

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



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

**May 7, 2021**

# **Executive Management, Administration & Finance**

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

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**MISSION STATEMENT:**

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

**I. Executive Management, Administration & Finance**

**A. Adam Harrell, OEMS Associate Director Nominated for  
2021 StateScoop 50 Award**

The Virginia Office of EMS' (OEMS) Associate Director Adam Harrell was recently nominated for the prestigious **2021 StateScoop 50 Award** in the category of **State Up & Comer**. Finalists were featured on the StateScoop voting site for community members to vote through **Friday, April 16**. The votes will determine the final top 50 that will be announced later this spring. This is a nationally recognized award, and just to be nominated is an immense achievement for Adam and a reflection of the great work he does for OEMS and the Commonwealth of Virginia.

The StateScoop 50 Awards annually honor the best and the brightest who make state government more efficient and effective. These awards celebrate the outstanding achievements of our peers and acknowledge their tireless efforts to make a positive impact in the government IT community and in public service.

The StateScoop 50 Awards will honor individuals and programs in the following categories:

GoldenGov: State Executive of the Year

State Leadership of the Year

State IT Innovation of the Year

State Up & Comer  
State Cybersecurity Leader of the Year  
Industry Leadership

## **B. Tim Perkins, Director of Community Health and Technical Resources selected for NASEMSO Leadership Position**

The Virginia Office of EMS' (OEMS) Division Director for Community Health and Technical Resources Tim Perkins was recently selected as Program Advisor of the National Association of State EMS Officials (NASEMSO) Community Paramedicine-Mobile Integrated Healthcare (CP-MIH) Committee. This committee serves as a discussion and information platform for state EMS officials with an interest in the evolving CP-MIH field. The committee and staff work on projects including state statutory and regulatory developments related to CP-MIH. This committee also offers a forum for related events occurring in states as they are happening. The Community Paramedicine Insights Forum (CPIF) is a project sponsored by the NASEMSO, the National Organization of State Offices of Rural Health, and the Center for Leadership, Innovation and Research in EMS (CLIR). It is intended to serve as a regular meeting place, educational opportunity and discussion group for those folks trying to establish community paramedicine services or systems on a local, regional or statewide basis. This is a great opportunity for Tim to take on this role at the national level so he can represent Virginia's EMS System and share his wealth of knowledge and experience with other leaders in the Community Paramedicine and Mobile Integrated Healthcare field. Learn more about the NASEMSO CP-MIH Committee at: <https://nasemso.org/committees/community-paramedicine-mobile-integrated-health/>.

## **C. 2020 GOVERNOR'S EMS AWARD WINNERS ANNOUNCED**

On Saturday, March 20, EMS providers and organizations were recognized for Outstanding Contributions to Virginia's EMS System as the 2020 Governor's Emergency Medical Services (EMS) Award winners were announced during a virtual presentation of the Governor's EMS Awards. These awards, given in Governor Ralph Northam's name, recognize outstanding EMS providers and organizations from across the Commonwealth for their demonstrated level of excellence and dedication to the EMS system.

"This past year has been particularly challenging, and presented unknown circumstances that have required the adaptation, strength and resilience of Virginia's EMS providers," said Gary Brown, director, Virginia Office of EMS. "This year's award nominees represent the courage and dedication that has been required to respond to the pandemic. I am honored to commend their heroic commitment to saving lives and thank them for their outstanding contributions to Virginia's EMS System."

"Congratulations to all the award winners and my sincere thanks to all the EMS providers in the Commonwealth," said State Health Commissioner M. Norman Oliver, M.D., M.A. "Your efforts, whether on a routine call for chest pain or in response to a multi-vehicle crash requiring heroic lifesaving measures, are appreciated by families everywhere. During this pandemic, many of you

have stepped in to help administer vaccines, further evidence of your dedication to your communities. You are truly Virginia’s heroes.”

**The 2020 Governor’s EMS Award winners are:**

- The Governor’s EMS Award for Excellence in EMS  
**Allen Yee, M.D., Chesterfield County Fire and EMS**
- The Governor’s EMS Award for Outstanding Contribution to Leadership in EMS (The Kent J. Weber Trophy)  
**Theresa Kingsley-Varble, Washington County Fire-Rescue and VSP-MedFlight II**
- The Governor’s EMS Award for Physician with Outstanding Contribution to EMS (The Frank M. Yeiser Trophy)  
**Joseph Ornato, M.D., Richmond Ambulance Authority**
- The Governor’s EMS Award for Nurse with Outstanding Contribution to EMS  
**Daniel Freeman, R.N., Carilion Clinic**
- The Governor’s EMS Award for Outstanding EMS Prehospital Educator  
**Daryl Clements, Navy Region Mid-Atlantic Fire and Emergency Services**
- The Governor’s EMS Award for Outstanding EMS Prehospital Provider  
**Samuel Neglia, Sterling Volunteer Rescue Squad**
- The Governor’s EMS Award for Outstanding Contribution to EMS Health and Safety  
**Jonathan Smith, Putting a Dent in Mental Health**
- The Governor’s EMS Award for Outstanding Contribution to EMS for Children  
**Chesapeake Fire Department**
- The Governor’s EMS Award for Outstanding EMS Agency  
**Navy Region Mid-Atlantic Fire and Emergency Services**
- The Governor’s EMS Award for Outstanding Contribution to EMS Telecommunication  
**John Korman, Fairfax County Department of Public Safety Communications**

- The Governor’s EMS Award for Outstanding Contribution to EMS Emergency Preparedness and Response (The James A. Nogle, Jr. Trophy)

**Stafford County Fire and Rescue Department**

- The Governor’s EMS Award for Innovation Excellence in EMS

**Peninsula COVID-19 Operations Center**

An additional award is presented at the ceremony to recognize the outstanding contributions to EMS by a high school senior. This is a scholarship award provided by the Virginia Office of EMS in conjunction with the State EMS Advisory Board. This year, two extraordinary high school seniors were selected:

- The Governor’s EMS Award for Outstanding Contribution to EMS by a High School Senior (The Dr. Carol Gilbert \$5,000 Scholarship)

**Emma Skeen, Cleveland Life Saving Crew and  
William Andrews, Bensley-Bermuda Volunteer Rescue Squad**

#### **D. Electronic Patient Medical Record Transition**

On March 11, 2021; it was announced that Virginia was transitioning from the state hosted ImageTrend system to ESO. At the time of this announcement, it was confirmed that the state’s contract with ImageTrend will be at the end of its natural contract life on June 30, 2021. Due to multiple factors, OEMS worked with the Western Virginia EMS Council to enter into the contract with ESO on behalf of the Virginia EMS System. Since this announcement, there has been a flurry of activity preparing for the migration. There have been many public events, webinars, and conference calls outlining the migration and seeking input from the Virginia EMS System. As such, we have heard numerous comments from agencies, providers and others.

Based upon everything we have heard from the system, OEMS once again worked with the Western Virginia EMS Council to negotiate a new contract with ImageTrend as well. This will allow for multiple benefits. First, this will allow for additional time for agencies to migrate that need time. Secondly, EMS agencies that are considering not migrating to ESO will have additional time to either decide to migrate or make the necessary arrangement to migrate to a third-party vendor. The Office of EMS will re-evaluate the number of agencies still utilizing

It is entirely up to each licensed EMS agency which system they will utilize to complete electronic patient care reports. The only aspect of this transition that is mandated will be the submission of the required data elements into the ESO Patient Care Repository.

In addition to the electronic patient medical record (EHR) and patient registry products from ESO; the contract also includes:

- Alerting application (this component is available to every EMS agency in Virginia, regardless of the patient care reporting system utilized).
- EKG integration and transmission.
- Trauma Registry.
- CAD Integration (only the first year is covered. After year one, the cost of the CAD integration becomes the responsibility of the EMS agency).
- Billing Integration (only the first year is covered. After year one, the cost of the billing integration becomes the responsibility of the EMS agency).
- EMS agency cost associated with Health Data Exchange (HDE) product for hospitals (for hospitals seeking to participate in HDE, there is a cost to the hospital as well. Only the EMS agency cost is being covered by OEMS).
- Patient tracker (portal for hospitals to view EMS agency records).

The ESO contract also includes additional components for agencies to purchase, should they choose. ESO has provided contract pricing for agencies seeking to add these additional components; such as the fire module, inventory module, staffing module, and more. Please see the ESO product offerings attachment.

Included as part of this migration, there is a special initiative grant opportunity for hardware upgrades for agencies in need of compatible hardware to migrate to ESO. This is a 100% funding opportunity specifically for agencies migrating to ESO that currently utilize hardware that is not compatible with ESO. The ImageTrend patient care reporting system had an iPad application that worked in an offline (no active internet connection) mode. ESO does have an offline mode, but it is only compatible with Windows operating systems. Agencies affected by this hardware issue will be worked with until their hardware is upgraded and ready to migration.

This migration is a fluid process that is constantly evolving and changing to meet the needs of Virginia EMS agencies. As such, we have created a web-page that contains the most up-to-date information available. Please visit <https://wemail%20addww.vdh.virginia.gov/emergency-medical-services/imagetrend-to-eso-transition/>

Please feel free to reach out to Adam Harrell ([adam.harrell@vdh.virginia.gov](mailto:adam.harrell@vdh.virginia.gov)) should you have any questions. Please see Attachment D.

## **E. EMS Scholarship Transition**

The Office of EMS has been constantly monitoring the scholarship program for areas of improvement. This has included all aspects of the program; from application, to payment, and finally scholarship requirements satisfaction. Over the past 12 – 18 months, the timeframe for

students to receive their payments has increased considerably. As a result, there have been negative implications to both EMS students and educational programs.

To decrease the amount of time required to process scholarship payments, the Office of EMS is partnering with the regional EMS councils. Through this partnership, the Office of EMS will still process the scholarship applications; but, the scholarship payment will come from a regional EMS council. We are estimating that this will decrease payment processing timeframes from the current state of 45 – 70 days down to 15 days.

The Office of EMS is already working with the Office of Information Management (OIM) to make the necessary changes to the EMS Portal. We are anticipating this transition to coincide with the new state fiscal year (July 1, 2021). EMS students and providers who made application and/or received a scholarship payment prior to July 1, 2021 will continue to work with the VDH Shared Business Services concerning their payments.

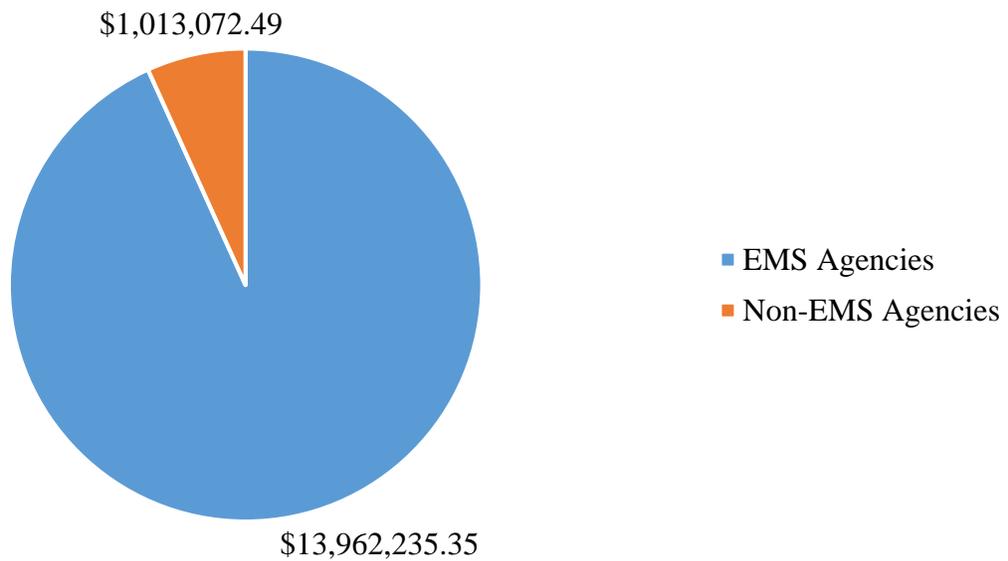
## **F. Financial Assistance for Emergency Medical Services Grant Program**

The deadline for the spring 2021 Cycle of the Rescue Squad Assistance Fund (RSAF) was March 19. The Office of Emergency Medical Services (OEMS) extended this from the original March 15 deadline to accommodate the increased workload of first responders, medical personnel, and administrators due to the COVID-19 Pandemic. OEMS received 129 grant applications requesting \$14,975,307.84 in funding.

Funding requests were in the following amounts by agency category as shown in Figure 1:

- 18 Non EMS Agency requesting \$1,013,072.49
- 111 EMS Agencies Requesting \$13,962,235.35

Figure 1: Agency Category by Amount Requested

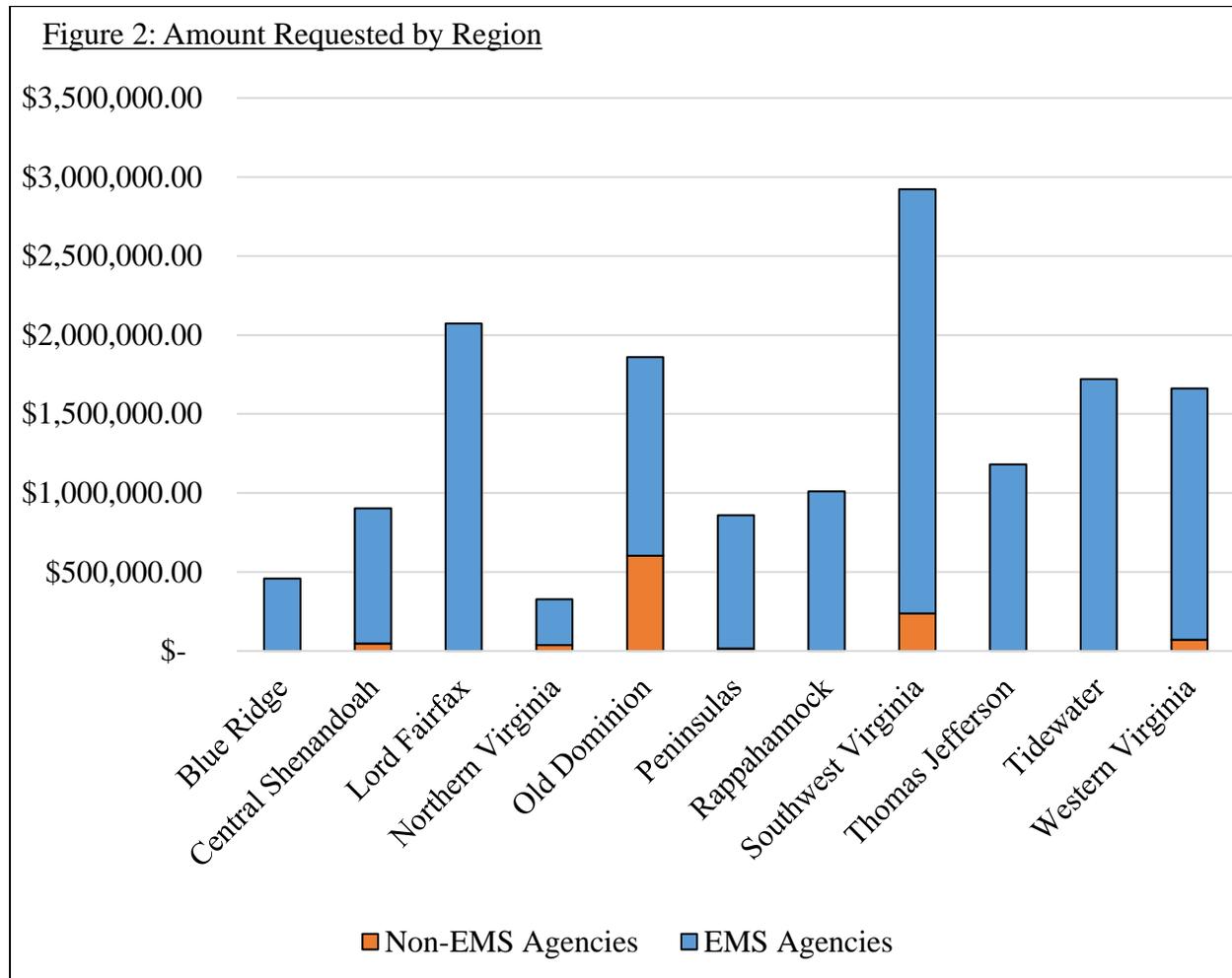


The number of applications and total requests decreased by approximately 2% and 13% respectively, compared to the spring 2020 Cycle of RSAF. Requests from Non-EMS agencies, however, increased by approximately 65% from the same period - representing approximately 7% of the total requests for funding. This increase is due to a number of 911 Centers and Public Safety Access Points (PSAPs) utilizing RSAF to apply for projects related to the implementation of Telecommunicator CPR (TCPR) via Emergency Medical Dispatch per the January 1, 2022, deadline enacted by Virginia General Assembly House Bill 727 in 2020.

OEMS received applications from EMS and non-EMS agencies within each of the Commonwealth of Virginia's 11 EMS Region as shown in Figure 2. Total requests by region are as follows:

- Blue Ridge – \$457,664.10
- Central Shenandoah - \$903,763.54
- Lord Fairfax - \$2,072,907.43
- Northern Virginia - \$326,969.12
- Old Dominion - \$1,859,357.58
- Peninsulas - \$859,784.95
- Rappahannock - \$1,009,795.50
- Southwest Virginia - \$2,921,553.72
- Thomas Jefferson - \$1,181,219.77

- Tidewater - \$1,721,588.24
- Western Virginia - \$1,660,703.89



The applications from this cycle request funding for 214 individual item categories and projects. Ambulance requests make up over half of the total requested amount, followed by heart monitors and defibrillators<sup>3</sup>, at approximately 18% of the total. All other item categories and projects can be broken down into the following list:

- Advanced and basic life support (A/BLS) equipment and supplies<sup>1</sup> - \$194,212.20
- Chest compression devices - \$474,131.15
- Communications equipment<sup>2</sup> - \$241,118.42
- Computer hardware - \$52,433.58
- Cots, loading systems, stretchers, stair chairs, and associated equipment - \$1,003,575.53
- Extrication equipment - \$141,540.30

- Heart monitors and defibrillators<sup>3</sup> - \$2,667,688.01
- Other<sup>4</sup> - \$115,125.02
- Quick response vehicle (QRV) - \$218,857.17
- Rescue equipment<sup>5</sup> - \$54,605.90
- Special priority – emergency medical dispatch (EMD) -\$673,685.74
- Special priority – emergency operations<sup>6</sup> -\$189,757.68
- Special priority – multi-jurisdictional/agency projects<sup>7</sup> - \$654,037.03
- Training equipment<sup>8</sup> - \$81,167.80
- Type I ambulance - \$7,122,583.87
- Type III ambulance - \$1,090,788.44

Applications from the Spring 2021 Cycle of RSAF are currently under review by the Financial Assistance Review Committee (FARC). Award recommendations will be forwarded to the Commissioner of Health, then announced via applicants’ EMS Grant Information Funding Tool (E-GIFT) accounts and the RSAF web page on July 1, 2021. There are currently two special initiate grant opportunities available to licensed EMS agencies in the Commonwealth of Virginia: ESO Transition Hardware and Nasal Naloxone for EMS Agencies (NNEA). The deadlines for the two are May 07 and August 31, 2021, respectively.

For more information, please visit the RSAF web page:

<http://www.vdh.virginia.gov/emergency-medical-services/administration-finance/rsaf-grants-program/>

Please contact Luke Parker, OEMS Grants Manager, at [luke.parker@vdh.virginia.gov](mailto:luke.parker@vdh.virginia.gov) with any questions or concerns about this report.

<sup>1</sup>Temperature control drug box, IV pumps, access drill, suction unites, cables, and laryngoscopes

<sup>2</sup>Radios, mobiles, portables, and pagers

<sup>3</sup>Includes Automatic External Defibrillators (AEDs)

<sup>4</sup>Disinfecting systems, vehicle parts, pediatric kits, and specialty vehicle and related items

<sup>5</sup>Low pressure bags, vehicle stabilization, struts, charger, and utility vehicle

<sup>6</sup>Air purifier, ballistic personal protective equipment (PPE), cot retention, load system, and stair chair

<sup>7</sup>Heart monitor and ambulance

<sup>8</sup>CPR, AED, and bleed stopping training supplies, manikins, and simulation devices

# **EMS on the National Scene**

## **II. EMS On the National Scene**

### **National Association of State EMS Officials (NASEMSO)**

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

### **NACCHO Partners with NASEMSO to Highlight Older Adult Fall Prevention**

NACCHO Partners with NASEMSO to Highlight Older Adult Fall Prevention The National Association of County & City Health Officials with support from Centers for Disease Control and Prevention (CDC), launched Developing the Capacity to Support Older Adult Falls Prevention, a project to help local health departments strengthen their capacity to identify older adults at risk for falls, assess modifiable risk factors, and link older adults to clinical resources and community programs to mitigate fall risk. Community partners, such as first responders, are often key to fall prevention efforts. NACCHO began working with the National Association of State EMS Officials (NASEMSO) in 2019 to conduct an environmental scan to identify fall prevention models that are integrated into community paramedicine. Once identified, NASEMSO and NACCHO conducted focus groups with key informants identified by the community paramedicine programs. The goals of these focus groups were to better understand different models of fall prevention programs, including their successes and challenges. The results of these efforts are now available as a NACCHO Issue Brief. Please go to: <https://www.naccho.org/uploads/downloadable-resources/Fall-Prevention-Issue-Brief-February-2021-V2-Final.pdf>.

