

Training and Certification Committee
OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia
April 6, 2016
10:30 am

Members Present:	Members Absent:	Staff:	Others:
Ron Passmore-Chair William Akers Chad Blosser William ‘Billy’ Fritz Christopher Kroboth Dr. Charles Lane Larry Oliver John Wanamaker	Kathy Eubank Dr. Robin Foster	Scott Winston Warren Short Greg Neiman Debbie Akers Adam Harrell	Michelle Ludeman Cathy Cockrell Brian McIntosh Hunter Elliott Jason Ambrose Linda Harris Tammy Johnson

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at:10:34am	
II. Introductions	Introductions were made of Committee Members and Guests	
III. Approval of Agenda	The Committee reviewed the Agenda for today’s meeting. (Attached)	Unanimously Approved
IV. Approval of Minutes	The Committee reviewed the minutes of the January 6, 2016 Quarterly Meeting (Attachment: A)	Unanimously Approved
V. Reports of Committee Members	A. Reports of Committee Members <ol style="list-style-type: none"> 1. Chairman Report –Ron Passmore – No Report 2. Committee Members <ol style="list-style-type: none"> a. Non-VCCS EMS Program – Discussion of the Peer Group Meeting held in March 2016 b. VCCS-No Report c. VAVRS – Not Present d. Regional Directors – No report e. EMS-C – Not Present f. VAGEMSA – No Report g. Fire Based Organization – No report 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> h. Educators – No report 3. Medical Direction Committee – Dr. Lane - No Report B. Office of EMS <ul style="list-style-type: none"> 1. BLS Training Specialist – Greg Neiman <ul style="list-style-type: none"> a. EC Institute <ul style="list-style-type: none"> 1. The next Institute is in conjunction with the VAVRS Rescue College in Blacksburg in June 2. Next Practical is May 7 here in the Richmond Area. b. Updates <ul style="list-style-type: none"> 1. The DED Division will stay on the road for 2016. <ul style="list-style-type: none"> 1. Held a Friday and Saturday Update at Henrico Fire in January 2. February Update was at Fort Lee 3. March was at Spotsylvania Regional Medical Direction 4. April is in BREMS on Saturday, April 30. 2. Have added a couple of Friday's to the schedule. <ul style="list-style-type: none"> 1. Added one in January in Richmond and one in September in Fairfax. 3. See the latest schedule on our Webpage: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm c. Instructor Recertification <ul style="list-style-type: none"> 1. Only a handful of EMT Instructors left in the system. d. TCC Web Page <ul style="list-style-type: none"> 1. Was an error on the webpage regarding the TCC Membership. It has been corrected. 2. ALS Training Specialist – Debbie Akers <ul style="list-style-type: none"> 1. Accreditation (Attachment: B) <ul style="list-style-type: none"> 1. Report distributed 2. Programs dropped from report <ul style="list-style-type: none"> a. American National b. Historic Triangle c. Rappahannock EMS Council 3. As previously reported, Roanoke Regional Intermediate Program was placed on probation. Have finished their last announced course. 4. BLS Accredited Programs <ul style="list-style-type: none"> a. New Programs coming online b. Considering a change in the process of accreditation 2. NR Stats (Attachment: C) <ul style="list-style-type: none"> 1. Report Distributed 2. Discussion of NR issued State Report (Attachment: D) 3. In April, all Enhanced will be transitioned to Virginia AEMT. <ul style="list-style-type: none"> 1. System will go down on Monday, April 11 to facilitate the transition 2. Level will become "C" 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>3. No more Enhanced (J)</p> <p>4. Will be required to meet AEMT Recertification requirements beginning July 1, 2016</p> <p>5. Brings us in line with the online CE vendors that are listing courses for the AEMT Level</p> <p>6. If anyone gains eligibility between now and July 1, will stay eligible until recertification.