

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



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

August 6, 2021

Executive Management, Administration & Finance

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

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MISSION STATEMENT:

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

I. Executive Management, Administration & Finance

A. Bob Hicks Appointed Deputy Commissioner for Public Health and Preparedness. Note: OEMS reports directly to Mr. Hicks



Education: College of William and Mary, Williamsburg, Virginia, B.S. in Chemistry, 1971.

George Washington University, Washington, D.C., Master of Science in Administration (concentration in the Management of Science and Technology), 1978.

Summary of Background: In June of 1972 he began his career in public health at the Prince William County Health District working first as a field environmental health specialist and then as a supervisor of

environmental health specialists. In 1985 and for the next 27 years he has served as the Director, Office of Environmental Health Services for the Virginia Department of Health. In this position he provided leadership for most Virginia Department of Health environmental health programs by managing over 60 employees and providing guidance to 119 local health departments (over 450 Environmental Health Specialists) across the Commonwealth. He was promoted to Deputy Commissioner for Community Health Services in November 2012. The Deputy Commissioner for Community Health Services in the Office of the Commissioner provides centralized planning, oversight and management of the programs and operations of the 35 health districts (over 2,600 plus public health workers).

Current Position: In May 2021, he switched positions with the Deputy Commissioner for Public Health and Preparedness to enhance the collaboration between the Virginia Department of Health's Central Office Programs, the local health departments, and external stakeholders.

Recent External Affiliation: Mr. Hicks has been associated with the Association of State and Territorial Health Officials (ASTHO) through the State Environmental Health Directors group. He represented ASTHO on the Council to Improve Foodborne Outbreak Response and the U. S. Environmental Protection Agency's Partnership for Decentralized Wastewater Management Program.

B. EMS Patient Care Information System

The Office of Emergency Medical Services is currently in the process of transitioning to a new data management system for all pre-hospital and trauma registry data. During this transition, data from the Virginia Pre-hospital Information Bridge on EMS calls, opioid usage and Naloxone administration, and trauma incidents are unavailable. This data will be included in the quarterly report once the transition has been completed. Thank you for your understanding and patience during this transition.

Ad Hoc Reports:

OEMS received a total of 12 data and/or data analysis requests in the second quarter of 2021. One specific request is discussed below.

- Report on drug overdose responses in the Henrico-Chesterfield-Richmond City area:
 - This report excludes alcohol-related responses.
 - The responses included are from January 1, 2020 to April 30, 2021.
 - There were 4,884 lines of data for 3,110 patient encounters represented in this report, as some patients have more than one line of data displayed. More than one line of data per patient will be displayed when there are multiple items reported for a field within the same record (e.g., when a patient receives more than one medication, the record will be listed on a separate line each time a new medication is recorded).

Table 1. Number of patient encounter for drug overdose responses, January 2020 to April 2021

	Incident Year		
	2020	2021	Total
January	163	220	383
February	141	182	323
March	172	204	376
April	205	228	433
May	216	-	216
June	185	-	185
July	220	-	220
August	195	-	195
September	230	-	230
October	204	-	204
November	173	-	173
December	172	-	172
Total	2,276	834	3,110

Meeting Attendance and Training Participation: During the second quarter of 2021, the OEMS Epidemiologists participated in several meetings and training opportunities, including:

- ESO systems trainings,
- Data migration meetings,
- American Heart Association pre-hospital stroke metrics and stroke systems of care quality improvement webinar,
- Gun Injury Violence Advisory Board and Collaborative Network (GIVEBACK) meeting,
- Tableau training sessions,
- Pre-Hospital quality roundtable webinar,
- Traffic Records Coordinating Committee (TRCC) meeting,
- OEMS-Qlarion working sessions,
- OEMS-Biospatial meetings, and
- VDH Overdose Surveillance and Prevention Workgroup meetings.

Other Activities:

- Throughout the second quarter of 2021, the OEMS Epidemiology Program Manager continued to collaborate with the Department of Labor and Industry on modification and implementation of the “Virginia Final Permanent Standard for Infectious Disease Prevention of the SARS-CoV-2 Virus that Causes COVID-19.”

- During the second quarter of 2021, the OEMS Epidemiology Program Manager joined the VDH Center for Public Health Informatics Advisory Council. The Council’s mission is to work collaboratively with all VDH offices and program areas to ensure the development, translation, visualization, and dissemination of public health data and informatics knowledge to improve population health outcomes.

C. OEMS Patient Care Informatics Team

- **Support**

For the 2nd quarter of 2021, the Informatics team was focused on the upcoming data repository transition from the various ImageTrend systems over to the ESO systems. Along with this, the Informatics team addressed over 400 general support tickets, emails, and phone calls.

As in previous quarters, the majority of reported issues continue to be related to general user account issues such as locked accounts or forgotten credentials.

Two additional contract positions were added to the Information team in April. These positions are playing a critical role in the ongoing transition projects.

- **Zendesk support (new ticketing system)**

At the beginning of the 2nd quarter, the Informatics team was informed that the Kayako ticketing system, which has been in use for about 10 years, was nearing its software “end of life”. With the contract coming up for renewal, Kayako informed OEMS that they would be dropping support for this version of Kayako at some point during 2021. Due to this and the fact that another system was available and under state contract, the Informatics team began the process of setting up a new support system called Zendesk. The main advantage of this system over Kayako is that there are no limits to the number of support staff members that can have access (Kayako was limited to five unless additional licenses were purchased). Zendesk also has very modern reporting and monitoring tools. While the team only had about 60 days to get this up and running, the transition from Kayako to Zendesk went well. The support email address did change (from support@oemssupport.kayako.com to support@vaemstcc.zendesk.com) and the team sent out as much communication as possible to the user community about this change. The team also updated any site and documents with the new email address, which is a continuing process as old documents are reviewed.

- **Virginia Elite System/ImageTrend Elite system**

Even with the transition in progress, our work with the Virginia Elite system did not slow down until mid-June. Until then, we continued monitoring the import and exports of data to ensure records were being processed and continued monitoring Report Writer to ensure it stayed up and available. There was only one time that Report Writer failed but no agencies were aware this occurred because of this constant monitoring process.

We did receive one additional update to the Virginia Elite system before it was closed out. However, there was no new functionality that OEMS could take advantage of.

During this quarter, ImageTrend set up another Elite system. This system would not serve as the state data repository but rather as an interim system for agencies that were direct entry agencies in the Virginia Elite system to use until they could transition over to the provided ESO system or acquire their own EMS software system. The goal here was to ensure agencies would have sufficient time to train personal and obtain any needed equipment if they wanted to transition over to the ESO system. The new system came online and ImageTrend took the lead on communication to the EMS agencies about the new site. The Informatics team continues to have full access to this system and provides general support to those agencies using it.

On June 15th, the Virginia Elite system was placed (by ImageTrend) into a “Read-Only” mode. This was a necessary step in getting things ready for data migration. Putting the system into a “Read-Only” mode allowed agencies to continue to access any historical data so that billing processes were completed and to ensure hospitals had access to recently received patients. The Informatics team received multiple questions on this and worked with agencies and ImageTrend to address those.

- **Virginia EMS (ESO) Data Repository**

On May 16th, the new Virginia EMS (ESO) Data Repository was brought online. One advantage to this system is the method in which data is collected and stored. No longer is all of the data stored in a single database. The data is collected in multiple “tenants” and then transferred over to the state tenant. By handling data transfers in this manner, overall system responsiveness is much better than with the previous system.

To help meet the May 16th date, the Informatics team spent many hours filling out workbooks for ESO that needed to be loaded so that individual agency tenants could be created. This was a necessary first step to ensure the repository would be ready to accept data as soon as the system was online and agencies transitioned their data submissions over to the new site. Along with this, the Information team has spent many hours on training and understanding how the system works. We are receiving support questions and are either answering those or are working with ESO to obtain those answers.

Several team members spent this quarter working directly with ESO staff regarding system setup and functionality. We worked with ESO on increasing software functionality around reporting, data quality, validation rules, data tracking, as well as general functionality. We also worked with ESO on how we have used systems in the past. I'm pleased to report that Informatics Teams' expertise is playing a critical role in helping ESO better understand both the needs of Virginia and the challenges of the past. These team members are spending countless hours in direct meetings with ESO staff on all aspects of this project.

Hospital access through Patient Tracker has also been part of this process. Like the ImageTrend Hospital Hub system, Patient Tracker allows hospitals to view EMS records collected in the ESO system. Our team (in conjunction with ESO and other staff members) help with both the training and access to this system. The Informatics team is also assisting with support as needed.

One outstanding issue is the lack of current data submitted by EMS agencies to the new repository. Until the beginning of the 3rd quarter, agencies can submit data to either system since both are technically state repositories. Beginning on July 1st, 2021, only data submitted to the Virginia EMS (ESO) state repository will satisfy state reporting requirements. As of the end of the 2nd quarter, over 125 agencies had not yet started sending EMS data over to the new repository and over 460 agencies have yet to submit the required demographics data. The Informatics team is working on contacting individual agencies to see what sort of assistance their EMS software vendor needs to ensure the EMS agencies remain compliant. This will also be an ongoing task.

- **EMS Data Submission and Data Quality**

With the transition, it was not possible to perform any data quality analysis for May or June. The primary reason for this was due to many agencies sending data over to both the Virginia Elite system and the Virginia EMS (ESO) state repository. While this will not affect the data transition, it was not possible to account for the same records being in both systems. There was too much risk in either over-reporting the number of records or over-calculating the data quality scores. Due to this, we had to suspend the data quality reports until July.

We were able to produce a data quality report for April. Those results

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

Table 1: Number of Virginia EMS Agencies Classified by Average Incident Validity Score, April 2021 (May and June's data is unavailable due to the system transition).

Validity Score Scale	April	May	June
Excellent (98-100)	453	Unavailable	Unavailable
Good (95-97.99)	37	Unavailable	Unavailable
Poor (< 95)	24	Unavailable	Unavailable
Failed to Submit	76	Unavailable	Unavailable

- **Virginia Trauma Registry**

The non-trauma centers' data quality reports for March 2021 have been completed and sent to the on-file contacts we have. We continue sending email submission reminders, following up with the facilities that failed to submit, and are tracking all communications efforts made to improve data submission. Due to the data transition, the first quarter 2021 quality report is delayed. Once the historical data is transferred from the Virginia Trauma Registry to the new Gen6 (ESO) Trauma Registry, this report will be produced and posted. The March 2021 report was posted on the Knowledgebase for reference: [Knowledgebase – Data Quality Report](#).

The Informatics team continues to provide validation reports with every data quality report produced. This report allows facilities to better identify data reporting deficiencies. A validation report was created to help facilities identify missing information after submissions. The team spent time working with ImageTrend as well as other vendors in correcting some submission errors that were occurring. The hospital contact list the Informatics team maintains was also updated but this is a continuous process.

- **ESO Trauma Registry (Gen6)**

As part of the transition, the Virginia Trauma Registry system is also being replaced with the ESO Trauma Registry system known as Gen6. As this system has come online, the response we have received from registrars to date have been very positive. New users of this system have commented that it has exceeded their expectations and is much more “user friendly”.

As with the other ESO systems, the Informatics team has spent many hours in both training sessions and assisting with setup. Multiple team members worked with ESO on both setup and system support. The Trauma Registry data dictionary is being updated and all validation rules reviewed to ensure these are in line with the new system. During this process, fields are being reviewed, state requirements matched up and all documentation updated.

With the new registry, there are two areas that the team is going to be focusing on. One is related to the data quality process. In the previous system, it was a very manual and time-consuming process to create the various data quality reports. Working with the vendor, we hope

to make this process timelier, easier to do, and open it up so that facilities can proactively view data quality. The other is regarding reporting strategy. With this, we hope to simplify the reporting processes with the hospitals and trauma centers. While both of these will improve both quality and user experience, they will take time to develop.

- **Biospatial**

Our work with Biospatial was placed on hold during the 2nd quarter due to the transition project. Data submissions were turned off from the Virginia Elite system since not all EMS data was being reported to that system. ESO is anticipating have their interface ready by August 2021 and then our data submissions will resume and all historical data will be sent as it becomes available. We continue to meet with Biospatial regularly to ensure the team is up to speed on the latest functionality and to address any questions Biospatial may have for OEMS.

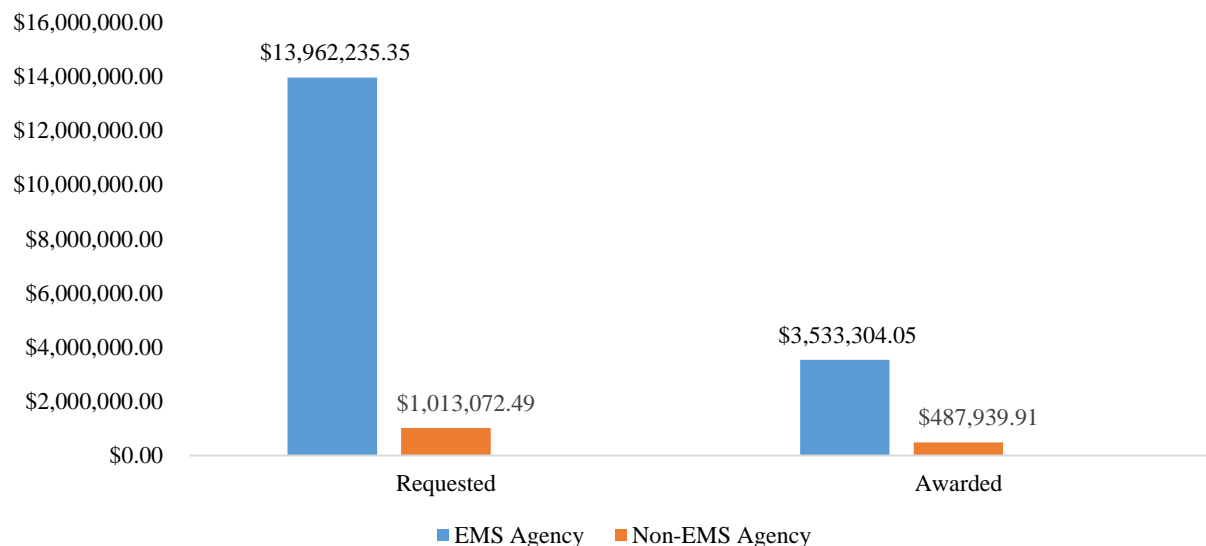
D. Rescue Squad Assistance Fund (RSAF)

The Rescue Squad Assistance Fund (RSAF) is a competitive matching grant program designed to assist eligible EMS agencies with purchasing equipment, supplies, and training necessary to support a robust EMS System. This quarterly report marks the end of the pre-award phase of the Spring 2021 RSAF grant cycle for which the application deadline was March 19. OEMS extended this from March 15 to accommodate the increased workload of first responders, medical personnel, and administrators due to the COVID-19 Pandemic.

OEMS received 129 grant applications totaling \$14,975,307.84 in funding, which can be broken down to \$10,163,910.63 in state and \$4,811,397.31 in local matches. Applications were scored through a three-tiered review process culminating in the Financial Assistance Review Committee's (FARC) recommendations to, and approval from the Commissioner of Health. A total of **65 awardees were selected to receive \$4,021,243.96 in grants.**

Awardees can be categorized as nonprofit licensed EMS or non-EMS agencies pursuant to § 32.1-111.12 of the Code of Virginia. 50 awardees fall into the EMS agency category, and 15 fall into the non-EMS agency category as shown in Figure 1. The number of non-EMS agency awardees increased from 10 in the previous grant cycle. Approximately 95% of these awards – and close to 10% of all awards from the Spring 2021 RSAF grant cycle - are to support Emergency Medical Dispatch (EMD) implementation at Public Safety Answering Points (PSAPs) to comply with the Telecommunicator CPR (TCPR) requirement of House Bill 727 by January 1, 2022.

