

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



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

November 12, 2021

Executive Management, Administration & Finance

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

November 12, 2021

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. Action Items before the State EMS Advisory for November 12, 2021

At the time of finishing this report there is one action item from a Standing Committee.

The Medical Direction Committee moves to The Medical Direction Committee moves to offer their support for the consent and the initiative to increase the incidence of bystander CPR and AED availability through programs such as Compress and Shock.

See Appendix A.

B. Virginia EMS Agency Uses Cloud-Based Telematics to Track Fleet

The Virginia Office of Emergency Medical Services has implemented a fleet management software to monitor its vehicles. The cloud-based technology helps the agency oversee critical operations from any location.

NOTE: This article was written by Julia Edinger. Julia Edinger is a staff writer for Government Technology Magazine. She has a bachelor's degree in English from the University of Toledo and has since worked in publishing and media. She's currently located in Southern California.

The [Virginia Office of Emergency Medical Services](#) (VOEMS) is using cloud-based telematics technology to better manage its vehicle fleet.

Virginia is not the first state to use [technology for fleet management](#), and while some experts have raised concerns that COVID-19 would negatively impact progress in this space, others argue the pandemic has [helped position organizations](#) for the drastic shift, supporting operations through the transition to remote work.

According to VOEMS Fleet and Logistics Administrator Frank Cheatham, the agency initially adopted CalAmp cloud-based telematics software prior to the start of the pandemic to reduce the amount of manual reporting that field staff had to contend with.

Bill Westerman, vice president of product management at CalAmp, explained that a location managing unit (LMU) is installed in a vehicle, making it capable of connecting with GPS satellites and transmitting information in real time to the cloud. It collects data from the vehicle, which is then computed and consolidated and sent over the cellular network to the cloud for reporting.

Prior to installing the technology, the agency relied on drivers to send information — like gas receipts — manually. They also had to track vehicle data such as mileage whenever they stopped, which was a time-consuming process.

Now, Cheatham can pull reports every month through the system — from a laptop, phone or other Internet-enabled device. He can see details about a vehicle like location, battery voltage and siren usage. The location-tracking component would only come into effect if there was an issue or complaint, he explained.

Westerman underscored that the system is not designed to be used to punish staff for breaking the rules, but rather to act as an indicator of when a driver needs additional training. He argued that the system protects drivers and government organizations in cases where a member of the public makes a complaint.

In addition to increasing accountability to the public, the system could also protect drivers by creating evidence of where the driver and vehicle were located at the time of a reported incident, Cheatham added.

By connecting to the engine port, devices can also detect things like fault codes, prompting earlier vehicle service.

The technology also enabled fleet management to be administered from anywhere — an important feature to have at a time when even government is forced to work remotely.

The COVID-19 pandemic and travel restrictions led to a significant reduction in fleet use, Cheatham noted, though vehicles had to be available when needed.

Westerman reasoned that having the evidence available to see which vehicles are being used most, or which are not being used at all, allows administrators to make data-driven decisions about maintenance and future purchasing.

“I think another [component of this technology] is to have a demonstration that you’re being a good steward of taxpayer money,” Westerman said. “And if you have a fleet without any kind of telematics system, you’re not getting the most effective use of that asset.”

C. OEMS Patient Care Informatics Team

- **Support**

For the 3rd quarter of 2021, the Informatics team addressed over 300 general support tickets, emails, and phone calls. The reason this number seems to be trending downward is two-fold. One is there are less individuals using the Elite and Hospital Hub systems (available under the Western regional contract) so request for support of these systems are down. The second item is due to how ESO is supporting OEMS, EMS agencies, and hospitals using the various ESO systems.

In the past, OEMS support was the primary lead in supporting the different ImageTrend-supplied software systems. Now ESO is taking primary responsibility for basic software support of their software while, at the same time, keeping us up to date on reported issues. As long as this trend continues, it should allow OEMS support to better focus on more global system items as well as additional state initiatives while ESO provides the day-to-day support and guidance on their products.

The Informatics team also participated in various local, state, and national meetings as required.

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

During this quarter, the Informatics team assisted multiple agencies with read-only access to the historical Elite (Virginia Elite System). This access is to allow agencies to retrieve records for any legal necessity. So as not to interfere with ongoing migration prep-work ImageTrend is doing, access is limited as much as possible. This process of granting access is short-term as all agencies will have access to historical data once the migration process is complete.

In the current Elite system (available via the Western regional contract), the Informatics team (working with ImageTrend) set up all required functionality to ensure records would transfer over to the Virginia (ESO) state repository. The team also ensured all demographic data for those agencies using this system was transferred over to the repository. We continue to monitor this system and contact agency leadership when gaps appear in their required reporting of data.

During the 3rd quarter, 137 agencies actively used the current Elite system as their sole source for EMS documentation. The number of records documented was 28,700 incidents. This accounts for just under 7% of the total number of records (just over 411,000) reported to the repository for

the same period.

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

Informatics team continues working with various agencies and software vendors to ensure data is being submitted. We continue to receive support request, which are forwarded over to ESO support.

We are working with ESO on a new Schematron update we hope to have published in the next quarter. Currently, this update will only have one additional validation rule and a few hospital name updates (all of these will be documented). We will also take this opportunity to clean up some structural issues with the Schematron file. While these issues did not have an adverse effect on data quality, these changes will put Schematron more in line with general standards.

We are also working with ESO on their new reporting module. This module will give OEMS greater flexibility regarding data reporting. While the analytics module is a very functional and flexible reporting tool, this new module will allow users the ability to report on data in ways beyond analytics. Currently, ESO is projecting this new reporting module to be released early 2022.

One other item we began working on is having agencies provide a PDF copy of the incident for each record reported. This is being done as part of the prerequisite for the Health Data Exchange (HDE) between EMS and hospital systems. While the HDE process is just getting started, having the PDFs submitted this is one time that can be taken care of now.

- **EMS Data Submission and Data Quality**

We are still working with ESO on the data quality report. While a data quality report is available, inconsistencies have been found. Those were reported to ESO and they are working on enhancements to the data quality report. Once those have been resolved and we feel the data quality report is 100% accurate, we will begin the process of posting those again.

In September, we checked agency submissions to the new repository. We found that 159 agencies did not meet reporting requirements. Either these agencies failed to report any runs or they failed to submit a “No Runs to Report” entry to OEMS. We are going to be working with Regulation and Compliance Enforcement in the 4th quarter to contact each agency and ensure we provide the proper guidance and or education to help them with these reporting gaps.

- **Virginia Trauma Registry**

For this quarter, the main work done in the ImageTrend registry system was to ensure the system was available for historical purposes. There was one instance where this system was unavailable. The outage was reported to ImageTrend and the system was restored.

- **ESO Trauma Registry (Gen6)**

The majority of work done on the new registry is around the upcoming data dictionary. Informatics team members had numerous internal and external meetings covering data dictionary changes. These meetings cover necessary updates with the new registry system as well as to ensure reporting standards are up to date. Data submissions are being monitored daily. This is to ensure team members can work with the various hospitals and vendors should issues be discovered. Along with this, we've updated our hospital contact list to ensure we are communicating issues to the proper individuals. Keeping this updated is an ongoing task.

Some of the meetings the team attended around registry include various webinars related to the ESO systems (HDE, Alerting, Patient Tracker and the Gen6 reporting module) as well as attending AVaTr meetings and meetings with various hospitals when requested. ESO representatives also attend most of these meetings in partnership with the Informatics team.

- **Biospatial**

Data submission to Biospatial was restarted late in this quarter. While data is flowing, there are still gaps that will be addressed as part of the data migration project. The informatics team is working with Biospatial in identifying any issues and providing Biospatial with information to assist with any needed corrections. Our goal is get Biospatial back to a pre-transition state within the next few months.

- **Zendesk**

As was reported last quarter, the Informatics team began using Zendesk as both a support ticketing system and knowledgebase system replacing the older Kayako system that was being phased out by Kayako. The team continues to refine this system and learn more about how best to utilize this. We now have a basic understanding on how the reporting modules work within Zendesk and have been able to develop some (basic) dashboards for internal use. However, we are only using a small part of what Zendesk has to offer. During the next quarter, meetings and conversations are planned with Zendesk associates to see what other functionality is available that we can utilize.

- **Virginia Pre-hospital Information Bridge:**

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 request for EMS call volume information in the third quarter of 2021. The Licensure, Compliance, and Regulation database was queried to obtain the data. The numbers presented below are based on information provided by EMS agencies during annual inspections.

- A total of 208 EMS agencies logged more than 1500 calls per year. Among those:
 - Forty-two (20.2%) EMS agencies were either volunteer agencies or mixed (volunteer/career) agencies with no paid personnel utilized.
 - Thirty-eight (18.3%) EMS agencies were volunteer agencies with no paid personnel utilized.
- A total of 299 EMS agencies logged more than 800 calls per year. Among those:
 - Eighty-three (27.8%) EMS agencies were either volunteer agencies or mixed agencies with no paid personnel utilized.
 - Seventy (23.4%) EMS agencies were volunteer agencies with no paid personnel utilized.
- A total of 222 EMS agencies logged 0-500 calls per year. Among those:
 - One hundred and forty (63.1%) EMS agencies were either volunteer agencies or mixed agencies with no paid personnel utilized.
 - One hundred and thirty-six (61.3%) EMS agencies were volunteer agencies with no paid personnel utilized.

- **Meeting Attendance and Training Participation:**

During the third quarter of 2021, the OEMS Epidemiologists participated in several meetings and training opportunities, including:

- ESO systems trainings,
- Data migration meetings,
- Tableau training sessions,
- an OEMS Advisory Board meeting,
- NASEMSO webinars on ODMAP and the National Pediatric Trauma System,
- a Monday.com training session,
- an Injury and Violence Prevention meeting,
- a Gun Injury Violence Advisory Board and Collaborative Network (GIVEBACK) meeting,

- Council for Public Health Informatics Advisory Council meetings,
- OEMS-Qlarion working sessions, and
- OEMS-Biospatial meetings.

D. Rescue Squad Assistance Fund (RSAF) Quarterly Report

The Rescue Squad Assistance Fund (RSAF) is designed to establish, expand, or enhance emergency medical services (EMS) throughout the Commonwealth of Virginia by providing matching grants to assist eligible agencies with purchasing equipment, supplies, and training.

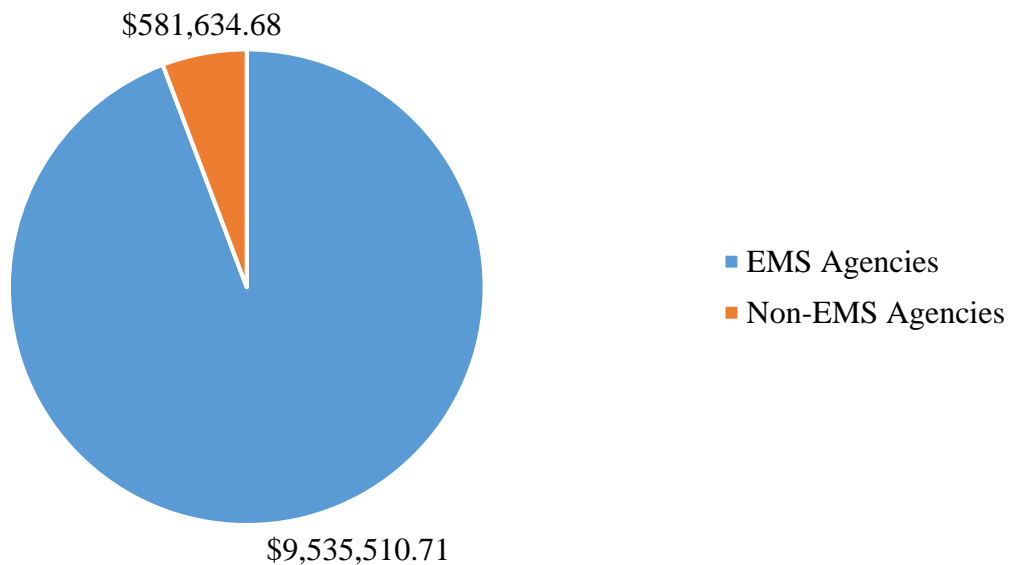
Applicants submit applications through an online application and grants management platform called the EMS Grant Information Funding Tool (E-GIFT), which is housed within the statewide EMS Portal.

The applications are first reviewed by a panel of technical reviewers – regional EMS councils, field investigators, subject-matter experts, and the Transportation Committee – then the Financial Assistance Review Committee (FARC), which makes final funding recommendations to the Commissioner of Health. RSAF is divided into two grant cycles: Spring and Fall. Awards from each cycle are announced on July 1 and January 1 respectively.

This quarterly report reflects data gathered from the Fall 2021 RSAF cycle. The application period for the Fall 2021 RSAF cycle closed on September 15, 2021. The Office of EMS (OEMS) received 85 applications totaling \$10,117,145.39 in funding which can be broken down to \$6,930,131.30 in state and \$3,187,014.17 in local matches. Funding requests were in the following amounts by agency category as shown in Figure 1:

- 9 Non EMS Agencies
- 76 EMS Agencies

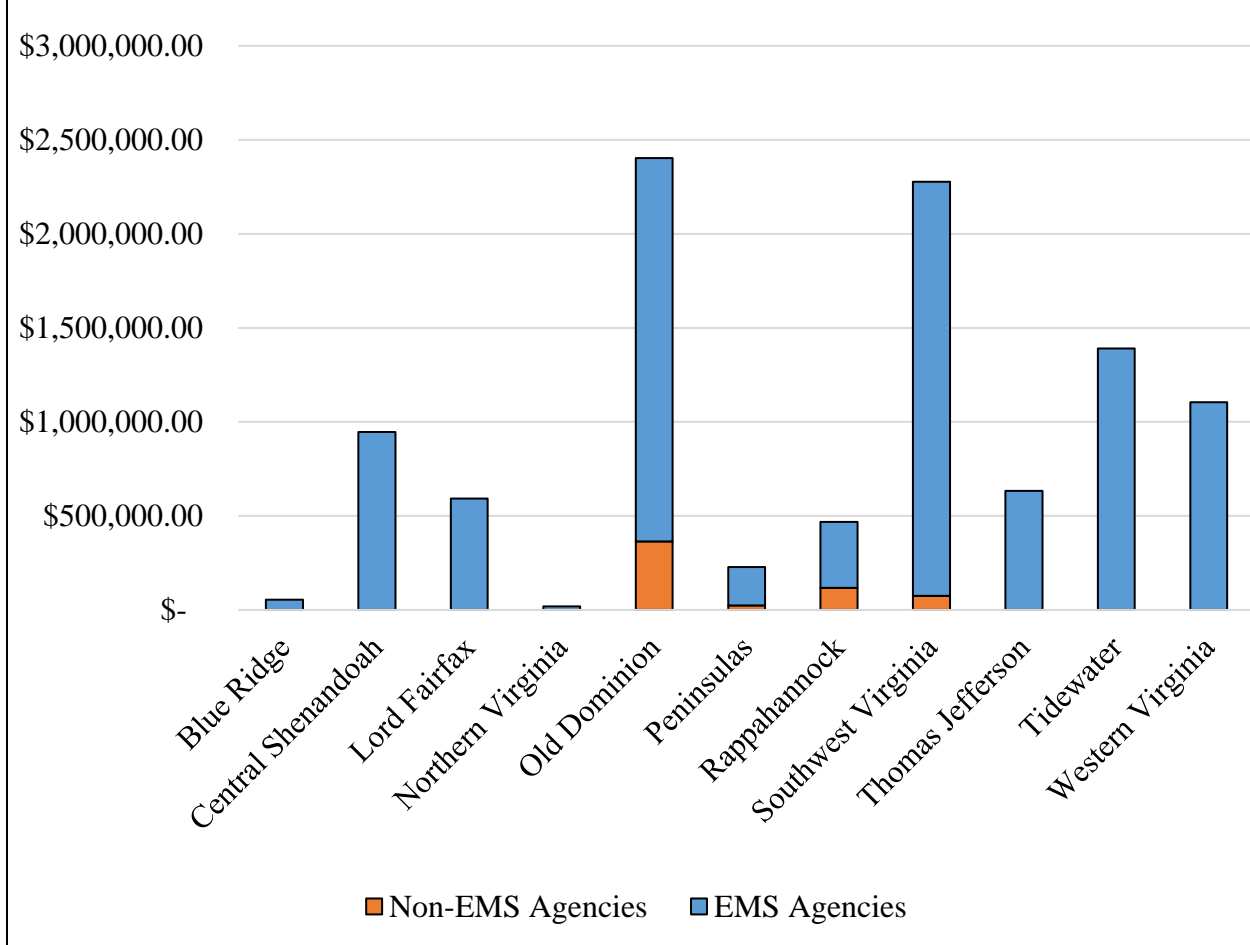
Figure 1: Total Request by Agency Category



The number of applications and total requests decreased by approximately 34% and 32% respectively, compared to the Spring 2021 Cycle of RSAF. OEMS received applications from each of Virginia's 11 EMS Region as shown in Figure 2. The total funding can be broken down by region as follows:

- Blue Ridge – \$53,970.22
- Central Shenandoah - \$945,627.24
- Lord Fairfax - \$592,898.16
- Northern Virginia - \$18,693.00
- Old Dominion - \$2,402,814.88
- Peninsulas - \$228,332.66
- Rappahannock - \$468,743.14
- Southwest Virginia - \$2,277,660.78
- Thomas Jefferson - \$632,742.18
- Tidewater - \$1,390,240.93
- Western Virginia - \$1,105,422.20

Figure 2: Total Request by EMS Region



Applications from the Fall 2021 RSAF cycle represent 171 items and projects. The three categories with the largest requests are (1) ambulances, which make up approximately 66% of the total requested amount; (2) cardiac monitoring, defibrillation, and chest compression equipment at approximately 12% of the total requested amount ; and, (3) cots, loading systems, stretchers, stair chairs, and associated equipment, which makes up approximately 11% of the total requested amount. All other item categories and projects can be broken down into the following list:

- Advanced and basic life support (A/BLS) equipment and supplies¹ - \$156,316.16
- Cardiac monitoring, defibrillation, and chest compression equipment - \$1,179,640.47
- Communications equipment² - \$222,983.78
- Computer hardware and software - \$47,052.00
- Cots, loading systems, stretchers, stair chairs, and associated equipment - \$1,081,305.21
- Extrication equipment - \$315,806.40

- Emergency Medical Dispatch (EMD) - \$157,627.52
- Other³ - \$15,950.00
- Quick response vehicle (QRV) - \$121,003.00
- Rescue equipment⁴ - \$19,943.00
- Specialty vehicle⁵ - \$22,650.00
- Training equipment⁶ - \$106,807.96
- Type I ambulance - \$5,608,980.76
- Type II ambulance - \$641,435.00
- Type III ambulance - \$389,295.00
- Vehicle parts, accessories, and trailers⁶ - \$30,349.13

Applications from the Fall 2021 Cycle of RSAF are currently under review by the Financial Assistance Review Committee (FARC). Award recommendations will be forwarded to the Commissioner of Health, then announced via applicants' EMS Grant Information Funding Tool (E-GIFT) accounts and the RSAF web page on January 1, 2022.

For more information, please visit the RSAF web page:

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

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

¹Suction units, supplies bags, intraosseous drill, and laryngoscope, infusion, and ultrasound equipment

²Mobiles, portables, and pagers

³Disinfecting or cleaning systems

⁴Lifting equipment, water rescue rigging equipment, stokes basket with litter, and rescue gloves

⁵Utility-Task-Vehicle (UTV)

⁶Manikins, trainers, and simulators

⁷Trailer, bumper, lighting, drug box, and lettering

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

a) NASEMSO Partners on EMS Innovative Practices in Responding to Opioid Crisis

The Association of State and Territorial Health Officials (ASTHO) and NASEMSO engaged in a consensus-building process to identify innovative strategies by EMS providers in response to the opioid crisis. Following a 2-day meeting in March of 2020 of public health officials and EMS representatives, a nationwide survey was developed and distributed by state EMS officials to EMS providers in their respective states and territories. 1140 responses were received from 48 states and territories in the fall of 2020. The results were analyzed and compiled into the July 2021 ASTHO report, *Innovations in Overdose Response: Strategies Implemented by Emergency Medical Services Providers*. The report is available at <https://bit.ly/3jOjvug>.

b) NOSORH Offers Toolkit to Celebrate Rural Health

The National Organization of State Offices of Rural Health (NOSORH) sets aside the 3rd Thursday of every November to celebrate National Rural Health Day (NRHD) and the #PowerofRural. This year's theme is the Power of Rural: Resiliency, Resolve, Relationships, & Readiness. To help support NRHD and join the celebration of the Power of Rural, NOSORH has created an easy-to-use online toolkit. These tools are designed especially for community stakeholders, including hospitals, clinics, first responders, public health and elected officials, non-profits, civic organizations, and others who serve and support the health needs of rural communities. Read more at <https://www.powerofrural.org/promotional-toolkit/>.

Air Medical

c) Physician Groups Revise Joint Position Statement on Air Ambulance Utilization

Air medical services involves providing medical care in transit while using either fixed wing (airplane) or rotor wing (helicopter) aircraft to move patients between locations. The modern use

and availability of air medical services has expanded access to various health system resources, including specialty care. While this is generally beneficial, such expansion has also contributed to the complexity of health care delivery systems. Since the publication of the 2013 joint position statement *Appropriate and Safe Utilization of Helicopter Emergency Medical Services*, research has shown that patient benefit is gained from the clinical care capabilities of air medical services independent of potential time saved when transporting patients. Because the evidence basis for utilization of air medical services continues to evolve, NAEMSP, ACEP, and AMPA believe that an update regarding the appropriate utilization of air medical services is warranted, and that such guidance for utilization can be divided into three major categories: clinical considerations, safety considerations, and system integration and quality assurance considerations. Read more at <https://www.tandfonline.com/doi/full/10.1080/10903127.2021.1967534>.

d) Health Affairs Explores Provisions of No Surprises Act

On October 7, 2021, the Departments of Health and Human Services (HHS), Labor, and the Treasury, alongside the Office of Personnel Management (OPM), issued a [new interim final rule](#) to implement additional components of the No Surprises Act (NSA). This rule focuses on the independent dispute resolution (IDR) process, good faith estimates for uninsured individuals, the dispute resolution process for patients and providers, and expanded rights to external review. The new rule was accompanied by a press release, two fact sheets, fee guidance for 2022, accompanying materials, and a new website. The new website will be used to help educate the public on NSA requirements, solicit applications from IDR entities, and host an IDR portal for payers and providers. Read more at <https://www.healthaffairs.org/doi/10.1377/hblog20211001.383666/full/>.

e) FAIR Health White Paper Highlights Air Ambulance Costs

Rotary-wing (helicopter) or fixed-wing (airplane) air ambulances are sometimes used in emergencies to transport critically ill patients, often in life-threatening situations, to a hospital or for transportation between hospitals when patients need a higher level of care. In this report, FAIR Health uses both private and Medicare claims data to shed light on aspects of air ambulance services—both fixed-wing and rotary-wing—across the nation, including utilization, costs, age, gender, diagnoses that drive air ambulance use, differences across states, and outcomes of air ambulance transport as compared to ground ambulance transport. Notably, the average estimated in-network allowed amount for air ambulance transport increased 76.4%, from \$8,855 in 2017 to \$15,624 in 2020. Read more in "Air Ambulance Services in the United States A Study of Private and Medicare Claims" at <https://bit.ly/3DgmK5M>.

f) NASEMSO Comments on State Regulatory Authority at AAPB Advisory Committee

NHTSA's Air Ambulance and Patient Billing Advisory Committee (AAPBAC) met on August 11th with a focus on whether the FAA should amend the Airline Deregulation Act (ADA.) NASEMSO Air Medical Committee Chair, Joseph House provided comments on behalf of NASEMSO. The three hour meeting was recorded and is viewable at <https://www.transportation.gov/airconsumer/AAPB/meeting-video>. The committee web site

is <https://www.transportation.gov/airconsumer/AAPB> and the Federal Docket on the topic is available at <https://www.regulations.gov/docket?D=DOT-OST-2018-0206>.

Communications

g) NENA Releases i3 Standard Update; Seeks ANSI Approval

The National Emergency Number Association (NENA) recently released the latest version of the i3 standard for next-generation 911 (NG911) infrastructure, which will be submitted to the American National Standard Institute (ANSI) for approval. If approved, i3 would become recognized as a “commonly accepted standard” making it eligible for NG911 funding proposals included in the [LIFT America Act](#). Version 3 includes key updates to NG911 infrastructure to ensure continued support for interoperability on a national and international scale. Version 3 changes include a move to a REST/JSON architecture for data interactions between functional elements and systems, improvements to security, major updates to the call bridging (Bridging Service), Discrepancy Reports, an Outgoing Call Interface Function, blind transfer support, updates to novel call types (including non-interactive calls and Advanced Automatic Crash Notifications [AACNs]), and more. Version 3 also incorporates a number of new IETF specifications and has made adjustments to addressing to harmonize specifications across Europe and North America. Read more at <https://www.nena.org/news/572966/NENA-Releases-New-Version-of-the-i3-Standard-for-Next-Generation-9-1-1.htm>. As an aside, the infrastructure bill passed by the U.S. Senate on August 10 included \$65B for broadband infrastructure.

h) New NG911 Funding Bill Introduced in the Senate

Sen. Amy Klobuchar and Sen. Catherine Cortez Masto have introduced a standalone Senate bill to provide federal funding for next-generation 911 (NG911) technology in 911 centers, supposedly at the same \$10 billion level proposed in the massive \$3.5 trillion spending package being proposed in the House. Introduced as [S.2754](#), “a bill to provide funding for the deployment of next-generation 911, and for other purposes,” the legislation marks the first time in this congressional session that a standalone bill has been introduced to provide federal funding that would help ensure that 911 centers nationwide can migrate to IP-based NG911 technology. In March, a \$15 billion NG911 funding provision was included in the LIFT America Act was proposed by House Democrats, but that infrastructure package did not become law.

Data

i) Google and Amazon Eye FHIR Standard in Expanded Health Technology Services

Large tech giants are jumping into a growing interoperability solutions market as federal regulations spur the healthcare industry to open up and share medical records data. [FHIR](#) is a [Health Level Seven International® \(HL7®\)](#) standard for exchanging healthcare information electronically. It is the next generation exchange framework being adopted by the healthcare community to advance interoperability. Google Cloud has rolled out a new tool called the [healthcare data engine](#), currently in private preview, that helps healthcare and life sciences organizations harmonize data from multiple sources, including medical records, claims, clinical trials and research data. [Amazon HealthLake](#) is a HIPAA-eligible service for healthcare and life sciences organizations that aggregates an organization’s complete data across various silos and

disparate formats into a centralized Amazon Web Services (AWS) data lake and automatically normalizes this information using machine learning. For more information on FHIR, go to <https://ecqi.healthit.gov/fhir>.

j) Massachusetts and Hawaii Now Submit v3 Data to NEMSIS

Massachusetts and Hawaii have successfully implemented the NEMSIS data standard and are submitting v3 data to the National EMS Repository. That brings the total number of states and territories fully submitting v3 data to 51!

k) v3 911 Call Complaint Public Dashboard

The NEMSIS TAC is excited to announce the release of our latest public dashboard: The v3 911 Call Complaint Dashboard! The goal of this dashboard is to give viewers a way to explore the relationships between caller complaints, EMS impressions, and patient symptoms in the NEMSIS data. Access the dashboard here: <https://nemsis.org/911-call-complaint/>

l) The Data Standard Revision Guide

The National EMS Data Standard is established as the universal standard for the collection, sharing, and assessment of pre-hospital patient encounter documentation throughout the United States and Territories. Regular revisions, updates, and critical patches are necessary to reflect the evolving needs of the broader EMS industry and developing standards for health information exchange. The Data Standard Revision Guide 2021 was recently updated. Read about the process to maintain and update the data standard. Read the updated document here: <https://nemsis.org/nemsis-101/#mtds>

Health and Medical Preparedness

m) 2020 Health Care Readiness Annual Report Now Available

The Office of the Assistant Secretary of Preparedness and Response (ASPR) at the U.S. Department for Health and Human Services (HHS) recently announced that the [2020 Health Care Readiness Annual Report](#) is now available on the [Performance Measures, Guidance, and Reports webpage](#). This inaugural annual report outlines the various core programs and activities within the Health Care Readiness Portfolio and how they have strengthened the preparedness and response capabilities of the U.S. health care system in 2020.

n) OSHA Updated Guidance on Protecting Workers from COVID

The U.S. Department of Labor's Occupational Safety and Health Administration recently issued [updated guidance](#) to help employers protect workers from the coronavirus. The updated guidance reflects developments in science and data, including the Centers for Disease Control and Prevention's updated COVID-19 guidance issued July 27. The updated guidance expands information on appropriate measures for protecting workers in higher-risk workplaces with mixed-vaccination status workers, particularly for industries such as manufacturing; meat,

seafood and poultry processing; high volume retail and grocery; and agricultural processing, where there is often prolonged close contact with other workers and/or non-workers.

o) OSHA to Convene Panel on Emergency Response Standard

The Occupational Safety and Health Administration (OSHA) has notified the SBA Office of Advocacy (Advocacy) that OSHA intends to reinstate/convene its Small Business Advocacy Review (SBAR) panel (also known as a SBREFA panel) on a possible Emergency Response standard (see OSHA's Unified Regulatory Agenda entry at [View Rule \(reginfo.gov\)](https://www.reginfo.gov/public/default.do?method=main:search&term=OSHA%20Unified%20Regulatory%20Agenda)). OSHA has established a formal webpage with detailed information about this panel and rulemaking at <https://www.osha.gov/emergency-response/sbrefa> that it will be updating shortly. The panel met on October 4, 2021, and will host a series of video conference with Small Entity Representatives (SERs) from the regulated sectors in mid-October 2021, and conclude with a panel report by December 4, 2021.

p) FEMA Launches National Risk Index

The Federal Emergency Management Agency (FEMA) recently announced the full application launch of the National Risk Index, an online resource that visually identifies traits of the communities most at risk from natural hazards. This online mapping application provides a holistic view of community risk by providing baseline relative risk scores. It measures a community's risk for 18 natural hazards, in addition to resilience, social vulnerability and expected annual loss. The Index helps users understand natural hazard risk and to support informed risk reduction decisions for mitigation planning and emergency management. By providing standardized risk data and an overview of multiple risk factors, this interactive mapping and analysis tool can help communities, especially those with limited flood mapping and risk assessment capabilities, prepare for natural hazards. Read more at <https://www.fema.gov/flood-maps/products-tools/national-risk-index>.

