Virginia Department of Health

Office of Emergency Medical Services

Quarterly Report to the

State EMS Advisory Board

February 8, 2019

Executive Management, Administration & Finance

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

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MISSION STATEMENT:

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

I. Executive Management, Administration & Finance

A) Action Items before the State EMS Advisory for February 8, 2019

At the time of finishing this report there are two action items from a Standing Committee.

- The Medical Direction Committee moves to endorse changes to the Va. EMS Scope of Practice as follows: a) Drug assisted intubation (DAI) was removed from the scope of practice. b) Non-invasive ventilation was simplified by removal of the word adjustable and approved to the EMT level. c) Sedation for intubation was removed based on the removal of DAI. d) Local anesthetic by infiltration was added at the AEMT level. e) Color-coded epinephrine administration systems for medication delivery was added and included to the EMT level. Please see **Appendix B** for the motion and the Scope of Practice Procedures for EMS Personnel.

- The Training and Certification Committee moves to amend the Education Coordinator candidate process by removing the psychomotor testing requirement; adding an administration component to the mentor program representing 20% of the required teaching hours or 10 hours, whichever is greater; and change the amount of time required to teach in an initial EMT program from 60% to 50% of the total mentored hours required. **Appendix C**.

B) Proposed Emergency Medical Services Budget for FY2019 and FY2020

Item 286	First Year - FY2019	Second Year - FY2020
Emergency Medical Services (40200)	$44,851,484	$44,851,484
Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203)	$33,291,700	$33,291,700
State Office of Emergency Medical Services (40204)	$11,559,784	$11,559,784
Fund Sources:		
Special	$18,559,266	$18,559,266
Dedicated Special Revenue	$25,886,329	$25,886,329
Federal Trust	$405,889	$405,889

Authority: §§ 32.1-111.1 through 32.1-111.16, 32.1-116.1 through 32.1-116.3, and 46.2-694 A 13, Code of Virginia.

A. Out of this appropriation, $25,000 the first year and $25,000 the second year from special funds shall be provided to the Department of State Police for administration of criminal history record information for local volunteer fire and rescue squad personnel (pursuant to § 19.2-389 A 11, Code of Virginia).

B. Distributions made under § 46.2-694 A 13 b (iii), Code of Virginia, shall be made only to nonprofit emergency medical services organizations.

C. Out of this appropriation, $1,045,375 the first year and $1,045,375 the second year from the Virginia Rescue Squad Assistance Fund and $2,052,723 the first year and $2,052,723 the second year from the special emergency medical services fund shall be provided to the Department of State Police for aviation (med-flight) operations.

D. The State Health Commissioner shall review current funding provided to trauma centers to offset uncompensated care losses, report on feasible long-term financing mechanisms, and examine and identify potential funding sources on the federal, state and local level that may be available to Virginia's trauma centers to support the system's capacity to provide quality trauma services to Virginia citizens. As sources are identified, the commissioner shall work with any federal and state agencies and the Trauma System Oversight and Management Committee to assist in securing additional funding for the trauma system.

E. Notwithstanding any other provision of law or regulation, the Board of Health shall not modify the geographic or designated service areas of designated regional emergency medical

services councils in effect on January 1, 2008, or make such modifications a criterion in approving or renewing applications for such designation or receiving and disbursing state funds.

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

G. Out of this appropriation, $90,000 the first year and $90,000 the second year from the Virginia Rescue Squad Assistance Fund shall be provided for national background checks on persons applying to serve as a licensed provider in a licensed emergency medical services agency. The Office of Emergency Medical Services may transfer funding to the Office of State Police for national background checks as necessary.

C) § 3-1.01 INTERFUND TRANSFERS

Part 3: Miscellaneous (specific sections applicable to OEMS) Transfers

S. The State Comptroller shall transfer quarterly, one-half of the revenue received pursuant to § 18.2-270.01, of the Code of Virginia, and consistent with the provisions of § 3-6.03 of this act, to the general fund in an amount not to exceed $8,055,000 the first year, and *$1,859,900* the second year from the Trauma Center Fund contained in the Department of Health's Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203).

X. On or before June 30 each year, the State Comptroller shall transfer $10,518,587 the first year and $10,518,587 the second year to the general fund from the $2.00 increase in the annual vehicle registration fee from the special emergency medical services fund contained in the Department of Health's Emergency Medical Services Program (40200).

D) § 3-6.02 Adjustments and Modifications to Fees

§ 3-6.02 ANNUAL VEHICLE REGISTRATION FEE ($4.25 FOR LIFE)Notwithstanding § 46.2-694 paragraph 13 of the Code of Virginia, the additional fee that shall be charged and collected at the time of registration of each pickup or panel truck and each motor vehicle shall be $6.25.

§ 3-6.03 DRIVERS LICENSE REINSTATEMENT FEE
Notwithstanding § 46.2-411 of the Code of Virginia, the drivers license reinstatement fee payable to the Trauma Center Fund shall be $100.

E) Legislation Introduced in the 2019 Virginia General Assembly Directly Impacting EMS or Bills of Interest to EMS.

Legislation tracked by the Office of EMS is included in a Grid in **Appendix A** of this report. The status of these bills are as of Monday, January 28, 2019.

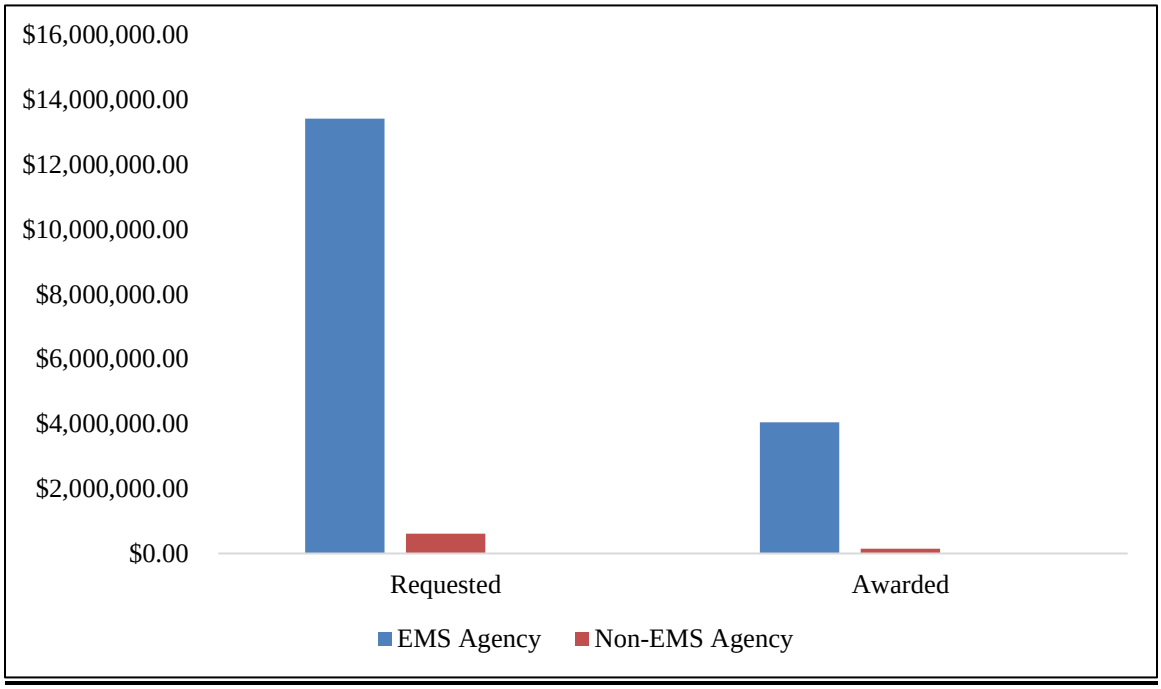
F) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)

The RSAF grant deadline for the Fall grant cycle was September 19, 2018. OEMS received 105 grant applications requesting $14,033,754.32 in funding. OEMS awarded 70 agencies funding in the amount of $4,193,864.80 – approximately 67% of all requests were awarded.

Funding was awarded in the following agency categories:

- 61 EMS Agencies awarded $4,049,206.00
- 9 Non-EMS Agencies awarded $144,658.80

Figure 1: Agency Category by Amount



Funding amounts were awarded in the following regional areas:

- Blue Ridge – $125,355.71
- Central Shenandoah - $106,787.00
- Lord Fairfax - $226,672.21
- Northern Virginia - $50,243.79
- Old Dominion - $1,215,543.56
- Peninsulas - $281,206.29
- Rappahannock - $158,365.56
- Southwestern Virginia - $632,805.88
- Thomas Jefferson - $565,916.91
- Tidewater - $374,800.29
- Western Virginia - $456,212.60

Figure 2: Regional Area by Amount

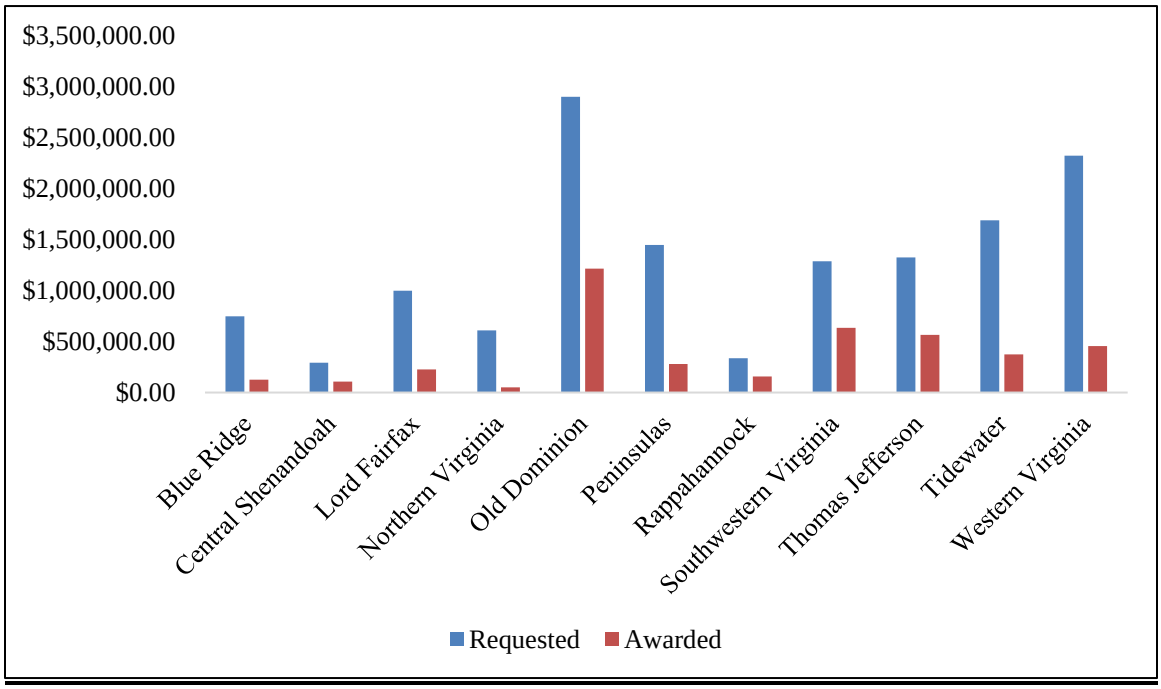
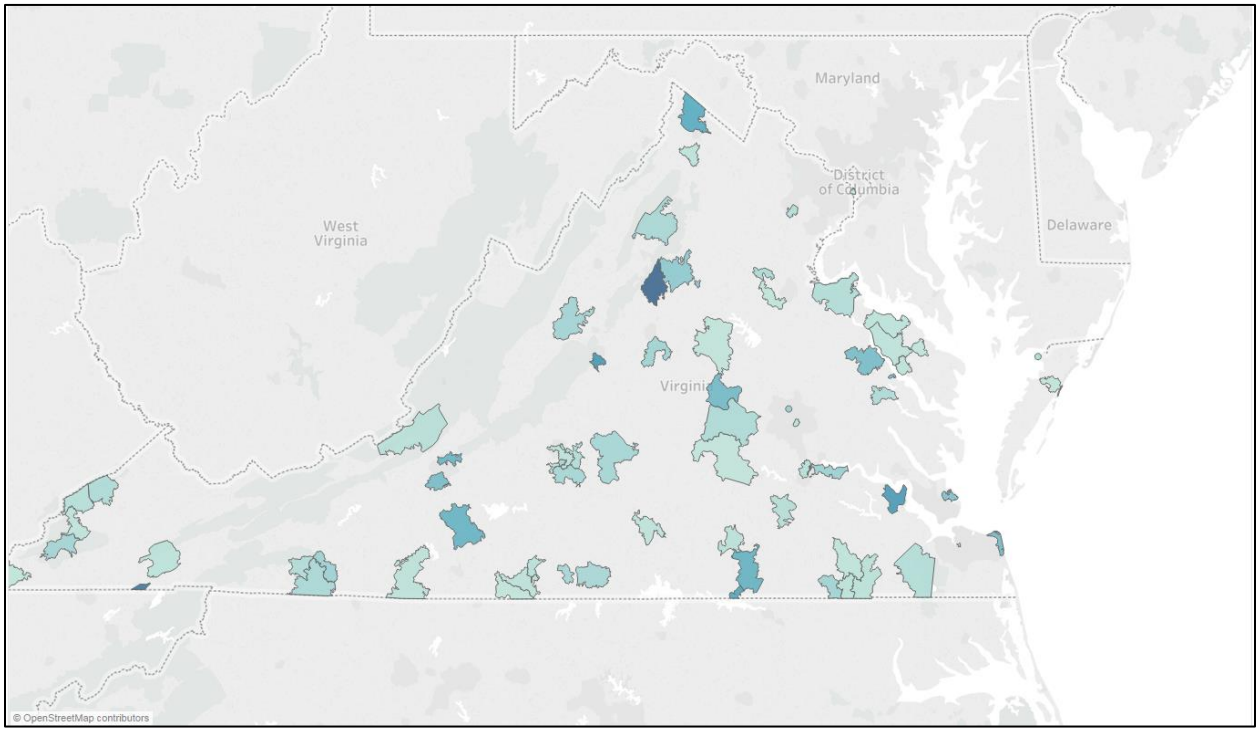
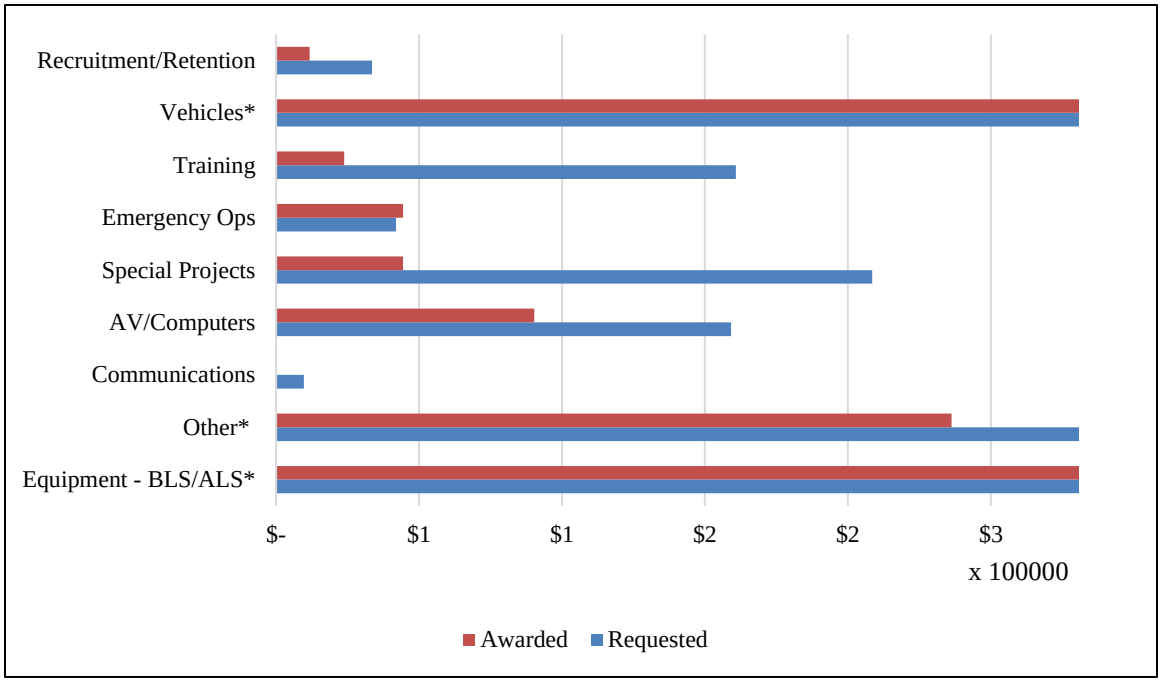


Figure 3: Award Amounts by Zip Code*



***NOTE:** Map reflects funding levels of for the zip codes that received RSAF awards. Dark blue shades represent higher concentrations of funding within zip code.

Figure 4: Item by Amount



***NOTE:** The "Other" item category includes items that agencies elected not to categorize in their application. This includes $236,246.56 in funding toward the following items: 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 systrem; 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. The chart illustrates requests and awards up to $300,000; however, $1,464,409.85 was awarded toward ALS/BLS Equipment, and $2,322,884.68 toward vehicles.

The RSAF Awards Meeting was held on December 7, 2018 and the Financial Assistance Review Committee (FARC) made recommendations to the Commissioner of Health. The grant awards were announced on January 1, 2018. The next RSAF grant cycle will open on February 1, 2019, and the deadline will be March 15, 2019.

G) 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, 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 3Q2018 and 1Q2019 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

"After moving patient to stretcher and securing patient, the crew attempted to reposition the patient using a draw sheet. While doing so the manual stretcher went down one setting. After coming to a rest, the stretcher then released again falling all the way to the floor." -1Q2019 EVENT Patient Safety Report
"This patient is somewhat a frequent patient. Patient called EMS for SOB. Upon arrival, FD was on scene and patient was laying semi/fowlers in medical bed in living room of residence arguing with one of the fire crewmembers about the firearm removing and relocating his handgun to the dining room area away from the patient. This patient always keeps another firearm within his reach (which patient told myself in unit while transporting to [the hospital] in addition to the handgun at all times and is open about having his fire arms. I personally did not feel unsafe on this call this time; however, this patient has and could have the potential to be a patient with [paramedic service] at some point due to significant medical history, which I feel would potentially be a major safety issue." -1Q2019 EVENT Paramedic Near Miss Report.

"Patient is violent towards staff and herself. She cannot be controlled and possess a serious threat to all employees and other patients. Patient has assaulted several nurses and security. Patient continues to make verbal threats towards staff. Patient has damaged the physical unit by breaking computers, punching walls, ripping down exit signs, etc." -1Q2019 EVENT Paramedic Violence Report

3Q2018 Patient Safety Summary
3Q2018 Paramedic Violence Summary
1H2018 Practitioner Near Miss Event Summary Report

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 with your name and EMS agency or affiliation. You will be added to the group within 2 business days.

EMS on the National Scene

II. EMS On the National Scene

National Association of State EMS Officials (NASEMSO)

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

A) Update on NASEMSO Projects and Activities

The following NASEMSO projects are either currently under development, recently concluded or recently updated. You can learn more about each project or download additional documents and resources at the NASEMSO website at: https://nasemso.org/

A. Ebola & Special Pathogens Patient Transport Cooperative Agreement

The National Association of State EMS Officials (NASEMSO) has received a grant from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR). The purpose of this cooperative agreement is to strengthen national capabilities for interfacility transport of patients with suspect or confirmed High Consequence Infectious Diseases (HCID).

The project objectives are:

- Develop a State EMS High Consequence Infectious Disease Transport Plan Template
- Develop three exercises that can be used to evaluate a High Consequence Infectious Disease Transport Plan
- Provide an assessment of each state's capacity and capabilities for the ground transportation of patients with suspected or confirmed HCIDs.

B. EMS Compass

Funded by the National Highway Traffic Safety Administration (NHTSA) Office of EMS and led by the National Association of State EMS Officials (NASEMSO), the EMS Compass initiative engaged a wide range of EMS stakeholders to develop performance measures that are relevant to EMS agencies, regulators, and patients. The measures are based on the latest version of the National EMS Information System (NEMSIS) and allow local and state EMS systems to use their own data meaningfully.

About EMS Compass

The goal of EMS Compass is to help EMS systems measure and improve the quality of care at the local, regional, state and national levels.

Funded by the National Highway Traffic Safety Administration (NHTSA) Office of EMS and led by the National Association of State EMS Officials (NASEMSO), the EMS Compass initiative has engaged a wide range of EMS stakeholders to develop performance measures that are relevant to EMS agencies, regulators, and patients. The measures will be based on the latest version of the National EMS Information System (NEMSIS) and will allow local and state EMS systems to use their own data meaningfully.

"Developing a set of performance measures will give EMS agencies across the country the ability to ensure they are providing high-quality, patient-centered care. We see this as a huge opportunity to transform how we do EMS in this country." – *Paul Patrick, Past President, National Association of State EMS Officials*

The result of this work will benefit the EMS community from patient to provider and administrator to regulator, as they pursue meaningful performance measurement. Due to the success of NEMSIS, the availability of standardized data will allow systems to use the EMS Compass performance measures to evaluate performance consistently over time and across borders.

"EMS Compass is the next step in helping EMS improve patient care, from rural ambulance services to metropolitan EMS systems to government agencies." – *Drew Dawson, Former Director, National Highway Traffic Safety Administration Office of EMS*

What EMS Compass Is and Is Not

EMS Compass was a two-year effort, funded by the National Highway Traffic Safety Administration (NHTSA), to support a culture of performance improvement in EMS, one in which EMS providers and systems strive to provide evidence-based, patient-centered care using standardized measures of performance.

EMS Compass is not developing measures in order to punish "poor performers" or discredit them in their communities.

EMS Compass is developing a sustainable process to design EMS performance measures to build consensus and ensure that the measures are appropriate and usable and will lead to better EMS systems and patient outcomes – a goal of every EMS provider across the country.

EMS Compass is not designing performance measures with the expressed purpose of changing the way that EMS is currently reimbursed. EMS Compass does not receive funding from any payer organization, including the US Centers for Medicare and Medicaid Services (CMS).

EMS Compass is a two-year initiative to establish a process for developing standardized EMS performance measures that will lead to improved performance in both clinical and non-clinical areas. EMS Compass will address how to make the process sustainable, so that the initial core set of performance measures, as well as any measures developed in the future, will be continuously evaluated and updated to meet the ongoing needs of the EMS community.

EMS Compass is not expected to develop a comprehensive list of measures to address every aspect of EMS performance improvement; rather, it will focus on developing the process and producing a core set of initial measures.

EMS Compass is an open, collaborative effort, funded by NHTSA, managed by the National Association of State EMS Officials and inclusive of stakeholders from the entire EMS community. EMS Compass welcomes and encourages feedback from anyone who has an interest in seeing EMS systems provide the highest quality care.

EMS Compass is not directing how local, state or federal agencies may choose to utilize the measures once they become available. However, should any of these agencies ever require the use of performance measures by EMS services, a set of evidence-based, validated measures such as those developed through the EMS Compass process would likely be a source of some of those measures.

EMS Compass is prioritizing measures that can be calculated with data already collected by EMS agencies and that can be scaled to systems of any type or size, with the hope that many of these measures can be automated. At the same time, EMS Compass recognizes that some measures will be created that not all agencies will be able to use immediately, such as those that require outcome data from hospitals (e.g., cardiac arrest survival-to-discharge). In these instances, it is the intent of EMS Compass to identify where these gaps occur, so they can be addressed over time in a systems-based approach.

EMS Compass is not creating measures that can be used only by large, urban agencies with additional resources and technical capabilities.

Documents and Resources

TITLE	DATE	TYPES	CATEGORIES
10252016 Website EMS Compass Measure v10.3 protected.xlsx	12/01/17	MISC	PROJECT: EMS COMPASS
10252016 Website EMS Compass Measure v10.3	12/01/17	MISC	PROJECT: EMS COMPASS
EMS Compass Readiness Key 01 11 17 v15	12/01/17	MISC	PROJECT: EMS COMPASS
EMS Compass Ready Vendors 01 11 17 v15	12/01/17	MISC	PROJECT: EMS COMPASS
811211	11/28/17	MISC	PROJECT: EMS COMPASS

C. EMS Scope of Practice

In 2016, the National Association of State EMS Officials (NASEMSO) under contract with the National Highway Traffic Safety Administration (NHTSA) and the Health Resources & Services Administration (HRSA), launched an initiative to revise the 2007 National EMS Scope of Practice Model. Utilizing a Subject Matter Expert Panel comprised of organizational representatives from the EMS and fire communities, state EMS directors, EMS medical directors, EMS educators, EMS field providers, and an EMS researcher, the group provided an evidence-based approach intended to identify practice gaps between the 2007 Model and emerging science, current EMS practice, and community needs.

When the scientific literature was inconclusive, expert opinion was used to improve descriptions, roles, and attributes of each level that would support changes in practice by addressing two fundamental questions:

1. Is there evidence that the procedure or skill is beneficial to public health?
2. What is the clinical evidence that the new skill or technique as used by EMS personnel will promote access to quality health care or improve patient outcomes?

The work of the Expert Panel concluded in June 2018.

2018 National EMS Scope of Practice Revision This PowerPoint presentation is a comprehensive overview of the revision. The document is password protected to prevent editing, but can be viewed by clicking the "read only" button when the file opens.

2018 Scope of Practice Model – Talking points for State EMS Officials.

Prepublication Display Copy – This DRAFT document represents the final recommended revision to the 2018 National EMS Scope of Practice Model submitted to the National Highway Traffic Safety Administration (NHTSA) as proposed by a subject matter expert panel. This document was produced by the National Association of State EMS Officials (NASEMSO) with support from the US Department of Transportation, NHTSA Office of Emergency Medical Services (OEMS) through Contract DTNH2216C00026, with supplemental funding from the Health Resources and Services Administration (HRSA) Emergency Medical Services for Children Program. The opinions, findings and conclusions expressed in this publication are those of the authors and not necessarily those of USDOT, NHTSA, or HRSA. None of these changes should be considered "in effect" until published by NHTSA and officially adopted by the State licensing authority and medical director.

Venn Diagrams for Instructors – This document contains the images contained in the 2018 National EMS Scope of Practice Model as a resource for licensing boards and instructors on the relationship among education, certification, licensure, and credentialing. The center, where all the four elements overlap, represents skills and roles for which an individual has been educated, certified, licensed by a State, and credentialed. This is the only acceptable region of performance, as it entails four overlapping and mutually dependent levels of public protection: education, certification, licensure, and credentialing. Individuals may perform those roles and skills for which they are educated, certified, licensed, AND credentialed.

NASEMSO Scope of Practice Model Decision-Making Framework for EMS – These decision-making framework guidelines are for educational purposes only. The guidelines do not purport to establish a standard of care or advise a course of action for patient care in any particular situation. Content on this page is used under license from the National Council of State Boards of Nursing, Inc. ("NCSBN"). Copyright 2018 NCSBN. All rights reserved.
Persons with specific EMS scope of practice questions are encouraged to contact their agency's legal advisor and/or state licensing authority for interpretive assistance as needed.

Systematic Reviews – Under contract with the research department of the National Registry of EMTs, the Subject Matter Expert Panel was asked to consider a systematic review of the available literature along with collection of information leading to improvement in clinical outcomes in patients treated and transported by EMS, specific to hemorrhage control, naloxone, therapeutic hypothermia in cardiac arrest, CPAP/BiPAP, and pharmacological pain management. The key general questions which are to be addressed for specific psychomotor skills through this systematic review are as follows:

Change Notices – In 2017, at the request of NHTSA's Office of Emergency Medical Services under contract for 2018 National EMS Scope of Practice Revision, NASEMSO and a subject matter expert panel that included representatives of several national EMS organizations

considered urgent changes to the 2007 *National EMS Scope of Practice Model* to add the administration of opioid antagonists to the Emergency Medical Responder and EMT scopes of practice as well as the addition of tourniquet application and wound packing for hemorrhage control to the scope of practice for EMS personnel at all levels. These recommendations were adopted in November 2017 as "Change Notices" at https://www.ems.gov/pdf/2017-National-EMS-Scope-Practice-Mode_Change-Notices-1-and-2.pdf.

Rapid Process for Emergent Changes to the National EMS Scope of Practice Model – The first *National EMS Scope of Practice Model* ("Model") was published in 2007 by the National Highway Traffic Safety Administration. The Model was developed by NASEMSO with funding provided by NHTSA and the Health Resources and Services Administration (HRSA). It has provided guidance for States in developing their EMS scope of practice legislation, rules, and regulations. Thus, the subject matter expert panel proposed a rapid revision process to provide general recommendations and procedures applicable to emergent changes (change notices) that need to occur to the Model between regular revision cycles to sustain and strengthen national preparedness. The process for requesting an emergent change to the Model is now available on NHTSA's web site at https://www.ems.gov/pdf/Rapid-Process-Emergent-Changes-to-Scope-of-Practice-Model_September_2018.pdf. While the Model provides national guidance, each State maintains the authority to regulate EMS within its border, and determine the scope of practice of State-licensed EMS practitioners.

D. Fatigue in EMS

NASEMSO has partnered with a team led by University of Pittsburgh School of Medicine scientists to develop new fatigue guidelines published early online in the journal Prehospital Emergency Care. The aim of the guidelines is to mitigate the effects of fatigue with recommendations based on a comprehensive evaluation of the best available evidence related to numerous fatigue mitigation strategies.

The following Documents and Resources are available from NASEMSO at:

- Implementation Guidebook – 2018 Fatigue Risk Management Guidelines for Emergency Medical Services
- Evidence Based Guidelines for Fatigue Risk Management in Emergency Medical Services(Prehospital Emergency Care)
- All Fatigue Study Related Materials (including a full description of the systematic reviews, evidence tables, and expert commentaries to support the recommendations)
- Fatigue Risk Management in High Risk Environments: A Call to Action (by former National Transportation Safety Board Chairman Deborah Hersman)
- Fatigue Guidelines Infographic (05/04/18)
- Fatigue Guidelines Overview

E. Model EMS Clinical Guidelines

The National Model EMS Clinical Guidelines Project was first initiated by NASEMSO in 2012 and has produced two versions of model clinical guidelines for EMS — the first in 2014 and the most recent version in late 2017. The guidelines were created as a resource to be used or adapted for use on a state, regional or local level to enhance prehospital patient care. These model protocols are offered to any EMS entity that wishes to use them, in full or in part. The model guidelines project has been led by the NASEMSO Medical Directors Council in collaboration with eight national EMS physician organizations, including: American College of Emergency Physicians (ACEP), National Association of EMS Physicians (NAEMSP), American College of Osteopathic Emergency Physicians (ACOEP), American Academy of Emergency Medicine (AAEM), American Academy of Pediatrics, Committee on Pediatric Emergency Medicine (AAP-COPEM), American College of Surgeons, Committee on Trauma (ACS-COT) and Air Medical Physician Association (AMPA). Co-Principal Investigators, Dr. Carol Cunningham and Dr. Richard Kamin, directed the 2017 project as well as the original 2014 endeavor. Countless hours of review and edits were contributed by subject matter experts and EMS stakeholders who responded with comments and recommendations during two public comment periods.

The development of these guidelines was made possible by funding support from the National Highway Traffic Safety Administration, Office of EMS, and the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau's EMS for Children Program. In addition, NASEMSO financially support this undertaking, as did many project team members who volunteered their own time and talent to ensure this project was a success.

The current version of the guidelines may be downloaded (PDF format) at National Model EMS Clinical Guidelines(v 2.1, June, 2018). If you would like the document in Word format to adapt for your own use, please send your request to the NASEMSO website listed above.

F. Naloxone Evidence-Based Guidelines

The National Association of State EMS Officials (NASEMSO), in collaboration with the National Association of EMS Physicians (NAEMSP) and the American College of Emergency Physicians (ACEP), is leading a project to develop and disseminate an evidence-based guideline for the administration of naloxone for opioid overdoses.

In spite of the dramatic increase in the number of opioid overdose events to which EMS personnel now respond, there remain several unanswered questions about the optimal use of naloxone, including: how to best distinguish an opioid overdose from other non-responsive conditions; when to administer a second dose of naloxone; the most appropriate patient

disposition after a return of consciousness; and how to maintain optimal medical oversight to naloxone administration. A primary objective of this project is to answer these questions through a rigorous, science-based approach and deliver an evidence-based guideline and model EMS treatment protocol for the prehospital management of patients with suspected opioid overdose.

The Principal Investigator is Kenneth Williams, MD, FACEP, FAEMS (Providence, RI); co-investigators are Jeffrey Goodloe, MD, NRP, FACEP, FAEMS, (Tulsa, OK) and John Lyng, MD, FACEP, FAEMS, EMT-P (Minneapolis, MN). They will lead a multi-disciplinary technical expert panel comprised of persons with expertise in emergency medicine, pain management, pharmacology/toxicology, addiction management, guideline development methodology, as well as a patient advocate, EMS clinicians and EMS administrators.

The 16-month project will produce the following deliverables:

1. Model EMS treatment protocol on naloxone administration based on the evidence-based guideline;
2. Manuscript for publication in a peer-reviewed scientific journal, describing the methodology used to develop the protocol with supporting references from the scientific literature;
3. Performance measures for evaluating the impact of the evidence-based guideline; and
4. Module for training EMS personnel on the naloxone evidence-based guideline.

The project is funded through support from the National Highway Traffic Safety Administration (NHTSA), Office of EMS, and the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau's EMS for Children Program, as well as in-kind support from NASEMSO, NAEMSP and ACEP.

G. National Collaborative for Bio-Preparedness

The NCBP is a collaborative of state and local responders and the national preparedness enterprise to provide early warning of health events and trends not otherwise detectable. NCBP has been a ground-breaking, multi-year pilot cooperative research and development program between the University of North Carolina (UNC) and the Department of Homeland Security (DHS). Through a new partnership between UNC and Biospatial Inc., NCBP is transitioning to a commercially-hosted system, while maintaining NCBP's unique mission and capabilities through growing and sustaining our national network of data owners and NCBP users.

In exchange for access to EMS data, NCBP provides operational and clinical insight to state and local data owners to help improve operations and patient outcomes. NCBP provides alerts to anomalous health events, visualization of syndromic events and trends, and clinical and operational dashboards. The collaborative data network widens the context of events by enabling sharing of data and syndromic trends with neighboring jurisdictions. These capabilities are provided through a *no-cost subscription to state and local data owners*. NCBP also enables new health- and safety-related insights through multi-agency collaboration, such as linking motor vehicle crash records with injury severity derived from the EMS Revised Trauma Score.

Biospatial and UNC are working closely with the NASEMSO to develop and grow the Collaborative through state EMS offices. NASEMSO has partnered with the NCBP because of the value the analytics can provide to the NEMSIS data that state EMS offices collect. The NCBP has created a pathway to contribute to state specific surveillance and offer real time value to state epidemiologists and state health officers.

H. Safe Ambulances

SafeAmbulances.org is a microsite that was developed in cooperation with a grant from the National Institute of Standards and Technology (NIST). This microsite contains information about ambulance design standards, specifications, and testing. Content includes a video series, comparison table, and references.

Other EMS News on the National Level

I. CAAS Releases GVS V2.0 Draft for Public Comment

The Commission on Accreditation of Ambulance Services (CAAS) formed a Ground Vehicle Standard Revision Committee to develop V2.0 of the GVS document. This Committee and associated GVS Work Groups have now spent thousands of man-hours updating and revising the GVS V2.0 Standard for new ambulances. In addition, V2.0 now includes a comprehensive standard for Remounts.

To ensure that anyone with an interest in the medical transportation industry has a voice in the Standard revision process, CAAS has now posted the proposed draft GVS V2.0 standard for public comment. This draft standard will be posted for 60 days, commencing January 25, 2019. Interested parties who care to comment on the draft should complete the online feedback form and submit their input during this public comment period.

The GVS Committee will review all submissions received during the period and will consider each of the comments received. Following this first round review, a second 60-day public comment period will be held to give further opportunity to comment on any items that may have been changed from the first draft as part of the process. The CAAS GVS V2.0 document has a scheduled effective date of July 1, 2019.

J. NSC Press Release on Accidental Opioid Overdoses

Opioid OD Surpasses MVC in New NSC Report on Odds of Dying

For the first time in U.S. history, Americans are more likely to die from an opioid overdose than a motor vehicle crash. A new report from the National Safety Council (NSC) found that Americans have a 1 in 96 chance of dying from an opioid overdose, while the probability of dying in a motor vehicle crash is 1 in 103. The rising rates of overdoses is part of an overall trend of Americans dying from preventable, unintentional injuries that has increased over the past 15

years. Read more at https://injuryfacts.nsc.org/all-injuries/preventable-death-overview/odds-of-dying/.

K. Alaska and Georgia Partner with Biospatial

November 27, 2018 (Falls Church, Va.) – The Alaska Department of Health and Social Services, Division of Public Health and the Georgia Department of Public Health have recently completed Data Use and Analytic agreements with Biospatial, Inc. These states will be submitting National Emergency Medical Services Information System (NEMSIS) data elements to the Biospatial Platform to both assist in national preparedness and enhance their ability to visualize and understand their data with other data layers of relevance.

Biospatial develops partnerships with state and local data owners to bring health-related data into the Biospatial Platform; in turn, Biospatial provides data owners access to the Biospatial Platform tools at no cost. Data visualization, syndromic trends and alerts, summary dashboards, and clinical and operational reporting are provided to both data owners and federal and commercial subscribers to support preparedness and response, healthcare, pharmaceutical, automotive, and risk management markets.

Biospatial continually enhances the available user interface, analytics, and services based on input from members of the collaborative. Several new syndromes and performance measures have been added recently. Users now can create custom alerts for more than twenty syndromes (e.g., patient falls, stroke, opioid overdose) which may be delivered by email or text message and can be shared with other users within the organization. New state and national performance measure benchmarks help data owners understand their operational performance and collaborate with other members to share best practices. Dashboards for trauma data and health facility status will be added in 2018.

The addition of these new states increases the total number of participating state emergency medical services (EMS) offices to fifteen. This quantity of data provides Biospatial a unique ability to provide timely, national and regional syndromic detection, monitor real-time trends, and alert to syndromic anomalies that are critical to the nation's health and safety. Many of these state offices also plan to link other data sources to their EMS data, including traffic crash records and trauma system data.

Biospatial is working closely with the National Association of State EMS Officials (NASEMSO) to connect with state EMS offices. NASEMSO has partnered with Biospatial due to the value the analytics can provide to the NEMSIS data collected by state EMS offices. Biospatial has created a pathway to contribute to state-specific surveillance and offer real-time value to state epidemiologists and state health officers.

Community Health and Technical Resources (CHaTR)

III. Community Health and Technical Resources (CHaTR)

CHaTR Website

The CHaTR division now has its own section on the Virginia OEMS website at the link below:

http://www.vdh.virginia.gov/emergency-medical-services/chatr/

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

The Regional EMS Councils have applied for redesignation, and the designation site visits will be taking place in the next 2-3 months in order for Board of Health approval in June 2019.

Medevac Program

The Medevac Committee is scheduled to meet on February 7, 2019. The minutes of the November 7, 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 grow in data submitted. In terms of weather turndowns, there were 591 entries into the Helicopter EMS system in the fourth quarter of the 2018 calendar year. 65% of those entries (389 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is an increase from 519 entries in the fourth quarter of 2017. Additionally, there were 2,784 entries for the 2018 calendar year, which is an increase from the 2,165 entries for the 2017 calendar year. This data continues to show dedication to the program itself, but also to maintaining safety of medevac personnel and equipment.

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."

- House Bill 777 was not re-introduced for the 2019 General Assembly session.

- Senate Bill 663 was introduced into the 2018 General Assembly session. The House Health, Welfare, and Institutions (HWI) subcommittee #3 met on January 18, 2018. 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 <u>air transportation of a patient</u> by an emergency medical <u>services air transportation</u> provider, the emergency medical services personnel shall obtain written consent <u>to such air transportation</u> 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.

<u>2. That the provisions of the first enactment of this act shall become effective on July 1, 2019.</u>

<u>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</u>

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."

- 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."

More information on House Bill 778 can be found at the link below:
https://lis.virginia.gov/cgi-bin/legp604.exe?ses=181&typ=bil&val=HB778

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

The Office of EMS has developed a form to satisfy the requirements outlined in SB663. VDH Executive Leadership is reviewing this form for approval.
The CHaTR Division Manager also participates on the NASEMSO Air Medical Committee. 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 has begun, involving OEMS staff, subcommittees of the EMS Advisory Board, and other interested stakeholders. The goal is to present a revised plan to the state EMS Advisory Board and the Board of Health within the next 12 to 14 months.

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/

EMS Workforce Development Committee

The EMS Workforce Development Committee is scheduled to meet on February 7, 2019 at 10 AM. The minutes of the November 7, 2018 meeting are available on the OEMS website linked 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

The EMS Officer I program was offered as a session at the 2018 EMS Symposium in Norfolk on November 7-8. Eighteen (18) people completed the course. The workgroup continues to adjust the program, with the next offering being planned as a 2-day session at the 2019 Caroline County Regional Fire School in April 2019. The committee is currently making some final adjustments and working to complete an instructor Train-the-Trainer program. The development for the subsequent EMS Officer courses will begin following the full release of EMS Officer 1 program in 2019. A series of logos are under development for the EMS Officer Program. The EMS Officer page on the VDH/OEMS webpage reflects the recent progress with the program. View this 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 – or areas of critical importance to successful EMS agency management and resiliency.

An assessment document for each Area of the Excellence is utilized that details optimal tasks, procedures, guidelines and best practices necessary to maintain the business of managing an effective and efficient 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 held their most recent meeting as an EMS Retention Solutions Roundtable at the 2018 EMS Symposium. This format attracted 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 next meeting of the Virginia Recruitment and Retention Network is scheduled 8-10am on February 23, 2019 in conjunction with the Virginia Fire Rescue Conference.

Several changes to the Recruitment and Retention page on the OEMS website give it a more streamlined appearance. Links to pertinent resources and reference documents will be added in the coming months.

System Assessments

CHaTR staff assisted the Virginia Department of Fire Programs (VDFP) with an evaluation of the system in the Town of Wytheville, and the Town of Chilhowie, Virginia in October of 2018. These final reports have not been released. View the final reports of previous evaluations of Cumberland County, and the Town of Farmville via the link below:
https://www.vafire.com/about-virginia-department-of-fire-programs/virginia-fire-services-board/virginia-fire-services-board-studies/

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.

Rural EMS and Mobile Integrated Healthcare/Community Paramedicine (MIH/CP)

The MIH/CP workgroup that was created in 2015 reconvened on September 19, 2018, with Dr. Allen Yee again serving as chair. The workgroup met on November 7, 2018, and January 29, 2019.

Previous meeting minutes can be found via the link below:
http://www.vdh.virginia.gov/emergency-medical-services/community-paramedicine-mobile-integrated-healthcare/

In addition, a bill (Senate Bill 1226) was introduced into the 2019 Virginia General Assembly session regarding Community Paramedicine.

A summary of the bill as introduced *"requires the State Board of Health to adopt regulations governing the practice of community paramedics. The bill requires an applicant for licensure as a community paramedic to submit evidence that the applicant (i) is currently certified as an emergency medical services provider and has been certified for at least three years, (ii) has successfully completed a community paramedic training program that is approved by the Board or accredited by a Board-approved national accreditation organization and that*

includes clinical experience provided under the supervision of a physician or EMS agency, and (iii) has obtained Community Paramedic Certification from the International Board of Specialty Certification. The bill requires a community paramedic to practice in accordance with protocols and supervisory standards established by an operational medical director and to provide services only as directed by a patient care plan developed by the patient's physician, nurse practitioner, or physician assistant and approved by the community paramedic's supervising operational medical director.

The bill exempts a community paramedic providing services in accordance with the provisions of the bill from licensure as a home health organization. The bill requires the State Board of Medical Assistance Services to include in the state plan for medical assistance services a provision for the payment of medical assistance for home health services provided by a certified community paramedic exempt from licensure as a home health organization."

The full text of SB 1226 can be found via the link below.
https://lis.virginia.gov/cgi-bin/legp604.exe?191+ful+SB1226+pdf

The Senate Committee on Education and Health unanimously voted to pass SB 1226 by for the 2019 session.

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 January 9, 2019. There is one action item attached - **Appendix C**.

Copies of past minutes are available on the Office of EMS Web page here: http://www.vdh.virginia.gov/emergency-medical-services/education-certification/training-certification-committee-standing/

B. The Medical Direction Committee (MDC): The Medical Direction Committee met on January 3, 2019. Revisions to the Scope of Practice Procedures and Formulary were approved. 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 programs that currently conduct I99 programs to identify actions needed to provide the optimal opportunity for students in these programs to access I99 certification testing.

B. Virginia I-99 students who have maintained their National Registry certification have until March 31, 2019 to gain National Registry 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 EMS providers with an expiration date of March 31, 2019 are transitioning 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 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 provided to all program directors explains this process in more detail.

F. All EMS 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 providers recertify with Virginia when recertifying with National Registry to keep their CE report aligned with the hours requirements.

Basic Life Support Program

A. Education Coordinators (EC)

1. The New Education Coordinator process continues to be successful. As of January 22nd, 2019, there are 18 Applicants and 160 Candidates.
2. An EC Institute with 16 attendees was held in January 2019 at the James City County Training Center. The Institute was a success. The office extends a special thank you to Donna Galganski-Pabst for arranging the location for the update and institute in James City County. The next EC Institute is scheduled for March in Augusta County. Information will be released via the website with further instructions for eligible EC Candidates. Subsequent EC Institutes are scheduled based on the number of institute eligible candidates. The next scheduled institute will be in June 2019 at the VAVRS Rescue College held Blacksburg.
3. EMS Providers interested in becoming an Education Coordinator can access reference documents at http://www.vdh.virginia.gov/emergency-medical-services/ems-education-coordinator-requirements/. Additionally, providers can contact the office at 804-888-9120.
4. The EC recertification process is paperless. EMS Physicians now directly click recommendation for recertification in their portal. When an EC selects their EMS Physician, an email is automatically generated overnight to the physician alerting them of the action needed in their portal. It is no longer necessary to upload forms. Recommendations are valid for 180 days. After that time, a new verification will be required. It is important that ECs are aware of this change.

B. EMS Educator Updates:

The office has held two updates since October 2018, one in the TEMS Region in November, and one in PEMS Region in January. Both were well attended with over 125 educators coming to the update at EMS Symposium. Updates scheduled in 2019 can be found on the OEMS web at: http://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/. The Office would like to thank all of those who have graciously offered their facilities to host the updates as we travel across the state. Educators are encouraged to attend updates more frequently than once in a three-year period as valuable information is shared during these meetings. The update this year provides information on changes occurring at the office and feedback received from updates from 2018.

C. Electronic Recordation

The Office continues to receive requests for electronic recordation. The course enrollment process is available online and educators offering initial certification programs are strongly encouraged to utilize this feature. Using CE Scanner 3.0 software, educators can submit CE electronically to the office. These are both real-time processes and requires no postage for mailing to the office. While the Office will continue to accept paper enrollment forms and CE cards, educators are strongly encouraged to submit these records electronically with the goal to eliminate the use of bubble forms.

EMS Training Funds

Table. 1 – Virginia EMS Scholarship Program – Q1 & Q2 FY19

Certification Level	No. Awarded	Amount Awarded
EMR	--	--
EMT	93	$50,110.00
AEMT	51	$32,036.00
Paramedic	66	$209,370.00
Grand Total	**210**	**$291,516.00**

Table. 2 – EMS Training Funds CE & Auxiliary Program Funding - Q1 & Q2 FY19

Council	Q1	Q2	Total $ Reimbursed
BREMS	--	--	--
LFEMS	--	--	--
NVEMS	$39,150.10	--	$39,150.10
ODEMSA	$64,109.20	--	$64,109.20
PEMS	$40,135.40	$9,257.50	$49,392.90

REMS	--	--	--
SWEMS	$18,599.80	$12,240.00	$30,839.80
TEMS	$33,110.40	$8,520.00	$41,630.40
TJEMS	$5,788.10	$1,260.00	$7,048.10
WVEMS	$52,709.40	$8,470.00	$61,179.40
Grand Total	**$110,207.70**	**$33,295.60**	**$281,109.90**

A. EMS Scholarship Program

1) The Office released the new Virginia EMS Scholarship Program (EMSSP) to the public on October 17, 2018. The Virginia Office of Emergency Medical Services manages 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 a Virginia approved and eligible initial certification program–EMR, EMT, AEMT and Paramedic.

   b) The Office contacted over 780 students enrolled in an eligible initial certification program and notified them of their eligibility to apply for a scholarship. At the close of the initial application window, there were 96 individual student applications for the scholarship program and 27 applicants chose to allow their EMS agency to manage their scholarship funds for a total of 123 applications.

2) 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 2018, the Office forwarded MOU's to the Regional EMS Council's for FY19 Continuing Education (CE) and Auxiliary Programs as a continuation of the same program started in FY18.

EMS Education Program Accreditation

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 Education 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 to conduct psychomotor competency verification effective August 17, 2017.

b) Prince William County Fire & Rescue received approval to conduct psychomotor competency verification effective August 12, 2017.

c) Henrico County Fire Division of Fire received approval to conduct psychomotor competency verification effective August 18, 2017.

d) Frederick County Fire and Rescue received approval to conduct psychomotor competency verification effective August 11, 2017.

e) Tidewater Community College received approval to conduct psychomotor competency verification effective August 18, 2017.

f) Southwest Virginia Community College received approval to conduct psychomotor competency verification effective September 8, 2017.

g) Associates in Emergency Care received approval to conduct psychomotor competency verification effective October 16, 2017.

h) Chesterfield Fire received approval to conduct psychomotor competency verification effective December 11, 2017.

i) ECPI received approval to conduct psychomotor competency verification effective January 17, 2018.

j) Thomas Nelson Community College received approval to conduct psychomotor competency verification effective February 1, 2018.

k) Virginia Beach Training Center received approval to conduct psychomotor competency verification effective February 1, 2018.

l) Southwest Virginia EMS Council received approval to conduct psychomotor competency verification effective February 1, 2018.

3. Advanced Emergency Medical Technician (AEMT)

a) Newport News Fire Training has completed their first cohort class and a site team will visit the program and review documentation, meet with graduates of the program and consider the application for full accreditation.

b) Blue Ridge Community College has completed their first cohort class and a site team will visit the program and review documentation, meet with graduates of the program and consider the application for full accreditation.

c) Fauquier County has submitted their self study for AEMT and EMT 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. A site team reviews their accreditation self-study packet and visits the program upon completion of their first cohort class.

