

**Medical Direction Committee Meeting
Virginia Office of Emergency Medical Services
Embassy Suites by Hilton Richmond
2925 Emerywood Parkway, Richmond, VA 23294
October 3, 2019
10:30a.m.**

Members Present:	Members Absent:	OEMS Staff:	Others:
Chair, Allen Yee, M.D.	Reed Smith, M.D.	Chad Blosser	Donna Galganski Pabst
Charles Lane, M.D.	Dillard 'Eddie' Ferguson	Hannah Lyons	Damien Coy
Wendy Wilcoxson, D.O.		Chris Vernovai	Michael Player
Asher Brand, M.D.		Dr. George Lindbeck	Al Thompson
Christopher Turnbull, M.D.		Gary Brown	Seth Craig
Tania White, M.D.		Scott Winston	John Dugan
John Morgan, M.D.		Ron Passmore	Lynette Eanes
Paul Phillips, D.O.		Chris Christensen	Kerry Henderson
Lisa Dodd, D.O.			Jason Sweet
Stewart Martin, M.D.			R. Jason Ferguson
Scott Weir, M.D.			Cathy Cockrell
George Lindbeck, M.D.			Neha Sullivan, M.D.
			Randy Breton

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order by Dr. Yee at 10:30a.m.	
II. Introductions	Introductions were made, attendance as per sign-in roster.	
III. Approval of Agenda	Approved with no revisions	
IV. Approval of July 11, 2019 meeting minutes	Approved with no revisions	The July 11, 2019 meeting minutes were approved as submitted.
V. Drug Enforcement Administration (DEA) & Board of Pharmacy (BOP) Compliance Issues	Nothing to Report	
VI. Old Business	Dr. Yee asked if there was any old business, and there was none.	
VII. New Business	a. Training & Certification Committee Report – Dr. Charles Lane b. National Scope of Practice will be the educational minimum. The classroom and teaching will have to be developed to increase competency from National Scope of Practice, to the regional level. The language is difficult and it is something to be aware of for transitioning.	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> c. TR-90A Workgroup Report – Jason Ferguson <ul style="list-style-type: none"> i. The current version of the competency checklist used for BLS programs is too lengthy; over 400 items must be signed off. The intent is to produce a competent EMT, but with the current checklist that result is not always accomplished. A document created by the TCC was presented that proposed a single sign-off after the EMT completes the program. The committee will decide whether or not to approve the document during the next meeting. Until then, Mr. Blosser requested that the committee email him any suggested revisions. d. Dr. Lane asked Chad to include that the educators were acting badly on his report. 	
VIII. Research Requests	r declined to give his presentation due to connectivity issues.	
IX. State OEMS Issues – George Lindbeck, M.D.	<ul style="list-style-type: none"> a. Evidence Based Guidelines for Naloxone Administration – Dr. Lindbeck <ul style="list-style-type: none"> i. There was a set of evidence-based guidelines for Naloxone administration made available online earlier this year. It contains solid methodology, but conclusions will be limited because the evidence is weak. b. Scope of Practice Amendments <ul style="list-style-type: none"> i. Concerning inter-facility transports, EMTs can maintain a facility initiated IV that does not have additives like potassium. There were doubts about the acceptability of a paramedic to create an IV and then transfer it to BLS. Dr. Lindbeck said the scope would theoretically allow that. There was discussion regarding allowing the agencies to limit their EMT’s involvement in the maintenance of IVs with additives. The committee agreed to give all members a one meeting interval to think about this. The chair asked for a vote and the committee said aye. Dr. Yee was the only one who said nay. c. Patient Supplied Medications – Dr. Weir, Dr. Lindbeck <ul style="list-style-type: none"> i. Dr. Weir gave a presentation on his experiments with EMT use of different brand Epinephrine syringes. EMTs were given an adult and child scenario to deliver the drug using the new version of the Epirite Syringe that had larger print and was color marked. On their first attempt, EMT’s were able to correctly administer Epinephrine in under two minutes. After receiving training EMTs were able to administer the drug in under ninety seconds. There was 95% effectiveness achieved with training. Dr. Weir concluded that certain types of syringes remain attractive because they help prevent errors, and the risks associated with the methodology he used were less extreme than the risk of not administering Epinephrine. The Epirite syringe may be a better option because it costs less than the Certa-dose, which has more detailed color-coding. Dr. Lane pointed out that screening for color blindness would be necessary for a syringe that is color coded. At the last meeting there was question if they should expand from just color marking to other indicators, like clearly marked dosage lines. ii. The Chair asked for all those in favor of removing the limitation of only color markings, and the committee said aye. 	

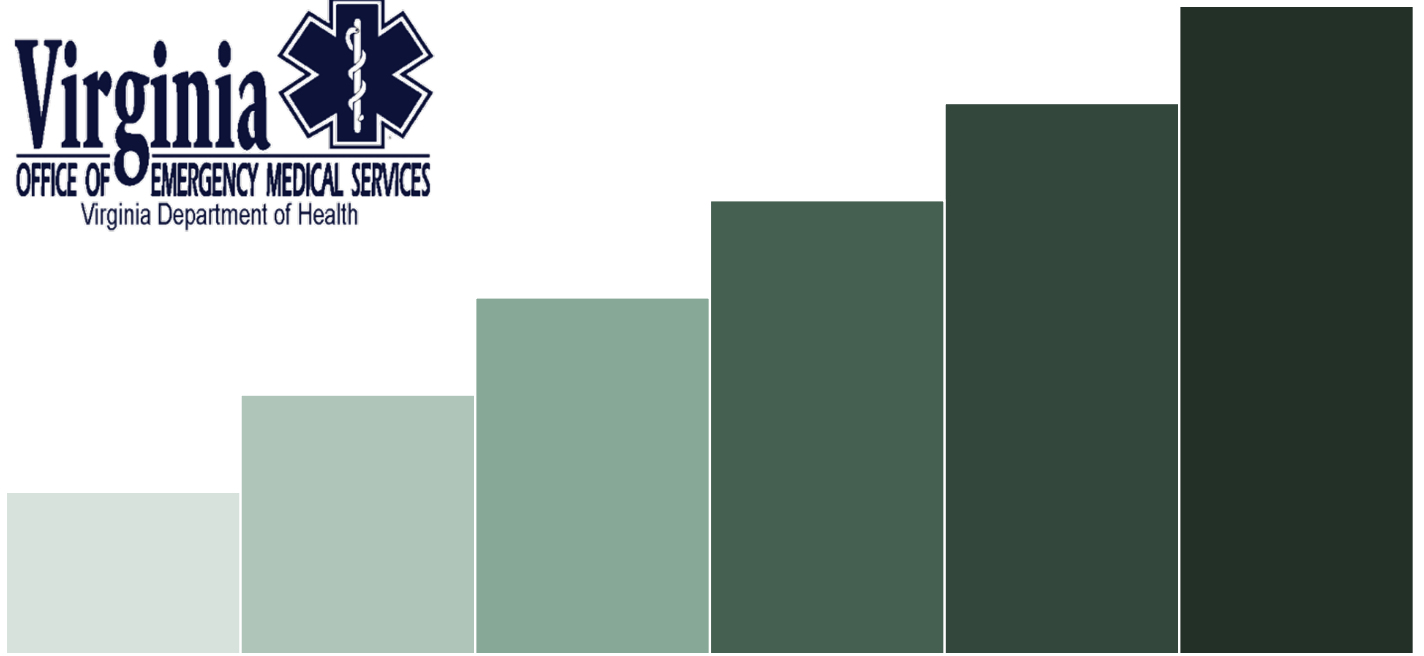
Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> iii. Dr. Lindbeck told the committee that the CARES foundation has a goal to have Solu-Cortef in every ambulance in the world. However, the best plan is to work with individuals' primary care provider and endocrinologist to have the medication at home with instructions. The Chair asked all who agreed to say aye, and the entire committee agreed. d. Drug Boxes – Dr. Lane <ul style="list-style-type: none"> i. Recently there has been an issue with adulterated fentanyl in the drug boxes. Individuals would puncture the bottom of the box or break into the top, and then glue it back together. The DEA and FDA are now involved in order to prevent the public from being exposed to adulterated medications; regional drug boxes are being replaced with a low cost solution. Agencies will now receive a license from the DEA. The pharmacies indicated they would be a redistributing agency for EMS, but would no longer agree to use drug boxes. The committee would like to have more discussions about this before its summer meeting. Mr. Passmore has received calls that hospitals are not allowing their employees to witness waste; OMDs need to develop a policy to fix that situation since there is no regulatory language that applies. There was discussion about ImageTrend and how it could be used to evaluate the regulations of all the different agencies. ii. Dr. Yee called for a break at 11:44am iii. Dr. Yee called the meeting to order again at 12:21pm e. The EMS Advisory Board had a retreat and now the MDC needs to set goals for 2020. As possible goals, the committee discussed communications reaching all the way to ER doctors, educating providers on what exactly an AEMT is, vaccinations, blood, and RSI. The committee decided that blood and vaccinations were appropriate goals for 2020. John Morgan will work on evidence based guidelines for blood, while Asher Brand and Neha Sullivan will work together on vaccinations. Dr. Brand and Dr. Sullivan will create a white paper about vaccination suggestions to give to the Health and Welfare committee. 	<p>Dr. Morgan will work on evidence based guidelines for blood.</p> <p>Dr. Brand and Dr. Sullivan will create a white paper on vaccination suggestions.</p>
X. Office of EMS Reports	<ul style="list-style-type: none"> a. Division of Accreditation, Certification and Education – Chad Blosser, OEMS <ul style="list-style-type: none"> a. All new facilities have been completed and all staff have their own spaces. b. Quarterly report for the scholarship program has been released. More money has been dispersed in the first quarter than in the entire year. The majority have been paramedics which have received 562k dollars in scholarship money this quarter. c. According to the statistics provided from the NREMT, individuals who take the test directly after leaving class have much higher pass rates. d. There has been an increase of both AEMT and EMT program seeking accreditation. OEMS is looking to hire an accreditation program manager e. CTS reverted back to ACE since that division had no positions left, and that position will be rewritten as a teleworking position. Currently all staff who are CTS examiners report to Debbie right now until an Accreditation Program Manager is hired. 	<p>See Attachment 'A'</p> <p>See Attachment 'B'</p> <p>See Attachment 'C'</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> f. National Registry has just released its 2020 cycle. They will now certify individuals under the age of eighteen. <ul style="list-style-type: none"> i. Educators must be strictly teaching NEMSES scenarios rather than VEMSES ii. OEMS has discovered there are some educators across the state that are inappropriately awarding CE, announcing classes, taking money and enrolling students. It will be a team effort to fix this issue. iii. EMS has told doctors that we require of them that they know what is going on in the program and they need to monitor programs, and ask more questions than ever to determine if things are happening correctly. There are people who lose jobs, certifications, Education Coordinator certifications. OEMS is going to make sure this information reaches the agencies. b. Regulation & Compliance – Ron Passmore, OEMS <ul style="list-style-type: none"> a. OEMS’ Regulation and Compliance Division took over DNR. Mr. Passmore is working to provide the EMS community with education about DNR pieces of jewelry, so that people know the DNR paper and jewelry are equal. Digital copies are allowed. b. Heather Phillips has retired, worked her last day and is burning her leave time up. Paul Fleenor was promoted to supervisor of the program representatives. All eight territories have been redrawn and will be reassigned. There is an open position for field investigator in Northern Virginia which should be posted this week. c. Mr. Passmore gave the status of recognition of Critical Care Transport Agencies. c. Director – Gary Brown, OEMS <ul style="list-style-type: none"> a. Bob Swander has retired. d. Other Office Staff <ul style="list-style-type: none"> a. Mr. Vernovai and Mr. Perkins went to the North Carolina EMS symposium and promoted Virginia’s EMS system. Thirty students in three days filled the Officer Program at symposium. They are hoping to move to a pilot after symposium and start developing part two of the Officer Program next year. b. The MIH workgroup meets again on October the 23rd, and the appropriate white papers will be done by that time. Additionally, Google Drone is an upcoming reality for EMS. 	
XI. Public Comment	<p>Dr. Stewart Martin has been asked by a tidewater provider if the state has a tactical EMS committee or group and if not could one be formed, for the goal of collaboration. In order to do something like that they can reach out to Karen Owens and start that discussion with her.</p> <p>Dr. Martin took a count of individuals planning to attend NAEMSP in San Diego.</p> <p>Dr. Charles Lane reviewed how to administer Naloxone in such a way that will not cause the victim to wake up with withdrawals and get shot by the cops. A push dose every couple minutes achieved this.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
XII. Quarterly Meetings Dates for 2020 a. January 16, 2020 b. April 2, 2020 c. July 2, 2020 d. October 8, 2020 Meeting location - TBD	Dr. Yee indicated that the next meeting would be January 16, 2020.	The next MDC meeting will be held January 16, 2020.
XIII. Adjournment	Meeting adjourned at 1:20 pm	

Appendix A

Virginia EMS Scholarship Quarterly Report



Quarterly Report

Virginia EMS Scholarship Program

Q1 – FY20

Division of Educational Development

Background & Initial Launch

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

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

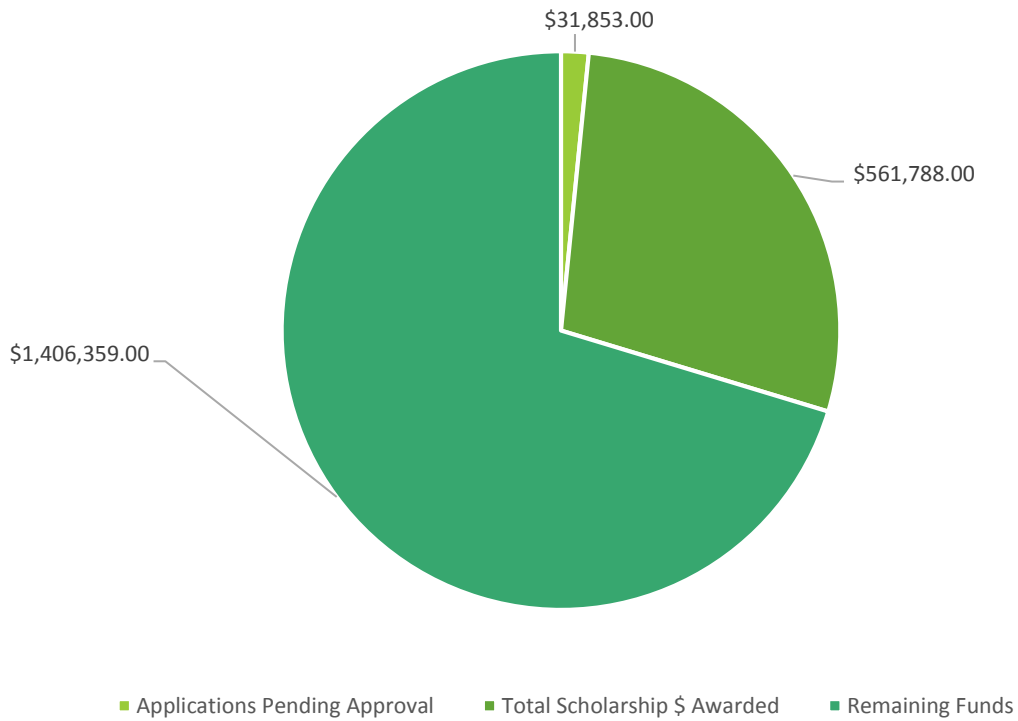
The scholarship program is not designed to provide 100% funding for a training program.

FY20 Scholarship Budget

The FY20 budget for the Virginia EMS Scholarship Program is \$2,000,000.00. The following chart shows a breakdown of funding based on three (3) categories: 1) Applications Pending Approval, 2) Total Scholarship \$ Awarded, and Remaining Funds.

- **Application Pending Approval** – this category includes the total dollar value for all applications received from June 5, 2019 through September 30, 2019. This covers the first quarter of FY20.
- **Total Scholarship \$ Awarded** – this category is the total dollar value for all scholarship applications which have been approved and are in the process of being paid. Since the Virginia EMS Scholarship module is new, OEMS staff have only approved a small group of test applications as we work through the payment processes with the VDH Office of Financial Management.
- **Remaining Funds** – this category is the total dollar value of funds remaining in the scholarship program and available for to students for the remainder of the fiscal year.

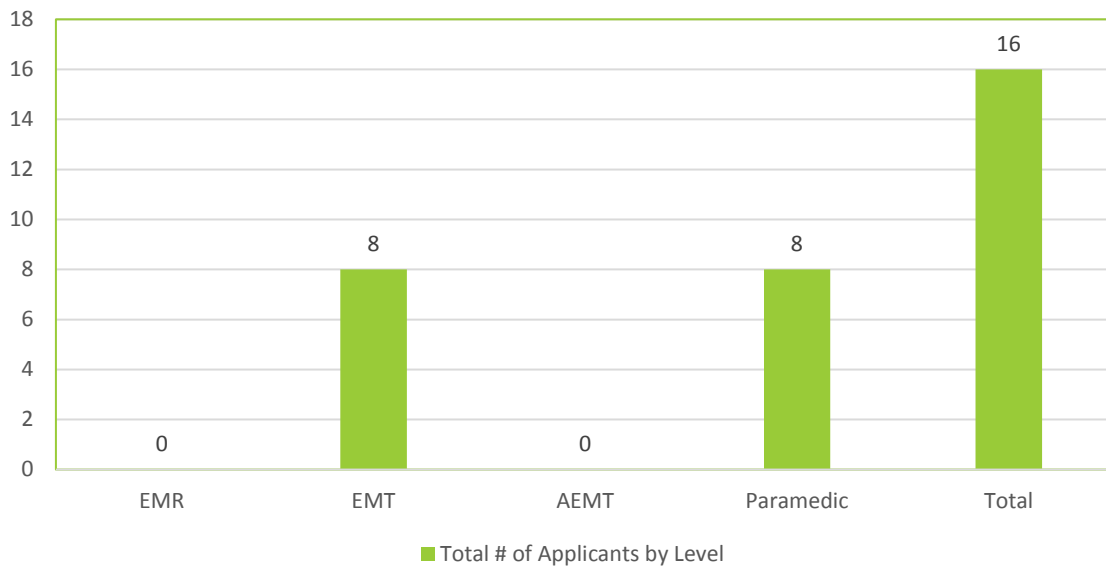
Scholarship Funding Overview



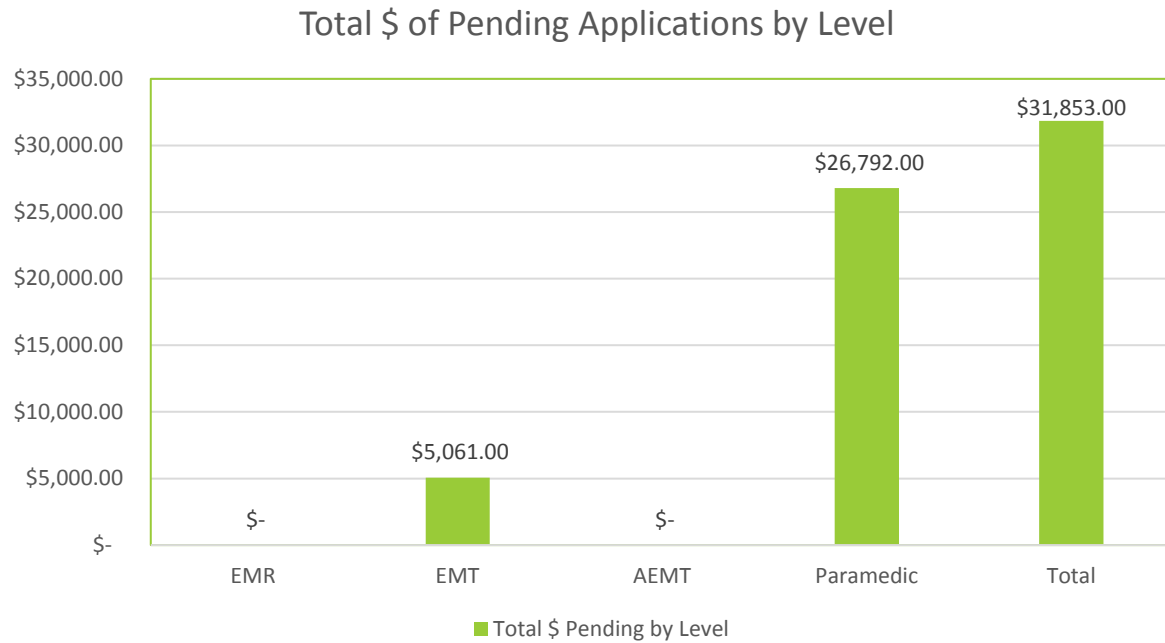
Breakdown of Pending Applications

The following chart show of pending scholarship applications by training level. This includes all pending applications for students enrolled in eligible initial certification courses from June 5, 2019 through September 30, 2019.

Total # of Pending Applicants by Level

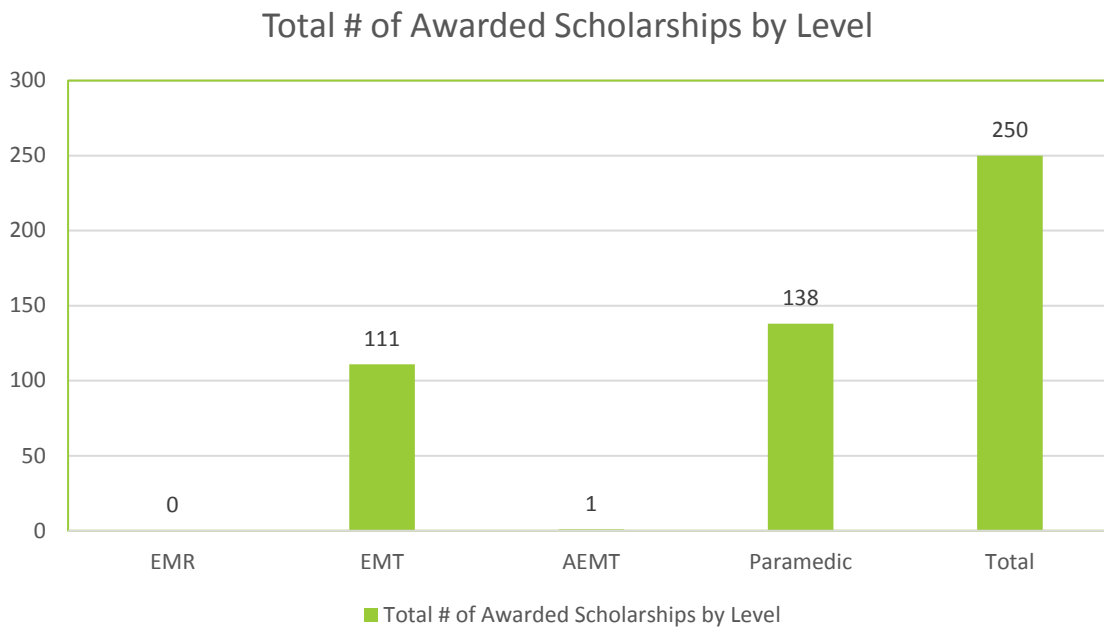


The following chart show of pending scholarship applications by training level. This includes all pending applications for students enrolled in eligible initial certification courses from June 5, 2019 through September 30, 2019.



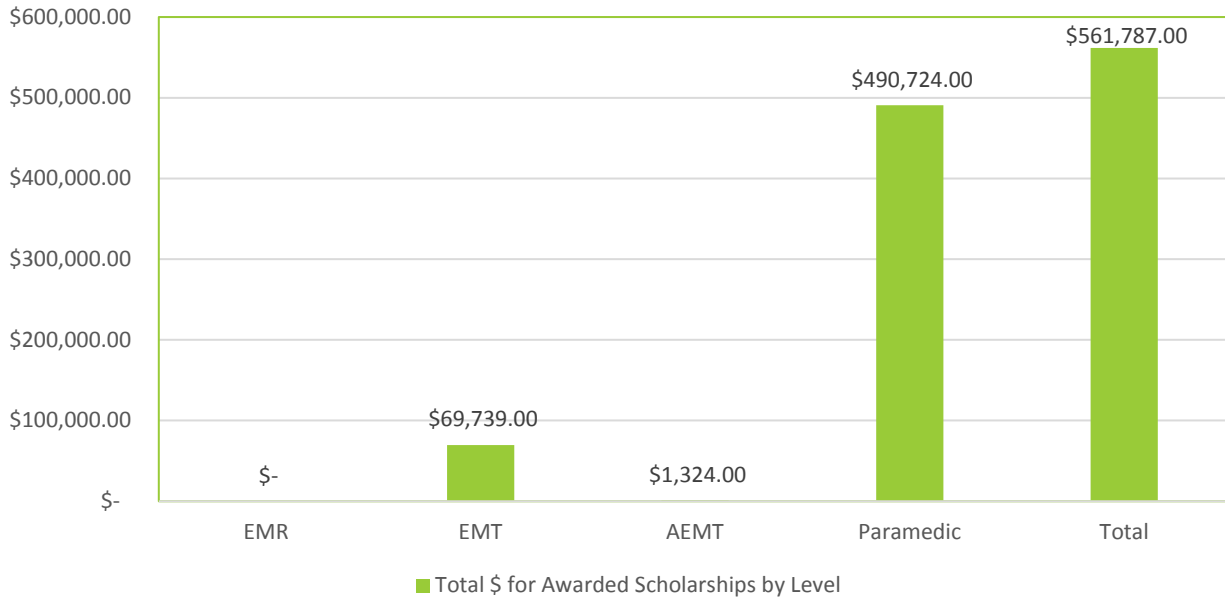
Breakdown of Awarded Scholarships

The following chart shows data for all scholarship applications which have been awarded by training level. This includes all awarded applications for students enrolled in eligible initial certification courses from June 5, 2019 through September 30, 2019.



The following chart shows data for all scholarship applications which have been awarded by training level. This includes all pending applications for students enrolled in eligible initial certification courses from June 5, 2019 through September 30, 2019.

Total \$ for Awarded Scholarships by Level



Appendix B

National Registry Statistics

EMT Statistics

As of 10/01/2019

Virginia:

Report Date: 10/1/2019 2:16:43 PM
Report Type: State Report (VA)
Registration Level: EMT
Course Completion Date: 4th Quarter 2016 to 4th Quarter 2019
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
8342	70% (5863)	80% (6662)	80% (6702)	0% (4)	14% (1129)	6% (511)

National Registry Statistics:

Report Date: 10/1/2019 2:14:01 PM
Report Type: National Report
Registration Level: EMT
Course Completion Date: 4th Quarter 2016 to 4th Quarter 2019
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
232375	69% (160691)	80% (186215)	81% (187677)	0% (203)	13% (30304)	6% (14326)

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

Appendix C

Accredited Program Report

Accredited Training Site Directory

As of October 1, 2019



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Accredited Paramedic Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
<i>Blue Ridge Community College</i>	79005	Yes*	--	CoAEMSP - LOR	
<i>Central Virginia Community College</i>	68006	Yes*	--	National – Continuing	CoAEMSP
<i>ECPI University</i>	70017	Yes*	--	CoAEMSP - LOR	
<i>J. Sargeant Reynolds Community College</i>	08709	No	2	National – Continuing	CoAEMSP
<i>John Tyler Community College</i>	04115	Yes*	--	National - Initial	CoAEMSP
<i>Lord Fairfax Community College</i>	06903	Yes**	--	National – Initial	CoAEMSP
<i>Loudoun County Fire & Rescue</i>	10704	Yes**	--	National – Continuing	CoAEMSP
<i>Northern Virginia Community College</i>	05906	Yes**	--	National – Continuing	CoAEMSP
<i>Patrick Henry Community College</i>	08908	No	--	CoAEMSP – Initial	CoAEMSP
<i>Piedmont Virginia Community College</i>	54006	Yes	1	National – Continuing	CoAEMSP
<i>Prince William County Dept of Fire and Rescue</i>	15312	Yes*	--	CoAEMSP – Initial	CoAEMSP
<i>Radford University Carilion</i>	77007	Yes*	--	National – Continuing	CoAEMSP
<i>Rappahannock Community College</i>	11903	Yes	--	CoAEMSP – Initial	CoAEMSP
<i>Southside Virginia Community College</i>	18507	Yes**	--	National – Continuing	CoAEMSP
<i>Southwest Virginia Community College</i>	11709	Yes*	3	National – Continuing	CoAEMSP
<i>Stafford County & Associates in Emergency Care</i>	15319	Yes*	5	National – Continuing	CoAEMSP
<i>Thomas Nelson Community College</i>	83012	Yes*	--	CoAEMSP – LOR	
<i>Tidewater Community College</i>	81016	Yes*	--	National – Continuing	CoAEMSP
<i>VCU School of Medicine Paramedic Program</i>	76011	Yes	1	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.

- ECPI University accreditation site visit was conducted on June 25 & 26, 2019.
- Thomas Nelson Community College under Letter of Review to conduct their first cohort class.
- Stafford County & Associates in Emergency Care CoAEMSP site visit for continued accreditation was conducted in August, 2018. Awaiting report.
- Lord Fairfax Community College site visit for continued accreditation was conducted in September 2018. Awaiting report.
- Patrick Henry Community College site visit for continued accreditation was conducted in November 2018. Awaiting report.
- Jefferson College of Health Sciences is now Radford University – Carilion.

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

**** Indicates program has been approved for initial cohort class prior to approval for in-house psychomotor competency verification.**

Accredited Intermediate Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
<i>Central Shenandoah EMS Council</i>	79001	Yes	4	State – Full	December 31, 2019
<i>Danville Area Training Center</i>	69009	No	--	State – Full	December 31, 2019
<i>Hampton Fire & EMS</i>	83002	No	--	State – Full	December 31, 2019
<i>Henrico County Fire Training</i>	08718	Yes*	--	State – Full	August 31, 2020
<i>James City County Fire Rescue</i>	83002	Yes*	--	State – Full	December 31, 2019
<i>Norfolk Fire Department</i>	71008	Yes**	--	State – Full	July 31, 2021
<i>Paul D. Camp Community College</i>	62003	Yes	--	State – Full	May 31, 2021
<i>Southwest Virginia EMS Council</i>	52003	Yes*	--	State – Full	December 31, 2019
<i>UVA Prehospital Program</i>	54008	No	--	State – Full	December 31, 2019
<i>WVEMS – New River Valley Training Center</i>	75004	No	--	State – Full	June 30, 2022

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

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

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

**** Indicates program has been approved to offer initial cohort prior to approval for in-house psychomotor competency verification.**

Accredited AEMT Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
<i>Accomack Co – Eastern Shore FTC</i>	00121	No	--	State – LOR	August 31, 2020
<i>Fauquier County Fire & Rescue – Warrenton</i>	06125	Yes**	--	State – LOR	June 30, 2020
<i>Frederick County Fire & Rescue</i>	06906	Yes*	--	State – Full	July 31, 2020
<i>Hampton Roads Regional EMS Academy</i>	74039	Yes**	--	State – LOR	December 31, 2020
<i>Newport News Fire Training</i>	70007	No	--	State – LOR	June 30, 2020

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

** Indicates program has been approved to offer initial cohort prior to approval for in-house psychomotor competency verification.

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
<i>Rockingham County Dept of Fire & Rescue</i>					

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

Accredited EMT Training Programs in the Commonwealth

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

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

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
<i>Augusta County Fire-Rescue</i>				
<i>Gloucester Volunteer Fire & Rescue</i>				
<i>Rockingham County Dept of Fire & Rescue</i>				

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