Pediatric Emergency Care

q) AHRQ: Systematic Review on Pediatric Medication Errors at Home

Medication administration errors made by parent or caregivers can result in medication errors at home. This systematic review found that 30% to 80% of pediatric patients experience a medication error at home, and that the risk increases based on characteristics of the caregiver and if a prescription contains more than two drugs. Read more at <https://psnet.ahrq.gov/issue/systematic-review-pediatric-medication-errors-parents-or-caregivers-home>.

r) Reuters Highlights Increased Drug OD Calls in Youth

Using NEMSIS data that Reuters obtained from nine cities and states; eight of the jurisdictions showed a significant increase in youth overdose deaths in 2020. Many health experts connect the spike in drug emergencies to school closures, cancellation of sports and social isolation. The rate of 9-1-1 calls about drug-related incidents involving people age 20 and younger increased by

43% last year as many schools were closed due to the pandemic. The rate of emergency calls involving young people who required naloxone increased by 34% from 2019 to 2020, to the highest rate of use since at least 2017. Read more at <https://www.reuters.com/article/us-health-coronavirus-trauma-specialrepo-idUSKBN2FE14C>.

s) New Data on Prevention and Reduction of Underage Drinking

The Report to Congress on the Prevention and Reduction of Underage Drinking (RTC), along with the State Performance and Best Practices report and state-specific reports, serves as a resource for creating data-driven and evidence-based policies and programs to reduce and prevent underage drinking. In particular, the Report to Congress contains state-specific data on underage drinking, legal policies, state enforcement and prevention activities, and information on state expenditures on substance abuse and treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) recently published a User's Guide, a digestible overview of the Report to Congress for prevention professionals, state and local agencies, and community-based organizations, now available at <https://bit.ly/3z11PC3>. To access the full report, go to <https://www.stopalcoholabuse.gov/resources/reporttocongress/rtc2018.aspx>.

t) High-Schoolers Learn FAST

Three years ago, the National Center for Disaster Medicine and Public Health (NCDMPH) received funding from the Department of Homeland Security (DHS) Science and Technology Directorate (S&T) to create a school-age trauma course in collaboration with the American Red Cross. As a result, First Aid for Severe Trauma™ (FAST™) is the first national Stop the Bleed® approved course developed specifically for high schoolers. Developed using battlefield lessons learned, evidence-based research, and educational expert input, this course is intended to save lives and build a more resilient population. To learn more visit <https://ncdmph.usuhs.edu/fast>

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 October 6, 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 October 7, 2021 was held at the Embassy Suites in Richmond, VA. **There is one action item attached as Appendix A.**

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, 2022 due to Delta wave of COVID-19. 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 has been issued a LOR from CoAEMSP and is currently conducting their first cohort class.
- e) Hanover Fire/EMS was the first program in the country to have the initial site visit now required by CoAEMSP prior to the issuance of an LOR. The program received favorable comments from the site team and it was stated that they had set the bar high for all future programs

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

COVID Vaccination Guidance for EMS Courses

Education Coordinators have the autonomy to make COVID-19 vaccination a requirement to enroll in their programs in consultation with their EMS Physician.

If you allow a student to enroll in and participate in your program knowing that the current policies are they must be vaccinated to complete their patient contacts in the field, you need to have an attestation statement signed by the unvaccinated student indicating that they acknowledge that they are taking the class for educational purposes only and further understand they will NOT be eligible to gain EMT certification due to their lack of fulfilling the field patient contacts.

OEMS staff do not anticipate providing a blanket policy vaccinations as each program/jurisdiction/hospital system, etc., are all offering differing views on this process.

Each Education Coordinator, in consultation with their EMS Physician will have to determine what policies to put in place based on the clinical and field settings where they would place their students.

Clinical/field Site Requirements

The VEMSES requires that students have patient contacts in a field setting and they need to gain knowledge of how the Emergency Department works. To satisfy the ED requirement, you can have a representative from the hospital/s provide an overview via Zoom or visiting your class to let the students know what to expect when bringing a patient to their facility.

The Office of EMS is still allowing the use of attestation statements if you cannot place your students in a clinical or field site, however this needs to be an “all or none” situation per clinical or field site, not something that is directed to those who refuse to become vaccinated.

You also have the ability to place them in alternative locations such as nursing homes, doctor’s offices, etc., but will likely encounter some of the same issues that you are experiencing with the hospitals.

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 ALS Psychomotor Examination

In early August, the National Registry announced their intent to sunset the ALS Psychomotor Exam for both the Advanced EMT and Paramedic certification levels. This change will bring EMS education and certification practices more closely in alignment with those of other medical and allied health professions.

As the process continues to move forward NREMT will continue working with the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), the National Association of State EMS Officials (NASEMSO) and EMS educators across the country.

The ALS Psychomotor Exam will be retired by mid-2023 at which time it will be replaced with the Computer-based Performance Exam. The implementation of these changes will take place in a phased approach beginning in 2022 and wrapping up in mid-2023.

Candidates (students) starting a testing process—be it the old process or the new one—will be required to complete certification under the process they started. Candidates will not be permitted to switch processes mid-stream.

As the National Registry releases more information, the Office of EMS will continue to update Virginia agencies, educators and the Virginia EMS Advisory Board.

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.

EMSAT/CentreLearn End-of-Life

The Office was recently informed that effective September 30, 2021, CentreLearn/EMSAT will no longer be available to current users of the service. Users will not be able to access the service from this date and must download any certificates or course completions they wish to retain before the service is taken offline. The Virginia Office of EMS would like to extend our sincere appreciation to VectorSolutions—the parent company for CentreLearn/EMSAT—for hosting our content and reporting completions over the past seven years for no charge.

Since 2014, CentreLearn/EMSAT has enabled Virginia EMS providers to access free online continuing education programs produced by the Virginia Office of EMS. However, as technology has changed, VectorSolutions has determined that in order to continue to provide the best experience for their users, they need to retire the CentreLearn/EMSAT platform. Additionally, much of the content on CentreLearn/EMSAT has aged and is no longer considered best-practice medicine.

In the second half of 2021, the Office of EMS will be launching Blackboard—a Learning Management System—which will enable EMS educators across the Commonwealth to develop innovative new continuing education experiences for Virginia agencies and providers.

We regret that this change will cause disruption for some users. As we move towards the launch of the new experience, we will continue to update you. Please refer to the Frequently Asked Questions below for additional information.

Please reach out to the educators and agencies in your region and consider collaborative efforts in offering continuing education classes to assist the recertification needs of providers until the content is available on Blackboard.

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 June 30, 2022. The Training and Certification Committee is reviewing the future of BLS Psychomotor testing in Virginia.

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 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 – 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/>. The National Registry has announced the sunset of ALS psychomotor testing to occur by May – June, 2023. New competency requirements have been developed and further information will be provided on the changes to take place to the cognitive examination.

Education Program

Education Coordinator Candidate Program

The Office conducted an Education Coordinator Institute in late September in Fairfax, VA. The institute produced 26 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 – FY22					
Certification Level	Q1	Q2 (cum)	Q3 (cum)	Q4 (cum)	Amount Awarded (cum)
EMR	0				\$0.00
EMT	188				\$154,139.00
AEMT	18				\$23,239.00
Paramedic	107				\$526,963.00
Grand Total	313				\$704,341.00

Psychomotor Test Site Activity

- A. BLS Psychomotor Testing has been suspended for the remainder of 2021. A workgroup of the Training and Certification Committee are considering the future of BLS psychomotor testing in Virginia.

Other Activities

- A. Debbie Akers continues to serve on the Competency Based Education workgroup with the National Registry.

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 FY22 First Quarter reports throughout the month of October, 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 November 12, 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 363 entries into the Helicopter EMS system in Q3 of the 2021 calendar year. 71% of those entries (259 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a decrease from 488 entries in Q3 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 October 2021, the Office of Health Equity has finalized the literature for the State Rural Health Plan and completed the final stages of structuring and formatting the plan before its production. The newest version of the State Rural Health Plan is estimated to be completed by the end of November, 2021.

IV. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee (WDC) met on November 12, 2021. Previous WDC minutes are available on the OEMS website, at the link below:

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

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

EMS Officer Program:



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

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

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

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

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

EMS Workforce Development Committee (Continued)

Standards of Excellence (SoE) Program:



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

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

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

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

EMS Recruitment and Retention

CHaTR staff will be presenting multiple topics on recruitment and retention at the 2021 EMS Symposium. CHaTR continues to be a statewide resource to assist with recruitment and retention throughout the Virginia EMS system.

The Virginia Fire & EMS Recruitment Network (<https://www.varecruitretain.com/>) is composed 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 informally during the 2021 EMS Symposium. 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 partnered with Virginia Commonwealth University's Performance Management Group (PMG) to conduct an updated needs assessment in 2021. EMS agencies across the commonwealth were notified to expect correspondence from PMG and encouraged to submit a response to the assessment.

The online survey was deployed from early August until late September, with some agencies opting to complete a hard copy of the assessment. Resultantly, a small number of final responses are still being collected. In the coming weeks, the survey data will be analyzed and a final report will be generated. The results of the assessment will be used to advise the EMS Advisory Board accordingly, and then posted publicly on the CHaTR webpage.

System Assessments/Miscellaneous Technical Assistance

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

The most recent studies were held in Northumberland County on August 17, 2021, 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. CHaTR Staff and VDFP representatives are scheduled to visit Montgomery County Virginia for the next study on the 15-16 November 2021.

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 with the CAMTS MIH Program Stands Workgroup, 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

Awardees Attending Symposium Courtesy of Virginia EMSC...

Thirty EMS providers attended the 2021 Virginia EMS Symposium as guests of the EMS for Children program. Because they applied, and signed up for at least 3 pediatric offerings, their registration fee of \$195 is being taken care of by federal EMSC funding (EMSC Symposium Registration Awards).

EMS for Children Booth at Symposium

Virginia EMSC had an informational booth in the vendor hall at the Hilton (space #401). EMSC is actively recruiting EMS agency Pediatric Champions and stands ready to support them with training and resources.

Including Child Restraints in Future EMS Regulations

The EMSC Program and the EMSC Committee will soon be recommending new language be used in future EMS regulations concerning pediatric patient transport safety. Currently, the regulations only address adult patient safety, and the new language will address the use of size-appropriate pediatric restraints when transporting children by ground ambulance. The wording proposal will be considered at a special meeting January 6, 2021 of the EMSC Committee.

Pediatric Champions Work Group Forming

An EMSC Program work group has formed to collect resources and facilitate the appointment of Pediatric Champions for EMS agencies and/or groups of EMS agencies. Headed by Jeremy Wampler, the group will be working on strategies to educate and recruit Pediatric Champions (sometimes called pediatric emergency care coordinators-PECCs) for EMS agencies and/or groups of EMS agencies. More information concerning Pediatric Champions will be available at the EMS for Children Booth in the Hilton Vendor Hall (space #401).

Additional Child Restraint Systems Now Being Ordered

EMS agency leaders with interest in receiving an Emergency Child Restraints system should contact the EMS for Children program (david.edwards@vdh.virginia.gov) with their requests, as the last of our previous inventory has been disbursed. EMS agencies are strongly encouraged to adopt safety policies and procedures requiring the use of child restraints by their providers, and the Virginia EMSC program is available to assist in this.

(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.)

PEPP and ENPC Course Funding Assistance Available

Books and pretest codes are being provided for two upcoming Prehospital Education for Prehospital Providers (PEPP) courses offered in Wintergreen. The Virginia EMSC Program continues to offer support for pediatric courses like PEPP and/or Emergency Nurses Pediatric Course (ENPC) in regions that have difficulty in accessing pediatric training. Please let us know if you are trying to set up a course and need some form of support for instructors, fees, or materials to get these courses out there.

EMS for Children (EMSC) Program (Cont.)

Annual EMSC EMS Agency Survey Launches in January 2022

A total of 7,025 EMS agencies responded to this year's [EMS for Children Survey](#), which was sent to 15,768 EMS agencies across 58 states and territories. After the data was cleaned, the number of EMS agencies used in the performance measure calculations below was adjusted to include only those agencies that met the performance measure criteria (6,910 agencies).

The survey was conducted between January and March of 2021 by the [National Emergency Medical Services for Children \(EMSC\) Data Analysis Resource Center \(NEDARC\)](#). The goal of the survey is to improve understanding of EMS agencies' ability to care for children by collecting data on two specific EMSC performance measures: Performance Measure 02 assesses if an agency has access to a pediatric emergency care coordinator (PECC), while Performance Measure 03 focuses on an agency's process for skill-checking on pediatric equipment.

National and Virginia results will be available at the EMS for Children Booth (Hilton #401) at the Virginia EMS Symposium, and will also be distributed on the EMS listserv and on social media in November.

National Pediatric Readiness Assessment (for hospital ED's) *CLOSED*

The [2021 National Pediatric Readiness Project \(NPRP\) assessment](#) closed on August 31. A total of 3,647 emergency departments (EDs) across the nation in rural, remote, and urban areas answered the call to participate in this quality improvement initiative (QI), garnering a 71% response rate.

The NPRP assessment is the largest national assessment of emergency departments' capabilities in providing high-quality care for children. The NPRP is a collaboration between the Health Resources and Services Administration's Emergency Medical Services for Children (EMSC) program along with the Emergency Nurses Association, the American College of Emergency Physicians, the American Academy of Pediatrics, the National Association of State EMS Officials, and the American College of Surgeons Committee on Trauma.

The comprehensive survey, last conducted in 2013-2014, was hampered toward the end by a switch from online to manual submission of assessments (due to security issues). The Virginia

EMSC Program is especially thankful to the Virginia Hospital and Healthcare Association (VHHA) Office of Emergency Preparedness, and the Regional Coordinators working in the Hospital Preparedness Program (HPP) for their tireless assistance in convincing hospitals to participate in the assessment.

Results, both national and Virginia, will be distributed widely in early 2022. Hospitals that submitted assessments received an immediate gap report showing them how they compare with hospitals of similar size and pediatric flow-through, and suggesting areas where improvement can be focused.