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 must ubmit a reaccreditation packet for that level.

5. Paramedic – Initial

a) John Tyler Community College's CoAEMSP accreditation visit was conducted on April 26 & 27, 2018. The program received a report with no deficiencies and has been promoted to recognition by CAAHEP.

b) Rappahannock Community College has received their award of accreditation from CoAEMSP.

c) ECPI has received a Letter of Review from CoAEMSP.

6. Paramedic – Reaccreditation

a) Stafford County and Associates in Emergency Care Consortium had their 5-year CoAEMSP reaccreditation visit August 6 – 8, 2018. They are awaiting final report from CoAEMSP.

b) Lord Fairfax Community College had their 5-year CoAEMSP reaccreditation visit in September 2018. They are awaiting final report from CoAEMSP.

c) Patrick Henry Community College had their 5-year CoAEMSP reaccreditation visit in November 2018. They are awaiting final report from CoAEMSP.

d) Prince William County and Piedmont Virginia Community College have both had a change in program directors. CoAEMSP has approved the new program directors.

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).

National Registry

National Registry Announces Policy Change

The National Registry of Emergency Medical Technicians recently announced a policy change ratified by its Board of Directors.

Passing scores on cognitive and psychomotor examinations can be applied to applications for initial certification for up to 24 months (two years) from the date of successful examination, so long as all other requirements for eligibility are met.

"The 24-month time period for which examinations are valid provides consistency as it relates to other National Registry policies," said Bill Seifarth, Executive Director of the National Registry of EMTs. "Bringing everything in line to a 24-month standard reduces confusion and means less guesswork as to which timeframe applies to what policy, standard or certification."

This policy is a change from the previous policy where results for initial certification were valid for up to 12 months.

This policy will become effective for candidates with a course completion date of November 2018 or later. The prior 12-month time period for valid examination results applies to courses that end before November 2018.

Find the policy here: https://zurl.co/fS8P

Recertification fees remain the same in 2018; $5 increase in 2019

Effective October 1, 2019, recertification fees for all levels will increase for only the second time in National Registry history and the first time since 2002.

"We are committed to the true meaning of non-profit, and, as such, the cost for National Registry recertification has remained affordable," said Bill Seifarth, National Registry executive director. "Cost should not be a barrier for recertification, but the modest increase will allow us to offer a better experience for EMS professionals."

Beginning October 1, 2019, recertification for Emergency Medical Technicians (EMT) and Advanced Emergency Technicians (AEMT) is $20, and Paramedics is $25. On April 1, 2020, recertification for Emergency Medical Responders (EMR) is $15.

The $5 increase will give the National Registry the opportunity to build a better user experience for you by improving IT infrastructure, improving web applications, improving the exam and exam administration and projects such as REPLICA. Please note that fees will not increase for the 2018 recertification period. These changes take effect in 2019.

NREMT Recertification Fees effective October 1, 2019*

NREMT Level	Current Fee	Fees Effective 10/01/2019
EMR	$10	*$15 (04/01/2020)
EMT	$15	$20
AEMT	$15	$20
Paramedic	$20	$25

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 on your home or station PCs. There are 60-70 category one EMSAT programs available on TargetSolutions/CentreLearn 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

Feb. 20, 2019	Mental Health Awareness for EMS Responders Cat. 1 ALS, Area 20, Cat. 1 BLS, Area 15
Mar. 20, 2019	Responding to OB Emergencies Cat. 1 ALS, Area 19, Cat. 1 BLS, Area 14
Apr. 17, 2019	Mosquito-Spread Diseases: West Nile Fever, Zika Fever, Meningitis, Chikungunya Cat. 1 ALS, Area 19, Cat. 1 BLS, Area 14

Psychomotor Test Site Activity

A. 25- Consolidated Test Sites (CTS), 2 - EMT accredited courses and 11- ALS psychomotor test sites were conducted from October 9, 2018 through January 12, 2019.

B. Larry Frank Smith and Stephanie Stump are new OEMS Examiners for the Blue Ridge, Central Shenandoah, and Thomas Jefferson EMS council regions as well as Michael Haubner and Elizabeth Sealey for the Western and Southwestern EMS council regions. Greg Neiman returns to OEMS as an Examiner for the ODEMSA region.

C. Interviews will be conducted for open examiner positions in the Northern Virginia region in the near future.

D. A workgroup is reviewing and updating the Psychomotor Examination Guide (PEG).

E. The Certification Application "blue form" used for reporting psychomotor examination results has been revised to a one sided "green" form. This will eliminate many causes of errors resulting from incorrect bubbling.

Other Activities

- Billy Fritz participated in the curriculum review for High School EMR and EMT programs. A committee reviewed all of the curriculum documents during this two-day event. Additionally, a new joint Department of Education (DoE)/OEMS guidance document will be coming this spring to provide high school educators and administrators better guidance on program administration.
- Debbie Akers has been selected to serve on the committee to rewrite the Education Standards and Instructional Guidelines by NAEMSE.

Emergency Operations

V. Emergency Operations

Operations

- **Emergency Operations Activity**

Emergency Operations staff maintained operational readiness through various weather events during this quarter. Multiple snowstorms and large impact weather events required virtual monitoring of the state webEOC and information sharing with stakeholders. No deployments were required as a result of the incidents.

The weekend of January 12, 2019 brought a winter storm to the Commonwealth of Virginia. The Virginia Emergency Operations Center (VEOC) elevated to condition yellow at 10:00am on January 12th, meaning limited state agency response to the VEOC and remote situation monitoring allowed. Sam Burnette, Emergency Services Coordinator, monitored events remotely throughout the weekend via the WebEOC portal for EMS and Public Health related requests and to maintain situational awareness for the Office of EMS. No requests for EMS resources were received.

- **Staff Change**

The Division of Emergency Operations is excited to welcome Richard Troshak to the Office of EMS as the Emergency Operations Specialist. Mr. Troshak comes to us with a tremendous background in 911, over 26 years to be exact. Most recently he served as the Director of Emergency Communications for Chesterfield County for over 10 years. His other communications experience includes the DHS Communications MegaCenter in Philadelphia, as well as 911 centers in Kansas, Michigan, and Pennsylvania. He is actively involved in Virginia's 911 organizations, Association of Public-safety Communications Officers (APCO) and National Emergency Number Association (NENA), including being Past President for the Virginia Chapter of APCO. He is an extremely avid supporter of Emergency Medical Dispatch (EMD) use by 911 centers. Not only does his background and experience in emergency communications, but his recognition in Virginia's 911 community, make him an excellent addition to the Office of EMS and the Division of Emergency Operations.

- **39th Annual EMS Symposium**

Division of Emergency Operations personnel provided support to the 39th Annual EMS Symposium held in Norfolk on November 6 -11, 2019. Sam Burnette, Emergency Services Coordinator, served as the Communication Unit Lead establishing a communications center and maintaining radio communications for staff and room hosts throughout the event. Frank Cheatham served as the Logistics Officer for the event ensuring equipment needed for the event was safely and efficiently transported to and from event, as well as, its mobilization and demobilization throughout the event.

- **Virginia-1 DMAT**

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

Committees/Meetings

- **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 January 10, 2019.

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

Sam Burnette, Emergency Services Coordinator, continues to represent the Office of EMS on the Commonwealth of Virginia Critical Infrastructure Work Group chaired by Stacie Neal, who serves as VDEM's Critical Infrastructure Program Manager and as a Deputy Director with the Virginia Fusion Center. The group has been working to finalize a state definition of critical infrastructure, develop a system for prioritizing critical infrastructure protection, and providing training and technical assistance to localities and state agencies. Mr. Burnette, previously served as the first intelligence analyst in the Virginia Fusion Center Critical Infrastructure Protection Unit.

- **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.

- **Traffic Incident Management Committees**

Frank Cheatham, HMERT Coordinator, represented OEMS at the Statewide TIM Committee meeting and Richmond area Executive TIM Committee and attends the meetings of that group.

- **NASEMSO Health and Medical Preparedness Committee**

Karen Owens participated in the National Association of EMS Officials (NASEMSO) Health and Medical Preparedness Committee conference calls during this quarter.

Training

- **FEMA Emergency Management Basic Academy Train the Trainer**

Sam Burnette, Emergency Services Coordinator, attended the Emergency Management Basic Academy Train the Trainer sponsored by Virginia Department of Emergency Management (VDEM) held December 3-7, 2018 at VDEM Headquarters in Chesterfield County. Completion of the program will allow Mr. Burnette to sponsor and instruct a variety of emergency management related training programs for the Office of EMS.

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

Karen Owens, Emergency Operations Manager, and Sam Burnette, Emergency Services Coordinator, conducted a Mass Casualty Incident Management I and II course in conjunction with the annual EMS Symposium. The course, attended by 24 providers, was an opportunity to roll out the new curriculum, which includes a review of the SALT triage method and MUCC (Module Uniform Core Criteria).

- **Mass Casualty Incident Management (MCIM) I and II train-the-trainer**

Karen Owens, Emergency Operations Manager, conducted a Train-the-Trainer for MCIM I and II at the annual Virginia EMS Symposium. The course trains providers in the requirements to teach Mass Casualty Module I and II. This is the first train-the-trainer utilizing the new 2018 curriculum.

CISM

- **CISM Regional Council Reports**

During this reporting quarter Regional Council CISM teams reported 13 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 Relations

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 October – December are as follows:

- **October** – Symposium registration deadline reminders, state holiday office closure, inclement weather office closure, line of duty death announcement and the 2019 Symposium Call for Presentations.

- **November –** Important Reminders for the 39th Annual Virginia EMS Symposium, Virginia EMS Symposium mobile app, on-site check-in times for the 2018 Va. EMS Symposium, registration check-in times, Spirit Night dinner cruise, free flu shot clinic, Symposium vendor hall hours, vendor hall exhibitors, symposium live music event, symposium game night, symposium sponsors, Governor's EMS Awards, Workforce Development Committee HR Unplugged event, 2019 Symposium call for presentations, Governor's EMS Award winners press release, OEMS portal scheduled maintenance, Be Food Safe and holiday office closure, Nasal Naloxone Fall 2018 grant opportunity and Governor Northam urges Virginians to take action to eliminate roadway injuries with "Towards Zero Deaths" campaign.

- **December** – Winter weather preparedness tips, Governor Northam urges Virginians to prepare for winter storm, inclement weather office closures, holiday office closures, holiday road safety tips, EMS portal and web application system maintenance.

Via GovDelivery Email Listserv (October - December)

- **10/3/18 -** Virginia EMS Symposium Registration Closes Friday, Oct. 5!
- **10/12/18 -** Spirit Night Dinner Cruise - Reservations Still Available!
- **11/2/18 -** Important Reminders for the 39th Annual Virginia EMS Symposium
- **11/19/18 -** Congratulations to the 2018 Governor's EMS Award Winners!
- **11/26/18 -** Nasal Naloxone for EMS Agencies - Fall 2018 Cycle - Grant Opportunity

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 OEMS Director and Assistant Director concerning responses that may require immediate attention.

Social Media and Website Statistics

As of January 24, 2019, the OEMS Facebook page had 6,212 likes, which is an increase of 108 new likes since October 24, 2018. As of January 24, 2019, the OEMS Twitter page had 4,651 followers, which is an increase of 35 followers since October 24, 2018.

Figure 1: This graph shows the total organic reach* of users who saw content from the OEMS Facebook page, October – December. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post was regarding Governor Northham Urging Virginians to Prepare for Winter Storm and it was posted on Dec. 7, 2018. This post garnered 12,568 people reached and 384 reactions, comments and shares.**

**Total Reach activity is the number of people who had any content from our Facbeook Page or about our Facebook Page enter their screen. 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. Organic reach is not paid for advertising.*

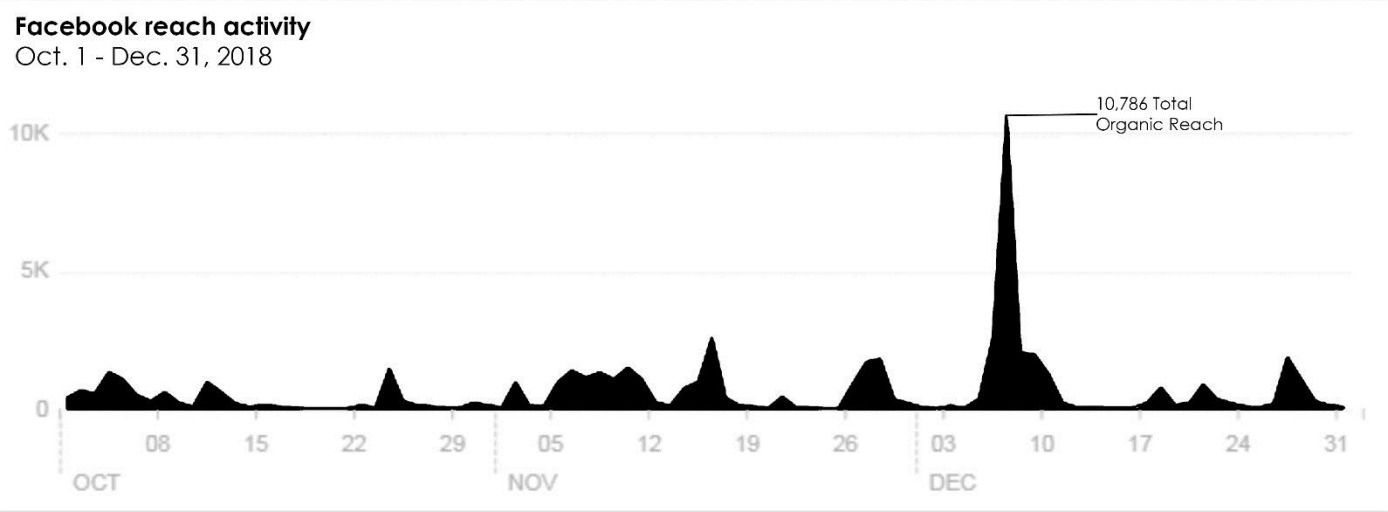


Figure 2: This graph shows the total organic impressions* over a 91-day period on the OEMS Twitter page, July - September. **During this 91-day period, the OEMS Twitter page earned 426 impressions per day. The most popular tweet received 1,474 organic impressions.**

**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.*

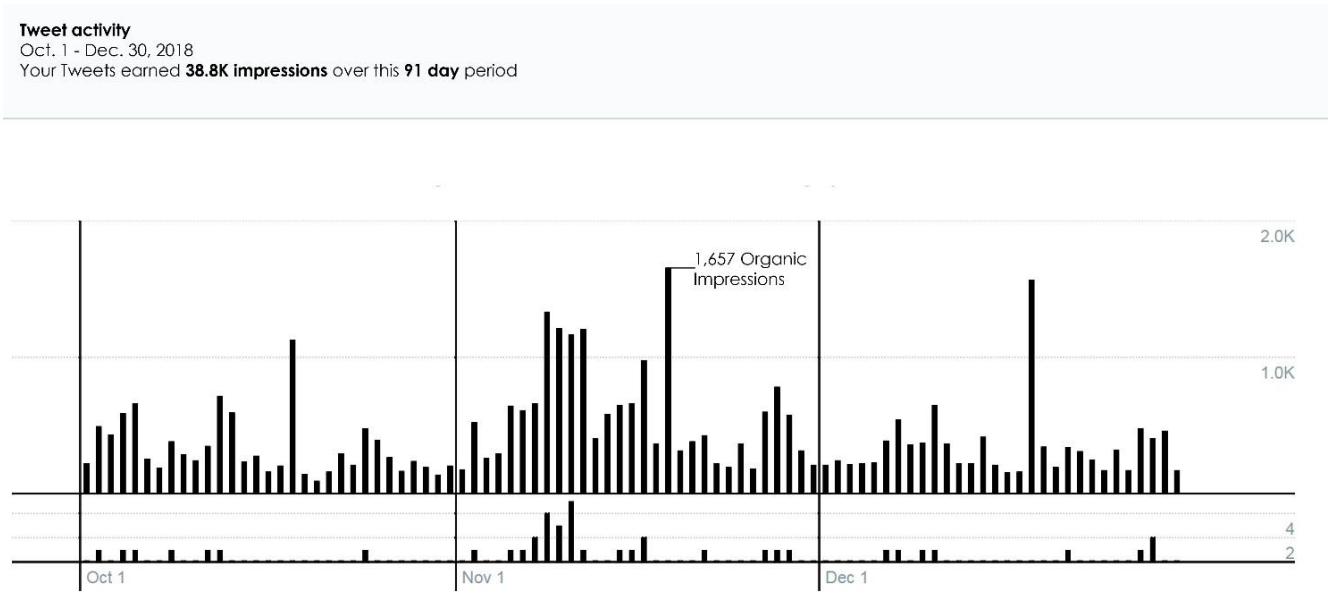


Figure 3: This table represents the top five most downloaded items on the OEMS website from October – December 2018.

October	1. Authorized Durable DNR Form 2017 (443) 2. Centrelearn Instructions (251) 3. How to Apply for the Virginia EMS Scholarship Quick Guide (243) 4. Quick Guide Completing National Registry Recertification Application 2018 (225) 5. Symposium Course Selection Worksheet (212)
November	1. 2018 Governor's EMS Award Winners Bios (931) 2. Authorized Durable DNR Form 2017 (401) 3. Centrelearn Instructions (294) 4. Quick Guide Completing National Registry Recertification Application 2018 (276) 5. Symposium TR-06 Course Roster (243)
December	1. Centrelearn Instructions (345) 2. Authorized Durable DNR Form 2017 (294) 3. Navigating the Virginia EMS Portal Quick Guide (241) 4. Symposium TR-06 Course Roster (218) 5. Quick Guide Completing National Registry Recertification Application 2018 (196)

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 October – December 2018.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
October	9,516	00:21	2,525 (26.5%)
November	8,722	00:21	2,255 (25.85%)
December	7,572	00:22	2,110 (27.86%)

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 home page, 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 continued updating information for the 2018 Symposium mobile app on Apple and Android devices.

- PR Coordinator continued promoting Symposium registration utilizing the Symposium commercial and still photos via social media, OEMS website and listserv email.

- PR Coordinator continued working with symposium sponsorship coordinator on sponsored items, inserts for symposium packets, signage requirements, etc.

- PR Coordinator continued 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 finished designing the Symposium On-Site Guide and submitted it for print October 23, 2018.

- PR Coordinator prepared Symposium ad for Waterside District electronic signage.

- PR Assistant organized and ordered supply items that would be needed for Symposium registration packets.

- PR Assistant finished updating the course locations into the Symposium web program.

- PR Assistant printed name badges for Symposium attendees and organized all vendor name badges alphabetically.

- PR Assistant created giveaway cards and printed 1,800 copies for the symposium bags. Karen Owens, emergency operations manager, coordinated and obtained symposium event prizes from various symposium vendors and local retailers.

- PR Coordinator worked with the Division of Educational Development to coordinate registration letters for Symposium packets and folded them for the registration packets.

- PR Coordinator finalized on-site event signage and submitted it for print.

- PR Coordinator and PR Assistant worked with on-site film crew to help direct the commercial footage filmed so it would highlight the training event for future promotions.

- PR Coordinator updated symposium sponsors on the OEMS website

- Coordinated all handouts (from sponsors and OEMS staff) to be included in the registration packets. The last week of October, OEMS staff stuffed and packed 1,800 registration packets.

- Fielded calls and emails from providers regarding registration, cancellations and vendors requesting sponsorship opportunities and the availability of vendor hall space.

- PR Coordinator and PR Assistant attended the 39th Annual Virginia EMS Symposium, November 6-11, 2018. Assisted with the loading and unloading of event supplies and equipment, registration and signage, coordination of the Governor's EMS Awards ceremony and reception, the flu shot clinic and other on-site events. Assisted with the

vendor hall and updated social media sites with classroom/instructor updates and other event info.

- After the conclusion of the Symposium, the PR assistant verified CE credits and emailed Leadership and Management honorary certificates to eligible Symposium attendees who signed up for and met the certificate requirements.

Governor's EMS Awards Program

- PR Coordinator prepared and submitted request for Mayor of Norfolk to attend the Governor's EMS Awards ceremony. Received verification that he would attend event.
- Prior to the event, PR Assistant worked with video crew to verify Governor's EMS Award nominees and winners' names, award categories and affiliations.
- PR Coordinator prepared Decision Memo requesting the Governor's attendance at the Annual Governor's EMS Awards, submitted October 4, 2018.
- PR Assistant designed Governor's EMS Awards banquet invitation, which was emailed to all award nominees. Nominees who were not attending the Symposium were mailed name badges and nominee ribbons.
- PR Assistant prepared the presentation book that contained the award winners' brief bios, which were read during the awards ceremony.
- PR Assistant and PR Coordinator attended meetings on-site with the film crew to go over walk-thru of the Governor's EMS Awards Ceremony and the process of events for the award ceremony.
- PR Coordinator prepared the Governor's EMS Award winners' bios and pictures and posted it on the OEMS website homepage.
- PR coordinator sent out a statewide press release announcing the Governor's EMS Award winners November 15, 2018.
- Sent email through the OEMS listserv recognizing the 2018 Governor's EMS Award winners.
- Promoted award winners through OEMS Facebook and Twitter social media sites.
- Sent additional award winner information and photos as requested from public or media contacts.
- PR Assistant worked with the Governor's EMS Awards Nomination committee to start updating the 2019 Regional EMS Awards nomination forms. In 2019, we will be moving toward an electronic version of the nomination forms for the Regional EMS Councils to use.

Media Coverage

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

- Oct 30, 2018 – Reporter from the Daily Press wanted data on naloxone from pharmacies.

- Nov. 9, 2018 – Reporter with WTVR was working on a story regarding Westmoreland Co. Dept. of Emergency Services investigation.
- Nov. 30, 2018 – Reporter with Huffington Post seeking comment for his story re: alleged "supremacist EMS worker in Va."
- Dec. 11. 2018 – Reporters with The Hill, the Washington Post and The Enterprise requested verification of EMS provider investigation.
- Dec. 12, 2018 – Reporter with CNN requested confirmation of EMS provider investigation. Reporter with NBC Universal requested interview regarding background of state standards for EMTs in Virginia.
- Dec. 20, 2018 –Manager for the Division of Community Health and Technical Resources fielded an email from reporter with InsideNova.com regarding SB 663 medical air transportation.

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 Assistant coordinated two OEMS giving events in October and November:
    - October – "Soctober" event was held for OEMS staff to collect new socks throughout the month to be provided to those in need in the Richmond area.
    - November –the Canned Food Drive event allowed OEMS staff to collect much needed food, which was then donated to an area food bank.
- 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.
    - PR Coordinator and PR Assistant met with the staff in the Division of Community Health and Technical Resources Division to design changes to their new website. PR Coordinator started working on those changes in December.

- 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.
- PR Coordinator assists with FOIA requests as needed.
- 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 October – December:

- **October - December** – 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.

    - Beginning at the end of August, PR Coordinator became the primary for Media Alerts through 2019 until further notice.

    - Beginning in December, PR Coordinator and PR Assistant started providing backup assistance to the Communications Office while office staff is on extended leave.
        - PR Coordinator is responsible for sending out weekly commissioner's email, updating all VDH social media, updating VDH intranet and external VDH website as requested and serve as primary contact for Adobe Stock image requests. Also assists with additional PR requests as needed and serves as a backup for VDH listserv emails.
        - PR Assistant is responsible for updating the VDH New Employees photos for the VDH intranet and coordinating and sending the Commissioner's clinician letters. PR Assistant serves as secondary backup for VDH social media, listserv emails, Adobe Stock image requests.

    - PR Coordinator assists with public relations coverage downtown when Communications Director is out. Sometimes this is done remotely by covering phones or email, other times it is covered by working downtown.

- **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. The PR Assistant serves on the Policies and Procedures Workgroup sub-committee and the PR Coordinator serves on the Social Media sub-committee.

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

- **12/3/18 - OEMS Hosts 39th Annual Virginia EMS Symposium**
  The Virginia Office of Emergency Medical Services (OEMS) recently hosted the 39th Annual Virginia EMS Symposium. The largest EMS training event in the state, and one of the largest in the country, welcomed more than 1,600 registered attendees. The symposium offered 13 course tracks and more than 360 courses, covering everything from hands-on training in trauma, medical and cardiac care to education for pediatrics, operations, and health and safety. More than 22,289 hours of continuing education (CE) credits were issued to EMS providers attending symposium. The EMS Symposium app for Apple and Android devices was also available for download. It included class schedules, course evaluations, important updates, on-site event information and more. This convenient mobile app continues to receive positive reviews from event participants. The training event also included a two-day youth rescue camp for children ages 8 – 12, which taught basic lifesaving skills and the Governor's EMS Awards, which recognized excellence in the field. Many thanks to the entire OEMS staff whose assistance and dedication make this event a continued success. Additional thanks go to staff responsible for preplanning, event coordination and on-site assistance: **Gary Brown**, director; **Scott Winston**, assistant director; **Warren Short**, EMS training manager; **Adam Harrell**, business manager; **Dr. George Lindbeck**, state medical director; **Deborah Akers**, Advanced Life Support training specialist; **Chad Blosser,** training and development coordinator; **Frank Cheatham**, HMERT coordinator; **Billy Fritz,** Basic Life Support training specialist; **Tristen Graves**, public relations assistant; **Irene Hamilton**, executive secretary; **Marian Hunter**, public relations coordinator, and Administrative Office Specialists **Tracie Jones** and **Toni Twyman.** Thanks also go to the following for their support: **Wayne Berry**, **Lakisha Brown, Peter Brown**, **James Burch**, **Samuel Burnette, Patricia Couser, Terry Coy**, **Camela Crittenden, Ed Damerel**, **David Edwards, Tim Erskine, Paul Fleenor**, **Jacqueline Hunter**, **Ron Kendrick, Manoj Madhavan, Stephen McNeer, Karen Owens, Luke Parker, Ron Passmore, Tim Perkins, Heather Phillips-Greene, Linwood Pulling, Keith Roberts, Wanda Street, Robert Swander, Chris Vernovai** and **Scotty Williams**.

- **12/3/18 - Norfolk HD Participates in Flu Shot Clinic at Annual Symposium**
  The Norfolk Health Department, in collaboration with the Hampton Roads Metropolitan Medical Response System (HRMMRS) Strike Team and the Office of EMS, hosted a free flu shot clinic to help prevent and combat the influenza virus during the recent OEMS Symposium. This event was open to all symposium participants, hotel staff and community members. Approximately 170 vaccinations were administered to attendees by the HRMMRS Strike Team EMS providers. There were five HRMMRS EMS Strike Team providers who were in attendance, as well as the Norfolk Health Department's **Nicole Baker**, clinic nurse supervisor, and **Joyce Sample**, immunization program coordinator, who provided skills check-off for the Strike Team members, as well as vaccine monitoring.

Regulation and Compliance

VII. Regulation and Compliance

The Division of Regulation and Compliance performs the following tasks:

- Licensure
  - EMS Agencies and vehicles
- Regulatory Compliance enforcement of:
  - EMS Agencies
  - EMS Vehicles
  - EMS Personnel
  - EMS Physicians
  - RSAF Grant Verification
  - Regional EMS Councils
  - Virginia EMS Education
  - Complaint\Compliance Investigations
  - Drug Diversion Investigations
  - Licensure, Compliance and Regulation (LCR) Database Portal Management
- EMS Physician (OMD/PCD) Endorsements
- Background Investigation Unit
  - Determine eligibility for EMS certification and/or affiliation in Virginia
- EMS Regulation Variance/Exemption application determinations
- Creation and/or revision of EMS Regulation(s)
  - Utilizes 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 fourth quarter, 2018:

EMS Agency/Provider Compliance

Enforcement	2018 1st Quarter	2018 2nd Quarter	2018 3rd Quarter	2018 4th Quarter	2018 Totals	2017 Totals	2016 Totals
Citations	**1**	**3**	**7**	**3**	**14**	**78**	**53**
EMS Agency	0	2	7	0	9	37	23
EMS Provider	1	1	0	3	5	41	30
Verbal Warning	**1**	**1**	**6**	**2**	**10**	**5**	**7**
EMS Agency	1	1	6	0	8	2	3
EMS Provider	0	0	0	2	2	3	4
Correction Order	**0**	**2**	**2**	**1**	**5**	**30**	**62**
EMS Agency	0	2	2	0	4	30	62
EMS Provider	0	0	0	1	1	0	0
Suspension	**12**	**3**	**14**	**11**	**40**	**22**	**36**
EMS Agency	0	0	0	0	0	1	0
EMS Provider	12	3	14	11	40	21	36
Revocation	**0**	**0**	**0**	**0**	**0**	**4**	**4**
EMS Agency	0	0	0	0	0	0	0
EMS Provider	0	0	0	0	0	4	4
Compliance Cases	**21**	**38**	**33**	**51**	**143**	**160***	**121**
EMS Opened	16	17	59	68	160	77*	71
EMS Closed	5	12	39	35	91	53	48
Drug Diversions	**2**	**2**	**5**	**3**	**12**	**20**	**16**
Variances	**8**	**15**	**13**	**18**	**54**	**8***	**16**
Approved	6	10	8	9	33	6	13
Denied	2	4	5	9	20	2*	3

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

Hearings

(2) Administrative Processes Act (APA) Informal Fact Finding Conferences (hearings) held this quarter.

Licensure

Licensure	2018 1st Quarter	2018 2nd Quarter	2018 3rd Quarter	2018 4th Quarter	2017 Total	2016 Total
EMS Agency	600	596	591	607	621	638
New	0	4	2	0	5	6
EMS Vehicles	4154	4211	4229	4243	4,679	4,227
Inspection	612	1114	1161	842	3,089*	3,400
EMS Agency	65	96	76	51	319	222
EMS Vehicles	547	923	930	697	2,278	2,564
Spot	65	75	155	94	492*	563

***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	2018 1st Quarter	2018 2nd Quarter	2018 3rd Quarter	2018 4th Quarter	2018 Total	2017 Total	2016 Total
Processed	1,837	1693	2271	1517	7318	7,633	8,157
Eligible	1,746	1575	1845	1412	6578	6,015	5,916
Non-Eligible	10	13	18	7	48	30	46
Outstanding	23	0	5	10	38	n/a	1,362
Jurisdiction Ordinance	246	359	403	336	1344	1,301	1,167

Regulatory Process Update

OEMS Regulation & Compliance Division continue to work with key EMS stakeholder groups to review suggested revisions to all sections of the current EMS Regulations (Chapter 31).

- **Stage 1** - 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

- The required Town Hall (TH-02) form is complete which details all changes in regulatory language from Chapter 31 to 32 by comparison. This form must be reviewed and approved by VDH executive management before it can be submitted to the Regulatory Town Hall and project 5100 (Chapter 32) officially enters Stage 2 of the Regulatory process.

- **Stage 2** – Once submitted, the TH-02 document for project 5100 (Chapter 32) will initiate the Executive Branch Review process which requires the Office of Attorney General, Department of Planning and Budget, 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 comments will be considered (adopted) and final regulatory language will be revised

- **Stage 3** – Submission of the completed (TH-03) document for project 5100 as the final regulatory package via the Town Hall to again receive a repeat Executive Branch review and final public comment period before adoption into law.

EMS Physician Endorsement

Number of Endorsed EMS Physicians: As of December 31, 2018: 234

Regional OMD workshops were conducted during Q4 in Norfolk and Gloucester, Virginia. The scheduled 2019 OMD workshops are posted on the Virginia Office of EMS website at http://www.vdh.virginia.gov/emergency-medical-services/other-ems-programs-and-links/ems-medical-directors/ems-medical-director-ce-workshops/

Interested OMD's can contact the Office to register for an 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 via enhanced OMD portal access upgrades. One Log In for all OMD roles!

Additional Regulation & Compliance Division Work Activity

- The Regulation and Compliance division staff held their bi-monthly staff meeting on December 5-7, 2018 in Glen Allen, Virginia. The next divisional staff meeting is scheduled for February 20-22, 2018 in Glen Allen, Virginia.

- Division staff have provided technical assistance and conducted educational presentations to EMS agencies, Education Coordinator (EC) Institutes and updates, 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.

- **Reminder of Regulatory Change** effective November 02, 2018. The term "affiliation" was returned to regulatory language in 12VAC5-31-910 A & B as follows: *Application for affiliation or certification of individuals….*

Once again all members joining 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 no longer meet eligibility requirements as of November 2nd may not continue affiliation or participate in any way with a licensed EMS agency or onboard a OEMS licensed 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 within the second quarter of 2019. Details of how fingerprints will be submitted to the OEMS after this date are being determined now and will be announced as soon as possible. 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 restructuring our team to enhance and improve both service delivery and division efficiency. We are converting from an independent (silo) structure to a team based supportive 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

Eric Richardson
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 (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) – *South Virginia*

Paul Fleenor (Paul.Fleenor@vdh.virginia.gov) – *Western Virginia*

Ron Kendrick (Ron.Kendrick@vdh.virginia.gov) – *Far Southwest Virginia*

Steve McNeer (Stephen.McNeer@vdh.virginia.gov) – *Greater Richmond Area Virginia*

Supervisor, Heather Phillips (Heather.Phillips@vdh.virginia.gov) – *No. Central Virginia*

Wayne Berry (Wayne.Berry@vdh.virginia.gov) – *Coastal Virginia*

Scotty Williams (Scotty.Williams@vdh.virginia.gov) – *Northern Virginia*

Doug Layton (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, compliance and 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 and EMS administrators.

Trauma and Critical Care

VIII. Trauma and Critical Care

Patient Care Informatics

- Virginia Elite Updates

    - EMS agency leadership are being contacted by email and certified mail to remind them of the annual requirement to update their agency Demographic data as outlined in the Virginia Data Dictionary as per § 32.1-116.1. Section B in the Code of Virginia. The deadline for completion is close of business on ***March 31, 2019***. A very detailed process document is posted here on the OEMS Support Knowledgebase.

    - In response to the previous Governor's Executive Order that state agencies utilize the cloud environment, VDH's Chief Information Officer has given OEMS permission to work with ImageTrend and the Virginia Information Technology group (VITA) to develop a plan to transition our data systems from the local, physical server environment back to the ImageTrend hosted cloud environment. ImageTrend is working on the VITA required security documentation application in order to receive approval to proceed. As this security process can take 4-6 months, OEMS is working to add additional physical servers locally in order to improve processes and decrease system downtimes.

- **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 submitted to the Elite system.

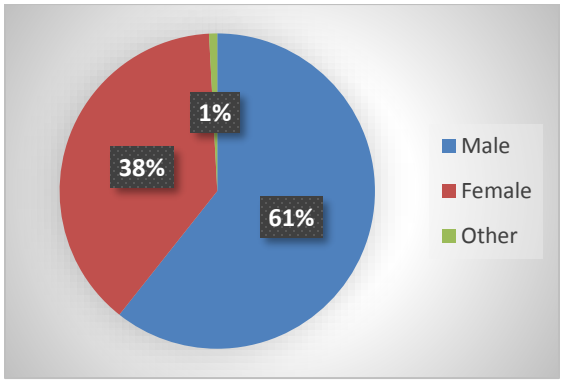
        - The latest Data Quality Report and Data Submission Compliance Reports can be found on the Knowledgebase here: Knowledgebase - Data Submission Report

Virginia Agency Validity Scores- Overall	October	November	December
Excellent (98-100)	308	342	336
Good (95-97.99)	54	48	47
Poor (< 95)	55	46	48
Failed to submit	110	87	94

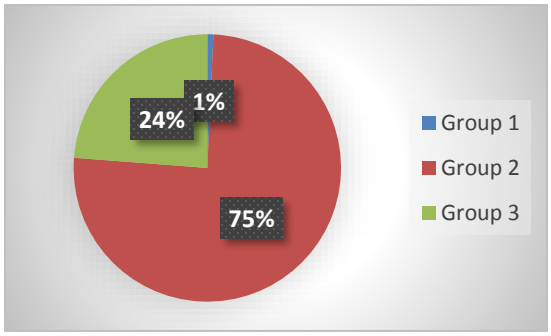
Average Incident Validity Score by EMS Council			
	Fourth Quarter 2018		
	October	November	December
Blue Ridge	95.3	96.7	96.5
Central Shenandoah	99.4	99.6	99.7
Lord Fairfax	98.9	98.5	98.8
Northern VA	97.8	98.2	98.5
Old Dominion	97.1	97.4	98.1
Peninsulas	97	97.1	97
Rappahannock	99.4	99.6	98.7
Southwest	93.7	93.7	92.5
Thomas Jefferson	96	95.8	94.9
Tidewater	93.6	96	95.3
Western	97.6	98.7	98.8

- **Opioid Data:** The VDH Addiction Work Group coordinates data resources used in the development of strategies to combat opiate related drug overdose deaths in the Commonwealth. EMS data is playing a key role in the prevention process and we provide monthly Narcan usage reports to VDH leadership, Health District Managers and Regional Council Directors as a part of the ongoing surveillance efforts. OEMS also contributes EMS data to the CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) program. The most recent quarterly report is on the Virginia Department of Health website at Opioid Addiction – Data.

    - **October 2018-December 2018 Narcan Administration Highlights**



EMS administered Narcan in 1,787 responses during the 4th quarter. Males accounted for the majority responses at 1084. Females accounted for 688 and 15 had missing or Not Reported fields.



Group 1 =< 16 years
Group 2 = 16-59.99 years
Group 3 = > 60 years

Of the 1787 calls that included Narcan administration, 951 of those (53.2%) patients had an "Improved" response documented.

EMS Narcan Administrations with Improved Response by Health District for October-December 2018.

Narcan Surveillance Summary Report - EMS Patients with Improved Narcan Response, VA, October 2018

VDH Health District	Week 1 (10/1-7)	Week 2 (10/8-14)	Week 3 (10/15-21)	Week 4 (10/22-28)	Week 5 (10/29-31)	Grand Total
Alexandria		1		2		3
Alleghany	4	3	1	2	1	11
Arlington	1	2	2		1	6
Central Shenandoah	1		4		1	6
Central Virginia	1		1	2	1	5
Chesapeake	1		3	2	1	7
Chesterfield	10	6	5	1	3	25
Chickahominy	4		4	3	1	12
Crater	3	4	1	1		9
Cumberland Plateau	2			1	1	4
Eastern Shore		1	1	1		3
Fairfax	7	6	4	3	2	22
Hampton			1	1	1	3
Henrico	7	4	4	4		19
Lenowisco		1	2			3
Lord Fairfax	4	6	4	2	1	17
Loudoun				1	1	2
Mount Rogers			1	1		2
New River	3	1				4
Norfolk	1					1
Peninsula	5	4	2	3	1	15
Piedmont	1			1		2
Pittsylvania/Danville		1	1	1		3
Portsmouth	1	2	1	1		5
Prince William	4	3	4	2	1	14
Rappahannock	7	3	5	5	1	21
Rappahannock/Rapidan	1	1	1			3
Richmond	12	13	12	7	3	47
Roanoke	8	3	11	8	1	31
Southside	3		2	1		6
Thomas Jefferson	3	4	3	1		11
Three Rivers				1		1
Virginia Beach	5	3	1	2	1	12
West Piedmont		1	2	1	1	5
Western Tidewater	2		3	1	1	7
Grand Total	**101**	**73**	**86**	**62**	**25**	**347**

Note: Data is compiled from patient medical records submitted to the Virginia Pre-Hospital Information Bridge (VPHIB) program with the Virginia Department of Health, Office of Emergency Medical Services (OEMS), Division of Trauma/Critical Care for October 2018 as of 11/13/2018.

** Report is for the use of VDH staff and designated personnel only. Please do not share with external agencies unless specific permission has been granted. **

Narcan Surveillance Summary Report - EMS Patients with Improved Narcan Response, VA, November 2018

VDH Health District	Week 1 (1-7)	Week 2 (8-14)	Week 3 (15-21)	Week 4 (22-28)	Week 5 (29-30)	Grand Total
Alexandria			1		1	2
Alleghany	3	1	2	2	1	9
Arlington			2	1		3
Central Shenandoah	1	1				2
Central Virginia	1	3	2	2	1	9
Chesapeake	1	1		3		5
Chesterfield	4	4	11	5		24
Chickahominy		1	2	2		5
Crater	4	3	1	4	2	14
Cumberland Plateau	3	2				5
Eastern Shore	2		2			4
Fairfax	3	3	9	9	4	28
Hampton	1		1			2
Henrico	2		4	7	1	14
Lenowisco						
Lord Fairfax	2	4	7	1		14
Loudoun					1	1
Mount Rogers			1			1
New River			1	1		2
Norfolk	1	3	1	2		7
Peninsula	5	3	3	3		14
Piedmont		1	2			3
Pittsylvania/Danville	1					1
Portsmouth		1	3	4	1	9
Prince William	5	3	3	2		13
Rappahannock	4	7	6	3		20
Rappahannock/Rapidan	4	4		3	1	12
Richmond	10	7	6	9	1	33
Roanoke	7	3		2		12
Southside	2	3	2			7
Thomas Jefferson		1	1		1	3
Three Rivers						
Virginia Beach	3	1	4		2	10
West Piedmont	1			2	1	4
Western Tidewater	1		1	3	2	7
Grand Total	**71**	**60**	**78**	**70**	**20**	**299**

Note: Data is compiled from patient medical records submitted to the Virginia Pre-Hospital Information Bridge (VPHIB) program with the Virginia Department of Health, Office of Emergency Medical Services (OEMS), Division of Trauma/Critical Care for November 2018 as of 12/17/2018.

** Report is for the use of VDH staff and designated personnel only. Please do not share with external agencies unless specific permission has been granted. **

Narcan Surveillance Summary Report - EMS Patients with Improved Narcan Response, VA, December 2018

VDH Health District	Week 1 (1-7)	Week 2 (8-14)	Week 3 (15-21)	Week 4 (22-28)	Week 5 (29-31)	Grand Total
Alexandria	2		1	1	1	5
Alleghany	1	2	2			5
Arlington		3	5	2	2	12
Central Shenandoah	4	1		2	3	10
Central Virginia	2	2	2	2		8
Chesapeake	1		2	1	2	6
Chesterfield	5	7	5	5	6	28
Chickahominy	1	3	1	2		7
Crater	3	3	2	1		9
Cumberland Plateau		2				2
Eastern Shore	2	1	1			4
Fairfax	2	3	9	8	2	24
Hampton	2	1	4			7
Henrico	3	4	3	1	3	14
Lenowisco	1					1
Lord Fairfax	3	4	3	3		13
Loudoun		1		2	1	4
Mount Rogers	1	1	3			5
New River			1			1
Norfolk	1	1		1	1	4
Peninsula	2	2	2	6		12
Piedmont		1	1		1	3
Pittsylvania/Danville		2		1		3
Portsmouth	2	2	1	3		8
Prince William	6	3	1	3	4	17
Rappahannock	2	3	5	1	2	13
Rappahannock/Rapidan	2	2	1	1	2	8
Richmond	7	6	8	4	4	29
Roanoke			2	1	1	4
Southside	1	2		1		4
Thomas Jefferson	2	1	1	3		7
Three Rivers	1	3			1	5
Virginia Beach	4	3	1	2	2	12
West Piedmont	2	2		1		5
Western Tidewater	2	2		1	1	6
Grand Total	**67**	**73**	**67**	**59**	**39**	**305**

Note: Data is compiled from patient medical records submitted to the Virginia Pre-Hospital Information Bridge (VPHIB) program with the Virginia Department of Health, Office of Emergency Medical Services (OEMS), Division of Trauma/Critical Care for December 2018 as of 01/09/2019.

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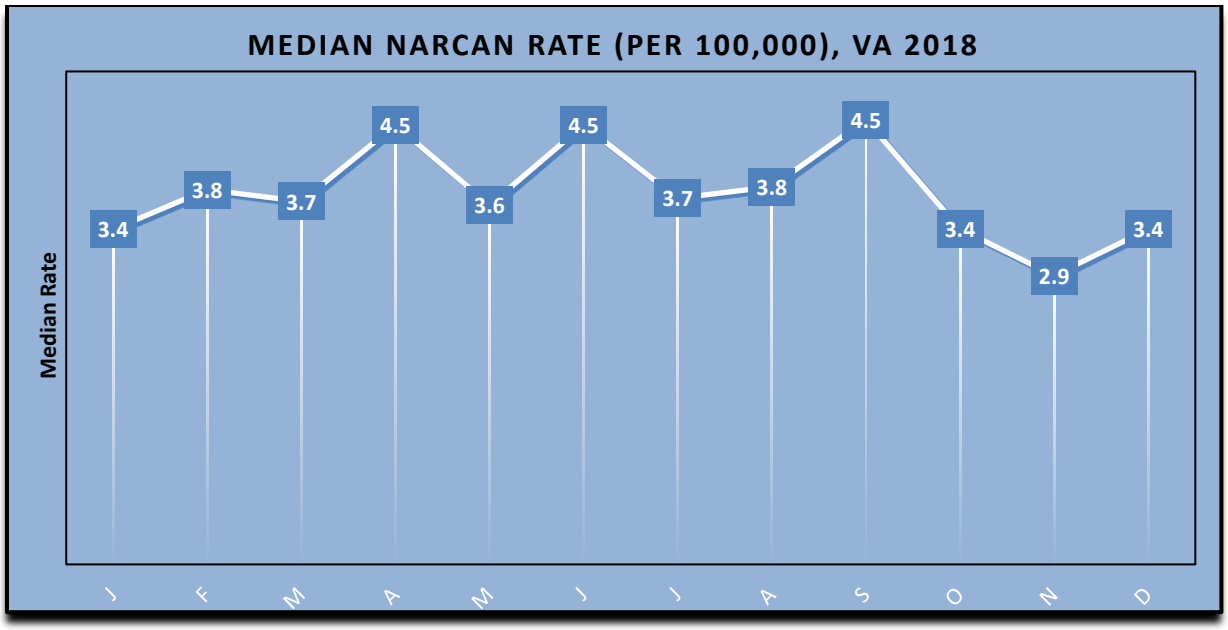
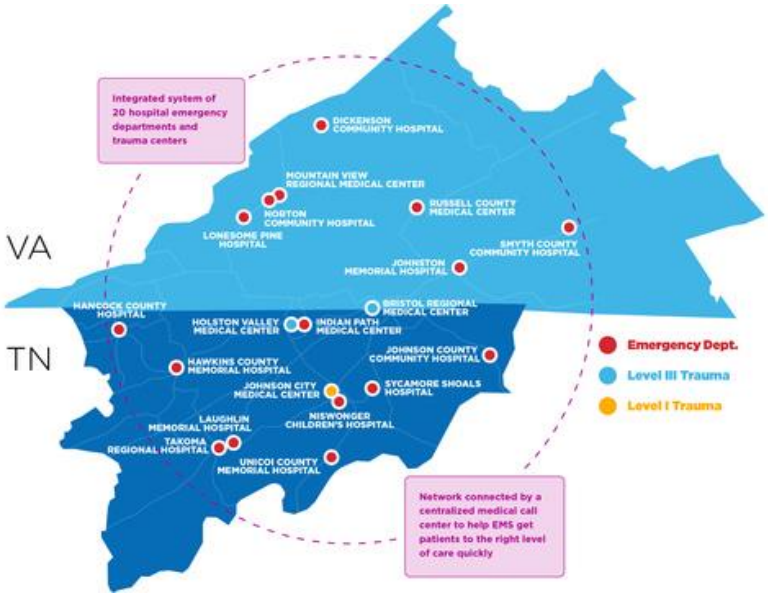
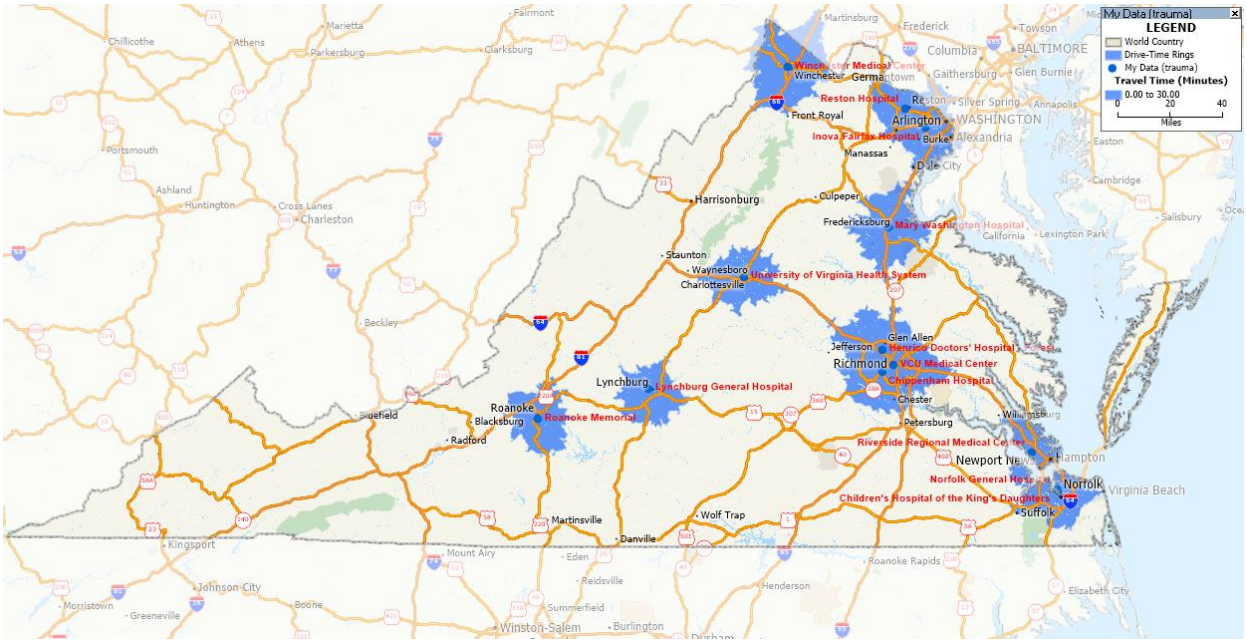


Trauma and Critical Care

- Ballad Health
  - In early November 2018, OEMS became aware of Tennessee Ballad Health's planned trauma system changes that will affect Virginia EMS agencies and citizens in Southwest Virginia. The initial timeline is for the changes to take effect the first quarter of 2020.
    - Holston Valley Medical Center voluntarily downgrading from a Level 1 trauma center to a Level 3 trauma center
    - Bristol Regional Medical Center voluntarily downgrading from a Level 2 trauma center to a Level 3 trauma center
    - Johnson City Medical Center will remain the health systems only Level 1 trauma center



Post implementation infographic provided by Ballad Health

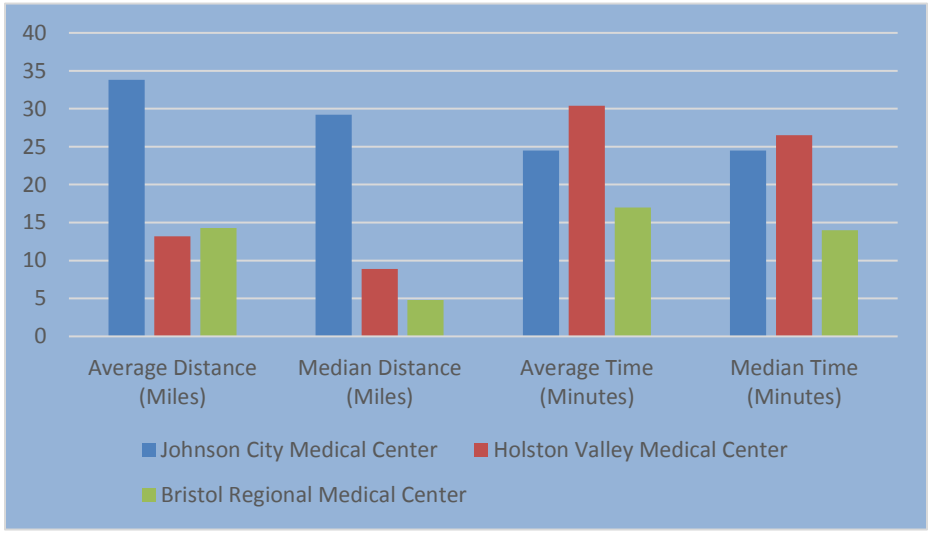


Level I and Level II trauma centers in Virginia with 30 minute drive times plotted

- OEMS and VDH staff met with Ballad Health System leadership in Richmond to discuss the transition timeline and to develop strategies to lessen the impact to Virginia. Greg Woods, Executive Director at the Southwest Regional EMS Council, is in active communication with the system as required in the COPA agreement between Ballad Health and VDH and the Commonwealth of Virginia.

- Using EMS data from November 1, 2017 through October 31, 2017 OEMS did a pre implementation analysis of the potential impact. In the one year time period Virginia EMS agencies transported 161 patients that met trauma triage criteria for a Level 2 center or above. (Only three of these patients were taken directly to Johnson City Medical Center).

- Based on the number of patients that needed at least level II care, and an analysis of distance and time from scene to destination, it appears that 160 of those patients would have had to travel at least 20 additional miles (median miles) to receive the level of care they required.



- Ballad Health has agreed to participate in the Virginia State Trauma Registry and will enter patient data into the system for any trauma patients that arrive to their facilities via Virginia EMS agencies. OEMS is continuing to work with Ballad representatives during this planned transition.

- Trauma System Committees

  - In accordance with the updated EMS Advisory Board by-laws, the Trauma System Oversight & Management Committee, including its Trauma System Plan

Task Force, has been disbanded. In TSO&MC' s place are now 7 Trauma System Committees (TSCs):

- Trauma Administrative and Governance Committee (TAG)
- System Improvement Committee (SIC)
- Violence and Injury Prevention Committee (IVP)
- Prehospital Care Committee (PCC)
- Acute Care Committee (ACC)
- Post-Acute Care Committee (PAC)
- Emergency Preparedness and Response Committee (EPR)

- Each Committee has its own goals and objectives spelled out in the Commonwealth of Virginia Trauma System (COVATS) Plan, approved by the EMS Advisory Board. The Plan also specifies the number of seats on each Committee and the qualifications of the appointees for each seat (trauma surgeon, emergency nurse, hospital administrator, ground EMS provider, etc.).

- Two mechanisms are incorporated into the Committee structure to prevent "silo issues", working at cross-purposes / having conflicting objectives, or duplication of efforts:

  - First, all Committees report "up" to the Trauma Administrative and Governance Committee. TAG operates as the coordinator/clearinghouse for ideas and arbiter of conflicts that may arise between the other TSCs;
  - Second, each TSC has on their roster members of other TSCs with potentially overlapping interests. For example, members of the Acute Care Committee sit on the Prehospital Care Committee and the Post-Acute Care Committee, and vice versa. These are referred to as "cross over" seats.

- The COVATS Plan describes 105 seats for the seven Committees.
  - 82 appointed seats
  - 23 cross-over seats

- Through October and November 2018, nominations for appointees were solicited from the wider trauma and emergency medicine communities, as well as the other specialty fields that were in the seat qualification descriptions. Self-nomination and nominations of others were both welcomed.

  - 108 names were submitted for 63 seats;

        - 19 seats had no nominations at the time of the initial round of appointments.

- The first nominal TSC meeting was held December 6, 2018. Former members of TSO&MC, the Trauma System Plan Task Force, current nominees and other interested parties were invited and in attendance. Appointments to the TSCs were made by the Advisory Board's Trauma System Coordinator, Dr. Michel Aboutanos. After the 63 seats with nominees were filled, the Committees met informally for introductions and to review their upcoming goals and objectives.
- The first formal meeting of the TSCs will be held in conjunction with the February meeting of the EMS Advisory Board and its other Committees.
- Below is the current roster of members as of January 24, 2019. Please welcome the newcomers to our group.

	Last Update:	Thursday, January 24, 2019		
Name, La	Name, Fi	E-mail	Committ	Seat
Arnold	Shelly	shelly.arnold@hcahealthcare.com	ACC	TC Admin
Broering	Beth	beth.broering@vcuhealth.org	ACC	Level I
Brown	Kelly	kelly.brown@centrahealth.com	ACC	Level II
Collier	Bryan	brcollier@carilionclinic.org	ACC	Level I
Cooper	Sonia	sbcooper@sentara.com	ACC	Burn
Ferguson	Pier	pier.ferguson@telpage.net	ACC	NTC
Goode	Terral	tgoode@valleyhealthlink.com	ACC	Level II
Lee	Tracy	tracey_lee@chs.net	ACC	Level III
Peterson	Cathy	catherine.peterson@chkd.org	ACC	Pediatrics
Stephenson	Keith	KRStephenson@carilionclinic.org	ACC	Level III
Young	Jeff	jsy2b@virginia.edu	ACC	Chair
Ashley	Patrick	Patrick.ashley@vdh.virginia.gov	EPR	Reg. HC Coord.
Bartle	Sam	samuel.bartle@vcuhealth.org	EPR	EMSC
Clinedinst	Ron	clinedinstconsulting@gmail.com	EPR	Reg. HC Coord.
Cowling	Michelle	mcowling@vaems.org	EPR	Reg. HC Coord.
Day	Mark	mdday@sentara.com	EPR	Chair
Dowler	Keith	keith.dowler@inova.org	EPR	Reg. HC Coord.
Feldman	Michael	michael.feldman@vcuhealth.org	EPR	Burn
Gray	Dan	dangray@bvu.net	EPR	Reg. HC Coord.
Hawkins	Robert	rhawkins@vaems.org	EPR	Reg. HC Coord.
Nowlin	Erin	erin.nowlin@central-region.org	EPR	Reg. HC Coord.
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Asthagiri	Heather	HLP5D@hscmail.mcc.virginia.edu	PAC	Rehab MD
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Garnett	Mike	mgarnett@vaems.org	PHC	EMS Educator
Laird	Michael	mlaird@arlingtonva.us	PHC	LEO
McKay	Tim	mckayt@chesterfield.gov	PHC	Fire Chief
Perry	Wayne	wperry@vaems.org	PHC	Reg EMS Council
Ruble	Derrick	derrick.ruble@tcsova.org	PHC	911 Comms
Rumsey	Kelley	kelley.rumsey@vcuhealth.org	PHC	Peds TPM
Sikora	Mark	msikora@orangecountyva.gov	PHC	Ground EMS
Stanley	Sherry	sgmosteller@carilionclinic.org	PHC	Adult TPM
Szymczyk	Richard	rszymczyk@lifecare94.com	PHC	Ground CCT
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Yee	Allen	yeea@chesterfield.gov	PHC	MDC
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Watkins	Susan	watfarms@aol.com	TAG	Citizen

- **Trauma Center Updates**

    - Verifications
        - Winchester Medical Center underwent a triennial verification review of its Level II trauma center. Results are pending;
        - Sentara Norfolk General Hospital underwent a triennial verification review of its Level I adult trauma center. Results are pending;
    - Provisional Designation
        - Sentara Norfolk General Hospital underwent a provisional designation review to become a Level IB burn center. Results are pending;
    - Upcoming Trauma Center Site Reviews
        - Chippenham Hospital, Level I provisional designation review, April 30, 2019
        - Lewis Gale Hospital - Montgomery, Level III verification, April (date TBD)
        - Henrico Doctor's Hospital - Forest, Level II verification, June (date TBD)

EMS for CHILDREN (EMSC) PROGRAM

Continuing EMSC recommendations to Virginia hospital Emergency Departments:

- 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, and patient safety.*
- Ensure *pediatric* patients are included in the quality improvement process.
- Review and/or adopt *pediatric safety policies* (radiation dosing, medication dosages, abnormal VS).

Current inventory of child restraint systems shipping now.

EMS agency leaders with interest in receiving Quantum ACR-4 child restraint systems need to contact the EMS for Children program (david.edwards@vdh.virginia.gov) with their requests, as the last of the current inventory is being shipped out now to EMS agencies. Additional ACR-4's will be procured in the very near future. EMS agencies are strongly encouraged to adopt safety policies and procedures requiring the use of child restraints by their providers, and the Virginia EMSC program is available to assist in this.

Symposium Pediatric Registration Awards a success!

30 EMS providers attended last November's 39th Virginia EMS Symposium as guests of the EMS for Children program, as their registration fee of $189 was taken care of by EMSC funding (they also had to sign up for at least 3 pediatric track offerings). Many of the awardees stopped by the "EMSC Booth" outside the vendor hall and expressed their gratitude, and several commented that they would not have been able to attend had it not been for that support. Additionally, a lot of interest was generated for the *pediatric coordinator* role that EMSC would like each agency (or groups of small agencies) to designate.

EMSC "Boot Camp" concept developing.

Plans are underway to develop several modules of an EMSC Boot Camp that would debut at the 2019 EMS Symposium. So far, module topics include the following.

- "EMS Agency Pediatric Coordinator"
- "Pediatric Skills Verification"
- "EMS Agency Pediatric Readiness"

We will be working with the Division of Educational Development staff at OEMS (and input from other state EMSC programs) as we evolve these subjects into curriculum.

Fifteen articles touting EMSC in one issue…

The *September 2018* issue (https://www.sciencedirect.com/journal/clinical-pediatric-emergency-medicine/vol/19/issue/3) of Clinical Pediatric Emergency Medicine (CPEM) is a tour de force for the EMS for Children Program. Many EMSC leaders contributed to the success of this compilation, which highlights the many activities and achievements of the EMSC Program and the significant progress made over the last three decades. Meeting the needs of children across the entire emergency care continuum requires that focus be at once broad and narrow. With many projects and programs working simultaneously, grasping the full scope of EMS for Children can be difficult. However, this issue of CPEM provides an overview of the larger network *working in sync* to improve emergency care for children across the United States. Specific topics covered in this issue include Injury Prevention Efforts, Disaster Preparedness, Pediatric Readiness, Workforce Innovation, Prehospital Pediatric Emergency Care, Quality Improvement Science, Role of Nurses in EMSC, Knowledge Translation, Transitions of Care, Analytics and Measurement, Trauma Management, and Engagement with the Family Advisory Network.

Emergency Nursing Pediatric Course Updated.

The Emergency Nurse's Association (ENA) has launched its updated Emergency Nursing Pediatric Course (ENPC) 5th edition, featuring significantly revised content, multi-platform learning with a comprehensive five-color provider manual, interactive pre-course online modules and instructor-led activities. New in this edition, participants work through classroom case-scenario based content and an online avatar-driven simulation experience. The fifth edition also includes patient experience videos, which allow learners to hear directly from pediatric patients and their caregivers. ENPC focuses on the most current fundamental pediatric emergency nursing information, along with added content on issues such as dermatological and environmental emergencies, human trafficking, allergies and more. The Virginia EMSC Program works to facilitate access to this excellent course, and at times will provide books, fees and instructor support.

"Stop the Bleed" toolkit evolves.

Virginia EMSC continues to collaborate with the *VA Department of Education*, the *Central VA Coalition to Stop the Bleed*, and the *School Nurses Institute Partnership* to develop 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). School nurses 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. The Planning Committee for "STB in Virginia Public Schools Scenario Day" will meet January 25, 2019 at the VA Public Safety Training Center in Hanover.

EMSC State Partnership Grant.

- 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. The Committee last met January 3, 2019 at the OEMS offices in Glen Allen and worked a full agenda. The Special Presentation at this meeting came from Bob Page, well-known national EMS educator, who now resides in Virginia. Bob offered a vision of how pediatric preparedness might advance in Virginia by using mobile simulation training ("Upping the Game for Pediatric Education"). The EMSC Committee next meets again April 3, July 11 and October 3, 2019 (location to be determined).

- EMSC Coordinator David Edwards will attend a required workshop in late February titled "Using Pediatric NEMSIS Data to Drive Quality Improvement."

MARK YOUR PEDIATRIC CALENDAR…

- **2019 Preparedness Summit** -- March 26-29, 2019, in St Louis, MO. Registration is open for the Summit: http://www.preparednesssummit.org/home. The Summit features experts from the health care and emergency management fields and public health preparedness professionals to address the gaps between these representatives to facilitate collaborations when planning for emerging threats.

- **Advanced Pediatric Emergency Medicine Assembly** --March 19-21 2019 at Disneyland, Anaheim, CA. Hosted by ACEP and AAP. Link to meeting information: https://www.acep.org/pem/. Whether you want to brush up on your pediatric emergency medicine skills or you want to take your dual-boarded training to the next level, you will find a wide range of valuable content.

    - Receive clinical updates that offer the latest scientific advances
    - Scan recent literature for evidence-based diagnosis and management tools
    - Learn from the most respected names in pediatric emergency medicine
    - Gain confidence to make difficult situations less stressful
    - Enhance your ability to treat even the most complicated patient

- **2019 AAP Legislative Conference.** The 2019 AAP Legislative Conference will take place April 7 – 9 in Washington, DC. Each year, the conference brings together pediatricians who share a passion for child health advocacy. Activities include skills-building workshops, guest speakers, learn about policy priorities and go to Capitol Hill to

urge Congress to support strong child health policies. To be notified when registration for the 2019 conference opens, please email LegislativeConference@aap.org.

- **Pediatric Academic Societies**: April 24-May 1, 2019, Baltimore, MD.

- **Joint Commission 2019 Emergency Preparedness Conference** will meet in Washington DC, April 23 & 24, 2019. Registration open.

- **National Association of State EMS Officials (NASEMSO)**: May 13-16, 2019, Salt Lake City, UT.

- **Society for Academic Emergency Medicine**: May 14-17, 2019, Las Vegas, NV.

- ***EMSC: A Journey to Improve Pediatric Emergency Care.*** August 19-22, 2019, Hilton Crystal City in Arlington VA. This EMSC Program conference is an opportunity to interact with EMSC colleagues across the grant spectrum. Watch this page and your email for further details.

- **40th Annual Virginia EMS Symposium:** November 6-10, 2019, Norfolk, VA. This is truly one of the nation's premier educational opportunities for EMS providers and Registered Nurses to obtain continuing education and network. Extra care and effort is planned to make the 40th anniversary something special.

Suggestions/Questions

Please submit suggestions or questions related to the Virginia EMSC Program to David P. Edwards via email (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

2019 OEMS Legislative Grid
January 28, 2019

Bills	Committee	Last action	Date
HB 777 - Ransone - Emergency air medical transportation; informed decision.	(H) Committee on Health, Welfare and Institutions	(H) Left in Health, Welfare and Institutions	11/30/18
HB 1662 - Head - Child restraint devices and safety belts; exempts emergency and law-enforcement vehicles.	(H) Committee on Transportation (S) Committee on Transportation	(S) Referred to Committee on Transportation	01/24/19
HB 1665 - Hayes - Court-established community service programs; community service work in lieu of payment of fine,etc.	(H) Committee for Courts of Justice	(H) Subcommittee recommends laying on the table (8-Y 0-N)	01/23/19
HB 1690 - Simon - Line of Duty Act; Metropolitan Washington Airports Authority police officers.	(H) Committee on Appropriations	(H) Subcommittee recommends striking from docket (7-Y 0-N)	01/24/19
HB 1694 - Reid - Virginia Retirement System; E-911 dispatchers.	(H) Committee on Appropriations	(H) Subcommittee recommends laying on the table (4-Y 3-N)	01/17/19
HB 1706 - Kory - Workers' compensation; declares PTSD suffered by a first responder as an occupational disease, etc.	(H) Committee on Commerce and Labor	(H) Subcommittee recommends laying on the table (4-Y 1-N)	01/22/19
HB 1711 - Herring - Motor vehicle registration, licensing, and certificates of title statutes; reorganization, etc.	(H) Committee for Courts of Justice	(H) Subcommittee recommends reporting (8-Y 0-N)	01/23/19
HB 1782 - Jones, J.C. - Court-established community service programs; community service work in lieu of payment of fine,etc.	(H) Committee for Courts of Justice	(H) Assigned Courts sub: Subcommittee #1	01/22/19
HB 1872 - Webert - Motorcycles and autocycles;	(H) Committee on Transportation	(H) Subcommittee failed to recommend reporting (2-Y 8-N)	01/22/19

protective helmets, organ donor exemption.			
HB 1943 - Bell, Robert B. - Chief Medical Examiner; process for testing certain blood samples.	(H) Committee on Health, Welfare and Institutions	(H) Subcommittee recommends laying on the table (7-Y 0-N)	01/24/19
HB 1998 - Price - HIV or hepatitis B or C viruses; exposure to bodily fluids, infection, expedited testing.	(H) Committee for Courts of Justice	(H) VOTE: BLOCK VOTE PASSAGE (97-Y 0-N)	01/25/19
HB 1999 - Price - Emergency Management, Department of; responsibilities of political subdivisions.	(H) Committee on Militia, Police and Public Safety	(H) Assigned MPPS sub: Subcommittee #2	01/15/19
HB 2004 - Aird - Community health worker; VDH to approve one or more entities to certify workers in the Commonwealth.	(H) Committee on Appropriations	(H) Assigned App. sub: Health & Human Resources	01/24/19
HB 2093 - Guzman - Virginia Fire Services Board; changes membership.	(H) Committee on General Laws	(H) Reported from General Laws (22-Y 0-N)	01/24/19
HB 2114 - Plum - License plates, special; members of the International Association of Fire Fighters.	(H) Committee on Transportation	(H) Reported from Transportation (22-Y 0-N)	01/24/19
HB 2133 - Jones, J.C. - Emergency Management, Virginia Department of; annual reporting requirements.	(H) Committee on Militia, Police and Public Safety	(H) Reported from Militia, Police and Public Safety with amendments (21-Y 0-N)	01/25/19
HB 2158 - Plum - Naloxone; expands list of individuals who may dispense.	(H) Committee on Health, Welfare and Institutions	(H) Subcommittee recommends reporting with substitute (10-Y 0-N)	01/23/19
HB 2263 - Krizek - Firefighters and Emergency Medical Technicians Procedural Guarantee Act; breach of procedures.	(H) Committee for Courts of Justice	(H) Subcommittee recommends reporting with substitute (6-Y 0-N)	01/23/19
HB 2277 - Hayes - Driver's license; suspensions for certain non-driving related offenses.	(H) Committee for Courts of Justice	(H) Subcommittee recommends passing	01/23/19

		by indefinitely (5-Y 3-N)	
HB 2281 - Filler-Corn - Workers' compensation; occupation disease presumptions, PTSD.	(H) Committee on Commerce and Labor	(H) Assigned C & L sub: Subcommittee #2	01/15/19
HB 2488 - Lopez - Driver's license; suspension for nonpayment of fines or costs.	(H) Committee for Courts of Justice	(H) Subcommittee recommends passing by indefinitely (5-Y 3-N)	01/23/19
HB 2513 - Hugo - Workers' compensation; occupation disease presumptions, PTSD.	(H) Committee on Commerce and Labor	(H) Assigned C & L sub: Subcommittee #2	01/15/19
HB 2762 - Bulova - Firefighting foam management; VDFP to assist local municipal fire departments, etc.	(H) Committee on Agriculture, Chesapeake and Natural Resources	(H) Assigned ACNR sub: Subcommittee #3	01/21/19
HJ 635 - Peace - Commending Black Creek Volunteer Fire Department.		(S) Laid on Clerk's Desk	01/15/19
HJ 646 - Mullin - First Responders Day.	(H) Committee on Rules	(H) Assigned Rules sub: Subcommittee #2	01/17/19
HJ 653 - Gooditis - Health, Department of; naloxone storage and access, report.	(H) Committee on Rules	(H) Assigned Rules sub: Subcommittee #1	01/17/19
HJ 686 - Sullivan - Commending Arlington County Fire Department Station 8.		(S) Agreed to by Senate by voice vote	01/23/19
HJ 694 - LaRock - Virginia State Police; air emergency medical services, report.	(H) Committee on Rules	(H) Assigned Rules sub: Subcommittee #1	01/17/19
SB 1012 - Chase - Firefighters, emergency medical services personnel, etc.; carrying a concealed weapon.	(H) Committee on Militia, Police and Public Safety (S) Committee for Courts of Justice	(H) Referred to Committee on Militia, Police and Public Safety	01/24/19
SB 1013 - Stanley - Driver's license; suspension for nonpayment of fines or costs.	(S) Committee on Finance	(S) Read third time and passed Senate (36-Y 4-N)	01/25/19

SB 1149 - DeSteph - DCJS; training standards, recognition of and response to post-traumatic stress.	(S) Committee for Courts of Justice	(S) Passed by indefinitely in Courts of Justice with letter (15-Y 0-N)	01/21/19
SB 1177 - McPike - Virginia Health Club Act; automated external defibrillator required in health clubs.	(S) Committee on Commerce and Labor	(S) Referred to Committee on Commerce and Labor	01/03/19
SB 1183 - Stuart - Toll facilities, certain; free use by emergency medical services vehicles.	(H) Committee on Transportation --- (S) Committee on Transportation	(H) Assigned Transportation sub: Subcommittee #2	01/25/19
SB 1220 - Newman - School crisis, emergency management, and medical emergency response plans; development and review.	(H) Committee on Militia, Police and Public Safety --- (S) Committee on Education and Health	(H) Referred to Committee on Militia, Police and Public Safety	01/18/19
SB 1226 - Chase - Community paramedics; State Board of Health to adopt regulations governing practice.	(S) Committee on Education and Health	(S) Passed by indefinitely in Education and Health (15-Y 0-N)	01/24/19
SB 1310 - Edwards - Driver's licenses; suspensions for certain non-driving related offenses.	(S) Committee for Courts of Justice	(S) Incorporated by Courts of Justice (SB1013-Stanley) (14-Y 0-N)	01/14/19
SB 1338 - Reeves - Toll facilities, certain; free use by emergency medical services vehicles.	(S) Committee on Transportation	(S) Incorporated by Transportation (SB1183-Stuart) (11-Y 0-N)	01/16/19
SB 1474 - Deeds - License plates, special; members of the International Association of Fire Fighters.	(H) Committee on Transportation --- (S) Committee on Transportation	(H) Assigned Transportation sub: Subcommittee #3	01/25/19
SB 1494 - Edwards - Firefighters and Emergency Medical Technicians Procedural Guarantee Act; breach of procedures.	(S) Committee on General Laws and Technology	(S) Referred to Committee on General Laws and Technology	01/08/19

SB 1612 - Ebbin - Driver's license; suspension for nonpayment of fines or costs.	(S) Committee for Courts of Justice	(S) Incorporated by Courts of Justice (SB1013-Stanley) (14-Y 0-N)	01/14/19
SB 1613 - Ebbin - Driver's license; suspensions for certain non-driving related offenses.	(S) Committee on Finance	(S) Passed Senate (38-Y 2-N)	01/25/19
SB 1625 - McPike - Statewide Fire Prevention Code; changes definition of permissible fireworks.	(S) Committee on General Laws and Technology	(S) Referred to Committee on General Laws and Technology	01/09/19
SB 1667 - Dance - Child support; nonpayment, amount of arrearage paid, suspension of driver's license.	(S) Committee for Courts of Justice	(S) Referred to Committee for Courts of Justice	01/10/19
SB 1784 - Boysko - Traffic incident management vehicles; vehicles equipped with flashing red and white lights.	(S) Committee on Transportation	(S) Referred to Committee on Transportation	01/18/19
SJ 286 - McDougle - Move Over Awareness Month.	(S) Committee on Rules	(S) Referred to Committee on Rules	01/08/19
SJ 289 - McDougle - Cardiopulmonary Resuscitation Awareness Day.	(S) Committee on Rules	(S) Referred to Committee on Rules	01/08/19
SJ 295 - Vogel - Governor; confirming appointment.	(H) Committee on Privileges and Elections (S) Committee on Privileges and Elections	(H) Reported from Privileges and Elections (22-Y 0-N)	01/25/19

Appendix

B

February 2019 EMS Advisory Board Meeting
Medical Direction Committee Motion

☒ Committee Motion: Name: Medical Direction Committee

☐ Individual Motion: Name: _____

Motion:
1-03-2019 The Medical Direction Committee moves to endorse changes to the Va. EMS Scope of Practice as follows: a) Drug assisted intubation (DAI) was removed from the scope of practice. b) Non-invasive ventilation was simplified by removal of the word adjustable and approved to the EMT level. c) Sedation for intubation was removed based on the removal of DAI. d) Local anesthetic by infiltration was added at the AEMT level. e) Color-coded epinephrine administration systems for medication delivery was added and included to the EMT level.

EMS Plan Reference (include section number):

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.

Committee Minority Opinion (as needed):

None. There was no opposition or abtensions.

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

Vote: By Acclamation: ☐ Approved ☐ Not Approved

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

Board Minority Opinion:

Meeting Date:

Virginia Office of Emergency Medical Services
Scope of Practice - Procedures for EMS Personnel

This SOP represents ***practice maximums***.

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT - Enhanced	I	P
Specific tasks in this document shall refer to the Virginia Education Standards.							
AIRWAY TECHNIQUES							
Airway Adjuncts							
	Oropharyngeal Airway		●	●	●	●	●
	Nasopharyngeal Airway		●	●	●	●	●
Airway Maneuvers							
	Head tilt jaw thrust		●	●	●	●	●
	Jaw thrust		●	●	●	●	●
	Chin lift		●	●	●	●	●
	Cricoid Pressure		●	●	●	●	●
	Management of existing Tracheostomy			●	●	●	●
Alternate Airway Devices							
	Non Visualized Airway Devices	Supraglottic		●	●	●	●
Cricothyrotomy							
	Needle						●
	Surgical	Includes percutaneous techniques					●
Obstructed Airway Clearance							
	Manual		●	●	●	●	●
	Visualize Upper-airway				●	●	●
Intubation							
	Orotracheal - Over Age 12					●	●
	Nasotracheal						●
	Pediatric - Age 12 and under						●
	Drug assisted intubation (DAI) all ages	Includes:					●
		Drug facilitated intubation (DFI)					
		Delayed sequence intubation (DSI)					●
		Rapid sequence intubation (RSI)					●
	Confirmation procedures			●	●	●	●
**** Endotracheal intubation is prohibited for all levels except Intermediate and Paramedic**							
Oxygen Delivery Systems							
	Nasal Cannula		●	●	●	●	●
	Venturi Mask			●	●	●	●
	Simple Face Mask		●	●	●	●	●
	Partial Rebreather Face Mask			●	●	●	●
	Non-rebreather Face Mask		●	●	●	●	●
	Face Tent			●	●	●	●

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.

Virginia Office of Emergency Medical Services
Scope of Practice - Procedures for EMS Personnel

This SOP represents ***practice maximums***.

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT - Enhanced	I	P
	Tracheal Cuff			●	●	●	●
	Oxygen Hood					●	●
	O2 Powered Flow restricted device			●	●	●	●
	Humidification			●	●	●	●
Suction							
	Manually Operated		●	●	●	●	●
	Mechanically Operated		●	●	●	●	●
	Pharyngeal		●	●	●	●	●
	Bronchial-Tracheal			●	●	●	●
	Oral Suctioning		●	●	●	●	●
	Naso-pharyngeal Suctioning			●	●	●	●
	Endotracheal Suctioning			●	●	●	●
	Meconium Aspiration Neonate with ET						●
Ventilation – assisted / mechanical							
	Mouth to Mask		●	●	●	●	●
	Mouth to Mask with O2		●	●	●	●	●
	Bag-Valve-Mask Adult		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 Adult		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Adult		●	●	●	●	●
	Bag-Valve-Mask Pediatric		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 Pediatric		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Pediatric		●	●	●	●	●
	Bag-Valve-Mask neonate/infant		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 Neonate/Infant		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Neonate/Infant		●	●	●	●	●
	Noninvasive positive pressure vent.	CPAP, BiPAP, PEEP		●	●	●	●
	Jet insuflation						●
	Mechanical Ventilator (Manual/Automated Transport Ventilator)	Maintain long term/established			●	●	●
		Initiate/Manage ventilator				●	●
Anesthesia (Local)						●	●
Pain Control & Sedation							
	Self Administered inhaled analgesics			●	●	●	●
	Pharmacological (non-inhaled)				●	●	●

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."

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Virginia Office of Emergency Medical Services
Scope of Practice - Procedures for EMS Personnel

This SOP represents ***practice maximums***.

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT - Enhanced	I	P
	Patient controlled analgesia (PCA)	Maintain established			●	●	●
	Epidural catheters (maintain)	Maintain established				●	●
Blood and Component Therapy Administration		Maintain				●	●
		Initiate					●
Diagnostic Procedures							
	Blood chemistry analysis			●	●	●	●
	Capnography			●	●	●	●
	Pulmonary function measurement				●	●	●
	Pulse Oximetry			●	●	●	●
	Ultrasonography						●
Genital/Urinary							
	Bladder catheterization						
	Foley catheter	Place bladder catheter					●
		Maintain bladder catheter		●	●	●	●
Head and Neck							
	ICP Monitor (maintain)						●
	Control of epistaxis		●	●	●	●	●
		Inserted epistaxis control devices			●	●	●
	Tooth replacement		●	●	●	●	●
Hemodynamic Techniques							
	Arterial catheter maintenance						●
	Central venous maintenance				●	●	●
	Access indwelling port					●	●
	Intraosseous access & infusion				●	●	●
	Peripheral venous access and maintenance				●	●	●
	Umbilical Catheter Insertion/Management						●
	Monitoring Existing IVs			●	●	●	●
	Mechanical IV Pumps				●	●	●
Hemodynamic Monitoring							
	ECG acquisition		●	●	●	●	●
	ECG Interpretation					●	●
	Invasive Hemodynamic Monitoring						●
	Vagal Maneuvers/Carotid Massage					●	●
Obstetrics							
	Delivery of newborn		●	●	●	●	●

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PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT - Enhanced	I	P
Other Techniques							
	Vital Signs		●	●	●	●	●
	Bleeding control		●	●	●	●	●
		Tourniquets	●	●	●	●	●
	Foreign body removal	Superificial without local anesthesia		●	●	●	●
		Imbedded with local anesthesia/exploration				●	●
	Incision/Drainage						●
	Intravenous therapy				●	●	●
	Medication administration			●	●	●	●
	Nasogastric tube			●	●	●	●
	Orogastric tube			●	●	●	●
	Pericardiocentesis						●
	Pleural decompression					●	●
	Patient restraint physical			●	●	●	●
	Patient restraint chemical					●	●
	Sexual assault victim management			●	●	●	●
	Trephination of nails						●
	Wound closure techniques					●	●
	Wound management		●	●	●	●	●
	Pressure Bag for High altitude						●
	Treat and Release			●	●	●	●
	Vagal Maneuvers/Carotid Massage					●	●
	Intranasal medication administration	Fixed/unit dose medications	●	●	●	●	●
		Dose calculation/measurement			●	●	●
Resuscitation							
	Cardiopulmonary resuscitation (CPR) (all ages)		●	●	●	●	●
	Cardiac pacing					●	●
	Defibrillation/Cardioversion	AED	●	●	●	●	●
	Post resuscitative care			●	●	●	●
Skeletal Procedures							
	Care of the amputated part		●	●	●	●	●
	Fracture/Dislocation immobilization techniques		●	●	●	●	●
	Fracture/Dislocation reduction techniques	Manipulation of angulated/pulseless extremities		●	●	●	●
		Joint reduction techniques		●	●	●	●
	Spine immobilization techniques		●	●	●	●	●
Thoracic							
	Thoracostomy (refer to "Other Techniques")						●

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Body Substance Isolation / PPE			●	●	●	●	●
Lifting and moving techniques			●	●	●	●	●
Gastro-Intestinal Techniques							
	Management of non-displaced gastrostomy tube						●
Ophthalmological							
	Morgan Lenses			●	●	●	●
	Corneal Exam with fluorescein					●	●
	Ocular irrigation		●	●	●	●	●

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Appendix

C

☒ Committee Motion: Name: Training And Certification Committee

☐ Individual Motion: Name: _____

Motion:
The TCC moves to amend the Education Coordinator candidate process by removing the psychomotor testing requirement; adding an administration component to the mentor program representing 20% of the required teaching hours or 10 hours, whichever is greater; and change the amount of time required to teach in an initial EMT program from 60% to 50% of the total mentored hours required.

EMS Plan Reference (include section number):

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

Committee Minority Opinion (as needed):

None. There was no opposition or abtensions.

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

Vote: By Acclamation: ☐ Approved ☐ Not Approved

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

Board Minority Opinion:

Meeting Date: