

**State EMS Advisory Board Meeting
Norfolk Waterside Marriott, Norfolk, Virginia
November 9, 2016
1:00 p.m.**

Members Present:	Members Absent:	Staff:	Others:
Byron C. Andrews, III Virginia State Firefighters Association	Michel B. Aboutanos, M.D. (Excused) American College of Surgeons	Gary R. Brown	Bruce W. Edwards Board of Health Representative
Samuel T. Bartle, M.D. American Academy of Pediatrics	Sherrin C. Alsop (Excused) Virginia Association of Counties	P. Scott Winston	Amanda Lavin Office of the Attorney General
Dreama Chandler Virginia Association of Volunteer Rescue Squads	Lisa M. Dodd, D.O. (Excused) Virginia College of Emergency Physicians	George Lindbeck, M.D.	Ed Rhodes VFCA/VAVRS/RDG/VAGEMSA/VAA
Gary P. Critzer Central Shenandoah EMS Council	Joan F. Foster (Excused) Virginia Municipal League	Warren Short	Michael Player Peninsulas EMS Council
Valeta C. Daniels Virginia Association of Volunteer Rescue Squads	John Korman (Excused) Associated Public Safety Communications Officials	Cam Crittenden	Michael Brooks Norfolk Fire & Rescue
Richard H. Decker, III Old Dominion EMS Alliance		Lenice Sudds	Jason Sweet James City County Fire Department
Stephen J. Elliott Thomas Jefferson EMS Council		Michael Berg	David Laynard Virginia Fire Chief's Association
Jason D. Ferguson Western Virginia EMS Council		Tristen Graves	Bradley Beam Williamsburg Fire
William B. Ferguson Virginia Association of EMS Administrators		James Burch	Pat Demt Williamsburg Fire / VFCA
Jonathan D. Henschel Lord Fairfax EMS Council		Ronald G. Kendrick	Kim Criag Virginia Association of Volunteer Rescue Squads
David Hoback Virginia Fire Chief's Association		Paul Fleenor	Margaret Moser Rappahannock EMS Council
Sudha Jayaraman, M.D. Medical Society of Virginia		Doug Layton	Donna M. Galganski-Pabst James City County Fire Department
Jason R. Jenkins Virginia Chapter of the International Association of Fire Fighters		Marian Hunter	Gary Dalton Virginia Association of Volunteer Rescue Squads / Virginia Ambulance Association
Lori L. Knowles Rappahannock EMS Council		Amanda Davis	Karen Wagner Virginia Association of Volunteer Rescue Squads
Cheryl Lawson, M.D. Peninsulas EMS Council		Tim Perkins	Ray Whatley Northern Virginia EMS Council
Julia Marsden Consumer		Adam Harrell	Mary Kathryn Allen Blue Ridge Ems Council
Genemarie W. McGee Tidewater EMS Council		Heather Phillips	Ryan T. Ashe James City County Fire Department

Members Present:	Members Absent:	Staff:	Others:
Marilyn K. McLeod, M.D. Blue Ridge EMS Council		Wanda Street	Robert E. Lee Newport News Fire Department
Christopher L. Parker Virginia Emergency Nurses Association / Virginia Nurses Association		Irene Hamilton	Brandon Dommel Norfolk Fire Rescue
Ronald Passmore Southwest Virginia EMS Council			Randolph Breton Virginia Ambulance Association / Physicians Transport
Anita Perry Virginia Hospital & Healthcare Association			Dan Delucia DeVinne Insurance
Jose V. Salazar Northern Virginia EMS Council			Allen Yee, M.D. Chesterfield Fire & EMS
Daniel C. Wildman Virginia Ambulance Association			Robert Trimmer Chesterfield Fire & EMS; FARC
			Catherine Henry John Tyler Community College
			Steve Kopczynski York County Fire & Life Safety
			Jay Cullman Spotsylvania Fire-Rescue
			Kevin McGee Prince William County Fire & Rescue
			Greg Woods Southwest Virginia EMS Council
			Pier Ferguson Greensville Volunteer Rescue Squad
			Brad Taylor Chippenham-Johnston Willis / HCA
			Stephen Ayers Galax-Grayson EMS
			Tony Prata York County Fire & Life Safety
			Chad Blosser Central Shenandoah EMS Council
			Jim Chandler Tidewater EMS Council
			Eddie Ferguson Goochland / VAGEMSA
			Jim Laine York County Fire & Life Safety

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order – Gary Critzer	<ul style="list-style-type: none"> • Gary Critzer called the meeting to order at 1:00 p.m. • Pledge of Allegiance – The group stood for the Pledge of Allegiance to the flag. • Moment of Silence – The group took a moment of silence for any fallen EMS providers or firefighters. • Approval of the August 5, 2016 meeting minutes – The August 5, 2016 minutes were approved as submitted. • Approval of the November 9, 2016 meeting agenda – Mr. Critzer noted that some international guests will be attending the meeting at some point and will be allowed to introduce themselves. The meeting agenda was approved. 	
1. Chairman’s Report – Gary Critzer	<ul style="list-style-type: none"> • Kent Weber, a long-standing member of EMS for many years, is not doing well. A card was circulated that will be sent to Mr. Weber. • Michael Berg, an OEMS staff member, recently attended the American Ambulance Association meeting in Las Vegas. He served on a panel discussing vehicle standards. A.J.Heightman, the editor of JEMS, referenced Virginia EMS and Mr. Berg in his blog in regards to Virginia’s focus on the ambulance standards and their work on standards related to remounts. • Mr. Critzer reported that he has attended many meetings over the past several months and more information regarding the work from the committees will be discussed during committee reports. 	
Vice Chair Report – Genemarie McGee	Ms. McGee did not have a report.	
Chief Deputy Commissioner, Public Health and Preparedness – Hughes Melton, MD,MBA, FAAFP	Dr. Melton sent his regrets because he was unable to attend the meeting.	
Office of EMS Report – Gary Brown, Director; Scott Winston, Assistant Director; George Lindbeck, State EMS Medical Director; and OEMS Staff	<ul style="list-style-type: none"> • Mr. Brown welcomed everyone to the 37th Annual EMS Symposium • 2017 – 2018 State EMS Advisory Board Meeting Dates <ul style="list-style-type: none"> ○ 2017: Thursday and Friday, February 2-3; May 4-5; August 3-4; and Wednesday, November 8, in Norfolk, VA. ○ 2018: Thursday and Friday, February 1-2; May 3-4; August 2-3; and Wednesday, November 7, in Norfolk. <p>The 2017 and 2018 meetings, with the exception of the November meetings, will be held at the Richmond Marriott Short Pump (formerly known as the Marriott West) and where we have held meetings several years ago.</p> <ul style="list-style-type: none"> • Mr. Brown announced that they have some international guests at the EMS Symposium. They 	

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	<p>have two individuals from Rwanda and they will also have some 12 students and 2 facilitators from Australia attending the Symposium.</p> <ul style="list-style-type: none"> • Strategic Highway Safety Plan (SHSP) - Frank Cheatham Mr. Cheatham gave the Board a report on some activities that OEMS is involved in with traffic incident management and highway safety planning. <ul style="list-style-type: none"> ○ Federal regulations require states to maintain a Strategic Highway Safety Plan every five years. Mr. Cheatham explained that the comprehensive Plan is developed by a multidisciplinary stakeholder team that includes federal, state, local and private stakeholders for the purpose and goal of reducing highway deaths and injuries from vehicle crashes. The SHSP requires the stakeholders to implement actions for the four “E’s” (Enforcement, Education, Engineering and EMS). <p>Virginia is preparing its third update for the 2017-2021 period that needs to be completed by early spring 2017.</p> <ul style="list-style-type: none"> ○ Mr. Cheatham shared information regarding the SHSP Roadshows that are being sponsored by the Virginia Department of Transportation (VDOT) and the Virginia Department of Rail and Public Transportation. (Attachment A). These roadshows are being held throughout the state to give updates to the Virginia SHSP and to review regional crash data in order to better understand the top local transportation safety problems. • New Board Member – Mr. Brown welcomed Dreama Chandler to the State EMS Advisory Board. Ms. Chandler is representing the Virginia Association of Volunteer Rescue Squads (VAVRS), and she has been a member of the State EMS Advisory Board in the past. • Scott Winston, Assistant Director of the Office of EMS and Dr. George Lindbeck, the State EMS Medical Director did not have reports. 	
Amanda Lavin – Assistant Attorney General	Ms. Lavin did not have a report.	
Board of Health EMS Representative Report – Bruce Edwards	<ul style="list-style-type: none"> • Mr. Edwards reported that the Board of Health has had two meetings since the last State EMS Advisory Board meeting. The first meeting was on September 15. However, they had two regulatory subjects to be discussed and, therefore, they moved one subject regarding onsite sewage disposal to their December meeting. The other regulatory subject dealt with abortions; and because there was an issue with following some of the rules, Joint Commission on Accreditation of Healthcare Organizations (JACHO) advised the Board of Health not to take actions on September 15. Therefore, they had a special meeting regarding the abortion regulations on October 24. 	