EMS for Children (EMSC) Program (Cont.)

More on EMSC Program Work Groups...

The EMSC Program is seeking additional 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 any of the following topics:

- Pediatric Champions: Work group to support developing EMS Agency Pediatric Emergency Care Coordinators—also called PECCs.
- Child Transport Policies & Procedures: Work group to develop template(s) for suggested EMS agency policies and procedures appropriate for restraining children during ground ambulance transport.
- Emergency Department Pediatric Readiness Recognition: Work group to explore creating a voluntary recognition program for hospital EDs that can demonstrate a specified basic readiness level in caring for children (medical).
- Emergency Transfer Guidelines and Agreements: Work group to develop templates for written hospital emergency transfer guidelines and agreements that specifically refer to pediatric patients. These would be a technical resource available to Virginia hospitals.

Virginia Participates in National Training for Pediatric Champions

Twenty-six individuals from Virginia are part of a new nationwide collaborative whose mission is to support healthcare professionals working in *prehospital and emergency department systems* to become effective pediatric champions (also known as PECCs).

The [Pediatric Emergency Care Coordinator \(PECC\) Workforce Development Collaborative \(PWDC\)](#) began in September and will run through June 2022. The Virginia contingent consists of twenty EMS personnel, three nurses, one facility administrator, and one EMSC State Program Manager.

PECARN Study Targets Pediatric Asthma in the Ambulance Setting

Cincinnati Children's Hospital Medical Center and local Cincinnati EMS agencies from the [Pediatric Emergency Care Applied Research Network \(PECARN\)](#) Midwestern research node, HOMERUN, are a major site in a national study of the efficacy of EMS administration of oral steroids to children with asthma exacerbations. The “Early Administration of Steroids in the Ambulance Setting: An Observational Design Trial” or “EASI AS ODT” study is a pragmatic trial using a stepped wedge design, where each site introduces the intervention at a different period in time, rather than all at once. Using this approach, the study is looking at pediatric patient outcomes before and after EMS agencies introduce an oral steroid option for the treatment of asthma attacks. The study is led by Principal Investigator Jennifer Fische, MD, a pediatric emergency medicine physician and pediatric EMS medical director from the University of Florida College of Medicine-Jacksonville, and is funded by a five-year National Heart, Lung, and Blood Institute K23 award.

“Asthma is the most common chronic childhood disease and a leading cause of emergency department visits,” says Dr. Fische. “But there is little evidence and few guidelines on the best way for EMS to take care of pediatric asthma attacks while in an unpredictable and mobile environment. We hope to learn if and when oral steroids should be administered, to spare children the painful procedure of placing an IV.”

The study comprises seven sites, including Texas Children's Hospital and the Houston Fire Department from PECARN's CHaMP node, joined by five EMS agencies in Florida. The lead investigator from Cincinnati Children's, Lauren Riney, DO, assistant professor of pediatrics in the Division of Pediatric Emergency Medicine, stresses the importance of pragmatic pediatric prehospital trials, including ones that are observational in nature: “Because EMS operates in such a unique medical environment, specific prehospital research is needed, and specific *pediatric* prehospital research is even more vital.”

Dr. Riney adds: “In addition to quantitative EMS data, Cincinnati is hosting focus groups with EMS clinicians for a qualitative analysis to identify barriers and facilitators to administering oral medications to children with asthma. We are already identifying important considerations that are not well-documented in the typical EMS report.”

Continuing Virginia EMSC Recommendations to Hospital Emergency Departments

- Weigh AND record children in **kilograms** (*to help prevent medication errors*).
- Include children specifically in hospital disaster/emergency plans.
- Designate a **Pediatric Champion** (Pediatric Emergency Care Coordinator--PECC). *This is the single most important item a hospital can implement to ensure pediatric readiness, including patient safety.*

- Ensure *pediatric* patients are included in the quality improvement process.
- Review and adopt *pediatric safety policies* (radiation dosing, medication dosages, abnormal VS).

2022 EMSC Committee Meetings

There will be a special meeting of the Committee on January 6, 2022 to consider regulatory language recommendations regarding the transportation of children by ground ambulance. The EMSC Committee will return to a regular rotation of meetings beginning February 3, 2022, with additional meetings scheduled for May 5, 2022 and August 4, 2022. All of these meetings will be held at the Embassy Suite Hotel, 2925 Emerywood Parkway, Richmond, VA 23294.

Suggestions/Questions

Please submit suggestions or questions related to the Virginia EMSC Program to David P. Edwards via email (david.edwards@vdh.virginia.gov), or by calling 804-888-9144 (direct line). The EMS for Children (EMSC) Program is a part of the Division of Community Health and Technical Resources (CHaTR), within the Virginia Office of Emergency Medical Services (OEMS). *If you have any difficulty connecting with David Edwards, please contact Tim Perkins via email (tim.perkins@vdh.virginia.gov) or by phone (804-888-9100).*

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 karen.owens@vdh.virginia.gov
Sam Burnette	Emergency Services Coordinator, samuel.burnette@vdh.virginia.gov Staff Support – Communications Committee
Vincent Valeriano	Epidemiologist vincent.valeriano@vdh.virginia.gov

Operations

- **Updated Emergency Operations Webpages**

Vincent Valeriano recently updated the OEMS Emergency Operations webpages to improve navigation and increase ease of access of information. All of the Emergency Operations areas of focus are located on the main Emergency Operations homepage. Additionally, the Communication & PSAP Accreditation page was updated and includes links to PSAP/911 Center Accreditation Program, EMS Communications Directory, Statewide Communications Interoperability Plan, Telecommunicator CPR Implementation, and Resiliency Resources.

Visit <https://www.vdh.virginia.gov/emergency-medical-services/emergency-operations/> to check out the updates.

- **COVID Planning and Response**

The Division of Emergency Operations continues to work with stakeholders to support continued planning for a response to COVID related impacts on EMS personnel. This quarter activities included

- Healthcare Coordination Committee Check Ins
- Long-term Care Facility Committee Meetings
- Panel Discussion on COVID treatment options

Division staff continue to maintain the n-COV website with up-to-date information on policies and procedures to effectively and efficiently respond to the ongoing event.

Training

- **Virginia Fusion Center Fusion Liaison Officer Training Program**

On August 25, 2021, he provided instructional assistance for a Fusion Liaison Officer class held at the Defense Logistics Agency in Chesterfield, Virginia. He delivered a presentation on suspicious activity reporting (SAR) and an overview of the Virginia Department of Health and how it can assist in the planning for and response to manmade and natural disasters. Not only did members of the Virginia National Guard attend, but also Fire/EMS providers for central Virginia and as far away as Virginia Beach. Also attending were federal, state, and local law enforcement partners to include sworn and civilian personnel.

On September 29, 2021, assisted the Virginia State Police with another delivery of the Virginia Fusion Center Fusion Liaison Officer (FLO) Basic class at Christopher Newport University in Newport News, Virginia. Course attendees included the Secretary of Public Safety and Homeland Security Brian Moran; members of the Virginia State Fire Marshal's Office; personnel from the US Air Force, US Army, US Coast Guard, and the US Marines; federal, state, and local law enforcement officers including the US Postal Inspection Service and Transportation Security Administration; probation officers from the Virginia Dept. of Corrections; as well as representatives from Hampton Roads Transit and Newport News Parks and Recreation.

- **Vehicle Rescue Course**

The Division of Emergency Operations sponsored and supported a Vehicle Rescue Class on October 23-24, 2021. The course, which teaches the techniques for assessment and access to patients entrapped following a motor vehicle crash, provides lecture and hands-on opportunities. This program was taught to 24 fire and EMS providers.

- **First Responder Virginia Conference**

Sam Burnette attended the 2021 First Responder Virginia Conference held in Virginia Beach September 22-25, 2021. This event is co-sponsored by the Virginia Association of Volunteer Rescue Squads (VAVRS) and the Virginia State Firefighters Association (VSFA). As an invited speaker, Sam provided the following presentations: "*Is There Anybody Out There?*" - a discussion on communications interoperability for EMS agencies; "*That's Hinky*" - a lecture on suspicious activity reporting for EMS agencies; and "*It is More Than Triage*" - an overview of the EMS operational positions during a mass casualty event. He also participated in a forum delivered by the Virginia Department of Fire Programs that provided an overview of the Virginia Fusion Center (VFC).

Communications / Emergency Medical

- **9-1-1 Services Board Regional Advisory Committee**

Sam Burnette has been appointed to represent the Virginia Office of EMS on the 9-1-1 Services Board Regional Advisory Committee. The committee was established as a standing committee of the 9-1-1 Services Board on March 11, 2021. Its purpose is to study and make recommendations regarding the implementation of the statewide Next Generation 9-1-1 (NG 9-1-1) emergency communications system and its impact on Virginia's current and future 9-1-1 ecosystem.

- **2021 Virginia APCO / State Interoperability Conference**

Sam Burnette attended the 2021 Virginia APCO / State Interoperability Conference held at the Hotel Roanoke and Conference Center October 26-29, 2021. In addition to attending several training sessions on FirstNet, COMLINC, and other related topics he delivered a presentation *"TCPR/EMD: Improving the Standard of Care in EMS in Virginia."*

- **Statewide Interoperability Executive Committee (SIEC)**

Sam Burnette represented the Virginia Office of EMS at the Statewide Interoperability Executive Committee (SIEC) meeting held October 26, 2021 in Roanoke, Virginia. The committee consisting of representatives from state and local government offices serves as an advisory group to the Statewide Interoperability Coordinator related to all matters involving public safety communications.

Planning

- **Virginia State Critical Infrastructure Working Group**

Karen Owens and Sam Burnette attended multiple meetings of the Virginia State Critical Infrastructure Working Group. This group reviews and updates the state plan for protecting critical infrastructure in an emergency event.

- **Marcus Alert Coordination Committee**

Karen Owens attended biweekly meetings of the Marcus Alert Coordination Committee. These meetings bring together partners from across the Commonwealth to discuss issues and develop plans to implement the Marcus Alert, a process for deploying appropriate resources for a person having a mental health emergency.

- **Mass Casualty Incident Committee – Old Dominion EMS Alliance**

On October 29, 2021, Sam Burnette participated in a virtual meeting of the Old Dominion EMS Alliance (ODEMSA) Mass Casualty Incident (MCI) Committee. The purpose of the committee is the establishment of mass casualty incident guidelines, oversight, and emergency planning for EMS agencies and providers within the region.

- **National Association of State EMS Officials (NASEMSO) Board of Directors**

Karen Owens continues to participate in the monthly NASEMSO Board of Directors meetings, representing the Health and Medical Preparedness Council.

- **Family Assistance Center (FAC) Planning**

On August 24, 2021, Karen Owens participated in a meeting focused on the development of Family Assistance Center plans for the Commonwealth.

- **Diversion Committee – Old Dominion EMS Alliance**

On October 29, 2021, Sam Burnette participated in a virtual meeting of the Old Dominion EMS Alliance (ODEMSA) Diversion Committee. The Diversion Committee is responsible for establishing the ODEMSA Hospital Diversion Plan.

Health and Safety

- **Health and Safety Infographics**

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

- August 2021 – Violence Prevention in EMS
 - <https://www.vdh.virginia.gov/content/uploads/sites/23/2021/08/Violence-Prevention.pdf>
- September 2021 - National Preparedness Month
 - **Week 1 September 1-4: Make A Plan**
<https://www.vdh.virginia.gov/content/uploads/sites/23/2021/09/Week-1-NPM.pdf>
 - **Week 2 September 5-11: Build A Kit**
<https://www.vdh.virginia.gov/content/uploads/sites/23/2021/09/Week-2-NPM-1-1.pdf>
 - **Week 3 September 12-18: Low-Cost, No-Cost Preparedness**
<https://www.vdh.virginia.gov/content/uploads/sites/23/2021/09/Week-3-NPM-1-1.pdf>

- **Week 4 September 19-25: Teach Youth About Preparedness**
<https://www.vdh.virginia.gov/content/uploads/sites/23/2021/09/Week-4-NPM-.pdf>

- **Health and Safety Webinars**

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

- *IPSA: Crisis stabilization & scene management: Roadmap to de-escalation, field dynamics & decision-making using the R.O.A.R model*

This webinar discussed the Respond-Observe-Assess-React (ROAR) model developed by Dr. Pietro D’Ingillo and Sgt. Eric Ehrhorn. This response model minutely dissects facets of field response and is considered a roadmap to de-escalation (crisis stabilization), field dynamics, and decision making. Regardless of the nature of the call for service, ROAR’s generalizability captures vital and universal features which can assist the responder in decreasing the intensity of any situation.

- *IPSA: A panel discussion: Preparing agencies for today’s active shooter incident*

History illustrates that active shooter, hostile events, and mass casualty incidents (ASHE/MCI) can occur in any venue. This webinar focused on how First responders must train for multiple weapon types and dynamic scenarios and be provided new resources, tools, education, and training that emphasizes an integrated response to any ASHE/MCI. The panel discussed how agencies can prepare for an ASHE/MCI by having a comprehensive, integrated response and recovery plan with allied emergency responders.

- *IPSA: International Panel on First Responder and Veteran Wellness*

This webinar discussed the trauma faced by 9-1-1 personnel, why a Peer Support Group is necessary, and guidance on building effective Peer Support Groups. In addition, subject matter experts discussed the current wellness challenges facing first responders and veterans, the latest research and innovative wellness programs, and ways that organizations can be supportive in times of trauma and proactive in wellness training and education.

Critical Incident Stress – Peer Support
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- **Team Activations**

During this quarter Critical Incident Stress Management – Peer Support teams across the Commonwealth reported 11 activations which include meetings, debriefings, trainings, and general outreach.

- **Team Accreditation**

The following teams were approved for accreditation during this quarter:

- Waynesboro Police Department
- Prince William Fire & Rescue
- Lord Fairfax EMS Council
- James City County
- Prince William Police Department
- Chesapeake Police Department
- Fairfax County Sheriff's Department
- Prince William County Department of Public Safety Communications
- Middle River Regional Jail Peer Support Team

The following team was approved for re-accreditation this quarter:

- Chesterfield County Police Department

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 (July – September)

- **7-30-21** – Save the Date - Virginia EMS Symposium registration opening
- **8-4-21** – The 2021 National Pediatric Readiness Project Assessment
- **8-18-21** – Registration open for the Virginia EMS Symposium
- **9-27-21** – Registration Closing October 1

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 July - September are as follows:

- **July** – RSAF spring 2021 grant awards announcement, holiday office closures, Tropical Storm Elsa, Virginia EMS Portal maintenance, health and safety infographic re: hydration, Save the Date for Symposium registration opening.
- **August** – Registration officially open for the Virginia EMS Symposium, application period for the fall 2021 RSAF grant cycle, National Pediatric Readiness Project Assessment deadline extended, new EMS program representative, tax-free weekend for emergency preparedness products, health and safety infographic re: violence prevention

in EMS, symposium registration promo, self-dispatch info re: Ida and State of emergency declared for tropical depression Ida.

