

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 Akers Donna Burns Kathy Eubank Dr. Robin Foster Dr. Charles Lane Wayne Perry John Wanamaker	William Ferguson Jason Jenkins	Dr. George Lindbeck Warren Short Debbie Akers Peter Brown Michael Berg Scott Winston	Chad Blosser Gary Morris Cathy Cockrell Marcia Pescitani

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>a. Chairman's Report – Larry Oliver:</p> <p>i. Since last meeting Stephen Rhea has left and the Executive Committee has appointed Wayne Perry to replace him on the committee</p> <p>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>1. Medical Direction: Dr. Charles Lane (reported by Debbie Akers)</p> <p>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>1. BLS Training Specialist – Greg Neiman (reported by Debbie Akers)</p> <p>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"> 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>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. 6. Regulation & Compliance – Michael Berg <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. 7. Other Office Staff 	
VII. Previous Business	<ul style="list-style-type: none"> A. Workgroups <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 <ul style="list-style-type: none"> Attachments: E and F <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	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	

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

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"> <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
	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
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- III. Approval of Agenda**
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- V. Reports of Committee Members**
 - a. Officer Reports
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 - i. Chairman Report
 - ii. Medical Direction Committee - Dr. Charles Lane
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 - 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
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 - 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
Associates in Emergency Care	15319	No	4	National – Full	CoAEMSP
Central Virginia Community College	68006	Yes	--	National – Initial	CoAEMSP
Historic Triangle EMS Institute	83009	No	1	CoAEMSP – Initial	CoAEMSP
J. Sargeant Reynolds Community College	08709	No	5	National – Initial	CoAEMSP
Jefferson College of Health Sciences	77007	Yes	--	National – Continuing	CoAEMSP
Lord Fairfax Community College	06903	No	--	CoAEMSP - LOR	
Loudoun County Fire & Rescue	10704	No	--	National – Continuing	CoAEMSP
American National University	77512	No	--	National – Continuing	CoAEMSP
Northern Virginia Community College	05906	No	1	National – Continuing	CoAEMSP
Patrick Henry Community College	08908	No	1	CoAEMSP – LOR	
Piedmont Virginia Community College	54006	Yes	--	National – Continuing	CoAEMSP
Prince William County Dept of Fire and Rescue	15312	Yes	-	CoAEMSP - LOR	
Rappahannock Community College	11903	Yes	-	CoAEMSP - LOR	
Rappahannock EMS Council Program	63007	No	--	CoAEMSP - LOR	
Southwest Virginia Community College	11709	Yes	4	National – Continuing	CoAEMSP
Southside Virginia Community College	18507	No	1	National – initial	CoAEMSP
Tidewater Community College	81016	Yes	3	National – Continuing	CoAEMSP
VCU School of Medicine Paramedic Program	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"

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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.