

MEDICAL DIRECTION COMMITTEE
Embassy Suites by Hilton
2925 Emerywood Parkway, Richmond, VA 23294
Thursday, October 7, 2021
10:30 AM

Members Present:

Allen Yee, MD – Chair
 Asher Brand, MD
 George Lindbeck, MD
 Stewart Martin, MD
 John Morgan, MD
 Scott Weir, MD
 Wendy Wilcoxson, MD
 Christopher Turnbull, MD
 Charles Lane, MD
 Amir Louka, MD
 Samuel Bartle, MD
 E. Reed Smith, MD
 Chief Eddie Ferguson, VAGEMSA

Members Absent:

Paul Phillips, DO – Excused
 Tania White, MD – Excused

Staff:

Debbie Akers
 Chad Blosser
 Gary Brown
 Scott Winston
 Ron Passmore
 Tim Perkins
 Chris Vernovai
 Daniel Linkins
 Wayne Perry
 Amanda Loretta

Others:

J J Bonavita
 Alix Paget-Brown
 Brandon Truman
 Gary Dalton
 Lucie “Tex” Ford, MD, EMS Fellow, EVMS
 Komal Dhir, MD, EMS Fellow, VCU
 Hala Ashraf, MD, EMS Fellow, VCU
 Chris Christensen

