	(105,775)	$ -	(42,275)	$ 19,200
Net assets, beginning of year	671,250		713,525	
NET ASSETS, END OF YEAR	$ 565,475		$ 671,250	

See Notes to Financial Statements

VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INCORPORATED

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2011

	Member Services	Training	Convention
Rescue College	$ -	$ 166,756	$ -
Convention	-	23,344	103,382
Salaries - State Office staff	6,796	90,157	-
Training equipment and personnel	-	97,039	-
Elected officers	46,958	10,000	-
Depreciation	19,900	13,930	1,990
Lease and equipment rental maintenance	23,675	7,285	-
Fringe benefits	2,908	36,979	-
Officer - appointed/training	8,571	8,571	8,572
Training manuals, patches and rockers, etc.	23,772	-	-
Virginia Lifeline	21,015	-	-
District	18,214	-	-
CPA annual audit	8,812	6,168	881
Office maintenance	9,786	6,850	979
Telephone - State Office	6,026	4,153	1,187
Recruitment and retention	11,498	-	-
Postage and delivery	6,337	2,257	1,000
VAVRS van	3,520	6,538	-
Office utilities	4,420	3,094	442
Payroll taxes	537	6,810	-
Office supplies	3,764	2,634	376
Exchange program	-	5,508	-
Legislative committee	4,000	-	-
Hall of Fame	2,903	-	-
Bank service charges	-	-	-
Bad debt	-	-	-
Telephone - officers	1,610	537	-
Meetings and conferences	1,281	427	-
National EMS Memorial Service	-	-	-
Travel - State Office staff	373	746	373
Memorial Fund	256	-	-
Fidelity bond	-	-	-
Dues and subscriptions	41	123	-
Other	143	-	-
Office insurance	-	-	-
Professional services	-	-	-
	$ 237,116	$ 499,906	$ 119,182

See Notes to Financial Statements

National EMS Memorial Service	Administration	Total	Budget
$ -	$ -	$ 166,756	$ 140,838
-	-	126,726	133,456
-	4,529	101,482	111,878
-	-	97,039	79,300
-	-	56,958	40,000
-	3,979	39,799	-
-	5,463	36,423	21,700
-	1,662	41,549	25,600
-	-	25,714	8,000
-	-	23,772	-
-	-	21,015	22,780
-	-	18,214	10,000
-	1,761	17,622	12,000
-	1,956	19,571	14,400
-	500	11,866	10,000
-	-	11,498	14,500
-	1,693	11,287	15,200
-	-	10,058	8,000
-	884	8,840	8,500
-	305	7,652	8,560
-	752	7,526	11,000
-	-	5,508	-
-	-	4,000	3,500
-	-	2,903	1,200
-	2,750	2,750	1,500
-	2,525	2,525	-
-	-	2,147	2,200
-	-	1,708	14,000
1,500	-	1,500	1,500
-	-	1,492	3,000
-	-	256	500
-	175	175	200
-	-	164	5,000
-	-	143	1,908
-	-	-	8,000
-	-	-	200
$ 1,500	$ 28,934	$ 886,638	$ 738,420

See Notes to Financial Statements

VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INCORPORATED

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2010

	Member Services	Training	Convention
Rescue College	$ -	$ 144,526	$ -
Convention	-	23,344	100,934
Salaries - State Office staff	18,698	67,439	12,577
Training equipment and personnel	-	90,462	-
Elected officers	41,697	10,000	-
Depreciation	20,384	14,269	2,038
Lease and equipment rental maintenance	19,129	5,885	-
Virginia Lifeline	27,647	-	-
Meetings and conferences	17,024	5,674	-
Fringe benefits	3,323	12,185	2,215
Officer - appointed/training	5,158	5,158	5,158
Office maintenance	6,471	4,529	647
CPA annual audit	5,613	3,928	561
Telephone - State Office	4,722	3,655	1,044
Training manuals, patches and rockers, etc.	9,926	-	-
Postage and delivery	5,320	1,945	1,000
VAVRS van	3,260	6,055	-
Office insurance	4,028	2,820	403
Payroll taxes	1,415	5,183	943
District	3,672	3,673	-
Recruitment and retention	5,961	-	-
Office supplies	2,272	1,906	272
Office utilities	2,232	1,563	223
Legislative committee	2,750	-	-
Bank service charges	-	-	-
National EMS Memorial Service	-	-	-
Telephone - officers	1,515	505	-
Public relations	1,150	-	-
Travel - State Office staff	238	475	238
Hall of Fame	765	-	-
Dues and subscriptions	65	193	-
Other	195	-	-
Fidelity bond	-	-	-
Memorial Fund	102	-	-
Equipment purchases	-	-	-
Professional services	-	-	-
	$ 214,732	$ 415,372	$ 128,253

See Notes to Financial Statements

National EMS Memorial Service	Administration	Total	Budget
$ -	$ -	$ 144,526	$ 120,000
-	-	124,278	142,375
-	4,079	102,793	103,659
-	-	90,462	84,000
-	-	51,697	42,000
-	4,077	40,768	-
-	4,415	29,429	1,500
-	-	27,647	22,780
-	-	22,698	14,000
-	738	18,461	21,969
-	-	15,474	10,000
-	1,294	12,941	16,425
-	1,122	11,224	12,000
522	500	10,443	11,500
-	-	9,926	-
-	1,458	9,723	15,000
-	-	9,315	7,500
-	806	8,057	7,700
-	314	7,855	7,500
-	-	7,345	10,000
-	-	5,961	18,500
-	544	4,994	10,000
-	447	4,465	9,000
-	-	2,750	3,500
-	2,585	2,585	1,500
2,500	-	2,500	2,500
-	-	2,020	1,500
-	-	1,150	1,000
-		951	3,000
-	-	765	1,200
-	-	258	5,000
-	-	195	837
-	175	175	200
-	-	102	800
-	-	-	1,000
-	-	-	200
$ 3,022	$ 22,554	$ 783,933	$ 709,645

See Notes to Financial Statements

VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INCORPORATED

STATEMENTS OF CASH FLOWS

YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES		
Decrease in net assets	$ (105,775)	$ (42,275)
Adjustments to reconcile decrease in net assets to net cash used in operating activities		
Depreciation	39,799	40,768
Gift in kind contribution	(22,000)	-
(Increase) decrease in		
Accounts receivable	(1,180)	(1,188)
Prepaid expenses	(12,569)	-
Inventory	4,427	3,030
Death Benefit Plan assets	(4,334)	(11,569)
Increase (decrease) in		
Accounts payable	-	(3,448)
Accrued expenses	29,802	(3,390)
Deferred revenue	-	13,264
Death Benefit Plan - future liability	4,334	11,569
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	(67,496)	6,761
CASH FLOWS FROM INVESTING ACTIVITIES		
Acquisition of property and equipment	(3,248)	(9,294)
NET DECREASE IN CASH AND CASH EQUIVALENTS	(70,744)	(2,533)
Cash and cash equivalents, beginning of year	189,356	191,889
CASH AND CASH EQUIVALENTS, END OF YEAR	$ 118,612	$ 189,356
Non Cash Contribution		
Acquisition of vehicle - Gift in kind	$ 22,000	$ -

See Notes to Financial Statements

VIRGINIA ASSOCIATION OF VOLUNTEER RESCUE SQUADS, INCORPORATED

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2011 AND 2010

NOTE 1 - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

Nature of activities - The Virginia Association of Volunteer Rescue Squads, Incorporated (the Association) is an organization composed of more than 300 volunteer rescue squads and over 15,000 individual members in Virginia. Its objective is to promote and assist member rescue squads in improving pre-hospital emergency care in Virginia. The Association is supported primarily through squad dues and assessments and the Commonwealth of Virginia Four-for-Life receipts.

Basis of presentation - The financial statements of the Association have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The financial statement presentation follows the recommendations of Financial Accounting Standards Board (FASB) ASC 958, "Not-for-Profit Entities". Under FASB ASC 958, the Association is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted and permanently restricted.

Unrestricted Net Assets - Net assets that are neither permanently restricted nor temporarily restricted by donor-imposed stipulations.

Temporarily Restricted Net Assets - Net assets resulting from contributions whose use is limited by donor-imposed stipulations that either expire by the passage of time or can be fulfilled and removed by actions of the Association pursuant to these stipulations. Net assets may be temporarily restricted for various purposes, such as use in future periods or use for specified purposes. The Association has no temporarily restricted net assets.

Permanently Restricted Net Assets - Net assets resulting from contributions whose use is limited by donor-imposed stipulations that neither expire by the passage of time nor can be fulfilled or otherwise removed by the Association's actions. The Association has no permanently restricted net assets.

Inventory - Inventory of merchandise held for resale is stated at the lower of cost (first-in, first-out method) or market.

