

State EMS Advisory Board Handbook



December 4, 2020

State EMS
Advisory Board
Handbook



December 2020

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State Emergency Medical
Services Advisory Board

Bylaws

State Emergency Medical Services Advisory Board BYLAWS

Article I. Authority

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

Article II. Advisory Board Responsibilities

Section A. General Responsibilities

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

Section B. Other Responsibilities

Other responsibilities include but are not limited to:

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

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

Article III. Membership

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

Section A. Voting

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

Section B. Attendance

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

Section C. Committee Service

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

Section D. Member Information

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

Section E. Fiscal Year Definition

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

Article IV. Officers

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

Section A. Duties of the Chair

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

Section B. Duties of the Vice-Chair

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

Section C. Duties of the Coordinators

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

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

Section D. Elections and Term of Office

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

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

Article V. OEMS

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

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

Article VI. Meetings

Section A. Meetings

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

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

Section B. Minutes of Meetings

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

Section C. Attendance

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

Article VII. Committees and Subcommittees

Section A. General Committee Responsibilities

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

Section B. Standing Committees

1. Executive Committee

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

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

2. Financial Assistance Review Committee (FARC)

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

3. Administrative

a. Rules & Regulations

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

b. Legislative & Planning

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

4. Infrastructure

a. Transportation

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

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

b. Communications

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

c. Emergency Management

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

5. Patient Care

a. Medical Direction

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

b. Medevac

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

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

~~e. Trauma System Oversight and Management Committee~~

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

d. EMS For Children (EMSC)

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

6. Professional Development

a. Training & Certification

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

b. Workforce Development

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

medical services demands and expectations of the communities they serve.

c. Provider Health & Safety

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

7. Trauma System

a. Trauma Administrative and Governance

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

b. System Improvement

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

c. Injury and Violence Prevention

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

d. Prehospital Care

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

e. Acute Care

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

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

f. Post-Acute

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

g. Emergency Preparedness and Response

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

Section C. Ad Hoc Committees

1. Nominating Committee

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

2. Bylaws Committee

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

Section D. Subcommittees

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

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

Section E. Committee Management

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

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

The following committee chairs will serve 3-year terms:

- a. Acute Care
- b. Post-Acute

The following committee chairs will serve 2-year terms:

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

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

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

Article VIII. Parliamentary Procedure

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

Article IX. Amendment of Bylaws

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

Article X. Agenda

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

Article XI. Conflict of Interest

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

Article XII. Virginia Freedom of Information Act

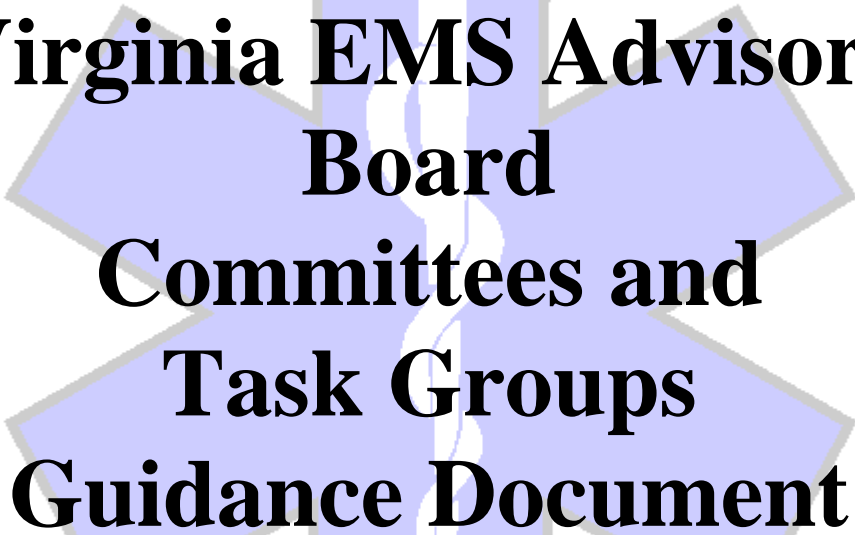
All members of the Advisory Board and its committees are required to adhere to the laws of the Commonwealth of Virginia regarding the Virginia Freedom of Information Act that are detailed in § 2.2-3700 et seq. of the *Code of Virginia*.

These bylaws shall become effective on _____

Approved by the Advisory Board _____
Chair — **DATE**

State Emergency Medical
Services Advisory Board

Committee Guidance
Document



**Virginia EMS Advisory
Board
Committees and
Task Groups
Guidance Document**

EMS Advisory Board Coordinator and Committee Structure

Administrative Coordinator

Rules & Regulation Committee
Legislative & Planning Committee

Infrastructure Coordinator

Transportation Committee
Communications Committee
Emergency Management Committee

Patient Care Coordinator*

Medical Direction Committee
Medevac Committee
Trauma System Oversight and Management Committee
EMS for Children Committee

* Note: It is strongly recommended this position be filled by a physician if possible

Professional Development Coordinator

Training & Certification Committee
Workforce Development Committee
Provider Health & Safety Committee

Reports to EMS Advisory Board

Financial Assistance and Review Committee (FARC)

Communications Committee

Mission: The Communications Committee will review and recommend policies on EMS communications and coordinate the development and implementation of communications and associated technology that support EMS operations at the local, regional and state level.

Membership:

#	Stakeholder Group	Term	Comments
1	EMS Advisory Board Member – Committee Chair	Non-specified	
2	Association of Public Safety Communications Officials (APCO), Virginia Chapter	Non-specified	
3	National Emergency Number Association (NENA), Virginia Chapter	Non-specified	
4	Regional EMS Council Directors Representative	Non-specified	
5	State Interoperability Executive Committee/Coordinators Office (SIEC/CO)	Non-specified	
6	Virginia Association of Counties (VACO)	Non-specified	
7	Virginia Municipal League (VML)	Non-specified	
8	Virginia Department of Emergency Management (VDEM)	Non-specified	
9	Virginia Information Technologies Agency/Public Safety Communications Division (VITA/PSC)	Non-specified	
10	Member At Large	Non-specified	

OEMS Staff Support: Ken Crumpler

***4/20/11: EMS Advisory Board Executive Committee approved membership structure changes upon request of Committee Chair.**

Emergency Management Committee

Mission: The Emergency Management Committee shall focus on providing recommendations and guidance to enhance and assist EMS agencies in the

development and incorporation of strategies for the four phases of emergency management, as well as utilizing those phases to best prepare and respond as an EMS agency. The Committee will also assist the Virginia Office of Emergency Medical Services in the development and revision of emergency management training programs that focus on the prehospital area of EMS and emergency management.

Membership:

#	Stakeholder Group	Term	Comments
1	EMS Advisory Board Member – Committee Chair	Non-specified	
2	Office of Emergency Response and Preparedness	Non-specified	
3	VDEM	Non-specified	
4	VAVRS	Non-specified	
5	VA State Fire Chiefs	Non-specified	
6	Regional EMS Councils Representative	Non-specified	
7	VA Emergency Management Association	Non-specified	
8	VA Firefighters Association	Non-specified	
9	National Guard	Non-specified	
10	MMRS	Non-specified	
11	Virginia State Police	Non-specified	

OEMS Staff Support: Jim Nogle and Winnie Pennington

***6/28/11 – EMS Advisory Board Executive Committee approved membership structure changes upon request of Committee Chair.**

Emergency Medical Services for Children (EMSC)

Mission: EMSC is an initiative designed to reduce child and youth disability and death due to severe illness or injury. The goals are to ensure that state-of-the-art emergency medical care is available for all ill or injured children and adolescents; that pediatric services are well integrated into the emergency medical services (EMS) system; and that the entire spectrum of emergency services, including primary prevention of illness and injury, acute care, and rehabilitation, are provided to children and adolescents.

Members:

#	Stakeholder Group	Term	Comments
1	EMS Advisory Board Member – Committee Chair	Non-specified	
2	EMSC Family Representative	Non-specified	
3	Office of the Chief Medical Examiner	Non-specified	
4	Virginia Association of School Nurses	Non-specified	
5	Virginia AAP Representative	Non-specified	
6	Virginia ACEP Representative	Non-specified	
7	Virginia Emergency Nurses Representative	Non-specified	
8	EMS Provider	Non-specified	VAVRS or VAGEMSA
9	Member at Large	Non-specified	

OEMS Staff Support: David Edwards

***6/28/11 – EMS Advisory Board Executive Committee approved membership structure changes upon request of Committee Chair.**

Financial Assistance Review Committee (FARC)

Mission: To review and make recommendations to the Commissioner of Health on Rescue Squad Assistance Fund (RSAF) awards. Each FARC member will represent the regional EMS council area in which they serve in order to make informed decisions benefiting the EMS system.

Membership:

#	Stakeholder Group	Term	Comments
1	Committee Chair/ Regional EMS Council	3 years	Elected from committee on annual basis
2	Regional EMS Council	3 years	
3	Regional EMS Council	3 years	
4	Regional EMS Council	3 years	
5	Regional EMS Council	3 years	
6	Regional EMS Council	3 years	

OEMS Staff Support: Amanda Davis

Notes:

- Committee members can serve no more than two successive terms.
- Regional EMS council membership rotates; regional EMS council will submit three nominees which are reviewed and selected by EMS Advisory Board.

Legislative and Planning Committee

Mission: The Legislation and Planning Committee will coordinate state EMS planning activities, review regional, state, and federal EMS plans, and review and recommend legislation governing EMS. The committee shall develop system priorities and evaluate their effectiveness.

Membership:

#	Stakeholder Group	Term	Comments
1	EMS Advisory Board Member – Committee Chair	Non-specified	
2	Virginia Professional Firefighters (VPPF)	Non-specified	
3	Virginia Fire Chiefs Association	Non-specified	
4	VAVRS	Non-specified	
5	VAGEMSA	Non-specified	VAGEMSA's 1 st Vice President
6	Regional EMS Council representative	Non-specified	
7	VHHA representative	Non-specified	
8	Member At Large	Non-specified	Large Urban Area
9	Member At Large	Non-specified	

OEMS Staff Support: Scott Winston

***4/20/11: EMS Advisory Board Executive Committee approved membership structure changes upon request of Committee Chair.**

Medevac Committee

Mission: The Medevac Committee provides expert guidance to the EMS Advisory Board regarding appropriate standards and recommendations to promote a high quality and safe Medevac system for Virginia.

