

Virginia Department of Health

Office of Emergency Medical Services



Quarterly Report to the

State EMS Advisory Board

May 8, 2020

Executive Management, Administration & Finance

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

May 8, 2020

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) Cancellation of May 8, 2020 State EMS Advisory Board and Committee Meetings

Email sent on March 31, 2020 from Gary R Brown

It goes without saying that each of us are being challenged like never before in both our work lives and personal lives due to the worldwide COVID-19 pandemic.

The Governor of Virginia issued Executive Order (EC) 51 on March 12, Executive Order 53 on March 23 and Executive Order 55 yesterday, March 30 amending EC53 and extending the Temporary Stay at Home orders (with narrow exceptions) until June 10, 2020.

As such, ALL State EMS Advisory Board meetings and Standing Committee meetings are cancelled until further notice, including the May 7-8, 2020 meetings and the May 8, 2020 Advisory Board meeting.

I will also ask all OEMS employees that staff a Committee of the Board to also contact each Committee member and inform them that all meetings are canceled until further notice.

*Cancelling meetings does not mean that dialogue between **individual** Board and Committee members with OEMS staff cannot occur as needed and applicable. We just cannot have meetings physically in person; nor can we have virtual meetings. FOIA requirements have not been relaxed and are still applicable and in force.*

In addition to the Executive Orders, the most important factor in cancelling all meetings until further notice is the health and safety of all our Advisory Board and Committee members; whom are EMS providers; physicians; nurses; EMS and Fire Chiefs, Supervisors, Directors; and Leaders in jurisdictions, stakeholder groups and health care systems that are all experiencing increased workload in your primary jobs. You and your family's health and safety is the number one concern and priority of OEMS.

In the meantime, if you have any questions or need to discuss anything with members of the OEMS team, please do not hesitate to reach out to us.

My Best

Gary

B) 2020 Virginia General Assembly - OEMS Bill Assignments and Responsibilities

HB661 - Direct the Secretaries of Health and Human Resources and Public Safety to establish a work group to develop a plan to improve the Commonwealth's response to exposure-prone incidents involving law-enforcement officers, firefighters, and emergency medical services providers.

OEMS Assigned Staff: Karen Owens and Adam Harrell

Primary Advisory Board Committee: Public Health and Safety

Secondary Advisory Board Committee(s):

- a) Medical Direction
- b) Training and Certification

Key Components:

1. Composition of work group identified in HB661
2. Develop a plan for the establishment of an entity to assist with the management of exposure-prone incidents involving employees of law-enforcement agencies, volunteers and employees of fire departments and companies, and volunteers and employees of emergency medical services agencies and other appropriate entities.

Such assistance shall include assistance with

- (i) The process of confirming whether a volunteer or employee has been involved in an exposure-prone incident and, as a result of such exposure-prone incident, has been exposed to the body fluids of another person in a manner that may, according to the then-current guidelines of the Centers for Disease Control and Prevention, transmit human immunodeficiency virus or hepatitis B or C viruses;

- (ii) Coordinating the process by which specimens of a person's body fluids are collected and tested to determine whether the person was infected with human immunodeficiency virus or hepatitis B or C viruses; and
- (iii) Coordinating the care and treatment of a volunteer or employee for whom post-exposure prophylactic treatment or other treatment is required. Such entity shall also be charged with
 - (a) providing training and education to designated infection control officers and others on topics related to preventing exposure-prone incidents, identifying and responding to exposure-prone incidents, and treatment and follow-up care for volunteers and employees involved in exposure-prone incidents and
 - (b) collecting data from law-enforcement agencies, fire departments and companies, emergency medical services agencies, and others regarding the number of requests for assistance in determining whether an exposure-prone incident has occurred, the number of confirmed exposure-prone incidents, the number of cases involving an exposure-prone incident in which a specimen was collected and tested and whether the person from whom such specimen was collected was deceased or living, the number of cases in which post-exposure prophylaxis was required, and, in cases in which post-exposure prophylaxis was required, the duration and cost of such treatment. In developing the plan, the work group shall evaluate and provide recommendations related to the appropriate state agency or body to operate or provide oversight of the entity, the structure and organization of the entity, the specific powers and duties of the entity, and the cost to establish the entity. The work group shall also provide specific recommendations for legislative, regulatory, or budgetary actions necessary to establish the entity.

HB727 and SB720 - Amends the Code of Virginia by adding a section numbered 56-484.16:1, relating to E-911 3 dispatchers; training in telecommunicator cardiopulmonary resuscitation and emergency medical dispatch.

OEMS Assigned Staff: Karen Owens
Primary Advisory Board Committee: Communications
Secondary Advisory Board Committee(s):

- a) Rules and Regulation
- b) Legislative and Planning

Key Components:

By July 1, 2021, the Office of Emergency Medical Services shall adopt standards for training and equipment required for the provision of TCPR by dispatchers.

On or before January 1, 2022, each PSAP shall provide training in TCPR to each dispatcher in its employ and shall provide its dispatchers with equipment necessary for the provision of TCPR.

The Office of Emergency Medical Services shall identify all public agencies and other persons that provide TCPR training that satisfies the requirements adopted under subsection B and set minimum standards for course approval, instruction, and examination, including online training modules based on nationally recognized guidelines. The Office shall implement a means to ensure that every dispatcher that has satisfactorily completed a training program and his employing PSAP receive a certificate of completion of the required TCPR training

By January 1, 2024, each operator of a PSAP shall implement a requirement that each of its dispatchers shall by July 1, 2024, have completed an Emergency Medical Dispatch education program that complies with minimum standards established by the Office of Emergency Medical Services. The Office shall ensure that every dispatcher that has satisfactorily completed an Emergency Medical Dispatch education program and his employing PSAP receive a certificate of completion of the required education program. Following completion of the initial Emergency Medical Dispatch education program, each dispatcher's training shall be updated or supplemented in order to reflect updates to the education program

Each PSAP shall conduct ongoing quality assurance of its TCPR program.

The State Board of Health shall adopt regulations in accordance with the provisions of the Administrative Process Act (§ 2.2-4000 et seq.) as are necessary to implement the provisions of this section.

HB1332 - Directs the Board of Health to develop and implement, by January 1, 2021, and thereafter maintain as a component of the State Health Plan a Statewide Telehealth Plan

OEMS Assigned Staff: Tim Perkins

Associated Staff:	Cam Crittenden Debbie Akers Karen Owens
VDH Interface:	State Board of Health

Primary Advisory Board Committee: Legislative and Planning

Secondary Advisory Board Committee(s):

- a) Communications
- b) Medical Direction
- c) Training and Certification

Key Components:

A strategy for integration of the Statewide Telehealth Plan with the State Health Plan, the Statewide Emergency Medical Services Plan, the Statewide Trauma Triage Plan, and the Stroke Triage Plan to support the purposes of each plan

SB301 - The Board of Health shall develop regulations for when emergency medical services agencies in medically underserved areas as defined by the Board may transport patients to 24-hour urgent care facilities or appropriate medical care facilities other than hospitals. The regulations shall include provisions for what constitutes a medically underserved area, cases appropriate for transferring a patient to a medical facility other than a hospital, and other information deemed relevant by the Board

OEMS Assigned Staff: Ron Passmore

Primary Advisory Board Committee: Rules and Regulations

Secondary Advisory Board Committee(s):

a) Training and Certification

b) Medical Direction

SB386 - Authorizes the State Health Commissioner to disclose certain confidential data in the Emergency Medical Services Patient Care Information System, including information, research, or medical data that identifies patients by name or address, to certain entities that seek to improve the delivery of prehospital and hospital emergency medical services, the quality of patient care, and access to medical services or to make other system improvements, if the Commissioner determines that such disclosure is necessary to develop and implement such improvements.

OEMS Assigned Staff: Cam Crittenden

Key Components:

The bill requires the Board of Health to develop and approve a policy specific to the sharing of data from the Emergency Medical Services Patient Care Information System.

C) Central Shenandoah EMS (CSEMS) Regional Office

Starting on February 7, 2020 Quarterly Report to the State EMS Advisory Board, the Office of Emergency Medical Services began providing updates on the progress of the collaborative partnership(s) and the transition and conversion of applicable Regional EMS Councils that have requested to be a hybrid State/Regional EMS model. We continue with a summary of progress and status of the Central Shenandoah EMS Council/State Regional Office.

Please see **Appendix A**

D) REPLICA (EMS Interstate Compact) Coordinated Database for Emergency Medical Services (CDEMS)

In Virginia, the REPLICA legislation was signed into law on March 1, 2016. This made Virginia the third state to enact the EMS Compact. Virginia Office of EMS Director, Gary Brown, was seated to the Interstate Commission for EMS Personnel Practice at the inaugural meeting on October 11, 2017. Activation of the EMS Compact required the legislation to be enacted by ten state legislatures. This occurred on May 8, 2017 with Georgia becoming the tenth state.

The Commission was tasked with producing the commission rules; which govern REPLICA activities amongst member states. Rules for the Interstate Commission for Emergency Medical Services (EMS) Personnel Practice became effective September 1, 2019. Essential to the EMS Compact is the Coordinated Database for Emergency Medical Services (CDEMS). This multi-state database will allow member states the ability to rapidly share EMS licensure records, discipline, and investigative information between authorized state EMS offices. In addition to licensure data, the database will maintain an individual's multi-state privilege to practice authorization. The National Registry of EMT's (NREMT) has partnered with the EMS Compact to create and maintain the database.

The Virginia Office of EMS is currently working with NREMT to implement the CDEMS database in Virginia. As such, **Virginia will become the first state in the nation to “go live” with the CDEMS database and will serve as a guide to implementations in other member states.** Nationwide “go live” of the CDEMS database was slated for mid-first quarter of 2020 but has been delayed due to COVID-19 interruptions. It is expected that the database will be activated within the next 30 to 60 days.

E) Virginia collaborates with National Registry of EMTs (NREMT) for EMS Research

In 2004, the National Highway Traffic Safety Administration and the Maternal and Child Health Bureau published a national consensus document titled National EMS Research Agenda. One of the top recommendations from this document was:

“A large cadre of career EMS investigators should be developed and supported in the initial stages of their careers. Highly structured training programs with content directed toward EMS research methodologies should be developed.”

Based upon this call, the National Registry of EMTs established a Research Department and founded the EMS Research Fellowship program to address the National Research Agenda's recommendation. The mission of the National Registry Research Department is to develop and foster EMS-prepared doctoral researchers to function with the highest level of scientific integrity to improve and ensure high quality and innovative National Registry products and processes through evidence and collaboration. It is further the mission to contribute to the body of

scientific out-of-hospital knowledge to improve the competency, health, safety and wellness of EMS professionals and the patients they serve.

Since its inception, the National Registry Research Department has conducted numerous studies focusing on the impact of burnout on the EMS workforce, prehospital EMS provider perceptions of errors and safety, factors predicting a negative perception of patient safety in the EMS workplace; just to name a few. Identifying the importance of these national research initiatives at a state level, the Office of EMS has partnered with the National Registry to have a dedicated doctoral fellow in the EMS Research Fellowship utilizing these national research initiatives specifically towards Virginia. Virginia will actively participate with the National Registry in the determination of future research initiatives and produce Virginia specific research results alongside national results. Further, the National Registry will provide periodic analysis to the Virginia Office of EMS, Virginia Department of Health and the Governor's EMS Advisory Board. Upon completion of a research topic, formal results will be provided to Virginia stakeholders at the EMS Advisory Board. For more information about the National Registry's completed research projects, visit www.nremt.org.

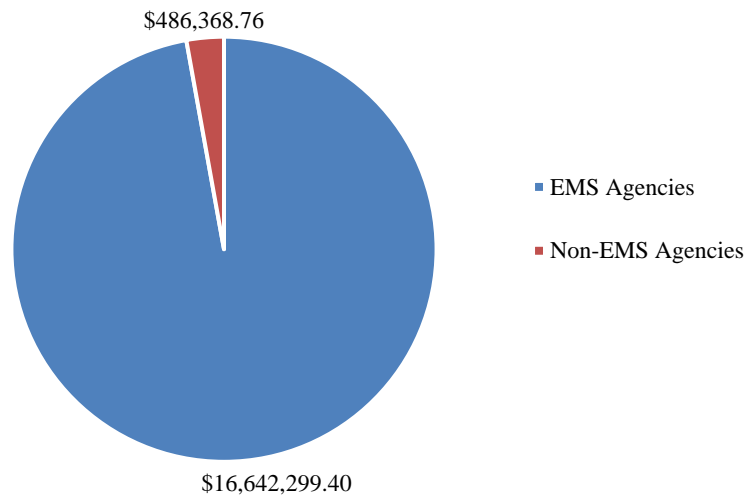
F) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)

Luke Parker, Grants Manager
Linwood Pulling, Grants Specialist

The deadline for the Spring 2020 Cycle of the Rescue Squad Assistance Fund was March 23. OEMS extended this from the original March 16 deadline to accommodate the increased workload of first responders, medical personal, and administrators due to the COVID-19 State of Emergency. OEMS received 132 grant applications requesting \$17,128,668.16 in funding. Funding requests were in the following amounts by agency category:

- 10 Non EMS Agency requesting \$486,368.76
- 122 EMS Agencies Requesting \$16,642,299.40

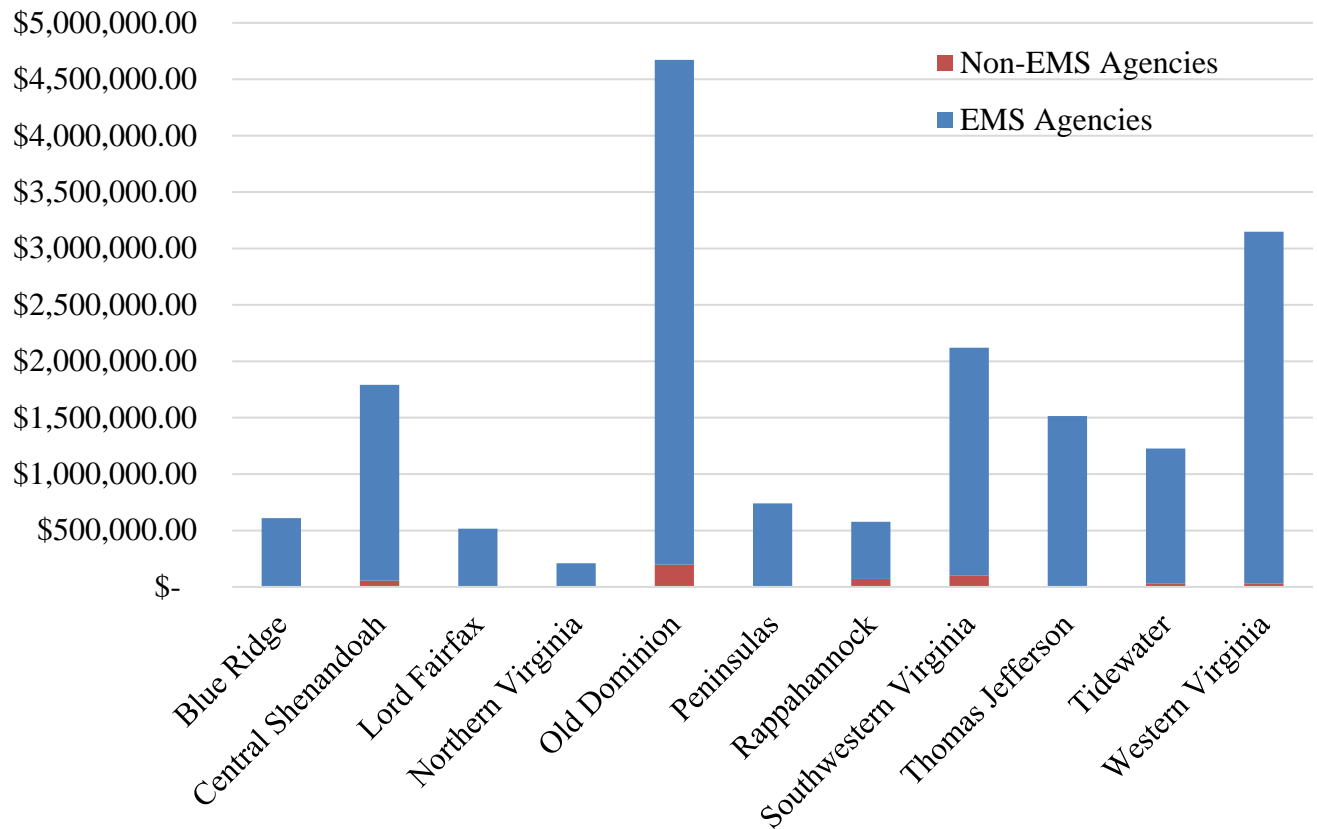
Figure 1: Agency Category by Amount Requested



Funding requests were in the following amounts by region:

- Blue Ridge – \$610,625.86
- Central Shenandoah - \$1,790,975.34
- Lord Fairfax - \$515,810.02
- Northern Virginia - \$210,160.79
- Old Dominion - \$4,672,549.85
- Peninsulas - \$740,562.57
- Rappahannock - \$576,694.50
- Southwestern Virginia - \$2,120,954.19
- Thomas Jefferson - \$1,515,292.44
- Tidewater - \$1,226,924.57
- Western Virginia - \$3,148,118.03

Figure 2: Amount Requested by Region



Funding requests were to purchase the following items:

- ALS Equipment - \$251,824.27
- BLS Equipment - \$38,824.86
- Chest Compression Devices - \$677,031.69
- Communications Equipment / Mobiles - \$31,642.50
- Communications Equipment / Pagers - \$74,867.41
- Computer Hardware - \$458,883.60
- Cot Systems / Stretchers - \$1,343,290.17
- Emergency Medical Dispatch - \$372,520.18
- Monitor/ Defibrillator - \$2,946,991.85

- Other* - \$53,809.00
- Recruitment & Retention - \$11,760.00
- Rescue Equipment / Extrication - \$234,377.00
- Rescue Equipment / Misc. - \$26,098.00
- Special Priority / Innovative Projects - \$4,410.00
- Stair Chair - \$21,332.54
- ALS//BLS training Equipment - \$117,194.80
- Vehicle / Quick Response - \$331,518.29
- Vehicle / Rechassis - \$468,675.00
- Vehicle / Specialty - \$535,632.00
- Vehicle / Type I Ambulance - \$8,500,497.00
- Vehicle / Type II Ambulance - \$627,488.00

*The Other category includes public education supplies for Emergency Medical Dispatch programs, Handtevy Med and Equipment Guide, extension ramps and wench system, and other ambulance equipment upgrades.

