

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



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

**May 6, 2022**

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# **Executive Management, Administration & Finance**

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

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

<b><u>I. Executive Management, Administration &amp; Finance</u></b>
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**A) Action Items before the State EMS Advisory for May 6, 2022**

At the time of finishing this report there are four (4) action items for the Board to vote on:

**1. Action Item: Proposed Electronic Participation Policy for the State EMS Advisory Board**

Per Mr. Dillard, please see the attached Electronic Participation Policy. See below comments from Mr. Dillard;

*"Let's put this on the agenda for the upcoming Executive Committee meeting and get out to all board members now **letting them know the Executive Committee will be discussing this and bringing back a recommendation at the upcoming meeting.***

*Anyone having **questions or comments** on this before the Executive Committee can **contact me.**"*

Kevin Dillard  
1170 International Parkway  
Fredericksburg, VA. 22406-1126  
(540) 752-0137  
[www.lifecare94.com](http://www.lifecare94.com)

Please refer to **Appendix A**

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## 2. Motion by the Medical Direction Committee

To maintain the current policy and practice of requiring ten (10) patient contacts for initial EMT certification courses, with up to five of these contacts being able to be obtained through simulations if due to access constraints these contacts cannot be obtained on live patients.. Please see **Appendix B for the entire motion.**

## 3. Motion by the Medical Direction Committee

To eliminate the current Consolidated Testing at the BLS level and replace it with the new BLS Psychomotor Competency Verification Guidance document based on two years of data and evidence gained during the COVID-19 pandemic. Please see **Appendix C for the entire motion.**

## 4. Action Item: Approval and referral of Re-designation of the eleven (11) current Regional EMS Councils to the State Board of Health, per Section 32.1-111.11 of the *Code of Virginia*.

**Please refer to APPENDIX D.**

## B) **2022 County Health Rankings Show How Virginia Continues to Improve**

*Report ranks localities in Virginia by health outcomes and health factors  
News Release by the Virginia Department of Health on April 27, 2022*

Falls Church city ranks as the healthiest locality in Virginia and Petersburg city ranks as the least, according to new County Health Rankings data published today by the University of Wisconsin Population Health Institute. The report ranks localities in Virginia by health outcomes and the underlying factors that influence health. The health rankings are available at [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

This year's report focuses on the importance of economic security for all communities, especially as we recover from the COVID-19 pandemic. As a result, six new measures were introduced. One is childcare cost burden, which can pose a threat to economic security for families. In Virginia's counties, it ranges from 14 to 36 percent. According to the report, the typical cost burden of childcare among U.S. counties is about 25 percent of household income, higher than the U.S. Department of Health and Human Services' benchmark of seven percent.

Another new health measure included in the report is COVID-19 deaths in 2020. Virginia's rate, 56 deaths per 100,000 people, is lower than the national rate of 85 per 100,000. Only 79 percent (103) of Virginia's localities were included in this measure; 26 percent of them exceeded the national average.

An additional measure that is important as Virginia recovers from the pandemic is the average number of "mentally unhealthy days" people reported in the past 30 days. At 4.2 days, Virginia is slightly better than the national average of 4.5 days. Virginia's counties ranged from 3.3 to 5.8 days. Mental health outcomes are an important measure because untreated mental health disorders have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today's most pressing chronic diseases.

"The results of the study make it clear that health disparities and inequities occur, not only between regions of the Commonwealth, but also within localities, even the wealthy ones," **said State Health Commissioner Colin M. Greene, MD, MPH.** "While change in health-influencing factors takes time, the Virginia Department of Health is committed to supporting its local health departments and focusing on improving the health and well-being of all

people in Virginia. We will be taking an analytical, evidence-based look at all of these factors, and incorporating them into the next state health improvement plan, [Virginia's Plan for Well-Being](#), with the intent of improving measurable health outcomes that truly matter to Virginians.”

For more information on the 2022 County Health Rankings, visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org). For more information on public health resources throughout Virginia, visit [www.vdh.virginia.gov/local-health-districts](http://www.vdh.virginia.gov/local-health-districts).

### **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 unanimously voted and requested to adopt this model in collaboration with the Office of EMS. The three councils include the following:

- Central Shenandoah EMS Council
- Blue Ridge EMS Council
- Rappahannock EMS Council

Initially we included the reports from each of these three councils as an *Appendix* to the Quarterly Report to the State EMS Advisory Board. With this report and going forward each of those respective Regional Council reports are incorporated into the body of the Quarterly Report to recognize and demonstrate the integration among and between OEMS and the state/hybrid regional EMS councils; and to acknowledge another step in this inclusive process/model that the councils are not as just an *appendix* to this collaboration and partnership.

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.

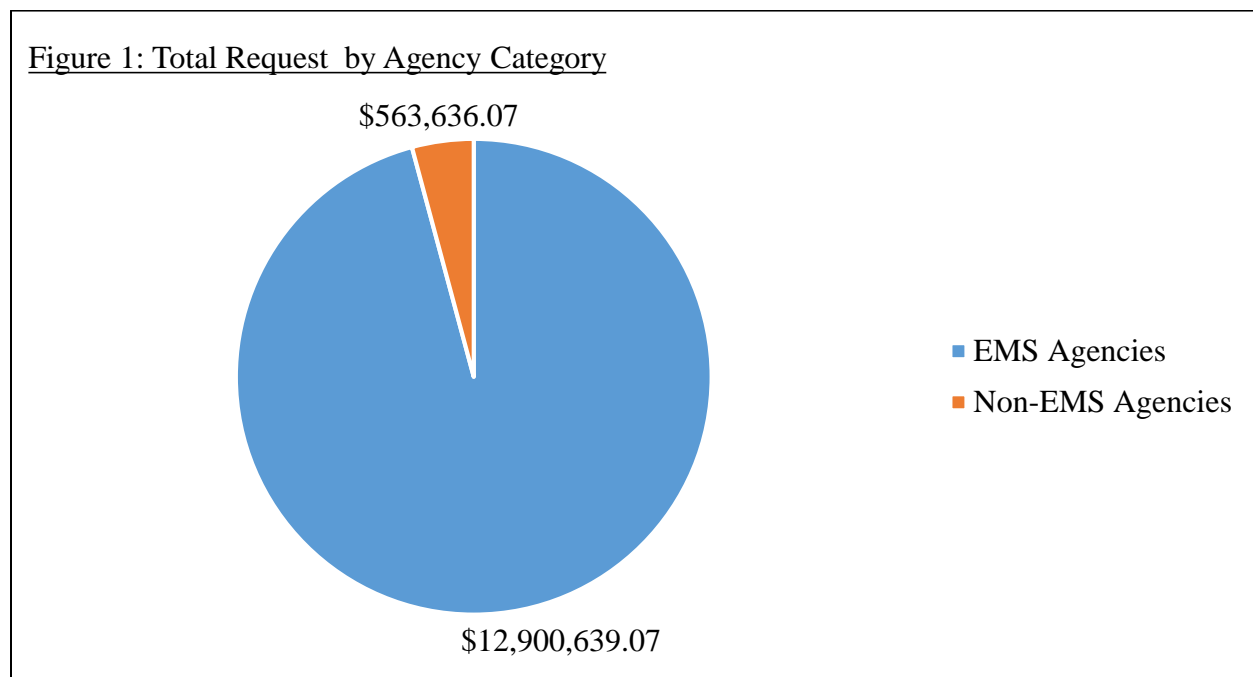
### **D) Financial Assistance for Emergency Medical Services (FAEMS) Grant Program, known as the Rescue Squad Assistance Fund (RSAF)**

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 from the Spring 2022 RSAF cycle. The application period for the Spring 2022 RSAF cycle closed on March 15, 2022. The Office of EMS (OEMS) received 93 applications totaling \$13,464,275.14 in funding which can be broken down to \$8,625,501.93 in state and \$4,838,773.31<sup>1</sup> in local matches. Funding requests were in the following amounts by agency category as shown in Figure 1:

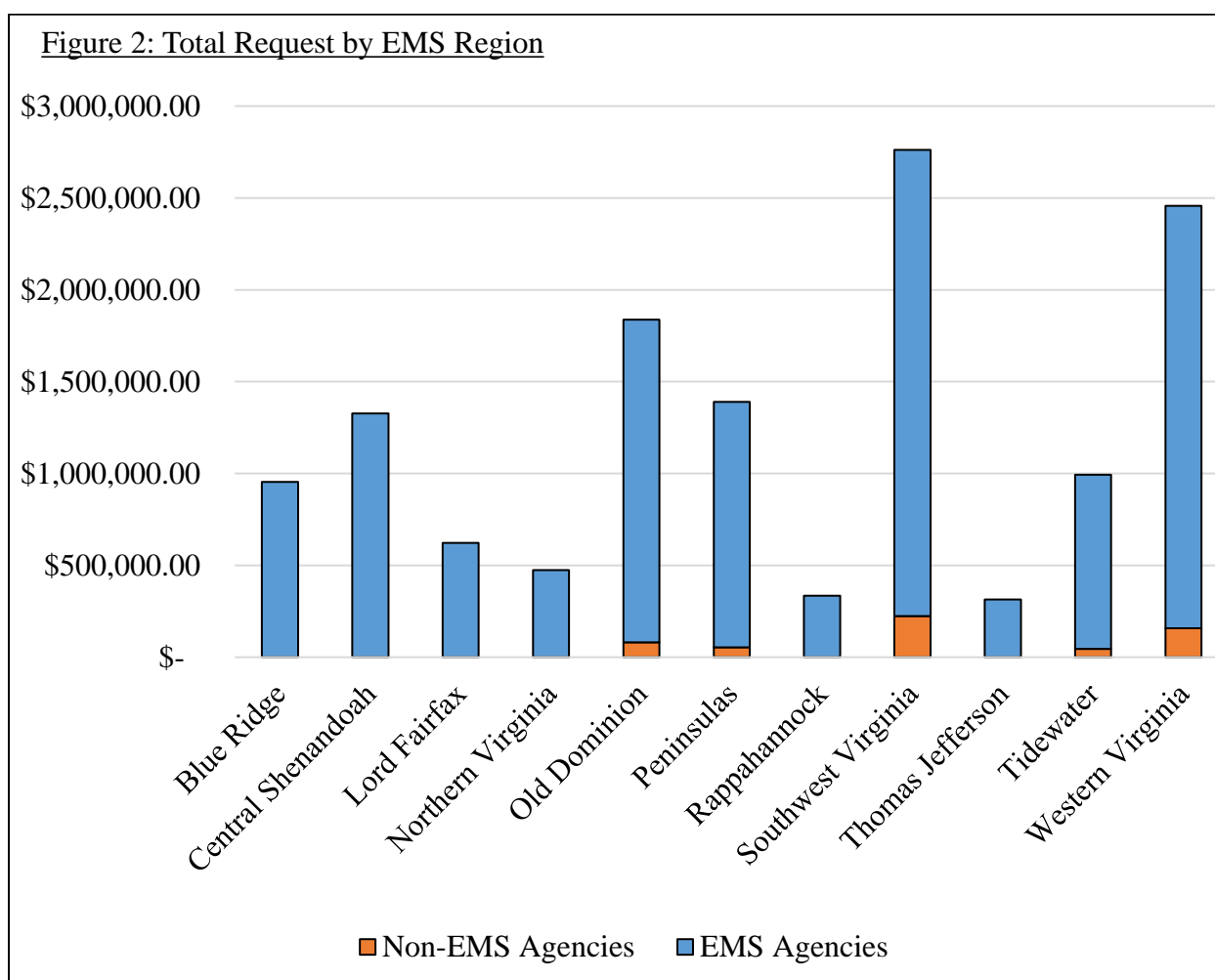
- 7 Non-EMS Agencies
- 86 EMS Agencies



The number of applications increased by approximately nine percent compared to the Fall 2021 Cycle of RSAF. OEMS received applications from each of Virginia's 11 EMS Region as shown in Figure 2. The total funding can be broken down by region as follows:

- Blue Ridge – \$954,992.11
  - Central Shenandoah - \$1,326,658.74
  - Lord Fairfax - \$621,792.62
  - Northern Virginia - \$473,689.22
  - Old Dominion - \$1,836,987.21
  - Peninsulas - \$1,389,398.76
  - Rappahannock - \$334,020.50
  - Southwest Virginia - \$2,760,915.27
  - Thomas Jefferson - \$315,007.73
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- Tidewater - \$993,827.25
- Western Virginia - \$2,456,985.73



Applications from the Spring 2022 RSAF cycle represent 197 items and projects. The three categories with the largest requests are (1) ambulances, which make up approximately 60% of the total requested amount; (2) cots, loading systems, stretchers, stair chairs, and associated equipment, which makes up approximately 13% of the total requested amount; and, (3) cardiac monitoring, defibrillation, and chest compression equipment at approximately 12% of the total requested amount. These items and the remaining 15% of the total requested amount can be broken down into the following list:

- Advanced and basic life support (A/BLS) equipment and supplies<sup>1</sup> - \$425,381.87
- Cardiac monitoring, defibrillation, and chest compression equipment - \$1,607,734.29
- Communications equipment<sup>2</sup> - \$236,984.59
- Computer hardware and software - \$101,871.24
- Cots, loading systems, stretchers, stair chairs, and associated equipment - \$1,711,206.88
- Extrication equipment - \$265,193.00
- Emergency Medical Dispatch (EMD) - \$243,658.00

- Other<sup>3</sup> - \$17,570.00
- Quick response vehicle (QRV) - \$73,113.60
- Rescue equipment<sup>4</sup> - \$16,001.62
- Specialty vehicle<sup>5</sup> - \$250,050.00
- Training equipment<sup>6</sup> - \$172,592.05
- Type I ambulance - \$7,070,618.00
- Type III ambulance - \$1,066,142.00
- Vehicle rechasiss - \$206,158.00

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

For more information, please visit the RSAF web page: <http://www.vdh.virginia.gov/emergency-medical-services/administration-finance/rsaf-grants-program/>

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

<sup>1</sup> A ten cent difference in sum of state and local matches occurs by rounding total requested amount to two decimals.

<sup>2</sup> Laryngoscopes, ventilators, intubation kits, pediatric equipment and restraints, supply kits, infusion pump, airway devices, cylinder lift, tourniquet and holder, bleeding control supplies

<sup>3</sup> Mobiles, portables, pagers, radio console, and mounting and hardware

<sup>4</sup> Batteries, battery chargers, and mental health wellness project

<sup>5</sup> Backboard, air bags, and helmet

<sup>6</sup> EMS Rescue Boat

<sup>7</sup> Manikins, trainers, supplies, and simulators

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

- **Support**

For the 1<sup>st</sup> quarter of 2022, the Informatics team addressed over 230 general support tickets, emails, and phone calls. The types of tickets received included things such as system access, historical records request where agencies were provided access to the old repository site, validation and documentation issues, as well as other various items.

The Informatics team participated in various local, state, and national meetings as required to support the EMS and trauma data collection systems as well as auxiliary systems (such as NEMSIS, Biospatial, HDE, etc.). We also provided assistance to the Epidemiology group as needed with internal and

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external request for data. In addition, the Informatics team has daily meetings (called huddles) each morning that last on average about 15 minutes. The purpose of these quick “touch-base” meetings are to plan the daily tasks and collaborate on items team members may need assistance with.

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

As was the case in previous quarters, the Informatics team continued assisting multiple agencies with read-only access to the historical Elite (Virginia Elite System) 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. The migration process is moving forward with a “to be determined” end date.

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. There is an ImageTrend meeting held every other week where support issues are discussed to ensure timely resolution. We also cover support procedures to make sure both ImageTrend support and the Informatics team are aligned.

The number of agencies using this system as their sole source for EMS documentation during the 1<sup>st</sup> quarter dropped from 93 down to 65. The number of records documented was 18,440 incidents. This accounts for just under 4.6% of the total number of records submitted (just over 402,000) 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.

One thing the team focused on this quarter was the speed at which agencies using this system are sending data over to the state repository. While data is submitted quickly in some cases, most data is submitted days or even weeks after an incident occurred. With help from ESO, we were able to determine the speed at which all agencies are sending over data. Then, we selected an agency using this system so that we could test changes in their submission process with the goal of speeding this up. This particular agency had been taking 48 hours or longer to send over data after the end of the incident. Working with that agency and ImageTrend, we were able to reduce that time. Now, data from this agency is submitted within 12 hours. In most cases, data is submitted within 5 mins after the information is posted to Elite. At no time did these changes impact the providers experience using the system. During the next quarter and beyond, the team is going to be working to identify other agencies experiencing these sort of delays in record submission and working with them and their vendor to speed up this process where possible.

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

The Informatics team continues working with ESO on various support items. While ESO primarily addresses software support, the Informatics team will provide guidance in regards to Virginia specific issues such as validation questions. We also work with ESO to ensure agencies and regions are properly identified and we provide ESO with updated agency information (new agencies coming on

line or when agencies close) as needed.

In March, a new Schematron file was release through the NEMSIS website. There were no major changes with this release. It was more to clean up structural issues around how time zones were documented, to add some new facilities, and to ensure agency numbers submitted followed the 5-digit license number requirement, which had been causing issues with data transfers to some of our partners. Investigation into the time zone differences uncovered this occurred when validation rules were created in the previous repository at different times (standard time or daylight savings). However, these differences did not have any effect on how past data was validated. The cleanup was done to ensure software vendors would see consistency in how the time zone was represented.

In this quarter, we started meeting with ESO (virtually) each week to go over any outstanding support or training items. This is to ensure any reported issues are being addressed in a timely manner. It also gives the Informatics team insights into any issues that may need escalation. We work closely with ESO on all items of this nature. We also meet with ESO (in-person) each month for about 3 days for the sole purpose of collaborating on upcoming projects and complex support items.

- **EMS Data Submission and Data Quality**

There were some unforeseen challenges with the data quality and submission report process encountered during this quarter. These were related to “human-error” more than issues with the software. We took this as a learning opportunity and put additional processes in place to ensure it would not happen again. With those in place, we anticipate having these reports ready to be published starting in the 2<sup>nd</sup> quarter of 2022.

One of the major improvements with the data quality report will be our ability to show records that were submitted by agencies but failed to process into the repository. While being able to do this was possible in the previous repository, it involved manually reviewing thousands of individual submission files each day. So, while it was possible, it was not practical. Typically, records will fail for one of two reasons. Either there was a validation issue or a structural issue with the XML file. By including this, we hope to better inform agencies of issues that occurred so they can take corrective actions and improve the amount and quality of the data collected.