### **Our Latest Report: EMS Personnel as Vaccinators**

Information from every state, the District of Columbia, Guam, and American Samoa are represented in a new NASEMSO report, which is being updated as more information becomes available. Graphical analysis of conditions of the state level allowance as a function of scope of practice displays EMS personnel capability broken down by level of EMS personnel licensure in the states. Readers should note that these conditions continue to change, and that additional requirements may have to be met at the local/agency level before intramuscular vaccination

administration can be performed. <https://nasemso.org/wp-content/uploads/COVID-Vaccination-Report.pdf>

<https://nasemso.org/wp-content/uploads/COVID-Vaccination-Report.pdf>.

### **NASEMSO Partners with BJA, TASC, and COSSAP on EMS Responses to Opioid OD**

The Bureau of Justice Assistance (BJA), Treatment Alternatives for Safe Communities (TASC) Center for Health and Justice, and Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) team recently partnered with NASEMSO on the “Innovative EMS Response to Overdoses—Beyond Naloxone” in a webinar held earlier this year and facilitated by TASC’s Center for Health and Justice. The recording is available on the COSSAP Resource Center at; <https://www.cossapresources.org/Media/Webinar/24b3cd04-67b8-4f43-8eea-b0fe391d67da>.

### **FirstNet Authority Spotlights NASEMSO**

The FirstNet Authority’s Public Safety Advisory Committee (PSAC) is currently highlighting its partnership with NASEMSO at: <https://firstnet.gov/newsroom/blog/psac-profile-national-association-state-ems-officials>. NASEMSO is grateful for the progress that has been made in the network but in particular, the collaborative relationship we enjoy with the program!!

In related news, more than 15,000 agencies and organizations – accounting for more than 2 million connections nationwide – have subscribed to FirstNet. As public safety’s network partner, AT&T has moved quickly to bring more coverage, boost capacity and drive new capabilities for first responders and the communities they serve – rural, urban and tribal. In 2020, the network added nearly 100,000 square miles to the FirstNet coverage footprint. Read more on this effort here: <https://firstnet.gov/newsroom/press-releases/expanding-serve-firstnet-surpasses-271-million-square-miles-supporting-more>.

### **Organizational Coalition Publishes Updated Ambulance Equipment List**

NASEMSO joins several organizational partners in revising the “*Recommended Essential Equipment for Basic Life Support and Advanced Life Support Ground Ambulances 2020: A Joint Position Statement*.” The update is now available in Prehospital Emergency Care at [here](#).

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### **OCR Proposes Changes to HIPAA Rules; Comment Period Extended**

As reported in the last issue of WU, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) recently announced proposed changes to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule to support individuals’

engagement in their care, remove barriers to coordinated care, and reduce regulatory burdens on the health care industry. The proposed changes to the HIPAA Privacy Rule include strengthening individuals' rights to access their own health information, including electronic information; improving information sharing for care coordination and case management for individuals; facilitating greater family and caregiver involvement in the care of individuals experiencing emergencies or health crises; enhancing flexibilities for disclosures in emergency or threatening circumstances, such as the Opioid and COVID-19 public health emergencies; and reducing administrative burdens on HIPAA covered health care providers and health plans, while continuing to protect individuals' health information privacy interests. Public comments on the NPRM will be now due 5/6/21. The NPRM may be viewed or downloaded at <https://www.federalregister.gov/documents/2021/01/21/2020-27157/proposed-modifications-to-the-hipaa-privacy-rule-to-support-and-remove-barriers-to-coordinated-care>.

### **NASEM Evaluates Implications of Discarded Drugs**

Many prescription medications are dispensed in weight-based single-dose vials containing standard amounts of drugs that exceeds required dosages for the average patient, leading to billions of dollars in leftover single use medications that are destroyed. The National Academies with support from the Centers for Medicare & Medicaid Services through a congressional mandate initiated this study to examine federal health care costs, patient safety, and quality concerns associated with discarded drugs resulting from weight-based dosing of medicines contained in single-dose vials, and to produce a report which shall include recommendations to Congress to reduce waste in the biopharmaceutical supply chain. Read the new report, "*Medications in Single Dose Vials: Implications of Discarded Drugs*," at <https://www.nationalacademies.org/our-work/implications-of-discarded-weight-based-drugs>.

## **Air Medical**

### **FAA Announces Effective Dates for Final Drone Rules**

The final rules requiring remote identification of drones and allowing some flights over people, over moving vehicles and at night under certain conditions went into effect on April 21, 2021.

Remote identification ([Remote ID](#) – see: [https://www.faa.gov/uas/getting\\_started/remote\\_id/](https://www.faa.gov/uas/getting_started/remote_id/)) requires identification of drones in flight as well as the location of their control stations or takeoff point. It provides crucial information to our national security and law enforcement partners, and other officials charged with ensuring public safety. Airspace awareness reduces the risk of drone interference with other aircraft, people and property on the ground. Read more at <https://www.faa.gov/news/updates/?newsId=97022>.

### **Laser Strikes Increase Even with Fewer Planes Flying**

Laser strikes against pilots increased in 2020 even with the overall decrease in air traffic operations. In 2020, pilots reported 6,852 laser strikes to the FAA. This is an increase from 6,136

laser strikes reported in 2019 and is the highest number reported to the agency since 2016. The Federal Aviation Administration (FAA) remains vigilant in raising awareness about misuse of lasers when they are pointed towards aircraft. Intentionally aiming lasers at an aircraft poses a safety threat to pilots and violates federal law. Many high-powered lasers can incapacitate pilots flying aircraft that may be carrying hundreds of passengers. The FAA works closely with federal, state and local law enforcement agencies to pursue civil and criminal penalties against people who purposely aim a laser at an aircraft. The agency takes enforcement action against people who violate Federal Aviation Regulations by shining lasers at aircraft and can impose civil penalties of up to \$11,000 per violation. The FAA has imposed civil penalties up to \$30,800 against people for multiple laser incidents.

Please watch the FAA [video](#) about the dangers of lasers at:

<https://www.faa.gov/exit/?pageName=video&pgLnk=https%253A%252F%252Fwww%252Eyo%252Ecom%252Fwatch%253Fv%253DXfUnGVhKKVc>.

Statistics on laser strikes can be found at: <https://www.faa.gov/about/initiatives/lasers/laws/>.

Read the fact sheet for more information at:

[https://www.faa.gov/news/fact\\_sheets/news\\_story.cfm?newsId=23535](https://www.faa.gov/news/fact_sheets/news_story.cfm?newsId=23535).

## **EMS Physician Organizations Provide Position Statement on Medical Oversight of Air Med Services**

Recognizing the importance of providing focused guidance on the topic of physician oversight of air-based EMS, NAEMSP®, the American College of Emergency Physicians (ACEP), and the Air Medical Physicians Association (AMPA) collaborated to publish a new position statement: “*Physician Oversight of Air-Based Emergency Medical Services: A Joint Position Statement of NAEMSP, ACEP, and AMPA*” that has been published in *Prehospital Emergency Care* at: <https://www.tandfonline.com/doi/full/10.1080/10903127.2020.1863534>.

## **Communications**

### **“State of 911” Webinar Series Archive Available**

Hosted by the National 911 Program, the State of 911 Webinar Series brings together NG911 early adopter case studies and Federal and 911 community resources, to provide a combination of useful tools, expert advice, and real stories about NG911 transitions. The program recently hosted “*NG911 Rollout: National and State Perspectives.*” This program and all previous webinars are available for viewing at: <https://www.911.gov/webinars.html>.

### **T-CPR Protocol Inconsistencies Highlighted by *The Atlantic***

Telephone CPR is highlighted in a new article in *The Atlantic* titled “*The Conversation That Can Change the Course of a Cardiac Arrest,*” questioning why all 9-1-1 dispatchers aren’t required to provide caller instructions. In particular the author reflects, “The main obstacle to scaling up T-CPR, however, remains the patchwork nature of 911 itself. Though the national system is coordinated by the Federal Communications Commission, 32 states have adopted

“home rule,” (<https://www.alec.org/app/uploads/2016/01/2016-ACCE-White-Paper-Dillon-House-Rule-Final.pdf>) meaning that 911 and other services fall under local or regional control. As a result, implementing universal, consistent T-CPR programs is slowed by funding and staffing shortages and communication problems. Read the article at <https://www.theatlantic.com/health/archive/2021/02/tcpr-telephone-cpr-can-save-lives/618145/>.

## **Health and Medical Preparedness**

### **DHS S&T “Quick Route” App Assists First Responders With Navigation Tool**

The Department of Homeland Security’s Science and Technology Directorate worked with technology company, Azimuth1 LLC to develop a navigational routing app that understands the conditions and constraints emergency vehicle operators face and helps them to respond efficiently. The app addresses more challenges than a typical GPS application, including narrow lanes, inclement weather, downed power lines, and other hazards. The iOS version is now available in the Apple store. Currently, the civilian version is available free of charge. The version for emergency service vehicles requires a special code to be provided by the developer and is available at a monthly cost of approximately \$10. Azimuth is inviting agencies across the country to demo QuickRoute, along with the ECC component dispatchers use to send destinations directly to individual users, who can respond using QuickRoute’s optimized vehicle routing protocols. Read more. At <https://www.dhs.gov/science-and-technology/news/2019/06/04/snapshot-new-app-provides-responders-fastest-safest-path>.

### **DHS POINTER Technology Locates First Responders in Low Visibility Rescues**

The Department of Homeland Security Science and Technology Directorate (S&T) teamed with NASA’s Jet Propulsion Laboratory to develop Precision Outdoor and Indoor Navigation and Tracking for Emergency Responders (POINTER), a groundbreaking first responder tracking technology that uses magnetoquasistatic fields to three-dimensionally locate responders during emergencies—especially when visibility is low due to heavy smoke or debris. With POINTER, incident command can pinpoint team members within one centimeter. Read more at <https://www.dhs.gov/science-and-technology/pointer>.

### **TFAH Annual “Ready or Not” Report on Public Health Now Available**

The Trust for America’s Health (TFAH) has released its latest edition of “Ready or Not 2021: Protecting the Public’s Health Against Diseases, Disasters and Bioterrorism.” The Ready or Not report series provides an annual assessment of states’ level of readiness to respond to public health emergencies. It recommends policy actions to ensure that everyone’s health is protected during such events. This 2021 edition tiers states into three performance categories – high, middle and low - and includes action steps states should take to improve their readiness while battling COVID-19 and for the next health emergency. Read more at <https://www.tfah.org/report-details/ready-or-not-2021/>.

## **FEMA Updates EMS Credentialing in RTLTL**

The Federal Emergency Management Agency (FEMA) recently published minimal updates to its Resource Typing Library Tool (RTLTL), used to requested EMS mutual aid resources under NIMS. Following a public comment period last year, FEMA updated the EMS references to the National EMS Scope of Practice Model (to the 2019 version) and noted that Advanced Emergency Medical Technicians may not be available in all jurisdictions. The RTLTL is an online catalogue of national resource typing definitions, position qualifications, and Position Task Books provided by the National Integration Center at <https://rtltoolkit.fema.gov/public>. (The editor would like to take this opportunity to remind personnel and agencies interested in assisting a mutual aid response through EMAC during a large scaled disaster of the need to review and ensure compliance with the training and immunization requirements well in advance of any deployment.)

## **New FEMA Playbook on Community Vaccination Centers**

FEMA has released a [playbook](#) that provides guidance for providing federal support to existing and new Community Vaccination Centers (CVCs) that are essential to accomplishing the COVID-19 vaccine mission. The document includes information on interagency coordination, resource support, facility setup, and other requirements that may necessitate federal support.

## **USAMRIID Pocket Guide Available to First Responders**

The US Army Medical Research Institute of Infectious Diseases (USAMRIID) has created a (FREE) app based on a pocket sized hand book that is given out at the MCBC course that USAMRIID Hosts (Medical Management of Chemical and Biological Casualties course). The course, pocket reference guide to bio-agent / toxins and the APP are for military and civilian clinicians and anyone out in hospitals or emergency first responders. The USAMRIID Biodefense Tool can be downloaded now for free. For iPhone and iPad, go to the Apple App Store: <https://apps.apple.com/us/app/usamriids-biodefense-tool/id1507753114>

For Android users go to Google Play:

<https://play.google.com/store/apps/details?id=com.tradocmobile.bio&hl=en&gl=US>

## **FCC Announces Emergency Broadband Benefit Program**

The Federal Communications Commission (FCC) recently announced the Emergency Broadband Benefit to help households struggling to pay for internet service during the pandemic. This new benefit will connect eligible households to jobs, critical healthcare services, and virtual classrooms. The Emergency Broadband Benefit will provide a discount of up to \$50 per month towards broadband service for eligible households and up to \$75 per month for households on Tribal lands. Eligible households can also receive a one-time discount of up to \$100 to purchase a laptop, desktop computer, or tablet from participating providers if they contribute \$10-\$50 toward the purchase price. The Emergency Broadband Benefit is limited to one monthly service discount and one device discount per household. Read more at <https://www.fcc.gov/broadbandbenefit>.

## Pediatric Emergency Care

### **Nominations Sought for AAP & NAEMT Pediatric EMS Award**

The American Academy of Pediatrics (AAP) and National Association of Emergency Medical Technicians (NAEMT) are accepting nominations for the 2021 AAP/NAEMT Pediatric EMS Award. Deadline to apply: June 28, 2021. This award recognizes an individual who has demonstrated excellence in providing pediatric EMS care and/or education. Qualified nominees are considered based on the criteria below. Nomination statements should include information on how the nominee:

- Consistently demonstrates commitment to high-quality, professional EMS care to pediatric patients.
- Serves as an outstanding role model for colleagues.
- Introduces and incorporates evidence-based best practices in his/her work.
- Effectively mentors EMS practitioners in best practices in pediatric EMS care.
- Any other relevant information provided in support of the nominee.

Please submit nominations and supporting materials to:

<https://www.naemt.org/initiatives/national-ems-awards/pediatric-ems-award>

## Systems of Care

### **AHA Publishes New Recommendations for Transporting Stroke Patients**

The American Heart Association (AHA) has published new recommendations for prehospital triage and transport of stroke patients. A consensus statement, developed through the Prehospital Stroke System of Care Consensus Conference and [published in the AHA journal Stroke](#), outlines guiding principles for determining transport destinations in rural, suburban and urban communities. The statement comes from the American Academy of Neurology, American Heart Association/American Stroke Association, American Society of Neuroradiology, National Association of EMS Physicians, **National Association of State EMS Officials**, Society of NeuroInterventional Surgery and Society of Vascular and Interventional Neurology, and is endorsed by The Neurocritical Care Society.

### **NHAMCS Highlights Latest ED Visit Characteristics**

Data from the National Hospital Ambulatory Medical Care Survey (NHAMCS) for 2018 was recently released by the Centers for Disease Control and Prevention (CDC.) In 2018, there were an estimated 130 million emergency department (ED) visits in the United States. In 2019, approximately 22% of adults aged 18 and over had visited the ED in the past 12 months. This report presents ED visit rates by selected characteristics, including metropolitan statistical area (MSA), age, sex, race and ethnicity, and health insurance status. Read more at <https://www.cdc.gov/nchs/products/databriefs/db401.htm>.



# Division of Accreditation, Certification & Education

Virginia Office of Emergency Medical Services

### **III. Accreditation, Certification and Education**

#### **Committees**

- A.** The Training and Certification Committee (TCC): The Training and Certification Committee meeting scheduled for April 7, 2021 was held in a hybrid format with the committee meeting in person and the general public provided access to view the meeting with a public comment period.

Copies of past minutes are available on the Office of EMS Web page here:

<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/training-certification-committee-standing/>.

- B.** The Medical Direction Committee (MDC): The Medical Direction Committee meeting scheduled for April 8, 2021 was held as an online meeting with the general public provided access to view the meeting with a public comment period.

Copies of past minutes are available from the Office of EMS web page at:

<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/medical-direction-committee-standing/>

#### **Accreditation**

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

- A.** EMS accreditation program.

1. Emergency Medical Technician (EMT)

- a) The following EMT programs are under Letter of Review:

- (1) Arlington County Fire Department
- (2) Fauquier County
- (3) Hampton Roads Regional EMS Academy
- (4) Augusta County
- (5) Rockingham County Dept. of Fire and Rescue
- (6) Gloucester Volunteer Fire and Rescue
- (7) Fairfax County Fire and Rescue

2. Advanced Emergency Medical Technician (AEMT)

- a) The following AEMT programs are under Letter of Review:
  - (1) Newport News Fire Training
  - (2) Fauquier County
  - (3) Hampton Roads Regional EMS Academy
  - (4) Augusta County
  - (5) Rockingham County Dept. of Fire and Rescue

3. Paramedic – Initial

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

- a) Blue Ridge Community College has completed their first cohort. They are now working on submission of their initial report to CoAEMSP.
- b) Thomas Nelson Community College has completed their first cohort class and are working on submission of their initial report to CoAEMSP.
- c) Henrico County Division of Fire has been issued a LOR from CoAEMSP and will be enrolling students for their first cohort class.
- d) Chesterfield Fire and EMS is currently working on submission of their LSSR to allow them to conduct their first cohort class.

4. Paramedic – Reaccreditation

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

- a) Prince William County Fire & Rescue CoAEMSP site visit will be virtual on May 10 and 11.

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

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

## Virginia COVID-19 Actions

No new COVID-19 related actions were taken during the quarter.

## National Registry

### NREMT Provisional Certifications

Provisional certifications extended to June 30, 2021 by the National Registry but all provisional certificates will expire on December 31, 2021.

#### *Important Information*

- National Registry Provisional Certifications will be issued until June 30, 2021.
- All National Registry provisionally certified candidates have until December 31, 2021; or until an EMS provider passes the psychomotor examination before the expiration date.
- ANY PROVIDER with a National Registry and Virginia provisional certification should begin planning now to schedule and complete their NREMT psychomotor examination in order to convert their provisional certification to a full certification.
- Any Virginia EMS provider with a provisional certification that expires on December 31, 2021 will be reverted back to EMT certification as their ALS level of certification will be in reentry status in Virginia.

### National Registry Cognitive Examinations

- NREMT currently offers two different options for taking the cognitive exams: face-to-face exams at a Pearson VUE Testing Center and remotely proctored exams making use of Pearson OnVUE.
  - Candidates, when applying for their cognitive exam have the opportunity to select whether they would like to take their exam face-to-face exams at a Pearson VUE Testing Center or a remotely proctored exam on Pearson OnVUE.
    - [Sample face-to-face exam ATT Letter](#)
    - [Sample Pearson OnVUE ATT Letter](#).
  - *If a candidate decides to change their method of testing from face-to-face to Pearson OnVUE or vice versa, they can do so, however the issuance of a new ATT letter will take at least 24 hours to generate before they can then schedule the examination through the process they have chosen.*
    - [Click here for screenshots](#) of how to change your testing method from face-to-face testing to Pearson OnVUE.

## General Updates

### Refresh 2021 Continuing Education

Refresh 2021 provides 30 hours of CAPCE accredited education that will be accepted by NREMT and Virginia. Virginia will continue to recognize the CE completed through Refresh 2021 through December 31, 2021.

- The transfer of data will be manual, so CE credits **will not immediately show up on your CE Report** like with Virginia-based/approved programs.
- Virginia Education Coordinators **ARE NOT authorized** to award CE earned from Refresh 2021 or from Prodigy.

### Awarding of Continuing Education Not Approved (or Earned) in Virginia

The Virginia Office of EMS **does not review, process or award** CE (CAT 1 or CAT2) for continuing education (CE) earned outside of Virginia or from a course not announced/approved in Virginia.

Virginia certified Education Coordinators are given the autonomy to award continuing education credit for courses taken outside of Virginia by Virginia certified providers. This autonomy comes with responsibilities on the part of Education Coordinator.

Virginia DOES NOT however require that Education Coordinators award such credit. It is a personal decision on the part of the educator as to whether they wish to take on this responsibility.

- The Education Coordinator shall ensure that appropriate documentation of the awarding of comparable credit is maintained on file. Appropriate documentation includes, but may not be limited to:
  - Any e-mail messages transmitted or received between the EC and the provider pertaining to this subject.
  - A roster (TR-06) must be completed for all credit awarded.
  - A list of course number(s) and topics for which CE was issued must be maintained.
  - A copy of the certificate issued by the trainer/conference/out-of-state educator must be maintained.
  - A copy of the conference or training event catalog with course descriptions must be maintained.
- CE credit shall be submitted within 15-days of the final decision to award credit in compliance with *12VAC5-31-1437 - Continuing education record submission.*

## 2020 National EMS Education Standards (NEMSES)

The 2021 National EMS Education Standards workgroup have completed their work and the proposed Education Standards have been submitted to NHTSA for final review. They were expected to be released in March 2021. An implementation timeline for the new 2021 NEMSES in Virginia will be provided at a later date and will include regional roll-outs, implementation dates and psychomotor testing requirements pending the updates to the state's COVID-19 pandemic protocols which would permit OEMS to have meetings with large groups of individuals.

## Advanced EMT Accreditation

The 2019 National EMS Scope of Practice Model subject matter expert panel recommended requiring AEMT program accreditation by January 1, 2025. The panel deliberated and came to a consensus on the matter with the involvement of 13 stakeholders and various independent contributors.

