WVEMS BOARD OF DIRECTORS
Thursday, March 8, 2018
Salem Civic Center
Parlor C
1001 Roanoke Boulevard
Salem VA 24153

Executive Committee - 1:30 PM
Full Board - 2:00 PM

1. Call to Order
2. Introduction of Guests
3. Secretary's Report
    i. Minutes - June 08, 2017 meeting pdf Dec 2017 MINUTES COMPLETE
4. Treasurer's Report
    i. FY 2018 Year-to-Date Financial Report – pdf TREASURER'S REPORT February 2018
5. Reports and Action Items
    i. Executive Committee
        a. Report on future changes to VDH/OEMS contract
        b. Regional EMS Plan - pdf Strategic Plan 2017 adopted
    ii. Medical Direction
        a. Protocol Revisions - Progress Report (Charles Lane, MD/Cathy Cockrell)
    iii. Performance Improvement Committee (meets same day as Board) (Cathy Cockrell)
        a. Trauma Triage Plan Update
        b. Stroke Triage Plan Update
    iv. Near Southwest Preparedness Alliance (NSPA) - (David Linkous)
    v. EMS Operations
        a. MCI Planning - Participation (Mike Garnett)
    vi. Education Workgroup
        a. Funding Contract for CE and Auxiliary Courses - Progress Report (Cathy Cockrell) CE REPORT
6. State EMS Advisory Board Report (Jason Ferguson) - pdf Advisory Board Notes
7. New Business
8. President's Report
9. Staff Reports
10. Public comments

WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL
BOARD OF DIRECTORS

DRAFT MEETING MINUTES

DATE: March 08, 2018

LOCATION: Salem Civic Center, Parlor C

Directors Present
Billy Altman
Jim Cady, Sr.
Joe Coyle
Tim Duffer
Jason Ferguson
Richard Flora
Carey Harveycutter
Mike Jefferson
David Linkous
Robert Logan
Ryan Muterspaugh
Steve Simon
Matt Tatum
Dallas Taylor
Joe Trigg
Valerie Tweedie
Dale Wagoner
Ford Wirt

Staff Present
Cathy Cockrell
Chris Christensen
Gene Dalton
Mike Garnett
Sandi McGrath
George Merix

Guests Present
John (JC) Cook, Jefferson College of Health Sciences

TO ORDER
President Steve Simon called this regular meeting of the Board of Directors to order at 2:10 PM.

He introduced new board members and guests:
Richard Flora, New board member - 5th PD at-large
Richard is a former member of the Roanoke County Board of Supervisors, and former Craig County Administrator. At one time, he served as a volunteer EMS provider and EMT instructor in Roanoke County.

Matt Tatum, New Board Member – Henry County
Matt is the Director of Public Safety for Henry County, and a former volunteer EMS provider.

Guest: JC Cook, Jefferson College of Health Sciences EMS Programs

SECRETARY'S REPORT
President Simon presented minutes of the last meeting as distributed. He called for any corrections or additions.

Being none, motion was made and seconded to approve. **Motion CARRIED.**

TREASURER'S REPORT
Treasurer Coyle presented the FY 2018 year-to-date treasurer's report. He noted no irregularities.

Motion was made and seconded to receive the year-to-date report. **Motion CARRIED.**

EXECUTIVE COMMITTEE
The executive committee met prior to the regular meeting.

The executive director reported on possible changes to the upcoming contract with VDH/OEMS. He recommended to the executive committee that adoption of the FY19 budget be delayed until the June board meeting. The executive committee concurred and the budget will be presented for consideration and adoption in June.

Each year, the board considers changes to the Regional EMS Plan. The plan has been distributed to the health department directors and emergency coordinators, the MRC coordinator, regional VDH personnel, and the WVEMS board for evaluation and consideration. Some comments were received. A list of proposed changes is attached to and made a part of these minutes.

After discussion, motion was made and seconded to adopt the Plan as amended. **Motion CARRIED.**

WVEMS is eligible to nominate a member to the Financial Assistance and Review Committee to become effective on July 1, 2018. At this time, two members have expressed interest. We are requested to nominate three persons by April 20, 2018. A copy of the email from OEMS was distributed to the board, and is attached and included as part of these minutes.

The executive committee recommends the nomination of the following, in the order listed, to represent WVEMS on FARC for a three-year term:

L. Joseph Trigg
J. Dale Wagoner
Michael Jefferson

Motion was made and seconded to nominate L. Joseph Trigg, J. Dale Wagoner, and Michael Jefferson, in that order, to represent WVEMS on FARC for a three year term, with eligibility to serve an additional three-year term. **Motion CARRIED.**

President Simon reported that the vacancy on the board created by Steve Davis' death will be filled by appointment of the Giles County Board of Supervisors

Steve Davis also sat on the Executive Committee as the 4th planning district at-large member, creating a vacancy on the executive committee. Those eligible to fill that seat are:

Ford Wirt, Floyd County
The new Giles County rep when appointed
Rodney Haywood, City of Radford
Val Tweedie, 4th PD at-large

(Joe Coyle, Montgomery County, is already a member of the EC.)
(Joe Trigg, Pulaksi County, is already a member of the EC.)

It is the recommendation and motion of the executive committee that Valerie Tweedie be appointed to the executive committee as the at-large 4th planning district member for a term ending December 30, 2018. **Motion CARRIED.**

MEDICAL DIRECTION COMMITTEE

Protocol Updates

Cathy Cockrell reported on the status of protocol updates. She advised that the protocol structure is being finalized. We will have one more collaborative meeting to make sure that we have not omitted anything and have all required information. After finalized, WVEMS will meet with Allied Resources and Pharmacy to move forward with changes. No definitive date given for completion, but almost finalized.

PERFORMANCE IMPROVEMENT COMMITTEE

Cathy Cockrell and Chris Christensen reported for the Performance Improvement /Trauma Triage Committee.

The PI committee had met earlier in the day. One project was delayed due to problems retrieving the necessary data from VPHIB. No other significant PI matters to report.

Chris Christensen reported for the Stroke Triage Subcommittee. The subcommittee met on Monday, March 5. The Stroke Triage Plan was considered by the Stroke Triage Subcommittee for revisions. A document outlining recommended minor revisions was submitted. That document is attached and made a part of these minutes.

Motion was made and seconded to adopt the Stroke Triage Plan as revised. **Motion CARRIED.**

The Trauma Triage Plan was considered by the Performance Improvement Committee for revisions. A document outlining recommended minor revisions was submitted. That document is attached and made a part of these minutes. During discussion, it was pointed out that a correction to a map in the plan was needed.

Motion was made and seconded to adopt the Trauma Triage Plan as revised, to include a correction to map formatting. **Motion CARRIED.**

NSPA

David Linkous, board member representing the Near Southwest Preparedness Alliance, reported for NSPA. NSPA director Craig Camidge noted that he was unable to attend today. David reported that the entire NSPA staff is delivering am 8-hour seminar on nursing home emergency preparedness to representatives of 35 facilities of MFA (Medical Facilities of America) at the Holiday Inn Tanglewood. This program is delivered on a contract basis as part of NSPA's sustainable income development.

The Virginia Preparedness Academy will be held in Roanoke this year during the last week of March.

The annual NSPA awards will be presented in conjunction with the WVEMS regional EMS awards on May 31 in Roanoke, at The Jefferson Center.

EMS OPERATIONS
Mike Garnett reported on EMS operations and MCI activities in the past quarter.

The WVEMS NRV office is assisting local agencies that have active Rescue Task Force teams in streamlining this endeavor by offering the NAEMT Tactical Emergency Casualty Care course to these agencies.

The WVEMS NRV office has partnered with all 4 local hospitals (2 HCA and 2 Carilion) in creating a consortium for the Stop-The-Bleed campaign. Our first program conducted by WVEMS and LGH-Montgomery had 15 participants from the 4 hospitals. These participants were then eligible to be instructors in their particular communities.

EDUCATION SUBCOMMITTEE
The executive director reported on the status of the CE/Auxiliary course MOU.
A report of utilization of the funding was distributed. The report is attached and made a part of these minutes.

Cathy also reported that three courses offered by WVEMS had just completed, all with excellent psycho-motor pass rates. Advanced EMT courses completed in the New River Valley and in Roanoke. A special Emergency Medical Responder course conducted for the public safety department at the Roanoke-Blacksburg Regional Airport also just finished.

EMS ADVISORY BOARD
Jason Ferguson provided an oral and written report. He reported that he was elected as chair of the state Medevac Committee. He also reported on the disposition of several bills from the current session of the General Assembly, especially HB777. His written report is attached and made a part of these minutes.

NEW BUSINESS
EMS Financial Assistance
The current cycle applications are due on Friday, March 15. WVEMS has conducted three RSAF workshops, one in Martinsville, one in Roanoke and one in Radford. There was a total of 16 attendees. While this was more than expected, it might be considered to offer more one-on-one sessions in the next cycle.

Rob reported that the Virginia Hospital and Healthcare Association was donating expired IV solutions, administration sets, and protective gowns to regional EMS councils for training and testing purposes.

PRESIDENT'S REPORT
The President reported 66 percent of directors in attendance.

STAFF REPORTS
Rob Logan - Reported that three OMD workshops were conducted, one in Roanoke, one in the New River Valley, and one in Henry County.
Cathy Cockrell - None
Chris Christensen – None
Mike Garnett – None

Gene Dalton - None
Sandi Short – None
George Merix - None

HEARING OF THE PUBLIC
None

Being no further business, the meeting was adjourned at 3:15 PM.

/s Robert Logan, Executive Director

WESTERN VA EMS COUNCIL
UNAUDITED TREASURER'S REPORT
AS OF FEBRUARY 28, 2018

REVENUES	BUDGET	TOTAL	% YTD
STATE GOVERNMENT (OEMS CONTRACT)	451,450	238,275	52.78%
LOCAL GOVERNMENT	133,000	135,824	102.12%
UNITED WAYS	3,000	128	4.27%
CONTRIBUTIONS	1,000		0.00%
NSPA/VHHA PROGRAM REVENUE	440,000	318,456	72.38%
DIRECT PROGRAM INCOME (Tuitions, grants, VDH/OEMS)	235,000	165,357	70.36%
VA EMS SYMPOSIUM		18,709	0.00%
NSPA OFFSET REVENUE (Contract for services)	12,000	9,741	81.18%
RENT INCOME (NSPA)	18,000	18,000	100.00%
OTHER INCOME - SALE OF ASSET	0		0.00%
CISM GRANT		2,819	0.00%
CISM CONFERENCE		500	0.00%
CISM CONTRIBUTIONS		2,100	0.00%
CREDIT CARD HOSTING FEE		660	0.00%
ROLLOVER FROM FY13 SURPLUS (BOARD APPROVED)	0		0.00%
INVESTMENT / GAINS/LOSSES	10,000	11,821	118.21%
TOTAL REVENUES	1,303,450	922,391	70.77%
EXPENDITURES	**BUDGET**	**TOTAL**	**% YTD**
SALARIES / WAGES (WVEMS)	445,000	333,269	74.89%
PAYROLL TAXES (FICA)	34,043	24,896	73.13%
VEC	1,200		0.00%
403(b) / RETIREMENT	22,250	13,559	60.94%
HOSPITAL / MEDICAL INSURANCE	46,000	39,820	86.57%
LIFE INSURANCE/DISABILITY	10,000	6,249	62.49%
DENTAL INSURANCE	3,600	1,804	50.11%
PROFESSIONAL SERVICES/FEES	12,000	10,360	86.33%
MEDICAL DIRECTION ASSISTANCE	1,000		0.00%
MAINTENANCE / REPAIRS / SERVICE CONTRACTS	2,500	1,478	59.10%
OCCUPANCY (Utilities, repairs, NRV rent etc.)	22,000	20,911	95.05%
POSTAL / SHIPPING	2,000	892	44.58%
TELECOMMUNICATIONS	14,000	10,456	74.69%
SUPPLIES (ADMIN)	7,957	6,986	87.80%
EQUIPMENT	8,000	2,628	32.86%
INSURANCE	12,000	8,757	72.98%
DIRECT PROGRAM EXPENSES	160,000	133,729	83.58%
NSPA/VHHA/MRC PROGRAM EXPENSES	440,000	318,456	
PRINTING / PUBLICATIONS	2,500	2,439	97.57%
TRAVEL / LODGING	5,000	1,369	27.37%
FUEL/VEHICLE MAINTENANCE	12,000	6,134	51.11%
MEETING SUPPORT	1,000	312	31.16%
DUES / MEMBERSHIP FEES	1,600	1,440	90.00%
STAFF DEVELOPMENT	15,000	5,880	39.20%
CISM PROGRAM COSTS	2,000	5,419	270.93%
COMMUNICATION SITE RENTAL	6,000	4,000	66.67%
COMMUNICATIONS WIRELINES	9,000	6,331	70.34%
COMMUNICATIONS MAINTENANCE	2,000	1,859	92.96%
COMMUNICATIONS UTILITIES	800	358	44.77%
COMMUNICATIONS INSURANCE	3,000	2,000	66.67%
COMMUNICATIONS EQUIPMENT	0	2,488	
TOTAL EXPENDITURES	1,303,450	974,277	74.75%

PROGRAM

REVENUE (PROGRAM ACCOUNTS)	TOTAL
OEMS FUNDS - INTERMEDIATE	255
OEMS FUNDS - ENHANCED	4,284
OEMS FUNDS - CE	20,532
OEMS FUNDS - AUX	31,680
PROGRAM SERVICE FEES	
PROTOCOL, ETC. SALES	
TEXTBOOK SALES	
CONSOLIDATED TESTING	23,763
DRUG BOX ENTRANCE FEES	7,438
GRANTS & SPECIAL PROJECTS	
SALES - CONSUMER GOODS	
WEB DATABASE	
PROCESSING FEES	
PROGRAM FEES - MONROE HEALTH CENTER	
PROGRAM TUITION - INTERMEDIATE	
PROGRAM TUITION - ENHANCED	72,600
PROGRAM TUITION - ADJUNCT	1,160
PROGRAM TUITION - CARDIC	
PROGRAM TUITION - OTHER	
PROGRAM TUITION -	3,600
PROGRAM TUITION - NRVTC	
ID CARD SALES	45
COMMUNITY COLLEGE COURSE REVENUE	
TOTAL REVENUES	165,357

EXPENSES (PROGRAM ACCOUNTS)	TOTAL
CONTRACTS FOR SERVICES (INTERMEDIATE)	16,308
CONTRACTS FOR SERVICES (ENHANCED)	29,935
CONTRACTS FOR SERVICES (ADJUNCT)	350
CONTRACTS FOR SERVICES (CARDIAC)	
CONTRACTS FOR SERVICES (SPEC. PROJ.)	
CONTRACTS FOR SERVICES (ALS TEST)	3,320
CONTRACTS FOR SERVICES (CTS)	18,937
CONTRACTS FOR SERVICES (CE WEEKENDS)	
CONTRACTS FOR SERVICES (DRUG TESTING)	3,003
CONTRACTS FOR SERVICES (OEMS CE)	2,433
CONTRACTS FOR SERVICES (OEMS AUX)	13,500
PAYROLL TAXES (FICA)	3,876
VEC	570
RENT - NRV TRAINING CENTER	1,028
POSTAGE (NRVTC)	
SUPPLIES (Programs)	5,830
SUPPLIES (CTS)	848
SUPPLIES (TRAINING)	8,763
SUPPLIES (TRAINING UNIFORMS)	2,742
TEXTBOOKS (ALS)	4,002
TEXTBOOKS (ITLS)	
TEXTBOOKS (AMLS)	
TEXTBOOKS (NRV)	
TRAINING SUPPLIES	6,035
EQUIPMENT (ALS TESTING)	
INSURANCE	1,272
PRINTING / PUBLICATIONS (EDUCATION)	
PRINTING / PUBLICATIONS (NRVTC)	
AMLS CERTIFICATES AND CARDS	
GRANTS & SPECIAL PROJECTS	2,488
DRUG BOX EXCHANGE	6,122
CREDIT CARD DISCOUNT	2,370
MERCHANDISE FOR RESALE	
ID CARD PROGRAM	
COMMUNITY COLLEGE FEES	
TUITION REIMBURSEMENT - ENHANCED	
TUITION REIMBURSEMENT - INTERMEDIATE	
TOTAL EXPENDITURES	133,729

WESTERN VIRGINIA EMS COUNCIL, INC.
Balance Sheet
February 28, 2018

ASSETS

Current Assets			
FSA CASH	$ 1,934.30		
SUNTRUST CHECKING	237,782.90		
SUNTRUST PAYROLL	200.00		
Western 14 Task Force	1,904.17		
ACCOUNTS RECEIVABLE	24,182.55		
DUE FROM NSPA	2,000.00		
TUITION RECEIVABLE	2,000.00		
Total Current Assets			270,003.92
Property and Equipment			
Total Property and Equipment			0.00
Other Assets			
FRANKLIN TEMPLETON-AMERIPRISE	152,052.68		
COMMUNICATIONS EQUIPMENT	180,612.65		
MISCELLANEOUS EQUIPMENT	341,043.53		
OFFICE EQUIPMENT	35,144.59		
BUILDING	175,223.00		
LAND	201,600.00		
BLDG. IMPROVEMENTS	86,142.54		
GENERATOR BUILDING & EQUIPMENT	16,672.25		
ACCUMULATED DEPRECIATION	(416,474.69)		
Total Other Assets			772,016.55
Total Assets		$	1,042,020.47

LIABILITIES AND CAPITAL

Current Liabilities			
ACCOUNTS PAYABLE	$ 1,126.97		
ACCRUED SALARIES	41,788.99		
W14 CUSTODIAL LIABILITY	1,904.17		
FLEX SPENDING ACCOUNT-MEDICAL	1,255.53		
DEFERRED REVENUE	1,027.81		
Total Current Liabilities			47,103.47
Long-Term Liabilities			
Total Long-Term Liabilities			0.00
Total Liabilities			47,103.47
Capital			
FUND BAL. UNRESTRICTED	707,162.00		
FUND BAL. UNRESTRICTED DES.	55,036.00		
RETAINED EARNINGS	249,652.89		
FUND BALANCE TEMP. RESTR.	20,374.00		
Net Income	(37,307.89)		
Total Capital			994,917.00

WESTERN VIRGINIA EMS COUNCIL, INC.
Balance Sheet
February 28, 2018

Total Liabilities & Capital	$	1,042,020.47

Proposed changes to Regional Stroke Plan:

- Page 3 added hemorrhagic event to definition of acute stroke, extended treatment from 3 to 6 hours.
- Page 4 updated Field Stroke Triage to mirror state stroke plan
- Page 5 Added VAN Stroke Assessment as secondary for LVO
- Page 6 Defined #3 on destination for Air Medical
- Page 7 Updated Definition of levels of Stroke Certification/facilities accessible to WVEMS Region/Indicated Primary VS Comprehensive
- Page 8 Updated Resource Links to correct website
- Page 11 Appendix C: Changed onset from 3 to 6 hours

This document will be reviewed again after protocol rollout

Proposed changes to Regional Trauma Triage Plan:

- Page 7 Removed Lexington, NC Base for Wake Forest
- Page 13 Removed Pioneer Community Hospital (Facility Currently closed)
- Page 13 Added Lewis Gale Medical Center-Freestanding ED
- Page 14 Updated Certification Levels/Provider Count
- Page 14 EMS Agency and Licensed Vehicle count-will be updated prior to publication
- Page 15 Removed UVA as Burn Resource

WVEMS / OEMS CONTINUING EDUCATION AUXILIARY COURSE REPORT

Contract #	Agency / Contractor	FIPS	Locality	Type	Approved CE Hours	CE Hours Used	CE Hours Remaining	Approved AUX Courses	AUX Courses Taught	Projected Students *(20 per course)*	Actual Students	Total Payment (CE & AUX)	Total CE Payments	Total AUX Payments	Total CE Payment Possible per Contract	Total CE Payments Remaining per Contract	Total AUX Payment Possible per Contract (20 per course)	Total AUX Payments Remaining per Contract
FY18-01	Joe Coyle	121	Montgomery	CE	33	2	31					$70.00	$70.00		$1,155.00	$1,085.00		
FY18-02	Nathaniel Davis	155	Pulaski County	CE	33	0	33					$0.00	$0.00		$1,155.00	$1,155.00		
FY18-03	Roanoke County	161	Roanoke County	CE	33	0	33					$0.00	$0.00		$1,155.00	$1,155.00		
FY18-03	Roanoke County	161	Roanoke County	AUX				9	7	180	93	$5,580.00		$5,580.00			$10,800.00	$5,220.00
FY18-04	Roanoke City	770	Roanoke City	CE	33	3	30					$105.00	$105.00		$1,155.00	$1,050.00		
FY18-04	Roanoke City	770	Roanoke City	AUX				9	5	180	45	$2,700.00		$2,700.00			$10,800.00	$8,100.00
FY18-05	Henry County	089	Henry County	AUX				9	0	180	0	$0.00		$0.00			$10,800.00	$10,800.00
FY18-06	Tunstall Vol. Fire & Rescue	143	Pittsylvania County	CE	33	4	29					$140.00	$140.00		$1,155.00	$1,015.00		
FY18-07	Henry County	089	Henry County	CE	66	36.5	29.5					$1,277.50	$1,277.50		$2,310.00	$1,032.50		
FY18-08	Eric Newman	067	Franklin County	AUX				5	0	100	0	$0.00		$0.00			$6,000.00	$6,000.00
FY18-09	Jeffrey Reynolds	143	Pittsylvania County	CE	66	0	66					$0.00	$0.00		$2,310.00	$2,310.00		
FY18-10	Jefferson College Health	770	Jefferson College Health	AUX				4	2	80	87	$5,220.00		$5,220.00			$4,800.00	-$420.00
FY18-11	Romney Smith	071	Giles County	CE	33	0	33					$0.00	$0.00		$1,155.00	$1,155.00		
FY18-12	WVEMS	N/A	Various Regional	CE	33	0	33					$0.00	$0.00		$1,155.00	$1,155.00		
FY18-12	WVEMS	N/A	Various Regional	AUX				5	1	100	13	$780.00		$780.00			$6,000.00	$5,220.00
FY18-13	Danville Area Training Center	590	City of Danville	CE	33	24	9					$840.00	$840.00		$1,155.00	$315.00		
FY18-14	Sharon Shinall	121	Montgomery County	CE	33	0	33					$0.00	$0.00		$1,155.00	$1,155.00		
FY18-15	Adam LaChappelle	770	Roanoke City	CE	33	0	33					$0.00	$0.00		$1,155.00	$1,155.00		
			FY 18 TOTALS		462	69.5	392.5	41	15	820	238	$16,712.50	$2,432.50	$14,280.00	$16,170.00	$13,737.50	$49,200.00	$34,920.00
											Updated	**3/7/2018**						

EMS Advisory Board Meeting Minutes 2/2/2018

Chairman's Report- Deferred to Executive Committee Report

Vice Chair- No Report

Department of Health- Dr. Melton unable to make it. Busy with General Assembly. Sends his best.

OEMS Report-

- Quarterly Report is out, it was late due to General Assembly activity.
- Adam Harrell- Promoted to Administrative Deputy for Health Department, shares for Office of Drinking Water and RAD. Streamlining, no services decreased.
- Challenge Coin- 40th Anniversary for RSAF and 50th Anniversary for OEMS.
- Scott- Bill Information (Juvenile Record Info.) Three bills submitted dealing with background information for juveniles. This has to do with volunteer juvenile members. Amended, moving quickly. Would allow a background check to be returned to Commissioner of Health or locality if an ordinance is enacted, to the chief law enforcement officer or local administrator or his/her designee, i.e. Fire or EMS Chief.
- Mental Health Awareness training- Recognizing signs and symptoms- requires agencies to develop curriculum not necessarily take it.
- Senate Bill 715- Concealed weapon for fire and EMS providers.
- Cam- HB1347- Mandatory reporting for Opioid ODs. Spoke to how this can be handled from data registry.
- Stroke bill- Adds AHA as a certifying body to the stroke triage plan
- Budget Amendment- Inter-fund transfers, strikes the 8 million from having to transfer funds to the General Fund.
- HB1513 (Scolly) Violent felony offense $50 to the trauma fund
- HB to eliminate the requirement to direct $800 towards ambulance retention systems
- Dr. Lindbeck- Fatigue Management guidelines are out and published. Worth being aware of. In the future we will require a Fatigue Management policy.
- National patient care guidelines 2.0 worth looking at.
- Lights and sirens document out worth your review. Anticipate a future Lights & Sirens policy.
- National Scope of Practice- Released new Scope for EMR and EMT
- Protecting Patient Access to Emergency Medications Act signed into Federal Law- Now goes into rule writing at DEA. It is likely that our current drug box system will not be compliance with rules and regulations from DEA. Agencies need to consider how to manage drug box program.
- Chuck- EMS Scholarship program- launched in October 1st cycle ended Nov. 30th. Office of Health equity administers program with OEMS oversight. Experienced some setback, 100% online, brand new software. Issues are being tracked. Many technical issues. Administrative setbacks as well. Working with applicants to become eligible for review. 154 Applications, 93 complete, 61 missing information. Of 93 30 were EMT 6 Intermediate 57 Paramedic. Second cycle now through 2/28. Next cycle 4/1.
- Warren- 2/1- Education Coordinator Candidate program launched. On OEMS website.

Attorney General's Office- No Report

Board of Health Report- Last meeting 11/30. Three action items. Approved the Report on the status of the health, asked to include EMS in that report in the future, Approval of Stroke Triage Plan, approved unanimously, regulatory item related to regulating camp grounds. Next meeting 3/15/18.

Executive Committee- Met yesterday, received report on ACS Taskforce from Dr. Aboutanos

Update on EMS Scholarship, VAVRS annual finance report. Discussed GA activity. Bills HB777 Air Medical bill that requires EMS to obtain informed consent prior to air medical transport, and statewide protocols for dispatch of HEMS. Opposition from all stakeholders, bill has since been pulled back, being considered for a legislative study on the issue. Met with Del. Ransome's aide, asked that stakeholders are heard.

HB778- Similar bill, passed the house and headed for crossover.

In March the executive committee with have a retreat, develop a succession plan for moving forward with a new group, lots of turnover next year with folks coming off the board.

FARC- (Amanda) - Met yesterday $2million paid out through RSAF, 40th Anniversary of RSAF compiling data on the past 40 years. No longer giving interviews for grants, preparing a draft for grant writing.

December grant cycles 61 agencies, $4.1 million, next grant cycle open now, deadline 3/15.

Narcan 1,600 kits. 3/1 there will be a restocking grant opportunity.

Rules & Regulations- Met yesterday, lengthy discussion about legislative items. Current revision of regulations on hold until legislative session is over.

Legislative & Planning- Met this morning. Lengthy discussion about Rules and Regulations.

Infrastructure- No Action Items

Transportation- Did not meet this quarter. Following Federal changes with new and remount standards. RAA is dealing with a maximum capacity per cabinets. Weights don't add up to the 20lb capacity of the cabinets.

Communications- Met today. Goochland County wanting to do EMD.

Emergency Management- Met yesterday. Development of a survey at it relates to preparedness for a multi-patient response. Identify gaps. Discussion on SALT and MUG for Triage as Federal gov. pursues these.

Professional Development, Training & Certification Committee-

Two Action items. Met 1/3 at OEMS. No updates. Next meeting 4/4.

First Motion- CPR will not be required as a pre-requisite. Must have a copy of certification by the end of class. Unanimously passed.

Second Motion- Remove specific CPR programs, must be AHA compliant. Unanimously passed.

Workforce Development-

Officer I program at Symposium 19 completed. There is an issue with completing the online portion. Next class at Rescue College

Standards of Excellence, Essex County reviewed. Received application from Hampton

Volunteer Recruitment & Retention- new chair Karen McQuaid, next meeting at Virginia Fire/Rescue Conference

Working on survey to providers to collect demographic information

Looking at working with providers with drug diversion, rehabilitating them.

Health & Safety- Met this morning, provider mental health program coming out this year.

Patient Care- Dr. Aboutanos- TSOM report

Met 12/7 three things discussed, report from trauma performance improvement committee

Medical Direction committee, report of mortality by EMS council regional. Request for database linkage.

Report from Trauma System plan Taskforce-

Discussion about Trauma fund

Medical Direction Committee- Met in January, next meeting working on Scope of Practice.

Medevac- Discussed bills impacting HEMS and monitoring accordingly. Established a workgroup to look at best practices for mid-level providers working in HEMS.

Regional directors- CTS discussion on coordination

Unfinished Business- NONE

New Business- EMS Scholarship, still continues to be minor issues outside of OEMS. Went on record supported the continued development of the scholarship program. Asked for Board to go on record, to do the same. Unanimous.

Respectfully Submitted,

Jason Ferguson

DIRECTORS:	2018				2019				2020			
	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
Allen, Steve	O											
Altman, Billy	X											
Cady Sr., Jim	X											
Coyle, Joe	X											
Davis, Steve												
Duffer, Tim	X											
Ferguson, Jason	X											
Ferguson, William	O											
Flora, Richard	X											
Guests	1											
Harveycutter, Carey	X											
Haywood, Rodney	O											
Horton, Greg	O											
Jefferson, Mike	X											
Lane, Charles	O											
Linkous, David	X											
Logan, Robert	X											
Muterspaugh, Ryan	X											
Rickman, Matt	O											
Shrader, Kris	O											
Simon, Stephen	X											
Stanley D.O., Eric	O											
Tatum, Matt	X											
Taylor, Dallas	X											
Trigg, Joe	X											
Tweedie, Valerie	X											
Wagoner, J. Dale	X											
Wirt, Ford	X											
	2018				2019				2020			
STAFF PRESENT:	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
Christian, Mary	O											
Christensen, Chris	X											
Cockrell, Cathy	X											
Dalton, Gene	X											
Garnett, Mike	X											
McGrath, Sandi	X											
Merix, George	X											

DID NOT ATTEND = O
NO LONGER INVOLVED

March 2015 Guests: John Cook - Jefferson College of Health Sciences

Attendance Roster

Meeting Title: Western Virginia Emergency Medical Services Council / ~~Executive Committee~~ Board of Dir

Meeting Location: Salem Civic Center, Parlor C | **Meeting Date:** March 8, 2018

Board Members	Agency Affiliation	Email Address	Signature	In Person	Phone
1. Rob Logan	WVEMS	file		✓	
2. STEPHEN SIMON	Roanoke County	File		✓	
3. L. Joseph Trigg	Pulaski County	File		—	
4. DALE WAGONER	PD	dwagoner@co.henry.va.us		✓	
5. Jason Ferguson	Botetourt County	File		✓	
6. Michael Atteson	Danville	File		✓	
7. Tim Duffer	Pitt County	File		✓	
8. Billy Altman	Roanoke City	File		✓	
9. Chris Christensen	WVEMS	File		✓	
10. R CARLEY HARVEY CUTHERELL JR	VAVAS	File		✓	
11. Ryan Mortensmith	Alleghany Co.	File		✓	
12. Matt Tatum	Henry County	mtatum@henrycountyva.gov		✓	
13. Valerie Tweedie	Montgomery County	VTweedie@christiansburg.org		✓	
14. David Linkous	NSPA	david.linkous@vdh.virginia.gov		✓	
15. Dallas Taylor	EMA	dallas.taylor@hcahealthcare.com		✓	
16. FORD WIRT	Floyd	FWIRT@SWVA.NET		✓	
17. Richard Thom	5th PD	rf240190@gmail.com		✓	

Print Name	Agency Affiliation	Email Address	Signature	In Person	Phone
18. Jim Cady	Craig County	Jimcady2@gmail.com	Jim Cady	✓	
19. Joe Coyle	Montgomery Co.	jcoyle@christiansburg.org	Joe Coyle	✓	
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
Staff Members	**Agency Affiliation**	**Email Address**	**Signature**	**In Person**	**Phone**
1. Beau Mays					
2. Sarah McGrath					
3. M. Garrett					
4. Gene Walters					
5. Cathy Cockrell					
6.					
7.					
Guest Name	**Agency Affiliation**	**Email Address**	**Signature**	**In Person**	**Phone**
1. John "JC" Cook	JCHS	jccook@jchs.edu		✓	
2.					
3.					
4.					

Western Virginia Emergency Medical Services Council, Inc.

Western Virginia EMS Council
Regional Stroke Triage Plan

Western Virginia EMS Council, Inc.
1944 Peters Creek Road NW
Roanoke VA 24017
540.562.3482
800.972.4367
www.wvems.org

Developed by the WVEMS Stroke Committee, Charles J. Lane, MD, Chair
In conjunction with the Virginia Department of Health, Office of EMS and the Virginia Stroke Systems, a statewide collaborative for improving stroke care.
Originally adopted by the WVEMS Board of Directors – June 30, 2011 (Revised March 8, 2018)

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Executive Summary

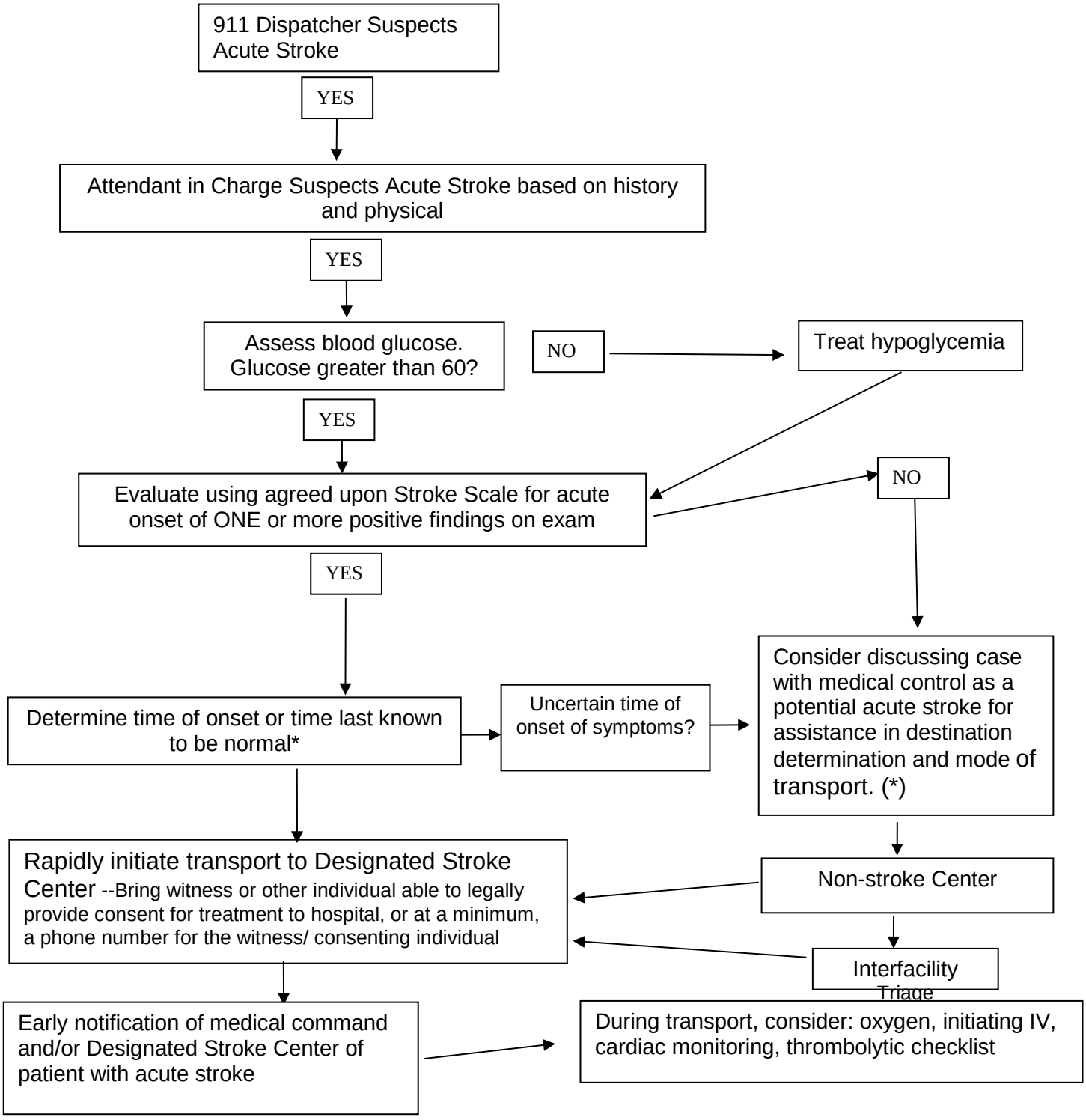
Under the *Code of Virginia* **§** *32.1-111.3*, The Office of Emergency Medical Services acting on behalf of the Virginia Department of Health has been charged with the responsibility of maintaining a Statewide Stroke Triage Plan. The Western VA EMS region which includes the counties of Alleghany, Botetourt, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Roanoke, Patrick, Pittsylvania and Pulaski; and the cities of Covington, Danville, Martinsville, Radford, Roanoke and Salem is responsible for establishing a strategy through a formal region wide Stroke Triage Plan that will incorporate the region's geographic variations, variances within out-of-hospital provider capabilities and acute stroke care capabilities and resources including hospital capabilities and the capacity to transfer patients between hospitals and tertiary care centers, such as Joint Commission "certified" Stroke Centers or comparable process of care consistent with the recommendations of the Brain Attack Coalition.

The purpose of the Western VA EMS Council Regional Stroke Triage Plan is to establish a uniform set of criteria for the prehospital care, treatment and transport of the acute stroke patient. The plan will identify a formalized stroke plan that will augment the state stroke triage plan to recognize and address variations within our region in both prehospital and hospital resources. This Regional Stroke Triage Plan addresses patients experiencing an "acute stroke" defined as any patient suspected of having an acute cerebral ischemic event, hemorrhagic event, or stroke with the onset of any one symptom within a six hour period although acknowledgement of an extension may be appropriate in situations where advanced medical consult is available. The primary focus of this plan is to provide guidelines to facilitate the early recognition of the patient suffering from acute stroke symptoms and to expedite their transport to a center able to provide definitive care within the six-hour time window.

The primary goal of the WVEMS Regional Stroke Plan is to develop a Stroke Emergency Care Plan that, when implemented, will result in decreased stroke mortality and morbidity in the WVEMS region. In order to accomplish this, a number of specific processes are essential. These are:

1. The ability to rapidly and accurately identify patients suffering from stroke-like symptoms.
2. Patients who have sustained an acute stroke event must receive care in a hospital that has a stroke treatment program in place, capable of providing immediate and comprehensive assessment, resuscitation, intervention, and definitive care.
3. The Western VA EMS Council must provide continuous and effective region-wide coordination of prehospital and hospital care resources so stroke patients will be most expeditiously transported to the closest available interventional center capable of performing stroke interventions, so patient care can be provided in a manner both appropriate and timely, while establishing and maintaining continuity. To accomplish this process there must be a method of tracking the care capability for stroke patients and reviewing the quality of the process itself.
4. The regional plan must provide all hospitals in the region the opportunity to participate in the system (an inclusive system), and to receive stroke patients if they are willing to meet the system and operations criteria, as established by this plan.
5. Provide quality EMS service and patient care to the EMS system citizens.
6. Continuously evaluate the EMS system based on established EMS performance measures for stroke.

Field Stroke Triage Decision Scheme



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

Guidance Documents

Cincinnati Prehospital Stroke Scale (CPSS)/FAST

All patients suspected of having an acute stroke should undergo a formal screening algorithm such as the CPSS/FAST. Use of stroke algorithms has been shown to improve identification of acute strokes by EMS providers up to as much as 30 percent. The results of the CPSS/FAST should be noted on the prehospital medical record. ANY abnormal (positive) finding which is suspected or known to be acute in onset is considered an indicator of potential acute stroke.

F-(face)	FACIAL DROOP: Have patient smile or show teeth. (Look for asymmetry) **Normal:** Both sides of the face move equally or not at all. **Abnormal:** One side of the patient's face droops.
A-(arm)	MOTOR WEAKNESS: Arm drift (close eyes, extend arms, palms up for 10 seconds; in only one leg is involved, have patient hold leg off floor for 5 seconds) **Normal:** Remain extended equally, drifts equally, or does not move at all. **Abnormal:** One arm drifts down when compared with the other.
S-(speech)	Have the patient repeat, "You can't teach an old dog new tricks" **Normal:** Phrase is repeated clearly and correctly. **Abnormal:** Words are slurred (dysarthria) or abnormal (dysphasia) or none (aphasia).
T-Time	Time of SYMPTOM ONSET:_____ If patient awakened with symptoms, when were they last known to be normal?

* Results of the CPSS/FAST should be included on the patient's prehospital medical record.

EMS VAN: Acute Stroke Screening Tool

Time of on set: < 6 hrs

Is ARM weakness present?

☐ Yes **Continue the VAN exam**

☐ No. **Patient is VAN negative. Stop VAN Exam.**

	Yes	No
Visual Disturbance?		
Aphasia?		
Neglect?		

If patient has **any degree of weakness PLUS any one of the below:**

Visual Disturbance (Assess field cut by testing both sides, 2 fingers right, 1 left)

Aphasia (Inability to speak or understand. Repeat and name 2 objects, close eyes, make fist)

Neglect (Forced gaze to one side or ignoring one side, touching both sides)

This is likely a large artery clot (cortical symptoms) = VAN Positive

Acute Stroke Patient Transport Considerations

MODE OF TRANSPORTATION: Because of the diverse geography of the Western VA EMS Council region, EMS systems face unique challenges in the transport of their patients to a Certified Stroke Center. Consideration should be given to hospitals available to the region and the resources they have available to acute stroke patients.

Consideration should also be given to prehospital resources including, the level of care available by the ground EMS crews, the closest HEMS (Helicopter EMS) service available at the time of the incident, and other conditions such as transport time and weather conditions. Use of HEMS services can assist with the stroke patient reaching definitive medical care in a timely fashion.

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

1. Significantly lessen the time from scene to a Certified Stroke Center compared to ground transport.
2. Bypassing a non-stroke designated hospital to transport directly to a Certified Stroke Center should not be greater than 30 minutes.
3. Stroke patients transported by air must meet the clinical triage criteria for transport and be transported to the closest Certified Stroke Center. It is recommended that if HEMS is utilized, the destination optimally should be a Comprehensive Stroke Center or center with Comprehensive level capabilities. (e.g. 24-7 Neurosurgery and Neuro-intervention).
4. HEMS transport should be considered to meet the goal of having acute stroke patients expeditiously transported to a Certified Stroke Center, within six hours of symptom onset; unless consultation with on-line medical control has occurred.
5. Patient required a level of care greater than can be expected by the local ground provider if the HEMS unit can be on scene in a time shorter than the ground unit can transport to the closest hospital.

NOTE: Any patient with a compromised airway or impending circulatory collapse must be transported to the closest hospital emergency department for stabilization and treatment.

RAPID TRANSPORTATION: Because stroke is a time-critical illness, time is of the essence, and EMS should initiate ***rapid transport*** once an acute stroke is suspected. Consideration should also be given to prehospital resources including use of helicopter EMS (HEMS) available at the time of the incident, and other conditions such as transport time and weather conditions. Use of HEMS can facilitate acute stroke patients reaching Certified Stroke Centers in a timeframe that allows for acute treatment interventions.

The likelihood of benefit of acute stroke therapy decreases with time, but there are several therapy options which offer definite benefit outside the standard six hour window; and therefore, consultation with on-line Medical Control is STRONGLY encouraged in the situation of a patient being unable to arrive at a Certified Stroke Center within the six-hour window from symptoms onset.

NOTE: The use of the term "rapid transport" does not relieve the operator of the vehicle from exercising "due regard, and should not be interpreted as requiring the use of red-lights and siren." Rather it is a reminder to reduce time on scene to minimize out of hospital time.

Certified Stroke Centers

The Commonwealth of Virginia recognizes three levels of stroke certification (a Certified Stroke Center) consistent with recommendations of the Brain Attack Coalition. These are Comprehensive Stroke Centers, Primary Stroke Centers, and Acute Stroke Ready Hospitals. The process of Stroke Designation/Certification is entirely voluntary on the part of the hospitals and identifies hospitals that have established and maintain an acute stroke program that provides a specific level of medical, technical, and procedural expertise for acute stroke patients. Certification ensures that the hospital is prepared to provide definitive acute stroke care at all times and has an organized approach to providing clinical care, performance improvement, education etc. As of March 1, 2018, the list of Certified Stroke Centers accessible to the Western VA EMS Council region includes:

***Carilion Roanoke Memorial Hospital**	Roanoke, VA	***Centra Lynchburg General**	Lynchburg, VA
***Lewis-Gale Medical Center**	Salem, VA	***Hugh Chatham Memorial Hospital**	Elkin, NC
****University of Virginia Medical Center**	Charlottesville, VA	***Augusta Health Center**	Fishersville, VA
****Duke University Hospital**	Durham, NC	****University of North Carolina Hospitals**	Chapel Hill, NC
****North Carolina Baptist Hospital**	Winston-Salem, NC	****Moses H Cone Memorial Hospital**	Greensboro, NC
****Forsyth Memorial Hospital**	Winston Salem, NC	***Twin County Regional Hospital**	Galax, VA
***Sovah Health - Danville**	Danville, VA		

* Indicates Primary Stroke Center
** Indicates Advanced Comprehensive Stroke Center

The list of hospitals becoming designated as stroke centers is increasing. There are multiple certifying bodies including the Joint Commission, DNV, and potentially others.

Interhospital Triage Criteria

Various hospitals meet many of the components of a Designated Stroke Center based on national survey results and would be the next logical choice. The closest hospital may not be the most appropriate hospital. Resource information via **self-reported data** on the level of acute stroke care provided by hospitals which are not Designated Stroke Centers is available at http://www.vdh.virginia.gov/emergency-medical-services/trauma-critical-care/virginia-stroke-system/.

Non-stroke center hospitals within the Western VA EMS Council region must develop transfer guidelines and agreements that would allow for the expeditious and appropriate management of acute strokes when the care required exceeds their capabilities. This is especially critical for transfer of patients following thrombolysis since specific protocols must be followed to diminish the risk of cerebral or systemic hemorrhagic complications. The Western VA EMS Council does not presume to direct hospitals with regard to interfacility transfer of patients. If the patient has received, or is receiving thrombolytic therapy, it is the responsibility of the sending facility to ensure the transporting agency is staffed with providers that have received appropriate training in the monitoring of this patients population.

Stroke Triage Quality Monitoring

The Western VA EMS Council, Inc., will report aggregate acute stroke triage findings on an intermittent basis, but no less than annually, to assist EMS systems and the Virginia Stroke Systems Task Force to improve the local, regional, and Statewide Stroke Triage Plans. A de-identified version of the report will be available to the public and will include, minimally, as defined in the statewide plan, the frequency of

(i) over and under triage to Designated Stroke Centers in comparison to the total number of acute stroke patients delivered to hospitals and
(ii) Helicopter EMS utilization.
(iii) EMS Benchmarks

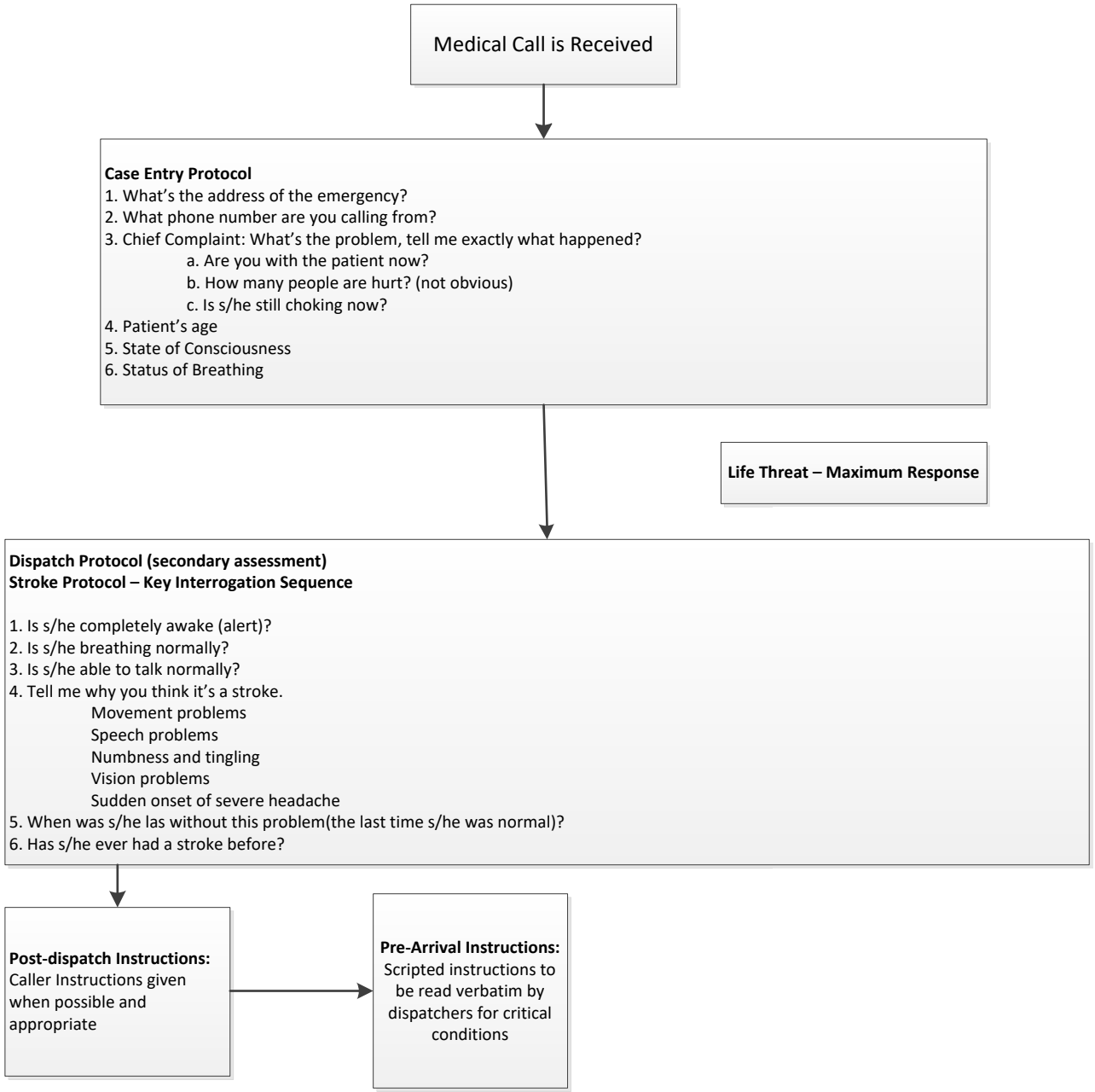
The Western VA EMS Council Performance Improvement Committee will produce a report which will be used as a guide and resource that will establish the EMS Benchmarks to be measured. This report will have three primary evaluation areas: timeliness of care, treatment provided, and outcomes of care. The fields identified are critical to analyses for the following reasons: they allow linking of EMS data and hospital stroke data, they allow for "real time" collection of data focused upon process improvement, and they allow for retrospective systemic analyses. The ultimate goal of collecting this data is to provide actionable information, to the WVEMS Stroke Committee and the WVEMS Medical Direction Committee, relative to the care processes and outcomes associated with their treatment of acute stroke patients as it relates to EMS.

Stroke Related Resources

Virginia Stroke System Task Force Web page: http://www.vdh.virginia.gov/stroke/virginia-stroke-systems-task-force/
Virginia Office of EMS Stroke Web page: http://www.vdh.virginia.gov/emergency-medical-services/trauma-critical-care/virginia-stroke-system/
Joint Commission Web page: http://www.jointcommission.org/certification/primary_stroke_centers.aspx
DNV GL Healthcare Web Page: https://www.dnvglhealthcare.com/certifications/stroke-certifications

Appendix A: Sample Dispatch Resources

The following information is offered as a guideline for use by dispatch centers within the Western Virginia EMS Council region that do not have established procedures. The questions to be asked of the caller have been established by the Medical Priority Dispatch System and are contained on Card 28.



Appendix B: Thrombolytic Checklist

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

Date:_____ Time:_____EMS Agency/Unit: _____
Patient Name:_____ Age:_____ Estimated .weight:_____lbs/kg

PROVIDE THIS FORM TO THE ED NURSE, PHYSICIAN OR NEUROLOGIST AT BEDSIDE

1. Did patient awaken with symptoms? Yes / No
2. Time last known to be normal: _____
3. Time of symptom onset: _____
4. Onset witnessed or reported by: _____
5. Witness/Family or other individual able to legally provide consent for treatment coming to Emergency Department? _____ [ENCOURAGE TO DO SO]. If not, phone # where such individuals will be immediately available for calls from hospital staff to assist in giving additional patient history and consent.

( ) - OR ( ) -

Cincinnati Stroke Scale Score:

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

ANY ONE FINDING = POSSIBLE STROKE=MINIMIZE ON SCENE TIME

FACIAL DROOP:	R		L	**1 2 3**
ARM DRIFT:	R		L	
SPEECH:	slurred	wrong words	mute /unable to speak	

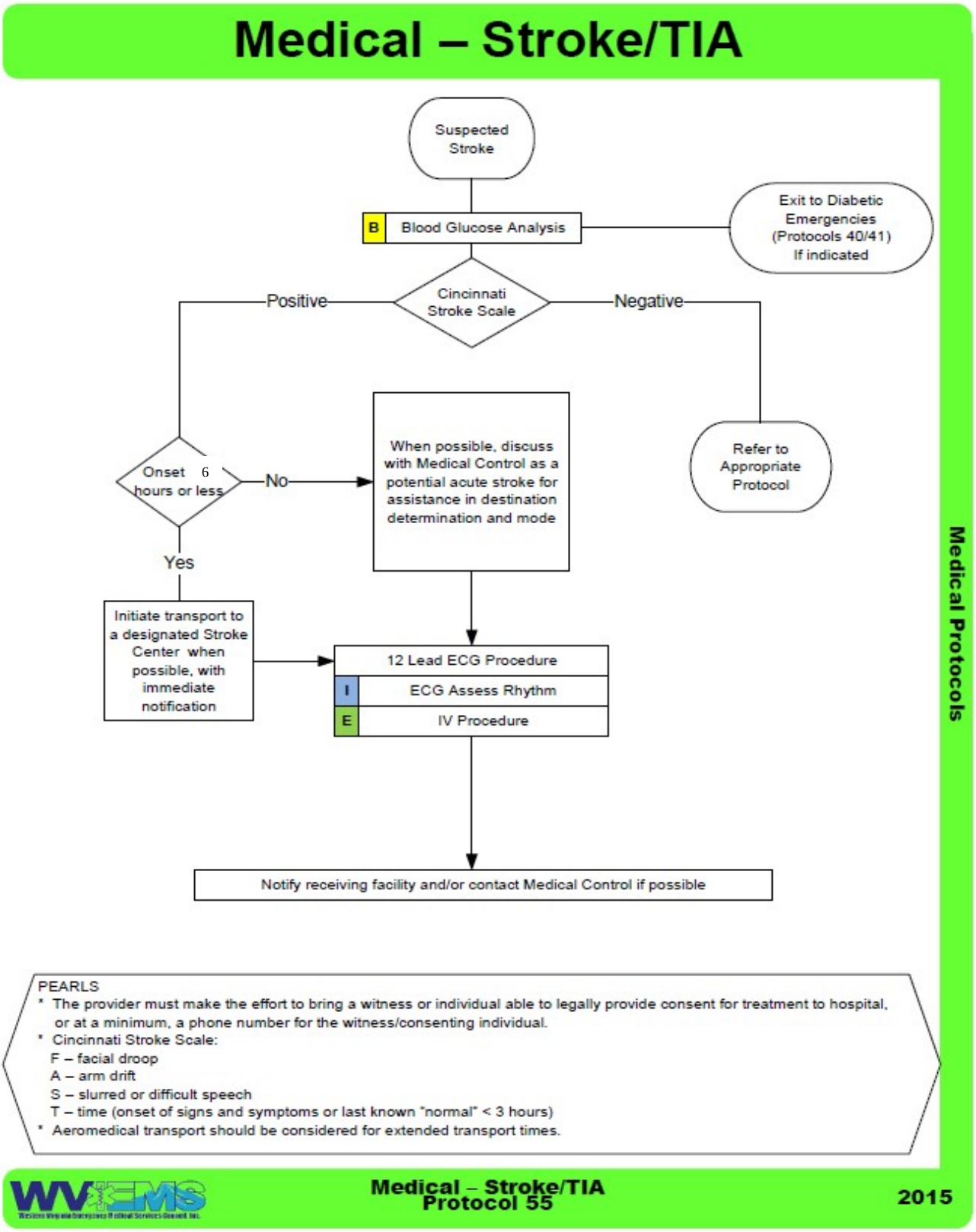
Indicate status for each

Current use of anticoagulants (e.g., Warfarin/Coumadin, Plavix)	Yes	No	Unknown
Has blood pressure consistently over 185/110 mm Hg	Yes	No	Unknown
Witnessed seizure at symptom onset	Yes	No	Unknown
intracranial hemorrhage history	Yes	No	Unknown
GI or GU bleeding history within 3 weeks	Yes	No	Unknown
This event within 3 months of prior stroke	Yes	No	Unknown
This event within 3 months of serious head trauma	Yes	No	Unknown
This event within 21 days of acute myocardial infarction	Yes	No	Unknown
This event within 21 days of lumbar puncture (spinal tap)	Yes	No	Unknown
This event within 14 days of major surgery or serious trauma	Yes	No	Unknown
Is pregnant	Yes	No	Unknown
Abnormal blood glucose level (<50) FSBS (if done):	Yes	No	Unknown

Receiving Site/Physician Printed Name: _____Time_____

EMS Provider Name: _____Signature_____

Appendix C: WVEMS Stroke Protocol



Code of Virginia References

Code of Virginia

§ 32.1-111.3. Statewide Emergency Medical Care System

A.

1. Establishing a comprehensive emergency medical services patient care data collection and evaluation system pursuant to Article 3.1 (§ 32.1-116.1 et seq.) of this chapter;

2. Collecting data and information and preparing reports for the sole purpose of the designation and verification of trauma centers and other specialty care centers pursuant to this section. All data and information collected shall remain confidential and shall be exempt from the provisions of the Virginia Freedom of Information Act (§ 2.2-3700 et seq.);

B

1. A strategy for implementing the statewide Trauma Triage Plan through formal regional trauma triage plans developed by the Regional Emergency Medical Services Councils which can incorporate each region's geographic variations and trauma care capabilities and resources, including hospitals designated as trauma centers pursuant to subsection A of this section. The regional trauma triage plans shall be implemented by July 1, 1999, upon the approval of the Commissioner.

1. *A uniform set of proposed criteria for prehospital and inter hospital triage and transport of trauma patients, consistent with the trauma protocols of the American College of Surgeons' Committee on Trauma, developed by the Emergency Medical Services Advisory Board, in consultation with the Virginia Chapter of the American College of Surgeons, the Virginia College of Emergency Physicians, the Virginia Hospital and Healthcare Association, and prehospital care providers. The Emergency Medical Services Advisory Board may revise such criteria from time to time to incorporate accepted changes in medical practice or to respond to needs indicated by analyses of data on patient outcomes. Such criteria shall be used as a guide and resource for health care providers and are not intended to establish, in and of themselves, standards of care or to abrogate the requirements of § 8.01-581.20. A decision by a health care provider to deviate from the criteria shall not constitute negligence per se.*

§ **32.1-116.1:1**. Disclosure of medical records.

Any licensed physician, licensed health care provider, or licensed health care facility may disclose to an emergency medical services provider, emergency medical services physician, or their licensed parent agency the medical records of a sick or injured person to whom such emergency medical services provider or emergency medical services physician is providing or has rendered emergency medical care for the purpose of promoting the medical education of the specific person who provided such care or for quality improvement initiatives of their agency or of the EMS system as a whole. Any emergency medical services provider or emergency medical services physician to whom such confidential records are disclosed shall not further disclose such information to any persons not entitled to receive that information in accordance with the provisions of this section.

§ 32.1-116.2. Confidential nature of information supplied; publication; liability protections.

A. The Commissioner and all other persons to whom data is submitted shall keep patient information confidential. Mechanisms for protecting patient data shall be developed and continually evaluated to ascertain their effectiveness. No publication of information, research or medical data shall be made which identifies the patients by names or addresses. However, the Commissioner or his designees may utilize institutional data in order to improve the quality of and appropriate access to emergency medical services.

B. No individual, licensed emergency medical services agency, hospital, Regional Emergency Medical Services Council or organization advising the Commissioner shall be liable for any civil damages resulting from any act or omission preformed as required by this article unless such act or omission was the result of gross negligence or willful misconduct.

§ 8.01-581.19 Civil Immunity for physicians, psychologists, podiatrists, optometrists, veterinarians, nursing home administrators and certified emergency services personnel while members of certain committees.

A *Any physician, chiropractor, psychologist, podiatrist, veterinarian or optometrist licensed to practice in this commonwealth shall be immune from civil liability for any communication, finding, opinion or conclusion made in performance of his duties while serving as a member of any committee, board group, commission or other entity that is responsible for resolving questions concerning the admission of any physician, psychologist, podiatrist, veterinarian or optometrist to, or the taking of disciplinary action against any member of, any medical society, academy or association affiliated with the American Medical Association, the Virginia Academy of Clinical Psychologists, the American Psychological Association, the Virginia Applied Psychology Academy, the Virginia Academy of School Psychologists, the American Podiatric Medical Association, the American Veterinary Medical Association, the International Chiropractic Association, the American Chiropractic Association, the Virginia Chiropractic Association or the American Optometric Association provided that such communication, finding, opinion or conclusion is not made in bad faith or with malicious intent.*

B Any nursing home administrator licensed under the laws of this Commonwealth shall be immune from civil liability for any communication, finding, opinion, decision or conclusion made in performance of his duties while serving as a member of any committee, board, group, commission or other entity that is responsible for resolving questions concerning the admission of any health care facility to, or the taking of disciplinary action against an member of, the Virginia Health Care Association, provided that such communication, finding, opinion, decision or conclusion is not made in bad faith or with malicious intent.

C Any emergency medical services personnel certified under the laws of the Commonwealth shall be immune from civil liability for any communication, finding, opinion, decision or conclusion made in performance of his duties while serving as a member of any regional council, committee, board, group, commission or other entity that is responsible for resolving questions concerning the quality of care, including triage, interfacility transfer and other components of emergency medical services care, unless such communication, finding, opinion, decision or conclusion is made in bad faith or with malicious intent.

EMS Regulation 12 VAC 5-31-390. Destination/trauma triage.
An EMS agency shall participate in the Regional Trauma Triage Plan established in accordance with § 32.1-111.3 of the Code of Virginia.