- **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. We also worked with ImageTrend on several system outages as well as issues with reporting to support data requested by the Epidemiology group.

- **ESO Trauma Registry (Gen6)**

We finished development of a survey for the required fields in Gen6 and sent it to all the Trauma program managers for feedback. This will be used as a resource to help determine which fields will be required in patient care reports and the dataset in the newest data dictionary for the Virginia trauma

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registry. We already started receiving feedback and set a date of 5/31/2022 to have the survey completed and back to OEMS.

ESO and Virginia are working on getting the Gen6 report writer functional in the OEMS environment. This will help us with creating and distributing our data quality reports, compliance reports and data request. For now, ESO is providing this information in a very timely manner upon request

- **Biospatial**

We continue meeting with the Biospatial group each month to discuss issues and improvements to the system. ESO was able to address the historical data issue and sent all of the past data contained within the ESO system. While there are still gaps, the assumption is these will be taken care of once the data migration has been completed. The Informatics team is reviewing these as they are discovered and working with the appropriate groups on getting these resolved.

We are also working with both Biospatial and ESO in an effort to make trauma data available. Barring any issues, we hope to have this project completed either late 2<sup>nd</sup> quarter or early 3<sup>rd</sup> quarter of 2022.

- **Data Reports**

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 7 requests for trauma data in the first quarter of 2022. The Virginia Statewide Trauma Registry (VSTR) was queried to obtain data for each request.

- A request was made for the number of brain injuries reported to the VSTR, stratified by Glasgow Coma Score. The number of brain injury records and brain injury patients between 2018 and 2020 are presented below.

Table 1. Number of brain injury records by GCS severity level and year, 2018 –2020, Virginia

Year	GCS 3-8	GCS 9-12	GCS 13-15	Missing	Total
2018	3,871	737	8,951	1,298	14,857
2019	2,923	628	9,148	1,051	13,750

<b>2020</b>	4,216	656	9,204	919	14,995
<b>Total</b>	11,010	2,021	27,303	3,268	43,602

Table 2. Number of patients with brain injury by GCS severity level and year, 2018 –2020, Virginia

<b>Year</b>	<b>GCS 3-8</b>	<b>GCS 9-12</b>	<b>GCS 13-15</b>	<b>Missing</b>	<b>Total</b>
<b>2018</b>	859	340	6,615	1,006	8,820
<b>2019</b>	903	323	6,842	799	8,867
<b>2020</b>	979	325	6,678	720	8,702
<b>Total</b>	2,741	988	20,135	2,525	26,389

In the first quarter of 2022, OEMS received 12 requests for pre-hospital data. The Virginia Pre-hospital Information Bridge and the ESO pre-hospital data system were queried to obtain data for these requests.

- A request was made for the number of incident records where the complaint reported by dispatch was recorded as a psychiatric problem, abnormal behavior, suicide attempt, or well person check, or where the chief complaint was recorded as behavioral/psychiatric. Between 10/1/21 and 12/31/21, a total of 13,818 behavioral health complaints met the requested criteria.
- A request was made for the number of transports from freestanding emergency departments to acute care hospitals between 4/4/20 and 12/31/21. In this timeframe, a total of 36,192 patients were transported by EMS providers from freestanding emergency departments to acute care hospitals. Categories of EMS primary impressions for these patients are presented below.

Table 3. Count of EMS primary impression categories for patients transported from freestanding emergency departments to acute care hospitals, Virginia, April 2020 – December 2021

<b>Primary Impression Category</b>	<b>Count of Records</b>
Abuse/neglect	1
Alcohol or substance use	132
Allergic reaction	35

Behavioral/mental health concern	251
Bleeding/blood/circulatory problem	9335
Bone/joint problem (e.g., fracture, dislocation)	34
Cancer/neoplasm	33
Cardiovascular problem	5293
Endocrine problem	211
Environment-related problem (e.g., heat exhaustion, hypothermia, toxic exposure)	11
Foreign body removal	20
General symptoms (e.g., fatigue, syncope, fever)	1189
GI/GU problem	2005
Infection	1338
Injury	470
Mobility problem	1360
Neurological problem	1149
None/Unknown/Other	8440
Pain	2221
Reproductive/obstetric/newborn problem	130
Respiratory problem	2214
Seizure/convulsions	65
Skin/tissue problem	39
Stings/venomous bites	5
Stroke/TIA	206
Vision problem	5
<b>Grand Total</b>	<b>36,192</b>

## Meeting Attendance and Training Participation:

During the first quarter of 2022, the OEMS Epidemiology Program Manager participated in several meetings and training opportunities, including:

- Injury and Violence Prevention Collaborative meeting,
- Gun Injury and Violence Advisory Board and Collaborative Network (GIVEBACK) meeting,
- DataCamp webinars,
- Council for Public Health Informatics Advisory Council meetings,
- OEMS-Biospatial meetings,
- OEMS-Qlarion-ESO working sessions,
- Division of Aging and Rehabilitation webinar on using data to improve outcomes,
- Stroke Registry meetings,
- Tableau analytics and training sessions, and
- The BRI Network Mental Health Summit.

## F) Virginia Department of Health Launches New Epidemiology Reports *(News Release by the Virginia Department of Health on April 27, 2022)*

The Virginia Department of Health (VDH) is launching a new section on the [Data Portal](#) page on the VDH website called Epidemiology Reports.

VDH's data portal provides a convenient access point for public health-related data for Virginia. The new Epidemiology Reports section will contain reports that are a collaboration between various epidemiologists and data scientists at VDH on important public health topics.

The new Epidemiology Reports page can be found here: [www.vdh.virginia.gov/data/epidemiology-reports/](http://www.vdh.virginia.gov/data/epidemiology-reports/).

“The first two reports we are posting address key issues that result in harm or death that have been on the increase, both in Virginia and nationwide,” said **State Health Commissioner Colin M. Greene, MD, MPH**. “More importantly, these health conditions have been shown to be amenable to intervention, and are thus topics that demand attention and collaboration across our communities and our Commonwealth.”

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“We are pleased to provide a new regular series of short reports for the general public, health professionals and policymakers that focus on key aspects of major public health issues in Virginia and highlight the work of VDH epidemiologists,” said **State Epidemiologist Lilian Peake, MD, MPH**.

The first two reports to be added to the Epidemiology Reports sections are *Self-Harm and Suicide Among Virginia Youth Aged 9-18 Years, 2015-2021* and *Alcohol-Related Death in Virginia, 2016-2020*.

In the first report, *Self-Harm and Suicide Among Virginia Youth Aged 9-18 Years, 2015-2021*, VDH examined self-harm and suicide among youth aged 9-18 years in Virginia using data from 2016-2021 for emergency department (ED) visits, 2016-2020 for nonfatal inpatient hospitalizations, and 2015-2021 for deaths by suicide.

Key findings from this report include:

- Self-harm ED visits and nonfatal self-harm hospitalizations are increasing. No comparable increase in suicides among youth 9-18 years in Virginia.
- The majority of persons with self-harm ED visits (68%) and nonfatal self-harm hospitalizations (74%) among Virginia youth were female. However, the majority of deaths (71%) by suicide were among males.
- More than nine out of 10 nonfatal self-harm hospitalizations among youth were due to drug poisonings, compared to 7% of all youth suicides. Guns were the most common cause of youth suicide (51%).
- While the highest self-harm ED visit rate occurred in the [Northwest region](#), the highest rate of self-harm hospitalizations and deaths by suicide occurred in the [Central region](#).
- Young Virginians were hospitalized for self-harm-related injuries for 1,588 days with more than \$13 million dollars in hospitalization costs in 2020.

In the second report, *Alcohol-Related Death in Virginia, 2016-2020*, VDH examined alcohol-related death in Virginia to describe the full range of causes of alcohol-related death and changes in these deaths over time using the Centers for Disease Control and Prevention (CDC) Alcohol-Related Disease Impact (ARDI) Application.

Key findings from this report include:

- The number of alcohol-related deaths in Virginia increased each year from 2016 to 2020, with the greatest increase in 2020.
- Alcoholic liver disease was the most common alcohol-related death.
- Males died of an alcohol-related death at higher rates than females.
- Black Virginians had the highest rate of alcohol-related death.
- People aged 85+ years are at highest risk of alcohol-related death in Virginia.
- Rural areas have higher rates of alcohol-related death than urban areas.

Additional reports will be added to the Epidemiology Reports page as they become available.

For more information on either of these reports, please contact Population Health at [population.health@vdh.virginia.gov](mailto:population.health@vdh.virginia.gov).

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# **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.*

#### **a) 2022 Edition NASEMSO Model Clinical Guidelines Now Available!**

Following an extensive public comment period, Version 3 of NASEMSO's Model EMS Clinical Guidelines is now available! All of the 2017 guidelines have been reviewed and updated, and additional guidelines and new evidence-based guidelines have been added to this edition. While some of the new material has been added as guidelines in the appropriate chapter, other topics have been incorporated into a previously existing guideline. New guidelines have been added to the 2022 edition for the following clinical conditions or scenarios:

- Brief Resolved Unexplained Event (BRUE) & Acute Events in Infants
- Resuscitation in Traumatic Cardiac Arrest
- Tracheostomy Management
- Trauma Mass Casualty Incident

In addition, with the permission and assistance of the American College of Surgeons – Committee on Trauma, we have included the 2022 National Guideline for the Field Triage of Injured Patients as Appendix IX. Download the updated guidelines at [https://nasemso.org/wp-content/uploads/National-Model-EMS-Clinical-Guidelines\\_2022.pdf](https://nasemso.org/wp-content/uploads/National-Model-EMS-Clinical-Guidelines_2022.pdf).

#### **b) NASEMSO Annual Meeting Registration Is LIVE!!**

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 meeting registration is now live at <https://nasemso.org/news-events/meetings/>.

#### **c) NCSL Offers EMS Legislative Database**

The National Conference of State Legislatures (NCSL) has launched a new [Emergency Medical Services Legislative Database](#) to track enacted state actions on a variety of topics. The easy-to-navigate database currently features 2021 legislation and will be updated regularly with legislation from 2022 sessions and beyond. You can search legislation by year, state, topic, keyword, year, status or primary sponsor. New legislation is added weekly by NCSL staff.

#### **d) Manufacturer and Distributors Offer States \$26B Opioid Settlement**

The three largest U.S. drug distributors and drugmaker Johnson & Johnson have agreed to finalize a proposed \$26 billion settlement resolving claims by states and local governments that they helped fuel the U.S. opioid epidemic. The deal aims to resolve around 3,000 lawsuits by state and local governments seeking to hold the companies responsible for an opioid abuse crisis that has led to hundreds of thousands of overdose deaths in the United States over the last two decades. The deal represents the second-largest cash settlement ever, trailing only the \$246 billion tobacco agreement in 1998. Read more at <https://www.reuters.com/legal/litigation/drug-distributors-agree-finalize-opioid-settlement-2022-02-25/>.

#### **e) New Study Reveals COVID Impact on Government Workers**

A new study presents the results of a November/December 2021 national online survey conducted by MissionSquare Research Institute and Greenwald Research of 1,100 state and local government employees, assessing their views on COVID-19's impact on their job and financial outlook, general concerns about COVID-19 and morale, and general satisfaction with their employer and retention issues. Among the takeaways: 36% are considering leaving their positions, 33% are considering retirement, and 28% are considering leaving the workforce entirely. Read more at <https://slge.org/wp-content/uploads/2022/03/public-workforce-and-covid-march2022.pdf>.

#### **f) IE Retirement Affects Some Government Systems**

Microsoft has announced that Internet Explorer (IE) will be retiring on June 15, 2022. E-Verify, a web-based system that allows enrolled employers to confirm the eligibility of their employees to work in the United States, has announced exclusion of the web browser after April 30, 2022. E-Verify employers verify the identity and employment eligibility of newly hired employees by electronically matching information provided by employees on the Form I-9, Employment Eligibility Verification, against records available to the Social Security Administration (SSA) and the Department of Homeland Security (DHS). In addition, the Health Resources & Services Administration (HRSA) will no longer be able to support electronic handbooks (EHB) compatibility with the IE browser after June 2022. Going forward, other freely available browser such as Google Chrome, Microsoft Edge, or Mozilla Firefox are recommended.

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### **g) 988 Implementation Act Hopes to Add State Implementation Funds**

On Thursday, March 17, 2022, Congressman Tony Cárdenas (D-CA) led the introduction of the 988 Implementation Act with Congresswoman Doris Matsui (D-CA), Congresswoman Lisa Blunt Rochester (D-DE), Congressman Brian Fitzpatrick (R-PA), Congressman Seth Moulton (D-MA), Congresswoman Grace Napolitano (D-CA), Congressman Don Beyer (D-VA) and Congressman Jamie Raskin (D-MD). The transformative, comprehensive legislation will change our crisis response to mental health emergencies. The 988 Implementation Act will provide federal funding and guidance for states to implement their crisis response infrastructure ahead of the July launch of the new national suicide prevention and mental health crisis hotline, 988.

Read: <https://cardenas.house.gov/imo/media/doc/988%20Implementation%20Act%20Packet.pdf>

### **h) MD Ends 4 Year Degree Requirement for Some State Jobs**

Maryland has upwards of 38,000 state employees. Officials there estimate that, for about half of those jobs, qualifications like prior work experience, a community college education, or time spent in the military could serve as a substitute to having a four-year degree. Instead, the state will work with partners to recruit and market these roles to job seekers who are “Skilled Through Alternative Routes” (STARs). There are more than 300 currently open state government jobs that no longer require a four-year degree, all of which are now listed on [“Stellarworx,”](https://governor.maryland.gov/2022/03/15/governor-hogan-announces-elimination-of-four-year-degree-requirement-for-thousands-of-state-jobs/) Opportunity@Work’s innovative STARs talent marketplace. Read more at <https://governor.maryland.gov/2022/03/15/governor-hogan-announces-elimination-of-four-year-degree-requirement-for-thousands-of-state-jobs/>.

## **Communications**

### **i) Proposed Legislation to Make FirstNet Permanent**

Congresswoman Lizzie Fletcher (TX-07) and Congresswoman Val Demings (FL-10) have introduced *H.R. 6768*, the *FirstNet Reauthorization Act*, to promote public safety by ensuring first responders can communicate with each other in times of crisis. Established in response to the first responder communication problems that occurred during 9/11, the First Responder Network Authority (FirstNet) is a public-private partnership to build and operate a nationwide public safety broadband network. The original legislation that created FirstNet included a sunset provision to terminate the program 15 years after its enactment. On the 10-year anniversary of its enactment, this bill reauthorizes FirstNet by striking the original sunset provision and making FirstNet permanent. Read more at [here](#).

### **j) Contingency Planning for Emergency Communications Funding**

Even if budgets are drastically reduced, state, local, tribal and territorial public safety agencies need reliable and interoperable communications to respond effectively when events disrupt normal operations. To help address these critical requirements, the Cybersecurity and Infrastructure Security Agency (CISA), has published the [Contingency Planning Guide for Emergency Communications Funding PDF](#) in partnership with SAFECOM and the National Council of Statewide Interoperability Coordinators.

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## Health and Medical Preparedness

### **k) 2021 National Preparedness Report Now Available**

The 2021 National Preparedness Report (2021 NPR) summarizes progress made, and challenges that remain, in building and sustaining the capabilities needed to prevent, protect against, mitigate, respond to, and recover from the threats, hazards, and incidents that pose the greatest risk to the Nation. For this report, the Federal Emergency Management Agency (FEMA) used the events of 2020 to draw broader conclusions about national risk and capabilities and identified management opportunities to build those capabilities and reduce risk. Read more

at [https://www.fema.gov/sites/default/files/documents/fema\\_2021-national-preparedness-report.pdf](https://www.fema.gov/sites/default/files/documents/fema_2021-national-preparedness-report.pdf).

### **l) TFAH Annual “Ready or Not” Report Now Available**

As the nation enters its third year of the COVID-19 pandemic, a new report calls for urgent investment to create a public health system able to protect all Americans' health during emergencies. Released by Trust for America's Health, [Ready or Not 2022: Protecting the Public's Health from Diseases, Disasters, and Bioterrorism](#) evaluates states' performance on 10 key emergency preparedness indicators and identifies gaps in states' readiness to respond to emergencies. The report includes policy recommendations for strengthening the nation's health security.

### **m) ERDSS Software Update Supports First Responders**

The Emergency Response Decision Support System (ERDSS) provides first responders with decision support for hazardous environments contaminated with chemical agents. This software tool, which operates on Windows, Android, and iOS, is provided free-of-charge to the military, law enforcement, and fire departments. Features include:

- Detailed information on thousands of common chemicals and synonyms
- Personal Protective Equipment (PPE) including respirators
- Hazardous Concentration Levels and Exposure Guidelines
- Isolation and Protective Action Distances
- ERG and Emergency Medical Information
- Identify unknown chemicals using physical properties or exposure symptoms
- Decision Support Tools and more...

For more information go to <https://www.chemicalcompanion.org/index.php/site/index>.

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## Hits

### **n) New NHTSA Rule to Improve Safety for Roadway Users**

The U.S. Department of Transportation's National Highway Traffic Safety Administration (NHTSA) has [issued a final rule](#) allowing automakers to install adaptive driving beam headlights on new vehicles. According to NHTSA, this final rule aims to improve safety for pedestrians and bicyclists by making them more visible at night, and helps prevent crashes by better illuminating animals and objects in and along the road.

## Federal News

### **o) Ambulance Prior Authorization Model Expanded April 1**

On April 1, the Repetitive, Scheduled Non-Emergent Ambulance Transport Prior Authorization Model was expanded to Florida, Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, Puerto Rico, Wisconsin, and the U.S. Virgin Islands. The Model has already been implemented in Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Alabama, American Samoa, California, Georgia, Guam, Hawaii, Nevada, Northern Mariana Islands and Tennessee. The remaining states are scheduled for implementation in 2022. Visit the [Prior Authorization of Repetitive, Scheduled Non-Emergent Ambulance Transport](#) webpage for the timeline, updates, and other information.

### **p) FDA Issues Draft Guidance on Developing Non-Opioid Pain Management Alternatives**

The FDA issued draft guidance for companies developing non-opioid pain management alternatives for acute pain lasting up to 30 days, typically responding to some form of tissue injuries, such as trauma or surgery. Comments on the draft guidance were accepted through April 11. For more information: <https://www.federalregister.gov/documents/2022/02/10/2022-02858/development-of-non-opioid-analgesics-for-acute-pain-draft-guidance-for-industry-availability>.

