Virginia Department of Health

Office of Emergency Medical Services

Quarterly Report to the

State EMS Advisory Board

August 5, 2016

Executive Management, Administration & Finance

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

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MISSION STATEMENT:

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

I. Executive Management, Administration & Finance

A) Action Items before the State EMS Advisory for May 6, 2016

Motion from the Medical Direction Committee:

To remove all hours and competencies from the Paramedic requirements on TR-17 and follow the guidelines established by CoAEMSP (Committee on Accreditation of EMS Programs) and the National Registry Paramedic Portfolio.

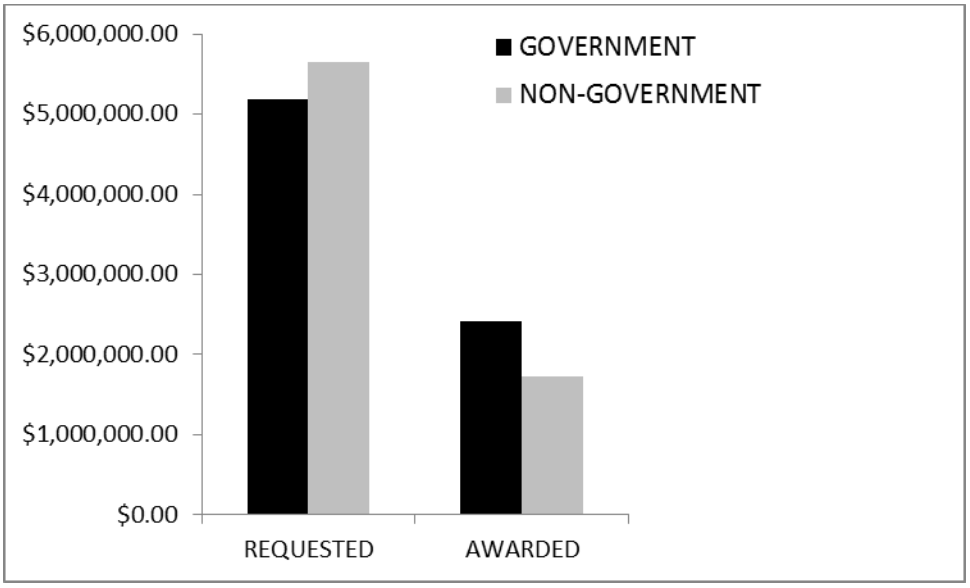
a) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)

The RSAF grant deadline for the Spring grant cycle was March 15, 2016. OEMS received 158 grant applications requesting $10,839,908.00 in funding. OEMS awarded 99 agencies funding in the amount of $4,139,351.00, 39% of RSAF requests were awarded.

Funding was awarded in the following agency categories:

- 48 Non-Government Agencies awarded $1,726,324.00
- 51 Government Agencies awarded $2,413,027.00

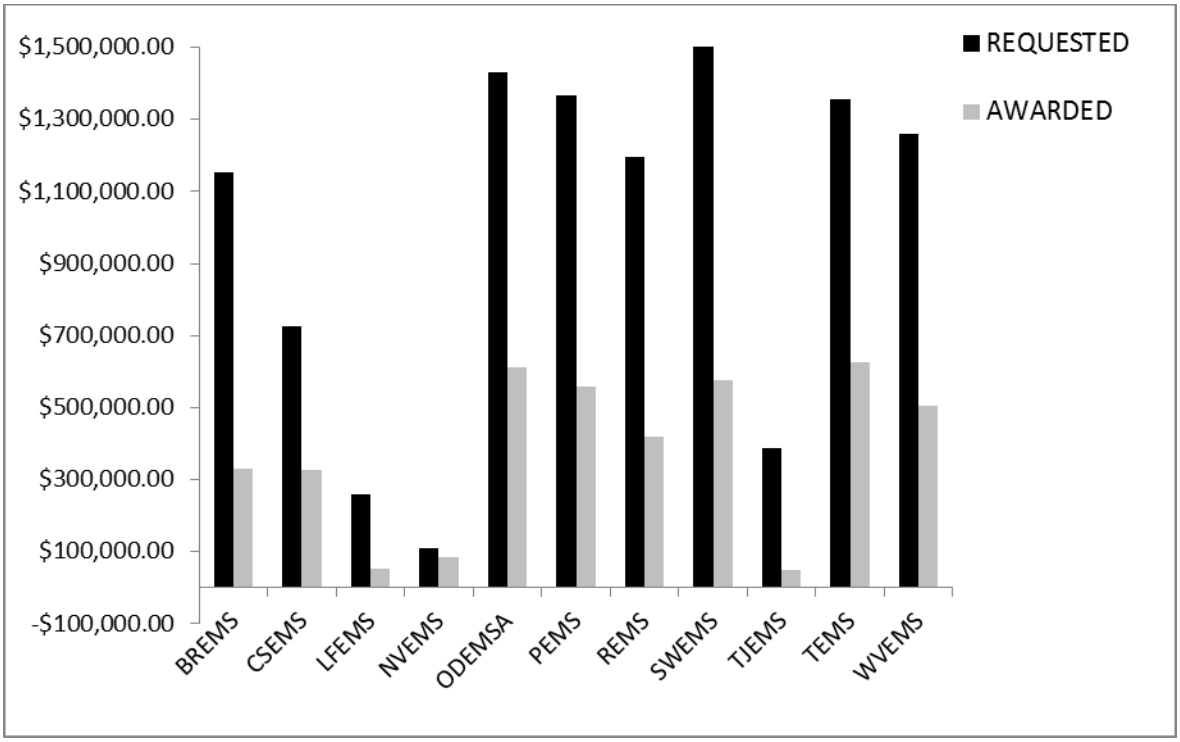
Figure 1: Requested vs Amount Awarded by Agency Category



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

- Blue Ridge – Awarded funding of $331,113.00
- Central Shenandoah – Awarded funding of $326,459.00
- Lord Fairfax – Awarded funding of $53,226.00
- Northern Virginia – Awarded funding of $83,663.00
- Old Dominion – Awarded funding of $611,877.00
- Peninsulas – Awarded funding of $556,961.00
- Rappahannock – Awarded funding of $418,478.00
- Southwestern Virginia – Awarded funding of $576,768.00
- Thomas Jefferson – Awarded funding of $48,605.00
- Tidewater – Awarded funding of $626,255.00
- Western Virginia – Awarded funding of $505,947.00

Figure 2: Requested vs Amount Awarded by EMS Regions



RSAF Grants Awarded by item categories:

- 12 –Lead – $1,113,541.00
  - Includes all 12-Lead Defibrillators.

- Audio Visual/Computer Hardware - $39,646.00
  - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.

- Communications - $23,000.00
  - Includes items for mobile/portable radios, pagers and other communications system technology.

- Emergency Operations - $66,204.00
  - Includes items such as Mass Casualty Incident (MCI), extrication equipment, rescue boat and personal protection equipment (PPE). The Emergency Operations category also includes any other equipment or items needed in order to rapidly mobilize and dispatch help in emergency situations.

- Equipment - Basic and Advanced Life Support Equipment - $596,699.00
  - Includes any medical care equipment for sustaining life, airway management, and supplies, not including 12-Lead Defibrillators.

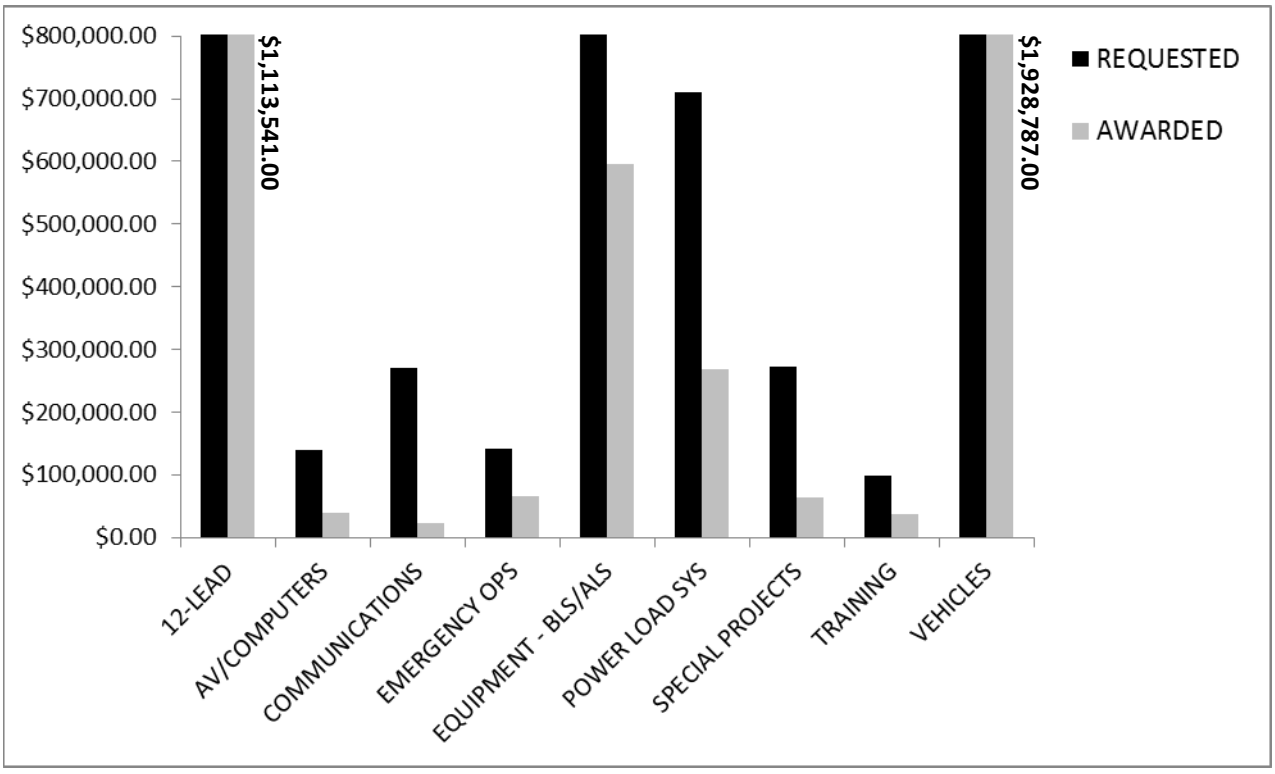
- Power Loading Systems - $268,398.00
    - Includes all power load systems and/or installation fees, not including power cots.

- Special Projects - $65,313.00
    - Includes projects such as Special Project material, Emergency Medical Dispatch (EMD), Virginia Pre-Hospital Information Bridge (VPHIB) projects and other innovative programs.

- Training - $37,764.00
    - This category includes all training courses and training equipment such as manikins, simulators, skill-trainers and any other equipment or courses needed to teach EMS practices.

- Vehicles - $1,928,787.00
    - This category includes all ambulances and one re-chassis.

Figure 3: Requested vs Amount Awarded by Item



Note: The 12-Lead category had a requested amount of $2,003,354.00 with an award amount of $1,113,541.00. The Equipment – BLS/ALS category had a requested amount of $1,172,959.00 and the Vehicles category had a requested amount of $6,027,549.00 with an award amount of $1,928,787.00. The figure represents categories up to $800,000.00 to give a clearer picture of the data.

The Fall 2016 grant cycle will begin on August 1, 2016 with a deadline of September 15, 2016; grants will be awarded January 1, 2017.

Rescue Squad Assistance Fund Emergency Grant:

Goodson-Kinderhook Volunteer Fire Department was awarded 1 Dodge Ram 4500 Ambulance (including power load system) at an 80/20 (state/agency) funding level for $177,499.20 on June 7, 2016. This agency had only one vehicle in service due to the replaced vehicle being out of service due to constant mechanical problems and eventually a blown engine. The agency having only one vehicle was a detriment to patient care.

b) EMS Voluntary Event Notification Tool (E.V.E.N.T.)

