Virginia Department of Health

Office of Emergency Medical Services

Quarterly Report to the

State EMS Advisory Board

Wednesday, November 11, 2015

Executive Management, Administration & Finance

Office of Emergency Medical Services
Report to The
State EMS Advisory Board
November 11, 2015

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 November 11, 2015

To accept the new CE Area Proposal and the implementation date of July 1, 2016.
See Appendix A.

To support the new Continuing Education outline to become effective July 1, 2016.
See Appendix B.

Proposed Slate of Nominations for 2015 through 2016

Chairman	Gary P. Critzer
Vice Chair	Genemarie McGee
Administrative Coordinator	David Hoback
• Rules and Regulations Committee	Jon Henschel
• Legislative & Planning Committee	Joan Foster
Infrastructure Coordinator	Chris Parker
• Transportation Committee	Chip Decker
• Communications Committee	Gary Critzer
• Emergency Management Committee	David Hoback
Patient Care Coordinator	Marilyn McLeod, M.D.
• Medical Direction Committee	Marilyn McLeod, M.D.
• Medevac Committee	Anita Perry
• Trauma System Oversight & Mgt. Committee	Michael B. Aboutanos, M.D.
• EMS for Children Committee	Samuel T. Bartle, M.D.

Professional Development Coordinator	Ron Passmore
• Training & Certification Committee	Ron Passmore
• Workforce Development Committee	Jose Salazar
• Provider Health & Safety Committee	Dan Wildman

The Executive Committee:

Chair	Gary Critzer
Vice Chair	Genemarie McGee
Four Coordinators:	
Administrative Coordinator	David Hoback
Infrastructure Coordinator	Chris Parker
Patient Care Coordinator	Marilyn McLeod, M.D.
Professional Development Coordinator	Ron Passmore

b) Selected Staff Highlights

- The Office of EMS assisted with the coordination of the Task Force TJ-2 from the Charlottesville area to participate in the Remote Area Medical Event. Ten members of the Task Force, including Michael Berg, regulation and compliance manager, traveled to the location on Wednesday, July 15 and assisted with setting up some of the tents that would be used for the ER tent. On Thursday, they continued with the set-up of the needed facilities, not only for their part of the mission but for others as well. Logistical support was provided as well. Patient registration and triage started at 1400 hours, and at the end of day the Task Force had two patient contacts. On Friday, the Task Force had 34 patient contact and three ALS ground transports. On Saturday, the Task Force had 19 patient contacts, two ALS ground transports and one patient sent out via Medflight. Sunday was a half-day with three patient contacts and no transports. The Task Force demobilized and arrived back home late Sunday evening. The total for the Task Force who worked with the UVa physicians in the Emergency area was 56 patient contacts, five ground transports and one Medflight. The equipment used by the Task Force came from several agencies including UVa, Wintergreen Fire and Rescue and Western Albemarle Rescue Squad.

- Frank Cheatham Office of EMS' Health and Medical Emergency Response Team (HMERT) coordinator, completed a special training, "Hospital Emergency Response Training for Mass Casualty Incidents (HERT)," which is offered by the Center for Domestic Preparedness (CDP) in Anniston, Ala. The CDP is operated by the United States Department of Homeland Security's Federal Emergency Management Agency and is the only federally-chartered Weapons of Mass Destruction training facility in the nation.

  This three-day course training is designed to provide medical operation guidance to hospitals, emergency medical services (EMS), healthcare facility personnel and others who may become involved in a mass casualty incident (MCI). The course provides the

healthcare emergency receiver with an understanding of the relationship between a Hospital Incident Command System (HICS), a scene Incident Command System (ICS), and other incident management systems used by municipal Emergency Operations Centers (EOC). It also provides guidance for Hospital Emergency Response Team design, development, and training. This is a hands-on course which culminates with small and large groups practical applications where participants wear personal protective equipment (PPE) during the training.

- At the invitation of the Virginia Department of Health's Office of Emergency Medical Services (VDH/OEMS) the American College of Surgeons, Committee of Trauma (ACS/COT) spent four days (September 1-4, 2015) in Virginia evaluating its trauma system on the 18 core public health functions of an integrated trauma system. The system evaluation involved an extensive pre-review questionnaire (PRQ), multiple supporting documents, presentations and interviews with stakeholders.

  The PRQ was a 100-page response to predefined questions aimed at eliciting how Virginia utilizes a public health approach to developing our trauma system. An additional 90 resource documents accompanied the PRQ. The PRQ and attachment were submitted two months in advance of this site visit. Eight ACS/COT panel members conducted 12 hours of open interviews with state staff and 100 stakeholders from across the Commonwealth who were a representative sample of our trauma system.

  Virginia trauma system stakeholders came out in force to participate in the review, including participants from the Emergency Medical Services Advisory Board, the Trauma System Oversight and Management Committee, Emergency Medical Services (EMS), helicopter EMS, all 15 Virginia trauma centers, critical access hospitals, non-designated hospitals, rehabilitation specialists, the Virginia Department of Transportation, epidemiologist, injury prevention specialists and hospital preparedness experts from VDH, United Network of Organ Sharing, and OEMS staff and leadership. NOTE: More detail on the ACS visit is covered in the Trauma and Critical Care section of this report.

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

EMS – Grant Information Funding Tool (E-GIFT)

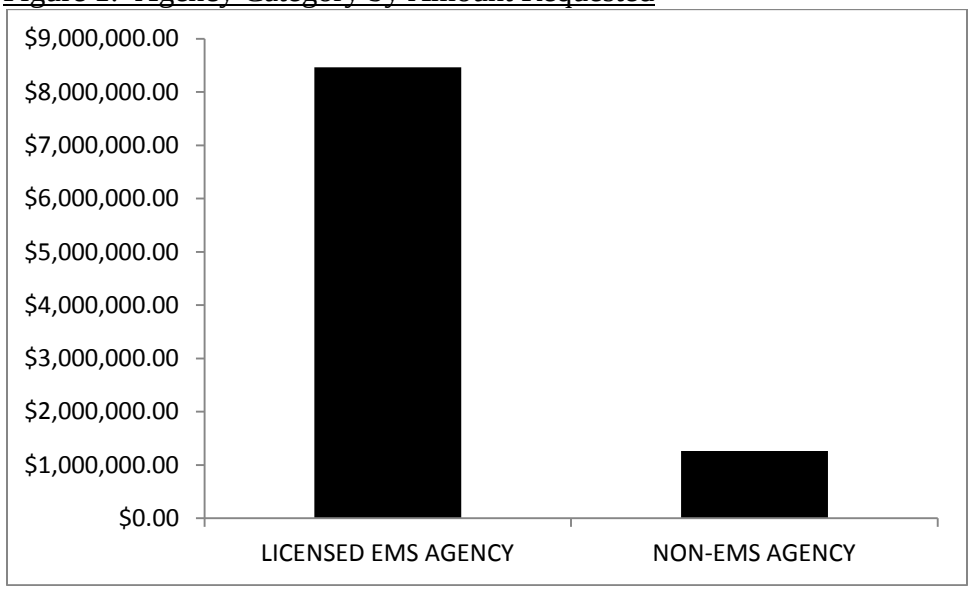
The E-GIFT phases outlined in the initial project proposal have all been developed and are in final production. E-GIFT has provided a more efficient and effective process for implementing OEMS grants along with reducing redundancy in grant maintenance for applicants and OEMS grant staff. E-GIFT is required for all grant submissions and grant requirements, including any emergency grant applications, grant correspondence and invoice submissions.

The RSAF grant deadline for the December 2015 grant cycle was September 15, 2015. OEMS received 116 grant applications requesting $9,723,262.00 in funding.

Funding amounts are being requested in the following agency categories:

- 98 Licensed EMS Agencies requesting $8,463,644.00
- 18 Non EMS Agency requesting $1,259,618.00

Figure 1: Agency Category by Amount Requested

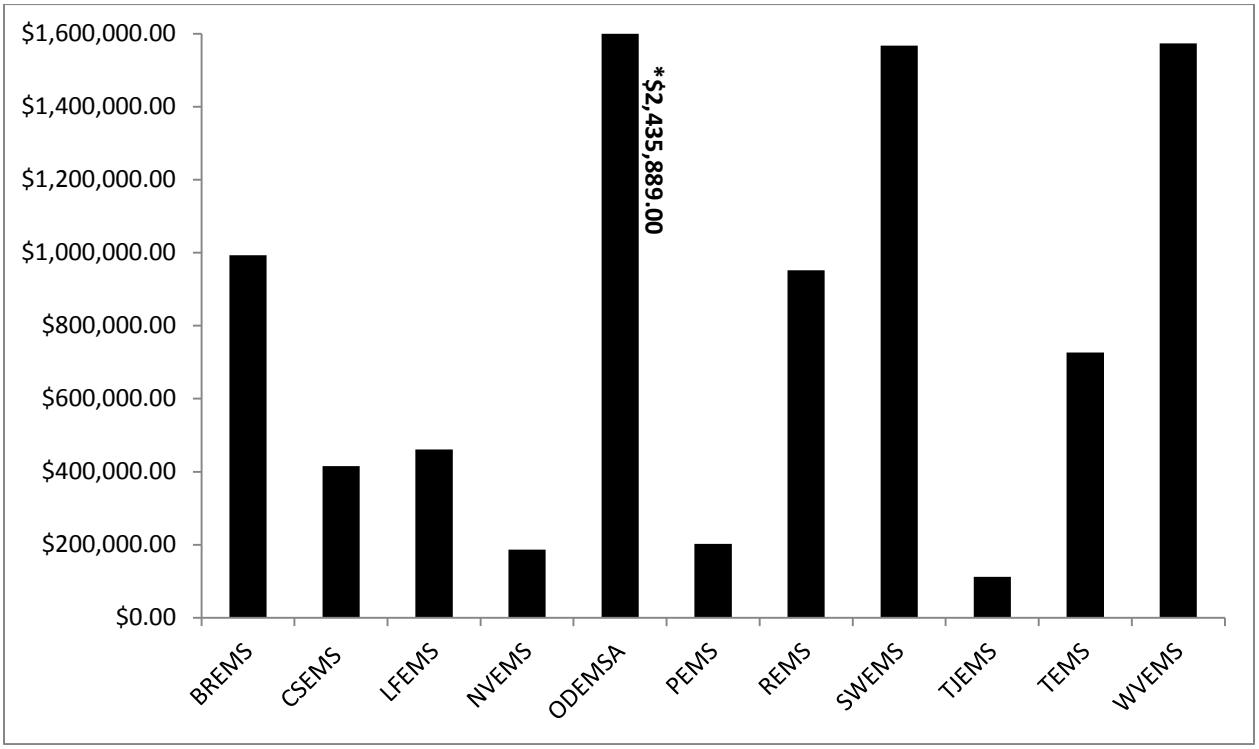


Funding amounts are being requested in the following regional areas:

- Blue Ridge – Requesting funding of $992,910.00
- Central Shenandoah – Requesting funding of $415,613.00
- Lord Fairfax – Requesting funding of $460,790.00
- Northern Virginia – Requesting funding of $186,793.00
- Old Dominion – Requesting funding of $2,435,889.00
- Peninsulas – Requesting funding of $202,396.00
- Rappahannock – Requesting funding of $951,559.00
- Southwestern Virginia – Requesting funding of $1,567,528.00
- Thomas Jefferson – Requesting funding of $111,993.00
- Tidewater – Requesting funding of $726,158.00

- Western Virginia – Requesting funding of $1,572,857.00

Figure 2: Regional Area by Amount Requested



*Note: ODEMSA had a higher requested amount than shown on the graph, $2,435,889.00, the figure represents categories up to $1,600,000.00 to give a clearer picture of the data.

Note: There are two non-affiliated agencies that are not represented on the map that have requested funding in the amount of $98,775.00.

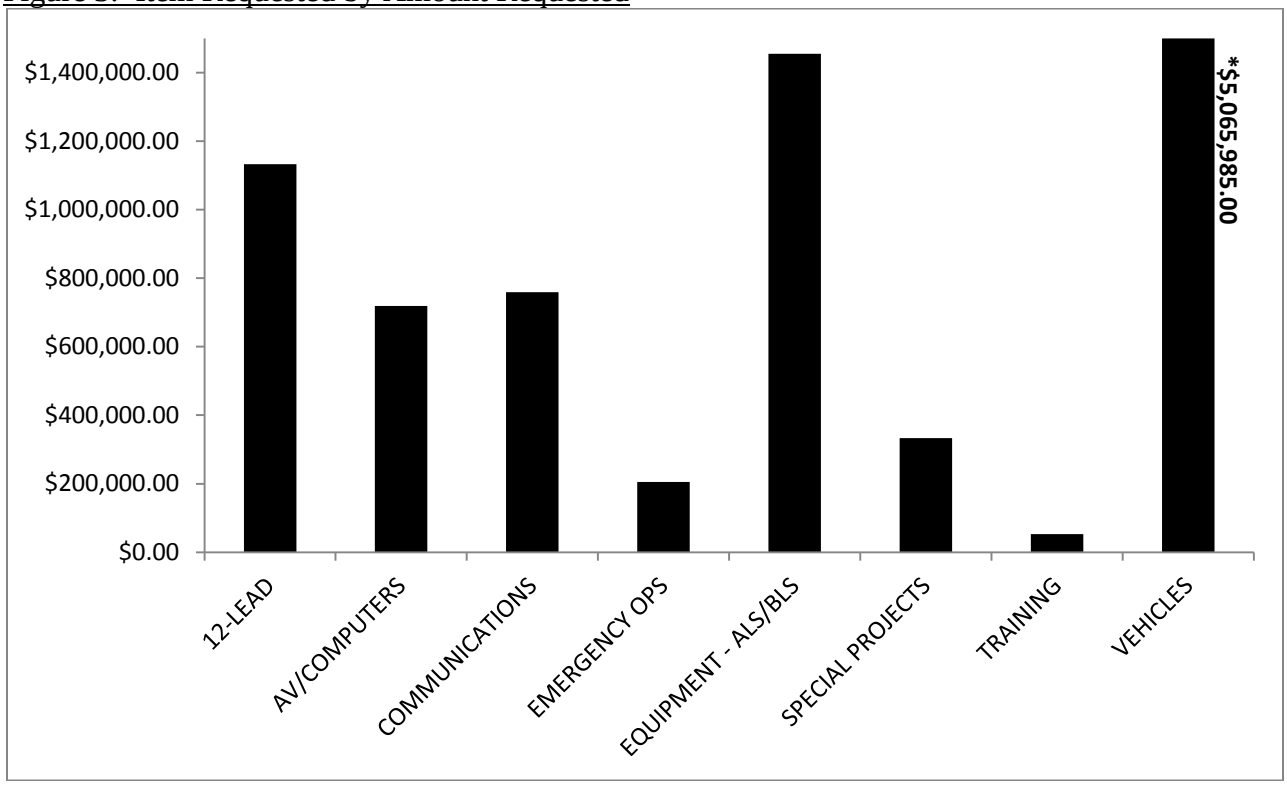
Funding amounts are being requested for the following items:

