Virginia Department of Health

Office of Emergency Medical Services

Quarterly Report to the

State EMS Advisory Board

August 7, 2020

Executive Management, Administration & Finance

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

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MISSION STATEMENT:

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

I. Executive Management, Administration & Finance

A. Debbie Akers Selected by the National Registry of EMTs to Serve on National Project Workgroup

The Office of Emergency Medical Services (OEMS) Division of Accreditation, Certification and Education manager, Ms. Debbie Akers, was selected to participate in a national project to develop recommendations for the National Registry of EMTs to recognize and implement Prehospital Evidence-Based Guidelines (EBGs) and link the EBGs to National Registry verification of competency. The goal is to apply current medical evidence as an important basis for National Registry examinations and continued competency standards.

B. Return to Locality Disbursement System and Account Setup

The Virginia Office of Emergency Medical Services has migrated the Return to Locality program and associated documentation to an online, paperless process. This new online portal will allow for jurisdictions to receive funding notifications electronically, report on expenditures online and submit jurisdictional EMS agency utilization of funds. This portal will require each jurisdiction to set up at least one account to access the system.

C. New Provider Health and Safety webpage

The OEMS recently released its new Provider Health and Safety webpage. The redesigned page now makes it easier to find relevant health, safety and mental health resources for providers. It

includes research and statistics related to provider health, safety and mental health, as well as information on how to report line of duty injuries, exposures, deaths and faulty vehicle equipment. The page will be updated regularly as new resources become available. https://www.vdh.virginia.gov/emergency-medical-services/healthandsafety/. Please refer to the Division of Emergency Operations section of this report

D. EMS Virtual Learning Center launched

The OEMS has recently launched the EMS Virtual Learning Center, which offers a new way to earn continuing education for Virginia providers. Virtual Instructor-Led training is an online classroom where the students and instructors communicate entirely through the cloud. Through this simulated training, students will have the benefits of a hands-on learning experience that improves knowledge retention. Please refer to the Division of Accreditation, Certification and Education section of this report.

E. Regulation and Compliance Operating at Full Capacity

The Division of Regulation and Compliance has begun scheduling EMS agency inspections and will be operating at full capacity in the field beginning August 1, 2020. The EMS Program Representatives will be utilizing masking, hand washing and will be practicing social distancing while conducting inspections. The division plans to complete all inspections that were due April 1 through December 31 before December 1, 2020. Please refer to the Division of Regulation and Compliance section of this report.

F. Peninsulas EMS Council (PEMS) awards EMS Special Recognition to the Office of EMS (OEMS)

The Office of EMS is humbled and very appreciative of receiving recognition from the PEMS EMS Awards Committee. The following email was sent from Michael Player, PEMS Executive Director to Gary Brown, OEMS Director on July 22, 2020:

> *Gary*
>
> *The Peninsulas EMS Council is pleased to announce that the **VDH Office of EMS** has been chosen by the PEMS EMS Awards Committee to receive a 2020 PEMS Regional EMS Special Recognition Award for the **Regional Council Weekly COVID-19 Conference Calls**. These ongoing calls created a timely and responsive dialogue that linked the Regional EMS Councils and the Office of EMS. They helped ensure the Regional Councils and the VDH Office of EMS could support Virginia EMS providers and agencies and inform a cohesive medical response to the COVID-19 pandemic in Virginia.*
>
> *On behalf of the President of the PEMS Council, Julia Glover and the entire Board of Directors, the staff of the Council, and the entire PEMS region, I congratulate you on your achievement and thank you for your contributions to the continued development and*

implementation of an efficient, effective regional emergency medical services delivery system in the midst of a public health crisis of epic proportions.

In the next few weeks, PEMS staff will contact you to arrange a time and place for the formal presentation of your award. More information about the awards can be found at www.peninsulas.vaems.org.

Congratulations!

G. State Regional (Hybrid) EMS Council Reports

Starting with the February 7, 2020 Quarterly Report to the State EMS Advisory Board, the Office of Emergency Medical Services committed to 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 began with a summary of progress and status of the Central Shenandoah EMS Council/State Regional Office. Since that time, two more Regional EMS Council Boards of Directors have unanimously voted and requested to adopt this model in collaboration with the Office of EMS. As such we have a report from each of those Councils as follows:

Central Shenandoah EMS Council	Please see **Appendix A**
Blue Ridge EMS Council	Please see **Appendix B**
Rappahannock EMS Council	Please see **Appendix C**

H. Virginia Department of Health COVIDWISE Exposure Notification App

The OEMS Division of Accreditation, Certification and Education (ACE) distributed the following message to all EMS Agency Super-Users, Education Coordinators and Infection Control Officers throughout the Commonwealth on August 5, 2020 to promote the VDH COVIDWISE Exposure Notification App:

Dear Agency SuperUser/Education Coordinator/Infection Control Officer,

Good afternoon. The Virginia Department of Health has rolled out COVIDWISE, a smartphone app to automatically notify you an alert if you might have been exposed to the coronavirus. We are the first state in the U.S. to use new pandemic technology created by Apple and Google. The COVIDWISE app is now available on Apple App Store and Google Play Store today.

Enabling exposure notifications is your choice. It can be disabled by you at any time. It must be enabled for the app to receive exposure notifications or to notify others that you have tested positive for COVID-19. It can be disabled by you at any time.

*Your privacy is protected—**you are in control!** COVIDWISE only shares anonymous tokens with other app users. These tokens are not linked to your identity or location. Your personal information is not collected or shared with other COVIDWISE users. Information from the anonymous tokens, such as the date, time, and signal strength and duration of proximity are collected. These details are not shared with other app users and are not tied to your personal identity.*

In the event another user you have been nearby tests positive for COVID-19, you can be notified that you are at risk of exposure. You control if you want to submit a positive test result to COVIDWISE, which will then notify other users if they were at risk.

Doctors and laboratories are required to report positive COVID-19 test results to VDH. VDH staff will contact you if you test positive to provide guidance to help keep yourself and others safe.

Please download the COVIDWISE app today in order to assist Virginia in controlling the COVID-19 pandemic and protecting your personal health.

Best,

Chad

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

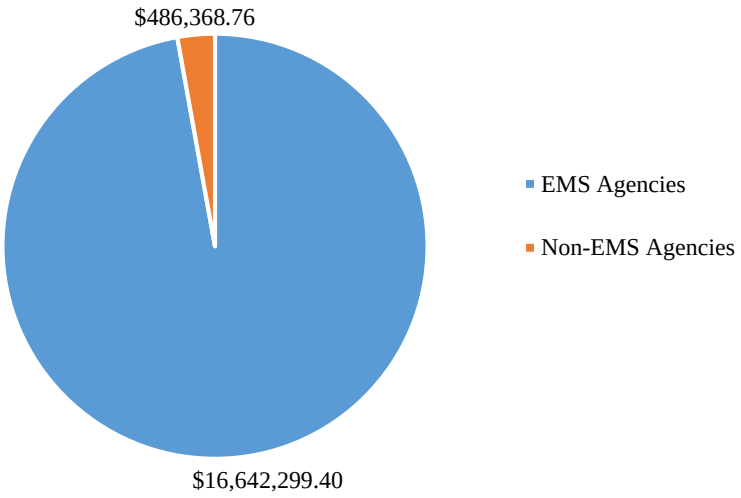
Luke Parker, Grants Manager
Linwood Pulling, Grants Specialist

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 personnel, 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

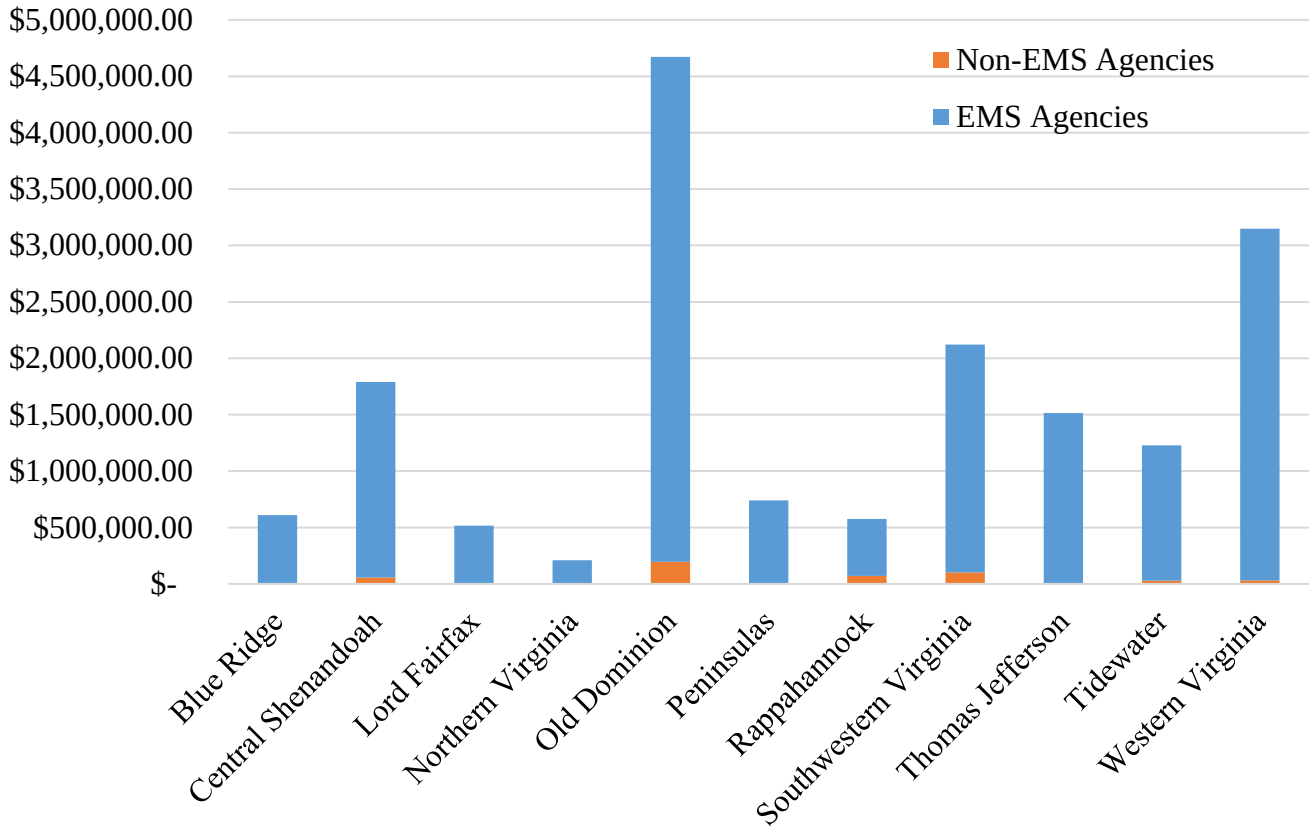
Figure 1: Agency Category by Amount Requested



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 & BLS Equipment & Supplies* - $44,928.25
- Chest Compression Devices - $307,340.24
- Communications Equipment - $10,794.53
- Computer Hardware - $87,948.75
- Cot Systems & Stretchers - $298,122.92
- Emergency Medical Dispatch - $293,218.47
- Monitor / Defibrillators - $1,047,248.49
- Rechassis - $184,534.40
- Extrication Equipment - $9,447.50
- Stair Chairs - $8,754.36
- Type I Ambulance - $1,235,200.00
- Type II Ambulances - $73,582.40
- Type III Ambulances - $78,000.00

*This category includes laryngoscopes, suction units, bag sets, airways, medication, and supplies.

J. 2020 Virginia EMS Provider Statistics

At the Beginning of:												
	Jan	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**
Total Providers	36,455	36,449	36,570	36,631	36,722	36,998	36,204					
EMR	627	624	613	613	613	619	588					
EMT	23,966	23,901	23,997	24,050	24,108	24,307	23,800					
Advanced EMT	2,026	2,076	2,101	2,104	2,116	2,140	2,092					
Intermediate	2,430	2,423	2,412	2,412	2,403	2,389	2,327					
Paramedic	7,404	7,423	7,445	7,450	7,480	7,541	7,395					
ALS Coordinator	77	77	76	72	73	74	75					
Education Coordinator	622	655	652	652	650	650	650					
Emrg Ops Inst	69	72	77	78	75	71	68					
EMS Physicians	214	215	217	219	220	221	222					

EMS on the National Scene

II. EMS On the National Scene

National Association of State EMS Officials (NASEMSO)

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

a) NASEMSO Statement on Unity and Equity released on June 19, 2020

The last several weeks have illustrated, in vivid detail, the brutality endured by people of color simply because of their race. Our society's progress towards racial equality is clearly and appallingly inadequate, and far from the ideal espoused under the Constitution of the United States that all persons are created equal.

We have witnessed acts inflicted on people of color that have completely disregarded the basic tenets of humanity, security, ethics, and justice that we tell ourselves we and our country value. The tragedy does not end there. Racial minorities have suffered far worse from the COVID-19 pandemic than the white population. According to the *Atlantic's COVID Racial Data Tracker,* "Black people are dying at a rate nearly two times higher than their population share." Similarly, Native American and Hispanic populations have seen infection rates that are among the highest in the country.

The National Association of State EMS Officials unequivocally asserts:

- That racial bias exists, and permeates the very fabric of our society;
- That bias inevitably influences the way we interact with other people to include, but not limited to, the provision of emergency medical care and access to health care; and
- That bias cannot exist in a society truly striving toward equality.

The National Association of State EMS Officials, as an association representing emergency medical care across all the states and territories, and whose membership is itself a diverse community of leaders from numerous ethnic and socioeconomic backgrounds, recognizes and accepts our responsibility to help renounce and eradicate racism and bias of any type and manifestation. We must assure that each facet of the emergency medical system is inclusive, informed, and committed to end racial inequality and racism. We must identify any biases within

ourselves, and have the courage and empathy to fully commit our platform and resources to create an inclusive, diverse society with the cornerstone of equality for all.

To that end, the National Association of State EMS Officials commits to:

- Consistently stand and speak against racial injustice;
- The use of our resources to identify racial disparities, not only nationally, but in each of our member states and territories; and
- The identification and implementation of actionable steps that eliminate racism and bias.

Furthermore, we call upon our colleagues and other associations involved with the provision of emergency care to stand with us in speaking for those who cannot speak for themselves or whose voices have fallen on the deafened ears of biased persons with closed minds and uncaring hearts.

We are a beautiful nation, comprised of an endless array of colors, ethnic backgrounds, and cultures. It is who we are as a nation, and who we will always be. When one color is not allowed to shine as brightly as another or is actively diminished or suppressed, then we are all made less.

We see those colors. We hear you and join you on our journey to unity and equity.

b) NASEMSO Releases Statewide Specialty Systems of Care Assessment

"Specialty Systems of Care: An Analysis of Statewide Practices Related to Time Sensitive Emergencies" is a new compilation from the National Association of State EMS Officials (NASEMSO) that focuses on the legal authority of states to organize and implement specialized systems of care for time sensitive emergencies such as stroke and chest pain. These elements are important to the matching of EMS and medical resources to patient needs and outcomes over a specified geographic area. The data was compiled from multiple interactions with state EMS officials, affiliated partners, and independent research to fill in several informational gaps from all 50 states and the District of Columbia. The SSoC document can now be accessed on the NASEMSO website at: https://nasemso.org/wp-content/uploads/Specialty-Systems-of-Care-Analysis-Report-Final-Draft-20200506.pdf

c) Experimental Study Recruitment on EMS Fatigue Now Underway

In a partnership with NASEMSO and the U.S. Department of Transportation, the University of Pittsburgh is leading a research study that seeks to examine the impact of a sleep health and fatigue education and training program tailored to Emergency Medical Services (EMS) clinicians. We are currently seeking EMS agencies to participate in the study intended to help mitigate risks related to EMS fatigue. 10.25 hours of free CE credit (per individual) is available

to participating agencies from NASEMSO. More information to enroll is available on the study flyer available at: https://nasemso.org/wp-content/uploads/EMS-Agency-Sleep-Health-Study-Flyer.pdf

d) NASEMSO, NAEMSP and ACEP to Develop Pre-Hospital Pain Management Evidence-Based Guideline

NASEMSO, NAEMSP and ACEP are collaborating in a project to develop a prehospital pain management evidence-based guideline (EBG), as well as a model clinical protocol, performance measures and EMS educational materials related to the pain management EBG. The Principal Investigator for the 18-month project is George Lindbeck, MD, from NASEMSO; co-investigators are Sabina Braithwaite, MD, representing ACEP, and Harry Sibold, MD, of NAEMSP. They will lead a Technical Expert Panel composed of experts from a variety of disciplines, Including emergency medicine, pediatrics, pain management, pharmacology, trauma care, guideline development methodology, patient advocacy, EMS data, EMS field experience and EMS education.

e) NG911 Roadmap: Making NG911 Happen at Nationwide Task

NG911 Roadmap: Pathways Toward Nationwide Interconnection of 911 Services, identifies what needs to be accomplished at the national level – by all members of the 911 community – to make the full migration to NG911. The goals identified in this Roadmap are expected to be achieved through efforts undertaken by the spectrum of stakeholders that comprise the 911 community. Specifically, the Roadmap identifies potential tasks in support of the following areas: Business/Governance, Technology, Data, Operations, and Cross-Cutting.

f) How States are Expanding Broadband Access

Broadband is increasingly intertwined with the daily functions of modern life. It is transforming agriculture, supporting economic development initiatives, and is a critical piece of efforts to improve health care and modernize transportation. But the Federal Communications Commission (FCC) estimates that 21 million Americans still lack broadband access. Other sources place this number as high as 162 million. The Pew Charitable Trusts examined state broadband programs nationwide and found that they have many similarities but also differences that reflect the political environment, the state's resource levels, the geography of the areas that remain unserved by broadband, and the entities that provide service. Read more at: https://www.pewtrusts.org/-/media/assets/2020/03/broadband_report0320_final.pdf

g) NEMSIS 2019 Public-Dataset Now Available

The National Emergency Medical Services Information System Technical Assistance Center (NEMSIS TAC) today announced the availability of the 2019 Public-Release Research Dataset, the largest dataset of emergency medical service activations in the United States. With this release, NEMSIS aims to improve understanding of, confidence in, and support for EMS data collection and analysis that will lead to that data being utilized more effectively to improve patient care. The 2019 Public-Release Research Dataset is a subset of the national database that is used to store EMS data from the U.S. States and Territories. NEMSIS is a universal standard for how patient care information resulting from an emergency 9-1-1 call for assistance is collected. The dataset includes 34,203,087 EMS activations submitted by 10,062 EMS agencies servicing 47 states and territories. For more information, go to: https://nemsis.org/wp-content/uploads/2020/04/PRESS-RELEASE-NEMSIS-2019-Public-Dataset.pdf

h) FEMA: Final Publication for the Revised NIMS Training Program

FEMA's National Integration Center has released the updated National Incident Management System (NIMS) Training Program, which sets forth a structure for national training. FEMA supports the mission of strengthening the security and resilience of the nation by working to improve the ability of all to manage incidents, events and emergencies. The NIMS Training Program sets forth a structure for national training and establishes the roles and responsibilities of FEMA and members of the NIMS stakeholder community. The training program, identifies specific activities for developing, maintaining and sustaining a training program that prepares incident personnel to understand their responsibilities and work together during incidents. The revised NIMS Training Program introduces training Focus Areas based on incident personnel's position and responsibility. These areas include the Incident Command System, Joint Information System, Emergency Operation Center and the Multiagency Coordination Group. The document is available on the FEMA Website at this link: NIMS Training Program.

i) Guidance Available on Fire and EMS Response to Civil Unrest

Civil unrest may occur as a period of social upheaval, following sporting events or during periods of heightened community tension. Fire and emergency medical services (EMS) personnel will be called to respond to these incidents, placing themselves at higher than anticipated levels of risk. The U.S. Fire Administration (USFA) and the National Highway Transportation Safety Administration (NHTSA) Office of Emergency Medical Services (OEM) worked together to compile a series of best practices to assist EMS agencies and personnel respond to civil unrest incidents in your community. The Informational Bulletin is available for download at:

https://content.govdelivery.com/attachments/USDHSFACIR/2020/06/05/file_attachments/1467467/Fire%20and%20EMS%20Response%20to%20Civil%20Unrest%20-%20June%202020.pdf

j) Performance Measure "Stroke-01" added to the NEMSIS V3 Dashboard

The NEMSIS V3 Public Performance Measure Dashboard visualizes EMS performance measures maintained by the National EMS Quality Alliance (NEMSQA), including measures that were originally developed by the EMS Compass initiative. It also gives the public a way to track the performance of EMS over time and across various EMS agency and incident attributes. Because stroke is such a significant public health problem, and timing of treatment is so important to achieve better patient outcomes, the Technical Expert Panel felt strongly that Stroke-01: Suspected Stroke Receiving Prehospital Stroke has value to the EMS Community. While the direction of published evidence can vary for prehospital stroke scales, it is widely understood that stroke assessments are helpful tools in helping identify patients with stroke and determining which facilities are most appropriate for their transport. The intent of this measure is to determine how many suspected stroke patients are receiving prehospital stroke assessments (and having the assessment documented), on scene during the EMS encounter. For more information, please contact N. Clay Mann clay.mann@utah.edu or Julianne Ehlers julianne.ehlers@hsc.utah.edu.

k) Reminder of Resource: NAEMSP Position Statement on Patient Restraint in EMS

EMS is reminded of the National Association of EMS Physicians' (NAEMSP) 2017 position statement on patient restraint available at: https://www.tandfonline.com/doi/pdf/10.1080/10903127.2017.1282564?needAccess=true&redirect=1&.