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

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

Any individual who encounters or recognizes a situation in which an EMS safety event occurred, or could have occurred, is strongly encouraged to submit a report by completing the appropriate

E.V.E.N.T. Notification Tool (Patient Safety Event, Near Miss Event, Violence Event). The confidentiality and anonymity of this reporting tool is designed to encourage EMS practitioners to readily report EMS safety events without fear of repercussion.

If you know of an event that could be reported anonymously, please take a couple minutes to report a:

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

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

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

E.V.E.N.T. also posts all reported patient safety events and aggregate reports to their Google Group. If you would like to be added to the Google Group, send an email to **clirems@gmail.com** with your name and EMS agency or affiliation. They will add you to the group within 2 business days.

Support of this online reporting tool by EMS organizations across the nation is key to its successful use. The Virginia Office of EMS is a site partner and is recognized by our logo posted on the E.V.E.N.T. site. A link to the E.V.E.N.T. site is also posted on the OEMS Web site at http://www.vdh.virginia.gov/OEMS/EO/EVENT.htm. EMS agencies that already have internal reporting processes are asked to also submit their incidents into E.V.E.N.T.

Visit www.emseventreport.com for more information about E.V.E.N.T.

c) Selected Highlights

- On May 19, the Office of EMS' (OEMS) Division of Emergency Operation awarded the Pentagon Operations Center with the OEMS Public Safety Answering Point (PSAP) accreditation. Through the requirements of the accreditation program, OEMS aims to promote the implementation of Emergency Medical Dispatch (EMD) protocols along with continued training and education. The application for accreditation is approved by the Communications Committee of the State EMS Advisory Board.

- On May 18, the Virginia EMS for Children program coordinator presented at the Virginia Public Health & Healthcare Academy 2016 in Portsmouth, Va. The presentation covered the Virginia Emergency Medical Services for Children Program, the Pediatric Readiness Project and the Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies (this is a tool for hospitals.)

- Fire and EMS Memorial week was observed, June 5 - 11, 2016, as proclaimed by Governor Terry McAuliffe. This week honored fire and EMS providers who bravely sacrificed their lives while serving and protecting the citizens of Virginia. The Annual Virginia Fallen Firefighters and EMS Memorial Service was held on June 4, 2016 at the Richmond International Raceway. State Health Commissioner Marissa J. Levine, MD, MPH, FAAFP along with staff members from the Virginia Office of EMS were in attendance.

- On Wednesday, June 29, the Office of EMS opened general registration for the 37th Annual Virginia EMS Symposium. The Virginia EMS Symposium offers more than 270 courses and 14 course tracks that help participants meet their continuing education needs and maintain their EMS certification. Classes are also applicable to nurses and physicians. This EMS training event is the largest of its kind in Virginia and one of the largest in the nation.

- The Office of EMS' Health and Medical Emergency Response Team Coordinator conducted a train-the-trainer program for the Traffic Incident Management course in Roanoke. The program focuses on actions that responders can take to maintain their safety while operating at a roadway incident. Unlike many other courses, the Traffic Incident Management course brings together representatives from all response agencies including fire, police, EMS, VDOT and two operators. The train-the-trainer course allows attendees to teach the program across the Commonwealth to increase education and responder safety. This is one of five train-the-trainer programs that have been conducted in Virginia this year.

d) National EMS Weekend of Honor

The National EMS Memorial Service, the National EMS Memorial Foundation, and the National EMS Memorial Bike Ride paid tribute to 32 fallen EMS and air medical providers from 15 states during the 2016 National EMS Weekend of Honor on May 20-22 at the Hyatt Regency Crystal City at Reagan National Airport, 2799 Jefferson Davis Highway in Arlington, Va. There were many activities and events during the three-day 2016 National EMS Weekend of Honor, including events that the public and media were invited and encouraged to attend as a show of support for the selfless service and sacrifice of the 2016 honorees.

EMS on the National Scene

II. EMS On the National Scene

National Association of State EMS Officials (NASEMSO)

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

a) NASEMSO Offers New Crosswalk of Ambulance Vehicle Standards

NASEMSO's AVL Committee (Chaired by Mike Berg) offered a new crosswalk of ambulance vehicle standards offered by the Government Services Administration ("KKK Specs"), the National Fire Protection Association (NFPA), and Ground Vehicle Standards offered by the Commission on Accreditation of Ambulance Services (CAAS). Please reference the table below:

Comparison overview of KKK/NFPA/CAAS ambulance vehicle standards:

Requirement	KKK-A-1822F	NFPA 1917, 2016	CAAS GVS v.1.0
AMD testing to verify compliance	AMD Tests #1, #4-26 required	AMD tests 1, 4-6, 8, 10-12, 15-16, 18, 21, 24-25, 27 required	AMD Tests #1, #4-26 required
Payload requirement	Type II 1,500 pounds before options; Type I/III 1,750 pounds before options; Type	Finished vehicle weight plus permanently mounted equipment. Loose equipment as	All Types 1,300 pounds minimum, payload after all options

	I/III AD 2,250 pounds before options	specified by purchaser Type I, 750 lbs.; Type I-AD, 1,250 lbs.; Type II, 500 lbs.; Type III, 750 lbs.; Type III-AD, 1,250 lbs. 171 lbs. times number of seat-belted positions, 171 lbs. patient, cot 100 lbs. or Power cot 250 lbs. plus 200 lbs. spare.	
Vehicle type certification	Proof of compliance and complete certification testing by ISO-approved laboratory is required for each type	Third party testing required for some parts of standard	Proof of compliance and complete certification testing by ISO-approved laboratory is required for each type
Occupant payload calculations	Weight calculated at 175 lbs./person	Weight calculated at 171 lbs./person	Weight calculated at 171 lbs./person
Vehicle cold start	AMD 022 or chassis manufacturer certification	Requires own test	AMD 022 or chassis manufacturer certification
Engine hourmeter	Optional	Required	Optional
Suspension clearance angles	Approach: 20 degrees; Breakover: 10 degrees; Departure: 10 degrees	Approach: 10 degrees; Breakover: 10 degrees; Departure: 10 degrees	Approach: 20 degrees; Breakover: 10 degrees; Departure: 10 degrees
Tire pressure monitor	Optional	Visual indicator or monitor required	Optional
CO monitor	Testing per AMD 007 required	Monitor required	Testing per AMD 007 required

Bulkhead/Partition	Bulkhead with latchable door (Type III only)	Bulkhead with window	Bulkhead with window required and sliding door optional (Type III only)
Floor loading height	Maximum is 34"	Maximum suggested load height 34”	Maximum is 34"
Access handrails	Grab handle on inside of each door or adjacent body structure	Interior or exterior grab handles on cab and patient compartment at each step location	Grab handle on inside of each door and recessed overhead grab rail required
Required door openings	Two doors required—minimum dimensions provided	Two means of escape required—minimum size 30" x 46"	Rear and side doors required—minimum dimensions provided
Floor testing requirements	AMD 20 floor deflection test required to prove floor load capacity	ASTM E661 compliance required	AMD 20 floor deflection test required to prove floor load capacity
Equipment stowage criteria	Minimum 35 cubic feet of interior storage; all devices to be fastened to manufacturers’ req.	All equipment 3 lbs. or more to be mounted or stored in enclosure or bracket	Purchaser to specify stowage requirements
Cabinet storage load	Not specified, pending SAE requirements	Each cabinet to be labeled with max load	Not specified, pending SAE requirements
Equipment mounting and retention	Per equipment manufacturer’s recommendation	SAE J3043 required	Oxygen mounts and fire extinguishers shall meet SAE J3043

Communication devices	Optional	Communication devices installed in patient compartment shall be within reach of EMSPs while seated and restrained	No requirement
Seat belt requirements	Seat belts must meet all FMVSS, AMD and SAE J3026 requirements	Meet all required FMVSS and requires special length type I or type II seat belts for vehicles with a GVWR of 19,500 or more	Seat belts must meet all FMVSS requirements
Access to patient	Primary attendant seat min 25" from head of cot	Seat to cot dimension provided to allow multiple cot positions	Primary attendant seat min 25" from head of cot
Seat belt warning	“Fasten Seat Belt” label required	Seat belt monitoring system required with visual and audible alarms in cab and pt compartment	“Fasten Seat Belt” label required
Main electrical printed circuit board	Certified to “Class 3 life support” standard	Non life-saving systems certified to Class 2 commercial/industrial assy. std.Life-saving systems certified to Class 3 life support std.	Certified to “Class 3 life support” standard
Wire harness protective loom	300 degree F maximum rated	194 degree F minimum continuous-rated	300 degree F maximum rated
Warning lights	KKK, SAE or NFPA configuration acceptable	NFPA zone lighting or KKK acceptable	Purchaser to specify

Ground lighting under vehicle	Step wells to be illuminated	Under-body lighting required at all step/access points	Step wells to be illuminated
Exterior compartment lighting	Requires exterior compartments to be lighted	Each exterior compartment greater than 4 ft^3 or opening greater than 144 $in.^2$ shall have minimum of 1 fc at any location	Requires exterior compartments to be lighted
Warning indicators	"DOOR NOT CLOSED" light	"DO NOT MOVE" light attached to open door, equipment rack not stowed, or attached device open or deployed	"DOOR NOT CLOSED" light
Generator requirements	Not specified	Detailed requirements for generators under 11 hp	Not specified
Reflective striping	6"–14" orange reflective stripe around body or equivalent	Min 6" reflective stripe or combination design on 25% length of cab and 75% length of body	Purchaser to specify
Chevrons	Optional	50% of rear (excluding glass) reflective with any design; chevrons optional	Purchaser to specify

b) USDOT Expands Takata Air Bag Inflator Recalls; Affects EMS Ambulances

The United States Department of Transportation's National Highway Traffic Safety Administration is expanding and accelerating the recall of Takata air bag inflators. The decision follows the agency's confirmation of the root cause behind the inflators' propensity to rupture.

Ruptures of the Takata inflators have been tied to ten deaths and more than 100 injuries in the United States. NHTSA and its independent expert reviewed the findings of three independent investigations into the Takata air bag ruptures and confirmed the findings on the root cause of inflator ruptures.

A combination of time, environmental moisture and fluctuating high temperatures contribute to the degradation of the ammonium nitrate propellant in the inflators. Such degradation can cause the propellant to burn too quickly, rupturing the inflator module and sending shrapnel through the air bag and into the vehicle occupants. Several EMS agencies have received recall notices in the wake of the expanded recall.

The Fiat Chrysler recall specifically warns EMS agencies that the parts required to provide a permanent remedy for this condition are currently not available. Due diligence is encouraged for state regulators and EMS managers to evaluate fleet vehicles and implement strategies that best supports safety and performance for the populations served. For all vehicles, NHTSA provides a recall look-up page using the Vehicle Identification Number. For more information on the expanded recall go to: https://www.transportation.gov/briefing-room/us-department-transportation-expands-and-accelerates-takata-air-bag-inflator-recall.

c) COMMUNITY PARAMEDICINE - NAS: A Framework for Educating Health Professionals to Address the Social Determinants of Health

The World Health Organization defines the social determinants of health as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life." These forces and systems include economic policies, development agendas, cultural and social norms, social policies, and political systems.