Membership:

#	Stakeholder Group	Term	Comments
1	EMS Advisory Board Member – Committee Chair	Non-specified	
2	Non-trauma Designated Hospital	Non-specified	
3	Level III Designated Trauma Center	Non-specified	
4	FAA Part 91 HEMS Agencies	Non-specified	
5	FAA Part 91 HEMS Agencies	Non-specified	
6	FAA Part 91 HEMS Agencies	Non-specified	
7	FAA Part 91 HEMS Agencies	Non-specified	
8	FAA Part 135 HEMS Agencies	Non-specified	
9	FAA Part 135 HEMS Agencies	Non-specified	
10	FAA Part 135 HEMS Agencies	Non-specified	
11	FAA Part 135 HEMS Agencies	Non-specified	
12	Member At Large	Non-specified	Consumer

OEMS Staff Support: Tim Perkins

Medical Direction Committee

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

Membership:

#	Stakeholder Group	Term	Comments
1	EMS Advisory Board Member – Committee Chair	Non-specified	Chair position may or may not be filled by one of the regional OMDs.
2	Regional OMD	Non-specified	
3	Regional OMD	Non-specified	
4	Regional OMD	Non-specified	
5	Regional OMD	Non-specified	
6	Regional OMD	Non-specified	
7	Regional OMD	Non-specified	
8	Regional OMD	Non-specified	
9	Regional OMD	Non-specified	
10	Regional OMD	Non-specified	
11	Regional OMD	Non-specified	
12	Regional OMD	Non-specified	
13	EMSC	Non-specified	
14	Trauma System Oversight and Management Committee representative	Non-specified	
15	Member At Large	Non-specified	
16	Ad Hoc (Non-voting) member: VAGEMSA	Non-specified	

OEMS Staff Support: Warren Short and Dr. George Lindbeck

***4/20/11: EMS Advisory Board Executive Committee approved membership structure changes upon request of Committee Chair.**

Provider Health and Safety Committee

Mission: The Committee, through the Advisory Board, shall focus on providing recommendations and guidance for EMS providers and agencies in Virginia to enhance and assist in their development of a culture of safe operations and incorporation of proactive strategies for safe incident operations, physical health, and mental well-being. This includes, but is not limited to, physical fitness, medical screening, ambulance safety, personnel resiliency, and safety leadership. The Committee will also assist the Virginia Office of Emergency medical Services in the development of health and safety initiatives.

Membership:

#	Stakeholder Group	Term	Comments
1	EMS Advisory Board Member – Committee Chair	Non-specified	
2	Occupational Medicine Physician	Non-specified	
3	Commercial Ambulance Service Representative	Non-specified	
4	VAGEMSA	Non-specified	
5	VAVRS	Non-specified	
6	Insurance Industry Representative	Non-specified	
7	Nutritionist	Non-specified	
8	Regional EMS Council Representative	Non-specified	
9	Member At Large	Non-specified	
10	Member At Large	Non-specified	

OEMS Staff Support: Connie Green

***4/20/11: EMS Advisory Board Executive Committee approved membership structure upon request of Committee Chair.**

Rules and Regulation Committee

Mission: The Rules and Regulation Committee will review and recommend policies and regulations relating to EMS. The Committee will review and assess state and federal legislation and inform the EMS Advisory Board of any potential impact on the emergency medical services (EMS) system in Virginia. The Committee will review and evaluate data collection efforts affecting the organization, administration and management of the (EMS) system in Virginia.

Membership:

#	Stakeholder Group	Term	Comments
1	EMS Advisory Board Member – Committee Chair	Non-specified	
2	Regional EMS Council Representative	Non-specified	
3	VPPF	Non-specified	Career
4	VA Fire Chiefs Association	Non-specified	Career & Volunteer
5	VAGEMSA	Non-specified	Governmental
6	VAVRS	Non-specified	Volunteer
7	Commercial Ambulance Service Representative	Non-specified	Commercial
8	Member at Large	Non-specified	
9	Member at Large	Non-specified	Small rural EMS agency
10	Member at Large	Non-specified	Non-specified

OEMS Staff Support: Mike Berg

Training and Certification Committee

Mission: The Training and Certification Committee will, in collaboration with the Medical Direction Committee and other stakeholders, promote quality educational, operational and other affiliated aspects related to the enhancement of the EMS profession across the Commonwealth.

Membership:

#	Stakeholder Group	Term	Comments
1	EMS Advisory Board Member – Committee Chair	Non-specified	
2	EMSC Representative	Non-specified	
3	VAGEMSA	Non-specified	
4	VAVRS	Non-specified	
5	VENA	Non-specified	
6	EMS Educational Institutions	Non-specified	
7	Commercial Training Facilities	Non-specified	
8	Regional EMS Council Representative	Non-specified	
9	ALS Coordinator Work Group	Non-specified	
10	Member at Large	Non-specified	MDC
11	Member at Large	Non-specified	

OEMS Staff Support: Warren Short

***4/20/11: EMS Advisory Board Executive Committee approved membership structure upon request of Committee Chair.**

Transportation Committee

Mission: The primary goal of the Transportation Committee is to ensure the delivery of reliable, high quality medical care to patients at the scene of an illness or injury, as quickly and safely as possible, to stabilize patients, and transport them to hospital facilities equipped and staffed which are capable of supplying the appropriate level and type of care they require.

Membership:

#	Stakeholder Group	Term	Comments
1	EMS Advisory Board Member – Committee Chair	Non-specified	
2	VAGEMSA		
3	Regional EMS Council Representative	Non-specified	
4	VAVRS	Non-specified	
5	Commercial ambulance service representative	Non-specified	
6	Member at Large	Non-specified	Vehicle services
7	Member at Large	Non-specified	
8	Member at Large	Non-specified	
9	Member at Large	Non-specified	
10	Member at Large	Non-specified	

OEMS Staff Support: Jimmy Burch and Mike Berg

Trauma System Oversight & Management Committee

Mission: The Trauma System Oversight and Management Committee will review and recommend policies and procedures on the Statewide Trauma Registry; trauma data collection and related analysis and reporting; the designation, site review, and verification of critical care centers; trauma systems management; and quality assurance. It will also review and recommend legislative policies regarding critical care.

Membership:

#	Stakeholder Group	Term	Comments
1	EMS Advisory Board Member – Committee Chair	Non-specified	May represent one of identified groups
2	Emergency Physician	Non-specified	
3	VHHA Representative	Non-specified	
4	Burn Center Representative	Non-specified	
5	Citizen representative	Non-specified	
6	Designated Trauma Center	Non-specified	
7	Designated Trauma Center	Non-specified	
8	Designated Trauma Center	Non-specified	
9	Designated Trauma Center	Non-specified	
10	Designated Trauma Center	Non-specified	
11	Designated Trauma Center	Non-specified	
12	Designated Trauma Center	Non-specified	
13	Designated Trauma Center	Non-specified	
14	Designated Trauma Center	Non-specified	
15	Designated Trauma Center	Non-specified	
16	Designated Trauma Center	Non-specified	
17	Designated Trauma Center	Non-specified	
18	Designated Trauma Center	Non-specified	
19	Designated Trauma Center	Non-specified	

OEMS Staff Support: Paul Sharpe

***4/20/11: EMS Advisory Board Executive Committee approved membership structure upon request of Committee Chair.**

Workforce Development Committee

Mission: The Committee will review, recommend, and develop recruitment, retention, leadership, and management programs, as well as recommend policies that will help maintain and increase the human resources to meet emergency medical services demands. The Committee will also interface with all committees of the state EMS Advisory Board to review, recommend, and develop programs that will enhance local EMS systems to increase the level of pre-hospital care.

Membership:

#	Stakeholder Group	Term	Comments
1	EMS Advisory Board Member – Committee Chair	3 years	
2	Virginia Recruitment & Retention Network	3 years	
3	Local Government Official	3 years	(VACO or VML)
4	VAVRS	3 years	
5	VAGEMSA	3 years	
6	Commercial Ambulance Service Representative	3 years	
7	Regional EMS Council Representative	3 years	
8	Statewide Fire Service Organization	3 years	(VFCA, VPFF, VSFF, etc.)
9	Member At Large	3 years	
10	Member At Large	3 years	

OEMS Staff Support: Carol Morrow

Notes:

- Committee members can serve no more than two successive terms.

Revised Nov. 16, 2011

State Emergency Medical
Services Advisory Board

Code of Ethics

State Emergency Medical Services Advisory Board Code of Ethics

Overview: Ethical behavior is based on shared values and principles which guide and support individuals and groups to avoid actual, or the appearance of, conflicts of interest, positively contribute to discussion and decision making, maintain public trust, and effectively carry out the duties entrusted to them.

Principles: The public should reasonably expect that individuals and groups, who serve government, to be trustworthy and accountable for the performance of their duties. This is demonstrated by, but not limited to:

- Understanding and abiding by the expectations and obligations of their position;
- When uncertain, to seek out information and interpretation to ensure that actions and decisions are ethical;
- Accepting personal responsibility for the foreseeable consequences of action and inaction of the Board;
- Taking into account the long-term interests of the government and the citizens;
- Recognizing that members shall not use knowledge of a confidential nature to further personal interest or to violate the privacy and confidentiality of information entrusted to them;
- Interact with the public and with other members of the Board in a respectful manner with concern, courtesy and responsiveness;
- Not knowingly engage in any activity or business which creates a real or perceived conflict of interest or has an adverse effect on the confidence of the public in the integrity of government
- Performing the duties of the Board with integrity, truthfulness, and honesty;
- Upholding the Constitution of the Commonwealth of Virginia, Code of Virginia, and the laws and legal regulations of the United States of America;
- Not discriminating by dispensing special favors or privileges to anyone, for remuneration or not; and never accepting, for oneself or family, favors or benefits under circumstances which may be construed by reasonable persons as influencing the performance of ones governmental duties;
- Making no private promises of any kind binding upon the duties of office, as no Board member has a private word which can be binding on public duty;
- Engaging in no business with the Commonwealth of Virginia, either directly or indirectly, which is in conflict with the conscientious performance of ones governmental duties;
- Never utilizing the power vested in the position as a means to affect influence or use any confidential information received in the performance of Board duties as a means of personal gain;
- Promptly reporting any actual or perceived violation of ethical conduct;
- Upholding these principles ever conscious that the public office is a public trust.
- Accurately represent the unique concerns of the members' constituent group in Board discussions and decisions, and then support by word and action any decision reached by the Board.

Additional specifics regarding prohibited conduct may be found in Virginia Code § 2.1-639.4

State Emergency Medical
Services Advisory Board

Motion Form

State EMS Advisory Board
Motion Submission Form

Committee Motion: Name: _____

Individual Motion: Name: _____

Motion:

EMS Plan Reference (include section number):

Committee Minority Opinion (as needed):

For Board's secretary use only:

Motion Seconded By: _____

Vote: By Acclamation: Approved Not Approved

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

Board Minority Opinion:

Meeting Date:

State Emergency Medical Services Advisory Board

Acronyms



Commonly Used Acronyms

A

AAA – American Ambulance Association

AACN – Advanced Automatic Collision Notification

AAMS – Association of Air Medical Services

AAP – American Academy of Pediatrics

AAR – After Action Report

AASHTO – American Association of Highway and Transportation Officials

ACCT – Association of Critical Care Transport

ACEP – American College of Emergency Physicians

ACLS – Advanced Cardiac Life Support

ACS – American College of Surgeons

ADA - Americans with Disabilities Act

ADA – Airlines Deregulation Act

AED – Automated External Defibrillator

AEMER – Alliance for Emergency Medical Education and Research

AEMSC - Atlantic EMS Council

AEMT- Advanced Emergency Medical Technician

AHA – American Heart Association

AHRQ – Agency for Healthcare Research and Quality

ALS – Advanced Life Support

AMI - Acute Myocardial Infarction

ANSI – American National Standards Institute

APA - Administrative Process Act

APCO - Associated Public-Safety Communications Officers

APLS – Advanced Pediatric Life Support

ARES - Amateur Radio Emergency Service

ASMI – Association and Society Management International, Inc.

ASPR - Office of the Assistant Secretary for Preparedness and Response (DHHS)

ASTHO – Association of State and Territorial Health Officials

ATLS - Advanced Trauma Life Support

ATS – American Trauma Society

ATT - Authorization to Test Letter

AVL – Agency Vehicle Licensure Committee (NASEMSO)

B

BDLS - Basic Disaster Life Support

BIS - Benchmarks, Indicators and Scoring

BLS – Basic Life Support

BOH – Board of Health (Virginia)

BOM - Board of Medicine

BON - Board of Nursing

BOP - Board of Pharmacy

BP - Blood Pressure

BREMS - Blue Ridge EMS Council

BSI – Body Substance Isolation

BVM - Bag Valve Mask [Ambu Bag (tm)]

C

CAAHEP - Commission on Accreditation of Allied Health Education Programs

CAAS - Commission on Accreditation of Ambulance Services (US)

CAD - Computer Aided Dispatch

CAD - Coronary Artery Disease

CoAEMSP – Committee on Accreditation of Educational Programs for the EMS Professions

CAH – Critical Access Hospital

CAMTS – Commission on Accreditation of Medical Transport Systems

CAP - Civil Air Patrol

CAPCE – Commission on Accreditation or Prehospital Continuing Education

CARS – Commonwealth Accounting and Reporting System

CAT1 - Category 1 Continuing Education

CAT2 - Category 2 Continuing Education

CBRNE – Chemical, biological, radiological, nuclear and explosive

CCU - Critical Care Unit

CDC – Centers for Disease Control and Prevention (US government)

CE – Continuing Education

CECBEMS – Continuing Education Coordinating Board for Emergency Medical Services (national accrediting body for EMS continuing education courses and course providers)

CERT – Community Emergency Response Team

CESSC – Commonwealth Enterprise Solutions Center (VITA)

CICO – Commonwealth Interoperability Coordinator’s Office

CIREN – Crash Injury Research Engineering Network (funded by NHTSA)

CFR - Code of Federal Regulations (US)

CFR - Crash Fire Rescue (airports)

CGAP – Consolidated Grant Application Program

CHF - Congestive Heart Failure

CISD - Critical Incident Stress Debriefing

CISM – Critical Incident Stress Management

CMS – Centers for Medicare and Medicaid Services

CODES – Crash Outcome Data Evaluation System

COG – Council of Governments, Continuity of Government

COIVPP – Council on Injury, Violence and Poison Prevention (AAP)

COOP – Continuity of Operations Plan

COPD - Chronic Obstructive Pulmonary Disease

COPEM – Committee on Pediatric Emergency Medicine (AAP)

COPN – Certificate of Public Need

COV – Commonwealth of Virginia

CP – Community Paramedicine

CPAP – Continuous Positive Airway Pressure

CPR – Cardio-Pulmonary Resuscitation

CPS – Child Passenger Safety

CQI – Continuous Quality Improvement

CSDR – Course Student Disposition Report

CSEMS – Central Shenandoah EMS Council

CSHCN – Children with Special Health Care Needs

CTS – Consolidated Test Site

CVA - Cerebro-vascular Accident

CVCC - Central Virginia Community College

D

DAN - Diver's Alert Network

DCC - Danville Community College

DDNR – Durable Do Not Resuscitate

DEA – Drug Enforcement Agency (US)

DED – Division of Educational Development (Virginia Office of EMS)

DERA – Designated Emergency Response Agency

DGIF - Department of Game and Inland Fisheries (Virginia)

DGS – Department of General Services (COV)

DHP – Department of Health Professions (Virginia)

DHRM – Department of Human Resources Management (COV)

DHS - Department of Homeland Security

DMAT – Disaster Medical Assistance Teams

DMC – Data Managers Council (NASEMSO)

DMRT - Disaster Mortuary Response Teams

DMV – (Virginia) Department of Motor Vehicles

DNR - Do Not Resuscitate

DO - Designated Officer

DOA – Department of Accounts (COV)

DOA – Dead on arrival

DOH - Department of Health

DoD – Department of Defense (US)

DOT - Department of Transportation (US)

DPB – Department of Planning and Budget (COV)

DRT – Disaster Recovery Team

E

E911 – Enhanced 911 (the system that displays calling number and address)

EAS – Emergency Alert System

EBG – Evidence Based Guidelines

EC – EMS Education Coordinator

ECC – Emergency Coordination Center located at James Madison Bldg. (VDH) or Emergency Communications Center

ECCC – Emergency Care Coordination Center (ASPR)

ECG – Electro Cardiogram

ED - Emergency Department

EHS – Emergency Health Services

EKG – ElectroCardioGram (old, from German ElectroKardioGram)

EMAC – Emergency Management Assistance Compact

EMAP – Emergency Management Accreditation Program

EMD - Emergency Medical Dispatcher

EMR – Emergency Medical Responder

EMSAT – Emergency Medical Satellite Training

EMS – Emergency Medical Services

EMSC – EMS for Children

EMSI – Emergency Medical Services Instructor

EMSR – Emergency Medical Services Registry

EMSTF – Emergency Medical Services Training Fund

EMT - Emergency Medical Technician

EMTALA – Emergency Medical Treatment and Labor Act

EMT-I - Intermediate

EMT-P – Paramedic

ENA - Emergency Nursing Association

EOC – Emergency Operations Center

EPC – Emergency Pediatric Care Course (NAEMT)

ePCR – Electronic Patient Care Record

EP&R – Emergency Preparedness and Response

ER – Emergency Room

ESF – Emergency Support Function

ETA – Estimated Time of Arrival

ET - EndoTracheal (tube)

EVOC - Emergency Vehicle Operation and Control

F

\$4 for Life – EMS Fund; Established in 1983 as \$1 for Life; increased to \$2 for Life in 1990; increased to \$4 for Life in 2004; 2008 Virginia General Assembly increased fund to \$4.25; increased to \$6.25 in 2010.

FAA – Federal Aviation Administration

FAN – Family Advisory Network

FARB – Federation of Associations of Regulatory Boards

FARC – Financial Assistance Review Committee

FARS – Fatality Analysis Reporting System

FCC – Federal Communications Commission

FDA - Food and Drug Administration (US)

FEMA - Federal Emergency Management Agency (US)

FHWA – Federal Highway Administration

FICEMS – Federal Interagency Committee on Emergency Medical Services

FIPS – Federal Information Processing Standard (State, County and City Code)

FirstNet – First Responder Network Authority

FISDAP - Field Internship Student Data Acquisition Project, documents and measures students' experiences in field, lab, and clinical settings; evaluate skill performances; generate progress reports; gain or maintain accreditation; prepare students for certification exams; manage internship schedules; and more.

FLEX – Medicare Rural Hospital Flexibility Grant Program

FLSA - Fair Labor Standards Act

FOIA - Freedom of Information Act

FR - First Response/First Responder

FTE - Full Time Equivalent

FTL - Field Team Leader

FTO – Field Training Officer

G

GA – General Assembly

GAB – EMS Advisory Board, often times referred to as the Governor’s Advisory Board (GAB). The technical term used in the Code of Virginia and Virginia Administration Code for the advisory board appointed by the Governor to advise the State Board of Health concerning the administration of the statewide emergency medical care system and emergency medical services vehicles maintained and operated to provide transportation to persons requiring emergency medical treatment, and for reviewing and making recommendations on the Statewide Emergency Medical Services Plan is **State EMS Advisory Board**.

GCS – Glasgow Coma Scale

GED - General Equivalency Diploma

GEMS - Geriatric Education for Emergency Medical Services

GIS – Geographic Information System

GPS - Global Positioning System

GSA – General Services Administration (US)

GSW – Gunshot wound

H

HAN – Health Alert Network

HazMat – Hazardous Material

HEMS – Helicopter EMS

HHS – Department of Health and Human Services

HIPAA - Health Insurance Portability & Accountability Act of 1996

HIPDB – Healthcare Integrity and Protection Data Bank

HITS – Highway Incident & Transportation Systems Committee (NASEMSO)

HL7 – Health Level 7 Information Standards

HMERT – Health and Medical Emergency Response Teams

HPP – Hospital Preparedness Program (DHHS)

HRSA – Health Resources and Services Administration

HTR - Heavy and Tactical Rescue

I

IAED – International Academies of Emergency Dispatch

IAEMSC – International Association of EMS Chiefs

IAFC - International Association of Fire Chiefs

IAFCCP – International Association of Flight and Critical Care Paramedics

IAFF - International Association of Fire Fighters

IAOC – Internal Agency Oversight Committee (VITA)

IBSC – International Board of Specialty Certification

IC - Incident Commander

ICD-10 – International Statistical Classification of Diseases and Health Related Problems, Tenth Revision

ICE – In Case of Emergency

ICISF – International Critical Incident Stress Foundation

ICS - Incident Command System

ICO - Infection Control Officer

ICP - Infection Control Plan

ICU - Intensive Care Unit

IFB – Invitation for Bid

IM – Intramuscular

IMT – Incident Management Team

I/O – Intraosseous Infusion

IRCP – International Roundtable on Community Paramedicine

ISS – Injury Severity Score

IOM – Institute of Medicine

IT – Information Technology

ITDR – Information Technology Disaster Recovery

ITLS - International Trauma Life Support

ITS – Intelligent Transportation Systems

IV - IntraVenous

J

JAMA - Journal of the American Medical Association

JCREC – Joint Committee on Rural EMS Care

JEMS - Journal of Emergency Medical Services

JCHC – Joint Commission on Health Care

JLARC – Joint Legislative Audit and Review Commission

JNEMSLF – Joint National EMS Leadership Forum

JSRCC - J. Sergeant Reynolds Community College

JTCC - John Tyler Community College

K

KED - Kendrick Extrication Device

KTBI! – (Keeping the Best) EMS Workforce Retention Toolkit and Workshops

L

L&D - Labor and Delivery

L&P – Legislation and Planning Committee (state EMS Advisory Board)

LEO - Law Enforcement Officer

LFCC - Lord Fairfax Community College

LFEMS – Lord Fairfax EMS Council

LMS – Learning Management System

LOC - Level of Consciousness (in Glasgow scale)

LODD – Line of Duty Death

LZ - Landing Zone (aeromedical)

M

MAST - Military Anti Shock Trousers or PASG (Pneumatic Anti-shock garment)

MCHB – Maternal and Child Health Bureau

MCI – Mass Casualty Incident

MDC – Medical Direction Committee

MDC – Medical Directors Council (NASEMSO)

MDT - Mobile Data Terminal(s) or MDC – Mobile Data Computer

MEC - Medical Education Campus

MECC - Mountain Empire Community College

MEDEVAC – Medical Evacuation, aka helicopter EMS, aero medical services, air ambulance

MHA – Masters of Health Administration

MHz - MegaHertz, unit of frequency

MI - Myocardial Infarction

MICU - Mobile Intensive Care Unit

MIH – Mobile Integrated Healthcare

MMRS – Metropolitan Medical Response System Program

MOA – Memorandum of Agreement

MOI - Mechanism of Injury

MOU – Memorandum of Understanding

MPH – Masters of Public Health

MRI - Magnetic Resonance Imaging

MSDS - Material Safety Data Sheet

MSV – Medical Society of Virginia

MVA - Motor Vehicle Accident

MVC – Motor Vehicle Crash (formerly known as Motor Vehicle Accident)

N

NAAMTA – National Accreditation Alliance Medical Transport Applications

NACCHO – National Association of County and City Health Officials

NAEMSE – National Association of EMS Educators

NAEMSP – National Association of EMS Physicians

NAEMT - National Association of Emergency Medical Technicians (US)

NAPSICO – National Association for Public Safety Infection Control Officers

NASAR - National Association for Search and Rescue

NAEMSO - National Association of State EMS Officials

NASNA – National Association of State 9-1-1 Administrators

NCIC – National Criminal Information Center

NDMS - National Disaster Medical System (US)

NEDARC – National EMSC Data Analysis Resource Center

NEMSAC – National EMS Advisory Council (NHTSA)

NEMSMA – National EMS Management Association

NEMIS – National EMS Information System

NENA - National Emergency Number Association (9-1-1)

NFA - National Fire Academy (US)

NFFA – National Fallen Firefighters Foundation

NFIC - National Fire Information Center

NFIRS - National Fire Incident Reporting System

NFPA - National Fire Protection Association

NFPA - National Flight Paramedic Association

NFPA 1917 – NFPA Standard for Automotive Ambulances

NG – Northrop Grumman

NG Tube – Nasogastric Tube

NHTSA – National Highway Traffic Safety Administration

NICU – Neo-natal Intensive Care Unit

NIH – National Institutes of Health

NIMS – National Incident Management System (FEMA)

NIOSH - National Institute for Occupational Safety and Health (US)

NIST – National Institute of Standards and Technology (US Dept. of Commerce)

NPRP – National Pediatric Readiness Project

NRHA – National Rural Health Association

NOIRA – Notice of Intended Regulatory Action

NOSORH – National Organization of State Offices of Rural Health

NOVA – Northern Virginia EMS Council

NP - Nurse Practitioner

NPDB – National Practitioner Data Base (HRSA)

NR - National Registry

NRB – Nonrebreather Mask

NRC – EMSC National Resource Center

NRCC - New River Community College

NREMT - National Registry Emergency Medical Technician test (US)

NREMT – National Registry of Emergency Medical Technicians

NREMT - Nationally Registered EMT (US) REMT is preferred

NRHA – National Rural Health Association

NRP - Neonatal Resuscitation Program

NSC - National Standard Curriculum

NTIMC – National Traffic Incident Management Coalition

NTSB - National Transportation Safety Board (US)

NUG – National Unified Goal

NVCC - Northern Virginia Community College

NVFC - National Volunteer Fire Council

NVOAD - National Volunteer Organizations Active in Disasters

NWS – National Weather System



OAG – Office of Attorney General

OCP – Office of Commonwealth Preparedness

ODEMSA - Old Dominion EMS Alliance

OEMS – Office of Emergency Medical Services

OFM – Office of Financial Management (VDH)

OHR – Office of Human Resources (VDH)

OIM - Office of Information Management (VDH)

OMB – Office of Management and Budget (US)

OMD – Operational Medical Director

OPGS – Office of Purchasing and General Services (VDH)

OR - Operating Room

OSHA - Occupational Safety and Health Administration

OSHA 1910.1030 – Bloodborne Pathogens Standards

OSHA 1910.134 – Respiratory Protection Standards



PA - Physician Assistant

PADI - Professional Association of Diving Instructors

PALS - Pediatric Advanced Life Support

PASG - Pneumatic Anti-Shock Garment

PAT – Regional EMS Council (Process Action Team)

PCC – Poison Control Center

PCD – Physician Course Director

PDC – Professional Development Committee

PEA – Pulseless electrical activity

PEARS - Pediatric Emergency Assessment, Recognition and Stabilization

PECARN – Pediatric Emergency Care Applied Research Network

PECC – Pediatric Emergency Care Council (NASEMSO)

PEMS – Peninsulas EMS Council

PEPP – Pediatric Education for Prehospital Professionals

PHCC - Patrick Henry Community College

PHE – Public Health Emergency

PHI - Protected Health Information

PHTLS - Pre-Hospital Trauma Life Support

PIC – Performance Improvement Coordinator

PITLS - Pediatric International Trauma Life Support

PIO - Public Information Officer

PLC – Personnel Licensure Council (NASEMSO)

PMD – Commonwealth Project Management Division (VITA)

POV - Privately Owned Vehicle

PPE - Personal Protective Equipment

PPV – Positive Pressure Ventilation

PR - Public Relations

PSAP - Public Safety Answering Point (911)

PUG – Practical exam Users Guide (VA OEMS)

PUM – Public Utility Model

PVCC - Piedmont Virginia Community College



QA/QI – Quality Assurance/Quality Improvement

R

RACES - Radio Amateur Civil Emergency Services

R&C – Regulation and Compliance (Virginia Office of EMS)

R&R - Recruitment and Retention

RCC - Rappahannock Community College

REMS – Rappahannock EMS Council

REPLICA – Recognition of EMS Personnel Licensure Interstate CompAct

RFP – Request for Proposals

RFS – Request for Service

RHP – Rural Health Plan

RN - Registered Nurse

RS - Rescue Squad

RSAF – Rescue Squad Assistance Fund

RSI - Rapid Sequence Intubation

RT - Respiratory Therapist

RTL – Return to Locality (26% portion of EMS funds returned to the local government for EMS purposes.)

Rx - Prescription

S

SACS - Southern Association of Colleges and Schools (education accreditation)

SAR – Search and Rescue

SAVER – System Assessment and Validation for Emergency Responders

SCBA - Self Contained Breathing Apparatus

SCHEV - State Council on Higher Education in Virginia

SCHIP – State's Child Health Insurance Program

SHHR – (Virginia) Secretary of Health and Human Resources

SHHS – Secretary of Health and Human Services

SIDS - Sudden Infant Death Syndrome

SIEC – State Interoperability Executive Committee

SITREP - Situation Report

SMA – Statewide Mutual Aid

SMART – Specific, Measurable, Attainable, Realistic and Timely (measures of performance in an evaluation process)

SME – Subject Matter Expert

SNS – Strategic National Stockpile

SOB - Shortness of Breath

SOG – Standard Operating Guidelines

SoP – Scope of Practice

SOP – Standard Operating Procedures

SORH – State Offices of Rural Health

SQ – Subcutaneous

SSM - System Status Management

STEMI – ST Elevation Myocardial Infarction

SVCC - Southside Virginia Community College

SVT – Supraventricular tachycardia; an EKG rhythm

SWaM – Small, Woman Owned or Minority business

SWCC - Southwest Virginia Community College

SWESC – Southwest Enterprise Solutions Center (VITA)

SWOT - Strengths, Weaknesses, Opportunities and Threats

SWVEMS – Southwest Virginia EMS Council

T

TAG – Trauma Administrative and Governance Committee (State EMS Adv. Board)

TBI – Traumatic Brain Injury

TCC - Tidewater Community College

TCC – Training and Certification Committee (state EMS Advisory Board)

TEMS – Tidewater EMS Council

TIA - Transient Ischemic Attack (mini-stroke)

TIM – Traffic Incident Management

TJEMS – Thomas Jefferson - EMS Council

TMC – Trauma Managers Council (NASEMSO)

TNCC - Thomas Nelson Community College

TNCC – Trauma Nurse Core Course (ENA)

TPAM – Training Program Administrative Manual

TRAINVirginia – Training Finder Real-time Affiliate Integrated Network (Learning Management System)

TRB – Transportation Research Board

TSA – Transportation Security Administration (US)

TSAG – Transportation Safety Advancement Group

TSOMC – Trauma System Oversight and Management Committee



USAR – Urban Search and Rescue

USFA – United States Fire Administration

UASI – Urban Areas Security Initiative



VAA – Virginia Ambulance Association

VAC - Virginia Administrative Code

VACO – Virginia Association of Counties

VAVRS – Virginia Association of Volunteer Rescue Squads, Inc.

VAGEMSA – Virginia Association of Governmental EMS Administrators

VaCEP – Virginia Chapter of the College of Emergency Physicians

VCCS - Virginia Community College System

VDEM - Virginia Department of Emergency Management

VDFP – Virginia Department of Fire Programs

VDOT – Virginia Department of Transportation

VDH – Virginia Department of Health

VENA – Virginia Emergency Nurses Association

VERT – Virginia Emergency Response Team

VFCA – Virginia Fire Chiefs Association

VFIB – Ventricular fibrillation; an EKG rhythm

VFD - Volunteer Fire Department

VFIRS – Virginia Fire Incident Reporting System

VHAC – Virginia Heart Attack Coalition

VHCC - Virginia Highlands Community College

VHF - Very High Frequency (radio)

VHHA – Virginia Hospital and Healthcare Association

VHI – Virginia Health Information

VITA – Virginia Information Technologies Agency

VML – Virginia Municipal League

VMRC – Virginia Marine Resource Commission

VMS – Variable Message Sign

VNA – Virginia Nurses Association

VoIP – Voice over Internet Protocol

VPFF – Virginia Professional Firefighters

VPHIB – Virginia Pre-hospital Information Bridge

VRHA – Virginia Rural Health Association

VRS - Volunteer Rescue Squad

VRS – Virginia Retirement System

VSC - Virginia Standard Curriculum

VSP – Virginia State Police

VSTR – Virginia Statewide Trauma Registry

VSSTF – Virginia Stroke System Task Force

VWCC - Virginia Western Community College



WCC - Wytheville Community College

WDC – EMS Workforce Development Committee

WMD – Weapons of Mass Destruction

WSP – Wireless Service Provider

WVEMS – Western Virginia EMS Council



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Updated 08/19/2019

State Emergency Medical
Services Advisory Board

State EMS Plan

Virginia's State EMS Plan

Reviewing the Plan

What is the State EMS Plan?

- Three year strategic and operational plan.
- Designed to utilize core strategies and strategic initiatives to outline and address the needs of the EMS System over a three year span.
- Goal is to make improvements to EMS System in Virginia, and not necessarily the delivery of EMS care.
- Build on the past efforts made in previous versions of the State EMS Plan.

Why was the State EMS Plan created?

- §32.1-111.3 of the Code of Virginia requires the development of a comprehensive, coordinated, statewide EMS plan by the Virginia Department of Health's Office of EMS (OEMS).
- Support delivery of EMS care in Virginia
- Support existing and new initiatives designed to improve all aspects of the EMS system in Virginia.
- Most recent version of the State EMS Plan approved by Board of Health on March 16, 2017.

How was the Plan created?

- In the spring of 2019, OEMS, in conjunction with the EMS Advisory Board and its 13 subcommittees, reviewed the existing plan to determine the needs of the EMS system.
 - Plan divided into four core strategies:
 - Develop Partnerships
 - Create Tools and Resources
 - Develop Infrastructure
 - Assure Quality and Evaluation

Plan Creation – 2019

- OEMS staff evaluated information submitted by subcommittees, and integrated that information into the draft plan.
- Plan approved by the EMS Advisory Board on November 6, 2019.
- Plan submitted for approval by the State Board of Health on March 26, 2020.

Highlights of the State EMS Plan

- Use of technology and social media to provide accurate and timely information.
- Maintenance and expansion of EMS Agency and Provider Portal
- Maintenance and expansion of Virginia Pre-hospital Information Bridge (VPHIB)
- Continued focus on EMS Provider health and safety.

Why is a revision to the State EMS Plan necessary?

- Revision is required by the Code of Virginia to be revised triennially.
- The current plan is nearly three years old.
- Many of the strategic initiatives and action steps have been met or have made significant progress.
- EMS is a dynamic field, and the plan must also remain dynamic to address the needs of a changing system.

What happens to the current plan?

- Unfinished initiatives carry over to the new version of the plan.
- Summary information is provided as requested.
- Lessons learned help shape the new version of the plan.

For more information:

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

**VIRGINIA OFFICE OF
EMERGENCY MEDICAL SERVICES
STATE STRATEGIC AND OPERATIONAL PLAN**



2020 – 2022

VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

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VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

INTRODUCTION

Section 32.1-111.3 of the Code of Virginia requires the development of a comprehensive, coordinated, statewide emergency medical services plan by the Virginia Office of EMS (OEMS) which shall incorporate, but not be limited to, the plans prepared by the regional emergency medical services councils. The Board of Health must review, update, and publish the plan triennially, making such revisions as may be necessary to improve the effectiveness and efficiency of the Commonwealth's emergency care system. The objectives of the plan shall include, but not be limited to the nineteen objectives outlined in Section 32.1-111.3.

Over the past few years, much attention has been paid to the development of the plan. Some of this is due to review reports, namely the Joint Legislative Audit and Review Commission (JLARC), EMS Agenda 2050, and the Institute of Medicine (IOM) Report "EMS at the Crossroads". The recommendations made in these documents have assisted in driving the planning process forward.

As the Code of Virginia mandates, this plan must be reviewed, updated, and published triennially by the Board of Health. The Office of EMS appreciates the opportunity to present this document to the Board, and values any input that the Board provides, as well as the input of any other stakeholder, or interested party. Additionally, OEMS is prepared to report on the progress of the plan to the Board of Health or other interested parties upon request, and through the OEMS Annual Reports, and Service Area Plans as required by VDH, and the Code of Virginia.

This operational plan identifies the specific initiatives required of the OEMS staff in executing the 2020-2022 Strategic Plan. Each objective and action step is intended to accomplish those items most critical to the Strategic Plan in the given fiscal year. The Strategic Plan is designed to improve priority areas of performance and initiate new programs. Therefore, much of the routine, but important work of the OEMS staff is not included in the Operational Plan.

No later than three (3) months prior to the end of each fiscal year the OEMS staff will evaluate progress on the plan and begin the process of creating the Operational Plan for the next fiscal year.

In most cases "accountability" should be the name of a person, division, or entity that has the lead responsibility for the implementation of the objective or action step. The plan will be reviewed quarterly, and only those objectives and items relevant to the time frame will be a part of the review. Any changes in the objective or action steps should be noted in writing on the form at that time.

Definitions of acronyms included in the plan can be found on **pages 5 and 6**.

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Virginia Office of Emergency Medical Services Mission Statement

To reduce death and disability resulting from sudden, serious, and/or chronic injury or illness in the Commonwealth through planning and development of a comprehensive and coordinated EMS system; and provision of technical assistance and support to enable the EMS community to collaborate, integrate, and enhance the delivery of the highest quality medical care to those in need.

Virginia Office of Emergency Medical Services Vision Statement

To establish a unified, comprehensive and effective EMS system for the Commonwealth of Virginia that provides for the health and safety of its citizens and visitors.

What is the Emergency Medical Services system in Virginia?

The Virginia EMS system is very large and complex, involving a wide variety of EMS agencies and personnel, including volunteer and career providers functioning in volunteer rescue squads, municipal fire departments, commercial ambulance services, hospitals, and a number of other settings to enable the EMS community to provide the highest quality emergency medical care possible to those in need. Every person living in or traveling through the state is a potential recipient of emergency medical care.

The Virginia Department of Health, Office of Emergency Medical Service (OEMS) is responsible for development of an efficient and effective statewide EMS system. The EMS System in Virginia is designed to respond to any and all situations where emergency medical care is necessary. This is accomplished through a coordinated system of over 36,000 trained, prepared and certified providers, nearly 4,300 permitted EMS vehicles, and nearly 600 licensed EMS agencies, to provide ground and air emergency medical care to all people in the Commonwealth of Virginia.

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Appendix A - Glossary of Commonly Used Acronyms

AHA	American Heart Association
AMS	Air Medical Services
COOP	Continuity Of Operations Plan
DGS	Virginia Department of General Services
DBDHS	Department of Behavioral Health and Developmental Services
DW	VDH Data Warehouse
DMV	Department of Motor Vehicles
EMSC	EMS For Children
FARC	Financial Assistance Review Committee (Subcommittee of state EMS Advisory Board)
FCC	Federal Communications Commission
FICEMS	Federal Interagency Committee on EMS
HMERT	Health and Medical Emergency Response Team
LZ	Landing Zone
MCI	Mass Casualty Incident
MDC	Medical Direction Committee (Subcommittee of state EMS Advisory Board)
NASEMSO	National Association of State EMS Officials
NEMSIS	National EMS Information System
NFFF	National Fallen Firefighters Foundation
OEMS	Virginia Office of EMS
OMD	Operational Medical Director
OHE	Virginia Office of Health Equity
PDC	Professional Development Committee (Subcommittee of state EMS Advisory Board)
PSAP	Public Service Answering Point
PSHS	Secretary of Public Safety and Homeland Security
RC	Virginia's Regional EMS Councils
RSAF	Rescue Squad Assistance Fund
SIC	System Improvement Committee (Trauma System Committee)
TCC	Training and Certification Committee
TSC's	Trauma System Committees
VAGEMSA	Virginia Association of Governmental EMS Administrators
VAVRS	Virginia Association of Volunteer Rescue Squads
VDEM	Virginia Department of Emergency Management
VDFP	Virginia Department of Fire Programs
VDH	Virginia Department of Health

VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

Appendix A - Glossary of Commonly Used Acronyms (Cont.)

VDOT	Virginia Department of Transportation
VFCA	Virginia Fire Chiefs Association
VHAC	Virginia Heart Attack Coalition
VHHA	Virginia Hospital and Healthcare Association
VPFF	Virginia Professional Firefighters
VPHIB	Virginia Pre Hospital Information Bridge
VSP	Virginia State Police
VSTR	Virginia State Trauma Registry
WDC	Workforce Development Committee (Subcommittee of state EMS Advisory Board)

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Appendix B – Planning Strategy Matrix

Strategic Initiative 1.1- Promote Collaborative Approaches			
<i>Objectives</i>	<i>Accountability</i>	<i>Action Steps</i>	
Core Strategy 1: Develop Partnerships	1.1.1 Use technology to provide accurate and timely communication within the Virginia EMS System	OEMS, RC	1.1.1.1 Develop and promote timely and appropriate communications and pertinent information through social media, websites and other platforms of communications by OEMS and Regional EMS Councils. 1.1.1.2 Track and report on amount, and general content of material posted to OEMS websites and social media on a monthly and quarterly basis. 1.1.1.3 Track and report on amount, and general content of material posted to Regional EMS Council websites and social media on a monthly and quarterly basis.
	1.1.2 Promote collaborative activities between local government, EMS agencies, hospitals & health systems, healthcare coalitions, and other related entities, to increase recruitment and retention of certified EMS providers.	OEMS, RC, System stakeholders	1.1.2.1. Develop a method to measure the number of new EMS providers recruited via recruitment and retention programs and activities. 1.1.2.2. Revise “Keeping The Best!” programs for online access. 1.1.2.3. Maintain informational items regarding benefits and incentives for local governments to provide to volunteer fire and EMS providers. 1.1.2.4. Educate and familiarize local government officials on the importance of taking a greater role in EMS planning and coordination in their locality and/or region. 1.1.2.5. Promote participation with other state, national and regional organizations and associations. 1.1.2.6 Develop a method to measure the EMS workforce demographics and statistics i.e. length of service, affiliation history and agency status.
	1.1.3 Provide a platform for clear, accurate, and concise information sharing and improved interagency communications between the OEMS, state agencies and EMS system stakeholders in Virginia.	OEMS, VDEM, Secretary of Public Safety and Homeland Security (PSHS), VSP, VDFP, RC, System Stakeholders.	1.1.3.1. Encourage, develop and promote information sharing opportunities for improved communication between EMS system stakeholders in Virginia. 1.1.3.2. Encourage agencies and providers to visit OEMS web page regularly, subscribe to OEMS e-mail list, access OEMS social media sites, and complete customer service surveys. 1.1.3.3. Educate providers and agency officials in the proper use of OEMS Provider and Agency Portals.

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Strategic Initiative 1.1- Promote Collaborative Approaches (Cont.)			
	Objectives	Accountability	Action Steps
Core Strategy 1: Develop Partnerships	1.1.4 Identify resources and/or opportunities to work collaboratively with other state agencies, organizations, and associations to improve processes and patient outcomes.	OEMS	1.1.4.1. Attend meetings of, and exchange knowledge with the National Association of State EMS Officials (NASEMSO) and other organizations generally recognized by the EMS community. 1.1.4.2. Encourage appropriate state agencies and organizations to participate in meetings and activities hosted or sponsored by OEMS.
	1.1.5 Promote data sharing which benefit internal and external projects for improved patient outcomes.	OEMS, VHHA	1.1.5.1. Further data sharing, including the most recent version of National EMS Information System (NEMSIS), among the highway safety community, and internal and external stakeholders. 1.1.5.2 Utilize the national EMS database to monitor national data trends. 1.1.5.3 Provide a means for VDH bio-surveillance programs to utilize Virginia Pre-Hospital Information Bridge (VPHIB) data. 1.1.5.4. Explore and promote patient data sharing with approved entities as permitted under applicable law.
	1.1.6 Promote collaboration between OEMS and VDOT and DMV safety officials through activities to promote traffic incident management and safety.	OEMS, VDOT, DMV, VSP	1.1.6.1 Develop and promote collaborative relationships with national highway safety-related organizations and federal partners. 1.1.6.2 Promote the linkage of EMS data with crash data reports. 1.1.6.3 Promote National Traffic Incident Management (TIM) responder training in Virginia.

VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

Strategic Initiative 1.2 –Coordinate response to natural, man-made, and public health emergencies.			
	Objectives	Accountability	Action Steps
Core Strategy 1: Develop Partnerships	1.2.1 Support, coordinate and maintain deployable emergency response resources.	OEMS, VDEM	1.2.1.1. Create recruiting and selection process for resource management team. 1.2.1.2. Work with partner agencies to develop mission ready packages and the process for implementation and use.
	1.2.2 Increase knowledge of Emergency Operations capabilities with Emergency Managers, leaders, and supervisors on a local, regional, and state level.	OEMS	1.2.2.1. Promote emergency operations training courses, technical assistance, and other emergency operations capabilities to localities across the Commonwealth.
	1.2.3 Assist EMS agencies to prepare and respond to natural and man-made emergencies (including pandemic diseases) by incorporating strategies to develop emergency response plans (the plan) that address the four phases of an emergency (preparedness, mitigation, response, and recovery) and to exercise the plan.	OEMS, VDEM	1.2.3.1. Create and promote planning templates aimed at EMS agencies, specifically related to COOP, Emergency Preparedness, and response concerns (MCI, Surge Planning, etc.)
	1.2.4 Assist hospitals & health systems, hospital regions, and local governments to increase their ability to care for medically vulnerable populations, (pediatric, geriatric, etc.) during disasters and multiple-patient emergency events.	OEMS, EMSC, EMS Emergency Management Committee, TSC	1.2.4.1 Create and promote planning resources for hospitals and local governments specifically related to pediatric disaster preparedness and management of multiple-patient pediatric emergency events. 1.2.4.2. Create and promote planning resources for hospitals and local governments specifically related to disaster preparedness and management of other medically vulnerable populations.
	1.2.5 Identify and support resources and/or opportunities to improve patient outcomes in relation to the opioid crisis.	OEMS, VDH	1.2.5.1. Continue to support funding opportunities for licensed EMS agencies to obtain naloxone to reverse the effects of opioid related drug overdoses. 1.2.5.2. Utilize VPHIB data to track opioid related statistics and the effect of prehospital care by EMS, fire department, law enforcement and citizens. 1.2.5.3. Promote and collaborate with other entities to educate and prevent the opioid crisis in Virginia.

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Strategic Initiative 2.1 - Sponsor EMS related research and education.			
	Objectives	Accountability	Action Steps
Core Strategy 2: Create Tools and Resources	2.1.1 Encourage research and other projects that contribute to high quality EMS and improve patient outcomes utilizing data collected by the EMS Registries.	OEMS	2.1.1.1. Provide state and regional EMS data summaries, and compare with other similar state EMS data. 2.1.1.2. Develop VSTR and VPHIB research data set to be available for entities upon request and that have obtained institutional review board approval. 2.1.1.3. Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process 2.1.1.4. Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems 2.1.1.5. Improve linkages between NEMSIS data, VDH data warehouse and other databases, registries, or other sources to measure system effectiveness and improve clinical outcomes 2.1.1.6 Utilizing VPHIB and VSTR data, OEMS epidemiology staff will collaborate with stakeholders to conduct and publish research to improve prehospital and trauma care. 2.1.1.7. Review regional data and pilot projects to enhance patient care. 2.1.1.8 Promote the availability of undergraduate, graduate, and fellowship opportunities in EMS data analytics to promote an interest and culture in EMS based research opportunities.
	2.1.2 Determine quality of EMS service and conduct analysis of trauma triage effectiveness.	OEMS, Designated Trauma Centers, Advisory Board, RC	2.1.2.1. Develop and provide quarterly reports that identify the rate of over and under triage events. OEMS staff will submit this information for inclusion in the EMS Quarterly Report to the EMS Advisory Board according to applicable laws. 2.1.2.2. Provide agency-wide access to EMS data to be used in other public health efforts.
	2.1.3 Evaluate challenges that impact the workforce on service provision around the State.	OEMS, Workforce Development Committee, VAGEMSA, VAVRS	2.1.3.1. Assess demographic and profile characteristics of EMS Providers in Virginia through EMS Provider Portal. 2.1.3.2. Utilize EMS databases to evaluate information related to challenges that impact the workforce in the provision of EMS service. 2.1.3.3 Utilize demographic data to promote diversity in the EMS workforce.

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Strategic Initiative 2.1 - Sponsor EMS related research and education. (Cont.)

Core Strategy 2	Objectives	Accountability	Action Steps
	2.1.3 Evaluate challenges that impact the workforce on service provision around the State.	OEMS, WDC, VAGEMSA, VAVRS	2.1.3.1. Assess demographic and profile characteristics of EMS Providers in Virginia through EMS Provider Portal. 2.1.3.2. Utilize EMS databases to evaluate information related to challenges that impact the workforce in the provision of EMS service. 2.1.3.3 Utilize demographic data to promote diversity in the EMS workforce.

Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel.

Core Strategy 2: Create Tools and Resources	Objectives	Accountability	Action Steps
	2.2.1 Ensure adequate, accessible, affordable, and quality EMS provider training and continuing education exists in Virginia.	OEMS, TCC, Regional EMS Councils	2.2.1.1. Widely publicize the availability of and ensure adequate, accessible, and quality EMS provider training and continuing education through course offerings held across the state. 2.2.1.2. Review student disposition on a bi-annual basis, identifying areas of concern for Training and Certification Committee (TCC) input and possible corrective action. 2.2.1.3 Provide continued support for an annual multi-disciplinary EMS Symposium (i.e. Virginia EMS Symposium) as a primary statewide EMS system continuing education event. 2.2.1.4. Seek out an educator to deliver dynamic continuing education (CE) programs based on assessed needs on statewide basis to include a monthly continuing education webcast with a live Q & A session.

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Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel. (cont.)			
	Objectives	Accountability	Action Steps
Core Strategy 2: Create Tools and Resources	2.2.2 Enhance competency based EMS training programs.	OEMS, TCC, MDC	2.2.2.1. Compare and contrast traditional versus competency based programs. 2.2.2.2 Identify and document aspects from competency based programs that may enhance training programs as compared to the traditional approach. 2.2.2.3 Provide guidance through research to identify key components of competency based education.
	2.2.3 Align all initial EMS education programs to that of other allied health professions to promote professionalism of EMS.	OEMS, TCC, MDC, Board of Health Professions	2.2.3.1. Promote Advanced Level EMS Training including Advanced EMT (AEMT), Paramedic, Critical Care, Flight, Mobile Integrated Healthcare/Community Paramedicine, and Tactical Paramedicine. 2.2.3.2. Review the benefits of and barriers to the various models of EMS education within Virginia. 2.2.3.3. Evaluate the need for standardized EMT education related to aeromedical services including utilization, safety and landing zones. 2.2.3.4. Evaluate and/or develop resources to aid training programs in offering scenarios and tracking mechanisms to ensure skills and competencies are met to satisfy accreditation requirements. 2.2.3.5. Support OEMS staff in implementing technological resources to streamline the EMS education program processes.
	2.2.4 Assure an adequate amount and quality of pediatric training and educational resources for EMS providers and emergency department staff in Virginia.	OEMS, EMSC Committee, Virginia Hospital and Healthcare Association (VHHA)	2.2.4.1. Acquire and distribute pediatric training equipment for EMS agencies. 2.2.4.2. Sponsor pediatric training related instructor courses. 2.2.4.3. Provide support for speakers and topics at the annual VA EMS Symposium. 2.2.4.4 Participate in the National Pediatric Readiness Project. 2.2.4.5 Provide resources, training and support for EMS agency Pediatric Champions.
	2.2.5 Assure an adequate amount and quality of geriatric training and educational resources for EMS providers and emergency department staff in Virginia.	OEMS, TCC, MDC	2.2.5.1. Sponsor geriatric training related instructor courses. 2.2.5.2. Provide support for speakers and topics at the annual VA EMS Symposium.

VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel. (cont.)

Objectives	Accountability	Action Steps
<p>2.2.6. Assure an adequate amount and quality of crisis/behavioral health training and educational resources for EMS providers.</p>	<p>OEMS, TCC, MDC, RC, Provider Health and Safety, Virginia Department of Behavioral Health and Developmental Services (VBHDS)</p>	<p>2.2.6.1 Coordinate and sponsor crisis/behavioral health courses for instructors and students throughout the Commonwealth. 2.2.6.2 Provide support for speakers and topics at the annual VA EMS Symposium. 2.2.6.3 Continue to promote and support health and safety programs for provider mental health through programs such as; the peer support CISM team accreditation program, suicide prevention, and other similar mental health initiatives.</p>
<p>2.2.7 Assure an adequate amount and quality of trauma training and education for EMS providers and emergency department staff in Virginia.</p>	<p>OEMS, TSC's, MDC, RC</p>	<p>2.2.7.1 Use the VPHIB and VSTR databases to identify opportunities for improvement, and design education to target those areas. 2.2.7.2 Provide support for speakers and topics at the annual VA EMS Symposium.</p>
<p>2.2.8. Assure an adequate amount and quality of medically vulnerable populations health training and educational resources for EMS providers.</p>	<p>OEMS, MDC, RC,</p>	<p>2.2.8.1. Sponsor medically vulnerable populations training related instructor courses. 2.2.8.2. Provide support for speakers and topics at the annual VA EMS Symposium.</p>

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VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards			
	Objectives	Accountability	Action Steps
Core Strategy 3: Develop Infrastructure	3.1.1 Review and assess state and federal legislation related to the EMS system.	OEMS, Rules and Regulations Committee, Legislation and Planning Committee	3.1.1.1. Review legislation to determine its impact on the state EMS system. 3.1.1.2. Gather legislative news and interest items from NASEMSO, and National Association of EMS Physicians (NAEMSP), Federal Interagency Committee on EMS (FICEMS), and related organizations.
	3.1.2 Establish statewide Air/Ground Safety Standards.	OEMS, State Medevac Committee	3.1.2.1. Identify and adopt universal safety standards. 3.1.2.2. Maintain weather turn down system. 3.1.2.3. The development of training criteria for EMS field personnel and telecommunications personnel regarding the use of Medevac services. 3.1.2.4. Standardize air/ground safety standards. 3.1.2.5. Review current policies/procedures related to quality improvement and safety standards. 3.1.2.6. Standardize Landing Zone procedures. 3.1.2.7. Maintain process for consistent use of air to air communication.
	3.1.3 Develop criteria for a voluntary Virginia Standards of Excellence recognition program for EMS Agencies.	OEMS, WDC	3.1.3.1. Promote and incentivize voluntary accreditation standards. 3.1.3.2. Implement and market program to interested agencies. 3.1.3.3. Evaluate efficacy of program based on feedback of EMS agency officials and site reviewers.
	3.1.4 Maintain and enhance the Trauma Center designation process.	OEMS, TSC's, EMSC	3.1.4.1. Maintain the trauma designation criteria to include American College of Surgeons (ACS) Trauma Center standards. 3.1.4.2. Develop a Trauma Center Consultation program that hospitals (designated and non-designated) can use as a resource to assist with programmatic implementation and operational issues.

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Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards (Cont.)			
Objectives		Accountability	Action Steps
Core Strategy 3: Develop Infrastructure	3.1.5 Maintain and enhance the Regional EMS Council designation process.	OEMS, RC	3.1.5.1. Evaluate the structure of the designation process. 3.1.5.2. Incorporate input of applicants and evaluators into next round of designations. 3.1.5.3. Conduct re-designation process for councils every 3 years.
	3.1.6 Establish standardized methods and procedures for the inspection and licensing and/or permitting of all EMS agencies and vehicles, including equipment and supply requirements.	OEMS, Transportation Committee	3.1.6.1. Development of standard inspection checklist, to include all aspects of agency and EMS vehicle inspection.
	3.1.7 Through a consensus process, develop a recommendation for evidence-based patient care guidelines and formulary.	OEMS, State EMS Medical Director, MDC, Board of Pharmacy.	3.1.7.1. Develop and maintain a resource document to assist regional medical directors, agency medical directors, and agency personnel as patient care guidelines and protocols are produced.

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VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

Strategic Initiative 3.2 - Focus recruitment and retention efforts			
	Objectives	Accountability	Action Steps
Core Strategy 3: Develop Infrastructure	3.2.1 Develop, implement, and promote a comprehensive recruitment and retention campaign for EMS personnel and physicians, supporting the needs of the EMS system.	OEMS, State EMS Medical Director, MDC, WDC, FARC, RC	3.2.1.1. Continue to support “VA EMS Jobs” website. 3.2.1.2. Maintain a voluntary Standards of Excellence program for EMS agencies. 3.2.1.3. Develop, promote and maintain an EMS agency resiliency program for EMS agencies can utilize tools such as self-evaluations to identify potential agency vulnerabilities and offer tools to support agency resiliency. 3.2.1.4. Maintain Leadership & Management track at the VA EMS Symposium, and recommend topics and presenters. 3.2.1.5. Continue to promote and support special Rescue Squad Assistance Fund (RSAF) applications related to recruitment and retention of EMS providers. 3.2.1.6. Review and promote the Operational Medical Director (OMD) workshop curriculum. 3.2.1.7. Support the transition of military EMS providers to civilian practice.
	3.2.2 Support and expand the Virginia Recruitment and Retention Network.	OEMS, WDC	3.2.2.1. Continue to support the distribution of information and education related to recruitment and retention. 3.2.2.2. Seek new avenues for EMS recruitment outreach. 3.2.2.3. Recommend strategies for expansion of existing programs.
	3.2.3 Develop, implement, and promote EMS leadership programs, utilizing best practices.	OEMS, WDC	3.2.3.1. Develop and promote leadership programs to assist EMS agencies to provide high quality leadership to include all levels of the EMS Officer training program. 3.2.3.2. Develop and/or review leadership criteria and qualifications for managing an EMS agency. 3.2.3.3. Develop model job descriptions for EMS Officers.

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Strategic Initiative 3.3 – Upgrade technology and communication systems			
Objectives	Accountability	Action Steps	
Core Strategy 3	3.3.1 Assist with, and promote, the compliance of all emergency medical communications systems with state and federal regulations for interoperability.	OEMS, Communications Committee	3.3.1.1. Continue to ensure that all emergency medical communications systems meet state and federal regulations.
	3.3.2 Promote emergency medical dispatch standards and accreditation among 911 Public Safety Answering Points (PSAPs) in Virginia.	OEMS, Communications Committee	3.3.2.1. Support concept of accredited PSAPs, operating with emergency medical dispatch (EMD) standards, and assist agencies in achieving accreditation, and/or adopting EMD as standard operating procedure.
	3.3.3 Provide technical assistance on communication products available for use in the emergency medical community.	OEMS, Communications Committee	3.3.3.1. Support new products and technologies, state and federal interoperability initiatives, including First Net, and serve as information conduit to entities. 3.3.3.2. Review the feasibility of additional statewide mutual aid radio frequencies for ground to air communications.
	3.3.4 Develop and maintain policies and programs for the Office of EMS to become fully paperless.	OEMS, OIM	3.3.4.1 Develop a program to make the EMS candidate psychomotor examination process a paperless process. This would include a searchable database for the availability of Consolidated Test Site locations throughout multiple regions, candidate pre-registration eligibility confirmation, examination testing history all accessible and completed through electronic submission. 3.3.4.2 Develop a program that allows State Certification Examiners the ability to electronically record the psychomotor certification examination process. This would also include the on-site candidate check-in, identification verification of testing candidate, candidate testing documentation, testing results and maintenance of candidate records.

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Strategic Initiative 3.4 – EMS Funding			
	Objectives	Accountability	Action Steps
Core Strategy 3: Develop Infrastructure	3.4.1 Establish roles, expectations, qualifications, and training for FARC committee members.	OEMS, FARC	3.4.1.1. Review and compare FARC training policies and procedures to current scope of work to determine relevance. 3.4.1.2. Develop FARC member job descriptions, to include qualifications, experience, and position expectations. 3.4.1.3. Utilize online LMS (Learning Management System) to create course modules, training plans, and onboarding materials for FARC. 3.4.1.4. Implement annual conflict of interest disclosures for FARC members.
	3.4.2 Enhance RSAF application to capture high-level, decision-oriented data and compelling narrative information.	OEMS, FARC	3.4.2.1. Survey FARC, OEMS Graders, and Regional EMS Councils to determine data and information that drives decision-making. 3.4.2.2. Present recommendations from survey to OEMS IT Committee to make necessary changes to RSAF application. 3.4.2.3. Update E-GIFT User Guides, technical assistance training, and application guidance documents to include changes.
	3.4.3 Explore cost-saving measures to expand RSAF impact and provide greater assistance to critical programs, equipment, and vehicles.	OEMS, FARC, Transportation Committee, VDH Office of Purchasing and General Services	3.4.3.1. Continue to produce annual OEMS Consolidated Grants Product Price List. 3.4.3.2. Engage discussion with EMS equipment and vehicle manufacturers and subject-matter experts to further knowledge base for RSAF application review and OEMS Consolidated Grants Products Price List. 3.4.3.3. Continue to seek additional grant sources to improve the statewide EMS System. 3.4.3.4. Develop and maintain list of eligible equipment and vehicles that agencies are eligible to purchase using state grant funds.
	3.4.4 Streamline RSAF administration to ensure effective, efficient, equitable and transparent administration of state funding.	OEMS, Office of Internal Audit	3.4.4.1. Explore options to enhance efficiency by adjusting grant period, funding levels, and reporting requirements. 3.4.4.2. Solicit contracted audit firms to assist with grant monitoring and reporting. 3.4.4.3. Update RSAF policies and procedures documents.
	3.4.5 Provide outreach, technical assistance, and training opportunities for prospective applicants, grantees, and stakeholders.	OEMS	3.4.5.1. Continue to promote RSAF program through Regional EMS Councils. 3.4.5.2. Continue to provide technical assistance webinars for each RSAF application cycle. 3.4.5.3 Identify grant opportunities that EMS agencies may be eligible for, and distribute information to EMS system.

VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

Strategic Initiative 3.4 – EMS Funding (cont.)			
	Objectives	Accountability	Action Steps
Core Strategy 3	3.4.6 Provide funding opportunities to support special initiatives identified by OEMS and the EMS Advisory Board.	OEMS, FARC, Transportation Committee, TCC, EMSC, MDC, TSCs	3.4.6.1. Collaboratively develop special initiative grant opportunities with EMS Advisory Board subcommittees. 3.4.6.2. Determine needs and make adjustments to special initiative application form.
	3.4.7 Standardize EMS grant review and grading process by graders at regional and state level.	OEMS, FARC	3.4.7.1. Develop RSAF decision making matrix. 3.4.7.2. Revise RSAF grant review sheet developed by FARC and OEMS staff, and continue to evaluate for efficacy. 3.4.7.3. Solicit feedback from Regional EMS Councils and stakeholders regarding the review process. 3.4.7.4. Provide education and outreach to explain reviewer roles and grading process. 3.4.7.5 Incorporate VPHIB data (submission compliance, quality scoring, call volume and type etc.) into the evaluation process. 3.4.7.6. Review the utilization of the Return to Localities (RTL) data such as carryover balances in the evaluation process.

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Strategic Initiative 3.5 – Enhance regional and local EMS efficiencies			
	Objectives	Accountability	Action Steps
Core Strategy 3	3.5.1 Standardize performance and outcome based service contracts with designated Regional EMS Councils and other qualified entities.	OEMS, RC	3.5.1.1. Maintain annual service contracts with Regional EMS Councils. 3.5.1.2. Provide standard contracts, plan templates, and other reference documents to Regional EMS Councils in each fiscal year. 3.5.1.3. Provide input on contract deliverables to Regional EMS Councils on a quarterly basis. 3.5.1.4. Review and update contract and or memorandums of understanding (MOUs) deliverables to maintain relevance and functional importance to EMS system stakeholders within the regional EMS service areas.
	3.5.2 Improve regulation and oversight of air medical services (AMS) statewide.	OEMS, State Medevac Committee, Rules & Regulations Committee, MDC	3.5.2.1. Revise/implement state AMS regulations. 3.5.2.2. More clearly define licensure requirements for AMS agencies. 3.5.2.3. Establish response areas for AMS agencies. 3.5.2.4. Develop criteria for ongoing AMS PI program.
	3.5.3 Educate local government officials and communities about the value of a high quality EMS system to promote development in economically depressed communities and the importance of assuming a greater responsibility in the planning, development, implementation, and evaluation of its emergency medical services system.	OEMS, WDC, Virginia Office of Minority Health and Health Equity (OMHHE)	3.5.3.1. Give presentations at Virginia Association of Counties (VACO) and Virginia Municipal League (VML) meetings, to educate local government officials about EMS. 3.5.3.2. Contribute EMS related articles and news items to periodic publications of VACO and VML.

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Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards.			
	Objectives	Accountability	Action Steps
Core Strategy 4: Assure Quality and Evaluation	4.1.1 Maintain statewide data-driven performance improvement process.	OEMS, MDC	4.1.1.1. Utilize VDH resources to conduct risk adjusted data analysis of patients in cooperation with our stakeholders. 4.1.1.2. Develop an EMS performance improvement program. 4.1.1.3. Evaluate the need for performance improvement programs for specific care populations (e.g. stroke, sepsis, STEMI).
	4.1.2 Maintain statewide pre-hospital and inter-hospital triage/patient management plans.	OEMS, TAG, State EMS Medical Director, MDC, RC, EMSC	4.1.2.1. Maintain statewide stroke triage, and trauma triage plans to include regional plan development and maintenance by regional EMS councils. 4.1.2.2. Supply state level data to assist with monitoring individual regional performance compared to state and national benchmarks. 4.1.2.3. Actively participate with organizations, such as American Heart Association (AHA) that addresses pre-hospital and inter-hospital triage/patient management. 4.1.2.4 Encourage hospitals & health systems to develop written interfacility emergency transfer guidelines and agreements that specifically include pediatric patients.
	4.1.3 Review and evaluate data collection and submission efforts.	OEMS, MDC	4.1.3.1. Develop standard reports within VPHIB that will allow individual EMS agencies to view the quality of data being submitted. 4.1.3.2. Provide quality “dashboards” where education can improve data quality and update validity rules within the application when education alone cannot correct poor data. 4.1.3.3. Provide quarterly compliance reports to the OEMS, Division of Regulation and Compliance and Executive Management. 4.1.3.4. Promote initiatives for the ability to review near real-time insights for patient care utilizing data from the Virginia and NEMSIS data points while ensuring the security of protected health information (PHI).
	4.1.4 Review functional adequacy and design features of EMS vehicles utilized in Virginia and recommend changes to improve EMS provider safety, unit efficiency and quality of patient care.	OEMS, Rules & Regulations Committee, Transportation Committee, Health & Safety Committee	4.1.4.1. Evaluation of national/international documents and information related to vehicle and provider safety, with potential incorporation into EMS regulation and inspection procedure.

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Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards. (cont.)		
<i>Objectives</i>	<i>Accountability</i>	<i>Action Steps</i>
4.1.5 Measure EMS system compliance utilizing national EMS for Children (EMSC) performance measures.	OEMS, EMSC	4.1.5.1. Continue to assess the pediatric emergency care readiness of Virginia’s Emergency Departments. 4.1.5.2 Continue to assess components of pediatric emergency care readiness of Virginia EMS agencies. 4.1.5.3 Encourage EMS agencies (or in some cases groups of EMS agencies) to appoint a Pediatric Champion.

Strategic Initiative 4.2 – Assess and enhance quality of education for EMS providers.		
<i>Objectives</i>	<i>Accountability</i>	<i>Action Steps</i>
Core Strategy 4: Assure Quality and Evaluation	4.2.1 Update the certification process to assure certification examinations continue to be valid, psychometrically sound, and legally defensible.	OEMS, TCC 4.2.1.1. Review and revision of psychomotor examination by TCC as needed. 4.2.1.2. Review statistical data and make recommendations for the EC recertification exam.
	4.2.2 Assure adequate and appropriate education of EMS students.	OEMS, TCC 4.2.2.1. Review state statistics for certification rates and assist in determining avenues to improve outcomes and implement new processes. 4.2.2.2. Improve instructor compliance with student registration process. 4.2.2.3. Review funding mechanisms provided by the Commonwealth of Virginia to ensure efficiency in providing funding assistance to individuals seeking EMS certification.
	4.2.3 Explore substitution of practical examination with successful completion of a recognized competency based training program conducted by accredited training sites and using computer based technology for written examinations.	OEMS, TCC 4.2.3.1. Review the program summative practical examination process in EMT education. 4.2.3.2. Modify the process according to the outcomes of the review.

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Strategic Initiative 4.3 – Pursue initiatives that support EMS			
	Objectives	Accountability	Action Steps
Core Strategy 4: Assure Quality and Evaluation	4.3.1 Engage the EMS system in unintentional injury, illness, and violence prevention efforts.	OEMS, Provider Health & Safety Committee, VDH – Div. of Injury and Violence Prevention	4.3.1.1. Participate in intentional and unintentional injury and illness prevention initiatives, and facilitate involvement for EMS agencies and providers. 4.3.1.2. Review VPHIB statistics regarding Line of Duty Death (LODD) and Line of Duty Injury (LODI), and develop prevention materials.
	4.3.2 Develop, implement, and promote programs that emphasize safety, health and wellness of first responders.	OEMS, TCC, MDC, Virginia Department of Behavioral Health and Developmental Services (DBHDS), VDFP, VFCA, VAVRS, VAGEMSA, VPFF, NFFF, RC	4.3.2.1. Maintain OEMS staff support of quarterly meetings of the Health and Safety Committee of the state EMS Advisory Board. 4.3.2.2. Identify, develop, and distribute safety, health and wellness programs aimed at first responders, such as Traffic Incident Management, and suicide prevention, and EMS fatigue. 4.3.2.3. Ensure Health, Safety, and wellness training is available at stakeholder conferences, and recommend topics and presenters. 4.3.2.4. Maintain Governor’s EMS Award category for contribution to the EMS system related to the health and safety of EMS providers.
	4.3.3. Research and disseminate information on best practices as it relates to EMS response to active shooter and hostile environment incidents.	OEMS, Health & Safety Committee, State EMS Medical Director, VSP, VDFP, RC, EMSC	4.3.3.1 Develop and maintain website providing information on best practices related to response procedures, policies, team equipment, and other issues related to EMS involvement in active shooter/hostile environment response. 4.3.3.2. Work with partner agencies to encourage public safety relationships at the local level to enhance response to active shooter/hostile environment incidents. 4.3.3.3. Host online component of “Stop the Bleed Toolkit” developed for school nurses in Virginia.
	4.3.4. Research and disseminate information on best practices as it relates to community risk reduction programs targeted toward improving population health.	All EMS Stakeholder groups	4.3.4.1 Develop partnerships with public and private entities to expand opportunities to improve population health. 4.3.4.2 Develop and promote programs, such as mobile integrated healthcare, targeted toward improving population health.
	4.3.5 Engage in evidence-based practices to improve EMS care in the Commonwealth of Virginia.	TCC, OEMS, EMSC, MDC, RC	4.3.5.1. Review research and disseminate information to educators and agencies based on valid, credible studies. 4.3.5.2. Review the rules and regulations of OEMS to ensure current alignment with educational theory and practices.

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Appendix C – Sample Planning Matrix

Strategic Initiative			
<i>Objectives</i>		<i>Accountability</i>	<i>Action Steps</i>
Core Strategy			

Appendix D – Glossary of Terms

Glossary of Terms

Action Step: A specific action required to carry out an objective.

Core Strategy: A main thrust or action that will move the organization towards accomplishing your vision and mission.

Operational Plan: This is the plan that implements the strategic intent of the organization on an annual basis.

Objective: A specific, realistic and measurable statement under a strategic initiative.

Strategic Initiative: An action that will address areas needing improvement or set forth new initiatives under the core strategy. This is the planning part of strategy that when combined with the vision, the mission and core strategies complete the strategic effort.

SWOT Analysis: An assessment of the internal strengths and weaknesses of the organization and the organization’s external opportunities and threats.

Template: A guide and/or format that assists the user in accomplishing a task efficiently in a uniform and consistent manner.

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Appendix E - Resources

Resources

In developing this plan several resources were used in addition to meetings and interviews with OEMS staff and many system stakeholders.

- Code of Virginia: § 32.1-111.3. Statewide emergency medical care system. Requires a comprehensive, coordinated EMS system in the Commonwealth and identifies specific objectives that must be addressed.
- EMS Agenda 2050: EMS Agenda 2050 document is the result of a collaborative and inclusive two-year effort to create a bold plan for the next several decades. The new Agenda for the Future envisions people-centered innovative possibilities to advance EMS systems.
- EMS Agenda for the Future: A document created by the National Highway Traffic and Safety Administration (NHTSA) that outlines a vision and objectives for the future of EMS. August 1996
- OEMS 3-Year Plan: 2017-2019
- Service Area Strategic Plan State Office of Emergency Medical Services (601 402 04) which describes the statutory authority and expectations for OEMS and identifies the growing EMS needs of the citizens and visitors of Virginia.
- Service Area Strategic Plan Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (601 402 03) This service area includes Virginia Rescue Squads Assistance Fund grants program, Financial Assistance to Localities to support Non Profit Emergency Medical Service (EMS) agencies, and funding provided to support Virginia Association of Volunteer Rescue Squads (VAVRS).
- State Emergency Medical Services Systems: A Model: National Association of State EMS Officials – July 2008
- EMS at the Crossroads: Institute of Medicine – 2006
- Agency Planning Handbook: A Guide for Strategic Planning and Service Area Planning Linking to Performance-Based Budgeting: Department of Planning and Budget 2018-2020 Biennium, Release Date August 9, 2018
- Joint Legislative Action Review Commission (JLARC) Report – House Document 37, Review of Emergency Medical Services in Virginia. 2004.

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Resources (Cont.)

- EMS Advisory Board Committee Planning Templates – Revised 2016
- Regional EMS Council Process Action Team (PAT) Retreat Report - November 2008.
- Five-Year Strategic Plan – Federal Interagency Committee on EMS – November 2014

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