- **September** – National Preparedness Month Week 1 infographic, 2021 EMS Needs Assessment survey, holiday office closures, National Preparedness Month Week 2 infographic, Suicide Prevention Awareness, Symposium registration reminders, September 11 remembrance, National Preparedness Week 3 infographic, Symposium special sessions with Steve Berry, National Preparedness Month Week 4 infographic, NREMT equity, diversity, access and inclusion webinar.

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 October 28, 2021, the OEMS Facebook page had 8,426 likes, which is an increase of 14 new likes since July 29, 2021. As of October 28, 2021, the OEMS Twitter page had 5,325 followers, which is an increase of 18 followers since July 29, 2021.

Figure 1: This graph shows the total organic reach* of users who saw content from the OEMS Facebook page, July - September. 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 August 5, 2021. This post garnered 5,741 people reached and 440 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 July 1 - Sept. 30, 2021

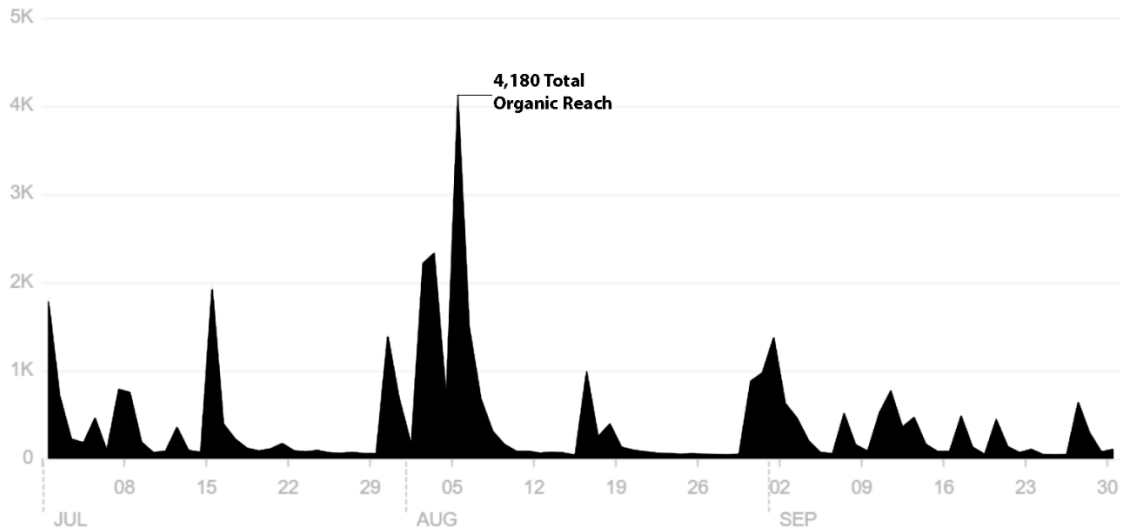


Figure 2: This graph shows the total organic impressions* over a 91-day period on the OEMS Twitter page, July - September. **During this 91 day period, we earned 15.3 impressions per day. The most popular tweet received 647 organic impressions.**

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

Tweet Activity

July 1 - Sept. 29, 2021

Your Tweets earned 15.3K impressions over this 91 day period.

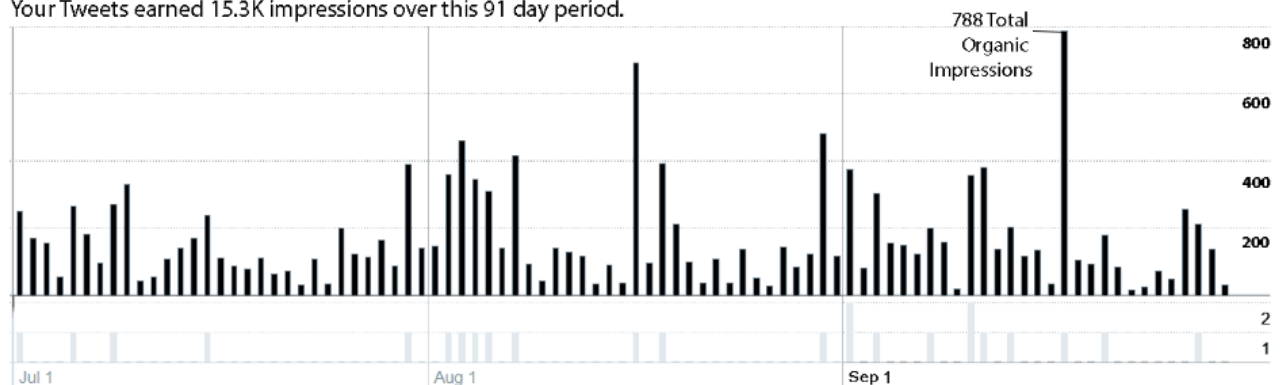


Figure 3: This table represents the top five most downloaded items on the OEMS website from July - September.

July	<ol style="list-style-type: none"> 1. Authorized Durable Do Not Resuscitate Form (359) 2. EMS Education Certification Program Rankings Peer to Peer Benchmarking (161) 3. RSAF Grant Program Sprang 2021 Awards list (130) 4. TR-57 Virginia Recertification Requirements (116) 5. Virginia EMS Scholarship Quick Guide (113)
August	<ol style="list-style-type: none"> 1. 2021 Virginia EMS Symposium Catalog (370) 2. Authorized Durable Do Not Resuscitate Form (333) 3. Virginia EMS Scholarship Quick Guide (220) 4. TR-57 Virginia Recertification Requirements (182) 5. 2021 Symposium Registration Form (172)
September	<ol style="list-style-type: none"> 1. Authorized Durable Do Not Resuscitate Form (301) 2. TPAM EMS Training Program Admin Manual (193) 3. TR-57 Virginia Recertification Requirements (174) 4. 2021 Virginia EMS Symposium Catalog (156) 5. CentreLearn Instructions (141)

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 July - September.

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
July	6,306	00:34	28.46%
August	8,935	00:44	30.41%
September	7,691	00:53	28.01%

Google Analytics Terms:

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

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

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

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

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

Events

EMS Symposium

- PR Coordinator submitted ads for the fall edition of the Commonwealth Chiefs Magazine.
- PR Coordinator finished the design and layout of the Symposium Catalog and sent to printer July 30, 2021. Posted PDF version on the OEMS Symposium webpage.
- PR Coordinator updated the Symposium webpages on the OEMS website.
- PR Assistant finished editing Symposium course content for online registration.
- PR Assistant coordinated the shipping of the symposium catalogs to all Virginia EMS agencies and Regional EMS Councils.
- PR Coordinator worked with symposium sponsorship coordinator on sponsored items, inserts for symposium packets, signage requirements, etc.
- PR Coordinator updated symposium webpage, to include all symposium forms, worksheets, catalog, flyers, sponsor info, etc.
- PR Coordinator started working on signage needs for the Virginia EMS Symposium.
- PR Assistant started coordinating supply order items that would be needed for symposium registration packets and placed supply order for such items.
- PR Assistant reviewed online symposium course descriptions and assigned certification criteria.
- PR Coordinator starting drafting the Symposium On-Site Guide.
- PR Coordinator to begin working on Symposium App once registration is closed.
- PR Coordinator would begin working on ordering symposium sponsor items when registration is closed.

Governor's EMS Awards Program

- PR Assistant prepared the Governor's EMS Award Nomination digital packet for the Governor's EMS Awards Nomination Committee members for review and grading.
- PR Assistant organized the Governor's EMS Awards Nomination Committee meeting, held August 20 at 10 a.m.
- PR Assistant placed order for the Governor's EMS Award pyramids.
- PR Coordinator prepared the Decision Memo for awards certificates to be printed by the Governor's Office.
- PR Coordinator prepared the Decision Memo for a recognition video for the awards ceremony.

Media Coverage

The PR Coordinator and PR Assistant are responsible for fielding the following OEMS media inquiries July - September, and submitting media alerts for the following requests:

- **July 15** – Reporter from the Kingsport Times News inquired about a rescue squad compliance case.

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.
- The PR Assistant is the designated FOIA Officer for the OEMS and the PR Coordinator provides back-up assistance as needed.

VDH Communications Office

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

- **July - September** – 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 July - September:
 - Health Commissioner Update – August 16
 - COVID-19 Update for Virginia – August 26
 - Update on Measles in Virginia – September 14
 - COVID-19 Update for Virginia – September 20
 - COVID-19 Update for Virginia – September 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.
- **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 third 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	4		15	29	33
EMS Agency	1	1	2		4	10	13
EMS Provider	4	5	2		11	19	20
Verbal Warning	2	3	2		7	7	8
EMS Agency	0	1	1		2	1	4
EMS Provider	2	2	1		5	6	4
Correction Order	1	2	11		14	6	5
EMS Agency	0	1	2		3	0	1
EMS Provider	1	1	9		11	6	4
Suspension	11	5	8		24	34	24
EMS Agency	1	1	1		3	0	0
EMS Provider	10	4	7		21	34	24
Revocation	4	2	0		6	0	2
EMS Agency	0	0	0		0	0	0
EMS Provider	4	2	0		6	2	0
Compliance Cases							
Investigations Opened	39	52	59		150	180	203
Investigations Closed	35	43	51		129	168	199
Drug Diversions	1	4	5		10	10	6
Variances	47	21	12		80	87	110
Approved	30	8	4		42	49	56
Denied	17	11	8		36	38	54
RSAF Grant Verifications	71	30	53		154	258	281

Quarterly IFFC = Informal Fact Finding Conferences (APA) appeal hearing update

There were 2 Administrative Processes Act - Informal Fact Finding Conferences (hearings) requested during this quarter; however, neither regulant appeared for their scheduled hearing.

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 have begun 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 Inspection/Licensure Activity

Licensure	2021 1st Quarter	2021 2nd Quarter	2021 3rd Quarter	2021 4th Quarter	2020 Total	2019 Total
Total Agencies	569	569	566		573	587
New Agency	2	2	2		10	7
New Vehicles	45	98	87		232	239
Inspections	863	1049	526		3082	2819
Agencies Inspected	90	106	68		250	330
Vehicles Inspected	630	805	369		2683	2153
Unscheduled "Spot" Inspections	96	38	89		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	2,613		6,410	7,613
Eligible	2,429	2,368	2,450		6,310	6,973

Non-Eligible	8	8	9		54	47
Review Criminal history	340	281	322		430	Not Available
Outstanding Waiting for results	86	56	17		Not Cumulative	Not Cumulative
Rejected Fingerprint cards	14	5	13		56	391
Jurisdictional Ordinance Processed	129	140	154		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	220		208	220
New OMD's	2	5	0		18	>3
Re-Endorsed (5yr)	14	10	5		20	41
Conditional (1yr)	3	0	0		14	23
Expired Endorsement	1	5	2		8	19

The 2020 OMD workshop schedule concluded last quarter (II).

The OMD Workshop schedule for 2021 will start at the EMS Symposium in Norfolk on November 4th. The OMD workshops will return to in-person sessions across the Commonwealth, the first session on December 07, 2021 for the combined TEMS/PEMS councils in Chesapeake, VA.

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 has updated the on-line OMD training program that is utilized as a pre-requisite for new physician applicants 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.

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) was held on August 11th thru 13rd at the Southside Rescue Squad in South Hill, VA.
- ❖ Division Task Team(s) met at the on August 11th to work on Regulation & Compliance Enforcement Division specific work projects and templates.
- ❖ Division Leadership Team (Division Director & Field Supervisors) met August 11th to review, plan, and monitor the 2021 Division deliverable goals.
- ❖ Chad Gregg, EMT-I, was hired as Program Representative (Investigator) on August 10, 2021 and assigned to the Tidewater jurisdiction, following the May 31, 2021 retirement of Investigator Wayne Berry.
- ❖ Division Director, Ron Passmore now serving on the Executive Committee of the Virginia POST Collaborative Board representing the Office of EMS.
- ❖ Coordinated monthly meetings at OEMS for Division Directors with Assistant Attorney General Krista Samuels Esq. who represents the Office of EMS.
- ❖ Meeting(s) with OIM on development of EMS portal upgrade for non-certified affiliated members of EMS agencies and management of eligibility determinations via the portal.
 - Instructions on how to affiliate non-certified EMS agency members will roll out in Quarter IV of 2021.
 - Information on how affiliated EMS agency members eligibility status notifications will occur, in real time, via the OEMS portal will be included in this roll out.
- ❖ 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.

- ❖ Virtually attended NASEMSO - PLC and AVL meetings on August 24th and 26th.
- ❖ Attended the VFSC Fall Fire/EMS Stakeholders meeting on September 30th.
- ❖ **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 – post regarding a Scope of Practice update on vaccine administration by ALS certified providers. Code of Virginia 54.1-3408*
 - Criminal History Record
 - Fingerprint Submission
 - EMS Interstate Compact (REPLICA)
 - Data Compliance Report
 - *New information updated regarding interpretation of Data Compliance report incorporating ESO*
 - Durable Do Not Resuscitate (DDNR)
 - *New Guidance Documents posted regarding NP/PA signatures*
 - EMS Medical Directors
 - *2022 OMD workshop schedule to be posted this quarter*
 - 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*

Chad Gregg, EMT-I (Chad.Gregg@vdh.virginia.gov) – *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 142 years of combined experience specific to EMS regulations and compliance enforcement; in addition, this team of twelve has more than 292 years of combined experience with the delivery of Emergency Medical Services as clinical providers and EMS administrators.

Hybrid State/Regional Offices

Central Shenandoah EMS Council

Blue Ridge EMS Council

Rappahannock EMS Council



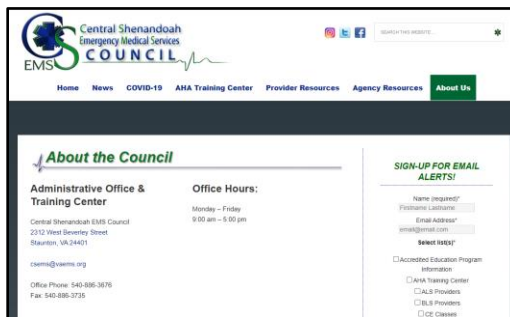
A. Regional Office

The Central Shenandoah EMS Council, Inc. (CSEMSC) maintains an office at 2312 W Beverley Street in Staunton, VA. The facility is owned by CSEMSC, and operates with a license agreement with the Virginia Office of EMS (OEMS) to co-occupy the facility with no rental

fees. OEMS provides for maintenance and utilities for the facility, and has provided infrastructure upgrades for networking, Audio/Visual equipment, and operational support. The Administrative Office is open Monday - Friday from 9:00 AM - 5:00 PM, and the Training Center is open for scheduled classes ranging



from 8:00 AM - 10:00 PM on weekdays and weekends to serve the community needs. Office hours and other information about CSEMSC is available at the [CSEMSC website at www.csems.org/about-the-council](http://www.csems.org/about-the-council).