The deadline to submit applications for the Spring 2020 Cycle of the Nasal Naloxone for EMS Agencies Program is June 30, 2020. Licensed EMS agencies are encouraged to submit applications to receive no-cost kits of Nasal Naloxone. For more information, log on to <http://www.vdh.virginia.gov/emergency-medical-services/administration-finance/rsaf-grants-program/> or contact Luke Parker at luke.parker@vdh.virginia.gov.

G) 2020 Virginia EMS Symposium Cancelled due to COVID-19

Please see Appendix B

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.

National EMS Assessment 2020 Now Available!

In the midst of the COVID-19 pandemic and applause for first responders in the United States, the National Association of State Emergency Medical Services Officials (NASEMSO) has released the 2020 National EMS Assessment updating the 2011 assessment. The 2020 assessment provides a comprehensive accounting by state/territory of the numbers and types of all 911 ambulance services and emergency medical services (EMS) professionals.

NASEMSO Launches COVID-19 Resource Page for EMS

NASEMSO has dedicated a section of its web site to COVID-19 information provided to us by our members, federal partners and other national EMS organizations. While no one page can serve as a comprehensive resource, the site attempts to tailor relevant materials for an EMS audience.

Agency Vehicle and Licensure

GSA Comment Period Opens on Change Notice

The 2021 Draft Federal Vehicle Standards Comment Period is now open. The General Services Administration (GSA) wants to hear your feedback on vehicle options for the upcoming 2021 light-duty and medium/heavy vehicles. Light-duty vehicles include sedans, police-use vehicles, light trucks including cab chassis and vocational trucks, wheelchair vans, and ambulances. Medium and heavy trucks include wreckers and carriers. Proposed federal specifications for Star-of-Life Ambulances (KKK-A-1822F) are posted here. More information is available at GSA-Federal Vehicle Standards.

Ambulance Driver Training Summarized in NHTSA Report

The primary objective of this project was to characterize ambulance operator education and training across the United States through discussions with personnel in State EMS offices and through an Internet-based survey of local EMS agencies to determine their operator training and supervision practices. The study also examined selected existing ambulance Emergency Vehicle Operator Course (EVOC) training programs to determine their content and consistency with the state-of-the-art.

The results of this study suggest that most ambulance operators receive some form of training, but the survey responses and the review of existing EVOC training programs by subject matter experts suggest that the duration, content, and overall quality of the training may not be sufficient to have the desired impact on ambulance operator safety performance. Read/download “Characterizing Ambulance Driver Training in EMS Systems” from the ROSA Transportation Library.

Communications

Telecommunicator Job Reclassification Efforts

Recently, the 911 community has increased efforts to ensure that telecommunicators are classified as a Protective Service Occupation. Objective data is utilized to make the classification decision through the Bureau of Labor Statistics (BLS) Standard Occupational Classification (SOC) system, a federal statistical survey, which relies upon a prescribed process collecting specific data to classify more than 800 occupations.

Many telecommunicator job descriptions are out of date and limited in descriptions of the daily responsibilities of the role. One important step that can be taken is to review existing job descriptions to ensure they do not include outdated task descriptions, such as “answering calls,” - which can be perceived as clerical or administrative in nature – and to expand or include descriptions of the more specialized, and life-saving elements of the role, such as providing telephone CPR guidance and other pre-arrival instructions. The National 911 Program has published “Guidelines for Developing a Public Safety Telecommunicator Job Description February 2020”, now available at: 911 Guidelines.

Active Shooter Incidents: Topical One-Pagers, 2000-2018

This report encompasses statistical data regarding 277 active shooter incidents in the United States between 2000 and 2018. Each page focuses on a particular active shooter related topic and has been designed specifically for law enforcement officers, other first responders, corporations, educators, and the general public.

Pediatric Emergency Care

Adverse events during intrahospital transport of critically ill children: a systematic review

This systematic review was undertaken to provide clear enumeration of adverse events that have occurred during intrahospital transport of critically ill children, risk factors for those events, and guidance for event prevention to clinicians who may not be fully aware of the risks of transport. The recommendations for reducing adverse events frequently given in the 40 articles that met the inclusion criteria (reflecting 4104 children transported) included: use of checklists and improved double-checks (of, e.g., equipment before transport).

Trauma

National Trauma Institute to Restructure as Coalition for National Trauma Research

After serving as the administrative muscle behind the Coalition for National Trauma (CNTR) since its founding 2016, the National Trauma Institute (NTI) is formally changing its name and reorganizing as CNTR. Stay tuned—this spring CNTR will formally announce the change and its new membership structure, as well as transition this website. Source: National Trauma Institute. <https://www.nattrauma.org/national-trauma-institute-to-restructure-as-coalition-for-national-trauma-research/>

Perhaps in related news, an abstract published in the January 2020 issue of *The Journal of Trauma and Acute Care Surgery* suggests, “Given the extreme burden of trauma-related disability and years of life lost, this review of extramural NIH funding definitively demonstrates that trauma is severely underfunded. The lack of a dedicated home for trauma research at NIH leads to a diffusion of grants across many institutes and makes it impossible to direct a focused and effective national research endeavor to improve outcomes. These data demonstrate the need for a National Institute of Trauma at the NIH to help set an agenda to reach the national goal of Zero Preventable Deaths.”

Inpatient Stays and Emergency Department Visits Involving Traumatic Brain Injury, 2017

This Healthcare Cost and Utilization Project (HCUP) Statistical Brief presents statistics on initial and subsequent TBI-related inpatient stays and treat-and-release emergency department (ED) visits (i.e., those that do not result in admission to the same hospital) using the 2017 National Inpatient Sample (NIS) and the 2017 Nationwide Emergency Department Sample (NEDS). Readmission rates following inpatient stays for TBI-related injuries also are presented using the 2017 Nationwide Readmissions Database (NRD). TBIs are categorized as those involving cerebral hemorrhage; mild to severe TBIs without cerebral hemorrhage, but that involve injuries more complex than concussion (e.g., cerebral edema); and uncomplicated concussion. First, patient and injury-related characteristics of inpatient stays and ED visits with any TBI diagnosis (principal or secondary) are shown. Second, outcomes of inpatient stays with a principal diagnosis of TBI are described, including length of stay, average cost per stay, and rates of in-hospital mortality and all-cause 30-day readmissions.

Division of Accreditation, Certification and Education (ACE)

III. Accreditation, Certification and Educations (ACE)

Committees

- A.** The Training and Certification Committee (TCC): The Training and Certification Committee meeting scheduled for April 1, 2020 was cancelled due to Executive Order 51 pertaining to COVID-19.

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 meeting scheduled for April 2, 2020 was cancelled due to Executive Order 51 pertaining to COVID-19

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/>

Accreditation

- A.** EMS accreditation programs.

Due to the COVID-19 pandemic, all BLS and AEMT accredited programs expiring in 2020 will be granted an extension of their accreditation status until December 31, 2021.

1. Emergency Medical Technician (EMT)
 - a) Arlington County Fire Department continues under Letter of Review pending their accreditation site visit.
 - b) Fauquier County continues under Letter of Review pending their accreditation site visit.
 - c) Hampton Roads Regional EMS Academy continues under Letter of Review pending their accreditation site visit.
 - d) Augusta County continues under Letter of Review pending their accreditation site visit.
 - e) Rockingham County Dept. of Fire and Rescue was issued a Letter of Review allowing their first cohort to occur.
 - f) Gloucester Volunteer Fire and Rescue was issued a Letter of Review allowing their first cohort to occur.

g) Roanoke Valley Regional Fire/EMS Training Center was issued a Letter of Review allowing their first cohort to occur.

2. EMT Psychomotor Competency Verification Approval

The interest in BLS accreditation continues to grow. We currently have 15 programs that are approved for internal psychomotor competency verification in adherence to the TR-90A policy. Five programs are still approved under the original BLS accreditation process and the Office will be working with them to move them to convert them to psychomotor exempt programs as well.

3. Advanced Emergency Medical Technician (AEMT)

a) Newport News Fire Training has completed their first cohort class and a site team is being assigned to visit the program and review documentation, meet with graduates of the program and consider the application for full accreditation. They had 17 candidates attempt with a first attempt pass rate of 94% (16/17) and 100% within three attempts.

b) Fauquier County has completed their first cohort class and a site team is being assigned to visit the program and review documentation, meet with graduates of the program and consider the application for full accreditation. They had 6 candidates attempt with a first attempt pass rate of 83% (5/6).

c) Rockbridge County has been assigned a Letter of Review to conduct their first cohort class.

d) Hampton Roads Regional EMS Academy has been assigned a Letter of Review to conduct their first cohort class.

e) All previously accredited Intermediate programs were transitioned to the Advanced EMT level and will submit a reaccreditation packet for that level.

4. Paramedic – Initial

a) Blue Ridge Community College has been issued their LOR from CoAEMSP and is enrolling students for their first cohort class.

b) Thomas Nelson Community College has completed their first cohort class and has submitted their initial report to CoAEMSP.

c) Henrico County Division of Fire has been issued a LOR from CoAEMSP and will be enrolling students for their first cohort class

5. Paramedic – Reaccreditation

- a) CoAEMSP has suspended all reaccreditation visits due to the COVID-19 pandemic and will resume with rescheduling when possible.

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).

Virginia COVID-19 Actions

Expiration of Virginia EMS Provider Certifications

- Due to Executive Order 51, the Virginia Office of EMS will be extending the certification of all providers who set to expire on May 31, 2020 and have not satisfied their continuing education requirements are currently set to expire on March 31, 2020 and April 30, 2020 until June 30, 2020.
- Due to Executive Order 51 & 55, the Virginia Office of EMS will be extending the certification of all providers who are set to expire on May 31, 2020 and have not satisfied their continuing education requirements until August 31, 2020.
- EMS providers should be reminded of the plethora of online CE opportunities that are available to them. Online continuing education courses can be found at: <http://www.vdh.virginia.gov/emergency-medical-services/education-certification/provider-resources/web-based-continuing-education/>

Expiration of Operational Medical Director Endorsements

- Due to Executive Order 51, the Virginia Office of EMS will be extending the certification of all Medical Directors who are currently set to expire on March 31, April 30, May 31, and June 30, 2020 until December 31, 2020.

Virginia Course Approval Requests

Effective immediately, you may submit your Course Approval Request (TR-01) electronically to the Office of EMS with the following stipulations:

- The form must be complete and submitted as a PDF.
- The form must contain either an original signature or an Adobe Digital signature from you as the Course Coordinator.

- The form must contain either an original signature or an Adobe Digital signature from your OMD or PCD. Rubberstamp signatures from an OMD will be rejected.

When submitting your Course Approval Request forms to the Office please ensure the following:

- E-mail them to: emstechasst@vdh.virginia.gov
- Subject MUST read: For Tracie Jones: Course Approval Request Attached

Please DO NOT submit your Course Approval Requests directly to Tracie's e-mail account. We need to ensure that all course approvals come into an e-mail box which is accessible by multiple OEMS staff members.

If you have questions about this process, please feel free to reach out to Tracie Jones at tracie.jones@vdh.virginia.gov.

Virginia Continuing Education

During the course of any Governor declared State of Emergency the enforcement of regulations, is to not impede, in any way affect, the necessary delivery of services. However, this declaration does not indicate a complete abandonment of the ideal of regulatory compliance; simply to relax the commonsense enforcement of regulations to allow for the needs of citizens to be met.

The Virginia Office of EMS and the National Registry have together extended certification expiration dates for all EMS providers expiring in March, April & May—both state and/or nationally certified—until June 30, 2020. Both organization continue to daily monitor our Nation's progress toward flattening the curve on COVID-19.

Based on the certification extensions granted under Governor Northam's Executive Order 51 and the wide availability of Virginia approved online CE vendors and programs, the following guidance is provided:

- The Virginia Office of EMS will not be relaxing EMS Rules and Regulations or the Training Program Administration Manual (TPAM) policies for conducting, reporting and recordation of continuing education in the Commonwealth.
- Regulations and the Training Program Administration Manual does not permit conducting continuing education online via GoToMeeting, Zoom, Microsoft Teams, Capterra, TeamViewer, Cisco Webex, Skype, Google Hangouts (or any other online/web-based meeting platform) and submit CE credits to Virginia for processing.
- Education Coordinators who transition portions of initial certification programs to online content are not permitted to award CE credits for Virginia EMS providers accessing this content.
- Nationally approved continuing education programs—for example ACLS, PALS, AMLS, PHTLS, PEPP, ITLS, ECP, etc.—that have relaxed their program requirements allowing content to be completed in a modified delivery format have been temporarily approved by the National Registry for continuing education credit and therefore the Office of EMS will also temporarily allow CE to be awarded for Virginia providers completing these

programs until the Governor's Executive Orders 51, 53, & 55 are lifted or allowed to expire.

Virginia and NREMT Psychomotor Examinations

- All psychomotor (CTS and NREMT) testing will be suspended, effective Monday, March 16 through June 10, 2020 at a minimum.
- All test deadlines will be extended in accordance with the suspended test sites.

National Registry

National Registry Announces Policy Changes Due to COVID-19:

Psychomotor Exams & Provisional Certification

National Registry will be cancelling all scheduled psychomotor exams by the end of this week and will not be approving any new psychomotor exams for an indefinite period.

NREMT is in the final stages of being able to issue a *provisional* National Registry certification when the following components are completed:

1. Students must complete their certification program according to state or CoAEMSP requirements.
2. Students must sit for and pass the NREMT cognitive exam.
3. When these two items are completed, a 2-year *provisional* certification will be issued. The issued certification will clearly indicate the awarding of provisional certification pending completion of the psychomotor exam when successfully completed.

Provisional certifications can be converted to full certification once the COVID-19 threat is mitigated and the student takes and passes their NREMT required psychomotor exam. States are not required to accept provisional NREMT certifications if they cannot legally do so.

When being scheduled for work, National Registry strongly urges that no two provisionally certified providers work on the same truck. There should always be a fully certified provider riding with a provisionally certified provider.

Pearson VUE Owned Professional Test Centers (PPC's) Closing Due to COVID-19

On March 16, Pearson VUE notified National Registry that they were closing all Pearson Professional Center's (PPC) in response to the rapidly developing COVID-19 situation. This decision does not affect privately run Pearson VUE Authorized Test Centers (e.g. those in Regional Councils, community college and universities) This directly impacts all National Registry examinations delivered by Pearson VUE. The National Registry was already preparing alternative pathways, in conjunction with partners, to ensure the continuity of certification and support the national EMS system during this crisis.

These are unprecedented times. NREMT, as the Nation's EMS Certification organization, recognizes the thousands of providers on the path to EMS service. NREMT is finalizing potential solutions and will be sharing additional details in the coming days. We remain committed to supporting the vital work that you do.

Currently, National Registry has been working with Pearson VUE on the following interim solutions:

1. Pearson VUE has opened some PPC's for the health professions ONLY (e.g. EMS and Nursing). Not all existing PPC's will open, maybe just one or two per state.
2. NREMT is in the final stages of implementing remote proctoring of NREMT certification exams for EMR, EMT and AEMT test candidates. Remote proctoring through Pearson OnVUE will be a psychometrically sound and legally defensible means of delivering the test in other environments rather than a Pearson Vue Testing Center.
 - a. The only testing candidates required to take their cognitive exam at a Pearson VUE Test Center will be paramedic candidates.
 - b. More information on Pearson OnVUE can be found at:
 - a) <https://youtu.be/Gm1PqdbwBP0>
 - b) <https://youtu.be/h-0E9jGEOA>
 - c) <https://youtu.be/MlQr9Meee0I>

Education Program

Education Coordinator Certification Extensions

- Due to Executive Order 51 & 55, the Virginia Office of EMS will be extending the expiration dates for Education Coordinators with an expiration date of March 31, 2020, April 30, 2020, May 31, 2020 and June 30, 2020 until December 31, 2020.
- The Education Coordinator Update schedule can be found online at: <http://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/>

Education Coordinator Candidate Program

The Eligibility deadline for the next Education Coordinator Institute has been modified as follows:

- The deadline for EC Candidates to have completed all requirements in order to be considered eligible for this institute is May 24, 2020.
- Invitations will be sent to eligible candidates via e-mail on the morning of May 29, 2020.**

- More information can be found at: <http://www.vdh.virginia.gov/emergency-medical-services/ems-education-coordinator-requirements/>

**Dates changed due to COVID-19 State of Emergency.

Education Coordinator Candidate (Mentee) “Teaching Hours”

Based on action the Office took to extend the certification request expiration date for Education Coordinator Candidates (ECC) under Governor Northam’s Executive Order 51, the Virginia Office of EMS has determined that there is not a present need to relax regulatory requirements for the ECC program.

- All ECC required “teaching hours” must be taught in a face-to-face environment and an Education Coordinator above the 16th percentile must be present during the delivery of all content by the candidate.

EMS Training Funds

Table. 1 – Virginia EMS Scholarship Program – FY20 (Q1 through Q3)		
Certification Level	No. Awarded	Amount Awarded
EMR	1	\$148.00
EMT	299	\$185,440.00
AEMT	44	\$49,180.00
Paramedic	226	\$812,472.00
Grand Total	570	\$1,047,240.00

The FY20 Virginia EMS Scholarship Program will close on May 31, 2020 due to the need to begin the internal processes to close FY20. The FY21 fiscal year for the scholarship program will begin June 1, 2020. These changes should be seamless to the end user of the program.