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	Dr. Yee called the meeting to order at 10:31 a.m.	
II. Introductions	Introductions were made.	
III. Approval of Agenda	Approval of agenda with amendment by Dr. Lindbeck	Approved by consensus
IV. Approval of Minutes	Minutes not available	
V. Drug Enforcement Administration (DEA) & Board of Pharmacy (BOP) Compliance Issues	<p>Dr. Lindbeck reported that the Board of Pharmacy has put together a guidance document for EMS agencies that was approved by their board one week ago. It is available for a 30 day public comment period. Ron Passmore stated that once the guidance document is out, Regulation and Compliance will be providing assistance to EMS agencies on steps necessary to apply for their CSRC and then get with the pharmacies before the DEA regulations come out. Dr. Yee requested that the link for public comment be provided.</p> <p>Discussion and question from Dr. Yee concerning requirements when the DLP inspects hospital pharmacies and the need for physical signature. Additionally, questions asked about the PCR not forwarding information on drug waste to the hospitals as well.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
VI. Old Business	<p>a. Evidence Based Guidelines for Blood White Paper Update – Dr. Morgan – Stated this effort began pre-pandemic and has been a work in progress. Most current version circulated to the workgroup earlier this past week with good feedback. Asked Dr. Yee if more evaluation was needed prior to approval and endorsement. Dr. Yee asked the committee to provide Dr. Morgan with a list of agencies in their regions that are giving blood to be included for completeness of the paper. Dr. Morgan indicated he is aware of the following: Loudoun, Arlington, Fauquier, PHI AirCare in Virginia and State Police Medflight 1. Dr. Lindbeck indicated that Orange County was now using blood products.</p> <p>b. Dr. Brand inquired about multidisciplinary committee of the Governor’s Advisory Board to be formed. Dr. Yee asked to make it a task force. Dr. Yee to move this to the Governor’s Advisory Board for creation of a task force to look at blood product administrations and the availability for implementation with EMS agencies.</p>	<p>Motion by Dr. Martin to approved document with technical edits that will be added. Dr. Smith Seconded – Motion carried.</p>
VII. New Business	<p>a. Weather Information Stations – Dr. Brand – Inquired about the availability of funding through grants or RSAF to establish helicopter landing zone and weather information systems to increase the safety of helicopter operations especially in rural areas. After discussion, recommendation that this be placed on the agenda for the Medivac Committee for consideration and how this might be accomplished.</p> <p>b. Needle Thoracostomy – Dr. Brand – Stated that with the assistance of UVA trauma it has been identified that a number of needle decompressions are being performed without indication. Amanda Loretti, Central Shenandoah Performance Improvement Specialist, gave presentation with data points with questions asked by Medical Directors. Indicated that some of the data was supplied by Valerie Quick and she would need to provide the appropriate response. Long discussion by committee including additional education, the potential use of ultrasound in the field, whether absence of breath sounds is an indicator for decompressions with no definitive decision made on how to address this issue.</p> <p>c. Ketamine – Dr. Martin – Initiated conversation on the use of Ketamine and how it is defined in the Scope of Practice. Detailed discussion by committee about the appropriate use and the level of provider who should be allowed to administer Ketamine and at what amounts.</p> <p>d. Hospital and EMS Diversions – Dr. Yee – Stated that question on diversion came up at the EMS Advisory Executive Committee meeting. Regulations have no language that permits or allows this to occur. Ron Passmore stated allowed in the situation of facility collapse, facility plant, hospital fire and no patients are being accepted. Dr. Yee posed the question should the state Medical Direction Committee make a recommendation to the Office of EMS to either endorse or not endorse diversion. Long discussion about issue and how EMS crews are being delayed in transfer</p>	<p>Dr. Lindbeck to modify Scope of Practice based on all discussions and present it to the committee as an Action Item at next meeting.</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>of patient in the Emergency Departments. After long discussion it was decided that language would be proposed at next meeting concerning diversion and involvement of medical directors.</p> <p>e. Compress and Shock Foundation – Dr. Lane – Distributed handout and stated seeking endorsement from Medical Direction of their proposed AED legislation in January. Already endorsed by ACEP and VHAC. Goal is to increase out of hospital cardiac arrest survival by educating the public in free hands-on CPR. Additionally to place AED everywhere a cardiac arrest may occur. Discussion followed and Dr. Weir proposed that the Medical Direction Committee would support such initiative that seek to increase the incidence of lay responder CPR and utilization of public access AED. (Attachment A)</p>	<p>See Attachment ‘A’ Motion by Dr. Weir, seconded by Dr. Lane – Motion carried. Dr. Yee to have Dr. Perkins present to GAB</p>
VIII. Research Requests	1. None	
IX. State OMD Issues – George Lindbeck, MD	<p>a. Scope of Practice</p> <p>i. Modifications needed that would allow ground transport agencies in the Commonwealth to bill for critical care. CMS defers to the state to define BLS, ALS and critical care. Provided information on levels of billing, BLS, ALS-1 and ALS-2. Specialty care transport is inter-facility transport of a critically ill or injured patient at a level beyond the Paramedic without specialty training. Current recommendation is to make no additions to current list but identify components of the scope of practice that requires further training and credentialing by the Agency Medical Director by changing the color of the dots to red and clarifying that this in a footnote. Long discussion by committee concerning Scope of Practice document and modifications to be made.</p> <p>ii. Scope of Practice needs to be modified to allow AEMT’s to administer vaccines. Currently limited to Intermediate and Paramedic level. Motion to modify the Scope to allow AEMT’s to administer vaccines.</p> <p>b. Requirements for EMS Physician</p> <p>i. Question has been posed by Dr. Martin concerning how to include EMS physicians responding to EMS call in the Commonwealth in the regulatory system. Long discussion by committee on how to apply definitions. Recommendation from Regulation and Compliance to establish a subgroup called Duty Physician and the Agency Medical Director has authority over these individuals. Continued discussion and no final action taken. Will be brought back to next committee meeting.</p> <p>c. Marcus alert law and dispatch</p> <p>i. Marcus Alert Law has been passed, good intentions, unintended consequences. Tim Perkins advised committee that he and Karen Owens with DBHDS on how to make the Marcus Alert work in the community, how to integrate with PSAPs and how it will be laid out in the end. Discussion by committee; law to go into effect in October, 2022.</p>	<p>Dr. Lindbeck to make all modifications and provide to committee for action item at January, 2022 meeting.</p> <p>Motion by Dr. Lindbeck, 2nd by Dr. Weir – Motion carried.</p> <p>Ron Passmore to establish definition of Duty Physician and bring back to committee.</p> <p>Tim Perkins and Karen Owens to keep committee advised on discussions by workgroup.</p>
X. Office of EMS Reports	<p>a. Division of Accreditation, Certification and Education</p> <p>i. Education Program Manager – Chad Blosser</p> <p>Training and Certification Committee have two items that are pressing right now, currently tied to the National EMS Scope of Practice and Education Standards. The first is the need for clinical and field components and the second being competency based education versus conducting</p>	<p>Chad Blosser to provide an email to committee that contains results of surveys.</p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>psychomotor testing. During the COVID pandemic TR.999 replaced the psychomotor testing with the Program Director and Medical Director verifying entry level competency having been achieved. Notified committee of the decision by the National Registry to eliminate psychomotor testing at the ALS level by June, 2023. Two surveys were completed, one to the educators and one to the agencies asking their opinion on these two items. The training and certification committee will be conducting a special meeting on November 12th to discuss the future of these two items.</p> <p>Education Coordinator Institute was conducted the prior week in Northern Virginia; twenty-six new Education Coordinators certified after the institute. Next institute will be held in late January in Williamsburg. Currently 35 individuals eligible for that institute.</p> <p>Educator updates - Two more will be held this year, even have been conducted in the past four months.</p> <p>First quarter of Scholarship program – Document is available on our website. \$704,000 awarded in first three months, the most money distributed in the first quarter of the scholarship program since its inception.</p> <p>Blackboard will be rolled out to the educators now that everything has been fully integrated with the Virginia EMS portal and validated. Will be rolling out to educators starting in mid-October.</p> <p>ii. Accreditation, Certification and Education Division Director – Debbie Akers</p> <p>Education Standards – Are still in the hands of NTSA and uncertain on when they will be released.</p> <p>AEMT Psychomotor Testing – NASEMSO and the National Registry will be designing the competencies for the AEMT level. CoAEMSP is designing the competencies for the Paramedic level.</p> <p>Clinical and Field Rotations – The Division has received numerous requests concerning the requirements for clinical and field rotations and whether there will be allowances made for those who refuse the vaccine. Debbie stated she had checked with CoAEMSP to determine if they were initiating a policy and they will not. The Office has posted on our website the information that the Office of EMS will not be making any modifications. Clinical and Field rotations must be completed as required. If the hospital and field sites are not willing to accommodate those who refuse the vaccine, the student needs to be notified that they will not be able to complete the requirements to gain certification. There have been position statements issued by AMA, AAP, NAEMSP and other allied health professions stating they fully support and strongly encourage vaccinations for all healthcare providers and students.</p> <p>Symposium – July 1st was our drop-dead date for us to cancel the symposium. With the number of cases declining we moved forward with holding the 2021 Virginia EMS Symposium. Last week, due to the Delta variant increasing cases, a notice was sent to anyone attending symposium that they must show proof of vaccination or having had a negative COVID test within 10 days prior to the event. All social event sponsored by the Office of EMS have been cancelled. The Governor's EMS Awards banquet will still be held. Debbie requested that the committee members make</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>themselves available to cover any classes that are scheduled if the presenter cannot attend due to travel or illness.</p> <p>b. Regulation & Compliance – Ron Passmore</p> <p>i. No report.</p> <p>c. Asst. Director – Scott Winston</p> <p>i. Reported on the status of the office and return to work policies. There are a variety of different schedules, some continuing to telework, others having returned to the office. We have shown over the past 16 to 18 months that we can effectively perform our work responsibilities, responding to telephone calls, emails, etc., meeting the requirements of the EMS agencies, permitting vehicles, continuing to certify technicians, etc.</p> <p>d. Associate Director – Adam Harrell</p> <p>i. Not present</p> <p>e. Other Office Staff - None</p>	
XI. PUBLIC COMMENT	Gary Dalton stated he would like the committee to reconsider and make modifications to the Scope of Practice documents by placing the red dot beside ventilators. This requires additional training and it would benefit the transport agencies in their critical care transports and reimbursement. Dr. Yee asked the committee if they would reconsider. After discussion it was determined that a red dot should also be placed beside RSI in the formulary for initiate and in the procedures for intubation with paralytic.	Motion by Dr. Smith, second by Dr. Martin – motion carried.
XII. Meeting Dates for 2022	<p>a. January 6, 2022</p> <p>b. April 7, 2022</p> <p>c. July 7, 2022</p> <p>d. October 6, 2022</p>	
XIII. Adjournment	The meeting adjourned at 2:40 p.m.	

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Respectfully submitted by:
Deborah T Akers
ACE Division Director
January 4, 2022

Attachment A

Compression and Shock Foundation Paper

The Compress and Shock Foundation is seeking Virginia EMS endorsement for our proposed AED legislation in January. We have already received endorsement from the Virginia chapter of the American College of Emergency Medicine physicians and the Virginia Heart Attack Coalition.

Our Foundation [www.compressandshock.org] was created to impact out-of-hospital cardiac arrest survival by educating the public in **free** hands-only CPR. Equally important, we are working to place AEDs everywhere where a cardiac arrest may occur (thus the idea to put them in vehicles). Neurologically intact survival from out-of-hospital cardiac arrest is a 1 in 20 chance for the victim largely due to lack of bystander CPR and delayed use of an AED. While our primary Mission is to establish a National CPR and AED Education Day in the U.S., **we have recently begun developing legislation to incentivize customers (state tax credit) to purchase an AED for their vehicle.**

The Proposal

- Beginning July 1, 2022, every customer in Virginia that purchases a new or used vehicle at a **participating** dealership will have the opportunity to purchase an AED for their car at a markedly discounted price.
- The legislation would provide a dollar-for-dollar tax credit for the AED purchase on the following year's state tax return.
- We propose a \$1.5 million cap on this incentive on a first-come-first served basis to be re-visited every year in terms of expanding the cap
- \$100,000 additional set aside to install free standing AEDs in places of large gatherings (playgrounds, ball fields, etc...) in lower socioeconomic communities that are unlikely to be able to purchase AEDs in the vehicle

Rationale and Potential Impact

- Current survival from out-of-hospital cardiac arrest is roughly 5% but could increase to 30% with bystander CPR and early AED use
- The only two proven interventions that impact cardiac arrest survival are bystander CPR and early AED use
- Hundreds of Virginians could be saved each year and return to their families
- There is potential to save tens of thousands in state Medicaid funding as many current survivors of cardiac arrest have serious neurologic damage due to prolonged CPR without AED use. Some of these patients end up requiring long-term care at substantial cost to state Medicaid system.
- Investment in public CPR education and placing AEDs in the community has been accomplished and studied (Seattle, WA, and Howard County, MD) with impressive return on investment [QALYs].

Work Done to Date and Other Important Details

- This would be the centerpiece of a statewide effort promoting this AED purchase opportunity and engaging the public in taking the FREE CPR and AED classes that our Foundation and our sister Foundations will provide.
- We would also provide online education on how to use the AED, as well as a full-length on-line CPR and AED class the customer could play for their family.
- We have a working relationship with collaborative partners in the AED industry who have plans for the business aspect of this proposal and the logistical aspects such as physical delivery of the AEDs and maintenance of the AED.

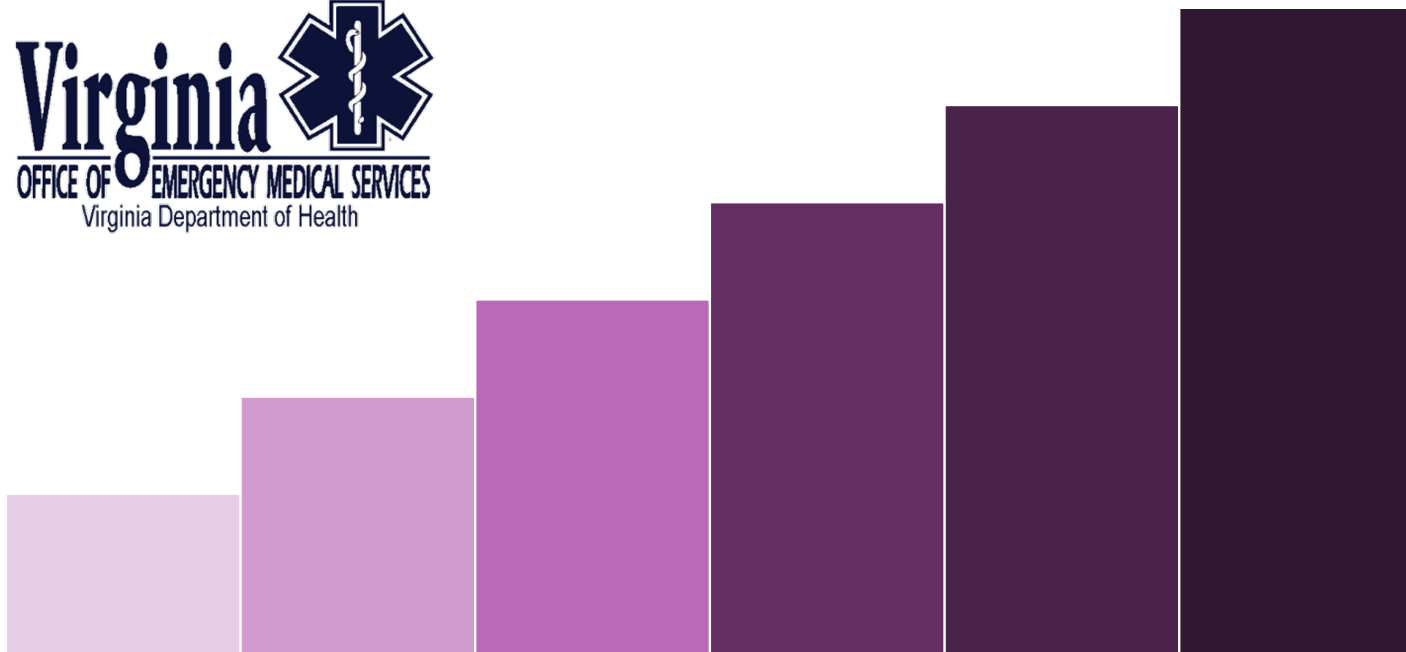
If you would consider discussing this further, please contact me by email or phone.

Most Respectfully,

Jack Perkins, MD
Founder and Executive Director
Compress and Shock Foundation
CompressandShock.Org
Cell: 540-526-7206
Email: **Jperkins@Compressandshock.Org**

Attachment B

EMSSP Report



Quarterly Report

Virginia EMS Scholarship Program

Full Year – FY21

Accreditation, Certification & Education

Background

The Virginia EMS Scholarship Program 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.

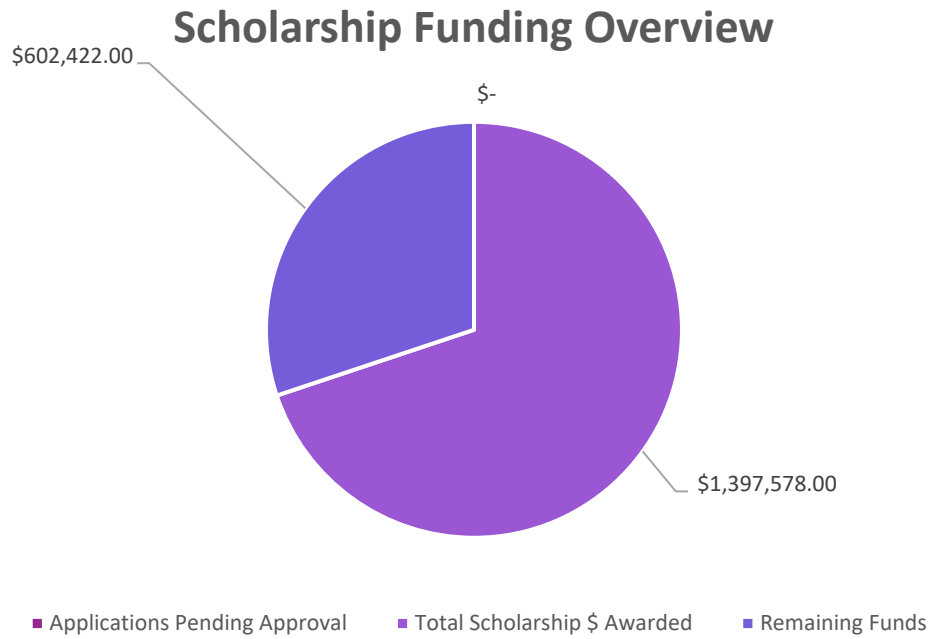
The scholarship program supports students who are accepted into an eligible Virginia approved initial certification program—EMR, EMT, Advanced EMT and Paramedic.

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

FY21 Scholarship Budget

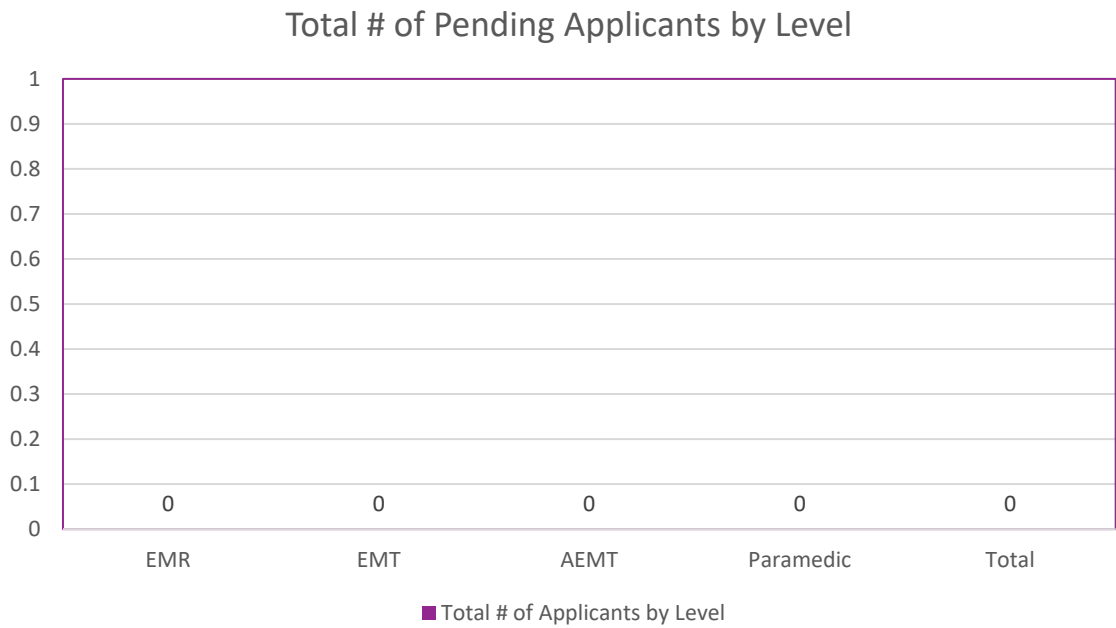
The FY20 budget for the Virginia EMS Scholarship Program is \$2,000,000.00. The following chart shows a breakdown of funding based on three (3) categories: 1) Applications Pending Approval, 2) Total Scholarship \$ Awarded, and Remaining Funds.

- **Application Pending Approval** – this category includes the total dollar value for all applications received from June 4, 2020 through May 31, 2021. This covers full fiscal year.
- **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.

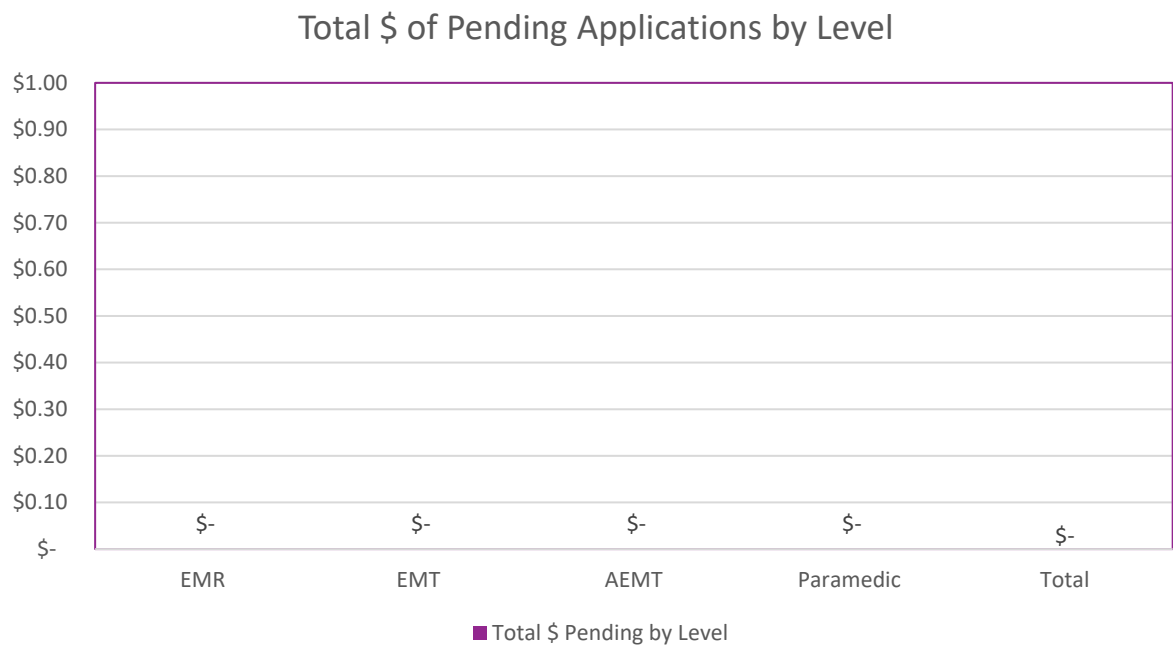


Breakdown of Pending Applications

The following chart show of pending scholarship applications by training level. This includes all pending applications for students enrolled in eligible initial certification courses for the full year.

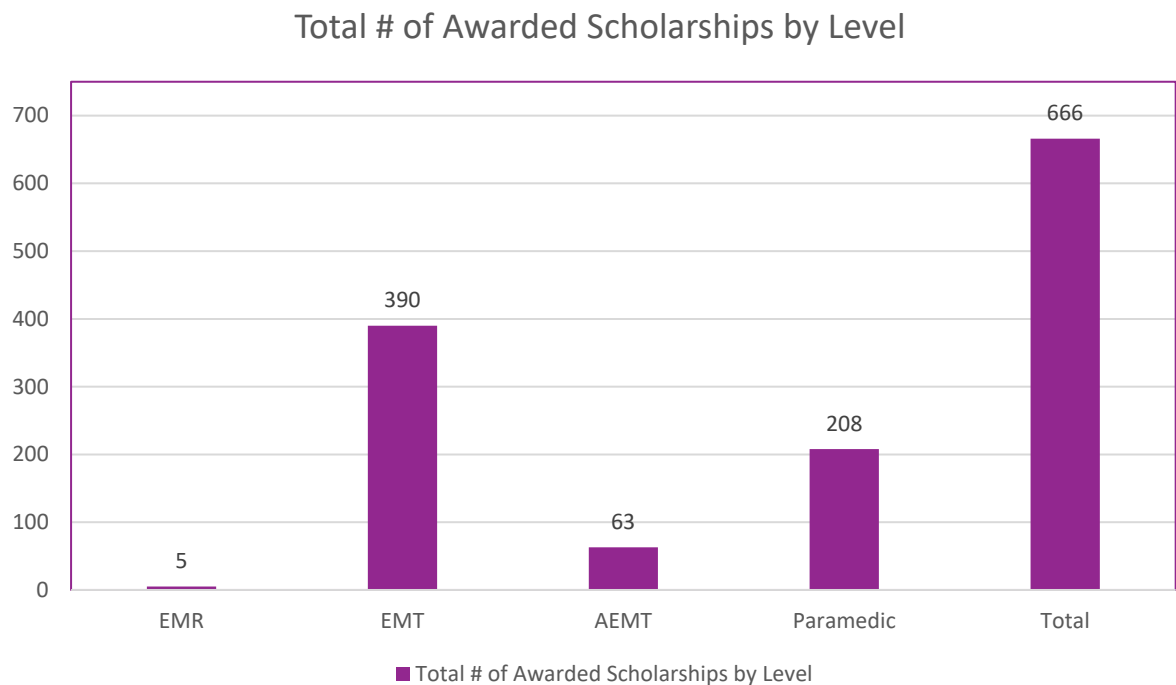


The following chart show of pending scholarship applications by training level. This includes all pending applications for students enrolled in eligible initial certification courses for the full year.

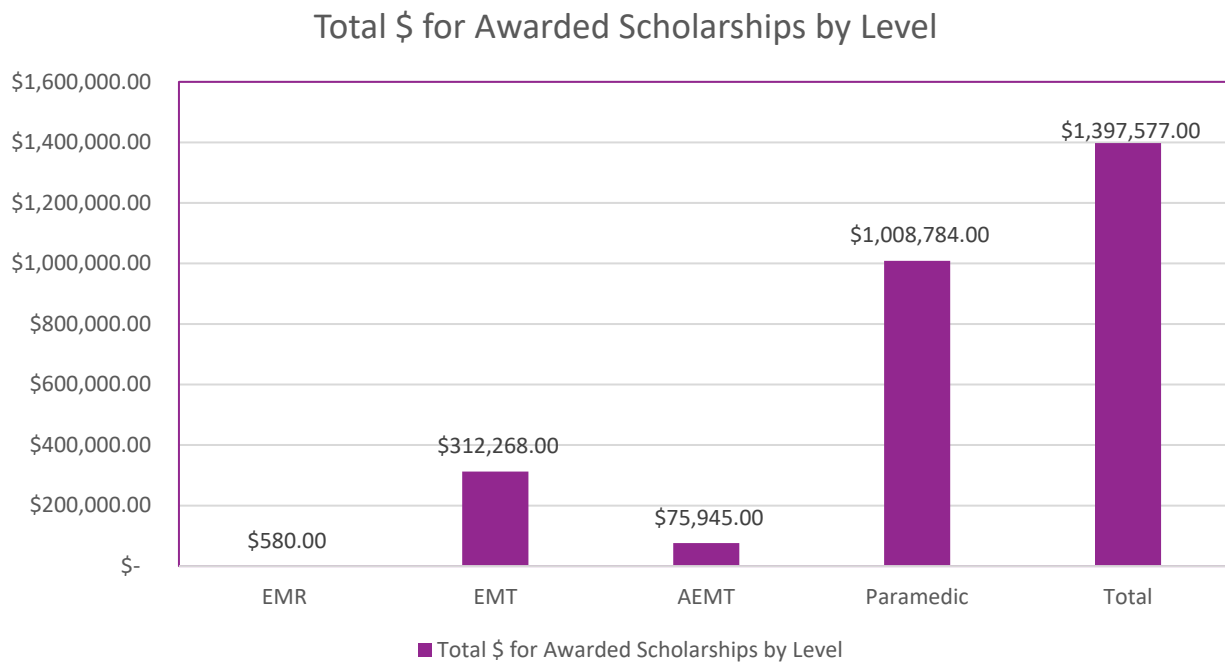


Breakdown of Awarded Scholarships

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 for the full year.



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 for the full year.



Attachment C

BLS Test Results

EMT Statistics

As of 10/04/2021

Virginia:

Report Date: 10/4/2021 8:31:11 PM
Report Type: State Report (VA)
Registration Level: EMT
Course Completion Date: 10/1/2018 to 9/30/2021
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
8571	71% (6065)	80% (6823)	80% (6857)	0% (6)	17% (1446)	3% (264)

National Registry Statistics:

Report Date: 10/4/2021 8:29:18 PM
Report Type: National Report
Registration Level: EMT
Course Completion Date: 10/1/2018 to 9/30/2021
Training Program: All

[View Legend](#) | [Printer-Friendly Version](#)

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

The results of your report request are as follows:

Attempted The Exam	First Attempt Pass	Cumulative Pass Within 3 Attempts	Cumulative Pass Within 6 Attempts	Failed All 6 Attempts	Eligible For Retest	Did Not Complete Within 2 Years
234089	68% (159224)	79% (185259)	80% (187045)	0% (288)	17% (39290)	3% (7560)

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

Attachment D

Accredited Program Report

Accredited Training Site Directory

As of September 30, 2021



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Accredited Paramedic Training Programs in the Commonwealth

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Blue Ridge Community College	79005	Yes	--	CoAEMSP - LOR	CoAEMSP
Central Virginia Community College	68006	Yes	--	CoAEMSP – Continuing	
Chesterfield Fire and EMS	04103	Yes	--	CoAEMSP – LOR	
ECPI University	70017	Yes	--	CoAEMSP – Initial	
Hanover Fire EMS Training	08533	Yes	--	CoAEMSP - LOR	
Henrico County Division of Fire	08718	Yes	--	CoAEMSP – LOR	
J. Sargeant Reynolds Community College	08709	No	--	CoAEMSP – Continuing	
John Tyler Community College	04115	Yes	--	CoAEMSP - Initial	
Lord Fairfax Community College	06903	Yes	--	CoAEMSP – Continuing	
Loudoun County Fire & Rescue	10704	Yes	--	CoAEMSP – Continuing	
Northern Virginia Community College	05906	Yes	--	CoAEMSP – Continuing	
Patrick Henry Community College	08908	No	--	CoAEMSP – Continuing	
Piedmont Virginia Community College	54006	Yes	--	CoAEMSP – Continuing	
Prince William County Dept. of Fire and Rescue	15312	Yes	--	CoAEMSP – Continuing	
Radford University Carilion	77007	Yes	--	CoAEMSP – Continuing	
Rappahannock Community College	11903	Yes	--	CoAEMSP – Continuing	
Southside Virginia Community College	18507	Yes	--	CoAEMSP – Continuing	
Southwest Virginia Community College	11709	Yes	1	CoAEMSP – Continuing	
Stafford County & Associates in Emergency Care	15319	Yes	7	CoAEMSP – Continuing	
Thomas Nelson Community College	83012	Yes	2	CoAEMSP – LOR	
Tidewater Community College	81016	Yes	--	CoAEMSP – Continuing	
VCU School of Medicine Paramedic Program	76011	Yes	5	CoAEMSP – Continuing	

Programs accredited at the Paramedic 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

Site Name	Site Number	BLS Accredited	# of Alternate Sites	Accreditation Status	Expiration Date
Accomack County Dept. of Public Safety	00121	No	--	State – LOR	December 31, 2021
Augusta County Fire and Rescue	01521	Yes	--	State – LOR	December 31, 2021
Danville Training Center	69009	No	--	State – Full	December 31, 2021
Fauquier County Fire & Rescue – Warrenton	06125	Yes	--	State – LOR	December 31, 2021
Frederick County Fire & Rescue	06906	Yes	--	State – Full	December 31, 2021
Hampton Fire & EMS	83002	No	--	State – Full	December 31, 2021
Hampton Roads Regional EMS Academy (HRREMSA)	74039	Yes	--	State – LOR	December 31, 2012
James City County Fire Rescue	83002	Yes	--	State – Full	December 31, 2021
King George Fire, Rescue and Emergency Services	09910	No	---	State – LOR	August 31, 2023
Newport News Fire Training	70007	Yes	--	State – LOR	December 31, 2021
Norfolk Fire and Rescue	71008	Yes	--	State – Full	December 31, 2021
Paul D. Camp Community College	62003	Yes	--	State – Full	December 31, 2021
Rockingham County Fire and Rescue	16536	Yes	--	State – LOR	December 31, 2021
Southwest Virginia EMS Council	52003	Yes	--	State – Full	December 31, 2021
UVA Prehospital Program	54008	Yes	--	State – Full	December 31, 2021
WVEMS – New River Valley Training Center	75004	No	--	State – Full	December 31, 2021

- Germana Community College has submitted the documentation for LOR to conduct their first cohort class at the AEMT & EMT levels.

Accredited EMT Training Programs in the Commonwealth

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Albemarle Co Dept of Fire	54013	--	State – Letter of Review	December 31, 2021
Arlington County Fire Training	01305	--	State – Letter of Review	December 31, 2021
City of Virginia Beach Fire and EMS	81004	--	State – Full	December 31, 2021
Chesterfield Fire & EMS	04103	--	State – Full	December 31, 2021
Fairfax County Fire & Rescue Dept.	05918	--	State – Letter of Review	December 31, 2022
Gloucester Volunteer Fire & Rescue	07302	--	State – Letter of Review	December 31, 2021
Navy Region Mid-Atlantic Fire EMS	71006	--	State – Full	December 31, 2021
Roanoke Valley Regional Fire/EMS Training	77505	--	State – Letter of Review	December 31, 2021