

**Virginia Department of Health**  
**Office of Emergency Medical Services**



**Quarterly Report to the**  
**State EMS Advisory Board**

**November 7, 2018**

# **Executive Management, Administration & Finance**

**Office of Emergency Medical Services  
Report to The  
State EMS Advisory Board  
November 7, 2018**

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**MISSION STATEMENT:**

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

<b><u>I. Executive Management, Administration &amp; Finance</u></b>
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**A) Action Items before the State EMS Advisory for November 7, 2018**

At the time of finishing this report there are two action items:

1. On October 1, 2018 the following email was distributed to the State EMS Advisory Board members:

Dear State EMS Advisory Board Member:

In accordance with Article VII Committees and Subcommittees; Section C. Ad Hoc Committees; Nominating Committee; of the State EMS Advisory Board Bylaws:

*“The committee shall present a slate of nominations to the Board thirty (30) days prior to the election.”*

The next State EMS Advisory Board meeting is scheduled for Wednesday, November 7, 2018 in conjunction with the annual Virginia EMS Symposium in Norfolk, Virginia. By receiving this communication today, October 1, 2018, the Nominating Committee has complied with the Bylaws of the State EMS Advisory Board and the election of officers and committee chairs will be voted on at the November 7, 2018 meeting. The proposed slate of nominations is attached.

Please let me know if you have any questions.

My Best

Gary R. Brown  
Director, Office of EMS

**STATE EMS ADVISORY BOARD**  
**Proposed Slate of Nominations for 2018 through 2019**  
**Action by the State EMS Advisory Board scheduled on November 7, 2018**

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I. Chairman – Christopher Parker

II. Vice Chair – Eddie Ferguson

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|--|----------------------------|
| a) Administrative Coordinator              | Jon Henschel               |
| • Rules and Regulations Committee          | Jon Henschel               |
| • Legislative & Planning Committee         | Gary Samuels               |
| b) Infrastructure Coordinator              | Dreama Chandler            |
| • Transportation Committee                 | Eddie Ferguson             |
| • Communications Committee                 | John Korman                |
| • Emergency Management Committee           | Tom Schwalenberg           |
| c) Patient Care Coordinator                | Michael B. Aboutanos, M.D. |
| • Medical Direction Committee              | Dr. Allen Yee              |
| • Medevac Committee                        | Jason Ferguson             |
| • Trauma System Oversight & Mgt. Committee | Michael B. Aboutanos, M.D. |
| • EMS for Children Committee               | Samuel T. Bartle, M.D.     |
| d) Professional Development Coordinator    | Jose Salazar               |
| • Training & Certification Committee       | R. Jason Ferguson          |
| • Workforce Development Committee          | Jose Salazar               |
| • Provider Health & Safety Committee       | Lori Knowles               |

The Executive Committee:

Chair – Christopher Parker

Vice Chair – Eddie Ferguson

Four Coordinators:

Administrative Coordinator – Jon Henschel

Infrastructure Coordinator – Dreama Chandler

Patient Care Coordinator – Michael B. Aboutanos, M.D.

Professional Development Coordinator – Jose Salazar

2. On October 4, 2018 the Medical Direction Committee unanimously passed a motion to be submitted to the State EMS Advisory Board “to endorse changing the Virginia EMS Scope of Practice to allow the Advanced EMT (AEMT) the ability to administer Tranexamic acid (TXA).” **Appendix B.**

## **B) Dr. Parham Jaberri named Deputy Commissioner for Public Health and Preparedness**

The Office of EMS extends a warm welcome to the return of Parham Jaberri, MD, MPH, who will be our new Deputy Commissioner for Public Health and Preparedness. Dr. Jaberri is a board-certified preventive medicine physician with 10 years of experience as a local public health official, serving in Louisiana from 2006 to 2010, and in Virginia from 2010 to 2016 as the Chesterfield Health District Director. Dr. Jaberri is coming back to us from the Louisiana Department of Health (LDH) where he has been serving at the state leadership level for the past 2 years.

Upon leaving VDH, Dr. Jaberri joined LDH to serve as the Assistant State Health Officer and the Office of Public Health (OPH) Medical Director. In this role, he provided medical and programmatic consultation to various programs including emergency preparedness, environmental health, health informatics, public health policy and planning (including accreditation), injury prevention and health promotion, as well as community and preventive health services delivered through the state’s public health units. During this time, Dr. Jaberri also provided key leadership in response to several public health threats and emergencies including the Great Flood of 2016, Hurricane Harvey, a large-scale mumps outbreak in 2017, imported cases of measles in 2018, and the opioid epidemic, collaborating closely with Louisiana’s Offices of Behavioral Health and Medicaid to develop the state’s strategic plan and response. From June of 2017 to June of 2018, Dr. Jaberri also served as the Assistant Secretary for the Office of Public Health, overseeing all programmatic, operations, and administrative functions of the agency.

Dr. Jaberri comes to VDH with a wealth of knowledge and first-hand experience in public health in addition to his formal education. Dr. Jaberri obtained his Bachelor’s Degree from Johns Hopkins University, his Medical Doctorate from the University of Maryland School of Medicine, and completed his Preventive Medicine Residency and Master of Public Health at Tulane University.

We welcome Dr. Jaberri and his wife, Sepideh back to Richmond, Virginia. Dr. Jaberri assumed his new position at VDH on October 10, 2018.

## C) EMS Agenda 20150



EMS Agenda 2050 is a collaborative and inclusive two-year project to create a bold plan for the next several decades. EMS Agenda 2050 will solicit feedback from members of the EMS community to write a new Agenda for the Future that envisions innovative possibilities to advance EMS systems.

### **History**

Twenty years ago, pioneers and leaders in the EMS industry described a vision of data-driven and evidence-based systems in the *EMS Agenda for the Future*. Since then, the profession has worked tirelessly to fulfill the vision set out in that landmark document.

### **What's Happening Now**

Throughout 2017 and 2018, the EMS community has worked together to develop a new vision for the future of EMS. Community members, stakeholder organizations and the public continue to play a role in developing EMS Agenda 2050, a new Agenda for the Future that identifies a vision for the next thirty years of EMS system advancement.

A Technical Expert Panel (TEP), comprised of leaders in EMS, healthcare and public safety, is charged with soliciting community input and drafting the Agenda. The TEP released a Straw Man document in September of 2017 to stimulate conversation and input from the community on what should or should not be in the new Agenda. Throughout the fall and winter, the project team held four regional meetings, as well as webinars and sessions at national EMS conferences, to solicit additional input.

In April of 2018, the project team released a draft Agenda for public comment. The final EMS Agenda 2050 will be published and shared later this year.

### **Who's Involved**

The EMS Agenda 2050 Technical Expert Panel is leading this community-wide effort. Click [here](#) to learn more about the members of the TEP.

EMS Agenda 2050 is supported by the:

- National Highway Traffic Safety Administration Office of EMS
- EMS for Children Program at the Health Resources and Services Administration
- Office of the Assistant Secretary for Preparedness and Response at the Department of Health and Human Services
- Department of Homeland Security Office of Health Affairs

The EMS Agenda 2050 project is managed by the Redhorse Corporation, with support from the RedFlash Group, through a contract with the National Highway Traffic Safety Administration.

### What You Can Do

- [Sign up](#) to receive email updates with important announcements, information on events and ways you can contribute
- Visit the [EMS Agenda 2050 website](#) for more information

### D) Recognition of EMS Personnel Licensure Interstate Compact (REPLICA)



**REPLICA** is a formal pathway for the licensed individual to provide pre-hospital care across state lines under authorized circumstances. REPLICA increases access to EMS for patients, reduces regulatory barriers for EMS personnel and brings unprecedented accountability to the EMS profession. REPLICA is supported by 13 national associations and organizations.

**REPLICA** has been enacted in sixteen (16) states. The states that have enacted REPLICA are CO, TX, VA, ID, KS, TN, UT, WY, MS, GA, AL, DE, NE, SC, MO, NH.

The Virginia General Assembly adopted **REPLICA** and Governor Terry McAuliffe subsequently signed the legislation on March 1, 2016 making Virginia the third state in the country to do so.

### Benefits for EMS Personnel

- Obtain and maintain your home state EMS license, receive the privilege to practice in REPLICA states.

- Creates an expedited pathway to licensure for military personnel and spouses separating from active duty with an unrestricted NREMT card.
- Work under the scope of practice from your home state.
- Reduced time, paperwork and costs associated with maintaining multiple licenses just to do your job.

### **Participating in an Interstate Compact**

- Compacts are tested, flexible, and defensible ways in which to resolve conflicts and barriers presented by state borders.
- Compact states share in the responsibilities of managing cross border activities instead of each state individually addressing the same issue in a different manner.
- Commissions manage compacts, member states designate one public official responsible for EMS to participate, each state has one seat, one vote.
- REPLICA is joining the ranks of other well-known compacts including nursing, physician, driver's licenses as well as emergency management.

### **EMS Personnel Eligibility**

- Must be 18 years of age and have passed an exam for initial licensure at the EMT, AEMT or Paramedic level.
- Be practicing in good standing in their home state with an unrestricted license and under the supervision of an EMS Medical Director.

### **State EMS Office – EMS System Eligibility**

- Utilize the NREMT exam at the EMT and Paramedic levels for initial licensure
- Utilize FBI compliant background check with biometric data (e.g. fingerprints) within 5 years of Compact activation. (effective May 8, 2017)
- Have a process to receive, investigate, and resolve complaints; and share information with other Compact states via a Coordinated National Database.
- Enact the model REPLICA legislation.

For more information on REPLICA contact Dan Manz [manz@emsreplica.org](mailto:manz@emsreplica.org) or contact Gary Brown or Scott Winston for Virginia specific information.

## E) Delegation of Authority

In July 2018 a request was submitted to VDH Executive Leadership to delegate authority from the State Health Commissioner to the Director or his designee of the Office of EMS to enforce certain provisions of the EMS Regulations (12VAC5-31 or subsequent revisions) for the purpose of approving or denying specific exceptions (variance/exemptions), applications and EMS certification requests.

12VAC5-31-20 grants the director, assistant director and specified staff positions designee privileges for enforcing the EMS regulations. The delegation of authority was requested to expedite the processing of exceptions to the EMS Regulations due to the cumbersome and time-consuming manner in which they are processed. Often time's simple, regular and routine requests cannot be processed in sufficient time to meet local testing deadlines, determination of course enrollment eligibility before classes start and other variables following the current prescribed manner.

On July 17, 2018, Dr. M. Norman Oliver, MD, MA, State Health Commissioner granted authority to the Director or his designee of the Office of EMS to take action on applications/certifications of individuals under 12VAC5-31-910 and approve or deny variances, applications and certifications as specified. Please see **Appendix A**. This action will result in a more timely decision to regulants and less paperwork going to the Commissioner.

## F) EMS Voluntary Event Notification Tool (EVENT)



The third quarter 2018 summary EVENT reports have been added to the website. To access them, go to [www.emseventreport.com](http://www.emseventreport.com), click on the EVENT type, then on the left side click on 2018 under the summary reports area, then choose the third quarter document. Alternatively, simply use the links below.

A sample from this quarter's reports:

*"...female approached driver's side door and stabbed the knife towards the EMT's right shoulder and neck...." – 3Q2018 EVENT Paramedic Violence Report #11*

### 3Q2018 Patient Safety Summary

### 312018 Paramedic Violence Summary

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

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

Any individual who encounters or recognizes a situation in which an EMS safety event occurred, or could have occurred, is strongly encouraged to submit a report by completing the appropriate E.V.E.N.T. Notification Tool. The confidentiality and anonymity of this reporting tool is designed to encourage EMS practitioners to readily report EMS safety events without fear of repercussion.

All reported patient safety events and aggregate reports are posted to the EVENT Google Group. If you would like to be added to the Google Group, send an email to [clirems@gmail.com](mailto:clirems@gmail.com) with your name and EMS agency or affiliation. You will be added to the group within 2 business days.

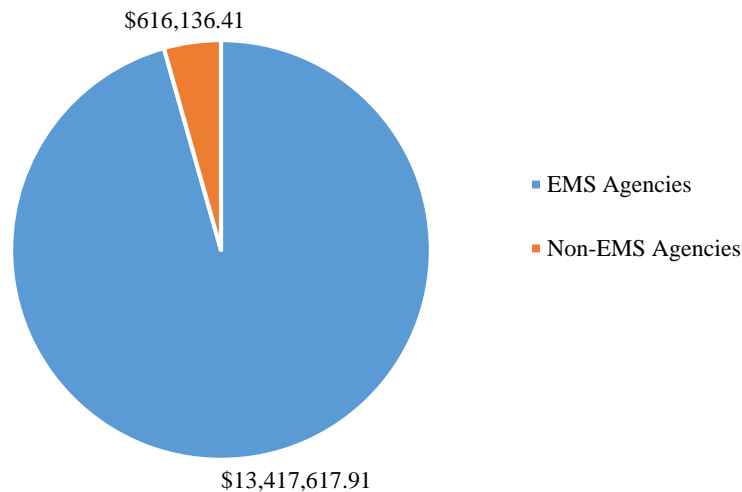
## **G) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)**

The RSAF grant deadline for the Fall grant cycle was September 19, 2018. OEMS received 202 grant applications requesting \$14,033,754.32 in funding.

Funding requests were in the following amounts by agency category:

- 34 Non EMS Agency requesting \$616,136
- 168 EMS Agencies Requesting \$13,417,618

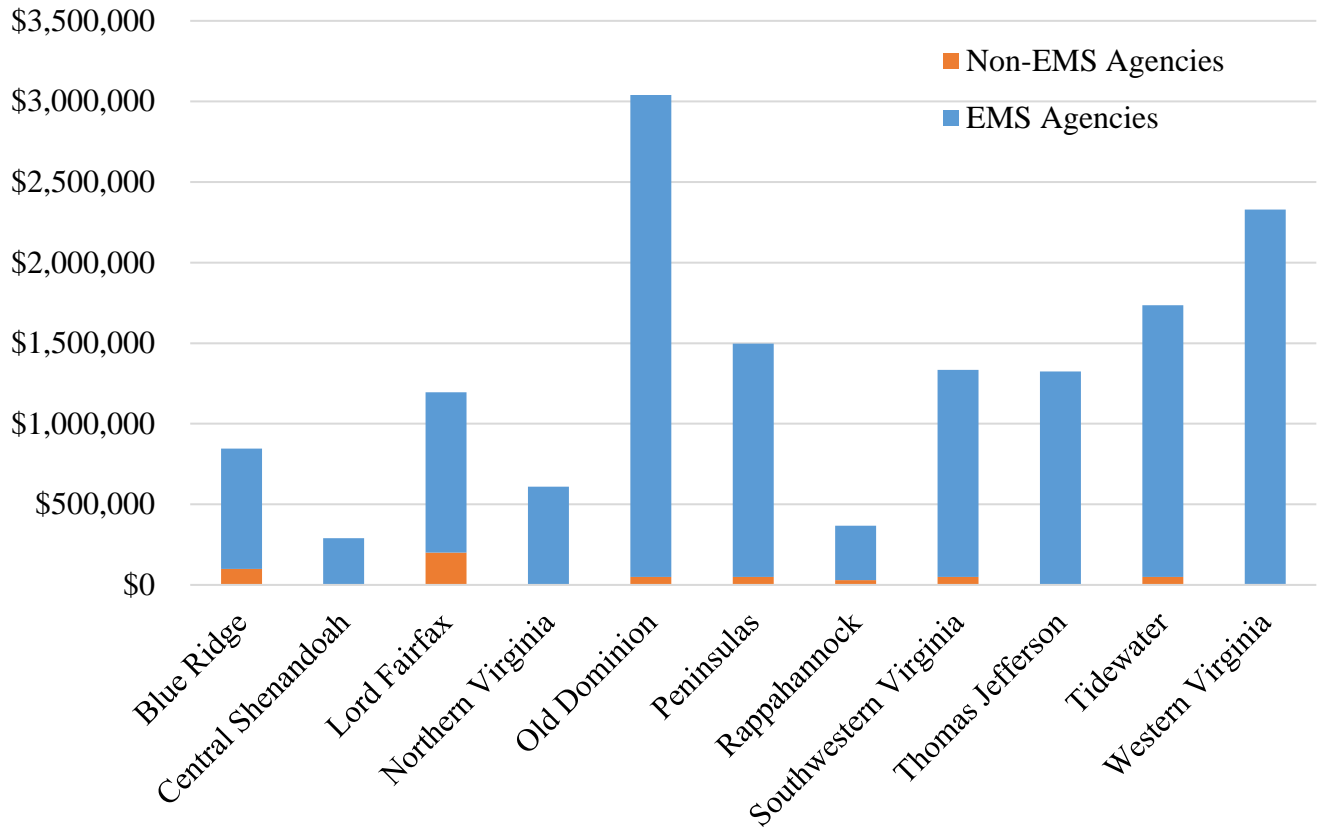
Figure 1: Agency Category by Amount Requested



Funding requests were in the following amounts by region:

- Blue Ridge – \$746,345.68
- Central Shenandoah - \$290,874.44
- Lord Fairfax - \$996,314.60
- Northern Virginia - \$609,782.90
- Old Dominion - \$2,989,449.35
- Peninsulas - \$1,447,268.42
- Rappahannock - \$336,571.83
- Southwestern Virginia - \$1,285,216.33
- Thomas Jefferson - \$1,323,839.00
- Tidewater - \$1,686,322.04
- Western Virginia - \$2,321,769.73

Figure 2: Amount Requested by Region



Funding requests were to purchase the following items:

- ALS Equipment - \$1,278,973.59
- BLS Equipment - \$924,956.15
- Communications Equipment / Pagers - \$9,737.85
- Computer Hardware - \$94,642.76
- Computer Software - \$64,487.00
- Defibrillator / Automatic External Defibrillator - \$831,043.35
- Other\* - \$497,539.17
- Recruitment & Retention - \$33,516.00
- Rescue Equipment / Extrication - \$133,334.45
- Rescue Equipment / Misc. - \$206,186.45
- Special Priority / Emergency Medical Dispatch - \$54,317.00
- Special Priority / Emergency Operations - \$41,906.88
- Special Priority / Innovative (Special) Projects - \$22,565.00
- Special Priority / Multi-Jurisdictional or Agency Projects - \$96,594.00
- Special Priority / Recruitment & Retention - \$35,000.00

- Special Training Projects - \$22,500.00
- ALS//BLS training Equipment - \$138, 301.27
- Vehicle / Quick Response - \$108,442.06
- Vehicle / Chassis & Rechassis - \$285,050.00
- Vehicle / Specialty\*\* - \$108,927.00
- Vehicle / Type I Ambulance - \$7,866,927.34
- Vehicle / Type II Ambulance - \$107,427.00
- Vehicle / Type III Ambulance - \$1,071,380.00

\*Other includes AED adult batteries and pads; ambulance equipment upgrade; APCO EMD guidecards; Ferno electric stair chairs; Lucas 3 device; Lucas 3, V3.1; Narcan for crew members; NNEA intranasal Naloxone spray; O2 filling generator; Stryker cot; Stryker mass casualty fastener; Stryker power cots; Stryker power load system; Stryker power load system (2); Stryker power PRO XT stretcher; Stryker power PRO XT XPS cot; Stryker power PRO XT; Stryker power PRO XT cot; Stryker Power LOAD stretcher; Stryker XPS system

\*\*Vehicle / Specialty includes 2019 F-Series SD; Medstat MS 500 ALS 6x6 Vehicle; Tandem Axle Trailer

## **H) Article IX. Amendment of Bylaws**

Any proposed change to the existing bylaws shall be submitted in writing to the Advisory Board members at least ten (10) days prior to a scheduled meeting. The proposed change(s) and substantiation will be reviewed during the next scheduled meeting. The minutes of that meeting will include the proposed change(s) and any pertinent discussion information. The vote to effect the change can then be taken at the next scheduled meeting. A two-thirds majority vote of all members is needed to pass the proposed amendment.