Psychomotor Test Site Activity

- A. BLS Psychomotor Testing will be suspended for the duration of 2020 and all programs will be required to follow the TR-999 form developed during the COVID-19 pandemic. This allows the program director and the physician course medical director to determine entry level competency of students. Upon completion of the program, form TR-999 will be submitted to the Virginia Office of EMS and students will have a psychomotor examination generated and submitted to the National Registry.
- B. When meetings resume, the workgroup assigned from Training and Certification will continue their work on designing a more comprehensive psychomotor examination to test entry level competency through critical thinking rather than performance of rote

memorization skills. The Office of EMS is awaiting further direction from National Registry concerning their recommended changes.

Other Activities

Student Background Checks through Fieldprint

When the Office negotiated its contract with Fieldprint for provider background checks, we also included an option for EMS Educational Programs to be able to conduct background checks of their student body. All Education Coordinators and accredited EMS Programs may make use of this program at their own discretion. You are not required by this Office to run FBI backgrounds on your EMS students.

If you or your Program Medical Director would like to institute mandatory FBI background checks on your students, they should use the following steps to submit their fingerprints to the FBI. We have attached a flyer for use in your program literature should you decide to implement background checks.

To schedule a fingerprinting appointment as an EMS student, please follow these simple instructions.

1. Visit <http://fieldprintvirginia.com>
2. Click on the “*Schedule an Appointment*” button.
3. Enter an email address under “*New Users/Sign Up*” and click the “*Sign Up*” button. Follow the instructions for creating a Password and Security Question and then click “*Sign Up and Continue*”.
4. Enter the Fieldprint Code **FPVS999NC** when requested.
5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
7. If you have any questions or problems, contact Katie Hodges (kathryn.hodges@vdh.virginia.gov) at the Office of EMS.

Fingerprint results will be submitted to the Office of EMS Division of Regulation and Compliance and a staff member from Regulation and Compliance will notify you as the educator via e-mail the final status of “Eligible” or “Not Eligible” for certification in Virginia.

STAFF ACTIVITIES

- Debbie Akers is serving on the committee to rewrite the Education Standards and Instructional Guidelines. The first draft of the proposed Education Standards has been released and a stakeholders meeting was held on October 3, 2019 in Washington, DC. The committee is now taking the comments received during the

public comment phase and at the stakeholders meeting to make revisions. The second draft will be released in Spring 2020 with an anticipated effective date of August, 2020.

- Debbie Akers participated in a meeting with National Registry to discuss future collaborative work on testing, certification and research.

Community Health and Technical Resources (CHaTR)



IV. Planning and Regional Coordination

CHaTR Website

The CHaTR division 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

The OEMS continues to maintain a Memorandum of Understanding (MOU) with the Regional EMS Councils for the 2019 Fiscal Year. The Regional Councils are submitting their FY19 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 OEMS, Dr. Jaber and the Regional Council Executive Directors met on December 6, 2019 to discuss various aspects of the regional council programs including a planning session to evaluate the current MOUs in place and any possible modifications to future MOUs. A meeting originally scheduled for April of 2020 will be held upon the relaxation of the COVID-19 meeting/gathering limitation policies.

OEMS staff has been holding COVID-19 updates via webinar with regional council staff and board members on a weekly basis since March 13, 2020. In addition, CHaTR staff have been assisting in the coordination of distribution of Personal Protective Equipment (PPE) to the Regional EMS Councils.

The Blue Ridge and Rappahannock EMS Councils have entered into MOU agreements to transition into OEMS Regional Offices. OEMS staff is working with the Board of Directors of those respective councils for implementation throughout 2020. Hiring processes for the Program Managers of both offices have taken place throughout March and April.

Medevac Program

The medevac program is in the process of transition from the CHaTR division to the Trauma/Critical Care division. This process will be completed in 2020.

The Medevac Committee meeting scheduled for May 7, 2020 was cancelled due to the COVID-19 pandemic. The minutes of previous Medevac Committee meetings are available on the OEMS website linked below:

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

The amount of data submitted to the Medevac Helicopter EMS application (formerly known as WeatherSafe) continues to grow. In terms of weather turndowns, there were 523 entries into the Helicopter EMS system in Q1 of the 2020 calendar year. 67% of those entries (352 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a decrease from 636 entries in Q1 of 2019. This data continues to demonstrate a commitment to the program and to maintaining the safety of medevac personnel and equipment.

The Committee continues to evaluate 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.

The Office of EMS has developed a form intended for a health care provider to notify a patient or his/her authorized representative that the health care provider is requesting air medical transport for the patient who may not have an emergency medical condition.

The form can be found via the link below:

<http://www.vdh.virginia.gov/content/uploads/sites/23/2019/03/Air-Medical-Transport-Authorization-Form.pdf>

The CHaTR division manager 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, regulation, and the cost of providing air medical services.

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 Governor's Advisory Board, at the November 6, 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 began in early 2019. Committee chairs, OEMS staff, and Regional EMS Council staff have received the current 2016-2019 plan and the guidance documents for the triennial review and revision period. Reports from committees for edits, additions and deletions have been compiled into a draft of the 2020 State EMS Plan. On October 16, 2019, the Legislative and Planning Committee met during a special called planning session. During this meeting the committee reviewed and made final edits to the plan and subsequently voted unanimously to approve the draft 2020-2022 State EMS Plan.

The State EMS Plan was unanimously approved by the State EMS Advisory Board at their meeting on November 6, 2019. The Board of Health is required to adopt the plan, but the March 26, 2020 Board meeting was cancelled due to the COVID-19 pandemic.

The current version (2016-2019) 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/>

IV. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee was scheduled to meet on May 7, 2020. The meeting was cancelled due to the COVID-19 pandemic. Previous minutes Workforce Development Committee are available on the OEMS website, at the link below:

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

Of the various goals for the committee, introducing military and veterans into the Virginia EMS workforce and to support the recruitment and retention of an EMS workforce across Virginia. The committee's primary goals are to complete the EMS Officer and Standards of Excellence (SoE) programs.

EMS Officer Sub-Committee



The EMS Officer I (EMSO1) program was held at the Virginia Fire Chief's Conference with 20 registered students. We had 19 students attend and successfully complete the course. The EMS Officer I program was also held at the Central Virginia EMS Expo with 30 registered students and 20 students attending and successfully completing the course.

In the recent years since the initial release of the EMSO1 pilot in 2016, there have been nine (9) courses completed. In 2020, plans were in place to hold between 8-10 offerings throughout Virginia. In conjunction with each of these course offerings were plans to onboard additional instructors to the EMSO1 instructor pool. Due to the COVID-19 pandemic, all course offerings after March 13, 2020 have been cancelled. CHaTR staff will be making plans to resume instruction in the future.

The committee is currently finalizing some adjustments and working to the overall program and are instituting an instructor Train-the-Trainer program. The development for EMS Officer II has begun, while the committee also finalizes the full release of EMS Officer 1.

The EMSO1 online education format was formatted to a Learning Management System (LMS) and was first utilized at the 40th Virginia EMS Symposium. The input from the students and instructors was extremely positive and will be utilized moving forward in course delivery.

The EMS Officer page on the VDH/OEMS webpage has been updated to reflect the recent progress with the program. The page can be viewed 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 Areas of Excellence (AoE) – or areas of critical importance to successful EMS agency management.

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

CHaTR staff is providing technical assistance to agencies wishing to become Agencies of Excellence, however site visits are not currently possible due to the pandemic.

All documents related to the SoE program can be found on the OEMS website at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/virginia-standards-of-excellence-program/>

EMS Recruitment and Retention

The Virginia Recruitment and Retention Network met during the Virginia Fire Chief’s Conference on Thursday, February 20 at the Virginia Beach Rescue Squad, Station 14. CHaTR and Regulation & Compliance division staff attended and presented at as well.

The network is comprised of membership from Virginia, Maryland and West Virginia with over 300 members. 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 Network announced in February that Chair Karen McQuaid has stepped down and Laurie Hill from Fredericksburg Rescue Squad has assumed the position.

Several changes have been made to the Recruitment and Retention page on the OEMS website to give it a more streamlined appearance. Links to pertinent reference documents are expected to be added to the page in the coming months. The network is strongly encouraged to work with OEMS to provide updated information and resources through the website and social media for recruitment and retention across Virginia.

System Assessments/Miscellaneous Technical Assistance

CHaTR staff assists the Virginia Department of Fire Programs (VD FP) with evaluations of the Fire and EMS systems in localities in Virginia.

The most recent studies were held in Southampton County, September 25-27, 2019, and in Greene County on January 27, 2020. The final reports of those studies have not been released.

Evaluation reports for previously conducted studies can be found 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 has been requested to conduct an EMS system study in Wise County. That study has been postponed due to the pandemic.

CHaTR staff is also working with the VDH Office of Health Equity (OHE) to perform assessments of EMS systems that have Critical Access Hospitals (CAH) in their service areas in 2020.

In conjunction with the Virginia Fire Chief's Conference, CHaTR and OEMS staff attended the Virginia Fire Chief's Association Board of Directors and the Virginia Fire Service Board meetings.

On March 30, 2020, Center for Medicare and Medicaid Services (CMS) released notification to allow for an expansion of the list of allowable destinations for ambulance transports, including any destination that is able to provide treatment to the patient in a manner consistent with state and local Emergency Medical Services (EMS) protocols in use where the services are being furnished.

On April 9, the Virginia Office of Emergency Medical Services (OEMS) distributed guidance in the form of a white paper to both EMS agencies and facilities considered to be allowable destinations for ambulance transports under the CMS guidance.

System Assessments/Miscellaneous Technical Assistance (Cont.)

The white paper includes guidelines for agencies transporting patients to alternative sites, the protocols that outline the transportation options, funding for transportation to an alternate site, as well as further considerations for transportation to an alternate site.

The white paper can be found at the link below:

http://www.vdh.virginia.gov/content/uploads/sites/23/2020/04/EMS-Transport-to-Alternate-Sites-White-Paper.FINAL_.pdf

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 last met on February 12, 2020. Future meetings have not been scheduled due to the pandemic.

Previous meeting minutes may be viewed at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/community-paramedicine-mobile-integrated-healthcare/>

The workgroup has created a MIH-CP white paper and a letter of intent for agencies that are performing system evaluations to determine the feasibility of providing MIH-CP service. These documents were unanimously approved by the Medical Direction Committee at their meeting on January 16, 2020.

The white paper and letter of intent were approved by the State EMS Advisory Board at the last meeting on February 7, 2020.

CHaTR staff presented information on MIH-CP at a meeting held by Augusta Health in Staunton on March 2, 2020.

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

The CHaTR division manager was a presenter at the Virginia Rural Health Association (VRHA) Rural Health Voice Conference on November 20 and 21, 2019 in Martinsville, and was also appointed to the VRHA Board of Directors at the same meeting. The VRHA Board of Directors met on March 1, 2020.

Division of EMS Emergency Operations

V. Division of Emergency Operations

Division of Emergency Operations Staff Members

Office Number for Staff Members 804-888-9100

Karen Owens	Emergency Operations Manager, Staff Support – Provider Health and Safety Committee karen.owens@vdh.virginia.gov
Sam Burnette	Emergency Services Coordinator, Staff Support – Trauma System Emergency Preparedness and Response Committee samuel.burnette@vdh.virginia.gov
Rich Troshak	Emergency Operations Specialist, Staff Support - Communications Committee richard.troshak@vdh.virginia.gov
Caron Nazario	Emergency Planner, Staff Support - Emergency Management Committee caron.nazario@vdh.virginia.gov
Vincent Valeriano	Epidemiologist vincent.valeriano@vdh.virginia.gov

Emergency Operations

- **COVID-19 Response**

The Division of Emergency Operations continues to work closely with other OEMS staff, VDH partners, and other local, regional, and state partners to coordinate response, develop and share plans, update information, and provide guidance to the EMS agencies across the state in conjunction with the response to the Coronavirus (COVID-19) outbreak.

The following is a list of activities that the division staff have conducted in support of COVID-19 response

- **Website Development**

Karen Owens developed a COVID-19 website designed to put all COVID information in a single place. This information includes items from each division specific to impacts of COVID-19. The website provides a central location for all providers to access changes to

Virginia OEMS policies and processes as well as CDC information and guidance.

- **9-1-1 / PSAPs Call Screening Tool**

The Office of EMS provided a COVID-19 call screening tool, based on Center for Disease Control (CDC) guidelines, to the 9-1-1 centers throughout the state. The tool assists communications officers screen callers for potential COVID-19 exposure and provides this information to responders to ensure appropriate personal protective measures are taken.

- **Regional 9-1-1/PSAP Teleconferences**

Rich Troshak participated in multiple regional 9-1-1/PSAP teleconferences hosted by the Virginia Information Technology Agency's Integrated Services Program (ISP). Rich coordinated with VDH Health District Directors for multiple calls to secure their participation in these calls to answers COVID-19 related questions and provide updates.

- **PPE Deployment**

Karen Owens worked with Adam Harrell, associate director, to secure PPE through OEMS purchasing guidelines for distribution to EMS agencies. Karen worked with VDH partners and assisted in coordinating the delivery of Strategic National Stockpile (SNS) resources to the regional councils for distribution to the agencies.

- **Healthcare Committee**

Karen Owens serves as the EMS Subcommittee Chair for the statewide Healthcare Committee. In this position Karen works with various EMS partners to coordinate EMS planning and response needs and capabilities and shares input to the full committee for consideration and implementation guidance.

- **Various Committees**

Members of the Division of Emergency Operations continue to participate in multiple conference calls each week, providing EMS updates and receiving information to share with EMS providers and agencies. These conference calls include calls with Medical Directors, regional councils, VDH partners, Behavioral Health and Development Services, and others, as needed.

- **COVID Help Line**

Caron Nazario and Sam Burnette participated in training for the VDH COVID help line to answer questions and provide guidance to citizens utilizing the help line. Staff that completed training provided availability to staff the help line as the response to COVID continued.

- **ASPR Stakeholder Engagement**

Karen Owens participated in a two day stakeholder engagement meeting conducted by ASPR in Washington DC February 19-20, 2020. The meeting brought together public safety and public health partners from across the country to discuss response to large scale events, including pandemic emergencies and the gaps and needs of agencies to be prepared in these types of events.

Training Programs

- **APCO/NENA Winter Summit**

Rich Troshak attended the Virginia chapters of Association of Public-Safety Communications Officers (APCO) and National Emergency Number Association (NENA) Winter Summit in Chesterfield, Virginia on February 4, 2020. The event was attended by over 100 public safety communications professionals from across the Commonwealth. Rich presented sessions on Emergency Medical Dispatch (EMD) in Virginia and stress in 9-1-1 centers.

- **Virginia Fusion Center – Fusion Liaison Officer Training Program**

Sam Burnette aided in the delivery of a Virginia Fusion Center (VFC) Fusion Liaison Officer (FLO) training program held in Culpeper at Germanna Community College on February 5, 2020. The course was attended by members of various Federal, state, and local law enforcement agencies, Fire and EMS departments, the Virginia Department of Health, as well as several public safety telecommunicators. Sam presented an overview of the Virginia Department of Health and how it can help in natural and man-made disasters and a program on recognizing and reporting suspicious activity.

- **Community Based Emergency Response Seminar (CBERS)**

On February 21, 2020, Sam Burnette and Rich Troshak attended a pilot delivery of the Virginia Department of Health (VDH) Community Based Emergency Response Seminar (CBERS) course “*Resilient Responder: Self-Care for Responders Before, During, and After the Emergency*”. The three-hour program teaches responders about stress, trauma, and resilience; develop a Personal Preparedness Plan they can activate in case of a future crisis; and discuss the psychological impacts of a complex, coordinated attack scenario. The program is a collaborative effort between VDH, Department of Behavioral Health and Developmental Services (DBHDS), Department of Social Services (DSS), Virginia Office of EMS (OEMS), Virginia Department of Emergency Management (VDEM), and the Virginia Hospital and Healthcare Association (VHHA).

- **ArcGIS Introduction and Workflows**

Karen Owens and Sam Burnette attended two ArcGIS training programs held at the Office of EMS March 9-13, 2020. The *Introduction to GIS Using ArcGIS* course introduced the capabilities of ArcGIS, data collection, and data management. The second course, *ArcGIS Pro: Essential Workflows* focused on the ability to display 2D and 3D data, making maps and importing information from ArcGIS Online. ArcGIS projects will include analysis of training programs, emergency medical dispatching, and emergency operations response capabilities.

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

Frank Cheatham, Logistics Coordinator, hosted a Traffic Incident Management Train-the-Trainer February 25-26 in James City County. The course, attended by 18 students, teaches the TIM program and allows attendees to teach the course to other highway incident responders.

- **EMS Today**

Karen Owens and Vincent Valeriano attended EMS Today March 4-7, 2020, in Tampa, Florida. Representing the Office of EMS, Karen and Vince, along with Tim Perkins and Adam Harrell, spoke with attendees about opportunities in the Virginia EMS system, including the Virginia EMS Symposium. Vince also presented a poster on the Mental Health Survey conducted last year, sharing information on the survey findings and the activities OEMS has taken as a result of the survey.

Communications / Emergency Medical

- **EMS Advisory Board Communications Committee Meeting**

The EMS Advisory Board Communications Committee met in Glen Allen, Virginia on February 7, 2020. Items of discussion included the bills ([SB 720/HB 727](#)) in the General Assembly which mandates Telephone CPR (T-CPR) and Emergency Medical Dispatch (EMD) in Virginia. Other items of discussion included updates to the Office of EMS EMD Accreditation program, information about EMD and Rescue Squad Assistance Fund (RSAF) grants, and outreach to 9-1-1 centers regarding EMD.