- 12 –Lead – $1,132,500.00
  - Includes all 12-Lead Defibrillators.
- Audio Visual/Computer Hardware - $ 719,234.00
  - Includes projectors, computer hardware/software, toughbooks, and other audio visual equipment.
- Communications - $ 759,307.00
  - Includes items for mobile/portable radios, pagers, towers, repeaters and other communications system technology.
- Emergency Operations - $ 205,293.00
  - Includes items such as Mass Casualty Incident (MCI), extrication equipment, rescue boat and personal protection equipment (PPE). The Emergency

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

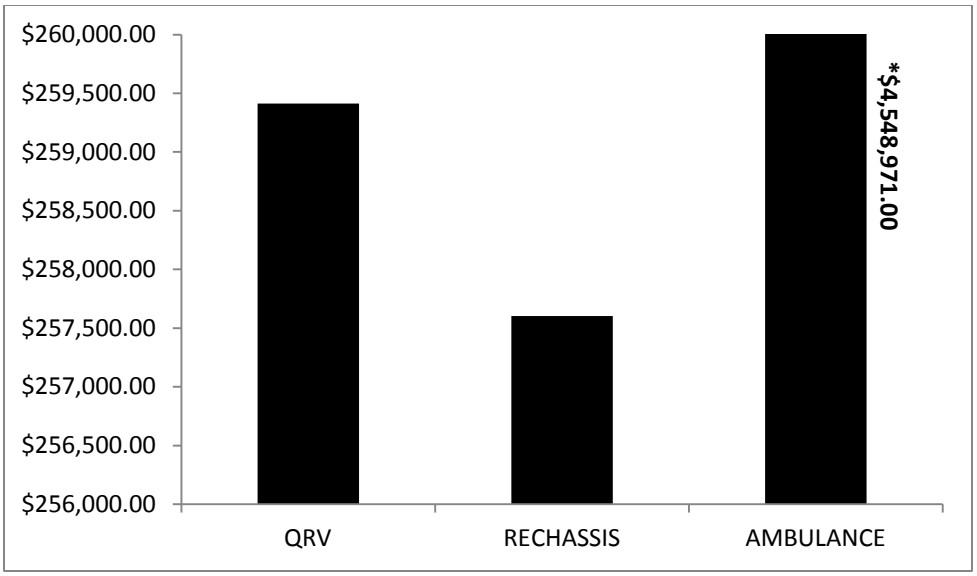
- Equipment - Basic and Advanced Life Support Equipment - $1,454,511.00
    - Includes any medical care equipment for sustaining life, airway management, and supplies, not including 12-Lead Defibrillators.
- Special Projects - $ 333,432.00
    - Includes projects such as Special Project material, Emergency Medical Dispatch (EMD), Virginia Pre-Hospital Information Bridge (VPHIB) projects, Protocol Projects and other innovative programs.
- Training - $ 53,001.00
    - 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 - $5,065,985.00
    - This category includes all vehicles such as ambulances, re-chassis, re-mounts and quick response vehicles.

Figure 3: Item Requested by Amount Requested



***NOTE**: The VEHICLES category request amount was $5,065,985.00, the graph only represents items requested up to $1,400,000.00 to visually display other items requested.

Figure 4: Vehicle Category by Amount Requested



***NOTE**: The VEHICLES category request amount was $5,065,985.00, the graph only represents items requested up to $260,000.00 to visually display other items requested.
The RSAF Awards Meeting will be held on December 4, 2015 and the Financial Assistance and Review Committee (FARC) will make recommendations to the Commissioner of Health. The grant awards will be announced on January 1, 2016. The next RSAF grant cycle will open on February 1, 2016 and the deadline will be March 15, 2016.

Rescue Squad Assistance Fund Emergency Grants

Castleton Volunteer Community Fire Company was awarded 1 Stryker Powerload system at a 100/0 (state/agency) funding level in the amount of $24,939.00. The agency requested the equipment due to the original vendor not providing a quote for the retention system until the GSA approved the July 1, 2015 cot retention guideline. Due to patient safety of not placing a cot retention system in the ambulance, the request was approved.

Lee County Rescue Squad was awarded 1 Chevy G4500 Road Rescue Ambulance at a 100/0 (state/agency) funding level in the amount of $123,285.00. Due to an accident that totaled one of their two ambulances, patient care had become greatly affected due to their call volume. The agency requested $208,100.00 for a new ambulance with a patient loading system, but received $110,465.00 from insurance, therefore OEMS approved $123,285.00, $97,635.00 for the ambulance and $25,650.00 for the patient loading system.

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) Trauma Monograph Survey Now in Progress

The NASEMSO Monograph "Status of State Trauma System Planning and Development" was developed, administered and completed in 2010. A goal of the NASEMSO Trauma Managers Council is to administer a similar survey in 2015 for comparison with the 2010 survey (where able) to identify the changes the different trauma systems across the country have made. The survey reflects questions that are often asked by the Trauma Managers to assist with benchmarking, procedural efforts, and funding.

b) Cot Fastening System Technical Service Bulletin Just Released

The U.S. Department of Transportation Office of Defects Investigation has asked both manufacturers of EMS cots and retention systems to issue a Technical Service Bulletin (TSB). The TSB is notifying and reminding local EMS agencies and personnel about the importance for regular inspection and preventive maintenance with regard to ensuring proper performance of "Antler and Rail" style cot fastening systems. NASEMSO was asked to distribute the Technical Service Bulletin to their members. You can download a copy of Ferno's Antler-and-Rail Fastening System Technical Service Bulletin at:

http://www.nasemso.org/Projects/AgencyAndVehicleLicensure/documents/Ferno-234-3601-00-Model-175-Service-Bulletin-July2015.pdf.

Ferno is requesting NASEMSO's assistance with further distribution to local EMS agencies. Stryker's bulletin will be posted at NASEMSO's website once it becomes available.

c) Results of NASEMSO CP/MIH Report Now Available

NASEMSO has published the final report *EMS Office Assessment of the Status of Community Paramedicine/Mobile Integrated Healthcare in the States and Territories*, completed by the

NASEMSO CP-MIH Committee with support from the Office of Emergency Medical Services, National Highway Traffic Safety Administration, U.S. Department of Transportation. Increasingly, state and territorial EMS offices have been involved in leadership and regulatory aspects of CP system and service development. The purpose of the report is to assess that progress and its impact. The NASEMSO Staff Contact in this regard is Kevin McGinnis. The report can be downloaded at: http://www.nasemso.org/Projects/MobileIntegratedHealth/documents/CP-MIH-Survey-2014-2015.pdf.

d) NASEMSO Invited to Participate in OSHA Rulemaking Process

In July 2014, the Occupational Safety and Health Administration (OSHA) announced plans to develop a proposed standard to help address occupational safety concerns related to emergency response and preparedness. As the only national EMS organization to send a representative to a related national stakeholder meeting, NASEMSO has been invited to participate in a subcommittee of the National Advisory Committee on Occupational Safety and Health (NACOSH) to assist in the development of regulatory text for a proposed Emergency Responder Preparedness Program Standard. The focus of the rule is primarily on those employers with workers who respond to emergencies as part of their regularly assigned duties, such as emergency medical services personnel. This rule will replace in its entirety, the current §1910.156, Fire brigade standard. The NASEMSO Staff Contact in this regard is Kathy Robinson. For more information go to: http://www.regulations.gov/#!docketDetail;D=OSHA-2007-0073.

e) Archive of EMS Compass Webinars Now Available On Line

EMS Compass has hosted a series of town-hall style webinars as a forum for members of the EMS community and other stakeholders to provide feedback on the quality and performance measures topics under consideration for further development and testing. EMS Compass held an open "Call for Measures," and more than 400 measures were submitted through the initiative website. These webinars were the public's chance to discuss the measures that were proposed and within the context of the 10 domains, provide input that will help the EMS Compass team prioritize the clinical areas and topics addressed. This input will be used by the initiative to evaluate the measures based on criteria such as their importance for EMS to measure and report to their communities and patients, the ability of EMS systems to collect and analyze the data, and the evidence supporting the validity of the measure. The ten webinars were organized by type of performance measure domain, or related area of interest. Members of the EMS Compass Initiative led the webinars, which focused on discussing the types of measures that have been proposed and receiving community input. For more information go to: http://emscompass.org/webinars/.

f) NASEMSO Data Featured in New IOM Report on Cardiac Arrest Survival

Each year, cardiac arrest strikes more than half a million people and contributes to avoidable death and disability across the United States; it affects seemingly healthy individuals of all ages, races, and genders, often without warning. Defined as a severe malfunction or cessation of the

electrical and mechanical activity of the heart, cardiac arrest results in almost instantaneous loss of consciousness and collapse. Following a cardiac arrest, each minute without treatment decreases the likelihood of survival with good neurologic and functional outcomes. Thus, the consequences of delayed action can have profound, and in many cases, avoidable ramifications for individuals, families, and communities. The Institute of Medicine conducted a study on the current status of, and future opportunities to improve, cardiac arrest treatment and outcomes in the United States. This report examines the complete system of response to cardiac arrest in the United States and identifies opportunities within existing and new treatments, strategies, and research that promise to improve survival and recovery of patients. For more information go to: http://iom.nationalacademies.org/Reports/2015/Strategies-to-Improve-Cardiac-Arrest-Survival.aspx.

g) Comments on NFPA EMS Officer Proposal

The National Fire Protection Association recently reviewed a request that NFPA establish a new project on emergency medical services officer standards. After a review of all the material before it, NFPA voted to solicit public comments of the need for the project, information on resources on the subject matter and other organizations actively involved with the subject. Based on a recommendation by its Education and Professional Standards Council, the NASEMSO Board of Directors recently submitted comments to the NFPA on the proposal. The entire letter can be viewed at: http://www.nasemso.org/Advocacy/Supported/documents/NASEMSO-Comments-on-Proposed-NFPA-EMS-Officer-Standard-08June2015.pdf, however the closing position from NASEMSO reads as follows: *"NASEMSO believes that EMS Officer Standards currently exist as defined by NFA/FESHE, CPSE, and NEMSMA and therefore another set of standards would be duplicative of efforts by a variety of national organizations and that a proposed EMS Officer standard parallel to NFPA Standard 1021-Fire Officer is unnecessary."*

h) NASEMSO Revises Issue Brief on Use of Naloxone in OOH Settings

NASEMSO believes that the increase of substance abuse in the United States is a significant public health and public safety concern that warrants consideration of several related issues. A revised *NASEMSO Issue Brief: The Use of Naloxone in Out-of-Hospital Settings* is intended as an informational guide on the use of naloxone in out-of-hospital settings and the rationale for including mandatory education and medical oversight for the use of naloxone by non-medical personnel. Current data shows that as of June 2015, all states permit Paramedics and Advanced Emergency Medical Technicians (AEMT) or the state's equivalent intermediate-level EMS providers to administer naloxone. Sixty-six percent of states and the District of Columbia permit Emergency Medical Technicians to administer naloxone (including Alaska, Arizona, California, Colorado, Connecticut, Delaware, Georgia, Illinois, Indiana, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Texas, Utah, Vermont, Virginia, Washington, and Wisconsin.) Fifty-eight percent of states that recognize the Emergency Medical Responder level permit EMRs to administer the medication (including Connecticut, Illinois, Indiana, Louisiana, Massachusetts, Maryland, Michigan, North Carolina, New Hampshire, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania,

Texas, Vermont, and Wisconsin. For more information go to: http://www.nasemso.org/Advocacy/PositionsResolutions/IssueBriefs.asp.

i) NASEMSO Communications Survey Results Now Available

A new NASEMSO report, *"EMS Office Assessment of the Status of Communications Systems in the States and Territories,"* presents the findings of a state EMS office survey conducted in the spring of 2015 about the status of communications systems. It, in part, replicates a similar survey conducted in 2008. At publication due date, 33 of 56 state EMS offices had responded. This is approximately the same rate as a 2001 communications survey to which 32 states responded, but less than the 2008 survey to which 50 states or territories responded. It is NASEMSO's intention to continue to pursue responses, and publish an update later in 2015. The NASEMSO Staff Contact in this regard is Kevin McGinnis. The report can be downloaded at: http://www.nasemso.org/Projects/CommunicationsTechnology/documents/EMS-Office-Assessment-of-Status-of-Communications-Systems-in-States-and-Territories-2015.pdf.

Other EMS Related Activities On the National Scene

j) NPHL Offers Emergency Declaration Resource

A new resource from the Network for Public Health Law (NPHL) provides state statutory and regulatory authorities for emergency declarations in all 50 U.S. States and the District of Columbia. It includes emergency declarations, public health emergency declarations, and other types of declarations that may relate to the public's health. The resource categorizes information as follows:

i. Emergency/Disaster provides citations and hyperlinks to legal authorities for state declarations of "emergency," "disaster," and similar terms (as noted in the references) in all 51 jurisdictions.

ii. Public Health Emergency lists legal authorities for specific declarations of a "public health emergency," which may be based on the Model State Emergency Health Powers Act (MSEHPA) or other statutory bases for emergency/disaster declarations premised on public health concerns. These authorities were identified in 35 jurisdictions.

iii. Other Declarations catalogs other types of declarations that may also relate to public health, as identified in 47 jurisdictions. Note that additional types of emergency declarations are not included if they may not relate to public health.

iv. Posted Declarations provides hyperlinks to existing online archives of active or expired declarations. These are illustrative only and may not be current or comprehensive

For more information go to: https://www.networkforphl.org/_asset/gxrdwm/Emergency-Declaration-Authorities.pdf.

k) IOM Publishes Workshop Summary on Collaboration Between Health Care and Public Health

The Institute of Medicine (IOM) Roundtable on Population Health Improvement recently hosted a workshop to explore the relationship between public health and health care, including opportunities, challenges, and practical lessons. The workshop was designed to discuss and describe the elements of successful collaboration between health care and public health organizations and professionals; reflect on the five principles of primary care–public health integration (which can be applied more broadly to the health care–public health relationship): shared goals, community engagement, aligned leadership, sustainability, and data and analysis; and explore the "elephants in the room" when public health and health care interact: what are the key challenges and obstacles and what are some potential solutions, including strengths both sides bring to the table. The workshop presentations reflected on collaboration in four contexts: payment reform, the Million Hearts initiative, hospital – public health collaboration, and asthma control.