The Education Standards revision team supports this recommendation. The revision team deliberated the topic and concluded that accreditation is an identified goal of the 2000 EMS Education Agenda as well. Program accreditation helps ensure clinical and educational excellence, the use of proven practices for establishing sound EMS education programs, and adequate resources and services for educators and their students. Finally, accreditation requires EMS education.

## COVID-19 Update From the Governor

On April 22, 2021, Governor Northam shared an update regarding Virginia's efforts to ease mitigation measures related to the COVID-19 pandemic. You may view the full release [HERE](#).

While the Commonwealth will continue to mandate mask-wearing and social distancing, key changes in the [Sixth Amended Executive Order 72](#) will go into effect at midnight on **May 15, 2021**.

Below are the details on how these changes will impact event operations at the Higher Education Center:

- **Indoor** gatherings are limited to **100 or fewer** individuals.
- Face coverings are required for all individuals aged 5 and older.
- 6' social distancing will continue to be observed.

*\*Limitations do not apply to academic classes or religious gatherings provided that face coverings are worn and 6' physical distancing is maintained.*

In his [video message](#), Governor Northam stated that the administration aims to “reduce mitigation measures in June, hopefully all the way.”

## Education Program

### Education Coordinator Candidate Program

The Office will be conducting an Education Coordinator Institute in early June at Central Virginia Community College. The institute will have space for up to 35 participants based on CVCC’s current COVID-19 protocols. Eligible candidates have been invited to participate and as of this report, 26 candidates have registered their intent to attend.

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

### Education Coordinator Updates

The Office will be holding an EC Update in early June at Central Virginia Community College. This event will be limited to 35 participants based on CVCC’s current COVID-19 protocols. As of as of this report, 33 educators have registered their intent to attend.

Governor Northam stated on April 22, 2021 that the administration aims to “reduce mitigation measures in June, hopefully all the way.” The Office will add additional EC Updates later in the year once we learn about any additional relaxation of current COVID-19 restrictions.

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

## EMS Training Funds

<b>Table. 1 – Virginia EMS Scholarship Program – FY21 (Q1 &amp; Q2)</b>				
<b>Certification Level</b>	<b>Q1</b>	<b>Q2 (cum)</b>	<b>Q3 (cum)</b>	<b>Amount Awarded (cum)</b>
EMR	0	5	5	\$580.00
EMT	154	231	320	\$256,287.00
AEMT	28	41	59	\$70,773.00
Paramedic	114	138	177	\$856,019.00
<b>Grand Total</b>	<b>296</b>	<b>415</b>	<b>561</b>	<b>\$1,183,659.00</b>

## Psychomotor Test Site Activity

- A. BLS Psychomotor Testing has been suspended for the remainder of 2020. A workgroup of the Training and Certification Committee will continue their work, when safe to do so,

on changes to the BLS testing through a more comprehensive critical thinking scenario based evaluation rather than the memorization of skill sheets.

### **Other Activities**

- Debbie Akers is serving on the workgroup who will be looking at Competency Based Education with the National Registry. She has also representing NASEMSO on the EBG Steering Workgroup.



## **IV. Planning and Regional Coordination**

### **CHaTR Website**

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

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

### **Regional EMS Councils**

The OEMS continues to maintain a Memorandum of Understanding (MOU) with the Regional EMS Councils for the 2021 Fiscal Year. The Regional Councils submitted their FY21 Third Quarter reports throughout the month of March, and are under review. OEMS transitioned to a web based reporting application to replace Lotus Notes for the Regional EMS Councils to submit quarterly deliverables.

The OEMS, and the Regional Council Executive Directors met on April 28, 2021 to discuss various aspects of the regional council programs including council updates, discussion of the current MOUs in place and the next round of Regional EMS Council designation.

OEMS staff has been holding COVID-19 updates via webinar with regional council staff and board members on a weekly basis since March 13, 2020. These webinars transitioned to biweekly basis on June 26, 2020. In addition, CHaTR staff have assisted in the coordination of Personal Protective Equipment (PPE) distribution to the Regional EMS Councils.

The Central Shenandoah, Blue Ridge and Rappahannock EMS Councils have entered into MOU agreements to become OEMS Regional Offices. OEMS staff has worked with the Board of Directors of those respective councils for implementation throughout 2020, and into 2021.

CHaTR staff have attended Board meetings and committee meetings for the Blue Ridge, Central Shenandoah, Northern Virginia, Old Dominion, Peninsulas, Southwest Virginia, Thomas Jefferson, Tidewater, and Western Virginia Councils.

### **Medevac Program**

The Medevac Committee met on May 6, 2021. The minutes of previous Medevac Committee meetings are available on the OEMS website linked below:

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

The amount of data submitted to the Medevac Helicopter EMS application (formerly known as WeatherSafe) continues to be robust. In terms of weather turndowns, there were 457 entries into

the Helicopter EMS system in Q1 of the 2021 calendar year. 63% of those entries (288 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a small decrease from 553 entries in Q1 of 2020. This data continues to demonstrate a commitment to the program and to maintaining the safety of medevac personnel and equipment.

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

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

The form can be found via the link below:

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

The CHaTR Division Director participates on the NASEMSO Air Medical Committee. OEMS and Medevac stakeholders continue to monitor many developments regarding federal legislation and other documents related to Medevac safety, regulation, and the cost of providing air medical services.

## **State EMS Plan**

The Virginia Office of EMS Strategic and Operational Plan is mandated through *The Code of Virginia* to be reviewed and revised on a triennial basis.

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

The State EMS Plan was unanimously approved by the State EMS Advisory Board at their November 6, 2019 meeting. The Board of Health is required to adopt the plan, however the March 26, 2020 Board meeting was cancelled due to the COVID-19 pandemic. On June 4, 2020, the State Board of Health met and approved the State EMS Plan in a unanimous vote.

The current version (2020-2022) of the State EMS Plan is available for download via the OEMS website at the link below:

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

## **State Telehealth Plan**

During the 2020 session, the Virginia General Assembly passed House Bill 1332, which directs the Board of Health to complete a State Telehealth Plan by January 1, 2021.

House Bill 1332 expresses the plan must address six provisions summarized as Delivery, Remote Patient Monitoring, Criteria for Use, Integration, Sustainability, and Data Collection. More detailed information regarding the bill language can be found at the links below:

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

The Virginia Department of Health (VDH) created several workgroups to address the specific provisions of the bill language. The Office of EMS (OEMS) worked with the Office of Health Equity (OHE) and leadership from the Injury and Violence Prevention Program to coordinate stakeholders to participate in the development of the State Telehealth Plan. Stakeholder workgroup meetings were held virtually in August and September.

The Board of Health was granted a three month extension for the State Telehealth Plan on September 23, 2020, changing the deadline for completion to March 1, 2021. The VDH workgroup carefully crafted a framework for the State Telehealth Plan and released a draft to the stakeholders on January 20, 2021.

The VDH workgroup incorporated stakeholders' final comments into the framework and submitted the State Telehealth Plan to the project lead, Dr. Carole Pratt, who delivered the plan to VDH leadership in early February 2021, and was submitted to the General Assembly in March of 2021.

The CHaTR Division Director gave a presentation on the State Telehealth Plan to the Virginia Telehealth Network on April 16, 2021.

## **State Rural Health Plan**

For several months, the Office of Rural Health has been developing the first State Rural Health Plan released in over five years. Members from the Office of Rural Health, the Office of Health Equity, and the Office of Emergency Medical Services have collaborated on the document on a weekly basis since May 2020.

As of April 2021, the Office of Health Equity is still making progress on the State Rural Health Plan, with a target completion date of June 2021. The newest version of the State Rural Health Plan will be available for download after it is completed.

## **IV. Technical Assistance**

### **EMS Workforce Development Committee**

The EMS Workforce Development Committee (WDC) was scheduled to meet in February 2021 in conjunction with the EMS Advisory Board. The meeting was cancelled due to the COVID-19 pandemic. The WDC did meet on May 6, 2021. Previous WDC minutes are available on the OEMS website, at the link below:

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

The goals of the WDC include: the EMS Officer program, the Standards of Excellence (SoE) program, the introduction of military personnel and veterans into the Virginia EMS workforce, and supporting the recruitment and retention of the EMS workforce in Virginia.

#### **EMS Officer Program:**



Since the initial release of the EMSO1 pilot in 2016, nine (9) courses have been completed. In 2020, plans were in place to hold 8-10 offerings throughout Virginia. In addition, each of these course offerings were opportunities to onboard new instructors to the EMSO1 instructor pool. Due to the COVID-19 pandemic, all course offerings after March 13, 2020 were cancelled. CHaTR staff is making plans to resume instruction of EMSO1 at the 2021 Virginia EMS Symposium.

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

The EMSO1 online education format was formatted to a Learning Management System (LMS) and was first utilized at the 40th Virginia EMS Symposium. The input from the students and instructors was extremely positive and is being utilized to make changes to future course offerings.

The EMS Officer section of the VDH/OEMS webpage has been updated to reflect the recent progress with the program, at the link below:

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

## EMS Workforce Development Committee (Continued)

### Standards of Excellence (SoE) Program:



The SoE Assessment program is a voluntary self-evaluation process for EMS agencies in Virginia based on eight areas of excellence - areas of critical importance to successful EMS agency management, above the requirements of the *Virginia EMS Regulations*.

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

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

All documents related to the SoE program can be found on the OEMS website at the link below:  
<http://www.vdh.virginia.gov/emergency-medical-services/virginia-standards-of-excellence-program/>

## EMS Recruitment and Retention

The network is comprised of membership from Virginia, Maryland and West Virginia with over 300 members. The mission of the Virginia Recruitment and Retention Network is “to foster an open and unselfish exchange of information and ideas aimed at improving staffing” for volunteer and career fire and EMS agencies and organizations.

The Virginia Recruitment and Retention Network met virtually on July 22, 2020, with CHaTR staff participating. The network announced their new website, which offers resources for agencies as well as contact points for individuals interested in Fire and EMS. The network is continuing to add additional content including obtaining member information. The link to the website can be found on the CHaTR Recruitment and Retention page at the link below:  
<https://www.vdh.virginia.gov/emergency-medical-services/chatr/recruitment-retention/>

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

## EMS Needs Assessment

Virginia's most recent EMS Needs Assessment was conducted in 2012. The CHaTR division has recently partnered with Virginia Commonwealth University's Performance Management Group (PMG) to conduct an updated needs assessment throughout. The data collected will be used to advise the EMS Advisory Board accordingly.

## System Assessments/Miscellaneous Technical Assistance

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

The most recent studies were held in Nottoway County on April 19, 2021, Greene County on January 27, 2020 and in Southampton County, September 25-27, 2019. The final reports of those studies have not been released by the Virginia Fire Services Board.

Evaluation reports for previously conducted studies can be found via the link below:  
<https://www.vafire.com/about-virginia-department-of-fire-programs/virginia-fire-services-board/virginia-fire-services-board-studies/>

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

On April 9, 2020, the Virginia Office of Emergency Medical Services (OEMS) distributed guidance in the form of a white paper to both EMS agencies and facilities considered to be allowable destinations for ambulance transports under the CMS guidance.

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

The white paper can be found at the link below:  
[http://www.vdh.virginia.gov/content/uploads/sites/23/2020/04/EMS-Transport-to-Alternate-Sites-White-Paper.FINAL\\_.pdf](http://www.vdh.virginia.gov/content/uploads/sites/23/2020/04/EMS-Transport-to-Alternate-Sites-White-Paper.FINAL_.pdf)

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

The MIH/CP workgroup that was created in 2015 reconvened on September 19, 2018, with Dr. Allen Yee again serving as chair. The workgroup last met on February 12, 2020. Future meetings have not been scheduled due to the pandemic.

Previous meeting minutes may be viewed at the link below:

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

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

The white paper and letter of intent were approved by the State EMS Advisory Board at their meeting on February 7, 2020, but the process has been postponed due to the pandemic.

CHaTR staff is also working with the VDH Office of Health Equity (OHE) to perform assessments of EMS systems that have Critical Access Hospitals (CAH) in their service areas. Due to the pandemic, those visits have been postponed.

The CHaTR Division Director participates as the program advisor to the NASEMSO CP-MIH workgroup, the Joint Committee on Rural Emergency Care (JCREC), and is a member of the Virginia Rural Health Association (VRHA) Board of Directors.

CHaTR staff participated in the 2021 National Office of State Offices of Rural Health (NOSORH) *National Rural EMS and Care Conference*, held virtually April 20-22, 2021, as well as the National Rural Health Association (NHRA) Annual Rural Health Conference, held virtually May 4-7, 2021.

# **Division of EMS Emergency Operations**

## **V. Division of Emergency Operations**

### **Division of Emergency Operations Staff**

#### **Members**

Office Number for Staff Members 804-888-9100

Karen Owens	Division Director Staff Support – Provider Health and Safety Committee; EMS Emergency Management karen.owens@vdh.virginia.gov
Sam Burnette	Emergency Services Coordinator, samuel.burnette@vdh.virginia.gov
Rich Troshak	Emergency Operations Specialist, Staff Support - Communications Committee richard.troshak@vdh.virginia.gov
Vincent Valeriano	Epidemiologist vincent.valeriano@vdh.virginia.gov

## **Operations**

### **● COVID-19 Response**

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

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

#### **○ VDH Partner Calls**

Division of Emergency Operations staff have been participating in weekly VDH Partner teleconferences held by the Virginia Department of Health Office of Emergency Preparedness (OEP) held each Friday morning. This weekly call brings VDH partners and stakeholders together to discuss how VDH is responding to and assisting with the COVID-19 crisis in Virginia.

- **Volunteer Vaccinator Registry**

Karen Owens worked with OEMS and VDH staff to share information on the Virginia Volunteer Vaccinator Registry. This is a link that provides an opportunity for medical providers (including EMS) that currently hold, or have held a license in the last 20 years, to serve as a COVID vaccinator. The website for more information is: <https://www.vdh.virginia.gov/covid-19-community-vaccinator/>

- **Ongoing Meetings**

Karen Owens, and other members of the Office of EMS staff continue to work with other VDH partners, and stakeholders to answer questions, gather information, and provide resources for response and recovery planning related to COVID response. This includes, but is not limited to, antigen testing, PPE availability, and testing resources.

- **Statewide Medical Assistance Team (S-MAT)**

Karen Owens participated in meetings throughout this quarter focused on the needs assessment and initial discussions regarding a Statewide Medical Assistance Team. The S-MAT would be designed to offer medical assistance at a state level during large-scale or high impact events.

- **VEST ESF/Regional Sync Meetings**

Karen Owens continues to participate in weekly meetings with members of the VEST and Virginia Department of Emergency Management staff.

- **Health and Medical Preparedness Council Committee**

Karen Owens attended the meeting of the National Association of State EMS Officials (NASEMSO) Health and Medical Preparedness Council on March 24, 2021. This council brings together emergency management officials from all 50 state EMS offices and provides an opportunity to discuss hot topics in emergency management and review planning and collaboration opportunities.

During the March meeting, Karen was nominated for and elected to the position of Council Chair.

## Training

- **Stop the Bleed Instructor Webinar**

On February 2, 2021, Sam Burnette attended a virtual Stop the Bleed instructor update webinar. The Stop The Bleed program is a national program managed by the American College of

Surgeons (AAOS) which teaches people how to control bleeding from traumatic injuries. At the time of the meeting, there was discussion on the rollout of the virtual portion of the Stop The Bleed training program. This would be followed up by hands-on classroom training. On April 19, 2021, the AAOS announced the virtual training portion became available for instructors to use. Virginia currently ranks 10th in the country with about 2,190 Stop the Bleed Instructors. National Stop The Bleed Day is May 20, 2021. For more information on Stop the Bleed, please visit [www.stopthebleed.org](http://www.stopthebleed.org)

- **VESTEX**

Karen Owens participated in the 2021 VESTEX session 1 exercise on February 26, 2021. The focus on this included discussion from key stakeholders on cybersecurity issues and best practices facing our critical infrastructure partners, particularly those in the energy sector. A second sessions will be held later in the year to discuss other aspects of emergency security.

- **Blackboard Learning Platform**

Throughout the quarter, Sam Burnette has attended several Blackboard virtual training sessions. The Division of Emergency Operations is exploring Blackboard's online learning platform capabilities as a possible solution for course and certificate management for some of the programs offered by the Division like Mass Casualty Incident Management and Traffic Incident Management. This will be part of an overall larger Blackboard integration project being considered by OEMS.

- **Certified Healthcare Emergency Coordinator (CHEC)**

On April 20-21, 2021, Sam Burnette attended a Basic Certified Healthcare Emergency Coordinator (CHEC) class held in Vinton, Virginia. The class, sponsored by the Near Southwest Preparedness Alliance, was delivered by the National Disaster Life Support Foundation (NDLSF). Other attendees included emergency managers from local healthcare facilities, emergency managers from state hospitals, representatives from long-term care facilities, several VDH emergency coordinators and medical reserve coordinators, as well as representation from fire/EMS. The class provides a basic overview of emergency management principles and preparedness programs specifically geared towards healthcare organizations to include developing emergency operations plans for a variety of disasters and emergencies. It demonstrated how interdependent healthcare agencies are to each other and the key roles EMS plays in dealing with a variety of emergencies. For information on the CHEC class and the NDLSF please visit <https://www.ndlsf.org>

- **Health and Safety Webinars**

Vincent Valeriano attended multiple webinars related to provider health and safety. They include:

- *The Ready Responder: How Physical and Mental Wellbeing Affects Performance*

In this webinar, experts in first responder cardiac health, fatigue management, mental health

and risk management discussed how public safety personnel can enjoy long, productive careers. The webinar covered the impact first responder mental and physical wellness has on high-risk job functions, how to reduce the negative impacts of shift work, the importance of a risk-management and organizational culture to health and wellness, cardiac wellness and screenings, and critical mental health resources and tools that can help personnel stay strong and prepared.

- *NHTSA What the Vaccine Means for EMS Operations?*

The National Highway Traffic Safety Administration's Office of EMS discussed the new COVID-19 Vaccines and how the vaccines are changing the approach to the coronavirus pandemic. Presenters addressed topics such as: testing and quarantine implications, EMS clinicians who have not been vaccinated, vaccines and coronavirus variants, and lessons learned for the next pandemic.

- *CSTE: Public Health Law - Implications for COVID-19 Vaccination*

The Council of State and Territorial Epidemiologists discussed the types of mandates that state and local governments have previously used to ensure vaccination coverage, the legality of vaccine mandates with respect to Emergency Use Authorization (EUA), and provided an overview of FDA's EUA authority, including use of the authority during the COVID-10 responses.

## Communications/Emergency Medical Dispatch

- **Improving In-Building Public Safety Communications**

On February 2, 2021, Sam Burnette participated in a webinar hosted by Cel-Fi. The webinar provided information on reducing interference in public buildings caused by public safety communications systems. OEMS tracks trends in technological and communications to share this information with EMS agencies.

- **FirstNet Webinars**

Sam Burnette attended several FirstNet hosted webinars during this quarter. They included:

- February 4, 2021: Leveraging FirstNet for Medical Communications
  - Provided information on how EMS agencies in Ohio leveraged FirstNet in COVID response to include mobile testing site and vaccine distribution.
- February 24, 2021: FirstNet Response Operations Group and Deployable Assets
  - Provided information on the requesting FirstNet deployable assets during disasters and large-scale events. These assets provide additional capabilities for FirstNet users.
- April 22, 2021: FirstNet, the Internet of Things, and 5G.
  - Provided information on integration of 5G into the FirstNet network as well as connecting a variety of devices to the network.

- **National Emergency Communications Program (NECP) Presentations**

On April 14, 2021, Sam Burnette attended a CISA hosted virtual webinar on the National Emergency Communications Plan (NECP). This webinar focused on the importance of reviewing and updating SOPs for the Priority Telecommunication Services (PTS) operations for an agency. It reviewed the PTS App which can be used by agencies to access both the GETS and PTS services designed to provide priority telecommunications services. For more information on CISA NECP webinars, please visit <https://www.cisa.gov/necp-webinars>

- **Statewide Interoperability Executive Committee Meeting**

On April 21, 2021, Division of Emergency Operations staff participated in a Statewide Interoperability Executive Committee (SIEC) virtual meeting. Deputy Secretary of Public Safety and Homeland Security Shawn Talmadge introduced the newly appointed Statewide Interoperability Coordinator (SWIC) Gabe Elias, who came from the Charlottesville-UVA-Albemarle County Emergency Communications Center as their Systems Manager. The FirstNet Authority provided a presentation on the FirstNet buildout in Virginia as well as their 5G upgrades.

- **Commonwealth of Virginia 9-1-1 Border Workgroup**

Sam Burnette participated in several virtual meetings of the 9-1-1 Border Workgroup. The workgroup was created by the Virginia General Assembly which required the Secretary of Public Safety and Homeland Security to establish the workgroup to assess deficiencies related to the timely routing of 9-1-1 calls to the appropriate public safety answering point (PSAP). The General Assembly actions were the result of at least two tragic, fatal events - one in Loudoun County and one in Brunswick County - where the incorrect PSAP was contacted due to challenges with cellular phone technologies. For more information on the workgroup and their recommendations to the Governor, please visit [911 Border Workgroup](#).

- **VDEM 911/GIS Bureau Updates**

Throughout the quarter, Sam Burnette participated in several Virginia Department of Emergency Management (VDEM) 9-1-1/GIS Bureau update virtual meetings. The Bureau has several ongoing projects to include a statewide, aerial GIS mapping project which will provide aerial imagery of the entire state. Other projects include grant funding for Public Safety Answering Points (PSAP), sometimes referred to as 9-1-1 Centers. The Bureau is also working to update the charter and membership of the Regional Advisory Council (RAC) which serves to advise the 9-1-1 Services Board.

