

RAPPAHANNOCK EMS COUNCIL BOARD OF DIRECTORS MEETING

Board of Directors

August 19, 2015

Board Members Present:

Jack Atkins, Rappahannock County
John Brandrup, At-Large
Mark Crnarich, At-Large
Dr. Jordan Crovatin, At-Large
Scott Davis, City of Fredericksburg
Susan Dietrich, Caroline County
Kevin Dillard, At-Large
Pat Fitzgerald, Westmoreland County
Mark Garnett, Caroline County
Donald Gore, Rappahannock County
Mary Hart, Fauquier County
John Harkness, Orange County
Warren Jenkins, Culpeper County
Maurice Moody, Orange County
Kelly Southard, At-Large
Joseph Sposa, Spotsylvania County
Kirk Twigg, Spotsylvania County

Staff Present:

Margot Moser, Office Manager
Wayne Perry, Executive Director

Excused:

Marianna Bedway, At-Large
David Garvin, King George County
Lori Knowles, Stafford County
David Moody, King George County
Emmett Price, Stafford County
Dr. Tania White, Regional Medical Director

Guests:

Wayne Green, Former Board Representation for Culpeper County
Chris Jett, Assistant Coordinator, REMS CISM Team
Jake Marshall, EMS Coordinator, HCA Spotsylvania Regional Medical Center

The meeting was called to order in the Regional Simulation and Training Center by President Kevin Dillard at 6:58 PM.

Approval of minutes: Minutes for the June 17, 2015 meeting were approved with one correction: the addition of Maurice Moody to the list of directors in attendance.

Public Comments/Presentations from Guests:

There were no public comments.

President's Report—Kevin Dillard

Kevin took a moment to recognize the service of Wayne Green, the now retired volunteer representative for Culpeper County. Kevin thanked him for his eight years of very active service, both on the Board of Directors and the Grant Committee. Mr. Green was presented with a plaque in recognition of his service, and Kevin thanked him, wished him luck, and told him the council will miss him.

Nicole Mabrey, who has filled Wayne Green's position after his retirement, will be our new board member representing Culpeper. She was unable to attend tonight's meeting.

Kevin also brought to the board's attention the Outstanding Young Emergency Medical Responder Award from the Virginia Jaycees. The Jaycees would like to honor outstanding young people between the ages of 18 and 40. Board members were asked to consider whether or not they knew anyone who would qualify. Nominations are due on September 15, and questions may go to president@vajaycee.org.

Grant Committee:

The deadline for RSAF grant submission is September 15, 2015. Kevin reminded the board that if any of their agencies plan on requesting funds for an ambulance, the FARC committee is asking that agencies include the cost of the cot retention system. The updated requirements will specify that ambulances must have this equipment, and the committee is willing to designate funding for this purpose.

Vice President's Report—Kelly Southard

Guidelines and Training Committee:

The committee last met on June 22, 2015, and will meet again on August 26. Nothing to report at this time.

EMS Governor's Advisory Board:

The Advisory board last met on August 7. Several committees were cancelled due to member absences. The quarterly report from OEMS is available online, and Kelly encouraged the members of the board to review it. A link to the document may be found in the staff report.

The American College of Surgeons will be visiting from September 1 to September 4 for the state trauma systems assessment. The group will interview personnel as well as observe the functionality of the state's trauma system.

Kelly received a legislative update about REPLICA. The bill did not make it through the General Assembly, and the Governor's Advisory Board would like to have the Department of Health endorse the bill in order to try again, but they are having difficulty finding a sponsor in the legislature. The Governor's Advisory Board voted unanimously

to adopt a resolution in support of REPLICA. The GAB also asks all agencies, organizations, and localities in Virginia to adopt a resolution in support of the legislation in order to demonstrate the support of EMS personnel and agencies to both the legislature and the constituency. The Office of EMS has produced a draft resolution that may be used as a model and adapted.

Kevin went on to explain that, thus far, the entire EMS system seems to be in support of REPLICA, and encouraged board members to go back to their agencies and localities and encourage the adoption of similar resolutions by relevant bodies there. Kevin would also like the board to consider supporting a resolution supporting REPLICA. Kevin proposed a motion that the board approve a resolution in support of REPLICA to be drafted by council staff.

Motion put forward by Scott Davis, seconded by John Brandrup. Motion carried with unanimous support.

ACTION ITEM—REMS BOD Resolution Supporting REPLICA APPROVED

Secretary’s Report—Mark Crnarich

Quality Improvement Committee:

The committee last met on August 13, and will meet again in November. The committee would like to undergo a name change and be referred to as the “Performance Improvement Committee.” Mark explained that this name is more accurate, as the goal of the committee is truly the improvement of performance, and it does not have some of the more negative associations that come along with “Quality Improvement.”

Members of the board were provided with copies of the fourth quarter FY 2015 QI reports. Mark explained that this was the sort of reporting we were transitioning into, and really trying to improve the efforts of the committee. Mark thanked Margot for generating the reports and crunching the numbers. Mark explained that the Medical indicator for the fourth quarter focused on the assessment of stroke checklist utilization and adherence to protocol. Average reported on-scene time was 13 minutes, and the study is going to continue into the first quarter of FY 2016. For the system indicator, agencies were asked to complete a survey regarding Responding Time Standards. Of the agencies that responded, five indicated that they do not have response plans or responding time standards. Susan Dietrich asked whether that meant they simply do not collect that data, and Mark clarified that, no, they do not have an established standard at all.

The committee had two action items before the board: the Performance Improvement Plan and the Trauma Performance Improvement Plan. Mark explained that the plans underwent a major reorganization, but the committee tried to capture more about expectations, roles, and responsibilities for agencies, OMDs, and the Council. Both plans contain this information. Other changes Mark highlighted include the change of the

committee's name from Quality Improvement to Performance Improvement, an addition specifying that reviews are not intended to be punitive, and that committee focus is on projects measuring how the region performs. The committee also plans to do more than just quarterly assessment cycles on some topics, with the goal being to encourage agency participation and provision of input on indicators. The council is under contract to do these things, and in order to perform these tasks adequately, agencies must participate. The committee is moving towards making this as easy as possible in order to improve compliance levels.

The committee recommends approving the Performance Improvement Plan as presented; no second is required. Kevin asked for questions or comments from the board. Hearing none, the motion was put to the board. Motion carried.

ACTION ITEM—Performance Improvement Plan **APPROVED**

Mark explained that the Trauma Performance Improvement Plan is nearly identical to the Performance Improvement Plan but, by state requirement, we are required to maintain two separate plans. The committee does want to work towards more closely incorporating trauma centers.

The committee recommends approving the Trauma Performance Improvement Plan as presented; no second is required. Kevin asked for questions or comments from the board. Hearing none, the motion was put to the board. Motion carried.

ACTION ITEM—Trauma Performance Improvement Plan **APPROVED**

Treasurer's Report—John Brandrup

John mentioned that the financial statements for the quarter were sent out with the agenda, and asked whether or not anyone had questions. There were no questions from the board at this time.

Finance Committee:

The proposed budget for FY 2016 was distributed to the board (and is attached to the end of this document). John indicated that normally the Executive Committee finalizes the budget, but the timing of the board meeting made full board approval more convenient and appropriate. The Finance Committee recommends adopting the budget as presented. No second is required.

Kevin asked whether there were any questions from the board. Hearing none, the motion to adopt was put to the board. Motion carried.

ACTION ITEM—FY2016 REMS Operating Budget **APPROVED**

John explained that the time has come for the council to have its FY 2015 audit. The auditor we contracted last year will not be performing this year's audit. There are two proposals for the Board's consideration. Pricing includes the preparation of the Council's 990 and the audit of financial statements. The FY 2014 audit cost the Council \$6,750. This year's proposals are \$7,500 and \$7,750. The \$7,500 proposal comes from a firm John is not familiar with, and that does not have experience with Regional Councils. The \$7,750 proposal was prepared by the auditor that performs the Northern Virginia EMS Council's audits. Both estimates are flat fees, expenses included. The Finance Committee felt that even though the one firm was more expensive, they are also more experienced and able to offer an earlier delivery date. The Finance Committee recommends approval of the bid for \$7,750 to complete the Council's 990 and financial audit.

Kevin asked the board members if they had any questions. Hearing none, the motion was put to the board. Motion carried.

ACTION ITEM—Approval of \$7,750 Bid for Audit and 990 APPROVED

John mentioned that the Council facility had an issue with termites seven years ago. PermaTreat recommends retreating every seven years, and quoted a price of \$2,200 for an additional treatment. The Council staff is going to obtain quotes from other firms before a decision is made.

John explained that the Regional Council Designation budgets are coming due, and that Wayne needs to know how much of an increase to request from the Office of EMS for each year. The Finance Committee recommends a requested increase of 5% annually.

Finance Committee moves to approve 5% increase, no second required. Kevin asked whether or not there were any questions or comments. Mark Garnett inquired whether this would be a 5% increases from the localities as well as OEMS. Wayne explained that locality funding requests are determined on a per capita basis, and the 5% increase would be for OEMS only.

Kevin asked for additional questions or comments. Hearing none, the motion to approve the 5% increase was put to the board. Motion carried.

ACTION ITEM — Annual 5% Increase Request in OEMS Funding APPROVED

Kevin explained to the board that years ago, the Council transitioned to a per capita method of determining amounts for funding requests. The rate has been .29 per capita. The Council has struggled to meet obligations, however, because some localities do not fund the council at the full per capita rate. Four districts fund 100% of our request and one funds 99%, but some localities provide significantly less. A complete report of funding from localities for FY 2016 is attached to this document.

Kevin indicated that board members may feel free to call him to discuss this issue; the Council is looking for ways to return the localities to a level playing field. Should the board pursue trying to get those localities not funding the per capita rate to fund 100%, or should the per capita rate be lowered? The lack of funds has put a large strain on staff; REMS staffers have not had a raise since 2008, so the Council needs to find ways to increase funding to retain good personnel and continue good works on the regional level. Wayne added that the staff also has one FT position that is frozen due to lack of funding.

Kevin added that at one point in time, all of the localities were funding REMS at the per capita rate (100% of the requests), but one locality stopped funding the Council and others became frustrated that not everyone was funding 100%. Other localities followed the example and ceased funding the council at 100% of the per capita rate. Kevin explained that when we ask for money, we have to go to the Board of Supervisors who may or may not be familiar with what we do. Kevin also raised the possibility that Chiefs could include the Council as a line item in their Fire and EMS budgets as those agencies understand what we do. The Board of Supervisors rely on advice from the director or fire chief, and including REMS as a Fire and EMS line item would simplify the process; Kevin asked that members who are in a position to do so, take a look at their agency budget and feel free to contact him to talk about it.

John Brandrup reminded the board that he has suggested the idea of a Fundraising Subcommittee. Previously, there has not been much interest from the board, and he encouraged board members to contact him to become involved as a group effort would be more effective than him working alone. This committee would assist with fundraising and coming up with fundraising ideas.

Committee Reports

By-Laws Committee: Donald Gore

No report at this time.

CISM Report: Chris Jett for Patricia Copeland

The team had a meeting last month that was well-attended. The team has been receiving a lot of interest in awareness courses from both the public safety level and the private sector, namely pool lifeguards. The team is working more broadly than originally intended, but it is going well.

The team discussed utilizing Stafford Alert to make team member notifications, which has been approved by Fire Chief Lockhart.

Chris Jett and Patricia Copeland went to King George for their EMS Training Night and presented on Critical Incident Stress Management. Both Chris and Trisha have been invited to teach two classes at the VAVRS conference in September. The team has also been asked to teach awareness courses in Warrenton and Fredericksburg.

The team conducted a CISM Awareness Class for Stafford Search and Rescue Team on June 24 and went on one callout in Warrenton on July 16.

Disaster Committee: Mark Garnett

The Disaster Committee last met on July 7 and will meet again on October 6. The committee is transitioning to a quarterly meeting schedule as opposed to the bimonthly schedule previously followed.

The July meeting was held offsite at HCA Spotsylvania Regional Medical Center. Jake Marshall gave the committee a tour of the hospital's emergency and disaster capabilities which was enlightening and beneficial. Mark explained that the committee would like there to be an educational component to the committee, with topics relevant to members. The Department of Health will be sending representatives to the October meeting to discuss the public/private partnership related to points of distribution carryover model from NOVA.

The committee hopes to be able to evaluate part of the plan against an MCI drill before the end of the calendar year.

Medical Direction Committee: Wayne Perry for Dr. Tania White

The Medical Direction Committee last met on July 20. Representatives from Mary Washington Healthcare attended the meeting, presenting suggested changes to the EMS formulary. The representatives had several requests:

- Reduce the number of benzodiazepines to one. The committee approved this suggestion, and determined that Versed should be the drug used.
- Eliminate Ketamine; the committee did not approve of this suggestion, but agreed that smaller dosage packs would be acceptable.
- Eliminate Etomidate; the committee did not approve this request.
- Reduce the number of analgesics to one; the committee approved, and agreed that Fentanyl should be the drug used.

There are currently shortages of Vasopressin, Fentanyl, and Ativan. The manufacturer of Vasopressin now specifies refrigeration requirements for the drug. This will likely be removed from the formulary given that new constraint.

The use of Naloxone by bystanders was recently enacted through a legislative change. Providers should be aware that citizens can now access and administer this medication nasally. The state medical direction has also approved to add this to the formulary and scope of care at the EMT level. This change in practice will still need to have supporting EMS regulations and ultimately protocols will have to be revised when the state changes EMS regulations.

The committee also discussed the need for each agency to have their own Quality Management process, and not rely on the regional reporting requirement to meet their obligations. The focus of these programs should be performance improvement.

The state Medical Direction Committee met on July 9 and Dr. Feldman went over VCU's burn fluid resuscitation guidelines, which is a modified Parkland/modified Brooks, meaning 3 ml/kg/TBSA instead of Parkland's 5.9ml/kg/TBSA. For EMS, it is best to use the military guidelines, TBSA x 10. For example, a burn of 60% total body surface area x 10 would require 600 ml. Better outcomes have been observed using lower fluid resuscitation, with decreased morbidity/mortality. UVA uses the same method as VCU.

Personnel Committee: David Moody

No report at this time.

Pharmacy Committee: Kevin Dillard for Joey King

The committee last met on August 6 and will meet again on October 10. The committee has been working with area hospitals to develop and include language in restock agreements which is consistent with allowing federal agencies that are not licensed by OEMS to utilize and replace medication boxes as used.

The committee also set an implementation date for the STAT Boxes. Area hospitals will be prepared to implement boxes on September 15, 2015. The boxes will include:

- Albuterol: Two (2) neb bullets at 2.5mg/3mL each
- Aspirin: Four (4) 81mg chewable tabs
- Ipratropium: 0.5mg/2.5mL
- Naloxone: 4mg/10mL
- Nitroglycerin: 0.4mg tabs
- Ondansetron: 4mg ODT tab
- Ondansetron: 4mg/2mL
- Mucosal Atomization Device: One (1)
- REMS Medication Exchange Form: One (1)

The committee welcomed a new member, John Coggins, Pharmacy Director of Mary Washington Hospital.

The committee continues to pursue and reiterate the need for accurate information concerning medication shortages from all hospitals. Information is provided to the Council staff and placed on the REMS website.

Heart and Stroke: Kevin Dillard for Emmett Price

The committee last met on June 3, 2015. The Regional STEMI plan is 99% finished; all that remains is the addition of information regarding TPA capable hospitals (non-PCI interventions).

The committee meets again September 2, and will review the Stroke Triage Plan.
Strategic Planning: Kirk Twigg

The committee made strides in April and May but has had some difficulty scheduling another meeting due to vacations and personal obligations. The committee has been working on the Strategic Plan and have made revisions to bring it to the present tense and it is subject to further comment and development.

Trauma Committee: Dr. Jordan Crovatin and Susan Dietrich

The committee last met today, and will meet again on October 21. The committee does not have a deliverable at this time, and is working on getting revisions to the Trauma Triage Schematic approved by the state.

Staff Report—Wayne Perry

HR/Personnel Updates

- The council continues to use the electronic timesheet program. Details are also now included in the Council's OEMS quarterly report – which is also attached – to identify areas of work and quantities of manpower devoted to specific projects. If you have questions about a specific project or work that we do for your jurisdiction please talk with Wayne.
- We are working on updates/revisions to the personnel policies, which will be presented to the personnel committee now that the insurance piece has been resolved.

Training Center Updates

- We have worked on the partnership with Germanna for several years. They are not able to get SACS accreditation for an offsite program. We are now looking for a different sponsor for the paramedic program, which meets the requirements for CoAEMSP. ALS classes are currently on hold.
- REMS has provided fourteen National Registry test sites so far including one during FY2016 and many have been full some with a waiting list. We have another one scheduled for September 12. We are planning to have at least five per year moving forward.
- Training announcements are listed on the REMS website and Facebook page, as well as provided in updates via social media. Please encourage providers to follow us on Twitter, like us on FB, and check the website periodically.

Events and Funding

- REMS held our 12th annual golf tournament on May 20, 2015. Margot is now working on the 2016 tournament. If you have thoughts or ideas please let Margot know.
- RUW has continued to refer volunteers to the council. We are working with everyone that contacts us to identify projects that they are able to accommodate.
- REMS continues to be on the CFC speaker's bureau and is listed as an agency which can come for meetings and events to speak about non-profits and the function of REMS.

Regional Systems and Programs

- The [NREMT re-certification process](#) is changing! The new process of NCCR 50%, LCCR 25%, and ICCR 25% starts in 2016. The Virginia OEMS CEU categories are changing to match up with the national changes, as previously reported.
- The Virginia Board of Pharmacy has completed and released their Naloxone protocol. This [document](#) provides guidance to pharmacists for the distribution of the medication. The document also refers to the REVIVE program. Here are the [educational materials](#) from the Department of Behavioral and Development Services associated with that program. There are discussions, but at this point there have been no changes to the EMS regulations regarding providers and the use of this medication.
- Spotsylvania has agreed to host an MCI drill for 2015 and the disaster committee is working on the details for the drill.
- Mary Washington Healthcare pharmacy representatives made a presentation at the last medical direction committee. They requested that several medications be removed from the approved formulary. Some of the recommendations were approved by the MDC and others were not. This updated information was sent to the protocol sub-committee to make necessary changes to the regional patient care protocols. Those changes are now being worked on and processed through the pipeline.

Website/Technology

- The new website is up and running, but it is certainly not complete. We have many more things that we would like to get added to the site, but staffing and time is an issue. If you see anything that needs to be updated, please let us know. It is MUCH easier to administer and making changes is fairly simple.
- There are other things that we are also participating in so we have a presence in social media, on YouTube, Twitter, FaceBook, GuideStar, LinkedIn, etc.
- The current on-site server is old and likely won't have service capacity for much longer. We have started the process to upgrade to a new server and they will be delivering and installing it in the next month or so.

Executive Director Update

- Quarterly report from 4Q FY15 was submitted to OEMS with one identified issue. We need to add change the names of the regional patient care protocols to match the new version 3

dataset for VPHIB. The protocol sub-committee is working on updating the names – as well as the protocols – to present to the guidelines and training/medical direction committee.

- I attended the National EMS Advisory Council's (NEMSAC) July meeting and the August meeting of the Federal Interagency Committee on EMS (FICEMS). Attached are the agendas from both meetings. If you have any questions about the topics of discussion please let me know.
 - Sleep and rest periods
 - Narcan
 - Data Standardization and NEMSIS
 - EMS Compass
 - Community Health Programs / Expanded role of EMS
 - Changes in CMS reimbursement
 - Active Shooter / Stop the Bleed Campaign
 - EMS Compact legislation

- If you have any feedback or updates on the customer service initiative please let me know. I have not heard of any problems, so I feel confident that the changes that we made are making a positive impact. We did receive feedback at the golf tournament complimenting the staff and reporting that they had received consistent excellent customer service. This continues to be a priority and a standing agenda item for our staff meetings.

- I previously reported that I attended an accountable care community regional meeting through the Virginia Center for Health Innovation. They are still working to establish programs and funding for improving the health of the community under triple aim and other state/local initiative and programs. They have provided some resources as well as sample best practices (prescription food) which can be used once goals have been identified for the community. This is a grassroots program to improve the quality and health of Virginia. If you have any suggestions or questions please let me know. I would like to create a committee to evaluate the needs of the region and provide some strategic directions and goals for programs in this area. Their next meeting is in mid-September. If you haven't already, I encourage you to participate in their requests:
 - They have established a community for each region of Virginia on the VHIN to stay connected and share ideas. If you aren't a member of the VHIN, joining is easy. Download instructions [HERE](#).
 - Once you are logged on, we invite you to tell us what you are working on using the "[Post an Innovation](#)" form located under "Learn".
 - **Help Commissioner Levine build the "Plan for Well-Being" for Virginia.** [Take the Population Health Plan Survey.](#)
 - **Explore the Virginia Atlas of Community Health - <http://atlasva.org/>**
 - **Follow us on Twitter**
 - Virginia Center for Health Innovation: @VAHthInnovation
 - Commissioner Levine: @VDHCommissioner
 - Community Health Solutions: @chsresults

- The World Police and Fire Games was held in Fairfax County VA in June and July. The event was a success, but there were certainly lessons learned and some high-profile events with a fatality at one of the bicycle road races. There is also lots of information on the

website and social media regarding the schedule and outcomes. Here is a link to a “[highlight reel](#)” that was shown at the closing ceremony.

- Regional Director’s Group met earlier this month. A copy of the Office of EMS Quarterly report is available [here](#).
- The following legislative updates were provided by our lobbyist
 - There was a meeting with Dr. Hazel and they are encouraging support for the REPLICA bill. There was also a discussion about the cot/rail system and the funding necessary for that project.
 - There is a patron already available in the House and they are seeking a patron in the Senate. The plan is to take it out of the \$2 that goes to the general fund from the \$4 for Life.
 - There is a proposal from Loudoun County to include volunteers as an opt-in (with localities paying the balance) to add volunteer EMS providers to the services available for CISM. There was a meeting to discuss student athlete concussions and they are working on creating some research to investigate this issue and provide recommendations.
 - There was a meeting with Dr. Trump and the executive director of fire programs.
 - There were a few meetings that were also held regarding the epi-pen auto-injectors. There are versions now available that talk with you, and the cost is upwards of \$800. The FDA has not made this an over-the-counter drug, so a prescription is still needed. Once the script has been filled, the patient will have the device and it will be available for anyone around the patient to use.

Updates from the Office of EMS

Scott Winston

Regional Council Portal Access

- We are in the preliminary phases of planning out the portal access that the regional councils will have. There are meetings scheduled with the information services staff to determine what steps need to occur. Now that the symposium registration and e-gift projects are complete there is more time and resources available to look at this project.
- There is a DRAFT of the components that would be available through the EMS portal. The plan is that any reports that are received monthly, would be available ad-hoc through the portal access. The Office is interested in any feedback from the councils to ensure that they have the information that they need to function.
- Lotus Notes is going away — eventually the council’s access is going to be through the Regional EMS Council Portal.

Marian Hunter

Public Relations

- There are new decals that they would like to have distributed to the public which are designed to remind people about the issue of children left in vehicles. Said decals are available at the council office.

Warren Short

Education

- EMS Symposium is up and running online for registration.
- Call for 2016 presentations is up as well, although the program committee has not yet met. There was already an invitation to all of the OMD's, EC's, and former presenters. If there is someone else that need this notification, please let us know so that we can get the word out to them.
- There are 258 programs scheduled for this year's symposium

Paul Sharpe

Trauma Services

- The VPHIB data set changed, all of the regional protocols need to match the new version 3 data set

Tim Perkins

RDG

- Designation packets are due by October 1. There will be a review over the following 30-45 days, then there will be a compilation of the site review time. The preliminary timeline is to have the site reviews shortly after the February EMSGAB. The proposal will be given to the BOH in time for their return of a decision prior to July 1, 2016.

There was not an update from the rules and regulations division.

The last information that we received was as follows:

- Regulations regarding BOP signatures continues through the legislative process. The regulatory packet has cleared the Governor's office and it was published to the [Virginia Register on June 1](#). There is a 30-day public comment period. ○ Even with the previous regulatory amendments regarding provider signatures it is up to the individual pharmacist at the facility as to what they require for signatures. There is no regulatory requirement, but there are several different discussions depending on the regional variances.
- There have been discussions at NAEMSP with the DEA representatives. The DEA sees the process differently. They see each patient contact as a specific provider-patient interaction. They don't recognize a protocol that covers a group of patients, so there is a potential can of worms that has been opened. The DEA and the Board of Pharmacy has already visited one of the other regions for inspections, but it was potentially in response to a diversion situation. This was also mentioned at the EMS Day on the Hill – simply reporting that the DEA was on Capitol Hill discussing the issue.
- Work continues on the new ambulance standards and there will be an updated document in January 2016. In the meantime, the current KKK standards are set to expire this year. There are some movements among different associations to try to get states to pick a new standard that they are going to use. The states are waiting to see what the new standards will involve and what agencies are available to be considered. Change order 7 has combined all of the standards and there is now a change order 8

which sets forward the SAE standards for cot retention, seats, and equipment retention. It will likely become effective July 1 of 2015. Any agency that provides a grant application for a vehicle needs to make sure that all of the new standards are included in the quote.

After Wayne's staff report, Kevin addressed the board, reminding members that Ebola is still an active issue. Two suspected EVD patients have been transported in the last thirty days. One from Prince William to MCV, and another from NOVA to MWH. Wayne added that the Health Department has roughly 100 individuals under monitoring in the state and region.

The National EMS Memorial Service held its last service in Colorado Springs, honoring 15 providers. The Chancellor Honor Guard travelled out to Colorado Springs to collect the Tree of Life. On their way back to Virginia, they stopped and set up displays in Kansas City, KS; St. Louis, MO; Louisville, KY; Charleston, WV; and Roanoke, VA. The Honor Guard arrived at LifeCare on July 15, where an official arrival ceremony was held.

All of the items associated with the memorial service are currently being stored at LifeCare. Kevin mentioned that Chief Lockhart of Stafford County asked if he could display some of the Tree of Life boards in the Stafford Public Safety Center. If anyone else wants to do that, please let him know. Next month the National EMS Memorial Service's Board of Directors is meeting in Arlington to make final decisions regarding where it will be held. Kevin anticipates the service being held in Northern Virginia, as the National EMS Foundation is working with Congress to get land donated for a permanent memorial in Washington, DC and talks are progressing well.

Adjournment: The meeting adjourned at 7:46.

Next Meeting: The next meeting will be held at 7 PM on October 21, 2015, at UVA Culpeper Hospital. Dinner will be served at 6:30.

Category	(All)
Type	Revenue

Sum of FY16 Budget		
Budget	Program (Class)	Total
Community Outreach	9-1-1 for Kids	\$1,624.67
	Newsletter	\$2,000.00
Community Outreach Total		\$3,624.67
Regional Coordination	Planning	\$87,732.07
Regional Coordination Total		\$87,732.07
Regional Infrastructure	CISM Team	\$0.00
	Facility	\$236,322.36
Regional Infrastructure Total		\$236,322.36
Regional Testing	Consolidated Testing	\$68,466.70
Regional Testing Total		\$68,466.70
Training and Education	ALS Refresher	\$1,600.00
	ALS Release	\$0.00
	BLS Refresher	\$800.00
	CICP	\$0.00
	Consolidated Testing	\$0.00
	EMS Degree Program	\$2,500.00
	EMT-B	\$42,860.24
	EMT-E	\$0.00
	EMT-I	\$127,638.92
	EMT-P	\$91,053.92
	Facility	\$0.00
	Merit Badge	\$2,500.00
	National Registry	\$18,000.00
	Recertification - ALS	\$7,095.56
	Recertification - BLS	\$6,255.56
	Services	\$600.00
Training and Education Total		\$300,904.20
Grand Total		\$697,050.00

Category	(All)
Type	Expense

Sum of FY16 Budget		
Budget	Program (Class)	Total
Community Outreach	9-1-1 for Kids	\$250.00
	EMS Week	\$2,000.00
	Newsletter	\$1,500.00
	Personnel - salary	\$23,071.36
Community Outreach Total		\$26,821.36
Regional Coordination	ALS Release	\$35.00
	BOD	\$100.00
	Equipment	\$192.00
	Operations	\$200.00
	Personnel - salary	\$63,042.08
	Planning	\$9,419.03
	Regional Awards	\$750.00
	Services	\$600.00
Regional Coordination Total		\$74,338.11
Regional Infrastructure	CISM Team	\$600.00
	EMS Week	\$2,036.00
	Equipment	\$4,648.15
	Facility	\$72,270.44
	Personnel - benefits	\$42,647.29
	Personnel - equipment	\$920.00
	Personnel - insurance	\$2,505.00
	Personnel - operations	\$18,036.85
	Personnel - salary	\$65,154.88
	Services	\$13,850.00
Regional Infrastructure Total		\$222,668.61
Regional Testing	Consolidated Testing	\$24,810.00
	National Registry	\$12,500.00
	Personnel - salary	\$34,566.04
Regional Testing Total		\$71,876.04
Training and Education	CICP	\$0.00
	Consolidated Testing	\$85.00
	EMS Degree Program	\$13,926.14
	EMS Week	\$250.00
	EMT-B	\$13,307.10
	EMT-I	\$11,906.82
	EMT-P	\$9,544.50
	Equipment	\$0.00
	Facility	\$111,137.15
	Merit Badge	\$0.00
Personnel - benefits	\$2,439.17	
Personnel - insurance	\$605.00	
Personnel - operations	\$20,455.85	
Personnel - salary	\$117,031.24	
Recertification - ALS	\$234.36	
Recertification - BLS	\$423.55	
Services	\$0.00	
Training and Education Total		\$301,345.88
Grand Total		\$697,050.00

Jurisdiction	Per-Capita Request	Amount Provided	Percentage
Caroline County	\$ 8,549.00	\$ 8,453.00	99%
Culpeper County	\$ 13,985.00	\$ 13,985.00	100%
Fauquier County	\$ 19,578.48	\$ 8,500.00	43%
Fredericksburg, City of	\$ 8,500.00	\$ 7,040.00	83%
King George County	\$ 7,093.00	\$ 4,782.00	67%
Orange County	\$ 9,902.00	\$ 9,902.00	100%
Rappahannock County	\$ 2,197.00	\$ 2,197.00	100%
Spotsylvania County	\$ 36,411.00	\$ 12,000.00	33%
Stafford County	\$ 39,191.00	\$ 12,955.00	33%
Westmoreland County	\$ 1,050.00	\$ 1,050.00	100%
TOTAL REQUEST	\$ 146,456.48		
TOTAL RECEIVED	\$ 80,864.00		
DEFICIT	\$ (65,592.48)	9.4% of proposed FY16 budget	
Overall Percentage	55%		