Educating health professionals in and with communities negatively affected by the social determinants of health can generate awareness among those professionals about the potential root causes of ill health, contributing to more effective strategies for improving health and health care for underserved individuals, communities, and populations. This is the context in which the expert committee of the National Academies of Sciences, Engineering, and Medicine developed a high level framework for educating health professionals to address the SDH. The committee's framework aligns education, health, and other sectors to better meet local needs in partnership with communities. For more information go to: http://nationalacademies.org/hmd/reports/2016/framework-for-educating-health-professionals-to-address-the-social-determinants-of-health.aspx.

d) DOMESTIC PREPAREDNESS - NTSB Presents Findings from Investigation of 2015 Amtrak Derailment in Philadelphia

During a recent hearing of the National Transportation Safety Board (NTSB), investigators found that the practice of the Philadelphia Police Department to "scoop and run" victims of the Amtrak derailment instead of waiting for EMS, resulted in no significant negative outcomes in spite of the fact that the practice was inconsistent with CDC Field Triage Guidelines and the distribution of trauma victims by police disproportionately affected area hospitals. Several national EMS organizations, including NASEMSO, are being encouraged by the NTSB to review the practice. For more information go to: http://www.ntsb.gov/investigations/Pages/2015_philadelphia_pa.aspx.

e) 2016 National Health Security Preparedness Index Released

The Robert Wood Johnson Foundation has released the 2016 National Health Security Preparedness Index. The 2016 Index is the third in a series of annual releases of data and analysis on national health security and preparedness and showed that the nation's preparedness for public health emergencies is improving. The index, which assesses all 50 states for emergency preparedness and health security, showed the United States scoring 6.7 on a 10-point scale for preparedness, an improvement of 3.6 percent since the Index began three years ago.

Using more than 100 different measures, ranging from flu vaccination rates, number of hospitals, and presence of food inspection programs; to infrastructure and planning measures such as participation in drills by public health laboratories, percentage of people covered by wireless 911, and hazard planning for public schools, the Index provides a composite score that reflects the most comprehensive picture of health security preparedness available. The Index found that the nation's health protections are not distributed evenly across the U.S., with a preparedness gap of 36 percent between highest and lowest states in 2015. A total of 18 states achieved Preparedness Index levels that significantly exceeded the national average in 2015, with many of these leading states located along the Eastern seaboard or clustered in the Upper Midwest and Southwestern United States. For more information about the National Health Security Preparedness Index, visit: nhspi.org.

f) NIOSH Issues Warning About Counterfeit N95 Respirators

The National Institute for Occupational Safety and Health (NIOSH) has become aware of a counterfeit N95 Respirator on the market. The manufacturer Zubi-Ola is selling N95 respirators and marketing them as NIOSH-approved even though Zubi-Ola is not a NIOSH approval holder or a private label holder. In addition, NIOSH was made aware of manufacturers misrepresenting the NIOSH-approval. These manufacturers include:

- Wein Products- All approvals for Wein Products were rescinded in 2011. However, the manufacturer's website continues to state the ViraMask N99ESC is certified by NIOSH. View the user notice announcing the rescission.

- Steelpro Safety- Steelpro Safety is a private label holder of Fido Masks. In 2014, Fido rescinded the certificates of approval for their respirators, but Steelpro's website continues to state that respirator models, F720V and F333V, meet NIOSH standards. View the user notice announcing the rescission.

- Handan Hengyong- All certificates of approval for Handan Hengyong were voluntarily rescinded as of September 2014. Handan Hengyong continues to include information on its website misleading end users to believe that their respirators are NIOSH-approved. View the user notice announcing the rescission.

NIOSH contacted these manufacturers and requested they remove all misleading information from their website including all references to NIOSH and to 42 CFR 84. Additional information is available on the NIOSH website: http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource.html.

g) PEDIATRIC EMERGENCY CARE - AAP Updates Terminology in New CPG

The American Academy of Pediatrics (AAP) has published a Clinical Practice Guideline (CPG) that recommends the replacement of the term "apparent life-threatening event" (ALTE) with a new term, "brief resolved unexplained event" (BRUE). It also provides an approach to evaluation and management that is based on the risk that the infant will have a repeat event or has a serious underlying disorder. According to the AAP Executive Summary, "Clinicians should use the term BRUE to describe an event occurring in an infant younger than 1 year when the observer reports a sudden, brief, and now resolved episode of ≥1 of the following: (1) cyanosis or pallor; (2) absent, decreased, or irregular breathing; (3) marked change in tone (hyper- or hypotonia); and (4) altered level of responsiveness. Moreover, clinicians should diagnose a BRUE only when there is no explanation for a qualifying event after conducting an appropriate history and physical examination." For more information go to: http://pediatrics.aappublications.org/content/137/5/e20160591.

h) IPSTA Offers Electronic Toolkit on Fire-Based EMS

The Third Edition of the Fire Service-Based EMS Electronic Tool Kit provides fire service managers and firefighter union officials with the latest information on fire service-based emergency medical services. It includes three separate sections: Section One provides information and tools related to fire service-based EMS in general; Section Two provides specific information and tools directly related to the impact of the federal Patient Protection and Affordable Care Act (PPACA) and Integrated Community Health Care Programs (ICHCP) on fire service-based EMS; and Section Three provides critical information related to policies and practices for responding to incidents involving violence. This resource is provided as a cooperative effort between the International Association of Fire Chiefs (IAFC), the International Association of Fire Fighters (IAFF), the Metropolitan Fire Chiefs Association, the Congressional Fire Service Institute (CFSI), and the International Fire Service Training Association (IFSTA).

You can download the newest edition at: http://www.fireengineering.com/mwg-internal/de5fs23hu73ds/progress?id=AaN-b_iu2lpCTarNE1AGLq1zPg27mXj7E8QhAkUmefQ,

i) **Greene, J. Shooting Episodes Prompt Cooperation Between EMS and Police, With an Assist From Emergency Medicine.**

Annals of Emergency Medicine , Volume 67 , Issue 5 , A13 - A15. The increasing number of mass shooting incidents in the United States—and the unwelcome prospect of gunshot victims bleeding out while the scene is made secure for paramedics—is fueling new coordination between law enforcement and emergency medical services (EMS) to speed up medical care for survivors. Some of this effort is being overseen by emergency physicians who act as medical directors for EMS or police departments. A few of those emergency physicians also train with law enforcement and respond alongside the SWAT team, gun in hand. Go to: http://www.annemergmed.com/article/S0196-0644(16)00120-7/fulltext.

Educational Development

III. Educational Development

Committees

A. **The Training and Certification Committee** (TCC): The Training and Certification Committee met on Wednesday, July 6, 2016. There are no action items.

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 met on Thursday, July 7, 2016. There is one action item for consideration. Please see **Appendix A.**

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

Advanced Life Support Program

A. Virginia I-99 students who possess National Registry certification continue to be eligible to transition to the Paramedic level after completion of a Virginia approved Paramedic program. Paramedic programs can award experiential credit. The National Registry transition process will end in 2018/2019 when their last certification cycle with National Registry expires as referenced in B below.

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

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

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

E. Continuing education requirement changes were implemented on July 11, 2016. All CE has been moved to the new categories and each provider's CE report has been updated with new recertification requirements. EMS providers who gained recertification eligibility under the old CE process, maintain their eligibility until recertified at which time they will be required to meet the new continuing education requirements. EMS providers expiring in July, August or September 2016 who have not met recertification requirements are being granted an extension of certification until October 31, 2016. These providers will receive by mail a new certification card reflecting the new expiration date.

Basic Life Support Program

A. Education Coordinator (EC) Institute

1. The second EC Institute of 2016 was held in conjunction with the VAVRS Rescue College in Blacksburg, June 11-15th. Seventeen (17) new EC's were certified.
2. The next EC psychomotor exam is scheduled for August 13, 2016 in the Richmond Area. Fourteen (14) candidates have been invited.
3. EMS Providers interested in becoming an Education Coordinator please contact Mr. Greg Neiman, BLS Training Specialist by e-mail at Gregory.Neiman@vdh.virginia.gov
4. A schedule of the various deadlines and EC Institutes can be found on the OEMS website at: http://www.vdh.virginia.gov/OEMS/Training/BLS_InstructorSchedule.htm

B. EMS Educator Updates:

1. For 2016, the Division of Educational Development will continue to provide in-person Educator Updates in the various EMS Council regions.
2. Updates were held in the TJEMS Region on Saturday, May 14th and the WVEMS Region on Saturday June 11th.
3. With the success of the Friday Update held in the Western Virginia EMS Council region in June of 2015 and at the request of our educators, the Office will offer two Friday Updates in addition to the normal Saturday Updates. The first was on Friday, January 29th at Henrico Fire in the ODEMSA region and the second will be on Friday, September 9th at the Fairfax County Fire Training Center. Both are scheduled from 1-5pm.

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

EMS Training Funds

FY 15

	Commit $	Payment $	Balance $
Emergency Ops	$2,480.00	$540.00	$1,940.00
BLS Initial Course Funding	$736,780.50	$354,540.52	$382,239.98
EMT Initial Course	$4,284.00	$0.00	$4,284.00
BLS CE Course Funding	$59,300.00	$32,663.80	$26,636.20
Category 1 CE Course	$1,680.00	$0.00	$1,680.00
ALS CE Course Funding	$146,335.00	$66,263.75	$80,071.25
BLS Auxiliary Program	$90,625.00	$17,960.00	$72,665.00
ALS Auxiliary Program	$552,376.00	$141,720.00	$410,656.00
ALS Initial Course Funding	$1,009,204.00	$591,193.05	$418,010.95
	$0.00	$2,982.00	($2,982.00)
Totals	**$2,603,064.50**	**$1,207,863.12**	**$1,395,201.38**

FY 16

	Commit $	Payment $	Balance $
BLS Initial Course Funding	$0.00	$47,893.77	($47,893.77)
EMT Initial Course	$660,348.00	$230,482.66	$429,865.34
BLS CE Course Funding	$0.00	$5,320.00	($5,320.00)
Category 1 CE Course	$143,555.00	$40,950.00	$102,605.00
ALS CE Course Funding	$0.00	$8,251.25	($8,251.25)
Auxillary Course	$471,200.00	$78,200.00	$393,000.00

BLS Auxillary Program	$0.00	$4,455.00	($4,455.00)
ALS Auxillary Program	$0.00	$39,360.00	($39,360.00)
ALS Initial Course	$1,067,940.00	$376,172.05	$691,767.95
ALS Initial Course Funding	$0.00	$119,768.74	($119,768.74)
Totals	**$2,343,043.00**	**$950,853.47**	**$1,392,189.53**

FY 17

The process to select recipients and award Emergency Medical Services Training Fund is changing in order to comply with Virginia's procurement process. The Office is currently working on the restructuring process so that we can award the funds as soon as possible.

EMS Education Program Accreditation

A. EMS accreditation program.

1. Emergency Medical Technician (EMT)

   a) One year follow-up visit is being scheduled for Chesterfield Fire/EMS to review their paperwork and offer guidance for continued accreditation.

2. Advanced Emergency Medical Technician (AEMT)

   a) The one year follow-up visit is scheduled for Frederick County Fire and Rescue for late July to review their paperwork and offer guidance for continued accreditation.

3. Intermediate – Reaccreditation

   a) Norfolk Fire EMS re-accreditation site visit is scheduled for July 20.

4. Intermediate – Initial

   a) No new accreditation packets have been received.

5. Paramedic – Initial

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

b) Rappahannock Community College will have their site visit from CoAEMSP in November, 2016.
c) ECPI has been granted a Letter of Review from CoAEMSP.

6. Paramedic – Reaccreditation

a) American National University in Salem, VA has placed their accreditation status on hold for a period of two years.

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

1. http://www.vdh.state.va.us/OEMS/Training/Accreditation.htm

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

National Registry

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

NREMT Initial Certification Fees effective January 1, 2017

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

On Line EMS Continuing Education

Distributive Continuing Education

Certified Virginia EMS providers can receive free OEMS produced EMSAT continuing education courses on your home or station PCs. Fifty to sixty EMSAT programs are available at no cost to Virginia EMS providers on the CentreLearn Solutions LLC website. For specifics, please view the instructions listed under Education & Certification, EMSAT Online Training. For more information on EMSAT, including schedule and designated receive sites, visit the OEMS Web page at: http://www.vdh.virginia.gov/OEMS/Training/WebBasedCE.htm

EMSAT

August 17	Best Oxygen Administration Practices Cat. 1 ALS Area 16, Cat. 1 BLS Area 11 George Lindbeck, MD
September 21	Head Injuries and Concussion Cat. 1 ALS Area 18, Cat. 1 BLS Area 13 Becky Anhold, NRP, AT
October 19	Congestive Heart Failure Cat. 1 ALS Area 17, Cat. 1 BLS Area 12 Tseday Sirak, MDTseday

Consolidated Test Sites (CTS)

A. 42- CTS, 1- EMT accredited course and 16- ALS psychomotor test sites were conducted from April 20, 2016 through July 12, 2016.

