

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



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

May 5, 2023

Executive Management, Administration & Finance

Office of Emergency Medical Services

Report to The

State EMS Advisory Board

May 5, 2023

MISSION STATEMENT:

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

I. Executive Management, Administration & Finance

A) Action Items before the State EMS Advisory for May 5, 2023

At the time of finishing this report the following three (3) action items are before the Board on May 5, 2023 for a vote.

Action Item #1:

Please see Appendix A – Motion from the Rules and Regulations Committee.

During the March 29, 2023, Rules & Regulations Committee meeting, a motion was passed to present the Final Draft of EMS Regulations (Chapter 32) on May 05, 2023, to the full State EMS Advisory Board for approval to submit to Board of Health meeting in December 2023. The following link takes you to the Final Draft of EMS Regulations approved by the Committee: [Rules-Regs-Committee-Approved-Jan-2023-Final-Draft-Chapt-32-Project-5100.pdf \(virginia.gov\)](#)

Action Item #2:

Please see Appendix B – Motion from the Financial Assistance Review Committee

A motion to approve the following individuals for the upcoming seats being vacated by expiring terms and not able to be re-appointed: Representing the Old Dominion EMS Alliance, Mr. Robert Trimmer and representing the Lord Fairfax EMS Council, Mr. Mark Barenklau. Both submitted names are supported by their respective EMS councils as their first choice for the open positions.

Action Item #3:

Please refer to Appendix C – Motion to adopt Remote Participation & All Virtual Meeting Policies

In an effort to bring the proposed unofficial remote/virtual policy (delivered to board in April 2022) **consistent** with §2.2-3708.3 (effective September 2022) - we have modified the draft so there are **two** versions - one for **remote participation** and another for **all virtual meeting**.

Policy 1 of 2: An All-Virtual Public Meeting **when it is unsafe to assemble.

Policy 2 of 2: Remote Participation **when a member cannot be physically present.

In order to utilize the provisions of the remote participation/virtual meeting - the board must adopt it.

B) State/Regional (Hybrid) EMS Council Reports

The Office of Emergency Medical Services committed to providing updates on the progress of the collaborative partnership and the transition and conversion of applicable Regional EMS Councils that have requested to be a hybrid State/Regional EMS model. The four councils include the following:

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

Each Council has provided a report that is included in this Quarterly Report to the State EMS Advisory Board.

C) Governor Glenn Youngkin Announces State Health Commissioner Dr. Karen Shelton

Governor Glenn Youngkin today has announced his appointment of longtime healthcare leader Dr. Karen Shelton, MD FACOG as the next State Health Commissioner.

“Experience and leadership matter. Dr. Shelton brings a wealth of knowledge in patient care and is positioned to recognize the individualized needs of all Virginians,” **said Governor Glenn Youngkin.** “Dr. Shelton will be a tremendous asset to public health across the Commonwealth.”

“Having served in various healthcare settings in both the public and private sectors and in her role as a primary care provider, Dr. Shelton will bring leadership and expertise to the Governor’s goals of improving the health of all Virginians, enhancing maternal and children’s health and addressing the dual crises of behavioral health and fentanyl poisoning that affects communities across Virginia,” **said Secretary of Health and Human Services John Littel.**

Dr. Shelton is returning to public health after leading Virginia's Mount Rogers Health District for over five years through the Opioid Epidemic and the COVID-19 Pandemic. Much of Dr. Shelton's work focused on the Opioid Crisis and a large focus was on babies with Neonatal Abstinence Syndrome and navigating moms, as well as babies, into optimal care. During her final year with the Virginia Department of Health, she provided steady leadership to three health districts across the Commonwealth, becoming an expert in the unique healthcare needs of urban, rural and suburban communities. Her work during the COVID-19 Pandemic helped get students back in the classroom, significantly mitigating learning loss for those in Bristol.

A Board-Certified Obstetrician and Gynecologist, Dr. Shelton treated patients in Bristol for nearly 20 years before turning her focus to public health. In her new role as State Health Commissioner, Dr. Shelton said, "As a healthcare provider, I look forward to helping Virginians lead healthier and happier lives with improved access to the right care for themselves and their families. As an OB/GYN, it was an honor to care for patients, their babies, and their families one-on-one. Moving into public health again, I hope to harness the trust my patients had in me and advance the mission of the Virginia Department of Health alongside dedicated healthcare professionals."

Dr. Shelton received a Doctor of Medicine degree from the University of Virginia and completed her residency in obstetrics and gynecology at Eastern Virginia Medical School. She holds her undergraduate degree from Wake Forest University. Dr. Shelton currently serves as the Chief Medical Officer and Vice President of Bristol Regional Medical Center and Smyth County Community Hospital in the Ballad Health System.

Dr. Shelton was honored recently with the Woman of Distinction Award by the United Way of Southwest Virginia. She previously directed the Mount Rogers, Cumberland Plateau, and Lenowisco Health Districts during the COVID Pandemic, leading those districts to have the fastest rollouts of COVID testing and vaccinations in Virginia. Dr. Shelton will start May 1, 2023.

D) Office of EMS Hosts Agency Forum

On March 23, 2023, the [Office of Emergency Medical Services \(OEMS\)](#) participated in a live broadcast of the weekly VDH Agency Forum, an internal meeting that brings together VDH leadership and staff to provide updates on work units, initiatives and programs. This was the first time the Agency Forum has ever hosted an on-site live broadcast style meeting, and it provided an innovative approach for staff to share more about their programs through an interview style discussion.

OEMS Director **Gary Brown** and about 15 leadership staff took part in a 30-minute panel discussion led on-site by Christopher Lindsay to highlight the various programs and coordination that the office is responsible for through the state plan, mission, vision and the Code of Virginia and state administrative regulations. Division Directors covered various information and hot topics related to EMS in Virginia.

The Division of Accreditation, Certification and Education (ACE) discussed the coordination of EMS training programs, including the Virginia EMS Symposium, which is one of the largest and most comprehensive EMS training events in the country. The ACE division also covered its collaboration

with the National Registry for EMS certification and discussed how Virginia is viewed as one of the best EMS systems in the nation and is often looked to as the gold standard for best practices in EMS education, as well as other areas of excellence in EMS. The Division of Trauma and Critical Care discussed the designation of hospitals as trauma centers and coordination of the statewide trauma. The Division of Regulation and Compliance discussed the licensure of EMS agencies, endorsement of EMS physicians, permitting and licensing of EMS vehicles, in addition to the enforcement of Virginia Administrative Code. The Division of Emergency Operations covered the Public Safety Answering Points accreditation program (otherwise known as 911 centers), emergency response and provider health and safety, including mental health awareness and education. Additionally, the Office of EMS explained how it collects and analyzes data for emergency medical trends and insights.

E) EMS Systems Funding

Return to Localities (\$4-for-Life)

Purpose of the Fund:

As identified in the *Code of Virginia* § 46.2-694

(<https://law.lis.virginia.gov/vacode/title46.2/chapter6/section46.2-694/>),

e. Twenty-six percent shall be returned by the Comptroller to the locality wherein such vehicle is registered, to provide funding for training of volunteer or salaried emergency medical services personnel of nonprofit emergency medical services agencies that hold a valid license issued by the Commissioner of Health and for the purchase of necessary equipment and supplies for use in such locality for emergency medical services provided by nonprofit emergency medical services agencies that hold a valid license issued by the Commissioner of Health.

Such funds shall be in addition to any local appropriations and local governing bodies shall not use these funds to supplant local funds.

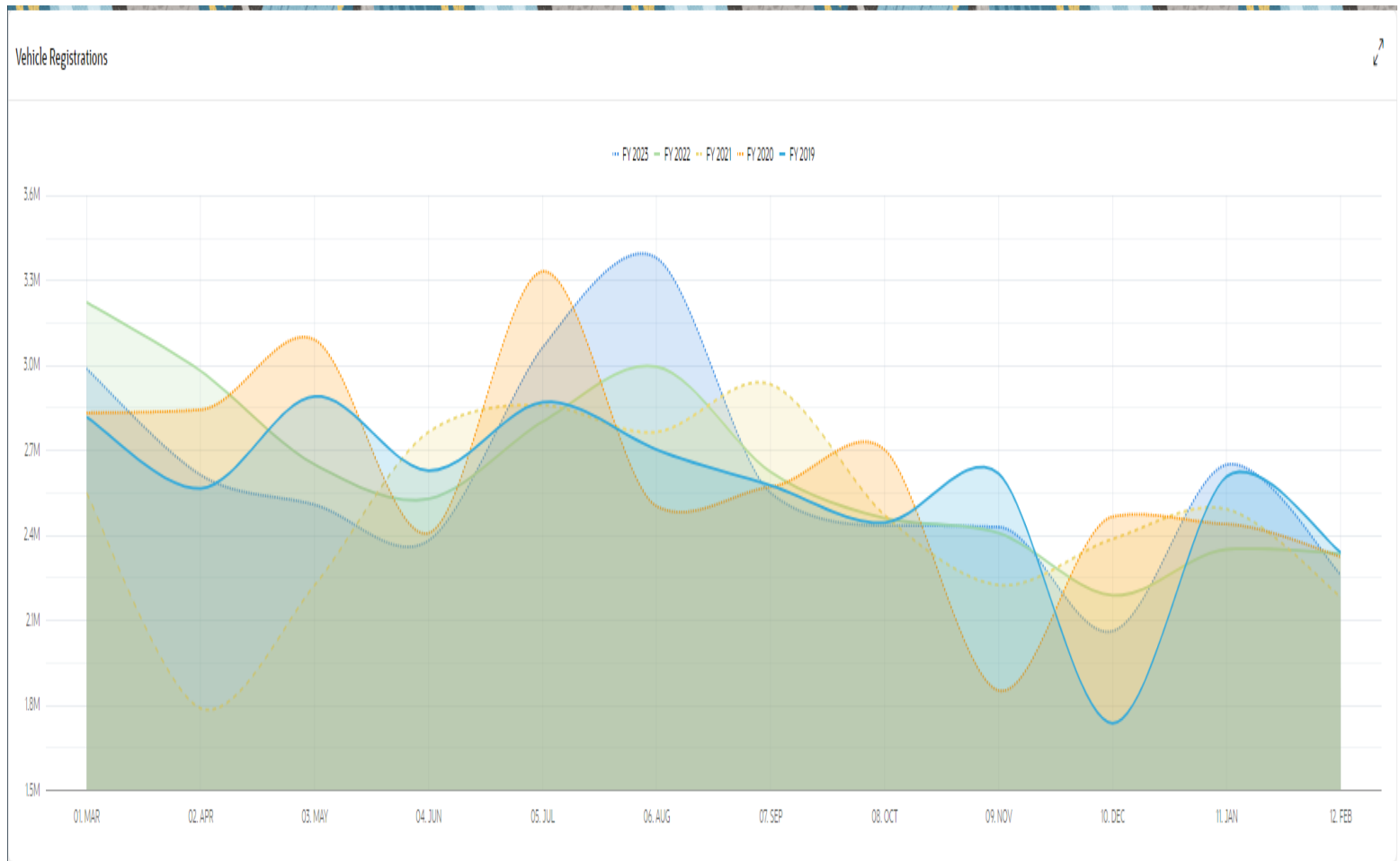
FY22 Annual Reports: 56 of 133 jurisdictions reporting (49% reporting) (04/11/2023)

FY21 Annual Reports: 109 of 133 jurisdictions reporting (82% reporting) (04/11/2023)

FY20 Annual Reports: 121 of 133 jurisdictions reporting (91% reporting) (04/11/2023)

Staff was able to identify six localities who had not submitted reports for three years. They have all been individually contacted and are in the process of updating their information to submit their annual reports and receive their due monies.

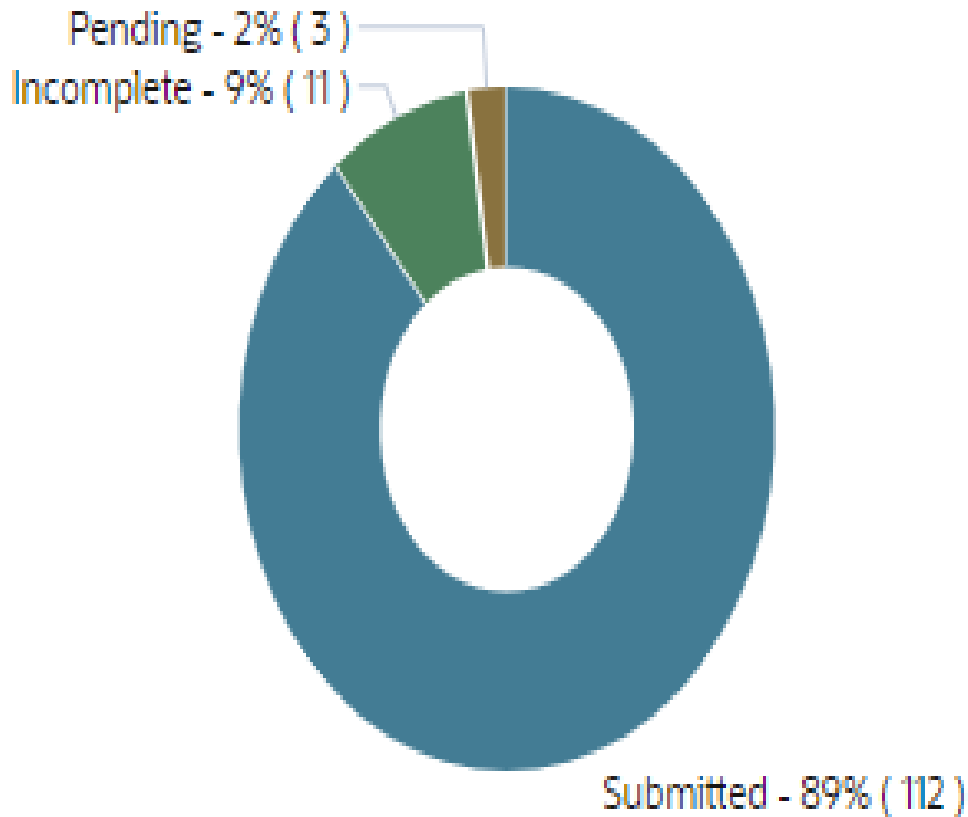
The FY23 monies are scheduled for release by the end of April 2023.



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 2023 RSAF cycle. The application period for the Spring RSAF cycle closed on March 15, 2023. The Office of EMS (OEMS) received 112 applications for 215 items totaling \$19,066,437.96 in funding which can be broken down to \$12,169,306.69 in state and \$6,897,131.27 in local matches.

- 14 Non-EMS Agencies
- 98 EMS Agencies

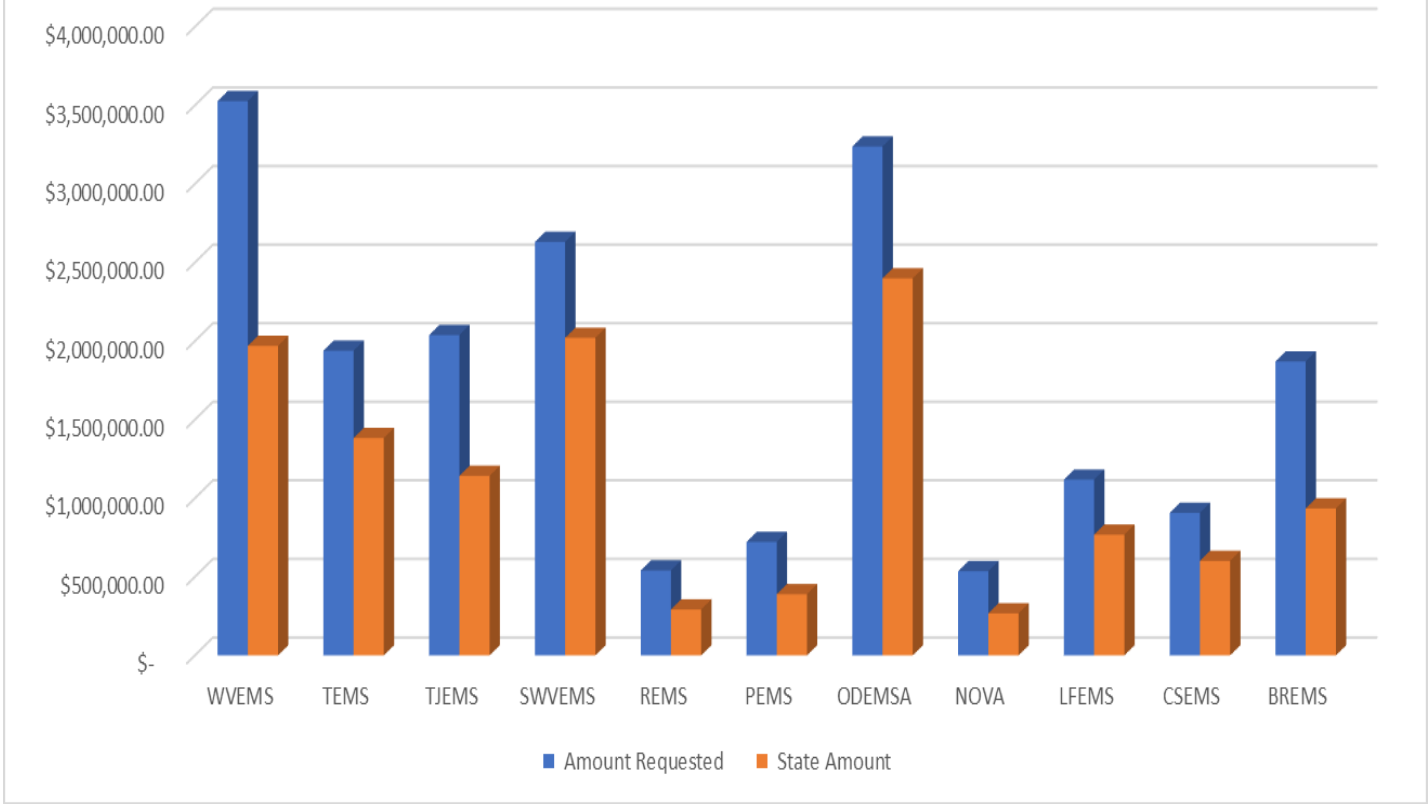
Incomplete applications: 10 agency, 1 non-agency

Pending applications (missing signatures): 2 agency, 1 non-agency

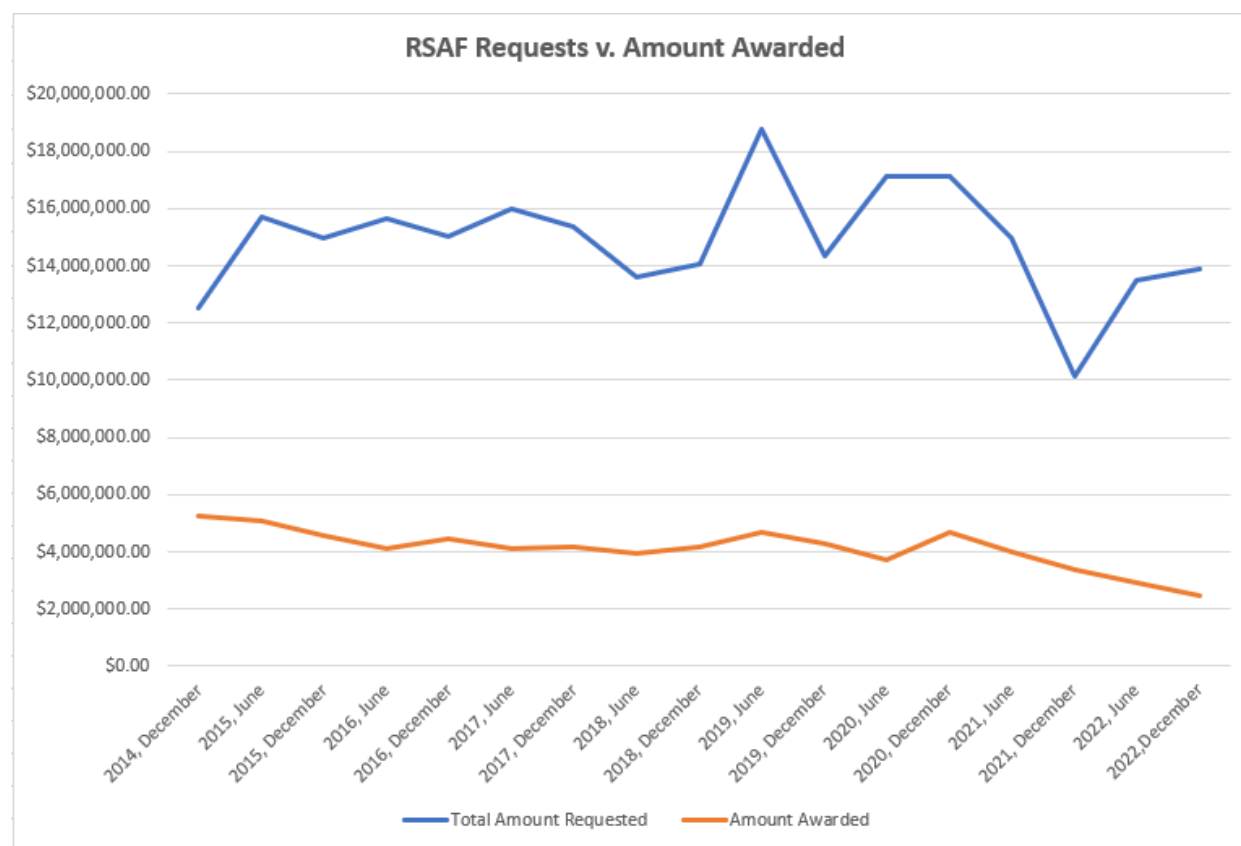
The number of applications increased by approximately 42 percent compared to the Fall 2022 Cycle of RSAF. OEMS received applications from each of Virginia's 11 EMS Region as shown in Figure 1. The total funding requests/award amounts can be broken down by region as follows:

Regional Council	Requested Amount	State Amount
• Blue Ridge:	\$1,870,455.38	\$1,969,451.21
• Central Shenandoah:	\$906,661.69	\$601,637.60
• Lord Fairfax:	\$1,118,370.13	\$768,409.01
• Northern Virginia:	\$535,525.73	\$267,762.87
• Old Dominion:	\$3,237,881.03	\$2,399,229.31
• Peninsulas:	\$722,032.50	\$389,414.43
• Rappahannock:	\$540,033.47	\$292,192.14
• Southwest Virginia:	\$2,631,183.57	\$2,020,675.32
• Thomas Jefferson:	\$2,038,679.26	\$1,142,224.21
• Tidewater:	\$1,938,692.48	\$1,383,083.00
• Western Virginia	\$3,526,922.72	\$807,165.75

2023 RSAF Spring Cycle



RSAF Trends



Item	2014 Avg. Cost	2022 Avg. Cost	% Increase
Type I Ambulance	\$167, 201.00	\$309,903.00	85.34%
Type III Ambulance	\$162,585.00	\$301,249.00	85.28%
Monitor/Defibrillator	\$33,301.00	\$35,965.00	7.99%
CPR Device	\$15, 583.00	\$16,817.00	7.91%
Automated Stretcher	\$14,155.00	\$29,431.00	107.91%

Program Events

IV Pumps

The following email was directed to the for-profit non-hospital-based ground EMS agencies in Virginia:

“The Virginia Office of Emergency Medical Services (OEMS) recognizes the important role and contributions by for-profit ground EMS agencies as part of the Virginia EMS system. It is for this

reason OEMS has embarked on a campaign to offer to these EMS agencies long term loaning of specific patient care devices. The first such piece of equipment are transport IV infusion pumps.

We are reaching out to your agency to understand the number of such IV pumps your agency would need to assist in your delivery of EMS in Virginia. The cost of replacement supplies/circuits and on-going maintenance/testing is not part of this campaign.”

Loaner Ambulances

There is an emergency grant program which covers the replacement of critical infra-structure because of manmade or natural disasters (12VAC5-31- 2850, Virginia Emergency Medical Services Regulations, <https://law.lis.virginia.gov/admincode/title12/agency5/chapter31/section2850/>). With the pandemic and the resulting delays in availability and supply chain issues, agencies are stymied in providing services when vehicles are out of service but do not meet the emergency grant criteria. OEMS is embarking on a program to purchase Type I ambulances specifically as loaner units for use by non-profit EMS agencies providing primary 911 services who have been impacted and do not qualify for emergency grants. These units will be outfitted with loading systems, power stretchers, oxygen bottle lifting systems, programmable radios, and monitor/defibrillator SAE approved mounts. The units will be lettered as Office of EMS vehicles and plainly identified as “Loaner Units”. Finalization of necessary paperwork (loaner agreements, insurance, etc.) is currently underway and OEMS anticipates this program active within the next 30-45 days (depending on availability of items).

Other Grant Opportunities

U.S. DEPARTMENT OF HOMELAND SECURITY

Center for Prevention Programs and Partnerships

PreventionResourceFinder.gov Launches to Provide Easier Access to Resources to Prevent Targeted Violence and Terrorism

WASHINGTON – Today, the Department of Homeland Security (DHS) and its federal partners launched PreventionResourceFinder.gov, a new website that will help prevent targeted violence and terrorism by giving the public easier access to available grants, research, training opportunities, and other resources across 17 federal agencies. [PreventionResourceFinder.gov](https://www.preventionresourcefinder.gov/) builds upon the Biden-Harris Administration’s National Strategy for Countering Domestic Terrorism, released in June 2021, and last year’s United We Stand Summit. Nearly 100 federal resources are featured on PreventionResourceFinder.gov at initial launch. The site will be continuously updated with new and refined content to support communities nationwide. “Targeted violence and terrorism are grave threats to our homeland security and it will take all of us, working together, to keep our communities safe,” **said Secretary of Homeland Security Alejandro N. Mayorkas**. “The website we are launching today equips our partners throughout the country with helpful resources to better prevent, prepare for, and respond to acts of

violence. From first responders to non-profit organizations, a whole-of-society approach is needed to keep our communities safe and secure. We will continue to provide additional resources, including grant funds and critical information and intelligence, to strengthen community efforts to prevent terrorism and targeted violence.” PreventionResourceFinder.gov is organized into five searchable categories:

- Community Support Resources
- Information-Sharing Platforms
- Grant Funding Opportunities
- Evidence-Based Research
- Training Opportunities

Each category is further organized by the audience it is intended to reach including community partners, faith-based organizations, educators, behavioral health providers, and others. DHS recently released Notices of Funding Opportunity for the Fiscal Year 2023 [Preparedness Grants](#), including the Nonprofit Security Grant Program, and for the [Targeted Violence and Terrorism Prevention Grant Program](#). These grant programs are focused on strengthening our national preparedness by focusing on terrorism prevention activities and on providing support to local projects that seek to prevent targeted violence and terrorism. The site offers a wide array of resources including educational materials, trainings, and information on grant funding. Visitors will be able to access multimedia content such as testimonials and videos. Visitors can filter content by federal agency, intended audience, keyword, department, or office. Some of the federal partners who contributed to the development of PreventionResourceFinder.gov include:

- Department of Education (ED)
- Department of Health and Human Services (HHS)
 - Centers for Disease Control and Prevention (CDC)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
- Department of Homeland Security (DHS)
 - Cybersecurity and Infrastructure Security Agency (CISA)
 - Federal Emergency Management Agency (FEMA)
 - Federal Law Enforcement Training Centers (FLETC)
 - United States Secret Service (USSS)
- Department of Justice (DOJ)
 - Federal Bureau of Investigation (FBI)

- Department of Labor (DOL)
- Department of State (DOS)
- Department of the Treasury (USDT)
- Department of Veterans Affairs (VA)
- National Counterterrorism Center (NCTC)
- U.S. Agency for International Development (USAID)

For more information, please visit www.PreventionResourceFinder.gov or email preventionresourcefinder@hq.dhs.gov.

Additional Activities

Meetings/Conferences

RSAF committee – February 2
 Virginia Ambulance Association – February 2
 OEMS Rep staff meeting – February 8
 American Ambulance Association Executive Director – February 17
 Virginia State Fire Chiefs Conference – February 22-24
 VDEM ICS300 – March 3-5
 RSAF Grant Conditions review – March 20
 Monday.com training – March 21
 AG review of proposed “attestation” language – March 22
 Regulation and Policy - March 29
 National Association of Public Safety Infection Control Offices (NAPSICO) Board meeting – March 28
 DMV Pedestrian Safety Taskforce – March 30
 Tableau Training – April 3-5
 Transportation Committee – April 10
 LFEMS BOD (virtual) – April 19
 FDIC/EMS Today – April 24-28
 NASEMSO – Methods for Testing Child Restraint Devices in Ground Ambulances – April 27/28
 NIOSH – National Occupational Research Agenda (NORA), Public Safety Sector Council – no activity

Testimonials

“Richardsville Volunteer Fire Department & Rescue Squad, Inc. is a small rural fire & EMS agency in Culpeper County Virginia. Our ability to raise funds is minimal due to our “off the beaten track” location and no corporate sponsorship in our first due. Over the previous four decades, being awarded Virginia Office of EMS Rescue Squad Assistance Fund Grants have allowed us to perform our duty to the public utilizing the most up to date vehicles and equipment. Our last four ambulances; 1996, 2002, 2015, and our new 2023 ambulance were all purchased with RSAF grant funds. The first two ambulances were replaced by the later: the older ambulances being in service nineteen (19) and twenty-one (21) years respectively.

In the past decade or more we have also been blessed to receive grants for laptops computers (to comply with operational reporting), two Physio Control Lifepak 15's, two Lucas devices, two Stryker Power lift systems and cots, and even the Dell 5110 printer purchased with grant funds in 2008 is still in use in the EMS Chief's office. With limited funds available from our local jurisdiction and limited fundraising opportunities, we would have been functioning at a severe technological disadvantage in the fast-changing EMS field without the help from RSAF. The providers at Richardsville Fire & Rescue are eternally grateful!!

*Phyllis Hurlock
EMS Captain/Treasurer”*

F) OEMS Patient Care Informatics Team

- **Support**

For the 1st quarter of 2023, the Informatics team responded to 150+ support tickets under ZenDesk from the EMS agencies & Virginia hospital facilities.

The Informatics team also worked on or participated in the following:

- Provided updates to the NEMSIS website regarding Virginia EMS agency and facility changes.
- Reviewed and updated agency codes to ensure codes were 5-digits as required in Elite.
- Worked on a comparison of DEM files for 20 agencies for the month of April & November 2022.

- Completed a record comparison for 10 agencies under ESO Analytics for testing purposes to make sure records are matching.
- Sent out emails to agency super users when the data quality reports were posted.
- Attended various meetings covering NEMSIS, HDE, Stroke Registry, as well as multiple meetings with ESO.

Tickets which were responded by the OEMS support from the agencies/facilities with different issue types are listed below:

- Data Quality reports.
- Access to ESO for agency data quality and submissions.
- Items regarding submissions and failed records.
- Validation errors.
- Access to Hospital Hub.
- Access to Patient Tracker.
- Logins/adding facilities issues.
- Access to Elite Historical site for old runs.
- Missing runs under repository.
- Follow up on the tickets submitted to ESO/ImageTrend support for issues related to the EMS agencies and facilities.

Daily tasks consisted of responding to the support Tickets under ZenDesk and answering support phone calls from the agencies.

- **Virginia Elite System – Historical**

The Informatics team’s activities regarding the historical repository remain unchanged since the last quarter. The team continues to provide access to the historical site when needed. We also are directing agencies to the new repository to access historical records. To date, no agency has reported any issues retrieving older records. This is being monitored so that, should any issues be identified, both EMS software vendors can be notified.

- **ImageTrend Elite system**

Since the transition to ESO in 2021, an ImageTrend system has been provided through the Western Region for use by Virginia EMS agencies. Agencies using this system were ones that were previously using the OEMS provided ImageTrend system prior to the ESO transition and have selected to continue using this EMS software platform.

The basic stats for the utilization of this system for the quarter was:

Number of agencies documenting one or more records	45
Records submitted under this Elite system	13,503
Percentage of records submitted for this quarter from this Elite system (Percentage is based on total records submitted for the quarter)	3.30%

Number of agencies that submitted less than 100 records	23
Number of agencies that submitted between 100 to 999 records	20
Number of agencies that submitted 1000 records or more	2

Number of documented patient contact records	12,679
Number of documented non-patient contact records	824

Please note that the above data is based on the information provided by the EMS agencies.

- **ESO system**

For this quarter, the Informatics team has focused on assisting ESO with supporting the Virginia EMS agencies and hospital facilities with ESO related questions. When any agency or facility reaches out with an ESO related question, the Informatics team evaluates the issue and addresses what we can. Items that cannot be addressed by our team are relayed over to ESO support and we provide the proper priority expectation. These are items that are typically related to items that require individual tenant access and only ESO support has that. The Informatics team ensures that ESO support items we receive are worked in a timely manner and escalated when needed.

- **EMS Data Submission and Data Quality (Virginia EMS (ESO) Data Repository)**
Data quality statistics for the quarter:

January 2023 stats	
Number of agencies reporting	571
Number of agencies with data quality scores 98% or higher	261
Number of agencies with data quality scores between 95% and 97.99%	55
Number of agencies with data quality scores below 95%	187
Number of agencies that failed to report	68
Total number of records reported	143,981
Total number of failed records	4,750
Total number of passed records	139,231

February 2023 stats	
Number of agencies reporting	571
Number of agencies with data quality scores 98% or higher	242
Number of agencies with data quality scores between 95% and 97.99%	58
Number of agencies with data quality scores below 95%	198
Number of agencies that failed to report	73
Total number of records reported	125,948
Total number of failed records	6,155
Total number of passed records	119,793

The March Data Quality Report was still in process of being created at the time this report was produced. Please note that the total number of agencies reporting reflects those agencies that are allowed to report data under another (parent) agency as well as federal agency that have a state license yet are not required to report.

One of the challenges we encounter with the published data quality report is keeping those up to date as agencies make changes. The Informatics team receives dozens of request each month to have this information updated because agencies make updates, and they want the reports to reflect those changes. To that end, we are working on a public-facing Tableau Data Quality dashboard. While a static report still needs to be generated based on the data quality requirement standards, this dashboard will provide current data quality information which will be updated automatically each morning. Agencies will be able to monitor data quality without having to log into the actual repository. This dashboard will not provide information regarding data quality issues since that information may contain protected health information. But this will provide agencies with a method of reviewing data quality whenever they want or need to. Our target is to have this up and operational before the end of 2023.

- **Trauma Registry/Biospatial**

The 2023 data dictionary was released (Dec 1st, 2022) and was sent to all the contacts for the facilities in Virginia. Since then, we pulled the dictionary release and completed updates based on the feedback from trauma program managers and their staff. The completion of this project consisted of ongoing meetings internally at OEMS and with ESO virtually. A finalize copy of the document was sent to ESO so they can get started on the development work. We are looking to be completed for implementation by June 30th, 2023.

Our team will be working with ESO to ensure a timely release and implementation for all the various trauma software systems ESO provides. We continue to monitor data submissions monthly and contact facilities in arrears. Facilities fall behind due to numerous reasons, but they are responsive when we contact them about missing data, and we help them in any way possible to get up to date. Data submission reminders are emailed to the contacts on file for each facility (monthly for non-trauma facilities and quarterly to the trauma centers). The Informatics team looks forward to resuming our data quality and compliance reports once the data dictionary is released.

There has been an increase in day-to-day activities with an increase in user agreements for access to the trauma registry and access to Biospatial. This is a good sign that facilities are increasing their staffing. OEMS are still reaping the benefits of Biospatial attending Symposium, since many of the new request stem from there.

The Informatics team continues working with Biospatial to send trauma data. Once the data is sent, team members follow up during our monthly Biospatial meeting on when that will be available in the system. This should be a great feature for trauma centers to use for visualizing their data. When the trauma data becomes available in Biospatial, we will work on establishing more users within the system. This will consist of reaching out to agency super users and to trauma center users (to explain the benefits of using the system).

Ad Hoc Reports

The OEMS Epidemiology Team received 14 data requests in the first quarter of 2023. Five specific requests are discussed below.

- A request was made for the number of traumatic brain injuries reported to the Virginia Statewide Trauma Registry (VSTR) between December 2022 and January 2023. During this timeframe, 810 brain injury incidents were documented in VSTR among patients who did not expire from their injuries.
- A request was made for the number of suspected overdoses occurring in Portsmouth between January and December 2022. During this timeframe, 830 EMS incidents occurred with a primary impression of suspected overdose; 546 of these incidents had a primary impression of opioid or heroin overdose.
- A request was made for the number of 911 responses for firearm injuries occurring in the Prince William health district between January 2018 and December 2022. A total of 304 EMS patients had a primary impression, secondary impression, or cause of injury documented as a firearm injury during this timeframe.
- A request was made for overdose rates occurring among EMS patients in the Peninsula health district between January 2018 and December 2022. Rates of overdose for this area can be found in Table 1.

Table 1. Rates of Overdose Occurring Among EMS Patients in the Peninsula Health District, January 2018 – December 2022, Virginia

Year	Drug Overdose Rate Per 10,000 EMS Incidents
2018	61.9
2019	59.1
2020	65.2
2021	65.1
2022	68.2
All Years	63.9

- A request was made for the number of EMS patients with a 911 response transported to healthcare facilities in the Northern Virginia EMS Council Region between July and December 2022, by facility. During this timeframe, 66,680 patients were transported to northern Virginia hospitals. The number of transports by hospital can be seen in Table 2.

Table 2. Number of EMS Patients with a 911 Response Transported to Healthcare Facilities in the Northern Virginia EMS Council Region, July - December 2022, Virginia

Healthcare Facility Name	Number of Transports
Fort Belvoir Community Hospital	257
HCA Reston Hospital Center	5,433
HCA StoneSprings Hospital Center	1,062
Inova Alexandria Hospital	5,606
Inova Emergency Care Center - Fairfax	233
Inova Emergency Care Center - Leesburg	1,296
Inova Emergency Care Center - Reston/Herndon	42
Inova Fair Oaks Hospital	4,542
Inova Fairfax Hospital	15,148
Inova HealthPlex - Ashburn	566
Inova HealthPlex - Franconia/Springfield	957
Inova Healthplex - Lorton	521
Inova Loudoun Hospital	5,270
Inova Mount Vernon Hospital	3,534
Kaiser Permanente - Tysons Corner - Advanced Urgent Care	28
Sentara Northern Virginia Medical Center	7,341
Tysons Emergency	783
UVA Haymarket Medical Center	1,695
UVA Prince William Medical Center	4,347
Virginia Hospital Center	8,019
Total	66,680

Meeting Attendance and Training Participation:

During the first quarter of 2023, the OEMS Epidemiology Program Manager and OEMS Epidemiologist Senior participated in several meetings and training opportunities, including:

- VDH Data Learning Collective meetings,
- Stroke Registry meetings,
- OEMS-Qlarion-ESO working sessions,
- VDH Data Release Guidelines team meetings,
- Tableau Analytics User Group meetings,
- VDH Epidemiology Advisory Committee meetings,
- a Monday.com training session,
- Council for Public Health Informatics Advisory Council meetings,
- EMS Advisory Board committee meetings,
- OEMS-Biospatial meetings,
- Overdose Surveillance Workgroup meetings,
- Overdose Prevention Workgroup meetings,
- a VDH All-Epidemiology meeting,
- Prehospital Care Research Forum Journal Clubs, and
- VDH Coffee Chats.

G) National Firefighter Registry for Cancer Enrollment Portal is Open

The [National Firefighter Registry \(NFR\) for Cancer enrollment portal](#) is now live! The [NFR](#) is the largest effort ever undertaken to understand and reduce risk of cancer among U.S. firefighters. It is open to all U.S. firefighters – paid or volunteer, active or retired, with or without cancer.

When firefighters sign up for the NFR, NIOSH researchers will match the information they provide to cancer diagnosis information from state cancer registries allowing NIOSH to study the relationship between cancer and firefighting over time.

NIOSH released several [communication materials](#) to help spread the word including an [NFR Promotion Kit](#) which outlines five steps you can take to help share the NFR with firefighters across the nation.

NIOSH is also hosting a call with interested parties to discuss how to promote the NFR on Wednesday, May 10 at 1:00 PM ET. If you are interested in attending, please register [here](#).

Please feel free to share these resources among your networks.

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. Workforce Measurement Project

The report on the results of the nationwide scan of state EMS office practices conducted for NASEMSO's Workforce Measurement Project is now available: https://nasemso.org/wp-content/uploads/Measuring-the-EMS-Workforce_NASEMSO_2023.pdf.

B. State EMS Offices Respond to the Opioid Epidemic

NASEMSO has partnered with the Center for Health and Justice (CHJ) at the Treatment Alternatives for Safe Communities (TASC) to support and publicize efforts of the EMS community in tackling the overdose crisis. The partnership has resulted in the production of informative briefs and nationwide webinars reaching audiences not familiar with the role of EMS and their capabilities in responding to the addiction epidemic. As a result of this partnership, the Bureau of Justice Assistance (BJA) Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) published a March 2023 article on its resource page titled, [State Emergency Medical Services Offices Respond to the Opioid Epidemic](#). This resource outlines several approaches undertaken by state EMS offices in collaboration with local EMS agencies to address the problem at its core. In addition, NASEMSO co-produced a webinar with COSSAP titled, [How EMS is Impacting the Lives of Overdose Patients in North Carolina](#). In this webinar, State EMS Medical Director Dr. Tripp Winslow describes the EMS medication-assisted “bridge” programs developed in several countywide EMS agencies.

For more information about NASEMSO's engagement in opioid and SUD response, contact Mary Hedges at hedges@nasemso.org and/or visit the [Opioid and SUD Ad Hoc Committee](#).

C. NASEMSO Announces a New Cooperative Agreement Project

The National Association of State Emergency Medical Services Officials (NASEMSO) is excited to announce the start of a new cooperative agreement project, funded by the National Highway Traffic Safety Administration's Office of Emergency Medical Services, to take critical, initial steps to improve the safety of children transported by ambulance.

This 15-month project will focus on drafting crash test methodology intended to evaluate the safety of commercially available devices used to secure children in the back of an ambulance. Test methods will be drafted for three unique transport situations:

1. supine pediatric patients (i.e., laying on their back on an adult sized cot);
2. seated pediatric patients or child passengers; and
3. supine neonatal patients.

This project is the **first phase** of a three-step process to develop, validate, and publish these three new child restraint test methods. This project will be completed collaboratively with industry experts (product manufacturers and ambulance builders), EMS clinicians, crash test laboratories, and federal and state partners. Once the test methods have been drafted, NASEMSO hopes to support the next phase of the project: crash testing of pediatric restraint devices currently available in the U.S. market. When funded, the crash testing phase will be used to both validate the draft test methods and evaluate existing and newly designed pediatric transport products.

The Technical Project Lead is Jim Green, who recently retired from his role on a related multi-year research project at the National Institute for Occupational Safety and Health (NIOSH). The NIOSH-led collaborative project drove dramatic improvements in EMS clinician and adult patient ambulance crash safety. Green will utilize a similar approach in the effort to improve child safety in ground ambulances. NASEMSO support is provided by Rachael Alter (Project Manager) and Adrienne Wilson (Project Coordinator).

For more information, contact Rachael Alter at alter@nasemso.org.

D. NASEMSO Program Manager Kathy Robinson Publishes an Article in Science Direct

NASEMSO is proud to announce that Kathy Robinson, program manager, is a co-author of the article, "[Leadership and Trauma-Informed Care: Working to Support Staff and Teams](#)." The article was published in the Journal of Emergency Nursing in Science Direct. The other co-authors is AnnMarie Papa DNP, RN, CEN, NE-BC, FAEN, FAAN. The concept of "trauma-informed care" as a paradigm in public health and human services has evolved over the past 30 years. Can trauma-informed practices be used as a leadership tool to help address staff/colleagues as they grapple with the concerns associated with a complex health care landscape? Trauma-informed care shifts the focus from "What's wrong with you?" to "What happened to you?" This powerful approach to addressing stress might help

set the stage for caring and meaningful interactions among staff and colleagues before exchanges become fraught with blame and unproductive or toxic impacts on team-based relationships.

E. Ray Mollers Announces Retirement from EMS Compact

Following a long career of public service and national EMS leadership roles, Ray Mollers, the Executive Director of the Interstate Commission for EMS Personnel Practice has announced his upcoming retirement. Mollers informed the Commission of his intentions to retire by September 2023, and is committed to ensuring a smooth transition in leadership of the Commission to the next Executive Director.

Appointed by the Commission in 2021, Mollers – who had previously retired from federal service - was hired as the first full-time Executive Director for the EMS Compact. Prior to joining the EMS Compact, Mollers served as the Director of Stakeholder Partnerships with the National Registry of Emergency Medical Technicians after serving our nation with 32 years of combined Federal service with the US Army Special Forces and Department of Homeland Security’s Office of Health Affairs.

“Ray not only has years of outstanding service to the national EMS system, but he has also provided strategic leadership as the EMS Compact was operationalized,” said Donnie Woodyard, Chairman of the Commission. “I want to publicly thank Ray for his service, leadership, dedication and integrity while serving as the Executive Director for the EMS Compact and his upcoming, well-deserved retirement.”

The Interstate Commission for EMS Personnel Practice will assemble a recruitment and nomination committee to identify Moller’s successor.

F. Rocco V. Morando, the Founder and first Executive Director of the National Registry of Emergency Medical Technicians

Rocco V. Morando, the Founder and first Executive Director of the National Registry of Emergency Medical Technicians passed away peacefully and surrounded by family on the morning of February 21, 2023 after a prolonged illness. He was 95.

“It is with a heavy heart and deep sadness that I inform you of the passing of our organization’s founder,” Bill Seifarth, the current executive director of the organization announced to his staff and board this afternoon. “Rocco Morando was a luminary in the EMS profession and was instrumental in helping shape the lifesaving system we know today. His legacy will continue to provide inspiration for years to come, and we are grateful for his contributions.”

On June 4, 1970, the National Registry of Emergency Medical Technicians was established following the recommendation of a task force assembled under President Lyndon B. Johnson’s Committee on Highway Traffic Safety. Morando was selected as the National Registry’s founding executive director in 1971 and held that position for nearly two decades.

During his career at the National Registry, Morando oversaw a number of accomplishments, including: the first basic NREMT-A examination administered simultaneously to 1,520 ambulance personnel at

51 test sites throughout the United States (1971); the first recertification of Nationally Registered EMTs based on re-evaluation of skills (1973); the development of the first national paramedic curriculum in conjunction with leading EMS agencies and the University of Pittsburgh (1976-77); and the first NREMT-Paramedic examination (1978); the development of the first NREMT-Intermediate curriculum and examination (1980).

Upon his retirement on December 31, 1988, Morando was honored with a celebration attended by hundreds of friends and representatives from national EMS organizations. The National Registry's headquarters in Columbus, Ohio was renamed the Rocco V. Morando Building that same year. The Rocco V. Morando Lifetime Achievement Award, named in his honor, recognizes a lifetime of commitment, contributions and leadership to Emergency Medical Services (EMS). The award is presented by the National Association of EMTs and is sponsored by the National Registry.

G. Department of Defense Portability of Licensure

The Veterans Auto and Education Improvement Act of 2022 was enacted on January 5, 2023. Sec 705A. *Portability Of Professional Licenses of Members Of The Uniformed Services And Their Spouses* provides that professional licenses of active duty military and their spouses transferred to a new state must be automatically recognized by the new state. To avoid preempting compacts, it provides that if a servicemember or spouse of a servicemember is licensed and able to operate in multiple jurisdictions through an interstate licensure compact, with respect to services provided in the jurisdiction of the interstate licensure compact by a licensee covered by such compact, the servicemember or spouse of a servicemember shall be subject to the requirements of the compact or the applicable provisions of law of the applicable State and not this section.

<https://www.congress.gov/bill/117th-congress/house-bill/7939/text#toc-H3C776FAC7FC94DA18FA8032FF2AE2E65>

H. States Strive to Reverse Shortage of Paramedics and EMTs

Low wages, a lack of work-life balance and burnout are among factors driving emergency medical services personnel around the country to quit ambulance duty.

Last year, the turnover rate for full-time emergency medical technicians, known as EMTs, was 36% and for full-time paramedics, it was 27%, according to an American Ambulance Association survey. The turnover rate includes both resignations and firings, but nearly all of the EMTs and paramedics who left did so voluntarily. More than one-third of new hires don't last through their first year, the survey found.

A federal study projected a need for 40,000 more full-time emergency medical personnel from 2016 to 2030.

"The public doesn't see where there's no one in the station, and volunteer services are trying to muster a crew," said Dia Gainor, executive director of the National Association of State EMS Officials and former director of the Idaho EMS office for 19 years.

When people call 911 to report a crisis — be it a car crash, drowning, shooting, difficulty breathing, heart attack, fall, stroke or drug overdose — emergency medical clinicians often are first on the scene to treat and transport the patient to the hospital. Agencies also transfer patients between hospitals.

To stave off longer 911 call wait times and the closure of ambulance services, many states are rethinking how they recruit and retain both paid and volunteer EMS workers. Nearly 40 state legislatures and Washington, D.C., considered bills in 2022 related to various aspects of emergency medical services, according to the National Conference of State Legislatures.

One idea is to expand the EMS workforce pool by age. As states felt the workforce pinch and began looking for younger clinicians, the National Registry of Emergency Medical Technicians, which tests and certifies EMTs, in 2019 eliminated any age requirement for certification. It had been 18.

At least six states have lowered the minimum age for EMT training to 16 or 17, according to NCSL. New Jersey, for example, allows 16-year-olds to enroll in training with parental consent. Indiana passed a law last year to allow retired emergency service personnel and some students to qualify for temporary licenses.

Louisiana is among states that offer EMS training classes in high schools. The Jump Start program started in 2015 and, by 2019, had led to the state licensing of 2,000 emergency medical responders, who have completed the first level of training and can provide immediate life-saving care until EMTs arrive on the scene. The program has also trained dozens of licensed EMTs, who can drive and care for patients in the ambulance, according to a report by the Louisiana Bureau of EMS.

“I’ve always liked medical stuff,” said Trentin Monk of Elizabeth, Louisiana, 16, who said his dream job is to become a flight paramedic, or a paramedic who works in an air ambulance. Last year at age 15 and as a sophomore in high school, he became the youngest certified EMT ever in Louisiana.

After Monk was certified nationally and had two rides in the ambulance, though, the fire department said he was too young to ride because of insurance rules. He volunteered for a few months longer but quit when he got tired of sitting around and not going on calls. He’s still glad he took the classes and the exam.

“It’s a good thing to put on my resume,” he said, adding he plans to return to EMT duties when he turns 18.

Most metropolitan EMS agencies in Louisiana choose not to hire employees under the age of 21 for insurance purposes, but many rural EMS agencies and fire departments will hire people over the age of 18, according to the state EMS report, which said applicants who already have a state license have an advantage in the hiring process.

Kelly Grayson, a critical care paramedic and owner of the consulting business MEDIC Training Solutions, was Monk’s EMT teacher.

“Getting high school kids into the training program hasn’t alleviated the shortage, but it’s a start,” Grayson said, adding it can be better than trying to recruit people already in the workforce. “The idea is to start them young and keep them in EMS for a longer period of time.”

Licensed by the states, EMTs and paramedics work full- or part-time or volunteer in city or county rescue squads and fire stations, separate EMS stations and private ambulance companies, as well as in hospitals and clinics. The biggest difference between EMTs and paramedics is their training and scope of work.

An EMT needs no previous medical background before training, but to become a paramedic, one needs to be an EMT before training.

Bruce Evans, then-president of the National Association of Emergency Medical Technicians, told a congressional panel last February the association's EMT and paramedic members respond to nearly 28.5 million emergency calls each year.

"Currently, our nation's EMS system is facing a crippling workforce shortage, a long-term problem that has been building for more than a decade but made significantly worse by the pandemic. Most communities are facing crisis-level shortages of EMS personnel and many communities have been impacted by agency closures," Evans testified at a Senate subcommittee hearing on health care workforce shortages.

While workers in other fields have been able to work from home during the coronavirus pandemic, EMTs and paramedics continued to respond to 911 calls and go into people's homes during early days, before vaccines were available or scientists fully understood how COVID-19 spread. Some clinicians quit because they were afraid of bringing the virus home to their family members; others couldn't keep up with the additional hours required to take up the slack, officials said.

The ambulance workforce shortage comes even though more EMS clinicians are being certified nationwide. There were 456,366 certified EMS workers in 2021, an increase of 5% and 20,200 people from the year before, according to the National Registry of Emergency Medical Technicians.

"Like all health care, there is a workforce shortage, but with emergency medical services, it's also a placement, a distribution problem," Susan Bailey, current president of the National Association of Emergency Medical Technicians and director of the Louisiana Bureau of Emergency Medical Services, said in an interview.

"Since COVID-19, hospitals have found value in EMTs and paramedics, and they've started hiring them at competitive salaries," she said. "It takes them out of the ambulance and into the hospital."

Ambulance agencies can't pay more because the federal reimbursement rate for ambulance services has not kept pace with the costs, she said. The Center for Medicare and Medicaid Services is evaluating a pilot program with a new fee payment model that could lead to changes in the ambulance reimbursement structure.

Pay and benefits were a top concern of EMS workers who responded to the EMT association's 2022 workforce satisfaction study, but the inability to balance work demands with family responsibilities edged out pay as the primary reason people said they were leaving their jobs. More than half of the respondents said they worked two or more jobs to make ends meet.

Two of five EMTs said they made less than \$15 an hour; about half the paramedics, who have more training, made \$21 to \$30 an hour, the workforce satisfaction study reported.

Workforce challenges are particularly acute in rural areas that rely on volunteers to respond to 911 ambulance calls.

Jules Scadden, a paramedic for 30 years, is director of emergency medical services at Dysart Ambulance Service in central Iowa. Dysart is a city of 1,379 people about 20 miles south of Waterloo, where the nearest hospitals are.

Dysart's two ambulances cover a service area of 150 square miles and run about 200 calls a year. The service had about 24 workers on the roster pre-pandemic and now is down to 20. Except for Scadden and two other employees, the rest are volunteers.

"I'm fortunate because even with a small roster, we're able to keep the ambulance staffed 24/7," she said. Time was when volunteers could show up for calls as they were available; now volunteers are scheduled. At one time, local schools allowed staff to leave school to take ambulance calls, but that's no longer the case.

If it's hard to keep volunteers, it's as difficult to hire paid staff, she said.

"In my little, small rural area, we cannot afford to pay what bigger cities can pay. New people want the big city; they want the call volumes."

However, Texas found that in the first eight months of 2021, only 27% of state-licensed emergency medical services personnel submitted a patient care record, which is required for patients who receive care in an ambulance. That means more than 70% of licensed EMS professionals were not working in ambulances, said the Texas EMS Alliance, which represents EMS agencies in the state, citing Texas Department of State Health Services data.

Texas Gov. Greg Abbott, a Republican, signed a \$21.7 million measure in November 2021 funded by federal COVID-19 relief funds to expand awareness of EMS careers, provide tuition scholarships for EMS training and ramp up other recruitment and retention efforts.

States also are studying how to maintain EMS systems. A commission in Maine issued a 51-page report in December that recommends the state spend \$70 million annually for five years to avert an emergency medical crisis that stems in part from a lack of volunteers.

The Colorado legislature, noting that some Coloradans "no longer have access to a Colorado-based emergency medical services system, and other Colorado communities are at risk of losing" theirs, set up a task force to study long-term EMS sustainability.

In New Hampshire, Democratic state Sen. Suzanne Prentiss, a paramedic, suggested to state Commissioner of Safety Robert Quinn that he convene an ad-hoc committee to study EMS workforce and other issues, and he did.

Among the committee's dozens of recommendations: End New Hampshire's requirement that EMS workers be U.S. citizens, develop a plan to recruit people of more diversity in race, ethnicity and gender and develop a more active social presence.

“Be more inclusive — that’s what we need to do,” Prentiss said in an interview. “Entire groups of people just don’t see themselves in these roles and don’t know how to get into the profession. We can do better in New Hampshire.”

I. National Roadway Safety Strategy Call to Action

The remainder of this section is dedicated to the National Roadway Safety Strategy, first highlighted in the February 3, 2023, OEMS Quarterly Report to the State EMS Advisory Board. This section highlights the actions taken or will be taken by many of the leading companies, organizations and associations in the country as a result of the National Roadway Safety Strategy.

USDOT has launched a Call-to-Action campaign, inviting stakeholders to share how they are embracing the National Roadway Safety Strategy (NRSS) vision of eliminating roadway fatalities. The Call to Action encourages stakeholders to redouble their efforts and share how they are:

- Taking steps to actively reduce the number of deaths and serious injuries on America’s roads and streets.
- Expanding adoption of a [Safe System Approach](#) and a Zero Fatalities vision
- Transforming how we as a nation think about road safety.

Is your organization committed to zero fatalities? [Join us. Allies in Action](#)

The stakeholders listed below have already committed to **taking specific action in 2023** to reduce serious injuries and deaths on our roadways:

3M

3M will help to improve visibility and safety on the roadway by helping road agencies determine how reflective signage and lane markings can make things like dangerous curves, stop-controlled intersections, and bike lanes safer; protect vulnerable road users like pedestrians, cyclists, and school children by [improving 100 school zones](#), updating crosswalks and signage using [3M reflective materials](#); advance connectivity for road agencies to their roadway assets through deployment of a new Impact Detection System that notifies road authorities when a roadway asset is compromised and helps it get repaired quickly; and improve equity in our transportation system by committing \$50 million to address social justice and racial opportunity gaps. A portion of those dollars go to invest in transportation equity initiatives, like the work 3M did in Providence, Rhode Island, with the Hope Street Urban Trail, a temporary demonstration project to connect the underserved Mount Hope neighborhood to schools, a community center, a library, and a commercial district.

AAA

[AAA](#) will continue to fund and publish new case studies and research aimed at understanding the factors contributing to unsafe roads and how to better implement the Safe System Approach. In collaboration with Johns Hopkins and the UNC Highway Safety Research Center, AAA will develop a guidance report for use by engineering and behavioral highway safety practitioners interested in adopting Safe System principles.

Alliance for Automotive Innovation (Auto Innovators)

Auto Innovators will continue to support NHTSA's efforts to improve the New Car Assessment Program (NCAP) by [advocating for the adoption of safety technologies](#), including automatic emergency braking and auto high beam, among others. Auto Innovators will continue to educate consumers about important safety features in vehicles and work with NHTSA to drive adoption of these systems in order to achieve real-world safety benefits. Auto Innovators views NCAP, and free services to make the public and States aware of open vehicle recalls that can be resolved at no-cost, as significant pieces of the Safer Vehicles aspect of the holistic Safe System Approach.

Amazon

Amazon will invest \$200 million in new safety technology to be deployed across our fleet of trucks and vans in 2023, raising the bar on safety. This commitment ensures Amazon's vehicles are best-in-class in safety and sustainability and incorporate industry-leading technology to make vehicles and drivers safer. [Read Amazon's press release](#).

Amazon Web Services (AWS)

Amazon Web Services (AWS) is committing more than \$500,000 to build and demonstrate innovative technology solutions that could be implemented to scale and improve the efficacy of the NRSS initiative. AWS's cloud solutions, including advanced analytics and machine learning capabilities, could support the ability to collect and analyze critical data, conduct important research, and derive strategic insights to support the creation of a safer national roadway.

American Association of State Highway and Transportation Officials (AASHTO)

AASHTO has initiatives planned and underway to support safety for all road users that include:

- Conducting a Safety Summit to energize incorporating safety more comprehensively throughout state DOT activities and the project lifecycle.
- Developing resources to support implementation of the Safe System Approach throughout all facets of a [state DOT's work](#) and among all staff.

- Updating AASHTO’s “Green Book” to provide expanded discussions of flexibility in existing design guidelines to more comprehensively address the needs of all road users from environmental, contextual, and community perspectives.
- Updating AASHTO’s Highway Safety Manual with additional research-based methods for considering safety impacts of decisions on additional facility types and more comprehensive consideration of pedestrian and bicyclist safety.
- Advancing safety in project decisions through [research on safe system implementation](#), active transportation safety, and data-driven safety analysis.
- Promoting a culture of safety across the AASHTO community and within state DOTs.
- Disseminating leading practices and tools to support state DOTs in accelerating enhancements to their programs and procedures for improved safety.
- Sharing methods among states for [quantifying safe system concepts](#) and including [safety-related equity issues](#) in programming and project decisions.

American Public Transportation Association (APTA)

In 2023, [APTA](#) plans to conduct 12 Safety Spotlight Webinars as well as sessions on safety at the 2023 APTA Mobility, Rail, and Annual Conferences. APTA will also convene its annual Mid-Year Safety and Risk Management Seminar in late 2023, which benefits the nation’s transit agency safety and risk management professionals. Finally, APTA has published many safety-related standards and recommended practices, including those on hours of service, fitness for duty, roadway worker protection, safely operating in yards, and rulebook development.

American Association of Motor Vehicle Administrators (AAMVA)

[AAMVA](#) has innovations underway to update policies, practices, and systems that will facilitate electronic exchange of driver history record information, increase the number of states that use the Driver History Record of State-to-State to transmit out-of-state convictions, upgrade the Commercial Skills Test Information Management System, and develop modernized commercial driver skills test protocols that target safe behaviors.

American Bus Association (ABA)

ABA will encourage increased motorcoach passenger seatbelt usage through the promotion of a passenger pre-trip safety message (video) and promotional and educational kit materials from Sara’s Wish Foundation’s “Be Safe ... Sit, Click, Ride” campaign. ABA will also promote safe driving practices and speed management by providing online, registered entry level driver training courses and in-person educational outreach on remedial or refresher driver training, including recommended best practices for ongoing driver evaluation.

American Honda Motor Co., Inc. (Honda)

Honda will continue to invest in driver safety education initiatives for young drivers, specifically teens and young adults. Planned initiatives for 2023 include: providing [grants](#) for organizations focused on teen driver safety through Honda's corporate social responsibility efforts; teaming up with the National Safety Council's DriveitHOME program to offer free virtual [parent nights](#) to educate parents of young drivers; and offering free, dedicated educational resources for teen drivers on its [consumer website](#).

American Road & Transportation Builders Association (ARTBA)

ARTBA will [advance safety in work zones](#) by promoting automated speed safety enforcement in work zones and providing recommendations for successful implementation; encouraging the use of positive protective measures between workers; reducing intrusions into roadway work zones and sharing best practices; and publishing a new [National Work Zone Safety Information Clearinghouse](#) website. [Read ARTBA's press release](#).

American Trucking Associations (ATA)

ATA's [Share the Road Program](#) commits to conducting highway safety outreach to at least 100 schools and public events about the importance of sharing the road safely with large trucks. ATA's Law Enforcement Advisory Board will continue to enhance the relationship between the trucking industry and law enforcement, resulting in the shared goal of highway safety for all road users. ATA's Public Awareness Campaign on Work-Zone Safety will raise awareness for highway safety in work zones. [Read ATA's press release](#) or [view ATA's video commitment](#).