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	<ul style="list-style-type: none"> The next Board of Health meeting will be on December 1, 2016 at the Perimeter Center in Henrico County. Designation of the eleven (11) Regional EMS Councils is on the docket for approval at the December 1 meeting. Sudha Jayaraman – Dr. Jayaraman, a member of the State EMS Advisory Board, is working with the two Rwandans who are attending the EMS Symposium. Dr. Jayaraman informed the Board that Retired Major Ignace Kabagema is one of the founding members of ambulance authority in Rwanda. Major Kabagema, along with his colleague, Jean Marie Uwitozne, who is also one of the founding members of the ambulance authority in Rwanda, are both here as guests of Dr. Jayaraman to learn from our system, observe and participate in our courses, and take part in ambulance calls, to help them create a more national trauma and emergency system in their country. <p>Richmond Ambulance Authority has been hosting them for the past week. Mr. Critzer thanked Richmond Ambulance Authority for hosting the visitors from Rwanda.</p>	
First Responder Network Authority (FirstNet) – Brent A. Williams, Senior EMS Advisory	<ul style="list-style-type: none"> Mr. Williams gave a presentation on FirstNet, which he said will be a game changer for EMS. He explained what FirstNet is and what they plan to do utilizing FirstNet. Mr. Williams explained that following 9-11 there were many discussions about improving the communications systems. These discussions led to a push for creating a broadband communications network. (Attachment B). <p>Mr. Williams said that FirstNet will be building and maintaining a broadband communications network. The FirstNet broadband network will be a public safety network and they will not have to share the network with other broadband networks that are currently being used by the general public. Mr. Williams said the network will be deployed over the next five years across the entire nation.</p>	
Complex Coordinated Terrorist Attacks (CCTA): Lessons Learned from the Response to the November 13, 2015 Terrorists Attacks in Paris – Chief Kevin McGee, Prince William County Department of Fire and Rescue	<ul style="list-style-type: none"> Chief McGee is Chairman of the International Association of Fire Chiefs Terrorism and Homeland Security Committee. They organized a delegation that traveled to Paris to capture lessons learned and bring them back and share throughout the United States. He presented the Board with information regarding the anatomy of a coordinated attack. He told the group that Day 1 on the ground they met with the Interior Minister of France who held a reception for the delegation. He made the point that they must work together on both sides of the Atlantic Ocean to win the war on terror. (Attachment C). 	
Standing Committee Reports and Action Items		
Executive Committee – Gary Critzer	<ul style="list-style-type: none"> The committee met a couple of months ago. EMT-I and the National Registry in Virginia has been discussed by several EMS Advisory Board committees and EMS stakeholders. The next step in the process is to hold some town 	State EMS Advisory Board members are asked to attend any meetings that they can; but especially to attend the meeting in

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	<p>hall meetings. These meetings will occur in the spring and the areas will be announced once they are identified.</p> <p>The purpose is to develop some consensus and identify their next steps. They want to wrap up the process and present information back to the Executive Committee and the State EMS Advisory Board in the spring.</p> <ul style="list-style-type: none"> The Executive Committee is going to schedule a meeting with VDH Administration to give them a status update of the EMS system, i.e. where EMS is, what is going on, the key issues impacting EMS in the Commonwealth and nationally. This is an effort to make VDH Administration aware of the State EMS Advisory Board actions in relation to the Office of EMS. The Executive Committee continues to search for nominees to replace Bruce Edwards as the EMS Representative for the Board of Health. Mr. Edwards rotates off the Board of Health in July 2017. They need to submit three names to the Secretary of the Commonwealth. Mr. Critzer currently has two names. His plan is to complete this process by the February State EMS Advisory Board and submit their nominees to the Secretary of the Commonwealth by early spring. <p>Mr. Critzer asked anyone who is interested or who knows someone who they think would be interested and qualified to please contact Mr. Critzer. Mr. Critzer asked them to consider the fact before submitting a name that the position will entail a lot of work that is not EMS related.</p>	<p>their area.</p> <p>Medical Directors in the area are encouraged to attend meetings being held in their area.</p> <p>Mr. Critzer asked Dr. Marilyn McLeod to help arrange with the Medical Direction Committee members and Medical Directors to attend the meetings and respond in regards to where Virginia EMS needs to be in regards to EMT-I.</p>
<p>Nominating Committee Report – Ron Passmore</p>	<p>Mr. Passmore, Chair of the Nominating Committee presented the Slate of Nominations for the State EMS Advisory Board Officers for the 2016-2017.</p> <p>Chairman – Gary P. Critzer Vice Chair – Genemarie McGee Administrative Coordinator David Hoback Rules and Regulations Committee Jon Henschel Legislative & Planning Committee Chris Parker Infrastructure Coordinator Chris Parker • Transportation Committee Chip Decker • Communications Committee Gary Critzer • Emergency Management Committee David Hoback Patient Care Coordinator Marilyn McLeod, M.D. • Medical Direction Committee Marilyn McLeod, M.D. • Medevac Committee Anita Perry • Trauma System Oversight & Mgt. Committee Michael B. Aboutanos, M.D. • EMS for Children Committee Samuel T. Bartle, M.D. Professional Development Coordinator Ron Passmore • Training & Certification Committee Ron Passmore • Workforce Development Committee Jose Salazar</p>	<p>MOTION:</p> <p>The State EMS Advisory Board moves to close the nominations with the proposed slate of officers as presented by the Nominating Committee.</p> <p>VOTE:</p> <p>YEAS = 23 NAYS = 0 ABSTENSIONS = 0</p> <p>The vote was carried unanimously.</p>

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	<ul style="list-style-type: none"> • Provider Health & Safety Committee Dan Wildman <p>The Executive Committee: Chair – Gary Critzer Vice Chair – Genemarie McGee Four Coordinators: Administrative Coordinator – David Hoback Infrastructure Coordinator – Chris Parker Patient Care Coordinator – Marilyn McLeod, M.D. Professional Development Coordinator – Ron Passmore</p> <p>The Chair asked if there were any nominations from the floor. Hearing none, the Chair entertained a motion that the nominations be closed. A motion was made and properly seconded to close the nominations. The Chair then called for a vote on the motion to close the nominations as presented by the Nominating Committee.</p> <p>The Chair then cast a unanimous ballot for the Nominating Committee slate of officers. A motion was made and seconded to vote on the Slate of Officers as submitted by the Nominating Committee.</p>	<p>MOTION:</p> <p>The State EMS Advisory Board moves to accept the Slate of Officers as proposed by the Nominating Committee.</p> <p>VOTE:</p> <p>YEAS = 23 NAYS = 0 ABSTENSIONS = 0</p> <p>The vote was carried unanimously.</p>
Financial Assistance Review Committee (FARC) – Amanda Davis	Ms. Davis referred the Board to their report that is included in the Quarterly Report. She said that FARC will meet on Thursday morning.	
Administrative Coordinator – David Hoback	Mr. Hoback had no report.	
Rules and Regulations Committee – Jon Henschel	<ul style="list-style-type: none"> • Rules and Regulations Committee had a work session on September 28, 2016. He thanked Mr. Berg and his staff for their work and help during the session. • The committee is bringing forth an action item for the Board. They are seeking endorsement for the Office of EMS to submit Notice of Intended Regulatory Action to initiate the regulatory process to update, revised and amend 12VAC31Rules and Regulations. <p>The Chair said that coming from the committee the motion does not require a second. He asked the Board if everyone understood the motion. He explained that it is not approving the regulations but just moving forward with the intent to regulate.</p>	<p>MOTION:</p> <p>The Rules and Regulations committee seeks endorsement for the Office of EMS to submit the Notice of Intended Regulatory Action (NOIRA) to initiate the regulatory process to update/revised/amend 12VAC31.</p> <p>VOTE:</p> <p>YEAS = 23 NAYS = 0 ABSTENSIONS = 0</p> <p>The vote was carried unanimously.</p>
Legislative and Planning Committee – Rob Logan	<ul style="list-style-type: none"> • Mr. Rob Logan, Vice Chair reported the committee has met twice since the last State EMS Advisory Board meeting. The primary objective was to review and update the State EMS Plan. 	

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	<p>The Plan was submitted for Public Comment and they received several public comments.</p> <ul style="list-style-type: none"> The committee had a work session on September 29 to review and integrate the public comments that were received. A final draft was developed and submitted to the full committee earlier in the day. They are submitting the draft to the State EMS Advisory Board for adoption today and, if approved, it will be forwarded to the Board of Health for consideration at their March 16 meeting. (Appendix D) <p>The Chair called for a vote on the motion.</p>	<p>MOTION:</p> <p>The Legislative and Planning Committee requests that the State EMS Advisory Board adopts the final draft Plan and forwards it to the Board of Health.</p> <p>VOTE:</p> <p>YEAS = 23 NAYS = 0 ABSTENSIONS = 0</p> <p>The vote was carried unanimously.</p>
Infrastructure Coordinator – Chris Parker	Mr. Parker did not have a report.	
Transportation Committee – Chip Decker	<ul style="list-style-type: none"> Mr. Decker reported that the committee met on October 24, 2016. The committee reviewed the current federal change notices and also discussed the upcoming federal crash test and studies and guidelines and additional change notices that might be forthcoming. The committee also discussed remounts and how Virginia plans to handle them going forward. The committee received an item from Rules and Regulations Committee to explore the potential changes from ambulance vehicles marking specifications along with the updating of the Rules and Regulations. The committee also graded 43 ambulance requests for the Rescue Squad Assistance Fund. 	
Communications Committee – Gary Critzer	<ul style="list-style-type: none"> Mr. Critzer reported that the Communications Committee will meet on Thursday. 	
Emergency Management Committee – David Hoback	<ul style="list-style-type: none"> Mr. Hoback reported that the Emergency Management Committee has not met since the last State EMS Advisory Board meeting. 	
Patient Care Coordinator – Marilyn McLeod, M.D.	<ul style="list-style-type: none"> Dr. McLeod reported that many of the Medical Direction Committee members are working with the Trauma System Plan Task Force, and that the Task Force is making progress. 	
Medical Direction Committee – Marilyn McLeod, M.D.	<ul style="list-style-type: none"> The Medical Direction Committee met October 6, 2016. They have their very first Virginia National Association of EMS Physicians meeting scheduled Thursday night at the Norfolk Waterside Marriott. 	
Medevac Committee – Anita Perry	<ul style="list-style-type: none"> The committee met earlier in the day. 	

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	<ul style="list-style-type: none"> The Medevac Committee has a safety campaign called “Land the Drone.” They are attempting to educate EMS and Fire personnel about drone safety around the landing zones. They will have a large sign outside the Exhibit Hall and individuals can take a picture with the sign and post it on social media. Dreama Chandler also has a sign that will be at some of the Medevac booths in Exhibit Hall so that individuals can also take a picture with that sign. 	
Trauma System Oversight & Management Committee – Cam Crittenden	<ul style="list-style-type: none"> The Trauma System Plan Task Force has been working on the ACS recommendations over the past year. The Task Force will meet in December and presenting the Trauma System Oversight and Management Committee with their final recommendations for the Plan for their approval. If it is approved as submitted, they will be bringing the recommendations to the State EMS Advisory Board at the February meeting. 	
EMS for Children Committee – Samuel Bartle, M.D.	<ul style="list-style-type: none"> EMSC on a national level has made some major changes. They have moved their Innovation Center from DC Children’s Hospital to Baylor College of Medicine. The committee has made some significant changes and recommendations for maintaining the EMSC grant. They proposed three new performance measures to implement in Virginia. <ul style="list-style-type: none"> Compliant with NEMESIS data submission. Coordinating pediatric emergency care within each region. Maintaining a pediatric specific equipment list for all regions and units. The committee is exploring different ways to expand the pediatric topics at Symposium. 	
Professional Development Coordinator – Ron Passmore	<p>Mr. Passmore had no report as Professional Development Coordinator.</p>	
Training & Certification Committee – Ron Passmore	<ul style="list-style-type: none"> The Training & Certification Committee met on October 5. The Committee is bringing forth one action item to approve the new format and updates to the training program administrative Manual (TPAM). (Attachment E) Mr. Critzer opened the floor for discussion and hearing none, he called for the vote. 	<p>MOTION:</p> <p>The State EMS Advisory Board moves to approve the format and updates to the Training Program Administrative Manual (TPAM) as submitted by the Training & Certification Committee.</p> <p>VOTE:</p> <p>YEAS = 23 NAYS = 0 ABSTENSIONS = 0</p> <p>The vote was carried unanimously.</p>
Workforce Development Committee – Jose Salazar	<ul style="list-style-type: none"> The Workforce Development Committee will meet on Friday at 10 a.m. They will be looking at the different areas where the State EMS Plan indicates that Workforce 	

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	<p>Development should be involved.</p> <ul style="list-style-type: none"> • The Standards of Excellence initiative is to get more agencies interested in being involved in the program. The committee did do a site visit in September in Loudoun County. Mr. Salazar encouraged EMS agencies to get involved in the Standards of Excellence program. • The EMS Officer I Program has met four times since the last State EMS Advisory Board meeting. The pilot program is being held at the Symposium and they have 18 participants. Feedback from the participants attending the pilot program will be used to make changes and release the program in the spring. • The Recruitment and Retention Network will be meeting on Thursday evening at 7 p.m. They are looking for best practices that can be shared with other EMS agencies and providers in Virginia. 	
Provider Health & Safety Committee – Dan Wildman	<ul style="list-style-type: none"> • The committee has not met since the last State EMS Advisory Board meeting. • They will be meeting on December 6 at the Office of EMS. 	
Regional EMS Council Executive Directors – Jim Chandler	<ul style="list-style-type: none"> • The Regional EMS Council Executive Directors have not met since the last State EMS Advisory Board meeting. • They will be meeting on December 1 at the Office of EMS. • The Regional EMS Council Executive Directors group is waiting for an update from OEMS in regards to agreement or contract for assisting with the distribution of the EMS training funds. • The Regional EMS Council Executive Directors group is also waiting for the Board of Health to take action on the Designations so they can look at their new contracts for the next three years, as well. • The group continues to pursue cost-effective, quality health insurance for regional council staff and, they are working with a vendor and broker on underwriting a policy. • With the approval of the State EMS Plan, the Regional EMS Council Executive Directors will be looking at their regional plans and the regional council responsibilities within their regional plans and developing strategies to address issues. 	
PUBLIC COMMENT	None.	
OLD BUSINESS	None.	
NEW BUSINESS	<ul style="list-style-type: none"> • Dan Wildman asked about fingerprint checks being delayed for up to six to eight weeks. He has heard from several agencies who said that not only are the reports delayed being returned, but when they are returned a lot of times the cards are rejected for various reasons. This issue 	

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	<p>has been brought up at several Board of Supervisors meetings; and he wanted to know if there was anything that could be done to speed up the process.</p> <ul style="list-style-type: none"> • Michael Berg responded stating that the fingerprint process is handled by the Virginia State Police Central Criminal Records Exchange (CCRE). When they are rejected, a lot of times they don't get an explanation for why they are rejected. If they receive notification of three rejections, they will send a request by email to the State Police and the State Police will do a name check. <p>Mr. Berg said that he has had requests to expedite the fingerprint checks, but they have to wait on the State Police and their schedule. He said that unfortunately at the moment there is nothing that can be done to expedite the process.</p>	
Adjournment	The meeting was adjourned at 3:20 p.m.	
Next Meeting	The next meeting is scheduled on February 3, 2017 at 1:00 p.m. at the Richmond Marriott Short Pump.	



VIRGINIA REGIONAL TRANSPORTATION SAFETY ROADSHOWS

Virginia envisions a future where all roadway users arrive safely at their destinations. To save lives and reduce transportation related crashes, all transportation and safety stakeholders play a critical role.

PARTICIPATE IN A REGIONAL TRANSPORTATION SAFETY ROADSHOW MEETING TO:

- Hear the most recent updates to the Virginia Strategic Highway Safety Plan
- Review regional crash data to understand the local top transportation safety problems
- Learn about and discuss statewide transportation safety performance measures and targets
- Prioritize strategies and actions to address regional transportation safety performance
- Discuss opportunities to implement and evaluate transportation safety programs, policies, and projects for your region

PLEASE JOIN US AT ONE OF THE FOLLOWING ROADSHOWS:

Register by November 14th to save your seat at one of the regional meetings – a link to register is provided below.

BRISTOL

November 16 – 9 a.m. to 12 p.m.
Auditorium
VDOT Bristol District Office
870 Bonham Road
Bristol, VA 24201

SALEM

November 17 – 9 a.m. to 12 p.m.
Auditorium
VDOT Salem District Office
731 Harrison Ave.
Salem, VA 24153

HARRISONBURG

November 18 – 9 a.m. to 12 p.m.
Fire and Rescue Training Room
Rockingham County
Department of Fire and Rescue
20 East Gay Street
Harrisonburg, VA 22802

NORTHERN VIRGINIA

December 1 – 1 p.m. to 4 p.m.
Potomac Conference Room
VDOT Northern Virginia
District Office
4975 Alliance Drive
Fairfax, VA 22030

HAMPTON ROADS

December 8 – 9 a.m. to 12 p.m.
Board Room
Hampton Roads TPO
723 Woodlake Drive
Chesapeake, VA 23320

RICHMOND

December 15 – 9 a.m. to 12 p.m.
Room 702
Department of Motor Vehicles
2300 West Broad Street
Richmond, VA 23269

CHARLOTTESVILLE

December 16 – 9 a.m. to 12 p.m.
Auditorium
Virginia Transportation
Research Council
530 Edgemont Road
Charlottesville, VA 22903



Arrive Alive Virginia

Virginia Strategic Highway Safety Plan

For more information, contact: Stephen Read, VDOT, Stephen.Read@VDOT.Virginia.gov, 804-786-9094.

Please register by November 14th at: http://bit.ly/VA_SHSP



FirstNet and Emergency Medical Services

WHAT IS THE FIRST RESPONDER NETWORK AUTHORITY (FirstNet)?

FirstNet is an independent authority within the U.S. Department of Commerce's National Telecommunications and Information Administration. FirstNet is governed by a 15-member Board consisting of the Attorney General of the United States, the Secretary of Homeland Security, the Director of the Office of Management and Budget, and 12 members appointed by the Secretary of Commerce. The FirstNet Board is composed of representatives from public safety; local, state and federal government; and the wireless industry.

Federal legislation creating FirstNet was signed into law in February, 2012. FirstNet has been obligated by Congress to take all actions necessary to ensure the building, deployment and operation of the nationwide public safety broadband network. FirstNet will provide a single, broadband, interoperable platform for public safety mobile communications.

WHAT WILL BE POSSIBLE WITH THE FIRSTNET NETWORK?

FirstNet will enable emergency medical services personnel to exchange key diagnostic information with doctors and provide treatment to patients like never before. Imagine a day when one interoperable communications network will provide high speed data, including video, text, graphics and eventually voice, to connect all of the participants in an EMS encounter. FirstNet will provide the broadband connectivity between EMS and hospitals to support advanced diagnostics and treatment in the field, with solid physician oversight and advice. In addition, access to many useful databases and applications will be supported.

FirstNet's goal is to provide public safety-grade reliability and sufficient coverage so EMS personnel can count on the network when they are on the job. EMS chiefs and local officials will have local control over the network so they can assign users and talk groups and determine who can access applications.

When the FirstNet network launches, it will provide mission-critical, high-speed mobile data services to supplement the voice capabilities of today's traditional public safety Land Mobile Radio (LMR) networks. Initially, the FirstNet network will be used for sending data, video, images and text. The FirstNet network will also carry location information and support streaming video. As the 4G LTE standard used by the FirstNet network matures, voice communication will also be part of the FirstNet offering.

Questions? Contact FirstNet at info@firstnet.gov | www.firstnet.gov | 571-665-6100



WHY WAS FIRSTNET CREATED?

The 9/11 Commission recommended that a nationwide, dedicated, reliable network for public safety communication be created. The public safety community lobbied Congress to pass legislation to provide for this advanced data communications network. Some EMS services already make use of broadband data connectivity provided by commercial cellular providers. But, during emergencies, EMS personnel need priority access and preemption that are not available on existing commercial networks.

HOW WILL THE FIRSTNET NETWORK BENEFIT EMS?

Using the FirstNet network will improve situational awareness and decision-making by bringing broadband, high speed data connectivity to the ambulance and the patient in the field. The FirstNet network will make it possible to use new diagnostic tools, such as ultrasound and CT in the ambulance, to enhance decision making and treatment capability. The broadband connectivity provided by FirstNet will bring the “hospital to the ambulance” like never before possible. This kind of connection, while units are on the scene and during transport, will improve all levels of pre-hospital care.

WHAT WILL USERS PAY FOR FIRSTNET’S SERVICES?

While final costs have not been set, FirstNet intends to offer services at a compelling and competitive cost to attract millions of public safety users and make FirstNet self-sustaining. The use of FirstNet’s services and applications will be voluntary.

HOW CAN MY LOCAL HOSPITAL AND EMS AGENCY PARTICIPATE IN THE DEVELOPMENT OF THE FIRSTNET NETWORK?

The Governor of each State has designated a Single Point of Contact (SPOC) to gather local requirements for the network from each community, tribal region, and public safety entity. EMS personnel can provide input to FirstNet through the SPOC in your State. To identify the SPOC for your state and become involved, go to <http://firstnet.gov/consultation>. EMS personnel may also contact members of the FirstNet Public Safety Advisory Committee (PSAC). More information regarding the PSAC and its membership is available at <http://firstnet.gov/about/public-safety-advisory-committee>. To stay up-to-date on FirstNet activities, EMS personnel can track progress at www.firstnet.gov. Look for FirstNet representatives and displays at many EMS conferences around the nation.

FirstNet Senior EMS Advisor
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FirstNet Board member, representing EMS interests
Kevin McGinnis
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Questions? Contact FirstNet at info@firstnet.gov | www.firstnet.gov | 571-665-6100



Ten Reasons YOU Need to Be Engaged with FirstNet

FirstNet is building a Nationwide Public Safety Broadband Network. EMS stakeholders are necessary to help define prehospital broadband capabilities. *Are you at the table?*

FirstNet has been authorized by Congress to establish a Nationwide Public Safety Broadband Network (NPSBN) that will give EMS personnel access to a secure, high-speed data network that will transform the way prehospital care is delivered to the critically ill and injured.

"EMS is on the cusp of a revolution. Are you ready for communication technologies that will turn the back of your ambulance into a remote emergency room? Soon the glasses you are wearing and the ultrasound machine you are using will live stream what you see to the hospital as you are en route with your patient. The newest generation of EMS practitioners will hold high-definition, two-way video dialogues with physicians and specialists. This real-time relay of information will allow hospitals to see what is coming in from the field ahead of time. Innovation, technology and connectivity will bring about the "Internet of Lifesaving Things," making a monumental difference in the field and improving the continuum of care." – TJ Kennedy, FirstNet President.

The EMS 3.0 initiative, including community paramedicine and mobile integrated healthcare, are the framework of that revolution; however, the communications capabilities of the FirstNet NPSBN will enable that revolution.

You must be engaged because EMS requires:

1. **High-speed data networks** that are HIPAA secure and will allow you to rapidly access and exchange multi-media data in urban, suburban, and rural areas.
2. **Reliable and stable networks** that will be there when you need it and will not be impacted by congestion on commercial cellular networks.
3. **Faster and more efficient emergency medical response** based on access to incident location data, updated GIS maps, and real-time GPS tracking of emergency vehicles and crewmembers.
4. **Access to incident video and data received by the PSAP** from 9-1-1 callers, advance automatic crash notification devices and other data sources, including patient condition and vehicle crash impact status.
5. **Enhanced situational awareness** at the scene in real time, including the ability to share imagery, voice and data for better disaster response, scene documentation, triage, and resource allocation.
6. **Ability to provide mobile telemedicine** to send pictures and video to the Emergency Department when consulting with a physician, or record video of a patient interaction to document an uncooperative patient or patient refusal.
7. **Ability to reliably transmit 12-lead EKGs and patient biomedical data** to the Emergency Department or patient receiving facility to enhancing readiness and supporting early alerts to specialty teams including trauma, stroke, and STEMI groups.

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8. **Electronic access to and transmission of patient medical records;** health information exchange (HIE) databases, mobile integrated healthcare resources, and other online resources while also being able to transmit your patient care report electronically to the Emergency Department or patient receiving facility.
9. **Leverage emerging prehospital care technology** including remote laboratory screenings and ultrasound image transfer that can support Community Paramedicine and mobile integrated healthcare.
10. **Greater levels of interoperability and real time data sharing** between other first responder organizations and agencies.

“My agency already has commercial wireless network capabilities on its EMS units. Why should I care about FirstNet?” FirstNet is a broadband wireless network designed to support public safety. It is not the same commercial network used by everyone today to access their mobile apps, games, social networks, chat rooms, video, music streaming, etc. Use of the commercial network is growing with increasing network congestion. This will continue to challenge public safety’s access to network resources that are needed to communicate with doctors, hospitals, and other responders and to access critical data when it is needed most.

Also, **FirstNet has a rural mandate from Congress**, unlike commercial wireless which has little incentive to build coverage in rural areas. Using a combination of tower-based, satellite, deployable and other technologies, FirstNet must develop coverage in rural areas.

You and your EMS agency will benefit from FirstNet in the following ways:

1. Better patient care through collaboration between field providers, patient receiving facilities, and other technical experts.
2. Lower litigation risk through enhanced communication between EMS personnel and online medical control physicians, and use of video documentation.
3. More efficient resource allocation through enhanced situational awareness of patients and available resources.

FirstNet needs to know what EMS requires and expects from the network. This cannot happen unless EMS is sitting at the table during the discussions. Law enforcement and Fire/Rescue representatives are currently there, participating in each state. **Don’t get left behind!** Each state has a designated Single Point of Contact that helps organize input from first responders on the needed functionality of this new network.

It is critically important that EMS personnel be at the table with law enforcement, fire/rescue, and other public safety representatives. So, contact your State’s Single Point of Contact and join the discussion **NOW**.

Let your EMS voice be heard!

You can find more information and the name of your State Point of Contact by visiting the FirstNet website: www.FirstNet.gov/consultation. You may also contact these FirstNet representatives who focus on EMS issues

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September 2016

ATTACHMENT C
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(U) Lessons Learned from the November 2015 Complex Coordinated Terrorist Attack

(U) The Department of Homeland Security, International Association of Fire Chiefs (IAFC), and Harvard Kennedy School partnered to support a proposal from the IAFC Terrorism and Homeland Security Committee to send a delegation to Paris to capture lessons learned from the events of 13 November 2015.

(U) Delegation consisted of representatives from:

- Fire Department of the City of New York (FDNY)
- FDNY/Office of Medical Affairs
- Los Angeles Fire Department
- District of Columbia Fire and Emergency Medical Services Department
- Prince William County Department of Fire and Rescue
- Department of Homeland Security/Office of Intelligence and Analysis
- District of Columbia Homeland Security and Emergency Management Agency
- Harvard Kennedy School of Government

(U) The delegation participated in meetings with the following French federal agencies and organizations 28 March - 1 April 2016:

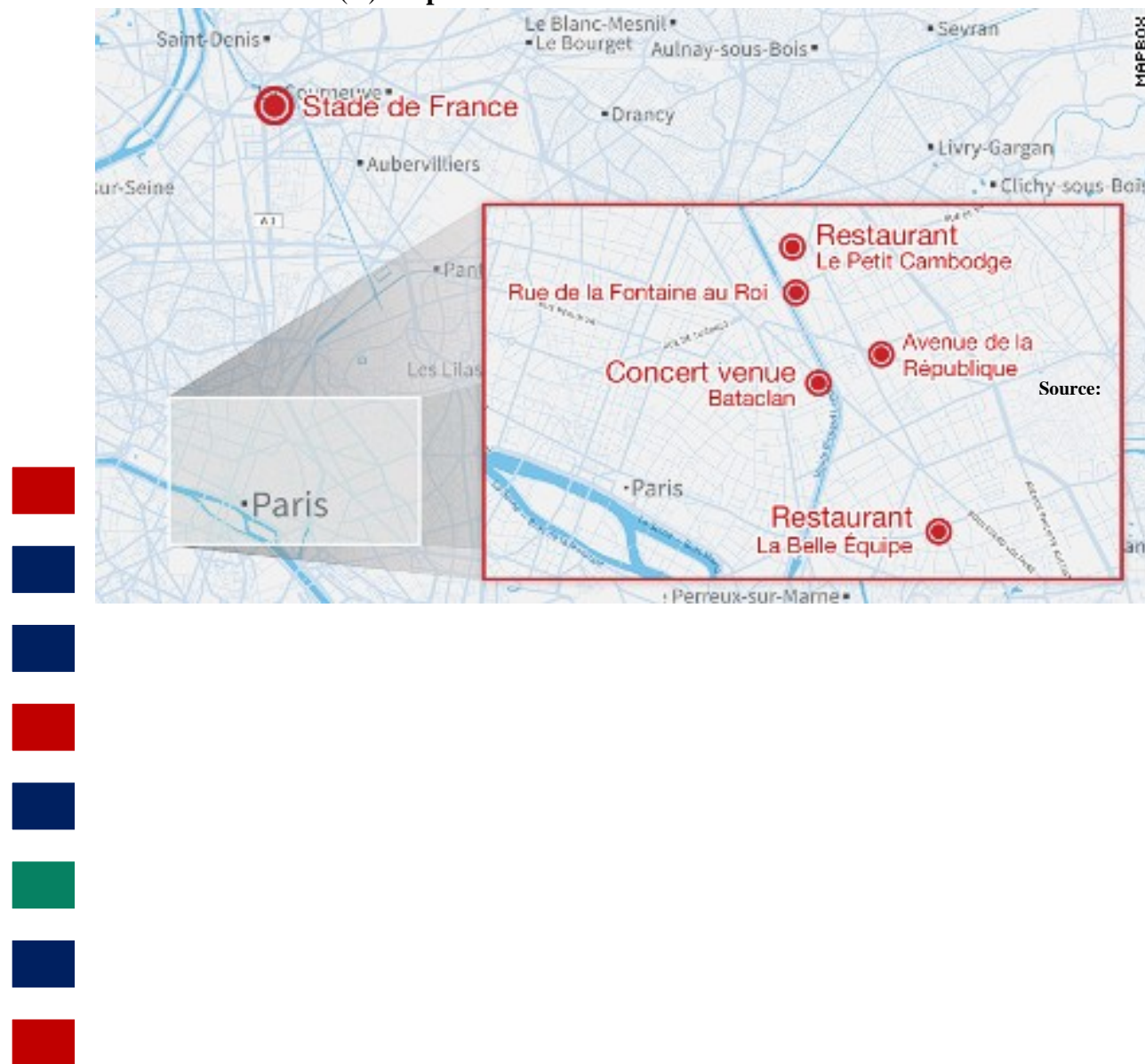
- General Directorate of Civil Defense and Emergency Management Inter-ministerial Crisis Center
- Minister of the Interior of the French Republic
- Paris Fire Brigade
- Yvelines Fire Department
- Paris Zone Defense and Security
- Paris Police Department
- Department of Public Order and Traffic Management
- Brigade of Research and Intervention (BRI)
- Research Assistance Intervention Dissuasion Department (RAID)
- Service d'Aide Médicale Urgente (SAMU) or Urgent Medical Aid Service
- Public Assistance Hospitals of Paris
- Hospital Necker
- Hospital Saint Louis

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(U) France: Terrorist Threat Environment

(U) Prior to 2015, French officials had disrupted several potentially devastating plots but had not sustained any mass-casualty terrorist attacks in Paris in 20 years. France experienced multiple attacks in 2015, the most serious being the coordinated 13 November attacks in and around Paris that killed over 130 and injured 413. Earlier in the year, the 7 to 9 January attacks on the Charlie Hebdo satirical magazine and a Jewish kosher grocery, and murder of a policewoman, killed 17 victims. France remained on high alert during 2015 for attacks against its interests in France and worldwide, and was specifically concerned about the potential for strikes against high occupancy venues at the time of November attacks. The return of French nationals who have joined groups fighting in Syria and Iraq remains a major and increasing threat to France and other European countries.

(U) Map and Timeline of 13 November Attacks



**VIRGINIA OFFICE OF
EMERGENCY MEDICAL SERVICES
STATE STRATEGIC AND OPERATIONAL PLAN**



2017 – 2019

ATTACHMENT D

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VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN INTRODUCTION

§32.1-111.3 of the Code of Virginia requires the development of a comprehensive, coordinated, statewide emergency medical services plan by the Virginia Office of EMS (OEMS) which shall incorporate, but not be limited to, the plans prepared by the regional emergency medical services councils. The Board of Health must review, update, and publish the plan triennially, making such revisions as may be necessary to improve the effectiveness and efficiency of the Commonwealth's emergency care system. The objectives of the plan shall include, but not be limited to the nineteen objectives outlined in §32.1-111.3.

Over the past few years, much attention has been paid to the development of the plan. Some of this is due to review reports, namely the Joint Legislative Audit and Review Commission (JLARC), and the Institute of Medicine (IOM) Report "EMS at the Crossroads". These recommendations made in these documents have assisted in driving the planning process forward.

As the Code of Virginia mandates, this plan must be reviewed, updated, and published triennially by the Board of Health. 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. Additionally, OEMS is prepared to report on the progress of the plan to the Board of Health or other interested parties upon request, and through the OEMS Annual Reports, and Service Area Plans as required by VDH, and the Code of Virginia.

This operational plan identifies the specific initiatives required of the OEMS staff in executing the 2017 – 2019 Strategic Plan. Each objective and action step is intended to accomplish those items most critical to the Strategic Plan in the given fiscal year. The Strategic Plan is designed to improve priority areas of performance and initiate new programs. Therefore, much of the routine, but important work of the OEMS staff is not included in the Operational Plan.

No later than three (3) months prior to the end of a particular fiscal year the OEMS staff will evaluate progress on the plan and begin the process of creating the Operational Plan for the next fiscal year.

In most cases "accountability" should be the name of a person, division, or entity that has the lead responsibility for the implementation of the objective or action step. The plan will be reviewed quarterly, and only those objectives and items relevant to the time frame will be a part of the review. Any changes in the objective or action steps should be noted in writing on the form at that time.

Definitions of acronyms included in the plan can be found on pages 16 and 17.

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Virginia Office of Emergency Medical Services Mission Statement

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

Virginia Office of Emergency Medical Services Vision Statement

To establish a unified, comprehensive and effective EMS system for the Commonwealth of Virginia that provides for the health and safety of its citizens and visitors.

What is the Emergency Medical Services system in Virginia?

The Virginia Emergency Medical Services (EMS) system is very large and complex, involving a wide variety of EMS agencies and personnel, including volunteer and career providers functioning in volunteer rescue squads, municipal fire departments, commercial ambulance services, hospitals, and a number of other settings to enable the EMS community to provide the highest quality emergency medical care possible to those in need. Every person living in or traveling through the state is a potential recipient of emergency medical care.

The Virginia Department of Health, Office of Emergency Medical Service (OEMS) is responsible for development of an efficient and effective statewide EMS system. The EMS System in Virginia is designed to respond to any and all situations where emergency medical care is necessary. This is accomplished through a coordinated system of over 35,000 trained, prepared and certified providers, nearly 4,500 permitted EMS vehicles, and over 680 licensed EMS agencies, to provide ground and air emergency medical care to all citizens of the Commonwealth of Virginia.

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Appendix A – Planning Strategy Matrix

Strategic Initiative 1.1- Promote Collaborative Approaches			
	Objectives	Accountability	Action Steps
Core Strategy 1: Develop Partnerships	1.1.1 Use technology to provide accurate and timely communication within the Virginia EMS System	OEMS, Regional EMS Councils (RC)	1.1.1.1 Track and report on amount, and general content of material posted to OEMS and Regional EMS Council websites and social media on a monthly and quarterly basis.
	1.1.2 Promote collaborative activities between local government, EMS agencies, hospitals, and increase recruitment and retention of certified EMS providers.	OEMS, System stakeholders	1.1.2.1. Develop method to measure the number of new EMS providers recruited via recruitment and retention programs and activities. 1.1.2.2. Revise "Keeping The Best!" programs for online access. 1.1.2.3. Maintain informational items regarding benefits and incentives for local governments to provide to volunteer fire and EMS providers. 1.1.2.4. Educate and familiarize local government officials on the importance in taking a greater role in EMS planning and coordination.
	1.1.3 Provide a platform for clear, accurate, and concise information sharing and improved interagency communications between the Office of EMS, state agencies and EMS system stakeholders in Virginia.	OEMS, State Agencies (VDEM, PSHS, VSP, VDFP), RC, System Stakeholders.	1.1.3.1. Encourage agencies and providers to visit OEMS web page regularly, subscribe to OEMS e-mail list, and access OEMS social media sites. 1.1.3.2. Encourage stakeholder use of OEMS Provider and Agency Portals.
	1.1.4 Identify resources and/or opportunities to work collaboratively with other state agencies, organizations, and associations to improve processes and patient outcomes.	OEMS	1.1.4.1. Attend meetings of, and exchange knowledge with the National Association of State EMS Officials. 1.1.4.2. Encourage appropriate state agencies and organizations to participate in meetings and activities hosted or sponsored by OEMS. 1.1.4.3. Collaboration among Air Medical Services (AMS) entities to ensure systems enhancements.
	1.1.5 Promote data sharing projects which benefit internal and external projects.	OEMS	1.1.5.1. Further data sharing, including the most recent version of NEMSIS, among the highway safety community, as well internal and external stakeholders. 1.1.5.2 Utilize the national EMS database to monitor national data trends. 1.1.5.3 Provide a means for VDH bio-surveillance programs to utilize VPHIB data.

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Strategic Initiative 1.2 – Coordinate responses to emergencies both natural and man-made.			
	Objectives	Accountability	Action Steps
Core Strategy 1: Develop Partnerships	1.2.1 Support, coordinate and maintain deployable emergency response resources.	OEMS, VDEM	1.2.1.1. Create recruiting and selection process for resource management team. 1.2.1.2 Work with partner agencies to develop mission ready packages and the process for implementation and use.
	1.2.2 Increase knowledge of Emergency Operations capabilities with Emergency Managers, leaders, and supervisors on a local, regional, and state level.	OEMS	1.2.2.1. Continue to promote Emergency Operations resources, training courses, and abilities to localities across the Commonwealth.
	1.2.3 Assist EMS agencies to prepare and respond to natural and man-made emergencies (including pandemic diseases) by incorporating strategies to develop emergency response plans (the plan) that address the four phases of an emergency (preparedness, mitigation, response, and recovery) and to exercise the plan.	OEMS, VDEM	1.2.3.1. Create and promote planning templates aimed at EMS agencies, specifically related to COOP, Emergency Preparedness, and response concerns (MCI, Surge Planning, etc.)

Strategic Initiative 2.1 - Sponsor EMS related research and education.			
	Objectives	Accountability	Action Steps
Core Strategy 2: Create Tools and Resources	2.1.1 Encourage research and other projects that contribute to high quality EMS and improve patient outcomes utilizing data collected by the EMS Registries.	OEMS	2.1.1.1. Provide state and regional EMS data summaries, and compare with other similar state EMS data. 2.1.1.2. Develop VSTR and VPHIB research data set to be available for entities upon request and that have obtained institutional review board approval. 2.1.1.3. Support the development, implementation, and evaluation of evidence-based guidelines (EBGs) according to the National Prehospital EBG Model Process 2.1.1.4. Promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems 2.1.1.5. Improve linkages between NEMSIS data, VDH data warehouse and other databases, registries, or other sources to measure system effectiveness and improve clinical outcomes

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Strategic Initiative 2.1 - Sponsor EMS related research and education. (Cont.)			
	Objectives	Accountability	Action Steps
Core Strategy 2: Create Tools and Resources	2.1.2 Determine quality of EMS service and conduct analysis of trauma triage effectiveness.	OEMS, Designated Trauma Centers, TSO & MC, RC	2.1.2.1. Trauma Performance Improvement Committee and/or EMS staffs will provide quarterly reports to the regional trauma committees via their representative on the TSO&MC that identify over and under triage events due on the established schedule that OEMS staff submits its contribution to the EMS Quarterly Report to the EMS Advisory Board. The statewide version of this quarterly report shall be included in the quarterly report and posted on the OEMS Web site. 2.1.2.2. Develop and implement OEMS component of VDH Data Warehouse (DW) <ul style="list-style-type: none"> • Use DW to integrate VPHIB and VSTR • Use DW to access and integrate VHI and Vital Statistics data OEMS databases. • Provide agency-wide access to EMS data to be used in other public health efforts. 2.1.2.3. Use the DW to support bio-surveillance projects being performed within the VDH.
	2.1.3 Evaluate challenges that impact the workforce on service provision around the State.	OEMS, Workforce Development Committee (WDC), VAGEMSA, VAVRS	2.1.3.1. Assess demographic and profile characteristics of EMS Providers in Virginia through EMS Provider Portal. 2.1.3.2. Utilize EMS databases to evaluate information related to challenges that impact the workforce in the provision of EMS service.

Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel.			
	Objectives	Accountability	Action Steps
Core Strategy 2	2.2.1 Ensure adequate, accessible, and quality EMS provider training and continuing education exists in Virginia.	OEMS, TCC, Regional EMS Councils	2.2.1.1. Widely publicize the availability of and ensure adequate, accessible and quality EMS provider training and continuing education through course offerings held across the state. 2.2.1.2. Review student disposition on a bi-annual basis, identifying areas of concern for TCC input and possible corrective action. 2.2.1.3 Provide continued support for an annual multi-disciplinary EMS Symposium (i.e. Virginia EMS Symposium) as a primary statewide EMS system continuing education event.

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Strategic Initiative 2.2 - Supply quality education and certification of EMS personnel. (Cont.)			
	Objectives	Accountability	Action Steps
Core Strategy 2: Create Tools and Resources	2.2.2 Enhance competency based EMS training programs.	OEMS, TCC, MDC	2.2.2.1. Compare and contrast traditional versus competency based programs. 2.2.2.2 Identify and document aspects from competency based programs that directors feel enhance their programs as compared to the traditional approach.
	2.2.3 Align all initial EMS education programs to that of other allied health professions to promote professionalism of EMS.	OEMS, TCC, MDC, Board of Health Professions	2.2.3.1. Proactively promote Advanced Level EMT Training (AEMT)
	2.2.4 Increase the amount and quality of pediatric training and educational resources for EMS providers, emergency department staff in Virginia.	OEMS, EMSC Committee, VHHA	2.2.4.1. Purchase and distribute pediatric training equipment for EMS agencies. 2.2.4.2. Sponsor pediatric training related instructor courses. 2.2.4.3. Provide support for speakers and topics at the annual VA EMS Symposium. 2.2.4.4 Participate in the National Pediatric Readiness Project.
	2.2.5 Assure an adequate amount and quality of geriatric training and educational resources for EMS providers, emergency department staff and primary care providers in Virginia.	OEMS, TCC, MDC	2.2.5.1. Sponsor geriatric training related instructor courses. 2.2.5.2. Provide support for speakers and topics at the annual VA EMS Symposium.
	2.2.6. Assure an adequate amount and quality of crisis/behavioral health training and educational resources for EMS providers.	OEMS, TCC, MDC, RC, Virginia Department of Behavioral Health and Developmental Services (VBHDS)	2.2.6.1 Coordinate and sponsor crisis/behavioral health courses for instructors and students throughout the Commonwealth. 2.2.6.2 Provide support for speakers and topics at the annual VA EMS Symposium.

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Strategic Initiative 3.1 - EMS Regulations, Protocols, Policies, and Standards			
Objectives	Accountability	Action Steps	
Core Strategy 3: Develop Infrastructure	3.1.1 Review and assess state and federal legislation related to the EMS system.	OEMS, Rules and Regulations Committee, Legislation and Planning Committee	3.1.1.1. Review legislation to determine impact of legislation on VA EMS system. 3.1.1.2. Gather legislative news and interest items from NASEMSO, and NAEMSP, FICEMS, and related organizations.
	3.1.2 Establish statewide Air/Ground Safety Standards.	OEMS, State Medevac Committee	3.1.2.1. Identify and adopt universal safety standards. 3.1.2.2. Maintain weather turn down system. 3.1.2.3. Establish standard safety protocols and training based on protocols. 3.1.2.4. Standardize air/ground safety standards. 3.1.2.5. Standardize LZ procedures. 3.1.2.6. Maintain process for consistent use of air to air communication.
	3.1.3 Develop criteria for a voluntary Virginia Standards of Excellence Recognition Program for EMS Agencies.	OEMS, Workforce Development Committee	3.1.3.1. Promote and incentivize voluntary accreditation standards. 3.1.3.2. Implement and market program to interested agencies. 3.1.3.3. Evaluate efficacy of program based on feedback of EMS agency officials and Technical Assistance Teams.
	3.1.4 Maintain and enhance the Trauma Center designation process.	OEMS, TSO & MC, EMSC	3.1.4.1. Maintain the trauma designation criteria to include American College of Surgeons (ACS) Trauma Center standards. 3.1.4.2. Conduct an analysis to determine the benefits of adding Level IV designation to the trauma care system, based on public need.
	3.1.5 Maintain and enhance the Regional EMS Council designation process.	OEMS	3.1.5.1. Evaluate the structure of the designation process. 3.1.5.2. Incorporate input of applicants and evaluators into next round of designations. 3.1.5.3. Conduct re-designation of councils.
	3.1.6 Establish standardized methods and procedures for the inspection and licensing and/or permitting of all EMS agencies and vehicles, including equipment and supply requirements.	OEMS, Transportation Committee	3.1.6.1. Development of standard inspection checklist, to include all aspects of agency and EMS vehicle inspection.
	3.1.7 Through a consensus process, develop a recommendation for evidence-based patient care guidelines and formulary.	OEMS, State EMS Medical Director, MDC, Board of Pharmacy.	3.1.7.1. Resource document being developed to assist regional medical directors, agency medical director and agency personnel as patient care guidelines and protocols are produced.

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Strategic Initiative 3.2 - Focus recruitment and retention efforts

	Objectives	Accountability	Action Steps
Core Strategy 3: Develop Infrastructure	3.2.1 Develop, implement, and promote a comprehensive recruitment and retention campaign for EMS personnel and physicians, supporting the needs of the EMS system.	OEMS, State EMS Medical Director, MDC, WDC, FARC, RC	3.2.1.1. Continue to support "VA EMS Jobs" website. 3.2.1.2. Develop and implement voluntary "Standards of Excellence" for EMS agencies. 3.2.1.3. Maintain Leadership & Management Track at the VA EMS Symposium, and recommend topics and presenters. 3.2.1.4. Continue to promote and support special RSAF applications related to recruitment and retention of EMS providers. 3.2.1.5 Review and promote the OMD Workshop Curriculum. 3.2.1.6 Support the transition of military EMS providers to civilian practice.
	3.2.2 Support and expand the Virginia Recruitment and Retention Network.	OEMS, WDC	3.2.2.1. Continue to support information and education for distribution. 3.2.2.2. Seek new avenues for EMS recruitment outreach. 3.2.2.3. Recommend strategies to expand existing programs and distribute to EMS stakeholders.
	3.2.3 Develop, implement, and promote EMS leadership programs, utilizing best practices.	OEMS, WDC	3.2.3.1. Develop and promote leadership programs to assist EMS agencies to provide high quality leadership to include all levels of the EMS Officer training program. 3.2.3.2. Develop and/or review leadership criteria and qualifications for managing an EMS agency. 3.2.3.3. Develop model job descriptions for EMS Officers. 3.2.3.4. Test efficacy of standards annually.

Strategic Initiative 3.3 – Upgrade technology and communication systems

	Objectives	Accountability	Action Steps
Core Strategy 3	3.3.1 Assist with, and promote, the compliance of all emergency medical communications systems with state and federal regulations for interoperability.	OEMS, Communications Committee	3.3.1.1. Continue to ensure that all emergency medical communications systems meet state and federal regulations.
	3.3.2 Promote emergency medical dispatch standards and accreditation among 911 Public Safety Answering Points (PSAPs) in Virginia.	OEMS, Communications Committee	3.3.2.1. Support concept of accredited PSAPs, operating with emergency medical dispatch (EMD) standards, and assist agencies in achieving accreditation, and/or adopting EMD as standard operating procedure.
	3.3.3 Provide technical assistance on communication products available for use in the emergency medical community.	OEMS, Communications Committee	3.3.3.1. Support new products and technologies, state and federal interoperability initiatives, including First Net, and serve as information conduit to entities.

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Strategic Initiative 3.4 – EMS Funding			
	Objectives	Accountability	Action Steps
Core Strategy 3: Develop Infrastructure	3.4.1 Standardize EMS grant review and grading process by graders at regional and state level.	OEMS, FARC	3.4.1.1. Revise RSAF grant review sheet developed by FARC and OEMS Staff, and continue to evaluate for efficacy. 3.4.1.2. Solicit and consider concerns/comments of regional EMS councils/stakeholders regarding the grant process.
	3.4.2 Explore feasibility of creating EMS consortium for purchase of EMS equipment and supplies.	OEMS, FARC, Transportation Committee	3.4.2.2. Collaborate with DGS and other stakeholders in developing a resource guide, and distribute to potential grant applicants.
	3.4.3 Develop uniform pricing schedule for state funded items.	OEMS, FARC	3.4.3.1. Determine items that can be standardized. 3.4.3.2. Distribute schedule to potential grant applicants.
	3.4.4 Develop standard specifications for state grant funded equipment awarded to eligible non-profit EMS agencies.	OEMS, FARC, VDH Office of Purchasing and General Services	3.4.4.1. Develop and maintain list of eligible equipment and vehicles that agencies are eligible to purchase using state grant funds. 3.4.4.2. Utilize standard equipment and vehicle lists for future grant applications and cycles.
	3.4.5 Assist EMS agencies to identify grant programs and funding sources for EMS equipment, training, and supplies.	OEMS, FARC	3.4.5.1. Continue to promote RSAF program through Regional EMS Councils. 3.4.5.2. Identify grant opportunities that EMS agencies may be eligible for, and distribute information to EMS system.
	3.4.6 Integrate state grant funding programs with other related grant funding programs.	OEMS, FARC	3.4.6.1. Continue to seek federal and other grant funds for items intended to improve the statewide EMS system.
	3.4.7 Develop guidance documents to assist EMS agencies account for the use of state grant funds and develop internal audit processes.	OEMS, FARC	3.4.7.1. Work with contracted audit firms and Office of Internal Audit to create reference documents to assist agencies to account for grant funds, and ensure sound auditing practices.
Strategic Initiative 3.5 – Enhance regional and local EMS efficiencies			
	Objectives	Accountability	Action Steps
Core Strategy 3	3.5.1 Standardize performance and outcome based service contracts with designated Regional EMS Councils and other qualified entities.	OEMS, RC	3.5.1.1. Maintain annual service contracts with Regional EMS Councils. 3.5.1.2. Provide standard contracts, plan templates, and other reference documents to Regional EMS Councils in each fiscal year. 3.5.1.3. Provide input on contract deliverables to Regional EMS Councils on a quarterly basis.
	3.5.2 Improve regulation and oversight of air medical services (AMS) statewide.	OEMS, State Medevac Committee, Rules & Regulations Committee, MDC	3.5.2.1. Revise/implement state AMS regulations. More clearly define licensure requirements for AMS agencies. 3.5.2.2. Establish response areas for AMS agencies. 3.5.2.3. Develop criteria for ongoing AMS PI program.

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Strategic Initiative 3.5 – Enhance regional and local EMS efficiencies (Cont.)			
	Objectives	Accountability	Action Steps
Core Strategy 3	3.5.3 Educate local government officials and communities about the value of a high quality EMS system to promote development in economically depressed communities and the importance of assuming a greater responsibility in the planning, development, implementation, and evaluation of its emergency medical services system.	OEMS, WDC OMHHE	3.5.3.1. Give presentations at Virginia Association of Counties (VACO) and Virginia Municipal League (VML) meetings, to educate local government officials about EMS. 3.5.3.2. Contribute EMS related articles and news items to periodic publications of VACO and VML.

Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards.			
	Objectives	Accountability	Action Steps
Core Strategy 4	4.1.1 Maintain statewide data-driven performance improvement process.	OEMS, MDC	4.1.1.1. Utilize VDH resources to conduct risk adjusted data analysis of patients in cooperation with our stakeholders. 4.1.1.2. Develop an EMS performance improvement program.
	4.1.2 Maintain statewide pre-hospital and inter-hospital triage/patient management plans.	OEMS, TSO & MC, State EMS Medical Director, MDC, RC	4.1.2.1. Maintain statewide stroke triage, and trauma triage plans to include regional plan development and maintenance by regional EMS councils. 4.1.2.2. Supply state level data to assist with monitoring individual regional performance compared to state and national benchmarks. 4.1.2.3. Actively participate with organizations, such as AHA that addresses pre-hospital and inter-hospital triage/patient management.

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VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

Strategic Initiative 4.1 – Assess compliance with EMS performance driven standards. (Cont.)

			Objectives	Accountability	Action Steps
Core Strategy 4: Assure Quality and Evaluation	4.1.3	Review and evaluate data collection and submission efforts.	OEMS, MDC	4.1.3.1. Develop standard reports within VPHIB that will allow individual EMS agencies to view the quality of data being submitted. 4.1.3.2. Provide quality "dashboards" where education can improve data quality and update validity rules within the application when education alone cannot correct poor data. 4.1.3.3. Provide quarterly compliance reports to the OEMS, Division of Regulation and Compliance and Executive Management.	
	4.1.4	Review functional adequacy and design features of EMS vehicles utilized in Virginia and recommend changes to improve EMS provider safety, unit efficiency and quality of patient care.	OEMS, Rules & Regulations Committee, Transportation Committee, Health & Safety Committee	4.1.4.1. Evaluation of national/international documents and information related to vehicle and provider safety, with potential incorporation into EMS regulation and inspection procedure.	
	4.1.5	Measure EMS system compliance utilizing national EMS for Children (EMSC) performance measures.	OEMS, EMSC	4.1.5.1. Continue to assess the pediatric emergency care readiness of Virginia Emergency Departments.	

Strategic Initiative 4.2 – Assess and enhance quality of education for EMS providers.

			Objectives	Accountability	Action Steps
Core Strategy 4: Assure Quality and Evaluation	4.2.1	Update the certification process to assure certification examinations continue to be valid, psychometrically sound, and legally defensible.	OEMS, TCC	4.2.1.1. Review and revision of psychomotor examination by TCC as needed. 4.2.1.2. Review statistical data and make recommendations for the EC recertification exam.	
	4.2.2	Assure adequate and appropriate education of EMS students.	OEMS, TCC, AEMS	4.2.2.1. Review state statistics for certification rates and assist in determining avenues to improve outcomes and implement new processes. 4.2.2.2. Improve instructor compliance with student registration process.	
	4.2.3	Explore substitution of practical examination with successful completion of a recognized competency based training program conducted by accredited training sites and using computer based technology for written examinations.	OEMS, TCC	4.2.3.1. Explore possibility of administering a program summative practical exam in lieu of state practical exam.	

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Strategic Initiative 4.3 – Pursue initiatives that support EMS			
	Objectives	Accountability	Action Steps
Core Strategy 4: Assure Quality and Evaluation	4.3.1 Engage the EMS system in unintentional injury, illness, and violence prevention efforts.	OEMS, Health & Safety Committee, VDH – Div. of Injury and Violence Prevention	4.3.1.1. Participate in intentional and unintentional injury and illness prevention initiatives, and facilitate involvement for EMS agencies and providers. 4.3.1.2 Review VPHIB statistics regarding Line of Duty Death (LODD) and Line of Duty Injury (LODI), and develop prevention materials.
	4.3.2 Develop, implement, and promote programs that emphasize safety, health and wellness of first responders.	OEMS, TCC, MDC, DBHDS, VDFP, VFCA, VAVRS, VAGEMSA, VFFF, NFFF, RC	4.3.2.1. Maintain OEMS staff support of quarterly meetings of the Health and Safety Committee of the state EMS Advisory Board. 4.3.2.2 – Identify, develop, and distribute safety, health and wellness programs aimed at first responders, such as Traffic Incident Management, and suicide prevention, and EMS fatigue. 4.3.2.3. Ensure Health, Safety, and wellness training is available at stakeholder conferences, and recommend topics and presenters. 4.3.2.4. Maintain Governor’s EMS Award category for contribution to the EMS system related to the health and safety of EMS providers.
	4.3.3. Research and disseminate information on best practices as it relates to EMS response to active shooter and hostile environment incidents.	OEMS, Health & Safety Committee, State EMS Medical Director, VSP, DFP, RC	4.3.3.1 Develop and maintain website providing information on best practices related to response procedures, policies, team equipment, and other issues related to EMS involvement in active shooter/hostile environment response. 4.3.3.2 – Work with partner agencies to encourage public safety relationships at the local level to enhance response to active shooter/hostile environment incidents.
	4.3.4. Research and disseminate information on best practices as it relates to community risk reduction programs targeted toward improving population health.	All EMS Stakeholder groups	4.3.4.1 Develop partnerships with public and private entities to expand opportunities to improve population health. 4.3.4.2 Develop and promote programs, such as mobile integrated healthcare, targeted toward improving population health.

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Appendix B – Sample Planning Matrix

Strategic Initiative			
	Objectives	Accountability	Action Steps
Core Strategy			

Appendix C - Glossary

Glossary of Terms

Action Step: A specific action required to carry out an objective.

Core Strategy: A main thrust or action that will move the organization towards accomplishing your vision and mission.

Operational Plan: This is the plan that implements the strategic intent of the organization on an annual basis.

Objective: A specific, realistic and measurable statement under a strategic initiative.

Strategic Initiative: An action that will address areas needing improvement or set forth new initiatives under the core strategy. This is the planning part of strategy that when combined with the vision, the mission and core strategies complete the strategic effort.

SWOT Analysis: An assessment of the internal strengths and weaknesses of the organization and the organization's external opportunities and threats.

Template: A guide and/or format that assists the user in accomplishing a task efficiently in a uniform and consistent manner.

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VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

Appendix C (Continued)

Glossary of Commonly Used Acronyms

AEMS	Atlantic EMS Council (PA, WV, NJ, DE, MD, VA, DC, NC)
AHA	American Heart Association
AMS	Air Medical Services
COOP	Continuity Of Operations Plan
DGS	Virginia Department of General Services
DBDHS	Department of Behavioral Health and Developmental Services
DW	VDH Data Warehouse
EMSC	EMS For Children
FARC	Financial Assistance Review Committee (Subcommittee of state EMS Advisory Board)
FCC	Federal Communications Commission
FICEMS	Federal Interagency Committee on EMS
HMERT	Health and Medical Emergency Response Team
LZ	Landing Zone
MCI	Mass Casualty Incident
MDC	Medical Direction Committee (Subcommittee of state EMS Advisory Board)
NASEMSO	National Association of State EMS Officials
NEMSYS	National EMS Information System
NFFF	National Fallen Firefighters Foundation
OEMS	Virginia Office of EMS
OMD	Operational Medical Director
OMHHE	Virginia Office of Minority Health and Health Equity
PDC	Professional Development Committee (Subcommittee of state EMS Advisory Board)
PSAP	Public Service Answering Point
PSHS	Secretary of Public Safety and Homeland Security
RC	Virginia's Regional EMS Councils
RSAF	Rescue Squad Assistance Fund
TCC	Training and Certification Committee
TSO&MC	Trauma System Oversight and Management Committee (Subcommittee of state EMS Advisory Board)
VAGEMSA	Virginia Association of Governmental EMS Administrators
VAVRS	Virginia Association of Volunteer Rescue Squads
VDEM	Virginia Department of Emergency Management
VDFP	Virginia Department of Fire Programs
VDH	Virginia Department of Health
VFCA	Virginia Fire Chiefs Association

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VIRGINIA OFFICE OF EMS STATE STRATEGIC AND OPERATIONAL PLAN

Appendix C (Continued)

Glossary of Commonly Used Acronyms (Cont.)

VHAC	Virginia Heart Attack Coalition
VHHA	Virginia Hospital and Healthcare Association
VPFF	Virginia Professional Firefighters
VPHIB	Virginia Pre Hospital Information Bridge
VSP	Virginia State Police
VSTR	Virginia State Trauma Registry
WDC	Workforce Development Committee (Subcommittee of state EMS Advisory Board)

Appendix D - Resources

Resources

In developing this plan several resources were used in addition to meetings and interviews with OEMS staff and many system stakeholders.

- Code of Virginia: § 32.1-111.3. Statewide emergency medical care system. Requires a comprehensive, coordinated EMS system in the Commonwealth and identifies specific objectives that must be addressed.
- EMS Agenda for the Future: A document created by the National Highway Traffic and Safety Administration (NHTSA) that outlines a vision and objectives for the future of EMS. August 1996
- OEMS 3-Year Plan: July 1, 2013-June 30, 2016
- Service Area Strategic Plan State Office of Emergency Medical Services (601 402 04) which describes the statutory authority and expectations for OEMS and identifies the growing EMS needs of the citizens and visitors of Virginia.
- Service Area Strategic Plan Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (601 402 03) This service area includes Virginia Rescue Squads Assistance Fund grants program, Financial Assistance to Localities to support Non Profit Emergency Medical Service (EMS) agencies, and funding provided to support Virginia Association of Volunteer Rescue Squads (VAVRS).
- State Emergency Medical Services Systems: A Model: National Association of State EMS Officials – July 2008
- EMS at the Crossroads: Institute of Medicine – 2006

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Resources (Cont.)

- Agency Planning Handbook: A Guide for Strategic Planning and Service Area Planning Linking to Performance-Based Budgeting: Department of Planning and Budget 2006-2008 Biennium, May 1, 2005
- Joint Legislative Action Review Commission (JLARC) Report – House Document 37, Review of Emergency Medical Services in Virginia, 2004.
- EMS Advisory Board Committee Planning Templates – Revised 2016
- Regional EMS Council Process Action Team (PAT) Retreat Report - November 2008.
- Five-Year Strategic Plan – Federal Interagency Committee on EMS – December 2013

ATTACHMENT E

<input checked="" type="checkbox"/> Committee Motion:	Name :	Training and Certification Committee (TCC)		
<input type="checkbox"/> Individual Motion:	Name :			
Motion:				
To approve the new format and updates to the Training Program Administrative Manual (TPAM).				
EMS Plan Reference (include section number):				
2.2.1 Ensure adequate, accessible and quality EMS provider training and continuing education exists in Virginia.				
2.2.2 Enhance competency-based EMS training programs.				
4.2.2 Assure adequate and appropriate education of EMS students.				
Committee Minority Opinion (as needed):				
There were no opposing or abstentions cast.				
For Board's secretary Use only:				
Motion Seconded by:				
Vote :	By Acclamation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
	By Count	Yea: <input type="checkbox"/>	Nay: <input type="checkbox"/>	Abstain: <input type="checkbox"/>
Board's Minority Opinion:				

ATTACHMENT E

Due to the size of the TPAM document, it is accessed at
http://www.vdh.virginia.gov/oems/Files_Page/Training/TPAM2017.pdf.

The format changes involved listing the actual regulation followed by the policy.

Where appropriate, the TPAM policy identification matches the regulation number.
There were also updates to the policy to better reflect current practice.