B. The vacant OEMS Test Examiner position in Northern Virginia is currently in the hiring process. Additional open positions in the Western/Southwestern and ODEMSA regions will be advertised after the Northern Virginia positions are filled. Hiring for these positions continues to be delayed due to hiring vacant essential full time OEMS office positions.

C. The updated Psychomotor Examination Guide (PEG) was released on July 1, 2016. The PEG and a document highlighting the changes are available on the OEMS webpage http://166.67.66.226/OEMS/Training/CTS/CTSAdministration.htm

D. Current Psychomotor Examination scenarios are currently under revision.

E. OEMS National Registry Examiners attended an update session in May covering the changes to the National Registry paramedic psychomotor examination.

F. The Office plans to schedule a webinar to explain the changes that will occur in the National Registry of EMTs Paramedic psychomotor examination process effective January 2017. The webinar will include all accredited paramedic programs, National Registry test representatives, and hopefully a representative from National Registry to introduce this new initiative.

G. The office is also investigating an initiative to purchase and provide standardized first-in-bag and equipment for the new scenario based National Registry paramedic examination. This initiative is aimed at providing the materials needed for the first-in-bag and equipment contents in order to comply with the National Registry requirements.

Other Activities

- Debbie Akers continues to participate on the NASEMSO Community Paramedicine-Mobile Integrated Health committee and webinars offered by the Community Paramedicine Insights Forum (CPIH).

- Debbie Akers is serving as the staff liaison to a Mobile Integrated Healthcare workgroup. The workgroup has representation from the following: Fire based EMS, EMS OMD, ED Physician, EMS Administrator, EMS Provider, Regional EMS Councils, Hospital Accountable Care Organizations, Pediatrics, Commercial EMS, VDH Licensure, Primary Care Physician, VHHA, DMAS, VA Assoc. for Home Care and Hospice and the VA Assoc. for Hospices and Palliative Care. The workgroup Chair is Dr. Allen Yee.

- Warren Short continues participating with the NASEMSO's Education and Professional Standards Committee's (EPSC) monthly conference calls.

- Greg Neiman continues to participate on the Autism Public Safety Workgroup working toward improving EMS and Fire interface when responding to a patient with autism. The next meeting is scheduled for Thursday, August 25, 2016 at the Commonwealth Autism Office in Richmond.

- Greg Neiman represented the Office at the initial meeting of the Law Enforcement Advisory Committee on Special Populations at the Department of Criminal Justice Services on June 27, 2016. The Committee is interested in creating a Law Enforcement Response to Special Populations course which will include topics on Developmental Disabilities, Alzheimer's, Mental Health First Aid and Crisis Response Training. This Committee was created as a result of work in the Autism Public Safety Workgroup.

- Warren Short participated on the Virginia Department of Fire Programs' FY17 Conference and Education Grant Review Panel.

- The office's National Registry Representatives participated in a National Registry update and a Scenario Development Workshop in Fairfax on May 17 through May 19.

Emergency Operations

IV. Emergency Operations

Operations

- **Status of Triage in Virginia**

The Division of Emergency Operations continued to investigate and prepare for the transition from START triage system to the SALT system. The transition plans include a roll-out of new course materials, development of additional educational materials (i.e. flyers and posters) for agencies, development of new triage tags, and the necessary modifications to regulatory language. As part of the efforts, Karen Owens, Emergency Operations Manager, continued dialogue with members of the Medical Direction Committee to ensure they understood the efforts of the Division (and office) to provide a coordinated release of information and materials to ensure consistency among first responders.

- **Virginia-1 DMAT**

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

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

Karen Owens, Emergency Operations Manager, continued to participate in meetings focused on the redevelopment of the SIEC charter. Over the course of three meetings held on May 2, May 9, and May 25, Karen participated in review of the draft charter and approval of the charter. The meetings, attended by representatives of public safety entities across the Commonwealth are designed to restructure and recommit the SIEC to activities associated with continuing interoperability within with Commonwealth.

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

Over the course of this quarter, Winnie Pennington, Emergency Planner participated in multiple meetings and training sessions to develop and pilot new training for Virginia Department of Health personnel that serve as members of the Virginia Emergency Support Team (VEST). Her activities included:

- Met with James Sclater, PHP Training Coordiantor, on June 28, 2016 to continue development of Powerpoint for training of new and existing VEST members.
- Participated in a polycom on May 10, 2016 with members of the Office of Emergency Preparedness and Office of Risk Communication and Education to discuss development of new VEST Staff training material.
- Along with Karen Owens, Emergency Operations Manager, participated in a Virginia Department of Emergency Management (VDEM) sponsored VEST meeting spotlighting new procedures on May 20, 2016.

- **Vice Presidential Debate**

During this quarter, Karen Owens, Emergency Operations Manager, participated in multiple meetings to develop Incident Action Plans for medical response to potential events during the 2016 Vice Presidential Debate. The event, being held at Longwood University, is expected to bring thousands of attendees and will put a significant strain on the medical system. The meetings provided participants an opportunity to discuss medical needs and develop plans for medical response. Mrs. Owens provided information on regulatory issues and state resources that could be made available. Additionally she shared request processes and best practices to support local efforts.

- **National Disaster Medical System (NDMS) Table Top**

Karen Owens, Emergency Operations Manager, and Frank Cheatham, HMERT Coordinator, participated in the NDMS Table Top exercise hosted by Chesterfield County on June 6, 2016. The exercise brought together various representatives from local and state agencies to discuss actions during an NDMS event at Chesterfield Airport. The meeting is part of efforts to prepare for the 2017 NDMS exercise.

- **Active Shooter**

The Division of Emergency Operations continues to work on the development of resources for EMS agencies as it relates to response to active shooter/hostile environments. Part of the efforts during this quarter included a meeting with Jeff Stern, Director of the Virginia Department of Emergency Management (VDEM), to discuss potential assistance VDEM can provide in bringing together all responders to develop recommended best practices for agencies to consider in response planning.

Committees/Meetings

- **EMS Communications Committee**

The EMS Communications Committee met on Friday, May 6, 2016 in Glen Allen Virginia in conjunction with the Virginia EMS Advisory Board meeting. During this meeting Mr. Crumpler proposed to the committee updating requirements for licensed EMS vehicles in Virginia to include designated interoperability frequencies specified in the National Interoperability Field Operators Guide (NIFOG).

OEMS PSAP Accreditation applications from King & Queen Co. 911 and the Pentagon Operations Center were accepted and approved by the committee.

- **Provider Health and Safety Committee**

Karen Owens, Emergency Operations Manager, and Connie Green, Emergency Operations Assistant Manager, met with the Provider Health & Safety Committee on May 6, 2016. The National EMS Fatigue project was discussed in detail along with CISM, the monthly safety bulletins, and the EMS Safety Officer Program plans.

- **Emergency Management Committee**

Karen Owens, Emergency Operations Manager, Connie Green, Emergency Operations Assistant Manager, and Winnie Pennington, Emergency Operations Planner, attended the Emergency Management Committee meeting on May 5, 2016. The committee discussed the SALT/MUCC training for EMS providers and triage methodologies.

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

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

Frank Cheatham, HMERT Coordinator, also represented NASEMSO at a meeting at Federal Highway on the TIM Program on May 13, 2016 in Washington, DC.

- **Strategic Highway Safety Plan**

Frank Cheatham, HMERT Coordinator, serves on the SHSP Steering Committee and has participated in several conference calls working on the update for the SHSP plan. He hosted the meeting in June here at OEMS. He has been assigned to a workgroup within the Steering Committee. These focus of the meetings is development of updates for the 5 year plan.

- **MCI Planning Meeting**

Frank Cheatham, HMERT Coordinator, attended along with Karen Owens, Emergency Operations Manager, a meeting at the Miller-Coors Plant to discuss MCI plans and what would be needed for a drill and tabletop exercises.

- **International Academy of Emergency Dispatch/Navigator Conference**

Ken Crumpler, Emergency Communications Coordinator, attended the Navigator conference hosted by the International Academy of Emergency Dispatch April 26-30, 2016 in Washington D.C. This is an annual conference with a focus on ongoing emergency telecommunicator/dispatcher training and new technologies in the 911 public safety communications industry.

- **Traffic Incident Management Committees**

Frank Cheatham, HMERT Coordinator, represented the Office of EMS at the Statewide TIM Committee Meeting held at Virginia State Police Headquarters on June 23, 2016. Mr. Cheatham also attends the Richmond Metro TIM group meetings as well as serving on the Executive TIM Group for the Richmond TIM Committee.

Karen Owens, Emergency Operations Manager, participated in the Traffic Safety Workgroup of the State Traffic Incident Management Committee on May 10, 2016. The committee discussed potential changes to different state code to improve worker safety during response to roadway incidents.

- **Vehicle Rescue Program**

On May 17, 2016, Karen Owens, Emergency Operations Manager, met with the Department of Fire Programs (DFP) Heavy Technical Rescue Chief, Jamey Brads to discuss the ongoing relationship between the two offices as it relates to vehicle rescue training. The discussion included updating the MOU and transferring ownership of the OEMS trailers used to support HTR training to DFP.

Training

- **Public Health Preparedness Academy**

Winnie Pennington, Emergency Planner attended the Public Health Preparedness Academy in Portsmouth on May 17-18, 2016.

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

Frank Cheatham, HMERT Coordinator, continues to work with the TIM program. He has coordinated an additional Train the Trainer Classes held on June 14-15 in Abingdon, June 28-29 in Roanoke, July 12-13 in Chesapeake, and July 19-20 in Charlottesville. Additionally he continues to ensure TIM courses offered across the Commonwealth are posted on the OEMS website.

- **OEMS VEST Training**

Members of the Office of EMS trained to serve on the VEST participated in the new VDH VEST Training sessions held on July 21 and July 26, 2016. The training provides updates on the VDH playbook and gives VEST members an opportunity to utilize tools at the EOC to refresh their training.

- **VDH HAN/Everbridge Training**

Winnie Pennington, Emergency Planner, Frank Cheatham, HMERT Coordinator and Ken Crumpler, Emergency Communications Coordinator, participated in a VDH HAN/Everbridge webinar on June 21, 2016 and a HAN Manager/Dispatcher polycom on June 23, 2016. Karen Owens, Emergency Operations Manager, participated in the Han/Everbridge webinar on June 21 as well.

- **Rider Alert Training**

Ken Crumpler, Emergency Communications Coordinator, represented the OEMS endorsed motorcycle safety program on May 14, 2016 at Virginia International Raceway in Alton Virginia and on June 11, 2016 at the “Back Of the Dragon” motorcycle event in Tazewell, Virginia. He taught an abbreviated class of motorcycle crash awareness at Mary Washington Hospital in Fredericksburg Virginia on May 16, 2016 at the invitation of Mary Washington Hospital’s EMS Coordinator as part of their trauma education program.

Communications

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

PSAP Accreditation presentations were made to the Winchester City Council for Winchester 911 on Tuesday, May 10, 2016 and to the Pentagon Operations Center on Thursday, May 19, 2016.

- **APCO/NENA**

Ken Crumpler, Emergency Communications Coordinator, attended the NENA/APCO conference in Virginia Beach May 4-5, 2016. He met with the APCO ProCHRT subcommittee to discuss ongoing efforts to promote emergency medical dispatch (EMD).

Critical Incident Stress Management (CISM)

- **CISM Regional Council Reports**

During this reporting quarter Regional Council CISM teams reported 10 events, including education sessions, training classes, meetings, and debriefings (both group and one-on-one).

