Training and Certification Committee
Virginia Office of Emergency Medical Services
Embassy Suites, 2925 Emerywood Parkway, Richmond, VA 23294
Wednesday, January 15, 2020 – 10:30 am

Members Present	Members Absent	Staff	Others
R. Jason Ferguson – Chair	William Akers	Chad Blosser	Tom Olander
Craig Evans	Scott Davis	Debbie Akers	Donna Galganski Pabst
Christopher Kroboth	Dr. Charles Lane	David Edwards	Jonathan Alford
Larry Oliver	Brian McIntosh	Wanda Street	Steven Moring
William Fritz		Dr. George Lindbeck	Regina Richardson
		Tim Perkins	Megan Middleton
		Chris Vernovai	Winnie Dunn
		Gary Brown	Michael McDonald
		Daniel Linkins	Steve Powell
			Michelle Ludeman
			Jason Ambrose
			Marquita Whisonant
			Chris Christensen
			Kerry Henderson
			Tracey Senate
			Greg Neiman
			Jeremy Wampler
			Monique Dixon

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	R. Jason Ferguson, Chair, called the meeting to order at 10:33 a.m.	
II. Introductions	Introductions were made of committee members.	
III. Approval of Agenda	The Committee reviewed the Agenda for today's meeting. (**Attached**)	**Approved by consensus**
IV. Approval of Minutes	The Committee reviewed the minutes of the October 2, 2019 Quarterly Meeting. Minutes available online: http://www.vdh.virginia.gov/emergency-medical-services/education-certification/training-certification-committee-standing/.	**Approved by consensus**

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	From this point forward, the minutes will not be copied. The committee was fine with that change.	

V. Reports of Committee Members	A. Reports of Committee Members
	    1. Chairman Report – R. Jason Ferguson
	       i. No report at this time
	B. Medical Direction Committee – Dr. George Lindbeck
	       i. Discussion of credentialing was held about credentialing providers only and not requiring CE for recertification. Per Debbie, National Registry is not on board with this. This topic may come up again.
	    1. Committee Members:
	       i. Non-VCCS EMS Program – Billy Fritz – No report.
	       ii. VCCS – Bill Akers – Not present.
	       iii. VAVRS – Scott Davis – Not present.
	       ii. Regional EMS Council Executive Directors – Craig Evans – No report.
	       iii. EMSC – Vacant – No report.
	       iv. VAGEMSA – Larry Oliver – No report.
	       v. Fire Based Organization – Christopher Kroboth – No report.
	       vi. Educators – Brian McIntosh – No report.
	C. Office of EMS
	    1. Division of Accreditation, Certification & Education (ACE)
	      a. Education Program Manager – Chad Blosser, OEMS
	        i. EMS Scholarship Program – Statistics were distributed to the committee (see attached).
	        ii. Education Coordinator Process Update – There continue to be a continuous stream of people who want to become educators. Institute in Williamsburg this month. There will be 33 new educators coming on board at the beginning of February. Far Southwest Virginia educators are having a hard time getting participation in the program. Debbie provided feedback on the 50% requirement. The committee continued the discussion about the hours. Billy requested data on who is affected by this. The workgroup will revisit. Is there a way to pull the regions degree data, asked Chris Kroboth? Debbie stated that there is. The workgroup will review the entire process. A recommendation may be made at the next TCC meeting if there is time to meet.
	      b. Manager, ACE Division – Debbie Akers, OEMS –
	        i. Accreditation – Report was handed out. We have a new paramedic program and congratulations goes out to Henrico Fire.
	        ii. The TR-90A is to be used for in lieu of BLS Psychomotor testing by accredited programs.
	        iii. NR Pass Rates – NR Statistics distributed as a handout. Virginia is beating the National Registry first attempt pass rate.
	        iv. BLS Certification Testing – Chris to report on BLS Psychomotor testing.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	v. Symposium Call for Presentations – Deadline for submissions is January 31, 2020. A reminder email is going out. We are adding a Critical Care Track for ALS Critical Care providers. The operational track will remain to satisfy areas 15 and 20. Everything else will be moved to a track to be named. vi. Guide on Submission of Continuing Education – The guide was sent out and as of January 1, there is a 15-day rule. CE must be submitted to the Office within 15 days of the offering. The bar codes on the front of the course approval packets will be disappearing. The scanning of 60 hours of CE is no longer acceptable. College credit should come to the office. Debbie advised to share document. 2. State Medical Director – Dr. George Lindbeck – Nothing further. 3. EMS for Children – Dave Edwards, OEMS – Last week EMSC surveys began to take place nationally. Five hundred agencies in Virginia have been asked to participate. Over the next three years the EMSC program will focus on identifying and supporting pediatric champions at the agency level. A curriculum will be developed and help will be solicited from this committee. Funding is still available for PEPP Courses. David will order another batch of ambulance child restraints. He is also working with several Preparedness Coalitions on pediatric disaster plans. 4. Regulation & Compliance – Ron Passmore, OEMS – Not present. 5. Director/Asst. Director – Gary Brown – No report. 6. Other Office Staff – Chris Vernovai – We will be doing a number of EMS Officer classes this year. Six have already been scheduled between now and June. Three more will be scheduled in the fall. Officer II development will begin in a couple of weeks.	
VI. Committee Discussion Items	A. TR-90a Review Workgroup and proposed revisions – R. Jason Ferguson There was concern over ample time to review. Only received feedback from the one physician who voiced his concern. Jason read over the physicians' concerns and went through the revisions. The committee reviewed and discussed those revisions. **A motion was made by Larry Oliver to accept the TR-90A revisions. The motion was seconded by Chris Kroboth.** B. Psychomotor Exam Workgroup update – Chris Kroboth Met the first week of December and was tasked with implementing changes for psychomotor testing at the BLS level. They reviewed all the documents, scope and standards and started brainstorming ideas around the test and evaluator portion. They also looked at all the testing checklists to removed bias. The next meeting is February 4. They will have a battery of patient scenarios and skillsets to perform.	
VII. Previous Business	None.	
VIII. New Business	None.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
XI. Public Comment	Jason Ambrose asked when we will move to online programs (EMSAT replacements). Chad stated that this is being renamed and more information will be forthcoming. Debbie announced program director changes. Winnie Dunn has taken over the John Tyler accredited program, Nakia James has taken over the J. Sargeant Reynolds and Chad Bryant has taken over at Piedmont Virginia Community College. A session will be held at the Office of EMS to discuss CoA rules, tips, etc. There was also an inquiry and discussion about online course approvals. Chad stated that it is on the horizon, but could not give a timeframe.	

X. Dates for 2020 and 2021 Meetings	A. 2020 Quarterly Meeting Dates:
	   1. ~~January 15, 2020~~
	   2. April 1, 2020
	   3. July 1, 2020
	   4. October 7, 2020
	B. 2021 Quarterly Meeting Dates:
	   1. January 6, 2021
	   2. April 7, 2021
	   3. July 7, 2021
	   4. October 6, 2021	

XI. Adjourn	The meeting adjourned at approximately 12:45 p.m.	**Motion by , second by**

Respectfully submitted by:
Wanda L. Street
Executive Secretary, OEMS
January 15, 2020

M. NORMAN OLIVER, MD, MA
STATE HEALTH COMMISSIONER

Gary R. Brown
Director

P. Scott Winston
Assistant Director

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Training & Certification Committee
Wednesday, January 15, 2020 – 10:30 AM

Embassy Suites by Hilton
2925 Emerywood Pkwy
Richmond, VA 23294

Meeting Agenda

I. **Welcome**
II. **Introductions**
III. **Approval of Agenda**
IV. **Approval of Minutes from October 2, 2019**
V. **Reports of Committee Members**
  A. **Reports of Committee Members**
    1. Chairman Report
    2. Medical Direction Committee
    3. Committee Members
  B. **Office of EMS**
    1. Division of Accreditation, Certification & Education (ACE)
       a. Education Program Manager – Chad Blosser, OEMS
          a. EMS Scholarship Program
          b. Education Coordinator Program
             i. Discussion on changing hours requirements
       b. Manager, ACE Division – Debbie Akers, OEMS
          a. Accreditation
          b. NR Pass Rates
          c. BLS Certification Testing
    2. State Medical Director – Dr. George Lindbeck
    3. EMS for Children – Dave Edwards, OEMS
    4. Regulation & Compliance – Ron Passmore, OEMS

VDH VIRGINIA DEPARTMENT OF HEALTH
*To protect the health and promote the
well-being of all people in Virginia.*

5. Director/Asst. Director – Gary Brown/Scott Winston, OEMS
       6. Other Office Staff
VI.   **Committee Discussion Items**
       A. TR-90A Review Workgroup and proposed revisions – Jason Ferguson
       B. Psychomotor Exam Workgroup update – Chris Kroboth
VII. **Previous Business**
VIII. **New Business**
IX.   **Public Comment**
X.   ***2020* Quarterly Meetings**
       A. Scheduled dates:
              1. ~~January 15, 2020~~
              2. April 1, 2020
              3. July 1, 2020
              4. October 7, 2020
       B. **2021 Quarterly Meetings**
              1. January 6, 2021
              2. April 7, 2021
              3. July 7, 2021
              4. October 6, 2021
XI.   **Adjourn**

Attachment A to the
January 15, 2020 TCC Minutes

National Registry Statistics

EMT Statistics
As of 01/14/2020

Virginia:

Report Date:	1/14/2020 9:14:50 AM
Report Type:	State Report (VA)
Registration Level:	EMT
Course Completion Date:	1st Quarter 2017 to 1st Quarter 2020
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
8461	71% (5991)	80% (6783)	81% (6826)	0% (4)	13% (1126)	6% (508)

National Registry Statistics:

Report Date:	1/14/2020 9:33:52 AM
Report Type:	National Report
Registration Level:	EMT
Course Completion Date:	1st Quarter 2017 to 1st Quarter 2020
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
231114	69% (160122)	80% (185147)	81% (186604)	0% (219)	13% (29792)	6% (14614)

Individual Instructor Statistics are available on the OEMS webpage at the following link: http://www.vdh.virginia.gov/emergency-medical-services/education-certification/program-rankings-based-on-16th-percentile-peer-to-peer-benchmarking/

**Attachment B to the
January 15, 2020 TCC Minutes**

Accreditation Report

Accredited Training Site Directory

As of January 14, 2020

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Accredited Paramedic Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Blue Ridge Community College	79005	Yes**	--	CoAEMSP - LOR	
Central Virginia Community College	68006	Yes*	--	National – Continuing	CoAEMSP
ECPI University	70017	Yes*	--	CoAEMSP - LOR	
Henrico County Division of Fire	08718	Yes*	--	CoAEMSP – LOR	
J. Sargeant Reynolds Community College	08709	No	1	National – Continuing	CoAEMSP
John Tyler Community College	04115	Yes*	--	National - Initial	CoAEMSP
Lord Fairfax Community College	06903	Yes**	--	National – Continuing	CoAEMSP
Loudoun County Fire & Rescue	10704	Yes*	--	National – Continuing	CoAEMSP
Northern Virginia Community College	05906	Yes*	--	National – Continuing	CoAEMSP
Patrick Henry Community College	08908	No	--	CoAEMSP – Initial	CoAEMSP
Piedmont Virginia Community College	54006	Yes	1	National – Continuing	CoAEMSP
Prince William County Dept. of Fire and Rescue	15312	Yes*	--	CoAEMSP – Initial	CoAEMSP
Radford University Carilion	77007	Yes*	---	National – Continuing	CoAEMSP
Rappahannock Community College	11903	Yes	--	CoAEMSP – Initial	CoAEMSP
Southside Virginia Community College	18507	Yes**	--	National – Continuing	CoAEMSP
Southwest Virginia Community College	11709	Yes*	4	National – Continuing	CoAEMSP
Stafford County & Associates in Emergency Care	15319	Yes*	6	National – Continuing	CoAEMSP
Thomas Nelson Community College	83012	Yes*	1	CoAEMSP – LOR	
Tidewater Community College	81016	Yes*	--	National – Continuing	CoAEMSP
VCU School of Medicine Paramedic Program	76011	Yes	1	National – Continuing	CoAEMSP

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

- ECPI had their CoAEMSP initial site visit in June, 2019. Still awaiting the report from CoAEMSP.
- Thomas Nelson Community College under Letter of Review to conduct their first cohort class.
- Blue Ridge Community College under Letter of Review to conduct their first cohort class.
- Henrico County Division of Fire under Letter of Review to conduct their first cohort class.
- New program directors have been hired at J. Sargeant Reynolds CC, John Tyler CC and Piedmont VA CC.

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

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Accredited AEMT Training Programs in the Commonwealth

| Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Accomack County Dept. of Public Safety	00121	No	--	State – LOR	August 31, 2020
Danville Area Training Center	69009	No	--	State – Full	December 31, 2020
Fauquier County Fire & Rescue – Warrenton	06125	Yes	--	State – LOR	June 30, 2020
Frederick County Fire & Rescue	06906	Yes*	--	State – Full	July 31, 2020
Hampton Fire & EMS	83002	No	--	State – Full	December 31, 2020
Hampton Roads Regional EMS Academy (HRREMSA)	74039	Yes	--	State – LOR	August 31, 2020
James City County Fire Rescue	83002	Yes	--	State – Full	December 31, 2020
Newport News Fire Training	70007	No	--	State – LOR	June 30, 2020
Norfolk Fire and Rescue	71008	Yes *	--	State – Full	July 31, 2021
Paul D. Camp Community College	62003	Yes	--	State – Full	May 31, 2021
Rockingham County Fire and Rescue	16536	No	--	State – LOR	November 1, 2019
Southwest Virginia EMS Council	52003	Yes*	--	State – Full	December 31, 2020
UVA Prehospital Program	54008	No	--	State – Full	December 31, 2020
WVEMS – New River Valley Training Center	75004	No	--	State – Full	June 30, 2022

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

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Augusta County Fire Training			--		
C-Trans – Abingdon Ambulance Service					
Commonwealth Criminal Justice Academy					

Above Programs are under review for the issuance of a Letter of Review for the initial cohort.

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	July 31, 2020
Augusta County Fire and Rescue	01521	--	State – Letter of Review	August 31, 2020
City of Virginia Beach Fire and EMS	81004*	--	State – Full	July 31, 2020
Chesterfield Fire & EMS	04103*	--	State – Full	July 31, 2020
Gloucester Volunteer Fire & Rescue	07302	--	State – Letter of Review	November 30, 2020
Navy Region Mid-Atlantic Fire EMS	71006	--	State – Full	July 31, 2020
Roanoke Valley Regional Fire/EMS Training	77505	--	State – Letter of Review	December 31, 2020

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

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Rockingham County Dept of Fire & Rescue		-		

- Awaiting commitment letter for TR-90A for Rockingham County Dept. of Fire & Rescue.

Attachment C to the
January 15, 2020 TCC Minutes

Virginia EMS Scholarship Report
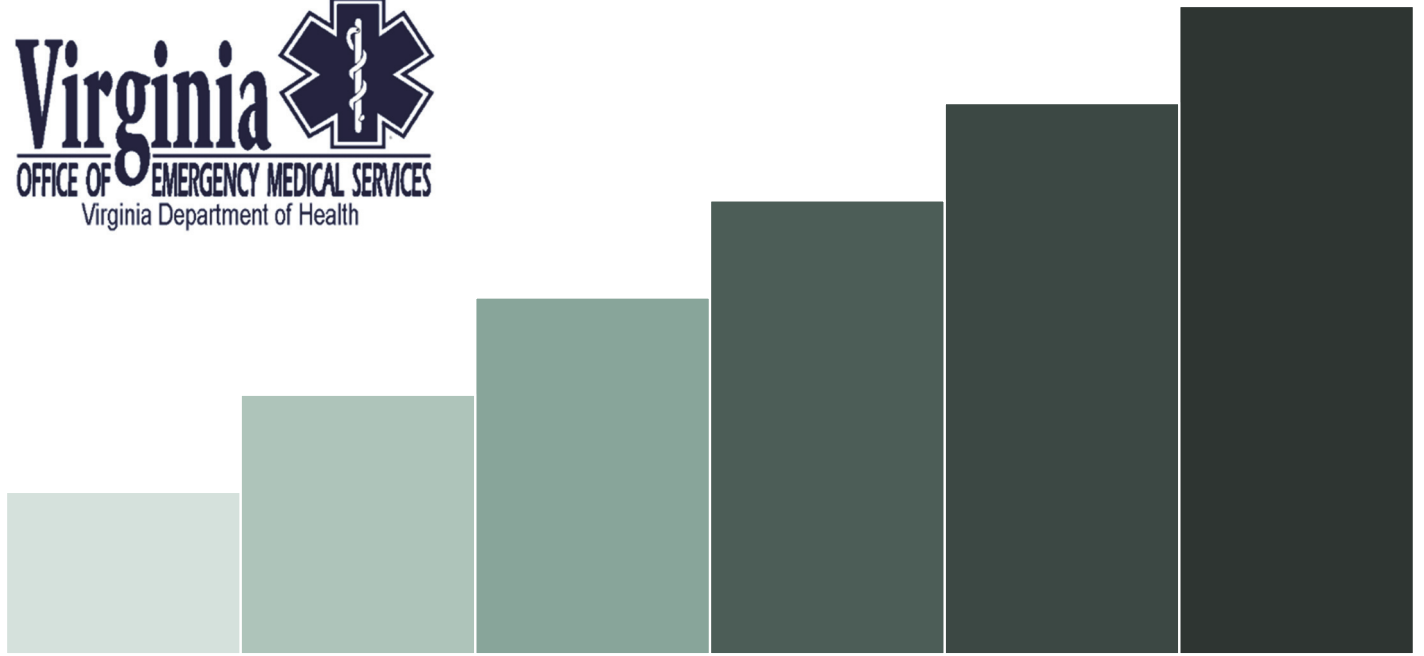
Quarterly Report

Virginia EMS Scholarship Program

Q2 – FY20

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.

FY20 Scholarship Budget

The FY20 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 June 5, 2019 through December 31, 2019. This covers the first and second quarter of FY20.
- **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.

Scholarship Funding Overview

$1,160.00

$738,431.00

$1,260,409.00

■ Applications Pending Approval   ■ Total Scholarship $ Awarded   ■ Remaining Funds
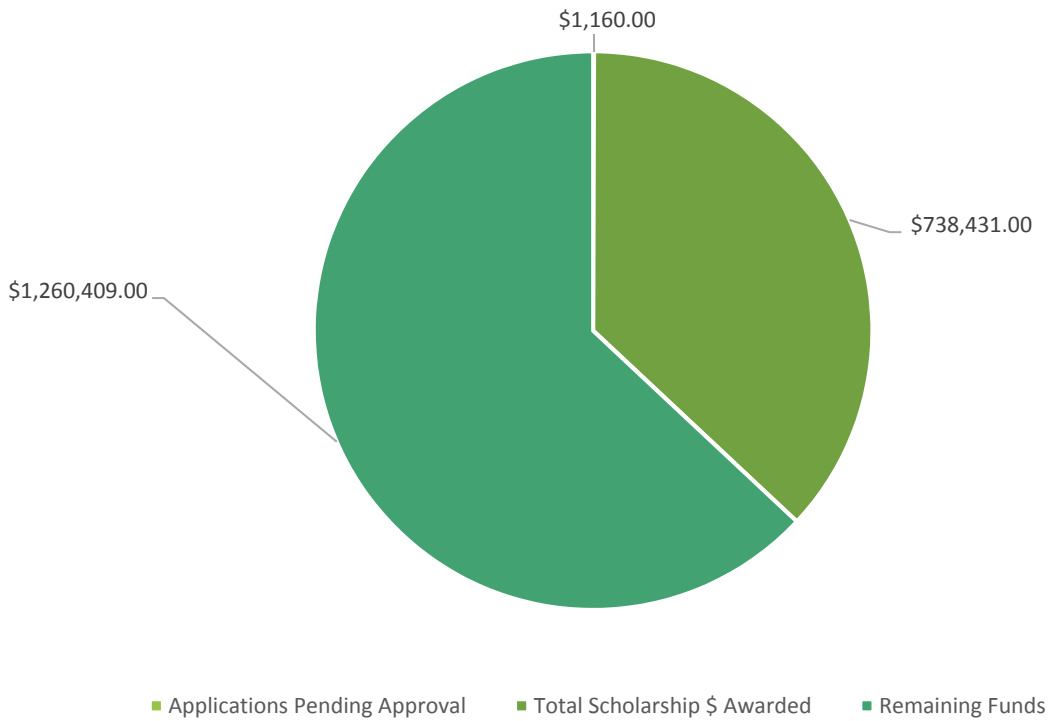
Breakdown of Pending Applications

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 June 5, 2019 through December 31, 2019.

Total # of Pending Applicants by Level
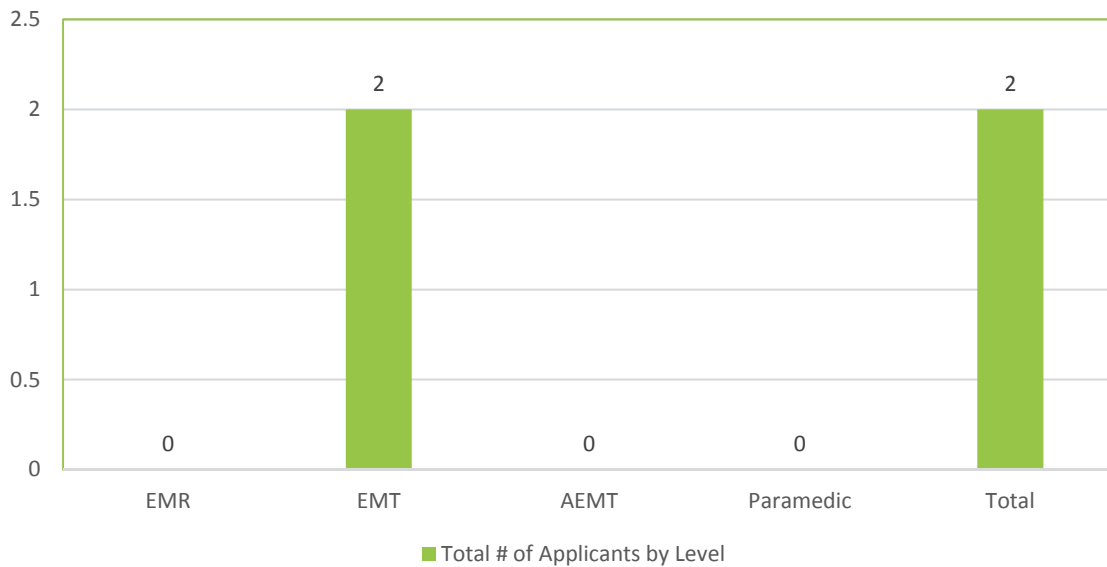
EMR	EMT	AEMT	Paramedic	Total
0	2	0	0	2

■ Total # of Applicants by Level

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 June 5, 2019 through December 31, 2019.

Total $ of Pending Applications by Level

Level	Total $ Pending by Level
EMR	$-
EMT	$1,160.00
AEMT	$-
Paramedic	
Total	$1,160.00

■ Total $ Pending by Level
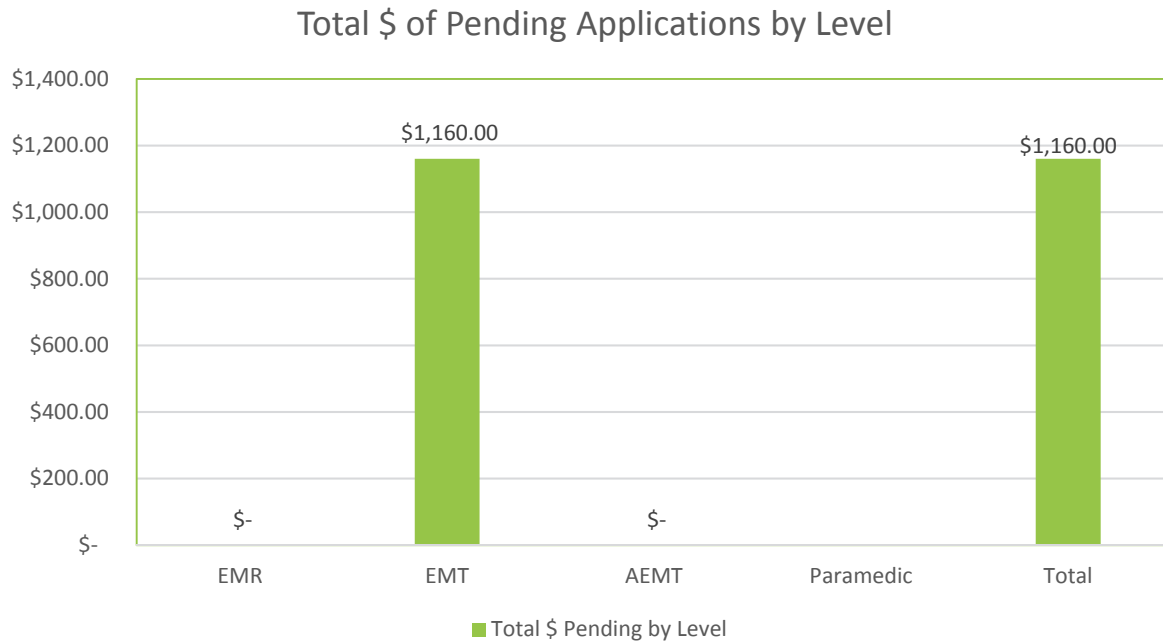
Breakdown of Awarded Scholarships

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 June 5, 2019 through December 31, 2019.

Total # of Awarded Scholarships by Level

Level	Total # of Awarded Scholarships by Level
EMR	0
EMT	175
AEMT	2
Paramedic	176
Total	353

■ Total # of Awarded Scholarships by Level
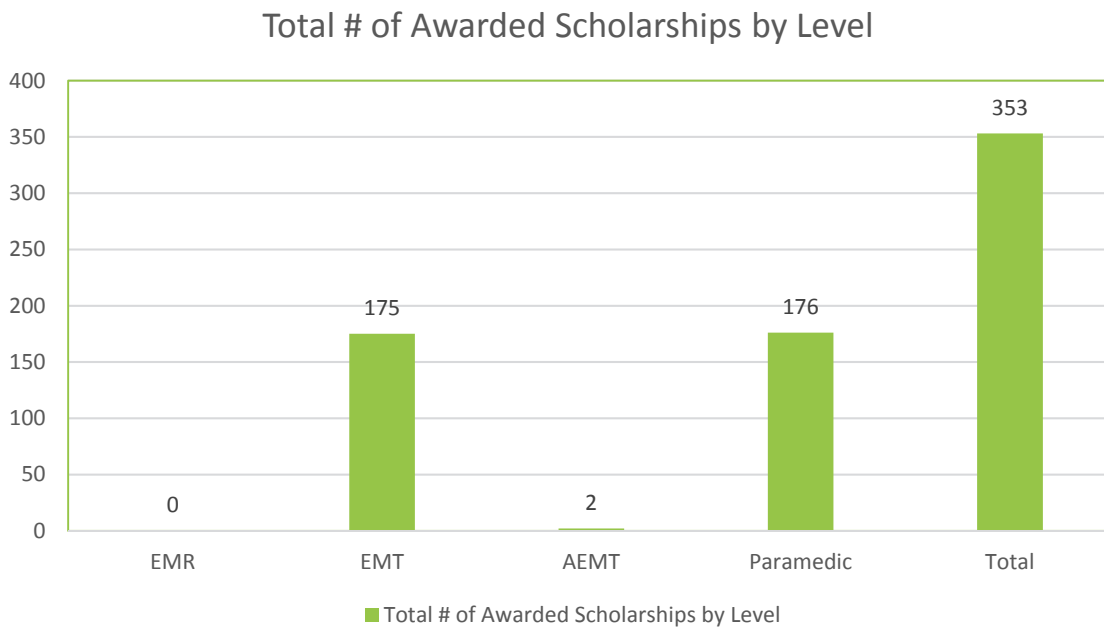
The following chart shows data for all scholarship applications which have been awarded by training level. This includes all pending applications for students enrolled in eligible initial certification courses from June 5, 2019 through December 31, 2019.

Total $ for Awarded Scholarships by Level

Level	Total $ for Awarded Scholarships by Level
EMR	$-
EMT	$105,693.00
AEMT	$2,424.00
Paramedic	$630,313.00
Total	$738,430.00

Legend: ■ Total $ for Awarded Scholarships by Level
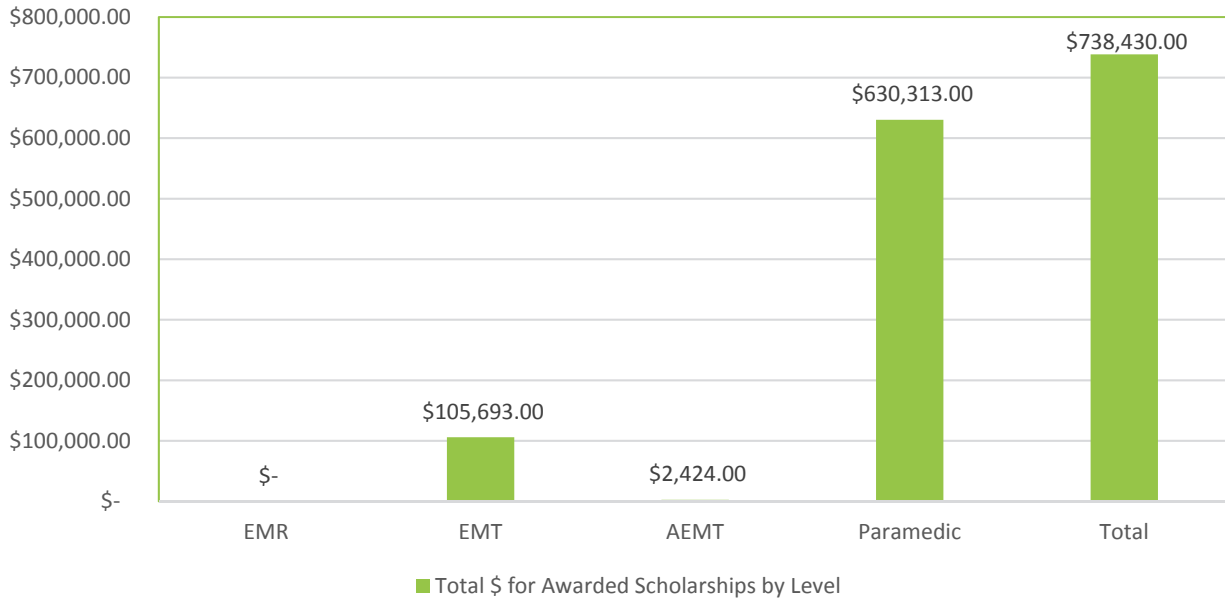
Attachment D to the

January 15, 2020 TCC Minutes

Proposed TR-90A

TR90A EMT Competency Tracking Requirements

for Accredited EMT Programs in Virginia

EMT Competency Tracking

Purpose

The purpose of this document is to define the minimum skills and competencies required for accredited, competency-based EMT programs established from the National EMS Scope of Practice Model. The skills and competencies outlined in this document MUST be completed in a laboratory setting and verification of competency confirmed by an evaluator. It is up to the individual program based on the recommendations of its Advisory Committee and/or Medical Director to determine the applicability of skills, competencies and information not included in the TR-90A.

Table 1

This table is divided into three sections:

Individual Skill Evaluation

The individual skill evaluation will track successful performance of each individual student in a laboratory setting. While the Virginia Office of EMS only requires one successful documentation of skills, it should be understood that students will likely need repetition of these skills to depict consistency in meeting the education standard. An evaluator must verify competency via a tracking mechanism used by the program. Verification must include at a minimum, the date of successfully achieving competency and the evaluator's initials.

All skills in this area must be completed individually with the exception of the following skills that require multiple students. For the following skills, credit can be awarded to a maximum of two students at a time upon successful completion:

- Operate a stretcher
- Operate a stair chair
- Provide proper patient lifting and moving techniques
- Perform a physical restraint
- Secure a patient with a suspected spinal injury to a long board
- Perform a seated spinal motion restriction (SMR)
- Perform emergency moves for endangered patients

Individual Skill Scenario (Optional)

The individual skill scenario is suggested for student progression, but documentation of student progress is not required. Once a student has shown competency in performing an individual skill, the student may be placed in an abbreviated scenario to illustrate how the skill may be used.

If the program chooses to use the Individual Skill Scenario, verification must include at a minimum, the date of successfully achieving competency and the evaluator's initials.

The student has successfully led the team if he or she conducted a comprehensive physical assessment. This may include the direction of other Team Members to perform parts of the interview and/or physical exam. The student should formulate and implement an appropriate treatment plan for the patient. This means that most, if not all of the decisions have been made by the student, especially the formulation of a field impression, direction of treatment, determination of acuity, disposition, appropriate delegation, and when applicable, packaging/ moving the patient. A successful rating also infers that minimal to no prompting was provided by the evaluator. At no time should an action have been initiated/ performed that endangered the physical or psychological safety of the patient, bystanders, other responders, or the crew. Evaluators should not assign a successful rating unless the student performed adequately as an entry-level EMT. (NREMT, 2012)

Team Member

Demonstrates followership – is receptive to leadership; performs functions using situational awareness and maintains it; utilizes appreciative inquiry; avoids freelance activity; listens actively using closed-loop communication and reports progress on tasks; performs tasks accurately and in a timely manner; advocates for safety and is safety conscious at all times; leaves ego/rank at the door (NREMT, 2012)

Comprehensive Scenario & Definitions

Table 2

This table lists the required minimum number and topics to be included for each student in a comprehensive scenario setting. Only the Team Leader can receive credit for the scenario(s). Students may be given credit for no more than two patient complaints in the same scenario.

Examples

Individual Skill Evaluation

Student A applies a traction splint based on the criteria of an established checklist. Student B pulls traction while Student A applies the traction splint. Only Student A should be evaluated and receive credit upon successfully achieving competency of the skill.

Individual Skill Scenario (Optional)

A brief scenario is given to the student such as, "Your patient has a fractured femur and you are now ready to splint the fracture. Please demonstrate how you would appropriately manage this injury." Student B pulls traction while Student A applies the traction splint. Only Student A should be evaluated and receive credit upon successful completion of the skill.

Student A is the Team Leader and will be given a comprehensive scenario that requires a full assessment and critical thinking to determine a potential femur fracture is present and how to appropriately manage the injury. Student B is the Team Member for this scenario.

During a comprehensive scenario, only Student A will receive credit for skills performed or delegated to others. Up to two patient complaints from Table 2 may be used during a single scenario. For example, a patient in active childbirth may also have abdominal pain and suffer an asthma attack, but only credit may be awarded for two of the three complaints listed. Programs are encouraged to include multiple skills within a comprehensive scenario. See the attached mapped scenario for more details.

Team Leader

Creates an action plan; communicates accurately and concisely while listening and encouraging feedback; receives, processes, verifies, and prioritizes information; reconciles incongruent information; demonstrates confidence, compassion, maturity and command presence; takes charge; maintains accountability for team's actions/outcomes; assess situation and resources and modifies accordingly.

Trauma	**Fall w/ Wrist fracture-Geriatric DLOC** **Jane Smith, 70 y.o. female** **Retired secretary**	

Case Overview:	This case presents as a 70 year old white female who is confused, with a visible contusion to the R forehead and obvious deformity to R wrist, following a fall from a standing position.
Dispatch Information:.	You are dispatched to a single family residence for an injury from a fall. You are the lead EMT for an EMS crew on a BLS ambulance in a suburban area. You have a BLS partner to assist you. You are dispatched as a single unit and are 20 minutes from the local community hospital (with PCI and Stroke capability). You are 40 minutes from the nearest level 1 trauma center.
Time / Weather:	It is 10 PM on a Thursday evening in the winter. The temp is 30 degrees with a slight wind chill and light ice patches on the ground.
Scene Information:	You arrive on scene to a small home in a suburban neighborhood. There is a porch light on, dim and inadequate
General Impression	You approach the residence to find a woman sitting on the ground of a dark driveway, with a man kneeling beside her. The man waves you over.
Patient Information	You see a moderately overweight, approximately 200 lbs, white female sitting on the ground outside in slacks and a thin sweater and slippers.

Primary / Initial Assessment **Only give the following information if the learner asks about it or verbalizes what they see regarding each finding.*

Mental Status:	CAO x 2 (person, place, time) -Does not remember the fall-appears confused
Chief Complaint:	"My wrist hurts. What happened?"
Airway:	Patent
Breathing rate / rhythm / quality:	Tachypneic without any accessory muscle use. Non-labored.
Initial Lung Sounds:	Clear bilaterally.
Pulse rate / rhythm / quality:	Weak, regular, rapid
Skin color / temperature / condition / bleeding:	Pale, cool and dry

Secondary Assessment: Subjective (Interviewing) Objective (Physical Findings)	Subjective (Interviewing)	Objective (Physical Findings)	
Onset	Husband states the patient was just walking to the mailbox when she fell.	Head	Large 2" contusion to R side of forehead
		Neck	Normal exam
		Thorax	Normal exam
Provocation	Head- nothing.Wrist- movement	Abdomen	Normal exam
Quality	Head- dull aching at site. Wrist- sharp upon movement	Pelvis	Normal exam
Radiation	None	Left Leg	Normal exam
Severity	Pt. appears confused by pain scale question, but says "it hurts!"	Right Leg	Normal exam
Time since onset	20 minutes	Left Arm	Normal exam
Signs and Symptoms	Pain and deformity of the right wrist and a large 2" contusion to the R forehead. No nausea, vomiting, dizziness or blurred vision, chest pain, syncope, or difficulty breathing.	Right Arm	Obvious deformity to wrist, PMS present
Allergies	NKDA	Posterior	Normal exam
Medications	Remicade, Fluoxetine, Glucophage, calcium supplement, Colace, Duragesic, Inderal	12 Lead	N/a
Past medical history	Diabetes, Appendectomy, GERD, Osteoporosis, chronic back pain, HTN, depression		
Last oral intake	Dinner at 6:30. Chicken casserole.		
Events Leading Up to	Walking to mailbox		

Trauma	**Fall w/ Wrist fracture-Geriatric DLOC** **Jane Smith, 70 y.o. female** **Retired secretary**	

Vital Signs & Reassessment Info						
	1st set	**Removal from cold**	**Splint wrist**	**Glucose Admin**	**2 mins post Glucose**	
Mental Status / Neuro	CAO x 2 (does not remember fall)	No change	No change	No change	CAOx3	
Pupils	PERRL – 4 mm	No change	No change			
Heart Rate	124 S Tach	No change	130 S Tach		114	
Blood Pressure	110/82	No change	106/88		108/84	
RR	24	No change	22		18	
SpO2	97%	98%	98%		97%	
EtCO2	35 square	No change	No change			
Lung Sounds	Clear bilaterally	No change	No change			
Severity Rating	N/A	No change	no change		6 out of 10	
Skin	Pale, cool, dry	Pale, warm, dry	Pink, warm, dry			
Temperature	97.2	No change	98.4			
Blood Glucose	48	no change	no change		122	
Capillary refill	4 sec	no change	no change			
Major Life Threats:	Hypoglycemia					
Correct Treatment:	Immobilization of pt's wrist, Glucose administration					
Diagnosis:	Confusion due to hypoglycemic event, which led to a fall.					

Competencies

| Preparatory | T1 | T2 | T3 | T4 | T5 | T6 | T7 | T8 | T10 | T11 | T12 | T14 | T17 | T18 | | | | |

| Airway | T22 | T29 | | | | | | | | | | |

| Med | T37 | T39 | | | | | | | | | | |

| Trauma | T56 | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

Virginia Office of EMS
TR90A EMT Compentency Tracking

Accredited Program #: _____

Sponsor/Institution Name: _____

Programs must track at least all of the procedures listed below.

The tables below have been populated with the OEMS Required Minimum Numbers of student competencies for each listed category. If the program required minimum number(s) differ(s) from the OEMS Required Minimum Number(s), the number(s) in the Program Required Minimum Numbers column should be adjusted accordingly. If desired, programs can determine their own required minimum number for any student competency category that does not contain a OEMS Recommended Minimum Number.

Programs must establish and require minimum numbers of student competencies (i.e., skills, patient ages, differential diagnosis or complaints, team leads, etc). The minimum competency numbers must be approved by the Medical Director, endorsed by the Advisory Committee, and documented in Advisory Committee minutes. Program tracking documentation must show 100% of program graduates have met 100% of the program minimums. There must be documented periodic evaluation of the established minimums to determine ongoing graduate competency.

NOTE: Programs holding the status of Letter of Review (LoR) MUST also establish and track minimum competencies to ensure graduate competency.

TABLE 1						
Sequence of Learning Progression:	**Individual Skill Evaluation**		**Individual Skill Scenario**		**"Putting it all together" Evaluation of Skills in a Comprehensive Laboratory Scenario**	
Required Competencies and Skills ***must have at least one successful instructor evaluated and documented performance before starting the related individual skill scenario**	**Number of Successful Times an Individual Student Competency Evaluation in the Laboratory (Min # of Times)**		**Individual Student Competency Evaluation in a Laboratory Scenario (Min # of Times)**		**Comprehensive Skill Competency Performed and Evaluated in a Laboratory Scenario (Total Min # of Times)**	
	VAOEMS Required	**Program Required Minimum**	**VAOEMS Recommended**	**Program Required Minimum**	**VAOEMS Required**	**Program Required Minimum**
Preparatory						
P1	Select, don, doff and properly/safely discard PPE	1		1		2	
P2	Determine a patient's level of consciousness	1		1		2	
P3	Assess a patient for a patent airway	1		1		2	
P4	Assess a patient for breathing and provide depth, rate, quality	1		1		2	
P5	Acquire a pulse and provide rate, rhythm, and strength	1		1		2	
P6	Assess the skin color, temp, and moisture, turgor and external bleeding	1		1		2	
P7	Assess capillary refill	1		1		2	
P8	Assess the pupils as to equality, size, reactivity, accommodation	1		1		2	
P9	Obtain an automated blood pressure	1		1		2	
P10	Obtain a manual blood pressure	1		1		2	
P11	Obtain a SAMPLE history	1		1		2	
P12	*Operate a stretcher	1		1		2	
P13	*Operate a stair chair	1		1		2	
P14	*Provide proper patient lifting and moving techniques	1		1		2	
P15	Perform a simulated, organized, concise radio transmission (lab setting)	1		1		2	
P16	Perform patient report that would be given to staff at receiving facility (lab setting)	1		1		2	

Comptency Number (vertical label on left side of table)

P17	Perform report that would be given to ALS provider in (lab setting)	1		1		2	
P18	Complete pre-hospital care report (lab setting)	1		1		2	
	Airway						
A1	Perform head tilt, chin-lift maneuver	1		1		2	
A2	Perform a jaw thrust maneuver	1		1		2	
A3	Perform upper airway suctioning using soft/rigid suction devices	1		1		2	
A4	Assemble and operate an oxygen tank	1		0		0	
A5	Ventilate using a BVM at the appropriate rate	1		1		2	
A6	Ventilate patient with a stoma	2		0		0	
A7	Insert an OP airway during an airway	1		1		2	
A8	Insert a NP airway during an airway	1		1		2	
A9	Use a non-rebreather and adjust oxygen flow requirements needed	1		1		2	
A10	Use a nasal cannula and adjust oxygen flow requirements needed	1		1		2	
A11	Use and interpret pulse oximetry	1		1		2	
A12	Apply CPAP	1		1		2	
	Medical						
M1	Administer a meter dose inhaler	1		1		2	
M2	Administer a aerosolized/nebulizer medication	1		1		2	
M3	Administer an intramuscular medication via auto-injector	1		1		2	
M4	Administer an intramuscular medication - premeaured unit-dose	1		1		2	
M5	Administer intranasal medication - premeasured unit-dosed	1		1		2	
M6	Administer mucosal/sublingual medication	1		1		2	
M7	Administer oral medication	1		1		2	
M8	Apply and obtain a 12 lead ECG	1		1		2	
M9	Perform blood glucose monitoring	1		1		2	
M10	Assist with a normal delivery	1		1		1	
M11	Assist with a complicated delivery	1		1		1	
M12	*Perform a physical restraint	1		1		2	
	Trauma						
T1	Perform hemorrhage control – direct pressure	1		1		2	
T2	Perform hemorrhage control – tourniquet	1		1		2	
T3	Perform hemorrhage control – wound packing	1		1		2	

T4	Provide care for eye injuries	1		1		2	
T5	Provide care for epistaxis	1		1		2	
T6	Provide care for an open neck wound	1		1		2	
T7	Provide care for an open chest wound	1		1		2	
T8	Provide care for an open abdominal wounds	1		1		2	
T9	Provide care for an open junctional injury	1		1		2	
T10	Provide care for an impaled object	1		1		2	
T11	Provide care for a patient with an amputation and the amputated part	1		1		2	
T12	Provide care for a patient with burns	1		1		2	
T13	Perform immboilization of a long bone - traction	1		1		1	
T14	Perform immboilization of a long bone - rigid	1		1		1	
T15	Perform immboilization of a long bone - soft	1		1		1	
T16	Perform immobilization of a joint - pillow	1		1		1	
T17	Perform immobilization of a joint - sling & swathe	1		1		1	
T18	Perform immobilization of a joint - rigid	1		1		1	
T19	Provide care for a patient with a suspected hip/pelvis fracture	1		1		2	
T20	*Secure a patient with a suspected spinal injury to a long spine board	1		1		2	
T21	*Perform seated SMR (KED, etc.)	1		1		2	
T22	*Perform emergency moves for endangered patients	1		1		2	
T23	Manage a patient with a helmet	1		1		2	
	Totals	66	0	63	0	118	0

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TABLE 2		
Simulation Pathology or Patient Complaint (these simulations must be high fidelity, comprehensive simulations using high fidelity manikins or programmed patients with appropriate accessory equipment to actually perform required skills).	Program Required Minimum #	
	Pediatric	Adult / Geriatric
Abdominal Pain	1	1
Allergic Reaction		1
Anaphylaxis with epi administration	1	1
Chest Pain with ASA/NTG Administration		2
Chest Pain with NTG Contraindicated		1
Delivery with Neonatal Resuscitation	2	
Hypoglycemia - Conscious with glucose administration		2
Hypoglycemia or DKA or HHNS - Unconscious	1	1
Obstetric or Gynecologic		2
Overdose (non-opioid)		1
Overdose with opioid antagonist administration	1	2
Poisoning with antidote administration		1
Psychiatric	1	2
Respiratory Distress and/or Failure - Asthma/COPD with bronchodilator administration	1	1
Respiratory Distress and/or Failure - CHF		2
Seizure	1	1
Sepsis	1	1
Shock	1	1
Stroke (non-LVO)		1
Stroke-Occlusive (LVO)		1
Trauma (blunt, penetrating, burns, or hemorrhage)	2	4
Total number of scenarios required for each student:	42	

Medical Director Approval Required

Printed Name	Signature	Date

Program Director Approval Required

Printed Name	Signature	Date

Advisory Committee Endorsement Required

Minutes where endoresment approved	Date

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

TR90A EMT Student Competency Tracking Form

_____

Student Name   **OEMS Student Certification #**

Instructions

The student will be evaluated on each competency, at a minimum, as listed in the attached table. The evaluator will award a scaore from the list below, initial, and date the appropriate block. At the course completion, all skill areas must be completed to signify eligibility for certification testing.

Scoring

Pass	Successful/Competent; no prompting necessary – The student performed at the entry-level of competency as judged by the preceptor. Entry-level of competency takes into account the amount of education the student has undergone at the time of education.

Fail	Unsuccessful – required critical or excessive prompting; inconsistent; not yet competent; this includes "Not attempted" when the student was expected to try. The student performed with some errors of commission or omission that would lead the preceptor to a conclusion that the student did not meet competency in the skill being evaluated.

Example

**Preparatory Competencies**					
		Individual Skill Evaluation	**Individual Skill Scenario**	**Comprehensive Scenario**		
Demonstrates the ability to correctly:		**Performed**				**Remediation, *as needed***
P1	Select, don, doff and properly/safely discard PPE	WWD 12/01/19 ☑Pass☐Fail	☐Pass☐Fail	WWD 01/05/20 ☑Pass☐Fail	WWD 01/09/20 ☑Pass☐Fail	

	Preparatory Competencies							
		Individual Skill Evaluation	**Individual Skill Scenario**	**Comprehensive Scenario**				
	Demonstrates the ability to correctly:	Performed				**Remediation, *as needed***		
P1	Select, don, doff and properly/safely discard PPE	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P2	Determine a patient's level of consciousness	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P3	Assess a patient for a patent airway	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P4	Assess a patient for breathing and provide depth, rate, quality	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P5	Acquire a pulse and provide rate, rhythm, and strength	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P6	Assess the skin color, temp, and moisture, turgor and external bleeding	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P7	Assess capillary refill	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P8	Assess the pupils as to equality, size, reactivity, accommodation	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P9	Obtain an automated blood pressure	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P10	Obtain a manual blood pressure	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P11	Obtain a SAMPLE history	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P12	*Operate a stretcher	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P13	*Operate a stair chair	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			

		Individual Skill Evaluation	Individual Skill Scenario	Comprehensive Scenario				
P14	*Provide proper patient lifting and moving techniques	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P15	Perform a simulated, organized, concise radio transmission (lab setting)	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P16	Perform patient report that would be given to staff at receiving facility (lab setting)	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P17	Perform report that would be given to ALS provider in (lab setting)	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
P18	Complete pre-hospital care report (lab setting)	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			

Airway Oxygen & Ventilation Competencies

		Individual Skill Evaluation	Individual Skill Scenario	Comprehensive Scenario				
Demonstrates the ability to correctly:		Performed				Remediation, *as needed*		
A1	Perform head tilt, chin-lift maneuver	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
A2	Perform a jaw thrust maneuver	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
A3	Perform upper airway suctioning using soft/rigid suction devices	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
A4	Assemble and operate an oxygen tank	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
A5	Ventilate using a BVM at the appropriate rate	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
A6	Ventilate patient with a stoma	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
A7	Insert an OP airway during an airway	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
A8	Insert a NP airway during an airway	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			

		Individual Skill Evaluation	Individual Skill Scenario	Comprehensive Scenario				
A9	Use a non-rebreather and adjust oxygen flow requirements needed	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
A10	Use a nasal cannula and adjust oxygen flow requirements needed	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
A11	Use and interpret pulse oximetry	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
A12	Apply CPAP	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
**Medical, Behavioral & OB/GYN Competencies**							
		Individual Skill Evaluation	**Individual Skill Scenario**	**Comprehensive Scenario**				
Demonstrates the ability to correctly:		**Performed**				**Remediation, *as needed***		
M1	Administer a meter dose inhaler	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
M2	Administer a aerosolized/nebulizer medication	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
M3	Administer an intramuscular medication via auto-injector	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
M4	Administer an intramuscular medication - premeaured unit-dose	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
M5	Administer intranasal medication - premeasured unit-dosed	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
M6	Administer mucosal/sublingual medication	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
M7	Administer oral medication	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
M8	Apply and obtain a 12 lead ECG	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
M9	Perform blood glucose monitoring	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			

		Individual Skill Evaluation	Individual Skill Scenario	Comprehensive Scenario				
M10	Assist with a normal delivery	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
M11	Assist with a complicated delivery	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
M12	*Perform a physical restraint	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
Trauma Competencies								
		Individual Skill Evaluation	Individual Skill Scenario	Comprehensive Scenario				
Demonstrates the ability to correctly:		Performed				Remediation, *as needed*		
T1	Perform hemorrhage control – direct pressure	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T2	Perform hemorrhage control – tourniquet	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T3	Perform hemorrhage control – wound packing	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T4	Provide care for eye injuries	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T5	Provide care for epistaxis	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T6	Provide care for an open neck wound	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T7	Provide care for an open chest wound	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T8	Provide care for an open abdominal wounds	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T9	Provide care for an open junctional injury	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T10	Provide care for an impaled object	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			

T11	Provide care for a patient with an amputation and the amputated part	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T12	Provide care for a patient with burns	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T13	Perform immboilization of a long bone - traction	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T14	Perform immboilization of a long bone - rigid	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T15	Perform immboilization of a long bone - soft	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T16	Perform immobilization of a joint - pillow	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T17	Perform immobilization of a joint - sling & swathe	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T18	Perform immobilization of a joint - rigid	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T19	Provide care for a patient with a suspected hip/pelvis fracture	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T20	*Secure a patient with a suspected spinal injury to a long spine board	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T21	*Perform seated SMR (KED, etc.)	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T22	*Perform emergency moves for endangered patients	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			
T23	Manage a patient with a helmet	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail	☐Pass☐Fail			