

## **RAPPAHANNOCK EMS COUNCIL BOARD OF DIRECTORS MEETING**

Rappahannock EMS Council Regional Training Center / Adobe Connect

Wednesday, April 15, 2020

### **Board Members Present:**

John Brandrup, At-Large  
Mark Crnarich, At-Large  
Scott Davis, City of Fredericksburg  
Susan Dietrich, Caroline County  
Kevin Dillard, At-Large  
Pat Fitzgerald, Westmoreland County  
Mark Garnett, Caroline County  
David Garvin, King George County  
Mike Grubb, Spotsylvania County  
William Harrington, Spotsylvania County  
Phyllis Hurlock, Culpeper County  
Mike Jones, City of Fredericksburg  
Lori Knowles, Stafford County  
Fred Messing, At-Large  
David Moody, King George County  
Maurice Moody, Orange County  
Nathan Mort, Orange County  
Louise Rollins, At-Large  
Dr. Tania White, Regional Medical Director  
Joseph Williams, Fauquier County

### **Board Members Excused:**

Jack Atkins, Rappahannock County  
Donald Gore, Rappahannock County

### **Board Members Absent:**

RJ Arft, At-Large  
Mary Hart, Fauquier County  
Jeffrey McClure, Stafford County  
William Ooten, Culpeper County

### **Staff Members Present:**

Margot Moser, REMS Office Manager  
Wayne Perry, REMS Executive Director

### **Guests Present:**

Allison Balmes-John, Public Information Officer, Rappahannock Area Health District, VDH  
Wendi Lane, Local Health Emergency Coordinator, Rappahannock Area Health District, VDH  
Dr. Joe Saitta, Public Health Coordinator, Virginia Department of Health  
Dr. R. Stern, Interim Health Director, Rappahannock Area Health District

### **Call to Order:**

The meeting was called to order by President Kevin Dillard at 7 PM at the Rappahannock EMS Council Regional Training Center and online via AdobeConnect. Kevin thanked Mountain View Rescue Squad and its President Jimmy Raines for originally agreeing to host the meeting before circumstances changed.

### **Approval of minutes:**

Minutes for the February 19, 2020 meeting approved as presented.

## **Public Comments/Presentations from Guests:**

Kevin introduced Dr. Donald Stern, the Interim Health Director for the Rappahannock Area Health District. Dr. Stern gave an overview of the current situation with COVID-19 and how it is impacting Planning District 16. There were 200 cases as of the date of the board meeting in PD 16; these are laboratory samples that turned positive that were reported to the health department. The actual number is probably closer to 1,000. There are around 6,500 in Virginia with 195 deaths statewide. Case numbers are highest in Stafford County, most likely due to its proximity to Northern Virginia and the density of population. Spotsylvania County is second highest. These counties also have many residents that commute to Northern Virginia or DC.

While SARS and MERS, also corona viruses, were contained, COVID-19 has spread more rapidly because it is very virulent and easy to spread. 80% of cases are mild or asymptomatic; around 5% will experience sudden respiratory failure. Nationwide there have been less than 75 deaths of individuals under the age of 40, but the virus poses a challenge to the immune systems of the elderly.

We do have community-wide spread in our region and statewide spread in Virginia. At this point, we cannot draw linkages between cases except for cases within immediate family or cohabitants. The government has implemented extreme social distancing measures, but the local public health strategy has been to identify cases, investigate those cases, identify their contacts, and quarantine their contacts. The district health department has been organized under incident command and operational focus is case management and contact tracing. A call center is being operated, public relations and communications services provided, and long-term care facility pre-incident plans are being developed.

There is a wide prevalence of this disease, and the message for EMS is that it is impossible to know who may have this disease. The state health commissioner is allowing the release of positive case information to local governments, but so much of the disease is asymptomatic or mild that it is reasonable to prescreen all patients and then proceed with appropriate PPE. Regarding decisions about whether or not to transport the questions are: is this person over 40 years of age and do they have an underlying illness that causes them to be compromised? Agencies should be more likely to transport someone over forty or with an underlying chronic illness. There can be rapid movement from the viral phase to the inflammatory response phase; there is an excessive immune response that causes tissue damage that then further compromises pulmonary function and patients can quickly succumb to that and die.

Regarding Fit Testing: Dr. Stern recommends each EMS crew follow their own protocols or check with Gary Brown at OEMS.

People are currently not going to the hospital as they should. People who have the disease and those who do not; those with COVID-19 are delaying going to the hospital and those in high-risk categories should be encouraged to go to the hospital. Emergency Room traffic is down in general. The decrease in traffic and recreation are part of this, but

people are also fearful of going to the hospital and picking up the virus. People should be encouraged to go to the hospital as needed because hospitals are trained in infection control. People who have a stroke or MI should not be delaying their treatment due to the possibility of exposure to COVID-19.

If EMS workers have transported a patient who is either COVID-19 positive or a Patient Under Investigation, the agency will be contacted by Occupational Health from Mary Washington or Stafford Hospital. Risk assessment should be performed with the workers (appropriate use of PPE, type of exposure before and during transport) and Mary Washington Health and Wellness will advise regarding infection control or follow up and advise whether to return to work or quarantine at home. Spotsylvania Regional calls the Infection Control officer with the agency and give the name and date of exposure and the local EMS agency is to do the rest.

Kevin asked Mark Crnarich to review information regarding call volume locally and the data supports Dr. Stern's assertion regarding the decrease of patients seeking transport from EMS. From 2019 to 2020, there is a 10% decrease in incident transports across the board. This does seem to correspond with the increase in concern regarding COVID-19.

Lori Knowles asked Dr. Stern about what should be done if an EMS provider has "household contact" with a COVID-19 positive patient. According to code, self-isolation for 21 days is required. The Virginia Department of Health has indicated, however, that he is to be isolated for roughly fourteen days. Dr. Stern said the concept is that the technician's risk begins from the time in which he's last exposed to the person who has tested positive. If he or she is living with someone infected, the infected person may continue to be infectious. The 21 day guidelines are most likely to apply, but Dr. Stern is going to look into it and advise.

Kevin thanked Dr. Stern and his team for their presence and the hard work they are doing during this time.

### **President's Report—Kevin Dillard**

Some comments were relayed to the Council regarding patient transport; there have been rumors regarding EMS telling people not to go to the emergency department, or that one emergency department is accepting COVID patients only. Some of these were transferred by HealthLink – some patients have said that they called EMS and were refused transport. There was an article on the front page of the Free-Lance Star about people being concerned about going to the Emergency Department due to COVID-19 concerns. We have been asked by Mary Washington Hospital to assist in quashing these rumors. We need to ensure anyone who needs to go to the emergency room is going.

The National EMS Memorial Service has been cancelled for this year. Kevin participated in a conference call with Senator Warner who announced he is well aware of PPE challenges and he has personally reached out to some domestic and international suppliers to obtain additional PPE. He is working with state police to use

their seven service areas as possible distribution points for additional PPE the state may receive.

#### Grant Committee:

The grant deadline was extended from March 16 to March 23 in order to allow agencies additional time. The REMS region did receive five grant submissions for the 2020 spring cycle. The committee will be meeting on April 22 at 3 PM by conference call to review the grants; the state FARC will meet on June 12 to make funding recommendations.

#### Regional Office of EMS Update:

We received 15 applications for the Program Manager position; five applicants were interviewed via teleconference. During this time, however, the Governor put a freeze on state positions so an offer may not be made to the selected candidate until the Governor removes the hiring freeze.

**Secretary**—Mark Crnarich

#### Performance Improvement:

The committee will meet again on May 14.

**Treasurer's Report**—John Brandrup

#### Finance Committee:

The auditor finished the draft audit and some changes and improvements have been suggested, but we are still waiting for the final audit. Locality budgets cycles seem to have been postponed across the board.

#### Guidelines and Training Committee:

The committee met briefly and discussed the charter for the committee and this has been approved by the committee and implemented.

### **Committee Reports**

CISM Team: Kevin Dillard for Patricia Copeland

The team held several meetings and workshops. They've added a new team member, Frank Flemming from Spotsylvania Sherriff's office. They've had 17 activations since the first of the year, and their next meeting is on May 11.

Medical Direction Committee: Dr. Tania White

Dr. White wanted to briefly touch on some notes she's taken in her time in the Emergency Department with these COVID patients. All patients must be assumed COVID positive, including all providers. When working with people in close-proximity and you're not wearing appropriate PPE you could be infecting yourself because of the timeline we have when people are asymptomatic and viral loading is occurring.

Having dealt with so many of these patients, Dr. White realizes that many are not presenting as one would expect them to present: some patients are coming up with belly pain or diarrhea as chief complaint, but their oxygen levels might be at 70-80%. They do crash fast – previously it was thought that patients should be intubated quickly. Now there is more emphasis on the use of nasal cannula and non-rebreathers. Dr. White cautioned about the use of neb or bypass treatments, especially in a closed environment.

If you do have to intubate unresponsive patients, COVID patients will have a swollen, irritated airway. Encourage patients to drive themselves in if possible.

Dr. White addressed Lori Knowles' question: Mary Washington Hospital is working hard on getting antibody tests, and once a provider is able to take and show positive for the antibodies, he or she is ok to go back to work.

Personnel Committee: Chief David Moody

Regarding the Program Manager position interviews: there were fifteen applications and Kevin and Chief Moody represented the Council on the interview panel. On April 1 and 2 the interviews were held, the selection team did choose a top candidate and then, of course, found out about the hiring freeze. Chief Moody asked Scott Winston about this freeze and he feels comfortable that they would have a special exception due to the nature of the position, but we have not heard any further. There are two Program Manager positions – ours and that at Blue Ridge. Hopefully the positions will be announced sooner than later. Any additional conversations regarding benefits, etc, with any of the current REMS employees until the next steps in the process have been determined.

Strategic Planning: Fred Messing

Fred has no updates regarding the committee in specific, but extended his thanks to providers in this time as a member of the community.

Pharmacy Committee: Kevin for Joey King

No action items; the committee is working to update the charter.

### Heart and Stroke Committee: Lori Knowles

The committee met on March 4; the charter is being updated and they are working to update the committee list and she will be sending names to Kevin shortly. The next meeting is in June.

### EMS Advisory Board: Lori Knowles

The EMS Advisory Board meeting was cancelled by the Governor; nothing to report.

### **Staff Report**—Wayne Perry

#### HR/Personnel and Funding Updates

- The council continues to use the electronic timesheet program. Details are also now included in the Council's OEMS quarterly report 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.
- The Council was advised by the Office of EMS that Council personnel were expected to move to remote work. This transition occurred on April 1. The biggest change is that there is no regularly scheduled office hours, so please let us know if you need to come in.

#### Regional EMS System

- Kevin mentioned that the regional awards program is being streamlined and that there are some changes to the awards. The administrator award will now be a leadership award, and a traffic management award is being added. The council is seeking nominations throughout the year and currently accepting applications for 2020. If you have someone who would be a worthy candidate, please e-mail Vivian at vdelts@vaems.org. The Regional Awards ceremony will be held June 16, 2020 at the John F. Fick Conference Center. Changes to the date have not yet been made.
- The RAHD is performing a community health assessment in advance of creating a community health action plan. The REMS Council attended the initial planning meeting and will be participating in the process, but it is currently on hold due to the current COVID-19 issues.
- The Council issued a temporary COVID-19 protocol: one piece is a temporary alteration to the protocol for treating respiratory patients in order to decrease potential for exposure. This has been sent to the board members and posted to the website. Please contact Wayne with any questions.
- We have sent out and posted several updates on the novel Coronavirus. We have been in communication with the RAHD and are following the recommendations from the state, CDC, and WHO. Several documents and recommendations are available in the drop box.
- The FBI has issued a public safety announcement regarding cyber actors taking advantage of the COVID-19 pandemic. In addition, Virginia Fusion Center

announced the creation of a Virginia Coronavirus Fraud Task Force (see Drop Box) and has continued to provide multiple updates, including scams and various nefarious events related to COVID-19:

- Fictitious websites providing inaccurate or false information on COVID-19
- Text messages and robocalls offering home testing kits and cures
- Increased cyber activity related to an increased presence of teleworking and employees accessing work networks remotely.
- Phishing campaigns impersonating government agencies and officials
- Calls and e-mails regarding federal grants and stimulus payments in exchange for financial information
- Interactive maps showing the spread of COVID-19 imbedded with malware that steals personal information
- Ransomware applications that seize control of phones and demand payment for unlocking them
- Intentionally coughing on people and products claiming to have been exposed to COVID-19.
- Suspicious fires at numerous domestic and international cell phone tower sites, perhaps in attempts to disrupt infrastructure.
- Suggestions and information on attempting to make more secure a home working environment is included in the DropBox.
- Concerns that private networks are at risk due to employees working remotely and not being at the work site. As of April 8, Advanced Persistent Threat Actors had compromised 40 US Domains Using Telerik Vulnerability.
- There is also a concern that domestic violent extremists will capitalize on the disruption and altered activities related to COVID-19 to incite or engage in violence. Please encourage your staff and employee to remain vigilant. In one jurisdiction, the school district has agreed to provide some nurses 24/7 – they may be used to set-up a call center for handling overflow or telephone triage of calls if volume increases. May be a resource for other jurisdictions as well.
- Currently, MWHC is only using Quest and Virginia DCLS for testing. Tests are being prioritized, but the turnaround is still 7-10 days. MWHC is adding loss of smell as a symptom for the COVID-19 screening tool. Any single positive screening item will trigger a response from the hospital
- The hospital supply of sani-wipes at MWHC is “fragile” and they are monitoring the use and distribution of sani-wipes. You may have to ask the charge nurse for supplies as additional measures are put into place. Encourage agencies to look at alternatives such as using bleach or the Dahlgren decontamination procedures.
- One jurisdiction is sequestering a complete shift – they are working 48 on 48 off and not running any calls. This will be the “clean crew” that will be available at the end of the pandemic.

## Training and Program Updates

- 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.
- REMS has provided 31 National Registry test sites – We are holding off on scheduling dates for CY 2020 based on the COVID-19 situation
- Given the current state of affairs and all of the activity and stress related to COVID-19 we encourage agencies to re-affirm their efforts to support the mental health and wellness of their employees. The CISM team has provided documents on stress management and resilience, which are available in the DropBox. The Council also continues to offer Stress First Aid training. Please contact Wayne to schedule.
- The 12th Annual Stroke Symposium is scheduled for June 26, 2012 – flyer in the DropBox
- The Council is interested in partnering with agencies on stop the bleed courses. If you have personnel or events, please let us know; we have training equipment and supplies.
- The REMS Council has partnered with the Virginia Center on Agency, Geriatric Education Center at VCU with plans to provide EMS providers with POST, DDNR, and end-of-life education.

## EMS at the National Level

- The national database for sentinel and near-sentinel EMS events is up and ready to receive information. There is information about the E.V.E.N.T. program in an attachment on the e-mail and the reports are accessible through the REMS Council website as well. The 2nd quarter 2018 Patient Safety Report and Violence Against Paramedics Report is published on their site, the link to the Third Quarter Patient Safety Event Report is in the online Staff Report.
- CoAEMSP has issued a statement and answered FAQ regarding COVID-19 which is available online.
- The NAEMT annual report is also now online. Earlier this year, AEMT conducted a survey of members to understand what agencies were doing to prevent and respond to acts of violence against their personnel. The results of this survey have just been published in the NAEMT National Report on Violence Against EMS Practitioners. This report provides a very clear picture of this ongoing challenge and provides recommended actions that EMS agencies can take to protect and support practitioners.
- CMS has updated their position and EMS can now be reimbursed for transport to alternative destinations. They have but the ET3 program has been suspended given all of the pandemic issues, however. The Office of EMS has issued a white paper regarding transport to alternate destinations that has been shared on the REMS website.
- FEMA has announced information on the stabilization of the supply-chain regarding PPE.
- The April NEMSAC and FICEMS meetings have been cancelled.



- H.R. 1309 (Workplace Violence) passed in the House of Representatives on November 21. It's now moved over to the Senate for action.
- The NHTSA Office of EMS has published the EMS Agenda 2050 and the Education Agenda for the Future. This document portrays a vision for the future of EMS along with companion documents of the updated National EMS Scope of Practice Model and the National Model EMS Clinical Guidelines. These documents will be woven into the regional committee structures as well as the strategic planning moving forward.

### EMS at the State Level

- A link to the latest VPHIB data submission and validity score reports, including agency compliance with VPHIB data reporting, is included in the staff report.
- The JLARC findings/report for the Virginia Worker's Compensation System and Disease Presumptions is available for review.
- OEMS has concerns that some agencies are not yet compliant with data submission requirements through VPHIB. The deadline for compliance is June 1; if any agency is not compliant for any reason, OEMS will begin issuing citations.
- Opioid data reports for January and February are available in the Drop Box
- Our next regular RDG meeting that was scheduled for the beginning of May has been cancelled due to the Executive Order from the Governor. The meeting minutes from our last meeting are available in DropBox. A copy of the last Office of EMS Quarterly report is included in dropbox and previous reports are available online.
- The healthcare collation has shared some interesting lessons learned from some of the long-term care facilities that have been impacted by the COVID. These documents are in the Drop Box.
- The legislation on PTSD probably won't take effect until 7/1/2020, the GA have members in quarantine in a number of areas.
- Regarding HB 1414 – a transportation bill that was passed: on line 2655 begins the section where the \$4 for Life funding is located. Paragraph 13 is the section it is in. The very first part is the reduction in registration fees. So far no effect on \$4 for Life funding.
- The REMS Council is participating on the Medical Direction Committee – MIH-CP workgroup; the next meeting is TBD as the March 2020 meeting was cancelled due to COVID-19. Previous meeting minutes are available online.
- There is a synopsis of the State EMS Advisory Board retreat meeting that was held in Richmond on September 16-17, 2019 available in the DropBox.
- The meeting minutes of the various state committees are available online.

### OEMS Updates:

- The REMS Council participates in a weekly conference call with OEMS and other stakeholders to share information related to the COVID-19 pandemic. Keep in mind this is a rapidly changing and evolving situation. Everything is very fluid and subject to change, but here are some important pieces of information that have been released.
- Karen Owens is the POC for ANYTHING related to COVID-19. If the request or question involves another department, such as ACE or regulation and compliance, she

will coordinate that communication and provide a collaborative response. Please direct anyone with questions for OEMS to Karen Owens.

- By order of the Governor, all K-12 schools have been closed effective Monday March 16 for a period of no less than 2 weeks.
- All state employees have been directed to cancel all out-of-state travel.
- Until the state of emergency is lifted, the policy for OEMS is to have no face-to-face meetings. As such, the upcoming medical direction, training and certification, and other scheduled meetings in March and April have been cancelled.
- OEMS will be providing updates and information on their website and creating a dedicated COVID-19 website. You can access information on PPE, decontamination of equipment and personnel, and other facts and figures related to COVID-19 on the new website. Please refer to this resource for additional information. Links on the COVID-19 website for OEMS are live links. This means that providers should be returning to these links to receive updates that are being made from the source (e.g. CDC, VDH, etc) and there will be new information available day to day. The next regular RDG meeting will be at the beginning of May. The meeting minutes from our last meeting are available in DropBox. A copy of the last Office of EMS Quarterly report is included in dropbox and previous reports are online.
- Budget information for the Virginia Office of Health and Human Resources is available for review.
- The REMS Council is participating on the Medical Direction Committee – MIH-CP workgroup; the next meeting will be March 2020. Previous meeting minutes are available online.
- The meeting minutes of the various state committees are available online.
- All EMS certifications that are scheduled to expire March 31 AND April 30, 2020 will be automatically extended to June 30, 2020.
- The NREMT is automatically extending any EMS certification that is scheduled to expire March 31, 2020. The new expiration will be June 30, 2020.
- Effective Monday March 16, 2020, all psychomotor skills testing in Virginia will be suspended. There will be NO CTS or NREMT testing scheduled through the end of April 2020. Testing deadlines will automatically be extended and program directors with courses close to completion will NOT need to apply for a variance. If you have any questions, please e-mail the ACE division.
- Given that access to clinical sites for students is going to be impacted, the NREMT is meeting with CoAEMSP to discuss the access of clinical sites. As of April 10, CoAEMSP has approved the use of simulation contacts for everything up to and including the terminal competency team leads. If you have students who are impacted or forced against a deadline, please have the program director contact OEMS for guidance.
- All OMD certifications due to expire between now and June 30 will be automatically extended to December 31, 2020.
- All agency inspections scheduled for or planned through June 30 have been postponed and agency expiration dates will be automatically extended to December 31, 2020.
- One council region reported that hospitals in their region have been refusing to re-supply PPE to EMS workers. If you encounter this in our region, please advise the REMS Council office so that we can address the issue and pass it up the chain to Richmond.

- The request for access to the SNS was approved and there is a distribution plan which has been implemented involving the regional EMS Councils. These supplies are ONLY available for licensed EMS agencies in the REMS Council region. We cannot provide them to fire or law enforcement personnel.
- Neither REMS nor OEMS is conducting any in-person meetings.
- Several questions have been asked about how providers will be notified if they are exposed to a COVID-19 positive patient. OEMS has provided the name and contact information for each agency super user, chief officer, and DICO listed in their records as of midnight on March 19 to each of the health districts.
  - This is the method that health department are using to reach out with a positive test result for COVID-19. If you are aware of any changes to this contact information, please notify the REMS council ASAP.
  - As for the procedure that the health department utilizes, it is exactly the same as any other infectious disease exposure. Once a positive finding is known regarding a patient, the hospital will notify the health department (COVID-19 is a reportable disease) and the health department will notify the EMS agency.
  - The only gap in this system is non-agency personnel who are potentially exposed. For example, if there was law enforcement or a fire-only agency on the scene with the patient who could have been exposed. This is why we have recommended that agencies keep track of all providers and non-providers who were involved in the call.
- Per the regulation and compliance division, the state of emergency does slightly relax the enforcement of regulations. However, it is not a free-for-all and the regulations do still exist.
  - As for agency inspections, there will be extensions and no agency inspections will occur during the state of emergency.
  - However, once the emergency is done, the program reps will return to agency inspection and begin re-scheduling.
  - This doesn't mean there WON'T be any inspections until December. They will resume after the state of emergency is cleared.
- REPLICA is in effect – if you know of an agency that wants to bring in EMS providers from another REPILICA-compliant state they will need to contact Ron Passmore at OEMS. He can provide them with the appropriate paperwork to implement this process.
- NREMT reports that they have about 60,000 people who haven't yet recertified and are due soon. There will be no fees for re-testing or expirations that occur during COVID-19. NREMT is working with the Pearson Professional Centers to try to have them re-open for testing of healthcare workers (including EMS). More to come if this is able to occur. NREMT was already planning to implement remote proctored testing in the next year or so. They have increased the priority and timeline for this process and there MAY BE an option coming for cognitive testing outside of Pearson VUE in the next 2-3 months.
- As a reminder, possession of a physical provider certification card is not a requirement of OEMS. Certifications are maintained online. There have been lots of requests from agencies for updated certification cards with the new expirations. Agencies and providers should be looking online for this information.
- As for current non-paramedic training. Any courses already in the system with a course end date PRIOR to 6/30 may be able to operate under revised guidelines. For example, in an EMT class, all patient contacts can be conducted through simulated patients or with

simulation manikins. There is no mandated clinical or field requirements. Also, all AEMT skills can be done through the lab or simulation center. OEMS is making accommodation and all clinical rotations are exempted, so you can use simulation manikins and standardized patients to achieve these requirements. Ultimately the entry-level competency is to be determined by the OMD and the PD. If there are questions related to a specific training course, the OMD/PD/EC should work with the ACE division at OEMS.

- All current and already-approved courses with an end date of June 30 or earlier will submit an EMS-TR999 form that is validated by OMD and EC. Those students who have met entry-level competence will be marked as psychomotor exempt. This then allows them access to the cognitive exam as it is available from the NREMT. There will be no CTS testing in the remainder of FY2020. OEMS is still working through the other issues, such as those who have tested and not passed. OEMS is currently receiving and processing these forms.
- OEMS has received numerous requests for variance and exception to the online training expectations for CEU. All CEU is available online through EMSAT/TrainVA. All requests for variances and exemptions for the online requirements will be denied. This doesn't mean that you can't provide training online, which may be quite necessary for staff that is quarantined or isolated. However, it will not be eligible for CEU subject to the current requirements of the TPAM. There should be no reason that providers can't meet their CEU requirements with the current availability of options.
- If there are any issues related to image trend support, agencies need to submit electronic tickets through KAYAKO. The staff from this area are working remotely and there is no way to forward the phone lines. Tickets that are submitted online will be addressed; voicemails and phone calls will encounter a delay.
- Trauma center on-site inspections have been suspended – the impacted TC have already been notified.
- OEMS has closed the front lobby and their building is secured so electronic communication is recommended.
- Agencies should be willing to consider alternative sourcing if their normal supply chains are insufficient. For example, Harbor Freight is doing PPE distribution, individuals, nail salons and other commercial businesses are giving up their PPE/surgical masks. Bottom line is that agencies and providers should not be afraid to look into or accept unusual sources or donations.
- Although not an issue outright in Virginia, there have been lots of conversations and discussions surrounding worker's compensation related to COVID-19 exposure. Some agencies and other states have attempted to limit provider exposure by limiting them to a single agency or prohibiting them from secondary employment. There are also some pushback and conversations being had on behalf of the insurance companies regarding being able to verify that the exposure to coronavirus occurred legitimately in the work environment. OEMS is aware of the conversations and following the issue for any aspects that impact the Virginia system.
  - If you have agencies who utilize a private provider for workman's compensation, we encourage them to have conversations with them NOW and prior to any problems. Be proactive to work through any issues and have the conversations before there are any claims that are going to be made.

- The ACE division reported that they did already notify all of the programs who had a class in progress that the psychomotor skills testing requirements would be waived. They have had some programs indicate that they wanted to start new program in order to capitalize on the new process. OEMS won't be approving any courses to begin before the end of April; due to EO 55, OEMS is not able to approve ANY new course requests.
- NREMT was able to get some Pearson Vue sites to re-open. Encourage any providers or agencies who need didactic testing to check the PV website for availability. NREMT is still working on the provisional licensing component; it is still going to happen, but it is "a bit more complicated" than they had originally thought so they are working through the details. OEMS is monitoring and expects to have a provisional licensing process developed in April.
- OEMS continues to receive agency requests asking for physical cards with the new expiration dates. Agencies are able to print out a list of their providers through their agency portals. There is NO NEED to have a physical card in their hand; the website data is updated and accurate.
- As of April 3, Luke is working directly with agencies who couldn't meet the deadline for RSAF. We don't expect to see any special initiatives related to the COVID-19 situations. There is a delay in sending out RSAF payments; everyone is working remotely, so processing paperwork and fulfilling all of the requests in the new process is taking a little bit longer.
- Regarding EMS certification cards that have been mailed out – receiving lots of calls about the June 30 expiration. If you have met the CEU requirements you will be renewed automatically --- providers don't need to do anything different.
- NREMT is leaving it up to the states in terms of when psychomotor skills testing can resume. In Virginia, there will be no testing until the EO is lifted.
- Field print – some of the sites are limited, but there is a paper process if necessary.
- As of March 30 CMS has relaxed the regulatory waivers to allow for alternative destinations. CHATR has created a white paper, which is available in the drop box, to explain this change and provide some guidance on what this means and how it will impact Virginia agencies. This will include urgent care centers and federally approved health centers. Agencies and OMDs need to work together to create transport protocols that ensure the patients are going to the right destinations and that the destination can handle the patient volume. Can't force an entity to accept a patient – very specific to regional services and operations. Federal and State Government have both acknowledged the existence of a public health emergency in terms of liability concerns.
- Still working on some alternate PPE strategies. Some agencies are not able to purchase since they aren't a state agency – if you run into any issues with that, please let OEMS know so that they can attempt to utilize resources that are available through the state.
- Colonial Scientific, for example, will sell to agencies as long as they are registered in EVA. They are only selling through the state portal to ensure that legitimate agencies are receiving the PPE.
- Decontamination and re-use of PPE is only applicable during a crisis situations – still trying to decide when this may be necessary, but at this point – it is not being recommended in Virginia.

- The local districts can inform the PSAP of a known COVID-19 case so that the data can be shared with public safety individuals. If you have any questions, please contact the local health department.
- There are some issues with false negative and false positive testing. There is a process for healthcare workers that have tested positive but are still working due to staffing shortages.
- VDH is now monitoring syndromic factors for their surveillance, and the dataset is increasing in size. OEMS has added the NEMESIS codes for COVID-19.
- CDC has updated their isolation/quarantine for essential workers. Please review the CDC website.
- Computer models used to predict peak needs using hospital data are changing due to increased presence of data. Although there appears to be a change to the height of the curve it is not clear when we will achieve closure. The changed dataset and social distancing appears to have really stretched out the tail.
- There are some agencies that are using telemedicine consults. There is no regulation that requires a patient refusal just because there is no transport. In fact, a refusal should only be used when it is truly a refusal, not when it is a treat and release. If it is a treat and release, use that disposition and document appropriately in the narrative.
- West Virginia has been added to the REPLICA compact.
- VDH is now publishing weekly reports and daily updates to their COVID-19 data website. This information is sortable and live as of 1700 the prior day. Still unclear what the false-negative and false-positive rate is for the testing, and it could be significant.
- The addition of new cases is no longer exponential, so the implementation of ACS has been re-visited; waiting to see a new revised timeline.

**Unfinished Business:**

No unfinished business.

**New Business:**

No new business.

**Adjournment:** The meeting adjourned at 8:11 PM.

**Next Meeting:** The next meeting will be held at 7 PM on June 17, 2020, at Reva Volunteer Fire and Rescue.