Property and equipment - Purchases of property and equipment are recorded at cost. Depreciation is computed using both accelerated and straight-line methods over the estimated useful lives of 3 to 7 years.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE 1 - NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES - Continued

Fair value measurements - The Association applies FASB ASC 820 *"Fair Value Measurements."* FASB ASC 820 defines fair value, establishes a framework for measuring fair value in accordance with generally accepted accounting principles, and expands disclosures about fair value measurements with regard to nonfinancial assets and liabilities that are not recognized or disclosed at fair value in the financial statements on a recurring basis.

NOTE 2 - INCOME TAXES

The Association is exempt from taxation under Internal Revenue Code Section 501(c)(3) and would be taxed only to the extent it has taxable trade or business income unrelated to its exempt purpose.

The Association applies FASB guidance (FASB ASC 740, *"Income Taxes")* related to accounting for uncertainty in income taxes, which clarifies the accounting for income taxes by prescribing the minimum recognition threshold that a tax position is required to meet before being recognized in the financial statements. The standard also provides guidance on penalties and interest, classification, and disclosure. The Association has not identified any uncertain tax positions; and, the Association did not have any penalties and interest assessed by taxing authorities during the years ended December 31, 2011 and 2010. The Association's income tax returns for the tax years since December 31, 2008 remain open for examination by tax authorities, generally for three years after they are filed.

NOTE 3 - CASH AND CASH EQUIVALENTS

Cash and cash equivalents at December 31, 2011 and 2010 consist of the following:

	2011	2010
Wells Fargo Bank, N.A.		
Checking	$ 94,331	$ 153,289
Money market	8,831	8,819
Money market - vehicle replacement	2,498	2,507
Franklin Federal Bank certificate of deposit - building and grounds	12,853	24,642
Petty cash	99	99
	$ 118,612	$ 189,356

For purposes of the accompanying statement of cash flows, the Association considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Bank and credit card service charges incurred during 2011 and 2010 amounted to $2,750 and $2,585, respectively. Commercial banks deduct monthly service charges as a matter of standard business practice when an account is interest bearing and allows unlimited deposit and check writing capabilities.

NOTE 4 - ACCOUNTS RECEIVABLE

Accounts receivable at December 31, 2011 and 2010 consist of the following:

	2011	2010
Sale of training manuals, patches and rockers, flags, etc.	$ -	$ 637
Trophy sponsors	-	52
Convention	7,178	5,409
Membership	100	-
	$ 7,278	$ 6,098

At December 31, 2011 and 2010, the Association had accounts receivable of $9,061 and $0, respectively, that were over ninety days old.

NOTE 5 - INVENTORY

Inventory of merchandise held for resale at December 31, 2011 and 2010 consists of the following:

	2011	2010
VAVRS anniversary book (75th Anniversary)	$ 11,404	$ 13,602
VAVRS anniversary bank	1,853	4,476
Rockers	4,393	3,810
Training manuals	1,730	1,699
Patches	867	1,507
Lapel pins	994	1,014
VAVRS flags	660	159
VAVRS decals	136	152
VAVRS miscellaneous	24	69
	$ 22,061	$ 26,488

NOTE 6 - PROPERTY AND EQUIPMENT

Property and equipment at December 31, 2011 consists of the following:

	Date Purchased	Original Cost	Accumulated Depreciation	Undepreciated Basis
Land	1996	$ 64,374	$ -	$ 64,374
Land improvements	1998-2007	136,063	62,403	73,660
Office building	1998-2006	577,597	216,388	361,209
Various equipment	Pre 2006	168,226	168,226	-
Fire line replacement	2006	9,163	7,936	1,227
Logo mat	2006	289	251	38
Sprinkler system	2006	1,092	946	146
QuickBooks Premier	2006	420	420	-
Database software	2006	18,060	18,060	-
Computer terminal	2007	399	382	17
Artwork framing	2007	7,348	5,504	1,844
Dell laptops (5)	2007	6,308	5,704	604
Software	2007	1,150	1,150	-
PC memory	2007	383	346	37
2000 Ford Ambulance	2008	23,000	-	23,000
Dell Optiplex (3)	2008	2,337	2,135	202
Communications system	2008	5,700	5,208	492
Dell PowerEdge 1900	2009	3,859	2,186	1,672
Website	2009	10,967	8,530	2,437
2010 Ford Explorer	2009	24,274	10,518	13,756
Database software	2010	9,294	3,408	5,886
Rescue Jack	2011	3,252	650	2,602
2005 Chevy Truck	2011	22,000	733	21,267
		$1,095,554	$ 521,084	$ 574,470

NOTE 7 - COMMONWEALTH OF VIRGINIA - FOUR-FOR-LIFE

For each twelve-month period ending June 30, the Association automatically receives its allocable share of the Four-For-Life funds collected by the Division of Motor Vehicles for the operation of an administrative office and for the training of rescue squad personnel.

The funds received in 2011 and 2010 from the Four-for-Life program accounted for 72% of the Association's total support and revenue.

NOTE 8 - V.A.V.R.S. DEATH BENEFIT PLAN

The Association's Board of Governors approved the V.A.V.R.S. Death Benefit Plan (the Plan) in September 1984. The purpose of the Plan is to render financial aid to the beneficiary and immediate family of any member at time of death who is in good standing as a member of the Plan.

The Plan is funded by contributions ($3.00 each) of those who choose to enter the Plan and qualify for membership ("the person applying shall be a member or an official of a rescue squad that is affiliated with the Virginia Association of Volunteer Rescue Squads") and an assessment of fifty cents ($.50) per member upon the death of a member of the Plan.

The following outlines the transactions of the Plan for the years ended December 31, 2011 and 2010:

Plan assets available for future death benefit claims, December 31, 2009	$ 39,288
Source of plan assets	
Contributions received/receivable from members	45,328
Interest income	31
Total Sources	45,359
Disposition of plan assets	
Death benefit payments/payable	33,750
Bank service charges	40
Total Dispositions	33,790
Plan assets available for future death benefit claims, December 31, 2010	50,857
Source of plan assets	
Contributions received/receivable from members	50,572
Interest income	21
Total Sources	50,593
Disposition of plan assets	
Death benefit payments/payable	46,250
Bank service charges	9
Total Dispositions	46,259
Plan assets available for future death benefit claims, December 31, 2011	$ 55,191

NOTE 9 - OPERATING LEASES

In 2011, the Association entered into operating leases for a copier and postage machine. For the years ended 2011 and 2010, monthly copier services totaled approximately $11,090 and $12,115 and monthly postage services totaled approximately $2,642 and $3,132, respectively. In 2007, the Association entered an ongoing computer support agreement. For the years ended 2011 and 2010, monthly services totaled approximately $7,148 and $3,872, respectively.

Future minimum rental payments due under these leases and agreements at December 31, 2011 are as follows:

Year	Amount
2012	$ 14,088
2013	14,088
2014	9,468
2015	4,848
2016	3,624
	$ 46,116

NOTE 10 - RETIREMENT PLAN

In 1998, the Association adopted a Simplified Employee Pension Plan covering all employees with at least one year of service. Contributions to the plan are discretionary. For the years ended December 31, 2011 and 2010, contributions to the Plan were $25,287 and $2,794, respectively. The Association also entered into a tax deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code. Employees may make contributions to the plan up to the maximum amount allowed by the Internal Revenue Code if they wish.

NOTE 11 - CONCENTRATIONS

From time to time during the year ended December 31, 2011, the Association had on deposit with one financial institution amounts in excess of federally insured limits ($250,000).

NOTE 12 - SUBSEQUENT EVENTS

In the preparation of its financial statements, Virginia Association of Volunteer Rescue Squads, Incorporated considered subsequent events through March 30, 2012, which was the date the financial statements were available to be issued.

Appendix

D

DED Appendix "D"

☒ Committee Motion: Name: Training And Certification Committee

☐ Individual Motion: Name: _____

Motion:
Endorse the Transition Plan as presented.

EMS Plan Reference (include section number):

2.2.4 Align all initial EMS education programs to that of other allied health professions to promote professionalization of EMS.
2.2.4.1: Unless otherwise directed, DED is on schedule to implement the education standards for any program ending on or after July 1, 2012. This involves the VEMSES test. Initiation of National Registry testing for EMR and EMT and AEMT is planned to begin on July 1, 2012.. The AEMT is dependent on the Regs and may be delayed. DED continues to work with the Accreditation component of the national education agenda.

Committee Minority Opinion (as needed):

None. There was no opposition or abstentions.

For Board's secretary use only:
Motion Seconded By: _____

Vote: By Acclamation: ☐ Approved ☐ Not Approved

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

Board Minority Opinion:

Meeting Date:

Transition Timeline

Zero Month

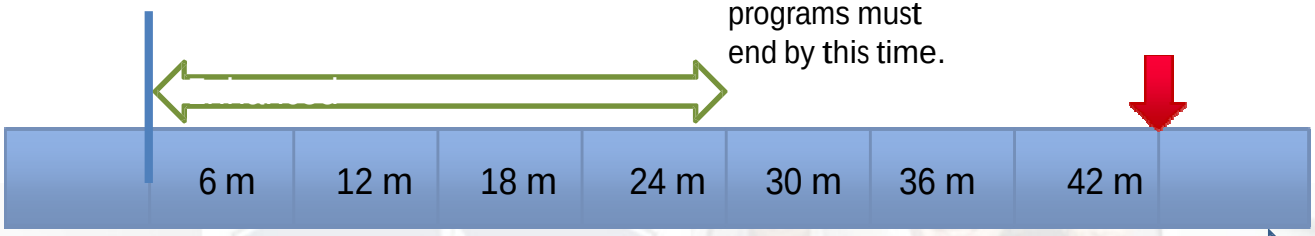
New EMS Rules and Regulations are promulgated.