Centers for Disease Control & Prevention (CDC)

The CDC's [Active People, Healthy Nation](#) will work with funded recipients and national partners to support plans to adopt and implement Complete Streets policies, Safe Routes to School programs, and Vision Zero plans. CDC will continue to provide public health leadership to advance proven prevention strategies and support the Safe System approach for motor vehicle crash and injury prevention. To advance innovative and collaborative actions, CDC entered a multi-year Memorandum of Understanding with DOT's National Highway Traffic Safety Administration.

Coalition of Ignition Interlock Manufacturers (CIIM)

CIIM will work with States to stop drunk driving by improving and expanding ignition interlock laws. Ignition interlocks are the only technology currently available that can prevent a DUI offender from starting a vehicle when the driver has been drinking alcohol. CIIM will also work with State agencies and partners to achieve effective implementation of ignition interlock programs and to maximize offender participation.

Commercial Vehicle Safety Alliance (CVSA)

CVSA will deliver post-crash training courses, conduct outreach and training to the judicial community, and deliver CMV traffic enforcement training to non-CMV certified law enforcement officials. CVSA's post-crash training will improve the quality and consistency of post-crash inspections and reporting, resulting in better data for safety officials to rely on when crafting data-driven safety programs. The outreach and training to the judicial community will help lawyers and judges understand the importance of ensuring that the charges on a driver's record are accurate, and the CMV traffic enforcement training will provide non-CMV certified law enforcement officers with the information and confidence they need to stop CMV drivers engaging in unsafe driving behavior, which is the leading cause of crashes on our roadways. [Read CVSA's press release.](#)

CTIA

CTIA, the wireless industry association, launched a new, nationwide "Drive Smart" educational initiative in March 2023 to encourage drivers to put down their phones and follow safe, responsible driving behavior. The multifaceted campaign centers around a PSA-style message that highlights a few of the "1,000 Ways" that passengers can say "no" to distracted driving behavior when their loved ones, friends, neighbors, rideshare drivers, or whomever behind the wheel reach for the phone while driving—stopping the behavior before it results in an accident.

DoorDash

DoorDash is helping Dashers stay safe and focused on the road through their [SafeDash](#) and [occupational accident insurance](#). DoorDash is also launching a [new set of safety initiatives](#) to further help Dashers stay safe and focused on the road including reduced in-app notifications while driving, piloting advanced telematics to help Dashers learn from their own driving behaviors, and by encouraging customers to not reach out to Dashers via the app when the Dasher is driving. DoorDash will continue to support policies and campaigns that improve roadway safety, including New York City's 25 x 25 Campaign. [Read DoorDash's press release.](#)

Foundation for Advancing Alcohol Responsibility-Responsibility.org

Responsibility.org has several programs and initiatives supporting the "Safer People" objective in the NRSS, addressing impaired driving behavior. Responsibility.org created an extensive [Toolkit](#) to support states and jurisdictions to address High Risk Impaired Driving, which includes repeat offenders and drivers impaired by substances. It also established and will continue to lead the [National Alliance to Stop Impaired Driving \(NASID\)](#) in an effort to eliminate all forms of impaired driving through effective and proven measures. Responsibility.org and NASID will continue to collaborate with researchers, state and federal advocacy efforts, public awareness and education, and state implementation of effective programs.

FIA Foundation

The FIA Foundation will promote the deployment of [FIA's Road Safety Index](#) among private-sector companies around the world. FIA's Road Safety Index is an evidence-based tool that helps scale up the Safe Systems Approach globally and aims to elevate and improve road safety throughout the commercial market, utilizing the private sector as a catalyst. Organizations will identify opportunities to improve safety performance throughout their supply and/or value chain. The methodology is similar to that which enables organizations to measure their carbon footprint.

Governors Highway Safety Association (GHSA)

GHSA will promote behavioral highway safety within the Safe System Approach and raise awareness of critical threats to Vulnerable Road Users. GHSA formed its new Equity and Engagement Committee and remains focused on engaging new communities and advancing equity as well as diversifying the highway safety community by building capacity and developing the safety workforce. It will encourage its members to enhance data analysis to identify overrepresented populations; identify and engage non-traditional partners to deliver behavioral programs to underserved communities; and make members aware of Regional Operations' Technical Assistance efforts. GHSA has also revamped its partner grant programs to spark innovation in community engagement. [Read GHSA's press release.](#)

Insurance Institute of Highway Safety (IIHS)

IIHS has initiatives underway to:

- Improve occupant protection systems, enhance collision avoidance systems, and address the safety needs of vulnerable road users outside the vehicle.
- Improve driver behavior associated with advanced driving assistance systems through consumer information programs, including direct outreach through insurance companies and auto dealers.
- Expand the acceptance and utilization of safety cameras for speed management and traffic signal compliance through improved messaging with policy makers, practitioners, and the public.
- Encourage the utilization of multifaceted interventions that integrate engineering, enforcement, and public education approaches to address the challenges of speeding, impairment, unbelted occupants, and vulnerable road user safety.
- Connect industries and organizations to holistically address road safety challenges.

International Association of Chiefs of Police (IACP)

IACP will provide national leadership to America's policing profession in support of the NRSS. Initiatives include providing training and technical support to police leaders in the equitable, fair and transparent enforcement of roadway safety laws that focus on risky and dangerous driving behaviors,

and promoting “Elevate Blue,” an IACP initiative, in partnership with the Department of Justice, Bureau of Justice Assistance and NHTSA, that focusses on the benefits of community-oriented policing.

Institute for Safer Trucking (IST)

IST will educate the public about the safety benefits of proven technologies, like automatic emergency braking, speed limiters, and underride protection devices. IST will share information through its Safer Trucking Report, which includes statistics about fatal truck crashes, recommendations to mandate the safety technologies, and by updating fact sheets on automatic emergency braking, speed limiters, and underride protections.

Institute of Transportation Engineers (ITE)

ITE’s [*Implementing the Safe System Approach Course*](#) is a new certificate-based blended learning course that provides an in-depth understanding of the Safe System Approach and its application. The intended audience for the course is transportation planners, engineers, safety data analysts, public health professionals, and other key stakeholders with shared responsibility within the Safe System. Individuals who successfully complete this program will receive an ITE [*Implementing the Safe System Approach*](#) Certificate. Those holding level one and level two Road Safety Professional certifications will particularly benefit from the deep dive into this key safety topic as well as receiving professional development hours or certification maintenance credits.

League of American Bicyclists

The League of American Bicyclists will provide technical assistance to local governments and other stakeholders interested in addressing vulnerable road user safety through BIL programs. This will include support to jurisdictions applying for funding through programs such as Safe Streets and Roads for All, Thriving Communities, and Transportation Alternatives. The League will also work with States as they implement the Highway Safety Improvement Program’s VRU Safety Assessment and VRU Special Rule, as well as on speed management and Complete Streets planning.

Lime

Lime’s continued commitment to Zero Fatalities is three-pronged: Safer People—via rider education and in-app reporting feature and [*sidewalk detection*](#). Safer Rides—by integrating accident detection technology and making safety learnings core to its hardware development. And Safer Decision Making—by sharing city reports with infrastructure and accident detection recommendations to move its partners forward.

Lucid Group, Inc.

Lucid will be the first all-electric automaker to join an industry coalition focused on informing the public on automated vehicles and advanced driver assistance systems (ADAS). Lucid will leverage the expertise of the coalition and invest in joint communication campaigns to educate consumers on

automation technologies. Lucid strives to continually refine the suite of detection, warning, and prevention systems on our vehicles and we believe automakers have a responsibility to convey the capabilities of their vehicles to consumers. Lucid vehicles will continue to come standard with a comprehensive suite of active safety features, including automatic emergency braking, front and rear cross traffic protection, traffic sign recognition, blind spot monitoring, lane departure protection, and rear pedestrian collision protection.

Lyft

Lyft is committed to reducing impaired driving and improving road safety. Lyft will continue to conduct research to understand how [rideshare helps reduce impaired driving](#) and provide funding, in partnership with GHSA, for [innovative countermeasures to prevent impaired driving](#) during peak times such as holidays. Lyft will continue to promote road safety by offering product features like optional real-time speeding alerts that notify drivers when they exceed the speed limit by 5 mph, and the Smooth Cruiser Program, which provides participating drivers a weekly report of their driving behavior and encourages safer driving practices. Lyft will also continue supporting multimodal transportation by investing in organizations and infrastructure enhancements that improve safety outcomes for those who walk, ride, and roll.

Missouri Department of Transportation (MoDOT)

MoDOT will continue to expand implementation of the [Buckle Up Phone Down \(BUPD\) program](#). The BUPD program challenges Missourians to do their part in making Missouri's road safer by using their safety belt and putting down, or turning off, their phone. MoDOT initiated the program in 2017, and it has spread steadily across Missouri and several other states. The current program focuses outreach to drivers through educational materials and a BUPD pledge.

Mothers Against Drunk Driving (MADD)

MADD will continue to engage impaired driving victims and survivors, ensuring their voices are heard while supporting the NRSS and its goal of zero fatalities. These actions will include providing opportunities for victims and survivors to share their powerful stories, continuing to educate on the dangers of impaired driving, supporting fair and equitable high-visibility traffic safety enforcement of impaired driving laws, and advocating for implementation of an advanced impaired driving prevention technology standard on all new cars.

National Association of City Transportation Officials (NACTO)

NACTO will:

- Partner with the National League of Cities to support small cities (population less than 150,000) in developing competitive applications for SS4A grants.
- Amplify Federal funding opportunities for safe streets planning and implementation through its peer networks and Designing Cities Conference 2023.

- Train transportation planners and engineers how to manage speeds on major streets during a workshop on Arterial Speed Management at Designing Cities 2023.
- Update the [Urban Bikeway Design Guide](#) to provide state-of-the art guidance on how to build All Ages & Abilities bike networks in every city.
- Increase awareness and adoption of the City Limits-defined approach for setting speed limits based on conflict density and activity level through peer network conversations with NACTO members and a tracking map of speed limit reductions.
- Participate on the National Committee on Uniform Traffic Control Devices to achieve higher standards for pedestrian protection, contextually appropriate speed limits, and better options for transit and bike infrastructure in the MUTCD.
- Connect city fleet managers and safety staff around direct vision and safety-focused vehicle design topics.

The National Association of State 911 Administrators (NASNA)

NASNA will continue to work with USDOT to support and improve the nation’s 911 system through consistent service for 911 calls. This includes continuing to ensure 911 interoperability of public safety answering points within and across states, administering 911 network security and reliability, facilitating staffing, and helping to develop sound public policy vital to support 911’s continued growth.

National Association of County Engineers (NACE)

NACE will promote the development and implementation of Local Road Safety Plans by hosting a Safe Streets and Roads for All (SS4A) workshop at the NACE 2023 annual meeting. NACE will promote the development and implementation of Comprehensive Safety Action Plans and publicize its efforts through social media and member publications.

National Association of State EMS Officials (NASEMSO)

NASEMSO members are diligent in their commitment to the Post-Crash Care element of the National Roadway Safety Strategy through ongoing collaboration with the National Highway Traffic Safety Administration and the Federal Highway Administration to improve Post-Crash Care at the incident level and statewide while serving as the collective voice of the nation’s EMS systems.

National Complete Streets Coalition/Smart Growth America (SGA)

SGA will support the adoption of the Safe System Approach by building capacity and experience at the state and local level. It will collaborate with State DOTs and localities to plan, implement, and evaluate transportation safety demonstration projects that will build skills in transforming streets into safer and healthier places and equip elected officials from across the country to effectively advocate for and support policies and designs that improve the safety of streets in their communities. Example activities

include the [Complete Streets Leadership Academies](#) and the [Champions Institute](#) to equip elected officials from across the country to effectively advocate for and support policies and designs that improve roadway safety.

National League of Cities (NLC)

NLC has many initiatives in support of the National Roadway Safety Strategy including a commitment to grow the [Safety First Challenge](#) to include up to 50 additional communities that are committed to action using proven road safety intervention strategies, host two upcoming [Local Infrastructure Hub](#) Technical Assistance Bootcamps focused on preparing small and mid-sized communities to apply for Safe Streets and Roads for All grants, add localized safety data resources, and establish working relationships between [local youth safety leaders](#) and elected officials.

National Sheriffs' Association (NSA)

NSA will provide leadership at the national level by encouraging and promoting fair and efficient administration of criminal justice throughout the United States as an integral part of its charter. NSA supports the Safer People category of the NRSS Safe Systems Approach.

National Organization of Black Law Enforcement Executives (NOBLE)

NOBLE will continue its support of the NRSS and take advantage of opportunities to include it in training programs and provide related materials and updates to its membership. In addition, the NRSS will be an integral part of the work going forward of NOBLE's recently established Traffic Safety Committee. The NRSS furthers the NOBLE mission to ensure equity in the administration of justice.

National Organizations for Youth Safety (NOYS)

As a national youth-powered organization, NOYS is committed to uniting and equipping young people in historically marginalized communities to address transportation safety through the Safe System Approach, while working with city leaders to create an intergenerational co-leadership in road safety, achieving sustainable mobility and social justice for all. NOYS will increase its presence in diverse communities through building sustainable partnerships with local social services, nonprofits, and government entities, delivering intentional outreach to youth passionate about transportation safety. NOYS will review and refine its hyperlocal youth advocacy efforts in transportation safety by ensuring they are relevant, aligned, and accessible.

National Safety Council (NSC)

NSC is committed to improving safety outcomes in underserved communities by providing access to safety information and data to support transportation safety efforts in underserved communities. NSC will also work to improve child passenger safety, improve outreach to eliminate distracted driving, improve consumer understanding of vehicle safety technology, and improve novice driver outcomes by working with parents and caregivers, including translating materials into a third language. NSC will

continue to distribute grants through the [Road to Zero](#) to implement the Safe System Approach and support policy changes at the State level to improve safety. [Read NSC's press release](#).

National Tank Truck Carriers (NTTC)

NTTC's [Zero Distractions Campaign](#) combats the dangers of distracted driving by sharing information and resources, including its revised Zero Distractions toolkit, which includes social media messaging and posters that companies can use to spread awareness about distracted driving. NTTC also partnered with the University of California, San Diego's Training, Research and Education for Driving Safety (TREDS) Program to develop a train-the-trainer educational program for safety managers in the commercial tank truck industry. The TREDS Program is funded through the CA Office of Traffic Safety and FMCSA.

Partners for Automated Vehicle Education (PAVE)

PAVE will advance consumer awareness of Advanced Driver Assistance Systems (ADAS) and Automated Driving System (ADS) safety by hosting a two-hour virtual town hall titled "Safer Streets Forum: Making Community Streets Safer through Technology, Policy, and Advocacy" and by developing a public sector toolkit, available in Summer 2023, for state DOTs and state highway safety officers to use in communicating with the public about automated vehicle technologies. The toolkit will include guidance for communicating the differences between ADAS and AVs, infographics, and FAQ documents. PAVE will also create ADAS educational materials targeted to new and young drivers and will partner with youth safety and driver safety organization to run the campaign.

Safe Kids Worldwide

Safe Kids Worldwide will continue to advance child passenger safety through the certification of trained Child Passenger Safety Technicians and by organizing and supporting car seat check events and distribution of car seats to at-need families. They will investigate child passenger safety disparities and are developing a Child Safety Index that leverages injury and sociodemographic data to identify populations at greater child injury risk and help allocate resources. Safe Kids Worldwide will also advance teen driver safety and vulnerable road user (VRU) safety by collaborating with [Impact Teen Drivers](#) to address teen driver safety and distracted driving through grant programming and youth fellowship summits, and by providing VRU safety education through the 2023 Ready to Roll program.

The Safe Operating Speed Alliance (SOSA)

SOSA will continue to meet with USDOT Agencies, Safety Advocates, and Associations to support NRSS and advocate for more effective use of Behavioral Science and Technology to address the speeding behavior and improve Injury Prevention benefits. SOSA will continue to educate Cities and governmental entities on how to move towards safer roads and prevent harm by applying more effective Injury Prevention strategies to the speeding behavior. Education activities include creating fact sheets, conducting webinars, and presenting to Safety Associations and Interested Safety Advocacy Groups.

State Farm

State Farm will conduct and/or fund research in essential topic areas, identify data-supported solutions, promote auto safety through philanthropic funding, encourage safe driving through educational programs and advocate for highway safety legislation such as enforcing primary seat belt usage for all occupants. State Farm will continue to conduct and/or fund research topics such as private passenger and commercial transportation safety, driver behavior, vehicle technology, roadway technology and design, impacts on insurance, and more.

Truckload Carriers Association (TCA)

TCA commits to delivering a webinar to its membership about the benefits of adopting Automatic Emergency Braking and other safety improvement technology to improve the safety performance history of TCA members nationwide.

Truck Safety Coalition (TSC)

TSC will encourage Adoption of Safety-Proven CMV Countermeasures by highlighting the harrowing [experiences](#) of truck crash victims and survivors caused by the lack of widescale adoption of proven CMV safety countermeasures. TSC will also feature webinars highlighting the efficacy of measures such as AEB, ADAS, Underride Guards and Speed Limiters.

Uber

Uber will build on its existing multimodal [road safety investments](#) by [launching](#) three new commitments: supporting Vision Zero efforts and aligning with the Safe System Approach; doubling down on the company's [proven impact](#) in reducing drunk driving by pledging \$500,000 in new prevention efforts in five states; and launching new bike safety features to help keep people on bikes safe, including expanding bike lane alerts and launching a bike safety checklist for couriers. [Read Uber's press release.](#)

United Parcel Service, Inc. (UPS)

UPS commits to installing automatic emergency braking (AEB) on each new class 7 and class 8 vehicle it procures. UPS operates a tractor trailer system that uses a domestic long-haul fleet of approximately 16,000 class 8 vehicles. AEB helps reduce and mitigate collisions by automatically applying a vehicle's brakes if sensors detect that the vehicle is approaching an obstacle too quickly. This public commitment will ensure UPS continues to put vehicles equipped with advanced safety technology on the roads. [Read UPS's social media post.](#)

Vision Zero for Youth (FIA Foundation and National Center for Safe Routes to School)

Vision Zero for Youth will continue its [leadership award](#) to highlight various communities that have taken bold steps to advance youth pedestrian and bicyclist safety, including infrastructure

improvements, policy changes, and youth engagement. Press releases, social media, award ceremonies, media coverage, and conference/webinar presentations will help highlight and disseminate good practices in prioritizing road safety for young pedestrians and bicyclists.

Vision Zero Network (VZN)

VZN will develop new [resources](#) to help communities build and mature their Vision Zero programs. VZN is developing a 2023 series of Vision Zero 101 resources and learning opportunities to support communities, especially local, regional, and Tribal communities, to build their Vision Zero work on a strong Safe System foundation. VZN is also developing a new resource for communities to be strategic and intentional in incorporating equity into their Vision Zero Action Plans and ongoing work. The resource will include actionable steps for practitioners and others to place equity at the forefront of planning, infrastructure, and investment decisions to advance safe mobility for all people. This resource will be available free online in early Spring 2023 and will be accompanied with a series of discussions, webinars, and trainings.

Washington State Department of Transportation (WSDOT)

WSDOT will center the Safe System Approach within its updated State Strategic Highway Safety Plan and will update its agency policy, guidelines, and manuals to prioritize safety. WSDOT also implemented [Complete Streets legislation](#) that requires a Complete Streets approach on all projects over \$500,000 to improve the safety and connectivity of the transportation system. Additional initiatives include implementing guidelines for an [injury minimization speed setting approach](#), developing assessment and evaluation tools to understand how the transportation system serves vulnerable road users, and implementing a work zone safety reset to improve worker safety.



Division of Accreditation, Certification & Education

Virginia Office of Emergency Medical Services

III. Accreditation, Certification and Education

Committees

- A. The Training and Certification Committee (TCC): The October Training & Certification Committee meeting scheduled for April 5, 2023 was held at the Embassy Suites in Richmond, VA

Copies of past minutes are available on the Office of EMS Web page here:

<http://www.vdh.virginia.gov/emergency-medical-services/education-certification/training-certification-committee-standing/>.

- B. The Medical Direction Committee (MDC): The Medical Direction Committee meeting scheduled for April 6, 2023 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, 2023.

- 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
- (8) Albemarle Co Dept of Fire
- (9) Roanoke Valley Regional Fire/EMS Training

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
 - (9) Richmond Ambulance Authority

3. Paramedic – Initial

Brightpoint Community College (formerly known as John Tyler Community College) has named Damien Coy as their new Program Director.

Thomas Nelson Community College has been renamed to Virginia Peninsula Community College.

Patrick Henry Community College has been renamed to Patrick and Henry Community College.

Lord Fairfax Community College has been renamed to Laurel Ridge Community College.

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

- a) 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 named Hunter Elliott as the new Program Director.
- b) Hanover Fire/EMS is completing their first cohort class and the students will be testing in the next few weeks.
- c) Newport News Fire has been issued a Letter of Review for their initial cohort class.

Paramedic Reaccreditation

a) J Sargeant Reynolds will have their site visit on June 12 & 13
National accreditation occurs through the *Committee on Accreditation of Educational Programs for the EMS Professions* (CoAEMSP – www.coaemsp.org).

- B. 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>

National Registry

National Registry Update on Technology Enhanced Items in ALS Exams

The National Registry will debut three new item types, referred to as Technology Enhanced Items (TEIs) in the testing industry, on the ALS examinations beginning in late January 2023. These new items aim to create a more authentic, field-related, and engaging testing experience for AEMT and Paramedic candidates. They simply use innovative computer technology to ask an examination question that collects more information than a standard multiple-choice response.

While our current ALS examination has featured a TEI that performs as a multiple-response item, we will debut three new item types:

- B. Build list
- C. Drag and drop
- D. Option/check box

If you are interested in interacting with TEIs, [click here](#). These items will assist us in testing clinical judgment, as they provide a deeper understanding of the candidate's depth of knowledge of a particular topic. The National Registry will continue to work closely with EMS field experts, subject matter experts, and psychometricians to develop and test the new items to ensure all standards and accreditation requirements are met.

General Updates

Tracie Jones Retirement

It is with mixed emotions that we announce the retirement of Tracie Jones from the ACE Division effective March 1, 2023. Tracie has provided 30 years of devoted service to the Commonwealth and the Office of EMS. During her tenure, she worked with over 2,500 educators—to include many of

you—assisting with the creation of more than 80,000 courses—70,000+ of which were manually keyed before the days of the EMS Portal.

Tracie's attention to detail, while keeping the broader picture in mind, has been invaluable to our Division. Her willingness to put in extra time and effort to help us meet deadlines has demonstrated a commitment to excellence that we have come to depend upon. In addition to her knowledge of the EMS system and training requirements, she has been a friend to all with her thoughtfulness and quiet encouragement.

Tracie's retirement is our loss, but a well-deserved respite for her. There are currently no plans to replace her position, so course requests and any questions you may have about course approvals will be handled by Debbie Akers for the time being as we move forward. Tracie has asked for privacy as she transitions to retirement, but we know each of you will all join us in wishing her well as she starts this new chapter.

Virginia's Psychomotor Competency Verification

Candidates for Legal Recognition, Challenge and Reentry in Virginia will need to have their psychomotor competency verified by an Education Coordinator. Please direct these candidates to the following OEMS web page for more information on this process.

- <https://www.vdh.virginia.gov/emergency-medical-services/educationcertification/provider-resources/bls-psychomotor-skill-verification-process-forlegal-recognition-reentry-challenge-candidates/>

Education Program

BLS First & Last Class Paperwork

Newly updated BLS First and Last Class Paperwork for summer/fall courses can be found on the OEMS website. Please make sure you are using the latest paperwork which now takes into account changes reflective of our recent adoption of the 2021 National EMS Education Standards (NEMSES).

- <https://www.vdh.virginia.gov/emergency-medical-services/education-certification/documents-forms-downloads/ems-training-program-administration-manual/>

Course Request Led Time

As we transitioned from paper to online course requests two years ago, many of you anticipated that this meant less led time was needed on the part of the Office. While in some cases this is true, the mean led time has rapidly moved from 30-days which was the standard for paper-based forms to less than 7 days at present.

In lieu of modifying the Training Program Administration Manual (TPAM) to create an enforceable led time date, we are asking that each of you strive to announce your courses to our office a minimum of 15 business days BEFORE the requested start date. Thirty (30) days notice is preferable. If we

continue to experience issues with last minute course request submissions, we will have no other choice than to modify the TPAM to set an enforceable led date for these requests.

Course Requests for Large CE Events – If you are announcing a large continuing education event (i.e. regional CE conference/expo, a CE weekend for more than 30 attendees, etc.) we are asking that these requests come into the Office at least 30-days in advance of the event and BEFORE you announce the event to the public. Office staff need time to review these requests and ensure that the CE that is being awarded meets the National Registry NCCR requirements.

Education Coordinator Updates

The full scheduled for EC Updates for the year is posted on the OEMS website.

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/>

CE Credit for College Transcripts (Implementation date modified to April 1, 2023)

On October 1, 2022, the National Registry changed their policy on the issuance of continuing education credit based on college courses. While we are still able to award CE for these courses (10 hours for every one hours of college credit in the science related courses), we are only able to award these in the LCCR/ICCR (Category 2) area. All NCCR (Category 1) CE hours must be completed through either traditional or online courses. There is no limit on the number of CE hours that can be completed in CAPCE accredited courses.

Due to the change of the implementation date, an official college transcript is required to be provided and should be forwarded to Debbie (Deborah.T.Akers@vdh.virginia.gov) for review and the awarding of the continuing education credit. As in the past, Education Coordinators should not be awarding CE from college transcripts.

Effective April 1, 2023, only Category 2 CE can be awarded for college courses that were not in EMS classes.

EMS Training Funds

Table. 1 – Virginia EMS Scholarship Program – FY23				
Certification Level	Q1	Q2 (cum)	Q3 (cum)	Q4 (cum)
EMR	0.00	0.00	0.00	
EMT	\$207,374.00	\$259,790.00	\$437,732.00	
AEMT	\$22010.00	\$22,101.00	\$56,138.00	
Paramedic	\$642,874.00	\$887,628.00	\$1,220,169.00	
Grand Total	\$872,258.00	\$1,169,428.00	\$1,714,039.00	

Psychomotor Test Site Activity

- A. BLS Psychomotor Testing (CTS) has been replaced effective January 1, 2023 with the new program based Terminal Psychomotor Competency Exam. Details can be found here: <https://www.vdh.virginia.gov/emergency-medical-services/education-certification/educator-resources/terminal-competency-psychomotor-exam-date-request-nemses/terminal-competency-psychomotor-exam-defined/>
- B. ALS psychomotor test sites can be found on the OEMS website at: <https://www.vdh.virginia.gov/emergency-medical-services/psychomotor-testing/als-certification-testing/>

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 continues to serve on the Advanced EMT Psychomotor Competency workgroup with the National Registry.
- C. Debbie Akers is serving on the Governor's Right Help Right Now workgroup as the EMS representative.



IV. Planning and Regional Coordination

CHaTR Website and Division Information

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

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

Regional EMS Councils

The OEMS continues to maintain a Memorandum of Understanding (MOU) with the Regional EMS Councils for the current fiscal year...and extended for development of the next version of the MOU. The Regional Councils submitted their Third Quarter reports throughout the month of April and are under review. OEMS continues to utilize the web based reporting application for the Regional EMS Councils to submit quarterly deliverables.

OEMS and the traditional regional councils have established fully executed MOUs through 30 June 2027. OEMS continues to meet with Regional Council Executive Directors on a frequent basis to discuss work plans, and other associated items. A meeting with the Regional Council executive directors took place on May 3, 2023.

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 as it is requested.

CHaTR staff have attended board meetings and committee meetings for the Tidewater, Old Dominion, Northern Virginia, Peninsulas, Western, Lord Fairfax and Thomas Jefferson councils.

The most recent round of the Regional Council designation process was completed in 2022.

Medevac Program

The Medevac Committee met on May 4, 2023. 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 417 entries into the Helicopter EMS system in Q1 of the 2023 calendar year. 71% of those entries (298 entries) were for interfacility transports, which is a slight increase from information from previous quarters. The total number of turndowns is an increase from 327 entries in Q1 of 2022. This data continues to demonstrate a commitment to the program and 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 developed a form intended for health care providers 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 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 monitor developments regarding legislation and other documents related to Medevac safety, regulation, and 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.

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 of the plan.

Reports from committees for edits were compiled into the draft of the 2023-2025 State EMS Plan. This draft was reviewed, edited and approved by the Legislative and Planning Committee on September 23, 2022, and approved by the Advisory Board on November 18, 2022. The State Board of Health will be presented with the Plan for approval in June of 2023.

The current version (2020-2022) of the State EMS Plan is available on the OEMS website:

<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>

OEMS staff have been working with the Virginia Telehealth Network (VTN) at the end of 2022, and into 2023 to develop the next steps in the integration of telehealth into all aspects of healthcare in Virginia.

State Rural Health Plan

CHaTR staff continue the excellent collaboration with the State Office of Rural Health, including in assisting with the development of the State Rural Health Plan.

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

IV. Technical Assistance

EMS Workforce Development Committee

The EMS Workforce Development Committee (WDC) meets on May 4, 2023. Previous WDC minutes are available on the OEMS website:

<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:



CHaTR staff resumed instruction of EMSO1 (post pandemic) at the 2021 Virginia EMS Symposium. EMSO1 courses were held in 2023 at the following locations with the number of graduates noted for each offering below:

- 2023 Virginia Fire Chiefs Conference, 9 Graduates
- Loudoun County, 10 Graduates
- Central Virginia EMS Expo, 11 Graduates
- Caroline County Regional Fire-Rescue Spring School, 13 Graduates

The next scheduled course offerings are at:

- Tidewater Healthcare Education Expo, May 16-17
- VAVRS Rescue College, June 9-10
- Tri-City Regional Fire-EMS School, September 16-17
- Southwestern Virginia, September 20-21
- Rockingham County, October 14-15
- Virginia EMS Symposium, November 2023

Due to high demand, EMSO1 was offered as two concurrent classes at the 2022 Virginia EMS Symposium with 47 successfully completing the program. With the success in 2022, EMSO1 will be offered again with 2 concurrent classes in 2023.

In all, twelve (12) to fourteen (14) course offerings are being planned for 2023. During the EMSO1 classes, additional instructors are regularly on-boarded to the program's instructor cadre.

The EMSO workgroup continues development of a Train-the-Trainer program, as well as the development of the EMS Officer II program.

EMS Workforce Development Committee (Continued)

The EMSO1 online education modules were 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. Furthermore, the expansion of additional roleplay activities have been introduced into the in-class portion of the program at the Central Virginia EMS Expo and the Caroline County Regional Fire-Rescue Spring School with very positive feedback provided.

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 continues to provide technical assistance to agencies wishing to become Agencies of Excellence. City of Fairfax Fire Department is the newest Agency of Excellence, effective December 16, 2022.

All documents related to the SoE program can be found on the OEMS website at the link below:

<http://www.vdh.virginia.gov/emergency-medical-services/virginia-standards-of-excellence-program/>

EMS Recruitment and Retention

CHaTR 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 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. CHaTR staff participated in the network’s recent meeting and training session held in February in conjunction with the Virginia Fire Chiefs Conference at the Virginia Beach EMS station.