For more information go to: http://iom.nationalacademies.org/Reports/2015/Collaboration-between-Health-Care-and-Public-Health.aspx.

l) FICEMS Outlines Air Medical Safety Progress in Letter to NTSB

The Federal Interagency Committee on EMS (FICEMS) has provided an update to the National Transportation Safety Board (NTSB) in regards to two recommendations (A-09-102) the Board suggested to FICEMS in 2009: Develop national guidelines for the use and availability of helicopter emergency medical transport by regional, state, and local authorities during emergency medical response system planning. The letter has received an "Open Acceptable Response" from the NTSB and is now available at: http://www.ems.gov/pdf/2015-FICEMS-UpdateLetter-NTSB-HelicopterEmergencyMedicalTransport.pdf.

m) Wireless Association Seeks to Improve 9-1-1 Call Accuracy

CTIA (Cellular Telephone Industries Association) is making a big push to help refine the Federal Communications Commission's (FCC) rules around location accuracy of 9-1-1 calls from mobile devices. The Wireless Association is creating an advisory group and a working group, as part of continued efforts to improve location accuracy on emergency calls placed from mobile phones. In January, the FCC approved new rules that it hopes will improve location accuracy for wireless calls placed to 911. The new rules acknowledge that wireless carriers will need to time to implement technology that will help to improve location data on "E911" calls and set a roadmap of deadlines for completion of the improvements. In addition, CTIA asked the FCC not to sunset a rule that requires wireless carriers to transmit all 911 calls including those from non-service initialized ("NSI") handsets. Several groups have outlined the importance of geographic information systems (GIS) mapping to improve location accuracy. GIS data is not a new element to 911 systems—it has been used for years to help PSAPs locate emergency callers—but it becomes more critical in NG911 systems, which utilize geospatial routing to determine which PSAP should receive an emergency call or other communications.

For more information go to: http://www.ctia.org/policy-initiatives/policy-topics/911.

n) Senate Passes IPAWS Legislation

The US Senate recently passed S. 1180, a bipartisan bill known as the Integrated Public Alert and Warning System (IPAWS) Modernization Act of 2015. This bill would modernize the nation's public alert and warning system to ensure that federal, state and local officials can effectively warn citizens during times of disasters, acts of terrorism, and other threats to public safety. If passed by the House of Representatives and signed by the President, among other things the Bill would direct FEMA to establish the Integrated Public Alert and Warning System Subcommittee that would develop and submit recommendations for an integrated public alert and warning system to the National Advisory Council, which shall report the recommendations it approves to agencies represented on the Subcommittee and to specified congressional committees.

For more information go to: https://www.congress.gov/bill/114th-congress/senate-bill/1180.

o) HHS Launches GIS-Based Tool for Health Disaster Readiness

The HHS emPOWER Map, an interactive online tool, has launched to aid community health agencies and emergency management officials in disaster preparedness as they plan ahead to meet the emergency needs of community residents who rely on electrically powered medical and assistive equipment to live independently at home. The new tool is sponsored by the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response (ASPR) in its ongoing efforts to support community resilience and build national health security.

For more information go to: http://www.hhs.gov/news/press/2015pres/06/20150623a.html.

p) New ASPR TRACIE Gateway Provides Emergency Preparedness Information

In 2014, the United States Department of Health and Human Services' (HHS) Assistant Secretary of Preparedness and Response (ASPR) created the Technical Resources Assistance Center and Information Exchange (TRACIE) to meet the needs of regional ASPR staff, healthcare coalitions, healthcare entities, healthcare providers, emergency managers, public health practitioners, and others working in disaster medicine, healthcare system preparedness, and public health emergency preparedness. Components include Technical Resources, Assistance Center, and Information Exchange. The resource has been launched and is now live. Go to: https://asprtracie.hhs.gov/.

q) SAR Initiative Intended to Train Healthcare Personnel on Suspicious Behaviors

The Nationwide Suspicious Activity Reporting (SAR) Initiative, a collaborative effort by the U.S. Department of Homeland Security, the Federal Bureau of Investigation, and state, local, tribal, and territorial law enforcement partners, has released the online training "SAR Training for Public Health and Health Care Partners." The training was developed to help public health

and healthcare personnel (including EMS) recognize what kinds of suspicious behaviors are associated with pre-incident terrorism activities, understand how and where to report suspicious activity, and protect privacy, civil rights, and civil liberties when documenting information. Online training is available at: https://nsi.ncirc.gov/hsptregistration/health/.

r) USFA Posts Operational Lessons Learned in Disaster Response

A new report from the United States Fire Administration (USFA) looks at after action reviews from major disasters of the past decade to gain insight into lessons learned. It identifies gaps and needs in first responder training and resources and presents solutions that serve to better prepare local-level fire services for all-hazard events and to interact with federal resources. The disasters studied were weather-related events that required responding firefighters to assume duties for which they were unprepared or for situations they never anticipated. Go to: http://www.usfa.fema.gov/operations/ops_emergencies.html.

s) Enhancing the Effectiveness of Public Health Mutual Aid through EMAC Mission Ready Packages

The National Emergency Management Association has archived its recent Emergency Management Assistance Compact (EMAC) webinar on public health mutual aid. Victoria Carpenter, the EMAC Executive Task Force Chair provides an overview of EMAC and highlight some of the 13 EMAC Articles of Agreement which provide protections to deploying personnel followed by Gerrit Bakker, Senior Director, Public Health Preparedness at the Association of State and Territorial Health Officials who spoke about the development of Mission Ready Package templates for Medical and Public Health resources.

View the webinar at: https://www.youtube.com/watch?v=5IoH_8iyWF8.

A pdf copy of the slides is available at: http://www.emacweb.org/index.php/mutualaidresources/emac-library/44/335-nemaemac-webinar-enhancing-the-effectiveness-of-public-health-mutual-aid-through-emac-mission-ready-packages.

t) Hartford Consensus III Emphasizes Bleeding Control

Our nation's threat from intentional mass-casualty events remains elevated. Enhancing public resilience to all such potential hazards has been identified as a priority for domestic preparedness. Recent events have shown that, despite the lessons learned from more than 6,800 U.S. combat fatalities over the last 13 years, opportunities exist to improve the control of external hemorrhage in the civilian sector. These opportunities exist in the form of interventions that should be performed by bystanders known as immediate responders and professional first responders, such as law enforcement officers, emergency medical technicians (EMTs), paramedics, and firefighters (EMS/fire/rescue), at the scene of the incident. The Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass-Casualty and Active Shooter Events was founded by the ACS. The committee met twice in 2013, making specific recommendations and issuing a call to action. The deliberations of the committee have become

known as the Hartford Consensus. A third meeting was convened on April 14. This Hartford Consensus III meeting focused on implementation strategies for effective hemorrhage control. The overarching principle of the Hartford Consensus is that in intentional mass-casualty and active shooter events, no one should die from uncontrolled bleeding. An acronym to summarize the necessary response is THREAT:

- Threat suppression
- Hemorrhage control
- Rapid Extrication to safety
- Assessment by medical providers
- Transport to definitive care

For more information go to: http://bulletin.facs.org/2015/07/the-hartford-consensus-iii-implementation-of-bleeding-control/.

u) FHWA Highlights EMS Involvement in Highway Safety Plans

The Strategic Highway Safety Plan (SHSP) is a statewide-coordinated safety plan that provides a comprehensive framework for reducing highway fatalities and serious injuries on all public roads. It is during the SHSP process that statewide goals, objectives, and key emphasis areas are established. The four E's of highway safety - engineering, education, enforcement and emergency medical services (EMS)-must be considered during this process. The Federal Highway Administration (FHWA) is committed to involving EMS in the SHSP Process. FHWA recently hosted EMS events via webinar featuring our colleagues in Maine and Missouri that have been archived but are available for viewing.

- Webinar #1: https://connectdot.connectsolutions.com/p8whb7f2czf/ (Featuring Maine)

- Webinar #2: https://connectdot.connectsolutions.com/p6essmewk9b/ (Featuring Missouri)

- The accompanying slide decks have been added to the NASEMSO web site at: http://www.nasemso.org/Projects/HITS/Resources.asp.

And don't forget to visit the FHA website *Saving Lives Together: The Highway Safety and the EMS Connection* for ideas on how to successfully integrate EMS into the SHSP Process at: http://safety.fhwa.dot.gov/hsip/shsp/ems/connection/.

v) H&HN Magazine Highlights Statewide Stroke Care

In the current issue of Hospitals and Health Networks (H&HN) online magazine, authors highlight progress in the development of comprehensive stroke systems, noting "State systems of stroke care bring hospitals, paramedics, and others together to improve outcomes." The article positively features the important role of EMS personnel in the delivery of high quality stroke care. The article states that collaborative efforts by the Joint Commission and the American Stroke Association in creating Comprehensive Stroke Center certification will expand to small

hospitals that are able to administer tPA and then transfer patients to primary or comprehensive stroke hospitals. H&HN is a subsidiary of the American Hospital Association. For more information go to: http://www.hhnmag.com/articles/3350-when-stroke-care-is-a-statewide-effort.

w) Self-Inflicted Injuries on the Rise in Adolescents

Self-inflicted injury accounts for an increasing number of emergency department visits among injured adolescents, according to a study in Pediatrics. Investigators reviewed national data for nearly 300,000 adolescents (aged 10–18 years) who presented to trauma centers. Roughly 3700 patients (1.3%) had self-inflicted injuries. Self-inflicted injury increased from 1.1% of adolescent trauma visits in 2009 to 1.6% in 2012. The most common methods of self-injury were cutting in females and firearms in males. Factors associated with self-inflicted injury included age 15–18 years, Asian race, comorbid conditions, public insurance, and female sex. Adolescents with self-injury were more likely to die from their injuries than those with other injuries. Emergency department visits offer an opportunity to intervene for youth at high risk for violence. This study helps providers target interventions to teens that may be at increased risk for self-harm and suicide. For more information go to: http://pediatrics.aappublications.org/content/early/2015/06/09/peds.2014-3573.

x) New Scoring System Helps Trauma Centers Prepared for Surges

A scoring system that can identify periods of high activity and increased trauma patient deaths in hospital emergency rooms may help hospitals better prepare for surges in trauma patient volume that come with catastrophic events like the Boston Marathon bombing (April 2013) or disasters like the Amtrak train crash (May 2015) in Philadelphia. Trauma surgeon Peter C. Jenkins, MD, MSc, and a team of investigators from Indiana University and multiple centers developed the scoring system, called the Trauma Surge Index (TSI). They reported their observations and results with the TSI in a study published as an "article in press" on the *Journal of the American College of Surgeons* website in advance of print publication later this year. For more information go to: https://www.facs.org/media/press-releases/jacs/traumacenters0615.

y) Access VRC Resources Now Available

The American College of Surgeons has posted several new open access resources you can share with trauma committees, trauma centers, and any interested party. A video, "Clarification and Changes in Verification Criteria" that details some of the important changes taking place in the transition from the 2006 to 2014 Resources for the Optimal Care of the Injured Patient is available at https://www.youtube.com/watch?v=UfoNbBwPI6E. The primary audience for this event is site visit reviewers who will be evaluating trauma centers under the new guidelines. In addition, "Resources for Optimal Care of the Injured Patient 2014/Resources Repository" has been posted at https://www.facs.org/quality-programs/trauma/vrc/resources. Of particular note, a "Clarification Document" is now available as an open access document as well as a downloadable pdf version of the "orange book."

z) Evidence Changes Approach to EMS Spinal Care

Prehospital spinal immobilization has long been held as the standard of care for victims of blunt or penetrating trauma who have experienced a mechanism of injury forceful enough to possibly damage the spinal column/cord. Two new resources can assist EMS and health care partners recognize and implement valuable evidence related to the use of long spine boards on injured patients.

- **What's New in Pennsylvania Spinal Care Fast Facts for Emergency Department Personnel** – from the PA Department of Health explains why EMS protocols in the state are refocusing on restricting spinal motion rather than immobilization: http://pehsc.org/wp-content/uploads/2014/05/Prehosp-Spinal-Care-Fast-Facts_June-2015.pdf.

- **Long Backboard Use for Spinal Motion Restriction** – From the Emergency Nurses Association. Long backboards (LBB) continue to be applied for spinal motion restriction (SMR) in trauma patients despite a lack of substantiated benefits.

The NAEMSP/ACS Position Statement titled EMS Spinal Precautions and the Use of the Long Backboard is available at: http://www.naemsp.org/Documents/Position%20Papers/POSITION%20EMS%20Spinal%20Precautions%20and%20the%20Use%20of%20the%20Long%20Backboard.pdf.

aa) EMS and Trauma Community Mourn the Loss of EMS and Trauma Legend

Dr. Norman McSwain, a New Orleans physician revered for establishing the city's emergency medical services system, died on July 28, 2015 following a brief illness. McSwain's life will be remembered for the impact he made on emergency trauma care. As a member of the American College of Surgeons' Committee on Trauma, he helped develop the Advanced Trauma Life Support and the Pre-Hospital Trauma Life Support programs. His practices have been taught to more than 500,000 people in 45 countries. His methods are widely regarded as the standard for trauma care outside hospitals. He was also the only physician in the American College of Surgeons' history to achieve all five major trauma awards. McSwain served as director of trauma for the Spirit of Charity Trauma Center at the Interim LSU Hospital was a surgery professor at Tulane's School of Medicine. McSwain additionally wrote or revised 25 textbooks and made more than 800 presentations of emergency trauma care in all 50 states, all Canadian provinces and most of Europe and South America. May his legacy live on through all those he cared for as well as those he taught. Rest in peace, Dr. McSwain, we will miss you! Note: NASEMSO passed a resolution honoring the life and achievements of Dr. McSwain at its business meeting in Louisville, Kentucky on October 15, 2015.

Educational Development

III. Educational Development

Committees

A. **The Training and Certification Committee** (TCC): The Training and Certification Committee met on Wednesday, October 7, 2015. There is one (1) action item. **See Appendix A.**

Copies of past minutes are available on the Office of EMS Web page here: http://www.vdh.virginia.gov/OEMS/Training/Committees-PDC.htm

B. **The Medical Direction Committee (MDC)** The Medical Direction Committee met on Thursday, October 8, 2015. There is one action item for consideration. **See Appendix B.**

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 to Paramedic student's are continuing the transition process that allows them to gain certification at the Paramedic level after completion of a Virginia approved Intermediate-99 to Paramedic bridge program. This transition process will end in 2018/2019 when their last certification cycle with National Registry expires as referenced in B below.