Month 24

All EMT Enhanced certification programs must end by this time.

Month 42

All EMT Enhanced certification testing ends.



OEMS begins accepting AEMT accreditation applications.

OEMS begins accepting AEMT certification courses announcements from accredited programs.

This transition timeline is dependent on promulgation of the new EMS Rules and Regulations.

Appendix

E

Committee Motion: Name: Training And Certification Committee

☐ Individual Motion: Name: _____

Motion:
Endorse the requirement that providers trained outside Virginia submit a report from the National Practitioner Data Bank to gain EMS certification in Virginia.
(Note: this motion only affects and addresses the section marked "Draft" and is highlighted.)

EMS Plan Reference (include section number):

1.1.4 Identify resources and/or opportunities to work collaboratively with other state agencies, organizations, and associations to improve processes and patient outcomes.

Committee Minority Opinion (as needed):

None. There was no opposition or abstentions.

For Board's secretary use only:
Motion Seconded By: _____

Vote: By Acclamation: ☐ Approved ☐ Not Approved

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

Board Minority Opinion:

Meeting Date:

Policy Number: **T-236**	Page: **1**	of: **2**
Title: **Legal Recognition EMT Certification**		
Regulatory Authority: **12VAC5-31-1600**		
Date of Issue: **December 1, 2002**	Effective Date: **July 1, 2012**	

A. A provider holding a valid current (not expired) EMS certification from another state may apply to Virginia for Legal Recognition. Individuals seeking Legal Recognition may be issued Virginia EMT certification for a period of one (1) year or the duration of their current certification; whichever is shorter.

B. Application Process

1. Applicants submit an application for reciprocity to the Office of EMS. Applicants must:
   a. Demonstrate that they meet the requirements of Sections **12VAC5-31-1450** and **12VAC5-3310-1460** as applicable for the certification level requested.
   b. Demonstrated need for Virginia EMS certification as evidenced by one of the following:
      i. Affiliation with a licensed Virginia EMS Agency
      ii. Residency in the Commonwealth
      iii. Enrollment in a training program which requires EMT certification as a prerequisite
      iv. Other recognized need as requested by the applicant and approved by the Office
   c. Demonstrate the applicant is in good standing at the level for which Legal Recognition is sought from the state in which they last practiced.
   d. Submit to the Office:
      i. a completed “Virginia EMS Training Program Enrollment” form
      ii. copy of the candidate’s current state issued EMS certification
      iii. copy of current CPR card meeting the requirements outlined in **T-035**.
      *iv. **DRAFT:** Have your individual report (self-query) from the National Practitioner Data Bank (NPDB) submitted electronically to the Virginia Office of Emergency Medical Services NPDB account.*
      (a) *The NPDB can be accessed through the following URL: http://www.npdb-hipdb.hrsa.gov/pract/howToGetStarted.jsp*

C. Legal Recognition may be used only to gain a certification level when the individual does not hold current Virginia certification at that level and the individual is no longer eligible for Reentry in Virginia.

D. Legal Recognition is currently available for issuance of Virginia EMT certification based upon the following certifications:

   1. EMT-Basic certification issued by any other state or U.S. territory.
   2. EMT-Intermediate/85 certification issued by the National Registry of EMTs.
   3. Any Emergency Medical Services Advanced Life Support level certification issued by any other state or U.S. territory.

E. Legal Recognition is not currently offered at the Emergency Medical Responder/First Responder or any Advanced Life Support level.

Policy Number: **T-234**	Page: **1**	of: **2**
Title: **Certification through Reciprocity**		
Regulatory Authority: **12VAC5-31-1590**		
Date of Issue: **December 1, 2002**	Effective Date: **July 1, 2012**	

A. Formal recognition will be granted to applicants holding valid certification from the National Registry of Emergency Medical Technicians (NREMT).

B. Certification Periods for Reciprocity

1. Basic Life Support candidates will be issued certification for four (4) years from the latest date in which the applicant received certification from the National Registry.
2. Advanced Life Support candidates will be issued certification for three (3) years from the latest date in which the applicant received certification from the National Registry.

C. Application Process

1. Providers whose initial certification training was conducted in a Virginia approved program will receive automatic processing of their reciprocity application.
2. Providers whose initial certification training was conducted in a training program outside the purview of the Virginia Office of EMS must submit an application for reciprocity to the Office of EMS. Applicants must:
   i. Demonstrate that they meet the requirements of Sections **12VAC5-31-1450** and **12VAC5-3310-1460** as applicable for the certification level requested.
   ii. Demonstrate a need for certification in Virginia.
   iii. Demonstrate the applicant is in good standing at the level for which reciprocity is sought from the state in which they last practiced.
   iv. Submit to the Office:
      (a) a completed Virginia EMS Training Program Enrollment form
      (b) copy of National Registry certification
      (c) copy of current CPR card meeting the requirements outlined in **T-035**.
   v. ***DRAFT:*** *Have your individual report (self-query) from the National Practitioner Data Bank (NPDB) submitted electronically to the Virginia Office of Emergency Medical Services NPDB account.*
      (a) *The NPDB can be accessed through the following URL: http://www.npdb-hipdb.hrsa.gov/pract/howToGetStarted.jsp*

D. Reciprocity may be used only to gain a certification level when the individual does not hold current Virginia certification at that level and the individual is no longer eligible for Reentry in Virginia.

Policy Number: **T-238**	Page: **1**	of: **2**
Title: **Equivalency Challenge Certification**		
Regulatory Authority: **12VAC5-31-1610**		
Date of Issue: **December 1, 2002**	Effective Date: **July 1, 2012**	

A. Virginia Licensed Registered Nurses, Nurse Practitioners, Practical Nurses, Physician Assistants, Military Corpsmen, Dentists, Chiropractors and 3rd or 4th year Medical Students may request to challenge for full certification based on their previous training and experience upon completion of the following:

1. Demonstration that the applicant meets the requirements of Sections **12VAC5-31-1450** and **12VAC5-3310-1460** as applicable for the certification level requested.
2. Demonstration of residency or a need for certification in Virginia.
   a. Submit to the Office:
      i. a completed "Virginia EMS Training Program Enrollment" form
      ii. submission of copies of licensure/certificates issued by the Virginia Department of Health Professions, the respective military branch or other evidence of the course of training completed to the Office.
      iii. copy of current CPR card meeting the requirements outlined in **T-035**.
      iv. ***DRAFT****: Have your individual report (self-query) from the National Practitioner Data Bank (NPDB) submitted electronically to the Virginia Office of Emergency Medical Services NPDB account.*
      (a) *The NPDB can be accessed through the following URL: http://www.npdb-hipdb.hrsa.gov/pract/howToGetStarted.jsp*
3. Completion of the requirements of Section **T-202** and all applicable subsequent sections.
4. Equivalency may be used only to gain a certification level when an individual does not hold current Virginia certification and the individual is no longer eligible for Reentry.

B. Approved applicants for Equivalency Challenge at the EMT level must:

1. Complete the required 36-hour EMT recertification requirements as verified by submission of continuing education (CE) to the Office
2. Receive Letter of Eligibility to Test from the Office
3. Successful completion of the written and practical exams per **T-202**.

C. Physician Assistants, Nurse Practitioners, Dentists, Chiropractors and 3rd or 4th year Medical Students, based on prior education and experience may receive Virginia endorsement to sit for the National Registry cognitive and psychomotor Paramedic examinations upon completion of the requirements of **T-640** or **T-660** as applicable.

D. The Office may also authorize other individuals holding licensure at a level deemed equivalent to those listed above to seek certification through equivalency.

Appendix

F

Emergency Medical Dispatch

The Public Safety Answering Points (PSAP) is the most common point for initial public access to the emergency medical services (EMS) system. Call takers and dispatchers in the PSAP interact with the public and provide real-time, pre-arrival instructions to bystanders and family members while dispatchers ensure that the most appropriate resources are sent to the scene of injury or illness. Emergency Medical Dispatch (EMD) is the process used by call takers and dispatchers to (a) interact with the public in order to gather the necessary information in an efficient manner, (b) process the request for emergency medical assistance, (c) ensure that the most appropriate emergency resources are dispatched to the scene of the injury or illness, and (d) provide appropriate pre-arrival instructions to bystanders.