- **Emergency Medical Dispatch (EMD) Presentations and Outreach**

Rich Troshak conducted multiple sessions throughout the quarter, focused on providing information on Emergency Medical Dispatch (EMD) programs and resources available to agencies looking to implement EMD programs. Presentations include the following:

- February 5, 2020 – Rich presented a training session to the Financial Assistance Review Committee (FARC) of the Governor’s EMS Advisory Board on Emergency Medical Dispatch (EMD), communications technologies, and EMS interoperability.

- February 26, 2020 - Rich participated in an EMD outreach meeting in Bland County, Virginia with FARC Member JC Bolling and Greg Woods, Executive Director at Southwest Virginia EMS Council.
- March 5, 2020 - Rich participated in an EMD demonstration in Appomattox County with 9-1-1 managers from Farmville who are preparing to implement EMD in their jurisdictions.

As of April 30, 2020: 84 out of the 119 9-1-1/PSAPs in Virginia have EMD protocols in place.

- **FirstNet**

Rich Troshak joined a conference call on February 10, 2020 with several FirstNet subject matter experts to provide feedback and discuss future potential utilization of the FirstNet network and applications by EMS agencies and providers in Virginia.

Planning

- Central Virginia Emergency Management Alliance (CVEMA) Monthly Meeting

Caron Nazario and Sam Burnette attended the February meeting of the Central Virginia Emergency Management Alliance (CVEMA) held at the Fairfield Library in Henrico on February 21, 2020. While the keynote presentation was on flood insurance modeling, the meeting focused on the potential impact of coronavirus in Central Virginia.

Provider Health and Safety

- **Mental Health Presentations**

During this quarter Vincent Valeriano presented information on the Mental Health Survey and related OEMS activities to various committees and groups, including the Workforce Development and Provider Health and Safety committees.

- **Mental Health Infographics**

Vincent Valeriano continues to develop mental health infographics which has been shared on the OEMS webpage and via social media. These resources are designed to provide quick snapshots of information regarding issues that were identified during the mental health survey.

- **CISM Team Activity**

During this quarter there were 15 reported activities which can include debriefings, one on one, education, and outreach.

Division of Public Information and Education

VI. Division of Public Information and Education

Public Relations

Marian Hunter, Public Relations Coordinator
Tristen Graves, Public Relations Assistant

Beginning in January 2020, Public Relations staff, along with VDH/OEMS staff began assisting with COVID-19 pandemic response efforts. Due to these emergency response efforts, the marketing and promotion of regularly scheduled events was postponed or cancelled in order to focus on the Governor's emergency declaration for this pandemic.

Public Outreach via Marketing Mediums

Via Virginia EMS Blog

The OEMS continues to share important updates and information via the Virginia EMS Blog. This blog replaces the EMS Bulletin, which was an online newsletter that went out twice a year. This blog allows OEMS shares information in a more timely, concise and in a web-friendly format. It also offers more interactive features so readers can comment or ask questions through the blog.

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 January – March are as follows:

- **January** – CE Course Announcement at Gather-Norfolk, Symposium Call for Presentations deadline reminder, EMS Officer I - Entry Level Officer training at VFCA conference, state holiday office closures, Division of Trauma and Critical Care EMS Data Submission Compliance Reports for October 2019, CE course available in Clintwood, Virginia OEMS alerting EMS providers about COVID-19 outbreak, Spring 2020 Cycle of Nasal Naloxone for EMS Agencies open, Category 1 CE Class available in Wytheville.
- **February** – EMSC nationwide assessment, EMS Officer 1 class being offered at the Caroline County Regional Fire School, 2020 Virginia EMS Symposium Call for Presentations deadline extension, Virginia Fire Chiefs Foundation's Inaugural 5K Run/Walk, The Resilient Responder 3-Hour Workshop: Self-Care for Responders Before, During & After an Emergency, EMS CE Dinner: Cardiac and Thoracic Surgery, EMS

Officer 1 course at Central Virginia EMS Education Expo, OEMS job opportunities, Virginia EMS Symposium sponsorship, National Registry Recertification Process. Provider Health and Safety Committee training bulletin, Va. EMS Portal & web app system maintenance, holiday office closures, 2020 Mission: Lifeline EMS Recognition, severe winter weather precautions, OEMS new psychomotor exam survey, EMS Officer 1 course in Rockingham County Regional Fire School.

- **March** – 2020 EMS Today Conference, EMS portal and database maintenance, COVID-19 cases in Virginia, EMS COVID-19 guidance, Governor’s Press Conference on COVID-19, March health and safety infographic, Governor declares State of Emergency, CDC guidelines for Healthcare providers (EMS included) during response to COVID-19, Tips for Managing Stress during the pandemic.

Via GovDelivery Email Listserv (January - March)

1/24/20 - The Virginia EMS Symposium Call for Presentations Deadline Approaching Soon!

3/27/20 - EMSC Pediatric Survey

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 May 7, 2020, the OEMS Facebook page had 7,739 likes, which is an increase of 798 new likes since January 24, 2020. As of May 7, 2020, the OEMS Twitter page had 5,303 followers, which is an increase of 514 followers since January 24, 2020.

Figure 1: This graph shows the total organic reach* of users who saw content from the OEMS Facebook page, January – March. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post was posted on March 27, 2020. This post garnered 12,033 people reached and 681 engagements (including post likes, reactions, comments, shares and post clicks.)**

**Total Reach activity is the number of people who had any content from our Facebook 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.*

Facebook Reach Activity Jan. 1 - Mar. 31, 2020

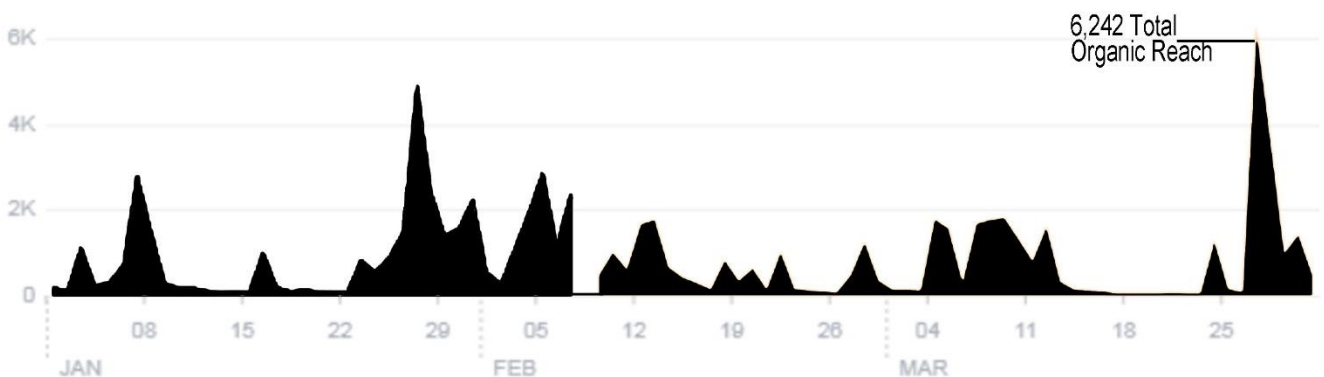


Figure 2: This graph shows the total organic impressions* over a 91-day period on the OEMS Twitter page, October - December. **During this 91-day period, the OEMS Twitter page earned 545 impressions per day. The most popular tweet received 1,907 organic impressions.**

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

Tweet Activity Jan. 1 - Mar. 31, 2020 Your Tweets earned 49.6K impressions over this 91 day period.

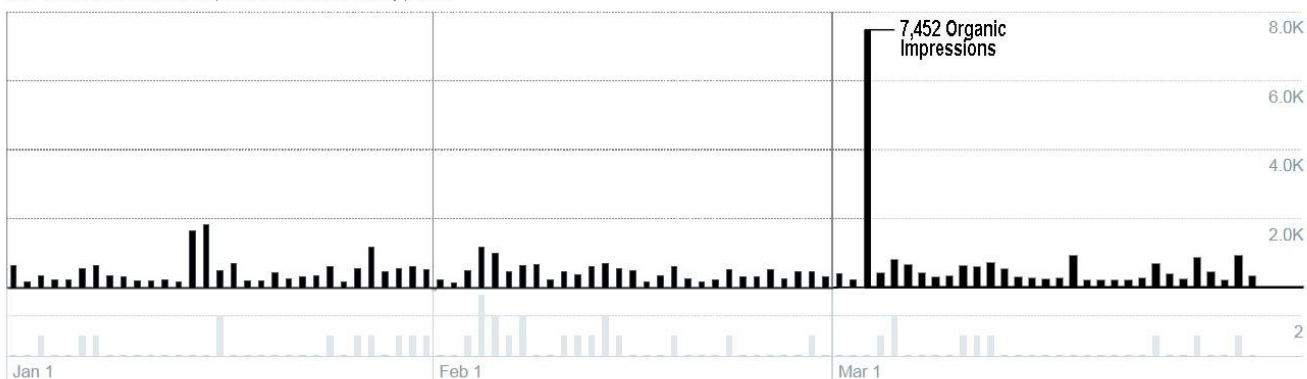


Figure 3: This table represents the top five most downloaded items on the OEMS website from January – March 2020.

January	<ol style="list-style-type: none"> 1. CentreLearn Instructions (444) 2. AuthorizedDurableDNRForm-2017 (431) 3. TR-53A-BLS-CE-Requirements (334) 4. TR-06-Course-Roster-10-25-18 (312) 5. October-2019-Quality-and-Compliance-Report (280)
February	<ol style="list-style-type: none"> 1. Quick-Guide-Completing-National-Registry-Recertification-Application-2019 (441) 2. CentreLearn Instructions (295) 3. AuthorizedDurableDNRForm-2017 (291) 4. TR-06-Course-Roster-10-25-18 (274) 5. TR-53A-BLS-CE-Requirements2 (188)
March	The Google website tracking tool went down for the month of March and data downloads were not collected during this time period.

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 January – March 2020.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
January	13,475	00:20	22.0%
February	11,176	00:23	23.6%
March	12,500	00:36	23.8%

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.

Events

EMS Week

- The PR Assistant drafted and submitted a proclamation request to the Governor’s Office to recognize EMS Week in Virginia.
- EMS Week will take place May 17 – 23, 2020 and EMS for Children Day will take place Wednesday, May 20, 2020. This year’s theme is “EMS Strong: Ready Today, Preparing for Tomorrow.”

Fire and EMS Memorial Week

- Due to the COVID-19 pandemic, plans to promote this event will be based on the determination of event plans for Fire and EMS Memorial Week. The PR Coordinator will plan to work with the VDFP to promote this event unless it is cancelled. The promotion plan will be as follows:
 - Will promote the date of this event in the EMS Week press release.
 - Will create a special webpage on the OEMS website to promote this event.
 - Will share and post additional information on the OEMS social media sites.
 - Will send out email through our listserv to inform providers about this event.

EMS Symposium

- The PR Coordinator designed the 2020 Virginia EMS Symposium logo to help promote the event. Two styles were created, a round seal logo and a stacked text logo.
- The PR Coordinator worked with Symposium Sponsorship Coordinator and PR Assistant to update the Virginia EMS Sponsorship Guide and posted on the website and via social media. This guide was also shared to sponsorship partners.
- The PR Assistant created a Sponsorship infographic, which was included in the sponsorship guide and shared via social media to promote symposium sponsorship.
- The PR Coordinator started working with the EMS Today Conference on a partnership to promote the Virginia EMS Symposium.

- EMS staff attended the EMS Today event to help promote the Virginia EMS Symposium.
- On Feb. 28, the PR Coordinator submitted a full-page color ad for the April 2020 edition of the Commonwealth Chiefs magazine to promote the Virginia EMS Symposium.

Governor's EMS Awards Program

- The PR Assistant designed the Regional/Governor's EMS Awards promotional flyers and emailed them to all of the Regional EMS councils.
- The PR Assistant helped to update the EMS Awards page on the OEMS website, along with helping to promote the online submission form.

Media Coverage

The PR Coordinator and PR Assistant are responsible for fielding the following OEMS media inquiries January – March, and submitting media alerts for the following requests:

- Feb. 20 – Reporter from Daily Progress inquired about EMS regulations pertaining to ALS and BLS EMS Providers
- Mar. 3 – Reporter from Danville Register and Bee inquired about EMS Response to COVID-19.

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 and coordinates events within the office.
- 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 events.
- Upon request, the PR Coordinator and PR Assistant provide assistance for the preparation of responses to constituent requests.

- The 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.
- The PR Coordinator and PR Assistant update OEMS website with content and documents upon request from office Division and Program Managers.
- The PR Coordinator is responsible for monitoring social media activity and requests received from the public. She forwards questions to respective OEMS division managers and provides responses to the inquiries through social media. The PR Assistant provides back-up to all social media for OEMS and VDH.
- 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. The PR Assistant provides back-up assistance.
- The PR Coordinator assists with FOIA requests as needed.
- When applicable, the PR Assistant submits new OEMS 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 January – March:

- **January - March** – The PR Coordinator is also responsible for working with the Communications Office to assist with coverage for media alerts, VDH in the News, weekly Commissioner’s message, media assistance, team editor, VDH social media, Shutterstock agency-wide image requests and other duties upon request.
 - In response to the COVID-19 pandemic, the PR Coordinator was temporarily reassigned to the role of Assistant Director for the Office of Communications. This role will last March-July 2020. As such, in this role she is responsible for approving time off requests, monthly financial approvals (sign-off on employee leave/pay forms), assisting with the Joint Information Center (JIC) duties, leading VDH Communications/JIC team meetings, creating daily VDH communications report, media response, coordinating press conferences, attending leadership meetings, assisting with VDH COVID-19 website updates and social media posts, etc.
 - In response to the COVID-19 pandemic, the PR Assistant has been helping with the following tasks: Logging media inquiries into the VDH Media Alert Generator, monitoring the VDH web feedback submissions and replying to general inquiries, assisting with posting and sharing OEMS COVID-19 information and updates.

- The PR Assistant is responsible for sending VDH media alerts, updating the VDH New Employees photos for the VDH intranet, replying to website feedback via the VDH website, coordinating and sending the Commissioner's clinician letters. The following Clinician Letters were sent from January – March:
 - 2019-nCoV – January 28
 - Electronic Death Registration System - February 21
 - Update on COVID-19 – February 27
 - COVID-19 Update – March 6
 - COVID-19 in Virginia – March 13
 - Update on COVID-19 in Virginia – March 24
 - Treatment of COVID-19 – March 25
- The PR Assistant also serves as secondary backup for VDH social media, listserv emails and assisting with website feedback.
- **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 January - March. Submissions that were recognized appear as follows:
 - **March 6 - OEMS Staff Assist With Fire-Rescue Conference in Virginia Beach**
 On February 18-22, 2020, Virginia Office of EMS (OEMS) staff attended the Virginia Fire Chiefs Association Fire-Rescue Conference in Virginia Beach, Va. The Division of Community Health and Technical Resources Manager, Tim Perkins and EMS Systems Planner Chris Vernovai taught the EMS Officer I course. This program was developed by OEMS to be implemented into EMS agencies to help boost leadership while developing and maintaining quality leaders in the EMS community. The program covers topics like human resource management, community and government relations, administration and more. The Division of

Accreditation, Certification and Education Manager Debbie Akers and Education Program Manager Chad Blosser coordinated all aspects of the continuing education for this event, which included more than 775 participants. This conference has grown significantly over the past four years, from approximately 375 to over 700 attendees. This increase in attendance can be partially attributed to OEMS offering continuing education for members of the fire service, who are also certified as EMS providers in the Commonwealth. Additional OEMS staff attendees included Assistant Director Scott Winston and State EMS Medical Director Dr. George Lindbeck.

Regulation and Compliance Division



While a declared state of emergency does provide for the commonsense relaxation of regulatory enforcement; it does not indicate a complete abandonment of the ideal of regulatory 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
 - 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)
 - Utilizing the Virginia Division of Legislative Services, Regulatory Town Hall, and Department of Planning and Budget as required
- Provide Virginia General Assembly legislative session representation for the Office of EMS

- Provide written and verbal consultation regarding proposed legislation being debated or considered, that involves or impacts the delivery of EMS in the Commonwealth of Virginia
- Educational Resource specific to Virginia EMS Regulation & Compliance
 - Educational programs provided on request and during most EMS conferences throughout the Commonwealth of Virginia
- Provide support to all standing Committees of and for the Governor's appointed 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

EMS Agency/Provider Compliance

Enforcement	2020 1st Quarter	2020 2nd Quarter	2020 3rd Quarter	2020 4th Quarter	2020 Totals	2019 Totals	2018 Totals
Citations	9				9	33	14
EMS Agency	2				2	13	9
EMS Provider	7				7	20	5
Verbal Warning	1				1	8	10
EMS Agency	0				0	4	8
EMS Provider	1				1	4	2
Correction Order	1				1	5	5
EMS Agency	0				0	1	4
EMS Provider	1				1	4	1
Suspension	4				4	24	40
EMS Agency	0				0	0	0
EMS Provider	4				4	24	40
Revocation	0				0	2	0
EMS Agency	0				0	0	0
EMS Provider	0				0	2	0
Compliance Cases							
EMS Opened	9				9	203	160
EMS Closed	31				31	*	91
Drug Diversions	1				1	6	12
Variances	18				18	110	54
Approved	9				9	56	33
Denied	9				9	54	20

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

(0) Administrative Processes Act - Informal Fact Finding Conferences (hearings) this quarter.

Licensure

Licensure	2020 1st Quarter	2020 2nd Quarter	2020 3rd Quarter	2020 4th Quarter	2019 Total	2018 Total
Total Agencies	584				587	607
New Agency	5				7	6
New Vehicles	90				239	4,243*
Inspections	657				2819	3,729*
Agencies Inspected	43				330	288
Vehicles Inspected	532				2153	3,097
Unscheduled “Spot” Inspections	82				336	389

***Note:** Statistical data unavailable or incomplete at the time of this report. Data will be included as it becomes available.