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

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

D. The 2015 Paramedic Psychomotor Competency Portfolio (PPCP) has been mailed to all accredited Paramedic programs in Virginia from National Registry. All students enrolling in Paramedic programs that start after August 1, 2016 will be required to master the portfolio of vital skills to qualify for the National Registry Paramedic (NRP) Certification examination.

Basic Life Support Program

A. Education Coordinator (EC) Institute

1. The Office held the third Education Coordinator Institute for 2015, September 12-16 in Lord Fairfax EMS Council Region. Thirteen (13) candidates attended and twelve (12) were certified, the final candidate will complete the process at the next Institute due to scheduling issues.
2. The deadline to pass the EC cognitive exam in order to be eligible for the next Institute was November 18, 2015. The next EC psychomotor exam is scheduled for December 5, 2015 in the Richmond Area.
3. The next EC Institute is scheduled for January and will be held in the Richmond area.
4. 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
5. 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 2015, the Division of Educational Development continued to provide in-person Educator Updates.
2. The Office conducted an in-person EMS Instructor Update on Saturday, September 12 in the LFEMS Council region, Saturday, September 26 in VA Beach in conjunction with the VAVRS Conference and Saturday, October 3 in the SWVEMS Council area.
3. The schedule of future updates can be found on the OEMS web at: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm

EMS Training Funds

FY14

	Commit $	**Payment $**	**Balance $**
Emergency Ops Funding	$1,120.00	$360.00	$760.00
BLS Initial Course Funding	$785,196.00	$380,237.25	$404,958.75
BLS CE Course Funding	$94,010.00	$39,182.50	$54,827.50
ALS CE Course Funding	$224,950.00	$80,115.00	$144,835.00
BLS Auxiliary Program	$130,000.00	$61,300.00	$68,700.00
ALS Auxiliary Program	$304,000.00	$177,985.00	$126,015.00
ALS Initial Course Funding	$1,188,504.00	$615,334.15	$573,169.85
Totals	**$2,727,780.00**	**$1,354,513.90**	**$1,373,266.10**

FY15

	Commit $	Payment $	Balance $
Emergency Ops Funding	$2,480.00	$540.00	$1,940.00
BLS Initial Course Funding	$737,320.50	$354,375.75	$382,944.75
EMT Initial Course	$4,284.00	$0.00	$4,284.00
BLS CE Course Funding	$58,460.00	$32,663.80	$25,796.20
ALS CE Course Funding	$146,335.00	$66,263.75	$80,071.25
BLS Auxiliary Program	$88,705.00	$17,960.00	$70,745.00
ALS Auxiliary Program	$548,376.00	$141,720.00	$406,656.00
ALS Initial Course Funding	$1,009,204.00	$591,193.05	$418,010.95
Totals	**$2,595,164.50**	**$1,207,698.35**	**$1,387,466.15**

FY16

	Commit $	Payment $	Balance $
Emergency Ops Funding	$-----.--	$-----.--	$-----.--
BLS Initial Course Funding	$0.00	$41,762.61	-$41,762.61
EMT Initial Course	$304,776.00	$90,013.50	$214,762.50
TOTAL			**$172,999.89**
BLS CE Course Funding	$0.00	$3,920.00	-$3,920.00
Category 1 CE Course	$86,765.00	$4,580.00	$82,185.00
ALS CE Course Funding	$0.00	$6,877.50	-$6,877.50
TOTAL			**$71,387.50**
Auxiliary Course	$245,200.00	$7,920.00	$237,280.00
BLS Auxiliary Program	$0.00	$2,560.00	-$2,560.00
ALS Auxiliary Program	$0.00	$31,280.00	-$31,280.00
TOTAL			**$203,440.00**
ALS Initial Course	$786,420.00	$221,187.00	$565,233.00
ALS Initial Course Funding	$0.00	$81,365.81	-$81,365.81
TOTAL			**$483,867.19**
Totals	**$1,423,161.00**	**$491,466.42**	**$931,694.58**

EMS Education Program Accreditation

A. EMS accreditation program.

1. Emergency Medical Technician (EMT)
   a) No new accreditation packets have been received.

2. Advanced Emergency Medical Technician (AEMT)

a) Frederick County Fire and Rescue has been granted a one year conditional accreditation. The Office of EMS will conduct a follow up visit after the completion of their first cohort class to assure that the requirements of accreditation are being met before full accreditation is issued.

3. Intermediate – Reaccreditation

   a) Roanoke Valley Regional Fire/EMS Training Center has been granted a one year probationary status that will expire on July 31, 2016.

4. Intermediate – Initial

   a) Southwest Virginia EMS Council has been granted conditional accreditation with review. Their initial Intermediate course has ended and the Office of EMS will be visiting the program in the next month to review their progress.
   b) Paul D. Camp Community College has been granted a one year conditional accreditation. The Office of EMS will conduct a follow up visit after the completion of their first cohort class to assure that the requirements of accreditation are being met before full accreditation is issued.
   c) Chesterfield Fire & EMS had their site visit in August, 2015. They have been granted accreditation from the Office of EMS.

5. Paramedic – Initial

   a) Germanna-Rappahannock EMS Council withdrew their self study with CoAEMSP due to changes required by Southern Association of Colleges and Schools (SACS). They will be required to resubmit an application for evaluation when ready to move forward.
   b) Prince William County has completed their initial cohort class and their CoAEMSP self study visit will be conducted in November.
   c) Historic Triangle EMS Institute voluntarily retired their CoAEMSP accreditation in April, 2017. The students enrolled in their current program are not affected and will be allowed to test for their National Registry Paramedic certification.
   d) John Tyler Community College has been granted a Letter of Review from CoAEMSP.

6. Paramedic – Reaccreditation

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

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

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

National Registry

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

On Line EMS Continuing Education

Distributive Continuing Education

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

EMSAT

EMSAT programs for the next three months include:

Nov. 18, Pelvic Fractures: Don't Go A "Rockin"
Instructor: Donald Kauder, MD, Mary Washington Hospital, Cat. 1 ALS, Area 90, Cat. 1 BLS, Area 04

Dec. 16, High Tech Kids 2015
Instructor: Tiffany Chatham, UVA Health System, Cat. 1, ALS, Area 85, Cat. 1 BLS, Area 08

Jan. 20, Psych Calls
Instructor: TBA, Cat. 1 ALS, Area 89, Cat. 1 BLS, Area 05

The EMS Portal

The Virginia EMS Portal now functions across multiple browsers. **If you are using Internet Explorer, be sure your compatibility mode is off.** Having compatibility mode on may reduce the functionality of the Portal. The Virginia EMS Portal supports Internet Explorer 8 or later versions, Google Chrome 4.0 or later versions, and Apple Safari 4.0 or later versions. We hope to add Mozilla Firefox in the near future.

CTS

A. There have been 37 - CTS, 2- EMT accredited course and 7- ALS psychomotor test sites conducted from July 14, 2015 through October 18, 2015.

B. Vacant OEMS Test Examiner positions in Northern Virginia were advertised on the COV Online Employment System July 10, 2015 - July 20, 2015. Additional open positions in the Western/Southwestern and ODEMSA regions will be advertised after the Northern Virginia positions are filled. Hiring for these positions has been preempted to process other vacant OEMS office positions. Anticipate the hiring process to resume soon.

C. Marcia Pescitani has "retired" from her position as an OEMS Test Examiner. We thank her for many years of extraordinary service.

D. The Psychomotor Examination Guide (PEG) continues to be updated and is going through final review.

E. Current Psychomotor Examination scenarios are being reviewed for possible revision.

Other Activities

- Debbie Akers continues to participate in the NASEMSO webinars Community Paramedicine Insights Forum.

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

- Debbie Akers participated in the National Registry Item Writing workshop in August, 2015 in Columbus, Ohio.

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

- Warren participated in a meeting of the Atlantic EMS Councils EPSC committee August 24th through August 26th.

- The Office discovered mid-March the Motorola CE Scanners used by OEMS and EMS Educators to record CE would require a security update to continue functioning. This security update has to be applied by the Office at no cost to the instructor. Adam Harrell has been facilitating these updates, and currently has successfully updated 307 devices.

- 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 June EMSAT program was on Autism and was coordinated through the Workgroup to satisfy the JLARC findings for training of EMS and Fire personnel.

- Warren participated in the fall NASEMSO conference in Louisville, KY October 2015.

Emergency Operations

IV. Emergency Operations

Operations

- **OEMS Earthquake Drill**

Winnie Pennington, Emergency Operations Planner, conducted the Great Southeast Shakeout Earthquake Drill on October 15, 2015 for the Office of EMS. All employees and guests present participated in the drill.

- **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.

- **National Preparedness Month**

Winnie Pennington, Emergency Operations Planner, developed and sent staff information for National Preparedness Month in September. Weekly e-mails were sent to staff in addition to assisting in development of information on social media sent to the public throughout September 2015.

- **2015 UCI Bike Races**

Karen Owens, Emergency Operations Director, Connie Green, Emergency Operations Assistant Manager, Winnie Pennington, Emergency Operations Planner, Frank Cheatham, HMERT Coordinator, and Ken Crumpler, Emergency Communications Coordinator, were all on standby to cover various 12 hour shifts at the ESF-8 desk in the Virginia EOC as needed from September 19-27, 2015.

- **Hurricane Joaquin**

The Division of Emergency Operations and the OEMS VERT Staff prepared for response to and assisted in the staffing of the Virginia EOC in support of the Commonwealth's response to Hurricane Joaquin. The Emergency Operations Manager, Planner, HMERT Coordinator, and Communications Coordinator provided 12 hour shift staffing at the Virginia EOC. While no OEMS response was needed, staff was ready to assist as needed.

Committees/Meetings

- **EMS Communications Committee**

The EMS Communications Committee met on Friday, August 12, 2015 in Glen Allen Virginia. The committee welcomed three new members, John Korman from Fairfax 911, Mike Keefe from the Va. Dept. of Emergency Management (VDEM) and Derrick Ruble from Tazewell 911. Mr. Korman is the Va. APCO representative appointed to the EMS Advisory Board, Mr. Keefe replaces Vic Buisset (now retired) as the VDEM representative and Mr. Ruble is representing southwest Virginia.

Mr. Crumpler reported to the committee regarding the Virginia Department of Education's effort to begin a program in Virginia high schools on basic 911-dispatcher training. The new program will use the International Academy of Emergency Dispatch "Emergency Telecommunicator Course" as an outline.

OEMS PSAP Accreditation applications from Fauquier Co. and Dickenson Co. were submitted for approval and passed unanimously.

- **Provider Health and Safety Committee**

Karen Owens, Emergency Operations Manager, Connie Green, Emergency Operations Assistant Manager, and Frank Cheatham, HMERT Coordinator, attended the Provider Health & Safety Committee meeting on August 5, 2015. The committee discussed the monthly safety bulletins and assigned topics for the coming months, the need for EMS Safety Officers and EMS Provider Fatigue issues.

- **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 August 6, 2015. The committee discussed the tactical medic information sharing project plans and MCIM/MUCC training for EMS providers.

- **Traffic Incident Management (TIM)**

Frank Cheatham, HMERT Coordinator, continues to work with the TIM program. He held a meeting of the Best Practices workgroup to update them on the Job Aid and to also look at the next items that the group needed to consider. The group continues to look at areas to make suggestions for improvements to the Traffic Incident Management Response system. He also attended the meeting of the Training Oversight Committee for the Statewide Committee. Frank also attended other meetings to further the deployment of TIM Training in the immediate Richmond area.

- **Lane Reversal Coordination**

Frank Cheatham, HMERT Coordinator, continues to attend meetings in regards to Lane Reversal.

- **Task Force Meetings**

Over the past quarter, Frank Cheatham, HMERT Coordinator, has worked to continue the recruitment efforts for the Task Force teams. There are several agencies that are working on becoming one of the types of Task Forces to become a part of the system. Additionally, a training class for new members for one of the Task Forces was held, which resulted in several new members for that group and several Task Forces were assisted by providing guidance and suggestions on viability and readiness. Frank Cheatham continues to keep up to date on storm activity and keep information flowing to the teams.

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

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

- **VDH Patient Tracking Workgroup**

Winnie Pennington, Emergency Operations Winnie Pennington, Emergency Operations Planner, continues to attend the VDH Patient Tracking Workgroup meetings and has been actively participating in the development of the Patient Tracking Video.

- **State Well-Being Plan**

Karen Owens and Winnie Pennington participated in meetings of VDH committee for development/update of State Well-being Plan, August 5, 19, 21, 26, and September 4, 2015. She developed OEMS information for inclusion in the statewide plan.

- **EVD Activities**

Winnie Pennington, Emergency Operations Planner, participated in a VDEM sponsored meeting on the development of an EVD “Exercise-in-a-Box”, on September 18, 2015 and October 29, 2015. Karen Owens continued to participate in the monthly conference calls, which were discontinued in September.

- **Vicarious Trauma Toolkit**

Karen Owens, Emergency Operations Manager, continues to participate in the National Vicarious Trauma Toolkit Committee as a representative of the National Association of State EMS Officials. Conference calls during this quarter have focused on the funding of year three of the project and strengthening the website based on recommendations from the pilot site.

Training

- **Traffic Incident Management Train-the-Trainer**

Frank Cheatham, HMERT Coordinator and First Sgt Ticho of VSP coordinated a Train the Trainer class held at OEMS for the Central Virginia Area on October 13 & 14, 2015. The course, which included 22 students, followed a new format to train individuals to serve as instructors in the TIM program. Connie Green, Emergency Operations Assistant Manager, participated in the class.

- **VDEM VEST Training**

Connie Green, Emergency Operations Assistant Manager, participated in the VDEM VEST training on August 10-14, 2015. The new VDEM response structure and operations and ESF roles and expectations were introduced.

- **Mass Casualty Training**

Frank Cheatham, HMERT Coordinator, conducted a MCI 1 and 2 Train the Trainer class for members of the Henrico Fire MCI Team on September 5, 2015.

- **Tactical Medic Project**

Karen Owens, Emergency Operations Manager and Connie Green, Emergency Operations Assistant Manager, met with VSP Officer A. Galton on September 22, 2015 to develop the framework for the Tactical Medic Project informational website. The objectives are to develop a website of useful data, policies and promising practices to be available for EMS and other partner agencies to review when considering developing a tactical medic program or team. Karen Owens, Emergency Operations Manager and Connie Green, Emergency Operations Assistant Manager, also attended the OMD Committee Meeting on October 8, 2015 to provide any necessary input regarding the Tactical Medic Project.