Planning and Regional Coordination

V. Planning and Regional Coordination

Regional EMS Councils

Regional EMS Councils

The Regional EMS Councils have submitted their FY16 Fourth Quarter contract reports throughout the month of April, and these deliverables are under review. OEMS has transitioned from Lotus Notes to a web based reporting application for use by the regional EMS Councils to submit quarterly deliverables. OEMS Staff attended regional EMS Council Awards programs throughout the quarter.

Regional EMS Council Designation

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

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

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

The site review team consisted of the following individuals:

- Randy P. Abernathy
  Deputy Chief (Retired), Hanover County Fire & EMS
  Past Vice-Chair, State EMS Advisory Board.

- Robert A. Brown
  Assistant Chief (Retired), Albemarle County Fire & Rescue
  Past Chair – Financial Assistance Review Committee
  Past Training Coordinator, Peninsulas EMS Council

- Maria Herbert
  Business Consultant
  MCH Consulting Services, LLC

- Larry A. Oliver
  Deputy Chief, Frederick County Fire and Rescue Department
  Past Member, State EMS Advisory Board
  Vice President, Lord Fairfax EMS Council

- Christina J. Skinner
  EMS Coordinator, Mary Washington Healthcare
  Past Executive Director, Rappahannock EMS Council

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

Based on the applications received, and the site reviewer reports, the OEMS is recommending continued designation of Regional EMS Councils and in specified service areas as follows:

- Blue Ridge EMS Council – Service area including the counties of Amherst, Appomattox, Bedford and Campbell, and the cities of Bedford and Lynchburg.

- Central Shenandoah EMS Council – Service area including the counties of Augusta, Bath, Highland, Rockbridge and Rockingham, and the cities of Buena Vista, Harrisonburg, Lexington, Staunton and Waynesboro.

- Lord Fairfax EMS Council – Service area including the counties of Clarke, Frederick, Page, Shenandoah, Warren, and the city of Winchester.

- Northern Virginia EMS Council – Service area including the counties of Arlington, Fairfax, Loudoun, and Prince William; and the cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

- Old Dominion EMS Alliance – Service area including the counties of Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Halifax, Hanover, Henrico, Goochland, Greensville, Lunenburg, Mecklenburg, New Kent, Nottoway, Powhatan, Prince Edward, Prince George, Surry, Sussex; the cities of Colonial Heights, Emporia, Hopewell, Petersburg, Richmond, and South Boston; and the towns of Ashland, Farmville and South Hill.

- Peninsulas EMS Council – Service area including the counties of Essex, Gloucester, James City, King and Queen, King William, Lancaster; Mathews, Middlesex, Northumberland, Richmond, Westmoreland, York, and the cities of cities of Poquoson, Hampton, Newport News and Williamsburg.

- Rappahannock EMS Council – Service area including the counties of Caroline, Culpeper, Fauquier, King George, Orange, Rappahannock, Spotsylvania, and Stafford; the town of Colonial Beach and the city of Fredericksburg.

- Southwest Virginia EMS Council – Service area including the counties of Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise and Wythe and the cities of Bristol, Galax, and Norton.

- Thomas Jefferson EMS Council – Service area including the counties of Albemarle, Fluvanna, Greene, Louisa, Madison, Nelson, and the City of Charlottesville.

- Tidewater EMS Council – Service area including the counties of Accomack, Isle of Wight, Northampton, and Southampton, and the cities of Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk, and Virginia Beach.

- Western Virginia EMS Council – Service area including the counties of Alleghany, Craig, Botetourt, Floyd, Franklin, Giles, Henry, Montgomery, Roanoke, Patrick, Pittsylvania, and Pulaski; and the cities of Covington, Danville, Martinsville, Radford, Roanoke, and Salem.

The designation term is three years, and will begin following the approval of the Board of Health. The map of designated Regional EMS Councils is enclosed as **Appendix B.**

Medevac Program

The Medevac Committee is scheduled to meet on July 25, 2016. The minutes of the May 5, 2016 meeting are available on the OEMS website at http://166.67.66.226/oems/Files_Page/Medevac/Minutes/Medevac05-05-16.pdf.

The Medevac Helicopter EMS application (formerly known as WeatherSafe) continues to grow in the amount of data submitted. In terms of weather turndowns, there were 527 entries into the Helicopter EMS system in the second quarter of 2016. 61% of those entries (325 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a decrease from 559 entries in the first quarter of 2015. This data continues to reflect a dedication by helicopter EMS programs in VA to maintaining safety of medevac personnel and equipment.

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

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

- Determine if there is a greater opportunity to air transport the STEMI patient from the scene to a PCI center, and
- Determine if air transport of the STEMI patient directly from the scene to a PCI center impacts the patient's length of stay.

Anita Ashby presented STEMI study information to the state Virginia Heart Attack Coalition (VHAC) meeting in Williamsburg held on May 13.

The Committee is also evaluating the increased use of unmanned aircraft (drones), and the increased presence in the airspace of Virginia. A workgroup has been formed to raise awareness among landing zone (LZ) commanders and helipad security personnel. The workgroup has developed a safety flyer that will easily be able to be distributed to the EMS community and posted at receiving hospitals.

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

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

State EMS Plan

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

As has been done in the past, the committees of the state EMS Advisory Board, as well as OEMS staff, and regional EMS Council staff, have been tasked with evaluating the current Plan, and proposing additions and/or deletions, as well as conducting a SWOT analysis, as it pertains to their particular subject area. Information for these planning sessions are being collected and evaluated, as well as input from key stakeholder groups throughout 2016. It is anticipated the Plan will be presented to the state EMS Advisory Board in late 2016 and submitted to the Board of Health for approval in March 2017.

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

Public Information and Education

VI. Public Information and Education

Public Relations

Promotions

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

- **April –** Planning for Pediatric Surge Community-Based Emergency Response Series (CBERS) 2016 Training Sessions, National Public Health Week, the importance of knowing CPR article, National Public Safety Telecommunicators Week and the Regional EMS Awards deadlines.
- **May –** Virginia Public Service Week, mental health and CISM tips from the Provider Health and Safety Committee, the National Association for Public Safety Infection Control Officers and the Infection Control/Emerging Concepts survey, National EMS Weekend of Honor, Mass Casualty Incident Management Transition info, NIST new ambulance safety standards article, Regional EMS Awards deadlines; EMS Week info, giveaways, proclamation, events/promotions, EMS for Children Day, Presidential proclamation for EMS Week, Hurricane Preparedness Week, National EMS Memorial bike ride, Healthy and Safe Swimming Week, Virginia Fallen Firefighters and EMS Memorial Service, food safety tips and holiday office closures.
- **June –** Virginia Fire and EMS Memorial Service, Fire and EMS Memorial Week proclamation, Governor of Virginia signing HB222- Recognition of EMS Personnel Licensure Interstate Compact, food and safety tips during power outages, Symposium flier and registration open for the Virginia EMS Symposium.

Via GovDelivery E-mail Listserv (April - June)

- May 16 – National EMS Week 2016
- June 30 – Register for the 37th Annual Virginia EMS Symposium

Customer Service Feedback Form (Ongoing)

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

Public Outreach and Training:

- **April 8** – EMS training and development coordinator, PR coordinator and PR assistant hosted a table at the VDH's National Public Health Week "Well-Being for all Virginians" event on behalf of OEMS. Shared hands-only CPR fliers, streamed the American Heart Association's hands-only CPR training video and set up a CPR manikin for visitors to practice the hands-only technique.
- **May 26** – PR assistant attended a half-day course on Data Journalism provided by VDH in collaboration with VCU. This session provided training on how to use data effectively for storytelling.
- **June 27-28** - PR coordinator and PR assistant attended the VDH Communications Retreat, which was comprised of a representative from each district, regional PIOs and the communications staff in every VDH office. This team has been devised to be a working committee that will meet several times over the next 4-5 months. The large group was divided into subcommittees to work on the VDH agency communications and marketing plan, as well as standards, policies and procedures.

Social Media and Website Statistics

As of July 20, 2016, the OEMS Facebook page had 4,785 likes, which is an increase of 146 new likes since April 19, 2016. As of, the OEMS Twitter page had 3,783 followers, which is an increase of 139 followers since April 19, 2016.

Figure 1: This graph shows the total organic reach* of users who saw content from the OEMS Facebook page, April – June. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post received 7,764 total organic reach.**

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

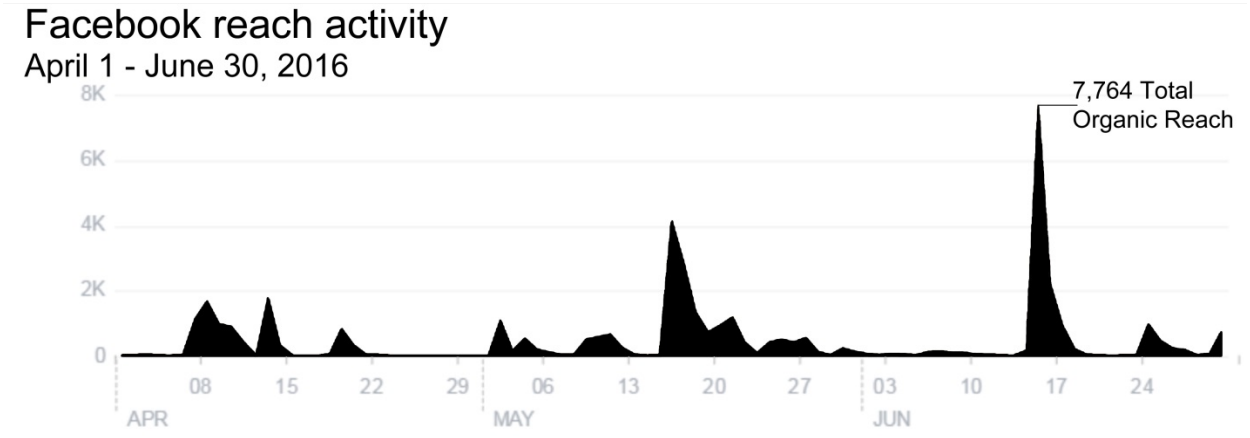


Figure 2: This graph shows the total organic impressions* over a 91-day period on the OEMS Twitter page, April - June. **During this 91-day period our tweets earned a total of 58.9k impressions and 647 impressions per day. The most popular tweet received 2, 248 organic impressions.**

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

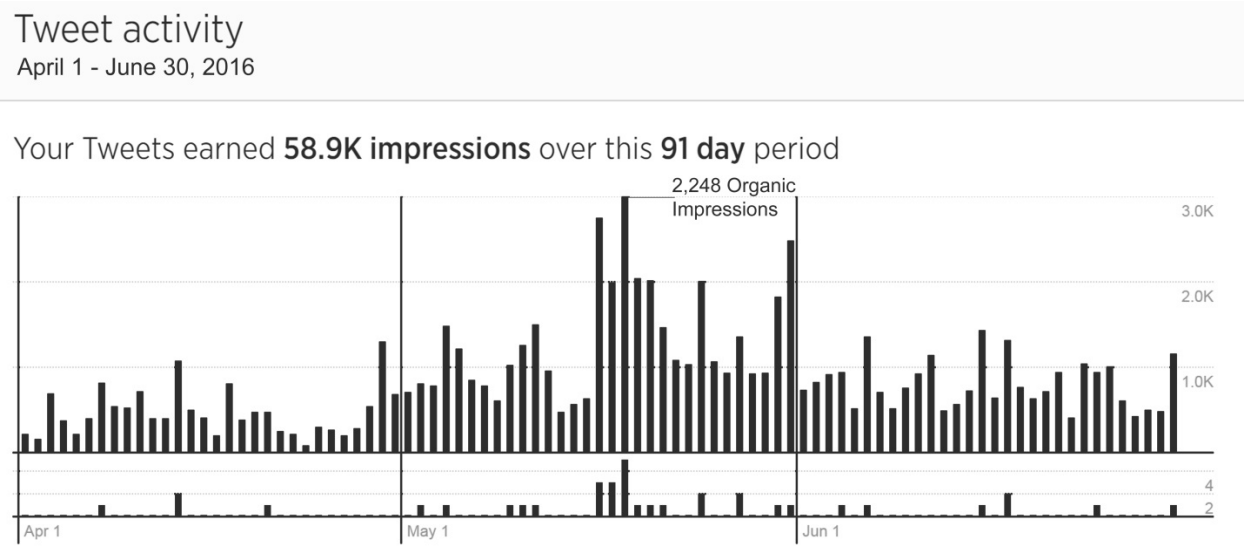


Figure 3: This table represents the top five downloaded items on the OEMS website from April – June.