**A draft copy of proposed changes to the State EMS Advisory Board Bylaws is included in Appendix D. The draft Bylaws are not reaching you 10 days prior to the November 7, 2018 meeting. The next subsequent meeting of the State EMS Advisory Board is tentatively scheduled for early February, 2019. The review will technically occur at the proposed meeting in May, 2019 with a vote during the August, 2019 meeting.**

# **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.*

### **Update on NASEMSO Projects and National EMS Activities**

- **NASEMSO Announces Update of National Model EMS Clinical Guidelines to Version 2.1**

The National Model EMS Clinical Guidelines, Version 2 was updated recently when a reviewer noted a dosing error in the Pediatric Respiratory Distress (croup) guideline. On page 139 under (3) Inhaled medications (a) Epinephrine nebulized was changed to Epinephrine 5 mL of 1 mg/mL (5 mg) nebulized. NASEMSO notified those who had requested the document in Microsoft Word since the 2017 version was released in September. Other users who have downloaded the PDF version of the document should note the correction. The updated version is known as the National Model EMS Clinical Guidelines, Version 2.1 and dated June 29, 2018.

- **NASEMSO Responds to Ambulance “Borders in the Sky”**

Portions of the air medical industry have recently called for action against a U.S. Senate Bill ([S. 2812](#)) introduced to provide consumer protections, arguing that it would “essentially create borders in the sky, preventing air ambulances from crossing state lines to get patients to the nearest, most appropriate medical facility.”

NASEMSO, as the collective voice of each state office charged with oversight and regulation of emergency medical services, including the promulgation of rules and regulations, recently released a [press release](#) in response to these concerns.

- **Taillac to Serve as NEMSQA Vice Chair**

Dr. Peter Taillac, Utah State EMS Medical Director, has been elected Vice-Chair of the National EMS Quality Alliance (NEMSQA). Dr. Taillac will also serve as the NASEMSO representative

to the newly formed organization. NEMSQA will establish performance measures involving emergency and non-emergency medical services, first-responders, and entities providing mobile integrated health care/community paramedicine services. Congratulations, Dr. Taillac

- **NASEMSO Supports Letter to Congress on Impaired Driving**

The House Subcommittee on Digital Commerce and Consumer Protection recently conducted a hearing on drug-impaired driving. Expert witnesses representing an array of organizations highlighted the barriers to addressing the growing problem of drug-impaired driving. The witnesses noted several barriers:

- Identification of drug-impaired drivers without scientifically proven blood per se limits (which do not exist)
- The need for better data and thorough testing to accurately identify the scope of the problem
- More training for law enforcement personnel, prosecutors and toxicology labs
- More research to study impairment at various consumption levels for drugs, most notably levels of marijuana and opioids (the most common drugs found in fatally injured drivers)
- More research to accurately assess crash risk for drivers under the influence of drugs
- Greater public awareness and enforcement efforts

NASEMSO continues to help increase awareness in this important safety concern and has offered its support to an organizational letter hosted by the Foundation for Advancing Alcohol Responsibility.

- **Fatigue Implementation Guidebook**

The long-awaited Fatigue Implementation Guidebook. It was a deliverable under the Fatigue contract and has been in the works with NHTSA's Office of Behavioral Safety Research since January. It has undergone several iterations and edits. NHTSA finally signed off on the wording but we are releasing as a NASEMSO work product... (I think the bureaucracy under the current administration is making it impossible for agencies to formally endorse documents like these so they empowered us to publish it on our own.)

Work performed on this guidebook/document was supported with funding from the U.S. Department of Transportation, National Highway Traffic Safety Administration (NHTSA) to the National Association of State EMS Officials (NASEMSO).

The purpose of this guidebook is to help EMS administrators with implementation of the Evidence Based Guidelines for Fatigue Risk Management in EMS. This document is intended to complement the scientific papers with a condensed summary of each recommendation and sample policy statement templates that may be tailored/edited to the needs of local agencies. Full access to "Evidence Based Guidelines for Fatigue Risk Management in Emergency Medical Services" is now available online in Prehospital Emergency Care at <https://tandfonline.com/doi/full/10.1080/10903127.2017.1376137>. All companion materials,

including background information, systematic reviews, evidence tables, and expert commentaries are also available.

### Summary of Evidence Based Recommendations

Five recommendations comprise the 2018 Evidence Based Guidelines for Fatigue Risk Management in EMS.<sup>12</sup> These recommendations include:

1. Recommend using fatigue/sleepiness survey instruments to measure and monitor fatigue in EMS personnel.
2. Recommend that EMS personnel work shifts shorter than 24 hours in duration.
3. Recommend that EMS personnel have access to caffeine as a fatigue countermeasure.
4. Recommend that EMS personnel have the opportunity to nap while on duty to mitigate
5. Recommend that EMS personnel receive education and training to mitigate fatigue and fatigue-related risks.

This document is structured to provide EMS administrators with concise information that addresses the Who, What, When, Why, and How of each recommendation. Sample policy statements are included. These provide a template that may be tailored to fit local agency needs. A checklist appears at the end of this guidebook. This checklist may be useful to administrators as a first step towards implementation and evaluation of a fatigue risk management program.

### **AIR MEDICAL**

- **Drone Near-miss Recorded by ID Firefighting Helicopter**

In eastern Idaho, a helicopter battling the Grassy Ridge Fire nearly collided with a privately-owned drone flying nearby. The helicopter pilot spotted the drone around 9:20 a.m. and was able to avoid a mid-air crash. All aircraft in use for fighting the nearly 100,000-acre Grassy Ridge Fire were immediately grounded and will remain so, according to the Interagency Incident Management Team. The mandatory stop in aircraft use will hamper the fire suppression and repair efforts until it can be verified that it's safe for firefighters to fly again. A flight crew member photographed a white pickup truck speeding away from the area. The Fremont County Sheriff's Office was notified, and law enforcement officers were dispatched to the area.

- **FAA Hits 100K Remote Pilot Certificates Issued**

Drones have really taken off! As of today, more than 100,000 enthusiasts have obtained a Remote Pilot Certificate to fly a drone for commercial and recreational (not qualifying as “model aircraft”) use since the Federal Aviation Administration’s (FAA) small drone rule went into effect on August 29, 2016. Under Part 107, the person actually flying a drone—formally an unmanned aircraft system or UAS—must have a Remote Pilot Certificate or be directly

supervised by someone with such a certificate. Most drone pilots get certified by studying online materials and then passing an initial aeronautical knowledge test at an FAA approved knowledge testing center. The exam success rate is 92 percent.

## **COMMUNICATIONS**

### **• 911 Grant Program Publishes Final Regulations, Applications to Open Soon**

The U.S. Department of Transportation and the U.S. Department of Commerce announced final rules for a grant program that will offer up to \$110 million to help states, territories, tribal organizations and the District of Columbia upgrade their 911 call centers to Next Generation 911 (NG911) capabilities.

"In emergencies, quick access to the right resources can save lives," said U.S. Secretary of Transportation Elaine Chao. "The 911 Grant Program will make it possible for states and local jurisdictions to improve their emergency technology while providing the support first responders need to do their jobs."

The final regulations are a crucial step before the 911 community can submit applications for up to \$110 million in grant funds. Eligibility is limited to states and tribal organizations.

## **HEALTH AND MEDICAL PREPAREDNESS**

### **• FBI Summarizes Active Shooter Incidents in New Report**

The Federal Bureau of Investigation (FBI) recently released a report on active shooter incidents in the United States during 2016-2017. This report supplements two previous publications. The FBI defines an active shooter as one or more individuals actively engaged in killing or attempting to kill people in a populated area. In 2016-2017, there were:

- 50 incidents in 21 states, compared to 40 incidents in 26 states in 2014-2015
- 221 people killed and 722 wounded, compared to 92 killed and 139 wounded in 2014-2015
- 13 law enforcement officers killed and 20 wounded, compared to four killed and ten wounded in 2014-2015 (2016 saw the highest number of law enforcement casualties since 2000)
- 20 incidents met the "mass killing" definition, federally defined as "three or more killings in a single incident", unchanged from 2014-2015

The enhanced threat posed by active shooters and the swiftness with which these types of incidents unfold supports the importance of preparedness by first responders and citizens alike. Please see the [full report](#) for more statistics and details on citizen engagement, casualties, locations, and shooters.

In related news, a new FBI report about active shooter incidents in the United States between 2000 and 2013 examines specific behaviors that may precede an attack and that might be useful in identifying, assessing, and managing those who may be on a pathway to violence. Read “Study of Pre-Attack Behaviors of Active Shooters”

- **Utilization of Urgent Care Centers in Medical Surge Focus of New Report**

Urgent care centers are a growing presence in the healthcare marketplace, with more than 8,100 locations nationwide. Yet, limited information is available about ongoing preparedness activities among urgent care centers or their readiness to contribute to the healthcare system response to emergencies and disasters.

ASPR TRACIE conducted 18 interviews with urgent care center leaders associated with centers in 44 states to capture a snapshot of current activities and perceptions. A key finding from the interviews was that urgent care centers are willing to participate in emergency preparedness and response efforts and have personnel skilled in providing the types of services that may be needed during a disaster. A new report from the US Department of Health and Human Services (HHS), [\*Engagement of Urgent Care Centers in Medical Surge Activities\*](#), provides insight into this potential partnership.

- **FEMA Releases 2017 Hurricane After-Action Report**

The 2017 hurricane season was record-setting and tested the plans, training and expectations of all concerned. The Federal Emergency Management Agency’s (FEMA) “2017 Hurricane Season FEMA After-Action Report” looks at FEMA’s successes and failures in the preparation, response, and early recovery operations for hurricanes Harvey, Irma and Maria. FEMA lists 18 key findings drawn from this review and lists recommendations to implement in future mass disasters. The report addresses staffing shortages, tracking resources, creating readiness stocks outside the continental United States, increasing state roles and responsibilities, and improving communications critical infrastructure.

- **EMS Considerations in No-Notice Incidents**

This two-page document from TRACIE (Technical Resources, Assistance Center, and Information Exchange) is one in a series of tip sheets for hospitals and other healthcare providers planning for no-notice incident response. This tip sheet for emergency medical systems covers pre-event considerations, initial response, EMS support for hospitals, and other considerations. It also provides a list of related TRACIE resources

- **ASHP Updates Guidelines for Managing Drug Shortages**

The American Society of Health-System Pharmacists published [updated guidelines](#) this week for managing drug shortages. Developed by a leading expert on drug shortages, the guidelines offer strategies to minimize the impact of drug shortages on patient care. In its latest [annual report](#) to Congress on drug shortages, the Food and Drug Administration identified 39 new drug and

biological product shortages in 2017, up from 26 in 2016, and 41 ongoing shortages from prior years. The agency recently announced a [task force](#) to address the root causes of the shortages.

## **PEDIATRIC EMERGENCY CARE**

- **AAP Endorses Study on Epidemiology in Firearm Violence Prevention**

The American Academy of Pediatrics has [endorsed](#) a policy brief about the role of epidemiology in firearm violence. The brief by Davis, Gaudino, Soskolne, and Al-Delaimy is accessible through the [International Journal of Epidemiology](#)

## **TRAUMA**

- **NCDMPH “Stop the Bleed” App Now Available!**

The Uniformed Services University/National Center for Disaster Medicine and Public Health Stop the Bleed App is now available! The app contains a video, Q&A, quiz, and other resources. Download it for free on [Apple](#) or [Google](#) devices.

## **FEDERAL PARTNERS**

- **NHTSA Rolls Out New Impaired Driving Campaign**

Drug-impaired driving is a problem on America’s highways. Like drunk driving, drugged driving is impaired driving, which means it is dangerous and illegal in every state, Puerto Rico, and Washington, D.C. Whether the drug is legally prescribed or illegal, driving while drug-impaired poses a threat to the driver, vehicle passengers, and other road users.

NHTSA wants to spread the word about drug-impaired driving and to remind all drivers: If you are impaired by drugs and thinking about driving, pass your keys on to a sober driver. Several new resources are available to assist members to communicate this important message.

- **CMS Extends Ground Ambulance, Home Health Moratoria**

The Centers for Medicare & Medicaid Services recently extended its moratoria on enrollment for another six months of new Medicare home health agencies in Florida, Illinois, Michigan and Texas. New Part B non-emergency ground ambulance suppliers in New Jersey and Pennsylvania are also part of the moratoria, as are new non-emergency ground ambulance suppliers and home health agencies in Medicaid and the Children's Health Insurance Program in those states. CMS implemented the moratoria on newly enrolling Medicare providers and suppliers after it identified patterns of fraud, waste or abuse among these particular provider types and geographic locations. [Read more.](#)

- **New ICD-10-CM Codes Announced on Human Trafficking**

The Center for Disease Control and Prevention’s National Center for Health Statistics has released the first ICD-10-CM codes for classifying human trafficking abuse. The 29 human

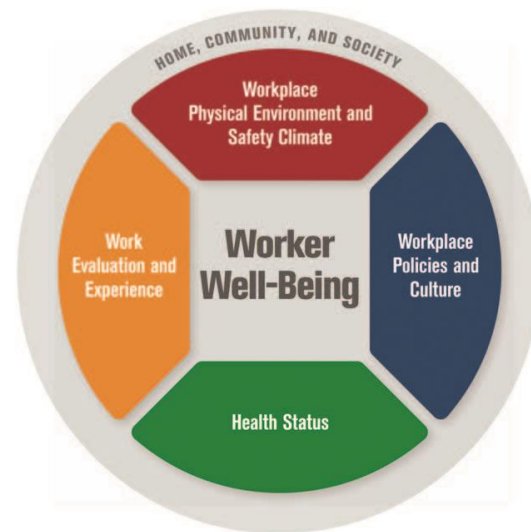
trafficking-related codes were included in the ICD-10-CM updates for fiscal year 2019. As coding professionals review a patient's medical record to identify the appropriate ICD- 10-CM codes to include, they should be aware of and start using the ICD-10-CM codes for forced labor and sexual exploitation, listed in Table 1. Learn more about the updates [here](#).

- **NIOSH Supports Worker Well-Being in New Framework**

An article recently published in the Journal of Occupational and Environmental Medicine titled Expanding the Paradigm of Occupational Safety and Health: A New Framework for Worker Well-Being describes NIOSH's newly developed conceptual framework for worker well-being. Historically, worker well-being has been measured through job satisfaction, employee engagement, positive emotions, and good mental and physical health.

The new framework seeks to define and operationalize the concept of worker well-being through other domains:

- Work evaluation and experience
- Workplace physical environment and safety climate
- Workplace policies and culture
- Health status
- Home, community, and society



This framework can make a valuable contribution to the efforts of researchers, policymakers, employers, workers, and communities as they take steps to better investigate, understand, and improve the well-being of workers. To learn more about the framework and what it means for applications in occupational safety and health, please read the [article](#).

- **Soldiers Test Army's Newest Transport Telemedicine Technology**

Army Medicine is developing a technology to improve patient triage and communication during medical evacuations and looking for units to test the system. The 44th Medical Brigade and Womack Army Medical Center at Fort Bragg, North Carolina, have already signed up to user test Medical Hands-free Unified Broadcast, or MEDHUB.

MEDHUB leverages wearable sensors, accelerometers, and other technology cleared by the U.S. Food and Drug Administration to improve the communication flow between patients, medics and receiving field hospitals. MEDHUB's suite of technology autonomously collects, stores and transmits non-personally identifiable patient information from a device,

such as a hand-held tablet, to the receiving field hospital via existing long-range Department of Defense communication systems. At the receiving hospital, the information sent from MEDHUB is displayed on a large screen so clinicians can see what is inbound, including the number of patients and their vital statistics. [Read more.](#)

- **FDA Warns of Significant Health Risks Due to Synthetic Cannabinoids**

The U.S. Food and Drug Administration has become aware of reports of severe illnesses and deaths resulting from the use of synthetic cannabinoid (marijuana) products that have been contaminated with brodifacoum, a very long-acting anticoagulant commonly used in rat poison. These unapproved products are being sold in convenience stores and gas stations as substitutes for marijuana under names such as “K2” and “Spice.” Use of these illegal products poses a significant public health concern for individuals who may use the contaminated products. The products also threaten the U.S. blood supply, as blood products donated by individuals who have used these substances may be contaminated. [Read more.](#)

- **U.S. DOT Appoints National EMS Advisory Council Members**

The U.S. Department of Transportation has appointed 24 leaders from EMS, healthcare and other stakeholder communities to serve on the National EMS Advisory Council (NEMSAC). Chosen from more than 100 nominations, members of the council will provide advice and recommendations to both the Department of Transportation and the Federal Interagency Committee on EMS.

The members of the council include 11 new members and 13 returning from the previous term. Each member was chosen to serve a two-year term representing a specific sector of the EMS community. The appointments reflect the addition of a member representing EMS quality improvement professionals. The next meeting of NEMSAC is expected to be held later this year. The meeting will be open to the public and details will be released as soon as it is scheduled. To learn more about NEMSAC and to sign up to receive email updates, visit [EMS.gov](http://EMS.gov).

## **INDUSTRY NEWS**

- **Missouri and New Hampshire Join REPLICA**

Governor Chris Sununu signed SB 370 on July 2, 2018, paving the way for New Hampshire’s entry into the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA). The bill was introduced in December 2017 and passed in one legislative session. The law becomes effective on August 31, 2018. New Hampshire will be the 15th state to join REPLICA and the first New England state to pass REPLICA legislation. Governor Mike Parson signed SB 870 on July 6, 2018, finalizing the legislation for Missouri to become the 16th state to join REPLICA. This legislation has been under consideration for two years and represents the support of many persons and advocates. Special recognition goes to Rep. Kathleen Swan for her tireless support of this initiative.

The law becomes effective on August 28, 2018. Missouri joins its adjacent neighbors from Kansas, Nebraska and Tennessee as members of REPLICA.

In related news, Dan Manz, the former state EMS director for Vermont, recently replaced Sue Prentiss as the REPLICA staff lead. Dan can be reached at [manz@emsreplica.org](mailto:manz@emsreplica.org). For more information on REPLICA, visit [www.emsreplica.org](http://www.emsreplica.org).

- **ILCOR Statement Regarding Publication of the PARAMEDIC2 Trial**

In 2015 the International Liaison Committee on Resuscitation (ILCOR) published an updated treatment recommendation for the use of epinephrine (adrenaline) during cardiac arrest in adults. The recommendation suggested standard dose epinephrine (1.0 mg) be administered to adult patients in cardiac arrest (weak recommendation, very-low-quality evidence). This recommendation took into consideration observed benefit in short-term outcomes (return of spontaneous circulation and admission to hospital) and the uncertainty about the benefit or harm on survival to discharge and neurologic outcome. In a subsequent ILCOR publication, the absence of placebo-controlled prospective trials with adequate power to assess the effect of epinephrine on long-term outcome after cardiac arrest and the optimal dose and timing of epinephrine during cardiac arrest were identified as key knowledge gaps.

The recently published PARAMEDIC2 study is a prospective double-blind randomized controlled trial of epinephrine compared to placebo in 8016 patients in the United Kingdom treated for out-of-hospital cardiac arrest. The study was powered for a primary outcome of survival to 30 days and a secondary outcome of survival to three months with good neurologic function. Read ILCOR's complete statement and plans for data review [here](#).

- **Maintaining National EMS Certification Just Got Easier**

The National Registry of Emergency Medical Technicians (NREMT) recently announced its first mobile app is now available for EMS personnel to efficiently manage all components of their continuing education and recertification. Compatible with iPhone devices, the National Registry mobile app allows EMS providers to

- Add courses to your transcript
- Upload photos of certificates
- Manage education and renewal requirements
- View, add or remove agency affiliations
- View your eCertification card

Training Officers and Medical Directors can manage rosters, approve the skills and education for affiliated providers, add courses, and more. Search for NREMT in the Apple App Store.

- **General Motors Invites 911, Law Enforcement, EMS, and Fire Service Representatives to OnStar Public Safety Advisory Council**

General Motors has created a National Advisory Council of experts from the United States and Canada with representation from the 911, law enforcement, EMS, and fire service sectors to further strengthen GM's partnership with public safety, by:

- Gathering expert insight from a public safety perspective on public safety practices and capabilities as they pertain to OnStar emergency services
- Providing professional field input on responding to emergency situations in and around the vehicle
- Acquiring early feedback on potential new initiatives and the impact to emergency services response

This is an exciting opportunity to enhance the safety of motorists and the safety and emergency response capabilities for all of our colleagues in the sectors invited to participate on the Council. NASEMSO congratulates Dr. Carol Cunningham, OH State EMS Medical Director, for her appointment to this important industry group!

- **Plasma During Air Medical Transport for Trauma Patients May Be Helpful**

Sperry and others concluded that in injured patients at risk for hemorrhagic shock, the prehospital administration of thawed plasma was safe and resulted in lower 30-day mortality and a lower median prothrombin-time ratio than standard-care resuscitation. Read the article in the [New England Journal of Medicine](#).

In related news, Moore and others concluded that “during rapid ground rescue to an urban level 1 trauma centre, use of prehospital plasma was not associated with survival benefit. Blood products might be beneficial in settings with longer transport times, but the financial burden would not be justified in an urban environment with short distances to mature trauma centres.”

- **AAMS Issues Statement in Support of FAA Reauthorization Bill**

Following weeks of negotiations between the leadership of the Transportation and Infrastructure Committee and the Senate Commerce Committee, the FAA Reauthorization Act of 2018 (H.R. 302) was passed yesterday by the House and is currently before the Senate.

AAMS fully supports the language included in the FAA Reauthorization bill establishing an Advisory Committee to engage stakeholders on solving the complex issue of balance billing. AAMS and its members support any effort to increase transparency and engage

stakeholders to ensure patients requiring lifesaving air medical transport are not burdened by a bill that did not expect and cannot afford.

Notable provisions within H.R. 302 that are intended to address air medical billing and transparency issues include:

- Section 418 will establish an Advisory Committee on Air Ambulance and Patient Billing. The Committee will be organized by the Secretary of Transportation and led by her designee, and will include one representative each from: the Department of Health and Human Services; “each relevant Federal agency, as determined by the Secretary of Transportation”; “State insurance regulators”; “Health insurance providers”; “Patient advocacy groups”; “Consumer advocacy groups”; and a “Physician specializing in emergency trauma, cardiac, or stroke”.

The Advisory Committee is tasked with identifying “options to improve the disclosure of charges and fees for air medical services, better inform consumers of insurance options for such services, and protect consumers from balance billing.” It must issue its report within six months of its first meeting. The legislation directs the Secretary to consider the Committee’s recommendations, and issue “regulations or guidance as necessary”: (1) “to require air ambulance providers to regularly report data to the Department of Transportation;” (2) “to increase transparency related to Department of Transportation actions related to consumer complaints; and” (3) “to provide other consumer protections for customers of air ambulance providers.”

- Section 419 amends the existing law governing the Department of Transportation’s (DOT) collection of aviation consumer complaints to clarify its applicability to air medical operations. This section requires air ambulance operators to provide DOT’s consumer complaint hotline telephone number and website, as well as the contact information for the Department’s Aviation Consumer Advocate.
- Section 420 directs the Secretary of Transportation to report to Congress on its oversight of air ambulance providers within six months of completion of the report by the Advisory Committee on Air Ambulance and Patient Billing.

We will also continue to work on The Ensuring Access to Air Ambulance Services Act (H.R. 3378 and S. 2121), bipartisan efforts to reform Medicare reimbursements for air medical transports that provide a solution to the underlying root cause of balance billing. H.R. 3378 and S. 2121 are the only lasting solution to ensure the sustainability of air medical services, particularly in rural areas of the country where our services are often the single point of access to definitive health care for millions of Americans.

AAMS stands ready to work hand-in-hand with insurers, state and federal legislators, as well as federal transportation authorities to find a clear common-sense solution that provides for transparency and efficiency, does not inhibit air medical access, and most

importantly ensures that patients-in-need receive safe, timely, and affordable air medical transport in those rare situations when it is needed.

- **AAP Applauds Passage of Bill That Will Keep Children Safe During Air Travel**

by: Colleen Kraft, MD, MBA, FAAP, President, American Academy of Pediatrics

"Congress made great strides toward keeping children safe during air travel. The Federal Aviation Administration (FAA) reauthorization, on its way to the president for signature into law, includes the bipartisan *Airplane Kids in Transit Safety (KiTS) Act*, a long-time priority of the AAP.

"Currently, the emergency medical kits on airplanes are not designed with children's needs in mind—they lack the right medications in an appropriate dose and formulation and the equipment is too large to fit a child. The *Airplane KiTS Act* addresses that problem by requiring the FAA to review and update the contents of the emergency medical kits on planes, which is something that hasn't been done in almost 20 years. Families will soon be able to rest a little easier knowing that if their child experiences an in-flight emergency, like a seizure, asthma attack, or allergic reaction, the right drugs and equipment will be on board.

"The American Academy of Pediatrics thanks Representatives Sean Patrick Maloney (D-N.Y.) and John Faso (R-N.Y.) and Senators Brian Schatz (D-Hawaii) and Jerry Moran (R-Kan.) who championed the *Airplane KiTS Act* from beginning to end. Pediatricians stand ready to assist with the swift implementation of this critical legislation so that all families can have the peace of mind they deserve while traveling."

Congress included provisions of the Airplane Kids in Transit Safety (KiTS) Act in the Federal Aviation Administration (FAA) reauthorization bill and President Trump signed the bill into law on Oct. 5. The act requires the FAA to update emergency medical kits on airplanes to ensure they contain appropriate medication and equipment to meet the emergency care needs of children, including an epinephrine auto-injector.

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*The American Academy of Pediatrics – October 3, 2018*

- **CMS Offers Five-Point Strategy to Combat Opioid Crisis**

The Centers for Medicare & Medicaid Services (CMS) recently released guidance through a State Medicaid Director's Letter SMD#18-006 on how states can leverage Medicaid technology to address the opioid crisis.

EMS are identified as partners that could benefit from access to prescription drug monitoring programs' data through health information exchange. The letter also reminds State Medicaid Directors to add data sources, including EMS data, to the Medicaid system

to help close referral loops, enable appropriate follow-up, and coordinate patient care. Read more.

In related news, Emergency Response TIPS, LLC and Kopis Mobile, LLC worked together to produce a free app to guide the logic of an operational response to synthetic opioids. You can download it from the Play store or the App store

Management in Emergency Medical Services” is now available online in Prehospital Emergency Care at <https://tandfonline.com/doi/full/10.1080/10903127.2017.1376137>. All companion materials, including background information, systematic reviews, evidence tables, and expert commentaries are also available.

# **Community Health And Technical Resources**

### **III. Community Health and Technical Resources (CHaTR)**

#### **CHaTR Staffing**

Chris Vernovai, OEMS's new EMS Systems Planner began work on September 25.

Chris is a Nationally Registered Paramedic that has been in EMS and Fire Services for more than 27 years, most of which has been spent in EMS leadership and management, including commercial, volunteer and combination volunteer and career EMS as well as the Department of Defense as a Federal Fire Fighter and Paramedic. Most recently, Chris was the County EMS Coordinator for Highland County, Virginia overseeing the County's EMS program, and served on the Board of Directors with the Central Shenandoah EMS Council. Over the past 5 years, he served on the State EMS Advisory Board's Workforce Development committee and EMS Officer and Standards of Excellence subcommittees. Chris has been an EMS Field Preceptor with multiple agencies, a Virginia Education Coordinator, and CISM team member. OEMS is glad to have Chris on our team.

#### **Regional EMS Councils**

##### **Regional EMS Councils**

The OEMS continues to maintain a Memorandum of Understanding (MOU) with the Regional EMS Councils for the 2019 Fiscal Year. The Regional Councils submitted First Quarter reports throughout the month of October, and they 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.

The Regional EMS Councils have applied for redesignation, and the designation process will take place throughout the early part of 2019.

#### **Medevac Program**

The Medevac Committee will meet on November 7, 2018. The minutes of the August 2, 2018 meeting are available on the OEMS website linked below:

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

The Medevac Helicopter EMS application (formerly known as WeatherSafe) continues to collect data. In terms of weather turndowns, there were 751 entries into the Helicopter EMS system in the third quarter of the 2018 calendar year. Sixty-four (64) % of those entries (481 entries) were

for interfacility transports, which is consistent with information from previous quarters. This represents an increase in turndowns compared to the 473 entries reported in the third quarter of 2016. Additionally, there have been 2,189 entries for the 2018 calendar year, which is an increase from the 1,635 entries for the 2017 calendar year. This data continues to demonstrate a commitment of our air medical services to maintaining safety of medevac personnel and equipment.

The Virginia State Medevac Committee continues work on evaluating if there are improvements to patient outcome of air medical transport versus ground ambulance transport of ST Segment Elevation Myocardial Infarction (STEMI) patients. The focus of this study is to determine whether there is an opportunity to transport STEMI scene patient by air to a specialty facility from the initial scene, versus transport to/treated the patient at a rural hospital first, then transport by air to a specialty facility for interventional treatment.

The aim of this retrospective chart review of ground and air transported STEMI patients 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 affects the patient's length of stay.

The Committee is also evaluating the increased use of unmanned aircraft (drones), and the increased presence in the airspace of Virginia. A workgroup continues work to raise awareness among landing zone (LZ) commanders and helipad security personnel.

House Bill 777 was introduced into the 2018 General Assembly session on January 9, 2018. The original language of the Bill is as follows:

*“1. That the Code of Virginia is amended by adding a section numbered 32.1-111.4:9 as follows:*

*§ 32.1-111.4:9. Notice requirements for emergency air medical transportation.*

*A. Before emergency medical services personnel initiate contact with an emergency air medical transportation provider for air transport of a patient, the emergency medical services personnel shall obtain written consent from the patient to receive emergency air medical transportation services after providing the patient with the following information for the purpose of allowing the patient to make an informed decision on choosing a form of transportation:*

*1. The patient will be responsible for any payments due for the emergency air medical transportation services;*

*2. The emergency air medical transportation provider might not have contracts with the patient's health care insurer and, therefore, services provided to the patient by such emergency air medical transportation provider may be considered out-of-network services and not covered under the patient's insurance plan; and*

*3. A description of the range of charges that the patient may incur for such emergency air medical transportation services.*

*B. Emergency medical services personnel shall be exempt from complying with the provisions of subsection A if the emergency medical services personnel determine and document that, due to emergency circumstances, compliance might jeopardize the health or safety of the patient or that the patient is unable to provide consent.”*

An identical bill, Senate Bill 663, was introduced as well. The House Health, Welfare, and Institutions (HWI) subcommittee #3 met on January 18, 2018, and the amended language (underlined) below was passed by the HWI subcommittee:

*“1. That the Code of Virginia is amended by adding a section numbered 32.1-111.4:9 as follows:*

*§ 32.1-111.4:9. Notice requirements for emergency air medical transportation.*

*A. Before emergency medical services personnel initiate air transportation of a patient by an emergency medical services air transportation provider, the emergency medical services personnel shall obtain written consent to such air transportation from the patient.*

*B. Emergency medical services personnel shall be exempt from complying with the provisions of subsection A if the emergency medical services personnel determine and document that, due to emergency circumstances, compliance might jeopardize the health or safety of the patient or that the patient is unable to provide consent.*

*2. That the provisions of the first enactment of this act shall become effective on July 1, 2019.*

*3. That the Office of Emergency Medical Services shall develop (i) a process by which emergency medical services personnel shall obtain consent of a patient prior to initiating air transportation by an emergency medical services air transportation provider and (ii) a form on which such consent shall be executed. The Office of Emergency Medical Services shall report on the development of such process and form to the Chairmen of the House Committee on Education, the House Committee on Health, Welfare and Institutions, and the Senate Committee on Education and Health on the development of the protocol by December 1, 2018.”*

House Bill 777 was continued to the 2019 General Assembly session.

Find more information on House Bill 777 at the link below:

<https://lis.virginia.gov/cgi-bin/legp604.exe?ses=181&typ=bil&val=HB777>

In addition, House Bill 778 was introduced into the 2018 General Assembly session on January 9, 2018. The original language of the Bill is as follows:

*“1. That the Code of Virginia is amended by adding in Article 2.1 of Chapter 4 of Title 32.1 a section numbered 32.1-111.15:1 as follows:*

*§ 32.1-111.15:1. Duties of health care provider arranging for air ambulance services.*

*A. As used in this section:*

*"Air ambulance provider" means a publicly or privately owned organization that is licensed or applies for licensure by the Department of Health to provide transportation and care of patients by air ambulance.*

*"Carrier" means an entity subject to the insurance laws and regulations of the Commonwealth and subject to the jurisdiction of the Commission that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of health care*

services, including an insurer licensed to sell accident and sickness insurance, a health maintenance organization, a health services plan, or any other entity providing a health benefit plan.

*"Covered person" means a policyholder, subscriber, enrollee, participant, or other individual who is entitled to health care services provided, arranged for, paid for, or reimbursed pursuant to a health benefit plan.*

*"Health benefit plan" means an arrangement for the delivery of health care, on an individual or group basis, in which a carrier undertakes to provide, arrange for, pay for, or reimburse any of the costs of health care services for a covered person that is offered in accordance with the laws of any state. "Health benefit plan" does not include short-term travel, accident only, limited or specified disease, or individual conversion policies or contracts, nor policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans.*

*"Health care provider" means a facility, physician, or other type of health care practitioner licensed, accredited, certified, or authorized by statute to deliver or furnish health care services.*

*"Out-of-network provider" means a health care provider or air ambulance provider that is not a participating provider under a covered person's health benefit plan.*

*"Participating provider" means a health care provider or air ambulance provider that has agreed to provide health care services or air ambulance services, as applicable, to covered persons and to hold those covered persons harmless from payment with an expectation of receiving payment, other than copayments or deductibles, directly or indirectly from the carrier.*

*B. Before a health care provider arranges for air ambulance services for an individual whom the provider knows to be a covered person, the health care provider shall:*

*1. Provide the covered person or the covered person's authorized representative a written disclosure that states:*

*a. Certain air ambulance providers may be called upon to render air ambulance services to the covered person during the course of treatment;*

*b. The air ambulance provider may not have contracted with the covered person's carrier to provide under his health benefit plan air ambulance services to covered persons and, if not, is an out-of-network provider;*

*c. If the air ambulance provider has not contracted with the covered person's carrier to provide air ambulance services to covered persons, (i) the air ambulance services will be provided as an out-of-network provider and (ii) the air ambulance provider has not agreed to hold covered persons harmless from payment of any balance due after receiving any payment from the carrier under the covered person's health benefit plan;*

*d. The range of the typical charges for out-of-network air ambulance services for which the covered person may be responsible;*

*e. The covered person or the covered person's authorized representative may (i) agree to accept and pay the charges of the air ambulance provider as an out-of-network provider, (ii) contact the covered person's carrier for additional assistance, or (iii) rely on other rights and remedies that may be available under state or federal law; and*

*f. The covered person or the covered person's authorized representative may (i) obtain a list of air ambulance providers from the covered person's carrier that are participating*

providers and (ii) request that the health care provider arrange for air ambulance providers that are participating providers; and

2. Obtain the covered person's or the covered person's authorized representative's signature on the disclosure document required pursuant to subdivision 1, by which signature the covered person or the covered person's authorized representative acknowledges receipt of the disclosure document before the air ambulance services were arranged.

C. If the health care provider is unable to provide the written disclosure or obtain the signature of the covered person or the covered person's authorized representative as required under subsection B, the health care provider shall document the reason, which may include the health and safety of the patient. The health care provider's documentation of the reason for his inability to provide the written disclosure or obtain the signature of the covered person or the covered person's authorized representative satisfies the requirements imposed on the health care provider under subsection B."

The House Health, Welfare, and Institutions (HWI) subcommittee #3 met on January 18, 2018, and the amended language (underlined) below was passed by the HWI subcommittee:

*"1. That § 32.1-127 of the Code of Virginia is amended and reenacted as follows:  
§ 32.1-127. Regulations.*

*21. Shall require that each hospital establish a protocol requiring that, before a health care provider arranges for air medical transportation services for a patient who does not have an emergency medical condition as defined in 42 U.S.C. § 1395dd(e)(1), the hospital shall provide the patient or his authorized representative with written or electronic notice that the patient (i) may have a choice of transportation by an air medical transportation provider or medically appropriate ground transportation by an emergency medical services provider and (ii) will be responsible for charges incurred for such transportation in the event that the provider is not a contracted network provider of the patient's health insurance carrier or such charges are not otherwise covered in full or in part by the patient's health insurance plan."*

On February 19, the following amendment was added during deliberations in the Senate:

*"3. That the Office of Emergency Medical Services shall, as soon as possible and no later than January 1, 2019, develop a mechanism by which to disclose to the patient, prior to services provided by an out of network air transport provider, a good faith estimate of the range of typical charges for out of network air transport services provided in that geographic area."*

House Bill 778/Senate Bill 663 passed both the House of Delegates and Senate, and signed by the Governor on March 9, 2018.

Find more information on House Bill 778 at the link below:  
<https://lis.virginia.gov/cgi-bin/legp604.exe?ses=181&typ=bil&val=HB778>

**Work continues on the creation of the documents as directed by the Virginia General Assembly. The Office of Emergency Medical Services must report to the Chairmen of the House Committee on Education, the House Committee on Health, Welfare and Institutions, and the Senate Committee on Education and Health on the progress of developing a consent form and protocol by December 1, 2018.**

OEMS and Medevac stakeholders continue to monitor many 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 final draft of the most recent version of the State EMS Plan was approved by the state EMS Advisory Board, at the November 9, 2016 meeting. The Plan was presented to the Board of Health, and unanimously approved at their March 16, 2017 meeting. Review and revision of the State EMS Plan will begin in early 2019.

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

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

## **VII. Technical Assistance**

### **EMS Workforce Development Committee**

The EMS Workforce Development Committee meets on November 9, 2018, in conjunction with the 2018 Virginia EMS Symposium. The minutes of the August 2, 2018 meeting are available on the OEMS website, at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/advisory-board-committees/workforce-development-committee/>

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

#### **EMS Officer Sub-Committee**

Sixteen (16) people completed the EMS Officer I program offered at the 2018 VAVRS Rescue College in Blacksburg on June 9-10. The workgroup continues to adjust the program, with the next offering held at the 2018 Virginia EMS Symposium. There are currently 30 students registered for the November offering. Following the symposium offering, the committee plans to make some final adjustments and complete a Train-the-Trainer instructor program. The development for the subsequent EMS Officer Courses will begin following the full release of EMS Officer 1 in early 2019. The EMS Officer page on the VDH/OEMS webpage is updated to reflect the recent progress with the program. View the page at the following link:

<http://www.vdh.virginia.gov/emergency-medical-services/agency-leadership-resources/ems-officer-i/>

## **Standards of Excellence (SoE) Sub-Committee**

The SoE Assessment program is a voluntary self-evaluation process for EMS agencies in Virginia based on eight (8) Areas of Excellence (AoE) – or areas of critical importance to successful EMS agency management.

Each AoE is evaluated 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 are on the OEMS website at the link below:  
<http://www.vdh.virginia.gov/emergency-medical-services/virginia-standards-of-excellence-program/>

## **The Virginia Recruitment and Retention Network**

The Virginia Recruitment and Retention Network met on May 18, 2018 at the Ashland Volunteer Fire Company. Representatives from the Exploring Program, an affiliate of the Boy Scouts of America, presented to the group about the Exploring Programs. The explained samples of the various fields that youth can select from and how they can increase the knowledge and participation of youth into the fields they choose. Of specific interest to the group was the Fire and EMS Career Exploring Field. Find more information on the Fire-EMS Exploring Programs at the link below: <https://www.exploring.org/fire-ems/>

The next meeting is scheduled as an EMS Retention Solutions Roundtable at the 2018 EMS Symposium. This is a new offering format with the anticipation to attract additional participants to share and hear each other's potential solutions for the recruitment and retention of EMS personnel.

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.

The Recruitment and Retention page on the OEMS website has a new more streamlined appearance. Links to pertinent reference documents will be added to the page in the coming months.

## **System Assessments**

CHaTR staff assisted the Virginia Department of Fire Programs (VD FP) with an evaluation of the system in the Town of Wytheville, and the Town of Chilhowie, Virginia in October of 2018. There is no release date for the final report. Final reports of previous evaluations of Cumberland County, and the Town of Farmville also have not been released.

ChATR staff will be working with the VDH Office of Health Equity to perform assessment of EMS systems that have Critical Access Hospitals (CAH) in their service area in 2019.

<p><b>Rural EMS and Mobile Integrated Healthcare/Community Paramedicine (MIH/CP)</b></p>
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The MIH/CP workgroup created in 2015 reconvened on September 19, 2018, with Dr. Allen Yee, MD again serving as chair. The workgroup is meeting on November 7, 2018 immediately following the state EMS Advisory Board meeting. The EMS Advisory Board meeting begins at 1 PM in the Marriott IV Ballroom on the 4<sup>th</sup> floor of the Norfolk Waterside Marriott.

The CHaTR division manager participates on the NASEMSO CP-MIH workgroup, as well as the Joint Committee on Rural Emergency Care.

# Educational Development

## **IV. Educational Development**

### **Committees**

- A. The Training and Certification Committee (TCC): The Training and Certification Committee met on October 3, 2018. The new Education Coordinator (EC) process workgroup gave a report. It will have final recommendations in January.

Copies of past minutes are available on the Office of EMS Web page at:  
<http://www.vdh.virginia.gov/emergency-medical-services/standing-and-ad-hoc-committees-oems-workgroups/>

- B. The Medical Direction Committee (MDC): The Medical Direction Committee met on October 4, 2018. The Scope of Practice document was discussed and edited. Further review will take place at the January meeting. There is one action item attached as **Appendix B**.

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

### **ALS Program**

- A. On January 5, 2018, the Office received an email from the National Registry of EMTs providing a summary of their Board Meeting held November 14-15, 2017. One of the items included the following: ...3. The NREMT will no longer offer the I-99 examination after December 31, 2019. Candidates will not be able to take the I99 exam after December 31, 2019, including retesting.... The office will be working with those programs that conduct I99 programs to identify actions to transition to the Advanced EMT (AEMT) curricula and complete testing for I99 certification testing before the deadline.
- B. Virginia I-99 students who have maintained their National Registry certification have until March 31, 2019 to gain National Registry Paramedic certification through the transition process. This requires the student to complete a Paramedic course and take the National Registry cognitive examination prior to their NR I-99 expiration. Should they not complete this process, they can still obtain their Paramedic certification; however, it will require the completion of the psychomotor examination in addition to the cognitive examination.
- C. All National Registry I-99 certified providers with an expiration date of March 31, 2019 are being transitioned to AEMT to allow them to recertify with National

Registry if they choose to do so. This does NOT affect their Virginia certification level, which will remain Intermediate 99.

- D. ALS Coordinator re-endorsement requires an update every two years and the submission of a re-endorsement application. An EMS Physician must sign the application. Additionally, it must contain the signature of the regional EMS council director if courses are being conducted in their region.
- E. As of January 1, 2017, all ALS testing candidates are required to have a Psychomotor Authorization to Test Letter (PATT) from National Registry to participate at an ALS Test site. To enable this new requirement, the Office of EMS has authorized early access that allows Virginia Program Directors, in coordination with the program Medical Director to allow students access to the psychomotor examination at the point in their program they feel the students have reached competency. Information has been provided to all program directors.
- F. All providers recertifying with National Registry starting with the 2019 recertification cycle will be required to complete the CE hour requirements based on the 2016 National Continued Competency program (NCCP). To align with the 2016 NCCP it is critical that EMS providers recertify with Virginia when recertifying with National Registry to keep their CE report aligned with the hour requirements.

<h2>Basic Life Support Program</h2>
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### A. Education Coordinators (EC)

- 1. The New Education Coordinator process continues to be successful. As of October 12<sup>th</sup>, 2018, there are 11 Applicants and 149 Candidates.
- 2. An EC Institute was held in September at the Virginia Beach EMS Headquarters. The institute was full with 16 attendees. The Institute was a success. The next EC Institute has not been scheduled but is slated for the January/February timeframe. The number of institute eligible candidates determines when EC Institutes are scheduled.
- 3. EMS Providers interested in becoming an EC can access reference documents on the OEMS website at <http://www.vdh.virginia.gov/emergency-medical-services/ems-education-coordinator-requirements/>. Additionally, providers can contact Mr. Billy Fritz at [billy.fritz@vdh.virginia.gov](mailto:billy.fritz@vdh.virginia.gov) or call the office at 804-888-9120.
- 4. The EC recertification process is now paperless. EMS Physicians now recommend recertification of EC's directly in their portal. When an EC selects their EMS Physician, it will automatically generate an email to the physician alerting them of the action needed in their portal. No more forms and uploading are required. Recommendations are valid for 180 days. After that time, a new verification will be required.

## B. EMS Educator Updates:

The office has held two updates since August, one in the TEMS region in September, and one in SWVEMS region in October. The final update for 2018 is scheduled for the TEMS region in November at EMS Symposium. Registration for Symposium is not required. The schedule of updates in 2019 can be found once scheduled on the OEMS web at: <http://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/>.

## C. Movement to Online Course Enrollment

Course enrollment is online and the Office continues to assist educators in enrolling their students. This is a real-time process and requires no postage to the office. Students can be accepted into a course immediately by an instructor and have their information verified. The Office will continue to accept enrollment forms with the goal to eliminate paper in the near future.

## EMS Training Funds

<b>Table. EMS Certification and Training Funding (Year-to-Date)</b>		
<b>Certification Level</b>	<b>No. Awarded</b>	<b>Amount Awarded</b>
EMT	77	\$38,115.00
AEMT	8	\$4,952.00
Intermediate	1	\$1,176.00
Paramedic	65	\$140,790.00
I-to-P Special Award	78	\$422,448.00
<b>EMSSP Total</b>	<b>229</b>	<b>\$607,481.00</b>
<b>CE-Auxiliary MOU Program Total</b>	<b>11</b>	<b>\$287,486.50</b>
<b>Grand Total (All Programs)</b>		<b>\$836,776.50</b>
<b>There were some awards made that required the awardee return their funding.</b>		

## A. EMS Scholarship Program (EMSSP)

- 1) The Office released the new Virginia EMS Scholarship Program to the public on October 17, 2018. The Virginia Office of Emergency Medical Services manages the EMSSP and provides scholarship awards to current Virginia EMS providers and those seeking to become EMS providers in the Commonwealth.
  - a) The EMSSP supports students who are accepted into an eligible Virginia approved initial certification program—EMR, EMT, AEMT and Paramedic.
  - b) The scholarship program does not provide 100% funding for a training program.

- 2) The scholarship program is student-driven. Students receive notification of their potential eligibility for the scholarship program via e-mail after they enroll in and are accepted into an eligible Virginia initial EMS certification program. Students have the choice to either apply for the scholarship as an individual or they can authorize their affiliated EMS agency to apply for their scholarship on their behalf.
  - a) The only students who are required to authorize an EMS agency to accept their scholarship award on their behalf are those who are under the age of 18.
  - b) There is only one award per individual at any one time.
  - c) Eligibility criteria are automatically determined by the Virginia EMS Portal.
  - d) Awards amounts are based upon the following criteria:
    - i. Baseline funding is a percentage of the cost derived from the number of credit hours assigned by the Virginia EMS Community College System (VCCS) for each level multiplied by the cost of a VCCS credit hour.
    - ii. Additional funding added to the base amount will utilize the following stress indexes:
      1. Health Professional Shortage Area
      2. Medically Underserved Area/Population
      3. Fiscal Stress Index
      4. Return to Localities funding availability.
  - e) The awards are for initial EMS certification programs only and will only be awarded to an individual once per level per five years.
  - f) The awardee is expected to:
    - i. complete the training program for which they received the scholarship;
    - ii. receive Virginia EMS certification at the level of the course within two (2) years of the course end date; and
    - iii. affiliate with a licensed Virginia EMS agency within two (2) years of the course end date.
- 3) In the event that the *Recipient* breaches or terminates the contract, the full amount of money represented in the scholarship(s) received, plus an annual interest charge as provided in Virginia Code §§ 2.2-4805 and 6.2-302, which is presently **six (6) percent**, shall be owed to the Commonwealth of Virginia within thirty (30) days of breach or termination.

#### B. Continuing Education (CE) and Auxiliary Programs MOU

- In late August, the Office forwarded MOU's to the Regional EMS Council's for the FY19 Continuing Education (CE) and Auxiliary Programs as a continuation of the same program started in FY18.

- The MOU's were signed by the Virginia Department of Health Office of Purchasing and General Services in mid- September 2018 and a signed copy was provided electronically to all participating Regional EMS Councils.

EMS Education Program Accreditation
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A. EMS accreditation program.

1. Emergency Medical Technician (EMT)

- a) Northern Virginia Community College has submitted documentation to add EMT accreditation.
- b) Isle of Wight Volunteer Rescue has submitted an EMT accreditation application to the office. The Division of Educational Development met with the interested parties and Isle of Wight has requested a postponement of consideration until summer, 2019.
- c) Arlington County Fire Department received a Letter of Review to allow them to conduct their initial cohort course. The Office of EMS visited the program in April 2018 to review their progress.

2. EMT Psychomotor Competency Verification Approval

- a) Central Virginia Community College received approval for internal psychomotor competency verification effective August 17, 2017.
- b) Prince William County Fire & Rescue received approval for internal psychomotor competency verification effective August 12, 2017.
- c) Henrico County Fire Division of Fire received approval for internal psychomotor competency verification effective August 18, 2017.
- d) Frederick County Fire and Rescue received approval for internal psychomotor competency verification effective August 11, 2017.
- e) Tidewater Community College received approval for internal psychomotor competency verification effective August 18, 2017.
- f) Southwest Virginia Community College received approval for internal psychomotor competency verification effective September 8, 2017.
- g) Associates in Emergency Care (AEC) received approval for internal psychomotor competency verification effective October 16, 2017.
- h) Chesterfield Fire received approval for internal psychomotor competency verification effective December 11, 2017.

- i) ECPI received approval for internal psychomotor competency verification effective January 17, 2018.
- j) Thomas Nelson Community College received approval for internal psychomotor competency verification effective February 1, 2018.
- k) Virginia Beach Training Center received approval for internal psychomotor competency verification effective February 1, 2018.
- l) Southwest Virginia EMS Council received approval for internal psychomotor competency verification effective February 1, 2018.

### 3. Advanced Emergency Medical Technician (AEMT)

- a) Newport News Fire Training has submitted their self-study for AEMT level accreditation. Review of their application is complete and they have received a Letter of Review to allow their first cohort class to take place. The accreditation self-study packet will be assigned a site team who will visit the program upon completion of their first cohort class.
- b) Blue Ridge Community College has submitted their self-study for AEMT level accreditation. Review of their application is complete and they have received a Letter of Review to allow their first cohort class to take place. The accreditation self-study packet will be assigned a site team who will visit the program upon completion of their first cohort class.
- c) Fauquier County has submitted their self-study for AEMT and EMT level accreditation. Their self-study is under final review for the issuance of a Letter of Review to allow their first cohort class to take place.

### 4. Intermediate – Reaccreditation

- a) All Intermediate programs received an extension until December 31, 2019 based on the sunset date announced by National Registry. If they choose to maintain accreditation at the Advanced EMT level, they will submit a reaccreditation packet for that level.

### 5. Intermediate – Initial

- a) No new accreditation packets have been received.

## 6. Paramedic – Initial

- a) John Tyler Community College's CoAEMSP accreditation visit was conducted on April 26 & 27. The program received a report with no deficiencies and have been promoted to recognition by CAAHEP.
- b) Rappahannock Community College received their award of accreditation from CoAEMSP.
- c) ECPI received a Letter of Review from CoAEMSP.

## 7. Paramedic – Reaccreditation

- a) Southside Virginia Community College had their 5-year CoAEMSP reaccreditation visit on October 6 & 7. Report will be forwarded upon completion. Results are being forwarded to CAAHEP.
- b) Tidewater Community College has received their reaccreditation from CoAEMSP.
- c) Northern VA Community College had their 5-year CoAEMSP reaccreditation visit in February 2018. They are awaiting their findings report.
- d) Loudoun County Fire & Rescue had their CoAEMSP reaccreditation visit on February 26 & 27, 2018. They are awaiting their findings report.
- e) Stafford County and Associates in Emergency Care (AEC) Consortium had their 5-year CoAEMSP reaccreditation visit on August 6 – 8.
- f) Lord Fairfax Community College had their 5-year CoAEMSP reaccreditation visit in September, 2018.
- g) Patrick Henry Community College has their 5-year CoAEMSP reaccreditation visit scheduled for November 2018.

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

<https://vdhems.vdh.virginia.gov/emsapps/f?p=200:1>

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

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

<https://vdhems.vdh.virginia.gov/emsapps/f?p=200:1>

### National Registry

The National Registry of EMTs (National Registry) and its Board of Directors announced Bill Seifarth as the organization's new executive director. An industry veteran, Seifarth brings more than 20 years of experience to the position, including Emergency Medical Services (EMS) leadership at both the State and Federal levels, along with a background of managing several comprehensive certification programs.

### Online EMS Continuing Education

#### Distributive Continuing Education

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

### EMSAT

Nov. 21, 2018	Using Splints to Treat Orthopedic Trauma Cat. 1 ALS, Area 18, Cat. 1 BLS, Area 13
Dec. 19, 2018	Securing Pediatric Patients During Transport Cat. 1 ALS, Area 20, Cat. 1 BLS, Area 15
Jan 16, 2018	Cold Weather Care Cat. 1 ALS, Area 13, Cat. 1 BLS, Area 18

### Psychomotor Test Site Activity

- A. 32- CTS, 0 - EMT accredited course and 17- ALS psychomotor test sites were conducted from July 8, 2018 through October 8, 2018.

- B. Jodi Shirey Stanley has been promoted to Examiner Supervisor for the Blue Ridge, Central Shenandoah, and Thomas Jefferson EMS council regions.
- C. Interviews have been conducted for open examiner positions in the ODEMSA region. Interviews are scheduled in November for the open examiner positions in Northern and Western/Southwestern regions.
- D. Virginia BLS Psychomotor Examination revised trauma and medical scenarios went into effect on September 16, 2018. Revised skill sheets for trauma and medical evaluation have been distributed to the EMS councils and are posted on the OEMS website.
- E. A workgroup is reviewing and updating the Psychomotor Examination Guide (PEG).

<h3>Other Activities</h3>
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- Warren Short along with Ron Passmore, Tim Perkins and Camela Crittenden participated in the NASEMSO East Region meeting held in Atlantic City, New Jersey.
- DED Staff and Virginia EMS National Test Representatives participated in a National Registry Test Representative training hosted by the Tidewater Community College, Va. Beach Campus in August.
- William Fritz and Brian Hollins are the newest Va. National Registry Test Representatives.
- Please welcome Mr. Chad Blosser back of the Office of EMS. We are excited to have Chad return. His IT skills, knowledge of and experience in the Virginia EMS system brings a high level of expertise to the Division and the office. Chad picked up where he left off, hitting the ground running on August 10<sup>th</sup>.
- DED staff participated in honoring Kathy Eubank for 30 years of service to the VAVRS.
- DED staff participated in the EMS Agenda 2050 video broadcast on September 20.
- Debbie Akers participated in the NAEMSE conference and used her talents as staff to coordinate the conferences room hosting volunteers.
- Debbie Akers represented the Virginia Office of EMS at the North Carolina EMS Conference.

# Emergency Operations

## **V. Emergency Operations**

### **Operations**

- **Emergency Operations Activity**

It was an active quarter for the Division of Emergency Operations and the Health and Medical Emergency Response Teams (HMERT).

#### *Charlottesville Rally Anniversary*

On August 12, 2018, assets from the Health and Medical Emergency Response Team (HMERT) including Thomas Jefferson 2, LifeCare, and Harrisonburg 16, as well as members of the Incident Management Team (IMT) deployed to support the City of Charlottesville during activities surrounding the anniversary of the Unite the Right Rally. The teams staffed medical tents and provided incident command support throughout the weekend.

#### *Rural Access Medical (RAM) Event*

On July 20-22, 2018 members of Thomas Jefferson (TJ) – 2 Task Force deployed to Wise Virginia in support of the Rural Access Medical Event. This event brings together medical professionals from across the country, offering a variety of medical services to citizens in the area. The task force members provided emergency medical support to the attendees of the event.

#### *Hurricane Florence*

Karen Owens, Emergency Operations and Sam Burnette, Emergency Operations assisted in staffing the Virginia State Emergency Operations Center (EOC) for the landfall of Hurricane Florence beginning September 10, 2018. The storm had a significant impact on North Carolina and areas of Virginia. The Office of EMS assisted in the coordination of EMS resource response within the state and through EMAC requests. As part of the storm response, the activation of State Managed Shelters (SMS) required additional assistance in ensuring appropriate EMS coverage at the shelters. This included the deployment of assets from the National Ambulance Contract and Disaster Medical Assistance Teams (DMAT).

- **Richmond Raceway**

The Division of Emergency Operations provided logistical support to the Henrico Division of Fire as part of the response activities associated with the September NASCAR races. The Division of Emergency Operations Trainer was deployed to the racetrack to serve as a logistical support center from September 20-September 23, 2018.

- **Staff Change**

After more than a decade with the Virginia Office of EMS, Ken Crumpler, Communications Coordinator resigned from the office to accept a position with the Virginia Department of Motor Vehicles as their new Motorcycle Safety Coordinator. As an avid motorcycle enthusiast and motorcycle safety instructor, this new position is well suited for Ken. Until his position is filled, Sam Burnette, Emergency Services Coordinator will be serving as the acting Communications Coordinator.

- **Virginia Public Safety Training Center Anniversary**

Karen Owens, Emergency Operations Manager, attended the 5<sup>th</sup> Anniversary Celebration of the Virginia Public Safety Training Center (VPSTC) on September 26, 2018. The Office of EMS maintains space at the VPSTC utilized to support the need for off-site operations from the current office location.

- **Virginia-1 DMAT**

Frank Cheatham, HMERT Coordinator, continued to attend meetings for the Virginia-1 DMAT during this quarter.

<b>Committees/Meetings</b>
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- **ASPR External Stakeholder Listening Session**

On October 23, 2018, Karen Owens, Emergency Operations Manager, attended a meeting of the Office of the Assistant Secretary for Preparedness and Response to listen to information regarding current programs and future plans for the ASPR office. Karen attended as a representative of the National Association of State EMS Officials (NASEMSO).

- **VDH Addiction Incident Management Team Meeting**

Karen Owens, Emergency Operations Manager, represented the Office of EMS at the VDH Addiction Incident Management Team Meeting on October 31, 2018.

- **Virginia APCO Fall Conference**

Sam Burnette, Emergency Services Coordinator, attended the 2018 APCO Fall Conference in Roanoke, Virginia on October 23-26, 2018. Sam represented OEMS at the Statewide Interoperability Executive Committee Board Meeting as well as meetings on radio frequency spectrums at the conference. He attended presentations on First Net, Next Generation 911, communications in large-scale events, updates on P25 standards, and other communications related topics.

- **Commonwealth of Virginia Critical Infrastructure Working Group**

The Emergency Services Coordinator, Sam Burnette, attended a meeting of the Commonwealth of Virginia Critical Infrastructure Working Group on October 4, 2018 held at the Virginia Emergency Operations Center. This meeting, led by the Secretary of Public Safety and Homeland Security's Critical Infrastructure Program Manager Stacie Neal, is a continuation of the Commonwealth's effort to catalog and prioritize safety and security of critical infrastructure in the state. Mr. Burnette represents OEMS as part of the Critical Infrastructure Emergency Services Sector.

- **NASEMSO HITS Committee**

Frank continues to participate in the conference calls with the NASEMSO HITS Committee.

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

HMERT Coordinator, Frank Cheatham, continues to serve on the SHSP Steering Committee and maintains update information regarding the monitoring the implementation and tracking of the plan.

- **Region 1 RPAC I Meeting**

On October 5, 2018 Sam Burnette, Emergency Services Coordinator, attended the Region 1 RPAC-I committee meeting. The committee provides an opportunity for public safety leadership within each region to discuss current communication issues and coordinate a regional response to the issues. Topics include FirstNet, interoperability, and communications grants.

- **EMS Emergency Management Committee**

The EMS Emergency Management Committee held its quarterly meeting on August 2, 2018 in conjunction with the quarterly EMS Advisory Board Meeting. The committee discussed the updates to MCIM I and II and the preparedness survey conducted by the division.

- **Traffic Incident Management Committees**

Frank Cheatham, HMERT Coordinator, represented OEMS at the Statewide TIM Committee meeting. He shared data from the program since its inception. He also participated in the Training Oversight Committee. Frank is also a member of the Richmond area Executive TIM Committee and attends the meetings of that group.

<b>Training</b>
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- **Homeland Security Exercise and Evaluation Program (HSEEP)**

Karen Owens, Emergency Operations Manager, and Sam Burnette, Emergency Services Coordinator, attended a Homeland Security Exercise and Evaluation Program (HSEEP) training

program on August 14-15, 2018. The course was hosted by the Office of EMS and delivered by the VDH Office of Emergency Preparedness. This training improves the effectiveness of exercises to determine the VDH and OEMS capabilities to perform their emergency preparedness and response duties.

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

As part of the Central Virginia Fire School, Sam Burnette, Emergency Services Coordinator, taught the Virginia Office of EMS Mass Casualty Incident Management Module I and II program on September 22, 2018 in Lynchburg, Va. The program provides information on how to appropriately triage in a mass casualty and how to coordinate incident operations during such large-scale events.

- **National Fire Academy – Emergency Medical Services Incident Operations**

Attending the National Fire Academy from August 5-10, 2018, the Emergency Services Coordinator, Sam Burnette, completed the National Fire Academy *EMS Incident Operations* course. This intermediate level course, attended by representatives from EMS agencies from around the country, provided training on managing events which have a large scale EMS response. Information from this course will be integrated into the OEMS Health and Medical Emergency Response Team (HMERT) program.

- **National Incident Management System (NIMS)/Incident Command System (ICS) ICS 400 Training Conducted at OEMS**

On October 16-17, 2018 the Office of Emergency Medical Services (OEMS) hosted a Federal Emergency Management Agency (FEMA) National Incident Management System (NIMS) Incident Command System (ICS) *ICS 400 – Advanced Incident Command and General Staff – Complex Incidents* training course at its headquarters in Glen Allen, Virginia. The class was hosted in cooperation with the VDH Office of Emergency Preparedness (OEP) and was taught jointly by OEP Public Health Preparedness Coordinator James Sclater and OEMS Emergency Services Coordinator Sam Burnette.

- **Vehicle Rescue**

The Division of Emergency Operations sponsored a Vehicle Rescue program in Kenbridge, Va. The course prepares students to respond to motor vehicle crashes and conduct operations to access them when they are entrapped.

- **Traffic Incident Management Committees**

Frank Cheatham, HMERT Coordinator, represented OEMS at the Statewide TIM Committee meeting. He shared data from the program since its inception. He also participated in the Training Oversight Committee. Frank is also a member of the Richmond area Executive TIM Committee and attends the meetings of that group.

- **Radio Programming**

Sam Burnette, Emergency Services Coordinator, attended radio programming software training at the Harris Radio Technical Training Center in Lynchburg on September 18-19, 2018. This training and software permits Sam to custom program the OEMS radio cache as required to meet deployment needs. The cache is currently being programmed for use at the EMS Symposium to improve both the efficiency and safety of the event.

<b>Communications</b>
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- **APCO ProChrt**

Sam Burnette continues to maintain communications with members of the APCO ProChrt Committee responsible for promoting emergency medical dispatch to 9-1-1 centers throughout the state. Sam participated in an on-site presentation of EMD in Scott County, Virginia on Monday October 22, 2018.

- **Communications Committee**

In his capacity as the acting Communications Coordinator, Sam Burnette has been working the EMS Advisory Board Communications Committee to update the process for the accrediting of 9-1-1 centers throughout the Commonwealth. A workgroup was formed to review current policies and procedures regarding the accreditation process in order to improve the efficiency of the program. Sam is working to onboard new representatives to the committee from the Virginia Municipal League (VML) and the Virginia Association of Counties (VACO).

<b>CISM</b>
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- **CISM Regional Council Reports**

During this reporting quarter Regional Council CISM teams reported 5 events, including education sessions, training classes, meetings, and debriefings (both group and one-on-one).

# **Public Information and Education**

## **VI. Public Information and Education**

### **Public Outreach via Marketing Mediums**

#### *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**

Fireworks safety, holiday office closures, safe swimming tips, Virginia EMS Symposium video promo, save the date for symposium, EMSC program awards 30 free symposium registrations, State EMS Advisory Board meeting agenda and symposium registration opening announcement.

- **August**

Virginia EMS Symposium registration link, Virginia Elite System issue, Virginia DMV and Public Safety #BuckleUp campaign, EMSC free registrations for symposium still available, Symposium sponsorship opportunities, Symposium registration reminder, Nerve agency info for EMS and hospitals and 2019 Virginia EMS Symposium call for presentations.

- **September**

Holiday office closure, National Preparedness Month, Governor Northam Declares State of Emergency in Advance of Hurricane Florence, Response to emergency events in Virginia, Governor Northam orders the coastal evacuation, 9/11 tribute, VDOT does not plan to close any water crossings in Hampton Roads for Hurricane Florence, Virginia Task Force 2 was activated as a NIMS Type 1 Urban Search and Rescue Team for Hurricane Florence, Wind & Hurricane Impact Research Laboratory, "Wind Effects on Emergency Vehicles", Symposium registration reminder, VDH reminder to prepare for shelter and supplies ahead of Hurricane Florence, Preparation after the storm - CO poisoning prevention tips, VA-TF1 was activated to assist with rescue efforts related to Hurricane Florence, National emergency alert test, RSAF grant deadline extended, symposium registration reminder with image, Education Coordinator Institute, symposium registration deadline approaching, symposium sponsorship reminder, symposium registration last week reminder with image, symposium registration two-day reminder with symposium promo video and symposium registration final day to register.

*Via GovDelivery Email Listserv (July - September)*

- **7/20/18** – Registration for the 2018 Va. EMS Symposium Opens Soon
- **7/31/18** – Registration Now Open for the 39th Annual Virginia EMS Symposium
- **9/25/18** – Register Today for the 39<sup>th</sup> Annual Virginia EMS Symposium

### **Customer Service Feedback Form (Ongoing)**

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

### **Social Media and Website Statistics**

As of October 24, 2018, the OEMS Facebook page had 6,104 likes, which is an increase of 336 new likes since July 19, 2018. As of October 24, 2018, the OEMS Twitter page had 4,616 followers, which is an increase of 154 followers since July 19, 2018.

**Figure 1:** This graph shows the total organic reach\* of users who saw content from the OEMS Facebook page, July – September. Each point represents the total reach of organic users in the 7-day period ending with that day. **Two Facebook posts received significant organic reach in July and September:**

- **On July 20, the Virginia EMS Symposium 31-second promo video Facebook post received 19,603 total organic reach; 3,273 engagements, 9,522 video views and 664 reactions, comments and shares.**
- **On September 8, the Governor’s declaration of a state of emergency ahead of Hurricane Florence received 21,869 total organic reach; 2,932 engagements and 893 reactions, comments and shares.**

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

**Facebook reach activity**  
July 1 - Sept. 30, 2018

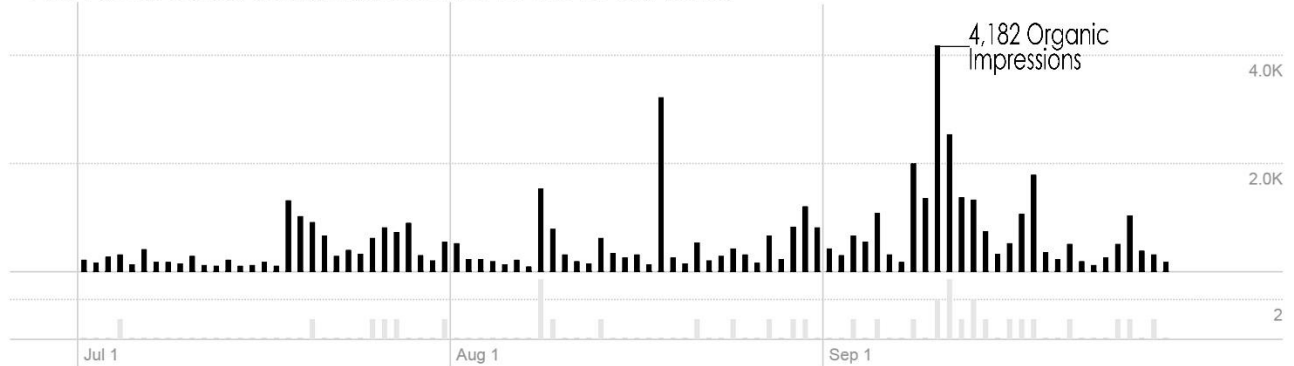


**Figure 2:** This graph shows the total organic impressions\* over a 91-day period on the OEMS Twitter page, July - September. **During this 91-day period, the OEMS Twitter page earned 583 impressions per day. The most popular tweet received 6,979 organic impressions.**

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

**Tweet activity**  
July 1 - Sept. 29, 2018

Your Tweets earned **53.1K impressions** over this 91 day period



**Figure 3:** This table represents the top five most downloaded items on the OEMS website from July – September 2018.

July	<ol style="list-style-type: none"> <li>1. 2018 Symposium Course Selection Worksheet (331)</li> <li>2. Authorized Durable DNR Form 2017 (201)</li> <li>3. TR-66A ALS CE-Requirements 2 (116)</li> <li>4. Symposium Course Area quick reference sheet (111)</li> <li>5. Summer 2018 EMS bulletin (110)</li> </ol>
August	<ol style="list-style-type: none"> <li>1. 2018 Course Selection Worksheet (477)</li> <li>2. Authorized Durable DNR Form 2017 (424)</li> <li>3. 2018 Symposium catalog final (290)</li> <li>4. Centrelearn Instructions with link (228)</li> <li>5. 2018 Symposium Paper Registration (205)</li> </ol>
September	<ol style="list-style-type: none"> <li>1. Authorized Durable DNR Form 2017 (417)</li> <li>2. Navigating the Virginia EMS Portal Quick Guide (233)</li> <li>3. 2012 EMS Regulations-Air Medical (233)</li> <li>4. 2018 Symposium Course Selection Worksheet (232)</li> <li>5. Centrelearn Instructions with link (205)</li> </ol>

**Figure 4:** This table identifies the total number of unique pageviews, the average time on the homepage and the average bounce rate for the OEMS website from July – September 2018.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
July	9,450	00:33	2,797 (29.60%)
August	10,819	00:21	2,927 (27.05%)
September	9,840	00:20	2,464 (25.04%)

## Google Analytics Terms:

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

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

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

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

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

## EMS Symposium

- PR Coordinator finished design and layout of the Symposium Catalog and sent to printer. Posted online July 31, 2018.
- PR Coordinator updated the Symposium webpages on the OEMS website.
- PR Assistant finished editing Symposium course content for online registration.
- PR Assistant coordinated the shipping of the symposium catalogs to all Virginia EMS agencies and Regional EMS Councils.
- PR Coordinator started gathering information for the 2018 Symposium mobile app on Apple and Android devices.
- Beginning on July 31, PR Coordinator started promoting Symposium registration utilizing the Symposium commercial via social media, OEMS website and listserv email.

This symposium commercial garnered significant attention on Facebook: receiving 19,603 total organic reach, 3,273 engagements, 9,522 video views and 664 reactions, comments and shares.

- On Aug. 29-30, PR Coordinator attended Symposium planning meetings with Norfolk businesses and hotel partners.
- PR Coordinator worked with symposium sponsorship coordinator on sponsored items, inserts for symposium packets, signage requirements, etc.
- PR Coordinator updated symposium webpage, to include all symposium forms, worksheets, catalog, flyers, sponsor info, symposium commercial, etc.
- PR Coordinator prepared signage needs for the Virginia EMS Symposium.
- PR Assistant started coordinating supply order items that would be needed for symposium registration packets and placed supply order for such items.
- PR Assistant reviewed online symposium courses descriptions and assigned certification criteria.
- PR Coordinator started working Norfolk Health Department and Tidewater EMS Council to coordinate the Free Flu Shot Clinic, which is held in conjunction with the Virginia EMS Symposium.
- PR Coordinator starting drafting the Symposium On-Site Guide.

### **Governor's EMS Awards Program**

- PR Assistant prepared the Governor's EMS Awards nomination packets for the Awards Nomination Committee members to review, and also organized the Governor's EMS Awards Nomination Committee meeting, which was conducted on August 17, 2018.
- PR Assistant worked with the Regional EMS Councils to prepare and submit their nomination packets for the Governor's EMS Awards.
- PR Coordinator prepared order for the Governor's EMS Award pyramids, which will be presented to winners at the Governor's EMS Awards banquet.
- Sept. 20 - PR coordinator submitted a Decision Memo request for the Governor's Office to review the Governor's EMS Award selections and provide signed certificates for the winners.
- PR Coordinator prepared Decision Memo requesting the Governor's attendance at the Annual Governor's EMS Awards, submitted October 4, 2018.

- PR Coordinator prepared and submitted invite for the Norfolk Mayor to attend the Symposium awards banquet.
- PR Assistant designed Governor's EMS Awards banquet invitation, which was emailed to all award nominees.

## **Media Coverage**

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

- Sept. 26 – Reporter from New Yorker magazine requested storm-related fatalities due to Hurricane Florence.

## **OEMS Communications**

The PR Coordinator and PR Assistant are responsible for the following internal and external communications at OEMS:

- On a daily basis, the PR Assistant monitors and provides assistance to the emails received through the EMS Tech Assist account and forwards messages to their respective divisions.
- The PR Assistant is the CommonHealth Coordinator at OEMS, and as such, she sends out weekly CommonHealth Wellnotes to the OEMS staff.
- The PR Coordinator designs certificates of recognition and resolutions for designated EMS personnel on behalf of the Office of EMS and State EMS Advisory Board.
- Upon request, the PR Coordinator creates certificates for free Symposium registrations to be used at designated Regional EMS Council events.
- PR Coordinator provides assistance for the preparation of some responses for constituent requests.
- PR Coordinator and PR Assistant respond to community requests by sending out letters, additional information, EMS items, etc.
- The PR Coordinator and PR Assistant provide reviews and edits of internal/external documents as requested.
- PR Coordinator and PR Assistant update OEMS website with content and documents upon request from office Division Managers.

- The PR Coordinator is responsible for monitoring social media activity and requests received from the public. She forwards questions to respective OEMS division managers and provides response to the inquiries through social media.
- The PR Coordinator is responsible for coordinating and submitting weekly OEMS reports to be used in the report to the Secretary of Health and Human Resources.
- When applicable, the PR Coordinator submits new hire bios and pictures to be included on the New Employees webpage on the VDH intranet.

## **VDH Communications Office**

**VDH Communications Tasks** – The PR Coordinator and PR Assistant are responsible for covering the following VDH Communications Office tasks from July – September:

- **July - September** – The PR Coordinator is responsible for providing backup for the Communications Office staff, including coverage for media alerts, VDH in the News, media assistance, team editor and other duties upon request.
  - Aug. 13 – 17 – PR Coordinator provided public relations coverage downtown while Communications Director was out.
  - Beginning at the end of August, PR Coordinator became the primary for Media Alerts through the end of the 2018 year.
  - On Sept. 14 – PR Coordinator staffed the Virginia Emergency Operations Center Joint Information Center in response to Hurricane Florence. Provided social media support.
- **VDH Communications Conference Calls (Ongoing)** - The PR Coordinator and PR Assistant participate in bi-weekly conference calls and polycoms for the VDH Communications team.
  - PR Coordinator and PR Assistant participate in monthly Agencywide Communications Workgroup
    - PR Coordinator participates in the VDH website/social media subcommittee in August.
    - PR Assistant attended the Office of Communications Policies and Procedures Workgroup sub-committee meeting in August.
  - PR Assistant attended training with the Office of Communications for preparation of the Clinician Letter and HootSuite.

- PR Coordinator attended training with the Office of Communications for the VDH intranet and HootSuite. PR Coordinator also gained access to the VDH Adobe Stock account to assist with requests as needed, and VDH social media accounts to assist when needed and serve as backup.

**Commissioner's Weekly Email** – The PR Coordinator submitted the following OEMS stories to the commissioner's weekly email, from July – September. Submissions that were recognized appear as follows:

- **9/27/18 - OEMS Staff Conduct Education Coordinator Institute**

Beginning September 25-27, staff from the Office of EMS (OEMS) Division of Educational Development and Division of Regulation and Compliance conducted the fall Education Coordinator Institute at the Virginia Beach EMS Training Center. This three-day institute will add 16 new EMS educators to Virginia's EMS System. OEMS staff members participating in the Institute included **Warren Short**, training manager; **Billy Fritz**, Basic Life Support training specialist; **Debbie Akers**, Advanced Life Support training specialist; **Chad Blosser**, training and development coordinator; **Wayne Berry**, EMS program representative and **Ron Passmore**, Regulation and Compliance manager.

# Regulation and Compliance

## **VII. Regulation and Compliance**

The Division of Regulation and Compliance Team performs the following tasks:

- Licensure
  - EMS Agency and vehicles
- Regulatory Compliance enforcement of:
  - EMS Agencies
  - EMS Vehicles
  - EMS Personnel
  - EMS Physicians
  - RSAF Grant Verification
  - Regional EMS Councils
  - Virginia EMS Education
  - Complaint Investigation\Resolution
  - Drug Diversion Investigations
- EMS Physician (OMD/PCD) Endorsements
- Background Investigation Unit
  - Determine eligibility for EMS certification or affiliation in Virginia
- EMS Regulation Variance/Exemption application determinations
- Creation and/or Revision of EMS Regulation(s)
  - Utilizing the Virginia Division of Legislative Services, Regulatory Town Hall, and Department of Planning and Budget as required
- Provide Virginia General Assembly legislative session representation for the Office of EMS

- Provide written and verbal consultation regarding proposed legislation being debated or considered, that involves or impacts the delivery of EMS in the Commonwealth of Virginia
- Educational Resource specific to Virginia EMS Regulation & Compliance
  - Educational programs provided on request and during most EMS conferences throughout the Commonwealth of Virginia
- Provide support to all standing Committees of and for the state EMS Advisory Board
- Provide regulatory and compliance consultation services for EMS agencies and municipalities within the Commonwealth of Virginia
- Represent the Virginia Office of EMS, Regulation & Compliance Division on national boards and/or committees

The following is a summary of the Division's activities for the third quarter, 2018:

#### **EMS Agency/Provider Compliance**

<b>Enforcement</b>	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarte r</b>	<b>4th Quarte r</b>	<b>CY 2014</b>	<b>CY 2015</b>	<b>CY 2016</b>	<b>CY 2017</b>	<b>CY 2018</b>
<b>Citations</b>	<b>1</b>	<b>3</b>	<b>7</b>		<b>40</b>	<b>55</b>	<b>53</b>	<b>78</b>	
EMS Agency	0	2	7		22	23	23	37	
EMS Provider	1	1	0		18	32	30	41	
<b>Verbal Warning</b>	<b>1</b>	<b>1</b>	<b>6</b>		<b>21</b>	<b>6</b>	<b>7</b>	<b>5</b>	

EMS Agency	1	1	6		11	5	3	2	
EMS Provider	0	0	0		10	1	4	3	
<b>Correction Order</b>	<b>0</b>	<b>2</b>	<b>2</b>		<b>59</b>	<b>64</b>	<b>62</b>	<b>30</b>	
EMS Agency	0	2	2		59	64	62	30	
EMS Provider	0	0	0		0	0	0	0	
	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>4th Quarter</b>	<b>CY 2014</b>	<b>CY 2015</b>	<b>CY 2016</b>	<b>CY 2017</b>	
<b>Temp. Suspension</b>	<b>12</b>	<b>3</b>	<b>14</b>		<b>20</b>	<b>26</b>	<b>25</b>	<b>15</b>	
EMS Agency	0	0	0		0	0	0	1	
EMS Provider	12	3	14		12	26	25	14	
<b>Suspension</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>		<b>11</b>	<b>15</b>	<b>11</b>	<b>7</b>	
EMS Agency	N/A	N/A	N/A		1	0	0	0	
EMS Provider	N/A	N/A	N/A		5	15	11	7	
<b>Revocation</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>7</b>	<b>8</b>			

							<b>4</b>	<b>4</b>	
EMS Agency	0	0	0		0	0	0	0	
EMS Provider	0	0	0		4	8	4	4	
<b>Compliance Cases (open)</b>	<b>21</b>	<b>38</b>	<b>33</b>		<b>202</b>	<b>166</b>	<b>121</b>	<b>160</b>	
New cases Opened	16	17	59		140	112	71	77	
Cases Closed	5	12	39		62	54	48	53	
<b>Drug Diversions</b>	<b>2</b>	<b>2</b>	<b>5</b>		<b>21</b>	<b>15</b>	<b>16</b>	<b>20</b>	
<b>Variances</b>	<b>8</b>	<b>15</b>	<b>13</b>		<b>29</b>	<b>23</b>	<b>16</b>	<b>8</b>	
Approved	6	10	8		16	14	13	6	
Denied	2	4	5		13	9	3	2	

**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.

N/A – Indicates data definition no longer utilized with new LCR database.

### Hearings

(0) Informal Fact Finding Conferences (hearings) were held this quarter.

### Licensure

Licensure	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
<b>EMS Agency</b>	600	596	591		669	646	638	621	
New	0	4	2				6	5	
EMS Vehicles	4,154	4211	4229		4,137	4,568	4,227	4,679	
EMS Providers	35,495	35,285	35,647						
<b>Inspection</b>	612	1114	1161		2,997	2,854	3,400	3,089*	
EMS Agency	65	96	76		289	319	222	319	
EMS Vehicles	547	923	930		2,261	1,964	2,564	2,278	
Spot	65	75	155		447	571	563	492*	

**\*Note: Statistical date may be slightly incomplete due to the migration of legacy data to the Oracle platform.**

### Background Investigation Unit

The Office of EMS began the process of conducting criminal history background checks utilizing the FBI fingerprinting process through the Central Criminal Record Exchange (CCRE) of the Virginia State Police on July 1, 2014. A dedicated section with relevant information about this process is on the OEMS web site at: <http://www.vdh.virginia.gov/emergency-medical-services/regulations-compliance/criminal-history-record/>.

Background Checks	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
Processed	1,837	1693	2271		3,488	6,773	8,157	7,633	
Eligible	1,746	1575	1845		2,683	5,415	5,916	6,015	
Non-Eligible	10	13	18		19	50	46	30	
Outstanding	23	0	5		546	1,091	1,362		
Jurisdiction Ordinance	246	359	403			189	1,167	1,301	

## **Regulatory**

OEMS Regulation & Compliance staff continue to work with key EMS stakeholder groups to review suggested revisions to all sections of the current EMS Regulations (12VAC5-31). The recommended changes were sent to the Rules and Regulations Committee of the state EMS Advisory Board for review and were approved to submit as a regulatory review packet.

- A Notice of Intended Regulatory Action (NOIRA) posted in the Virginia Register of Regulations (Vol. 33 Issue 19) on May 15, 2017. The deadline for public comment was June 14, 2017. No public comments were submitted. OEMS Staff is working to complete the required documentation for the next step for the “Proposed” EMS Regulations.
- The approved first draft of “Proposed” EMS Regulations (Chapter 32) has been manually entered into the RIS as project 5100 and the required Town Hall (TH-02) form is being completed for submission that details every change to the regulatory language from Chapter 31 to 32 by comparison.
- Upon submission of the completed TH-02 document the draft Chapter 32 will enter the Executive Branch Review process which requires the Office of Attorney General, Department of Planning and Budget including an Economic Impact Analysis, Cabinet Secretary, and Governor of Virginia to review; then posted for a 60 day public comment period on the Virginia Regulatory Town Hall
- Following the 60 day comment period, all public comments will be considered (adopted) and final regulatory language will be revised and then submitted as the final regulatory package via the Town Hall form TH-03 to again receive an Executive Branch review and final public comment period before final adoption.
- OEMS staff has submitted to the Office of the Commissioner the “Final Exempt” regulatory package reflecting the changes from HB 2153 (2017) regarding recognition by EMS personnel of valid out-of-state Durable Do Not Resuscitate (DDNR) orders. <http://leg1.state.va.us/cgi-bin/legp504.exe?171+ful+CHAP0179>

## **EMS Physician Endorsement**

Number of Endorsed EMS Physicians: As of September 30, 2018: 232

No regional OMD workshops were conducted during Q3, the next OMD workshop will be held in conjunction with the Virginia EMS Symposium in Norfolk this November; followed by a workshop on December 13<sup>th</sup> at the Peninsula Regional EMS Council.

Interested OMD’s can contact the Office to register for the upcoming workshop. OEMS staff is also reviewing and updating the on-line OMD training program that is utilized as a pre-requisite

for anyone interested in becoming an endorsed EMS Physician in Virginia. We are also working to create a paperless (online) process for OMD initial and re-endorsement applications and document submission.

### **Additional Regulation & Compliance Division Work Activity**

- ❖ The Regulation and Compliance division staff held their bi-monthly staff meeting on October 17 - 19, 2018 in Glen Allen, Virginia. The next divisional staff meeting is scheduled for December 5-7, 2018 in Glen Allen, Virginia.
- ❖ Division staff have provided technical assistance and conducted educational presentations to EMS agencies, entities and local governments as requested.
- ❖ Division field investigators have assisted the OEMS Grants Manager and the RSAF program by performing reviews of submitted grant requests as well as verification of purchase compliance for RSAF grant funds awarded during each funding cycle.
- ❖ The Office, in conjunction with VDH is in the process of finalizing an internal policy to provide a pathway for the re-instatement of impaired EMS providers who have been sanctioned because of a substance abuse issue. Collaborative efforts have begun with several committees of the state EMS Advisory Board to ensure consistency with project development regarding treatment and monitoring programs, such as the Health Practitioners Monitoring Program (HPMP) utilized by the Virginia Board of Nursing and the Board of Medicine. See **Appendix C**.
- ❖ **Reminder of Regulatory Change** effective November 02, 2018. The term “affiliation” has been returned to regulatory language in 12VAC5-31-910 A & B will then read as follows:

*Application for affiliation, certification or current certification of individuals....*

Once again all members of a licensed EMS agency must submit to a finger print based criminal history background check and be approved by the OEMS for both affiliation and certification. This includes non EMS certified members such as drivers. There is NOT a grandfather clause to this regulatory change. Affiliated non-certified members that do not meet eligibility requirements as of November 2<sup>nd</sup> may no longer continue affiliation or participate in any way with a licensed EMS agency or onboard a permitted EMS vehicle.

- ❖ The Office of EMS, Regulation & Compliance Division will be outsourcing the collection of finger prints for background checks to the state contract vendor, FieldPrint. The target date of this change is January 1<sup>st</sup>, 2019. Details of how fingerprints will be submitted to the OEMS after this date will be announced in December 2018. This new process for fingerprint submissions will be more efficient, cost effective, and provides increased access for both regulants and EMS agencies.

- ❖ The Regulation and Compliance Division is in the process of restructuring our team and improving service delivery. We are changing from an independent structure to a team based infrastructure.

### **Division Structure Profile**

*Ronald D. Passmore*

Manager, Regulation and Compliance Division

Phone: (804) 888-9131

Fax: (804) 371-3108

Oversees the Division of Regulation and Compliance, focus is on the following broad areas:

- EMS Physician initial and re-endorsement
- EMS agency initial and re-licensure
- EMS vehicles permitting and renewal
- EMS regulations development and enforcement
- Variances and Exemptions processing for provider, agencies and entities
- OEMS policy advisor to Executive Management
- Provide technical assistance & guidance to all committees of and the state EMS Advisory Board
- OEMS Staff Liaison to the Rules and Regulations Committee
- Manages Operations Education Track for Virginia EMS Symposium
- Technical assistance to local governments, EMS agencies and providers
- Background investigations on EMS certified personnel and EMS students
- Regulatory enforcement, complaint processing
- National issues involving licensure and regulations

**Marybeth Mizell**

Administrative Assistant, Regulation and Compliance Division

Phone: (804) 888-9130

Fax: (804) 371-3108

Provides administrative support to the Division Manager while managing all Virginia endorsed EMS physicians, to include all applications for OMD/PCD endorsement and re-endorsement, and provides technical support assistance to field team administrative assistants.

Update and maintain listing of all Virginia endorsed EMS Physicians

Provides staff support to the Rules and Regulations and Transportation committees

**Kathryn “Katie” Hodges**

Administrative Assistant, (Phillips Field Team)

Phone: (804) 888-9133

Fax: (804) 371-3409

**Pam Busch**

Administrative Assistant, (Burch Field Team)

Phone: (804) 888-9125

Fax: (804) 371-3409

- Provides support to field team and coordinates background investigation activities to include:
  - ✓ Receiving and processing results of all fingerprint based background checks
  - ✓ Notification to EMS agencies regarding results of background checks
  - ✓ Assist Field Investigators (EMS Program Representatives) with all administrative tasks
- Assist customers by navigating requests to the appropriate resource for resolution

**OEMS Program Representatives (Field Investigators)**

- Provides field support to EMS agencies, local government, facilities and interested parties in the development of EMS to include the following:  
EMS agency initial and renewal licensure
  - ✓ EMS vehicle initial and renewal permits
  - ✓ EMS regulation and compliance
  - ✓ Complaint investigation

- Conduct inspections and investigations

Verify awarded grants to eligible recipients from RSAF program

- Liaison and OEMS representative at various local and regional meetings with fellow organizations to include but not limited to regional EMS Councils, VDEM, DFP, local and state law enforcement, etc.
- Subject matter experts on the delivery of EMS
- Facilitator for matters related to OEMS through the various Office of EMS programs

Supervisor, [Jimmy Burch \(Jimmy.Burch@vdh.virginia.gov\)](mailto:Jimmy.Burch@vdh.virginia.gov) – *South Virginia*

[Paul Fleenor \(Paul.Fleenor@vdh.virginia.gov\)](mailto:Paul.Fleenor@vdh.virginia.gov) – *Western Virginia*

[Ron Kendrick \(Ron.Kendrick@vdh.virginia.gov\)](mailto:Ron.Kendrick@vdh.virginia.gov) – *Far Southwest Virginia*

[Steve McNeer \(Stephen.McNeer@vdh.virginia.gov\)](mailto:Stephen.McNeer@vdh.virginia.gov) – *Greater Richmond Area Virginia*

Supervisor, [Heather Phillips \(Heather.Phillips@vdh.virginia.gov\)](mailto:Heather.Phillips@vdh.virginia.gov) – *North Central Virginia*

[Wayne Berry \(Wayne.Berry@vdh.virginia.gov\)](mailto:Wayne.Berry@vdh.virginia.gov) – *Coastal Virginia*

[Scotty Williams \(Scotty.Williams@vdh.virginia.gov\)](mailto:Scotty.Williams@vdh.virginia.gov) – *Northern Virginia*

[Doug Layton \(Douglas.Layton@vdh.virignia.gov\)](mailto:Douglas.Layton@vdh.virignia.gov) – *Shenandoah Valley Virginia*

The Regulation and Compliance Team of professionals provide the Commonwealth of Virginia with more than 144 years of combined experience specific to EMS regulations and compliance enforcement; in addition, this team of twelve has more than 313 years of combined experience with the delivery of Emergency Medical Services as clinical providers, EMS educators and EMS administrators.

# Trauma and Critical Care

## VIII. Trauma and Critical Care

- **ImageTrend Elite**

- Support staff fielded over 300 emails, support tickets and phone calls for the following issues:
  - User Account maintenance
  - Data import issues
  - Report Writer issues
  - DDNR related questions
  - General Software Issues

- **Virginia Elite Updates**

- The initial three-year contract term with ImageTrend ended June 30, 2018. OEMS exercised its option to renew the contract for a one-year period beginning July 1, 2018. There are two one-year renewal options remaining in the original contract.
- A new optional feature, JotPad, was activated in June 2018. JotPad will allow a provider to write notes during the patient encounter for reference when creating the EPCR later. The notes are not visible in incident print reports and are available even if the incident is locked.
- New/updated validation rules went into effect 4/30/2018. The rules (eDisposition.02, eVitals.08, eDisposition.24, ePayment.01, eDisposition.01) were implemented in the ongoing effort to improve data quality. More information on the changes are in the Knowledgebase: [Virginia Elite Validation Rule updates - Activation Date: 04.30.2018](#). The next rule update will occur in the third quarter.

- **Virginia Trauma Registry Updates**

- Support staff attended a weeklong intensive training session at the ImageTrend headquarters in June 2018. The focus of the training was database management of the trauma registry product in preparation for the first major update since the purchase of the software in 2015. This update will bring Virginia more in line with nationally tracked data elements and is scheduled to occur early fourth quarter of 2018.

- **EMS Data**

- **Submission and Data Quality:** Staff works monthly with EMS agencies and the Regulation and Compliance Division to improve the quality of the data that is being submitted to the Elite system.

- The latest Data Quality Report and Data Submission Compliance Reports can be found on the Knowledgebase here:  
[Knowledgebase - Data Submission Report](#)

Average Incident Validity Score by Council			
	Apr-18	May-18	18-Jun
Blue Ridge	96.6	96.7	96.7
Central Shenandoah	99.6	99.7	99.8
Lord Fairfax	99.6	99.7	99.8
Northern VA	92.6	92.9	94.8
Old Dominion	97.5	97.5	97.6
Peninsulas	99.2	99.3	99.3
Rappahannock	95.8	95.9	97.6
Southwest	93.6	93.7	95.3
Thomas Jefferson	98.6	99	99.1
Tidewater	94.2	97.9	98.2
Western	98.3	98.5	98.9

- OEMS support staff has been working to decrease the submission of custom codes that are outside the parameters of the Virginia Data Dictionary.
  - A review of the disposition codes of 260,000 records from 1<sup>st</sup> quarter 2018 revealed 2266 records with invalid codes. The same period in 2017 revealed 14,000 invalid codes. The delinquent agencies were notified of the results and were given steps to correct the issue.
  - Staff also conducted initial documentation reviews on the City, County, and State fields in over 370,000 records. The results were shared with our agencies and staff created educational materials for the agencies to assist them in improving their data input for these fields. Follow up documentation reviews will be conducted to assess the effectiveness of the education.
- Staff attended the June meeting of the Virginia Technology Group and conducted a presentation on the importance of data quality and the need for adherence to the standards in the Virginia Data Dictionary. The presentation included:

- Examples of specific issues with data quality utilizing de-identified data from both the first QTR of 2017 and first QTR of 2018 for comparisons and examples.
- Explanation of how research projects are affected when the standards are not followed.
- Description of the volume of issues in relationship to the total volume of data the state received

## **Trauma and Critical Care**

- Trauma System Plan Taskforce
  - The Trauma System Plan Taskforce is a multi-disciplinary task force representing the trauma and EMS system in Virginia. Convened at the request of the Chair and Executive Committee of the State EMS Advisory Board, the Taskforce is addressing the recommendations contained in the American College of Surgeons Trauma System Consultation Report. The task force identified subject matter experts to serve on work groups that examined key aspects and components of the current trauma system in Virginia. The Trauma System Plan Taskforce and the workgroups have been meeting over the last two years to develop the Commonwealth of Virginia Trauma System Plan.
  - Highlights
    - 101 system stakeholders participated in the ACS Trauma Consultation Visit held September 1-4, 2015. The group represented all facets of trauma care to include trauma surgeons, emergency medicine physicians, neurosurgeons, trauma program managers, prehospital providers, Regional Council representatives, state agency representatives (DARS, OAG, VDOT, VDH, UNOS) hospital administrators, air medical service providers, representatives from medical and nursing professional organizations, and the Chief Deputy Commissioner for Public Health and Preparedness.
    - The work was accomplished by seven workgroups: Administrative, Injury and Violence Prevention, Data/Education/Research/System Evaluation, Post-Acute Rehabilitative, Pre-Hospital Care, Acute Definitive Care and Disaster Preparedness.
    - The workgroups met 99 times between March 2016 and March 2018.

- 129 individuals contributed to The Trauma System Plan.
- The membership rosters, meeting dates, locations and meeting minutes are on the OEMS web site at Trauma System – Emergency Medical Services.
- The workgroups presented
  - The workgroups presented the final draft plan to the Trauma System Oversight and Management Committee at the June 7, 2018 meeting. The Plan was unanimously approved by the Committee and is has been submitted to the State EMS Advisory Board for approval at the August 3, 2018 meeting. The Motion is in Appendix A; the final Plan is in Appendix B of this report for review prior to voting.

## **Trauma Center Updates**

- Verification Visits
  - Inova Loudon Hospital underwent a successful one-year provisional review in May 2018. The Commissioner has verified them as a Level III trauma center.
- Designation Visits
  - Carilion Roanoke Memorial Hospital has submitted a letter of intent to seek Level 1 Pediatric Trauma Designation. They are still in the application process and a site visit has not been scheduled.
  - Sentara Norfolk General has indicated intent to seek Level I Burn designation. They are still in the application process and a site visit has not been scheduled.
- The Trauma /Critical Care Coordinator gave a presentation to the Association of Virginia Trauma Registrars (AVaTR) at their regular meeting on June 6. The presentation, titled "Trauma Scoring Systems: A Recipe for Understanding", explains the various injury scales and scoring systems, how they are calculated, and how they are used in patient care and trauma research, providing baseline knowledge for Registrars. The presentation was very well received and several Registrars have commented on its day-to-day usefulness. Further work with AVaTR will be arranged to help improve the quality of data submitted to the Virginia State Trauma Registry.

## **EMS for CHILDREN (EMSC) PROGRAM**

### **Reporting & planning abounds for EMSC State Partnership Grant.**

The end of one grant and the beginning of another means many reports, lots of planning, and limited time for other activities. Please be patient while this occurs.



If you are attending next month's EMS Symposium, please enjoy the dedicated pediatric track supported with EMSC funding. Stop by the EMSC Booth in

the outside hall of the vending area, where you will find information on EMSC initiatives and contact information for receiving technical assistance. The Virginia EMSC program was fortunate in being able to offer free registrations this year for **30** Symposium students who are attending pediatric track courses.

Each state receives only one EMSC State Partnership Grant, and in Virginia, the Virginia Department of Health through the Office of EMS administers the grant. The current grant will run through March 31, 2022 (with the possibility of a 1-year extension), relying on Congress each year to authorize specific budget amounts. The EMSC Committee of the EMS Advisory Board advises the EMSC program and assists in developing strategies to make progress toward achieving specific measurable national EMSC Performance Measures.

### **Developing a toolkit for enhanced “Stop the Bleed” training.**

The Virginia EMSC program is collaborating with the VA Department of Education, the Central



VA Coalition to Stop the Bleed, and the School Nurses Institute Partnership in developing a toolkit to assist school nurses (and others) in combining traditional “**Stop the Bleed**” training with scenario-based decision-making (and additional repetition of hemorrhage control techniques). We hope to end up with a replicable product suitable as a best practice for other EMSC programs in other states. School nurses in Virginia will be able to receive continuing education credit for participating in these courses, in which participation of EMS agencies (as instructors, victims or students) can create a value-added experience.

### **Results of the recent *Interfacility Transfer Guidelines & Agreements Survey*.**

The focused survey of hospital *written inter-facility transfer guidelines and agreements* (Performance Measures EMSC 06 and 07) ended August 17. Having these guidelines and agreements approved in written form (in advance) discourages unintended delays, which at times can be tragic for a child or adolescent requiring an advanced level of care. Results of the three-month assessment are below:

#### ***Virginia Results***

Response Rate:	51%	(of invited 24/7 hospitals with an emergency department)
EMSC 06:	78%	(interfacility transfer guidelines with all 8 components)
EMSC 07:	69%	(interfacility transfer agreements)

**Consistent message for Virginia Emergency Departments--from the EMS for Children program (based upon previous Peds Ready Assessments)...**

- Weigh and record children in **kilograms** (to help prevent medication errors).
- Include children specifically in hospital disaster/emergency plans.
- Designate a *Pediatric Emergency Care Coordinator* (PECC) (the single most important item a hospital can implement to ensure pediatric readiness including patient safety).
- Ensure pediatric patients are included in the quality improvement process.
- Review and/or adopt pediatric safety policies (radiation dosing, medication dosages, abnormal vital signs).

**Ambulance child restraint systems distribution will continue over length of new grant.**

As the Virginia EMSC program project distributing limited numbers of child restraint systems to ground ambulances over the next 3½ years continues, EMSC is establishing a method to



prioritize current and future requests. EMS agency leaders with interest in receiving any of these Quantum ACR-4 systems need to contact the EMS for Children program ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)) with their requests.

EMS agencies are also emphatically encouraged to adopt safety policies and procedures requiring the use of child restraints by their providers, as recommended by the Safe Transport of Children by EMS: Interim Guidance document published last year by the National Association of State EMS Officials (NASEMSO). The Virginia EMSC program is available to assist in this.

**Pediatric disaster planning continues...**

One example: a daily *Virginia Disability Partners Plan* conference call was held for three consecutive days during the impact phase of Hurricane Florence on Virginia. Virginia EMSC participated in this call, which was a practical clearinghouse for current challenges and issues presenting during the severe weather event.

**Two upcoming webinars of interest from the *EMSC Innovation and Improvement Center* (EIIC).**

Contact Cassidy Penn (QI Education Project Specialist) at the EIIC with webinar registration questions—her contact number is (832) 824-3291. The webinars are:

- “Pediatric Sepsis” (Dr. Kathleen Brown) – Nov. 14, 2018 @ 10am-11am EST
- “Prehospital Medication Dosing Errors” (Dr. John Hoyle) – Dec. 13, 2018 @ 3pm-4pm EST

**Suggestions/Questions**

Please submit suggestions or questions related to the Virginia EMSC Program to David P.



Edwards via email ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)), or by calling 804-888-9144 (direct line).

The EMS for Children (EMSC) Program is a part of the Division of Trauma and Critical Care, within the Virginia Office of Emergency Medical Services (OEMS).

The Virginia EMSC Program receives significant funding for programmatic support through the EMSC State Partnership Grant (H33MC07871) awarded by the U.S. Department of Health and Human Services (HHS) via the Health Resources & Services Administration (HRSA), and administered by the Maternal and Child Health Bureau (MCHB) Division of Child, Adolescent and Family Health.

Respectfully Submitted

OEMS Staff

# **Appendix**

## **A**



# COMMONWEALTH of VIRGINIA

## Department of Health

PO BOX 2448  
RICHMOND, VA 23218

M. NORMAN OLIVER, MD, MA  
STATE HEALTH COMMISSIONER

TTY 7-1-1 OR  
1-800-828-1120

### Delegation of Authority: Office of Emergency Medical Services

In accordance with 12VAC5-31-20.A.3, I delegate authority within the Office of Emergency Medical Services as follows to the Office Director:

- Variance requests for:
  - Extension of certification examination eligibility. Applicable justification would include:
    - Inclement weather causes Consolidated Test Site (CTS) to be cancelled.
    - Serious illness, death of a family member, etc.
  - Course enrollment eligibility. Applicable justification would include:
    - Course starting within 30 days or so of student eligibility for enrollment due to age,
    - Course start within 30 days or so of student eligibility for enrollment due to diploma.
  - Recertification extensions of active duty military.
    - Deployed out of continental US
- Denial of applications for or current certification of individuals due to:
  - General Denial
    - Felonies involving sexual misconduct where the victim's failure to affirmatively consent is an element of the crime, sexual or physical abuse of children, the elderly or infirm.
    - Any crime in which the victim is an out-of-hospital patient or a patient or resident of a healthcare facility including abuse, neglect, theft from, or financial exploitation.
    - Serious crimes of violence against persons (assault, battery, aggravated assault)
    - Has been subject to a permanent revocation of license or certification by another state or national healthcare provider licensing or certifying body.
  - Presumptive denial
    - Individuals who are currently incarcerated, on work release, probation or parole
    - Convictions in the last five years involving controlled substances, serious crimes against property, etc.
    - Currently under enforcement/disciplinary action by another state or national healthcare licensing or certifying body.

See attached Table 1 for flow and requirements of delegation.

Effective: July 17, 2018

M. Norman Oliver, MD, MA

Table 1: Delegation of Authority, Office of Emergency Medical Services

	Director, OEMS	Assistant Director, OEMS	Division Manager, OEMS <sup>1</sup>
Variance – requests for extensions of certification examination eligibility.	Delegated	Delegated – in absence of Director – OEMS, provided on delegated authority memo specifying dates of delegation, signed by the director, and provided to OCOM prior to start date of delegation.	Delegated – in absence of Director & Assistant Director – OEMS, provided on delegated authority memo specifying individual, dates of delegation, signed by director/assistant director and provided to OCOM prior to start date of delegation.
Variance – requests for course enrollment eligibility			
Variance – request for recertification extensions of active duty military			
General denial <sup>2</sup>			
Presumptive denial <sup>3</sup>			

NOTES: In all cases, the regulant is eligible to request an Informal Fact Finding Conference (IFFC) in accordance with the provisions of the Administrative Process Act.

<sup>1</sup> 12VAC5-31-20.A.3. Responsibility for regulation; application of regulations. Provides delegation authority from director and/or assistant director to specified staff positions.

<sup>2</sup> 12VAC5-31-910.A. General denial. Application for or certification of individuals convicted of certain crimes present an unreasonable risk to public health and safety.

<sup>3</sup> 12VAC5-31-910.B. Presumptive denial. Application for or current certification by individuals in the following categories will be denied except in extraordinary circumstances, and then will be granted only if the applicant or provider establishes by clear and convincing evidence that certification will not jeopardize public health and safety.

# **Appendix**

## **B**

State EMS Advisory Board  
Motion Submission Form

<input checked="" type="checkbox"/> <b>Committee Motion:</b>	<b>Name:</b>	Medical Direction Committee		
<input type="checkbox"/> <b>Individual Motion:</b>	<b>Name:</b>			
<b>Motion:</b>				
10-04-2018 The Medical Direction Committee moves to endorse changing the VVa. EMS Scope of Practice to allow the Advanced EMT (AEMT) the ability to administer Tranexamic acid (TXA).				
<b>EMS Plan Reference (include section number):</b>				
3.1.7 Through a consensus process, develop a recommendation for evidence-based patient care guidelines and formulary. 4.2.2 Assure adequate and appropriate education of EMS students.				
<b>Committee Minority Opinion (as needed):</b>				
None. There was no opposition or abstentions.				
<b>For Board's secretary Use only:</b>				
<b>Motion Seconded by:</b>				
<b>Vote:</b>	<b>By Acclamation:</b>	<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Not Approved</b>	
	<b>By Count</b>	<b>Yea:</b> <input type="checkbox"/>	<b>Nay:</b> <input type="checkbox"/>	<b>Abstain:</b> <input type="checkbox"/>
<b>Board's Minority Opinion:</b>				

# **Appendix**

## **C**



**COMMONWEALTH of VIRGINIA**  
**Department of Health**

M. Norman Oliver, MD, MA  
State Health Commissioner

Gary R. Brown  
Director

P. Scott Winston  
Assistant Director

**Office of Emergency Medical Services**  
**1041 Technology Park Drive**  
**Glen Allen, VA 23059-4500**

1-800-523-6019 (VA only)  
804-888-9100 (Main Office)  
804-888-9120 (Training Office)  
FAX: 804-371-3108

June 21, 2018

**DECISION MEMORANDUM**

**TO:** Gary R. Brown  
Director  
Office of Emergency Medical Services

**THROUGH:** P. Scott Winston  
Assistant Director  
Office of Emergency Medical Services

**THROUGH:** Ronald Passmore  
Manager, Regulation and Compliance  
Office of Emergency Medical Services

**FROM:** S. Heather Phillips, NRP, AEM  
Supervisor, Regulation and Compliance  
Office of Emergency Medical Services

**PURPOSE**

To develop a guideline document for reinstatement of EMS certifications following temporary suspensions in certain cases.

**BACKGROUND**

In follow up to direction provided to Mr. Michael D. Berg (former Manager of the Regulation and Compliance Division) regarding the development of a guideline document based upon guidelines utilized by other Boards and healthcare entities, from Dr. Hughes Melton on September 27, 2017; as a result of a request from Heather D. Darr, also known as Heather Darr Barenklau (HDB) for reinstatement of her EMS certifications.

Mr. Gary R. Brown  
June 21, 2018  
Page 2

I reached out to Ms. Tonya James, Discipline Manager of the Virginia Board of Nursing (BON). She referenced the Sanctioning Reference Point (SRP) system, which is also utilized by the Board of Medicine. Currently, the reinstatement process for a licensed practitioner/RN, etc. who voluntarily reported a substance abuse event/issue and accepted a voluntary suspension of license would complete the following for re-instatement:

1. Apply for re-instatement
2. Ensure continuing education requirements were current
3. Provide current background check (within 60 days)
4. Provide proof of successful completion of an Initial Treatment Program
5. Have participated in some type of group recovery program for 6 – 12 months
6. Approval of Medical Director or Sponsor

Based upon the SRP grid results utilized in the initial decision, the BON may require supervision for a specified period of time after reinstatement.

According to a letter authored by Dianne L. Reynolds-Cane, MD and Elizabeth A. Carter, PhD in June of 2011, the Board of Medicine adopted the recommended changes to the SRP system after research consultants completed one of the “most exhaustive statistical studies of sanctioned physicians ever conducted...”. They differ only slightly from the BON as they almost always require a Sponsor and a brief period of supervision after sanctioning.

In addition, I reached out to other states that have a separate Board, to include: Executive Directors from Kentucky and Minnesota. These states also have programs for re-entry back into the EMS healthcare system, but lack specific guidelines. Many variables are considered and a peer panel is convened to review the cases. Some of the factors considered include:

1. Was there a felony associated with drug use?
2. Have felony charges been filed?
3. Previous history of drug-related abuse?
4. Did the provider self-report the issue or were they reported by their employer?
5. Have they successfully completed a treatment program?
6. Do they have Medical Directors support?

A Position Statement was issued by the American Nurses Association (ANA) on January 29, 2010 in support of the “Just Culture Model” and its use in health care to improve patient safety. The model is based upon a belief that as an alternative to a punitive system, this seeks to create an environment that encourages individuals to self-report mistakes, system issues and regulatory violations. The model acknowledges the humans are destined to make mistakes and because of this no system can be designed to produce perfect results. Given that premise, outcomes should be measured and monitored with the goal being error reduction rather than error concealment.

Mr. Gary R. Brown  
June 21, 2018  
Page 3

## JUSTIFICATION

Based upon the information provided by the BON, the Board of Medicine, and other state initiatives; and based upon the concept of a Just Culture and the sanctioning reviews, a guideline was developed that provides a foundation for balanced accountability and patient safety.

To further the justification of this request, numerous stakeholders have contacted the Office of Emergency Medical Services in support of a pathway for EMS providers to regain certification after a substance abuse event and sanctioning. Some of the stakeholders include the Virginia Ambulance Association, the Virginia Association of Volunteer Rescue Squads and committees of the state EMS Advisory Board representing Medical Direction, Provider Health & Safety and Workforce Development.


## RECOMMENDATION

We are seeking approval from the Director to implement the attached internal administrative policy regarding a process for reinstatement of impaired providers when the requirements set forth are met.

---

## APPROVAL

☒ Approve      ☐ Approve with Modification      ☐ Deny

  
\_\_\_\_\_  
Gary R. Brown, Director  
Office of Emergency Medical Services  
Virginia Department of Health



\_\_\_\_\_  
Date

**Virginia Office of Emergency Medical Services  
Guideline for Reinstatement of EMS Providers Suspended Because of Impairment**

**I. Purpose**

The Virginia Office of Emergency Medical Services (OEMS) recognizes the need to establish guidelines for the reinstatement of EMS certification following enforcement action because of a chemical-dependence impairment.

This guideline exists to provide a consistent process for OEMS staff to utilize when considering a request for reinstatement of EMS certification; to ensure balanced accountability and patient safety; to encourage EMS providers to report the issues and seek treatment; and provide an opportunity for competent EMS providers to regain their EMS certification under certain conditions.

**II. Requirements**

- A. There was no intent to cause direct or in-direct harm to any patient.
- B. Regulant must have voluntarily “self-reported” the issue/event.
- C. Regulant must have successfully completed an adult initial substance abuse treatment program, a minimum of 12 weeks with a final diagnosis of full remission. Program must be supervised by an individual credentialed at the level of Certified Substance Abuse Counselor (CSAC) and be clinically supervised by a Licensed Substance Abuse Treatment Practitioner (LSATP).
- D. Regulant must have participated in some form of group recovery program for a period of not less than 6 months supervised by a mental health professional licensed by the Department of Health Professions.
- E. Regulant must be current in continuing education, or, be able to complete continuing education requirements of EMS certification level prior to expiration &/or re-entry period.
- F. Within 60 days prior to request for re-instatement, the regulant must submit fingerprints and provide personal descriptive information to be forwarded by OEMS through the Central Criminal Records Exchange of the Virginia State Police to the Federal Bureau of Investigation, for obtaining his criminal history record information.

- G. Regulant must provide a copy of a drug screening analysis conducted within 60 days prior to request for re-instatement.
- H. Regulant must have the written approval of the Operational Medical Director (OMD) of the EMS agency they wish to affiliate.
- I. Regulant must not have been convicted of any felony crimes that may be disqualifiers to affiliate with an EMS agency and/or hold EMS certification, pursuant to the *Virginia EMS Regulations*.
- J. If re-instatement is granted, the regulant must complete all requirements of the EMS agency and OMD prior to practicing as an Attendant in Charge (AIC).
- K. If re-instatement is granted, the provider must successfully complete any process established by the EMS agency and OMD to be released to practice (i.e., supervised field preceptorship, patient care protocol review, etc.).

### III. Process

A regulant may request in writing, the one-time re-instatement of their EMS certifications after a minimum of one year has passed since the enforcement action. Regulant shall provide documentation of completion of the requirements set forth in Section II of this guideline to the OEMS. The Operational Medical Director (OMD) for the EMS agency the regulant will affiliate with must review the request and make a recommendation to the state Medical Director. The state Medical Director shall review the request and make a recommendation to the state Health Commissioner. Every effort should be made to resolve any differences of opinion in the recommendation of the EMS agency OMD and state Medical Director before a request is submitted to the Health Commissioner. The recommendation of the Health Commissioner is considered final. In the absence of a decision from the Health Commissioner within thirty days to approve/deny the request, the recommendation of the state Medical Director shall stand. The Regulation & Compliance Manager or the appropriate Supervisor of the Regulation and Compliance Division will notify the regulant in writing by certified letter of the decision.

# **Appendix**

## **D**

# **State Emergency Medical Services Advisory Board BYLAWS**

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## **Article I. Authority**

The State Emergency Medical Services Advisory Board is established in the executive branch pursuant to § 32.1-111.10 of the *Code of Virginia*.

## **Article II. Advisory Board Responsibilities**

### **Section A. General Responsibilities**

The Emergency Medical Services Advisory Board (hereafter referred to as “Advisory Board”) serves as a formal liaison between the Office of Emergency Medical Services (OEMS) and the public, ensuring that the OEMS understands and responds to public concerns and that the activities of the OEMS are communicated to the public. The Advisory Board provides advice and counsel regarding methods and procedures for planning, developing and maintaining a statewide emergency medical services (EMS) system to the OEMS and the State Board of Health.

### **Section B. Other Responsibilities**

Other responsibilities include but are not limited to:

1. Advising the OEMS and the State Board of Health on the administration of Title 32.1, Chapter 4, Article 2.1 of the *Code of Virginia*.
2. Reviewing and making recommendations on the statewide emergency medical services plan, and any revision thereto.
3. Reviewing the annual report of the Virginia Association of Volunteer Rescue Squads, as required by § 32.1-111.13.
4. Reviewing reports on the status of all aspects of the statewide EMS system, including the Financial Assistance Review Committee, the Rescue Squad Assistance Fund, the regional EMS councils, and the EMS vehicles, submitted by the OEMS.
5. Conducting appropriate meetings to provide assistance and advice to the EMS community.
6. Providing information on the EMS system to the Governor, state legislators and local officials.

7. Preparing an annual report of its activities for submission to the OEMS, the State Board of Health, State Health Commissioner and the Governor.
8. Developing and implementing a process for accepting nominees from the EMS Community for the EMS Representative to the State Board of Health and the subsequent process of selecting, recommending and submitting three (3) names to the Governor for his consideration in the appointment to the Board.
9. Performing other duties and responsibilities as may be assigned by the OEMS.

### **Article III. Membership**

Advisory Board members shall be appointed by the Governor as stipulated in § 32.1-111.10 of the *Code of Virginia*.

#### **Section A. Voting**

Each member will have one (1) vote. Proxy votes are not permitted.

#### **Section B. Attendance**

Members who are unable to attend a meeting of the Advisory Board, a committee or subcommittee will notify the respective Chair of the Advisory Board or OEMS. The respective Chair will determine whether the absence is excused, based upon the reasons indicated by the member. The Chair will note members with two (2) consecutive un-excused absences of regular meetings of such board, committee or subcommittee and notify the organization the individual represents, where applicable.

#### **Section C. Committee Service**

Each Advisory Board member is expected to serve on at least one (1) committee of the Advisory Board. Attendance at such committee meetings will be monitored as outlined in Section B.

#### **Section D. Member Information**

The members of the Advisory Board are not eligible to receive compensation. Members are eligible for the reimbursement of expenses incurred in the performance of their Advisory Board duties. Each member is responsible for completing a Statement of Economic Interest with the Secretary of the Commonwealth and for maintaining current contact information with the OEMS. Annually, each member will receive a copy of the Advisory Board roster from OEMS and any corrections / changes thereto.

## **Section E. Fiscal Year Definition**

The fiscal year of the Advisory Board will begin on July 1 and end June 30 the following calendar year.

## **Article IV. Officers**

The officers will be a Chair, Vice-Chair and ~~four~~ **five** coordinators. Any member is eligible to be an officer.

### **Section A. Duties of the Chair**

1. The Chair will preside over all Advisory Board and Executive Committee meetings.
2. The Chair will preserve order and regulate debate according to parliamentary procedure.
3. The Chair will establish subcommittees necessary to perform the work of the Advisory Board.
4. The Chair will be an ex-officio member of all committees and subcommittees.
5. The Chair shall serve as liaison between the Executive Committee and the Advisory Board.
6. The Chair will compile and present the annual report to the Advisory Board for approval.
7. The Chair will present the annual report to the required entities, as specified in Article II, Section B, sub-part 8.
8. The Chair will interact with outside agencies or entities on behalf of the Advisory Board.
9. In the absence or inability of the chair and vice chair, the Administrative Coordinator, Infrastructure Coordinator, Patient Care Coordinator, ~~and~~ Professional Development Coordinator, **and Trauma System Coordinator** in this order of succession, shall discharge all of the duties of the Chair.

### **Section B. Duties of the Vice-Chair**

1. The Vice-Chair, in the absence or inability of the Chair, will discharge all of the duties of the Chair.
2. The Vice-Chair, upon direction of the Chair, will serve as liaison to outside agencies or entities and perform other duties as assigned by the Chair.

### **Section C. Duties of the Coordinators**

1. In general, the Administrative, Infrastructure, Patient Care, ~~and~~ Professional Development **and Trauma System** Coordinators shall oversee the activities of the committees assigned to them for the purpose of ensuring that their activities are aligned with the EMS Strategic Plan.

2. The Administrative Coordinator shall oversee the activities of the Rules and Regulations and Legislative and Planning Committees; Infrastructure Coordinator shall oversee the activities of the Transportation, Communications and Emergency Management Committees; the Patient Care Coordinator shall oversee the activities of the Medical Direction, Medevac, ~~Trauma Oversight and Management~~ and EMS for Children Committees; and the Professional Development Coordinator shall oversee the activities of the Training and Certification, Workforce Development and Provider Health and Safety Committees **and the Trauma System Coordinator shall oversee the activities of the Trauma Administrative and Governance, System Improvement, Injury and Violence Prevention, Prehospital Care, Acute Care, Post-Acute, Emergency Preparedness and Response Committees.**
3. Coordinators shall also maintain communications among all activities to ensure the strategic alignment of the committees' collective work.

#### **Section D. Elections and Term of Office**

Election of Officers and Chairs of standing committees will occur at the last regular meeting of each calendar year.

Officers and Chairs of standing committees shall serve a term of one year or until their successor is elected.

#### **Article V. OEMS**

The OEMS will provide staff support to the Advisory Board in the performance of its duties, which will include but is not limited to:

1. Recording and publishing the official minutes of all Advisory Board meetings.
2. Maintaining the rosters of the Advisory Board, committees and subcommittees.
3. Posting notices of all scheduled meetings of the Advisory Board on the Commonwealth Calendar and other appropriate sites.

#### **Article VI. Meetings**

##### **Section A. Meetings**

1. The Advisory Board will meet in public session as frequently as required to perform its duties, but not less than four (4) times per year. A special meeting may be convened at the request of the Governor, Advisory Board Chair, Director of the Office of EMS, State Health Commissioner, Secretary of Health and Human Resources or by one-third (1/3) of the members.
2. Written notice will be given for all meetings of the Advisory Board. For all regularly scheduled meetings, at least ten (10) days notice is required.

3. A majority (one-half plus one) of the members of the Advisory Board will constitute a quorum. A quorum is required to take any formal action.
4. A majority vote will be required to take formal action. Such majority is determined by the number of members present and voting at the time of the vote.
5. With permission of the Chair, non-board members may address the board.

## **Section B. Minutes of Meetings**

The OEMS will be responsible for maintaining an official copy of the approved Advisory Board minutes. Their representative shall be designated the Recording Secretary. The Chair of each committee and subcommittee is responsible for maintaining an official copy of the approved minutes of their respective meetings.

## **Section C. Attendance**

The OEMS will record the attendance of all members at each Advisory Board meeting. The Chair of each committee and subcommittee is responsible for recording attendance at their respective meetings.

# **Article VII. Committees and Subcommittees**

## **Section A. General Committee Responsibilities**

1. All committees shall meet as necessary to perform the duties and responsibilities of the committee.
2. All committees shall maintain communications with its respective coordinator.
3. All committees are responsible for identifying and making recommendations regarding public illness and injury prevention.
4. All committees are responsible for identifying and making recommendations regarding funding of EMS system components.

## **Section B. Standing Committees**

### **1. Executive Committee**

The Executive Committee will be composed of the Chair, Vice Chair and the ~~Four~~ **five** Coordinators. The EMS Representative to the State Board of Health shall serve as an ex officio member.

The Executive Committee will have general supervision of the affairs of the Advisory Board between regular meetings, which, except when the Governor shall declare a state of general emergency, shall be subject to ratification by the Advisory Board. This supervision shall include the approval of each committee organizational structures and membership and the monitoring of the progress of the EMS Strategic Plan.

## **2. Financial Assistance Review Committee (FARC)**

The FARC is responsible for recommending to the Commissioner of Health monetary awards as stipulated in the *Code of Virginia*, Section 32.1-111.12. Membership, authority and responsibilities are stipulated in the *Code of Virginia*. FARC will report biannually, after each funding cycle, the number of grant applications received, the total costs of grant applications funded, the number of grant applications denied funding, the total costs of grant applications denied funding, and the nature of the denied requests and the reasons for denying funding, to the Advisory Board and the Commissioner. This committee's work is considered confidential working papers of the Governor. Minutes of its meetings shall be filed but not publicly published.

## **3. Administrative**

### **a. Rules & Regulations**

The Rules and Regulation Committee is charged to ensure the system's regulations are reflective of the needs and operation of EMS agencies and to aid in ensuring there is quality service delivery within the Commonwealth. This is accomplished by environmental monitoring and collecting input related to the Rules and Regulations. The Committee will also be responsible for developing regulations as a result of new or revised legislation and/or Code changes at the federal and state level.

### **b. Legislative & Planning**

The Legislative and Planning committee will advise and coordinate efforts of the state EMS Advisory Board in its various standing and ad hoc committees as they relate to legislation and planning in order to best serve the overall needs of the EMS system in Virginia. The committee will review and assess state and federal legislation and inform the Advisory Board of any potential impact on the EMS system in Virginia. The committee is responsible for revising and updating the state EMS plan on a triennial basis. The Plan will be submitted to the Advisory Board for review and approval prior to requesting approval of the Plan from the Board of Health.

## **4. Infrastructure**

### **a. Transportation**

The Transportation Committee is a resource committee that provides a review of EMS vehicle specifications for functional

adequacy and safety and to ensure design features contribute to the efficiency of the unit and to facilitate good patient care; and recommends routine, standardized methods and procedures for inspection and licensing/permitting of all EMS agencies/vehicles to include equipment and supply requirements; and reviews and makes recommendations of RSAF request for EMS vehicles to the Financial Assistance Review Committee (FARC) and the Advisory Board to promote a high quality EMS system in Virginia.

**b. Communications**

The Communications Committee provides both technical and operational overview and guidance of communications issues effecting local, state and federal emergency medical systems to the Advisory Board. This includes, but not limited to Federal Communication Commission (FCC) rules and regulations, State and Federal policies regarding wireless communications and industry advances that affect the EMS systems in Virginia.

**c. Emergency Management**

The Emergency Management Committee, through the Advisory Board, shall focus on providing recommendations and guidance for EMS Agencies in Virginia to enhance and assist in their development and incorporation of strategies for approaching the four phases of emergency management and using those phases to best prepare and respond as an EMS agency. The Committee will also assist the Virginia Office of Emergency Medical Services in the development and revision of Emergency Management Training Programs that focus on the pre-hospital area of EMS and emergency management.

**5. Patient Care**

**a. Medical Direction**

The Medical Direction Committee will review and recommend guidelines and/or standards to assist EMS agencies, providers and physicians with medical procedures. It shall provide guidance to the EMS system with medical oversight, specifically in the areas of protocols, on-line medical direction, system audits, quality improvement and the improvement of patient care.

**b. Medevac**

The Medevac Committee provides expert guidance to the OEMS Advisory Board regarding appropriate standards and

recommendations to promote a high quality, safe, and reliable Medevac system for Virginia.

**~~c. Trauma System Oversight and Management Committee~~**

~~The Trauma System Oversight and Management Committee will maintain an inclusive system that ensures when the severity and incidence of trauma cannot be decreased, that all injured person within the Commonwealth have rapid access to optimal, equitable, efficient specialized trauma care to prevent further disability utilizing a public health approach.~~

**d. EMS For Children (EMSC)**

The EMS for Children (EMSC) Committee provides expertise and advice to the Advisory Board regarding EMS issues affecting children in Virginia. The EMSC Committee also serves as an advisor to Virginia's EMSC program; an initiative designed to reduce child and adolescent disability and death due to severe

illness or injury.

**6. Professional Development**

**a. Training & Certification**

The Training and Certification Committee will, in collaboration with the Medical Direction Committee and other stakeholders, promote quality educational, operational and other affiliated aspects related to the enhancement of the EMS profession across the Commonwealth. The Committee will review and recommend changes to policies and regulations affecting the training and certification of pre-hospital providers, including procedures and guidelines for each level of certification and standardized education and testing curricula; training and continuing education requirements and improvements; monitoring of EMS training programs; quality Assurance, Quality Improvement and accreditation of EMS educational programs.

**b. Workforce Development**

The workforce development committee reviews, develops, and recommends recruitment, retention, leadership and management programs and services designed to assist EMS agencies maintain and increase their human resources in order to deliver prompt, high quality emergency medical care while meeting the emergency

medical services demands and expectations of the communities they serve.

**c. Provider Health & Safety**

The Provider Health & Safety Committee will recommend policies and practices for the development of EMS provider health and safety programs, including physical and mental health and wellness and critical incident stress management (CISM).

**7. Trauma System**

**a. Trauma Administrative and Governance**

Utilizing a public health approach, the Trauma Administrative and Governance Committee will maintain an inclusive system that ensures that when the severity and incidence of trauma cannot be decreased, all injured persons within the Commonwealth have rapid access to optimal, equitable, efficient specialized trauma care to prevent further disability.

**b. System Improvement**

The System Improvement Committee will use data to optimize patient care, implement best practices, develop clinical practice guidelines and engage the populace in the trauma system through training, advocacy and understanding.

**c. Injury and Violence Prevention**

The Injury and Violence Prevention Committee will use an integrated data surveillance process to strengthen analyses, establish injury and violence prevention priorities and further statewide injury prevention efforts.

**d. Prehospital Care**

The Prehospital Care Committee, in collaboration with the Medical Direction Committee and other stakeholders, will develop and make practice recommendations concerning the treatment and transport of injured pediatric, adult, and geriatric patients.

**e. Acute Care**

The Acute Care Committee will provide technical assistance to ensure that all acute care facilities are integrated into a resource-

efficient, inclusive network that meets required standards, maintains a competent workforce and is patient outcome focused.

**f. Post-Acute**

The Post-Acute Committee will work with community stakeholders to integrate rehabilitation facilities into the trauma system and ensure that these resources are made available to all populations as required.

**g. Emergency Preparedness and Response**

The Emergency Preparedness and Response Committee will work with the Emergency Management Committee, Regional Councils, and EMS Agencies to ensure that the trauma system is engaged in the State disaster planning process.

**Section C. Ad Hoc Committees**

**1. Nominating Committee**

The Nominating Committee will be composed of five (5) members, three (3) of whom shall be appointed by the Chair and two (2) of whom shall be elected by the members. The committee shall present a slate of nominations to the Board thirty (30) days prior to the election.

**2. Bylaws Committee**

The Bylaws Committee shall be responsible for review of the Bylaws and considering amendments to the Bylaws.

**Section D. Subcommittees**

Subcommittees may be appointed by the Advisory Board Chair to accomplish specific designated functions. Each individual appointed will continue to serve for a period of no more than one (1) year. This time period may be extended. Any extension will require approval by the Advisory Board.

The Chair of each committee may appoint subcommittees to address specific functions. Each individual appointed will continue to serve for a period of no more than one (1) year. This time period may be extended by the Advisory Board Chair.

**Section E. Committee Management**

The Chair of each committee will be elected from the membership of the Advisory Board, unless otherwise specified in the *Code of Virginia*. The members of the committees and subcommittees may be appointed from among the board members or from other qualified citizens of the Commonwealth of Virginia, unless otherwise specified in the *Code of Virginia*.

1. The Chair of each committee, in consultation with his/her Coordinator and the approval of the Executive Committee, will annually appoint the membership of the committee. Consideration shall be given to diverse geographic representation from the entire state, to inclusion of the system's stakeholders, and to the continuity of the committee. Alternates are not permitted.
  - a. **Proposed Trauma System Committee Structure**
    - i. The EMS Advisory Board's Trauma System Coordinator (TSC) will serve as chair of the Trauma Administrative and Governance Committee;
    - ii. Chairs of the Trauma System Committees will be appointed by the TSC;
    - iii. The TSC will ensure that all committees have fair and equal representation from Trauma System stakeholders;
    - iv. The chair of the System Improvement Committee (SIC) shall serve a 3-year term with a limit of two consecutive terms;
    - v. The chairs of the trauma system committees (except TAG and SIC) will serve either 2-year or 3-year terms with a limit of two consecutive terms:

The following committee chairs will serve 3-year terms:

- a. Acute Care
- b. Post-Acute

The following committee chairs will serve 2-year terms:

- c. Injury & Violence Prevention
- d. Prehospital
- e. Emergency Preparedness and Response

- b. The members of each committee will serve alternating 2-year and 3-year terms with a limit of two consecutive terms with no more than 50% committee members (i.e., 7 members) rotating at the end of a term. The chair of each committee will submit the name and position of the rotating members and the proposed incoming members to the TSC for consideration and approval.

2. The Chair of each committee, in consultation with his/her Coordinator, shall make recommendations on committee organizational structure to the Executive Committee for approval.
3. The chair of a committee may appoint subcommittees to accomplish the work of the committee.
4. The committee Chair is responsible for maintaining minutes and an attendance roster for each meeting, and forwarding them to the OEMS following the meeting.
5. Committee membership will be limited to ten (10) members unless approved by the Executive Committee or stipulated in the *Code of Virginia*.
6. In general, all issues brought before the Advisory Board will be referred to the appropriate committee for review and recommendation before the Executive Committee and/or Advisory Board will take action.
7. The Chair will pay special attention to minimize the financial obligations of the Commonwealth to support the activities of the committee.
8. The Chair of each committee will submit a report of the prior fiscal year's activities to the Vice-Chair at the end of each fiscal year.

#### **Article VIII. Parliamentary Procedure**

All meetings of the Advisory Board and its associated committees and subcommittees shall be conducted in accordance with the latest edition of Roberts Rules of Order. The Chair may appoint a parliamentarian.

#### **Article IX. Amendment of Bylaws**

Any proposed change to the existing bylaws shall be submitted in writing to the Advisory Board members at least ten (10) days prior to a scheduled meeting. The proposed change(s) and substantiation will be reviewed during the next scheduled meeting. The minutes of that meeting will include the proposed change(s) and any pertinent discussion information. The vote to effect the change can then be taken at the next scheduled meeting. A two-thirds majority vote of all members is needed to pass the proposed amendment.

#### **Article X. Agenda**

An agenda will be published by the OEMS and provided to the Advisory Board members for all Advisory Board meetings.

#### **Article XI. Conflict of Interest**

All members of the Advisory Board and its committees are required to adhere to the laws of the Commonwealth of Virginia regarding conflicts of interest that are detailed in § 2.2-3100 et seq. of the *Code of Virginia*.

## **Article XII. Virginia Freedom of Information Act**

All members of the Advisory Board and its committees are required to adhere to the laws of the Commonwealth of Virginia regarding the Virginia Freedom of Information Act that are detailed in § 2.2-3700 et seq. of the *Code of Virginia*.

These bylaws shall become effective on \_\_\_\_\_

Approved by the Advisory Board \_\_\_\_\_  
Chair—DATE