

Training and Certification Committee
OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia
April 4, 2012
10:30 am

Members Present:	Members Absent:	Staff:	Others:
Larry Oliver – Chair Dave Cullen Kathy Eubank Holly Frost Nick Klimenko Rick McClure Jeffrey Reynolds	Dr. Hasan Donna Hurst Tom Jarman-Excused Stephen Rea-Excused	Gary Brown Scott Winston Michael Berg Warren Short Greg Neiman Chad Blosser Debbie Akers	Marcia Pescitani Jennifer Garno

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:50 am	
II. Introductions	Introductions were completed	
III. Approval of Agenda	The Committee reviewed the Agenda for today's meeting. (Attached)	Approved by general consent.
IV. Approval of Minutes	The Committee reviewed the minutes of the January 4, 2012 quarterly meeting and the March 7, 2012 Special Call Meeting (ATTACHMENT: A)	Motion by Dave Cullen To: Approve both sets of Minutes as presented. Seconded by: Jeffrey Reynolds Unanimously Approved
V. Reports of Committee Members	<ul style="list-style-type: none"> a. Officer Reports – <ul style="list-style-type: none"> i. Larry Oliver – <ul style="list-style-type: none"> a. Successful Special Call Meeting in March. b. Advisory Board will meet on May 18th. 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> b. Reports of Committee Members <ul style="list-style-type: none"> i. Medical Direction Committee (MDC) – Dr. Hasan <ul style="list-style-type: none"> a. Dr. Hasan is not present, their next meeting is next Thursday, April 12, 2012 b. Larry will meet with MDC to discuss their At-large representative c. Office of EMS <ul style="list-style-type: none"> i. BLS Training Specialist – Greg Neiman <ul style="list-style-type: none"> a. VEMSES <ul style="list-style-type: none"> 1. Current Statistics: <ul style="list-style-type: none"> 1st Time Pass Rate: 54.55% (168/308) 2nd Time Pass Rate: 61.40% (35/57) 3rd Time Pass Rate: 50.00% (4/8) 4th Time Pass Rate: 100% (2/2) 2. The “Wall” has been posted to the web and includes all Instructors/ALS-C (current and new who have passed the VEMSES since its implementation). It will be updated weekly. b. Instructor Updates <ul style="list-style-type: none"> 1. Schedule for 2012 is posted on the web. Have gone to the second Thursday of the month, every other month. We held the most recent online update in March and it was attended by around 25 Instructor/Coordinators. The quiz will close April 30, 2012 for the March Update. We no longer require pre-registration for the Update, instead we will e-mail all Instructors with information on how to access the online update in advance. Remember, Instructor/Coordinators only need to attend 1 update every two years c. Institute <ul style="list-style-type: none"> 1. A total of 24 Candidates, 12 Instructors and 12 ALS-Coordinators, attended and passed the Institute in February. <ul style="list-style-type: none"> a) The Office has partnered with VDFP to offer the Institute in the old Barrett Juvenile Correction Center in Hanover. 2. Next Institute is scheduled for June 9-13, 2012 and will be held in Blacksburg, VA in conjunction with the VAVRS Rescue College.. ii. Funding and Accreditation – Chad Blosser <ul style="list-style-type: none"> a. Accreditation and EMSTF reports were distributed. (ATTACHMENT: B) b. Discussion of CoAEMSP Accreditation Status of Virginia Programs c. EMSTF report speaks for itself. <ul style="list-style-type: none"> 1. FY 2014 Contracts have been sent upstairs for approval and hopefully will roll out by May 15. 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> iii. ALS Training Specialist – Debbie Akers <ul style="list-style-type: none"> a. 12 new ALS-C's completed the Institute held in February. b. 6 of the new EMT-Instructors from February have subsequently applied and been granted ALS-C Endorsement. c. 54 applicants in the pipeline now, most are not interested in the Education Coordinator. iv. Division of Educational Development-Warren Short <ul style="list-style-type: none"> a. Working to put Emergency Regulations in place to cover NR Testing b. EMSAT and Train Virginia <ul style="list-style-type: none"> 1. Back in February had a sharp increase in complaints of people logging in, taking programs and not receiving CE 2. The problem wasn't identified in a timely manner. 3. At the end of February we ceased offering programs on the web through TRAIN so as not to disrupt National Registry Recertification 4. We are hoping to reintroduce our programs in partnership with a third-party online Vendor. 5. Hope to have it up by mid-summer. c. National Registry Testing Locations <ul style="list-style-type: none"> 1. Warren presented an updated DRAFT map of Pearson Vue Testing Locations – (ATTACHMENT: C) <ul style="list-style-type: none"> a) Red Circles are already existing sites b) Black Circles are locations who have declined Registry's Request c) White Circles are gaps and a location does not currently exist d) Yellow are potential new sites identified by Registry e) Each circle represents a 30-mile radius. Registry usually requires a minimum of a 60-mile radius. v. Regulation and Compliance – Michael Berg <ul style="list-style-type: none"> 1. Michael Berg <ul style="list-style-type: none"> a) Status Quo - No movement on the Regulations at this time b) Had an increase in investigations of Instructors awarding hours to students who did not attend them. vi. Other Office Staff <ul style="list-style-type: none"> a. Gary Brown <ul style="list-style-type: none"> 1. Discussion on current budget situation <ul style="list-style-type: none"> a) Budget language regarding paying for testing is still alive and we are looking for it to be approved. b) Expect it will be updated to match VDH requested language change. 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
VI. Previous Business	Finalization of Document to EMS Advisory Board RE: NREMT Testing Discussion of document.	No further changes were proposed. The Motion will move forward to the Governor's EMS Advisory Board.
VII. New Business	<p>A. Roll-out of new EMT-Instructor Pretest/VEMSES Essay Questions</p> <ol style="list-style-type: none"> a. Discussion regarding the current Statistics on the multiple-choice and the essays. Greg Neiman was seeking input on rolling out two new sets of Essays. b. The Committee reviewed graphs showing average scores by month on the Multiple-choice section and the Essay section. (ATTACHMENT: D) <p>B. Proposal- Webcasting of CE Programs – Chad Blosser (ATTACHMENT: E)</p> <ol style="list-style-type: none"> a. Chad discussed the reasons behind these documents b. The purpose is to establish guidelines and structure for this emerging technology and we have received requests from Instructors and programs in Virginia to allow this process to distribute CE programs wider. c. With recent issues surrounding Instructors awarding CE inappropriately, without setting guidelines we could see even more CE fraud. <p>C. Proposal – Finalization of Initial Training Courses under the VEMSES – Warren Short (ATTACHMENT: F)</p> <p>D. Proposal – List of Online Courses to Satisfy Extended Operations Section of the EMT Curriculum under the VEMSES (ATTACHMENT: G)</p> <ol style="list-style-type: none"> a. Warren discussed the intent behind the both of these proposals b. Holly Frost advised how the VCCS EMS Peer Group reviewed these documents in their meeting last week. <p style="padding-left: 40px;">Discussion was held on the documents</p> <p>E. Practical Skills Checksheets – Jeffrey Reynolds</p> <ol style="list-style-type: none"> a. The Office will be revising the current checksheets to reflect the new Education Standards <p>Information Item: The Office will begin the process of contacting the representative groups to request names</p>	<p>The committee felt that rolling out new 6 new sets of questions should take place on or after July 1, 2012 to allow the current VEMSES process to be completed.</p> <p>Motion By Kathy Eubank To: Accept the proposal as presented Seconded by: Rick McClure</p> <p>Unanimously approved.</p> <p>The Office will set up a Conference call with the VCCS Programs to ensure it meets the minimum hours vs credits assigned to the Paramedic Course.</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	for consideration for the 2013 Committee by July.	
VIII. Public Comment	Marcia Pescitani advised if someone needs to take the VEMSES and can't locate a site to contact the Northern Virginia EMS Council even the day of the test. If she has room, she will accommodate. Greg Neiman advised that current Instructor/Coordinators could schedule to take the exam at the OEMS office as needed.	
IX. Dates for 2012 Meetings	January 4, April 4, July 11, October 3	
X. Adjourn	Meeting adjourned at 1:37pm	

DRAFT

Training & Certification Committee
Wednesday, April 4, 2012
OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059
10:30 AM
Meeting Agenda

- I. Welcome**
- II. Introductions**
- III. Approval of Agenda**
- IV. Approval of Minutes from January 4, 2012 and Special Call Meeting on March 7, 2012**
- V. Reports of Committee Members**
 - a. Officer Reports
 - b. Reports of Committee Members
 - i. Chairman Report
 - ii. Medical Direction Committee - Dr. Nael Hasan
 - iii. Others
 - c. Office of EMS
 - i. BLS Training Specialist-Greg Neiman, OEMS
 - ii. Funding and Accreditation-Chad Blosser, OEMS
 - iii. ALS Training Specialist- Debbie Akers, OEMS
 - iv. Division of Educational Development (DED)-Warren Short, OEMS
 - v. Regulation & Compliance – Michael Berg, OEMS
 - vi. Other Office Staff
- VI. Previous Business-none**
 - a. Finalization of Document to EMS Advisory Board RE: NREMT Testing
- VII. New Business**
 - a. Roll-out of new EMT-Instructor Pretest/VEMSES Essay Questions
 - b. Proposal – Webcasting of CE Programs
 - c. Proposal – Finalization of Initial Training Courses under the VEMSES
 - d. Proposal – List of Online Courses to Satisfy Extended Operations Section of the EMT Curriculum under the VEMSES
- VIII. Public Comment**
- IX. Dates for 2012 Meetings**
 - a. ~~January 4, 2012, April 4, 2012, July 11, 2012, October 3, 2012~~
- X. Adjourn**

**Attachment: A to the
April 4, 2012 TCC Minutes**

**Approved
January 4, 2012
Minutes of the TCC
and
March 7, 2012
Special Call Meeting of TCC**

Training and Certification Committee
OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia
January 4, 2012
10:30 am

Members Present:	Members Absent:	Staff:	Others:
Larry Oliver – Chair	Kathy Eubank-Excused	Gary Brown	Lynn Barbour
Dave Cullen	Dr. Hasan-Excused	Scott Winston	
Holly Frost	Jeffrey Reynolds-Excused	Michael Berg	
Donna Hurst		Warren Short	
Tom Jarman		Greg Neiman	
Nick Klimenko			
Stephen Rea			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:47 am	
II. Introductions	Introductions were not necessary.	
III. Approval of Agenda	The Committee reviewed the Agenda for today’s meeting. (Attached)	Motion by: Dave Cullen To Approve the Agenda as presented Seconded by: Tom Jarman Unanimously Approved
IV. Approval of Minutes	The Committee reviewed the minutes of the July 6, 2011 meeting (ATTACHMENT: A)	Motion By: Donna Hurst To Approve the Minutes of the July 6, 2011 TCC meeting as presented. Seconded by: Dave Cullen Unanimously Approved

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
V. Reports of Committee Members		
	<ul style="list-style-type: none"> a. Officer Reports – <ul style="list-style-type: none"> i. Larry Oliver – <ul style="list-style-type: none"> a. The Executive committee met December 5-6, 2011 b. The Committee met with Division Managers at OEMS to discuss priorities and plans for the future. b. Reports of Committee Members <ul style="list-style-type: none"> i. Medical Direction Committee (MDC) – Dr. Hasan <ul style="list-style-type: none"> a. Dr. Hasan is not present, however there were a number of white papers approved at the last MDC meeting. c. Office of EMS <ul style="list-style-type: none"> i. Staff Introductions-Warren Short <ul style="list-style-type: none"> a. Debbie Akers was introduced as the new ALS Training Specialist b. Peter Brown was introduced as the Coordinator of Testing and Test Examiners ii. BLS Training Specialist – Greg Neiman <ul style="list-style-type: none"> a. Institute <ul style="list-style-type: none"> 1. Had 11 Candidates attend and pass the Practical on December 17, 2011. 2. Next Institute is scheduled for February 11-15, 2012 and will be held in the Glen Allen area. b. VEMSES <ul style="list-style-type: none"> 1. Current Statistics: <ul style="list-style-type: none"> 1st Time Pass Rate: 51.93% (121/233) 2nd Time Pass Rate: 67.65% (23/34) 3rd Time Pass Rate: 50.00% (1/2) <p>Overall Pass Rate: 53.90%</p> 2. Have had a number of Instructors/Coordinators balk at having to take a knowledge exam. If we had a high 1st time pass rate and 100% second time pass rate, I would agree, we are wasting our time, but the current stats shows this is an important assessment tool. 1st time pass rate percentage must be taken lightly as a number of folks have admitted not studying and only taking the first attempt to “see what we are asking” but the low second-time pass rate is very concerning. 3. Currently have 2 versions of the essays but will be rolling out 2 new versions soon. Appears word has gotten out about what topics the essays cover. 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> 4. Had 7 Instructor/ALS-C's take the Exam in Chincoteague on November 30, 2011 5. Had a large number of Instructors/ALS-C's take advantage of the 2 tests offered at Symposium and the one after the VAVRS Convention 6. Is currently available at any CTS. Register with the Council. 7. ALS-C's who are taking the exam need to decide, are they taking the VEMSES or are they starting the process to become Instructors now instead of waiting for the EC transition. They just need to be given the right test packet at the CTS's. <ul style="list-style-type: none"> c. Instructor Updates <ul style="list-style-type: none"> 1. Schedule for 2012 is posted on the web. Have gone to the second Thursday of the month, every other month. First Update is scheduled for January 12, 2012 and will be Online. We no longer require pre-registration for the Update, instead we will e-mail all Instructors with information on how to access the online update in advance. Remember, Instructor/Coordinators only need to attend 1 update every two years. <ul style="list-style-type: none"> iii. ALS Training Specialist-Debbie Akers <ul style="list-style-type: none"> a. We have reinstated the process to endorse ALS-Coordinators and are planning to put the first group through the Adult Education and Admin portions of the Instructor Institute in February. iv. Funding and Accreditation – Warren Short <ul style="list-style-type: none"> a. Accreditation and EMSTF reports were distributed. (ATTACHMENT: B) <ul style="list-style-type: none"> 1. Discussion of the second-half funding requirement that a student be affiliated at the time of testing for the program to receive the funds. A concern was expressed at the low amount of money that has been requested/committed especially in light of the current budget problems. v. Division of Educational Development-Warren Short <ul style="list-style-type: none"> a. <i>Defining National EMS Program Accreditation</i> document. (ATTACHMENT: C) <ul style="list-style-type: none"> 1. Warren distributed the document that was prepared by NASEMSO. Virginia is ahead of the pack in regards to requiring National Accreditation. b. Agency Portal <ul style="list-style-type: none"> 1. About 20% of the Agencies have come on-board since the new Portal opened December 5, 2011. 2. Agencies need to come on board and affiliate their members quickly to ensure a seamless Waiver Recertification Process. 3. Agency CEO is a “Super User” and can go in and assign “Updater” and “Viewer” status to others within or outside the agency. 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>4. Agency can request to add a provider, and the provider will then confirm or provider can request affiliation and the Agency will confirm.</p> <p>5. There is no limit to the number of agencies a provider may be affiliated with.</p> <p>6. Notifications are handled by e-mail to the address listed in the system.</p> <p>c. Considerations for Virginia EMS Testing</p> <ol style="list-style-type: none"> 1. Process was presented and approved by TCC, Endorsed by MDC and approved by the EMS Advisory Board. 2. Unfortunately, changes were made after the plan was approved. Warren distributed a memo regarding the changes to the plan (ATTACHMENT: D). Discussion on these points was extensive. <p>Discussion was held on the motion.</p> <p>Extensive discussion was held on the motion.</p>	<p>Motion by: Nick Klimenko That: The Governors Advisory Board and Executive Committee review the impacts and implications of these changes to the previously approved “Consideration for Virginia EMS Certification Testing.” Second by: Dave Cullen</p> <p>Motion was withdrawn by Nick Klimenko.</p> <p>Motion by: Dave Cullen That: The Training and Certification Committee moves that the EMS Advisory Board NOT reaffirm its position in support of moving all testing to the National Registry of EMT’s beginning July 1, 2012, UNLESS changes 1 and/or 2 are included. Seconded by: Tom Jarman</p> <p>Unanimously Approved</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> d. Consolidated Testing- Peter Brown <ul style="list-style-type: none"> 1. Examiner Positions <ul style="list-style-type: none"> a) Have 5 Supervisory Positions <ul style="list-style-type: none"> 1) Larry Oliver 2) Tom Nevetral 3) Mike Staats 4) Mark Cromer 5) Brad Ayers b) CTS Examiners <ul style="list-style-type: none"> 1) 2 vacancies in Western SW 2) 3 Vacancies in TJ 2. Looking to make a few changes as we move forward. vi. Other OEMS Information <ul style="list-style-type: none"> 1. Michael Berg <ul style="list-style-type: none"> a) Day 141 - New Regulations are still in the Governor's Office. Do not expect them to move until after the General Assembly session ends, April, 2012. 	
VI. Previous Business	None	
VII. New Business	<p>Dave Cullen asked who to contact regarding the Council becoming a Pearson View Site. Warren advised they should contact Heidi Erb at the National Registry.</p> <p>Holly Frost asked how other areas handle CTS' Committee members discussed.</p>	
VIII. Public Comment	<p>Lynn Barbour of ODEMSA advised: Bon Secours in conjunction with Henrico Fire is offering an EMS Expo the last weekend of January. PHTLS Class being held January 14, 15 ODEMSA will be doing a National Registry Test February 4th.</p>	
IX. Dates for 2012 Meetings	January 4, April 4, July 11, October 3	
X. Adjourn	Meeting adjourned at 1:37pm	

Training & Certification Committee
Wednesday, January 4, 2012
OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059
10:30 AM
Meeting Agenda

- I. Welcome**
- II. Introductions**
- III. Approval of Agenda**
- IV. Approval of Minutes from July 6, 2011**
- V. Reports of Committee Members**
 - a. Officer Reports
 - b. Reports of Committee Members
 - i. Chairman Report
 - ii. Medical Direction Committee - Dr. Nael Hasan
 - iii. Others
 - c. Office of EMS
 - i. BLS Training Specialist-Greg Neiman, OEMS
 - ii. ALS Training Specialist- Debbie Akers, OEMS
 - iii. Funding and Accreditation-Warren Short, OEMS
 - iv. Division of Educational Development (DED)-Warren Short, OEMS
 - v. CTS and National Registry Testing – Peter Brown, OEMS
 - vi. Regulation & Compliance – Michael Berg, OEMS
- VI. Previous Business-**
 - a. Proposal to move to NREMT Testing Statewide-Revised**
- VII. New Business-none**
- VIII. Public Comment**
- IX. Dates for 2012 Meetings**
 - ~~a. January 4, 2012~~
 - b. April 4, 2012**
 - c. July 11, 2012**
 - d. October 3, 2012**
- X. Adjourn**

Training and Certification Committee
OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia
Special Call Meeting – March 7, 2012
10:30 am

Members Present:	Members Absent:	Staff:	Guests:
Larry Oliver – Chair	Holly Frost - Excused	Gary Brown	Gary Critzer
Dave Cullen	Dr. Hasan	Scott Winston	Wayne Perry
Kathy Eubank	Donna Hurst - Excused	Warren Short	Melinda Duncan
Nick Klimenko	Tom Jarman - Excused	Greg Neiman	
Stephen Rea	Rick McClure – Excused	Chad Blosser	
Jeffrey Reynolds		Debbie Akers	
		Peter Brown	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:50 am	
II. Introductions	Introductions were not necessary.	
III. Charge	The Committee reviewed the Charge for today's meeting. (Attached)	
IV. Discussion	The Committee and Guests discussed the charge and options available.	Motion by: Nick Klimenko <i>Certification candidates who have completed a Virginia approved initial certification Basic Life Support Training Program (FR/EMR and EMT-Basic/EMT) shall have their initial (first attempt) National Registry written certification examination fee paid from the portion of the EMS funds specifically</i>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
		<p><i>earmarked in Code § 46.2-694 (A.)(13.)(e.).</i></p> <p><i>A review of this process shall be conducted by the EMS Advisory Board every three (3) years or as warranted by changes in the Code of Virginia or Commonwealth of Virginia Budget pertaining to the funding of Emergency Medical Services.</i></p> <p>Seconded by: Dave Cullen</p> <p>Vote: Unanimously Approved</p>
V. Assignments	Please review the document sent via e-mail and be prepared to finalize it at our next meeting	
VI. Next Meeting	April 4, 2012, 10:30am	
VII. Adjourn	The meeting was adjourned at 1:55pm	

TRAINING AND CERTIFICATION COMMITTEE of
VIRGINIA EMS ADVISORY BOARD
SPECIAL CALLED MEETING
MARCH 7, 2012
10:30 AM
1041 TECHNOLOGY PARK DR
CONFERENCE ROOM A & B

Agenda

- I. Welcome
- II. Introductions as needed
- III. Charge

The Training and Certification Committee is charged with providing a recommendation(s) to the Office of EMS and the state EMS Advisory Board for a funding allocation methodology to ensure sufficient funds are available for the payment of initial testing fees associated with National Registry EMR and EMT examinations. These funds will come from the additional 0.25 cents of the \$4.25 allocated in §46.2-694 of the Code of Virginia to pay for the costs associated with the certification and recertification training of EMS personnel. These funds shall be distributed in a manner to serve the greatest financial need of individuals or EMS agencies and maximize the number of individuals certified as EMS providers in the Commonwealth. Items to consider should include but not be limited to:

1. Short term and long term sustainability of the Fund
2. Equitable distribution of the Fund
3. Greatest demonstrated financial need
4. Simplest administrative process to manage the Fund

Committee recommendation(s) will be considered during the May 2012 state EMS Advisory Board Meeting and submitted to the Commissioner for consideration and action at the June 15, 2012 meeting of the Virginia Board Of Health.

Committee recommendations will be considered during the May EMS Advisory Board Meeting and hopefully included for action during the Board Of Health Meeting following the EMS Advisory Board Meeting.

- IV. Discussion
- V. Assignments as needed
- VI. Next meeting
- VII. Adjourn

**Attachment: A to the
March 7, 2012 Special Call
TCC Minutes**

**Motion Approved by TCC
Re: NREMT Testing Costs**

The Training and Certification Committee, after reviewing all of the available options, proposes the following action item:

Certification candidates who have completed a Virginia approved initial certification Basic Life Support Training Program (FR/EMR and EMT-Basic/EMT) shall have their initial (first attempt) National Registry written certification examination fee paid from the portion of the EMS funds specifically earmarked in Code § 46.2-694 (A.)(13.)(e.).

A review of this process shall be conducted by the EMS Advisory Board every three (3) years or as warranted by changes in the Code of Virginia or Commonwealth of Virginia Budget pertaining to the funding of Emergency Medical Services.

Supporting Points:

- EMS Regulations in Virginia establish EMT as the minimum required staffing level for an ambulance. If OEMS does not fund the initial cost of testing as a result of utilizing the National Registry (NR) certification examination, it is an unfunded mandate.
- Approximately 5,000 to 6,000 initial EMS certification written examinations are administered annually, at no cost to the candidate at the Basic Life Support (BLS) level. The cost of the National Registry written examination for EMR is \$65 and \$70 for EMT. The anticipated fiscal impact of utilizing the National Registry examination at the EMR and EMT level is between \$325,000 and \$420,000 on an annual basis.

Initial start up costs to develop, administer and process a state developed EMS certification examination at five (5) separate levels will cost approximately \$1M compared to the projected cost to utilize NR examinations. In addition, if NR examinations are utilized in Virginia, there will be less equipment and printing costs for OEMS and more time available for staff to serve our customers and constituents.

- Implementing National Registry testing in Virginia is the final step in meeting all objectives outlined in the *EMS Education Agenda for the Future: A Systems Approach*.
- Funding to cover the cost of initial NR testing at the EMR and EMT levels will come from the portion of the EMS funds specifically earmarked in Code (§ 46.2-694) to pay for the costs associated with the certification and recertification training of emergency medical services personnel. These funds were allocated as a result of HJR 743 (2007) which established the Joint Legislative Subcommittee Studying Incentives for Fire and Rescue Squad Volunteers. Members of the subcommittee recognized the importance of creating a consistent and reliable source of funding to promote the recruitment and retention of EMS personnel by enacting a \$0.25 increase in the \$4-for-life vehicle registration fee.
- The National Registry and Pearson Vue have agreed to open a minimum of 12 additional computer testing locations sites, for a total of 17 sites around the state, in order to reduce the amount of travel required by test candidates.
- As the source of these funds is paid by the citizens of the Commonwealth, and having certified EMS Providers, in either of these EMS levels, is a benefit to all of the citizens of the Commonwealth in the event of a medical, traumatic, natural or man-made emergency, the use of these funds should be available to all testing candidates and not just limited to those who are affiliated with licensed EMS Agencies.

- The State of Maryland, an original member of the Atlantic EMS Council, has implemented the process of paying for initial certification testing.

**Attachment: B to the
April 4, 2012 TCC Minutes**

**Accreditation and EMSTF
Reports**

Accredited Training Site Directory

As of April 4, 2012



Emergency Medical Services Training Funds Summary

As of April 4, 2012





EMS Training Funds Summary of Expenditures

Fiscal Year 2010	Obligated \$	Disbursed \$
40 BLS Initial Course Funding	\$442,119.00	\$281,079.57
43 BLS CE Course Funding	\$66,360.00	\$37,108.00
44 ALS CE Course Funding	\$194,880.00	\$83,437.50
45 BLS Auxiliary Program	\$128,000.00	\$13,280.00
46 ALS Auxiliary Program	\$476,000.00	\$97,480.00
49 ALS Initial Course Funding	\$844,815.00	\$455,611.54
Total	\$2,152,174.00	\$967,996.61

Fiscal Year 2011	Obligated \$	Disbursed \$
40 BLS Initial Course Funding	\$787,116.00	\$479,569.67
43 BLS CE Course Funding	\$84,000.00	\$37,975.00
44 ALS CE Course Funding	\$235,200.00	\$102,847.50
45 BLS Auxiliary Program	\$98,000.00	\$12,920.00
46 ALS Auxiliary Program	\$391,680.00	\$127,800.00
49 ALS Initial Course Funding	\$1,057,536.00	\$521,138.55
Total	\$2,653,532.00	\$1,282,749.12

Fiscal Year 2012	Obligated \$	Disbursed \$
40 BLS Initial Course Funding	\$786,435.00	\$282,982.78
43 BLS CE Course Funding	\$114,240.00	\$27,938.75
44 ALS CE Course Funding	\$265,440.00	\$57,137.50
45 BLS Auxiliary Program	\$90,000.00	\$7,280.00
46 ALS Auxiliary Program	\$316,000.00	\$112,240.00
49 ALS Initial Course Funding	\$1,336,230.00	\$472,772.14
Total	\$2,908,345.00	\$960,351.17

Accredited Paramedic¹ Training Programs in the Commonwealth

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Associates in Emergency Care	15319	4	National – Initial	CoAEMSP
Center for EMS Training	74015	1	State – Full	January 1, 2013
Central Virginia Community College	68006	--	National – Initial	CoAEMSP
J. Sargeant Reynolds Community College	08709	5	National – Initial	CoAEMSP
Jefferson College of Health Sciences	77007	--	National – Continuing	CoAEMSP
Lord Fairfax Community College	06903	--	State – Full	January 1, 2013
Loudoun County Fire & Rescue	10704	--	National – Continuing	CoAEMSP
National College of Business & Technology	77512	--	National – Initial	CoAEMSP
Northern Virginia Community College	05906	1	National – Continuing	CoAEMSP
Patrick Henry Community College	08908	1	State – Full	July 31, 2013
Piedmont Virginia Community College	54006	--	National – Continuing	CoAEMSP
Rappahannock EMS Council Program	63007	--	State – Full	December 31, 2012
Southwest Virginia Community College	11709	4	National – Continuing	CoAEMSP
Southside Virginia Community College	18507	1	State – Full	June 30, 2012
Tidewater Community College	81016	3	National – Continuing	CoAEMSP
VCU School of Medicine Paramedic Program	76011	4	National – Continuing	CoAEMSP

1. Programs accredited at the Paramedic level may also offer instruction at EMT- I, EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.
 - Southside Virginia Community College had its initial CoAEMSP site visit on Dec. 1/2, 2011. They will learn the outcome of their visit in the spring or summer of 2012.
 - The Center for EMS has submitted their CoAEMSP Initial-Accreditation Self Study Report ([ISSR](#)) and has a site visit scheduled.
 - There are four (4) state programs still in need of obtaining CoAEMSP accreditation by the January 1, 2013 deadline established by National Registry: Prince William County Fire, Lord Fairfax Community College, Patrick Henry Community College and Rappahannock EMS Council.
 - There are several currently accredited state Intermediate programs which have inquired about becoming accredited at the Paramedic level. These programs are: Central Shenandoah EMS Council and Western Virginia EMS Council. The process for accreditation at the paramedic level in Virginia is described Attachment A and on the OEMS web page at: <http://www.vdh.virginia.gov/OEMS/Training/Paramedic.htm>

Accredited Intermediate¹ Training Programs in the Commonwealth

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Central Shenandoah EMS Council	79001	--	State – Full	May 31, 2015
Danville Area Training Center	69009	--	State – Full	October 31, 2013
Franklin County Public Safety Training Center	06705	--	State – Full	July 31, 2012***
Fort Lee Fire	14904	--	State – Conditional	November 30, 2011*
Nicholas Klimenko and Associates	83008	--	State – Full	July 31, 2015
James City County Fire Rescue	83002	--	State – Full	February 28, 2014
John Tyler Community College	04115	--	State – Full	February 28, 2012
WVEMS - New River Valley Training Center	75004	--	State – Full	December 31, 2011**
Norfolk Fire Department	71008	--	State – Full	July 31, 2016
Old Dominion EMS Alliance	04114	1	State – Full	August 31, 2012
Rappahannock Community College	11903	1	State – Conditional	July 31, 2012
Roanoke Regional Fire-EMS Training Center	77505	--	State – Full	January 31, 2015
UVa Prehospital Program	54008		State – Full	July 31, 2014

1. Programs accredited at the Intermediate level may also offer instruction at EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

* Fort Lee Fire is in the process of scheduling a follow-up visit with OEMS. They are currently not offering any EMS training programs.

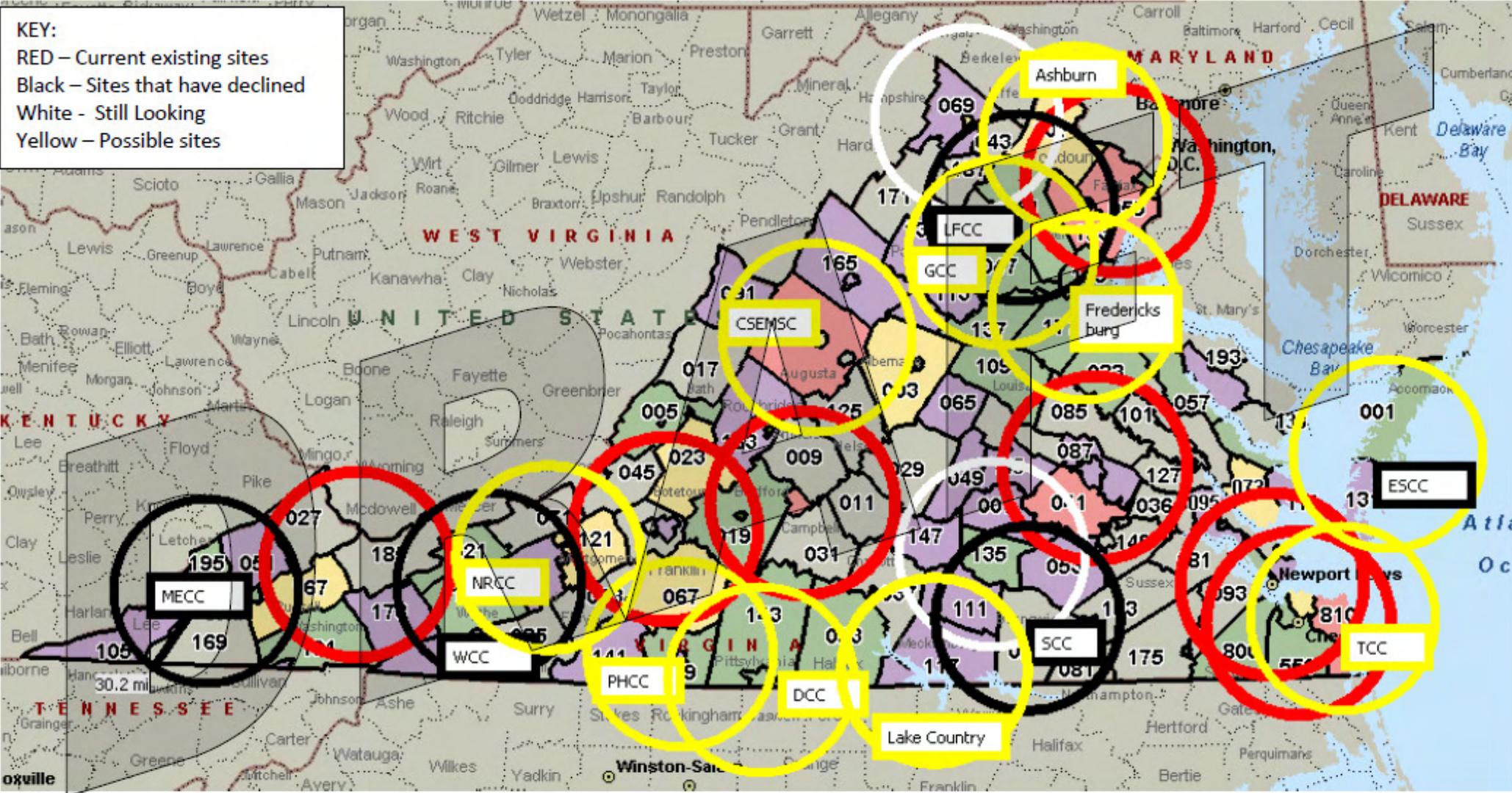
** WVEMS - New River Valley Training Center obtained a variance granting an extension on their reaccreditation until June 30, 2012.

*** Franklin County Public Safety Training Center has submitted a variance to OEMS. The variance is still being processed.

**Attachment: C to the
April 4, 2012 TCC Minutes**

**DRAFT Map of Proposed Pearson
Vue Test Locations from National
Registry**

The following is an illustration on possible NR test sites in Virginia. These are not permanent nor has any decision been made. This is informational only.



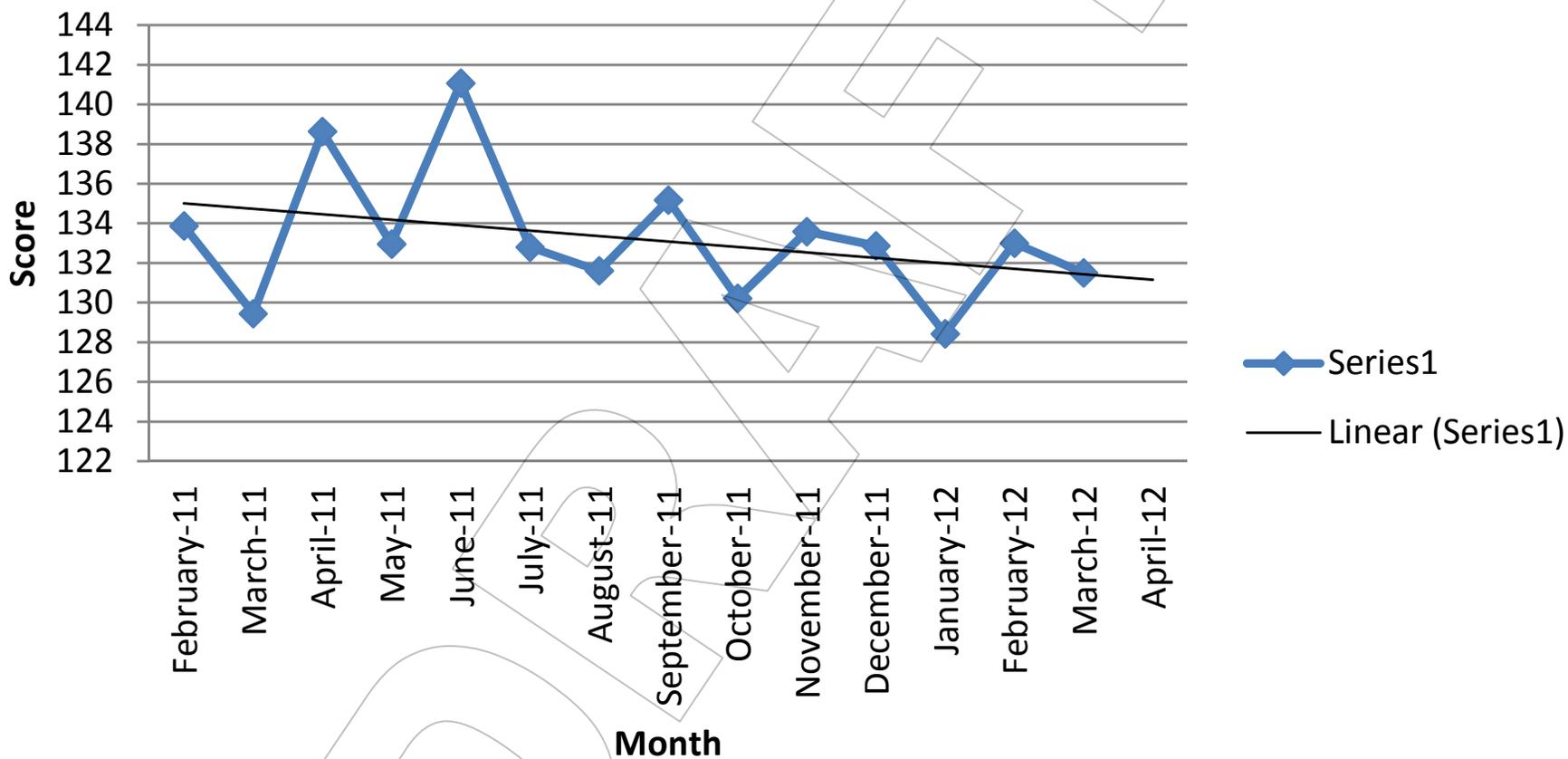
04-04-2012

Attachment: C to the April 4, 2012 Training and Certification Committee Minutes

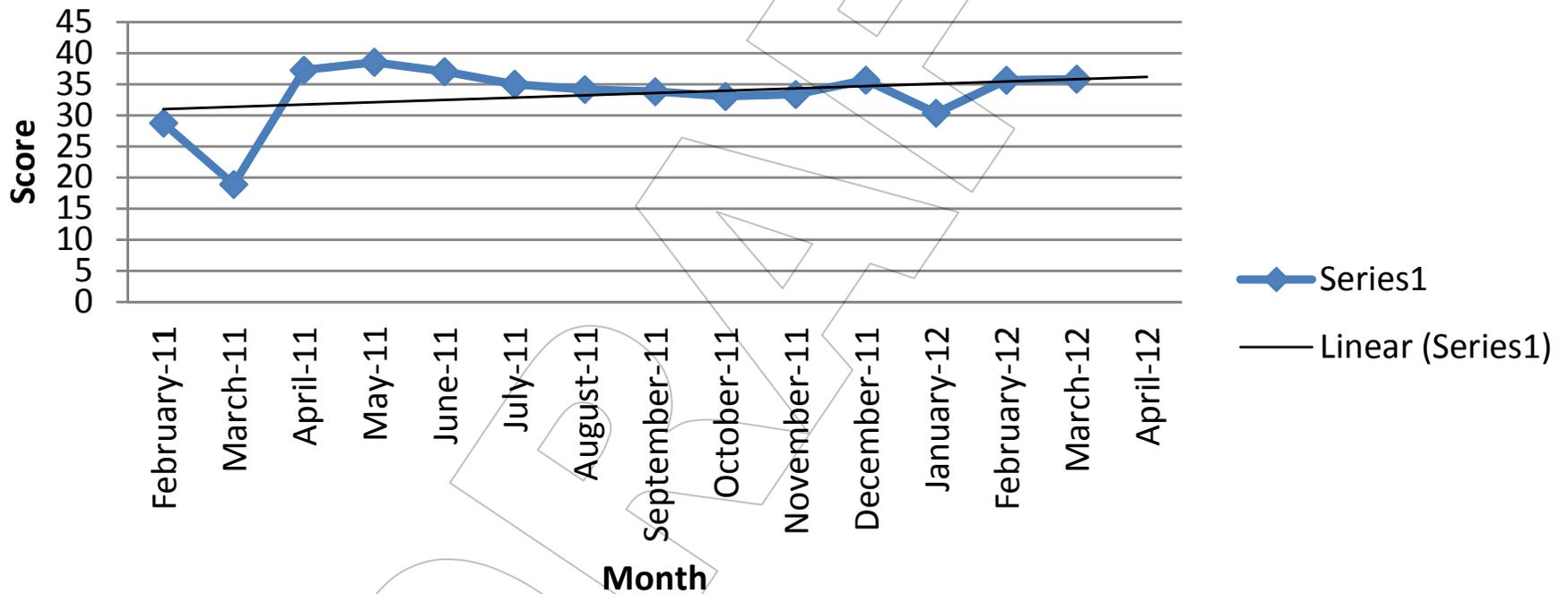
**Attachment: D to the
April 4, 2012 TCC Minutes**

**VEMISES Exam Average
scores on Multiple-Choice and
Essay Sections**

Average Score on MC Section, by Month



Average Score on Essays, by Month



**Attachment: E to the
April 4, 2012 TCC Minutes**

**Proposal – Webcasting of CE
Programs**



Handbook for Webcasting of Continuing Education Programming

What is webcasting?

Webcasting is defined as the live broadcast of an educational event where the classroom is supplemented or replaced by the internet and occurs in a real-time synchronous format at designated training sites.

Becoming a Designated Webcast Receive Site

After reviewing this handbook, you must complete form TR-74 - *Application to be Designated as an Webcast Receive Site* and submit the form to the Office of EMS. This form is available on the OEMS web site.

To become a designated webcast receive site, you must have regular access to a building with a computer (laptop or moveable desktop) and high-speed internet access. A designated webcast site must have:

- A current generation computer connected to an LCD or DLP projector, regardless of the size of the group.
- A telephone (not cell) is also necessary.

Designated sites may be established at squad buildings, fire stations, hospitals, schools, or other community facilities. It is the responsibility of the applicant or applicants to contact the proposed facility to determine availability, as well as suitability for viewing live web-based classes.

Minimum Requirements for a Designated Webcast Receive Site

The site must, at a minimum have:

Room Requirements:

There must be adequate seating for the number of students registered for the course.

The site must, at a minimum have:

Computer:

- with high-speed internet access in the room.
- the latest version of software necessary to access the remote site and be connected to an LCD or DLP projector to project the image on a screen.
- connected to external speakers.

Telephone (not cell) shall:

- be positioned for easy access by the students.
- be located in the same room as the program being viewed.
- have speaker function with two way capability.

Room Acoustics shall:

- be in an area removed from high noise generating equipment or high activity sites such as fire or rescue traffic areas. Sound absorbent drapes, carpeting, cork bulletin boards, and acoustical ceiling tile will help minimize room noise.

Illumination shall be:

- controllable by the Site Proctor.
- of sufficient level to take notes.
- such that the seating arrangements avoid reflections from lighting fixtures, windows, etc.
- sufficient to allow if available, video viewing by the host site.

HVAC:

- The site must have adequate and functioning HVAC equipment which can be controlled by the Site Proctor.

Site Proctor Requirements

The site must designate responsible individuals who agree to function as primary and secondary Site Proctors. At least one Site Proctor must be at the site one (1) hour prior to the scheduled training session in order to set up the room and computer equipment. Proctors are responsible for:

- programming internet IP addresses,
- disseminating and collecting CE materials,
- and filling out evaluations. All of this information is contained in the following application form, which must be completed and approved by our office before any credit is given.

Site Proctors must be:

1. a minimum of 21 years of age and all appointments are subject to final approval by the Virginia Office of EMS.
2. Virginia certified EMS providers who are certified at the level of training being conducted or higher. (e.g. If the course is Intermediate level material, the proctor must be an Intermediate or Paramedic)
3. Appointed annually. There are no limits on appointments.

Proctor Responsibilities:

1. Is directly responsible to the EMT-Instructor/ALS-Coordinator whose program is being taught.
2. The primary proctor will attend all webcast classes unless arrangements are made to have the secondary proctor attend.
3. Will provide administrative assistance for the continuing education program as it pertains to completing the following:
 - a. TR-06 – Course Roster
 - b. Continuing education cards or electronic CE scanning
 - i. Mailing or electronic transmission of continuing education forms to the Office of EMS
4. Will keep current phone numbers, addresses, and if available, e-mail addresses on file with the course coordinator.
5. Will remain at the site for the entire program
 - a. Arriving one (1) hour early and remaining until the last person has left.
 - b. Will assure site is left in an appropriate manner.
6. Will assure site is operational, that is, capable of receiving the webcast program.
 - a. If site is not operational, the Proctor will provide cancellation notice to the course coordinator.

Guidelines for Webcasting of Continuing Education Programs

EMT-Instructors/ALS Coordinators (also referred to as a Course Coordinator) must follow these guidelines in order to conduct live webcast continuing education (CE) programs in Virginia.

These guidelines have been endorsed by the Training and Certification Committee. To assure compliance, this document must be signed by both the Course Coordinator and Physician Course Director (PCD) and accompany all Course Approval Request forms (TR-01) for which webcasting will be employed.

1. The Course Coordinator must ensure that the remote training site being used has applied for designation as a webcast receive site. Completion of OEMS form TR-74 is required for each remote site.
2. Self-study programs using electronic media such as web-based programs are not allowed. Only programs that use electronic transmission capabilities as real-time, two-way audio and video transmissions are eligible.
3. Remote webcast sites must have at a minimum the ability for one-way video and two-way audio streaming. Programs with one-way video and one-way audio will not be approved.
4. The Office of EMS will only approve synchronous programs for webcasting. Asynchronous CE programs are not allowed.
5. Individuals are not allowed to access this training via the Internet from their home and receive credit.
6. If a program chooses to use this learning modality, they must announce it to the Office of EMS with the Course Approval Request Form (TR-01). The Course Coordinator must include a signed copy of form (TR-75) with their submission of the Course Approval Request Form.
7. The Course Coordinator must assure that there is a Proctor present for the entire broadcast for all didactic portions of the program. The remote site Proctor is responsible for assuring the electronics are fully operational (both receiving and transmitting video and audio), must be familiar with operating the remote site electronic equipment and be responsible for having students sign the class roster for each session. The roster must be submitted to the Course Coordinator at the completion of the program.
8. Any lab activities at the remote site must have direct on-site supervision by an OEMS approved Proctor certified at or above the level of instruction and must follow the 6:1 student to instructor ratio.
9. In cases where the remote site Proctor is absent or when the remote site electronics fail to transmit and/or receive either video or audio, the students cannot receive continuing education credit. The class may be made up at a later date either in person or another video broadcast.
10. Remote sites will follow all course requirements, the *Handbook for Webcasting of Continuing Education Programming*, the Training Program Administration Manual and state regulations 12-VAC5-31.
11. The Course Coordinator and the Physician Course Director equally share responsibility for assuring the course complies with all appropriate Office of EMS standards, regulations, and policies.
12. The Course Coordinator must maintain records of student participation in the course and submit continuing education records for each involved student for programs.
13. Continuing education earned in webcast programs is considered to be distributive education for the purposes of National Registry recertification.

14. Non-compliance with these policies, the *Handbook for Webcasting of Continuing Education Programming*, the Training Program Administration Manual and/or state regulations 12-VAC5-31, will result in removal of Office approval and students will lose eligibility for certification testing at the level of certification the program is designed to deliver. Further, the Course Coordinator may face disciplinary action from the Office of EMS.

DRAFT

Acknowledgement of CE Webcasting Policies

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

804-888-9120

Webcasting is defined as the live broadcast of an educational event where the classroom is supplemented or replaced by the internet and occurs in a real-time synchronous format at designated training sites. Following are the guidelines EMT-Instructors/ALS Coordinators (also referred to as a Course Coordinator) must follow in order to conduct live webcast continuing education (CE) programs in Virginia. These guidelines have been endorsed by the Training and Certification Committee. To assure compliance, this document must be signed by both the Course Coordinator and Physician Course Director (PCD) and accompany all Course Approval Request forms (TR-01) for which webcasting will be employed.

1. The Course Coordinator must ensure that the remote training site being used has applied for designation as a webcast receive site. Completion of OEMS form TR-74 is required for each remote site.
2. Self-study programs using electronic media such as web-based programs are not allowed. Only programs that use electronic transmission capabilities as real-time, two-way audio and video transmissions are eligible.
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4. The Office of EMS will only approve synchronous programs for webcasting. Asynchronous CE programs are not allowed.
5. Individuals are not allowed to access this training via the Internet from their home and receive credit.
6. If a program chooses to use this learning modality, they must announce it to the Office of EMS with the Course Approval Request Form (TR-01). The Course Coordinator must include a signed copy of this form (TR-75) with their submission of the Course Approval Request Form.
7. The Course Coordinator must assure that there is a Proctor present for the entire broadcast for all didactic portions of the program. The remote site Proctor is responsible for assuring the electronics are fully operational (both receiving and transmitting video and audio), must be familiar with operating the remote site electronic equipment and be responsible for having students sign the class roster for each session. The roster must be submitted to the Course Coordinator at the completion of the program.
8. Any lab activities at the remote site must have direct on-site supervision by an OEMS approved Proctor certified at or above the level of instruction and must follow the 6:1 student to instructor ratio.
9. In cases where the remote site Proctor is absent or when the remote site electronics fail to transmit and/or receive either video or audio, the students cannot receive continuing education credit. The class may be made up at a later date either in person or another video broadcast.
10. Remote sites will follow all course requirements, the *Handbook for Webcasting of Continuing Education Programming*, the Training Program Administration Manual and state regulations 12-VAC5-31.
11. The Course Coordinator and the Physician Course Director equally share responsibility for assuring the course complies with all appropriate Office of EMS standards, regulations, and policies.
12. The Course Coordinator must maintain records of student participation in the course and submit continuing education records for each involved student for programs.
13. Continuing education earned in webcast programs is considered to be distributive education for the purposes of National Registry recertification.
14. Non-compliance with these policies, the *Handbook for Webcasting of Continuing Education Programming*, the Training Program Administration Manual and/or state regulations 12-VAC5-31, will result in removal of Office approval and students will lose eligibility for certification testing at the level of certification the program is designed to deliver. Further, the Course Coordinator may face disciplinary action from the Office of EMS.

Coordinator's
Printed Name: _____ Signature: _____ Date: _____

OMD/PCD
Printed Name: _____ Signature: _____ Date: _____

Application to be Designated as an Webcast Receive Site

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

804-888-9120

Following a review the *Handbook for Webcasting of Continuing Education Programming*, please complete this application with all of the appropriate signatures as indicated below.

Signatures on this page constitute agreement with the requirements as outlined in the *Handbook for Webcasting of Continuing Education Programming*.

After securing the appropriate signatures, return this form to the Office of EMS. We must have original signatures. You should maintain a copy of this application and the *Handbook for Webcasting of Continuing Education Programming* for your records. The Office will notify you of the status of your application within 30 business days of receipt.

FACILITY INFORMATION:

Facility Name

Facility Official Name

Mailing Address

Last Name

First Name

MI

Number, Street, Apt.

City

State

Zip +4

E-mail Address

Facility Phone #
(for student contact)

Signature

Date

PRIMARY PROCTOR INFORMATION:

Name

Mailing Address

Last Name

First Name

MI

Number, Street, Apt.

City

State

Zip +4

Work Phone #

Home Phone #

E-mail Address

Cell Phone #

Signature

Date

Application to be Designated as an Webcast Receive Site

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

804-888-9120

SECONDARY PROCTOR INFORMATION:

Name _____

Mailing Address
Last Name _____ First Name _____ MI _____

+
Number, Street, Apt. _____ City _____ State _____ Zip +4 _____

Work Phone # _____ Home Phone # _____

E-mail Address _____ Cell Phone # _____

Signature _____ Date _____

REGIONAL COUNCIL INFORMATION:

Council Name _____

Council Official Name _____

Last Name _____ First Name _____ MI _____

Signature _____ Date _____

For more information about Webcast Sites, please contact Chad Blosser or Tracie Jones at the Virginia Office of Emergency Medical Services

Office of Emergency Medical Services
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059
800-523-6019 (toll free)
804-888-9120 (Richmond)

**Attachment: F to the
April 4, 2012 TCC Minutes**

**Proposal – Finalization of
Initial Training Courses under
the VEMSES**

This initial certification program will be a minimum of 63 hours assigned as follows:

Didactic and Lab

The Course Coordinator shall assure that adequate classroom activity occurs with each of the VEMSES Content Areas below and at a minimum conduct classroom didactic and laboratory instruction that follows the Virginia Office of EMS Rules and Regulations and Training Program Administration Policy.

VEMSES Content Area	Minimum Required Hours
Preparatory	4.5
Anatomy & Physiology	1
Medical Terminology	0.5
Pathophysiology	0.5
Life Span Development	0.5
Public Health	0.5
Pharmacology	1.5
Airway Management, Respiration and Artificial Ventilation	2
Assessment	4
Medicine	7.5
Shock and Resuscitation	1
Trauma	7
Special Patient Populations	4.5
Operations	21*
Clinical Behavior/Judgment	7**
Total	63 hours

* EMS Operations – The Elaboration of Knowledge section for this competency can be achieved as described in TPAM T-570.

** See page 2 of this document.



Practical Competency and Skills

The Course Coordinator shall assure that the following skill competencies are met for each of the VEMSES Content Areas below. These competencies may be obtained through either one-on-one skill demonstration or through the use of scenarios.

Content Area	Competency Area	Hours Required
Preparatory	Documentation	0.5
	Therapeutic Communication	0.5
Pharmacology	Medication Administration	0.5
Airway Management, Respiration and Artificial Ventilation	Management	1
Assessment	Scene Size-up	0.5
	Patient Assessment	1
Medicine	Assessment	1
Trauma	Practical	2



This initial certification program will be a minimum of 154 hours assigned as follows:

Didactic and Lab

The Course Coordinator shall assure that adequate classroom activity occurs with each of the VEMSES Content Areas below and at a minimum conduct classroom didactic and laboratory instruction that follows the Virginia Office of EMS Rules and Regulations and Training Program Administration Policy.

VEMSES Content Area	Minimum Required Hours
Preparatory	11
Anatomy & Physiology	3
Medical Terminology	1
Pathophysiology	4
Life Span Development	1
Public Health	1
Pharmacology	3
Airway Management, Respiration and Artificial Ventilation	7
Assessment	8
Medicine	21
Shock and Resuscitation	3
Trauma	24
Special Patient Populations	11
EMS Operations	23*
Clinical Behavior/Judgment	23**
Hospital/Clinical Experience	10
Total	154 hours

* EMS Operations – The Elaboration of Knowledge section for this competency can be achieved as described in TPAM T-570.

** See pages 2-7 of this document.



Practical Competency and Skills

The Course Coordinator shall assure that the following skill competencies are met for each of the VEMSES Content Areas below. These competencies may be obtained through either one-on-one skill demonstration or through the use of scenarios.

Content Area	Competency Area	# Required	
Preparatory	Must demonstrate the ability to select, don, remove and discard PPE	2	
	Must Demonstrate the ability to properly disinfect/clean EMS equip/ambulance	2	
	Must demonstrate the ability to properly comply w/infectious control exposure using local protocols	1	
	Must demonstrate the ability to assess a patient for breathing difficulty	5	
	Must demonstrate ability to acquire a pulse providing rate, rhythm, and strength	5	
	Must demonstrate ability to assess the skin color, temp, and condition in an adult	5	
	Must demonstrate ability to assess capillary refill in pt. < 6 years old	2	
	Must demonstrate ability to assess the pupils as to equality, size, reactivity	5	
	Must demonstrate ability to obtain a blood pressure	5	
	Must demonstrate ability to obtain a SAMPLE history	5	
	Operate stretcher	2	
	Operate Stair chair	2	
	Move Patient using Spine board	2	
	Move pt. from ambulance stretcher to a hospital bed	1	
	Airway	Must demonstrate ability to perform a chin-lift during an airway scenario	5
		Must demonstrate ability to perform a jaw thrust during an airway scenario	5
Must demonstrate ability to perform suctioning during an airway scenario using soft/rigid suction devices		5	
Must demonstrate ability to provide mouth to mouth ventilation using BSI (pocket mask)		5	
Must demonstrate ability to assemble, connect to O2 and ventilate during airway scenario using BVM		5	



	Must demonstrate ability to ventilate using a BVM for 1 min each demonstration	5
	Must demonstrate ventilating with a flow restricted, oxygen powered ventilation device	2
	Demonstrate how to artificially ventilate patient w/stoma	2
	Demonstrate how to insert OP airway during an airway scenario	5
	Demonstrate how to insert NP airway during an airway scenario	5
	Correctly operate O2 tanks and regulator	5
	Demonstrate use of non-rebreather and adjust O2 flow requirements needed for use during airway scenario	5
	Demonstrate use of nasal cannula and adjust O2 flow requirements needed for use during airway scenario	5
	Demonstrate how to artificially ventilate an infant and child during scenario	2
	Demonstrate O2 administration to infants and children	2
Patient Assessment	While reviewing scenes identify potential hazards	3
	Demonstrate the techniques for assessing mental status in a scenario	3
	Demonstrate techniques for assessing the airway in a scenario	3
	Demonstrate techniques for assessing if pt. is breathing in a scenario	3
	Demonstrate techniques for assessing if pt. has a pulse scenario	3
	Demonstrate Techniques for assessing pt. for external bleeding in a scenario	3
	Demonstrate techniques for assessing pt. skin color, temp. condition in scenario	3
	Demonstrate the ability to prioritize pt. in scenario	3
	Demonstrate rapid trauma assess based on mech. of injury in scenario	3
	Demonstrate pt. assessment skills in responsive pt. with no known history in scenario	3
	Demonstrate pt. assessment skills in an unconscious/ALOC pt. in scenario	3
	Demonstrate skills in detailed physical exam	3
	Demonstrate skills in ongoing assessment	3
	Perform a simulated, organized, concise radio transmission (lab setting)	3



	Perform pt. report that would be given to staff at receiving facility (lab setting)	3
	Perform report that would be given to ALS provider in (lab setting)	3
	Complete pre-hospital care report (lab setting)	3
Medical	Demonstrate General steps for assisting pt. with self administration of meds	5
	Read labels and inspect each type of meds	5
	Demonstrate emergency medical care for breathing difficulty in scenario	5
	Perform steps in using inhaler scenario	2
	Demonstrate assessment and care for chest pain pt. in scenario	5
	Demonstrate application and operation of AED in scenario w/CPR	5
	Demonstrate maintenance of AED	2
	Demonstrate assessment and documentation of patient response to AED	5
	Demonstrate skills to complete the automated defibrillator: operators shift checklist	2
	Perform steps for use of Nitro for chest pain/discomfort in scenario	2
	Demonstrate assessment and documentation of pt. response to nitro in scenario	2
	Practice completing PPCR for cardiac emergency in scenario	3
	Demonstrate steps in emergency medical care for Pt. taking diabetic medicine w/ALOC in scenario	3
	Demonstrate steps in administration of oral glucose in scenario	2
	Demonstrate assessment and documentation of pt response to oral glucose in scenario	2
	Demonstrate how to complete PPCR for Pt. w/diabetic emergency in scenario	3
	Demonstrate care for Pt. w/allergic reaction in scenario	3
	Demonstrate use of EPI-Pen in scenario	2
	Assessment/documentation of Pt. in response to EPI-Pen in scenario	2
	Demonstrate proper disposal of equipment in scenario	2
	demonstrate completion of PPCR for Pt. Allergic reaction in scenario	3
	Demonstrate care of Pt. w/possible overdose scenario	3
	Demonstrate assessment/care of pt. w/exposure to cold	2



	in scenario	
	Demonstrate assessment/care of pt. w/exposure to heat in scenario	2
	Assessment/care of near drowning pt in scenario	2
	Complete prehospital care report for pt. w/environmental emergencies in scenario	2
	Assessment/care of pt w/behavioral emergency in scenario	3
	Demonstrate techniques to restrain pt. with behavioral problem in scenario	2
	Demonstrate steps to assist in normal cephalic delivery	2
	Demonstrate necessary care for fetus as head appears	2
	Demonstrate infant neonatal procedures	2
	Demonstrate post delivery care of infant	2
	Demonstrate how and when to cut umbilical cord	2
	Attend to steps in the delivery of the placenta	2
	Demonstrate post-delivery care of mother	2
	Demonstrate the procedures for following abnormal deliveries (vaginal bleeding, breech birth, prolapsed cord, limb presentation)	1
	Demonstrate steps in care of mother with excessive bleeding	1
	Complete PPCR of OB pt	1
Trauma	Demonstrate direct then diffuse pressure by applying dressing to the head	2
	Demonstrate direct then diffuse pressure by applying dressing to the shoulder	2
	Demonstrate direct then diffuse pressure by applying dressing an extremity	3
	Demonstrate direct then diffuse pressure by applying dressing to the hip	2
	Demonstrate use of pressure point/tourniquet at brachial	2
	Demonstrate use of pressure point/tourniquet at Femoral	2
	Demonstrate care of pt. w/signs and symptoms of internal bleeding/shock	1
	Complete PPCR on Bleeding and/or shock Pt.	1
	Demonstrate the care of closed soft tissue injuries	1
	Demonstrate the care of open soft tissue injuries	1
	Demonstrate care of open chest wound	2
	Demonstrate care of open abdominal wounds	2
	Demonstrate care of impaled object	2



	Demonstrate care of pt w/amputation and the amputated part	1
	Demonstrate care of pt. with superficial burns	1
	Demonstrate care of pt. with partial thickness burns	1
	Demonstrate care of pt. with full thickness burns	1
	Demonstrate care of pt. w/chemical burns	1
	Complete PPCR w/pt. having soft tissue injuries	1
	Demonstrate care of pt. with painful swollen deformed forearm	2
	Demonstrate care of pt. with painful swollen deformed arm	2
	Demonstrate care of pt. with painful swollen deformed clavicle	2
	Demonstrate care of pt. with painful swollen deformed thigh	2
	Demonstrate care of pt. with painful swollen deformed calf	2
	Demonstrate care of pt. with painful swollen deformed ankle/foot	2
	Complete PPCR w/pt. having painful, swollen deformity	2
	Demonstrate opening airway in pt. with suspected spinal cord injury. (during scenario)	2
	Demonstrate evaluating a responsive patient with a suspected spinal cord injury. (during scenario)	2
	Demonstrate stabilization of the cervical spine. (during scenario)	4
	Demonstrate the four person log roll for a pt. with a suspected spinal cord injury (during scenario)	1
	Demonstrate how to log roll a pt. with a suspected spinal cord injury using two people (during scenario)	2
	Demonstrate securing a patient to a long spine board (during scenario)	4
	Demonstrate using the short board technique	3
	Demonstrate procedure for rapid extrication	2
	Demonstrate preferred methods for stabilization of a helmet	2
	Demonstrate helmet removal techniques	2
	Demonstrate completing a PPCR for patients with head and spinal injuries	2
Infants/ Pediatrics	Demonstrate the techniques of foreign body airway obstruction removal in the infant	3
	Demonstrate the techniques of foreign body airway obstruction removal in the child	3



	Demonstrate the assessment of an infant and a child	3
	Demonstrate bag-valve-mask artificial ventilations for the infant	3
	Demonstrate bag-valve-mask artificial ventilations for the child	3
	Demonstrate oxygen delivery for the infant and child	3
OPS	Given a scenario of a mass casualty incident perform triage	1

Hospital/Clinical Experience

Each student is required to comply with the VEMSES standards for this section.

- Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care.
- Students must participate in and document patient contacts in a field experience approved by the Medical Director and Program Director.
- Students must perform 10 patient assessments
 - A minimum of five (5) patient assessments must be performed on live patients. These should be performed on an ambulance or in an emergency department or may be completed in a clinic, nursing home, doctor's office, etc.
 - No more than five of the required 10 patient assessments may be performed on standardized programmed patients or advanced simulation mannequins.



DRAFT

This initial certification program will be a minimum of 150 hours assigned as follows:

Didactic and Lab

The Course Coordinator shall assure that adequate classroom activity occurs with each of the VEMSES Content Areas below and at a minimum conduct classroom didactic and laboratory instruction that follows the Virginia Office of EMS Rules and Regulations and Training Program Administration Policy.

VEMSES Content Area	Minimum Required Hours
Preparatory	6
Anatomy & Physiology	3
Medical Terminology	--
Pathophysiology	4
Life Span Development	--
Public Health	1
Pharmacology	4
Airway Management, Respiration and Artificial Ventilation	4
Assessment	5
Medicine	24
Shock and Resuscitation	3
Trauma	18
Special Patient Populations	7
EMS Operations	--
Clinical Behavior/Judgment	23
Hospital/Clinical and Field Experience*	48
Total	150 hours

* See page 2 of this document.



Hospital/Clinical and Field Experience

The Course Coordinator shall assure that the following competencies are met for each of the VEMSES Content Areas below.

Competency Area	Hours Required
Medication Administration	15
Advanced Airway	Mannequin
IV Access	10
Ventilate Non-intubated Patient	--
Adult Assessment	12
Pediatric Assessment	5
Geriatric Assessment	5
OB Assessment	--
Trauma Assessment	5
Psychiatric Assessment	2
Chest Pain Assessment	5
Respiratory/Dyspnea Assessment	5
Pediatric Respiratory/Dyspnea Assessment	--
Syncope	--
Abdominal Complaints	5
Altered Mental Status	5
Field Team Leader	5

The minimum clinical hours required for each rotation are as follows:

Competency Area	Hours Required
Emergency Department	24
ALS Ambulance	24



This initial certification program will be a minimum of 160 hours assigned as follows:

Didactic and Lab

The Course Coordinator shall assure that adequate classroom activity occurs with each of the VEMSES Content Areas below and at a minimum conduct classroom didactic and laboratory instruction that follows the Virginia Office of EMS Rules and Regulations and Training Program Administration Policy.

VEMSES Content Area	Minimum Required Hours
Preparatory	4
Anatomy & Physiology	2
Medical Terminology	1
Pathophysiology	2
Life Span Development	1
Public Health	--
Pharmacology	5
Airway Management, Respiration and Artificial Ventilation	5
Assessment	6
Medicine	49
Shock and Resuscitation	1
Trauma	4
Special Patient Populations	8
EMS Operations	1
Clinical Behavior/Judgment	15
Hospital/Clinical and Field Experience*	56
Total	160 hours

* See page 2 of this document.



Hospital/Clinical and Field Experience

The Course Coordinator shall assure that the following skills and assessments are met for each of the VEMSES Content Areas below.

Competency Area	Hours Required
Medication Administration	15
Advanced Airway	1 live
IV Access	15
Ventilate Non-intubated Patient	1
Adult Assessment	13
Pediatric Assessment	10
Geriatric Assessment	10
OB Assessment	5
Trauma Assessment	15
Psychiatric Assessment	8
Chest Pain Assessment	10
Respiratory/Dyspnea Assessment	5
Pediatric Respiratory/Dyspnea Assessment	4
Syncope	5
Abdominal Complaints	5
Altered Mental Status	5
Field Team Leader	5

The minimum clinical hours required for each rotation are as follows:

Competency Area	Hours Required
Emergency Department	12
Intensive Care Unit	8
Pediatric Setting	8
Labor & Delivery	8
Operating Room	8
Psychiatric/Behavioral Environment	0
ALS Ambulance	12



This initial certification program will be a minimum of 272 hours assigned as follows:

Didactic and Lab

The Course Coordinator shall assure that adequate classroom activity occurs with each of the VEMSES Content Areas below and at a minimum conduct classroom didactic and laboratory instruction that follows the Virginia Office of EMS Rules and Regulations and Training Program Administration Policy.

VEMSES Content Area	Minimum Required Hours
Preparatory	10
Anatomy & Physiology	5
Medical Terminology	1
Pathophysiology	6
Life Span Development	1
Public Health	1
Pharmacology	9
Airway Management, Respiration and Artificial Ventilation	10
Assessment	14
Medicine	70
Shock and Resuscitation	3
Trauma	24
Special Patient Populations	16
EMS Operations	2
Clinical Behavior/Judgment	32
Hospital/Clinical and Field Experience*	68
Total	272 hours

* See page 2 of this document.



Hospital/Clinical and Field Experience

The Course Coordinator shall assure that the following skills and assessments are met for each of the VEMSES Content Areas below.

Competency Area	Hours Required
Medication Administration	15
Advanced Airway	1 live
IV Access	25
Ventilate Non-intubated Patient	1
Adult Assessment	25
Pediatric Assessment	15
Geriatric Assessment	15
OB Assessment	5
Trauma Assessment	20
Psychiatric Assessment	10
Chest Pain Assessment	15
Respiratory/Dyspnea Assessment	10
Pediatric Respiratory/Dyspnea Assessment	4
Syncope	5
Abdominal Complaints	10
Altered Mental Status	10
Field Team Leader	10

The minimum clinical hours required for each rotation are as follows:

Competency Area	Hours Required
Emergency Department	24
Intensive Care Unit	8
Pediatric Setting	8
Labor & Delivery	8
Operating Room	8
Psychiatric/Behavioral Environment	--
ALS Ambulance	12



This initial certification program will be a minimum of 524 hours assigned as follows:

Didactic and Lab

The Course Coordinator shall assure that adequate classroom activity occurs with each of the VEMSES Content Areas below and at a minimum conduct classroom didactic and laboratory instruction that follows the Virginia Office of EMS Rules and Regulations and Training Program Administration Policy.

VEMSES Content Area	Minimum Required Hours
Preparatory	48
Anatomy & Physiology	55
Medical Terminology	1
Pathophysiology	14
Life Span Development	9
Public Health	5
Pharmacology	21
Airway Management, Respiration and Artificial Ventilation	20
Assessment	61
Medicine	102
Shock and Resuscitation	2
Trauma	56
Special Patient Populations	19
EMS Operations	11
Clinical Behavior/Judgment	32
Hospital/Clinical and Field Experience*	68
Total	524 hours

* See page 2 of this document.



Hospital/Clinical and Field Experience

The Course Coordinator shall assure that the following skills and assessments are met for each of the VEMSES Content Areas below.

Competency Area	Hours Required
Medication Administration	15
Advanced Airway	1 live
IV Access	25
Ventilate Non-intubated Patient	1
Adult Assessment	25
Pediatric Assessment	15
Geriatric Assessment	15
OB Assessment	5
Trauma Assessment	20
Psychiatric Assessment	10
Chest Pain Assessment	15
Respiratory/Dyspnea Assessment	10
Pediatric Respiratory/Dyspnea Assessment	4
Syncope	5
Abdominal Complaints	10
Altered Mental Status	10
Field Team Leader	40

The minimum clinical hours required for each rotation are as follows:

Competency Area	Hours Required
Emergency Department	24
Intensive Care Unit	8
Pediatric Setting	8
Labor & Delivery	8
Operating Room	8
Psychiatric/Behavioral Environment	--
ALS Ambulance	12



This initial certification program will be a minimum of 842 hours assigned as follows:

Didactic and Lab

The Course Coordinator shall assure that adequate classroom activity occurs with each of the VEMSES Content Areas below and at a minimum conduct classroom didactic and laboratory instruction that follows the Virginia Office of EMS Rules and Regulations and Training Program Administration Policy.

VEMSES Content Area	Minimum Required Hours
Preparatory	58
Anatomy & Physiology	60
Medical Terminology	1
Pathophysiology	20
Life Span Development	10
Public Health	5
Pharmacology	30
Airway Management, Respiration and Artificial Ventilation	30
Assessment	75
Medicine	188
Shock and Resuscitation	5
Trauma	81
Special Patient Populations	35
EMS Operations	17
Clinical Behavior/Judgment	91
Hospital/Clinical and Field Experience*	136
Total	842 hours

* See page 2 of this document.



Hospital/Clinical and Field Experience

The Course Coordinator shall assure that the following skills and assessments are met for each of the VEMSES Content Areas below.

Competency Area	Hours Required
Medication Administration	15
Advanced Airway	1 live
IV Access	25
Ventilate Non-intubated Patient	1
Adult Assessment	50
Pediatric Assessment	30
Geriatric Assessment	30
OB Assessment	10
Trauma Assessment	40
Psychiatric Assessment	20
Chest Pain Assessment	30
Respiratory/Dyspnea Assessment	20
Pediatric Respiratory/Dyspnea Assessment	8
Syncope	10
Abdominal Complaints	20
Altered Mental Status	20
Field Team Leader	50

The minimum clinical hours required for each rotation are as follows:

Competency Area	Hours Required
Emergency Department	48
Intensive Care Unit	16
Pediatric Setting	16
Labor & Delivery	16
Operating Room	16
Psychiatric/Behavioral Environment	0
ALS Ambulance	24



**Attachment: G to the
April 4, 2012 TCC Minutes**

**Proposal – List of Online
Courses to Satisfy the
Extended Operations Section
of the EMT Curriculum under
the VEMSES**



EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: T-570	Page: 1	of: 1
Title: VEMSES EMS Operations Asynchronous Education Options		
Regulatory Authority: 12VAC5-31-1310, 12VAC5-31-1040		
Date of Issue: June 1, 2012	Effective Date: July 1, 2012	

Certified Emergency Medical Technician Instructors teaching initial certification courses for Emergency Medical Responder (EMR) or Emergency Medical Technician (EMT) programs may opt to allow certain EMS Operations content to be completed through the following distance education methods. Only the methods/modalities listed below may substitute for classroom lecture of this material.

VEMSES Content Area	Approved Asynchronous Education Alternative	Required Hours
Principles of Safely Operating a Ground Ambulance	None. Instructor shall use an appropriate textbook/lecture.	0.5
Incident Management	<p>EMT Instructors can accept the following FEMA certificates in lieu of teaching Incident Management in an EMT course:</p> <ul style="list-style-type: none"> • IS-100, • IS-200, • IS-700, and • IS-800 <p>FEMA links are as follows:</p> <ul style="list-style-type: none"> • IS-100.b—Introduction to Incident Command System—3 hours including exam <ul style="list-style-type: none"> ○ http://training.fema.gov/EMIWeb/IS/IS100b.asp • IS-200.b—ICS for Single Resources and Initial Action Incidents—3 hours (requires IS-100 and 700.a) <ul style="list-style-type: none"> ○ http://training.fema.gov/EMIWeb/IS/IS200b.asp • IS-700.a—ICS for Single Resources and Initial Action Incidents—3 hours <ul style="list-style-type: none"> ○ http://training.fema.gov/EMIWeb/IS/is700a.asp • IS-800.b—An Introduction to National Response Framework— 3 hours <ul style="list-style-type: none"> ○ http://training.fema.gov/EMIWeb/IS/IS800b.asp <p>No other online substitutions are allowed for FEMA content.</p>	12

Multiple Casualty Incidents	None. Instructor shall use Virginia MCI Module I lecture.	4
Air Medical	None. Instructor shall use an appropriate textbook/lecture.	0.5
Vehicle Extrication	None. Instructor shall use an appropriate textbook/lecture.	1
		10
Hazardous Materials Awareness & Mass Casualty Incidents due to Terrorism and Disaster	<p>EMT Instructors can accept the following Texas Engineering Extension Service (TEEX) certificate in lieu of teaching in Mass Casualty Incidents due to Terrorism and Disaster an EMT course:</p> <ul style="list-style-type: none"> • ARW-160, <p>TEEX link is as follows:</p> <ul style="list-style-type: none"> • AWR160—Introduction to Hazardous Materials—10 hours including exam <ul style="list-style-type: none"> ○ http://www.teex.com/teex.cfm?pageid=training&area=teex&Division=ESTI&Course=AWR160&templateid=14&navdiv=ESTI&online=true <p>No other online substitutions are allowed for TEEX content.</p> <hr/> <p>EMT Instructors can accept the following FEMA certificates in lieu of teaching Incident Management in an EMT course:</p> <ul style="list-style-type: none"> • IS-5, <p>FEMA link is as follows:</p> <p>http://training.fema.gov/IS/crslist.asp?page=all</p> <ul style="list-style-type: none"> • IS-5.a—Introduction to Hazardous Materials—10 hours including exam <ul style="list-style-type: none"> ○ http://training.fema.gov/EMIWeb/IS/IS5.asp <p>No other online substitutions are allowed for FEMA content.</p>	4

External links are valid as of the date of this document. The Office of EMS cannot ensure that 3rd party links will not change.