

MEDICAL DIRECTION COMMITTEE
1041 Technology Park Drive, Glen Allen, VA
Thursday, January 3, 2019
10:30 AM

Members Present:

Allen Yee, M.D. – Chair
 Asher Brand, M.D.
 George Lindbeck, M.D.
 Stewart Martin, M.D.
 John Morgan, M.D.
 Christopher Turnbull, M.D.
 Scott Weir, M.D.
 Lisa Dodd, D.O
 Charles Lane, M.D.
 Marilyn McLeod, M.D.
 Paul Phillips, D.O.
 Tania White, M.D.

Members Absent:

Forrest Calland, M.D. - Excused

Staff:

Gary Brown
 Scott Winston
 Cam Crittenden
 Ron Passmore
 Tim Perkins
 Chris Vernovai
 Debbie Akers
 William Fritz
 Chad Blosser

Others:

E. Reed Smith, M.D.
 Kayla Long, M.D.
 Gregory Neiman
 Randy Breton
 Dheeraj Katangur
 Manoj Madhavan
 Sudheer
 Tracy Mason

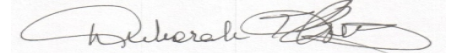
Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order by Dr. Yee at 10:33 a.m.	
II. Introductions	Introductions were made, Attendance as per sign-in roster	
III. Approval of Agenda	Approval of agenda	Approved by consensus
IV. Approval of Minutes	Approval of minutes from October 4, 2018	Approved by consensus
V. Drug Enforcement Administration (DEA) & Board of Pharmacy (BOP) Compliance Issues	Dr. Lindbeck –Emergency Medications Act - Still waiting on the Rules Writing that is currently in the internal rules writing stage. Has had no update.	
VI. Old Business	<ol style="list-style-type: none"> 1. Dr. Yee stated that he and Dr. Brand were to meet concerning allowing Intermediates to administer higher doses of Ketamine than defined in the Scope of Practice. Dr Yee stated he has withdrawn his support of this proposal. Consensus agreement by committee that no change be made and Ketamine at a higher dose be a Paramedic skill only. 2. Dr. Yee asked about the status of HB-778 – Tim Perkins stated that the office had submitted the requested information. HB-777 was not reintroduced but may have a new submission for the current legislative period. 	

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
VII. New Business			
A	Training & Certification Committee Report – Dr. Lane	1. Stated that TCC would be meeting on January 9, 2019. Nothing to report at this time.	
B	Trauma Committee Report – Dr. Calland – (absent)	1. No report.	
VIII. Research Requests		<ol style="list-style-type: none"> 1. Dr. Lindbeck – UVA will be submitting a study for EMS field trial for a neuro intervention drug for stroke patients. Will be collaborating with the iTREAT program. 2. Dr. Brand – Highland County experiencing issues with handling EMS calls. Rural First Responder proposal course – 12 hours of education, defibrillation, 12 lead supraglottic airway, hemorrhage control, potential response vehicle that would be able to transport to an EMS rendezvous vehicle, not to a hospital in these rural austere locations. Discussion by committee about how to meet this need. 	
IX. State OMD – George Lindbeck, MD			
A.	Compliance Case – Removal of certification of providers.	1. Brought to the attention that there are currently three (3) cases where an OMD has brought forward a compliance case for the removal of certification of providers who have been deemed as a threat to the health, safety and welfare of the public due to inappropriate patient care that has been ongoing and not corrected with remediation. While an OMD can remove the ability to practice, the certification is a property right for the provider and therefore there is the requirement for an administrative process, fact-finding hearing and elevation through office staff to the Commission of Health for revocation of certification. Ron Passmore provided more insight. Wanted to make individuals aware in case they hear information concerning these cases.	
B.	SOP Updates	<ol style="list-style-type: none"> 1. Review of the latest draft of the Scope of Practice. Discussion by committee with modifications as per attached January 2019 revised document. 2. Discussion concerning EMT administration of medication without a fixed dose syringe. Specifically referring to a color-coded dosing syringe for IM administration of epinephrine for anaphylaxis at the EMT level. 	<p>Motion and second for revisions as noted in ‘Attachment A’. Motion carried.</p> <p>Motion and second. Motion carried.</p>
Committee Break		Break for lunch from 12:02 – 12:29	
Office of EMS Reports			
Division of Educational Development			
A	Division of Educational Development Training Manager – Warren Short	1. DED is fully staff. Billy Fritz joined in March as the BLS Training Specialist. He has launched the new EC process. Chad Blosser has returned in August as the Training and Development Coordinator. He has launched the new EMSSP.	
B	BLS Training Specialist – Billy Fritz	<ol style="list-style-type: none"> 1. 2019 Update schedule has been posted. Three locations to still be confirmed. Update scheduled for January 11th. Institute scheduled for January 12 through 14 in the PEMS region. 2. Next institute will be held in March in the Central Shenandoah region. 	

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
B	ALS Training Specialist – Billy Fritz	<ol style="list-style-type: none"> 1. NR Stats (ATTACHMENT: B) <ol style="list-style-type: none"> a. First attempt pass results now exceed National Registry. Possible contributing factor is the ability for access to the cognitive examination before passing psychomotor. Currently since the change has been made, we have a 91.7% first attempt pass rate for those taking the cognitive before the psychomotor has been completed. 2. Accreditation (ATTACHMENT: C) <ol style="list-style-type: none"> a. Report distributed b. Any program listed with an asterisk next to their accreditation status are allowed to have 'in-house' CTS or psychomotor competency verification. 	<p>See Attachment 'B'</p> <p>See Attachment 'C'</p>
C	Training and Development Coordinator – Chad Blosser	<ol style="list-style-type: none"> 1. EMS Scholarship Program (ATTACHMENT: D) <ol style="list-style-type: none"> a. Covered this information contained in the attachment. Provided further clarification on the process and the Scholarship portal interface. 	See Attachment 'D'
Other OEMS Staff			
D	Regulation and Compliance – Ron Passmore	<ol style="list-style-type: none"> 1. Chapter 32 update – Has provided the document to Scott Winston for his review and input. This document will be posted to Town Hall on January 4, 2019. Timeline will then be for Chapter 32 to go to the Attorney General's office. No timeline for them to complete their review. Will update as the process continues. 	
E	Director – Gary Brown	<ol style="list-style-type: none"> 1. Welcomed everyone for 2019. 2. Stated that the information concerning the current legislative session. 3. Just discovered a bill has been introduced to allow the exemption of passengers, children and providers from the required restraint systems for law enforcement, fire and EMS. HB-1652. Discussion by committee concerning restraint. 4. Reminded committee that the 40th Annual EMS Symposium will be held in Norfolk in November. Encouraged everyone to submit. Advised everyone the deadline for submissions is January 15th. 	Motion by endorse NHTSa's 2012 Best Practice for Child Transport and oppose HB-1652.
F	Assistant Director – Scott Winston	<ol style="list-style-type: none"> 1. Brought to the attention of the group Senate Bill 1012 that would allow any EMS personnel or firefighter to carry a concealed weapon on the ambulance if previously approved by the Fire or EMS Chief to do so. Currently no regulation to allow an EMS provider to carry. Discussion by committee concerning a provider being allowed to carry a concealed weapon. 	
G	CHATR – Tim Perkins	<ol style="list-style-type: none"> 1. MIH-CP meeting – January 29th 2. Regional Council Designation Site Visits will be conducted in late January and early February by himself and Chris Vernovai. 3. If agencies are interested in the Standards of Excellence please refer them to the CHATR division. Agencies who have been designated will be revisited in the coming year 	
OTHER STAFF		No further reports.	
PUBLIC COMMENT		No public comments.	
For The Good Of The Order			
Future Meeting Dates for 2019		April 4 th , July 11 th , October 3 rd , 2019	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Adjournment	13:11 PM	

Respectfully submitted by:



Deborah T. Akers
ALS Training Specialist
January 3, 2019

DRAFT

Attachment A

Scope of Practice



Virginia Office of Emergency Medical Services
Scope of Practice - Procedures for EMS Personnel

This SOP represents *practice maximums*.

PROCEDURE	SKILL	PROCEDURE SUBTYPE	EMR	EMT	AEMT - Enhanced	I	P
Specific tasks in this document shall refer to the Virginia Education Standards.							
AIRWAY TECHNIQUES							
Airway Adjuncts							
	Oropharyngeal Airway		●	●	●	●	●
	Nasopharyngeal Airway		●	●	●	●	●
Airway Maneuvers							
	Head tilt jaw thrust		●	●	●	●	●
	Jaw thrust		●	●	●	●	●
	Chin lift		●	●	●	●	●
	Cricoid Pressure		●	●	●	●	●
	Management of existing Tracheostomy			●	●	●	●
Alternate Airway Devices							
	Non Visualized Airway Devices	Supraglottic		●	●	●	●
Cricothyrotomy							
	Needle						●
	Surgical	Includes percutaneous techniques					●
Obstructed Airway Clearance							
	Manual		●	●	●	●	●
	Visualize Upper-airway				●	●	●
Intubation							
	Orotracheal - Over Age 12					●	●
	Nasotracheal						●
	Pediatric - Age 12 and under						●
	Drug assisted intubation (DAI) all ages	Includes: Drug facilitated intubation (DFI) Delayed sequence intubation (DSI) Rapid sequence intubation (RSI)					●
							●
	Confirmation procedures			●	●	●	●
** Endotracheal intubation is prohibited for all levels except Intermediate and Paramedic							
Oxygen Delivery Systems							
	Nasal Cannula		●	●	●	●	●
	Venturi Mask			●	●	●	●
	Simple Face Mask		●	●	●	●	●
	Partial Rebreather Face Mask			●	●	●	●
	Non-rebreather Face Mask		●	●	●	●	●
	Face Tent			●	●	●	●

"Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC."



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	Tracheal Cuff			●	●	●	●
	Oxygen Hood					●	●
	O2 Powered Flow restricted device			●	●	●	●
	Humidification			●	●	●	●
Suction							
	Manually Operated		●	●	●	●	●
	Mechanically Operated		●	●	●	●	●
	Pharyngeal		●	●	●	●	●
	Bronchial-Tracheal		●	●	●	●	●
	Oral Suctioning		●	●	●	●	●
	Naso-pharyngeal Suctioning			●	●	●	●
	Endotracheal Suctioning			●	●	●	●
	Meconium Aspiration Neonate with ET						●
Ventilation – assisted / mechanical							
	Mouth to Mask		●	●	●	●	●
	Mouth to Mask with O2		●	●	●	●	●
	Bag-Valve-Mask Adult		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 Adult		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Adult		●	●	●	●	●
	Bag-Valve-Mask Pediatric		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 Pediatric		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Pediatric		●	●	●	●	●
	Bag-Valve-Mask neonate/infant		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 Neonate/Infant		●	●	●	●	●
	Bag-Valve-Mask with supplemental O2 and reservoir Neonate/Infant		●	●	●	●	●
	Noninvasive positive pressure vent.	CPAP, BiPAP, PEEP		●	●	●	●
	Jet insufflation						●
	Mechanical Ventilator (Manual/Automated Transport Ventilator)	Maintain long term/established Initiate/Manage ventilator			●	●	●
Anesthesia (Local)							
Pain Control & Sedation							
	Self Administered inhaled analgesics			●	●	●	●
	Pharmacological (non-inhaled)				●	●	●

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	Patient controlled analgesia (PCA)	Maintain established			●	●	●
	Epidural catheters (maintain)	Maintain established				●	●
Blood and Component Therapy Administration							
		Maintain				●	●
		Initiate					●
Diagnostic Procedures							
	Blood chemistry analysis			●	●	●	●
	Capnography			●	●	●	●
	Pulmonary function measurement				●	●	●
	Pulse Oximetry			●	●	●	●
	Ultrasonography						●
Genital/Urinary							
	Bladder catheterization						
	Foley catheter	Place bladder catheter					●
		Maintain bladder catheter		●	●	●	●
Head and Neck							
	ICP Monitor (maintain)						●
	Control of epistaxis		●	●	●	●	●
		Inserted epistaxis control devices			●	●	●
	Tooth replacement		●	●	●	●	●
Hemodynamic Techniques							
	Arterial catheter maintenance						●
	Central venous maintenance				●	●	●
	Access indwelling port					●	●
	Intraosseous access & infusion				●	●	●
	Peripheral venous access and maintenance				●	●	●
	Umbilical Catheter Insertion/Management						●
	Monitoring Existing IVs			●	●	●	●
	Mechanical IV Pumps				●	●	●
Hemodynamic Monitoring							
	ECG acquisition		●	●	●	●	●
	ECG Interpretation					●	●
	Invasive Hemodynamic Monitoring						●
	Vagal Maneuvers/Carotid Massage					●	●
Obstetrics							
	Delivery of newborn		●	●	●	●	●

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Other Techniques							
	Vital Signs		●	●	●	●	●
	Bleeding control		●	●	●	●	●
		Tourniquets	●	●	●	●	●
	Foreign body removal	Superficial without local anesthesia		●	●	●	●
		Imbedded with local anesthesia/exploration				●	●
	Incision/Drainage						●
	Intravenous therapy				●	●	●
	Medication administration			●	●	●	●
	Nasogastric tube			●	●	●	●
	Orogastric tube			●	●	●	●
	Pericardiocentesis						●
	Pleural decompression					●	●
	Patient restraint physical			●	●	●	●
	Patient restraint chemical					●	●
	Sexual assault victim management			●	●	●	●
	Trephination of nails						●
	Wound closure techniques					●	●
	Wound management		●	●	●	●	●
	Pressure Bag for High altitude						●
	Treat and Release			●	●	●	●
	Vagal Maneuvers/Carotid Massage					●	●
	Intranasal medication administration	Fixed/unit dose medications	●	●	●	●	●
		Dose calculation/measurement			●	●	●
Resuscitation							
	Cardiopulmonary resuscitation (CPR) (all ages)		●	●	●	●	●
	Cardiac pacing					●	●
	Defibrillation/Cardioversion	AED	●	●	●	●	●
	Post resuscitative care			●	●	●	●
Skeletal Procedures							
	Care of the amputated part		●	●	●	●	●
	Fracture/Dislocation immobilization techniques		●	●	●	●	●
	Fracture/Dislocation reduction techniques	Manipulation of angulated/pulseless extremities		●	●	●	●
		Joint reduction techniques		●	●	●	●
	Spine immobilization techniques		●	●	●	●	●
Thoracic							
	Thoracostomy (refer to "Other Techniques")						●

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Body Substance Isolation / PPE			●	●	●	●	●
Lifting and moving techniques			●	●	●	●	●
Gastro-Intestinal Techniques							
	Management of non-displaced gastrostomy tube						●
Ophthalmological							
	Morgan Lenses			●	●	●	●
	Corneal Exam with fluorescein					●	●
	Ocular irrigation		●	●	●	●	●

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CATEGORY		EMR	EMT	AEMT - Enhanced	I	P	
Analgesics							
	Acetaminophen		●	●	●	●	
	Nonsteroidal anti-inflammatory		●	●	●	●	
	Opiates and related narcotics			●	●	●	
	Dissociative analgesics						
	Ketamine 0.5 mg/kg or less IV/IN/IM				●	●	Added IM as a route of administration 10-4-18
Anesthetics/Sedatives							
	Topical/Otic/Occular		●	●	●	●	
	Inhaled-self administered		●	●	●	●	
	Local (infiltration)			●	●	●	
	General - initiate					●	
	General - maintenance intubated patient				●	●	Added as a category and maintained at the I level, MDC 10-4-18
	Sedation for the violent/aggressive patient				●	●	Added as a category and maintained at the I level, MDC 10-4-18
	Antipsychotics				●	●	
	Benzodiazepines (for sedation)				●	●	
Anticonvulsants				●	●	●	
Glucose Altering Agents							
	Glucose Elevating Agents		●	●	●	●	
	Glucose Lowering Agents				●	●	
Antidotes							
	Anticholinergic Antagonists				●	●	
	Anticholinesterase Antagonists	●	●	●	●	●	
	Benzodiazepine Antagonists						
	Narcotic Antagonists	●	●	●	●	●	
	Nondepolarizing Muscle Relaxant Antagonist						
	Beta/Calcium Channel Blocker Antidote				●	●	
	Tricyclic Antidepressant Overdose				●	●	
	Cyanide Antidote				●	●	
	Cholinesterase Reactivator	●	●	●	●	●	
Antihistamines & Combinations			●	●	●	●	

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Biologicals							
	Immune Serums				●	●	
	Antibiotics		●	●	●	●	
Blood/Blood products							
	Initiate					●	
	Maintain				●	●	
Blood Modifiers							
	Anticoagulants				●	●	
	Antiplatelet Agents		●	●	●	●	
	Hemostatic Agents		●	●	●	●	
	Thrombolytics					●	
	Anti-fibrinolytics (eg tranexamic acid)			●	●	●	Added at the AEMT level, MDC 10-4-18
Cardiovascular Agents							
	Alpha Adrenergic Blockers				●	●	
	Adrenergic Stimulants				●	●	
	Antiarrhythmics				●	●	
	Beta Adrenergic Blockers				●	●	
	Calcium Channel Blockers				●	●	
	Diuretics				●	●	
	Inotropic Agents				●	●	
	Vasodilatory Agents		●	●	●	●	
	Vasopressors				●	●	
	Epinephrine for allergic reaction		●	●	●	●	
	Color-coded epinephrine administration systems for allergic reaction		●	●	●	●	Approved by MDC 1-3-19

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Central Nervous System	Antipsychotic				●	●		
							Sedatives - Benzodiazepines removed from this section, MDC 10-4-18	
Dietary Supplements/Electrolyte	Vitamins							
	Minerals - start at a health care facility	See section: Intravenous Fluids						
	Salts - start at a health care facility							
	Electrolytes Solutions - start at a health care facility							
	Hypertonic Saline				●	●		
Gas								
	Oxygen	●	●	●	●	●		
	Heliox				●	●		
Gastrointestinal								
	Antacids							
	OTC			●	●	●		
	Antidiarrheals		●	●	●	●		
	Antiemetics		●	●	●	●		
	EMT SL/PO route only							
	H2 Blockers		●	●	●	●		
Hormones								
	Steroids			●	●	●		
Intravenous Fluids								
	isotonic		●	●	●	●	EMT may transport patient with IV fluids not requiring titration or adjustment	
	hypotonic		●	●	●	●		
	hypertonic				●	●		
	M = Maintenance I = Initiate							
	Crystalloid, +/- Dextrose/Lactate		M	I/M	I/M	I/M		
	with Multi=vitamins		M	M	M	M		
	with Thiamine		M	M	M	M		
Neuromuscular Blockers						●		
Respiratory								
	Anticholinergics		●	●	●	●		
	Sympathomimetics							
	Beta agonists		●	●	●	●		
	Epinephrine (nebulized)				●	●		
Dosage and Concentration Calculation				●	●	●		

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M = Maintenance								
I = Initiate								
	Note: EMT's may administer medications within their scope of practice in addition to assistance in administration of those medications. EMT's may access a drug kit to access those medications. MDC discussions.							

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Attachment B

National Registry Statistics

EMT Statistics

As of 01/02/2019

Virginia:

Report Date: 1/2/2019 5:35:13 PM
Report Type: State Report (VA)
Registration Level: EMT
Course Completion Date: 1st Quarter 2016 to 1st Quarter 2019
Training Program: All

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[Show All](#) | [Show Only Percentages](#) | [Show Only Numbers](#)

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
7820	70% (5446)	80% (6257)	80% (6295)	0% (4)	12% (972)	7% (553)

National Registry Statistics:

Report Date: 1/2/2019 5:33:02 PM
Report Type: National Report
Registration Level: EMT
Course Completion Date: 1st Quarter 2016 to 1st Quarter 2019
Training Program: All

[View Legend](#) | [Printer-Friendly Version](#)

[Show All](#) | [Show Only Percentages](#) | [Show Only Numbers](#)

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
217110	69% (150823)	81% (174998)	81% (176318)	0% (180)	12% (26350)	7% (14359)

Individual Instructor Statistics are available on the OEMS webpage at the following link: <http://www.vdh.virginia.gov/content/uploads/sites/23/2018/07/07-10-2018-EMT-Pass-Rates-Publish.pdf>

Attachment C

Accreditation Report

Accredited Training Site Directory

As of January 2, 2019



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Accredited Paramedic Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
<i>Central Virginia Community College</i>	68006	Yes*	--	National – Continuing	CoAEMSP
<i>ECPI University</i>	70017	Yes*	--	CoAEMSP - LOR	
<i>J. Sargeant Reynolds Community College</i>	08709	No	2	National – Continuing	CoAEMSP
<i>Jefferson College of Health Sciences</i>	77007	Yes*	--	National – Continuing	CoAEMSP
<i>John Tyler Community College</i>	04115	Yes*	--	CoAEMSP - LOR	
<i>Lord Fairfax Community College</i>	06903	No	--	National – Initial	CoAEMSP
<i>Loudoun County Fire & Rescue</i>	10704	No	--	National – Continuing	CoAEMSP
<i>Northern Virginia Community College</i>	05906	Yes	--	National – Continuing	CoAEMSP
<i>Patrick Henry Community College</i>	08908	No	--	CoAEMSP – Initial	CoAEMSP
<i>Piedmont Virginia Community College</i>	54006	Yes	--	National – Continuing	CoAEMSP
<i>Prince William County Dept of Fire and Rescue</i>	15312	Yes*	--	CoAEMSP – Initial	CoAEMSP
<i>Rappahannock Community College</i>	11903	Yes	--	CoAEMSP – Initial	CoAEMSP
<i>Southside Virginia Community College</i>	18507	No	1	National – Continuing	CoAEMSP
<i>Southwest Virginia Community College</i>	11709	Yes*	4	National – Continuing	CoAEMSP
<i>Stafford County & Associates in Emergency Care</i>	15319	Yes*	6	National – Continuing	CoAEMSP
<i>Thomas Nelson Community College</i>	83012	Yes*	--	CoAEMSP – LOR	
<i>Tidewater Community College</i>	81016	Yes*	2	National – Continuing	CoAEMSP
<i>VCU School of Medicine Paramedic Program</i>	76011	Yes	5	National – Continuing	CoAEMSP

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

- John Tyler Community College under Letter of Review. Initial accreditation visit conducted in April 2018. Awaiting action by CAAHEP.
- ECPI University under Letter of Review to conduct their first cohort class.
- Thomas Nelson Community College under Letter of Review to conduct their first cohort class.
- Stafford County & Associates in Emergency Care CoAEMSP site visit for continued accreditation scheduled for August 2018. Awaiting report.
- Lord Fairfax Community College site visit for continued accreditation scheduled for September 2018. Awaiting report.
- Patrick Henry Community College site visit for continued accreditation scheduled for November 2018. Awaiting report.

*** Indicates program has been approved for in-house psychomotor competency verification.**

Accredited Intermediate 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	Yes	4	State – Full	December 31, 2019
<i>Danville Area Training Center</i>	69009	No***	--	State – Full	December 31, 2019
<i>Hampton Fire & EMS</i>	83002	No	--	State – Full	December 31, 2019
<i>Henrico County Fire Training</i>	08718	Yes*	--	State – Full	August 31, 2020
<i>James City County Fire Rescue</i>	83002	Yes	--	State – Full	December 31, 2019
<i>Norfolk Fire Department</i>	71008	No	--	State – Full	July 31, 2021
<i>Paul D. Camp Community College</i>	62003	Yes	--	State – Full	May 31, 2021
<i>Southwest Virginia EMS Council</i>	52003	Yes*	--	State – Full	December 31, 2019
<i>UVA Prehospital Program</i>	54008	No	--	State – Full	December 31, 2019
<i>WVEMS – New River Valley Training Center</i>	75004	No	--	State – Full	June 30, 2022

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

- All accredited programs whose expiration date was less than December 31, 2019 has been extended until that time based on the end date established by National Registry for I-99 testing. If these programs desire to remain accredited, they will be required to submit an AEMT reaccreditation self-study.

*** Indicates program has been approved for in-house psychomotor competency verification.**

**** Request has been received for in-house psychomotor competency verification.**

***** Request has been received for BLS accreditation to be added to ALS accreditation.**

Accredited AEMT Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Fauquier County Fire & Rescue – Warrenton	06125	Yes	--	State – LOR	June 30, 2019
Frederick County Fire & Rescue	06906	Yes*	--	State – Full	July 31, 2020
Newport News Fire Training	70007	No	--	State – LOR	June 30, 2019

* Indicates program has been approved for in-house psychomotor competency verification.

Accredited EMT Training Programs in the Commonwealth

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Arlington County Fire Training	01305	-	State – Letter of Review	
Navy Region Mid-Atlantic Fire EMS	71006	--	State – Full	July 31, 2019
City of Virginia Beach Fire and EMS	81004*	--	State – Full	July 31, 2019
Chesterfield Fire & EMS	04103*	--	State – Full	July 31, 2020

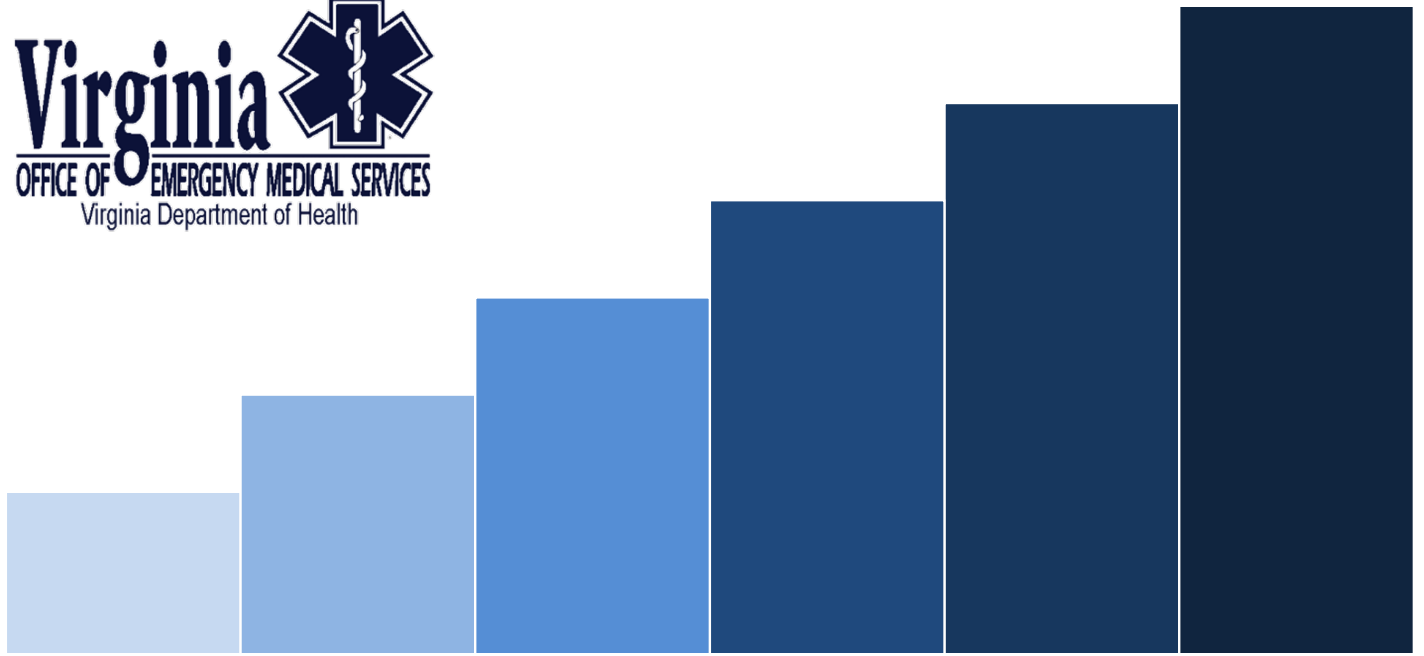
- Arlington County Fire Training has completed their first cohort and site visit is being scheduled.

*** Indicates program has been approved for in-house psychomotor competency verification.**

**** Request has been received for in-house psychomotor competency verification.**

Attachment D

EMSSP Report



Quarterly Report

Virginia EMS Scholarship Program

Q1 & Q2 – FY19

Division of Educational Development

Background & Initial Launch

The Virginia EMS Scholarship Program (EMSSP) is managed by the Virginia Office of Emergency Medical Services providing scholarship awards to current Virginia EMS Providers and those seeking to become EMS providers in the Commonwealth.

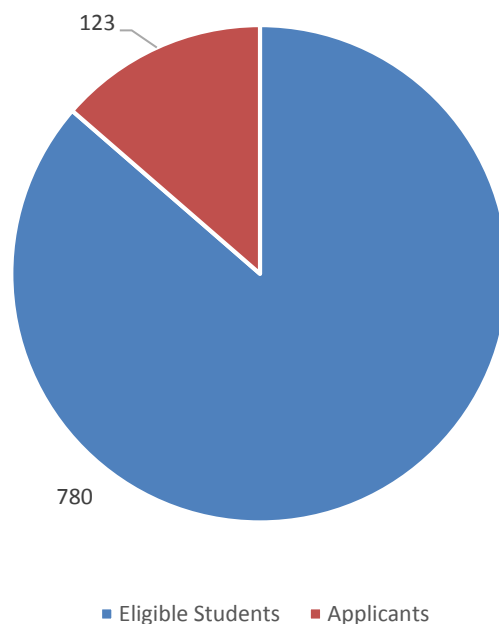
The EMSSP supports students who are accepted into an eligible Virginia approved initial certification program—EMR, EMT, AEMT and Paramedic.

The scholarship program is not designed to provide 100% funding for a training program.

The EMSSP was launched on October 17, 2018. During its initial launch window, the Office allowed students who had been or were currently enrolled in an eligible initial certification program from July 1, 2018 through the launch date an opportunity to apply for the scholarship program.

The Office contacted over 780 students who were enrolled in an eligible initial certification program and notified them of their eligibility to apply for a scholarship. At the close of the initial application window, there were 96 individual student applications for the scholarship program and 27 applicants who applied allowing their EMS agency to manage their scholarship funds for them for a total of 123 applications.

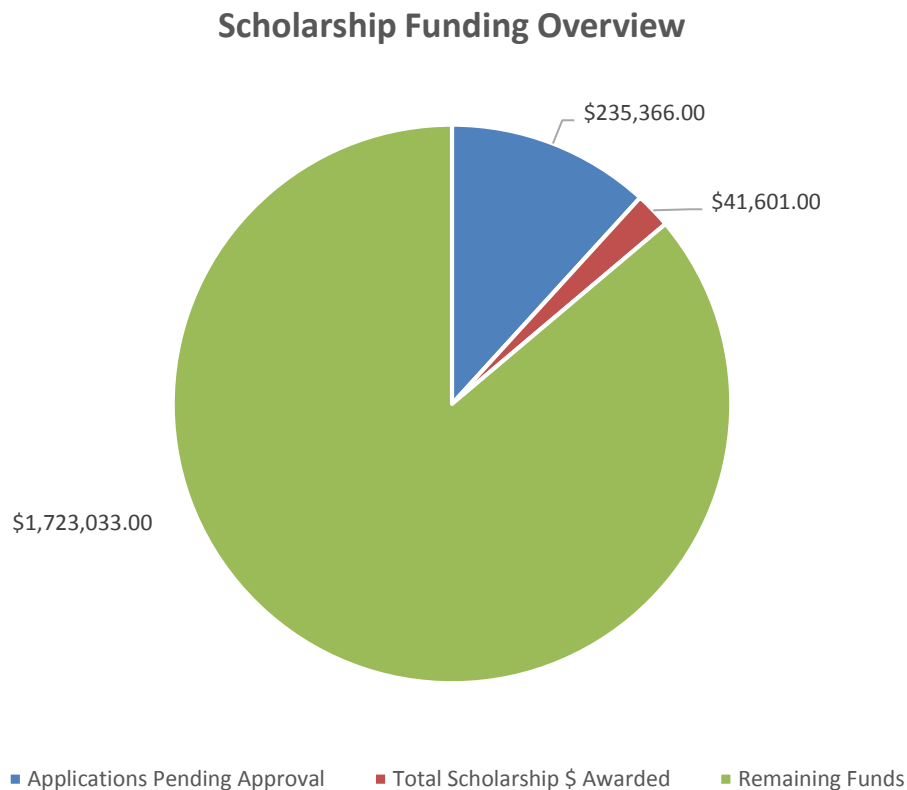
Eligible Students vs. Total Applications Submitted



FY19 Scholarship Budget

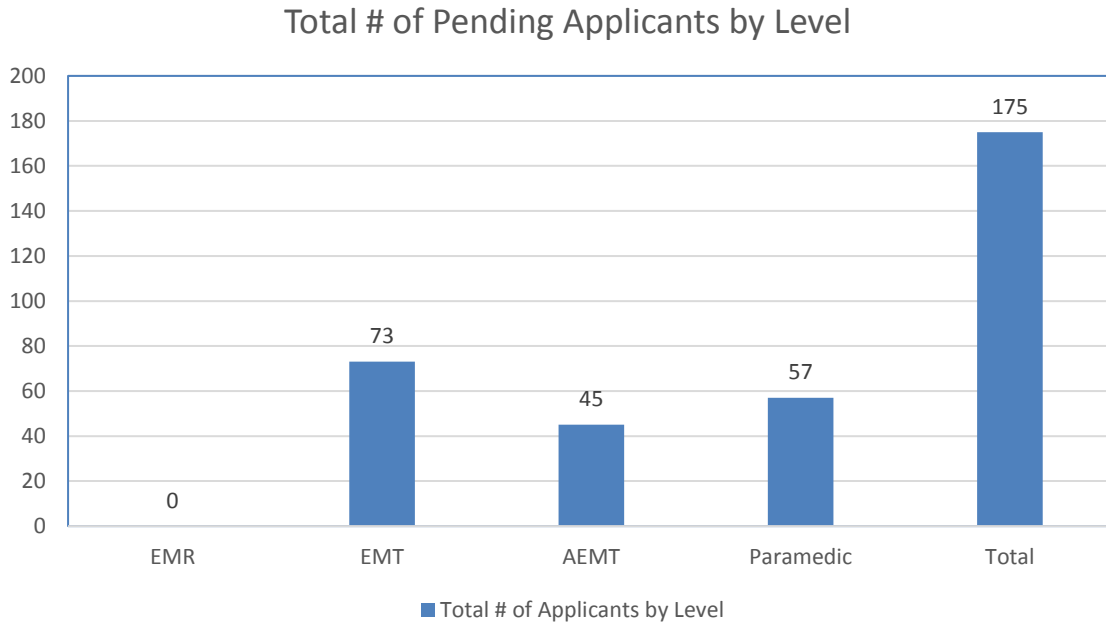
The FY19 budget for the Virginia EMS Scholarship Program is \$2,000,000.00. The following chart shows a breakdown of funding based on three (3) categories: 1) Applications Pending Approval, 2) Total Scholarship \$ Awarded, and Remaining Funds.

- **Application Pending Approval** – this category includes the total dollar value for all applications received from July 1, 2018 through December 28, 2018. This covers Q1 and Q2 for FY19. These applications remain in a pending approval state as the Office works through the payment processes with the VDH Office of Financial Management.
- **Total Scholarship \$ Awarded** – this category is the total dollar value for all scholarship applications which have been approved and are in the process of being paid. Since the Virginia EMS Scholarship module is new, OEMS staff have only approved a small group of test applications as we work through the payment processes with the VDH Office of Financial Management.
- **Remaining Funds** – this category is the total dollar value of funds remaining in the scholarship program and available for to students for the remainder of the fiscal year.

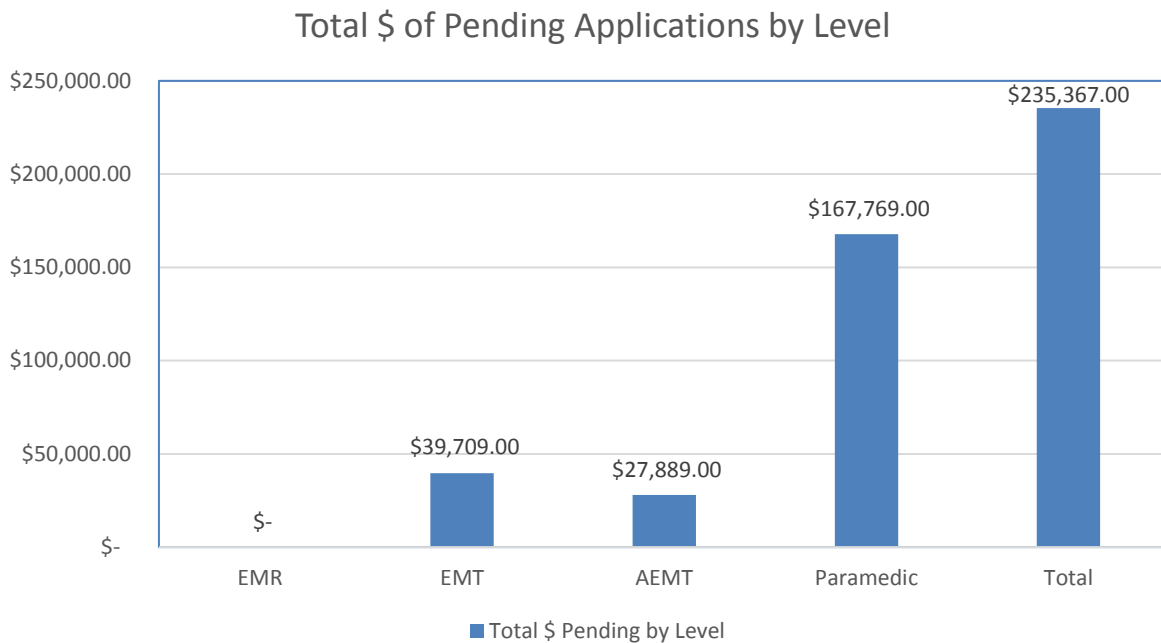


Breakdown of Pending Applications

The following chart show of pending scholarship applications by training level. This includes all pending applications for students enrolled in eligible initial certification courses from July 1, 2018 through December 29, 2018.



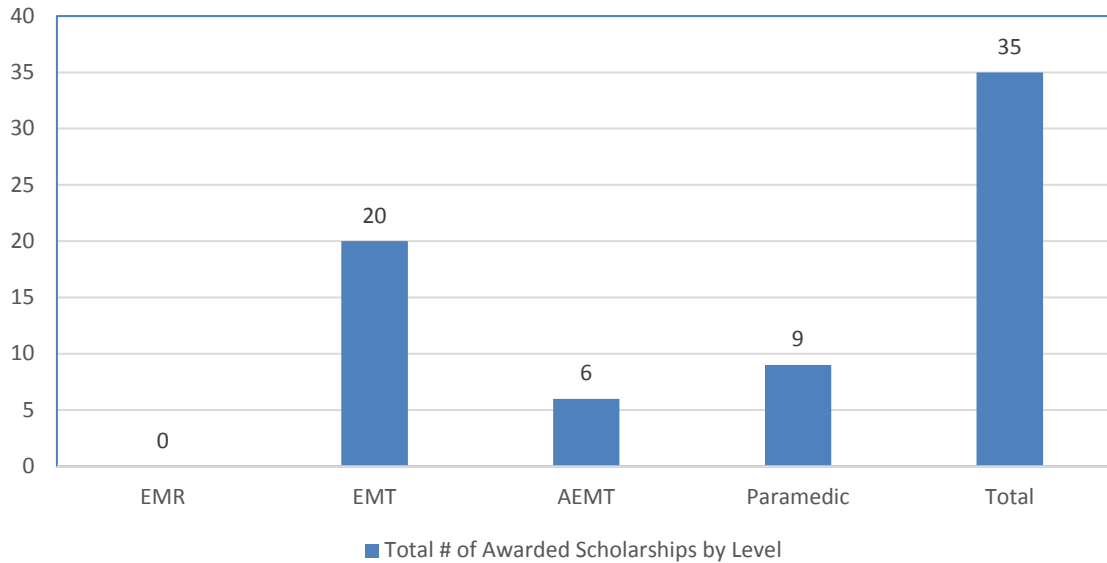
The following chart show of pending scholarship applications by training level. This includes all pending applications for students enrolled in eligible initial certification courses from July 1, 2018 through December 29, 2018.



Breakdown of Awarded Scholarships

The following chart shows data for all scholarship applications which have been awarded by training level. This includes all awarded applications for students enrolled in eligible initial certification courses from July 1, 2018 through December 29, 2018.

Total # of Awarded Scholarships by Level



The following chart shows data for all scholarship applications which have been awarded by training level. This includes all pending applications for students enrolled in eligible initial certification courses from July 1, 2018 through December 29, 2018.

Total \$ for Awarded Scholarships by Level