Background Investigation Unit

The Office of EMS began 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	2020 1st Quarter	2020 2nd Quarter	2020 3rd Quarter	2020 4th Quarter	2020 Total	2019 Total	2018 Total
Processed	1,602				1,602	7,613	7,318
Eligible	1,558				1,558	6,973	6,578
Non-Eligible	15				15	47	48
Review Criminal history	29				29	Not Available	Not Available
Outstanding Waiting for results	9				Not Cumulative	Not Cumulative	Not Cumulative
Rejected Fingerprint cards	20				20	391	Not Available
Jurisdiction Ordinance	424				424	2,432	1,344

EMS Physician Endorsement

Operational Medical Directors	2020 1st Quarter	2020 2nd Quarter	2020 3rd Quarter	2020 4th Quarter	2020 Total Year End # of OMD's	2019 Total	2018 Total
Endorsed	221					220	*
New OMD's	5				5	>3	*
Re-Endorsed (5yr)	5				5	41	*
Conditional (1yr)	3				3	23	*
Expired Endorsement	1				1	19	*

The 2020 OMD workshops schedule began during EMS Symposium on November 7th 2019 and the regional schedule is posted on the Virginia Office of EMS website for the remainder of 2020.

All regional OMD workshops cancelled due to the Covid-19 will be rescheduled as soon as possible. Interested OMD's can contact the Office to register for upcoming workshop(s).

Due to the unavailability of OMD workshops relating to the Covid-19 stay at home order, all OMD endorsements expiring March thru June of 2020 have been administratively extended and now set to expire on December 31, 2020.

Dr. Lindbeck is reviewing and updating the on-line OMD training program that is utilized as a pre-requisite for physician interested in becoming an endorsed EMS Physician in Virginia. We are developing 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!

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 was submitted to the Regulatory Town Hall on January 25, 2019.
- The decision was made to hold this draft (Chapter 32) and include regulatory language of what will be required for EMS agencies to become licensed as a Mobile Integrated Healthcare-Community Paramedicine and/or Critical Care Transport agency. Chapter 32 language must also be consistent and compliant with EMS Interstate Compact (REPLICA) language.
- **Stage 2** - Submission of the completed TH-02 document on January 25, 2019 for project 5100 (Chapter 32) will be presented to the VDH – Board of Health once final edits are complete; to initiate the Executive Branch Review process which requires the Office of Attorney General, Department of Planning and Budget including an Economic Impact Analysis, Cabinet Secretary, and Governor of Virginia to review; then posted for a 60 day public comment period on the Virginia Regulatory Town Hall
- Following the 60 day comment period, all 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.

Additional Regulation & Compliance Division Work Activity

- ❖ The Regulation and Compliance division staff held their bi-monthly staff meeting(s) on February 12th -14th, 2020 in Richmond, Virginia. A virtual divisional staff meeting was held on April 23, 2020. The next divisional staff meeting is scheduled for June 3rd – 5th, 2020 with a location still to be determined.

- ❖ Division staff have provided technical assistance and conducted educational presentations to EMS agencies, EMS Education Coordinator 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.
- ❖ **Process Change regarding Fingerprint submissions to the OEMS** effective January 1, 2020 the OEMS began utilizing FieldPrint for the submission of regulatory required fingerprints for criminal history reviews to determine eligibility for both EMS certification and or EMS agency affiliation. Details of how fingerprints are to be submitted to the OEMS after this date are on the OEMS Website under Regulation & Compliance and Criminal History Record sub-tab.
 - Option is available to request a paper card should FieldPrint location or hours not be acceptable. These instructions are also located on the Criminal History Record sub-tab on the OEMS website under Regulation & Compliance tab.
 - Currently there is a fee for background checks on non-certified members of EMS agencies due to budget bill restrictions on what OEMS can pay for.
 - \$28.72 for non-certified member joining a volunteer agency
 - \$35.72 for non-certified member joining a career agency.
 - Agencies can establish a billing account with FieldPrint to cover these fees
 - OEMS Criminal History guidance documents and FAQ's have been updated to the new FieldPrint Submission process.
- ❖ **2020 Agency Data Compliance Initiative Launched on January 1, 2020**
 - Per 12VAC5-31-560-C All licensed EMS agencies are required to submit Patient Care Records (PCR's) with the required minimum data set on a schedule established by the Office of EMS as authorized in §32.1-116.1 of the Code of Virginia.
 - Memo was emailed to all licensed EMS Agencies on January 10, 2020 advising of this initiative announcing the goal of all agencies being compliant by this summer

- Directions where to find the most current compliance report as well as contact information for resources to assist each agency in becoming compliant were provided both in this memo and on the OEMS website under Regulation & Compliance tab then click the Data Compliance Report sub-tab.
 - Their assigned OEMS Field Investigators will contact non-compliant agencies individually.
 - 3rd Party data vendors that submit data on behalf of licensed EMS agencies in Virginia will be contacted and notified of compliance deadlines – should they remain non-compliant, their privilege to submit data to the state may be suspended.

❖ **Designated Infection Control Officer (DICO) Memo – Position update**

- DICO memo was sent to all EMS agencies Superusers on December 31, 2019 and has been updated and replaced on the OEMS website under Regulation & Compliance then click the Compliance subtab.
- The Virginia Office of EMS does not identify, approve, or endorse specific Infection Control Officer educational programs. Virginia licensed EMS agencies may select a training program of their choice to ensure their agencies DICO has received training that is compliant with OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030 and any other federal regulation(s) that may apply.

❖ **Regulation & Compliance Division website updates:**

- **Durable Do Not Resuscitate (DDNR) - 12VAC5-66** – all DDNR information has been relocated on the Office of EMS website to the Regulation & Compliance Division under its own Durable Do Not Resuscitate sub-tab.
- **REPLICA – EMS Interstate Compact** – Has been operationalized and is available for EMS Agencies to utilize. Currently a paper application process is on the Office of EMS website.
 - All EMS Interstate Compact (REPLICA) information has been relocated on the Office of EMS website to the Regulation & Compliance Division under its own EMS Interstate Compact (REPLICA) sub-tab.

- EMS Interstate Compact allows a provider from another REPLICA state to practice in Virginia, once approved by the Office of EMS, for a period of 30 days, on their home state license/certification.
- If a REPLICA covered out of state provider is needed longer than the initial 30 days, they must apply for Virginia OEMS reciprocity during their initial 30 day REPLICA period.

❖ **Regulation & Compliance Division – Covid-19 Specific Information**

- OEMS Division Support Staff were required to begin teleworking on March 16, 2020 by the Commissioner of Health and OEMS Leadership. Division Leadership was able to continue working in the Office. Office was closed to the public.
 - Regulation & Compliance Field Staff were advised to cease any in person investigations or inspections until further notice.
 - Only “mission critical” issues could be handled by Field Staff in person and only when a social distancing measure of no more than 2 people would be involved.
- OEMS Division Leadership Staff and Senior Administration were required to begin teleworking on March 30, 2020.
- March 16, 2020 all in person OEMS meetings were to be cancelled until the stay at home and telework executive order has been lifted.
 - Pending Informal Fact Finding Conferences (IFFC’s) will resume scheduling once the stay at home executive order has been lifted.
 - Investigations were approved to continue provided in person meetings were not required.
- All EMS agency licenses or vehicle permits that expire March 31st through June 30th, 2020 were administratively extended until December 31, 2020.
- All OMD Endorsements that expire March 31st through June 30th, 2020 were administratively extended until March 31, 2020

- **Relaxation of EMS Regulations during declared State of Emergency (SOE).**
 - *While a declared SOE does provide for the commonsense relaxation of regulatory enforcement; it does not indicate a complete abandonment of the ideal of regulatory compliance.*
 - Covid-19 related requests for EMS Agency regulatory variances are being tracked by the Regulation & Compliance Division.
 - EMS agencies must contact their Field Representative or Regulation & Compliance Division Manager to submit their request **prior** to operating outside of compliance with EMS regulations.

Regulation and Compliance Division Structure Profile

Ronald D. Passmore, NRP

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
Physician Endorsement and Background Investigation Unit
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,
Phone: (804) 888-9133
Fax: (804) 371-3409

Shirley Peoples

Administrative Assistant,
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 investigations
- Notification to agencies regarding member eligibility status per background investigations
- 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 by inspections
- EMS vehicle initial and renewal permits and spot inspections
- EMS regulation development and compliance enforcement
- EMS complaint investigations
- Verify awarded EMS grants to eligible recipients from RSAF program
- Liaison and OEMS representative at various local and regional meetings with organizations to include but not limited to local governments (county, city, town), regional EMS Councils, VDEM, VDFP, OCME, federal/state and local law enforcement agencies, etc...
- Subject matter experts on the delivery of EMS within the Commonwealth
- Facilitator for matters related to OEMS through the various Office of EMS programs

Supervisor, Jimmy Burch, NRP (Jimmy.Burch@vdh.virginia.gov) – Virginia - East

Wayne Berry, NRP (Wayne.Berry@vdh.virginia.gov) – Coastal

Steve McNeer, EMT-I (Stephen.McNeer@vdh.virginia.gov) – Central

Doug Layton, NRP (Douglas.Layton@vdh.virignia.gov) – Shenandoah

Supervisor, Paul Fleenor, NRP (Paul.Fleenor@vdh.virginia.gov) – Virginia - West

Ron Kendrick, EMT-I (Ron.Kendrick@vdh.virginia.gov) – Appalachia

Scotty Williams, NRP (Scotty.Williams@vdh.virginia.gov) – Highlands

Len Mascaro, NRP (Leonard.Mascaro@vdh.virginia.gov) – Northern Virginia

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

Division of Trauma and Critical Care

VIII. Division of Trauma and Critical Care

Patient Care Informatics

In the first quarter the Informatics team addressed over 450 general support tickets, emails, and phone calls. Certain processes are also monitored each day to ensure the import and export of data is working properly and that the reporting database is up to date. Along with normal support items, there are support projects the team is doing. One such project is the cleanup of postal code information in the EMS system. While our vendor uses the postal code database required by the NEMSIS standard, there are many that activate selections that, while correct, are not typically used to represent a physical location. Our team is in the process of reviewing over 6000 individual postal code selections and ensuring the choices available are accurate.

Each morning, the Informatics team has a 15-minute meeting (we call a huddle) to go over daily tasks. This allows each member of the team to briefly discuss items they are working on. This daily meeting helps keep everyone focused and on track. While we were having these daily meetings in the office, they are more important now since current events have all of us tele-working

○ Virginia Elite Updates

During the 1st quarter, the Patient Care Informatics team continues to work with EMS agencies regarding data quality issues. The information made available to agencies consists of overall monthly quality scores, the submission of non-compliant data, and issues with missing demographics data. We continue to direct agencies to pre-created reports they can use to make corrections and address issues.

- Overall EMS data quality has gone up this quarter to just over 97%. However, there are still over 400 agencies that have yet to report their 2018 demographic data based on Virginia Data Dictionary requirements.
- During this quarter, between 75 and 90 agencies failed to report anything, which includes failing to report they had no EMS runs. The creation of a “No Incidents to Report” entry is a very simple process and the Informatics Team has a “How To” document available (for over two years now) agencies can use to create this entry as needed.

- The number of non-compliant values submitted is still averaging around 27,000 data points per month.
- This quarter, each EMS software vendor utilized by Virginia EMS agencies was contacted via certified letter outlining a list of non-compliant values their customers were sending. To date, all EMS vendors have responded and are working to eliminate the submission of these.

○ **EMS Data Submission and Data Quality**

- Data submitted and recorded into the database contains numerous errors and missing fields. OEMS has established a scoring system that reflects whether an agency is submitting/recording information correctly. Based on this score, called “Incident Validity Score,” the agencies are classified as I) Excellent, II) Good, or III) Poor. Staff works monthly with EMS agencies and the Regulation and Compliance Division to improve the quality of the data submitted to the Elite system.
- We continue to have mapping issues with agencies that have chosen to utilize their own 3rd party software product. The 3rd party vendor may allow the agency to create its own “custom codes”, however these codes must then be mapped to an acceptable NEMSIS 3 data value. Support staff created individualized spreadsheets for each agency found to be submitting invalid codes that provided detailed information on the nonstandard items. There have been significant improvements made our most current data for March 2020 shows that we received 23,312 nonstandard submissions which is 13,000 less than we received in January 2020. We have encouraged the agencies to work with their 3rd party vendor to ensure the mapping issue is corrected. The latest Data Quality Report and Data Submission Compliance Reports are on the Knowledgebase: [Knowledgebase - Data Submission Report](#)

- *Table 1: Number of Virginia EMS Agencies Classified by Average Incident Validity Score, December 2019-February 2020*

Validity Score Scale	December	January	February
Excellent (98-100)	403	412	428
Good (95-97.99)	54	46	42
Poor (< 95)	53	42	45
Failed to Submit	80	90	75

- **Virginia Trauma Registry**

- In the Trauma Registry, the design and development of an updated Quality Report is in the approval process. Once approved, this report will show each facility its overall quality score. Using this, facilities and Informatics team members will have a reference point on improving quality. A process document covering all aspects of quality and compliance for internal use is also being created. This will ensure anyone within our team will be able to produce any required quality documents and address any quality issues. New validation rules are still in development and should be ready to coincide with the release of a new trauma data dictionary later this year. We now have a complete up to date list of contacts for each hospital and trauma center. Using this list, the Informatics team will know who to send quality reports to and who to follow up with if issues occur.

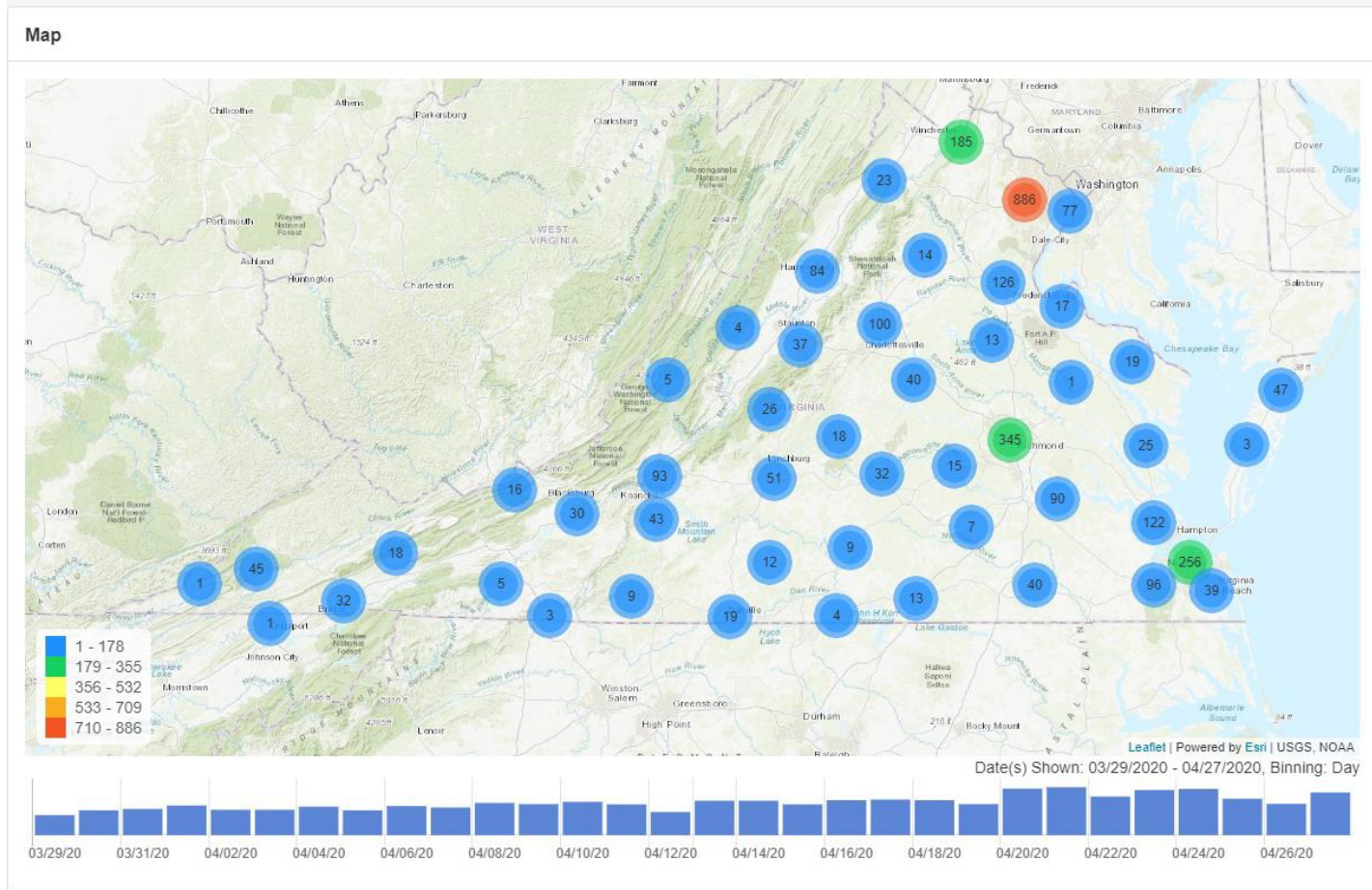
- **Biospatial Implementation**

The Biospatial implementation is ongoing The Biospatial project is still on track. XML data exported from the EMS system to Biospatial are tracked daily to ensure information flows over as scheduled. New user agreement forms have been finalized to be used when the rollout of Biospatial to the test group begins later this year. The rollout plan and accompanying checklist are in process and should be completed within the next quarter.

