

Training and Certification Committee
OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia
July 9, 2014
10:30 am

Members Present:	Members Absent:	Staff:	Others:
Larry Oliver – Chair	William Ferguson	Dr. George Lindbeck	Chad Blosser
William Akers	Jason Jenkins	Warren Short	Gary Morris
Donna Burns		Debbie Akers	Cathy Cockrell
Kathy Eubank		Peter Brown	Marcia Pescitani
Dr. Robin Foster		Michael Berg	
Dr. Charles Lane		Scott Winston	
Wayne Perry			
John Wanamaker			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:35 a.m.	
II. Introductions	Committee Members and Guests introduced themselves	
III. Approval of Agenda	The Committee reviewed the Agenda for today’s meeting. (Attached)	Accepted by mutual consent.
IV. Approval of Minutes	The Committee reviewed the minutes of the April 9, 2014 Quarterly Meeting (Attachment: A)	Accepted by mutual consent.
V. Reports of Committee Members	<p>A. Officer Reports</p> <p style="padding-left: 20px;">a. Chairman’s Report – Larry Oliver:</p> <p style="padding-left: 40px;">i. Since last meeting Stephen Rhea has left and the Executive Committee has appointed Wayne Perry to replace him on the committee</p> <p style="padding-left: 40px;">ii. Governor has made appointments to the EMS Advisory Board and only four reappointments. There will be many new faces on the EMS Advisory Board this next year.</p> <p>B. Reports of Committee Members</p> <p style="padding-left: 20px;">1. Medical Direction: Dr. Charles Lane (reported by Debbie Akers)</p> <p style="padding-left: 40px;">a. No action items for MDC and no action items on the agenda for MDC meeting on 7/10.</p> <p>C. Office of EMS</p> <p style="padding-left: 20px;">1. BLS Training Specialist – Greg Neiman (reported by Debbie Akers)</p> <p style="padding-left: 40px;">a. EC Institute</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> i. The June Institute was canceled due to the low numbers of eligible candidates. Expecting to have enough to hold the September Institute @ VAVRS. ii. Next Practical is set for August 9th here in the Richmond area. b. Updates <ul style="list-style-type: none"> i. The DED Division will stay on the road for 2014. ii. Next update is scheduled for September 20th, 2014 in the ODEMSA region. iii. See the latest schedule on our Webpage: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm c. VEMSES testing <ul style="list-style-type: none"> i. No real change in the results of initial testing. 2. ALS Training Specialist – Debbie Akers <ul style="list-style-type: none"> i. ALS Coordinators are continuing to be re-endorsed and any new candidates are being directed to the EMS Education Coordinator process. 3. Accreditation/Funding <ul style="list-style-type: none"> a. EMSTF (Attachment: B) <ul style="list-style-type: none"> i. Report distributed. ii. 2015 EMSTF Contracts are still being reviewed by the AG’s office. Have advised instructors to submit course approvals and the Office will accept the funding contract when made available. b. Accreditation (Attachment: C) <ul style="list-style-type: none"> i. Report distributed. ii. Re-Accreditation visit was conducted on June 19-20 for UVA Prehospital Intermediate Program – awaiting findings report from site visit team. iii. Re-Accreditation visit for Danville Training Center will be conducted next week. iv. Rappahannock Community College is now under Letter of Review and will be offering their first cohort Paramedic class starting in the fall. v. Southwest Virginia EMS Council Intermediate Program initial accreditation visit will be conducted in mid-August. vi. BLS one year follow-up visits will be conducted on 7/23 at Virginia Beach Fire & EMS Training Center and on 7/30 at Navy Regional. c. BLS NR Statistics (Attachment: D) <ul style="list-style-type: none"> i. Distributed latest results as of 7/03/2014 ii. Also distributed results from 3rd quarter 2013 through 2nd quarter 2014. 4. Certification Testing – Peter Brown <ul style="list-style-type: none"> a. Has replenished staff with recent hirings. Josh Wilkinson and Cody Jackson have been hired in SWEMS region, Chris Christensen has been hired for CSEMS and TJEMS region and Ksenia Stace has been hired for TEMS & PEMS region. 5. Division of Educational Development – Warren Short 	<p style="text-align: center;">Discussion by committee about how to encourage students to complete the testing process.</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> a. Issue of the value in education versus access to a test is still of concern to our office so the Office of EMS has changed the process for reciprocity. A check is being conducted to find out where and how education was completed before reciprocity is offered. b. EMSTF funding penalty will be implemented with the 2015 contracts. Those Educators who have had any enforcement action from Regulation and Compliance will not be eligible for funding for the next five (5) years. <p>6. Regulation & Compliance – Michael Berg</p> <ul style="list-style-type: none"> a. The practitioner signature requirement remains in the Governor’s office for signature. There is no deadline requirement for him to sign this regulation b. F.A.R.C. regulatory packet is still being reviewed by the AG’s office. c. The regulatory packet for affiliation is still under review in Regulation and Compliance. d. The criminal background check is not currently required for students enrolling in initial certification programs. e. No further name checks are being conducted as of July 1, 2014. f. All OMD updates have been completed for this year until November. There is no variance or extension available for an OMD/PCD who is about to expire. Please contact your PCD/OMD to encourage their participation in the OMD portal as only about 20% who have utilized the portal to date. g. Board of Pharmacy was developing a fast track regulatory packet concerning the drug box process, wasting of narcotics, exchange one for one rather than box for box exchange. The initial draft did not include one for one exchange. An amendment will be completed to allow this exchange and also directions concerning the wasting of narcotics that would allow provider to provider verification. <p>7. Other Office Staff</p>	
<p>VII. Previous Business</p>	<p>A. Workgroups</p> <ul style="list-style-type: none"> a. Online EMS Programs Sub-Committee – Bill Akers <ul style="list-style-type: none"> i. Three meetings have been conducted to date and the committee is working cautiously and carefully so that a product is produced that is useable at all levels. Quality assurance is focus of group to make sure that product will be providing the best learning experience available in an online learning environment. Goal is that the end product will be of value to all level. b. ALS Competency Workgroup – Bill Akers <p>Attachments: E and F</p> <ul style="list-style-type: none"> i. Presented a motion from the workgroup concerning the revisions of the RN to Paramedic competencies and experiential learning credit. 	<p>Motion By: Bill Akers To: Accept the Proposed RN to Paramedic Competencies Document which will go into effect: with approval by EMS Advisory Board</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>c. CE Revision Workgroup – Mike Garnett/Donna Burns (Attachment: G)</p> <p>i. Presenting a draft of the proposed hours for Virginia Recertification</p> <p>d. CTS Evaluator Training Workgroup – Tom Nevetral/Kathy Eubank</p> <p>i. Marcia Pescitani is recording the voice part of the online PowerPoint Presentation today.</p> <p>e. EMT Best Practices Workgroup – Billy Ferguson (Debbie Akers provided report)</p> <p>i. Workgroup continuing their work.</p>	<p>Second By: Dr. Lane</p> <p>Vote: Unanimous Approval</p> <p>Motion By: Bill Akers To: Accept the Experiential Learning Document which will go into effect: with approval by EMS Advisory Board Second By: Donna Burns</p> <p>Vote: Unanimous Approval</p> <p>Motion By: Donna Burns To: Accept the proposed continuing education hours for providers to recert in Virginia when the Registry implements their new hours in 2016. Virginia Providers wishing to maintain their National Registry must meet the minimum hours as set by the Registry Second By: Wayne Perry</p> <p>Vote: Unanimous Approval</p> <p>Dr. Lane recommended that contact be made with an Educational Specialist to help define best practices.</p>
VII. New Business	<p>A. Warren Short reported that a call for presentations for the 2015 EMS Symposium will be released next week and encouraged everyone to reach out to individuals to submit their proposals</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>for presentations.</p> <p>B. August 1, 2014, registration for EMS Symposium will be opened. It will be a new online process. Several changes will be noted. When selecting the programs, you will be able to do specific searches to assist in selecting their courses. Will be a web-based process to assist in the process.</p> <p>C. Larry Oliver stated that six years ago when appointed to the EMS Advisory board and then to the TCC committee it was his pleasure to serve. The past six years have presented many challenges. He reminded everyone that they serve a very important role in the future of EMS Education in the Commonwealth of Virginia and they should take their role seriously. He stated that the committee has done a lot of positive work and he has been honored and humbled to have had the privilege to serve as the chairman of this committee.</p> <p>D. Warren Short extended the appreciation of the Office of EMS for Larry Oliver's significant contribution to the EMS system in Virginia.</p>	
VIII. Public Comment	<p>Marcia Pescitani stated that the exhibit hall for the 2014 EMS Symposium has been sold out with the exception of a couple of booths in the hallway. Should you know of someone who would be interested in a booth to have them contact her.</p>	
IX. Dates for 2014 Meetings	October 8	
X. Adjourn	Meeting adjourned at 12:36 pm	