EMS agencies are encouraged to review current policies for conformity with these recommendations and to remind practitioners of proper methods for retaining EMS patients.

l) FCC Increases Funding to Rural Health Programs

The Federal Communications Commission's Wireline Competition Bureau has directed the Universal Service Administrative Company, which administers the FCC's Rural Health Care Program, to carry forward up to $197.98 million in unused funds from prior funding years to the extent necessary to satisfy funding year 2020 demand for the Program. Interest in the Rural Health Care Program has grown in recent years and funding requests from health care providers for high-speed broadband had outpaced the funding cap, placing a strain on the Program's ability to increase access to broadband for health care providers, particularly in rural areas, and foster

the deployment of broadband health care networks. For more information on the Rural Health Care Program and funding program, go to: https://www.fcc.gov/general/rural-health-care-program

m) NEMSIS Boot Camp Announced

The NEMSIS team invites State Data Managers and state officials who are responsible for the collection, maintenance, and distribution of EMS data at the state level to attend the online NEMSIS Boot Camp August 25, 2020 from 9 am – 12 pm (MDT)! Hands-on instruction will cover topics such as:

- The Power of the StateDataSet
- Added Value of the EMS Service Area Builder
- Ins and Outs of the NEMSIS V3 Cube
- Assessing Data Quality Using Tableau Dashboards
- Best Practices for Answering Data-Related Questions
- Ins and Outs of the NEMSIS Data Dictionary

Limited space is available, and registration is required!
Register online at the following at: https://uofuhealth.zoom.us/meeting/register/tJUkf-iprDIpGdLPyVjCEpViJ4LhyVYSM8Ad
For technical assistance, please contact: Chris Hoffman,

n) GAO Highlights NDMS in New Report

The National Disaster Medical System (NDMS) is the main program through which HHS enrolls responders to assist with the federal medical and public health response to public health emergencies. HHS deploys NDMS responders to provide, among other things, patient care and movement. During the 2017 hurricanes, NDMS had a shortage of responders that resulted in HHS relying on other departments, such as the Department of Defense, to provide medical care. As of December 2019, HHS had 3,667 NDMS responders. The Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2019 included a provision for GAO to review HHS's responder surge capacity. This report examines (1) the workforce planning for NDMS responders to assist with public health emergencies, and (2) training provided to these responders. To conduct this work, GAO reviewed agency NDMS planning documentation, including NDMS staffing decisions, team structures, and training materials; compared HHS actions to key workforce planning practices; and interviewed HHS officials. Read more about *"Public Health Preparedness: HHS Should Take Actions to Ensure It Has an Adequate Number of Effectively Trained Emergency Responders"* at: https://www.gao.gov/products/GAO-20-525

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 July 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 July 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

All EMS programs that are in need of a site visit having gained accreditation either through Letter of Review or through full accreditation have been granted an extension of expiration until December 31, 2021. No accreditation visits will be scheduled until such time as it is deemed safe due to COVID-19.

A. EMS accreditation program.

1. Emergency Medical Technician (EMT)

    a) The following EMT programs are under Letter of Review:
        (1) Arlington County Fire Department
        (2) Fauquier County
        (3) Hampton Roads Regional EMS Academy
        (4) Augusta County
        (5) Rockingham County Dept. of Fire and Rescue
        (6) Gloucester Volunteer Fire and Rescue

2. Advanced Emergency Medical Technician (AEMT)

    a) The following AEMT programs are under Letter of Review:
        (1) Newport News Fire Training

(2) Fauquier County
(3) Hampton Roads Regional EMS Academy
(4) Augusta County
(5) Rockingham County Dept. of Fire and Rescue

3. Paramedic – Initial

National accreditation occurs through the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – www.coaemsp.org).

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 are working on submission of 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

4. Paramedic – Reaccreditation

National accreditation occurs through the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – www.coaemsp.org).

a) No current activity. CoAEMSP has suspended all reaccreditation visits due to COVID-19.

C. 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

Virginia COVID-19 Actions

Virginia Certification Online Verification

OEMS offers an online Virginia EMS Provider Certification Lookup which can be used to verify credentials online at the following URL:
https://vdhems.vdh.virginia.gov/emsapps/ProviderSearch.html All certification data on this website is real-time, up-to-date, valid and accurate.

Certification Cards No Longer Required for EMS Agency Inspection Requirements

Extension of Certification Expirations

Now that we have reached a more stable "new normal", no further extension of certifications has been granted. All providers must meet their continuing education requirements by the last day of their certification expiration month, or the provider will go into reentry per our normal regulatory requirements.

Continuing Education

- All CE is available through online resources, and providers are encouraged to use those resources. https://www.vdh.virginia.gov/emergency-medical-services/education-certification/provider-resources/web-based-continuing-education/

Certification Testing Changes – State and National Registry

BLS Certification Testing

- Cognitive Exams – The National Registry has implemented cognitive examination testing through the Pearson OnVUE Testing process which allows remotely proctored cognitive exams to be completed in locations such as their home provided they can meet the security requirements. This process became available on May, 12, 2020.
- Please direct candidates to learn more about Pearson OnVUE Remote Proctored Exams by visiting: https://home.pearsonvue.com/nremt/onvue
    - Pearson OnVUE remote proctoring will be temporary, however the National Registry is planning to implement a more permanent remote proctoring solution in 2021.
    - Once a candidate sits for and passes the National Registry Cognitive Exam, they will be issued a full National Registry and Virginia certification.
- Psychomotor Exams – After careful consideration, the Office of EMS Management Team has decided to cancel all further Consolidated Testing at the BLS level through December 31, 2020 due to Executive Order 51, 53 & 55. With so many unknown factors in the months ahead and the amount of advanced planning and commitment required to hold a CTS, we determined cancellation to be in the best interest of the health, safety and well-being of all participants. Students will receive guidance from their Course Coordinator as to how their psychomotor skills will be tested in lieu of Consolidated Testing.

ALS Certification Testing

- Advanced EMT Programs
    - Cognitive Exams – The National Registry has implemented cognitive examination testing through the Pearson OnVUE Testing process which

allows remotely proctored cognitive exams to be completed in locations such as their home provided they can meet the security requirements. This process became available on May, 12, 2020. Please direct candidates to learn more about Pearson OnVUE Remote Proctored Exams by visiting: https://home.pearsonvue.com/nremt/onvue

- Pearson OnVUE remote proctoring will be temporary, however the National Registry is planning to implement a more permanent remote proctoring solution in 2021.
- Once a candidate sits for and passes the National Registry Cognitive Exam, they will be issued a provisional National Registry and provisional Virginia certification.
- The candidate will have to complete and pass their National Registry psychomotor exam before full National Registry and Virginia certification will be issued.
- 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.

- Psychomotor Exams – The Office is working with ALS programs and the National Registry and started conducting ALS psychomotor testing on June 15, 2020 with the appropriate measures in place to meet the requirements of social distancing, temperature checks, wearing of masks and use of manikins in lieu of patients. The ALS Testing Calendar can be found on the OEMS website at: https://www.vdh.virginia.gov/emergency-medical-services/virginia-national-registry-psychomotor-examination-schedule/

- Paramedic Programs

  - Cognitive Exams – The National Registry is collaboration with Pearson VUE have increased the availability of Test Centers to reopen as quickly as possible. Paramedic candidates are required to take their cognitive exam at a Pearson VUE Test Centers—remote proctoring via Pearson OnVUE is not permitted for paramedic candidates.

    - Once a candidate sits for and passes the National Registry Cognitive Exam, they will be issued a provisional National Registry and provisional Virginia certification.
    - The candidate will have to complete and pass their National Registry psychomotor exam before full National Registry and Virginia certification will be issued.
    - 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.

- Psychomotor Exams – The Office is working with ALS programs and the National Registry and started conducting ALS psychomotor testing on June 15, 2020 with the appropriate measures in place to meet the requirements of social distancing, temperature checks, wearing of masks and use of manikins in lieu of patients. The ALS Testing Calendar can be found on the OEMS website at: https://www.vdh.virginia.gov/emergency-medical-services/virginia-national-registry-psychomotor-examination-schedule/

Virginia Course Approval Requests

Course Approval Requests (TR-01) are now being submitted 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.

National Registry

National Registry

- **National Registry & Virginia Provisional Certifications – (Advanced EMT and Paramedic ONLY!)**

    - National Registry & Virginia have restarted the process of scheduling NREMT psychomotor exams.
    - For those who were not able to take their NREMT psychomotor exam due to the COVID-19 pandemic, the Board of the National Registry has approved the issuance of a provisional certification. In Virginia, this will only impact the Advanced EMT and Paramedic certification levels. A provisional National Registry certification is issued when a student:

1. completes their certification program according to state or CoAEMSP requirements, and
2. sits for and passes the National Registry cognitive exam.
3. When these items are completed, a provisional National Registry certification will be issued with an expiration date of December 31, 2021. 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.

- Virginia has begun accepting and likewise issuing provisional certifications cards when the National Registry transmits these results to us. Please see the sample provisional Virginia certification card. We are providing this sample to you so that you are aware of what we will be issuing during the COVID-19 pandemic. The sample is highlighted to indicate the changes that will be made to certification cards issued under this provisional authority.

- The issuance of a provisional certification by the Virginia Office of EMS is not reflective that the Office is restricting provider practice. The ability for a provider to practice is solely up to the EMS Agency and the agency's Operational Medical Director. We are issuing provisional certifications as a means of ensuring that we have a mechanism to track these providers and ensure that they complete their certification process once the COVID-19 threat is mitigated.

- 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.

- Should a provider who was granted provisional Virginia certification based off of a National Registry provisional certification not fulfill the requirements of their National Registry certification, the Office of EMS will initiate the process of revocation of the provider's certification in the Commonwealth.

National Registry Cognitive Examinations

- NREMT currently offers two different options for taking the cognitive exams: face-to-face exams at a Pearson VUE Testing Center and remotely proctored exams making use of Pearson OnVUE.
    - Candidates, when applying for their cognitive exam have the opportunity to select whether they would like to take their exam face-to-face exams at a Pearson VUE Testing Center or a remotely proctored exam on Pearson OnVUE.
        - Sample face-to-face exam ATT Letter
        - Sample Pearson OnVUE ATT Letter.

- *If a candidate decides to change their method of testing from face-to-face to Pearson OnVUE or vice versa, they can do so, however the issuance of a new ATT letter will take at least 24 hours to generate before they can then schedule the examination through the process they have chosen.*

    - Click here for screenshots of how to change your testing method from face-to-face testing to Pearson OnVUE.

National Registry Releases New Certification Schemes

The National Registry's Board of Directors voted to bring consistency and uniformity to certification schemes, as well as aligning all National Registry levels with the current National EMS Scope of Practice Model. The new policy also addresses the need for a pathway for reentry for AEMTs.

"These certification schemes were passed to clearly communicate requirements for certification in a single policy," said Mark Terry, Chief Certification Officer. "Additionally, the new policy aligns each level with the National EMS Scope of Practice Model and the National Registry's Practice Analysis, which identified necessary knowledge, skills and abilities for the profession." The policy, with the new certification schemes, goes into effect on July 9, 2020.
Please see the following links to view the in-depth policies for each National Registry Certification Level

- EMT Certification Level
- AEMT Certification Level
- Paramedic Certification Level

Education Program

Virtual Instructor-Led Training (VILT)

After several months of work and consult with multiple medical directors, EMS educators, and OEMS staff, the Office of EMS is pleased to announce that the Commonwealth will now recognize a new training modality—Virtual Instructor-Led Training—for Category 1 continuing education hours.

VILT technology is based on comprehensive and scalable collaboration software that features functionality, availability and ease of use. A full range of engagement tools typically includes live conversation, chat, polls and quizzes, all controlled and monitored by facilitators. This environment also incorporates tools for webinars, remote labs and video conference.

Educators were provided with a document—***Delivering High-Quality Instruction Online (VILT)***. This document was been developed to provide them with information needed to begin

to offer Virtual Instructor-Led Training for continuing education of EMS providers in the Commonwealth.

EMS Virtual Education Center

The Office of EMS is pleased to announce that we are now offering Virtual Instructor-Led Training (VILT) to EMS providers across the Commonwealth. These OEMS programs are designed and offered by our cadre of regional educators—and are customized to meet the needs of Virginia providers This new training modality affords Virginia EMS providers the educational content they are seeking from the comfort of their home, office or while on vacation in Vanuatu.

Virtual Instructor-Led Training, or VILT, is an online classroom where the student and instructor are in different locations and communicate entirely through the cloud. Through this simulated learning experience, students have the benefit of a hands-on learning experience that improves knowledge retention.

We encourage you to share this information with your providers so they are aware of this new opportunity. More information on VILT and registration links can be found at: https://www.vdh.virginia.gov/emergency-medical-services/education-certification/provider-resources/virtual-instructor-led-training/

Currently, we are featuring a **2020 Infection Control Update** course which has 11 different course dates/timeslots scheduled through September. The next scheduled **2020 Infection Control Update** class is tomorrow morning from 9:00A to 10:30A. We will be adding more course in the very near future.

Education Coordinator and ALS Coordinator Certification Extensions

- Due to Executive Order 51 & 55, the Virginia Office of EMS will be extending the expiration dates for Education Coordinators and ALS Coordinators with an expiration date of May 31, 2020 through December 31, 2020 until June 30, 2021.
- 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 July 2020 Education Coordinator Institute scheduled to be held this July in Roanoke, Virginia was cancelled due to the COVID-19 pandemic. The health, safety and well-being of all participants is of the utmost importance.

Please continue to monitor the Virginia Office of EMS website and social media channels for updates on system wide changes at: https://www.vdh.virginia.gov/emergency-medical-services/coronavirus-2019-covid-19/

The Office is hopeful that we will be able to conduct the fall Education Coordinator Institute in late September:

- The deadline for EC Candidates to have completed all requirements in order to be considered eligible for this institute is August 14, 2020.
- Invitations will be sent to eligible candidates via e-mail on the morning of August 17, 2020.
- More information can be found at: http://www.vdh.virginia.gov/emergency-medical-services/ems-education-coordinator-requirements/

Education Coordinator Candidate (Mentee) "Teaching Hours"

Based on the current COVID-19 situation which has impacted the way EMS education is delivered, the Office will temporarily allow mentee "teaching hours" to be taught online or in a traditional classroom so long as an Education Coordinator above the 16th percentile is present during the delivery of all content by the candidate.

Education Coordinator Updates

The ACE Division is in the process of verifying seating capacity and the ability of our host sites to accept "outside guests" at each of the remaining scheduled EC Update sites for 2020. Presently, it is our intent to get back on the road again now that the Office of EMS has received permission for a limited re-opening of services which require in-state travel.

Due to restrictions in place for COVID-19 and in keeping with the Governor's Phase Three Guidelines, we will be required to institute a registration process for all EC Updates until the pandemic is over. EC Updates will look and feel different for the foreseeable future with:

- continued social distancing, and
- participants wearing face coverings/masks while indoors in public settings.

The schedule of updates and links to register to attend an update can be found on the OEMS web page at: https://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/

PLEASE NOTE: EC Updates are subject to cancellation up to 24 hours before the event is scheduled to take place depending on guidance our Office receives from the Office of the Governor, VDH or the hosting site.

EMS Training Funds

Table. 1 – Virginia EMS Scholarship Program – FY20 (Q1 through Q4)		
Certification Level	**No. Awarded**	**Amount Awarded**
EMR	1	$148.00
EMT	338	$213,718.00
AEMT	44	$49,180.00
Paramedic	228	$820,061.00
Grand Total	**611**	**$1,083,107.00**

The FY20 Virginia EMS Scholarship Program will closed on June 5, 2020 due to the need to begin the internal processes to close FY20. The FY21 fiscal year for the scholarship program began June 6, 2020.

Psychomotor Test Site Activity

A. BLS Psychomotor Testing has been suspended for the remainder of 2020. A workgroup of the Training and Certification Committee will continue their work, when safe to do so, on changes to the BLS testing through a more comprehensive critical thinking scenario based evaluation rather than the memorization of skill sheets.

Other Activities

- Debbie Akers is serving on the committee to rewrite the Education Standards and Instructional Guidelines. The completion of this project has been delayed and the anticipated release date of the new Education Standards will be March, 2021.

Community Health and Technical Resources (CHaTR)

IV. Planning and Regional Coordination

CHaTR Website & Staffing

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/

The CHaTR division welcomed a new staff member, as Hannah Lyons started as a Program Specialist with CHaTR on May 10, 2020. Hannah has been working in the role of Human Resources Assistant for the OEMS for some time and prior to that, as a contractor with OEMS. By the end of 2020, she plans to have completed her undergrad studies with Virginia Commonwealth University and likely hopes to continue to progress with the CHATR division. She has hit the ground running, and is a welcome addition to the CHaTR division.

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. Jaberi 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 from March 13 to June 26, 2020, and transitioned to a bi-weekly schedule since June 26. In addition, CHaTR staff have been assisting in the coordination of distribution of Personal Protective Equipment (PPE) to the Regional EMS Councils for use by EMS agencies in those respective regions.

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. The Program Managers of both the BREMS and REMS offices have been hired, with Mary Kathryn Allen starting at BREMS on May 10, 2020, and Wayne Perry at REMS on May 25, 2020.

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 August 6, 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 405 entries into the Helicopter EMS system in Q2 of the 2020 calendar year. 55% of those entries (226 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a decrease from 508 entries in Q2 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.

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 approved the State EMS Plan at their most recent meeting on June 4, 2020.

The current version (2020-2022) 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/

Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee was scheduled to meet on August 6, 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

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 for the remainder of the 2020 calendar year 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/

EMS Workforce Development Committee (Continued)

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 virtually on July 22, 2020, with CHaTR staff participating. The network announced to the group that they had created a new website. The website offers resources for agencies as well as contact points for individuals interested in Fire and EMS. The network is continuing to add additional content including obtaining member information. The link to the website can be found on the CHaTR Recruitment and Retention page. (https://www.vdh.virginia.gov/emergency-medical-services/chatr/recruitment-retention/)

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.

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 has been strongly encouraged by CHaTR staff to work collaboratively 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 (VDFP) 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, but have been postponed due to the pandemic in 2020.

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.

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. The letter of intent process has been put on hold due to the pandemic.

The CHaTR division manager participates on the NASEMSO CP-MIH workgroup, the Virginia Rural Health Association Board of Directors, as well as the Joint Committee on Rural Emergency Care.

CHaTR staff members have also been working with the VDH Office of Health Equity (OHE) on revisions to the State Rural Health Plan (SRHP). The most current version of the SRHP can be found via the link below.
https://www.vdh.virginia.gov/content/uploads/sites/76/2016/06/2013VSRHP-final.pdf

State Telehealth Plan

During the 2020 session, the Virginia General Assembly passed House Bill 1332, which: *"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 (the*

Plan) to promote an integrated approach to the introduction and use of telehealth services and telemedicine services, as those terms are defined in the bill. The bill requires the Plan to include, among other provisions, provisions for (i) the use of remote patient monitoring services and store-and-forward technologies, including in cases involving patients with chronic illness; (ii) the promotion of the inclusion of telehealth services in hospitals, schools, and state agencies; and (iii) a strategy for the collection of data regarding the use of telehealth services."

More information can be found at the links below:

https://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+HB1332ER+pdf
https://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP0729+pdf

The Virginia Department of Health (VDH) is creating several workgroups to address specific sections of the bill language, summarized as: Delivery, Remote Patient Monitoring, Criteria for Use, Integration, Sustainability, and Data Collection.

The Office of EMS (OEMS) is working with the VDH OHE, and Office of Family Health Services (OFHS) to coordinate stakeholders to participate in the development of the State Telehealth Plan. Meetings will be held virtually in an August to October timeframe.

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

  - **Virginia Department of Health Partner Calls**

    Karen Owens and Sam Burnette continue to participate in weekly VDH Partner teleconferences held by the VDH, Office of Emergency Preparedness (OEP) held each

Friday morning. This weekly call brings VDH partners and stakeholders together to discuss how VDH is responding to and assisting with the COVID 19 crisis in Virginia.

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

  Rich Troshak participated in multiple regional 911/PSAP teleconferences hosted by the Virginia Information Technology Agency's Integrated Services Program (VITA ISP). Rich coordinated with multiple VDH Health District Directors for several calls to secure their participation in these calls to provide information and update on COVID-19.

- **Healthcare Committee**

  Karen Owens continues to serve 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.

Training Programs

- **FEMA Continuity of Operations Planners Workshop**

  Sam Burnette participated in a virtual delivery of the FEMA Continuity of Operations Planners Workshop offered on May 19-22, 2020. The course provided tools to review continuity of operations plans for potential areas of needed improvement and strategies on resolving them.

- **ArcGIS Virtual Conference**

  Sam Burnette participated in the 2020 ArcGIS Virtual User Conference. Over the four-day event, he joined in several presentations on ArcGIS technology which will be useful in visualizing data related to training, exercise, and disaster response.

- **Blackboard Virtual Conference**

  Karen Owens and Sam Burnette participated in a Blackboard Virtual Conference on July 21-22, 2020. The conference provided best practices information on the learning management system and the use of online resources for continuity of operations activities in the teaching environment.

- **Health and Safety Webinars**

  Vince Valeriano attended multiple webinars focused on provider health and safety. They include:

  - *International Public Safety Association: The Trifecta Approach to Trauma Treatment, Post Traumatic Growth and Resilience*

    The instructor, Tiffany Atalla, covered the identification and effects of trauma and vicarious trauma and methods to assess symptoms and severity of PTSD. Additionally, Tiffany discussed the Trifecta Approach to best practices of treatment, which explored ways responders could learn to create a relaxed body state, integration of their trauma narrative, and methods of desensitization. The webinar ended with a discussion about resilience and Post Traumatic Growth as well as resources for first responders and their families.

  - *McLean Hospital: Unlocking Inner Peace During Turbulent Times Confirmation*

    Dr. David H. Rosmarin discussed how during turbulent times, many people turn to spirituality to find inner peace and calm amidst chaos. The webinar explored how spirituality is not limited to religion alone, it is found in secular contexts and experienced during even the most mundane daily activities. Dr. Rosmarin covered the relevance of spirituality to mental health and discussed nondenominational spiritual coping techniques that promote inner peace and resiliency during difficult circumstances.

Communications / Emergency Medical

- **Integrated Services Program Transition**

  Effective July 1, 2020, the Virginia Information Technology Agency Integrated Services Program (VITA ISP) transitioned to the Virginia Department of Emergency Management (VDEM). Rich Troshak continues to offer assistance to the program regarding EMS communications in 911 Centers/PSAPs throughout the Commonwealth.

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

  The 2020 Virginia Chapters of the Association of Public-Safety Communications Officers (APCO) and the National Emergency Numbers Association (NENA) Fall Conference was cancelled this year due to COVID. This annual conference is the premier event for 911 Centers/PSAPs for the Commonwealth. In the absence of this event, Rich Troshak has been reaching out to 911 Centers/PSAPs to provide individual assistance and guidance for EMS communications and EMD accreditation.

Planning

- **Central Virginia Emergency Management Alliance (CVEMA) Monthly Meeting**

  Sam Burnette attended the CVEMA Monthly meetings via a virtual platform on June 18th and July 16th. Discussion included training and mitigation grants for the region as well as training program delivery in the COVID environment. The meeting is attended by emergency management officials from local and state government organizations.

- **Hurricane Evacuation Planning Workgroup**

On June 24, 2020, Sam Burnette participated in a virtual meeting of the Hurricane Evacuation Planning Workgroup sponsored by the Virginia Department of Emergency Management (VDEM) Region 5. A review of the Hurricane Evacuation Plan was provided with an opportunity for participant feedback. Major discussion point was on the estimated time required to evacuate the Hampton Roads area in response to a hurricane.

Provider Health and Safety

- **Health and Safety Infographics**

  During this quarter, Vincent Valeriano released three new infographics surrounding provider health and safety that were shared on the OEMS webpage and social media:

  - May – End The Stigma
    - https://www.vdh.virginia.gov/emergency-medical-services/2020/05/13/end-the-stigma/
  - June – Think Before you Drink
    - https://www.vdh.virginia.gov/emergency-medical-services/2020/06/10/think-before-you-drink/
  - July – Keep the Fire Burning
    - https://www.vdh.virginia.gov/emergency-medical-services/2020/07/08/keep-the-fire-burning/

- **Health and Safety Webpage Redesign**

  In an ongoing effort to improve health and safety information and resources available to EMS providers, Vincent Valeriano completed the redesign of OEMS's provider health and safety webpages (https://www.vdh.virginia.gov/emergency-medical-services/2020/06/22/new-provider-health-and-safety-webpage/). The goal of the new layout is to better centralize and make it easier for providers to find relevant health, safety and mental health resources.

- **Frontline Wellness Virginia**

  Vince Valeriano continues to represent OEMS on the joint initiative, Frontline Wellness VA. The goal of this group is to provide resources and information in support of Virginia's frontline healthcare workers during COVID-19. The website can be found at https://frontlinewellnessva.org/

- **CISM Team Activity**

  During this quarter there were 10 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

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. This emergency response effort is ongoing.

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 April – June are as follows:

- **April** – Stress and COVID-19, 2020 Regional EMS Awards, COVID-19 Responder Self-Triage Tool, National Public Safety Telecommunicators Week, Center for Medicare and Medicaid Services guidance on allowable destinations for ambulance transports, safe hotel accommodations for Virginia's first responders and essential personnel responding to COVID-19, infographic on seeking help for time-sensitive emergencies, infographic comparing COVID-19 symptoms to other complications.

- **May –** Don't delay seek help right away infographic, fingerprint background check eligibility determination, 2020 Virginia EMS Symposium cancellation due to COVID-19, 2020 Regional EMS Awards, National Mental Health Awareness Month Health and Safety Bulletin focused on provider mental health, 2020 National EMS Moment of Silence, Bob Page live event, EMS Week education day, EMS Week thank you video, EMS Week safety Tuesday, EMS Week proclamation, EMS Week EMS for Children Day, EMS Week press release, EMS Week Save-A-Life day, EMS Week presidential

proclamation, EMS portal maintenance, EMS Week recognition day, state holiday office closures and EMS Week EMS Officer I training.

- **June** – Hurricane Season, NASEMSO provider fatigue study, Health and Safety Bulletin focuses on excessive alcohol consumption, EMS Agency license and permits extensions, state holiday office closures and new Provider Health and Safety webpage.

Via GovDelivery Email Listserv (April - June)

5/1/20 Emergency Medical Services Week 2020
5/9/20 Virginia Office of EMS Announces Cancellation of the 2020 Virginia EMS Symposium

Customer Service Feedback Form (Ongoing)

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

Social Media and Website Statistics

As of August 3, 2020, the OEMS Facebook page had 8,091 likes, which is an increase of 352 new likes since May 7, 2020. As of August 3, 2020, the OEMS Twitter page had 5,291 followers, which is a decrease of 12 followers since May 7, 2020.

Figure 1: This graph shows the total organic reach* of users who saw content from the OEMS Facebook page, April – June. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post was posted on May 17, 2020. This post garnered 30,191 people reached and 1,896 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.*

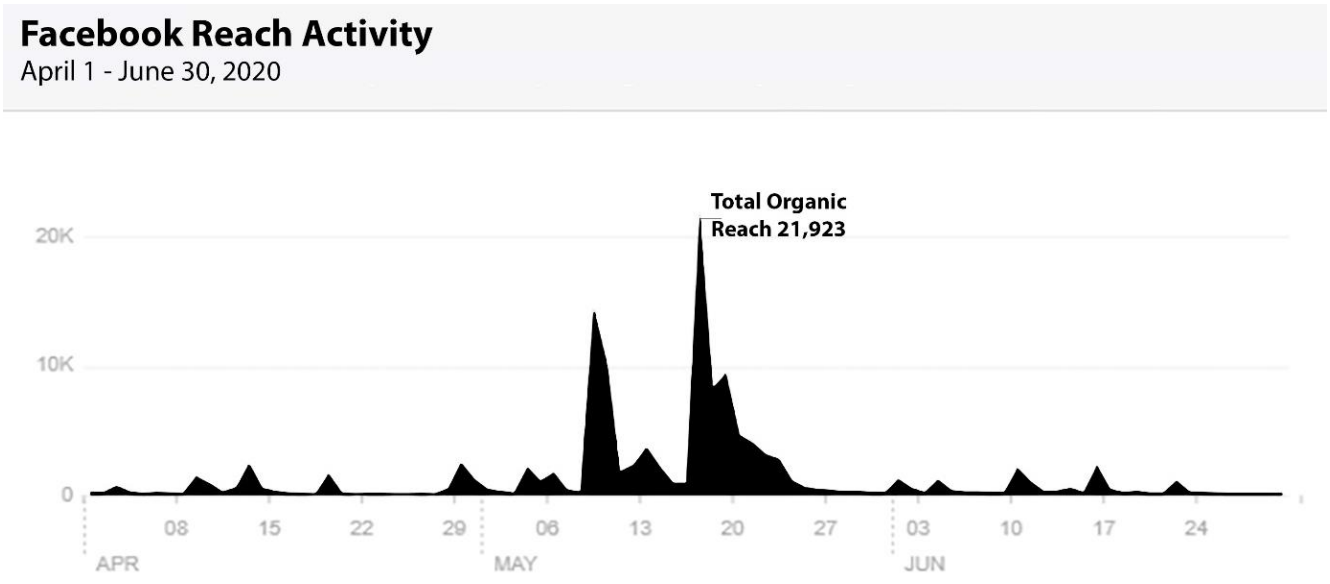


Figure 2: This graph shows the total organic impressions* over a 91-day period on the OEMS Twitter page, April - June. **During this 91-day period, the OEMS Twitter page earned 521 impressions per day. The most popular tweet received 1,907 organic impressions.**

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

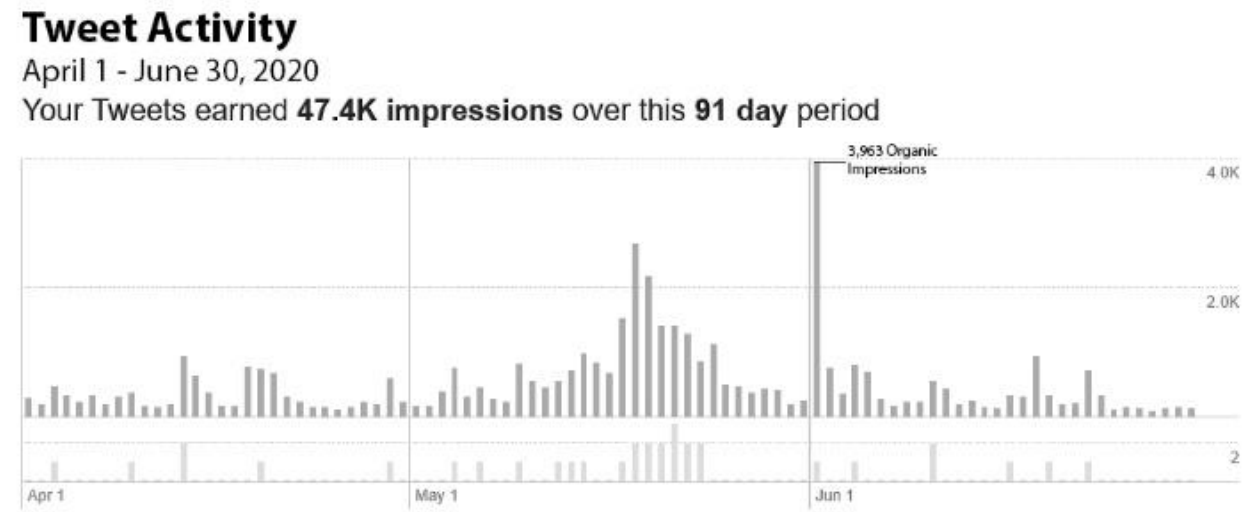


Figure 3: This table represents the top five most downloaded items on the OEMS website from April – June 2020.

April	1. Creating an Account on CentreLearn for EMSAT (168) 2. Education Certification EMS Provider Portal (131) 3. Authorized Durable DNR Form and Instructions (93) 4. List of EMSAT Courses on CentreLearn (84) 5. Recertifying your Virginia EMS Credential (84)
May	1. Authorized Durable DNR Form and Instructions (150) 2. Regional EMS Awards downloadable nomination forms (122) 3. TR-01 – Course Approval Request Form (100) 4. EMT Performance (105) 5. TR-06 – Course Roster (105)
June	1. Authorized Durable DNR Form and Instructions (168) 2. Creating an Account for CentreLearn for EMSAT (128) 3. Recertifying Your Virginia EMS Credential (96) 4. EMT Performance (96) 5. National Registry Recertification Guidelines (89)

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 April – June 2020.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
April	7,779	00:36	28.65%
May	6,708	00:37	30.11%
June	7,522	00:37	28.30%

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

- EMS Week, May 17 – 23, 2020 and EMS for Children Day, Wednesday, May 20, 2020 highlighted this year's theme, "EMS Strong: Ready Today, Preparing for Tomorrow."
- The PR Assistant drafted the EMS Week letter that was sent through the listserv to Virginia providers.
- The PR Coordinator designed and disseminated EMS Week facts graphics via social media and OEMS website. These graphics showcased OEMS and EMS system data for each day of EMS Week. These facts corresponded to the designated theme for each day. **The first fact went organically viral on May 17, garnering 30,191 people reached and 1,896 engagements** (including post likes, reactions, comments, shares and post clicks.)
- The PR coordinator updated the EMS Week webpage on the OEMS website. Information promoted included the press release, Governor's proclamation, social media facts and the presidential proclamation.
- The PR Coordinator prepared and distributed a press release for EMS Week to statewide media.

EMS Symposium CANCELLED

- The PR Assistant drafted the Symposium cancellation notice for all Division Managers to review and edit.
- The PR Coordinator sent an email via listserv and posted on social media regarding the cancellation of the 2020 Virginia EMS Symposium due to COVID-19.
- The PR Assistant submitted the Symposium cancellation notice to the Commonwealth Chiefs publication.

Governor's EMS Awards Program

- The PR Assistant worked with the Regional EMS Councils to assist with the collection of award nominations through the OEMS online submission process.

Media Coverage

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

- **April 8 -** Reporter from the Virginia Mercury inquired about COVID-19 and Rural EMS.
- **May 5 –** Reporter from the Richmond Times Dispatch inquired about PPE distribution to EMS agencies.

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 April – June:

- **April - June** – 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 and weekend/afterhours JIC coverage, leading VDH Communications/JIC team meetings, creating daily VDH communications report, media response, writing/sending/posting press releases, coordinating press conferences, attending leadership meetings, assisting with VDH COVID-19 website updates and social media posts, assisting as lead PIO on VDH ICS Vaccine Unit workgroup, submitted RAP and coordinated with contractor on emergency media buy for Eastern Region, assist marketing contractors gain access to VDH social media advertising sites, 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, assisted the VDH testing team with sending notices out to local physicians regarding area COVID-19 test sites 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 April – June:

    - COVID-19 Update for Virginia – April 4
    - COVID-19 Update for Virginia – April 20
    - COVID-19 Update for Virginia – May 7
    - COVID-19 Update for Virginia – May 15

- 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 Agency-wide 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.

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 & Permitting
  - 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 (Operational Medical Director) Endorsements

- Background Investigation Unit
  - Determine eligibility for EMS certification and/or affiliation in Virginia

- EMS Regulation Variance/Exemption application determinations

- EMS Psychomotor Examination Accommodation Request 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 Virginia Governor's State EMS Advisory Board

- Provide EMS regulatory and compliance consultation services for EMS agencies and localities within the Commonwealth of Virginia

- Represent the Virginia Office of EMS, Regulation & Compliance Division on national boards and/or committees

The following is a summary of the Division's activities for the second quarter, 2020:

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**	**8**			**17**	**33**	**14**
EMS Agency	2	2			4	13	9
EMS Provider	7	6			13	20	5
Verbal Warning	**1**	**1**			**2**	**8**	**10**
EMS Agency	0	0			0	4	8
EMS Provider	1	1			2	4	2
Correction Order	**1**	**0**			**1**	**5**	**5**
EMS Agency	0	0			0	1	4
EMS Provider	1	0			1	4	1
Suspension	**4**	**6**			**10**	**24**	**40**
EMS Agency	0	0			0	0	0
EMS Provider	4	6			10	24	40
Revocation	**0**	**0**			**0**	**2**	**0**
EMS Agency	0	0			0	0	0
EMS Provider	0	0			0	2	0
Compliance Cases							
Investigations Opened	9	37			46	203	160
Investigations Closed	31	46			77	*	91
Drug Diversions	**1**	**3**			**4**	**6**	**12**
Variances	**18**	**17**			**35**	**110**	**54**
Approved	9	10			19	56	33
Denied	9	7			16	54	20

Note: Not all investigations reveal regulatory non-compliance or result in an enforcement action(s). Therefore, the number of enforcement actions will not equal the total number of compliance cases. Complaints could be unfounded or resolved utilizing guided compliance.

Hearings (IFFC = Informal Fact Finding Conferences) appeals

Currently the Regulation & Compliance Division has 7 requests for IFFC hearings pending. There were no Administrative Processes Act - Informal Fact Finding Conferences (hearings) this quarter; due to Covid-19 restrictions and lack of an available Adjudication Law Judge. Both Cam Crittenden, R.N., and Ron Passmore, NRP, are scheduled to attend The National Judicial College to obtain Adjudication Law Judge (hearing officer) credentials and will begin serving as the Adjudication Law Judge (hearing officer) for the Office of EMS. Ms. Crittenden has agreed to be the sole hearing officer for all Regulation & Compliance Division cases.

Licensure

Licensure	2020 1st Quarter	2020 2nd Quarter	2020 3rd Quarter	2020 4th Quarter	2019 Total	2018 Total
Total Agencies	584	578			587	607
New Agency	5	0			7	6
New Vehicles	90	62			239	4,243*
Inspections	657	141			2819	3,729*
Agencies Inspected	43	0			330	288
Vehicles Inspected	532	135			2153	3,097
Unscheduled "Spot" Inspections	82	6			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	728			2,330	7,613	7,318
Eligible	1,558	706			2,264	6,973	6,578
Non-Eligible	15	17			32	47	48
Review Criminal history	29	103			132	Not Available	Not Available

Outstanding Waiting for results	9	0			Not Cumulative	Not Cumulative	Not Cumulative
Rejected Fingerprint cards	20	5			25	391	Not Available
Jurisdiction Ordinance	424	346			770	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	225				220	*
New OMD's	5	3			8	>3	*
Re-Endorsed (5yr)	5	0			5	41	*
Conditional (1yr)	3	0			3	23	*
Expired Endorsement	1	0			1	19	*

Covid-19 pandemic considerations due to no availability of OMD workshops occurred as follows:

- Five - OMD endorsements that were scheduled to expire between April through June of 2020 were administratively extended with a new expiration date of December 31, 2020.
- Ten - OMD approved variances resulting in conditional (1 year) endorsements have been administratively extended with expiration dates ranging from July 14, 2020 through June 30, 2021.

The 2020 OMD workshops schedule began during EMS Symposium on November 7th 2019 and the regional schedule that was posted on the Virginia Office of EMS website for the remainder of 2020 was stopped following the March 11th 2020, Western Virginia and Blue Ridge Regional EMS Councils workshop in Bedford Virginia. Due to the Governors Executive Order all remaining workshops were cancelled.

This Division is currently working through the logistics of holding Virtual Instructor-Led Training (VILT) OMD workshops in a live webinar or video conference format. Please watch for additional information and the future schedule for these OMD workshops before the fall of 2020. Dr. Lindbeck is 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.

The online (portal) paperless process for OMD initial and re-endorsement applications and document submission is currently in BETA testing. The roll out of this upgrade is targeted for August 2020. 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 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 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 bi-monthly staff meeting(s) have been cancelled and held virtually during the Governor's Executive Order. The August meeting is scheduled for August 12th – 14th, 2020 in South Hill, Virginia. Social distancing and masks will be required during this meeting.

- Division staff have been required to "stay at home" during this quarter due to the Governor's Executive order. Both Field Staff and Office staff have worked from home since March 16, 2020.

    - Office staff have maintained all Division deliverables (services) without delays during this quarter. They have been as productive and responsive from home as they would have been still working in the office.
    - Field Staff focused their efforts during this stay at home order to complete compliance case investigations and were able to reduce open and active cases by 60% from 70 open cases down to 30.

- Division field investigators have assisted the OEMS Grants Manager and the RSAF program by performing reviews of submitted grant requests. July 1, 2020 Field Staff was approved to re-enter the field to perform verification of purchase compliance for RSAF grant funds awarded during funding cycle.

- **FieldPrint - fingerprint submissions updates are as follows:**

    - Due to a Budget Bill amendment from the 2020 General Assembly session, there is no longer a fee (charge) for non-certified EMS agency members. Costs for all background checks are covered by OEMS as of July 1, 2020.
        - All EMS Agency unique FieldPrint accounts for direct billing of agencies non-certified background checks have been disabled.
        - All EMS Agencies should only utilize OEMS FieldPrint codes.

    - Plans are in place to begin background checks for Virginia EMS educational programs upon course enrollment. More information regarding this will be forthcoming.

    - 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 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.

- Field Staff utilized the "stay at home" order time to work with their agencies with data compliance improvement during this quarter, in support of Trauma & Critical Care Divisions data compliance concerns.

- Memo was emailed to all non-compliant licensed EMS Agencies July 2020 advising data submission privileges of their 3rd party vendors would be suspended on July 31, 2020 if compliance was not achieved prior.

- 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.

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

- New Sub-Tab **EMS Medical Directors** – all OMD information has been relocated on the Office of EMS website to the Regulation & Compliance Division under its own EMS Medical Directors sub-tab.

    - EMS Physician Portal User Guide is currently being updated

    - On-line EMS Medical Director Course is also being updated

    - Application process for OMD Endorsement or Re-Endorsement is being beta tested and should be available online (paperless) in August 2020.

    - OMD Workshops (required for continuing endorsement) are going to be available virtually the Fall of 2020.

        - Schedule for these webinar delivered workshops will be posted on this subtab late summer 2020.

    - Many other links, documents, course information, and related links are available for OMD's on this page

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

- All EMS agency licenses or vehicle permits that would have expired March 31st through June 30th, 2020 were administratively extended until December 31, 2020.

- All OMD endorsements that would expire March 31st through June 30th, 2020 were administratively extended until March 31, 2020

    - Current approved OMD variances regarding provisional re-endorsement extensions have been administratively extended on case-by-case basis.

- July 1, 2020 – Field Staff returned to fieldwork specific to temporary EMS vehicle inspections/permits and RSAF grant verifications.

- August 1, 2020 – Field Staff will resume complete field operations to include agency license inspections.

    - Field Staff must maintain social distancing, required to wear appropriate mask & PPE, and utilize proper hand hygiene.

- **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.
        - All agencies that requested and were granted Covid-19 variances have concluded their requested period of variance and have returned to standard regulatory compliance.

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
Senior Administrative Assistant,
Physician Endorsement & Background Investigation Unit
Phone: (804) 888-9130
Fax: (804) 371-3108

Provides direct administrative support to the Division Manager while managing all Virginia endorsed EMS physicians, to include all applications for OMD 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,
Background Investigations
Phone: (804) 888-9133
Fax: (804) 371-3409

Shirley Peoples
Administrative Assistant,
Regulation & Compliance Team Support
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, EMT-P (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 153 years of combined experience specific to EMS regulations and compliance enforcement; in addition, this team of twelve has more than 322 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 this quarter, the Informatics team addressed over 400 general support tickets, emails, and phone calls. Processes are monitored each day to ensure the import and export of data is working properly, and that the reporting database stays up to date. The zip code review and cleanup project is over 50% complete. We continue meeting each day for 15 to 20 minutes to ensure all team members are up to speed on all projects.

- **Virginia Elite Updates**

Due to COVID-19, additional elements were added to the EMS system as quickly as they were made available by both the vendor and NEMSIS. This included new PPE values, additional worksheets for data tracking, and the vendor added additional COVID-19 related reports. All of these additions were coordinated with the Division of Emergency Operations and communicated to the EMS agency super users. The Hospital Hub system was enhanced to highlight in red any record submitted that contains COVID-19 related symptoms.

- **EMS Data Submission and Data Quality**

  - During the 2nd quarter, data quality continues to be the primary focus of the Patient Care Informatics team. Data quality reports continue to be made available to the Regulation and Compliance Division of OEMS and are posted in their section of the OEMS website. The group is still working with multiple agencies having issues with the submission of non-compliant data, missing demographic data, and assisting with reviewing data quality issues.

  - Overall EMS data quality has remained at 97% this quarter. Unfortunately, the number of agencies that still have not completed the required demographic data submission is 385.

  - The number of agencies that failed to report anything is still high averaging over 74 agencies per month for this quarter, 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 amount of non-compliant data continues to decrease. The average for this quarter is around 14,000 values per month. While this is much lower than past quarters, it is still a large amount of non-compliant values that require additional man-hours to manually edit the erroneous data before it can be used or distributed. We continue working with agencies and EMS software vendors to continue reducing this number

- Last quarter, each EMS software vendor utilized by Virginia EMS agencies was contacted via a certified letter outlining a list of non-compliant values their customers were sending and the deadline for correcting the submissions. All EMS vendors responded and are working with our staff to eliminate the submission of the non compliant values. OEMS personnel also conducted multiple conference calls with vendors and various agencies (some one on one while others involved large groups) going over all of the issues and how best to resolve them within each of the individual software platforms. In some systems, it was very easy for the issues to be addressed while other systems required additional vendor programming. In the end, we have started to see a marked reduction in the submission of non-compliant data. The next data audit we perform will be done for all records received in August 2020 and will provide us a complete picture of how well these efforts have been and identify areas requiring additional work.

- 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. The staff works monthly with EMS agencies and the Regulation and Compliance Division to improve the quality of the data submitted to the Elite system.

- The latest Data Quality Report and Data Submission Compliance Reports are on the Knowledgebase: Knowledgebase - Data Submission Report

- *Table 1: Number of Virginia EMS Agencies Classified by Average Incident Validity Score, March 2020-May 2020*

Validity Score Scale	March	April	May
Excellent (98-100)	363	342	355
Good (95-97.99)	47	51	49
Poor (< 95)	48	41	43
Failed to Submit	68	81	75

- **Virginia Trauma Registry**

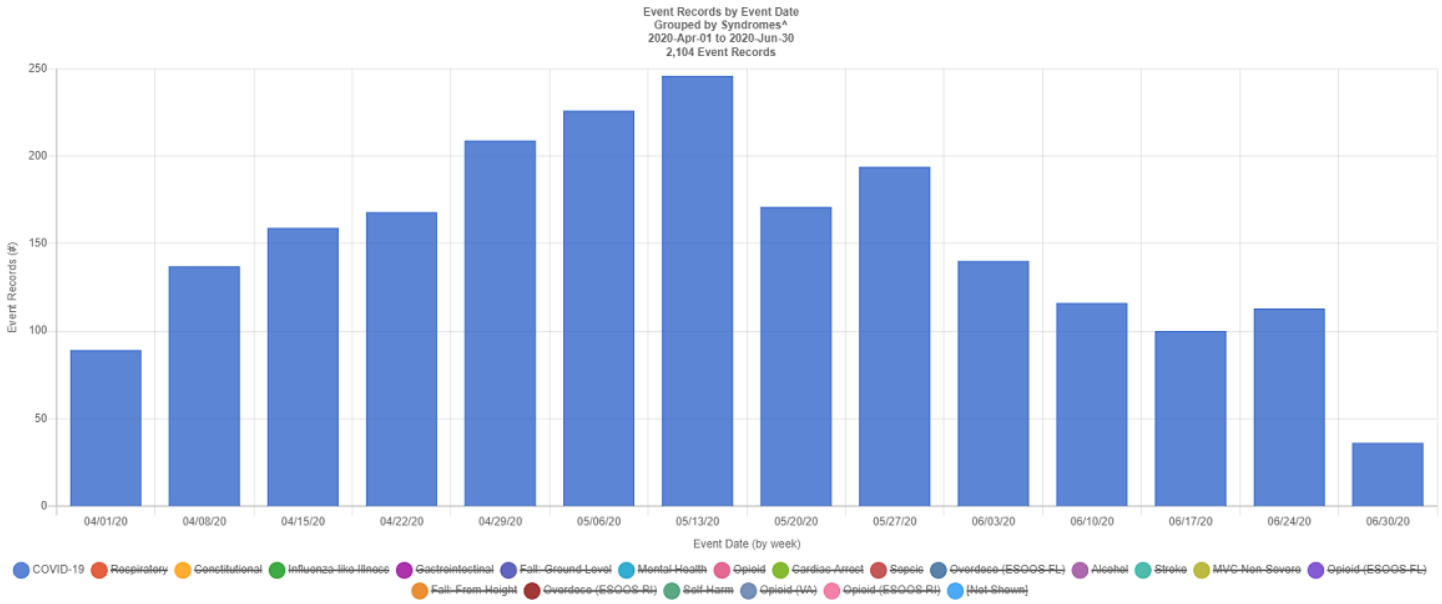
In the Trauma Registry system, work continues on validation rules. New rules are being added while old rules are be depreciated to better align the system with the NTDB standard. New quality reports have been developed that will be used to help keep hospitals and trauma centers informed as to the quality of the data submitted each month and each quarter. It will utilize the same scoring scale as the EMS Data Quality report does. We continue working with our vendor to correct all submission issues when identified.

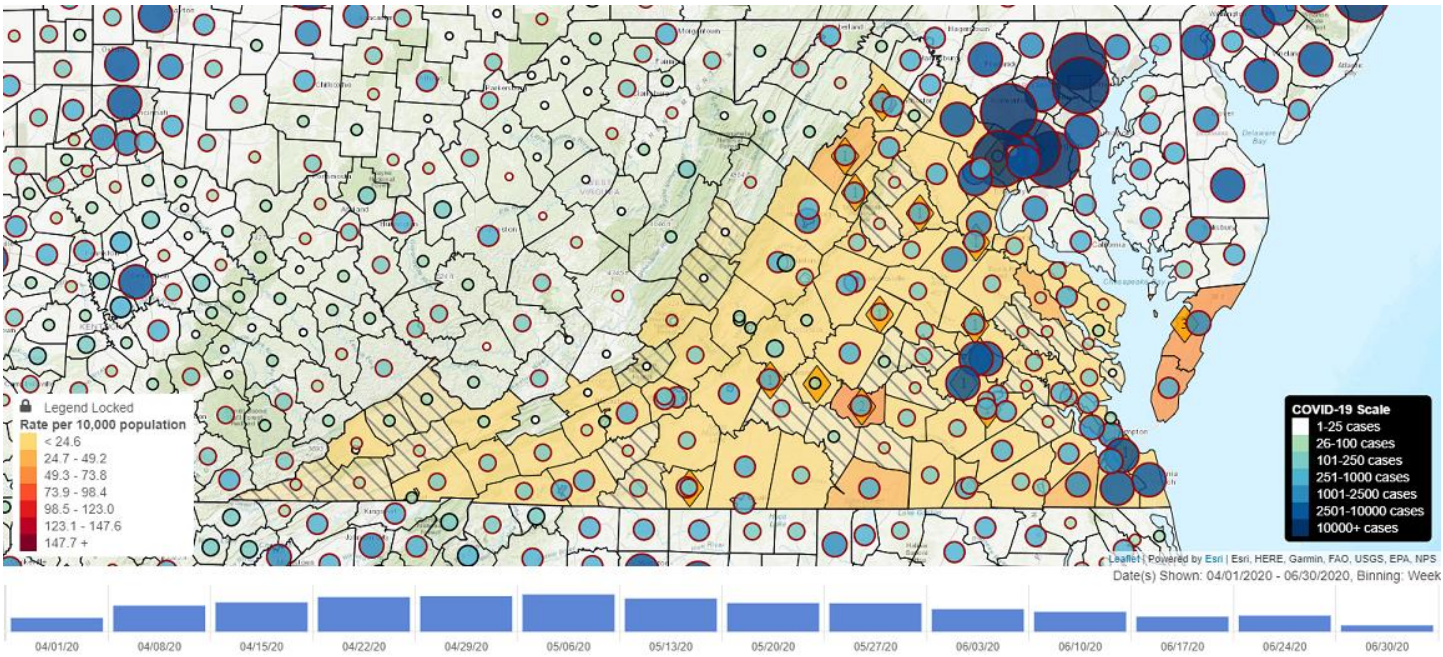
- **Biospatial Implementation**

Work continues with Biospatial. Exports from the EMS system are monitored daily to ensure data is submitted promptly. A new COVID-19 dashboard report using Biospatial data has been developed and is distributed to key leadership personnel each day. The initial group of users (pilot group) for Biospatial was identified and training webinars held. Those individuals now have access to the system and continue to work with us learning how best to utilize the system. Survey questions are in development that will be sent to the pilot group to help OEMS better understand how they use the system and what sort of needs they have.

:

  - 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 the COVID-19 Dashboard for Q2 2020. Multiple views and layers can be customized in the interactive program.


Event Records by Event Date
Grouped by Syndromes^
2020-Apr-01 to 2020-Jun-30
2,104 Event Records
Event Records (#)
250
200
150
100
50
0
04/01/20
04/08/20
04/15/20
04/22/20
04/29/20
05/06/20
05/13/20
05/20/20
05/27/20
06/03/20
06/10/20
06/17/20
06/24/20
06/30/20
Event Date (by week)
COVID-19
Respiratory
Constitutional
Influenza like Illness
Gastrointestinal
Fall- Ground Level
Mental Health
Opioid
Cardiac Arrest
Sepsis
Overdose (ESOOS FL)
Alcohol
Stroke
MVC Non-Severe
Opioid (ESOOS FL)
Fall- From Height
Overdose (ESOOS RI)
Self Harm
Opioid (VA)
Opioid (ESOOS RI)
[Not Shown]


Legend Locked
Rate per 10,000 population
< 24.6
24.7 - 49.2
49.3 - 73.8
73.9 - 98.4
98.5 - 123.0
123.1 - 147.6
147.7 +
COVID-19 Scale
1-25 cases
26-100 cases
101-250 cases
251-1000 cases
1001-2500 cases
2501-10000 cases
10000+ cases
Leaflet | Powered by Esri | Esri, HERE, Garmin, FAO, USGS, EPA, NPS
Date(s) Shown: 04/01/2020 - 06/30/2020, Binning: Week
04/01/20
04/08/20
04/15/20
04/22/20
04/29/20
05/06/20
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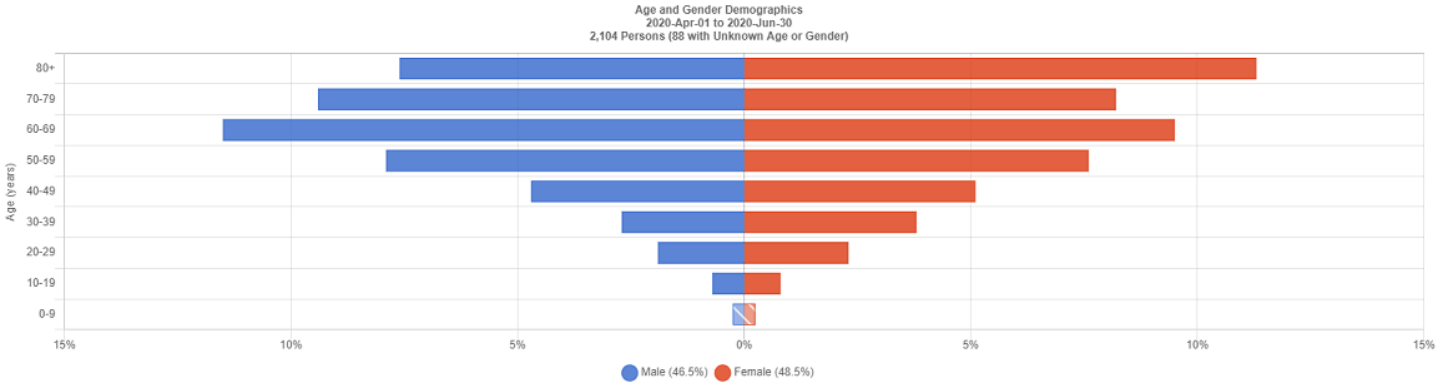
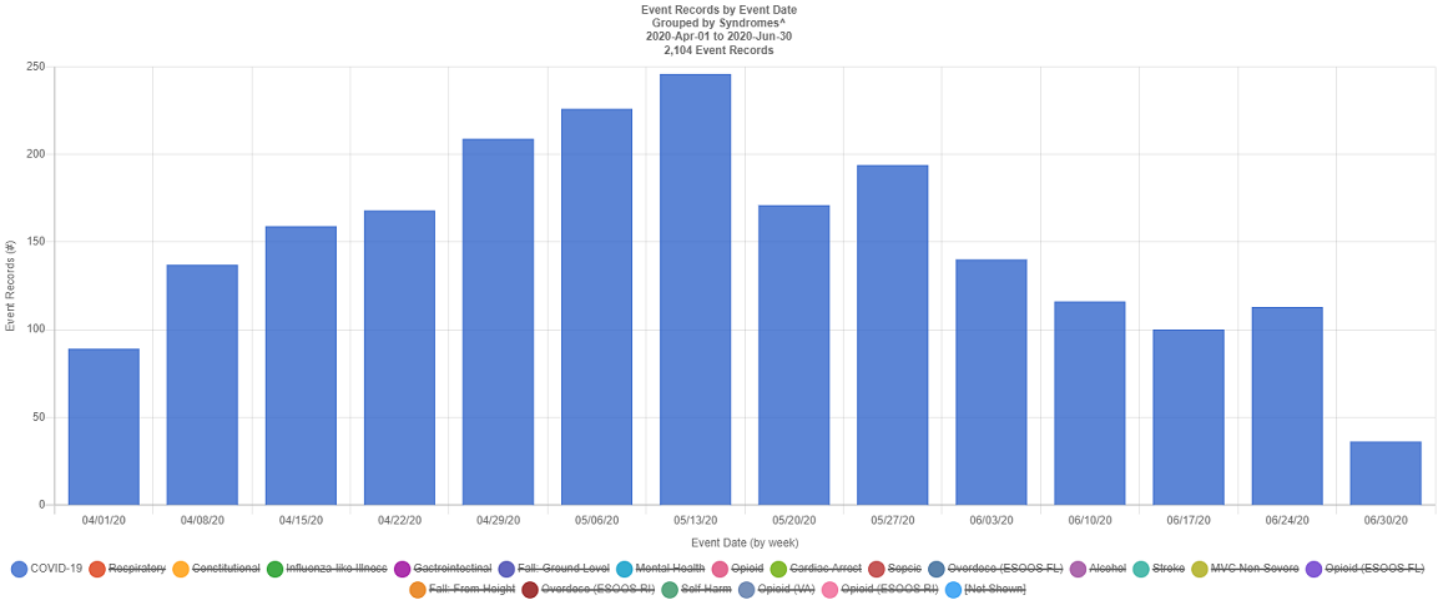
06/30/20


Age and Gender Demographics
2020-Apr-01 to 2020-Jun-30
2,104 Persons (88 with Unknown Age or Gender)
80+
70-79
60-69
50-59
40-49
30-39
20-29
10-19
0-9
Age (years)
15%
10%
5%
0%
5%
10%
15%
Male (46.5%)
Female (48.5%)


Event Records by Event Date
Grouped by Syndromes^
2020-Apr-01 to 2020-Jun-30
2,104 Event Records
250
200
150
100
50
0
Event Records (#)
04/01/20
04/08/20
04/15/20
04/22/20
04/29/20
05/06/20
05/13/20
05/20/20
05/27/20
06/03/20
06/10/20
06/17/20
06/24/20
06/30/20
Event Date (by week)
COVID-19
Respiratory
Constitutional
Influenza-like Illness
Gastrointestinal
Fall- Ground Level
Mental Health
Opioid
Cardiac Arrest
Sepsis
Overdose (ESOOS-FL)
Alcohol
Stroke
MVC Non-Severe
Opioid (ESOOS-FL)
Fall- From Height
Overdose (ESOOS-RI)
Self-Harm
Opioid (VA)
Opioid (ESOOS-RI)
[Not Shown]

- **EMS Epidemiology**

    - **EMS Calls Summary:** Virginia EMS agencies received/responded to **352,976** transport calls in the second quarter of 2020 (reported as of 07/13/2020). 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, Second Quarter 2020, Virginia

Incident Disposition	EMS Calls
Patient Treated, Transported by this EMS Unit	232,903
Canceled	38,882
Assist	24,362
Patient Refused Evaluation/Care (Without Transport)	20,255
Patient Treated, Released (AMA)	13,018
Standby	7,693
Patient Treated, Transferred Care to Another EMS Unit	4,115
Patient Dead at Scene	4,106
Patient Evaluated, No Treatment/Transport Required	4,104
Patient Treated, Released (per protocol)	1,764
Patient Refused Evaluation/Care (With Transport)	895
Patient Treated, Transported by Law Enforcement	498
Patient Treated, Transported by Private Vehicle	261
Transport Non-Patient, Organ, etc.	116
Blank	4
Total	**352,976**

Table 2: EMS Calls by Patient Sex, Second Quarter 2020, Virginia

Patient Sex	EMS Calls
Female	148,307
Male	138,440
Not Recorded	10,663
Not Applicable	6,366
Blank	2,316
Unknown (Unable to Determine)	193
Total*	**306,285**

*Note: Total does not include standbys, non-patient transports, and the canceled EMS calls.

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

Patient Age Group (Years)	EMS Calls
Under 15	8,657
15 – 29	27,187
30 – 44	34,820
45 – 59	52,458
60 – 74	79,636
75 and Above	83,971
Blank	19,556
Total*	**306,285**

*Note: Total does not include standbys, non-patient transports, or canceled EMS calls.

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

EMS Council Region	EMS Calls
Blue Ridge	15,299
Central Shenandoah	15,077
Lord Fairfax	9,744
Northern	58,422
Old Dominion	64,230
Out of State/Other	14,161
Peninsulas	26,977
Rappahannock	29,707
Southwest	24,651
Thomas Jefferson	9,069
Tidewater	52,861
Western	32,778
Total	**352,976**

- **Opioid Usage and Naloxone Administration**

Opioid Usage and Naloxone Administration:

Virginia EMS providers administer Naloxone (Narcan) to patients with opioid overdoses. A total of 3,739 Naloxone administrations for 2,679 incident overdose cases were reported from April – June 2020. Of the Naloxone doses administered, an improved response was documented for 2,096 of the doses; the 2,096 doses were provided for 1,545 incident overdose cases. Comparing

the number of incident overdose cases (N=2,679) and the incidents with improved responses (n=1,545), 57.7% of the overdose cases had a positive response to Naloxone administration documented.

Figure 1: Naloxone Administrations by Patient Sex, Second Quarter 2020, Virginia

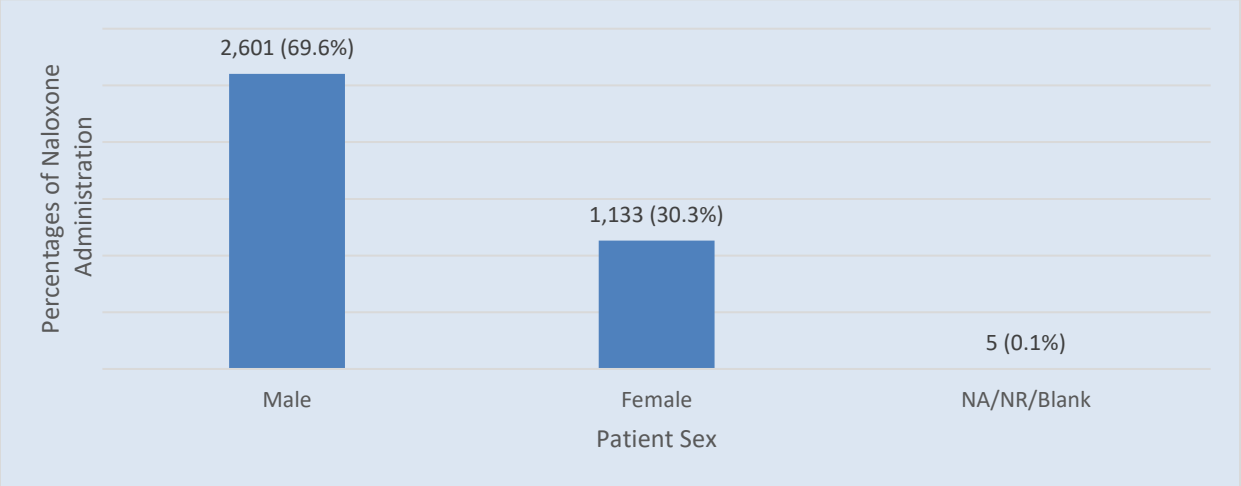


Figure 2: Naloxone Administrations by Patient Age Group, Second Quarter 2020, Virginia

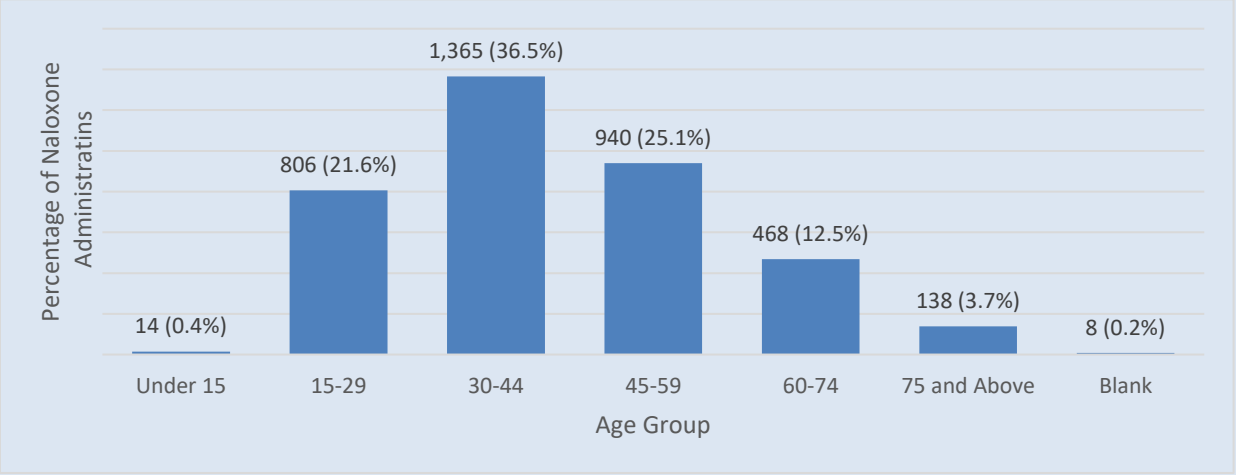


Table 5: Naloxone Administrations by EMS Council Region, Second Quarter 2020, Virginia

EMS Council Region	Naloxone Administrations
Blue Ridge	109
Central Shenandoah	62
Lord Fairfax	180
Northern	433
Old Dominion	1,001
Out of State/Other	9
Peninsulas	324
Rappahannock	303
Southwest	148
Thomas Jefferson	123
Tidewater	634
Western	413
Total	3,739

Trauma Incidents

Of the total EMS calls (352,976) reported in the second quarter of 2020, 18,932 calls were trauma related (5.4% of the EMS call volume)

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

Top Ten Injury Types	Counts of Incidents
Injury – Lower Extremities	4,776
Injury – Unspecified	3,857
Injury – Head	3,482
Injury – Upper Extremities	2,897
Injury – Face	1,383
Injury – Spine	1,088
Injury – Neck	632
Injury – Thorax	418
Injury – Abdomen	371
Multiple Injuries	28

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

Destination Hospital For Trauma Incidents	Counts of Incidents
Roanoke Memorial Hospital	869
Fairfax Hospital	839
VCU Health System	760
Norfolk General Hospital	645
Riverside Regional Medical Center	612
UVA Health System	571
Chippenham Hospital	549
Mary Washington Hospital	506
Virginia Beach General Hospital	458
Northern Virginia Medical Center	450

Causes of Injury

Cause of injury for the trauma patient was looked at to see the most common causes of injuries in the State of Virginia. Fall injuries were the most common followed by motor vehicle collision injuries. Here are the top five causes of injury for the fourth quarter of 2019 (Table 8).

Table 8. Top Five Most Common Causes of Injury, Fourth Quarter 2019, Virginia

Causes of Injury	Frequency	Percentage of the Total
Fall Injuries	2,578	9.8%
MVC Related Injuries	1,531	5.8%
Injuries by Blunt/Sharp Objects	280	1.1%
Abuse & Physical Assault	232	0.9%
Machine Related Injuries	40	0.2%
Other*	21,748	82.4%
Total	26,409	100.0%

*Other = Gun injuries, suicide attempts, penetrating injuries, etc.

Ad Hoc Reports:

OEMS received a total of 16 data and/or data analysis requests in the second quarter of 2020.

Analysis of Cardiac Arrest Incidents Pre and Post COVID-19 Declared State of Emergency

OEMS prepared a report for presentation on the number of incidents of cardiac arrest, stroke, chest pain, and STEMI during the COVID -19 pandemic (Mar 12 to Apr 30, 2020) and compared that with the number of incidents from the same period (Jan 22 to Mar 11, 2020, and Mar 12 to Apr 30, 2019). A few of the tables are shown below.

Table 8. EMS Calls for Cardiac Arrest, Chest Pain, STEMI, and Stroke by Select 50-Day Periods, Virginia

	Mar 12 to Apr 30, 2019, N (% of total)	Jan 22 to Mar 11, 2020, N (% of total)	Mar 12 to Apr 30, 2020, N (% of total)
Total 911 calls	296,955	310,203	240,254
911 calls for cardiac arrest	1,648 (0.6%)	1,760 (0.6%)	2,052 (0.9%)
911 calls for chest pain	5,453 (1.8%)	5,067 (1.6%)	3,658 (1.5%)
911 calls for STEMI	292 (0.1%)	284 (0.1%)	239 (0.01%)
911 calls for stroke	1,470 (0.5%)	1,451 (0.5%)	1,216 (0.5%)

Table 9. Number of Cardiac Arrest Incidents for Select 50-Day Periods by EMS Council Region, Virginia

EMS Council Region	Mar 12 to Apr 30, 2019	Jan 22 to Mar 11, 2020	Mar 12 to Apr 30, 2020
Blue Ridge	53	82	73
Central Shenandoah	85	77	134
Lord Fairfax	70	63	79
Northern	314	342	411
Old Dominion	350	385	447
Out of State/Other	4	6	6
Peninsulas	114	142	125
Rappahannock	104	93	114
Southwest	97	110	120
Thomas Jefferson	63	57	82
Tidewater	213	207	233
Western	181	196	228

Table 10. Number of Chest Pain Incidents for Select 50-Day Periods by EMS Council Region, Virginia

EMS Council Region	Mar 12 to Apr 30, 2019	Jan 22 to Mar 11, 2020	Mar 12 to Apr 30, 2020
Blue Ridge	218	202	120
Central Shenandoah	333	282	205
Lord Fairfax	182	163	130
Northern	698	669	522
Old Dominion	1,208	1,169	828

Out of State/Other	21	31	9
Peninsulas	392	340	241
Rappahannock	308	280	198
Southwest	419	429	295
Thomas Jefferson	205	208	162
Tidewater	768	614	450
Western	701	680	498

Table 11. Number of STEMI Incidents for Select 50-Day Periods by EMS Council Region, Virginia

EMS Council Region	Mar 12 to Apr 30, 2019	Jan 22 to Mar 11, 2020	Mar 12 to Apr 30, 2020
Blue Ridge	19	9	3
Central Shenandoah	11	20	17
Lord Fairfax	17	13	9
Northern	41	37	39
Old Dominion	72	68	74
Out of State/Other	1	3	5
Peninsulas	24	20	18
Rappahannock	14	17	11
Southwest	15	20	5
Thomas Jefferson	13	14	14
Tidewater	44	27	18
Western	21	36	26

Table 12. Number of Stroke Incidents for Select 50-Day Periods by EMS Council Region, Virginia

EMS Council Region	Mar 12 to Apr 30, 2019	Jan 12 to Mar 11, 2020	Mar 12 to Apr 30, 2020
Blue Ridge	52	60	46
Central Shenandoah	83	75	46
Lord Fairfax	29	27	34
Northern	208	195	193
Old Dominion	329	350	289
Out of State/Other	11	14	7
Peninsulas	93	96	90
Rappahannock	115	76	79
Southwest	98	91	53

Thomas Jefferson	44	66	41
Tidewater	246	223	204
Western	162	178	134

Trauma and Critical Care

- **Trauma System Status**

On March 12, 2020, Governor Ralph Northam declared a state of emergency in the Commonwealth of Virginia in response to the continued spread of the novel Coronavirus Disease known as COVID-19. The White House also declared COVID-19 a national emergency.

Pursuant to these emergency declarations, the ongoing COVID-19 pandemic and at the direction of State Health Commissioner Dr. M. Norman Oliver, MD, MA, the Virginia Office of Emergency Medical Services (OEMS) suspended all triennial trauma center verification visits scheduled to take place during 2020 (provisional trauma centers were excluded from the one-year extension.)

The following trauma centers, whose designation expired in 2020, received an automatic one-year extension of its designation. This extension will be effective until a verification site review is scheduled and conducted.

- Inova Loudon Hospital (Level III)
- Johnston Willis Hospital (Level III)
- Children's Hospital of the Kings Daughters (Level I Pediatric)
- Lynchburg General Hospital (Level II)
- Mary Washington Hospital (Level II)
- Virginia Beach General Hospital (Level III)
- University of Virginia (Level I)

Factors considered in making the decision to suspend designation reviews were numerous. Most importantly, we considered the safety of our site review teams, which include team members that are physicians, nurses and administrators with increased workloads in their primary jobs. Additionally, OEMS considered the designation process, which creates a strain on hospital trauma personnel during normal times, and especially more so during a pandemic.

OEMS is grateful for the diligence, care and compassion of the hospitals and personnel on the front lines dealing with the COVID-19 emergency. We will continue to provide updates on this situation as they become available.

- **Trauma Center Status**

On Thursday July 2, 2020 the Office of EMS received written notification that Johnston Willis Hospital was voluntarily surrendering its Level III Trauma Designation effective July 31, 2020. Excerpt from Zach McCluskey, Chief Executive Officer, Johnston-Willis Hospital's email notification:

As of July 31, HCA Virginia will change the way it treats trauma patients transported to its south Richmond hospitals. Johnston-Willis Hospital will discontinue its designation as a Level 3 Trauma Center to focus on specialties including neurology, stroke, general surgery, and orthopedics. HCA Virginia will leverage the relationship with its sister facility, Chippenham Hospital--one of the Richmond area's two Level 1 Trauma Centers--to treat more severe trauma cases.

As you are aware, we already have a longstanding relationship between these two facilities where more severe trauma patients are stabilized at Johnston-Willis and then transferred five miles to Chippenham for additional care.

We are making this change in the interest of patient care—allowing the most severe trauma patients to be sent directly to the facility best equipped to treat them in the long term. Also, Johnston-Willis trauma volumes have continued to decline in recent years as a result of more trauma patients being sent directly to Level 1 Trauma Centers like Chippenham.

Typical emergency room patients will not experience much of a difference with this change.

HCA Virginia is working closely with EMS providers so they are aware of this transition. If patients show up at Johnston-Willis emergency room by car, they will still receive the best possible care for whatever illness or injury they have. Once they are stabilized, trauma patients will then transferred to Chippenham for appropriate long-term care.

As part of our mission, we will never turn a patient away at Johnston-Willis or Chippenham regardless of the trauma designation. We will provide immediate resuscitation and lifesaving measures to ensure patient safety.

The Johnston-Willis emergency room will remain open and will treat acute care patients for conditions such as heart attack, stroke, broken bones or other emergency. The trauma designation change only impacts where EMS providers will transport a severe trauma patient or where you will ultimately receive long-term care after receiving initial lifesaving treatment.

- **Trauma Center and EMS Data Exchange**

  As a requirement of their designation, trauma centers are required to provide feedback to EMS agencies and their referring hospitals. Some facilities have reported that their Risk Management departments have cited HIPPA as a concern to outcomes reporting to EMS agencies. Please feel free to share the document with your stakeholders.

  - EMS agencies nationwide still widely report that hospitals and other healthcare providers refuse to share patient information with them, citing Health Insurance Portability and Accountability Act (HIPAA) concerns. Misconceptions about HIPAA create artificial barriers to legitimate, approved bidirectional data exchange between EMS and other providers. As a result, many healthcare systems are missing a critical opportunity to improve patient outcomes and advance evidence-based practices in prehospital care. To conclusively answer this question, the National Emergency Medical Services Information System (NEMSIS) Technical Assistance Center (TAC) collaborated with Page, Wolfberg & Wirth to provide an expert legal opinion regarding the bidirectional sharing of patient information between Emergency Medical Services (EMS) and other healthcare providers.

  - **Imaginary Barriers: How HIPAA Promotes Bidirectional Patient Data Exchange With Emergency Medical Services** provides evidence, precedence, and legal opinion to help educate and encourage healthcare providers to appropriately share patient information with EMS. This paper addresses why HIPAA does not restrict, and how the law promotes, bidirectional sharing of patient information between hospitals and EMS agencies. Please access the PDF here: https://nemsis.org/wp-content/uploads/2020/07/HIPAA_An-Imaginary-Barrier-to-Data-Exchange.pdf

- **Division of Trauma and Critical Care Staffing**

  - Tim Erskine resigned from the OEMS at the end of April 2020. We wish him well on his early retirement and appreciate all of his efforts during his three year tenure with us. We took this opportunity to reevaluate the Employee Work Profile for the position and to update it to more accurately reflect the current and future responsibilities of the role. We were able to get approval to upgrade the position from a coordinator level to a program manager level and increased the clinical experience qualifications. The position is posted and interviews will be conducted once a qualified applicant pool has been obtained.

- We have received preliminary approval to create a statewide performance improvement specialist position to work with our Epidemiologists, Regional Council partners, Trauma and Stroke system stakeholders to design programs to improve health outcomes for our citizens. This individual will use our data as well as data available from VDH, to implement performance improvement initiatives targeted to meet the needs at the local, regional, and statewide level.

- **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. As a consequence of this in-depth review the Virginia State Trauma Registry (VSTR) Policy was updated and renamed. The Virginia State Trauma Registry Administrative Procedure document below is being sent to all hospitals in Virginia along with the monthly VSTR Data Quality Report. The procedure document and the current VSTR Data Quality Report will also be posted on the Knowledgbase.

Virginia State Trauma Registry Administrative Procedure

Authority and Purpose

The Code of Virginia § 32.1-116.1(C) states "All licensed hospitals which render emergency medical services shall participate in the Virginia Statewide Trauma Registry by making available to the Commissioner or his designees abstracts of the records of all patients admitted to the institutions with diagnoses related to trauma. The abstracts shall be submitted in the format prescribed by the Department and shall include the minimum data set prescribed by the Board."

Pursuant to the above named Code section, the Office of EMS has developed the following procedure for the administration of submissions to the Virginia Statewide Trauma Registry (VSTR).

This procedure is divided into two parts: Submission Compliance and Data Quality.

Part 1: Submission Compliance

Data from the patient medical record must be submitted to the VSTR on any patient who presented for initial treatment of an injury within 14 days of sustaining the injury and met one of the following criteria:

- Was admitted to a hospital for treatment of his/her injury;
  OR
- Was transferred from a hospital or free-standing emergency department (FSED) for treatment of his/her injury;
  OR
- Who died at a hospital or FSED from his/her injury.

See Appendix A for the full inclusion/exclusion criteria.

Hospitals that are designated trauma centers and those that are not designated trauma centers report on different schedules.

Designated Trauma Centers

Submissions are made quarterly, with submissions due two months after the end of the quarter in which the patient was discharged:

Discharge Date	Submission Deadline
January, February, March	May 31
April, May, June	August 31
July, August, September	November 30
October, November, December	February 28

Non-Designated Hospitals

Submissions are made monthly, with submission due by the last day of the month following the patient's discharge.

For Non-Trauma Center Hospitals

1. On the first business day after the end of a submission period, OEMS staff will generate a report of the total number of records submitted by each hospital for that submission period. If your facility did not have any records meeting the reporting criteria, your facility must contact the Office of EMS via email stating so. Hospitals without submissions will be deemed non-compliant.

2. OEMS staff will contact the data submission contact and the director for each non-compliant facility. Contact will be by e-mail with the 'Request read receipt' function activated.

- The data submission contact of the non-compliant hospital will be informed of the timeframe in which no data was submitted.
- The hospital will have 30 days from the date of contact to submit data that is up to 90 days in arrears.
- The hospital will have 60 days from the date of contact to submit data that is in arrears by 90 days or greater.

3. If the data submission contact does not respond within one week, OEMS will contact the Chief Nursing Officer (CNO) of the facility. The CNO will be informed of the contact attempts made in #2 (above).

- The hospital will have 30 days from the date of contact to submit data that is up to 90 days in arrears.
- The hospital will have 60 days from the date of contact to submit data that is in arrears by 90 days or greater.

4. If the CNO does not respond within one week, OEMS will contact the Chief Executive Officer (CEO) of the facility. The CEO will be informed of the contact attempts made in #2 and #3 (above).

- The hospital will have 30 days from the date of contact to submit data that is up to 90 days in arrears. The hospital will have 60 days from the date of contact to submit data that is in arrears by 90 days or greater.

6. If the records are not submitted by the deadline established in #4 (above), the hospital will be listed on the OEMS website as "Non-Compliant with Code of Virginia § 32.1-116.1."

- The non-compliance website posting will remain until the records in arrears are received, at which time the posting will be withdrawn.

For Trauma Centers

1. On the first business day after the end of a submission period, OEMS staff will generate a report of the total number of records submitted by each trauma center for that submission period. Trauma centers without submissions will be deemed non-compliant.

2. OEMS staff will contact the Trauma Registrar and the Trauma Program Manager (trauma program staff) for each non-compliant facility. Contact will be by e-mail with the 'Request read receipt' function activated.

- The trauma program staff of the non-compliant hospital will be informed of the timeframe in which no data was submitted.
- A deadline will be established to begin the submission of records in arrears.
- The hospital will have 30 days from the date of contact to submit data that is in arrears.

3. If the trauma program staff does not respond within one week, OEMS will contact the Chief Nursing Officer (CNO) of the facility. The CNO will be informed of the contact attempts made in #2 (above).

- The hospital will have 30 days from the date of contact to submit data that is in arrears.

4. If the CNO does not respond within one week, OEMS will contact the Chief Executive Officer (CEO) of the facility. The CEO will be informed of the contact attempts made in #2 and #3 (above).

- The hospital will have 30 days from the date of contact to submit data that is in arrears.

5. If the records are not submitted by the deadline established in #4 (above):

- The Commissioner of Health will be informed of the Trauma Center's lack of compliance with the Code of Virginia and the data submission requirements of the Virginia Trauma Center Designation Manual.
- The Commissioner, at his/her discretion, may alter or withdraw the hospital's designation as a Trauma Center.
- The hospital will be listed on the OEMS website as "Non-Compliant with Code of Virginia § 32.1-116.1."
- The non-compliance website posting will remain until the records in arrears are received, at which time the posting will be withdrawn.

Part 2: Data Quality

The purpose of the Virginia Statewide Trauma Registry is to provide a database of patients injured in Virginia and admitted to hospitals in Virginia or surrounding states. Trauma registries are an integral part of the operations of a trauma center. The quality of trauma registry data is of great importance to the overall success of trauma programs for performance improvement,

research, injury prevention, resource utilization, and the creation of state standards and benchmarks.

A key element in the performance improvement process is having accurate data portraying trauma patient injury, severity, the process of care, outcome measures, type of trauma, and cause of injury. The trauma registry functions as the information resource driving this process. Thorough reporting, therefore, is critical.

Data quality will be assessed by the following:

- VSTR will have validations placed to prevent logic errors at the time of data entry or submission. Examples of logic errors are records with patient discharge date preceding patient arrival date, or records of patients with negative ages.
    - Records with logic errors will be rejected.
- The number of blank fields will be divided by the total number of data elements to obtain a percentage of missing data. This number will be subtracted from 100 to determine the percentage of complete data. Scoring will be placed in a Red-Yellow-Green (RYG) scorecard format with the following values:
        - Green: 98 – 100%, Acceptable
        - Yellow: 95 – 97.9%, Below Average
        - Red: <95%, Poor
    - The data submission contact person or the trauma registrar for each facility with red or yellow scores will be contacted by OEMS staff and will be informed of the poor or below average quality of their submission. A deadline will be established to begin the submission of updated records.
    - The facility will have 30 days from the date of contact to correct the blank field errors and resubmit the data.
    - The RYG scorecard will be posted to the OEMS website 15 days after the data quality assessment is performed.

Sample Monthy VSTR Data Quality Report

Hospital Name	OEMS ID	December 2019 Validation	January 2020 Validation	February 2020 Validation	March 2020 Validation	April 2020 Validation	May Validition
Gretna Medical Center	218	99.85	97.91	99.91	100.00	99.833333	97.38
Halifax Regional Hospital	21	94.83	99.20	97.94	98.40	100	100.00
Hanover Emergency Center	217	100.00	100.00	100.00	100.00	99.666667	Failed to submit
Harbour View Health Center	201	97.17	91.20	100.00	74.25	Failed to submit	Failed to submit
Haymarket Medical Center ED	216	93.27	99.93	98.13	99.94	100	100.00
Henrico Doctors' Hospital - Parham	26	99.44	100.00	100.00	100.00	99.85	99.89
Independence Hospital	24	100.00	100.00	100.00	99.17	100	100.00
Inova Alexandria Hospital	1	98.57	95.21	97.34	95.09	97.7	100.00
Inova Emergency Room - Fairfax	202	100.00	100.00	98.33	100.00	100	Failed to submit
Inova Emergency Room - Leesburg	203	99.08	97.29	98.21	100.00	100	100.00

VIRGINIA EMS for CHILDREN (EMSC) PROGRAM

August 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 August 5, 2020 meeting. As soon as the next meeting can be scheduled, all will promptly be notified of the time and place.

PEPP and ENPC Course Funding Assistance

T
he 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.

EMSC Program-Funded Child Restraint Systems Are Still Available

A small number of "ACR-4" child restraint systems funded by the federal EMSC State Partnership Grant are still available for distribution to Virginia EMS agencies with need. Contact David Edwards at david.edwards@vdh.virginia.gov or (800) 888-9144 to discuss this if your agency is not currently using a pediatric restraint system or device.

Every child transported by ambulance in Virginia should be appropriately restrained. Agencies should adopt safety policies and procedures requiring the use of child restraints by their providers. A Virginia EMSC Program workgroup will 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.

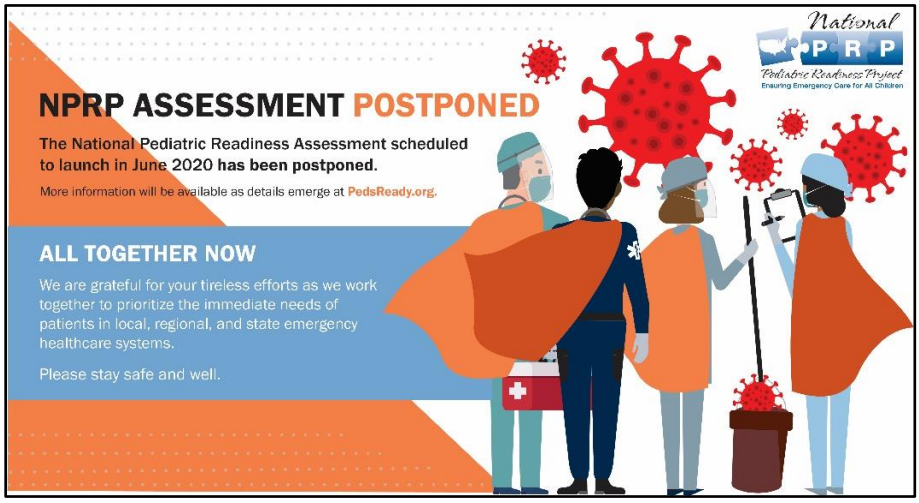
(Funding for the child restraint systems was through the EMSC State Partnership Grant [H33MC07871] via the Health Resources & Services Administration [HRSA] and administered by the Maternal and Child Health Bureau [MCHB] Division of Child, Adolescent and Family Health.)

Does <u>Your</u> Hospital Address ALL the Items on this Pediatric Readiness List?
(Compiled from findings of the 2013-2014 National Pediatric Readiness Assessment of hospital ED's.)

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).*
- Adopt **written** *guidelines and agreements* specifically covering **pediatric emergency intra-facility transfers.**

STILL POSTPONED--National Pediatric Readiness Assessment (Hospital ED's)



The National Pediatric Readiness (NPRP) Assessment originally set to launch in June has been postponed due to the continuously evolving COVID-19 situation. 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.

AAP Endorses Society of Critical Care Medicine's Initial Resuscitation Algorithm for Children

Earlier this year, the American Academy of Pediatric endorsed the following publication: *The Society of Critical Care Medicine. Initial resuscitation algorithm for children.* See this interesting algorithm yourself at the following link:

https://www.sccm.org/getattachment/SurvivingSepsisCampaign/Guidelines/Pediatric-Patients/Initial-Resuscitation-Algorithm-for-Children.pdf?lang=en-US.

New Webinar on QI Tableau Dashboards

NEDARC hosed a webinar about QI Tableau Dashboards Stage 1on July 30th. The webinar was for EMSC managers to help them understand more about QI data located in Tableau. Anyone with an interest in this subject may contact David Edwards, EMSC Coordinator, at david.edwards@vdh.virginia.gov.

Progress Toward Engineering Cars to Aid in Reducing Childhood Tragedies

On July 1, the U.S. House of Representatives passed the Moving Forward Act (H.R. 2), advancing reasonable and cost-effective solutions to tackle the excessive number of motor vehicle fatalities and injuries that take place every day on our roads and highways. Here is a link Janette Fennell's full statement (Janelle is President of *KidsAndCars.org*):

https://myemail.constantcontact.com/Statement-on-the-Passage-of-the-Moving-Forward-Act--H-R--2-.html?soid=1101740449858&aid=1idejqLteto

Regional Pediatric Disaster Preparedness:

The Virginia EMSC Program continues as a partner in projects with 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 the current pandemic, thus extending some of the deadlines.

Pediatric Council to Meet During NASEMSO's "Virtual" Annual Meeting

The National Association of State EMS Officials (NASEMSO) will conduct their 2020 Annual Meeting in a virtual environment October 12-15, 2020. The Pediatric Emergency Care Council (PECC), a standing council of NASEMSO—and comprised of all 56 state and territory EMSC Managers, will collaborate as part of these meetings.

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 EMS agency leadership and providers. The Central Shenandoah region is fortunate to have such an engaged community of both providers and agency leaders. CSEMS leadership attended the following activities:

A. Regional agency meetings attended by CSEMS/OEMS staff:
   - Augusta County Emergency Services Officers Association
     - 6/30
   - Sentara RMH EMS Task Force virtual meeting
     - 4/16, 5/15
   - Rockbridge Emergency Rescue Group meeting - 6/17
   - Northwest Region Healthcare Coalition Pediatric Surge exercise - 6/18
   - On-site technical support for Millboro Area Rescue Squad - 6/26.

II. State Meetings

A. CSEMS Program manager participated in weekly webinar meetings with the Medical Direction Committee for the state EMS Advisory Board.
B. CSEMS Program manager participated in weekly division manager meetings with OEMS staff to provide updates on progress and share information between the regional office and central office operations.
C. CSEMS and OEMS Staff attended weekly Regional EMS Council Update with OEMS Central Office each Friday at 9:00am.
D. CSEMS Program Manager attended VDH COVID-19 partner conference calls when conflicting meetings did not prevent attendance.
E. CSEMS Program Manager attended the Financial Assistance Review Committee on 6/12, and provided a presentation on the use of Google Suite tools for virtual grading processes.

III. Consolidated Testing Services

A. Due to COVID-19, all Consolidated Testing Sites were canceled for the 4th Quarter, at the direction of the Virginia Office of EMS.

IV. Critical Incident Stress Management

A. There were no requests for CISM Team activation during 4th quarter.

V. 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:
   - Medical Control Review Committee - 6/15, 6/29
   - Board of Directors - 6/15
   - Pharmacy Committee - 7/15
   - Instructor Network (Scheduled for 4/7 and 4/9, canceled due to COVID-19 and suspension of new educational programs). Meeting will be rescheduled for fall 2020.
   - Protocol Workgroup Meeting - 5/27, 6/9
   - Pediatric and Neonatal Resuscitation Workgroup - 6/8
   - Airway, Cardiac Care and Resuscitation Workgroup - 5/28
   - Sepsis Workgroup - 5/14
   - Stroke Management Workgroup - 6/2, 6/11
   - RSAF Grant Review Committee Virtual Meeting - 4/24
   - Critical Incident Stress Management Team meeting - 6/30/2020

B. CSEMS/OEMS Hybrid Office Restructuring Update
   - Due to changing structure and age of current vehicles, CSEMS liquidated two of the three vehicles owned by CSEMS. A 2008 Kia Sportage and a 2007 Dodge Caravan were both sold. CSEMS will maintain the 2011 Ford Escape for AHA Training Center Operations.
   - On June 10, the Office of EMS was pleased to welcome Brandon Havens, Technical Resource Specialist to the CSEMS team. Brandon will provide technical assistance in areas of technology implementation, process development, and system guidance to EMS agencies, as well as coordination of technology solutions for regional operations.
   - The Performance Improvement Specialist position is being classified and should be posted for recruitment in the near future. This will only leave the administrative coordinator position, which has been submitted to Human Resources for review.
   - High Fidelity Equipment owned by CSEMS was refurbished and updated, in order to provide quality resource support to EMS educators in the region.

C. Professional Development
   - Laurie Cook and Brandon Havens signed up for training to provide fit testing with VDH on July 13. There are four trained staff members at the CSEMS office.
   - Brandon Havens started June 10, and has been working through the VDH State Employee Orientation Program with Train VA, and the initial 30-day checklist. A 30-day probationary evaluation will be completed by his supervisor in mid-July.
   - Due to COVID-19 travel restrictions, all off-site training events not directly related to COVID-19 response were canceled.

VI. Education

A. Pearson VUE Testing Center
   - Due to COVID-19, Pearson VUE Testing Centers nationwide were closed. At the request of the Virginia Office of EMS, Division of Accreditation, Certification and Education, CSEMS postponed permanent closure of the PearsonVUE Testing Center until May 31, 2020, and increased testing capacity to two days per week. Volume increased in April and early May, but slowed again when PearsonVUE launched OnVUE, allowing candidates to test at home. The PearsonVUE Testing Center notified the National Registry of EMTs and PearsonVUE that testing will no longer be offered at CSEMS after May 31, 2020. The technology and facility has been converted for use as an intern suite and supplemental OEMS shared office space.

B. Under the direction of Laurie Cook, CSEMS provided the following educational courses with a modified format to comply with AHA and CDC COVID-19 guidance, and to assure continued credentialing for the region's health care providers and other essential workers.
   - ACLS Provider 84 Certificates
   - BLS Healthcare Provider 224 Certificates
   - BLS Instructor 11 Certificates
   - Heartsaver CPR/AED 3 Certificates
   - Heartsaver CPR in Schools 8 Certificates
   - Heartsaver First Aid 29 Certificates
   - Heartsaver First Aid/CPR/AED 99 Certificates
   - PALS Provider 29 Certificates

VII. COVID-19 Emergency Operations Participation

CSEMS and OEMS Staff participated in the following activities related to the COVID-19 Pandemic, which would not normally be part of Regional EMS Council operations.

A. Hosting Regional Provider Update webinar with Dr. Brand
   - 4/1, 4/2, 4/16

B. Coordinating Protocol Workgroup Meeting for COVID-19 Regional Response Protocol Revisions
   - 4/8

C. Attending COVID-19 Grand Rounds throughout the week, when possible.

D. Participating in Rockbridge County Emergency Services leadership virtual meetings (COVID-19)
   - 4/13, 4/20, 4/27, 5/4, 5/11, 5/28, 6/1

E. Participating in Augusta County Emergency Services leadership virtual meetings (COVID-19)
   - 4/7, 4/13, 4/21, 4/28, 5/5, 5/19, 6/2, 6/16

F. Participating in Staunton-Augusta-Waynesboro Surge Planning workgroup
   - 4/9, 4/21, 4/30,

G. Coordinating Regional Collaborative Communication Strategy Meeting and Media interview

- 4/27, 4/30

H. Developing and distributing messaging in collaboration with local agencies as follows.
   - **Flyer: We're Prepared. CSEMS Don't Wait to Seek Emergency Care – COVID-19**
   - **Customizable Flyer: We're Prepared: Don't Wait to Seek Emergency Care – COVID-19**
   - **Video PSA: We're Prepared. Don't Wait to Seek Emergency Care – COVID-19**
   - Video PSA: We're Prepared. Don't Wait to Seek Emergency Care – COVID-19 (MP4 Download)

I. Monitoring the Governor's Press Conferences for updates to the COVID-19 response

J. Providing N95 Fit Testing for EMS providers by appointment on 5/8, 5/14, 5/21, 5/22

K. Distributing Personal Protective Equipment to agencies experiencing shortages. To date, CSEMS has distributed the following items from the strategic national stockpile, local donations, and supplies purchased by OEMS:
   - 749 N95 respirators
   - 3,802 surgical masks
   - 573 gowns
   - 333 face shields
   - 118 boxes of gloves
   - 13 Tychem coveralls
   - 68 bottles of hand sanitizer
   - 20 homemade cloth masks
   - 15 boxes of thermometer probes
   - 110 bath towels
   - 85 hand towels
   - 85 wash cloths

Appendix

B

Blue Ridge EMS (BREMS) Regional Office

I. Participation in Local, Regional and State EMS Activities

BREMS/OEMS Staff participate in local/regional activities in support of agency operations as a regional system. During COVID-19, our local/regional EMS Public Safety Leadership decided to have scheduled weekly conference calls. Our regular monthly meetings in the region became conference calls. BREMS coordinated efforts with the Centra hospital system to continue emergency management conference calls. Our Regional Medical Director, Dr. Wendy Wilcoxson, provided weekly information updates for EMS. Many of her weekly updates included information from the hospital, proper PPE, and COVID-19 information and policies for employees and employers. These conference calls and weekly updates kept our regional office informed of any issues experienced by the jurisdictions, hospital and EMS agencies within the region. These calls also helped to identify goals and objectives necessary to meet regional needs. The BREMS region encompasses a committed and engaged group of EMS Leadership, EMS providers, EMS agencies, and physician medical directors.

The following activities were attended by BREMS leadership:

A. Local and Regional virtual conference calls during the 4th quarter FY 20:
   - Hosted Local EMS Public Safety Leadership Conference Calls three (3) times a week in April (April 1st, 3rd, 6th, 8th, 10th, 13th, 15th, 17th, 20th, 22nd, 24th, 27th, and 29th).
   - Hosted Local EMS Public Safety Leadership conference calls two (2) times a week in May (May 4th, 8th, 11th, 15th, 18th, 22nd, 25th, and 29th).
   - Regional EMS Council Director's Group Weekly conference calls during the quarter (April 22nd and 29th, May 6th, 13th, 20th, and 27th and June 3rd, 10th, 17th, and 24th).
   - Hospital System (Centra) and BREMS conference calls during the quarter:
     - April 2nd – Chest Pain Council
     - April 10th & 17th- EMS Supply Exchange
     - April 21st- BREMS Regional Grant Review
     - April 23rd- Performance Improvement Conference Call
     - April 29th- EMS Records
     - May 6th- Regional A-Fib Conference Call
     - May 7th- VHAC Conference Call
     - May 14th- Centra EMS Initiative
     - May 22nd- Advanced Paramedic Program Candidate training
     - May 26th- BREMS & Centra EMS Record Conference Call

- May 29th- Advanced Paramedic Program Candidate training
- June 4th- VHAC conference call
- June 10th- COVID 19 Healthcare Hospital conference call
- June 10th- BREMS Board of Director's conference call
- June 17th- Operational Medical Director's conference call
- June 18th- BREMS Award's Facebook Live Program
- June 29th- BREMS & Centra conference call
- June 30th- Centra Emergency Management Meeting conference call

B. State Virtual conference calls during the 4th quarter:
   - May 11th- New Employee Training
   - Division Manager Meeting conference calls
     - May 14th, 21st, and 28th
     - June 4th, 11th, 18th, and 25th
   - OEMS & Regional EMS Council Update conference calls
     - April 10th, 17th, and 24th
     - May 1st, 8th, 15th, 22nd, and 29th
     - June 5th, 12th, 19th, and 26th
   - June 11th- OEMS Meeting for new hire in Richmond
   - June 12th- RSAF Briefing and Meeting conference call

II. Consolidated Testing Services

A. Due to COVID-19, all CTS practical exams were canceled for April, May, and June of 2020.

III. Regional EMS Council Meetings, Operations and State Regional Office Transition Progress

A. To fulfill regional responsibilities of the BREMS Council, the following meetings were conducted in the 4th quarter of FY20:
   - April 21st- BREMS Board of Director's Grant Review Session
   - May 10th- BREMS Board of Director's Meeting conference call
     - OEMS staff updated the BREMS Board on the transition of the BREMS Council to a state Regional Office.
   - Multiple meetings between BREMS staff and Regional Medical Director on protocol review for CQI benchmarks and the Advanced Paramedic Program. These meetings included communication on COVID-19 regional protocols and policies.

B. BREMS/OEMS State Regional Office Transition Update

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- BREMS Program Manager, Mary Kathryn Allen, was hired and began on May 10, 2020.
- The Department of General Services (DGS) Division of Real Estate Services (DRES) has forwarded the request for proposals (RFP) to their real estate broker (Divaris) to secure a new location for the BREMS office.
- Work continues on the development, advertisement and recruitment for a Performance Improvement Specialist position in the BREMS office. Reclassification of the position into the correct working classification and drafting the EWP has begun. The EWP will be approved by the BREMS Board of Directors prior to submission of the EWP to VDH, Office of Human Resources.
- OEMS and BREMS staff have been working collaboratively on the following:
    - Vehicles and their maintenance
    - Xerox copier delivery and training
    - Working hot spot to assist Program Manager in teleworking
    - New Employee Training for the Program Manager
    - Equipment distribution for the Program Manager position (laptop, cell phone, and work station monitor) and to assist with teleworking (hot spot).
- Ann Wilson, Administrative Assistant, staffs the front desk. She continues to manage all equipment check outs, financial records for the BREMS Council, payroll, and is the primary point of contact for office supplies, Council equipment inventory, equipment rental scheduling, Council purchasing, and vendor relations. She takes care of the daily office logistics for BREMS.
- Jenn Kersey, BREMS Field Coordinator communicates, in conjunction with the Program Manager, with EMS agencies, hospital administration, EMS regional leadership, EMS providers, and other regional stakeholders. The Field Coordinator updates the website information, manages customer relations, and CTS testing. The Performance Improvement Program (CQI) is the largest portion of the Field Coordinator's job. She works with the Regional OMDs and the PI Committee on protocol development, PI policies and benchmarks.
- Sean Regan, Part Time Training Coordinator for BREMS, works with the Advanced Paramedic Program, Handtevy Program, Regional Heartcode Recertification Program, and all educational trainings offered in the BREMS region.

- Mary Kathryn Allen, Program Manager, manages office operations, coordinates with OEMS leadership, handles interactions with other regional EMS councils, and provides program support for all committee meetings. Mary Kathryn also works directly with EMS regional leadership, hospital leadership, and other regional stakeholders.

C. Professional Development
   - Mary Kathryn began working on mandatory VDH new employee orientation training this quarter.

IV. Education

A. BREMS coordinates regional education training and we are a resource for other EMS Programs and Educators in the region. This quarter presented some challenges because of COVID-19 for education in the BREMS region. The following are part of this quarter's training:
   - 5 regional providers successfully utilized the BREMS Heartcode ACLS recertification program.
   - Third APP class was done through a GoTo meeting on May 22 and 29, 2020.
   - All APP candidates are currently completing a 40 hour internship with our current APP providers.

B. Under the direction of Dr. Wendy Wilcoxson, BREMS is working on the following education/training projects;
   - Ultrasound- currently working on protocols for the implementation of POCUS in cardiac arrest patients and lung trauma patients.
   - Handtevy- APP and handbooks are complete. All agencies have been contacted to set up teaching dates for their agencies.

V. COVID-19 Operations

A. 3/13/2020- OEMS Division managers held an emergency meeting in Richmond to plan actions for Governor Northam's emergency declaration.

B. Operation Change Dates due to COVID-19:
   - BREMS COVID-19 Pandemic Procedure Protocol – March 13th
   - BREMS COVID-19 Temporary Treat & Release Order – March 13th, expired May 12th
   - Principles in Airway Management (part of the bulk document originally sent out) – March 13th
   - CDC Guidelines (part of the bulk document originally sent out) – March 13th
   - BREMS Drug Box Decon & Mitigation Directive – Original on March 13th ; Updated on March 31st
   - BREMS Non-Essential Personnel Directive – March 13th

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- BREMS Employee/Provider Health Guidance & Exposure Mitigation – March 31st
- BREMS Pandemic Airway Management & Respiratory Considerations Procedure – April 8th
- BREMS COVID-19 Info Update Sheet for Medic Units – April 9th
- BREMS EMS Transport Unit Decon – April 14th
- BREMS N95 Decontamination Method – May 12th

C. BREMS Protocol Update Dates:

- March 13th
- April 8th
- May 12th
- June 29th

D. BREMS 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.
   - Held a BREMS EMS Leadership Public Safety Conference call three times a week from March 20th until May 31st. · Then the conference calls moved from once a week to every other week. and state resources.

E. BREMS participated in the Regional EMS Council Director's Group (RDG) weekly conference calls.

F. BREMS participated in the OEMS/Regional EMS Council weekly conference calls.

G. All regional EMS council meetings/quarterly meetings were held via conference call in June and July.

Appendix

C

Rappahannock EMS (REMS) Regional Office

I. Participation in Regional EMS Activities

REMS/OEMS Staff participate in regional meetings and activities in support of agency operations as a regional system. Participation in jurisdictional meetings enables the regional office staff to stay informed about issues experienced by EMS agencies, in order to better align regional goals and objectives with the needs of the agencies. These meetings also provide an opportunity for REMS staff to provide important informational updates to EMS 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 REMS leadership:

A. Staff attended regional meetings including:
- 04/08/2020 Rappahannock United Way Member Agency Meeting
- 04/16/2020 Council of Executives Meeting
- 04/22/2020 Lucas Training for MWH ED
- 04/30/2020 Council of Executives Meeting
- 05/05/2020 Germanna Community College Workforce Development
- 05/12/2020 Meet and Greet with Stafford Hospital ED Leadership
- 05/14/2020 Council of Executives Meeting
- 05/19/2020 Germanna Advisory Committee on EMS Education
- 05/21/2020 Rappahannock Community College Advisory Committee
- The REMS Council participates in weekly conference calls with EMS agency leadership and management related to COVID-19 operations; provide updates and information from various other meetings to ensure timely and accurate distribution of information to the end-user agency-level operations.

II. State, National, and International Meetings

A. Committee and group activities related to the state EMS Advisory Board meeting in Richmond for May were cancelled. However, REMS/OEMS staff participated in the following statewide meetings and discussions:
- 04/03/2020 Alternate Care Facility Discussion
- 04/07/2020 Echo COVID-19 clinical rounds – case studies and reviews
- 04/07/2020 VCU meeting: Ethical concerns of COVID-19 management
- 04/09/2020 VCU meeting: Code Blue response with COVID-19

- 04/10/2020 Echo COVID-19 clinical rounds – case studies and reviews
- 04/14/2020 Echo COVID-19 clinical rounds – case studies and reviews
- 04/16/2020 VCU meeting: Surging and Expanded Clinical Capacity during COVID-19
- 04/20/2020 VCU meeting: COVID-19 testing update
- 05/18/2020 Echo palliative care – case studies and reviews
- 06/02/2020 OEMS Update on ALS Testing Operations
- 06/11/2020 OEMS in-person meeting at Tech Park for Equipment
- 06/12/2020 OEMS RSAF Grant Review Discussion

B. REMS 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.

C. REMS Leadership participates in the weekly VDH partner's meeting to follow updates and information pertinent to EMS operations in the region.

D. REMS Council participates in weekly meetings with the regional executive director's group for updates and information sharing on operations, regional EMS operations, and COVID-19 issues occurring in the other EMS council regions.

E. Participation by REMS/OEMS Staff also occurred in the following National and International Meetings:

- 04/07/2020 AAMS Town Hall on COVID-19 operations
- 04/09/2020 National COVID-19 Grand Rounds presentation
- 04/16/2020 National COVID-19 Grand Rounds presentation
- 04/20/2020 National COVID-19 Grand Rounds presentation
- 04/21/2020 AAMS Town Hall on COVID-19 operations
- 04/29/2020 EMS Provider Roundtable Discussion on COVID-19
- 06/09/2020 FICEMS Meeting
- 06/09/2020 HeartSAFE Champions Meeting
- 06/12/2020 Allstate meeting on Infectious Disease Management

III. Consolidated Testing Services

A. Due to COVID-19, all CTS practical exams were canceled for April (04/16, 04/25), May (05/21), and June (06/04, 06/18).

B. Reversed all registrations in the system and refunds were issued for payments.

IV. Regional EMS Council Meetings, Operations and Restructuring Progress

A. To fulfill regional responsibilities of the REMS Council, the following meetings were conducted in the FY20 Q4 term:

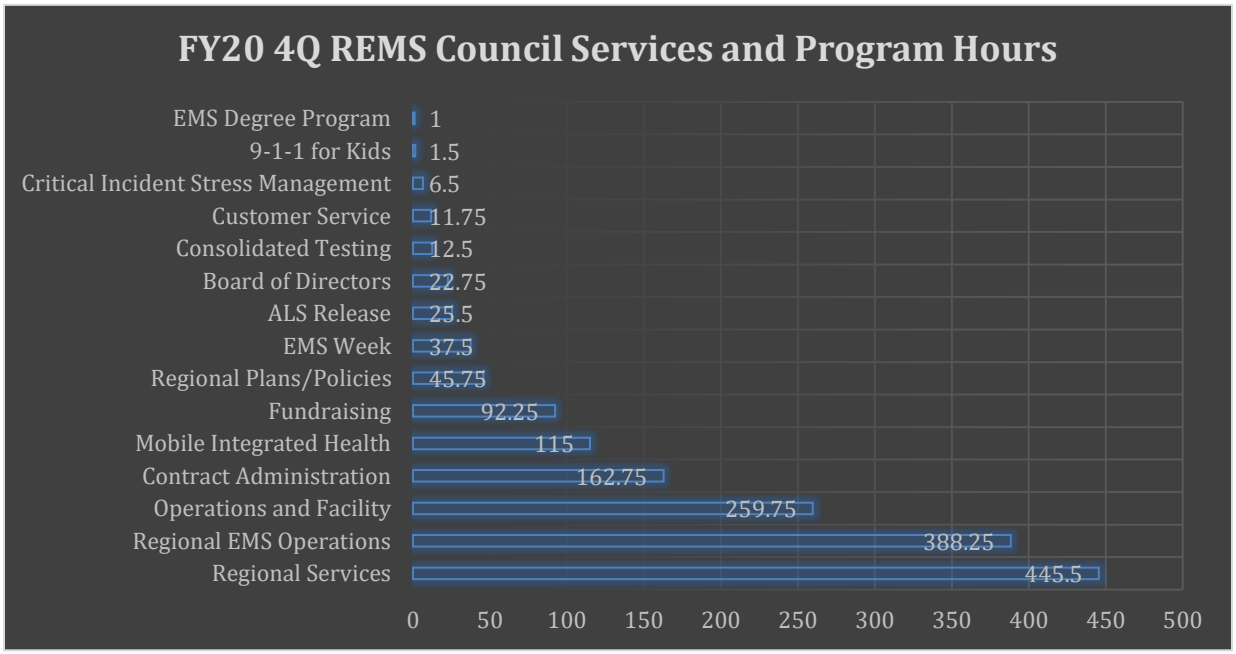
- 04/02/2020 REMS Council Protocol Sub-Committee Meeting
- 04/02/2020 REMS Council Regional Pharmacy Committee Meeting
- 04/06/2020 REMS Council Protocol Sub-Committee Meeting

- 04/15/2020 REMS Council BOD Meeting
- 04/20/2020 REMS Council Protocol Sub-Committee Meeting
- 04/22/2020 REMS Council Protocol Sub-Committee Meeting
- 04/22/2020 REMS Council Grant Committee Meeting
- 04/27/2020 REMS Council Protocol Sub-Committee Meeting
- 05/14/2020 REMS Council Performance Improvement (PI) Committee
- 05/15/2020 HEUDIA Conference Call on MIH Program
- 05/21/2020 REMS Council Incident and Threat Mitigation Committee
- 05/29/2020 HEUDIA Conference Call on MIH Program
- 05/29/2020 REMS Council Golf Tournament planning meeting
- 06/03/2020 REMS Council Heart and Stroke Committee
- 06/09/2020 REMS Council Guidelines and Training Committee
- 06/16/2020 Golf Tournament planning meeting
- 06/16/2020 Staff meeting / Xerox equipment training
- 06/17/2020 HEUDIA Conference Call on MIH Program
- 06/17/2020 REMS Council BOD Meeting
- 06/22/2020 REMS Council Annual Golf Tournament
- 06/24/2020 HEUDIA Conference Call on MIH Program
- The REMS Council maintains an active state accredited CISM team (multi-disciplinary 39-member team) and provides on-going support of the region's EMS operations through education, defusing, debriefing, psychological 1st aid and Stress First Aid.
    - For this quarter, the CISM team was activated three times and provided defusing and debriefing services to both individuals and groups related to prolonged/complicated and public-safety-involved incidents.
    - The REMS Council was also proactive in providing mental health awareness, chronic fatigue management, and other educational offerings through social media.
    - Monthly training and meetings have transitioned to a virtual/online method given the complications with the COVID-19 pandemic.
- The REMS Council Regional Field Coordinator (RFC) hosted walk-in or virtual RSAF Grant technical assistance; no EMS agencies participated. The Regional Grant Committee also convened to review and provide feedback on any prospective grants; no EMS agencies participated.
- The REMS Council is tasked with reviewing and processing the release documentation for ALS providers seeking to practice in the region. Once the documentation packet is approved, the Regional Education

Coordinator (REC) schedules an in-person meeting with the candidate to administer a written test, provide an ID badge, obtain OMD validation, and finalize the documentation.

- On April 15, the REC conducted an ALS Release for the City of Fredericksburg.
- On May 20, an ALS Release for Caroline County (Fort AP Hill)
- On June 24, an ALS Release for King George County.
- The ALS Release sub-committee is also adapting the previous process to include AEMT preceptors. The REC has been working on developing the process, paperwork, and testing materials to add AEMT preceptors to the regional EMS cadre.

- The REMS Council transitioned from a monthly to weekly staff meeting schedule upon activation of the continuity of operations plan (COOP). Meeting were held at week's end to consolidate and distill information relevant for the regional EMS system based on each staff member's weekly involvement and various activities. Updates and changes to operations are put into place as needed based on new information.
- The US Department of Labor Bureau of Labor Statistics selected the REMS Council as a scientific sample of business across the United States to submit monthly payroll and performance data.
- The REMS Council conducted its annual fundraising event – a golf tournament – on June 22, 2020. Following all active restrictions and regulations, the event was held at the Fawn Lake Country Club in Spotsylvania County.



B. REMS/OEMS Hybrid Office Restructuring Update

- The REMS Program Manager position was filled at the end of May. Efforts are underway to establish other classified full-time positions. The timeline for advertising and filling these positions is to be determined. The remaining staff at the council are supervised by the REMS Regional Program Manager.
- Fiscal and general operations continue with the Program Manager administering the budget, processing bills and invoices, and performing payroll and HR duties for the REMS Council staff. Updates and meetings are held with the BOD President and Treasurer as needed.
- Until a new building is located, the REMS Council continues to occupy property belonging to MWH. However, the obligation for maintenance on the building and grounds remains the responsibility of the occupants. The staff works to maintain the grounds and provides most of the building maintenance, including painting, replacing damaged ceiling tiles, replacing used bulbs, carpet cleaning, maintenance of landscape and grounds such as removal of leaves and debris, removal of overgrowth, and maintaining the signage and markings of the parking lot.
- The building – more than 8,500 square feet – also includes a very large training and simulation center. Organization and maintenance of training center facilities and equipment also remains a responsibility of the staff.
- The staff maintains a website to provide updated information and resources; the office manager currently posts and manages the site until there can be a transition to the VDH website.
- The REMS Council continues to use the regional director's group IT infrastructure and will transition to VDH network once the new building site is located.

V. COVID-19 Operations

A. 04/01/2020 REMS office activated the COOP and implemented modified staffing, moving each employee to telework. Staff organized rotating schedules to minimize the number of personnel in the office while still meeting needs of the customer.

B. Several meetings and discussions were held with the regional OMD, Dr. White and a temporary infectious disease (COVID-19-specific) patient management protocol was issued (**see following this report**).

C. Data from the VPHIB records was reviewed to address anecdotal concerns of EMS "refusing" to transport patients when hospital ED patient flow was diminished.

D. Three separate shipments of PPE (two from SNS and one from OEMS) were received and made available to EMS agencies in need. In collaboration with the CSEMS Council, the RDG agreed upon a distribution method and an electronic distribution ticketing system was adopted. A digital request form was created and distributed to agency super-users. A digital spreadsheet has been shared with OEMS to track distribution of PPE.

E. REMS Council leadership has been actively engaged with EMS agency leadership from Stafford County. Prince William County, Fauquier County, MCB Quantico, City of Fredericksburg, Caroline County, King George County, and Spotsylvania County regarding the specific needs and alternative operations plans during weekly conference calls.

F. The REMS Council invited and received updates from the Rappahannock Area Health District (RAHD) leadership during the April BOD meeting.

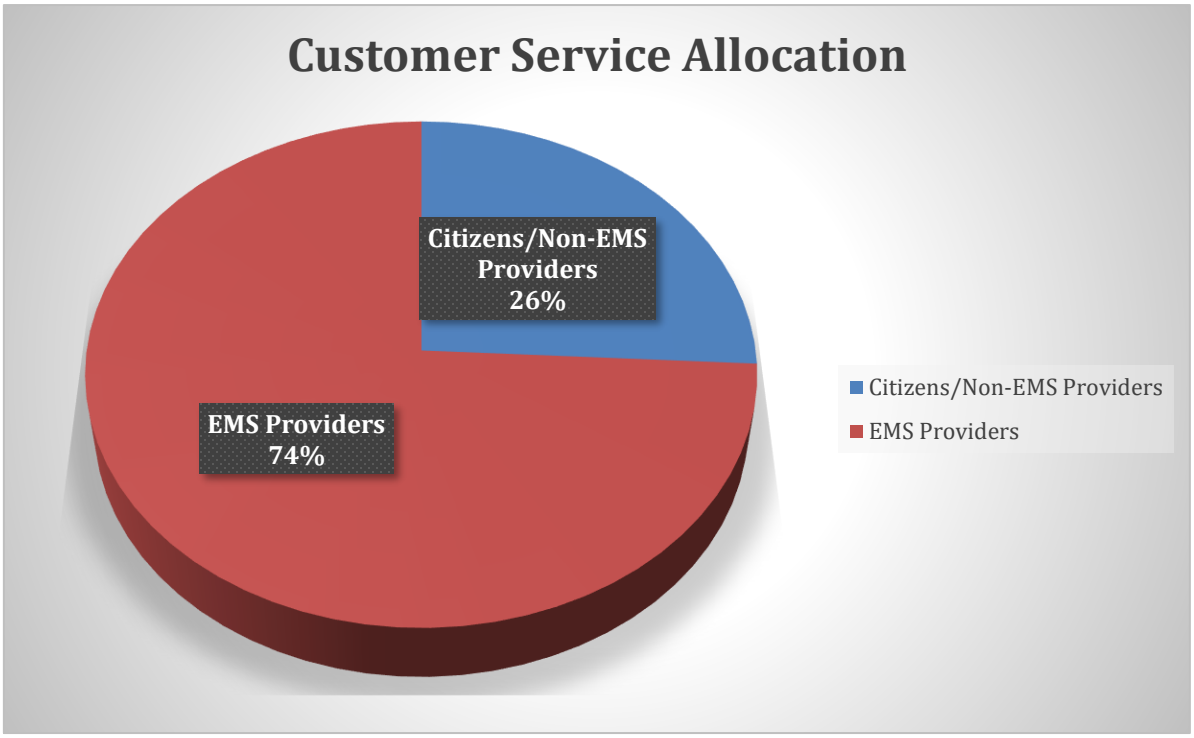
G. Some EMS agencies requested N95 fit testing, but the equipment available to the REMS Council was incomplete and the expired testing solutions were not able to be obtained due to demand and shortage. The REMS Council instead brokered communication between EMS agencies and provided our partial kit to other agencies who had solution and were able to complete the fit testing.

H. The 9-1-1 for Kids Program was cancelled due to closure of the schools. Stop the Bleed and Hands-Only CPR programs have also come to a halt due to COVID-19 pandemic.

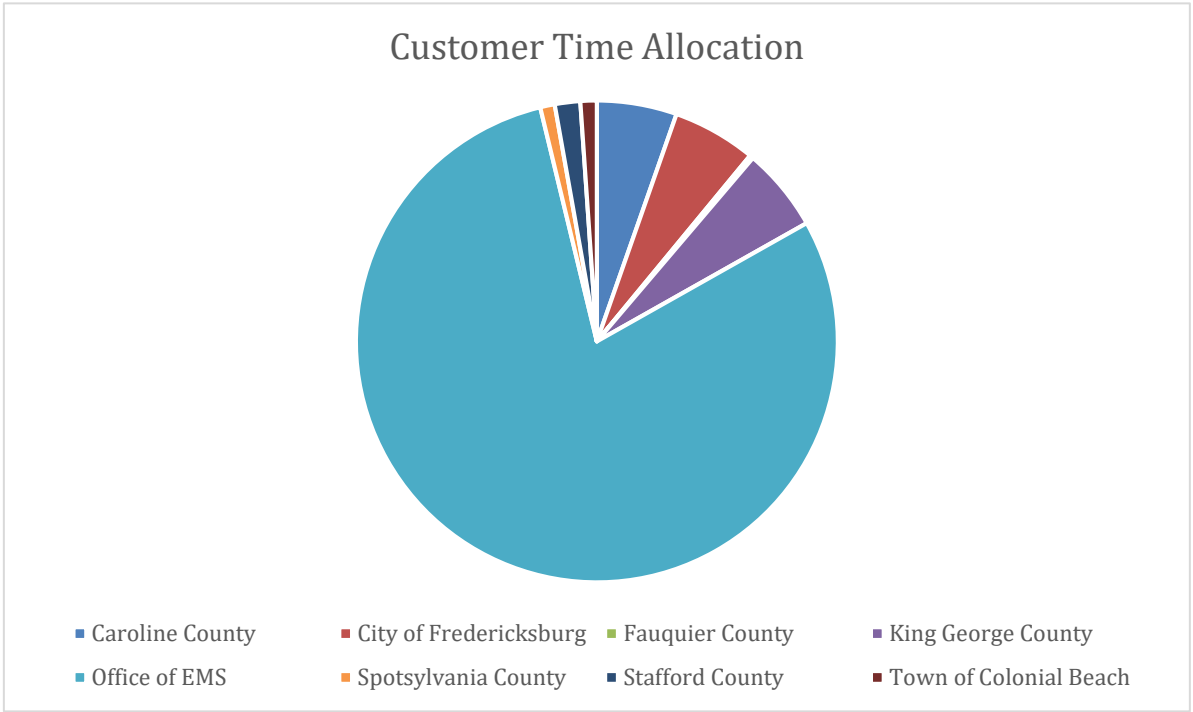
I. The Regional Awards Program recognition ceremony was cancelled and rearranged due to closure of the venue at the hospital.

J. With Executive Order 55, the REMS Council office closed and moved operations remotely.
   - Visitors are accepted by appointment only.
   - Staff in the building, operating only for PPE distribution and other essential services.
   - All council and committee meetings occurred virtually, using Adobe Connect software platform.

VI. The REMS Council staff tracks their time and project work in an online platform which allows us to see where time is spent. The staff spends a large amount of their time providing customer service individuals and agencies. Although predominantly serving EMS providers, approximately 25% of their time goes to non-EMS individuals.



Nearly 80% of staff work time is completing contract deliverables/OEMS-required projects.



Rappahannock Regional EMS Council
Temporary Infectious Disease (COVID-19) Patient Management Protocol (as of 04/02/2020)

Has patient been in contact with **known COVID-19 positive** person in the last 30 days?

Have a fever > 100 F with cough and symptoms of viral illness?

Does the patient meet current CDC COVID-19 screening criteria?

If NO, treat per current medical protocols

If YES, continue

Is the patient **UNSTABLE**? Is the patient **HIGH RISK**?

Chest pain NOT associated with coughing? Cyanotic? Severe Distress?
Syncope witnessed or reported? Symptoms beyond typical flu?

Is the patient elderly? Confused or disoriented?

Pregnant? Chronic lung disease, CHF, Cancer/immunocompromised?

If YES, transport. Treat per current protocol

If NO, consider non-transport

Perform brief walking evaluation. Have the patient walk a short distance and re-evaluate for symptoms and VS. Is patient **non-transport candidate**?

Can the patient tolerate oral fluids without vomiting?
Is the patient competent to make decisions?
Is there adequate support system to monitor the patient at home?

If NO, transport. Treat per current protocol

If YES, consider refusal options

Patient Refusal / Non-Transport

Provide written guidance and advise the patient:

- You may or may not have the COVID-19 virus. Transport to ED does not guarantee you will be tested
- If you want to be tested, you should contact your primary care physician.
- If not allergic, self-administer Tylenol according to packaging instructions for fever/aches.
- You should rest, drink plenty of water, and stay hydrated.
- You should stay home and avoid contacting others until symptoms have subsided and you are without a fever (un-medicated) for 72 hours.

Treatment / Transport for COVID-19 positive or highly suspected case.

- If hypoxic, provide Oxygen by NRFM and place surgical mask on patient as well
- DO NOT UTILIZE STEROIDS, CPAP, or NEBULIZERS
- Have the patient bring any prescribed rescue-MDI and utilize before/prn during transport
- For severe respiratory distress
    - Administer Epinephrine IM and/or Magnesium Sulfate IV/IM

Cardiac Arrest management for COVID-19 positive or highly suspected case.

- Apply full PPE before beginning resuscitation.
- DO NOT INTUBATE THE PATIENT – utilize a SGA/BiAD or rescue airway
- Apply and utilize a HEPA filter in-line with the BVM
- Limit personnel performing chest compressions, utilize automated CPR device
- Work cardiac arrest at scene, DO NOT TRANSPORT UNLESS ROSC is achieved
- If pediatric or no ROSC after 15 minutes of BLS/ACLS obtain Code Gray from Medical Control

Rappahannock Regional EMS Council
Temporary Infectious Disease (COVID-19) Patient Management Protocol (as of 04/02/2020)

Purpose – To identify patients that are safe to NOT TRANSPORT or transport to ALTERNATIVE FACILITY other than emergency department during widespread cases of infectious disease (e.g. COVID-19).

Indication for NON TRANSPORT – only applicable for agencies and providers for whom the agency OMD has approved implementation based on, and for the duration of, a local, regional, state, or federal declaration of emergency (e.g. pandemic or other public health emergency).

Healthcare provider protection:

- Always utilize appropriate PPE based on the current CDC guidelines for EMS.
- Attempt to ascertain symptoms, history, and information from safe distance (by telephone prior to arrival or in-person at safe distance or in well-ventilated/open-space environment.
- Apply a surgical mask to the patient when possible/tolerated to limit exposure.
- Avoid unnecessary contact (limit crew size, limit non-emergency patient interactions, isolate vehicle operators, avoid by-standers or family gathering, etc.). (See guidelines 03/17/20)

Assess patient for potential infection. Symptoms for COVID-19 include fever with symptoms consistent with a lower airway infection. **Evaluate to determine exclusion criteria:**

- Age > 65 years of age; GCS < 14
- Is there chest pain NOT associated with coughing?
- Have there been episodes of syncope witnessed or reported?
- Is the patient cyanotic or is there visible respiratory distress?
- Are there symptoms or issues beyond typical flu, such as trauma, stroke-like symptoms, ischemic cardiac chest pain, neck stiffness, etc.?
- Are there "high risk" conditions such as pregnancy, chronic lung disease (asthma, COPD, etc.), CHF, cancer/immunocompromised?

If yes to any of the above criteria/questions – utilize appropriate PPE, follow appropriate medical treatment protocol, and transport to appropriate facility. If not, evaluate VS

- Is RR < 8 or > 20, HR < 50 or > 120, or Systolic BP < 90?
- If yes, utilize appropriate PPE, follow appropriate medical treatment protocol, and transport to appropriate facility. If not and patient is ambulatory, perform a brief 10-20' walking test.
- Is the SpO2 < 92% either at rest or after exertion?
- Are there significant changes in BP, HR, RR after exertion?

If yes, follow appropriate medical treatment protocol, transport to appropriate facility.

- Is the patient able to tolerate oral fluids without vomiting?
- Is there an adequate support system to monitor and remain at home?
- Is patient competent to make decisions?
    - If YES TO ALL – no need to transport. Offer/complete non-transport paperwork.
        - During standard call volume/Normal Operations – patients may elect to remain at home and recover with family support.
        - During critical call volume/Crisis Operations – patients may be required to remain at home and recover with family support.

Rappahannock Regional EMS Council

Temporary Infectious Disease (COVID-19) Patient Management Protocol (as of 04/02/2020)

Purpose – To manage, treat, and/or transport patients that are COVID-19 positive (confirmed or highly suspected) during a public health emergency.

Patients with a PMH of asthma, COPD, or other chronic respiratory condition who are not febrile and have no symptoms of viral illness should be managed medically using traditional respiratory protocols.

Healthcare provider protection:

- Always utilize appropriate PPE based on the current CDC guidelines for EMS.
- Attempt to ascertain symptoms, history, and information from safe distance (by telephone prior to arrival or in-person at safe distance or in well-ventilated/open-space environment.
- Apply a surgical mask to the patient when possible/tolerated to limit exposure.
- Avoid unnecessary contact (limit crew size, limit non-emergency patient interactions, isolate vehicle operators, avoid by-standers or family gathering, etc.). (See guidelines 03/17/20).
- Avoid procedures that generate aerosols and ensure environment has adequate ventilation.

Temporary Patient Care protocol for patients in acute respiratory distress:

- If hypoxic, provide Oxygen by hi-flow NRFM, place surgical mask on patient as well
- DO NOT UTILIZE STEROIDS, CPAP or NEBULIZERS
- Have patient bring any prescribed rescue-inhaler (MDI) and spacer; have patient utilize prior to loading into ambulance and use prn during transport
- Administer 0.3 mg Epinephrine IM (pediatric dose if 0-9 kg: call med control; 10-30 kg: 0.15 mg; > 30 kg: 0.3 mg) and/or
- Administer 2 g Magnesium Sulfate (pediatric dose 25-50 mg/kg – max dose 2 g) IM/IV

Temporary Patient Care protocol for patients in cardiac arrest:

- Do not begin resuscitation until all providers involved are wearing appropriate PPE
- DO NOT INTUBATE THE PATIENT – utilize a SGA, BiAD, or rescue airway
- Apply and utilize a HEPA filter in-line with the BVM
- Limit personnel performing chest compressions, utilize automated CPR device
- Work the cardiac arrest at the scene, DO NOT TRANSPORT UNLESS ROSC is achieved
- Attempt to maximize ventilation in the environment and limit exposure to EMS personnel
- For pediatric patient or if there is no ROSC after 15 minutes of BLS/ACLS obtain Code Gray from Medical Control.