- **CISM Training**

Connie Green, Emergency Operations Assistant Manager, participated in the CISM for Healthcare Professionals Training Conference from August 24 to September 1, 2015. The training, hosted by Old Dominion EMS Alliance provided training in various CISM programs.

- **2015 OEMS COOP Exercise**

Winnie Pennington, Emergency Operations Planner, conducted the first phase of the office wide COOP Exercise, September 8-11, 2015. Ninety-eight percent (98%) of the office staff participated in the individual participation phase.

Communications

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

PSAP Accreditation applications for Madison Co. 911 and Dickenson Co. 911 were approved during this quarter.

- **EMS Communications Directory**

Ken Crumpler, Emergency Communications Coordinator, attended an OEMS/IT meeting on September 24, 2015. The meeting included discussion on the OEMS PSAP Accreditation program and the EMS Communications Directory. With changes to the IT programs in the Office, the Communications Directory and PSAP Accreditation program tracking will be adjusted to ensure that information is up to date, but not duplicated.

- **FirstNet Initial State Consultation**

Karen Owens, Emergency Operations Manager and Ken Crumpler, Emergency Communications Coordinator, represented OEMS at the FirstNet Initial State Consultation meeting in Short Pump on September 30, 2015. This program is a wireless digital interoperability solution proposed by the Office of the Secretary of Public Safety and Homeland Security. The meeting was to provide information on a federal grant-funded data collection and outreach with the First Responder Network Authority (FirstNet).

Critical Incident Stress Management (CISM)

- **CISM Regional Council Reports**

During this reporting quarter Regional Council CISM teams reported 7 events, including education sessions, training classes, and debriefings (both group and one-on-one).

Planning and Regional Coordination

V. Planning and Regional Coordination

Regional EMS Councils

The Regional EMS Councils have submitted their FY16 First Quarter contract reports throughout the month of July, and are under review. OEMS has transitioned to a web based reporting application to replace Lotus Notes, for the Regional EMS Councils to submit quarterly deliverables.

Applications for Regional EMS Council re-designation were submitted to OEMS on October 1, 2015, and are under review. Designation site visits and evaluations should be conducted in February and March of 2016. The next designation period begins on July 1, 2016.

The EMS Systems Planner attended the regional award program for the Southwest Virginia EMS Council during the quarter.

Medevac Program

The Medevac Committee is scheduled to meet on November 11, 2015. The minutes of the August 6, 2015 meeting are available on the OEMS website.

The Medevac Helicopter EMS application (formerly known as WeatherSafe) continues to grow in the amount of data submitted. In terms of weather turndowns, there were 580 entries into the Helicopter EMS system in the third quarter of 2015. 65% of those entries (373 entries) were for interfacility transports, which is close to the average from information from previous quarters. The total number of turndowns is a slight decrease from 615 entries in the third quarter of 2014. This data continues to show dedication to the program itself, but also to maintaining safety of medevac personnel and equipment.

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

The aim of this retrospective chart review of ground and air transported STEMI patients between January 1, 2015 – December 31, 2015 is to:

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

Data has been collected since April 1, but at this point, is too premature to make any proper evaluations or conclusions, but aim to present a report to the Advisory board at a future meeting.

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 is developing a safety flyer that will easily be able to be distributed and posted.

The EMS Systems Planner also participates on the NASEMSO Air Medical Committee. The committee met several times throughout the months of September and October.

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 Advisory Board, as well as OEMS staff, and Regional EMS Council staff, will be tasked with evaluating the current Plan, and proposing additions and/or deletions, as well as a SWOT analysis, as it pertains to their particular subject area. Templates for these planning sessions will be distributed in February, in hope to have input from stakeholders throughout 2016, and an anticipated approval by the Board of Health in late 2016.

The current version of the State EMS Plan is available for download via the OEMS website.

Public Information and Coordination

VI. Public Information and Education

Public Relations

Promotions

EMS Bulletin

PR coordinator completed the summer edition of the EMS Bulletin July 2, 2015. Posted it online and shared it through social media and listserv email. It remained in the top five most downloaded items on the OEMS website for the months of July – September.

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 July - September are as follows:

- **July –** EMS Heat Safety Training Bulletin, holiday office closures, fireworks/Fourth of July safety tips, CDC food safety tips, National EMS Memorial Service "Tree of Life", 36th Annual Virginia EMS Symposium registration open announcement, Hanover Rescue Squad Association's "Law, Leadership and Ethics" seminar and public comment open for the periodic review of current DDNR regulations.

- **August -** Ready Campaign and America's PrepareAthon! Heat Safety Toolkit, VAVRS District 1 Annual Super CE Day, Heavy Truck Rescue 2015, DMV child safety seat emergency identification sticker, Virginia Jaycees Outstanding Young Virginian program, hurricane preparedness, technical service bulletin for the Ferno Antler and Rail Fastening System and Opioid Overdose Risk Mitigation.

- **September –** Red Cross Water safety, holiday office closures, RSAF grant deadline, September 11 memorials, CDC updated guidance re: personal protective equipment for healthcare personnel, EMS Symposium registration reminder, EMS PPE Safety Training Bulletin, EMS Symposium registration closing date reminder, disaster assistance/emergency response and State of Emergency Declared as Commonwealth Responds to Flooding and Prepares for More Dangerous Weather.

Via GovDelivery E-mail Listserv (July -September)

- July 2 – EMS Bulletin – Summer Edition
- September 2 – Virginia EMS Symposium Registration Info
- September 25 – EMS Symposium Registration Reminder
- September 30 – Registration Closing Date Final Reminder

Customer Service Feedback Form (Ongoing)

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

Other PIO Functions:

- Aug 6 - PR coordinator participated in OEMS division presentations for the new State EMS Board member's orientation.
- Sept. 2 – PR coordinator attended the ACS Site Visit opening session.
- Sept. 4 – PR coordinator and assistant attended the ACS closing presentation.
- Sept. 29 – PR coordinator attended a Trauma Center Site Review.
- PR coordinator and assistant participated in the OEMS COOP exercise.

Social Media and Website Statistics

Figure 1: This graph shows the total organic reach of users who saw content from our Facebook page, July – September 2015. Each point represents the total reach of organic users in the 7-day period ending with that day.

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

***As of October 23, 2015, the OEMS Facebook page had 4,458 likes, which is an increase of 98 new likes since July 22, 2015. As of October 23, 2015, the OEMS Twitter page had 3,422 followers, which is an increase of 130 followers since July 22, 2015.**

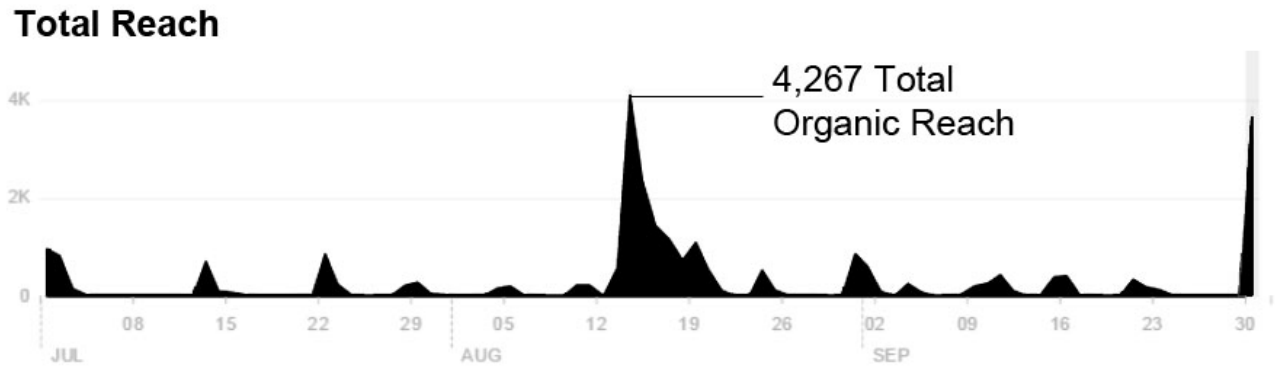


Figure 2: This table represents the top five downloaded items on the OEMS website from July – September.

July	1. EMS Bulletin – 2015 summer edition (133,767) 2. 2015 EMS Symposium Catalog (58,156) 3. 2010 EMS Symposium presentation LMGT-732 (24,618) 4. EMSAT CentreLearn instructions (8,138) 5. 2014 EMS Symposium presentation PRE-004 (6,922)
August	1. 2015 EMS Symposium Catalog (52,960) 2. 2010 EMS Symposium presentations LMGT-732 (22,738) 3. EMS Bulletin – 2015 summer edition (10,077) 4. 2010 EMS Symposium presentation MED-802 (8,659) 5. EMSAT CentreLearn instructions (6,278)
September	1. 2015 EMS Symposium Catalog (59,009) 2. 2010 EMS Symposium presentation LMGT-732 (28,110) 3. EMS Bulletin – 2015 summer edition (8,964) 4. 2012 EMS Symposium presentation CAR-504 (5,370) 5. 2009 EMS Symposium presentations SPE-1008 (5,279)

Figure 3: This table identifies the number of unique visitors, the average hits per day and the average visit length by minutes to the OEMS website from July – September. *Visitors* are defined as the number of unduplicated (counted only once) visitors to your website over the course of a specified time period, whereas the *average hits per day* include both unique visitors and repeat visitors.

	Visitors	Average Hits Per Day	Average Visit Length (Minutes)
July	84,622	2,729	14:17
August	91,387	2,947	12:59
September	90,177	3,005	14:26

EMS Symposium

- July 21 - PR coordinator finished the Symposium Catalog design for print; it was posted on the OEMS website and shared via social media.
- August 3 - PR coordinator designed a full-color postcard to promote the EMS symposium to all EMS providers.
- PR assistant coordinated the shipping of the symposium catalogs to all Virginia EMS agencies, and coordinated the mailing of symposium post card mailers to all Virginia EMS providers.
- PR coordinator submitted symposium ads to VAVRS and the Virginia Fire Chiefs Association publications to advertise the Virginia EMS Symposium. Also worked with other OEMS staff to promote the EMS Symposium at the North Carolina EMS Symposium.

- PR coordinator worked with Virginia Department of Fire Programs to promote the Virginia EMS Symposium.
- Started working with OIM to develop new mobile app for the Virginia EMS Symposium event. Met to discuss criteria and general setup of app, as well as features and info to include. App would mimic the on-site guide but it would be more current, as information could be updated to the app on an as-needed basis.
- PR coordinator worked with Web coordinator to update symposium sponsors on the OEMS website.
- Started coordinating items that would be needed for symposium registration packets. PR assistant placed supply order for such items.

Governor's EMS Awards Program

- July 25 – PR coordinator attended the ODEMSA Regional Awards Ceremony at the Richmond Metro Zoo.
- PR assistant completed the final press releases for the Regional Awards.
- PR assistant prepared the Governor's EMS Awards nomination packets for the Awards Nomination Committee members to review.
- PR assistant organized the Governor's EMS Awards Nomination Committee meeting August 21, 2015.
- PR assistant placed order for the Governor's EMS Award pyramids that will be presented to winners at the EMS Awards banquet.
- Sept. 10 - PR coordinator submitted a Decision Memo request to the Governor's Office to review the Governor's EMS Award selections and provide signed certificates of the winners.

Media Coverage

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

- July 8 – Reporter from The Post in Big Stone Gap inquired about EMS transport time-related death statistics.
- August 12 – Reporter from the Daily News Record inquired about New Market Fire and Rescue Dept. correction order.
- August 17 – Reporter from the NV Daily inquired about New Market Fire and Rescue Dept. correction order.
- August 18 – Reporter from the Free Press inquired about New Market Fire and Rescue Dept. Correction Order.
- August 27 – Reporter from WAVY-10 inquired about a complaint regarding Mid-Atlantic Regional Ambulance.
- August 27 - Reporter from Pilot Online inquired about the Powerload System Mandate for ambulances.
- August 31 – Reporter from WAVY-10 requested an update in regards to the compliance case for Mid-Atlantic Regional Ambulance.

- September 1 – Reporter from the Free Press requested an update on the correction orders for New Market Fire and Rescue Dept.
- Sept. 2 – Reporter from Wavy-10 requested a follow-up on the status of an investigation for Mid-Atlantic Regional Ambulance.
- Sept. 8, 9, 15– Reporter from the Free Press had follow-up questions regarding New Market Fire and Rescue Squad's compliance status.
- Sept. 21&23 – Reporter from Wavy-10 inquired about an update on the compliance case for Mid-Atlantic Regional Ambulance Service.

OEMS Communications

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

- On a daily basis, the PR assistant monitors and provides assistance to the emails received through the EMS Tech Assist account and forwards messages to the respective divisions.
- The PR assistant is the CommonHealth coordinator at OEMS, and as such sends out weekly CommonHealth Wellnotes to the OEMS staff.

VDH Communications

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

- **July - September** – Responsible for providing back up for the PR team, to include covering media alerts, VDH in the News, media assistance and other duties as needed.
- **VDH Communications Conference Calls (Ongoing) -** The PR coordinator participates in bi-weekly conference calls and polycoms for the VDH Communications team. On August 3, the PR coordinator attended the Lessons Learned/Social Media Q&A polycom.

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

- **Sept. 15 - American College of Surgeons Evaluates Virginia's Trauma System**
  Last week, the Office of Emergency Medical Services (OEMS) hosted the American College of Surgeons (ACS)/Committee of Trauma (COT) for an evaluation of Virginia's trauma system. Over the course of four days, the committee assessed the 18 core public health functions of an integrated trauma system, which involved an extensive pre-review questionnaire, multiple supporting documents, presentations and interviews with key stakeholders. During the evaluation, eight ACS/COT members conducted 12 hours of open interviews with state staff and 100 stakeholders, who were a representative sample of our trauma system. These individuals represented the EMS Advisory Board, the Trauma System Oversight and Management Committee, Emergency Medical Services, helicopter EMS, all 15 Virginia trauma centers, critical access hospitals, non-designated hospitals, rehabilitation specialists, the Virginia Department of Transportation,

epidemiologists, injury prevention specialists and hospital preparedness experts from VDH, United Network of Organ Sharing and OEMS. Special thanks to Robin Pearce, trauma/critical care coordinator, and Paul Sharpe, trauma/critical care manager, for coordinating and providing on-site support for this important evaluation. Additional thanks go to Dr. David Trump, chief deputy commissioner for Public Health and Preparedness; Gary Brown, director, Office of EMS; David Edwards, Virginia EMS for Children coordinator; Anne Zehner, epidemiologist, Office of Family Health Services (OFHS); Heather Board, injury prevention coordinator, OFHS; Kelly Parker, hospital preparedness; Wanda Street, secretary senior; and Karen Rice, Va. State Trauma Registry/Va. Pre-Hospital Information Bridge coordinator.

