

EMS Operations Committee
Agenda
April 12, 2016
1900 hours
DTCI Large Conference Room, First Floor
801 Sycolin Road

1. Call to order
2. Roll Call
3. Approve March meeting minutes (attached)
4. Chairman's Report
 - a. Executive Committee March packet
5. OMD- Dr. John Morgan
6. Reports
 - a. LCFR– DC Jose Salazar
 - i. EMS Billing – Danielle Brosan
 - ii. EMS Training – Bill Toon
 - b. Committee reports
 - i. Communications Committee – Chief Bennett
 - ii. Training Committee-Chief Mino/Chief Aycock
 - iii. SWP Committee-Chief Krone
 - c. EMS Council –Leo Kelly
7. Old Business
 - a. Physio Lease Option Update
 - b. Ambulance Standards Committee
 - c. Medication Security
 - d. Heavy Rescue Service Delivery Workgroup
 - e. Rules of Order (Hall)
8. New Business
 - a. Social Media DRAFT SWP
 - b. Use of Personal Electronic Devices DRAFT SWP
 - c. Awards and Recognition DRAFT SWP
9. Action Items
 - a. Volunteer Physicals SWP

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10. Stakeholders Comments

11. Committee Member Comments

12. Announcements

EMS Operations Committee Minutes
March 8, 2016
DTCI- Large Conference Room
801 Sycolin Road
1930 Hours

Co. 4	Cheryl Aycock
Co. 6	Kevin Piatt
Co. 9	Derrick Bennett/Jay J. Brown
Co. 12	Andrew O'Connell
Co. 13	Anthony Mino
Co. 14	Earl Hall
Co. 15	Byron Andrews
Co. 17	Rodney Krone
EMS Council	Jay J. Brown
LCFR	AC Johnson, AC Tobia, DC Salazar, Bill Toon, Mary Maguire, Danielle Brosan, Christine Langley-Obaugh
OMD	Dr. John Morgan
StoneSprings	Jaime Wolfin
Reston Hospital	Keith Morrison
Inova Loudoun	Jamie Stephens

1. Call to order

Chairman Andrews called the meeting to order at 1939 hours.

2. Roll Call

3. Approve February meeting minutes

A motion to approve the February 9, 2016 minutes was made by Chief Krone. The motion was seconded by Chief Bennett. All are in favor with no opposition or abstentions. Motion carried.

4. Chairman's Report

Chairman Andrews advised that the Executive Committee packet from February was sent electronically for review by the EMSOC. Chairman Andrews will be including the EC packet in electronic form in subsequent months as well.

Chairman Andrews advised that a straw poll vote was called by the EC for a draft SWP on Volunteer Physicals. The draft SWP has been distributed to the EMSOC for review and

feedback. Chairman Andrews stated that this item will be placed on the April EMSOC Agenda for discussion. Any questions should be directed to Chief Tobia or Chief Andrews. To further clarify, this item will be on the agenda for the EC at the April 26th meeting.

Chief Tobia advised that the draft policy does not change current practices at all with the exception of the Volunteer Battalion Chief Program. Chief Tobia stated that there are two FRG's, 3.1.2 relates to NFPA 1582 Physicals and 3.1.3 relates to OSHA physicals for EMS only providers. Both apply to individuals entering the system since April 1, 2011. Parallel to that, Chief Tobia stated we have a Respiratory Protection Program in the County. Chief Tobia elaborated by stating every year those with face pieces intending to enter an IDLH atmosphere are afforded the opportunity, at their discretion, to take advantage of a free physical through INOVA. On the form, individuals can acknowledge that they are only being fit tested to assure they can maintain a seal wearing a face piece or they can ask for a physical. Chief Tobia stated this year, fifty individuals have requested a physical thus the need for the SWP. The SWP outlines the steps of the process for an annual physical. Chief Tobia stated individuals may self-schedule, they may choose a one-time physical or an annual physical. If the individual chooses an annual physical, it will occur during their birth month. Chief Tobia explained that individuals will receive an email two months prior to their birth month encouraging them to sign up for their annual physical. Individuals who are cross trained in a dual role as a firefighter and an EMS provider would be assessed by the incumbent standard as defined in the draft SWP. Individuals who are single role providers would be assessed by the incumbent standard for the EMS only providers. Chief Tobia asserted that beginning July 1, 2016, the SWP would require individuals participating in the Volunteer Battalion Chief Program to get an annual physical. It should be noted, about half of the Volunteer Battalion Chiefs currently receive an annual physical through INOVA or through their employer. Chief Tobia submitted that half of them are part-time instructors in the system and in order to be a part-time instructor in an IDLH environment, one must have an annual NFPA 1582 physical. Chief Tobia pointed out that the leading cause of death among firefighters is cardiac related events within twenty-four hours of responding to or operating on the scene of a call. The second leading cause of death for EMS only providers is cardiac related events. Chief Tobia summarized by stating that the number one way to reduce the likelihood of a cardiac related event is by having an annual physical. Lastly, Chief Tobia stated that it is important to recognize that when an individual requests a physical, several responses may be received regarding the results. The only item that is shared with the Office of Health and Safety is a determination about ability to respond to calls.

Chairman Andrews suggested that a discussion would occur regarding the DRAFT SWP at the next EMSOC meeting. Should anyone have any questions, please forward them to Chief Tobia or Christine.

For clarification regarding clearance, the patient's private physician will need to communicate with the INOVA physician for a return to work to occur. A suggestion regarding a physician form to go with the SWP was proposed.

Again, recommendations from the EMSOC will be taken to the EC at the end of April. Chief Tobia clarified that items can be EC initiated or by the SWP. Additional discussion ensued that included history behind the policy as well as standards, in general.

5. OMD-Dr. John Morgan

Dr. Morgan mentioned the incident that occurred in Stafford County a few days prior in which a toddler was transported in a piece of fire apparatus and the firefighters were subsequently suspended. Interestingly, Dr. Morgan advised that we do not have an internal policy, but there is a State law as follows:

Non-transport response vehicle may not be used for the transportation of patients except in the case of a major medical emergency. In such an event, the circumstances of the call shall be documented.

Dr. Morgan stated in practice, those at the State level do not want it being done except for in extreme circumstances. Dr. Morgan also stated that we have the medical ambulance bus which is not a licensed transport vehicle, but we do use it from time to time.

It should be noted that additional details surround the incident in Stafford County and one should not just rely on what is being reported as the facts have not been widely distributed.

6. Reports

a. LCFR- DC Jose Salazar

Interstate Compact passed through the legislative process. Chief Salazar also advised that EAP services were approved.

Chief Salazar stated a form regarding items in which hospitals re-stock has been sent to the hospital liaisons for consideration. It should be noted that the hospitals do not replace expired items, it is a one for one exchange.

CAD to go live on or about May 24th. Chief Salazar stated that ImageTrend will impact the EMS side and the go live date is scheduled for July 1st. Of course, contingent on CAD integration. Incident numbers, address and times should pre-populate. Chief Salazar also reminded folks to make sure run reports are corrected.

Chief Andrews mentioned the EMS Supervisors Class and the possibility that an opportunity may have been lost for volunteers to participate. Chief Salazar informed

Chair Andrews that he had also heard the feedback, but mentioned this was a first time class.

i. EMS Billing- Danielle Brosan

A memo will be distributed soon explaining the check process. In addition, the memo will contain a highlight key and summary sheet to include definitions which will demonstrate monies received per quarter per company. Additional details can be obtained by contacting Danielle. The initial start-up costs will come out of the Department as a whole. To clarify, Chief Tobia stated that the first year start-up costs were borne completely by DFREM.

Danielle also stated audit sheets for personnel that did not respond will be forthcoming. Danielle stated that the amount of errors has decreased significantly, in fact, almost by 40%.

ii. EMS Training-Bill Toon

Dr. Toon mentioned regarding the Fall and Winter EMT class, only 7 individuals have signed up to take their National Registry written exam (3 from the Fall and 4 from the Winter). If one should receive an email relative to this issue, please reach out to the individual and encourage them to sign up to take their exam. Every effort will be made in the future to do group testing, according to Dr. Toon. It should be noted, a minimum number of students is required in order to do the group testing and the hope is to begin with the Spring EMT class. In addition, there is a fee associated with group testing. Lastly, everyone would need to be bused together as well.

Dr. Toon stated that 41 completed applications have been received with 30 that have been notified that they have been accepted. The remaining 11 have been notified that they have been placed on the official wait list. These students will attend the first six sessions of class which will take them through the module I exam. Dr. Toon explained that if no one has dropped out of the program at that point, then the 11 individuals will be instructed to attend the next program by submitting an additional application. Please note, this is not without expense. In fact, for those 11, the cost per individual for textbooks is \$250. Please also note, credit will not be given for attending the six classes should individuals need to resubmit an application.

Assistant Chief Johnson encouraged folks to complete and return their surveys. AC Johnson also stated that three classes are planned for 2017 to include a summer course.

b. Committee Reports

i. Communications Committee (Chief Bennett)

The March meeting will be held on March 10th. No minutes were received from February. The CAD Demo will be Saturday.

Chief Salazar mentioned regarding PulsePointe, the start-up costs would be \$10,000 and the annual fee for maintenance would be \$3,000. It should be noted this is population based, so as the population grows, so will the maintenance fees. Chief Bennett stated that the EMS Council and Dr. Morgan advised that having a platform in which alerts could go out for cardiac arrests may be beneficial. Chief Bennett said he will be important to determine whether or not we can do this with the new CAD. In addition, costs will be reported back to the Council to ascertain whether or not funding would be available.

ii. Training Committee (Chief Aycock/Chief Mino)

Chief Aycock stated the meeting was held on March 1st and discussion ensued about the prerequisites requirement for fire school. More specifically, students enrolled in classes would not have completed the classes prior to the start of the school. A suggestion regarding an adjustment period for six months was made allowing those enrolled in the prereqs to enroll in the school. Chief Aycock reported that an assurance was given that all prerequisites in the future would be completed in time for school, so overlap does not occur.

Fire School application deadline was extended for one week so that Hazmat Ops results could be posted.

The next meeting will be held on April 5th. Chief Johnson would like participation to increase for this committee.

iii. SWP Committee (Chief Krone)

Chief Krone stated there was nothing to report this month.

c. EMS Council

Jay J. Brown reported that there was not a February meeting.

7. Old Business

a. Physio Lease Option

Chief Salazar reported he is communicating with procurement.

b. Ambulance Standards Committee

Chief Andrews stated he would attend to this matter.

c. Medication Security

Chief Salazar stated they are just waiting for funds to release so the Pilot can begin at Station 13.

d. Drug Bag Policy

Chief Salazar stated there are approximately 12 bags that need to be replaced at about \$300 each totaling \$3,600.

Jay J. Brown stated that there is concern about purchasing the bags out right. Some do not believe it is fair for the money to fund the bags for only a few companies. Chief Andrews believes there are funds available. Discussion ensued regarding the Council process for release of funds and additional projects, in general.

Jay J. Brown suggested using residual funds to purchase the drug bags. Mary Maguire suggested documentation to support the need with the revised data from the EMS Council. Jay J. Brown stated it would be a request to reallocate funds.

e. Bariatric Response Plan

According to the group, Stiles was tasked with putting together a list of resources. Features to units can now be connected. If one would develop Bariatric I, II or III options and define those then we can now associate those with the new CAD to specific unit types so dispatch can dispatch accordingly automatically.

Chief Salazar plans to follow up with Stiles.

f. Autism Risk and Safety Management

Nothing to report.

g. Heavy Rescue Service Delivery Workgroup

Chief Andrews stated he is waiting on a name from 17 and then he will provide the information to AC Johnson.

h. Dispatch Algorithm Workgroup

Chief Andrews stated he received names for consideration.

8. New Business

a. Rules of Order

A draft was received from Chief Hall, however, Chief Andrews has not had time to review the draft. Chief Andrews will plan on reviewing the draft document and will forward it to the EMSOC for review and feedback.

Chief Hall advised that he simplified the EC Rules of Order which resulted in the draft EMSOC Rules of Order.

b. Proposal to remove ER Rotation

Dr. Toon stated he spoke at the last meeting about wanting to move away from hospital clinical rotations and go to a field internship model. Again, students need to be approved to go into hospital settings by doing blood work and obtaining flu vaccines. Dr. Toon stated that this process includes a cost whereby the return on investment is small. Dr. Toon advised that the idea of better preparing students that come from fire companies only is also a consideration with regard to this proposal.

Attached is a schedule that includes the field internship. A minimum of 10 field contacts will be required. Moving forward, Dr. Toon stated he wanted to ensure there was no great opposition to the change. Dr. Toon relayed that the schedule and program could be tweaked, as needed.

Chief Andrews stated he had a concern regarding the instruction, specifically with Incident Command and Hazardous Materials. Dr. Toon agreed that those topics were not necessarily needed and he understood Chief Andrews' concern regarding possible mixed messages. Chief Andrews also relayed a concern about adding a safety component. Discussion ensued regarding infectious diseases and sharps containers. Dr. Toon agreed and advised revisions will be made prior to March 20th.

A motion was made to accept in concept adopting a field internship experience by Chief Bennett. The motion was seconded by Chief Salazar. The motion passed with no one opposed.

Discussion ensued about tours, possibly at StoneSprings. Dr. Toon will follow-up.

c. AVFRD ALS Chase Car

The AVFRD ALS Chase Car has been inspected and it is fully stocked. AVFRD hopes to have a medic unit every night at 22 by the end of the year. In addition, they will also have 5 new ambulances coming over the next 18 months.

d. Volunteer Physicals

Previously discussed.

9. Committee Member Comments

None noted.

10. Announcements

INOVA:

3/30: Pediatric Seizures Class will be held, more information forthcoming

4/21: Cancer Benefit

5/21: Public Safety Education Day at Lansdowne

Adjourn: With no other business to discuss, the meeting is adjourned at 2021.

Respectfully submitted:

Christine Langley-Obaugh, M.Ed., CVA
Executive Liaison



Field Experience Handbook

Emergency Medical Technician

This handbook contains the information needed to complete the field experience portion of the EMT training program. Please read it in its entirety. Should you have any questions, please contact your course coordinator.

I. Administration

Field Experience Requirements

You are required to complete a **minimum of ten patient assessments**, prior to the completion of your Field Experience for EMT class.

- All students completing Emergency Medical Technician course must:
 - Perform 10 patient assessments:
 - A minimum five of these patient assessments must be performed on live patients. These should be performed on an ambulance or in an emergency department or may be completed in a clinic, nursing home, doctor's office, etc.
 - No more than five of the required 10 patient assessments may be performed on standardized programmed patients or advanced simulation mannequins.
 - Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care. (From VA OEMS website 3-3-16).

In addition to the patient assessments, meant to be gained by riding the ambulance to actual calls, and participating in patient care and treatment as a member of the pre-hospital team, it is expected that you will spend sufficient amounts of time in local Emergency Departments during these call experiences, to gain an understanding of the continuum of care, once you drop a patient off at a receiving facility.

Skills

You are only authorized to perform skills listed on the "Release for Skills" form, regardless of any other education, certification, license, employment, or affiliation. This form serves as your authorization to perform skills, and should be brought to all rotations.

In-Station Expectations

During your shifts, between calls, you are expected to complete certain objectives in a variety of topic areas, including but not limited to, practice obtaining vital signs, practice lifting and moving patients, and practice radio communications and patient documentation.



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Approved Field Experience Supervisors

Individual Department Leadership will have a choice in determining Approved Field Experience Supervisors, but at a minimum, these individuals should be locally authorized and released AIC's, preferably experienced, "seasoned" providers.

Paperwork and Evaluations

Students are responsible for ensuring that forms for field experience shifts are completed accurately and in their entirety. Field experience forms serve as the means through which completion of objectives and requirements are tracked and also serve an important role as a quality improvement tool.

For each **SHIFT** (when a student is on duty or is assigned to ride the ambulance for that time period.) students should complete two forms:

1. Shift Report and Supervisor's Evaluation
 - a. Student should list patients assessed on the back of the form.
 - b. Any skills performed can be listed on the front of the form.
 - c. Student should have the preceptor complete the evaluation on the back of the form and sign.
2. Student Self Evaluation and Evaluation of Preceptor/Shift
 - a. Student should complete as soon after the rotation as possible.
 - b. This form serves as a quality improvement tool, and does *not* need to be shared with the hospital staff.

Field evaluations are to be completed by the preceptor, AIC, or senior staff member responsible for supervising your Field experience. **All Shift Report and Supervisor's evaluations must be placed in an envelope and sealed by having the staff member sign over the back of the envelope.** The student self-evaluation and shift feedback form does *not* need to be sealed. Evaluations not signed and sealed, or Field shifts for which not all paperwork has been completed, will not be accepted, resulting in the student not receiving credit for the experience (both hours and skills).



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All paperwork from field experience must be submitted to the course coordinator **at the next class following the shift**. Expeditious handling of paperwork allows your progress to be accurately and quickly tracked and reported.

For any student not meeting the objectives and standards of the program (i.e., receiving less than satisfactory evaluations, failing to progress in skill mastery, etc.), the following actions may be taken by the program:

1. Scheduling a mandatory counseling session with the course coordinator, program director, medical director and/or other instructors or program administrators;
2. Restricting and/or discontinuing all Field training;
3. Requiring additional remedial training;
4. Requiring the student to be evaluated by a panel consisting of representatives from the LCFR EMS Education Program and/or the medical director;
5. Removal of the student from the program.

Dress Code and Behavior

Students are perceived as potential practitioners and representatives of the Loudoun County Combined Fire/Rescue system. Therefore, strict attention to professionalism must be maintained.

While operating in the Field environment, students shall:

1. Wear a watch with a second-hand (or digital readout of seconds).
2. Carry on their person their current driver's license or government-issued identification card, and Loudoun County Fire/Rescue identification card.
3. Have readily available this handbook, including the release for field experience form and copies of the appropriate shift report and evaluation forms. Students are encouraged to keep an adequate supply of blank forms with them at all times.



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Dress for field experience rotations shall consist of:

1. Navy blue uniform pants (not jeans or shorts), black shoes or boots (no open-toed shoes or sandals), and a collared "polo" uniform shirt or button-down collared uniform shirt.
 - a. Students who have not been issued a collared uniform shirt may wear an agency-issued T-shirt, provided it is in good condition.
2. Belt (suspenders are not acceptable in lieu of belt).
3. Loudoun County Fire/Rescue identification card (must be visible).
4. Hair must be worn in a manner that will not interfere with vision or the provision of medical care.

Students not meeting the dress code requirement or acting in an unprofessional or unacceptable manner may be asked to leave by department staff. In certain cases, additional sanctions may also be imposed by the EMT program.

Scheduling

Each Transport Department within the Loudoun County Combined System, will designate an individual to represent them with regards to scheduling of EMT students for Field Experience Rotations. The members of the EMT Class who belong to Transport Companies will work with the individual in their own department to ensure adequate opportunity to complete the Field experience in a timely manner. Those class members who DO NOT belong to a Transport Company, will be offered the opportunity to work with the identified individuals of Transport Companies, to fill in shifts that are available with neighboring departments. Students should ensure that their requested shifts do not conflict with class attendance, or other class requirements.

Maximum Number of Students per shift, per Department

Maximum number of students and shifts available will be determined by the individual designated as the Transport Department Coordinator for EMT students. While several factors may come into play regarding these numbers, it is hoped that all Transport Departments will make every effort to maximize the experience for these students, as they complete these requirements for EMT Class.



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Expectations

For every field experience shift, you should:

1. Report to the assigned department 10 minutes prior to the start of your scheduled time.
2. Check in with the Crew Leader or AIC upon arrival.
 - a. Review the rules and operating procedures of the unit.
 - b. Review objectives and activities to be performed by the student.
3. Assess patients and review histories, review interventions, and need for re-assessment.
4. Observe and participate in department activities as directed by staff.

Students are expected to safeguard all protected health information (PHI) that they come in contact with in accordance with state and federal privacy regulations. Examples of PHI include patient names, addresses, phone numbers, and dates of birth, social security numbers, and medical record/hospital visit numbers.

Should you have any questions regarding the Field Experience aspect of the EMT program, please contact the course coordinator. Questions or issues that arise while at a field experience site should be directed to the course coordinator.

EMS Program Director

Dr. William Toon

William.toon@loudoun.gov

Medical Director

Dr. John Morgan

john.morgan@loudoun.gov

Course Coordinator

Michael McDonald

Michael.mcdonald@loudoun.gov

Office: (703) 737-8291

Cellular: (571) 233-1982



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II. Objectives

All objectives listed below and on the following pages are critical to the performance of an EMT, and should be reviewed multiple times over multiple shifts with the EMT Student during the Field Experience. It is not intended to be a "one and done" event. However, it is only necessary for the student to document at least once having performed each objective under each category successfully, as evidenced by the Preceptor or Supervisor for the shift, prior to the end date for the field experience (June 6th, 2016). This will be documented by the preceptor initialing each individual objective upon completion, and the student and preceptor will both sign on the Objective Completion Form, and this Objective Completion Form will be returned to the course coordinator, prior to sitting for the Class Final Exam.



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VITAL SIGNS

Vital signs are very important diagnostic aids which are taken on every patient. Although taking vital signs can be difficult; e.g. in the back of a moving ambulance, in a noisy or dark environment, with the proper training and a little practice this skill can be mastered. Under the supervision of a preceptor, EMT students may take and record vital signs during their clinical rotations.

OBJECTIVES:

At the completion of this training, the candidate should:

- _____ 1. Know how to assess the pulse rate and pulse quality at two major pulses points.
- _____ 2. Know how to take a blood pressure with blood pressure cuff and stethoscope by palpation.
- _____ 3. Know how to assess respiratory rates and quality of respiratory efforts.
- _____ 4. Know how to assess skin color, temperature, and moisture.
- _____ 5. Know how to assess pupil size, equality, and reaction to light.
- _____ 6. Know how to assess breath sounds.
- _____ 7. Know how to assess a patient's level of consciousness.
- _____ 8. Know how to assess a patient's Glasgow Coma Score.
- _____ 9. Complete a minimum of five sets of vital signs (pulse, BP, respirations, pupil response, skin color/temp, and lung sounds) in a non-emergency situation.



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LIFTING AND MOVING PATIENTS

An important part of rendering care is safely moving a patient to a location better suited for providing care. Moving a patient may also be necessary to get them out of a potentially unsafe situation; e.g., confined space, motor vehicle accident, etc. Equally important to moving a patient safely is your own safety. Lifting and moving patients exposes you to potential back injury so it must be done correctly to reduce your chance of injury. Under the supervision of a preceptor, EMT students may assist in lifting and moving patients during their clinical rotations.

OBJECTIVES:

At the completion of this training, the candidate should:

- _____1. Know proper lifting techniques to protect their back and other muscles from injury.
- _____2. Know proper patient lifting and moving techniques to protect the patient from further injury.
- _____3. Demonstrate how to load and unload the stretcher from the ambulance. (With and without patients)
- _____4. Demonstrate the two and four person carries for stretchers. (With and without patients)
- _____5. Demonstrate when to use the stair chair and how to operate it. (With and without patients)
- _____6. Demonstrate when to use the reeve's stretcher and how to operate it. (With and without patients)



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SPINAL IMMOBILIZATION

Spinal immobilization is a vital part of treatment/care for a trauma patient. Proper spinal immobilization helps prevent further head, neck, and/or back injuries by immobilizing the patient in an "in-line anatomic position"; i.e. flat on their back. Spinal immobilization is a crew effort. Under supervision, EMT students may assist with spinal immobilization.

OBJECTIVES:

At the completion of this skill training, the candidate should be able to assist the EMT with:

- _____ 1. Maintaining proper cervical stabilization.
- _____ 2. Sizing and applying a cervical collar (adult and pediatric).
- _____ 3. Knowing the indications for using a KED and knowing proper application procedures.
- _____ 4. Stabilizing a patient on a long backboard (adult and pediatric).



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OXYGEN THERAPY

Regardless of their certification level, oxygen is the most important medication given by the EMT. Proper airway management and oxygen therapy is an immediate concern for all patients. Under the supervision of a preceptor, EMT students may administer oxygen to patients. As a result, EMT students need to know how to use oxygen equipment, know what the proper flow rate is and know how to use appropriate adjuncts.

OBJECTIVES:

At the completion of this skill training, the candidate should be able to assist the EMT with:

- _____1. Know safety practices associated with working with compressed gases.
- _____2. Know the various oxygen administration devices and when they are used.
- _____3. Demonstrate how to properly apply oxygen administration devices to the patient and adjust the flow rates. This should include both portable and on-board devices.
- _____4. Demonstrate when and how oxygen cylinders should be changed. (Portable and on-board)
- _____5. Demonstrate how to apply and use the pulse oximeter. Review false readings.
- _____6. Know how to assist the ALS provider with application of capnography devices.



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THE AMBULANCE AND PORTABLE EQUIPMENT

The ambulance is both a patient transportation vehicle and a storehouse for both medical supplies and equipment needed in order to render the appropriate care to the many possible emergencies that EMS providers will encounter.

OBJECTIVES:

At the completion of this skill training, the candidate should:

- _____1. Explain how to wash an ambulance.
- _____2. Describe how to decontaminate an ambulance.
- _____3. State the name and location of stationary equipment on an ambulance.
- _____4. Identify and retrieve the following portable equipment and explain situations in which each is used:

- | | | |
|------------------------|------------------------|-----------------------------------|
| • EMT/Basic Airway Bag | • Portable Suction | • Extra Portable Oxygen Cylinders |
| • ALS Drug Bag | • CPAP | • Cardiac Monitor/Lifepak |
| • Fire Extinguisher | • Extrication Tools | • MCI/Triage and ICS Supplies |
| • Traction Splints | • Vacuum Splints | • Immobilization Bag(s) |
| • Long Backboard | • Scoop Stretcher | • Reeves Stretcher |
| • Stair Chair | • Spare Straps/Cravats | • Trauma Bag |
| • Burn Kit | • Broselow Kit | • OB Kit |



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COMMUNICATIONS

EMS vehicles are equipped with several radios used to communicate with the LCCFR Communications; e.g. dispatch, hospitals, stations, other units, and other jurisdictions. When used properly, radios are an indispensable resource for the management of emergency response resources.

OBJECTIVES:

At the completion of this skill training, the candidate should:

- _____ 1. Demonstrate how to operate the fixed radio in an ambulance.
- _____ 2. Demonstrate how to operate portable radios and their specific features.
- _____ 3. Describe the use of specific radio channels and explain how to request and/or access each.
- _____ 4. Identify standard radio procedures and common radio phrases used.
- _____ 5. List various ways to communicate with LCCFR Communications as well as hospital emergency departments and medical control; e.g. radio patch, phone patch.
- _____ 6. Complete pre-hospital care report.



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Safety

EMS students should always remember that safety is a priority. Although this concept is taught within the EMT program, students should specifically cover the following objectives within their field experience rotations.

OBJECTIVES:

At the completion of this training, the candidate should be able to:

- _____ 1. Describe the use of personal protective equipment that may be needed by EMS providers.
- _____ 2. Describe the use of equipment that may be needed by EMS patients.
- _____ 3. Demonstrate how to use ambulance restraint systems for both providers and patient.
- _____ 4. Identify the location of sharps containers on the ambulance and in portable bags. Explain when and how to use them during EMS operations.
- _____ 5. Identify the location of fire extinguishers on the ambulance and within the station. Demonstrate how and when to effectively and safely use them.
- _____ 6. List additional safety concerns for the EMS provider with inclement weather, and discuss preventative mechanisms for them.
- _____ 7. Locate Biohazard bags on the ambulance and explain when to use them and how to dispose them.



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HOSPITAL FAMILIARIZATION

The student will be able to show knowledge of the local hospitals and travel routes. Refer to BLS protocols for destination determination and maps/run-route books for guidance.

(This information is not taught in EMT class and must be explained to the student. Ensure they are able to remember which stations call Lansdowne ED, Cornwall ED, Stone Springs ED and Ashburn Healthplex for medical direction.)

- _____1. Show knowledge of procedures and protocols that are needed to determine the hospital best suited for different types of patients, and what should be done if you transport to hospitals other than INOVA Loudoun.
- _____2. Know which hospitals your station primarily uses.
- _____3. Know where supplies are kept and how to access them at each hospital for re-stocking
- _____4. Know where the backboards and other equipment are kept that need to be returned to the station.
- _____5. Describe the locations for the nearest specialty resource hospitals such as trauma, burns, and pediatrics.
- _____6. Know the Helicopter Utilization Policy and basic helicopter operations.



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Student: _____

Certification # : _____

Objective Completion Form

____ - Vital Signs Skills Review and Proficient

Student: _____ Preceptor: _____ Date: _____

____ - The Ambulance and Portable Equipment

Student: _____ Preceptor: _____ Date: _____

____ - Lifting and Moving of Patients

Student: _____ Preceptor: _____ Date: _____

____ - Spinal Immobilization

Student: _____ Preceptor: _____ Date: _____

____ - Oxygen Therapy

Student: _____ Preceptor: _____ Date: _____

____ - Communications and Documentation

Student: _____ Preceptor: _____ Date: _____

____ - Safety of Patients and Crew

Student: _____ Preceptor: _____ Date: _____

____ - Hospital Familiarization

Student: _____ Preceptor: _____ Date: _____



Field Experience Handbook

Emergency Medical Technician

III. Ambulance Company Locations

TBD???

DRAFT



EMT Student Field Experience Evaluation Form

Patient Contacts



Preceptor: Please complete this form in its entirety and return it to the student in a timely manner following completion of the shift. Scoring should reflect the student's performance on this rotation only.

Student: _____

Preceptor: _____

Date: _____

Scale: P = # Performed, O = # Observed, n/a = not applicable

Skill	Contact(s)			Comments
Patient Assessment	P	O	n/a	Additional Detail(s)/Comments
Patient History (SAMPLE)				
Physical Examination				
Assess patient for breathing difficulty, lung sounds, respiratory rate				
Acquire a pulse providing rate, rhythm, and strength				
Assess the skin color, temp, and condition in an adult; cap refill in pt. < 6 yo				
Assess the pupils as to equality, size, reactivity				
Blood Pressure				
Pulse Oximetry				
Glucometer				
Airway Management	P	O	n/a	Additional Detail(s)/Comments
Oxygen Therapy				
Suctioning				
Bag Valve Mask				
Oral/Nasal Airway				
King Airway				
Basic Skills	P	O	n/a	Additional Detail(s)/Comments
Bleeding Control				
Spinal Immobilization				
Limb Splinting and or Traction Control				
Move patient using spine board; from ambulance to hospital bed				
Operate stretcher and/or stair chair				
CPR/CPR Assist Device				
AED				
Med Administration				
Communication/Interaction	P	O	n/a	Additional Detail(s)/Comments
Patient Interaction				
Crew Interaction				
Safety				

Other Skills: _____

Patients Assessed							
Pt	Age	sex	Primary/Secondary Assessment	Treatments	GCS	Pulse	BP
1							
2							
3							
4							
5							
6							
Student Comments:							

Evaluation – Preceptor Please Complete All Areas				
Preceptor: please rate the student in each area, sign the form, and place in an envelope and sign over the seal. Comments are appreciated, especially in areas of needed improvement or for things the student did especially well.				
Behavior Area	Examples of Behavior	NI	S	E
Integrity	Consistent honesty; can be trusted with the property of others and to handle confidential information.			
Empathy	Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.			
Self-Motivation	Taking the initiative to complete assignments; taking initiative to improve and/or correct behavior; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.			
Appearance and Personal Hygiene	Clothing and uniform is appropriate, neat, clean, and well-maintained; good personal hygiene and grooming.			
Self-Confidence	Demonstrating the ability to trust personal judgement; demonstrating an awareness of strengths and limitations; exercising good personal judgement			
Communications	Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.			
Time Management	Consistent punctuality; completing tasks and assignments on time.			
Teamwork and Diplomacy	Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; remaining flexible and open to change; communicating with others to resolve problems.			
Respect	Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.			
Patient Advocacy	Not allowing personal bias or feelings to interfere with patient care; placing the needs of the patient above self-interest; protecting and respecting patient confidentiality and dignity.			
Preceptor Comments:				
Preceptor Signature:		Credentials/Title:		

Student Name	Rotation	Date	Location/Dept	Tracker ID#			
Preceptor Name	Credentials	Title					
Student: complete at the end of every field experience shift.							
The Preceptor / Department / Crew members:			Disagree		Agree		N/A
			1	2	3	4	
Made me feel welcome.							
Oriented me to the ambulance, hospital and station facilities.							
Clarified expectations at the start of the rotation and as needed.							
Encouraged independent thinking and learning.							
Were approachable when interaction was needed.							
Treated me with respect.							
Provided feedback on strengths and weaknesses.							
Helped relate classroom knowledge and theory to the clinical experience.							
Were available and willing to discuss calls / station activities.							
Demonstrated a genuine interest in the student.							
This shift/rotation:			Disagree		Agree		N/A
			1	2	3	4	
Objectives were clearly defined.							
I feel as though I learned a lot.							
Was interesting.							
Was relevant in reinforcing concepts learned in class.							
I was able to practice the skills taught in class that I am authorized to perform.							
Was a valuable experience.							
Comments <i>Please provide, especially for neutral/negative feedback.</i>							
Student Signature						Date	

Date of Meeting: April 12, 2016

6bii

**Loudoun County Combined Fire-Rescue System
TRAINING COMMITTEE
INFORMATION ITEM FOR EMSOC**

SUBJECT: **Update**

STAFF CONTACT(S): **Tony Mino, Chief and Cheryl Aycock, Rescue Chief**

As a result of a number of questions and concerns raised by some companies, the Training Committee is conducting a line-by-line review of the Fire and EMS Training Enrolment and Wait List SWPs that were approved last fall.

Loudoun County Emergency Medical Services Council, Inc.

March 15, 2016

Minutes

The March meeting of the Loudoun County EMS Council, Inc. was held on Tuesday, March 15, 2016 at Inova Loudoun Hospital. Vice Chairman Swartz called the meeting to order with the following members present:

Co. 1	Absent
Co. 4	Kim Walker
Co. 6	Kevin Piatt
Co. 7	Excused
Co. 8	Rick Pearsall
Co. 9	Jay J. Brown
Co. 12	Absent
Co. 13	David Beatty, Augie Rosas
Co. 14	David Swartz, Dylan Haddock
Co. 15	Leo Kelly
Co. 17	Ed Peters
LCFR	Jose Salazar, Danielle Brosan, Michelle Beatty
LCSO	Eric Prugh, Bruce Domin
OMD	Excused
ILH	Jamie Stephens
RHC	Keith Morrison
SSHC	Excused
LCHD	Absent
PHI AirCare	Rick Cohen
PTS	Excused
Public	Robert Honec, Co. 10

Public Comments

None

Delegate Comments

No Delegate comments.

Minutes

Motion: **Approve the January 2016 Minutes.**

Vote: **Approved**

Treasurer's Report

The report is attached.

Additional Reports

Operational Medical Director

No report.

Loudoun County Sheriff's Office

Eric Prugh reported that they have had a few Narcan "saves".

Eric will be moving to the Investigation Division and will no longer be the representative to the Loudoun County EMS Council, Inc. Leo Kelly thanked him for all his assistance and for representing the LCSO at our meetings. Eric introduced 1st Lt. Bruce Domin who is the Assistant Commander for the Dulles South Station and who will serve as the new representative for the LCSO.

Rick Pearsall asked them to please convey the thanks of Co. 8, Philomont for their great assistance on a recent call with Company 8.

PHI AirCare

Rick Cohen advised that there was nothing new to report.

Physician's Transport

No report.

ALS Committee

No February meeting. Leo Kelly provided the report of the ALS Committee Executive Committee actions (see attached).

BLS Committee

No report.

EMIC

No report.

Constitution and By-Laws

Leo Kelly asked for members to contact him if they would like to serve on this committee to review the current document for changes and revisions.

Executive Committee

The Executive Committee approved the movement of \$5,000.00 from the CPAP Equipment line item of the Four-for-Life Budget, to a new line item for the purchase of Drug Bags.

Motion: **Endorse the action taken by the Executive Committee to move \$5,000.00 from the CPAP Equipment line item of the Four-for-Life Budget, to a new line item for the purchase of Drug Bags.**

Vote: **Approved.**

Public Access Defibrillation

The Communications Committee is still discussing adding PulsePoint in the future.

Inova Loudoun Hospital

Jamie Stephens advised:

- March 30 - Lecture on Pediatric Seizures by Dr. McCabe.
- May 14 – Pediatric ER 10th Anniversary Open House
- May 21 – Public Safety Education Day – Register on Facebook

Reston Hospital Center

Keith Morrison advised:

- ER being remodeled – if you need equipment please ask someone
- If bringing in a STEMI or Stroke, refrain from using the word “possible”
- Has received approval to offer 1 hour of CEU for viewing STEMI process from OEMS
- Working on the equipment resupply list

StoneSprings Hospital Center

Keith Morrison advised that they are working on the equipment resupply list.

Loudoun County Health Department

No report.

NVEMSC

Jay Brown provided the following information:

- The NOVA Fire Chiefs Committee has established a committee to look at options for the NVEMSC.
- The revised jurisdiction funding formula was approved.
- Approved changing the Council meeting time to be 10:00 AM for all meetings.
- Marcia Slowinski is the Interim Executive Director.

Communications Committee

No report.

LCFR

Jose Salazar advised:

- Working on revised equipment list with the hospitals. The finished list will be distributed.
- Replacement equipment is only to be provided on a one-for-one exchange when used on a patient.
- During the budget work session the BOS approved adding the full-time OMD contract and the QA/QI position on a straw vote.
- The REPLICA bill (multi-state mutual aid) passed the legislature and was signed by the Governor. Virginia is the fourth state to approve REPLICA and there will need to be a minimum of ten states to approve it before it can be implemented.
- The Employee Assistance Program (EAP) bill, which allows jurisdictions to pay for and provide an EAP program for volunteers, passed the legislature and was signed by the Governor.
- The system status management unit at Station 35 is now staffed as a medic unit.

Danielle Brosan advised:

- The EMS Reimbursement summary sheets For Quarter 1 and Quarter 2 have been distributed. Checks/Deposits should be received within about two weeks. The County has picked up all of the first year administrative costs.
- The errors on call sheets continue to improve.

Michelle Beatty LCFR EMS Training advised:

- The Spring EMT course begins on Sunday with 30 students. There are 3 students on the Waiting List that will be allowed to attend the first six classes. They held a successful orientation with the students last week.
- EMR has 8 students.
- I to P has 14 students.
- B to I takes the National Registry on May 10.
- BLS Challenge on Saturday.

Old Business

Leo Kelly appointed an Ad-Hoc committee to review the current Four-for-Life budget Line Item Expenditure and asked for a report back to the EMS Council by the next meeting on recommendations for the actual expenditures of the line items. Ad-Hoc Committee consists of David Beatty, Jose Salazar and Augie Rosas

New Business

Rick Pearsall reported that Nick Croce is retiring. The Company 8 ALS Chase vehicle has been decommissioned and the medications from the unit were transferred to Co. 14 and according to D/C Salazar were eventually returned to ILHC.

Kevin Piatt, Company 6, offered to host the April meeting of the Loudoun County EMS Council at their new station (if available). They will be holding an Open House on May 15. He advised that they will be placing an ALS Chase vehicle in service at Station 622.

Motion to Adjourn - Approved.

The next meeting will be April 19, 2016 at Station 6.

Attachments

LCEMSC Minutes

March 15, 2016



**Loudoun County Emergency
Medical Services Council, Inc.**
16600 Courage Court
Leesburg, Virginia 20175

*USPS Address: P. O. Box 1841
Leesburg, Virginia 20177*

**Leo C. Kelly, PA
Chairman**

TREASURER'S REPORT
March 15, 2016

The fund balances in LCEMS Council accounts are as follows:

14-March-2016 Account Balances	Balance
Middleburg Bank #*****601 (Funds)	\$ 41,465.91
BB&T Money Market #****1576 (LCEMSC Funds)	111,429.46
BB&T General Fund #*****343 (LCEMSC Funds)	39,423.91
TOTAL FUNDS ON HAND	\$192,319.28

Items of Interest:

1. Recommend
funding change to 14-15 Four for Life funding. Move \$5,000 from CPAP budget
line entry to form a new line entry of ALS bag funding. There was a request of 9
ALS bags for Sterling Rescue and Lovettsville Volunteer Fire and Rescue.

Please let me know if you have any questions about this report.

Respectfully submitted,

David Beatty, Treasurer

**LOUDOUN COUNTY EMS ADVISORY COUNCIL, INC.
ADVANCED LIFE SUPPORT COMMITTEE
EXECUTIVE COMMITTEE MINUTES**

Wednesday, February 19, 2016

Due to inclement weather and the potential for hazardous road conditions in the evening hours, the ALS Committee meeting was canceled in the interest of the safety concerns for the ALS Committee members who attend the meeting.

Seven providers were scheduled to be reviewed for release at the meeting. In order not to delay actions, the Executive Committee of the ALS Committee reviewed the recommendations.

Michelle Beatty, LCFR – EMT-I/P Level

Deputy Chief Salazar, LCFR has recommended the release of Michelle at the EMT-I/P level of authorization. Michelle is currently an active, released ALS EMT I/P provider within the county.

The Executive Committee concurs with the recommendation. Dr. John Morgan, Operational Medical Director agrees with the recommendation and has approved her release effective immediately. Michelle has been assigned Communications Number 9927 by Deputy Chief Salazar

Joel Sauer, LCFR – EMT-I/P Level

Captain Michael Mahoney, Mentor for Joel Sauer, LCFR has recommended the release of Joel at the EMT-I/P level of authorization. Deputy Chief Jose Salazar has endorsed the recommendation for release.

The preceptorship and documentation was reviewed by the Review Sub-Committee (Tracy Lane, Michelle Beatty, and Stewart McLaren) of the ALS Committee. It is the recommendation of the Review Sub-Committee that Joel be released at the EMT-I/P level. The Executive Committee also concurs with that recommendation. Dr. John Morgan, Operational Medical Director agrees with the recommendations and has approved his release effective immediately. Joel has been assigned Communications Number 9818 by Deputy Chief Salazar.

Steven Shuyada, LCFR – EMT-I/P Level

Captain Andrew Hopkins, Mentor for Steven Shuyada, LCFR has recommended the release of Jeremy at the EMT-I/P level of authorization. Deputy Chief Jose Salazar has endorsed the recommendation for release.

The preceptorship and documentation was reviewed by the Review Sub-Committee (Tracy Lane, Michelle Beatty, and Stewart McLaren) of the ALS Committee. It is the recommendation of the Review Sub-Committee that Steven be released at the EMT-I/P level. The Executive Committee also concurs with that recommendation. Dr. John Morgan, Operational Medical Director agrees with the recommendations and has approved his release effective immediately. Steven has been assigned Communications Number 9819 by Deputy Chief Salazar.

Matthew (Jeff) Grim, LCFR – EMT-I/P Level

Captain Herbert Rundgren, Mentor for Jeffery Grim, LCFR, has recommended the release of Jeffery Grim at the EMT-I/P level of authorization. D/Chief Jose Salazar has endorsed the recommendation for release.

The preceptorship and documentation was reviewed by the Review Sub-Committee (Tracy Lane, Michelle Beatty, and Stewart McLaren) of the ALS Committee. It is the recommendation of the Review Sub-Committee that Jeffery be released at the EMT-I/P level. The Executive Committee also concurs with that recommendation. Dr. John Morgan, Operational Medical Director agrees with the recommendations and has approved his release effective immediately. He has been assigned Communications Number 9963 by D/C Jose Salazar.

Charles Evangelisti, LCFR – EMT-I/P Level

Captain Andrew Hopkins, Mentor for Charles Evangelisti, LCFR has recommended the release of Charles at the EMT-I/P level of authorization. Deputy Chief Jose Salazar has endorsed the recommendation for release.

The preceptorship and documentation was reviewed by the Review Sub-Committee (Tracy Lane, Michelle Beatty, and Stewart McLaren) of the ALS Committee. It is the recommendation of the Review Sub-Committee that Charles be released at the EMT-I/P level. The Executive Committee also concurs with that recommendation. Dr. John Morgan, Operational Medical Director agrees with the

recommendations and has approved his release effective immediately. Charles has been assigned Communications Number 9954 by Deputy Chief Salazar.

Christopher Dolese, SVRS – EMT I/P Level

Kathleen Leary, Mentor for Christopher Dolese, SVRS has recommended the release of Christopher at the EMT-I/P level of authorization. Chief Byron Andrews has endorsed the recommendation for release.

The preceptorship and documentation was reviewed by the Review Sub-Committee (Tracy Lane, Michelle Beatty, and Stewart McLaren) of the ALS Committee. It is the recommendation of the Review Sub-Committee that Christopher be released at the EMT-I/P level. The Executive Committee also concurs with that recommendation. Dr. John Morgan, Operational Medical Director agrees with the recommendations and has approved his release effective immediately. Christopher has been assigned Communications Number 1539 by Chief Andrews.

James Stephens, AVFD – EMT I/P Level

Matthew Webb, Mentor for James Stephens, AVFD has recommended the release of Jaime at the EMT-I/P level of authorization. Chief Kevin Piatt has endorsed the recommendation for release.

The preceptorship and documentation was reviewed by the Review Sub-Committee (Tracy Lane, Michelle Beatty, and Stewart McLaren) of the ALS Committee. It is the recommendation of the Review Sub-Committee that James be released at the EMT-I/P level. The Executive Committee also concurs with that recommendation. Dr. John Morgan, Operational Medical Director agrees with the recommendations and has approved his release effective immediately. James has been assigned Communications Number 606 by Chief Piatt.

Next ALS Committee meeting will be held on Monday, March 21, 2016 at the INOVA Ashburn Healthplex.

For the ALS Committee:

John Morgan, OMD ALS Committee co-chair
Advanced Life Support Committee
The Loudoun County EMS Council, Inc.

Drills

Co. 4	2 Drills
Co. 6/22.	3 Drills
Co. 9.	2 Drills
Co. 12.	2 Drills
Co. 13.	2 Drills
Co. 14.	2 Drills
Co. 15/25/35	4 Drills
Co. 17	2 Drills
LCFR for Co. 3, 7, 10, 19, 23, 26, EMS Supervisor	8 Drills

27 Drills

27 drills X 500. \$13,500.00

Agenda Items
March 15, 2016

Location of EMS Council Meetings (April Co. 6 and future)

Establish Ad-Hoc Committee for budget recommendations for:

- 1. CPAP Line Item**
 - a. \$5,000.00 ALS Bags (March 9, 2016)**
 - b. \$20,000.00 Reallocate Funding**

- 2. EZ IO Line Item**
 - a. \$25,0000.00**
EZ IO Drills 27 Drills \$13,500.00 – EMS/ALS Agencies
If accepted remaining balance \$11,500.00 Distribution??

- 3. Station Training Equipment (\$40,000)**
Recommendation for equipment to be purchased for stations

- 4. County of Loudoun – Training Equipment \$30,000 (Status)**
Bill Toon

Constitution and By-Laws Ad-Hoc Committee

Review current document and make recommendations for revisions

50/50 Grant Status

LCEMSC Four-for-Life Funding Proposal 2015-2016 (From FY 14 Funds)				
DESCRIPTION	Proposed Budget		FY 14 Funds	
	Beginning Balance			\$ 289,117.92
	50/50 Grant Funding	\$ 150,000.00		\$ 139,117.92
**	CPAP Equipment	\$ 20,000.00		\$ 119,117.92
	EZ IO Equipment	\$ 25,000.00		\$ 94,117.92
	Medication Security	\$ 6,000.00		\$ 88,117.92
	County of Loudoun - Training Equipment	\$ 30,000.00		\$ 58,117.92
	ACLS Training Support	\$ 5,000.00		\$ 53,117.92
	Regional Testing	\$ 7,000.00		\$ 46,117.92
	Station - Training Equipment	\$ 40,000.00		\$ 6,117.92
**	Drug Bags	\$ 5,000.00		\$ 1,117.92
	Contingency Funds	\$ 1,117.92		\$ (0.00)
	Total	\$ 289,117.92		

Note:
 Reallocation of Funds March 9, 2016
 Reduced CPAP Equipment \$5,000.00
 Added Drug Bags \$5, 000.00

**LOUDOUN COUNTY EMS ADVISORY COUNCIL, INC.
ADVANCED LIFE SUPPORT COMMITTEE
MINUTES**

Monday, March 21, 2016

The regular meeting of the ALS Committee was held at the Ashburn HealthPlex 22505 Landmark Court Ashburn, Virginia on March 21, 2015, with the following members in attendance:

Co. 4	A. Reichert	Co. 15	K. Leary
Co. 6	J. Horvath	Co. 17	Absent
		LHC	J. Stephens
Co. 9	D. Bennett	LCFR	J. Salazar, M. Beatty, T. Lane
Co. 12	K. Deli	OMD	Excused
Co. 13	S. Porter	Chair	Leo Kelly
Co. 14	R. Ritchie	StoneSpring EC/ Reston Hospital	J. Wolfen / K. Morrison

The meeting was called to order at 19:30 hours by Leo Kelly.

Public Comments

Leo Kelly announced that the April 18, 2016 ALS Committee Meeting will be held at INOVA Emergency Department Conference Room at the Cornwall campus in Leesburg.

In addition, the EMS Council meetings will be held at Ashburn Volunteer Fire and Rescue Department (Co. 6) for April. Her stated that meetings would return to the INOVA Loudoun Hospital – Lansdowne Conference Center in May.

Delegate Comments - None

Minutes

A motion was made by A. Reichert (Co. 4) and seconded by D. Bennett (Co. 9) to accept the January 18, 2016, ALS Committee meeting minutes.

Motion: **To accept the January 18, 2016 ALS Committee Meeting Minutes.**
Vote: **Approved**

Due to inclement weather, there was no ALS Committee meeting, however, the Executive committee did meet. On behalf of the ALS Executive Committee, L. Kelly endorsed the recommendation to approve the ALS Executive Meeting Minutes for February 19, 2016.

A motion was made by J. Salazar (LCFR) and seconded by Julius Horvath (Co. 6) to approve the minutes and endorse the actions of the ALS Executive Meeting for February 19, 2016. The motion passed.

Motion: To Approve the Minutes and Endorse the Actions of the ALS Executive Meeting for February 19, 2016.
Vote: Approved

Loudoun Hospital Center – Jamie Stephens

Jamie announced the following educational events which will be occurring over the next couple months:

ILH Emergency Department Public Safety Education Day, Saturday, 5/21/16, 0700-1630. Inova Public Safety providers of all levels in the region. Theme of the day will be trauma and critical care, with multiple break-out sessions, key note speakers, opportunities for raffle prizes, meal provided and more! To register, go to: <http://loudounpublicsafety.eventbrite.com>.

CEP Case Study Series, Wednesday, 3/30/16, 1830-1930. Ashburn HealthPlex Conference Room 22595 Landmark Ct, Ashburn, VA. FREE educational event, presented by Dr. McCabe, ILH Pediatrics Medical Director. Dr. McCabe will be lecturing on pediatric seizures and will go over a case study for a seizure patient that presented to ILH Pediatric ED. No registration required.

CEU's are available. Please contact Jamie Stephens with any questions (email: James.Stephens@inova.org)

StoneSpring / Reston ED – Jaime Wolfen, Keith Morrison

Keith Morrison announced that they have recently emptied one of the supply rooms in order to perform some construction. Reston anticipates having the room back in order within the next couple weeks. The goal of the construction and reorganization is to facilitate a smoother process of supply restocking.

Reston is now restocking IO's – any requests for replacement should be directed to the charge nurse on duty.

Keith discussed the terminology used by crews when identifying both STEMI and STROKE patients. He stated that when a provider uses the term “possible” (ie: Possible STEMI or Possible Stroke) as part of their radio report, the cath or stroke teams are NOT activated.

Keith also announced that when crews are available to observe a cardiac catheterization for a patient who they transferred, CEU’s are now available.

On May 16th, Reston partnered with Fairfax for an educational conference to be held at the Fairfax facility. Registration and additional information to follow.

Jaime Wolfin took time to review the StoneSpring Pharmacy staffing by clarifying that StoneSpring does not have a pharmacist on duty overnight to dispense medications. . There have been recent issues where crews have been unable to replace medications (ie: glucagon and dextrose) when a refusal has been obtained and there was no patient transported. Jamie clarified that StoneSpring is currently working through an exemption that will allow the hospital to restock under these circumstances. In addition to Glucagon and Dextrose, Albuterol and Atrovent are also to be included as possible exemptions. In the interim, crews may replace these medications for non-transported patients or expired medications during the times when a pharmacist is on duty.

Medical Director – Dr. John Morgan

On behalf of Dr. Morgan, Leo Kelly shared that Dr. Morgan has heard on occasion that the StoneSpring Emergency Department is instructing providers that they do not have to contact the closest facility when they have a stable patient to bypass the closest facility. Dr. Morgan wanted to just clarify that this is a policy requirement of our providers. Jaime Wolfin indicated that she would review the procedure with all physicians and staff at StoneSpring.

Leo led a discussion surrounding spare medications being maintained at the stations. It was recognized that while it is acceptable to manage a spare amount of certain medications at the station it was not the intent to include a full drug bag and the controlled substance pouch. Modifications to the policy will be made and presented for review at a future ALS Committee Meeting.

Leo reviewed the ALS Executive committee meeting minutes for February, 2016. The executive committee followed the recommendations of the Review Sub-Committee, the Mentors and the Chief and the following providers were released with the approval of the Medical Director at the Intermediate/Paramedic level: Steven Shuyada, Charles Evangelisti, Christopher Dolese, James Stephens, Matthew Grim, and Joel Sauer. In addition, Michelle Beatty has also been assigned a county Communications Number, in addition to her volunteer Communications Number. Her county number will be utilized when she is acting in her county capacity.

Working Groups

ALS Technician Status (Tracy Lane, Michelle Beatty, Stewart McLaren)

Tracy Lane prepared the following update for the meeting tonight on those currently precepting. There are currently 4 preceptees at the EMT-I/P level.

No.	Preceptee	Company	Days In	Mentor	Report?
1	Bill Toon	LCFR	217	Jose Salazar	Yes
2	Kelly Frye	17	250	Frances Rath	Yes
3	Augustine Rosas	13	243	Patty Russell	Yes
4	Susan Truba	6	250	Kathy Haresak	Yes

On behalf of the Review Sub-Committee, M. Beatty presented the preceptorship of Angela Lauck (LCFR) at the EMT- I/P Level. The details of the provider's preceptorship were presented. Angela Lauck has the recommendations of both her Mentor Captain H. Rundgren and Deputy Chief J. Salazar (LCFR).

A motion was made by M. Beatty (LCFR) and seconded by D. Bennett (Co. 09) that Angela Lauck (LCFR) be recommended for release at the EMT-I/P Level. The motion passed.

Motion: To recommend A. Lauck for release at the EMT-I/P Level.
Her number is 9820.

Vote: Approved

OMD: Approved by Dr. Morgan (3/22/2016)

The precepting status of Kelly Frye was discussed by the committee. Kelly was released to begin precepting in July, 2015. Based on the known status and progress to date, it is both her Mentor (Francis Rath – Co. 13) and the ALS Committee's recommendation that she consider withdrawing from Preceptorship at this time and to consider re-challenging at a later date when she has adequate time to dedicate to the precepting process. It appears to the ALS Committee that the remaining time of her preceptorship based on her level of activity so far in the process will be insufficient for her to complete this process within the policy parameters. It was the opinion of the ALS Committee that Kelly is recognized as a valuable member of the system who should be provided the support to re challenge and restart the process at a later date.

Deputy Chief Jose Salazar presented a formal request to extend Training Manager Willaim Toon's precepting an additional sixty days. After further discussion, a motion was made to place Bill's precepting in a "Hold" status due to health issues. Once he is cleared and returns to normal work status, his precepting will resume in an 'active'

status for an additional sixty (60) days. Bill's status has also been discussed with Dr. Morgan who has also expressed an interest in reviewing a greater volume of calls.

A motion was made by M. Beatty (LCFR) and seconded by S. Porter (Co. 13) that William Toon be approved to be placed in a temporary "Hold" status. Once Bill is cleared and returns to normal work status, Bill will resume precepting in an active status for an additional sixty (60) days. The motion passed.

A reminder to everyone that Preceptorship Books (with all appropriate release forms and documentation) must be received by Tracy Lane at least one week prior to the ALS Committee so that an adequate period of time is allocated for the Review Committee to the review candidate's preceptorship.

Training – EMS Training Specialist – M. Beatty

EMS Training Specialist, Michelle Beatty provided the following training update:

1. Spring EMT Hybrid program – began on Sunday, March 20. The course runs on Sundays, Tuesdays, and Thursdays (We currently have 30 students and several on a waitlist)
2. Spring EMR program – begins on Monday, April 4. The course runs on Saturdays, Mondays, and Wednesdays. (We have approximately 8 students registered.)
3. PALS initial and recertification – this course will be held on Saturday, April 23 through Sunday, April 24. We are additionally looking at holding a PALS class during the day in May – dates TBD
4. EMR refresher will begin on Tuesday, May 31.

The EMT-I to P class will complete the county written test next week. National Registry written testing will follow shortly after that time. The EMT –B to I class currently has 10 students. They will complete county testing the week of May 14. National Registry practicals will occur on May 21. There will be some students from the paramedic class who will need to test on May 21 for their practicals. Additional classes will be held in May to better prepare them for their upcoming practical testing.

Old Business

Due to a steady and increased number of books to be reviewed, the ALS Committee discussed the need for additional reviewers. Leo Kelly and D. Bennett (Co. 9) will meet to review all ALS providers within the county and to determine potential candidates.

Leo shared with the committee that after the initial allotment by the EMS Council of Four for Life Funds, it was discovered that some of the amounts set aside were more than was needed. At the EMS Council meeting, he asked an ad-hoc committee to look at

how best distribute the monies to support training at the stations. A report will come forth at next month's meeting.

New Business

Rob Ritchie from Company14 pointed out the in the current procedure manual it still shows the old CPAP set up and asked if it could be updated. DC Salazar indicated that they are in the process of reviewing and updating policies and procedures.

There being no further business to discuss a motion was made by J. Horvath (Co. 6) and seconded by K. Deli (Co. 12) to adjourn the meeting.

Motion: Motion to adjourn meeting at hours by J. Horvath (Co. 6) and seconded by K. Deli (Co. 12)

Vote: Passed Unanimously

PLEASE NOTE THE CHANGE OF LOCATION FOR THE MONTH OF APRIL AND FUTURE MEETINGS OF THE ALS COMMITTEE:

The next ALS Committee meeting will be held on April 18, 2016 at the EMERGENCY DEPARTMENT CONFERENCE ROOM – INOVA LOUDOUN HOSPITAL – CORNWALL CAMPUS, 224 A CORNWALL ST., NW, LEESBURG 20176.

For the ALS Committee:

**Leo C. Kelly, PA, Office of the Medical Director
Advanced Life Support Committee
The Loudoun County EMS Council, Inc.
Recorded by Tracy Lane**

Date of Meeting: March 29, 2016

LC-CFRS EXECUTIVE COMMITTEE ACTION ITEM

SUBJECT: Social Media and Use of Electronic Devices Policies

PRIMARY SERVICE AREA: System-wide

CRITICAL ACTION DATE: March 29, 2016

SYSTEM CONTACT: Matthew Tobia, Assistant Chief, LC-CFRS

PURPOSE: The purpose of this item is to introduce two new policies to the LC-CFRS for consideration of adoption.

RECOMMENDATION: Staff recommends that the EC of the LC-CFRS adopt the attached policies with consideration of referral to the System-Wide Sub-Committees for review and comment.

BACKGROUND: The rise of social media as a mechanism for public safety agencies to transmit and communicate critical information to the public has become a significant enhancement in public safety interaction. We are able to reach a much larger segment of our communities and allowed community members at large to access the services provided by the member agencies of the Loudoun County Combined Fire and Rescue System. This has, without a doubt, yielded measurable benefits for our community and for our collective effectiveness.

Simultaneously, the speed with which information is shared via social media, often without being verified or vetted, challenges us to protect our reputation as a trusted provider of emergency services. Without guiding policies, System members are left to determine for themselves what information should or should not be shared, and under what circumstances the sharing of information actually endangers the public and our credibility. The challenges of balancing free speech rights with safeguarding the public is an ever-present task and one that courts across the Country continue to struggle with as they attempt to manage expectations.

Nothing in these policies is intended to abridge the rights of private citizens while engaging as private citizens in their democracy. Having said that, the System does have an affirmative obligation to ensure that System-members conduct themselves in accordance with our core values, adhering to policies and procedures designed to protect them and the System as a whole.

Several System organizations already have policies addressing the use of Social Media and Personal Electronic Devices and nothing in these policies precludes any organization from considering policies that are more restrictive than those set forth herein. Conversely, there are many organizations that do not have any guiding policies and these two new procedures are meant to codify a *minimum set of expectations* that apply System-wide.

These policies were originally drafted by LC-CFRS System member Matthew Shultz (Company 10) who completed this work as a component of his Bachelor's Capstone Project. He has committed a tremendous amount of time, energy and effort to these policies and his efforts are recognized and appreciated. Battalion Chief Jamie Cooper (Battalion 602) also worked with V/BC Shultz on the documents. Thereafter, the DRAFT policies were reviewed by the System-Wide Public Affairs Officer (Mary Maguire) and Public Information Officer (Laura Rinehart). The County Public Affairs Officer (Glen Barbour) also reviewed the draft policies and provided valuable guidance. Finally, the policies were reviewed and edited by Milissa Spring, Deputy County Attorney. All of these System members committed considerable effort to bring them to the drafts now under consideration.

ISSUES: There have already been several high profile cases in which System members have been dismissed or disciplined for posting messages and or sharing information obtained as an instrumentality of the System that violated confidentiality rules. Without a standard set of policies to guide System member actions, we will continue to face these challenges on a case-by-case basis without a consistent set of practices to use as an evaluative tool when reviewing potential disciplinary action. Fortunately, the decisions of individual System members, while troubling, has not proven catastrophic, mainly due to the prompt attention given to each incident. However, it would be naïve to not admit that we are one social media post away from being on the front page of the Washington Post. Although controversial, failing to establish policies in these areas would be irresponsible at best, and potentially criminally and civilly risky at worst.

FISCAL IMPACT: There are no immediate fiscal impacts to this motion and policies.

DRAFT MOTION(S):

I move that the Executive Committee send the draft SWP: *Social Media Policy* and the draft SWP: *Use of Personal Electronic Devices* to the EMS Operations Committee, Fire Operations Committee, and the Administrative Operations Committee for review. Further, I move that the Executive Committee ask that a recommendation be brought back to the Executive Committee for consideration at the May 2016 meeting.

-or-

I move that the Executive Committee adopt the draft SWP: *Social Media Policy* and the draft SWP: *Use of Personal Electronic Devices* as presented.


-or-

I move an alternate motion.

ATTACHMENTS:

Attachment 1: SWP: Social Media Policy

Attachment 2: SWP: Use of Personal Electronic Devices

	LOUDOUN COUNTY COMBINED FIRE AND RESCUE SYSTEM SYSTEM-WIDE PROCEDURE (SWP)
TITLE	Social Media Policy
SECTION	
SWP#	
ISSUED	
REVISED	
APPROVED	System Chief _____ W. Keith Brower, Jr.

Scope:

All Loudoun County Combined Fire and Rescue System (LC-CFRS) members

Purpose:

The purpose of this policy is to provide guidance to LC-CFRS members by identifying the appropriate use of social media by System personnel, and acknowledge that the inappropriate use of social media may lead to actual harm and disruption to the System. This may include, but is not limited to, negatively impacting the public's perception of the organization and its willingness to render services to them. For example, if a member of the LC-CFRS makes negative stereotypic comments on social media about a protected class, religious group, or race of people, citizens in such groups may avoid calling 9-1-1 due to that member's stated beliefs. Engaging in social media and social networking activities is a form of speech. Nothing in this policy is intended to unlawfully restrict a member's right to discuss, as a private citizen, matters of public concern.

Definitions:


- **Social media** is a Web- or mobile-based means of mass communication allowing for interaction amongst users, moving information between a news source, an individual and/or a broader community in the form of interaction and dialog. Social media websites are either publicly accessible or accessible to invited guests, in order to create, view or update the content. Social media sites include, but are not limited to, Facebook, Twitter, Instagram, Snapchat, YouTube, Pinterest, LinkedIn, Flickr, Google+, blogs, commenting on online media reports, and other similar communication platforms or channels.
- **Loudoun County Combined Fire Rescue System:** "Combined System" or "LC-CFRS" includes every volunteer fire-fighting and EMS organization recognized pursuant to Chapter 258 of the Codified Ordinances of Loudoun County and authorized by the Board of Supervisors to operate as a fire-fighting and/or EMS organization within the geographic boundaries of Loudoun County, or any of its incorporated towns, as well as the Loudoun County Department of Fire, Rescue and Emergency Management (LCDFREM) and all of its employees.

- **Spokesperson for the System** includes any System member who is authorized to make a statement on behalf of the System in his/her capacity as a member of the System, or in such a way that it may reasonably be attributed to the System. Any such authorization must be given by the Incident Commander, Chief of System or designee.
- **Hate speech** is speech that identifies, in a negative manner, a person or group on the basis of attributes including race, ethnic origin, national origin, skin color, gender (including status as pregnant or nursing), religion, disability, gender identification, age, or sexual orientation, including a level of intolerance or hostility that is incompatible with a commitment to serve all members of the community.

Procedure:

1. System members who identify their affiliation with the LC-CFRS on personal website(s) shall provide a disclaimer on said personal website(s) to explicitly state that their statements are not intended to represent the Combined System. (An example of such a statement is: “The posts, opinions and/or views being expressed on this site are my own and do not necessarily reflect the views of the *Loudoun County Combined Fire and Rescue System (LC-CFRS)*”).
2. LC-CFRS members authorized to utilize social media on behalf of the LC-CFRS in emergency response and non-emergency capacities shall include: the System Chief and designee(s), Staff Duty Officers, Incident Commanders (or designee), and the LC-CFRS Public Information Officer (PIO) (or designee).
3. LC-CFRS maintains official social media platforms (e.g. website, Instagram, Facebook, Twitter). Any other social media accounts are considered personal use, and each individual is responsible and potentially accountable for posted content on such personal sites.
4. System members’ use of social media sites shall be in accordance with all applicable System –Wide policies regarding confidentiality, harassment, and the System-wide code of conduct.
5. No member of the System will, while speaking as a private citizen on a matter of public concern, do so in such a manner as to cause actual harm or disruption to System operations.
6. System members are not usually protected when speaking on matters that are not of public concern. Personal grievances, complaints about conditions of employment, or expressions about other matters of personal interest do not constitute speech about matters of public concern that are protected by the First Amendment, but are matters more immediately concerned with the self-interest of the speaker as an employee.
7. System members shall not engage in speech that is false, deceptive, libelous, slanderous, intentionally misleading, or causes harm to others, including speech that constitutes hate speech, or is harassing in nature; nor shall members discuss or post on a social media site protected or confidential matters of the System, including:
 - a. Investigations (to include, but not limited to: criminal investigations, fire and/or explosive origin and cause investigations, accident or collision investigations);
 - b. Patient Protected Health Information (as defined in the Health Insurance Portability and Accountability Act – “HIPAA”);
 - c. Personnel matters that are protected from disclosure by law;

- d. Protected controlled unclassified information, provided by federal, state, or local government partners, for System operational situational awareness (often labeled FOR OFFICIAL USE ONLY);
 - e. Information protected from public release under a Freedom of Information Act (FOIA) exemption.
 - f. Policies and Procedures of the LC-CFRS that are not for public dissemination (e.g. Station and Personnel Safety and Security; Response to Active Violence Incidents).
- 8. Violations of this SWP may result in disciplinary action up to and including dismissal from the System, as determined by the System Chief.
- 9. The use of personal web and social media while on-duty is prohibited during emergency response which begins at time of initial dispatch and continues through the time the unit returns to quarters. Only authorized personnel as described in #2 herein may conduct social media updates during emergency operations.
- 10. Supervisors of System members shall not require personnel under their supervision/management to accept a request to join their social media circle.
- 11. When social media impersonation of a System member is discovered, notification shall be made to the member's chain-of-command and reported to the Chief of System as soon as practical, due to potential negative impact on the reputation of the System.
- 12. System-affiliated entities (LC-CFRS organizations) who operate their own social media platforms shall not publish content which includes, but is not limited to, the following:
 - a. Matters that are under investigation (to include, but not be limited to: criminal investigations, fire and/or explosive origin and cause investigations, accident or collision investigations;
 - b. Any information that is protected by HIPAA;
 - c. Personnel matters that are protected from disclosure by law;
 - d. Protected controlled unclassified information, provided by federal, state, or local government partners, for System operational situational awareness (often labeled FOR OFFICIAL USE ONLY); and
 - e. CAD Information, protected by Loudoun County Fire and Rescue System Guideline 6.2.1 Confidentiality of CAD Information
 - f. Policies and Procedures of the LC-CFRS that are not for public dissemination (e.g. Station and Personnel Safety and Security; Response to Active Violence Incidents).
- 13. Information protected from public release under a Freedom of Information Act (FOIA) exemption. The LC-CFRS name and associated logos are not to be utilized, disseminated, sold or reproduced without permission of the System Chief, or designee.
- 14. All System members are responsible for protecting confidential information. System members seeking clarification regarding protected information or experiencing difficulty with that responsibility can seek free, confidential assistance through:
 - a. Direct supervisor, following chain-of command;
 - b. Employee Assistance Program

	LOUDOUN COUNTY COMBINED FIRE AND RESCUE SYSTEM SYSTEM-WIDE PROCEDURE (SWP)
TITLE	Use of Personal Electronic Devices
SECTION	
SWP#	
ISSUED	
REVISED	
APPROVED	System Chief _____ W. Keith Brower, Jr.

Scope:

All Loudoun County Combined Fire and Rescue System (LC-CFRS) members

Purpose:

To provide guidance to LC-CFRS members by clarifying the boundaries for the personal use of digital devices (including, but not limited to: mobile phones, smartphones, tablets, personal computers and digital cameras) while on duty in the following ways:

- Acknowledging that the inappropriate use of personal digital devices may lead to actual harm and disruption to the LC-CFRS, such as negatively impacting the public's perception of the organization;
- Acknowledging that the inappropriate use of personal digital devices may delay or otherwise adversely impact a member's ability to focus on incident priorities; and
- Acknowledging that the inappropriate use of personal digital devices may inhibit a member's ability to protect patient information and jeopardize the integrity of ongoing investigations. Photos, video, or recordings of any type while on-scene that are inadvertently released publicly, including on personal social media accounts, potentially violate privacy and/or confidentiality laws.

Definitions:

Social media is considered to be a Web- or mobile-based means of mass communication allowing for social interaction, moving information between a news source, an individual and/or a broader community in the form of interaction and dialog. Social media sites are either publicly accessible or accessible to invited guests, in order to create, view or update the content. Social media includes, but is not limited to, Facebook, Twitter, Instagram, Snapchat, YouTube, Pinterest, LinkedIn, Flickr, Google+, blogs, commenting on online media reports, and other similar communication platforms or channels.

Loudoun County Combined Fire Rescue System: "Combined System" or "LC-CFRS" includes every volunteer fire-fighting and EMS organization recognized pursuant to Chapter 258 of the Codified Ordinances of Loudoun County and authorized by the Board of Supervisors to operate as a fire-fighting and/or EMS organization within the geographic boundaries of Loudoun County, or any

of its incorporated towns, as well as the Loudoun County Department of Fire, Rescue and Emergency Management and all of its employees.

Spokesperson for the System includes any System member who makes a statement on behalf of the System in his/her capacity as a member of the System, or in such a way that such statement may reasonably be attributed to the System, as opposed to making the statement as a private citizen. Individuals functioning in this capacity must be authorized by the Incident Commander, Chief of System or designee.

Hate speech is speech that identifies, in a negative manner, a person or group on the basis of attributes including race, ethnic origin, national origin, skin color, gender (including status as pregnant or nursing), religion, disability, gender identification, age, or sexual orientation, including a level of intolerance or hostility that is incompatible with a commitment to serve all members of the community.

Public Record: In accordance with the Virginia Freedom of Information Act, public records are letters, words or numbers, or their equivalent, set down by handwriting, typewriting, printing, photostating, photography, magnetic impulse, optical or magneto-optical form, mechanical or electronic recording or other form of data compilation, however stored, and regardless of physical form or characteristics, prepared or owned by, or in the possession of a public body or its officers, employees or agents in the transaction of public business. Records that are not prepared for or used in the transaction of public business are not public records. [Virginia State Code § 2.2-3701]

A public record is determined by the content of the record, not the device on which it is found; as a result, personally owned devices may hold public records if the user, creator or owner of the record chooses to use such a device to capture or store the record.

Procedure:

1. The use of personal electronic devices while on-duty is prohibited during emergency response which begins at the time of initial dispatch and continues through the time the unit returns to quarters.
 - a. LC-CFRS members authorized to capture photographs, images, videos, and/or audio on behalf of the LC-CFRS during emergency response shall include: the Incident Commander (or designee), Staff Duty Officer(s), Chief of System (or designee), LC-CFRS Public Information Officer (PIO), LC-CFRS Safety Officer, Loudoun County Fire Marshal and/or law enforcement agency, or other investigatory agency or department as permitted under law.
 - b. Personal mobile phone exemption may be allowed for voice communications only, when approved by the Emergency Medical Services (EMS) Attendant-in-Charge (AIC), Fire Unit Officer or Incident Commander in support of scene or incident operations. Examples may include communications with a hospital, poison control center, emergency communications center(s), emergency point(s) of contact for the incident, hazardous material (HAZMAT) reference entity, Federal, state, and/or local government support. Personal calls of an emergent nature may also be authorized by appropriate authority as identified above.

2. Images, photos, videos, and/or audio shall not be recorded while on-duty using personal electronic devices, with the exception of station duties, training, and/or non-emergency documentation. Such images could be subject to release under FOIA if determined to be a public record.
3. Images, photos, videos, and/or audio captured by an authorized on-duty System member at the scene of an emergency call for the purposes of historical record shall forward a copy of the captured media to the LC-CFRS PIO for cataloguing and retention. Once receipt is acknowledged by the PIO, the original captured media on the System members' device(s) shall be destroyed.
4. Images containing identifiable patient information are protected as medical documentation under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and/or Health Information Technology for Economic and Clinical Health Act (HITECH).
5. No images, video, and/or audio may be shared, transferred or reproduced, unless required for patient care purposes and then only to the medical professionals involved in the care of that patient; as required by law, or for law enforcement activity.
6. No images, video, and/or audio captured by on-duty personnel may be sold or used for private or commercial purposes outside of the System under any circumstances.
7. Off-duty LC-CFRS members shall not use their affiliation to gain access to areas of an emergency scene that the general public is not able to access.
8. Use of personal helmet, dashboard, window, and body cameras are prohibited.

**LOUDOUN COUNTY COMBINED FIRE AND RESCUE SYSTEM
EXECUTIVE COMMITTEE
ACTION ITEM**

8c

SUBJECT: SYSTEM-WIDE PROCEDURE – *AWARDS AND RECOGNITION*

PRIMARY SERVICE AREA: SYSTEM-WIDE

CRITICAL ACTION DATE: March 29, 2016

SYSTEM CONTACT: Assistant Chief Keith H. Johnson, Executive Committee

PURPOSE: The purpose of this item is to introduce the new *System-Wide Awards and Recognition* procedure to the Loudoun County Combined Fire and Rescue System (LC-CFRS) for consideration of adoption.

RECOMMENDATION: Staff recommends that the Executive Committee (EC) of the LC-CFRS adopt the attached procedure with consideration of referral to the System-Wide Sub-Committees for review and comment.

BACKGROUND: Loudoun County currently has various awards that are issued to its members to include but not limited to Volunteer Recruitment and Retention Awards, the Loudoun County Chamber of Commerce Valor Awards, Specialty Awards, Program Completion awards and awards issued by the Training Division. We have no central policy describing our current awards, no repository for the submission of awards and no central policy providing guidance on the nominations of individuals or groups.

On May 20, 2015, the EC approved the establishment of an Ad-HOC committee of the EC for the purpose of developing a System-Wide Awards Committee. Subsequently on June 30, 2015, the EC selected the individuals to serve on this ad-hoc committee. It became the intention of LC-CFRS to accept recommendations for recognition of significant acts made by its members and private citizens. LC-CFRS members will make recommendations of awards for those deemed qualified. It shall also be the policy to encourage all system members to recognize those actions of any system member who deserves recognition in any form.

COMPLETED WORK: Beginning in August 2015, the System-Wide Awards Ad-Hoc Committee begin work to merge all of the current award policies and procedures and make recommendations regarding system awards into one System-Wide Procedure (SWP) for LC-CFRS Awards. It is the intention that once approved by the EC and Chief of the System, the SWP shall govern the description, submission, awarding and distribution of awards to our system members.

Nothing will preclude any company from developing their own internal award(s) for the benefit of their individual company.

This standing committee was tasked with gathering information related to our current awards and associated policies as well as the development of new awards as deemed appropriate by the committee. After adoption, this standing committee will then be tasked with oversight of the established policy and the development of procedures for administration of the policy.

The System-Wide Awards ad-hoc committee is comprised of the following system-wide members:

Members:

Executive Committee Member	Keith Johnson	Assistant Chief of Operations
Chairperson	Jackson Shingleton	Technician, Fire Station 606
Vice-Chairperson	Karen McQuaid	Volunteer Program Manager
Career Operational Member	Karen Lavarney	Firefighter, Fire Station 605
Volunteer Operational Member	Stevan Porter	Captain, LCVRS
Administrative Member	Susan Edwards	Training Administrative Assistant
ECC Member	Stephen Duffitt	ECC CTO
Recruitment & Retention Member	Stephen Grant	Firefighter/Chaplain, SVRS

FISCAL IMPACT: Overtime may be required to compensate personnel eligible to receive overtime. Attendance at meetings will be an eligible overtime expense however; work associated with the project will need to be completed during normal work hours in addition to assigned duties. DFREM will absorb the cost of the System-Wide Awards.

DRAFT MOTION(S):

I move that the Executive Committee send the draft SWP: *Awards and Recognition* to the EMS Operations Committee, Fire Operations Committee, and the Administrative Operations Committee for review. Further, I move that the Executive Committee ask that a recommendation be brought back to the Executive Committee for consideration at the May 2016 meeting.


-or-

I move that the Executive Committee adopt the draft SWP: *Awards and Recognition* as presented.

-or-

I move an alternate motion.

Attachment 1: SWP: *Awards and Recognition*

	LOUDOUN COUNTY COMBINED FIRE AND RESCUE SYSTEM SYSTEM-WIDE PROCEDURE (SWP)
TITLE	Awards and Recognition
SECTION	
SWP#	
ISSUED	Final Draft – EC Action Item v1 032916
REVISED	
APPROVED	System Chief _____ W. Keith Brower, Jr.

PURPOSE

To recognize personnel who distinguish themselves in the performance of their duties and who contribute significantly to the achievement of the goals of the Loudoun County Combined Fire and Rescue System. This policy shall apply to all members of the Loudoun County Combined Fire and Rescue System.

BACKGROUND

The Loudoun County Combined Fire and Rescue System (LC-CFRS) provides a variety of services to the citizens of Loudoun County. Occasionally, individual or team performance is worthy of special recognition by the placement of a bar on the Class A, B, C, or civilian employee uniforms (where applicable).

POLICY

It shall be the policy of LC-CFRS to accept recommendations for recognition of significant acts made by its members and private citizens. LC-CFRS will make awards for those deemed qualified. It shall also be the policy to encourage all employees to recognize those actions of any employee who deserves recognition in any form. LC-CFRS acknowledges the following category of awards:

- A. Achievement Awards
- B. Specialty Service Recognition
- C. Program Completion Recognition
- D. Valor Awards

E. Agency Specific Awards/Recognition

AWARDS NOMINATION REVIEW COMMITTEE (AWARDS COMMITTEE)

- A. The Awards Committee is appointed by the System Chief of the Loudoun County Combined Fire and Rescue System.
- B. The Awards Committee shall receive all recommendations for awards and recognition. The committee is responsible for reviewing the submitted nominations for awards to confirm that the criteria for the award has been met and the recipient is eligible to receive the award.
- C. The Awards Committee shall consist of nine (9) members in good standing within the LC-CFRS. The members shall include:
- Assistant Chief of Operations or Administration
 - 3 Career Members - One member must be a civilian employee
 - 3 Volunteer Members - One member must be administrative
 - Member of the Recruitment and Retention Committee
 - Member of the Emergency Communications Center (ECC)
- D. The chair and vice-chairperson will be elected by the committee members.
- E. Membership terms will be two years. Any member may be reappointed by the System Chief.
- F. Any vacancy will be filled as soon as possible by the System Chief.

NOMINATIONS OF AWARD RECIPIENTS

- A. Nominations for the following awards may be submitted by any LC-CFRS member: Civilian of the Year, Distinguished Service Award, EMS Provider of the Year, Fire Instructor of the Year, Firefighter of the Year, Hall of Fame Award, Meritorious Service Award, Officer of the Year, Recruitment and Retention Award, Robert “Hap” Arnold ALS Instructor Award, Robert “Hap” Arnold BLS Instructor Award, System Chief’s Commendation, System Recognition Award, Team Performance Award, and the Unit Citation Award.

- B. Nominations and selection for the Clark J. Deener Memorial Award, John C. Carr, Jr. Memorial Award, and Top Student Awards are nominated and selected by other nomination methods.
- C. The nominator must submit an LC-CFRS *Awards and Recognition Form* electronically via the following awards and recognition link:
<https://lfportal.loudoun.gov/forms/Awards-and-Recognition>

Note: If additional supporting information beyond the narrative portion of the e-form is needed, it shall be submitted electronically via awards@loudoun.gov.

- D. Nominators should recognize that the Awards Committee must determine if an award is appropriate based on the information contained in the e-form's nomination narrative and/or supporting documentation. Therefore, all nominations and narratives should be as detailed and timely as possible including dates, times, location, and incident number (if applicable), names and addresses of any witnesses, newspaper articles, photographs, and any supporting letters or memos, etc.
- E. Nominations for any of the awards and commendations listed in this System-Wide Policy must be in accordance with the description, criteria, and nomination contained for each of the awards.

RECOGNITION OF AWARDS

The Awards Committee in cooperation with the Training Division shall process all awards approved by the System Chief and execute the award ceremonies with the exception of the Chamber of Commerce Valor Awards.

- A. A ceremony to honor recipients of the system awards will be scheduled in the spring of each year. The cutoff date to submit award recipients for inclusion in the spring ceremony will be January 31st of each year for award nominations of the previous year.
- B. The Top Student Awards will be awarded by the Training Division at the conclusion of each EMS and Fire School during graduation
- C. The Chamber of Commerce Awards Committee will arrange an appropriate presentation ceremony for Valor Awards to be held in the spring of each year to present awards for the previous calendar year.

- D. The System Recognition Award that is awarded to a person(s) who is not a member of the LC-CFRS may be coordinated by the Public Information Officer at a time convenient for the person(s) receiving the award.

DRAFT

CATEGORY OF AWARDS

A. Achievement Awards

A1. Civilian of the Year

- **Description:** This award honors a civilian (non-operational or administrative) member of the system who exemplifies outstanding performance in the day-to-day performance of their duties, and their outstanding service and dedication which are keeping with the highest traditions of the fire and rescue system.
- **Criteria:** Nominee must be a civilian, non-operational member of the LC-CFRS.
- **Nomination:** This award is nominated by any member of the LC-CFRS. The Nomination Review Committee will make its recommendation to the System Chief on an annual basis.
- **Recognition:** Annual Award. The recipient(s) will receive a certificate and plaque from the System Chief.

A2. Clark J. Deener Memorial Award

- **Description:** Recognizes an EMS member for their significant contribution to the development of the EMS system in Loudoun County.
- **Criteria:** The nominee is not required to be a member of the LC-CFRS.
- **Nomination:** This annual award is sponsored by the Loudoun County Emergency Medical Service Council. It is a closed invitation process in which the former recipients choose the next recipient. The award recipient shall be forwarded to the Nomination Review Committee.
- **Recognition:** Annual Award. The recipient(s) will receive a commendation bar lapel pin, and plaque.

A3. Distinguished Service Award

- **Description:** Recognizes system member's exemplary performance and service either of an operational or administrative nature who has increased their unit, division or department efficiency or effectiveness.
- **Criteria:** Nominee is any member(s) of the LC-CFRS. This performance can occur on an emergency incident(s) or in a non-emergency function such as training, administration, education, prevention, public, and community service.
- **Nomination:** This award is nominated by any member of the LC-CFRS. The Nomination Review Committee will make its recommendation to the System Chief.
- **Recognition:** Ongoing Award. The recipient(s) will receive a certificate from the System Chief.

A4. EMS Provider of the Year

- **Description:** This award honors an EMS provider of the system who exemplifies outstanding performance in the day-to-day performance of their duties, and their outstanding service and dedication, which are keeping with the highest traditions of the fire and rescue system.
- **Criteria:** Nominee must be an affiliated EMS operational member of the LC-CFRS.
- **Nomination:** This award is nominated by any member of the LC-CFRS. The Nomination Review Committee will make its recommendation to the System Chief on an annual basis.
- **Recognition:** Annual Award. The recipient(s) will receive a certificate and commendation bar from the System Chief.

A5. Fire Instructor Award

- **Description:** This award is sponsored by the Fire Operations Committee (FOC) and the LCFR Training Division. It recognizes a fire instructor for their dedication and commitment in fire suppression training. Nominee's activities must include contributions to the fire training process for all system members.
- **Criteria:** The nominee is not required to be a member of the LC-CFRS. He/She must provide fire training for one or more of the LC-CFRS agencies or The Oliver Robert Dubé Fire and Rescue Training Academy.
- **Nomination:** This annual award is nominated by any member of the LC-CFRS. The recipient will be chosen by the Fire Operations Committee (FOC) and LCFR training representatives. The award recipient shall be forwarded to the Nomination Review Committee.
- **Recognition:** Annual Award. The recipient(s) will receive a certificate and plaque from the System Chief and include their name and position/rank engraved on a perpetual plaque.

A6. Firefighter of the Year

- **Description:** This award honors a uniformed member of the system who exemplifies outstanding performance in the day-to-day performance of their duties and their outstanding service and dedication, which are keeping with the highest traditions of the fire and rescue system.
- **Criteria:** Nominee must be a uniformed firefighter or technician operational member of the LC-CFRS.
- **Nomination:** This award is nominated by any member of the LC-CFRS. The Nomination Review Committee will make its recommendation to the System Chief on an annual basis.

- **Recognition:** Annual Award. The recipient(s) will receive a certificate and commendation bar from the System Chief.

A7. Hall of Fame Award

- **Description:** This award is sponsored by the Fire Operations Committee (FOC) and EMS Operations Committee (EMSOC). It recognizes system members for fire, EMS or direct contributors for outstanding achievement for their many years of service and/or outstanding contributions furthering the advancement of the fire and EMS service in Loudoun County. Nominees must show activities to include contributions to the County as a whole and not to a specific station. Nominees may be recognized for achievement, humanitarian and lifesaving actions.
- **Criteria:** Nominee is any member of the LC-CFRS. All nominees must have a minimum of 20 years of service or contribution in Loudoun County to be eligible.
- **Nomination:** This award is nominated by any member of the LC-CFRS. The recipient will be chosen by the FOC and EMSOC committee. The award recipient shall be forwarded to the Nomination Review Committee
- **Recognition:** Annual Award. The recipient(s) will receive a commendation bar, lapel pin and plaque.

A8. John C. Carr, Jr. Memorial Award

- **Description:** The award is sponsored by the Fire Operations Committee (FOC). It recognizes those who have been a member of the LC-CFRS for a minimum of five years and have displayed outstanding leadership and achievements during their service.
- **Criteria:** Nominee must be a member of the LC-CFRS for greater than 5 years.
- **Nomination:** This annual award is a closed invitation process in which the former recipient(s) choose the next recipient(s). The award recipient shall be forwarded to the Nomination Review Committee.
- **Recognition:** Annual Award. The recipient(s) will receive a commendation bar, lapel pin and plaque.

A9. Meritorious Service Award

- **Description:** Previously the LC-CFRS Lifesaving Award. This award recognizes a member or members of the LC-CFRS for conspicuous gallantry and bravery at the risk of life, above and beyond the call of duty, in action involving either fire ground operations or emergency medical services, or under extreme emergency circumstances that directly resulted in the saving of a human life.
- **Criteria:** Nominee is any member of the LC-CFRS, administrative or operational. Lifesaving action may occur on or off duty.

- **Nomination:** This award is nominated by any member of the LC-CFRS. The Nomination Review Committee will make its recommendation to the System Chief on an annual basis.
- **Recognition:** Annual Award. The recipient(s) will receive a certificate, commendation bar and medal from the System Chief.

A10. Officer of the Year

- **Description:** This award honors an officer of the system who exemplifies outstanding performance in the day-to-day performance of their duties, and their outstanding service and dedication, which are keeping with the highest traditions of the fire and rescue system.
- **Criteria:** Nominee must be a fire or EMS operational or administrative officer of the LC-CFRS.
- **Nomination:** This award is nominated by any member of the LC-CFRS. The Nomination Review Committee will make its recommendation to the System Chief on an annual basis.
- **Recognition:** Annual Award. The recipient(s) will receive a certificate and commendation bar from the System Chief.

A11. Recruitment and Retention Award

- **Description:** Previously the Leadership Award. This award is sponsored by the Loudoun County Recruitment and Retention Committee. It recognizes members of the LC-CFRS who have demonstrated leadership at multi-agencies or County-wide levels and whose impact greatly influenced newer members of the system.
- **Criteria:** Nominee must be a past or present member of the LC-CFRS.
- **Nomination:** This annual award is selected by a panel of representatives from the LC-CFRS Recruitment and Retention Committee and LCFR personnel. The nominee shall be forwarded to the Nomination Review Committee on an annual basis.
- **Recognition:** Annual Award. The recipient(s) will receive a certificate and plaque and include their name and position/rank engraved on a perpetual plaque.

A12. Robert “Hap” Arnold ALS Instructor Award

- **Description:** This award is sponsored by the EMS Operations Committee (EMSOC) and the LCFR Training Division. It recognizes an ALS instructor for their dedication and commitment to EMS training including contributions to the training process and program(s).
- **Criteria:** The nominee is not required to be a member of the LC-CFRS. The nominee must provide ALS training at one or more of the combined system agencies or Oliver Robert “O.R.” Dubé Fire and Rescue Training Academy.

- **Nomination:** This award is nominated by any member of the LC-CFRS. The recipient will be chosen by the EMSOC and LCFR training representatives. The award recipient shall be forwarded to the Nomination Review Committee.
- **Recognition:** Annual Award. The recipient(s) will receive a certificate and lapel pin from the System Chief.

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A13. Robert “Hap” Arnold BLS Instructor Award

- **Description:** This award is sponsored by the EMS Operations Committee (EMSOC) and the LCFR Training Division. It recognizes a BLS instructor for their dedication and commitment in EMS training including contributions to the training process and program(s).
- **Criteria:** The nominee is not required to be a member of the LC-CFRS. The nominee must provide ALS training at one or more of the combined system agencies or the Oliver Robert “O.R.” Dubé Fire and Rescue Training Academy.
- **Nomination:** This award is nominated by any member of the LC-CFRS. The recipient will be chosen by the EMSOC and LCFR training representatives. The award recipient shall be forwarded to the Nomination Review Committee.
- **Recognition:** Annual Award. The recipient(s) will receive a certificate and lapel pin from the System Chief.

A14. System Chief’s Commendation

- **Description:** Recognizes a system member who has distinguished themselves by exceptional service and performance during a single act of merit. This award recognizes system member(s) who displayed critical decision-making abilities or engaged in similarly noteworthy actions that contributed to the successful outcome of an incident or project.
- **Criteria:** Nominee is any member of the LC-CFRS
- **Nomination:** This award is nominated by any member of the LC-CFRS. The Nomination Review Committee will make its recommendation to the System Chief on an annual basis. The System Chief or his/her designee will make the ultimate decision of who is the recipient of this award.
- **Recognition:** Annual Award. The recipient(s) will receive a certificate, commendation bar and medal from the System Chief.

A15. System Recognition Award

- **Description:** This award recognizes persons who have made significant contributions to the progress of the LC-CFRS. The nominee’s activities must include contributions or actions to promote the efforts of the fire and rescue system as well as actions, which influence or enhance the efficiency of the system.
- **Criteria:** The nominee is not required to be a member of the LC-CFRS.
- **Nomination:** Anyone inside or outside of the LC-CFRS can submit a nomination. The Nomination Review Committee will make its recommendation to the System Chief on an annual basis.
- **Recognition:** Annual Award. The recipient(s) will receive a certificate and plaque from the System Chief.

A16. Team Performance Award

- **Description:** This award is intended to recognize administrative members for excellence. In special situations where functional units (work groups, sections, etc.) perform a task, special project or other non-emergency incident group activity which, while routine and a normal part of assigned duties, and while the unit's performance does not set it apart from other units with similar duties, the performance of the task(s) is identified as being a key to the successful outcome of the project.
- **Criteria:** Nominees are any members of the LC-CFRS.
- **Nomination:** This award is nominated by any supervisor/officer in the LC-CFRS. The Nomination Review Committee will make its recommendation to the System Chief.
- **Recognition:** Ongoing Award. The recipients will receive a certificate mounted in a plaque with the individual team member's names inscribed on it. The award will be provided by the appropriate chief officer and is intended to be displayed in a prominent location at the fire station or work location. In addition, each member of the group will receive a letter of recognition.

A17. Top Student (ALS, BLS and Fire School)

- **Description:** Recognizes the top student who has excelled in all aspects of school from practical, didactic and physical training. This student stands out in the areas of attitude, dedication, motivation and intelligence.
- **Criteria:** This award is open to system members who complete ALS, BLS, or fire certification school.
- **Nomination:** The training staff will maintain this award and determine each recipient.
- **Recognition:** Presented at the end of each EMS or fire school during graduation, the recipient(s) will receive a certificate and commendation bar from the training staff.

A18. Unit Citation Award

- **Description:** This award is intended to recognize a functional unit that performs in a superior manner on the scene of an emergency incident. The unit must display outstanding execution of duties and performance as to set it apart from other units with similar duties.
- **Criteria:** Nominee is any member of the LC-CFRS.
- **Nomination:** This award is nominated by any member of the LC-CFRS. The Nomination Review Committee will make its recommendation to the System Chief.
- **Recognition:** Ongoing Award. The recipients will receive a certificate mounted in a plaque with the individual team member's names inscribed on it. The award will be provided by the appropriate chief officer and is intended to be displayed in a prominent location at the fire station or work location. In addition, each member of the group will receive a unit citation certificate.

B. Specialty Service Recognition

The managers of the following specialty programs will award those who qualify to receive a bar.

B1. ALS-Intermediate Service Medal

Must hold an Intermediate level of certification for two years and have completed a preceptorship in Loudoun County. This specialty bar may only be displayed on the Class A, B or C uniform. Employees must forfeit wearing this specialty bar once they are no longer a certified EMT-I. The Battalion Chief of EMS or designee will maintain and disseminate this bar.

B2. ALS-Paramedic Service Medal

Must hold a Paramedic level of certification for two years and have completed a preceptorship in Loudoun County. This specialty bar may only be displayed on the Class A, B or C uniform. Employees must forfeit wearing their EMT-I bar once the level of EMT-P has been obtained. Employees must forfeit wearing this specialty bar once they are no longer a certified EMT-P. The Battalion Chief of EMS or designee will maintain and disseminate this bar.

B3. Hazmat Technician (I)

Must have completed Hazmat Technician level of certification and be an active member of the Hazardous Materials Response Team. This specialty bar may only be displayed on the Class A, B or C uniform as long as the employee's Hazmat Technician certification is up-to-date and the employee is an active member of the response team. The Hazmat Technician response team consists of anyone with an up-to-date Hazmat Technician certification who is able to be utilized in an operational role and is able to contribute during an emergency incident. The Hazardous Materials Team Leader or designee will maintain and disseminate this bar.

B4. Hazmat Technician (II)

Must have completed Hazmat Specialist level of certification and be an active member of the Hazardous Materials Response Team. This specialty bar may only be displayed on the Class A, B or C uniform as long as the employee's Hazmat Technician certification is up-to-date and the employee is an active member of the response team. The Hazmat Technician response team consists of anyone with an up-to-date Hazmat Technician certification who is able to be utilized in an operational role and is able to contribute during an emergency incident. The Hazardous Materials Team Leader or designee will maintain and disseminate this bar.

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B5. Honor Guard

Must be an active member of the Honor Guard. This specialty bar may only be displayed on the Class A, B, or C uniform. System members must forfeit wearing this specialty bar once they are no longer an active member of the Honor Guard. The head of the Honor Guard team or designee will maintain and disseminate this bar.

B6. Swift Water Technician

Must have completed Swift Water Technician, Ice Rescue Technician and the Loudoun County Emergency Boat Operator courses. This specialty bar may only be displayed on the Class A, B or C uniform as long as the employee's previously mentioned certifications are up-to-date and the employee is an active member of the response team. The Swift Water response team consists of anyone with an up-to-date Swift Water Technician, Ice Rescue Technician and Loudoun County Emergency Boat Operator certifications who is able to be utilized in an operational role and is able to contribute during an emergency incident. The head of the Swift Water program or designee will maintain and disseminate this bar.

C. Program Completion Recognition**C1. Chief EMS Officer**

Through the Center for Public Safety Excellence (CPSE), the Chief EMS Officer (CEMSO) Designation Program recognizes emergency medical services leaders of fire, private, hospital and third-service providers who have demonstrated excellence throughout their careers. The designation verifies past accomplishments and represents a launching point for continued achievement. The CPSE maintains and disseminates this bar.

C2. Chief Fire Officer

Through the Center for Public Safety Excellence (CPSE), the Chief Fire Officer (CFO) Designation Program was created to recognize fire officers who have demonstrated excellence and outstanding achievement throughout their career. The designation demonstrates that individuals have developed a strategy for continued career improvement and development. The highly competitive CFO designation assures departments that their leaders have the educational and technical competencies necessary to meet the demands of today's society. The CPSE maintains and disseminates this bar.

C3. Chief Training Officer

Through the Center for Public Safety Excellence (CPSE), the Chief Training Officer (CTO) recognizes administrators of training and educational programs in emergency services who have demonstrated excellence and outstanding achievement throughout their career. The process also assesses what contributions to the emergency services field the Chief Training Officer has made in the way of professional articles, public speaking, teaching and research

as well as professional memberships and community and civic involvement. The CPSE maintains and disseminates this bar.

C4. Executive Fire Officer

The National Fire Academy's (NFA) Executive Fire Officer Program (EFOP) provides senior fire officers with a broad perspective on various facets of fire and emergency services administration. The courses and accompanying research examine how to exercise leadership when dealing with difficult or unique problems within communities. The NFA maintains and disseminates this bar.

C5. Fire Marshal

Through the Center for Public Safety Excellence (CPSE), the Fire Marshal (FM) Designation Program recognizes fire prevention leaders who have demonstrated excellence and outstanding achievement throughout their career. The program also assesses contributions to the fire prevention field in the way of professional articles, public speaking, teaching and research as well as professional memberships and community and civic involvement. The CPSE maintains and disseminates this bar.

C6. Fire Officer

Through the Center for Public Safety Excellence (CPSE), the Fire Officer (FO) Designation is open to all company level officers, junior officers and above who have supervisory responsibilities or those who have served in an intermittent acting status for a minimum of twelve months. The CPSE maintains and disseminates this bar.

C7. National Honor Guard Academy

Recognizes personnel who have completed the National Honor Guard Academy (NHGA). The NHGA specializes in providing honor guard training to firefighters, police officers, and EMS personnel. The NHGA maintains and disseminates this pin.

C8. Officer Command School

Recognizes personnel who have completed all requirements of the Loudoun County Fire and Rescue (LCFR) Command School. The Battalion Chief of LCFR Human Resources maintains and disseminates this bar.

C9. Officer Development School

Recognizes personnel who have completed all requirements of the Loudoun County Fire and Rescue (LCFR) Officer Development School. The Battalion Chief of LCFR Human Resources maintains and disseminates this bar.

D. Valor Awards

Chamber of Commerce Valor Awards

These awards are sponsored and recipients are chosen by the Loudoun County Chamber of Commerce. These awards honor local heroes, from Public Safety personnel to ordinary citizens, for their courageous, often lifesaving actions. The entire Loudoun County business community is invited to attend these annual award ceremonies often held in April to help honor these dedicated public servants for their selfless acts of heroism and commitment to protecting our families, our neighbors and our community.

The Chamber of Commerce valor awards are selected by their Valor Awards Selection Committee each January. The System Chief will decide the LCFR representative. The committee will review the nominations submitted and determine the degree of risk and proper classification of the award to be presented. This procedure applies to all system members whether they were on or off duty. The nominated acts of valor must have occurred between January 1st and December 31st of the prior year. Nominations are to be received by the date, which is announced each year. Members may be nominated for the following valor awards based upon varying criteria:

D1. Gold Medal of Valor

This highest award is in recognition of an act involving the supreme sacrifice or extreme personal risk and heroism, which is clearly above and beyond the call of duty. The recipient will receive a medal, bar, and plaque.

D2. Silver Medal of Valor

This second highest award is in recognition of an act involving the significant personal risk and bravery beyond that which is expected during the performance of duty. The recipient will receive a medal, bar, and plaque.

D3. Bronze Medal of Valor

This third highest award is in recognition of acts involving personal risk and demonstrating unusual judgment, zeal and/or ingenuity during an emergency situation, when such action is beyond that normally expected in the performance of duty. The recipient will receive a medal, bar, and plaque.

D4. Lifesaving Award

Recognition of actions not normally involved in the performance of duties by an individual, which directly result in the saving of a human life. The recipient will receive a medal, bar, and plaque. This award may be presented to a civilian.

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D5. Certificate of Valor

This award recognizes acts demonstrating unusual judgment, zeal or ingenuity not normally involved in the performance of duties. The recipient will receive a bar and a framed certificate.

D6. Meritorious Service Award

No longer awarded, however, previous recipients may still wear on appropriate uniform. It was awarded for sustained exemplary performance within the scope of normal responsibilities, but performed in such a manner as to deserve recognition.

D7. Meritorious Civilian Award

Recognition of everyday citizens for their extraordinary acts of courage in emergency situations.

D8. Unit Citation

This award provides recognition of acts by a unit/division/company demonstrating unusual judgment, ingenuity and/or personal risk and bravery during an emergency situation, with such actions beyond those only expected in the performance of duty.

To nominate a member for a valor award, the following must be completed:

- a. The official award nomination form will be available in each station and made available to all system members.
- b. Nomination forms must be properly (and fully) completed. In addition to the nomination form, other supporting documentation (newspaper clippings, official records, video footage, and photographs of the incident) should be included.
- c. In order for the selection committee to determine significance of the nomination, please take sufficient time to create a very detailed description of the incident. The narrative should include, but not be limited to the following: summary of the specific act (what the person did to deserve recognition), date of the act, time of day of the act, location of the incident, other participants in the act, persons given aid, injuries to the nominee, equipment used at the scene, equipment used by the nominee, the specific dangers encountered, the nominee's specific actions, describe the incident scene (including hazards, point of rescue, weather conditions, etc.), and other recognition already received by nominee.
- d. Nomination forms submitted from department personnel must be signed by the nominator and their Battalion Chief then submitted through the chain-of-command to

the System Chief. A copy should be sent to the Deputy Chief of Operations or directly to the Chamber of Commerce, Valor Awards Selection Committee.

- e. A recent photograph, provided by the department, of the nominee(s) and/or group should be attached to the nomination form at the time of submission.

E. Agency Specific

E1. Alex Keepers Award

- **Description:** Recognizes a Loudoun County Fire and Rescue (LCFR) career recruit for most improvement between the first day of recruit school and class graduation.
- **Criteria:** This award is open to LCFR personnel only.
- **Nomination:** This award is nominated by LCFR training staff and presented at the end of each recruit school.
- **Recognition:** The recipient(s) will receive a certificate and lapel pin from the System Chief.

E2. Baby Delivery (Also known as Stork Award)

- **Description:** Recognizes a system member for a field delivery of a baby on an EMS incident or through emergency medical dispatch pre-arrival instructions. Only the personnel that are directly involved with delivery of the baby (delivery, suctioning, warming, and stimulating, and/or pre-arrival instructions) receive the award.
- **Criteria:** Each agency and/or division will develop its internal criteria for the receipt of this award.
- **Nomination:** Each agency and/or division will develop its own nomination method.
- **Recognition:** The recipient(s) will receive a commendation bar or pin from their respective agencies and/or division. Personnel who have received multiples of this award may receive a numeric pin at specific intervals (i.e. 5, 10, etc.). This will reflect the appropriate number of previous awards.

E3. Top Recruit

- **Description:** This award recognizes the top LCFR recruit who has excelled in all aspects of recruit school to include fire and EMS school from practical, didactic and physical training. This recruit stands out in the areas of attitude, dedication, motivation and intelligence.
- **Criteria:** This award is open to system members who complete LCFR recruit school.
- **Nomination:** The training staff will maintain this award and determine each recipient.
- **Recognition:** Presented at the end of each recruit class, the recipient(s) will receive a certificate and commendation bar from the training staff.

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E4. CPR-Life Saving Award (Also known as Walking Heart Award)

- **Description:** Recognizes a system member who provided direct patient care on a cardiac arrest where the patient recovers to the point when they are discharged from hospital care (or other defined criteria). Only the personnel that are directly involved with patient care (performed CPR, ventilations, defibrillation, medication administration, and/or pre-arrival instructions, etc.) receive the award.
- **Criteria:** Each agency and/or division will develop its internal criteria for the receipt of this award.
- **Nomination:** Each agency and/or division will develop its own nomination method.
- **Recognition:** The recipient(s) will receive a commendation bar or pin from their respective agencies and/or division. Personnel who have received multiples of this award may receive a numeric pin at specific intervals (i.e. 5, 10, etc.). This will reflect the appropriate number of previous awards.




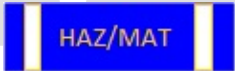


E5. Service Year Awards

Each agency may recognize their personnel for service milestones. Service milestones for County employees are typically recognized in the fall of each year. Volunteer agencies may recognize their members governed by their own policies. Typically, volunteer members are recognized at agency installation banquets in the beginning of the year.








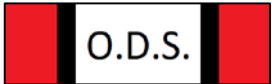

Achievement Awards

Clark J. Deener Memorial Award	
EMS Provider of the Year	TBD
Firefighter of the Year	
Hall of Fame Award	
John C. Carr, Jr. Memorial Award	
Meritorious Service Award	TBD
Officer of the Year	
Robert Hap Arnold ALS Instructor Award	
Robert Hap Arnold BLS Instructor Award	
System Chief's Commendation	
Top Student – ALS	
Top Student – BLS	
Top Student – Volunteer Fire School	



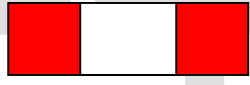

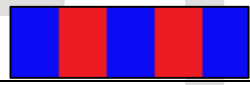

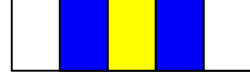
Specialty Service Recognition

EMT-Intermediate Service Medal	 The EMT-I Service Medal is a rectangular blue medal with a gold border. It features a gold Star of Life on the left and the text "EMT-I" in gold on the right.
EMT-Paramedic Service Medal	 The EMT-P Service Medal is a rectangular gold medal with a blue border. It features a blue Star of Life on the left, the text "EMT-P" in blue in the center, and a gold ECG line on the right.
Hazmat Specialist	 The Hazmat Specialist Medal is a rectangular gold medal with a blue border. It features a red field on the left, a yellow field in the center with a blue diamond, and a blue field on the right.
Hazmat Technician	 The HAZ/MAT Medal is a rectangular blue medal with a gold border. It features the text "HAZ/MAT" in gold.
Honor Guard	 The Honor Guard Medal is a rectangular blue medal with a gold border. It features the text "HONOR" and "GUARD" in gold, stacked vertically.
Swift Water Technician	 The SWT Medal is a rectangular blue medal with a gold border. It features the text "SWT" in gold.

Program Completion Recognition

Chief EMS Officer	
Chief Fire Officer	
Chief Training Officer	
Executive Fire Officer	
Fire Marshall	
Fire Officer	
Officer Command School	
Officer Development School	
National Honor Guard Academy	

Chamber of Commerce's Valor Awards


Gold Medal	
Silver Medal	
Bronze Medal	
Lifesaving Award	
Certificate of Valor	
Meritorious Service Award	No longer awarded 
Unit Citation	

Agency Specific Awards/Recognition

Stork Award	
Top Recruit	
Walking Heart Award	

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	LOUDOUN COUNTY COMBINED FIRE AND RESCUE SYSTEM SYSTEM-WIDE PROCEDURE (SWP)
TITLE	Volunteer Physicals
SECTION	
SWP#	
ISSUED	
REVISED	
APPROVED	System Chief _____ W. Keith Brower, Jr.

PURPOSE

The purpose of this system-wide policy is to define and describe the process for qualified volunteer members of the Combined Fire and Rescue System to obtain a physical.

Loudoun County mandates pre-placement (Candidate) physicals for all operational volunteer Fire and Rescue members who join the County after July 1, 2011. The County also provides, at no cost to incumbent operational volunteer members, an annual physical in accordance with applicable standards commensurate with the volunteer members' scope of practice (EMS-only or cross-trained/dual role Fire and EMS). Incumbent operational volunteers are strongly encouraged to participate in the annual physical program¹.

SCOPE

This policy applies to volunteer Loudoun County Combined Fire and Rescue System (LC-CFRS) operational personnel.

DEFINITIONS

Candidate – An individual who is seeking to become an operational member of a Volunteer Fire/Rescue Company located in Loudoun County, recognized in Chapter 258 of the Codified Ordinances of the County. For the purpose of this Policy, a Candidate may also be an incumbent member seeking eligibility to obtain initial training and certification as a firefighter.

Incumbent – An individual who is an existing (currently active) operational member of a Volunteer Fire/Rescue Company located in Loudoun County, recognized in Chapter 258 of the Codified Ordinances of the County.

Interim – A report provided by Occupational Health requiring a Candidate or Incumbent to take action before a determination can be made on the individual's clearance to participate in

¹ This SWP replaces FRG 3.1.2 and 3.1.3

operational activities.

NFPA Physical – The National Fire Protection Association (NFPA) 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments²

OSHA Physical – The U.S. Department of Labor Occupational Safety & Health Administration (Respiratory Protection) regulations. See also 29 CFR 1910.134

Occupational Health – The County’s contracted agent to provide professional medical expertise in the area of occupational health as they relate to emergency services.

Operational Member – An operational member is one who is authorized to perform essential fire suppression and rescue (EMS) duties as a member of a Fire or Rescue Company recognized under Chapter 258 of the Codified Ordinances of Loudoun County. Administrative members who provide support services to operational members are excluded.

Physical – An NFPA or OSHA medical examination performed by the County Occupational Health provider.

POLICY

- A. All Candidates shall satisfactorily complete a physical administered and interpreted by Occupational Health.
- B. Occupational Health shall serve as the responsible agency in determining medical clearance to participate as an operational member of the Combined Fire and Rescue System.
- C. All Incumbent members are eligible for annual physicals administered by Occupational Health.
- D. Incumbent members previously cleared under the OSHA standard must complete an NFPA 1582 physical as a Candidate to be eligible for initial firefighter training and certification.
- E. Participants in the Volunteer Battalion Chief Program are required to successfully complete an annual physical (NFPA 1582) (*effective 07/01/2016*)
- F. Part-Time Instructors who work and conduct training involving IDLH environments at the Robert O.R. Dube’ Fire Rescue Academy are required to successfully complete an annual physical (NFPA 1582).
- G. Sample components of the NFPA & OSHA physical are herein provided in APPENDIX I.
NOTE: The list below is informational only. The contract between the County of Loudoun and the Occupational Health provider will serve as the determining guide for the component parts of specific physicals.

² The LC-CFRS currently references the 2013 Ed. of NFPA 1982

PROCEDURE

I. Candidate Physicals

- A. Candidate physicals are performed during the affiliation process and will determine the prospective volunteers' eligibility as an operational member.
- B. The ranking administrative officer (or designee) of a Volunteer Company will communicate with the Volunteer Programs Section via electronic mail to vol_health@loudoun.gov to schedule an NFPA or OSHA physical. The email from the Company leadership will serve as authorization from the Company of the candidate's intent to affiliate with the Company. The email will provide the candidate's name, contact information and the Company's determination of the type of physical being requested (OSHA or NFPA).
- C. Volunteer Programs will send the Candidate instructions and access to the online physical schedule program to set up their physical at a time suitable to their schedule.
- D. Candidates seeking clearance under NFPA 1582 will be evaluated under Chapter 6 of the Standard.
- E. Candidates will receive the results of the physical and the Volunteer Programs Manager will receive a disposition as follows :
 - 1. The individual is cleared to perform both firefighter and rescue duties
 - 2. The individual is cleared to perform rescue duties only
 - 3. The individual has the following restrictions (these will be described in detail by the physician)
 - 4. The individual is not cleared to perform firefighter or rescue duties
 - 5. The Individual is required to follow up with personal physician/specialist to obtain clearance
- F. Volunteer Programs will forward the disposition to the Candidate and the ranking administrative officer (or designee) of a Volunteer Company. . **The only information provided by Occupational Health will be a determination of eligibility.**
- G. Results will also designate the level of Respirator clearance authorized for the individual in accordance with the County's Respiratory Protection Program.
- H. An interim report may be issued that requires the candidate to take action before a final determination can be made by Occupational Health. An interim may require the individual to seek additional medical testing not covered by the County. Individuals are responsible to ensure Occupational Health receives proper documentation in the time requested. Failure to provide documentation will result in a "not cleared" determination.
- I. Candidates who are not cleared may re-apply through their Company leadership one year from the date of their last-completed exam. A second failure will result in a two year delay before a third and final attempt can be requested. Candidates who are not cleared for operational participation may affiliate as an administrative member at their Company's discretion but may not participate in operational activities of the System.

II. Incumbent Physicals

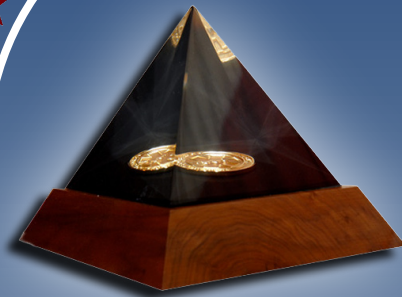
- A. Incumbent members may request an annual physical at any time by electronic mail to the Office of Health and Safety (OHS) at OHS@loudoun.gov. Incumbent firefighters will be evaluated using Chapter 7 of NFPA 1582. Incumbent EMS-only providers will be evaluated using the OSHA standard.

- B. Affiliation and status will be verified by Volunteer Programs Staff and the Incumbent will be sent access to the online physical schedule program to set up their physical for a time suitable to their schedule.
- C. Incumbent members may also request to be placed on the annual physical cycle by notifying OHS@loudoun.gov. Thereafter, participating incumbents will receive an email two months in advance of their birth month with access to the online portal to schedule their physical.
- D. The disposition will be forwarded from Occupational Health to OHS. OHS will forward the results to the individual. **The only information provided by Occupational Health will be a determination of eligibility.**
- E. Incumbents will receive the results of the physical and OHS will receive a disposition as follows :
 - 1. The individual is cleared to perform both firefighter and rescue duties
 - 2. The individual is cleared to perform rescue duties only
 - 3. The individual has the following restrictions (these will be described in detail by the physician)
 - 4. The individual is not cleared to perform firefighter or rescue duties
 - 5. The Individual is required to follow up with personal physician/specialist to obtain clearance.
- F. Incumbents may be issued an Interim report. An Interim report requires the incumbent to take action before a determination can be made by Occupational Health. An interim may require the incumbent to seek additional medical testing not covered by the County. Incumbents are responsible to ensure Occupational Health receives proper documentation in the time requested. Incumbents can request of Occupational Health and extension to their interim; those will be evaluated by Occupational Health and only granted when medically acceptable to do so. Failure to provide documentation will result in a “not cleared” determination.
- G. Incumbent members who are issued an Interim may remain operational members of the System unless otherwise noted on the Interim report.
- H. Incumbent members who complete an annual physical and receive a “Not Cleared” report shall be removed from operational duties (including exertional training). Affected System leaders will be notified of a “Not Cleared” status. Incumbent members restricted from participating in operational activities will remain operationally inactive until the Occupational Health provider clears the individual to return to operational duties.
- I. Incumbent members who, in the course of their employment with Loudoun County, fail a physical required in the course of their employment will be restricted from participating as an operational volunteer until medical issues are resolved and clearance provided by Occupational Health.

APPENDIX I
Components of Physicals

NFPA	OSHA	<u>Physical Components</u>	<u>Notes</u>
X	X	Audiometry	Mandatory
X	X	Body Fat / Body Composition	Mandatory
X	X	CBC W / Differential	Mandatory
X	X	Vision	Mandatory
X	X	Flexibility / Strength	Mandatory
X	X	Hepatitis B Surface Antibody / Titer	Mandatory
X	X	Chem Profile	Mandatory
X	X	Urine Dip	Mandatory
X	X	Physical Exam	Mandatory
X	X	Spirometry	Mandatory
X		Stress Test	Mandatory
X	X	Quantiferon Test	Mandatory
X	X	Respirator Clearance	Mandatory
X		PSA- Prostate Specific Antigen	Men only, Age and Risk factors considered.
X	X	Hepatitis B Vaccine - Series of 3	supplemental - needed based on titer result
X		Mammography Screening	Female only
X	X	Tetanus	supplemental - based on CDC recommendation
X	X	Chest X-ray 2 View	Baseline at preplacement, supplemental - every 3 years
X	X	Hepatitis C Confirm RIBA	supplemental - only if Hep C antibody is positive
X	X	Urinalysis (Micro)	supplemental - only if urine dip is abnormal
X	X	EKG Resting w /interpretation if no stress test	Mandatory OSHA Periodic for NFPA- based on age
X	X	Hepatitis C Antibody	Only Candidate
X	X	PPD	supplemental - Quantiferon comes back positive

The Northern Virginia EMS Council Wants to Recognize You!



Recognize Excellence in EMS

Nominate someone today for the
2016 Governor's EMS Awards



**Metropolitan Washington
Airports Authority, Fire
and Rescue Department**
Outstanding EMS Agency



John Morgan, M.D.
*Physician with Outstanding
Contribution to EMS*



Tammy Murcek
*Outstanding
Contribution to EMS
Telecommunications*



Caroline Meier
*Outstanding Contribution
to EMS by a
High School Senior*

Northern Virginia EMS Region's 2015 Governor's EMS Award Winners

Celebrate your fellow EMS personnel and recognize them for the
outstanding level of commitment and dedication they provide
to the regional and state EMS system.

Visit www.vaems.org for more information.



Northern Virginia EMS Council



Promoting & Protecting the Health of All Virginians
www.vdh.virginia.gov



Recognize Excellence in Emergency Medical Services

*Acknowledge the dedication and devotion of your fellow EMS providers
and those who support the EMS System by nominating someone today for a
Regional EMS Council Award!*

Submit a nomination in one of the following award categories:

- Excellence in EMS
- Prehospital Educator
- EMS Agency
- Contribution to EMS for Children
- Physician with Contribution to EMS
- EMS Administrator
- Prehospital Provider
- EMS Telecommunications Dispatcher
- Contribution to EMS Health and Safety
- Nurse with Contribution to EMS
- Emergency Preparedness and Response (**New this year!**)
- Scholarship - Contribution to EMS by a High School Senior
(\$1,000 Regional Award - \$5,000 State Award)

Visit www.vaems.org and click on your region for downloadable nomination forms, award deadlines and award program dates.

Find out more about the regional and state award programs at
<http://www.vdh.virginia.gov/OEMS/ProviderResources/GovernorAwards/index.htm>.

Governor's Awards Nomination Guidelines

1. Regional EMS Councils are responsible for submitting a nominee packet for every category that they have a nomination for.
 - The Regional EMS Council must post nomination packets and accompanying items in the Awards folder in the Regional Council's online portal.
 - All nominee application documents need to be in one PDF document
 - A high resolution (300 DPI) JPEG image must be provided for each nominee.
 - Your submission should contain up to 12 PDF files and JPEG images for each nominee.
2. Regional EMS Councils must submit their entries using the nomination form cover page that is provided in the nomination packet from the Office of EMS. It must be filled out completely and not hand written **(handwritten nominations will not be accepted)**.
3. A separate list of the nominee names and correlating categories must be provided with the nomination packets. This will allow the Office of EMS to verify that we have received every packet and it will help us create the grading grid.
4. **The Regional EMS Council deadline for nomination submissions to the Office of EMS is no later than 5 p.m. on Friday, July 15, 2016.** Please note that the Office of EMS may be required to change this deadline date in order to meet the needs of the Office of the Governor. If changes occur, the Office of EMS will let you know as soon as possible.
5. Any Regional EMS Council that does not submit entries before the deadline will receive a monetary penalty that will be designated by the Office of EMS and you risk the nomination not being accepted by the Awards Nomination Committee.
6. **Up to three (3) supporting documents** including a resume or CV, letters of recommendation, newspaper/periodical articles and other materials will be accepted. If more than three documents are included, the Office of EMS will accept the first three and discard the rest before sending to the committee. Videotapes, audiotapes and phone calls will not be considered by the awards committee. **Regional EMS Councils are responsible for obtaining these documents if they're not included with the entry.**
7. **Award nominees will become ineligible to receive the Governor's EMS Award if they have won in the same category within the last five years.**
8. Anyone who submits nominations must check the criteria for each award to ensure that the nominee is placed in the correct category. Failure to have nominee in most appropriate category may result in the nomination not being considered.

- This is a common occurrence each year. The awards committee states that there are often nominees who would be great for another category, but are often placed in one where they are not competitive or do not meet the criteria. It is up to the Regional EMS Council to make sure that each nominee is in the correct category. **The Regional EMS Council is responsible for updating/changing any nominee's category prior to submission to the Office of EMS.**
9. Regional EMS Councils must include a digital photo of each nominee submitted. Try to send a color photo (with good lighting) with just the nominee in it. If it is an agency or organization, the photo can be a group shot of agency members, shot of agency headquarters or a logo. It must **be a photo with 300 DPI or a high resolution photo.**
10. Any nominee entry not meeting the requirements below will be disqualified and not considered for the Governor's Awards.
- **Must have approved cover sheet**
 - **Cannot be handwritten**
 - **Must include photo of each nominee**
 - **Must be submitted to Office of EMS by approved deadline**
 - **All of the information must be uploaded to the portal**
 - **All nominations must be signed by on behalf of your Regional Council**

2016 Governor's EMS Awards

Criteria by Category

Excellence in EMS

CRITERIA: An individual who exemplifies outstanding dedication and service to the statewide Virginia emergency medical services system, and has demonstrated a commitment to a comprehensive, integrated system of emergency medical services throughout the Commonwealth.

ELIGIBILITY: Any individual engaged in emergency medical services.

Outstanding EMS Administrator

CRITERIA: An individual who has demonstrated ability to organize, conduct, manage, problem solve and evaluate within his or her organization and, by exemplary leadership and administrative skills, improve the effectiveness, response and delivery of EMS.

ELIGIBILITY: Any person responsible for chairing, presiding over, supervising or administering EMS organizations and/or personnel in Virginia.

Outstanding EMS Agency

CRITERIA: An EMS agency that exemplifies outstanding professionalism and service to its community; whose high level of patient care is evident by innovative training, community awareness, preventive health programs, public relations efforts and participation in local, regional and statewide EMS systems.

ELIGIBILITY: Any currently licensed or official agency that is recognized by the state or federal government that is based in Virginia and is directly responsible for responding to emergencies or disasters and providing the direct delivery of care. Includes governmental, commercial, volunteer, hospital, industrial and air ambulance services.

Outstanding Contribution to EMS for Children

CRITERIA: An individual, organization or program that exemplifies outstanding dedication and service to the contribution, development and/or enhancement of EMS for children in Virginia.

ELIGIBILITY: An individual, organization or program with a significant contribution to the development or enhancement of EMS for children in Virginia. Services cover a continuum of care, from injury prevention to pre-hospital care, emergency department and hospital services, and rehabilitation.

****Outstanding Contribution to EMS Emergency Preparedness and Response**

CRITERIA: Any individual, EMS organization or EMS response group within the Commonwealth of Virginia that has demonstrated comprehensive and/or significant accomplishments for programs that provide preparedness, response and recovery from natural, man-made and preplanned events, which cause a significant impact on the agency and the community. These activities should directly relate to and impact the provision of emergency medical care during these events.

ELIGIBILITY: Any individual, EMS organization or EMS response group within the Commonwealth of Virginia

Examples of programs meeting eligibility for this award would include; Disaster Response Teams, Community Emergency Response Teams, Continuity of Operations Planning, Mass Casualty Incident Training programs, pandemic planning and surge event planning. Eligible applicants include persons or entities developing or managing such programs.

Outstanding Contribution to EMS Health & Safety

CRITERIA: Any individual, program, business or licensed EMS Agency within the Commonwealth of Virginia that has demonstrated comprehensive and/or significant accomplishments/programs that make a significant contribution to or provide for the health, safety and welfare of EMS providers.

ELIGIBILITY: Any individual, program, business or licensed EMS Agency within the Commonwealth of Virginia.

Examples of programs meeting eligibility for this award would include EMS provider health and wellness programs (fitness and wellness, cardiovascular health), scene safety programs (aeromedical operations, emergency vehicle operations), and provider injury prevention programs (injury prevention at violent scenes) designed to prevent line of duty death and injury. Eligible applicants include persons or entities developing or managing such programs.

Nurse with Outstanding Contribution to EMS

CRITERIA: A nurse who exemplifies outstanding service in emergency medical services; knowledge and performance of EMS nursing skills; and high standards of cooperation and leadership with other EMS personnel and agencies. Highest consideration is given to performing a nursing role in a hospital or clinical setting such as precepting or quality assurance programs. Nurses who have demonstrated excellence as a pre-hospital provider or instructor should be nominated for those categories.

ELIGIBILITY: Any Virginia licensed nurse serving in an active position.

Physician with Outstanding Contribution to EMS

CRITERIA: An EMS physician who exemplifies outstanding leadership and dedication in the exercise of pre-hospital care.

ELIGIBILITY: Any licensed physician who is actively involved with pre-hospital care, training or mentorship of pre-hospital providers in the Commonwealth. This can include emergency room physicians, operational medical directors, or other physicians who dedicate their time and knowledge to furthering education and patient care in EMS.

Outstanding Prehospital Educator

CRITERIA: A provider who exemplifies outstanding teaching and leadership qualities while participating as an educator in an EMS program. Must have coordinated or consistently demonstrated excellence and a dedication to the education of pre-hospital EMS providers. The nominee must have participated as an instructor, coordinator or adjunct faculty in an EMS program for at least two years. Educational programs include: First Responder, EMT-B, EMT Enhanced, EMT Intermediate, EMT Paramedic, continuing education courses, preceptor programs or equivalent EMS training.

ELIGIBILITY: A Virginia EMS educator.

Outstanding Prehospital Provider

CRITERIA: An individual who exemplifies outstanding dedication and service to his or her community through involvement with EMS.

ELIGIBILITY: Any individual who routinely provides pre-hospital care, primarily in Virginia, is affiliated with at least one Virginia licensed EMS agency and who is certified as a pre-hospital EMS provider by the Commonwealth of Virginia.

Outstanding EMS Telecommunications Dispatcher

CRITERIA: An emergency medical telecommunicator, public safety answering point administrator, supervisor or training officer whose outstanding dedication and service has demonstrated an exceptional contribution to the improved delivery of emergency medical services in the local, regional or statewide EMS system.

ELIGIBILITY: An emergency medical telecommunicator, public safety answering point administrator, supervisor or training officer who is employed or volunteers with an organized emergency medical services dispatch center or public safety answering point in Virginia.

Outstanding Contribution to EMS by a High School Senior This competitive \$1,000 scholarship will be awarded to a high school senior who has been affiliated with an EMS agency within the (insert region) EMS Region for at least six months, and who is currently enrolled or will be enrolled in an institution of higher learning or an accredited ALS training program in the coming year.