CSEMSC is an active member of the Staunton West End Business Association focused on revitalizing Staunton's historic West End. A copy of the licensing agreement and contract modification for building maintenance is

included in [Appendix A](#) of the [CSEMS Quarterly Report](#).

B. [Continuity of Operations Plan](#)

CSEMS staff have been working toward revising the continuity of operation plan. A draft was presented to the Board of Directors in the July, 2021 Board meeting, but the Board requested additional time to review the document in detail. The Board of Directors will review the plan in the 2nd Quarter Board meeting in October. A copy of the 2021 COOP is provided in [Appendix A](#) of the [CSEMS Quarterly Report](#). Training will commence upon Board approval.

C. [Employee Qualifications and Performance](#)

1. CSEMS Staff are the core of the operation. Staff work diligently with the region's stakeholders to assure an effective and effective regional EMS system. Regional office positions and staff are introduced below:

- 2.

- Amanda Loreti is the Region's Performance Improvement Specialist. She has been working with Dr. Brand to develop Performance Improvement plans, evaluate regional protocols and related data, and coordinate educational objectives to improve patient outcomes. Amanda has also been working toward obtaining her Education Coordinator certification. Amanda led the rebranding effort for the region's Critical Incident Stress Management/Peer Support team (now Critical Incident Provider Support), and has taken a key role in supporting the collaborative Mobile Vaccine Provider program with the Central Shenandoah Health District.

- James (Mark) Larrick is a contractor through the Commonwealth's Contingent Labor contract as the region's Technical Resource Assistant. James has been the "Jack of all trades" for many CSEMS projects, including drug boxes, EMS week planning, equipment maintenance, and education technology. Most recently, he has been working with the regional pharmacies to transition from the current two-box system to a single box system, pending final regulation changes from the DEA.



- Laurie Cook serves as the Accounting Manager and AHA Training Center Coordinator, and has been instrumental in creating a smooth transition to the new hybrid model. Laurie is the last remaining full-time employee of CSEMSC, and has been a valuable asset during the transition to a Regional Office of EMS. Laurie continues to draw consistently excellent customer service ratings for the region and the Office of EMS.



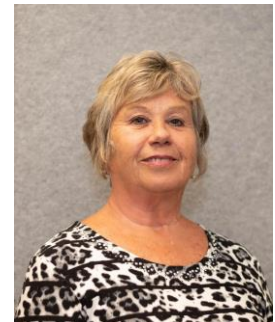
- Daniel Linkins serves as the CSEMS Regional Director and has been working with regional stakeholders and OEMS administration to develop and recruit for the remaining administrative position. Daniel has worked closely with regional staff and regional leadership to move forward with initiatives outlined by the Board of Directors, and to secure resources for agencies where needed. As the Blue Ridge and Rappahannock EMS Councils transition as Hybrid Regional EMS Offices, Daniel has worked closely with the other directors to share ideas and learn from each other, including the launching of a staff exchange program. These opportunities have been mutually beneficial in streamlining processes and creating new visions. Daniel ensures that regional deliverables are met, and that agencies receive the most up-to-date information, while leading the incredible team at CSEMS through regular staff meetings, annual performance reviews, professional development and strategic planning.



- Becky Anhold serves as an Education Coordinator for the region through the Commonwealth's Contingent Labor contract, and has been instrumental in the coordination of the Regional Patient Care Protocol rollout, as well as specialized training with Certa-Dose Epinephrine and other topics. She has helped with future planning for education in the region, particularly focusing on BLS education and volunteer agencies. Becky manages the protocol orientation, and provides updates and learning management system oversight for the region's providers.



- Vicky Anderson is the primary instructor for the CSEMS AHA Community Training Center, and provides administrative support to the Regional Office of EMS through the Commonwealth's contingent labor contract. Vicky supports many administrative functions to support Laurie with accounting, transactions, and excellent customer service. Vicky is a retired RN with extensive experience in nursing management, infection control, and clinical education. Vicky has been a valuable asset in providing N95 fit testing for our region's healthcare providers.



- Larry Bird joined the office on January 25, 2021 as the Technical Resource Specialist. He has been aggressively working to take on roles related to agency support, Mass Casualty Incident Planning, medication kit exchanges, development of a learning management system for the protocol rollout. Larry submitted his resignation effective September 17, 2021.



3. CSEMSC also employs multiple part-time instructors who all play a vital role in the operational mission of CSEMSC. CSEMSC values the many staff, instructors, contractors, volunteers, committee members, and board members who dedicate countless hours to serving the community. ***This is CSEMS: Caring for Our Communities.***

4. Position descriptions for OEMS-funded positions are included in [Appendix A](#) of the [CSEMS Quarterly Report](#).

D. [Position Vacancies](#)

CSEMSC currently has two positions pending recruitment and fulfillment. On September 6, 2021, Larry Bird, Technical Resource Specialist submitted his resignation effective September 17, 2021. This position is a Virginia Department of Health (VDH) position and is pending approval for recruitment through VDH. The last remaining position allocated to the regional office in the 2018 Memorandum of Agreement is the Administrative Coordinator, which was sent to VDH Human Resources in May 2020, and is still awaiting classification and approval to begin recruitment. The approved position posting for EM-031 (Technical Resource Specialist) and the proposed position description for the Administrative Coordinator position are provided in [Appendix A](#) of the [CSEMS Quarterly Report](#).

E. [Organizational Information:](#)

The Central Shenandoah EMS Council, Inc. (CSEMSC) is a 501(c)3 organization under the ownership and direction of a Board of Directors. A copy of the CSEMSC Organizational Chart and lists of the Board of Directors and committee members is provided in [Appendix A](#) of the [CSEMS Quarterly Report](#). Board members sign disclosure and conflict of interest forms to report any potential conflicts that may compromise their ability to act in the best interest of the regional council and its member agencies.

F. [Program Reports](#)

1. [AHA Training Center](#)-The Central Shenandoah EMS Council supports education of healthcare professionals and the community. As an American Heart Association Community Training Center, the organization provides certification courses in Basic Life Support, Advanced Life Support, Pediatric Life Support, Bloodborne Pathogens, CPR, First Aid, and CPR. A summary of the activities conducted by the AHA Community Training Center is available in [Appendix B](#) of the [CSEMS Quarterly Report](#).

2. NAEMT Training Center

CSEMS was approved as a Community Training Center in 2020, but due to the pandemic and delays in staffing, no classes have been held to date. Currently, the regional director is the only credentialed instructor to coordinate the programs. Starting in December, 2021, CSEMSC will begin development of an instructor

pool to offer a suite of NAEMT courses, with provider courses beginning in January, 2022.

3. [Committee Structure](#) - CSEMSC has the following standing committees:

- Nominating - selected by the President and Board of Directors in advance of elections at the annual meeting - *due to the transition of CSEMSC to a regional office, elections were suspended by the Board of Directors until the transition is complete.*
- Bylaws - receive and distribute changes as warranted; submit changes for Board vote - appointed by the President and Board of Directors when updates are needed.
- Rescue Squad Assistance Fund - review, rank and recommend action to the Financial Assistance Review Committee on grant applications submitted by regional agencies and organizations - *each cycle, members are selected to include diverse representation among agency representatives that do not have a grant application submitted.*
- Medical Control Review Committee - set policy and issue SOPs for the region; monitor all programs delivered or coordinated by the Council; assure quality of delivery of care by reviewing (or receiving results of a review) regarding particular cases or personnel. The MCRC shall consist of no more than one member of each agency. Ten members of the MCRC committee from the official roster shall constitute a quorum at any MCRC meeting.
- Committee Rosters are included in [Appendix B](#) of the [CSEMS Quarterly Report](#).

4. [Meeting Minutes](#)

Due to the recent Delta variant surge of the COVID-19 pandemic, most meetings this quarter were held virtually. Records of attendance are included in the minutes, but signed rosters were not able to be obtained for virtual meetings. Minutes, agendas, and attendance rosters for all required meetings are included in [Appendix B](#) of the [CSEMS Quarterly Report](#).

5. [Quarterly Financial Report](#)

First Quarter FY22 financial continued a positive revenue stream with a net income of \$44,171.29. A quarterly profit and loss report for the Central Shenandoah EMS Council is provided in [Appendix B](#) of the [CSEMS Quarterly Report](#). CSEMSC is in transition with many of the financial expenses being gradually assumed directly by the Virginia Office of EMS. Revenue balances will be used to sponsor regional programs that impact patient care and support the region's providers, as approved by the Board of Directors.

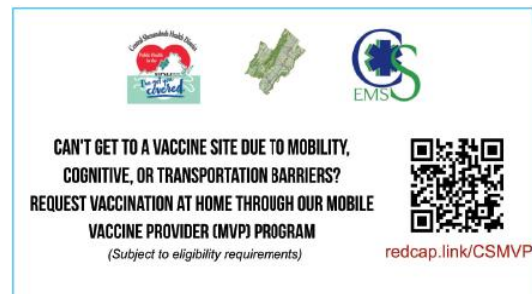
G. [State Committee Participation](#)

1. Regional EMS Council Executive Directors' Group - Daniel Linkins represents CSEMSC at the Regional Council Director's Group. While no formal meeting was held during this quarter, the regional directors have been meeting on a bi-weekly basis to share information, train on common systems, and collaborate on statewide initiatives that impact Virginia's EMS System.
2. State EMS Advisory Board - CSEMSC is represented on the State EMS Advisory Board by Matt Lawler, EMS Chief for Augusta County Fire - Rescue. Matt's term expires in 2021, but he has been nominated by the CSEMS Board of Directors for an additional term. Governor Northam has not yet announced his appointees.
3. Assigned State Committees, Workgroups and Task Forces
 - Matt Lawler represents the Governor's EMS Advisory Board at the Training and Certification Committee.
 - Gary Critzer represents EMS at the Virginia Board of Health, and represents the Board of Health at the Governor's EMS Advisory Board, the Executive Committee and the Rules and Regulations Committee.
 - Donna Hurts represents CSEMSC at the Financial Assistance Review Committee and Medevac Committee.
 - Dr. Asher Brand represents CSEMSC at the Medical Direction Committee.
4. Additionally, CSEMS representation was present at all state meetings of the Governor's Advisory Board and related committees:
 - Training and Certification Committee - Linkins/Loreti (7/7/21)
 - Rules and Regulations Committee - Linkins (7/7/21)

- Medical Direction Committee - Linkins/Loreti (7/8/21)
- EMS for Children Committee - Bird (7/20/21)
- Acute Care Committee - Bird (8/5/21)
- Communications Committee - Bird (8/5/21)
- Financial Assistance Review Committee - Bird (8/5/21)
- Medevac Committee - Bird (8/5/21)
- Trauma Administration and Governance Committee - Loreti (8/5/21)
- Workforce Development Committee - Loreti (8/5/21)
- Provider Health and Safety Committee - Loreti (8/6/21)
- Governor's Advisory Committee - Loreti/Bird (8/6/21)
- GAB Executive Committee Meeting - Linkins (9/29/21)

H. Local Health District Collaboration

1. Mobile Vaccine Provider Program - In April 2021, after the General Assembly passed legislation to expand the capabilities of healthcare providers to administer vaccines, CSEMSC and the Central Shenandoah Health District (CSHD) began developing a Mobile Vaccine Provider (MVP) program to offer vaccines to homebound patients, or those with cognitive, physical, or transportation barriers that would prevent them from attending vaccine clinics. Initial interest was slow as COVID-19 numbers began to decline over the summer, but referrals began in late August and early September. In the first month of operation, the partnership between CSEMSC, CSHD, and local EMS agencies vaccinated more than 10 homebound patients in September, while scheduling additional vaccines for the next quarter. In early October, vaccine referral cards are being distributed to local agencies and other

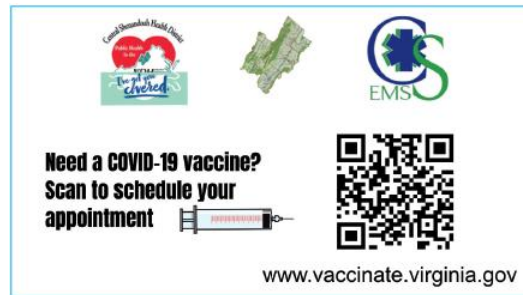


community resources to provide information about vaccines, schedule a vaccine, or refer patients to the MVP program.

II. Regional Medical Direction

- A. Regional Medical Director-CSEMESC maintains a contract with Dr. Asher Brand, MD, as the Regional Medical Director. Dr. Brand provides agency medical direction for multiple EMS agencies in the region, oversees regional protocols, and chairs the MCRC. He is compensated at \$11,000 per year, and is the only

of



compensated member of the board. In accordance with the CSEMESC Bylaws, the Regional Medical Director serves on the CSEMESC Board Directors. The Regional Medical Contract is provided in [Appendix E](#) of the [CSEMS Quarterly Report](#).

B. Regional Medical Protocols

1. Changes to the Regional Protocols, as approved by the Medical Control Review Committee during the quarter are as follows:

- Needle thoracostomy procedure was approved to be updated with more indications for the procedure.
- Method of drawing up the push dose epinephrine was changed.
- Vaccination Administration- Updated the links to VAOEMS Website
- Metoprolol- Edited Supply: Removed ampule and replaced with vial.
- Haloperidol- Edited Supply: Removed Ampule and replaced with vial.
- Cefazolin- Edited Supply: Cefazolin must be reconstituted before administration. It is supplied in rubber- stoppered vials containing 1 gram of powder.



- Norepinephrine- Added Supply Vial containing 4 mg in 4 mL.
 - Acetaminophen- Added supply to Tablets, 325 mg
 - Dextrose- Added 10% to the medication name
 - Lidocaine- Added new Supply
 - Dexamethasone- Updated Supply
 - Calcium Gluconate 10%- Added Supply Vial containing 1,000 mg in 10 mL.
2. The regional Medical Protocols are included in [Appendix E](#) of the [CSEMS Quarterly Report](#). Changes will be submitted to the Board of Directors in the 2nd Quarter meeting.

C. [Regional Medication Kit Exchange Program](#)

1. The Regional Medication Exchange Program is included in [Appendix E](#) 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. Work has continued on this and the new drug box will be rolling out in the next quarter.

D. [Regional EMS Supply Exchange](#)

1. With the transition of supplies out of medication kits, OEMS has purchased four UCapIt machines to distribute supplies at the region's four hospitals. These machines will also provide data for the potential methods of distributing medications under the proposed new DEA regulations, if approved. The current Ambulance Restocking Plan is provided in [Appendix E](#) of the [CSEMS Quarterly Report](#). A new plan will be developed upon final setup of the UCapIt machines.