- **Public Safety Answering Point (PSAP) Outreach**

Rich Troshak provided outreach and grant support that assisted fourteen localities submit RSAF grants for EMD implementation. The Spring 2021 RSAF grant cycle provided an opportunity for localities to be considered for a grant award prior to the January 1, 2022 Telecommunicator

CPR (TCPR) mandate. Rich will continue to provide support to the 9-1-1 community through individual outreach, regional conference calls, and statewide webinars.

- **Telecommunicator CPR Training Standards**

The Virginia EMS Advisory Board Communications Committee met on April 14, 2021. One of the primary goals of this meeting was to have the committee review the draft Public Safety Answering Point (PSAP) Telecommunicator CPR (TCPR) Training standards developed by the Office of EMS Division of Emergency Operations. Upon reviewing and providing feedback on the standards, the Communications Committee approved forwarding the standards to the Governor's EMS Advisory Board for further review and consideration. The Code of Virginia requires the Office of EMS to create these training standards by July 1, 2021 and will require PSAPs to train every dispatcher in TCPR by January 1, 2022. Upon final review and approval of the training standards, the standards will be published to the OEMS Division of Emergency Operations website along with a list of approved TCPR training programs.

<b>Planning</b>
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- **National EMS Advisory Council**

Sam Burnette and Vincent Valeriano listened to the National EMS Advisory Council (NEMSAC) virtual meeting held on February 10-11, 2021. The council provides advice and recommendations regarding EMS to the National Highway Traffic Safety Administration (NHTSA) in the US Department of Transportation through six committees - Adaptability & Innovation, Equitable Patient Care, Integration & Technology, Preparedness & Education, Profession Safety, and Sustainability & Efficiency. For additional information on the meeting and the presentations, please visit <https://www.ems.gov/nemsac-meetings.html>

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

Sam Burnette and Karen Owens attended a variety of CVEMA monthly meetings to include monthly general membership. Sam also attended the Planning and Training and Exercise meetings. The Alliance is comprised of emergency management personnel from jurisdictions in Central Virginia.

- **FEMA Resilience Analysis and Planning Tool**

Emergency Operations Division staff participated in a webinar on April 15 to review the updates and functionality of the Resilience Analysis and Planning tool.

- **Complex Coordinated Attach Planning**

Throughout the quarter, Sam Burnette reviewed and provided feedback on a Virginia Department of Emergency Management (VDEM) project to create and update an annex to the Virginia

Emergency Operations Plan. The annex provides information on planning for and responding to simultaneous, coordinated attacks.

- **Project ECHO (Extension for Community Health Outcomes)**

Sam Burnette has routinely participated in weekly Project ECHO - EMS Response to COVID 19 webinars hosted by the University of New Mexico. Each week presenters from various EMS agencies from across the United States share valuable lessons learned from their COVID 19 response. These webinars began to include response to civil unrest as events began occurring throughout the nation.

- **Ebola Webinar**

On March 11, 2021, Karen Owens and members of the Division of Emergency Operations participated in a webinar sponsored by the Virginia Hospital and Healthcare Alliance, focused on an update of the ongoing outbreak of Ebola in South Africa. The information provided included an update on the new outbreak numbers, the processes in place to monitor for incoming travelers that might have a high exposure risk, and a reminder of the precautions healthcare providers can and should take.

- **Old Dominion EMS Alliance (ODEMSA) Committees**

Sam Burnette virtually participated in the ODEMSA Training and Education Committee meeting held on February 4, 2021. This committee provides advice to ODEMSA on matters dealing with delivery care in the field. Sam also participated in virtual meetings of the Mass Casualty Incident (MCI) Committee and the Diversion Committee held on April 23, 2021. The purpose of the MCI Committee is the establishment of mass casualty incident guidelines, oversight, and emergency planning for EMS agencies and providers while the Diversion Committee works to improve the management of hospital diversions within the region.

- **Central Virginia Healthcare Coalition High Infectious Disease**

Karen Owens participated in a tabletop exercise on April 27 sponsored by the Central Virginia HealthCare Coalition designed to assist in exploring the healthcare system's ability to identify and stabilize response to a patient with a highly infectious disease. The tabletop will be followed by a meeting at a later date to discuss the response plan.

<b>Health and Safety</b>
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- **Public Safety Exposure Workgroup**

Karen Owens conducted meetings of the Public Safety Exposure workgroup.. The group continues to work on putting together guidance and processes for specimen collection and testing for exposure to decedent body substances. The group is also working on training and education resources for public safety agencies to prevent and respond to exposure incidents.

- **Poison Control Center – PSAP Opioid Response**

During this quarter, Karen Owens continued to conduct meetings of the Opioid Response Workgroup, which is focused on determining additional roles poison control centers and 9-1-1 centers can have to assist in acute and non-acute opioid events

- **Critical Incident Stress Management Accreditation**

Karen Owens participated in multiple phone calls throughout the quarter, including a group call with agencies in the Peninsulas EMS Council to discuss the CISM/Peer Support Team Accreditation process. The phone calls provided an opportunity for team representatives to get clarification on the accreditation requirements and other areas prior to submitting their application for accreditation.

Two teams received conditional approval for accreditation during this quarter. That includes the Herndon Police Department Peer Support Team and the City of Fairfax Police Department Peer Support Team.

- **NASEMSO Resiliency and Wellness Workgroup**

Karen Owens participated in monthly meetings of the National Association of State EMS Officials (NASEMSO) Resiliency and Wellness Workgroup. The purpose of the group is to develop resources and conduct research that focuses on the issues of provider resiliency and wellness in EMS.

- **Health and Safety Infographics**

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

- January - Emergency Vehicle Safety
  - <https://www.vdh.virginia.gov/content/uploads/sites/23/2021/01/Emergency-Vehicle-Safety.pdf>
- February - Healthy Heart Living
  - <https://www.vdh.virginia.gov/content/uploads/sites/23/2021/02/February-2021-Healthy-Heart-Living.pdf>
- March - Fatigue Risk Management in EMS
  - <https://www.vdh.virginia.gov/content/uploads/sites/23/2021/03/March-2021-Fatigue-Risk-Management-in-EMS.pdf>
- April - Heat-Related Illness Prevention
  - <https://www.vdh.virginia.gov/content/uploads/sites/23/2021/04/April-2021-Heat-Related-Illness.pdf>

- **Lifecare Mental Health Ambulance Dedication**

On March 14, 2021, Karen Owens and Vincent Valeriano attended LifeCare Medical Transports, Inc.'s unveiling of their newest themed ambulance dedicated to EMS Mental Health – Make the Call Campaign. Karen shared the heart behind the OEMS's Make the Call Campaign, the issues and stigma surrounding EMS provider mental health, and the importance and need for further awareness and resources to promote and protect providers' resiliency and quality of life. Vincent provided additional information about resources available to providers through the OEMS, and he handed out Make the Call flyers that contain information on where providers can find help and resiliency resources. The ceremony concluded with pictures and service recognition of other Lifecare personnel who have made a considerable contribution to provider mental health and resiliency.

- **Health and Safety Page Webpage Updates**

Vincent Valeriano updated OEMS's health and safety webpages to improve user experience and make it easier to find necessary information. Versus long lists of information, tabs were implemented to help users easily find pertinent information. Additional resources were also added to the webpages. To view the updates, visit: <https://www.vdh.virginia.gov/emergency-medical-services/healthandsafety/>.

- **CISM – Peer Support Team Activity Reporting**

Over the course of the previous quarter teams reported 3 activities, including education sessions, training classes, meetings, and debriefings (both group and one-on-one).

# **Division of Public Information and Education**

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

### **Public Relations**

**Beginning in January 2020, Public Relations staff, along with VDH/OEMS staff began assisting with COVID-19 pandemic response efforts. Due to these emergency response efforts, the marketing and promotion of regularly scheduled events was postponed or cancelled (in 2020) in order to focus on the Governor's emergency declaration for this pandemic. This emergency response effort is ongoing and is now occurring in tandem with events planned for 2021.**

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

##### *Via Virginia EMS Blog*

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

##### *Via Virginia EMS Listserv*

- **February 12** - EMSC Agency Data Collection Survey
- **February 19** - Project Firstline Survey
- **March 11** - Important Update Regarding ESO Software and Services for Virginia's EMS System
- **March 19** - Celebrating the 2020 Governor's EMS Awards (awards virtual presentation promo)
- **March 20** – Press Release: 2020 GOVERNOR’S EMS AWARD WINNERS ANNOUNCED - EMS Providers and Organizations Recognized for Outstanding Contributions to Virginia’s EMS System
- **March 20** - Congratulations to the 2020 Governor's EMS Award Winners!
- **March 25** - OEMS ePCR Transition Virtual Town Hall
- **March 30** - OEMS ePCR Transition Virtual Town Hall UPDATES

### *Via Social Media Outlets*

We continue to keep OEMS' Twitter and Facebook pages active, educational and relevant by posting daily and/or weekly updates that provide important announcements and health-related topics to increase awareness and promote the mission of OEMS and VDH. Some of the subjects that were featured from January - March are as follows:

- **January** – Motor vehicle related incidents health and safety infographic, VCU Health is hosting an online VILT CE Course - Pediatric Poisoning/OD, state holiday office closures, Trauma & Critical Care Program Manager position, National Slavery & Human Trafficking Prevention Month and new OEMS First Responders against Human Trafficking webpage.
- **February** – Health and Safety Infographic focused on heart disease and the 2021 National Ambassador for Know Diabetes by Heart, a partnership of the American Diabetes Association and the American Heart Association.
- **March** – Virtual awards promo for 2020 Governor's EMS Awards ceremony, ESO software services transition announcement, Spring 2021 RSAF grant cycle, Health and Safety Infographic focused on fatigue, Governor's EMS Awards virtual awards ceremony video, 2020 Governor's EMS Award winners press release and bios, virtual informational town hall on March 25 from 2 - 3:30 p.m. on the ESO transition of the patient care reporting system.

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

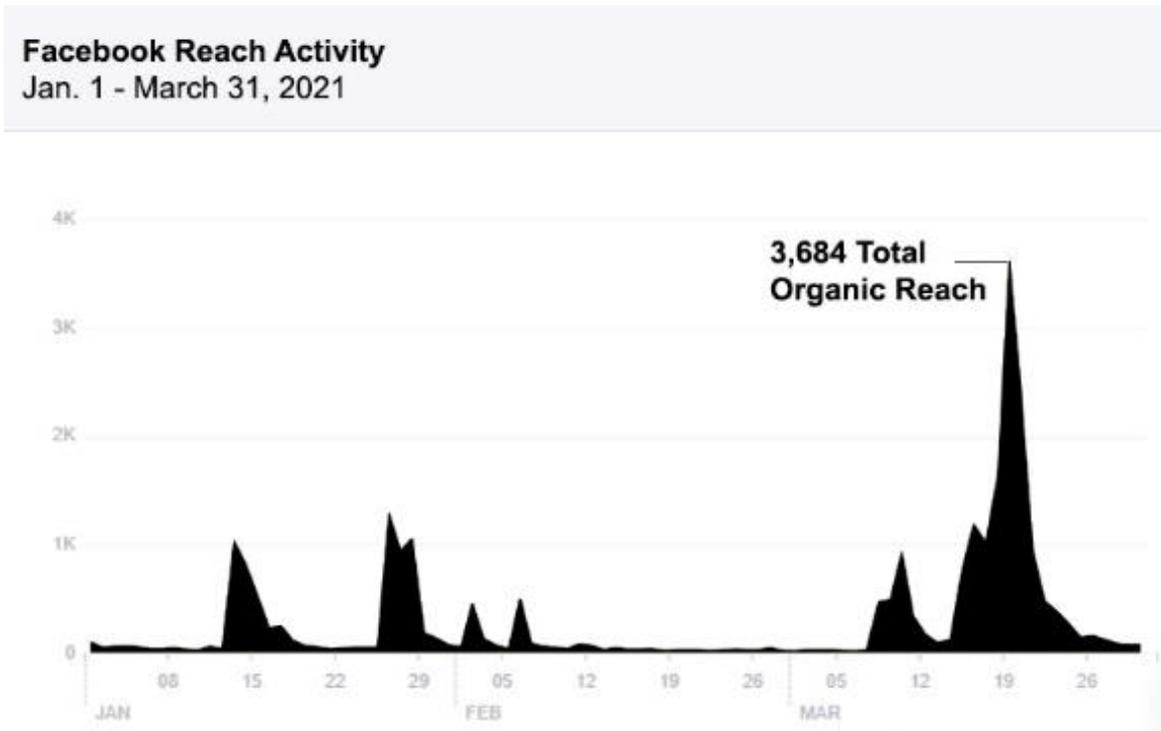
- PR Assistant provides monthly reports to EMS management regarding OEMS Customer Service Feedback Form.
- PR Assistant also provides biweekly attention notices (when necessary) to OEMS Director and Assistant Director concerning responses that may require immediate attention.

## **Social Media and Website Statistics**

As of April 28, 2021, the OEMS Facebook page had 8,382 likes, which is an increase of 81 new likes since February 8, 2021. As of April 28, 2021, the OEMS Twitter page had 5349 followers, which is an increase of 49 followers since February 8, 2021.

**Figure 1:** This graph shows the total organic reach\* of users who saw content from the OEMS Facebook page, January - March. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post was posted on March 17, 2021. This post garnered 5.2k people reached and 572 engagements (including post likes, reactions, comments, shares and post clicks.)**

*\*Total Reach activity is the number of people who had any content from our Facebook Page or about our Facebook Page enter their screen. Organic reach is the number of unique people who saw our post in the newsfeed or on our page, including people who saw it from a story shared by a friend when they liked it, commented on it, shared our post, answered a question or responded to an event. Also includes page mentions and check-ins. Viral reach is counted as part of organic reach. Organic reach is not paid for advertising.*



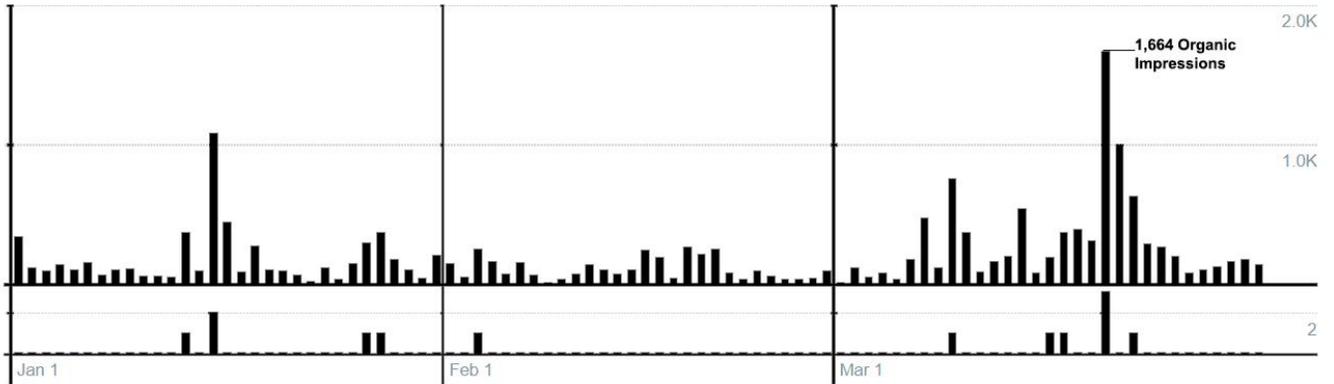
**Figure 2:** This graph shows the total organic impressions\* over a 91-day period on the OEMS Twitter page, January - March. **During this 90 day period, we earned 201 impressions per day. The most popular tweet received 2,781 organic impressions.**

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

**Tweet Activity**

Jan. 1 - March 31, 2021

Your Tweets earned 18.1K impressions over this 90 day period



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

January	<ol style="list-style-type: none"> <li>1. Guide to Completing National Registry Recertification 2.0 Application (201)</li> <li>2. BLS &amp; ALS Certification Levels (136)</li> <li>3. Authorized Durable DNR Form and Instructions (108)</li> <li>4. TR-06 – Course Roster (108)</li> <li>5. Creating an Account on CentreLearn for EMSAT (108)</li> </ol>
February	<ol style="list-style-type: none"> <li>1. Guide to Completing National Registry Recertification 2.0 Application (339)</li> <li>2. BLS &amp; ALS Certification Levels (272)</li> <li>3. Authorized Durable DNR Form and Instructions (261)</li> <li>4. Creating an Account on CentreLearn for EMSAT (233)</li> <li>5. TR-06 – Course Roster (200)</li> </ol>
March	<ol style="list-style-type: none"> <li>1. Governor’s EMS Award Winners’ Bios (2,162)</li> <li>2. Guide to Completing National Registry Recertification 2.0 Application (776)</li> <li>3. BLS &amp; ALS Certification Levels (498)</li> <li>4. Creating an Account on CentreLearn for EMSAT (411)</li> <li>5. TR-06 – Course Roster (375)</li> </ol>

**Figure 4:** This table identifies the total number of unique pageviews, the average time on the homepage and the average bounce rate for the OEMS website from January - March.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
January	10,023	00:43	24.57%
February	9,026	00:35	24.86%
March	12,101	00:27	25.51%

**Google Analytics Terms:**

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

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

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

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

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

<b>Governor’s EMS Awards Program</b>
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- PR Coordinator and PR Assistant coordinated the virtual Governor’s EMS Awards production by working directly with the vendor to create the awards program video.
- PR Assistant prepared and coordinated the award winners’ info, photos and other materials to be used in the virtual awards production.

- PR Coordinator submitted a request and prepared information for the Governor to create a special video message to be used in the Governor’s EMS Awards virtual ceremony.
- PR Coordinator and PR Assistant promoted the 2020 Governor’s EMS Awards virtual ceremony promo reel via social media.
- PR Coordinator and PR Assistant posted the 2020 Governor’s EMS Awards virtual ceremony on social media and monitored comments on Facebook.
- PR Coordinator sent a statewide press release announcing the 2020 Governor’s EMS Award winners. Several news outlets covered the story.
- PR Coordinator created a webpage to highlight the Governor’s EMS Award winners, which included their bios, press release and award ceremony video.
- PR Assistant coordinated the mailing of the award pyramids and certificates to all award winners.
- PR Assistant posted the 2021 Governor’s EMS Awards nomination forms on the OEMS website.
- PR Assistant designed the 2021 Regional EMS Awards flyer.

<b>EMS Week</b>
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- PR Assistant submitted the 2021 EMS Week Proclamation to the Governor’s Office.
- PR Assistant will prepare the EMS Week letter and guide to be sent to all EMS agencies.
- PR Coordinator will prepare the EMS Week press release, website and social media shareables.

<b>Media Coverage</b>
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The PR Coordinator and PR Assistant are responsible for fielding the following OEMS media inquiries January – March, and submitting media alerts for the following requests:

- **March 18** – Reporter from Kaiser Health News requested info regarding trauma triage reports.

## OEMS Communications

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

- On March 11, the PR Coordinator worked with ESO communications team to send out information regarding the transition to the new software. Info was sent via listserv and social media platforms.
- On a daily basis, the PR Assistant monitors and provides assistance to the emails received through the EMS Tech Assist account and forwards messages to their respective divisions.
- The PR Assistant is the CommonHealth Coordinator at OEMS, and as such, she sends out weekly CommonHealth Wellnotes to the OEMS staff and coordinates events within the office.
- The PR Coordinator and PR Assistant design certificates of recognition and resolutions for designated EMS personnel on behalf of the Office of EMS and State EMS Advisory Board.
- Upon request, the PR Coordinator and PR Assistant create certificates for free Symposium registrations to be used at designated events.
- Upon request, the PR Coordinator and PR Assistant provide assistance for the preparation of responses to constituent requests.
- The PR Coordinator and PR Assistant respond to community requests by sending out letters, additional information, EMS items, etc.
- The PR Coordinator and PR Assistant provide reviews and edits of internal/external documents as requested.
- The PR Coordinator and PR Assistant update OEMS website with content and documents upon request from office Division Directors and Program Managers.
- The PR Coordinator is responsible for monitoring social media activity and requests received from the public. She forwards questions to respective OEMS division managers and provides responses to the inquiries through social media. The PR Assistant provides back-up to all social media for OEMS and VDH.
- The PR Coordinator is responsible for coordinating and submitting weekly OEMS reports to be used in the report to the Secretary of Health and Human Resources. The PR Assistant provides back-up assistance.
- The PR Coordinator and PR Assistant assist with FOIA requests as needed.
- When applicable, the PR Assistant submits new OEMS hire bios and pictures to be included on the New Employees webpage on the VDH intranet.

## VDH Communications Office

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

- **January – March** – The PR Coordinator is responsible for working with the Communications Office to assist with coverage for media alerts, VDH in the News, weekly Commissioner’s message, media assistance, team editor, VDH social media, Shutterstock agency-wide image requests and other duties upon request.
  - In response to the COVID-19 pandemic, the PR Coordinator was temporarily reassigned to the role of Assistant Director for the Office of Communications. This role will last March 2020-March 2021. As such, in this role she is responsible for approving time off requests, monthly financial approvals (sign-off on employee leave/pay forms), assisting with the Joint Information Center (JIC) duties and weekend/afterhours JIC coverage, leading VDH Communications team meetings, creating daily VDH communications report, media response, writing/sending/posting press releases, coordinating press conferences, attending leadership meetings, assisting with VDH COVID-19 website updates and social media posts, assisting as lead PIO on VDH ICS Vaccine Unit and registration sub-unit, submitting RAPs, assisting marketing contractors with access to VDH social media advertising sites, etc.
    - In response to the COVID-19 pandemic, the PR Assistant has been helping with the following tasks: Logging media inquiries into the VDH Media Alert Generator, monitoring the VDH web feedback submissions, assisting the VDH testing team with sending notices out to local physicians regarding area COVID-19 test sites and replying to general inquiries, assisting with posting and sharing OEMS COVID-19 information and updates and sending statewide press releases and posting them on the VDH website.
  - The PR Assistant is responsible for sending VDH media alerts, updating the VDH New Employees photos for the VDH intranet, replying to website feedback via the VDH website, coordinating and sending the Commissioner’s clinician letters.
  - The following Clinician Letters were sent from January - March:
    - COVID-19 Update for Virginia – January 11
    - COVID-19 Update for Virginia – January 25
    - COVID-19 Update for Virginia – March 4

- The PR Assistant also serves as secondary backup for VDH social media, listserv emails and assisting with website feedback.
- The PR Assistant recently joined the FOIA team and is training as FOIA Officer. This role includes assigning FOIA requests, updating FOIA logs, attending FOIA check-in meetings twice weekly, following-up on FOIA assignments.
- **VDH Communications Conference Calls (Ongoing)** - The PR Coordinator participates in weekly conference calls and polycoms for the VDH Communications team.
  - PR Coordinator and PR Assistant participate in bi-monthly Agencywide Communications Workgroup.

# Regulation and Compliance Division



*While a declared state of emergency does provide for the commonsense relaxation of regulatory enforcement; it does not indicate a complete abandonment of the ideal of regulatory compliance.*

## **VII. Regulation and Compliance Enforcement**

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

- Licensure & Permitting
  - EMS Agencies and vehicles
- Regulatory Compliance Enforcement of:
  - EMS Agencies
  - EMS Vehicles
  - EMS Personnel
  - EMS Physicians
  - RSAF Grant Verification
  - Regional EMS Councils
  - Virginia EMS Education
  - Complaint\Compliance Investigations
  - Drug Diversion Investigations
  - LCR Database Portal Management
- EMS Physician (Operational Medical Director) Endorsements
- Background Investigation Unit
  - Determine eligibility for EMS certification and/or affiliation in Virginia
- EMS Regulation Variance/Exemption application determinations
- EMS Psychomotor Examination Accommodation Request determinations
- Creation and/or Revision of EMS Regulation(s)
  - Utilizing the Virginia Division of Legislative Services, Regulatory Information System, and Department of Planning and Budget as required

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

The following is a summary of the Division’s activities for the first quarter, 2021:

<b>EMS Agency/Provider Compliance Enforcement Activity</b>							
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Enforcement	2021 1st Quarte r	2021 2nd Quarte r	2021 3rd Quarte r	2021 4th Quarte r	2021 Totals	2020 Totals	2019 Totals
<b>Citations</b>	<b>5</b>					<b>29</b>	<b>33</b>
EMS Agency	1					10	13
EMS Provider	4					19	20
<b>Verbal Warning</b>	<b>2</b>					<b>7</b>	<b>8</b>
EMS Agency	0					1	4
EMS Provider	2					6	4
<b>Correction Order</b>	<b>1</b>					<b>6</b>	<b>5</b>
EMS Agency	0					0	1
EMS Provider	1					6	4

<b>Suspension</b>	<b>11</b>					<b>34</b>	<b>24</b>
EMS Agency	1					0	0
EMS Provider	10					34	24
<b>Revocation</b>	<b>4</b>					<b>0</b>	<b>2</b>
EMS Agency	0					0	0
EMS Provider	4					2	0
<b>Compliance Cases</b>							
Investigations Opened	39					180	203
Investigations Closed	35					168	199
<b>Drug Diversions</b>	<b>1</b>					<b>10</b>	<b>6</b>
<b>Variances</b>	<b>47</b>					<b>87</b>	<b>110</b>
Approved	30					49	56
Denied	17					38	54
<b>RSAF Grant Verifications</b>	<b>71</b>					<b>258</b>	<b>281</b>

### **Quarterly IFFC = Informal Fact Finding Conferences appeal hearing update**

Currently the Regulation & Compliance Enforcement Division has no IFFC hearings pending or scheduled. Hearings are held at the Office of EMS in Glen Allen, VA.

There were 2 Administrative Processes Act - Informal Fact Finding Conferences (hearings) held this quarter, on February 17<sup>th</sup> at the Office of EMS in Glen Allen, VA. 1 hearing was attended by a pro se (*self-represented*) regulant, and 1 hearing was held in absentia as required by regulation.

Both Cam Crittenden, R.N., and Ron Passmore, NRP, have completed courses at the National Judicial College on a tract to obtain non-attorney, Administrative Law Judge (hearing officer) credentials and will begin hearing IFFC's for the Office of EMS.

### Quarterly EMS Agency & Vehicle Licensure Activity

Licensure	2021 1st Quarter	2021 2nd Quarter	2021 3rd Quarter	2021 4th Quarter	2020 Total	2019 Total
<b>Total Agencies</b>	569				573	587
New Agency	2				10	7
New Vehicles	45				232	239
<b>Inspections</b>	816				3082	2819
Agencies Inspected	90				250	330
Vehicles Inspected	630				2683	2153
Unscheduled “Spot” Inspections	96				149	336

### Background Investigation Unit

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

Background Checks	2021 1st Quarter	2021 2nd Quarter	2021 3rd Quarter	2021 4th Quarter	2020 Total	2019 Total
OEMS Processed	2,566				6,410	7,613
Eligible	2,429				6,310	6,973
Non-Eligible	8				54	47

Review Criminal history	340				430	Not Available
Outstanding Waiting for results	86				Not Cumulative	Not Cumulative
Rejected Fingerprint cards	14				56	391
Jurisdictional Ordinance Processed	129				1,119	2,432

<b>EMS Physician Endorsement</b>
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<b>Operational Medical Directors</b>	<b>2021 1st Quarter</b>	<b>2021 2nd Quarter</b>	<b>2021 3rd Quarter</b>	<b>2021 4th Quarter</b>	<b>2020 Total</b>	<b>2019 Total</b>
Endorsed	227				208	220
New OMD's	2				18	>3
Re-Endorsed (5yr)	14				20	41
Conditional (1yr)	3				14	23
Expired Endorsement	1				8	19

The 2020-2021 OMD workshops schedule resumed on October 30, 2020 and was the first virtually held workshops. Two virtual workshops were held during this quarter, one per month for February & March; and one per month will be held April & May.

Please register by clicking on the link under EMS Medical Director Course Info on the EMS Medical Director subtab under the Regulation & Compliance Enforcement Division section, of the OEMS website.

The OMD Workshop schedule for 2022 will start at the 2021 EMS Symposium in Norfolk this November. The OMD workshops will return to in-person classes and the winter/spring 2022 workshop schedule will again be held at different locations across the Commonwealth.

Dr. Lindbeck is currently updating the on-line OMD training program that is utilized as a pre-requisite for new physicians interested in becoming an endorsed EMS Physician in Virginia.

One Portal login for all OMD roles is finally here! All EMS Physician OEMS processes are paperless and in real time online now! Apply for initial and re-endorsement, approve EMS courses, variances, agency affiliations, symposium submissions, and print your own state card via your online OEMS portal account.

Tutorial videos are available on the EMS Medical Directors subtab under Regulation & Compliance Enforcement Division section of the OEMS website.

## Regulatory Process Update

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

- **Stage 1** - A Notice of Intended Regulatory Action (NOIRA) posted in the Virginia Register of Regulations (Vol. 33 Issue 19) on May 15, 2017. The deadline for public comment was June 14, 2017. No public comments were submitted. OEMS Staff is working to complete the required documentation for the next step for the “Proposed” EMS Regulations.
  
- The approved first draft of “Proposed” EMS Regulations (Chapter 32) has been manually entered into the RIS as project 5100 *\*(New updates must be incorporated into these “Proposed” EMS Regulations (Chapter 32); likewise RIS project 5100 must be updated as well)*.
  
- The required Town Hall (TH-02) form is complete which details all changes in regulatory language from Chapter 31 to 32 by comparison. This form was submitted to the Regulatory Town Hall on January 25, 2019. *\*(The TH-02 form must be updated to reflect the new updates as well)*.
  
- New updates include regulatory language of what is required for agencies to become licensed as a Mobile Integrated Healthcare-Community Paramedicine Agency; EMS Agency licensure category of Critical Care to include required training and equipment; and ACE Division has submitted additional revisions.
  
- **Stage 2** - Submission of the completed TH-02 document for project 5100 (Chapter 32) will be presented to the VDH – Board of Health once final edits are complete and approved for this submission by the State EMS Advisory Board;

this will initiate the Executive Branch Review process which requires the Office of Attorney General, Department of Planning and Budget including an Economic Impact Analysis, Cabinet Secretary, and Governor of Virginia to review; then posted for a 60 day public comment period on the Virginia Regulatory Town Hall  
*\*(Target Goal for this phase is following August 2021 Advisory Board meeting)*

- Following the 60 day comment period, all comments will be considered (adopted) and final regulatory language will be revised
- **Stage 3** – Submission of the completed (TH-03) document for project 5100 as the final regulatory package via the Town Hall to again receive a repeat Executive Branch review and final public comment period before adoption into law.

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

- ❖ The Regulation and Compliance Enforcement Division bi-monthly staff meeting(s) scheduled for February 9<sup>th</sup> thru 12<sup>th</sup> at the Central Shenandoah Regional EMS Council Office was cancelled due to weather; a virtual one day meeting was held on February 11, 2021 to cover mission critical items.
- ❖ Division Task Team met at the Office of EMS on January 5<sup>th</sup> to work on Regulation & Compliance Enforcement Division website updates and improvements
- ❖ Division Leadership Team (Division Director & Field Supervisors) met January 20<sup>th</sup>, February 11<sup>th</sup>, to review, plan, and monitor the 2021 Division deliverable goals.
- ❖ Recruitment efforts initiated to hire a Program Representative for the Tidewater jurisdiction following the May 31, 2021 retirement of Investigator Wayne Berry.
- ❖ Division Director, Ron Passmore now serving on the Executive Committee of the Virginia POST Collaborative Board representing the Office of EMS.
- ❖ Introductory Meeting held with new Assistant Attorney General Krista Samuels Esq. who will be representing the Office of EMS.
  - Returning to monthly meetings with AG Attorney for all OEMS Division Directors as needed.

❖ EMS Agency Data Compliance 2020 Initiative continued

- Per 12VAC5-31-560-C All licensed EMS agencies are required to submit Patient Care Records with the required minimum data set on a schedule established by the Office of EMS as authorized in §32.1-116.1 of the Code of Virginia.
- Field Investigators continue to work with their EMS agencies regarding data compliance during this quarter, in support of Trauma & Critical Care Divisions data compliance mission.
- The most current compliance report as well as contact information for resources to assist each agency in becoming compliant are provided on the OEMS website under Regulation & Compliance Enforcement tab then click the Data Compliance Report sub-tab.

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

- Division Section of OEMS website has been updated and reorganized as follows:
  - Regulation & Compliance Enforcement Division Home page
    - Quick links for most common forms
      - **NEW** Vaccine Administration by Certain EMS Personnel
  - There are 10 division subtabs as follows:
    - Agency Licensure
    - Regulation
    - Guidance Documents
      - **New** Guidance Document detailing the Section 1 Bill from SB1445/HB2333 (EMT Covid 19 - Vaccinators) posted
    - Criminal History Record
    - Fingerprint Submission
    - EMS Interstate Compact (REPLICA)
    - Data Compliance Report
    - Durable Do Not Resuscitate (DDNR)

- EMS Medical Directors
  - Sample Policies and Agreements
- **Relaxation of EMS Regulations during declared State of Emergency (SOE).**
- *While a declared SOE does provide for the commonsense relaxation of regulatory enforcement; it does not indicate a complete abandonment of the ideal of regulatory compliance.*

<h2 style="margin: 0;">Regulation and Compliance Enforcement Division Structure Profile</h2>
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**Ronald D. Passmore, NRP, TS-C**

Division Director, Regulation and Compliance Enforcement

Phone: (804) 888-9131

Fax: (804) 371-3108

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

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

**Marybeth Mizell**

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

- Provides direct administrative support to the Division Manager while managing all Virginia endorsed EMS physicians, to include all applications for OMD endorsement and re-endorsement, and provides technical support assistance to field team administrative assistants.
- Update and maintain listing of all Virginia endorsed EMS Physicians
- Provides staff support to the Rules and Regulations and Transportation committees

**Kathryn “Katie” Hodges**

Administrative Assistant,  
Background Investigations  
Phone: (804) 888-9133  
Fax: (804) 371-3409

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

**OEMS Program Representatives (Field Investigators)**

Provides field support to EMS agencies, local government, facilities and interested parties in the development of EMS to include the following:

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

**Sr. Supervisor, Jimmy Burch, NRP** ([Jimmy.Burch@vdh.virginia.gov](mailto:Jimmy.Burch@vdh.virginia.gov)) – *Virginia - East*

- **Wayne Berry, NRP** ([Wayne.Berry@vdh.virginia.gov](mailto:Wayne.Berry@vdh.virginia.gov)) – *Coastal*
- **Steve McNeer, EMT-I** ([Stephen.McNeer@vdh.virginia.gov](mailto:Stephen.McNeer@vdh.virginia.gov)) – *Central*
- **Doug Layton, EMT-P** ([Douglas.Layton@vdh.virginia.gov](mailto:Douglas.Layton@vdh.virginia.gov)) – *Shenandoah*

**Supervisor, Paul Fleenor, NRP** ([Paul.Fleenor@vdh.virginia.gov](mailto:Paul.Fleenor@vdh.virginia.gov)) – *Virginia - West*

- **Ron Kendrick, EMT-I** ([Ron.Kendrick@vdh.virginia.gov](mailto:Ron.Kendrick@vdh.virginia.gov)) – *Appalachia*
- **Scotty Williams, EMT-P** ([Scotty.Williams@vdh.virginia.gov](mailto:Scotty.Williams@vdh.virginia.gov)) – *Highlands*
- **Len Mascaro, NRP** ([Leonard.Mascaro@vdh.virginia.gov](mailto:Leonard.Mascaro@vdh.virginia.gov)) – *Northern Virginia*

The Regulation and Compliance Team of professionals provide the Commonwealth of Virginia with more than 153 years of combined experience specific to EMS regulations and compliance enforcement; in addition, this team of twelve has more than 322 years of combined experience with the delivery of Emergency Medical Services as clinical providers and EMS administrators.

# **Division of Trauma and Critical Care**

## VIII. Division of Trauma and Critical Care

### OEMS Patient Care Informatics Team

- **Support**

For the first quarter of 2021, the Informatics team addressed just under 500 general support tickets, emails, and phone calls. We continued to monitor the data import and export processes to ensure information was sent and received properly. Support continued to monitor the reporting database (Report Writer) each day. As in previous quarters, this monitoring allowed us to proactively and quickly address Report Writer issues before those issues impacted agencies. Three Report Writer outages occurred during the first quarter of 2021, which largely went unnoticed by the EMS agencies because the downtime was so short.

As in previous quarters, the majority of reported issues continued to be general user account issues, such as locked accounts or forgotten credentials. We have continued our educational efforts to mitigate the volume of these types of requests.

- **Virginia Elite System**

The largest project for this quarter was the development and implementation of a new Schematron file that went into effect on 03/15/2021. This file contains new validation rules to help address newly identified data issues and ensure cleaner data is submitted into the state EMS data repository. Additionally, facility names were updated, which should improve our ability to provide better research data.

One example was the addition of a validation rule to prevent agencies from submitting data using the generic out-of-state facility code (102) while documenting the facility destination as being located in Virginia. As was reported last quarter, the Informatics team started manually reviewing the repository daily to ensure any such issues were quickly identified. Once identified, the agency that submitted the data was notified so they could review the data and make any necessary corrections. While the number of these issues was low (about 15 to 20 per week), this did have a negative impact on collected data. After 03/15/2021, when the new Schematron file went into effect, that number dropped to zero. The Informatics team will continue monitoring this to ensure no additional measures are needed.

We continued to receive monthly updates to the Virginia Elite system. As with the last quarter, the updates for this quarter were all related to software fixes. As a result, no new functionality was added.

- **EMS Data Submission and Data Quality**

Overall data quality continued to average just over 98% during this quarter. We continued to monitor incorrect documentation of the primary role of the unit and notified agencies when these were discovered so they could submit corrections. In March, we noted an increase in the number of agencies reporting data in the “Excellent” range, which coincided with the new Schematron release. We hope that this will continue to improve, but the Informatics team will continue to monitor quality each day and make adjustments where indicated.

The latest Data Quality Report and Data Submission Compliance Reports are on the Knowledgebase: [Knowledgebase - Data Submission Report](#).

Table 1: Number of Virginia EMS Agencies Classified by Average Incident Validity Score, January– March 2021

<b>Validity Score Scale</b>	<b>January</b>	<b>February</b>	<b>March</b>
Excellent (98-100)	439	430	461
Good (95-97.99)	41	43	30
Poor (< 95)	35	32	26
<b>Failed to Submit</b>	<b>72</b>	<b>71</b>	<b>67</b>

- **Virginia Trauma Registry**

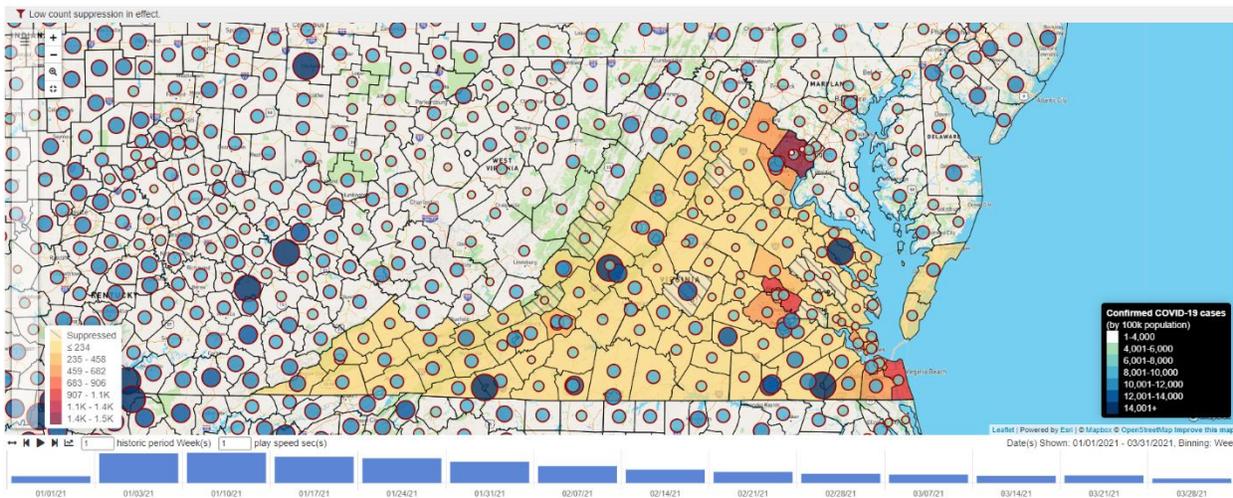
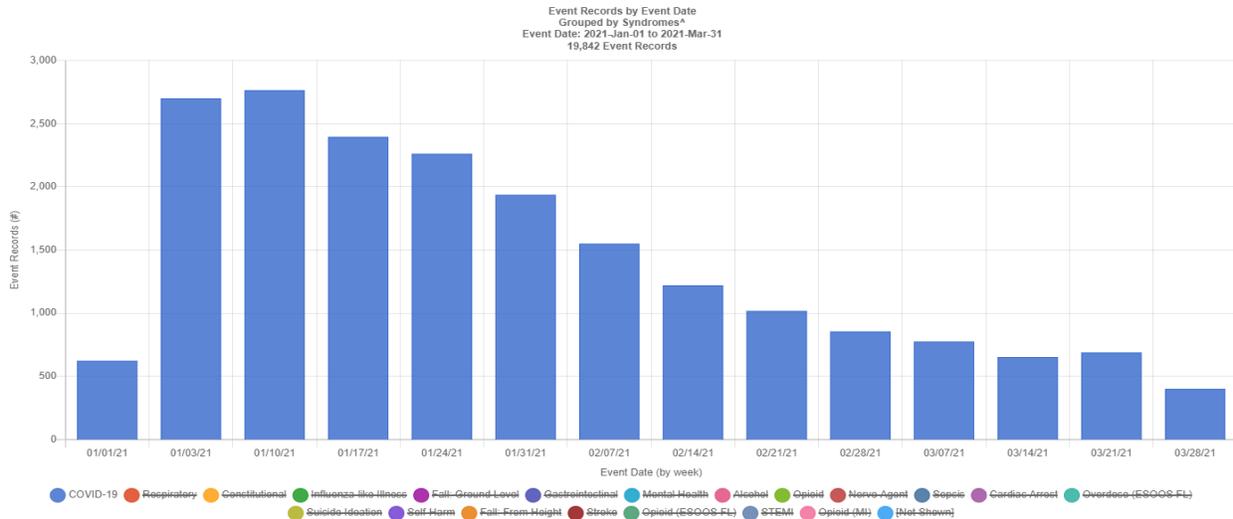
The non-trauma center data quality reports for December 2020 through February 2021 were completed and sent to the contacts we have on file. We continued sending email submission reminders, following up with the facilities that failed to submit and tracking all communications efforts made to improve data submission. The fourth quarter 2020 quality report for Trauma centers was also distributed to trauma facilities. Both reports were posted on the Knowledgebase for reference: [Knowledgebase – Data Quality Report](#).

