

**State of Board of Health  
Agenda  
November 30, 2017 – 9:00 a.m.  
Perimeter Center – Boardroom 2**

|   |  |
|---|--|
| Call to Order and Welcome   | Faye Prichard, Chair   |
| Pledge of Allegiance  | Benita Miller, DDS   |
| Introductions   | Ms. Prichard   |
| Review of Agenda  | Joseph Hilbert<br>Director of Governmental and Regulatory Affairs                              |
| Approval of September 7, 2017 Minutes   | Ms. Prichard   |
| Commissioner’s Report   | Marissa Levine, MD, MPH, FAAFP<br>State Health Commissioner                                    |
| Regulatory Action Update  | Mr. Hilbert  |
| Break   |  |
| Public Comment Period   |  |
| <u>Board Action Items</u>   |  |
| Board of Health Annual Report –<br>Virginia’s Plan for Well-Being               | Mr. Hilbert<br><br>Leslie Hogle, PhD<br>Director, Division of Population Health<br>Improvement |
| State Stroke Triage Plan  | Gary Brown, Director<br>Office of Emergency Medical Services                                   |
| <u>Regulatory Action Items</u>  |  |
| Rules and Regulations Governing Campgrounds<br>12VAC5-450<br>(Final amendments) | Julie Henderson, Director<br>Division of Food and General<br>Environmental Services            |
| Working Lunch<br>Overview of the Alexandria Health District                     | Stephen Haering, MD, MPH, FACPM<br>District Director   |
| Member Reports  |  |
| Other Business  |  |
| Adjourn   |  |

## Annual Report on the Virginia Plan for Well-Being

### Introduction

In 2016, the Virginia Board of Health adopted the *Virginia Plan for Well-Being* (“the Plan”) as its annual report to the General Assembly. The Plan outlines a path forward toward improving the health and well-being of all Virginians. It focuses on four aims, and lays out 13 goals and 29 measures to track progress towards making Virginia the healthiest state in the nation. One year into the Plan, the Virginia Board of Health believes that there is still a long way to go to reach this goal.

At the state level, many of the measures being tracked improved this past year (see Attachment A). However, these upward trends are not necessarily statistically significant and, moreover, they mask a concerning underlying reality: there are huge disparities in health status across the Commonwealth depending on where one lives. In rural southwest and southside Virginia (as well as in other rural portions of the state) and in communities of racial and ethnic minorities, people get sick more often, have more severe morbidity in their diseases, become ill at a younger age, and die at a younger age than do other Virginians. If the Commonwealth did nothing other than eliminate the health inequities between urban and rural Virginia and between whites and racial and ethnic minorities, Virginia would be among the top 10 healthiest states in the nation. This fact underscores the importance of viewing population health efforts in the Commonwealth through a “health opportunity” lens.

### Unequal Health Opportunity

Today, all Virginians do not have equal opportunity to lead healthy lives. In 2012, the Virginia Department of Health’s (VDH) Office of Health Equity developed a measure, the Health Opportunity Index (HOI), that quantifies this opportunity. The Virginia HOI consists of 13 indicators that act as the building blocks of the HOI. These indicators were chosen following an extensive review of the literature on the social determinants of health. Although there are innumerable variables and indicators that could be included, indicators were chosen based on the following criteria:

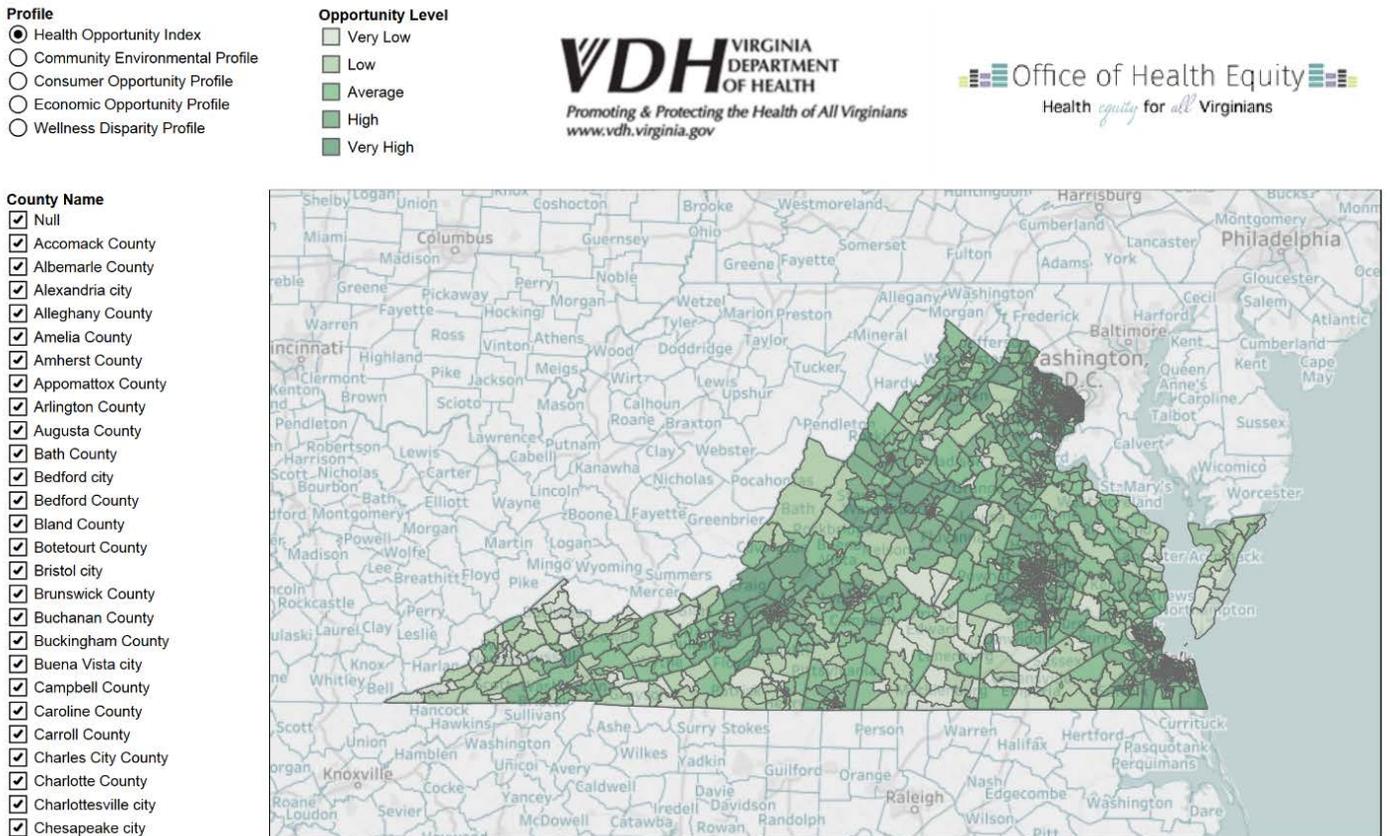
- Their influence on health as expressed in the literature,
- Input from local health districts and other stakeholders, and
- The availability of data of consistent quality at the census-tract level for all census tracts in Virginia.

Those 13 indicators are organized into four profiles:

- Community environment (indicator of natural, built, and social environment),
- Consumer opportunity (measure of consumer resources available),
- Economic opportunity (measure of economic opportunities available, highlighting employment and income), and
- Wellness disparity (measure of disparate access to health services).

Figure 1 contains a map of the Commonwealth, depicting the HOI distribution across the state. It illustrates that counties in southwest Virginia, southside Virginia, and other rural areas of the state have a lower HOI than do the urban areas.

Figure 1 – Health Opportunity Index

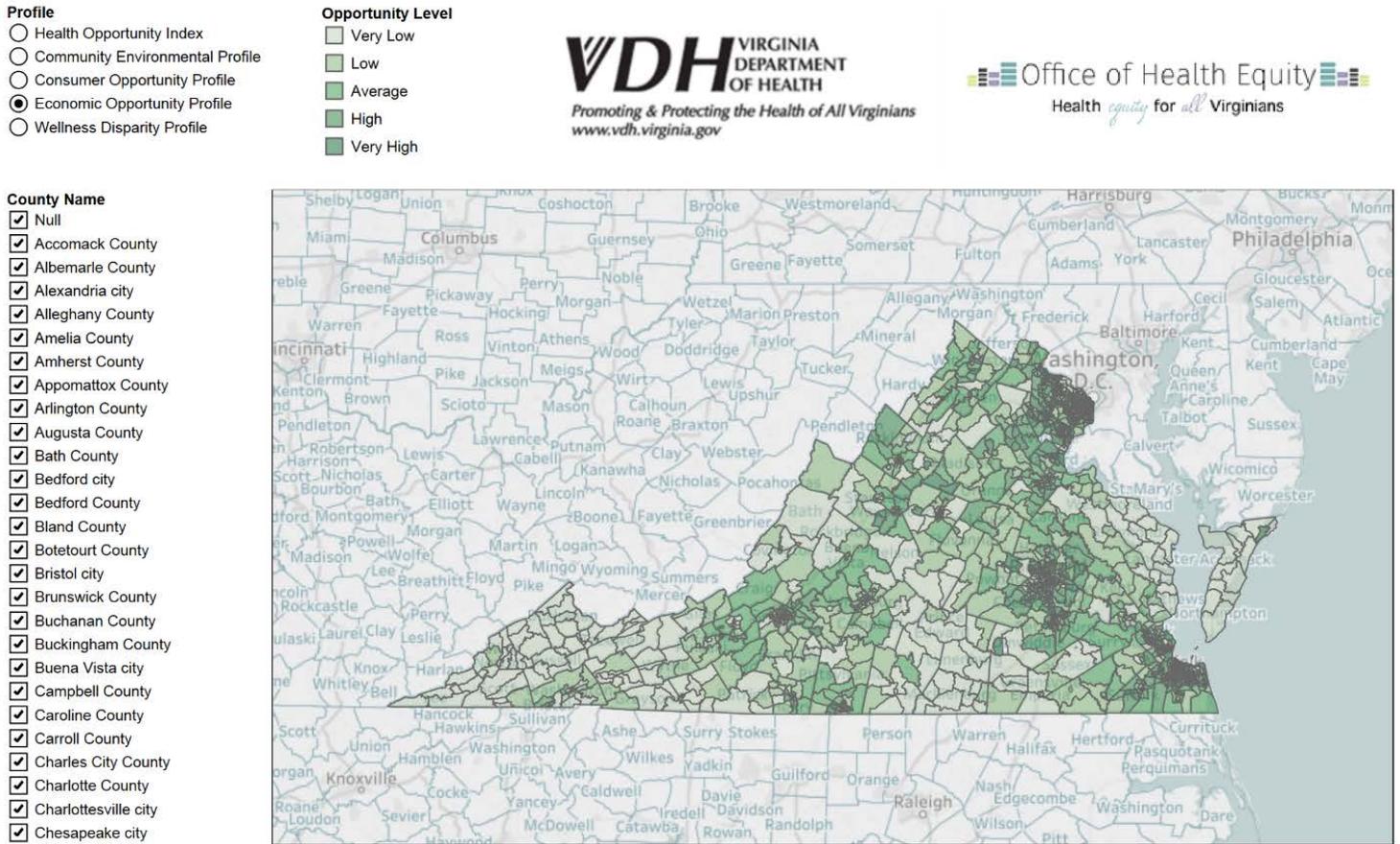


Source: VDH Office of Health Equity Staff Analysis.

As noted, one of the components of the HOI is the “Economic Opportunity Profile.” This profile examines the impact place has on each individual’s ability to participate in the economic life of a community. Factors influencing economic opportunity include access to jobs, labor participation rates, and the distribution of income within a community. These factors allow working-age residents to remain in the community, providing support for other residents and tax revenue for local governments. They also provide the means to overcome many of the barriers to health opportunity included in the other profiles.

Figure 2 shows the distribution of the Economic Opportunity Profile across the state, which marks an even starker rural/urban divide. As illustrated by Figure 2, access to jobs, workforce participation, and income inequality is not evenly distributed. People living in rural areas of the state have far less economic opportunity than those in the urban areas of the Commonwealth. This analysis suggests that there are two Virginias: the rural, poor Virginia; and the urban, more affluent Virginia.

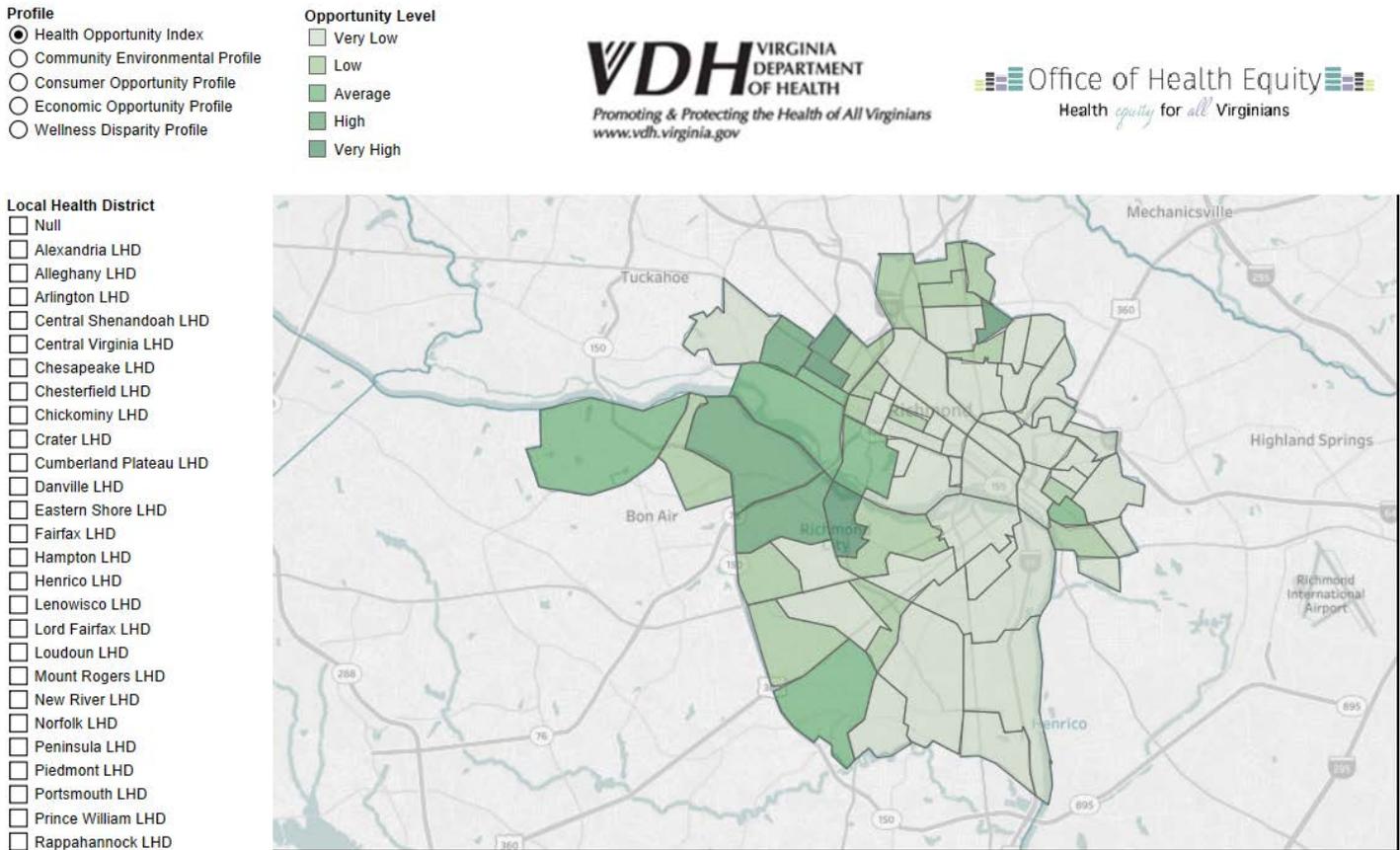
Figure 2 – Economic Opportunity Profile



Source: VDH Office of Health Equity Staff Analysis.

However, as mentioned earlier, such high-level statistics mask underlying disparities. Even the most affluent counties in the Commonwealth have areas of very low HOI. Fortunately, the HOI can be calculated down to the census-tract level. When an urban area is examined at the census-tract level, such as Richmond in the map contained in Figure 3, vast inequities in HOI are evident across neighborhoods. West Richmond and east Richmond are two different worlds, with the eastern parts of the city marked by low HOI. Higher poverty rates, lower employment rates, less affordable housing, and poorer access to healthy food plague the eastern portion of the city.

Figure 3 – Health Opportunity Index, City of Richmond



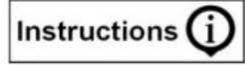
Source: VDH Office of Health Equity Staff Analysis.

Health Impact of HOI

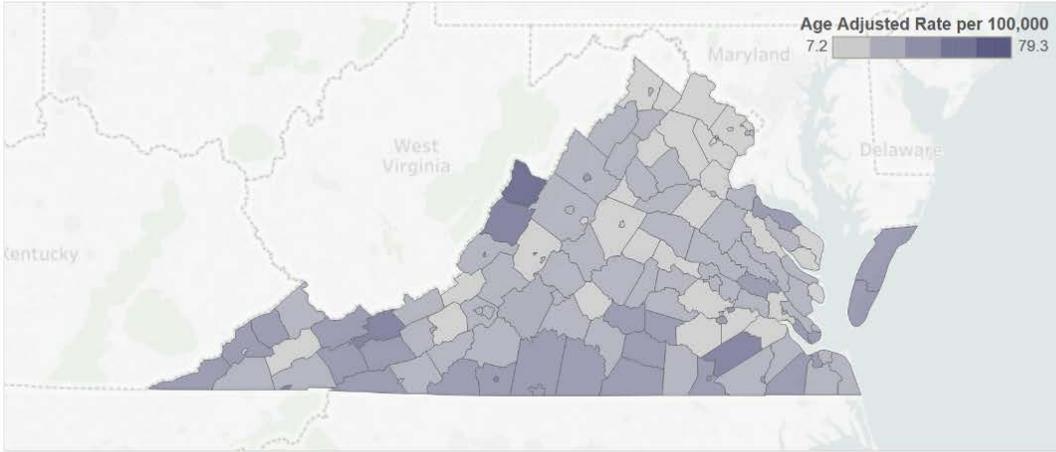
Communities with a low HOI also are known to have poor access to healthcare services. Fewer physicians and other healthcare providers are located in these areas, and the residents have less ability to pay for clinical care because of lack of insurance. Poverty has long been associated with an increased burden of disease. These communities are also food deserts, lacking sources of fresh, wholesome foods. With higher unemployment rates, and those working having less desirable jobs, people in these communities lack employer-based health insurance. A low HOI, therefore, is associated with poor health outcomes for a community. Death due to diabetes is an example of a poor health outcome. In the map contained in Figure 4, the number of diabetes deaths per 100,000 people across the state is illustrated. The distribution of diabetes mortality is strikingly similar to the distribution of low HOI.

Figure 4

**Chronic Disease Death by Indicator & Health District**



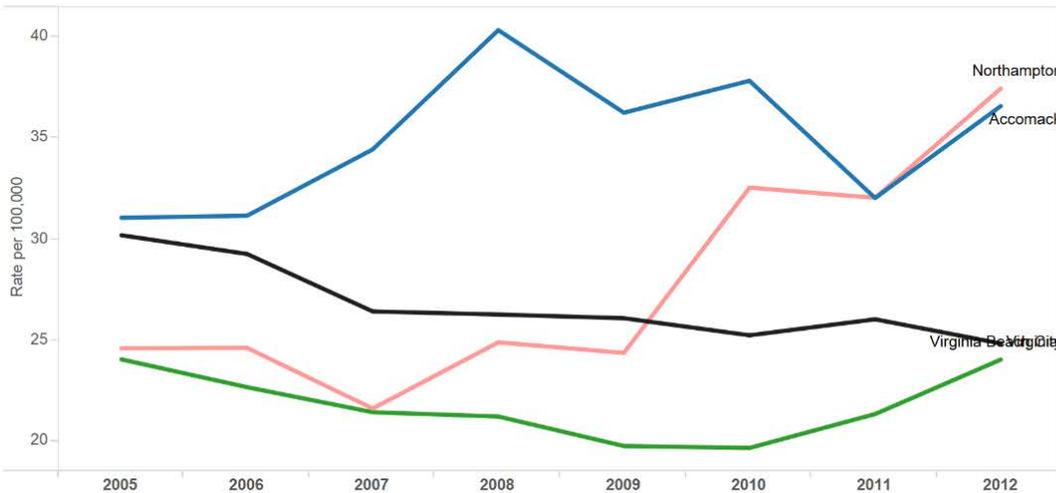
Please select a locality from the map to view the trendline below  
**Diabetes Death Rate Map, 2012**



- Chronic Disease Indicator**
- Chronic Obstructive Pulmonary Disease
  - Diabetes
  - Heart Disease
  - Hypertension
  - Stroke

**Year**  
 2012

**Diabetes Death Rate Trend - All**



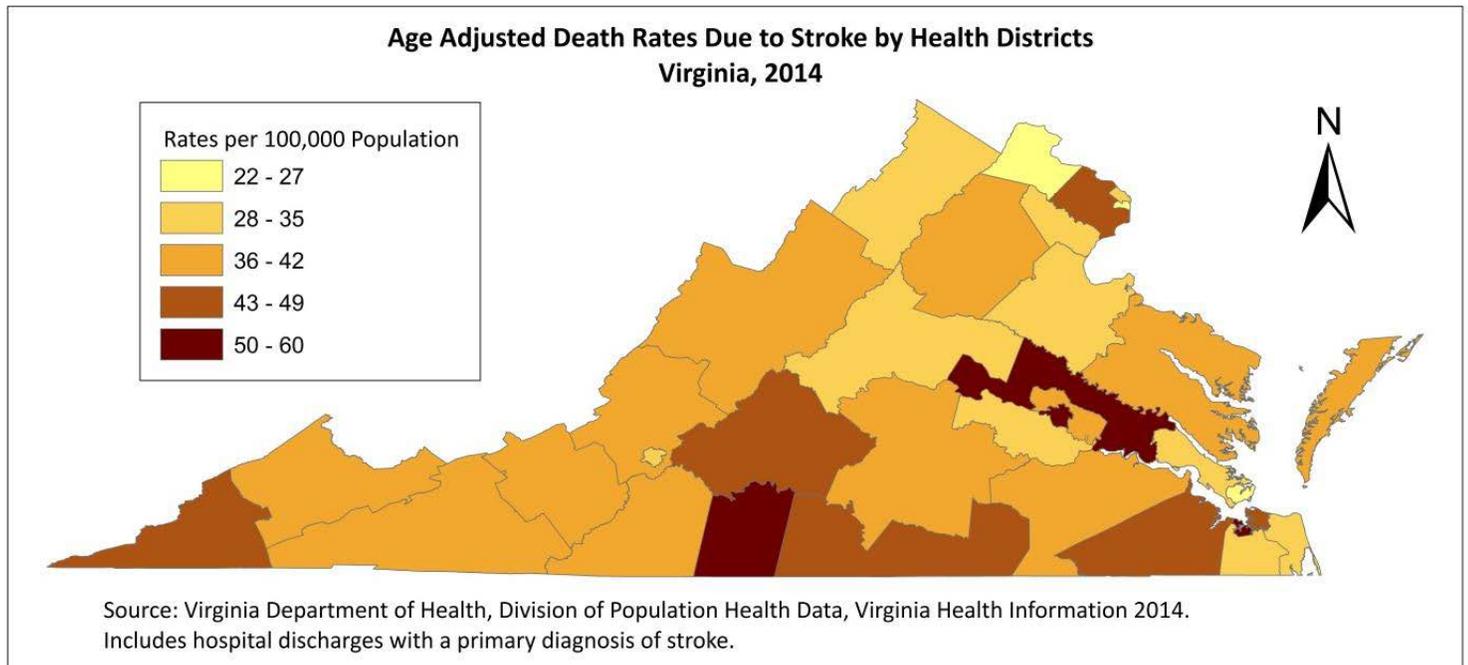
The locality level death rate in the trend graph is a 3-year rolling rate. All other rates are single year rates.

**Note:** The trend line displays the last selection when no locality is selected in the above map.

Source: VDH Staff Analysis of Virginia Resident Death Certificate Data.

A similar pattern is evident concerning deaths from stroke:

Figure 5



Source: VDH Staff Analysis of Virginia Resident Death Certificate Data

As is the case with the HOI, county-level data obscure disparities at the census-tract level. Using Richmond, again, as an example, a map of life expectancy rates in the city (Figure 6) shows marked differences from one neighborhood to another. These inequities in life expectancy map onto the HOI, with people living in communities with a low HOI dying at an earlier age than those living in high-HOI communities only a few miles away.

Figure 6



Source: Virginia Commonwealth University Center on Society and Health.

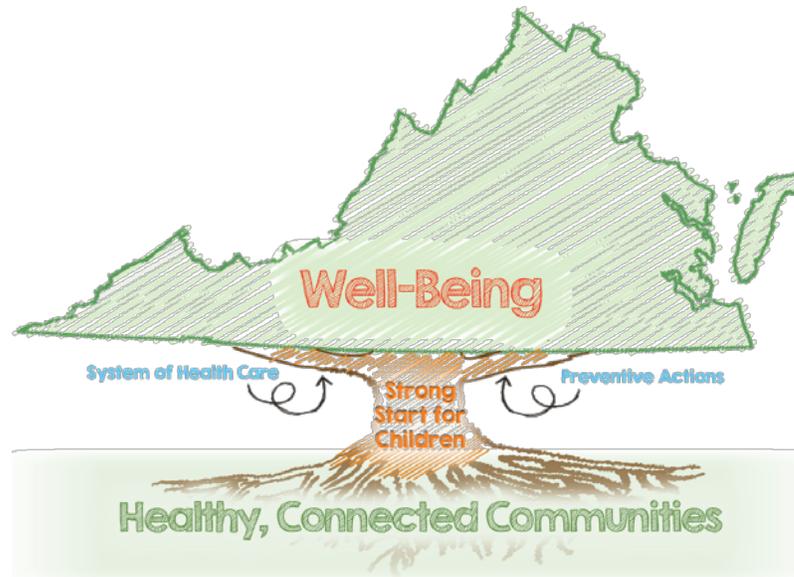
## Summary

In order to achieve the goal of making Virginia the healthiest state in the nation, the glaring health inequities that exist across the Commonwealth must be addressed. A broad, multi-sectoral coalition of state agencies, employers, healthcare providers, community organizations, and philanthropic organizations needs to be built that can define the infrastructure required to build affordable housing, increase employment, improve education, provide healthy foods, and address other health-related social needs. Increasing access to healthcare services is a pressing, immediate need of our state's communities with low HOI. Expanding Medicaid would be an important first step forward in helping these communities improve their health.

Many organizations and institutions around the Commonwealth have taken the Plan and adopted it as their strategy for improving population health. In the year ahead, these forces need to align with one another and, with their combined resources, make even bigger strides toward improving the health and well-being of all people in Virginia.

DRAFT

ATTACHMENT A



**Virginia's Plan for Well-Being**  
*2016-2020*

**Annual Report, 2017**

**Virginia Department of Health**  
109 Governor Street  
Richmond, VA 23219  
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## Background

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This document serves as an annual report to *Virginia's Plan for Well-Being*, the Commonwealth of Virginia's state health improvement plan for 2016-2020. The plan has four aims:

1. Healthy, Connected Communities
2. Strong Start for Children
3. Preventive Actions
4. System of Health Care

Within this framework, the plan lays out 13 goals and 29 measures of success. This document describes the first year measures and status of indicators for review.

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## Vision: Well-Being for All Virginians

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### Well-Being

**Measure** Percent of adults in Virginia who report positive well-being; Baseline: N/A.

**2017 Update** 68% (2016)

**Data Source** Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.

**Description** The four-item Satisfaction with Life Scale (SWLS) asks respondents to indicate how much they agree with the four following statements on a scale from 1 (strongly agree) to 5 (strongly disagree): (1) "In most ways my life is close to ideal," (2) "The conditions of my life are excellent," (3) "I am satisfied with my life," and (4) "So far I have gotten the important things I want in life." Responses to the four SWLS questions are dichotomized into those indicating positive well-being (e.g., agree/strongly agree) and those indicating negative well-being (e.g., disagree/strongly disagree). For overall SWLS, adults responding agree or strongly agree to all four questions (score = 4), are considered positive. Data collection for the SWLS scale began in 2016 as part of Virginia's Behavioral Risk Factor Surveillance System.

The Behavioral Risk Factor Surveillance System is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. Responses of don't know/not sure, refused, or missing are removed from the numerator and denominator in all estimates.

\* Data collection for this measure began in January 2016. The percentage above serves as the baseline.

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## AIM 1 — Healthy, Connected Communities

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**Goal 1.1** **Virginia's Families Maintain Economic Stability**

**1.1 A** **High School Graduates Enrolled in Higher Education**

**Measure** Percent of Virginia high school graduates enrolled in an institute of higher education within 16 months after graduation; Baseline: 70.9% (2013).

**2017 Update** 72.0% (2014)

**2020 Goal** 75%

**Data Source** Virginia Postsecondary Enrollment Reports. Virginia Department of Education.

**Description** The percent of Virginia high school graduates who:

1. Graduated within five years of entering high school,
2. Earned a standard or advanced studies diploma, and
3. Were enrolled in an institute of higher education within 16 months of graduation.

This measure follows a cohort of students who entered ninth grade in the same year.

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**1.1 B** [Cost-Burdened Households](#)

**Measure** Percent of cost-burdened households in Virginia (more than 30% of monthly income spent on housing costs); Baseline: 31.4% (2013).

**2017 Update** 31.6% (2014)

**2020 Goal** 29.0%

**Data Source** American Community Survey. U.S. Census Bureau.

**Description** This measure is calculated by dividing the number of Virginians that spent more than 30% of their monthly income on rent, mortgage, or housing without a mortgage\* by the number of occupied housing units in Virginia. The numerator\* is housing cost as a proportion of total income in a given year. The data are from the American Community Survey 1-Year Estimates. This is a point-in-time annual survey.

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**1.1 C** [Consumer Opportunity Index Score](#)

**Measure** Consumer Opportunity Index score in Virginia; Baseline: 81.8 (2009-2013).

**2017 Update** 86.1\* (2011-2015)

**2020 Goal** 83.7

**Data Source** The Virginia Department of Health created the Consumer Opportunity Index utilizing the following data sources: Affordability, Education, Townsend Profile from the U.S. Census American Consumer Survey and 5-Year Food Accessibility Index from the U.S. Department of Agriculture.

**Description** The Consumer Opportunity Index is an indicator of consumer access to resources that support long and healthy lives, with 100% representing perfect access and 0% representing no access. The metric is a multivariate index comprised of four indicators:

1. Affordability (housing and transportation cost as a percent of income),
2. Education (average years of schooling),
3. Food Accessibility (percent of population that is both low income and has low access to food), and
4. Townsend Material Deprivation Profile (unemployment, home ownership, overcrowded homes and homes without an automobile).

The Consumer Opportunity Index is one of four multivariate profiles that make up the Health Opportunity Index (HOI). The Virginia Department of Health convened stakeholders to identify 13 indicators to include in the HOI. From these indicators, four separate profiles were created using principal component analysis. Data for the indicators are taken from different sources using different methodologies, and are updated on differing schedules. Indicators in each profile are combined using the geometric mean. Each indicator is given equal weight in the profile. The Consumer Opportunity Index indicators are established at the census-tract level.

County-level profiles are determined for each indicator using a population-weighted average of each tract in the county. The state score represents the median county score.

*\* The HOI is a new measure and it is unclear how it will fluctuate with conditions over time. For that reason, our choice of a goal was somewhat arbitrary. The HOI is based in large part on ACS 5-year estimates for the ranges listed above. The new ACS data dropped 2009-2010, two years at the worst of the Great Recession, and added 2014-2015, two years at the end of a long period of economic growth. Our ability to sustain upward trends, or minimize reductions, over economic downturns will be key for these measures.*

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### 1.1 D Economic Opportunity Index Score

**Measure** Economic Opportunity Index score in Virginia; Baseline: 70.7 (2009-2013).

**2017 Update** 75.0\* (2011-2015)

**2020 Goal** 73.7

**Data Source** The Virginia Department of Health created the Economic Opportunity Index utilizing the following data sources: U.S. Census, American Economic Survey, and 5-Year Estimates.

**Description** The Economic Opportunity Index is an indicator of access to the economic resources that support long and healthy lives, with 100% representing perfect access and 0% representing no access. The metric is a multivariate profile comprised of three indicators:

1. Employment (jobs per worker weighted by distance to job),
2. Income Inequality (Gini Coefficient), and
3. Job Participation (percent of working age population in the labor force).

The Economic Opportunity Index is one of four multivariate profiles that make up the Health Opportunity Index (HOI). The Virginia Department of Health convened stakeholders to identify 13 indicators to include in the HOI. From these indicators, four separate profiles were created using principal component analysis. Indicators in each profile are combined using the geometric mean. Data for the indicators are taken from different sources using different methodologies, and are updated on differing schedules. Each indicator is given equal weight in the profile. The Economic Opportunity Index indicators are established at the census-tract level. County-level profiles are determined for each indicator using a population-weighted average of each tract in the county. The state score represents the median county score.

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### Goal 1.2 Virginia's Communities Collaborate to Improve the Population's Health

#### 1.2 Districts with Collaborative Community Health Improvement Processes

**Measure** Percent of Virginia health planning districts that have established an on-going collaborative community health improvement process; Baseline: 43.0% (2015).

**2017 Update** 82.8% (2016)

**2020 Goal** 100%

**Data Source** Virginia Department of Health.

**Description** The measure is calculated by dividing the number of health districts in Virginia that report that a collaborative community health improvement process is established in their health planning district divided by 35 (total number of health planning districts).

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## AIM 2 — Strong Start for Children

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### Goal 2.1 Virginians Plan Their Pregnancies

#### 2.1 Teen Pregnancy Rate

**Measure** Teen pregnancy rate per 1,000 females, ages 15 to 19 years, in Virginia; Baseline: 27.9 (2013).

**2017 Update** 24.9 (2014)

**2020 Goal** 25.1\*

**Data Source** Virginia Vital Records and Health Statistics Electronic Birth Certificates, Fetal Death Certificates, Induced Termination of Pregnancy Certificates. Virginia Department of Health.

**Description** This metric is created using live birth data from the electronic birth certificate as reported by birth facilities, Induced Termination of Pregnancy (ITOP) data as reported by ITOP facilities, fetal death data as reported by medical providers and the number of female teens (15-19 years of age) from the National Center for Health Statistics population estimates.

\* The 2020 goal metric has been met.

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### Goal 2.2 Virginia's Children Are Prepared to Succeed in Kindergarten

#### 2.2 A Kindergartens Not Meeting Phonological Awareness Literacy (PALS-K) Benchmark

**Measure** Percent of children in Virginia who do not meet the PALS-K benchmarks in the fall of kindergarten and require literacy intervention; Baseline: 12.7% (2014-2015).

**2017 Update** 13.8%\* (2015-2016)

**2020 Goal** 12.2%

**Data Source** Phonological Awareness Literacy Screening – Kindergarten Results. Virginia Department of Education.

**Description** The Phonological Awareness Literacy Screening – Kindergarten (PALS-K) is conducted in the fall of each school year and identifies kindergarten students who are at risk for reading difficulties. The tool measures children's knowledge of several literacy fundamentals: phonological awareness, alphabet recognition, concept of word, knowledge of letter sounds, and spelling. The PALS-K is an assessment of literacy readiness and is not a comprehensive measure of school readiness. PALS-K is the state-provided screening tool for Virginia's Early Intervention Reading Initiative (EIRI) and is used by 99% of school divisions in the state on a voluntary basis.

\* The PALS-K test was revised between 2014-2015 to 2015-2016, so the increase was due to test differences from needing to know four syllables to five per the Virginia Department of Education.

2.2 B [Third Graders Passing Reading Standards of Learning \(SOL\) Assessment](#)

|                    |  |
|--------------------|--|
| <b>Measure</b>     | Percent of third graders in Virginia who pass the Standards of Learning third grade reading assessment; Baseline: 69.0% (2014-2015).   |
| <b>2017 Update</b> | 75.4% (2015-2016)  |
| <b>2020 Goal</b>   | 80.0%  |
| <b>Data Source</b> | Virginia Standards of Learning Results. Virginia Department of Education.  |
| <b>Description</b> | The Standards of Learning (SOL) for Virginia Public Schools establish minimum expectations for what students should know and be able to do at the end of each grade. All items on SOL tests are reviewed by Virginia classroom teachers for accuracy and fairness, and teachers also assist the state Board of Education in setting proficiency standards for the tests. |

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**Goal 2.3** [The Racial Disparity in Virginia's Infant Mortality Rate is Eliminated](#)

2.3 [Infant Mortality Rate by Race](#)

|                    |   |
|--------------------|---|
| <b>Measure</b>     | Infant mortality rate in Virginia per 1,000 live births by race; Baseline: 12.2 (2013).   |
| <b>2017 Update</b> | 11.2 (2014)   |
| <b>2020 Goal</b>   | 5.2   |
| <b>Data Source</b> | Virginia Vital Records and Health Statistics Electronic Birth Certificates and Electronic Death Certificates. Virginia Department of Health.  |
| <b>Description</b> | Virginia's infant mortality rate is calculated by dividing the number of deaths of children under one year of age by the number of live births to mothers living in the state. The resulting number is multiplied by 1,000 to compute the rate. |

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**AIM 3 — Preventive Actions**

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**Goal 3.1** [Virginians Follow a Healthy Diet and Live Actively](#)

3.1 A [Adults Not Participating in Physical Activity](#)

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|--------------------|---|
| <b>Measure</b>     | Percent of Virginia adults 18 years and older who do not participate in any physical activity during the past 30 days; Baseline: 23.5% (2014)   |
| <b>2017 Update</b> | 25.1% (2015)  |
| <b>2020 Goal</b>   | 20.0%   |
| <b>Data Source</b> | Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.   |
| <b>Description</b> | The percent of Virginia adults 18 years and older who reported that they did not participate in any physical activity other than their regular job during the past 30 days. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention (CDC) and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. The information is self-reported and not observed or measured. Responses of don't know/not sure, refused, or missing were removed from the numerator and denominator in all estimates. |

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3.1 B [Adults Who Are Overweight or Obese](#)

|                    |  |
|--------------------|--|
| <b>Measure</b>     | Percent of Virginia adults 18 years and older who are overweight or obese; Baseline: 64.7% (2014)  |
| <b>2017 Update</b> | 64.1% (2015)   |
| <b>2020 Goal</b>   | 63.0%  |
| <b>Data Source</b> | Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.  |
| <b>Description</b> | The percent of Virginia adults 18 years and older who reported a body mass index (BMI) greater than 25. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey asks respondents what their height and weight are. BMI is then calculated based on reported height and weight. The survey is coordinated by the Centers for Disease Control and Prevention (CDC) and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. Responses of don't know/not sure, refused, or missing were removed from the numerator and denominator in all estimates. |

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3.1 C [Households That Are Food Insecure](#)

|                    |   |
|--------------------|---|
| <b>Measure</b>     | Percent of Virginia households that are food insecure for some part of the year. Baseline: 11.9% (2013)   |
| <b>2017 Update</b> | 11.8% (2014)  |
| <b>2020 Goal</b>   | 10.0%   |
| <b>Data Source</b> | <i>Map the Meal Gap</i> utilized the Current Population Survey, and American Community Survey from the U.S. Census Bureau.  |
| <b>Description</b> | Feeding America's <i>Map the Meal Gap</i> analyzes the relationship between food insecurity and indicators of food insecurity, and child food insecurity (poverty, unemployment, median income, etc.) at the state level. |

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Goal 3.2 [Virginia Prevents Nicotine Dependency](#)

3.2 [Adults Using Tobacco](#)

|                    |   |
|--------------------|---|
| <b>Measure</b>     | Percent of Virginia adults aged 18 years and older who report using tobacco. Baseline: 21.9% (2014)   |
| <b>2017 Update</b> | 19.4% (2015)  |
| <b>2020 Goal</b>   | 12.0%   |
| <b>Data Source</b> | Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.   |
| <b>Description</b> | The percent of Virginia adults 18 years and older who report that they have smoked at least 100 cigarettes in their lifetime and currently smoke tobacco on at least some days, use chewing tobacco, use snuff and/or use snus. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention (CDC) and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. The information is self-reported and not observed or measured. Responses of don't know/not sure, refused, or missing were removed from the numerator and denominator in all estimates. |

**Goal 3.3**      **Virginians Are Protected Against Vaccine-Preventable Diseases**

3.3 A      **Adults Vaccinated Against Influenza**

**Measure**      Percent of Virginia adults 18 years and older who received an annual influenza vaccine. Baseline: 48.2% (2014-2015)

**2017 Update**      46.0% (2015-2016)

**2020 Goal**      70%

**Data Source**      Behavioral Risk Factor Surveillance System, and the National Immunization Survey. Centers for Disease Control and Prevention.

**Description**      The percent of Virginians 18 years of age and older who received an annual influenza vaccine. The Centers for Disease Control and Prevention analyzed the National Immunization Survey-Flu and the Behavioral Risk Factor Surveillance System to estimate national and state level flu vaccination coverage. Influenza vaccination status is based on self-report and not validated with medical records.

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3.3 B      **Adolescents Vaccinated Against HPV**

**Measure**      Percent of girls aged 13-17 in Virginia who receives three doses of HPV vaccine and percent of boys aged 13-17 in Virginia who receive three doses of HPV vaccine. Girls Baseline: 35.9% (2014), Boys Baseline: 22.5% (2014)

**2017 Update**      Girls: 38.5% (2015), Boys: 25.7% (2015)

**2020 Goal**      Girls and Boys: 80.0%

**Data Source**      National Immunization Survey-Teen. Centers for Disease Control and Prevention.

**Description**      The percent of Virginia adolescents aged 13-17 (girls and boys reported separately) who received three doses of human papillomavirus (HPV) vaccine. The National Immunization Survey-Teen (NIS-Teen) is an ongoing, annual survey of children, whose parents/guardians are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention and conducted in all 50 states. Doses of vaccines administered are verified by providers through a mailed survey to the girls' immunization providers.

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**Goal 3.4**      **Cancers Are Prevented or Diagnosed at the Earliest Stage Possible**

3.4      **Adults Screened for Colorectal Cancer**

**Measure**      Percent of Virginia adults aged 50 to 75 years who receive colorectal cancer screening. Baseline: 69.1% (2014)

**2017 Update**      70.3%\* (2016)

**2020 Goal**      85.0%

**Data Source**      Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.

**Description**      The percent of Virginia adults, ages 50 to 75 years, who report receiving a colorectal cancer screening test based on the most recent guidelines (fecal occult blood test, proctoscopy, colonoscopy, or sigmoidoscopy). The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention (CDC) and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. The information is

self-reported and not observed or measured. Responses of don't know/not sure, refused, or missing were removed from the numerator and denominator in all estimates.

\* Colorectal screening was not collected in 2015, but it was added to the state questions for odd years going forward.

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**Goal 3.5**      **Virginians Have Life-Long Wellness**

3.5 A      **Disability-Free Life Expectancy**

**Measure**      Average years of disability-free life expectancy for Virginians; Baseline: 66.1 (2013)

**2017 Update**      66.0 (2014)

**2020 Goal**      67.3

**Data Source**      U.S. Census Intercensal Population File Vintage 2014, Virginia Vital Records and Health Statistics Electronic Death Certificates, and the American Community Survey. Virginia Department of Health.

**Description**      Disability-free life expectancy (DFLE) was calculated for Virginia census tracts by adding the estimates of the proportion of individuals with disabilities by tract and age group to the abridged life table estimates of mortality and population used for creating life expectancy (LE) estimates. The life table with the proportion of disabled individuals was the input for the analysis using the Chiang II methodology with Silcock's adjustment for calculation of LE and Sullivan's methods for DFLE. The disabled population proportion was defined for this study as answering yes to any one of the six disability questions (2009-2013 aggregate) in the American Community Survey. Significant consideration was given to disability chosen, small area analysis problems, and how to share the analysis for best impact. At the tract level, data censorship was considered when unusual population distributions were encountered. Minimum population size requirements were met to reduce large standard errors. DFLE estimates were added to a multiple linear regression model with social determinants of health as the explanatory variables.

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3.5 B      **Adults with Adverse Childhood Experiences**

**Measure**      Percent of adults in Virginia who report adverse childhood experiences; Baseline: N/A.

**2017 Update**      60% (2016)

**Data Source**      Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.

**Description**      Adverse childhood experiences (ACEs) include verbal, physical, or sexual abuse, as well as family dysfunction (e.g., an incarcerated, mentally ill, or substance-abusing family member; domestic violence; or absence of a parent because of divorce or separation). The ACE score is a measure of cumulative exposure to particular adverse childhood conditions. Exposure to any single ACE condition is counted as one point. If an adult experienced none of the conditions in childhood, the ACE score is zero. Points are totaled for a final ACE score. The Behavioral Risk Factor Surveillance System is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention (CDC) and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. Responses of don't know/not sure, refused, or missing were removed from the numerator and denominator in all estimates.

\* Data collection for this measure began in January 2016. The percentage above serves as the baseline.

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## AIM 4 — System of Health Care

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### Goal 4.1 **Virginia Has a Strong Primary Care System Linked to Behavioral Health Care, Oral Health Care, and Community Support Systems**

#### 4.1 A **Adults with a Regular Health Care Provider**

**Measure** Percent of adults 18 years and older who have a regular health care provider; Baseline: 69.3% (2014)

**2017 Update** 71.1% (2015)

**2020 Goal** 85.0%

**Data Source** Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.

**Description** The percent of Virginia adults who report that they have at least one personal healthcare provider for ongoing care. The Behavioral Risk Factor Surveillance System is an ongoing, annual survey of adults who are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. The information is self-reported and not observed or measured. Responses of don't know/not sure, refused, or missing were removed from the numerator and denominator in all estimates.

---

#### 4.1 B **Avoidable Hospital Stays**

**Measure** Rate of avoidable hospital stays for ambulatory care sensitive conditions in Virginia per 100,000 persons; Baseline: 1,294 (2013)

**2017 Update** This measure was previously calculated by Virginia Health Information and is no longer available. Staff in the Division of Population Health are working to validate methodology calculate the measure.

**2020 Goal** 1,100

**Data Source** Virginia Inpatient Hospitalization. Virginia Health Information.

**Description** The measure is the Agency for Healthcare Research and Quality's Prevention Quality Overall Composite (PQI #90) in Virginia. It includes hospitalizations that could have been prevented through high quality outpatient care, including uncontrolled diabetes, short-term diabetes complications, long-term diabetes complications (including amputated limbs), chronic obstructive pulmonary disease, high blood pressure, heart failure, chest pain, adult asthma, dehydration, pneumonia, and urinary tract infections. The number of hospital stays is provided for every 100,000 people who reside in that area.

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#### 4.1 C **Avoidable Cardiovascular Disease Deaths**

**Measure** Rate of avoidable deaths from heart disease, stroke, or hypertensive disease in Virginia per 100,000 persons; Baseline: 49.9 (2013)

**2017 Update** 49.1 (2014)

**2020 Goal** 40.0

**Data Source** Virginia Vital Records and Health Statistics Electronic Death Certificates. Virginia Department of Health.

**Description** Deaths included were those caused by cardiovascular disease, including chronic rheumatic heart disease (ICD 10 codes I05-I09), hypertension (ICD codes I10, I12, I15), ischemic heart disease (ICD 10 codes I20-I25), and cerebrovascular disease (ICD 10 codes I60-I69). An age-adjusted formula for population was used, truncating the years over 75, and then reformatting to the new million population for those age ranges.

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4.1 D [Adult Mental Health and Substance Abuse Hospitalizations](#)

**Measure** Rate of adult mental health and substance abuse hospitalizations in Virginia per 100,000 adults; Baseline: 668.50 (2013).

**2017 Update** 687.0 (2014)

**2020 Goal** 635.1

**Data Source** Virginia Inpatient Hospitalization. Virginia Health Information.

**Description** Diagnosis codes to include for mental health and substance abuse hospitalizations were selected based on criteria developed by the Healthcare Cost and Utilization Project. The case definition used excluded discharges related to maternity stays and individuals under the age of 18. Population denominators were derived from midyear Census estimates provided by the National Center for Health Statistics.

---

4.1 E [Adults Whose Poor Health Kept Them from Usual Activities](#)

**Measure** Percent of adults 18 years and older in Virginia who reported having one or more days of poor health that kept them from doing their usual activities; Baseline: 19.5% (2014).

**2017 Update** 19.0% (2015)

**2020 Goal** 18.0%

**Data Source** Virginia Behavioral Risk Factor Surveillance System. Virginia Department of Health.

**Description** Percent of Virginia adults who reported having one or more days of poor health (physical health or mental health) and reported that poor health kept them from doing usual activities. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, annual survey of adults, who are randomly called via landline or cell phone. The survey is coordinated by the Centers for Disease Control and Prevention (CDC) and conducted in all 50 states. The Virginia Department of Health conducts the survey in Virginia. The information is self-reported and not observed or measured. Responses of don't know/not sure, refused, or missing were removed from the numerator and denominator in all estimates.

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**Goal 4.2** [Virginia's Health IT System Connects People, Services and Information to Support Optimal Health Outcomes](#)

4.2 A [Providers with Electronic Health Records](#)

**Measure** Percent of health care providers in Virginia who have implemented a certified electronic health record; Baseline: 70.6% (2014)

**2017 Update** 73.4% (2015)

|                    |   |
|--------------------|---|
| <b>2020 Goal</b>   | 90.0%   |
| <b>Data Source</b> | National Electronic Health Records Survey. Centers for Disease Control and Prevention.  |
| <b>Description</b> | Data are from the 2015 National Electronic Health Records Survey (NEHRS). NEHRS, which is conducted by the National Center for Health Statistics and sponsored by the Office of the National Coordinator for Health Information Technology, is a nationally representative mixed mode survey of office-based physicians that collects information on physician and practice characteristics, including the adoption and use of EHR systems. NEHRS sampling design allows for both national and state-based estimates of EHR adoption. NEHRS is conducted annually as a sample survey of nonfederal office-based patient care physicians, excluding anesthesiologists, radiologists, and pathologists. The 2015 NEHRS sample consisted of 10,302 office-based physicians. Non-respondents to the mail survey received follow-up telephone calls. The 2015 NEHRS data collection took place from August through December 2015, and used a sequential mixed mode design to collect data through web, mail, and phone. Using a physician database, email addresses of sampled physicians were identified. Sampled physicians that did not have an email match were asked to complete the survey by mail or phone. Among those with email addresses, respondents were randomly assigned to one of four groups: an invitation to take the web survey through email, US mail, both, or no web survey option. Nonresponse to the web survey resulted in 3 mailings of the questionnaire followed by phone contacts. |

|                    |  |
|--------------------|--|
| 4.2 B              | <b>Entities Connected to Health Information Exchange</b>   |
| <b>Measure</b>     | Number of entities in Virginia connected through Connect Virginia HIE Inc., the electronic health information exchange, and the national e-Health Exchange; Baseline: 3,800 (2015).  |
| <b>2017 Update</b> | 4,832 (2016)   |
| <b>2020 Goal</b>   | 7,600  |
| <b>Data Source</b> | Connect Virginia HIE, Inc.   |
| <b>Description</b> | Connect Virginia HIE, Inc. is the statewide health information exchange (HIE) for the Commonwealth of Virginia. The HIE uses secure, electronic, internet-based technology to allow medical information to be exchanged by participating entities. Connect Virginia reports the number of entities in Virginia connected on a quarterly basis. |

|                    |   |
|--------------------|---|
| 4.2 C              | <b>Health Districts with Electronic Health Records</b>  |
| <b>Measure</b>     | Number of Virginia's local public health districts that have electronic health records and connect to Connect Virginia, Virginia's Health Information Exchange; Baseline: 0 (2015). |
| <b>2017 Update</b> | 0 (2016)  |
| <b>2020 Update</b> | 35  |
| <b>Data Source</b> | Virginia Department of Health.  |
| <b>Description</b> | Count of Virginia's local public health districts (total of 35) that have electronic health records and connect to Connect Virginia, Virginia's Health Information Exchange.        |

**Goal 4.3 Health Care-Associated Infections Are Prevented and Controlled in Virginia**

4.3 **Hospitals Meeting State Goal for Prevention of *C. difficile* Infections**

|                    |  |
|--------------------|--|
| <b>Measure</b>     | Percent of hospitals in Virginia meeting the state goal for prevention of hospital-onset <i>Clostridium difficile</i> infections; Baseline: 38.5% (2013).  |
| <b>2017 Update</b> | 38.3% (2014)   |
| <b>2020 Goal</b>   | 100.0%   |
| <b>Data Source</b> | National Healthcare Safety Network. Centers for Disease Control and Prevention.  |
| <b>Description</b> | <p>The percent of Virginia hospitals that meet the state goal for prevention of hospital-onset <i>C. difficile</i> laboratory-identified events. The state goal is a standardized infection ratio <math>\leq 0.7</math>, which aligns with the goal of the Department of Health and Human Services National Healthcare-Associated Infections Action Plan.</p> <p>The standardized infection ratio (SIR) is calculated by dividing the number of observed events by the number of predicted events (based on national data from a historical baseline time period). An SIR of 0.7 means that 30% fewer events were observed than were predicted. This measure is risk-adjusted and takes into account the type of laboratory testing, facility bed size, facility affiliation with a medical school, and the number of patients admitted to the hospital that already have <i>C. difficile</i> ("community-onset" cases).</p> |

DRAFT

October 26, 2017

Faye Prichard, Chair  
Virginia State Board of Health  
109 Governor Street  
Richmond, Virginia 23219

Dear Ms. Prichard:

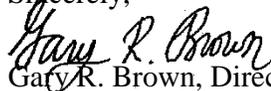
Section 32.1-111.3 of the Code of Virginia requires the development of a comprehensive, coordinated, statewide emergency medical services (EMS) plan. A required component of that plan is a statewide pre-hospital and inter-hospital Stroke Triage Plan. The state Stroke Triage Plan is designed to promote rapid access for stroke patients to appropriate, organized stroke care through the publication and regular updating of information on resources for stroke care and generally accepted criteria for stroke triage and appropriate inter-hospital transfer. The plan should be revised as needed to incorporate accepted changes in medical practice. The objectives of the plan shall include the objectives as outlined in § 32.1-111.3.

The Office of EMS, in coordination with representatives from the Virginia Stroke System Taskforce, the Virginia Hospital and Healthcare Association, the Medical Direction Committee of the State EMS Advisory Board, and prehospital care providers, reviewed the 2010 Stroke Triage Plan and revised it to reflect current best practices in patient care. The draft plan was presented to the full membership of the Virginia Stroke System Taskforce and the Medical Direction Committee and each group formally approved the draft plan. The draft plan was then unanimously approved by the State EMS Advisory Board at its August 4, 2017 meeting.

As the Code of Virginia mandates, this plan must be reviewed, updated, and published by the Virginia State Board of Health. Progress on achieving the objectives of each strategic initiative in the state EMS Plan will be reported to the State EMS Advisory Board on an annual basis, and to the Board of Health upon request.

The Office of EMS appreciates the opportunity to present this document to the Board, and values any input that the Board provides, as well as the input of any other stakeholder, or interested party. Any questions related to this document can be forwarded to Cam Crittenden, RN, Division Manager, Trauma and Critical Care at 804.888.9100, or [Camela.Crittenden@vdh.virginia.gov](mailto:Camela.Crittenden@vdh.virginia.gov).

Sincerely,



Gary R. Brown, Director  
Office of Emergency Medical Services



**Virginia Office of Emergency Medical Services  
Division of Trauma/Critical Care  
Prehospital and Inter-hospital  
State Stroke Triage Plan**



Virginia Department of Health  
Office of Emergency Medical Services  
1041 Glen Allen, VA 23059  
804-888-9100  
[www.vdh.virginia.gov/oems](http://www.vdh.virginia.gov/oems)

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## Executive Summary

Under the Code of Virginia § 32.1-111.3, The Office of Emergency Medical Services, acting on behalf of the Virginia Department of Health, has been charged with the responsibility of maintaining a Statewide Stroke Triage Plan. The Statewide Stroke Triage Plan establishes a strategy through formal regional stroke triage plans that incorporate each region's geographic variations and acute stroke care capabilities and resources. The Commonwealth of Virginia recognizes three levels of stroke certification (a Certified Stroke Center) consistent with recommendations of the Brain Attack Coalition. These are Comprehensive Stroke Centers, Primary Stroke Centers, and Acute Stroke Ready Hospitals. There are multiple certifying bodies including the Joint Commission, DNV, and potentially others.

The purpose of the Statewide Stroke Triage Plan is to establish a uniform set of criteria for the prehospital and inter-hospital triage and transport of acute stroke patients. Formal regional or local stroke triage plans may augment the State Stroke Triage Plan to acknowledge and address variations in each region's EMS and hospital resources. This State Stroke Triage Plan, and the related regional plans, addresses patients experiencing an “acute stroke.” For the purposes of this document, “acute stroke” is defined as any patient suspected of having an acute cerebral ischemic or hemorrhagic event. The primary focus of the plan is to provide guidelines to facilitate the early recognition of patients suffering from acute stroke and to expedite their transport to a center able to provide definitive care within an appropriate time window.

It is very important to note that because of the continuing evolution of scientific evidence indicating successful management of acute stroke regardless of time of onset, EMS *providers are encouraged to initiate real-time contact with regional or local medical direction to discuss individual cases that may fall outside of their established agency protocol.* The closest hospital may not necessarily be the most appropriate hospital for that patient. In selected cases it may be determined that expeditious transfer or transport directly to a Certified Stroke Center may be of benefit for a specific patient. Some selected acute stroke types may benefit from intervention *for an extended period* following symptom onset. Regardless of time of onset the sooner an acute stroke is treated, the better the potential outcome (“Time is Brain”). Based on an individual patient’s time of symptom onset and following discussion with Medical Control, EMS should carefully consider what mode of transport would be most appropriate to transport the patient expeditiously to a Certified Stroke Center.

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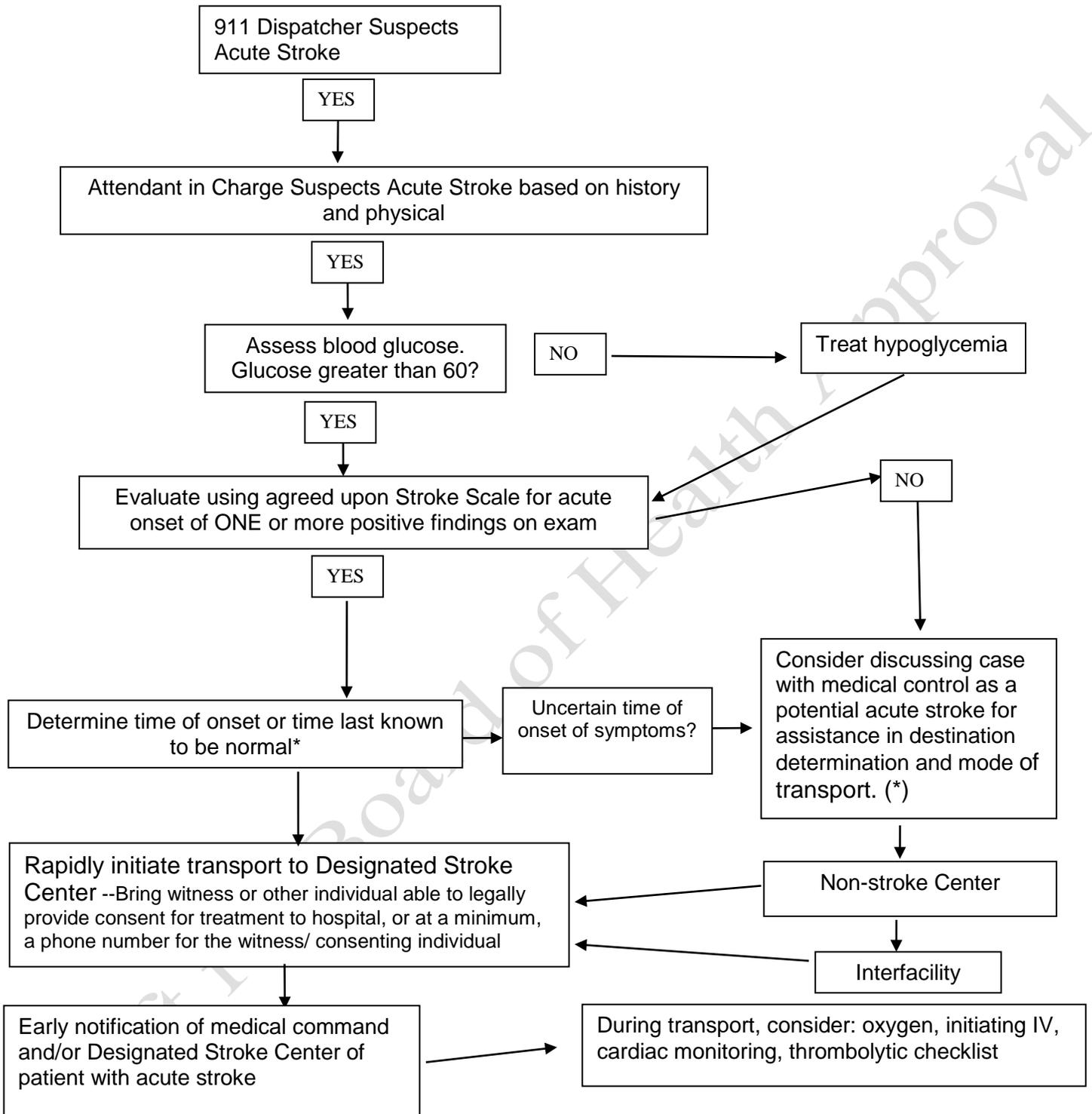
## **Pre-Hospital and Inter-hospital Triage Criteria**

Individual EMS regions are best qualified to assess the capabilities of their EMS and hospital stroke management resources and provide direction to EMS agencies within their regional guidelines. The default destination for acute stroke patients should be a Certified Stroke Center. When acute stroke patients cannot be transported directly to a Certified Stroke Center in a timely manner, consideration may be given to transport to a closer hospital. Various hospitals meet many of the components of a Certified Stroke Center based on national survey results and would be the next logical choice. The closest hospital may not be the most appropriate hospital. Resource information on Certified Stroke Centers can be found on The Joint Commission website (<https://www.jointcommission.org/>), the DNV website ([DNV GL - Healthcare | DNV GL - Healthcare](#)) and The Healthcare Facilities Accreditation Program ([HFAP - Primary Stroke Center Certification Program](#)).

These considerations should be addressed specifically within the regional plan in a manner consistent with this state stroke plan, and should be updated as hospital resource availability changes. Regional plans should provide EMS systems with plans for situations where patients would be transported to non-stroke centers, as well as specific guidance for use of helicopter EMS (HEMS) for transport to Certified Stroke Centers. It is recommended that if HEMS is utilized, the destination optimally should be a Comprehensive Stroke Center or center with Comprehensive level capabilities (e.g. 24-7 Neurosurgery and Neuro-intervention). Interfacility transfer plans should address both non-stroke centers and the post thrombolytic transfer of patients for interventional therapy.

**Non-stroke center hospitals should have transfer guidelines and agreements in place for the expeditious and appropriate management of acute strokes when the care required exceeds their capabilities. This is especially critical for transfer of patients following thrombolysis since specific protocols must be followed to diminish the risk of cerebral or systemic hemorrhagic complications.** If the patient has received, or is receiving thrombolytic therapy, it is the responsibility of the sending facility to ensure that the transporting agency is staffed with providers that have received appropriate training in the monitoring of this patient population. (See Appendix B for a sample post IV tPA EMS transfer checklist)

## Acute Field Stroke Triage Decision Scheme



(\*) EMS providers are encouraged to initiate real-time contact with regional or local medical direction to discuss individual cases that may fall outside of their established agency protocol onset of symptoms guidelines. Recall that patients with specific acute stroke types may benefit from intervention up to 24 hours, although the sooner an acute stroke is treated, the better the potential outcome. Based on patient time of onset and discussion with Medical Control, consider whether use of helicopter EMS will offer potential benefit to the patient, either in time to Certified Stroke Center, or for critical care management expertise. EMS does not determine whether a patient is excluded from any or all therapeutic options. Final decisions regarding patient eligibility for any given intervention will be determined by the receiving physician(s).

---

## Guidance Materials

### Use of Validated Stroke Screening Scale

All patients suspected of having an acute stroke should undergo a formal screening algorithm. Use of stroke algorithms has been shown to improve identification of acute strokes by EMS providers up to as much as 30 percent. The results of the stroke screening must be documented in the electronic prehospital medical record and on any written handoff form left at the receiving hospital. ANY abnormal (positive) finding which is suspected or known to be acute in onset is considered an indicator of potential acute stroke.

It should be recognized that there are numerous scales available for stroke screening (Cincinnati Prehospital Stroke Scale BE FAST, RACE, LAMSS, VAN), some of which are designed to detect any acute stroke, and some of which are designed to identify large vessel occlusion. Since there is not definitive evidence favoring one scale over another, and numerous scales are available, the regional EMS councils should consider which scale to use, and evaluate those in the field for applicability to their region. The Virginia Office of EMS and the Virginia Stroke Systems Taskforce has created a reference document that consists of various stroke scales for use in identifying acute stroke and large vessel occlusions. The document provides references to the use of the scales in the pre-hospital environment. The link to the document can be found on the **Stroke Related Resources** page of this document.

### Local/Regional Protocols

Local and regional prehospital patient care protocols for acute stroke should include:

- An initial/primary assessment
- Focused assessment including:
  - Blood glucose level (if authorized to perform skill)
  - Documented time of onset or time last known to be normal
  - Documentation of the agreed upon regional screening tool for acute stroke and large vessel occlusion (e.g. RACE, LAMSS, VAN)
  - Pertinent history to include mention of acute stroke mimics (i.e. seizures, migraines, hypo/hyperglycemia and others as deemed appropriate). Pertinent medical history that might affect thrombolytic administration (i.e. pregnancy, seizure at onset, terminal illness and others as deemed appropriate) is listed on the Sample Acute Stroke Thrombolytic Checklist in Appendix A.
- Appropriate treatment for hypoglycemia. IV access and cardiac monitoring if available, reassessment of neurologic exam and stroke scale. Contact with Medical Control and/or receiving hospital to give pre-alert of potential acute stroke patient.
- Transport criteria that direct acute stroke patients with stable airway and without hypotension to Certified Stroke Centers within the agencies' transport geography. Real-time contact with regional or local medical direction may be freely used to discuss the individual patient case to determine whether transport directly to a Certified Comprehensive Stroke Center (if available within the region) would be of benefit to that specific patient.

- 
- EMS Regions incorporate specific strategies appropriate to their area to assure that acute stroke patients are able to access specialty resources for acute stroke intervention and management. There should be recognition that some patients may benefit from stroke interventions well outside of the usual time windows, and rapid evaluation with advanced imaging may be the only way to identify and select those patients. Thus, transfer to stroke centers with advanced imaging capabilities such as CT/CTA, MRI, and Angiography is recommended. Examples may include partnerships with acute stroke specialists at the Certified Stroke Center who can provide input on specific patient cases in a timely manner to either the Medical Control physician or directly to the EMS provider.
  - For regions wishing to include a thrombolytic checklist, see Appendix A for Sample Acute Stroke Thrombolytic Checklist. EMS does not determine whether a patient is excluded from any or all therapeutic options. Final decisions regarding patient eligibility for any given intervention will be determined by the receiving physician(s).

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## Acute Stroke Patient Transport Considerations

**MODE OF TRANSPORTATION:** EMS Patient Care Protocols should address mode of transport considerations. Each jurisdiction is unique in its availability of EMS and acute stroke care resources. Consideration should be given to the hospital(s) that is/are available in the region and the resources that they have available to acute stroke patients when developing plans and protocols, as well as EMS system capacity.

**RAPID TRANSPORTATION:** Because stroke is a time-critical illness, time is of the essence, and EMS should rapidly initiate transport once acute stroke is suspected. Consideration should also be given to prehospital resources including use of HEMS available at the time of the incident, and other conditions such as transport time and weather conditions. Use of HEMS can facilitate acute stroke patients reaching Certified Stroke Centers in a timeframe that allows for acute treatment interventions. **The likelihood of benefit of acute stroke therapy decreases with time, but there are several therapy options which offer definite benefit for an extended period following symptom onset.** Interventions may include any of the following: specialty physician or Neurologic ICU capability, advanced radiologic evaluation, or life-saving emergent procedures.

Field transports of acute stroke patients by helicopter as defined in this plan:

1. Should significantly lessen the time from scene to a Certified Stroke Center compared to ground transport.
2. Should be utilized to expeditiously transport acute stroke patients to the closest appropriate certified stroke center. Given cost and risk of utilization of a HEMS resource, it is recommended that the patient should be transported directly to a Certified Comprehensive Stroke Center if feasible.

---

## **Stroke Triage Quality Monitoring**

The Virginia Office of EMS (OEMS), acting on behalf of the Commissioner of Health, will report aggregate acute stroke triage findings on an intermittent basis, but no less than annually, to assist EMS systems and the Virginia Stroke Systems Task Force improve the local, regional and Statewide Stroke Triage Plans. A de-identified version of the report will be available to the public and will include, minimally, as defined in the statewide plan, the use of and the completeness of, the prehospital Stroke assessment, under triage to Certified Stroke Centers in comparison to the total number of acute stroke patients delivered to hospitals and HEMS utilization. The program reports shall be used as a guide and resource for health care providers, EMS agencies, EMS regions, the Virginia Office of EMS and the Virginia Stroke Systems Task Force. Additional specific data points to be collected within the EMS prehospital patient care report (written or electronic) will be established collaboratively between OEMS and VSSTF. Information to be contained in routine reports on both system and patient-level indicators and outcomes will be developed by OEMS in partnership with VSSTF to guide further system development in a patient focused way.

Hospitals, EMS Regions, and EMS agencies are encouraged to utilize their performance improvement programs to perform quality monitoring and improve the delivery of acute stroke care within their regions.

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## Stroke Related Resources

### Certified Stroke Centers

The process of Stroke Certification is entirely voluntary on the part of the hospitals and identifies hospitals that have established and maintain an acute stroke program that provides a specific level of medical, technical, and procedural expertise for acute stroke patients. Certification ensures that the hospital is prepared to provide definitive acute stroke care at all times and has an organized approach to providing clinical care, performance improvement, education etc. Neither the Commonwealth of Virginia government, nor the Virginia State Stroke System Task Force (VSSTF) certifies stroke centers.

Link to Joint Commission Certified Stroke Centers

- [Certification Data Download - Data Download | QualityCheck.org](#)

Link to DNV Certified Stroke Centers

- [DNV GL - Healthcare | DNV GL - Healthcare](#)

Link to a map of Virginia Stroke Certified Hospitals

- [Acute Care Stroke Care Hospitals](#)

Virginia Stroke System Web page

- [Virginia Stroke Systems Task Force](#)

Virginia Office of EMS Stroke Web page

- [Virginia Stroke System-Emergency Medical Services](#)

The Joint Commission

- [What is Accreditation? | Joint Commission](#)

American Heart Association

- [Stroke Resources for Professionals](#)

National Stroke Association

- [Stroke Resources | Stroke.org](#)

Centers for Disease Control and Prevention:

- [Stroke Information | cdc.gov](#)

**Appendix A: Sample Thrombolytic Checklist**

**NOTE: Exclusions on this checklist are not absolute. Final decisions regarding patient eligibility for any given intervention will be determined by the receiving physician(s).**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ EMS Unit: \_\_\_\_\_



**PHOTOCOPY THIS FORM AND  
LEAVE COPY WITH ED  
PHYSICIAN OR NEUROLOGIST  
AT BEDSIDE**

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Estimated weight: \_\_\_\_\_ lbs/kg

1. Did patient awaken with symptoms? Yes / No
2. Time last known to be normal: \_\_\_\_\_
3. Time of symptom onset: \_\_\_\_\_
4. Onset witnessed or reported by: \_\_\_\_\_
5. Witness/Family or other individual able to legally provide consent for treatment coming to Emergency Department? \_\_\_\_\_ [ENCOURAGE TO DO SO].

If not, phone # where such individuals will be immediately available for calls from hospital staff to assist in giving additional patient history and consent.

(       )       -

**Cincinnati Stroke Scale Score:**

Symptoms from **Cincinnati Stroke Scale** (circle abnormal findings)

**ANY ONE FINDING = POSSIBLE STROKE=MINIMIZE ON SCENE TIME**

FACIAL DROOP:                      R                                      L  
 ARM DRIFT:                              R                                      L  
 SPEECH:                              slurred wrong words    mute /unable to speak

**1    2    3**

Possible Contraindications (check all that apply)

|  |     |    |   |
|--|-----|----|---|
| Current use of anticoagulants (e.g., warfarin sodium)          | Yes | No | ? |
| Has blood pressure consistently over 180/110 mm Hg             | Yes | No | ? |
| Witnessed seizure at symptom onset                             | Yes | No | ? |
| History of intracranial hemorrhage                             | Yes | No | ? |
| History of GI or GU bleeding, ulcer, varices                   | Yes | No | ? |
| Is within 3 months of prior stroke                             | Yes | No | ? |
| Is within 3 months of serious head trauma                      | Yes | No | ? |
| Is within 21 days of acute myocardial infarction               | Yes | No | ? |
| Is within 21 days of lumbar puncture (spinal tap)              | Yes | No | ? |
| Is within 14 days of major surgery or serious trauma           | Yes | No | ? |
| Is pregnant  | Yes | No | ? |
| Abnormal blood glucose level (<50 or >400):<br>FSBS (if done): | Yes | No | ? |

Receiving Site/Physician Printed Name: \_\_\_\_\_ Time \_\_\_\_\_

EMS Provider Name: \_\_\_\_\_ Signature \_\_\_\_\_

Draft for Board of Health Approval

# ODEMSA Stroke Post-IV t-PA EMS Transfer Check Sheet

**Note: Patient will be transported with minimum of paramedic-level care**

*All questions regarding patient care must be referred to the receiving physician*

Receiving Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Number for family: \_\_\_\_\_

**Prior to Departure – to be completed together by ED staff and transferring paramedic**

- Verify SBP < 180; DBP < 105 – sending hospital must stabilize if above limit
- Perform and document neurological exam to establish baseline neurological status
- If t-PA to continue during transport, complete “t-PA Dosing and Administration Communication Form” on back of this sheet
- If IV pump tubing is not compatible with transport pump:
  - o Add extension tubing with a cartridge adaptable to transport pump, if available OR
  - o Hold patient in ED until t-PA infusion is completed

**During Transport**

- Replace t-PA bottle with 0.9% NS when bottle is empty and before pump alarms “air in line” or “no flow above”
- Continue infusion at current settings until preset volume is completed
- Continuous cardiac monitoring
  - o Call receiving physician if hemodynamically unstable or symptomatic from tachycardia or bradycardia
- Continuous pulse oximetry monitoring
  - o Apply oxygen to maintain O2 sat > 94%
- Maintain NPO including medications
- Perform and record neuro checks every 15 mins
  - o Cincinnati Pre-Hospital Scale
  - o GCS and pupil exam
  - o Include assessment for changes in initial or current symptoms or onset of new stroke-like symptoms
- Monitor and document vital signs every 15 mins on **opposite arm from t-PA infusion site**
- Maintain head of bed 30 degrees

- Avoid venipuncture or other invasive procedures unless absolutely necessary after t-PA start due to risk of bleeding

**Blood Pressure Management**

- Keep SBP < 180 and DBP < 105
  - o Turn off pump and call receiving physician for further instructions
  - o IV Labetalol (10 mg) *(provided by hospital)* Increase by 2mg/min every 10 mins (to a max of 8mg/min) until SBP < 180 and/or DBP < 105
  - o IV Nicardipine (0.1 mg/mL) infusion *(provided by hospital)* Increase dose by 2.5mg/hr every 5 mins (to max of 15mg/hr) until SBP < 180 and DBP < 105

**Complication Management**

- Monitor for acute worsening of neurological condition or severe headache, acute hypertension, nausea, or vomiting
  - o Stop t-PA infusion if still being administered
  - o Call receiving physician for further instructions and to update receiving hospital
  - o Continue to monitor vital signs and perform neurological exam every 15 mins
- Monitor for signs of allergic reaction: mouth or throat edema, difficulty breathing, etc
  - o Stop t-PA infusion if still being administered
  - o Treat allergic reaction according to agency protocol
  - o Notify receiving hospital
- Monitor for other bleeding or hematomas at infusion/puncture sites or in urine or emesis
  - o Apply direct pressure to any sites
  - o Notify receiving hospital

**Additional Instructions**

\_\_\_\_\_

\_\_\_\_\_

**NOTE: Leave copy of MIVT or ePCR, EKG strips, and serial vital signs/neuro checks with RN at receiving hospital**

Transferring Physician Signature

Date/Time

Patient Sticker – sending hospital

Patient Sticker – receiving hospital

## ODEMSA Stroke Post-IV t-PA EMS Transfer Check Sheet

### t-PA Dosing and Administration Communication Form

- This page is to be completed by transferring RN and EMS Transport team
- Verify/confirm the following dosing and pump settings prior to departure:

|   | ED RN<br>Initials | EMS<br>Transport<br>Initials |                 |
|---|-------------------|------------------------------|-----------------|
| Total t-PA dose to be given: _____ mg   |                   |                              |                 |
| Excess t-PA discarded before hanging on pump: _____ mg<br>Amount remaining at time of transport: _____ mL                                 |                   |                              |                 |
| <b>Bolus dose:</b> _____ mg                      Time given: _____  |                   |                              |                 |
| <b>Continuous Infusion:</b>   |                   |                              |                 |
| • Dose: _____ mg                      Time started: _____   |                   |                              |                 |
| • Rate: _____ mg/hr <b>Estimated</b> time of completion: _____  |                   |                              |                 |
| <b>Actual</b> stopped/completed time: _____   |                   |                              |                 |
| Stopped early due to: _____   |                   |                              |                 |
| Total amount t-PA received: _____ mg<br>EMS administered _____ mL in transport<br>**Switch to bag of 0.9% NS KVO after t-PA is finished** |                   |                              |                 |
| <b>Signature/Title</b>  | <b>Initials</b>   | <b>Signature/Title</b>       | <b>Initials</b> |
|   |                   |                              |                 |
|   |                   |                              |                 |

***EMS Transport Team to hand off this completed medical record  
to RN at receiving hospital***

Patient Sticker – sending hospital

Patient Sticker – receiving hospital

Reference: AHA Guidelines for the Management of the Ischemic Stroke Patient, January 2013

## **MEMORANDUM**

**DATE:** October 27, 2017

**TO:** State Board of Health

**FROM:** Allen L. Knapp, Director, Office of Environmental Health Services  
Julie Henderson, Director, Division of Food and General Environmental Services

**RE:** Commonwealth of Virginia Board of Health Rules and Regulations Governing Campgrounds (12VAC5-450)

The text of final amendments to the Commonwealth of Virginia Board of Health Rules and Regulations Governing Campgrounds is attached. We are asking you to adopt the final amendments to these regulations.

### **DISCUSSION:**

The Board of Health adopted the current campground regulations on July 21, 1971. The intent of this regulatory action is to amend the regulations to address current camping practices, update terminology, and remove and replace outdated requirements. In particular, amendments have been made to address temporary campgrounds associated with festivals and other outdoor gatherings, and to address primitive camping characterized by a lack of modern conveniences. Additional changes include requirements for campgrounds to form emergency response plans, the requirement that campgrounds using private wells submit annual satisfactory water sample test results, the establishment of provisions for cabins and other rental units, and the clarification of existing language pertaining to permitting, enforcement, and the requirements of the Administrative Process Act (APA).

VDH completed a periodic review of the Rules and Regulations Governing Campgrounds on June 24, 2013, and concluded that the regulations needed to be amended. This regulatory action flows from that determination. VDH began regulatory action by publishing a Notice of Intended Regulatory Action (NOIRA) on June 27, 2016; VDH received no public comments on Town Hall regarding the proposed changes. Following the end of the public comment period of the NOIRA, a stakeholder group was formed that consisted of permanent campground owners and operators, temporary camping event producers, representatives from national and state campground

## MEMORANDUM

October 27, 2017

Page Two

organizations, and members of the regulatory community with subject matter expertise. Stakeholder meetings were held on September 8, 2016, and September 28, 2016; the group delivered positive feedback on the proposed amendments on both occasions.

The proposed amendments were approved by the Board of Health on December 1, 2016. The proposed amendments were published in the Virginia Register of Regulations on May 29, 2017, and a public comment period was open for 60 days on [www.townhall.virginia.gov](http://www.townhall.virginia.gov), ending on July 28, 2017. No public comments were received via Town Hall; however, one comment was received by the department from a stakeholder group member, and this comment was considered in the development of the final amendments. A public hearing on the proposed amendments was held on June 20, 2017; no comments on the proposed amendments were received.

A brief summary of the proposed changes follows:

- 1) Creates a new section, and repeals and replaces certain sections related to enforcement, penalties, constitutionality, and exemptions to comply with the APA.
- 2) Revises definition section for clarity, removes several definitions not needed or used elsewhere in the regulation, and adds a definition for “Sanitary facilities”, “Operator”, and “Permit Holder”.
- 3) Revises the description of campground permits to include temporary camping permits, and establishes minimum requirements for campground inspection.
- 4) Adds a requirement for campgrounds utilizing private wells to test for coliform bacteria and nitrates on an annual basis.
- 5) Reorganizes provisions for sewage disposal and sanitary facilities for clarity.
- 6) Creates a new section of the Regulations that describes provisions for cabins and other lodging units.
- 7) Creates a requirement for emergency preparedness planning.
- 8) Creates a new section of the Regulations to address primitive campgrounds with exemptions and replacement requirements that will protect public health and safety.
- 9) Creates a new section of the Regulations to address temporary camping events with exemptions and replacement requirements that will protect public health and safety.

Please note that for ease of reading, only the sections of the regulations that are proposed to be amended have been included in this packet. The final amendments are necessary to update the Rules and Regulations Governing Campgrounds. As such, VDH recommends that the Board act pursuant to its authority provided in § 35.1-11 of the Code of Virginia and adopt the final amendments to the Rules and Regulations Governing Campgrounds.



[townhall.virginia.gov](http://townhall.virginia.gov)

## Final Regulation Agency Background Document

|   |  |
|---|--|
| <b>Agency name</b>                                    | Virginia Department of Health                          |
| <b>Virginia Administrative Code (VAC) citation(s)</b> | 12VAC5-450   |
| <b>Regulation title(s)</b>                            | Rules and Regulations Governing Campgrounds            |
| <b>Action title</b>                                   | Amend Campground Regulations following Periodic Review |
| <b>Date this document prepared</b>                    | October 6, 2017  |

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 17 (2014) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

### Brief summary

*Please provide a brief summary of the proposed new regulation, proposed amendments to the existing regulation, or the regulation proposed to be repealed. Alert the reader to all substantive matters or changes. If applicable, generally describe the existing regulation.*

The Rules and Regulations Governing Campgrounds (Regulations) are unchanged since their initial promulgation in 1971. Significant changes in the camping industry over the past 40 years have rendered the current regulations outdated; these include the size and duration of camping events, and the types of camping now popular. The intent of this regulatory action is to amend the Regulations to address current camping practices, update terminology, and remove and replace outdated requirements. The goals are to increase consistency and understanding in the campground program, reduce the number of requests the Virginia Department of Health (VDH) receives to waive the regulatory requirements, and apply current public health practices industry-wide to promote public safety and reduce burdensome regulatory oversight.

## Acronyms and Definitions

*Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the “Definition” section of the regulations.*

APA- Administrative Process Act  
 RV- Recreational vehicle  
 VDH – Virginia Department of Health

## Statement of final agency action

*Please provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) the name of the agency taking the action; and 3) the title of the regulation.*

## Legal basis

*Please identify the state and/or federal legal authority to promulgate this proposed regulation, including: 1) the most relevant citations to the Code of Virginia or General Assembly chapter number(s), if applicable; and 2) promulgating entity, i.e., agency, board, or person. Your citation should include a specific provision authorizing the promulgating entity to regulate this specific subject or program, as well as a reference to the agency/board/person’s overall regulatory authority.*

The Board of Health has general authority to promulgate regulations pursuant to Virginia Code § 35.1-11, which states the Board shall make, adopt, promulgate, and enforce regulations necessary to carry out the provisions of this title and to protect the public health and safety. The regulations of the Board specifically governing campgrounds pursuant to Virginia Code § 35.1-17 shall include minimum standards for drinking water, sewage disposal, solid waste disposal, maintenance, vector and pest control, toilet and shower facilities, swimming facilities, control of animals and pets, procedures and safeguards for hazardous situations, maintenance and sale of propane gas, and procedures for obtaining a permit. Additionally, VDH may also establish classes of campgrounds and concomitant requirements for each as authorized by Virginia Code § 35.1-17.B.

## Purpose

*Please explain the need for the new or amended regulation. Describe the rationale or justification of the proposed regulatory action. Describe the specific reasons the regulation is essential to protect the health, safety or welfare of citizens. Discuss the goals of the proposal and the problems the proposal is intended to solve.*

Amending the Regulations is essential to protect the health and safety of visitors to the Commonwealth’s campgrounds. The definition of a campground (contained in the Virginia Code § 35.1-1) requires an owner to comply with the Regulations when three or more designated campsites are intended for occupancy for periods of overnight or longer. However, festivals and short-term outdoor events are popular and draw large attendance, and temporary camping is often provided. Attempting to meet the

requirements of the existing Regulations for these short-term events has proven burdensome to property owners, and public health and safety can be protected with other controls in place. In order for these festivals and related events to proceed under the current regulations without undue hardship, waivers must be granted by the Commissioner. The Commissioner granted 44 waivers to allow for temporary camping throughout the Commonwealth in 2015, 41 in 2016, and 35 so far in 2017. Processing waiver requests drains limited staff resources away from mandated services provided by VDH, and can lead to regulatory inconsistency. Creating new requirements in the Regulations to govern short-term events will provide needed consistency and minimize waiver requests.

Primitive camping is characterized by the absence of modern conveniences. Requirements to provide numbered campsites, drinking water, solid waste disposal, and service buildings with modern sanitary facilities for all types of primitive camping is not only an undue hardship placed upon campground owners, but these features are also not desired by all campers. By creating an allowance in the Regulations for primitive camping, campers will be permitted to provide their own water supply or means of garbage disposal when camping at certain campgrounds, and primitive campgrounds will not be required to provide numbered sites or flush toilets. Creating distinct provisions for primitive camping areas will be less burdensome on campground owners, while still protecting public health and safety.

The Regulations currently do not require campground operators to have an emergency response plan in place. Campgrounds, having few or no permanent structures, can be high risk areas during natural disasters or other weather-related emergency events. The final amendments will better protect the safety of campers in Virginia by requiring campground operators to compose and maintain an emergency response plan that prepares for camper safety and potential evacuation, promotes availability of emergency contact information for campers, and prepares for the communication of emergency response information to campers.

The Regulations currently do not contain provisions for cabins and other lodging units at campgrounds. In the absence of standards, some health districts are permitting cabins at campgrounds under a hotel permit, but this practice is not uniformly applied throughout the Commonwealth. By creating health and safety standards for cabins and other rental units at campgrounds, the final amendments will standardize requirements and ensure equal health and safety protection for all campers who rent cabins or other lodging units at campgrounds in Virginia.

## Substance

*Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both.*

- 1) Creates a new section, and repeals and replaces certain sections related to enforcement, penalties, constitutionality, and exemptions to comply with the APA.
- 2) Revises definition section for clarity, removes several definitions not needed or used elsewhere in the regulation, and adds a definition for "Sanitary facilities", "Operator", and "Permit Holder".
- 3) Revises the description of campground permits to include temporary camping permits, and establishes minimum requirements for campground inspection.
- 4) Adds a requirement for campgrounds utilizing private wells to test for coliform bacteria and nitrates on an annual basis.
- 5) Reorganizes provisions for sewage disposal and sanitary facilities for clarity.
- 6) Creates a new section of the Regulations that describes provisions for cabins and other lodging units.
- 7) Creates a requirement for emergency preparedness planning.

- 8) Creates a new section of the Regulations to address primitive campgrounds with exemptions and replacement requirements that will protect public health and safety.
- 9) Creates a new section of the Regulations to address temporary camping events with exemptions and replacement requirements that will protect public health and safety.

### Issues

*Please identify the issues associated with the proposed regulatory action, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, please indicate.*

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The primary advantage of the Regulations to the public is that they protect visitors to the Commonwealth's campgrounds by reducing the risk of illness and injury at these facilities. These amendments will make the Regulations more understandable, and more flexible for the types of camping now popular in the Commonwealth. The primary advantage to the agency is that the Regulations will be more understandable, and will allow local health departments to permit temporary camping without requiring applicants to receive waivers from the Commissioner. The primary advantage to the regulated community is that the Regulations will now allow both temporary camping and expanded exemptions for primitive camping, as well as clearly understandable standards for cabins. There will be no disadvantages to the public or the Commonwealth with the adoption of these regulations.

### Requirements more restrictive than federal

*Please identify and describe any requirement of the proposal which is more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.*

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There are no requirements that exceed applicable federal requirements; there are no federal requirements that apply to campgrounds that are not located on federal lands.

### Localities particularly affected

*Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.*

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There are no localities which bear any identified disproportionate material impacts that would not be experienced by other localities.

### Family impact

*Please assess the impact of this regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of*

parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

The impact of the proposed regulatory action on the institution of the family and family stability is from the perspective of the availability of safe recreational activity, in the form of camping, in the Commonwealth of Virginia. The goal of the regulatory revision is to provide for public health and safety at a wide variety of campground types throughout Virginia. Risks to public health and safety could impact the family and family stability by affecting a family’s disposable income in the event of camping-related medical care costs, disease or injury-related absences from school or the workplace, and mental, physical, and emotional pain and suffering. By establishing revised regulatory guidelines for safe and healthy camping in Virginia, the agency is encouraging citizens and visitors to take advantage of the widely-recognized benefits of experiencing the outdoors and the natural beauty in the Commonwealth of Virginia.

**Changes made since the proposed stage**

Please list all changes that made to the text of the proposed regulation and the rationale for the changes; explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation. \*Please put an asterisk next to any substantive changes.

| Section number | Requirement at proposed stage | What has changed   | Rationale for change  |
|----------------|-------------------------------|--|---|
| 12VAC5-450-10  | Definitions Section           | The definition of “Campground” was amended for grammar and to reorder words in a list, the definition of “Permit” was amended for grammar, the definitions of “Permit holder” and ‘Sanitary facilities’ were added, the definition of “Primitive campsites” was amended, and the definition of “Self-contained camping unit” and “Sewage” were amended for word choice and to improve clarity. | The definitions for “Campgrounds”, “Permit”, “Self-contained camping unit”, and “Sewage” were amended for grammar and word choice to improve clarity; no meanings were fundamentally changed in these amendments. Changes in word sequence in the definition of “campground” paralleled a proposed-stage change to put Code of Virginia citations in numerical order. The definitions for “Permit holder” and “Sanitary facilities” were added, as the terms are used frequently in the regulation. The definition of “Primitive campsites” was amended to ensure that campsites would not be prohibited from designation as primitive due to the presence of |

|               |   |  |  |
|---------------|---|--|--|
|               |   |  | one or a few modern conveniences.  |
| 12VAC5-450-30 | Section requires the submission and approval of plans by a campground and criteria for such approval.                         | Language was added to require plan submittals to designate who will be applying for the permit, language was added to require VDH to notify an applicant of their APA rights in any plan review disapproval, and minor other edits were made for clarity.  | Having the plan review designate the person who will apply for the permit allows VDH to properly address any plan review approval or disapproval; as applicants may be owner or operators. APA language was added to be consistent with that used in the permit denial section (12VAC5-450-40) in order to improve APA compliance of VDH correspondence. |
| 12VAC5-450-40 | Section outlines when a permit is required, the manner in which a permit is approved or revoked, and permit validity periods. | The phrase "or offer campsites for occupancy" was removed, a reference to the Code of Virginia was added, and grammar edits were made.   | The phrase "or offer campsites for occupancy" was removed from this section to clarify that permits are only required for campgrounds as defined by the regulation (three or more campsites). A reference to a Code of Virginia section was added for completeness.  |
| 12VAC5-450-60 | Section outlines the agency's enforcement process including but not limited to notice of taking adverse actions and hearings. | The phrase "and begin corrective action" was struck.   | This phrase established a regulatory requirement for a former permit holder to correct violations after a permit suspension; the permit holder should be able to not operate a campground (as an alternative to correcting violations).  |
| 12VAC5-450-80 | Section provides the terms by which a campground shall provide water to the public.   | "Certified" was replaced by "accredited". Language describing water systems was revised to better reflect the intended meaning of the subsection. A requirement for a do not drink sign was added to the subsection on unapproved water source outlets. Other minor edits were made for word choice and clarity. | Language was added to subsection C to clarify that the water systems that are not part of a permitted waterworks must comply with subsection C. Unapproved water sources should be signed as do not drink. This requirement is already in place in this regulation for dump station wash down outlets, and is often also                                 |

|                |   |  |  |
|----------------|---|--|--|
|                |   |  | required by the building official.   |
| 12VAC5-450-90  | Section provides the terms by which a campground shall address disposal of bulk sewage and liquid wastes. | A provision was added to exempt dump stations from the 12VAC5-610 Sewage handling and Disposal Regulations requirements for a special pump and haul permit, and to exempt campgrounds from dump station requirements if they provide direct sewer connections at all campsites that allow RVs. Other minor edits were made for consistency of terminology.   | The requirements for special pump and haul permits can be burdensome and expensive, and require local governments to assume responsibility for the pump and haul operation. As a result, these permits are often difficult to obtain. RV sewage is also extremely high strength waste, often contributing to premature failure of onsite sewage disposal systems.<br>RVs at campsites with direct connections empty their tanks at their campsite as they generate waste, eliminating the need for a dump station. |
| 12VAC5-450-100 | Section establishes the criteria for sanitary facilities.   | The statement regarding the optional provision of showers and lavatories was moved from the table to the text, the word "section" was replaced with "portion", and language was clarified to improve the use of the term "sanitary facilities". The section on campsites exempt from the total used for facility counts was edited to clarify that only directly-connected sites with existing sewer connections or septic systems are exempt. | "Section" was replaced by "portion" to clarify that the text is referring to a part of a campground, not a section of regulation. Only sites with direct sewer connections for RVs or cabins with bathrooms should not count towards the total number of campsites used to determine how many sanitary facilities are required at a campground.  |
| 12VAC5-450-110 | Section outlines the structural requirements for service buildings.                                       | "Water closets" was replaced by "toilets".   | This edit was made to ensure consistency of terminology throughout the regulation.   |
| 12VAC5-450-115 | Section outlines standards for cabins and other rental units at campgrounds.                              | The phrases "lodging units" is removed, and clarifications are made on the conditions of kitchenware washing and whether the section applies to free or fee-rented units. The word "rental" was replaced by the word "camping".  | Revisions were made to reduce the amount of similar terms (rental unit, lodging unit, camping unit) used in the section. The language was edited to make clear that the requirements of the section pertain to units   |

|                |  |   |  |
|----------------|--|---|--|
|                |  |   | even if they are 'rented' for free, and that the reference to washing kitchenware means washing by the campground staff.   |
| 12VAC5-450-130 | Section establishes what insect, rodent and weed control is required of campgrounds. | Minor word choice edits were made, and a statement was added to address infestations of pests of public health importance.  | Edits were made for consistency in terminology throughout the regulations. Statement on infestations was added to address the difference between rodents and insects commonly and acceptably found at campgrounds (e.g. squirrels and butterflies) and those of public health concern (e.g. rats, cockroaches) |
| 12VAC5-450-140 | Section states swimming pools shall be subject to the Board's regulations.           | The word "the" was inserted.  | Section was amended to correct grammar.  |
| 12VAC5-450-150 | Section outlines the safety requirements at a campground.                            | "National Electric Code" was replaced by "Virginia Statewide Building Code"   | The currently-adopted version of the Virginia Statewide Building Code does not always reflect the most current National Electric Code; standards should match the building code.   |
| 12VAC5-450-170 | Section requires the control of animals and pets at a campground.                    | "campsite" was replaced by "campground".  | Revision was made for clarity, using a defined term.   |
| 12VAC5-450-180 | Section prohibits the use of unapproved overflow areas.                              | "health" was stricken.  | The text used the phrase "health permit"; "permit" is correct and succinct.  |
| 12VAC5-450-183 | Section establishes standards and exemptions for primitive campsites.                | Minor changes were made for word choice, and the signage statement was revised. The phrase "or any combination thereof" was inserted.   | Edits were made for consistency in language and to ensure that campsites would not be prohibited from designation as primitive due to the presence of one or a few modern conveniences   |
| 12VAC5-450-187 | Section establishes standards and exemptions for temporary campgrounds.              | "Portable privies" was changed to "portable toilets" throughout, minor edits made for word choice and clarity, two subsections of referenced regulation were edited to reflect current subsection designations, and the requirement for provision of portable showers | Two subsection references were no longer correct. The requirement for portable showers and sinks at temporary events was removed; to date, no permanent campground   |

|               |  |   |   |
|---------------|--|---|---|
|               |  | and sinks at events longer than four days was removed. A list of specific Code of Virginia sections was removed.                            | has been required to have showers or sinks. The specific Code section references were removed for simplicity, as the text now refers to the entire pertinent Title (54.1) |
| 12VAC-450-190 | Section outlines procedures for obtaining variances to the regulation. | Text referring to the procedure for responding to variance requests was replaced to better reflect APA requirements and standard procedure. | The text was revised for clarity, and to mirror language used in other environmental regulations of the Board, specifically, 12VAC5-421, Food Regulations.                |

**Public comment**

*Please summarize all comments received during the public comment period following the publication of the proposed stage, and provide the agency response. If no comment was received, please so indicate. Please distinguish between comments received on Town Hall versus those made in a public hearing or submitted directly to the agency or board.*

| Commenter   | Comment   | Agency response  |
|---|---|--|
| Ray Barker, Virginia Campground Association President | I have had suggestions from other colleagues that feel that the NFPA 1194 Standard for Recreational Vehicle Parks and Campgrounds should possibly be incorporated into the regulations we are updating. *comment received via email to Olivia McCormick, Campground Program Manager | Upon review, most or all of the material covered by the NFPA 1194 Standard for recreational Vehicle Parks and Campgrounds is already included in the amended regulation. Exceptions include example standard campsite orientations and other schematic material that would not be appropriate for a regulatory text, or would not be covered under the authority of the Board. |

**All changes made in this regulatory action**

*Please list all changes that are being proposed and the consequences of the proposed changes. Describe new provisions and/or all changes to existing sections. Explain the new requirements and what they mean rather than merely quoting the proposed text of the regulation*

| Current section number | Proposed new section number, if applicable | Current requirement | Proposed change and rationale   |
|------------------------|--|---------------------|---|
| 12VAC5-450-10          | None                                       | Definitions Section | The following definitions were amended to provide clarity to the regulations and ensure consistency in relation to agency practices and the terminology used throughout the regulation: "Approved", |

|               |               |   |  |
|---------------|---------------|---|--|
|               |               |   | <p>“Campgrounds”, “Camping Unit”, “Campsite”, “Health Commissioner”, “Permit”, “Person”, “Self-contained camping unit”, “Service building”, and “Sewage”. Definitions for “Operator”, “Permit holder”, and “Sanitary facilities” were added, as these terms are used frequently in the regulation. The definition of “Primitive camps” was amended (now “Primitive campsites”) to ensure that campsites would not be prohibited from designation as primitive due to the presence of one or a few modern conveniences. The following definitions were removed as they were not substantively used in the rest of the regulation: “Non-self-contained camping unit”, “Independent camping unit”, and “Outdoor bathing facilities.” The definition for “Emergency” was removed as its specific defined meaning was no longer applicable to the regulation after the proposed amendments.</p> |
| None          | 12VAC5-450-15 | None  | A new section was added to establish the applicability of the APA on the regulation.   |
| 12VAC5-450-30 | None          | Section requires the submission and approval of plans by a campground and criteria for such approval.                         | Minor changes were made to reduce wordiness and improve readability. Language was added to specify that plan reviews must designate an intended permit holder to allow VDH to properly address approvals and disapprovals, and outlines that plan approvals for temporary campgrounds will be deferred until the time of permit application, and to require VDH to notify applicants of APA rights in any plan review disapproval.   |
| 12VAC5-450-40 | None          | Section outlines when a permit is required, the manner in which a permit is approved or revoked, and permit validity periods. | The section was modified to include language regarding the appeals process for those permits that were denied, changing the validity period of a permit to an annual renewal and including language regarding the period in which a permit is valid for temporary camping. The phrase “or offer campsites for occupancy” was removed from this section to clarify that permits are only required for campgrounds as defined by the regulation (three or more campsites)  |
| 12VAC5-450-50 | None          | Section outlines the inspection of camping places.  | This section was expanded to establish inspection schedules for permanent and temporary campgrounds, with discretion for VDH to alter these schedules on a statewide level. Requirements for inspection reports were added, and requirements for registers were moved to   |

|               |      |   |   |
|---------------|------|---|---|
|               |      |   | section 150. Language regarding the right of inspection was revised for APA compliance.   |
| 12VAC5-450-60 | None | Section outlines the agency's enforcement process including but not limited to notice of taking adverse actions and hearings. | Amendments to this section clarified language regarding the citation of regulatory violations, remediating such violations, and added language concerning informal fact finding conferences and the Health Commissioner's authority to take action in cases of threats to public health as it pertains to campgrounds. Language was also revised to reflect APA requirements and VDH enforcement policies and procedures. The phrase "and begin corrective action" was struck, as it established a regulatory requirement for a former permit holder to correct violations after a permit suspension; the permit holder should be able to choose to not operate a campground (as an alternative to correcting violations).  |
| 12VAC5-450-70 | None | Section provides requirements regarding the location of certain structures (constructed and naturally occurring).             | Minor changes were made to reduce wordiness and improve readability. Restrictions on campground locations near marshes, swamps, and landfills were revised to only prohibit campgrounds from locating inside these physical features.   |
| 12VAC5-450-80 | None | Section provides the terms by which a campground shall provide water to the public.   | Minor changes were made to reduce wordiness and improve readability. Approved water supplies for campgrounds were clarified as waterworks and, when appropriate, private wells. Provisions for infrastructure were clarified to apply to sources that are not themselves a waterworks, as the infrastructure of waterworks is governed by separate regulations. The revisions established a requirement for private wells serving campgrounds to undergo and pass an annual water test for total coliform bacteria and nitrates, and also prohibit open-bin type ice machines. The required distance between water and sewer connections at individual campsites was increased from five to ten feet to meet Office of Drinking Water requirements for waterworks. A provision was created for existing campgrounds to be exempted from this expanded distance requirement. A requirement for a do not drink sign was added to the subsection on unapproved water source outlets. |
| 12VAC5-450-90 | None | Section provides the terms by which a campground shall  | Minor changes were made to improve readability and update terminology. This   |

|                |                |   |   |
|----------------|----------------|---|---|
|                |                | address disposal of bulk sewage and liquid wastes.                  | section was amended to relocate text regarding privies to section 100, as topically they should be addressed as part of the requirements for bathroom facilities. Provisions on greywater disposal were relocated from section 100, as topically they should be addressed alongside dump stations and bulk sewage disposal methods. A provision was added to exempt dump stations from the 12VAC5-610 Sewage handling and Disposal Regulations requirements for a special pump and haul permit, and to exempt campgrounds from dump station requirements if they provide direct sewer connections at all campsites that allow RVs.  |
| 12VAC5-450-100 | None           | Section establishes the criteria for sanitary facilities.           | Minor changes were made to reduce wordiness and improve readability. In addition to the rearrangements discussed above, amendments to this section revised the sanitary facility schedule for simplicity. When some campsites have alternate facilities available (such as cabins with indoor plumbing or sites that only serve RVs with direct sewer connections), local health departments may adjust the number of required facilities at the time of permitting instead of through the granting of waivers. Sections were re-ordered to place topically-similar provisions adjacent to one another. Text on privies, relocated from section 90, was amended to restrict portable toilet use at permanent campgrounds to small campgrounds of 30 primitive campsites or less. Requirements for soap and sanitary disposal bins were added. |
| 12VAC5-450-110 | None           | Section outlines the structural requirements for service buildings. | A requirement was added for doors to exterior service buildings be self-closing, and edits for terminology consistency were made.   |
| None           | 12VAC5-450-115 | None  | This new section provides the requirements for cabins and other rental units. The section establishes the terms of maintaining and operating cabins and other rental units. Provisions were created for the sanitation of furniture, cook and dishware, and bedding when provided, the functionality of fire-protection devices when provided, and clearing space of bed arrangements. The requirements to pertain to all camping units offered for use to campers, whether free or for a fee.  |

|                |                |  |   |
|----------------|----------------|--|---|
| 12VAC5-450-130 | None           | Section establishes what insect, rodent and weed control is required of campgrounds. | This section was edited for clarity, consistency of terminology, and the title of a previous regulatory board "Pesticide Control Board", was changed to its current name, "Virginia Department of Agriculture and Consumer Services". Statement on infestations was added to address the difference between rodents and insects commonly and acceptably found at campgrounds (e.g. squirrels and butterflies) and those of public health concern (e.g. rats, cockroaches).  |
| 12VAC5-450-140 | None           | Section states swimming pools shall be subject to the Board's regulations.           | The section title was amended to remove "outdoor bathing facilities", as these facilities are not mentioned in the section text, and the applicability of other regulations (12VAC5-460-10 et seq., 12VAC5-462-10 et seq.) was clarified.   |
| 12VAC5-450-150 | None           | Section outlines the safety requirements at a campground.                            | Text regarding a camper register was relocated from section 50, language was added to require the campground to develop and maintain an emergency response plan. "National Electric Code" was replaced by "Virginia Statewide Building Code", as currently-adopted version of the Virginia Statewide Building Code does not always reflect the most current National Electric Code and standards should match the building code.  |
| 12VAC5-450-170 | None           | Section outlines requires the control of animals and pets at a campground.           | This section was amended for clarity and adds "horses" to the list of animals whose facilities are required to be maintained in a sanitary condition, terminology was revised for clarity   |
| 12VAC5-450-180 | None           | Section prohibits the use of unapproved overflow areas.                              | A Statement was added to clarify intended usage of overflow areas, minor edit for clarity.  |
| None           | 12VAC5-450-183 | None   | This new section establishes the provisions for the permitting of a campground or portion of a campground for primitive camping, and lists the exemptions to other parts of this chapter (defined sizes and labeling with number and section, portable water and garbage disposal requirements when campground has ten campsites or less, lavatory and shower requirements, and vegetation control measures) that apply to primitive camping. It also establishes that campsites would not be prohibited from designation as primitive due to the presence of one or a few modern conveniences. |

|                |                |  |   |
|----------------|----------------|--|---|
| None           | 12VAC5-450-187 | None   | This new section lists exemptions to this chapter that apply to temporary campgrounds. These exemptions include density, minimum size, and campsite labeling requirements, portions of the potable water requirements, dump station and slop sink requirements, and requirements for permanent sanitary facilities. Alternative provisions are established to replace the exempted provision areas, which include requirements to ensure safe ingress and egress from campgrounds, allowances to use bottled water for temporary camping events, minimum safety standards for water hauled in from approved sources, provisions for greywater disposal and the removal of sewage from RV holding tanks, and requirements for minimum ratios of campers to portable toilets. |
| 12VAC5-450-190 | None           | Section outlines the process by which one or more regulations of this chapter may be waived.     | Section title and text was amended to replace waiver with variance; this substitution will bring terminology in line with other VDH regulations and reflect that sections may be waived all or in part. Language was added regarding the Health Commissioner's responsibility to issue a case decision regarding a variance request and the named parties' right to appeal under the Administrative Process Act.  |
| 12VAC5-450-200 | None           | This section establishes penalties for regulatory violations.                                    | This section was amended to remove specific fines and state persons who are found in violation of this chapter are subject to penalties under Virginia Code § 35.1-7.   |
| 12VAC5-450-210 | None           | Section referenced the matter if a section of this chapter is found invalid or unconstitutional. | Section repealed.   |
| 12VAC5-450-230 | None           | Section references exemptions to the chapter's regulations.                                      | Section repealed; it described exemptions that expired two years after the effective date of the 1971 regulation.   |

**Project 4752 - Proposed**

**DEPARTMENT OF HEALTH  
Amend Regulations Following Periodic Review**

**1 12VAC5-450-10. Definitions.**

2 For the purpose of this chapter, the The following words and terms when used in this chapter  
3 shall have the following meanings ~~respectively indicated unless another meaning is clearly~~  
4 ~~intended or required by the context.~~ clearly indicates otherwise:

5 "Approved" means a procedure of operation or construction ~~which is~~ in accordance with the  
6 standards established by the Virginia Department of Health, or ~~which is~~ acceptable to the Health  
7 Commissioner based on ~~his~~ a determination as to the conformance with appropriate standards  
8 and good public health practice.

9 "Campgrounds" means ~~and includes, but is not limited to~~ tourist camps, travel trailer camps,  
10 recreation camps, family campgrounds, camping resorts, camping communities, or any other  
11 area, place, parcel [ , ] or tract of land, by whatever name called, on which three or more  
12 campsites are occupied or intended for occupancy, or facilities are established or maintained,  
13 wholly or in part, for the accommodation of camping units for periods of overnight or longer,  
14 whether the use of the campsites ~~and/or~~ or facilities is granted gratuitously, by a rental fee, by  
15 lease, by conditional sale [ , ] or by covenants, restrictions and easements. This definition is not  
16 intended to include [migrant labor camps and] summer camps, ~~[and migrant labor camps]~~ as  
17 defined in §§ ~~35.1-16~~ 32.1-203 and ~~32.1-203~~ 35.1-16 of the Code of Virginia, construction camps,  
18 ~~permanent mobile~~ manufactured home parks, ~~or~~ storage areas for unoccupied camping units, or  
19 property upon which the individual owner may choose to camp and not be prohibited or  
20 encumbered by covenants, restrictions and conditions from providing ~~his~~ sanitary facilities within  
21 ~~his~~ established property lines.

22 "Camping unit" means ~~and includes~~ tents, tent trailers, travel trailers, camping trailers, pick-  
23 up campers, motor homes, yurts, cabins, or any other device or vehicular-type structure as may  
24 be developed marketed and used by the camping trade for use as temporary living quarters or  
25 shelter during periods of recreation, vacation, leisure time, or travel.

26 "Campsite" means ~~and includes~~ any plot of ground within a campground used or intended for  
27 the exclusive occupation by a camping unit or units ~~under the control of a camper.~~

28 "~~Emergency~~" means ~~a condition that in the exercise of the sound discretion of the Health~~  
29 ~~Commissioner is found deleterious to the public health, safety, and welfare and requires~~  
30 ~~immediate action.~~

31 "Health Commissioner" means the chief executive officer of the State Board of Health or his  
32 authorized agent.

33 ~~"Independent camping unit" means a unit which contains a water-flushed toilet, lavatory and~~  
34 ~~shower as an integral part of the structure, and which requires an on-site sewer connection due~~  
35 ~~to the absence of a waste holding tank on the unit.~~

36 ~~"Non-self-contained camping unit" means a unit which is dependent upon a service building~~  
37 ~~for toilet and lavatory facilities.~~

38 ~~"Outdoor bathing facilities" means lakes, ponds, rivers, tidal waters, impoundments, beaches,~~  
39 ~~streams or other places, whether natural or man-made, in which an area is held out for swimming~~  
40 ~~or bathing purposes.~~

41 "Operator" means any person employed or contracted by a campground owner who is  
42 responsible for the management and general administrative operation of the campground.

43 "Overflow area" means a plot of ground in or adjacent to the campground set apart for  
44 accommodating those campers for whom no designated sites are available in the general  
45 geographical area, and which is subject to certain restrictions as to size, length of stay, temporary  
46 facilities, etc.

47 "Overnight" means the occupation of a camping unit as a temporary habitation between the  
48 hours of 7 p.m. and 7 a.m., or major portion thereof.

49 "Permit" means a written permit issued by the Health Commissioner authorizing a designated  
50 person to operate a specific ~~[camping place]~~campground .

51 ["Permit holder" means the owner or operator to whom the campground permit is issued.]

52 "Person" means ~~and include~~ any individual or group of individuals, named party, partnership,  
53 firm, private or public association or corporation, state, county, city, town, or anyone who by  
54 covenant, restriction, or agreement has care, control, custody, ownership, or management of  
55 property or parts thereof, or any combination of the above or other legal entity.

56 ~~"Primitive camps" campsites" means camps which campsites that~~ are characterized by the  
57 absence of ~~[what is generally understood as modern conveniences such as]~~ water-flushed [flush]  
58 toilets, showers, [sinks]lavatories , ~~[and]~~ electrical connections [ , or any combination thereof]. A  
59 ~~campground shall be classified as a primitive camp when half or more of the required number of~~  
60 ~~toilet seats are nonflush type.~~

61 ["Sanitary facilities" means toilets, privies, urinals, lavatories, and showers.]

62 "Self-contained camping unit" means a unit which contains a ~~water-flushed~~ [flush] toilet, [and  
63 may contain a] lavatory, shower, and kitchen sink, all of which are connected, as an integral part  
64 of the structure, to water storage and sewage holding tanks located within the unit.

65 "Service building" means a structure housing ~~toilet~~ toilets, showers, or lavatories.

66 "Sewage" means ~~the~~ water-carried and non-water-carried human excrement ~~from service~~  
67 ~~buildings, sanitary stations, camping units or other places together with such,~~ kitchen, laundry or,  
68 ~~shower, bath, or lavatory wastes~~ separately or together with such underground surface, storm, or  
69 other water and liquid industrial waste as may be present from residences, buildings, vehicles,  
70 industrial establishments, or other places. [~~Other~~ Such other] places include service buildings,  
71 dump stations, campsites, and camping units.

72 "Swimming pool" means any swimming, wading, or spray pool, including all appurtenant  
73 equipment, structures, and facilities provided for the use of the campers.

74 **12VAC5-450-15. Compliance with the Virginia Administrative Process Act.**

75 The provisions of the Virginia Administrative Process Act (§ 2.2-4000 et seq. of the Code of  
76 Virginia) shall govern the promulgation and administration of this chapter, including the  
77 procedures for rendering and appealing any case decision based upon this chapter.

78 **12VAC5-450-30. Approval of plans required.**

79 A. In order to ~~insure~~ ensure the provision of adequate, properly designed sanitation facilities  
80 at campgrounds, any person planning construction, ~~major alteration~~ renovation, or ~~extensive~~  
81 addition to any campground shall, prior to the initiation of any such construction, submit to ~~the~~  
82 ~~Health Commissioner,~~ through the local health department in the ~~county~~ locality in which the  
83 proposed project is located, complete plans or statements ~~which~~ that show the following, as  
84 applicable:

- 85 1. The proposed method and location of the sewage disposal system.
- 86 2. The proposed sources and location of the water supply.
- 87 3. The number, location, and dimensions of all campsites.
- 88 4. The number, description, and location of [all] proposed sanitary facilities [~~such as toilets,~~  
89 ~~privies, and]~~ dump stations, sewer lines, etc.
- 90 5. ~~Name~~ The name and address of [applicant the person applying to be the permit holder,  
91 and a designation of whether that person is the owner or the intended operator of the  
92 campground].
- 93 6. ~~Location~~ The location, boundaries, and dimensions of the proposed project.
- 94 7. Such other pertinent information as the Health Commissioner may deem necessary.

95 B. When, upon review of the plans, the Health Commissioner is satisfied that the proposed  
96 plans, if executed, will meet the requirements of this ~~regulation~~ chapter and other pertinent laws  
97 and regulations designed to protect the public health, written approval shall be issued [by the  
98 Health Commissioner].

99 C. When upon review of the plans, the Health Commissioner determines that the proposed  
100 plans ~~preclude~~ prevent a safe, sanitary operation, the plans shall be disapproved and the  
101 applicant shall be notified in writing of any deficiency in the plans that constitute the basis for  
102 disapproval. [The applicant shall be notified of the opportunity for administrative process as  
103 provided by the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).]

104 D. No person shall begin construction, ~~major alteration~~ renovation, or addition to a  
105 campground until written approval has been granted by the Health Commissioner.

106 E. If construction is not begun within one year from the date of the approval of the plans, such  
107 approval shall be ~~considered~~ null and void.

108 F. All construction, ~~reconstruction~~ renovation, or [~~alteration~~ additions] shall be done in  
109 accordance with and limited to work covered by the plans and recorded changes ~~which~~ that have  
110 been approved by the Health Commissioner.

111 G. Any person whose plans have been disapproved may request and shall be granted a  
112 ~~hearing on the matter under the procedure provided by 12VAC5-450-60~~ an appeal as described  
113 by the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

114 H. Owners or operators of temporary campgrounds shall submit complete plans as described  
115 in subsection A of this section as a part of the permit application. No written approval of [this  
116 material the plans] is required separate from the campground permit.

117 **12VAC5-450-40. Permits.**

118 A. No person ~~or persons~~, directly or indirectly, shall conduct, control, manage, operate, or  
119 maintain a campground, [~~or offer campsites for occupancy~~] within the Commonwealth, without  
120 first making application for and receiving a valid permit from the Health Commissioner for the  
121 operation of ~~said camp~~ the campground.

122 B. ~~Any campground for which a permit was not issued during the previous year~~ An authorized  
123 representative of a campground shall file an application for a permit with the local health  
124 department ~~in writing on a form and~~ in a manner prescribed by the Health Commissioner at least  
125 30 days before such camp is to be opened.

126 C. If, after receipt of an application to operate a campground, the Health Commissioner finds  
127 ~~that the campground is~~ does not ~~in compliance~~ comply with ~~the provisions of this regulation~~  
128 ~~chapter,~~ he the Health Commissioner shall notify the applicant in writing (i) citing the  
129 noncomplying items that constitute ~~his reason~~ the reasons for denying ~~the~~ a permit and (ii)  
130 providing the applicant with the opportunity for administrative process as provided by the  
131 Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

132 D. ~~A permit may be revoked by the Health Commissioner, or his authorized agent, if he finds~~  
133 ~~that the camp for which the permit was issued is operated, maintained, or occupied in violation of~~  
134 ~~this chapter, or any law, ordinance or regulation applicable to such establishments, or in violation~~  
135 ~~of the conditions stated in the permit. If the Health Commissioner finds that the campground~~  
136 ~~complies with this chapter, a permit shall be issued. Permits may be issued to the campground's~~  
137 ~~owner or operator.~~

138 E. The permit shall be conspicuously posted in the office of the ~~camp~~ campground or on the  
139 premises if no office is available.

140 F. ~~The permit shall not be transferable~~ Permits shall either be (i) annual and shall expire on  
141 December 31 of each year, unless stated otherwise in special permits such as temporary permits  
142 that may be granted by the Health Commissioner to allow a reasonable time to conform to the  
143 requirements of this chapter, or to correct existing violations 12 months from the date of issuance  
144 or (ii) temporary and granted for a specific period of time to allow temporary camping of 14 days  
145 duration or less. Temporary permits may be valid for periods of 60 days or less, but the total days  
146 of operation may not exceed 14 days during [aany] 60-day period. Permits shall not be  
147 transferable.

148 **12VAC5-450-50. Inspection of camping places.**

149 A. ~~The Health Commissioner is hereby authorized and directed to make [~~ in accordance with  
150 §35.1-22 of the Code of Virginia,] shall conduct such inspections as ~~are~~ necessary to determine  
151 satisfactory compliance with this chapter, including the following:

- 152 1. Before permit issuance, the Health Commissioner shall conduct one or more  
153 preoperational inspections of annually permitted campgrounds that (i) have not been  
154 permitted in the previous year; (ii) have undergone modifications in their water delivery,  
155 sewage conveyance, or sewage disposal systems; (iii) have modified their sanitary  
156 facilities; or (iv) have changed the number of offered campsites since the issuance of their  
157 last annual permit.
- 158 2. Annually permitted campgrounds shall be inspected at least once per permit period.
- 159 3. Temporary campgrounds shall be inspected at least once during each operational  
160 period.
- 161 4. Campground inspection schedules may be adjusted if the Virginia Department of Health  
162 develops a written risk-based plan for adjusting the frequency of inspections, and this plan  
163 is uniformly applied throughout the Commonwealth.

164 B. ~~¶~~ Upon presentation of appropriate credentials and consent of the owner, permit holder, or  
165 authorized agent of the owner or permit holder, the Health Commissioner shall be the duty of the

166 operator or occupant(s) of a campground to give the Health Commissioner given free access to  
167 such premises at reasonable times for the purpose of inspection, in accordance with § 35.1-5 of  
168 the Code of Virginia.

169 ~~C. A register shall be kept indicating name and address of the camper, the date of the~~  
170 ~~campsite occupancy, and the number of the campsite occupied. Such register shall be made~~  
171 ~~available to the Health Commissioner, upon request, during his inspection of the campground.~~

172 C. Whenever an inspection is conducted, a completed inspection report shall be provided to  
173 the permit holder of the campground. The inspection report shall contain descriptions of observed  
174 alleged violations and citations to the alleged regulatory violations. The report shall establish  
175 reasonable timelines for compliance with this chapter and provide an opportunity for due process  
176 in accordance with the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

177 **12VAC5-450-60. Enforcement, notices, hearings informal conferences.**

178 ~~A. Whenever the Health Commissioner finds violations of this chapter, an inspection report~~  
179 ~~shall be filled out and left with the person in charge of the campground. Such inspection report~~  
180 ~~shall be legible, contain written notation of the violation and remedial action to be taken to effect~~  
181 ~~compliance with this chapter.~~

182 ~~B. If, after a reasonable time has elapsed for the correction of noted items, the violation is~~  
183 ~~found to continue to exist, a formal notice shall be issued which; (i) includes a written statement~~  
184 ~~of the reasons for its issuance; (ii) sets forth a time for the performance of the corrections; (iii) is~~  
185 ~~served upon the operator or his agent; Provided: that such notice shall be deemed to have been~~  
186 ~~properly served upon such operator or agent when a copy has been sent by certified mail to his~~  
187 ~~last known address; or when he has been served with such notice by any other method authorized~~  
188 ~~or required by the laws of this Commonwealth; (iv) contains an outline of remedial action which,~~  
189 ~~if taken will effect compliance with the provisions of this chapter; (v) informs the person to whom~~  
190 ~~the notice is directed of his right to a hearing and of his responsibility to request the hearing and~~  
191 ~~to whom the request should be made.~~

192 ~~C. Periods of time allowed to elapse between notation of the violation on the inspection report~~  
193 ~~and issuance of a formal notice, and time allowed in formal notice for performance of correction~~  
194 ~~shall depend upon the nature and seriousness of the violation, but shall generally not exceed 30~~  
195 ~~days.~~

196 ~~D. Whenever the Health Commissioner finds that an emergency exists which requires~~  
197 ~~immediate action to protect the public health, he may, without notice or hearing, issue an order~~  
198 ~~reciting the existence of such an emergency and requiring that such action be taken as he may~~  
199 ~~deem necessary to meet the emergency including the suspension of the permit. Notwithstanding~~

200 ~~any other provisions of this chapter, such order shall be effective immediately. Any person to~~  
201 ~~whom such an order is directed shall comply therewith immediately, by upon petition to the Health~~  
202 ~~Commissioner, shall be afforded a hearing as soon as possible.~~

203 A. The Health Commissioner may, after providing a notice of intent to revoke the permit, and  
204 after providing an opportunity for an informal conference in accordance with § 2.2-4019 of the  
205 Code of Virginia, revoke a permit for flagrant or continuing violation of this chapter. Any person to  
206 whom a notice of revocation is directed shall immediately comply with the notice. Upon revocation,  
207 the former permit holder shall be given an opportunity for appeal of the revocation in accordance  
208 with the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

209 B. The Health Commissioner may summarily suspend a permit to operate a campground if  
210 continued operation constitutes a substantial and imminent threat to public health. Upon receipt  
211 of such notice that a permit is suspended, the permit holder shall cease campground operations  
212 immediately [and begin corrective action]. Whenever a permit is suspended, the holder of the  
213 permit shall be notified in writing by certified mail or by hand delivery. Upon service of notice that  
214 the permit is immediately suspended, the former permit holder shall be given an opportunity for  
215 an informal conference in accordance with § 2.2-4019 of the Code of Virginia. The request for an  
216 informal conference shall be in writing and shall be filed with the local health department by the  
217 former holder of the permit. If written request for an informal conference is not filed within 10  
218 working days after the service of notice, the suspension is sustained. Each holder of a suspended  
219 permit shall be afforded an opportunity for an informal conference within three working days of  
220 receipt of a request for the informal conference. The Health Commissioner may end the  
221 suspension at any time if the reasons for the suspension no longer exist.

222 E. C. Any person affected by any notice which has been a determination issued in connection  
223 with the enforcement of any provision of this chapter may request and shall be granted a hearing  
224 challenge such determination in accordance with the provisions of Title 9, Chapter 1.1:1 of the  
225 Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).

226 F. If a request for a hearing is not made within 10 days after the receipt of a formal notice of  
227 violation of this chapter, or correction of the violation has not taken place within the prescribed  
228 time, the permit may be revoked and the continued operation of the campground shall be  
229 considered unlawful.

230 ~~G. Nothing~~ D. All campgrounds shall be constructed, operated, and maintained in compliance  
231 with the requirements as set forth in this chapter. The Health Commissioner may enforce this  
232 chapter through any means lawfully available pursuant to § 35.1-7 of the Code of Virginia, and  
233 nothing in this chapter shall be construed as preventing the Health Commissioner from making

234 efforts to obtain voluntary compliance through warning, conference, or any other appropriate  
235 enforcement means.

236 **12VAC5-450-70. Location.**

237 A. Each campground shall ~~be located on ground which has~~ have good surface drainage and  
238 ~~which is~~ be free of natural and man-made hazards such as mine pits, shafts, and quarries. ~~Camps~~  
239 Campgrounds shall not be located on ground ~~which that~~ is in or adjacent to swamps, marshes,  
240 landfills or abandoned landfills, or breeding places for insects or rodents of public health  
241 importance, unless adequate, approved safeguards or preventive measures are taken.

242 B. The density of campsites in a campground shall not exceed an average of 20 campsites  
243 per acre inclusive of service roads, toilet buildings, recreational areas, etc.

244 C. Each campsite (including parking space) shall provide a minimum of 1600 square feet of  
245 space and shall not be less than 25 feet at its narrowest point.

246 D. Each campsite shall be identified by number and section. Camping units within a  
247 campground shall be required to locate within the designated campsites.

248 **12VAC5-450-80. Water supplies.**

249 A. ~~The water supply, storage reservoirs and distribution system shall be approved by the~~  
250 ~~Health Commissioner. An adequate supply of safe, sanitary, potable water shall be provided. [The~~  
251 ~~An approved] water supply shall either be an approved private well or a permitted waterworks.~~  
252 Waterworks must be maintained and operated in compliance with 12VAC5-590. Private wells  
253 shall be constructed, maintained, and operated in compliance with [the standards of] 12VAC5-  
254 630. Additionally, campgrounds utilizing private wells for potable water shall sample and test for  
255 total coliform and nitrate annually and prior to permit application; water shall be satisfactory for  
256 the total coliform standards identified in 12VAC5-630-370 and shall not have more than 10 mg/L  
257 nitrate. Samples shall be analyzed by a laboratory [certified/accredited] by the Department of  
258 General Services, Division of Consolidated Laboratory Services.

259 B. ~~An adequate supply of safe, sanitary, potable water capable of supplying a total capacity~~  
260 ~~of at least 50 gallons per campsite per day if privies are used, and at least 100 gallons per~~  
261 ~~campsite per day if water-flushed toilets are used, Water shall be provided at one or more easily~~  
262 ~~accessible locations within the camping area campground. Adequate water storage facilities shall~~  
263 ~~be provided to meet the demands for The water system shall be capable of meeting the demand~~  
264 ~~for water during periods of peak use by the campers campground.~~

265 C. Water [delivery] systems [utilizing private wells as a water source that are not a part of  
266 a waterworks regulated under 12VAC5-590] must meet the following construction and  
267 operational standards:

268           1. All water storage reservoirs shall be covered, watertight, and constructed of impervious  
269           material.

270           2. Overflows and vents of such reservoirs shall be effectively screened.

271           3. Manholes shall be constructed with ~~over-lapping~~ overlapping covers so as to prevent  
272           the entrance of contaminating material.

273           4. Reservoir overflow pipes shall discharge through an acceptable air gap.

274           5. All cross connections between approved and unapproved water supply systems are  
275           prohibited.

276           6. All water supplies shall be protected against the hazards of backflow or back siphonage.

277           ~~D. All cross connections, between approved and nonapproved water supply systems are~~  
278           ~~prohibited, and the supply shall be protected against the hazards of backflow or back siphonage.~~

279           ~~E. Drinking fountains and water coolers, if provided, shall be of an approved type. D. Common~~  
280           ~~water coolers, drinking cups, glasses, or vessels are prohibited.~~

281           ~~F. Unsafe~~ E. Unapproved wells or springs in the ~~camp area~~ campground shall be eliminated  
282           or made inaccessible for human consumption. [All accessible water outlets with sources not  
283           approved for human consumption under the terms identified in subsection A of this section shall  
284           be identified with signage stating, in effect, "Caution: nonpotable water. DO NOT DRINK."]

285           ~~G. F.~~ F. All ice provided shall be from an approved source. ~~All ice~~ and shall be handled and  
286           stored in ~~such~~ a manner as to prevent contamination. Ice-making machines shall be ~~of approved~~  
287           ~~construction~~ automatic dispensing, and water shall be from a source approved under subsection  
288           A of this section. Open-bin type ice machines are prohibited.

289           ~~H. G.~~ G. Portable water tanks or watering stations shall not be [~~approved~~ allowed] , ~~except in~~  
290           ~~emergencies, and then~~ unless such tanks, stations, and dispensing ~~shall be~~ are reviewed and  
291           approved by the Health Commissioner.

292           ~~I. H.~~ H. The area surrounding a pump or hydrant used for a water supply shall be maintained in  
293           a properly drained and sanitary condition, to prevent the accumulation of standing water or the  
294           creation of muddy conditions.

295           ~~J. I.~~ I. The connection for potable water piped to individual campsites shall be ~~so~~ installed so  
296           that it will not be damaged by the parking of camping vehicles.

297           ~~K. J.~~ J. If installed above the ground, the riser shall terminate at least four inches above the  
298           ground surface. If installed in a pit, the riser shall terminate at least 12 inches above the floor of  
299           the pit, and the pit shall be drained to prevent it from containing standing water. The drain for the  
300           pit shall not be connected to a sanitary sewerage system.

301 ~~L. K.~~ If a water connection and a sewer connection are provided at ~~individual campsites a~~  
302 campsite, the two connections shall be separated by a minimum horizontal distance of five 10  
303 feet. Campgrounds that have been issued a permit before (insert the effective date of this  
304 regulation) shall be exempt and required to maintain a minimum horizontal distance of five feet  
305 between water and sewer connections. If an exempt campground conducts construction or  
306 renovation activity impacting water and sewer connections, current regulations shall apply to all  
307 campsites where work is conducted. Normal maintenance work will not constitute construction or  
308 renovation.

309 M. L. Adequate provisions shall be made to prevent the freezing of service lines, valves, and  
310 riser pipes.

311 **12VAC5-450-90. Sewage disposal.**

312 A. Every campground shall be provided with an approved method of [~~collection~~ collecting],  
313 conveying, and disposing of all sewage and liquid wastes.

314 ~~B. Privies shall be an acceptable method of sewage disposal when the location, design,~~  
315 ~~construction, and quantity have been approved by the Health Commissioner provided their use is~~  
316 ~~not prohibited or restricted by local requirements.~~

317 ~~C. B.~~ All methods or systems of collecting and disposing of sewage and liquid wastes, whether  
318 temporary or permanent, shall be subject to the approval of the Health Commissioner.

319 ~~D. C.~~ It shall be unlawful to discharge sewage, sink waste water, shower waste water, or other  
320 putrescible wastes in such a manner as to enter the ground surface ~~or~~, subsurface, or a body of  
321 water, except following a treatment device or process approved prior to construction by the Health  
322 Commissioner.

323 ~~E. A sanitary or~~ D. Campgrounds shall provide a dump station for the disposal of sewage and  
324 other liquid wastes from self-contained camping units ~~shall be provided which that~~ that complies with  
325 the following requirements:

326 1. Campgrounds having ~~less [200 or] fewer [than 200]~~ campsites shall provide a minimum  
327 of one ~~sanitary dump station, unless all campsites that allow self-contained camping units~~  
328 provide direct sewer connections.

329 2. Campgrounds having more than 200 campsites shall provide an additional ~~sanitary~~  
330 dump station for each additional 200 campsites or major fraction thereof, provided that  
331 campsites equipped with sewer connections shall not be included in the total.

332 3. Where two or more ~~sanitary dump~~ sanitary dump stations are required, they shall be ~~so~~ located as to  
333 facilitate the simultaneous discharge of sewage wastes from different units.

334 4. Each sanitary [dump] station shall be ~~se~~ located and designed ~~as~~ to be easily accessible  
335 and facilitate ingress and egress for camping vehicles.

336 F. E. The sanitary dump station shall consist of the following:

337 1. A four-inch sewer pipe trapped below the frost line connected to an approved sewage  
338 disposal system or suitable holding tank.

339 2. The sewer pipe, at the inlet, shall be surrounded by a reinforced, concrete apron sloped  
340 to drain to the sewer pipe.

341 3. The minimum dimensions of the concrete apron shall be 36 inches wide, 60 inches  
342 long, and four inches thick. The sewer pipe shall be located such that the major portion of  
343 the apron will project under the camping unit when it is discharging.

344 4. The inlet of the sewer pipe shall be provided with a suitable fly-tight cover.

345 5. The sanitary [dump] station shall be provided with a water outlet to permit wash down  
346 of the immediate area after each use and so arranged as to prevent a cross-connection  
347 or back siphonage.

348 6. Each water outlet used for such purposes shall display a sign stating, in effect, "Notice:  
349 Unsafe Water Outlet-This water is for wash-down purposes only."

350 [F. If a campground dump station is connected to a sewage holding tank that does not receive  
351 sewage or liquid wastes from any other source, the pumping and hauling of sewage from that  
352 holding tank shall be exempt from the pump and haul permit requirements and procedures of  
353 12VAC5-610-410, 420, and 440. However, the owner of the campground must obtain a  
354 construction permit as described in 12VAC5-430 prior to construction of the holding tank.]

355 [FG]. A slop sink or suitable drain shall be provided within 500 feet of all campsites for the  
356 disposal of liquid cooking and wash water wastes, unless a dump station is accessible for this  
357 purpose. Adequate provision shall be made by the permit holder [ ~~of a campground~~ ] to assure  
358 that the slop sink or other suitable drain is kept in a sanitary condition and is used for the purpose  
359 for which it was intended.

360 [GH]. Individual sewer connections for camping vehicles, if provided, shall be installed in  
361 accordance with the following provisions:

362 1. The individual sewer (equivalent to the building sewer for a permanent building), shall  
363 be at least four inches in diameter, shall be trapped below the frost line, and shall be laid  
364 at depths sufficient to provide adequate protection against physical injury.

365 2. The sewer inlet shall (i) consist of a four-inch riser extending, at a minimum, four inches  
366 above the surface of the surrounding ground to accommodate a hose connection from the  
367 camping vehicle, ~~or~~ (ii) be designed ~~as~~ to divert surface drainage away from the riser.

368 The riser shall be imbedded firmly in the ground and be protected against heaving and  
 369 shifting.

370 3. The sewer riser shall be equipped with a standard ferrule and close nipple provided with  
 371 a tight cap or expanding sewer plug. The screw cap or sewer plug shall be fastened by a  
 372 durable chain to prevent removal while the sewer riser is in use. When the sewer riser is  
 373 not in use, it shall be capped or plugged.

374 4. The sewer hose between the camping vehicle drain and the sewer riser shall be  
 375 watertight, and shall be of flexible, noncollapsible, corrosion and weather-resistant  
 376 material of suitable diameter to fit the camping vehicle drain. Its lower end shall be secured  
 377 into the open sewer riser with a gasket of rubber or other suitable material. All joints shall  
 378 be effected so as to prevent the leakage of sewage, or odor or prevent the entrance of  
 379 rodents [or insects].

380 **12VAC5-450-100. ~~Service buildings~~ Sanitary facilities.**

381 A. Each campground shall ~~be provided with one or more service buildings which contain~~  
 382 provide an adequate number of toilet and sanitary facilities. The minimum ratio of sanitary facilities  
 383 to the number of campsites shall be provided according to is established in the following schedule.  
 384 [The provision of showers and lavatories is optional on the part of the campground owner, but  
 385 when they are provided the schedule will apply.] Facilities shall either be gender-balanced in  
 386 number or single-occupant access with no gender designation.

| No. Sites          | Toilets |   | Urinals | Lavatories |   | Showers* |   | Other Fixtures                         |
|--------------------|---------|---|---------|------------|---|----------|---|--|
|                    | M       | W | M       | M          | W | M        | W |  |
| <del>1-15</del>    | 1       | 1 | 0       | 1          | 1 | 1        | 1 | 1 slop drain                           |
| <del>16-30</del>   | 2       | 2 | 0       | 2          | 2 | 1        | 1 |  |
| <del>31-45</del>   | 2       | 3 | 1       | 3          | 3 | 1        | 1 | See<br>Subsection F<br>of this section |
| <del>46-60</del>   | 3       | 4 | 1       | 3          | 3 | 2        | 2 |  |
| <del>61-75</del>   | 4       | 5 | 1       | 4          | 4 | 2        | 2 |  |
| <del>76-90</del>   | 4       | 6 | 2       | 4          | 4 | 2        | 2 |  |
| <del>91-105</del>  | 5       | 7 | 2       | 4          | 4 | 3        | 3 |  |
| <del>106-120</del> | 6       | 8 | 2       | 5          | 5 | 3        | 3 |  |

|  |   |    |   |   |   |   |   |  |
|--|---|----|---|---|---|---|---|--|
| 121-<br>135  | 6 | 9  | 3 | 5 | 5 | 3 | 3 |  |
| 136-<br>150  | 7 | 10 | 3 | 5 | 5 | 4 | 4 |  |
| *The providing of showers in the service building(s) is optional on the part of the campground owner, but when are provided the schedule will apply. |   |    |   |   |   |   |   |  |

387

| <u>Campsites</u>  | <u>Toilets</u> | <u>Lavatories</u> | <u>Showers[*]</u> |
|---|----------------|-------------------|-------------------|
| <u>1 - 15</u>   | <u>2</u>       | <u>2</u>          | <u>2</u>          |
| <u>16 - 30</u>  | <u>4</u>       | <u>4</u>          | <u>2</u>          |
| <u>31 - 45</u>  | <u>6</u>       | <u>6</u>          | <u>2</u>          |
| <u>46 - 60</u>  | <u>8</u>       | <u>6</u>          | <u>4</u>          |
| <u>61 - 75</u>  | <u>10</u>      | <u>8</u>          | <u>4</u>          |
| <u>76 - 90</u>  | <u>12</u>      | <u>8</u>          | <u>4</u>          |
| <u>91 - 105</u>   | <u>14</u>      | <u>8</u>          | <u>6</u>          |
| <u>106 - 120</u>  | <u>16</u>      | <u>10</u>         | <u>6</u>          |
| <u>121 - 135</u>  | <u>18</u>      | <u>10</u>         | <u>8</u>          |
| <u>136 - 150</u>  | <u>20</u>      | <u>10</u>         | <u>8</u>          |
| [*The providing of showers is optional on the part of the campground owner, but when showers are provided the schedule will apply.] |                |                   |                   |

388 B. For campgrounds having more than 150 campsites located, in the opinion of the Health  
389 Commissioner, ~~contiguously~~ contiguous to the ~~service building or buildings~~ sanitary facilities  
390 required by the schedule in subsection A of this section, there shall be provided ~~one~~ two toilet  
391 seat seats and ~~one~~ lavatory for each sex two lavatories for each additional 30 campsites, and ~~one~~  
392 two additional shower showers for each additional 40 campsites and ~~one~~ additional men's urinal  
393 ~~for each 100 campsites.~~ Regardless of the number of campsites, when a [section or  
394 sections portion or portions] of a campground are found to be ~~incontiguous~~ noncontiguous, the  
395 Health Commissioner ~~may~~ shall apply the schedule in subsection A ~~above~~ in determining the  
396 adequacy of the fixtures of this section for such [section portion] of the campground. ~~Whenever~~  
397 ~~the number of campsites fall in between the numbers listed above, the larger number of required~~  
398 ~~fixtures shall apply when a major fraction of the difference in the two numbers is attained.~~

399 ~~C. Primitive camps shall be exempted from the provisions for lavatories and showers. If,~~  
400 ~~however, any showers are provided at a campground designated as a primitive camp, the~~  
401 ~~schedule in subsections A and B shall apply.~~

402 C. Campsites [with individual sewer connections] used solely for self-contained camping  
403 units[,] or cabins with [indoor plumbing and] approved sewage disposal[,] shall not count towards  
404 the number of campsites used to determine the minimum number of [fixtures facilities] required in  
405 subsections A and B of this section. If all campsites in a campground are used solely for self-  
406 contained camping units or cabins, then the campground shall provide [at least] the required  
407 number of facilities for a campground of 15 campsites or fewer.

408 D. When a campground is operated in connection with a resort or other business operation,  
409 the campground facilities provided shall be in excess of those required by the schedules in  
410 subsections A and B of this section by the number of facilities required by the Virginia Statewide  
411 Building Code (13VAC5-63) or other applicable regulation.

412 E. Sanitary facilities required by subsections A and B of this section may be in service  
413 buildings or may be [in other sanitary facilities] located outside of service buildings. Privies of a  
414 type approved by 12VAC5-610-980 may be substituted for flush toilets [and shall be when]  
415 provided according to the schedule in subsection A of this section. Where present, privies shall  
416 be maintained in good repair, pumped as needed, and kept clean and sanitary at all times. When  
417 portable privies are used to meet the requirements of the schedule in subsection A of this section,  
418 they shall not serve nonprimitive campsites or more than 30 campsites in a campground.

419 ~~D.~~ F. Urinals may be substituted for up to one half of the required male toilets. Where existing  
420 urinal troughs are used, two feet of urinal trough shall constitute one urinal.

421 ~~E. Exemptions. Any person desiring to furnish temporary facilities for accommodating a travel~~  
422 ~~trailer rally, or other group of camping units assembled for the purpose of traveling together, shall~~  
423 ~~make application for such activity to the Health Commissioner through the local health department~~  
424 ~~having jurisdiction, 15 days in advance of the intended date of use. The requirements for a service~~  
425 ~~building may be waived by the Health Commissioner on the determination that public health will~~  
426 ~~not be endangered; but the location of the site, the facilities which must be provided, and the~~  
427 ~~method of conducting such rally shall be acceptable to the Health Commissioner before a special~~  
428 ~~permit shall be issued specifying the location of the site, the period of operation not to exceed~~  
429 ~~seven days, and any conditions of issuance.~~

430 ~~F. A slop sink or suitable drain shall be provided within 500 feet of all campsites for the~~  
431 ~~disposal of liquid wastes unless a sanitary station is accessible for this purpose. Adequate~~  
432 ~~provision shall be made by the operator of a campground to assure that the slop sink or other~~

433 suitable drain, if necessary, is kept in a sanitary condition and is used for the purpose for which it  
434 was intended such as the disposal of dish water and wash water.

435 G. Lavatories shall be provided adjacent to the toilet fixtures.

436 H. When a campground is operated in connection with a resort or other business  
437 establishment, the total number of sanitary facilities shall be in excess of those required by the  
438 aforementioned schedules and shall be based on the total number of persons using such facilities.

439 I. Service buildings shall be located no farther than 500 feet from any campsite served by  
440 such building, nor closer than 30 feet to any campsite. When two or more service buildings exist,  
441 the ratio of fixtures as specified in subsections A and B shall be in approximate relation to the  
442 number of campsites located within a 500 foot radius of each building.

443 J. G. All service buildings [sanitary facilities service buildings] and the commodes toilets,  
444 urinals, lavatories, shower showers, and other appurtenances located therein shall be maintained  
445 in a state of good repair and shall be kept in a clean and sanitary condition at all times. Toilet and  
446 shower rooms shall not be used for miscellaneous storage during operation of the campground.

447 K. All doors to the exterior from service buildings shall be self-closing.

448 L. Toilet rooms, shower rooms and other areas receiving heavy camper use shall not be used  
449 for miscellaneous storage during operation of the camp.

450 M. H. Toilet tissue shall be provided at each privy or and toilet seat, and a covered receptacle  
451 for sanitary product disposal shall be provided at each privy and female [and gender-neutral] toilet.  
452 Where provided, lavatories shall be in the immediate vicinity of toilet fixtures, and soap and a  
453 method of hand drying shall be provided.

454 N. I. Shower compartments, whether individual type with partitions or group type without  
455 partitions, shall have not less than 1,024 square inches in floor area and, if rectangular, square  
456 or triangular in plan, shall be not less than at least 30 inches in shortest dimension.

457 O. ~~In a campground where there is a combination of campsites, part of which are provided~~  
458 ~~with a water connection and a sewer outlet, the minimum number of fixtures as required in~~  
459 ~~subsections A and B above may be adjusted by the Health Commissioner based on individual~~  
460 ~~conditions provided any request for an adjustment complies with 12VAC5-450-190.~~

461 J. Sanitary facilities shall be located no farther than 500 feet from any campsite served by  
462 such building nor closer than 30 feet from any campsite. [However-Additionally], privies shall be  
463 no closer than 50 feet from any campsite. When two or more service buildings or areas with other  
464 sanitary facilities exist, the ratio of [fixtures facilities] as specified in subsections A and B of this  
465 section shall be in approximate relation to the number of campsites located within a 500-foot  
466 radius of each building.

467 **12VAC5-450-110. Structural requirements for service buildings.**

468 A. All portions of the structure shall be properly protected from damage by ordinary use and  
469 by decay and corrosion. Exterior portions shall be of such material and be so constructed and  
470 protected as to prevent entrance or penetration of moisture and weather.

471 B. Effective ventilation of all service buildings shall be provided to prevent condensation,  
472 moisture, and odors.

473 C. Interior of service buildings shall be finished in a light color and provided with adequate  
474 natural or artificial illumination, or both.

475 D. The floors of toilet and shower rooms shall be sloped to a properly trapped floor drain  
476 connected to the sewerage system.

477 E. Partitions between flush toilets in the same room shall be raised a minimum of eight inches  
478 from the floor to permit easy cleaning.

479 F. The interior finish of such buildings shall be of moisture resistant and easily cleanable  
480 material ~~which~~ that will withstand frequent washing and cleaning. Special attention shall be given  
481 wall finishes immediately around lavatories, urinals, ~~commodes~~ and toilets and in showers to  
482 ~~insure~~ ensure a surface in these heavily used areas ~~which~~ that will withstand commercial use.

483 G. The floors shall be constructed of material impervious to water and be of easily cleanable  
484 material. Duck boards or ~~walk-ways~~ walkways made of wood or other absorptive material shall  
485 not be permitted.

486 H. All windows and openings to the outside from areas containing ~~commodes~~ toilets and  
487 urinals shall be provided with fly-proof screening material of at least 16 mesh per inch.

488 I. ~~[Water-closets Toilets]~~ and bathing facilities shall not be located in the same compartment.

489 J. Permanent service buildings shall be provided with an artificial light at the entrance to the  
490 building to facilitate its use at night: ~~Provided, that primitive~~ Primitive camps with privies ~~may be~~  
491 ~~exempted~~ are exempt from this requirement.

492 K. Service buildings shall have appropriate signs ~~to denote its use~~ such as "Men's Toilet,"  
493 "Women's Toilet," "Showers," etc.

494 L. Showers shall be equipped with a drain or drains ~~which will~~ that prevent the shower water  
495 from running across floors that are used for other purposes.

496 M. All fixtures shall be of durable material ~~which will be~~ that is capable of withstanding the  
497 heavy usage ~~which~~ that public facilities receive.

498 N. All doors to the exterior from service buildings shall be self-closing.

499 **12VAC5-450-115. Cabins and other rental units.**

500 A. All cabins, yurts, and other camping units offered for [rent-use] to campers, [whether for  
501 free or for a fee,] including self-contained camping units and other mobile units, and the  
502 equipment, fixtures, and furnishings contained therein shall be kept clean, in good repair, free of  
503 vermin, and maintained so as to protect the health, safety, and well-being of persons using those  
504 facilities.

505 B. When provided, dishes, glassware, silverware, and other cooking implements must be kept  
506 in a clean and sanitary condition. If such items are not washed [by campground staff] between  
507 occupants, the permit holder must post a sign alerting cabin occupants that kitchen items are not  
508 washed under management supervision.

509 C. When provided, box springs, mattresses, and other furnishings shall be clean and in good  
510 repair. Conventional mattress covers or pads shall be used for the protection of mattresses and  
511 shall be kept clean and in good repair. When provided, all sheets, pillowcases, towels,  
512 washcloths, and bathmats shall be kept clean and in good repair, freshly laundered between  
513 occupants, and changed at least once every seven days if used by the same occupant. When a  
514 blanket is placed on the bed, the upper sheet shall be of sufficient length to fold and overlap the  
515 top section of the blanket. All blankets, quilts, bedspreads, and comforters shall be maintained in  
516 a sanitary and good condition, and all clean bedding and linen shall be stored in a clean and dry  
517 place.

518 D. When provided, smoke detectors and fire extinguishers shall be functional and serviced as  
519 appropriate.

520 E. Bed arrangements [of lodging units] shall provide suitable clear space between each bed,  
521 cot, or bunk to allow for ingress to and egress from the [lodging unit cabin, yurt, or other camping  
522 unit]. There shall be sufficient space between the floor and the underside of the beds to facilitate  
523 easy cleaning. In lieu of such space, the bed shall have a continuous base or shall be on rollers.

524 F. Measures shall be taken to prevent the infestation of cabins and other [rental-camping]  
525 units by rodents, bedbugs, and vector insects.

526 **12VAC5-450-130. Insect, rodent, and weed control.**

527 A. [Camping places Campgrounds] shall be kept free from cans, jars, buckets, old tires, and  
528 other articles which that may hold water and provide temporary breeding places for mosquitoes.  
529 Mosquito control measures and supplemental larvicidal measures shall be undertaken by the  
530 [owner-permit holder] when the need is indicated.

531 B. Fly and rodent breeding shall be controlled by eliminating the insanitary practices which  
532 provide breeding places. The area surrounding the garbage cans shall not be permitted to

533 become littered with garbage nor saturated with waste liquid from garbage. [Infestations of  
534 rodents or flies, ticks, mosquitos, or other insects of public health concern shall be evidence that  
535 sufficient vector control measures have not been implemented and shall be considered a violation  
536 of these regulations.]

537 C. The growth of weeds, grass, poison ivy, or other noxious plants shall be controlled as a  
538 safety measure and as a means toward the elimination of ticks and chiggers. Pesticidal measures  
539 shall be applied, if necessary, provided the pesticide and its use is in accordance with the rules  
540 promulgated by the ~~Pesticide Control Board~~ Board of Agriculture and Consumer Services.

541 D. The campsite and the premises shall be maintained in a clean and orderly manner.

542 **12VAC5-450-140. Swimming pools and outdoor bathing facilities.**

543 The construction, modification, maintenance, operation, and use of any swimming pool at a  
544 campground, if provided, shall be subject to the ~~State Board of Health regulations adopted under~~  
545 ~~§§ 35.1-17 of the Code of Virginia~~ Regulations Governing Tourist Establishment Swimming Pools  
546 and Other Public Pools (12VAC5-460) and [the] Swimming Pool Regulations Governing the  
547 Posting of Water Quality Test Results (12VAC5-462).

548 **12VAC5-450-150. Safety.**

549 A. The electrical installation and electrical hook-up provided ~~[travel trailers, and other similar~~  
550 ~~units to self-contained camping units and other mobile units]~~ shall be in accordance with the  
551 provisions of local electrical ordinances, or if no such ordinance exists, in accordance with the  
552 provisions of the ~~[National Electrical Code~~ Virginia Statewide Building Code], applicable at the  
553 time of installation.

554 B. ~~Adequate precautions shall be exercised by the operator~~ The permit holder shall exercise  
555 precautions to prevent the outbreak of fires. If open fires are permitted, ~~there shall be~~ a definite  
556 area shall be provided within the bounds of each campsite for the building of fires by the camper,  
557 with a cleared area surrounding the ~~firesite~~ fire site to aid in fire control.

558 C. ~~Adequate precautions shall be taken by the operator~~ The permit holder shall take  
559 precautions in the storage and handling of gasoline, gas cylinders, or other explosive materials,  
560 in accordance with local, state, and national safety standards.

561 D. The ~~operator~~ permit holder shall make ~~adequate~~ provisions for the use and control of ~~mini-~~  
562 ~~bikes~~ all-terrain vehicles, trail bikes, and other similar vehicles within the confines of the camping  
563 area to prevent accidents to small children and campers.

564 E. Broken bottles, glass, and other sharp objects shall not be allowed to create a hazard to  
565 children or others.

566 F. A register shall be kept for recording the names of all campers, the date of campsite  
567 occupancy by each camper, and the number and location of occupied campsites.

568 G. Campground permit holders shall develop and maintain an emergency response plan. This  
569 plan shall include identification of a point of contact during emergency incidents and a written plan  
570 for communicating emergency response information to campers. The plan shall also include  
571 provisions for camper safety, identification, and evacuation in the event of natural disasters, fires,  
572 or other emergencies. Contact telephone numbers for local police, fire response, and emergency  
573 medical services shall be posted in a central location in all campgrounds.

574 **12VAC5-450-170. Control of animals and pets.**

575 A. ~~Every pet permitted in a campground~~ Pets shall be maintained under control at all times  
576 and shall not be permitted to create a public health problem. ~~Dogs shall be kept on leash at all~~  
577 times. ~~Dung~~ Animal waste shall be removed immediately and be disposed of in a waste receptacle  
578 or buried in a location which ~~that~~ will not interfere with the use of the site for camping purposes  
579 [~~campsite~~campground].

580 B. Any kennels, pens, or other facilities provided for such pets, including horses, shall be  
581 maintained in a sanitary condition at all times.

582 **12VAC5-450-180. Overflow areas.**

583 A. It shall be unlawful for any person operating a campground to exceed the design capacity  
584 of the campground as stated on the [~~health~~] permit by the use of certain unequipped areas as an  
585 overflow area for campers, ~~camping clubs or rallies~~ unless and until the overflow area and its  
586 proposed use have been approved by the Health Commissioner in writing as to the specific  
587 location of the overflow area, number and location of sanitary facilities, size and number of  
588 campsites, and such other factors as may be deemed necessary to prevent overcrowding and  
589 the accompanying insanitary conditions.

590 B. The length of stay of any camping unit permitted to use an area specifically designated and  
591 approved as an overflow area shall be limited to a 12-hour period. Overflow areas are to be used  
592 for incidental traffic only and are not for planned temporary camping.

593 **12VAC5-450-183. Primitive campgrounds.**

594 A. Campgrounds or sections of campgrounds may be [~~permitted designated~~] as primitive in  
595 the absence of [~~flush~~] toilets, showers and lavatories, and electrical connections [, or any  
596 combination thereof]. Campsites shall be designated primitive at the time of permitting.

597 B. Primitive campgrounds or sections of campgrounds with only primitive campsites shall be  
598 exempt from the following requirements of this chapter:

599 1. Campsite identification requirements of 12VAC5-450-70 D. Although individual primitive  
600 campsites do not need to be marked, the overall campground size shall be large enough  
601 to accommodate campsites arranged according to the size and density requirements of  
602 12VAC5-450-70 B and C.

603 2. Potable water requirements of 12VAC5-450-80, provided that the primitive campground  
604 or section thereof has 10 campsites or fewer, and the following signage is clearly posted  
605 at the entrance to the primitive campground or section thereof: "No potable water provided  
606 at this campground." When potable water is provided, all requirements of 12VAC5-450-  
607 80 shall apply.

608 3. Where water is not provided, slop sink requirements of 12VAC5-450-90 [F G].

609 4. Lavatory and shower requirements of 12VAC5-450-100 A. If the primitive campground  
610 provides showers or lavatories then the schedule in 12VAC5-450-100 A shall apply.

611 5. Garbage and refuse disposal requirements of 12VAC5-450-120, provided the primitive  
612 campground or section thereof has 10 campsites or fewer, and ~~the campground shall~~  
613 ~~display a sign stating, in effect~~ the following signage is clearly posted at the entrance to  
614 the primitive campground or section thereof]: "Pack It In, Pack It Out, no garbage collection  
615 provided, please remove your own garbage from this campground."

616 6. Weed, grass, and noxious plant control measures as specified in 12VAC5-450-130 C.  
617 If pesticide measures are taken, then all pesticide use must be done in accordance with  
618 rules promulgated by the Board of Agriculture and Consumer Services.

619 **12VAC5-450-187. Temporary campgrounds.**

620 Temporary campgrounds, as permitted under 12VAC5-450-40 F, shall be exempt from the  
621 following requirements of this chapter:

622 1. Density, size, and designation requirements of 12VAC5-450-70 [AB] through D.  
623 However, temporary campgrounds shall establish a maximum number of campsites and  
624 campers. ~~Campground~~ Temporary campground] permit holders shall ensure that the size,  
625 location, and orientation of campsites do not prohibit the safe and timely evacuation of  
626 campsites in the event of an emergency, and that vehicular traffic routes and parking are  
627 located where they do not pose a safety risk to campers.

628 2. Permanent water supply requirements of 12VAC5-450-80.

629 a. If potable water is provided in the form of a waterworks or private well, then it must  
630 comply with 12VAC5-450-80 A, B, and D through I. If no piped water source is  
631 provided, then bottled water that complies with 21 CFR Part 129 shall be available,

632 and the unavailability of piped water must be advertised to campers prior to the time  
633 of the temporary camping event.

634 b. Water may be ~~hauled~~ transported] in from a source that meets the requirements of  
635 12VAC5-450-80 A. Water shall be transported in tanks of food-grade construction and  
636 maintain a one-parts-per-million chlorine residual. Any tanks, hoses, or appurtenances  
637 that are used to distribute water shall be of food-grade construction, be disinfected  
638 between uses, and be protected from contamination] and backflow].

639 3. The dump station and slop sink requirements of 12VAC5-450-90 D, E, and [F G].

640 a. Greywater disposal barrels or approved equivalents shall be provided and serviced  
641 during the event unless all of the following conditions apply: (i) piped water is not  
642 available, (ii) portable showers and handwashing sinks are provided, and (iii) cooking  
643 and campfires are prohibited. Only water from cooking, washing, or bathing shall be  
644 disposed of in greywater barrels.

645 b. If self-contained camping units are present at the campground, a sewage handler  
646 shall be available to pump holding tanks as appropriate during the event. Sewage  
647 handlers must possess a valid sewage handling permit as required by 12VAC5-610  
648 and any licensure required by the Board for Waterworks and Wastewater Works  
649 Operators and Onsite Sewage Professionals in accordance with that board's  
650 regulations (18VAC160-30 and 18VAC160-40) and ~~Chapters 1 (§ 54.1-100 et seq.),~~  
651 ~~2 (§ 54.1-200 et seq.), 3 (§ 54.1-300 et seq.), and 23 (§ 54.1-2300 et seq.) of~~ Title  
652 54.1 of the Code of Virginia.

653 4. Permanent [sanitary] facility requirements in 12VAC5-450-100 A, B, and I. However,  
654 portable toilet facilities shall be provided at the ratio of at least one toilet for every 75  
655 campers, and at least one toilet shall comply with the Americans with Disabilities Act (42  
656 USC § 12101 et seq.). No campsite shall be farther than 500 feet from any portable toilet.  
657 Portable sinks and showers are not required ~~for events of four days or less~~, although  
658 hand sanitizer must be provided in all portable toilets where portable sinks are not  
659 provided. All portable units shall be serviced at least daily during the event unless the  
660 applicant can demonstrate that they are provided in numbers significant enough to warrant  
661 a reduced-maintenance service schedule. If the temporary campground has permanent  
662 bathroom facilities, facilities may count towards the required number of portable ~~privies~~  
663 toilets]. Campers who will be camping in self-contained camping units shall not be counted  
664 toward the total number of campers in calculating the required number of portable ~~privies~~  
665 toilets].

666 **12VAC5-450-190. Waiver Variances.**

667 A. One or more of the ~~provisions in the above regulation~~ regulations in this chapter may be  
668 waived in whole or in part when, in the opinion of the Health Commissioner, ~~there are factors or~~  
669 ~~circumstances which render compliance with such provision(s) unnecessary; provided, that such~~  
670 ~~provision(s) shall be specifically exempt in writing by the Health Commissioner.~~ the hardship  
671 imposed by the regulations, which may be economic, outweighs the benefits that may be received  
672 by the public and that granting such a variance does not subject the public to unreasonable health  
673 risks or environmental pollution. Variances shall be issued in writing by the Health Commissioner.

674 B. It shall be the duty of the campground operator to file a written request for such waiver in  
675 which the reasons for noncompliance of a certain provision(s) are stated fully. If data, test or other  
676 adequate information is necessary to the rendering of a decision by the Health Commissioner, it  
677 shall be the responsibility of the applicant to provide such evidence. Any permit holder who seeks  
678 a variance shall apply in writing to the local health department. The application shall include:

- 679 1. A citation to the regulation from which a variance is requested;  
680 2. The nature and duration of the variance requested;  
681 3. Evidence that establishes that the public health and welfare[,] and the environment  
682 would not be adversely affected if the variance were granted;  
683 5. Suggested conditions that might be imposed on the granting of a variance that would  
684 limit the detrimental impact on the public health and welfare;  
685 6. Other information believed pertinent by the applicant; and  
686 7. Such other information as the district or local health department or Health  
687 Commissioner may require.

688 C. ~~[The Health Commissioner shall issue a case decision regarding the variance request~~  
689 ~~within 90 days of receipt. The campground operator or other named party may appeal any adverse~~  
690 ~~decision regarding a variance request pursuant to the Administrative Process Act (§ 2.2-4000 et~~  
691 ~~seq. of the Code of Virginia). If the Health Commissioner proposes to grant a variance request,~~  
692 ~~the permit holder shall be notified in writing of this decision within 90 days of receipt of the variance~~  
693 ~~request. If the Health Commissioner proposes to deny the variance request, the Health~~  
694 ~~Commissioner shall notify the permit holder of the proposed denial within 90 days of receipt of~~  
695 ~~the variance request, and provide an opportunity for an informal fact-finding conference as~~  
696 ~~provided in § 2.2-4019 of the Code of Virginia.]~~

697 **12VAC5-450-200. Penalties.**

698 Any person who violates any provision of this chapter shall, upon conviction, be punished by  
699 a fine of not less than \$10 nor more than \$100; and each day's failure of compliance with any

700 ~~provision shall constitute a separate violation~~ may be subject to penalties provided by § 35.1-7 of  
701 the Code of Virginia.

702 **12VAC5-450-210. Constitutionality. (Repealed.)**

703 ~~If any provision of any section of this chapter is declared unconstitutional, or the application~~  
704 ~~thereof to any person or circumstance is held invalid, the validity and constitutionality of the~~  
705 ~~remainder of such regulations shall not be affected thereby.~~

706 **12VAC5-450-230. Exemptions. (Repealed.)**

707 ~~Whenever it is found that existing facilities provided at a campground prior to the effective~~  
708 ~~date of this chapter such as the size of campsites and design of structures are in noncompliance,~~  
709 ~~and that the required changes would work an undue hardship on the operator and not materially~~  
710 ~~affect the public health or safety, such major items shall be exempted from this chapter. Other~~  
711 ~~nonconforming items at existing campgrounds such as dump station requirements and number~~  
712 ~~of sanitary facilities may continue in use for a reasonable period of time not to exceed two years~~  
713 ~~from the effective date, provided that a diligent effort is made by the owner to effect compliance.~~  
714 ~~All new campgrounds, sections added to existing campgrounds and additions and extensions~~  
715 ~~within existing campgrounds shall be subject to the provisions of this chapter.~~

716 FORMS (12VAC5-450-240)

717 Application for a campground operation permit, Form #-### (rev. 10/2017)

718 Inspection form for annual campgrounds, Form #-### (rev. 10/2017)

719 Inspection form for temporary campgrounds, Form #-### (rev. 10/2017)

720 Plan review application for annual campgrounds, Form #-### (rev. 10/2017)