April	1. 2010 Symposium presentation/LMGT-732 (12,514) 2. 2012 Symposium presentation/ALS-309 (8,640) 3. 2012 Symposium presentation/OPE-4006 (7,159) 4. 2010 Symposium presentation/LMGT-732 (6,368) 5. EMS Winter Bulletin (5,712)
May	1. 2010 Symposium presentation/LMGT-732 (16,837) 2. EMS Bulletin Winter 2015 (4,894) 3. 2012 Symposium presentation/OPE-4006 (4,387) 4. 2012 Symposium presentation/OPE-4022 (3,919) 5. 2012 Symposium presentation/ALS-309 (3,678)
June	***Web Trend data was not available for this month at the time this report was compiled. Will include data for the month of June in the next quarterly report.***

Figure 4: This table identifies the number of unique visitors, the average visits per day and the average visit length by minutes to the OEMS website from April – June. *Visitors* are defined as the number of unduplicated (counted only once) visitors to your website over the course of a

specified time period, whereas the *average visits per day* include both unique visitors and repeat visitors.

	Visitors	Average Hits Per Day	Average Visit Length (Minutes)
April	9,703	1,466	25:56
May	8,004	1,436	26:10
June	7,893	1,462	26:33

Events

EMS Week

The Public Information and Education unit coordinated two promotions during EMS Week, May 15 – 21, in order to show appreciation and recognize the EMS agencies and providers in Virginia. During that week, our promotions and social media interaction garnered the following engagement:

Facebook – During EMS Week, OEMS garnered 11,163 in total reach* on the Facebook page. One of our Facebook posts had an especially high post reach*, the Governor's proclamation for EMS Week had an estimated reach of 4,053 people reached and 52 shares. **Total Reach - The number of people who were served any activity from your page, including posts, post to your page by other people, mentions, etc. Post Reach - The number of people your post was served to.*

Twitter – During EMS Week, OEMS tweets earned 10.4K impressions over the 7-day period. During this 7-day period, OEMS earned 1.5K impressions per day. **Impressions are defined as the number of times a user saw a tweet on Twitter.*

- The EMS Week social media promotion included the following giveaways:
    - The "EMS Strong: Called to Care" essay contest asked Virginia EMS providers to share how their coworker, partner or agency leader exhibited the true characteristics of being "EMS Strong" and deserved this special recognition. Giveaway entrants were asked to share remarkable stories of individuals who went above and beyond the call of duty. A total of 24 full-size medical bags were given to providers (one bag was given to the winning nominee and one bag was given to the nominator.)
    - Two additional giveaway winners were gifted full-size medical bags for answering the Facebook EMS Week challenge question correctly. Participants were required to search for the answer on the OEMS website and post it on the OEMS Facebook page.

- PR assistant coordinated the mailing of the EMS Week planning guides to all affiliated EMS agencies in Virginia.

- PR assistant obtained proclamation from the Governor's Office recognizing EMS Week in Virginia.
- PR assistant sent EMS Week info via listserv email. Information that was shared in the email included the press release and Governor's proclamation.
- PR coordinator prepared and distributed press release for EMS Week to statewide media.
- PR coordinator created an EMS Week webpage on the OEMS website and shared EMS Week info for the VDH homepage and prepared EMS Week-related VDH tweets. Information shared included the press release, Governor's proclamation, local promotions offered by area retailers and events occurring across the state in honor of EMS Week.
- Shared various promotions on Facebook and Twitter that were being offered for EMS Week by area retailers, in addition to events occurring across Virginia in honor of this special week.

Fire and EMS Memorial Week

- PR coordinator included Fire and EMS Memorial Week info (date and location of event) in the EMS Week press release.
- PR coordinator created a special webpage about Fire and EMS Memorial Week and had it posted on the VDH homepage and OEMS website.
- Shared VDFP social media posts on the OEMS social media pages.

EMS Symposium

- PR coordinator and PR assistant reviewed and edited EMS symposium course descriptions for the Web version of the Symposium registration.
- On June 3, the PR coordinator submitted a Symposium ad to the July edition of the Commonwealth Chief magazine.
- PR coordinator created the 2016 Symposium Course Catalog and posted an online version for early registration, which opened to the public June 29, 2016. Print copies of the catalog will be available to the public and sent to EMS agencies in July.
- PR coordinator started working with IT to discuss updates to the 2016 Symposium app.

Governor's EMS Awards Program

- PR assistant drafted press releases covering the Thomas Jefferson, Peninsulas, Central Shenandoah, Northern Virginia, Rappahannock, Lord Fairfax, Southwestern , Blue Ridge and Western Virginia EMS Councils award ceremonies and regional EMS award recipients.
    - Press releases were posted to the VDH regional press release webpage and sent out to local media.
- PR assistant helped to coordinate EMS staff attendance at the Regional EMS Council Award ceremonies.
    - PR coordinator attended the CSEMS Council awards ceremony on June 1, 2016.

Media Coverage

The PR coordinator was responsible for fielding the following OEMS and VDH media inquiries April – June, and submitting media alerts for the following requests:

- April 13 – Reporter from the News and Advance regarding Campbell County EMS Agency's rumored closing.
- May 25 - Reporter from Rappahannock Times inquired about a COPN for Carrington Place of Tappahannock.

OEMS Communications

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

- On a daily basis, the PR assistant monitors and provides assistance to the emails received through the EMS Tech Assist account and forwards messages to their respective divisions.
- The PR assistant is the CommonHealth coordinator at OEMS, and as such she sends out weekly CommonHealth Wellnotes to the OEMS staff.
- The PR coordinator designs certificates of recognition and resolutions for designated EMS personnel on behalf of the Office of EMS and State EMS Advisory Board.
- The PR coordinator creates certificates for free Symposium registrations to be use at designated Regional EMS Council events.

VDH Communications

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

- **April - June** – Responsible for providing back up for the PR team, including coverage for media alerts, VDH in the News, media assistance and other duties as needed.
    - Participated on the Public Service Week Committee to help plan special events and giveaways for VDH employees during Public Service Week.
    - May 17 – 18 - Attended the Public Health & Healthcare Preparedness Academy.
- **VDH Communications Conference Calls (Ongoing) -** The PR coordinator participates in bi-weekly conference calls and polycoms for the VDH Communications team.

Commissioner's Weekly Email – The PR coordinator submitted the following OEMS stories to the commissioner's weekly email. Submissions that were recognized appear as follows:

- **May 23 - OEMS Celebrates Emergency Medical Services Week in Virginia**
  As proclaimed by Governor Terry McAuliffe, May 15 – 21, was EMS Week in Virginia. This special week honored EMS responders' commitment to providing lifesaving services. EMS for Children Day, May 18, focused on the pediatric patient and the specialized care necessary for them. The Office of EMS' Public Relations Assistant Tristen Graves and Public Relations Coordinator Marian Hunter organized the submission of an event proclamation to the Governor's Office and mailed out EMS Week planning guides to all EMS agencies. The two also prepared a statewide press release, organized an essay contest and giveaways on the OEMS Facebook page, and sent a listserv email to all EMS providers and agencies regarding EMS Week activities. Their outreach for this special week also included sharing local events for EMS providers and preparing tweets and messages for the VDH and OEMS social media pages and website.

Regulation and Compliance

VII. Regulation and Compliance

EMS Agency/Provider Compliance

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

Compliance

Enforcement	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016
Citations	**18**	**10**			**40**	**55**	**28**
Agency	7	5			22	23	12
Provider	11	5			18	32	16
Verbal Warning	**1**	**4**			**21**	**6**	**5**
Agency	0	2			11	5	2
Provider	1	2			10	1	3
Correction Order	**23**	**16**			**59**	**64**	**39**
Agency	23	16			59	64	39
Provider	0	0			0	0	0
Temp. Suspension	**9**	**4**			**20**	**26**	**13**
Agency	0	0			0	0	0
Provider	9	4			12	26	13

Suspension	**2**	**3**			**11**	**15**	**5**
Agency	0	0			1	0	0
Provider	2	3			5	15	5
Revocation	**2**	**1**			**7**	**8**	**3**
Agency	0	0			0	0	0
Provider	2	1			4	8	3
Compliance Cases	**39**	**35**			**202**	**166**	**74**
Opened	22	14			140	112	36
Closed	17	21			62	54	38
Drug Diversions	**4**	**1**			**21**	**15**	**5**
Variances	**10**	**3**			**29**	**23**	**13**
Approved	9	1			16	14	10
Denied	1	2			13	9	3

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

x – Indicates data not available

Hearings

April 22 – Bedsaul

May 17 – Bakash

Licensure

Licensure	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016
Agency	643	641			669	646	643
New	2	4					4
Vehicles	4,220	4,165			4,137	4,568	4,220
Inspection	443	1,103			2,997	2,854	1,546
Agency	51	54			289	319	105
Vehicles	226	865			2,261	1,964	1,091
Spot	115	184			447	571	299

Background Unit

The Office of EMS began the process of conducting criminal history records utilizing the FBI fingerprinting process through the Virginia State Police on July 1, 2014. A dedicated section of the OEMS website has updated and relevant information on this new process and can be found at the following URL: http://www.vdh.virginia.gov/OEMS/Agency/RegCompliance/CriminalHistoryRecord.htm.

Background Checks	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY2014	CY2015	CY2016
Processed	1,903	2,490			3,488	6,773	4,393
Eligible	1,458	1,733			2,683	5,415	3,191
Non-Eligible	16	10			19	50	36
Outstanding	202	522			546	1,091	724
Jurisdiction Ordinance	155	317				189	472

The process is ongoing to fill the wage staff position vacated since last year.

Regulatory

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

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

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

- The Periodic Review of 12VAC5-31 opened on June 27, 2016 and will close on July 18, 2016. Once the public comment period is completed, staff, in conjunction with various stakeholder groups, will submit the next regulatory package to update the current *EMS Regulations*. (http://townhall.virginia.gov/L/ViewPReview.cfm?PRid=1509).

EMS Physician Endorsement

Endorsed EMS Physicians: As of July 14, 2016: 220

The OMD workshops for 2016 have concluded for this session. The next "season" of sessions will start with the EMS Symposium in November, 2016. Staff will work with the Regional EMS Councils to develop a schedule that will be posted on the OEMS webpage. OEMS staff is also reviewing and updating the on-line OMD training program that is utilized as a pre-requisite for anyone interested in becoming an endorsed EMS Physician in Virginia.

Additional Division Work Activity

The Regulation and Compliance staff held their quarterly staff meeting on June 1-3, 2016 in Glen Allen, Virginia. The next schedule meeting is August 24-26 in Winchester, Virginia.

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

April 1 - Supervisor Class, Charlottesville-Albemarle Rescue Squad

April 3-6 - NASEMSO Spring Conference, Bethesda, MD

April 9 - Critical Response, UVA

April 15 - Fire Service Board, Staunton, VA

April 19 - Virginia State Fire Chiefs, Henrico, VA

April 20 - OMD Course, Troutville, VA

April 25 - Regulatory Presentation, Campbell County Public Safety

April 28 - Regulatory Presentation, EMT-Instructor Network, CSEMS

May 12 - OMD Course, ODEMSA

May 23 - Regulations Presentation, Rockingham County, VA

May 26- Virginia Fire Chief Summit, Glen Allen

June 10 - OMD Course, Blacksburg, VA

June 20 – Regulatory Presentation – Chancellor F/R, Stafford, VA

June 21 – Virginia State Fire Chiefs, Henrico, VA

June 29 - IIHS, Greene, VA

June 29 – Regulatory Presentation – Rockbridge County, VA

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

Staff is participating as part of larger workgroup under the Secretary of Health and Human Services to investigate establishing a possible contract for a vendor to conduct fingerprint based criminal background checks. Several of the state's human services program have new mandates for fingerprinting requirements effective July 1, 2017.

