

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



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

**February 4, 2022**

# **Executive Management, Administration & Finance**

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

February 4, 2022

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## **MISSION STATEMENT:**

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

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

### **A) Action Items before the State EMS Advisory for March 11, 2022**

At the time of finishing this report there are two (2) action items for the Board's to vote on:

#### **Election of Officers and Committee Chairs**

1. In accordance with the State EMS Advisory Board Bylaws Article VII, Section C, paragraph 1, Nominating Committee: *"The committee shall present a slate of nominations to the Board thirty (30) days prior to election."* The slate of nominations was disseminated to the Board on December 31, 2021 at 1:30 pm in anticipation of the elections being held at the February 4, 2022 meeting. Obviously the elections will take place on Friday, March 11, 2022. The slate of nominations is included as **Appendix A**.

#### **Motion by the Medical Direction Committee**

2. 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. Please see **Appendix E**.

## **B) Proposed Emergency Medical Services Budget for FY2023 and FY2024**

Department of Health

### **Item 288**

First Year - FY2023

Second Year - FY2024

<b>Emergency Medical Services (40200)</b>	<b>\$49,997,611</b>	<b>\$49,997,611</b>
Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (40203)	\$33,446,098	\$33,446,098
State Office of Emergency Medical Services (40204)	\$16,551,513	\$16,551,513
Fund Sources:		
Special	\$20,589,681	\$20,589,681
Dedicated Special Revenue	\$29,000,789	\$29,000,789
Federal Trust	\$407,141	\$407,141

Authority: §§ [32.1-111.1](#) through [32.1-111.16](#), [32.1-116.1](#) through [32.1-116.3](#), and [46.2-694](#) A 13, Code of Virginia.

A. Out of this appropriation, \$25,000 the first year and \$25,000 the second year from special funds shall be provided to the Department of State Police for administration of criminal history record information for local volunteer fire and rescue squad personnel (pursuant to § [19.2-389](#) A 11, Code of Virginia).

B. Distributions made under § [46.2-694](#) A 13 b (iii), Code of Virginia, shall be made only to nonprofit emergency medical services organizations. The Virginia Department of Health shall develop and implement a plan to ensure timely quarterly distributions of \$4.25 for Life funding to the Virginia Association of Volunteer Rescue Squads beginning quarterly in May 2021.

C. Out of this appropriation, \$1,045,375 the first year and \$1,045,375 the second year from the Virginia Rescue Squad Assistance Fund and \$2,052,723 the first year and \$2,052,723 the second year from the special emergency medical services fund shall be provided to the Department of State Police for aviation (med-flight) operations.

D. The State Health Commissioner shall review current funding provided to trauma

centers to offset uncompensated care losses, report on feasible long-term financing mechanisms, and examine and identify potential funding sources on the federal, state and local level that may be available to Virginia's trauma centers to support the system's capacity to provide quality trauma services to Virginia citizens. As sources are identified, the commissioner shall work with any federal and state agencies and the Trauma System Oversight and Management Committee to assist in securing additional funding for the trauma system.

E. Notwithstanding any other provision of law or regulation, the Board of Health shall not modify the geographic or designated service areas of designated regional emergency medical services councils in effect on January 1, 2008, or make such modifications a criterion in approving or renewing applications for such designation or receiving and disbursing state funds.

F. Notwithstanding any other provision of law or regulation, funds from the \$0.25 of the \$4.25 for Life fee shall be provided for the payment of the initial basic level emergency medical services certification examination provided by the National Registry of Emergency Medical Technicians (NREMT). The Board of Health shall determine an allocation methodology upon recommendation by the State EMS Advisory Board to ensure that funds are available for the payment of initial NREMT testing and distributed to those individuals seeking certification as an Emergency Medical Services provider in the Commonwealth of Virginia.

G. Out of this appropriation, \$190,000 the first year and \$190,000 the second year from the Virginia Rescue Squad Assistance Fund shall be provided for national background checks on persons applying to serve as a certified or non-certified provider in a licensed emergency medical services agency. The Office of Emergency Medical Services may transfer funding to the Office of State Police for national background checks as necessary. The Virginia Department of Health shall continue to allow local EMS agencies to submit fingerprint cards for background checks on volunteers applying to be a member of local EMS agencies. The cost of the criminal background shall be paid from funds available to the Office of Emergency Medical Services.

### **§ 3-1.01 INTERFUND TRANSFERS**

W. On or before June 30 each year, the State Comptroller shall transfer \$12,518,587 the first year and \$12,518,587 the second year to the general fund from the \$2.00 increase in the annual vehicle registration fee from the special emergency medical services fund contained in the Department of Health's Emergency Medical Services Program (40200).

DD. On or before June 30, of each fiscal year, the State Comptroller shall transfer to the Line of Duty Death and Health Benefits Trust Fund (Fund 07420) at the Administration of Health

Insurance the balance from the Administration of Health Benefits Payment - LODA Fund (Fund 07422) at the Department of Human Resource Management.

### **Adjustments and Modifications to Fees**

#### Item 3-6.02

##### **§ 3-6.02 ANNUAL VEHICLE REGISTRATION FEE (\$6.25 FOR LIFE)**

Notwithstanding § [46.2-694](#) paragraph 13 of the Code of Virginia, the additional fee that shall be charged and collected at the time of registration of each pickup or panel truck and each motor vehicle shall be \$6.25.

#### Item 3-6.03

##### **§ 3-6.03 DRIVERS LICENSE REINSTATEMENT FEE**

A. Notwithstanding § [46.2-411](#) of the Code of Virginia, the drivers license reinstatement fee payable to the Trauma Center Fund shall be \$100.

B. Notwithstanding the provisions of § [46.2-395](#) of the Code of Virginia, no court shall suspend any person's privilege to drive a motor vehicle solely for failure to pay any fines, court costs, forfeitures, restitution, or penalties assessed against such person. The Commissioner of the Department of Motor Vehicles shall reinstate a person's privilege to drive a motor vehicle that was suspended prior to July 1, 2019, solely pursuant to § [46.2-395](#) of the Code of Virginia and shall waive all fees relating to reinstating such person's driving privileges including those paid to the Trauma Center Fund. Nothing herein shall require the Commissioner to reinstate a person's driving privileges if such privileges have been otherwise lawfully suspended or revoked or if such person is otherwise ineligible for a driver's license.

### **Budget Amendments for FY2023 and FY2024**

#### **Chief Patron: Barker Virginia Telehealth Network**

Item 292 #1s	First Year - FY2023	Second Year - FY2024
<b>Health and Human Resources</b>		
Department of Health	\$60,000	\$60,000
<b>Language</b>		
Page 299, line 41, strike "\$38,137,213" and insert "\$38,197,213".		

Page 299, line 41, strike "\$22,881,547" and insert "\$22,941,547".

### **Explanation**

(This amendment provides \$60,000 the first year and \$60,000 the second year from the general fund for a contract with the Virginia Telehealth Network to provide consultation to advisory groups, track implementation and facilitate changes to the Statewide Telehealth Plan.)

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### **Chief Patron: Stanley EMS Originating Sites**

Item 304 #42s	First Year - FY2023	Second Year - FY2024
<b>Health and Human Resources</b>		
Department of Medical Assistance Services	\$50,000	\$50,000
	\$50,000	\$50,000

### **Language**

Page 313, line 47, strike "\$18,732,988,737" and insert "\$18,733,088,737".

Page 313, line 47, strike "\$19,820,607,534" and insert "\$19,820,707,534".

### **Explanation**

(This amendment provides funding for the fiscal impact of legislation to be considered in the 2022 Session that changes originating sites for EMS that could have impacts for the Centers for Medicare and Medicaid Services.)

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### **Chief Patron: Davis EMS Equipment Replacement**

Item 288 #1h	First Year - FY2023	Second Year - FY2024
<b>Health and Human Resources</b>		
Department of Health	\$4,500,000	\$0

**Language**

Page 296, line 21, strike "\$49,997,611" and insert "\$54,497,611".

Page 297, line 18, insert:

"H. Out of this appropriation, \$4,500,000 from the general fund the first year shall be provided to Emergency Medical Services organizations to replace equipment."

**Explanation**

(This amendment adds \$4.5 million from the general fund in the first year for grants to Emergency Medical Services organizations to replace equipment such as heart monitors/defibrillators, cots, loading systems, ventilators, etc. Currently the Code of Virginia only allows governmental, volunteer and non-profit EMS agencies to purchase EMS equipment and vehicles and provide the needed EMS programs and training through dedicated funding sources. This additional funding would allow for more EMS organizations to receive needed replacement equipment.)

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**Chief Patron: Sickles****Redirect Funding to the Trauma Center Fund (language only)**

Item 3-1.01 #2h

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**Transfers**

Interfund Transfers

**Language**

Page 555, line 3, strike "general fund" and insert "Trauma Center Fund".

**Explanation**

(This amendment redirects \$12.5 million of funding from the \$2.00 increase in the annual vehicle registration fee that is transferred to the general fund to instead be deposited in **the Trauma Center Fund.**)

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**Chief Patron: Barker**

**Redirect Funding to the Trauma Center Fund (language only)**

Item 3-1.01 #1s

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**Transfers**

Interfund Transfers

**Language**

Page 555, line 3, strike "general fund" and insert "Trauma Center Fund".

**Explanation**

(This amendment redirects \$12.5 million of funding from the \$2.00 increase in the annual vehicle registration fee, currently transferred to the general fund, to be transferred to the Trauma Center Fund.)

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**Chief Patron: Reeves**

**911 Dispatchers Eligible for Hazardous Duty Enhanced Benefits (SB 585)**

Item 500 #1s

**First Year - FY2023**

**Second Year - FY2024**

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**Independent Agencies**

Virginia Retirement System

\$112,000

\$0

**Language**

Page 520, line 13, strike "\$53,480,079" and insert "\$53,592,079".

**Explanation**

(This amendment provides \$112,000 NGF the first year to cover the potential fiscal impact associated with SB 585 of the 2022 General Assembly, contingent on its final passage, including the cost of system programming and testing by the Virginia Retirement System. The bill adds 911 dispatchers to the list of local employees eligible to receive enhanced retirement benefits for hazardous duty service.)

**Chief Patron: Stanley  
EMS Originating Sites**

Item 304 #42s	First Year - FY2023	Second Year - FY2024
<b>Health and Human Resources</b>		
Department of Medical Assistance Services	\$50,000	\$50,000
	\$50,000	\$50,000

**Language**

Page 313, line 47, strike "\$18,732,988,737" and insert "\$18,733,088,737".

Page 313, line 47, strike "\$19,820,607,534" and insert "\$19,820,707,534".

**Explanation**

(This amendment provides funding for the fiscal impact of legislation to be considered in the 2022 Session that changes originating sites for EMS that could have impacts for the Centers for Medicare and Medicaid Services.)

**C) State/Regional (Hybrid) EMS Council Reports**

As previously stated, the Office of Emergency Medical Services committed to providing updates on the progress of the collaborative partnership(s) and the transition and conversion of applicable Regional EMS Councils that have requested to be a hybrid State/Regional EMS model. We began with a summary of progress and status of the Central Shenandoah EMS Council/State Regional Office. Since that time, two more Regional EMS Council Boards of Directors have unanimously voted and requested to adopt this model in collaboration with the Office of EMS. As such we have a report from each of those Councils as follows:

Central Shenandoah EMS Council     Please see **Appendix B**

Blue Ridge EMS Council                Please see **Appendix C**

Rappahannock EMS Council           Please see **Appendix D**

As announced by State EMS Advisory Board member J.C. Bolling, the Southwest Virginia EMS Council submitted their Letter of Intent to become the fourth (4<sup>th</sup>) hybrid State/Regional EMS Council. Once we meet specific benchmarks, we will begin including a report from Southwest Virginia EMS Council for inclusion in the OEMS Quarterly Report to the State EMS Advisory Board.

## **D) 2021 Governor's EMS Award Winners Announced at 41<sup>st</sup> Annual Virginia EMS Symposium – following is the Press Release:**

On Saturday, November 6, the 2021 Governor's Emergency Medical Services (EMS) Award winners were announced during the 41<sup>st</sup> Annual Virginia EMS Symposium and Governor's EMS Awards ceremony in Norfolk, Virginia. These awards, given in Governor Ralph Northam's name, recognize outstanding EMS providers and organizations from across the Commonwealth for their demonstrated level of excellence and dedication to the EMS system.

Presented in conjunction with the Virginia Department of Health (VDH) Office of Emergency Medical Services' Annual EMS Symposium, the awards ceremony caps off the week-long training event. The symposium offers attendees the opportunity to earn up to 26 hours of continuing education credits for recertification as an EMS provider via more than 300 class sessions and various course tracks.

"I am always so honored and humbled to recognize the nominees and recipients of the Governor's EMS Awards, which acknowledge the outstanding contributions and achievements of EMS providers and organizations in the Commonwealth," said Gary Brown, director, Virginia Office of EMS. "I am proud of Virginia's EMS providers and especially in awe of the accomplishments made by this year's Governor's EMS Award recipients. Thank you for your commitment to Virginia's EMS System and congratulations on your well-deserved award recognition."

"The award recipients represent a broad spectrum of first responders, prehospital providers, organizations and agencies that serve communities throughout Virginia. When a call is made to 911, it is reassuring to know that these dedicated professionals and organizations and others like them are standing by and ready to provide life-saving assistance," said State Health Commissioner M. Norman Oliver, M.D., M.A. "Their stories of commitment and bravery are inspiring, humbling and motivating. Congratulations to all."

### **The 2021 Governor's EMS Award winners are:**

- The Governor's EMS Award for Excellence in EMS  
**Craig DeAtley, Fairfax County Police Department**
- The Governor's EMS Award for Outstanding Contribution to Leadership in EMS (The Kent J. Weber Trophy)  
**Gregory Woods, Southwest Virginia EMS Council**
- The Governor's EMS Award for Physician with Outstanding Contribution to EMS (The Frank M. Yeiser Trophy) – This year, two extraordinary physicians were selected:
  - **John Morgan, M.D., Loudoun County Combined Fire and Rescue System**
  - **Norman Rexrode, M.D., Russell County Hospital**

- The Governor's EMS Award for Nurse with Outstanding Contribution to EMS  
**Greta Morrison, R.N., Russell County Hospital**
- The Governor's EMS Award for Outstanding EMS Prehospital Educator  
**Kelsey Rideout, Fredericksburg Fire Department, Mary Washington Healthcare, AHA Training Center**
- The Governor's EMS Award for Outstanding EMS Prehospital Provider  
**Candace Brown, Lynchburg Fire Department**
- The Governor's EMS Award for Outstanding Contribution to EMS Health and Safety  
**Kelley Rumsey, Children's Hospital of Richmond at VCU**
- The Governor's EMS Award for Outstanding Contribution to EMS for Children  
**Jill Lucas Drakeford, Carilion Clinic**
- The Governor's EMS Award for Outstanding EMS Agency  
**Botetourt County Department of Fire and EMS**
- The Governor's EMS Award for Outstanding Contribution to EMS Telecommunication  
**Daniel Hartsock, Washington County 911, Washington County Lifesaving Crew**
- The Governor's EMS Award for Outstanding Contribution to EMS Emergency Preparedness and Response (The James A. Nogle, Jr. Trophy)  
**Cindy Williams, Riverside Health System**
- The Governor's EMS Award for Innovation Excellence in EMS  
**James Huffman, Virginia EMS Regional Directors Group, Regional Council Technology Support**

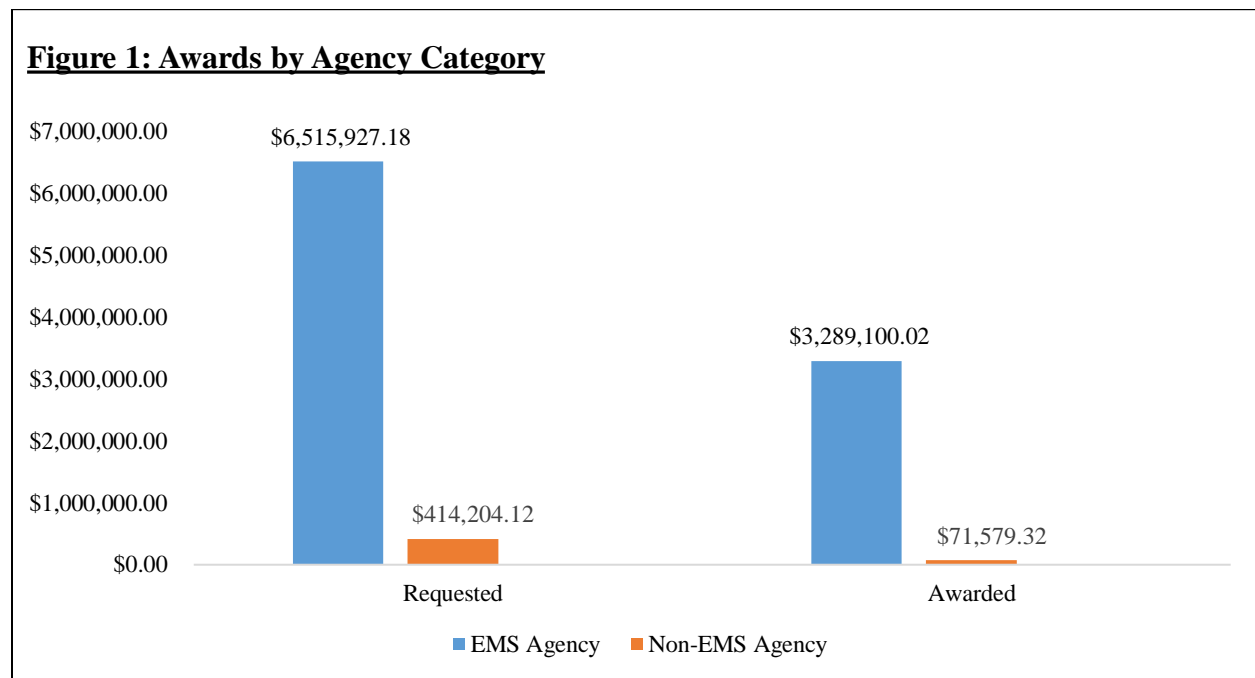
An additional award is presented at the ceremony to recognize the outstanding contributions to EMS by a high school senior. This is a scholarship award provided by the Virginia Office of EMS in conjunction with the State EMS Advisory Board.

- The Governor's EMS Award for Outstanding Contribution to EMS by a High School Senior (The Dr. Carol Gilbert \$5,000 Scholarship)  
**Madyson Wilkerson, Halifax County Rescue Squad**

## **E) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)**

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.

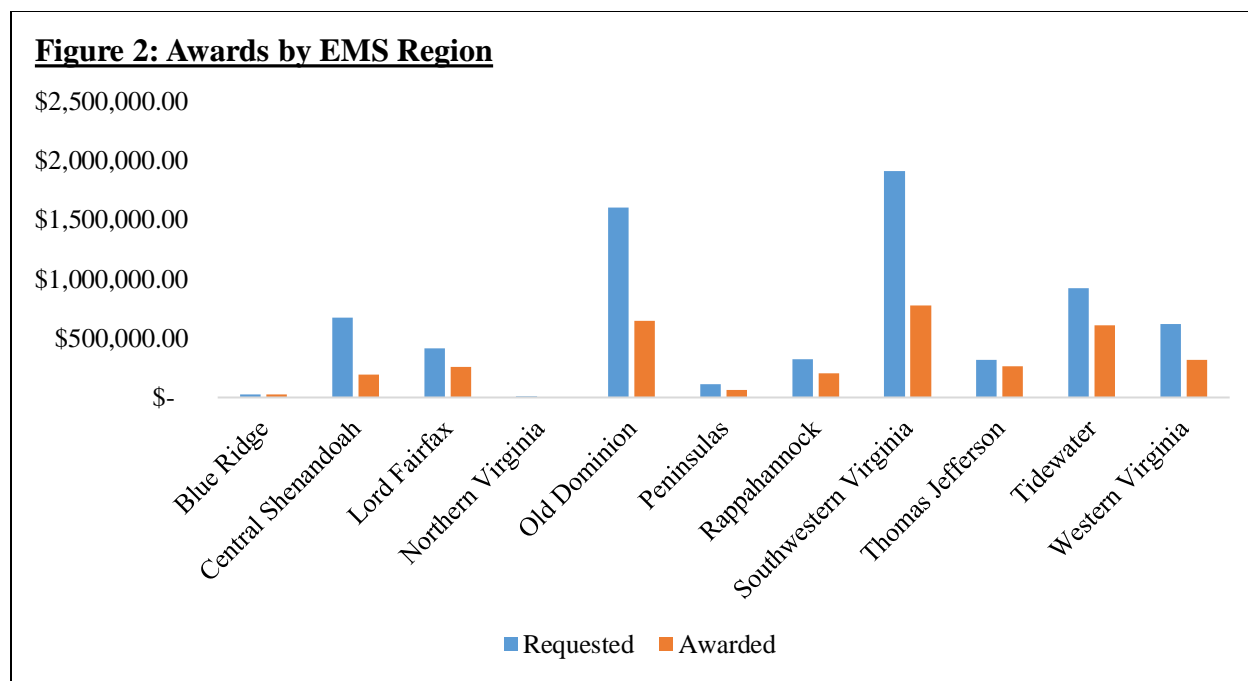
This quarterly report reflects data gathered from the Fall 2021 RSAF cycle. The application period for the Fall 2021 RSAF cycle closed on September 15, 2021. The Office of EMS (OEMS) received 85 applications totaling \$10,117,145.39 in funding which can be broken down to \$6,930,131.30 in state and \$3,187,014.17 in local matches. A total of 52 awardees were selected to receive \$3,360,679.34 in grants. Awardees can be categorized as nonprofit licensed EMS or non-EMS agencies pursuant to § 32.1-111.12 of the Code of Virginia. 50 awardees fall into the EMS agency category, and two fall into the non-EMS agency category as shown in Figure 1.



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 Regions. Funding from the Fall 2021 RSAF grant cycle is highest in the

regions from which the most funding was requested as shown in Figure 2. The total amounts awarded by region are as follows:

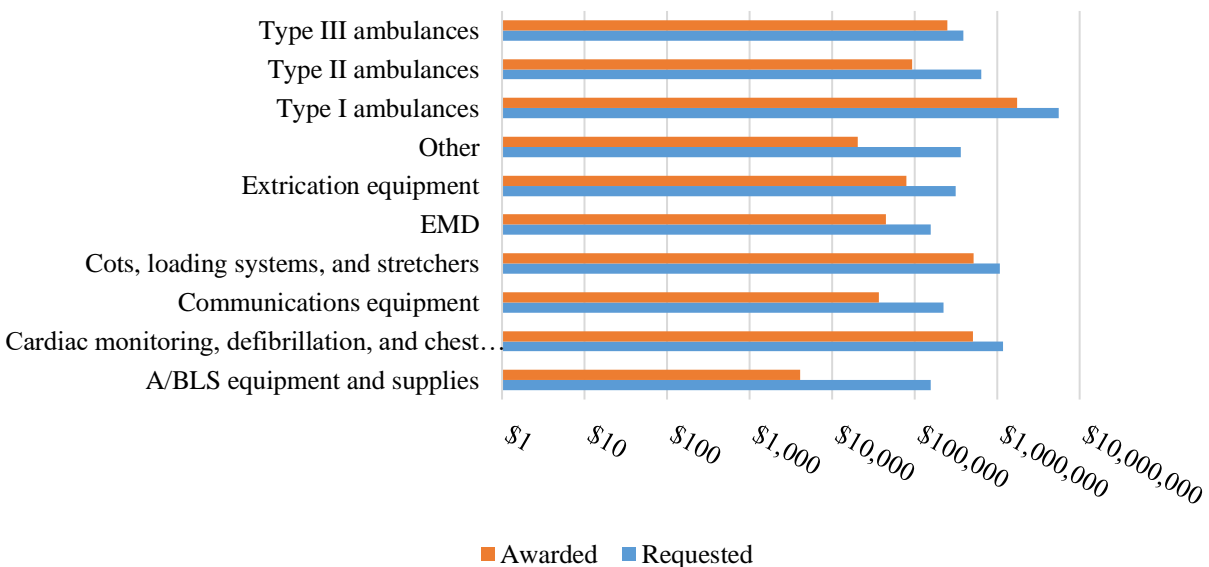
- Blue Ridge – \$26,985.11
- Central Shenandoah - \$195,516.00
- Lord Fairfax - \$256,545.84
- Northern Virginia - \$0.00
- Old Dominion - \$647,220.50
- Peninsulas - \$61,734.30
- Rappahannock - \$203,997.52
- Southwestern Virginia - \$777,649.63
- Thomas Jefferson - \$262,702.59
- Tidewater - \$609,463.99
- Western Virginia - \$318,863.86



The grants awarded this cycle represent 87 individual items and projects. Figure 3 groups these items and projects into categories to compare award and request sizes. Ambulances make up approximately 62 percent of the funded equipment, followed by cots, load systems, and stretchers at 15 percent, heart monitors and defibrillators at 15 percent, and all other equipment and projects making up the remaining eight percent. These grants can be broken down into the following item type categories:

- Advanced and basic life support (A/BLS) equipment and supplies<sup>1</sup> - \$55,443.40
- Cardiac monitoring, defibrillation, and chest compression<sup>2</sup> - \$512,899.83
- Communications equipment<sup>3</sup> - \$36,648.90
- Cots, loading systems, and stretchers<sup>4</sup> - \$518,334.55
- Emergency medical dispatch (EMD) - \$44,862.82
- Extrication equipment - \$79,429.10
- Other<sup>5</sup> – \$20,304.74
- Type I ambulance - \$1,749,172.00
- Type II ambulance - \$92,800.00
- Type III ambulance - \$250,784.00

**Figure 3: Awards by Item Category**



The Spring 2022 RSAF Cycle began on February 1, and the deadline to submit an application is March 15, 2021. OEMS will be hosting a pre-award technical assistance webinar on February 15, 2022, at 1 p.m. Eastern Daylight Time (EDT) to explain the application process, review criteria, and how to navigate the EMS – Grant Information Funding Tool (E-GIFT) system. The registration link for the webinar is located on the RSAF web page, as well as recordings of previous webinars, RSAF award lists, E-GIFT guidance documents, and general grant information. Please contact Luke Parker, OEMS Grants Manager, at [luke.parker@vdh.virginia.gov](mailto:luke.parker@vdh.virginia.gov) with any questions or concerns about this report.

<sup>1</sup> Drug box and laryngoscopes

<sup>2</sup> Includes Automatic External Defibrillator (AED) units

<sup>3</sup> Mobiles, pagers, and portables

<sup>4</sup> Includes stair chairs

<sup>5</sup> Water rescue equipment, struts, support tools, and artificial high directional (AHD) rescue equipment

## **F) OEMS Patient Care Informatics Team**

- **Support**

For the 3<sup>rd</sup> quarter of 2021, the Informatics team addressed over 225 general support tickets, emails, and phone calls. As in the previous quarter, the number of support items continues to trend downward although it is beginning to stabilize. As was covered in the last quarterly report, there are less agencies and hospitals using the Elite and Hospital Hub systems (available under the Western regional contract) so request for support of these systems are down. The other reason is that ESO is the primary source of general support for all agencies and users of the ESO systems. The positive part in regards to this is it allows the Informatics team to focus on more data review, quality, submissions, and consistency items. This along with some newer projects coming in 2022 is where the Informatics team will start to be better utilized.

The Informatics team also participated in various local, state, and national meetings as required and provided assistance to the Epidemiology group as needed with internal and external request for data.

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

During this quarter, the Informatics team continued assisting multiple agencies with read-only access to the historical Elite (Virginia Elite System). As was reported in previous quarters, this access is to allow agencies to retrieve records for any legal necessity. This process will continue until all historical data has been migrated over to the ESO repository. This process is scheduled to begin in 1<sup>st</sup> quarter of 2022.

In the ImageTrend Elite system (available via the Western regional contract), the Informatics team primarily focused on request related to user account issues (password resets, account creation, etc.). ImageTrend support is taking on the role of addressing all other support items.



The number of agencies using this system as their sole source for EMS documentation during the 4<sup>th</sup> quarter dropped from 137 down to 93. The number of records documented was 21,665 incidents. This accounts for just under 6% of the total number of records (just under 370,000) submitted to the repository for the same period. This reduction is expected to continue as more agencies transition over to other EMS systems (ESO, ImageTrend, or other NEMSIS certified systems) due to the greater flexibility they obtain by having their own system.

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

The Informatics team is continuing to work with ESO on various projects primarily related to data quality, data submission, or general software support. As was noted last quarter, general support items are forwarded to ESO. However, the Informatics team offers support when necessary and it a driving force between agencies and ESO.

Work with ESO continues on their new reporting module. Members of the Informatics team are actively participating in design and development sessions with ESO. We anticipate gaining access to this new reporting module in a “beta” version in late January 2022 with a target date set by ESO of April 2022 for a general rollout.

As more agencies are transitioning over to the ESO system, the Informatics team is instrumental in providing the initial agency setup information to ESO. This allows ESO to do preliminary work while agencies focus on providing ESO with detailed information such as personnel data, security permissions, etc. as well as begin to focus on training.

- **EMS Data Submission and Data Quality**

Work continues with ESO on the data quality report. Enhancements are in place and additional documentation is being created. To date, the overall data quality report is much more accurate and simpler to create. As long as things continue to trend in a positive manner, we anticipate starting to post data quality reports just after the beginning of the 1<sup>st</sup> quarter of 2022.

- **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. This is the same as the last quarter and we expect this level of work will remain unchanged.

- **ESO Trauma Registry (Gen6)**

Work is progressing on the development of the Trauma data dictionary. We will be using the input of the trauma program managers on what additional items we should or should not collect.

There have been more training sessions in regards to the ad hoc reporting module allowing the team to get more up to speed on this. The data migration project is still in the design phase but we hope that will begin shortly after the New Year. This will help the registrars on the floor get the best data Virginia has to offer.

- **Biospatial**

While there have been some challenges with the Biospatial project, current data is being sent over. One challenge we are encountering is related to agency numbers. Agencies continue to send over records containing their agency number less the leading zeros. We are working with ESO to identify each time this occurs and are beginning to contact agencies and their EMS software vendors regarding this discrepancy. We are also considering a Schematron rule to address some of this. However, we are going to start out by communicating these issues when they are discovered and see if this can be resolved without having to add Schematron logic.

Biospatial continues to improve its query capabilities and the visualization of Virginia's prehospital data. We are now working on sending them trauma data, which will help trauma centers use Biospatial functionality to better view/query their data. This completion target date on this project is yet to be determined but we are hopeful it will be before the end of the 2<sup>nd</sup> quarter of 2022.

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 two requests for trauma data in the fourth quarter of 2021. The Virginia Statewide Trauma Registry was queried to obtain data for each request.

- A request was made for VCU Health Systems trauma data. A total of 530 pediatric and 3,341 adult trauma encounters were reported by VCU between April 1, 2020 and March 31, 2021.
- A request was made for information on trauma patients admitted to Sentara Norfolk General Hospital, Sentara Virginia Beach General Hospital, and Riverside Regional Medical Center.

A total of 10,751 patients were admitted to these trauma centers between January 1, 2019 and December 31, 2020.

In the fourth quarter of 2021, OEMS received one request for data on hospital transfers between acute care hospitals carried out by EMS agencies. The Virginia Pre-hospital Information Bridge was queried to obtain data for this request. The number of transfers that occurred between September 13 to September 17 in 2018, 2019, 2020, and 2021 are presented below.

<b>Year</b>	<b>Number of Transfers</b>
2018	904
2019	1,052
2020	948
2021	774
<b>Total</b>	<b>3,678</b>

#### **Meeting Attendance and Training Participation:**

During the fourth quarter of 2021, the OEMS Epidemiology Program Manager provided three presentations at the annual Virginia EMS Symposium, covering the topics of data quality, how OEMS uses data from pre-hospital patient care records, and data highlights from recent years. The OEMS Epidemiology Program Manager also participated in several meetings and training opportunities during the fourth quarter of 2021, including:

- Council for Public Health Informatics Advisory Council meetings,
- OEMS-Biospatial meetings,
- OEMS-Qlarion-ESO working sessions,
- Stroke Registry meetings,
- Tableau analytics and training sessions,
- an Overdose Workgroup monthly meeting,
- and a Virginia Open Data Portal meeting.

# **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) EMS Fatigue Project Concludes with Rollout of New Webtool**

Understanding the science behind sleep health and applying these principles to the EMS workforce is intended to help improve safety through fatigue risk management. This primary objective served to guide activities for a 5-year project awarded to NASEMSO by the National Highway Traffic Safety Administration (NHTSA). Partnerships with the University of Pittsburgh School of Medicine and the Institutes of Behavior Resources, Inc. resulted in evidence-based guidelines, infographics, a guidebook, manuscripts, videos, and a scheduling web tool that are linked on NASEMSO's website at [www.emsfatigue.org](http://www.emsfatigue.org). The project has concluded with the launch of an [EMS Fatigue Risk Analyzer](#). A new webinar highlights the project and the web tool at <https://www.youtube.com/channel/UC2V1r-hIMkrcEv5eBtrWERA>. Slides from the January 5, 2022 presentation are also available [here](#). NASEMSO expresses deep gratitude to NHTSA, subcontractors, Principal Investigators, and all participants for an amazing effort to improve EMS health and safety!

### **B) NASEMSO Launches New SUD Ad Hoc Committee**

The Opioid and Substance Use Disorder (SUD) Ad Hoc Committee was created by NASEMSO to share EMS best practices in response to overdose patients. While EMS agencies have for decades administered life-saving naloxone to patients to reverse opioid overdoses, the dramatic increase in overdose deaths in recent years has necessitated developing approaches that go beyond reversing the overdose and provide opportunities and support for long term recovery. State Offices of EMS are increasingly developing strategies and programs to address this critical need.

### **C) NASEMSO Annual Meeting on Track for 2022!**

NASEMSO is excited to resume convening in-person for the Annual Meeting in beautiful Charleston, South Carolina, June 19-23, 2022. The heightened learning and camaraderie that result from meeting face-to-face have been sorely missed during the pandemic and will be welcomed by members and other attendees. The NASEMSO Annual Meeting is especially designed for the maximum benefit of its primary members who are key personnel in state offices of EMS. It is also an ideal venue for federal, association, and business partners whose mission relates to emergency medical services, specialty systems of care (trauma, stroke, STEMI, overdose), disaster preparedness and related matters. Schedule at a glance, hotel information, call for abstracts, and more is now available at <https://nasemso.org/news-events/meetings/>.

### **D) NASEMSO Announces New Officers**

During the most recent annual business meeting, NASEMSO is pleased to announce that its members elected the following officers:

Alisa Williams (MS) – President  
Joseph House (KS) – President Elect  
Jason Rhodes (RI) – Secretary  
Gary Brown (VA) – Treasurer  
Kyle Thornton (NM) - Immediate Past President

Serving an organization, especially as an officer, is a huge commitment and NASEMSO has been fortunate to have the most qualified leadership on the planet to grow our organization. The Board of Directors will vote on a member-at-large to complete the roster in December. Congratulations to our new Executive Committee and thanks to all that have answered the call!! We appreciate all that you do!

### **E) Andy Gienapp, MS, NRP joins the NASEMSO staff Tuesday, February 1, as the Deputy Executive Director**

This is a new full time position; Andy will be responsible for providing strategic leadership to promote and expand NASEMSO's presence and capacity as a national leader in emergency medical services. His immediate tasks will be managing the NASEMSO Workforce project and Strategic Plans for State EMS Offices project.

NASEMSO members and partners likely already know Andy. For nearly 11 years (2010-2021), he served as the State EMS Director in Wyoming. During that time he served NASEMSO in many capacities including president-elect, member of the Board, chair of the Rural EMS Committee, co-chair of the Joint Committee on Rural Emergency Care, member of the Board for the Commission on Accreditation for Prehospital Continuing Education, and an Expert Panel member for the EMS Agenda 2050 project. Most recently Andy contributed significantly to the National Model EMS Clinical Guidelines revision as the Project Manager for that 18 month-long effort.

Andy graduated from the University of Maryland Baltimore County with an Master of Science in Emergency Health Services. In addition, he is a nationally registered paramedic, Tennessee-licensed paramedic, and Wyoming paramedic. Andy is a recipient of the Sikorsky Lifesaving Award.

Andy is a Lieutenant Colonel in the United States Army National Guard and has served our country since May 1989. NASEMSO and its association management company ASMI salute Andy's services and is proud to support his continued service.

Andy has moved from the wilds of Wyoming and currently lives in Georgia. You can reach Andy via email at [andy@nasemso.org](mailto:andy@nasemso.org).

## **F) Rural Public Health Workforce Training Network Program Funding Announcement**

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration's (HRSA), Federal Office of Rural Health Policy (FORHP), announced the availability of nearly \$48 million in American Rescue Plan funding for community based-organizations to expand public health capacity in rural and tribal communities through health care job development, training and placement. Awardees will be able to use this funding to address workforce needs related to the long-term effects of COVID-19, health information technology (IT), and other key workforce issues. FORHP held a [webinar](#) for applicants on January 5, 2022. A recording will be made available for those who could not attend. For more information, [view the NOFO on Grants.gov](#), click the Package tab, then Preview, and Download Instructions; technical assistance information is on page (ii). The application deadline is March 18, 2022.

## **G) "No Surprises Act" Implemented**

New federal protections expected to shield millions of consumers from surprise medical bills—unexpected bills from an out-of-network provider, out-of-network facility or out-of-network air ambulance provider, went into effect on January 1, 2022. The protections, implemented under the No Surprises Act, ban surprise billing in private insurance for most emergency care and many instances of non-emergency care. They also require that uninsured and self-pay patients receive key information, including overviews of anticipated costs and details about their rights. The Centers for Medicare and Medicaid Services (CMS) offers an official website to answer many questions related to the Act at <https://www.cms.gov/nosurprises>. In addition, the National Conference of State Legislatures (NCSL) is reflecting state policy options on their web site at <https://www.ncsl.org/research/health/health-policy-snapshot-protecting-consumers-from-surprise-medical-billing.aspx>. CMS offers a "model disclosure" notice at <https://www.cms.gov/files/document/model-disclosure-notice-patient-protections-against-surprise-billing-providers-facilities-health.pdf>.

## **Ambulance Vehicle and Licensure**

### **H) CAAS GVS V3.0 Available for Public Comment**

The Commission on Accreditation of Ambulance Services (CAAS) formed a Ground Vehicle Standard Revision Committee to develop V3.0 of the GVS document. Based on industry feedback, this Committee has developed a list of proposed changes to V2.0. To ensure that anyone with an interest in the medical transportation industry has a voice in the Standard revision process, CAAS has now posted the proposed changes for public comment. These proposed changes will be posted for 60 days, commencing January 7, 2022. Download the proposed revisions and provide comment at <https://www.groundvehiclestandard.org/caas-releases-gvs-v3-0-draft-for-public-comment/>.

## **Data**

### **I) From the Office of the National Coordinator for Health Information Technology**

The [Trusted Exchange Framework](#) is a set of non-binding principles to facilitate data-sharing among health information networks. The [Common Agreement](#) will operationalize simplified electronic health information exchange for many across the US and will provide easier ways for individuals and organizations to securely connect. Most notably, the Common Agreement sets a new baseline for the exchange purposes that need to be supported—a common source of friction across networks today. The Common Agreement includes support for treatment, payment, health care operations, individual access services, public health, and government benefits determination. The Common Agreement is a new legal contract that ONC's Recognized Coordinating Entity (RCE), The Sequoia Project, will sign with each Qualified Health Information Network (QHIN). Our goals for the Trusted Exchange Framework and Common Agreement (TEFCA) are:

- Goal 1: Establish a universal policy and technical floor for nationwide interoperability.
- Goal 2: Simplify connectivity for organizations to securely exchange information to improve patient care, enhance the welfare of populations, and generate health care value.
- Goal 3: Enable individuals to gather their health care information.

In the coming weeks, the RCE will be hosting several [webinars](#) to educate the public about TEFCA and how to participate. These resources will be recorded and available on the RCE's website. For more information, please visit [The Sequoia Project](#) and [ONC's](#) websites.

### **J) Call for 2021 Data**

The NEMESIS TAC is looking ahead to the upcoming closure of the official 2021 Research Dataset. February 18, 2022, will be the closure date for 2021 records to be included. Any outstanding 2021 records will need to be submitted before this time. The 2020 Research Dataset



was used by 386 researchers last year and we are working to ensure that the dataset is as complete as possible before making it available for public release this year.

### **K) V3.5 DUA available online**

The latest Data Use Agreement is now available on the NEMSIS TAC website. Now including updated language regarding v3.5. <https://nemsis.org/using-ems-data/state-data-use-agreements/>

### **L) 9-1-1 Call Complaint Dashboard**

The 9-1-1 Call Complaint Dashboard compares the reported 9-1-1 dispatch complaint with the actual findings recorded by EMS providers at the scene of the call. This dashboard gives the general public an introduction into the exploration of our V3 data, specifically the relationship between caller complaints, EMS impressions, and symptoms. Also, those with a state login can access the dashboard specifically for their state. This dashboard is highly interactive, and will reveal insights about relationships present in the data through interaction. The v3 data reflected in this dashboard are from January 01, 2017 through present. Access the 9-1-1 Call Complaint Dashboard here: <https://nemsis.org/911-call-complaint/>

## **Health and Medical Preparedness**

### **M)CISA Offers New Decision Support Reference**

The [Cybersecurity and Infrastructure Security Agency](https://www.cisa.gov/) (CISA) released the “Provide Medical Care” is in Critical Condition: Analysis and Stakeholder Decision Support to Minimize Further Harm. As the COVID-19 pandemic reaches another phase, with increased and protracted strains on the nation’s critical infrastructure and related National Critical Functions such as Provide Medical Care, CISA is undertaking a renewed push for cyber preparedness and resilience, as well as decision support for stakeholders within critical infrastructure sectors. Read more at <https://www.cisa.gov/publication/provide-medical-care-critical-condition-analysis-and-stakeholder-decision-support>.

### **N) FDA Expands Warning of Blood Tube Shortages**

On January 19, 2022, the FDA updated the [medical device shortage list](#) to include **all** blood specimen collection tubes (product codes GIM and JKA). Section 506J of the Federal Food, Drug, and Cosmetic Act (FD&C Act) requires the FDA to maintain a publicly-available, up-to-date list of the devices the FDA has determined to be in shortage. You can read more including recommended conservation strategies at <https://www.fda.gov/medical-devices/letters-health-care-providers/update-blood-specimen-collection-tube-conservation-strategies-letter-health-care-and-laboratory>.

## **O) FEMA Offers One Stop Access to Resource Management Resources**

The Federal Emergency Management Agency (FEMA)'s [National Resource Hub](#) is a suite of web-based tools that support a consistent approach for the resource management preparedness process:

- Accessing and automating the use of National Incident Management System (NIMS) resource typing definitions, position qualification sheets, and position task book templates.
- Inventorying individual resources—personnel, equipment, teams, supplies, and facilities.
- Managing personnel qualifications, certification, and credentials.
- Supporting existing resource management-related guidance, policies, practices, and mutual aid compacts.

A one-page [slick sheet on the National Resource Hub](#) is also available for download.

## **P) ASPR TRACIE Year in Review 2021 Now Available**

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) has sponsored the ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE) since 2015. ASPR TRACIE creates resources and houses them in a significant database of peer-reviewed and grey literature; maintains close to 60 Topic Collections; and receives and addresses technical assistance (TA) requests from various stakeholders—at the federal, state, local, tribal, and territorial government levels; in nongovernmental organizations; and in the private sector—offering a comprehensive, one-stop, national knowledge center for healthcare system preparedness. Download the report at <https://files.asprtracie.hhs.gov/documents/aspr-tracie-2021-year-in-review-final.pdf>.

## **Pediatric Emergency Care**

### **Q) EIIC Offers New Resources on Pediatric Mental Health Issues**

In the United States, suicide is the second leading cause of death for youths ages 10-18 (CDC NCHS Data Brief, 2019). Increasingly, the emergency care system has become a safety net for treating pediatric mental health issues: from 2007 to 2015, ED visits for suicide attempts and ideation doubled among the nation's youth (JAMA Pediatrics, 2019). In light of the urgent need to improve pediatric suicide screening and mental health care in emergency settings, the EMS-C Innovation and Improvement Center (EIIC) is pleased to share new resources as part of our latest Pediatric Education and Advocacy Kit (PEAK): Suicide. Through these resources, individuals can learn how to properly screen for pediatric suicide risk and assess acuity, develop safety plans, advocate for improved mental health care; and create care pathways to improve care for children and adolescents in crisis. Read more at <https://emscimprovement.center/education-and-resources/peak/pediatric-suicide-screening-mental-health>.

## **R) AAP Provides Free Course on Pediatric Influenza**

A new four-part course series from the American Academy of Pediatrics (AAP) provides key information about the 2021-2022 flu season. The purpose of this PediaLink module is to educate pediatric health care professionals on the current AAP policy recommendations for routine use of seasonal influenza vaccine and antiviral medications for the prevention and treatment of influenza in infants, children, and adolescents. The recommendations for the prevention and treatment of influenza are updated annually.

Read more at <https://shop.aap.org/influenza-during-the-covid-19-pandemic/>.

## **Trauma**

### **S) New NHTSA Data Shows MVC Fatalities on the Rise in 2021**

A statistical projection of traffic fatalities for the first half of 2021 shows that an estimated 20,160 people died in motor vehicle traffic crashes. This represents an increase of about 18.4 percent as compared to 17,020 fatalities that were projected in the first half of 2020, according to the National Highway Traffic Safety Administration (NHTSA.) This also represents the highest number of fatalities during the first half of the year since 2006 and the highest half-year percentage increase in the history of data recorded by the Fatality Analysis Reporting System (FARS). Read more at <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813199>.

## **Federal EMS News**

### **T) 2021 National EMS Education Standards Now Available**

The National EMS Education Standards outline the critical topics to be covered in the initial education of EMS clinicians based on the latest version of the National EMS Scope of Practice Model, as well as recent research and best practices. The high-level document defines the competencies, clinical behaviors and judgments required of EMS personnel to perform their roles. Read more at [https://www.ems.gov/pdf/EMS\\_Education\\_Standards\\_2021\\_v22.pdf](https://www.ems.gov/pdf/EMS_Education_Standards_2021_v22.pdf).

### **U) NIOSH Seeks to Improve Mental Health of Health Workers**

The National Institute for Occupational Safety and Health (NIOSH), part of the Centers for Disease Control and Prevention, announces an opportunity for the public to provide information and comments to help improve the mental health and well-being of the nation's health workers, including first responders. NIOSH will use the information provided to support nationwide efforts to raise awareness of mental health concerns, identify best practices to prevent and reduce adverse mental health outcomes, identify workplace and community supports, and reduce stigma related to seeking and receiving care. To learn more and submit comments, please view the announcement in the Federal Register. The NIOSH Request for Information (RFI) on [Interventions to Prevent Work-Related Stress and Support Health Worker Mental Health](#) has been extended until January 25, 2022.

## **V) PAFRA Expands Benefits Under PSOB**

S. 1511, the “Protecting America’s First Responders Act of 2021,” which expands eligibility requirements and increases certain benefits provided under the [Public Safety Officers’ Benefits \(PSOB\) Program](#) administered by the Department of Justice, was recently signed into law by President Biden. PAFRA ensures that first responders who are disabled in the line of duty have prompt access to benefits and more under the PSOB. Read more at <https://www.congress.gov/117/bills/s1511/BILLS-117s1511enr.pdf>.

## **W) HRSA Policy Brief Highlights Proposed Rural Emergency Hospitals**

In October 2021, the National Advisory Committee on Rural Health and Human Services convened its 89th meeting virtually to examine two topics, one of which was the Rural Emergency Hospital (REH), a new type of rural hospital created by Congress in 2020 that does not provide inpatient care but will provide 24- hour emergency services. Prior to the meeting, the Committee heard from a variety of policy experts, academics, and community stakeholders to hear their perspectives on the potential for the REH as a new type of provider in a rural context. Read the report on this initiative at <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/publications/2021-rural-emergency-hospital-policy-brief.pdf>.

## **X) Rural Telehealth and Healthcare System Readiness Measurement Framework - Final Report**

The National Quality Forum (NQF) recently convened a multistakeholder Rural Telehealth and Healthcare System Readiness Committee to develop a framework for quality measurement assessing the impact of telehealth on healthcare system readiness and health outcomes during emergencies in rural areas. This final Recommendations Report describes the elements of this framework, including five recommended areas for measurement: (1) Access to Care and Technology, (2) Costs, Business Models, and Logistics; (3) Experience; (4) Effectiveness; and (5) Equity. The Report also lists 26 existing measures that can be used to assess telehealth care provided in rural areas, as well as 14 measure concepts that should be prioritized for future measure development. Finally, 10 recommendations are provided to guide current and future priorities for measurement in this area. Read more at <https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=96378>.

## **Y) Moore-Merrell Named U.S. Fire Administrator**

Lori Moore-Merrell, D.Ph., (*Former member of the State EMS Advisory Board in Virginia*) has been sworn in as the U.S. Fire Administrator. Lori began her career as a firefighter/paramedic with the Memphis (Tennessee) Fire Department, and later served for 26 years as the assistant to the International Association of Fire Fighters (IAFF) General President for Technical Assistance and Information Resources. In 2019, she established the International Public Safety Data Institute (IPSDI), where she served as president and CEO until her USFA appointment by President Biden. As an entity of the U.S. Department of Homeland Security’s Federal Emergency Management Agency (FEMA), the mission of the U.S. Fire Administration is to support and

strengthen fire and emergency medical services (EMS) and stakeholders to prepare for, prevent, mitigate, and respond to all hazards.

### **Z) Prentiss Appointed to NEMSAC**

U.S. Secretary of Transportation Pete Buttigieg recently appointed 15 new members and 10 returning members to serve on the National EMS Advisory Council (NEMSAC). **Former State EMS Director (New Hampshire), Sue Prentiss** is one of the new appointments to be sworn in early in November. A current state senator, Sue will serve the state/local legislative sector to the Council. The members of the council will provide advice and recommendations regarding EMS to the National Highway Traffic Safety Administration (NHTSA) in the Department of Transportation and to the Federal Interagency Committee on EMS. Find a list of NEMSAC members and their bios on the [NEMSAC page on EMS.gov](#).

### **AA) Paul Patrick Reappointed to FirstNet Authority**

U.S. Secretary of Commerce Gina Raimondo recently announced the appointment of 11 leaders in public safety, technology and finance to serve on the Board of the First Responder Network Authority (FirstNet Authority). The appointed members bring the FirstNet Board to a full complement, with 12 non-permanent members selected by the Department of Commerce and three permanent seats occupied by the U.S. Attorney General, the Secretary of Homeland Security and the Director of the Office of Management and Budget. The Board oversees activities to ensure that the FirstNet Authority and AT&T—its commercial partner—develop, build, and operate a nationwide public safety broadband network that will best equip first responders to save lives and protect U.S. communities. **Paul Patrick, NASEMSO Past-President and former State EMS Director in Utah**, was reappointed to serve in a second three-year term. Read more at <https://www.commerce.gov/news/press-releases/2021/10/secretary-raimondo-appoints-11-leaders-firstnet-board-names-new-board>.



# 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 - please see Appendix E.**

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](http://www.coaemsp.org)).

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

<b>General Updates</b>
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### **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 the fall of 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
<b>Grand Total</b>	<b>313</b>				<b>\$704,341.00</b>

### 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.



## **VI. 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, as the EMS for Children (EMSC) program has now been welcomed into CHaTR.

### **Regional EMS Councils**

The OEMS continues to maintain a Memorandum of Understanding (MOU) with the Regional EMS Councils for the 2021 Fiscal Year. The Regional Councils submitted their FY22 Second Quarter reports throughout the month of January, and are under review. OEMS utilizes a web based reporting application for the Regional EMS Councils to submit quarterly deliverables.

The OEMS, and the Regional Council Executive Directors will be holding a retreat on March 7-9, 2022, 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 through the rest of 2021. In addition, CHaTR staff continue to assist in the coordination of Personal Protective Equipment (PPE), distribution of COVID test kits, 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 Hybrid Regional Offices. CHaTR staff have worked with the Board of Directors of those respective councils to assist in transition/implementation throughout 2021.

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.

The Regional Council Redesignation Process is currently underway. All councils have submitted their applications and supporting documents to the Regional Council Portal for review and site reviews will be scheduled shortly as the next step in the process. Following the site reviews, the



review team reports will be compiled and the report will be presented to the EMS Advisory Board at the May meeting and then to the State Board of Health in June 2022.

## **Medevac Program**

The Medevac Committee met on March 10, 2022. 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 316 entries into the Helicopter EMS system in Q4 of the 2021 calendar year. 71% of those entries (227 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a decrease from 409 entries in Q4 of 2020. For the 2021 calendar year, there were 1,282 entries into the system, which was a decrease from the 1,695 entries for the 2020 calendar year. 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>

A workgroup has been created to look at better communications integration - especially across state lines - in a similar fashion to the VIPER system that exists in North Carolina, and involves all air medical entities in that state.

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 (The Plan) is mandated through *The Code of Virginia* to be reviewed and revised on a triennial basis. The Plan is due for revision in 2022.

Review and revision of the State EMS Plan began in 2019. Committee chairs, OEMS staff, and Regional EMS Council staff received the plan and guidance documents for the review and revision period. Reports from committees for edits were compiled into a draft of the 2020 State EMS Plan. The State EMS Plan was unanimously approved by the State EMS Advisory Board at their November 6, 2019 meeting. On June 4, 2020, the State Board of Health approved the Plan. CHaTR staff will be using this same format in 2022, and committee chairs will be receiving information for their respective committees to discuss revisions to the plan prior to the May meeting.

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.

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 VDH workgroup 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.

During the 2022 Virginia General Assembly Session, House Bill 81, and its Senate companion, Senate Bill 436 were entered for consideration. The language of both bills *“Requires the Board of Health to consult with the Virginia Telehealth Network in amending and maintaining the Statewide Telehealth Plan. The bill requires the Board of Health to contract with the Virginia Telehealth Network, or another Virginia-based nongovernmental organization focused on telehealth if the Virginia Telehealth Network is no longer in existence, to (i) provide direct consultation to any advisory groups and groups tasked by the Board with implementation and data collection, (ii) track implementation of the Statewide Telehealth Plan, and (iii) facilitate changes to the Statewide Telehealth Plan as accepted medical practices and technologies evolve.”*

The language for both bills can be found below:

<https://lis.virginia.gov/cgi-bin/legp604.exe?ses=221&typ=bil&val=HB81>  
<https://lis.virginia.gov/cgi-bin/legp604.exe?221+sum+SB436>

## 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 the end of January 2022, the Office of Health Equity has received the final version of the plan. The plan will be posted to the Office of Health Equity's webpage in the coming weeks, mailed to selected stakeholders, and available for the public to view.

## **VI. 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 resumed 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). 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 haven't been possible due to the pandemic. CHaTR staff plans to resume site visits in 2022.

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 presented 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 revamped their 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. The network continues to be 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. All responses have been collected and the data has been analyzed. The final report will be generated and posted publicly on the CHaTR webpage. The results of the needs assessment will be presented during the first GAB meeting of the year; the data will be used to advise the EMS Advisory Board.

A Tableau dashboard will be created from the responses to the 2012 and 2021 assessments, and updated with data from subsequent assessments. Users will be able to identify trends in EMS system and utilize regional data. There will be more updates on the data dashboard in the coming months.

### **System Assessments/Miscellaneous Technical Assistance**

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

The most recent studies were held in Montgomery County on November 15-16, 2021, 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 some of those studies have not been released by the Virginia Fire Services Board.

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

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

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

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

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

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

The MIH/CP workgroup that was created in 2015 reconvened on September 19, 2018, with Dr. Allen Yee again serving as chair.

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, and the process for agencies to begin advertising to the public that they are providing MIH or CP service to the public will begin in the first half of the 2022 calendar year.

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 Standards 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



### 2022 EMSC Committee Meetings

The EMS for Children Committee met January 6, 2022 at a special called meeting for input on regulatory language regarding the transportation of children by ground ambulance. The Committee also met on March 10, 2022. The intention is to hold these meetings the day preceding the EMS Advisory Board. Additional EMSC Committee meetings are tentatively scheduled for May 5, 2022 and August 4, 2022.

Previous meeting minutes can be found at the link below:

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

### National EMS Agency Survey In Progress

This annual online national survey began in January and will conclude March 31, 2022. It is hosted by the National Emergency Medical Services for Children (EMSC) Data Analysis Resource Center (NEDARC), and the goal of the survey is to collect data on two specific national EMSC performance measures:

- *Performance Measure 02*, which assesses if an agency has access to a pediatric emergency care coordinator (PECC, or Pediatric Champion).
- *Performance Measure 03*, which focuses on an agency's process for skills-checking on pediatric equipment.

Only one survey per EMS agency is accepted. EMS agency leadership should go to [emscsurveys.org](https://emscsurveys.org) and see if their agency is listed under the Virginia "county" drop list. If it is visible, then a survey still needs to be completed. Please contact David Edwards ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)) with any questions.



## **Federal EMSC Grant To Provide Limited Number of Child Restraint Systems**

EMS agency leaders with interest in receiving an Emergency Child Restraint system should contact the Virginia EMS for Children Program ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)) with their requests. A waiting list is being developed for a limited number of emergency child restraint systems (expected to arrive in the Spring). 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 is 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.)*

## **Pediatric Champions Work Group Forming**

The EMSC Program has formed a work group to collect resources and facilitate the appointment of Pediatric Champions for EMS agencies and/or groups of EMS agencies, and hospitals. The group is working on strategies to educate and recruit Pediatric Champions (sometimes called pediatric emergency care coordinators-PECCs). Best are being gathered now through the national [Pediatric Emergency Care Coordinator \(PECC\) Workforce Development Collaborative \(PWDC\)](#), which is currently underway.

## **PEPP and ENPC Course Funding Assistance Available**

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.

## **More on EMSC Program Work Groups...**

The Virginia 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](mailto:david.edwards@vdh.virginia.gov)) if you can help us any of the following topics:

- **Child Transport Policies & Procedures:** Work group to develop template(s) for suggested EMS agency policies and procedures (using national guidelines) for appropriately securing children during ground ambulance transport.
- **Pediatric Champions:** Work group to support EMS Agency and Hospital Pediatric Champions. The group works on strategies to educate and recruit Pediatric Champions (sometimes called pediatric emergency care coordinators-PECCs) for EMS agencies, groups of EMS agencies, and hospitals.



- Emergency Department Pediatric Readiness Recognition: Work group to explore a voluntary recognition program for hospital EDs that can demonstrate a specified basic readiness level in caring for children (medical), based upon national consensus guidelines.
- Emergency Transfer Guidelines and Agreements: Work group to develop templates for written hospital emergency transfer guidelines and agreements that specifically refer to pediatric patients. Having these in place reduces the chance that critical delays may occur in getting a critically ill or injured child to the right level of care at the right time, and the Virginia EMSC Program can help hospitals access technical resources to facilitate this process.

## National Collaboratives and Communities of Practice (CoP)

- National Collaborative to Facilitate Pediatric Champions: Twenty-six individuals from Virginia are part of a nationwide collaborative to support healthcare professionals working in *prehospital and emergency department systems* to become effective pediatric champions (also known as Pediatric Emergency Care Coordinators–PECCs). The *Pediatric Emergency Care Coordinator (PECC) Workforce Development Collaborative (PWDC)* began last 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.
- National Community of Practice (CoP) Explores Hospital Recognition: HRSA and the EIIC (EMSC Innovation & Improvement Center) have launched the *Pediatric Medical Recognition Program Community of Practice (PMRP CoP)*. This dedicated effort is meant to support each of the State Partnership (SP) EMSC grantees in achieving **EMSC Performance Measure 04**; *the percentage of hospitals with an Emergency Department (ED) recognized through a statewide, territorial, or regional standardized programs that are able to stabilize and/or manage pediatric medical emergencies.*

The goal of a **Community of Practice (CoP)** is to sustain and build upon the foundation, resources and best practices developed during a previous **Collaborative**. HRSA EMSC and the EIIC staff will continue this PMRP CoP to provide education, expertise and experience in an open forum for EMSC grantees and their local stakeholders. This forum will provide grantees an opportunity to share best practices, learn from each other, and receive guidance and assistance from EIIC and SP experts. Pediatric Medical Recognition.

(<https://emscimprovement.center/collaboratives/frc/>)

## National EMS for Children (EMSC) Program Achievements for 2021

Despite the added pressures and obstacles, the pediatric emergency community rallied to make tremendous strides in improving care in 2021. **A quick highlight of some of EMSC's work this year includes:**

- **Providing \$655,297 in supplemental funding** to support pediatric readiness in rural communities,
- **Providing \$655,297 in supplemental funding** to support pediatric readiness in rural communities,
- **Achieving a 71% response rate** for emergency departments participating in the National Pediatric Readiness Project assessment,
- **Finalizing two pivotal resources** in the National Prehospital Pediatric Readiness Project: an EMS agency checklist and toolkit,
- **Announcing the incorporation of the National Pediatric Readiness Project** into the American College of Surgeons' (ACS) trauma center verification process, **Supporting the participation of 6,910 EMS agencies** in the EMS for Children Survey and the release of a corresponding national report to all EMS agencies nationwide,
- **More than 40 published papers** featuring or citing the work of the Pediatric Emergency Care Applied Research Network (PECARN),
- **Registering more than 1,500 individuals** in the Pediatric Emergency Care Coordinator Workforce Development Collaborative,
- **Uniting across organizations to highlight pediatric readiness during EMS Week**, with two webinars hosted by the American College of Emergency Physicians in collaboration with the American Academy of Pediatrics, Emergency Nurses Association, National Association of State EMS Officials, and ACS Committee on Trauma,
- **Hosting the 2021 All-Grantee Meeting**, which highlighted 60 speakers from across the EMSC and pediatric emergency care space and 20 poster presentations, and
- **Launching the Pediatric Pandemic Network**, which brings together five hub children's hospitals and several national organizations to improve pediatric everyday readiness and disaster preparedness.

## Continuing Virginia EMSC Recommendations to Hospital Emergency Departments

- Weigh AND record children in **kilograms only** (*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).

## Suggestions/Questions

Please submit suggestions or questions related to the Virginia EMSC Program to David P. Edwards via email ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)), or by calling 804-888-9144 (direct line). If you have any difficulty connecting with David Edwards, please contact Tim Perkins via email ([tim.perkins@vdh.virginia.gov](mailto: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; EMS Emergency Management karen.owens@vdh.virginia.gov
Sam Burnette	Emergency Services Coordinator, Staff Support – Communications Committee samuel.burnette@vdh.virginia.gov
Vincent Valeriano	Epidemiologist vincent.valeriano@vdh.virginia.gov

### **Operations**

#### **• Virginia EMS Symposium**

Division of Emergency Operations staff actively assisted in the coordination and carrying out of the annual Virginia EMS Symposium. After cancellation in 2020 due to COVID, the return of the event brought the need to implement COVID-19 mitigation efforts and changes to the structure to ensure a safe and successful event. Sam Burnette coordinated event communications, developing staffing plans, maintaining equipment, and coordinating various communications plans. Karen Owens helped develop mitigation strategies and support logistical activities, including signage, equipment, and staff support.

Vincent Valeriano presented his presentation, *The Good, The Bad, The Ugly: The State of EMS Provider Mental Health in Virginia*, at the 2021 Virginia EMS Symposium. The course discussed the results of Virginia's first comprehensive EMS provider mental health survey, the mental health resources available to providers and agencies, and current legislation surrounding provider mental health. The presentation had time for questions and answer as well as a handout directing participants to where they could find additional mental health and resiliency resources: <https://www.vdh.virginia.gov/content/uploads/sites/23/2021/03/All-Disciplines-Flyer.pdf>.

- **Staff Appointments State and National Committees**

Sam Burnette was appointed to the 9-1-1 Services Board Regional Advisory Committee. In this role he will represent EMS providers and agencies as the committee discusses ongoing challenges and changes in the Commonwealth's 9-1-1 service delivery.

Karen Owens was elected chair of the Health and Medical Preparedness Council of the National Association of State EMS Officials. The Health and Medical Preparedness Council formulates policies and resources to assist states in providing a coordinated EMS response to incidents that impact public health. The council also provides technical assistance for, and representation of, state EMS officials regarding both natural and terrorist type incidents. This includes emerging infectious disease outbreaks as they relate to planning, preparedness, response, and recovery; including homeland security activities.

- **Virginia Emergency Operations Center (VEOC) Activation**

During this quarter, the Division of Emergency Operations provided virtual support and monitoring of the Virginia Emergency Operations Center (VEOC) for various events. This includes, but is not limited to multiple winter storms, the Governor's Inauguration, and 2022 Lobby Day. As trained members of the Virginia Emergency Support Team (VEST), Karen Owens and Sam Burnette monitor webEOC, reports and provide guidance to localities and agencies requesting assistance.

- **COVID-19 Response**

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

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

- **VDH Partner Calls**

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

- **Ongoing Meetings**

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

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

Karen Owens participated in multiple meetings of the Health and Medical Preparedness Council during this quarter. The committee discussed its mission and

- **National Association of State EMS Officials**

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

<b>Communications /Emergency Medical</b>
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- **Telecommunicator CPR (TCPR)**

During this quarter, Sam Burnette and Karen Owens worked with Luke Parker, grants coordinator, to develop and rollout a one time grant opportunity for agencies looking for funding support as they meet the requirements of implementing TCPR training. Sam reached out to agencies that were actively pursuing training and provided guidance and information.

Sam also spoke with a number of 9-1-1 centers regarding legislative requirements, implementation guidelines, and other topics related to TCPR and EMD.

- **9-1-1 Services Board Regional Advisory Committee (RAC)**

During this quarter, Sam Burnette participated in monthly meetings of the 9-1-1 Services Board Regional Advisory Committee. The meetings provide an opportunity for public safety representatives to discuss pertinent communications issues or actions related to public safety communications in the Commonwealth.

- **9-1-1 Summit**

Sam Burnette attended the inaugural Virginia Department of Emergency Management (VDEM) 9-1-1 Summit in Charlottesville, Virginia on November 8, 2021. The summit brought together members of the 9-1-1 Services Board as well as members of its various committees to develop a vision and strategic plan for 9-1-1 communications across the Commonwealth.

## Planning

- **Marcus Alert**

Karen Owens continues to participate in biweekly calls related to planning for the rollout of the Marcus Alert program.

- **Central Virginia Healthcare Coalition (CVHC)**

Karen Owens continues to participate in the monthly meetings of the Central Virginia Healthcare Coalition. The meetings bring together representatives from a variety of healthcare organizations in the central Virginia region to discuss ongoing issues and strengthen relationships.

## 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:

- October – Earthquake Preparedness
  - <https://www.vdh.virginia.gov/content/uploads/sites/23/2021/12/Flu-Season.pdf>
- November – Feel the Burn
  - <https://www.vdh.virginia.gov/content/uploads/sites/23/2021/11/Feel-the-Burn.pdf>
- December – It's Flu Season
  - <https://www.vdh.virginia.gov/content/uploads/sites/23/2021/12/Flu-Season.pdf>

- **Health and Safety Webinars**

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

- *Image Trend: What Really Matters in Times of Crisis*  
This webinar discussed how crises require senior leadership to both lead and manage effectively. The presenter discussed issues that occur when leaders focus their efforts on management, rather than leadership. The presentation identified that the most effective leaders in crises ensure that someone else is managing the present well while focusing their attention on leading beyond the crisis toward a more promising future.
- *First Responder Wellness: Introduction to Peer Support Training*  
The introduction to peer support training provided an in-depth overview along with important details about the process and privilege of becoming a public safety peer



support team member. The webinar discussed the prevalence and scope of mental health issues found among public safety professionals, the process and methodology of developing and implementing a peer support program, brief crisis intervention and basic CISM skills, self-care, public perception and resilience building.

- *Lexipool: The Emerging Science of Improved Health & Resilience for Fire & EMS*  
In this webinar, FirstWatch Improvement Guide and UCSF professor Mike Taigman shared his decades of experience and research into human wellness and longevity and provided attendees with science-based steps to improve their health and lengthen their life. The presentation discussed the causes of aging and disease at the molecular level, the costs—and benefits—of different sorts of stress, how to incorporate simple, life-enhancing practices into one’s life on and off the job and key measurements of health and longevity.

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

CISM – Peer Support Teams reported two activities this quarter. This includes, but is not limited to, debriefings, defusings, trainings, and outreach.

# **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 2022.

#### **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 (October - December)*

- 10/6/21 – Virginia EMS Symposium Safety Guidelines
- 10/27/21 – Important Reminders for the 41<sup>st</sup> Annual Virginia EMS Symposium
- 11/10/21 – Press Release announcing Governor’s EMS Award Recipients

##### *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 October - December are as follows:

- **October** – Great American Shake Out earthquake drill.
- **November** – Symposium registration and app, Symposium class attendance rules, Symposium exhibit halls, Governor’s EMS Awards Ceremony, Symposium Retail Row, Symposium Vendor Halls, Governor’s EMS Awards live stream, Symposium free registration, Governor’s EMS Awards press release, holiday office closures and monthly Health and Safety infographic highlighting the importance of physical activity.
- **December** – Virginia EMS Symposium Call for Presentations open, Yellow Ribbon Report from IAFC re: Best Practices in Behavioral Wellness for Emergency Responders,

monthly Health and Safety Infographic focused on preventing the flu, EMS agencies to affiliate non-certified personnel in the OEMS agency portal and holiday office closures.

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

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

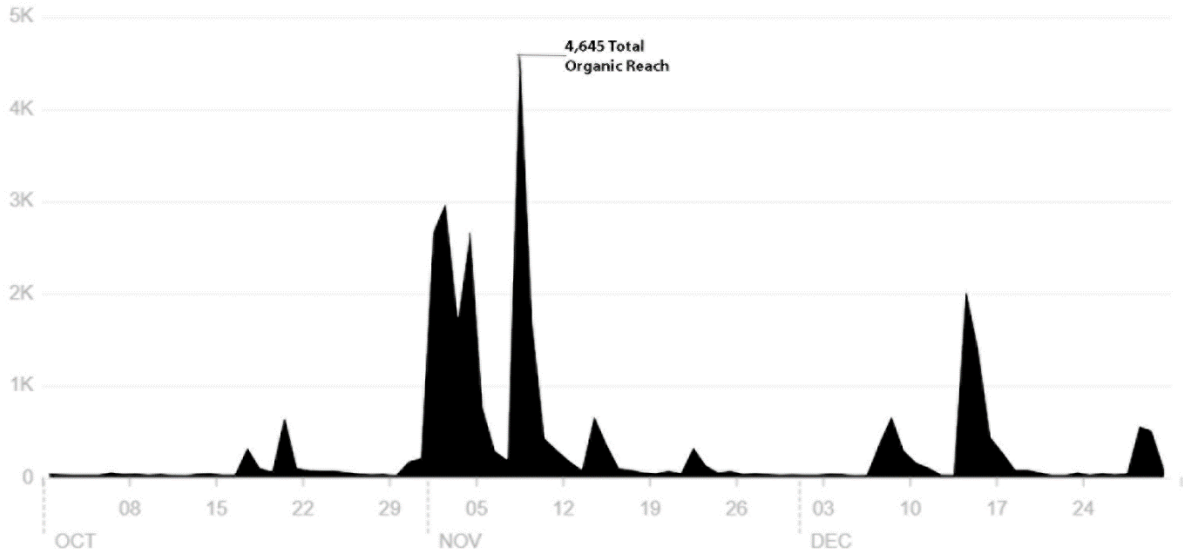
<b>Social Media and Website Statistics</b>
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As of February 1, 2022, the OEMS Facebook page had 8,570 likes, which is an increase of 144 new likes since October 28, 2021. As of February 1, 2022, the OEMS Twitter page had 5,323 followers, which is a decrease of 2 followers since October 28, 2021.

**Figure 1:** This graph shows the total organic reach\* of users who saw content from the OEMS Facebook page, October - December. 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 November 10, 2021. This post garnered 6,738 people reached and 531 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 Oct. 1 - Dec. 31, 2021



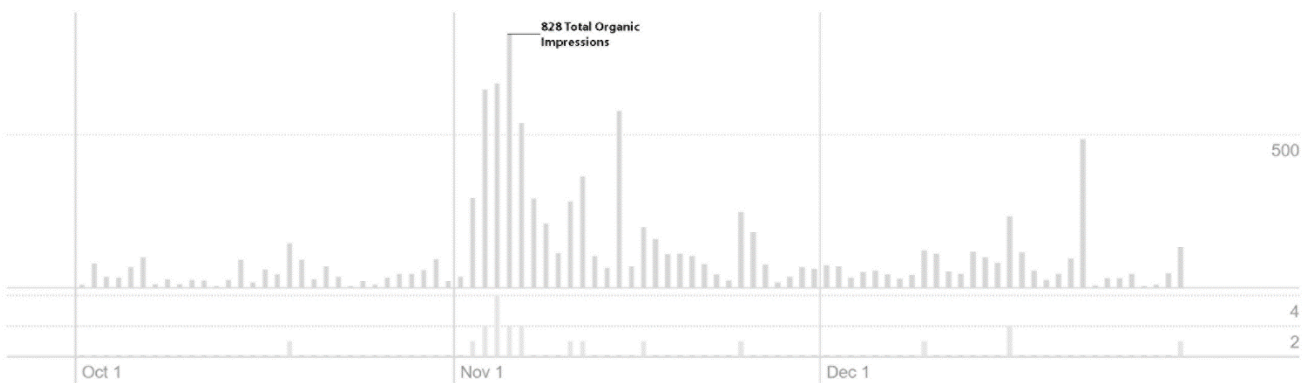
**Figure 2:** This graph shows the total organic impressions\* over a 91-day period on the OEMS Twitter page, October - December. **During this 91-day period, we earned 114 impressions per day. The most popular tweet received 647 organic impressions.**

*\*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

October 1 - December 30, 2021

Your Tweets earned 10.4K impressions over this 91 day period



**Figure 3:** This table represents the top five most downloaded items on the OEMS website from October - December.

October	<ol style="list-style-type: none"> <li>1. Authorized Durable Do Not Resuscitate Form (361)</li> <li>2. TR-06 Course Roster (226)</li> <li>3. CentreLearn Instructions (224)</li> <li>4. TR-57 Virginia Recertification Requirements (199)</li> <li>5. 2021 Symposium Catalog (132)</li> </ol>
November	<ol style="list-style-type: none"> <li>1. Authorized Durable Do Not Resuscitate Form (321)</li> <li>2. Quick Guide NREMT Recertification (284)</li> <li>3. 2021 Symposium On-Site Guide (137)</li> <li>4. TR-57 Virginia Recertification Requirements (137)</li> <li>5. TR-06 Course Roster (131)</li> </ol>
December	<ol style="list-style-type: none"> <li>1. Quick Guide NREMT Recertification (177)</li> <li>2. Authorized Durable Do Not Resuscitate Form (165)</li> <li>3. TR-57 Virginia Recertification Requirements (137)</li> <li>4. TR-06 Course Roster (103)</li> <li>5. How to Apply for the Virginia EMS Scholarship Quick Guide (88)</li> </ol>

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

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
October	6,822	00:46	27.03%
November	6,407	00:50	26.61%
December	6,036	00:52	28.1%

### 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

- The PR Coordinator continued to update the Symposium webpages on the OEMS website.
- PR Coordinator continued to work with the symposium sponsorship coordinator on sponsored items, inserts for symposium packets, signage requirements, etc.
- The PR finalized on-site event signage and submitted it for print.
- The PR Coordinator completed the design of the Symposium On-Site Guide and submitted it for print Oct. 17, 2021.
- The PR Coordinator continued updating information for the 2021 Symposium mobile app on Apple and Android devices.
- The PR Coordinator and PR Assistant continued promoting Symposium registration utilizing the Symposium ads that highlighted programs offered at the symposium, via the OEMS website and listserv email.
- The PR Assistant organized and ordered supply items that would be needed for Symposium registration packets.
- The PR Assistant edited course descriptions and updated the course locations into the Symposium web program.
- PR Assistant prepared the Governor's EMS Awards presentation book, which included descriptions of award categories and bios for award recipients.
- The PR Assistant printed name badges for Symposium attendees and organized all vendor name badges alphabetically.
- Coordinated handouts from sponsors and OEMS staff to be included in the registration packets. The last week of October, OEMS staff stuffed and packed 1,800 registration packets.
- Fielded calls and emails from providers regarding registration, cancellations and vendors requesting sponsorship opportunities and the availability of vendor hall space.
- The PR Coordinator and the PR Assistant attended the 41<sup>st</sup> Annual Virginia EMS Symposium, Nov. 2-7, 2021. Assisted with the loading and unloading of event supplies and equipment, registration and putting out signage, coordination of the Governor's EMS Awards ceremony and reception. Assisted with the vendor hall and updated social media sites with classroom/instructor updates and other event info.
- PR Assistant coordinated the attendances of nominees and guests, the administration of badges and admission of award nominees into the Governor's EMS Awards Banquet.

Regulation and Compliance Division staff assisted with the screening of recipients into the banquet hall.

- After the conclusion of the Symposium, the PR assistant verified CE credits and emailed Leadership and Management honorary certificates to eligible Symposium attendees who signed up for and met the certificate requirements.
- PR Assistant and PR Coordinator participated in the Governor's EMS Awards Committee's Regional EMS Awards Workgroup, December 9, 2021.

### **Governor's EMS Awards Program**

- The PR Coordinator created the Symposium Governor's EMS Awards agenda for the table place settings.
- Prior to the event, the PR Assistant worked with the video crew to verify Governor's EMS Award nominees and winners' names, award categories and affiliations.
- The PR Assistant prepared the presentation book that contained the award winners' brief bios, which were read during the awards ceremony.
- The PR Assistant and PR Coordinator attended meetings on-site with the film crew to go over walk-thru of the Governor's EMS Awards Ceremony and the process of events for the award ceremony.
- The PR Coordinator prepared the Governor's EMS Award winners' bios and pictures and posted it on the OEMS website.
- The PR coordinator sent out a statewide press release announcing the Governor's EMS Award winners November 10, 2021.
- Promoted award winners through OEMS Facebook and Twitter social media sites.
- Sent additional award winner information and photos as requested from public or media contacts.
- PR Assistant worked with the Governor's EMS Awards Nomination committee to start updating the 2021 Regional EMS Awards nomination forms. In 2019, we moved toward an electronic version of the nomination forms for the Regional EMS Councils to use.

### **Media Coverage**

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

- **10/28/21** – Reporter from the Richmond Times-Dispatch put together a story regarding OEMS data migration.
- **10/29/21** – Reporter from Richmond Times-Dispatch inquired about EMS Patient Transfer Data
- **10/29/21** – Reporter from Richmond Times-Dispatch had follow-up questions regarding the OEMS data migration



## 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.
- 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:

- **October - December** – 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 October - December:
  - COVID-9 Update for Virginia – November 22, 2021
  - COVID-19 Update for Virginia – December 14, 2021
  - COVID-19 Update for Virginia – December 27, 2021
  - COVID-19 Update for Virginia – December 29, 2021
- PR Assistant coordinated sending the VDH COVID-19 Monoclonal Antibody and Therapeutics Bi-Weekly Update.

Ongoing COVID communications duties:

- The PR Coordinator leads the VDH Office of Communications team meetings, assists with sending statewide press releases and posting on the VDH website, serves 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 logs media inquiries into the VDH Media Alert Generator, monitors the VDH web feedback submissions, assists with posting and sharing OEMS 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 conference calls and polycoms for the VDH Communications team.
  - PR Coordinator and PR Assistant participate in bi-monthly Agencywide Communications Workgroup.
- **Commissioner's Weekly Email** – The PR Coordinator submitted the following OEMS updates to the commissioner's internal weekly email, from October - December.

### **OEMS Hosts 41st Annual Virginia EMS Symposium**

The Virginia Office of Emergency Medical Services (OEMS) recently hosted the 41<sup>st</sup> Annual Virginia EMS Symposium. The largest EMS training event in the state, and one of the largest in the country, welcomed more than 1,300 registered attendees. The symposium offered 13 course tracks and more than 300 courses, covering everything

from hands-on training in trauma, medical and cardiac care to education for pediatrics, operations, and health and safety. More than 17,284 hours of continuing education (CE) credits were issued to EMS providers attending symposium. The EMS Symposium app for Apple and Android devices was also available for download. It included class schedules, course evaluations, important updates, on-site event information and more. This convenient mobile app continues to receive positive reviews from event participants. This training event also included the Governor's EMS Awards, which recognized excellence in the field. Learn more about this year's [award recipients](#).

Many thanks to the entire OEMS staff whose assistance and dedication make this event a continued success. Additional thanks go to staff responsible for preplanning, event coordination and on-site assistance: **Gary Brown**, director; **Scott Winston**, assistant director; **Adam Harrell**, associate director; **Deborah Akers**, accreditation, certification and education division director; **Dr. George Lindbeck**, state medical director; **Chad Blosser**, education program manager; **Frank Cheatham**, fleet and logistics administrator; **Crystal Cuffley**, EMS portal help desk technician; **Kimberly Fuller**, quality assurance/quality improvement specialist; **Tristen Graves**, public relations assistant; **Irene Hamilton**, executive secretary senior; **Norma Howard**, continuing education specialist; **Marian Hunter**, public relations coordinator and **David Thomas**, fleet and logistics administrator. Thanks also to the following for their support: **Mary Kathryn Allen**, **Wayne Berry**, **James Burch**, **Samuel Burnette**, **Melinda Carter**, **Patricia Couser**, **Camela Crittenden**, **Sudheer Dadivela**, **David Edwards**, **Paul Fleenor**, **Chad Gregg**, **Linda Harris**, **Jacqueline Hunter**, **Ron Kendrick**, **Douglas Layton**, **Daniel Linkins**, **Amanda Loreti**, **Manoj Madhavan**, **Margot Moser**, **Leonard Mascaro**, **Stephen McNeer**, **Karen Owens**, **Ron Passmore**, **Tim Perkins**, **Wayne Perry**, **Jessica Rosner**, **Vincent Valeriano** and **Scotty Williams**.

# Regulation and Compliance Division



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

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

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

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

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

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

<b>EMS Agency/Provider Compliance Enforcement Activity</b>
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Enforcement	2021 1st Quarter	2021 2nd Quarter	2021 3rd Quarter	2021 4th Quarter	2021 Totals	2020 Totals	2019 Totals
<b>Citations</b>	<b>5</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>19</b>	<b>29</b>	<b>33</b>
EMS Agency	1	1	2	1	5	10	13
EMS Provider	4	5	2	3	14	19	20
<b>Verbal Warning</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>7</b>	<b>7</b>	<b>8</b>
EMS Agency	0	1	1	0	2	1	4
EMS Provider	2	2	1	0	5	6	4
<b>Correction Order</b>	<b>1</b>	<b>2</b>	<b>11</b>	<b>4</b>	<b>18</b>	<b>6</b>	<b>5</b>
EMS Agency	0	1	2	4	7	0	1
EMS Provider	1	1	9	0	11	6	4
<b>Suspension</b>	<b>11</b>	<b>5</b>	<b>8</b>	<b>4</b>			

					<b>28</b>	<b>34</b>	<b>24</b>
EMS Agency	1	1	1	0	3	0	0
EMS Provider	10	4	7	4	25	34	24
<b>Revocation</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>2</b>
EMS Agency	0	0	0	0	0	0	0
EMS Provider	4	2	0	0	6	2	0
<b>Compliance Cases</b>							
Investigations Opened	39	52	59	46	196	180	203
Investigations Closed	35	43	51	44	173	168	199
<b>Drug Diversions</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>11</b>	<b>10</b>	<b>6</b>
<b>Variances</b>	<b>47</b>	<b>21</b>	<b>12</b>	<b>16</b>	<b>96</b>	<b>87</b>	<b>110</b>
Approved	30	8	4	8	50	49	56
Denied	17	11	8	8	44	38	54
<b>RSAF Grant Verifications</b>	<b>71</b>	<b>30</b>	<b>53</b>	<b>41</b>	<b>195</b>	<b>258</b>	<b>281</b>

### Quarterly EMS Agency & Vehicle Inspection/Licensure Activity

<b>Licensure</b>	<b>2021 1st Quarter</b>	<b>2021 2nd Quarter</b>	<b>2021 3rd Quarter</b>	<b>2021 4th Quarter</b>	<b>2020 Total</b>	<b>2019 Total</b>
<b>Total Agencies</b>	569	569	566	566	573	587
New Agency	2	2	2	1	10	7
New Vehicles	45	98	87	65	232	239
<b>Inspections</b>	863	1049	526	683	3082	2819
Agencies Inspected	90	106	68	57	250	330
Vehicles Inspected	630	805	369	625	2683	2153

Unscheduled “Spot” Inspections	96	38	89	85	149	336
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*Quarterly IFFC = Informal Fact Finding Conferences (APA) appeal hearing update*

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There were 2 Administrative Processes Act - Informal Fact Finding Conferences (hearings) held on October 20, 2021 at the Office of EMS in Glen Allen, Virginia.

Both Cam Crittenden, R.N., and Ron Passmore, NRP, have completed courses at the National Judicial College on a tract to obtain non-attorney, Administrative Law Judge (hearing officer) credentials and will begin hearing IFFC’s for the Office of EMS. Ms. Crittenden will be the sole hearing officer for all Regulation & Compliance Enforcement Division cases.

Background Investigation Unit						
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	2,118	6,410	7,613
Eligible	2,429	2,368	2,450	2,002	6,310	6,973
Non-Eligible	8	8	9	9	54	47
Review Criminal history	340	281	322	248	430	Not Available
Outstanding Waiting for results	86	56	17	23	Not Cumulative	Not Cumulative
Rejected Fingerprint cards	14	5	13	19	56	391
Jurisdictional Ordinance Processed	129	140	154	107	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	228	208	220
New OMD's	2	5	0	2	18	>3
Re-Endorsed (5yr)	14	10	5	15	20	41
Conditional (1yr)	3	0	0	3	14	23
Expired Endorsement	1	5	2	3	8	19

The OMD Workshop schedule for 2022 started at the EMS Symposium in Norfolk on November 4, 2021. The OMD workshops have returned to in-person sessions across the Commonwealth, the first session was held on December 07, 2021 for the combined TEMS/PEMS councils in Chesapeake, VA.

The remaining 2022 OMD Workshop schedule is posted on the OEMS website, under Regulation & Compliance Enforcement tab, then click EMS Medical Director sub-tab, then click the link titled EMS Medical Director Workshops 2021 – 2022.

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.

### Regulatory Process (Chapter 32) 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.
- 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 edits/updates)\*.*
- April and May 2022 EMS Advisory Board Committee’s must approve/deny Chapter 32 edits.
- July and August 2022 EMS Advisory Board and Committees review and approve the FINAL draft of Chapter 32, with no additional edits.
- **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 draft has been approved 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 the August 2022 Advisory Board meeting)\**
- Following the 60 day comment period, all comments will be considered (adopted) and final regulatory language will be revised
- **Stage 3** – Submission of the completed (TH-03) document for project 5100 as the final regulatory package via the Town Hall to again receive a repeat Executive Branch review and final public comment period before adoption into law.

### Additional Regulation & Compliance Enforcement Division Work Activity

- ❖ The Regulation and Compliance Enforcement Division bi-monthly staff meeting(s) were held on October 13<sup>th</sup> through 15<sup>th</sup> and November 30<sup>th</sup> through December 3<sup>rd</sup> at the Embassy Suites in Richmond, VA.
- ❖ Division Task Team(s) met on October 13<sup>th</sup> & November 30<sup>th</sup> to work on Regulation & Compliance Enforcement Division specific work projects and templates.
- ❖ Division Leadership Team (Division Director & Field Supervisors) met December 8<sup>th</sup> to review, plan, and monitor the 2022 Division deliverable goals.

- ❖ Coordinated monthly meetings at OEMS for Division Directors with Assistant Attorney General Krista Samuels Esq. who represents the Office of EMS.
- ❖ All Division Field Staff and Division Director attended, instructed, and staffed the annual EMS Symposium November 2<sup>nd</sup> through 7<sup>th</sup>, 2021.
- ❖ Attended the State EMS Advisory Board meeting on November 10<sup>th</sup>, 2021.
- ❖ 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 was emailed to all agency SuperUsers and posted to OEMS Website
  - These instructions were provided to and reviewed with all Regional EMS Council Directors
  - Information on how affiliated EMS agency members background eligibility status notifications will occur, in real time, via the OEMS portal were included in these Instructions.
- ❖ 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.
  - *Virginia Board of Pharmacy Guidance Document for EMS Agency Drug Kits* is posted to the Regulation and Compliance Enforcement section, Guidance Document sub-tab, on the OEMS website
- ❖ Virtually attended NASEMSO - PLC & AVL meeting Oct 21&26, Nov 18, Dec 16 & 28
- ❖ **Regulation & Compliance Enforcement Division website updates:**
  - Division Section of OEMS website has been updated and reorganized as follows:
    - Regulation & Compliance Enforcement Division Home page
      - Quick links for most common forms
        - *NEW - Instructions how to create portal accounts, apply for affiliation, and complete background check non-certified agency members*

- There are 10 division subtabs as follows:
  - Agency Licensure
  - Regulation
  - Guidance Documents
    - *NEW – Executive Order #84 & #11 Guidance*
    - *NEW – Criminal Background Check Eligibility Notification*
    - *NEW – VA Board of Pharmacy – EMS Agency Drug Kits*
  - Criminal History Record
  - Fingerprint Submission
    - *NEW - Instructions how to create portal accounts, apply for affiliation, and complete background check non-certified agency members*
  - EMS Interstate Compact (REPLICA)
  - Data Compliance Report
  - Durable Do Not Resuscitate (DDNR)
  - EMS Medical Directors
    - *New - 2022 OMD workshop schedule posted*
  - Sample Policies and Agreements

❖ **Governor Declared “Limited” State of Emergency, Northam EO#84 & Youngkin EO#11.**

○

- ***Neither of these two Executive Orders have a direct impact on EMS Regulations***
- ***Guidance Document specific to these declarations and their impact on EMS regulations can be found on the OEMS website***
- ***EMT’s do not have a Scope of Practice that allows for administration of any vaccine.***

<b>Regulation and Compliance Enforcement Division Structure Profile</b>
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**Ronald D. Passmore, NRP, TS-C**

Division Director, Regulation and Compliance Enforcement

Phone: (804) 888-9131

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

- 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

Provides support to field team and coordinates background investigation activities to include:

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

### **OEMS Program Representatives (Field Investigators)**

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

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

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

**Chad Gregg, EMT-I** ([Chad.Gregg@vdh.virginia.gov](mailto:Chad.Gregg@vdh.virginia.gov)) – *Coastal*

**Steve McNeer, EMT-I** ([Stephen.McNeer@vdh.virginia.gov](mailto:Stephen.McNeer@vdh.virginia.gov)) – *Central*

**Doug Layton, EMT-P** ([Douglas.Layton@vdh.virignia.gov](mailto:Douglas.Layton@vdh.virignia.gov)) – *Shenandoah*

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

**Ron Kendrick, EMT-I** ([Ron.Kendrick@vdh.virginia.gov](mailto:Ron.Kendrick@vdh.virginia.gov)) – *Appalachia*

**Scotty Williams, EMT-P** ([Scotty.Williams@vdh.virginia.gov](mailto:Scotty.Williams@vdh.virginia.gov)) – *Highlands*

**Len Mascaro, NRP** ([Leonard.Mascaro@vdh.virginia.gov](mailto:Leonard.Mascaro@vdh.virginia.gov)) – *Northern Virginia*

The Regulation and Compliance Team of professionals provide the Commonwealth of Virginia with more than 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.

# **Division of Trauma and Critical Care**



## **VIII. Division of Trauma and Critical Care**

### **A) Trauma Advisory Committee and Subcommittees**

The TAG and its subcommittees met November 11<sup>th</sup> and 12<sup>th</sup> in Richmond. Dr. Aboutanos' term ended and his successor, Dr. Paula Ferrada, will assume the chair of the committee with the first meeting on February 4, 2022. There are a number of open chair positions and voting member seats on the subcommittees which will need to be filled in Q1 2022.

### **B) Division Staffing**

The Division Trauma and Critical Care Manager position has been posted and will close on January 31, 2022. There are a number of qualified applicants. Interviews will begin soon after the position closes.

### **C) Trauma Designation and Reverification Reviews**

There are seven trauma, pediatric, and burn center reviews scheduled for Q1 2022. The division continues efforts to schedule 2020/2021 postponed surveys and surveys scheduled to occur in 2022.

### **D) Trauma Site Review Teams**

The division is currently engaged in efforts to augment the providers on the team. Six new reviewers from various trauma subspecialties have been recruited and are in various states of orientation. As of the date of this report, two new trauma reviewers have completed orientation (one trauma surgeon and one trauma nurse).

### **E) Trauma Designation Manual**

The 2015.4 version was the latest version of the Virginia Trauma Designation Manual. The Acute Care Committee of the Trauma Advisory and Governance committee has tasked the Trauma Program Managers Workgroup to draft a revision to the designation criteria. The revision is somewhat influenced by some changes due to be released by the American College of Surgeons Committee on Trauma in March 2022. Some of the most significant anticipated changes from the ACS COT are related to program staffing requirements based on trauma center volume.

**Respectfully  
Submitted**

**OEMS Staff**

# Appendix A

## State EMS Advisory Board Nominating Committee Slate of Nominees for 2022 - 2023

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I. **Chair** – Kevin Dillard

II. **Vice Chair** – Valerie Quick

a) **Administrative Coordinator** – Gary Samuels

- Rules and Regulations Committee – Daniel Norville
- Legislative & Planning Committee – Gary Samuels

b) **Infrastructure Coordinator** – Eddie Ferguson

- Transportation Committee – Eddie Ferguson
- Communications Committee – Sonny Saxton
- Emergency Management Committee – Joseph Williams

c) **Professional Development Coordinator** – R. Jason Ferguson

- Training & Certification Committee – R. Jason Ferguson
- Workforce Development Committee – Valerie Quick
- Provider Health & Safety Committee – Lisa Simba

d) **Patient Care Coordinator** – Allen Yee, MD

- Medical Direction Committee – Allen Yee, MD
- Medevac Committee – Victoria Smith
- EMS for Children Committee – Patrick McLaughlin

e) **Trauma System Coordinator** – Paula Ferrada, MD

- Trauma Administrative and Governance – Paula Ferrada, MD
- System Improvement – Shawn Safford
- Injury and Violence Prevention – Sarah Beth Dinwiddie
- Prehospital Care – Mike Watkins
- Acute Care – Jeffery Young
- Post-Acute Care – Margaret Griffen
- Emergency Preparedness and Response – Morris Reece

### The Executive Committee:

Chair – Kevin Dillard

Vice Chair – Valerie Quick

Five Coordinators:

Administrative Coordinator – Gary Samuels

Infrastructure Coordinator – Eddie Ferguson

Professional Development Coordinator – R. Jason Ferguson

Patient Care Coordinator – Allen Yee

Trauma System Coordinator – Paula Ferrada

## Appendix B

### Central Shenandoah EMS Council Quarterly Report



## Central Shenandoah EMS (CSEMS) Regional Office

*The Appendices referenced in this report are hyperlinked to items included in Central Shenandoah EMS Council's (CSEMSC) Quarterly Report. This report was provided to the CSEMSC Board of Directors and is posted on the CSEMSC website at [www.csems.org](http://www.csems.org). The items outlined are in accordance with the Regional Council MOU's required deliverables.*

### I. Regional Infrastructure

- A. Continuity of Operations Plan – The CSEMS Board of Directors approved the revised Continuity of Operations Plan (COOP) on October 22, 2021 at the annual Board of Directors Meeting, which can be found in the meeting minutes in [Appendix A](#) of the [CSEMS Quarterly Report](#). The CSEMS COOP plan was included in the [FY22 First Quarter Report](#).
- B. Position Vacancies
  - a. EM031 - Technical Resource Specialist – EM031
    - i. This position was posted in November, 2021, and interviews were conducted on December 6, 2021. The top candidate was Mr. Charles Feiring, who will begin on January 10, 2022. A biography and introduction posting was shared via the CSEMS [website](#) and is included in [Appendix M](#) of the [CSEMS Quarterly Report](#)
  - b. Administrative Support Specialist – EM033
    - i. This position was posted for recruitment and closed in December, 2021. Interviews were scheduled for January 3, 2022 to complete the recruitment for this position. In terms of staffing, this will complete the transition for CSEMS as a Regional Office of EMS.

- C. Annual Report - CSEMSC Board of Directors approved the Annual Report at its October 22, 2021 annual meeting. This meeting was held virtually, and the minutes can be found in [Appendix A](#) of the [CSEMS Quarterly Report](#). Additionally, a copy of the [Annual Report](#) is provided in [Appendix B](#) of the [CSEMS Quarterly Report](#).
- D. Updates to Committees – Highland County appointed Interim Chief Carl Williams to the CSEMS Board of Directors. This appointment letter is on file, and an updated roster is included in [Appendix C](#) of the [CSEMS Quarterly Report](#). Logan Parker resigned from the Board of Directors due to other commitments. Nominations are being accepted for the EMS Provider Representative for the January meeting.
- E. Bylaws and Policies – No revisions to the policies or bylaws were made this year. CSEMS follows VDH operational policies, and the CSEMSC policies will be revised upon completion of the transition to a Hybrid Regional EMS Office. Current Bylaws are included in [Appendix D](#) of the [CSEMS Quarterly Report](#).
- F. PI Schedule and Topics – CSEMS Performance Improvement topics are developed and monitored by the Medical Control Review Committee (MCRC). The MCRC identified the following topics for performance improvement:
- a. Airway, Cardiac Care, and Resuscitation
  - b. Opioid Overdose Management
  - c. Pediatric and Neonatal Care
  - d. Sepsis Management
  - e. Stroke Management
  - f. Trauma Triage and Management

Performance plans were created in workgroups and approved by the MCRC. Most recently the MCRC agreed that Opioid Management is still in need of review and a workgroup is being created to draft a PI plan. Specific schedules are still in development, pending the finalization of data transfers at the state and ESO Insights becoming available in March 2022. CSEMS is working with one of ESO's data researchers to pull pieces of the plans out for review in the meantime. The data elements in the current PI plans are being updated to coincide with NEMSIS elements and ESO data fields. The regional EMS Performance Improvement Plan is included in [Appendix L](#) of the [CSEMS Quarterly Report](#).

- G. State Committee Responsibilities
- a. Matt Lawler was re-appointed by the Governor to the Virginia State EMS Advisory Board. Documentation of this appointment is provided in [Appendix E](#) of the [CSEMS Quarterly Report](#).

- b. Gary Critzer was re-appointed to represent EMS on the Virginia Board of Health. Documentation of this appointment is provided in [Appendix E](#) of the [CSEMS Quarterly Report](#).

## II. Regional Medical Direction

### A. Protocol Updates - Changes to the Regional Protocols (included in [Appendix F](#) of the [CSEMS Quarterly Report](#)) as approved by the Medical Control Review Committee:

- a. Fentanyl- Allowed at the AEMT level for atraumatic pain.
- b. Witnessed Cardiac Arrest- Key point added about immediate defibrillation.

### B. Protocol Training

- a. Regional Protocol training continues via **Google Classroom** since the end of life for Course Sites.
  - i. 50 - students have completed EMT Protocol Education in Google Classroom
  - ii. 4 - students have completed AEMT Protocol Education in Google Classroom
  - iii. 2 - students have completed I/P Protocol Education in Google Classroom
- b. Prior to the end of life for **Blackboard Course Sites** on 8/31...
  - i. 401 - students had completed EMT Protocol Education
  - ii. 102 - students had completed AEMT Protocol Education
  - iii. 178 - students had completed I/P Protocol Education
- c. Recent modules added to Protocol Education:
  - i. Fentanyl Administration (AEMT)
  - ii. Needle Thoracostomy (I/P)
  - iii. Lidocaine Administration (I/P)

### C. Regional Medication Exchange Program

- a. While awaiting new regulations from the DEA, CSEMS continues to coordinate a regional drug box exchange. The previous two-box system was no longer feasible due to the discontinuation of the Cardiac Box that has been in rotation for many years. Over the past quarter, James Larrick has coordinated a transition to a one-box solution. Currently, hospital emergency departments are providing supplies via a one-to-one exchange, to account for the administration supplies no longer in the drug boxes. OEMS has purchased [UCapIT](#) machines to provide a secure dispensing system for hospitals in the region, but the delivery has been delayed with no known delivery date. To date, all EMS agencies in Bath, Buena Vista, Highland, Lexington and Rockbridge have transitioned to the new



medication kit, using recycled boxes from the old stock. Efforts in the third quarter will complete the transition in Augusta, Harrisonburg, Rockingham, Staunton, and Waynesboro.

### III.

#### Regional Coordination

##### A. Regional Information and Referral

- a. CSEMS Staff continue to work diligently to support the region's EMS agencies through technical guidance, operational support, and referral to appropriate resources. Staff continuously monitor feedback from customers in order to improve the services provided. Customer satisfaction surveys from the Office of EMS are included in [Appendix G](#) of the [CSEMS Quarterly Report](#).
- b. CSEMS maintains a [website](#), a [Facebook](#) page, and a [Twitter](#) feed to keep providers up to date on regional information.

- B. Rescue Squad Assistance Fund – The Fall RSAF cycle closed on September 15, and the final committee review process occurred on October 11, 2021. Below is a brief summary of the grants that were submitted, as well as minutes. To protect the privacy of the committee members and in compliance with the contract arrangement with OEMS, specific grant recommendations are not detailed in this report. Minutes for the meeting are included in [Appendix A](#) of the [CSEMS Quarterly Report](#). [Appendix H](#) of the [CSEMS Quarterly Report](#) includes the awarded grants for the CSEMS Region in the Fall 2021 cycle.

Total Applications:	6
Total Distinct 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

- C. [Critical Incident Stress Management \(Semi-Annual Report\)](#) - The Central Shenandoah EMS Council has an active CISM team available 24 hours 365 days per year. With the increase in agency Peer Support teams, CSEMS has continued to support agencies when requested, and recently there has been an increase in the number of activations. There were thirteen team activations in 2021. Lennie Echterling retired last year, however he is temporarily filling our clinical coordinator position until our clinical coordinator candidate completes training. CSEMS has rebranded the team so as to distinguish some of the stigma surrounding CISM, and to embrace a more comprehensive approach to provider care. The Critical Incident Provider Support (CIPS) team has also seen an increase in team membership and now has twenty members. The CIPS team hosted an ICISF Assisting Individuals and Groups in Crisis training in December of 2021 and several new members were trained. The semi-annual CISM Activity Report is in [Appendix I](#) of the [CSEMS Quarterly report](#).

#### IV. Quarterly Financial Reports

Financial Statements for the 2nd Quarter Profit and Loss for CSEMS are included in [Appendix J](#) of the [CSEMS Quarterly Report](#). CSEMS has continued to maintain a positive cash flow and finished the quarter strong with a positive balance.

#### V. AHA Training Center Activity

The AHA Training Center has continued to offer classes with reduced capacity social distancing, enhanced disinfecting, and 1:1 student to manikin ratios due to COVID-19. The CSEMS AHA Training Center conducted 291 classes, issuing 1,459 certification courses to community and healthcare providers. A summary of certification courses hosted by CSEMS AHA Training Center is provided in [Appendix K](#) of the [CSEMS Quarterly Report](#).

#### VI. Other Regional Support Activities

- Vicky Anderson and Laurie Cook provided N95 Fit Testing for 10 PA students at Murphy Deming College of Health Sciences. With the surge of COVID-19 Testing they were able to assist with this at the local urgent care centers.

- CSEMS and REMS Regional Directors continue with the staff exchange to enhance sharing of information and continuity of operations across regional EMS offices.
- Amanda Loreti assisted with interviews for the Performance Improvement Specialist position at the REMS Council office.
- Daniel Linkins assisted EMS agencies in utilization of Google's Gsuite for Non-profits to help streamline agency operations.
- Amanda Loreti continued to assist the Central Shenandoah Health District with mobile vaccinations, responding to 24 requests this quarter.
- CSEMS provided business cards with QR codes linked to the VDH FAQ page for COVID-19 vaccines, along with a referral link to both Vaccine site scheduling and the Mobile Vaccine Provider (MVP) program.
- Regional Office directors continue to meet weekly to share ideas and improve systemic performance.
- Regional EMS Council directors continue to meet bi-weekly to support one another and align common interests.
- OEMS staff attended the EMS Advisory Board meeting and associated committee meetings in the second quarter.
- CSEMS staff attend and share updates at the Rockbridge Volunteer Emergency Officers Association and the Augusta County Emergency Officers Association
- CSEMS leadership participates in the Stanton-Augusta-Waynesboro Surge Task Force on a weekly basis, when possible.
- Daniel Linkins has been working with leadership at Rockingham County Fire Rescue, along with external stakeholders to explore healthcare opportunities for underserved, special-needs children through the [R.U.S.H.](#) initiative, hosting a web meeting with key stakeholders on December 10, 2022. A follow-up meeting occurred with the VDH Office of Health Equity (Clarissa Noble) to discuss rural health funding opportunities to support this program.
- An [AMLS Provider](#) class was held to build a pool of instructors to teach enhanced assessment skills to the region's providers. 5 instructor candidates completed the course, with additional courses scheduled next quarter.
- Amanda Loreti has continued to work with [ESO](#) and EMS agencies during the transition to [ESO](#), providing support to agency leaders and working with [ESO](#) leadership to improve reporting capabilities.
- Becky Anhold, with assistance from James Larrick, Daniel Linkins and Dr. Asher Brand has facilitated Regional Protocol Skills Sessions at Millboro and Highland County EMS Agencies with more to be scheduled at Mt. Solon Vol. Fire and Rescue in the near future.

# Appendix C

## Blue Ridge EMS Council Quarterly Report



## Blue Ridge EMS (BREMS) Regional Office

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

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

- The following activities were attended by BREMS leadership:
  - Numerous local and regional in-person and virtual conference calls during the 2<sup>nd</sup> quarter FY 2022:
  - BREMS Regional EMS 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 2<sup>nd</sup> quarter:

- OEMS Division Manager Meeting
- OEMS & Regional EMS Council Update conference calls
- Regional EMS Council Executive Director conference calls
- Regional Director Information Sharing conference calls (between the state hybrid offices).
- BREMS Staff attended the annual EMS Symposium, November 2021.

## **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 2<sup>nd</sup> quarter of FY 22:

- Board of Director's meeting- October 12<sup>th</sup> Grant Review and December 14<sup>th</sup>.
- 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 heard from the Department of General Services, Division of Real Estate & Facilities Management on the recommendations made by BREMS. Recommendations were accepted by the owner of the building January 18, 2021.
- As of January 3, 2022, BREMS is waiting on approval of the Recruitment of the BREMS full time Training position.

- As of December 2021, Sean Regan, is a contractor with our office.
- Currently during the 2<sup>nd</sup> quarter, our efforts have been largely spent on strategic planning and will continue this effort into the third quarter of FY 22 as we move forward with the 60- day comment period on the changes.

#### C. Professional Development

- BREMS staff continue to work on any VDH trainings offered during the 1<sup>st</sup> and 2<sup>nd</sup> quarter of 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 Omicron variant.

#### B. DART & STEMI

We worked with DART (Data to Action Resource Team) and the Centra STEMI team on data review,

- DART- Data to Action Resource Team- *“this is a data collection team committed to collection and analyzing data to identify trends, contributing factors, and overall impact of substance use and mental illness in Central Virginia.”* The information from this group is placed into an annual report for the Central Virginia FAACT (Framework for Addiction Analysis and Community Transformation) and consist of data from BREMS, Horizon, Virginia State Police, Virginia Employment Commission, Va Dept. of Social Services, Central Va. Continuum of Care, and Lynchburg Youth Survey.

BREMS worked with this team to include EMS data in our region to report overdoses emergencies, including overdoses and naloxone administration. Data is reviewed by locality for overdose incidents, how the trends in primary impression recorded by EMS changed over time, how does naloxone usage compare to the total number of opioid emergencies, what was the demographic breakdown of EMS incidents, and what were the most common substances involved in overdoses.

STEMI review- BREMS works with the STEMI team to see what data to include in the monthly Chest Pain/VHAC meetings. Data is reviewed for 12 lead obtain, obtain to transmission, and 12 lead obtain per STEMI patient. BREMS is working through ESO and as the platform continues to grow and data is restored we hope the data improves. BREMS is waiting to determine if EMS agencies will have to make any of the data points required fields for data accuracy.

#### C. Lifeline

BREMS has received funds for the Farmville Extension with the Regional

Communication System- Lifeline. The total cost of the project is \$171,600. OEMS provided the funds for the project, providing cost savings to the localities. 50% of the funds have been distributed. This project required BREMS to write a letter to the Virginia State Police to co-exist on their Leigh Mountain communication tower. This letter was sent the end of November.

D. Restocking Agreements

BREMS has completed the restocking agreements. BREMS worked with WVEMS to have restocking agreements for the Carilion hospital system. The new agreement have been signed by all Centra facilities- Lynchburg General, Bedford, Gretna, and Southside and the Carilion hospital system and will be in effect January 1, 2022- December 31, 2026.

E. Strategic Plan

The DRAFT Strategic plan presented during the December 14, 2021 meeting is the final Draft from the Strategic Planning Committee. The timeline below gives you an idea of how BREMS will move forward with the approved draft Strategic Plan.

- Timeline:
  - Draft will be placed on the website and sent out to the BREMS list serves for at least a 60 day comment period. Placed out for comments mid-January 2022.
  - Once the comment period is over, BREMS staff will combine comments.
  - BREMS will hold an open forum for all stakeholders to review and give public comment. February – March 2022.

Strategic Planning Committee will meet to review all comments received during the comment period and the open forum. March – April 2022.

BREMS Staff will work to complete the final draft for Board review in June 2022.

F. Protocols

BREMS is moving forward with the protocols and the training videos/materials for the website. The effective date will be based on the feedback from the provider group and other Medical Directors. This may lead to the protocols being released February 1<sup>st</sup> to give the staff time to review the documents for final revisions/errors before release. Dr. Wilcoxson will update EMS leadership on the actual release date as time approaches.

G. Annual Report and Audit

BREMS has retained Davidson Doyle & Hilton as our new auditors. They began working with us the end of October. We have had several meeting and discussions. Our annual report and audit are due in the second quarter via our contract with OEMS. Because of the circumstances of having to secure a new auditor, BREMS



has received an extension from OEMS for the annual audit and report until the third quarter FY 22. Thank you for your patience during this time as we work to get our audit completed. The cost of our new audit contract is \$5,500.

*H. Binax Testing Kits- Information from Karen Owens, OEMS*

Many questions have been received about securing additional BINAX tests or the ability to extend expiration dates on tests that are on hand. Unfortunately, the funding and supply lines for the test kits previously supplied to VDH have ended and there is no extension of the expiration date on those tests. After some discussions with partners in other offices within VDH, a supply of COVID tests will be shipped to each regional EMS council to allow for continued distribution for a period of time to supplement agency needs. These tests will have a slightly different administration process (no CLIA waiver required), but function in the same way the BINAX tests function. The goal with the new process is to find a measure to assist as individual agencies put processes in place to purchase tests. EMS councils that do not need the test kits, you are welcome to provide their supply to other regional EMS councils who may have a greater need. Agencies should also understand that their test needs should be routed through the councils and not the local health districts. Once this supply of tests is distributed, EMS agencies should be prepared to work through their internal processes for purchasing test kits, as VDH does not have any plans to continue this type of inventory maintenance.

An update will be sent, once we have finalized the process and are preparing to ship the tests to the councils.”

*I. Stroke Grants*

- CDC Coverdell Stroke Grant

This grant is a three year grant. There are three categories for this grant.

Category 1- Track and monitor clinical measures to improve data infrastructure across stroke systems of care; Category 2- Implement a team-based approach to enhance quality of care for those at highest risk for stroke events and stroke patients across systems of care; Category 3- Link community resources and clinical services that support those at highest risk for stroke events and stroke patients across systems of care. BREMS is very excited and just beginning data collection.

- ASTHO (Association of State and Territorial Health Officials)/CDC Grant

BREMS is looking to have an additional grant between BREMS & ASTHO (Association of State and Territorial Health Officials)/CDC. This is a \$125K grant being offered for FY2022 State Heart Disease and Stroke Prevention Learning Collaborative: Improving Hypertension Through Equitable Change. BREMS and the Centra Health Stroke Community Paramedicine Program will be an integral part of this grant. BREMS will provide a report in the July/August time frame to the state Stroke Committee/ASTHO/CDC on our findings and outcomes.

#### **IV. ACTIVITIES:**

- A. BREMS staff attended the annual EMS Symposium in Norfolk, November 2<sup>nd</sup> – 7<sup>th</sup>, 2021. This year Candace Brown was the BREMS Nominee to win the Governor's Awards for Outstanding Pre-Hospital Provider of the Year. Staff attended many education classes and we were able to meet with many EMS providers and OMDs from across the region.
- B. BREMS continued to hold monthly staff meetings in October, November, and December.
- C. As a staff we had a holiday luncheon at Bull's Restaurant on Wednesday, December 8<sup>th</sup>.
- D. Staff continues to participate in monthly STEMI, Stroke, and Trauma meetings. We held our quarterly CQI meeting on October 21<sup>st</sup>.
- E. The Regional Director attended the state monthly and quarterly meetings and the Regional Medical Director attend the State OMD meeting in Richmond.

#### **V. Upcoming Events:**

- A. STEMI Education & EMS Case Review  
February 23, 2022; 6:30 pm – 8:00 pm. Peter O'Brien, M.D.; F.A.C.C. will present this education session. This session is being offered in conjunction with Centra Health Paramedicine Service EKG Interpretation class by Joni L. Morcom, Physician Assistant at Cardiology Heart & Vascular Institute, on February 15, 2022.
- B. OMD Workshop  
Wednesday, March 16, 2022- Bedford County Fire & Rescue – 1185 Turning Point Road:
  - 12:30pm – lunch served
  - 1:00-4:00pm- OMD Workshop
- C. EMS Week- begins May 15, 2022  
BREMS staff is working on events for the week to include the awards banquet to end the week supporting EMS. BREMS hopes the awards banquet is more of a family oriented event with activities, great food, and camaraderie.

#### **VI. Regional Medical Director's Report**

- A. OEMS
  - Participated in quarterly MDC meetings, held in Richmond and facilitated by OEMS.

- Attended annual OEMS Symposium, including OMD update
- Participated in ongoing discussions with other OMDs/RMDs related to patient care and system improvement!

#### B. BREMS/ Agencies

- Worked with BREMS staff to develop a CQI dashboard based on protocol benchmarks, including rebuilding new program requirements related to ESO.
- Worked with individual EMS agencies to develop agency-level CQI programs.
- Worked with both Region and agency level projects to initiate ESO programs.
- Participated in ESO-led Training sessions, both at Regional and Agency level
- Continued work on protocol development and revision with substantial formatting and educational changes for rollout Winter 2022
- Participated in BREMS Board of Directors meetings.
- Participated in BREMS Council Strategic planning events.
- Participated in BREMS Council Staff Meetings
- Served as an SME for development of BREMS simulation resources
- Served as an SME for development of BREMS/LFD partnership to support recent Stroke Grant
- Provided personal oversight and CQI review of the Advanced Practice Paramedic (APP) program.
- Worked with Centra Pharmacy to develop new medication options for the Region, improving both patient care and cost effectiveness.
- Provided 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.
- Worked with EMS agencies and APP program to expand regional ultrasound access.
- Developed multiple agency-level educational initiatives to ensure adequate CME and hands-on competence.
- Initiated development of a Region-wide Competency project
- Partnered with Centra Simulation Center on development of winter 2022 educational programs.

- Participated in planning discussions for both EMS Week 2022 and the Annual BREMS Banquet.

#### C. Stakeholders/ Outreach

- Participated in state and regional discussions regarding current education needs, available resources, and potential mismatches and synergies.
- Met with local and regional Virginia Heart Attack Coalition (VHAC) representatives to review STEMI care standards and achievements, including development of a new educational offering for the Region focused on case reviews as well as implementation of new data sharing projects to enhance CQI resources.
- Participated in regional educational programs thru the Central Virginia Community College (CVCC).
- Developed new educational resources for CVCC educational programs.

### VII. COVID-19 Operations

#### A. Operation Change Dates due to COVID-19:

- BREMS continues to work with EMS agencies, the hospitals, and the local health department in regards to COVID positive patient notifications, and PPE distribution.
- BREMS is 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 illnesses trucks are put out of service every day. BREMS is addressing future issues to 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 EMS agencies are experiencing PPE backorders.

#### B. BREMS Office

- BREMS office is currently teleworking as of January 6, 2022. Staff is in the office periodically and as needed. BREMS will re-evaluate this process the end of January 2022.

- BREMS staff are coordinating day to day operations.
- Many of the regional EMS council meetings/quarterly meetings are currently being offered in a virtual format until further notice.

## Appendix D

### Rappahannock EMS Council Quarterly Report



## **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 agencies, in order to better align regional goals and objectives with the needs of the agencies. These meetings also provide an opportunity for REMS/OEMS staff to provide important informational updates to agency leadership and other healthcare providers. The REMS region, which includes Planning Districts 9 and 16, 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:

- 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 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
- 10/07/2021 Hospital Staff Training: TNCC
- 11/04/2021 Hospital Staff Training: TNCC
- 11/15/2021 PHI Air Medical Training Center Use
- 12/01/2021 ALS Preceptor Class- Quantico

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 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:

- 10/08/2021 Regional Grant Committee Meeting
- 10/14/2021 Cultural Diversity Workgroup Meeting
- 10/14/2021 Regional Pharmacy Committee Meeting
- 11/12/2021 Cultural Diversity Workgroup
- 12/01/2021 Regional Heart and Stroke Committee Meeting
- 12/08/2021 Regional Finance Committee Meeting
- 12/14/2021 Regional Guidelines and Training Committee Meeting



- 12/15/2021 Regional Strategic Planning Committee
- 12/15/2021 Cultural Diversity Workshop 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. The requests have dwindled down to an occasional need, but much of the supplies still remain available at the council office.

The Regional Guidelines and Training Committee has a sub-committee, Cultural Diversity Workgroup. They are working on a Cultural Diversity Roundtable with several ethnic, religious and cultural leaders participating. The goal is to bring awareness and education to the local first responders when responding to a call. It will focus on what is permitted/not permitted and appropriate/not appropriate when dealing with certain populations on the topics of death, communication, patient interaction and treatment modalities. The tentative date for the roundtable is March 26, 2022

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 2021 and the council staff assisted with obtaining funding as well as equipment purchases and infrastructure for the program. The last piece of equipment was the blood warmer and it was delivered to the agency on 12/28/21. The agency is working on the training program and they have a tentative start date of March 2022.

The REMS Council staff provides regular assistance to 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 from the 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 the following ALS release meetings:

October 21 for King George County  
October 26 for Orange County  
November 1 for King George County  
December 8 for Caroline 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. VCU has created an educational program which will be provided to EMS providers in the region. The council staff have been reviewing the materials and planning the rollout and implementation.

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.

The REMS Council Staff provided OEMS Symposium Support from 11/2/2021 through 11/7/2021

## **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 were 19 activations in CY2021. For this quarter, the CISM team was activated 3 times and provided defusing and debriefing services to 15 people in both individual and group interventions 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.

## **Community Outreach and Patient Engagement**

The Community Outreach Patient Engagement (COPE) program hosted panel sessions in October and November, 2021 at their monthly Stakeholder meetings. The sessions were well attended with over 20 organizations represented and attracted speakers who were subject matter

experts. The Regional Director acts as the facilitator for the panel discussions and topics are tied to relevant areas of public health.

Health Literacy was the topic for the October 20 session and the panel discussed different approaches that libraries and community-based organizations take to implement and improve health information programs and literacy. Invited organizations included the Rappahannock Area Health District, Central Rappahannock Regional Library and Literacy for Life, and the College of William & Mary.

On November 17, 2021, COPE hosted a panel discussion on the topic of Veterans Health. Subject-Matter Expert Panelists from The Fredericksburg Area Veterans Council, Disabled American Veterans (DAV) Department of Virginia Homeless Committee, Virginia Veteran and Family Support Program, and Virginia Department of Veterans Services participated.

The COPE staff was very active in the community during October and November 2021 having multiple direct Interaction with Citizens in our Community at public events.

At the invitation of St George Episcopal Church, the REMS COPE staff and Stakeholder Partners joined forces to provide emergency preparedness and health and social wellness checks to the public in conjunction with St George's community food program known as "The Table". This bi-weekly event hosted and led by COPE included The Lloyd Moss Clinic, Stafford Fire and Rescue, RACSB, Mental Health America, Healthy Generations, Rappahannock Area Health District, Fredericksburg Area Health And Support Services, and the Central Rappahannock Library to name a few. Patrons visiting the event were able to receive blood pressure checks, COVID-19 Johnson & Johnson vaccinations, Diabetes Health Screenings, Healthy Recipes, Elementary Grade Level Books and NARCAN Training.

At the end of the year Stakeholder Meeting hosted by COPE on December 15, staff delivered the 2021 Annual Report. The report included the Mission, Vision, and Value Statements for the REMS Council's COPE Programs as well as an annotated timeline of key events from 2016-2021. There was also a description of the REMS Council Community Engagement Platform, AccessMeCare Rappahannock, which included key usage data and metrics from the regional population health.

During this reporting cycle the Regional Systems Coordinator (RSC), who leads the COPE program, continued to align the program's 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.

## **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 Council Operations**

The REMS Council continues to submit monthly payroll and performance data to the US Department of Labor Bureau of Labor Statistics. The REMS Council serves as a scientific sample of business across the United States.

The REMS Council staff participated in various training and professional development events for streamlining operations including Regional Director's Group Meetings, and Monday.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 is a designated webcast site for Virtual Instructor Lead Training (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 November 17 in Rappahannock County. The BOD was provided with updated reports of opioid use data, PI data such as run dispositions and advanced procedures performed in the field, ASPR TRACIE updates and reports, as well as the latest National Report on Violence against EMS Practitioners. Some additional topics on the agenda for discussion included a brief summary of the legislative actions that had occurred since the last meeting such as HB661, HB727, and SB720.

Two action items were on the agenda as well:

The BOD took up and approved the Continuity of Operations Plan (COOP) and re-confirmed the BOD By-Laws. The REMS Council Annual Report was tabled pending further edits by staff.

There were also several operational topics which were presented including:

- King George County has received a letter of review (LoR) for an AEMT Program
- The VFSC Fire and EMS Stakeholder legislative Summit
- TXA study from Europe
- VDH Agency Forum Slides from weekly meetings
- Medical Surge Workshop Report
- NIOSH public comment for work-related stress project
- OEMS return pathway for enforcement action due to drug related issues
- Healthcare Coalition's Hazard Vulnerability Assessment

The REMS Council is continuing the transition to a cloud environment and is utilizing Google-suite for digital file management; the office also continues to use GoToMeeting platform for virtual meetings.

The REMS Council 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 partially operate under the COOP based on guidance from OEMS with REMS Council staff covering the office throughout the week, but requiring scheduled appointments for in-person meetings and events as not all of the staff are working each day of the week.

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

The REMS Council staff track 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. It closed, and interviews were conducted. An offer was made and the new OEMS employee starts at the end of January 2022.

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 and approved for occupancy. The REMS Council formally moved to the new location November 29, 2021. There continues to be some activity that remains at the property belonging to MWH as some of the new office furniture and training center equipment has been delayed. However, the obligation for maintenance on the building and grounds has been lowered as staff are no longer occupying the building and the winter months tend to require less yard maintenance. The staff still works to maintain the facility and will need to replace water-damaged ceiling tiles, bulbs, and other items until the lease expires and Mary Washington Healthcare resumes control of the building.

Preparing the new site for occupancy has been very time consuming and included several extensive contractor improvements, interior and exterior upgrades and maintenance, new signage for the building and the entrance, execution of a new cleaning service contract, set-up and testing of RDG network infrastructure and ISP installation, design and installation of access control system, design and ordering of AV system for multiple classrooms, design and equipping multiple breakout rooms, upgrading existing simulation equipment and ordering new items, and ordering office furniture and equipment for the new staff offices.

Staff has also sent out approximately 100 change of address notifications to localities, suppliers, agencies, vendors, local governments and hospitals. An open house is being planned for the spring.

The OEMS staff from the Blue Ridge, Central Shenandoah, and Rappahannock Regional Offices participated in a monthly exchange where staff visited other councils to understand procedures and identify best practices.

## **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. There was one EMS agency utilizing the cards until they expired; the council is awaiting replacement cards.

With the various Executive Orders and changing numbers of local cases, as well as the status of the former REMS Council office the physical office space has been closed to the public. Operations are handled remotely when possible and visitors are accepted by appointment only. Staff is now available five days a week now that the new building has been occupied.

Most council and committee meetings occurred virtually, using GoToMeeting software platform. Updates and relevant information has been disseminated through social media platforms and e-mail lists.

## **State, National, and International Activity**

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

- 10/06/2021- Training and Certification Committee Meeting
- 10/07/2021- Medical Direction Committee Meeting
- 10/14/2021- Cultural Diversity Workshop
- 11/10/2021- EMS Advisory Board Executive Committee Meeting
- 11/12/2021- EMS Advisory Board Meeting
- 12/10/2021- Virginia Board of Health 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:

- 10/27/2021 NREMT Webinar
- 11/09/2021 HeartSAFE National Meeting: Pulse Point and AED location monitoring
- 11/01/2021 COVID-19 Global Conversations ECHO



# Appendix E

☒ 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: ☐ Approved ☐ Not Approved

By Count: Yea: \_\_\_\_\_ Nay: \_\_\_\_\_ Abstain: \_\_\_\_\_

Board Minority Opinion:

Meeting  
Date:



Virginia Office of Emergency Medical Services  
Scope of Practice - Procedures for EMS Personnel

This SOP represents *practice maximums*.

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
Specific tasks in this document shall refer to the Virginia Education Standards.							
<b>AIRWAY TECHNIQUES</b>							
Airway Adjuncts							
	Oropharyngeal Airway		●	●	●	●	●
	Nasopharyngeal Airway		●	●	●	●	●
Airway Maneuvers							
	Head tilt jaw thrust		●	●	●	●	●
	Jaw thrust		●	●	●	●	●
	Chin lift		●	●	●	●	●
	Cricoid Pressure		●	●	●	●	●
	Management of existing Tracheostomy			●	●	●	●
Alternate Airway Devices							
	Non Visualized Airway Devices						
		Supraglottic		●	●	●	●
Cricothyrotomy							
	Needle						●
	Surgical	Includes percutaneous techniques					●
Obstructed Airway Clearance							
	Manual		●	●	●	●	●
	Visualize Upper-airway				●	●	●
Intubation							
	Orotracheal - Over Age 12					●	●
	Nasotracheal						●
	Pediatric - Age 12 and under						●
	Drug assisted intubation (DAI) all ages						●
		Drug facilitated intubation (DFI)					
		Specified as outside of SOP at all levels by MDC					
		Delayed sequence intubation (DSI)					●
		Rapid sequence intubation (RSI)					●
	Confirmation procedures			●	●	●	●
<b>** Endotracheal intubation is prohibited for all levels except Intermediate and Paramedic</b>							
Oxygen Delivery Systems							
	Nasal Cannula		●	●	●	●	●
	Venturi Mask		●	●	●	●	●
	Simple Face Mask		●	●	●	●	●
	Partial Rebreather Face Mask		●	●	●	●	●
	Non-rebreather Face Mask		●	●	●	●	●
	Face Tent		●	●	●	●	●
	Tracheal Cuff		●	●	●	●	●
	Oxygen Hood		●	●	●	●	●
	O2 Powered Flow restricted device			●	●	●	●
	Humidification			●	●	●	●
Suction							
	Manually Operated		●	●	●	●	●
	Mechanically Operated		●	●	●	●	●
	Pharyngeal		●	●	●	●	●
	Bronchial-Tracheal		●	●	●	●	●
	Oral Suctioning		●	●	●	●	●
	Naso-pharyngeal Suctioning		●	●	●	●	●
	Endotracheal Suctioning		●	●	●	●	●
	Meconium Aspiration Neonate with ET		●	●	●	●	●
Ventilation – assisted / mechanical							

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.



Virginia Office of Emergency Medical Services  
Scope of Practice - Procedures for EMS Personnel

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PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P	
	Mouth to Mask		●	●	●	●	●	
	Mouth to Mask with O2		●	●	●	●	●	
	Bag-Valve-Mask Adult		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 Adult		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 and reservoir Adult		●	●	●	●	●	
	Bag-Valve-Mask Pediatric		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 Pediatric		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 and reservoir Pediatric		●	●	●	●	●	
	Bag-Valve-Mask neonate/infant		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 Neonate/Infant		●	●	●	●	●	
	Bag-Valve-Mask with supplemental O2 and reservoir Neonate/Infant		●	●	●	●	●	
	Noninvasive positive pressure vent.	CPAP, BiPAP, PEEP	●	●	●	●	●	Requirement for additional training added 1-6-22
	High-flow nasal cannula		●	●	●	●	●	Added to SOP 1-6-2022
	Jet insufflation		●	●	●	●	●	
	Mechanical Ventilator (Manual/Automated Transport Ventilator)		●	●	●	●	●	
		Maintain long term/established (see note below for EMT)	●	●	●	●	●	
		Initiate/Manage ventilator	●	●	●	●	●	
Anesthesia ( Local)			●	●	●	●	●	
	Local by infiltration, intraosseus		●	●	●	●	●	Intraosseus added by MDC 10-7-2021
Pain Control & Sedation			●	●	●	●	●	
	Self Administered inhaled analgesics		●	●	●	●	●	
	Pharmacological (non-inhaled)		●	●	●	●	●	
	Patient controlled analgesia (PCA)	Maintain established	●	●	●	●	●	
	Epidural catheters (maintain)	Maintain established	●	●	●	●	●	
Blood and Component Therapy Administration		Maintain	●	●	●	●	●	
		Initiate	●	●	●	●	●	
Diagnostic Procedures			●	●	●	●	●	
	Blood chemistry analysis		●	●	●	●	●	
	Capnography		●	●	●	●	●	
	Pulmonary function measurement		●	●	●	●	●	
	Pulse Oximetry		●	●	●	●	●	
	Ultrasonography		●	●	●	●	●	
Genital/Urinary			●	●	●	●	●	
	Foley catheter		●	●	●	●	●	
		Place bladder catheter	●	●	●	●	●	
		Maintain bladder catheter	●	●	●	●	●	
Head and Neck			●	●	●	●	●	
	ICP Monitor (maintain)		●	●	●	●	●	
	Control of epistaxis		●	●	●	●	●	
		Inserted epistaxis control devices	●	●	●	●	●	
	Tooth replacement		●	●	●	●	●	
Hemodynamic Techniques			●	●	●	●	●	
	Arterial catheter maintenance		●	●	●	●	●	
	Central venous maintenance		●	●	●	●	●	
	Access indwelling port		●	●	●	●	●	
	Intraosseous access & infusion		●	●	●	●	●	
	Peripheral venous access and maintenance		●	●	●	●	●	
	Umbilical Catheter Insertion/Management		●	●	●	●	●	
	Monitoring Existing IVs	See notes in Formulary SOP for EMT	●	●	●	●	●	
	Mechanical IV Pumps		●	●	●	●	●	
Hemodynamic Monitoring			●	●	●	●	●	
	ECG acquisition		●	●	●	●	●	

\*Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC.

Revised January 6, 2022

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Scope of Practice - Procedures for EMS Personnel

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PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P	
	ECG Interpretation							Clarified 10-7-2021
		Rhythm interpretation				●	●	
		12-lead interpretation				●	●	
	Invasive Hemodynamic Monitoring						●	
	Vagal Maneuvers/Carotid Massage					●	●	Duplicate listing in "other techniques" deleted 1-5-2022
<b>Obstetrics</b>								
	Delivery of newborn		●	●	●	●	●	
<b>Other Techniques</b>								
	Vital Signs		●	●	●	●	●	
	Bleeding control		●	●	●	●	●	
		Tourniquets	●	●	●	●	●	
	Foreign body removal			●	●	●	●	
		Superficial without local anesthesia		●	●	●	●	
		Imbedded with local anesthesia/exploration				●	●	
	Incision/Drainage						●	
	Intravenous therapy				●	●	●	
	Medication administration			●	●	●	●	
	Nasogastric tube			●	●	●	●	
	Orogastric tube			●	●	●	●	
	Pericardiocentesis						●	
	Patient restraint, physical			●	●	●	●	
	Patient restraint, medication					●	●	
	Sexual assault victim management			●	●	●	●	
	Trephination of nails						●	
	Wound closure techniques					●	●	
	Wound management		●	●	●	●	●	
	Pressure Bag for High altitude						●	
	Treat and Release			●	●	●	●	
	Intranasal medication administration						●	
		Fixed/unit dose medications	●	●	●	●	●	
		Dose calculation/measurement			●	●	●	
<b>Resuscitation</b>								
	Cardiopulmonary resuscitation (CPR) (all ages)		●	●	●	●	●	
	Cardiac pacing					●	●	
	Defibrillation/Cardioversion						●	
		Manual defibrillation/cardioversion				●	●	Clarified, manual operation and rhythm interpretation 10-7-2021
		AED	●	●	●	●	●	
	Post resuscitative care		●	●	●	●	●	
<b>Skeletal Procedures</b>								
	Care of the amputated part		●	●	●	●	●	
	Fracture/Dislocation immobilization techniques		●	●	●	●	●	
	Fracture/Dislocation reduction techniques						●	
		Manipulation of angulated/pulseless extremities		●	●	●	●	
		Joint reduction techniques		●	●	●	●	
	Spine immobilization techniques		●	●	●	●	●	
<b>Thoracic</b>								
	Thoracostomy/Pleural decompression						●	
		Needle decompression			●	●	●	
		Finger or tube thoracostomy					●	
<b>Body Substance Isolation / PPE</b>			●	●	●	●	●	
<b>Lifting and moving techniques</b>			●	●	●	●	●	

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Revised January 6, 2022



Virginia Office of Emergency Medical Services  
Scope of Practice - Procedures for EMS Personnel

This SOP represents *practice maximums*.

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT	I	P
Gastro-Intestinal Techniques							
	Management of non-displaced gastrostomy tube						
Ophthalmological							
	Morgan Lenses						
	Corneal Exam with fluorescein						
	Ocular irrigation						
Lay-Level Technologies		These procedures have been established and patient released to be cared for at home or in an un-skilled care environment					
		These technologies may be transported at the EMT level if the patient is stable and the technology does not require monitoring beyond vital signs or any adjustment or manip					
	Home (chronic) ventilator						
	Medication pumps including Patient Controlled Analgesia (PCA) pumps						
	Mechanical circulatory support (LVAD, BiVAD, RVAD)						
Point of Care (POC) Testing							
	Glucometry						
	Other blood chemistry/indices						
Pre-Hospital Ultrasound							
Procedures Outside Scope of Practice							
		These procedures are specified as outside EMS Scope of Practice by MDC					
	Intra-aortic balloon pump	Maintenance or monitoring					
	Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)	Placement or manipulation					
	Extracorporeal Membrane Oxygenation (ECMO)	Maintenance or monitoring					

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# Virginia Office of Emergency Medical Services Scope of Practice - Formulary for EMS Personnel

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<b>Analgesics</b>							
	Oral analgesics						
	Acetaminophen		●	●	●	●	
	Nonsteroidal anti-inflammatory		●	●	●	●	
	Parenteral non-opioid analgesics						Added by MDC 10-7-2021
	Acetaminophen, ketorolac			●	●	●	
	Opiates			●	●	●	
	Dissociative analgesics						
	Ketamine 0.5 mg/kg or less IV/IN/IM				●	●	
<b>Anesthetics/Sedatives</b>							
	Topical/Otic/Ocular		●	●	●	●	
	Inhaled-self administered		●	●	●	●	
	Local (infiltration, intraosseus)			●	●	●	Intraosseus added by MDC 10-7-2021
	General - initiate					●	
	General - maintenance intubated patient				●	●	
	Sedation for the violent/aggressive patient						
	Benzodiazepine/antipsychotic combination				●	●	
	Ketamine greater than 0.5 mg/kg IV/IM					●	Ketamine annotation specifically added by MDC 10-7-2021
	Antipsychotics				●	●	
	Benzodiazepines (for sedation)				●	●	
<b>Anticonvulsants</b>				●	●	●	
<b>Glucose Altering Agents</b>							
	Glucose Elevating Agents		●	●	●	●	
	Glucose Lowering Agents						
	Insulin SQ/IV/infusion				●	●	Added by MDC 10-7-2021
<b>Antidotes</b>							
	Anticholinergic Antagonists				●	●	
	Anticholinesterase Antagonists	●	●	●	●	●	
	Benzodiazepine Antagonists						
	Narcotic Antagonists	●	●	●	●	●	
	Nondepolarizing Muscle Relaxant Antagonist						

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CATEGORY		EMR	EMT	AEMT	I	P	
	Beta/Calcium Channel Blocker Antidote				●	●	
	Tricyclic Antidepressant Overdose				●	●	
	Cyanide Antidote				●	●	
	Cholinesterase Reactivator	●	●	●	●	●	
<b>Antihistamines &amp; Combinations</b>			●	●	●	●	
<b>Biologicals</b>							
	Vaccines						Changed from "immune serums" MDC 10-7-2021 AEMT may administer vaccines to adults, age ≥ 18 years 10-7-2021
	Vaccines all ages			●	●	●	
	Vaccines to age < 18 years				●	●	
	Antibiotics		●	●	●	●	
<b>Blood/Blood products</b>							
	Initiate					●	
	Maintain				●	●	
<b>Blood Modifiers</b>							
	Anticoagulants				●	●	
	Antiplatelet Agents		●	●	●	●	
	Hemostatic Agents		●	●	●	●	
	Thrombolytics					●	
	Anti-fibrinolytics (eg tranexamic acid)			●	●	●	
<b>Cardiovascular Agents</b>							
	Alpha Adrenergic Blockers				●	●	
	Adrenergic Stimulants				●	●	
	Antiarrhythmics				●	●	
	Beta Adrenergic Blockers				●	●	
	Calcium Channel Blockers				●	●	

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CATEGORY		EMR	EMT	AEMT	I	P
	Diuretics				●	●
	Inotropic Agents				●	●
	Vasodilatory Agents		●	●	●	●
	Vasopressors				●	●
	Epinephrine for allergic reaction		●	●	●	●
	Epinephrine administration systems for allergic reaction (See note below)		●	●	●	●
<b>Central Nervous System</b>						
	Antipsychotic				●	●
<b>Dietary Supplements/Electrolyte</b>						
	Vitamins					
	Minerals - start at a health care facility	See section: Intravenous Fluids				
	Salts - start at a health care facility					
	Electrolytes Solutions - started at a health care facility					
	Hypertonic Saline				●	●
<b>Gas</b>						
	Oxygen	●	●	●	●	●
	Heliox				●	●
<b>Gastrointestinal</b>						
	Antacids					
	OTC			●	●	●
	Antidiarrheals		●	●	●	●
	Antiemetics		●	●	●	●
	EMT SL/PO route only				●	●
	H2 Blockers		●	●	●	●
<b>Hormones</b>						
	Corticosteroids, Mineralocorticoids			●	●	●
	Other Hormones					
	pitocin, octreotide, prostaglandins					●

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CATEGORY		EMR	EMT	AEMT	I	P	
<b>Intravenous Fluids</b>	isotonic		●	●	●	●	EMT may transport patient with IV fluids not requiring titration or adjustment, and without additives including electrolytes (e.g. potassium, magnesium)
* See note below)	hypotonic		●	●	●	●	
	hypertonic				●	●	
	M = Maintenance I = Initiate						
	Crystalloid, +/- Dextrose/Lactate		M	I/M	I/M	I/M	
	with Multi=vitamins		M	M	M	M	
	with Thiamine		M	M	M	M	
<b>Neuromuscular Blockers</b>						●	
<b>Respiratory</b>	Anticholinergics		●	●	●	●	
	Sympathomimetics						
	Beta agonists		●	●	●	●	
	Epinephrine (nebulized)		●	●	●	●	
<b>Dosage and Concentration Calculation</b>				●	●	●	
M = Maintenance							
I = Initiate							
	Note: EMT's may administer medications within their scope of practice in addition to providing assistance in administration of those medications. EMT's may access a drug kit to access those medications.						
	Note: Med-Math skills including dosage calculations and measurement of medication to be administered are outside EMT scope of practice. EMT's may draw epinephrine from vials or ampules for the treatment of acute allergic reactions using devices/systems using syringes with mechanical limiters or color-coded or other clearly marked indicators to facilitate accurate dose measurement.						

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CATEGORY		EMR	EMT	AEMT	I	P	
	EMTs may transport patients with IV fluids not requiring titration or adjustment, and without additives including electrolytes (e.g. potassium, magnesium)						

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