### **q) ARHQ Seeks Public Input on Framework for PCOR Investments**

A new [Federal Register Notice](#) solicits public input on a draft strategic framework for the Agency for Healthcare Research and Quality's (AHRQ) future investments in patient-centered outcomes research (PCOR) dissemination and implementation projects. The framework will help guide AHRQ's PCOR investments, long-range planning and the selection and scope of objectives, projects and outcomes. AHRQ's investments, supported by the PCOR Trust Fund, are intended to have the greatest impact on equitable whole-person care across lifespans. Responses to AHRQ's draft framework are sought from healthcare providers, patients, community groups, employers, health services researchers, dissemination and implementation scientists, communications experts, representatives from health systems, and public and private payers. The comment period ended April 19. Access more information about AHRQ's [draft framework](#) and the agency's [PCOR activities](#).

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#### **r) NIJ School Shooting Open Source Database**

Researchers, funded by the National Institute of Justice, have created the first open-source catalog of U.S. school shootings to better understand the causes of school-related gun violence and identify intervention points. Read the final report at <https://www.ojp.gov/pdffiles1/nij/grants/301665.pdf>.

#### **s) NASEM Addresses Suicide Prevention**

The National Academies of Sciences, Engineering, and Medicine [Forum on Mental Health and Substance Use Disorders](#) hosted a 3-part public webinar series, Using Innovative Data Science Approaches to Identify Individuals, Populations, and Communities at High Risk for Suicide. Webinar 1 (held on April 22, 2022) focused on current approaches used by social media platforms, technology companies, and researchers to determine suicide risk in individuals and communities. Sessions included:

- Explore current strategies used by technology and social media platforms
- Discuss artificial intelligence/machine learning (AI/ML) algorithms used to identify individuals and populations at high-risk for suicide
- Examine data science techniques and their effectiveness to assess suicide risk
- Discuss the responsibility of AI/ML algorithms in the continuum of care for suicide prevention

#### **t) Dr. Lorna Breen Healthcare Provider Protection Act Signed into Law**

President Biden has signed the Dr. Lorna Breen Health Care Provider Protection Act, a law that will provide federal funding to address behavioral health and well-being among healthcare workers. The law is named for Lorna Breen, MD, a New York City emergency physician who died by suicide April 26, 2020, toward the beginning of the pandemic. Overall, the law provides up to \$135 million over three years for training healthcare providers on suicide prevention and behavioral health, and for awareness efforts to improve mental health among healthcare workers, according to the White House. Read more at <https://www.beckershospitalreview.com/workforce/dr-lorna-breen-health-care-provider-protection-act-becomes-law-4-details.html>

#### **u) AHRQ Issue Brief Focuses on Improving Diagnostic Competencies**

Research studies over the past two decades have shown how diagnostic errors can be prevented or mitigated, and these lessons should become part of healthcare professionals' education and training. While individual, professional, contextual, patient, and health system factors make diagnostic error a challenge to address, health professions education is a common experience for all healthcare professionals and is foundational in improving diagnosis. In a new Issue Brief funded by the Agency for Healthcare Research and Quality (AHRQ), authors provide several recommendations to enhance healthcare professional education. Read more at [here](#).

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## Industry News

### **v) NAEMT Recruitment Guide Now Available**

In response to the ongoing, critical personnel shortages that our agencies are facing, NAEMT's EMS Workforce Committee has collected some best practices and successful case studies of EMS agency recruitment strategies. Their work has been compiled into a new guide on *Innovative Recruitment Strategies for EMS Agencies*. In this guide you will find:

- Tips for starting a recruitment program.
- Case studies on what's worked for EMS agencies.
- Practical advice on getting out the word about job openings and marketing your EMS agency using social media.
- [You can download a free copy of the guide here.](#)

### **w) NEMSMS Accepting Nominations for Remembrance Ceremonies**

The National EMS Memorial Bike Ride (NEMSMBR), the National EMS Memorial Foundation (NEMSMBF) and the National EMS Memorial Service (NEMSMS) have announced the dates for the National EMS Memorial Service and Weekend of Honor for the next two years. Planning has begun near the nation's capital for the following dates, July 22-24, 2022, and July 21-23, 2023, at the Hyatt Regency Crystal City at Reagan National Airport, Arlington, VA. The National EMS Memorial Bike Ride will host the special one-day Ride of Honor as part of the Weekend as well. The National EMS Memorial Service recognizes and honors EMS and air medical personnel who have died in the line of duty from the previous year. Submission criteria and to submit a provider for consideration can be found in the following links:

[national-ems-memorial honoree nomination](#)

[national-ems-memorial recognition-criteria](#)

### **x) MedPAC Ambulance Report Delayed in Omnibus Bill**

According to the American Ambulance Association (AAA), members of Congress passed language as part of the FY 2022 Omnibus Appropriations Package that would delay the due date of the Medicare Payment Advisory Committee (MedPAC) report analyzing ambulance cost data. The delay in the timing of the MedPAC report was necessary due to CMS postponing the beginning of ambulance cost data collection by two years to account for the COVID-19 pandemic. Even though data collection had been delayed, MedPAC indicated that they were compelled to stick to the statutory deadline of issuing a report – with very little or no new ambulance data – to Congress by March 15, 2023. Read more at <https://ambulance.org/2022/03/11/house-passes-medpac-ambulance-report-delay/>.

### **y) Safety Stand Down 2022**

Taking place each year during the third full week of June, Safety Stand Down highlights critical safety, health, and survival issues for fire and emergency services personnel. Departments are asked to suspend all non-emergency activities during the week to focus their attention on safety and health education efforts. A week is provided to ensure that all duty shifts can participate. The 2022 Safety

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Stand Down theme is “Situational Awareness: The Foundation for Good Decision Making.” This theme focuses on the importance of situational awareness during response operations to help firefighters solve problems, prevent bad outcomes, and make better decisions in high stress environments. Five daily focus areas will highlight situational awareness during different incident types: structure fires, EMS, wildland incidents, roadway response, and acts of violence. Read more at <https://www.safetystanddown.org>.

## Interesting Reading

### **z) Emergency medical services shock index is the most accurate predictor of patient outcomes after blunt torso trauma**

Shock index (SI) and delta shock index ( $\Delta$ SI) predict mortality and blood transfusion in trauma patients. This study aimed to evaluate the predictive ability of SI and  $\Delta$ SI in a rural environment with prolonged transport times and transfers from critical access hospitals or level IV trauma centers. Read more [here](#).

### **aa) Non-Validated BP Monitors Are a Global Problem— Thousands of device models don't meet international standards**

Automatic blood pressure (BP) monitors that are clinically validated for accuracy turned out to be few and far between in terms of worldwide distribution, despite guideline recommendations that patients use validated models, researchers found. Read at [MedPage Today](#).

### **bb) Optimizing Outcomes After Out-of-Hospital Cardiac Arrest With Innovative Approaches to Public-Access Defibrillation: A Scientific Statement From the International Liaison Committee on Resuscitation**

Free access to full article and supplemental materials are available at <https://www.ahajournals.org/doi/suppl/10.1161/CIR.0000000000001013>.

### **cc) More Work Needed to Restore Trust in the Public Health System, Says AMA President**

From “*Med Page Today*” federal and state officials need to do more to restore trust in science and public health, says American Medical Association (AMA) president Gerald Harmon. Harmon listed five actions the AMA was recommending to fix the healthcare system, rebuild trust, and better respond to the next public health emergency:

- Enhance state and federal stockpiles of medically necessary supplies, and improve the system for acquiring and distributing them.
- Increase funding to bolster the nation's diminished public health infrastructure.
- Learn from the process that led to the rapid-scale development of vaccines.
- Continue expanding access to telehealth.
- Address clinician burnout.

Read more at <https://www.medpagetoday.com/publichealthpolicy/healthpolicy/97360>.

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# Division of Accreditation, Certification & Education

Virginia Office of Emergency Medical Services

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

#### **Committees**

- A. The Training and Certification Committee (TCC): The Training and Certification Committee meeting took place on March 30, 2022 at the Embassy Suites in Richmond, VA. There are two (2) action items attached as **Appendix B and C**.

Copies of past minutes are available on the Office of EMS Web page here:  
<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/training-certification-committee-standing/>.

- B. The Medical Direction Committee (MDC): The Medical Direction Committee meeting scheduled for April 7, 2022 was held at the Embassy Suites in Richmond, VA.

Copies of past minutes are available from the Office of EMS web page at:  
<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/medical-direction-committee-standing/>

#### **Accreditation**

All EMS programs that are in need of a site visit having gained accreditation either through Letter of Review or through full accreditation have been granted an extension of expiration until December 31, 2022 due to Omicron 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
- (7) City of Virginia Beach Division of EMS
- (8) Germanna Community College

### 3. Paramedic – Initial

John Tyler Community College has a program director vacancy and all scheduled classes for the spring semester have been cancelled. Students enrolled in current programs were offered the option to transfer to either J. Sargeant Reynolds Community College or VCU. John Tyler has request inactive status with CoAEMSP until they are able to fill the program director position.

Tidewater Community College's program director will be stepping down as of May 31, 2022. Tidewater Community College is currently interviewing for the Program Director position.

Lord Fairfax Community College will be renamed as of June 2, 2022 as Laurel Ridge Community College.

Central Virginia Community College has named Joseph Greer as their new program director

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 completed their first cohort class and are working on submission of their initial report to CoAEMSP.
  - d) Chesterfield Fire and EMS has completed their first cohort class. Based on the date the Letter of Review was issued for Chesterfield Fire, the next class will be considered their first cohort by CoAEMSP. They have also named Qadira Stewart as the new Program Director.
  - e) Hanover Fire/EMS is completing their first cohort class and the students will be testing in the next few weeks.
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#### 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) Southwest Virginia Community College will have a virtual CoAEMSP site visit on February 21<sup>st</sup> and 22<sup>nd</sup>.
- b) Piedmont Virginia Community College will have a virtual CoAEMSP site visit on April 14<sup>th</sup> and 15<sup>th</sup>.

- 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>

<b>Virginia COVID-19 Actions</b>
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#### **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.

#### **Certifications**

- Education Coordinator Candidate Eligibility Window – Due to COVID-19, the Virginia Office of EMS extended the eligibility dates for Education Coordinator Candidates. EC Candidates with an eligibility expiration of December 31, 2020 through December 31, 2021 will be extended until June 30, 2022.
  - Education Coordinator Certification Extension – Due to COVID-19, the Virginia Office of EMS extended the Education Coordinator certification dates with an expiration date of December 31, 2020 through December 31, 2021 until June 30, 2022.
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## Continuing Education

All CE is available through online resources and providers are encouraged to use those resources.  
<https://www.vdh.virginia.gov/emergency-medical-services/education-certification/provider-resources/web-based-continuing-education/>

### Free Continuing Education for Virginia EMS Providers

Available in partnership with VectorSolutions

The Virginia Office of EMS is pleased to announce that Virginia EMS providers now have free exclusive access to VectorSolutions Training, featuring robust courses delivered through an award-winning learning management system.

We have invested significant money and resources into developing this partnership which will allow Virginia EMS providers to choose from 100 different continuing education courses in Vector's catalog in order to meet their requirements for recertification of their Virginia and National Registry certifications.

Unlock the power of this partnership today! Sign into your account at:

<https://app.targetsolutions.com/auth/vacee>

<h2>National Registry</h2>
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### National Registry Cognitive Examination Changes – Effective Date: April 15, 2022

The National Registry is transitioning to a new software platform for administering our examinations. This software upgrade comes with a few modifications to examination scheduling and delivery that candidates may notice. The exam scheduling system was taken offline for maintenance on April 12, 2022. The updated scheduling system went into effect on April 15, 2022. As a reminder, some of the updates to highlight are:

- Candidates will select their examination delivery method (testing center or online proctored) and schedule their examination on Pearson VUE's website.
  - Candidates logging in to schedule examinations will notice they cannot schedule any online proctored (OnVUE) examinations beyond April 11, 2022. This temporary inconvenience is necessary as part of our software upgrade.
  - On April 15, 2022, candidates will be able to resume scheduling their online-proctored examinations via OnVUE.
  - The EMR level cognitive examination will be available as an online proctored examination starting April 15, 2022.
  - The AEMT level cognitive examination will no longer be available as an online proctored examination. AEMT will be administered at Pearson VUE testing centers only. Both EMR and EMT providers will be able to use OnVUE testing for recertification by examination beginning April 15, 2022.
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- Our EMT online proctored examination (OnVUE) will be updated to use our computer adaptive format (CAT) and reflect the same experience as at testing centers. This will change the length of the online proctored examination from a fixed set of 110 questions to a variable length between 70-120 questions.

Beginning on April 15, 2022, all Basic Life Support (BLS) examinations will have an online proctored (OnVUE) option in addition to the testing center option, and all Advanced Life Support (ALS) examinations will only be administered at testing centers.

If you have any questions about these updates, please contact [support@nremt.org](mailto:support@nremt.org) and we will be happy to help. We are excited to continue our commitment to providing the best testing experiences for our candidates.

## **Certification Testing Changes – State and National Registry**

### **BLS Certification Testing**

- Cognitive Exams – Normal processes are in place for the National Registry cognitive exam. Beginning April 15, 2022, all Basic Life Support (BLS) examinations will have an online proctored (OnVUE) in addition to the testing center options. 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 suspended indefinitely BLS psychomotor testing pending decisions by the Training & Certification and Medical Direction Committees. Use of the TR.999 will serve as the verification of competency until further notice.

### **ALS Certification Testing**

- Cognitive Exams – Normal processes are in place for the National Registry cognitive exam. Beginning April 15, 2022, all Advanced Life Support (ALS) examinations will only be administered at Pearson VUE Test Centers—remote proctoring via Pearson OnVUE is not permitted for ALS candidates.
  - 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/>
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## General Updates

### 2021 National EMS Education Standards (NEMSES)

The 2021 National EMS Education Standards were released by NHTSA on November 22, 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 final decisions by the Training and Certification Committee, the Medical Direction Committee and the Governor's Advisory Board.

All educators conducting initial certification courses in Virginia will continue to teach to the Virginia EMS Education Standards (VEMSES) until further notice. The VEMSES is the basis for EMS education at all levels in Virginia.

### Eligibility of EMS Students for (pre-hospital) Field Rotations in Virginia

The Division of Regulation & Compliance released the following guidance document for all educators in Virginia regarding eligibility of EMS students for field rotations in Virginia. This full memo can be found at: <https://www.vdh.virginia.gov/emergency-medical-services/education-certification/educator-resources/ems-student-eligibility-for-clinical-rotations/>

Virginia Administrative Code - EMS Regulations **§12VACS-31-1170 - *Provision of care by students***, requires the student to be enrolled in a Virginia Office of Emergency Medical Services (OEMS) approved EMS certification training program.

Compliance with this regulation requires the student(s) completing clinical rotations to be enrolled in an EMS education course that has been announced to, and approved by the Virginia Office of EMS; as demonstrated by the issuance of a Virginia OEMS course approval.

EMS Regulations **§12VAC5-31-1423** require all EMS Educational programs (courses) in Virginia to be announced by the Program Director; who must hold a valid Virginia OEMS Education Coordinator (EC) Certification.

The individual must be easily identifiable as a student with appropriate clothing and/or badging indicating they are a student. They must be assigned an approved preceptor who is certified at or above the level of training the student is enrolled. Student may **ONLY** serve as the 3'd member of an EMS crew. EMS students do not fulfill any EMS agency regulatory staffing requirements.

EMS Educational Programs that are conducted outside of Virginia **do not** meet these regulatory requirements; therefore, students enrolled in an out of state program are **NOT** eligible to complete EMS clinical and field rotations in Virginia, or with a Virginia OEMS licensed EMS agency.

Should an EMS agency be identified as allowing rotations of students enrolled in EMS education programs from outside of Virginia, the agency will be in violation of 12VACS-31-1170 and subject to

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enforcement action(s). While the Virginia OEMS cannot regulate clinical rotations in the hospital setting, all Virginia hospitals will be notified of these regulatory requirements.

### **NHTSA Draft Report on Infection Prevention and Control for the EMS/911 Workforce Released: Public Comment Requested**

The draft report for the technical brief on Infection Prevention and Control for the Emergency Medical Services (EMS)/911 workforce has been released by the Evidence-based Practice Center (EPC) Program at the Agency for Healthcare Research and Quality (AHRQ). The draft report is available for review and feedback through April 22, 2022 on Effective Healthcare's website.

The technical brief summarizes the latest evidence on infectious pathogen exposure among the EMS/911 workforce and offers recommendations for the prevention, recognition, and control of infectious diseases and other related exposures that may be acquired in occupational settings.

The AHRQ is requesting feedback from the community to improve the final technical brief. The agency values feedback and will consider all comments received.

<https://effectivehealthcare.ahrq.gov/products/form/ems-911-workforce-infection-control-technical-brief>

AHRQ is a government agency that produces evidence-based guidance to improve the quality of healthcare delivery. It coordinates these efforts with partners in the field to ensure the evidence is understood and put into practice. For more information on the EPC Program, visit [here](#). This project is supported by NHTSA's Office of EMS, which strives to reduce death and disability by providing leadership and coordination to the EMS community in assessing, planning, developing, and promoting comprehensive, evidence-based emergency medical services and 911 systems.

## **Education Program**

### **Education Coordinator Certification Program**

As of March 29, 2021, there are 337 candidates in the pipeline to become Education Coordinators in Virginia. Of these 337 candidates, there are:

- 18 candidates (5% of all applicants) fully eligible to attend the next EC Institute.
  - 6 candidates (2% of all candidates) who have not completed any of the requirements of the program
  - 287 candidates (85% of all candidates) who have not completed their required NREMT testing.
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## **Education Coordinator Institutes**

All EC institutes for the next year have been scheduled and are published on the OEMS website.

<https://www.vdh.virginia.gov/emergency-medical-services/education-certification/educator-resources/ems-instructor-resources/ems-education-coordinator-requirements/>

## **Education Coordinator Updates**

All EC Updates through September 2022 have been scheduled and are published on the OEMS website. As we indicated last year, ACE Division staff will not be traveling as much in 2022 as we did in 2021.

Registration is required to attend all EC/ALS-Coordinator updates and can be found online at: <https://www.vdh.virginia.gov/emergency-medical-services/ems-educator-update-schedule/>

## **Blackboard + Learn**

The Virginia Office of EMS has adopted Blackboard as a statewide Learning Management System (LMS) for certified EMS providers and students. Blackboard, together with Genius Student Information Systems, brings a new level of interactive training to Virginia's EMS system.

More information can be found on the OEMS website at: <https://www.vdh.virginia.gov/emergency-medical-services/education-certification/blackboard-help-center/>

**IMPORTANT NOTE:** While Virginia EMS providers have accounts established on the system, there is presently no publically available educational content on Blackboard. Please see timelines listed below.

### **January 2022 - March 2022**

Blackboard was rolled out to EMS Education Coordinators so that content can be created for all Virginia EMS providers to be able to access. This will include specific training from a Blackboard professional trainer. As content is created and made available to the public, Virginia EMS providers will find Blackboard to be a one-stop shop for CAT 1 and CAT 2 continuing education.

### **April 2022 Forward**

It is anticipated that certified EMS Education Coordinators will have started creating content for all Virginia EMS providers to be able to access on this system. Once there is content available, the general EMS provider community will be notified via the OEMS website.

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## EMS Training Funds

**Table. 1 – Virginia EMS Scholarship Program – FY22**

<b>Certification Level</b>	<b>Q1</b>	<b>Q2 (cum)</b>	<b>Q3 (cum)</b>	<b>Q4 (cum)</b>	<b>Amount Awarded (cum)</b>
EMR	0	0	0		\$0.00
EMT	188	231	419		\$ 348,279.00
AEMT	18	20	68		\$ 82,669.00
Paramedic	107	139	223		\$ 1,104,175.00
<b>Grand Total</b>	<b>313</b>	<b>390</b>	<b>710</b>		<b>\$ 1,535,123.00</b>

## Psychomotor Test Site Activity

- A. BLS Psychomotor Testing has been suspended indefinitely. A proposal to replace BLS psychomotor testing with Competency based verification by the Program Director and Medical Director has been approved by the Medical Direction Committee and will be an action item at the May Governor's Advisory Board meeting.

## Other Activities

- A. Debbie Akers continues to serve on the Competency Based Education workgroup and the Competency Based Education Steering Committee with the National Registry.
- B. Debbie Akers has been appointed to serve on the Advanced EMT Psychomotor Competency workgroup with the National Registry.



## **IV. Community Health and Technical Resources**

### **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 2022 Fiscal Year. The Regional Councils submitted their FY22 Third Quarter reports throughout the month of April, 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 held 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. A follow up work session will be held on May 4, 2022 to continue the work started in March.

OEMS staff have been holding COVID-19 updates via webinar with regional council staff and board members on a routine 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 entered into MOU agreements as 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, Northern Virginia, and Thomas Jefferson.

The Regional Council Redesignation Process is underway. In October 2021, the councils submitted their applications and supporting documents to the Regional Council Portal for review. Site reviews were conducted from March 16 through April 20, 2022. Following the site reviews, the review teams reported their findings and OEMS has compiled those findings and a final report presented to the EMS

Advisory Board for approval (**Please refer to Appendix D**). Following Advisory Board approval, the designation report will be presented to the State Board of Health on June 23, 2022.

## Medevac Program

The Medevac Committee met on May 5, 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 327 entries into the Helicopter EMS system in Q1 of the 2022 calendar year. 69% of those entries (226 entries) were for interfacility transports, which is consistent with information from previous quarters. The total number of turndowns is a decrease from 419 entries in Q1 of 2021. 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 currently underway for revision in 2022.

Review and revision of the State EMS Plan began in spring of 2022. Committee chairs, OEMS staff, and Regional EMS Council staff received the plan and guidance documents for the review and revision period.

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Reports from committees for edits will be compiled into a draft of the 2023-2025 State EMS Plan. The State EMS Plan will be presented to the State EMS Advisory Board for approval at their November 2022 meeting. Once approved by the EMS Advisory Board, the State Board of Health will be presented with the Plan for approval. CHaTR staff are 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>

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## State Rural Health Plan

For several months, the Office of Rural Health worked to develop the first State Rural Health Plan released since 2013. Members from the Office of Rural Health, the Office of Health Equity, and the Office of Emergency Medical Services collaborated on the document on a weekly basis since early May of 2020.

In early 2022, the Office of Health Equity received the final version of the plan. The plan is posted to the Office of Health Equity's webpage and was mailed to selected stakeholders. It is available for the public to view and can be found at the following weblink:

[https://www.vdh.virginia.gov/content/uploads/sites/76/2022/01/Virginia-Rural-Health-Plan\\_Book\\_POST\\_1-24-22\\_LR.pdf](https://www.vdh.virginia.gov/content/uploads/sites/76/2022/01/Virginia-Rural-Health-Plan_Book_POST_1-24-22_LR.pdf)

### **IV. Community Health and Technical Resources**

#### **Technical Assistance**

### **EMS Workforce Development Committee**

The EMS Workforce Development Committee (WDC) met on May 5, 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 canceled. CHaTR staff resumed instruction of EMSO1 at the 2021 Virginia EMS Symposium. Additional course offerings are being planned for 2022 including the VAVRS Rescue College in June.

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/>

### **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/>

<h2><b>EMS Recruitment and Retention</b></h2>
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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 formally met at the Virginia Beach Rescue Squad during the 2022 Virginia Fire Chiefs Conference. 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. In addition, CHaTR staff have been working with staff from WVEMS to restore the VAEMSJobs website.

### **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 was generated and the results of the needs assessment was presented to the EMS Advisory Board on March 11<sup>th</sup>, 2022.

A Tableau dashboard is being created from the responses to the 2012 and 2021 assessments and will be updated with data from subsequent assessments. Users will be able to identify trends in the EMS system and utilize regional data. The sizable dataset must undergo a data cleansing process before it can be visualized for the public.

### **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](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. The process for agencies to begin advertising to the public that they are providing MIH or CP service to the public will begin prior to July 1, 2022.

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.

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## EMS for Children (EMSC) Program

### VIRGINIA EMS for CHILDREN (EMSC) PROGRAM REPORT

#### Emergency Child Restraints Ready for Placement



A new shipment of grant-funded Emergency Child Restraints (4-110 lbs.) has arrived. EMS agency leaders with a legitimate need for these should contact the EMS for Children program ([david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov)) with their requests. Only one or two of these devices can be given to qualified agencies. For greater numbers of restraints we can recommend grant alternatives (RSAF) and note that appropriate restraint of children being transported by ground ambulance in Virginia is a priority issue. EMS agencies are strongly encouraged to adopt safety policies and procedures requiring the use of child restraints by their providers, and the Virginia EMSC program is available to assist in this.

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

#### 2022 Annual EMS Agency Survey Ends

The three-month national EMS Agency Survey ended March 31<sup>st</sup>. In Virginia, 289 of the eligible EMS agencies invited to take the survey (66% response) submitted an assessment to the [National Emergency Medical Services for Children \(EMSC\) Data Analysis Resource Center \(NEDARC\)](#) before the deadline. Results of the survey will be presented to the May 5 EMSC Committee meeting, and will then be disseminated to agencies around the state and posted on the EMS for Children website. The survey collected data on specific EMSC performance measures related to EMS agency Pediatric Champions and skills checking of provider pediatric skills.

EMS agencies across 58 US states and territories responded to the [EMS for Children Survey](#). States that accept EMS for Children State Partnership Grant funding through Health Resources and Services Administration (HRSA) are required to conduct these surveys annually to measure progress toward national EMSC performance measures.

#### Upcoming NRP Course Supported by EMSC Funding

The Virginia EMSC Program continues to offer support for pediatric courses like PEPP, NRP and ENPC in regions that have difficulty in accessing pediatric training. For example, there will be a Neonatal Resuscitation (NRP) course at the Shenandoah Valley EMS Expo in late May that is completely supported by EMSC funding. Please contact us if you are trying to set up a course and need support for instructors, fees, or materials to get these courses disseminated.

#### HandTevy Pediatric Systems Presentation to EMS for Children Committee

Dr. Peter Antevy is set to make a presentation to the EMS for Children Committee on May 5. The Commonwealth of Virginia is making the HandTevy Classic technology (with licenses for each of

your ALS providers) and one length-based pediatric tape for each permitted EMS vehicle at no cost to Virginia EMS agencies. Additionally, Virginia has negotiated discount pricing on durable equipment components of the HandTevy pediatric system if agencies choose to procure them. For additional information on adopting the HandTevy system for EMS agencies, please contact Tim Perkins, Director, Division of Community Health and Technical Resources (CHaTR) ([tim.perkins@vdh.virginia.gov](mailto:tim.perkins@vdh.virginia.gov)).

## **2021 National Pediatric Readiness Project (NPRP) Hospital Assessment Results**

The national hospital survey taken last summer has issued results. In the *Virginia 2021 National Pediatric Readiness State Summary*, the NPRP breaks down the data and makes meaningful comparisons to the previous NPRP assessment held in 2013-2014. The EMSC Program is disseminating these results to hospitals in Virginia via the Virginia Hospital and Healthcare Association (VHHA), and will post them on the Virginia EMSC website as well. The Virginia hospital response rate for this survey was 67% (of the eligible hospitals invited to participate).

## **National Training for Pediatric Champions Continues**

The [Pediatric Emergency Care Coordinator \(PECC\) Workforce Development Collaborative \(PWDC\)](#) began in September and runs through June 2022. The mission of this national collaborative, led by the Emergency Medical Services for Children Innovation and Improvement Center (EIIC), is to support healthcare professionals working in *prehospital and emergency department systems* to become effective pediatric champions (also known as PECCs—Pediatric Emergency Care Coordinators). Twenty-six Virginians, both hospital and prehospital, are participating in this collaborative.

## **Pediatric Emergency Care (PEC) Council Meets in Person Next Month**

The Pediatric Emergency Care Council is set to meet for two days during the 2022 NASEMSO Annual Meetings (June 20-23) in Charleston, South Carolina. EMSC managers from fifty states and several US territories comprise the Council, which advises the National Association of State EMS Officials (NASEMSO) on pediatric issues and collaborates with various federal agencies interested in pediatric emergency care.

## **Continued EMSC Recommendations to Hospital Emergency Departments:**

- Weigh AND record children in **kilograms** (*to help prevent medication errors*).
  - Include children specifically in hospital disaster/emergency plans.
  - Designate a **Pediatric Champion** (Pediatric Emergency Care Coordinator--PECC). *This is the single most important item a hospital can implement to ensure pediatric readiness, including patient safety.*
  - Ensure *pediatric* patients are included in the quality improvement process.
  - Review and adopt *pediatric safety policies* (radiation dosing, medication dosages, abnormal VS).
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## 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). The EMS for Children (EMSC) Program is a part of the Division of Community Health and Technical Resources (CHaTR), within the Virginia Office of Emergency Medical Services (OEMS). *If you have any difficulty connecting with David Edwards, please contact Tim Perkins via email ([tim.perkins@vdh.virginia.gov](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.*

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# 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**

- **Recharge Weekend EMS Continuing Education Conference**

Vincent Valeriano delivered his presentation, *The Good, The Bad, The Ugly: The State of EMS Provider Mental Health in Virginia*, at the Recharge Weekend EMS Continuing Education Conference. 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 answers 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>.

- **Virginia Emergency Management Association (VEMA) – Healthcare Caucus**

Sam Burnette continues to serve on the newly created Virginia Emergency Management Association's Healthcare Caucus. The caucus serves to bring all sectors of healthcare – hospital, pre-hospital, long-term care, etc.- together to discuss challenges and issues which impact the entire healthcare field.

- **Marcus Alert Coordination**

Karen Owens continues to participate in the bi-weekly meetings of the Marcus Alert Coordination group. The members of this group represent various state and regional organizations responsible for the implementation of the Marcus Alert program according to legislative requirements.

- **Virginia Emergency Support Team Exercise (VESTEX) 2022**

On Thursday April 28, 2022 Karen Owens participated in the annual VESTEX Exercise. This even allows the Virginia Emergency Support Team (VEST) to work with localities and other partners to test the emergency response capabilities in the event of a large-scale incident. Karen served in the state emergency operations center representing the Virginia Department of Health.

- **Critical Infrastructure Working Group**

Karen Owens continues to participate in the monthly meetings of the Critical Infrastructure Working Group. The meetings are an opportunity for agencies and organizations to share presentations on issues specific to different areas of critical infrastructure within the state.

<b>Training / Exercise</b>
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- **2022 Virginia Fire Chiefs Association Fire+Rescue Conference**

Sam Burnette presented at the Virginia Fire Chiefs Association Fire+Rescue Conference held in Virginia Beach February 21-26, 2022. He delivered an all-day course on Mass Casualty Incident Management (MCIM), an MCIM Train-the-Trainer course, as well as a presentation on suspicious activity reporting for first responders.

- **Vehicle Rescue**

The Division of Emergency Operations conducted several Vehicle Rescue courses during this quarter. These classes provide classroom lecture and hands-on learning to understand the process of stabilizing a vehicle before gaining access to a patient, as well as the tools and techniques needed to support vehicle rescue operations.

- **National Fire Academy – Virginia State Weekend**

Sam Burnette attended the Virginia State Weekend at the National Fire Academy in Emmitsburg, Maryland on March 26-27, 2022. He completed an NFA class “EMS Functions in ICS”. The class provided information and guidance on how first responders can structure EMS resources into the Incident Command System for different incident types. As an approved National Fire Academy instructor, Sam will be able to offer this program to EMS providers and agencies throughout the state.



- **Virginia Fusion Center – Fusion Liaison Officer (FLO) Training Program**

Sam Burnette assisted the Virginia Fusion Center (VFC) in the delivery of a Fusion Liaison Officer Training Program held at the Roanoke County Public Safety Center on March 30, 2022. He delivered a presentation on suspicious activity reporting (SAR). The program had over 45 participants which included state and local representative from law enforcement, fire, EMS, emergency management, and 911 centers.

- **Virginia Department of Emergency Management – Complex Coordinated Attack (CCA) Exercise**

Sam Burnette has been serving on the Virginia Department of Emergency Management (VDEM) Region I Complex Coordinated Attack Exercise Planning Team for an upcoming CCA Tabletop Exercise in Richmond.

## **Communications / 911 Centers**

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

During this quarter, Sam Burnette continued to participate 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.

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

Sam Burnette represented the Virginia Office of EMS at the March 29, 2022, meeting of the Statewide Interoperability Executive Committee held at the Virginia Department of Transportation Traffic Operations Center in Colonial Heights.

- **Public Safety Communications Testing Project**

The Virginia Office of EMS recently purchased a PCTel Public Safety Network Testing Solution which can conduct both in-building and drive tests for public safety land mobile radios and cellular systems. This pilot program will explore cellular and radio coverage areas for EMS agencies in the state.

## **Planning**

- **Heat Related Illness Planning**

Karen Owens participated in a meeting with other VDH partners to discuss updates of the heat-related illness planning documents shared within VDH. The meeting was an opportunity to update planning documents shared with the local health districts.

- **Central Virginia Healthcare Coalition**

Karen Owens continues to represent the Virginia Office of EMS on the Central Virginia Healthcare Coalition during their monthly meetings.

- **Health and Medical Preparedness Council**

Karen Owens continues to serve as the Chair of the National Association of State EMS Officials (NASEMSO) Health and Medical Preparedness Council (HMPC). During this quarter Karen conducted meetings of the council and also worked to prepare for the annual meeting in June. Topics during the meetings included radiological health, mass casualty incident management planning, and how to increase involvement from each state in the council.

- **Tidewater EMS Council (TEMS) and Hampton Roads Metropolitan Medical Response System (HRMMRS) Mass Casualty Plan Update**

On April 21, 2022, Sam Burnette participated in the initial steering committee meeting for a Tidewater EMS Council project to update the Hampton Roads Mass Casualty Incident (MCI) Response Guide. TEMS has contracted with The Olsen Group to facilitate the project. The steering committee consisted of representatives from TEMS, PEMS (Peninsula EMS Council), municipal and private EMS agencies, the Hampton Roads Fire Chiefs, the Hampton Roads Police Chiefs, a 911 center, Tidewater emergency room nurses, and other subject matter experts. Updates to the MCI Response Guide will later be evaluated through a regional exercise.

- **NASEMSO Public Health & Emergency Management Project**

Karen Owens participated in initial meetings of the NASEMSO Public Health & Emergency Management project, looking to develop model statewide emergency guidelines for EMS and 9-1-1 collaboration and coordination. The meeting provided an opportunity for the project plan and timeline to be shared with committee members.

## **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:

- January – Wear Blue Day
  - <https://www.vdh.virginia.gov/content/uploads/sites/23/2022/01/Wear-Blue-Day.pdf>
- February – RSAF Grants for EMS Resiliency & Wellness
  - <https://www.vdh.virginia.gov/content/uploads/sites/23/2022/02/RSAF-Grants-for-Mental-Health.pdf>

- March – Fatigue Risk Analyzer
  - <https://www.vdh.virginia.gov/content/uploads/sites/23/2022/03/Risk-Analyzer-Tool-.pdf>

- **Health and Safety Webinars**

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

- *NASEMSO: Fatigue Risk Management in EMS: Project Summary and Webtool Demo*  
Five years after its launch, the Fatigue in EMS Project made available through funding support from the National Highway Traffic Safety Administration reached its conclusion with the launch of a biomathematical model/fatigue risk analyzer for EMS personnel. The Fatigue Risk Analyzer is an excellent tool that can help agencies estimate fatigue risk in personnel and make decisions about shift schedules and its impact on safety. The webinar summarized the project and provide a live demonstration of the new web tool.

- *IPSA: Exercise and the Brain: Benefits for First Responders*  
First responders are often encouraged to engage in physical activity as a means of maintaining physical health and physical agility for their respective work duties. However, seldom is there a discussion about the significant benefits physical activity has on mental health and emotional wellness. This webinar discussed the impact of physical activity on the brain, subsequent neurochemical changes that directly impact emotional well-being, specific brain-related changes that may be of benefit to first responders and the significant impact physical activity has on emotional resilience.

- *IPSA: Preparing for a line of duty death: What you need to do in the first 24hrs and weeks that follow*

Working as a first responder is inherently dangerous. Tragically, many first responders pay the ultimate sacrifice and lose their life while on the job. This webinar addressed how departments and fellow first responders can prepare for the occurrence of a line of duty death, how to be proactive prior to a tragedy, what to expect, and what you need to do, during the first 24 hours of an event and the days/weeks that follow. The presentation ended with a discussion about what to expect in the long-term aftermath (e.g. benefits, future commemorative services).

- **CISM and Peer Support Accreditation**

Karen Owens conducted meetings with multiple agencies interested in completing the CISM and Peer Support Accreditation process. Applications that were received during this quarter will be submitted for final approval to the Provider Health and Safety Committee during the May 5, 2022 meeting.

# **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 (January - March)*

- **February 25, 2022** - Training Opportunity from Local Health System - Emergency General Surgery, Surgical Critical Care and Trauma - April 22, 2022
- **March 18, 2022** - EMS Training Opportunity - TIDEWATER HEALTHCARE EDUCATION EXPO, May 10-15, 2022

##### *Via Social Media Outlets*

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

- **January** – Inclement weather office closing, Nationally Renowned Handtevy System press release, National Human Trafficking Awareness Day, Virginia Office of EMS' guidance specific to Governor Northam's Executive Order 84 - January 10, 2022 - Declaration of a Limited State of Emergency and voluntary EMS survey about certified paramedics obtaining an associate's degree in the paramedicine field.
- **February** – Provider health and safety bulletin –RSAF for resiliency and wellness, EMS survey regarding response to traumatic medical calls and how they may impact EMS providers, Virginia EMS portal database maintenance and EMSC pediatric readiness in EMS systems survey.
- **March** – Virginia EMS portal database maintenance, National Association of State EMS Officials' Fatigue Risk Analyzer, Emergency Operations job opening, Virginia Office of EMS' Guidance Document - Changes to Virginia Scope of Practice (formulary & procedures), Virginia Office of EMS' Guidance Document - "Other Do Not Resuscitate Order," regarding accepted

"Other DNR Order" forms and launch of new and free CE training opportunity for certified Virginia EMS providers & students delivered by VectorSolutions.

### Customer Service Feedback Form (Ongoing)

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

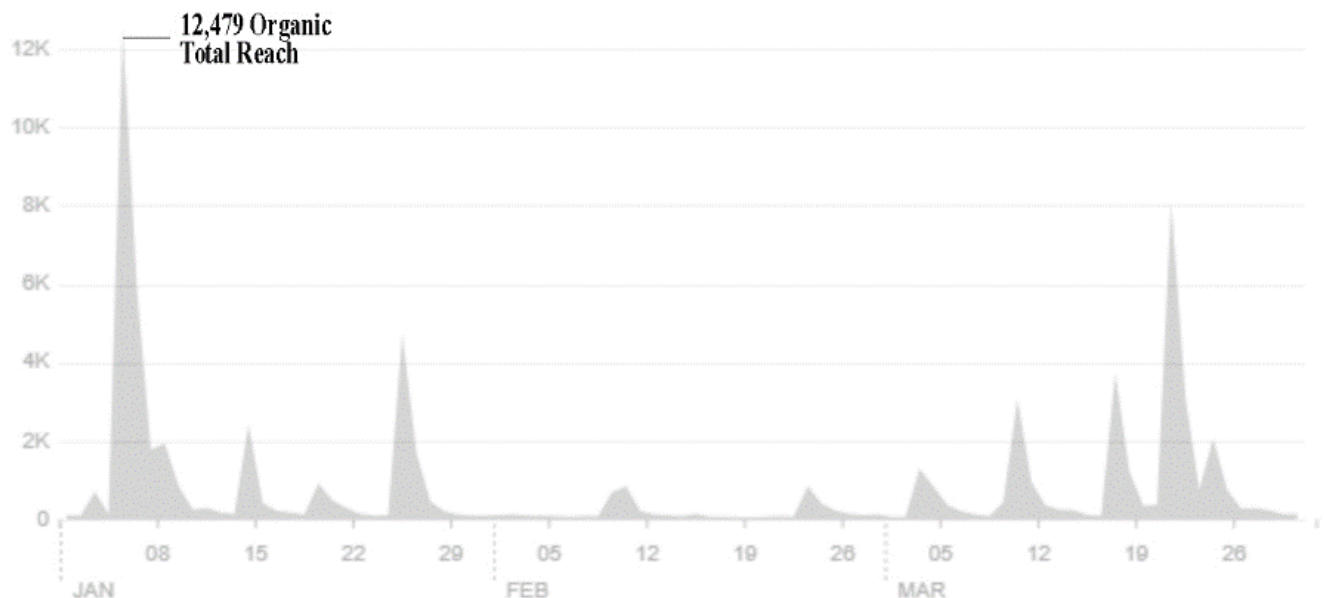
## Social Media and Website Statistics

As of April 27, 2022, the OEMS Facebook page had 8,742 likes, which is an increase of 172 new likes since February 1, 2022. As of April 27, 2022, the OEMS Twitter page had 5,317 followers, which is a decrease of 6 followers since February 1, 2022.

**Figure 1:** This graph shows the total organic reach\* of users who saw content from the OEMS Facebook page, January - March. Each point represents the total reach of organic users in the 7-day period ending with that day. **Our most popular Facebook post was posted on January 5, 2022. This post garnered 22,297 people reached and 3,676 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  
Jan. 1 - March 31, 2022



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

popular tweet received 1,104 organic impressions.

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



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

January	<ol style="list-style-type: none"> <li>1. TR-57 Virginia Recertification Requirements (309)</li> <li>2. Authorized Durable Do Not Resuscitate Form (302)</li> <li>3. How to affiliate non-EMS certified personnel (262)</li> <li>4. RSAF grant awards list 2021-2022 (262)</li> <li>5. RSAF fall 2021 grant announcement (249)</li> </ol>
February	<ol style="list-style-type: none"> <li>1. TR-06 Course Roster (214)</li> <li>2. Quick Guide NREMT Recertification (167)</li> <li>3. EMS TPAM manual (122)</li> <li>4. EMS Scholarship Quick Guide (110)</li> <li>5. RSAF spring 2022 grant announcement (104)</li> </ol>
March	<ol style="list-style-type: none"> <li>1. Quick Guide NREMT Recertification (639)</li> <li>2. Scope of Practice Procedures (527)</li> <li>3. Scope of Practice Formulary (490)</li> <li>4. Scope of Practice Guidance Document (398)</li> <li>5. Authorized Durable Do Not Resuscitate Form (366)</li> </ol>

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

	Unique Pageviews	Average Time on Page (minutes: seconds)	Bounce Rate (Average for view)
January	10,002	00:51	26.41%
February	8695	00:53	27.63%
March	15,358	00:53	28.2%

## 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 Week

- PR Assistant submitted the 2022 EMS Week Proclamation to the Governor's Office.
- PR Assistant will prepare the EMS Week letter and electronic guide to be sent to all EMS agencies.
- PR Coordinator will prepare the EMS Week press release, website info and social media shareables.

## Governor's EMS Awards Program

- PR Assistant designed the 2022 Regional EMS Awards flyer.
- PR Assistant and PR Coordinator attended the EMS Awards workgroup meeting on January 12 to review and update the Governor's EMS Award nomination forms.
- PR Assistant and PR Coordinator attended the Governor's EMS Awards Committee meeting to finalize and approve the updated award nomination forms.

## Media Coverage

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

- Feb 03, 2022 – Reporter from MaddRapp inquired about an EMS agency inspection in Rappahannock County.



## 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:

- **January - March** – The PR Coordinator is responsible for working with the Communications Office to assist with coverage for media alerts, VDH in the News, weekly Commissioner's message, media assistance, team editor, VDH social media, Shutterstock agency-wide image requests and other duties upon request.
- The PR Assistant is responsible for sending VDH media alerts, updating the VDH new employees' photos for the VDH intranet, replying to website feedback via the VDH website, coordinating and sending the Commissioner's clinician letters. The following Clinician Letters were sent from January - March:

- COVID-9 Update for Virginia – January 11, 2022
- COVID-19 Update for Virginia – February 10, 2022
- COVID-19 Update for Virginia – February 17, 2022
- COVID-19 Update for Virginia – March 10, 2022
- 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.

# **Division of Regulation & Compliance Enforcement**



## **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
- Endorsement of EMS Physician (Operational Medical Director)
- Background Investigations (review finger-print based criminal histories)
  - Determine eligibility for EMS certification and/or affiliation in Virginia
- Litigate on behalf of the OEMS in appeal hearings to defend enforcement actions
- 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 OEMS representation
  - 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

*We perform these tasks to protect the health, safety, and welfare of the public when accessing or utilizing the EMS System in the Commonwealth of Virginia.*

The following is a summary of the Division's activities for the first quarter, 2022:

<b>EMS Agency/Provider Compliance Enforcement Activity</b>							
<b>Enforcement</b>	<b>2022 1st Quarter</b>	<b>2022 2nd Quarter</b>	<b>2022 3rd Quarter</b>	<b>2022 4th Quarter</b>	<b>2022 YTD Totals</b>	<b>2021 Totals</b>	<b>2020 Totals</b>
<b>Citations</b>	<b>6</b>				<b>6</b>	<b>19</b>	<b>29</b>
EMS Agency	1				1	5	10
EMS Provider	5				5	14	19
<b>Verbal Warning</b>	<b>1</b>				<b>1</b>	<b>7</b>	<b>7</b>
EMS Agency	0				0	2	1
EMS Provider	1				1	5	6
<b>Correction Order</b>	<b>4</b>				<b>4</b>	<b>18</b>	<b>6</b>
EMS Agency	2				2	7	0
EMS Provider	2				2	11	6
<b>Suspension</b>	<b>9</b>				<b>9</b>	<b>28</b>	<b>34</b>

EMS Agency	3				3	3	0
EMS Provider	6				6	25	34
<b>Revocation</b>	<b>0</b>				<b>0</b>	<b>6</b>	<b>0</b>
EMS Agency	0				0	0	0
EMS Provider	0				0	6	0
<b>Compliance Cases</b>	<b>63</b>				<b>63</b>		
Investigations Opened	63				63	196	180
Investigations Closed	62				62	173	168
<b>Drug Diversions</b>	<b>6</b>				<b>6</b>	<b>11</b>	<b>10</b>
<b>Variances</b>	<b>26</b>				<b>26</b>	<b>96</b>	<b>87</b>
Approved	5				5	50	49
Denied	21				21	44	38
<b>RSAF Grant Verifications</b>	<b>61</b>				<b>61</b>	<b>195</b>	<b>258</b>

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

Licensure	2022 1st Quarter	2022 2nd Quarter	2022 3rd Quarter	2022 4th Quarter	2021 Total	2020 Total
<b>Total Agencies</b>	563				566	573
New Agency	0				7	10
New Vehicles	112				295	232
<b>Inspections</b>	517				3121	3082
Agencies Inspected	76				321	250
Vehicles Inspected	270				2429	2683
Unscheduled "Spot" Inspections	171				308	149

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

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There were no Administrative Processes Act - Informal Fact Finding Conferences (hearings) held during this quarter.

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

### Background Investigation Unit

Background Checks	2022 1st Quarter	2022 2nd Quarter	2022 3rd Quarter	2022 4th Quarter	2021 Total	2020 Total
OEMS Processed	2,088				9,813	6,410
Eligible	1,986				9,249	6,310
Non-Eligible	6				34	54
Review Criminal history	304				1,225	430
Outstanding Waiting for results	121				Not Cumulative	Not Cumulative
Rejected Fingerprint cards	6				51	56
Jurisdictional Ordinance Processed	96				530	1,119

### EMS Physician Endorsement

Operational Medical Directors	2022 1st Quarter	2022 2nd Quarter	2022 3rd Quarter	2022 4th Quarter	2021 Total	2020 Total
Endorsed	229				228	208
New OMD's	5				9	18
Re-Endorsed (5yr)	8				44	20
Conditional (1yr)	0				6	14
Expired Endorsement	5				11	8

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. OMD Workshops held this quarter were as follows: Rappahannock EMS Council (Feb 9), Northern Virginia EMS Council (Mar 3), Blue Ridge EMS Council (Mar 16)

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 State EMS Advisory Board Committee’s must approve/deny Chapter 32 edits.
- July and August 2022 State 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 State EMS 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 February 16<sup>th</sup> through 18<sup>th</sup> at the Office of EMS in Glen Allen, VA.
- ❖ Division Task Team(s) met on February 16<sup>th</sup> to work on Regulation & Compliance Enforcement Division specific work projects and templates.
- ❖ Division Leadership Team (Division Director & Field Supervisors) met February 16<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 on behalf of OAG.
- ❖ Attended the following State EMS Advisory Board and Committee meeting(s)
  - January 5<sup>th</sup> – Rules & Regulation Committee Meeting
  - January 6<sup>th</sup> – Medical Direction Committee Meeting
  - January 6<sup>th</sup> – EMS for Children Committee Meeting
  - February 4<sup>th</sup> – Trauma Program Manager Workgroup Meeting
  - February 4<sup>th</sup> – Trauma Advisory Group Meeting
  - March 10<sup>th</sup> – Medevac Committee Meeting
  - March 10<sup>th</sup> – Trauma Pre-hospital Committee Meeting
  - March 10<sup>th</sup> – EMS for Children Committee Meeting
  - March 10<sup>th</sup> – State Advisory Board Executive Committee Meeting
  - March 11<sup>th</sup> – Legislative and Planning Committee Meeting
  - March 11<sup>th</sup> – State EMS Advisory Board Meeting
  - March 11<sup>th</sup> – EMS Advisory Board Orientation for new appointee's
- ❖ Meeting(s) with OIM on development of EMS portal updates (bug-fixes) for non-certified affiliated members of EMS agencies.

- Portal Update was released on Saturday, April 23<sup>rd</sup> and corrected all know defects relating to this process.
- ❖ 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 Jan 13, Feb 10 & 21, Mar 10 & 15 and the NASEMSO Code of Ethics meeting on March 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 for non-certified EMS agency members and apply for agency affiliation, prior to submitting finger prints for background checks.*
  - There are 10 division subtabs as follows:
    - Agency Licensure
    - Regulation
    - Guidance Documents
      - *NEW – Scope of Practice explanation of “red dots”*
      - *EVOC Equivalent Listing – (UPDATED)*
      - *Who Must Submit Fingerprints – (UPDATED)*
    - Criminal History Record
      - *Who Must Submit Fingerprints – (UPDATED)*

- Fingerprint Submission
  - *NEW - Instructions how to create portal accounts for non-certified EMS agency members and apply for affiliation, prior to submitting finger prints for background checks.*
- EMS Interstate Compact (REPLICA)
- Data Compliance Report
- Durable Do Not Resuscitate (DDNR)
- EMS Medical Directors
  - *New - 2022 OMD workshop schedule (UPDATED)*
  - *Scope of Practice Documents (Formulary & Procedures) UPDATED*
- 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.*

## **Regulation and Compliance Enforcement Division Structure Profile**

### **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/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.virginia.gov](mailto:Douglas.Layton@vdh.virginia.gov)) – *Shenandoah*

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

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

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

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

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

### **I. Trauma and Burn Center Designation and Verification Reviews CY 2022**

- A. Two burn center reviews performed
- B. Five trauma center reviews performed
- C. One trauma consultative visit performed

### **II. Trauma Site Review Team—Augmentation**

- A. Trauma Surgeons—Three completed orientation, one scheduled for orientation
- B. ED Physicians— One completed orientation, One scheduled for orientation
- C. Critical Care Nurse Reviewers—Two completed orientation
- D. Administrative Reviewers—One scheduled for orientation

### **III. Division Staffing**

- A. Division Manager position reposted last week
- B. Administrative Assistant—plan to acquire a contractor for clerical and administrative support services

### **IV. Projects**

- A. Trauma Designation Manual/Application Materials—TPM Workgroup
- B. Rebuilding Trauma Advisory and Governance Committees/Subcommittees Membership and Participation



# **Central Shenandoah EMS Council**



## **IX. Central Shenandoah EMS (CSEMESC) Regional Office**

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

### **I. [Trauma Triage Plan](#)**

- A. The Trauma Triage plan was updated in April 2021 and includes resources specific to the CSEMS area. The CSEMS Board reviewed and approved the trauma triage plan in January of 2022 with no recommended changes. The plan is included in [Appendix A](#) of the [CSEMS Quarterly Report](#).

### **II. [Regional Stroke Plan](#)**

- A. The stroke plan was developed and updated in 2020. The CSEMS Board reviewed and approved the plan in January of 2022. The plan is included in [Appendix B](#) of the [CSEMS Quarterly Report](#).

### **III. [Strategic EMS Plan](#)**

- A. The [Strategic EMS Plan](#) has been in development since the start of the transition to a Hybrid Regional Office. A draft has been sent to the [Board of Directors](#) for review in the [April 26, 2022 meeting](#). A copy of this draft is included in [Appendix C](#) of the [CSEMS Quarterly Report](#).

#### IV. [MCI/WMD/EID Plan](#)

- A. The [Regional MCI Plan](#) was last updated Winter 2017. A draft copy of the interim plan that was completed based on the work completed at the onset of the Pandemic and is included in [Appendix D](#) of the [CSEMS Quarterly Report](#). Due to the pandemic the scheduled update to the MCI Plan was interrupted and was not completed previously. A draft copy of the interim document has been sent to the [Board of Directors](#) for review in the [April 26, 2022 meeting](#). A workgroup has been formed from regional providers to review and to continue updating this plan. Below is the proposed workgroup that represents numerous stakeholders in the region.

Name	Representation
Donnie McBrayer	VMI
Adam Nulty	City of Staunton Fire
Matt Lawler	Augusta County Fire and Rescue
Dustin Gladwell	Rockingham County Fire and Rescue
Jeremy Wampler	Grottoes Fire Dept
Thomas Andrews	Rockbridge County
Carl Williams	Highland County EMS
Leigh Gagliano	SARS
Kelby Smith	Hot Springs Rescue Squad
Anthony B. Ramsey	Augusta County PSAP
Christine E. Bandy	Staunton PSAP
Hilary Cronin	CSHD
Steve Powell	Rockingham County Fire and Rescue
Travis Karicofe	Harrisonburg Fire and EMS
Ron Clinedinst	NWRHC
Ashley Waite	NWRHC
Charles D. Feiring	CSEMS-VDH-VAOEMS

Dates to review MCI Plan are currently being scheduled, and the [Agenda](#) is pending.

#### V. CTS Schedule

- A. Pending the release of the new National EMS Education Standards (NEMSES), Consolidated Testing Services (CTS) have been suspended through 2022, as directed by the Virginia Office of EMS, Division of Accreditation, Certification and Education. The State Medical Direction and Training and Certification Committees are developing proposals to revise the psychomotor competency assessment process for EMT certification.

## VI. [CIPS Team Updates](#)

A. The CIPS team has been very active in 2022. The Team now has 22 active members and 5 clinicians on the team. See [Appendix E](#) in the [CSEMS Quarterly Report](#) for a current Roster. The team also has several new applications in the queue for review. The team has hosted an ICISF Assisting Individuals and Groups in Crisis Class to facilitate training for the team. The team also hosted a Mental Health First Aid course.

B. [Lighthouse App](#)- CSEMS has been working with Apex Mobile to create a mental health resources app through Lighthouse for the region's providers. This App is live for providers and the CIPS team is able to send notifications through it. See [Appendix E](#) in the [CSEMS Quarterly Report](#) for a link to download and view the app.

## VII. [RSAF Information](#)

- A. RSAF Grant information was provided to the region's EMS agencies through announcements on the [CSEMS Website](#) and [social media](#). Images of the postings are included in [Appendix F](#) of the [CSEMS Quarterly Report](#). For the Spring 2022 RSAF cycle, eight (8) EMS agencies applied for grants, for a total of nineteen (19) items, summarized as follows:

Item Description	QTY	Total Cost	Requested State Funds
Ambulances	4	\$1,141,660.00	\$818,754.20
Patient Movement Devices	2	\$27,095.09	\$21,676.07
Automated CPR Devices	1	\$15,894.20	\$12,715.36
Pediatric Equipment Bags	4	\$1,992.70	\$1,594.16
Pediatric Patient Care Equipment/Med Guides	4	\$3,547.37	\$2,837.90
Manikins	2	\$36,502.38	\$29,201.90
Manual Cardiac Monitor-Defibrillator	2	\$69,967.00	\$55,973.00
<b>Totals for Requested items</b>	<b>19</b>	<b>\$1,296,658.74</b>	<b>\$942,752.59</b>

## VIII. [Regional Meetings](#)

- A. CIPS Team Meeting - January 11, 2022
- B. Medical Control Review Committee - March 17, 2022
- C. Pharmacy Subcommittee - January 13, 2022
- D. CSEMS Board of Directors - January 25, 2022
- E. RSAF Virtual Grant Meeting- March 28, 2022

## IX. Position Vacancies

- A. On January 25, 2022, Laurie Cook filled the final remaining OEMS position as the Administrative Staff Specialist. Laurie has served CSEMS as an employee of the Council for more than 10 years, and was recognized last year by the Board of Directors for her dedication and excellent customer service. Laurie brings many years of administrative experience as an office manager for health care systems and the EMS Council, as well as experience coordinating one of the largest American Heart Association Training Centers in the state at CSEMS. This quarter, Laurie spent a significant amount of time completing the necessary onboarding training as a Virginia Department of Health employee, and has continued to be an excellent resource for Virginia's EMS system.



*Photo 1 - Laurie Cook, Administrative Staff Specialist*

## X. [Quarterly Financial Reports](#)

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

## XI. [Community Training Center](#)

- A. The AHA Training Center has continued to offer classes with reduced capacity, social distancing, enhanced



disinfecting, and 1:1 student-to-manikin ratios due to COVID-19. Off-site classes were limited to familiar sites, where COVID-19 precautions exceeding minimum CDC guidelines could be exercised. FY22 Third Quarter showed an increase in classes and participants by 115 certifications over the previous quarter. In January, the Training Center offered the BLS Instructor Course and the Heartsaver Instructor course. Due to increased demand, another will be scheduled on May 11, 2022. A detailed AHA Training Center Activity Report is included in [Appendix I](#) of the [CSEMS Quarterly Report](#)

- B. The Central Shenandoah EMS Council obtained authorization as a Training Center for the National Association of EMTs. In the near future, courses may be offered in Prehospital Trauma Life Support, Advanced Medical Life Support, Principles of Ethics and Personal Leadership, EMS Safety, and the Community Paramedicine series. Due to the COVID-19 Pandemic and delays in onboarding new staff under the hybrid model, NAEMT courses were delayed. A second AMLS Provider Hybrid Course was held on March 1, 2022, and participants were given the option to enroll as instructor candidates. A class has been scheduled for April, 2022 to monitor these students to complete their instructor requirements. This summer, plans are in place to conduct PHTLS classes to build a pool of instructors for this discipline.



## **XII. [Technical Assistance](#)**

- A. CSEMS started tracking requests for technical assistance in the middle of January 2022. Several categories of requests were developed, using a help desk model. The council is able to track the progress of problems and their respective solutions. Using [Monday.com](#) the entire staff has the opportunity to view the problem list and provide suggestions/solutions to each problem. As a matter of accountability, a person on the staff is assigned as the lead in providing a solution to the problem posed by customers. Charts are located in [Appendix J](#) of the [CSEMS Quarterly Report](#)

## **XIII. [Staff Professional Development Activities](#)**

- A. OEMS Regional staff are encouraged to participate in professional development activities to enhance their performance and grow their skills for future opportunities. Staff are regularly encouraged to pursue advancement opportunities within the organization, and continuously develop cross-functional relationships to improve continuity of operations. Certain activities are required for all staff on a regular basis and/or upon employment and onboarding. A

summary of this quarter's professional development activities is included in [Appendix K](#) of the [CSEMS Quarterly Report](#).

#### **XIV. [Participation in State Meetings](#)**

A. CSEMS staff participate regularly in state committee meetings under the state EMS Advisory Board. A list of meeting activity at the state level is included in [Appendix L](#) of the [CSEMS Quarterly Report](#)

#### **XV. Other Regional Support Activities, Projects and Organizational Developments**

- A. Vicky Anderson and Laurie Cook continue to provide N95 Fit Testing for 6 PA students at Murphy Deming College of Health Sciences.
- B. Full-time staff participate in a weekly VDH Agency Forum each Wednesday morning.
- C. Daniel Linkins participates in Bi-weekly Regional EMS Council Director meetings.
- D. Staff rotated participating in monthly meetings with the Augusta County Emergency Officers Association
- E. Staff rotated participating in monthly meetings with the Rockbridge Volunteer Emergency Officers Association
- F. CSEMS and REMS councils have continued a monthly Regional EMS Office Staff Exchange Program to foster collaboration, synchronize operations, and improve continuity of operations across regions. Ron Passmore, Division Director of Regulation, Compliance and Enforcement will be joining the exchange program in the next quarter. This quarter, CSEMS and REMS collaborated to establish REMS as a site under the CSEMS NAEMT Training Center for provider education, and upgraded simulation equipment in the REMS office. Additionally, directors worked to compile a list of needed training equipment, and to outfit the regional mobile simulation laboratories.
- G. Daniel Linkins and Charles Feiring continued work on the Rare and Underserved Healthcare (RUSH) for Children in collaboration with the Marcus Allen and Sandra Woodward from the VDH Office of Family Health Services and the Care Connection for Children, Dave Edwards from the OEMS EMS for Children Program, Jonathon Feit from Beyond Lucid Technologies, Steven Powell from

Rockbridge County Fire-Rescue, Margaret Fisher from Unite Us, and Scott Winston from OEMS.

- H. Daniel Linkins continued participation in Surge Plan discussions for the Staunton-Augusta-Waynesboro region until meetings were suspended with declining COVID-19 cases.
- I. Charles Feiring participated in monthly conference calls with the Northwest Regional Health Care Coalition.
- J. Daniel Linkins continued weekly information sharing sessions with Assistant Director, Scott Winston and the directors of the Hybrid Regional EMS Offices each Tuesday morning.
- K. Daniel Linkins, Wayne Perry, and Scott Winston met with Assistant Attorney General Krista Samuels to discuss policy and legislation regarding regional councils and OEMS staff support functions, as well as CISM challenges with mental health clinicians on January 19, 2022.
- L. Charles Feiring participated in the Sentara RMH EMS Task Force meeting on January 27, 2022
- M. Staff reviewed the Continuity of Operations Plan on January 31, and March 23, 2022.
- N. Daniel Linkins, Becky Anhold, and Charles Feiring supported Rockingham County Fire-Rescue in providing moulage for quarterly Mass Casualty Incident training on February 8, 10, and 15, 2022.
- O. CSEMS hosts and actively participates in monthly meetings of the Staunton West End Business Association, and joined other business owners in cleaning up litter on February 12, 2022.
- P. Daniel Linkins participated in the Blue Ridge Community College EMS Advisory Committee meeting on February 18, 2022.
- Q. Daniel Linkins and Dr. Asher Brand conducted a forum to understand the impact of recently released information about limitations of the [Physio-Control LP-15 in defibrillation of children in AED mode](#) on February 25. Discussions are ongoing.



- R. In February, 2022, CSEMS staff began collaborating with stakeholders from Augusta Health, Blue Ridge Community College, Carilion Lifeguard, Sentara RMH Medical Center, and PHI AirCare5 to launch the first annual [Shenandoah Valley EMS Expo](#). The Expo is scheduled for 5/21/2022, and registration opens on 4/1/2022. The event will wrap up this year's EMS week activities.
- S. On February 25, Daniel Linkins participated in a VDH Human Resources forum to provide insight into challenges with the Shared Business Service model at VDH.
- T. CSEMS continued to assist mobile vaccines through February. As system demands slowed, The Mobile Vaccine Provider program was an effort that provided at-home vaccinations to homebound patients in collaboration with the Central Shenandoah Health District, Augusta County Fire Rescue, Rockbridge County Fire Rescue, Waynesboro Fire Department, and Waynesboro First Aid Crew.
- U. On March 7-9, Daniel Linkins joined the other Regional EMS Council Directors and Central Office staff of OEMS in a retreat to review and revamp the regional council MOU with OEMS. The outcome of this was a new customizable work plan approach to regional EMS system delivery. This will provide more flexibility and ensure relevant services are provided to each region as needs demand.
- V. After extensive delays, the Commonwealth of Virginia (COV) IT infrastructure installation in the Central Shenandoah Regional Office of EMS began in March, 2022.
- W. Building upgrades were initiated in March, 2022 to improve security access and tracking of the CSEMS facility. This system will also permit access from key stakeholders in OEMS using a common infrastructure (key fob) with other state facilities.
- X. On March 16, 2022, Daniel Linkins participated in a regional planning meeting with the Central Shenandoah Planning Commission to review future road designs in the area.
- Y. On March 25, 2022, Daniel Linkins met with Mohamed Abamin, Sr. Policy Analyst at OEMS, and representatives from Qlarion to discuss future opportunities to use data for EMS system development and improvement.

- Z. Amanda Loreti attended and completed an OEMS Education Coordinator Institute January 25-27.
- AA. On February 15th, Amanda Loreti hosted and attended for the CIPS team the Mental Health First Aid Course.
- BB. On February 16, 17, 2022, Amanda Loreti attended a virtual ICISF class for Advanced Assisting Groups in Crisis.
- CC. On March 24, Amanda Loreti gave a Healthy Minds, Healthy Lives presentation for Stuarts Draft Rescue Squad for their training night. The training was well attended and received.
- DD. Becky Anhold went to Highland County Rescue Squad on March 21, 2022 and taught OB Emergencies.
- EE. Mount Solon Vol Fire & Rescue Squad held a CE Day on March 26, 2022. Charles Feiring taught a class titled "Komplacency Kills" on the topic of how complacency of our first responders are killing our patients, fellow responders, and general public.
- FF. James Larrick implemented a tether system for CS tubes in the new drug box layouts and began implementing them. Boxes previously in the system are being updated when pharmacy personnel notify CSEMS.
- GG. James Larrick, Charles Feiring and Laurie Cook worked on transitioning ST boxes to the new layout. New boxes in field service number 120 at the end of quarter; nearly doubling the number of boxes in the field. The remaining EMS agencies for exchange are in Augusta County and there are 5 agencies still to exchange with RMH.
- HH. CSEMS ordered 100 new boxes to replace losses and are awaiting delivery. The ordered boxes are predicted to be enough to finish exchanges.

# **Blue Ridge EMS Council**



## **X. 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 Leadership, 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 3<sup>rd</sup> quarter FY 2022:
    - BREMS Regional EMS Regional Director's meetings and conference calls during the quarter
    - Virginia Heart Attack Coalition (VHAC)
    - Medical Direction
    - BREMS Staff Meetings
    - RSAF Grant Review (April 12<sup>th</sup>, 2022)
    - Continuous Quality and Performance Improvement (CQI)
    - Accelerated Paramedic Program (APP)
    - Centra Trauma Team Conference
    - Centra Chest Pain and VHAC Meetings

- VDH Stroke Coverdell
- ASTHO Stroke Grant
- 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 3<sup>rd</sup> quarter:

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

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

A. To fulfill regional responsibilities of the BREMS Council, the following meetings were conducted in the 3<sup>rd</sup> quarter of FY 22:

- Board of Director's meeting- March 8<sup>th</sup> and Grant Review on April 12<sup>th</sup>.
- Multiple meetings between BREMS staff, EMS Provider Workgroup, 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 is waiting to receive the draft lease from the landlord's attorney.
- As of March 2022, BREMS is waiting on approval of the Recruitment of the BREMS full time EMS Education Coordinator position. Position has been classified and compensation pay level determined.
- Currently during the 3<sup>rd</sup> quarter, our efforts have been largely spent on strategic planning and will continue this effort into the fourth quarter of FY 22.

C. Professional Development

- BREMS staff continue to work on VDH trainings offered during the 2<sup>nd</sup> and 3<sup>rd</sup> quarter of FY 22.

D. BREMS Office

- In January, BREMS introduced our new logo. It has been well received.
- BREMS office is currently teleworking as of January 6, 2022. Staff is in the office periodically for in person meetings and as needed. BREMS will re-evaluate this process the end of the 4<sup>th</sup> quarter FY 22.
- BREMS staff continue to coordinate day to day operations.
- Many of the regional EMS council meetings/quarterly meetings are still currently being offered in a virtual format to meet the needs of the Board members, providers, and all stake holders. There are still in person meetings taking place as well.

**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 & STEM!

We worked with DART (Data to Action Resource Team) and the Centra

STEMI team on data review,

- We worked with this team to include EMS data in our region to report overdoses emergencies, including overdoses and naloxone administration. We are able to review data per 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- We have worked with the STEMI team to see what data to include in the monthly Chest Pain/VHAC meetings. This data will review data for 12 lead obtain, obtain to transmission, and 12 lead obtain per STEMI patient. We are working through ESO and as the platform continues to grow and data is restored we hope the data improves. We are waiting to determine if the agencies will have to make any of the data points required fields for data accuracy.

C. Lifeline

We have 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. BREMS is working with OEMS and the Dept. of General Services to review leases for this project on Leigh Mountain in Farmville and Long Mountain in Campbell County.

D. Strategic Plan

The DRAFT Strategic plan presented during the December 14, 2021 meeting is the final Draft from the Strategic Planning Committee. The 60-day comment period provided no feedback and the town forum meeting also provided no feedback from stakeholders. The BREMS Board of Directors will complete the final review and approval during the June 2022 meeting.

E. Protocols

BREMS has provided the protocols and the training videos/materials for the website. BREMS has completed training for train-the-trainer and for agencies needing more protocol review training.

F. Annual Report and Audit

BREMS has received the Annual Audit and Annual Report completed. The Annual Audit and Report was submitted and approved to the BREMS Board of Directors during FY 22 second quarter.

#### G. 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 we are just beginning data collection. Coverdell Stroke Grant has been slow going. Staff is still waiting on the state wide survey to send out. Currently we are working on Stroke data for the region.

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

BREMS and its partners received confirmation of the \$150K grant. We have held a couple meetings with the stake holders since the grant began on April 4<sup>th</sup>. We are looking to ask for an extension of project. BREMS has had significant trouble registering the EMS Council under sam.gov. The collaboration with the region stakeholders is geared to Improving Hypertension Through Equitable Change. More information during the fourth quarter report.

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

- A. BREMS continued to hold bi-weekly staff meetings in January, February, and March.
- B. Staff continues to participate in monthly STEMI, Stroke, and Trauma meeting and our quarterly CQI meeting.
- C. The Regional EMS Office Director attended the state monthly and quarterly meetings and the Regional Medical Director attended the State OMD meeting in Richmond.
- D. BREMS held a STEMI VILT in February and a Stroke VILT webinar in March. Both were well received and we are looking forward to continuing this in the future.
- E. State OMD Workshop was held on March 16<sup>th</sup> and was attended well.



**V. Upcoming Events:**

**A. 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. We hope the awards banquet is more of a family oriented event with activities, great food, and camaraderie.

B. EMS Day – May 21, 2022- 11am – 2pm at Boonsboro Ruritan Club.

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

**A. OEMS**

- Participated in quarterly MDC meetings, held in Richmond and facilitated by OEMS.
- Participated in ongoing discussions with other OMDs/RMDs related to patient care and system improvement!

**B. BREMS/ Agencies**

- Continued work 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.
- 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 Staff Meetings
- Served as an SME for development of BREMS simulation resources.
- Worked to develop equipment/supply list for regional simulation trailer.
- 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 EMS agency operational medical direction to two career departments, an educational program, a student-based first response program, an industrial program and two PSAPS in the absence of other physician availability.
- Provided subject matter expertise to local law enforcement reviewing situational risk for positional asphyxia and ways to improve safety for detained citizens.
- Worked with EMS agencies and APP program to expand regional ultrasound access.
- Developed multiple EMS agency-level educational initiatives to ensure adequate CME and hands-on competence.
- Continued development of a Region-wide Competency project.
- Partnered with Centra Simulation Center on development of Winter 2022 educational programs.
- Participated in planning for both EMS Week 2022 activities.
- Supported EMS agencies' transition to new scope of practice documents, including new "Red Dot" designation of some procedures and medications.
- Worked with BREMS staff to develop a CQI dashboard based on protocol benchmarks, including rebuilding new program requirements related to ESO.

# **Rappahannock EMS Council**



## **XI. Rappahannock EMS (REMS) Regional Office**

Submitted by: E. Wayne Perry, REMS Regional Director  
Virginia Office of EMS

Kelsey Rideout, Performance Improvement Specialist  
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 EMS 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:

- 01/20/2022 PHI Air Medical Training Center Use
- 02/09/2022 OEMS EMS Physician Recertification Workshop
- 02/15/2022 PHI Air Medical Training Center Use
- 02/22/2022 Stop the Bleed Community Class
- 03/03/2022 Hospital Staff Training: ENPC
- 03/12/2022 ICISF Suicide Awareness Class
- 03/16/2022 Stafford County Command Staff Meetings
- 03/21/2022 Stafford County: Third Party Provider Evaluation

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 EMS Office Meetings and EMS Operations**

The REMS Council held weekly staff meetings during the implementation of the COOP and has continued with bi-weekly staff meetings 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:

- 01/20/2022 Incident and Threat Mitigation Committee Meeting
- 01/28/2022 Cultural Diversity Workgroup Meeting
- 02/03/2022 Regional Pharmacy Committee Meeting
- 02/04/2022 Cultural Diversity Workgroup Meeting
- 02/08/2022 Met with the Virginia Statewide CEU Coordinator to discuss education
- 02/10/2022 Regional Performance Improvement Committee Meeting
- 02/11/2022 Cultural Diversity Workgroup Meeting
- 02/16/2022 Regional Board of Directors Meeting
- 02/17/2022 Stroke Smart Meeting
- 02/24/2022 ALS Release Subcommittee Meeting
- 03/02/2022 Regional Heart and Stroke Committee Meeting
- 03/23/2022 Regional Protocol Sub-Committee Meeting

The REMS/OEMS staff remains available to respond to requests for PPE from area EMS providers and has small amounts of items from the SNS and OEMS PPE deliveries. The requests have dwindled down to a virtual stop, but supplies still remain available at the council office.

The REMS Council participated in a 3-day regional director's group retreat in Richmond, Virginia March 7-9 to discuss the upcoming MOU and contract with OEMS.

The REMS Council was a host, provided loaner training equipment, and intended host for patient care simulations. This annual event, PACES, is a regional critical care seminar through a partnership between PHI Air Medical and Mary Washington Healthcare's Regional Level II Trauma Center.

The Regional Guidelines and Training Committee has initiated a cultural diversity workgroup, with a goal to identify and address gaps in cultural understanding and the interaction with the EMS system. 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. 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 roundtable is scheduled for September 24, 2022 at James Monroe High School in Fredericksburg, VA.

King George County was selected to pilot a program for prehospital whole blood administration. The pilot program was approved by the BOD in February 2021 and the council staff assisted with obtaining funding and all necessary equipment. The agency executed a training plan, but the program has been temporarily suspended as the supplier is no longer able to offer O negative blood product due to a national shortage. The program is being returned to the EMS Physicians and the Medical Direction Committee to discuss research data to determine if they will allow the usage of O positive blood instead.

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 EMS Physician validation, and finalize the documentation. The REC conducted the following ALS release meetings:

- 01/12/2022 for Caroline County;
- 03/02/2022 for King George County;
- 03/02/2022 for King George County;
- 03/03/2022 for King George County;
- 03/09/2022 for two providers in the City of Fredericksburg;
- 03/10/2022 for City of Fredericksburg.

## **Critical Incident Stress Management**

The Rappahannock EMS Council has an active state-accredited public safety peer support team (multidisciplinary 39-member team). It is available 24-hours per day, 365-days per year to provide on-going support of the region's EMS operations through pre-incident education, on-scene support, defusing, one-on-one services, crisis management briefings, and referral services. For the third quarter of FY2022, the CISM team was activated 14 times to provide both individual and group interventions, station outreach, community service, support for funeral services, and education for regional providers.

The REMS Council was also proactive in providing mental health awareness, chronic fatigue management, and other educational offerings through social media. Awareness level training is offered to recruit schools and initial certification courses. Quarterly Team training/meetings have returned to in-person after being virtual/online during the pandemic.

The REMS Council hosted an ICISF suicide class, which is part of the training requirements for team membership. The plan is to have one ICISF class per quarter moving forward. The upcoming training offerings include: Group and Individual (GRIN) - 3-day course June 10-12, 2022; Advanced Individual - 2-day course September 9-10, 2022; Advanced Group - 2-day course October 21-22, 2022.

## **Community Outreach and Patient Engagement**

The mission of the Community Outreach Patient Engagement (COPE) program is to collaborate with community partners to support appropriate and accessible care focused on individual needs, improving health literacy through education, clarifying navigation of the healthcare system, and promoting innovative approaches to fill healthcare gaps. The REMS Council staff are executing this mission by increasing the participation among community partners. There are currently 66 community partners who participate in monthly meetings to discuss various health topics and gaps in the regional healthcare system. The meetings provide an environment for extremely informative, enlightening and engaging panel discussions based on the issues and needs identified in the community. In January 2022, COPE highlighted the issues surrounding “Human Trafficking” and the topic brought to light awareness of the problem in the community. Brian Layton, Chief of Police for the City of Fredericksburg, was a panelist. Chief Layton committed that his officers can become stronger advocates for human trafficking and the agency supports the distribution of materials on the website as well as throughout the community. Other panelists included Nicole Robyn, Founder and Owner, Freedom Society Collective and Michele Trampe, Executive Director, Central Virginia Justice Initiative

Dental Health was the focus of the February 2022 monthly stakeholder session. The main speaker was Misty Mesimer, Dental Assisting and Dental Hygiene Program Director at Germanna Community College, who stressed the importance of collaboration and coordination between healthcare professionals, dentists and primary care. Highlighting dental care led to six dental practices joining the AccessMeCare resource network.

The March 2022 discussion focused on food security, resources, and nutrition. Panelists who participated included Lisa Durham, Coordinator for The Table and Board Member at St. George's Episcopal Church, Angela Snyder, Operations Director for Healthy Generations, Neal Tidman, Senior Services Coordinator for Nutrition at Healthy Generations, Kevin Palmer with the Salvation Army, and Jill Clare with Micah Ecumenical Ministries.

REMS Council staff resumed COPE events at The Table in Market Square on Tuesday, March 29. This event operates from noon to 2:00 pm every Tuesday with COPE participating twice per month March through December. The Table features a farmer's market offering free fresh produce for all who come. COPE engages with and encourages community partners to attend and participate with patient engagement. One community partner that regularly attends is the Lloyd Moss Clinic, who offers free blood pressure and glucose checks, field Medicare and Medicaid questions, and are available for general health and wellness advice. A physician is also available onsite.



Community members that visit our COPE table are provided with emergency preparedness information, child and health literacy information, and also have the opportunity to learn how to use AccessMeCare™. This free healthcare access tool serves as a virtual social worker and one-stop-shop for locally relevant healthcare providers, social service organizations, and educational programs. This joint partnership between the REMS Council and Heudia launched several years ago with a goal of helping vulnerable individuals find the most convenient and appropriate points of care. Visit <https://rappahannock.accessmecare.com> to learn more.

Other participating community partners include Stafford County Fire and Rescue, Capital Caring Health, Encompass Health, Healthy Generations, Mental Health America - Fredericksburg, Virginia Department of Health RAHD, the Central Rappahannock Regional Library, and Loisann's Hope House.

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 in 2021. REMS has provided 31 National Registry test sites. Scheduling for CY 2022 has been tentatively scheduled for May 15, July 16, September 17, October 15, and December 3.

## **Regional EMS Council Operations**

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

The REMS Council staff participated in various training and professional development events for streamlining operations, such as ESO training, Monday.com training, and LinkedIn Learning. The Regional Council Staff continues to collaborate with the other regional councils and hybrid OEMS offices through regular meetings.

The REMS Council submitted the following contract deliverable items to OEMS: [Trauma Triage Plan](#), [Regional Stroke Triage Plan](#), [Regional EMS Plan](#), [Regional MCI Plan](#), RSAF Award information, as well as all quarterly meeting agendas and minutes and a quarterly financial report.

The REMS Council continues to work on a project for validating the regional medication boxes that are provided by the hospitals.

REMS Council Board of Director meetings occur quarterly. During this reporting period the BOD met on February 16 at the new REMS Regional Office of EMS in Fredericksburg. 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 during the General Assembly.

Four action items were on the agenda as well: the BOD re-approved the Regional EMS Plan and the Regional Stroke Plan. In addition, the BOD approved a new Heart and Stroke Committee Charter and the Regional MCI Plan.

There were also several operational topics which were presented including:

- The annual report for the COPE programs
- Virtual Town Hall to review inequities in OHCA outcomes
- VDH Agency Forum Slides from weekly meetings
- Stroke Awareness Training program for middle school children
- OEMS criteria for participation by EMS training students
- Regional EMS Council re-designation
- National Registry of EMT Cognitive Exam Changes
- Off-duty EMS provider response and participation in patient care
- Release of the new National EMS Education Standards (NEMSES)
- Pre-hospital pain management evidence-based guidelines from NAEMSP
- OEMS information on Blackboard rollout

The REMS Council is continuing the transition to a cloud environment and had been utilizing Google-suite for digital file management. The regional EMS director's group IT has provided NextCloud as an option for a transition from a physical server on the ground to the cloud environment. The office also continues to use the GoToMeeting platform for virtual meetings.

The REMS Council attends weekly meetings of the VDH Agency Forum.

The REMS Council has moved into their new site and recovered from the COOP that was initiated in April of 2020. The REMS Council staff is covering the office throughout the week, but we continue to suggest appointments for in-person meetings and events as not all of the staff are working in the office each day of the week.

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.

The Regional EMS Council has successfully earned the designation of American Heart Association Training Site and National Association of EMT's Training Site, under the auspices of the Central Shenandoah EMS Council Training Center. This designation will allow the council to offer the below classes on a quarterly basis to our regional providers for free and any costs associated with the classes will be covered by locality funding; out-of-region providers will also be welcome to attend the classes, but for a fee.

- AHA Basic Life Support (BLS)
- AHA Advanced Cardiac Life Support (ACLS)
- AHA Pediatric Advanced Life Support (PALS)
- NAEMT Pre-Hospital Trauma Life Support (PHTLS)
- NAEMT Advanced Medical Life Support (AMLS)
- NAEMT EMS Safety
- NAEMT Geriatric Education for EMS (GEMS)
- NAEMT All Hazards Disaster Response
- NAEMT Psychological Trauma in the EMS Patient

## **REMS/OEMS Hybrid Office Restructuring Update**

The REMS Regional EMS Director position was filled at the end of May 2020. 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 hired and onboarded on January 25, 2022. The two Technical Resource Specialist positions are pending additional information in order to advertise and fill these positions. The remaining staff at the council remain council employees and continue to be supervised by the Regional EMS Office Director.

Fiscal and general operations continue with the Regional EMS Director administering the budget, processing bills and invoices, and performing payroll and HR duties for the REMS Council staff. Updates and meetings are held with the BOD President and Treasurer as needed.

The REMS Council formally moved to their new location November 29, 2021 and the previous location was turned back over to MWH in February 2022. Staff has sent out change of address notifications to localities, suppliers, agencies, vendors, local governments and hospitals. An open house commemorating the new site is planned for May 25th.

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

## **COVID-19 Operations**

The 9-1-1 for Kids program remains on hold due to closure and/or alternative schedules, although staff have resumed in-person training for Hands-Only CPR and Stop the Bleed.

The REMS Council announced to the region a process as well as the testing guidelines from OEMS to utilize the Abbott BinaxNOW COVID-19 Antigen Cards (“BinaxNOW”). EMS Physicians, Agencies and leadership were provided with information on how to access the testing materials. We had one EMS agency utilizing the cards until they expired; we have received replacement cards and agencies are able to request testing materials through the REMS Council.

Most council and committee meetings are occurring virtually, using GoToMeeting software platform, but in-person meetings have also resumed at the REMS Council office. Updates and relevant information has been disseminated through social media platforms and e-mail lists.

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

REMS/OEMS staff participated in the following statewide events:

- 01/25/2022 VDH Onboarding and Benefits Webinars
- 02/01/2022 Blackboard Rollout Webinar (x2)
- 02/02/2022 Blackboard Rollout Webinar (x2)
- 02/14/2022 Blackboard Rollout Webinar
- 03/10/2022 Pre-hospital trauma care committee meeting
- 03/10/2022 Composition workgroup meeting (EMS AB Executive and By-Laws)
- 03/11/2022 EMS Advisory Board meeting
- 03/11/2022 State EMS Advisory Board Meeting
- 03/21/2022 OEMS Policy Analyst and Qlarion Meeting
- 03/30/2022 Training and Certification Committee meeting
- 03/31/2022 State 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 EMS executive director’s group; conversations were had on various topics related to regional EMS operations 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. Two of the regional hybrid office directors met with the OEMS Attorney General Representative for a Q&A on operations.

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

- 02/02/2022 National EMS Advisory Council (NEMSAC) meeting
- 02/10/2022 ECHO Long COVID & Fatiguing Illness Recovery Program- Monthly Session
- 03/10/2022 ECHO Long COVID & Fatiguing Illness Recovery Program- Monthly Session

# **Appendix A**

# State Emergency Medical Services Advisory Board

## Electronic Meeting Participation Policy

### I. Purpose:

Public participation and transparency are an integral part of the democratic process. However, during the COVID-19 pandemic many workplaces have moved from in-person meetings to remote work through virtual meetings in line with restrictions to minimize spread of the coronavirus. The process also applied to public bodies, including agencies, boards, and common interest communities.<sup>1</sup>

Consequently, it is imperative that policy-makers create methods to craft policies that can adapt to a range of conditions with the intent to perform under complex, dynamic and uncertain conditions.

### II. Background:

Amendments were made to [Chapter 37](#) of Code of Virginia titled; The [Virginia Freedom of Information Act](#)<sup>2</sup> in an effort to conduct electronic meetings<sup>3</sup> with specific provisions being in place. Additionally, during the 2020 Regular Session and the 2020 and 2021 Special Sessions, an electronic meetings option in Budget Item 4-0.01 (g) was enacted that supersedes current law and may be used by a public body when the Governor has declared a state of emergency so that the public body may hold an electronic meeting without a quorum at a physical location and may discuss more than the current emergency.<sup>4</sup>

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<sup>1</sup> "Public body" means any legislative body, authority, board, bureau, commission, district or agency of the Commonwealth or of any political subdivision of the Commonwealth, including cities, towns and counties, municipal councils, governing bodies of counties, school boards and planning commissions; boards of visitors of public institutions of higher education; and other organizations, corporations or agencies in the Commonwealth supported wholly or principally by public funds

<sup>2</sup> [Virginia Freedom of Information Act](#) - ensures the people of the Commonwealth ready access to public records in the custody of a public body or its officers and employees, and free entry to meetings of public bodies wherein the business of the people is being conducted.

<sup>3</sup> Electronic Meeting, also referred to as "virtual meeting."

<sup>4</sup> See [Electronic Meetings Under the Virginia Freedom of Information Act 2021 Guidance](#)

## Benefit of Proposed Policy

Electronic Meeting Participation Policy will enable the [State EMS Advisory Board](#), referred to as Governor's Advisory Board (GAB) to hold a virtual board meeting. This will allow each board member to attend meetings remotely. Attendees must use a computer or other device with an internet connection to join, so they can participate. Additionally, the policy is flexible and further allows the use of a hybrid approach. Hybrid meeting takes place in a physical location with some attendees present in person and others accessing it virtually.

- **Applicability:** Governor's EMS Advisory Board and all committees and workgroups under the EMS Advisory Board.
- **Review & Approval Requirements:** This policy will require review and approval by the Governor's EMS Advisory Board annually to incorporate any necessary changes from the Budget Bill, Appropriations Act, or Code changes. These specific documents will be linked to this policy for reference.
  - **Approval to Participate in Electronic Meeting:** The overall approval process will follow the FOIA Council's [2021 Electronic Meetings Under the Virginia Freedom of Information Act](#) guidance. See below for sample of Electronic Participation Policy Language relevant to the Governor's EMS Advisory Board;

### Automatic Approval with Vote If Challenged<sup>5</sup>

- *Individual participation from a remote location shall be approved unless such participation would violate this policy or the provisions of the Virginia Freedom of Information Act ([§ 2.2-3700 et seq. of the Code of Virginia](#)). If a member's participation from a remote location is challenged, then the Governor's EMS Advisory Board and/or associated committee shall vote on whether to allow such participation. If the Governor's EMS Advisory and/or associated committees votes to disapprove of the member's*

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<sup>5</sup> Automatic Approval with Vote If Challenged applies to all scenarios



*participation because such participation would violate this policy, such disapproval shall be recorded in the minutes with specificity.*

### **III. Scenarios for specific application of this policy:**

- A. Declared State of Emergency:** A declared State of Emergency in accordance with [§ 44-146.17](#) may allow for electronic participation. The public body should refer to the applicable Executive Order<sup>6</sup> or Directive and adhere to its provisions.<sup>7</sup>
- B. Appropriations Act:** The Appropriations Act allows for electronic participation in certain limited circumstances. These provisions are in effect only during the Appropriations Act's cycle and public bodies will need to consult subsequent Acts to see if there are any or new provisions for electronic participation meetings.
- C. Temporary or Permanent Disability/Medical Condition:** A member of a public body may request electronic participation due to a temporary or permanent disability or medical condition or caretaking responsibilities for a family member with a medical condition. There is no limit on the number of meetings that may be participated in electronically for this reason.
- D. Personal Reasons:** A member of a public body may request electronic participation due to "personal reasons." There is a limit of **2 meetings** or 25% of meetings per calendar year per member, whichever is greater, that can be participated in for this reason.
- E. Other:** If electronic participation is requested for any other reason, there are additional requirements that are described below.

#### **Scenario A: Declared State of Emergency**

Electronic participation is permissible if the Governor has declared a State of Emergency in accordance with [§44-146.17](#), provided that (1) the catastrophic nature of the declared emergency makes it unsafe to assemble a quorum in a single location; and (2) the purpose of the meeting is

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<sup>6</sup> An Executive Order is a law executed by the Governor of Virginia. The Governor usually issues an Executive Order to accomplish a specific purpose.

<sup>7</sup> Order vs. Directive: The difference between directive and order is that directive is an instruction or guideline that indicates how to perform an action or reach a goal while order is (uncountable) arrangement, disposition, sequence.

to provide continuity of operations or to complete the lawful purposes, duties, and responsibilities.

**Additional Conditions:** Additional conditions are as follows: (1) providing public notice using the best available method contemporaneously with the notice provided to members of the public body conducting the meeting; (2) arranging for public access to the meeting; (3) providing the public with the opportunity to comment at the meeting when public comment is customarily received; and (4) otherwise complying with the provisions of [§2.2-3708.2](#). Following the meeting, the minutes will contain information on the nature of the emergency, that the meeting was held electronically, and by what electronic means the meeting was held.

### **Scenario B: Budget Language**

The current [Appropriations Act](#) of the 2021 Special Session II allows for any executive advisory board or council to meet via electronic means without a physical assembly of a quorum provided the purpose of the meeting is to receive updates, public comment, presentations, or other information gathering. If there is no physical quorum, the body shall not vote nor make formal recommendation.

The language also allows that should there be a declared state of emergency related to a communicable disease<sup>8</sup> of public health threat, the provisions of Item 4-0.01.g of the 2021 Special Session I Appropriations Act will govern the meetings. This Appropriation Act language expires at midnight on June 30, 2022.

The provisions of Item 4-0.01.g require the following:

*The Governor has declared a State of Emergency in accordance with [§ 44-146.17](#), provided that (1) the nature of the declared emergency makes it impractical or unsafe to assemble in a single location and (2) the purpose of the meeting is to discuss or transact the business statutorily required or necessary to continue operations of the public body, and to complete the lawful purposes, duties, and responsibilities. Following the meeting, the public body will make available a recording or transcript of the meeting on its*

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<sup>8</sup> [Centers for Disease Control & Prevention](#): Communicable diseases are illnesses that spread from one person to another or from an animal to a person.

*website in accordance with established timeframes of §§ [2.2-3707](#) and [2.2-3707.1](#) of the Code of Virginia.*

**Additional Conditions:** The following additional conditions are also required: (1) providing public notice using the best available method given the nature of the emergency contemporaneously with the notice provided to members of the public body conducting the meeting; (2) arranging for public access to the meeting; (3) providing the public with the opportunity to comment at the meeting if the means of communication allow; and (4) otherwise complying with the provisions of § [2.2-3708.2](#). The nature of the emergency, the fact that the meeting was held by electronic communication means, and the type of electronic communication means by which the meeting was held shall be stated in the minutes.

#### **Scenarios C and D: By Member Request**

For scenarios C and D, the following conditions are also required: (1) a physical quorum must be assembled at one primary or central meeting location; (2) there must be arrangements for the voices of the remote participant(s) to be heard by all at the central location; and (3) a written electronic participation policy must be in place. See below for sample of [Electronic Participation Policy Language](#) relevant to the Governor's EMS Advisory Board;

*"It is the policy of the Governor's EMS Advisory Board and associated committees that individual EMS Advisory Board and/or committee members may participate in meetings of the EMS Advisory Board and/or associated committees by electronic means as permitted by § [2.2-3708.2](#) of the Code of Virginia. This policy shall apply to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting.*

*Whenever an individual member wishes to participate from a remote location, the law requires a quorum of the Governor's EMS Advisory Board and associated committees to be physically assembled at the primary or central meeting location, and there must be arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.*

*When such individual participation is due to a personal matter, such participation is limited by law to two meetings each calendar year or 25 percent of the meetings held per calendar year rounded up to the next whole number, whichever is greater.”*

### **Scenario E: Other**

For scenario E, no written policy is required, however, there are additional requirements for the meeting itself and also for the public body throughout the year. These are described below:

1. Except as provided in subsection D of § [2.2-3707.01](#), state public bodies may also conduct any meeting wherein the public business is discussed or transacted through electronic communication means, provided that (i) a quorum of the public body is physically assembled at one primary or central meeting location, (ii) notice of the meeting has been given in accordance with subdivision 2, and (iii) members of the public are provided a substantially equivalent electronic communication means through which to witness the meeting. For the purposes of this subsection, "witness" means observe or listen.

**One in Person Meeting Annually:** If a state public body holds a meeting through electronic communication means pursuant to this subsection, it shall also hold at least one meeting annually where all members in attendance at the meeting are physically assembled at one location and where no members participate by electronic communication means.

2. **Notice:** Notice of any regular meeting held pursuant to this subsection shall be provided at least three working days in advance of the date scheduled for the meeting. Notice, reasonable under the circumstance, of special, emergency, or continued meetings held pursuant to this section shall be given contemporaneously with the notice provided to members of the public body conducting the meeting. For the purposes of this subsection, "continued meeting" means a meeting that is continued to address an emergency or to conclude the agenda of a meeting for which proper notice was given.

The notice shall include the date, time, place, and purpose for the meeting; shall identify the primary or central meeting location and any remote locations that are open to the public pursuant to subdivision 4; shall include notice as to the electronic communication means by which members of the public may witness

the meeting; and shall include a telephone number that may be used to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting. Any interruption in the telephonic or video broadcast of the meeting shall result in the suspension of action at the meeting until repairs are made and public access is restored.

3. **Agenda:** A copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of a public body for a meeting shall be made available for public inspection at the same time such documents are furnished to the members of the public body conducting the meeting.

4. **Public Access:** Public access to the remote locations from which additional members of the public body participate through electronic communication means shall be encouraged but not required. However, if three or more members are gathered at the same remote location, then such remote location shall be open to the public.

If access to remote locations is afforded, (i) all persons attending the meeting at any of the remote locations shall be afforded the same opportunity to address the public body as persons attending at the primary or central location and (ii) a copy of the proposed agenda and agenda packets and, unless exempt, all materials that will be distributed to members of the public body for the meeting shall be made available for inspection by members of the public attending the meeting at any of the remote locations at the time of the meeting.

5. **Public Comment Form:** The public body shall make available to the public at any meeting conducted in accordance with this subsection a public comment form prepared by the Virginia Freedom of Information Advisory Council in accordance with § [30-179](#).
6. **Minutes:** Minutes of all meetings held by electronic communication means shall be recorded as required by § [2.2-3707](#). Votes taken during any meeting conducted through electronic communication means shall be recorded by name in roll-call fashion and included in the minutes. For emergency meetings held by electronic communication means, the nature of the emergency shall be stated in the minutes.
7. **Written Report:** Additionally, if utilizing scenario E, the public body shall make a written report of the following to the Virginia FOIA Council by December 15 of each

year. More information and template reports can be found [here](#); the reports must include the following:

- a. The total number of meetings held that year in which there was participation through electronic communication means;
- b. The dates and purposes of each such meeting;
- c. A copy of the agenda for each such meeting;
- d. The primary or central meeting location of each such meeting;
- e. The types of electronic communication means by which each meeting was held;
- f. If possible, the number of members of the public who witnessed each meeting through electronic communication means;
- g. The identity of the members of the public body recorded as present at each meeting, and whether each member was present at the primary or central meeting location or participated through electronic communication means;
- h. The identity of any members of the public body who were recorded as absent at each meeting and any members who were recorded as absent at a meeting but who monitored the meeting through electronic communication means;
- i. If members of the public were granted access to a remote location from which a member participated in a meeting through electronic communication means, the number of members of the public at each such remote location;
- j. A summary of any public comment received about the process of conducting a meeting through electronic communication means; and
- k. A written summary of the public body's experience conducting meetings through electronic communication means, including its logistical and technical experience.

## Special Considerations

Note that none of these scenarios is meant to limit the use of electronic means to increase public access to meetings. When holding meetings by electronic means, GAB must consider the number of meetings held per year. Mixing and matching scenarios may not be appropriate.

**Example:** If there are 4 meetings per year of a public body and for three of them members operate under scenario E, the fourth meeting can have no electronic participation, even if a member has a temporary medical disability such as a broken foot that prohibits in person attendance, which could fit into scenario C.

## Appendix A: Reference Table

Scenario	Limit to number of meetings participating?	Physical quorum required?	At least 1 meeting with no electronic participation?	Written policy and approval procedure required?
Scenario A	No	No	No	No
Scenario B	No	No	No	No
Scenario C	No	Yes	No	Yes
Scenario D	Yes; 2 per year	Yes	No	Yes
Scenario E	Yes	Yes	Yes; 1+ per year	No

# Appendix B



# State EMS Advisory Board Motion Form

<input checked="" type="checkbox"/> Committee Motion:	Name: Training And Certification Committee
<input type="checkbox"/> Individual Motion:	Name: _____

Motion:

The Training & Certification Committee made a motion to maintain the current policy and practice of requiring ten (10) patient contacts for initial EMT certification courses, with up to five of these contacts being able to be obtained through simulations if due to access constraints these contacts cannot be obtained on live patients. As a part of this process, the following should occur:

1. Implementation of a pilot program to determine if:
  - \* ten (10) patient contacts is meeting the needs of Virginia's EMS providers and agencies,
  - \* to study if it is feasible to stratify age groups without harming the educational process.
2. Development of a uniform evaluation tool to be administered to stakeholders on every graduate of an EMT program in Virginia.
3. Develop guidelines and minimum standards of simulation to include a repository of template and scenarios.

EMS Plan Reference (include section number):

\_\_\_\_\_

Committee Minority Opinion (as needed):

All committee members were in favor of the motion and the motion carried. There was no opposition and no abstentions.

For Board's secretary use only:

Motion Seconded

By: \_\_\_\_\_

Vote	By	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
:	Acclamation:	_____	_____

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

Board Minority Opinion:  
\_\_\_\_\_  
\_\_\_\_\_

Meeting Date: \_\_\_\_\_

# Appendix C

# State EMS Advisory Board Motion Form

<input checked="" type="checkbox"/>	Committee Motion:	Name: Training And Certification Committee
<input type="checkbox"/>	Individual Motion:	Name: _____

**Motion:**

The Training & Certification Committee made a motion to eliminate the current Consolidated Testing at the BLS level and replace it with the new BLS Psychomotor Competency Verification Guidance document based on two years of data and evidence gained during the COVID-19 pandemic. This document will incorporate the practices currently in place due to the pandemic in documents colloquially known as the TR-997 and TR-999. The BLS Psychomotor Competency Guidance document will contain a reference point to the 2019 National Scope of Practice and the 2021 National EMS Education Standards on EMS.gov for the educators.

EMS Plan Reference (include section number):

**Committee Minority Opinion (as needed):**

All committee members were in favor of the motion and the motion carried. There was no opposition and no 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:

# Appendix D

Kevin Dillard, Chair  
Virginia EMS Advisory Board

May 6, 2022

Dear Chair Dillard:

Section 32.1-111.11 of the Code of Virginia states that “The Board of Health shall designate regional emergency medical services councils which shall be authorized to receive and disburse public funds. Each council shall be charged with the development and implementation of an efficient and effective regional emergency medical services delivery system. The Board shall review those agencies that were the designated regional emergency medical services councils. The Board shall, in accordance with the standards established in its regulations, review and may renew or deny applications for such designations every three years. In its discretion, the Board may establish conditions for renewal of such designations or may solicit applications for designation as a regional emergency medical services council.”

In accordance with the Code section above, as well as 12 VAC 5-31-2340 (Section N) of the Virginia Emergency Medical Services Regulations governing Regional EMS Councils, the Virginia Office of EMS (OEMS) is providing the EMS Advisory Board with information and recommendations for entities who have applied for re-designation as a Regional EMS Council in Virginia.

Applications for designation as Regional EMS Councils were received by OEMS in October of 2021. Upon verification of completion of those applications, OEMS forwarded application information to Regional EMS Council designation site reviewers, to provide an objective evaluation of the information supplied by the applicant in the submitted materials, as well as conduct a review of the physical location of the applicant, and conduct interviews of the applicant organization’s staff, officers, and other system stakeholders.

The site review team consisted of the following individuals:

R. Jason Ferguson  
Associate Vice President  
Professional and Career Studies Professor  
Central Virginia Community College  
Member, State EMS Advisory Board  
Board Member, Blue Ridge EMS Council

Brian Hricik  
Deputy Chief EMS  
Alexandria Fire Department  
Past Member, State EMS Advisory Board  
Board Member and Past President, Northern Virginia EMS Council

Larry A. Oliver  
Deputy Chief, Frederick County Fire and Rescue Department  
Volunteer District Chief, Front Royal Volunteer Fire and Rescue Department, Inc.  
Past Member, State EMS Advisory Board  
Vice President, Lord Fairfax EMS Council  
Member, Training and Certification Committee Representing VAGEMSA

Wayne Berry  
Office of EMS Program Representative, Ret.  
EMS Captain, Newport News Fire Department, Ret.

Site reviews of all applicant entities were conducted between March 16 and April 20, 2022.

Based on the applications received, as well as the site reviewer reports, the OEMS recommends continued designation of Regional EMS Councils and in specified service areas as follows:

Blue Ridge EMS Council – Service area including the counties of Amherst, Appomattox, Bedford and Campbell, and the cities of Bedford and Lynchburg.

Central Shenandoah EMS Council – Service area including the counties of Augusta, Bath, Highland, Rockbridge and Rockingham, and the cities of Buena Vista, Harrisonburg, Lexington, Staunton and Waynesboro.

Lord Fairfax EMS Council – Service area including the counties of Clarke, Frederick, Page, Shenandoah, Warren, and the city of Winchester.

Northern Virginia EMS Council – Service area including the counties of Arlington, Fairfax, Loudoun, and Prince William; and the cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park.

Old Dominion EMS Alliance – Service area including the counties of Amelia, Brunswick, Buckingham, Charles City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Halifax, Hanover, Henrico, Goochland, Greensville, Lunenburg, Mecklenburg, New Kent, Nottoway, Powhatan, Prince Edward, Prince George, Surry, Sussex; the cities of Colonial Heights, Emporia, Hopewell, Petersburg, Richmond, and South Boston; and the towns of Ashland, Farmville and South Hill.

Peninsulas EMS Council – Service area including the counties of Essex, Gloucester, James City, King and Queen, King William, Lancaster; Mathews, Middlesex, Northumberland, Richmond, Westmoreland, York, and the cities of cities of Poquoson, Hampton, Newport News and Williamsburg.

Rappahannock EMS Council – Service area including the counties of Caroline, Culpeper, Fauquier, King George, Orange, Rappahannock, Spotsylvania, and Stafford; the town of Colonial Beach and the city of Fredericksburg.

Southwest Virginia EMS Council – Service area including the counties of Bland, Buchanan, Carroll, Dickenson, Grayson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise and Wythe and the cities of Bristol, Galax, and Norton.

Thomas Jefferson EMS Council – Service area including the counties of Albemarle, Fluvanna, Greene, Louisa, Madison, Nelson, and the City of Charlottesville.

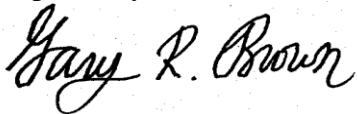
Tidewater EMS Council – Service area including the counties of Accomack, Isle of Wight, Northampton, and Southampton, and the cities of Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk, and Virginia Beach.

Western Virginia EMS Council – Service area including the counties of Alleghany, Craig, Botetourt, Floyd, Franklin, Giles, Henry, Montgomery, Roanoke, Patrick, Pittsylvania, and Pulaski; and the cities of Covington, Danville, Martinsville, Radford, Roanoke, and Salem.

A map outlining the recommended service areas accompanies this cover. OEMS recommends a designation term of no less than three (3) years, commencing on July 1, 2022.

OEMS staff is prepared to answer any questions of the Board related to Regional EMS Council designation, and anticipates the Board approval of the recommendation as specified above.

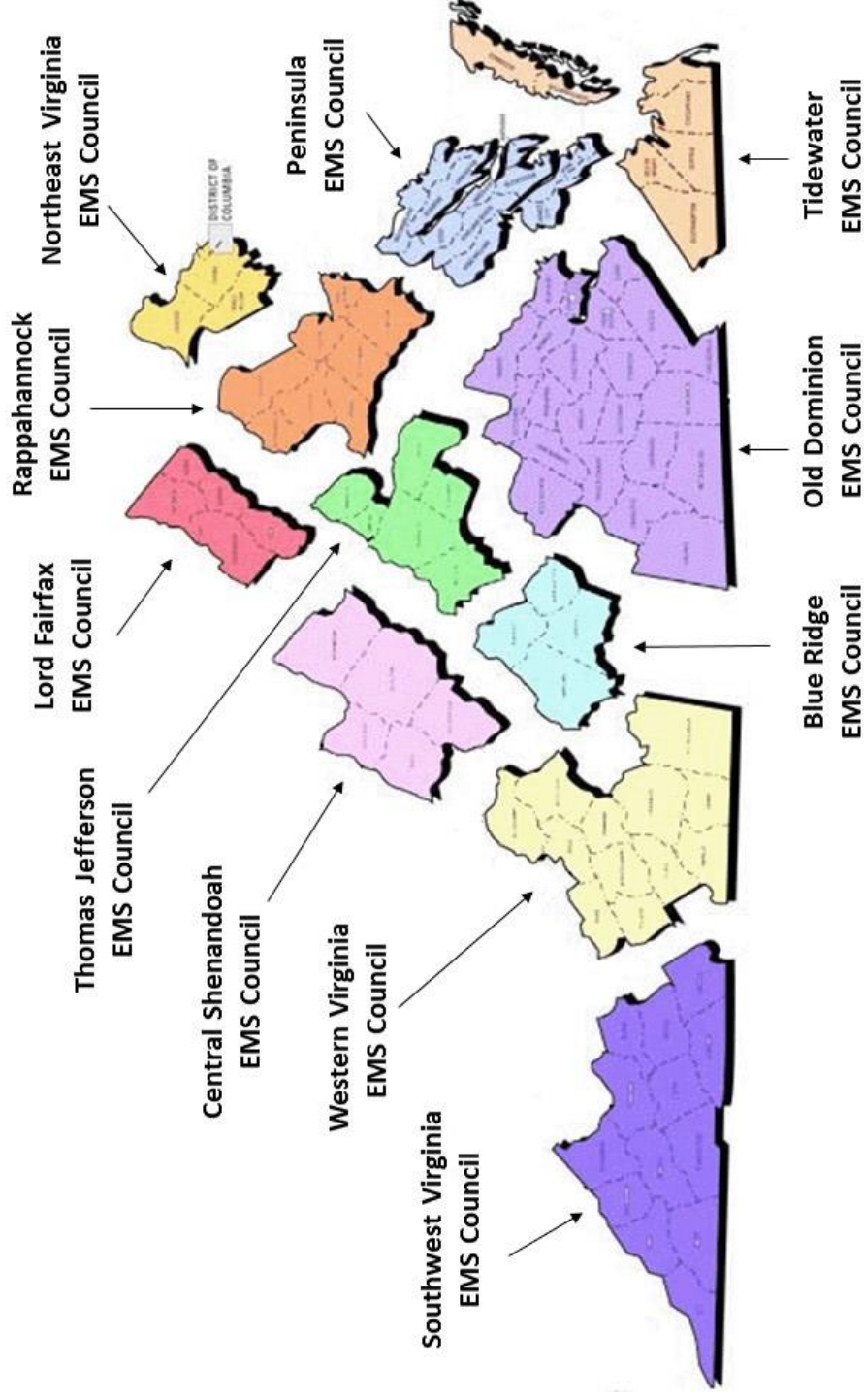
Respectfully submitted,

A handwritten signature in black ink that reads "Gary R. Brown". The signature is written in a cursive, flowing style.

Gary R. Brown, Director  
Virginia Department of Health  
Office of EMS

# Designated Regional EMS Council Map

2022





**Respectfully Submitted**

**By**

**OEMS Staff**