

COMMONWEALTH of VIRGINIA
Department of Health

Office of Emergency Medical Services
109 Governor St., Richmond, VA 23219

Medical Direction Committee

Thursday July 9, 2026 – 10:30 AM

Old Dominion EMS Alliance

7818 East Parham Road Suite 911 (Basement) - Henrico, VA 23294

See this link for directions: <https://shorturl.at/krZ06>

Meeting Agenda

- 1) Welcome**
- 2) Approval of Remote Attendees**
- 3) Introductions**
- 4) Approval of Agenda**
- 5) [Approval Minutes from April 2, 2026](#)**
- 6) Special Reports**
 - (a) Quarterly Data Report – Daisy Banta, Senior Epidemiologist
 - (b) Presentation by Abbot Point of Care Labs – Disclaimer: The medical direction committee does not endorse any specific product. This is an informative presentation only.
- 7) DEA and Board of Pharmacy Compliance Issues**
- 8) Old Business**
 - (a) MDC Make up – update
 - 7 RMD, 1 Chair
 - 2 at large – interested – Scott Weir, Asher Brand, Kevin Gutermuth, Stewart Martin
- 9) Workgroup Reports**
 - (a) Pediatric Pain Management – White Paper on Pain Management
 - (b) MIH Toolkit
 - (c) Air Medical LZ safety – edited document to submit to GAB
 - (d) Air Medical Incapacitated Pilot
 - (e) Air Medical EMS-HEMS handoff
 - (f) REVLS – equipment list
 - (g) Prehospital Resuscitation Paper

(h) TCC - Lane

10) New Business

(a) Request by VACEP to review and comment on Field ECO by EMS

(b) Request by TCC to review Level 1 and 2 EMS Education Coordinator

11) Director OEMS – Beerman-Foat Report

12) State Operational Medical Director Report

13) Questions for Office of EMS


14) Public Comment


15) Future Meetings

16) Future Quarterly Meeting Dates

(a) OCT 1, 2026

17) Adjournment

Virtual Attendance Link:	
https://tinyurl.com/2607MDCVirtual	

Public Comment Signup:	
https://tinyurl.com/2706MDCComment	

Appendix A: Review of Chapter 32 for Education Coordinator (Recommendation from TCC)

“EMS Education Coordinator” means an EMS provider who possesses Virginia certification as an EMS Education Coordinator. Such certification does not authorize or expand their scope of practice as an EMS provider.

An EMS Education Coordinator is credentialed at one of the following levels:

- 1. Level 1 EMS Education Coordinator – Authorized to announce and teach continuing education courses at or below their current EMS provider certification level.*
- 2. Level 2 EMS Education Coordinator – Authorized to announce and coordinate initial EMS certification programs and continuing education courses at or below their current EMS provider certification level. A Level 2 EMS Education Coordinator whose EMS provider certification is above EMT may not announce or coordinate initial certification programs at that provider level until they have attained one year of field experience at that level. – “This reference is contingent upon approval of the proposed EMS Education*

Appendix B: Letters of Interest for At-Large Member Appointment

May 8, 2026

Greetings everyone,

Following recent discussions regarding the proposed Medical Direction Committee (MDC) bylaw revisions, the proposed changes to the MDC composition were not advanced following initial consideration. Accordingly, the MDC will continue operating under the current EMS Advisory Board committee framework pending any future governance action by the EMS Advisory Board and/or Executive Committee.

As many of you are aware, the EMS system is currently undergoing significant regional operational restructuring. While the current EMS Advisory Board bylaws continue to reference the existing eleven (11) regional EMS council framework, ongoing discussions and operational planning efforts have focused on the transition toward a seven-region operational structure for certain system functions, including regional medical direction coordination.

Given this transition, one of the immediate operational priorities moving forward will be identifying and establishing regional medical direction representation aligned with the evolving seven-region operational framework while ensuring continued alignment with the current EMS Advisory Board bylaws and governance processes.

Under the current transition framework and ongoing regional restructuring discussions, the Medical Direction Committee (MDC) is anticipated to operate with a maximum membership of ten (10) individuals, consistent with current EMS Advisory Board bylaws governing committee membership limits.

The anticipated MDC structure currently under discussion includes:

- Regional Medical Director representation aligned with the evolving regional operational framework;
- One (1) Governor's Advisory Board (GAB) representative, currently myself, serving as a non-voting member except in the event of a tie vote; and
- Up to two (2) at-large members serving pursuant to the current committee term framework.

Final committee composition, membership appointments, and organizational structure remain subject to the applicable EMS Advisory Board governance and approval processes.

Consistent with the [EMS Advisory Board Bylaws](#), committee membership is limited to ten (10) members unless otherwise approved by the Executive Committee or required by the Code of Virginia. Additionally, committee membership and organizational structure recommendations remain subject to Executive Committee review and approval pursuant to Article VIII, Section D(1)-(4).

Clarification is still being sought regarding the applicability of prior service toward current term limitations for at-large positions. Current bylaws provide that committee members shall serve three-year terms with a limit of two consecutive terms unless otherwise specified.

In addition to formal committee membership, subject matter experts and project-specific participants may continue supporting MDC activities through advisory participation and workgroups, as appropriate and consistent with current EMS Advisory Board policy.

Due to the ongoing regional restructuring process, there is some flexibility this year regarding timing; however, the goal is to have the proposed MDC membership structure and regional representation recommendations ready for consideration during the 3rd quarter GAB meeting cycle.

As part of this transition process, the MDC will discuss and develop recommendations regarding the two at-large positions as well as future regional medical direction representation considerations associated with the evolving regional framework. Individuals interested in serving in one of the at-large roles are asked to email both myself (jlang@ept911.com) and Daniel Linkins (Daniel.Linkins@vdh.virginia.gov) expressing interest and provide a brief one to two paragraph biography for distribution to MDC members in advance of discussion.

Any recommendations regarding committee membership, committee organizational structure, Chair/Vice Chair positions, regional representation, or future composition adjustments will proceed through the established EMS Advisory Board governance and approval process consistent with the EMS Advisory Board Bylaws.

Pursuant to Article VIII, Section D(1) of the EMS Advisory Board Bylaws, committee membership appointments are made annually by the Committee Chair in consultation with the applicable Coordinator and require approval of the Executive Committee. Additionally, Article VIII, Section D(4) provides that recommendations regarding committee and workgroup organizational structure shall be made by the Committee Chair in consultation with the applicable Coordinator and submitted to the Executive Committee for approval.

Consistent with these provisions, any recommendations developed by the Medical Direction Committee regarding at-large membership positions, committee officer recommendations, regional representation considerations, or future committee composition recommendations would proceed through the applicable EMS Advisory Board governance review and approval pathway prior to implementation.

The July 9, 2026, MDC meeting is anticipated to be the final meeting prior to implementation of any revised committee membership structure, pending completion of the applicable governance review and approval processes.

Currently, Joe Lang serves as Chair and Reed Smith serves as Vice Chair.

Please feel free to reach out with any questions.

Best,

Joseph Lang

EMS Fellowship Director

Email: jlang@ept911.com

Emergency Physicians of Tidewater

6379 Center Drive, Norfolk, VA 23502

Workshop Project Planning Sheet

Project Name: Incapacitated Pilot Training for Air-Medical Crew

Project Description (3–5 sentences)

What problem are you solving? Why does it matter? Who does it impact?

The FAA has authorized optional procedures that allow medical flight crew members to stabilize an aircraft in the event of pilot incapacitation. Among operators that choose to adopt these procedures, training is typically limited to an annual verbal review of the required steps. Because this is a low-frequency but high-risk task, relying solely on infrequent verbalization is not ideal. Proficiency and readiness would be significantly improved through more frequent practice delivered in a dynamic, scenario-based training framework.

Project Objectives (Action-Oriented)

Objective 1: Benchmark Virginia OEMS HEMS agencies to document current training practices among operators with approved incapacitated-pilot procedures.

Update 6/29/26: Based on responses received, it appears that only Med-Trans partners (Highlands, Life-Guard, and VCU LifeEvac) have formal incapacitated pilot procedures in place.

At the 6/9/26 Air Medical Safety Congress in Chicago, IL, Susan Rivers presented the need for an FAA requirement for all HEMS programs. She has received a tentative approval to join the Air Medical Operators Association to join their efforts in developing a comprehensive mitigation program.

Success Metric: A validated best-practice training framework is produced, including recommended training frequencies and modalities that address muscle-memory development, cognitive-load management, scenario variability, and reinforcement strategies.

Update 6/29/26: 100% of Life-Guard medical flight crew has completed their 1st quarter in flight competency validation of the 135P2+ aircraft procedures. Next quarter will include the tabletop exercise of the 135P3H, followed by in flight competency validations. Once this is completed, feedback will be shared with the Air Medical Workgroup for consideration of a best practice training framework for all HEMS programs with approved procedures.

Objective 2: Develop a standardized evaluation tool to assess the effectiveness and usability of the training program.

6/29/26 update: Pending

Success Metric: Feedback collected through the evaluation tool is analyzed and incorporated into a Phase II revision of the best-practice training framework.

Key Milestones & Deadlines

Milestone 1: Initial Meeting date	Target Date: by April 1, 2026
Milestone 2: Benchmarking complete	Target Date: by Jun 1, 2026
Milestone 3: Training Program Draft to MDC	Target Date: Final 2026 MDC meeting

Final Project Deadline

Completion Date: Final MDC meeting of 2026

Accountability & Ownership

Project Lead: Susan Rivers

Key Stakeholders: VA HEMS Agency Medical Flight Crew

Workshop Project Planning Sheet

Project Name: HEMS Safety Training for Ground EMS and Hospital Providers

Project Description (3–5 sentences)

What problem are you solving? Why does it matter? Who does it impact?

HEMS providers rely heavily on ground EMS and hospital teams to maintain safety during patient transfers, yet the nature of these brief, high-tempo interactions leaves little opportunity for real-time feedback or coordinated training. Traditional, longer-format training sessions are difficult to schedule across such a broad and decentralized audience. Short, high-frequency social media infographics focused on core safety practices may offer a more effective way to reach this wider stakeholder group, delivering timely, digestible guidance that reinforces shared safety expectations and enhances overall system safety.

Project Objectives (Action-Oriented)

Objective 1: Engage frontline medical flight crew to identify key HEMS safety messages that should be communicated to ground EMS and hospital partners.

Update 6/29/26: Team developed: Will Aiken (VCU), Chris Bersin (MedStar), Krisi Linton (Wake Forest Air Care), Scott Davis (Life-Guard), Lisa Scott (Nightingale)

Success Metric: A prioritized list of safety points is produced, and concise talking points are developed for distribution through social media–based infographics

Update 6/29/26: Initial infographic on LZ Safety approved by MDC.

Objective 2: Develop a distribution and engagement strategy to ensure safety messages reach ground EMS and hospital partners consistently and at scale.

Update 6/29/26: Holding off on distribution of above infographic until at least 6 topics are developed and approved by MDC so that social media posts will be consistently posted while the group works on additional topics.

Success Metric: A posting schedule, platform plan, and engagement workflow are established, and baseline analytics (reach, impressions, and interactions) are collected to guide future optimization.

Key Milestones & Deadlines

Milestone 1: Initial Meeting date	Target Date: by April 1, 2026
Milestone 2: Priority list complete	Target Date: by Jun 1, 2026
Milestone 3: Training Program Draft to MDC	Target Date: Final 2026 MDC meeting

Final Project Deadline

Completion Date: Final MDC meeting of 2026

Accountability & Ownership

Project Lead: Dempsey Whitt

Key Stakeholders: VA Ground and Helicopter EMS agencies and hospital providers

Dr. Asher Brand is a full-time EMS physician with more than 40 years of involvement in Emergency Medical Services and more than two decades of leadership in Virginia EMS medical direction and system development. He completed his Emergency Medicine residency at the University of Pittsburgh, where he served as Chief Resident, and has dedicated much of his career to advancing prehospital medicine, provider education, OMD mentorship, and evidence-based EMS protocol development. His areas of focus include trauma resuscitation, airway management, rural EMS systems, and prehospital critical care.

Dr. Brand currently serves as Operational Medical Director for several EMS agencies across a wide geographic area and provides medical oversight for a diverse range of EMS systems throughout the Commonwealth, including rural EMS agencies in Appalachia, suburban and volunteer agencies, private ambulance services, statewide air medical programs, and Airport Fire/Rescue services. He is currently working to stand up a flexible operational EMS agency to support Virginia law enforcement operations. He previously served as Chair of the Virginia Office of EMS Medical Direction Committee (MDC) and as a Governor-appointed member of the Virginia EMS Advisory Board. He has also served as Regional Medical Director for the Central Shenandoah EMS Council, helping lead regional protocol development, quality improvement initiatives, disaster preparedness efforts, and interagency clinical coordination. **Dr. Brand respectfully seeks appointment to an At-Large position on the Virginia Department of Health Medical Direction Committee, where he has been a longstanding and highly active member.** He currently serves as Acting Secretary of the MDC and leads two active MDC workgroups focused on ongoing statewide EMS initiatives. His broad operational experience and continued leadership within the MDC position him to effectively represent a wide cross-section of Virginia EMS providers and systems.

Re: MDC At-Large Member Biography

From Joseph Lang <jlang@ept911.com>

Date Tue 5/19/2026 10:36 AM

To Gutermuth, Kevin R. <kgutermuth@carilionclinic.org>

Cc Linkins, Daniel (VDH) <Daniel.Linkins@vdh.virginia.gov>

Received, thank you

Joe

On Tue, May 19, 2026, 10:30 Gutermuth, Kevin R. <kgutermuth@carilionclinic.org> wrote:

Hi Dr. Lang and Daniel,

Below is a brief biography for consideration for one of the MDC at-large positions. Please let me know if there are any questions.

- Kevin

Dr. Kevin Gutermuth is uniquely qualified to serve as an At-Large Physician Member of the Virginia Medical Direction Committee through his combined expertise in Pediatrics, Pediatric Emergency Medicine, and Emergency Medical Services. He is currently the EMS for Children Representative on the committee and is the only physician in the Commonwealth of Virginia board certified in all three disciplines, providing a distinctive perspective on the intersection of pediatric emergency care, EMS systems, and prehospital medical direction. His clinical and academic focus has centered on advancing evidence-based pediatric and prehospital care through education, systems development, and operational leadership.

In addition to his statewide service, Dr. Gutermuth serves as Associate Medical Director for both Roanoke County Fire-Rescue and Carilion Clinic Patient Transport, where he is actively involved in protocol development, provider education, quality improvement, and operational oversight across diverse prehospital environments. His background includes extensive experience in EMS operations, medical education, and multidisciplinary collaboration at the local, regional, and state levels. Through these roles, he has demonstrated a strong commitment to improving prehospital care delivery, fostering provider development, and advancing the mission of EMS throughout the Commonwealth of Virginia.

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BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.

Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: George Lindbeck

eRA COMMONS USER NAME (credential, e.g., agency login): G_LINDBECK

POSITION TITLE: Associate Professor, Department of Emergency Medicine

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE	Completion Date	FIELD OF STUDY
West Virginia University, Morgantown, WVA	B.A.	05/1982	Chemistry
University of Maryland School of Medicine, Baltimore, MD	M.D.	05/1986	Medicine
University of Virginia, Charlottesville, VA		06/1989	Internal Medicine Residency

A. Personal Statement

Having been involved in Emergency Medical Services (EMS) operations and medical direction for a variety of EMS agencies for over thirty years, I bring extensive expertise and experience in EMS to the team. I have served as an EMS agency medical director for a variety of EMS agencies ranging from rural volunteer EMS rescue squads, combined fire/rescue agencies both volunteer and career, air medical EMS programs, critical care transport agencies, and mass gathering EMS agencies. I have served as regional medical director for the Thomas Jefferson EMS Council in central Virginia since 1989, and have served as the Virginia State EMS and Trauma Systems Medical Director for the Office of Emergency Medical Services of the Virginia Department of Health since August, 2008. These experiences have given me a widespread overview of EMS systems at local, regional, state and even national levels. In addition, my experiences at the Virginia Office of EMS have familiarized me with statewide EMS data systems and data collection from the individual EMS provider level through regional, statewide, and national databases.

Ongoing and recently completed projects that I would like to highlight include:

Co-PI – The SCOPES Project
2022-2023

Advancing a Successful Community Paramedic and Emergency Services Work Force
Supported by HRSA Grant# TR1RH45929-01-00

Principle Investigator: Evidence Based Guideline for Pre-hospital Pain Management
2020-2021

NHTSA grant #693JJ92050003

National Association of EMS Officials (NASEMSO) in collaboration with NAEMSP and ACEP

Citations:

1. Jarvis JL, Panchal AR, Lyng JW, Bosson N, Donofrio-Odmann JJ, Braude DA, **Lindbeck G**, et. al. Evidence-Based Guideline for Prehospital Airway Management. Prehosp Emerg Care. 2023 Dec 22:1-13. doi: 10.1080/10903127.2023.2281363. Epub ahead of print. PMID: 38133523.
2. **Lindbeck G**, Shah M, Braithwaite S, Powell J, Panchal A, Browne L, Lang E, et. al (2021) Evidence-Based Guidelines for Prehospital Pain Management: Recommendations, Prehospital Emergency Care, DOI: 10.1080/10903127.2021.2018073
3. Powell J, Browne L, Guild K, Shah M, Crowe R, **Lindbeck G**, et. al. Evidence-based Guidelines for Prehospital Pain Management: Literature and Methods, Prehospital Emergency Care. 2021. DOI: 10.1080/10903127.2021.2018074
4. Goodloe J, Topjian A, Hsu A, Dunne R, Panchal A, **Lindbeck G**, et. al. : Interim Guidance for Emergency Medical Services Management of Out-of-Hospital Cardiac Arrest During the COVID-19 Pandemic. Circ Cardiovasc Qual Outcomes. 2021 Jun 23:CIRCOUTCOMES120007666. doi: 10.1161/CIRCOUTCOMES.120.007666. PMID: 34157848

B. Positions and Honors

Positions and Employment

2022-2023	Member, Technical Expert Panel, Evidence Based Guidelines for Prehospital Airway Management, National Association of EMS Officials
2022-	Member, Advisory Committee, IAFC/NHTSA EMS Medical Director's Handbook
2020-2024	Member, Technical Expert Panel, National EMS Clinical Guidelines Project, National Association of EMS Officials
2019-2021	Chair, Medical Director's Council, National Association of EMS Officials (NASEMSO)
2016-	Associate Professor, Department of Emergency Medicine, University of Virginia School of Medicine
2016-	Program Director of EMS Fellowship Program, University of Virginia School of Medicine
2016-	Medical Director, MedCom Communications Program, University of Virginia
2016-2024	Medical Director, UVA Pre-Hospital Program, University of Virginia
2016-2024	Medical Director, Medic V Ground Transport Program, University of Virginia
2016-	Medical Director, Special Events Medical Management (SEMM), University of Virginia
2008-2024	Virginia State EMS & Trauma Systems Medical Director, Office of Emergency Medical Services, Virginia Department of Health
2014-2016	Staff Physician, Emergency Medicine, Piedmont Emergency Physicians, Martha Jefferson Hospital, Charlottesville, Virginia
2011-2016	Associate faculty, UVA EMS Fellowship Program
2009-2014	Credentials Committee, Augusta Health
2003-2008	Medical Director Emergency Department, Augusta Health
2005-2011	Board of Directors, Augusta Health
2006-2011	Planning Committee, Augusta Health
2005-2011	Quality Resource Management Committee, Augusta Health
2003-2008	Medical Executive Committee, Augusta Health
2000-2003	Critical Care Committee, Augusta Health
1998-2014	Staff physician, Emergency Medicine, Augusta Emergency Physicians, Augusta Health, Fishersville, Virginia
1989-2025	Regional Medical Director, Thomas Jefferson EMS Council, Central Virginia
1989-1997	Assistant Professor, Department of Emergency Medicine, University of Virginia School of Medicine

C. Contributions to Science

1) Development of Evidence-Based EMS Guidelines

Throughout my tenure as State EMS Director for the past 15 years, I have made significant contributions to the development of evidence-based EMS guidelines, a cornerstone of prehospital care. My recent academic endeavors have been dedicated to synthesizing the vast array of prehospital literature into concise, practical guidelines that can be readily implemented by EMS systems nationwide. Working collaboratively with teams of seasoned EMS experts, we have established a dynamic process where responsibilities such as literature searches, critical reviews, guideline drafting, and document editing are shared and rotated. My personal involvement has spanned the full spectrum of guideline production, from conducting comprehensive literature searches to resolving complex areas of disagreement among experts, ensuring that the guidelines reflect the most current and robust evidence available.

- a) Jarvis JL, Panchal AR, Lyng JW, Bosson N, Donofrio-Odmann JJ, Braude DA, **Lindbeck G**, et. al. Evidence-Based Guideline for Prehospital Airway Management. *Prehosp Emerg Care*. 2023 Dec 22:1-13. doi: 10.1080/10903127.2023.2281363. Epub ahead of print. PMID: 38133523.
- b) **Lindbeck G**, Shah M, Braithwaite S, Powell J, Panchal A, Browne L, Lang E, et. al (2021) Evidence-Based Guidelines for Prehospital Pain Management: Recommendations, *Prehospital Emergency Care*, DOI: 10.1080/10903127.2021.2018073
- c) Goodloe J, Topjian A, Hsu A, Dunne R, Panchal A, **Lindbeck G**, et. al. : Interim Guidance for Emergency Medical Services Management of Out-of-Hospital Cardiac Arrest During the COVID-19 Pandemic. *Circ Cardiovasc Qual Outcomes*. 2021 Jun 23:CIRCOUTCOMES120007666. doi: 10.1161/CIRCOUTCOMES.120.007666. PMID: 34157848
- d) Patterson PD, Higgins JS, Van Dongen HP, Buysse DJ, Thackery RW, **Lindbeck GH**, et. al. Evidence-based guidelines for fatigue risk management in emergency medical services. *Prehospital emergency care*. 2018 Feb 15;22(sup1):89-101.
- e) Martin-Gill C, Higgins JS, Van Dongen HP, Buysse DJ, Thackery RW, Kupas DF, **Lindbeck GH**, et. al. Proposed performance measures and strategies for implementation of the fatigue risk management guidelines for emergency medical services. *Prehospital emergency care*. 2018 Feb 15;22(sup1):102-9.

2) Evaluating EMS Air Transport

As a founding member of the team at the University of Virginia, I was instrumental in leading the development of air transport teams, a critical component of our emergency medical services. My leadership in conducting comprehensive studies to evaluate the efficacy of using air transport for cardiac arrest victims in rural areas was a cornerstone of this initiative. Additionally, I led research into reimbursement patterns for both helicopter and fixed-wing transport, providing valuable insights that were crucial for the maintenance and optimization of our air transport program. This research not only helped in sustaining the program but also in identifying the most effective use cases, thereby enhancing the delivery of critical care to patients in need.

- a) **Lindbeck G**. Hospital and flight program reimbursement for patients transferred by helicopter. *The American journal of emergency medicine*. 1995 Jul 1;13(4):405-9.
- b) **Lindbeck GH**. Reimbursement patterns in a hospital-based fixed-wing aeromedical service. *The American journal of emergency medicine*. 1993 Nov 1;11(6):586-9.
- c) **Lindbeck GH**, Groopman DS, Powers RD. Aeromedical evacuation of rural victims of nontraumatic cardiac arrest. *Annals of emergency medicine*. 1993 Aug 1;22(8):1258-62.

3) Prehospital Pharmacologic interventions

Early in my career, I also made significant contributions to the science of prehospital pharmacologic interventions, particularly in the management of supraventricular tachycardia and the use of epinephrine for

severe allergic reactions. After completing my residency, I accepted an academic position at the University of Virginia's newly established Department of Emergency Medicine, where I became involved in EMS oversight. During this time, I conducted research into the adoption of novel pharmacologic treatments within EMS protocols. These medications, which are now standard in EMS drug boxes, were once uncharted territory with unknown safety and efficacy profiles. Our work in this field contributed to subsequent widespread acceptance of these life-saving interventions in prehospital care settings.

- a) Brady WJ, DeBehnke DJ, Wickman LL, **Lindbeck G**. Treatment of out-of-hospital supraventricular tachycardia: adenosine vs verapamil. *Academic Emergency Medicine*. 1996 Jun;3(6):574-85.
- b) **Lindbeck GH**, Burns DM, Rockwell DD. Out-of-hospital provider use of epinephrine for allergic reactions: pilot program. *Academic Emergency Medicine*. 1995 Jul;2(7):592-6.

4) **Evaluation of Common Medical Conditions in the Emergency Department**

Beyond my prehospital work, my contributions have extended to the study of the evaluation and management of various medical conditions in emergency department presentations. Focusing on common yet critical presentations, including altered mental status, anaphylaxis, and pyelonephritis. For these studies, I played a key role as a senior advisor. My involvement encompassed assisting with the study design, overseeing the data collection process, and providing critical input during the manuscript editing phase. This work has been fundamental in enhancing our understanding of these conditions and has informed more effective triage and treatment protocols within the emergency department setting.

- a) Kanich W, Brady WJ, Huff JS, Perron AD, Holstege C, **Lindbeck G**, Carter CT. Altered mental status: evaluation and etiology in the ED. *The American journal of emergency medicine*. 2002 Nov 1;20(7):613-7.
- b) Brady Jr WJ, Luber S, Carter CT, Guertler A, **Lindbeck G**. Multiphasic anaphylaxis: an uncommon event in the emergency department. *Academic emergency medicine*. 1997 Mar;4(3):193-7.
- c) Pinson AG, Philbrick JT, **Lindbeck GH**, Schorling JB. Fever in the clinical diagnosis of acute pyelonephritis. *The American journal of emergency medicine*. 1997 Mar 1;15(2):148-51.
- d) Pinson AG, Philbrick JT, **Lindbeck GH**, Schorling JB. Oral antibiotic therapy for acute pyelonephritis: a methodologic review of the literature. *Journal of general internal medicine*. 1992 Sep;7:544-53.

Stewart W. Martin, M.D., FACEP, FAEMS

I am submitting my name for consideration for an at-large seat on the Virginia MDC. Since 1998, I have served as the Operational Medical Director for the City of Virginia Beach Departments of EMS and Fire, supporting the most populous city in the Commonwealth and its combined career–volunteer EMS system. I have chaired the OMD Committee for the Tidewater EMS Council (Region 7) since 1996 and have served as the Regional Medical Director since 2003.

I practiced emergency medicine with Emergency Physicians of Tidewater for 32 years and remain Board Certified in Emergency Medicine, EMS, and Undersea and Hyperbaric Medicine. I hold an academic appointment as an Assistant Professor of Emergency Medicine at EVMS and continue to enjoy teaching EMS to emergency medicine residents and fellows. From 1992 to 2012, I served as a Medical Team Leader with FEMA USAR Team VA-TF2. I maintain active membership in NAEMSP, ACEP, and UHMS.

As a member of the MDC for more than 20 years, including service as chair while on the Governor's Advisory Board from 1999–2005, I hope to continue contributing to the advancement of EMS in the Commonwealth through at-large representation on the MDC.

Dr. E. Reed Smith is a full time EMS physician serving as the uniformed Operational Medical Director for the Arlington County (VA) Fire and Police Departments and is a Professor of Emergency Medicine and of Clinical Research and Leadership at the George Washington University School of Medicine. Board Certified in both Emergency Medicine and Emergency Medical Services, he has spent the last 20+ years developing protocol, training and operational programs to address regional emergency preparedness and medical and operational gaps in the National Capital Region and nationwide; examples of his work include the development of unique custom educational programs, medical operation plans and high threat medical response models for civilian and military EMS, special operations teams, hospital preparedness and unique operational EMS sub-specialty teams. In 2008, he was one of the original architects of the Rescue Task Force concept, an innovative pre-hospital public safety response to active violence and explosive scenarios. Additionally, in 2010, along with Dr. David Callaway and Dr. Geoff Shapiro, Dr. Smith developed the concept of Tactical Emergency Casualty Care as the civilian translation of tactical combat casualty care and co-founded the Committee for Tactical Emergency Casualty Care (C-TECC). Over the past 15 years, he has served as the co-Chair of C-TECC and currently remains on the Executive Committee. He has spent many hours writing, teaching, and speaking on TECC to change the medical response paradigm for all high threat events in the civilian community, including serving as one of the architects and subject matter experts for the FEMA Targeted Violence and Mass Casualty Hospital Response Workshop, as a subject matter expert and presenter for the FEMA Joint Counter Terrorism Awareness Workshop Series (JCTAWS) and as a member of the Federal InterAgency Board.

Dr. Smith has been a member of multiple EMS and operational committees throughout his career, including the last 8 years on the Virginia Commonwealth Department of Health Medical Direction Committee, frequently presents at national and international medical conferences, consults and delivers training to many groups ranging from military special operations to civilian tactical to operational EMS providers to hospital-based. Reed is a former EMT-Basic provider and Navy Combat Corpsman and maintains a strong focus on the development and application of medical principles in non-permissive and operational environments.



Office of the Medical Director

Scott D. Weir, MD FACEP FAEMS
Medical Director • OMD 401

Dan B. Avstreich, MD FACEP FAEMS
Associate Medical Director • OMD 402

May 11, 2026

c/o Joseph Lang
Chair, Medical Direction Committee

Dr. Lang,

I am writing to request consideration for appointment to the EMS Medical Direction Committee as a Member at Large.

I am a board-certified emergency physician and EMS physician. I am a nationally recognized leader in Emergency Medical Services (EMS), disaster medicine, and operational medical support, with more than two decades of experience in clinical care, physician education, and emergency response leadership. Since 2002, I have served as an Attending Physician in Emergency Medicine with physician groups, affiliated with INOVA Fairfax Hospital and the INOVA Emergency Care Centers, while concurrently serving as Operational Medical Director for the Fairfax County Fire and Rescue Department. In this role, I have helped shape regional EMS policy, physician oversight, tactical and disaster response operations, and prehospital clinical standards throughout Northern Virginia.

I have served as Regional EMS Medical Director for the Northern Virginia Regional EMS Council from 2008 to 2020 and have remained an active member of its Board of Directors, Medical Director Committee, and Performance Improvement Committee. My leadership contributions have been recognized with the Fairfax County Fire and Rescue Department Career Achievement Award and Team Performance Award for contributions to EMS clinical operations and system development. My contributions have been recognized with the Governor's EMS Award for outstanding EMS physician in 2009.

A dedicated educator, I held faculty appointments at both Virginia Commonwealth University School of Medicine, University of Virginia and Yale University School of Medicine. I have directed and coordinated EMS educational rotations for medical students, residents, fellows,

and paramedics, earning recognition for excellence in teaching, including the VCU Top Teacher Award and the Milton Corn Resident Teaching Award during residency at The George Washington University Medical Center. I also serve as Physician Course Director for Fairfax County public school Fire-EMS programs, mentoring future first responders and healthcare professionals.

Throughout my career, I have been deeply involved in disaster and tactical medicine. I have deployed nationally and internationally as a Medical Team Leader and Manager with FEMA and USAID Urban Search and Rescue teams in response to major incidents including the World Trade Center attacks, the Nairobi embassy bombing, Hurricane Irene, the Japan earthquake and tsunami and Haiti earthquakes. I additionally served as Chief Medical Officer for the 2015 World Police and Fire Games in Fairfax, Virginia.

I have authored numerous peer-reviewed publications and book chapters in emergency medicine, disaster response, and operational EMS, and have lectured extensively at regional and national conferences on subjects including hemorrhage control, tactical EMS, disaster preparedness, and mass casualty response. I remain active in national EMS leadership through organizations including the American College of Emergency Physicians, National Association of EMS Physicians, and have served with the Committee for Tactical Emergency Casualty Care.

I earned my Doctor of Medicine degree with distinction from The George Washington University School of Medicine, completed my emergency medicine residency at the George Washington University School of Medicine and my EMS fellowship at Yale University. I hold board certification in both Emergency Medicine and EMS through the American Board of Emergency Medicine and maintain extensive operational, tactical, and disaster-response certifications.

I appreciate your consideration for this appointment and look forward to continuing to contribute to the benefit of prehospital patients, EMS clinicians and EMS Systems in Virginia.

Regards

A handwritten signature in blue ink, appearing to read 'Scott Weir', is positioned above the typed name.

Scott Weir
Medical Director
Fairfax County Fire & Rescue Department

Appendix A: Review of Chapter 32 for Education Coordinator (Recommendation from TCC)

“EMS Education Coordinator” means an EMS provider who possesses Virginia certification as an EMS Education Coordinator. Such certification does not authorize or expand their scope of practice as an EMS provider.

An EMS Education Coordinator is credentialed at one of the following levels:

- 1. Level 1 EMS Education Coordinator – Authorized to announce and teach continuing education courses at or below their current EMS provider certification level.*
- 2. Level 2 EMS Education Coordinator – Authorized to announce and coordinate initial EMS certification programs and continuing education courses at or below their current EMS provider certification level. A Level 2 EMS Education Coordinator whose EMS provider certification is above EMT may not announce or coordinate initial certification programs at that provider level until they have attained one year of field experience at that level. – “This reference is contingent upon approval of the proposed EMS Education*

Appendix A: Review of Chapter 32 for Education Coordinator (Recommendation from TCC)

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Appendix B: Letters of Interest for At-Large Member Appointment

May 8, 2026

Greetings everyone,

Following recent discussions regarding the proposed Medical Direction Committee (MDC) bylaw revisions, the proposed changes to the MDC composition were not advanced following initial consideration. Accordingly, the MDC will continue operating under the current EMS Advisory Board committee framework pending any future governance action by the EMS Advisory Board and/or Executive Committee.

As many of you are aware, the EMS system is currently undergoing significant regional operational restructuring. While the current EMS Advisory Board bylaws continue to reference the existing eleven (11) regional EMS council framework, ongoing discussions and operational planning efforts have focused on the transition toward a seven-region operational structure for certain system functions, including regional medical direction coordination.

Given this transition, one of the immediate operational priorities moving forward will be identifying and establishing regional medical direction representation aligned with the evolving seven-region operational framework while ensuring continued alignment with the current EMS Advisory Board bylaws and governance processes.

Under the current transition framework and ongoing regional restructuring discussions, the Medical Direction Committee (MDC) is anticipated to operate with a maximum membership of ten (10) individuals, consistent with current EMS Advisory Board bylaws governing committee membership limits.

The anticipated MDC structure currently under discussion includes:

- Regional Medical Director representation aligned with the evolving regional operational framework;
- One (1) Governor's Advisory Board (GAB) representative, currently myself, serving as a non-voting member except in the event of a tie vote; and
- Up to two (2) at-large members serving pursuant to the current committee term framework.

Final committee composition, membership appointments, and organizational structure remain subject to the applicable EMS Advisory Board governance and approval processes.

Consistent with the [EMS Advisory Board Bylaws](#), committee membership is limited to ten (10) members unless otherwise approved by the Executive Committee or required by the Code of Virginia. Additionally, committee membership and organizational structure recommendations remain subject to Executive Committee review and approval pursuant to Article VIII, Section D(1)-(4).

Clarification is still being sought regarding the applicability of prior service toward current term limitations for at-large positions. Current bylaws provide that committee members shall serve three-year terms with a limit of two consecutive terms unless otherwise specified.

In addition to formal committee membership, subject matter experts and project-specific participants may continue supporting MDC activities through advisory participation and workgroups, as appropriate and consistent with current EMS Advisory Board policy.

Due to the ongoing regional restructuring process, there is some flexibility this year regarding timing; however, the goal is to have the proposed MDC membership structure and regional representation recommendations ready for consideration during the 3rd quarter GAB meeting cycle.

As part of this transition process, the MDC will discuss and develop recommendations regarding the two at-large positions as well as future regional medical direction representation considerations associated with the evolving regional framework. Individuals interested in serving in one of the at-large roles are asked to email both myself (jlang@ept911.com) and Daniel Linkins (Daniel.Linkins@vdh.virginia.gov) expressing interest and provide a brief one to two paragraph biography for distribution to MDC members in advance of discussion.

Any recommendations regarding committee membership, committee organizational structure, Chair/Vice Chair positions, regional representation, or future composition adjustments will proceed through the established EMS Advisory Board governance and approval process consistent with the EMS Advisory Board Bylaws.

Pursuant to Article VIII, Section D(1) of the EMS Advisory Board Bylaws, committee membership appointments are made annually by the Committee Chair in consultation with the applicable Coordinator and require approval of the Executive Committee. Additionally, Article VIII, Section D(4) provides that recommendations regarding committee and workgroup organizational structure shall be made by the Committee Chair in consultation with the applicable Coordinator and submitted to the Executive Committee for approval.

Consistent with these provisions, any recommendations developed by the Medical Direction Committee regarding at-large membership positions, committee officer recommendations, regional representation considerations, or future committee composition recommendations would proceed through the applicable EMS Advisory Board governance review and approval pathway prior to implementation.

The July 9, 2026, MDC meeting is anticipated to be the final meeting prior to implementation of any revised committee membership structure, pending completion of the applicable governance review and approval processes.

Currently, Joe Lang serves as Chair and Reed Smith serves as Vice Chair.

Please feel free to reach out with any questions.

Best,

Joseph Lang

EMS Fellowship Director

Email: jlang@ept911.com

Emergency Physicians of Tidewater

6379 Center Drive, Norfolk, VA 23502

Workshop Project Planning Sheet

Project Name: Incapacitated Pilot Training for Air-Medical Crew

Project Description (3–5 sentences)

What problem are you solving? Why does it matter? Who does it impact?

The FAA has authorized optional procedures that allow medical flight crew members to stabilize an aircraft in the event of pilot incapacitation. Among operators that choose to adopt these procedures, training is typically limited to an annual verbal review of the required steps. Because this is a low-frequency but high-risk task, relying solely on infrequent verbalization is not ideal. Proficiency and readiness would be significantly improved through more frequent practice delivered in a dynamic, scenario-based training framework.

Project Objectives (Action-Oriented)

Objective 1: Benchmark Virginia OEMS HEMS agencies to document current training practices among operators with approved incapacitated-pilot procedures.

Update 6/29/26: Based on responses received, it appears that only Med-Trans partners (Highlands, Life-Guard, and VCU LifeEvac) have formal incapacitated pilot procedures in place.

At the 6/9/26 Air Medical Safety Congress in Chicago, IL, Susan Rivers presented the need for an FAA requirement for all HEMS programs. She has received a tentative approval to join the Air Medical Operators Association to join their efforts in developing a comprehensive mitigation program.

Success Metric: A validated best-practice training framework is produced, including recommended training frequencies and modalities that address muscle-memory development, cognitive-load management, scenario variability, and reinforcement strategies.

Update 6/29/26: 100% of Life-Guard medical flight crew has completed their 1st quarter in flight competency validation of the 135P2+ aircraft procedures. Next quarter will include the tabletop exercise of the 135P3H, followed by in flight competency validations. Once this is completed, feedback will be shared with the Air Medical Workgroup for consideration of a best practice training framework for all HEMS programs with approved procedures.

Objective 2: Develop a standardized evaluation tool to assess the effectiveness and usability of the training program.

6/29/26 update: Pending

Success Metric: Feedback collected through the evaluation tool is analyzed and incorporated into a Phase II revision of the best-practice training framework.

Key Milestones & Deadlines

Milestone 1: Initial Meeting date

Target Date: by April 1, 2026

Milestone 2: Benchmarking complete

Target Date: by Jun 1, 2026

Milestone 3: Training Program Draft to MDC

Target Date: Final 2026 MDC meeting

Final Project Deadline

Completion Date: Final MDC meeting of 2026

Accountability & Ownership

Project Lead: Susan Rivers

Key Stakeholders: VA HEMS Agency Medical Flight Crew

Workshop Project Planning Sheet

Project Name: HEMS Safety Training for Ground EMS and Hospital Providers

Project Description (3–5 sentences)

What problem are you solving? Why does it matter? Who does it impact?

HEMS providers rely heavily on ground EMS and hospital teams to maintain safety during patient transfers, yet the nature of these brief, high-tempo interactions leaves little opportunity for real-time feedback or coordinated training. Traditional, longer-format training sessions are difficult to schedule across such a broad and decentralized audience. Short, high-frequency social media infographics focused on core safety practices may offer a more effective way to reach this wider stakeholder group, delivering timely, digestible guidance that reinforces shared safety expectations and enhances overall system safety.

Project Objectives (Action-Oriented)

Objective 1: Engage frontline medical flight crew to identify key HEMS safety messages that should be communicated to ground EMS and hospital partners.

Update 6/29/26: Team developed: Will Aiken (VCU), Chris Bersin (MedStar), Krisi Linton (Wake Forest Air Care), Scott Davis (Life-Guard), Lisa Scott (Nightingale)

Success Metric: A prioritized list of safety points is produced, and concise talking points are developed for distribution through social media–based infographics

Update 6/29/26: Initial infographic on LZ Safety approved by MDC.

Objective 2: Develop a distribution and engagement strategy to ensure safety messages reach ground EMS and hospital partners consistently and at scale.

Update 6/29/26: Holding off on distribution of above infographic until at least 6 topics are developed and approved by MDC so that social media posts will be consistently posted while the group works on additional topics.

Success Metric: A posting schedule, platform plan, and engagement workflow are established, and baseline analytics (reach, impressions, and interactions) are collected to guide future optimization.

Key Milestones & Deadlines

Milestone 1: Initial Meeting date	Target Date: by April 1, 2026
Milestone 2: Priority list complete	Target Date: by Jun 1, 2026
Milestone 3: Training Program Draft to MDC	Target Date: Final 2026 MDC meeting

Final Project Deadline

Completion Date: Final MDC meeting of 2026

Accountability & Ownership

Project Lead: Dempsey Whitt

Key Stakeholders: VA Ground and Helicopter EMS agencies and hospital providers

Dr. Asher Brand is a full-time EMS physician with more than 40 years of involvement in Emergency Medical Services and more than two decades of leadership in Virginia EMS medical direction and system development. He completed his Emergency Medicine residency at the University of Pittsburgh, where he served as Chief Resident, and has dedicated much of his career to advancing prehospital medicine, provider education, OMD mentorship, and evidence-based EMS protocol development. His areas of focus include trauma resuscitation, airway management, rural EMS systems, and prehospital critical care.

Dr. Brand currently serves as Operational Medical Director for several EMS agencies across a wide geographic area and provides medical oversight for a diverse range of EMS systems throughout the Commonwealth, including rural EMS agencies in Appalachia, suburban and volunteer agencies, private ambulance services, statewide air medical programs, and Airport Fire/Rescue services. He is currently working to stand up a flexible operational EMS agency to support Virginia law enforcement operations. He previously served as Chair of the Virginia Office of EMS Medical Direction Committee (MDC) and as a Governor-appointed member of the Virginia EMS Advisory Board. He has also served as Regional Medical Director for the Central Shenandoah EMS Council, helping lead regional protocol development, quality improvement initiatives, disaster preparedness efforts, and interagency clinical coordination. **Dr. Brand respectfully seeks appointment to an At-Large position on the Virginia Department of Health Medical Direction Committee, where he has been a longstanding and highly active member.** He currently serves as Acting Secretary of the MDC and leads two active MDC workgroups focused on ongoing statewide EMS initiatives. His broad operational experience and continued leadership within the MDC position him to effectively represent a wide cross-section of Virginia EMS providers and systems.

Re: MDC At-Large Member Biography

From Joseph Lang <jlang@ept911.com>

Date Tue 5/19/2026 10:36 AM

To Gutermuth, Kevin R. <kgutermuth@carilionclinic.org>

Cc Linkins, Daniel (VDH) <Daniel.Linkins@vdh.virginia.gov>

Received, thank you
Joe

On Tue, May 19, 2026, 10:30 Gutermuth, Kevin R. <kgutermuth@carilionclinic.org> wrote:

Hi Dr. Lang and Daniel,

Below is a brief biography for consideration for one of the MDC at-large positions. Please let me know if there are any questions.

- Kevin

Dr. Kevin Gutermuth is uniquely qualified to serve as an At-Large Physician Member of the Virginia Medical Direction Committee through his combined expertise in Pediatrics, Pediatric Emergency Medicine, and Emergency Medical Services. He is currently the EMS for Children Representative on the committee and is the only physician in the Commonwealth of Virginia board certified in all three disciplines, providing a distinctive perspective on the intersection of pediatric emergency care, EMS systems, and prehospital medical direction. His clinical and academic focus has centered on advancing evidence-based pediatric and prehospital care through education, systems development, and operational leadership.

In addition to his statewide service, Dr. Gutermuth serves as Associate Medical Director for both Roanoke County Fire-Rescue and Carilion Clinic Patient Transport, where he is actively involved in protocol development, provider education, quality improvement, and operational oversight across diverse prehospital environments. His background includes extensive experience in EMS operations, medical education, and multidisciplinary collaboration at the local, regional, and state levels. Through these roles, he has demonstrated a strong commitment to improving prehospital care delivery, fostering provider development, and advancing the mission of EMS throughout the Commonwealth of Virginia.

or network system. Any interception, review, printing, copying, re-transmission, dissemination, or other use of, or taking of any action upon this information by persons or entities other than the intended recipient is strictly prohibited by law and may subject them to criminal or civil liability. Carilion Clinic shall not be liable for the improper and/or incomplete transmission of the information contained in this communication or for any delay in its receipt.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.

Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: George Lindbeck

eRA COMMONS USER NAME (credential, e.g., agency login): G_LINDBECK

POSITION TITLE: Associate Professor, Department of Emergency Medicine

EDUCATION/TRAINING

INSTITUTION AND LOCATION	DEGREE	Completion Date	FIELD OF STUDY
West Virginia University, Morgantown, WVA	B.A.	05/1982	Chemistry
University of Maryland School of Medicine, Baltimore, MD	M.D.	05/1986	Medicine
University of Virginia, Charlottesville, VA		06/1989	Internal Medicine Residency

A. Personal Statement

Having been involved in Emergency Medical Services (EMS) operations and medical direction for a variety of EMS agencies for over thirty years, I bring extensive expertise and experience in EMS to the team. I have served as an EMS agency medical director for a variety of EMS agencies ranging from rural volunteer EMS rescue squads, combined fire/rescue agencies both volunteer and career, air medical EMS programs, critical care transport agencies, and mass gathering EMS agencies. I have served as regional medical director for the Thomas Jefferson EMS Council in central Virginia since 1989, and have served as the Virginia State EMS and Trauma Systems Medical Director for the Office of Emergency Medical Services of the Virginia Department of Health since August, 2008. These experiences have given me a widespread overview of EMS systems at local, regional, state and even national levels. In addition, my experiences at the Virginia Office of EMS have familiarized me with statewide EMS data systems and data collection from the individual EMS provider level through regional, statewide, and national databases.

Ongoing and recently completed projects that I would like to highlight include:

Co-PI – The SCOPES Project
2022-2023

Advancing a Successful Community Paramedic and Emergency Services Work Force
Supported by HRSA Grant# TR1RH45929-01-00

Principle Investigator: Evidence Based Guideline for Pre-hospital Pain Management
2020-2021

NHTSA grant #693JJ92050003

National Association of EMS Officials (NASEMSO) in collaboration with NAEMSP and ACEP

Citations:

1. Jarvis JL, Panchal AR, Lyng JW, Bosson N, Donofrio-Odmann JJ, Braude DA, **Lindbeck G**, et. al. Evidence-Based Guideline for Prehospital Airway Management. Prehosp Emerg Care. 2023 Dec 22:1-13. doi: 10.1080/10903127.2023.2281363. Epub ahead of print. PMID: 38133523.
2. **Lindbeck G**, Shah M, Braithwaite S, Powell J, Panchal A, Browne L, Lang E, et. al (2021) Evidence-Based Guidelines for Prehospital Pain Management: Recommendations, Prehospital Emergency Care, DOI: 10.1080/10903127.2021.2018073
3. Powell J, Browne L, Guild K, Shah M, Crowe R, **Lindbeck G**, et. al. Evidence-based Guidelines for Prehospital Pain Management: Literature and Methods, Prehospital Emergency Care. 2021. DOI: 10.1080/10903127.2021.2018074
4. Goodloe J, Topjian A, Hsu A, Dunne R, Panchal A, **Lindbeck G**, et. al. : Interim Guidance for Emergency Medical Services Management of Out-of-Hospital Cardiac Arrest During the COVID-19 Pandemic. Circ Cardiovasc Qual Outcomes. 2021 Jun 23:CIRCOUTCOMES120007666. doi: 10.1161/CIRCOUTCOMES.120.007666. PMID: 34157848

B. Positions and Honors

Positions and Employment

2022-2023	Member, Technical Expert Panel, Evidence Based Guidelines for Prehospital Airway Management, National Association of EMS Officials
2022-	Member, Advisory Committee, IAFC/NHTSA EMS Medical Director's Handbook
2020-2024	Member, Technical Expert Panel, National EMS Clinical Guidelines Project, National Association of EMS Officials
2019-2021	Chair, Medical Director's Council, National Association of EMS Officials (NASEMSO)
2016-	Associate Professor, Department of Emergency Medicine, University of Virginia School of Medicine
2016-	Program Director of EMS Fellowship Program, University of Virginia School of Medicine
2016-	Medical Director, MedCom Communications Program, University of Virginia
2016-2024	Medical Director, UVA Pre-Hospital Program, University of Virginia
2016-2024	Medical Director, Medic V Ground Transport Program, University of Virginia
2016-	Medical Director, Special Events Medical Management (SEMM), University of Virginia
2008-2024	Virginia State EMS & Trauma Systems Medical Director, Office of Emergency Medical Services, Virginia Department of Health
2014-2016	Staff Physician, Emergency Medicine, Piedmont Emergency Physicians, Martha Jefferson Hospital, Charlottesville, Virginia
2011-2016	Associate faculty, UVA EMS Fellowship Program
2009-2014	Credentials Committee, Augusta Health
2003-2008	Medical Director Emergency Department, Augusta Health
2005-2011	Board of Directors, Augusta Health
2006-2011	Planning Committee, Augusta Health
2005-2011	Quality Resource Management Committee, Augusta Health
2003-2008	Medical Executive Committee, Augusta Health
2000-2003	Critical Care Committee, Augusta Health
1998-2014	Staff physician, Emergency Medicine, Augusta Emergency Physicians, Augusta Health, Fishersville, Virginia
1989-2025	Regional Medical Director, Thomas Jefferson EMS Council, Central Virginia
1989-1997	Assistant Professor, Department of Emergency Medicine, University of Virginia School of Medicine

C. Contributions to Science

1) Development of Evidence-Based EMS Guidelines

Throughout my tenure as State EMS Director for the past 15 years, I have made significant contributions to the development of evidence-based EMS guidelines, a cornerstone of prehospital care. My recent academic endeavors have been dedicated to synthesizing the vast array of prehospital literature into concise, practical guidelines that can be readily implemented by EMS systems nationwide. Working collaboratively with teams of seasoned EMS experts, we have established a dynamic process where responsibilities such as literature searches, critical reviews, guideline drafting, and document editing are shared and rotated. My personal involvement has spanned the full spectrum of guideline production, from conducting comprehensive literature searches to resolving complex areas of disagreement among experts, ensuring that the guidelines reflect the most current and robust evidence available.

- a) Jarvis JL, Panchal AR, Lyng JW, Bosson N, Donofrio-Odmann JJ, Braude DA, **Lindbeck G**, et. al. Evidence-Based Guideline for Prehospital Airway Management. *Prehosp Emerg Care*. 2023 Dec 22:1-13. doi: 10.1080/10903127.2023.2281363. Epub ahead of print. PMID: 38133523.
- b) **Lindbeck G**, Shah M, Braithwaite S, Powell J, Panchal A, Browne L, Lang E, et. al (2021) Evidence-Based Guidelines for Prehospital Pain Management: Recommendations, *Prehospital Emergency Care*, DOI: 10.1080/10903127.2021.2018073
- c) Goodloe J, Topjian A, Hsu A, Dunne R, Panchal A, **Lindbeck G**, et. al. : Interim Guidance for Emergency Medical Services Management of Out-of-Hospital Cardiac Arrest During the COVID-19 Pandemic. *Circ Cardiovasc Qual Outcomes*. 2021 Jun 23:CIRCOUTCOMES120007666. doi: 10.1161/CIRCOUTCOMES.120.007666. PMID: 34157848
- d) Patterson PD, Higgins JS, Van Dongen HP, Buysse DJ, Thackery RW, **Lindbeck GH**, et. al. Evidence-based guidelines for fatigue risk management in emergency medical services. *Prehospital emergency care*. 2018 Feb 15;22(sup1):89-101.
- e) Martin-Gill C, Higgins JS, Van Dongen HP, Buysse DJ, Thackery RW, Kupas DF, **Lindbeck GH**, et. al. Proposed performance measures and strategies for implementation of the fatigue risk management guidelines for emergency medical services. *Prehospital emergency care*. 2018 Feb 15;22(sup1):102-9.

2) Evaluating EMS Air Transport

As a founding member of the team at the University of Virginia, I was instrumental in leading the development of air transport teams, a critical component of our emergency medical services. My leadership in conducting comprehensive studies to evaluate the efficacy of using air transport for cardiac arrest victims in rural areas was a cornerstone of this initiative. Additionally, I led research into reimbursement patterns for both helicopter and fixed-wing transport, providing valuable insights that were crucial for the maintenance and optimization of our air transport program. This research not only helped in sustaining the program but also in identifying the most effective use cases, thereby enhancing the delivery of critical care to patients in need.

- a) **Lindbeck G**. Hospital and flight program reimbursement for patients transferred by helicopter. *The American journal of emergency medicine*. 1995 Jul 1;13(4):405-9.
- b) **Lindbeck GH**. Reimbursement patterns in a hospital-based fixed-wing aeromedical service. *The American journal of emergency medicine*. 1993 Nov 1;11(6):586-9.
- c) **Lindbeck GH**, Groopman DS, Powers RD. Aeromedical evacuation of rural victims of nontraumatic cardiac arrest. *Annals of emergency medicine*. 1993 Aug 1;22(8):1258-62.

3) Prehospital Pharmacologic interventions

Early in my career, I also made significant contributions to the science of prehospital pharmacologic interventions, particularly in the management of supraventricular tachycardia and the use of epinephrine for

severe allergic reactions. After completing my residency, I accepted an academic position at the University of Virginia's newly established Department of Emergency Medicine, where I became involved in EMS oversight. During this time, I conducted research into the adoption of novel pharmacologic treatments within EMS protocols. These medications, which are now standard in EMS drug boxes, were once uncharted territory with unknown safety and efficacy profiles. Our work in this field contributed to subsequent widespread acceptance of these life-saving interventions in prehospital care settings.

- a) Brady WJ, DeBehnke DJ, Wickman LL, **Lindbeck G**. Treatment of out-of-hospital supraventricular tachycardia: adenosine vs verapamil. *Academic Emergency Medicine*. 1996 Jun;3(6):574-85.
- b) **Lindbeck GH**, Burns DM, Rockwell DD. Out-of-hospital provider use of epinephrine for allergic reactions: pilot program. *Academic Emergency Medicine*. 1995 Jul;2(7):592-6.

4) **Evaluation of Common Medical Conditions in the Emergency Department**

Beyond my prehospital work, my contributions have extended to the study of the evaluation and management of various medical conditions in emergency department presentations. Focusing on common yet critical presentations, including altered mental status, anaphylaxis, and pyelonephritis. For these studies, I played a key role as a senior advisor. My involvement encompassed assisting with the study design, overseeing the data collection process, and providing critical input during the manuscript editing phase. This work has been fundamental in enhancing our understanding of these conditions and has informed more effective triage and treatment protocols within the emergency department setting.

- a) Kanich W, Brady WJ, Huff JS, Perron AD, Holstege C, **Lindbeck G**, Carter CT. Altered mental status: evaluation and etiology in the ED. *The American journal of emergency medicine*. 2002 Nov 1;20(7):613-7.
- b) Brady Jr WJ, Luber S, Carter CT, Guertler A, **Lindbeck G**. Multiphasic anaphylaxis: an uncommon event in the emergency department. *Academic emergency medicine*. 1997 Mar;4(3):193-7.
- c) Pinson AG, Philbrick JT, **Lindbeck GH**, Schorling JB. Fever in the clinical diagnosis of acute pyelonephritis. *The American journal of emergency medicine*. 1997 Mar 1;15(2):148-51.
- d) Pinson AG, Philbrick JT, **Lindbeck GH**, Schorling JB. Oral antibiotic therapy for acute pyelonephritis: a methodologic review of the literature. *Journal of general internal medicine*. 1992 Sep;7:544-53.

Stewart W. Martin, M.D., FACEP, FAEMS

I am submitting my name for consideration for an at-large seat on the Virginia MDC. Since 1998, I have served as the Operational Medical Director for the City of Virginia Beach Departments of EMS and Fire, supporting the most populous city in the Commonwealth and its combined career–volunteer EMS system. I have chaired the OMD Committee for the Tidewater EMS Council (Region 7) since 1996 and have served as the Regional Medical Director since 2003.

I practiced emergency medicine with Emergency Physicians of Tidewater for 32 years and remain Board Certified in Emergency Medicine, EMS, and Undersea and Hyperbaric Medicine. I hold an academic appointment as an Assistant Professor of Emergency Medicine at EVMS and continue to enjoy teaching EMS to emergency medicine residents and fellows. From 1992 to 2012, I served as a Medical Team Leader with FEMA USAR Team VA-TF2. I maintain active membership in NAEMSP, ACEP, and UHMS.

As a member of the MDC for more than 20 years, including service as chair while on the Governor's Advisory Board from 1999–2005, I hope to continue contributing to the advancement of EMS in the Commonwealth through at-large representation on the MDC.

Dr. E. Reed Smith is a full time EMS physician serving as the uniformed Operational Medical Director for the Arlington County (VA) Fire and Police Departments and is a Professor of Emergency Medicine and of Clinical Research and Leadership at the George Washington University School of Medicine. Board Certified in both Emergency Medicine and Emergency Medical Services, he has spent the last 20+ years developing protocol, training and operational programs to address regional emergency preparedness and medical and operational gaps in the National Capital Region and nationwide; examples of his work include the development of unique custom educational programs, medical operation plans and high threat medical response models for civilian and military EMS, special operations teams, hospital preparedness and unique operational EMS sub-specialty teams. In 2008, he was one of the original architects of the Rescue Task Force concept, an innovative pre-hospital public safety response to active violence and explosive scenarios. Additionally, in 2010, along with Dr. David Callaway and Dr. Geoff Shapiro, Dr. Smith developed the concept of Tactical Emergency Casualty Care as the civilian translation of tactical combat casualty care and co-founded the Committee for Tactical Emergency Casualty Care (C-TECC). Over the past 15 years, he has served as the co-Chair of C-TECC and currently remains on the Executive Committee. He has spent many hours writing, teaching, and speaking on TECC to change the medical response paradigm for all high threat events in the civilian community, including serving as one of the architects and subject matter experts for the FEMA Targeted Violence and Mass Casualty Hospital Response Workshop, as a subject matter expert and presenter for the FEMA Joint Counter Terrorism Awareness Workshop Series (JCTAWS) and as a member of the Federal InterAgency Board.

Dr. Smith has been a member of multiple EMS and operational committees throughout his career, including the last 8 years on the Virginia Commonwealth Department of Health Medical Direction Committee, frequently presents at national and international medical conferences, consults and delivers training to many groups ranging from military special operations to civilian tactical to operational EMS providers to hospital-based. Reed is a former EMT-Basic provider and Navy Combat Corpsman and maintains a strong focus on the development and application of medical principles in non-permissive and operational environments.



Office of the Medical Director

Scott D. Weir, MD FACEP FAEMS
Medical Director • OMD 401

Dan B. Avstreich, MD FACEP FAEMS
Associate Medical Director • OMD 402

May 11, 2026

c/o Joseph Lang
Chair, Medical Direction Committee

Dr. Lang,

I am writing to request consideration for appointment to the EMS Medical Direction Committee as a Member at Large.

I am a board-certified emergency physician and EMS physician. I am a nationally recognized leader in Emergency Medical Services (EMS), disaster medicine, and operational medical support, with more than two decades of experience in clinical care, physician education, and emergency response leadership. Since 2002, I have served as an Attending Physician in Emergency Medicine with physician groups, affiliated with INOVA Fairfax Hospital and the INOVA Emergency Care Centers, while concurrently serving as Operational Medical Director for the Fairfax County Fire and Rescue Department. In this role, I have helped shape regional EMS policy, physician oversight, tactical and disaster response operations, and prehospital clinical standards throughout Northern Virginia.

I have served as Regional EMS Medical Director for the Northern Virginia Regional EMS Council from 2008 to 2020 and have remained an active member of its Board of Directors, Medical Director Committee, and Performance Improvement Committee. My leadership contributions have been recognized with the Fairfax County Fire and Rescue Department Career Achievement Award and Team Performance Award for contributions to EMS clinical operations and system development. My contributions have been recognized with the Governor's EMS Award for outstanding EMS physician in 2009.

A dedicated educator, I held faculty appointments at both Virginia Commonwealth University School of Medicine, University of Virginia and Yale University School of Medicine. I have directed and coordinated EMS educational rotations for medical students, residents, fellows,

and paramedics, earning recognition for excellence in teaching, including the VCU Top Teacher Award and the Milton Corn Resident Teaching Award during residency at The George Washington University Medical Center. I also serve as Physician Course Director for Fairfax County public school Fire-EMS programs, mentoring future first responders and healthcare professionals.

Throughout my career, I have been deeply involved in disaster and tactical medicine. I have deployed nationally and internationally as a Medical Team Leader and Manager with FEMA and USAID Urban Search and Rescue teams in response to major incidents including the World Trade Center attacks, the Nairobi embassy bombing, Hurricane Irene, the Japan earthquake and tsunami and Haiti earthquakes. I additionally served as Chief Medical Officer for the 2015 World Police and Fire Games in Fairfax, Virginia.

I have authored numerous peer-reviewed publications and book chapters in emergency medicine, disaster response, and operational EMS, and have lectured extensively at regional and national conferences on subjects including hemorrhage control, tactical EMS, disaster preparedness, and mass casualty response. I remain active in national EMS leadership through organizations including the American College of Emergency Physicians, National Association of EMS Physicians, and have served with the Committee for Tactical Emergency Casualty Care.

I earned my Doctor of Medicine degree with distinction from The George Washington University School of Medicine, completed my emergency medicine residency at the George Washington University School of Medicine and my EMS fellowship at Yale University. I hold board certification in both Emergency Medicine and EMS through the American Board of Emergency Medicine and maintain extensive operational, tactical, and disaster-response certifications.

I appreciate your consideration for this appointment and look forward to continuing to contribute to the benefit of prehospital patients, EMS clinicians and EMS Systems in Virginia.

Regards

A handwritten signature in blue ink, appearing to read 'Scott Weir', is positioned above the typed name.

Scott Weir
Medical Director
Fairfax County Fire & Rescue Department

Appendix B: Letters of Interest for At-Large Member Appointment

Dr. Asher Brand is a full-time EMS physician with more than 40 years of involvement in Emergency Medical Services and more than two decades of leadership in Virginia EMS medical direction and system development. He completed his Emergency Medicine residency at the University of Pittsburgh, where he served as Chief Resident, and has dedicated much of his career to advancing prehospital medicine, provider education, OMD mentorship, and evidence-based EMS protocol development. His areas of focus include trauma resuscitation, airway management, rural EMS systems, and prehospital critical care.

Dr. Brand currently serves as Operational Medical Director for several EMS agencies across a wide geographic area and provides medical oversight for a diverse range of EMS systems throughout the Commonwealth, including rural EMS agencies in Appalachia, suburban and volunteer agencies, private ambulance services, statewide air medical programs, and Airport Fire/Rescue services. He is currently working to stand up a flexible operational EMS agency to support Virginia law enforcement operations. He previously served as Chair of the Virginia Office of EMS Medical Direction Committee (MDC) and as a Governor-appointed member of the Virginia EMS Advisory Board. He has also served as Regional Medical Director for the Central Shenandoah EMS Council, helping lead regional protocol development, quality improvement initiatives, disaster preparedness efforts, and interagency clinical coordination. **Dr. Brand respectfully seeks appointment to an At-Large position on the Virginia Department of Health Medical Direction Committee, where he has been a longstanding and highly active member.** He currently serves as Acting Secretary of the MDC and leads two active MDC workgroups focused on ongoing statewide EMS initiatives. His broad operational experience and continued leadership within the MDC position him to effectively represent a wide cross-section of Virginia EMS providers and systems.

Re: MDC At-Large Member Biography

From Joseph Lang <jlang@ept911.com>

Date Tue 5/19/2026 10:36 AM

To Gutermuth, Kevin R. <kgutermuth@carilionclinic.org>

Cc Linkins, Daniel (VDH) <Daniel.Linkins@vdh.virginia.gov>

Received, thank you

Joe

On Tue, May 19, 2026, 10:30 Gutermuth, Kevin R. <kgutermuth@carilionclinic.org> wrote:

Hi Dr. Lang and Daniel,

Below is a brief biography for consideration for one of the MDC at-large positions. Please let me know if there are any questions.

- Kevin

Dr. Kevin Gutermuth is uniquely qualified to serve as an At-Large Physician Member of the Virginia Medical Direction Committee through his combined expertise in Pediatrics, Pediatric Emergency Medicine, and Emergency Medical Services. He is currently the EMS for Children Representative on the committee and is the only physician in the Commonwealth of Virginia board certified in all three disciplines, providing a distinctive perspective on the intersection of pediatric emergency care, EMS systems, and prehospital medical direction. His clinical and academic focus has centered on advancing evidence-based pediatric and prehospital care through education, systems development, and operational leadership.

In addition to his statewide service, Dr. Gutermuth serves as Associate Medical Director for both Roanoke County Fire-Rescue and Carilion Clinic Patient Transport, where he is actively involved in protocol development, provider education, quality improvement, and operational oversight across diverse prehospital environments. His background includes extensive experience in EMS operations, medical education, and multidisciplinary collaboration at the local, regional, and state levels. Through these roles, he has demonstrated a strong commitment to improving prehospital care delivery, fostering provider development, and advancing the mission of EMS throughout the Commonwealth of Virginia.

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Stewart W. Martin, M.D., FACEP, FAEMS

I am submitting my name for consideration for an at-large seat on the Virginia MDC. Since 1998, I have served as the Operational Medical Director for the City of Virginia Beach Departments of EMS and Fire, supporting the most populous city in the Commonwealth and its combined career–volunteer EMS system. I have chaired the OMD Committee for the Tidewater EMS Council (Region 7) since 1996 and have served as the Regional Medical Director since 2003.

I practiced emergency medicine with Emergency Physicians of Tidewater for 32 years and remain Board Certified in Emergency Medicine, EMS, and Undersea and Hyperbaric Medicine. I hold an academic appointment as an Assistant Professor of Emergency Medicine at EVMS and continue to enjoy teaching EMS to emergency medicine residents and fellows. From 1992 to 2012, I served as a Medical Team Leader with FEMA USAR Team VA-TF2. I maintain active membership in NAEMSP, ACEP, and UHMS.

As a member of the MDC for more than 20 years, including service as chair while on the Governor’s Advisory Board from 1999–2005, I hope to continue contributing to the advancement of EMS in the Commonwealth through at-large representation on the MDC.



Office of the Medical Director

Scott D. Weir, MD FACEP FAEMS
Medical Director • OMD 401

Dan B. Avstreich, MD FACEP FAEMS
Associate Medical Director • OMD 402

May 11, 2026

c/o Joseph Lang
Chair, Medical Direction Committee

Dr. Lang,

I am writing to request consideration for appointment to the EMS Medical Direction Committee as a Member at Large.

I am a board-certified emergency physician and EMS physician. I am a nationally recognized leader in Emergency Medical Services (EMS), disaster medicine, and operational medical support, with more than two decades of experience in clinical care, physician education, and emergency response leadership. Since 2002, I have served as an Attending Physician in Emergency Medicine with physician groups, affiliated with INOVA Fairfax Hospital and the INOVA Emergency Care Centers, while concurrently serving as Operational Medical Director for the Fairfax County Fire and Rescue Department. In this role, I have helped shape regional EMS policy, physician oversight, tactical and disaster response operations, and prehospital clinical standards throughout Northern Virginia.

I have served as Regional EMS Medical Director for the Northern Virginia Regional EMS Council from 2008 to 2020 and have remained an active member of its Board of Directors, Medical Director Committee, and Performance Improvement Committee. My leadership contributions have been recognized with the Fairfax County Fire and Rescue Department Career Achievement Award and Team Performance Award for contributions to EMS clinical operations and system development. My contributions have been recognized with the Governor's EMS Award for outstanding EMS physician in 2009.

A dedicated educator, I held faculty appointments at both Virginia Commonwealth University School of Medicine, University of Virginia and Yale University School of Medicine. I have directed and coordinated EMS educational rotations for medical students, residents, fellows,

and paramedics, earning recognition for excellence in teaching, including the VCU Top Teacher Award and the Milton Corn Resident Teaching Award during residency at The George Washington University Medical Center. I also serve as Physician Course Director for Fairfax County public school Fire-EMS programs, mentoring future first responders and healthcare professionals.

Throughout my career, I have been deeply involved in disaster and tactical medicine. I have deployed nationally and internationally as a Medical Team Leader and Manager with FEMA and USAID Urban Search and Rescue teams in response to major incidents including the World Trade Center attacks, the Nairobi embassy bombing, Hurricane Irene, the Japan earthquake and tsunami and Haiti earthquakes. I additionally served as Chief Medical Officer for the 2015 World Police and Fire Games in Fairfax, Virginia.

I have authored numerous peer-reviewed publications and book chapters in emergency medicine, disaster response, and operational EMS, and have lectured extensively at regional and national conferences on subjects including hemorrhage control, tactical EMS, disaster preparedness, and mass casualty response. I remain active in national EMS leadership through organizations including the American College of Emergency Physicians, National Association of EMS Physicians, and have served with the Committee for Tactical Emergency Casualty Care.

I earned my Doctor of Medicine degree with distinction from The George Washington University School of Medicine, completed my emergency medicine residency at the George Washington University School of Medicine and my EMS fellowship at Yale University. I hold board certification in both Emergency Medicine and EMS through the American Board of Emergency Medicine and maintain extensive operational, tactical, and disaster-response certifications.

I appreciate your consideration for this appointment and look forward to continuing to contribute to the benefit of prehospital patients, EMS clinicians and EMS Systems in Virginia.

Regards



Scott Weir
Medical Director
Fairfax County Fire & Rescue Department

Workshop Project Planning Sheet

Project Name: Incapacitated Pilot Training for Air-Medical Crew

Project Description (3–5 sentences)

What problem are you solving? Why does it matter? Who does it impact?

The FAA has authorized optional procedures that allow medical flight crew members to stabilize an aircraft in the event of pilot incapacitation. Among operators that choose to adopt these procedures, training is typically limited to an annual verbal review of the required steps. Because this is a low-frequency but high-risk task, relying solely on infrequent verbalization is not ideal. Proficiency and readiness would be significantly improved through more frequent practice delivered in a dynamic, scenario-based training framework.

Project Objectives (Action-Oriented)

Objective 1: Benchmark Virginia OEMS HEMS agencies to document current training practices among operators with approved incapacitated-pilot procedures.

Update 6/29/26: Based on responses received, it appears that only Med-Trans partners (Highlands, Life-Guard, and VCU LifeEvac) have formal incapacitated pilot procedures in place.

At the 6/9/26 Air Medical Safety Congress in Chicago, IL, Susan Rivers presented the need for an FAA requirement for all HEMS programs. She has received a tentative approval to join the Air Medical Operators Association to join their efforts in developing a comprehensive mitigation program.

Success Metric: A validated best-practice training framework is produced, including recommended training frequencies and modalities that address muscle-memory development, cognitive-load management, scenario variability, and reinforcement strategies.

Update 6/29/26: 100% of Life-Guard medical flight crew has completed their 1st quarter in flight competency validation of the 135P2+ aircraft procedures. Next quarter will include the tabletop exercise of the 135P3H, followed by in flight competency validations. Once this is completed, feedback will be shared with the Air Medical Workgroup for consideration of a best practice training framework for all HEMS programs with approved procedures.

Objective 2: Develop a standardized evaluation tool to assess the effectiveness and usability of the training program.

6/29/26 update: Pending

Success Metric: Feedback collected through the evaluation tool is analyzed and incorporated into a Phase II revision of the best-practice training framework.

Key Milestones & Deadlines

Milestone 1: Initial Meeting date

Target Date: by April 1, 2026

Milestone 2: Benchmarking complete

Target Date: by Jun 1, 2026

Milestone 3: Training Program Draft to MDC

Target Date: Final 2026 MDC meeting

Final Project Deadline

Completion Date: Final MDC meeting of 2026

Accountability & Ownership

Project Lead: Susan Rivers

Key Stakeholders: VA HEMS Agency Medical Flight Crew

Workshop Project Planning Sheet

Project Name: HEMS Safety Training for Ground EMS and Hospital Providers

Project Description (3–5 sentences)

What problem are you solving? Why does it matter? Who does it impact?

HEMS providers rely heavily on ground EMS and hospital teams to maintain safety during patient transfers, yet the nature of these brief, high-tempo interactions leaves little opportunity for real-time feedback or coordinated training. Traditional, longer-format training sessions are difficult to schedule across such a broad and decentralized audience. Short, high-frequency social media infographics focused on core safety practices may offer a more effective way to reach this wider stakeholder group, delivering timely, digestible guidance that reinforces shared safety expectations and enhances overall system safety.

Project Objectives (Action-Oriented)

Objective 1: Engage frontline medical flight crew to identify key HEMS safety messages that should be communicated to ground EMS and hospital partners.

Update 6/29/26: Team developed: Will Aiken (VCU), Chris Bersin (MedStar), Krisi Linton (Wake Forest Air Care), Scott Davis (Life-Guard), Lisa Scott (Nightingale)

Success Metric: A prioritized list of safety points is produced, and concise talking points are developed for distribution through social media–based infographics

Update 6/29/26: Initial infographic on LZ Safety approved by MDC.

Objective 2: Develop a distribution and engagement strategy to ensure safety messages reach ground EMS and hospital partners consistently and at scale.

Update 6/29/26: Holding off on distribution of above infographic until at least 6 topics are developed and approved by MDC so that social media posts will be consistently posted while the group works on additional topics.

Success Metric: A posting schedule, platform plan, and engagement workflow are established, and baseline analytics (reach, impressions, and interactions) are collected to guide future optimization.

Key Milestones & Deadlines

Milestone 1: Initial Meeting date	Target Date: by April 1, 2026
Milestone 2: Priority list complete	Target Date: by Jun 1, 2026
Milestone 3: Training Program Draft to MDC	Target Date: Final 2026 MDC meeting

Final Project Deadline

Completion Date: Final MDC meeting of 2026

Accountability & Ownership

Project Lead: Dempsey Whitt

Key Stakeholders: VA Ground and Helicopter EMS agencies and hospital providers