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VIRGINIA DEPARTMENT OF HEALTH
ADVISORY BOARD MEETING

EVA001 QQ236951

FRIDAY, MAY 07, 2021
10:00 A.M.

EMBASSY SUITES BY HILTON RICHMOND
2925 EMORYWOOD PARKWAY
RICHMOND VIRGINIA 23294

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APPEARANCES

CHAIRMAN:

KEVIN L. DILLARD

VIRGINIA AMBULANCE ASSOCIATION

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HARRISONBURG VIRGINIA 22801

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VALERIE QUICK

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400 MARTHA JEFFERSON DRIVE

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1 **OFFICE OF EMERGENCY MEDICAL SERVICES STAFF:**

2 GARY R. BROWN, DIRECTOR

3 ADAM HARRELL, ASSOCIATE DIRECTOR

4 DR. GEORGE LINDBECK, EMS MEDICAL DIRECTOR

5 SCOTT WINSTON, ASSISTANT DIRECTOR

6 CAMELA (CAM) CRITTENDEN, CONTRACT CONSULTANT

7 RONALD D. PASSMORE, DIRECTOR OF REGULATIONS &

8 COMPLAINT DIVISION

9 KAREN OWENS, EMERGENCY OPERATIONS DIVISION

10 DIRECTOR

11 RICH TROSHAK, STAFF REPRESENTATIVE, AND

12 APPEARING VIRTUALLY

13 TIM PERKINS, STAFF

14 WANDA STREET, STAFF

15 KIMBERLY FULLER, STAFF

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1 **ADDITIONAL COMMITTEE MEMBERS:**

2 MICHAEL B. ABOUTANOS, M.D., MPH, FACS, AMERICAN
3 COLLEGE OF SURGEONS

4 BETH ADAMS, NORTHERN VIRGINIA EMS COUNCIL

5 JOHN C. BOLLING, SOUTHWEST VIRGINIA EMS COUNCIL

6 DREAMA CHANDLER, VIRGINIA ASSOCIATION OF
7 VOLUNTEER RESCUE SQUADS

8 VALETA C. DANIELS, VIRGINIA ASSOCIATION OF
9 VOLUNTEER RESCUE SQUADS

10 ANGELA PIER FERGUSON, OLD DOMINION EMS COUNCIL

11 DILLARD EDDIE FERGUSON, VIRGINIA STATE
12 FIREFIGHTERS ASSOCIATION

13 R. JASON FERGUSON, BLUE RIDGE EMS COUNCIL, AND
14 APPPEARING VIRTUALLY

15 WILLIAM B. FERGUSON, VIRGINIA ASSOCIATION OF
16 GOVERNMENTAL EMS ADMINISTRATORS

17 REBECCA BRANCH GRIFFIN, PH.D. PROFESSIONAL
18 DEVELOPMENT COORDINATOR, CONSUMER, AND APPPEARING
19 VIRTUALLY

20 JONATHAN D. HENSHEL, LORD FAIRFAX EMS COUNCIL

21 LORI L. KNOWLES, RAPPAHANNOCK EMS COUNCIL, AND
22 APPPEARING VIRTUALLY

23 JOHN KORMAN, ASSOCIATED PUBLIC SAFETY
24 COMMUNICATIONS OFFICIALS, AND APPPEARING

25 VIRTUALLY

1 MATTHEW LAWLER, CENTRAL SHENANDOAH EMS COUNCIL
2 PATRICK M. MCLAUGHLIN, M.D., M.S., AMERICAN
3 ACADEMY OF PEDIATRICS
4 BENJAMIN D. NICHOLSON, MEDICAL SOCIETY OF
5 VIRGINIA
6 JEREMIAH O'SHEA, M.D., VIRGINIA HOSPITAL AND
7 HEALTHCARE ASSOCIATION
8 MARLON MATTHEW RICHMAN, WESTERN VIRGINIA EMS
9 COUNCIL
10 GARY SAMUELS, VIRGINIA PROFESSIONAL
11 FIREFIGHTERS/IAFF
12 LISA SIMBA, VIRGINIA FIRE CHIEF'S ASSOCIATION,
13 AND APPPEARING VIRTUALLY
14 VICTORIA SMITH, VIRGINIA EMERGENCY NURSES
15 ASSOCIATION/VIRGINIA NURSES ASSOCIATION
16 THE HONORABLE GARY WAYNE TANNER, VIRGINIA
17 ASSOCIATION OF COUNTIES
18 SADIE JO THURMAN, PENINSULAS EMS COUNCIL, , AND
19 APPPEARING VIRTUALLY
20 ALLEN YEE, M.D., FAAEM, VIRGINIA COLLEGE OF
21 EMERGENCY PHYSICIANS
22
23
24
25

1 **PANELISTS ATTENDING VIRTUALLY:**

2 CHAD BLOSSER

3 GARY CRITER

4 SAM BURNETTE

5

6 **ADDITIONAL PARTICIPANTS APPEARING VIRTUALLY:**

7 AL THOMPSON

8 BRIAN HRICIK

9 CHRIS MONTERA, ESO

10 CHRIS VERNOVAI

11 DALLAS TAYLOR

12 DANIEL LINKINS

13 DAVID LONG

14 ED RHODES

15 GREG NEIMAN

16 HANNAH LYONS

17 HEATHER ANDERSON

18 JULIA GLOVER

19 KELSEY RIDEOUT

20 KEVIN BROPHY

21 LARRY BIRD

22 MARY KATHRYN ALLEN

23 MICHAEL PLAYER

24 ROB LOGAN

25 SETH CRAIG

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STEPHEN MCNEER
TRACEY MCLAURIN
VINCENT VALERIANO
WAYNE PERRY, PROGRAM REPRESENTATIVE



VIRGINIA DEPARTMENT OF HEALTH**ADVISORY BOARD MEETING****EVA001_QQ236951****FRIDAY, MAY 07, 2021****10:00 A.M.**

MR. DILLARD: All right, I call the meeting to order of the State EMS Advisory Board. If we could all please rise, we'll have the pledge of allegiance. I pledge allegiance to the flag of the United States of America, and to the republic for which it stands, one nation, under God, indivisible, with liberty, and justice for all. Before we get into the business of our meeting today, I'd like to just take a moment and call for a moment of silence in memory of Bruce Edwards. Bruce passed away in August of 2020 and he served two full terms on EMS Advisory Board, and he was our first EMS representative to the State Board of Health. And he also chaired that board, so we are really proud of all the work that Bruce has done. So in memory of Bruce and any other EMS providers that have passed, we'll have a moment of silence.

(WHEREUPON, moment of silence.)

MR. DILLARD: Thank you. All

1 right, welcome to our first in person meeting in
2 about a year. And we've got six new Board
3 members today, so I'd like to start off and do
4 introductions. We'll go around the room and if
5 you can give your name and what organization
6 you're representing and if you're a new Board
7 member you can mention that. And then after we
8 have gone through everybody here in the room, the
9 Board members and staff, then I'll call on Adam
10 and we'll recognize the people that are online.
11 So I will start off, I'm Kevin Dillard, I'm the
12 chair and I represent the Virginia Ambulance
13 Association.

14 **MS. QUICK:** I'm Valerie Quick, I'm
15 the vice chair and I represent the Thomas
16 Jefferson EMS Council.

17 **MR. RICKMAN:** I'm Matt Rickman, I
18 represent West Virginia EMS Council.

19 **MR. PARKS:** I'm Kelly Parks and I
20 represent the Council.

21 **MR. TANNER:** Gary Tanner,
22 represent the Virginia Association of Counties.

23 **MR. SAMUELS:** Gary Samuels, I
24 represent the Virginia Professional Firefighters.

25 **MS. ADAMS:** Beth Adams, I

1 represent Northern Virginia EMS Council.

2 **MR. BOLLING:** John C. Bolling
3 representing Southwest Virginia Emergency Medical
4 Services.

5 **MS. FERGUSON:** Thea Ferguson
6 representing Old Dominion EMS Council.

7 **MS. SMITH:** Tori Smith
8 representing the Virginia Emergency Nurses
9 Association.

10 **MS. CHANDLER:** Dreama Chandler
11 representing the Virginia Association of
12 Volunteer Rescue Squads.

13 **MR. O'SHEA:** Mark Jake O'Shea
14 representing the Virginia Hospital and Healthcare
15 Association.

16 **DR. MCLAUGHLIN:** Hi, good morning,
17 Dr. Pat McLaughlin representing EMSC and the AAP.

18 **MR. WINSTON:** Good morning, Scott
19 Winston, Office of EMS.

20 **MR. BROWN:** Good morning, I'm Gary
21 Brown, Office of EMS.

22 **MR. LINDBECK:** George Lindbeck,
23 Office of EMS.

24 **MR. LAWLER:** Marty Matt Lawler,
25 representing Central Shenandoah EMS Council.

1 **MR. HENSCHEL:** John Henschel
2 representing Lower Fairfax EMS Council.

3 **MR. NICHOLSON:** Ben Nicholson
4 representing Medical Society of Virginia.

5 **MR. FERGUSON:** Good morning, Eddie
6 Ferguson representing Virginia State Firefighters
7 Association.

8 **MS. FULLER:** Kimberly Fuller,
9 Quality Assurance and Quality Improvement
10 Specialist with Office of EMS.

11 **MS. OWENS:** Karen Owens, Virginia
12 Office of EMS.

13 **MS. CRITTENDEN:** Cam Crittenden,
14 Office of EMS.

15 **MR. HAROLD:** Adam Harold, Office
16 of EMS.

17 **MR. PERKINS:** Tim Perkins, Office
18 of EMS.

19 **MR. DILLARD:** All right, now we'll
20 shift to the virtual attendees. We're just going
21 to go by the list here starting with Chad
22 Blosser. Chad, if you'd introduce yourself.

23 **MR. BLOSSER:** Chad Blosser, Office
24 of EMS.

25 **MR. HARRELL:** We'll go to Greg.

1 Greg Woods.

2 **MR. WOODS:** Greg Woods, Regional
3 EMS Council.

4 **MR. HARRELL:** Jason Ferguson.

5 **MR. FERGUSON:** Jason Ferguson
6 representing Blue Ridge EMS.

7 **MR. HARRELL:** John Korman.

8 **MR. KORMAN:** John Korman
9 representing Virginia Association of Public
10 Safety and Communications Officials.

11 **MR. HARRELL:** Lisa Simba.

12 **MS. SIMBA:** Lisa Simba, new member
13 representing Virginia Fire Chiefs Association.

14 **MR. HARRELL:** Lori Knowles.

15 **MS. KNOWLES:** Lori Knowles, I'm
16 representing Rappahannock EMS Council.

17 **MR. HARRELL:** Marian Hunter.

18 **MS. HUNTER:** Marian Hunter with
19 the Virginia Office of EMS.

20 **MR. HARRELL:** Rebecca Griffin.

21 **MS. GRIFFIN:** Rebecca Griffin,
22 fairly new member, and I am a consumer.

23 **MR. HARRELL:** And Rich Troshak.

24 **MR. TROSHAK:** Rich Troshak, Office
25 of EMS.

1 **MR. HARRELL:** Sadie Thurman.

2 **MS. THURMAN:** I'm Sadie Thurman
3 representing Peninsulas EMS.

4 **MR. HARRELL:** And Sam Burnette.

5 **MR. BURNETTE:** Sam Burnette from
6 the Virginia Office of EMS.

7 **MR. HARRELL:** Mr. Chair, that is
8 everyone attending virtually.

9 **MR. DILLARD:** All right, thank
10 you, Adam. At this time we'll move into the
11 approval of the February 7, 2020, minutes. And
12 I'd ask that each of you today, if you make a
13 motion or a second, please give your name when
14 you make the motion or the second. So I'll
15 entertain a motion for approval of the February
16 7th, 2020, minutes.

17 **MR. TANNER:** Gary Tanner.

18 **MS. ADAMS:** Second, Beth Adams.

19 **MR. DILLARD:** Gary Tanner and Beth
20 Adams. Is there any discussion? Hearing none,
21 all in favor signify by saying aye.

22 **(WHEREUPON, the Members responded affirmatively.)**

23 **MR. DILLARD:** Any opposed, same
24 sign. And those of you online, you can either
25 answer verbally like you just did or just raise

1 your hand. I'll be watching the screen. Next
2 we'll have the approval of the draft agenda
3 that's been presented for today. Do we have a
4 motion?

5 **MS. CHANDLER:** Dreama Chandler.

6 **MR. DILLARD:** Okay, motion by
7 Dreama Chandler. Is there a second?

8 **MR. SAMUELS:** Second, Gary
9 Samuels.

10 **MR. DILLARD:** Second by Gary
11 Samuels. Any discussion? Hearing none, all in
12 favor signify by saying aye.

13 **(WHEREUPON, the Members responded affirmatively.)**

14 **MR. DILLARD:** And opposed, same
15 sign. All right, the motion carries. All right,
16 so going on with the agenda we'll start with the
17 chairman's report. I think I mentioned earlier
18 it's been over a year since we've met and I want
19 to thank each of you for your efforts during the
20 past year to ensure that the work of your
21 respective committees continued when they could.
22 And with not meeting for over a year, we want to
23 try to make today's meeting as meaningful as we
24 can and this is why we do not have an executive
25 committee meeting today and we called this

1 meeting earlier than normal. It started at
2 10:00. I'm going to try to make sure that we get
3 the Board reengaged and bring everything to the
4 Board that we would have normally brought to the
5 executive committee to keep that engagement going
6 on.

7 And again, I want to welcome our
8 six new Board members. It's going to be exciting
9 to have you all joining us. And we'll be talking
10 a little bit later on in the meeting about
11 committee assignments. And I'd be remiss if I
12 didn't thank our Office of EMS staff for the
13 phenomenal job that they've done since the Covid-
14 19 pandemic began and we had to cease our
15 meetings. And with this week being proclaimed as
16 Virginia Public Service Week, it's a great time
17 for all of us to say thank you to our Office of
18 EMS staff for the admirable job that they have
19 done during the pandemic and for all the great
20 work that they continue to do.