III. [Regional Coordination](#)

A. [Regional Information and Referral](#)

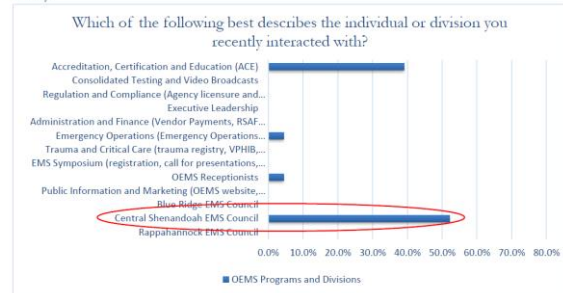
1. CSEMS continues to achieve excellent customer service scores in the region with 52.2%, 59.1% and 42.9% of overall OEMS customer service responses for July, August and September, respectively. Staff in the regional office provide logistical support, assistance with grant writing, assistance with technology implementation, protocol education, provider continuing education, and referral to appropriate divisions as appropriate. Daniel Linkins and Becky Anhold have been assisting EMS implement G Suite for Non-profit organizations, a free solution that offers email, learning management system, and other automation tools to assist agencies with daily processes using a free service. Daniel Linkins and Dr. Brand provided vaccine information to members of Highland Volunteer Rescue Squad, answering questions about safety, effectiveness, and the risks and benefits of vaccination of healthcare providers. Becky supports providers and training officers in completing the protocol orientation through Google Classroom. Amanda Loreti has been the primary contact for ESO, and has been working to assist agency administrators in setup, training, and data analytics. Excerpts from customer service ratings are included in [Appendix F](#) of the [CSEMS Quarterly Report](#). *Redacted items were specific comments*

Summary of OEMS Customer Satisfaction Feedback Data

Timeframe: July 2021 (7/1/2021 through 7/31/2021)

Data downloaded on August 24, 2021

Note: During the month of July, twenty-four (24) visitors visited the OEMS Customer Satisfaction Survey.



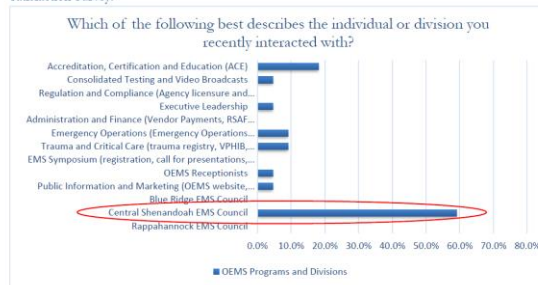
regarding other divisions of OEMS that are not applicable to the regional report.

B. Regional Performance Improvement Program

1. The preexisting General PI plan was tabled during the transition to a Regional Hybrid Office of EMS. The General PI Plan was updated to coincide with current MCRC performance improvement goals and outlined the committee and workgroups.
2. The MCRC has identified target areas for performance improvement as follows:
 - Airway Management, Cardiac Arrest and Post-Arrest
 - Pediatric and Neonatal Cardiac Arrest

Summary of OEMS Customer Satisfaction Feedback Data
Timeframe: August 2021 (8/1/2021 through 8/30/2021)
Data downloaded on September 8, 2021

Note: During the month of August twenty-three (23) visitors visited the OEMS Customer Satisfaction Survey.



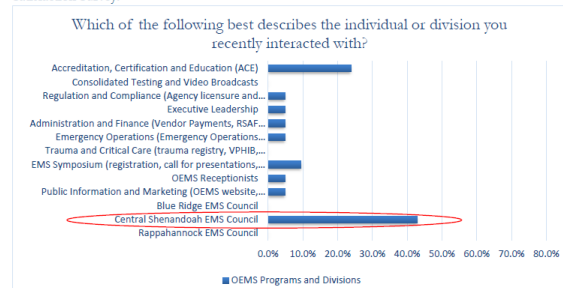
- Sepsis Management
- Stroke Triage & Management
- Trauma Triage & Management

3. Workgroups were assembled, and the following plans have been approved:

- Airway, Cardiac Care, and Resuscitation Performance Improvement Plan
- Sepsis Performance Improvement Plan
- Stroke Performance Improvement Plan
- Trauma Performance Improvement Plan

Summary of OEMS Customer Satisfaction Feedback Data
Timeframe: September 2021 (9/1/2021 through 9/30/2021)
Data downloaded on October 18, 2021

Note: During the month of September twenty-one (21) visitors visited the OEMS Customer Satisfaction Survey.



4. The above plans are included in the general PI plan that will be submitted on the next quarterly report.

5. These regional performance improvement plans are included in [Appendix F](#) of the [CSEMS Quarterly Report](#).

C. [Rescue Squad Assistance Fund](#)

1. The Fall 2021 RSAF Cycle included 6 applications with 9 total requests. Only one item requested was at the 50/50 funding level, with all other requests being 80/20 hardship requests. The CSEMS RSAF Committee reviewed all grants and provided recommendations and comments to the FARC committee prior to the deadline of 10/13/2021.

Total Applications:	6
Total Items Requested:	9
50/50 Requests:	1
80/20 Requests:	8
100/0 Requests:	0
Vehicles:	4
Cardiac Monitors:	2
Stretchers:	2
Airway Equipment:	1
Total Project Requests:	\$945,627.24
Total State Funding Requested:	\$671,153.29

Summary minutes of the meeting are included in [Appendix F](#) of the [CSEMS Quarterly Report](#).

D. [Critical Incident Provider Support \(CIPS\)](#)

1. During this Quarter the CISM Team and the Board of Directors agreed to change the regional CISM team's name to Critical Incident Provider Support (CIPS). This name encompasses the team's expanded mission and hopes to improve the stigma associated with first responders who seek support for mental health. CIPS Policies were reviewed and approved by the Board of Directors on 07/13/2021, with the intent to change wording before December for state accreditation of the team. CSEMSC is also exploring a potential pilot program with a mental health firm that specializes in first responders with potential trauma. The approved policies and procedures are included in [Appendix F](#) of the [CSEMS Quarterly Report](#).

E. [Regional EMS Awards](#)

1. 2021 Regional Award winners were:

- Excellence in EMS - J. Robin Root
 - Outstanding EMS Leadership - Jeremy Holloway
 - Outstanding EMS Agency - Waynesboro First Aid Crew
 - Physician with Outstanding Contribution to EMS - Laura Kornegay
 - Outstanding Contribution to EMS Emergency Preparedness & Response - Hilary Cronin
 - Outstanding Contribution to EMS Health and Safety - Central Shenandoah Health District
 - Kevin Sperka Memorial Award (Local Award) - Kirksey Whitley
2. Additional information for each of the award winners is included in [Appendix F](#) of the [CSEMS Quarterly Report](#).

F. BLS Consolidated Test Sites

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

G. [Regional Category 1 Continuing Education](#)

1. CSEMSC maintains a website with a news page where agencies can submit class announcements. For those who have subscribed to the CSEMSC email list to receive [CE Course announcements](#), an email is automatically sent for any course announcement. Courses are also posted on the [CSEMSC Facebook page](#). Regional education is provided by local agencies. The Office of EMS has a regional EMS Educator program, but the position for the CSEMS region has been vacant for more than a year. CSEMSC has recently received requests to provide continuing education programs due to lack of availability of the regional educator. CSEMS is working with Bath and Highland to provide CE classes

as requested. Currently, CE is available for applicable classes for which appropriate documentation can be provided, or for any applicable classes under the CSEMSC Community Training Center. The Central Shenandoah EMS Council's Community Training Center provides classes from the American Heart Association in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS), and from the National Association of EMTs in Advanced Medical Life Support (AMLS), Prehospital Trauma Life Support (PHTLS), EMS Safety, Community Paramedicine (CP), Principles of Ethics and Personal Leadership (PEPL) and more. Classes are available for the continuing education of healthcare professionals as well as for those needing certifications for other professions. A list of continuing education courses shared on the CSEMS website is included in [Appendix F](#) of the [CSEMS Quarterly Report](#).

H. Participation in Regional/External and other Stakeholder Meetings

1. Augusta County Emergency Officers Association
 - Bird (8/24/21)
 - Loreti (8/24/21)
 - Linkins (9/3/21, 9/28/21)
2. Augusta Health vaccination policy and outside agencies meeting
 - Linkins/Loreti (9/3/21)
3. Augusta LEPC Meeting
 - Bird (8/11/21)
4. Blue Ridge Community College EMS Advisory Committee
 - Linkins (7/13/2021)
5. Central Shenandoah Health District - MVP Program
 - Linkins (8/10/21)
6. CSEMS Workgroups
 - Community Paramedicine - Linkins/Loreti/Bird (8/24/21)
 - MCI Planning - Bird (7/16/21)
 - Performance Improvement Data Review - Loreti (7/19)
7. ESO Transition Discussion with Regional Offices

- Linkins (7/15/21)
- 8. Harrisonburg-Rockingham Emergency Management Task Force Meeting
 - Linkins (8/12/21)
- 9. Highland County COVID Vaccine Information/COVID Update
 - Linkins/Brand (9/20/21)
- 10. Northwest Region Health Care Coalition
 - Bird (7/8/21, 8/12/21)
 - Linkins (9/9/21)
 - Medical Response and Surge Exercise Discussion - Linkins (9/9/21)
 - EMS Organizations in VHASS for Diversion Alert - Linkins (9/17/21)
- 11. OEMS Division Directors Meetings
 - Linkins (8/19/21)
- 12. OEMS Monthly Regional Briefing
 - Linkins/Cook/Loreti (7/16/21, 8/20/21)
- 13. OEMS Welcome Meeting with Trauma & Critical Care Division Program Manager, Mindy Carter -Linkins/Loreti/Bird (7/27/21)
- 14. PT360 Panel Discussion - Monoclonal Antibody Infusions by EMS
 - Linkins/Loreti (9/30/21)
- 15. Regional Clinical Scheduling Meeting
 - Linkins (8/16/21, 8/23/21, 9/10/21, 9/20/21)
- 16. Rockbridge CERT Meeting
 - Bird/Loreti (9/24/21)
- 17. Rockbridge Hospital Stroke and ESO HDE
 - Loreti (7/27/21)
- 18. Rockbridge Volunteer Emergency Officer Association Meeting
 - Bird (8/17/21)
 - Loreti (9/21/21)

19. Sentara RMH EMS Task Force

- Linkins (7/15/21)

20. Staunton West End Business Association

- Cook (7/13/21)
- Linkins (8/10/21, 9/14/21)

21. Virginia Ambulance Association - Medicare Guidelines Presentation

- Bird/Loreti (7/22/21)

22. Weekly - ESO Tracker Updates - Monday Mornings
(Linkins/Loreti/Bird)

23. Weekly - OEMS Regional Director Information Meeting - Tuesday
Mornings (Linkins)

24. Weekly - Staunton/Augusta/Waynesboro Surge Task Force -
Wednesday Afternoons (Linkins)

25. Weekly - VDH Agency Forum - Tuesday Mornings (Linkins)

26. Weekly - VDH COVID Modeling - Thursday Afternoons (Linkins)

27. Bi-Weekly - Regional Council Directors Group - Wednesday
Afternoons (Linkins)

I. Technical Support for EMS Agencies and Providers

1. James Larrick has been managing the drug box transition, assisting with the protocol training on blackboard and training center development. The drug box transition has included the development of tracking systems, new layouts, labeling , construction of controlled substance tubes, and coordinating with local pharmacies and agencies for effective rollout of the new regional drug box system. James has reorganized the training area of the regional office and has begun to develop it as a usable space for all local providers to learn and practice skills with cutting edge equipment. While assisting with the protocol rollout, James has edited training videos and developed questions for competency.
2. Larry Bird assisted Millboro Area Rescue Squad and Staunton-Augusta Rescue Squad with toughbooks to redirect repository data, and provided guidance to providers with navigating Google Classroom and Blackboard Coursesites transitions.

3. Daniel Linkins and Larry Bird provided grant assistance to two agencies seeking help for RSAF. Assistance included reviewing application goals and providing guidance on additional information that may be needed to best articulate alignment of the request with the goals and priorities of the RSAF program. Assistance and comprehensive review were provided for two requesting agencies.
4. Daniel Linkins visited Rappahannock EMS Council and Blue Ridge EMS Councils as a part of the new Regional Staff Exchange Program between Regional Hybrid EMS Offices. Mary Kathryn Allen and Wayne Perry also participated, visiting the CSEMSC office during the first quarter. During these meetings, an initial overview of each office was provided, including staff positions, community role of the EMS Council, and opportunities for collaboration. Wayne's second visit to CSEMSC included participation in regional meetings and a walk-through of the new Continuity of Operation Plan.
5. Daniel Linkins and Becky Anhold have also assisted agencies in use of Google's *G Suite for Nonprofits*, offering multiple applications to improve operational efficiency and information security. Additionally, assistance with protocol rollout course materials has been ongoing.
6. Amanda Loreti has been heavily involved in getting agencies reporting to the state repository and getting paperwork turned in for those agencies switching to ESO. She has been diligently helping agencies set their ESO environment up and including NEMSIS requirements in the validation configuration. She has also been working with Zac Taylor and Dustin Barton to ask questions and get answers about the ESO environment and certain issues that agencies have noticed and reported.
 - Rockbridge Hospital Stroke and ESO HDE 7/27/21
 - ESO Admin Workshop on 8/11/21
 - ESO Admin Workshop on 8/26/21
 - Meeting with Millboro Rescue Squad and Dabney Lancaster Community College Meeting for EMT class on 9/2/21
 - ESO Provider Workshop for Glasgow Life Saving Crew on 9/29/2021
7. Laurie Cook and Vicky Anderson completed N95 Fit Testing for Murphy Deming College for Health Science for their 28 Physician

Assistants. The Physician Assistants were able to help out the local MedExpress and Urgent Care Facilities with COVID-19 Testing.

IV. Staff Professional Development

A. Larry Bird

1. ICISF Assisting Individuals in Crisis
2. Blackboard Orientation

B. Daniel Linkins

1. VDH - Civility in the Workplace Training
2. VDH - "The Road to Cultural Competency"
3. VDH - Decrease Time to Fill Training
4. Community Paramedicine Conference - Atrium Health, Cherokee, NC
5. RSAF Review Process, Procedures, and Practice Webinar
6. CISA Active Shooter Preparedness Webinar - Region 3
7. ESO Reporting - Analytics
8. ESO Quality Management
9. ESO EHR
10. ESO Operations Admin
11. ESO Clinical Admin

C. Amanda Loreti

1. Monday.com Training
2. ESO HDE Training

3. ESO Alerting Training
4. ESO Analytics Reporting Module
5. 2020 CYBERSECURITY AWARENESS TRAINING

V. Conclusion

- A. The Central Shenandoah EMS Regional Office continues to work with regional stakeholders to improve systems of care throughout the region. The CSEMSC Board of Directors and the Virginia Office of EMS staff remain committed to the success of the Regional Hybrid model. Through coordinated emergency response, the region will reduce death and disability by improving access to care, promoting quality provider education, and distributing resources as needed. CSEMS embraces the Virginia Department of Health's vision *to become the healthiest state in the nation* through community prevention initiatives and progressive, evidence-based clinical practice and system improvement.