EMS Recruitment and Retention (Continued)

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 Assessments

OEMS 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 2021, 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, 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.

OEMS has reengaged with the PMG to do a complete assessment of the financial costs of the entire EMS system in Virginia. It is anticipated that a portion of the assessment will be completed before the end of 2023.

System Assessments/Miscellaneous Technical Assistance

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

The most recent study was held in Sussex County on February 27-28, 2023, and is still undergoing follow-up interviews and information gathering prior to its completion. The Sussex County study is scheduled to be presented to the Fire Service Board for approval in June. The final report of the Sussex County study will then be released by the VDFP.

Previous studies were held in Charlotte County in Pulaski County in 2022. The final report of the Charlotte County study has been released by the VDFP, but the Pulaski County study final report has not been released by the VDFP.

Evaluation reports from 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 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 August 1, 2022.

CHaTR staff is also working with the State Office of Rural Health to perform assessments of EMS systems that have Critical Access Hospitals (CAH) in their service areas.

The CHaTR Division Director participates with the CAMTS MIH Program Standards workgroup, the NASEMSO CP-MIH workgroup, the National Association of Mobile Integrated Healthcare Providers (NAMIHP), the Joint Committee on Rural Emergency Care (JCREC), and is a member of the Virginia Rural Health Association (VRHA) Board of Directors. In July of 2022, Tim Perkins was appointed as the chair of the NASEMSO Rural EMS Committee, and appointed as the co-chair of the JCREC in January of 2023.

IV. EMS For Children (EMSC) Program

New Four-Year EMSC State Partnership Grant Approved

The Virginia Office of EMS has been awarded a new EMSC State Partnership Grant by the Health Resources and Services Administration (IHRSA). The new grant period began April 1, 2023, and will run for four years (through March 31, 2027), with the possibility of a one-year extension. Every state in the United States was eligible to receive one EMSC State Partnership Grant, as well as nine U.S. protectorates. Virginia's grant was funded in its first year at a level \$190,650; future funding levels will depend upon annual congressional authorizations. Here is a short list of plans for the current federal grant funding:

- Recruit and train EMS agency Pediatric Champions.
- Support increased offerings of regional pediatric training courses (NRP, PEPP, ENPC, Handtevy, etc.).
- Facilitate EMS agency acquisitions of ambulance child restraints and as funds allow purchase and disseminate child restraints to volunteer EMS agencies.
- Support expansion of mobile continuing education in Virginia by purchasing advanced pediatric simulation manikins for more realistic scenario training.
- Facilitate regular EMS provider pediatric skills checking.
- Develop a voluntary hospital facility recognition program (EDs).
- Develop an EMS agency pediatric readiness recognition program.
- Support travel of OEMS leadership to NASEMSO meetings (and Pediatric Council).
- Expand role of Family Advisory Network (FAN) representative(s).
- Facilitate pediatric disaster planning with hospitals and EMS agencies.

- Upon request, provide free on-site evaluation of Emergency Department basic pediatric readiness capabilities.
- Fund the designated Pediatric Track at the annual Virginia EMS Symposiums.

The grant is being administered by the Division of Community Health and Technical Resources (CHaTR), with Tim Perkins as the Principal Investigator and David Edwards as the Program Manager. The EMS for Children Committee of the State EMS Advisory Board serves as an advisor to the EMSC program in its mission to make progress toward national EMSC Performance Measures.

Virginia Achieves 82% Response Rate in National Survey

Virginia EMS agencies responded strongly as 82% completed an online questionnaire related to assessing progress toward certain national EMS for Children Performance Measures. EMS Regional Councils were instrumental in facilitating survey submissions, with four of the councils achieving a 100% survey response rate over the three-month survey.

Last year over seven thousand EMS agencies responded to the [EMS for Children Survey](#), which was sent to agencies across 59 states and US territories. Results of the 2023 assessment will be shared with EMS agencies, the state EMS Advisory Board and the EMSC Committee once the data has been processed.

Emergency Child Restraints Ready for Placement

OEMS-EMSC has a new shipment of grant-funded Emergency Child Restraints (patient range 4-110 lbs.) available. EMS agency leaders with a legitimate need for these should contact the EMS for Children program (david.edwards@vdh.virginia.gov) with requests. For larger numbers of child restraint systems, we recommend applying for restraints through the Rescue Squad Assistance Fund (RSAF), and remind you that the appropriate restraint of children being transported by ground ambulance in Virginia is a priority issue. Also, 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.)

EMS for Children's Continuing Request of Virginia Hospital EDs:

- Please weigh and record children in kilograms (to help prevent medication errors).
- Please Include children specifically in hospital disaster/emergency plans.
- Please 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.)*
- Please ensure pediatric patients are included in the quality improvement process.

- Please review and adopt pediatric safety policies (radiation/medication dosages, abnormal vital signs).

Handtevy Update

The Office of EMS launched the partnership with Handtevy in January of 2022. The project offers the Handtevy Classic technology (with licenses for each ALS provider) and one length-based pediatric tape for each permitted EMS vehicle at no cost to Virginia ALS agencies. Additionally, Virginia has negotiated discount pricing on Handtevy durable equipment components. Since the January 2022 launch, 244 agencies have signed on for the Handtevy technology. For additional information on the Handtevy project, please contact Tim Perkins.

Suggestions/Questions

Please submit suggestions or questions related to the Virginia EMSC Program to David P. Edwards via email (david.edwards@vdh.virginia.gov), or by calling 804-888-9144 (direct line), or Tim Perkins via email (tim.perkins@vdh.virginia.gov) or by phone (804-888-9100).

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



Division of EMS Emergency Operations



V. Division of Emergency Operations

Division of Emergency Operations Staff Members

Office Number for Staff Members 804-888-9100

Karen Owens	Division Director Staff Support – Provider Health and Safety Committee karen.owens@vdh.virginia.gov
Sam Burnette	Emergency Services Coordinator Staff Support – Communications Committee samuel.burnette@vdh.virginia.gov
Kari Magner	Emergency Operations Planner Staff Support – Emergency Management Committee kari.magner@vdh.virginia.gov
Devin Chinault	Emergency Services Communications Specialist devin.chinault@vdh.virginia.gov
Amber Wells	PSAP Specialist / EMD Accreditation Coordinator amber.wells@vdh.virginia.gov

OPERATIONS

- **New Staff Member – Amber Wells**

The Division of Emergency Operations welcomes Amber Wells as the PSAP Specialist / EMD Accreditation Coordinator. Amber has served as both a 9-1-1 dispatcher and supervisor, working for both Richmond Ambulance Authority and the Richmond Department of Emergency Communications. Amber is a certified EMT and has been a volunteer at multiple agencies in the Commonwealth.

This position will serve as a liaison between the 9-1-1 centers and the Office of EMS and will provide oversight of the implementation of EMD regulations and oversight of the EMD Accreditation program.

- **Virginia Office of EMS – Fire Drill**

Kari Magner coordinated an officewide fire drill on March 30, 2023, to test the staff's understanding of the Building Emergency Evacuation Plan (BEEP) and knowledge of

meeting places after evacuation. A survey was distributed post-drill to develop an After-Action Report to address weaknesses identified.

- **National Association of State EMS Officials (NASEMSO) Participation**

Karen Owens continues to actively participate with the National Association of State EMS Officials. Karen serves as the Chair of the Health and Medical Preparedness Council, conducting meetings that focus on EMS issues related to emergency management and emergency preparedness. As the Chair of the Health and Medical Preparedness Council, Karen also attends the monthly board meetings.

- **Shenandoah Valley EMS Expo – March 9-11, 2023**

Sam Burnette and Devin Chinault traveled to Blue Ridge Community College (BRCC) to support the Shenandoah Valley EMS Expo hosted by the Central Shenandoah EMS Council (CSEMS). They provided communications and logistics support for the event. An existing APCO P25 repeater and a newly acquired DMR protocol repeater were set up, allowing them to evaluate the radio operations and coverage for both systems as well as conduct simulated repeater failures to evaluate best recovery practices.

- **Virginia Fusion Liaison Officer (FLO) Conference – March 23, 2023**

Sam Burnette attended the inaugural Virginia FLO Conference in Virginia Beach. Some of the topics discussed in the presentations included de-escalation, terrorism mobilization indicators and cybersecurity.

- **Public Safety Innovation Center (PSIC)**

Karen Owens met with Chris Sadler, Director of the Public Safety Innovation Center to discuss the EMS representation with the Center. The PSIC provides an opportunity to discuss innovation and technology to improve public safety response.

- **MCI Workgroup**

Kari Magner continues to coordinate meetings of the MCI workgroup. This workgroup continues to discuss the potential for changes to the MCI program and the decisions related to START and SALT triage in Virginia. This workgroup also continues to discuss the triage tag design and the future approach to triage tags for EMS agencies in the Commonwealth.

- **Fire Department Instructor Conference (FDIC)**

Karen Owens attended the annual FDIC conference in Indianapolis, Indiana April 25-29, 2023, with other staff from the Office of EMS. The conference provides an opportunity to attend training on relevant public safety topics, meet with partners from across the country and see new innovations and technology that may be beneficial for the Virginia EMS system. Karen also presented a class on pediatric sports injuries as a part of the conference.

- **Ebola Response**

Karen Owens continues to participate in monthly check-in calls to discuss concerns and updates on Virginia's ability to respond to future potential Ebola outbreaks. The calls bring together public health partners to discuss ongoing planning and training opportunities, as well as changes to recommendations and requirements in response to persons under investigation.

TRAINING AND EXERCISES

- **Framework for Healthcare Emergency Management**

Kari Magner attended a 32-hour course at the Center for Domestic Preparedness in Anniston, Alabama from March 5-10, 2023. While attending the course, Kari gained knowledge on Emergency Planning in the healthcare system, how hospitals and EMS agencies need to work together while planning for events, natural and manmade. Kari will be applying the information to planning for the Office of EMS and its hybrid offices. The goal is to bring awareness to the importance of planning to councils and individual agencies across the Commonwealth.

- **EOC Operations and Planning for All Hazards**

Karen Owens attended the TEEEX training course on EOC Operations and Planning for All-Hazards on February 21 and 22, 2023 at the Virginia Emergency Operations Center. The course focused on the functions of the EOC in emergency events and provided an opportunity for state partners to interact and plan for potential response.

- **Monday.com Training**

All Emergency Operations Division staff attended a Monday.com training hosted at the office. The web-based software service allows employees to collaborate better on projects to include automating repetitive processes.

- **Compact Rapid Deployable Exercise 2023**

Sam Burnette and Devin Chinault participated in CRDEx'23 hosted by the Virginia Department of Emergency Management (VDEM). The exercise, held at James River State Park, tested the ability to establish land mobile radio communications in an area without radio or cellular coverage. Utilizing an AT&T/FirstNet Compact Rapid Deployable (CRD), participants were able to reestablish radio communications on the STARS radio network.

The CRD is a vehicle transportable device that can be brought into areas with little to no cellular coverage, either due to disaster or an area with poor signal strength, to facilitate mission critical communications. OEMS staff utilized their PCTel Public

Safety Testing solution to test cellular coverage before and during the exercise. The CRD was able to reestablish STARS radio communications via satellite backhaul.

- **ICS-300**

Amber Wells attended ICS-300 – Intermediate ICS for Expanding Incidents on April 25-27, 2023. The goal of attending this course was to gain an understanding of the roles and responsibilities of those staff who may serve in a position during a large, complex incident or event. This course will assist her while serving at the Virginia Emergency Operations Center during activations.

- **Homeland Security Exercise and Evaluation Program (HSEEP)**

Kari Magner attended the FEMA HSEEP course on February 21-22, 2023, at the Old Dominion EMS Alliance to gather updated information since the revamping of the course. This information will be used for exercises and evaluations for OEMS and EMS agencies across the Commonwealth.

- **Integrated Response to Active Shooter Incidents**

On March 29, 2023, Kari Magner and Amber Wells attended a virtual Webinar on the importance of cross-agency interoperability in bringing a rapid, coherent, and efficient response to the incident. The discussion included the importance of Law Enforcement, Fire, and EMS understanding the roles and responsibilities of each agency to rapidly stabilize existing threats, effect rescue, and save lives.

- **Women As Leaders in Crisis & Consequence Management**

On April 17, 2023, Kari Magner attended a webinar discussing the increasing influence women have in shaping the direction of any organization's effects in many areas including leadership, culture, and diversity.

- **A Blueprint for First Responder Financial Success: Protect Your Family & Your Assets**

On April 18, 2023, Kari Magner attended a webinar addressing first responders and their financial success. The course discussed the importance of ensuring your family is protected financially, taking control of your family's long-term financial security.

PSAP / 911 CENTERS

- **EMD Accreditation Status**

The Office of EMS received three (3) applications for EMD accreditation and has sent communications out to two (2) additional PSAPs regarding the process and required documents.

- **VDFP/OEMS Fire and EMS Studies**

On March 29, 2023, Sam Burnette met with Spencer Willett, Government Affairs Manager for the Virginia Department of Fire Programs to discuss expanding the scope of the VDFP/OEMS Fire and EMS Studies to include a review of 9-1-1 center operations and other communications related topics.

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

Sam Burnette continues to serve on the 9-1-1 Services Board RAC. He has been appointed by the RAC to serve on the PSAP Grant and Training Workgroups. Current discussion topics include recruitment and retention challenges for 9-1-1 centers, Next Generation 9-1-1, training standardization across the police, fire, and EMS disciplines, and a variety of topics related to grants.

COMMUNICATIONS AND TECHNOLOGY

- **Communications Committee**

The Communications Committee of the EMS Advisory board met in February of this quarter in conjunction with the State EMS Advisory Board meeting. The committee discussed changes to the EMD accreditation process, the development of EMD regulations, and other pertinent communications issues.

- **Communications Directory Project**

Division of Emergency Operations staff continue to work with the Office of Information Management (OIM) to update the existing, online communications directory. The directory contains information on the public safety answering points (PSAP), EMS agencies, hospitals, and helicopter EMS in Virginia. The information collected includes data on radio frequencies and other interoperability topics. The goal is to transition the directory into a portal which will allow agencies to submit their own information, which one validated by OEMS, will update the directory. Staff are working with PSAP and healthcare partners to determine additional data points that may be beneficial if collected through the portal. Additionally, the portal will serve as a means for PSAPs to submit documentation for EMD accreditation and reaccreditation.

- **Radio Programming**

Devin Chinault programmed all OEMS cache radios with band specific NIFOG frequencies; UHF band frequencies for Harris XG-15 portables and Kenwood NX series portables and mobile, Harris XL-200 series of portables and mobiles have been programmed with full NIFOG capabilities. In addition to programming being completed, “cheat sheets” were

created with channel information. Each radio being programmed with NIFOG interoperability frequencies allows for quick deployment of radios into a large-scale incident, without the need for on-scene programming.

- **FCC’s Region 20 Regional Planning Committee (RPC) meeting – April 26, 2023**

Sam Burnette and Devin Chinault attended the FCC Region 20 RPC meeting on the 26th of April, in Crownsville, Maryland. Staff learned about new issues and upcoming regulatory changes from the Federal Communications Committee at this meeting. Both also participated in the Primary, Alternative, Contingency, Emergency (PACE) training that accompanied this event. The PACE training, hosted by the Department of Homeland Security, covered methods to set up a resilient and redundant communications system.

- **DroneResponder National UAS Conference – March 14-15, 2023**

Sam Burnette and Devin Chinault attended the DroneResponder National Public Safety UAS Conference held at Busch Gardens Williamsburg. The two-day event was co-hosted by DroneResponders and the Virginia Public Safety Innovation Center. Speakers delivered presentations on the use of thermal imaging for search and rescue, flying public safety drone missions, establishing national training and certification standards, and real-life examples of public safety drone operations. An item of interest to EMS, is the possibility of “dispatching” drones as first responders to emergency scenes to provide intelligence back to the 9-1-1 center but also as a possible means of delivering medical supplies quickly.

PLANNING

- **Central Virginia Health Care Coalition**

Kari Magner and Karen Owens continue to represent the Virginia Office of EMS on the Central Virginia Health Care Coalition during their monthly meetings (November 25, December 16, 2022, and January 27, 2023).

- **Ebola Response Planning**

Karen Owens attended a meeting of state partners on April 11, 2023, to discuss Ebola Planning. The meeting provided an opportunity to discuss ongoing issues related to Ebola response and planning opportunities, including transport capabilities, medical waste disposal, and isolation concerns.

- **Emergency Management Alliance of Central Virginia (EMACV)**

Kari Magner and Sam Burnette attended several EMACV committee meetings. The meetings provide an opportunity for emergency management personnel to discuss training, planning, and exercise opportunities across the Commonwealth.

- **VDH – Community Based Emergency Response Series (CBERS)**

On March 28, 2023, Kari Magner attended the 8-hour CBERS course to learn the fundamentals of designing a training exercise and participate in tabletop exercises. The course reviewed the 8 steps in developing an emergency preparedness exercise, steps for developing an After Action Report, and the Virginia reporting Requirements for incidents or events that impact public health.

- **NGA/Fort Belvoir MIC Meeting**

On February 6, 2023, Sam Burnette, Kari Magner, and other OEMS staff and partners traveled to the National Geospatial-Intelligence Agency for an in-person discussion on MCI planning for their facilities and involving key stakeholders in the discussion about pre-event, event, and post-event response and considerations.

- **Health Acquired Infections (HAI) and EMS**

Karen Owens met with VDH staff that focus on planning for and response to HAI outbreaks at long-term care facilities on February 23, 2023. The meeting provided an opportunity to discuss the EMS impact on HAI and what training EMS agencies have that may improve their response to HAI outbreaks at long-term care facilities.

- **2023 Virginia Healthcare Emergency Preparedness Summit**

On April 19, 2023, Kari Magner attended the Virginia Healthcare Emergency Preparedness Summit covering a case review of leadership in crisis from the Las Vegas Mass Casualty Incident. The Summit included breakout sessions on incident response, waivers and executive orders in disaster, and lessons learned from COVID-19.

- **FEMA Resource Typing Workgroup**

Karen Owens participated in monthly meetings of the FEMA resource typing workgroup. The workgroup continues to focus on reviewing and editing resource typing for EMS resources that may be requested in an emergency event.

- **Hurricane Evacuation Committee**

Kari Magner represented the Virginia Office of EMS on the Hurricane Evacuation Committee during the meeting on April 23, 2023.

- **Emergency Support Function (ESF) Essential Elements of Information (EEI) Planning**

Karen Owens met with VDH partners to discuss the EEI shared by VDH during EOC operations. The discussion is part of a project by the Va. Department of Emergency Management to update EEIs.

HEALTH AND SAFETY

- **Pedestrian Safety Task Force**

On March 30, 2023, Karen Owens attended an online meeting of the Pedestrian Safety Task Force. The meeting provided an opportunity for updates on projects related to pedestrian safety across the country.

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

During this quarter the Office of EMS received notification of two activities. This includes, but is not limited to debriefings, defusing, trainings, and outreach.

- **Ebola Survey**

Kari Magner gathered survey results from EMS agencies across the Commonwealth regarding their ability to transport an Ebola or Persons Under Investigation (PUI) patient to the appropriate assessment and treatment facility. This information was also sent to the Emergency Management Committee for the Hospital Association to have on hand.

- **Infographics**

- *Measles*

To bring awareness to illness and diseases EMS agencies may face in the field, Kari Magner created an infographic to share information on the signs, symptoms, and safe patient transport of patients with or believed to have measles. This document was shared on OEMS's social media accounts to raise awareness.

- *Disaster Financial Preparedness*

Kari Manger created an infographic on the importance of disaster financial preparedness, including links for reference. This item was shared on social media.

- *Severe Weather Safety*

Kari Manger created an infographic on the importance of severe weather safety planning considerations. This item was shared on OEMS's social media.

Division of Public Information and Education

VI. Division of Public Information and Education

Public Relations

Public Outreach via Marketing Mediums

Via Virginia EMS Blog

The OEMS continues to share important updates and information via the Virginia EMS Blog on the OEMS homepage. (*This blog replaced the EMS Bulletin, which was an online newsletter that went out twice a year.*) This blog allows OEMS to share information in a timely, concise and web-friendly format.

Via Virginia EMS Listserv (January – March)

- **3/6/23** - EMS Training Opportunity - Tidewater Healthcare Education Expo, May 16-21, 2023
- **3/15/23** - First Responder Appreciation Day at the Richmond Raceway, April 2, 2023
- **3/23/23** - Wave 2023 featuring ESO Training Academy Resources - Commonwealth of Virginia
- **3/24/23** - Grant Opportunity: Rural EMS Training Grant Program

Via Social Media Outlets

We continue to keep OEMS' Twitter and Facebook pages active, educational and relevant by posting regular 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** – Virginia EMS Portal maintenance and required downtime, Symposium Call for Presentations and HCA Recharge CE Weekend.
- **February** – Tidewater Healthcare Expo, Shenandoah Valley EMS Expo, Virginia EMS Portal maintenance and required downtime, holiday office closures, Chapter 32 progress report for EMS regulations, VHHA's A Path Forward: Strategies for Supporting the Workforce of Today and Tomorrow training and Symposium Call for Presentations.
- **March** – EMS Officer I training, Va. Statewide Tornado Drill, Richmond Raceway First Responder Appreciation Day, Virginia EMS Symposium sponsor guide, 2023 Regional EMS Awards, Wave featuring ESO training academy, Emergency Management Professionals Week, final week reminder for the symposium call for presentations and Virginia EMS Portal system maintenance required downtime.

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.

Training

- **March 21, 2023** - PR Assistant participated in an OEMS Monday.com training for staff. This day-long class included entry-level training, including the basic components of the platform (Boards, Dashboards, Views, Automations and Integrations), example cases of uses for daily process functions and getting started with projects.
- **Feb. 8, 2023** - PR Assistant completed the VDH: Staff Writing Skills training.
- **Jan. 9-14, 2023**— PR Coordinator participated in and graduated from the Commonwealth Management Institute (CMI), a weeklong training series that is part of VCU's Performance Management Group (PMG). PMG offers an integrated series of professional development programs and is a valued training for Virginia state government managers. CMI is about affecting positive change within yourself, others and your state agency. It promotes the exchange of information, the development of creative ideas and the cooperation and future collaboration among program participants. Participants must be nominated by Agency level leadership and accepted into this highly competitive program.
- **Jan. 31, 2023** – PR Assistant completed the VDH: Content Planning and Development training. This 30-minute e-learning module included planning and development for social media and the web. It highlighted VDH community guidelines and how to write for specific social media platforms.
- **Dec. 9, 2022** - PR Coordinator participated in Fortis training. The purpose of this leadership team training was to provide management staff with an opportunity to give voice and input to the culture vision and culture commitments that senior leadership developed. The idea is for each leader to then share the final vision and commitments with respective teams as they work together to put the commitments into action, to create the desired team culture.

Social Media and Website Statistics

As of April 25, 2023, the OEMS Facebook page had 9,300 likes, which is an increase of 127 new likes January 19, 2023. As of April 25, 2023, the OEMS Twitter page had 5,227 followers,

which is a decrease of 27 followers since January 19, 2023.

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 Mar. 15, 2023. This post garnered 21,629 people reached and 390 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 Page Reach Activity

Jan. 1 - Mar. 31, 2023

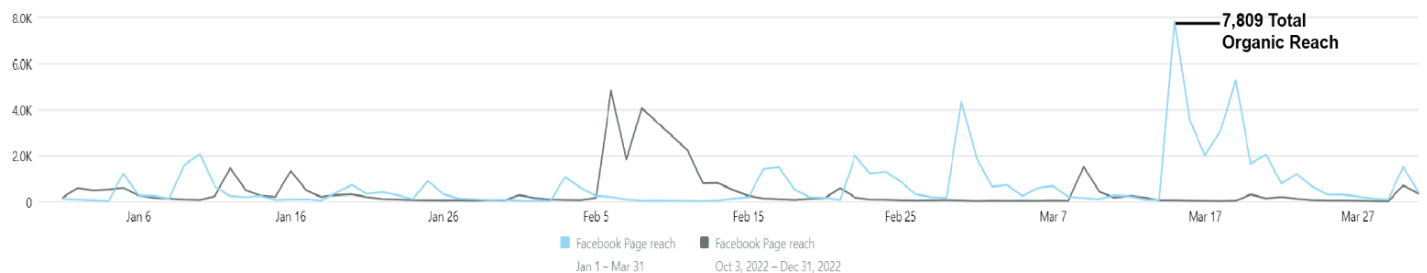


Figure 2: This graph shows the total organic impressions* over a 90-day period on the OEMS Twitter page, January - March. **During this 90-day period, we earned 572 impressions per day. The most popular tweet received 1,884 organic impressions.**

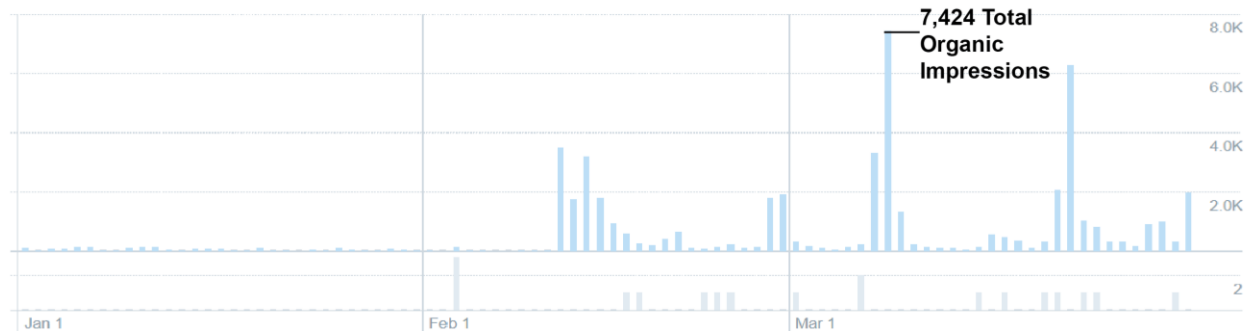
**Impressions are defined as the number of times a user saw a tweet on Twitter. Organic impressions refer to impressions that are not promoted through paid advertising.*

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

Tweet Activity

Jan. 1 - Mar. 31, 2023

Your Tweets earned **51.5K impressions** over this **90 day** period



January	<ol style="list-style-type: none"> 1. TR-57 Virginia Recertification Requirements (296) 2. Quick Guide NREMT Recert (257) 3. How to Apply for the Virginia EMS Scholarship Quick Guide (219) 4. TR-06 Course Roster (210) 5. EMS Training Program Administration Manual TPAM (207)
February	<ol style="list-style-type: none"> 1. Quick Guide NREMT Recert 2022 (241) 2. Scope of Practice Procedures (234) 3. Scope of Practice Formulary (215) 4. TR-06 Course Roster (195) 5. Data Compliance Report Oct. 2022 (186)
March	<ol style="list-style-type: none"> 1. Quick Guide NREMT Recert 2022 (298) 2. Scope of Practice Formulary (208) 3. TR-06 Course Roster (206) 4. Scope of Practice Procedures (203) 5. DDNR Fact Sheet (137)

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	10,427	00:54	25.43%
February	8,865	00:49	23.60%
March	8,849	00:50	24.34%

Google Analytics Terms:

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

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

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

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

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

Events

EMS Symposium

- Shared the Call for Presentations info on the OEMS blog webpage and social media sites.
- PR Coordinator updated 2023 Symposium Sponsorship Guide and posted it on the web and shared through social media. PR Assistant designed an infographic that was also included in the sponsorship guide.
- PR Assistant designed the 2023 Regional EMS Awards promotional flyer.

EMS Week

- PR Assistant submitted the 2023 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.

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:

- **January 26** – Reporter from NBC requested data regarding EMS responses to overdoses in schools.
- **March 8** – Reporter from the Smithfield Times inquired about the closure of a rescue squad.
- **March 10** – Reporter from the Smithfield Times requested information regarding financial requirements required by EMS agencies

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 to 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 and other duties upon request.
- The PR Assistant is responsible for logging/sending VDH media alerts, replying to website feedback via the VDH website, providing back-up assistance for the Commissioner’s clinician letters and assisting the Communications Director with entering Media Alerts.

Ongoing communications duties

- The PR Coordinator assists with sending statewide press releases and posting on the VDH website, serves as a backup for VDH social media posts (and primary for OEMS) social media and website, submits RAPs, assists marketing contractors with access to VDH social media advertising sites, provides backup assistance to upload videos to VDH YouTube page.
- The PR Assistant logs media inquiries into the VDH Media Alert Generator, serves as back to monitoring 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.
- **VDH Communications Conference Calls (Ongoing)** - The PR Coordinator participates in conference calls and polycoms for the VDH Communications team.
 - PR Coordinator and PR Assistant attend bi-weekly communications check-in meetings.
 - PR Coordinator and PR Assistant participate in bi-monthly Agencywide Communications Workgroup.

Division of Regulation & Compliance



VII. Regulation and Compliance

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, 2023:

EMS Agency/Provider Compliance Enforcement Activity							
Enforcement	2023 1st Quarter	2023 2nd Quarter	2023 3rd Quarter	2023 4th Quarter	2023 YTD Totals	2022 Totals	2021 Totals
Citations	4				4	21	19
EMS Agency	2				2	7	5
EMS Provider	2				2	14	14
Verbal Warning	4				4	2	7
EMS Agency	4				4	0	2
EMS Provider	0				0	2	5
Correction Order	1				1	14	18

EMS Agency	1				1	9	7
EMS Provider	0				0	5	11
Suspension	22				22	52	28
EMS Agency	0				0	5	3
EMS Provider	22				22	47	25
Revocation	0				0	1	6
EMS Agency	0				0	1	0
EMS Provider	0				0	0	6
Compliance Cases							
Investigations Opened	75				75	263	196
Investigations Closed	60				60	268	173
Drug Diversions	5				5	13	11
Variances	29				29	158	96
Approved	12				12	83	50
Denied	15				15	73	44
RSAF Grant Verifications	43				43	194	195

Quarterly EMS Agency & Vehicle Inspection/Licensure Activity

Licensure	2023 1st Quarter	2023 2nd Quarter	2023 3rd Quarter	2023 4th Quarter	2022 Total	2021 Total
Total Agencies	556				558	566
New Agency	2				13	7
New Vehicles	110				442	295
Total Quarterly Inspections	801				3345	3121

Existing Agencies Inspected	81				244	321
Existing Vehicles Inspected	456				2080	2429
Unscheduled “Spot” Inspections	152				566	308

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

There were 5 Administrative Processes Act - Informal Fact-Finding Conferences (hearings) held during this quarter, on February 15, 2023, at the Office of EMS in Glen Allen, VA.

Ms. Cam Crittenden presided as the hearing officer for all 5 cases. Two cases were represented by legal counsel appealing enforcement action(s) against EMS providers. 3 revocation cases were presented and heard in absentia as the regulant’s are currently incarcerated and chose not to participate or be represented by counsel.

Outcomes Report

4 of the 5 cases were sustained and 1 case was overruled and enforcement action was repealed.

Background Investigation Unit						
Background Checks	2023 1st Quarter	2023 2nd Quarter	2023 3rd Quarter	2023 4th Quarter	2022 Total	2021 Total
OEMS Processed	2,519				9,420	9,813
Eligible	2,299				8,466	9,249
Non-Eligible	13				38	34
Manual Review Criminal history	379				981	1,225

Pending Review	110				Not Cumulative	Not Cumulative
Rejected Fingerprint cards	4				58	51
Jurisdictional Ordinance Processed	93				584	530

EMS Physician Endorsement

Operational Medical Directors	2023 1st Quarter	2023 2nd Quarter	2023 3rd Quarter	2023 4th Quarter	2022 Total	2021 Total
Active & Endorsed	223				221	228
OMD Applications processed	21				68	66
OMD Applications approved	19				47	57
OMD Applications denied	0				18	9
OMD Endorsement Expired	2				19	12

The 2023 OMD Workshop schedule started at the EMS Symposium in Norfolk on November 10, 2022.

The 2023 OMD Workshop schedule is available and can be found 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 2022 – 2023.

OMD Workshops held during the first quarter of 2023 were as follows:

February 28, 2023 – *Rappahannock Regional (Hybrid) EMS Council – Fredericksburg, VA

**This workshop canceled as no physicians registered to attend*

March 07, 2023 – Northern Virginia Regional EMS Council – Fairfax, VA

March 23, 2023 – Blue Ridge Regional (Hybrid) EMS Council – Bedford, VA

Regulatory Process (Chapter 32) Update

OEMS Regulation & Compliance Enforcement Division continues 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 Final Draft of “Proposed” EMS Regulations (Chapter 32) was approved by the Rules & Regulations Committee at their January 04, 2023, meeting.
- During the March 29, 2023, Rules & Regulations Committee meeting, a motion was passed to present the Final Draft of EMS Regulations (Chapter 32) on May 05, 2023, to the full State EMS Advisory Board for approval to submit to Board of Health meeting in December 2023. [Rules-Regs-Committee-Approved-Jan-2023-Final-Draft-Chapt-32-Project-5100.pdf \(virginia.gov\)](#)
- The required Town Hall (TH-02) form must be completed following the State Advisory Board approval. (May 2023). This form details all changes in regulatory language from Chapter 31 to 32 by comparison. This form must be submitted to the Regulatory Information System prior to approval of the Final Draft of Chapter 32 by the Board of Health in December 2023.
- **Stage 2** – Board of Health approval of the final draft (Chapter 32) 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 post for a 60 day public comment period on the Virginia Regulatory Town Hall **(Target Goal for this phase is spring to summer of 2024)*
- Following the 60 day comment period, all comments will be considered 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.

- Chapter 66 DDNR Regulations Periodic Review is currently underway. Chapter is being re-written to comply with current style and formatting guidelines. No substantive changes are being made to this chapter.

Additional Regulation & Compliance Enforcement Division Work Activity
--

- ❖ The Regulation and Compliance Enforcement Division held a division staff meeting February 7th through 10th at the Office of EMS in Glen Allen, VA
- ❖ Division Task Team(s) met on February 07, 2023, at the Office of EMS.
- ❖ Division Leadership Team (Division Director & Field Supervisors) met on February 07, 2023, at the Office of EMS.
- ❖ Attended the following 47 meetings this quarter:
 - Jan 4th – Training & Certification Committee Meeting
 - Jan 4th – Rules & Regulations Committee Meeting
 - Jan 5th – Medical Direction Committee Meeting
 - Jan 9th – Russell County Board of Supervisors Meeting – Dante Rescue request
 - Jan 11th – Meeting with Division Team to review compliance case.
 - Jan 12th – Pittsylvania County Fire & Rescue Commission Meeting w/ BOP
 - Jan 17th – Peninsula Regional EMS Council Board Meeting w/ BOP
 - Jan 18th – Compliance Case Interview w/ Regulant CM2310
 - Jan 23rd – Meeting w/Attorney from Attorney Generals Office assigned to OEMS
 - Jan 26th – OEMS Meeting with Grayson County Board of Supervisors
 - Jan 26th – VA POST Collaborative Executive Committee Meeting
 - Jan 30th – Meeting with Division Team to review compliance case.
 - Jan 30th – OEMS Meeting with Tazwell County Board of Supervisors
 - Jan 30th – Virginia CSC Plan Update – EMS Workgroup Meeting
 - Jan 31st – Regional Staff Exchange Program Day at Central Shenandoah Office
 - Feb 1st – Regional Council EMS Executive Director Group & OEMS Meeting
 - Feb 2nd – Medevac Committee Meeting
 - Feb 2nd – Workforce Development Committee Meeting
 - Feb 2nd – Virginia Ambulance Association Meeting
 - Feb 2nd – EMS for Children Committee Meeting
 - Feb 2nd – Executive Committee of state EMS Advisory Board Meeting
 - Feb 3rd – Legislative and Planning Committee Meeting
 - Feb 3rd – State EMS Advisory Board Meeting

- Feb 6th – Blue Ridge Regional (Hybrid) EMS Council BOD & BOP Meeting
 - Feb 8th – IT meeting with Tracy Mason regarding Division LCR defects
 - Feb 10th – EMS Needs assessment meeting
 - Feb 15th – IFFC Appeals hearings (5 total cases)
 - Feb 15th – IT meeting with Tracy Mason & PJ regarding Division LCR defects
 - Feb 16th – OEMS Division Directors Meeting
 - Feb 17th – Danville Area Training Center – Provide DDNR Update
 - Feb 21st – Emergency Ops Meeting regarding MCI triage system & tag design.
 - Feb 22nd – Virginia CSC Plan Update – EMS Workgroup Meeting
 - Mar 3rd – Meeting w/ VA Society of Health System Pharmacists – Drug Box issue
 - Mar 7th – OMD Workshop Northern VA Council – Fairfax VA
 - Mar 9th – Virginia POST Collaborative Executive Committee Meeting
 - Mar 10th – ChaTR Meeting with VA POST Collaborative – Hillman Grant Project
 - Mar 13th – OEMS & BOP Review meeting regarding presentation
 - Mar 14th – Blue Ridge Regional (Hybrid) EMS Council BOD & BOP meeting
 - Mar 15th – OEMS hosts Agency Forum w/ Chris Lindsay
 - Mar 15th – Division Team meeting to review compliance case
 - Mar 23rd – OMD Workshop Blue Ridge Regional EMS Council Office – Bedford, VA
 - Mar 24th – VA POST Collaborative Hillman Foundation Grant workshop
 - Mar 27th – Division Team meeting to review new EMS agency application
 - Mar 29th – Emergency Management Committee Meeting – Triage Tags
 - Mar 29th – Rules & Regulations Committee Meeting
 - Mar 30th – Compliance lecture at Southwest VA Community College
 - Mar 31st – Compliance lecture at Wytheville Community College
- ❖ 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.
- pharmbd@dhp.virginia.gov – email address for EMS Agency specific questions regarding CSRC's to send Board of Pharmacy.
 - Currently planning EMS Symposium Leadership tract classes specific to EMS Agency leadership on how to create and manage compliant BOP drug box programs.

❖ **Regulation & Compliance Enforcement Division website updates are in red:**

- Division Section of OEMS website has been updated and reorganized as follows:
 - Regulation & Compliance Enforcement Division Home page

- New Chapter 32 Progress Report & Documents Included by Reference (DIBR) section added
 - Regulatory Process Status Report posted
 - Copy of Final Draft of new (CH32) Regulations posted
 - Copy of Final Draft of Required Vehicle Equipment List (REVL)
 - Scope of Practice Formulary
 - Scope of Practice Procedures
 - Training Program Administration Manual
- There are 11 division subtabs as follows:
 - EMS Agency Licensure
 - Regulation
 - Guidance Documents and Memo's
 - Criminal History Record
 - Fingerprint Submission
 - EMS Interstate Compact (REPLICA)
 - Data Compliance Report
 - *Updated information regarding agency data compliance posted*
 - Durable Do Not Resuscitate (DDNR)
 - EMS Medical Directors
 - Sample Policies and Agreements
 - **Regulatory Enforcement Action Search** – has been relocated here

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) – *Virginia - East*

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

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

Doug Layton, EMT-P (Douglas.Layton@vdh.virginia.gov) – *Shenandoah*

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

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

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

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

The Regulation and Compliance Team of professionals provide the Commonwealth of Virginia with more than 142 years of combined experience specific to EMS regulations and compliance enforcement; in addition, this team of twelve has more than 292 years of combined experience with the delivery of Emergency Medical Services as clinical providers and EMS administrators.

Division of Trauma and Critical Care

VIII. Division of Trauma and Critical Care

Trauma Site Regulatory Reviews

- 5 trauma site reviews performed.
- 1 trauma site review rescheduled to 3rd Q due to team lead illness.
- 2 upcoming provisional trauma site reviews pending (both seeking Level II status)
- 4 upcoming reverification reviews pending

7 Trauma System Committee Quarterly Meetings

- Assisting trauma-related quarterly meetings to regain voting membership to permit business activities.
- With addition of new trauma/critical care manager, able to provide draft minutes to the committees rather than 100-page transcripts.

OEMS Workgroups related to TSC Committees

- Pre-Hospital Care Committee collaborated with the Medical Direction Committee and OEMS to draft revised Field Trauma Triage guidelines based on the 2021 American College of Surgeons
- Acute Care Committee currently collaborating with OEMS to revise the Interfacility Trauma Transfer guidelines.
- These two bodies of work are necessary pieces to complete the revision of the Statewide Trauma Triage Plan.

Upcoming projects

- Revising portions of the trauma center application
- Revision of the Trauma/Critical pages of the OEMS website. Currently, VDH is collaborating with a consultant to revise and update the whole website.
- Revision of the Virginia Trauma Designation Manual. The Trauma Program Manager workgroup has already made proposed changes.
- Anticipate new trauma center designation applications in the near future. Additional facilities have hired Trauma Program Managers in anticipation of developing and implementing trauma programs.

Central Shenandoah EMS Council



IX. Central Shenandoah EMS (CSEMSC) Regional Office

Central Shenandoah EMS Council (CSEMS) is a 501(c)(3), non-profit corporation which provides regional EMS planning and technical support services and American Heart Association First Aid, CPR and AED training to its five cities, five counties, eleven towns and many public agencies within its boundary. Localities served by the Council include: the cities of Buena Vista, Harrisonburg, Lexington, Staunton and Waynesboro and the counties of Augusta, Bath, Highland, Rockbridge and Rockingham. The region mirrors the boundaries of Virginia's Sixth Planning District which covers a geographic area of 3,439 square miles with a population of over 290,000. This makes the region the Commonwealth's largest planning district, geographically speaking, and fifth largest in terms of population. The member EMS agencies include non-profit, government and commercial services with a mixture of both paid and volunteer staff.

Council funding is largely based upon a contract with the Virginia Department of Health's Virginia Office of EMS for those services provided to the region that fall within their statewide plan and role. Other funding comes from the Council's American Heart Association Community Training Center which provides First Aid, CPR and AED training to the local community as well as oversight of a large AHA CPR Instructor base which stretches from the Northern Shenandoah Valley to Roanoke and Danville in the south and over the mountain into Albemarle, Charlottesville, Green and Madison counties. In 2018, the Council entered an agreement with the Virginia Office of EMS to become the Commonwealth's first Regional Office of EMS, enabling operations and oversight to be directly provided by Virginia Office of EMS Staff, with collaboration and regional planning by the CSEMS Board of Directors and regional committees.

Established in 1979, the Council continues to facilitate regional planning and implementation of the regional EMS system in the Central Shenandoah Valley.

The CSEMS Mission statement is *To provide regional planning and support services that will help reduce death and disability resulting from sudden or serious injury and illness in the communities we serve through planning and development of a comprehensive, coordinated regional EMS system and the provision of high-quality educational resources to enable the EMS community to provide the highest quality emergency medical care possible to those in need.*

To achieve this mission, CSEMS operates under a Regional Strategic EMS Plan, reviewed and approved by the Board of Directors every 3 years. From this plan, an annual work plan is developed to guide annual activities. While the FY23 Work Plan was developed and approved by the Board of Directors, the implementation of this plan was delayed due to an initial MOU extension of the previous contract. This extended MOU expired on December 31, 2022. CSEMS operated on an extension clause as an essential service from January 1, 2023 until February 9, 2023, while negotiations of the terms of the MOU were finalized between the parties. On February 9, 2023, a new 5-year MOU, VDH-23-517-0222 was executed for the CSEMS Regional Office. This report outlines the activities consistent with this plan and the mission of the Virginia Department of Health, the Office of EMS, and the Central Shenandoah EMS Council. This report will only include goals and objectives specifically addressed in FY23 Q3. Please see the full FY23 Work Plan for a complete list of target objectives for the year.

Strategic Initiative 1: Promote Collaborative Approaches

Strategic Objective 1.1 Develop and promote timely and appropriate communications through social media, websites, and other platforms of communications.

I. CSEMS maintains a presence on social media accounts to reach out to both community members and regional EMS providers. On Facebook, CSEMS staff shared 62 informational “posts” in this quarter. Examples of common postings are notices about educational events, agency job postings, agency support events, and emergency notices. These posts generated over 30,000 views in the third quarter of 2023. The most viewed post was seen a total of 4,645 times and contained a notice regarding Shenandoah Valley EMS Expo (SVEMS Expo) with QR codes to sign up for the event. The CSEMS Twitter account is automated to duplicate any events or posts added to CSEMS.org.

II. CSEMS has an online presence through the Council's main website www.csems.org where council contact info, emergency notices, and general upcoming information is posted. The AHA Courses being provided by the CSEMS Training Center are kept up to date at www.vacpr.org. Anyone accessing vacpr.org can see upcoming course types and schedules, as well as sign up for any available courses. OEMS is working with a contractor to review all websites for both the central and regional offices and will be coordinating a more unified format in the future. Additionally, CSEMS staff have met with marketing firms to strengthen and modernize both the website and social media presence in the next year.

III. CSEMS has established email distribution groups that are used to notify providers for drug alerts, upcoming Continuing Education, Critical Incident Provider Support (CIPS), Board of Directors (BOD), Medical Control Regional Committee (MCRC), Pharmacy Meetings, and Agency Superuser contact. These emails allow for rapid, broad scale communications between CSEMS and relevant regional stakeholders.

IV. CSEMS staff utilize telephone communications for time sensitive communications and for follow up to failed contacts through email.

A. CSEMS staff contacted agency leadership when seeking completion of the EMS for Children Survey that was emailed out by the Office of EMS. The response rate received by OEMS was only 31% before the task was delegated to the EMS Councils. CSEMS Staff gave an initial contact by email and then contacted all regional EMS agency leaders who had not completed the survey by phone. This led to the CSEMS Region to successfully achieve a 100% response rate for the survey, giving a 69% response rate through local contact.

Strategic Objective 1.2 Participate in meetings with local EMS agencies, local government, educational programs, and other stakeholders to identify challenges faced by EMS systems and to educate and advocate for locality support and involvement in EMS.

I. CSEMS staff members participated in regional and EMS agency meetings to facilitate communications and education for various stakeholders and local governments. These meetings allow CSEMS staff to coordinate and guide local agencies, regional stakeholders, and locality leaders to improve interagency operations and ensure that regional response plans are available and work effectively with individual agency operational capabilities.

A. Augusta County Emergency Services Officers Association (ACESOA) Meetings

1. February 28, 2023

2. March 28, 2023

B. Quarterly Sentara Rockingham Memorial Hospital EMS Task Force Meeting

C. Harrisonburg-Rockingham Emergency Management Task Force Meeting

II. Northwest Region Health Care Coalition:

A. NWRHCC Monthly Meetings (2nd Thursday)

B. NWRHCC Radiological Annex Exercise - February 9, 2023

C. NWRHCC - MRSE Planning meetings.

1. January 24, 2023

2. February 28, 2023

3. March 28, 2023

D. NWRHCC - Monthly Communications Drills

E. EMS Medical Response & Surge Exercise

1. March 10, 2023 (Overview Call)

2. March 12, 2023 (Review Call)

3. April 13, 2023 - (Exercise)

III. Rockbridge County:

A. Rockbridge Volunteer Fire & EMS Association (VFESA) Meetings

1. Monthly (3rd Tuesday)

IV. Council staff hosted an update on Unite US implementation on March 28, 2023 at the council's facilities done in partnership and at the request of the Central Shenandoah Health District. The main discussion of the meeting was how to improve usage of the platform and to allow various regional stakeholders to better understand the services available. Further discussion in the meeting involved the best ways to allow CSEMS regional EMS providers to utilize the Unite Us platform to better provide services to the community. It was determined that the use of a referral form linked onto the tablet or laptop carried on ambulances could allow field providers to utilize Unite Us with minimal training or knowledge. Further development and implementation of this system is in progress.

Strategic Objective 1.3 Promote participation with other state, national and regional organizations and associations by EMS providers and local leaders through coordinated advocacy activities.

I. CSEMS Staff have been supporting development and will be presenting at the 1st Annual Page Entsminger Memorial Training V.A.V.R.S. Weekend Scheduled for April 27-29, 2023. CSEMS will provide CE for participants at this event in support of Division I of the Virginia Association of Volunteer Rescue Squads.

II. CSEMS Staff regularly share information about legislative agendas and processes with EMS agency leaders and EMS providers during Virginia General Assembly sessions. Along with sharing the OEMS Legislative Grid with Board of Directors members and EMS agency leaders, similar information is shared in meetings with associations.

III. Staff participate in state committee meetings of the state EMS Advisory Board and encourage provider participation in these meetings.

Strategic Objective 1.4 Develop a coordinated regional clinical internship program focusing on placement opportunities for potential employment.

I. CSEMS Staff have met with school representatives and hospital administration to discuss coordinated clinical opportunities. After review of scheduling systems, stakeholders agreed to pursue implementation of a central scheduling system through Platinum Educational Group. Specific features of this program that guided this decision are the ability to approve pending shifts by hospital/agency staff, and to control access by criteria established by the facility, such as vaccines, orientation, and other documentation. Additionally, large accredited EMS agencies are either currently using, or were amenable to switching to this platform based on stakeholder consensus. Staff are working with hospital staff to provide training and to set up clinical

schedules. An implementation timeline is not yet confirmed, but is anticipated prior to the start of the next academic year in August, 2023.

Strategic Objective 1.5 Coordinate Patient Care 360 Initiative to bring stakeholders

I. The PC360 Initiative involves all projects related to integration of public health, social services, and EMS. The PC360 Initiative seeks to view patient care from every angle, using a patient-centric, holistic approach to closing gaps in health and healthcare access, and the social networks that support individual and community well-being.

II. Primary initiatives under this networking initiative include the following programs:

A. Rare & Under-Served Healthcare (RUSH) for Children

1. Develop a voluntary registry for special needs and underserved children, allowing healthcare personnel, including EMS, to access critical information about children in the event of an emergency. This registry is being underwritten by Amazon Web Services.
2. Identify gaps in healthcare or social needs in the community that can be addressed through community partnerships.
3. Coordinate communication and deployment of resources to reduce gaps in healthcare or social needs, improving health equity for underserved populations. Such needs include language access, food shortages, housing, mental health resources, and other needs.
4. Continue to expand partnerships to reduce inequities in health and healthcare resources for members of the community. Current partners include Unite Us, Central Shenandoah EMS Council, Central Shenandoah Health District, VDH Office of Family Health Services, Virginia Care Connection for Children, Rockingham County Public Schools, Rockingham Fire-Rescue, Thorne Ambulance Service, and Beyond Lucid Technologies.

B. Early Access to Resuscitation by Laypersons and Law Enforcement

1. Deployment of AEDs in Rural Localities (currently Bath and Highland). The first shipment of 11 AEDs arrived on April 3, 2023, and are in the process of being programmed for deployment in Bath County

in May, 2023. These devices were provided by a generous contribution from the Titmus Foundation in Sutherland, VA.

2. Initiation of Monthly Community Hands-Only CPR Training Opportunities. This is still in planning stages, as staff coordinate around other classes and event schedules, with a target launch of Summer, 2023.

Strategic Objective 1.6 Establish Data Sharing Agreements with hospital systems to improve Performance Improvement efforts.

I. Amanda has been working with the other PI coordinators across the regions to establish a template for data sharing agreements with the hospitals.

Strategic Objective 1.7 Provide mobile application and/or a webpage list of resources for provider safety and mental health.

I. In partnering with Apex Mobile CSEMS was able to create a custom app for mental health information and resources. This app is available to anyone and houses a list of resources tailored to our region as well as national resources that are available 24/7. There is also a link on the website to the live google document with the resources.

II. Efforts to increase and expand the resources available in the region continue. In January, Cross Keys Equine Therapy was added as a resource.

Strategic Objective 1.8 Maintain a team of peers and mental health clinicians in the Critical Incident Provider Support Team.

I. CSEMS maintains the Critical Incident Provider Support Team (CIPS) and has twenty-four members on the team, five of which are clinicians. The CIPS team is also pleased to have Hattie, a trained service dog on the team.

II. The CIPS team had one activation request during the quarter.

Strategic Objective 1.9 Partner with local agencies in the region to host motivational speakers on the topic of mental health and wellness for first responders.

I. On September 17, 2022, CSEMS partnered with Augusta County Fire Rescue to host motivational speaker Travis Howze for his tour Post Traumatic Purpose. This event was held at Wilson Memorial High School and was well attended.

II. During the Shenandoah Valley EMS Expo the PTSD911 documentary was presented that highlights the struggles that some first responders have with mental health issues and PTSD. This was a well-attended class.

III. CSEMS maintains the ability to present the documentary again and is intending on hosting several viewings across the region.

Strategic Objective 1.10 Coordinate Mass Casualty Incident and Hospital Diversion plans that address communications strategies for multiple-jurisdiction incidents.

I. Sentara Rockingham Memorial Hospital (Sentara RMH)

A. Technical Resource Specialist Charles Feiring has been working with the hospital to coordinate their MCI/Emergency plans and workflows for the ER to blend with the Regional MCI Plan that was Approved October 2022 by the Board of Directors. This plan was the topic of the regional EMS Task Force Meeting that was held April 20 at the hospital.

II. Northwest Regional Health Care Coordination

A. CSEMS Staff participate in monthly drills with the Northwest Regional Health Care Coalition testing the VHASS Hospital management system, along with planning meetings and special exercises.

B. Hospital Diversions are posted to the VHASS system, and CSEMS Staff forward notifications to EMS providers through multiple media systems (website, social media, and email). Hospital Special Advisory notifications occurred on the following dates for FY23 Quarter 3:

1. February 21, 2023 - 11:01am - Carilion Rockbridge Community Hospital - CT Scanner Down for Maintenance

2. March 11, 2023 - 12:58pm - Augusta Health - Surgical Unit Down

3. March 30, 2023 - 7:56am - Carilion Rockbridge Community Hospital - CT Scanner Down for Maintenance

4. April 1, 2023 - 12:06am - Augusta Health - Stroke Diversion due to Power Outage

Strategic Initiative 2: Coordinate Response to Natural, Man-made and Public Health Emergencies

Strategic Objective 2.1 Complete Mass Casualty Incident/Emerging Infectious Disease/Weapons of Mass Destruction Plan with collaboration of EMS Agencies, Emergency

I. The CSEMS Board of Directors (BOD) approved the current MCI document and was posted November 02, 2022, after discussion and modifications during the meeting. Work on Emerging Infectious Diseases and Weapons of Mass Destruction are ongoing.

Strategic Objective 2.2 Complete Hospital Diversion Plan in cooperation with Hospital Emergency Coordinators, EMS Agencies, and the Healthcare Coalition

I. The CSEMS BOD approved the current Hospital diversion plan in July, 2022.

A. This Plan was implemented on four occasions during the quarter and the information was posted on the CSEMS Web Site, Facebook and the Google Super User groups to notify as many providers as possible of the diversion status of the respective facility.

Strategic Objective 2.3 Build 30-day supply of emergency PPE and other supplies based on data from early COVID-19 Pandemic Response

J. CSEMS Staff are working to restock an emergency supply of PPE equipment based on data from the first few months of the COVID-19 Pandemic. CSEMS will be focusing on sourcing and maintaining a 30 day supply of PPE and other communicable disease process supplies based on numbers seen at the start of the Covid 19 pandemic. This supply allows CSEMS to rapidly respond to emerging public health threats and emergency supply support to regional EMS agencies. CSEMS staff have developed digital inventory systems to track supplies as they become available and will work on offsite storage of these supplies that will allow for access after normal business hours.

Strategic Initiative 3: Sponsor EMS Related Research and Education

Strategic Objective 3.1 Develop a Quarterly Performance Improvement Report based on established Performance Improvement Plans approved by the Board of Directors.

I. Performance improvement efforts and reporting have been delayed by software issues and errors with data collection. PI activities have focused on assisting EMS agencies with learning the ESO state repository and how to identify failed records and records with low validity scores. In an effort to gain traction on the approved PI objectives, Dr. Asher Brand discussed manually obtaining data points from the EMS agencies at the last MCRC meeting.

Strategic Objective 3.2 Enroll in DataCamp and participate in VDH Data learning sessions.

Amanda Loreti and Daniel Linkins met with Meredith Olson, the VDH Data Training Coordinator to outline software training for reporting and PI measures and future availability for specific software such as Tableau.

Strategic Initiative 4: Supply Quality Education and Certification of EMS Personnel

Strategic Objective 4.1 Schedule 4 Instructor Development opportunities within the FY23 Fiscal Year, addressing exam validation, simulation, technology, and other items of interest to the instructor network.

I. CSEMS staff have been coordinating Regional Instructor Network Meetings quarterly, providing educators with updates from various state committees, information on process changes with the Accreditation, Certification and Education (ACE) Division, and an opportunity to share ideas and ask questions. Invitations to central office staff have been offered.

A. January 17, 2023 - Regional Educator Network Meeting held @ CSEMS.
Topic - Scenario Development

B. The next Regional Educator Network Meeting is scheduled for May 15.2023 scheduled at CSEMS. Topic - Adaptive Testing

Strategic Objective 4.2 Provide nationally recognized courses at significantly discounted rates (cost of materials only) under the CSEMS Training Center, coordinating with credentialed instructors in the region.

I. CSEMS Faculty have continued to attempt to engage potential instructors in the region to offer these classes but have been unable to confirm commitment to teach classes. Due to the delay in the MOU and implementation of the work plan, minimal progress has been made in this area.

II. Daniel Linkins offered the first course in the NAEMT Community Paramedicine Services, Motivational Interviewing at the Shenandoah Valley EMS Expo on March 9, 2023. However, only one participant registered for the class, resulting in cancellation. Staff will continue to gauge interest and attempt to offer classes.

III. To maintain staff credentials, CSEMS staff who are credentialed to teach classes have continued to work with the Rappahannock EMS Council in their NAEMT Course offerings, as a site under the CSEMS NAEMT Training Center.

IV. EMR Class being taught by Becky Anhold with assistance from CSEMS staff at Millboro Area Rescue Squad March 16-May 7, 2023. Class was requested based on a critical need to recruit volunteers from the Bath & Highland County areas. With the support of CSEMS and Millboro Area Rescue Squad (MARS), the class cost to students is \$50.00.

Strategic Objective 4.3 CSEMS will offer scholarship programs for approved Auxiliary courses through the CSEMS Training Center. The target is to offer classes quarterly with the students being charged only the cost of the textbook/materials.

I. This process is in development, along with the transition of the CSEMS Community Training Center Management to a new cloud-based platform. This system will house instructor tracking for AHA, NAEMT, and CSEMS and will provide an online mechanism to submit rosters, register for classes, and process course enrollments and payments.

Strategic Objective 4.4 CSEMS will offer technology resources to develop regional clinical coordination and preceptor training for approved EMS education.

I. CSEMS has secured access to Platinum Educational Group's EMS Testing and Platinum Planner programs, and will make these resources available to instructors participating in the CSEMS Regional Instructor Network.

II. CSEMSC has submitted a request for advanced simulation to OEMS and is awaiting ordering. A towable ambulance simulator and a converted ambulance donated by Millboro Area Rescue Squad are currently in possession and will be available for participating instructors.

III. CSEMS is currently implementing a transition from a manual process to manage educational programs to the use of Training Center Technologies from Less Stress, Inc. this system will permit educational program management from all nationally- and

state-recognized programs with one software solution. This will also manage communications, payment processing, and quality control measures.

Strategic Objective 4.5 CSEMS, TJEMS, LFEMS and participating organizations will offer the Shenandoah Valley EMS Expo, offering low-cost continuing education for EMS providers in and around the region. There are no restrictions for provider origin.

I. The 2nd Annual SVEMS was held March 9, 2023 through March 11, 2023 on the campus of the Blue Ridge Community College in Weyers Cave. Attendance increased by approximately 50% from 2022. Registration only slightly increased, but the non-attendance (those who registered, but did not attend) rate decreased from over 30% to less than 7% for 2023. The Expo offered 31 classes, awarding 819.5 hours of CE credit to over 90 participants. A comprehensive catalog with sponsors, speakers, and information was provided online, and a mobile application provided maps and building information for each class session. This catalog can be found at <https://tinyurl.com/SVEMSExpo> or by scanning this QR code. A flipbook version was also made available.

II. All participants received gift bags and a limited-edition challenge coin for just \$25, through support from sponsors. For those who stayed for the closing presentation, a 2023 SVEMS Expo T-shirt was also included. Summit-level (\$1,500 or more) Sponsors included Augusta Health, Blue Ridge Community College, Carilion Lifeguard 12, Central Shenandoah EMS Council, Lord Fairfax EMS Council, Sentara RMH Medical Center, and Lord Fairfax EMS Council. Ascent-level (\$500 or more) Sponsors included TrueClot, and Virginia First Responder Support Services. Valley-level (Class-specific provisions) Sponsors included the Virginia Office of EMS, EMS for Children program, providing pediatric pre-conference classes. TrailMarker-level (in-kind swag donations) Sponsors included Life-Assist and Priority Ambulance Service.

II. During the 2nd Annual Shenandoah Valley EMS Expo, students enjoyed excellent food options from a local cafe, North Ridge Coffee and Cafe (breakfast and lunch daily, with a Friday night exhibit hall and reception). High quality EMS classes included certification courses, presentations from experts across Virginia, interactive, hands-on sessions with heart dissection, and protocol Jeopardy. The conference ended with a feature presentation, Loving the Best Job in the World: An Audience-Interactive, On-Stage Interview with Author and Columnist Thom Dick.

III. In a spirit of collaboration, the Virginia Office of EMS, Division of Emergency Operations also participated to provide communications for the event. Sam Burnette and Devin Chinault participated in all three days and had an opportunity to test a new

Digital Mobile Radio (DMR) Repeater system for the upcoming Virginia EMS Symposium. CSEMS Staff regularly seek opportunities to collaborate with OEMS divisions, VDH Offices, Health Districts, and other potential partners, and appreciate the excellent opportunity to do so at this year's Expo.

IV. Participants were surveyed following each class and were also asked to summarize their total experience. Overall, participants indicated a positive experience with the Expo. The Committee of partners is already working on the 2024 SVEMS Expo to be held at Laurel Ridge Community College in Middletown, VA next March. Feedback results from the 2023 participants are listed below, and word clouds indicate the open comment sections.

Strategic Objective 4.5 CSEMS will offer specific critical care education topics, including ventilator training for the region's EMS providers. These classes will be offered to providers with EMS agency sponsorship only, to ensure those trained are approved to perform these skills.

This project was initiated in the first quarter with a ventilator basics training video by Greg Hamilton. This video has been completed but has not progressed at this time. Additional in-person training was on hold pending the approval of the new MOU and Work Plan and is anticipated to resume in the coming months and will be transitioned to the FY24 Work Plan.

Strategic Initiative 5: EMS Regulations, Protocols, Policies and Standards

Strategic Objective 5.1 Using feedback loops based on performance improvement metrics, protocols will be changed/added/removed based on these data driven models.

I. While PI metrics in the region have been hard to identify due to software constraints, CSEMS has worked with local hospitals and the closest trauma centers to obtain data on specific patient populations to further and improve patient care. Information from the hospitals and input from the EMS agencies is taken to regional workgroups and discussed before presenting a proposal to the Medical Control Review Committee (MCRC) for a regional protocol change.

Strategic Objective 5.2 Maintain a mobile application for patient care protocols and other critical information for providing high-quality patient care.

I. CSEMS maintains a Mobile App that is available in the I-Tunes App Store and Google Play Store Sept 28, 2022. Additionally, PDF and web-based versions are available for those who need them. This mobile application provides additional

documents, agency supplemental protocols, and contact information that may be necessary for field providers.

- A. An additional module is being tested for medication calculations that will integrate into the Protocol App.

Strategic Objective 5.3 Ensure all protocols are in compliance with OEMS Regulations and the Virginia Scope of Practice

I. Changes have been made to the CSEMS regional protocols to align with the VA scope of practice. The region maintains a Protocol Modification Guide on the CSEMS Website to track protocol changes as they are released. When protocols are finalized, a push notification is sent to the mobile app, prompting users to update the document when internet service is available.

II. CSEMS Staff recently identified an error in the regional scope of practice for EMRs during a CSEMS hosted class and have corrected it. Glucometer use was listed as an allowable skill at this level but has been clarified with the rollout of EMRs in Bath County.

Strategic Objective 5.4 Provide technical assistance with implementation of protocols, policies, regulatory changes, technical systems.

- I. The change of the state repository from ImageTrend to ESO has come with challenges and created more opportunities to work with local EMS agencies. Amanda Loreti, CSEMS Performance Improvement Specialist, has been working with agencies to clarify and educate them on the new state repository. Amanda has been offering individualized support to correct submission errors and validity scores that do not meet the standards set for by Regulation and Compliance.
- II. The changes to the Virginia EMS scope of practice and the creation of red dot skills created an opportunity for CSEMS to partner with EMS agencies and ensure the proper documentation for release of providers in the region. CSEMS also provided template documents for Medical Director Authorization to Practice, allowing agencies to customize documents to their needs, while maintaining a consistent framework for provider clearance. These template documents are available on the CSEMS Protocol Webpage.
- III. On January 24th CSEMS began operations as a Fieldprint Site in an effort to reach out to the regional community as a whole and in particular the healthcare providers in the region that routinely need

fingerprint services. This need was requested by agency leaders from Augusta County after the only Staunton site terminated operations. At that time, persons in need of fingerprint services had to travel to Harrisonburg, Charlottesville, or Lynchburg to access a FieldPrint site. Sites in those locations were often booked weeks in advance. In the two (2) full months of operation the CSEMS site averaged ten (10) requests for FieldPrint services daily. The CSEMS FieldPrint site has seen a steady increase in demand for the FieldPrint services offered by the CSEMS office.

- IV. CSEMS Staff utilize a digital helpdesk ticket and Client Resources Management System (CSR) to provide better continuity of service to regional stakeholders. The system tracks both the type and quantity of assistance. CSEMS staff fielded 39 assistance requests during the quarter with a 90% (35) completion rate. 5% (2) of the requests were canceled before completion and 5%(2) are still in progress.

Strategic Initiative 6: Focus Recruitment and Retention Efforts

Strategic Objective 6.3 Use national guidance documents from NAEMT to develop tools for the region’s EMS agencies to use in recruitment and retention efforts, offering technical assistance in implementation of developed strategies.

I. The NAEMT’s Document titled,” Innovative Recruitment Strategies for EMS Agencies” was shared with EMS agencies in the CSEMS region, with an opportunity for follow-up support from CSEMS staff. One EMS agency in the region requested assistance with the above topic. Email conversations and phone conversations were also held to provide further information and ideas that could easily be implemented at very little cost or no cost to the organization to quickly implement.

A. Examples / ideas that were provided during these conversations were the following

1. Pictures of staff/members doing job related activities and a brief story about the person(s) in the pictures and make these as post on the agency Facebook/social media outlets as a way to drive interest in the organization/field.
2. Coordinate with local organizations and civic groups and recruit for members and do not just focus on person(s) that are/want to respond to emergency calls
 - a) Administrative tasks

- b) Hosting recruitment events
- c) Building maintenance
- d) Vehicle maintenance
- e) Fundraising tasks

3. Visit local high schools for recruitment

B. CSEMS will continue to offer support and guidance in recruitment and retention efforts. Plans are in development to implement diversity recruitment programs for underrepresented populations to develop an EMS workforce that is more representative of the populations served. Strategic Initiative 7: Promote Upgraded Technology and Communications Systems

Strategic Objective 7.1 Using mostly systems already in place, staff will develop and implement an inventory system to track drug box exchanges in real time.

I. A fully functional system to track all drug box exchanges was implemented by the Fall of 2022 using Monday.com, a project management solution utilized across OEMS and all Regional EMS Councils. This system allowed for real-time tracking of medication kits, expiration dates, and chain of custody. Android tablets with capability of scanning the QR code on the kit were provided to all hospitals implementing the system. This system also meets Board of Pharmacy requirements for medication kit logs by auto-generating a read-only file for every transaction and/or update. The system was deployed as hospitals completed transitioning to the new combined EMS Medication Kit. However, this transition process was paused pending DEA regulation changes when stakeholders were unable to reach consensus on the medication kit process. Hospitals that had equipment did not consistently utilize the system when personnel changed in departments. The tablets that were deployed at the hospitals have been reallocated for other uses by CSEMS pending direction from the DEA on the future of the medication kit process in Virginia.

II. CSEMS staff further developed a system of vending machines and locker system for ambulance resupply within the region. The system is currently set up to distribute supplies that were being held in the CSEMS drug boxes prior to redesign. Any agency that is utilizing a new model drug box is slated to have initial access to the vending system. Access to the system is controlled with a barcode on an access card developed by council staff. The access cards are currently being distributed to all EMS agencies slated for initial use of the system. The machines were made by IDS vending and allow for accurate tracking of supply distribution from hospital stocks to regional

EMS ambulances. The first of the machines was shipped to Augusta Health in Fishersville, VA on February 22, 2023. The machines arrived in fair condition with one locker door malfunctioning. The door was repaired in short order with replacement parts sent by the manufacturer. The machine located at Augusta Health is anticipated to go live in quarter 4 of 2023. Following a brief troubleshooting and adjustment period, remaining machines will be distributed to the three remaining hospitals in the region.

Strategic Objective 7.2 Provide access and funding for PulsePoint Mobile application to all 911 centers in the CSEMS Region.

I. Deployment of PulsePoint Mobile Application in all communications centers. CSEMS will provide funding through the Regional Work Plan to provide full implementation of Pulsepoint Respond for each communications center in the region that launches the service by June 30, 2023.

A. As of March 31, 2023, two (2) of the seven (7) have launched the service.

1. Harrisonburg/Rockingham already had the service established, and CSEMS Regional funding allowed upgraded access to the PulsePoint Respond platform, allowing the agency to notify responders affiliated with the agency.

2. The City of Staunton soft-launched PulsePoint on March 8, 2023, becoming the first locality to fully implement the program under the CSEMS plan.

B. As of March 31, 2023, three (3) localities have signed scope of work agreements and are in the process of implementation with launch dates yet to be finalized.

1. Augusta County signed the statement of work agreement on December 7, 2022. The Communications Director resigned before the implementation was completed, and CSEMS and PulsePoint staff have been working with the newly appointed director to complete the implementation.

2. Rockbridge County signed the statement of work agreement on January 26, 2023.

3. The City of Waynesboro signed the statement of work agreement on February 23, 2023. Implementation timelines have not yet been finalized.

C. As of March 31, 2023, two (2) localities have expressed interest, but have not yet moved forward with the project.

1. Bath County expressed intent to participate, but an agreement has not yet been signed.

2. Highland County has indicated interest but has not expressed intent to participate.

Strategic Objective 7.4 Contact each EMS agency to verify receipt of VHASS alerts.

- I. This task was completed via phone conversation with each of the Emergency Communications Centers (ECC/911) in the fall of last year. CSEMS Leadership worked with coordinators at the Northwest Regional Health Care Coalition to ensure appropriate EMS Accounts are set up for all EMS Agencies in the region.

Strategic Initiative 8: EMS Funding

RSAF Spring 2023 Grant Cycle

I. The Regional Grant Review Committee is made up of five (5) persons who reviewed all grant applications. They have been tasked with confidentially reviewing and grading applications from regional EMS agencies seeking RSAF funds from OEMS. The committee will also include one member from the CSEMS Board of Directors and will be facilitated by the Central Shenandoah EMS Regional Director or his designee. The committee members were identified on March 31, 2023 for the Spring RSAF Grant Cycle. Members of the committee may not have grant applications in the current cycle. The five members (excluding the facilitator) will review and grade the grants. Committee members come from EMS agencies that do not have an RSAF grant application in the current cycle. Members must come from one of CSEMS' regional EMS agencies, hospitals, or governments, and all members must declare any conflicts of interest prior to participating on the grading committee.

II. Grant applications are listed below in grant number order.

A. CS-C01/06-23 - SINGERS GLEN VOL. RESCUE SQUAD, INC (1)

B. CS-C02/06-23 - WAYNESBORO FIRST AID CREW (3)

C. CS-C03/06-23 - BATH COMMUNITY AMBULANCE SERVICE (1)

- D. CS-C04/06-23 - STUARTS DRAFT RESCUE SQUAD (1)
- E. CS-C05/06-23 - ROCKBRIDGE COUNTY FIRE & RESCUE (1)
- F. CS-C06/06-23 - BUENA VISTA FIREFIGHTERS INC. (1)
- G. CS-C07/06-23 - ROCKINGHAM CO FIRE/RESCUE (6)
- H. CS-C08/06-23 - BUENA VISTA RESCUE SQUAD (1)
- I. CS-C09/06-23 - NATURAL BRIDGE VOL. FIRE DEPARTMENT (1)

Strategic Objective 8.1 Schedule and host at least two workshops in the CSEMS region providing guidance on RSAF grant-writing requests.

- I. CSEMS scheduled two workshops on February 22, 2023 from 5:00pm-8:30pm and March 7, 2023 from 3:00pm-6:00pm to assist with the development/answering of questions in regards to RSAF grants. If they were unavailable to attend any of these dates/times they were instructed to email Charles Feiring. To date no EMS agencies have made an appointment or requested assistance.

Item Description	QTY	Total Cost	Requested State Funds
Ambulances	2	\$581,400.00	\$378,450.00
Patient Movement Devices	3	\$117,757.20	\$94,205.76
Automated CPR Devices	1	\$18,660.00	\$9,330.48
Manikins	1	\$27,285.00	\$21,828.00
Manual Cardiac Monitor Defibrillator	1	\$70,162.12	\$35,081.06
AED – Devices	7	\$17,674.44	\$10,825.20
ALS-Airway management Equipment	4	\$6,396.00	\$3,198.00
PPE – Equipment	5	\$10,228.40	\$5,114.20
Penetrating Wound Treatment Equipment	10	\$4,012.61	\$2,006.31
Access Control Equipment	1	\$2,897.97	\$1,448.99
Extrication Equipment	18	\$50,187.00	\$40,149.60
Totals for Requested Items	52	\$906,660.74	\$601,637.60

II. A class was developed and offered in the Shenandoah Valley EMS Expo roster but was canceled due to low enrollment.

Strategic Objective 8.2 Maintain access to the Candid Foundation Center website and provide guidance to EMS agencies seeking additional funds. When appropriate, CSEMS may apply for the grant and serve as the grant administrator.

CSEMS Renewed this account and continues to search for grant opportunities to support EMS operations. Regional Director Daniel Linkins has submitted grants requests for funding for AED placement on law enforcement vehicles and is working with Bath County to address communications systems interoperability initiatives.

Strategic Initiative 9: Enhance Regional and Local EMS Efficiencies

Strategic Objective 9.1 Develop technology solutions to improve meeting attendance and communication of information throughout the region.

I. CSEMS Staff have used multiple tools with success in gaining additional meeting attendance. For public meetings with controlled voting, Go to Meeting provides a webinar format to limit conversations while ensuring public participation. For smaller workgroup meetings, Microsoft Teams offers open communications with limitations on attendance if needed. Google Meet offers simple solutions for browser-based meeting attendance. Depending on the needs of an individual meeting, CSEMS Staff work to ensure a virtual attendance option is available for all meetings.

Strategic Objective 9.2 Deploy mobile applications to eliminate printing costs of local protocols and other regional resources.

I. Since Sept. 28, 2022, CSEMS has maintained a digital mobile application (See Strategic Objective 5.2). The app is available and updates in real-time and is available for off-line use by all providers in the region. Additionally, agency-based supplemental protocols are available when submitted to CSEMS.

Strategic Objective 9.4 Replace outdated hardware and implement software solutions to improve operations in the CSEMS Office.

I. Upgrades are continuing with the Server Room with the implementation of a single monitor solution in an area with previously 4 monitors on devices. This reduces heat generation in the server room. Additionally, active ventilation systems were added.

Mobile office designs are continuing permitting staff to work in various locations in the offices via docking stations. Space is also available for other VDH or Regional Council employees.

II. The outdated AHA Server is being replaced with a cloud-based Training Center Management Platform, which is expected to go live on May 1, 2023.

III. New computers for the EMS Council Network have been ordered under the new IT Contract with OEMS. Additionally, uninterrupted power sources (UPS) are being placed on all critical systems for both surge protection and emergency operations.

Strategic Objective 9.5 Purchase AEDs to ensure pediatric defibrillation capabilities at a negotiated rate, ensuring compatibility of pads with current devices.

38 AEDs were ordered from Physio Control for placement on units previously using LifePak 15s as AEDs. These devices have a pediatric attenuator switch to address the need. Devices are expected to arrive before the end of the fiscal year.

Strategic Initiative 10: Assess Compliance with EMS Performance-Driven Standards

Strategic Objective 10.2 Provide at least one training workshop on EMS agency quality improvement programs.

I. Amanda Loreti, Performance Improvement Specialist has been working with individual EMS agencies as requested on PI programs, and has plans to develop group sessions once everyone has access to ESO and a baseline understanding of functionality. The goal of the group sessions is to increase continuity of knowledge.

Strategic Objective 10.3 Develop framework for a dashboard to monitor EMS agency performance toward regional goals in near-real-time.

I. During the quarter, Amanda Loreti, Performance Improvement Specialist, finished the 2022 Quality Improvement and Safety Course hosted by NAEMSP. This course prepares participants to perform performance improvement activities and to effectively present data related to measurements and interventions.

Simultaneously, Amanda completed the Institute for Healthcare Improvement's basic course in Quality and Safety. At the end of this course, candidates must submit a completed poster presentation based on a selected "Aim statement." Amanda's final presentation reflected the ongoing work on regional record submissions in the newly

launched state repository with ESO. Utilizing a “Plan-Do-Study-Act” process, Amanda worked with the region’s agency leaders to consistently reduce the number of failed records, identify common causes of failed record submissions, and improve overall data quality.

II. Based on this work, a new Regional Performance Improvement Forum launched this year with participation from all 11 regional EMS Councils and members of the Central Office Epidemiology and Data Management teams.

Strategic Initiative 11: Assess and Enhance Quality of Education for EMS Providers

Strategic Objective 11.1 Host one CE event per month at CSEMS or an EMS agency in the region, providing dinner and quality education based on regional data metrics.

I. CSEMS Staff have worked to coordinate CE dinners throughout the region. There are two upcoming CE dinners in the region. A CE dinner with the topic of toxicological emergencies will be held at the Waynesboro First Aid Crew in May and another will be held in June on burn emergencies at Stuarts Draft Rescue Squad.

A. Free Continuing Education dinners are being coordinated at various sites throughout the CSEMS region:

1. May 24, 2023 - “Emerging Threats in Substance Use/Misuse” by Dr. Christopher Holstege, Director of Blue Ridge Poison Control Center at UVA. Location - Waynesboro First Aid Crew. 6-8 pm Link to class registration info & flier.

2. June 29, 2023 - “Burn Care for Emergency Personnel” by Dr. Jeffrey Litt, Burn Center Director of Chippenham Hospital. Location - Stuarts Draft Rescue Squad. 6-8 pm Link to class info & registration

B. Special Continuing Education sessions offered throughout the region in support of EMS Agencies:

1. January 19, 2023 - Blood Pressure a Fundamental Review @ Rockbridge County Fire/Rescue.

2. January 30, 2023 - Shenandoah Valley Electric Cooperative Safety Training for First Responders @ Mt. Solon Fire/Rescue.

3. February 21, 2023 - Infection Control Annual Update @ Mt. Solon Fire/Rescue.

4. February 27, 2023 - Cardiac Arrest & CPR Skills Review @ Highland Volunteer Rescue Squad.

5. March 20, 2023 - Shenandoah Valley Electric Cooperative Safety Training for First Responders @ Highland Volunteer Rescue Squad.

II. EMS Physicians in the region have discussed recent changes in the NEMSES rollout, and the expectations of EMS Physician involvement in educational programs. The Regional Medical Director requested that staff develop a mechanism of tracking educator quality with multiple measures and developing a policy for them to use in the EMS Physician Endorsement process for Education Coordinator certification and recertification. Requirements will include submission of rosters, course evaluations, participation in Regional Instructor Network meetings, and educator development. This process is not a mandate from OEMS. EMS Physicians in the CSEMS Region have mutually agreed to use this process as a basis on which to endorse EC candidates (or renewal candidates) who are not affiliated with Accredited programs. CSEMS Regional EMS Physician Endorsement for EC Renewal Policy is expected to go into effect for EC candidates who request endorsement after May 15, 2023. This policy will be applied by the EMS Physicians. CSEMS will provide the tracking mechanisms and infrastructure to support quality EMS educator development in the region.

Strategic Initiative 12: Pursue Initiatives that Support EMS

Strategic Objective 12.1 Work with local EMS agencies and health districts to identify gaps in healthcare among underserved communities.

I. CSEMS has met with Unite Us and other stakeholders to address concerns in the RUSH program to address this (see Strategic Objective 1.5). Additionally, CSEMS has developed and will soon deploy a community assistance form that will be available to the public and EMS providers. This link will be included in the CSEMS Protocol App, allowing providers to refer patients in need to a central entry point. CSEMS Staff will then assist in referring and connecting patients with resources necessary.

A. Using data from this referral process, CSEMS will join other community stakeholders and launch the PC360 Network previously discussed as a forum to discuss healthcare gaps. Stakeholder groups will include local non-profits, Community Services Boards, Local Health Districts, religious institutions, and community leaders. James Larrick, Technical Resources Assistant (Contractor)

has been assigned the task of coordinating regular meetings to launch Summer 2023, now that the new MOU is finalized.

Strategic Objective 12.2 Coordinate initiatives to target underserved populations with innovative approaches.

I. CSEMS has been working diligently for the last year to implement a patient care program that is aimed at improving and filling identified health care gaps with a county fire department and public school system to aid in identifying members of the community that are in need of care. Initial funding has been secured for the creation of a database of the target population and setting up a referral network via the Unite US coalition and VDH (see Objective 1.5).

Strategic Objective 12.3 Create infrastructure and initiate a pilot whole blood program with strategic sites in the region, and measure to determine impact on mortality in a region with no trauma centers.

I. Dr. Asher Brand and Daniel Linkins have been leading this project. A proposal is being developed from Blood Connections in South Carolina. Blood Connections has agreed to provide this service for the region.

II. Equipment is in the ordering process, with a projected launch date of June 2023. Sites have been identified in Waynesboro, Verona, Harrisonburg, and Lexington to house the whole blood program. Additionally, staff are working with other regions that are implementing similar programs to explore cost-saving opportunities through economies of scale by combining equipment and supply orders.

Strategic Objective 12.4 Facilitate EMS provider engagement in both regional and state committee activities.

1. CSEMS Committee Meetings are held quarterly.

- a. CIPS Meeting Agenda January 10, 2023
- b. CIPS Meeting Minutes January 10, 2023
- c. Pharmacy Meeting Agenda January 12, 2023
- d. Pharmacy Meeting Minutes January 12, 2023
- e. Board of Directors Meeting Agenda January 31, 2023

f. Board of Directors Meeting Minutes January 31, 2023

g. MCRC Meeting Agenda March 16, 2023

h. MCRC Meeting Minutes March 16, 2023

Community Training Center Activities

I. American Heart Association

A. The CSEMS American Heart Association (AHA) Community Training Center teaches classes at the CSEMS Community Training Center and at local businesses in and around the region. Courses provided by the AHA training center allow for upkeep or expansion of basic and advanced lifesaving skills by regional medical personnel and lay persons. CSEMS Community Training Center staff continued to provide 10 different AHA approved courses throughout the quarter. This quarter's course enrollment increased by 48% from third quarter FY22. This increase brought the total number of students for this quarter to 2399. The constant influx of students allows for increased visibility of the council and VDH while also allowing for CSEMS associated instructors to have a direct impact on the health and training of the region's population.

B. On February 16, 2023, CSEMS leadership met with Scott Shahan, Occupational Health & Safety Manager at the Virginia Department of Health regarding CPR training and instructor development for the agency's staff. Under this model, VDH Occupational Health and Safety will become a Training Site under the CSEMS Training Center. This partnership highlights the value and potential opportunity to leverage the hybrid office model as a resource that benefits the VDH core mission at the agency level.

FY 2022 3rd Quarter Course Description

ACLS Provider Course 131

BLS for HealthCare Providers 711

BLS Instructor 11

Heartsaver Instructor 7

Heartsaver CPR AED 52

FY 2023 3rd Quarter Course Description

ACLS Provider Course 118

BLS for HealthCare Providers 766

BLS Instructor 20

Heartsaver Instructor 5

Heartsaver CPR AED 226

Heartsaver in Schools 49	Heartsaver in Schools 127
Heartsaver First Aid 56	Heartsaver First Aid 70
Heartsaver First Aid CPR AED 553	Heartsaver First Aid CPR AED 986
Heartsaver Pediatric First Aid CPR AED 3	Heartsaver Pediatric First Aid CPR AED 1
PALS Provider 52	PALS Provider 80
Total 1625	Total 2399

EMS by the Numbers

EMS Agencies

I. The CSEMS Region is currently served by 53 Licensed EMS Agencies across the ten (10) localities.

EMS Providers

I. The CSEMS Region is served by 1,847 Certified EMS Providers, of which the largest number reside in Rockingham County (31%), and the smallest number reside in Highland County (<2%).

EMS Courses

I. 90 EMS Courses began in the CSEMS Region during FY23 Q3, including initial EMR, EMT, Advanced EMT, Paramedic courses, and continuing education programs.

EMS Call Volume

I. EMS Agencies in the CSEMS region responded to 14,450 calls during the third quarter, representing a 9.1% decrease from FY22 Q3.

www.csems.org
csems@vaems.org 2312 W Beverley St.
Staunton, VA 24401
540-886-3676

Blue Ridge EMS Council



X. Blue Ridge EMS (BREMS) Regional Office

DATE: April 2023

RE: Third Quarterly Report FY 23 (January – March 2023)

OBJECTIVE: Provide information to the Office of EMS on the Activities of BREMS

| PROJECTS/PROGRAMS:

HDE (Health Data Exchange)

Centra gave BREMS an update on March 8th. Centra has been working on their Zoll platform to talk to Cerner and ESO. They hope to have this finished by the end of Summer/Early Fall. Next, working with ESO to move forward with the integration of HDE to work directly with Cerner for patient care reports, etc.

Lifeline- Regional Communication System.

On March 8th, BREMS was asked to participate in a conference call with Centra. Centra has hired a firm to work on bringing all their communication up to date, including CarePoint and radio communications. LFD representative, Colt Freeman, was asked by BREMS to attend the meeting to discuss how LFD is using E-bridge in the field for communications with the hospital. Last Fall, BREMS and LFD hosted a meeting with General Devices regarding E-bridge. If there is a locality within the BREMS region interested in participating or wants to use E-bridge, please reach out to BREMS and we will work to get you contacted to General Devices. Colt Freeman has also offered to meet with any locality wishing to understand the program more.

BREMS has not received an update on the Farmville Extension since December 3, 2022. Virginia State Police have received the quote for the structural analysis at Long Mountain. The structural analysis was completed in order for BREMS to place additional equipment needed for the Farmville extension at Leigh Mountain. The original contract began in September of 2021 and BREMS received funds in October for the \$171,600.00 Farmville Extension project.

BREMS administered 50% of the grant amount upfront for the purchase of equipment. As of December 3, 2022, the other remaining 50% of the original grant was still outstanding due to a delay of state contracts for DGS, structural analysis, etc. On December 3, 2022, BREMS paid a progress payment of \$42,900 (half of the 50% remaining) to the Virginia Technical Resources (VTR) Contractor, for equipment received, bench testing, microwave link programmed and tested, and the indoor equipment installed on Long Mountain. The remaining \$42,900 will be paid to the VTR Contractor upon full completion of the project.

Regional EMS Office Update:

- Since we moved December 2022, there have been a lot of changes, updates, and more to be done.
 - We are currently using a portable projector and portable screen.
 - We have purchased two (2) OWL 3 systems to assist in allowing virtual meetings.
 - We are working with the Regional EMS Council IT Committee (this is a committee through the Regional EMS Council Executive Directors Group contracted by OEMS to help support the EMS Council IT needs) to determine the needs for our training room.
 - The BREMS lobby furniture and the conference room table have arrived. We are still awaiting on the chairs for the conference room chairs.
- VDH has sent information out to departments about rebranding. BREMS is updating email signatures, and power point templates, etc. Over the next couple of months, BREMS will also work on branding our templates to ensure we are all using the same templates across all of our programs.
- BREMS has hired Brockman, Drinkard, & Pennington for accounting services as of March 1st.
- Work Plans FY 24- BREMS continues to work on ideas for our work plan FY 24. There are 4 project areas BREMS wants to work on for FY 24.
 - Simulation Immersive Room
 - Regional Blood Program
 - Regional Recruitment Video
 - Regional Training- to include CEUs, specialized training, possibly an ITLS instructor class, AP training (to include IV pumps for each locality), and ordering needed training manikins.
 - BREMS continues to build on their Regional Wellness Program. BREMS is seeking approval for a contract position for their clinical coordinator to begin EMS provider resiliency training.
- The Full Time Education Training Position- The position has been reclassified and revised. The state has a new recruitment system (Page Up) and currently the position is in the new system awaiting final approval to be sent out for recruitment. BREMS hopes to have this position filled and ready to

start before June 30th.

- The BREMS Regional Director continues to meet weekly with the Hybrid Regional EMS Office Directors Group and Scott Winston, Assistant Director of the OEMS.
- BREMS staff continue to attend the State Quarterly Meetings, and the Regional EMS Council Executive Directors group meetings.
- BREMS continues to work with the three (3) other Hybrid Regional EMS Councils on a schedule of shared information sessions. This includes staff visiting and meeting with the other hybrid offices and staff. This process allows for better collaboration and information sharing across our regions.
- On March 1st, 2023- BREMS was selected by the OEMS to highlight the region and office on the VDH Agency Forum. The agency forum has around 500 managers across VDH attend the weekly Wednesday meetings. This was a great opportunity for BREMS. We received positive feedback from our hybrid colleagues, OEMS colleagues, and others across VDH. This created a conversation between BREMS, Dr. Spillman (Medical Director for the Pittsylvania Health District and Southside Health District), Dr. Kerry Gateley (Central Virginia Health District), and two (2) other EMS Council Directors, Steve Simon (WVEMS) and Heidi Hooker (ODEMSA). A meeting is being set up to see what collaborative ideas can be developed.
- Please follow BREMS on their [Facebook](#) and [Twitter](#) page.

Advanced Paramedic Program

BREMS Training Coordinator is working to contact APs in the region to get their perspective on what is needed in the program, how they are doing, and what they may need.

Our first day of the Spring 2023 AP Academy was February 24th and the second class was March 24th. Both classes had a great turn out. The final class is scheduled for April 24th.

Coverdell CDC Stroke Grant

BREMS has entered the second year of the CDC Coverdell Stroke Grant. Saylor Hardin continues to work with BREMS on the grant. Saylor is currently in graduate school and attends our staff meetings regularly and meets with the Regional Director as we continue to work on the Coverdell Grant. We have made great strides in the FY 23 third quarter with Unite Us platform Insights for patient referral. BREMS has had several meetings with Coverdell, Unite Us, and the Centra Paramedicine group on using the Unite Us platform to refer patients. As we learn and grow in our use of ESO Insights, we are also able to begin using ESO and begin building dashboards for stroke data.

- **Virginia Stroke Registry:** We are waiting to hear from OEMS on the plan for the Regional EMS Councils to have access to the data in the Virginia Stroke Registry.
- **EMS Survey:** The EMS stroke inventory survey has been completed by the state. Results were shared with the stakeholders and BREMS is waiting on data from this survey to begin review and analyzing the survey results from

across the region and the entire state of Virginia.

ASTHO Stroke Grant

The ASTHO (Association of State and Territorial Health Officials) grant gives BREMS the opportunity to work with many community partners. BREMS is working closely with the Centra Community Paramedicine Program, VDH, Unite Us, BEATStroke, Virginia Cooperative Extension, Lynchburg Social Services, and the Lynchburg Community Market. The grant deadline has been extended to June 30, 2023. BREMS, Centra, and VDH worked hard to develop the year-end report.

Regional Blood Program

BREMS has met several times with Centra, Centra Lab, Centra One, and the Centra Blood Bank. All administrative stakeholders are reviewing the draft policies for the programs. The estimated cost for equipment is \$42K. Each locality and BREMS will receive equipment for training purposes.

This program will be under the skills of the AP group. While waiting on policies to be approved we are working on a draft for training and education for the program. The training will also include dry runs of the equipment with the Centra Lab. We hope to have this program ready July 1st for those localities that are ready. This date could change based on the training exercise dates with the lab and hospital.

CSR- Controlled Substance Registration

BREMS staff, Janet Blankenship, and Michelle Turner met with Centra on February 7, 2023, regarding the EMS drug box exchange system. The Board of Pharmacy met with BREMS Board of Directors on Tuesday, March 14th at 6pm. There was good discussion with a questions/answer session. Ron Passmore, Director of Regulation and Compliance with the OEMS, and Scott Winston, Assistant Director of OEMS, were both in attendance as well to answer any questions. BREMS is here to help the localities navigate the new path ahead and are looking for ways to support the EMS agencies in this process.

Pharmacy Paperwork

BREMS works very closely with Julie Flint, and the pharmacy. EMS providers must fill out the PAR (Pharmacy Administration Record) out completely, including the new and old box numbers, make sure the provider signs the PAR, and if required, a wastage signature. Make sure to leave a copy of the PPCR. Ensure the medication administered matches on the PAR, the PPCR narrative, and the PPCR medication administration section. These are all issues we seem to require attention within the region.

Trainings

- Third Quarter Trainings:
 - February 24th- AP Academy – Day 1

- March 24th- AP Academy- Day 2
- Please encourage EMS providers to reach out to Lori Meadows if they are not receiving an email of the educational opportunity announcements within the region. Lori will add them to the list to receive the upcoming news.

Regional Medical Direction

Dr. Kayla Long, DO first day was February 28th, the first day of the AP Academy. Her email address is kayla.long@vdh.virginia.gov and her cell phone will be (804) 584-8136.

Submitted by

Mary Kathryn Allen

BREMS Regional Director

Rappahannock EMS Council



XI. Rappahannock EMS (REMS) Regional Office

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

Kelsey Rideout, Performance Improvement Specialist
Virginia Office of EMS

Linda Harris, Regional Education Coordinator
Rappahannock EMS Council

Nana Noi, Regional Systems Coordinator
Rappahannock EMS Council

Tatiana Pedroza, Regional Field Coordinator
Rappahannock EMS Council

Lara Traylor, Office Manager
Rappahannock EMS Council

The Rappahannock EMS (REMS) Council exists to facilitate the development and continued operation of a high-quality, dedicated, and coordinated emergency response and preparedness system for Planning Districts 9 and 16.

In November 2022, the REMS Council Board of Directors (BOD) approved the final piece of a restructuring plan intended to support the [Regional Strategic EMS Plan for 2022-2025](#). With this final adjustment, the previous committee structure was replaced with something that better fits the needs of this updated vision. The REMS Board of Directors identified five flagship

committees that would each have one of the region’s strategic goals in their charge. After a stakeholder survey, an assessment of the regional EMS system, and a review of other vision documents such as the [EMS Agenda for the Future 2050](#), the [Virginia OEMS State Strategic and Operational Plan](#), and the [VDH Strategic Plan](#), the BOD approved a complete revision of the strategic EMS plan.

Strategic Goal #1: Expert Clinical Care is going to be monitored and administered by the Regional Medical Review Committee and will support the goal of VDH to be a trusted source of public health service.

Strategic Goal #2: Health and Wellness is to be addressed through the Regional Incident and Threat Mitigation Committee and will serve to foster healthy, connected, and resilient communities, another goal of the VDH strategic plan.

Strategic Goal #3: Cultivate Talent which is aligned with the VDH Goal to “Maintain a competent and valued workforce,” will be managed under the Regional Guidelines and Training Committee.

Strategic Goal #4: Drive Innovation aims to lead in the region’s EMS system and the Executive Committee will be fostering those activities.

Strategic Goal #5: Healthcare Collaboration seeks to weave EMS into the broader healthcare system. Activities related to this goal, which will serve another VDH Goal to “Assure the conditions that improve health opportunity” will be led by the Regional Strategic Planning Committee.



Strategic Goal #1: Expert Clinical Care

Expert Clinical Care is provided widely throughout the Regional EMS System

Monitored and administered by the **Regional Medical Review Committee** to support the goal of VDH to be a trusted source of public health service.



Ongoing Milestones

- Provide technical support to EMS agencies and EMS Physicians
 - The REMS Council renewed the regional CLIA waiver and liaise with agencies to gather data and offer them a chance to participate under the waiver.
- Provide technical support to EMS agencies, advocating for compliance with BOP and DEA requirements for medication storage.
 - The DEA has made no progress in revising the Controlled Substances Act, so the Virginia Board of Pharmacy will move forward to take action to dissolve the practice of medication boxes being distributed from hospital pharmacies. No effective date yet; more to come in the future.
 - Provided technical assistance to Stafford County as they were revising their storage policy and updating vehicles and their capabilities.
- Review regional capabilities and call volumes.
 - ESO data access and quality remain insufficient to address and complete this milestone.
- Publishes best-practices.
 - ESO data access and quality remain insufficient to address and complete this milestone.
- Report and publish time-critical/sensitive conditions.
 - ESO data access and quality remain insufficient to address and complete this milestone.
- Receive and address shared-concerns received from stakeholders regarding EMS operations and patient care provision.
 - One shared concern request was received from a citizen during this quarter; it was reviewed and the Council is awaiting Agency paperwork to close the inquiry.

FY23 3rd Quarter Milestones

- Medical Review Committee meets quarterly. **Heart and Stroke, Performance Improvement, Pharmacy, and Protocol Workgroups (WG)** meet as needed to respond to PI data, plan objectives, or proposed changes.
 - Medical Review Committee met January 24th
 - Heart and Stroke WG met on January 18
 - Performance Improvement WG met on February 9

EXPERT CLINICAL CARE

HEALTH AND WELLNESS

CULTIVATE TALENT

DRIVE INNOVATION

HEALTHCARE
COLLABORATION

- Pharmacy WG meeting for January 12 was canceled due to lack of quorum. Information was shared with stakeholders regarding a national shortage of Albuterol.
- Protocol WG met on January 23
- Provide, and update as needed, a **Regional Stroke and Regional STEMI Plan** that addresses the clinical/operational needs of the EMS system.
 - The Regional Stroke and STEMI Plans were re-verified with no changes at the February BOD meeting. The stroke decision triage scheme is being revised to match Mission Lifeline.
 - The 2022 Virginia EMS Stroke Inventory Survey was shared with stakeholders and added as a topic of discussion for the Heart and Stroke workgroup.
- Create a dashboard and/or recurring reports to monitor agency performance measures from the PI workgroup.
 - ESO data access and quality remain insufficient to address and complete this milestone.
- Measure and report scene times compared with the previous quarter
 - ESO data access and quality remain insufficient to address and complete this milestone.
- Measure/report PI Plan metrics
 - Six draft PI plans are being created for monitoring of Airway and Respiratory calls for service, provision of Cardiac Care and Resuscitation, Pediatric and Neonatal Care, evaluating the Regional EMS System, utilization of the Regional Stroke Plan, and adherence to the Regional Trauma Plan.
 - ESO data access and quality remain insufficient to pull accurate data that can be applied to these evaluation tools.
- Measure and report OHCA survival rates.
 - ESO data access and quality remain insufficient to address and complete this milestone.
- Identify EMS agencies without access to mechanical CPR devices.
 - The PIS performed sent out a regional survey, which was completed in March; nine individuals participated from nine different agencies. The results showed that 100% of agencies who completed the survey were already using mechanical CPR devices. Of those agencies, two were interested in additional funding options to obtain more devices. This information will be routed back to the WG to determine next steps.



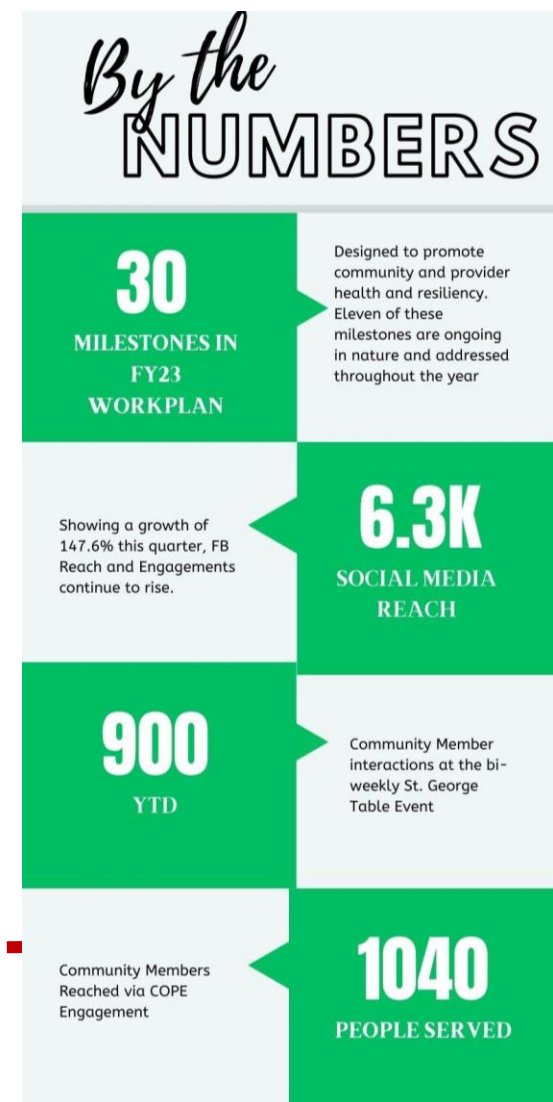
- Maintain evidence-based patient care protocols, compliant with state scope of practice and formulary, to support the regional EMS system. Ongoing updates with quarterly reports of any updates/changes.
 - Several minor changes were recommended by the Protocol WG and will move forward for review at the next MRC meeting.
- The **Regional Training and Simulation Center** hosted 19 training events at the facility, ranging from a few hours to a full week of use. Regional EMS agencies, the Office of EMS, and outside agencies, such as the Civil Air Patrol. The training center use and classes taught by REMS/ROEMS staff are listed below and a total of 337 individuals utilized the training center during the third quarter.
 - REMS offered the following AHA/NAEMT education:
 - 01/17/2023 AHA BLS Instructor Class
 - 01/28/2023 AHA Heartsaver CPR/FA
 - 01/31/2023 AHA PALS Renewal
 - 02/21/2023 AHA ACLS Renewal
 - 03/28/2023 NAEMT EMS Safety
 - Critical Care
 - 01/11/2023 Communication/Safety/Transport
 - 02/08/2023 Advanced Monitoring and Diagnostics
 - 03/15/2023 Environmental / Toxicological Emergency
 - Stop the Bleed: Three new instructors were also trained and released
 - 02/07/2023 Stop the Bleed and Stop the Bleed Instructor Class
 - Neonatal Resuscitation Program Class
 - 03/20/2023
 - Red Dot Skills Session
 - 03/22/2023
 - Cadaver Labs
 - 03/24/2023 Difficult Airway Lab
 - 03/25-26/2023 Extreme Airway Lab
 - FBI EMT Refresher Class
 - January 10-12, 2023
 - FBI EMR Class
 - March 6-10, 2023
 - MWH Trauma Nurse Core Curriculum
 - January 5, 2023
 - February 2, 2023
 - MWH Emergency Nursing Pediatric Course
 - February 4, 2023

- Bob Page Escape Room
 - January 7, 2023

Strategic Goal #2: Health and Wellness

Provider and Community Health, Safety, and Wellness are monitored and improved

Health and Wellness is addressed through the **Regional Incident and Threat Mitigation Committee (ITM)** and fosters healthy, connected, and resilient communities, another goal of the VDH strategic plan.



Ongoing Milestones

- Engage the EMS system to identify areas of improvement regarding unintentional injury, illness, and violence prevention and/or active shooter and hostile environment operations.
 - This milestone has been approached as part of a collaborative effort from the REMS Staff. A survey, directed to EMS agencies in our region, has been created by our Regional Field Coordinator (RFC) to collect data and determine the current status. The survey will be released April 24th and results will be analyzed in 4Q.
 - The REMS Council also reviewed the 2023 Virginia Youth Survey request for proposals and discussed options related to establishing a Youth Safety Program and a Safe Kids Coalition.
- Encourage EMS agencies to identify/address high-volume utilizers
 - This milestone has been approached as part of a collaborative effort from the REMS Staff. A survey, directed to EMS agencies in our region, has been created by our RFC to collect data and determine the current status. The survey will be released April 24th and results will be analyzed in 4Q.
- Continue efficient operations of a regional public safety CISM team
 - The **REMS CISM Team** participated in seven callouts and nine outreach events this quarter.
- Coordinate and promote provider health and safety. Maintain a team of peers and mental health clinicians available to assist stakeholders.
 - The CISM team had thirty-seven members representing the fire, EMS, law enforcement, dispatch, mental health, and chaplain disciplines. The team also utilized three therapy dogs and was available to respond 24/7/365.
 - The REMS Council pushed forward information to the ITM Committee and the regional EMS system from the DEA regarding an emerging threat from xylazine.
- When requested, provide technical assistance and resources to EMS agencies providing MCI or threat-mitigation training.
 - This need will be addressed by organizing a **Technology, Innovation and Leadership Expo**. Expos are events dedicated to finding solutions to fundamental challenges offering a journey inside a chosen theme through engaging and immersive activities. REMS will hold the Technology, Innovation and Leadership Expo to encourage the use of technology and innovative solutions to improve operations in the region as well as to support leadership development. The technological solutions were selected to support needs in preparation for Regional MCI and threat-mitigation training.
 - EMS Personnel, ED Staff, Dispatch Teams and Community Partners will be included.

EXPERT CLINICAL CARE

HEALTH AND WELLNESS

CULTIVATE TALENT

DRIVE INNOVATION

HEALTHCARE
COLLABORATION

- The REMS Council reviewed an after-action from a 9-alarm fire at a Massachusetts hospital, seeking information on lessons-learned and potential ideas for MCI exercise and threat mitigation in our region.
- The REMS Council collaborated with the Lord Fairfax EMS Council on a regional **Chempak training initiative** for their upcoming drill.
- REMS promoted the **2023 EMS Trend Survey** and pointed providers towards the tool to provide feedback.
- Measure/report community engagement numbers for COPE/outreach.
 - The **REMS Council's COPE program** engaged with 1,040 members of the public during the third quarter. COPE continued to host monthly meetings bringing together Community Partners to share their experience, knowledge and resources. Topics during the third quarter aligned with the recent Community Health Assessment jointly carried out by Mary Washington Healthcare and the Virginia Department of Health, Rappahannock Area Health District. Subject-matter experts served as panelists to discuss Affordable Housing and the impact on population health in January, followed by Cancer Awareness in February and in March there was a discussion about Cardiovascular Health focusing on Stroke and Heart Disease.
 - During FY23 3Q the REMS Council continued to partner with **St George's Episcopal Church's "The Table" program** and have done so since 2021. This collaboration between the REMS Council and the faith community is enhanced by engaging with our Community Partners. The opportunity to serve the public directly has provided engagement with more than 900 patrons since the beginning of 2023, an increase of 75% compared to last year. At the event, the REMS Council and COPE provide an opportunity for on-site health assessments through the local low-income clinic, distribute health literacy education materials and pass along much-needed donations of clothing and personal care items. COPE continued to build trust with the population we serve and during the third quarter, due to the current economic crisis, COPE received regular requests to help navigate patrons to information on how to access free or reduced cost health resources in the region.
 - COPE headlined a **Stroke Education and Awareness Day** on February 21, 2023 at Market Square hosted by the Stroke Smart Task Force and funded by REMS Council. COPE distributed over 2,600 pieces of Stroke education material in English and Spanish, provided wellness stations to check blood pressure and glucose, and received written commitment from more than 100 individuals to become Stroke Champions and carry the message forward. The City of Fredericksburg Mayor, along with other key sponsors, did a walking tour of Historic Downtown Fredericksburg

engaging with business owners and community members inviting them to join the Stroke Smart initiative. There is a [summary of this presentation](#) providing more information about the day as well as a [video link](#) highlighting the event.

- **Stop the Bleed** community education sessions are scheduled for the rest of the calendar year to be provided every month as part of “The Table” The first one will be held on April 4th, 2023.
- Publish effective provider/community health/safety social media alerts.
 - Included in 3Q FY23 Media Report in Strategic Goal #5
 - The REMS Council engaged a local social media company on a trial basis to enhance reach and coverage with managing multiple social media platforms.
- Encourage providers to access EAP and MH resources.
 - The CISM team utilizes word of mouth and its own Facebook page to encourage providers to access services as needed. Mental health resources are also published on the REMS Council website and available in-person at the office.
- Support full-scale in-person exercises in both PD 9 and PD 16.
 - The REMS Council identified a jurisdiction and agency interested in hosting an MCI drill. There are ongoing meetings to arrange the details and identify ways that REMS can support the agency. As part of this effort, the RFC will attend (as an observer) Culpeper’s Threat mitigation exercise in FY23 4Q to learn more about how the agencies in our region are preparing for these events.
- Provide life-safety education at regional community events.
 - On March 14th, The REMS Council participated at the **annual Health and Wellness fair hosted at the University of Mary Washington**. The Health and Wellness Fair drew both community members and students. The REMS table provided instruction on Stop the Bleed, Hands Only CPR, and disaster preparedness, as well as showcasing our COPE program.
 - The REMS Council was contacted by a retired NYC paramedic who is now working in “heavy civil construction” seeking technical assistance on workplace safety and education.
- Engage with PSAP to ensure VHASS access, PAI and EMD use, and identify gaps and needs.
 - The Regional Director and RFC met with the Director for Culpeper County Public Safety Communications Center and discussed needs and services available for collaboration. Discussed Marcus Alert planning, recruitment and retention, inter-agency communication challenges, and involving the PSAPs in MCI drills.
 - Additional meetings with Spotsylvania County and Orange County were requested, but have not yet been scheduled.
 - REMS Regional Director and RFC attended monthly **Rappahannock Area Marcus Alert Meetings** to engage with PSAP and identify gaps

EXPERT CLINICAL CARE

HEALTH AND WELLNESS

CULTIVATE TALENT

DRIVE INNOVATION

HEALTHCARE
COLLABORATION

and needs. The RFC has also requested participation with conversations in PD9 about Marcus Alert. The Regional Director and RFC will be attending those meetings as well starting in Q4.

- REMS started to echo hospital status when diversion and closure is mentioned through VHASS to help EMS agencies make plans for patient destination.

FY23 3rd Quarter Milestones

- Incident and Threat Mitigation Committee will meet quarterly. The CISM team and other ad-hoc workgroups will assist as needed.
 - ITM Committee met 01/19/2023 A new charter was approved, and new workgroups were established.
 - The CISM Team meeting for January 9 was canceled due to lack of agenda items to discuss.
- Provide, and update as needed, a **Regional MCI and Trauma Triage Plan** that addresses diversion and other needs of regional EMS system.
 - ITM Committee established a workgroup to address hospital diversion and patient non-transport protocols.
- Review, update as necessary, exercise the **Continuity of Operations Plan**.
 - The state is developing a new template for COOP structure but as of this quarterly report, it has not yet been released. Staff created a new COOP based on early feedback and reviewed it with the state Emergency Planner. A virtual COOP activation will run during 4QFY23.
- Identify/report issues with rural addressing impacting EMS in PD16.
 - The REMS Council spoke with providers from different EMS agencies regarding challenges with cell phone coverage in rural areas, and the impact that this has on their operations. While conducting research for technology tools that providers could use to improve operations, it was found that the optimal use of technology depends on the ability to transmit information collected by the devices. The ability to transmit that information relies on the quality and access to internet. The gap is more pronounced in rural areas because of their distance from urban areas.
 - Some EMS agencies have resorted to purchasing their own devices to amplify and access internet services in rural areas using a different carrier. A concern with this solution is adding costs that many smaller agencies in rural areas cannot afford. Another option where companies provide internet access by improving coverage and expanding services is a more complex and lengthy process that requires participation from the

EXPERT CLINICAL CARE

HEALTH AND WELLNESS

CULTIVATE TALENT

DRIVE INNOVATION

HEALTHCARE
COLLABORATION

agencies, local, state, and federal government as well as the carriers. The National Broadband Map is a program addressing that need.

- The [Critical FCC Broadband Initiatives for Rural and Underserved Communities](#) collates a National Broadband Map and displays where internet services are and are not available across the country, as reported by internet service providers. This tool allows consumers and other stakeholders to easily dispute, or challenge, information shown on the map that they believe is inaccurate. The Fixed Broadband Map shows the fiber, cable, DSL, satellite, or fixed wireless internet services available at each home or small business on the map. One can search for an address and select a location on the map, then see which providers report offering broadband service at that location, and the technologies and the maximum advertised download and upload speeds they each offer.
- The interactive map allows EMS agencies or providers an opportunity to compare mobile wireless coverage reported by different mobile providers. Each location is part of a dataset called the Broadband Serviceable Location Fabric. The FCC can improve coverage by submitting a challenge, or request for corrections based on the specific categories, including mobile coverage issues.
- Now that this need has been identified and potential solutions are available, future regional goals and milestones can focus on solution(s).
- Evaluate and recommend options for behavioral health training and education (for and in addition to CISM team).
 - The REMS Council is investigating the addition of supplemental mental health services, such as services through Boulder Crest. In 2020, the **Boulder Crest Foundation**, a nationally recognized 501(c)(3) non-profit organization focused on ensuring that those in the first responder, military, and veteran communities can live great lives in the aftermath of trauma, launched the First Responder Initiative, designed to solve this problem.
 - Boulder Crest Focuses on the development, delivery, study, and scaling of Posttraumatic Growth (PTG)-based solutions to times of struggle (including anxiety, depression, PTSD, and suicidality).
 - One particular program that may offer services to the EMS community is **Warrior PATHH**. This program is based on the proven framework of PTG, and trains students in the five elements, built on an environment of trust and connection: Education, Regulation, Disclosure, Story, Service. Intensive **Struggle Well** trainings are one step on the journey from struggle to strength and

Posttraumatic Growth; they also offer an interactive app which provides students with the chance to learn, grow, and struggle well together, and be part of a community dedicated to the practices and principles of PTG.

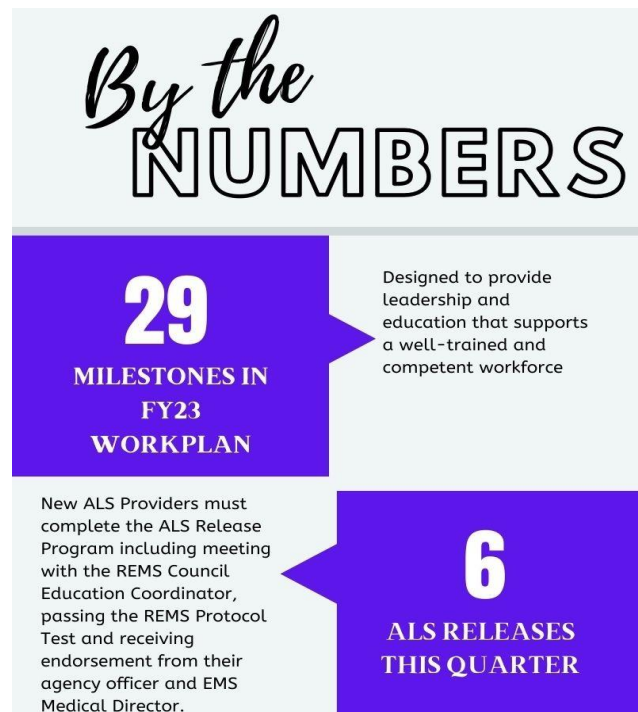
- Warrior PATHH is offered at Boulder Crest's PTG Academies in Sonoita, AZ and Bluemont, VA. The REMS Council will be sending personnel to gather additional information and determine if services such as this would be a benefit to the regional EMS community.
- Provide technical support and engage EMS agencies with OEMS Special Projects (OMD workshops, agency communication, surveys, etc).
 - REMS was scheduled to host an OMD workshop with OEMS in February 2023, but it was canceled due to no enrollments.
- Submit quarterly report of CISM training and callout activities
 - A quarterly report was presented to the REMS BOD in February.
- Measure/report community engagement numbers for **Community Outreach and Patient Engagement (COPE) Outreach**
 - COPE-led initiative The Stroke Smart Fredericksburg task force held a Stroke Smart event on February 22nd in partnership with Mary Washington Healthcare (MWHC) and COPE/REMS. The COPE-led initiative is funded by MWHC
 - Mayor Katherine Greenlaw walked through the downtown asking stores to display Stroke Smart Posters and handed out magnets and wallet cards
 - Activities distributed 1700+ magnets, posters, and wallet cards to new Stroke Smart Champions
 - Spanish speaking volunteers and REMS personnel distributed Stroke Smart Spanish material.
 - Ninety-two new FXBG Stroke Smart Champions pledged to educate 100+ others to be Stroke Smart (92*100+ is 9,200+ people). **This reached over 10,000 people in a City with a population of 28,000.**



Strategic Goal #3: Cultivate Talent

Leadership and Education Supports a Well-trained, Competent Workforce

Aligned with the VDH Goal to “Maintain a competent and valued workforce” and managed under the **Regional Guidelines and Training Committee**.



Ongoing Milestones

- Plan, coordinate, conduct **NREMT Advanced Psychomotor Testing Sites**
 - The 2023 NREMT Test Site schedule has been finalized, and REMS will be hosting sites on June 10, July 8, September 9, and December 2, 2023
- Support ALS and BLS release in the region with the BOD-approved ALS Release Program. Provide ID badges to providers.
 - 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 a total of six ALS release meetings during this reporting quarter for King George and Caroline County
- Support regional education, promote and assist with scholarship program. Provide CEU to providers.
 - The PIS and Council instructors offered a total of 16 classes this quarter (AHA, NAEMT, Stop the Bleed, Red Dot Skills Sessions, MCI, Neonatal Resuscitation Program, and critical care); however, due to low/no enrollment, five of those classes were canceled. Continuing education and advanced certification hours are offered to EMS providers for all applicable classes
 - The Office Manager and RFC enrolled in a hybrid EMT class in January 2023 and both were trained to be Stop the Bleed Instructors.
 - The RFC successfully completed an AHA BLS Instructor course. REMS will begin offering CPR/AED FA courses to the community in Spanish.
- Maintain status as an AHA and NAEMT training site
 - The REMS Council continues to be an AHA and NAEMT training site under the CSEMS Regional Council.
- Develop a pool of instructors to provide low-cost access to national education programs through NAEMT and AHA
 - The REMS Council had hosted several instructor training courses and created additional AHA and Stop the Bleed instructors to help with COPE outreach and education.
- Monitor emerging threats and industry news regarding the need for tactical EMS, MCIM, and other specialty training issues.
 - The Office Manager and RFC completed ICS-700, ICS-200, and AWR-160 through FEMA.

EXPERT CLINICAL CARE

HEALTH AND WELLNESS

CULTIVATE TALENT

DRIVE INNOVATION

HEALTHCARE
COLLABORATION

- The REMS Council shared with the ITM information on recent mass casualty attackers from the domestic front.
- Monitor training needs in the region and support recruitment and retention needs, providing technical assistance as needed.
 - The PI Specialist (PIS) offered five customized training sessions to two different agencies at their request.

FY23 3Q Milestones

Guidelines and Training Committee meets quarterly. The ALS Release, ALS Preceptor, and Cultural Diversity workgroups will assist.

- Provide an after-action report, and discuss future options, for King George County **Whole Blood pilot program**.
 - An after-action report was presented to the Medical Review Committee in January and to the BOD in February. King George County has opted to continue beyond the pilot program and are seeking funding and support options to maintain this service to their community.
- Collaborate with state CEU provider to create a plan for instructor development and develop a FY24 quarterly training schedule.
 - A training plan was created to host a two-day educator class (taught by Bob Page) in Q1FY24 and Q3. A secondary request was made to an additional instructor to offer different classes in FY24Q2 and Q4. The PIS is currently awaiting confirmation of dates and schedules from both.
- Develop/administer education/training that is needs-based from instructor feedback or PI data.
 - The PIS received requests from multiple sources for critical care education for our Advanced Providers throughout the region. Normally this type of training is only provided in-person to Flight personnel/Advanced Providers through closed classes by their employers, or is only available online. Therefore, a lack of in-person critical care training publicly available to our regional EMS providers was identified as a gap. The PIS developed a **Critical Care Continuing Education (CC CE)** series of four-hour blocks dedicated to CC topics each month with rotating topics. The training began in January and so far classes have had excellent attendance. In addition to being approved by the Regional Medical Director, CE hours



were also approved in December by the International Board of Specialty Certification (IBSC) so the training can be used towards recertification for providers who hold IBSC Flight Paramedic-Certified (FP-C), IBSC Critical Care Paramedic-Certified (CCP-C), or UMBC's Critical Care EMT-P (CCEMT-P) certifications. CEU were also approved in January by the Board of Certification for Emergency Nursing (BCEN), so that providers who hold dual certifications in both EMS and nursing can also use these hours toward their Certified Flight Registered Nurse (CFRN) and Certified Emergency Nurse (CEN) recertification. This training allows REMS to provide free, high-quality, in-person CC CE to both providers in the region who already hold advanced certifications, and those who are hoping to learn more and grow their practice.

- In addition to the monthly CC CE classes, the PIS is also developing a 24-hour approved review class for **Advanced Providers**. There is only one other vendor who offers such a course to the public in the Commonwealth of Virginia; it is usually only taught once per year at EMS Symposium and is limited to less than thirty students. Taking an approved Advanced Provider review class is a requirement to renew the previously identified Advanced Certifications; therefore, the development of this approved review course will serve our providers who already hold those advanced certifications, or other providers who are preparing to test for them. By obtaining approval to teach this in-person class in-house, the REMS Council will be able to provide highly sought after in-person training that is rare both within and outside of our region. The class is expected to be submitted for approval in spring 2023. The PIS is targeting summer 2023 for the first offering, and it will be advertised for a significantly discounted rate for REMS providers.
- Submit quarterly report of training and education activities.
 - Quarterly updates are provided to both the EMS Advisory Board through this document and to the REMS BOD at their quarterly meetings.
- Monitor and provide technical assistance for FISDAP scheduling
 - Germanna Community College continues to use the FISDAP program for scheduling clinicals through local hospitals.
 - Caroline County taught an EMT class and is using the clinical scheduling process through the REMS Council.
 - Updated requirements for clinical rotations at Mary Washington Healthcare were received and shared with prospective students.
- Host an emerging threat, pathogen, or infectious disease planning event or CEU

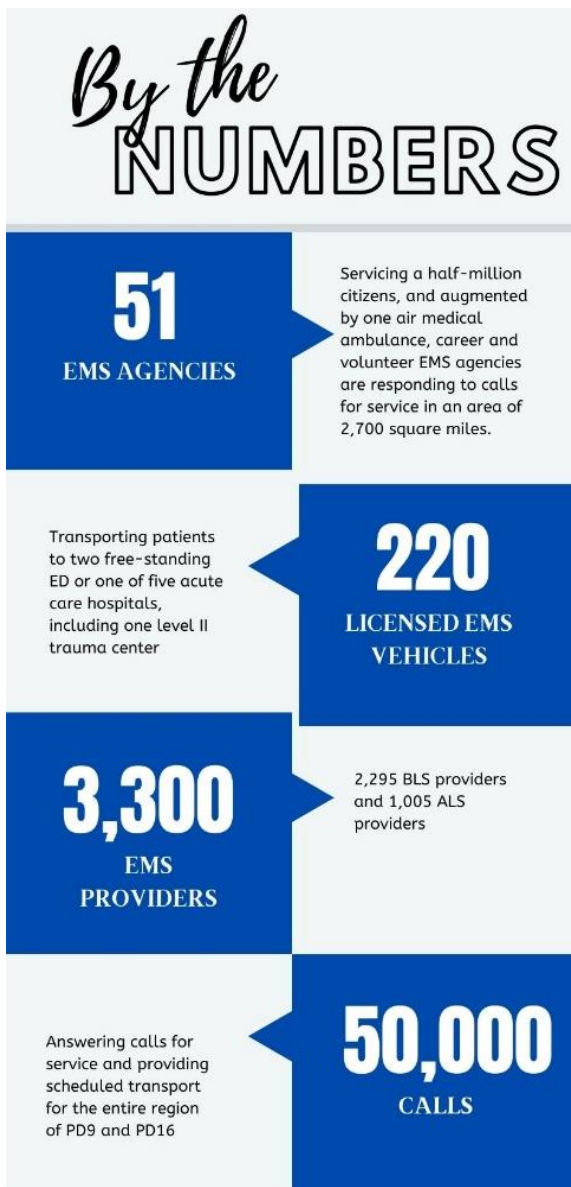


- The Tidewater EMS Council is offering courses to certify providers as designated infection control officer (DICO) in May.
- The REMS Council promoted and pushed this information out to the providers and agencies in the region.
- Offer scholarship slots to regional EMS providers for AHA and NAEMT programs based off FY23 training schedule.
 - A total of \$14,800 in scholarships were awarded to REMS providers in this quarter, providing hundreds of hours of free CEU.
- Plan and host a cultural diversity workshop to engage EMS in discussions about engaging a diverse patient population
 - The workgroup finalized a plan and identified a panel for the discussion. The event will be held this Spring in Orange County and videotaped for an asynchronous audience participation.
- Offer three NAEMT and/or AHA courses.
 - Nine courses were offered, five were held.

Strategic Goal #4: Drive Innovation

Drive EMS Innovation Throughout the Region

Aims to drive innovation throughout the region's EMS system under the direction of the **Executive Committee**, preparing agencies to adapt to changes in healthcare, anticipate challenges to finance, reimbursement, and workforce. Striving for an optimal EMS system that leverages and embraces a culture of improving and provides unprecedented service to the citizens of the Commonwealth.



Ongoing Milestones

- Create / Participate in **EMS data working group**
 - The PIS participated in recurring meetings and webinars focused on data review and improving data quality since spring 2022. Through this collaboration, the PIS also assisted in the development of the **Regional PI Forum**, where the PI reps from each Regional Council meet regularly to collaborate on projects and share lessons learned.
- Attend periodic professional development offerings, such as **Anatomage** monthly training, or EMS CEU offerings such as EMS night out
 - Office Manager and Regional Education Coordinator attended “Making Connections to Gain Compliance” communications training.
 - The PIS attended and provided CE for MWH EMS Night Out training in January and February.
 - The REMS Council provided a day-long training session on March 21, in partnership with the Central Shenandoah EMS Council, to the Central OEMS on the work operating system of Monday.com
- Share lessons learned from incidents and events (local, regional, national)
 - No events in the region required lessons learned during this quarter.
 - The REMS Council supported the Central Shenandoah EMS Council hybrid office of EMS with their regional education expo on March 9-11, providing staff and equipment.
 - The REMS Council shared lessons-learned from a **US Secret Service National Threat Assessment Center** presentation on [Mass Attacks in Public Spaces](#) (2016-2020) with the region’s EMS system.
- Publish guidance (plans/policies) based on evidence/best-practices
 - ESO data access and quality remain insufficient to pull and compare data with benchmarks.
 - Following an OEMS presentation on **Trusted Exchange Framework and Common Agreement** in public health at the national annual meeting, the REMS Council reviewed [The Sequoia Project](#). Relevant information regarding exchange projects and the emergency preparedness perspective for healthcare collaboration during MCI training was shared with stakeholders.
 - The REMS Council published and shared information on events and resources, such as wellness programs and efforts to create resilient providers during **First Responder Wellness Week** in March.

- The REMS Council also created conversations and discussions among stakeholders on topic such as reducing lights and sirens use.
- The REMS Council reviewed information on [traumatic cardiac arrest](#) and the potential role of EMS in [advanced care planning](#).
- Encourage EMS agencies to develop and exercise a COOP
 - The Office Manager is closely working with the state's Emergency Planner to ensure both that the Council's COOP meets new state guidelines, and that the template shared with agencies in developing and exercising a COOP is up to date. As of this quarterly report, the final format has not been released by the state. The COOP has been submitted to the state's EP for initial review. A virtual tabletop exercise of the REMS COOP is planned for April. Once debriefed, REMS will offer guidance to agencies for conducting a similar exercise of their own COOPS and will offer virtual operation injections to navigate.
 - The REMS Council has reached out to OEMS to request a formal threat assessment be completed as part of the evaluation during the REMS Council COOP exercise.

FY23 3Q Milestones

Executive Committee will meet quarterly. **Grant, Regional Awards, and Personnel Workgroups** meet as needed to respond to changing needs, plan objectives, or proposed changes.

- Provide a workshop on using technology and innovation to drive process improvement, agency operations, or leadership development
 - The planning has been completed and a Technology, Innovation, and Leadership Expo is planned for April 2023.
- Replace computers and evaluate current IT offerings at the office. Create replacement and ongoing maintenance schedule.
 - The REMS Council participated in the new **Regional Director's Group IT governance group** and has started the process to update and replace aging IT infrastructure at the REMS Council.
- Monitor/report ideas and proposals for R&D and innovation
 - The REMS Council applied to host a Center's for Disease Control [Public Health Associate](#) (PHA) starting the fall of 2023. The PHA would be tasked with evaluating the current COPE initiatives and expanding services appropriate to support the needs of the community.
 - The PHA would also be requested to create an iterable and scalable health literacy program aimed at addressing the gaps regarding our region's population understanding their own health and healthcare needs.

- Coordinate grant workgroup review and grading of RSAF application
 - None of the Fall RSAF submitted grants were funded by FARC. Utilizing objective measurements of items listed in the VDH RSAF Scoring Criteria guidelines, the WG offered feedback sessions to help the agencies present a stronger package for the next funding cycle.
 - January 27, 2023, Chester Gap
 - February 8, 2023, Caroline County
 - One agency opted to re-submit for the Spring 2023 cycle and the WG assisted in providing technical assistance for the grant submission.
 - The REMS Council sent out a survey inquiring about agency interest in having RSAF workshops and additional training.



Strategic Goal #5: Healthcare Collaboration

Support Collaboration Across the Healthcare System and Integrate EMS

The **Regional Strategic Planning Committee** weaves EMS into the broader healthcare system by conducting activities aligned with VDH Goal to “Assure the conditions that improve health opportunity”.



Ongoing Milestones

- Maintain a business office with necessary staffing levels.
 - The REMS Council maintains a business office which is staffed throughout the week and offers extended evening and weekend hours to accommodate scheduling needs of the EMS system.
 - There is one FTE and four part-time administrative staff with the council and two FTE employed by OEMS. Two additional FTE through OEMS are in the pipeline. Interviews for a new Technical Resource Specialist position were completed on January 26.
- Monitor/report data quality information and reporting compliance.
 - ESO data access and quality remain insufficient to address and complete this milestone. Provide, as needed/determined, technical assistance to stakeholders.
 - Information regarding rule modifications to retire, remove, replace, and add new data validation rules was shared with stakeholders.
- Develop/report metrics for ongoing programs, recalibrate annually.
 - ESO data access and quality remain insufficient to address and complete this milestone.
- Enroll and participate in **Data Camp**.
 - The PIS enrolled in Data Camp and completed several classes. Ultimately, Data Camp is not geared toward the type of data we use or how we use it within REMS/EMS, so the PIS will be seeking additional training elsewhere in the future.
- Engage regional hospitals in data sharing agreements/HDE
 - MWH/ <https://www.cdc.gov/phap/index.html/LHED-implementation-process>
 - SRMC- pre-implementation
 - Fauquier Hospital- implementation process
 - Culpeper Hospital- in security assessment and contract stage concurrently
- Maintain an interactive website and social media campaign to engage stakeholders. Post committee meeting minutes and recordings, as well as updates to regional plans and policies, to the website.
 - **Facebook: New Followers: 59**
Post reach (number of unique views) 6.3K, up 147.6%
Post engagements (reactions, comments, and shares) 511, up 38.5%
 - **Top-performing posts:**
Jan 4, 2023 Diversion Status - Reach 1,917, Engagement 365
Jan 18, 2023 Neonatal Resuscitation Program – Reach 1,043, Engagement 209
March 8, 2023 Training Center Recap and You Tube Channel Debut - Reach, 2863, Engagement 161

- **Post topics:**

- RSAF Grants
 - Regional Awards
 - VILT Class opportunities
 - Local provider individualized focused training
 - Red Cross free smoke alarm opportunities
 - VHASS Diversions Alerts and Status Updates
 - Critical Care Classes
 - Falmouth VFD Appreciation Post
 - Drones in EMS
 - AHA, NAEMT, Stop the Bleed Classes
 - Cadaver Lab Classes
 - Regional employment and training opportunities
 - Fentanyl with zylazine informational post
 - Mechanical CPR survey
 - Pharmacy Inventory

- **Twitter:**

- The REMS Twitter account is a mirror for FB posting and is not currently being targeted for focused development.
 - Despite this, the number of followers held at 283, impressions and engagements are increasing with three retweets and an increase from last quarter's high of 10 impressions per tweet to 109 for the Stop the Bleed.

- **YouTube:**

- This quarter, the REMS Council created a YouTube channel to showcase photo montages, educational videos (future development) and event videos. The QR codes in this report link to the channel. No metrics yet to report.

- **Website:**

- Google Site Kit Metrics:

- Users 2.2K, 1,008.5% increase compared to the previous 90 days

- Access points – 35.8% direct, 54.6% organic search, 5.7% referral and 3.9% social media (up 633.33%)

- Total Impressions 82K (up 1,089.8%), Total Clicks 1.6K (up 819.5%), 1.5 unique visitors from search (up 1078.6%)

- The most popular pages were associated with training / events and protocols.

- Liaison, attend planning and EMS meetings for regional, state, and national activities as required and available. Seek information to achieve strategic goals and report updates quarterly.

EXPERT CLINICAL CARE

HEALTH AND WELLNESS

CULTIVATE TALENT

DRIVE INNOVATION

HEALTHCARE
COLLABORATION

- The REMS Council continues to participate in a **staff exchange program** to support continuity of operations, share best practices, and collaborate on projects.
- The REMS Council participates on the **Citizen’s Advisory Council for the Rappahannock Community College EMS Degree Program**, which met on January 10.
- The REMS Council attended the Virginia Board of Health meeting on March 23.
- The REMS Staff attended the following EMS Advisory Board state committee meetings:
 - 01/04/2023 Rules and Regulations Committee Meeting
 - 01/04/2023 Training and Certification Committee Meeting
 - 01/05/2023 State Medical Direction Committee Meeting
 - 02/02/2023 Emergency Preparedness Committee Meeting
 - 02/02/2023 Medevac Committee Meeting
 - 02/02/2023 Trauma Systems Improvement Committee Meeting
 - 02/02/2023 Workforce Development Committee Meeting
 - 02/02/2023 Post-Acute Care Committee Meeting
 - 02/02/2023 Trauma Prehospital Care Committee Meeting
 - 02/02/2023 EMS for Children Committee Meeting
 - 02/02/2023 Financial Assistance Review Committee Meeting
 - 02/02/2023 Trauma Acute Care Committee Meeting
 - 02/02/2023 Injury and Violence Prevention Committee Meeting
 - 02/02/2023 Executive Committee Meeting
 - 02/03/2023 Trauma Advisory Group Committee Meeting
 - 02/03/2023 Provider Health and Safety Committee Meeting
 - 02/03/2023 State EMS Advisory Board
 - 02/03/2023 Legislative and Planning Committee Meeting
- The REMS Staff also attended / participated in the following state/national meetings:
 - 01/10/2023 RCC Community Advisory Council
 - Monthly Northwest Regional Meeting
 - 01/24/2023 Regional PI Forum
 - Monthly Data Learning Collective Webinar
 - 02/09/2023 NW Regional Healthcare Coalition
Radiation Annex Virtual Tabletop Training
 - 02/15/2023 National EMS Advisory Council Meetings
 - 02/16/2023 National EMS Advisory Council Meetings

EXPERT CLINICAL CARE

HEALTH AND WELLNESS

CULTIVATE TALENT

DRIVE INNOVATION

HEALTHCARE
COLLABORATION

- 02/28/2023 Regional PI Forum
- Bi-Weekly NEMSIS v3 Implementation Call
- Weekly VDH Agency Forum Meetings

- Monitor/respond to requests for equipment loan and instructor resources
 - There were no equipment requests for this quarter
- Engage EMS providers, community stakeholders, and other healthcare organizations to improve participation in regional committee meetings.
- Attend **Northern and Northwestern Healthcare Coalition Meetings**.

FY23 3Q Milestones

- Strategic Planning Committee will meet quarterly. By-laws, nominating, and finance workgroups will assist and meet as needed.
 - The Office Manager and RFC have requested additional training on pulling data and reports from ESO. Training will be provided by the PIS so that when ESO data quality is sufficient, staff will be prepared.
- Arrange for and attend a quarterly meeting with RAHD and RRAHD to discuss public health priorities and engage with discussion of community risk reduction, population health, emerging public health issues, and EMS operations.
- Interact frequently with EMS stakeholders at every level. Maintain and update an e-mail distribution list for agency super-users.
 - Google group email distribution list for SuperUsers was created this quarter.
- Monitor and provide technical assistance for FISDAP scheduling
- Identify intersections in PD9 that would benefit from response signaling
 - This objective has been addressed as part of a collaborative effort from the REMS Team. The survey referenced above will have multiple queries that will help guide this project moving forward.
- Create meeting schedule, plan to liaison with local government to educate/familiarize officials and leadership with the role of EMS.
- Engage with and cause to be completed, a financial audit of FY22
 - The REMS Council has engaged in an agreement with Bishop Farmer CPA to complete the audit. It is underway and staff is working with the auditor to provide documentation and answer questions as needed.
- Compile and submit an annual report for CY22 activities
 - The REMS Council completed an [annual report](#) for both the organization overall, and for the specific [COPE initiatives](#) undertaken in 2022.

EXPERT CLINICAL CARE

HEALTH AND WELLNESS

CULTIVATE TALENT

DRIVE INNOVATION

HEALTHCARE
COLLABORATION

Southwest Virginia EMS Council



XII. Southwest Virginia Regional EMS Office

Regional EMS Council Operations

State Regional EMS Office Transition

The Southwest Virginia EMS Council entered a memorandum of understanding with the Virginia Office of Emergency Medical Services in 2022 to serve as a Regional Emergency Medical Services (REMS) Office. Gregory Woods was hired as the SWEMS Regional Director in November 2022. The Council Board of Directors and OEMS work collaboratively to define the regional work plan and to determine the appropriate staffing model for the region. Additional staff positions will be recruited in the coming months.

General Operations

The SWEMS maintains an office in Bristol, VA. The Council has contracted with WDP & Associates to conduct a building envelope and water infiltration investigation study as the beginning phase of facility renovation.

The Council's annual audit was completed on January 31, 2023. A copy of the report is available on the Regional EMS Council's website.

Professional Development

The Council supports ongoing professional development. Staff members are encouraged to participate in related educational programs both in person and virtually. A summary of professional development activities by staff is provided below:

- Lead Field Coordinator Bryan Kimberlin complete a VFS UTV/ATV and Trailer Operation Safety Instructor Course in Richmond on February 21. He also attended the ESO Wave Conference in Austin, Texas, April 10-14.
- Field Coordinator Gary Whiteaker renewed his IBSC Flight Paramedic certification in January 2023 and renewed his Chief Fire Officer (CFO) certification in March 2023. He also completed Advanced Stroke Life Support (ASLS) provider course in February 2023.
- Field Coordinator and Education Program Director Josh Wilkinson Completed his stroke train-the-trainer in February 2023. He also completed his NAEMT instructor update in March 23. He also completed several college courses toward his M.H.A. degree completion (expected 2024).
- Director Gregory Woods completed the VDH CBERS Emergency Preparedness Exercise Design for Community Partners course on April 11. He also completed his Ph.D. in Health Sciences Leadership in April 2023.

Regional Planning

The Code of Virginia (32.1-111.3) mandates regional EMS council involvement in EMS system planning activities. SWEMS facilitates regional EMS planning activities and promotes collaborative approaches to support EMS system planning and preparedness efforts. Plan review and development is accomplished through representative committees who review plans annually. The Board of Directors reviews regional plans annually and takes action on proposed changes. Revisions were made to the Medication Kit Exchange and Ambulance Diversion Plans, as well as regional prehospital protocols, during the quarter. These plans are posted on the Council's website.

Participation in Local, Regional, State EMS Activities

SWEMS staff members attend and participate in local and regional activities related to the delivery of emergency medical services in southwest region and across Virginia. Meetings primarily relate to EMS agency operations, emergency planning and preparedness, and education; however, council staff participate in a wide range of meetings that might not directly fall into one of these categories. Regional meetings also include meetings to foster coordination and collaboration of operational/planning activities with other stakeholders. Staff routinely attend and participate in related state-level meetings as well. The following list outlines meetings supported by Council staff since the last report:

- January 4—Participated in leadership planning workgroup for VAVRS
- January 17—Bristol Virginia LEPC meeting
- January 20—Hybrid council office retreat
- February 1—Regional EMS Council Director's meeting
- February 23—Far Southwest Healthcare Coalition meeting
- February 23—Emergency Planning and Preparedness Committee *
- March 14—SWEMS Board of Directors *
- March 22—SW VA Critical Incident Stress Management *

- March 23—Regional Medical Direction Committee Meeting *
- March 24—Trauma Triage Committee *
- March 29—Rules and Regulation Committee
- April 4—Regional RSAF Grant Reviews
- Weekly Hybrid Office Director Info Sharing Meeting
- Monthly Regional Director Group Meeting
- Monthly Regional PI Forum

* Meeting minutes are maintained on the Council’s website for these meetings.

Staff assisted the Division of Community Health and Technical Resources (CHaTR) with the annual EMS For Children survey. Staff contacted EMS agencies who had not completed the survey to encourage participation in order to ensure that Virginia met response benchmarks.

Education & Projects

Community Training Center

SWEMS operates a community training center to support emergency cardiovascular care within southwest Virginia and adjoining areas. The center supports approximately 200 instructors. In addition to supporting members of our regional EMS community, our training center supports two hospitals, three colleges, numerous law enforcement agencies, numerous primary care clinics and dental offices, and another regional EMS Council. During this quarter, the Council issued AHA cards in the following disciplines:

- Heartsaver (lay rescuer)—251
- BLS (professional)—793
- Advanced Cardiac Life Support (ACLS)—231
- Pediatric Advanced Life Support (PALS)—170

In addition, the Council conducted 12 instructor update sessions in order to recertify AHA instructors. A total of 113 BLS, 54 ACLS, 49 PALS, and 2 ASLS instructor were certified/recertified during this quarter.

SWEMS also serves as an NAEMT training site and offers courses in Prehospital Trauma Life Support (PHTLS), Community Paramedic (CP), Emergency Pediatric Care (EPC), and Tactical Casualty Combat Care (TCCC) throughout the year in various areas of our service region. In addition, SWEMS maintains a regional lending library of CPR videos and equipment for use by educators and EMS agencies throughout the region. A new lending library platform was launched on February 1, 2023.

EMS Training and Support

SWEMS operates an accredited training program for EMT and EMT-Advanced. Our accredited program added an additional training site in Carroll County. Preparation for

the first AEMT course at this site began January 2023, with the course beginning on April 21 with 16 initial enrollments. The Council also supports other regional training programs. The Council Director serves on the Southwest Virginia Paramedic Program Advisory Committee. In addition, the Council serves as the fiscal agent for the program to support auxiliary training and testing programs for the college program. The Board of Directors directed the program to explore paramedic accreditation as an expansion of the current course offerings.

The Council coordinated 30-hour ALS/BLS CE education in the region to meet unmet training needs. Weekend training sessions were held in February and March. Additional course offerings are planned for the remainder of the year. In addition, the council conducted an UTV/ATV Operation Course for first responders at Dollywood Theme Park on March 1.

CDC Coverdell Stroke Grant

SWEMS continues working with VDH on the Paul Coverdell Stroke Grant. SWEMS has entered the second year of the CDC Coverdell Stroke Grant. This multi-year grant program focuses on improving stroke care in Virginia. Funding was allocated to develop promotional materials for use statewide. In addition, funding was provided to expand prehospital stroke education in the region. The Council has completed requirements to add Advanced Stroke Life Support (ASLS) to its AHA course offerings. ASLS courses are being offered within the region. The Council is also working with local high schools to implement stroke awareness training within the public school systems.

CISM

SWEMS provides administrative support for the Southwest Virginia CISM Team. A workgroup of the CISM team continues working toward team accreditation. The CISM Team met on March 22 for its quarterly meeting.

Regional EMS Awards

SWEMS coordinates a regional EMS awards program to recognize the outstanding contributions of individual and/or agencies to the local, regional, and state EMS system. Applications are screened, and nominations were submitted for consideration in the Governor's EMS Awards program in eight categories. The 2023 cycle is now open and accepting nominations for the 2023 EMS Awards program.

Respectfully Submitted

By

OEMS Staff

Appendix A

State EMS Advisory Board

Motion Submission Form

☒

Committee Motion

Name: Rules and Regulations Committee

☐

Individual Motion

Name: _____

Motion: Rules and Regulations Committee makes the motion for the EMS Advisory Board to approve the Final Draft of Chapter 32 EMS Regulations and DIBR's (Documents Included By Reference) - RVEL (Required Vehicle Equipment List), SOP (Scope of Practice), and TPAM (Training Program Administration Manual) for submission to the Board of Health prior to entering Stage 2 of the Regulatory Process.

EMS Plan Reference (include Section Number):

Core Strategy 3 - Develop Infrastructure

Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards

Strategic Initiative 3.5 - Enhance regional and local EMS efficiencies

Core Strategy 4 - Assure Quality and Evaluation

Strategic Initiative 4.1 - Assess compliance with EMS performance based standards

Strategic Initiative 4.3 - Pursue new initiatives that support EMS

Committee Minority Opinion (as needed):

For Board's Secretary Use Only: _____

Motion Seconded By: Coming from a committee, motion does not require a second

Vote: By Acclamation: Approved _____ Not Approved _____

By Count: Yea _____ Nay: _____ Abstain _____

Meeting Date: May 5, 2023

Board Minority Opinion:

Appendix B

State EMS Advisory Board

Motion Submission Form

☒

Committee Motion

Name: Financial Assistance Review Committee

☐

Individual Motion

Name: _____

Motion: A motion to approve the following individuals for the upcoming seats being vacated by expiring terms and not able to be re-appointed: Representing the Old Dominion EMS Alliance, Mr. Robert Trimmer and representing the Lord Fairfax EMS Council, Mr. Mark Barenklau. Both submitted names are supported by their respective EMS councils as their first choice for the open positions.

EMS Plan Reference (include Section Number): 12VAC5-31-2810. (B) (2) The Financial Assistance and Review Committee (FARC) which states in part, "The eligible designated regional EMS council shall nominate three candidates to fill a vacancy on the FARC. The EMS Advisory Board shall make appointments from the nominations submitted by the designated regional EMS council."

Committee Minority Opinion (as needed): N/A

For Board's Secretary Use Only: _____

Motion Seconded By: Coming from a Committee, it does not need a second _____

Vote: By Acclamation: Approved _____ Not Approved _____
By Count: Yea _____ Nay: _____ Abstain _____
Meeting Date: May 5, 2023

Board Minority Opinion:

Appendix C

State EMS Advisory Board

POLICY FOR HOLDING AN ALL-VIRTUAL PUBLIC MEETING

1. AUTHORITY AND SCOPE

- a. This policy is adopted pursuant to § 2.2- 3708.3 of the Code of Virginia and is to be strictly construed in conformance with the Virginia Freedom of Information Act (VFOIA), §§ 2.2-3700 through 3715 of the Code of Virginia.
- b. This policy shall not govern an electronic meeting conducted to address a state of emergency declared by the Governor or the Board of Supervisors. Any meeting conducted by electronic communication means under such circumstances shall be governed by the provisions of § 2.2-3708.2 of the Code of Virginia.

2. DEFINITIONS

- a. "BOARD" means the State EMS Advisory Board or any committee, subcommittee, or other entity of the State EMS Advisory Board.
- b. "Member" means any member of the BOARD.
- c. "All-virtual public meeting," means a public meeting conducted by the BOARD using electronic communication means, as defined by § 2.2-3701 of the Code of Virginia, during which all members of the public body who participate do so remotely rather than being assembled in one physical location, and to which public access is provided through electronic communication means.
- d. "Meeting" means a meeting as defined by § 2.2-3701 of the Code of Virginia.
- e. "Notify" or "notifies," for purposes of this policy, means written notice, including (but not limited to) email or letter, but not including text messages or messages exchanged on social media.

3. MANDATORY REQUIREMENTS

An all-virtual public meeting may be held under the following circumstances:

- a. It is impracticable or unsafe to assemble a quorum of the BOARD in a specific location, but a state of emergency has not been declared by the Governor or Board of Supervisors; or
- b. Other circumstances warrant the holding of an all-virtual public meeting, including (but not limited to) the convenience of an all-virtual meeting.

Regardless of why an all-virtual meeting is held, the following requirements furthermore apply per § 2.2- 3708.3 of the Code of Virginia:

- a. The BOARD shall not hold more than (i) two all-virtual public meetings or (ii) more than 25 percent of its meetings (rounded up to the next whole number) held per calendar year, whichever is greater; and
- b. The BOARD shall not hold two consecutive all-virtual public meetings.

4. PROCESS TO SCHEDULE AN ALL-VIRTUAL PUBLIC MEETING

- a. The BOARD may schedule an all-virtual public meeting at the same time and using the same procedures used by the BOARD to set its meetings for the calendar year; or
- b. If the BOARD wishes to have an all-virtual public meeting on a date not scheduled in advance on its meetings calendar, and an all-virtual public meeting has met the mandatory requirements, the BOARD Chair may schedule an all-virtual public meeting provided that any such meeting comports with VFOIA notice requirements.

5. PROCESS TO HOLD AN ALL-VIRTUAL PUBLIC MEETING

The following requirements furthermore apply to an all-virtual public meeting of the BOARD held in conformance with this policy:

- a. The meeting notice shall indicate that the public meeting will be all-virtual, and the BOARD will not change the method by which it chooses to meet without providing a new meeting notice that comports with VFOIA;
- b. Public access is provided by electronic communication means that allows the public to hear all participating members of the BOARD;
- c. Audio-visual technology, if available, is used to allow the public to see the members of the BOARD;
- d. A phone number, email address, or other live contact information is provided to the public to alert the BOARD if electronic transmission of the meeting fails for the public, and if such transmission fails, the BOARD takes a recess until public access is restored;
- e. A copy of the proposed agenda and all agenda packets (unless exempt) are made available to the public electronically at the same time such materials are provided to the BOARD;
- f. The public is afforded the opportunity to comment through electronic means, including written comments, at meetings where public comment is customarily received; and
- g. There are no more than two members of the BOARD together in one physical location.

6. RECORDING OF MINUTES

Minutes shall be taken as required by VFOIA and shall include the fact that the meeting was held by electronic communication means and the type of electronic communication means used.

7. CLOSED SESSION

If the BOARD goes into closed session, transmission of the meeting will be suspended until the public body resumes to certify the closed meeting in open session.

8. STRICT AND UNIFORM APPLICATION OF THIS POLICY

This policy shall be applied strictly and uniformly, without exception, to the entire

BOARD membership, and without regard to the matters that will be considered or voted on at the meeting.

CERTIFICATION:

We the undersigned, as Chairman of the STATE EMS ADVISORY BOARD and Director of the OFFICE OF EMERGENCY MEDICAL SERVICES, jointly adopt the foregoing policy, which supersedes all prior policies/policy statements effective as of < July 1, 2023 >.

Chair State EMS Advisory Board	Director Office of Emergency Medical Services

State EMS Advisory Board

POLICY FOR THE REMOTE PARTICIPATION OF MEMBERS

1. AUTHORITY AND SCOPE

- a. This policy is adopted pursuant to § 2.2-3708.3 of the Code of Virginia and is to be strictly construed in conformance with the Virginia Freedom of Information Act (VFOIA), §§ 2.2-3700 through 2.2-3715 of the Code of Virginia.
- b. This policy shall not govern an electronic meeting conducted to address a state of emergency declared by the Governor or the Board of Supervisors. Any meeting conducted by electronic communication means under such circumstances shall be governed by the provisions of § 2.2-3708.2 of the Code of Virginia. This policy also does not apply to an all-virtual public meeting.

2. DEFINITIONS

- a. "BOARD" means the State EMS Advisory Board or any committee, subcommittee, or other entity of the State EMS Advisory Board.
- b. "Member" means any member of the BOARD.
- c. "Remote participation" means participation by an individual member of the BOARD by electronic communication means, as defined by § 2.2-3701 of the Code of Virginia, in a public meeting where a quorum of the BOARD is physically assembled.
- d. "Meeting" means a meeting as defined by § 2.2-3701 of the Code of Virginia.
- e. "Notify" or "notifies," for purposes of this policy, means written notice, including (but not limited to) email or letter, but not including text messages or messages exchanged on social media.

3. MANDATORY REQUIREMENTS

Regardless of why the member is participating in a meeting from a remote location by electronic communication means, the following conditions must be met for the member to participate remotely:

- a. A quorum of the BOARD must be physically assembled at the primary or

central meeting location; and

- b. Arrangements have been made for the voice of the remotely participating member to be heard by all people at the primary or central meeting location. At any point during the meeting, if the voice of the remotely participating member is no longer able to be heard by all persons at the meeting location, the remotely participating member shall no longer be permitted to participate remotely.

4. PROCESS TO REQUEST REMOTE PARTICIPATION

- a. On or before the day of the meeting, and at any point before the meeting begins, the requesting member must notify the BOARD Chair (or the Vice-Chair if the requesting member is the Chair) that the member is unable to physically attend a meeting due to (i) a temporary or permanent disability or other medical condition that prevents the member's physical attendance; (ii) a family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; (iii) the member's principal residence location being more than 60 miles from the meeting location; or (iv) a personal matter, of which the nature is identified with specificity.
- b. The requesting member shall also notify the BOARD staff liaison of the request, but failure to do so shall not affect the member's ability to remotely participate.
- c. If the requesting member is unable to physically attend the meeting due to a personal matter, the member must state with specificity the nature of the personal matter.
 - Remote participation due to a personal matter is limited for each individual member to (i) two meetings per calendar year or (ii) 25 percent of the meetings (rounded up to the next whole number) held per calendar year, whichever is greater.
 - There is no limit to the number of times that a member may participate remotely for the other authorized purposes listed in (i)-(iii) of subsection 4.a.
- d. The requesting member is not obligated to provide independent verification regarding the reason for nonattendance due to any of the authorized purposes listed in (i)-(iii) of subsection 4.a.

- e. On or before the day of the meeting, and at any point before the meeting begins, the Chair (or the Vice-Chair if the requesting member is the Chair) shall notify the requesting member whether the request is in conformance with this policy, and therefore approved or disapproved.

5. PROCESS TO CONFIRM APPROVAL OR DISAPPROVAL OF PARTICIPATION FROM A REMOTE LOCATION

When a quorum of the BOARD has assembled for the meeting, the BOARD shall vote to determine whether:

- a. The Chair's (or Vice-Chair's if the requesting member is the Chair) decision to approve or disapprove the requesting member's request to participate from a remote location was in conformance with this policy; and
- b. The voice of the member approved for remote participation can be heard by all persons at the primary or central meeting location.

6. RECORDING OF MINUTES

- a. If the member is allowed to participate remotely due to any of the authorized purposes listed in (i)-(iii) of subsection 4.a, the BOARD shall record in its minutes the approval of the member's remote participation and a general description of the remote location from which the member participated.
- b. If the member is allowed to participate remotely due to a personal matter, the BOARD shall record in its minutes the specific nature of the matter, how many times that calendar year the member has attended remotely due to a personal matter, and a general description of the remote location from which the member participated.
- c. If the member's request to participate remotely is disapproved, the BOARD shall record in its minutes the disapproval, including the specific grounds upon which the requested participation violates this policy or VFOIA.

7. CLOSED SESSION

If the BOARD goes into closed session, the member participating remotely shall ensure that no third party is able to hear or otherwise observe the closed meeting.

8. STRICT AND UNIFORM APPLICATION OF THIS POLICY

This policy shall be applied strictly and uniformly, without exception, to the entire BOARD 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. The Chair (or the Vice-Chair if the requesting member is the Chair) shall maintain the member's written request to participate remotely as well as the written response for a period of one year or other such time required by records retention laws, regulations, and policies.

CERTIFICATION:

We the undersigned, as Chairman of the State EMS Advisory Board and Executive Director of the Office of Emergency Medical Services, jointly adopt the foregoing policy, which supersedes all prior policies/policy statements effective as of <July 1, 2023>.

Chair State EMS Advisory Board	Director Office of Emergency Medical Services