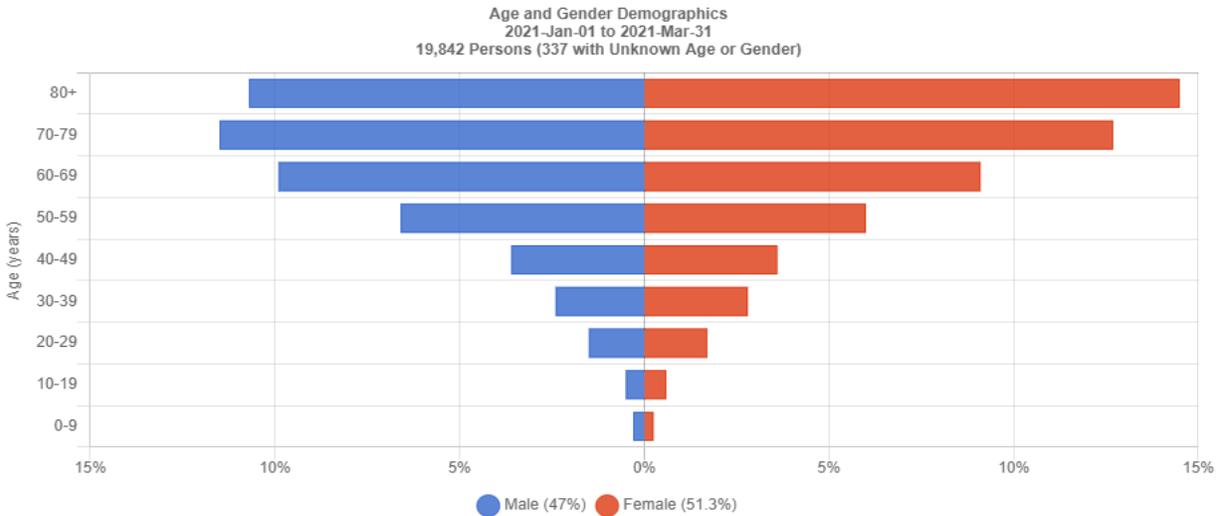
The Informatics team continued to provide validation reports with every data quality report produced. These reports allow facilities to better identify data reporting deficiencies. A validation report was created to help facilities identify missing information after submissions. The team also conducted a training class on how best to use the Trauma Registry system.

- **Biospatial**

Our work with Biospatial is ongoing. In the first quarter of 2021, we continued meeting with the Biospatial group every other week. The Informatics team monitored data submission from the EMS repository to Biospatial daily. If deficiencies were noticed, the team researched those issues and contacted agencies, as needed. Most issues were related to late data submission, but those were normally resolved within a few days of discovery.

The use of various Biospatial dashboards has greatly improved the efficiency of performance evaluation for agencies throughout the Commonwealth. Below is the COVID-19 Dashboard for Q1 2021. Multiple views and layers can be customized in this interactive program.





## EMS Epidemiology

- **Meeting Attendance and Training Participation:** During the first quarter of 2021, the OEMS Epidemiologists participated in several meetings and training opportunities. These included:
  - VDH - Overdose Surveillance and Prevention Workgroup meeting,
  - Overdose Prevention and Response During the COVID-19 Pandemic webinar,
  - American Heart Association pre-hospital quality roundtable on cardiac arrests, strokes, and STEMIs,
  - Gun Injury Violence Advisory Board and Collaborative Network (GIVEBACK) inaugural meeting as part of the Firearm Injury Surveillance in Emergency Rooms (FASTER) project,
  - COVID response-related conference calls, and
  - Tableau training sessions.
  
- **Other Activities:**
  - Throughout the first quarter of 2021, the OEMS Epidemiology Program Manager continued to collaborate with the Department of Labor and Industry on modification and implementation of the “Virginia Final Permanent Standard for Infectious Disease Prevention of the SARS-CoV-2 Virus That Causes COVID-19.”
  - The Division of Trauma and Critical Care provided EMS council regions with training on the Virginia Pre-Hospital Information Bridge (VPHIB). Representatives from various EMS council regions attended. The main training topics included:
    - Introduction to the VPHIB reporting system,
    - Finding information in the Knowledgebase,
    - Validation rules while reporting an incident,
    - Data quality reporting,
    - Creating and running reports in Report Writer,
    - Creating custom data elements in Report Writer, and

- Saving, sharing, and exporting reports from Report Writer.
- **EMS Calls Summary:** Virginia EMS agencies received/responded to **384,008** transport calls in the first quarter of 2021 (reported as of 04/12/2021). Summaries of the calls by incident disposition, sex, age, and EMS council regions are tabulated below (Tables 2-5).

Table 2: EMS Calls by Incident Disposition, First Quarter 2021, Virginia

<b>Incident Disposition</b>	<b>EMS Calls</b>
Patient Treated, Transported by this EMS Unit	258,235
Canceled	42,449
Assist	26,549
Patient Refused Evaluation/Care (Without Transport)	20,555
Patient Treated, Released (AMA)	13,191
Standby	5,894
Patient Evaluated, No Treatment/Transport Required	5,075
Patient Treated, Transferred Care to Another Unit	4,792
Patient Dead at Scene	4,357
Patient Treated/Released (per protocol or with referral)	1,150
Patient Refused Evaluation/Care (With Transport)	1,036
Patient Treated, Transported by Law Enforcement	350
Patient Treated, Transported by Private Vehicle	235
Transport Non-Patient, Organ, etc.	138
Blank	2
<b>Total</b>	<b>384,008</b>

Table 3: EMS Calls by Patient Sex, First Quarter 2021, Virginia

<b>Patient Sex</b>	<b>EMS Calls</b>
Female	164,881
Male	148,745
Not Recorded	13,297
Not Applicable	5,711
Blank	2,633
Unknown (Unable to Determine)	260
<b>Total*</b>	<b>335,527</b>

\*Note: Total does not include canceled EMS calls, standbys, or transport of non-patients, organs, etc.

Table 4: EMS Calls by Patient Age Group, First Quarter 2021, Virginia

Patient Age Group (Years)	EMS Calls
Under 15	9,442
15 – 29	28,287
30 – 44	35,481
45 – 59	53,503
60 – 74	89,700
75 and Above	97,301
<b>Blank</b>	<b>21,813</b>
<b>Total*</b>	<b>335,527</b>

\*Note: Total does not include canceled EMS calls, standbys, or transports of non-patients, organs, etc.

Table 5: EMS Calls by EMS Council Region, First Quarter 2021, Virginia

EMS Council Region	EMS Calls
Blue Ridge	14,388
Central Shenandoah	16,656
Lord Fairfax	10,327
Northern	66,982
Old Dominion	76,235
Out of State/Other	400
Peninsulas	36,330
Rappahannock	19,080
Southwest	27,107
Thomas Jefferson	11,637
Tidewater	64,221
Western	40,645
<b>Total</b>	<b>384,008</b>

- Opioid Usage and Naloxone Administration:** Virginia EMS providers administer Naloxone (Narcan) to patients with opioid overdoses. A total of 3,330 Naloxone administrations for 2,428 incident overdose cases were reported from January - March 2021. Of the Naloxone doses administered, an improved response was documented for 1,774 of the doses; the 1,774 doses were provided for 1,493 incident overdose cases. Comparing the number of incident overdose cases (N=2,428) and the incidents with improved responses (n=1,493), 61.5% of the overdose cases had a positive response to Naloxone administration documented.

Figure 1: Naloxone Administrations by Patient Sex, First Quarter 2021, Virginia

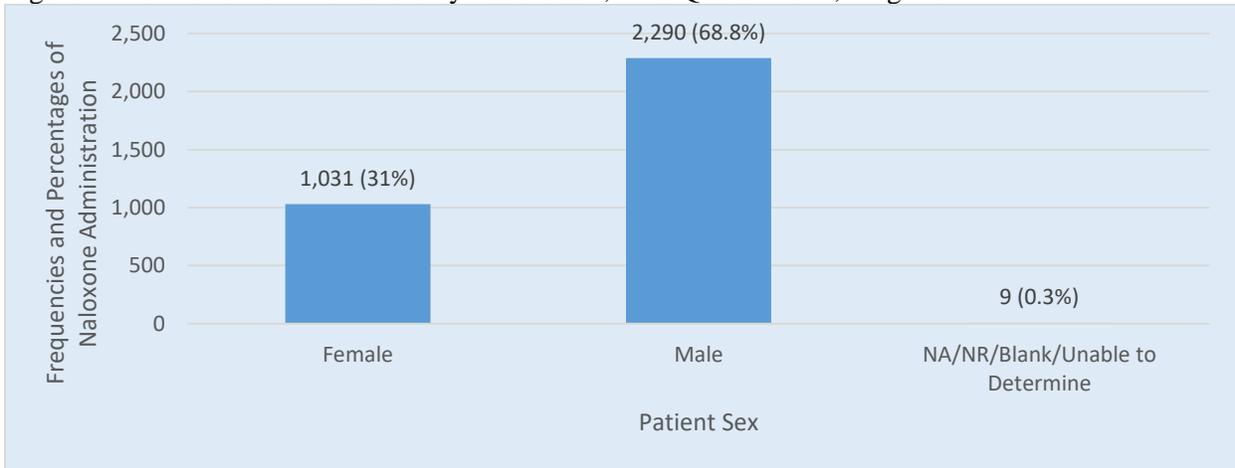


Figure 2: Naloxone Administrations by Patient Age Group, First Quarter 2021, Virginia

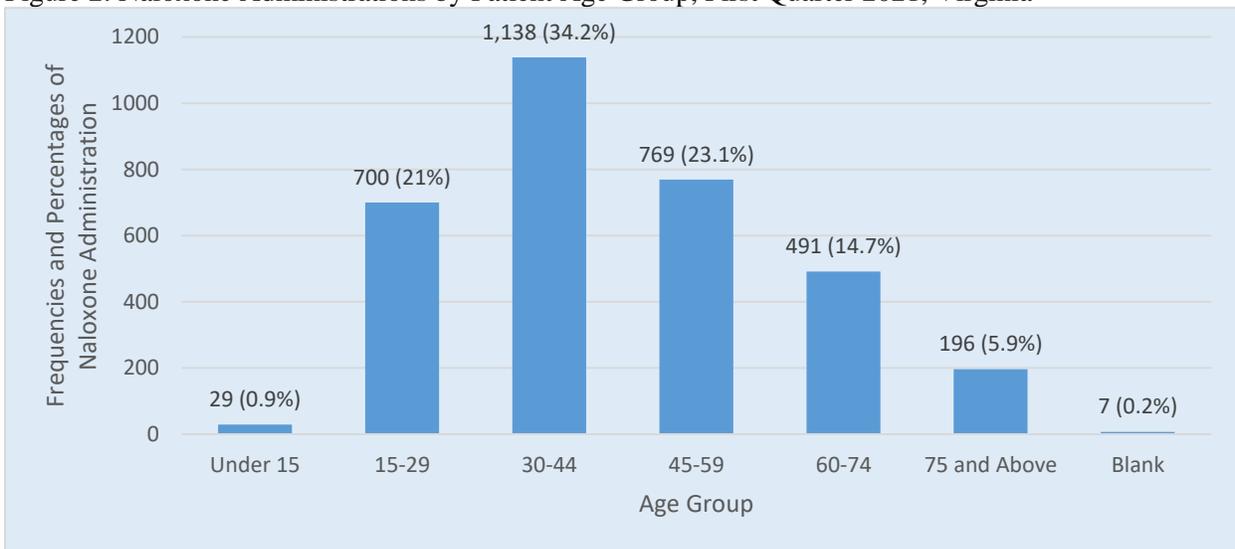


Table 6: Naloxone Administrations by EMS Council Region, First Quarter 2021, Virginia

EMS Council Region	Naloxone Administrations
Blue Ridge	68
Central Shenandoah	51
Lord Fairfax	131
Northern	437
Old Dominion	934
Out of State/Other	2
Peninsulas	273
Rappahannock	213
Southwest	161
Thomas Jefferson	65
Tidewater	609
Western	386
<b>Total</b>	<b>3,330</b>

- **Trauma Incidents:** Of the total EMS calls (384,008) reported in the first quarter of 2021, 19,562 calls were trauma-related (5.1% of the EMS call volume).

Table 7: Injury Types by Abbreviated Injury Scale Body Region, First Quarter 2021, Virginia

<b>Injury Types</b>	<b>Counts of Incidents</b>
Injury – Lower Extremities	4,834
Injury – Unspecified	4,069
Injury – Head	3,773
Injury – Upper Extremities	2,642
Injury – Face	1,375
Injury – Spine	1,239
Injury – Neck	710
Injury – Thorax	445
Injury – Abdomen	445
Multiple Injuries	30

Table 8: Top Ten Hospital Destinations for Injury Calls, First Quarter 2021, Virginia

<b>Destination Hospital For Trauma Incidents</b>	<b>Counts of Incidents</b>
Fairfax Hospital	1,076
Norfolk General Hospital	748
Roanoke Memorial Hospital	746
Riverside Regional Medical Center	674
VCU Health Systems	651
UVA Health System	621
Mary Washington Hospital	558
Chippenham Hospital	497
Augusta Health	467
Virginia Beach General Hospital	453

Table 9: Causes of Injury, First Quarter 2021, Virginia

Causes of Injury	Counts of Incidents
Falls, Slips/trips	8,325
Unspecified	5,755
MVC-related	3,465
Blunt force trauma	771
Penetrating trauma	420
Firearm	248
Non-motorized transport	119
Machine-related	86
Animal-related	85
Burn, smoke inhalation, electrocution, explosion	77
Self-harm	73
Recreational	63
Abuse	28
Poisoning	14
Asphyxiation	10
Overexertion/strain	8
Human bite	7
Environment/weather-related	4
Aircraft	3
Drowning	1

- **Ad Hoc Reports:** OEMS completed a total of 11 data and/or data analysis requests in the first quarter of 2021. Two specific requests are discussed below.
  - Report on pediatric patient (below 18 years of age) EMS transports in the Old Dominion EMS council region:
    - In 2020, EMS agencies treated and transported 6,751 pediatric patients in the Old Dominion EMS council region.
    - The daily average number of pediatric transports was 18.4, with a maximum of 43 and a minimum of 6 in one day.
  - Air-medical vs. ground EMS transports, 2017-2020:
    - Tables 10 and 11 show the counts and percentages of EMS response service types for air-medical and ground transports (respectively) between 2017 and 2020.

Table 10. Numbers and percentages of EMS response service types for air-medical transports, 2017-2020, Virginia

Type of EMS Service Requested	2017	2018	2019	2020	Overall
911 Scene	4,569 (49.3%)	3,852 (47.3%)	3,922 (44.6%)	4,224 (46.1%)	16,567 (46.8%)
Interfacility Transports	4,519 (48.8%)	4,141 (50.8%)	4,773 (54.2%)	4,843 (52.8%)	18,276 (51.7%)
Other*	178 (1.9%)	157 (1.9%)	108 (1.2%)	99 (1.1%)	542 (1.5%)
<b>Total</b>	<b>9,266</b>	<b>8,150</b>	<b>8,803</b>	<b>9,166</b>	<b>35,385</b>

\*Other includes EMS response types such as medical transport, intercept/rendezvous, mutual aid, standby, etc.

Table 11. Numbers and percentages of EMS response service types for ground transports, 2017-2020, Virginia

Type of EMS Service Requested	2017	2018	2019	2020	Overall
911 Scene	934,247 (73.8%)	979,058 (69.0%)	1,015,324 (67.8%)	964,465 (68.7%)	3,893,094 (69.7%)
Interfacility Transports	106,807 (8.4%)	70,203 (5.0%)	74,181 (5.0%)	148,411 (10.6%)	399,602 (7.2%)
Other*	224,933 (17.8%)	369,583 (26.1%)	408,559 (27.3%)	290,088 (20.7%)	1,293,163 (23.2%)
<b>Total</b>	<b>1,265,987</b>	<b>1,418,844</b>	<b>1,498,064</b>	<b>1,402,964</b>	<b>5,585,859</b>

\*Other includes EMS response types such as medical transport, intercept/rendezvous, mutual aid, standby, etc.

**Respectfully  
Submitted**

**OEMS Staff**

# Attachment A

## Central Shenandoah EMS Council Quarterly Report



## Central Shenandoah EMS (CSEMS) Regional Office

*The Appendices referenced in this report refer (and are hyperlinked) to items included in Central Shenandoah EMS Council's (CSEMSC) Quarterly Report presented to the Central Shenandoah EMS Council Board of Directors and is available on the CSEMSC website at [www.csems.org](http://www.csems.org).*

### **I. Regional Strategic EMS Plan**

- A. The Virginia Office of EMS released the revised State EMS Plan in 2020. CSEMS staff and members of the Board of Directors have discussed updates to the regional EMS plan. While elements of the plan are under revision and development, the complete regional plan has not been revised due to delays in VDH recruitment for staffing the regional office. Staff intend to revise and submit a completely revised regional plan during the appropriate quarter of FY22, as staff positions were filled in the 3rd quarter of FY21.
- B. A copy of the most recent version (2016) of the Regional Strategic EMS Plan is included in Appendix A of the CSEMS Quarterly Report. The revised plan will provide an interactive guide to the region's EMS System, consistent with the State EMS Plan, but with specific outlines of the region's implementation strategy for the future.

### **II. Stroke Plan**

- A. A workgroup was formed to draft and finalize the Stroke Performance Improvement Plan, and is pending approval by the Medical Control Review Committee. Input from all the hospitals was solicited and performance objectives listed.
- B. The Stroke Triage Plan was developed in June, 2020 and approved by the CSEMS Board of Directors. Copies of the approved Stroke Triage Plan and Stroke Performance Plan Draft are included in Appendix B of the CSEMS Quarterly Report.

### III. **MCI Plan**

- A. The Regional MCI plan was last updated in Winter 2017, a copy is included in Appendix C of the CSEMS Quarterly Report. A workgroup has been formed from regional providers to review and update this plan.
- B. Dates to review MCI Plan are currently being scheduled, and the Agenda is pending.

### IV. **Trauma Triage & PI Plan**

- A. A workgroup was formed to draft and finalize the Trauma Performance Improvement Plan, and is pending approval by the Medical Control Review Committee. Input from all the hospitals was solicited and performance objectives developed.
- B. The Trauma Triage Plan was developed in 2017 and is currently being revised for approval by the Board of Directors at the next meeting.. A copy of the Trauma Performance Improvement Plan Draft is included in Appendix D of the CSEMS Quarterly Report.

### V. **CTS Schedule**

- A. Consolidated Testing Services (CTS) have been temporarily suspended due to the COVID-19 Pandemic, and alternative arrangements have been made with EMS Educators to verify student competency with the EMS Physicians. On March 5, 2021, an email was received from the Division of Community Health and Technical Resources indicating that CTS will not be offered until at least January, 2022. Because the testing process is expected to change, schedules cannot be submitted until additional information is provided in terms of resumption date, process changes, and any precautions that may be necessary.
- B. A copy of the March 5, 2021 email is included in Appendix E: of the CSEMS Quarterly Report.

### VI. **RSAF Awards Information**

- A. RSAF Grant information was provided to the region's EMS agencies through announcements on the CSEMS Website and social media. Images of the postings are included in Appendix F of the CSEMS Quarterly Report. For the Spring 2021 RSAF cycle,

nine (9) EMS agencies applied for grants, for a total of twenty-one items, summarized as follows:

Item Description	Qty	Total Cost	Requested State Funds
Cardiac Monitors	9	\$327,145.05	\$212,314.55
Patient Move Devices	6	\$83,190.00	\$49,513.50
Ambulances	2	\$441,198.00	\$352,958.40
Communications Systems	1	\$48,051.91	\$24,025.96
Video Laryngoscopes	3	\$4,178.58	\$2,089.29
<b>Total Requested Items</b>	<b>21</b>	<b>\$903,763.54</b>	<b>\$640,901.70</b>

**VII. Quarterly Meetings**

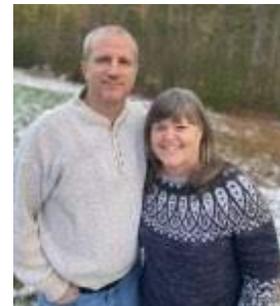
A. CSEMS held official meetings as listed below. With appropriate changes to the CSEMS Bylaws last year, these meetings were held virtually, in order to assure safety of all members during the COVID-19 pandemic. All mandated meeting minutes are included in Appendix G of the CSEMS Quarterly Report.

1. Board of Directors - 1.26.2021
2. Medical Control Review Committee - 3.18.2021
  - a) Pharmacy Subcommittee - 1.28.2021
3. Critical Incident Stress Management Team 1.12.2021

**VIII. Staffing Updates**

A. CSEMS was pleased to welcome two new additions to the team this quarter.

1. Larry Bird joined the office on January 25, 2021 as the Technical Resource Specialist. He has been aggressively working to take on roles related to agency support, Mass Casualty Incident planning, medication kit exchanges, and development of a learning management system for the protocol rollout. Larry joins CSEMS with extensive experience as a Navy Corpsman, Flight Paramedic, and IT



specialist. His work has already had a positive impact on the region. Larry can be contacted via email at [larry.bird@vdh.virginia.gov](mailto:larry.bird@vdh.virginia.gov).

