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COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES

IN RE: EMS ADVISORY BOARD MEETING  
HEARD BEFORE: GARY P. CRITZER, CHAIR  
STATE EMS ADVISORY BOARD

FEBRUARY 2, 2018  
4240 DOMINION BOULEVARD  
GLEN ALLEN, VIRGINIA  
1:00 P.M.

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## 1 APPEARANCES:

2 Gary P. Critzer, Presiding  
3 State EMS Advisory Board Chair

4 Amanda Lavin, Esq., Board counsel  
5 Office of the Attorney General

## 6 EMS ADVISORY BOARD MEMBERS:

7 Michel B. Aboutanos, MD

8 Sherrin C. Alsop

9 Byron F. Andrews, III

10 Dreama Chandler

11 Valeta C. Daniels

12 Richard H. Decker, III

13 Lisa M. Dodd, DO

14 Jason D. Ferguson

15 William B. Ferguson

16 Jonathan D. Henschel

17 Lori L. Knowles

18 John Korman

19 Cheryl Lawson, MD

20 Julia Marsden

21 Genemarie W. McGee

22 Christopher L. Parker

23 Ronald Passmore

24 Jethro H. Piland

25 Valerie Quick

## 1 EMS ADVISORY BOARD MEMBERS (con't.)

2 Jose Salazar

3 George Lindbeck, MD

4 Charlotte Tyson

5 Daniel C. Wildman

6

## 7 OFFICE OF EMS STAFF:

8 Gary R. Brown, Director

9 Scott Winston, Assistant Director

10 Tim Erskin

11 Bob Swander

12 Steve McNeer

13 Doug Layton

14 Wayne Berry

15 Paul Fleenor

16 Irene Hamilton

17 Jackie Hunter

18 Deborah T. Akers

19 Tim Perkins

20 Chuck Faison

21 Amanda Davis

22 Sam Burnette

23 Karen Owens

24 Adam Harrell

25 Cam Crittenden

1 OFFICE OF EMS STAFF (con't.)

2 Warren Short

3

4 VDH/OFFICE OF HEALTH EQUITY:

5 Heather Anderson

6 Olivette Burroughs

7

8 ALSO PRESENT:

9 Michael Player, PEMS

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| 25 **Items not listed on draft agenda.               |      |

1           (The State EMS Advisory Board meeting was  
2 called to order at 1:00 p.m. The Pledge of  
3 Allegiance was recited by the Board and the gallery.  
4 A quorum was present and the Board's agenda commenced  
5 as follows:)

6  
7           MR. CRITZER: Also, I'd ask today  
8 if you'd please keep former State EMS  
9 Advisory Chair and VAVRS life member, Karen  
10 Wagner, in your thoughts and prayers.

11                   She continues to struggle with  
12 some pretty serious health issues and we  
13 need to remember her today and -- and going  
14 forward. So please keep her in your  
15 thoughts and prayers.

16                   You should have before you a  
17 copy of the November 8th meeting minutes.  
18 Are there any additions or corrections to  
19 those minutes? Hearing none, we'll approve  
20 those by consent.

21                   Also you should have before  
22 you a copy of today's agenda. Is there any  
23 additions or corrections to that agenda?  
24 Hearing none, we'll approve that by consent  
25 as well. Next would be my report. I'm

1 going to defer that to the Executive  
2 Committee report. Vice-chair, Mr. Parker.

3

4 MR. PARKER: No report.

5

6 MR. CRITZER: Chief Deputy  
7 Commissioner, Dr. Melton, is unable to be  
8 with us today due to commitments at the  
9 General Assembly. Mr. Brown, did you have  
10 anything that you wanted to say on his  
11 behalf?

12

13 MR. BROWN: Yes. I was in  
14 correspondence with him last night. He does  
15 regret that he can not be here today, but as  
16 we have talked about in the various  
17 committees over the -- yesterday and today  
18 that the General Assembly does absorb all of  
19 our time, it seems, at this time of year.

20 And unfortunately due to those  
21 obligations, he can not be here. But sends  
22 his best to everyone here and he'll be here  
23 at the May meeting and give us updates and  
24 discussion points at that time.

25



1 MR. CRITZER: Very good, thank you.  
2 Before we go into the Office report, did you  
3 want to go ahead and give out those  
4 certificates?

5  
6 MR. BROWN: Yes, that would be  
7 good. If you will for the latest  
8 appointments to the State EMS Advisory  
9 Board. So I'm going to ask Gary to stand up  
10 as well.

11 And I will just read the first  
12 one and they're all --- they're the same  
13 language except with the person's name that  
14 is different. And it is on state of --  
15 Commonwealth of Virginia seal.

16 The Commonwealth of Virginia  
17 to all -- to all to whom these presents  
18 shall come greeting. I don't like this old  
19 English stuff. Where's Hamilton? We need  
20 to -- he normally takes care of that.

21  
22 MAN IN GALLERY: Do you want me to  
23 read it?

24  
25 MR. BROWN: Yes, I do.

1 MR. CRITZER: Get up here, Ron.

2

3 MR. BROWN: Get your bell and get  
4 your -- yeah. I need the old English here.  
5 I'm like, I haven't read this yet. So I'm  
6 like, oh my, God.

7 Know ye that from special  
8 trust and confidence respond in his  
9 fidelity, our Governor, by virtue of  
10 authority vested in him by law, hath  
11 appointed and hereby commissions -- first  
12 person, Charlotte Tyson, as a member of the  
13 State Emergency Medical Services Advisory  
14 Board to serve a term of three years,  
15 commencing July 1, 2017, and ending June 30,  
16 2020.

17 And testimony whereof, our  
18 said Governor hath hereunto signed his name  
19 and affixed the lesser seal of the  
20 Commonwealth at Richmond, this 18th day of  
21 December, 2017, and in the 242nd year of the  
22 Commonwealth. Signed by the Governor and  
23 the Secretary of the Commonwealth. So  
24 Charlotte, I don't have my glasses on.  
25 Okay, come forward. Now you -- I only read

1 that once and I'm glad I got through that.  
2 Okay Gary, tell them what's on the pin.

3

4 MR. CRITZER: I can't read it.

5

6 MR. BROWN: That's the reason I did  
7 that.

8

9 MR. CRITZER: Thank you. It's got  
10 the Seal of the Commonwealth and it says --

11

12 MR. BROWN: It actually says,  
13 common ground.

14

15 MR. CRITZER: Yeah, common ground  
16 for Virginia.

17

18 MR. BROWN: So as a Board member,  
19 common ground, we all work together. Look  
20 at Chip, yes. Okay. This is going so well.  
21 Okay, next is Valerie Quick. Yay, Valerie.  
22 You know they would never -- never let us do  
23 this again.

24

25 MR. CRITZER: No, they're not.

1 MR. BROWN: Okay. And we have  
2 Jethro H. Piland. Come on, Jethro. Chris  
3 Parker, hey, Chris. Right here. And you  
4 got the red memo, way to go. Let me shake  
5 your hand on that one, too.

6 Julia A. Marsden. Okay, who  
7 else -- oh, God. Now we're into the  
8 Fergusons, so everybody -- R. Jason  
9 Ferguson.

10  
11 MR. CRITZER: Don't both stand up  
12 and confuse us, please.

13  
14 MR. BROWN: It's just one this  
15 time. Okay. Samuel T. Bartle. Is Sam  
16 here?

17  
18 MR. CRITZER: Is Dr. Bartle here?

19  
20 MR. BROWN: Oh, I had to -- yeah, I  
21 knew it was more than one.

22  
23 MR. CRITZER: Bartle is not here.

24  
25 MR. BROWN: Okay. The two

1           Fergusons got stuck, so this --

2

3                   MR. CRITZER:   Gotcha.

4

5                   MR. BROWN:   Jason D. Ferguson.

6

7                   MR. CRITZER:   Oh, my God.

8

9                   MR. BROWN:   Okay.  And finally, but  
10           not least, Dreama Chandler.  Okay, that's  
11           it.

12

13                   MR. CRITZER:   Thank you, Gary.  
14           Now, just as a matter of record, the --  
15           those appointments haven't been confirmed by  
16           the General Assembly yet.

17

18                   So you might have to give  
19           those back -- no, I'm just kidding.  All  
20           right.  Next we'll move on to the Office of  
21           EMS report.  Mr. Brown.

21

22                   MR. BROWN:   Okay, after that I  
23           think I'm going to really defer to a lot of  
24           people on my staff -- which I do anyway.  
25           But thank you for being here for the first

1 meeting of the calendar year of the -- for  
2 the State EMS Advisory Board meeting. As I  
3 say every time, the quarterly report has  
4 been sent to you. I do apologize that we  
5 were a little delayed this time in getting  
6 the report out to you.

7 As I reported to some of the  
8 committees, again, we have been so inundated  
9 and tied up with General Assembly activities  
10 and -- and it's just consumed all of our  
11 time, so we did get behind in getting the  
12 quarterly report out to you.

13 But it is also posted on our  
14 web site. And as we always say, too, is  
15 please make sure you read this and -- and  
16 come prepared and with the knowledge that  
17 the report provides when you come to the  
18 meetings.

19 And that can really cut down  
20 on the time that we would otherwise have to  
21 go through this. And so, we'll do a lot of  
22 referencing just to the report and not try  
23 to be redundant in that respect. Let me,  
24 first of all -- and -- and I know, George,  
25 you have a time constraint, so I want to

1 make sure we get through and get to you,  
2 too. But first of all, Adam if -- if you  
3 can come forward. I do want to have Adam  
4 address you. Adam Harrell's our business  
5 manager.

6           There's been some changes  
7 within our office and also with Adam. And a  
8 lot of people have been asking questions, so  
9 I just kind of want him to kind of brief you  
10 on some things about his current status and  
11 anything else that he'd like to.

12  
13           MR. HARRELL: Thank you, Gary. So  
14 as Gary alluded, I used to be the business  
15 manager for the Office of EMS. Back -- it  
16 was actually effective December 25th, I was  
17 promoted to administrative deputy for the  
18 Health Department.

19           And that is over a shared  
20 administrative service. It is a concept  
21 that we're pulling from private industry to  
22 consolidate and streamline business  
23 functions within the Health Department. So  
24 in addition to serving in an administrative  
25 capacity for the Office of EMS, I also serve

1 in the Office of Drinking Water, the Office  
2 of Environmental Health and the Office of  
3 RAD Health. So ultimately, the goal here is  
4 streamlining of processes, reduction in  
5 costs.

6 But insuring that we do not  
7 have any decrease in the services offered.  
8 So hopefully, nobody will see any negative  
9 effects from this.

10 And you'll actually start to  
11 see further improvements as far as  
12 administrative processes go. So -- do you  
13 want me to speak to the challenge coins real  
14 quick?

15  
16 MR. BROWN: Yes.

17  
18 MR. HARRELL: Each of you should  
19 have in front of you -- if you don't, I can  
20 provide you one before you leave -- a  
21 challenge coin for 2018.

22 That coin is different on both  
23 sides. It signifies the 40th anniversary  
24 for the Rescue Squad Assistance Fund and the  
25 50th anniversary for the Office of EMS.



1 MR. BROWN: So this is a banner  
2 year for EMS in the Commonwealth and, so  
3 hopefully, you'll enjoy your challenge coin.  
4 With that, let me go to -- Scott, let me go  
5 to you.

6 And we are going to cover a  
7 little bit about legislation. But again,  
8 keep it at a high level and keep it brief.  
9 So Scott, I'll start with you.

10  
11 MR. WINSTON: All right, thank you.  
12 Gary asked me to share some information  
13 about several bills that are before the  
14 General Assembly this session.

15 The first bill has to do with  
16 juvenile record information. There were  
17 three bills submitted in the -- the House  
18 and one bill in the Senate -- yeah, that's  
19 correct -- dealing with the dissemination of  
20 background information for juveniles.

21 And this is at a request of a  
22 locality that has a substantial number of  
23 juveniles that are applying for membership  
24 within their career -- volunteer department,  
25 and felt they were not able to sufficiently

1 review their background because they didn't  
2 have access to any prior criminal history  
3 that a juvenile may have. So the -- the  
4 bill was introduced and has been amended,  
5 but is moving quickly through the process.

6 But it would allow,  
7 essentially, the results of a criminal  
8 background check of a juvenile to be  
9 returned to the Commissioner of Health or a  
10 locality -- if they have enacted an  
11 ordinance -- to the chief law enforcement  
12 officer of that locality or his designee who  
13 shall be an individual employed as a public  
14 safety official, which could be the fire  
15 chief or an EMS chief of that locality.

16 The second bill has to do with  
17 mental health awareness training, and  
18 there's a bill in the House and a bill in  
19 the Senate.

20 And this is a follow-up from  
21 legislation that was introduced last year to  
22 make available mental health awareness  
23 training to fire and EMS personnel. And  
24 essentially to provide education related to  
25 recognizing the signs and symptoms of

1 cumulative stress, depression, anxiety,  
2 exposure to acute chronic trauma. How to  
3 deal with compulsive behaviors and  
4 addiction, combating and overcome stigmas.

5 Appropriately responding to  
6 aggressive behavior, such as domestic  
7 violence and harassment and assessing  
8 available mental health treatment and -- and  
9 resources available.

10 This bill requires fire and  
11 EMS agencies to develop curricula for this  
12 mental health training. However, it stops  
13 short of mandating the -- the training be  
14 taken by the personnel.

15 The hope is that certainly  
16 they will include that as part of their  
17 stand-alone training or continuing  
18 education. And in that case, the bill also  
19 directs us to issue continuing education  
20 credit, which we would have done as well.

21 Then the last bill has to do  
22 with the -- it's Senate bill 715 and it  
23 deals with the individuals that have  
24 concealed weapons carry permits. And  
25 currently, there's no prohibition in

1 regulation to -- that would prohibit an  
2 individual from carrying a firearm onto an  
3 ambulance. However, it's our understanding  
4 that not very many agencies, if any, are  
5 allowing their personnel to carry firearms  
6 onto ambulances.

7 This was a very controversial  
8 issue when the -- the regulations were last  
9 revised. We actually tried to put a  
10 prohibition in the regulations with the  
11 exception of a -- a sworn law enforcement  
12 officer could carry on an ambulance.

13 And that attracted a  
14 considerable amount of attention. And  
15 ultimately, it was -- we were required to  
16 remove it from the regulations.

17 So this bill would start off  
18 fairly specific and has been amended and has  
19 broadened out a little bit, more than we had  
20 anticipated.

21 That it would allow any fire  
22 or EMS personnel that is employed as an EMS  
23 provider or a volunteer that has been  
24 approved by the fire chief or EMS chief to  
25 carry a concealed weapon, wherever such

1 firefighter or volunteer firefighter person  
2 employed as an EMS services personnel or  
3 voluntary EMS personnel may travel in the  
4 Commonwealth while engaged in the  
5 performance of their official duties.

6 The bill also further goes on  
7 to direct the Department of Criminal Justice  
8 Services, the Office of EMS and the  
9 Department of Fire Programs to develop a  
10 model policy that -- regarding the carrying  
11 of a concealed weapon for fire and EMS  
12 personnel.

13 And again, ultimately, it will  
14 be the responsibility of the fire and EMS  
15 chief as well as reviewed at the local  
16 elected governing body level must grant  
17 permission in order for this to occur.

18 So I share that with you. Not  
19 sure how that will come out, but please,  
20 make a note of that and continue to follow  
21 that as we go through this session.

22  
23 MR. BROWN: Okay. Thank you,  
24 Scott. Cam. I'll get Cam to come up here  
25 and talk about a couple of bills that are

1 very challenging in terms of reporting of  
2 controlled substances and also stroke bills.  
3 So Cam, take it away.  
4

5 MS. CRITTENDEN: Good afternoon,  
6 everyone. Some of you have heard this, so  
7 I'll try to keep it brief. House Bill 1347  
8 and Senate Bill 804 are mandatory reporting  
9 bills for opioid overdoses for EMS.

10 They specifically state that  
11 every EMS agency and EMS provider, law  
12 enforcement officer and hospital within the  
13 Commonwealth has to report over -- specific  
14 elements of overdose data within five days  
15 of the occurrence to the Secretariat.

16 The Secretariat then has five  
17 days to report this out to the citizens and  
18 all of the -- the interested parties. So  
19 the impact on EMS is going to be pretty  
20 significant with that time line.

21 I think that it -- the Senate  
22 bill was generated from Fauquier County.  
23 And I think they just weren't aware of all  
24 the data reporting going on already. So we  
25 did work with the delegate and that bill was

1 struck. We are meeting Tuesday with the  
2 delegate and Fauquier County to talk about  
3 the current practice, the data that we have  
4 available, the data streams and what they  
5 can do to disseminate data within their  
6 county.

7 Senate Bill 804 did get  
8 referred to Finance. We have not had a  
9 chance to meet with the -- with the Senator  
10 yet. We'll do that as soon as we can.

11 But we're hoping or thinking  
12 that Finance will strike it down because it  
13 does have a significant financial impact to  
14 the Secretariat.

15 The other bill is a stroke  
16 bill. And that one, very benign. It simply  
17 adds the American Heart Association as a  
18 certifying body to our stroke triage plan.  
19 Okay. Thank you.

20  
21 MR. BROWN: Okay, thank you. Also,  
22 as you know that on Friday of each week  
23 during the General Assembly, you have been  
24 receiving a legislative grid and a  
25 legislative report on all bills that we are

1 tracking. Many of those bills are bills  
2 that we have been assigned lead to. And  
3 what that means is that from the Governor's  
4 office down to the Secretary's office to the  
5 Department level and then to our office,  
6 based on the -- the bill language and the  
7 topic.

8 If it's EMS-related or it  
9 seems like if it's anything close to being  
10 EMS-related, we get it this year. So we are  
11 -- we are assigned lead, which means we have  
12 to develop legislative action summaries that  
13 includes a bill summary, the effected  
14 constituents summary -- which are the  
15 constituent or stakeholder groups positions  
16 on bills.

17 And then do an agency  
18 recommendation of either strongly support,  
19 support or support with amendment or oppose  
20 or no position, and give reason for that.

21 And then we also have to  
22 prepare fiscal impact statements on -- on  
23 the bills. And then we have to be available  
24 -- we have to attend every single  
25 subcommittee and committee meeting that



1 these bills go to and be available to answer  
2 questions, testify and -- and be there as a  
3 resource. So it -- it is -- these meetings  
4 will start as early as 7:00 a.m., in the  
5 morning, which is -- I attended one  
6 yesterday morning that early.

7 And they will go well into the  
8 evening. So -- and it's -- it's 24/7. So  
9 it is very time-consuming. We put a lot of  
10 bills on our grid. Some -- some you may ask  
11 why we're doing that.

12 A lot of bills actually may  
13 have to do with the Rule 124 that we talked  
14 about with the Virginia Supreme Court last  
15 year. And -- and that impacts our Trauma  
16 Center Fund, for instance.

17 And that -- that is  
18 encouraging that there would be alternatives  
19 to suspension of a driver's license and --  
20 and maybe a payment plan that is set up.

21 So if you're not suspending a  
22 driver's license, then you're not collecting  
23 a reinstatement fee. It's those  
24 reinstatement fees that -- that is the  
25 revenue source for the Trauma Center Fund.

1 So we have a lot of bills on our grid that  
2 have to do with suspension of driver's  
3 license and -- and -- or the, if you will,  
4 not suspending driver's license.

5 So that has a huge impact.  
6 There's a lot of line of duty act bills that  
7 have been introduced. A lot in the fire  
8 services, but since we're such a hybrid  
9 system, many of those bills we track because  
10 they will impact EMS.

11 And -- so again, there's a lot  
12 of bills that just of interest that we put  
13 in there that we keep an eye on because you  
14 just never know what the ripple effect that  
15 a piece of legislation may have if it's --  
16 if it's passed.

17 And then, how it would effect  
18 EMS in the Commonwealth. So do pay  
19 attention to those, if there are any bills  
20 -- as we say every week -- that we don't  
21 have on our grid, please let us know and  
22 we'll put them on the grid. But again, we  
23 know the -- it's a long list, but every one  
24 of those bills have consequences. So please  
25 pay attention to them. One of the things,

1 too, we -- in the quarterly report, we have  
2 placed information on the biannual budget --  
3 proposed budget. And it gives the proposed  
4 EMS budget for FY 2019 and FY 2020, in terms  
5 of emergency medical services.

6 And of course, our primary  
7 source for EMS at the state level is the  
8 Four and a Quarter for Life revenue stream  
9 that comes from the motor vehicle  
10 registration fee.

11 And that much is dedicated to  
12 EMS. There's another \$2.00 that's added on  
13 top of that that we collect. But the Code  
14 is clear in terms of how that money is  
15 transferred back to the General Fund and  
16 it's a hard -- hard budget amount in terms  
17 of those dollars.

18 So if we actually don't  
19 collect the amount of monies that would  
20 equal the transfer to the General Fund, we  
21 -- it's only happened once since this went  
22 into effect -- that that money comes out of  
23 the Four for Life money. So again, we -- we  
24 watch this and monitor it very closely.  
25 There -- I try to also put in there things

1 that -- and you can see the budget bill  
2 language in terms of the budget that is  
3 being proposed and the paragraphs that  
4 stipulate everything from the use of Rescue  
5 Squad Assistance Fund or the fact that we  
6 have to submit a Trauma Center Fund report  
7 to the General Assembly every year, to the  
8 use of National Registry for testing --  
9 initial testing of our candidates.

10 And also, monies that go to  
11 cover criminal background checks. So this  
12 is where a lot of -- a lot of this resides  
13 in the budget bill of Virginia. And the  
14 budget bill trumps Code language.

15 We also have the inner fund  
16 transfers and, again, that's on page four of  
17 the report in paragraph 'S' and 'X' in  
18 particular.

19 Paragraph 'S' talks about the  
20 revenues that I had mentioned that are  
21 collected for the Trauma Center Fund and the  
22 amount that must be transferred to the  
23 General Fund out of -- out of that monies  
24 that are collected. I bring that to your  
25 attention because there is a budget

1 amendment that has been introduced in this  
2 session that I was not able to get into the  
3 quarterly report in time. But it is a  
4 budget amendment that has been submitted,  
5 chief patron Stolle.

6 And it is on the inner fund  
7 transfers and it's a language amendment  
8 which states that this amendment strikes  
9 language authorizing a transfer of up to  
10 \$8,055,000.00 each year from the Trauma  
11 Center Fund within the Health Department to  
12 the General Fund.

13 So the very language that's in  
14 the budget bill of inner fund transfers that  
15 says we have to transfer this money to the  
16 General Fund, the budget amendment is  
17 striking that language, it says no.

18 And if this budget amendment  
19 passes, then we would not have to transfer  
20 that money to the General Fund. So that  
21 money would stay in the Trauma Fund, which  
22 is a good thing. So I bring that to your  
23 attention. I will make sure that you guys  
24 get this -- this information. And if -- if  
25 you're so inclined and I'll let

1 Dr. Aboutanos or the chair talk about this  
2 if you guys want to make any -- as  
3 individuals or -- any kind of correspondence  
4 with your elected officials, that's your  
5 choice.

6 As a State agency, I can't  
7 tell you to do that. And then, the other --  
8 there's another bill that's been introduced  
9 that is regarding the Trauma Center Fund.  
10 It's House Bill 1513.

11 And again, it was introduced  
12 by Delegate Stolle. And basically, it adds  
13 that any person convicted of a violent  
14 felony offense shall be ordered to pay  
15 \$50.00 to the fund, meaning the Trauma  
16 Center Fund.

17 We really don't know what the  
18 impact of this is because it's -- it's a lot  
19 of things with regards to what's the  
20 definition of violent felony offense, is --  
21 how this would be applied and so forth and  
22 so on. So we're trying to run some figures  
23 to see what the fiscal impact on that would  
24 be. But it would add some more funds to the  
25 Trauma Center Fund. Although at the moment,

1 it looks to be a modest amount. So we will  
2 keep you posted on that as well. And then,  
3 there is another -- another budget amendment  
4 that has been put in and that Ed Rhodes has  
5 kind of spearheaded this for us.

6 And it's language that  
7 eliminates the directing of \$840,000.00 from  
8 the Rescue Squad Assistance Fund each year  
9 for the purchase of the new ambulance  
10 stretcher retention systems.

11 We have met that within the  
12 Rescue Squad Assistance Fund grant program  
13 and the process. And we are meeting that on  
14 -- literally on a per cycle basis. So the  
15 language is no longer necessary to -- to  
16 have that to direct us to do something that  
17 we're already doing.

18 So that is a budget amendment  
19 to take that language out of there. And I  
20 think that's it. And I will quickly now  
21 turn it over to George.

22  
23 DR. LINDBECK: Thanks, Gary. Just  
24 some informational items that I wanted to  
25 share. These are more at the national

1 level. The Fatigue Management Guidelines  
2 are out and have been published in  
3 Pre-hospital Emergency Care -- PEC -- or the  
4 Blue Journal.

5 And those are available  
6 online. I think that those are worth agency  
7 leadership being aware of because in the  
8 future, I anticipate that we will require  
9 agencies to have a Fatigue Management policy  
10 in their operational guidelines.

11 Not that we specify what that  
12 policy is specifically, but that they show  
13 evidence of a Fatigue Management strategy  
14 and policy. National Patient Care  
15 guidelines 2.0 is out.

16 It might be worth taking a  
17 look at as well. There is also a Lights and  
18 Sirens paper that has been put of. Doug  
19 Kupus, State Medical Director in  
20 Pennsylvania was the primary author on that.

21 It was funded through NITSA,  
22 DOT and I think that's also worth reviewing.  
23 That's a[n] authoritative, I would say,  
24 review of the evidence base for Lights and  
25 Sirens, both pro and con. Again, I would



1 anticipate that at some point in the future  
2 would expect EMS agencies to have a Lights  
3 and Sirens policy.

4 Not specifying what that has  
5 to be, but making sure that they've  
6 addressed the question and that they have a  
7 management approach to that. National Scope  
8 of Practice Group is continuing to work  
9 along.

10 They have released a new scope  
11 of practice guidelines for EMR and EMT.  
12 They've not released any guidelines for the  
13 ALS providers yet. But again, worth being  
14 aware of.

15 And then finally, the  
16 Protecting Patient Access to Emergency  
17 Medications Act has been signed into law  
18 recently. I believe since our last meeting.

19 So that was a bill that went  
20 through Congress to amend the Drug Control  
21 Act of 1973, to specifically recognize what  
22 we do in EMS. The reason I think that we  
23 need to be aware of that, and some people  
24 are probably tired of hearing me talk about  
25 this. Once that law has passed, it will go

1           into rule writing at DEA. And we'll only  
2           hear about that once they get towards the  
3           end of that process. That could be a year  
4           or two.

5                         But I think that it is likely  
6           -- and the compliance manager previously  
7           known as Michael Berg and I have spent quite  
8           a bit of time talking about this.

9                         I think that it's likely that  
10          our current hospital-based drug kit system  
11          in Virginia will not be in compliance with  
12          those new rules and regulations from DEA.

13                        They've never been very  
14          comfortable with what we've done in  
15          Virginia, but haven't burnt us down. But I  
16          think once this new law -- this amendment --  
17          goes into effect, the rules are written -- I  
18          think agencies need to consider how they  
19          would manage their drug box program if they  
20          had to management -- manage it.

21                        Not necessarily at the  
22          individual agency level, but it could be  
23          through consortiums or local government.  
24          But we may be looking at a different  
25          landscape in terms of our pre-hospital drug

1 kits. I think that's it unless there's any  
2 questions.

3  
4 MR. BROWN: Okay. Thank you,  
5 George. Last but not least, I'd like Chuck  
6 to come forward to kind of give a very quick  
7 briefing on our EMS Scholarship program so  
8 everybody will hear the same thing and be up  
9 to date on the status of that program. And  
10 Warren, you're on deck with the ECC portal.  
11 If you'll be ready for that.

12  
13 MR. FAISON: All right. Good  
14 afternoon, Mr. Chair, Mr. Vice-Chair, ladies  
15 and gentlemen of the Advisory Board.  
16 Brought you an update on the EMS Scholarship  
17 program.

18 The program officially  
19 launched last October. We opened our first  
20 scholarship cycle at that time, on October  
21 2nd.

22 And that cycle concluded on  
23 November 30th. As you may recall, we  
24 entered into this venture with our partner  
25 office, the Office of Health Equity. So

1 they have been administering the program  
2 with our, sort of, oversight. After that  
3 first cycle, we did -- we know we did  
4 experience some -- some issues, some  
5 setbacks.

6 You may recall that the  
7 application itself, it lives online. So  
8 it's completely 100% online-based system.  
9 Brand new software that -- that has been  
10 deployed.

11 So our applicants -- and we've  
12 been tracking these issues as they've been  
13 arriving. But many of our applicants did  
14 experience some technical issues using the  
15 -- the online application.

16 We've also been looking for  
17 some improvements to be made to the  
18 administrative database as well for our  
19 approval work flow.

20 So we also did, you know,  
21 struggle with some administrative setbacks  
22 as well. But fortunately, we've worked  
23 through all of those. We continue to work  
24 with applicants outside of the online system  
25 in order to gather the information that we

1 need in order for them to be eligible for  
2 review. I do want to say thank you to  
3 Ms. Amanda Lavin for her assistance with the  
4 Awordy [phonetic] contract.

5 As I said before, we did -- we  
6 were able to get that approved and -- and  
7 move forward with the administrative  
8 processes. So we're working with the Office  
9 of Information Management, OIM.

10 We continue to work with them  
11 in terms of the issues that we've been  
12 seeing with the online application and the  
13 administrative database.

14 To give you some numbers from  
15 that first cycle, we did receive  
16 approximately 154 applications in total for  
17 that first cycle. Of that 154, 93 are  
18 considered to be complete and so they are  
19 able to be reviewed for an award decision.

20 61 of those applications are  
21 still missing information. Some of that  
22 could be because we've made contact with the  
23 applicant, and we still have not been able  
24 to retrieve the information that we need.  
25 Some of that is we're still working with

1 some folks in terms of overcoming some  
2 technical hurdles in terms of obtaining  
3 their information.

4 And of the 93 that are  
5 considered complete, about three of those  
6 were for EMT programs, six for intermediate  
7 and then 57 for paramedic. So those are --  
8 that's kind of the run down for the first  
9 cycle.

10 We did start the second cycle.  
11 We went ahead and -- and proceeded with  
12 that. So the second cycle kicked off  
13 January 1st of this year and will conclude  
14 at the end of this month.

15 And then the next cycle after  
16 that will begin on April 1st. And as far as  
17 the scholarship program -- oh, to tell you  
18 about outreach.

19 So we did reach out to EMS  
20 educators as sort of our first tier approach  
21 in our outreach campaign to promote the  
22 scholarship.

23 Conducted a series of about  
24 six educator webinars. And also, we were  
25 able to produce some fliers promoting the

1 scholarship program in conjunction with  
2 marketing and PR, which we distributed  
3 during the EMS Symposium last November.

4 Also, we had an audience of  
5 about 200 plus educators during the educator  
6 update at Symposium, which we also talked  
7 about the scholarship program and  
8 entertained questions at that time.

9 And that concludes my report  
10 on the scholarship program at this time.  
11 Any questions or subject to your questions.

12  
13 MR. BROWN: Great. Thank you,  
14 Chuck.

15  
16 MR. FAISON: Thank you.

17  
18 MR. BROWN: Warren.

19  
20 MR. SHORT: All right. We did  
21 something on time, at least, our timetable,  
22 any way. Yesterday on February the 1st at  
23 approximately 5:45, the Office launched the  
24 new Education Coordinator Candidate Program.  
25 It's an all electronically web-based type

1 program. Information can be found on our  
2 web site under highlights. Right now, it's  
3 the very first item at the very top. It  
4 will reference you to quick guides.

5 I would suggest that the  
6 physician -- EMS physicians and educators  
7 who received an email the other evening be  
8 sure to go in.

9 There are quick guides there  
10 in outline format for you to follow to  
11 assure that you can assist anyone who wants  
12 to become an EMS education coordinator in  
13 the State is processed in a timely fashion.

14 Everything is done  
15 electronically with that. Mentors are  
16 selected online and approved by the mentor  
17 online to their portal. Physicians will be  
18 notified -- everyone's notified by email.

19 When you have someone who is  
20 wanting to use you as their endorsement and  
21 everyone goes online, approves it online.  
22 And it's started. We had the first person  
23 to come through, first applicant was  
24 successfully done at around 7:45 last  
25 evening. We now have three that are



1 registered. So we're all excited about it.  
2 That's all I have, sir.

3

4 MR. BROWN: Thanks for controlling  
5 your enthusiasm. Okay. So with that, there  
6 -- there's two pieces of legislation that  
7 I'm deferring to our Chair's Executive  
8 Committee report to cover that.

9 So -- because they're the two  
10 challenged -- challenging bills that we've  
11 had this session of the General Assembly.  
12 And with that, Mr. Chair, I think that  
13 concludes our report.

14

15 MR. CRITZER: Thank you, sir. Next  
16 would be the Assistant Attorney General,  
17 Ms. Lavin.

18

19 MS. LAVIN: I don't have anything.

20

21 MR. CRITZER: Thank you, ma'am.  
22 The Board of Health report. We had our  
23 meeting -- last meeting on November the 30th  
24 here in Richmond and have three action items  
25 at that meeting. One was to approve the

1 Annual Report for Well Being for the  
2 Commonwealth. That was approved and I had  
3 previously asked that, moving into the  
4 future, that EMS become a part of that  
5 report and how we contribute to the health  
6 of all of Virginia.

7 So hopefully, this time next  
8 year when that report is approved, it will  
9 have EMS data and information about the EMS  
10 program in Virginia, and how it contributes  
11 to the overall health of the Commonwealth.

12 Also, there was an EMS agenda  
13 item at that meeting for approval of the  
14 stroke triage plan. And that was approved  
15 unanimously by the Board of Health. So that  
16 plan is in effect and moving forward.

17 Thank you to committees and  
18 staff for the work on -- on making that  
19 happen. We also had a regulatory item  
20 related to regulations governing  
21 campgrounds.

22 I won't go into any details  
23 about that, but the Board of Health has  
24 purview over a wide variety of topics that  
25 not just include EMS, but everything from

1 sewage to drinking water and everything in  
2 between. So we did approve those. Our next  
3 meeting is on the 15th of March at  
4 9:00 a.m., at the Perimeter Center.

5 Those meetings are open and  
6 available. Their agenda is posted on the  
7 web site. If you're interested in attending  
8 those meetings and hearing about the  
9 activities of the Board of Health.

10 To my knowledge, I'm not aware  
11 of any EMS-related action items for that  
12 particular meeting. Although I do, and have  
13 so far in my two meetings, made it a point  
14 to give a relatively lengthy update about  
15 what's going on in EMS, what we're doing,  
16 planning and moving the EMS system forward.  
17 Any questions about that?

18  
19 MR. BROWN: Mr. Chair, I think I'm  
20 speaking on inquiring minds in the audience.  
21 They'd like to have an update on the  
22 processing, packaging and inspection of  
23 crab meat.

24  
25 MR. CRITZER: Moving on to the next

1 committee report. I promised I wasn't going  
2 to do that. Some people didn't catch that,  
3 but nevertheless -- oh, geez. Now you've  
4 knocked me off my train of thought.

5 So now we'll move into the  
6 Standing Committee Reports and Action Items.  
7 The first committee report is the Executive  
8 Committee of the Board. We did meet  
9 yesterday and had a fairly robust meeting  
10 for several hours.

11 We received a report from  
12 Dr. Aboutanos and you'll hear more from him  
13 later during his report on the ACS Task  
14 Force vetting the American College of  
15 Surgeons report on our trauma system.

16 As a point of information,  
17 next Tuesday here in Richmond at the -- the  
18 -- yeah, Marriott Inn there at -- near the  
19 Office of EMS, there'll be an all day  
20 retreat with all of the work groups and the  
21 task force working to formulate their final  
22 elements to the plan. That meeting is open  
23 to anyone who wants to attend it. It starts  
24 at 9:00 in the morning. We also received a  
25 similar update that you just received from

1 Mr. Faison related to the EMS Scholarship.  
2 We talked about the VAVRS Annual Financial  
3 Report.

4 For those of you that are not  
5 aware, in the Code of Virginia, the  
6 Executive Committee of this Board is charged  
7 with annually reviewing their financial  
8 report.

9 We did receive word from  
10 Mr. Harrell, the business manager  
11 extraordinaire -- whatever his new title is,  
12 no offense to that -- I can't remember what  
13 it was -- that all was in order and that  
14 things had been addressed appropriately.

15 So thank you to VAVRS for  
16 their commitment in insuring their -- their  
17 report was in order. Also, we had  
18 discussion about all of the General Assembly  
19 activity.

20 In particular, the two bills  
21 that Gary referred to me to talk about that  
22 have been of, I think, most interest to the  
23 system this year. The first was House Bill  
24 777, which is the air medical bill. And it  
25 was related specifically to EMS that

1 required EMS to obtain informed consent  
2 prior to initiating air medical transport.  
3 In the event they couldn't do that, to  
4 document that -- that the transport was  
5 necessary on a form developed by the Office  
6 of EMS.

7 And also to develop statewide  
8 protocols for the dispatch and utilization  
9 of air medical. That bill received  
10 opposition from all of the major stakeholder  
11 groups in the Commonwealth from VAVRS to  
12 VAGEMSA to State Fire Chiefs.

13 We engaged the VACEP folks in  
14 that. Again, pretty universal opposition.  
15 In the end, the delegate -- Delegate Ransone  
16 -- has pulled the bill back.

17 It passed -- it passed  
18 committee and it went to the floor of the  
19 House. It's been pulled back and is going  
20 to be considered for a -- for study  
21 legislation -- for a legislative study of  
22 the issue. A group of us met yesterday,  
23 went to her office to meet with her and got  
24 to speak with her aide. And we are  
25 encouraging that -- that that study

1 incorporate all the elements of the system  
2 to insure that our voice is heard and the  
3 system concerns are heard to any legislation  
4 that would come forward in next year's  
5 session regarding that bill.

6 House Bill 778 was a similar  
7 bill related to the emergency department  
8 management of -- of using air medical. That  
9 bill has passed the House and is now headed  
10 for crossover.

11 I believe that the major  
12 stakeholder groups on that side, VACEP and  
13 others, were able to articulate some changes  
14 that made it hopefully more acceptable.

15 But it is headed for crossover  
16 and moveable to the Senate. So that was --  
17 that was a big bill. It took a lot of work  
18 on a lot of people and organizations' parts  
19 to make sure that we had our voice heard.

20 And I thank everyone for your  
21 involvement and engagement in that, insuring  
22 that your delegates heard loud and clear  
23 that that was not the way to address  
24 concerns over -- over billing related to air  
25 medical. In March of this year, the

1 Executive Committee -- a date has not been  
2 chosen, but when it is it will be posted, to  
3 have a retreat of the Executive Committee to  
4 start addressing things such as a succession  
5 plan.

6 This time next year, there  
7 will be a number of new faces on this Board.  
8 A fairly significant number of us are --  
9 will be rolling off. We're going to work on  
10 some succession planning for moving forward  
11 with a new group.

12 And also to talk about some of  
13 the other items that we'll be faced with  
14 moving forward. One of the large ones will  
15 be the final report coming out of TSOMC on  
16 the ACS Task Force and what items need to be  
17 addressed from that.

18 So that will be going on over  
19 -- over the next several months. Stay  
20 tuned, watch the web site. And we encourage  
21 you to participate in -- in those  
22 activities. Are there any questions about  
23 the action -- or activities of the Executive  
24 Committee? Okay, thank you very much.  
25 Moving forward then, the next committee is



1 the Financial Assistance Review Committee.

2

3 MS. DAVIS: FARC met yesterday  
4 afternoon and we have no action items for  
5 the Board. We did receive 70 payments  
6 between November and January of \$2M that we  
7 paid out through the Rescue Squad Assistance  
8 Fund.

9 Gary mentioned earlier that  
10 it's the 40th anniversary of RSAF, beginning  
11 in 1978 all the way through 2018. The first  
12 grant cycle was in June of 1979.

13 So we're in the process now of  
14 compiling all the data for 40 years of RSAF.  
15 So I'll be able to share that with you at  
16 the next meeting.

17 We are now working on a draft  
18 of the grant review guidelines for the  
19 councils and also a grant workshop guide for  
20 the grantees that the council will be  
21 conducting.

22 We are no longer giving  
23 interviews for grants. Instead, all of the  
24 grants will be based basically on their  
25 documentation and the grant application

1 guide. So we're preparing a draft document  
2 for those workshops. We did approve two  
3 emergency grants, New Garden Rescue Squad  
4 and Piper's Gap Rescue Squad.

5 And those were for two  
6 separate ambulances based on the definition  
7 of a natural or manmade disaster. During  
8 the 2017 grant cycle that ended in December  
9 of last year and awarded January 1st of this  
10 year, we awarded 61 agencies a funding level  
11 of \$4.1M.

12 And the next grant cycle  
13 started yesterday for the June 2018 grant  
14 cycle. And those will be awarded on July  
15 1st, and the deadline will be March 15th.

16 We're still finishing up the  
17 nasal Naloxone grant cycle. We have now  
18 awarded 1600 kits to 47 different agencies.  
19 And that grant will remain open until  
20 February 28th.

21 We will then begin a  
22 restocking nasal Naloxone grant and that  
23 will begin on March 1st. So those that were  
24 awarded during the prior cycle can now  
25 re-apply to restock their nasal Naloxone.

1 If we need to, we can also start a new nasal  
2 Naloxone for beginning grants that did not  
3 apply during the first cycle.

4 So we'll just kind of play it  
5 by ear and see if we need to open that back  
6 up again. I have nothing further. Does  
7 anyone have any questions? Okay, thank you.

8  
9 MR. CRITZER: Next up will be  
10 Administrative Coordinator, Mr. Henschel.  
11 And if -- also, you can just go ahead and  
12 move into the Rules and Regulations  
13 Committee.

14  
15 MR. HENSCHEL: Okay. I have  
16 nothing as far as Administrative Coordinator  
17 goes, so I'll defer to the respective  
18 committee chairs. Rules and Regs did meet  
19 yesterday. We have no action items to bring  
20 before the Board.

21 We had a lengthy discussion  
22 about many of the legislative items that  
23 we've already heard here today. That being  
24 said, many of those would be impactful to  
25 the current revision of the regulations. So

1 we're going to wait for the General Assembly  
2 to conclude. Also, Medical Direction  
3 Committee is having a meeting this month and  
4 has some things to bring forward as well.

5 We've set a date of April 3rd  
6 for a work session in Charlottesville. And  
7 that's all I have.

8  
9 MR. CRITZER: Thank you, sir.  
10 Legislative and Planning, Mr. Parker.

11  
12 MR. PARKER: Legislative and  
13 Planning met this morning and received the  
14 same updates related to the General  
15 Assembly.

16 There was lengthy discussion  
17 related to the Rules and Regs and moving  
18 forward with that. There are no action  
19 items and that concludes my report.

20  
21 MR. CRITZER: Infrastructure  
22 Coordinator, Ms. Chandler.

23  
24 MS. CHANDLER: We have no action  
25 items from any of the three committees. And

1 I will defer to the chairs of those  
2 committees for their reports.

3  
4 MR. CRITZER: Transportation  
5 Committee, Mr. Decker.

6  
7 MR. DECKER: Thank you,  
8 Mr. Chairman. The Transportation Committee  
9 did not meet this quarter. And however, we  
10 still are following the federal changes  
11 going on with ambulance new and remount  
12 standards.

13 Just an informational item,  
14 something we're doing at Richmond Ambulance  
15 Authority is that with these new national  
16 standards comes a maximum capacity for each  
17 cabinet in the ambulance.

18 And so after we went to a few  
19 manufacturers and looked at the total  
20 capacity of the back of the ambulance, we're  
21 now weighing everything that we're supposed  
22 to carry to see what size trailer we're  
23 going to need to pull behind it. Because --  
24 yeah, the -- the equipment that we carry  
25 doesn't add up to all the 20-pound capacity

1 cabinets that are in the truck. So more to  
2 come on that as we see the feasibility of  
3 maintaining the equipment necessary.  
4

5 MR. CRITZER: Thank you, sir.  
6 Communications Committee, Mr. Korman.  
7

8 MR. KORMAN: Yes, the  
9 Communications Committee met today. Mike  
10 Keith shared that Deputy Secretary  
11 Washington will be the new Statewide  
12 Interoperability Coordinator.

13 The Virginia Office of EMS  
14 went to Goochland County. They are eager to  
15 deploy emergency medical dispatch. No  
16 vendor has been selected just yet.

17 And we also discussed the FCC  
18 docket surrounding radio site-based license  
19 renewal exempting public safety.  
20

21 MR. CRITZER: Any questions? Okay,  
22 thank you very much. Emergency Management,  
23 Mr. Andrews.  
24

25 MR. ANDREWS: Yeah, the committee

1 met yesterday. Top on the agenda from  
2 yesterday's meeting is the development of a  
3 survey to be sent out to the agencies as it  
4 relates to their preparedness for responding  
5 to multi-patient incidents.

6 A work session's going to be  
7 put together in March to sit down and  
8 develop that survey. But really, we want to  
9 try to identify what gaps an agency may have  
10 in, you know, in the event of a mass  
11 shooting event, mass casualty events, any of  
12 those types of incidents.

13 And also try to identify what  
14 gaps as a -- as a committee that we need to  
15 address to assist the -- those agencies in  
16 the State.

17 And secondly, was a discussion  
18 as the federal government moves forward on  
19 assault and -- and MUC for triaging, what  
20 that's going to look like and how we may be  
21 able to establish some implementation plans  
22 within the Commonwealth of Virginia, at  
23 which time that that may become something we  
24 may have to look at. That's all.

25

1 MR. CRITZER: Thank you, sir. Next  
2 is Professional Development Coordinator,  
3 Mr. Passmore. And you can go ahead into  
4 Training and Certification.

5  
6 MR. PASSMORE: Okay, there are two  
7 actions items for the Training and  
8 Certification Committee to come before the  
9 Board today. And no action items from  
10 either Workforce Development or Provider  
11 Health and Safety.

12 And I'll yield to those chairs  
13 to report on their activities. The Training  
14 and Certification Committee report, we met  
15 on January the 3rd at the Office of EMS.

16 And the meetings of that  
17 minutes [sic] are posted on the web site.  
18 Activity reports were provided. There's no  
19 updates regarding TCC work group activities.

20 And the next TCC meeting is  
21 April the 4th at 10:30 at the Office. The  
22 motion -- the action items are in Appendix B  
23 of your packet. The first motion being, CPR  
24 will no longer be required as a prerequisite  
25 for BLS classes. The student must possess a



1 valid and current CPR card at the end of an  
2 initial certification course that meets the  
3 CPR criteria as verified by the course  
4 coordinator's possession in the student's  
5 file, a copy of the CPR card.  
6

7 MR. CRITZER: Coming from a  
8 committee, it requires no second. Is there  
9 any discussion? Hearing none, all those in  
10 favor of the motion signify by saying aye.  
11

12 BOARD MEMBERS: Aye.  
13

14 MR. CRITZER: Any opposed?  
15

16 MR. PASSMORE: Okay. The second  
17 motion is to remove the list of recognized  
18 CPR organizations and allow the education  
19 coordinator to verify that the CPR training  
20 program the student had completed meets the  
21 requirements of current guidelines in the  
22 American Heart Association standards for  
23 cardiopulmonary resuscitation and emergency  
24 cardiac care.  
25

1 MR. CRITZER: Again, coming from  
2 the Committee, it requires no second. Is  
3 there any discussion? Hearing none, all  
4 those in favor?

5  
6 BOARD MEMBERS: Aye.

7  
8 MR. CRITZER: All those opposed?  
9 Motion carries. Thank you.

10  
11 MR. PASSMORE: Thank you. That  
12 completes my report.

13  
14 MR. CRITZER: Workforce  
15 Development, Mr. Salazar.

16  
17 MR. SALAZAR: Workforce  
18 Development, they met yesterday. We have no  
19 action items. Quick updates, Officer One  
20 program, that was another pilot program that  
21 was held at Symposium.

22 19 people completed it. It  
23 was a good program, good feedback from that.  
24 The hold up that we have right now is that  
25 there's an issue with completing the online

1           portion, being able to get voice-overs onto  
2           the slides. I know the Office is working on  
3           trying to address that issue. Hopefully,  
4           that'll get taken care of real quick and  
5           we'll be able to move forward.

6                        The next class is looking to  
7           be done at our Rescue College and then  
8           hopefully after that, we'll be able to  
9           consider a system-wide implementation of the  
10          Officer One program.

11                      They'll be meeting in a couple  
12          of weeks to start working on -- on those  
13          issues. Standards of Excellence, there was  
14          one site visit done at Essex County. They  
15          met with representatives.

16                      They have a couple of things  
17          that they need to work on before they can  
18          get approved, but that should not be an  
19          issue. And they did receive an application  
20          from Hampton.

21                      And that'll be the next one  
22          that'll be visiting. Again, we encourage  
23          people to go onto the web site and complete  
24          the application and consider going for the  
25          Standards of Excellence. It's a good way to

1 -- just to make sure that you are doing what  
2 you're supposed to be doing. And again,  
3 there's no repercussions for not completing  
4 it.

5 It's just something to help  
6 all agencies move forward. Volunteer  
7 recruitment and retention network, they have  
8 a new chair, Karen McQuaid from Loudoun  
9 County is now heading up that group.

10 They had a planning meeting a  
11 couple weeks ago to look at some of the  
12 things that they can work on as they move  
13 forward throughout the year.

14 Their next meeting will be  
15 part of the Virginia Fire Chiefs conference.  
16 And lastly, the committee's working on two  
17 things of interest. One is a survey to  
18 providers. They're looking at the best way  
19 to be able to carry that out.

20 But basically to collect  
21 demographic information just so that we have  
22 a better picture of our workforce in the  
23 Commonwealth. There's a lot of discussion  
24 as far as the number of providers that work  
25 in -- in the -- in the jurisdictions, but

1 live in different jurisdictions. And  
2 there's a lot of inconsistencies. And also,  
3 just to look at everything from age,  
4 ethnicity and, you know, things that we can  
5 work on to try to improve our -- our  
6 workforce as a state.

7 And the last thing, I know  
8 several committees are already looking at  
9 this, but we're also shared an interest  
10 working on -- working with providers that  
11 have issues with drug diversion and issues  
12 with drug use.

13 And the whole concept that now  
14 is being used as far as trying to rehab  
15 people instead of firing them. We're  
16 looking at -- to working with some of the  
17 other committees in the Advisory Board to  
18 try to come up with, as a group, with some  
19 recommendations to send out to the  
20 workforce. That concludes my report.

21  
22 MR. CRITZER: Thank you, sir.  
23 Mr. Wildman, Provider Health and Safety.

24  
25 MR. WILDMAN: Provider Health and

1 Safety met this morning. We have no action  
2 items. We discussed the Mental Health  
3 Awareness Campaign that's going to be rolled  
4 out this year.

5 There's going to be some video  
6 and print initiatives that are going to be  
7 coming out -- hopefully by Symposium -- so  
8 that's something to look forward to.

9 If anybody has any  
10 testimonials or input on that, certainly let  
11 us know. Karen Owens at the Office is  
12 helping to spearhead that.

13 We, too, have discussed in the  
14 committee the provider monitoring program  
15 that parallels the health professionals  
16 monitoring program.

17 And our committee wants to do  
18 anything that we can to help facilitate that  
19 with the other committees that are working  
20 on that for the drug diversions among health  
21 care professionals.

22 And we'll continue to gather  
23 some statistics and information to be able  
24 to collaborate with those other committees.  
25 The Provider Health and Safety continues to

1 publish out the safety bulletins every month  
2 via the OEMS web site and Facebook and other  
3 social media avenues.

4 And we have topics that are  
5 earmarked for the next several months to  
6 have those published out. So, that's it.

7  
8 MR. CRITZER: Thank you, sir.  
9 Patient Care Coordinator, Dr. Aboutanos.

10  
11 DR. ABOUTANOS: Thank you,  
12 Mr. Chair. I refer to the various Chairs to  
13 give their report. But I can give -- plan  
14 to give the TSOMC report if that's okay. So  
15 the TSOMC met -- the committee met on  
16 December 7.

17 There were mainly three things  
18 that were discussed. One was a report from  
19 the Trauma Performance Improvement  
20 Committee.

21 We were very pleased with the  
22 type of data that -- and the accuracy of the  
23 data that would be able to obtain and report  
24 back on a quarterly basis, in order to --  
25 specific with regard to the better judgment

1 on whether the patients are going to the  
2 correct trauma centers. And we think a lot  
3 of that is due to the better acquisition of  
4 -- of improved data collection.

5 And also the Performance  
6 Improvement Committee will also continue to  
7 be collaborating with Medical Direction  
8 Committee on -- on the data and they're  
9 committed to continue to do that.

10 Finally, I think the long term  
11 plan was to provide risk-adjusted reports of  
12 mortality by EMS council region as a long  
13 term goal for 2019.

14 And that's in the Performance  
15 Improvement Committee, common denominator  
16 was the continual quest for database linkage  
17 which would be significantly important. I  
18 know working with the Office of EMS, they  
19 eventually get there.

20 The second, probably most  
21 important theme was the report back from the  
22 Trauma System Plan Task Force. So as many  
23 of you know, this task force is composed of  
24 seven sub-groups, one sub-group dealing with  
25 the administrative aspect -- mainly



1           legislation, finance and the structure of  
2           what a trauma system management for Virginia  
3           should look like.

4                       Second is a pre-injury  
5           sub-group working on the integration of the  
6           injury prevention aspect into trauma system  
7           plan.

8                       Then there is pre-hospital  
9           committee working mainly integration of the  
10          existing EMS plan within trauma and vice  
11          versa.

12                      And then, the hospital acute  
13          care sub-group and then the rehab sub-group  
14          and their integration into the comprehensive  
15          trauma system plan. And lastly, a disaster  
16          management sub-group.

17                      So significant amount of  
18          sub-groups. The main development is our  
19          ability to have all these sub-groups came  
20          together as finally as one after working in  
21          an individual group for the past year and a  
22          half. And we have developed a trauma system  
23          plan document -- initial draft. That draft,  
24          and I'd really like to thank Tim Erskin from  
25          the Office of EMS for his significant work

1 on putting the -- the one document together.  
2 That document was heavily vetted during the  
3 -- in December 7 and then presented to the  
4 TSOMC, mainly looking at the compliance  
5 agreement on what the document is stating.

6 Especially with regard to what  
7 the ACS stated versus what our own  
8 stakeholders and experts from -- from the  
9 Commonwealth stated looking at the current  
10 gaps in our system, then strategies and  
11 recommendation and time line to address  
12 these gaps.

13 So this was, as you can  
14 imagine, extensive amount of work. This was  
15 presented from the task force to the TSOMC  
16 and the decision was to -- as -- Mr. Chair,  
17 as you have mentioned, to have a retreat  
18 this Tuesday to kind of finally vett the  
19 entire document.

20 And to be able to have it  
21 taken back to the TSOMC, be approved, then  
22 taken back to Executive Committee. And then  
23 to have the document finalized by March 2018  
24 meeting. This will be a significant amount  
25 of -- of work, especially as we look at the

1 prioritization of the various strategies to  
2 address the gaps that are identified. And  
3 lastly, the heavily discussion by -- as you  
4 would imagine -- by the TSOMC regarding to  
5 the Trauma Fund.

6 Significant worry by the  
7 various trauma centers. The Trauma Fund is  
8 incredibly essential to the work of the  
9 trauma centers.

10 And I think many underestimate  
11 the -- the impact that this will have on  
12 various levels, especially with regard to  
13 trauma centers' commitment to pre-hospital  
14 education and integration regarding to  
15 injury prevention, community engagement and  
16 just patient care.

17 So I think this was heavily  
18 discussion with regard to -- if the Trauma  
19 Fund resource no longer going to be coming  
20 from a reinstatement of a suspension of  
21 license.

22 Is there another source that  
23 needs to be addressed? And I think the main  
24 issue is that a lot of the trauma centers  
25 still don't know what the big impact is

1 going to be. But those -- that was the  
2 report of the committee. There were no  
3 specific action item.

4  
5 MR. CRITZER: Thank you, sir.  
6 Medical Direction Committee, Dr. Dodd.

7  
8 DR. DODD: The Committee met on  
9 January 4th. We have no action items. The  
10 next meeting we will have an updated scope  
11 of practice grid for you all.

12 There's a work group meeting  
13 next week to discuss the EMS regulations as  
14 they relate to OMD's. Next meeting will be  
15 on April 5th.

16  
17 MR. CRITZER: Thank you. Medevac  
18 Committee, Mr. Ferguson.

19  
20 MR. FERGUSON: Yes, Mr. Chairman.  
21 The Medevac Committee met yesterday morning.  
22 We have no action items. Primarily, we were  
23 discussing the bills that were impacting  
24 Medevac and -- and monitoring those  
25 accordingly. We did establish a work group

1 to look at best practices for mid-level  
2 providers, specifically advanced nurse  
3 practitioners that work in the HEMS  
4 industry. And other than that, just refer  
5 to the quarterly report.  
6

7 MR. CRITZER: Thank you, sir. EMS  
8 for Children. I don't believe Dr. Bartle is  
9 here. Mr. Edwards, do you have any  
10 comments?  
11

12 MR. EDWARDS: There were no action  
13 items for the Board. I would like to say  
14 that the EMSC funding nationally is still  
15 questionable given that the Congress doesn't  
16 seem to be able to agree on a budget right  
17 now.

18 The committee is urging every  
19 agency to submit one of the surveys that  
20 you've seen on the flyer going around. That  
21 would be helpful for us as a program to  
22 achieve an 80% response on that.

23 And the committee reviewed a  
24 number of initiatives for the next four  
25 years should we get funding federally.

1 Thank you.

2

3 MR. CRITZER: Thank you, sir. Next  
4 would be the Regional EMS Council Executive  
5 Directors Group, and I understand  
6 Mr. Player's going to give that report.

7

8 MR. PLAYER: Thank you,  
9 Mr. Chairman. Yesterday morning the  
10 Regional Directors met here at the Marriott  
11 for a human resources hot topic development  
12 workshop from Acesco Management Consultants.

13 We then met again in the  
14 afternoon for our quarterly business  
15 meetings. We had no action items. We did  
16 have a number of items on our agenda that we  
17 worked through, though.

18 Highlights included an  
19 excellent presentation from Dr. Ramma  
20 Kushman [sp] of Riverside Regional Medical  
21 Center on EMS-driven stroke triage in  
22 Virginia. We also had a lengthy discussion  
23 on consolidated testing, scheduling and  
24 coordination. That concludes my report  
25 unless there's any questions. Thank you.

1                   MR. CRITZER: The next item on the  
2 agenda would be public comment. Is there  
3 anyone that would like to address the Board  
4 today? Going once. Twice.

5                   Okay, thank you very much.  
6 Next would be unfinished business. There's  
7 no unfinished business to come before the  
8 Board today. So we'll move to new business.  
9 There is one item that I had penciled in on  
10 the agenda.

11                   And that is yesterday, we  
12 spoke in the Executive Committee about the  
13 -- when we were talking about the EMS  
14 Scholarship and there still continues to be  
15 some minor issues outside of the total  
16 control of the Office of EMS to be able to  
17 -- to keep that forward progress.

18                   The Executive Committee went  
19 on record supporting the forward progress of  
20 the Scholarship program on behalf of the  
21 Advisory Board.

22                   What I'm asking for today is  
23 I'd like the Advisory Board to also consider  
24 that same position that the Office can then  
25 carry forward to other entities that they

1 need to interact with to make this possible,  
2 is that this group supports insuring the  
3 continued forward progress of the EMS  
4 Scholarship program in a timely manner.

5 So I put that before you for  
6 your consideration. I need a motion and a  
7 second, if we would, please.

8

9 BOARD MEMBER: So moved.

10

11 BOARD MEMBER: Second.

12

13 MR. CRITZER: Have a -- have a  
14 motion and a second. Any further  
15 discussion? Hearing none, all those in  
16 favor.

17

18 BOARD MEMBERS: Aye.

19

20 MR. CRITZER: Any opposed? Okay.  
21 Having no further new business, is there any  
22 from the floor? Wow, I think we set a  
23 record. And I think we got finished before  
24 the cookies got develop -- delivered. But  
25 if they didn't, please take four with you.



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We stand adjourned.

(The State EMS Advisory Board meeting  
concluded at 2:09 p.m.)


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CERTIFICATE OF THE COURT REPORTER

I, Debroah Carter, hereby certify that I was the Court Reporter at the Board meeting of the STATE EMS ADVISORY BOARD, heard in Glen Allen, Virginia, on February 2nd, 2018, at the time of the Board meeting herein.

I further certify that the foregoing transcript is a true and accurate record of the testimony and other incidents of the Board meeting herein.

Given under my hand this 19th of February, 2018.

  
Debroah Carter, CMRS, CCR  
Virginia Certified  
Court Reporter

My certification expires June 30, 2018.