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

National Level Activities

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

- **Commission on the Accreditation of Ambulance Services (CAAS) Ground Veh. Standards v1:**

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

- **National Fire Protection Association (NFPA) 1917**

NFPA 1917 has begun soliciting public comment for Version 3 of this document. Directions can be found at the following link, http://www.nfpa.org/1917. Staff is to attend a national meeting in October to review submitted public comments for the development of version 3 slated for 2017.

- **KKK-1822-F General Services Administration (GSA)**

Change Notice 9 became effective July 1, 2016 with the following:

- **3.11.1.3 EQUIPMENT MOUNTING DEVICES**

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

OEMS staff is working with the Transportation Committee to review and submit recommendations as to what ambulance standard Virginia should adopt in regulations and to identify any "Virginia" specific requirements. The Transportation Committee met on Monday, April 25, 2016 at OEMS in Glen Allen and also conducted a work session on May 9, 2016.

Staff has been invited to attend two major upcoming conferences to discuss the new ambulance and safety standards; September – National Association of State EMS Officials (NASEMSO) (Albuquerque, NM) and November – American Ambulance Association (AAA), Clark County, NV. Staff attendance is dependent on approval of travel by the Commissioner and Secretary of Health and Human Resources (SHHR).

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee met on May 5, 2016. The minutes of the meeting are available on the OEMS website at http://166.67.66.226/OEMS/AdvisoryBoard/Committees/WorkforceDevelopment.htm.

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

EMS Officer Sub-Committee

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

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

Standards of Excellence (SoE) Sub-Committee

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

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

All documents related to the SoE program can be found on the OEMS website at http://166.67.66.226/OEMS/Agency/SoE.htm. OEMS continues to receive communications from EMS agencies interested in participating in the SoE process.

The Virginia Recruitment and Retention Network

The Virginia Recruitment and Retention Network met on February 25, 2016, in conjunction with the Virginia Fire Chief's Association conference in Virginia Beach. The next meeting is tentatively scheduled to be held in conjunction with EMS Symposium in November.

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

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

Trauma and Critical Care

IX. Trauma and Critical Care

ImageTrend Update

- Migration of VPHIB dataset from NEMSIS Version 2 to NEMSIS Version 3 (VAv3) standard
    - NEMSIS will discontinue collection of Version 2 data on 12/31/2016
    - To date, 57.4% of Virginia's active EMS Agencies are currently using the Elite (VAv3) system, leaving 42.6% still in the process of transitioning to the new version.
    - OEMS staff has closed 511 Agency level support request tickets in the past quarter.
    - Top 5 categories of support requests were:
        - User account issues (password/locked accounts)
        - New account set up
        - Elite (VAv3) education related questions
        - Elite (VAv3) connection questions
        - End user /suggestions requests for Elite (VAv3) system improvement/modifications

- Ongoing system improvements
    - Clean up of the Virginia Data Dictionary to eliminate inaccuracies and errors
    - Ongoing correction of error within the Dataset Manager
    - Simplification of the validation rules
    - Creation of additional signature choices
    - Updates and creation of new permission groups which allows more people (with the proper permission) to interface with the systems
    - Developed a standardized template to follow for creating How To and FAQ documentation.

Trauma Center Update

- Henrico Doctor's Hospital Forest underwent an initial trauma center designation site review on June 8, 2016 and we are pleased to announce that they were awarded Level II designation.

- 2015 Trauma Fund Annual Report is being prepared

    - 2015 payout to the Commonwealth's designated Trauma Centers was $10,291,492

    - $7,612,589 was spent by the Trauma Centers in support of administrative infrastructure and higher staffing levels. The balance of the payout was used to training, performance improvement, procurement of trauma specific equipment, outreach and injury prevention.

Trauma Systems Plan Taskforce

The Trauma System Plan Taskforce is multi-disciplinary task force representing the trauma and EMS system in Virginia. Convened at the request of the Chair and Executive Committee of the State EMS Advisory Board, the Taskforce is charged with addressing the recommendations contained in the American College of Surgeons Trauma System Consultation Report.

The task force identified subject matter experts to serve on work groups that are examining key aspects and components of the current trauma system in Virginia. The Trauma System Plan Taskforce and the workgroups met on June 2, 2016 in Richmond. The workgroups presented updates on their accomplishment to date to the Trauma System Plan Taskforce.

The membership rosters, meeting dates, locations and minutes can be found on the OEMS web site at:

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

Administrative Workgroup

Chair: Andi Wright, Carilion Roanoke Memorial Hospital, Trauma Program Manager

- The workgroup met three times in the last quarter. They have written mission and vision statements and established values for the trauma system.
- They are analyzing the Trauma System Oversight & Management Committees placement within the State structure and how it reports to the Commissioner and the Board of Health.

Injury Prevention Workgroup

Co-Chair: Diamond Walton, UVA Medical Center

- The workgroup met 2 times last quarter.
- They are using the HRSA document and the ACS recommendations to develop goals and objectives
- Creating a list of community partners to include in future meetings
- Identifying existing sources of data to determine a statewide injury prevention initiative

Pre-Hospital Workgroup

Chair: Dallas Taylor, Lewis Gale Medical Center, Director of Trauma Services

- The workgroup met three times the last quarter and presented a mission statement. Their discussions have focused on the following areas:

    - Safe transport of children in the ambulance
    - Updating the current Field Trauma Triage document to incorporate the most current CDC recommendation
    - Identification of 10 minimum protocols that every agency should have for the treatment of the adult, pediatric and geriatric trauma patient. The agency Medical Director will write the specific protocol, the workgroup is discussing a minimum template for each protocol.

Acute Care Definitive Workgroup

Chair: Heather Davis, Chippenham Medical Center, Director of Trauma and EMS Services

- The workgroup met two times the last quarter. Their discussions have focused the six recommendations from the ACS survey:
    - Engaging all acute care facilities in the trauma system
    - Development of guidelines for inter-facility transfers
    - Possibility of concurrent site visits from the ACS and OEMS trauma designation teams.
    - The placement of trauma center designation into Administrative Rule
    - Needs based trauma center designation using the ACS points based system
    - Tracking flow and outcomes for patients treated in out-of-state trauma centers
    - Potential of additional level of pediatric trauma designation to the current Virginia designations

Post-Acute Care Rehabilitative Workgroup

Chair: Kathy Butler, UVA Medical Center, Trauma Program Coordinator

- The workgroup has been using data collected from the VHHA to obtain a current state picture of rehabilitation services in the Commonwealth.
- They are adding rehabilitation centers to the existing trauma center location map
- They are creating a color coded dashboard to identify HRSA recommendations, the current status and planned status.
- They are trying to create a comprehensive rehab plan that includes quality data.

Data/Education/Research/System Evaluation Workgroup

Chair: Valeria Mitchell, Sentara Norfolk General Hospital, Trauma Program Manager

- The workgroup has met once the last quarter and the major focus of their discussions has been the utilization of accurate, comprehensive, real time data.
- Development of internal and external partnerships with stakeholders who would benefit from the data
- The benefits of a full time State PI Coordinator to assist with development of a statewide PI plan
- Development of a trauma research agenda to facilitate statewide research projects

Second Quarter EMS Transport Data

EMS Responses BY EMS Council Region By Month, VA, 2016

EMS Council Region	2016						Grand Total
	Jan	Feb	Mar	Apr	May	Jun	
Blue Ridge	5,136	4,649	4,982	4,800	4,768	4,255	57,539
Central Shenandoah	4,391	4,106	3,750	3,531	3,591	3,062	50,207
Lord Fairfax	3,357	3,042	4,285	3,240	3,356	3,111	40,003
Northern	26,293	24,386	24,679	26,259	27,715	26,115	316,109
Old Dominion	24,782	22,765	23,574	23,371	22,003	23,706	270,005
Peninsulas	6,198	6,173	7,633	8,307	7,245	6,044	92,734
Rappahannock	10,175	9,662	9,625	9,054	9,725	9,325	112,056
Southwest	5,778	5,724	6,776	6,426	6,416	6,066	77,760
Thomas Jefferson	2,941	2,866	3,191	3,169	3,166	3,107	38,955
Tidewater	18,273	17,268	19,101	18,109	15,856	16,885	229,069
Western	9,587	9,456	9,983	10,106	9,164	8,669	117,506
Other/Out of State	321	257	355	326	518	2,668	6,288
0	117,232	110,354	117,934	116,698	113,523	113,013	1,408,231

Emergency Medical Services for Children (EMSC)

a) New Resource for EMSC Launched July 1

On July 1, 2016 the ***National EMSC Innovation and Improvement Center (EIIC)***, based at the Baylor College of Medicine and Texas Children's Hospital in Houston, Texas, began to provide services in support of EMS for Children programs nation-wide. The EIIC Center represents a new resource for the EMSC program, as the ***EMSC National Resource Center (NRC)*** ceases operations after more than 25 years.

The ***EIIC*** Team from Baylor rolled out their introductory presentation July 6th during a national EMSC webinar, describing an impressive web of human and academic resources designed to focus upon developing foundational "pillars" (such as disaster preparedness, QI, research, facility recognition…), with numerous measurable goals and objectives and a cadre of national organizations that have pledged support in specific areas of collaboration. One of their important overarching goals is to use collaboration, scientific evidence and best practices to stimulate innovation and more rapid achievement of national performance measures by EMS for Children State Partnership grantees.

While the potential benefits of the EMSC Innovation &Improvement Center appear to be very exciting, one initial byproduct is likely to be a request of all EMSC managers for substantial amounts of data in the form of *multiple* surveys and questionnaires in the next 90-120 days.

So…the NRC is no more. Established in 1991, the ***EMSC National Resource Center (NRC)*** and its staff helped improve the pediatric emergency care infrastructure across the U.S. and its territories and raise awareness to a broad spectrum of folks that children respond differently to physical, emotional, and psychological illness or injury than adults—while at the same time supporting the efforts of many in developing resources and tools to assure the integration of pediatric priorities into the existing emergency care system. Some of the NRC's accomplishments include:

- Forming the first EMSC Family Advisory Network (FAN) to aid state EMSC programs
- Creating the Pediatric Disaster Preparedness Community of Practice
- Leading the development of the first set of EMSC performance measures (while helping state partnership grantees better understand the measures and their implications for improving the emergency medical services systems for children)
- Developing volumes of "toolkits" and primers, and hosting educational webinars
- Establishing partnerships with key stakeholders
- Facilitating and hosting EMSC grantee and PECARN meetings
- Organizing the first phase of the pediatric medical recognition QI collaborative

The NRC, which was based within Children's National Medical Center, was instrumental in efforts to effect change across the emergency continuum of care and helped develop multidisciplinary communities/partnerships to move national initiatives forward such as the Pediatric Readiness project.

b) Facilitating Pediatric Participation in the Trauma State Plan Process

Some members of the EMSC Committee and other strong pediatric advocates are actively participating in the work groups of the Trauma State Plan task force, and the EMSC program is providing resources to these groups and the task force as requested. Dr. Bartle has asked that a representative from each of the different work groups attend the EMSC Committee meetings when possible to keep the lines of communication open as the process moves forward. Most of the work groups are able to accommodate this request, but work schedules are obviously the limiting factor for folks who are busy representing these groups.

c) Heat Stroke Awareness & Prevention

The Virginia EMS for Children program continues to raise awareness regarding summer weather and the associated risks of inadvertently leaving children in hot automobiles. We are partnering with the **Division of Prevention and Health Promotion** in VDH, as well as **SAFE KIDS** and **KidsandCars.org** in this same effort, and we will be sending out (through OEMS public information personnel) Facebook and Twitter messages related to preventing child vehicular heat stroke. As they become available, the EMSC program will distribute window clings and other adjunct reminders, but it would be great if any of you would visit www.kidsandcars.org and https://www.safekids.org/heatstroke to access additional resources.

d) New EMSC Website Tour Set For October EMSC Committee Meeting

The new version of the EMS for Children website (within the Office of EMS website) will be "toured" during the October 6, 2016 EMSC Committee meeting. After considerable anticipation and delay, the site is hoped to be a constructive resource for hospitals, EMS agencies and EMS personnel. The five sections will likely be 1) hospitals, 2) EMS agencies, 3) injury prevention,4) data, and 5) pediatric disaster preparedness.

e) 3 Years of Pediatric Symposium Topics

Irene Hamilton has compiled a list of the pediatric-related EMS Symposium topics from the last 3 Symposiums (inclusive of the planned 2016 event), as had been requested by the EMSC Committee. She distributed this list to the EMSC Committee for discussion at the July 7th meeting, and anyone who wishes a copy should contact David Edwards at david.edwards@vdh.virginia.gov.

f) On-Site Pediatric ED Assessments

Buchanan General Hospital is the latest to request (at no charge) an on-site pediatric assessment of its emergency department, which will likely be scheduled for late August in Grundy, VA. The Virginia EMSC program continues to perform collaborative on-site assessments of pediatric needs and capabilities of small and rural emergency departments upon request (for no cost). We use the consensus document *"Joint Policy Statement - Guidelines for Care of Children in the Emergency Department", American Academy of Pediatrics, October 2009* as a guide to assess gaps in basic ED preparedness. This document delineates "guidelines and the resources necessary to prepare hospital emergency departments (EDs) to service pediatric patients"; it endorsed by many organizations and is now undergoing a "routine revision" by the AAP.

g) NASEMSO & PECC (Pediatric Emergency Care Council)

The Pediatric Emergency Care Council (PECC) will meet in September as part of the National Association of State EMS Officials (NASEMSO) 2016 Fall Meetings in Albuquerque, New Mexico. Agenda items of pediatric interest will include:

- Reducing Infant Sleep Deaths Through Education
- "Stay Alive, Just Drive" (addressing the dangers of distracted and impaired driving)
- Safe Transport of Children Ad Hoc Committee
- Community Paramedicine/Mobile Integrated Health & Injury Prevention
- Human Trafficking: How EMS Can Make a Difference
- Stateside Implementation of a Prehospital Care Guideline (pain management guideline—with special attention paid to pediatric patients)

h) Focus on "Peds Ready" Quality Improvement Project Continues

"Peds Ready" is shorthand for the quality improvement initiative begun three years ago nationally with the national pediatric readiness assessment of hospital emergency departments. All of the 24-hour civilian emergency departments in Virginia that were invited to complete an

assessment at that time (97) did so, and nationally 4,146 EDs completed assessments. When the hospitals submitted their assessments online, they received an immediate readiness "score" and a "gap analysis" to use for their own QI purposes, which also grouped them with hospitals experiencing a somewhat similar pediatric patient volume.

When the results of this assessment were analyzed nationally, toolkits and other resources were developed to address common needs. Virginia scored well above the national average, but still has clear areas where improvement can occur. As a result, the Virginia EMS for Children program continues to focus its *PedsReady* efforts for 2016-2017 on convincing every hospital emergency department to:

1) Identify a physician and a nurse ED Pediatric Coordinator (advocate/champion).
2) Measure and record the weight of pediatric patients in kilograms.
3) Establish/review specific pediatric policies and safety procedures, which should include written emergency pediatric transfer guidelines and agreements.

***REMINDER*:** The Peds Ready Portal is still open! Hospitals that wish to "re-take" their Pediatric Readiness Assessment may still do so—and receive a new "readiness score" and a new "gap analysis", so please continue to spread the word. Only one person from each hospital may fill out the assessment online, and access is gained by navigating to **www.pedsready.org**. The portal should stay open **at least** through September 2016, and the process is intended as a confidential performance improvement tool for hospitals to assess and improve their pediatric readiness.

i) FARSW Regional Hospital Preparedness Coalition Provides Solid QI Model for Use of Pediatric Readiness Assessments

One of the 6 hospital regions in Virginia (coordinated by the Virginia Hospital & Healthcare Association—VHHA) is using the Peds Ready Assessment process as a basis for a group pediatric readiness project and to improve their pediatric surge capability. All 12 hospitals participated in the 2013 assessment. Earlier this year they requested and received a custom report on their assessment results (presented to them by the VA EMSC Coordinator at one of their meetings), and all have re-taken the readiness assessment.

The ED directors and other hospital personnel that helped complete the pediatric assessment met with each other (and the EMSC program coordinator) by phone July 13th to discuss the results of the latest assessment and plan steps forward for continued improvement. These hospitals and Regional Hospital Coordinator Dan Gray should be commended for this quality improvement project, which should be considered a "best practice" model for other Virginia hospitals.

j) EMSC State Partnership Grant Notes

- Yolanda Baker, Virginia EMSC's HRSA federal project officer, attended the July 7, 2016 EMSC Committee quarterly meeting as part of a site-review of the Virginia EMS for Children program.

- One topic planned for the October EMSC Committee meeting will be the seeking of advice of Committee members concerning the coordination and methodology of assessments of EMS agencies and hospitals that will probably have to begin sometime during 2017. We are awaiting further information from HRSA, including the finalization of the 3 new performance measures, before we will have enough information to put hard dates to this planning matrix.

k) Child Restraints to Be a Major Purchasing Objective of 2016-2017 Funding

One of the recommendations of the American College of Surgeons in their *Trauma System Consultation Report* was that the state find ways to help EMS agencies purchase child restraint systems for ground ambulances. EMS for Children funding was specifically mentioned as one prime option for this, and the purchasing of child restraints had been previously discussed at length by the EMSC Committee as a goal for future funding allowed. The EMSC program will assess EMS agency need and begin assisting volunteer agencies acquire these systems during the 2016-2017 EMSC budget cycles.

Suggestions/Questions

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

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

Respectfully Submitted

OEMS Staff

Appendix

A

XXXXX

☒ **Committee Motion:**	**Name:**	Medical Direction Committee
☐ **Individual Motion:**	**Name:**	

Motion:

To remove all hours and competencies from the Paramedic requirements on TR-17 and follow the guidelines established by CoAEMSP (Committee on Accreditation of EMS Programs) and the National Registry Paramedic Portfolio.

EMS Plan Reference (include section number):

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

Committee Minority Opinion (as needed):

The transition to the National Registry of EMT portfolio model and testing has not yet been implemented and the implications associated with its implementation or not yet known. The extent and impact of second order effects are unknown.

The Committee for Accreditation of EMS Programs does not narrowly define the minimum number of applications of skills or demonstrations of proficiency. Determination of these numbers and methods of accomplishing these critical tasks is left to program managers.

There exists compelling evidence that the volume of experience with endotracheal intubation is associated with the likelihood of successful intubation. While the relationship between experience and proficiency are not clearly known, evidence suggests a minimum threshold of experience and an asymptotic plateau. Absent evidence to the contrary, there is little justification to assume less experience in the skill will increase proficiency.

Lastly, availability of time and training hours do not determine the experience necessary to achieve proficiency, but rather only impact the cost associated with achieving such proficiency and thereby the advisability of pursuing proficiency. The logical response if unable to provide training experiences is for educational subject matter experts (SMEs) to investigate and validate alternative models of training, operational SMEs to investigate and validate novel resource deployment strategies to ensure the providers performing the skills have the requisite experience/proficiency and for clinical SMEs to investigate and validate alternative methods of management of airway, oxygenation and ventilation in the prehospital patient care environment.

For Board's secretary Use only:

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

Board's Minority Opinion:

XXXXX

AREAS	EMT to AEMT	EMT to INTERMEDIATE[12]	EMT to PARAMEDIC[12]
CLINICAL REQUIREMENTS:			
Emergency Department[1]	12 hrs	12 hrs	Reference: Committee on Accreditation for EMS Professions (CoAEMSP) *Standards and Guidelines* (www.coamesp.org) And National Registry of EMTs Paramedic Portfolio Manual (https://www.nremt.org/nremt/downloads/2015%20Manual%20for%20Paramedic%20Psychomotor%20Competency%20Portfolio%20v4.pdf)
Critical Care Area[2]	-	4 hrs	
Pediatrics[3]	-	4 hrs	
Labor & Delivery[4]	-	4 hrs	
OR/Recovery	-	4 hrs	
Other Clinical Settings[5]	prn	prn	
TOTAL MINIMUM CLINICAL HOURS[6]	**36 hrs**	**72** hrs	
ALS Medic Unit (Field Internship)	12 hrs	24 hrs	
TOTAL MINIMUM FIELD/CLINICAL	**48 Hours**	**96 Hours**	
TOTAL PATIENT CONTACTS[6]	**30**	**60**	
COMPETENCIES:			
Trauma Assessment, pediatric	**2**	**5**	
Trauma Assessment, adult	**2**	**5**	
Trauma Assessment, geriatric	**2**	**5**	
Medical Assessment, pediatric	**2**	**5**	
Medical Assessment, adult	**2**	**5**	
Medical Assessment, geriatric	**2**	**5**	
Cardiovascular distress[7]	**5**	**10**	
Respiratory distress	**5**	**10**	
Altered Mental Status	**5**	**10**	
Obstetrics; delivery	-	-	
Neonatal Assessment/care	-	-	
Obstetrics Assessment	-	**5**	
Med Administration	**15**	**30**	
IV Access	**25**	**25**	
Airway Management [8, 9, 10]	**20[8]**	**25[10]**	
Field Experience (Team Member)[11]	**5**	**15**	
Capstone Field Experience(Team Leader)	**5**	**10**	

[1] May be free-standing ED. However, clinics, urgent care centers, physician offices, etc. may not be substituted.
[2] CCU, ICU, CC xport team, Cath Lab, etc.
[3] PICU, PEDs ED, Pediatrician Office, Peds Urgent Care, Ped clinic.
[4] Prefer L&D unit, but can be satisfied with OB Physician Office or OB clinic.
[5] Use of non-traditional clinical sites is encouraged to allow the student to meet the minimum clinical hour requirements and allow them to see a variety of patients.
[6] The minimum hours/patients/complaints is not meant to equal the total. The minimums must be met in each area, but the student has flexibility to meet the total.
[7] Cardiac Arrest, Chest pain/pressure, STEMI, dysrythmia, etc.
[8] Refer to CoAEMSP interpretation of what constitutes Airway Management "Airway Management Recommendation". In order to demonstrate airway competency, the student should be 100% successful in their last attempts at airway management. The number required is listed inside the brackets. Airway Management competency can be accomplished through a combination of low fidelity, high fidelity, cadaver lab or live human interactions **and must include simple, complex and difficult airways in a minimum of two of the categories allowed to accomplish airway management..**
[9] Ventilation may be accomplished utilizing any combination of low fidelity, high fidelity, cadaver labs or live human interactions **and must include simple, complex and difficult airways in a minimum of two of the categories allowed to accomplish airway management.**
[10] Intermediate: Endotracheal intubation performed on patients older than 12 years of age
[11] Field Experience contacts will occur during the course of the program. These patient contacts cannot be counted toward the capstone field experience. The Capstone Field Experience must take place when greater than 90% of the program has been completed.
[12] A certified Intermediate 99 enrolling in a Paramedic program may, at the discretion of the program's director and medical director, be awarded clinical and competency credit less than or equal to that noted in the EMT to Intermediate column. A certified AEMT enrolling in an Intermediate program may, at the discretion of the program's**. NOTE: Programs may set higher minimums or add to the list of competencies.**

Program graduates reflect psychomotor conscious competency in the techniques required to perform the procedures listed in the Scope of Practice. It is the agency's responsibility to assure competency for a permitted scope of practice procedure allowed for the specific level of EMS practice.

Appendix

B

Designated Regional EMS Council Map 2016