Physician involvement is important in establishing and maintaining the EMD system at the PSAP. Questions asked and pre-arrival instructions must be approved by the PSAP operational medical director (OMD) or medical advisor. Additionally, the OMD or medical advisor must periodically review the EMD program in order to ensure that the protocols are both appropriate, given current medical literature, and achieving their goals both for the caller and the PSAP staff. For example, coordinating the questions asked by the call taker to determine the primary complaint might be more effective if the questions were similar to public information campaigns that the caller might be familiar with (e.g., FAST or “Give Me Five” in the case of stroke). As indicated above, the pre-arrival instructions will require periodic updates and modifications, as standards and guidelines for emergency care are revised based upon new research and science. As a prime example, the 2010 American Heart Association CPR AED Guidelines now advise that bystanders primarily perform compression-only CPR. As these recommendations are adopted, pre-arrival instructions will need to be changed to reflect the new guidance.

The design of dispatch protocols will involve significant input by the OMD or medical advisor to match local resources to specific patient complaints, particularly in systems with tiered response systems, e.g., Basic Life Support (BLS) and Advance Life Support (ALS) transport units. In the case of a tiered system, it might be necessary to add an ALS transport unit to a call for an extremity injury if local protocols permit ALS units to provide pain management that a BLS unit is unable to do. In a single level system, in which an ALS transport unit responds to every call, the dispatch process would be significantly simpler since the dispatcher has fewer decisions to make. The OMD or medical advisor may also need to be involved in decisions regarding interactions with other EMS resources, such the use of air medical resources and the process for coordinating with receiving facilities when specialized care is required or time critical illnesses/injuries are involved. In some systems, these functions will be addressed by the OMD for the EMS agencies, especially if the EMS agencies within a single county or EMS region utilize the same OMD. Physician

involvement in the development of disaster and mass casualty plans as well as participation in the PSAP during a significant emergency or event can also be very beneficial.

Proper management of the response phase of pre-hospital care will provide safety benefits to our EMS providers and the public. One of the most dangerous activities for fire and rescue providers is responding to calls for service under emergency conditions -- “lights and sirens” or “hot” response, and then transporting the patient to a receiving facility with lights and siren, whether or not the patient’s condition really warrants an emergency response. It is well known that the vast majority of vehicle accidents involving emergency vehicles occur while the unit is responding to a call or transporting to the hospital in an emergency mode. These accidents place not only the providers and patient at significant risk of injury or death, but also the public. Additionally, aside from the property damage and loss of units, these accidents take an additional toll on the system because providers within the system may have been killed or seriously injured. In order to minimize the potential for these types of accidents, some EMS agencies and localities have adopted policies and procedures to manage emergency and non-emergency transports. EMS agencies, PSAPs and their OMDs/medical advisors should collaborate in order to develop a tiered response mode so that fire and EMS units can limit emergency responses to what are believed to be true emergencies based upon the information provided by the caller.

The Good Samaritan Act provides generous protections to dispatchers and medical advisors to E-911 systems. Essentially, as long as PSAP personnel and the medical advisor act in good faith, there should not be liability from an error or omission to act resulting from the provision of emergency services. The Good Samaritan protections will not apply, however, to circumstances where the Court finds that the harm to the patient or others was the result of gross negligence or willful misconduct on the part of PSAP personnel and/or the medical advisor. Thus, as long as everyone is properly doing their job, an inadvertent mistake or bad outcome from a call should not place additional liability on the PSAP or its medical advisor. It is only where personnel are grossly negligent or deliberately act improperly where liability would arise.

Accreditation of dispatch centers also requires the approval of a currently endorsed EMS Physician (as defined in Virginia EMS Regulations; 12 VAC 5-31-1800 & 1810). A letter signed by same EMS Physician must accompany the initial application for accreditation and all subsequent documentation submitted for recurring approvals.

Finally, involvement with the PSAP can also provide the OMD with insight into the operation of an EMS system that would be difficult to gain in any other way.

Based on information from more prevalent EMD programs such as APCO, Powerphone, and NAED, the average cost to implement EMD in the PSAP is $314 per workstation/console using manual card-set protocol and $341 per call taker/dispatcher for training. There will be continuing training and maintenance fees

Grant funding is available to assist with implementation, training, Equipment, software, hardware, and emergency medical dispatch protocols through the OEMS Financial Assistance for Emergency Medical Services (FAEMS), known as the Rescue Squad Assistance Fund (RSAF) grants program. Emergency medical dispatch is considered an RSAF special priority for public safety answering points and emergency dispatch centers to implement and maintain EMD programs. Detailed information concerning this is located at the OEMS website, www.vdh.virginia.gov/oems/grants.

Grant funding is also available for EMD, Police Dispatch, and Fire Dispatch software or protocols from the PSAP Grant Program. Detailed information concerning the PSAP Grant Program is available via the following link: http://www.vita.virginia.gov/isp/default.aspx?id=8578.

The following endorsements have been received from organizations in support of the Governor's EMS Advisory Board Communication Committee's initiative to encourage the implementation of EMD in PSAPs across the commonwealth:

Virginia Chapter of APCO is in total support of the adoption and application of Emergency Medial Dispatch/EMD - Pre Arrival Instruction/PAI in every 9-1-1 Public Safety Answering Point (PSAP) in Virginia.

On a personal professional note; of all the high quality services provided by my 9-1-1 Call Takers and Dispatchers to the 1.2 million residents of Fairfax County, the Police Department, Fire-Rescue Department and Sheriff's Department....NONE has a more instantaneous and profound positive impact on the life and safety to those citizens then the application of EMD/PAI.

In the Emergency Medical Service (EMS) we often hear of the "Golden Hour" and how important that is to the survivability of a person experiencing a life threatening medical emergency. However, the most important part of that golden hour is the time between when a person reports the medial emergency and when EMS units arrive at the scene of the medical emergency. This time can range, depending on where in the Virginia the medical emergency occurs, from a few minutes to many minutes. This time is often referred to as the most golden seven (7) minutes of the golden hour.

For a 9-1-1 Call Taker/Dispatchers (the "First of the First Responders") not to be trained, licensed and authorized to provide EMD-PAI life saving instruction during the golden 7 minutes….. is unacceptable.

I have, for far too long, had 9-1-1 Call Takers and Dispatcher from across the Commonwealth lament to me and others that their agency does not support or utilize EMD/PAI; but that they (the Call Taker and Dispatcher) want to. When asked why their agency doesn't support EMD/PAI they often say "they think it takes too long" or "they don't want to accept a liability." To those I would simply say….."how can it take too long to save a life?", and "there is far more liability in not providing EMD then in doing so".

Thomas Jefferson is often referred to in Virginia by saying "Mr. Jefferson would be proud" indicating his approval of a government action taken to benefit citizens. In this instance Mr. Jefferson would not be proud that EMD-PAI is not, at this time, available to every citizen of the Commonwealth. Let's make Mr. Jefferson proud…..and the citizens of Virginia safer and better served.

VA APCO applauds and supports this initiative.

Steve Souder,
Immediate Past President - Virginia Chapter of APCO

Virginia Chapter of NENA supports the adoption and application of Emergency Medial Dispatch in every Public Safety Answering Point in the Commonwealth of Virginia. Citizens expect the best possible care by our first responders and that care begins with the call to 9-1-1. From the time a PSAP call taker or dispatcher takes the 9-1-1 call, to when the EMS unit arrives on-scene, to the emergency room doctors and nurses, every minute is important to the life of the patient and their relatives.

For the PSAPs in the Commonwealth who have implemented EMD, the startup costs have been paid for many times over through the quality of life of the individuals effected by the EMD program. With the support of the OEMS and PSAP Grant Program, a large part of the PSAP startup and reoccurring costs can be covered. Your citizens will understand the additional costs incurred by the agency for an EMD program if the public is properly educated on the benefits of the EMD program. As for liability, the Virginia "Good Samaritan" Law covers the EMD certified employee and PSAP operational medical director (OMD) or medical advisor, except in the case of gross negligence or willful misconduct. With a good training program and following EMD protocols, liability should not stop an agency from employing EMD in their PSAP.

In an age of "instant access" to just about anything imaginable, EMD is truly one program that has the biggest impact on everyone in the Commonwealth. It is unacceptable not to have every call taker / dispatcher trained and certified in an accredited EMD program.

Virginia Chapter of NENA

Appendix

G

Virginia EMS Career Fair
Vendor Registration
November 8, 2012, 5-7 p.m.

Your EMS Agency can recruit EMS providers from around the state by taking part in the 3rd Annual EMS Career Fair! It's being held in conjunction with the 33rd Annual Virginia EMS Symposium at the Norfolk Waterside Marriott.

Cost: There is no charge for booth space.

Details: Each space (8' x 10') will be provided with one skirted table, two chairs, name sign and name tags for up to four representatives of your organization. Please note that electrical connections and Internet access will NOT be provided. If you desire to use these services, please complete Exhibits, Inc. form and submit to the address provided on the form. SPACE IS LIMITED – REGISTER EARLY

REGISTRATION :

Name of Firm/Agency:_____

Mailing Address:_____

_____

Telephone: ( ) _____ Fax: ( ) _____

Contact Person:_____ E-mail:_____

EXHIBIT DESCRIPTION & REQUIREMENTS

Exhibit Name for Sign:_____

REPRESENTATIVES ON SITE (As you wish names to appear on the name tags)

(1) _____

(2) _____

(3) _____

(4) _____

Authorized signature:

Signature _____ Date_____

Print Name_____ Title_____

Submit form to: Carol Morrow, Office of EMS
Fax: (804) 371-3108
Phone (804) 888-9137

Mail: Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, VA 23059

Appendix

H

Forest View Rescue Squad Physical Agility Test

WAIVER AND RELEASE FORM

Warning and Acknowledgement of Risk and Damages

I have entered the Riding Member Physical Ability Test (RMPAT) out of my own free will. I acknowledge that I am in good physical condition and have no conditions that would affect my ability to participate in the RMPAT. I voluntarily agree to assume the full risk of an injuries, damages or losses of properties, regardless of severity that may result in connection with my participation in the RMPAT. Should I suffer an injury or illness in connection with the RMPAT, I authorize officials of the attending emergency services to use their discretion to have me medically treated and transported to a medical facility.

Liability Release

I acknowledge that I have read and understood the above warning and acknowledgement of risk of injuries, damages or losses of properties. I, for myself, and on behalf of my heirs, personal representatives and next of kin, hereby release, hold harmless and promise not to sue the Forest View Vol. Rescue Squad, all members of said organizations, their respective employees, agents and other individuals who are associated with the RMPAT, with respect to any and all injuries, damages and losses that may arise from my participation in the RMPAT. This Waiver and Release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I have read this agreement, fully understand its terms and sign it freely and voluntarily.

Participant's signature _____

Print participant's name _____

Date _____

Forest View Rescue Squad
Physical Agility Test

Participating as a member of an ambulance crew is physically demanding. Your safety and the safety of your crew is dependent upon your ability to safely perform the various tasks associated with patient care and transport. Forest View Volunteer Rescue Squad will conduct a physical agility entrance examination for operational membership applicants to ensure the applicant's ability to perform the essential functions of the position. The physical agility evaluation is designed to evaluate an applicant's aerobic capacity and cardiopulmonary endurance, muscular strength and endurance, and overall physical ability to perform the duties of a field based emergency medical professional. It is designed to replicate activities encountered by EMS personnel, including CPR, moving and lifting equipment, maneuvering stairs and a stretcher. The specific tasks are performed as a series of (8) events, and must be completed within a 7:00 minute time limit. This evaluation must be completed prior to the completion of the general knowledge examination, and skills testing segments of the new member orientation class. Crew assignment is dependent upon successful completion of all phases of the orientation class. Be sure to bring the proper attire for each part of the testing process.

The test procedures are as follows:

- Each candidate must sign a waiver prior to taking the physical agility test.
- The waiver will be collected by the examiner before participating in the test.
- The test is administered by a Forest View Volunteer Rescue Squad representative who has the obligation to stop the test at any time to prevent injury to the applicant.
- All tests shall be scored as "PASS" or "FAIL" and have the time recorded.
- The exam will consist of eight (8) events.
- Applicants must wear a duty uniform (long pants), and footwear with no open heel or toe. Watches and loose/restrictive jewelry will not be permitted.
- Time begins when both feet are on the ground of the first event, and continues until the applicant is seated in the designated seat on the last event. The clock will not be stopped during the test until all events are completed, or the evaluator stops the test for some other reason.
- Only one attempt will be allowed to complete the physical agility test per day.
- Applicants that do not successfully complete the agility test may return for the next posted agility testing date.
- If you have a medical condition, you should be evaluated by a physician before participating in the Forest View Volunteer Rescue Squad agility test.
- Proper lifting technique is required to reduce the risk of injury. Prior to the test, the examiner will coach the applicant to insure proper body positioning for required equipment moves. Successful completion of the lifting segment of the physical agility test requires the applicant to perform all lifts safely with good body positioning.
- At no time will the applicant run during the agility test.
- Applicants who agree to this test do so with full understanding that Forest View Volunteer Rescue Squad, Chesterfield County Government, nor the City of Richmond is responsible for any injury that might be sustained during the test.

Forest View Rescue Squad
Physical Agility Test

Description of Physical Agility Test Evaluation

1. **Truck Exit**- Applicant will exit from the passenger' (AIC) seat of the ambulance and walk to the rear of the ambulance and open the rear doors. Time will begin when candidates feet are on the ground.

2. **Stretcher Lift**- Remove the stretcher from the rear of the ambulance with the proctor holding the legs. Ensure the stretcher doesn't move from its location (locked in). Applicant then exits out of Bay door _____ and walks around the building to the front doors, enters and moves to the next event.
Purpose of Event: The purpose of this event is to simulate the candidate removing the stretcher form the ambulance.

3. **Maneuvering Stairs**- For this event you must put on the backpack BLS bag, grab the monitor in one hand and grasp the stairwell rail by the handle, walk up ____ stairs to the top of the landing, around the cone and back down the stairs holding the rail. You will be spotted while coming down the stairs. Return the equipment to the table and move through the double doors to the apparatus bay and the next event.
Purpose of Event: This event is designed to simulate carrying equipment up and down stairs.

4. **Equipment Move**- The applicant will move from the table, an airway bag, oxygen tank, equipment bag, and cardiac monitor, one at a time, 5 feet and set the objects down on the ground in a designated area.
Purpose of Event: The purpose of this event is to simulate carrying essential medical equipment to the patient's side using proper body mechanics.

5. **Equipment Transfer**- The applicant will move from the designated area on the ground, an airway bag, oxygen tank, equipment bag and cardiac monitor, one at a time 5 feet back to the table using the proper lifting technique. Applicant then moves back through the double doors into the office area and ascends the steps, one at a time and moves to the next event.
Purpose of Event: The purpose of this event is to simulate moving medical equipment from the field to an elevated level using proper body mechanics.

6. **CPR**- Applicants will complete 100 chest compressions on a manikin on the ground. AHA guidelines will not be evaluated. Proctor will count the compressions. Applicant then moves back down the steps, out the front doors and continues their walk around the building and enters the same door that the applicant exited at event 2, and proceeds to the next event .
Purpose of Event: The purpose of this event is to simulate the candidate performing CPR while in the floor for a period of time.

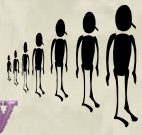
7. **Repeat Stretcher Lift**- Applicant returns the stretcher by lifting it back into the unit, with the proctor returning the legs back into place. Applicant then moves to the final event.
Purpose of Event: The purpose of this event is to simulate the candidate replacing the stretcher from the field back into the ambulance.

8. **Return to Ambulance**- The applicant will return to the ambulance, enter the patient care area through the side door and sit in the airway chair. When the applicant is seated, the time will then end for the test.

Appendix

I

Henrico Doctors' Hospital
Forest, Parham & Retreat Campuses
HCA Virginia Health System



Volunteer Agency Support Conference

Seeking improvement in these area's?

Grants
Leadership
Communication
Recruitment and Retention

Meet the leaders of Fredericksburg Rescue Squad
and
Virginia Beach EMS
These are 2 unique agencies that have inspiring stories.

← Full schedule on back →

Saturday August 18th, 2012
Henrico Doctors' Hospital Forest Campus
Williamsburg Room A&B
Multiple participants from the same agency are encouraged.
This is open to ALL members of your agency.
RSVP: Valeta.Daniels@HCAhealthcare.com

West Creek Emergency Center
A Campus of Henrico Doctors' Hospital
HCA Virginia Health System

Volunteer Agency Support Conference

7:30 - 08:00	Registration and Continental Breakfast
08:00 - 10:00	Fredericksburg Rescue Squad
10:00 - 10:10	Break
10:10 - 11:10	Leadership
11:10 - 11:40	Lunch
11:40 - 1240	Communications
1240 - 1340	Virginia Beach EMS
1340 - 1350	Break
1350 - 1450	Recruitment and Retention
1450 - 1500	Break
1500 - 1600	Grants
1600 - 1630	VRSAWG
1630 - 1700	Wrap up and networking

Valeta C. Daniels
EMS Liaison
Henrico Doctors' Hospital Forest, Parham, Retreat Campuses
West Creek and Emergency Center
Office location: 1602 Skipwith Rd Richmond VA 23229
Office: 804-200-7014
Fax: 804-477-1163
Email: Valeta.Daniels@HCAHEALTHCARE.com

Appendix

J

State EMS Advisory Board
Motion Submission Form

□ **Committee Motion:** Name: _____

√ **Individual Motion**: Name: OEMS, Trauma/Critical Care

Motion:

The Office of EMS requests that the EMS Advisory Board endorse the Virginia Version 3 Minimum Data Set (VAv3).

EMS Plan Reference (include section number):

2.1.1 – Determine quality of EMS service and trauma triage analysis.

3.2.2 – PPCR System Replacement.

4.1.2 – Communicate performance standards to EMS agencies and regional EMS councils.

4.1.3 – Monitor performance against standards and take corrective action.

Committee Minority Opinion (as needed):

Not applicable

For Board's secretary use only:
Motion Seconded By:

_____

Vote: _____ YEA _____ NAY _____ ABSTAIN

Board Minority Opinion:

_____

_____

_____

Meeting Date: _____

Appendix

K

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
dAgency.02	EMS Agency Number	The state-assigned number of the responding agency.	D01_01
dAgency.03	EMS Agency Name	The formal name of the agency.	D01_02
dAgency.04	EMS Agency State	The state/territory which assigned the EMS agency number.	D01_03
dAgency.05	EMS Agency Service Area States	The states in which the EMS Agency provides services including the state associated with the EMS Agency Number.	n/a
dAgency.06	EMS Agency Service Area County(s)	The county(s) within each state for which the agency formally provides service.	D01_04
dAgency.08	EMS Agency Service Area ZIP Codes	The ZIP codes for the EMS Agency's service area.	n/a
dAgency.09	Primary Type of Service	The primary service type provided by the agency.	D01_05
dAgency.10	Other Types of Service	The other service type(s) which are provided by the agency.	D01_06
dAgency.11	Level of Service	The level of service which the agency provides EMS care for every request for service (the minimum certification level). This may be the license level granted by the state EMS office.	D01_07
dAgency.12	Organization Status	The primary organizational status of the agency. The definition of Volunteer or Non-Volunteer is based on state or local definitions.	D01_09
dAgency.13	Organizational Type	The organizational structure from which EMS services are delivered (fire, hospital, county, etc.).	D01_08
dAgency.14	EMS Agency Organizational Tax Status	The EMS Agencies business/corporate organizational tax status.	n/a
dAgency.15	Statistical Calendar Year	The calendar year to which the information pertains for the EMS Agency (dAgency.02).	D01_10
dAgency.18	911 EMS Call Center Volume per Year	The number of 911 EMS calls per year.	D01_04
dAgency.19	EMS Dispatch Volume per Year	The number of EMS disptaches per year.	D01_15
dAgency.20	EMS Patient Transport Volume per Year	The number of EMS transports per year.	D01_16
dAgency.21	EMS Patient Contact Volume per Year	The number of EMS patient contacts per year based on last calendar year.	D01_17

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
dAgency.25	National Provider Identifier	The National Provider Identifier associated with National Provider System (NPS) and used in all standard HIPPA transactions such as electronic claim filing.	D01_21
dAgency.26	Fire Department ID Number	The state assigned Fire Department ID Number for EMS Agency(s) operating within a Fire Department.	n/a
dContact.01	Agency Contact Type	The contact type within the EMS agency.	n/a
dContact.02	Agency Contact Last Name	The Last Name of the agency's primary contact.	D02_01
dContact.03	Agency Contact First Name	The first name of the agency's primary contact.	D02_03
dContact.10	Agency Contact Phone Number	Agency contact phone number.	D02_08
dContact.11	Agency Contact Email Address	The primary email address of the Agency contact.	D02_10
dConfiguration.01	State Associated with the Certification Levels	The state associated with the state certification/licensure levels.	n/a
dConfiguration.02	State Certification Levels	All of the potential levels of certification/licensure for EMS personnel recognized by the state.	D04_01
dConfiguration.05	Protocols Permitted by the State	A list of all of the protocols permitted by the state.	n/a
dConfiguration.06	EMS Certification Levels Permitted to Perform Each Procedure	EMS certification levels which are permitted to perform the procedure listed in dConfiguration.07.	D04_05
dConfiguration.07	EMS Agency Procedures	A list of all procedures that the agency has implemented and available for use by any/all EMS certification levels.	D04_04
dConfiguration.08	EMS Certification Level Permitted to Administer Each Medication	All EMS certification levels which are permitted to administer the medications listed in dConfiguration.09 (EMS Agency Medications).	D04_07
dConfiguration.09	EMS Agency Medications	A list of all medications the agency has implemented and have available for use.	D04_06
dConfiguration.10	EMS Agency Protocols	A list of all of the EMS field protocols that the agency has in place and available for use.	D04_08
dConfiguration.11	EMS Agency Specialty Service Capability	Special training or services provided by the EMS agency and available to the EMS service area/community. It is each agency’s determination which services it provides.	n/a
dConfiguration.12	Billing Status	Indication of whether the EMS agency routinely bills for any segment of the patient population.	n/a

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
dConfiguration.13	Emergency Medical Dispatch (EMD) Provided to EMS Agency's Service Area	Indication as to whether Emergency Medical Dispatch is provided to the EMS Agency's service area.	n/a
dConfiguration.14	EMD Vendor	The vendor or company associated with the EMD Card set and algorithms.	D04_17
dConfiguration.15	Patient Monitoring Capability(s)	The EMS Agency's patient monitoring capability which can be provided to any patient presenting to EMS.	n/a
dConfiguration.16	Crew Call Sign	The EMS crew call sign used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.	D04_02
dLocation.01	EMS Location Type	The type of EMS Location which could be a fixed station or a pre-determined staging area.	n/a
dLocation.02	EMS Location Name	The name of the EMS Location.	D05_01
dLocation.03	EMS Location Number	The ID number of the EMS Location.	D05_02
dLocation.04	EMS Location GPS	The GPS coordinate of the EMS location.	D05_04
dLocation.06	EMS Location Address	The address of the EMS Location.	D05_05
dLocation.08	EMS Location State	The state of the EMS Location.	D05_07
dLocation.09	EMS Station or Location ZIP Code	The ZIP code of the EMS Location.	D05_08
dLocation.10	EMS Location County	The county of the EMS Location.	n/a
dVehicle.01	Unit/Vehicle Number	The unique ID number for the unit which is specific for each vehicle. This ID number may be the state's vehicle's permit number.	D06_01
dVehicle.02	Vehicle Identification Number	The manufacturer's VIN associated with the vehicle.	n/a
dVehicle.03	EMS Unit Call Sign	The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.	
dVehicle.04	Vehicle Type	The vehicle type of the unit (ambulance, fire, truck, etc.).	D06_03
dVehicle.05	Crew State Certification/Licensure Levels	The certification/licensure level of the ambulance by the state or the certification/licensure level at which the vehicle is most commonly staffed.	D06_04
dVehicle.10	Vehicle Model Year	The year the vehicle was manufactured.	D06_07

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
dPersonnel.01	EMS Personnel's Last Name	The last name of the personnel.	D08_01
dPersonnel.02	EMS Personnel's First Name	The first name of the personnel.	D08_03
dPersonnel.22	EMS Personnel's State of Licensure	The state of the certification/licensure ID number assigned to the personnel member.	n/a
dPersonnel.23	EMS Personnel's State's Licensure ID Number	The state's licensure/certification ID number for the personnel.	D07_02
dPersonnel.24	EMS Personnel's State EMS Certification Licensure Level	The personnel's state EMS certification level.	D08_15
dPersonnel.31	EMS Personnel's Employment Status	The personnel's primary employment status for this agency.	D07_03
dFacility.03	Facility Location Code	The code of the facility as assigned by the state or the EMS agency.	D04_12
eRecord.02	Software Creator	The name of the vendor, manufacturer, and developer who designed the application that created this record.	E01_02
eRecord.03	Software Name	The name of the application used to create this record.	E01_03
eRecord.04	Software Version	The version of the application used to create this record.	E01_04
eResponse.01	EMS Agency Number	The state-assigned provider number of the responding agency.	D01_01
eResponse.02	EMS Agency Name	EMS Agency Name.	n/a
eResponse.03	Incident Number	The incident number assigned by the 911 Dispatch System	E02_02
eResponse.04	EMS Response Number	The internal EMS response number which is unique for each EMS Vehicle's (Unit) response to an incident within an EMS Agency.	E02_03
eResponse.05	Type of Service Requested	The type of service or category of service requested of the EMS Agency responding for this specific EMS event.	E02_04
eResponse.07	Primary Role of the Unit	The Primary role of the EMS Unit which responded to this specific EMS event.	E02_05
eResponse.08	Type of Dispatch Delay	The dispatch delays, if any, associated with the dispatch of the EMS unit to the EMS event.	E02_06
eResponse.09	Type of Response Delay	The response delays, if any, of the EMS unit associated with the EMS event.	E02_07
eResponse.10	Type of Scene Delay	The scene delays, if any, of the EMS unit associated with the EMS event.	E02_08

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
eResponse.11	Type of Transport Delay	The transport delays, if any, of the EMS unit associated with the EMS event.	E02_09
eResponse.12	Type of Turn-Around Delay	The turn-around delays, if any, of EMS unit associated with the EMS event.	E02_10
eResponse.13	EMS Vehicle (Unit) Number	The unique physical vehicle number of the responding unit.	E02_11
eResponse.14	EMS Unit Call Sign	The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.	E02_12
eResponse.15	Level of Care of This Unit	The level of care (BLS or ALS) the unit is able to provide based on the units' treatment capabilities for this EMS response.	n/a
eResponse.16	Vehicle Dispatch Location	The EMS Location or healthcare facility name representing the geographic location of the vehicle at the time of dispatch.	E02_13
eResponse.23	Response Mode to Scene	The indication whether the response was emergent or non-emergent. An emergent response is an immediate response (typically using lights and sirens).	E02_20
eResponse.24	Additional Response Mode Descriptors	The documentation of response mode techniques used for this EMS response.	n/a
eDispatch.01	Complaint Reported by Dispatch	The complaint dispatch reported to the responding unit.	E03_01
eDispatch.05	Dispatch Priority (Patient Acuity)	The actual, apparent, or potential acuity of the patient's condition as determined through information obtained during the EMD process.	n/a
eCrew.01	Crew Member ID	The state certification/licensure ID number assigned to the crew member.	E04_01
eCrew.02	Crew Member Level	The functioning level of the crew member ID during this EMS patient encounter.	E04_03
eCrew.03	Crew Member Response Role	The role(s) of the role member during response, at scene treatment, and/or transport.	E04_02
eTimes.01	PSAP Call Date/Time	The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.	E05_02

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
eTimes.03	Unit Notified by Dispatch Date/Time	The date/time the responding unit was notified by dispatch.	E05_04
eTimes.05	Unit En Route Date/Time	The date/time the unit responded; that is, the time the vehicle started moving.	E05_05
eTimes.06	Unit Arrived on Scene Date/Time	The date/time the responding unit arrived on the scene; that is, the time the vehicle stopped moving at the scene.	E05_06
eTimes.07	Arrived at Patient Date/Time	The date/time the responding unit arrived at the patient's side.	E05_07
eTimes.08	Transfer of EMS Patient Care Date/Time	The date/time the patient was transferred from this EMS agency to another EMS agency for care.	E05_08
eTimes.09	Unit Left Scene Date/Time	The date/time the responding unit left the scene with a patient (started moving).	E05_09
eTimes.10	Arrival at Destination Landing Area Date/Time	The date/time the Air Medical vehicle arrived at the destination landing area.	
eTimes.11	Patient Arrived at Destination Date/Time	The date/time the responding unit arrived with the patient at the destination or transfer point.	E05_10
eTimes.12	Destination Patient Transfer of Care Date/Time	The date/time that patient care was transferred to the destination healthcare facilities staff.	
eTimes.13	Unit Back in Service Date/Time	The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location).	E05_11
eTimes.14	Unit Cancelled Date/Time	The date/time the unit was cancelled.	E05_12
ePatient.02	Last Name	The patient's last (family) name.	E06_01
ePatient.03	First Name	The patient's first (given) name.	E06_02
ePatient.06	Patient's Home Town	The township (if applicable) where the patient lives (or best approximation). NOTE: counties AND cities in Virginia are reported through ePatient.06.	E06_05
ePatient.07	Patient's Home County/City	The patient's home county or city of residence reported by GNIS codes (formerly FIPS codes.)	E06_06
ePatient.08	Patient's Home State	The patient's home state, territory, or province, or District of Columbia, where the patient resides.	E06_07
ePatient.09	Patient's Home ZIP Code	The patient's home ZIP code of residence.	E06_08
ePatient.13	Gender	The Patient's Gender.	E06_11

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
ePatient.14	Race	The patient's race as defined by the OMB (US Office of Management and Budget).	E06_12
ePatient.15	Age	The patient's age (either calculated from date of birth or best approximation).	E06_14
ePatient.16	Age Units	The unit used to define the patient's age.	E06_15
ePatient.17	Date of Birth	The patient's date of birth.	E06_16
ePayment.01	Primary Method of Payment	The primary method of payment or type of insurance associated with this EMS encounter.	E07_01
ePayment.50	CMS Service Level	The CMS service level for this EMS encounter.	E07_34
eScene.01	First EMS Unit on Scene	Documentation that this EMS Unit was the first EMS Unit for the EMS Agency on the Scene.	n/a
eScene.04	Type of Other Service at Scene	The type of public safety or EMS service associated with Other Agencies on Scene.	E08_02
eScene.06	Number of Patients at Scene	Indicator of how many total patients were at the scene.	E08_05
eScene.07	Mass Casualty Incident	Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources).	E08_06
eScene.08	Triage Classification for MCI Patient	The color associated with the initial triage classification of the MCI patient.	n/a
eScene.09	Incident Location Type	The kind of location where the incident happened.	E08_07
eScene.15	Incident Street Address	“The street address where the patient was found, or, if no patient, the address to which the unit responded.”	E08_11
eScene.16	Incident Town/Township	The township (if applicable) where the patient was found or to which the unit responded (or best approximation). NOTE: counties AND cities in Virginia are reported through eScene.21.	n/a
eScene.18	Incident State	The state, territory, or province where the patient was found or to which the unit responded (or best approximation).	E08_14
eScene.19	Incident ZIP Code	The ZIP code of the incident location.	E08_15
eScene.21	Incident County or City	The county or city where the patient was found or to which the unit responded (or best approximation) using GNIS codes (formerly FIPS code).	E08_13

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
eSituation.01	Date/Time of Symptom Onset/Last Normal	The date and time the symptom began as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.	E05_01
eSituation.02	Possible Injury	Indication whether or not there was an injury.	E09_04
eSituation.03	Complaint Type	The type of patient healthcare complaint being documented.	n/a
eSituation.04	Complaint	The statement of the problem by the patient or the history provider.	E09_05
eSituation.05	Duration of Complaint	The duration of the chief complaint.	E09_06
eSituation.06	Time Units of Duration of Complaint	The time units of the duration of the patient's chief complaint.	E09_07
eSituation.07	Chief Complaint Anatomic Location	The primary anatomic location of the chief complaint as identified by EMS personnel.	E09_11
eSituation.08	Chief Complaint Organ System	The primary organ system of the patient injured or medically affected.	E09_12
eSituation.09	Primary Symptom	The primary sign and symptom present in the patient or observed by EMS personnel.	E09_13
eSituation.10	Other Associated Symptoms	Other symptoms identified by the patient or observed by EMS personnel.	E09_14
eSituation.11	Provider's Primary Impression	The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).	E09_15
eSituation.12	Provider's Secondary Impressions	The EMS personnel's impression of the patient's secondary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).	E09_16
eSituation.13	Initial Patient Acuity	The acuity of the patient’s condition upon EMS arrival at the scene.	n/a
eInjury.01	Cause of Injury	The category of the reported/suspected external cause of the injury.	E10_01

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
eInjury.03	Trauma Center Criteria	Field Triage Criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma.	n/a
eInjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor	The kind of risk factor predictors present at the incident.	E10_04
eInjury.05	Main Area of the Vehicle Impacted by the Collision	The area or location of initial impact on the vehicle based on 12-point clock diagram.	E10_05
eInjury.06	Location of Patient in Vehicle	The seat row location of the vehicle at the time of the crash with the front seat numbered as 1.	E10_06
eInjury.07	Use of Occupant Safety Equipment	Safety equipment in use by the patient at the time of the injury.	E10_08
eInjury.08	Airbag Deployment	Indication of Airbag Deployment.	E10_09
eInjury.09	Height of Fall (feet)	The distance in feet the patient fell, measured from the lowest point of the patient to the ground.	E10_10
eArrest.01	Cardiac Arrest	Indication of the presence of a cardiac arrest at any time.	E11_01
eArrest.02	Cardiac Arrest Etiology	Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.).	E11_02
eArrest.03	Resuscitation Attempted By EMS	Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.).	E11_03
eArrest.04	Arrest Witnessed By	Indication of who the cardiac arrest was witnessed by.	E11_04
eArrest.05	CPR Care Provided Prior to EMS Arrival	Documentation of the CPR provided prior to EMS arrival.	n/a
eArrest.06	Who Provided CPR Prior to EMS Arrival	Documentation of who performed CPR prior to this EMS unit's arrival.	n/a
eArrest.07	AED Use Prior to EMS Arrival	Documentation of AED use Prior to EMS Arrival.	n/a
eArrest.08	Who Used AED Prior to EMS Arrival	Documentation of who performed CPR prior to this EMS unit's arrival.	n/a
eArrest.09	Type of CPR Provided	Documentation of the type/technique of CPR used by EMS.	n/a
eArrest.10	Therapeutic Hypothermia Initiated	Documentation of EMS initiation of Therapeutic Hypothermia.	n/a
eArrest.11	First Monitored Arrest Rhythm of the Patient	Documentation of what the first monitored arrest rhythm which was noted.	E11_05

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
eArrest.12	Any Return of Spontaneous Circulation	Indication whether or not there was any return of spontaneous circulation.	E11_06
eArrest.14	Date/Time of Cardiac Arrest	The date/time of the cardiac arrest (if not known, please estimate).	E11_08
eArrest.15	Date/Time Resuscitation Discontinued	The date/time the CPR was discontinued (or could be time of death)	E11_09
eArrest.16	Reason CPR/Resuscitation Discontinued	The reason that CPR or the resuscitation efforts were discontinued.	E11_10
eArrest.17	Cardiac Rhythm on Arrival at Destination	The patient's cardiac rhythm upon delivery or transfer to the destination	E11_11
eArrest.18	End of EMS Cardiac Arrest Event	The patient's outcome at the end of the EMS event.	n/a
eHistory.01	Barriers to Patient Care	Indication of whether or not there were any patient specific barriers to serving the patient at the scene.	E12_01
eHistory.08	Medical/Surgical History	The patient's pre-existing medical and surgery history of the patient.	E12_10
eHistory.12	Current Medications	The medications the patient currently takes.	E12_14
eHistory.17	Alcohol/Drug Use Indicators	Indicators for the potential use of alcohol or drugs by the patient related to the patient's current illness or injury.	E12_07
eNarrative.01	Patient Care Report Narrative	The narrative of the patient care report (PCR).	E13_01
eVitals.01	Date/Time Vital Signs Taken	The date/time vital signs were taken on the patient.	E14_01
eVitals.02	Obtained Prior to this Units EMS Care	Indicates that the information which is documented was obtained prior to the documenting EMS units care.	E14_02
eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)	The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS personnel.	E14_03
eVitals.04	ECG Type	The type of ECG associated with the cardiac rhythm.	n/a
eVitals.05	Method of ECG Interpretation	The method of ECG interpretation.	n/a
eVitals.06	SBP (Systolic Blood Pressure)	The patient's systolic blood pressure.	E14_04
eVitals.07	DBP (Diastolic Blood Pressure)	The patient's diastolic blood pressure.	E14_05
eVitals.08	Method of Blood Pressure Measurement	Indication of method of blood pressure measurement.	E14_06
eVitals.10	Heart Rate	The patient's heart rate expressed as a number per minute.	E14_07

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
eVitals.12	Pulse Oximetry	The patient's oxygen saturation.	E14_09
eVitals.14	Respiratory Rate	The patient's respiratory rate expressed as a number per minute.	E14_11
eVitals.15	Respiratory Effort	The patient's respiratory effort.	E14_12
eVitals.16	Carbon Dioxide (CO2)	The patient's end-tidal or other CO2 level.	E14_13
eVitals.18	Blood Glucose Level	The patient's blood glucose level.	E14_14
eVitals.19	Glasgow Coma Score-Eye	The patient's Glasgow Coma Score Eye opening.	E14_15
eVitals.20	Glasgow Coma Score-Verbal	The patient's Glasgow Coma Score Verbal.	E14_16
eVitals.21	Glasgow Coma Score-Motor	The patient's Glasgow Coma Score Motor	E14_17
eVitals.22	Glasgow Coma Score-Qualifier	Documentation of factors which make the GCS score more meaningful.	E14_18
eVitals.23	Total Glasgow Coma Score	The patient's total Glasgow Coma Score.	E14_19
eVitals.26	Level of Responsiveness (AVPU)	The patient's highest level of responsiveness.	E14_22
eVitals.27	Pain Score	The patient's indication of pain from a scale of 0-10.	E14_23
eVitals.29	Stroke Scale Score	The patient's Stroke Scale Results.	E14_24
eVitals.30	Stroke Scale Type	The type of stroke pain scale used.	n/a
eVitals.31	Reperfusion Checklist	The results of the patient's Reperfusion Checklist for potential Thrombolysis use.	E14_25
eVitals.32	APGAR	The patient's total APGAR score (0-10).	E14_26
eExam.01	Estimated Body Weight in Kilograms	The patient's body weight in kilograms either measured or estimated.	E16_01
eExam.04	Skin Assessment	The assessment findings associated with the patient's skin.	E16_04
eProtocols.01	Protocols Used	The primary protocol used by EMS personnel to direct the clinical care of the patient.	E17_01
eProtocols.02	Protocol Age Category	The age group the protocol is written to address.	n/a
eMedications.01	Date/Time Medication Administered	The date/time medication administered to the patient.	E18_01
eMedications.02	Medication Administered Prior to this Units EMS Care	Indicates that the medication administration which is documented was administered prior to this EMS units care.	E18_02
eMedications.03	Medication Given	The medication given to the patient.	E18_03
eMedications.04	Medication Administered Route	The route medication was administered to the patient.	E18_04
eMedications.05	Medication Dosage	The dose or amount of the medication given to the patient.	E18_05

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
eMedications.06	Medication Dosage Units	The unit of medication dosage given to patient.	E18_06
eMedications.07	Response to Medication	The patient's response to the medication.	E18_07
eMedications.08	Medication Complication	Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS.	E18_08
eMedications.09	Medication Crew (Healthcare Professionals) ID	The statewide assigned ID number of the EMS crew member giving the treatment to the patient.	E18_09
eMedications.10	Role/Type of Person Administering Medication	The type (level) of EMS or Healthcare Professional Administering the Medication. For medications administered prior to EMS arrival, this may be a non-EMS healthcare professional.	n/a
eMedications.11	Medication Authorization	The type of treatment authorization obtained.	E18_10
eProcedures.01	Date/Time Procedure Performed	The date/time the procedure was performed on the patient.	E19_01
eProcedures.02	Procedure Performed Prior to this Units EMS Care	Indicates that the procedure which was performed and documented was performed prior to this EMS units care.	E19_02
eProcedures.03	Procedure	The procedure performed on the patient.	E19_03
eProcedures.04	Size of Procedure Equipment	The size of the equipment used in the procedure on the patient.	E19_04
eProcedures.05	Number of Procedure Attempts	The number of attempts taken to complete a procedure or intervention regardless of success.	E19_05
eProcedures.06	Procedure Successful	Indicates that this procedure attempt which was performed on the patient was successful.	E19_06
eProcedures.07	Procedure Complication	Any complication (abnormal effect on the patient) associated with the performance of the procedure on the patient.	E19_07
eProcedures.08	Response to Procedure	The patient's response to the procedure.	E19_08
eProcedures.09	Procedure Crew Members ID	The statewide assigned ID number of the EMS crew member performing the procedure on the patient.	E19_09
eProcedures.10	Role/Type of Person Performing the Procedure	The type (level) of EMS or Healthcare Professional performing the procedure. For procedures performed prior to EMS arrival, this may be a non-EMS healthcare professional.	n/a
eProcedures.13	Vascular Access Location	The location of the vascular access site attempt on the patient, if applicable.	

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
eAirway.01	Indications for Invasive Airway	The clinical indication for performing invasive airway management.	n/a
eAirway.02	Date/Time Airway Device Placement Confirmation	The date and time the airway device placement was confirmed.	n/a
eAirway.04	Airway Device Placement Confirmed Method	The method used to confirm the airway device placement.	n/a
eAirway.07	Crew Member ID	The crew member id during this EMS patient encounter at this date and time.	n/a
eAirway.08	Airway Complications Encountered	The airway management complications encountered during the patient care episode.	n/a
eAirway.09	Suspected Reasons for Failed Airway Procedure	The reason(s) the airway was unable to be successfully managed.	n/a
eDisposition.02	Destination/Transferred To, Code	The code of the destination the patient was delivered or transferred to.	E20_02
eDisposition.11	Number of Patients Transported in this EMS Unit	The number of patients transported by this EMS crew and unit.	n/a
eDisposition.12	Incident/Patient Disposition	Type of disposition treatment and/or transport of the patient by this EMS Unit.	E20_10
eDisposition.16	EMS Transport Method	Transport method by this EMS Unit.	n/a
eDisposition.17	Transport Mode from Scene	Indication whether the transport was emergent or non-emergent.	E20_14
eDisposition.18	Additional Transport Mode Descriptors	The documentation of transport mode techniques for this EMS response.	n/a
eDisposition.19	Condition of Patient at Destination	The condition of the patient after care by EMS.	E20_19
eDisposition.20	Reason for Choosing Destination	The reason the unit chose to deliver or transfer the patient to the destination.	E20_16
eDisposition.21	Type of Destination	The type of destination the patient was delivered or transferred to.	E20_17
eDisposition.22	Hospital In-Patient Destination	The location within the hospital that the patient was taken directly by EMS (e.g. Cath Lab, ICU, etc.).	n/a

V3 Element Number	V3 Element Name	V3 Element Description	V2 Number
eDisposition.24	Destination Team Pre-Arrival Activation	Activation of the Destination Healthcare Facility Team prior to EMS arrival for acute ill or injured patient.	IT10_2
eDisposition.25	Date/Time of Destination Prearrival Activation	Date/Time EMS Notified/Activated the Destination Healthcare Facility Team prior to EMS arrival for acutely ill or injured patient.	n/a
eOther.08	Crew Member Completing this Report	The statewide assigned ID number of the EMS crew member which completed this patient care report.	n/a