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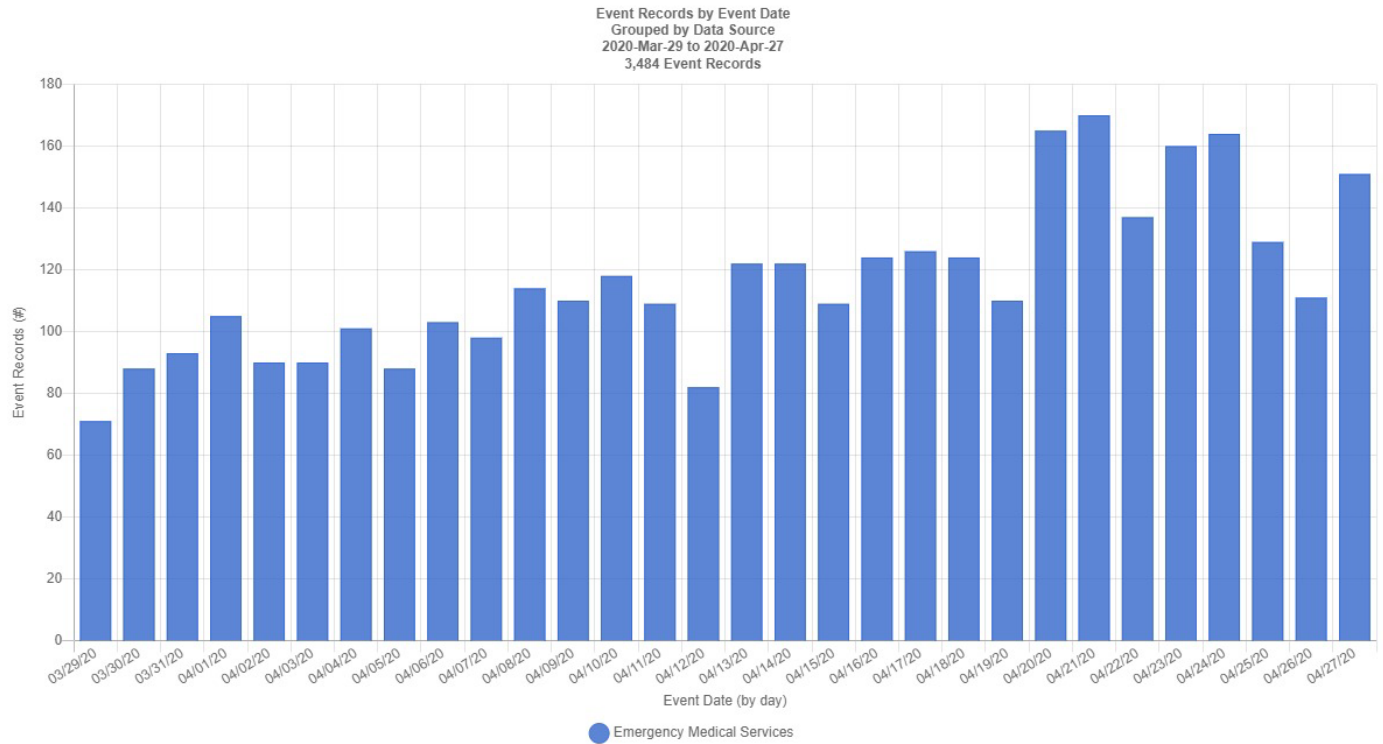
- Security agreements are developed and they are in the approval phase.
- The vendor has incorporated the Commonwealth of Virginia required privacy statement on the programs sign in screen.
- Permissions groups are created, and individuals will be assigned to a group that aligns with the user's job role by OEMS support staff.
- Based interest expressed at the Biospatial booth at the 2019 Symposium, pilot agencies have been identified and will assist OEMS with the testing and roll out of the platform.

- We have used Biospatial COVID-19 Dashboard to help with tracking EMS PPE utilization, and as an early warning system for possible hot spots. Below is an example of the COVID-19 Dashboard

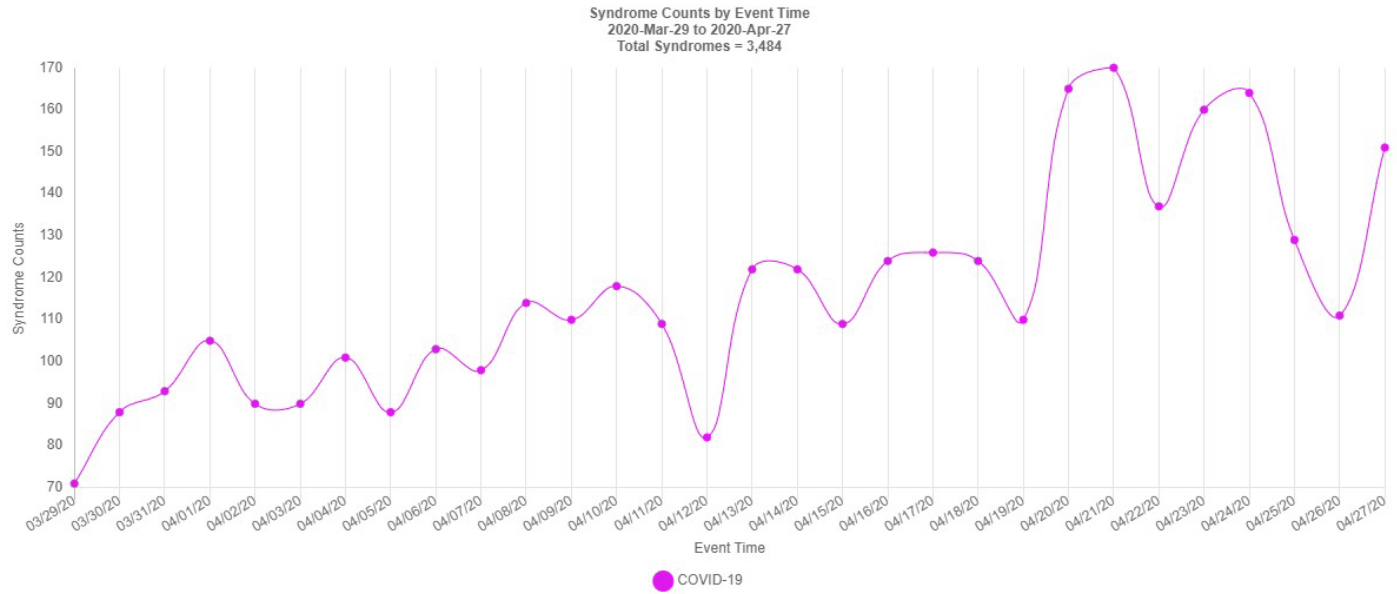


Data Explorer: Event Records by Event Date

Data filtered based on the following **Access Levels**: Operational = Full



Syndrome Counts by Time



- EMS Epidemiology**

- EMS Calls Summary:** Virginia EMS agencies received/responded to **399,994** transport calls in the first quarter of 2020 (reported as of 04/13/2020). Summaries of the calls by incident disposition, sex, age, and EMS council regions are tabulated below (Tables 1-4).

Table 1: EMS Calls by Incident Disposition, First Quarter 2020, Virginia

Incident Disposition	EMS Calls
Patient Treated, Transported by this EMS Unit	277,487
Canceled	40,309
Assist	27,685
Patient Refused Evaluation/Care (Without Transport)	18,337
Patient Treated, Released (AMA)	12,413
Standby	7,631
Patient Treated, Transferred Care to Another EMS Unit	5,474
Patient Evaluated, No Treatment/Transport Required	3,576
Patient Dead at Scene	3,500
Patient Treated, Released (per protocol)	1,686
Patient Refused Evaluation/Care (With Transport)	1,059

Patient Treated, Transported by Law Enforcement	426
Patient Treated, Transported by Private Vehicle	238
Other*	168
Blank	5
Total	399,994

*Note: Other refers to: i) Transport of non-patient, organs, etc.; ii) Community Treatment Unit, Treated and Released; and iii) Z-TX with mutual aid transported.

Table 2: EMS Calls by Sex, First Quarter 2020, Virginia

Patient Sex	EMS Calls
Female	176,621
Male	153,426
Not Applicable	8,022
Not Recorded	11,268
Blank	2,440
Unknown (Unable to Determine)	277
Total*	352,054

*Note: Total does not include standby or cancelled EMS calls.

Table 3: EMS Calls by Age Group, First Quarter 2020, Virginia

Patient Age Group (Years)	EMS Calls
Under 15	13,721
15 – 29	31,678
30 – 44	36,593
45 – 59	57,949
60 – 74	89,372
75 and Above	100,944
Blank	21,797
Total*	352,054

*Note: Total does not include standby or cancelled EMS calls.

Table 4: EMS Calls by EMS Council Region, First Quarter 2020, Virginia

EMS Council Region	EMS Calls
Blue Ridge	18,556
Central Shenandoah	17,265
Lord Fairfax	10,766
Northern	65,874
Old Dominion	72,671
Out of State/Other	18,258

Peninsulas	28,907
Rappahannock	32,900
Southwest	27,705
Thomas Jefferson	10,848
Tidewater	59,919
Western	36,325
Total	399,994

- **Opioid Usage and Naloxone Administration**

Opioid Usage and Naloxone Administration:

Virginia EMS providers administer Naloxone (Narcan) to patients with opioid overdoses. A total of 2,967 Naloxone administrations for 2,194 incident overdose cases were reported from January – March 2020. Of the Naloxone doses administered, an improved response was documented for 1,565 of the doses; the 1,565 doses were provided for 1,316 incident overdose cases. Comparing the number of incident overdose cases (N=2,194) and the incidents with improved responses (n=1,316), 60% of the overdose cases had a positive response to Naloxone administration documented.

Figure 1: Naloxone Administrations by Sex, First Quarter 2020, Virginia

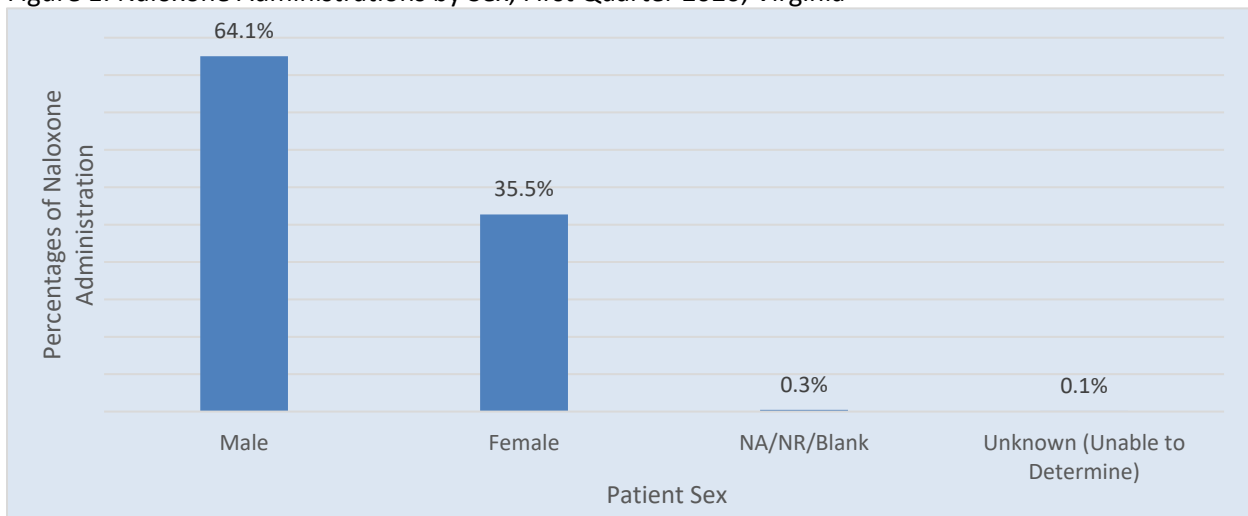


Figure 2: Naloxone Administrations by Age Group, First Quarter 2020, Virginia

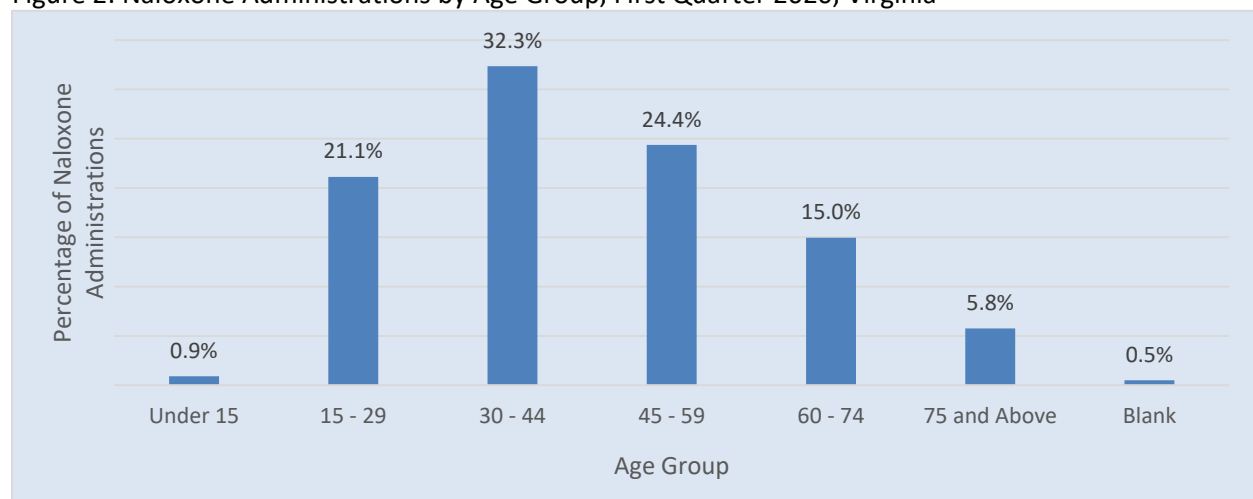


Table 5: Naloxone Administrations by EMS Council Region, First Quarter 2020, Virginia

EMS Council Region	Naloxone Administrations
Blue Ridge	57
Central Shenandoah	45
Lord Fairfax	142
Northern	445
Old Dominion	824
Out of State/Other	5
Peninsulas	248
Rappahannock	214
Southwest	82
Thomas Jefferson	71
Tidewater	435
Western	399
Total	2,967

Trauma Incidents

- Of the total EMS calls (399,994) reported in the first quarter of 2020, 22,059 calls were trauma related (5.5% of the EMS call volume).

Table 6: Top Ten Injury Types by Abbreviated Injury Scale Body Region, First Quarter 2020, Virginia

Top Ten Injury Types	Counts of Incidents
Injury – Lower Extremities	5,159
Injury – Head	4,380
Injury – Unspecified	4,347
Injury – Upper Extremities	3,048
Injury – Face	1,703

Injury – Spine	1,405
Injury – Neck	966
Injury – Thorax	546
Injury – Abdomen	475
Multiple Injuries	30

Table 7: Top Ten Hospital Destinations for Injury Calls, First Quarter 2020, Virginia

Destination Hospital For Trauma Incidents	Counts of Incidents
Fairfax Hospital	1,026
Roanoke Memorial Hospital	858
VCU Health System	772
Riverside Regional Medical Center	744
UVA Health System	701
Norfolk General Hospital	687
Chippenham Hospital	633
Mary Washington Hospital	609
Northern Virginia Medical Center	570
Virginia Beach General Hospital	509

Ad Hoc Reports: OEMS received a total of 15 data and/or data analysis requests in the first quarter of 2020.

Analysis of Commercial EMS Agency Call Volume in CY 2019

- The VPHIB fields reviewed to generate this report were Incident ID, Agency Number, Agency Name, Agency Organizational Type, Response Type of Service Requested, and Incident Unit Notified Date.
- Information on EMS agency organization type was obtained from the Licensure Database maintained by the OEMS, Division of Regulation and Compliance.
- For this report, the EMS agencies were grouped into two groups: Private but Non-hospital and Other. The Private non-hospital group includes agencies that are privately owned but are not associated with any hospital system. The Other group includes the volunteer agencies, hospital owned agencies, governmental agencies, and federal agencies.
- EMS calls were divided into three categories: 911 call, inter-facility/medical transport call, and public assistance call. The 911 call group consists of 911 (scene) and mutual aid calls; inter-facility/medical transport call group consists of inter-facility and medical transport calls; and public assistance call group consist of intercept/rendezvous, public

assistance/other not listed, standby, Z-flag down/walk-in emergency, and EMS service call.

- Inclusion Criteria:
 - Date Range: Year 2019.