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



Blue Ridge EMS (BREMS) Regional Office

I. Participation in Local, Regional and State EMS Activities

BREMS/OEMS Staff participate in local/regional activities in support of EMS 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 in-person and virtual conference calls during the 3rd quarter FY 2022:

- BREMS Regional EMS Regional Director's meetings and conference calls during the quarter:
 - Virginia Heart Attack Coalition (VHAC)
 - Central Virginia Vaccination Task Force (COVID-19)
 - Medical Direction
 - Staff Meetings
 - RSAF Grant Reviews
 - Continuous Quality and Performance Improvement (CQI)
 - Accelerated Paramedic Program (APP)
 - BREMS Board of Directors meetings and additional 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 in-person and virtual conference calls during the 3rd quarter:

- OEMS Division Manager Meeting

- OEMS & Regional EMS Council Update conference calls
- Regional EMS Council Director conference calls
- Regional EMS Office Director Information Sharing conference calls (between the state hybrid offices).
- Regional Director office visits for Hybrid Offices- BREMS visited CSEMS and REMS.

II. 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 3rd quarter of FY 22:

- Board of Director's meeting- September 14th, and Strategic Planning on September 28th
- Multiple meetings between BREMS staff and Regional Medical Director on protocol review for CQI benchmarks and the Advanced Paramedic Program. These meetings included communication on 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 the RFP for the BREMS office the end of September. Tours for office space will take place in the third quarter of FY 22.
- During the 3rd quarter, The BREMS Executive Secretary started on September 27th. After 40 years and 7 months, Ann Wilson retired.
- During the 1st quarter FY 22- began working on making Sean Regan, our part time Training Coordinator, a contractor under VDH. Hope to have this completed by the end of October 2021.
- OEMS and BREMS staff have been working collaboratively on the following:
 - Office Location
 - Vehicles and their maintenance.
 - BREMS Strategic Planning
 - BREMS employment positions
- Lori Meadows, Executive Secretary, 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 EMS Office 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 (APP), Handtevy Program, Regional Heartcode Recertification Program, and all educational trainings offered in the BREMS region.
- Mary Kathryn Allen, Regional EMS Office 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 3rd quarter, our efforts have been largely spent on strategic planning and will continue this effort into the second quarter of FY 22 as we pick an office space and build for our future.

C. Professional Development

- Mary Kathryn, Jenn, Lori, and Dr. Wilcoxson continue to work on VDH trainings offered during the 4th FY 21 and 1st quarter FY 22.

III. 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 with the increase in Delta variant.

- ☐ 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.
- BREMS was awarded the CDC Coverdell Stroke Grant. We will begin with a part time person in January 2022 to work with BREMS, Centra, and other regions. We hope to collect data about the acute stroke care of patients we treat and transport and use the data to identify gaps in care and implement quality improvement initiatives.

- Under the direction of Dr. Wendy Wilcoxson, BREMS is working on the following education/training projects;
 - Ultrasound- currently working on protocols for the implementation of POCUS in cardiac arrest patients and lung trauma patients.
 - BREMS is working with LFD on a project for BiPaP. On track to begin trainer education in January, and provider rollout in February.
 - BREMS has begun a new Regional CQI program based on protocol-driven benchmarks and related data points.
 - BREMS has worked with individual EMS agencies to develop agency-level CQI programs.
 - We have worked with both Region and agency level projects to initiate ESO programs.
 - Continued work on protocol development and revision with substantial formatting and
 - educational changes.
 - Developed educational and administrative resources in support of protocol update rollout.
 - Participated in ongoing individual discussions with/served as a resource for regional partners including Centra Health, local public safety agencies and the regional Department of Health regarding COVID-19, including topics such as PPE availability, patient volumes, vaccination planning and distribution, and provider safety and infection rates.
 - BREMS manages the Central Virginia Vaccination Task Force, a group comprised of the 4 counties and 1 city in this region; thus far, approximately 63,000 doses administered.
 - Worked with local Health District to support their vaccination efforts, including implementation of a \$1.5 million grant to vaccinate the community.
 - Worked with Amherst County Public Schools to support vaccination and COVID eradication efforts.
 - Worked with Amherst County administration and Centra Health to consider the development of a COVID monoclonal antibody site in Amherst County.
 - Participated in a weekly conference call including the Central Virginia Health District, Centra Health and representative of all local Education centers, including Primary, Secondary, Undergraduate and Graduate programs to address COVID mitigation, vaccination and coordination of efforts.
 - The Regional Medical Director is providing EMS agency operational medical direction to two career departments, an educational program, a student-based first response program, an industrial program and two PSAPS in the absence of other physician availability.
 - The Regional Medical Director met with Lynchburg City representatives in support of certification of the Lynchburg PSAP. Met with the Data to Action Resources Team (DART), in support of use of EMS data to implement more tactically significant substance abuse intervention programs.

IV. COVID-19 Operations

A. Operation Change Dates due to COVID-19:

- 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 vaccination 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 agencies are experiencing PPE backorders.

B. BREMS Office

- BREMS office is currently open during regular office hours. The Executive Secretary is staffing the office daily at this time.
- Other BREMS staff are coordinating day to day operations. Full time staff in in the office at least 4 days a week with one telework day during the week.

C. Many of the regional EMS council meetings/quarterly meetings are offering an in-person and/or virtual aspect to the meetings.



Rappahannock EMS (REMS) Regional Office

Submitted by: E. Wayne Perry, REMS Regional Program Manager

Virginia Office of EMS

Margot Moser, Office Manager

Rappahannock EMS Council

Linda Harris, Regional Education Coordinator

Rappahannock EMS Council

Vivian Delts, Regional Field Coordinator

Rappahannock EMS Council

Nana Noi, Regional Systems Coordinator

Rappahannock EMS Council

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, comprises 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 Citizens Advisory Committee for the EMS Degree Program at the Rappahannock Community College

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

- 07/16/2021 ESO workgroup on EMS agency transition
- 07/22/2021 ESO workgroup on EMS agency transition
- 07/22/2021 ESO End-user training, hosted by the council
- 08/02/2021 ESO Webinar on Duty to Act
- 08/02/2021 PHI Air Medical Training Center Use
- 08/11/2021 PHI Air Medical Training Center Use
- 08/16/2021 Hospital Staff Training Center Use: ENPC
- 08/18/2021 ESO workgroup on EMS agency transition
- 08/30/2021 PHI Air Medical Training Center Use
- 08/31/2021 Hospital Staff Training Center Use: ENPC
- 09/21/2021 VDH OEMS RSAF Webinar on the Grant Program Operations
- 09/21/2021 VDH Civility in the Workplace Training
- 09/30/2021 Conference call on monoclonal antibodies and EMS

The REMS Council 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.

The REMS Council continues to participate in conference calls with EMS agency leadership and management related to COVID-19 operations; REMS provides updates and information from

other meetings to ensure timely and accurate distribution of information to the end-user agency-level operations.

Regional Council Meetings and EMS Operations

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.

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:

- 07/15/2021 Regional Pharmacy Committee Meeting
- 07/22/2021 ESO Training for end-users and administration
- 08/19/2021 Cultural Diversity Workgroup Meeting
- 08/19/2021 Regional Incident and Threat Mitigation Committee Mtg
- 08/30/2021 Regional Performance Improvement Shared Concern Inquiry Review
- 09/01/2021 Heart and Stroke Committee Meeting
- 09/02/2021 Cultural Diversity Workgroup Meeting
- 09/14/2021 Guidelines and Training Committee Meeting
- 09/14/2021 Strategic Planning 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.

King George County was supported for a pilot program for whole blood administration in the field. The pilot program was previously approved by the BOD in February and the council staff has assisted with obtaining funding as well as equipment purchases and other infrastructure for the program. The tentative start date is January 2022.

The REMS Council staff provides regular assistance to EMS providers in the region answering questions on recertification requirements and providing instructor resources, affiliation troubleshooting, information on EMS recertification, and educational offerings. Additional specific assistance was provided by scanning and submitting validated CEU for providers. The REMS/OEMS staff fielded requests for technical support to City of Fredericksburg, Caroline County, and Orange County for assistance.

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. The REC conducted an ALS release

On July 6, for the City of Fredericksburg

On August 25, for the City of Fredericksburg

On September 23, for Caroline County

On September 30, 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 REMS Council hosted the regional EMS awards ceremony to recognize the regional award winners for the EMS awards program on July 26.

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.

The REMS Council engaged with the transition crew from OEMS on the ESO migration project. Several meetings and discussions were had and technical assistance was provided to agencies as requested for completion of their data file and joinder agreements.

Critical Incident Stress / Mental and Psychological Health

The Rappahannock EMS Council has an active state-accredited CISM team (multidisciplinary 39-member team) available 24 hours 365 days per year to provide on-going support of the region's EMS operations through education, defusing, debriefing, psychological 1st aid, and stress first aid.

There have been 6 activations in 2021 so far. For this quarter, the CISM team was activated 3 times and provided defusing and debriefing services to both individuals and groups related to prolonged/complicated incidents, public-safety- incidents such a provider fatality or suicide, child/infant deaths, and fatal fires.

The REMS Council was also proactive in providing mental health awareness, chronic fatigue management, and other educational offerings through direct offerings and social media. Free seminars on topics such as cumulative trauma and psychological first aid are made available to the regional EMS system, training is offered to recruit schools and initial certification courses, and support is provided for grieving providers at funerals for providers, etc.

Monthly training and meetings have returned to in-person after being virtual/online during the pandemic. ICISF is also conducting training and instructor courses in a virtual environment.

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 July 21 hosting a panel discussion on Emergency Preparedness. There was a presentation from the Northwest Regional Healthcare Coalition Emergency Preparedness Coordinator. The group met again on August 18, with a panel discussion on Substance and Opioid Use Disorder. The final meeting for the reporting period was September 15, and the panel discussion focused on evaluating and developing health literacy in patients.

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 RSC and Regional Director also attended a national conference on MIH-CP in Cherokee, NC.

Consolidated Testing Services

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

REMS has provided 31 National Registry test sites. Scheduling for CY 2022 has been delayed pending the move to a new location.

Regional EMS Council Operations

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

The REMS Council staff participated in various training and professional development events for streamlining operations including Regional Director's Group Meetings, and Monday dot com training. The REC attended an EC update meeting August 27.

The REMS Council continues to work on a project for creating a tracking system for the regional medication boxes provided by the hospitals. The regional pharmacy committee is reviewing the options and will be taking back information to the various hospitals.

The REMS Council Regional Director applied to, and was accepted, in a Pediatric Emergency Care Coordinator program through the EMS for Children Innovation and Improvement Center and HHS.

The REMS Council is a designated webcast site for VILT through the Thomas Jefferson EMS Council. Training announcements were posted on the website and Cat 1 CEU was made available for attending in person at the REMS Council training center. The topic of burn trauma was provided on August 30.

REMS Council Board of Director meetings now occur quarterly. During this reporting period the BOD met on August 18 in Stafford 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 meeting there was a presentation by the Program Director for Germanna Community College's new EMS Degree Program. Some additional topics on the agenda for discussion included a brief summary of the legislative actions that had occurred since the last meeting.

Several action items were on the agenda as well:

The BOD took up and approved the Regional ALS Release Program updates and the Guidelines and Training Committee Charter.

There were also several operational topics which were presented including:

- Healthcare Coalition's Hazard Vulnerability Assessment
- The 2021 EMS Trend Report
- The NREMT update on distributive education for March 2022
- Innovations in COVID-19 patient surge management
- The Agency for Healthcare Research and Quality's Evidence-based Practice Center report summarizing the published research related to prehospital airway management options
- National Emergency Medical Services Information System Technical Assistance Center (NEMSIS TAC) EMS Body-worn Camera Quickstart Guide: Legal Considerations for EMS Agencies
- Monkeypox resources for EMS clinicians and agencies

- Federal Interagency Committee on EMS Telemedicine Framework for EMS and 911 Organizations
- Updated resources to assist EMS clinicians in navigating HIPAA
- A CMS waiver for reimbursement of treat-in-place options due to COVID-19

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 Regional Director attends weekly meetings of the VDH Agency Forum.

The REMS Council implemented their COOP April 1, 2020 due to the recommendation from OEMS for staff to work remotely; we continue to operate under the COOP based on guidance from OEMS with REMS Council staff in the office during the week for scheduled appointments.

The Regional OMD continues to provide temporary coverage as the EMS Physician for Culpeper County EMS agencies during their transition.

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.

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.

The REMS Council submitted two different employee work profiles for additional positions through the regional office of EMS. They have been approved and are titled "Performance Improvement Specialist" and "Technical Resource Specialist". The Performance Improvement Position was open for recruitment through the end of August. Interviews are scheduled for the applicants on Oct. 29 and Nov. 8.

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.

A new building has been secured for occupancy at 250 Executive Center Parkway in Fredericksburg. The REMS Council continues to occupy property belonging to MWH until the new office space is ready for occupancy. The obligation for maintenance on the old building and grounds remains the responsibility of the occupants. The staff works to maintain the grounds and provides most of the building maintenance, including painting, replacing damaged ceiling tiles, replacing used bulbs, carpet cleaning, maintenance of landscape and grounds such as removal of leaves and debris, removal of overgrowth, and maintaining the signage and markings of the parking lot.

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 darknet 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.

With the various Executive Orders and changing numbers of local cases, the REMS Council office has been closed to the public; operations are handled remotely when possible and visitors are accepted by appointment only.

All council and committee meetings occurred virtually, using GoToMeeting software platform.

State, National, and International Activity

Committee and group activity related to the state EMS Advisory Board meeting in May was mostly cancelled. However, REMS/OEMS staff participated in the following statewide events:

- 07/22/2021 Virginia Department of Health RSAF Technical Post-Award Webinar
- 08/06/2021 Virginia EMS Advisory Board Meeting

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.

REMS Leadership also shared bi-weekly updates on programs and services in meetings with the regional director's group; conversations were had on various topics related to regional EMS operations and COVID-19 issues occurring in the other ten council regions.

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.

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

- 09/14/2021 HeartSAFE National Meeting: PulsePoint and AED location monitoring
- 09/20/2021 ECHO COVID-19 Long-Haul Global Conversation

Information from the June National EMS Advisory Committee (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 BoD's. The August NEMSAC meeting was cancelled.

**Respectfully
Submitted**

OEMS Staff

APPENDIX

A

☒ Committee Motion: Name: Medical Direction Committee

☐ Individual Motion: Name: _____

Motion:

10-07-2021 The Medical Direction Committee moves to offer their support for the consent and the initiative to increase the incidence of bystander CPR and AED availability through programs such as Compress and Shock.

EMS Plan Reference (include section number):

3.1.7 Through a consensus process, develop a recommendation for evidence-based patient care guidelines and formulary.

4.2.2 Assure adequate and appropriate education of EMS students.

Committee Minority Opinion (as needed):

None. There was no opposition or abstentions.

For Board's secretary use only:

Motion Seconded By:

Vote:	By Acclamation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
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By Count: Yea: Nay: Abstain:

Board Minority Opinion:

Meeting Date: