

**MEDICAL DIRECTION COMMITTEE**  
**1041 Technology Park Dr, Glen Allen, Virginia**  
**Conference Rooms A and B**  
**July 7, 2016**  
**10:30 AM**

Members Present:	Members Absent:	Staff:	Others:
Marilyn McLeod, M. D. - Chair	Christopher Turnbull, M.D.	Gary Brown	Chad Blosser
E. Reed Smith, M.D.	Asher Brand, M.D.	Michael Berg	Ron Passmore
George Lindbeck, M.D.	Tania White, M.D.	Cam Crittenden	Dr. Randy Geldreich
Stewart Martin, M.D.	Chief Eddie Ferguson	Karen Owens	John Dugan
Scott Weir, M.D.	Theresa Guins, M.D.	Warren Short	Charles Fiering
Cheryl Lawson, M.D.		Debbie Akers	Daniel Linkins
Charles Lane, M.D.			Bill Akers
Forrest Calland, M.D.			Tom Calogrides
Allen Yee, M.D.			John Gosford
Paul Philips, D.O.			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>1. Welcome</b>	The meeting was called to order by Dr. McLeod at 10:32 a.m.	
<b>2. Introductions</b>	Introductions were made, Attendance as per sign-in roster	
<b>3. Approval of Agenda</b>		<b>Approved by consensus</b>
<b>4. Approval of Minutes</b>	Approval of minutes from April 7, 2016	<b>Accepted unanimously Future meetings minutes via electronic copy only</b>
<b>6. Drug Enforcement Administration (DEA) &amp; Board of Pharmacy (BOP) Compliance Issues</b>	Reported under State Medical Director's Report	
<b>7. Old Business</b>		

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>A</b>	MDC Recommendation – Clinical Competencies – Dr. Charles Lane	Dr. Lane reported to the committee the discussion held the prior day concerning the issue surrounding airway management, intubation and clinical competencies for the Paramedic level. Presented a draft proposal that eliminates all hours and competency requirements for the Paramedic and follows the guidelines established by CoAEMSP and the National Registry Portfolio requirements. After much discussion, motion by Charles Lane, 2 <sup>nd</sup> by George Lindbeck to accept proposal. Friendly amendment by Dr. Stewart Martin that it be adjusted to include a minimum of two of the categories of low fidelity, high fidelity, cadaver lab and live human intubations. Second friendly amendment to include the language to include simple, complex and difficult airways. Final motion was: To adopt the revised TR-17 that removes all hours and competency numbers from the Paramedic column and the Paramedic programs will follow the guidelines established by CoAEMSP and National Registry in the Paramedic portfolio. The management of airway must include a minimum of competencies gained in two categories (low fidelity, high fidelity, cadaver lab or live human and must include simple, complex and difficult airways. <b>Attachment A</b>	<b>Motion to remove all hours and competencies from the Paramedic column and follow guidelines established by CoAEMSP and NR Portfolio. Vote 6 yay, 2 nay. Motion passed, to be forwarded to Governor's EMS Advisory Board as an action item. Attachment 'A'</b>
<b>7. New Business</b>			
<b>A</b>	TCC Report – Dr. Charles Lane	Reported that TCC workgroup addressing Intermediate-99 level has not had a recent meeting. Asked for a feeling of the group on their opinion on the future of the I-99 level. Group expressed the opinion that they had voiced their recommendation several years earlier. To be further evaluated by committee.	
<b>B</b>	Trauma Committee Report – Dr. Forrest Calland	Dr. Calland presented to committee an update from the workgroups and committees addressed the trauma committee report. Multiple items being addressed by these groups. One recommendation by the committee chair is to implement the recommendations from the 2006 NASEMSO trauma model. Also discussing a better integration between the pre-hospital registry and the hospital trauma registry. Also, field triage plan to address selection of appropriate facility. Dr. Lawson brought up article that she received concerning information in the trauma report from the Regional Director Group. (See Attachment A) Dr. Calland acknowledged receipt of the letter and the concerns raised.	
<b>C</b>	Triage Discussion – Dr. Charles Lane & Karen Owens, Emergency Operations Director, Office of EMS	Dr. Lane brought up the issue of the use of SALT triage in lieu of START and Jump START. Karen Owens presented the view of the Emergency Management Committee and the process that needs to take place to allow the conversion of the state to SALT triage. One of the roadblocks has been no standardized material to allow the teaching of this material. The instructor guide is currently under review for final revision and release in August, 2016. The 90 Emergency Operations instructors will need to be trained to present the material. Material has been produced to allow Education Coordinators to introduce the concepts to EMT students. Discussion by committee concerning future of triage system in Virginia.	
<b>8. Research Notes</b>			
<b>A</b>		N/A	
<b>9. State OMD – George Lindbeck, MD</b>			

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>A</b>	Post IV-TPA Transfer Sheet Documents	Discussed the sheet that was distributed at the last meeting. Discussion concerning use of sheet as a template for the patient post TPA. Requesting endorsement of template.	<b>Motion by P. Phillips, 2<sup>nd</sup> by R. Smith. Motion unanimously passed. Attachment 'B'</b>
<b>B</b>	Scope of Practice Document	Led discussion concerning need to update document and perhaps address the pertinent negatives. Dr. Lindbeck feels that certain procedures and drugs should be included as the pertinent negatives. The most recent version will be updated with the correct date and will be posted to the web. Brought up discussion concerning EMT-Epinephrine. Cost of EPI Pen is costly and many are expiring before use. Discussion concerning how to address this issue for future. No action at this time. Question about other changes that may need to be addressed on the Scope of Practice. No additions noted at this time.	
<b>C</b>	DEA Report	Reported there has been no change in the house or senate bill. Both are still in committee.	
<b>Office of EMS Reports</b>			
<b>A</b>	BLS Training Specialist – Greg Neiman (Given by Debbie Akers)	<ol style="list-style-type: none"> <li>1. EC Institute <ol style="list-style-type: none"> <li>a. The next Institute was held in conjunction with the VAVRS Rescue College in Blacksburg in June.</li> <li>b. Certified 17 new EC's</li> <li>c. Next Practical is August 13 here in the Richmond Area.</li> <li>d. Next Institute is September 10-14 in Fairfax</li> </ol> </li> <li>2. Updates <ol style="list-style-type: none"> <li>a. The DED Division will stay on the road for 2016. <ol style="list-style-type: none"> <li>i. May Update was held in TJEMS</li> <li>ii. June Update was in WVEMS</li> <li>iii. Next Updates Friday, September 9<sup>th</sup> and Saturday, September 10<sup>th</sup> in Fairfax County</li> </ol> </li> <li>b. See the latest schedule on our Webpage: <a href="http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm">http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm</a></li> </ol> </li> <li>3. Instructor Recertification <ol style="list-style-type: none"> <li>a. 4 EMT Instructors left in the system.</li> </ol> </li> </ol>	
<b>B</b>	ALS Training Specialist – Debbie Akers	<ol style="list-style-type: none"> <li>1. NR Stats '<b>Attachment C</b>' <ol style="list-style-type: none"> <li>a. Report Distributed</li> </ol> </li> <li>2. CE Transition Process <ol style="list-style-type: none"> <li>a. In final stages of testing, conversion will take place on 7/11/16 to new area numbers.</li> <li>b. Areas 15 and 20 should be a focus for educators</li> <li>c. Everyone expiring in July, August and September will be extended through Oct. 31.</li> <li>d. Working with 3<sup>rd</sup> party Vendors</li> </ol> </li> </ol>	<b>See Attachment 'C'</b>

Topic/Subject		Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>C</b>	Accreditation – Debbie Akers	1. Accreditation ' <b>Attachment D</b> ' a. Report distributed b. ECPI University has been issued their LOR and will be seating their first cohort with a September, 2016 start date.	See Attachment 'D'
<b>D</b>	EMSTF – Debbie Akers	1. EMSTF ' <b>Attachment E</b> ' a. Report distributed.	See Attachment 'E'
<b>E</b>	Division of Educational Development – Warren Short	1. Funding for EMS Education a. Has little to share. Advised committee that Office of EMS has been informed that the funding must go to a competitive process. Once bid information is established information will be shared. It is likely that no funding will be available for classes starting in the fall. Gary Brown provided information on what has occurred to create this situation. Exceptions that were in place originally are no longer allowable. It is a procurement issue of state funds being gifted in the manner previously allowed. 2. Symposium registration is open. Please sign up. Call for presentations will be opened up toward the end of July. Please consider submitting proposals for next year.	
<b>F</b>	Regulation and Compliance – Michael Berg	1. Regulations a. Packet that includes POLST as another accepted DNR is in the Secretary's Office 2. Periodic review of our Regulations has started. a. Please provide comments and submit recommended updates by August 31 <sup>st</sup> .	
<b>G</b>	Other Office Staff	<b>Gary Brown</b> a. Introduced Cam Crittenden, new Trauma Division Manager. <b>Cam Crittenden</b> a. Greeted everyone and expressed desire in getting to know each of the committee members and working with them in the future.	
<b>PUBLIC COMMENT</b>			
<b>For The Good Of The Order</b>			
<b>Future Meeting Dates for 2016</b>		October 6, 2016	
<b>Adjournment</b>		1:27 pm	

# Attachment A

ALS Certification Program Clinical  
Hour and Competency Summary –  
Medical Direction Revision

# ALS Certification Program Clinical Hour and Competency Summary - DRAFT Proposal – MDC – 7-7-16

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

804-888-9120

AREAS	EMT to AEMT	EMT to INTERMEDIATE <sup>14</sup>	EMT to PARAMEDIC <sup>14</sup>
<b>CLINICAL REQUIREMENTS:</b>			
Emergency Department <sup>1</sup>	12 hrs	12 hrs	Reference: Committee on Accreditation for EMS Professions (CoAEMSP) <i>Standards and Guidelines</i> ( <a href="http://www.coamesp.org">www.coamesp.org</a> )  And  National Registry of EMTs Paramedic Portfolio Manual ( <a href="https://www.nremt.org/nremt/downloads/2015%20Manual%20for%20Paramedic%20Psychomotor%20Competency%20Portfolio%20v4.pdf">https://www.nremt.org/nremt/downloads/2015%20Manual%20for%20Paramedic%20Psychomotor%20Competency%20Portfolio%20v4.pdf</a> )
Critical Care Area <sup>2</sup>	-	4 hrs	
Pediatrics <sup>3</sup>	-	4 hrs	
Labor & Delivery <sup>4</sup>	-	4 hrs	
OR/Recovery	-	4 hrs	
Other Clinical Settings <sup>5</sup>	prn	prn	
<b>TOTAL MINIMUM CLINICAL HOURS<sup>6</sup></b>	<b>36 hrs</b>	<b>72 hrs</b>	
ALS Medic Unit (Field Internship)	12 hrs	24 hrs	
<b>TOTAL MINIMUM FIELD/CLINICAL</b>	<b>48 Hours</b>	<b>96 Hours</b>	
<b>TOTAL PATIENT CONTACTS<sup>6</sup></b>	<b>30</b>	<b>60</b>	
<b>COMPETENCIES:</b>			
Trauma Assessment, pediatric	2	5	
Trauma Assessment, adult	2	5	
Trauma Assessment, geriatric	2	5	
Medical Assessment, pediatric	2	5	
Medical Assessment, adult	2	5	
Medical Assessment, geriatric	2	5	
Cardiovascular distress <sup>7</sup>	5	10	
Respiratory distress	5	10	
Altered Mental Status	5	10	
Obstetrics; delivery	-	-	
Neonatal Assessment/care	-	-	
Obstetrics Assessment	-	5	
Med Administration	15	30	
IV Access	25	25	
Airway Management <sup>8, 9, 10</sup>	20[8]	25[10]	
Field Experience (Team Member) <sup>12</sup>	5	15	
Capstone Field Experience (Team Leader)	5	10	

<sup>1</sup> May be free-standing ED. However, clinics, urgent care centers, physician offices, etc. may not be substituted.

<sup>2</sup> CCU, ICU, CC xpport team, Cath Lab, etc.

<sup>3</sup> PICU, PEDs ED, Pediatrician Office, Peds Urgent Care, Ped clinic.

<sup>4</sup> Prefer L&D unit, but can be satisfied with OB Physician Office or OB clinic.

<sup>5</sup> Use of non-traditional clinical sites is encouraged to allow the student to meet the minimum clinical hour requirements and allow them to see a variety of patients.

<sup>6</sup> The minimum hours/patients/complaints is not meant to equal the total. The minimums must be met in each area, but the student has flexibility to meet the total.

<sup>7</sup> Cardiac Arrest, Chest pain/pressure, STEMI, dysrhythmia, etc.

<sup>8</sup> Refer to CoAEMSP interpretation of what constitutes Airway Management "Airway Management Recommendation". In order to demonstrate airway competency, the student should be 100% successful in their last attempts at airway management. The number required is listed inside the brackets. Airway Management competency can be accomplished through a combination of low fidelity, high fidelity, cadaver lab or live human interactions **and must include simple, complex and difficult airways in a minimum of two of the categories allowed to accomplish airway management.**

<sup>9</sup> Ventilation may be accomplished utilizing any combination of low fidelity, high fidelity, cadaver labs or live human interactions **and must include simple, complex and difficult airways in a minimum of two of the categories allowed to accomplish airway management.**

<sup>10</sup> Intermediate: Endotracheal intubation performed on patients older than 12 years of age

<sup>12</sup> Field Experience contacts will occur during the course of the program. These patient contacts cannot be counted toward the capstone field experience. The Capstone Field Experience must take place when greater than 90% of the program has been completed.

<sup>14</sup> A certified Intermediate 99 enrolling in a Paramedic program may, at the discretion of the program's director and medical director, be awarded clinical and competency credit less than or equal to that noted in the EMT to Intermediate column. A certified AEMT enrolling in an Intermediate program may, at the discretion of the program's.

**NOTE: Programs may set higher minimums or add to the list of competencies.**

**Program graduates reflect psychomotor conscious competency in the techniques required to perform the procedures listed in the Scope of Practice. It is the agency's responsibility to assure competency for a permitted scope of practice procedure allowed for the specific level of EMS practice.**

# Attachment B

Post IV-TPA Transfer Sheet

# Post-IV Tissue Plasminogen Activator (t-PA) Inter-Facility Transfer

**Note: Patient will be transported with minimum of paramedic-level care**

All questions regarding patient care must be referred to the receiving physician

Receiving Hospital: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Number for family: \_\_\_\_\_

## Prior to Departure – to be completed together by ED staff and transferring paramedic

- Verify SBP < 180; DBP < 105 – sending hospital must stabilize if above limit
- Perform and document neurological exam to establish baseline neurological status
- If t-PA to continue during transport, complete “t-PA Dosing and Administration Communication Form” on back of this sheet
- If IV pump tubing is not compatible with transport pump:
  - o Add extension tubing with a cartridge adaptable to transport pump, if available OR
  - o Hold patient in ED until t-PA infusion is completed

## During Transport

- Replace t-PA bottle with 20 mL 0.9% NS when bottle is empty and before pump alarms “air in line” or “no flow above”
- Continue infusion at current settings until preset volume is completed
- Continuous cardiac monitoring
  - o Call receiving physician if hemodynamically unstable or symptomatic from tachycardia or bradycardia
- Continuous pulse oximetry monitoring
  - o Apply oxygen to maintain O2 sat > 94%
- Maintain NPO including medications
- Perform and record neuro checks every 15 mins
  - o Cincinnati Pre-Hospital Scale
  - o GCS and pupil exam
  - o **Include assessment for changes in initial or current symptoms or onset of new stroke-like symptoms**
- Monitor and document vital signs every 15 mins on **opposite arm from t-PA infusion site**
- Maintain head of bed 30 degrees

- Avoid venipuncture or other invasive procedures unless absolutely necessary after t-PA start due to risk of bleeding

## Blood Pressure Management

- Keep SBP < 180 and DBP < 105
  - o IV Labetalol (10 mg) (*provided by hospital*)  
Increase by 2mg/min every 10 mins (to a max of 8mg/min) until SBP < 180 and/or DBP < 105
  - o IV Nicardipine (0.1 mg/mL) infusion (*provided by hospital*)  
Increase dose by 2.5mg/hr every 5 mins (to max of 15mg/hr) until SBP < 180 and DBP < 105
  - o If max dose of medication reached and BP remains above goal, turn off pump and call receiving physician for further instructions

## Complication Management

- Monitor for acute worsening of neurological condition or severe headache, acute hypertension, nausea, or vomiting
  - o Stop t-PA infusion if still being administered
  - o Call receiving physician for further instructions and to update receiving hospital
  - o Continue to monitor vital signs and perform neurological exam every 15 mins
- Monitor for signs of allergic reaction: mouth or throat edema, difficulty breathing, etc
  - o Stop t-PA infusion if still being administered
  - o Treat allergic reaction according to agency protocol
  - o Notify receiving hospital
- Monitor for other bleeding or hematomas at infusion/puncture sites or in urine or emesis
  - o Apply direct pressure to any sites
  - o Notify receiving hospital

## Additional Instructions

**NOTE: Leave copy of MIVT or ePCR, EKG strips, and serial vital signs/neuro checks with RN at receiving hospital**

Transferring Physician Signature

Date/Time

Patient Sticker – sending hospital

Patient Sticker – receiving hospital



# Post-IV Tissue Plasminogen Activator (t-PA) Inter-Facility Transfer

## t-PA Dosing and Administration Communication Form

- This page is to be completed by transferring RN and EMS Transport team
- Verify/confirm the following dosing and pump settings prior to departure:

	ED RN Initials	EMS Transport Initials	
NIHSS <b>before</b> t-PA: _____			
NIHSS <b>at transfer</b> : _____			
Total t-PA dose to be given: _____ mg			
Excess t-PA discarded before hanging on pump: _____ mg Amount remaining at time of transport: _____ mL			
<b>Bolus dose:</b> _____ mg                      Time given: _____			
<b>Continuous Infusion:</b>			
• Dose: _____ mg                      Time started: _____			
• Rate: _____ mg/hr <b>Estimated</b> time of completion: _____			
<b>Actual</b> stopped/completed time: _____			
Stopped early due to: _____			
Total amount t-PA received: _____ mg EMS administered _____ mL in transport **Switch to bag of 0.9% NS at _____ (recommended: same as t-PA rate) after t-PA is finished**			
<b>Signature/Title</b>	<b>Initials</b>	<b>Signature/Title</b>	<b>Initials</b>

***EMS Transport Team to hand off this completed medical record  
to RN at receiving hospital***

Patient Sticker – sending hospital

Patient Sticker – receiving hospital

# Attachment C

National Registry BLS Statistics

# EMT Statistics

## As of 7/05/2016

### Virginia:

**Report Date:** 7/5/2016 3:37:26 PM  
**Report Type:** State Report (VA)  
**Registration Level:** EMT-Basic / EMT  
**Course Completion Date:** 7/1/2013 to 6/30/2016  
**Training Program:** All

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The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
7480	66% (4972 / 7480)	77% (5745 / 7480)	77% (5786 / 7480)	0% (9 / 7480)	13% (1008 / 7480)	9% (678 / 7480)

### National Registry Statistics:

**Report Date:** 7/5/2016 3:41:02 PM  
**Report Type:** National Report  
**Registration Level:** EMT-Basic / EMT  
**Course Completion Date:** 3rd Quarter 2013 to 2nd Quarter 2016  
**Training Program:** All

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

The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
203619	68% (138078 / 203619)	79% (160677 / 203619)	80% (161973 / 203619)	0% (186 / 203619)	13% (26979 / 203619)	7% (14568 / 203619)

Individual Instructor Statistics are available on the OEMS webpage at the following link:

<http://www.vdh.virginia.gov/OEMS/Training/TPAM/Forms/EMT%20Performance%20Measure.pdf>

# Attachment D

## Accreditation Report

# Accredited Training Site Directory

As of July 5, 2016



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**Accredited Paramedic Training Programs in the Commonwealth**

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

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

- Rappahannock Community College has completed their first cohort class and awaiting their initial accreditation visit.
- ECPI University has received their Letter of Review to conduct their first cohort class.

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

<b>Site Name</b>	<b>Site Number</b>	<b>BLS Accredited</b>	<b># of Alternate Sites</b>	<b>Accreditation Status</b>	<b>Expiration Date</b>
<i>Central Shenandoah EMS Council</i>	79001	Yes	4*	State – Full	May 31, 2017
<i>Dabney S. Lancaster Community College</i>	00502	No	--	State – Full	July 31, 2017
<i>Danville Area Training Center</i>	69009	No	--	State – Full	July 31, 2019
<i>Hampton Fire &amp; EMS</i>	83002	Yes	--	State – Full	February 28, 2017
<i>Henrico County Fire Training</i>	08718	No	--	State – Full	August 31, 2020
<i>James City County Fire Rescue</i>	83002	No	--	State – Full	February 28, 2019
<i>Nicholas Klimenko and Associates</i>	83008	Yes	2	State – Full	July 31, 2016
<i>Norfolk Fire Department</i>	71008	No	--	State – Full	July 31, 2016
<i>Paul D. Camp Community College</i>	62003	No	--	State – Conditional	May 31, 2016
<i>Southwest Virginia EMS Council</i>	52003	No	--	State – Full	March 31, 2019
<i>UVA Prehospital Program</i>	54008	No	--	State – Full	July 31, 2019
<i>WVEMS – New River Valley Training Center</i>	75004	No	--	State – Full	June 30, 2017

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



**Accredited AEMT Training Programs in the Commonwealth**

<b>Site Name</b>	<b>Site Number</b>	<b># of Alternate Sites</b>	<b>Accreditation Status</b>	<b>Expiration Date</b>
<b>Frederick County Fire &amp; Rescue</b>	06906	--	State – Conditional	<b>July 31, 2016</b>

**Accredited EMT Training Programs in the Commonwealth**

<b>Site Name</b>	<b>Site Number</b>	<b># of Alternate Sites</b>	<b>Accreditation Status</b>	<b>Expiration Date</b>
<i>Navy Region Mid-Atlantic Fire EMS</i>	71006	--	State – Full	July 31, 2018
<i>City of Virginia Beach Fire and EMS</i>	81004	--	State – Full	July 31, 2018
<i>Frederick County Fire &amp; Rescue</i>	06906	--	State – Conditional	July 31, 2016
<i>Chesterfield Fire &amp; EMS</i>	04103	--	State – Conditional	July 31, 2016

# Attachment E

## EMSTF Report

# Emergency Medical Services Training Funds Summary

As of July 5, 2016





**EMS Training Funds Summary of Expenditures**

<b>Fiscal Year 2014</b>	<i>Obligated \$</i>	<i>Disbursed \$</i>
19 Emergency Ops	\$1,120.00	\$360.00
40 BLS Initial Course Funding	\$789,480.00	\$380,237.25
43 BLS CE Course Funding	\$94,010.00	\$39,182.50
44 ALS CE Course Funding	\$224,950.00	\$80,115.00
45 BLS Auxiliary Program	\$130,000.00	\$61,300.00
46 ALS Auxiliary Program	\$304,000.00	\$177,985.00
49 ALS Initial Course Funding	\$1,188,504.00	\$615,334.15
<b>Total</b>	<b>\$2,732,064.00</b>	<b>\$1,354,513.90</b>

<b>Fiscal Year 2015</b>	<i>Obligated \$</i>	<i>Disbursed \$</i>
19 Emergency Ops	\$2,480.00	\$540.00
40 BLS Initial Course Funding	\$736,780.50	\$354,540.52
40 BLS Initial Course Funding	\$4,284.00	\$0.00
43 BLS CE Course Funding	\$59,300.00	\$32,663.80
43 Category 1 CE Course	\$1,680.00	\$0.00
44 ALS CE Course Funding	\$146,335.00	\$66,263.75
45 BLS Auxiliary Program	\$90,625.00	\$17,960.00
46 ALS Auxiliary Program	\$552,376.00	\$141,720.00
49 ALS Initial Course Funding	\$1,009,204.00	\$591,193.05
<b>Total</b>	<b>\$2,603,064.50</b>	<b>\$1,207,863.12</b>

<b>Fiscal Year 2016</b>	<i>Obligated \$</i>	<i>Disbursed \$</i>
19 Emergency Ops	\$0.00	\$0.00
40 BLS Initial Course Funding	\$0.00	\$47,893.77
40 EMT Initial Course	\$660,348.00	\$230,482.66
43 BLS CE Course Funding	\$0.00	\$5,320.00
43 Category 1 CE Course	143,555.00	\$40,950.00
44 ALS CE Course Funding	\$0.00	\$8,251.25
45 Auxiliary Course	471,200.00	\$78,200.00
45 BLS Auxiliary Program	\$0.00	\$4,455.00
46 ALS Auxiliary Program	\$0.00	\$39,360.00
49 ALS Initial Course	\$1,067,940.00	\$376,172.05
49 ALS Initial Course Funding	\$0.00	\$119,768.74
<b>Total</b>	<b>\$2,343,043.00</b>	<b>\$950,853.47</b>