

WVEMS BOARD OF DIRECTORS

Thursday, March 14, 2019
Salem Civic Center, Parlor C

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

- 1) Call to Order
- 2) Introduction of New Board Members and Guests
- 3) Secretary's Report
 - a) Minutes - Dec. 13, 2018 meeting [12 18 Minutes Complete \(1.91 MB\)](#)
- 4) Treasurer's Report
 - a) FY 2019 YTD Treasurer's Report [Treasurers report 0319](#)
 - b) LPL Financial Resolution [LPL McGrath resolution 03 19](#)
- 5) Board Development Topic: Introduction to the "Mental Health First Aid for Fire/EMS" Course (J.T. Clark)
- 6) Reports and Action Items
 - a) Executive Committee
 - i) Regional EMS Plan [Strategic Plan 2018 2021 adopted](#)
 - ii) Conflict of Interest Disclosure [Conflict of interest policy and disclosure form](#)
 - b) Medical Direction
 - i) Protocol Revisions - Progress Report (Eric Stanley, DO)
 - c) Performance Improvement Committee (met March 13, 2019)
 - i) Trauma Triage Plan [WVEMS Trauma Triage Plan 2019 DRAFT](#) (Kris Shrader)
 - ii) Stroke Triage Plan (Rob Logan and Kris Shrader)
 - iii) PI Schedule and Topics for 2019 [WVEMS Performance Improvement Projects FY 20](#)
 - d) Near Southwest Preparedness Alliance (NSPA) - (Robert Hawkins)
 - e) EMS Operations
 - i) MCI Planning - Participation (Mike Garnett)
 - f) Education Workgroup
 - i) Funding Contract for CE and Auxiliary Courses - FY 19 (Rob Logan) [FY19 WVEMS REPORTING INTERNAL](#)
 - g) Communications Workgroup
 - i) Resolution - Bald Knob Communications Tower Site [Resolution](#)
- 7) EMS Financial Assistance (Joe Trigg)
- 8) State EMS Advisory Board Report (Jason Ferguson) [Advisory Board Report 2 8 19](#)
- 9) New Business
- 10) President's Report
- 11) Staff Reports
- 12) Public comments
- 13) Adjourn

**WESTERN VIRGINIA EMERGENCY MEDICAL SERVICES COUNCIL
BOARD OF DIRECTORS**

DRAFT MEETING MINUTES

DATE: March 14, 2019

LOCATION: Salem Civic Center, Parlor C

Directors Present

Steve Allen (Patrick County)
Jim Cady, Sr. (Craig County)
Jim Cady, Jr. (Roanoke City)
Joe Coyle (Treasurer) (Montgomery County)
Jason Ferguson (Secretary-Botetourt County)
Richard Flora (Fifth PD at-large)
Mike Jefferson (Vice President- City of Danville)
Larry Lafon (Giles County)
Robert Hawkins (NSPA)
Tonya Kelly (Emergency Nurses Assoc.)
Robert Logan (Executive Director)
Ryan Muterspaugh (Alleghany County)
Dwaine Paxton (City of Covington)
Matt Rickman (City of Salem)
Kris Shrader (City of Martinsville)
ERIC Stanley, DO (ED Physician at-large)
Matt Tatum (Henry County)
Joe Trigg (Pulaski County)
Valerie Tweedie (Fourth PD at-large)
Dale Wagoner (Twelfth PD at-large)
Ford Wirt (Floyd County)

Staff Present

Mike Garnett, Field Coordinator
Gene Dalton, Field Coordinator
Sandi McGrath, Business Manager
Kayla Perkins, Administrative Assistant

Guests Present

J.T. Clark, NSPA RHCC Manager
Betty Hale, Craig County

TO ORDER

Vice President Mike Jefferson called this regular meeting of the Board of Directors to order at 2:00 PM.

He introduced new board members and guests:

Dwaine Paxton, new director representing the City of Covington (replacing Anthony Morgan)
Tonya Kelly, new director representing the Emergency Nurses Association (replacing Dallas Taylor)
J. T. Clark, guest representing NSPA
Robert Hawkins, new director representing NSPA (replacing David Linkous)
Betty Hale, guest of Jim Cady, Sr., former EMS provider from Craig County.

SECRETARY'S REPORT

The executive director presented minutes of the last meeting as distributed. He called for any corrections or additions.

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

TREASURER'S REPORT

Quarterly YTD Report: Treasurer Joe Coyle then presented the quarterly year-to-date Treasurer's Report. He noted that all accounts were within expectations and on target.

Motion was made and seconded to receive the year-to-date Treasurer's Report. **Motion CARRIED.**

Resolution: Joe then introduced a resolution at the request of our investment firm, LPL Financial. On occasion, Business Manager Sandra McGrath relays orders to our investment advisor, Midsummer Wealth Management relating to transfer of funds and trade orders. She does not initiate these orders, but may relay them to the investment firm. This resolution authorizes her to do so.

Motion was made and seconded to adopt the resolution as prepared. **Motion CARRIED.**

Board Development

J. T. Clark presented on Mental Health Awareness and the new training being conducted entitled "Mental Health First Aid for Fire/EMS." He referenced a new inclusion in the Code of Virginia that requires agencies to offer mental health awareness training. To request training, contact mmccullough@vaems.org (540) 529-9649.

New Staff Member

The executive director introduced Kayla Perkins, the Council's new administrative assistant, who replaces George Merix.

REPORTS AND ACTION ITEMS

Executive Committee

The executive committee met prior to the regular meeting to consider the following matters:

Regional EMS Plan: The Regional EMS Strategic Plan has been reviewed by staff, and circulated to the board and various partners, including the four health districts within our region. The executive director distributed printed copies to the board members. Only minor formatting and typographical changes were deemed necessary.

After discussion, a motion was made by the executive committee to approve and adopt the Plan as revised. **Motion CARRIED.**

Confidentiality and Conflict of Interest Disclosure: Dale Wagoner introduced and explained the need for a conflict of interest disclosure and confidentiality agreement for board members and staff. It is a good standard of practice for all nonprofit and governmental organizations to adopt and sign a confidentiality statement and conflict of interest disclosure. The Executive Committee recommends that the board adopt such a policy, and that staff be directed to obtain signed documents from all board members and employees.

After discussion, a motion was made and seconded to adopt the Confidentiality and Conflict of Interest Disclosure Form and directs staff to obtain executed forms from all board members and staff. **Motion CARRIED.**

The executive director asked that all directors either sign the agreement and disclosure form today, or take it back to read and then sign and return as soon as possible.

Medical Direction

Protocol Revisions: Dr. Stanley reported on the status of the protocol revision project. Progress continues. The medical directors are currently working on a video to use in the rollout. It is hoped that a package to rollout the protocols will be ready next month. Protocols are currently in Final Draft 7. Critical care protocols are underway. If you are interested in what they will look like, visit www.camts.org to see the framework that is being used. Mr. Logan made mention of thanks to the various entities involved in assisting with the video development, including the Carilion Clinic Marketing Department and the Burton Center for Arts and Technology, part of Roanoke County Public Schools.

Performance Improvement Committee

Kris Shrader, PI Committee vice-chair, reported for the Performance Improvement Committee and the Stroke Triage Committee, both of which met on March 13, 2019.

The PI Committee, in its function as the entity responsible for Trauma Triage planning, presented a revised Trauma Triage Plan. A printed copy showing mark-up of the proposed revisions was distributed. The only changes were updates to various informational tables.

The PI Committee moved to adopt the Trauma Triage Plan as revised. **Motion CARRIED.**

Kris Shrader also reported for the Stroke Triage Committee. The Committee recommends reaffirming the current Stroke Triage Plan, with the caveat that it will be revised mid-year upon adoption of the new protocols.

The Stroke Triage Committee moved to reaffirm the current Stroke Triage Plan. **Motion CARRIED.**

The PI Committee also presented the list of Research Topics for the upcoming fiscal year. The list was presented for information, and is attached to and made a part of these minutes.

NSPA

Robert Hawkins, board member representing the Near Southwest Preparedness Alliance, reported for NSPA. He reported 13 RHCC activations so far this calendar year. A BDLS course was completed recently, training over 60 students. A Certified Hospital Emergency Coordinator (CHEC) course, TCCC course and exploration of the idea of bringing a train-the-trainer to the area for Mental Health First Aid and TCC C.

A hospital catastrophic surge and evacuation assessment program will be conducted, using special funding from the HPP program through VDH. HB1870 was a big win for healthcare preparedness, as it allows facilities to surge beyond previous levels.

The Statewide Preparedness Academy will be held in Virginia Beach next week. An ADLS course is coming up, along with the NSPA Annual Regional Workshop on May 23.

EMS Operations

MCI Planning: Mike Garnett had no report at this time.

Education Workgroup

CE/Auxiliary MOU: The Executive Director reported for Cathy Cockrell on the status of the CE/Auxiliary course MOU for FY 2019. He encouraged greater utilization of this funding. The regional councils have requested that the two funds (CE and Auxiliary Course) be rolled into one in next year's contract.

Communications Workgroup

Rob Logan presented a proposal from Bath County whereby the Council would transfer ownership of the Bald Knob communications shelter, tower and generator to Bath County in exchange for the County's commitment to take over maintenance, utilities, and all other upkeep of the site. The County would grant the Council a perpetual colocation agreement to place its radios in the shelter and antennae on the tower. Chairman Jim Cady, Sr. reported that the Communications Workgroup has conferred and recommends this action.

Motion was made and seconded to adopt the resolution to authorize the transfer to the shelter, tower and generator on Bald Knob to Bath County, and to enter into a Memorandum of Understanding specifying the conditions. **The prepared resolution was ADOTPTED.**

EMS FINANCIAL ASSISTANCE

Joe Trigg reported on the current RSAF cycle, and on his participation as a member of FARC. 105 grant requests were received for the last cycle, totaling \$14 million in requests, over \$4 million awarded, to 69 EMS agencies, nine non-EMS organizations. The Western Virginia region received over \$400k. The current grant cycle deadline to apply is tomorrow (Mach 15). The next FARC meeting will be held May 2nd in Richmond.

EMS ADVISORY BOARD

Jason Ferguson provided an oral and written report. The written report is attached to and made a part of these minutes. He reported on several matters including the transition to electronic capture of fingerprints for background checks.

NEW BUSINESS

The executive director reported that the board's request to modify our NOU with VDH/OEMS to changes the model for your awards event was denied. Therefore the awards program will be conducted as in the past. We have requested availability from the Vinton War Memorial. At this time, we have not confirmed a date, but are hoping for June 20. The deadline for Regional EMS Awards nominations is May 31.

A motion was made and seconded to hold the awards event at the Vinton War Memorial. **Motion CARRIED.**

PRESIDENT'S REPORT

None

STAFF REPORTS

Rob Logan – Reported on the acquisition of two Chevy Traverse SUVs. He expressed appreciation to VDH/OEMS for partial funding, and also reported on the successful sale of the two 2005 Suburbans and a trailer to provide additional funds. He called attention to the last page of the Treasurer’s Report that shows the cost and funding breakdown for the acquisition of these vehicles.

Cathy Cockrell – The executive Director reported for Cathy in her absence.) WVEMS just finished an AEMT class conducted as part of our MOU with the Jefferson College of Health Sciences. We are planning to offer another course in the Roanoke Valley in the fall. We will soon be recruiting for another AEMT in the Piedmont area.

Mike Garnett – A new AEMT program started Monday in the New River Valley. The next program will be held in the fall. A new workshop on simulation and scenario-based education has been developed and presented. The program is designed to help agencies create and validate scenarios. If you’re interested, please contact the WVMS office. The workshop held in Blacksburg had attendees from several other regions. A program will also be offered in Danville.

Mike and Sandi traveled to Isle of Wight in Smithfield to assist their EMS agency in developing its own community-based training center.

Gene Dalton - None

Sandi McGrath – None

HEARING OF THE PUBLIC

None

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

/s Jason Ferguson, Secretary

WESTERN VA EMS COUNCIL
UNAUDITED TREASURER'S REPORT
AS OF FEBRUARY 28, 2019

REVENUES	BUDGET	TOTAL	% YTD
STATE GOVERNMENT (OEMS CONTRACT)	433,450	216,725	50.00%
SUPPLEMENTAL STATE EDUCATION ADMIN FUNDS	34,000	22,667	66.67%
SUPPLEMENTAL STATE SYMPOSIUM ADMIN FUNDS	18,000	13,382	74.35%
LOCAL GOVERNMENT	133,000	132,495	99.62%
UNITED WAYS	3,000	892	29.73%
SPECIAL FUNDS		2,743	0.00%
CONTRIBUTIONS	1,000		0.00%
NSPA/VHHA PROGRAM REVENUE	500,000	262,624	52.52%
DIRECT PROGRAM INCOME (Tuitions, grants, VDH/OEMS)	235,000	204,681	87.10%
NSPA OFFSET REVENUE (Contract for services)	16,000	5,999	37.49%
RENT INCOME (NSPA)	18,000	16,000	88.89%
OTHER INCOME - SALE OF ASSET	11,200	15,691	0.00%
CISM CONTRIBUTIONS			0.00%
CREDIT CARD HOSTING FEE		613	0.00%
INVESTMENT / GAINS/LOSSES	10,000	(1,843)	-18.43%
TOTAL REVENUES	1,412,650	892,669	63.19%
EXPENDITURES	BUDGET	TOTAL	% YTD
SALARIES / WAGES (WVEMS)	470,000	338,363	71.99%
PAYROLL TAXES (FICA)	35,955	26,623	74.05%
VEC	1,200	11	0.88%
403(b) / RETIREMENT	23,500	15,107	64.29%
HOSPITAL / MEDICAL INSURANCE	52,000	53,605	103.09%
LIFE INSURANCE/DISABILITY	11,000	9,775	88.86%
DENTAL INSURANCE	4,000		0.00%
PROFESSIONAL SERVICES/FEES	12,000	10,748	89.57%
MEDICAL DIRECTION ASSISTANCE	1,000		0.00%
MAINTENANCE / REPAIRS / SERVICE CONTRACTS	2,500	(1,472)	-58.87%
OCCUPANCY (Utilities, repairs, NRV rent etc.)	22,000	14,405	65.48%
POSTAL / SHIPPING	2,500	1,104	44.18%
TELECOMMUNICATIONS	16,000	10,842	67.76%
SUPPLIES (ADMIN)	9,395	8,484	90.31%
EQUIPMENT	10,000		0.00%
INSURANCE	12,000	7,907	65.89%
DIRECT PROGRAM EXPENSES	160,000	138,440	86.53%
NSPA/VHHA PROGRAM EXPENSES	500,000	245,047	49.01%
PRINTING / PUBLICATIONS	3,000	1,591	53.05%
TRAVEL / LODGING	5,000	2,643	52.87%
FUEL/VEHICLE MAINTENANCE	14,000	4,768	34.06%
MEETING SUPPORT	1,200	284	23.69%
DUES / MEMBERSHIP FEES	1,600	1,575	98.44%
STAFF DEVELOPMENT	15,000	5,581	37.21%
CISM PROGRAM COSTS	2,000	952	47.62%
COMMUNICATION SITE RENTAL	6,000	4,000	66.67%
COMMUNICATIONS WIRELINES	9,000	3,364	37.37%
COMMUNICATIONS MAINTENANCE	2,000	2,157	107.87%
COMMUNICATIONS UTILITIES	800	346	43.31%
COMMUNICATIONS INSURANCE	3,000	2,000	66.67%
COMMUNICATIONS EQUIPMENT	5,000		
TOTAL EXPENDITURES	1,412,650	908,252	64.29%

PROGRAM

REVENUE (PROGRAM ACCOUNTS)	TOTAL
OEMS FUNDS - INTERMEDIATE	
OEMS FUNDS - ENHANCED	3,763
OEMS FUNDS - ADJUNCT	
OEMS FUNDS - EMT	
OEMS FUNDS - CE	9,798
OEMS FUNDS - AUX	17,380
PROGRAM SERVICE FEES	800
PROTOCOL, ETC. SALES	
TEXTBOOK SALES	
CONSOLIDATED TESTING	16,075
DRUG BOX ENTRANCE FEES	5,655
GRANTS & SPECIAL PROJECTS	3,404
SALES - CONSUMER GOODS	
WEB DATABASE	
PROCESSING FEES	
PROGRAM FEES - MONROE HEALTH CENTER	
PROGRAM TUITION - INTERMEDIATE	
PROGRAM TUITION - ENHANCED	66,000
PROGRAM TUITION - ADJUNCT	
PROGRAM TUITION - CARDIC	81,761
PROGRAM TUITION - OTHER	
PROGRAM TUITION -	
PROGRAM TUITION - NRVTC	
ID CARD SALES	45
COMMUNITY COLLEGE COURSE REVENUE	
TOTAL REVENUES	204,681

EXPENSES (PROGRAM ACCOUNTS)	TOTAL
CONTRACTS FOR SERVICES (INTERMEDIATE)	10,151
CONTRACTS FOR SERVICES (ENHANCED)	21,289
CONTRACTS FOR SERVICES (ADJUNCT)	480
CONTRACTS FOR SERVICES (CARDIAC)	7,538
CONTRACTS FOR SERVICES (SPEC. PROJ.)	19,501
CONTRACTS FOR SERVICES (ALS TEST)	10,850
CONTRACTS FOR SERVICES (CTS)	12,460
CONTRACTS FOR SERVICES (CE WEEKENDS)	
CONTRACTS FOR SERVICES (DRUG TESTING)	2,348
CONTRACTS FOR SERVICES (OEMS CE)	4,235
CONTRACTS FOR SERVICES (OEMS AUX)	20,400
PAYROLL TAXES (FICA)	3,428
VEC	45
RENT - NRV TRAINING CENTER	1,028
POSTAGE (NRVTC)	
SUPPLIES (Programs)	2,040
SUPPLIES (CTS)	78
SUPPLIES (ALS TESTING)	1,119
SUPPLIES (EDUCATION)	
SUPPLIES (NRVTC)	
TEXTBOOKS (EMT-I)	
TEXTBOOKS (ALS)	3,328
TEXTBOOKS (BLS)	
SUPPLIES (TRAINING)	641
SUPPLIES (TRAINING UNIFORMS)	1,716
BADGE TRAINING CARDS	208
AMLS CERTIFICATES	
EQUIPMENT (EDUCATION)	
EQUIPMENT (NRVTC)	
INSURANCE	1,287
GRANTS & SPECIAL PROJECTS	5,428
DRUG BOX EXCHANGE	7,074
CREDIT CARD DISCOUNT	1,769
MERCHANDISE FOR RESALE	
ID CARD PROGRAM	
COMMUNITY COLLEGE FEES	
TUITION REIMBURSEMENT - ENHANCED	
TUITION REIMBURSEMENT - INTERMEDIATE	
TOTAL EXPENDITURES	138,440

State Funds	(32,304)
Funds from Sale of Assets	(15,691)
Cost of New Vehicles	64,608
Net Cost of New Vehicles	16,613

WESTERN VIRGINIA EMS COUNCIL, INC.
Balance Sheet
February 28, 2019

ASSETS

Current Assets		
FSA CASH	\$	2,771.44
Ryan Hubbard Scholarship Fund		496.21
SUNTRUST CHECKING		248,385.29
SUNTRUST PAYROLL		190.00
Western 14 Task Force		1,904.17
PREPAID EXPENSES		285.11
ACCOUNTS RECEIVABLE		13,535.83
DUE FROM NSPA		44,147.39
INCOME TRANSFER		40.00
		<hr/>
Total Current Assets		311,755.44
Property and Equipment		
		<hr/>
Total Property and Equipment		0.00
Other Assets		
FRANKLIN TEMPLETON-LPL		110,508.41
COMMUNICATIONS EQUIPMENT		180,426.65
MISCELLANEOUS EQUIPMENT		405,651.53
OFFICE EQUIPMENT		35,144.59
BUILDING		175,223.00
LAND		201,600.00
BLDG. IMPROVEMENTS		86,142.54
GENERATOR BUILDING & EQUIPME		16,672.25
ACCUMULATED DEPRECIATION		(449,602.16)
		<hr/>
Total Other Assets		761,766.81
		<hr/>
Total Assets	\$	<u><u>1,073,522.25</u></u>

LIABILITIES AND CAPITAL

Current Liabilities		
ACCOUNTS PAYABLE	\$	3,321.80
ACCRUED SALARIES		45,883.20
W14 CUSTODIAL LIABILITY		1,904.17
FLEX SPENDING ACCOUNT-MEDICA		907.03
AFLAC		(64.62)
		<hr/>
Total Current Liabilities		51,951.58
Long-Term Liabilities		
		<hr/>
Total Long-Term Liabilities		0.00
		<hr/>
Total Liabilities		51,951.58
Capital		
FUND BAL. UNRESTRICTED		707,162.00
FUND BAL. UNRESTRICTED DES.		55,036.00
RETAINED EARNINGS		226,138.54
FUND BALANCE TEMP. RESTR.		20,374.00
Net Income		12,860.13
		<hr/>
Total Capital		1,021,570.67

Unaudited - For Management Purposes Only

WESTERN VIRGINIA EMS COUNCIL, INC.
Balance Sheet
February 28, 2019

Total Liabilities & Capital

\$ 1,073,522.25

Western Virginia EMS Council, INC.

RESOLUTION

In regular session on March 14, 2019, the board of directors of the Western Virginia Emergency Medical Services Council, Inc. (The Council) took the following action:

It is desired that Sandra McGrath, acting in her capacity as Business Manager for the Western Virginia Emergency Medical Services Council, Inc. be authorized to relay orders to transfer funds and to authorize the execution of trades of investments held by LPL Financial through Midsummer Wealth Management, being accounts identified as 36849554 and 38057296.

Such relays of transfers and trades must be approved in advance by the CEO/Executive Director or the Treasurer of the Council.

THEREFORE BE IT RESOLVED that the Board of Directors of The Council hereby authorizes Sandra McGrath to relay orders to transfer funds and execute trades to, from and within the above-referenced accounts as approved by the CEO/Executive Director or the Treasurer of The Council until such authority is revoked by the Treasurer or the CEO/Executive Director.

ATTEST:

WESTERN VIRGINIA EMS COUNCIL, INC.

Jason Ferguson, Secretary



MENTAL HEALTH FIRST AID FOR FIRE & EMS

In 2017,
103
firefighters
died by suicide;
more than the
93
firefighters who died
IN THE LINE OF DUTY.

USA Today

A survey of
7,000
North American
firefighters revealed
27%
have struggled with
SUBSTANCE USE ISSUES.

NBC Washington

Why Mental Health First Aid?

Mental Health First Aid for Fire/EMS teaches you **how to identify, understand and respond to signs of mental illnesses and substance use disorders**. This 8-hour training gives you the skills you need to reach out and provide initial support to someone who may be developing a mental health or substance use problem and help connect them to the appropriate care. It focuses on the unique experiences and needs of firefighters and EMS personnel and is a valuable resource that can make a difference in their lives, their coworkers' and families' lives, and the communities they serve.

WHAT IT COVERS

- A discussion of first responder culture, stigma and their relevance to the topic of mental health.
- Outreach tactics to respond to individuals experiencing a mental health crisis.
- A discussion of the specific risk factors faced by many first responders and their families.
- A review of common mental health resources for first responders, their families and those who support them.

WHO SHOULD TAKE IT

- Firefighters
- EMS personnel
- Other first responders
- Family members of first responders

The course will teach you how to apply the ALGEE action plan:

- **Assess** for risk of suicide or harm
- **Listen** nonjudgmentally
- **Give** reassurance and information
- **Encourage** appropriate professional help
- **Encourage** self-help and other support strategies

TO FIND A COURSE OR CONTACT AN INSTRUCTOR IN YOUR AREA, VISIT
www.MentalHealthFirstAid.org OR EMAIL Info@MentalHealthFirstAid.org.

“Since completing training, I’ve noticed that there is more conversation about mental health among members of our team, and that is helping reduce the stigma associated with behavioral health issues. People at the Clifton Fire Department are using what they learned in the course in their personal lives as well as their professional lives.”

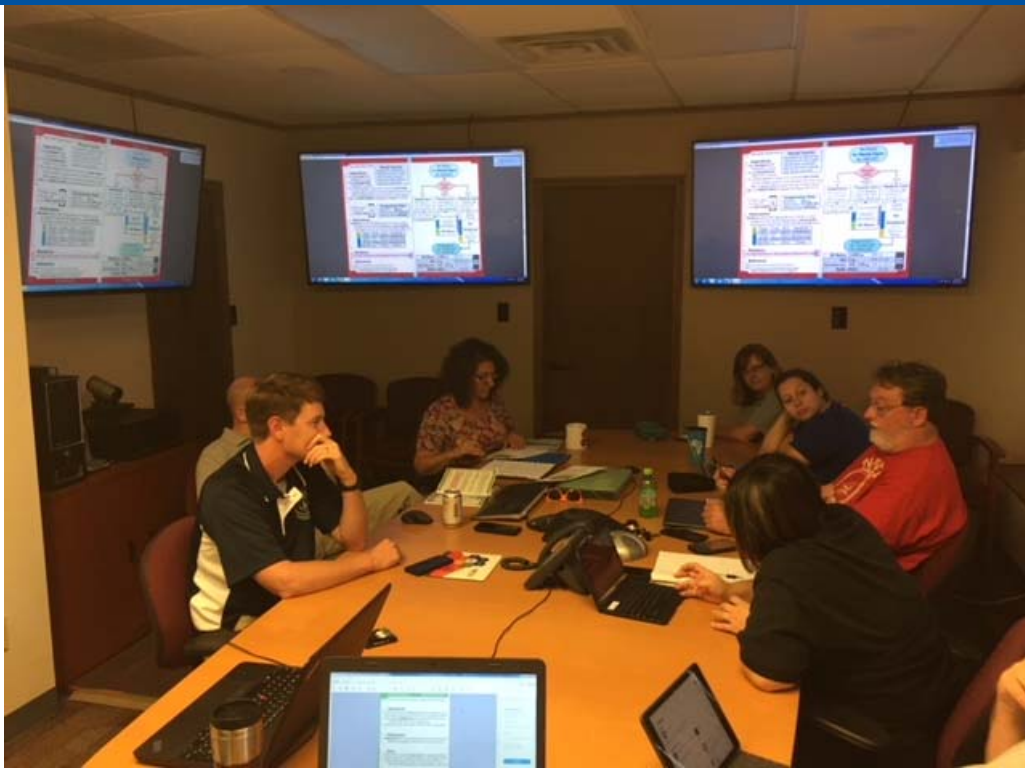
—Deputy Fire Chief Michael Allora, Ret., *Clifton Fire Department*



**MENTAL
HEALTH
FIRST AID®**



WESTERN VIRGINIA EMS COUNCIL STRATEGIC PLAN 2018-2021



Revised and adopted by WVEMS Board of Directors on March 8, 2018.



Western Virginia EMS Council, Inc.

1944 Peters Creek Road NW

Roanoke VA 24017

800.972.4367

www.wvems.org

This plan was developed as part of the effort to standardize long-range planning across the eleven EMS regions in Virginia, along with the long-range statewide EMS plan developed by the Virginia Office of EMS.

You will notice that the plan is very broad in scope. It is not intended to address ongoing and day-to-day work and initiatives.

The plan is intended to be reviewed and updated annually.

Please feel free to address any questions or comments to:

Robert Logan
Executive Director
Western Virginia EMS Council
1944 Peters Creek Road NW
Roanoke, VA 24017
800-972-4367
logan@vaems.org

Core Strategy 1: Develop Partnerships

Key Strategic Initiatives:

1.1 Promote collaborative approaches

- 1.1.1 Develop and foster relationships with federal, state, and local partners, educational institutions and other Regional EMS Councils.
- 1.1.2 Continue definitive discussions with the Blue Ridge EMS Council and others relevant to developing service area concepts.
- 1.1.3 Strengthen on-going relationships with Virginia Department of Health, other state departments, public safety, public health and medical facilities.
- 1.1.4 Foster regional involvement in EMS-related legislative initiatives.
- 1.1.5 Cultivate grass roots support for Strategic Initiatives.
- 1.1.6 Continue to develop extensive and meaningful collaborations with the Blue Ridge and Southwest Virginia EMS Councils, to include work toward unified protocols, drug boxes, policies and plans.
- 1.1.7 Collaborate with hospitals and other health care institutions within the service area to foster and sustain cooperative programs, including supply and drug box exchange agreements and mobile integrated care.
- 1.1.8 Develop, support and update policies to ensure appropriate utilization of free-standing emergency departments, and ensure that such departments are addressed in resource documents such as regional protocols and plans.



1.2 Attract and support outstanding health care providers

- 1.2.1 Cultivate partnerships with universities, colleges, accredited training programs, and others to attract and educate EMS providers.
- 1.2.2 Recruit and assist in retaining EMS physicians.

1.3 Further community based prevention

- 1.3.1 Encourage illness and injury prevention programs through collaboration with other agencies and organizations.

1.4 Identify resources for responses to emergencies both natural and man-made

- 1.4.1 Enhance relationships with local Emergency Managers and other federal, state, and local agencies.
- 1.4.2 Support ongoing training, evaluation and develop resources for emergency preparedness and response.
- 1.4.3 Participate in and support activities relating to MCI planning and preparedness activities and projects within the region.

Core Strategy 2: Utilize Tools and Resources

Key Strategic Initiatives:

2.1 Facilitate EMS performance improvement and related research

- 2.1.1 Support and encourage research and other projects utilizing collected EMS data.
- 2.1.2 Promote quality assurance and performance improvement in EMS service and trauma triage, stroke triage and STEMI compliance, along with other identified critical care initiatives.
- 2.1.3 Support development of, and encourage the best use of the electronic Virginia EMS Registry to support meaningful data collection and research to promote evidenced-based decision-making affecting the EMS system.

2.2 Support quality education and evaluation of EMS personnel

- 2.2.1 Expand availability of ALS Training. Support existing accredited training programs and develop new programs and sites as needed.
- 2.2.2 Promote leadership and management training.
- 2.2.3 Support and improve processes for evaluation of ALS and BLS candidates.
- 2.2.4 Provide technical assistance to educational institutions desiring to provide EMS education.
- 2.2.5 Develop and maintain strategic partnerships with organizations and educational institutions to further EMS education in the region.
- 2.2.6 Conduct and/or sponsor various certification and non-certification educational courses and programs throughout the region as needed.

2.3 Foster appropriate use of system-wide EMS resources

- 2.3.1. Support education, legislation and programs to promote appropriate use of EMS resources.

2.4 Provide resources to support the EMS system

- 2.4.1 Provide tools to assist in recruitment and retention events across the region.
- 2.4.2 Provide resources and information to instructor network.
- 2.4.3 Promote and provide enhanced resources for quality EMS education.
- 2.4.4 Provide loaner bank of training equipment and publications.
- 2.4.5 Facilitate referrals and reporting of information to the operational medical directors using the Medical Incident Review process and the regional Performance Improvement Committees.
- 2.4.6 Develop and publish regional EMS operational guidelines (protocols) in conjunction with and as approved by the region's operational medical directors. The protocol document should be available in both electronic and printed formats.

2.5 Provide guidance documents to promote unified response

- 2.5.1 Develop and revise, and promote compliance with regional plans addressing response to specific medical situations, such as a Trauma Triage Plan and Stroke Triage Plan.

Core Strategy 3: Develop Infrastructure

Key Strategic Initiatives:

3.1 Develop and strengthen board of directors

- 3.1.1 Review and revise board governance documents.
- 3.1.2 Cultivate further board member participation.
- 3.1.3 Utilize a meaningful board member orientation program to optimize board member familiarity with WVEMS and its programs and operations.

3.2 Adequately staff the Western Virginia EMS Council

- 3.2.1 Ensure adequate staffing and procedures to support the variable nature of the EMS system requirements and challenges within the region.
- 3.2.2 Assess and adapt the Council's role in ensuring appropriate EMS provider training.
- 3.2.3 Provide ongoing workforce development and supporting resources to maintain a proficient and productive staff.
- 3.2.4 In response to increased audit standards for non-profits, continually monitor and improve fiscal management and accountability standards.
- 3.2.5 Cultivate and support efforts to work within identified regional service areas in concert with OEMS to best benefit all stakeholders.
- 3.2.6 Apply for, obtain, and maintain VDH designation according to the policies, regulations and directives put forth by the Virginia Department of Health.

3.3 Focus recruitment and retention efforts

- 3.3.1 Support and promote recruitment and retention campaigns within the region.
- 3.3.2 Promote and conduct annual EMS awards program.
- 3.3.3 Identify and promote opportunities for financial assistance for EMS education throughout the region.
- 3.3.4 Support regional crisis intervention initiatives.

3.4 Upgrade technology and communication systems

- 3.4.1 Promote improved EMS communications systems and information sharing.
- 3.4.2 Promote the use of technology in EMS reporting and quality assurance.
- 3.4.3 Improve IT security and redundancy for all EMS regions.
- 3.4.4 Plan and implement information-sharing and electronic communications enhancements to benefit WVEMS and other regions.



3.5 EMS funding

- 3.5.1 Encourage pursuit of alternative funding sources including revenue recovery and increasing operating efficiencies.
- 3.5.2 Provide assistance to eligible applicants in applying for Rescue Squad Assistance Fund and other grants.
- 3.5.3 Assist in maximizing the effectiveness of the RSAF by providing meaningful information in the grading and review process.
- 3.5.4 Ensure appropriate stewardship of EMS council funds.
- 3.5.5 Support and advocate for a stable funding stream for state and regional infrastructure to include effective use of Four-for-Life funds by OEMS and the regional councils.

Core Strategy 4: Promote Other Regional & Statewide Initiatives

Key Strategic Initiatives:

4.1 Further Projects in Conjunction with NSPA

- 4.1.1 Collaborate and support activities of the Near Southwest Preparedness Alliance in preparing hospitals, alternate care sites, long-term care facilities, medical reserve corps, etc. as part of the Commonwealth's healthcare preparedness initiatives.
- 4.1.3 Assist in staffing and operating Regional Healthcare Coordinating Centers (RHCCs) and other NSPA resources.
- 4.1.4 Provide other contractual services as needed.

4.2 Supplemental Support, Contracts and Projects

- 4.2.1 Through agreements, and whenever possible, support outside initiatives such as the Virginia EMS Symposium by providing fee-based fiscal and other administrative services.
- 4.2.2 Provide technological support for statewide resources such as the VA EMS Jobs database and the multi-regional CTS Registration System.
- 4.2.3 Maintain availability to assist other regions, OEMS, other agencies and organizations to enhance EMS and healthcare delivery in Virginia.
- 4.2.4 Support the Near Southwest Medical Reserve Corps (NSMRC) covering the health districts within the Western and Blue Ridge EMS Councils' Service Area. WVEMS may enter into contracts and/or agreements with the Virginia Department of Health, its health districts, and/or others relating to MRC(s) in support of the MRC program. Provide other assistance to VDH relating to MRC(s) as agreed upon by VDH.
- 4.2.5 Facilitate information technology support for all regional EMS councils as provided for and funded by contract between OEMS and WVEMS.

Appendix 1

Mission

The mission of the Western Virginia EMS Council: As an integral part of Virginia's comprehensive EMS system, WVEMS serves to assess, identify, coordinate, plan and implement efficient and effective regional EMS delivery systems in partnership with Virginia's Office of Emergency Medical Services and EMS Advisory Board.

Appendix 2

Planning Committee and Process

The WVEMS Staff Leadership Group serves as the planning committee for the annual updates to this plan. The Leadership Group consists of the Executive Director, Regional Education Program Director and the Executive Director of the Near Southwest Preparedness Alliance.

The process to revise and update this plan included a review of the mandates set forth in the Code of Virginia and the WVEMS Contract with OEMS. The WVEMS board of directors discusses the plan's components, and board members are encouraged to consider the strengths and weaknesses of, and opportunities and threats affecting the EMS system in Virginia and the WVEMS region. Directors are asked to send comments to the executive director for inclusion in the final draft.

Public comment is invited. Then at the March board of directors meeting each year, final review and discussion takes place, and the resulting document is presented for adoption.

Confidentiality and Conflict of Interest Policy and Disclosure Form For Employees and Board Members

Confidentiality

As an Employee or Board member, I recognize that I owe a fiduciary duty of care to the Western Virginia Emergency Medical Services Council, Inc. (WVEMS). This includes a duty of confidentiality. From time to time, information and documentation that I receive from WVEMS and others in connection with my service on the Board or as an employee may be deemed confidential, and should be handled as such. I will direct any questions regarding my confidentiality obligations to the WVEMS Executive Director or President.

Conflicts of Interest

As an Employee or Board member, I recognize that I owe a fiduciary duty of loyalty to WVEMS. This duty requires me to avoid conflicts of interest and to act at all times in the best interests of WVEMS. The purpose of the conflicts of interest policy (set forth below) is to help inform the Board about what constitutes a conflict of interest, assist the Board in identifying and disclosing actual and potential conflicts, and help ensure the avoidance of conflicts of interest where necessary. This policy may be enforced against individual Employees and Board members as described below:

1. Employees and Board members have a fiduciary duty to conduct themselves without conflict to the interests of WVEMS. In their capacity as Board members, they must subordinate personal, individual business, third-party, and other interests to the welfare and best interests of WVEMS.
2. A conflict of interest is conduct, a transaction or relationship that presents or might conflict with an Employee or Board member's obligations owed to the WVEMS and the Employee's/Board member's personal, business or other interests.
3. All conflicts of interest are not necessarily prohibited or harmful to WVEMS. However, full disclosure of all actual and potential conflicts, and a determination by the disinterested Employees and Board (or WVEMS Executive Committee) members – with the interested Employee or Board member(s) recused from participating in debates and voting on the matter – are required.
4. All actual and potential conflicts of interests shall be disclosed by Employees (to the WVEMS executive director) and Board members (to the WVEMS Executive Committee) through the annual disclosure form and/or to the Board or WVEMS Executive Director whenever a conflict arises. If to the Board, disinterested members of the WVEMS Executive Committee shall make a determination as to whether a prohibited conflict exists and what subsequent action is appropriate (if any). The WVEMS Executive Committee shall inform the Board of such determination and action. If concerning an Employee, the WVEMS Executive Director shall make a determination. The Board shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.
5. As of the effective date of this policy, or at the earliest opportunity, all Employees and Board members shall receive and execute a copy of this policy as described below. Going forth, all Employees (upon hire) and Board members (upon appointment or election) shall be provided with a copy of this policy and required to complete and sign the acknowledgment and disclosure

form below. All completed forms shall be provided to and reviewed by the WVEMS Executive Director, as well as all other conflict information, if any, provided by Employees and Board members. Annually, a report of compliance and all other conflict information shall be provided by the Executive Director to the Board.

CONFLICTS OF INTEREST ACKNOWLEDGMENT AND DISCLOSURE FORM

I have read the conflicts of interest policy set forth above and agree to comply fully with its terms and conditions at all times during my service as a WVEMS Employee or Board member. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the WVEMS Executive Director in writing.

Disclosure of Actual or Potential Conflicts of Interest:

I acknowledge and agree that my selection for service on the Board and the opportunities made available to me by serving as an Employee or on the Board constitute good and valuable consideration for entering into this agreement, the receipt and sufficiency of which I hereby acknowledge.

In my individual capacity:

Signature: _____

Name (printed): _____

Date: _____

EMS Advisory Board Report 2/8/2019

Chairman's Report- Chairman Parker welcome the six new committees under the new Trauma Branch.

Vice Chair- No Report

Commissioner's Report- Dr. Jaber, thanked folks who have invited him out to facility in Central VA, been through some challenging times, VDH had agency wide poly-coms about the challenges and difficult the political landscape. Awareness, health equity, do them in a way that is meaningful and understandable.

OEMS Report-

Gary Brown reported-

- Personnel Changes-
 - o Rick Troshay Emergency Operations Specialist. filling Ken Crumpler's previous position
 - o Emergency Operations Manager, 4th round of recruitment, 3 failed rounds
 - o Billy Fritz, BLS Training Specialist, going back to Prince William County
- Legislative Report Lightest year Gary has experienced in his career.

Scott Winston reported-

- Warm welcome to the Trauma System community, Save the dates- Mission Lifeline EMS Recognition program Deadline April 2nd, Virginia Heart Attack Coalition annual meeting May 17th, Chesterfield County Fire

Dr. Lindbeck reported-

- EMS 2050 document released last month. Available at EMS.gov for download

Chris Vernavia reported-

- State EMS plan, has been communicated to committee chairs, needs to be completed for August meeting, final approval at November to go to BOH in March
- 40th Anniversary at EMS Symposium, BIG things being planned

Stop The Bleed Presentation

Z-Medica Vendor to support Stop The Bleed presentation from Central VA

Gary Critzer gave an update on ongoing activities going on with CSEMS, spoke to the history, Hybrid Council in concert with OEMS, using OEMS staff in CSEMS, etc.

Board of Health Report- Approved VA's plan for Wellness, Next Meeting March 7th at the Perimeter Center, encouraged everyone to attend

Executive Committee- Discussed flow of the meetings, now that TSOM is TAG and Trauma has been added in. Working on Streamlining meetings

New Trauma System Coordinator position- Dr. Aboutanos, now Patient Care Coordinator is Dr. Yee

Working on updating Governance document for Advisory Board

FARC- RSAF Spring Cycle now open March 15. 105 grants Fall, funding 70 requests. RSAF Technically Webinar on Friday, March 1st from 1PM-3PM

Administrative Coordinator- No Report

Rules & Regulations- Discussed process of adoption of new regs. DRAFT to be to Board of Health by June

Fingerprinting for background checks is being outsourced to a company called Field Print. There will be a facility within 40 miles of every EMS agency in Virginia.

Legislative & Planning- Met this morning, discussion on Strategic plan, bringing info back to Executive Comm. for making it more operational. Welcomed two new members to the committee. Meeting structure may change after August.

Infrastructure- No Action

Transportation- Met, no present business

Communication- Welcome new members to the Committee, updated Interoperability Plan from 2013. Plan to update inter ops radio system. Spoke to an example case law in Texas. Carrie's law- Direct dial of 911, case out of Texas where a child had to call 911 but didn't dial a 9 first to get an outside line.

Emergency Management – Completed survey on MCI prepared next and training. Looking at Leadership program on planning aspects of MCIs. Discussed changes in Regulations over number of tags carried.

Professional Development- No report.

Training and Certification- changes coming to high school EMT program, committee working on TPAM, another on EMT testing, and another on EMT competency base

Education workgroup- Removed psychomotor from EC testing, and several other changes.

Workforce Development- Stop the Bleed has worked with Office of Health Equity, grant for Stop The Bleed training kits.

EMS Officer program- some revisions to the program from feedback in November. Onboarding program for instructors.

Standards Of Excellence Program- 10-12 visits to be done this year.

Provider Health & Safety- Mental health campaign, OEMS hired company to reinforce the campaign. Discussion concerning BBP with the newly deceased. No labs can currently test for that.

Patient Care- Dr. Yee, No report

Medical Direction- two action items, updating the scope of practice. Both action items passed.

NHTSA Document on Safety Restraint of Children, endorsed to include children restraints in the back of an ambulance. Motion Carried

Workgroup on Critical Care in Virginia

Workgroup on Mobile Integrated Healthcare to create a platform

Medevac- HB1728 workgroup continues to work on priorities

EMS for Children- Looking at pre-hospital guidelines for certain pediatric conditions

Trauma System Coordinator- Dr. Aboutanos

Trauma Administrative and Governance (**TAG**)

Inaugural Trauma System Committee meetings yesterday. Discussed how the process works for action items,

System Improvement- Dr. Safford- First meeting today, three spots to be filled. Identifying databases available and what information they contain. Processes to validate data. Ohio registry report, evaluated as a possible design for our future report.

Injury & Violence Prevention- Karen Shipman- bringing in community members, courts, VSP, etc. Beginning to pull data to look at trends.

Prehospital Care- Mike Watkins- Have two openings, looking for a trauma survivor. Just getting started.

Acute Care- Dr. Young- Met yesterday, three workgroup, trauma manual, trauma center designation report, acute care facilities. Action item- Trauma Director certified, details to mirror ACS requirements. Motion Carried

Post- Acute- Dr. Griffen- Data ends when they leave the Trauma Center.

Emergency Preparedness & Response- Looking at getting Disaster Training to the centers and getting the training to EMS, Fire, etc. Today was the first meeting

Regional Executive Directors- Met yesterday, informational workshop on IT, monthly conferences for coordination. Workgroup on MIH in the regions

Public Comment-

Richmond Ambulance Authority- Thanked the group for supporting the child restraint process. Newborn challenges, encouraged FARC to look at a special initiative grant.

Virginia 1 DMAT- 15th Anniversary March 9th in VA Beach, more than 200 deployments in 15 years.

Respectfully Submitted,

Jason Ferguson
Advisory Board Member WVEMS



WESTERN VIRGINIA EMS COUNCIL PREHOSPITAL AND INTERHOSPITAL REGIONAL TRAUMA TRIAGE PLAN



This plan is written to coordinate with and supplement Virginia's State Trauma Triage Plan. Revised and Adopted by WVEMS Board of Directors March 14, 2019.



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Executive Summary

Under the *Code of Virginia* § 32.1-111.3, The Virginia Office of Emergency Medical Services acting on behalf of the Virginia Department of Health has been charged with the responsibility of maintaining a Statewide Trauma Triage Plan. Emergency Medical Services (EMS) Agencies are required by EMS Regulation 12 VAC 5-31-390 to follow specialty care hospital triage plans. This regional plan was developed for use by agencies and hospitals in the Western Virginia EMS region, and follows the guidelines set forth in the Statewide Plan, and addresses prehospital and inter-hospital patient transfers.

The Statewide Trauma Triage Plan establishes minimum criteria for identifying trauma patients and the expectation that these patients shall enter the “trauma system” and receive rapid definitive trauma care at appropriate hospitals. This regional trauma triage plan augments the Commonwealth’s minimum trauma triage standards by providing additional point of entry and resource information. This regional plan set forth standards equivalent to those proscribed by the state trauma triage plan.

The Virginia Department of Health, Office of Emergency Medical Services (OEMS), the state Trauma System Oversight and Management Committee and this regional EMS council endorse the 2011 Centers for Disease Control (CDC) *Field Triage Decision Scheme: The National Trauma Triage Protocol* and its accompanying document *Guidelines for Field Triage of Injured Patients*. The CDC is now home to the national trauma program and has assumed responsibility for establishing the national standard for trauma triage in cooperation with the American College of Surgeons (ACS) who has traditionally developed these criteria. The 2011 CDC documents have been endorsed by the following organizations:

The Joint Commission (JCAHO)	American Medical Association (AMA)
National Association of State EMS Officials (NASEMSO)	The American Public Health Association (APHA)
American College of Surgeons (ACS)	American Pediatric Surgical Association
American Academy of Pediatrics (AAP)	American College of Emergency Physicians (ACEP)
National Association of EMS Physicians (NAEMSP)	National Association of EMT’s (NAEMT)
National Association of EMS Educators	International Association of Flight Paramedics (IAFP)
National Native American EMS Association	Air Medical Physician Association (AMPA)
Commission on Accreditation of Medical Transport Systems (CAMTS)	National Ski Patrol

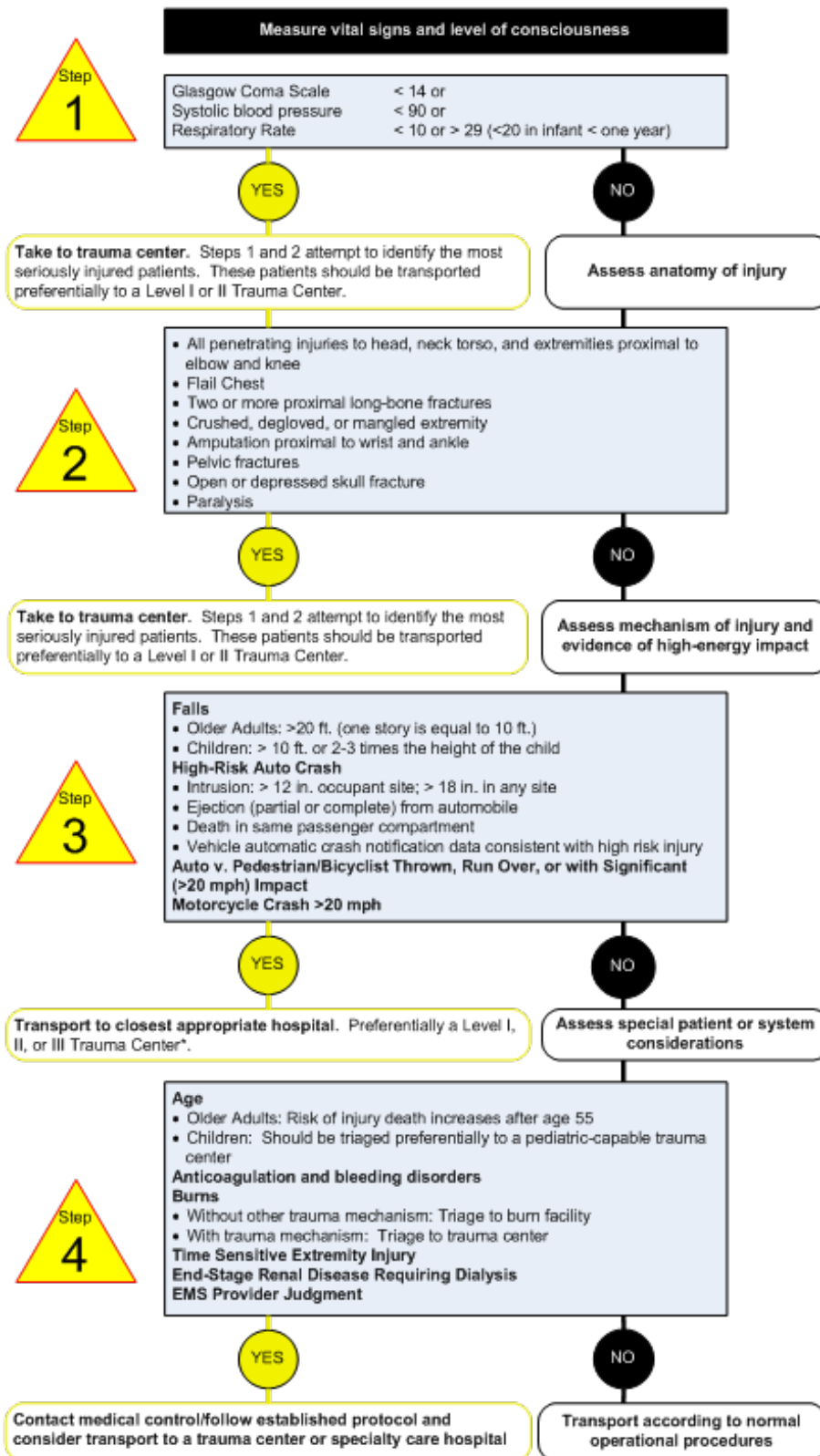
The Virginia Trauma System is an inclusive system and therefore all hospitals are required to participate in the Trauma Triage Plan. Establishing a comprehensive statewide emergency medical care system, incorporating healthcare facilities, transportation, human resources, communications, and other components as integral parts of a unified system serves to improve the delivery of emergency medical services and thereby decrease morbidity, hospitalization, disability, and mortality. This document provides uniform guidelines for prehospital and inter-hospital triage and transport of trauma patients.

The Virginia Trauma System defines a “trauma victim” as a person who has acquired serious injuries and or wounds brought on by either an outside force or an outside energy. These injuries and or wounds may affect one or more body systems by blunt, penetrating or burn injuries. These injuries may be life altering, life threatening or ultimately fatal wounds.

Trauma patient recognition and Triage is a Two-tiered System:

- Initial Field Triage in the prehospital environment (pre-hospital criteria) and;
- Secondary triage or trauma patient recognition and appropriate timely triage by all Virginia hospitals.

Field Trauma Triage Decision Scheme



***Prehospital providers should transfer trauma patients with uncontrolled airway, uncontrolled external hemorrhage, or if there is CPR in progress to the closest hospital or free standing emergency department for stabilization and transfer.**

Trauma Patient Transport Considerations

Regional EMS Patient Care Protocols in the Western Virginia EMS region address transport considerations. Each jurisdiction is unique in its availability of trauma resources. Consideration should be given to the hospital(s) that is/are available in the region and the resources that they have available to trauma patients when developing a point of entry plan. Pre-planning for times when the primary hospital is not available to receive trauma patients because of multiple patients, diversion, loss of resources such as power need to be made in advance of being on scene with a critical trauma patient.

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



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

1. Lessen the time from on scene to a hospital compared to ground transport
2. Bypassing a non-trauma designated hospital to transport directly to any level trauma center should not be greater than 30 minutes
3. Trauma patients transported by air must meet the clinical triage criteria for transport and be transported to the closest Level I Trauma Center, or when appropriate the closest Level II Trauma Center.
4. Patient requires a level of care greater than can be expected by the local ground provider if the Medevac unit can be on scene in a time shorter than the ground unit can transport to the closest hospital.
5. Extenuating circumstances such as safety, egress/access should be documented similar to other “extraordinary” care scenarios.

Coordinated Approach to Related Plans

Both prehospital and hospital providers should become familiar with other related local, regional and statewide plans. These plans represent a tiered response to a growing numbers of patients, and can include:

- Applicable MCI Plans
- Disaster/WMD Plans
- Surge Capacity Plans

This Trauma Triage Plan is intended for incidents that occur during normal EMS operations.

The plans build upon one another. This Trauma Triage Plan is intended to guide treatment for a smaller number of patients that can be managed by resources available during normal day to day operations. MCI Plans provide additional guidance to agencies, municipalities and medical facilities when their normal resources are being strained. Surge plans are developed to meet the need of large scale events that may require caring for hundreds even thousands of patients.

During a mass casualty incident, point-of-entry into the trauma care system could be altered. Additional guidance should be obtained in the prehospital setting using medical control, and by medical facilities using the Near Southwest Preparedness Alliance’s Regional Healthcare Coordinating Center (RHCC). The RHCC is a resource that is available to hospitals in the region, and may be contacted by calling 866-679-7422.

INTER-HOSPITAL TRIAGE CRITERIA

Hospitals not designated by the Virginia Department of Health as a Trauma Center should enter injured patients that meet the below physiological and/or anatomic criteria into the trauma system (rapid transfer to an appropriate level designated Trauma Center)

Adult Patient	Pediatric Patient
	All pediatric patients with Pediatric Trauma Scores ≤ 6 * See pediatric trauma score below
Respiratory <ul style="list-style-type: none"> • Bilateral thoracic injuries • Significant unilateral injuries in pt's >60 (e.g. pneumothorax, hemo-pneumothorax, pulmonary contusion, >5 rib fractures) • Significant unilateral injuries in patients with pre-existing cardiac and/or respiratory disease • Respiratory compromise requiring intubation • Flail chest 	Respiratory <ul style="list-style-type: none"> • Bilateral thoracic injuries • Significant unilateral injuries in patients with pre-existing cardiac and/or respiratory disease • Flail chest
CNS <ul style="list-style-type: none"> • Unable to follow commands • Open skull fracture • Extra-axial hemorrhage on CT, or any intracranial blood • Paralysis • Focal neurological deficits • GCS ≤ 12 	CNS <ul style="list-style-type: none"> • Open skull fracture • Extra-axial hemorrhage on CT Scan • Focal neurological deficits
Cardiovascular <ul style="list-style-type: none"> • Hemodynamic instability as determined by the treating physician • Persistent hypotension • Systolic B/P (<100) without immediate availability of surgical team 	
Injuries <ul style="list-style-type: none"> • Any penetrating injury to the head, neck, torso or extremities proximal to the elbow or knee without a surgical team immediately available. • Serious burns/burns with trauma (see below) • Significant abdominal to thoracic injuries in patients where the physician in charge feels treatment of injuries would exceed capabilities of the medical center 	Injuries <ul style="list-style-type: none"> • Any penetrating injury to the head, neck, chest abdomen or extremities proximal to the knee or elbows without a surgical team immediately available • Combination of trauma with burn injuries • Any injury or combination of injuries where the physician in charge feels treatment of the injuries would exceed the capabilities of the medical center
Special Considerations <ul style="list-style-type: none"> • Trauma in pregnancy (≥ 24 weeks gestation) 	

- Geriatric
- Bariatric
- Special needs individuals

PEDIATRIC TRAUMA SCORE

COMPONENT	+2	+1	-1
Size	Child/adolescent, >20 Kg.	Toddler, 11-20 Kg.	Infant, <10 Kg.
Airway	Normal	Assisted O2, mask, cannula	Intubated: ETT, EOA, Cric
Consciousness	Awake	Obtunded; loss of consciousness	Coma; unresponsiveness
Systolic B/P	>90 mm Hg; good peripheral pulses, perfusion	51-90 mm Hg; peripheral pulses, pulses palpable	<50 mm Hg.; weak pr no pulses
Fracture	None seen or suspected	Single closed fracture anywhere	Open, multiple fractures
Cutaneous	No visible injury	Contusion, abrasion; laceration <7 cm; not through fascia	Tissue loss; any GSW/Stabbing; through fascia

BURN RELATED INJURIES

The American Burn Association has identified the following injuries that usually require referral to a burn center.

- Partial thickness and full thickness burns greater than 10% of the total body surface area (BSA) in patients under 10 or over 50 years of age.
- Partial thickness burns and full thickness burns greater than 20% BSA in other age groups.
- Partial thickness and full-thickness burns involving the face, eyes, ears, hands, feet, genitalia or perineum of those that involve skin overlying major joints.
- Full-thickness burns greater than 5% BSA in any age group.
- Electrical burns, including lightning injuries; (significant volumes of tissue beneath the surface may be injured and result in acute renal failure and other complications).
- Significant chemical burns.
- Inhalation injuries.
- Burn injury in patients with pre-existing illness that could complicate management, prolongs recovery, or affects mortality.
- Any burn patient in whom concomitant trauma poses an increased risk of morbidity or mortality may be treated initially in a trauma center until stable before transfer to a burn center.

- Children with burns seen in hospitals without qualified personnel or equipment for their care should be transferred to a burn center with these capabilities.
- Burn injury in patients who will require special social and emotional or long term rehabilitative support, including cases involving child abuse and neglect.

Inter-hospital Transports by Helicopter

1. All trauma patients transported by air must meet the clinical trauma triage criteria for transport to the accepting Level I or Level II trauma center or burn center
2. Patient requires a level of care greater than can be provided by the local hospital.
3. Patient requires time critical intervention, out of hospital time needs to be minimal, or distance to definitive care is long.
4. Utilization of local ground ambulance leaves local community without ground ambulance coverage.



Air Medical Resources Potentially Available to Areas in the WVEMS Region	
<i>Helicopter Air Medical Service</i>	<i>Contact Number</i>
Carilion Lifeguard 10 (Westlake), 11 (Radford) and 12 (Lexington)	888.377.7628
AirLife Virginia	800.336.6224
Wake Forest Baptist AirCare (Elkin, NC; Spencer, VA)	833.925.3247
Centra One (Lynchburg)	866.924.7633
Pegasus (University of Virginia, Charlottesville)	800.552.1826
VSP Med-Flight 1 (Richmond)	804.674.2400
VSP Med-Flight 2 (Abingdon)	276.223.4250
PHI AirCare (Weyers Cave, Fredericksburg, Front Royal, Leesburg, Manassas)	800.258.8181
LifeEvac of Virginia (Dinwiddie, Mattaponi)	877.902.7779
Wings Air Rescue (Marion, VA; Elizabethton, TN; Greeneville, TN; Jenkins, KY)	800.946.4701
HealthNet (Beckley, WV; Lewisburg, WV)	800.346.4206
BalladOne Air Transport (Bristol, TN)	866.884.3117
Duke Life Flight (Durham NC; Smithfield, NC)	800.362.5433
UNC Air Care (Siler City, NC; Goldsboro, NC; Fayetteville, NC)	800.247.6264

Trauma Triage Quality Monitoring

The Office of EMS is responsible for monitoring and ensuring the quality of trauma care and trauma triage in the Commonwealth. Quality monitoring and assurance is accomplished through several means including, but not limited to, the trauma center designation process, analysis of data from the Emergency Medical Services

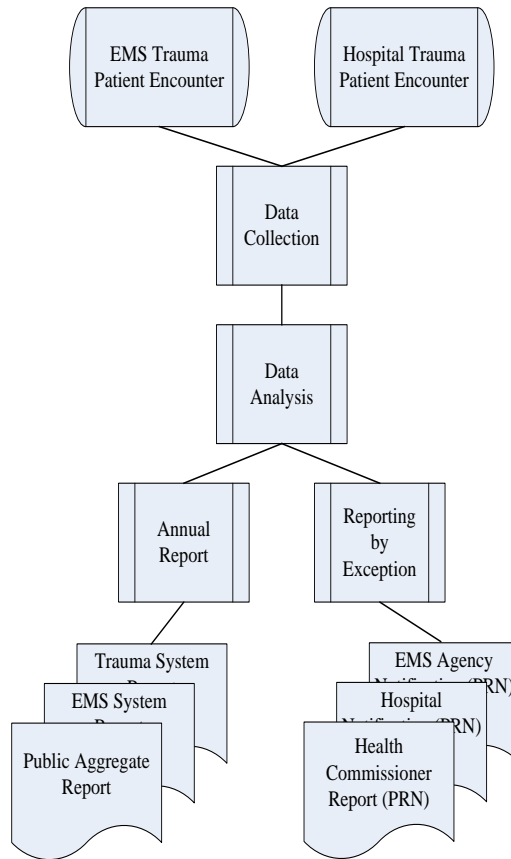
Patient Care Information System (EMS and Trauma Registries) and from other existing validated sources, the trauma performance improvement committee, feedback mechanisms, and regional Trauma Performance Improvement Committees.

The Office of EMS, acting on behalf of the Commissioner of Health, will report aggregate trauma triage findings annually to assist the EMS and Trauma Systems to improve local, regional and statewide trauma triage programs. 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) incorrect triage in comparison to the total number of trauma patients delivered to a hospital prior to pronouncement of death and (ii) incorrect interfacility transfer for each region.

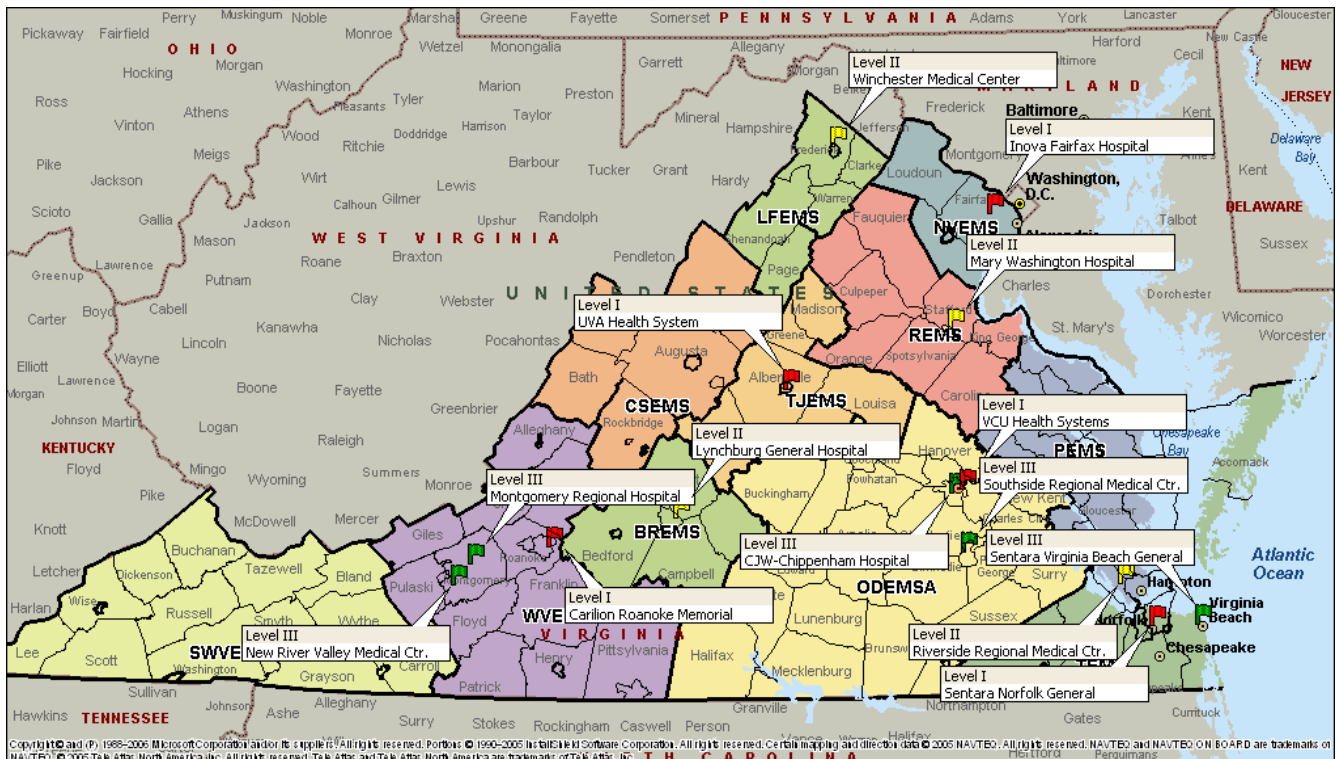
The program will ensure that each emergency medical services director or hospital is informed of any patterns of incorrect prehospital or interfacility missed triage, delayed or missed interfacility transfer as defined in the statewide plan, specific to the provider and will give the entity an opportunity to correct any facts on which such a determination is based, if the entity or its providers assert that such facts are inaccurate.

The Commissioner shall ensure the confidentiality of patient information, in accordance with § [32.1-116.2](#). Such data or information in the possession of or transmitted to the Commissioner, the EMS Advisory Board, or any committee acting on behalf of the EMS Advisory Board, any hospital or prehospital care provider, or any other person shall be privileged and shall not be disclosed or obtained by legal discovery proceedings as is written in the *Code of Virginia*, unless a circuit court, after a hearing and for good cause shown arising from extraordinary circumstances, orders disclosure of such data.

To initiate a prehospital trauma case review in the Western Virginia EMS Region, you may contact the Western Virginia EMS Council, or visit the **Performance Improvement Medical Incident Review** section of our website at www.wvems.org/performance-improvement.



Virginia Designated Trauma Centers and Designation Level Description



Trauma Center Designation Levels Defined

Centers highlighted in blue (or shaded) are located in the WVEMS region

Level I Trauma Centers

Level I trauma centers have an organized trauma response and are required to provide total care for every aspect of injury, from prevention through rehabilitation. These facilities must have adequate depth of resources and personnel with the capability of providing leadership, education, research, and system planning.

Carilion Roanoke Memorial Hospital

1906 Belleview Ave, Roanoke

Inova Fairfax Hospital

3300 Gallows Road, Falls Church

Sentara Norfolk General Hospital

600 Gresham Drive, Norfolk

University of Virginia Health System

1224 West Main St., Charlottesville

VCU Health

1213 E Clay Street, Richmond

Level II Trauma Centers

Level II trauma centers have an organized trauma response and are also expected to provide initial definitive care, regardless of the severity of injury. The specialty requirements may be fulfilled by on call staff, that are promptly available to the patient. Due to some limited resources, Level II centers may have to transfer more complex injuries to a Level I center. Level II centers should also take on responsibility for education and system leadership within their region.

Centra Lynchburg General Hospital

1901 Tate Springs Road, Lynchburg

Reston Hospital Center

1850 Town Center Pkwy, Reston

Chippenham Medical Center

7101 Jahnke Road, Richmond

Riverside Regional Medical Center

500 J. Clyde Morris Blvd, Newport News

Henrico Doctors' Hospital

1602 Skipwith Road, Richmond

Winchester Medical Center

1840 Amherst Street, Winchester

Mary Washington Hospital

1001 Sam Perry Blvd, Fredericksburg

Level III Trauma Centers

Level III centers, through an organized trauma response, can provide prompt assessment, resuscitation, stabilization, emergency operations beyond the capabilities of a non-designated facility, and can also arrange for the transfer of the patient to a facility that can provide definitive trauma care. EMS providers who routinely transport to the two Level III Trauma Centers in the region should become familiar with the capabilities of these facilities and should use medical control when deciding whether to transport trauma patients to these Level III centers.

Level III centers should be active in EMS education and system leadership within the region.

Carilion New River Valley Medical Center

2900 Lamb Circle, Christiansburg

Johnston-Willis Hospital

1401 Johnston-Willis Drive, Richmond

LewisGale Hospital Montgomery

3700 South Main Street, Blacksburg

Sentara Virginia Beach General Hospital

1060 First Colonial Road, Virginia Beach

Southside Regional Medical Center

200 Medical Park Blvd, Petersburg

Minimum Surgical & Medical Specialties for Trauma Designation

Surgical Clinical Capabilities: (On call and promptly available)	Level of Designation		
	I	II	III
Trauma/General Surgery	X	X	X
Anesthesiology	X	X	X
Orthopedic Surgery	X	X	X
Thoracic Surgery	X	X	
Cardiac Surgery	X		
Pediatric Surgery	X		
Hand Surgery	X		
Microvascular/Replant Surgery	X		
Neurological Surgery	X	X	
Plastic Surgery	X	X	
Maxillofacial Surgery	X	X	
Ear, Nose & Throat Surgery	X	X	
Oral Surgery	X		
Ophthalmic Surgery	X	X	
Gynecological Surgery/Obstetrical Surgery	X	X	

Medical Clinical Capabilities: (On call and promptly available)	Level of Designation		
	I	II	III
Cardiology	X	X	
Pulmonology	X		
Gastroenterology	X		
Hematology	X		
Infectious Disease	X		
Internal Medicine	X	X	X
Nephrology	X		
Pathology	X	X	X
Pediatrics	X		
Radiology	X	X	X
Interventional Radiology.	X		

Western Virginia EMS Region Defined and its Resources

EMS regions are defined by the Virginia Board of Health, which enters into a contract with a private, non-profit regional EMS organization to provide various planning and coordination functions within each region. The Western Virginia EMS Council, Inc. is the contracted agency within the Western Virginia EMS region. The Code of Virginia, §32.1-111.11 charges regional EMS councils with the development and implementation of an efficient and effective regional emergency medical services delivery system. A board of directors, representing the localities served and other related organizations provides leadership and governance for the council.

Geography and Demographics

The Western Virginia EMS region encompasses the seven cities and twelve counties of Virginia's Planning Districts 4, 5 and 12. The region extends from the West Virginia border to the north, to the North Carolina border to the south. The region encompasses the urban and suburban areas of the Roanoke and Danville MSA's, as well as many rural and remote areas such as those in Patrick, Floyd and Giles counties. The region's total population (based on 2014 estimates) is 710,959. The region encompasses 9,643 square miles.

The region encompasses the counties of Alleghany, Botetourt, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Patrick, Pittsylvania, Pulaski, and Roanoke; and the cities of Covington, Danville, Martinsville, Radford and Salem.

Hospitals and Free Standing Emergency Departments in the Western Virginia EMS Region

<i>Hospitals in the Western Virginia EMS Region</i> (operating 24-hour emergency departments)	
Hospital	Location
Carilion Franklin Memorial Hospital	Rocky Mount
Carilion Giles Memorial Hospital	Pearisburg
Carilion New River Valley Medical Center (Level III TC)	Christiansburg
Carilion Roanoke Memorial Hospital (Level I TC)	Roanoke
Centra Gretna Medical Center (Free Standing ED)	Gretna
Sovah Health-Danville	Danville
LewisGale Medical Center	Salem
LewisGale Hospital Alleghany	Low Moor (Clifton Forge)
LewisGale Hospital Montgomery (Level III TC)	Blacksburg
LewisGale Hospital Pulaski	Pulaski
Sovah Health-Martinsville	Martinsville
Lewis Gale Medical Center (Free Standing ED)	Cave Spring

EMS Agencies

The region includes 91 state-licensed EMS agencies. Of the 91 agencies, 74 are considered emergency transport agencies, and 17 others are licensed as first responder agencies and the remainder as basic and/or advanced life support care and transportation agencies. These EMS agencies comprise a mix of commercial basic and advanced life support transport agencies, air ambulance (two rotary wing units), specialized transport, industrial-based services and governmental umbrella agencies. The focus in this trauma triage plan will be on “9-1-1” emergency provider agencies, commercial advanced life support, rotary wing air transport and specialized transport providers.

Vehicles

Within the region, there are approximately 452 licensed ambulances, first response vehicles, air and other specialized transport vehicles. (This figure excludes wheelchair vans.)

Licensed EMS Vehicles in the Region	
<i>By Type</i>	<i>Number of EMS Vehicles</i>
Air Ambulance	4
Ground Ambulance	299
Non-Transport Vehicle	150

The licensure and designation of these vehicles does not imply they are constantly manned and ready for response. Some of these vehicles are considered “reserve,” some are unmanned during certain segments of the day and a portion are generally unmanned except for volunteer response.

Rotary wing transport in this region is provided, primarily by the Carilion Lifeguard 10 helicopter, based in Westlake in northeastern Franklin County; Carilion Lifeguard 11, based at the Carilion New River Valley Medical Center, a Level III trauma center; AirLife Virginia 1 and Wake Forest Baptist AirCare 3 both based at Blue Ridge Airport in Henry County. Other rotary wing services, convenient to but located outside the region, include hospital-based helicopters in Lexington, VA; Charlottesville, VA; Richmond, VA; Lynchburg, VA; Winston-Salem, NC; Durham, NC; Marion, VA; and Lewisburg, WV.

Personnel

Within the region are a total of 3325 pre-hospital EMS providers. Each of these technicians is certified by the Commonwealth, and has met specific course, continuing education and recertification requirements.

Certified EMS Providers in the Region	
<i>Level of Certification</i>	<i>Number of Providers</i>
Emergency Medical Responder (EMR)	56
Emergency Medical Technician (EMT)	2125
Advanced EMT (AEMT)	158
Intermediate	385
Paramedic	601
ALS-C and Education Coordinator	92

External Resources

Other Trauma Centers (outside the WVEMS region)

In addition to Carilion Roanoke Memorial Hospital, these other designated trauma centers should be considered as needed for major trauma patients:

- University of Virginia Health System, **Level I** (Charlottesville, VA)
- Wake Forest Baptist Medical Center, **Level I** (Winston-Salem, NC)
- UNC Healthcare, **Level I** (Chapel Hill, NC)
- MedStar Washington Hospital Center, **Level I** (Washington, DC)
- Inova Fairfax Hospital, **Level I** (Falls Church, VA)
- Charleston Area Medical Center, **Level I** (Charleston, WV)
- Lynchburg General Hospital, **Level II** (Lynchburg, VA)
- VCU Health, **Level I** (Richmond, VA)

Burn Resources

These facilities are considered for transport of severely burned patients:

- Wake Forest Baptist Medical Center (Winston-Salem, NC)*
- VCU Health (Richmond, VA)*
- UNC Healthcare (Chapel Hill, NC)*
- MedStar Washington Hospital Center (Washington, DC)
- Shriners Hospital for Children (Cincinnati, OH)
- Sentara Norfolk General Hospital (Norfolk, VA)

* ABA Designated Burn Center: http://www.ameriburn.org/verification_verifiedcenters.php

Additional Trauma Triage Information

Virginia Office of EMS Trauma Web page: <http://www.vdh.virginia.gov/emergency-medical-services/trauma-critical-care/>

Centers for disease Control and Injury Prevention

CDC Field Triage Guidelines: <https://www.cdc.gov/mmwr/pdf/rr/rr6101.pdf>

CDC Field Triage PowerPoint: <https://stacks.cdc.gov/view/cdc/23038/Share>

American College of Surgeons – Committee on Trauma

<http://www.facs.org/trauma/index.html>

Western Virginia EMS Council – See Performance Improvement Website Section

www.wvems.org

WVEMS PERFORMANCE IMPROVEMENT PROJECTS FY 20

- General EMS Topic – Review of patients with a positive stroke assessment; which assessment scale was used and destination selected.
- EMS System Topic – Review of STEMI patients; on scene time to 12 lead and First Medical Contact(FMC) to door time
- Trauma Topic – Review of pediatric patients ages 0-6; involved in MVC, were they restrained in car seat and how were they transported from scene to hospital

The above data will use a date range of 1/1/17-12/31/18

Proposed changes to Regional Trauma Triage Plan:

- Page 7 - Added AirLife Virginia to Air Medical Resource
- Page 7 - Moved Wake Forest AirCare from bottom of list to have regional resources listed first
- Page 13 – Changed Lewis Gale Free Standing Location from Salem to Cave Spring
- Page 14 – Added AirLife Virginia to rotary wing services in region in paragraph above personnel
- Page 14 Updated Certification Levels/Provider Count
- Page 14 EMS Agency and Licensed Vehicle count-will be updated prior to publication
- Page 14 – Air Ambulance increased from 3 to 4 to include AirLife Virginia
- Page 15 – Moved Wake Forest to top of list for Burn Resources since they are the closest burn facility to region.

WVEMS / OEMS CONTINUING EDUCATION AUXILIARY COURSE REPORT

Contract #	Agency / Contractor	FIPS	Locality	Type	Contracted CE Hours	CE Hours Used	CE Hours Remaining	Projected Contracted AUX Courses	AUX Courses Taught	Projected Students (20 Students 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 Students per course)	Total AUX Payments Remaining per Contract
FY19-01	WVEMS - Mike	N/A	WVEMS Various Regional	AUX				8	0	160	0	\$0.00		\$0.00			\$9,600.00	\$9,600.00
FY19-02	Roanoke County	161	Roanoke County	CE	33	0	33					\$0.00	\$0.00		\$1,155.00	\$1,155.00		
FY19-02	Roanoke County	161	Roanoke County	AUX				11	7	220	100	\$6,000.00		\$6,000.00			\$13,200.00	\$7,200.00
FY19-03	Roanoke City	770	Roanoke City	CE	33	51	-18					\$1,785.00	\$1,785.00		\$1,155.00	-\$630.00		
FY19-03	Roanoke City	770	Roanoke City	AUX				8	4	160	37	\$2,220.00		\$2,220.00			\$9,600.00	\$7,380.00
FY19-04	Sharon Shinall	121	Montgomery County	CE	66	18	48					\$630.00	\$630.00		\$2,310.00	\$1,680.00		
FY19-05	Eric Newman	067	Franklin County	AUX				3	4	60	5	\$300.00		\$300.00			\$3,600.00	\$3,300.00
FY19-06	Roy Wall	121	Montgomery County	CE	66	0	66					\$0.00	\$0.00		\$2,310.00	\$2,310.00		
FY19-07	James Satterfield	143	Pittsylvania County	CE	33	33	0					\$1,155.00	\$1,155.00		\$1,155.00	\$0.00		
FY19-08	Jeffrey Reynolds	143	Pittsylvania County	CE	66	0	66					\$0.00	\$0.00		\$2,310.00	\$2,310.00		
FY19-09	Jefferson College Health	770	Jefferson College Health	AUX				5	7	100	185	\$11,100.00		\$11,100.00			\$6,000.00	-\$5,100.00
FY19-10	Franklin County Public Safety	67	Franklin County	CE	33	19	14					\$665.00	\$665.00		\$1,155.00	\$490.00		
FY19-12	Henry County Department of PS	89	Henry County	AUX				10	1	200	3	\$180.00		\$180.00			\$12,000.00	\$11,820.00
FY19-12	Henry County Department of PS	89	Henry County	CE	66	0	66					\$0.00	\$0.00		\$2,310.00	\$2,310.00		
FY-19-13	WVEMS - Chris	N/A	WVEMS Various Regional	CE	33	8	25					\$280.00	\$280.00		\$1,155.00	\$875.00		
			FY19 TOTAL		396	129	275	45	23	900	330	\$24,035.00	\$4,235.00	\$19,800.00	\$13,860.00	\$9,625.00	\$54,000.00	\$34,200.00

Updated 01/02/19

WVEMS COMMUNICATIONS WORKGROUP

February 26, 2019

By Group Email Communication

AGENDA

Discussion Topic: Transfer of Assets to Bath County

MINUTES

Participation

Jim Cady, Chair

Rob Logan, WVEMS (staff)

Andy Seabolt, Bath/Alleghany

Jeff Echternach, NSPA

Bob Bruch, Botetourt County

The Executive Director sent the following communication to the members of the Communications Workgroup on February 26:

For the past year or so, I've been in communication with Andy Seabolt in Bath County regarding the transfer of our building, generator and tower on Bald Knob in Bath County to Bath County. The landowner (the Nature Conservancy) is agreeable to transferring our lease to Bath County. If we transfer ownership, Bath County is willing to take over maintenance of the tower, generator and building. In exchange, we will be granted perpetual no-cost colocation rights.

I believe that this is in the best interests of the Council and recommend that we proceed. I would appreciate your thoughts. If you are in agreement, I will prepare a resolution for the WVEMS board of directors to consider at its March 14 meeting.

All members participating agreed that this plan was in the best interest of the Council, and agreed to recommend adoption to the prepared resolution at the March 14 board meeting.

The resolution:

Western Virginia EMS Council, INC.

RESOLUTION

In regular session on March 14, 2019, the board of directors of the Western Virginia Emergency Medical Services Council, Inc. (WVEMS) agreed to transfer ownership of its communications shelter, tower and generator located on Bald Knob, Warm Springs Mountain in Bath County, Virginia to the Bath County Board of Supervisors, for the sum of one dollar, subject to the following conditions:

Bath County will agree to maintain a lease for this site with The Nature Conservancy or any future owner.

Bath County will agree to enter into a perpetual, no-cost colocation agreement with WVEMS, to allow WVEMS to place any radio equipment in the shelter and antennae on the tower that is necessary to maintain EMS and Hospital (HEARS) Amateur radio communication capabilities benefitting the WVEMS region, and particularly the Alleghany Highlands area. This agreement will extend to the current shelter and tower, and to any replacement shelters and/or towers that might be erected at this site in the future.

Bath County will agree to maintain emergency power generator(s) in good operating condition, and to provide emergency back-up power to the WVEMS radio equipment at no cost to WVEMS. Bath County also agrees to provide, at no cost, commercial power for the WVEMS radio equipment at this site.

Bath County will agree to allow access to WVEMS, its contractors and employees to maintain its communications equipment at this site.

Bath County will agree to obtain and maintain any and all necessary approvals from the FAA, FCC and the National Radio Quiet Zone/National Radio Astronomy Observatory for this site. WVEMS is responsible for FCC licensure of its radios at this site.

Bath County and WVEMS will enter into a memorandum of understanding that will memorialize and effect the above terms prior to transferring ownership of these assets. The WVEMS staff is authorized to draft and execute such Memorandum of Understanding on behalf of the WVEMS Council.

ATTEST:

WESTERN VIRGINIA EMS COUNCIL, INC.

L. Joseph Trigg, Secretary

Western Virginia EMS Council, INC.

RESOLUTION

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ATTEST:

WESTERN VIRGINIA EMS COUNCIL, INC.

Jason Ferguson, Secretary

DIRECTORS:	2018				2019				2020			
	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
Allen, Steve	O	X	X	O	X							
Altman, Billy	X	O	O	X								
Cady Sr., Jim	X	O	X	X	X							
Cady Jr., Jim					X							
Coyle, Joe	X	O	X	X	X							
Duffer, Tim	X	O	O	X	O							
Ferguson, Jason	X	X	O	O	X							
Ferguson, William	O	X	O	X	O							
Flora, Richard	X	X	O	O	X							
Guests	1	0	1	2	2							
Harveycutter, Carey	X	O	X	X	O							
Hawkins, Robert					X							
Haywood, Rodney	O	X	O	O	O							
Jefferson, Mike	X	O	X	X	X							
Kelly, Tonya					X							
Lafon, Larry			X	X	X							
Lane, Charles	O	X	O	O	O							
Linkous, David	X	O	O	O								
Logan, Robert	X	X	X	X	X							
Morgan, Anthony		X	X	O								
Muterspaugh, Ryan	X	O	X	O	X							
Paxton, Dwaine					X							
Rickman, Matt	O	X	X	X	X							
Shrader, Kris	O	X	X	X	X							
Simon, Stephen	X	X	X	X	O							
Stanley D.O., Eric	O	X	O	O	X							
Tatum, Matt	X	O	O	O	X							
Taylor, Dallas	X	X	X	X								
Trigg, Joe	X	X	X	X	X							
Tweedie, Valerie	X	X	X	X	X							
Wagoner, J. Dale	X	O	X	X	X							
Wirt, Ford	X	X	O	X	X							
STAFF PRESENT:	2018				2019				2020			
	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
Christian, Mary	O	O	O	X	O							
Christensen, Chris	X	X	X	X	O							
Cockrell, Cathy	X	O	X	X	O							
Dalton, Gene	X	O	X	O	X							
Garnett, Mike	X	O	X	X	X							
McGrath, Sandi	X	X	X	O	X							
Perkins, Kayla					X							

PRESENT = X
DID NOT ATTEND = O
NO LONGER INVOLVED

March 2018 Guests: John Cook - Jefferson College of Health Sciences

June 2018 Guest: None

Sept 2018 Guest: John Cook - Jefferson College of Health Sciences

Dec. 2018 Guest: John Hash - Brown & Edwards ; Jared Klajnbart - Stryker EMS;

Jim Cady, Jr., Robert Hawkins, NSPA

March 2019 Guests: JT Clark - NSPA ; Betty Hale