21 This has been a very difficult
22 year and the OEMS staff has risen to the
23 occasion. They've increased communication
24 through regular Go to Webinar meetings to keep
25 the regional councils and the other stakeholders

1 informed. And also very impressive is they've
2 been available at all hours when a concern has
3 come up or somebody had a question. They've been
4 there for us. So for these impressive results,
5 we say thank you and commend the OEMS staff and
6 would like to give them a round of applause.

7 **(WHEREUPON, applause.)**

8 **MR. DILLARD:** I'd also like to
9 give kudos to the OEMS team for the virtual
10 awards ceremony that was held on March the 20th
11 to recognize the 2020 governor's EMS award
12 winners. This was certainly an excellent program
13 and it was a creative way to properly recognize
14 our annual award winners and I wanted to give a
15 special shout out to Marian Hunter and Tristan
16 Graves, Gary Brown, Scott Winston, and Adam
17 Harrell and I'm sure many others that made this
18 happen. But what an awesome presentation that
19 was and I'd like to congratulate all of the award
20 winners. And certainly want to give a shout out
21 to two of our Board members that received awards,
22 Dr. Allen Yee received the Governor's EMS Award
23 for Excellence and John Foreman [phonetic]
24 received the Governor's EMS Award for Outstanding
25 Contributions to EMS Telecommunication.

1 (WHEREUPON, applause.)

2 MR. DILLARD: Also want to take a
3 moment and thank our officers from last year, the
4 chair Chris Parker and the vice chair, Eddie
5 Ferguson. You all did an awesome job and thank
6 you and all the coordinators and committee chairs
7 for your leadership and your contributions. I'd
8 like to remind everybody that EMS week will be
9 May the 16th through the 27th, so thank each and
10 every one of you for all that you do to support
11 EMS in Virginia. And I just want to conclude my
12 chairman's report comments by saying that I'm
13 very proud of the EMS system that we have here in
14 Virginia and certainly it's my belief that we
15 have the best EMS system in the nation. So I'd
16 like to thank each and every one of you for that.

17 At this time we'll move to the
18 vice chair report, Valerie Quick.

19 MS. QUICK: I have no report.

20 MR. DILLARD: All right, thank
21 you, Valerie. Is Dr. Jabari present? Okay,
22 well, we'll move into the Office of EMS report.
23 Gary, and you'll take it.

24 MR. BROWN: Okay, thank you, Mr.
25 Chair, I really appreciate that. Well, it's been

1 an interesting fourteen, fifteen months since we
2 last met. Obviously I don't have to tell
3 everybody how challenging it has been. Everyone
4 in this room has been through everything I'm
5 getting ready to say and that is, and also I said
6 it yesterday in a couple of our committee
7 meetings, we've had to adapt. We've had to
8 pivot, we've had to jump, we've had to dive,
9 we've had to just change and do things
10 differently in all aspects of our jobs. Not
11 knowing really a lot of things, especially when
12 we were sent home, so to speak, and how were we
13 really going to make this work and make it
14 happen. But we did adapt and we did find a way.

15 In fact, I think in some respects
16 it gave us an opportunity to reflect on how we
17 are doing business and what, and how we do
18 things. And it's all about relationships, it's
19 all about communications. I think those two
20 things are vitally important. And actually I
21 think we've made improvements in that area. The
22 pandemic really has changed a lot of things and I
23 think we, those mountains that we thought were
24 really insurmountable, sometimes they weren't
25 mountains, they were just little quibble things.

1 I've always said you push that mountain back into
2 a molehill and let it be what it really is and
3 not what you think it was. And I think we've
4 gotten past a lot of those little obstacles
5 because we were facing large obstacles as an EMS
6 system. And I think we've persevered, I think
7 everybody in this room deserves credit for that
8 and what you've been able to accomplish in terms
9 of facing a climate and facing things that we
10 just, we knew it was possible. I mean, we've all
11 been told that. We practice that, we read about
12 it, but to actually be faced with a global
13 pandemic like this was, we all wish it wouldn't
14 have happened but we have, you know, adapted and
15 persevered.

16 So again I thank everybody. I
17 think my staff, I've told this publicly to people
18 and I've, and I carry this banner to the National
19 Association of State EMS Officials, which we are
20 an active member of. In fact we, I think in some
21 respects we are an engine that drives that
22 association at times. But I have the best EMS
23 staff in the entire country and I would put them
24 up to any other state. Their skills, their
25 abilities, and perseverance, their dedication,

1 their loyalty is second to none. And I think
2 that's what we've seen through this pandemic as
3 well.

4 We've had to do a lot of things.
5 Whether it was from certifications to licensing
6 of agencies, inspections, investigations, site
7 visits for trauma centers, whatever it was. And
8 a lot of this we had to change, we had to do
9 extensions, we had to look at endorsements and
10 maybe provide some waivers, anything to get the
11 job done. But we are back on track a hundred
12 percent and we are caught up in every aspect of
13 our jobs. So whether, again, it be inspections
14 or other things that we do on a daily basis, so
15 we are completely caught back up, which is really
16 a great thing as well.

17 With that, I've got a few notes in
18 front of me to talk to the chair and vice chair
19 this morning that this meeting, we, as this chair
20 said we're trying to get back on track. And, you
21 know, let this meeting just be kind of an
22 informal, let's discuss things, don't be shy.
23 Especially we welcome the six new members. We
24 were able to do an orientation for them on
25 December the 9th of, excuse me, December the 10th

1 of last year. And we need to get everybody
2 engaged in this process. It is kind of unusual.
3 I can't ever recall having a meeting of the
4 advisory board in my forty-plus years with the
5 state of not having attendance from the public
6 here. And that's what makes this a great venue
7 as well, because we do have a lot of
8 participation by the public.

9 Normally the room would be packed
10 in the back. We would have fifty, sixty people
11 back there sometimes standing room only. But
12 we'll get back to that. Luckily we have people
13 who are joining us today virtually, but it is
14 unusual but nevertheless our job, it doesn't
15 diminish the job that we have to do.

16 There have been some things that
17 have occurred, minor things over the year. We,
18 one of the things that this body does is develop
19 the State EMS plan, which drives our objectives
20 and our vision for the future. And the code
21 requires us to review that plan and revise it as
22 necessary on a tri-annual basis and it has to be
23 approved by the Board of Health. And that, our
24 EMS plan was approved in June of last year at
25 their virtual Board of Health meeting.

1 We have tried to maintain with the
2 Board our quarterly reports. Hopefully you've
3 appreciated them. And that is something we take
4 great pride in, in the Office of EMS, is to make
5 sure that we provide that information to you and
6 try to keep you up to date from one quarterly
7 report and then the next one try to cover
8 everything that happened in the time period
9 there. And all the issues and services that
10 we're providing as an office. The May 7th
11 quarterly report is posted on our website and
12 hopefully you can view that. And we have had
13 some bumps with regards to distributing that and
14 our distribution list. But we've been trying to
15 clean that up, so if you have gone a little bit
16 of time and you haven't heard from us in between
17 these meetings, contact us and say, hey, haven't
18 heard anything. You know, have you sent anything
19 else out, just want to make sure that, you know,
20 we have the right contact information for you and
21 so forth.

22 We, well, actually two things. We
23 had Dr. Jaberri on the agenda and Dr. Jaberri is
24 the chief deputy commissioner for the Public
25 Health and Preparedness section of the Virginia



1 Department of Health. I know he is extremely
2 busy and, but he's, in fact recently he has been
3 filling in as the acting health district director
4 for both Virginia Beach and Norfolk in addition
5 to his deputy commissioner duties within the
6 central office of VDH. I had, I did talk to Dr.
7 Jaber. I haven't this week, but late, in fact
8 Friday of last week it was, it wasn't, we weren't
9 sure whether he would be able to make it today or
10 not. I wish he could have, because there has
11 been some notice of a change within the Health
12 Department within the past week as well. And Dr.
13 Jaber is being shifted to the, as the chief
14 deputy commissioner for Community Health Services
15 within the Health Department. So we will no
16 longer report to Dr. Jaber.

17 I think this is a really good fit
18 for him in the Health Department because
19 Community Health Services, that's all the health
20 districts within the Commonwealth report to that
21 position. And so he will be the chief deputy
22 commissioner. And within the code of Virginia
23 the commissioner of health must be an M.D., and
24 if, within the organizational structure obviously
25 the commissioner may not always be available.

1 May be out of town, on vacation, sick, whatever,
2 and there has to be a number two, so to speak.
3 But that person also has to be a physician, so
4 Dr. Jaberri obviously fills that role in the chief
5 deputy commissioner. And the deputy commissioner
6 who was over Community Health Services is now
7 shifting over to Public Health and Preparedness.
8 His name is Bob Hicks, so he will be our new
9 deputy commissioner. He will be who I report to.
10 I've known Bob for at least thirty years. He's
11 been in the Health Department for a very long
12 time and knows the operations of the Health
13 Department. So I think it's going to be a very
14 good fit for us as well.

15 So we'll get back on track with
16 regards to having deputy commissioner
17 representation from the Health Department in
18 future meetings. And I haven't seen her come in,
19 and she may be here, because first of all I don't
20 have my glasses on and secondly with masks. Our,
21 your assistant attorney general, Krista Samuels
22 [phonetic], in fact it was back at the February
23 meeting of last year our assistant attorney
24 general Amanda Lavin [phonetic], now it's Kerr
25 [phonetic], resignation from that position, well,

1 and shifted to a different section within the
2 Office of Attorney General. So we do have a new
3 assistant attorney general. And so hopefully in
4 the next week you will also meet her, but she's
5 up and running. We've met with her, briefed her,
6 and she's handling a lot of the issues that we
7 need to have handled by the AG's Office.

8 It was mentioned that, about the
9 symposium that Kevin talked about, that we will
10 have a symposium this year. Last year was quite
11 painful to cancel that symposium after forty
12 years of really run with that and growth each and
13 every year, but we did the right thing. We made
14 an announcement early. We actually made that
15 announcement in April of last year. We didn't
16 wait until, you know, the summer or anything like
17 that. We kind of knew what was, we were facing
18 and I think we did the right thing. This year we
19 are already planning the symposium. It will be
20 held November 3rd to the 7th in Norfolk and we
21 are planning the program as we speak.

22 There will be, there are going to
23 be somewhat adjustments and changes. We normally
24 average over three hundred classes every
25 symposium. We're probably looking at about a

1 hundred and fifty for this coming year. That's
2 still a tremendous number of courses. If you
3 look at any other state conference, they don't
4 even offer that when there wasn't a pandemic. So
5 this, we will be offering a lot of great classes.
6 We do have some national speakers that we've
7 already confirmed that really are, you know,
8 known throughout the EMS community nationally.
9 One thing that we probably, we will not have is
10 the hands on classes. It just would have been
11 too difficult in terms of arranging for the
12 medical equipment, arranging for, you know,
13 disinfectant between patients and between classes
14 and things of that nature. And we will eliminate
15 some of the nighttime activities. But other than
16 that, hopefully we will focus on the quality of
17 the classes, the quality of the instructors, and
18 the quality of the overall program. So stay
19 tuned for that and we'll keep you posted on how
20 that goes.

21 One of the things we decided
22 because we still, we're planning with what we
23 know today, but anticipating hopefully more
24 relaxation of guidelines and so forth for
25 November. But we will not have the State EMS

1 Advisory Board meeting in concert with the
2 symposium in Norfolk. We will have it here in
3 Richmond some time in November instead of having
4 it with the symposium. That just added, that and
5 the committees that we had meet at the symposium,
6 that was already logistically challenging for us
7 to do on top of the three hundred classes and the
8 other things that were going on. And if we had
9 separated those things, at least for this year, I
10 think it's the right thing to do with regards to,
11 you know, minimizing risk and things of that
12 nature. So we have not set those dates yet, but
13 I will get with the chair and vice chair and
14 we'll look at calendars and try to give you
15 enough heads up that you can get that meeting on
16 your calendar. And it will be here at the
17 Richmond area.

18 Kevin, scratch that off, he's
19 already announced the two Board members that
20 received EMS recognition, John Foreman
21 outstanding contribution to EMS telecommunication
22 and also Dr. Allen Yee, don't see Dr. Yee in the
23 room, but he received the governor's award for
24 excellence, which is the highest award, EMS award
25 in the state by the governor. It's quite a

1 tribute, quite an honor to get that award. So
2 certainly we congratulate them.

3 And I think with that I have some
4 other things and some things that will come up
5 under the executive committee report, so I'll
6 wait for that. And with that I'd like to call on
7 staff, and I'll start with Scott and then go to
8 Adam and George in that order.

9 **MR. WINSTON:** Thank you, Gary.
10 Scott Winston, assistant director, Office of EMS.
11 I'd like to share several brief updates.
12 Recently a member of our OEMS staff has announced
13 their retirement, and I would like to ask if Ron
14 Passmore would come up to a mic nearby and let us
15 know about that retirement.

16 **MR. PASSMORE:** Yes, the Regulation
17 and Compliance Enforcement Division, we've been
18 blessed with a very seasoned team. Collectively
19 we have 153 years of regulatory compliance
20 enforcement experience for EMS and over 322 years
21 of combined EMS practice experience in our
22 division. Mr. Wayne Barry [phonetic] announced
23 in March that he's prepared and ready to retire.
24 This will be his second retirement as he retired
25 from the City of Norfolk, I believe, as battalion

1 chief, and then came to the office fifteen years
2 ago. So he's been in our division for fifteen
3 years. So we do have another to fill and we're
4 certainly going to miss Wayne and all of his, all
5 of his expertise. He really went above and
6 beyond and was the point person in our division
7 in working with the IT team to develop the
8 proprietary software that you guys know as the
9 portal. So he had a big piece of putting that
10 together and making that work. So we'll miss
11 him.

12 **MR. WINSTON:** Thank you, Ron. I
13 too want to echo my sentiments in terms of the
14 appreciation and the loyal and dedicated service
15 that Wayne has provided to the office over those
16 fifteen years. He has been a true asset and we
17 wish him well in his retirement. The next item
18 I'd like to give you a brief update on is the
19 hybrid regional EMS offices. We began partnering
20 with several of the regional EMS councils back in
21 October of 2019 is when we began the process to
22 assist in strengthening the offices and providing
23 assistance and collaborating and working to
24 communicate with the EMS agencies within those
25 regions. And I believe that the partnership and

1 the relationship has been beneficial and one that
2 we truly value. We, the state office cannot
3 begin to understand all the local and regional
4 issues that are faced in delivering emergency
5 medical services, so it's critical and vital that
6 we continue to receive input from the key
7 stakeholder groups within those regional areas.

8 So in October of 2019 we began a
9 relationship with the Central Shenandoah EMS
10 Council. The, excuse me, the director of that
11 regional office is Daniel Lincolns [phonetic].
12 Then in May of 2020 we established relationships
13 with the Blue Ridge EMS Council in which Mary
14 Catherine Allen [phonetic] is the division
15 director in that region. And then followed by
16 the Rappahannock EMS Council in Fredericksburg.
17 And that director is Wayne Perry [phonetic]. And
18 we've been working with those three regional
19 offices very closely. I want to recognize Adam
20 Harrell's contributions to that process in
21 getting the infrastructure set up and working on
22 providing technology, providing office space in
23 some cases. We have had a focus on employment,
24 getting positions approved for hire, and we've
25 almost completed that process in the Central

1 Shenandoah Council area. And we are continuing
2 the recruitment and interviewing process in the
3 BREMS and the Rappahannock EMS Council areas to
4 fill the staffing on those regional office.

5 So in short, I think it's again
6 been a very valuable, very beneficial. I think
7 it's improved collaboration, improved
8 communication, and I believe it has improved the
9 delivery of services as well. So thanks for all
10 those council, regional councils who have come to
11 the table asking for assistance and who have
12 worked hand in hand, side by side with the office
13 to provide the best regional office within, for
14 that area. So with that I will kick it over to
15 Adam.

16 **MR. HARRELL:** Thank you, Scott.
17 So the major focus for my update today is the
18 transition that the State is currently going
19 through for the patient care reporting system to
20 ESO. Approximately two months ago we released
21 publicly that the contract with ImageTrend was
22 coming to an end in the state and that we were
23 working in collaboration with the Western
24 Virginia EMS Council to contract through
25 competitive bid for a replacement, which ended up

1 being ESO. So with that contract, the State of
2 course is offering the direct entry product or
3 their EHR for EMS agencies to be able to input
4 their patient care medical records. We have
5 included the alerting platform.

6 The alerting platform is available
7 to any EMS agency regardless of what platform
8 they utilize, as well as any hospital or
9 receiving facility in the Commonwealth to be able
10 to communicate real time via mobile app with EMS
11 agencies that are inbound to their facility.
12 They're able to share patient information,
13 pictures, EKGs, video files, and that
14 communication is two-way, so it allows the
15 receiving facility to also communicate back with
16 the agency, as well as for the receiving facility
17 to use it for internal alerting. So the example
18 that we've been utilizing is STEMI alerts. The
19 EMS agency can provide a STEMI alert with
20 pictures and EKG and HP as well as any treatments
21 and patient status. That can go straight to the
22 ER. That ER then has the ability to include
23 their cath team or whomever for that STEMI alert
24 and have that communication from the cath team or
25 the STEMI alert team all the way back to the EMS

1 agency. So again, that's available at no cost to
2 any EMS agency and hospital in the Commonwealth.

3 In addition, we are also including
4 the travel registry element, the patient registry
5 element, which is the State's data collection
6 portal, and then there is the inclusion of the
7 EKG transmission. And then we are also covering
8 the first year cost associated with CAD and
9 billing interfaces. Now throughout the course of
10 this project we have, we have had a lot of town
11 halls and community engagement events and we've
12 listened to what the agencies and jurisdictions
13 have asked for. So we have also entered into an
14 extended contract with ImageTrend for another
15 year to provide ImageTrend as a third party
16 direct entry product for agencies that either
17 need more time to transition to ESO, they plan on
18 remaining with the direct entry product through
19 ImageTrend, or whatever the case may be.

20 So that way we're providing
21 agencies options. So we had a lot of questions
22 surrounding this, you know. First off the State
23 can't mandate what patient care reporting
24 software agencies utilize. We don't have the
25 regulatory authority to do so. The only

1 regulatory authority we have when it comes to
2 patient care reporting is specific to the
3 elements and the submissions to the State, the
4 timeframes, and supplying that patient care
5 report to the receiving facility at a prescribed
6 amount of time. Having said that, we also have
7 no regulatory or statutory obligation to provide
8 electronic patient care reporting software, but
9 we understand that this is a need for many
10 agencies in the system. We have over 250
11 agencies that rely on the direct entry product
12 that's provided at no cost and we want to
13 continue to provide that to benefit the system.

14 The enhancements that are coming
15 out of this arrangement are amazing as far as
16 what this is going to do for data and analytics.
17 There are additional components related to this
18 data transition that will, you'll start to see in
19 coming quarters. Self-service data modules,
20 advanced analytic platforms, automatic reporting
21 to specific types of registries. In addition to
22 the State-funded products that are being offered
23 through ESO, they are also negotiated prices for
24 the additional products that ESO offers. So for
25 hospitals there is a hospital interface or the, I

1 can't even remember what they call that module
2 now. But it is a module that allows for direct
3 entry of the EMS record straight into the
4 receiving facility's EHR. And that has multiple
5 benefits because instead of having to log into a
6 portal to see the patient record and the
7 attachments, they can be mapped and automatically
8 ported into the hospital's reporting software.
9 It also has benefits for the trauma registry as
10 well that allows data to automatically flow so
11 it's not having to be manually entered by the
12 trauma registrars. In addition, if hospitals
13 elect to do that, it allows them to share
14 outcomes data with the transporting EMS facility.
15 So they're able to draw back that outcome, you
16 know, what was the disposition of that patient or
17 ultimately whatever that receiving facility wants
18 to share with EMS.

19 And then there are also fire
20 modules associated with ESO. So they have a fire
21 module, investigations module, staffing modules,
22 inventory modules. All of that that agencies and
23 jurisdictions have the ability to leverage at a
24 discounted rate should they choose to do so.

25 So we have been working very



1 closely with the vested stakeholders. We're
2 working closely with the regional councils in
3 this rollout. And honestly, we're trying to make
4 this as smooth, this transition as smooth as
5 possible. So as agencies have issues or
6 concerns, we're asking that they reach out, tell
7 us what they are. It may be a one off that we
8 could help that single agency with or it may be a
9 larger implication that we haven't thought of and
10 we may need to change course. So that open
11 communication, I've had a lot of conversations
12 with jurisdictions and agencies regarding this
13 and we are still open and plan to do many, many
14 more.

15 One that we heard very early on
16 was hardware compatibility issues. ImageTrend
17 had this offline iPad app that agencies loved and
18 they had bought equipment specific to use that.
19 But now they want to transition to ESO and that
20 equipment is not compatible. So what we did is
21 we announced a special initiative, a hundred
22 percent funded grant opportunity for those
23 agencies that were impacted by that to be able to
24 provide them upgraded equipment for the
25 transition. So with that, it is an ever evolving

1 situation. I mean, we are on the phone and on
2 Skype and Go to Meeting daily, every morning at
3 8:00 a.m. with the, with ESO and ImageTrend and
4 working towards this. And again, we are trying
5 to be as transparent and accommodating as we can
6 with this, so I am open to any questions that the
7 Board may have.

8 **MR. WINSTON:** Have you
9 communicated the availability of this tool to
10 VHHA to notify the member hospitals?

11 **MR. HARRELL:** So, yes, sir, we
12 spoke with VHHA rep yesterday and we are working,
13 we are going to work to coordinate a demo for
14 VHHA and also to discuss what implications and
15 what options there are for VHHA in this as well.

16 **MR. WINSTON:** I just want to say
17 thank you because it's great to look at kind of
18 making access to a common tool and particularly
19 the EKG integration which we know has been at
20 times challenging. So thank you for doing that.

21 **MR. HARRELL:** Yes, sir.

22 **UNIDENTIFIED SPEAKER:** How does
23 this translate? So if I ran, I had ImageTrend
24 and I ran a patient three years ago, you can pull
25 that patient up and have some of their

1 information already in there. Is there going to
2 be, are you going to be able to transmit,
3 transfer that information from the old ImageTrend
4 into EOS?

5 **MR. HARRELL:** Yeah, so, yes. So
6 all historic data is being migrated as well. We
7 are working with both ImageTrend and ESO on that
8 date of migration. There is some data, many of
9 you may remember B2 data. It's still there. B2
10 data can't migrate and we're going to work with
11 ImageTrend to get that data back to the agencies
12 since the agencies are the legal custodian of
13 those records. But everything that is in the
14 current elite B3 system will be transitioned and
15 migrated into ESO as well as being available
16 historically through ImageTrend.

17 **UNIDENTIFIED SPEAKER:** Okay, thank
18 you.

19 **MR. FERGUSON:** Adam, if I may,
20 it's Eddie Ferguson. Certainly I'm glad to hear
21 that the hardware compatibility issues is being
22 addressed through the RSAF process which is
23 really good to hear. Also I've heard a lot about
24 the software and a lot about how it helps in an
25 administrative way. What I'd like to hear more

1 about is how friendly is it to the EMS provider
2 who's actually treating the patient who's
3 generating the patient care report. And I'm
4 assuming that was taken, I know it was taken into
5 account, but I've not heard it mentioned as to
6 how that translates to that EMS provider who uses
7 the software. Having used several different
8 softwares over the years, that can be, you know,
9 certainly a challenge. And that's where it all
10 starts, is at the level of the Virginia EMS
11 provider. I know I heard early on that there are
12 many agencies in Virginia that already use ESO.
13 I want to say it was well over fifty agencies,
14 maybe closer to a hundred. So I would like to
15 know if, you know, what that looks like for the
16 EMS provider that actually delivers the service
17 to the patient.

18 **MR. HARRELL:** So, absolutely,
19 Chief. I'll ask Cam to chime in as well because
20 she has participated very heavily. We did, that
21 was first and foremost the component that we used
22 to gauge the RFP and the bid process. So, Cam.

23 **MS. CRITTENDEN:** So, Eddie, and
24 all, yeah, this, it took a great amount of time
25 my team and I have managed this contract and

1 worked with ImageTrend and we knew we were
2 getting towards the end. We began about two
3 years ago, I guess, just surveying the
4 marketplace, you know, understanding what was out
5 there, what different products were. ImageTrend
6 was a great product, they were the first on the
7 market, there weren't any other options. And so,
8 you know, it was a great move for the State. But
9 as this evolved through the years, other products
10 became available, ESO being one of them. That's,
11 they have about sixty-five I think customers at
12 that state, the agency level.

13 So Brian and I and the other
14 support people, we went out into the field and we
15 sat down with providers, EMS providers at the
16 ground level. We looked at leadership, we sat
17 with them. Some of them were on the volunteer
18 squads who use ImageTrend. Their agency used
19 ESO. We had them do side-by-side comparisons.
20 We looked at workflow, we did all of it. And not
21 just ESO, we did all of them out there. So,
22 yeah, we did a lot of work coming up into it and
23 we used that, what we saw, products, or the
24 features we liked from all of the products out
25 there to help build our RFP.

1 I will tell you from sitting down
2 and playing with this in their sandbox
3 environment, it is really friendly for a workflow
4 perspective from the ground. You know, the
5 product doesn't exist for, you know, exist for
6 them so it needs to be easy at 2:30 in the
7 morning for single provider, and it is. It is, I
8 think it's a step up.

9 **MR. FERGUSON:** And that's exactly
10 what I wanted to hear about. And, you know, I
11 think so often we, as administrators and data
12 transfer and so forth, you know, but I think the
13 piece where it begins is the provider who treats
14 that patient, who generates that EMS report. Now
15 the other question I would have about ESO is I
16 hear them saying that they are configurable but
17 not customizable. What's the future of that?
18 Are we able to get them to be more customizable
19 going forward?

20 **MS. CRITTENDEN:** Yeah, so the
21 system we had before, we managed it at the State
22 level for 275 agencies, so we had to have sort of
23 one look and one feel to that product because we
24 couldn't, we couldn't make it different for all
25 of those agencies. The way the ESO platform

1 works is that you have that ability per agency
2 to, and it is, I'm going to get the words wrong
3 because there's two different meanings to
4 customize and configure. But you can make that
5 product work for you at your agency. It doesn't
6 have to be the same for all 275 agencies. So the
7 State now is just getting the data, we're just
8 getting our repository, but you all have the
9 ability at your level to make it look like for
10 the most part what you want it to look like. I
11 think you're probably aware ImageTrend had the
12 supplemental questions option. You could put
13 those in. It allows a greater ability to make it
14 work for you than what we have now.

15 **MR. FERGUSON:** That sounds good
16 and I've heard good things about ESO and
17 certainly and heard that through HCA. David See
18 [phonetic] had indicated that it was a platform
19 that the hospital system used even outside of
20 Richmond, so.

21 **MS. CRITTENDEN:** It's an amazing
22 product. I mean, what it can do from an analytic
23 standpoint at the State level, which obviously
24 what we are interested in, but what you all can
25 do in the field, what, how you can add it in,

1 it's very, they're very proactive. They were
2 right on top of the Covid-19 with the PPE usage.
3 I mean, they're just, they're good to work with
4 and I think you're going to be excited once we
5 get past this hump of change. I mean, that's
6 always kind of scary, but I think it'll be good
7 and you'll appreciate it.

8 **MR. FERGUSON:** I think it'll be
9 fine. I am glad to hear that the ImageTrend
10 contract was extended for another year. I can
11 tell you that any fire rescue organization that
12 uses software like ImageTrend for their records
13 management system who would take no less than two
14 years to convert over into it in a way that it's
15 planned, budgeted for, and the training component
16 that goes along with it. So thank you for that.

17 **MS. SMITH:** And I can actually
18 speak to the ESO platform. I am a paramedic with
19 an agency that has already transitioned from
20 ImageTrend to ESO and I have used it at 3:00 in
21 the morning as a single provider. And it has
22 been very intuitive. I actually will say I like
23 it as a provider much more than I did ImageTrend.
24 It just flows, the work flows much easier.

25 **MR. HARRELL:** And, you know, just

1 as a kind of a close out, I mean, I'll accept any
2 other questions that may come up. Virginia,
3 we've always prided ourselves in trying to be
4 cutting edge. We want to, you know, it's not
5 about necessarily what we want or what the
6 standard of practice is, but we were the first
7 state to offer something like ImageTrend over
8 fourteen years ago at a statewide level and
9 completely cover the cost. Now taking it one
10 step farther for us being vendor agnostic and
11 providing you not one but two options that, you
12 know, for the agency to be able to choose what's
13 going to be best and, you know, even beyond that
14 the partnership and the relationship that we have
15 both with ESO and ImageTrend is amazing.

16 And to be able to convey that to
17 the entire EMS system in Virginia, both vendors,
18 ESO specifically, has come to us and said if
19 there's something that Virginia needs or you see
20 a use case that our software does not do, they
21 are fully committed to helping us find a way to
22 accomplish that. So what I would say is as
23 agencies get used to their product, we're
24 definitely going to want feedback. We're going
25 to want to understand your use case. And

1 especially when it comes down to that
2 customizable versus configurable component,
3 Chief, if your agency decides to go with ESO and
4 it's not doing something you absolutely need it
5 to do, you let us know and that's, we can find
6 out if there are more. Even if there are not
7 more agencies that need it, we will take every
8 single comment we get back to these vendors to
9 provide the absolute best product that meets
10 everybody's needs.

11 **MR. BROWN:** Okay, good discussion.
12 First of all, Dr. O'Shea, Valerie, Eddie, Tori,
13 thank you. Anybody else that made comments.
14 Tori from the field perspective, thank you for
15 those comments. They mean a lot. I have heard
16 from several Advisory Board members with regards
17 to questions about this transition and migration
18 to ESO. I don't want to call names out, but this
19 is your opportunity if you have more questions.
20 Please bring them forward here. If you prefer
21 not to this forum, after the meeting or like Adam
22 said contact us at the office, our individual
23 email addresses, and so forth. But, you know,
24 and of course as an advisor board and appointee
25 by the governor, your co-mandate is to advise on

1 all matters with regards to EMS and the State,
2 and this is a matter of EMS and the State. So we
3 really want to make sure that you help us know of
4 any kind of issues, you know, integration type of
5 issues or whatever the case may be. Please let
6 us know, because we need to listen to your advice
7 to help us have the best product available and
8 the best customer service that we can provide to
9 you guys as well. So if there is no other
10 questions at this moment, but we remain ready to
11 answer throughout this meeting and even after the
12 meeting. So thank you very much.

13 **MR. WINSTON:** Absolutely, and just
14 one last point I'd like to call out this to show
15 you the vested interest that these companies have
16 with us. We actually have one of the chief
17 officers with ESO who is in the audience
18 virtually today attending. ESO as well as
19 ImageTrend, both have either been in Virginia
20 helping with this, helping folks to understand
21 it, or are scheduled to come into Virginia in the
22 coming weeks. So I do call out, you know, Chris
23 Montera [phonetic] is on the call with us as
24 well, so thank you, Chris, for your support and
25 being here.

1 **MR. BROWN:** Well, George, you're
2 up next, so top that.

3 **MR. LINDBERG:** This is going to
4 disappoint people, thanks, Gary. So the only
5 thing I was going to mention was the DEA regs, so
6 don't throw anything at me. We are still waiting
7 for the DEA to come out with their regs and the
8 fuzzy indicators are that we may still be a year
9 or two away from that getting resolved. So what
10 Ron has led is setting up a regular meeting,
11 regular forum with both our State Board of
12 Pharmacy leadership and also our regional DEA
13 representatives to form some relationships and to
14 start working on this.

15 The early issue that we've
16 identified is the issue of controlled substance
17 registration certificates, or CSRCs, in the
18 Commonwealth and EMS agencies and compliance.
19 You know, we've had the drug kit program that
20 we've had now for thirty to forty years. It's
21 worked really well. However, there's been a lot
22 of what I refer to as drift in implementation of
23 the drug kit programs, management of the drug kit
24 programs, and probably compliance with Board of
25 Pharmacy regulations. We did a survey two months

1 ago now where we got like ninety-five percent ...

2 **UNIDENTIFIED SPEAKER:** One

3 hundred.

4 **MR. LINDBERG:** One hundred

5 percent, one hundred percent. Show me a survey

6 where you've ever gotten a hundred percent

7 response rate. And that was because the field

8 reps kind of ...

9 **UNIDENTIFIED SPEAKER:** Worked it.

10 **MR. LINDBERG:** Yeah, prodded

11 everybody to do it. Out of roughly speaking 620

12 EMS agencies in Virginia we found that only

13 seventy have CSRCs. And there's a lot of

14 confusion about what you need CSRCs for or what

15 you don't need CSRCs for, et cetera. So I think

16 one of the most profitable uses of our time while

17 we wait on the DEA is to address this issue about

18 making sure people understand the drug kit

19 program that we've got and that they're in

20 compliance with that and that they're in

21 compliance with the Board of Pharmacy

22 recommendations with CSRCs. So in the near

23 future we're going to have a tool kit, if you

24 will, that will help agencies walk through that

25 process, make sure that they reexamine their

1 processes, and make sure they're in compliance
2 with Board of Pharmacy. If they've got a CSRC,
3 if they don't they need to get one and come in
4 and comply. So that seemed to be the, as
5 somebody said, the actionable item that we could
6 pursue and make a difference while we're waiting
7 on the DEA.

8 So, you know, I started talking
9 about this really early after the Act passed and
10 now I feel like I created more of a stir than I
11 needed to. But we all thought that the DEA was
12 going to come out with these regulations in the
13 next year or two after the Act passed. And we
14 are now coming on four years since the Act passed
15 and still don't have regulations to implement
16 assuring access to emergency medications. So,
17 Ron, do you have anything else you'd like to add
18 to that? Okay. But happy to take questions, but
19 unfortunately we've got more questions than
20 answers. But the main thing we're going to
21 concentrate on in the upcoming months is the
22 CSRCs. Thank you.

23 **MR. BROWN:** Thank you, George.
24 For the rest of the staff, if you want to address
25 the Board through our OEMS report on the agenda

1 right now, stand up or raise your hand. But
2 otherwise I think a lot of what you will discuss
3 will come in the committee report. So with that,
4 Mr. Chair, that concludes the OEMS report.

5 **MR. DILLARD:** All right, thank
6 you, Gary. At this time we'll have the State
7 Board of Health EMS representative report. Mr.
8 Gary Critzer.

9 **MR. CRITZER:** Good morning, Mr.
10 Chair, can everybody hear me?

11 **MR. DILLARD:** Yes.

12 **MR. CRITZER:** Is my audio coming
13 through?

14 **MR. DILLARD:** Yes, we can hear
15 you.

16 **MR. CRITZER:** Very good, well, all
17 right. So the State Board of Health last met on
18 March 18th. We've been continually meeting
19 throughout the pandemic. Our quarterly meetings
20 virtually and had pretty good success with that.
21 We have at each meeting taken up a number of
22 regulatory items, some that were fast track
23 amendments and other items. At the last meeting
24 we dealt with regulations related to Virginia
25 medical care facilities and the COPM process.

1 We've also been receiving comprehensive updates
2 from the State Health Commissioner, Dr. Oliver,
3 with regards to the VDA's response to the
4 coronavirus and its participation in the overall
5 state response. So the Board has been kept up to
6 date on all of those activities and been involved
7 in that.

8 Also I think it's important to
9 note that I'm going one back one meeting at our
10 December 3rd meeting the Board of Health did
11 accept a proclamation in honor and remembrance of
12 the former Board chair and our EMS comrade, Rich
13 Edwards [phonetic], remembering him and the work
14 that he did. Not only for EMS and the
15 Commonwealth, but in his role as the chair of the
16 State Board of Health. And that was adopted
17 unanimously by consensus. So the Board again
18 continues to meet, we continue to work on a
19 myriad of issues, and I'm available if you have
20 any questions.

21 **MR. DILLARD:** All right, do any of
22 the Board members have questions for Gary? All
23 right, thank you for that report, Gary. At this
24 time we'll move into our standing committee
25 reports. We'll start with the executive

1 committee report. The executive committee did
2 meet on December the 10th, 2020, with a hybrid
3 meeting. Chief Ferguson chaired the meeting and
4 it was in person for the new Board members. And
5 we had the new Board member orientation that day
6 and we had hot topic updates. And some of the
7 areas that were covered were the Covid-19 and
8 emergency operations, the DEA Board of Pharmacy
9 and OEMS task force, pending legislation, and
10 trauma triage reports.

11 And then we also had the
12 nominating committee report and had an election
13 of officers and election of the chairs for the
14 various committees. And I'm going to cover those
15 now and we'll need to have a vote to affirm the
16 election of officers and chairs that the
17 executive committee took action on, on December
18 the 10th. So the people that were brought back,
19 Chair Kevin Dillard, Vice Chair Valerie Quick,
20 Executive Committee Chair Kevin Dillard,
21 Administrative Coordinator John Henschel, Rules
22 and Regs Committee John Henschel, Legislative and
23 Planning Committee Gary Samuels, Infrastructure
24 Coordinator Eddie Ferguson, Transportation
25 Committee Eddie Ferguson, Communications

1 Committee John Korman, Professional Development
2 Coordinator R. Jason Ferguson, Training and
3 Certification Committee R. Jason Ferguson,
4 Workforce Development Valerie Quick, Health and
5 Safety Committee Lori Knowles, Patient Care
6 Coordinator Dr. Allen Yee, Medical Direction
7 Committee Dr. Allen Yee, Medivac Committee
8 Victoria Smith, EMS for Children Committee Dr.
9 Patrick McLaughlin, and then the Trauma Systems
10 coordinator, Dr. Michel Aboutanos. And, Dr.
11 Aboutanos, do we have people on it for the
12 various committees? I don't have any names other
13 than the trauma and the administrative
14 governments, which is you.

15 **DR. ABOUTANOS:** Yes, I was going
16 to mention those names in the committee report.

17 **MR. DILLARD:** Would you mind
18 mentioning those now and then we can go ahead and
19 vote to approve those if you have them handy?

20 **DR. ABOUTANOS:** Yes. So we have
21 kept for the trauma systems committee, that's
22 myself, Dr. Aboutanos. For the system approval
23 committee that is to be determined, we have not
24 decided on that. For the injury and violence
25 prevention the chair is Dr. Lori Cox, Lori

1 Miller-Cox [phonetic]. She's new. For the
2 prehospital care, that's still Mike Watkins. For
3 the acute care that's still Dr. Jeffrey Young.
4 For the post-acute care, that's to be determined.
5 And for the emergency preparedness and response,
6 that's through the...

7 **MR. DILLARD:** All right, thank
8 you, Dr. Aboutanos. So at this time I will
9 entertain a motion to affirm the Board officers.

10 **MR. TANNER:** Motion to affirm,
11 Gary Tanner.

12 **MR. DILLARD:** Okay, motion by Gary
13 Tanner. Is there a second?

14 **MS. KNOWLES:** Second, Lori
15 Knowles.

16 **MR. DILLARD:** Second by Lori
17 Knowles. Do we have any discussion? Hearing
18 none, all in favor signify by saying aye.

19 **(WHEREUPON, the Members responded affirmatively.)**

20 **MR. DILLARD:** Any opposed, same
21 sign. The motion carries, thank you. That
22 concludes the executive committee report. We
23 will move on to the financial assistance review
24 committee. I'm sorry, before we move into the
25 FAR committee report, I want to talk a little bit

1 about the Board committee appointments. So I'm
2 aware that some of you that have been serving on
3 the Board have not been appointed to some
4 committees, so we want to correct that. And for
5 the new Board members that just came on, you
6 filled out some sheets expressing your interests
7 in committees, so we're going to, I'm going to
8 have Gary talk about that now and then we can
9 take action on it.

10 **MR. BROWN:** Okay, this is going to
11 be different from how this has been done in the
12 past, but things are different in terms of this
13 environment. We are, we would still be in
14 compliance with the bylaws. But we have new
15 members that have not been assigned to committees
16 and they're chomping at the bit to be assigned.
17 And also we know that we have members on this
18 committee that maybe were appointed a couple of
19 years ago that still have not been assigned. So
20 we're going to try to correct what we can today
21 and do it administratively through this Board.
22 And so bear with us because we, it's not one of
23 these things you rehearse in advance and you have
24 it figured out. We're going to figure it out as
25 we talk through this.

1 So, but the bylaws does say that
2 the Chair of the committee along with the
3 coordinator, and Kevin talked about we have,
4 let's see, the administrative coordinator,
5 infrastructure coordinator, professional
6 development coordinator, patient care
7 coordinator, and trauma system coordinator. And
8 the only coordinator that is not present either
9 virtual or in personal today I think is Adam Yee.
10 So the other coordinators are here, so the bylaws
11 say that the chair of the committee in
12 consultation with the coordinator shall present
13 to the executive committee their approval of
14 committee memberships.

15 We, so we can get back
16 functioning, we can't really have a separate
17 executive committee meeting today after this
18 meeting because we didn't advertise it. So the
19 executive committee, we do have a quorum here and
20 we can, as a full Board but with executive
21 committee, affirm these individuals to be on
22 committees as long as the chair and the
23 coordinator agree to this as well. So the first,
24 and again this is a little bit different, but
25 Matt Rickman, new member, has presented his

1 committee interest form, which every one of you
2 have done, and again some of it has dropped
3 between the cracks and we know that. His first
4 choice was the financial systems review
5 committee. However, that committee by code as
6 well as by bylaws rotates among the regions in
7 terms of membership.

8 So once the Western, since you
9 represent Western, once the Western Virginia EMS
10 Council representative to the FAR committee came
11 open again, rotated around, then the Council
12 could put forth your name or two or three names
13 for the Board to consider. And the Board makes
14 the appointments. So unfortunately we can't give
15 you your first choice. But we're looking at your
16 second choice is training and certification
17 committee. The committee chair is R. Jason
18 Ferguson. And then your next choice is
19 legislative and planning committee and the
20 committee chair is Gary Samuels. So one part of
21 this, too, we do have a committee, I forget what
22 we call it now, it's a guidance document is what
23 it is, that the Board adopted. Actually, it's
24 been ten years. So it's a guidance document and
25 it breaks down every single committee on the

1 Advisory Board in terms of the membership.

2 For instance, the medivac
3 committee should have part 135 representative.
4 And it shall have other types of composition that
5 is in there. So there may be committees that we
6 simply don't have room for to add more or they
7 don't fit a particular slot, but I think our
8 first obligation is to the Board members because
9 the bylaws say every Board member must serve on
10 at least one committee. It's been the practice
11 of the Chair to expect that every member
12 participate in at least two committees of the
13 Advisory Board.

14 And the whole thing about the
15 membership and even in the bylaws capping at ten,
16 but you can exceed that with approval of the
17 Board, which basically every single committee has
18 been approved for membership above that ten.
19 That was really driven more by, you know,
20 finances than anything else. When you, we were
21 meeting in person and therefore paying your
22 expenses and luncheon and things like that, that
23 was kept in mind in terms of how large should the
24 committee be. Right now we actually don't have
25 that problem obviously and I don't see the hybrid

1 situation going away any time soon, so even the
2 people with us today, we're not paying for their
3 mileage to be here. They will be getting the
4 excellent lunch that we have planned for you
5 guys, though. But, you know, we need to take a
6 look at how we're doing business as we talked
7 about earlier. And I think it's important if
8 nothing else, the nomenclature is that these
9 appointments to the committees are a member, an
10 Advisory Board member at large seek on each of
11 these committees.

12 So with that, Gary and Jason, with
13 regards to Matt Rickman coming on your respective
14 committees, hopefully, I don't know how you want
15 to handle that. We can take it one by one or?

16 **MR. DILLARD:** Yeah, we can take it
17 one by one. And I'd like to ask each of you when
18 you get ready to speak, please identify yourself
19 because the people that are online, they don't
20 see you. They only see us sitting up here at the
21 head table, so each time you speak please
22 identify yourself. But we'll take them one by
23 one.

24 **MR. BROWN:** So training and
25 certification, Jason Ferguson, Matt Rickman as a

1 member. Agreed upon?

2 **MR. FERGUSON:** Yes, Gary, so I'll
3 just let you know that as far as the current
4 guidelines, we are full and with, you know, Matt
5 Lawler serving. So as long as we, whatever
6 changes we're going to make to that, I'm okay
7 with. I just wanted to let you know that we do
8 also have Matt Lawler from the Board serving on
9 there as well.

10 **MR. DILLARD:** Okay, and that's
11 fine.

12 **MR. BROWN:** Thanks, Jason. Gary,
13 legislative and planning?

14 **MR. SAMUELS:** Currently we are
15 waiting for, we have one opening and that is
16 someone who is with the regional councils. And I
17 know that we have numerous people who have had, I
18 know I've gotten one email on another person that
19 had requested my committee, so it's difficult.
20 Unless I know all of the, I mean, if we go one by
21 one I could say yes to all of them, but it would
22 not do us justice to be able to talk with John
23 and make sure that we're covering all the spots
24 that are currently there. And I think Rob Logan
25 is coming off the committee because he's

1 retiring. And I was waiting for something from
2 John and Regional Council director. Yeah, Greg
3 Woods to give me a name going forward. Scott had
4 given me a name of one applicant.

5 **MR. BROWN:** Okay, again, this is a
6 work in progress. Beth Adams on our Board, well,
7 she's not a new member and she has not been
8 appointed. She does represent the Northern
9 Virginia EMS Council, so she's a council
10 representative on the Board. And one of her
11 choices is legislative and planning.

12 **MR. SAMUELS:** And that works for,
13 I mean, that works for me to take her on the spot
14 as long as it is coming from the regional council
15 director's group as a recommendation.

16 **MR. BROWN:** Okay, I don't think
17 it's in the guidance that it has to come from the
18 regional council directives group, and I'm not
19 trying to usurp them or anything like that.
20 Scott?

21 **MR. WINSTON:** That's correct.

22 **MR. BROWN:** That's not a
23 requirement. We've always relied obviously on
24 the regional councils, but it doesn't have to be
25 a director. You're looking for a regional

1 council representative and you've, if we have an
2 appointee that is a representative, regional
3 council appointee.

4 **MR. SAMUELS:** No, I have no
5 problem.

6 **MR. BROWN:** Okay.

7 **MR. SAMUELS:** About serving on the
8 committee. Works for me.

9 **MR. BROWN:** So, and we have Lisa
10 Simba. She's on the screen. Her first choice is
11 EMS for Children, so Dr. McLaughlin?

12 **DR. MCLAUGHLIN:** Yes, sir.

13 **MR. BROWN:** We don't have resumes
14 or anything.

15 **DR. MCLAUGHLIN:** So, you know,
16 sorry.

17 **DR. LINDEN:** I've actually never
18 met the gentleman that's, I think he's on medical
19 leave.

20 **UNIDENTIFIED SPEAKER:** Dave
21 Edwards.

22 **DR. LINDEN:** Dave Edwards.

23 **MR. BROWN:** Oh, oh, yeah.

24 **DR. LINDEN:** And so we've actually
25 never held a meeting in the last twelve months

1 ...

2 **MR. BROWN:** Yeah, he's on medial
3 leave.

4 **DR. LINDEN:** ... because of Covid
5 and then medical leave. But absolutely diverse.
6 I've met several folks at the institution, VCU,
7 who have been on the committee in the past and
8 I'm open to diverse personalities. Don't
9 necessarily have to be pediatric-based folks.

10 **MR. BROWN:** Sure, sure. And
11 again, you'll be getting a Board member, someone
12 appointed by the governor, so.

13 **DR. LINDEN:** Yes.

14 **MR. BROWN:** All of you come highly
15 recommended. So and then did we want to go 2D
16 or?

17 **UNIDENTIFIED SPEAKER:** Yeah, let's
18 do 2D.

19 **MR. BROWN:** Okay, for Lisa her
20 second was provider health and safety.

21 **UNIDENTIFIED SPEAKER:** Who is
22 provider health and safety?

23 **MR. BROWN:** That's Lori Knowles.

24 **MS. KNOWLES:** What? Yeah, I think
25 we have room and we would welcome you, Lisa, to

1 the provider health and safety committee. We're
2 always looking for some new blood and fresh ideas
3 and there's a lot going on. So, yeah, come on.

4 **MR. BROWN:** Okay. And so R.J.
5 Ferguson is the coordinator.

6 **MR. FERGUSON:** Absolutely.

7 **MR. BROWN:** Okay, very good.
8 Let's see. What did we, I'm confusing myself
9 now. So have we taken care of Rick, I mean,
10 Matt? He did have a second choice of, well, his
11 second choice we already took care of, which was,
12 because he couldn't do the FARC. Then it was
13 legislative and planning, but it goes back to
14 what Gary was talking about. Rick, is it good
15 enough to make sure we affirm you for at least
16 one today and get back to you?

17 **MR. RICKMAN:** Sounds fine.

18 **MR. BROWN:** Because I think we're
19 going to have to, yeah, go ahead, I'm sorry.

20 **MR. RICKMAN:** Yeah, whatever suits
21 the Board is fine with me. Yeah.

22 **MR. BROWN:** One of the interest
23 forms I don't have. I do know that it was
24 submitted to J.C. Not to put you on the spot,
25 but I think your first choice was communications.

1 But you have not been appointed to any committee
2 chair and actually you've been on the Board, this
3 is three years, yeah. So John Korman, are you
4 good with that? You're muted.

5 **MR. KORMAN:** Yeah.

6 **MR. BROWN:** Okay, very good.
7 Eddie Ferguson?

8 **MR. FERGUSON:** Yes, I'm good,
9 thank you.

10 **MR. BROWN:** That's all right now
11 unless somebody else really wants to come
12 forward. Speak up if we've overlooked you. But
13 Kevin and Valerie have committed to getting
14 together with staff, EMS staff, and we're going
15 to look at all of this. What we are going to do,
16 and not to steal Kevin's thunder, but he is going
17 to charge the OEMS staff that staff the
18 committees and to get together with their
19 respective committee chairs and look at your
20 membership roster and also look at the guidance
21 document that is now a decade old. And revise
22 that to make sure it's brought up to date to be
23 representative of the system of 2021, 2022, and
24 not 2011. And that we need to do that before the
25 August meeting.

1 **MR. DILLARD:** All right, thank
2 you, Gary.

3 **MR. BROWN:** So I guess we need a
4 vote on it.

5 **MR. DILLARD:** So before we vote,
6 are there any other Board members that are not
7 serving on any committees? I did the ones that I
8 knew about, but are there any others that need to
9 be addressed today or if you don't want to
10 address it now you can get with me some time
11 after the meeting. All right, hearing no
12 comments I will entertain a motion to approve all
13 of the committee recommendation assignments that
14 we just reviewed.

15 **MS. KNOWLES:** So moved, Lori
16 Knowles.

17 **MR. DILLARD:** All right, we have a
18 motion by Lori Knowles. Do we have a second?

19 **MR. SAMUELS:** Gary Samuels,
20 second.

21 **MR. DILLARD:** Second by Gary
22 Samuels. Any discussion? Hearing none, all in
23 favor of the motion signify by saying aye.

24 **(WHEREUPON, the Members responded affirmatively.)**

25 **MR. DILLARD:** Any opposed, all

1 right, any opposed? All right, motion carries.

2 **MR. BROWN:** I just had one last
3 thing, Mr. Chair. The, we have seventeen members
4 out of twenty-eight Board members that are up for
5 appointment, reappointment, or replacement on the
6 Board effective June 30th of this year. We have
7 tried so hard over the years, and even have done
8 staggered terms and even has legislation that put
9 that into place. But due to many, many times a
10 governor not making appointments by the first of
11 July, we've even had one governor that went into
12 the next year before appointments were made. And
13 all it takes is just one off and it messes things
14 up. And we've had where we would have a three-
15 year appointment and a four-year appointment to
16 try to make it staggered. Well, it's not
17 staggered any more again and we have seventeen
18 Board members, six of which are not eligible to
19 be reappointed. They have served two full terms.
20 The other eleven are eligible to be reappointed.

21 So that process has to be done
22 again and I've been in touch with the Secretary
23 of the Commonwealth's Office. I'm still awaiting
24 an answer on a question I posed to them and I'm
25 not aware it's ever been done before, but I

1 figured it's not worth, I mean, it's, it's worth
2 asking them the question. Because all they can
3 do is say no. I've asked for an extension of
4 these seventeen appointees at least a year
5 because of Covid, because you haven't been able
6 to meet a year, for a year, and you haven't been
7 able to do what you want to do and what you need
8 to do. And so I've asked that the governor
9 extend your term at least a year, if not two.
10 Again, I don't know whether they'll do that and
11 whether they can do it.

12 I gave them the analogy of the
13 NCAA extended every senior person in sports
14 another year of eligibility, so I'm looking for
15 that eligibility, too. But I don't know, but we
16 will have to go forward at least probably the
17 steps of everyone that, every organization that
18 has a member that's term is expiring June 30th,
19 if you want that member to be considered for
20 reappointment, go to the Secretary of the
21 Commonwealth's Office and go and complete your
22 application online again. And make sure it's
23 there, because that's where they go, that's what
24 they go and they draw from in terms of boards and
25 associations that the governor needs to make an

1 appointment. So your name needs to be there. So
2 at least do that if you are one of those
3 individuals and you want to be reappointed.

4 And then the six organizations
5 that our members' terms expire, I will reach out
6 to those organizations as I usually do and get
7 them to put forth, hopefully put forth three
8 nominees for the governor to consider. Again,
9 the other thing with regards to the extension, I
10 don't have an answer back from the Secretary's
11 Office as of today. But I did want to let you
12 guys know that I've posed that question, I've
13 asked for that lift, if you will, and hopefully
14 that will take place because I really think we
15 need to, it's too much to have all of a sudden
16 this many people come off the Board. And then
17 you've lost a whole year, so hopefully they will
18 be looking at that and give it as much
19 consideration as possible.

20 **MR. O'SHEA:** Gary, can I ask a
21 question about that?

22 **MR. BROWN:** Sure.

23 **MR. O'SHEA:** Jake O'Shea. So if
24 you extend seventeen people by a year, doesn't
25 that then create a new problem that you'll have

1 twenty-something in one year up for renewal?

2 **MR. BROWN:** You know, yeah, it
3 could be, it could be really narrowing the gap.
4 I haven't looked at who comes off in 2022. I
5 don't think we have any, well, we may have, I
6 don't want to say that. I think most of the ones
7 are 2023. That's a good point and that's
8 something that if the governor does consider this
9 request that we would have to look at the
10 logistics of that. And maybe actually that would
11 help us maybe with the staggering issue. We can
12 bring up at that time again.

13 **MR. O'SHEA:** Or maybe just see if
14 they can extend everybody a year since we
15 basically just went on pause for a year.

16 **MR. BROWN:** You know, that's, I
17 should have thought of that. You're exactly
18 right. Good point. That's it.

19 **MR. DILLARD:** All right, thank
20 you, Gary. We're going to move on with the rest
21 of the committee reports. Financial assistance
22 review committee, which is mine. We're in the
23 process of grading the spring cycle of rescue
24 squad assistance fund grants. And we received
25 129 grant applications and that money requested

1 is just shy of \$15 million. So emergency medical
2 dispatch continues to be a priority for the
3 financial assistance review committee. We did
4 have thirteen localities that submitted
5 applications for grant for EMD in this cycle and
6 we still have about eleven localities that have
7 not sought assistance with EMD funding. So we're
8 going to be extending this priority for another
9 grant cycle. And if any of you can maybe assist
10 in any way, I thought maybe the ones that we're
11 aware of I'll mention those. And if you could
12 assist us, because our goal is to get a hundred
13 percent.

14 The eleven areas are Alleghany
15 County, Bath County, City of Covington,
16 Cumberland County, Floyd County, Fluvanna County,
17 Giles County, Greensville County, Highland
18 County, Southampton County, and Wythe County.
19 And then we're going to have our annual awards
20 meeting the first week of June and then the
21 announcements about the winners will come out
22 around July the 1st. And I certainly want to
23 give a shout out and thanks to Rich Troshak at
24 the Office of EMS. He's the operations
25 specialist and he's been very invaluable to us

1 through this process of getting this EMD funded,
2 so I want to thank you for all of his work. And
3 that's all I have for the financial assistance
4 review, so we'll move on to the administrative
5 coordinators. And when I call on you, if you
6 could go ahead and call on your committee chairs
7 that fall under you. So we'll start off with
8 John Henschel.

9 **MR. HENSCHEL:** Good morning. I
10 don't have anything as administrative coordinator
11 and I'll yield the committee to their chairs.
12 Rules and regs met last month, spinning back up
13 our meetings. Of course everybody's in the
14 process of doing that at this point. We did go
15 back over a few items that we left off the year
16 prior. One of the big topics is the draft of
17 Chapter 32, which we were in the process of
18 finalizing through some ongoing committee work as
19 well as some language still to be added. And
20 we'll keep you apprised of that as we go forward.
21 No action items to bring before the Board at this
22 point. Eddie Ferguson, I'm sorry, Gary Samuels.

23 **MR. SAMUELS:** The leg and planning
24 committee hasn't met since February of 2020.
25 We're looking to possibly meet in August at our

1 next meeting. Nothing else.

2 **MR. DILLARD:** All right, thank you
3 all. And congratulations, Chief Henschel, on
4 your appointment as the new Winchester Fire and
5 Rescue chief. So he took over as of May 3rd, I
6 believe. Congratulations on that.

7 **(WHEREUPON, applause.)**

8 **MR. DILLARD:** Okay, the
9 infrastructure coordinator, Chief Ferguson.

10 **MR. FERGUSON:** Thank you, Kevin.
11 What I'll do is just call on the individual
12 committee chairs and circle back to
13 transportation last. So we'll go ahead and start
14 with our communications committee, John Korman.

15 **MR. KORMAN:** Okay, good morning,
16 everybody. On April 10th this year Governor
17 Northam signed House Bill 727 into law, which
18 requires public safety answering points, commonly
19 known as P-SAPS, to implement telephone CPR by
20 January 1, 2022. I mentioned this at previous
21 meetings. This legislation requires the Office
22 of EMS to adopt standards for training and
23 equipment required for the provision of telephone
24 CPR by July 1 of 2021. So just a couple of
25 months out.

1 The Office of EMS division of
2 emergency operations developed training standards
3 to meet nationally recognized emergency
4 cardiovascular care for telephone CPR. The
5 Virginia EMS Advisory Board communications
6 committee met on April 14 of this year to review
7 these telephone CPR training standards which
8 provide training and equipment requirements to
9 enable dispatchers in the Commonwealth to
10 recognize possible cardiac arrests and provide
11 compression or CPR instructions to callers over
12 the telephone. P-SAPs or 9-1-1 centers need to
13 create policies, guides, and implement the
14 training to ensure that dispatchers are able to
15 provide telephone CPR in a call that indicates a
16 patient is in cardiac arrest, be it an adult,
17 child, infant, as well as using an automated
18 external defibrillator.

19 P-SAPs are required to maintain
20 CPR certification for their staff and provide
21 initial training for dispatchers that teaches the
22 overview of telephone, telecommunicator CPR, what
23 are the signs or symptoms of recognizing out of
24 hospital cardiac arrest, performing those patient
25 assessments over the phone, and ultimately

1 recognizing ineffective or agonal breathing and
2 how best to deliver those instructions over the
3 phone. As mentioned previously in the rescue
4 squad assistance firm report, P-SAPs that use or
5 implement EMD protocols, our agencies are
6 submitting grant requests for this.

7 P-SAPs that use or implement EMD
8 protocols and training by Office of EMS
9 recognize, the Office of EMS recognizes rather
10 that emergency dispatch training organizations
11 and 9-1-1 centers satisfy this standard with
12 those programs in place. Some, a list of
13 approved courses for telephone CPR for those
14 agencies, particularly those that were just
15 mentioned, the eleven or so, will be posted on
16 the Virginia Office of EMS website. So if they
17 do not have an EMD program, they can be referred
18 or directed as a resource to one of the vendors
19 of approved courses for telephone CPR for their
20 dispatch staff.

21 So by July 1, the Office of EMS
22 shall adopt standards for training and equipment
23 prior to the provision of telephone CPR by
24 dispatchers. The communications committee moves
25 to approve the Office of EMS telephone CPR

1 training standards and advance them to the EMS
2 Advisory Board for consideration. If Board
3 members want a copy, they can reach out to Rich
4 Troshak. I also mention and just echo what has
5 already been said that the Office of EMS
6 quarterly report through the Advisory Board, the
7 rescue squad assistance fund grant request from
8 non-EMS agencies increased sixty-five percent to
9 the number of 9-1-1 centers and P-SAPs utilizing
10 this grant to apply for projects related to
11 telephone CPR and emergency medical dispatch.
12 And I just wanted to specially echo what has been
13 said that these efforts are truly due to Rich
14 Troshak's hard work liaising and educating
15 management and 9-1-1 centers about these
16 programs, requirements, and funding availability.

17 **MR. FERGUSON:** Thank you, John, we
18 appreciate that report. Any questions for John?

19 **UNIDENTIFIED SPEAKER:** Yes, John,
20 is this going to, since it's considered obviously
21 9-1-1 will have those certification courses, but
22 it's considered at that point when you instruct
23 somebody, layperson CPR, are you going to do
24 compressions only for the layperson over the
25 phone instructions or are you doing the breaths

1 and everything?

2 **MR. KORMAN:** Compression only for
3 adults, but it's not ruling out ventilation and
4 compressions for other age groups.

5 **UNIDENTIFIED SPEAKER:** Perfect,
6 thank you.

7 **MR. FERGUSON:** Okay, and I also
8 have copies of that training standard. It's
9 about twenty-five copies here. I don't guess it
10 would be within guidelines to pass anything
11 around, so I'll put them back on the table where
12 the agendas were picked up as you came in. I'd
13 also like to just mention, John had mentioned to
14 me that he may be one of those six members that
15 is at the end of his second term and may have to
16 rotate off the Board in June. And I know Dreama
17 will agree with me as the previous infrastructure
18 coordinator that he has done an excellent job
19 serving in that position. And I can remember so
20 many in depth and in detail reports that he's
21 given the Board. So, John, thank you for your
22 service to the committee.

23 **(WHEREUPON, applause.)**

24 **MR. FERGUSON:** Okay, moving along
25 to the next infrastructure committee it's going

1 to be emergency management committee. And Tom
2 Schwalenberg is actually not with us today, he's
3 in an active deployment and so we're going to
4 turn it over to Karen Owens. There she is.

5 **MS. OWENS:** Good morning. So I
6 guess I'm Karen Owens with the Office of EMS.
7 The EMS emergency management committee has met
8 since February. We just met last month. We have
9 no action items. We did in depth discussion
10 about the response to Covid, vaccine
11 considerations for EMS, and different activities.
12 The other thing that was shared with the
13 committee is the human trafficking website that
14 has been designed and is active through the
15 Office of EMS link providing education and
16 information for EMS providers to help them
17 identify potential victims of human trafficking
18 since statistics show that between eighty, I want
19 to say it's between sixty and eight-five percent
20 of human trafficking victims will interact with
21 EMS at some point. So that website is out there
22 and we are increasing our efforts to share that
23 information and educating EMS providers. And
24 that's it.

25 **MR. FERGUSON:** Thank you, Karen,

1 we appreciate the report and all that the
2 emergency management committee does. Next up is
3 the transportation committee. That's the
4 committee that I actually chair and certainly
5 receive a lot of support from Jimmy Birch
6 [phonetic] to keep that committee going and all
7 the committee members. The transportation
8 committee has continued to meet or assemble I
9 guess might be the proper word in various ways
10 over the last year or so because if you know the
11 transportation committee actually provides
12 insight and recommendations to the FARC committee
13 about vehicles that are being requested in the
14 rescue squad assistant fund grant process. So
15 prior to having a virtual meeting this past time,
16 April the 19th, we actually shared that
17 information through the portal and provided that
18 feedback back to Jimmy Birch who forwarded it to
19 I would assume our chair, Kevin Dillard, for the
20 RSAF process.

21 So on April the 19th the committee
22 met and we reviewed grant applications for forty-
23 four vehicles. And so all of those vehicles were
24 rated and recommended and then provided to the
25 FARC committee. Some of those vehicles are QRVs,

1 ATVs, and primarily of course ambulances. So
2 that's something that the committee, the main
3 purpose of that committee. We also are planning
4 to meet probably in July and we had just prior to
5 the pandemic started, we were planning on doing
6 some site visits around the state and taking a
7 look at some of the things that have been funded
8 as well as some of the agencies that have up and
9 coming features that we should be looking at.

10 The other thing I would tell you
11 about that committee is one of our committee
12 members, longstanding committee members of
13 twenty, twenty-five plus years, Mr. Bob Montmint
14 from Prince William County Fire Rescue is
15 retiring from our committee. Bob retired from
16 Prince William County and continued to serve on
17 the committee, but time constraints after
18 retirement, he's going to go ahead and resign
19 from the committee. He's done a great job and
20 it's going to be hard to replace all of his
21 institutional knowledge and all of the things
22 that he brought to the table regarding fleet
23 maintenance strategies. So the committee will
24 actually be looking to replace Bob with someone
25 from the northern Virginia area as well as

1 there's another committee member that I will
2 leave nameless that hasn't been very active and
3 so we'll be looking at bringing some new people
4 on the transportation committee. Mr. Chair,
5 that's all I have from infrastructure unless you
6 have any questions.

7 **MR. DILLARD:** All right, thank you
8 for those reports. Next we'll go to online,
9 Jason Ferguson for professional development
10 coordinator and your committees.

11 **MR. FERGUSON:** Thank you, Mr.
12 Chair, and I apologize for not being able to
13 attend in person today. But like I said, I
14 appreciate the Office for their efforts to ensure
15 an effective means for us to participate
16 remotely. I think sometimes we forget how much
17 work goes on behind the scenes, so I wanted to
18 recognize those efforts and relay my
19 appreciation. I'll refer to the program
20 chairpersons in a bit to get individual committee
21 reports, but I'll go ahead and report on training
22 and certification.

23 The TCC met on April the 7th at
24 the Office of EMS. We had a hundred percent
25 attendance of membership, so very pleased with

1 that. We hadn't met in a while obviously, so it
2 was good to see everyone either in person or
3 remote. And we had no action items, but I would
4 like to discuss a few topics that were discussed,
5 the first being the Virginia Community College
6 system will launch the G3 funding initiative on
7 July 1st. This, if you remember, is the
8 governor's initiative for individuals to get
9 skilled, get a job, and get back. It targets
10 high demand areas in the workforce of the
11 Commonwealth, which includes public safety.
12 Qualified students will be able to take EMS and
13 fire courses, any public safety course at no cost
14 to them if they qualify for G3 funding.

15 The EMT cycle motor exam work
16 group has been on pause due to Covid
17 restrictions, but will resume meeting in the near
18 future. This group has been working with
19 epidemiologists at the office to identify data to
20 allow them to create scenarios that are most
21 applicable to the needs of the Commonwealth.
22 Programs should be assessed individual skills and
23 these more comprehensive scenarios will be
24 inclusive of skills but will also allow a better
25 evaluation of critical thinking to ensure that

1 candidates are prepared to respond to the common
2 situations that do occur here in Virginia.

3 The other topic was related to the
4 Virginia-led instructor training course, commonly
5 referred to as VILT, which is a process that
6 utilizes a remote platform to deliver real time
7 continuing education. And a work group is being
8 formed to review this policy and should get
9 underway in the coming months. The next meeting
10 of the TCC is scheduled for July 7th at 10:30
11 a.m. at a location to be determined. This
12 concludes my report for TCC. I'll now as Valerie
13 Quick to give a report on workforce development.

14 **MS. QUICK:** Thank you, Jason. The
15 workforce development committee met yesterday,
16 May 6th. As everybody else, we're regrouping.
17 Our EMS officer in recruitment and retention
18 courses have started to announce future classes.
19 The standard of excellence program will slowly
20 come back on board as the priorities of the staff
21 sort of continue to shift back to normal. We did
22 establish two work groups. The first work group
23 we actually established last year or intended to
24 establish last year before the pandemic hit, so
25 we wanted to make sure that we agreed and looked

1 into that. And that included just looking at
2 diversity and making sure that we are reflecting
3 our population in the Commonwealth.

4 The second one was to reevaluate
5 the EMS and provider surveys. So those were
6 obviously intended to go out before the pandemic.
7 The pandemic slowed that down and obviously the
8 pandemic has had a pretty significant impact,
9 especially increased attrition of our providers.
10 In particular with our volunteers. So we wanted
11 to make sure that we looked at those surveys so
12 that it is reflective of this new trajectory that
13 we're on. We had a pretty significant
14 discussion, too, on just the shifting reports
15 into areas of higher salaries, which of course
16 are more of the urban and suburban areas which
17 may have a pretty significant impact into our
18 rural areas.

19 These are, surveys were originally
20 designed to sort of go out as a blast survey and
21 certainly had that volunteering component as far
22 as, you know, making sure that we have answers
23 back from everyone. Because that is voluntary
24 and sometimes isn't reflective of what everyone
25 is experiencing. We actually discussed it,

1 discussed adding mandatory questions to
2 recertification, so that will be all of the
3 things that we sort of look at. Other than that,
4 we have set those to go into motion and we did
5 not have any actionable items. Thank you.

6 **MR. FERGUSON:** Okay, Lori Knowles,
7 provider health and safety.

8 **MS. KNOWLES:** Good morning. The
9 provider health and safety committee met on Zoom
10 on April the 5th and we had several discussions.
11 We do have an action item. We have three CISM
12 teams that have completed the applications for
13 accreditation. Those are the City of Herndon
14 Police Department, the City of Fairfax Police
15 Department, and the CIA Police Department. We
16 discussed source testing on the recently
17 deceased. As you know, we've been talking about
18 that for a little over a year with the issues
19 that have been going on. Roadway safety, as of
20 April the 5th there were fourteen fatalities.
21 The majority of those were LEOs. No fire and
22 rescue. There's obviously still a lot of work to
23 be done for the roadside safety awareness.

24 We have the public safety exposure
25 workshop for House Bill 661, talking about

1 testing and specimen collection, test kit
2 purchasing, specimen collection processes moving
3 forward. And work is on a hotline for that. We
4 have an exposure determination tool with the
5 Office of EMS. I believe that's on our website
6 now. We also have public safety exposure control
7 and prevention page that has several resources,
8 tools, surveys, and notification information.
9 Fire service training is coming back on track,
10 although there are a lot of Covid challenges,
11 just like with EMS.

12 The health and safety bulletin has
13 been renamed on the health and safety website.
14 We have some new resources that have been added,
15 some infographics each month and we have updates
16 for mental health and provider, we have a
17 provider mental health library now that's been
18 updated on that. So the last thing I have is we
19 have some concerns about exposure determination.
20 Providers are still unaware of what to do or what
21 is an exposure. We discussed maybe coming up
22 with a wallet card for providers, an exposure
23 checklist protocol, something of that nature and
24 make it more of a scenario based so that
25 providers would have more of an idea of what to

1 do if they have been exposed to a bloodborne
2 pathogen. So other than the action item that is
3 all I have right now.

4 **MR. DILLARD:** All right, thank
5 you, Lori. So the motion coming from a committee
6 will not need a second, so Lori if you could
7 repeat the motion and then we'll open it up for
8 any discussion.

9 **MS. KNOWLES:** Okay, motion to
10 accept the CISM accreditation for the following
11 agencies: The City of Herndon Police Department,
12 the City of Fairfax Police Department, and the
13 CIA Police Department.

14 **MR. DILLARD:** Okay, you have
15 before you a motion from the provider health and
16 safety committee. Do we have any discussion?
17 Hearing none, all in favor of the motion signify
18 by saying aye.

19 **(WHEREUPON, the Members responded affirmatively.)**

20 **MR. DILLARD:** Any opposed? Okay,
21 the motion carries. Thank you.

22 **MS. KNOWLES:** Thank you. That's
23 all I have.

24 **MR. DILLARD:** Okay, thank you.
25 Anything else, Jason?

1 **MR. FERGUSON:** No, sir.

2 **MR. DILLARD:** All right, thank you
3 very much. Okay, we're going to move on to the
4 patient care coordinator, Dr. Yee. And before
5 you give your report, Dr. Yee, I want to let you
6 know that we recognized you at the beginning of
7 the meeting, so thanks for coming in today. We
8 want to thank you for all you do for EMS in
9 Virginia and we recognized you as the 2020
10 governor's award winner for EMS award for
11 excellence, so congratulations and thank you for
12 everything you do.

13 **(WHEREUPON, applause.)**

14 **DR. YEE:** Thank you, that award
15 means a lot, you know. It's a culmination of a
16 lot of hard work of the men and women in the
17 system, not just, it's not about me, it's about
18 what the men and women in the system were able to
19 do and I just happened to take the credit for it,
20 so it's kind of nice. So care coordinator, the
21 committees had a tough time meeting the last
22 year, so I have no report. So I'm going to move
23 on to medical control. Medical control has no,
24 or medical direction has no action items, but
25 just for some awareness the medical direction

1 committee, we are aware and monitoring the
2 Colorado situation with the ketamine.

3 As everyone's aware, Colorado put
4 in legislation essentially regulating the use of
5 a medicine, ketamine, in pre-hospital care. It
6 was written by a pediatrician with I'm sure the
7 best of intent but had problems with the
8 implementation of it. So some of the problems
9 include they wanted a patient weight prior to the
10 administration of the medication. That would be,
11 that would probably be very difficult on someone
12 who's agitated and relatively difficult in the
13 pre-hospital environment because we don't carry
14 stretchers with scales. Another issue that it
15 imposed was it limited the membership of what
16 their version of the governor's advisory
17 committee is to five or less members that had an
18 association with National Association of EMS
19 Physicians. So we didn't feel that was
20 appropriate for them to, we feel that it was a
21 little inappropriate for them to limit it to a
22 particular organization, membership to a
23 particular organization.

24 We have another item for
25 information is we're going to be working on a

1 blood product in pre-hospital care, white paper.
2 I think we're going to be asking Dr. Aboutanos
3 for a trauma representative who has experience in
4 the U.S. military because they have the most
5 experience giving blood products in the out of
6 hospital environment.

7 The committee continued to work on
8 monitoring the DEA regulations. To our knowledge
9 the DEA, the final regulations have not been
10 published yet. We're continuing to work with
11 training and certification, the educational
12 standards, and how that's changing with the
13 changes nationally. And we will obviously
14 continue to work on tweaking our skillful
15 practice and formulary. The most up to date
16 version of it is on the website, the OEMS
17 website, which by the way says the meeting's at
18 1:00. For the record. That's where I goofed.
19 That's all I have for medical direction. I'll
20 turn it over to EMSC Dr. McLaughlin.

21 **DR. MCLAUGHLIN:** Thanks, Allen.
22 So as I mentioned before, I haven't had a chance
23 to have our specific EMSC meeting because of
24 Covid and medical issues. So no real action
25 items today. However, at open discussion for the

1 floor there's some data that I've been reviewing,
2 particularly in the state who have been approved
3 funding by CMS, which is also sending funding
4 nationally. And that's in regards to ET3 and we
5 can always table this to another open discussion
6 section or bring it up now. But ET3 is emergency
7 triage transport model where funding is provided
8 via a grant to have any EMS agency that applies
9 can get funding to be paid to bring patients to a
10 freestanding ED or an urgent care as opposed to a
11 traditional hospital center. Of course this is
12 right now just folks who are under Medicare
13 payment. But Dr. Yee and I, we were chatting on
14 email about who and when they're going to start
15 to bring children to those institutions and so
16 the concern being that they're triaging children
17 and potentially creating a stressful environment
18 at a patient's home or a parent's choice to go to
19 a freestanding or urgent care that may not have
20 all the necessary equipment and/or as the child
21 deteriorates and not at an appropriate hospital.

22 So essentially the ESO discussion
23 earlier, it sounds like it's going to be a better
24 place to gather data about where these patients
25 are being brought. And so, you know, first and

1 foremost the age-related patients and where
2 they're going. I have a list of the certain
3 counties that have applied and have been accepted
4 to get that and the go date for some of them
5 vary. But some like Chesterfield and Richmond
6 are already doing it. So that's a topic for open
7 discussion and then we'll have more action items
8 when we actually get to meet.

9 **MR. DILLARD:** All right, any
10 questions for Dr. McLaughlin on that issue?

11 **DR. MCLAUGHLIN:** So essentially it
12 is queryable in ESO and gives access to so we can
13 look at it and bring it to the next meeting.

14 **MR. HARRELL:** Yeah, we're going
15 to, as far as accessing data with ESO, it, we are
16 in the process of putting it up online now.
17 We're going to have to suspend data requests
18 until we get this migration complete, so it's
19 going to take us some time before we can start
20 fulfilling data requests of that nature.

21 **DR. YEE:** Moving on to medivac,
22 Ms. Smith.

23 **MS. SMITH:** Thank you. The
24 medivac committee met yesterday hybridly. The
25 committee has no action items to bring to the

1 Advisory Board this morning. Among the few items
2 that were discussed, the work of the drone worker
3 has decreased a bit. Medivac stakeholders
4 continue to monitor guidance from the FAA related
5 to drone operations and drone safety. There was
6 a brief discussion about the helicopter EMS
7 weather turn down application and ensuring that
8 agencies and facilities are continuing to enter
9 turn down information into the application.
10 Given that it has been several years since
11 helicopter EMS was launched and there's been some
12 turnover among agency providers and staff, it
13 seems appropriate to do an educational in-service
14 on helicopter EMS that OEMS staff will
15 coordinate, will be coordinating to take place
16 virtually over the summer.

17 Also there was some discussion
18 related to review and revision of the Virginia
19 EMS regulations with consideration of the idea
20 that the Medivac portions of the regulations are
21 somewhat out of date. And also considering
22 equipment and supplies that need to be carried on
23 the aircraft for the treatment and transportation
24 of Covid patients. There will be a work session
25 to address this task in early July.

1 We do have committee vacancies for the
2 following spots: non-trauma designated hospital,
3 level three designated hospital, and a
4 communications committee representative. We will
5 be working with the Attorney General and the
6 communication committee to get those filled. And
7 our next meeting is scheduled for August 5th.

8 **MR. DILLARD:** Okay, thank you.
9 Anything else, Dr. Yee?

10 **DR. YEE:** No, sir.

11 **MR. DILLARD:** All right, thank you
12 for those reports. We'll move on to the trauma
13 system coordinator, Dr. Aboutanos, and your
14 respective committees.

15 **DR. ABOUTANOS:** Mr. Chair, thank
16 you for the floor. None of the trauma systems
17 committees have met in the past year. I don't
18 expect any report from any of them except for the
19 trauma, for the trauma administrative and
20 governor's committee, which we met yesterday and
21 was going to read to bring everybody back
22 together. All the committee chairs who
23 participate in the TAG committee are very excited
24 about the possibilities and the change that we're
25 going to be able to meet virtually. This has

1 been a major issue for especially a lot of the
2 hospital bound providers and physicians who have
3 not been able to participate fully. I expect the
4 trauma system plan to now start moving
5 significantly with this new change. And this
6 would be something that we would be informing all
7 the chairs about all the information and the
8 logistic of how to do this. I'm excited to hear
9 how everybody else has already met with their
10 committees and so we'll be moving that forward.

11 There were a lot of discussions
12 yesterday that are important to mention. Number
13 one was the trauma fund and with the significant
14 disappointment that we were not able to move the
15 trauma fund appropriately despite the fact that
16 there were a lot of, a lot of work and effort,
17 especially by VHHA and Office of EMS for us to be
18 able to position ourselves to secure the trauma
19 fund. There's a lot more work to be done on
20 that. We will be putting together another, a
21 work group of task force to work with VHHA and
22 the office in order for us to re-look at how we
23 can be better prepared for this. So that was a,
24 it's an ongoing battle for us that's incredibly
25 important.

1 I want to put back a little bit to
2 what Gary mentioned at the very beginning of what
3 the trauma centers have been through in the past
4 year, which is, was really just an incredible
5 amount of tension and pressure and of work. Many
6 of you may not be aware, besides dealing with the
7 pandemics and besides dealing with any trauma
8 patient can show up and we have to modify totally
9 what the trauma does. Across the Commonwealth
10 and across this entire nation we have seen
11 significant rise in violence. I will speak with
12 regard to VCU, fifty-one percent increase in the
13 violence admission and in the severity of it.

14 I'm sure many of our providers
15 have seen that in the pre-hospital aspect of a
16 lot of our patients not being shot once or twice
17 but sixteen times, eighteen times. And just
18 imagine as a surgeon trying to figure out where
19 to start with that, with those kind of patients.
20 So, and at the same time many of them also being
21 Covid positive. And so it is a, I think there's
22 an underestimation of the amount of work that's
23 ongoing. And so this will be a, I am, we did
24 meet with a lot of the trauma centers regularly.
25 Sometimes we, for a while it was on a weekly

1 basis. And I'm really appreciative of all the
2 hard work as trauma system being part of the EMS
3 system and our ability to get our patients
4 through this. And so the trauma fund speaks for
5 a lot of those efforts and so I think it's
6 important that we collectively see each other as
7 one, not as separate in doing this. And so I'm
8 looking forward for the more work on this.

9 Second with regard to the trauma
10 program manager did meet and are working on the
11 designation manual that we have had and a lot of
12 updates coming with it. I did ask for one
13 specific update which is a creation of alternate
14 pathway for a provider or a surgeon can be able
15 to work at an institution even if they're not, if
16 they're qualified but not Board eligible. This
17 is something that exists in the American College
18 of Surgeon verification for the trauma centers.
19 It doesn't exist in our Virginia designation
20 manual. It's something I think we missed when we
21 were putting the manual together that we did not
22 put an alternate plan. And there have been
23 multiple institution, three that I know of, that
24 have requested for this, so that would be
25 something that this committee will hear about

1 moving forward with regard to this.

2 And last, no, I have two things.

3 One is a challenge for this committee again. So
4 we are the only basically if you want to call it
5 trauma system coordination where all our chairs
6 do not serve on this Board. And, of this
7 committee. So this is my challenge that we fix
8 this this year. I know we've had a retreat about
9 it and it is, it is something that will not and
10 should not be just, not that we have done that,
11 but not be given a, it's due credit of having
12 every chair be a part of this committee. And the
13 virtual aspect maybe expand our way to look at
14 the committee members and the fact that we could
15 may be able to function with a bigger committee
16 or re-look at the restructuring as needed. But
17 that's up to this Board. All the trauma system
18 is asking is that its committee chairs are able
19 to serve in this capacity. So this is a
20 challenge for us and we're looking forward for
21 what this committee, what us, what we are going
22 to do with regard to pushing this.

23 And the last thing I have is a
24 shameless plug that I have to put in. We have
25 our trauma gala. We mentioned this before, we



1 presented it to this committee. VCU has a gala
2 and I'm sure anybody else can chime in, but we do
3 have a gala that represent what a trauma system
4 should look like that talks about the pre-
5 hospital providers and what we do in the field
6 and all the members and then every member of the
7 system committee including the various other
8 organization and the post-acute phase as well.
9 And they really demonstrate how a system should
10 work. My plug is that tomorrow it's going to be
11 virtual, it's going to be one hour from 7:00 to
12 8:00 p.m. It's free. It doesn't cost anyone,
13 but it does make us look as one and as unified
14 and from the, this is not about one specific
15 health system. Anybody, everybody should be
16 doing that. I'm hoping eventually as a state we
17 could do that collectively as well. But it's
18 from 7:00 to 8:00 p.m. and you could log in
19 online, the VCU, you'll find the information.
20 Just a shameless plug, but I think it's
21 important. And we had no action items, so that
22 concludes my report.

23 **MR. DILLARD:** All right, thank you
24 Dr. Aboutanos. Any questions for him?

25 **MR. O'SHEA:** Mr. Chair, this is

1 just a general question related to one of Dr.
2 Aboutanos' comments. I'm wondering if the office
3 could remind us of the public notice requirements
4 on purely virtual committee meetings or
5 subcommittee meetings or work group meetings.
6 What are the requirements there?

7 **MR. WINSTON:** Those are the, it
8 is, honestly it's the same as this meeting. They
9 have to be announced on town hall, we have to
10 provide ample notice which I believe, Gary,
11 correct me if I'm wrong, it's, is it thirty or
12 forty-five days?

13 **MR. CRITZER:** It's not forty-five.
14 I think it's probably thirty.

15 **MR. WINSTON:** I think it's thirty,
16 thirty days' notice posted publicly at town hall.
17 The difference is if we're hosting, we have to
18 identify how we're hosting the meeting. So if it
19 is, the options that you have of course are
20 entirely in person, hybrid which would be both an
21 in person and virtual option, or entirely
22 virtual. But regardless of which of those three
23 methods we're utilizing, the same notification
24 requirements exist. Following the meeting we
25 still have to post minutes, but if it was a

1 virtual meeting we have to include the video
2 recording of that virtual meeting regardless of,
3 virtual or hybrid.

4 **MR. O'SHEA:** Thanks. I know I
5 should say Jake O'Shea. Asking another question.
6 And so does that apply both to formal committee
7 meetings as well as what would have been termed
8 work group meetings?

9 **MR. BROWN:** It depends on whether
10 the work group has been formed by I guess the
11 auspices of the standing committee doing work on
12 behalf of that committee or if it's a work group
13 that comes under the umbrella of OEMS. And
14 basically what you can do is you can say that you
15 want to have, you know, John, Jane, and Jim and
16 who else and they form a work group to address
17 issue A. And that could just be, come under the
18 auspices of OEMS and we do not have to go through
19 all the FOIA requirements for that. And then
20 once that work is done, we can then present it
21 back to the committee, the Office of EMS can. So
22 I don't know whether that.

23 **MR. O'SHEA:** If it's a work group
24 stemming from the work of one of our standing
25 committees, then it needs to have the same public

1 notice.

2 **MR. BROWN:** Yeah.

3 **MR. O'SHEA:** Okay, thank you for
4 that, I appreciate that clarification.

5 **MR. DILLARD:** Any other questions
6 or comments? All right, thank you for that
7 report. We'll move on to our Regional EMS
8 Council executive director's report, Greg Woods.

9 **MR. WOODS:** All right, thank you,
10 Mr. Chairman. I apologize, the ISB in my area
11 went down while we were on this call, so I am
12 back up on cell but unfortunately I can't see you
13 face to face. Regional EMS Council directors
14 held our first in person meeting in Glen Allen on
15 April 28th. We appreciated OEMS holding that
16 meeting and hosting us there. We have been
17 meeting as a group virtually on a bi-weekly basis
18 since last year and we've also been meeting on a
19 bi-weekly basis with OEMS for information sharing
20 and to provide more opportunities for partnership
21 and collaboration.

22 Our meeting included discussion on
23 several collaborative projects that we're working
24 on with OEMS. And at our meeting we did vote to
25 recognize Rob Logan as a director emeritus of the

1 regional directors group. Our next meeting is to
2 be determined. And that is all I have, but I'd
3 be happy to answer any questions that you all may
4 have.

5 **MR. DILLARD:** All right, thank
6 you, Greg. Does anybody have any questions for
7 Greg? Hearing none, we'll move on to the public
8 comment period. Do we have anybody from the
9 public that would like to address the Board?

10 **MR. WINSTON:** All right, it's the
11 public comment period. For those of you that are
12 in the attendee side you can either click the
13 raise your hand button, put something in the
14 chat, or the question boxes and I will unmute you
15 so that you can speak to public comment. We will
16 start the timer when you begin speaking to adhere
17 to the three minute rule. So I ask, are there
18 any public comments? Are there any public
19 comments? Are there any public comments? Mr.
20 Chair, I have no one acknowledging public
21 comment. So I'll turn it back to you, sir.

22 **MR. DILLARD:** All right, thank
23 you, Adam. We'll move on to the next agenda
24 item, unfinished business. Any unfinished
25 business from the Board? Hearing none, new

1 business?

2 **MR. O'SHEA:** Mr. Chair, this is
3 Jake O'Shea. I apologize for not bringing this
4 up to you beforehand, but I am wondering if the
5 EMS Advisory Board would be willing to endorse
6 vaccination of first line EMS personnel for
7 Covid-19. I've heard varying rates of
8 vaccination across Virginia. I think we have
9 different uptake in different regions. We know
10 in healthcare institutions, hospitals, we're
11 looking at somewhere between sixty to seventy
12 percent. I've heard that, you know, for EMS
13 providers the number may be lower than that.
14 Clearly the data indicates that it prevents
15 infection, the vaccination prevents morbidity and
16 mortality. I'm confident it saves lives. And I
17 would like to recommend that this Board supports
18 and endorses vaccination of our EMS providers in
19 the State of Virginia.

20 **MR. DILLARD:** Okay, would you like
21 to enter that in the form of a motion?

22 **MR. O'SHEA:** I would like to move
23 that EMS Advisory Board endorse Covid-19
24 vaccination for EMS providers in Virginia.

25 **MS. ADAMS:** Second.

1 **MR. DILLARD:** Okay, we have a
2 motion and a second. I'll open the floor up for
3 discussion.

4 **DR. ABOUTANOS:** I have a question.
5 The, so what does that do? I'm a hundred percent
6 for it, but what is the teeth behind it, how is
7 that going to increase our rate, how do we follow
8 up on this motion with regard to this? So I
9 think that would be very important for us.

10 **MR. O'SHEA:** My intention is
11 really just a public endorsement. I think we
12 have to do everything we can to encourage people
13 who have not yet been vaccinated to seek it out.
14 I always presented it, but any other auditing or
15 data reporting behind it.

16 **MR. DILLARD:** Okay, Gary?

17 **MR. BROWN:** Yeah, I think it's an
18 important question. We have EMS Week coming up
19 and I think Marian Hunter is still on virtually
20 with us with the Office of EMS. She is our
21 public relations coordinator. And we are, and
22 she may have already completed it, a statement
23 coming out from Office of EMS with a statement
24 from myself encouraging EMS, all EMS providers to
25 become vaccinated. I think it's more than

1 appropriate that this Board take a position on
2 this issue. Possibly if that has not gone out,
3 that state, that correspondence to the EMS system
4 can be amended to include the Advisory Board's
5 recommendation. We can also put it upon our
6 website. Our providers obviously hit our website
7 frequently. If nothing else, it sends a message
8 that the Board appointed by the governor to
9 address EMS matters and to set goals and vision
10 for the EMS system is saying do this. So I think
11 it's very important. And we can follow through
12 that way, just I'm not sure what other options we
13 have, but as a staff we'll discuss it.

14 **DR. ABOUTANOS:** If I could add, so
15 my comments, I'm a hundred percent in agreement.
16 I think it's, my question is when do we move from
17 an endorsement to an expectation and is that
18 possible? And probably not, because on the
19 individual level you cannot force someone to be
20 vaccinated, you know. On the other hand as an
21 institution, each medical director, I'm just
22 wondering how do we make that even more of
23 something to achieve.

24 **MR. BROWN:** I'll just say
25 something, I may be going further out on the limb

1 than I should be. And it may be the wrong limb
2 to go out on anyway. But as we have been
3 planning for our own symposium this year, we've
4 actually internally discussed whether we should
5 require proof of vaccination to be able to
6 register for the symposium. That gets into HR
7 issues, it gets into, you know, legal issues that
8 we would need consultation on and things of that
9 nature. But I think as you know the Attorney
10 General has ruled, I think within the last couple
11 of weeks, that colleges and universities can
12 require proof of vaccination for attendance at
13 the university or college in Virginia.

14 So I do think there are things
15 that we can explore. I don't know, I can't give
16 you an answer today but there may be some things,
17 something as simple as what we've talked about
18 rescue squad assistance fund, a condition of a
19 grant, which I don't think we, personally I don't
20 think we can take it that far. But as an
21 example, the Attorney General's ruling on a grant
22 from our office through that program, we can
23 place any condition on that grant because a grant
24 is considered a gift in the eyes of the law under
25 the Attorney General's Office. And you don't

1 have to accept that gift. We put a condition on
2 it and you say I'm not going to comply with it,
3 then you don't get the grant. I don't know
4 whether, I use that as an example whether we have
5 any other, whether we have wiggle room like that
6 somewhere else.

7 **DR. ABOUTANOS:** I don't know
8 whether this was, try it again, maybe a couple of
9 times. I'm not sure where this will go, but it's
10 the same as in the hospitals where you have to
11 have certain vaccines in order for you to work.
12 And you have to get them every year. I know
13 we're not there with regard to Covid yet, but it
14 may be coming that way. So I think this
15 endorsement would be very important and we
16 shouldn't be the only institution. We should
17 encourage other sister organizations to do the
18 same. And in order for us to become kind of one
19 voice with regard to this, because it's not about
20 the individual, it's about the whole going to
21 call it tribe together as a survival mechanism.
22 It's about our patient, our family members, and
23 especially the pre-hospital provider that
24 interacts with all that. Every house you go to.
25 You know, it may come to that you will not come

1 pick up my strep throat from my home if you're
2 not vaccinated. You know, this is where the
3 impact is. It's on a bigger scale. I do know in
4 the hospital you have some patients that have
5 said, you know, ask us specifically if we're
6 vaccinated or they're not going to come to us.
7 So it is, it's a bigger responsibility and I love
8 the endorsement. I think it does speak much, to
9 a much bigger calling and responsibility and what
10 we stand for.

11 **MR. WINSTON:** I have been chatting
12 with Marian Hunter and she said that she is
13 planning for a statewide press release to go out
14 on Monday of EMS Week.

15 **UNIDENTIFIED SPEAKER:** Okay,
16 perfect.

17 **MR. DILLARD:** Okay, any other
18 questions or comments about the motion before
19 you? Yes?

20 **UNIDENTIFIED SPEAKER:** So it's
21 really not too much about the motion. Just to
22 kind of get an idea from a normal perspective, my
23 dad is seventy-eight. I went through Virginia
24 Department of Health website, signed my dad up.
25 It's been over six months ago. He has not

1 received any, no communication except to say,
2 hey, we've got you signed up. So I don't think
3 the way the Virginia Department of Health is not,
4 that's not been an avenue that's been very
5 helpful. Just kind of a side note.

6 **MR. DILLARD:** All right, thank
7 you. Any other comments or questions? Hearing
8 none we'll go ahead and vote. All in favor of
9 the motion that's on the floor signify by saying
10 aye.

11 **(WHEREUPON, the Members responded affirmatively.)**

12 **MR. DILLARD:** Any opposed, same
13 sign. Okay, the motion carries, thank you. Any
14 other new business?

15 **MS. CHANDLER:** Kevin, this is
16 Dreama Chandler with the Virginia Association of
17 Volunteer Rescue Squads. It's not exactly
18 business, it's more an announcement. As we've
19 been talking about EMS Week May 16th through the
20 27th, Virginia Association of Volunteer Rescue
21 Squads on the 20th, the Thursday of that week,
22 will be hosting an appreciation luncheon at our
23 office in Oralville. Lunch and drinks will be
24 provided. It will be from 11:00 to 2:00.

25 Secretary Kerry will be there as a guest speaker

1 and we would like to just invite everyone within
2 the area, statewide, whoever would like to stop
3 by.

4 **MR. DILLARD:** All right, thank you
5 for that invitation, Dreama. Any other new
6 business or comments? Yes?

7 **MS. DANIELS:** I'm not sure if this
8 is my last meeting or not because I do come off
9 the Board, but I don't know how that exactly is
10 going to work. So I just kind of wanted to say
11 this has been an absolute honor, a pleasure, I've
12 learned so much by being on this Board. And it's
13 just been a great experience. I used to watch
14 these meetings like eight, ten years ago and they
15 were very entertaining at the time. Less
16 entertaining now, but good information and a good
17 streamline on it, so thank you so much.

18 **MR. DILLARD:** All right, thank you
19 for those comments. Anybody else?

20 **MR. TANNER:** Gary Tanner. I'm not
21 up for reappointment and my term runs out in
22 June. I thank you for asking for the extension,
23 I hope that happens. I am reapplying for
24 reappointment, though. I've enjoyed my time,
25 just in case this is my last meeting.

1 **MR. DILLARD:** All right, thank
2 you, Gary. Other comments?

3 **MR. BROWN:** I've got one. I want
4 to do a shout out to all the moms in the world,
5 happy Mother's Day.

6 **MR. DILLARD:** Okay, we do have
7 lunch for those who are in attendance after the
8 meeting. And our next meeting is going to be on
9 August the 6th in the Richmond area, so I want to
10 thank all of you who were able to attend in
11 person and also thank you all that attended
12 virtually. At this time the meeting is
13 adjourned. Thank you.

14 **(WHEREUPON, the meeting concluded.)**

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1 CAPTION

2
3 The foregoing matter was taken on the date, and at
4 the time and place set out on the title page hereof.

5
6 It was requested that the matter be taken by the
7 reporter and that the same be reduced to typewritten
8 form.

1 CERTIFICATE OF REPORTER AND SECURE ENCRYPTED
2 SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT

3 I, **RENEE CORDERO-LARKIN**, Notary Public, do
4 hereby certify that the forgoing matter was reported
5 by stenographic and/or mechanical means, that same
6 was reduced to written form, that the transcript
7 prepared by me or under my direction, is a true and
8 accurate record of same to the best of my knowledge
9 and ability; that there is no relation nor employment
10 by any attorney or counsel employed by the parties
11 hereto, nor financial or otherwise interest in the
12 action filed or its outcome.

13 This transcript and certificate have been
14 digitally signed and securely delivered through our
15 encryption server.

16 IN WITNESS HEREOF, I have here unto set my hand
17 this 13th day of May, 2021.

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19
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21
22 

23
24 /s/ RENEE CORDERO-LARKIN

25 COURT REPORTER

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