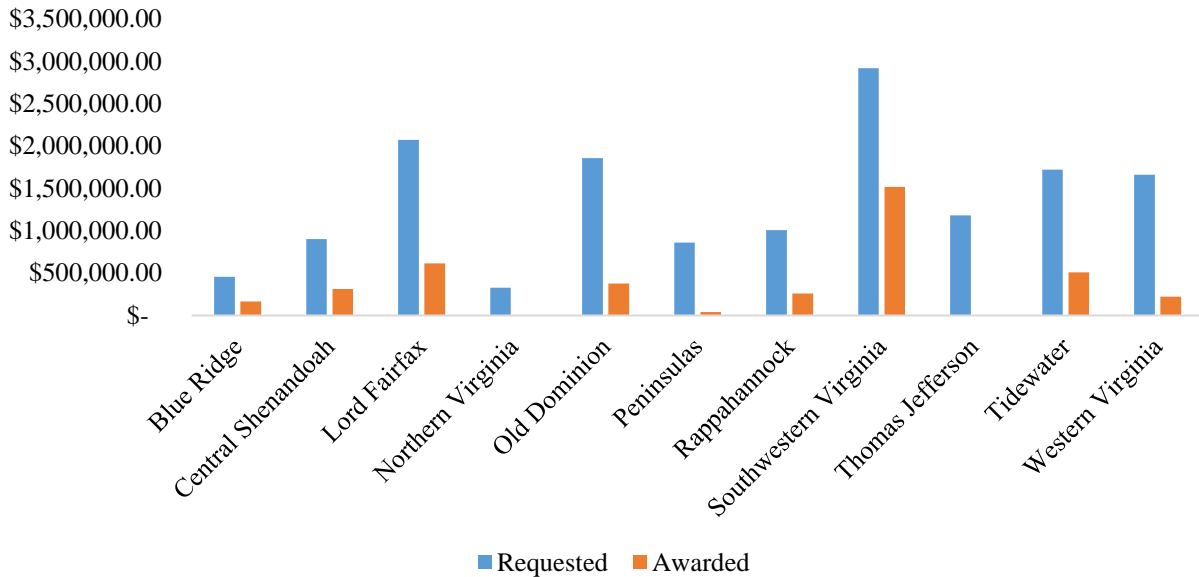
Figure 1: Awards by Agency Category



The number of applications increased by approximately 8% compared to the Fall 2020 cycle of RSAF; however, available funding decreased by approximately 14% due to a reduction in revenues generated by § 46.2-694 of the Code of Virginia. Approximately 50% of applicants received grant awards from the Spring 2021 RSAF grant cycle. OEMS received applications from each of the 11 EMS Regions. Funding from the Spring 2021 RSAF grant cycle is highest in the regions from which the most funding was requested as shown in Figure 2. The total amounts awarded by region are as follows:

- Blue Ridge – \$164,311.90
- Central Shenandoah - \$313,114.13
- Lord Fairfax - \$616,780.73
- Northern Virginia - \$0.00
- Old Dominion - \$375,723.84
- Peninsulas - \$39,499.99
- Rappahannock - \$260,095.93
- Southwestern Virginia - \$1,517,710.03
- Thomas Jefferson - \$4,569.90
- Tidewater - \$507,727.73
- Western Virginia - \$221,709.78

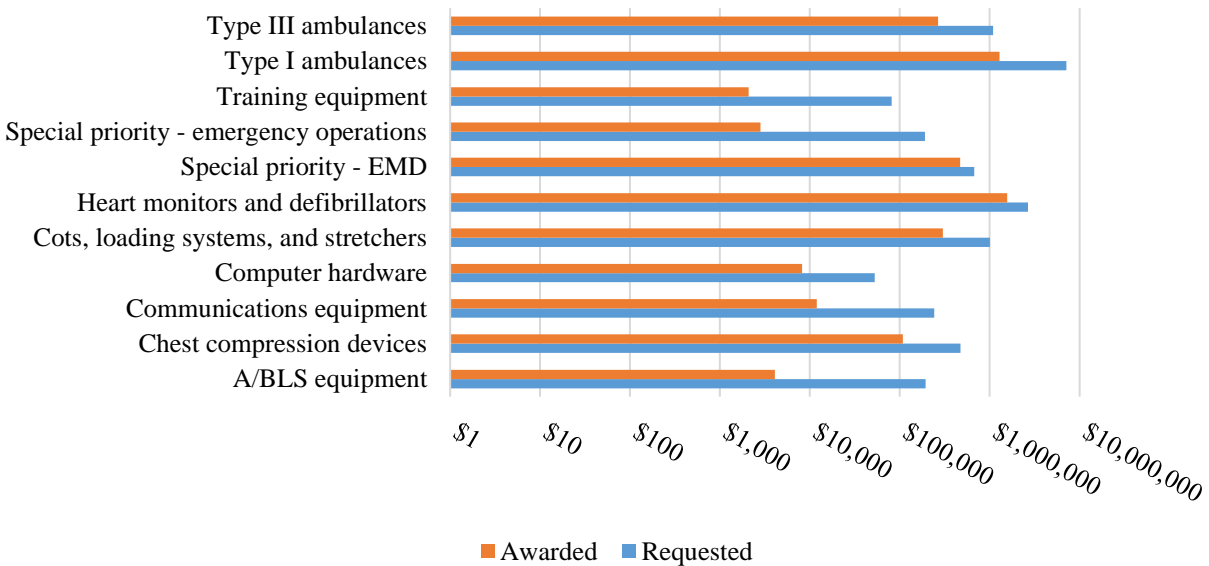
Figure 2: Awards by EMS Region



The grants awarded this cycle represent 90 individual items and projects. Figure 3 groups these items and projects into categories to compare award and request sizes. Ambulances make up approximately 39% of the funded equipment, followed by heart monitors and defibrillators at 39%, EMD at 12%, cots, load systems, and stretchers at 8%, and all other equipment and projects making up the remaining 2%. These grants can be broken down into the following item type categories:

- Advanced and basic life support (A/BLS) equipment and supplies¹ - \$4,092.30
- Chest compression devices - \$108,095.24
- Communications equipment² - \$11,973.21
- Computer hardware³ - \$8,169.46
- Cots, loading systems, and stretchers - \$300,300.73
- Heart monitors and defibrillators⁴ - \$1,561,728.18
- Special priority – emergency medical dispatch (EMD) - \$468,299.93
- Special priority – emergency operations⁵ - \$2,823.74
- Training equipment⁶ - \$2,078.77
- Type I ambulance - \$1,286,200.00
- Type III ambulance - \$267,482.40

Figure 3: Awards by Item Category



The Fall 2021 RSAF Cycle began on August 1, and the deadline to submit an application is September 15, 2021. OEMS will be hosting a pre-award technical assistance webinar on August 12, 2021, at 1 p.m. Eastern Standard Time (EST) to explain the application process, review criteria, and how to navigate the EMS – Grant Information Funding Tool (E-GIFT) system.

The registration link for the webinar is located on the RSAF web page, as well as recordings of previous webinars, RSAF award lists, E-GIFT guidance documents, and general grant information. Please contact Luke Parker, OEMS Grants Manager, at luke.parker@vdh.virginia.gov with any questions or concerns about this report.

¹ Drug box, access drill, and suction units

² Mobiles and portables

³ Ruggedized computer hardware

⁴ Includes Automatic External Defibrillator (AED) units

⁵ Stair chair

⁶ Manikins

EMS on the National Scene

II. EMS On the National Scene

National Association of State EMS Officials (NASEMSO)

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

NASEMSO News

- **NASEMSO & ACS Issue Joint Policy Statement on EMS Data Linkages**

With the support of the National Highway Traffic Safety Administration (NHTSA), a panel of subject matter experts were able to move forward on a recommendation from the National Academies of Sciences, Engineering, and Medicine Report, A National Trauma Care System: Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury. The new recommendation, which includes a proposed linkage of record-level emergency medical services (EMS) patient care reports with hospital trauma registry records to better elucidate the “continuum of care” for injured patients relying on the introduction of a universally unique identifier (UUID) assigned to an EMS record, is now available. Read more at: <https://nasemso.org/wp-content/uploads/ACS-NASEMSO-Joint-LinkagePolicy-Statement-FINAL-Version.pdf>.

- **NASEMSO Collaboration on OOHCA Guidance Published in Circulation**

NASEMSO members Andy Gienapp, Dr. George Lindbeck, and Dr. Michael Levy provided input to “Interim Guidance for Emergency Medical Services Management of Out-of-Hospital Cardiac Arrest During the COVID-19 Pandemic,” recently published ahead of print by the American Heart Association in its peer-reviewed, professional journal, Circulation. Authors urge responders to avoid implementing major modifications to evidence-based resuscitation practices that could lead to a decrease in cardiac arrest survival. Open access to the publication is now available at: <https://www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.120.007666>.

Air Medical

- **AAPB Subcommittee Reports Now Available**

Section 418 of the FAA Reauthorization Act of 2018, Pub. L. No. 115-254, 132 Stat. 3186 (2018), required the establishment of an advisory committee on issues related to air ambulance services and patient billing. As part of this directive, the U.S. Department of Transportation (DOT) established three subcommittees of the Air Ambulance and Patient Billing (AAPB) Advisory Committee in February 2020: (1) the Subcommittee on Disclosure and Distinction of Charges and Coverage for Air Ambulance Services; (2) the Subcommittee on State and DOT Consumer Protection Authorities; and (3) the Subcommittee on Prevention of Balance Billing. Subcommittee reports include proposals for Federal legislation, Federal regulation, State legislation, and industry best practices. Subcommittee reports are now available at:

<https://www.regulations.gov/document/DOT-OST-2018-0206-0026>.

Additional committee materials are available from the docket at:

<https://www.regulations.gov/docket/DOT-OST-2018-0206/document>.

Data

- **NEMSIS 2020 Public-Release Dataset is Now Available**

The National EMS Information System Technical Assistance Center has released its 2020 Public-Release Research Dataset, the largest publicly available dataset of EMS activations in the U.S. The dataset, which includes 43,488,767 EMS activations submitted by 12,319 EMS agencies in 50 states and territories, is a subset of the National EMS Database—the repository for EMS data collected from U.S. States and Territories. Read more at:

<https://nemsis.org/using-ems-data/request-research-data>.

- **Public Performance Measures Dashboard**

The NEMSIS V3 Public Performance Measure Dashboard visualizes EMS performance measures maintained by the National EMS Quality Alliance (NEMSQA), including measures that were originally developed by the EMS Compass initiative.

Access the dashboard here: <https://nemsis.org/view-reports/public-reports/version-3-public-dashboards/v3-public-performance-measures-dashboard/>

- **HIPAA Basics for EMS Practitioners Resource**

The TAC released a new resource that provides agency and field-level clarity on HIPAA as it relates to EMS. The HIPAA Basics for EMS Practitioners poster was created in collaboration with Page, Wolfberg & Wirth for EMS practitioners to better understand how and when HIPAA applies to EMS activity.

Stakeholders are encouraged to print, share, and distribute the poster as needed. The information contained in the poster does not supersede agency or state rules and clearly states that practitioners should follow their agency policy. The poster can be found as an attachment to this message and on the NEMSIS webpage here: https://nemsis.org/wp-content/uploads/2021/05/HIPAA-Poster-for-Practitioners_05.20.2021.pdf

Traffic Incident Management

- **NTSB Launches “Safe System” Roundtable Series**

Early estimates from the National Highway Traffic Safety Administration (NHTSA) crash fatality data for 2020 show that approximately 38,680 people died in motor vehicle crashes, a startling increase of about 7.2 percent compared to 2019. Additionally, the estimated fatality rate is the highest since 2007. This comes at a time when vehicle miles traveled in the U.S. decreased by about 13.2 percent in 2020. The conventional approach to road safety in the U.S. will not drive down fatalities and injuries; we need a paradigm shift. Reaching zero will require a transition to a holistic, Safe System approach. Over the coming months, National Transportation Safety Board Member Jennifer Homendy will host a series of Safe System Roundtable discussions with experts on these topics. The objectives are:

- To better understand the Safe System Approach, how it differs from our current approach to road safety in the U.S., and the benefits of a Safe System Approach.
- To explore the current state of the Safe System approach in the U.S. and to learn from international partners and stakeholders from cities across the US that have moved toward a safe system approach.
- To identify what actions need to be taken to move toward a Safe System approach.

The series will run throughout the year and will expand on the discussion started at the NTSB’s [May 20 roundtable](#). The first roundtable in the series was held on July 7. Read more at <https://www.nts.gov/news/events/Pages/2021-safe-systems-rt.aspx>.

- **Senate Committee Approves Surface Transportation Bill**

Senate Committee on Commerce, Science, and Transportation has approved the *Surface Transportation Investment Act* which authorizes \$78 billion over five years to address key infrastructure and safety priorities broken out as follows: \$36 billion for rail, \$27.8 billion for multimodal grant programs and \$13 billion for safety programs. Overall, this would be a significant increase over the previous reauthorization (the FAST Act) in 2015, including \$6 billion into the National Highway Traffic Safety Administration’s highway safety programs. Read more at <https://www.commerce.senate.gov/2021/6/wicker-commends-committee-passage-of-surface-transportation-bill>.

Medical Direction

- **AHRQ Offers Evidence Summary on Prehospital Airway Management**

The Agency for Healthcare Research and Quality (AHRQ) recently sought to assess the comparative benefits and harms across three airway management approaches (bag valve mask [BVM], supraglottic airway [SGA], and endotracheal intubation [ETI]) by emergency medical services in the prehospital setting, and how the benefits and harms differ based on patient characteristics, techniques, and devices. The systematic review is now available at <https://effectivehealthcare.ahrq.gov/products/prehospital-airway-management/research>.

- **Joint Commission Seeks to Standardized Resuscitation Protocols**

Effective January 1, 2022, The Joint Commission approved new and revised requirements for resuscitation for hospitals and critical care hospitals. The new and revised requirements aim to strengthen resuscitation and post-resuscitation care processes by reducing unnecessary variations in practice and requiring hospitals to adopt a more proactive internal review of data to seek continuous learning improvements in order to maximize patient survival with the best possible neurological outcomes. Access the prepublication standards at <https://www.jointcommission.org/standards/prepublication-standards/new-and-revised-requirements-for-resuscitation/?ref=TJCAL21>.

Pediatric Emergency Care

- **NPHL Advocates for Car Seats in Rideshare Services**

The Network for Public Health Law (NPHL) highlights the needs of children in a new blog, “Car Seats and Rideshare Services: The Need for Improved Safety Laws” at https://www.networkforphl.org/news-insights/car-seats-and-rideshare-services-the-need-for-improved-safety-laws/?blm_aid=25649.

- **National Organizations Unite on Pediatric Readiness**

During EMS Week, the Health Resources and Services Administration’s (HRSA) Emergency Medical Services for Children (EMSC) program and five national organizations joined together to draw attention to pediatric readiness. “Pediatric readiness” is defined as having the necessary infrastructure to meet the needs of ill and injured children in an emergency. The collaboration took the form of two webinars held as part of National Emergency Medical Services (EMS) Week and EMSC Day, which fell on May 19. The “[Pediatric Readiness: Every Child, Every Day](#)” event on EMSC Day covered pediatric readiness across the care continuum, including the National Pediatric Readiness Project (NPRP), a multiphase effort to assess and improve care for children in emergency care settings. The following day, “[This is EMS: Caring for Our Children](#),” focused on pediatric readiness in prehospital settings specifically, the National Prehospital Pediatric Readiness Project (PPRP). [Click here](#) to learn more about these two webinars.

Trauma

- **NHTSA Highlights Impaired Driving In New Campaign**

The 2021 impaired driving national enforcement mobilization "*Drive Sober or Get Pulled Over*" goes into effect across the country from **August 16 to September 6, 2021**. One of the deadliest and most often committed - yet preventable - of crimes (impaired driving), has become a serious safety epidemic in our country. As law enforcement professionals and highway safety advocates, your efforts will help reduce the number of crashes and fatalities due to impaired driving. By increasing State enforcement efforts, raising public awareness through paid, earned, and social media, and maximizing your local resources, you indeed can make a difference. Please use customizable enforcement materials to help you successfully spread the campaign's message, *Drive Sober or Get Pulled Over*, and complement your awareness campaign. Download materials now at <https://www.trafficsafetymarketing.gov/get-materials/drunk-driving/drive-sober-or-get-pulled-over/national-mobilization>.

- **Data Visualization Tool Shows Falls Are Most Common Injury Seen in Eds**

A new [interactive data visualization tool](#) from AHRQ allows users to explore emergency department (ED) visit rates across common injury causes. The tool shows that falls vastly outnumber other types of injuries causing ED visits for almost every age, community-level income, location and sex. The only group for whom falls were not the most common injury was adults ages 18–29. The visualization is based on [Overview of Emergency Department Visits Related to Injuries, by Cause of Injury, 2017](#), a statistical brief from the agency's [Healthcare Cost and Utilization Project](#).

Other

- **SAMHSA Awards Funds to Implement 988 as National Suicide Prevention Lifeline**

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently announced Vibrant Emotional Health (Vibrant) will be the administrators of the new 988 dialing code for the National Suicide Prevention Lifeline (Lifeline). Vibrant, in partnership with SAMHSA, has administered the Lifeline since its creation in 2005. This funding also supports the national Disaster Distress Helpline, a subnetwork of the Lifeline. The Federal Communications Commission (FCC) designated 988 as the new three-digit number for the National Suicide Prevention Lifeline on July 16, 2020. The U.S. Senate passed the National Suicide Hotline Designation Act (S. 2661), establishing 988, in May 2020, and the U.S. House of Representatives passed the legislation in September 2020. The National Suicide Hotline Designation Act of 2020 was signed into law on October 17, 2020. The requirement for phone service providers to transition to 988 as the National Suicide Prevention Lifeline took effect on July 16, 2022.

- **New Report: Proposed Limits on Public Health Authority Is Dangerous**

This new report, Proposed Limits on Public Health Authority: Dangerous for Public Health, is a culmination of a rapidly developed project between NACCHO and the Network for Public Health Law with assistance from Johns Hopkins and many others. In recent months, at least 15 state legislatures have passed or are considering measures to limit severely the legal authority of public health agencies to protect the public from serious illness, injury, and death. Specifically, this report finds that dissatisfaction and anger at perceived overreaches by governors and public health officials in response to the COVID-19 pandemic has led to an onslaught of legislative proposals to eliminate or limit the emergency powers and public health authority used by these officials. Public health officials are also being threatened personally. Access the report at: <https://www.naccho.org/blog/articles/new-report-public-health-authority-dangerous-for-public-health>

Division of Accreditation, Certification and Education (ACE)



Division of Accreditation, Certification & Education

Virginia Office of Emergency Medical Services

III. Accreditation, Certification and Education

Committees

- A.** The Training and Certification Committee (TCC): The Training and Certification Committee meeting scheduled for July 7, 2021 was held at the Embassy Suites in Richmond, VA.
Copies of past minutes are available on the Office of EMS Web page here:
<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/training-certification-committee-standing/>.
- B.** The Medical Direction Committee (MDC): The Medical Direction Committee meeting scheduled for July 8, 2021 was held at the Embassy Suites in Richmond, VA.
Copies of past minutes are available from the Office of EMS web page at:
<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/medical-direction-committee-standing/>

Accreditation

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

- A. EMS accreditation program.
1. Emergency Medical Technician (EMT)
 - a) The following EMT programs are under Letter of Review:
 - (1) Arlington County Fire Department
 - (2) Fauquier County
 - (3) Hampton Roads Regional EMS Academy
 - (4) Augusta County
 - (5) Rockingham County Dept. of Fire and Rescue
 - (6) Gloucester Volunteer Fire and Rescue
 - (7) Fairfax County Fire and Rescue
 2. Advanced Emergency Medical Technician (AEMT)
 - a) The following AEMT programs are under Letter of Review:
 - (1) Newport News Fire Training
 - (2) Fauquier County

- (3) Hampton Roads Regional EMS Academy
- (4) Augusta County
- (5) Rockingham County Dept. of Fire and Rescue
- (6) King George Fire, Rescue and Emergency Services

3. Paramedic – Initial

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

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

4. Paramedic – Reaccreditation

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

- a) Prince William County Fire & Rescue CoAEMSP was conducted virtually on May 10 and 11.

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

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

Virginia COVID-19 Actions

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

National Registry

2022 Recertification Season

- On Wednesday, June 9, 2021, The National Registry's Board of Directors responded by announcing the decision to waive the Distributive Education (DE) limits in the NCCP Model for the 2022 recertification season to ensure EMS professionals could maintain their national certification while assuring continued competency.
 - All EMTs, AEMTs and Paramedics who are due to recertify on March 31, 2022 will have no limits on Distributive Education. The same will apply to EMRs due to recertify on September 30, 2022. This allows all continuing education to be accomplished online through any state-accepted or CAPCE-accredited program or education site. Of course, in-person continuing education will also be accepted.
 - EMR – [Click Here for Requirements](#)
 - EMT – [Click Here for Requirements](#)
 - AEMT – [Click Here for Requirements](#)
 - NRP – [Click Here for Requirements](#)
- On December 18, 2020, to assist state EMS offices with the ongoing COVID-19 pandemic, the Executive Committee of the Board of Directors took action to further extend the Provisional Certification deadline until June 30, 2021.

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

- National Registry Provisional certifications are no longer being issued.
- Provisional certification is a National Registry certification but is not the same as being fully Nationally Registered.
 - The path to convert a provisional certification to full Nationally Registry certification only requires successful completion of the psychomotor examination.
 - Provisional Certifications will remain valid through December 31, 2021 or until an EMS provider passes the psychomotor examination before the expiration date.
 - Anyone with questions should contact Debbie Akers (deborah.t.akers@vdh.virginia.gov)
- *Should a provider who was granted provisional Virginia certification based off of a National Registry provisional certification not fulfill the requirements of their National Registry certification, their Virginia certification will automatically expire.*

National Registry Cognitive Examinations

- NREMT currently offers two different options for taking the cognitive exams: face-to-face exams at a Pearson VUE Testing Center and remotely proctored exams making use of Pearson OnVUE.
 - Candidates, when applying for their cognitive exam have the opportunity to select whether they would like to take their exam face-to-face exams at a Pearson VUE Testing Center or a remotely proctored exam on Pearson OnVUE.
 - [Sample face-to-face exam ATT Letter](#)
 - [Sample Pearson OnVUE ATT Letter](#).
 - *If a candidate decides to change their method of testing from face-to-face to Pearson OnVUE or vice versa, they can do so, however the issuance of a new ATT letter will take at least 24 hours to generate before they can then schedule the examination through the process they have chosen.*
 - [Click here for screenshots](#) of how to change your testing method from face-to-face testing to Pearson OnVUE.
 - Previously the National Registry had indicated that OnVUE will remain a pathway indefinitely for the EMT and AEMT levels allowing them to take the examination either online or in person. Currently, there are no plans to add this as an option at the EMR or Paramedic levels.

General Updates

2021 National EMS Education Standards (NEMSES)

The 2021 National EMS Education Standards workgroup completed their work and the proposed Education Standards have been submitted to NHTSA for final review. They were expected to be released in March 2021, however the latest word from NHTSA is that the 2021 NEMSES will be released in Fall 2021.

An implementation timeline for the new 2021 NEMSES in Virginia will be provided at a later date and will include regional roll-outs, implementation dates and psychomotor testing requirements pending the updates to the state's COVID-19 pandemic protocols which would permit OEMS to have meetings with large groups of individuals.

Applications for Reciprocity, Legal Recognition & Challenge

The Division transitioned applications for reciprocity, legal recognition and challenge from a paper-based process to an electronic process through the Virginia EMS Portal in late July. This new process will improve the application process which will result in faster processing of these

applications. Faster processing times will be dependent on the successful receipt of FBI fingerprint background checks and/or required verifications of certification from other states/U.S. territories.

Any paper-based packets received by the Office after implementation will require the applicant to reapply through the Virginia EMS Portal. OEMS staff will reach out to affected applicants with guidance on resubmitting their applications.

16th Percentile Peer-to-Peer Benchmarking

The 16th Percentile Peer-to-Peer Benchmarking statistics were updated and posted on the OEMS website on July 6, 2021. This tool is used to by the Office of EMS to determine which programs are eligible for funding through the Virginia EMS Scholarship Program and to determine which Education Coordinators in the Commonwealth can serve as mentors for the Education Coordinator certification program.

You can view the new documents at: <https://www.vdh.virginia.gov/emergency-medical-services/education-certification/program-rankings-based-on-16th-percentile-peer-to-peer-benchmarking/>

Virtual Instructor-Led Training (VILT)

VILT education was introduced in Virginia in May of 2020 in response to the COVID-19 pandemic. The Virginia Office of EMS considers VILT continuing education to be F5 education as defined by the Commission for Accreditation for Pre-Hospital Continuing Education (CAPCE). At the one year mark, OEMS staff decided to review VILT education—specifically the policies and procedures for conducting this education—in order to ensure that industry recognized standards are in place. Over the past several months, OEMS staff has consulted with Virginia EMS Physicians, Virginia EMS educators, the National Registry, national recognized EMS educators, national F5 continuing education vendors and CAPCE as we reviewed our existing VILT policies and procedures.

The newest guidance for VILT education can be found on the OEMS website at the following URL: <https://www.vdh.virginia.gov/content/uploads/sites/23/2020/07/Delivering-High-Quality-Instruction-Online-VILT-SECURED.pdf>

Training Program Administration Manual (TPAM)

The TPAM has been updated to include clearer delineation of continuing education modalities as well as to remove references to paper CE cards and enrollment forms which are no longer accepted by the Office. The effective date for most changes was July 1, 2021.

If you are curious about what policies were updated, please do a keyword search on “2021” to see those policies that were affected by these changes. The TPAM can be found on the OEMS website at: <https://www.vdh.virginia.gov/emergency-medical-services/education-certification/documents-forms-downloads/ems-training-program-administration-manual/>

Advanced EMT Accreditation

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

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

Certification Testing Changes – State and National Registry

BLS Certification Testing

- Cognitive Exams – Normal processes are in place for the National Registry cognitive exam. Pearson VUE OnVUE is available for EMT candidates who are unable to access testing at a Pearson Test Center due to lack of available seats. Please direct your candidates to learn more about Pearson OnVUE Remote Proctored Exams by visiting: <https://home.pearsonvue.com/nremt/onvue>
- Psychomotor Exams – The Office of EMS Management Team has decided to cancel all further Consolidated Testing at the BLS level through December 31, 2021. Further consideration of when to restart Consolidated Testing will be determined later this year by the Training & Certification and Medical Direction Committees.

ALS Certification Testing

- Advanced EMT Programs
 - Cognitive Exams – Normal processes are in place for the National Registry cognitive exam. Pearson VUE OnVUE is available for AEMT candidates who are unable to access testing at a Pearson Test Center due to lack of available seats. Please direct your candidates to learn more about Pearson OnVUE Remote Proctored Exams by visiting: <https://home.pearsonvue.com/nremt/onvue>
 - Psychomotor Exams – The Office has worked with ALS programs and the National Registry to ramp up ALS psychomotor testing in the Commonwealth. The ALS Testing Calendar on the OEMS website can be found at: <https://www.vdh.virginia.gov/emergency-medical-services/virginia-national-registry-psychomotor-examination-schedule/>

- Paramedic Programs
 - Cognitive Exams – Normal processes are in place for the National Registry cognitive exam. Paramedic candidates are required to take their cognitive exam at a Pearson VUE Test Centers—remote proctoring via Pearson OnVUE is not permitted for paramedic candidates. Currently, there are no plans to add this as an option at the Paramedic level.
 - Psychomotor Exams – OEMS has worked with ALS programs and the National Registry to ramp up ALS psychomotor testing in the Commonwealth. The ALS Testing Calendar on the OEMS website can be found at: <https://www.vdh.virginia.gov/emergency-medical-services/virginia-national-registry-psychomotor-examination-schedule/>

Education Program

Education Coordinator Candidate Program

The Office conducted an Education Coordinator Institute in early June at Central Virginia Community College. The institute produced 28 new educators across the Commonwealth.

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

Education Coordinator Updates

Staff have add additional updates to the calendar this year—the full schedule for this calendar year is posted on the OEMS website at: <https://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/>

Registration is required to attend all EC/ALS-C updates. Educators are reminded that if they have not recertified post-COVID, then their certification/endorsement most likely expires on June 30, 2022.

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

EMS Training Funds

Table. 1 – Virginia EMS Scholarship Program – FY21 (Full Year)					
Certification Level	Q1	Q2 (cum)	Q3 (cum)	Q4 (cum)	Amount Awarded (cum)
EMR	0	5	5	5	\$580.00
EMT	154	231	320	390	\$312,268.00
AEMT	28	41	59	63	\$75,945.00
Paramedic	114	138	177	208	\$1,008,784.00
Grand Total	296	415	561	666	\$1,397,577.00

Psychomotor Test Site Activity

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

Other Activities

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

Community Health and Technical Resources (CHaTR)



IV. Planning and Regional Coordination

CHaTR Website and Division Information

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

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

There have been changes in structure of the CHaTR Division. Formerly housed within the Division of Trauma and Critical Care, the EMS for Children (EMSC) program has now been welcomed into the CHaTR Division.

Regional EMS Councils

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

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

OEMS staff have been holding COVID-19 updates via webinar with regional council staff and board members on a weekly basis since March 13, 2020. These webinars transitioned to monthly basis on July 16, 2021, and are scheduled through the rest of 2021. In addition, CHaTR staff continue to assist in the coordination of Personal Protective Equipment (PPE) distribution and associated COVID activities with the Regional EMS Councils.

The Central Shenandoah, Blue Ridge and Rappahannock EMS Councils have entered into MOU agreements to become OEMS Regional Offices. OEMS staff works with the Board of Directors of those respective councils for implementation throughout 2021. Hiring processes for the additional positions of all three of the regional offices will continue as positions become available.

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

Medevac Program

The Medevac Committee met on June 29 and August 5, 2021. The minutes of previous Medevac Committee meetings are available on the OEMS website linked below:

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

The amount of data submitted to the Medevac Helicopter EMS application (formerly known as WeatherSafe) continues to be robust. In terms of weather turndowns, there were 173 entries into the Helicopter EMS system in Q2 of the 2021 calendar year. 60% of those entries (104 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a decrease from 405 entries in Q2 of 2020. This data continues to demonstrate a commitment to the program and to maintaining the safety of medevac personnel and equipment.

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

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

The form can be found via the link below:

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

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

State EMS Plan

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

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

The State EMS Plan was unanimously approved by the State EMS Advisory Board at their November 6, 2019 meeting. The Board of Health is required to adopt the plan, however the

March 26, 2020 Board meeting was cancelled due to the COVID-19 pandemic. On June 4, 2020, the State Board of Health met and approved the State EMS Plan in a unanimous vote.

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

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

State Telehealth Plan

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

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

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

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

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

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

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

At the direction of the Health Commissioner, the internal VDH Telehealth Plan Workgroup has begun preparations to create the Telehealth Advisory Workgroup.

State Rural Health Plan

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

As of July 2021, the Office of Health Equity has finalized the literature for the State Rural Health Plan and has begun the final stages of structuring and formatting the plan before its production. The newest version of the State Rural Health Plan will be available for download after it is completed.

IV. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee (WDC) met on August 5, 2021 in conjunction with the EMS Advisory Board. Previous WDC minutes are available on the OEMS website, at the link below:

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

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

EMS Officer Program:



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

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

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

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

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

Standards of Excellence (SoE) Program:



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

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

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

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

EMS Recruitment and Retention

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

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

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

EMS Needs Assessment

Virginia's most recent EMS Needs Assessment was conducted in 2012. The Division of Community Health and Technical Resources has partnered with Virginia Commonwealth University's Performance Management Group (PMG) to conduct an updated needs assessment. EMS agencies across the commonwealth have been notified to expect correspondence regarding the assessment. The survey is in the final stages of development and will be deployed soon. The data collected will be used to advise the EMS Advisory Board accordingly.

System Assessments/Miscellaneous Technical Assistance

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

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

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

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

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

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

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

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

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

Previous meeting minutes may be viewed at the link below:

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

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

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

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

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

EMS for Children (EMSC) Program

EMSC Committee Reboots as Meeting Restrictions Ease

The EMS for Children Committee of the State EMS Advisory Board deals with pediatric EMS issues, and also provides important advice and support to the Virginia EMS Program's mission to measure progress toward achieving nine national EMSC Performance (as well as program initiatives). The Committee had been unable to meet in person for the last year due to the pandemic, but did meet July 20, 2021 at the Virginia Office of EMS under the leadership of new Chair Dr. Patrick McLaughlin.

Several new members were welcomed, plans to replace expiring members were discussed, and the new Chair described his philosophy and aspirations for the Committee going forward. Dr. Samuel Bartle was selected to fill the vacant position representing the EMSC Committee on the Medical Director's Committee, and the request has been forwarded to the EMS Advisory Board Executive Committee.

Previous meeting minutes can be found at the following link:

<https://www.vdh.virginia.gov/emergency-medical-services/advisory-board-committees/ems-for-children-committee/>

National Pediatric Readiness Assessment (for hospital ED's)

The National Pediatric Readiness (NPRP) Assessment is in progress and will close on August 31, 2021. EMSC encourages hospital leaders to **print a copy of the online assessment** for review with the ED Nurse Manager or Medical Director before beginning the survey. Access to the online NPRP assessment is at www.pedsready.org.

EMS providers and agencies are encouraged to touch base with their ED leadership to make sure that each hospital ED has had ample opportunity to contribute to this important assessment of the pediatric readiness of the nation's hospital Emergency Departments. Some helpful resource links are below:

- To download a printed version of the Pediatric Readiness Assessment in advance (pdf), go to <https://www.pedsready.org/docs/PedsReadyAssessment.pdf>.
- Pediatric Readiness in the Emergency Department (AAP, ACEP, ENA policy statement) ([https://www.annemergmed.com/article/S0196-0644\(18\)31167-3/pdf](https://www.annemergmed.com/article/S0196-0644(18)31167-3/pdf)).
- National Pediatric Readiness Project Toolkit (7 domains of readiness, and includes the 2020 ED Checklist) (<https://emscimprovement.center/domains/hospital-based-care/pediatric-readiness-project/readiness-toolkit/>).
- PedsReady Facebook Page (<https://www.facebook.com/PedsReady/>).
- To stay up on assessment details, visit (www.pedsready.org).

Regional Pediatric Disaster Preparedness

The Virginia EMSC program is prepared to provide technical support and “toolkits” developed by national organizations to assist in improving hospital pediatric disaster readiness and surge capabilities. The EMSC program continues as a partner in projects with several regional hospital coalitions in developing Pediatric Annexes to augment existing regional disaster and mass casualty plans, as encouraged by the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR).c

PEPP, ENPC and Similar Courses Funding Assistance

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

Volunteers Needed for EMSC Workgroups

The EMSC Program is seeking volunteers to help with needed EMS for Children program workgroups. If you have passion and/or expertise concerning pediatric emergency care issues, and can donate some time, the Virginia EMSC Program can use your assistance. Please contact David Edwards (david.edwards@vdh.virginia.gov) if you can help us with any of the following topics:

- Workgroup to develop recommended EMS agency policies and procedures for *restraining children during ambulance transport*.
- Workgroup to support developing EMS Agency Pediatric Champions.
- Workgroup to develop recommended evidence-based *pediatric guidelines* to share with EMS Medical Directors.
- Best practices in creating a *recognition program* for hospital ED's who demonstrate a specific readiness level in caring for children (medical).
- Pediatric *medication dosing safety*.
- Templates for and examples of *written hospital emergency transfer guidelines and agreements* (that specifically refer to pediatric patients).
- Advocating the inclusion of children in hospital disaster *plans and practices*.
- Local *family reunification* strategies and resources.

EMSC Distributing Last Ambulance Child Restraint Systems

The EMSC program is distributing the last of our grant-funded child restraint systems to EMS agencies to help protect children while being transported by ambulance. We have a small number still in stock and may possibly order more in the future if the need and funding exists. Please contact the EMSC Coordinator (David Edwards) at david.edwards@vdh.virginia.gov or (804) 888-9144 to discuss this if your agency is still not using a pediatric restraint system or device (other than a car seat).

EMS agencies are strongly encouraged to adopt safety policies and procedures requiring the use of child restraints by their providers. A Virginia EMSC program workgroup will explore creating a model set of recommended policies and procedures that can be offered to Virginia providers. If you have interest in serving on this group, please contact David Edwards at david.edwards@vdh.virginia.gov or (800) 888-9144. ***Every child transported by ambulance in***

Virginia should be appropriately restrained.

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

National Training Available for Pediatric Emergency Care Coordinators

The [Pediatric Emergency Care Coordinator \(PECC\) Workforce Development Collaborative \(PWDC\)](#) is enrolling participants now through August 15, 2021. The mission of this national collaborative, led by the Emergency Medical Services for Children Innovation and Improvement Center (EIIC), is to support healthcare professionals working in ***prehospital and emergency department systems*** to become effective pediatric champions (also known as PECCs).

The program, which will run from September 2021 through June 2022, is open to anyone with an interest in ensuring ill and injured children receive high-quality care in their community. Pediatric-specific training or experience is not required, and participants do not need to be involved in direct patient care. The time commitment is approximately three hours each month. Continuing education and Maintenance of Certification Part 4 credits will be available at no cost for all healthcare professionals.

The collaborative will offer four customized tracks:

1. EMS practitioners.
2. Hospital/ED-based nurses and healthcare professionals.
3. Hospital/ED-based physicians and advanced practice providers, or
4. EMSC State Partnership program managers.

The collaborative will occur in two parts. In the first part, participants will receive monthly education, including customized guides highlighting crucial resources and best practices; strategies to help identify gaps and opportunities; and access to experts in pediatric emergency care.

The second half of the PWDC will be optional (required for Maintenance of Certification part 4 credit). Participants will work with peers and expert coaches to develop an improvement plan targeting one of four major areas:

1. Enhancing the role of the PECC.
2. Ensuring availability of pediatric equipment, supplies, and medications.
3. Implementing a program to help maintain pediatric competencies among staff, or
4. Developing a local policy, pathway, or clinical decision support tool.

To learn more and enroll in the PWDC, go to <https://emscimprovement.center/collaboratives/pwdc/>.

EMSC Registration Awards Available for November Symposium

Contact EMSC Coordinator David Edwards if interested at david.edwards@vdh.virginia.gov to receive a simple application form. If an EMSC award is approved, the information in the application will later be used to verify that you have registered for at least 3 pediatric-related courses, and your registration will be manually credited for the basic cost of the Symposium registration.

The Virginia EMSC Program receives significant funding for programmatic support through the EMSC State Partnership Grant (H33MC07871) awarded by the U.S. Department of Health and Human Services (HHS) via the Health Resources & Services Administration (HRSA), and administered by the Maternal and Child Health Bureau (MCHB) Division of Child, Adolescent and Family Health.

Division of EMS Emergency Operations

V. Division of Emergency Operations

Division of Emergency Operations Staff Members

Office Number for Staff Members 804-888-9100

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

Operations

● COVID-19 Response

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

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

○ Healthcare Coordination Team

Karen Owens participated in the reconvened phone calls of the Healthcare Coordination Team to discuss issues surrounding ongoing COVID response.

- **VDH Partner Calls**

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

- **Ongoing Meetings**

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

- **Health and Medical Preparedness Council (HMPC)**

Karen Owens attended the meeting of the National Association of State EMS Officials (NASEMSO) Health and Medical Preparedness Council on July 28, 2021. This council brings together emergency management officials from all 50 state EMS offices and provides an opportunity to discuss hot topics in emergency management and review planning and collaboration opportunities.

- **Ebola Response**

During this quarter, Karen Owens participated in an Ebola Response Planning phone call. The call was an opportunity for VDH partners to discuss the current Ebola outbreak and ensure transport and monitoring plans were still appropriate and met the needs of those involved in response.

- **National Association of State EMS Officials**

Karen Owens participated in multiple meetings of the National Association of State EMS Officials Executive Board. As a Chair-Elect for the Health and Medical Preparedness Council these meetings provide an opportunity to hear reports from other councils and provide information on what the HMPC is doing.

- **Hospital Diversion Issues**

Karen Owens met with multiple EMS and VDH partners during this quarter to discuss issues surrounding hospital diversion, notification processes, and information sharing. Concerns were raised about the reliability and access to the data, as well as opportunities to improve the current system. Discussions continue to occur surrounding this issue.

Training

● **Fusion Liaison Officer (FLO) Training**

On May 26, 2021, Sam Burnette assisted the Virginia State Police with a delivery of the Virginia Fusion Center Fusion Liaison Officer (FLO) Basic class at Liberty University in Lynchburg, Virginia. The course was attended by members of various federal, state, and local law enforcement agencies; fire and EMS departments; local and state emergency management agencies; and public safety answering points (PSAP). Sam delivered a presentation on suspicious activity reporting for first responders and a presentation overviewing the Virginia Department of Health and how it can help in man-made and natural disasters.

● **Mass Casualty Incident Management (MCIM) Train-the-Trainers**

Sam Burnette delivered two MCIM Train-the-Trainers during this quarter. After receiving authorization from their Operational Medical Director (OMD), the students will be able to teach both the Mass Casualty Incident Management I – Awareness and the Mass Casualty Incident Management II – Operations courses. Combined these courses teach EMS providers how to properly triage victims of mass casualty incidents and then get them transported to the appropriate healthcare facilities as efficiently as possible.

- June 8-9 Danville Fire. Multiple deliveries over two days. Attended by members of Danville Fire, Danville Life Saving Crew, and North Halifax Fire Department.
- July 26-27 Norfolk Fire and EMS. Multiple deliveries over two days. Attended by members of the Hampton Roads Fire Training Academy (HRFTA) and included Norfolk Fire Rescue, Isle of Wight Emergency Services, Hampton Division of Fire Rescue, Portsmouth Fire Rescue and Emergency Services, Suffolk Department of Fire and Rescue, and Navy Region Fire Rescue.

● **Incident Communications Center Manager (INCM) Program**

On June 21-24, 2021, Sam Burnette successfully completed the FEMA All-Hazards Incident Communications Center Manager (INCM) Training Program. This program prepares communications personnel to establish and manage the staffing and technology needs of an Incident Command Center (ICC). An ICC is set up at large scale planned or emergent events to provide radio communications and interoperability between participating agencies and disciplines, as well as other needed technologies such as wi-fi or telephone service.

● **National Association of EMS Educator Level I**

On June 25-27, 2021, Sam Burnette successfully completed the National Association of EMS Educator Level I course. This course provides up-to-date guidance on the didactic and practical applications of the adult educational process and serves as an introduction to educational theory, brain-based learning, and evidence-based best practices for all levels of experience. Information

from the course will be used to update Division of Emergency Operations training programs.

- **FEMA Intermediate Emergency Operations Center**

On July 19-23, 2021, Sam Burnette successfully completed the FEMA K2300 Intermediate Emergency Operations Center training course. This course assists agencies develop or improve their existing Emergency Operation Center's operations and capabilities. OEMS routinely staffs the Virginia Emergency Operations Center (VEOC) during activations.

Communications /Emergency Medical
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- **FirstNet Webinar**

Sam Burnette attended a FirstNet webinar "FirstNet Central 101" on May 18, 2021. FirstNet Central 101 allows public safety agencies to have visibility and control over their FirstNet services, devices, users, tools, and resources. Users can monitor FirstNet's operational condition and network status in near-real time as well as set user access, priority levels, and push-to-talk groups and channels. OEMS is working to include FirstNet cellular service where applicable and available.

- **Department of Homeland Security (DHS) – Cybersecurity & Infrastructure Security Agency (CISA) Government Emergency Telephone System (GETS) Webinar**

On May 19, 2021, Sam Burnette attended a quarterly DHS CISA webinar on the GETS program. GETS supports state and local first responders by improving access to telephone landline access during emergency or crisis when the ability to communicate is most urgent. The quarterly webinar provided updated information on the GETS program. Sam Burnette serves as the CISA GETS point of contact for the Office of EMS.

- **Cellular / Radio Coverage Testing**

Sam Burnette arranged a week-long demonstration of a portable, hand-held cellular and radio coverage tester. He utilized the coverage tester to evaluate cellular service coverage in a variety of locations in the Richmond area. With the ever-increasing reliance on cellular coverage for the delivery of EMS services across the Commonwealth, OEMS is considering developing a program to assist localities to evaluate cellular and/or radio coverage in their service areas to identify areas of concern.

- **Integrated Justice Information Systems (IJIS) Emergency Communications and Response Summit**

Rich Troshak and Sam Burnette virtually attended an IJIS Summit on July 13, 2021. This event brought emergency communications practitioners to discuss the challenges, opportunities for advancement, and visions for the future of 9-1-1 Communications. Presenters included Deputy Secretary of Public Safety and Homeland Security Shawn Talmadge; Dave Mulholland,

Administrator for Arlington County Emergency Communications; Eddie Reyes, Director of Public Safety Communications for Prince William County and member of the Virginia 9-1-1 Services Board; and Dr. Dorothy Spears Dean, Deputy State Coordinator and 9-1-1 and Geospatial Services Bureau Chief with the Virginia Department of Emergency Management.

- **Telecommunicator CPR (TCPR)**

On April 10, 2020, Governor Northam signed HB727 into law which requires all Public Safety Answering Points (PSAP's) to implement TCPR by January 1, 2022. This requirement is located in the Code of Virginia § 56-484.16:1, and also requires OEMS to adopt standards for training and equipment required for the provision of TCPR by July 1, 2021.

- TCPR Training Standards

TCPR training programs shall ensure the delivery of high-quality cardiopulmonary resuscitation instruction for acute events requiring cardiopulmonary resuscitation by trained dispatchers. The Office of EMS created the following training standards for any TCPR class utilized to meet the requirements set forth by the Code of Virginia [§56.484.16:1](#).

PSAPs are required to maintain CPR certification for all dispatchers that include, at a minimum, the following elements:

- a. Adult CPR
- b. Child CPR
- c. Infant CPR
- d. AED utilization

PSAPs are also required to provide initial TCPR training for all dispatchers that teaches, at a minimum, the following objectives:

- a. Overview of Telecommunicator CPR
- b. Recognition protocols for Out-of-Hospital Cardiac Arrest (OHCA)
- c. Steps in performing a consciousness assessment
- d. Steps in performing a breathing assessment
- e. Recognition of ineffective or agonal breathing
- f. How to deliver effective cardiopulmonary resuscitation instructions for callers

PSAPs that implement and maintain EMD protocols and training by OEMS recognized emergency dispatch training organizations or emergency communications center agencies that meets or exceeds OEMS standards referenced in the previous paragraph will be considered to have met this training requirement.

OEMS has published these training standards on our website, which can be found at the following here: <https://www.vdh.virginia.gov/emergency-medical-services/telecommunicator-cpr-tcpr-implementation/>

- **Emergency Medical Dispatch**

The following localities met OEMS standards for EMD Reaccreditation: Botetourt, Culpeper, Dinwiddie, Gloucester, Mecklenburg, and Winchester. The Division of Emergency Operations will continue to support agencies to implement EMD standards and assist 9-1-1 Centers in achieving accreditation.

Planning

- **Old Dominion EMS Alliance Committees**

Sam Burnette participated in virtual meetings of the ODEMSA Mass Casualty Incident (MCI) Committee, and the Diversion Committee held on July 23, 2021. The purpose of the MCI Committee is the establishment of mass casualty incident guidelines, oversight, and emergency planning for EMS agencies and providers while the Diversion Committee works to improve the management of hospital diversions within the region.

- **Updated OEMS Coronavirus-19 Resource Page**

In an ongoing effort to keep Virginia's EMS community informed with the latest information about the pandemic, the OEMS has redesigned the COVID-19 resource page to make finding relevant information more accessible. The website includes information and updates from the divisions of Community Health and Technical Assistance, Accreditation, Certification & Education, and Regulation and Compliance. The page also contains general COVID-19 disease information and resources, including CDC guidance for EMS for response to COVID-19, signs and symptoms of COVID-19, FAQ about EMS workplaces and COVID-19 restrictions/precautions, COVID-19 pandemic operational guidance, the National Strategy for the COVID-19 Response and Pandemic Preparedness, vaccine information, mental health resources for first responders, guidance for Public Safety Answering Points (PSAP), printable educational materials, and more. Visit the website at bit.ly/COVID19OEMS.

- **Central Virginia Healthcare Coalition Meetings**

Karen Owens continues to attend the Central Virginia Healthcare Coalition monthly meetings. These meetings bring together members of the Central Virginia Healthcare systems to discuss opportunities and issues that arise within the region.

Health and Safety

- **Health and Safety Infographics**

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

- May 2021 – Make the Call
 - <https://www.vdh.virginia.gov/content/uploads/sites/23/2021/05/EMS-Flyer.pdf>
- June – Exposure Prevention
 - <https://www.vdh.virginia.gov/content/uploads/sites/23/2021/06/Exposure-Prevention.pdf>
- July – Hydration Appreciation
 - <https://www.vdh.virginia.gov/content/uploads/sites/23/2021/07/Hydration-Appreciation.pdf>

- **New Public Safety Exposure Control and Prevention Website**

Exposure to infectious diseases is a serious threat to first responders. At the request of the General Assembly of Virginia, a workgroup was established to improve the Commonwealth's response to exposure-prone incidents involving public safety personnel. As a result, the workgroup created the Public Safety Exposure Control and Prevention website to provide Virginia's first responders with a centralized location for unified information about exposure control and prevention plans, guidance, and resources. The website includes information and resources for exposure control and prevention, an Exposure Determination Tool to help public safety personnel determine if they were exposed to an infectious disease while on the job and next steps for proper treatment and notification, guidance for developing Exposure Control Plans, information on Designated Infection Control Officer training, and information about vaccines and recommendations. The website will be continuously updated with the latest evidence-based information and resources. Visit the website at bit.ly/PSExposureControlPrevention.

- **Health and Safety Webinars**

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

- *ESO & JEMS: Duty to Act - Maintaining Compassion and Safety for Difficult Patients*

Recent societal events have focused on misconduct by law enforcement and improper use of various restraint mechanisms. This webinar discussed the legal liability and the untoward medical effects of physical and chemical restraints. Legal and clinical experts discussed the challenging “dual role” of the EMS practitioner in ensuring both patient and bystander safety and at the same time remaining an ardent patient advocate when dealing with difficult patients or persons in custody.

- *IPSA: Strategic De-escalation for Public Safety Professionals*

First responders often have encounters with individuals who are in a state of conflict or crisis which can make tensions high and the possibility of escalation a very real threat if first responder does not respond in a strategic manner. This webinar addressed strategic communication (AKA de-escalation) from two critical foundations: (1) the critical

importance of making the necessary tactical decisions necessary to control and stabilize the incident and accurately assess the risk and exigency (2) correctly identifying the type of aggressor (primal or cognitive) one is confronted with as these different categories of aggression require vastly different communication styles to be effective.

- *IPSA: 9-1-1 - Sticking together in the critical hours*

Due to the vicarious trauma 9-1-1 personnel experience, they are susceptible to illnesses like Post Traumatic Stress Disorder. The priority is to help first responders maintain their mental well-being through peer support. This webinar discussed the trauma faced by 9-1-1 personnel, why a Peer Support Group (PSG) is necessary and receive guidance on how to build their own effective Peer Support Group.

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

Over the course of the previous quarter teams reported 4 activities, including education sessions, training classes, meetings, and debriefings (both group and one-on-one).

- **CISM – Peer Support Team Accreditation**

Karen Owens conducted meetings with multiple agencies during this quarter to discuss the requirements for Peer Support/CISM Team Accreditation. She provided guidance on requirements and resources.

Division of Public Information and Education

VI. Division of Public Information and Education

Public Relations

Beginning in January 2020, Public Relations staff, along with VDH/OEMS staff began assisting with COVID-19 pandemic response efforts. This emergency response effort is ongoing and is now occurring in tandem with events planned for 2021.

Public Outreach via Marketing Mediums

Via Virginia EMS Blog

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

Via Virginia EMS Listserv

- **5-17-21** - Emergency Medical Services Week in Virginia Recognizes EMS Providers' Dedication to Saving Lives (Press release)
- **5-18-21** - Emergency Medical Services Week 2021

Via Social Media Outlets

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

- **April** – National Public Safety Telecommunicators Week, heat-related illness prevention tips, ESO transition hardware grant, program rep job opening, COVID-19 Virginia volunteer vaccinator registry program and EMS Portal maintenance.
- **May** – 2021 Regional EMS Awards, National Hurricane Preparedness Week, Virginia EMS Portal maintenance, National Mental Health Awareness Month, EMS Week, patient care reporting system migration updates, Symposium sponsorship opportunities and holiday office closures.

- **June** – Hurricane season preparedness tips, Virginia Fallen Firefighters and EMS Memorial Service, public safety exposure control and prevention website, Virginia Statewide Traffic Incident Management Committee’s Traffic Incident Management Awards nomination and holiday office closures.

Customer Service Feedback Form (Ongoing)

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

Social Media and Website Statistics

As of July 29, 2021, the OEMS Facebook page had 8,412 likes, which is an increase of 30 new likes since April 28, 2021. As of July 29, 2021, the OEMS Twitter page had 5,307 followers, which is a decrease of 42 followers since April 28, 2021.

Figure 1: This graph shows the total organic reach* of users who saw content from the OEMS Facebook page, April - June. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post was posted on May 16, 2021. This post garnered 9,195 people reached and 331 engagements (including post likes, reactions, comments, shares and post clicks.)**

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

**Facebook Reach Activity
April 1 - June 30, 2021**

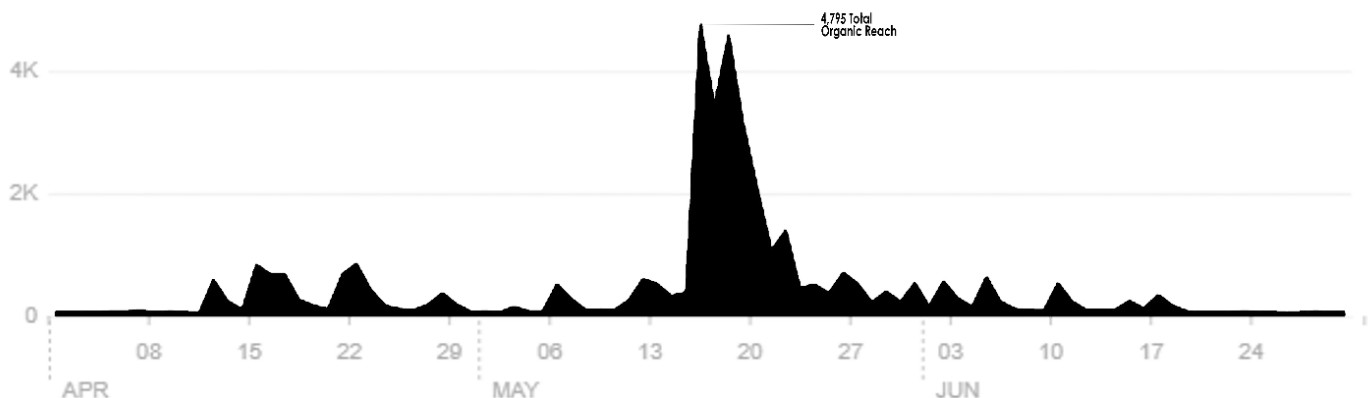


Figure 2: This graph shows the total organic impressions* over a 91-day period on the OEMS Twitter page, April - June. **During this 90 day period, we earned 333 impressions per day. The most popular tweet received 8,230 organic impressions.**

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

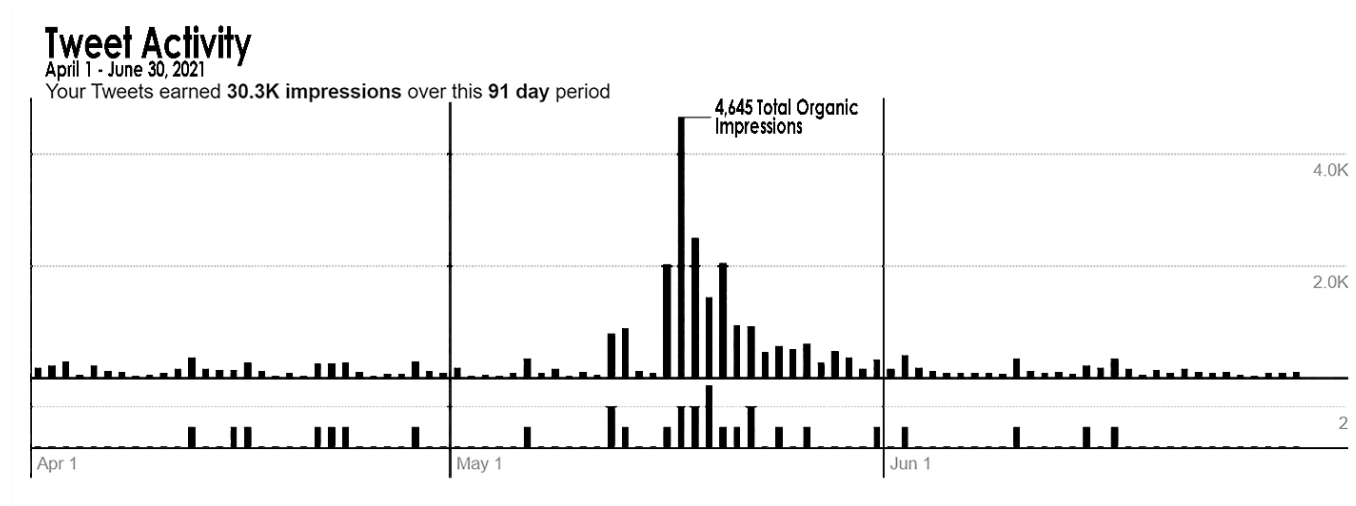


Figure 3: This table represents the top five most downloaded items on the OEMS website from April – June.

April	<ol style="list-style-type: none"> 1. Authorized Durable DNR Form and Instructions (346) 2. ESO Transition Hardware Special Initiative Grant Announcement (201) 3. TR-06 – Course Roster (198) 4. BLS & ALS Certification Levels (163) 5. Emergency Medical Technician Performance (EMT) (148)
May	<ol style="list-style-type: none"> 1. Authorized Durable DNR Form and Instructions (393) 2. BLS & ALS Certification Levels (180) 3. Training Program Administration Manual (TPAM) (180) 4. TR-06 – Course Roster (142) 5. Virginia EMS Scholarship Program Quick Guide (135)
June	<ol style="list-style-type: none"> 1. Authorized Durable DNR Form and Instructions (410) 2. Emergency Medical Technician Performance (EMT) (200) 3. TR-06 – Course Roster (187) 4. Virginia EMS Scholarship Program Quick Guide (155) 5. BLS & ALS Certification Levels (153)

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

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
April	6,838	00:23	29.4%
May	6,876	00:22	28.62%
June	6,940	00:21	27.73%

Google Analytics Terms:

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

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

A **bounce rate** is the percentage/number of visitors or single page web sessions. It is the number of visits in which a person leaves the website from the landing page without browsing any further. This data gives better insight into how visitors are interacting with a website. If the success of a site depends on users viewing more than one page, then a high bounce rate is undesirable. For example, if your homepage is the gateway to the rest of your site (e.g., news articles, additional information, etc.) and a high percentage of users are viewing only your homepage, then a high bounce rate is undesirable.

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

EMS Week

- PR Assistant EMS Week email to all EMS agencies.
- PR Coordinator prepared EMS Week shareables to coordinate with each day's theme. We got large organic reach on several social media posts, which included posts that reached 9.2k, 7.4k, 1.6k, 1.2k people.

Media Coverage

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

- **April 14** – Reporter from the Washington Post requested employment verification.

OEMS Communications

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

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

VDH Communications Office

VDH Communications Tasks – The PR Coordinator and PR Assistant are responsible for covering the following VDH Communications Office tasks:

- **April – June** – The PR Coordinator is responsible for working with the Communications Office to assist with coverage for media alerts, VDH in the News, weekly Commissioner’s message, media assistance, team editor, VDH social media, Shutterstock agency-wide image requests and other duties upon request.
- The PR Assistant is responsible for sending VDH media alerts, updating the VDH new employees’ photos for the VDH intranet, replying to website feedback via the VDH website, coordinating and sending the Commissioner’s clinician letters. The following Clinician Letters were sent from April - June:
 - COVID-19 Update for Virginia – April 7
 - Candida auris Cases in Virginia – May 7
 - COVID-19 Update for Virginia – May 14
 - COVID-19 Update for Virginia – June 30

Ongoing COVID communications duties:

- The PR Coordinator leads the VDH COVID communications weekly team meetings, coordinates daily VDH COVID communications update email, assists with sending statewide press releases and posting on the VDH website, serve as primary for VDH social media posts, submits RAPs, assists marketing contractors with access to VDH social media advertising sites, upload videos to VDH YouTube page, etc.
- The PR Assistant has logs media inquiries into the VDH Media Alert Generator, monitors the VDH web feedback submissions, assists with posting and sharing OEMS COVID-19 information and updates and sends statewide press releases and posts them on the VDH website. The PR Assistant also serves as secondary backup for VDH social media, listserv emails and assisting with website feedback.
 - PR Assistant helped with the transition and training of VDH staff members for NextRequest, VDH’s new FOIA tracking application.
- **VDH Communications Conference Calls (Ongoing)** - The PR Coordinator participates in weekly conference calls and polycoms for the VDH Communications team.
 - PR Coordinator and PR Assistant participate in bi-monthly Agencywide Communications Workgroup.

Regulation and Compliance Division



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

VII. Regulation and Compliance Enforcement

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

- Licensure & Permitting
 - EMS Agencies and vehicles
- Regulatory Compliance Enforcement of:
 - EMS Agencies
 - EMS Vehicles
 - EMS Personnel
 - EMS Physicians
 - RSAF Grant Verification
 - Regional EMS Councils
 - Virginia EMS Education
 - Complaint/Compliance Investigations
 - Drug Diversion Investigations
 - LCR Database Portal Management
- EMS Physician (Operational Medical Director) Endorsements
- Background Investigation Unit
 - Determine eligibility for EMS certification and/or affiliation in Virginia
- EMS Regulation Variance/Exemption application determination
- EMS Psychomotor Examination Accommodation Request determinations
- Creation and/or Revision of EMS Regulation(s)
 - Utilizing the Virginia Division of Legislative Services, Regulatory Information System, and Department of Planning and Budget as required
- Provide Virginia General Assembly legislative session representation for OEMS
 - Provide written and verbal consultation regarding proposed legislation being debated or considered, that involves or impacts the delivery of EMS in the Commonwealth of Virginia
- Virginia EMS Regulation & Compliance Enforcement Educational Resource
 - Educational programs provided on request and during most EMS conferences throughout the Commonwealth of Virginia
- Provide support to all Committees of and for the State EMS Advisory Board

- Provide EMS regulatory and compliance consultation services for EMS agencies and localities within the Commonwealth of Virginia
- Represent the Virginia Office of EMS, Regulation & Compliance Enforcement Division on national boards and/or committees

The following is a summary of the Division's activities for the second quarter, 2021:

EMS Agency/Provider Compliance Enforcement Activity

Enforcement	2021 1st Quarter	2021 2nd Quarter	2021 3rd Quarter	2021 4th Quarter	2021 Totals	2020 Totals	2019 Totals
Citations	5	6			11	29	33
EMS Agency	1	1			2	10	13
EMS Provider	4	5			9	19	20
Verbal Warning	2	3			5	7	8
EMS Agency	0	1			1	1	4
EMS Provider	2	2			4	6	4
Correction Order	1	2			3	6	5
EMS Agency	0	1			1	0	1
EMS Provider	1	1			2	6	4
Suspension	11	5			16	34	24
EMS Agency	1	1			2	0	0
EMS Provider	10	4			14	34	24
Revocation	4	2			6	0	2
EMS Agency	0	0			0	0	0
EMS Provider	4	2			6	2	0
Compliance Cases							
Investigations Opened	39	52			91	180	203
Investigations Closed	35	43			78	168	199
Drug Diversions	1	4			5	10	6
Variances	47	21				87	110
Approved	30	8				49	56
Denied	17	11				38	54
RSAF Grant Verifications	71	30			101	258	281

- Quarterly IFFC = Informal Fact Finding Conferences (APA) appeal hearing update
- Currently the Regulation & Compliance Enforcement Division has 2 IFFC hearings scheduled for the 3rd quarter. Hearings are held at the Office of EMS in Glen Allen, VA.
- There were 0 Administrative Processes Act - Informal Fact Finding Conferences (hearings) requested or held during this quarter.
- Both Cam Crittenden, R.N., and Ron Passmore, NRP, have completed courses at the National Judicial College on a tract to obtain non-attorney, Administrative Law Judge (hearing officer) credentials and will begin hearing IFFC's for the Office of EMS. Ms. Crittenden will be the sole hearing officer for all Regulation & Compliance Enforcement Division cases.

Quarterly EMS Agency & Vehicle Licensure Activity
--

Licensure	2021 1st Quarter	2021 2nd Quarter	2021 3rd Quarter	2021 4th Quarter	2020 Total	2019 Total
Total Agencies	569	569			573	587
New Agency	2	2			10	7
New Vehicles	45	98			232	239
Inspections	863	1049			3082	2819
Agencies Inspected	90	106			250	330
Vehicles Inspected	630	805			2683	2153
Unscheduled "Spot" Inspections	96	38			149	336

Background Investigation Unit

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

Background Checks	2021 1st Quarter	2021 2nd Quarter	2021 3rd Quarter	2021 4th Quarter	2020 Total	2019 Total
OEMS Processed	2,566	2,516			6,410	7,613
Eligible	2,429	2,368			6,310	6,973
Non-Eligible	8	8			54	47
Review Criminal history	340	281			430	Not Available
Outstanding Waiting for results	86	56			Not Cumulative	Not Cumulative
Rejected Fingerprint cards	14	5			56	391
Jurisdictional Ordinance Processed	129	140			1,119	2,432

EMS Physician Endorsement

Operational Medical Directors	2021 1st Quarter	2021 2nd Quarter	2021 3rd Quarter	2021 4th Quarter	2020 Total	2019 Total
Endorsed	227	227			208	220
New OMD's	2	5			18	>3
Re-Endorsed (5yr)	14	10			20	41
Conditional (1yr)	3	0			14	23
Expired Endorsement	1	5			8	19

- The 2021 OMD workshop schedule continued this quarter and was held virtually on April 09, and May 14, 2021. This concluded the virtually held OMD workshop schedule for 2021.
- The OMD Workshop schedule for 2022 will start at the 2021 EMS Symposium in Norfolk on November 4th. The OMD workshops will return to in-person classes and the 2022 workshop schedule will again be held at different locations across the Commonwealth.

- Please register by clicking on the link under EMS Medical Director Course Info on the EMS Medical Director subtab under the Regulation & Compliance Enforcement Division section, of the OEMS website.
- Dr. Lindbeck is currently updating the on-line OMD training program that is utilized as a pre-requisite for new physicians interested in becoming an endorsed EMS Physician in Virginia.
- One Portal login for all OMD roles is finally here! All EMS Physician OEMS processes are paperless and in real time, online now! Apply for initial and re-endorsement, approve EMS courses, variances, agency affiliations, RSAF grant requests, symposium submissions, and print your own state card via your online OEMS portal account.
- Tutorial videos are available on the EMS Medical Directors subtab under Regulation & Compliance Enforcement Division section of the OEMS website.

Regulatory Process Update

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

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

- Stage 2 - Submission of the completed TH-02 document for project 5100 (Chapter 32) will be presented to the VDH – Board of Health once final edits are complete and approved for this submission by the State EMS Advisory Board; this will initiate the Executive Branch Review process which requires the Office of Attorney General, Department of Planning and Budget including an Economic Impact Analysis, Cabinet Secretary, and Governor of Virginia to review; then posted for a 60 day public comment period on the Virginia Regulatory Town Hall **(Target Goal for this phase is February 2022 Advisory Board meeting)*
- Following the 60 day comment period, all comments will be considered (adopted) and final regulatory language will be revised
- Stage 3 – Submission of the completed (TH-03) document for project 5100 as the final regulatory package via the Town Hall to again receive a repeat Executive Branch review and final public comment period before adoption into law.

Additional Regulation & Compliance Enforcement Division Work Activity

- ❖ The Regulation and Compliance Enforcement Division bi-monthly staff meeting(s) were held on April 20th thru 23rd at the Rappahannock Regional EMS Council Office and June 1st thru 4th at the Office of EMS in Glen Allen.
- ❖ Division Task Team(s) met at the on April 20th and June 1st to work on Regulation & Compliance Enforcement Division specific work projects and templates.
- ❖ Division Leadership Team (Division Director & Field Supervisors) met April 20th, June 1st, to review, plan, and monitor the 2021 Division deliverable goals.
- ❖ Interviews were conducted on June 22nd & 23rd to hire a Program Representative for the Tidewater jurisdiction following the May 31, 2021 retirement of Investigator Wayne Berry.
 - Employment offer has been extended to the top candidate and final verifications (references/background) are currently being finalized as of the time of this report.
- ❖ Division Director, Ron Passmore now serving on the Executive Committee of the Virginia POST Collaborative Board representing the Office of EMS.
- ❖ Resumed monthly meetings at OEMS for Division Directors with Assistant Attorney General Krista Samuels Esq. who represents the Office of EMS.
- ❖ Meeting with OIM on development of EMS portal upgrade for non-certified affiliated members of EMS agencies and management of eligibility determinations via the portal.

- ❖ DEA/BOP/OEMS Task Force continued meeting schedule to work collaboratively in developing manageable pathway for EMS agencies to comply with BOP regulations and upcoming new DEA rules once they are posted. More on this to come in the future.
- ❖ Met with Medivac Committee on June 29th to review Chapter 32 edits regarding air medical services.
- ❖ Regulation & Compliance Enforcement Division website updates:
 - Division Section of OEMS website has been updated and reorganized as follows:
 - Regulation & Compliance Enforcement Division Home page
 - Quick links for most common forms
 - There are 10 division subtabs as follows:
 - Agency Licensure
 - Regulation
 - Guidance Documents
 - *NEW Vehicle Lettering Guidance Document*
 - Criminal History Record
 - Fingerprint Submission
 - EMS Interstate Compact (REPLICA)
 - Data Compliance Report
 - Durable Do Not Resuscitate (DDNR)
 - EMS Medical Directors
 - Sample Policies and Agreements
- ❖ Governor declared (Covid 19) State of Emergency expired on June 30, 2021.
 - - *The Section 1 Bill that allowed EMT's to administer COVID vaccine expired June 30, 2021*
 - *EMT's no longer have a Scope of Practice allowing for administration of any vaccine.*

Regulation and Compliance Enforcement Division Structure Profile

Ronald D. Passmore, NRP, TS-C

Division Director, Regulation and Compliance Enforcement

Phone: (804) 888-9131

Fax: (804) 371-3108

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

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

Marybeth Mizell

Senior Administrative Assistant,

Physician Endorsement & Background Investigation Unit

Phone: (804) 888-9130

Fax: (804) 371-3108

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

Kathryn “Katie” Hodges

Administrative Assistant,

Background Investigations

Phone: (804) 888-9133

Fax: (804) 371-3409

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

OEMS Program Representatives (Field Investigators)

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

Sr. Supervisor, Jimmy Burch, NRP (Jimmy.Burch@vdh.virginia.gov) *Virginia-East/Coastal*

Steve McNeer, EMT-I (Stephen.McNeer@vdh.virginia.gov) – *Central*
Doug Layton, EMT-P (Douglas.Layton@vdh.virginia.gov) – *Shenandoah*

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

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

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

Regional EMS Councils

Central Shenandoah EMS Council

Blue Ridge EMS Council

Rappahannock EMS Council

Hybrid State/Regional Offices



Submitted by: Daniel Linkins, CSEMS Regional Director
Virginia Office of EMS

Laurie Cook, AHA TC Coordinator & Accounting Manager
Central Shenandoah EMS Council

Larry Bird, CSEMS Technical Resource Specialist
Virginia Office of EMS

Amanda Loreti, CSEMS Performance Improvement Specialist
Virginia Office of EMS

Regional Medical Protocols

New regional medical protocols were approved on [January 26, 2021](#). Regional protocol training on Coursesites has been ongoing this past quarter. Agency Training Officers and Medical Directors are responsible for releasing new providers when they have completed the training and meet any further agency requirements, such as skills verification, etc. The current Learning Management System utilized for the online training is Blackboard Coursesites, which has an end of life of 8.31.2021, but is no longer able to enroll new students as of July 1, 2021. This system was chosen because it would seamlessly export to the new Blackboard LMS purchased by the Office of EMS through CSEMS in July 2020. Delays in the implementation of this system have created challenges for agencies seeking to release new providers. Regional staff are currently working to migrate the training to Google Classroom through the Virginia EMS Councils, which will provide more automated flow and is already available through the [g.vaems.org](#) domain. The table of contents with hyperlinks to all protocols is in [Appendix A](#) of the [CSEMS Quarterly Report](#).

Regional Ambulance Restocking Program

The Central Shenandoah Regional Ambulance Restocking Program remains unchanged pending the delivery of the UCAPIT System for the local hospitals: Augusta Health, Bath Community Hospital, Carilion Rockbridge Community Hospital, and SENTARA Rockingham Community Hospital. The Regional Ambulance Restocking Program is included in [Appendix B](#) of the

[CSEMS Quarterly Report](#).

Regional Medication Exchange Program

The Regional Medication Exchange Program remains the same and will be updated when the Board of Pharmacy and the DEA have handed down the ruling for the Regional Exchange Program. The Regional Medication Exchange Program is included in [Appendix C](#) of the [CSEMS Quarterly Report](#). Due to the manufacturer's discontinuation of the current CT box, work is in progress to convert to a single drug box with an alternate means of supply exchange. Traditionally, most supplies were included in the two medication boxes.

Hospital Diversion Plan

The Central Shenandoah EMS Council Hospital Diversion plan has been reviewed by all the hospitals: Augusta Health, Bath Community Hospital, Carilion Rockbridge Community Hospital, and SENTARA Rockingham Community Hospital. The plan was also reviewed by the Northwest Healthcare Coalition. The plan is pending acceptance from the CSEMS Board of Directors that will take place at the July BOD meeting. The Hospital Diversion Plan is included in [Appendix D](#) of the [CSEMS Quarterly Report](#). Given the geographical locations of the region's hospitals, diversion is rare, as there are no reasonable alternatives within 30 minutes of a given facility. No significant changes were made to the plan.

CISM Semi-Annual Report

The Central Shenandoah EMS Council has an active CISM team available 24 hours 365 days per year. With the increase in agency Peer Support teams, CSEMS has continued to support agencies when requested, and recently there has been an increase in the number of activations. There have been five activations in 2021 so far. Lennie Echterling has retired and CSEMS is looking for a new Clinical Coordinator. CSEMS is also exploring rebranding the team so as to distinguish some of the stigma surrounding CISM, and to embrace a more comprehensive approach to provider care. The semi-annual CISM Activity Report is in [Appendix E](#) of the [CSEMS Quarterly Report](#), and Meeting minutes are included in [Appendix F](#) of the [CSEMS Quarterly Report](#).

Quarterly Meeting Agendas and Minutes

- [CISM Meeting - 04.13.2021](#)
- [Board of Directors Meeting - 4.27.2021](#)
- [Pharmacy Committee Meeting - 4.29.2021](#)
- [Medical Control Review Committee Meeting - 6.17.2021](#)

Position Vacancies

At the end of FY2021, only one position remains to complete the transition as a Hybrid Regional EMS Office. The Administrative Coordinator position is a full-time state position, which will provide oversight for daily transactions, customer service and administrative support. As of the end of June, 2021, this position is still pending approval and classification from the Virginia Department of Health's Office of Human Resources. This position will replace the last remaining full-time position, currently the AHA Training Center Coordinator and Accounting Manager, employed by the Central Shenandoah EMS Council. The proposed job description for this position is included in [Appendix G](#) of the [CSEMS Quarterly Report](#).

Quarterly Financial Reports

Financial Statements for the 4th Quarter Profit and Loss Statement for CSEMS are included in [Appendix H](#) of the [CSEMS Quarterly Report](#). CSEMS has continued to maintain a positive cash flow. Additional AHA Courses/events will be added to the calendar and to the [CSEMS Facebook](#) page. Despite the increased expenses of conducting education with COVID-19 mitigation strategies CSEMS has finished the quarter strong with a positive balance.

AHA Training Center

The AHA Training Center has continued to offer classes with reduced capacity, social distancing, enhanced disinfecting, and 1:1 student-to-manikin ratios due to COVID-19. Off-site classes were limited to familiar sites, where COVID-19 precautions exceeding minimum CDC guidelines could be exercised. FY21 Fourth Quarter showed an increase in classes and participants by 1,285 certifications over this quarter last year. A detailed AHA Training Center Activity Report is included in [Appendix I](#) of the [CSEMS Quarterly Report](#).

Regional Instructor Network

The CSEMS Instructor Network meeting was held in December 2020 with minimal attendance. Since there is no requirement for educators to attend or participate in the regional network, the small group of four (including two CSEMS staff and one CSEMS board member) discussed ways to increase interest and participation. These minutes were included in the [2nd quarter report](#).

Additional Regional Activities

- EMS Week
 - May 16, 2021 - May 22, 2021 was National EMS Week. The Council celebrated EMS providers by hosting several ice cream socials during the week at various locations throughout the region and giving away door prizes every day that were donated from businesses throughout the region. EMS Council Staff were able to generate \$3,095.99 in donations to give away to EMS providers. [AirCare PHI](#) donated two ride along flights to providers. [Sooner BBQ](#) in Stuarts Draft provided 15% off meals all week for EMS providers. [Greenberry's Coffee](#) in Harrisonburg has a standing 10% off for EMS providers that was advertised during EMS week. A complete list of EMS week donors is included in [Appendix J](#) of the [CSEMS Quarterly Report](#). On May 17th ice cream was delivered to agencies in Bath County. On May 18th ice cream was delivered to Highland County agencies. On May 20th an ice cream social was held at Rockingham [Hose Co 4](#) across from [Sentara Rockingham Memorial Hospital](#), at [Carilion Rockbridge Community Hospital](#) and at the CSEMS Council Office. On May 21st ice cream socials were held at [Rockbridge Community Hospital](#) and [Augusta Health](#). CSEMS created an EMS week T-shirt. Shenandoah Awards and Apparel made the EMS week T-shirts and donated several to give away during EMS week.
 - Mobile Vaccine Provider Program

On 5/28/2021, CSEMS and the [Central Shenandoah Health District \(CSHD\)](#) jointly launched the region's Mobile Vaccine Provider (MVP) Program. This program engages EMS providers to advocate for and educate about vaccines. Additionally, the program provides a referral opportunity for at-home vaccination for patients with cognitive, physical or transportation barriers that prevent attending traditional vaccine sites. CSEMS and CSHD will jointly work with partnering EMS providers to deliver vaccines to qualified patients at home. More information can be found online at <https://www.csems.org/covid-19-information/>.
- Professional Development Activities
 - Daniel Linkins completed the following:
 - VDH - Workplace Safety and Awareness - 4.20.2021
 - ESO Administrator Module 1 - 5.4.2021

- ESO Administrator Module 2 - 5.4.2021
- Fusion Liaison Officer Training with the Virginia State Police - 5.26.2021
- ESO Reporting - Analytics Module - 6.13.2021
- ESO Quality Management - 6.15.2021
- ESO EHR - 6.17.2021
- ESO Clinical Administrator - 6.22.2021
- One-Virginia “The Road to Cultural Competency - 6.17.2021
- Amanda Loreti completed the following:
 - Regional ESO Implementation Training - 4.05.21
 - ESO Administrator Module 1 - 4.20.2021
 - ESO Administrator Module 2 - 4.21.2021
 - ICISF Conference on 5.25.21 - 5.27.21
 - One-Virginia “The Road to Cultural Competency - 6.29.2021
- Larry Bird completed the following:
 - VDH-Cyber Security Awareness/HIPAA-6.21.2021
 - DHRM-The Road to Cultural Competence-6.22.2021
 - Terrorism Security Awareness Orientation-6.22.2021
 - VDH-Active Shooter Employee Training-6.21.2021
 - Commonwealth of Virginia Terrorism Awareness Training-6.22.2021
 - Terrorism Security Awareness Orientation-6.22.2021
 - Preventing Workplace Violence-6.22.2021
 - EDR-Workplace Dispute Resolution-6.22.2021
 - VDH-Virginia Freedom of Information Act-6.22.2021
 - DHRM-Alcohol and Other Drugs Policy-6.22.2021
 -
- [The Vine Newsletter](#)

CSEMS regional staff are developing a newsletter to be posted after each Board of Directors meeting in an effort to keep the region and field providers informed on current happenings. Printed editions will be available to agencies and hospitals and interactive electronic versions emailed to providers and agency leadership.

- Regional Coordination Meetings

CSEMS regional staff participate in a variety of meetings at the agency, regional and state levels, in order to facilitate information sharing, coordinate resources, and support regional EMS operations. Below is a list of formal meetings in which CSEMS staff participated.

- **Agency Meetings**
 - Augusta County LEPC - 4.14.2021
 - Rockingham Memorial Hospital EMS Taskforce - 4.15.2021
 - Rockbridge Volunteer Emergency Officers Association - 4.20.2021, 5.18.2021, 6.15.2021

- Augusta County Emergency Officer's Association - 4.27.2021, 6.22.2021
- Harrisonburg/Rockingham Emergency Management Taskforce - 5.13.2021
- Augusta County EMSS Drill - 6.24.2021
- **Regional Meetings**
 - CSEMS Airway, Cardiac Care and Resuscitation Workgroup - 4.6.2021
 - CSEMS Provider Safety and Wellness Workgroup - 4.9.2021
 - CSEMS Stroke Workgroup - 4.9.2021
 - CSEMS CISM Team Meeting - 4.13.2021
 - CSEMS Sepsis Workgroup - 4.14.2021
 - CSEMS RSAF Review Committee - 4.16.2021
 - CSEMS Project Meeting - Medical Supply Restocking with OEMS - 4.19.2021
 - CSEMS Board of Directors Meeting - 4.27.2021
 - CSEMS/CHSD Mobile Vaccine Program Meeting - 4.29.2021, 5.3.2021
 - CSEMS Regional Pharmacy Meeting - 4.29.2021
 - NWHCC Burn Surge Annex Tabletop - 5.5.2021
 - CSEMS MCI/WMD/EID Workgroup - 5.11.2021, 5.26.2021
 - NWHCC Regional Healthcare Meeting 5.13.2021
 - CSEMS Protocol Workgroup - 5.27.2021
 - CSEMS Regional Award Selection Committee - 6.8.2021
 - CSEMS Medical Control Review Committee - 6.17.2021
 - CSEMS Hospital Diversion Planning Workgroup 6.22.2021
 - First Responder Care Meeting - 6.28.2021
- **State Meetings Attended**
 - State Training and Certification Committee - 4.7.2021
 - State Medical Direction Committee - 4.8.2021
 - State Medevac Committee - 5.6.2021
 - State Workforce Development Committee - 5.6.2021

- EMS Trauma Administrative and Governance Committee Meeting - 5.6.2021
 - Financial Assistance Review Committee - 5.6.2021
 - State EMS Advisory Committee - 5.7.2021
 - Monthly Medical Director COVID Meeting - 5.12.2021, 6.10.2021
 - Regional Directors Group - Contract Committee - 6.9.2021
 - VDH Unite Us Presentation - 6.21.2021
 - Recurring Bi-weekly Regional Council Director Group on Wednesdays
 - Recurring Bi-weekly VDH Partner Calls
 - Recurring Bi-weekly CSHD COVID-19 Community Clinics Meetings
 - Recurring Bi-weekly OEMS Briefings for Regional Councils
- **Technical Support Activities**
- Millboro Rescue Squad - 4.15.2021
 - Burnsville Rescue Squad - 6.2.2021
 - CSEMS Headquarters (EMS Student Help) - 6.16.2021



Blue Ridge EMS (BREMS) Regional Office

Participation in Local, Regional and State EMS Activities

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

The following activities were attended by BREMS leadership:

- A. Numerous local and regional virtual conference calls during the 4th quarter FY 2021:
 - BREMS Regional EMS Regional Director's meetings and conference calls during the quarter:
 - BREMS Regional Awards Banquet was held in person on June 17, 2021.
 - Virginia Heart Attack Coalition (VHAC)
 - Central Virginia Vaccination Task Force (COVID-19)
 - Medical Direction
 - Staff Meetings
 - RSAF Grant Reviews
 - Continuous Quality and Performance Improvement (CQI)
 - Accelerated Paramedic Program (APP)
 - BREMS Board of Directors meetings and additional subcommittee meetings on strategic planning

□ Hospital System (Centra) and BREMS meetings and conference calls during the quarter:

- Centra A-Fib Meeting
- Chest Pain Council Meeting
- Virginia Heart Attack Coalition
- Stroke Committee
- Trauma Committee
- Pharmacy Committee

B. State Virtual conference calls during the 4th quarter:

- OEMS Division Manager Meeting
- OEMS & Regional EMS Council Update conference calls
- Regional EMS Council Director conference calls
- Regional Director Information Sharing conference calls (between the state hybrid offices).

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

A. To fulfill regional responsibilities of the BREMS Council, the following meetings were conducted in the 4th quarter of FY 21:

- Board of Director's meeting- June 8, 2021, Executive Committee meeting on June 17, 2021, and Grant Review was April 13, 2021.
- Multiple meetings between BREMS staff and Regional Medical Director on protocol review for CQI benchmarks and the Advanced Paramedic Program (APP). These meetings included communication on strategic planning for CQI and training for the BREMS region.

B. BREMS/OEMS State Regional Office Transition Update:

- BREMS Board of Directors, in discussions with, the BREMS staff, and OEMS reviewed and approved the new Request for Proposal (RFP) for office space in Lynchburg. The RFP was posted June 21, 2021.
- During the 4th quarter, recruitment information for the BREMS Executive Secretary and Education Coordinator have taken place.

- OEMS and BREMS staff have been working collaboratively on the following:
 - Vehicles and their maintenance.
 - BREMS Strategic Planning
 - BREMS Office RFP and BREMS employment positions
- Ann Wilson, Administrative Assistant, staffs the front desk and takes care of all daily office logistics for BREMS. She continues to manage all equipment check outs, financial records for the BREMS Council, payroll, and is the primary point of contact for office supplies, Council equipment inventory, equipment rental scheduling, Council purchasing, and vendor relations.
- Jennifer Kersey, BREMS Performance Improvement Specialist communicates, in conjunction with the Regional Director, with EMS agencies, hospital administration, EMS regional leadership, EMS providers, and other regional stakeholders. The Performance Improvement Specialist updates the website information, manages customer relations, and CTS testing. The Performance Improvement Program (CQI- Continuous Quality Improvement) is the largest portion of the Performance Improvement Specialist's job. She works with the Regional OMDs and the CQI Committee on protocol development, PI policies, and benchmarks.
- Sean Regan, Part Time Training Coordinator for BREMS, works with the Advanced Paramedic Program, Handtevy Program, Regional Heartcode Recertification Program, and all educational trainings offered in the BREMS region.
- Mary Kathryn Allen, Regional Director, manages office operations, coordinates with OEMS leadership, handles interactions with other regional EMS councils, coordinates all regional drug box developments/issues and paperwork, and provides program support for all committee meetings. Mary Kathryn also works directly with EMS regional leadership, hospital leadership, and other regional stakeholders.

- Dr. Wendy Wilcoxson, Regional Operational Medical Director, coordinates and continues to work with Centra Health, Central Virginia Health District, and the EMS leadership on a regional vaccination plan, antigen testing, PCR testing, and PPE distributions and staffing issues. She is providing weekly COVID updates to all, protocol and CQI weekly review, and attends many conference calls across the region in support of EMS.
- Currently during the 4th quarter, our efforts have been largely spent on providing vaccinations in the BREMS region. We have coordinated our efforts through the Central Virginia Vaccination Task Force, to ensure the vaccine was available in each locality.

C. Professional Development

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

Education & Projects

- A. BREMS coordinates regional education training and is a resource for other EMS programs and educators in the region. This quarter, much like 2020, has presented some challenges because of COVID-19 for education in the BREMS region.
 - BREMS continues to work and develop the APP program after the past year of limited education during the pandemic. Currently, we are working on reviewing and revamping the APP CQI program.
 - BREMS has participated and coordinated in local and regional Virginia Heart Attack Coalition (VHAC) to review STEMI care and standards and achievements.
 - BREMS is coordinating EMS Stroke Education with Centra Health.

- Under the direction of Dr. Wendy Wilcoxson, BREMS is working on the following education/training projects:
 - ✓ Ultrasound- currently working on protocols for the implementation of Point-of-Care Ultrasound (POCUS) in cardiac arrest patients and lung trauma patients.
 - ✓ Handtevy- the app and handbooks are complete. All EMS agencies have been contacted to set up teaching dates for their agencies.
 - ✓ BREMS has reached out to the local health department in regards to the vaccination plan from VDH for this region after the vaccination PODs are finished. We are also starting discussions with VDH and the surrounding school districts for child vaccination, if the vaccine is released later this year for the younger age groups.
 - ✓ BREMS is working with Lynchburg Fire Department (LFD) on a project for BiPaP. On track to begin trainer education in January, and provider rollout in February 2022.
 - ✓ BREMS has begun a new Regional CQI program based on protocol-driven benchmarks and related data points.
 - ✓ Still continuing to work on the Monday.com platform.

COVID-19 Operations

A. Operation Change Dates due to COVID-19:

- BREMS continue to participate in ongoing discussions with regional partners including Centra Health, local public safety agencies and the Central Virginia Health District Department of Health regarding COVID19, including topics such as PPE availability, patient volumes, vaccination planning and distribution, and provider safety and infection rates.
- Working with local Health District to support vaccination efforts.
- BREMS worked with Centra to provide COVID positive patient information to EMS agencies. This has allowed EMS to be notified sooner of positive patients to help identify needs in agency employee/provider health guidance and exposure mitigation during COVID.

- BREMS continues to work with EMS agencies, the hospitals, and the local health department in regards to COVID positive patient notifications, and PPE distribution.
- We are continuing with ongoing COVID support to region.
- Staffing across the region is at critical levels for every agency/locality. Many EMS agencies were short staffed before COVID and with illness now, we are having to put trucks out of service every day. Future issues we are trying to address include everything from vaccinations and faster testing short term, to a faster pipeline for education and new recruitment sites long term.
- BREMS continues to work the local health departments and EMS agencies on an ongoing needs assessment with COVID in the region.
- PPE distributions continue from the BREMS office to the localities. Some EMS agencies are experiencing PPE backorders.

B. BREMS Office

- BREMS office is currently open during regular office hours. The Administrative Assistant is staffing the office daily at this time.
- Other BREMS staff are coordinating day to day operations utilizing a schedule of teleworking.

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

D. BREMS participates in the OEMS/Regional EMS Council conference calls.

- Most of the regional EMS council meetings/quarterly meetings were held via conference calls. The Board of Directors are currently meeting in person and given the option for virtual participation.



Rappahannock EMS (REMS) Regional Office

I. Participation in Regional Activities

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

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

- 04/01/2021 Loaner equipment for EMS agency
- 04/20/2021 RCC EMS Advisory Committee meeting
- 04/21/2021 VDH OEMS Program Rep Three Day Meeting
- 04/26/2021 Germanna Community College – FISDAP integration
- 05/12/2021 PHI Air Medical Training Center Use
- 05/13/2021 Council of Executives Meeting
- 05/20/2021 VDH OEMS Program Rep Meeting with Agency
- 06/01/2021 PHI Air Medical Training Center Use
- 06/02/2021 Hospital Staff Training Center Use: Emergency Nursing Pediatric Course (ENPC)
- 06/03/2021 Hospital Staff Training Center Use: ENPC
- 06/08/2021 Encompass Health meeting
- 06/08/2021 Capital Caring meeting
- 06/22/2021 MWHC AHA Training Center Use: ACLS-I
- 06/30/2021 RUW meeting

- B. The REMS is integrated with the Northern Virginia Healthcare Coalition (NVHCC) as well as the Northwest Regional Healthcare Coalition (NWRHC) and attended several meetings during this reporting period.
- 04/08/2021 NW Regional Healthcare Burn Surge Tabletop
 - 04/28/2021 Regional Director's Group Meeting
 - 05/13/2021 NW Regional Healthcare Coalition Meeting
 - 06/09/2021 Northern Virginia ReTSCo Meeting
- C. The REMS Council also participated in conference calls with agency leadership and management related to COVID-19 operations; REMS provides updates and information from other meetings to ensure timely and accurate distribution of information to the end-user agency-level operations.

II. Regional Council Meetings and EMS Operations

- A. The REMS Council has held weekly or bi-weekly staff meetings since the declaration of the pandemic and the activation of the COOP in order to ensure understanding of changing procedures and to promote prompt sharing of staff projects and needs.
- B. In addition, in order to fulfill contract and regional EMS Plan responsibilities of the REMS Council, the following meetings were conducted in this reporting period:
- 04/01/2021 Regional DEA and Pharmacy Workgroup Meeting
 - 04/02/2021 Regional Personnel Committee Meeting
 - 04/14/2021 Stafford County – Chief B. Frankel orientation
 - 04/14/2021 Regional Personnel Committee Meeting
 - 04/15/2021 Regional Grant Committee Meeting
 - 05/05/2021 Stafford County Regional Award Presentation
 - 05/13/2021 Regional Performance Improvement Committee Meeting
 - 05/20/2021 Regional Incident and Threat Mitigation Committee Mtg
 - 05/26/2021 Strategic Planning Committee Meeting
 - 06/02/2021 Regional Heart and Stroke Committee Meeting
 - 06/08/2021 Regional Guidelines and Training Committee Meeting
 - 06/09/2021 Regional Performance Improvement SCI Meeting
 - 06/30/2021 Regional ALS Release Sub-Committee Meeting
- The REMS/OEMS staff remains available to respond to requests for PPE from area EMS providers and has small amounts of items from the SNS and OEMS PPE deliveries.
 - Updates were provided through the regional EMS council portal access to keep current the database of instructors.

- Technical assistance for grant funding was provided to King George County and they were successful in accessing funding for the pilot program for whole blood administration in the field. The pilot program was previously approved by the BOD in February and the council staff is assisting with the equipment purchases and other infrastructure for the program.
- The REMS/OEMS staff fielded multiple requests for technical support to City of Fredericksburg, King George County, and Orange County, for assistance with their ALS release process, CEU processing, instructor resources, affiliation troubleshooting, and EMS recertification; technical support was provided.
- The REMS Council is tasked with reviewing and processing the release documentation for ALS providers seeking to practice in the region. Once the documentation packet is approved the Regional Education Coordinator (REC) schedules an in-person meeting with the candidate to administer a written test, provide an ID badge, obtain OMD validation, and finalize the documentation.
 - On April 9, the REC conducted an ALS Release for the City of Fredericksburg and King George County
 - On April 13, for King George County
 - On May 19, for the City of Fredericksburg
 - On June 2, for the City of Fredericksburg
 - On June 3, for King George County
- The REMS Council is partnered with the Virginia Center on Agency, Geriatric Education Center at VCU to provide EMS providers throughout the region with education on POST, DDNR, and end-of-life decision-making.
- The regional Heart and Stroke Committee continued gathering and evaluating information on Pulsara; ultimately the decision was made that there was not a gap in the current system and the hospitals already had existing contracts that would make adding Pulsara more difficult. This project has been tabled at this point.
- Ongoing follow-up occurred with EMS agencies and jurisdictions on the quality of data being submitted through VPHIB. The data quality reports are reviewed with agencies and BOD representatives with offers of technical assistance for improving their score and achieving compliance. A parallel project involved EMS agencies being advised and assisted with obtaining or maintaining a Controlled Substance Registration (CSR) certificate with the Virginia BOP for the storage of schedule VI items.
- The REMS Council provided support and technical assistance for multiple agencies regarding their EMS Physician contracts. There was also a joint project with the OEMS Program Representative for Culpeper County

regarding an issue that several agencies encountered as their EMS Physician was going to expire with a very short timeline/notice.

- The REMS Council engaged with the transition crew from OEMS on the ESO migration project. Numerous meetings and discussions were held and technical assistance was provided to EMS agencies as requested for completion of their data file and joinder agreements.
- There was a disruption with the Colonial Pipeline in May 2021. The REMS Council provided data and feedback to OEMS on impacts and disruptions to the regional EMS system from fuel shortages.

C. Critical Incident Stress Management / Mental and Psychological Health

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

D. Mobile Integrated Health / Community Paramedic (MIH-CP)

- The REMS Council, at the request of EMS agencies, has been working on the infrastructure for a MIH-CP program for many months. The stakeholders group met on April 21, May 19 and June 17.
- The MIH-CP project continues to move forward. Under a partnership with a healthcare software organization, Heudia, we continued to develop and stand-up a digital platform and app for sharing community health resources. Weekly updates on the project were provided during meetings with staff and Heudia to discuss AccessMeCare.

- During this reporting cycle the Regional Systems Coordinator (RSC) continued to align the program structure with identified statewide initiatives from the Governor’s office as well as elements from the VDH Strategic Plan to promote public health initiatives in Virginia.
 - The REMS Council, based on feedback from previous focus groups, conducted a panel-discussion on access to primary care during a pandemic – April 6 and stages of caring for an aging population – June 17.
- There were several meetings with Mary Washington Healthcare / Stafford Hospital / and Stafford Fire/Rescue regarding MIH-CP services and two additional meetings with Stafford County on May 11 and June 8.

E. Consolidated Testing Services (CTS)

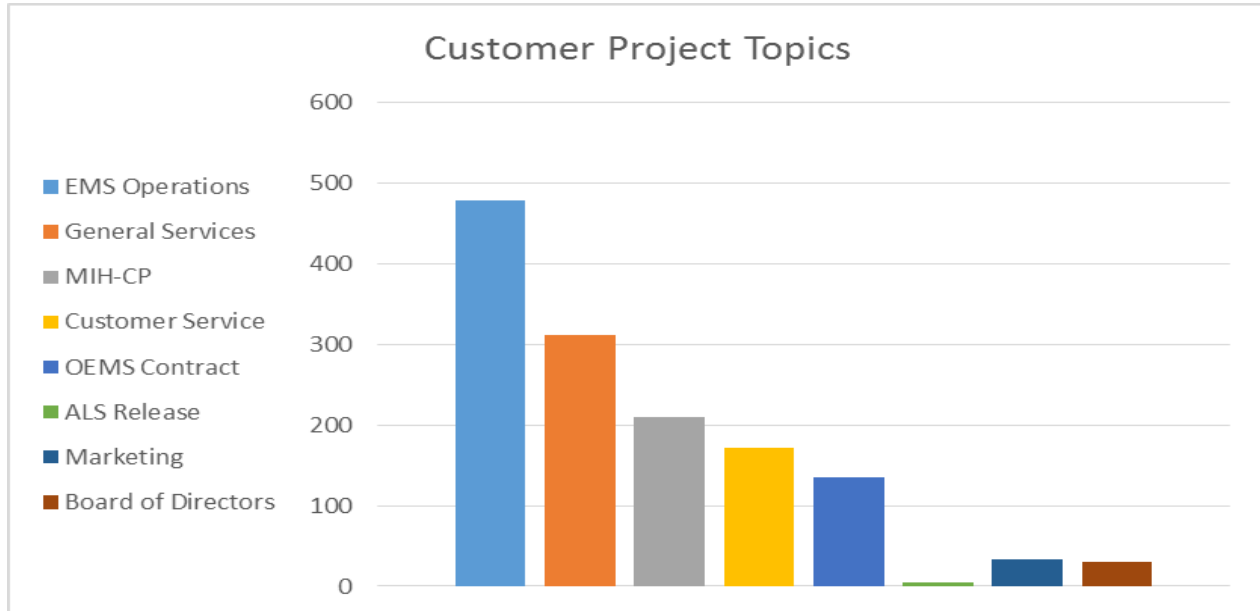
- Due to COVID-19, along with a pending update to the national education standards and scope of practice, all CTS practical exams were canceled for the balance of 2021.

F. Regional Council Operations

- The REMS Council was selected as a scientific sample of business across the United States and submits monthly payroll and performance data to the US Department of Labor Bureau of Labor Statistics. This reporting continues.
- The REMS Council staff participated in various training and professional development events for streamlining operations including Regional Director’s Group Meetings, GoToMeeting training, Monday dot com training, and multiple training events on ESO EHR and altering modules.
- On June 11, the REMS Council began a project for creating a tracking system for the regional medication boxes provided by the hospitals. The lead on this project is a volunteer who is performing community service hours. Several meetings were held to start this project and monitor progress.
- REMS Council Board of Director meetings occur bi-monthly. During this reporting period the BOD met on April 21 in Spotsylvania County and June 17 in Orange County. Staff had several meetings with OEMS logistics regarding AV equipment for the meetings. The BOD was provided with updated reports of heroin and opioid use data, PI data such as run dispositions and advanced procedures performed in the field, ASPR TRACIE updates and report, as well as the latest National Report on Violence against EMS Practitioners. At the April meeting there was a presentation by the Chief Deputy State Coordinator of VDEM and a discussion on hospice and palliative care occurred at the June meeting led by Capital Caring. Some additional topics on the agenda for discussion included:

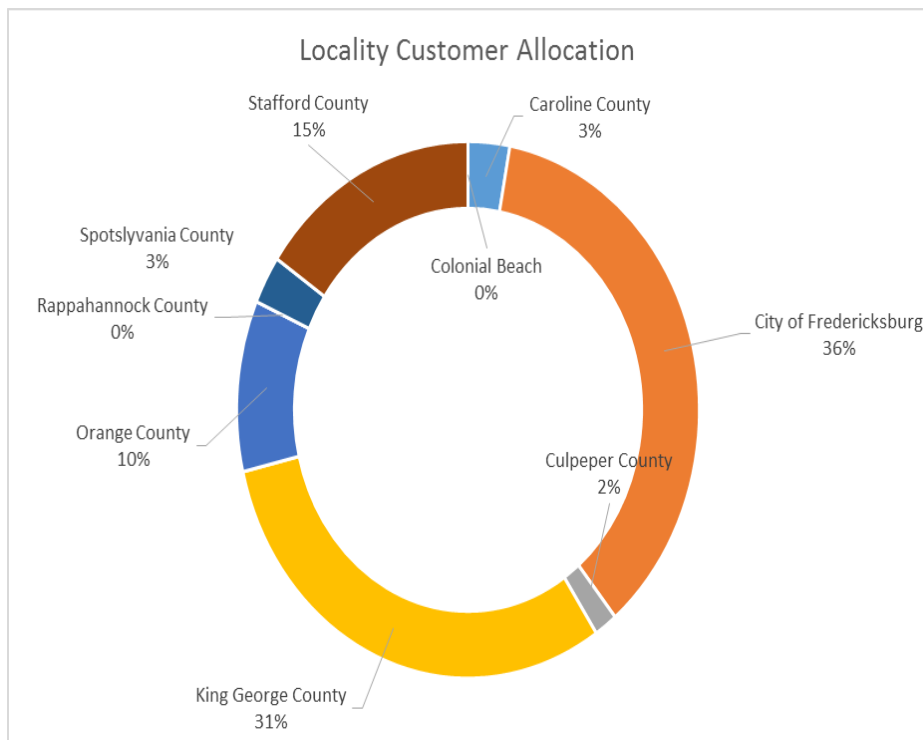
- A brief summary of the legislative actions that had occurred since the last meeting was provided, including updates on the special session of the General Assembly. Legislative reports and grids from OEMS were provided to the BOD.
- Several action items were on the agenda as well:
 - The BOD took up and approved the Regional medication SOG, the Regional Medication Exchange and Restocking Agreement, the Regional Stroke Plan, and the Hospital Diversion Plan.
 - The BOD also approved a new meeting schedule of quarterly instead of bi-monthly.
- There were also several operational topics which were presented including
 - Updated CoAEMSP guidelines and CAAHEP standards
 - The CMS update of Appendix Z for Clinical Standards and Quality
 - NHTSA guidance on responding to motor vehicle crashes involving high-voltage batteries
 - Funding opportunities for ET3 medical triage lines and rural maternity and obstetrics management strategies
 - NIOSH-approved N95 supply chain return to normal levels suggesting regular use guidelines for PPE
 - Public comment opportunities for proposed modification of HIPPA privacy rules
 - The 9,800% increase in hacking attempts on healthcare agencies in 2020
 - The upcoming National EMS Memorial Service on July 23
 - A CMS waiver for reimbursement of treat-in-place options due to COVID-19
 - The National Terrorism Advisory System bulletin on increasing complexity and volatility of threats to public safety workers
 - And the worldwide semiconductor shortage which is causing unavailability of microchips for ambulance production.
- The REMS Council is continuing the transition to a cloud environment and is utilizing Google-suite for digital file management; the office also continues to use GoToMeeting platform for virtual meetings.
- The REMS Council staff provides regular assistance to EMS providers in the region answering questions on re-certification requirements and providing information on educational offerings. Additional specific assistance was provided by scanning and submitting validated CEU for EMS providers.

The REMS Council staff tracks their work time electronically. This allows leadership to track certain projects' time allocation in an online platform and see where work time is spent. The staff spends a large amount of their time providing customer service to individuals and agencies in the regional EMS system. Although predominantly serving EMS providers, approximately 20% of their time goes to non-EMS individuals. These examples of time spent are for 4Q FY21.



This chart depicts the time allocations for various projects that staff support. General Services includes projects such as distributing health and safety information on social media, promoting community health and safety, public education on seasonal topics such as heat or cold exposure, Stop the Bleed, or drug overdose awareness. Some projects, such as MIH-CP are broken out and tracked specifically.

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



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

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

G. REMS/OEMS Hybrid Office Restructuring Update

- The REMS Regional EMS Director position was filled at the end of May 2020. The REMS Council Personnel Committee met and discussed several options for positions. The decision was made to request three FTE positions, two as technical resource specialist and one as a performance improvement specialist. The positions were approved through OEMS and the recruitment process is underway. The remaining staff at the council continued to be supervised by the Regional Director.
- Fiscal and general operations continue with the Regional EMS Director administering the budget, processing bills and invoices, and performing payroll and HR duties for the REMS Council staff. Updates and meetings are held with the BOD President and Treasurer as needed.
- Until a new building is located, the REMS Council continues to occupy property belonging to MWH. However, the obligation for maintenance on the building and grounds remains the responsibility of the occupants. The staff works to maintain the grounds and provides most of the building maintenance, including painting, replacing damaged ceiling tiles, replacing used light bulbs, carpet cleaning, maintenance of landscape and grounds such as removal of leaves and debris, removal of overgrowth, and maintaining the signage and markings of the parking lot.

- The building – more than 8,500 square feet – also includes a very large training and simulation center. Organization and maintenance of training center facilities and equipment also remains a responsibility of the staff.
- Several meetings occurred with the current property manager regarding roof leaks and building maintenance.
- The staff maintains a website to provide updated information and resources; the office manager currently posts and manages the site until there can be a transition to the VDH website.
- The REMS Council continues to use the regional director’s group IT infrastructure and will likely transition to VDH network once the new building site is located.
- The Regional Office of EMS Transition Workgroup met to finalize a proposed building location. Negotiation between the Department of General Services, Real Estate Services, and the landlord have been underway for some time. There was a meeting with DRES on April 6, and follow-up site visits regarding IT and furniture on May 3, and May 12.
- Reorganization and cleaning of existing storage areas has been ramped up, and several volunteers have been engaged to assist with the project.
- REMS Council staff met with vendors for training center equipment on June 17, seeking quotes and pricing for submission to OEMS.

H. COVID-19 Operations

- REMS activated the COOP in 2020 and implemented modified staffing, moving each employee to telework. Staff organized rotating schedules to minimize the number of personnel in the office while still meeting needs of the customer.
- The 9-1-1 for Kids Program remains on hold due to closure and/or alternative schedules of the schools. Stop the Bleed and Hands-Only CPR programs have also come to a halt due to COVID-19 pandemic.
- The REMS Council announced to the region a process as well as the testing guidelines from OEMS to utilize the Abbott BinaxNOW COVID-19 Antigen Cards (“BinaxNOW”). EMS Physicians, Agencies and leadership were provided with information on how to access the testing materials. We have one EMS agency utilizing the cards and the REMS Council is reporting results through VDH.
- The FBI and Virginia Fusion Center has continued to issue public safety, cyber, and other threat alerts related to the COVID-19 pandemic. Information related to multiple dark net vendors identified to be selling counterfeit COVID-19 vaccines as well as other international vaccines that have not received FDA approval was shared with the regional EMS system.
- Staff attended updates from National COVID-19 clinical rounds on COVID-19 variants and various discussion surrounding the vaccine

options, long-haul patient management, and the clinical research data collected to date.

- The area United Way conducted a survey for their “ALICE” population, which are asset-limited income-constrained and employed individuals in the region.
- With the various Executive Orders limiting gatherings and functions, the REMS Council office is closed to the public; operations are handled remotely when possible.
 - Visitors are accepted by appointment only.
 - Staff works in the building individually and responds as needed to requests for PPE distribution and other essential services.
 - All council and committee meetings occurred virtually, using GoToMeeting software platform.

III. State, National, and International Activity

- A. Committee and group activity related to the state EMS Advisory Board meeting in May was held virtually. However, REMS/OEMS staff participated in the following statewide events:
 - 04/27/2021 Virginia Health and Human Resources sub-panel Meeting
 - 05/06/2021 Virginia EMS Advisory Board Trauma Administrative and Governance (TAG) Committee Meeting
 - 05/07/2021 Virginia EMS Advisory Board Meeting
- B. REMS Leadership joined regular division manager meetings with OEMS staff to provide updates on progress and share information between the regional office and central office operations.
- C. REMS Leadership participated in weekly VDH partner’s meetings to follow updates and information pertinent to EMS operations in the region.
- D. REMS Leadership also shared weekly updates on programs and services in meetings with the regional director’s group; conversations were held on various topics related to regional EMS operations and COVID-19 issues occurring in the other ten council regions.
- E. As a Regional Office of EMS (ROEMS) entity, the REMS Leadership also connected with the Regional EMS Directors from the other two ROEMS in weekly meetings to identify strategic planning needs, establish operational goals, and review best practices.
- F. Participation by REMS/OEMS Staff also occurred in the following National and International Meetings:

- 05/24/2021 COVID-19 clinical rounds presentation: COVID-19 impact on the EMS Workforce
- 04/23/2021 Drone Technology to improve outcomes from rural and remote cardiac arrest
- 04/27/2021 National Threat Assessment Center (NTAC) presentation on Averting Targeted School Violence
- 05/11/2021 EMS World webinar of High-Performance CPR
- 05/24/2021 COVID-19 clinical rounds presentation: long-term effects

G. Information from the June 16 NEMSAC meeting, as well as a NHTSA project with NIOSH and NCICP on the mental health of first responders, a consensus statement on stroke destination plans for pre-hospital stroke patient disposition, a CDC and NHTSA discussion on the impact of vaccines in the EMS community and workforce, and the pre-hospital care and disaster planning for animals was also shared with the regional EMS system through the Regional Board of Directors.

**Respectfully
Submitted**

OEMS Staff