Training & Certification Committee
Wednesday, July 9, 2014 - 10:30 AM
OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059
Meeting Agenda

- I. Welcome**
- II. Introductions/Orientation**
- III. Approval of Agenda**
- IV. Approval of Minutes from April 9, 2014**
- V. Reports of Committee Members**
 - a. Officer Reports
 - b. Reports of Committee Members
 - i. Chairman Report
 - ii. Medical Direction Committee - Dr. Charles Lane
 - iii. Committee Members
 - c. Office of EMS
 - i. BLS Training Specialist – Warren Short, OEMS
 - ii. ALS Training Specialist – Debbie Akers, OEMS
 - iii. Funding and Accreditation – Debbie Akers, OEMS
 - iv. Certification Testing Coordinator – Peter Brown, OEMS
 - v. Division of Educational Development (DED) - Warren Short, OEMS
 - vi. Regulation & Compliance – Michael Berg, OEMS
 - vii. Other Office Staff
- VI. Previous Business**
 - a. Workgroups
 - i. Online EMS Programs Sub-committee – Bill Akers
 - ii. ALS Competency Workgroup – Bill Akers – **2 Motions**
 - iii. CE Revision Workgroup – Mike Garnett/Donna Burns - **Motion**
 - iv. CTS Evaluator Training Workgroup – Tom Nevetral/Kathy Eubank
 - v. EMT Best Practices Workgroup– Billy Ferguson
- VII. New Business**
- VIII. Public Comment**
- IX. Dates for 2014 Quarterly Meetings 1/8, 4/9, 7/9, 10/8**
- X. Adjourn**

**Attachment: A to the
July 9, 2014 TCC Minutes**

**Approved
April 9, 2014
Minutes of the TCC**

Training and Certification Committee
OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia
April 9, 2014
10:30 am

Members Present:	Members Absent:	Staff:	Others:
Stephen Rea – Acting Chair	Larry Oliver – Chair	Gary Brown	Chad Blosser
Donna Burns	William Akers	Scott Winston	Cathy Cockrell
Kathy Eubank	Dr. Charles Lane	Warren Short	Adam Alford
Jason Jenkins	William Ferguson	Debbie Akers	Marcia Pescitani
John Wanamaker	Dr. Robin Foster	Dr. George Lindbeck	
		Michael Berg	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:37am	
II. Introductions	Committee Members and Guests introduced themselves	
III. Approval of Agenda	The Committee reviewed the Agenda for today’s meeting. (Attached)	Accepted by mutual consent.
IV. Approval of Minutes	The Committee reviewed the minutes of the January 8, 2014 Quarterly Meeting (Attachment: A)	Accepted by mutual consent.
V. Reports of Committee Members	<ul style="list-style-type: none"> A. Officer Reports <ul style="list-style-type: none"> a. Chairman’s Report – Larry Oliver – not present B. Reports of Committee Members <ul style="list-style-type: none"> 1. Medical Direction: Dr. Charles Lane – not present C. Office of EMS <ul style="list-style-type: none"> 1. BLS Training Specialist – Greg Neiman (reported by Debbie Akers) <ul style="list-style-type: none"> a. EC Institute <ul style="list-style-type: none"> i. 10 candidates attended the Instructor Institute held at the VAVRS office in Oilville from March 29-April 2. ii. All completed successfully, we now have 8 new Education Coordinator and 2 ALS-C. iii. This was the last opportunity for any new ALS-Coordinator to become endorsed. Any future candidates will be required to go through the Education Coordinator process. 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> iv. June institute could potentially be cancelled due to lack of candidates. b. Updates <ul style="list-style-type: none"> i. The DED Division will stay on the road for 2014. ii. Next update is scheduled for April 19, 2014 in the TJEMS region. iii. See the latest schedule on our Webpage: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm c. VEMSES testing <ul style="list-style-type: none"> i. No real change in the results of initial testing. 2. ALS Training Specialist – Debbie Akers <ul style="list-style-type: none"> i. Reported that the final 2 pending ALS-Coordination candidates attended the Instructor Institute and are now endorsed. ii. Reported on the new rulings by CoAEMSP concerning distance education and hybrid EMS certification courses. iii. Reported that the National Registry transition testing process for NR I-99's who have attended a state approved I-P bridge course is going well. Program Directors have been given the option to not allow their students to pursue this path and have been notified that one program has made this decision. 3. Accreditation/Funding <ul style="list-style-type: none"> a. EMSTF (Attachment: B) <ul style="list-style-type: none"> i. Report distributed. ii. Funding is still available for this fiscal year. iii. EMSTF contracts are being reviewed and will be made available for distribution in May. b. Accreditation (Attachment: C) <ul style="list-style-type: none"> i. Two paramedic programs (Lord Fairfax CC and Patrick Henry CC have had their CoAEMSP accreditation visits and are awaiting their CoAEMSP response to the visit. ii. Two paramedic programs (Rappahannock CC and Prince William have complete their first cohort class and are now required to submit their ISSR to CoAEMSP who will then schedule their accreditation site visit. iii. 1 new Paramedic Program still on the horizon iv. Initial self study has been received for an Intermediate program at Southwest VA EMS Council. v. BLS <ul style="list-style-type: none"> 1. Two programs are slated for their one-year follow up. Navy Regional has been advised they cannot begin any further classes until their one year visit is conducted. vi. The first Advanced EMT accreditation packet will be delivered to the office next week. 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> c. BLS NR Statistics (Attachment: D) <ul style="list-style-type: none"> i. Distributed latest results as of April 8, 2014. ii. Shared additional information concerning number of students who have now exceeded the one year psychomotor test date. 468 candidates have exceed that one year window; 25.6% have never attempted the exam, 45.1% have made their first attempt that was paid by the Office of EMS, the balance of 29.3% have made two or more unsuccessful attempts without gaining certification. 4. Certification Testing – Warren Short <ul style="list-style-type: none"> a. Advised that a new Pearson Vue testing center has been opened at Wytheville Community College. 5. Division of Educational Development – Warren Short <ul style="list-style-type: none"> a. Reported that the Division of Educational Development attended a meeting of the VCCS programs last week as a guest. Discussion concerning the need to develop an Intermediate examination. National Registry has indicated that the current exam will be available through 2018. Only 3 states are currently continuing to certify I-99s (Virginia, Maryland and Colorado). Will likely utilize the Atlantic EMS Council test generator currently housed in North Carolina to generate the examination. Will take the involvement of the Intermediate Program Directors in the development of this examination. Question posed by Chad Blosser concerning the purchase of such an examination from a company offering the generation of EMS certification examination. b. Reported that the plans are for the release of the OMD portal by close of business, April 9, 2014. It will allow the OMD to monitor providers, agencies, courses, etc. Internet Explorer must be used to access the OMD portal and if IE 8 or greater is used, it must be placed in compatibility mode. c. Reported that the EMS Symposium Registration system will be utilizing a new program that will not have the Internet Explorer restrictions. d. Reported that the Division of Educational Development will be releasing the new statistics for ALS and BLS programs. Committee members asked for clarification on the timeline for the reporting of the BLS statistics. The committee feels that the statistics should remain reflective of the time line from July 1, 2012 to current. e. HB1010 has been continued. It is anticipated attempts to change the minimum number of training hours to become certified as an EMR and EMT will come up again in the next session of the General Assembly, f. EMS Certification cards have not been mailed for a period of time. OEMS anticipates that it will be resolved prior to the end of April. 6. Regulation & Compliance – Michael Berg <ul style="list-style-type: none"> a. Mr. Berg attended the Spring BOG meeting of VAVRS on April 5 in Bristol, VA. He received appreciative comments for the ability to recertify by completion of the continuing education requirements only. The new recertification process has been 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>positively received.</p> <ul style="list-style-type: none"> b. Reported that the Practitioner Signature is in the Secretary of Health and Human Resources office for review prior to moving to the Governor’s office for review and signature. Upon receipt in the Governor’s office there is no required timeline for signature, however, once signed it will require a 30 day comment period at which point it would go into effect. c. Reported that Regulation 12VAC 5-31-910 had excluded the word affiliation in the current regulations. A change has been submitted that will allow the word affiliation to be added back to this regulation. d. Reported that the OMD updates are continuing to be conducted however the updates are poorly attended. The last update to be held prior to the November 2014 EMS Symposium will be at Rescue College in Blacksburg in June. e. Reported that he had received the last of the software and hardware needed last week to move forward with the fingerprint background checks. In the final stages of establishing the process and notifying the Regional EMS Councils to start distributing fingerprint cards for background checks. A discussion was held concerning the need to perform the background checks on students enrolled in initial EMS courses and some instructors are reporting hospitals and other medical facilities are now requiring background checks before students can conduct clinical rotations. <p>7. Other Office Staff</p> <ul style="list-style-type: none"> a. Scott Winston – Reported to the committee that approximately 2 weeks prior the Office of EMS had received guidance from the Attorney General’s Office and has posted a document on the OEMS home page that summarizes VDH, Office of Licensure and Certification (OLC) licensure requirements pertaining to Mobile Integrated Healthcare/Community Paramedicine Discussion by committee on whether there would be roadblocks to gaining this license. Mr. Berg advised the committee that there was an application process, a fee of \$500 and then a waiting period for processing the application by the Office of Licensure and Certification. b. Dr. Lindbeck expressed surprise that he had discovered that Administrative code 54.1-3408 was revised in 2013 to allow lay practitioners to possess and administer Narcan. c. Gary Brown reported that he has been requested by the Governor’s office to contact the representative groups who have an EMS Advisory Board seat scheduled to expire. He has asked these groups to provide him with a courtesy copy of the nominee list but it does appear that there will be appointments forthcoming in the very near future. Mr. Brown reported there had been some discussion concerning the need to void any appointments made by former Governor McDonnell; however, there was evidence that the appointment of Chip Decker to replace Rick McClure representing ODEMSA and Jeane Marie McGee to replace Bruce Edwards representing Tidewater EMS Council had been approved. 	<p>Motion by: Kathy Eubank That OEMS explore the background check process for students that enroll in initial programs. Second: Donna Burns</p> <p>Unanimously approved.</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<p>VII. Previous Business</p>	<p>A. Workgroups</p> <ul style="list-style-type: none"> a. Online EMS Programs Sub-Committee – Bill Akers (Warren Short provided report) <ul style="list-style-type: none"> i. Stated that committee had met and has now broken into three workgroups to review the components of online EMS programs ii. Next meeting will be held May 12, 2014 at 11:00 a.m. b. ALS Competency Workgroup – Bill Akers (Debbie Akers provided report) Attachment: E <ul style="list-style-type: none"> i. Presented a motion from the workgroup concerning the revisions of the RN to Paramedic competencies and experiential learning credit. Due to Bill Akers not being present and the need for further clarification of the proposal the committee sent the proposal back to the workgroup for further revision. c. CE Revision Workgroup – Mike Garnett/Donna Burns <ul style="list-style-type: none"> i. Donna Burns reported that the committee was scheduled for their next telephone webinar on Friday, April 11th. Warren Short from the Division of Educational Development is working on a draft proposal of what the continuing education could look like for the future and will be providing that to the workgroup to be considered. There has been some concern expressed over the Enhanced/Advanced EMT CE requirements increasing to 50 hours from the 36 hours currently required. d. CTS Evaluator Training Workgroup – Tom Nevetral/Kathy Eubank <ul style="list-style-type: none"> i. Reported that the workgroup had met by webinar. A consensus agreement to use the CTS training PowerPoint presentation that was prepared by Marcia Pescitani with Northern VA EMS Council. Marcia will be doing the voice over of the PowerPoint in the near future. ii. Reported that discussion was held by the workgroup concerning the Spinal Immobilization Seated Patient and whether the failure to verbalize pulse checks after the verbalization of moving the patient to a supine position on the spine board was failing criteria and that a clarification will be placed in the PUG. e. CTS Policy Workgroup – Stephen Rea Attachment: F <ul style="list-style-type: none"> i. Reported that a poll conducted of the Regional EMS Councils indicated that the minimum number of students (15) required holding a test site was too great and that many test sites were being cancelled when there were between 10-14 candidates. In these cases, testing candidates must travel greater distances or delay testing until the next consolidated test site can be held. 	<p>Returned the proposal to the workgroup for further revision and presentation at next TCC meeting.</p> <p>Motion: Donna Burns To: Recommend to OEMS that the CTS Policy regarding the minimum number of candidates required to hold a CTS site be lowered from 15 to 10 in order to decrease the number of CTS sites being canceled as a result of low registration. Second: Kathy Eubanks Unanimously approved.</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> f. EMT Best Practices Workgroup – Billy Ferguson (Debbie Akers provided report) <ul style="list-style-type: none"> i. Reported that the workgroup continues to meet via webinar. ii. A survey has been distributed to all EMS Educators and graduates of EMR and EMT programs. It was reported that as of today responses from 57 EMS Educators and 81 graduates have been received. 	
VII. New Business	A. No new business.	
VIII. Public Comment	None	
IX. Dates for 2014 Meetings	July 9, October 8	
X. Adjourn	Meeting adjourned at 12:13 pm	

Training & Certification Committee
Wednesday, April 9, 2014 - 10:30 AM
OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059
Meeting Agenda

- I. **Welcome**
- II. **Introductions/Orientation**
- III. **Approval of Agenda**
- IV. **Approval of Minutes from January 8, 2014**
- V. **Reports of Committee Members**
 - a. Officer Reports
 - b. Reports of Committee Members
 - i. Chairman Report
 - ii. Medical Direction Committee - Dr. Charles Lane
 - iii. Committee Members
 - c. Office of EMS
 - i. BLS Training Specialist - Greg Neiman, OEMS
 - ii. ALS Training Specialist – Debbie Akers, OEMS
 - iii. Funding and Accreditation – Debbie Akers, OEMS
 - iv. Certification Testing Coordinator – Warren Short, OEMS
 - v. Division of Educational Development (DED) - Warren Short, OEMS
 - vi. Regulation & Compliance – Michael Berg, OEMS
 - vii. Other Office Staff
- VI. **Previous Business**
 - a. Workgroups
 - i. Online EMS Programs Sub-committee – Bill Akers
 - ii. ALS Competency Workgroup – Bill Akers - **Motion**
 - iii. CE Revision Workgroup – Mike Garnett/Donna Burns
 - iv. CTS Evaluator Training Workgroup – Tom Nevetral/Kathy Eubank
 - v. CTS Policy Workgroup – Stephen Rea - **Motion**
 - vi. EMT Best Practices Workgroup– Billy Ferguson
- VII. **New Business**
- VIII. **Public Comment**
- IX. **Dates for 2014 Quarterly Meetings ~~1/8, 4/9, 7/9, 10/8~~**
- X. **Adjourn**

**Attachment: B to the
July 9, 2014 TCC Minutes**

EMSTF Report

Emergency Medical Services Training Funds Summary

As of July 9, 2014





EMS Training Funds Summary of Expenditures

Fiscal Year 2012	<i>Obligated \$</i>	<i>Disbursed \$</i>
40 BLS Initial Course Funding	\$784,836.00	\$416,612.42
43 BLS CE Course Funding	\$122,640.00	\$43,898.75
44 ALS CE Course Funding	\$273,840.00	\$85,776.25
45 BLS Auxiliary Program	\$94,000.00	\$15,200.00
46 ALS Auxiliary Program	\$332,000.00	\$182,910.00
49 ALS Initial Course Funding	\$734,067.66	\$716,660.59
Total	\$2,341,383.66	\$1,461,058.01

Fiscal Year 2013	<i>Obligated \$</i>	<i>Disbursed \$</i>
19 Emergency Ops	\$1,460.00	\$755.00
40 BLS Initial Course Funding	\$729,348.00	\$355,586.71
43 BLS CE Course Funding	\$125,160.00	\$48,536.21
44 ALS CE Course Funding	\$297,360.00	\$77,630.00
45 BLS Auxiliary Program	\$80,000.00	\$18,120.00
46 ALS Auxiliary Program	\$350,000.00	\$160,685.00
49 ALS Initial Course Funding	\$1,102,668.00	\$566,635.11
Total	\$2,685,996.00	\$1,227,948.03

Fiscal Year 2014	<i>Obligated \$</i>	<i>Disbursed \$</i>
19 Emergency Ops	\$1,120.00	\$280.00
40 BLS Initial Course Funding	\$780,912.00	\$323,689.45
43 BLS CE Course Funding	\$91,612.50	\$32,217.50
44 ALS CE Course Funding	\$220,137.50	\$67,112.50
45 BLS Auxiliary Program	\$130,000.00	\$55,700.00
46 ALS Auxiliary Program	\$304,000.00	\$152,000.00
49 ALS Initial Course Funding	\$1,188,504.00	\$439,000.41
Total	\$2,716,286.00	\$1,069,999.86

**Attachment: C to the
July 9, 2014 TCC Minutes**

Accreditation Report

Accredited Training Site Directory

As of July 9, 2014



Accredited Paramedic Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
<i>Associates in Emergency Care</i>	15319	No	4	National – Full	CoAEMSP
<i>Central Virginia Community College</i>	68006	Yes	--	National – Initial	CoAEMSP
<i>Historic Triangle EMS Institute</i>	83009	No	1	CoAEMSP – Initial	CoAEMSP
<i>J. Sargeant Reynolds Community College</i>	08709	No	5	National – Initial	CoAEMSP
<i>Jefferson College of Health Sciences</i>	77007	Yes	--	National – Continuing	CoAEMSP
<i>Lord Fairfax Community College</i>	06903	No	--	CoAEMSP - LOR	
<i>Loudoun County Fire & Rescue</i>	10704	No	--	National – Continuing	CoAEMSP
<i>American National University</i>	77512	No	--	National – Continuing	CoAEMSP
<i>Northern Virginia Community College</i>	05906	No	1	National – Continuing	CoAEMSP
<i>Patrick Henry Community College</i>	08908	No	1	CoAEMSP – LOR	
<i>Piedmont Virginia Community College</i>	54006	Yes	--	National – Continuing	CoAEMSP
<i>Prince William County Dept of Fire and Rescue</i>	15312	Yes	-	CoAEMSP - LOR	
<i>Rappahannock Community College</i>	11903	Yes	-	CoAEMSP - LOR	
<i>Rappahannock EMS Council Program</i>	63007	No	--	CoAEMSP - LOR	
<i>Southwest Virginia Community College</i>	11709	Yes	4	National – Continuing	CoAEMSP
<i>Southside Virginia Community College</i>	18507	No	1	National – initial	CoAEMSP
<i>Tidewater Community College</i>	81016	Yes	3	National – Continuing	CoAEMSP
<i>VCU School of Medicine Paramedic Program</i>	76011	Yes	5	National – Continuing	CoAEMSP

Programs accredited at the Paramedic level may also offer instruction at EMT- I, AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

- Lord Fairfax Community College and Patrick Henry Community College have completed their first cohort class and have had their site visit and are awaiting information from CoAEMSP.
- Rappahannock EMS Council and Prince William County have completed their first cohort class and are in the process of completing their ISSR for CoAEMSP. They will have their accreditation visit scheduled within the next two years.
- Rappahannock Community College has obtained a LOR to allow them to conduct their first cohort class starting in fall of 2014.
- Central Shenandoah EMS Council is in the process of accreditation at the paramedic level in Virginia which is described on the OEMS web page at: <http://www.vdh.virginia.gov/OEMS/Training/Paramedic.htm>

Accredited Intermediate¹ Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
<i>Central Shenandoah EMS Council</i>	79001	No	--	State – Full	May 31, 2015
<i>Danville Area Training Center</i>	69009	No	--	State – Full	July 31, 2014
<i>Dabney S. Lancaster Community College</i>	00502	No	--	State – Full	July 31, 2017
<i>Hampton Fire & EMS</i>	83002	Yes	--	State – Full	February 28, 2017
<i>James City County Fire Rescue</i>	83002	No	--	State – Full	February 28, 2019
<i>John Tyler Community College</i>	04115	No	--	State – Full	April 30, 2017
<i>Nicholas Klimenko and Associates</i>	83008	Yes	2	State – Full	July 31, 2015
<i>Norfolk Fire Department</i>	71008	No	--	State – Full	July 31, 2016
<i>Rappahannock Community College</i>	11903	Yes	3	State – Full	July 31, 2016
<i>Roanoke Regional Fire-EMS Training Center</i>	77505	No	--	State – Full	January 31, 2015
<i>UVA Prehospital Program</i>	54008	No	--	State – Full	July 31, 2014
<i>WVEMS – New River Valley Training Center</i>	75004	No	--	State – Full	June 30, 2017

Programs accredited at the Intermediate level may also offer instruction at AEMT, EMT, and EMR, as well as teach continuing education and auxiliary courses.

- The Southwest Virginia EMS Council has submitted an Intermediate Self-Study that is being reviewed by the Office and will then be forwarded to an accreditation team for their initial accreditation visit.
- UVA Prehospital Program re-accreditation visit has been conducted and awaiting findings report from site team.
- Danville Area Training Center site visit will be conducted on July 16-17, 2014.

Accredited EMT Training Programs in the Commonwealth

<i>Site Name</i>	<i>Site Number</i>	<i># of Alternate Sites</i>	<i>Accreditation Status</i>	<i>Expiration Date</i>
Navy Region Mid-Atlantic Fire EMS		--	State – Provisional	July 31, 2014
City of Virginia Beach Fire and EMS		--	State – Provisional	July 31, 2014

- The one year follow up visit is scheduled in July for both Navy Region and City of Virginia Beach.

**Attachment: D to the
July 9, 2014 TCC Minutes**

BLS NR Statistics

BLS NR Statistics

As of 7/03/2014

State Statistics:

Results sent to National Registry: 6,135

Successful within 3 attempts: 3,512 = 72%

No test attempt to date: 1,225 = 20%

Those who tested:

	Attempted	Passed	%	Failed	%
First	4,910	3,077	63%	1,833	37%
Second	857	354	41%	503	59%
Third	221	81	37%	140	63%
Fourth	36	20	56%	16	44%
Fifth	9	3	33%	6	67%
Sixth	2	1	50%	1	50%

The above is reflective of the results including our 'Under 18' test candidates that is not reflected when you pull our State report from National Registry. The statistics for the 'Under 18 group are as follows:

Results sent to National Registry = 607

No test attempt to date = 168 which is 28% of those eligible to test and have pending applications with National Registry.

	Attempted	Passed	%	Failed	%
First	439	190	43%	249	57%
Second	74	30	41%	44	59%
Third	14	5	36%	9	64%
Fourth	2	0	0%	2	100%
Fifth	1	1	100%	0	0%
Sixth	0				

The National statistics for this same period are as follows:

EMT

Report Date: 7/8/2014 4:47:43 PM
Report Type: State Report (VA)
Registration Level: EMT-Basic / EMT
Course Completion Date: 3rd Quarter 2012 to 3rd Quarter 2014
Training Program: All

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The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
4480	65% (2916 / 4480)	74% (3330 / 4480)	75% (3353 / 4480)	0% (1 / 4480)	25% (1107 / 4480)	0% (20 / 4480)

EMR

Report Date: 7/8/2014 4:50:25 PM
Report Type: State Report (VA)
Registration Level: First Responder / EMR
Course Completion Date: 3rd Quarter 2012 to 3rd Quarter 2014
Training Program: All

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The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
165	70% (115 / 165)	76% (125 / 165)	76% (125 / 165)	0% (0 / 165)	21% (35 / 165)	3% (5 / 165)

**Attachment: E to the
July 9, 2014 TCC Minutes**

**ALS Competency Workgroup
RN to P Competencies**

RN to Paramedic Bridge Program Clinical Hour and Competency Summary

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

AREAS	RN to P Bridge
CLINICAL REQUIREMENTS:	
Emergency Department ¹	12 hrs
Critical Care Area ²	4 hrs
Pediatrics ³	4 hrs
Labor & Delivery ⁴	4 hrs
OR/Recovery	4 hrs
Other Clinical Settings ⁵	prn
TOTAL MINIMUM CLINICAL HOURS⁶	72 hrs
ALS Medic Unit (Field Internship)	48 hrs
TOTAL MINIMUM FIELD/CLINICAL	120 Hours
TOTAL PATIENT CONTACTS⁶	60
COMPETENCIES:	
Trauma Assessment, pediatric ⁷	5
Trauma Assessment, adult	5
Trauma Assessment, geriatric	5
Medical Assessment, pediatric ⁷	5
Medical Assessment, adult	5
Medical Assessment, geriatric	5
Cardiovascular distress ⁸	10
Respiratory distress	10
Altered Mental Status	10
Obstetrics; delivery	2
Neonatal Assessment/care	2
Obstetrics Assessment	5
Med Administration	30
IV Access ⁹	-
Airway Management ¹⁰	25[10]
Ventilate Non-Intubated Patient ^{9, 11}	-
Endotracheal Intubation ¹²	1 real Patient
Team Leader on EMS Unit¹³	50 (30)

¹ May be free-standing ED. However, clinics, urgent care centers, physician offices, etc. may not be substituted.

² CCU, ICU, CC xport team, Cath Lab, etc.

³ PICU, PEDs ED, Pediatrician Office, Peds Urgent Care, Ped clinic.

⁴ Prefer L&D unit, but can be satisfied with OB Physician Office or OB clinic.

⁵ Use of non-traditional clinical sites is encouraged to allow the student to meet the minimum clinical hour requirements and allow them to see a variety of patients

⁶ The minimum hours/patients/complaints is not meant to equal the total. The minimums must be met in each area, but the student has flexibility to meet the total.

⁷ The student should attempt to complete one in each age group: Neonate, Infant, Child, and Adolescent.

⁸ Cardiac Arrest, Chest pain/pressure, STEMI, dysrhythmia, etc.

⁹ Although students in bridge programs do not have minimums, the program must ensure continued skill competency.

¹⁰ Refer to CoAEMSP interpretation of what constitutes Airway Management "Airway Management Recommendation"

<http://coaemsp.org/Documents/Intubation%20Subcommittee%20FINAL%20revised%202013-02-1.pdf> In order to demonstrate airway competency, the student should be 100% successful in their last attempts at airway management. The number required is listed inside the brackets.

¹¹ Ventilation may be accomplished utilizing any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs.

¹² AEMT -I: older than 12 years; Intermediate: older than 12 years; I-P: any age group, P: any age group.

¹³ The number in parentheses is the maximum number of Team Leader calls that can be BLS. The program must establish, in writing, what constitutes an ALS call.

NOTE: The above listed clinical hours/competencies are minimum mandatory for RN's who enroll in an RN to Paramedic Bridge Course as of May 10, 2014.

Accredited Programs may set higher minimums or add to this list.

**Attachment: F to the
July 9, 2014 TCC Minutes**

**ALS Competency Workgroup
Experiential Learning Credit**

Experiential Learning Credit for Experienced I-99 bridging to Paramedic via I to P Course

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

AREAS	I to P Bridge Requirements	Maximum # of Experiential Credit	Required competencies for experienced I's
CLINICAL REQUIREMENTS:			
Emergency Department ¹	12 hrs	0 hrs	12 hrs
Critical Care Area ²	4 hrs	0 hrs	4 hrs
Pediatrics ³	4 hrs	0 hrs	4 hrs
Labor & Delivery ⁴	4 hrs	0 hrs	4 hrs
OR/Recovery	4 hrs	0 hrs	4 hrs
Other Clinical Settings ⁵	prn	0	prn
TOTAL MINIMUM CLINICAL HOURS⁶	72 hrs	0 hrs	72 hrs
ALS Medic Unit (Field Internship)	24 hrs	0 hrs	24 hrs
TOTAL MINIMUM FIELD/CLINICAL	96 Hours	0 Hours	96 Hours
TOTAL PATIENT CONTACTS⁶	60	30	30
COMPETENCIES:			
Trauma Assessment, pediatric ⁷	5	3	2
Trauma Assessment, adult	5	3	2
Trauma Assessment, geriatric	5	3	2
Medical Assessment, pediatric ⁷	5	3	2
Medical Assessment, adult	5	3	2
Medical Assessment, geriatric	5	3	2
Cardiovascular distress ⁸	10	5	5
Respiratory distress	10	5	5
Altered Mental Status	10	5	5
Obstetrics; delivery	2	1	1
Neonatal Assessment/care	2	1	1
Obstetrics Assessment	5	3	2
Med Administration	30	15	15
IV Access ⁹	-	-	-
Airway Management ¹⁰	25[10]	0	25[10]
Ventilate Non-Intubated Patient ^{9, 11}	-	-	-
Endotracheal Intubation ^{9, 12}	1 real Patient	1 real Patient	0
Team Leader on EMS Unit¹³	25 (15)	0	25 (15)

¹ May be free-standing ED. However, clinics, urgent care centers, physician offices, etc. may not be substituted.

² CCU, ICU, CC xport team, Cath Lab, etc.

³ PICU, PEDs ED, Pediatrician Office, Peds Urgent Care, Ped clinic.

⁴ Prefer L&D unit, but can be satisfied with OB Physician Office or OB clinic.

⁵ Use of non-traditional clinical sites is encouraged to allow the student to meet the minimum clinical hour requirements and allow them to see a variety of patients

⁶ The minimum hours/patients/complaints is not meant to equal the total. The minimums must be met in each area, but the student has flexibility to meet the total.

⁷ The student should attempt to complete one in each age group: Neonate, Infant, Child, and Adolescent.

⁸ Cardiac Arrest, Chest pain/pressure, STEMI, dysrhythmia, etc.

⁹ Although students in bridge programs do not have minimums, the program must ensure continued skill competency.

¹⁰ Refer to CoAEMSP interpretation of what constitutes Airway Management "Airway Management Recommendation"

<http://coaemsp.org/Documents/Intubation%20Subcommittee%20FINAL%20revised%202013-02-1.pdf> In order to demonstrate airway competency, the student should be 100% successful in their last attempts at airway management. The number required is listed inside the brackets.

¹¹ Ventilation may be accomplished utilizing any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs.

¹² AEMT-I: older than 12 years; Intermediate: older than 12 years; I-P: any age group, P: any age group.

¹³ The number in parentheses is the maximum number of Team Leader calls that can be BLS. The program must establish, in writing, what constitutes an ALS call.

NOTE: The above listed clinical hours/competencies are minimum mandatory for current and future courses. Accredited Programs may set higher minimums or add to this list.

Verification of competency completion within last 2 years must be presented to the program (Agency summary reports, QA/QI, Copies of run reports with patient information redacted, etc.)

**Attachment: G to the
July 9, 2014 TCC Minutes**

**CE Revision Workgroup
Proposed CE Revision**

CE Revision Workgroup CE Proposal

	NR				Virginia			
Provider Level	NCCR	LCCR	ICCR	Total	NCCR	LCCR +ICCR	Total	
EMR	8	4	4	16	8	4	4	16
EMT	20	10	10	40	20	10	6	36
AEMT	25	12.5	12.5	50	25	6	5	36
<i>Intermediate</i>					28	10	10	48
Paramedic	30	15	15	60	30	15	15	60

The workgroup has forwarded the following recommendation for feedback from TCC. They are proposing to mirror the NR at the EMR and Paramedic Levels, but reducing the hours required to recertify EMT and AEMT in Virginia to match current requirements. Virginia Providers wishing to maintain their NR EMT or AEMT would be required to complete the additional hours. At this point the focus is on the total hours required to recertify and that the NCCR's would most likely mirror Registry. What the LCCR and ICCR's hours look like in Virginia is still being decided, but the workgroup wanted to get feedback and direction from TCC.