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 third quarter 2015:

Compliance

Enforcement	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	YTD	CY2014
Citations	**10**	**18**	**15**		**43**	**40**
Agency	4	12	4		20	22
Provider	6	6	11		23	18
Verbal Warning	**2**	**0**	**x**		**2**	**21**
Agency	2	0	x		2	11
Provider	0	0	x		0	10
Correction Order	**10**	**29**	**x**		**39**	**59**
Agency	10	29	x		39	59
Provider	0	0	x		0	0
Temp. Suspension	**5**	**9**	**5**		**19**	**20**
Agency	0	0	0		0	0
Provider	5	9	5		19	12
Suspension	**2**	**5**	**6**		**13**	**11**
Agency	0	0	0		0	1
Provider	2	5	6		13	5
Revocation	**1**	**4**	**2**		**7**	**7**
Agency	0	0	0		0	0
Provider	1	4	2		7	4

Compliance Cases	**49**	**63**	**30**		**142**	**202**
Opened	38	40	14		92	140
Closed	11	23	16		50	62
Drug Diversions	**3**	**3**	**1**		**7**	**21**
Variances	**6**	**2**	**1**		**9**	**29**
Approved	2	1	1		4	16
Denied	4	1	0		5	13

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

July 30 – Hopkins
July 30 – Stinnette
Sept 11 – Farrow
Sept 11 - Ralston

Licensure

Licensure	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**	**2014**
Agency	669	656	645		669
New	2	3	x		
Vehicles	4,140	4,142	4,524		4137
Inspection					
Agency	116	103	57		289
Vehicles	741	733	91		2,261
Spot	124	161	186		447

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	YTD	2014
Processed	2,125	1,889	1,006		4,014	3,488
Eligible	1,380	1,676	858		3,059	2,683
Non-Eligible	18	12	11		30	19
Outstanding	726	201	112		927	546
Jurisdiction Ordinance	x	x	25			

Regulatory

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

- The Fast Track Regulatory Packet for changes to the Financial Assistance to EMS agencies (FARC) is within the regulatory process and currently resides in the Governors' Office for the analyst to review and approve, (http://townhall.virginia.gov/L/viewstage.cfm?stageid=6969)

- A Fast Track regulatory package to include the terminology of "affiliation" in the language of 12VAC-5-31-910 is within the regulatory 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 Periodic Review has concluded for the Durable Do Not Resuscitate regulations 12VAC5-66. Staff will be developing a Fast Track regulatory packet to include the definition of "POST" in the definitions.

- The revision to the *Virginia EMS Regulations* to update terminology secondary to the SB 938 and HB 1584 Technical clean-up bill became effective October 22, 2105 (http://law.lis.virginia.gov/admincode/title12/agency5/chapter31/section10/).

EMS Physician Endorsement

Endorsed EMS Physicians: As of September, 2015: 214

The OMD workshops for 2016 have been finalized with the first of the "Currents" sessions to start at the Virginia EMS Symposium November 12, 2015. An updated listing may be found at the following URL, http://www.vdh.virginia.gov/OEMS/MedicalDirectors/CEWorkshops.htm. 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 August 19-21 in South Hill, Virginia.

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

July 6-9 – Pittsylvania Fire/EMS Study
August 11 – Shenandoah County
August 29 – Chief Werner Retirement
September 2 – Virginia State Police (CCHR/FBI Background)
September 25 – VAVRS Conference BOG
September 28 – Transportation Committee workgroup

Staff has recently completed two additional Fire/EMS studies:

October 18-19 – Isle of Wight County
November 3-5 – Rockingham County

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

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

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

Staff attended a meeting on September 29, 2015 in Crystal City, Virginia to review the second round of public comment. Once a consensus group (part of the ANSI accreditation process) has approved the document, it will be published. A draft document will be posted by GVS (http://www.groundvehiclestandard.org/). It is anticipated the document to be effective July 1, 2016.

National Fire Protection Association (NFPA) 1917

Version 2 of the standard has been released and published. An agency having jurisdiction (AHJ) may choose to utilize this document knowing the effective date is January 1, 2016.

KKK-1822-F General Services Administration (GSA)

Change Notice 8 was implemented on July 1, 2015;
http://www.nasemso.org/Projects/AgencyAndVehicleLicensure/documents/KKK-A-1822F-change-notice8-01July2015-FINAL.pdf

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.

Staff also continues to work with Dr. Mark Kirk (UVA) and Virginia Paramedic Rita Krenz as prehospital provider/reviewers with the National Library of Medicine/National Institute of Health in the development of a first responder/first receiver product with smart phone application. This team has met via webinar and conference calls the following dates: May 12, July 29 and August 18, 2015.

Staff has met on several occasions with the Drug Enforcement Administration (DEA) in its ongoing investigation into drug diversions occurring in Virginia.

Staff has met with an investigator from the FBI, OAG investigator for Medicaid Fraud Control Unit and an investigator from the Office of the Inspector General on several occasions as they investigate claims of Medicare and Medicaid fraud in Virginia.

Technical Assistance

VIII. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee did not meet in August due to lack of quorum. The minutes of the May 7, 2015 meeting are available on the OEMS website. The committee's primary goal is to complete the EMS Officer and Standards of Excellence (SoE) programs.

EMS Officer Sub-Committee

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

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

Standards of Excellence (SoE) Sub-Committee

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

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

All documents related to the SoE program can be found on the OEMS website.
The sub-committee has identified EMS agencies in different parts of the Commonwealth who are willing to participate in the pilot phase of SoE. Site visits were conducted at three agencies through the month of October, and will be recognized as the first Agencies of Excellence. The program should go live before the end of 2015.

The Virginia Recruitment and Retention Network

The Virginia Recruitment and Retention Network met on July 31, 2015, in conjunction with the VFSA Conference at the Hampton Convention Center. A panel discussion was held on recruitment and retention efforts by different agencies throughout Virginia. The network is scheduled to meet on November 12, 2015, in conjunction with the Virginia EMS Symposium.

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

Division of Trauma/Critical Care Staffing

The Division of Trauma/Critical Care (Div. TCC) is pleased to announce that it has filled the vacant statistician position EM007. Mr. Dwight Crews has filled this position and comes with a background in statistics and most recently worked for the Department of Fire Programs. We look forward to Dwight beginning to provide a new level of data output from VPHIB and the VSTR as he becomes acclimated to his position.

A newly created and second statistician position has been created and is actively being recruited. This second position will assist with routine reporting as well as restoring our more in-depth data analysis projects such as those that had been released from the trauma PI committee.

National Participation by Div. of TCC Trauma System

National Participation

Members of the Div. of TCC routinely participate on the national level in a variety of roles. David Edwards is the Immediate Past Chair for the National Association of State EMS Officials' (NASEMSO) Pediatric Emergency Care Council (PECC), Robin Pearce represents Virginia on NASEMSO's State Trauma Managers Council, and Paul Sharpe is the current Chair of NASEMSO's State Data Managers Council (DMC). As the Chair of the DMC he serves as the states representative on the National EMS Information System' (NEMSIS) Steering Committee

Each of these national bodies continue to meet on a monthly basis on projects that will affect EMS systems on a national level.

Trauma System

American College of Surgeon's (ACS) State Trauma System Consultative Visit

The ACS State Consultative Visit was held September 1-4, 2015, with over a hundred of Virginia's stakeholders in attendance. These individuals graciously shared their knowledge, expertise, and opinions to help the members of the review team develop a clear picture of the trauma system in Virginia. The VDH/OEMS staff would like to thank these individuals for their time and input into the review process.

As of the writing of this document, VDH/OEMS has not received a report from the ACS. It is anticipated that the report will be made available shortly. The ACS review team's closing remarks with a few of the anticipated 60-70 recommendations can be viewed on YouTube at:

https://www.youtube.com/watch?v=9YrNpTHxc-U or it can be downloaded at http://www.vdh.virginia.gov/OEMS/NewsFeatures/ACSVideo.htm.

Trauma System Oversight and Management Committee (TSO&MC)

The TSO&MC did not meet in September as the committee members attended the ACS State Trauma System Consultation site visit in lieu of their regularly scheduled meeting.

The Trauma Performance Improvement Committee (TPIC) resumed its meetings in September. With the addition of Dwight Crews, statistical analyst, to the VDH/OEMS staff, the TPIC committee is able to begin looking at data again. With the resumption of the committee's meetings the group has looked at the committee structure and membership to be more inclusive of other groups that impact the care of trauma patients. This change is a result of feedback from stakeholders and the ACS review team. A new format for the committee membership will be presented for approval at the December meeting of the TSO&MC. Future projects of the TPIC committee will include reviewing disposition and outcomes of patients that meet two of the Step-1 trauma triage criteria.

The Injury & Violence prevention sub-committee is in the final phases of writing the questions for their statewide assessment of injury prevention in the Commonwealth's trauma system. The committee is also in the planning phase of a retreat to share ideas and resources.

Trauma Center Designation

As of the writing of this document there have been no trauma center designations or verifications finalized by the State Health Commissioner. This fall and early winter will be a very active time for designations and verifications with a total five reviews scheduled between September and December. In addition to conducting the reviews this fall the teams are orienting reviewers to the role of pediatric trauma surgeon, lead reviewer/trauma surgeon, emergency services reviewer, and administrative reviewer.

Trauma Triage

The trauma triage task force continues to meet monthly to work on their recommendations to the state trauma triage and inter-facility transfer guidelines. The group has incorporated the information sent forward by the geriatric trauma task force into the field trauma triage decision scheme and transfer guidelines.

Members of the HEMS community have graciously provided input on the trauma patient transport considerations and the inter-hospital transports by helicopter sections. Review of pediatric considerations will be addressed in future meetings with the help of members of the EMSC committee.

The TPIC committee has voiced an interest in using outcome data from both VPHIB and VSTR to help shape the trauma triage decision scheme and will be reaching out to the trauma triage task force during their next meeting to share their ideas.

Trauma Center Fund

Trauma center funds were disbursed in October. These funds are seen in Table 1. Since 2006 when the trauma fund was instituted, OEMS has distributed over $ 87 million to the designated trauma centers.

Table 1 Recent Trauma Center Fund Disbursements

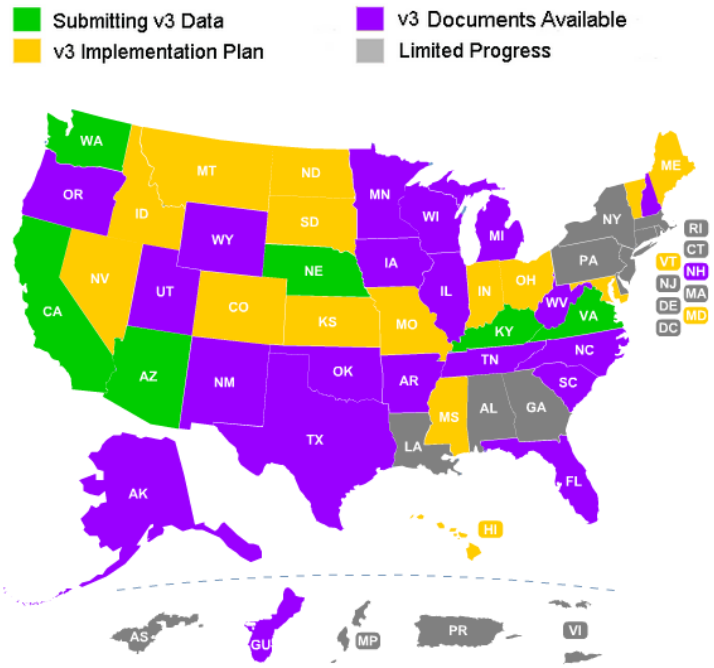
Trauma Center Level	Percent Distribution FY16	Previous Quarterly Distribution	October 2015	Total Funds Received Since FY06
I				
Roanoke Memorial Hospital	13.29%	$515,222.80	$166,585.46	$11,083,130.13
Inova Fairfax Hospital	16.17%	$614,284.41	$199,743.96	$16,458,164.16
Norfolk General Hospital	11.63%	$511,186.95	$147,436.91	$10,708,677.69
UVA Health System	11.22%	$505,316.63	$142,754.26	$11,758,983.34
VCU Health Systems	27.58%	$995,488.19	$331,121.81	$20,899,020.51
II				
Chippenham Medical Center	1.59%	$84,488.21	$31,819.11	$1,111,333.31
Lynchburg General Hospital	1.99%	$135,119.70	$36,463.76	$2,327,940.60
Mary Washington	3.79%	$212,167.63	$57,173.58	$2,311,380.17
Riverside Regional Med. Ctr.	5.53%	$153,097.55	$77,160.33	$2,759,158.10
Winchester Medical Ctr.	2.52%	$189,420.15	$42,516.55	$3,444,687.58
III				
Johnston Willis Hospital	0.10%		$14,687.77	$14,687.77
New River Valley Medical Ctr.	0.17%	$54,402.83	$15,486.83	$467,256.89
Montgomery Regional Hospital	0.17%	$51,467.67	$15,448.84	$455,651.04
Southside Regional Med. Ctr.	0.36%	$179,513.98	$17,657.18	$932,163.32
Virginia Beach Gen'l Hospital	3.90%	$65,042.78	$58,505.72	$2,594,565.05
Total	100.00%	$4,266,219.48	$1,354,562.07	$87,326,799.66

Migration to Virginia's Version 3 EMS dataset (VAv3)

"*Don't Say You Didn't Know*"

We are pleased to share that on September 18th Virginia became the sixth state to begin submitting version 3 data to the national EMS database. Virginia was the 42nd state to submit version 2 data nationally.

Figure 1 NEMSIS Version 3 State Implementation Map



Hospital Access to VPHIB

The following notice has been sent to hospitals throughout the state and those out of state that Virginia EMS agencies routinely transport to.

> *The Virginia Department of Health's Office of Emergency Medical Services (VDH/OEMS) is pleased to introduce the next step in our EMS data collection system's hospital access. The new hospital access is called the Virginia Hospital Hub and it is designed to provide hospitals with a single, real-time portal to retrieve EMS medical records. It is our hope this will promote patient safety and improve the continuum of care.*

This new system also allows EMS providers to easily meet EMS Regulation 12VAC5-31-1140 which requires a full EMS medical record be given to the hospital at the time of patient care transfer.

The new Virginia Hospital Hub will eliminate the need for EMS agencies to batch fax EMS records to hospitals and prevent hospital from accessing multiple on-line resources to obtain EMS medical records. With the Virginia Hospital Hub all EMS medical records from every Virginia licensed EMS agency will be accessible in one location; the Virginia Hospital Hub.

