

**Training and Certification Committee**  
**OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia**  
**July 11, 2012**  
**10:30 am**

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

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>I. Welcome</b>	The meeting was called to order at 11:02 am	
<b>II. Introductions</b>	Introductions were not needed.	
<b>III. Approval of Agenda</b>	The Committee reviewed the Agenda for today's meeting. ( <b>Attached</b> )	<b>Motion by: Dave Cullen</b> <b>To: Approve the Agenda</b> <b>Seconded by: Stephen Rea</b>  <b>Unanimously Approved</b>
<b>IV. Approval of Minutes</b>	The Committee reviewed the minutes of the April 4, 2012 quarterly meeting ( <b>ATTACHMENT: A</b> )	<b>Motion by: Dave Cullen</b> <b>To: Approve the April 4 minutes as corrected.</b> <b>Seconded by: Stephen Rea</b>  <b>Unanimously Approved</b>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>V. Reports of Committee Members</b>	<ul style="list-style-type: none"> <li>a. Officer Reports – <ul style="list-style-type: none"> <li>i. Larry Oliver – <ul style="list-style-type: none"> <li>a. NREMT Proposal was approved by the EMS Advisory Board (EAB) and the Board of Health. Passed Unanimously.</li> <li>b. At the EAB meeting spoke with Dr. McLeod regarding the Medical Direction Committee representation on TCC. <ul style="list-style-type: none"> <li>i. OEMS is beginning the process to reappoint members to TCC next year</li> </ul> </li> </ul> </li> </ul> </li> <li>b. Reports of Committee Members <ul style="list-style-type: none"> <li>i. Medical Direction Committee (MDC) – Dr. Hasan <ul style="list-style-type: none"> <li>a. Dr. Hasan is not present, their next meeting is tomorrow Thursday, July 12, 2012</li> </ul> </li> </ul> </li> <li>c. Office of EMS <ul style="list-style-type: none"> <li>i. Certification Testing Coordinator – Peter Brown <ul style="list-style-type: none"> <li>a. First VEMSES Test was last night with 13 FR/EMR Candidates <ul style="list-style-type: none"> <li>1. Larry Oliver discussed the CTS site. All went well. Some areas of improvement were identified and they are being forwarded to OEMS</li> </ul> </li> <li>b. New CTS Harassment Policy was presented <ul style="list-style-type: none"> <li>1. Discussion about adding language that the responsibility lies with the employer of the person involved.</li> <li>2. Also, can evaluators dismissed for misconduct lose their Evaluator status?</li> </ul> </li> </ul> </li> <li>ii. BLS Training Specialist – Greg Neiman <ul style="list-style-type: none"> <li>a. VEMSES <ul style="list-style-type: none"> <li>1. Current Statistics: <ul style="list-style-type: none"> <li>1<sup>st</sup> Time Pass Rate: 54.68% (216/395)</li> <li>2<sup>nd</sup> Time Pass Rate: 59.80% (61/102)</li> <li>3<sup>rd</sup> Time Pass Rate: 36.80% (7/12)</li> <li>4<sup>th</sup> Time Pass Rate: 100% (4/4)</li> </ul> </li> </ul> </li> <li>b. EMT Instructor Institute <ul style="list-style-type: none"> <li>1. A total of 21 Candidates, 15 Instructors and 6 ALS-Coordinators, attended June Institute in Blacksburg. 19 Candidates passed, two (2) candidates are incomplete as they had to leave for a minor medical issue and missed ½ a day. They will be making up the missed material soon.</li> <li>2. Next Institute is scheduled for September, 2012 and will be held in the Richmond area. <ul style="list-style-type: none"> <li>a) The deadline for the written is July 15, 2012.</li> <li>b) The Practical is scheduled for August 18, 2012 in the Richmond Area.</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>c. Instructor Updates</p> <ol style="list-style-type: none"> <li>1. Schedule for 2012 is posted on the web. Have gone to the second Thursday of the month, every other month. We no longer require pre-registration for the Update; information is posted on the web. Remember, Instructor/Coordinators only need to attend 1 update every two years <ol style="list-style-type: none"> <li>a) Next Online update is Thursday, July 12, 2012</li> <li>b) Next in-person update is scheduled for VAVRS Convention in September.</li> </ol> </li> </ol> <p>iii. Funding and Accreditation – Chad Blosser</p> <ol style="list-style-type: none"> <li>a. Accreditation and EMSTF reports were distributed. (<b>ATTACHMENT: B</b>)</li> <li>b. EMSTF report speaks for itself. <ol style="list-style-type: none"> <li>1. FY 2013 Contracts have been released and we have already received new contracts.</li> <li>2. Have a specific contract for VCCS Programs which is different from the regular contract.</li> </ol> </li> <li>c. Accreditation – No real changes <ol style="list-style-type: none"> <li>1. Came back from an 1-year follow-up with the Intermediate program at Rappahannock Community College. The visit went well.</li> </ol> </li> </ol> <p>iv. ALS Training Specialist – Debbie Akers</p> <ol style="list-style-type: none"> <li>a. Next Friday – July 20<sup>th</sup> will be in Roanoke for the ALS-C meeting</li> <li>b. ALS-Coordinators have had issues with Recert. Just like with EMT-Instructor, the process to recertify has not changed; Attend 1 update in the 2-year certification period and submit a new endorsement application.</li> </ol> <p>v. Division of Educational Development-Warren Short</p> <ol style="list-style-type: none"> <li>a. Enhanced to AEMT Transition Timeline (<b>ATTACHMENT: C</b>) <ol style="list-style-type: none"> <li>1. This time-line has been prepared to help explain the process for transitioning from Virginia EMT-Enhanced to NR-AEMT. We cannot make this move until the new regulations are promulgated, but we wanted to provide the outline of the process. The timeline has no dates until date the Regulations will go into effect is known, but does establish the expected time periods of the transition.</li> </ol> </li> </ol>	<p><b>Motion by: Stephen Rea To: Endorse the Transition Plan as presented. Seconded by: Rick McClure Unanimously Approved</b></p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>b. New TPAM Policies (<b>ATTACHMENT: D</b>)</p> <ol style="list-style-type: none"> <li>1. The Office has updated and released new policies in the Training Program Administration Manual (TPAM) that became effective July 1, 2012. All Instructors/ALS-Coordinators/Program Directors should download and familiarize themselves with the changes. A summary of the major changes can be found online here: <a href="http://www.vdh.virginia.gov/OEMS/Training/TPAM/ReleaseNotes.htm#July2012">http://www.vdh.virginia.gov/OEMS/Training/TPAM/ReleaseNotes.htm#July2012</a> The latest version of the TPAM can be downloaded from our website here: <a href="http://www.vdh.virginia.gov/OEMS/Training/TPAM/">http://www.vdh.virginia.gov/OEMS/Training/TPAM/</a></li> <li>2. Three (3) of the new policies contain DRAFT pieces to them: <ul style="list-style-type: none"> <li>T-234 Certification through Reciprocity</li> <li>T-236 Legal Recognition EMT Certification</li> <li>T-238 Equivalency Challenge Certification <ol style="list-style-type: none"> <li>a. Providers who are trained outside of Virginia who are requesting Reciprocity/Legal Recognition/Challenge/Equivalency will be required to submit an individual report (self-query) from the National Practitioner Data Bank (NPDB) electronically to Virginia along with their application. <ol style="list-style-type: none"> <li>i. The Data Bank, consisting of the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB), is a confidential information clearinghouse created by Congress to improve health care quality, protect the public, and reduce health care fraud and abuse in the U.S. See Table 1 for information on who can query and report to the Data Bank. (<a href="http://www.npdb-hipdb.hrsa.gov/index.jsp">http://www.npdb-hipdb.hrsa.gov/index.jsp</a>)</li> </ol> </li> <li>b. Providers with actions against previous certifications could be denied certification in Virginia.</li> </ol> </li> </ul> </li> </ol>	<p><b>Motion by: Rick McClure</b>  <b>To: Endorse the requirement that providers trained outside Virginia submit a report from the National Practitioner Data Bank to gain certification in Virginia.</b>  <b>Unanimously Approved</b></p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> <li>c. Transition process with Registry               <ul style="list-style-type: none"> <li>1. Went into effect July 6<sup>th</sup> with a couple of headaches but they have been resolved</li> <li>2. First VEMSES class tested last night so tomorrow we will have our first upload to Registry which will generate the ATT letter for the written exam. We will be closely monitoring the processing.</li> </ul> </li> <li>d. NREMT-P to NRP – Virginia has created the required documentation which Registry is requiring for the transition to NRP. Anyone who becomes eligible to recertify their Paramedic after April 1, 2012 will be able to download the letter from their portal to submit for their NR recertification for March 31, 2013.</li> <li>e. Recent Communication               <ul style="list-style-type: none"> <li>1. Letters were sent to Instructors and ALS-C's reminding them that students cannot be marked as passed until they have completed all course requirements, competencies, etc.</li> </ul> </li> <li>vi. Regulation and Compliance – Michael Berg               <ul style="list-style-type: none"> <li>a. Status Quo - No movement on the Regulations at this time. They have been in the Governor's Office for 332 days. The Health Department considers approval of them a priority and has notified the Governor's Office of this.</li> </ul> </li> <li>vii. Other Office Staff – none.</li> </ul>	
<b>VI. Previous Business</b>	None	
<b>VII. New Business</b>	<p>A. Proposal for Changes to Competencies Requirements for ALS Certifications (<b>ATTACHMENT: E</b>) – Holly Frost</p> <p>Bill Akers – Program Director for Southwest Virginia Community College presented a proposal from the Virginia Community Colleges EMS Peer Group regarding proposed changes to the ALS Program Competencies.</p> <p>Discussion was held on the documents. Concerns were expressed about the extent of changes and need for more data.</p> <p>A sub-committee will be appointed to review the information and put together a new proposal.</p>	<p><b>Motion By: Dave Cullen</b>  <b>To: Accept the proposal as presented</b>  <b>Seconded by: Nick Klimenko</b></p> <p><b>Discussion</b></p> <p><b>Motion Withdrawn by Dave Cullen.</b></p>
<b>VIII. Public Comment</b>	None	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>IX. Dates for 2012 Meetings</b>	<del>January 4, April 4, July 11, October 3</del>	
<b>X. Adjourn</b>	Meeting adjourned at 1:40pm	

DRAFT

Training & Certification Committee  
Wednesday, July 11, 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 April 4, 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. Certification Testing Coordinator – Peter Brown, OEMS
      - 1. NEW CTS Policies
    - ii. BLS Training Specialist - Greg Neiman, OEMS
    - iii. Funding and Accreditation - Chad Blosser, OEMS
    - iv. ALS Training Specialist - Debbie Akers, OEMS
    - v. Division of Educational Development (DED) - Warren Short, OEMS
      - 1. New TPAM Policies
      - 2. New Enhanced to AEMT Transition Timeline
    - vi. Regulation & Compliance – Michael Berg, OEMS
    - vii. Other Office Staff
- VI. Previous Business-none**
- VII. New Business**
  - a. Proposal – ALS Competency Requirements Changes
- 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  
July 11, 2012 TCC Minutes**

**Approved  
April 4, 2012  
Minutes of the TCC**

**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	Dr. Hasan-Excused	Gary Brown	Marcia Pescitani
Dave Cullen	Donna Hurst	Scott Winston	Jennifer
Kathy Eubank	Tom Jarman-Excused	Michael Berg	
Holly Frost		Warren Short	
Nick Klimenko		Greg Neiman	
Rick McClure		Chad Blosser	
Stephen Rea		Debbie Akers	
Jeffrey Reynolds			

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

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> <li>b. Reports of Committee Members               <ul style="list-style-type: none"> <li>i. Medical Direction Committee (MDC) – Dr. Hasan                   <ul style="list-style-type: none"> <li>a. Dr. Hasan is not present, their next meeting is next Thursday, April 12, 2012</li> <li>b. Larry will meet with MDC to discuss their At-large representative</li> </ul> </li> </ul> </li> <li>c. Office of EMS               <ul style="list-style-type: none"> <li>i. BLS Training Specialist – Greg Neiman                   <ul style="list-style-type: none"> <li>a. VEMSES                       <ul style="list-style-type: none"> <li>1. Current Statistics:                           <ul style="list-style-type: none"> <li>1<sup>st</sup> Time Pass Rate: 54.55% (168/308)</li> <li>2<sup>nd</sup> Time Pass Rate: 61.40% (35/57)</li> <li>3<sup>rd</sup> Time Pass Rate: 50.00% (4/8)</li> <li>4<sup>th</sup> Time Pass Rate: 100% (2/2)</li> </ul> </li> <li>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.</li> </ul> </li> <li>b. Instructor Updates                       <ul style="list-style-type: none"> <li>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</li> </ul> </li> <li>c. Institute                       <ul style="list-style-type: none"> <li>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"> <li>a) The Office has partnered with VDFP to offer the Institute in the old Barrett Juvenile Correction Center in Hanover.</li> </ul> </li> <li>2. Next Institute is scheduled for June 9-13, 2012 and will be held in Blacksburg, VA in conjunction with the VAVRS Rescue College..</li> </ul> </li> </ul> </li> <li>ii. Funding and Accreditation – Chad Blosser                   <ul style="list-style-type: none"> <li>a. Accreditation and EMSTF reports were distributed. (<b>ATTACHMENT: B</b>)</li> <li>b. Discussion of CoAEMSP Accreditation Status of Virginia Programs</li> <li>c. EMSTF report speaks for itself.                       <ul style="list-style-type: none"> <li>1. FY 2014 Contracts have been sent upstairs for approval and hopefully will roll out by May 15.</li> </ul> </li> </ul> </li> </ul> </li> </ul>	

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

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>VI. Previous Business</b>	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.
<b>VII. New Business</b>	<p>A. Roll-out of new EMT-Instructor Pretest/VEMSES Essay Questions</p> <ul style="list-style-type: none"> <li>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.</li> <li>b. The Committee reviewed graphs showing average scores by month on the Multiple-choice section and the Essay section. <b>(ATTACHMENT: D)</b></li> </ul> <p>B. Proposal- Webcasting of CE Programs – Chad Blosser <b>(ATTACHMENT: E)</b></p> <ul style="list-style-type: none"> <li>a. Chad discussed the reasons behind these documents</li> <li>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.</li> <li>c. With recent issues surrounding Instructors awarding CE inappropriately, without setting guidelines we could see even more CE fraud.</li> </ul> <p>C. Proposal – Finalization of Initial Training Courses under the VEMSES – Warren Short <b>(ATTACHMENT: F)</b></p> <p>D. Proposal – List of Online Courses to Satisfy Extended Operations Section of the EMT Curriculum under the VEMSES <b>(ATTACHMENT: G)</b></p> <ul style="list-style-type: none"> <li>a. Warren discussed the intent behind the both of these proposals</li> <li>b. Holly Frost advised how the VCCS EMS Peer Group reviewed these documents in their meeting last week.</li> </ul> <p>Discussion was held on the documents</p> <p>E. Practical Skills Checksheets – Jeffrey Reynolds</p> <ul style="list-style-type: none"> <li>a. The Office will be revising the current checksheets to reflect the new Education Standards</li> </ul> <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><b>Motion By Kathy Eubank To: Accept the proposal as presented Seconded by: Rick McClure</b></p> <p><b>Unanimously approved.</b></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.	
<b>VIII. Public Comment</b>	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.	
<b>IX. Dates for 2012 Meetings</b>	<del>January 4, April 4,</del> July 11, October 3	
<b>X. Adjourn</b>	Meeting adjourned at 1:37pm	

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: B to the  
July 11, 2012 TCC Minutes**

**Accreditation and EMSTF  
Reports**

# Emergency Medical Services Training Funds Summary

As of July 11, 2012





**EMS Training Funds Summary of Expenditures**

<b>Fiscal Year 2010</b>	<b>Obligated \$</b>	<b>Disbursed \$</b>
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	\$154,880.00	\$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	\$465,026.94
<b>Total</b>	<b>\$1,488,479.84</b>	<b>\$977,412.01</b>

<b>Fiscal Year 2011</b>	<b>Obligated \$</b>	<b>Disbursed \$</b>
40 BLS Initial Course Funding	\$787,116.00	\$480,372.89
43 BLS CE Course Funding	\$84,000.00	\$38,185.00
44 ALS CE Course Funding	\$235,200.00	\$103,337.50
45 BLS Auxiliary Program	\$98,000.00	\$12,920.00
46 ALS Auxiliary Program	\$391,680.00	\$128,200.00
49 ALS Initial Course Funding	\$1,057,536.00	\$529,612.71
<b>Total</b>	<b>\$2,653,532.00</b>	<b>\$1,292,698.10</b>

<b>Fiscal Year 2012</b>	<b>Obligated \$</b>	<b>Disbursed \$</b>
40 BLS Initial Course Funding	\$835,395.00	\$358,549.63
43 BLS CE Course Funding	\$122,640.00	\$42,603.75
44 ALS CE Course Funding	\$273,840.00	\$79,511.25
45 BLS Auxiliary Program	\$94,000.00	\$13,120.00
46 ALS Auxiliary Program	\$332,000.00	\$153,550.00
49 ALS Initial Course Funding	\$1,342,350.00	\$539,206.35
<b>Total</b>	<b>\$3,000,225.00</b>	<b>\$1,186,540.98</b>

<b>Fiscal Year 2013</b>	<b>Obligated \$</b>	<b>Disbursed \$</b>
19 Emergency Operations	\$160.00	\$0.00
40 BLS Initial Course Funding	\$94,248.00	\$0.00
43 BLS CE Course Funding	\$40,320.00	\$210.00
44 ALS CE Course Funding	\$99,120.00	\$0.00
45 BLS Auxiliary Program	\$12,000.00	\$0.00
46 ALS Auxiliary Program	\$112,000.00	\$0.00
49 ALS Initial Course Funding	\$208,080.00	\$0.00
<b>Total</b>	<b>\$565,928.00</b>	<b>\$210.00</b>

# Accredited Training Site Directory

As of July 11, 2012



### Accredited Paramedic<sup>1</sup> 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](#)). Awaiting CoAEMSP site visit.
  - 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>

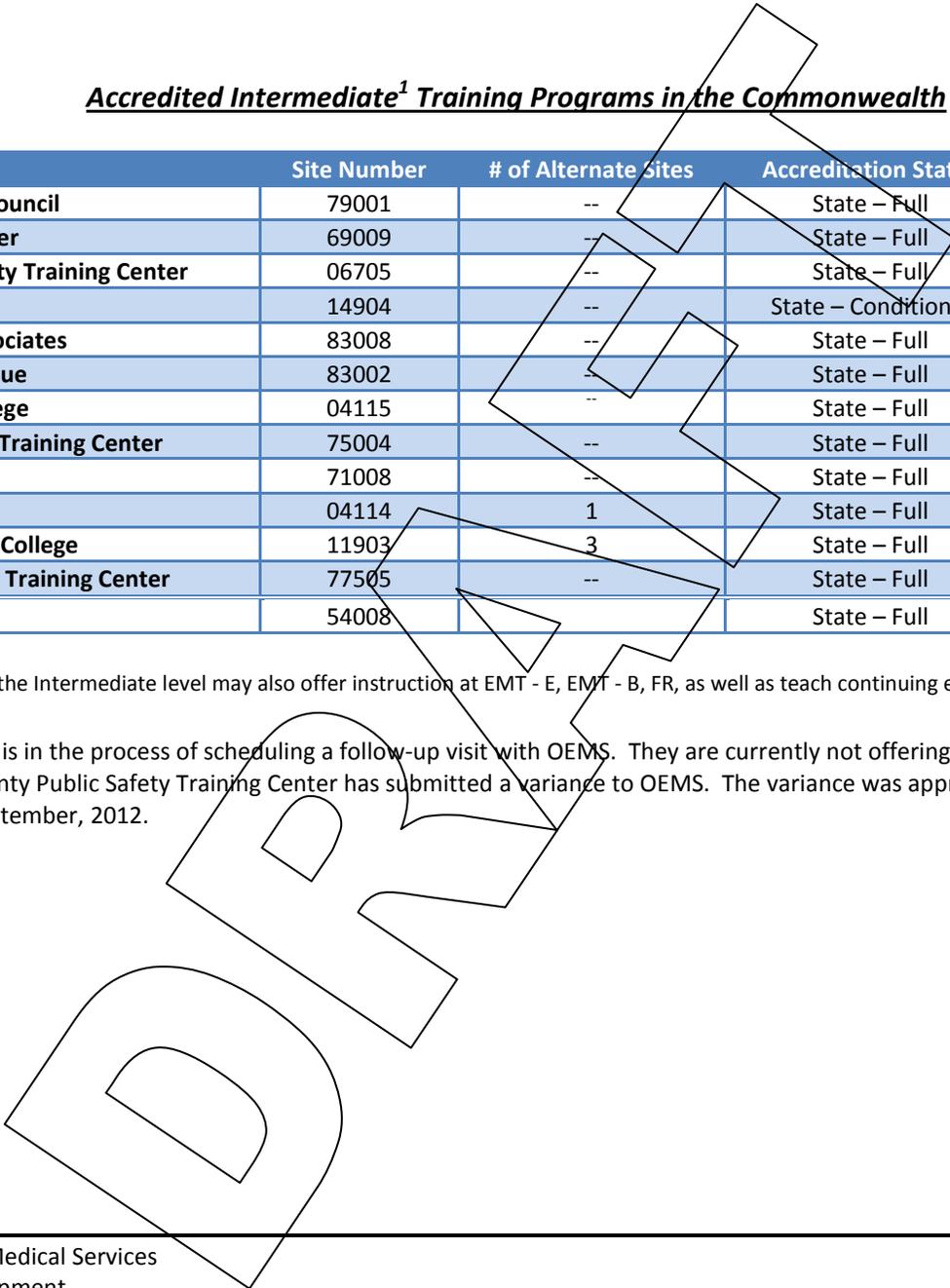
**Accredited Intermediate<sup>1</sup> Training Programs in the Commonwealth**

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	June 30, 2017
Norfolk Fire Department	71008	--	State – Full	July 31, 2016
Old Dominion EMS Alliance	04114	1	State – Full	August 31, 2012
Rappahannock Community College	11903	3	State – Full	July 31, 2016
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.

\*\* Franklin County Public Safety Training Center has submitted a variance to OEMS. The variance was approved pending submission of a Self Study by September, 2012.



**Attachment: C to the  
July 11, 2012 TCC Minutes**

**DRAFT Transition Timeline for  
Virginia EMT-Enhance to NR  
AEMT**

# Enhanced to Advanced EMT Transition Timeline



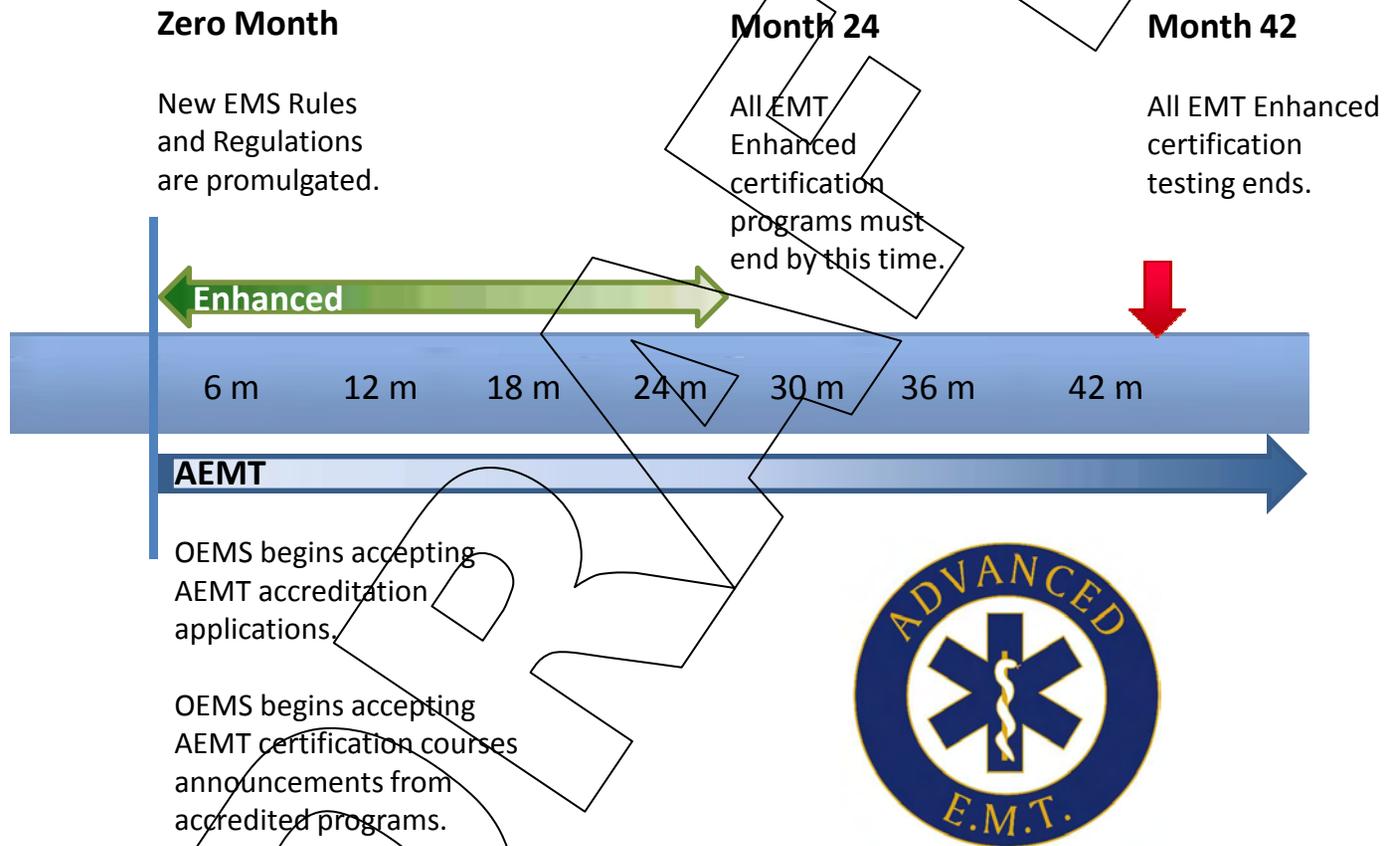
# How will Virginia transition to the new AEMT certification level?

- Virginia's transition from EMT-Enhanced to the new Advanced EMT certification level is dependent on the promulgation of the new EMS Rules and Regulations.
  - The Office of EMS does not know when the new EMS Rules and Regulations will be promulgated.
  - We have developed the following timeline in such a way that once an implementation date has been determined, one can plug the date in and know with confidence what to expect for the Advanced EMT transition.

# How will Virginia transition to the new AEMT certification level?

- Upon promulgation of the new EMS Rules and Regulations, the following will occur:
  - The Office will allow EMT Enhanced courses to continue to be conducted for two (2) years.
  - The Office will begin accepting applications for Advanced EMT accreditation.
    - AEMT accreditation applications can be submitted to OEMS early.
    - AEMT accredited sites must have an Education Coordinator (EC) or EC eligible Program Director who has successfully completed and passed the VEMSES Knowledge Competency exam.

# Transition Timeline



This transition timeline is dependent on the promulgation the new EMS Rules and Regulations.

**Attachment: D to the  
July 11, 2012 TCC Minutes**

**DRAFT Training Program  
Administration Manual  
(TPAM) Policies –  
T-234, T-236, T-238**



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-234</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Certification through Reciprocity</b>		
Regulatory Authority: <b>12VAC5-31-1590</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. Formal recognition will be granted to applicants holding valid certification from the National Registry of Emergency Medical Technicians (NREMT).
- B. Certification Periods for Reciprocity
1. Basic Life Support candidates will be issued certification for four (4) years from the latest date in which the applicant received certification from the National Registry.
  2. Advanced Life Support candidates will be issued certification for three (3) years from the latest date in which the applicant received certification from the National Registry.
- C. Application Process
1. Providers whose initial certification training was conducted in a Virginia approved program will receive automatic processing of their reciprocity application.
  2. Providers whose initial certification training was conducted in a training program outside the purview of the Virginia Office of EMS must submit an application for reciprocity to the Office of EMS. Applicants must:
    - i. Demonstrate that they meet the requirements of Sections **12VAC5-31-1450** and **12VAC5-3310-1460** as applicable for the certification level requested.
    - ii. Demonstrate a need for certification in Virginia.
    - iii. Demonstrate the applicant is in good standing at the level for which reciprocity is sought from the state in which they last practiced.
    - iv. Submit to the Office:
      - (a) a completed Virginia EMS Training Program Enrollment form
      - (b) copy of National Registry certification
      - (c) copy of current CPR card meeting the requirements outlined in **T-035**.
    - v. ***DRAFT: Have your individual report (self-query) from the National Practitioner Data Bank (NPDB) submitted electronically to the Virginia Office of Emergency Medical Services NPDB account.***
      - (a) ***The NPDB can be accessed through the following URL: <http://www.npdb-hipdb.hrsa.gov/pract/howToGetStarted.jsp>***

- D. Reciprocity may be used only to gain a certification level when the individual does not hold current Virginia certification at that level and the individual is no longer eligible for Reentry in Virginia.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-236</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Legal Recognition EMT Certification</b>		
Regulatory Authority: <b>12VAC5-31-1600</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

- A. A provider holding a valid current (not expired) EMS certification from another state may apply to Virginia for Legal Recognition. Individuals seeking Legal Recognition may be issued Virginia EMT certification for a period of one (1) year or the duration of their current certification; whichever is shorter.
- B. Application Process
1. Applicants submit an application for reciprocity to the Office of EMS. Applicants must:
    - a. Demonstrate that they meet the requirements of Sections **12VAC5-31-1450** and **12VAC5-3310-1460** as applicable for the certification level requested.
    - b. Demonstrated need for Virginia EMS certification as evidenced by one of the following:
      - i. Affiliation with a licensed Virginia EMS Agency
      - ii. Residency in the Commonwealth
      - iii. Enrollment in a training program which requires EMT certification as a prerequisite
      - iv. Other recognized need as requested by the applicant and approved by the Office
    - c. Demonstrate the applicant is in good standing at the level for which Legal Recognition is sought from the state in which they last practiced.
    - d. Submit to the Office:
      - i. a completed "Virginia EMS Training Program Enrollment" form
      - ii. copy of the candidate's current state issued EMS certification
      - iii. copy of current CPR card meeting the requirements outlined in **T-035**.
      - iv. ***DRAFT: Have your individual report (self-query) from the National Practitioner Data Bank (NPDB) submitted electronically to the Virginia Office of Emergency Medical Services NPDB account.***
        - (a) ***The NPDB can be accessed through the following URL: <http://www.npdb-hipdb.hrsa.gov/pract/howToGetStarted.jsp>***

- C. Legal Recognition may be used only to gain a certification level when the individual does not hold current Virginia certification at that level and the individual is no longer eligible for Reentry in Virginia.
- D. Legal Recognition is currently available for issuance of Virginia EMT certification based upon the following certifications:
  - 1. EMT-Basic certification issued by any other state or U.S. territory.
  - 2. EMT-Intermediate/85 certification issued by the National Registry of EMTs.
  - 3. Any Emergency Medical Services Advanced Life Support level certification issued by any other state or U.S. territory.
- E. Legal Recognition is not currently offered at the Emergency Medical Responder/First Responder or any Advanced Life Support level.



# EMS TRAINING PROGRAM ADMINISTRATION MANUAL

Policy Number: <b>T-238</b>	Page: <b>1</b>	of: <b>2</b>
Title: <b>Equivalency Challenge Certification</b>		
Regulatory Authority: <b>12VAC5-31-1610</b>		
Date of Issue: <b>December 1, 2002</b>	Effective Date: <b>July 1, 2012</b>	

A. Virginia Licensed Registered Nurses, Nurse Practitioners, Practical Nurses, Physician Assistants, Military Corpsmen, Dentists, Chiropractors and 3<sup>rd</sup> or 4<sup>th</sup> year Medical Students may request to challenge for full certification based on their previous training and experience upon completion of the following:

1. Demonstration that the applicant meets the requirements of Sections **12VAC5-31-1450** and **12VAC5-3310-1460** as applicable for the certification level requested.
2. Demonstration of residency or a need for certification in Virginia.

a. Submit to the Office:

- i. a completed "Virginia EMS Training Program Enrollment" form
- ii. submission of copies of licensure/certificates issued by the Virginia Department of Health Professions, the respective military branch or other evidence of the course of training completed to the Office.
- iii. copy of current CPR card meeting the requirements outlined in **T-035**.

*iv. **DRAFT:** Have your individual report (self-query) from the National Practitioner Data Bank (NPDB) submitted electronically to the Virginia Office of Emergency Medical Services NPDB account.*

*(a) The NPDB can be accessed through the following URL: <http://www.npdb-hipdb.hrsa.gov/pract/howToGetStarted.jsp>*

3. Completion of the requirements of Section **T-202** and all applicable subsequent sections.
4. Equivalency may be used only to gain a certification level when an individual does not hold current Virginia certification and the individual is no longer eligible for Reentry.

B. Approved applicants for Equivalency Challenge at the EMT level must:

1. Complete the required 36-hour EMT recertification requirements as verified by submission of continuing education (CE) to the Office
2. Receive Letter of Eligibility to Test from the Office
3. Successful completion of the written and practical exams per **T-202**.

- C. Physician Assistants, Nurse Practitioners, Dentists, Chiropractors and 3<sup>rd</sup> or 4<sup>th</sup> year Medical Students, based on prior education and experience may receive Virginia endorsement to sit for the National Registry cognitive and psychomotor Paramedic examinations upon completion of the requirements of **T-640** or **T-660** as applicable.
- D. The Office may also authorize other individuals holding licensure at a level deemed equivalent to those listed above to seek certification through equivalency.

**Attachment: E to the  
July 11, 2012 TCC Minutes**

**Proposal for Changes to  
Competency Requirements for  
ALS Certification**

June 2012

# Proposal for Changes to Competencies Requirements for ALS Certification

Submitted by the VCCS EMS Peer Group Committee for  
Competencies and High-Fidelity Simulation

DRAFT

At the March 2012 Virginia Community College System (VCCS) EMS Peer Group Meeting discussion arose regarding the current competency requirements for ALS certification. With the implementation of the National EMS Education Standards (the Standards) there is no longer the level of specificity that was provided by the National Standard Curriculum (NSC). This is an area of the certification process that requires a significant amount of time for all students to complete, especially for students in Programs in rural areas where the patient volume can be limited.

As a result of these discussions a committee was formed. The Peer Group tasked the committee with identifying what, if any, changes should be made to the number and type of competencies required for ALS certification. Additionally, the committee was to submit a definition of "High-Fidelity Patient Simulation" (HPS) and what role it might play in obtaining any of the competencies. The committee was directed to provide the Training and Certification Committee (TCC) with a proposal for any recommended changes to the current competency requirements.

In order to accomplish this task the committee examined the competency requirements from several states. A literature review was also conducted to determine if any research existed on the relationship between competencies and success on certification exams. This proposal is the result of the committee's work.

Respectfully submitted by,

Vincent McGregor Jr.

DRAFT

Committee members:

Vincent McGregor Jr., Lord Fairfax Community College Committee Chair

John Kirtley, John Sergeant Reynolds Community College

Ray Owens, John Tyler Community College

Richard Trent, Tidewater Community College

Wayne Peer, Germanna Community College

Bob Lester, Southside Community College

Bill Akers, Southwest Community College

DRAFT

## **Introduction**

The purpose of this committee was to evaluate current Virginia Office of EMS required competencies ALS provider certification against current research and requirements used by other states to determine if changes should be made to the quantity and/or type of competencies required as part of an initial certification course. In order to complete this task the committee reviewed the requirements used in several states. Current research related to the use of high and/or low-fidelity simulation as a means of acquiring some portion of the competencies recommendation was also investigated. A review of literature related to competencies as a predictor of success on the National Registry of EMT's certification exam was also conducted.

Committee members met via web-based conferencing to discuss their findings and compare them to the current Virginia standards. Among the considerations were the ultimate goals of producing competent "entry-level" providers and the ability of programs across the Commonwealth to have access to the patient population necessary to acquire the needed competencies. The proposal was then posted on the EMS Peer Group site and all parties were encouraged to provide comments for consideration in the final draft of this proposal.

Based on the research conducted it was determined that a discrepancy exists between the states examined. There was also no common definition identifying what constitutes "competency" with regards to performance related to the internship requirements. The existing research is limited, but indicated that acquiring specific competencies was not a reliable predictor of success on the National Registry Paramedic written exam.

This proposal contains the competencies and number that the committee members found to be representative of national expectations with consideration for programs in areas that have lower patient populations. The proposal provides a definition of what constitutes HPS as well as suggestions for its use in acquiring some of the required competencies.

## **Competencies**

The purpose of the competency requirements is to provide a structured environment in which the student can obtain experience performing skills and assessments on patients that require some level of intervention. The preceptor oversees the students' performance and provides feedback in order to enable to student to function as an entry-level ALS provider.

The National EMS Education Standards provide a list of "Patient Complaints" for guidance in developing internship parameters. There is no set number for any skills or assessments as in the NSC. While some states, such as North Carolina, are similar

to the competency requirements of Virginia, a wide-range of requirements exists across the US.

The review of state Internship requirements found significant variation. Combined clinical and field hour requirements ranged from 500 hours (North Carolina) to 1100 hours (New Jersey). This variation was also identified in the specific competencies area. Team lead requirements ranged from 20 (Wisconsin) to 50 (Texas). Further differences were also found within the specific competencies. California and Wisconsin do not require any pediatric specific respiratory distress competencies. California requires fewer pediatric assessments, but requires 2 in each pediatric developmental stage (e.g. infant, toddler, adolescent).

Using the various state requirements, the Standards and public comment the committee developed a list of competencies (see appendix A) that should provide the experiences necessary to prepare students for both certification testing and entry to the pre-hospital setting.

The proposed changes are:

Oral Intubation – Intermediate students would be required to obtain 1 “Live” intubation. Paramedic students would need 2 intubations, 1 could be substituted by HPS. Currently Intermediate students can be certified in this skill without performing a live intubation while Paramedics must obtain a live intubation. The committee felt that the rigor should be placed at the beginning of the skill rather than the culmination.

Supra-Glottic airway – EMT Enhanced/Advanced would be required to obtain 2 SGA placements. They could be substituted by HPS.

IV Access – No changes, but drop the geriatric requirement. It is unlikely that a student would complete the 25 IV’s required at the Intermediate and Paramedic levels without obtaining a geriatric IV. This requirement adds unnecessary complication to the competencies tracking.

Ventilate non-intubated patient – Increase the Paramedic requirement to 2, 1 may be substituted by HPS.

Pediatric Assessment – The goal for the Intermediate and Paramedic levels should be evenly distributed across all developmental stages (i.e. infant through Adolescent) with the total (12 for Intermediate, 24 for Paramedic) as the final requirement. There would be no changes for the EMT Enhanced/Advanced.

Trauma Assessment – Reduce the number required for Intermediate to 15 and Paramedic to 30. Current research indicates that it is the number of patients assessed rather than the complaint that is a reliable predictor of success on the

certification exam. There would be no changes to the EMT Enhanced/Advanced requirements.

Chest Pains – Change the criteria to include all cardiac related complaints (e.g. AMI with & without chest pains, dysrhythmias). At the Intermediate and Paramedic levels at least 1 should be a cardiac arrest. This requirement could be satisfied by HPS, but not an ACLS megacode.

Pediatric Respiratory – This requirement should be dropped. The committee found this to be a difficult competency to acquire and there is no evidence to support such a specific category.

Syncope - This requirement should be dropped. The committee found this to be a difficult competency to acquire and there is no evidence to support such a specific category.

Team Leads – At the EMT Enhanced/Advanced level the number required would remain at 5, but at least 2 would need to be for an ALS patient\*. The Intermediate student requirement would remain at 10, but at least 5 would need to be for an ALS patient. The Paramedic student requirement would remain at 50, but at least 25 must be for an ALS patient. This recommendation focuses on the research suggestion that it is the number of patients contacts a student obtains rather than the pathologies that prepares the student for certification testing and entry into the profession. Requiring a specific number of ALS patients ensures that the student has acquired the skills necessary to meet the Standards requirement that the Paramedic student be able to “function as the team leader of a routine, single patient advanced life support emergency call”.

\* An ALS patient would be defined as one requiring at least 1 ALS intervention (e.g. IV, Med admin.) other than ECG monitoring and CPR.

### **Patient Simulation**

Regardless of hourly requirements, the length of the Internship portion is dictated by the ability of the student to obtain the needed patient contacts. This can be quite difficult, particularly in low call volume regions such as rural areas. Many of the states examined allow a percentage of the pathologies to be obtained through patient simulation.

The committee focused first on defining patient simulation. The state of Wisconsin identifies two levels of patient simulation, “low-fidelity” and “high-fidelity”. Low-fidelity patient simulation does not involve the use of scenarios and is used for “skills check-off”. This is consistent with what is currently being used in the Commonwealth. High-fidelity patient simulation (HPS) is more structured. Based on the committee’s research:

HPS involves a manikin capable of ALS assessment and intervention. It must be scenario-based with clear performance objectives. The simulation must be recorded (i.e. audio and video) and culminate with a formal debriefing.

Manikin capabilities: Vital signs, ECG, advanced airway procedures, vascular access, lungs sounds, electrical therapies (i.e. synchronized & unsynchronized defibrillation, transcutaneous pacing)

There are several models of adult and pediatric manikins available that meet this standard and are reasonably priced (i.e. <\$6,000). They are capable of the functions listed above and do not require the training and staffing levels of the higher-end manikins (e.g. SimMan, MetiMan). The committee determined that a scenario with clear objectives followed by timely feedback enables HPS to provide an educational experience similar to that of the Internship. Students must have contact with real patients as part of the educational process. HPS could provide a means for students to demonstrate competency in some pathologies, especially those that are more difficult to obtain (e.g. cardiac arrest) and Team Leads. It is the position of this committee that HPS could be used to obtain up to 25% of the pathology assessments required for initial certification.

## **Conclusion**

With the implementation of the National EMS Education Standards the focus has changed from the rigorous structure of the MSC to an outcomes-based concept. Programs need a standard that ensures the competency of their graduates while being flexible enough to address the resource issues of the community. While the classroom and lab sessions for an ALS certification course are demanding, it is the Internship portion that often delays even the most motivated student from completing in a timely manner.

Although limited, the research suggests that the current structure and requirements of an ALS Internship is not a reliable predictor of the ultimate goal of EMS education (i.e. entry-level competency). The committee is confident that adoption of the proposed changes to the competency requirements will meet this goal while increasing the number of students that complete all portions of their certification course on-time.

## Appendix A

<b>Proposed ALS Competencies</b>			
<b>Competency</b>	<b>Enhanced/Advanced</b>	<b>Intermediate</b>	<b>Paramedic</b>
Med Admin.	15	15	15
Oral Intubation	0	1 Live	2 Live <sup>1</sup>
IV Access	10	25	25
Ventilate non-intubated patient	0	1	2
Supra-Glottic airway	2	0	0
Adult Assessment	12	25	50
Pediatric Assessment	5	12 <sup>2</sup>	24 <sup>2</sup>
Geriatric Assessment	5	15	30
OB Assessment	0	5	10
Trauma Assessment	5	15	30
Psychiatric Assessment	2	10	20
Cardiac	5	10 <sup>3</sup>	20 <sup>3</sup>
Respiratory Distress	5	10	20
Abdominal Assessment	5	10	20
Altered LOC	5	10	20
Team Leads	5 <sup>4</sup>	10 <sup>5</sup>	50 <sup>5</sup>

- 1 – At the Paramedic level 1 intubation can be achieved through HPS
- 2 – At the Intermediate and Paramedic levels the assessments should be evenly distributed across the developmental stages (i.e. infant, toddler, pre-school, school-aged, adolescent).
- 3 – At the Intermediate and Paramedic levels at least 1 cardiac arrest should be included in this pathology. This requirement can be achieved through HPS (not ACLS megacode).
- 4 – At least 2 of the Team Leads should involve an ALS patient\*.
- 5 – At least 50% of the Team Leads should involve an ALS patient\*.

\* An ALS patient would be defined as one requiring at least 1 ALS intervention (e.g. IV, Med admin.) other than ECG monitoring and CPR.

**References:**

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COEMS. (2010). California Code of Regulations.

DHS, W. (2012). EMS Clinical and Field Training - Minimum Copetencies/Experiences.

NHTSA. (2009, Jan). National EMS Education Standards. DOT.

Salzman, J. D. (2008, Apr-Jun). Effect of paramedic student internship on performance on the National Registry Written Exam. *Pre-Hospital Emergency Care* .

DRAFT