2. On February 10, Amanda Loreti joined the CSEMS team as the new Performance Improvement Specialist. From the start, Amanda has been working with Dr. Brand to develop Performance Improvement plans, evaluate regional protocols and related data, and coordinate educational objectives to improve patient outcomes. Amanda hit the ground running, while continuing to work toward obtaining her Education Coordinator certification. Amanda joins CSEMS with 10 years of EMS experience as a Training Lieutenant and a Captain, and has worked extensively in developing quality improvement initiatives. Amanda can be contacted via email at [amanda.lorete@vdh.virginia.gov](mailto:amanda.lorete@vdh.virginia.gov).



- B. The final position required to complete the transition for the CSEMS Regional Hybrid Office is an Administrative Coordinator. Legislation was passed in the most recent session of the Virginia General Assembly increasing the maximum employment level (MEL) and adding 30 FTE for the Virginia Office of EMS. This language-only, non monetary budget amendment will permit recruitment of the final position over the next few months, with a target start date of July, 2021. A copy of the submitted Employee Work Profile for this position is included in [Appendix H](#) of the [CSEMS Quarterly Report](#).

## **IX. Quarterly Financial Records**

- A. Financial Statements for the 3rd Quarter Profit and Loss Statement for CSEMS are included in [Appendix I](#) of the [CSEMS Quarterly Financial Report](#). CSEMS has continued to maintain a positive cash flow. We will continue adding more AHA Courses/events to the calendar and to our [FaceBook](#) page. Despite the increased expenses of conducting education with COVID-19 mitigation strategies CSEMS has finished the quarter strong with a positive balance.

**X. AHA Training Center**

- A. The AHA Training Center has continued to offer classes with reduced capacity, social distancing, enhanced disinfecting, and 1:1 student-to-manikin ratios due to COVID-19. Off-site classes were limited to familiar sites, where COVID-19 precautions exceeding minimum CDC guidelines could be exercised.
- B. FY21 Third Quarter showed an increase in classes and participants by 607 certifications over the previous quarter. In March, the Training Center offered the first BLS Instructor Course in over a year. Due to increased demand, another will be scheduled in May, 2021.
- C. A detailed AHA Training Center Activity Report is included in Appendix J of the CSEMS Quarterly Report.

**XI. Infrastructure Updates**

- A. The CSEMS Office in Staunton is still in the process of connecting to VDH networks and improving presentation and teleconference technology. Recently, Daly Computers and their designated subcontractors completed the installation of upgraded network cabling, security cameras, and new displays.
  - 1. Classrooms are now interconnected with systems that allow two-way communication between rooms for overflow, and both classrooms have web conferencing capabilities. This capability will enable remote attendance at meetings, as well as educational webcast hosting for virtual learning. Additionally, large displays have been added throughout the building to provide digital signage, keeping constituents informed about regional and state events.
  - 2. Photographs of the new AV upgrades are included in Appendix K of the CSEMS Quarterly Report.
- B. The VDH Network is still pending installation by the Virginia Information Technology Agency (VITA). The office will maintain dual networks, providing emergency backup and enhancing connectivity with both the Virginia Regional EMS Councils and the Virginia Office of EMS.
- C. Additionally, CSEMS staff have been evaluating the Americans with Disabilities Act standards, and have identified some opportunities to

improve access to the facility. Proposals will be presented to the Board of Directors in April to make some accessibility improvements over the next year, using previously established financial allocations for building maintenance and repair.

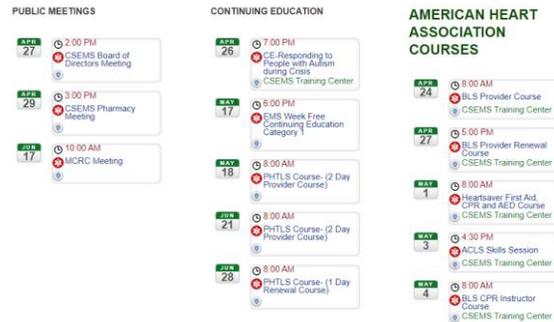
- D. Staff at the Central Shenandoah EMS Office are now regularly occupying the building, though teleworking is permitted as needed. Enhancements have been made to the building to limit access, promote physical distancing, and screen all visitors and staff daily. All staff were able to complete the vaccine series, and have now been fully vaccinated for greater than two weeks. Staff continue to follow the latest CDC guidelines to assure safety of staff and visitors.

## **XII. Collaboration with Local Health District**

- A. CSEMS Staff continue to work with the Central Shenandoah Health District (CSHD) where possible. Attempts to coordinate on projects related to mass casualty incidents and emergency infectious diseases, as well as coordination of EMS resources for vaccination of underserved populations have not been successful to date, due to challenges in communication.
- B. A meeting was held in late march at the prompting of the president of the CSEMS Board of Directors, and an initial plan was developed. However, all further attempts to engage have been without response. Initial plans included updating memoranda of agreement with EMS agencies, developing an EMS ambassador program to promote vaccination and preregistration, and mobile vaccination of underserved populations and those with cognitive, physical, or transportation barriers that would prevent attending local vaccine clinics. CSEMS resources have been made available in the vaccination effort, pending response from the CSHD.

### XIII. Continuing Education Activities

- A. CSEMS promotes regional continuing education activities by sharing information about courses on the CSEMS website calendar ([www.csems.org](http://www.csems.org)), and via [Facebook](#). Additionally, CSEMS has participated as a webcast site for the new TJEMS Council's Virtual Instructor Led Training (VILT) each month. Continuing Education credits are also offered for ACLS and PALS courses offered through the [CSEMS AHA Training Center](#).



### XIV. Additional Staff Activities

- A. CSEMS participates in a variety of activities across the region and the state in order to support regional coordination of quality systems of care. Below is a list of highlighted activities performed by staff that contribute to improving the regional EMS systems and agencies within the Central Shenandoah Valley. This list is not comprehensive, but outlines examples of engagement with local resources including planning meetings, information sharing, professional development, and systems integration.



1. \*Augusta County Emergency Services Officers Association - 1.26.2021 (Linkins/Bird), 3.23.2021 (Bird)
2. \*Bi-weekly Medical Directors Meetings with OEMS (Linkins)
3. \*Bi-weekly Regional Council Briefings with OEMS (All Staff)
4. Blackboard LTP Meeting - 1.27.2021 (Linkins/Bird)

5. \*COVID Vaccine Town Hall - Augusta County & CSHD - 1.7.2021 (Linkins)
6. \*ESO Webinar Meetings for Implementation (Linkins/Bird/Loreti) - 3.26.2021, 3.29.2021\*Weekly VDH Partner Calls (All Staff)
7. N95 Fit Testing (Anderson/Cook) - 3.25.2021, 3.3.2021
8. OEMS Division Director Meeting - 3.25.2021
9. \*Planning meeting with Central Shenandoah Health District and Augusta Health for Mobile Vaccine Provider (MVP) program for underserved populations (Linkins) - 3.22.2021, 3.23.2021, 3.30.2021
- 10.\*Rockbridge Volunteer Emergency Officer Association - 1.19.2021 (Linkins), 2.16.21 (Loreti)
- 11.\*Sentara Rockingham Memorial Hospital EMS Taskforce Meeting - 1.21.2021 (Linkins),
- 12.\*Staunton-Augusta-Waynesboro EMS Surge Operations Meetings - 1.6.2021 (Linkins), 1.20.2021 (Linkins), 2.10.2021 (Bird), 2.24.2021 (Bird), 3.10.2021 (Bird), 3.24.2021(Bird/Linkins)
- 13.Technical Resource On-site Agency Support (Bird)
  - a) Millboro Area Rescue Squad Computer/Imagetrend Issue-Reset Chrome-02/05/2021
  - b) Bolar Rescue Toughbook Issues (Software issue Resolved)-3/26/2021
- 14.\*VDH Supervisor-Net Training (Linkins) - 3.25.2021
- 15.Weekly CSEMS Staff Meetings (All Staff)
- 16.\*Weekly OEMS Regional Director Collaboration Meetings (Linkins)
- 17.\*Weekly VDH Agency Forum (Linkins)

*\*Indicates meeting held virtually*

## **XV. Conclusion**

- A. The Central Shenandoah EMS Regional Office continues to work with regional stakeholders to improve systems of care throughout the region. The CSEMSC Board of Directors and the Virginia Office of EMS staff remain committed to the success of the Regional Hybrid model, working through challenges, both anticipated and unanticipated, to provide citizens in the Central Shenandoah EMS region quality emergency care.
- B. Through coordinated emergency response, the region will reduce death and disability by improving access to care, promoting quality EMS provider education, and distributing resources as needed.
- C. Future plans will embrace the Virginia Department of Health's vision *to become the healthiest state in the nation* through community prevention initiatives.

# Attachment B

## Blue Ridge EMS Council Quarterly Report



## Blue Ridge EMS (BREMS) Regional Office

### I. Participation in Local, Regional and State EMS Activities

BREMS/OEMS Staff participate in local/regional activities in support of agency operations as a regional system. Our regular monthly and quarterly meetings have been conducted as conference calls. BREMS coordinated efforts with the Centra hospital system to continue emergency management conference calls. Dr. Wendy Wilcoxson, Regional Medical Director, provided information updates for EMS. The bi-weekly, monthly, and quarterly calls help to identify goals and objectives necessary to meet regional needs. The BREMS region encompasses a committed and engaged group of EMS Leadership, EMS providers, EMS agencies, and physician medical directors.

The following activities were attended by BREMS leadership:

- A. Numerous local and regional virtual conference calls during the 3<sup>rd</sup> quarter FY 2021:
  - BREMS Regional EMS Council Director's conference calls during the quarter:
    - Virginia Heart Attack Coalition (VHAC)
    - Central Virginia Vaccination Task Force (COVID-19)
    - Medical Direction
    - Staff Meetings
    - RSAF Grant Reviews
    - Continuous Quality and Performance Improvement (CQI)
    - Accelerated Paramedic Program (APP)
    - BREMS Board of Directors meetings and additional conference calls.
  - Hospital System (Centra) and BREMS conference calls during the quarter:
    - Centra A-Fib Meeting
    - Chest Pain Council Meeting
    - Stroke Committee
    - Trauma Committee
    - Pharmacy Conference Call

B. State Virtual conference calls during the 3<sup>rd</sup> quarter:

- OEMS Division Manager Meeting conference calls
- OEMS & Regional EMS Council Update conference calls

## **II. Consolidated Testing Services**

A. Due to COVID-19, all CTS practical exams were canceled for October, November, and December of 2020.

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

A. To fulfill regional responsibilities of the BREMS Council, the following meetings were conducted in the 3<sup>rd</sup> quarter of FY 21:

- Board of Director's meeting- January 19, 2021, January 26, 2021, March 9, 2021, and Grant Review was April 13, 2021.
- Multiple meetings between BREMS staff and Regional Medical Director on protocol review for CQI benchmarks and the Advanced Paramedic Program. These meetings included communication on COVID-19 regional protocols and policies.

B. BREMS/OEMS State Regional Office Transition Update:

- BREMS Board of Directors, in discussions with, the BREMS staff, and OEMS have reviewed and discussed the RFP proposals received.
- OEMS and BREMS staff have been working collaboratively on the following:
  - Vehicles and their maintenance.
  - New Employee Training for the Performance Improvement Specialist.
  - Equipment distribution for the Performance Improvement Specialist (laptop, and cell phone).
  - BREMS Strategic Planning
- Ann Wilson, Administrative Assistant, staffs the front desk and takes care of all daily office logistics for BREMS. She continues to manage all equipment check outs, financial records for the BREMS Council, payroll, and is the primary point of contact for office supplies, Council equipment

inventory, equipment rental scheduling, Council purchasing, and vendor relations.

- Jennifer Kersey, BREMS Performance Improvement Specialist communicates, in conjunction with the Regional Director, with EMS agencies, hospital administration, EMS regional leadership, EMS providers, and other regional stakeholders. The Performance Improvement Specialist updates the website information, manages customer relations, and CTS testing. The Performance Improvement Program (CQI- Continuous Quality Improvement) is the largest portion of the Performance Improvement Specialist's job. She works with the Regional OMDs and the CQI Committee on protocol development, PI policies, and benchmarks.
- Sean Regan, Part Time Training Coordinator for BREMS, works with the Advanced Paramedic Program, Handtevy Program, Regional Heartcode Recertification Program, and all educational trainings offered in the BREMS region.
- Mary Kathryn Allen, Regional Director, manages office operations, coordinates with OEMS leadership, handles interactions with other regional EMS councils, coordinates all regional drug box developments/issues and paperwork, and provides program support for all committee meetings. Mary Kathryn also works directly with EMS regional leadership, hospital leadership, and other regional stakeholders.
- Dr. Wendy Wilcoxson, Regional Operational Medical Director, coordinates and continues to work with Centra Health, Central Virginia Health District, and the EMS leadership on a regional vaccination plan, antigen testing, PCR testing, and PPE distributions and staffing issues. She is providing weekly COVID updates to all, protocol and CQI weekly review, and attends many conference calls across the region in support of EMS.
- Currently during the 3<sup>rd</sup> quarter, our efforts have been largely spent on vaccinating in the BREMS region. We have coordinated our efforts through the Central Virginia Vaccination Task Force, to ensure the vaccine was available in each locality.

#### C. Professional Development

- Mary Kathryn, Jennifer Kersey and Dr. Wilcoxson continue to work on VDH trainings offered during the third quarter.

## **IV. Education & Projects**

A. BREMS coordinates regional education training and is a resource for other EMS programs and educators in the region. This quarter, much like 2020, has presented some challenges for education in the BREMS region because of COVID-19.

- BREMS continues to work and develop the Advance Practice Paramedic (APP) program after the past year of limited education during the pandemic. Currently, we are working on reviewing and revamping the APP CQI program.
- BREMS has participated and coordinated in local and regional Virginia Heart Attack Coalition (VHAC) to review STEMI care and standards and achievements.
- BREMS is coordinating EMS Stroke Education with Centra Health.
- Under the direction of Dr. Wendy Wilcoxson, BREMS is working on the following education/training projects:
  - Ultrasound- currently working on protocols for the implementation of POCUS in cardiac arrest patients and lung trauma patients.
  - Handtevy- the app and handbooks are complete. All EMS agencies have been contacted to set up teaching dates for their agencies.
  - BREMS has reached out to the local health department in regards to the vaccination plan from VDH for this region after the vaccination PODs are finished. Discussions have begun with VDH and the surrounding school districts for child vaccination, if the vaccine is released later this year for the younger age groups.
  - BREMS is working with LFD on a project for BiPaP. On track to begin trainer education in January, and provider rollout in February.
  - BREMS has begun a new Regional CQI program based on protocol-driven benchmarks and related data points.
  - Still continuing to work on the Monday.com platform.

## **V. COVID-19 Operations**

A. Operation Change Dates due to COVID-19:

- BREMS has participated in ongoing discussions with regional partners including Centra Health, local public safety agencies and the Central Virginia Health District Department of Health regarding COVID-19, including topics such as PPE availability, patient volumes, vaccination planning and distribution, and provider safety and infection rates.
- Worked with local Health District to support vaccination efforts.

- BREMS has participated in local and the regional vaccination PODs across the region. Participating includes vaccinating citizens, working and educating volunteers with the programs of PrepMod, VASE, and VIIS.
- BREMS participates in hospital Emergency Management Meetings related to COVID operations.
- BREMS worked with Centra to provide COVID positive patient information to EMS agencies. This has allowed EMS to be notified sooner of positive patients to help identify needs in agency employee/provider health guidance and exposure mitigation during COVID.
- BREMS continues to work with EMS agencies, the hospitals, and the local health department in regards to COVID positive patient notifications, and PPE distribution.
- Continue ongoing COVID support to region; including development of the BREMS Vaccination protocol- January 2021.
- BREMS COVID Treat & Release Order - reinstated by Dr. Wilcoxson for the region on 2/13/2021. The order expired on 3/31/2021.
- BREMS completes weekly COVID activity reports for Karen Owens.
- Staffing across the region is at critical levels for every EMS agency/locality. Many EMS agencies were short staffed before COVID and with illness, trucks are put out of service every day. Future issues to address include everything from vaccination and faster testing short term, to a faster pipeline for education and new recruitment sites long term.
- BREMS continues to work on vaccination planning by sharing information with EMS providers to support safety and personnel discussion. For the community we are looking at large scale vaccination events planned with Lynchburg City and working on similar smaller events in the surrounding localities.
- Coordinating Antigen testing for regional EMS agencies.
- PPE distributions continue from the BREMS office to the localities. Some EMS agencies are experiencing PPE backorders.

#### B. BREMS Office

- BREMS office is currently open during regular office hours. The Administrative Assistant is staffing the office daily at this time.
- Other BREMS staff are coordinating day to day operations, working vaccination sites, and assisting all localities in efforts to vaccinate their citizens.

#### C. BREMS participates in the Regional EMS Council Executive Director's Group (REDG) bi-weekly conference calls.

- D. BREMS participates in the OEMS/Regional EMS Council bi-weekly conference calls.
- E. Most of the regional EMS council meetings/quarterly meetings were held via conference calls. The Board of Directors are currently meeting in person and given the option to participate virtually.

# Attachment C

## Rappahannock EMS Council Quarterly Report



## Rappahannock EMS (REMS) Regional Office

### I. Participation in Regional Activities

REMS/OEMS staff participates in various regional meetings and activities in support of agency operations as a regional system. Participation in jurisdictional and/or hospital and system meetings enables the regional office to stay informed about issues experienced by EMS agencies, in order to better align regional goals and objectives with the needs of the agencies. These meetings also provide an opportunity for REMS/OEMS staff to provide important informational updates to agency leadership and other healthcare providers. The REMS region, which includes Planning Districts 9 and 16, is comprised of an engaged community of both EMS providers and agency leaders. REMS/OEMS has ongoing meetings for the EMS Advisory Committee at Germanna Community College's new EMS program and the Citizen's Advisory Committee for the EMS Degree Program at the Rappahannock Community College

A. The following regional meetings/activities were supported by REMS/OEMS staff during this reporting period:

- 01/16/2021 Hospital Staff Training Center Use: ENPC
- 02/03/2021 Bridges to Healthcare, Chamber of Commerce
- 03/01/2021 Fisdap meeting and technical assistance, MWHC
- 03/11/2021 Hospital Staff Training Center Use: TNCC
- 03/11/2021 Council of Executives Meeting – United Way
- 03/22/2021 EMS Agency Training Center Use: PHI Air Medical
- 03/24/2021 EMS Agency Training Center Use: PHI Air Medical
- 03/25/2021 Fisdap meeting and technical assistance, MWHC
- 03/25/2021 Hospital Staff Training Center Use: ENPC
- 03/26/2021 OEMS Staff Training Center Use: Program Representatives

B. The REMS is integrated with the Northwest Regional Healthcare Coalition (NWRHC) and attended several meetings during this reporting period.

- 01/13/2021 NW Regional Healthcare Coalition Meeting
- 02/11/2021 NW Regional Healthcare Coalition Meeting
- 02/16/2021 NW Regional Healthcare Coalition Meeting
- 02/19/2021 NW Regional Healthcare Coalition Meeting

C. The REMS Council also participated in conference calls with EMS agency leadership and management related to COVID-19 operations; REMS provides updates and information from other meetings to ensure timely and accurate distribution of information to the end-user agency-level operations.

## **II. Regional Council Meetings and EMS Operations**

A. The REMS Council has held weekly staff meetings since the beginning of the pandemic and the activation of the COOP in order to ensure understanding of changing procedures and to promote prompt sharing of staff projects and needs.

B. In addition, in order to fulfill contract and regional EMS Plan responsibilities of the REMS Council, the following meetings were conducted in the FY21 Q2 term:

- 01/04/2021 Regional Protocol Sub-Committee Meeting
- 01/21/2021 Regional Pharmacy Committee Meeting
- 01/27/2021 Regional PI Meeting – Trauma Triage Workgroup
- 02/04/2021 Regional DEA and Pharmacy Workgroup Meeting
- 01/05/2021 Regional Blood Product Workgroup Meeting
- 01/20/2021 Regional Blood Product Workgroup Meeting
- 01/14/2021 Regional Performance Improvement Committee Meeting
- 01/14/2021 Regional Heart and Stroke Meeting – Pulsara Discussion
- 02/17/2021 Regional Heart and Stroke Meeting – Pulsara Presentation
- 02/11/2021 Regional Performance Improvement Committee Meeting
- 02/11/2021 Regional Medical Direction Committee Meeting

- 02/12/2021 Strategic Planning Committee Meeting
- 02/18/2021 Regional Incident and Threat Mitigation Committee Mtg
- 02/23/2021 Regulation and Compliance Meeting on COVID-19 vaccinator legislation
- 03/03/2021 Regional Heart and Stroke Committee Meeting
- 03/09/2021 Regional Guidelines and Training Committee Meeting
- 03/26/2021 ESO EHR module demonstration
- 03/29/2021 ESO Alerting module demonstration
- 03/30/2021 Instructor Roundtable Resources Meeting
- The REMS/OEMS staff continued to respond to requests for PPE from area EMS providers and distribute items from the remaining SNS and OEMS deliveries.
- A request for training equipment was received from the City of Fredericksburg and loaner equipment was accessed to provide EMS education support for an EMS agency.
- Updates were provided through the regional EMS council portal to keep the database of instructors current.
- Technical assistance for grant funding was provided to King George County in the development and future rollout of a pilot program for whole blood administration in the field. The pilot program was approved by the BOD at the February 17 meeting.
- The REMS/OEMS staff fielded multiple requests for technical support to Caroline County, City of Fredericksburg, Culpeper County, King George County, Orange County, Spotsylvania County, and Westmoreland County (Colonial Beach) for assistance with their ALS release process, CEU processing, protocol rollout process, instructor resources, affiliation troubleshooting, and EMS recertification; technical support was provided.
- The REMS Council is tasked with reviewing and processing the release documentation for ALS providers seeking to practice in the region. Once the documentation packet is approved, the Regional Education Coordinator (REC) schedules an in-person meeting with the candidate to administer a written test, provide an ID badge, obtain OMD validation, and finalize the documentation.

- On February 1, the REC conducted an ALS Release for the City of Fredericksburg
  - On February 16, for the City of Fredericksburg
  - On February 23, for the City of Fredericksburg
  - On March 1, for King George County
  - On March 3, for the City of Fredericksburg
  - On March 12, for Caroline County
  - On March 18, for Caroline County
  - On March 26, for the City of Fredericksburg
  - On March 30, for King George County
- The REMS Council is partnered with the Virginia Center on Aging, Geriatric Education Center at VCU. There are plans to provide EMS providers throughout the region with education on POST, DDNR, and end-of-life decision-making. Ongoing discussions occurred on rolling out the training and there were several focus groups designed to gain insight into the training needs of EMS providers in the region.
  - The REMS Council signed an agreement to have the Regional Training and Simulation Center designated as a webcast site for Virtual Instructor Led Training (VILT). The REMS Council has partnered with the Thomas Jefferson EMS Council to provide additional EMS education to providers in the region.
  - Following approval of the use of dose-limiting syringes, the regional Pharmacy Committee and the Regional Medical Director reviewed and approved the EpiRite syringe for use by BLS providers to provide IM Epinephrine. A program is being developed to allow for the stocking and exchange of the item as part of the regional agreements with the hospitals.
  - There was a discussion at the regional committee level regarding a new push to have EMS providers perform legal blood draws as hospitals and other entities are pushing back against participating. Issues remain, according to law enforcement, but at this point the EMS system is not involved in the process as most EMSP are not willing to sign-off.

- The regional Heart and Stroke Committee continued gathering information on Pulsara and had several presentations from the vendor. The committee, based on feedback from the hospitals, does not feel that further discussions are necessary. Hospital systems in the region have other contractual arrangements with platforms which don't allow space for Pulsara. There was also a presentation from an organization in Northern Virginia who developed a stroke-awareness program using magnets which depict the signs and symptoms of stroke. This was approved and an order was placed for the regional EMS system.
- Ongoing follow-up occurred with agencies and jurisdictions on the quality of data being submitted through VPHIB. The data quality reports are reviewed with EMS agencies and BOD representatives with offers of technical assistance for improving their score and achieving compliance.

#### **F. Critical Incident Street Management / Mental and Psychological Health**

- The REMS Council maintains an active state accredited CISM team (multi-disciplinary 39-member team) and provides on-going support of the region's EMS operations through education, defusing, debriefing, psychological 1<sup>st</sup> aid and Stress First Aid.
  - For this quarter, the CISM team was activated eight times and provided defusing and debriefing services to both individuals and groups related to prolonged/complicated incidents, public-safety-incidents such a provider fatality or suicide, child/infant deaths, and fatal fires.
  - The REMS Council was also proactive in providing mental health awareness, chronic fatigue management, and other educational offerings through direct offerings and social media. Free seminars on topics such as cumulative trauma and psychological first aid are made available to the regional EMS system, training is offered to recruit schools and initial certification courses, and support is provided for grieving providers at funerals for providers, etc.
  - Monthly training and meetings remain virtual/online given the complications with the pandemic. ICISF is also conducting training and instructor courses in a virtual environment.

#### **G. Mobile Integrated Health / Community Paramedic (MIH-CP)**

- The REMS Council, at the request of EMS agencies, has been working on the infrastructure for a MIH-CP program for many months. The stakeholders group met on January 20 and February 17.

- The MIH-CP project continues to move forward. Under a partnership with a healthcare software organization, Heudia, we continued to develop and stand-up a digital platform and app for sharing community health resources. Weekly updates on the project were provided during meetings with staff and Heudia to discuss AccessMeCare.
- During this reporting cycle the Regional Systems Coordinator (RSC) continued to align the program structure with identified statewide initiatives from the Governor’s office as well as elements from the VDH Strategic Plan to promote public health initiatives in Virginia.
  - There was also a meeting with the Chamber of Commerce to address concerns about access to primary care services during the pandemic. As a result, the REMS Council conducted focus groups, conducted a survey, and hosted a panel discussion on [primary care access during the pandemic](#).
  - There was a request from Mary Washington Healthcare’s Stafford Hospital to discuss hospital re-admission reduction and the council staff has been involved in identifying stakeholders. There is a proposed pilot program in Stafford County which will be part of future discussions.
  - Staff participated in a webinar highlighting a program to [connect Veterans to care](#) using a MIH-CP model and this has been added to ongoing conversations with our regional stakeholders.

#### **H. Consolidated Testing Services**

- Due to COVID-19, along with a pending update to the national education standards and scope of practice, all CTS practical exams were canceled for the balance of 2021.

#### **I. Regional EMS Council Operations**

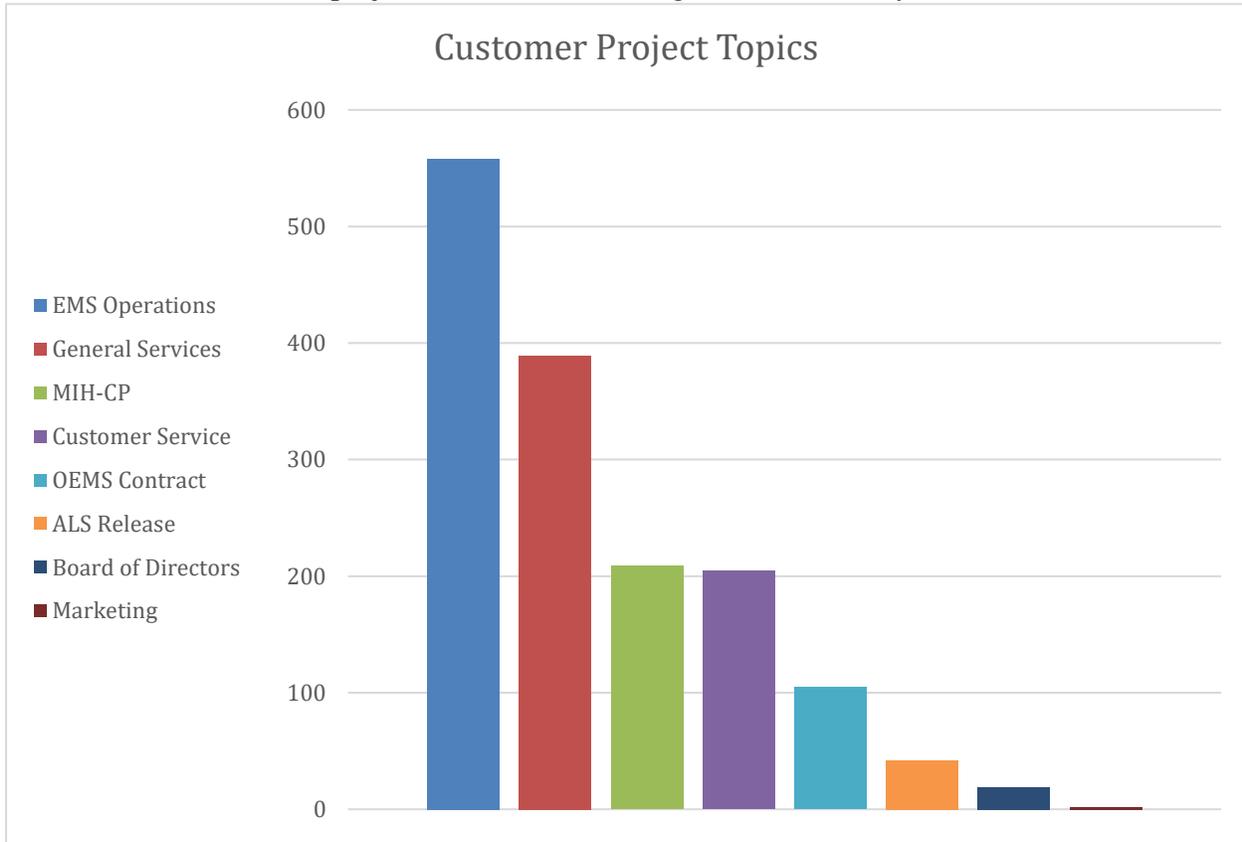
- The REMS Council was selected as a scientific sample of business across the United States and submits monthly payroll and performance data to the US Department of Labor Bureau of Labor Statistics. This reporting continues.

- The REMS Council staff participated in various training and professional development events for streamlining operations including Regional Director’s Group Meetings, GoToMeeting training, Monday dot com training, and ESO EHR and altering module training.
- REMS Council Board of Director meetings occur bi-monthly. During this reporting period the BOD met virtually on February 17. The BOD was provided with updated reports of heroin and opioid use data, PI data such as run dispositions and advanced procedures performed in the field, as well as the latest National Report on Violence against EMS Practitioners. Some additional topics on the agenda for discussion included:
  - A brief summary of the legislative actions that had occurred since the last meeting was provided, including updates on the special session of the General Assembly. Legislative reports and grids from OEMS were provided to the BOD.
  - Several action items were on the agenda as well:
    - The BOD took up and approved the Regional Trauma Triage Plan, the Regional MCI Plan, the Regional Surge Plan, and some updates to the Regional Patient Care Protocols.
- The REMS Council is continuing the transition to a cloud environment and is utilizing Google-suite for digital file management; the office also continues to use GoToMeeting platform for virtual meetings.
- The REMS Council staff provides regular assistance to providers in the region answering questions on re-certification requirements and providing information on educational offerings. Additional specific assistance was provided by scanning and submitting validated CEU for providers.
- The Regional EMS Director was re-appointed as a member of the Rappahannock Community College Citizen’s Advisory Committee.

The REMS Council staff tracks their work time electronically. This allows leadership to track certain projects’ time allocation in an online platform and see where work time is spent. The staff spends a large amount of their time providing customer service to individuals and agencies

in the regional EMS system. Although predominantly serving EMS providers, approximately 25% of their time goes to non-EMS individuals. These examples of time spent are for 3Q FY21.

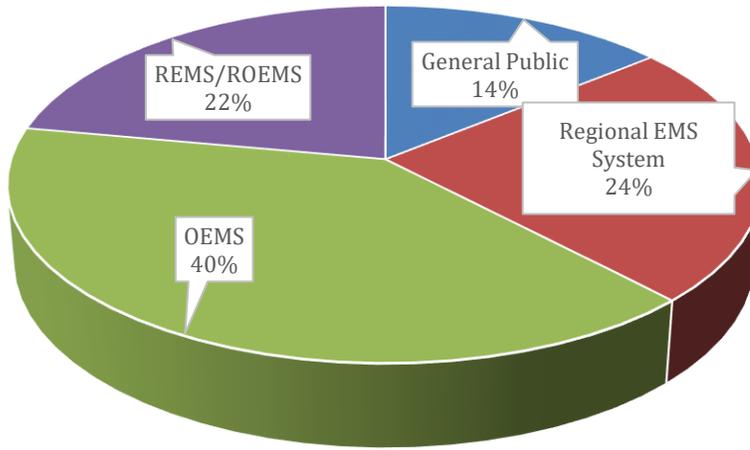
This chart depicts the time allocations for various projects that staff support. General Services includes projects such as distributing health and safety information on social



media, promoting community health and safety, public education on seasonal topics such as heat or cold exposure, Stop the Bleed, or drug overdose awareness. Some projects, such as MIH-CP are broken out and tracked specifically.

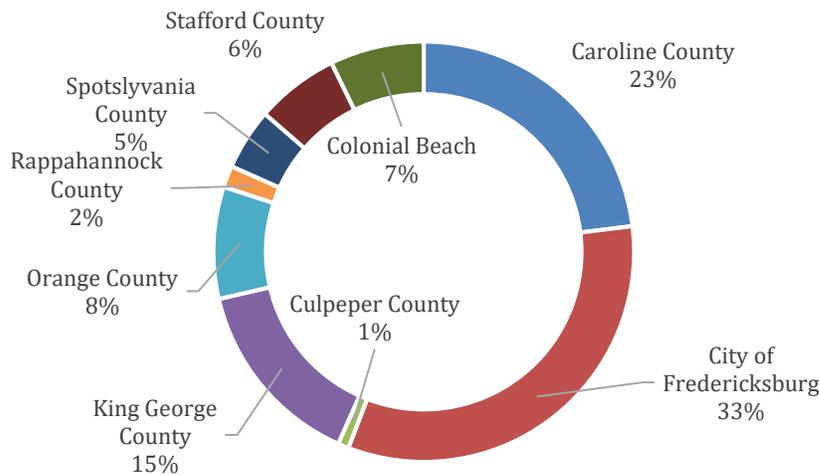
EMS Operations include projects specific to EMS operations such as regional contracts for medication restocking, regional planning for response to MCI and pandemics, or work on CLIA waivers or OMD contracts. Some specific projects, such as the regional release of ALS providers, is broken out and specifically tracked.

### Staff Work Product Origin



The REMS Council provides work products to various different customers, whether it be a request from a locality or EMS agency, a need identified for the general public health and welfare, or something related to the operations of the Regional OEMS. One major component of work time allocation is for contract deliverable items through the OEMS Contract.

### Locality Customer Allocation



This chart depicts a breakdown of the time spent working with a specific locality rather than the general regional EMS system. This allocation changes throughout the year as needs of agencies and jurisdictions ebb and flow.

#### A. REMS/OEMS Hybrid Office Restructuring Update

- The REMS Regional EMS Director position was filled at the end of May 2020. The conversation continues regarding future positions and discussions were had with HR and Executive Leadership at OEMS. The

remaining staff at the council continued to be supervised by the Regional Director.

- Fiscal and general operations continue with the Regional EMS Director administering the budget, processing bills and invoices, and performing payroll and HR duties for the REMS Council staff. Updates and meetings are held with the BOD President and Treasurer as needed.
- Until a new building is located, the REMS Council continues to occupy property belonging to MWH. However, the obligation for maintenance on the building and grounds remains the responsibility of the occupants. The staff works to maintain the grounds and provides most of the building maintenance, including painting, replacing damaged ceiling tiles, replacing used bulbs, carpet cleaning, maintenance of landscape and grounds such as removal of leaves and debris, removal of overgrowth, and maintaining the signage and markings of the parking lot.
- The building – more than 8,500 square feet – also includes a very large training and simulation center. Organization and maintenance of training center facilities and equipment also remains a responsibility of the staff.
- The staff maintains a website to provide updated information and resources; the office manager currently posts and manages the site until there can be a transition to the VDH website
- The REMS Council continues to use the regional director’s group IT infrastructure and will likely transition to VDH network once the new building site is located.
- The Regional Office of EMS Transition Workgroup met several times to review additional RFP submissions for a potential building location. A rank-ordered list was provided to OEMS and negotiations are currently underway regarding the requested tenant improvements.
- Current staff were tasked with obtaining EVOC certification in order to be better positioned to operate state vehicles should they be hired into future vacancies.

## **B. COVID-19 Operations**

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

- The 9-1-1 for Kids Program remains on hold due to closure and/or alternative schedules of the schools. Stop the Bleed and Hands-Only CPR programs have also come to a halt due to COVID-19 pandemic.
- The REMS Council announced to the region a process as well as the testing guidelines from OEMS to utilize the Abbott BinaxNOW COVID-19 Antigen Cards (“BinaxNOW”). EMS Physicians, Agencies and leadership were provided with information on how to access the testing materials. We have one EMS agency utilizing the cards and the REMS Council is reporting results through VDH.
- The FBI and Virginia Fusion Center has continued to issue public safety, cyber, and other threat alerts related to the COVID-19 pandemic. Information related to multiple dark net vendors identified to be selling counterfeit COVID-19 vaccines as well as other international vaccines that have not received FDA approval was shared with the regional EMS system.
- There was a presentation from the Emergency Preparedness Director of the VHHA regarding a PPE exchange network. This presentation and the exchange information documentation from VHHA was shared with the BOD.
- Several individuals serving on the REMS Council CISM team didn’t have access to a COVID-19 vaccine through other means (retired or non-healthcare professions). The council coordinated with the RAHD to have them included in the local vaccine offerings.
- OEMS requested weekly updates on the status of EMS related to COVID-19 operations. Updates from EMS agencies and leadership was forwarded for the report.
- Staff attended updates from National COVID-19 clinical rounds on long haul patient syndromes as well as discussions on the suspension of the Johnson and Johnson vaccine.
- Staff attended a meeting discussing the role of telehealth in expanding access to healthcare during the COVID-19 pandemic as well as a discussion on what COVID-19 vaccination means for EMS operations.
- The Office of the Attorney General issued guidance on liability and risk management for EMS personnel working at health department PODS. This information, as well as a new MOU for shared response to a vaccination event was shared with the BOD in January.

- With the various Executive Orders limiting gatherings and functions, the REMS Council office is closed to the public and operations are handled remotely when possible.
  - Visitors are accepted by appointment only.
  - Staff works in the building individually and responds as needed to requests for PPE distribution and other essential services.
  - All council and committee meetings occurred virtually, using GoToMeeting software platform.

## VI. State, National, and International Activity

- A. Committee and group activity related to the state EMS Advisory Board meeting in February was cancelled. However, REMS/OEMS staff participated in the following statewide events:
  - 03/20/2021 Governor's EMS Awards presentation
  - Virginia Fusion Center 2021 threat assessment
- B. REMS Leadership joined regular division manager meetings with OEMS staff to provide updates on progress and share information between the regional office and central office operations.
- C. REMS Leadership participated in weekly VDH partner's meetings to follow updates and information pertinent to EMS operations in the region. On February 2 the REMS Council MIH-CP program was highlighted through a presentation to the group.
- D. REMS Leadership also shared weekly updates on programs and services in meetings with the regional director's group; conversations were had on various topics related to regional EMS operations and COVID-19 issues occurring in the other ten council regions.
- E. As a fairly new Regional Office of EMS (ROEMS) entity, the REMS Leadership also connected with the Regional EMS Directors from the other two ROEMS in weekly meetings to identify strategic planning needs, establish operational goals, and review best practices.

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

- 01/12/2021 HeartSafe Community Champion National Conference Call
- 02/09/2021 HeartSafe Community Champion National Conference Call
- 03/01/2021 Science behind the 2020 PALS Guidelines
- 03/02/2021 COVID-19 clinical rounds presentation
- 03/09/2021 HeartSafe Community Champion National Conference Call
- 03/15/2021 COVID-19 clinical rounds presentation
- 03/18/2021 Healthcare System Cybersecurity Response
- 03/25/2021 COVID-19 clinical rounds presentation
- 03/30/2021 USSS Averting Targeted School Violence Seminar

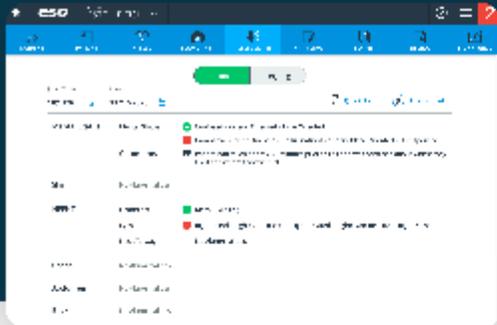
G. Information from monthly ASPR TRACIE Updates, the material from the [Healthcare System Cybersecurity](#) event and [presentation](#), updates from CMS Center for Clinical Standards and Quality Appendix Z, the February 10 and 11 [NEMSAC meeting](#), the 2020 National EMS Trend Report, as well as information on H.R 1309 (Workplace Violence) was shared throughout the EMS community.

# Attachment D

# PARTNERING FOR SUCCESS



## ESO + WESTERN VIRGINIA EMS



Did you know that you have access to a state-funded ePCR solution from the Western Virginia EMS? ESO Electronic Health Record (EHR), the industry's leading ePCR, is state-funded for agencies across Virginia and designed to equip EMS agencies with required functionalities for collecting, submitting and analyzing patient care data.

### ▶ WHAT'S INCLUDED IN THE ESO PARTNERSHIP WITH WVEMS COUNCIL?

PRODUCT	PROVIDED BY WVEMS	OPTIONAL ADD-ON ITEMS
ePCR for Patient Data Collection	✓	
Cardiac Monitor Integration	✓	
CAD Integration	✓	
Basic Analytics	✓	
Advanced Analytics (Create Your Reports)	✓	
Mobile Capabilities	✓	
Quality Management (QA/QI)	✓	
Billing Interface	✓	
ESO Health Data Exchange Integration		✓
ESO Fire RMS		✓
ESO Asset Management		✓
ESO Checklists		✓
ESO Inventory		✓
ESO Personnel Management		✓
ESO Scheduling		✓

Learn more about state discounts for add-on products at [eso.com/va-do-more](https://eso.com/va-do-more).