Hospital Hub is provided by the VDH/OEMS to hospitals at no costs and we have produced a training video your staffs may use to learn how to use Hospital Hub at your hospital. Hospital Hub can be utilized as "status-board" for incoming and recently arrived EMS units. Through the Hospital Hub you can retrieve the EMS Record and print or move it into your hospital's medical record system. We do ask that if you have the capability, please provide EMS units with Wi-Fi or internet in your emergency department.

We recommend adding the use of the State's Hospital Hub into your existing workflow whether that be having triage nurses retrieve records, registrations staffs, or all nurses and physicians. We offer a "Hospital Administrator" role where designated hospital staffs could setup and manage the accounts of a larger staff.

More information can be found at:

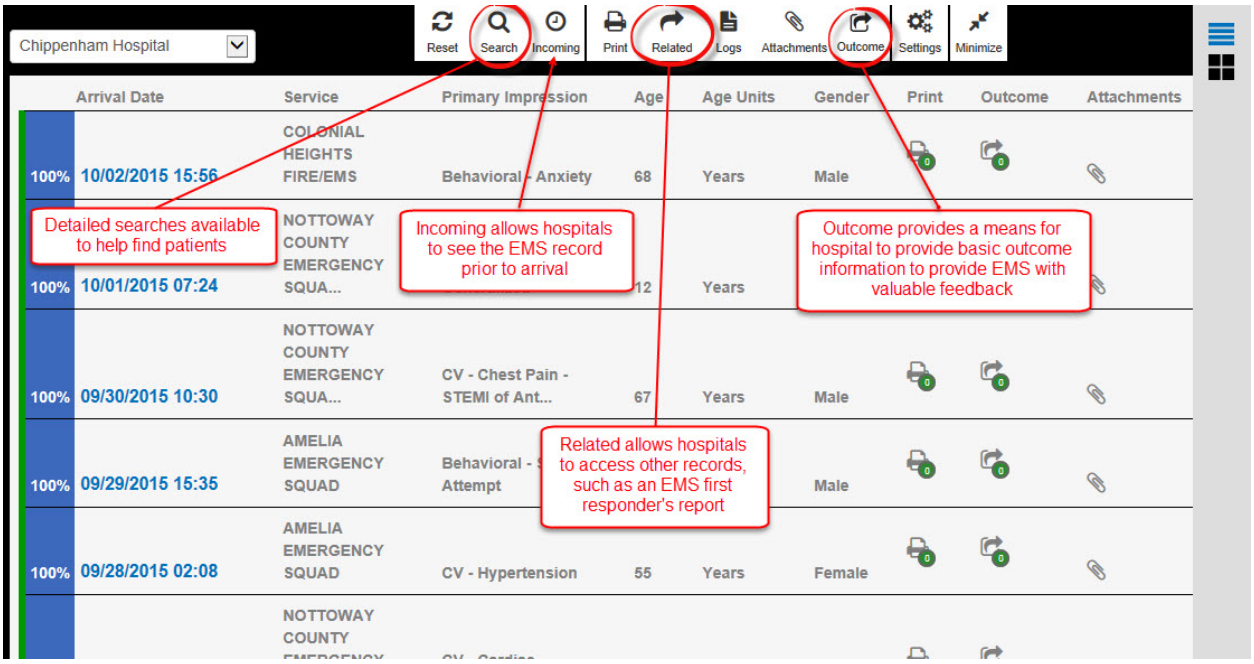
On-line: http://oemssupport.kayako.com/
E-mail: Support@OEMSSupport.Kayako.com
Call: 804.888.9149
Training Video: http://www.vdh.virginia.gov/OEMS/Trauma/VPHIBv3Migration.htm

It is VDH/OEMS' intent to improve coordination of care, patient safety, and begin an avenue for outcome information to become routine business for EMS and hospitals. Our goals for the Hub are:

- Utilize the version 3 standard as intended to promote real-time data submission and automate many of the administrative functions required to collect data, provide needed access to EMS data by hospitals while a treatment plan and interventions are occurring, and utilize EMS data for surveillance and situational awareness.
- Improve reliance on EMS data by hospitals.
- Move toward integrating EMS data with hospital medical record systems.
- Encourage hospitals to provide basic outcome information directly into the Hub.
- Create access to the "patient's" entire EMS encounter to hospitals.
- Provide hospitals with a single source to access to EMS data and eliminate a fragmented process to retrieve reports from multiple vendors and sources.
- Assist agencies with "leaving a PCR" at the hospital at the time of patient transfer.

Figure 2 below shows some of the basic features that are available to hospitals through the VPHIB Hospital Hub. Hospitals have some flexibility in what to display in the Hub based on the hospitals workflow and how the Hub is utilized at their institution.

Figure 2 Virginia's Hospital Hub Introduction.

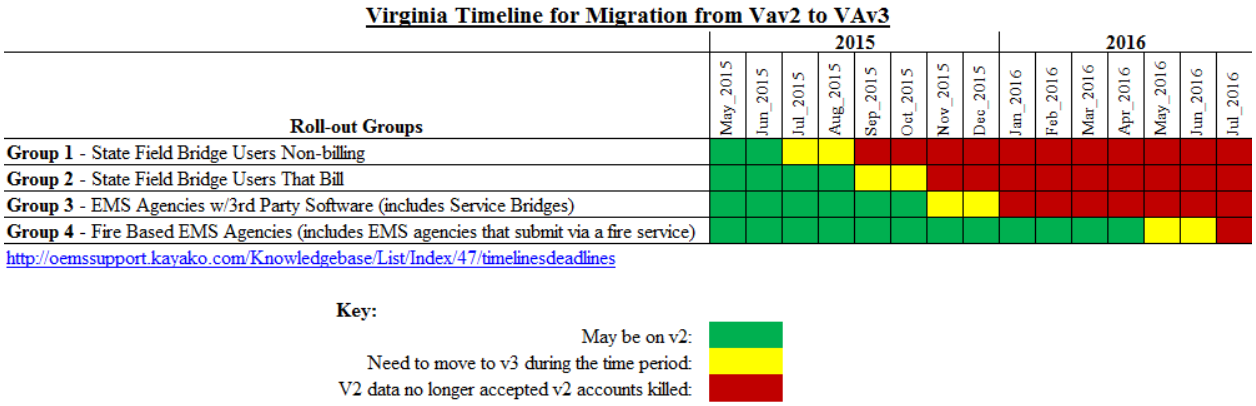


The logon request, security agreement, and data use agreement are located on our VPHIB/VSTR Support Site.

Migration Timeline

To find out the deadline for any single agency you can go to our support suite at http://oemssupport.kayako.com/Knowledgebase/List/Index/47/timelinesdeadlines.

Figure 3 Vav2 to VAv3 Migration Deadlines



Requests for VAv3 Migration Extensions: During the implementation of VAv3 OEMS has been exercising some leniency to deadlines, but needs to start paying more attention deadlines, submission, and quality. Similar to the agencies being obligated to submit EMS data, the OEMS is equally required by law to collect it.

Agencies needing a brief extension may request so in writing by submitting the following via the VPHIB/VSTR Support Suite:

- The request should be made in writing on agency/department letterhead.
- The request should be signed by either the Chief Executive Officer or Chief Operating Officer as listed in the OEMS licensure database. If staff is comfortable that a person with an active VPHIB administrator account is able to speak on behalf of the agency, we can accept their signature also.
- The document should include the date the agency will end using v2 or the date they will begin with v3.
- The document should include a very brief statement why the extension is needed.

Disclaimers: Under certain conditions extensions will likely not be granted to an agency, such to an agency that made no effort to meet past deadlines or utilizes a software that is not NEMSIS v3 compliant and therefore is at high risk to fail. Also, for those agencies in "Group 4" will not be able to extend the cut-off date for version 2. VAv3 will be in a completely new server environment and the v2 servers and their ability to collect v2 data will not exist on July 1, 2016. The entire timeline was extended for one year for those in Group 4. Please plan ahead.

Non-NEMSIS v3 compliant EMS software – Please remember that VPHIB staff have been strongly advising for the past few years that agencies who choose to utilize an EMS software product that is not v3 compliant do so at their own risk. We also consider this to be a very high risk, but ultimately the agency's decision. Some issues we are experiencing in Virginia and hear nationally include:

- False claims that a product is version 3 compliant.
- Claims that a software will become version 3 compliant.
- Vendors that are attempting to create a process to convert version 2 into a version 3 format, which just will not be successful meeting standards.
- Vendors that are not version 3 compliant being overly dependent on state staff or our vendor to assist them with becoming compliant. This is not a resource available from VPHIB staffs, nor from our vendor.
- Vendors that are not NEMSIS v3 compliant do not have access to the many tools created to assist agencies and third party software to consume our lists, validation rules, and other labor-intensive items.

Most of the version 3 information below is the same as our last quarterly report, but the information will remain relevant through the summer of 2016, so it is our intention to leave the implementation resource information in the report.

With VAv3 implementation deadlines now behind us for some and rapidly approaching for others, the VPHIB program continues to offer what we feel are a simple guide and tools for VPHIB administrators to plan the transition from VPHIB version 2 to VPHIB VAv3. Even those with third party vendors may find these to be very help aids in your migration to VAv3. There is a transition checklist, a project timeline were you can plug in your go-live date and it will provide you with milestones for accomplishing migration tasks, and videos on a variety of setup issues.

Below is a screenshot (don't click on the links in the figure while in public, it is a picture) and can be found on-line at http://www.vdh.virginia.gov/OEMS/Trauma/VPHIBv3Migration.htm. The video files are too large to post on the VPHIB Support Suite site so these have been added to the OEMS website. Anyone having internet challenges downloading them can contact VPHIB support and we will make you a CD.

Figure 4 EMS Agency Implementation Packet

- Transition Checklist - Provides a comprehensive list of items to be done during and after your agency's transition.
- Transition Spreadsheet - Provides a recommended timeline to be used as a guide by agencies to accomplish the checklist items.
- Overview videos to be used to help agency personnel get up to speed on the use of the new program. These videos are formatted as WMV files and should be viewable in any windows environment.
    1. VAv3 Setup and Transition - Designed to show existing VPHIB administrators how to do the basic setups to ensure that computers are ready to go
    2. VAv3 Administrator Overview - Designed to give the existing VPHIB administrator an overview of all current functionality
    3. VAv3 EMS Agency Staff Overview - Designed to explain to staff members how to navigate through the system and give an overview of the current access
    4. VAv3 Medical Director Overview - Designed to explain to medical directors how to navigate through the system and give an overview of the current access
    5. VAv3 Field Setup - Designed to show any individual that currently uses FieldBridge how to do the initial setup prior to beginning a medical record
    6. VAv3 EMR Online access - Designed to show those few agencies that currently enter in medical records directly into VPHIB how to access a new medical record form in VAv3
    7. VAv3 EMR Overview - Designed to show all users how to navigate the new medical record form and how the features contained within the form work.

Resources Available to Agencies and Vendors for VAv3 (Updated)

A variety of time saving resources have been created either, nationally, by OEMS, or our vendor. These resources should make setting up your system easier and eliminate many of the issues that cause poor data quality, import errors, and other technical problems.

1) Schematron File – this is a file your vendor is required by NEMSIS certification to be able to import into their systems that contain most of the State's validation rules. Out of over 500 rules less than 20 are not in our Schematron file. VPHIB staff continue to have serious concerns that this functionality may never actually come to fruition. However, we continue to strive to be a strong partner in the efforts to mature our national EMS data standards.

   VPHIB staff submitted a state Schematron file to the NEMSIS Technical Assistance Center (TAC) and the file passed the NEMSIS process. However, when Zoll attempted to utilize our Schematron file it was not operational. A new Schematron file has been submitted to NEMSIS, but at this time we have not received feedback on the file.

There are no requirements that states or vendors create/provide a means to create a state Schematron file and VPHIB staffs have consistently provided the message that we only are creating and providing a state Schematron file as a courtesy. Schematron cannot provide the functionality needed by the state to assess, monitor, and provide feedback related to data quality.

2) State File (StateDataSet) – Again, this is a NEMSIS product where state data managers are able to enter the various lists that are specific to our state programs. Like the state Schematron file above, this file is not mandatory, is not part of NEMSIS certification, and vendors and states are free to use or not use this process.

   Again, trying to be a partner in the NEMSIS program VPHIB staffs took the time to manually enter all of the values for the various v3 lists below into NEMSIS' on-line tool. It was our hope this process would allow third party vendors to simply upload VPHIB data element values so each agency wouldn't have to set them up manually.

   Unfortunately, the tool created by NEMSIS was far from creating a useful file and we had requested it be pulled from the NEMSIS website. It is our understanding that NEMSIS staffs have been tasked with manually creating these files for states. We will not be asking the NEMSIS TAC to create a file for Virginia as manual development by an outside party is prone to errors.

   The NEMSIS state file attempted to place the below lists into a single consumable file. To obtain these list Virginia agencies and their vendors should utilize the documents at http://OEMSSupport.Kayako.com:

   a. Any custom elements;
   b. All of our state required data elements;
   c. The certification levels accepted by VPHIB;
   d. The procedures that VPHIB will accept;
   e. The medications that VPHIB will accept;
   f. The protocols that VPHIB will accept;
   g. The list of all EMS agencies in VPHIB; and
   h. The facilities VPHIB will accept (this will be our hospitals).
   i. The Virginia recommended list for eHistory.12/Current Medications.
   j.

3) EMS Electronic Medical Record (EMR) a.k.a. our run form/ePCR. Staff has placed a copy of our EMR within the ImageTrend library. Any EMS agencies that wish to download the Virginia EMR to use or use as a starting point to create their own can download it into their own ImageTrend product.
   Several states have also asked to use the Virginia EMR as a base to setup their state's EMR.

4) Version 3 products should allow agencies to upload most agency and provider demographic information. It will not upload VPHIB user accounts. If user accounts are applicable to your agency they will need to be recreated.
5) VAv3 Data Dictionary – detailed information about the collection of VAv3 data. Maintained by VPHIB staffs and an official regulatory document.
6) VPHIB VAv3 Validation Rules – Similar to our EMR being uploaded the ImageTrend Library also now includes our validation rules for use by Virginia EMS agencies, other states, and ImageTrend customers throughout the country.
7) Suggested lists – These are based of the national suggested list which were developed by the data managers for each state and contain the below lists and the values accepted by VPHIB. Additions can be made upon request:

    a. Procedures
    b. Medications
    c. Cause of Injury
    d. Incident Location
    e. Protocols
    f. Impressions (primary & secondary)
    g. Symptoms (primary & associated)
    h. Hospitals
    i. Current Medications (new as of 10/26/2015)

Virginia Statewide Trauma Registry (VSTR)

Currently staff are working to implement ICD10 into the VSTR. The application was built with ICD9 and ICD10 coding. Staff need to add the ICD10 elements into the VSTR "form" and adjust validation rules to accommodate collecting two datasets.

EMS agency licensure and inspections databases

The OEMS has decided to move towards replacing its existing EMS agency licensure and regulatory databases that have become antiquated. The decision has been made to secure the ImageTrend modules that support collecting, managing, and reporting on what has traditionally been Division of Regulation and Compliance data.

In an effort to consolidate various data siloes within the OEMS, VPHIB, VSTR, and licensure systems will all be interconnected and housed within the same server environment. Licensure data will move to using the NEMSIS version 3 standard where available, the National EMS Workforce Data Definitions where possible, and then Virginia specific elements where not covered by national datasets.

Div. of TCC staffs are going to lead in the development of the new licensure database while working with regulation and compliance staffs to learn what tools they need and orient them to the ImageTrend products.

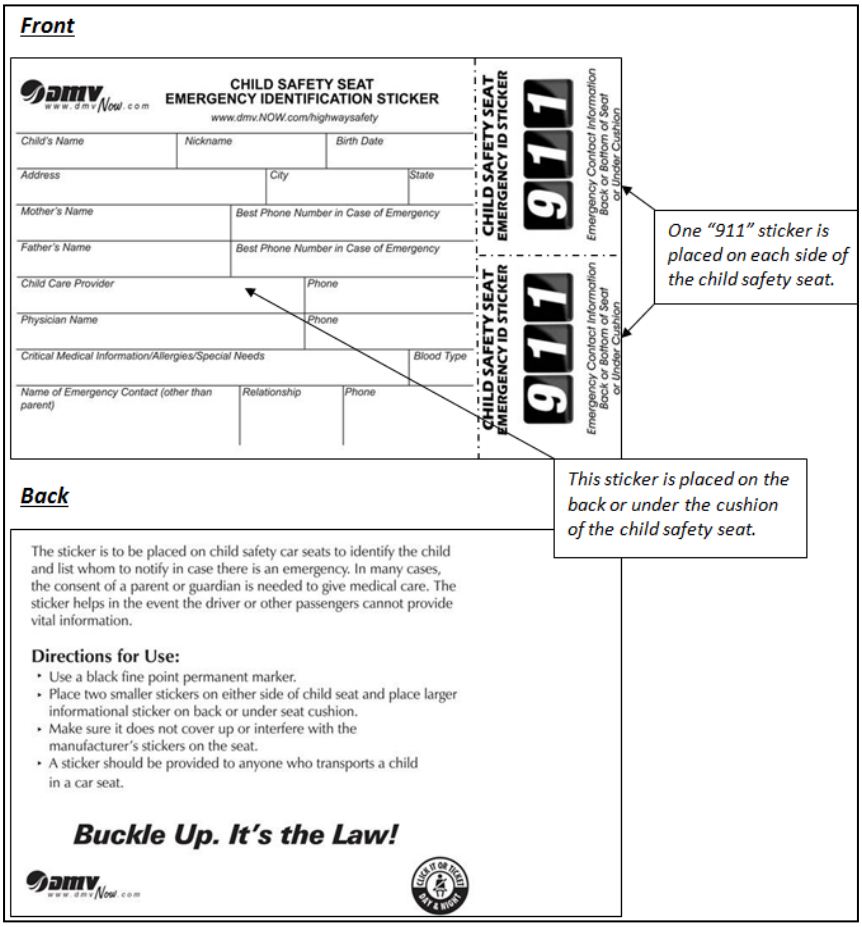
What does this mean to EMS agencies? On the high level agencies will not need to maintain agency demographic information with both the Div. of Regulation and Compliance and VPHIB separately. Changes to an agency's demographic information will be done through licensure and transferred into VPHIB and the VSTR. Standardizing licensure data will help the OEMS to be able to cut down on relying on surveys and other efforts to develop EMS system statistics.

We will be able to report more on this as the project gets underway.

Emergency Medical Services for Children (EMSC)

Heat Stroke Awareness and Prevention: The Virginia EMS for Children program worked closely this summer with the Division of Injury and Health Promotion (in VDH), SAFE KIDS, and *KidsandCars.org* to raise awareness regarding the deadly risks of leaving children in automobiles, even for a short period. We used social media messages, the distribution of window clings, letters to stakeholders, and other strategies in this effort. There has been much more attention paid to this subject nationally this year, including some high-profile instances of folks calling authorities and/or literally breaking through auto glass to rescue children.

Car Seat Emergency Identification Stickers: At the request of the Department of Motor Vehicles (DMV), the EMSC program and members of the EMSC Committee helped design a special highly reflective sticker to provide first responders with vital information about a child if the parents or caregivers are incapacitated. The sticker consists of three parts: two smaller stickers that are placed on either side of the car seat and the larger sticker that is placed on the bottom or back of the seat. The smaller stickers alert first responders to look for the larger sticker, which contains the child's personal information, and this the sticker is not visible to passersby.



The stickers are produced by the DMV, and should be available at child

safety seat check stations around the state. The EMS for Children program has a small stock, but John Messina at Virginia DMV (john.messina@dmv.virginia.gov) will help you obtain as many as you need.

ACS Site Visit Held on Schedule: American College of Surgeons (ACS) sent a team to Virginia for a state trauma systems assessment in early September, and the review did include a comprehensive pediatric component. The final report from this assessment is expected in early November, and will be shared with the EMS Advisory Board and the EMS for Children Committee when available.

Pediatric Medication Errors an Issue: In relation to the continued concern about pediatric medication errors and how to prevent them, the EMSC program and the EMSC Committee have had discussion with the PECARN (Pediatric Emergency Care Applied Research Network) folks who consider new studies for the multi-nodal research consortium. Also an EMSC Committee work group met just prior to the October 8th EMSC Committee meeting to explore options for local initiatives in regard to understanding and preventing pediatric medication dosing errors.

The electronic patient care record system used by the Office of EMS is migrating to a version that will prompt the entering of "weight in kilos" for pediatric patients (with validation rules), so we can expect to begin seeing reasonably accurate pediatric medication administration data in Virginia by the second half of 2016. The current version, when queried, still does not have enough "quality" data entered to be of real use for the kind of study we would like to conduct. An information campaign as we roll out the new version, along with validation criteria, is expected to set the stage for gathering better pediatric data, and we hope to move forward using quality data as a basis to address future pediatric system issues.

Receiving Requests for On-Site ED Pediatric Assessments: Any hospital emergency department (especially small and rural) that would like to have the EMS for Children program assist in an on-site collaborative assessment of emergency department pediatric needs and capabilities should contact David Edwards at the Office of EMS (david.edwards@vdh.virginia.gov) to obtain information, and to potentially schedule a time and date.

Pediatric Readiness:

- The Emergency Medical Services for Children (EMSC) webinar Is Your ED Ready for Children? Pediatric Emergency Care Coordinators Lead the Way to Readiness, which was held on Monday, September 21, is now archived. This program shared data supporting the need for pediatric emergency care coordinators (PECC), as well as strategies

employed to identify and assure availability of PECCs in the emergency departments (ED) of a large hospital system. Finally, a physician and nurse PECC discussed challenges encountered and opportunities to improve pediatric readiness in their ED. (National EMSC)

- From 3:00-4:00 pm (Eastern) on Thursday, October 29, 2015, the EMSC Program will host the webinar National Pediatric Readiness Project: Preparing the Emergency Department to Provide Psychosocial Support to Children and Families in a Disaster. (National EMSC)

- EMS program representation is going to be included in regional work groups focused on pediatric preparedness, and facilitated by the Virginia Hospital and Healthcare Association.

- The EMS for Children program seeks to facilitate minimum standards of care for pediatrics to ensure the right care, in the right place, at the right time with the right resources no matter where the child lives.

Resource-based EMS for Children Website under Construction: Planned resource sections to aid in achieving national EMSC Performance Measures will be 1) Hospitals, 2) EMS agencies, 3) Injury Prevention, 4) Data, and 5) Pediatric Disaster Preparedness. The launch date for the update site will be announced very soon.

On-Site Pediatric Training: The Virginia EMSC program continues to facilitate access to pediatric education and training as requested (and as funds allow), particularly in areas with historically difficult access to pediatric training. EMS agencies interested in on-site pediatric training should contact David Edwards at 804-888-9144 (david.edwards@vdh.virginia.gov).

EMSC State Partnership Grant Notes:

- We are in the 3rd year of our approved 4-year grant cycle and our "progress report" required to be released the 4th year of our already budgeted funds is due December 1. Next year at this time we will be completing a full federal competing application to be considered for the next cycle of EMS for Children State Partnership Grant funding.

- A required EMSC Mid-Atlantic/New England Symposium was held in August, attended by Virginia's EMSC Coordinator and FAN Representative. The EMSC Coordinator also recently attended a required workshop to learn how to design and construct "*Infographics*" as an aid in disseminating program information.

- The EMSC Annual All-Grantee Meeting for 2016 has being cancelled. Web-based platforms are being explored as an alternative to disseminate federal EMSC program information, and travel funds already designated for the national meeting have been alternatively approved for use attending state, regional, or national EMS meetings, conferences and workshops; and/or for EMS training with a pediatric focus.

- Several manuscripts have now been published related to the national (hospital) Pediatric Readiness Assessment ("PedsReady"). Please contact David Edwards for citations or for an electronic copy of the initial article published by JAMA Pediatrics

- The Virginia EMSC program still has an inventory of the latest version Broselow® Pediatric Emergency Tapes to distribute to EMS agencies/ambulances that need them. Once completed, this will be a milestone in filling pediatric equipment/supply deficiencies.

  Note: Purchases of equipment and supplies were supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H33MC07871 (EMSC State Partnership Grant).This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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

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

Durable Do Not Resuscitate (DDNR)

We continue to support the DDNR program. There are no significant events to report this quarter.

Respectfully

Submitted

OEMS Staff

Appendix

A

APPENDIX A

☒	Committee Motion:	Name:	Training and Certification Committee
☐	Individual Motion:	Name:	

Motion:

To Accept the new CE Area Proposal and the implementation date of July 1, 2016.

EMS Plan Reference (include section number):

2.2.1 Ensure adequate, accessible and quality EMS provider training and continuing education exists in Virginia.
4.2.2 Assure adequate and appropriate education of EMS students.

Committee Minority Opinion (as needed):

For Board's secretary use only:

Motion Seconded By:

Vote:	By Acclamation:	☐ Approved		☐ Not Approved				
	By Count:	Yea:			Nay:			Abstain:

Board Minority Opinion:

Meeting Date:

APPENDIX A

BLS Recertification Requirements

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

804-888-9120

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

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

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

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

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

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

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

APPENDIX A

Virginia ALS Continuing Education Requirements – All Levels

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

804-888-9120

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

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

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

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

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

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

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

APPENDIX A

Marissa J. Levine MD, MPH, FAAFP
State Health Commissioner

Gary R. Brown
Director

P. Scott Winston
Assistant Director

COMMONWEALTH of VIRGINIA
Department of Health
Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, VA 23059-4500

[illegible] 2019 (VA only)
804-[illegible]00 (Main Office)
80[illegible]0 (Training Office)
FAX: 804-371-3108

Provider Name
Address
Glen Allen, VA 23060

Certification #: X202500000
Certification Level: EMT/X

Continuing Education Certificate

The Virginia Office of Emergency Medical Services, Virginia Department of Health does hereby recognize that on _____ (date completed)

Provider Name

completed the continuing education criteria requirements for recertification in Virginia. This Virginia program has been endorsed by the National Registry of EMTs as complying with the National Continued Competency Program (NCCR/LCCR/ICCR). This document does not verify that the named provider is currently certified nor should it be substituted for a valid EMS certificate issued by either the Virginia Office of EMS or the National Registry of EMTs.

Gary R. Brown, Director		Date

APPENDIX A

COMMONWEALTH of VIRGINIA
Department of Health
Office of Emergency Medical Services
1041 Technology Park Drive
Glen Allen, VA 23059-4500

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

Gary R. Brown
Director

P. Scott Winston
Assistant Director

[illegible] 523-6019 (VA only)
804- [illegible] 9100 (Main Office)
8 888-9120 (Training Office)
FAX: 804-371-3108

November 16, 2015

Dear Virginia Education Coordinator/ALS Coordinator;

The Virginia Office of EMS Division of Educational Development in consultation with the National Registry of EMT's has developed the 'New' Recertification requirements effective July 1, 2016. As outlined by the National Registry, the new approach to recertification allows a platform for evidenced-based medicine to reach EMS professionals and allows state and local agencies the freedom to dictate a portion of the national recertification requirements and provides a foundation for the EMS professional to embrace life-long learning through self-assessment.

The new area numbers are developed based on the five areas of education: Airway, Respiration and Ventilation, Cardiology & Resuscitation, Trauma, Medical and EMS Operations that cover the entire spectrum of EMS. This allows for a more broad approach to the awarding of CE and allows for the flexibility of changes as National Registry addresses changes to the NCCP every 5 years.

The Training Officer Guide and Education Guidelines provided by the National Registry of EMT's links are provided below:

Training Officer Guide: https://www.nremt.org/nremt/downloads/2015NCCPTOGuide.pdf?20050914094153
EMT Education Guidelines: https://www.nremt.org/nremt/downloads/NCCREMTEducationGuidelines.pdf
Paramedic Education Guidelines: https://www.nremt.org/nremt/downloads/NCCRParamedicEducationGuidelines.pdf

When planning your recertification program, you are expected to meet the objectives defined in the Training Officer Guide for the NCCR portion of your course. The LCCR/ICCR should contain information that is regional, local or individual for your organization in consultation with your Operational Medical Director.

A Certificate of Completion will be generated and placed in each provider's portal once they have met their CE requirements as verification of having completed the recertification requirements that meet the expectations of the NCCP recertification. More information will be forthcoming on how to complete the National Registry recertification application in the future.

Appendix

B

APPENDIX B

☒ Committee Motion: Name: Medical Direction

☐ Individual Motion: Name: _____

Motion:
Moves that they support the new Continuing Education outline to become effective July 1, 2016.

EMS Plan Reference (include section number):

2.2.1 Ensure adequate, accessible and quality EMS provider training and continuing education exists in Virginia.
4.2.2 Assure adequate and appropriate education of EMS students.

Committee Minority Opinion (as needed):

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

Vote: By Acclamation: ☐ Approved ☐ Not Approved

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

Board Minority Opinion:

Meeting Date: