

State EMS Advisory Board Meeting
 Richmond Marriott Short Pump
 February 3, 2017
 1:00 p.m.

Members Present	Members Absent	Others	Staff
Michel B. Aboutanos, M.D. <i>American College of Surgeons</i>	Samuel T. Bartle, M.D. (Excused) <i>American Academy of Pediatrics</i>	Amanda Lavin <i>Office of the Attorney General</i>	Scott Winston
Sherrin C. Alsop <i>Virginia Association of Counties</i>	Joan F. Foster <i>Virginia Municipal League</i>	Bruce W. Edwards <i>Board of Health Representative</i>	Gary R. Brown
Byron F. Andrews, III <i>Virginia State Firefighters Association</i>	Sudha Jayaraman, M.D. (Excused) <i>Medical Society of Virginia</i>	Marissa Levine, MD, MPH, FAAFP <i>State Health Commissioner</i>	George Lindbeck, M.D.
Dreama Chandler <i>Virginia Association of Volunteer Rescue Squads</i>	Jason R. Jenkins (Excused) <i>Virginia Chapter of the International Association of Fire Fighters</i>	Mary Kathryn Allen <i>Blue Ridge EMS Council</i>	Stephen McNeer
Gary P. Critzer <i>Central Shenandoah EMS Council</i>		Seth Mowles <i>Bedford County Fire & Rescue</i>	Scotty Williams
Valeta C. Daniels <i>Virginia Association of Volunteer Rescue Squads</i>		Janet Blankenship <i>Bedford County Fire & Rescue</i>	Wayne Berry
Richard H. Decker, III <i>Old Dominion EMS Alliance</i>		Ed Rhodes <i>VFCA/VAVRS/RDG/VAA/VAGEMSA</i>	Doug Layton
Lisa M. Dodd, DO <i>Virginia College of Emergency Physicians</i>		Michael Player <i>Peninsulas EMS Council</i>	Deborah T. Akers
Stephen J. Elliott <i>Thomas Jefferson EMS Council</i>		Brad Taylor <i>Chippenhams-Johnston Willis</i>	Tristen Graves
Jason D. Ferguson <i>Western Virginia EMS Council</i>		Tim McKay <i>Chesterfield Fire & EMS</i>	Gregory Neiman
William B. Ferguson <i>Virginia Association of Governmental EMS Administrators (VAGEMSA)</i>		Robert Trimmer <i>Chesterfield Fire & EMS / FARC</i>	Marian Hunter
Jonathan D. Henschel <i>Lord Fairfax EMS Council</i>		Al Thompson <i>Bon Secours</i>	Amanda Davis
David Hoback <i>Virginia Fire Chief's Association</i>		Larry A. Oliver <i>Frederick County Fire & Rescue</i>	Tim Perkins
Lori L. Knowles <i>Rappahannock EMS Council</i>		Dan Norville <i>Norfolk Fire & Rescue</i>	Winnie Pennington
John Korman <i>Associated Public Safety Communications Officials</i>		Gary Samuels <i>HCA / Henrico Doctors Hospital</i>	Warren Short
Cheryl Lawson, M.D. <i>Blue Ridge EMS Council</i>		Allen Yee <i>Chesterfield Fire & EMS</i>	Cam Crittenden
Julia Marsden <i>Consumer</i>		Bryan S. McRay <i>Old Dominion EMS Alliance</i>	Adam Harrell
Genemarie W. McGee <i>Tidewater EMS Council</i>		Jeff Michael <i>Rockingham County Fire & Rescue</i>	Michael D. Berg
Marilyn K. McLeod, M.D. <i>Blue Ridge EMS Council</i>		Gary Dalton <i>Virginia Association of Volunteer Rescue Squads / Virginia Ambulance Association</i>	Wanda Street

Members Present	Members Absent	Others	Staff
Christopher L. Parker <i>Virginia Emergency Nurses Association / Virginia Nurses Association</i>		Karen Wagner <i>Virginia Association of Volunteers Rescue Squads / Virginia Ambulance Association / Lord Fairfax EMS Council</i>	Irene M. Hamilton
Ronald Passmore <i>Southwest Virginia EMS Council</i>		Kim Craig <i>Virginia Association of Volunteer Rescue Squads</i>	Ken Crumpler
Anita Perry <i>Virginia Hospital & Healthcare Association</i>		Jim Chandler <i>Tidewater EMS Council</i>	David P. Edwards
Jose V. Salazar <i>Northern Virginia EMS Council</i>		Rob Logan <i>Western Virginia EMS Council</i>	
Daniel C. Wildman <i>Virginia Ambulance Association</i>		Daniel Linkins <i>John Tyler Community College</i>	
		Adam Alford <i>Old Dominion EMS Alliance</i>	
		Luis-Pedro Gonzalez <i>Health Resources and Services Administration (HRSA)</i>	
		Michael LaSalle <i>Prince William County Department of Fire & Rescue</i>	
		Brian Hricik <i>Alexandria Fire Department</i>	
		Don Altice <i>Roanoke County Fire & Rescue</i>	
		Paul Sharpe <i>HCA / Henrico Doctors Hospital – Forest</i>	
		Marcia Pescitani <i>Northern Virginia EMS Council</i>	
		Ray Willet <i>Suffolk Fire & Rescue</i>	
		Jeff Meyer <i>Portsmouth Fire, Rescue and Emergency Services</i>	
		Eddie Ferguson <i>Goochland County Fire-Rescue</i>	
		Chris Vernovai <i>Highland County Rescue Squad</i>	
		Chad Blosser <i>Central Shenandoah EMS Council</i>	
		Rob Lawrence <i>Richmond Ambulance Authority / VAGEMSA</i>	

Topic/Subject	Discussion	Recommendations, Action / Follow-up; Responsible Person
Call to Order – Gary Critzer	<p>Gary Critzer, Chair of the State EMS Advisory Board, called the meeting to order at 1:02 p.m.</p> <ul style="list-style-type: none"> • Pledge of Allegiance – The group stood to Pledge Allegiance to the Flag. • Moment of Silence – The group took a moment of silence for their fallen brothers and sisters in Public Safety. • Approval of the Minutes – The minutes from the November 9, 2016 State EMS Advisory Board meeting was approved by unanimous consent as submitted. • Approval of Meeting Agenda – Mr. Critzer informed the group of an addition to the meeting agenda; a presentation by Dr. Allen Yee in regards to Opioid issues. There was no objection to this change and the meeting agenda was approved. 	
Chair’s Report – Gary Critzer	<p>Mr. Critzer gave the group an update on events that have taken place since the last State EMS Advisory Board meeting.</p> <ul style="list-style-type: none"> • General Assembly – The General Assembly is in session and Mr. Critzer has made several trips to Richmond in regards to some bills affecting EMS. • Meeting with the Virginia Fire Chiefs Assoc.(VFCA)– OEMS staff and Mr. Critzer met with the VFCA Executive Board in regards to EMT-Intermediate(99). • Trauma System Plan Task Force – Mr. Critzer has attended several meetings of the Trauma System Plan Task Force and workgroups during the ongoing process to develop a draft Virginia Trauma System Plan. • EMT-I (99) Town Hall Meetings – The first session was held on Thursday, February 2. Public comments will be collected and compiled with the other sessions. <p>The next Town Hall meeting is scheduled on February 23 during the VFCA Conference in Virginia Beach. The time for that Town Hall meeting may be adjusted so that it will not conflict with the normal training schedule for the conference.</p> <p>Other scheduled Town Hall meetings are:</p> <ul style="list-style-type: none"> ○ March 14, 2017 – 10:00 a.m. to 12:00 noon Manassas Volunteer Fire Company 9322 Centreville Road, Manassas, Virginia. ○ March 21, 2017 – 7:00 p.m. to 9:00 p.m. Rappahannock Community College , 52 Campus Drive, Warsaw, Virginia 22572 ○ March 31, 2017 – 7:00 p.m. – 9:00 p.m. Holiday Inn – Tanglewood, Roanoke, Virginia ○ Town Hall meetings will also be scheduled, one in Abingdon, Virginia and 	

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	one in Harrisonburg, Virginia – dates and times – TBD.	
Vice Chair Report – Genemarie McGee	<p>Genemarie McGee, Vice Chair gave her report.</p> <ul style="list-style-type: none"> Executive Committee Meeting – The Executive Committee met on Thursday, February 2. <ul style="list-style-type: none"> The committee discussed finding a replacement for Bruce Edwards seat as the EMS Representative to the Board of Health. Mr. Edwards term ends on June 30, 2017. <p>At the meeting, three names were brought forth for discussion – Gary Critzer, Gary Samuels, and Marilyn McLeod.</p> <p>The Executive Committee decided on Gary Critzer and is bringing his name forth for a vote by the full State EMS Advisory Board.</p>	<p>MOTION: The State EMS Advisory Board moves to endorse the recommendation of Gary Critzer as the EMS Representative to the State Board of Health.</p> <p>VOTE: YEAS = 24; NAYS = 0; ABSTENTIONS = 0</p> <p>The MOTION was carried Unanimously.</p>
Commissioner of Health – Marissa Levine, MD, MPH, FAAFP	<p>Dr. Levine attended the meeting since Dr. Melton was unable to attend.</p> <ul style="list-style-type: none"> Dr. Levine thanked Board members for their service to the State EMS Advisory Board and to the EMS system in Virginia. Dr. Levine also recognized and thanked Bruce Edwards for his service as the EMS Representative to the Board of Health and also for serving as the Board of Health Chair. Opioid Addiction Emergency – Dr. Levine discussed the opioid addiction problem that compelled her to declare it a public health emergency on November 21. Dr. Levine discussed how effective pain management control is one area that could help in controlling the opioid addition problems. She asked EMS providers to be aware and alert to that issue as they serve the citizens of the Commonwealth. Dr. Levine discussed the critical role of data and assessment. She encouraged EMS providers to insist on data because collecting data helps the system to recognize shortcomings and areas that must be improved in data collection. Dr. Levine talked about focusing on improving the lives of Virginians. She asked EMS providers to concentrate on improving the health of Virginia citizens in their areas. She talked about the importance of making citizens and EMS providers aware of taking care of their health in an effort to eliminate and treat diseases such as diabetes, heart disease, obesity; and getting needed vaccinations. She encouraged the group to visit http://virginiawellbeing.com to view data that has been collected to date. 	
Opioid Crisis in	Dr. Yee gave a presentation to update the group about the opioid situation in Virginia.	Mr. Critzer asked Dr. McLeod if the

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Virginia Presentation – Dr. Allen Yee	<p>(Attachment 1).</p> <p>Following Dr. Yee’s presentation, there was discussion on what are the next steps for the EMS community to help alleviate or address the opioid problem.</p>	<p>Medical Direction Committee (MDC) might want to develop a White Paper regarding Pain Management that would be distributed to Virginia Medical Directors asking them to consider treating pain with non-opioid medications.</p> <p>Dr. McLeod agreed to have MDC work on development of a White Paper on this subject.</p>
Office of EMS Report – Gary Brown, Scott Winston, Dr. George Lindbeck and Other OEMS Staff	<ul style="list-style-type: none"> Mr. Brown referred everyone to their Quarterly Report for detailed information regarding OEMS and the EMS system over the past quarter. The report can be found on the OEMS website. Legislative Update- Mr. Brown reviewed information provided in the Quarterly Report in regards to current legislation going through the General Assembly that affects EMS. <ul style="list-style-type: none"> FY 2017-2018 Proposed Budget Interfund Transfers Adjustments and modifications to fees OEMS Legislative grid that is distributed via email weekly. HB2300 – Mr. Brown explained that language in this bill, which dealt with VDH operations and frequency of inspections of abortion facilities, also impacted various areas of VDH including EMS. The language impacted the ability to re-inspect failing facilities/agencies. Therefore, EMS worked with other affected VDH agencies to draft language for an amendment to the bill that was accepted by the bill’s patron. HB1728 – This bill tasks VDH with convening a workgroup of stakeholders to review rules and regulations governing air transportation services in emergency medical situations. OEMS is asking Anita Perry and the Medevac Committee for assistance. The Virginia Supreme Court Rule 1:24 goes into effect February 1, 2017. This allows persons convicted of criminal offenses and traffic infractions to establish deferred and installment payment plans that would keep them from having their drivers license suspended. Because the Trauma Fund receives \$100 of the \$145 reinstatement fee, this will affect the Trauma Fund revenue. A budget amendment was introduced asking VDH to analyze the impact of the policy changes that impact 	

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	<p>resources to the Trauma Fund. OEMS in collaboration with the Department of Medical Assistance Services are working on strategies to match any resources lost with federal funds to enhance or preserve to the maximum level possible the Trauma Fund.</p> <p>Mr. Brown said that the Commissioner of Health asked that OEMS look at all of the bills that are impacting the Driver's License reinstatement fees. Mr. Brown asked Adam Harrell, the OEMS Business Manager, to review the fiscal impact.</p> <p>Mr. Harrell shared his analysis with the Board, which has been given to the Commissioner's Office. Mr. Harrell explained that it is difficult to quantify the actual impact because a lot of the components of the affected bills are not tracked by DMV. However, Mr. Harrell estimates that he anticipates the Trauma Fund could be short as much as \$6 million dollars as a result of the pending legislation.</p> <ul style="list-style-type: none"> • SB1330 – Established peer support teams similar to our Critical Incident Stress Management teams. It would require that the team leader would have to be a licensed clinical psychologist or psychiatrist. With the support from the Regional EMS Councils, they were able to convey this to the bill's patron and that section of the bill was amended to only apply to peer support teams. • OEMS Personnel Information- OEMS is recruiting for the position vacated by Adam Harrell in the Division of Educational Development and hope to have it filled soon. OEMS is also interviewing for the Trauma and Critical Care Coordinator. • Adam Harrell talked about adjustments being made to the RSAF grading process and criteria. The adjustments will take effect in the next grading cycle. <p>There has been some concern and directions to include some other figures and information in the grading process and grant awards.</p> <ul style="list-style-type: none"> ○ Health professional shortages areas (HPSA) within the Commonwealth ○ Medically Underserved Areas (MUA) ○ Fiscal Stress Index (FSI) will be included ○ Localities carryover balances as it relates to their Return-to-Localities funds. 	<p>Gary Critzer asked Gary Brown to include the Chair of the Trauma System Oversight and Management Committee in the collaboration work.</p>

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	<p>These four items will receive a scoring matrix. The scores will be averaged together and will become an additional score to the FARC committee.</p> <p>This information is available on the OEMS website.</p> <ul style="list-style-type: none"> Mr. Brown gave the group some other OEMS updates- <ul style="list-style-type: none"> OEMS two offices will be combining in Technology Park. OEMS will take over the Department of Fire Programs space located next to 1041; and likewise Department of Fire Programs will take over the OEMS space located at 1001. The VDH and OEMS websites have been revised and have a new look. The new URL for OEMS is http://www.vdh.virginia.gov/emergency-medical-services/. REPLICA passed in Virginia last year along with 6 other states. It takes 10 states for REPLICA to go into effect. Currently, nine additional states have bills before their General Assembly; which indicates that REPLICA will reach the 10 states requirement soon. Scott Winston introduced a special guest attending the meeting, Luiz Gonzalez who is a graduate of the University of Maryland Baltimore County Emergency Health Services program. He is currently employed by the Health Resources Services Administration, Bureau of Maternal Child Health, Emergency Medical Services for Children (EMSC) program. Mr. Gonzalez has been attending meetings for the past two days in order to get an idea of how EMS is run at the state level. Mr. Gonzalez was also hosted for ride along by Richmond Ambulance Authority. Mr. Winston acknowledged and thanked Richmond Ambulance Authority. 	
Office of the Attorney General – Amanda Lavin	Ms. Lavin did not have a report.	
Board of Health EMS Representative Report – Bruce Edwards	<ul style="list-style-type: none"> Mr. Bruce Edwards reported on three regulatory actions that took place at their last Board of Health meeting. The Board of Health voted on and accepted the Re-designation of the eleven (11) Regional EMS Councils. Mr. Edwards gave the Board of Health a report in regards to the 37th Virginia EMS Symposium that was held in Norfolk, Virginia in November. The next Board of Health meeting is scheduled on March 16 at the Perimeter Center beginning at 9 a.m. At this meeting, there will be a lunchtime presentation by EMS 	

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	on the system as a whole and the progress being made addressing the Trauma System review.	
Standing Committee Reports and Action Items		
Executive Committee – Gary Critzer	<p>The Executive Committee met on Thursday.</p> <ul style="list-style-type: none"> They received an update from Dr. Aboutanos on the work of the Trauma System Plan Task Force. They had an update from Jose Salazar who is a representative on the National Registry of Emergency Medical Technicians (NREMT) Board of Directors in regards to some activities of the National Registry. 	Mr. Critzer has asked Mr. Salazar to make a presentation to the State EMS Advisory Board at the May 2017 meeting in regards to the ongoing work of the National Registry and the impact that it has on Virginia.
Financial Assistance Review Committee (FARC) – Robert Trimmer	<ul style="list-style-type: none"> Mr. Trimmer referred the Board to the Quarterly Report for information in regards to the last Rescue Squad Assistance Fund (RSAF) grant cycle. Mr. Trimmer reported that FARC discussed in length at their meeting their concerns about how the four new criteria will be weighted and the impact they will have on FARC scoring on changing the process. <p>After their discussion with Adam Harrell yesterday, FARC is pretty comfortable with this new process.</p>	
Administrative Coordinator – David Hoback	Chief Hoback had no report as Administrative Coordinator	
	<p>Rules and Regulations Committee – Jon Henschel</p> <ul style="list-style-type: none"> The committee met on Thursday and discussed legislation and continued working on revisions to the EMS Regulations. <p>Legislative and Planning Committee – Christopher Parker</p> <ul style="list-style-type: none"> The committee met earlier in the day and discussed current legislation before the General Assembly. 	
Infrastructure Coordinator – Christopher Parker	<p>Transportation Committee –</p> <ul style="list-style-type: none"> Mr. Critzer reported for Chip Decker who had to leave early. The Transportation Committee has not met and have no action items. <p>Communications Committee – Gary Critzer</p>	

Topic/Subject	Discussion	Recommendations, Action / Follow-up; Responsible Person
	<ul style="list-style-type: none"> • The committee met earlier in the day. They have no action items. • The committee reviewed the revisions to the EMS Regulations that have been forwarded to Rules and Regulations committee. • The committee discussed the Telecommunications Emergency Response Team concept that previously existed. They are working with VDEM Radio Cache Team to reinstitute the process. • They discussed a special initiative to work with APCO and NENA to push for statewide EMD. <p>Emergency Management Committee – David Hoback</p> <ul style="list-style-type: none"> • The Emergency Management Committee met on Thursday. They have no action items. • The Federal Registry, as it relates to Long-Term Care facilities; will mandate that they have an emergency plan in place. This will go into effect November 2017. • Mobile Triage Concept – The committee is continuing their review of the mobile triage concept. The concept will track patients in disaster situations and also in planned massed gathering events. In May, the Emergency Management Committee will be presenting the demo to the Regional EMS Council Directors group. • Deployment of Assets for the Presidential Inauguration – Mr. Hoback talked about issues they were having locating assets for the inauguration. 	
Patient Care Coordinator – Marilyn McLeod, M.D.	Dr. McLeod did not have a report as Patient Care Coordinator	
	<p>Medical Direction Committee – Dr. Marilyn McLeod</p> <ul style="list-style-type: none"> • The Medical Direction Committee (MDC) met in January. • During the Symposium, they had their first National Association of EMS Physicians Virginia Chapter meeting. They had 16 new members. • Several physicians attended the annual National Association of EMS Physicians in New Orleans. It was very educational. • Dr. McLeod attended the Provider Health and Safety Committee meeting. MDC is going to start a joint project with them looking into provider addiction and how MDC can help with that problem. <p>Medevac Committee – Anita Perry</p>	

Topic/Subject	Discussion	Recommendations, Action / Follow-up; Responsible Person
	<ul style="list-style-type: none"> • The Medevac Committee met on Thursday. They have no action items. • The committee discussed HB 1728. • The committee also discussed their WeatherSAFE Turndown data. In the fourth quarter of 2016, they had 234 fewer submissions than the prior year, fourth quarter. • Project Synergy Workgroup met after the committee meeting. The STEMI Project is going to add stroke patients. She will get some input from Dr. McLeod and MDC for input. <p>Trauma System Oversight & Management Committee – Dr. Michel Aboutanos</p> <ul style="list-style-type: none"> • The Trauma System Oversight & Management Committee (TSOMC) met on December 1. • The committee discussed changing the committee structure. The committee decided that this would not be a good time to make any changes to the committee structure because of the work being done on the Trauma System Plan. • The committee discussed the work being done by the Trauma System Plan workgroups over the past few months. <p>EMS for Children – David Edwards</p> <ul style="list-style-type: none"> • The committee does not have any action items. He referred the Board to the Quarterly Report for all actions of the committee. 	
Professional Development Coordinator – Ron Passmore	<ul style="list-style-type: none"> • There is one action item for the Training & Certification Committee to come before this Board today and no action items from either the Workforce Development Committee or Provider Health and Safety Committees. 	
	<p>Training and Certification Committee – Ron Passmore</p> <ul style="list-style-type: none"> • The TCC met on January 4th, 2017 at the Richmond Marriott Short Pump, the minutes of this meeting are posted on the Office of EMS website. • Activity reports were provided by Committee Members, the Division of Educational Development Staff, including BLS & ALS Training Specialists, EMS Training Funds, and Certification Testing. • There are no Update(s) regarding T&C Committee Workgroup activities: • The next scheduled meeting for the Training and Certification Committee is April 5th, 2017 at 10:30am here at the Richmond Marriott Short Pump. <p>Workforce Development Committee – Jose Salazar</p>	<p>MOTION:</p> <p>– Training and Certification Committee moves to adapt the outline for the EMS Education Coordinator Process as attached to be implemented as soon as the Division of Educational Development develops the necessary infrastructure.</p> <p>VOTE:</p>

Topic/Subject	Discussion	Recommendations, Action / Follow-up; Responsible Person
	<ul style="list-style-type: none"> • The committee met on Thursday and they have no action items. • EMS Officer I Program – the committee met after the Symposium and reviewed the feedback. They have made changes and the goal is to start doing classes throughout the state. The next class will be done in conjunction with VAVRS Rescue College. • Elizabeth Papelino has left the workgroup because of employment changes, and Mr. Salazar recognized all of her contributions during her time on the workgroup. • Standards of Excellence – The form on the website is now a fillable form. • Recruitment and Retention Network – Their next meeting will be on February 23 during the Virginia Fire Chiefs Conference. They will also have a meeting on March 25 in Loudoun County at which time they will be presenting an update on “Keeping the Best.” They plan to put it online after they revise the program. • EMS Plan – They are looking at areas where the Workforce Development Committee can participate and provide input. • New Member – Dreama Chandler was accepted as a member of the Workforce Development Committee. <p>Provider Health and Safety – Dan Wildman</p> <ul style="list-style-type: none"> • The committee met earlier in the day, and they have no action items. • The committee continues to put out Safety Bulletins monthly. • The committee discussed ways to improve mental health services for EMS providers. • The committee is going to establish a workgroup to work on opioid addiction among EMS providers. • The committee is waiting to get information from Dr. Lindbeck on the national studies being done before they make recommendations in regards to provider fatigue. <p>Dr. Lindbeck stated that Evidence Review Group has been working on this since last fall. They are almost finished with the literature review. They have a meeting in DC the end of February; after which they should be ready to start making recommendations.</p>	<p>YEAS = 23; NAYS = 0; ABSTENTIONS = 0</p> <p>The MOTION was carried Unanimously.</p>
Regional EMS Council Executive Directors Group – Jim Chandler	<ul style="list-style-type: none"> • The group met on Thursday. • Adam Harrell gave an educational session in the morning on financial management practices. 	

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	<ul style="list-style-type: none"> • OEMS sent them updated Regional Awards Programs flyers. • The Regional EMS Councils did receive the three-year re-designation from the Board of Health. Also OEMS awarded six-month contract modifications that extend January through June of 2017. • The group discussed increased participation by EMS regions and EMS on the regional hospital preparedness regions. The coalitions are requesting more EMS involvement in the coalitions and the annual Healthcare Preparedness Academy. The Academy this year is scheduled May 31 – June 1 in Fredericksburg. The registration link can be found at www.vhha-mci.org. • The group was briefed and asked to assist VDH in regards to the Better Development of Community Vaccinator Programs. Regional EMS Councils have been asked to help with communications between the EMS agencies, VDH and the local health districts as to when the point of delivery (POD) exercises and events will occur. 	
PUBLIC COMMENT PERIOD	None	
Unfinished Business	None	
New Business	None	
Adjournment	The meeting was adjourned at 3:12 p.m.	
Next Meeting	May 5, 2017 at 1:00 p.m. at the Richmond Marriott Short Pump.	

Opioid Crisis

VAGEMSA

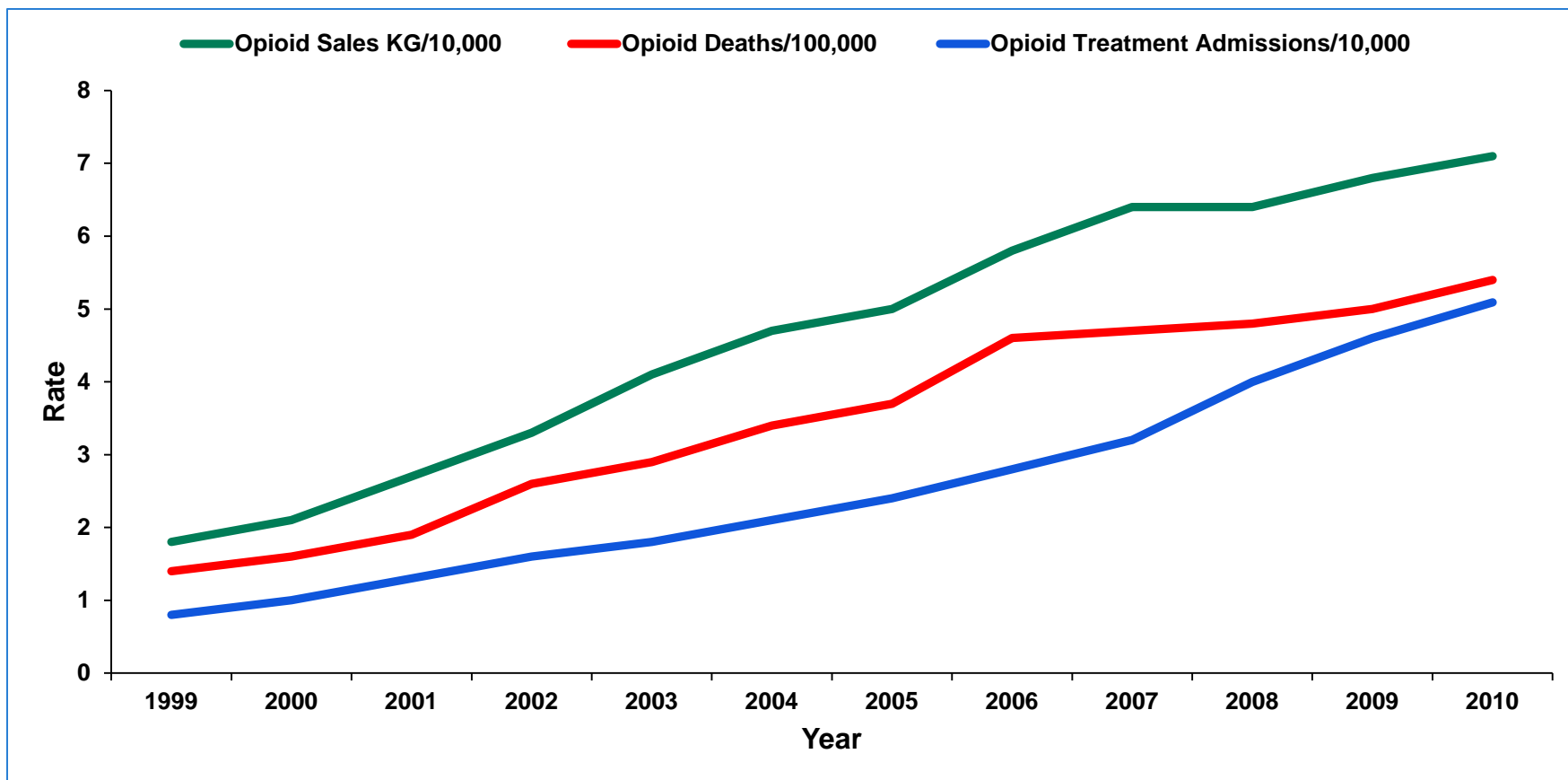
Feb 2017

The scope of the problem

- More people died of drug overdoses in 2014 than any year on record, and the majority of these (>60%) involved an opioid
- Rate of overdose deaths involving opioids has nearly quadrupled since 1999
 - Over 165,000 people have died from prescription drug OD
- In the last few years there has been a sharp increase in heroin-related deaths, and in deaths related to synthetic opioids such as fentanyl and carfentanil

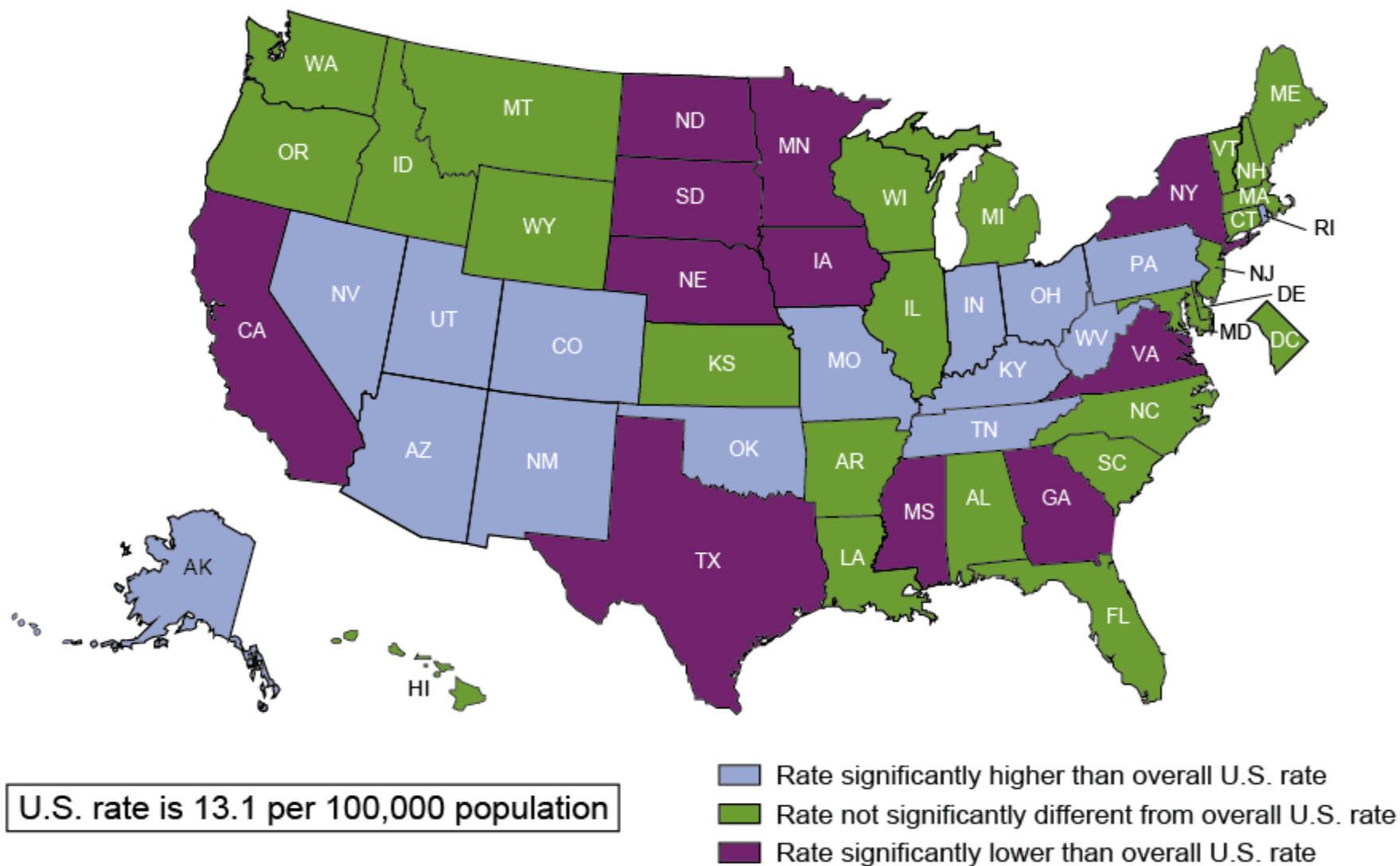


Opioid Overdose Death Rates are on the Rise in the US



CDC. *MMWR* 2011. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm60e1101a1.htm?s_cid=mm60e1101a1_w.
Updated with 2009 mortality and 2010 treatment admission data.

**Figure 2. Age-adjusted drug-poisoning death rates, by state:
United States, 2012**

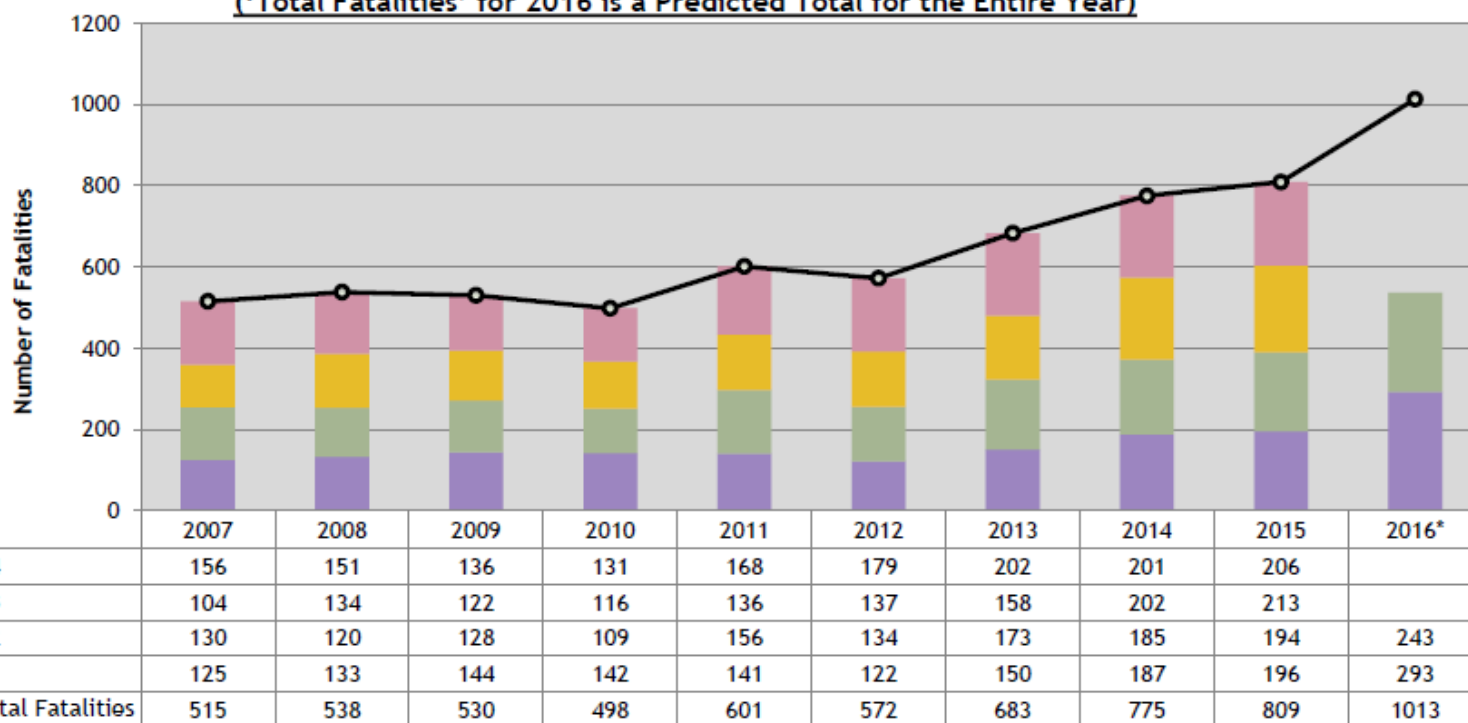


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality File.

The Scope of the Opioid Crisis

From 2007-2015, opioids (fentanyl, heroin, and/or one or more prescription opioids) made up approximately 75% of all fatal drug overdoses annually in Virginia. However, this percentage is increasing each year due to the significant increase in fatal fentanyl and/or heroin overdoses beginning in late 2013 and early 2014. Of the fatal opioid overdoses from 2007-2015, 26.8% had one or more benzodiazepines contributing to death.

Total Number of Fatal Opioid Overdoses by Quarter and Year of Death, 2007-2016
 ('Total Fatalities' for 2016 is a Predicted Total for the Entire Year)



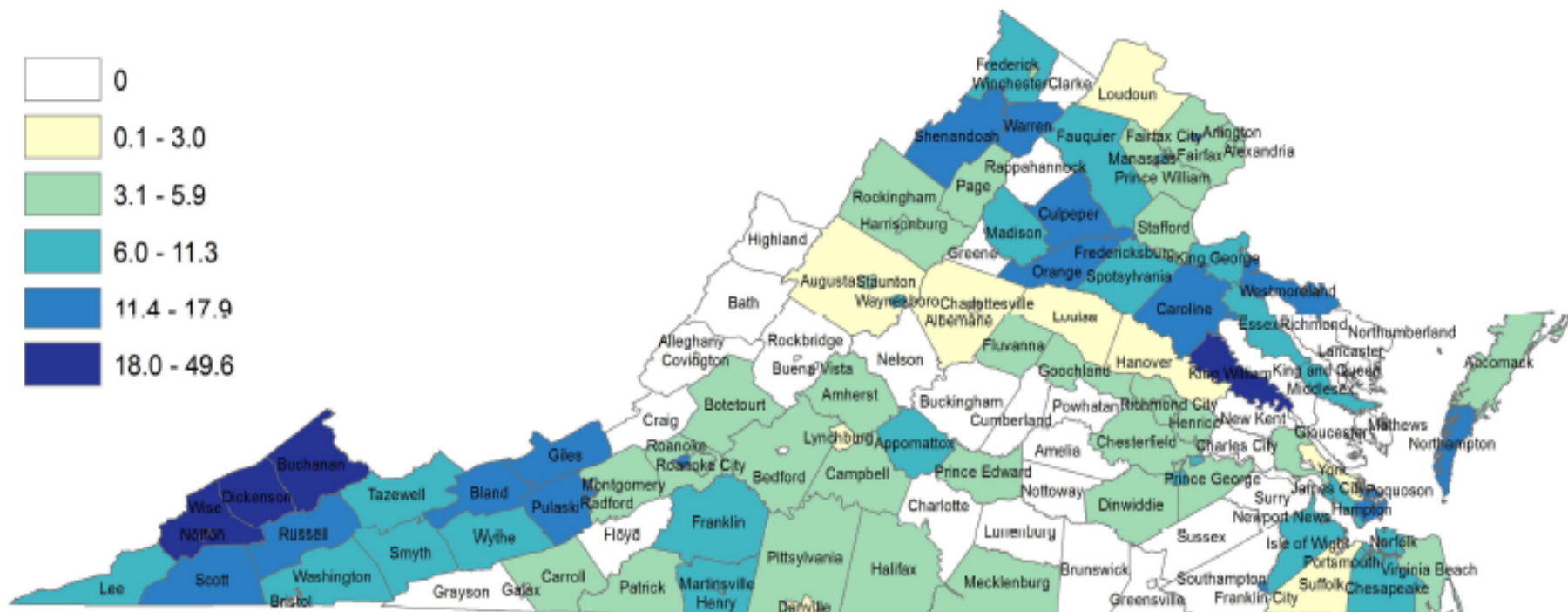
¹ 'All Opioids' include all versions of fentanyl, heroin, prescription opioids, and opioids unspecified

² 'Opioids Unspecified' are a small category of deaths in which the determination of heroin and/or one or more prescription opioids cannot be made due to specific circumstances of the death. Most commonly, these circumstances are a result of death several days after an overdose, in which the OCME cannot test for toxicology because the substances have been metabolized out of the decedent's system.

³ Fatal opioid numbers have changed slightly from past reports due to the removal of fentanyl from the category of prescription opioids, as well as the addition of buprenorphine, levorphanol, meperidine, pentazocine, propoxyphene, and tapentadol added to the list of prescription opioids.

Prescription Opioid Fatal Overdoses (2015-16)

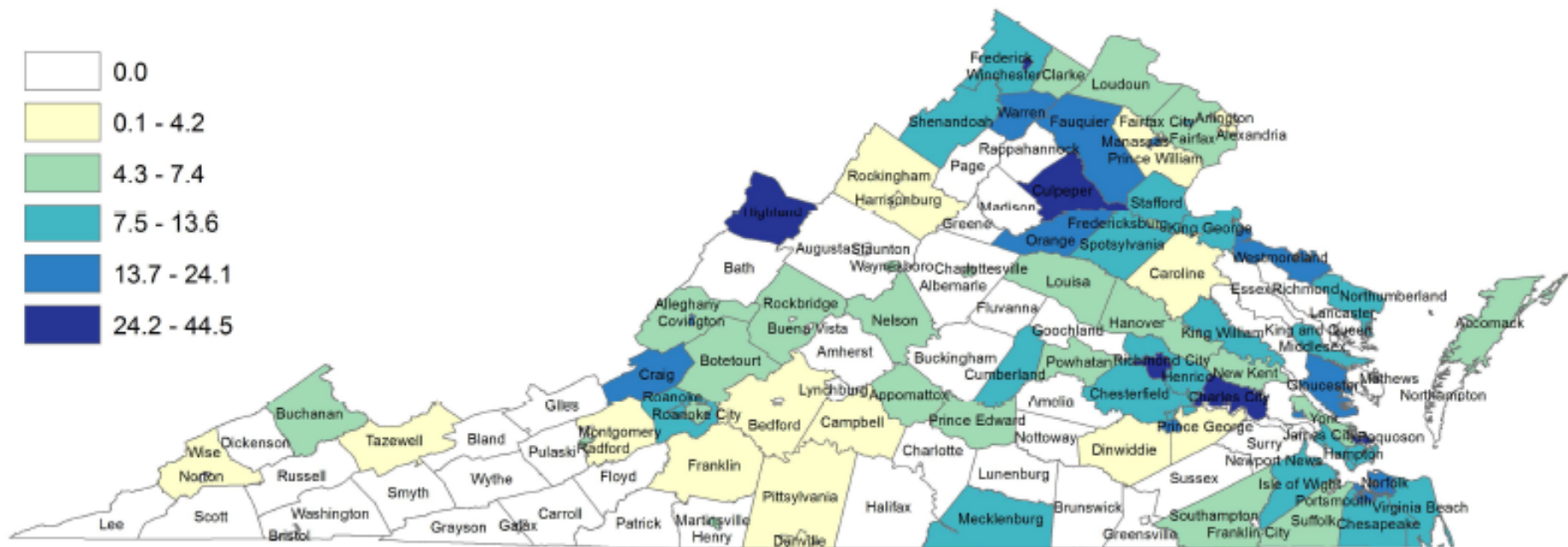
Rate of fatal prescription opioid overdose (per 100,000)



*Fatal prescription opioid (excluding fentanyl) overdoses reported to OCME (July 2015 - June 2016).

Heroin/Fentanyl Fatal Overdoses (2015-16)

Rate of fatal heroin and/or fentanyl overdose (per 100,000)

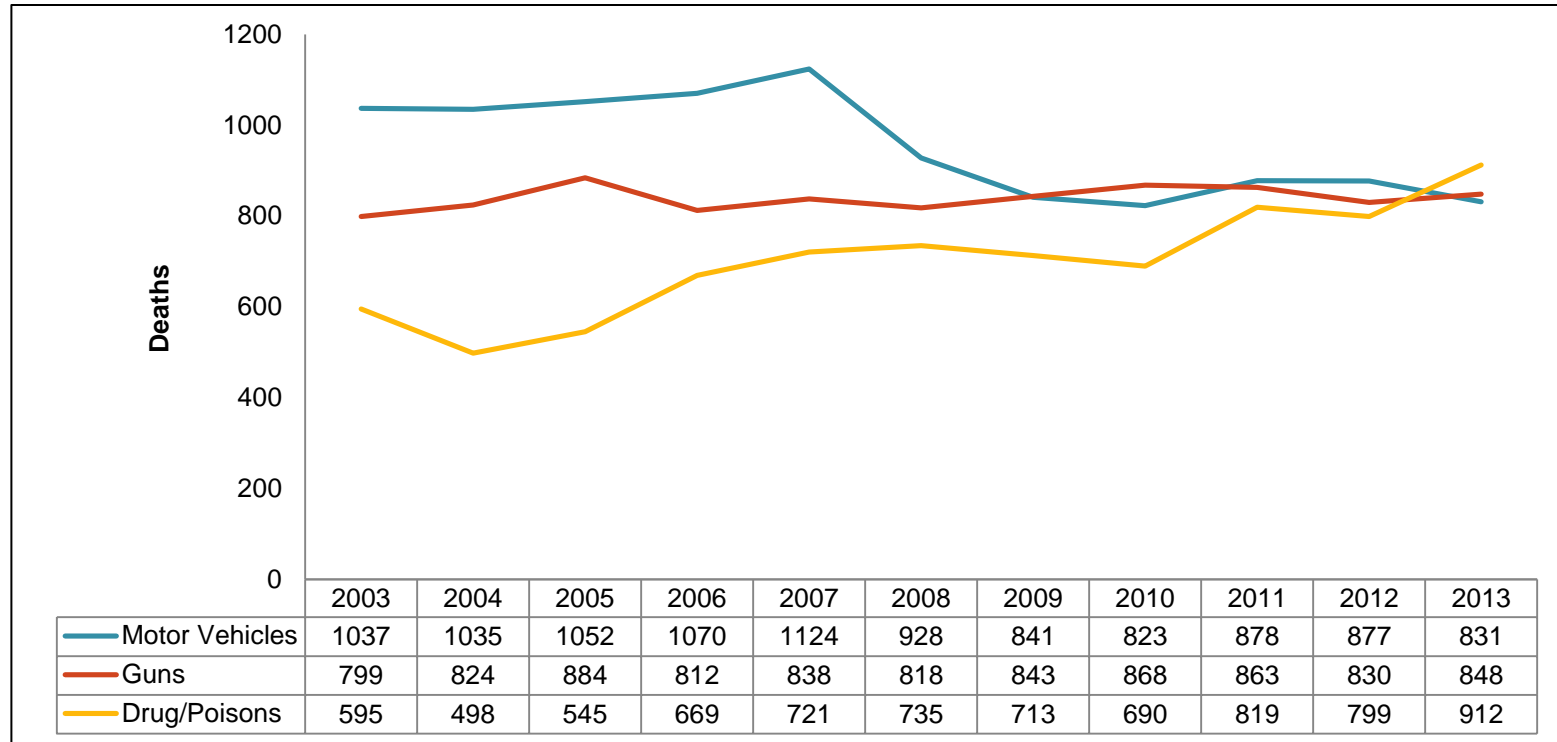


*Fatal heroin and/or fentanyl overdoses reported to OCME (July 2015 - June 2016).



The Virginia Picture

In 2013, more Virginians died from drug overdose than car accidents and were three times more likely to die from overdose compared to homicide.

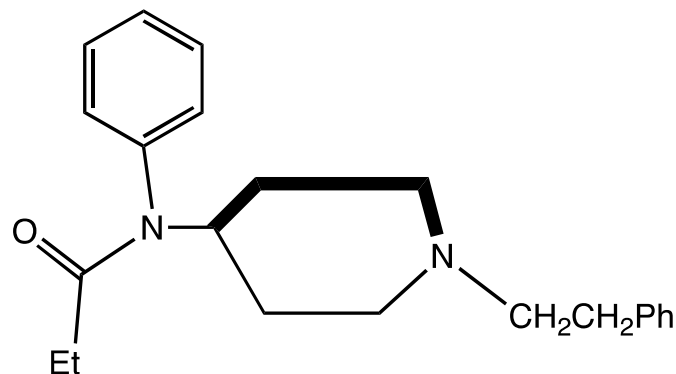


Virginia OCME's Top 3 Methods of Death by Number and Year of Death

Opioids Use and Misuse in Virginia's Medicaid Population

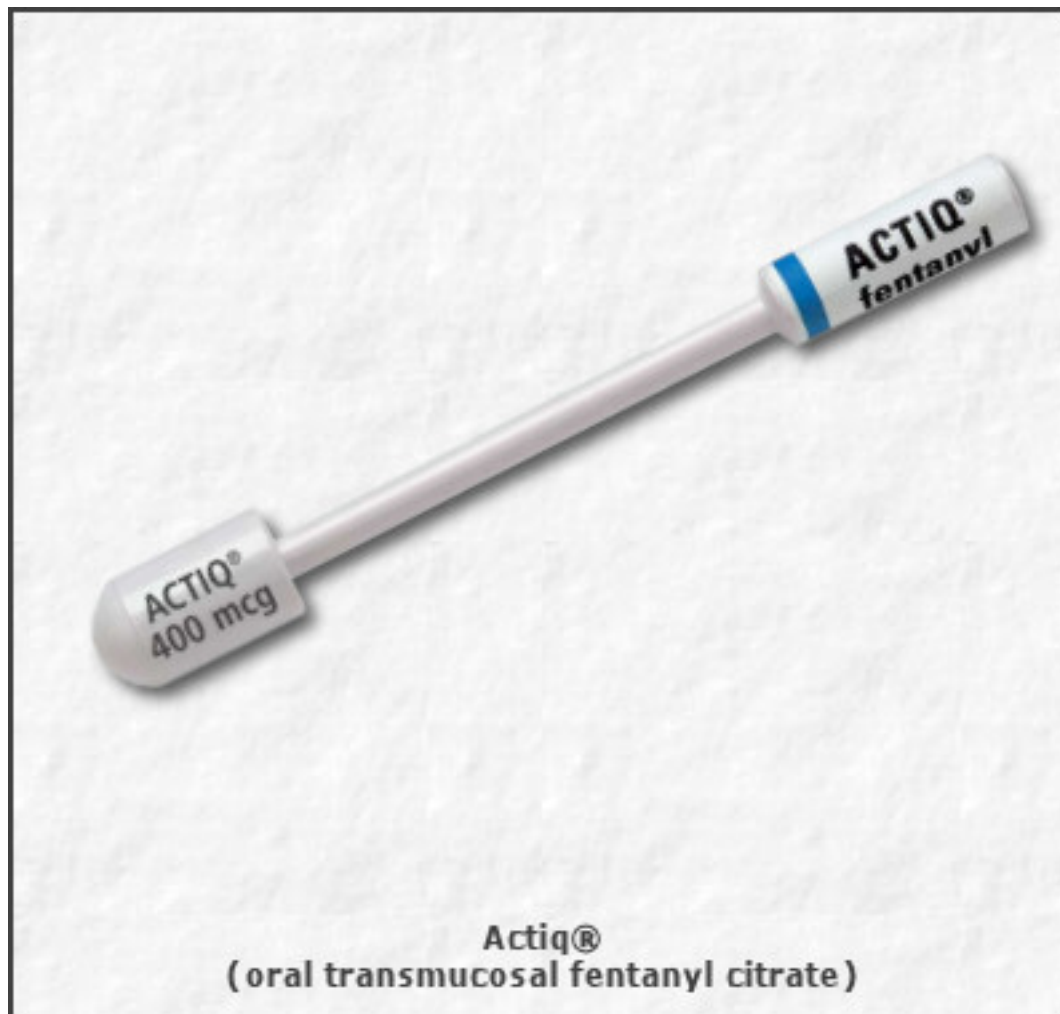
- At least 40,000 adults in Virginia's Medicaid program have a substance abuse disorder, and more than 50 percent of Medicaid enrollees with a serious mental illness also have a substance use disorder.
- More than 1,300 children were born in Virginia between 2011 and 2014 with neonatal abstinence symptoms because of maternal substance abuse.
 - Medicaid is the largest payer for births in Virginia
- Virginia's Medicaid program spent \$26 million on opioid use and misuse in 2013
 - \$10 million of this spending occurring in southwest Virginia

Fentanyl



- Fentanyl is an opioid analgesic, first synthesized by Janssen Pharmaceutica (Belgium) in the late 1950s, with an analgesic potency of about 80 times that of morphine.
- Fentanyl was introduced into medical practice in the 1960s as an intravenous anesthetic under the trade name of Sublimaze.

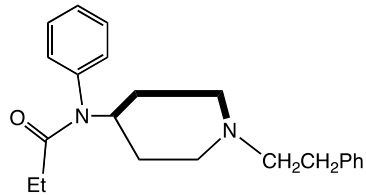




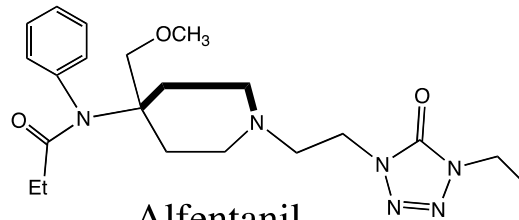
**Actiq®
(oral transmucosal fentanyl citrate)**

Photo: usdoj.gov

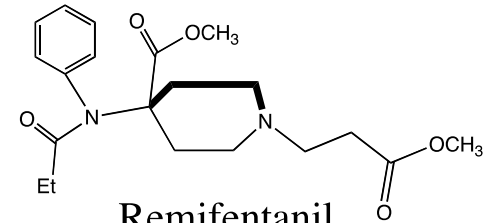
Fentanyl analogs



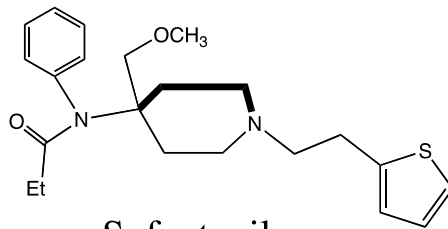
Fentanyl
(80X more potent than morphine!)



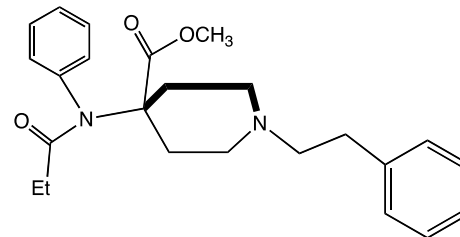
Alfentanil
(Alfenta)



Remifentanil



Sufentanil
(Sufenta)
5X more potent than Fentanyl

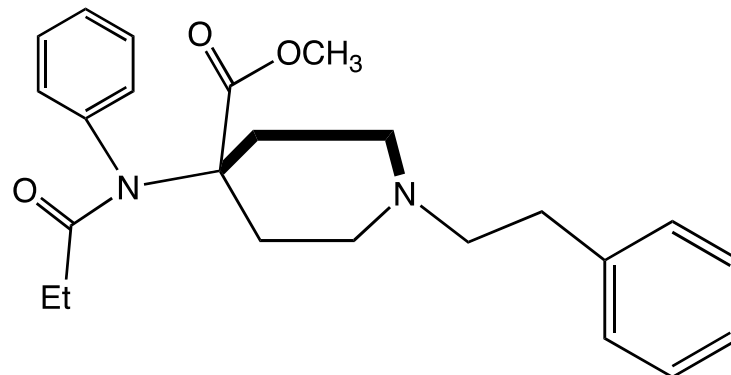


Carfentanil
(100X more potent than Fentanyl!)

Fentanyl and analogs

- Fentanyls are extensively used for anesthesia and analgesia, most often in the operating room and intensive care unit.
- Duragesic, by Janssen Pharmaceutica, is a fentanyl transdermal patch used in chronic pain management.
- Duragesic patches work by releasing fentanyl into body fats, which then slowly release the drug into the blood stream over 72 hours, allowing for long lasting relief from pain.

Carfentanil



Carfentanil
(100X more potent than Fentanyl!)

- Carfentanil was discovered by Janssen Pharmaceutica.
- It has a quantitative potency approximately 10,000 times that of morphine and 100 times that of fentanyl, activity in humans starting at about 1 µg.



Carfentanil



Carfentanil is marketed under the trade name Wildnil as a tranquilizer for large animals. It is intended for animal use only as its extreme potency makes it inappropriate for use in humans.

236 Heroin Overdoses in Akron in 3 Weeks; Heroin Being Cut with Elephant Sedative

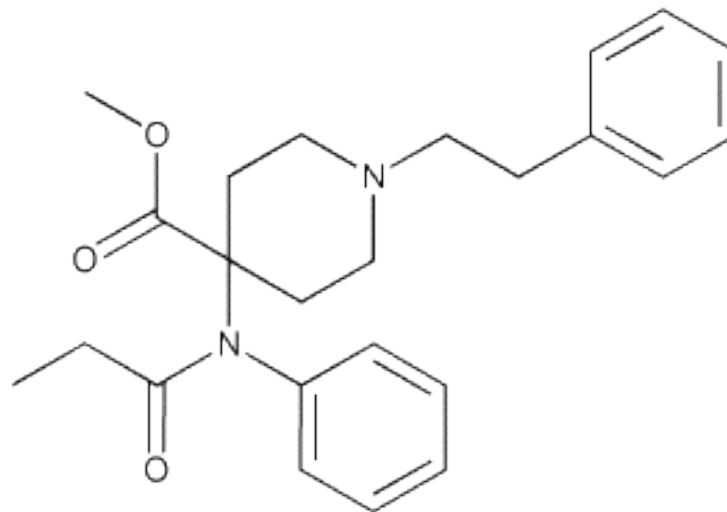
Posted By Eric Sandy on Thu, Jul 28, 2016 at 11:04 am

Update: Another week, another torturous update of devastating numbers.

The Akron Beacon Journal reports on the current OD toll in the city, and the escalation of the problem, tied by authorities to the influx of a powerful elephant sedative in the heroin chain:



Carfentanil



- It is thought that in the 2002 Moscow theater hostage crisis, the Russian military made use of an aerosol form of carfentanil to subdue Chechen hostage takers.
- Its short action, easy reversibility and therapeutic index (10600 vs. 300 for fentanyl) would make it a near-perfect agent for this purpose.

Carfentanil



Wax et al. surmise from the available evidence that the Moscow emergency services had not been informed of the use of the agent, and therefore did not have adequate supplies of naloxone or naltrexone (opioid antagonists) to prevent complications in many of the victims.

Assuming that carfentanil was the only active constituent (which has not been verified by the Russian military), the primary acute toxic effect to the theatre victims would have been opioid-induced apnea; in this case mechanical ventilation and/or treatment with opioid antagonists would have been life-saving for many or all victims.

Carfentanil

- Approximately 10,000x more potent than morphine
- Powder/granules have potential for transdermal absorption
- Easily soluble in water
 - Unknown dermal absorption
 - Mucosal adsorption



Carfentanil

- Use precautions to reduce your risk of exposure to ANY suspected drug when providing care.
- Never attempt to identify a substance by taste or odor. FYI - fentanyl is odorless.

Carfentanil

- Unadulterated fentanyl, carfentanil and its compounds resemble powdered cocaine or heroin, however, should never be treated as such.



Carfentanil

- Fentanyl and carfentanil are frequently mixed with other substances which can alter its appearance to disguise as a smuggling tactic.
- Fentanyl and carfentanil are not immediately recognizable and is known to give false positive results for heroin or cocaine.
- Do not take samples or open packages if fentanyl and/or carfentanil are suspected as this could render it airborne.

Carfentanil

- Never assume that a drug is what you are told it is, except if that information comes from a lab.
- If you must mitigate potential Fentanyl and/or carfentanil sample, double-glove with nitrile gloves (no bare skin contact), wear a N95 dust mask or air purifying respirator (APR) and goggles.

Carfentanil

- If exposed and symptomatic
 - Narcan may be administered intravenously, intramuscularly, or subcutaneously
 - Immediate administration of Narcan can reverse an accidental overdose exposure to officers
 - Continue to administer multiple doses of Narcan until the exposed person responds
 - Fentanyl and carfentanil may require many more doses

Carfentanil

- If exposed and symptomatic
 - Narcan likely will not reverse any opiate induces hypotension
 - Narcan and CPAP/BiPAP may be helpful in noncardiogenic pulmonary edema seen with opiates