Table 1. Number and percent of all EMS calls by EMS agency type, 2019, Virginia

EMS Agency Type	Number of EMS Calls	Percent of the Total EMS Calls
Private, Non-hospital EMS Agencies	348,844	20.9%
Others	1,318,398	79.1%
Grand Total	1,667,242	100.0%

Table 2. Number and percent of 911 calls by EMS agency type, 2019, Virginia

EMS Agency Type	Number of 911 Calls	Percent of the Total 911 Calls
Private, Non-hospital EMS Agencies	30,979	2.6%
Others	1,138,532	97.4%
Grand Total	1,169,511	100.0%

Table 3. Number and percent of Inter-facility/Medical transports by EMS agency type, 2019, Virginia

EMS Agency Type	Number of Interfacility/Medical Transport Calls	Percent of the Total Interfacility/Medical Transport Calls
Private, Non-hospital EMS Agencies	317,060	66.4%
Others	160,646	33.6%
Grand Total	477,706	100.0%

Table 4. Number and percent of public assistance calls by EMS agency type, 2019, Virginia

EMS Agency Type	Number of Public Assistance Calls	Percent of the Total Public Assistance Calls
Private, Non-hospital EMS Agencies	805	3.9%
Others	19,620	96.1%
Grand Total	20,425	100.0%

Has COVID-19 Impacted EMS Call Volumes for Cardiac Arrest, STEMI, and Stroke

Total 911 Calls by Syndrome, Q1 and Q4 2019 vs. Q1 2020, Virginia

EMS Calls	Q1 2019 N (% of total)	Q4 2019 N (% of total)	Q1 2020 N (% of total)
Total 911 calls	161,260	167,554	160,185
911 calls for cardiac arrest	3,052 (1.9%)	3,087 (1.8%)	3,120 (1.9%)
911 calls for chest pain	11,355 (7%)	10,968 (6.5%)	10,475 (6.5%)
911 calls for STEMI	503 (0.3%)	540 (0.3%)	480 (0.3%)
911 calls for stroke	2,406 (1.5%)	2,498 (1.5%)	2,379 (1.5%)

Cardiac Arrest Patient Disposition by Month, Q4 2019 vs. Q1 2020, Virginia

Disposition Incident Patient Disposition With Code (eDisposition.12)	Incident Unit Notified By Dispatch Date Time (eTimes.03)					
	2019	2019	2019	2020	2020	2020
	October	November	December	January	February	March
Patient Dead at Scene-No Resuscitation Attempted (With Transport) (4212013)	5	5	9	6	6	7
Patient Dead at Scene-No Resuscitation Attempted (Without Transport) (4212015)	339	346	392	377	331	384
Patient Dead at Scene-Resuscitation Attempted (With Transport) (4212017)	6	9	14	9	3	15
Patient Dead at Scene-Resuscitation Attempted (Without Transport) (4212019)	252	301	316	299	274	343
Patient Treated, Transported by this EMS Unit (4212033)	421	443	490	483	438	429
Grand Total	1,023	1,104	1,221	1,174	1,052	1,178

Number of Cardiac Arrests by EMS Council Region, Oct. 2019 to Mar. 2020

	October	November	December	January	February	March
Blue Ridge	36	55	48	52	38	46
Central Shenandoah	47	43	49	45	40	61
Lord Fairfax	32	32	48	45	30	47
Northern	167	198	230	216	195	176
Old Dominion	205	195	230	265	199	250
Out of State/Other	3	2	5	3	3	4
Peninsulas	55	67	63	65	88	71
Rappahannock	57	72	62	58	52	64
Southwest	62	51	50	63	60	70
Thomas Jefferson	33	43	44	38	27	38
Tidewater	147	143	182	121	125	138
Western	108	112	111	103	101	123

Cardiac Arrest Rates Per 100,000 by EMS Council Region, Q1 and Q4 2019 vs. Q1 2020

	Q1 2019	Q4 2019	Q1 2020
Blue Ridge	47.8	52.8	51.6
Central Shenandoah	51.8	46.2	48.5
Lord Fairfax	62.9	47.0	51.2
Northern Virginia	21.8	23.6	23.3
Old Dominion	43.7	43.4	49.2
Peninsulas	32.4	29.6	35.8
Rappahannock	35.4	35.6	32.4
Southwest Virginia	44.4	43.1	51.0
Thomas Jefferson	44.0	44.7	38.4
Tidewater	34.0	38.4	31.2
Western Virginia	46.5	47.2	46.6

Number of Patients with STEMI by EMS Council Region, Oct. 2019 to Mar. 2020

	October	November	December	January	February	March
Blue Ridge	6	6	7	5	5	5
Central Shenandoah	14	3	6	6	12	12
Lord Fairfax	13	8	7	8	9	3
Northern	28	40	20	31	24	22
Old Dominion	35	46	60	44	35	47
Out of State/Other	1	1	5	1	2	3
Peninsulas	10	14	12	9	13	15
Rappahannock	8	10	7	10	7	3
Southwest	8	8	5	9	10	5
Thomas Jefferson	7	3	12	3	7	14
Tidewater	22	31	17	17	14	15
Western	19	19	22	20	20	15

STEMI Rate per 100,000 by EMS Council Region, Q1 and Q4 2019 vs. Q1 2020

	Q1 2019	Q4 2019	Q1 2020
Blue Ridge	6.1	7.2	5.7
Central Shenandoah	6.3	7.6	10.0
Lord Fairfax	10.1	11.7	8.4
Northern Virginia	3.1	3.5	3.1
Old Dominion	8.3	9.7	8.7
Peninsulas	7.5	5.8	5.9
Rappahannock	4.8	4.7	3.7
Southwest Virginia	6.1	5.5	6.3
Thomas Jefferson	8.9	8.2	8.9
Tidewater	5.5	5.7	3.7
Western Virginia	6.8	8.6	7.8

Number of Stroke Patients, Oct. 2019 to Mar. 2020, Virginia

	October	November	December	January	February	March
Blue Ridge	39	35	33	35	36	32
Central Shenandoah	39	40	26	45	30	31
Lord Fairfax	19	16	10	26	11	17
Northern	128	123	134	118	100	104
Old Dominion	212	165	181	201	196	180
Out of State/Other	10	7	9	9	9	4
Peninsulas	46	58	46	51	51	51
Rappahannock	68	45	55	56	40	42
Southwest	45	44	30	41	39	46
Thomas Jefferson	43	36	34	41	34	33
Tidewater	137	160	147	156	118	130
Western	88	100	90	82	92	92

Stroke Rates Per 100,000 by EMS Council Region, Q1 and Q4 2019 vs. Q1 2020

	Q1 2019	Q4 2019	Q1 2020
Blue Ridge	37.6	40.6	39.1
Central Shenandoah	37.9	34.9	35.2
Lord Fairfax	23.9	18.9	22.6
Northern Virginia	15.9	15.3	12.8
Old Dominion	35.2	38.4	39.7
Peninsulas	27.0	24.0	24.4
Rappahannock	28.5	31.3	25.7
Southwest Virginia	37.0	31.4	33.3
Thomas Jefferson	39.5	42.1	40.3
Tidewater	30.3	36.1	32.9
Western Virginia	37.3	39.6	37.9

Meeting and Training Participation:

During the first quarter of 2020, epidemiology staff participated in several external meetings and training opportunities, including:

- Virginia Stroke Care Quality Improvement Advisory Group
- Creating and Using Evidence-Based Quality Measures in EMS: The National EMS Quality Alliance
- Tableau webinar on Improving Public Health with Data Visualizations
- ArcGIS systems training
- COVID response-related meetings, conference calls, and webinars

Other Activities:

During the first quarter of 2020, an interactive trauma center map was created; the map can be found here: <http://www.vdh.virginia.gov/emergency-medical-services/trauma-critical-care/virginia-trauma-centers/>. Additionally, the OEMS Data Request Form was updated. The updated electronic, fillable form is now available at <http://www.vdh.virginia.gov/emergency-medical-services/data-request-form/>. OEMS will no longer be accepting data requests through the old form; the new form should be used for all future requests.

Trauma and Critical Care

- **Trauma System Status**
 - Pursuant to the emergency declarations made by Governor Northam regarding the Covid-19 pandemic, OEMS suspended trauma center designation site reviews for 90 days, effective March 18, 2020.
 - OEMS staff is working with the State Health Commissioner to adapt the trauma designation schedule and process to meet the standards set forth by Governor Northam. The Code of Virginia is very specific in that the State Health Commissioner has the authority to grant trauma center designation and are working to implement a plan that will be in the best interests of the citizens and our designated trauma centers. A
 - All trauma centers whose designation expired during this period have received automatic extension of its designation. This extension will be effective until a verification site review can be rescheduled and conducted.

▪ **Trauma Center Site Reviews Performed / Completed Since Last Report**

- Sentara Northern Virginia Medical Center (NVMC) was granted Provisional Designation as a Level III Trauma Center by the Commissioner of Health following a site review on February 14th. NVMC will have one year to function as a Level III before another site visit to verify that they continue to provide good quality trauma care and demonstrate continued improvement of their processes.
- Fort Belvoir Community Hospital (FBCH) had a consultative visit from the American College of Surgeons' verification program on January 22nd. FBCH received the report on the visit on March 3rd. OEMS staff contacted staff from FBCH to advise them of the Virginia Trauma Center Designation process, and that verification from the ACS has no legal standing in Virginia. Staff there understands FBCH will not be able to hold themselves out publicly as a trauma center should they receive ACS verification.
- Norfolk General Hospital, Burn Center verification, January 23, 2020
Process completed: Full Verification
- Northern Virginia Medical Center, Level III provisional designation, February 14, 2020
Process completed: Provisional Designation
- New River Valley Medical Center, Level III verification, February 20, 2020
Process completed: Verified for three years

▪ **Trauma Center Site Reviews Scheduled / Planned for 2nd Quarter 2020**

- None currently scheduled for this quarter

• **Trauma System Committees**

- The seven Trauma System Committees met on February 6th and 7th in conjunction with the EMS Advisory Board meeting.

- Trauma Administrative and Governance Committee (TAG) reviewed the 3rd quarter 2019 Data Report on Trauma Incidents. TAG discussed the report and gave suggestions to OEMS Epidemiologist Narad Mishra for future reports.
- The System Improvement Committee (SIC) reviewed the quarterly report from the OEMS Epidemiology staff regarding trauma patients reported to the Virginia State Trauma Registry (VSTR). The Committee requested that it be presented to the Prehospital Committee for their input, and that work start on the hospital data for the report.
- The Injury and Violence Prevention Committee was notified that both the Chair and the Vice-Chair have taken other jobs, with the Chair having resigned from the IVP Committee. Members were asked to volunteer for the position, if interested. The Committee reviewed its Goals and Objectives, and discussions were held regarding how to advance the objectives.
- The Prehospital Care Committee reviewed a position paper on blood transfusion at the request of the Medical Direction Committee. A review of how to create better coding for “injury not otherwise specified” in Elite to improve data quality. The Committee also began the process of determining if there are needs for updating trauma triage criteria for the inclusion of pediatric and geriatric indicators.
- The Acute Care Committee continues to review the Virginia Trauma Designation Manual and the Trauma Center Designation process.
- The Post-Acute Care Committee received a report on the current number of inpatient rehabilitation beds available in the Commonwealth, the current occupancy rate, and the number and percent of trauma patients being discharged to inpatient rehab. From this data the Committee is developing a plan to look deeper into which patients go to rehab and the barriers to getting patients into rehab.
- The Emergency Preparedness and Response Committee reviewed the various preparedness drills that have been held in the Commonwealth recently. The Committee is examining a way to catalogue where, when and types of drills for the future. The Committee continues its focus on preparedness for burns, pediatrics and supply chain issues.

- **Virginia State Trauma Registry (VSTR)**

- Work on the update of the VSTR Data Dictionary continues but due to the impact of COVID-19 there is a new implementation timeline that puts us at the end of 2020. We have been building detailed data quality reports for our designated and non-designated trauma centers. After analyzing the common areas of low quality, we identified patterns and trends common to both trauma centers and community hospitals and the team realized that the current format of our Data Dictionary was less than helpful as a guidance document. We are expanding the Data Dictionary to include more in-depth definitions and background for each element. We will also be embedding registry education/tips and tricks within the Dictionary so that Registrar staff across the state will have a single source reference specific to Virginia. This delay will also allow us to incorporate the next update of the NTDS. The document, the first update to the dictionary since 2015, is currently in the ‘final draft’ version. It now adheres closely to the National Trauma Data Standard, extends to 200 pages, and includes 10 appendices for uniform references. Trauma/Critical Care staff will continue to consult with Trauma Program Managers (TPMs) and Virginia Trauma Registrars as we move forward. This continued collaboration, will ensure a thorough, high-quality, final document to guide statewide trauma data collection.

- **Virginia Stroke System Task Force**

- The Virginia Stroke Systems Task Force (VSSTF) is an independent body comprised of stakeholders invested in improving stroke systems of care in Virginia. VDH Office of Disease Prevention provides administrative support to the VSSTF, and OEMS personnel are voting members. The VSSTF meets quarterly.
- At the January 2020 VSSTF meeting, a presentation was made by Virginia Relay. This is a service provided by the Virginia Department for the Deaf and Hard of Hearing. It provides services beyond the traditional relay services for the hearing impaired and includes services for Individuals who have significant difficulty speaking or being understood, and those wanting to contact someone who has difficulty speaking and being understood. The presented information was forwarded to the CHaTR Division for its review as a possible resource for community paramedicine providers.

VIRGINIA EMS for CHILDREN (EMSC) PROGRAM

Three-Month EMSC Survey Complete!

Nationally, all EMS for Children (EMSC) programs receiving EMSC State Partnership Grant funding through the Health Resources and Services Administration (HRSA) were required to conduct an annual survey of EMS agencies. 54% of the Virginia EMS agencies invited to participate submitted an online survey to the National EMSC Data Analysis Resource Center (NEDARC). The 2020 survey of EMS agencies focused on issues related to national EMSC Performance Measures 02 and 03:

- The number of EMS agencies that have identified (or plan to identify) Pediatric Champions.
- The status of EMS personnel “skills-checking” on the use of pediatric equipment.

We are helping NEDARC clean, verify and analyze the response data now; results from this national survey will soon be shared with EMS stakeholders in Virginia. Every EMS agency is facing unique challenges right now that impacted their ability and desire to provide data, and the Virginia EMSC program is extremely grateful to all who completed the survey *despite these challenges*. Thank you.

Latest Procurement of Child Restraint Systems Now Being Distributed

Every child transported by ambulance in Virginia should be appropriately restrained. Another shipment of “ACR-4” child restraint systems funded by the federal EMSC State Partnership Grant **are now being distributed** to Virginia agencies with the greatest need. Contact David Edwards at david.edwards@vdh.virginia.gov or (800) 888-9144 to discuss this if your agency is not using a pediatric restraint system.



Agencies should adopt safety policies and procedures requiring the use of child restraints by their providers, and below are several resources that can aid in this process:

- <https://nasemso.org/wp-content/uploads/Safe-Transport-of-Children-by-EMS-InterimGuidance-08Mar2017-FINAL.pdf>
- <https://nasemso.org/wp-content/uploads/Pediatric-Transport-Products-for-Ground-Ambulances-v2.1.pdf>
- <https://nasemso.org/wp-content/uploads/Challenges-Associated-with-the-Safe-Transport-of-Children-in-Ambulances-Poster-MD.pdf>

A work group is being formed by the Virginia EMSC Program to develop a model set of recommended policies and procedures that can be offered to Virginia providers. If you have interest in serving on this group, please contact David Edwards at david.edwards@vdh.virginia.gov or (800) 888-9144.

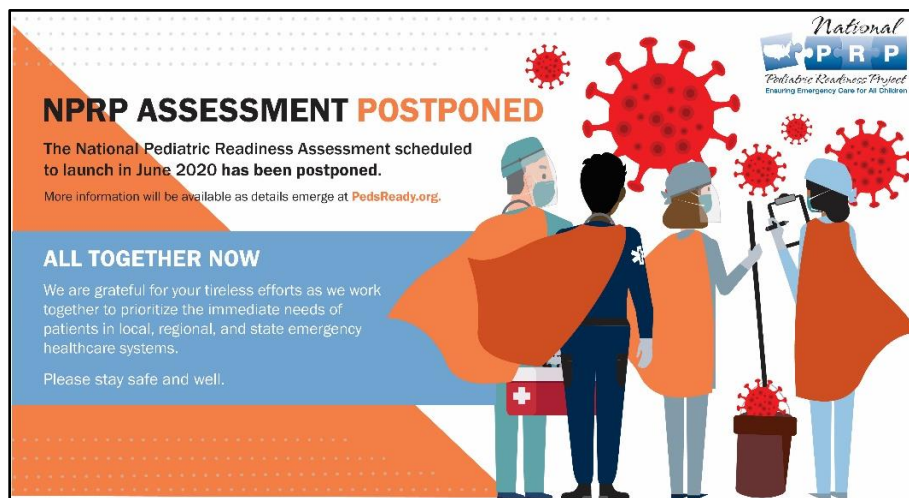
(Funding for the child restraint systems was through the EMSC State Partnership Grant [H33MC07871] via the Health Resources & Services Administration [HRSA] and administered by the Maternal and Child Health Bureau [MCHB] Division of Child, Adolescent and Family Health.)

EMSC Funding Still Available to Support PEPP and ENPC

The Virginia EMSC Program continues to offer support for Pediatric Education for Prehospital Professionals (PEPP) and/or Emergency Nurses Pediatric Course (ENPC) courses in regions that have difficulty in accessing pediatric training. Please let us know if you are trying to set up a course(s) and need some form of support for instructors, fees, or materials in order to get these courses out there! We need to provide more of these courses in Virginia—ask us for help, please.

June Launch of National Pediatric Readiness Assessment (Hospital ED's) POSTPONED!

The National Pediatric Readiness (NPRP) Assessment, scheduled to launch in June 2020, has been postponed due to the rapidly evolving situation with COVID-19. We appreciate the tireless efforts of the EMS and EMSC community to prioritize their state response to these changing health needs. We will provide more detail on the timing of the NPRP Assessment as details emerge. Visit www.pedsready.org to stay up on assessment details.



ASPR Pandemic Contagion Private Sector Tabletop Exercise Materials



Health & Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) developed a COVID-19 tabletop exercise for the private sector, including owners/operators, company legal counsel, communication teams, Human Resources, and other key company leadership.

This document (*contained in the resource page website in the paragraph below*) includes links to all the materials needed to carry out this exercise. Exercise materials include: Private Sector Exercise in a Box Instructions, Player Handbook, Facilitator Guide, PowerPoint Presentation, Draft Summary Report Template, and Participant Feedback Form. Please visit the **ASPR TRACIE Novel Coronavirus Resource page** (<https://asprtracie.hhs.gov/covid-19>) to view additional COVID-19 Healthcare Planning Resources and **select** COVID-19 Technical Assistance Responses.

The pandemic tabletop exercise was based on the Crimson Contagion Exercise Series and intended to support private sector pandemic preparedness and to enhance ongoing COVID-19 response operations. The following products can be easily customized and are geared towards owners/operators, company legal counsel, communications teams, human resources, and other private sector leaders:

- Private Sector Exercise in a Box Instructions
- Pandemic Response Tabletop Exercise Player Handbook
- Pandemic Response Tabletop Exercise Facilitator Guide
- Pandemic Contagion Tabletop Exercise PowerPoint Presentation
- Pandemic Response Tabletop Exercise Draft Summary Report – Private Sector
- Pandemic Response Tabletop Exercise Participant Feedback Form

COVID-19 – New Resources for Helping Families and Healthcare Staff

(reprinted from the EIIC EMSC Pulse newsletter; #48, April 16, 2020—*Health Care Toolbox*)
part of the Coronavirus / COVID-19 pandemic goes beyond the threat of infection and physical disease. This evolving situation also has a psychological and emotional impact. The Center for Pediatric Traumatic Stress has updated their online toolbox to provide resources to help families and care providers navigate our current reality.

- **All children and families** face disruption and changes to normal life. Families with a child who has an existing health condition may have particular stressors and worries. (<https://healthcaretoolbox.org/tools-and-resources/14-health-care-toolbox/tools-and-resources/602-covid19-children-and-families.html>).
- **Frontline healthcare staff** are experiencing stressful, and often distressing, challenges in their work and professional roles – while they deal with disruptions in their personal life as well.

(<https://healthcaretoolbox.org/tools-and-resources/14-health-care-toolbox/tools-and-resources/599-covid19-resources-for-healthcare-staff.html>).

Our aim is to provide useful tools for healthcare staff and for families that can:

- aid in understanding the stress and potential traumatic stress related to the pandemic, and
- promote coping and resilience.

What you'll find:

- **Resources for children and families** - Learn how to help your child cope, downloadable tip sheets, and additional resources.
(<https://healthcaretoolbox.org/tools-and-resources/14-health-care-toolbox/tools-and-resources/602-covid19-children-and-families.html>).
- **Resources for healthcare staff** - Learn how stress of the pandemic impacts healthcare staff, how to build coping and resilience skills, and signs of secondary traumatic stress.
(<https://healthcaretoolbox.org/tools-and-resources/14-health-care-toolbox/tools-and-resources/599-covid19-resources-for-healthcare-staff.html>).

Regional Pediatric Disaster Preparedness:

Currently the Virginia EMSC Program is participating in projects with two coalitions; the Near Southwest Preparedness Alliance (NSPA) and the Northwest Regional Hospital Coalition (NRHC) in developing Pediatric Annexes to augment existing regional disaster and mass casualty plans. The groups focus on identifying and addressing gaps in preparedness related to the pediatric population. The schedule for completing these projects has been impacted by current pandemic, extending some of the deadlines.

April is Child Abuse Prevention Month

April is designated as Child Abuse Prevention Month. The Children's Bureau offers a wealth of resources for healthcare professionals, child care providers, families and educators on how to recognize signs of abuse and what you can do in such situations. The Children's Bureau also offers resources for care providers of children with health challenges on early interventions which lead to improved long term outcomes. Please visit [The Child Welfare Information Gateway](https://www.childwelfare.gov/topics/preventing/preventionmonth/) for additional information (<https://www.childwelfare.gov/topics/preventing/preventionmonth/>).

May EMS for Children Committee—~~CANCELLED~~

Due to safety reasons and circumstances surrounding the COVID-19 pandemic, the EMS for Children Committee of the EMS Advisory Board had to cancel their scheduled May 6, 2020 meeting. As soon as the next meeting can be scheduled, all will promptly be notified of the time and place.

Follow-up Items for Pediatric Readiness at Virginia Hospitals:

Continuing EMSC recommendation (and plea) 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)—*nurse, physician, or both—the single most important item a hospital can implement to ensure pediatric readiness, including patient safety.*
- Ensure *pediatric* patients are included in the quality improvement process.
- Review and/or adopt **pediatric safety policies** (*radiation dosing, medication dosages, abnormal VS*).

(Summarized from findings of the 2013-2014 National Pediatric Readiness Assessment of hospital ED's.)

Volunteers Needed for EMSC Projects:

If you have passion and/or expertise concerning pediatric emergency care issues, the Virginia EMSC Program can use your assistance. Consider helping us with the following topics:

- Workgroup to develop recommended EMS agency protocols for *restraining children during ambulance transport*.
- Workgroup to support the development of EMS Agency Pediatric Champions.
- Workgroup to develop recommended evidence-based *pediatric protocols*.
- Best practices in creating a *recognition program* for hospital emergency departments who have demonstrated a specific readiness level in caring for children (medical).
- Pediatric medication *dosing safety*.
- Templates for and examples of *written hospital emergency transfer guidelines and agreements* (that specifically refer to pediatric patients).
- Including children in hospital disaster *plans and practices*.
- Local *family reunification* strategies and resources.

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

Central Shenandoah EMS (CSEMS) Regional Office

I. Participation in Regional EMS Activities

CSEMS/OEMS Staff participate in regional activities in support of agency operations as a regional system. Attending EMS agency and jurisdictional meetings enables the regional office staff to stay informed about issues experienced by agencies, in order to better align regional goals and objectives with the needs of the agencies. These meetings also provide an opportunity for CSEMS staff to provide important informational updates to agency leadership and providers. The region is comprised of an engaged community of both EMS providers and agency leaders.

The following activities were attended by CSEMS leadership:

A. Staff attended regional awards/recognition ceremonies representing CSEMS/OEMS:

- 1/11/2020 Highland County Rescue Squad (D. Linkins)
- 1/11/2020 Staunton-Augusta Rescue Squad (L. Cook)
- 1/13/2020 Rockbridge Emergency Rescue Group (D. Linkins)
- 1/18/2020 Stuart's Draft Rescue Squad (D. Linkins)
- 1/25/2020 Buena Vista Rescue Squad (D. Linkins)
- 2/8/2020 Grottoes Rescue Squad D. Linkins & L. Cook)

B. Other regional meetings attended by CSEMS/OEMS staff:

- 1/6/2020 Inter-Regional MCI Planning/After-Action Review for Afton Mountain Incident
- 1/9/2020 Pediatric Surge Annex Meeting - Northwest Healthcare Coalition
- 1/9/2020 Augusta Health Emergency Management Meeting (D. Linkins)
- 1/22/2020 Rockingham County Fire-Rescue EMS Advisory Committee Meeting
- 1/23/2020 Building a Healthy Next Generation - Central Shenandoah Health District
- 1/23/2020 Community Paramedicine Program Discussion - Augusta Health, Staunton-Augusta Rescue Squad, Waynesboro First Aid Crew, Waynesboro Emergency Management, Augusta County Fire-Rescue, Staunton Fire
- 1/23/2020 Sherando Lake Dams Tabletop Exercise - National Park Service, Augusta County
- 2/20/2020 Augusta Health EMS Advisory Board
- 2/21/2020 Agency Visit (new agency license) - Bolar Rescue Squad
- 3/11/2020 Rockingham County EMS Advisory Committee Meeting
- 3/20/2020 Augusta County Conference Call (COVID-19)
- 3/24/2020 Conference Call for Mt. Solon Fire/Rescue (COVID Q&A)



- 3/24/2020 Provided N95 Fit Testing for Grottoes Rescue Squad
- 3/30/2020 Provided N95 Fit Testing for Mt. Solon Rescue Squad

II. State Meetings

A. CSEMS/OEMS staff participated in the following state meetings for the state EMS Advisory Board in Richmond

- 1/15/2020 Training and Certification Committee
- 1/16/2020 Medical Direction Committee
- 2/5/2020 Regional EMS Council Directors Group
- 2/5/2020 EMS for Children Committee
- 2/6/2020 Emergency Management Committee
- 2/6/2020 Acute Care Committee
- 2/7/2020 Legislative & Planning Committee
- 2/7/2020 State EMS Advisory Board
- 2/12/2020 MIH-CP Workgroup Meeting under MDC
- 2/28/2020 OEMS Research Council Launch Meeting

B. CSEMS Leadership participates in weekly division manager meetings with OEMS staff to provide updates on progress and share information between the regional office and central office operations.

III. Consolidated Testing Services

- A. Due to low enrollment, all CTS practical exams were canceled for January (1/15, 1/22).
- B. CTS Testing for February 19, 2020 was held at Beverley Manor Middle School, testing 22 candidates.

IV. Regional Council Meetings, Operations and Restructuring Progress

A. To fulfill regional responsibilities of the CSEMS Council, the following meetings were conducted in the FY20 Q3 term:

- 1/7/2020 Medical Control Review Committee (MCRC) Protocol Revision Workgroup meeting
 - Workgroups were assigned to revise and develop regional plans
- 1/22/2020 CSEMS Board of Directors Meeting
- 2/24/2020 MCRC Protocol Revision Workgroup Meeting
- 2/14/2020 Medical Control Review Committee (MCRC)
- 2/26/2020 Critical Incident Stress Management Team Meeting
- 3/2/2020 Regional Community Paramedicine Forum (hosted by CSEMS)



- 3/4/2020 MCRC Protocol Revision Workgroup
- 3/5/2020 CSEMS Program Manager hosted walk-in or virtual RSAF Grant Application assistance at the CSEMS Office; no EMS agencies participated.
- 3/16/2020 Pharmacy Committee Meeting (Virtual)

B. CSEMS/OEMS Hybrid Office Restructuring Update

- CSEMS Program Manager is in place, and has completed and submitted position descriptions for a Technical Resource Specialist and Clinical Research and Quality Improvement Coordinator. The first of the positions was announced for recruitment at the end of March, and will be followed by the remaining program position. An additional Administrative Coordinator position is being developed.
- OEMS and CSEMS staff have been working collaboratively to arrange maintenance on the building and grounds at CSEMS, including:
 - Parking lot sealing and restriping
 - Landscape and ground maintenance; removal of overgrowth
 - Replacement of the administrative building reception desk
 - Painting of the facility
 - Carpet cleaning
 - Organization and maintenance of training center facilities and equipment, and disposal of outdated or non-functional equipment
 - Revision of website to provide updated information and resources, and to prepare for transition to the VDH website
 - Preparation for transition to VDH network, in collaboration with OEMS leadership
 - Preparation of offices for new staff
- Laurie Cook continues to manage all operations for the American Heart Association Training Center, financial records for the CSEMS Council, payroll submission, and is the primary point of contact for vehicle maintenance scheduling, purchasing, and vendor relations.
- Dawn Varner staffs the front desk, and handles most communications, website information, customer relations, CTS testing, and CISM operations and planning.



- Daniel Linkins manages office operations, coordinates with OEMS leadership, handles interactions with other regional EMS councils, and provides program support for all committee meetings.

C. Professional Development

- 2/20/2020 D. Linkins attended ACLS/PALS Instructor update training
- 2/25 - 2/27/2020 D. Linkins complete the VDH *Leadership Essentials* Class
- 3/9 - 3/13/2020 D. Linkins joined OEMS staff for Arc GIS training
- 3/16/2020 D. Linkins completed [Resilient Leadership: Building an Organizational Culture of Resilience](#)

V. Education

A. CSEMS coordinates regional education with OEMS CE Educator Jacob Flickinger, hosting the following courses at CSEMS facilities:

- 2/13/2020 Achy Breaky Heart CE
- 2/13/2020 HIPAA & Social Media CE
- 3/11/2020 Trauma Documentation CE
- 3/11/2020 Provider Mental Health CE

B. Under the direction of Laurie Cook, CSEMS operates an Authorized PearsonVUE Testing Center for NREMT Certification Examinations.

- 42 Candidates tested (contract required 15 per month).
- CSEMS submitted to PearsonVUE an intent to terminate the testing center as of April 30, 2020.

C. Under the direction of Laurie Cook, CSEMS operates an Authorized American Heart Association Training Center, which coordinated the following certification courses:

- | | |
|--------------------------------|------------------|
| ■ ACLS Provider | 117 Certificates |
| ■ ACLS - EP Provider | 8 Certificate |
| ■ BLS Healthcare Provider | 982 Certificates |
| ■ BLS Instructor | 11 Certificates |
| ■ Heartsaver CPR/AED | 36 Certificates |
| ■ Heartsaver CPR in Schools | 115 Certificates |
| ■ Heartsaver First Aid | 63 Certificates |
| ■ Heartsaver First Aid/CPR/AED | 644 Certificates |
| ■ PALS Provider | 60 Certificates |

VI. COVID-19 Operations



- A. 2/6/2020 Regional council directors attended a conference call with Karen Owens from OEMS, discussing the current state of the COVID-19 epidemic in Wuhan, China. This information was used to begin preparations for the possibility of a pandemic, and to communicate with agencies.
- B. 3/13/2020 OEMS Division managers held an emergency meeting in Richmond to plan actions for Governor Northam's emergency declaration.
- C. 3/15/2020 CSEMS office implemented modified staffing, moving most work to telework. Staff organized rotating schedules to minimize the number of personnel in the office.
- D. 3/17/2020 CSEMS staff attended a virtual webinar with VDH/OEMS for COVID-19.
- E. 3/18/2020 PearsonVUE announced cancellation of testing. CSEMS testing center closed.
- F. 3/19/2020 D. Linkins attended OEMS Virtual Division Managers' meeting for COVID 19.
- G. 3/19/2020 CSEMS released COVID-19 Protocol, including conducive scan card with QR access code.
- H. 3/20/2020 Regional EMS Councils joined OEMS staff in an update for COVID-19 and instructions on distribution of supplies from the Strategic National Stockpile (SNS).
- I. 3/20/2020 Regional EMS Council Directors convened virtually to discuss distribution strategies for SNS PPE deployment, using a common request system with distribution based on critical need.
- J. 3/20/2020 CSEMS leadership participated in Augusta County's COVID-19 evening update.
- K. 3/21/2020 CSEMS received supplies from the SNS. Staff unloaded and inventoried supplies and provided information to EMS agencies on requesting supplies. Six (6) PPE supply requests were filled before midnight.
- L. 3/22/2020 CSEMS staff continued daily filling of PPE requests as needed (provided daily for the duration of the period).
- M. 3/22/2020 CSEMS released COVID-19 Protocol Update (Changes to CPAP and nebulizers).
- N. 3/23/2020 CSEMS staff coordinated an automated electronic distribution ticketing system with REMS, SWVEMS, and WVEMS councils to calculate critical needs, streamline processes and track inventory and distribution.



- O. 3/24/2020 Dr. Brand and Daniel Linkins hosted a Q&A for Mt. Solon volunteers to address provider concerns on COVID-19 risks.
- P. 3/25/2020 Becky Anhold began coordinating N95 fit testing for EMS agencies through CSEMS.
- Q. 3/25/2020 Daniel Linkins attended Fit Testing Train-the-Trainer class to begin regional testing.
- R. 3/25/2020 CSEMS released COVID-19 Protocol Flowchart developed by Dawn Varner, including conducive scan card with QR access code
- S. 3/26/2020 Becky Anhold procured a donation from Staunton Steam Laundry of 500 towels and 500 washcloths for CSEMS to distribute to regional EMS providers
- T. 3/26/2020 OEMS Division weekly managers meeting for COVID-19 in Richmond (all future meetings to be virtual).
- U. 3/27/2020 Regional EMS Council weekly virtual update meetings began.
- V. 3/27/2020 Daniel Linkins hosted fit testing for providers at Grottoes Rescue Squad
- W. 3/27/2020 Dawn Varner coordinated with the CSEMS CISM team to develop resources specific to mental health resilience in COVID-19.
- X. 3/28/2020 Emergency virtual meeting for COVID-19 Regional Protocol - MCRC Protocol Workgroup
- Y. 3/30/2020 Daniel Linkins hosted fit testing for providers at Grottoes Rescue Squad.
- Z. 3/30/2020 With Executive Order 55, CSEMS closed offices and moved operations to telework.
 - Visitors to be accepted by appointment only.
 - Staffing maximum of 2 personnel in the building, operating only for PPE distribution and other essential services.
 - Dawn Varner assigned to full telework, monitoring phones remotely, and coordinating messaging for EMS agencies and the public related to COVID-19. This includes researching articles for information and screening for changes in national and state resources.
 - Laurie Cook assigned to manage PearsonVUE testing, assist with phones, coordinate daily office operations (utility bills, payments, payroll, etc.), and assist with filling PPE supply orders on appointment basis.
 - Daniel Linkins assigned to staff regional coordination meetings, manage daily operations, and participate in science updates while managing



inventory tracking and distribution logistics for SNS and other donated PPE.

AA. 3/30/2020 OEMS requested CSEMS reopen PearsonVUE testing center due to anticipated shortage of EMS providers. CSEMS agreed a modified schedule, limited capacity, and extended hours through April 30, 2020.

BB. All regional EMS council meetings rescheduled for June, following the expiration of the emergency order.

Appendix

B



COMMONWEALTH of VIRGINIA
Department of Health

M. Norman Oliver, MD, MA
State Health Commissioner

Gary R. Brown
Director

P. Scott Winston
Assistant Director

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

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804-888-9100
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May 8, 2020

Dear Virginia EMS Stakeholders,

It is with great disappointment and deliberation that the **Virginia Office of EMS announces it has cancelled the 2020 Virginia EMS Symposium, scheduled November 11-15, in Norfolk**, due to the current public health climate surrounding Coronavirus Disease 2019 (COVID-19). Prior to making this decision, we carefully considered a number of factors. Our instructors, registrants, host city, hotels and businesses of Norfolk, volunteers, exhibitors and staff are instrumental in making the Virginia EMS Symposium one of the largest and most comprehensive EMS training events in the country. Due to many unknown factors in the months ahead, and the amount of advanced planning and commitment required to hold such a complex event, we determined that cancelling this year's event would be in the best interest of the health, safety and well-being of all Virginia EMS Symposium participants.

The Virginia EMS Symposium presents an opportunity to gain quality education, network with fellow EMS personnel and publicly recognize the dedication and service you all provide on a daily basis. We greatly appreciate your understanding in our decision to cancel this year's event and we are confident that the wonderful partnerships the Virginia EMS Symposium program has produced will be maintained in future years.

The Virginia Office of EMS thanks all EMS personnel, including volunteers, staff members and instructors for their continued dedication to the Virginia EMS system, especially throughout this public health crisis. Please continue to visit the Virginia Office of EMS website and social media channels for updates on EMS certification, the 2020 Governor's EMS Awards and the 2021 Virginia EMS Symposium.

For more information and updates on COVID-19, please visit:

<https://www.vdh.virginia.gov/emergency-medical-services/coronavirus-2019-covid-19/>.

Sincerely,

Gary Brown, Director
Virginia Office of EMS