</p> <p>Discussion of issues surrounding Physicians challenging NR Paramedic from Dr. Lane. A few VA OMD's spoke to NR Reps at NAEMSP CoAEMSP now requires all programs to advise if they allow Advanced Placement Debbie has been in contact with CoAEMSP. They are reviewing our state process and will get back with her Warren has addressed our concerns with NR</p> <p>3. EMS Training Funds – Adam Harrell</p> <p>a. EMSTF (Attachment: E)</p> <ol style="list-style-type: none"> 1. Report distributed. 2. FY17 <ol style="list-style-type: none"> 1. Still determining what changes may come about. 2. Will notify programs once everything is finalized <p>b. Scanners</p> <ol style="list-style-type: none"> 1. Approaching end of life 2. Looking at a replacement 3. Software rather than hardware 4. Looking to make this compatible across many different platforms 5. In software development now <p>4. Testing – Peter Brown (Warren Short)</p> <p>a. Peter is working to update some of the scenarios to bring them in line with field practice</p> <ol style="list-style-type: none"> 1. Pulse Oximetry 2. Oxygen Administration. <p>b. Updating PEG</p> <p>5. Division of Educational Development – Warren Short</p> <p>a. New process for Travel for Committee Members</p> <ol style="list-style-type: none"> 1. Question from Bill Akers regarding allowing electronic signatures <ol style="list-style-type: none"> 1. Still not accepted by VDH <p>b. New Course Delivery Process</p> <ol style="list-style-type: none"> 1. I-P Bridges have become impossible to define 2. Due to requirements under EMSTF and new delivery process, I-P Bridge no longer exists 3. Those seeking to go from I to P will now enroll in an full Paramedic Program 4. Programs will review and award experiential credit 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>c. Education Coordinator Process Proposal (Attachment: F)</p> <ol style="list-style-type: none"> 1. Considering a new process 2. Seeking feedback and suggestions on DRAFT process 3. Would like this to be on the Advisory Board agenda by November. <p>d. ALS Field Competency (Attachment: G)</p> <ol style="list-style-type: none"> 1. Added Field Experience Row 2. Adjusted/Renamed Capstone Field Experience 3. Removed I to P Bridge Column and added Footnote 14 4. Will replace TR-17 A & B <p>e. I-99 Workgroup Reports (Attachment: H)</p> <p>6. Regulation and Compliance – Scott Winston</p> <p>a. Regulations</p> <ol style="list-style-type: none"> 1. Fast-track regulatory Packet in March <ol style="list-style-type: none"> 1. Minor change in DDNR 2. Recognized POST as another accepted DNR 2. Getting ready to begin another periodic review of our Regulations 3. Will start seeing requests for reviews 4. May take up to two (2) years to complete <p>7. OEMS Director/Assistant Director – Scott Winston</p> <p>a. Trauma System Report ACS</p> <ol style="list-style-type: none"> 1. Over 100 recommendations 2. Chair and Executive Committee has appointed a Comprehensive Task Force of subject matter experts 3. Timeline for Draft State Trauma Plan 4. Six (6) Workgroups 5. Pre hospital Task Force meeting next week 6. Ron Passmore is on this workgroup 7. Will be posting a dedicated Webpage for the Task Force 8. Have a number of openings in the Trauma Division 9. Have a replacement for Paul Sharpe who should be starting in a few weeks. <p>b. NEMSES Version 3</p> <ol style="list-style-type: none"> 1. Based on the timeline everyone should have transitioned 	<p>Motion By: Bill Akers To: Accept the new ALS Certification Program Clinical Hour and Competency Summary Requirements (TR.17) with the understanding that MDC will review the minimum number of intubations. Seconded By: Dr. Lane Vote: Unanimously Approved</p>

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	<ul style="list-style-type: none"> 2. Have many agencies that have not 3. Must transition by the end of 2016 4. Working with the agencies experiencing difficulties c. General Assembly has concluded <ul style="list-style-type: none"> 1. Veto Session next week 2. REPLICCA Bill has been signed by the Governor 3. Will be recognized as enacted on July 1, 2016, but will not go into effect until 10 states have signed on. 4. Hoping to meet threshold by end of this year or med next year. 5. Thank you to those who contacted General Assembly in support 	
VI. Previous Business	<ul style="list-style-type: none"> A. Workgroups <ul style="list-style-type: none"> 1. I-99 Planning Workgroup – Larry Oliver <ul style="list-style-type: none"> a. Have had 5 or 6 WEBINARS over the past few months b. Collected data from the Office and survey to other states <ul style="list-style-type: none"> 1. Colorado, Maryland and Virginia are the primary users 2. Virginia is the largest 3. Questions around West Virginia c. Third Party Vendors response has been difficult to obtain. <ul style="list-style-type: none"> 1. Have heard from one of the vendors 2. The second is not interested d. Will be meeting again in April to come to some conclusion 2. Training Regulations Review Workgroup- Chad Blosser <ul style="list-style-type: none"> a. Word Document was distributed in March b. No responses were received by March 31 Deadline c. Workgroup will meet soon to get back on track 3. Accreditation Program Internal Psychomotor Testing – Chad Blosser <ul style="list-style-type: none"> a. Will finalize membership ASAP b. Planning for first meeting in April 4. Field Preceptor Workgroup – Christopher Kroboth <ul style="list-style-type: none"> a. OEMS has deferred as it has been moved to the VCCS Peer Group for facilitation. 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
VII. New Business	1. Discussion of VCU Hybrid Paramedic Program	
VIII. Public Comment	None	
IX. Dates for 2015 Meetings	2016 dates are 1/6, 4/6, 7/6, 10/5	
X. Adjourn	Meeting adjourned at 12:15pm	

Respectfully submitted by: _____
 Gregory S. Neiman
 OEMS Staff Representative
 April 6, 2016



COMMONWEALTH of VIRGINIA

Department of Health

Office of Emergency Medical Services

1041 Technology Park Drive
Glen Allen, VA 23059-4500

Division Of Educational Development

Training & Certification Committee

Wednesday, April 6th - 10:30 AM

OEMS Office – 1041 Technology Park Dr, Glen Allen, VA 23059

Meeting Agenda

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

Gary R. Brown
Director

P. Scott Winston
Assistant Director

1-800-523-6019 (VA only)
804-888-9100
FAX: 804-371-3108

804-888-9120
FAX: 804-371-3409

- I. **Welcome**
- II. **Introductions**
- III. **Approval of Agenda**
- IV. **Approval of Minutes from January 6, 2016**
- V. **Reports of Committee Members**
 - A. Reports of Committee Members
 1. Chairman Report
 2. Medical Direction Committee - Dr. Charles Lane
 3. Committee Members
 - B. Office of EMS
 1. BLS Training Specialist – Greg Neiman, OEMS
 2. ALS Training Specialist – Debbie Akers, OEMS
 3. EMSTF – Adam Harrell, OEMS
 4. Certification Testing Coordinator – Peter Brown, OEMS
 5. Division of Educational Development (DED) - Warren Short, OEMS
 6. Regulation & Compliance – OEMS
 7. Director/Asst. Director – Gary Brown/Scott Winston
 8. Other Office Staff
- VI. **Previous Business**
 - A. Workgroups
 1. Intermediate Certification Planning Workgroup – Larry Oliver
 2. Training Regulations Review Workgroup – Chad Blosser
- VII. **New Business**
- VIII. **Public Comment**
- IX. **Dates for 2016 Quarterly Meetings**
 - A. January 6, April 6, July 6, October 5
- X. **Adjourn**

**Attachment: A to the
April 6, 2016 TCC Minutes**

**Approved
January 6, 2016
Minutes of the TCC**

Training and Certification Committee
OEMS Office – 1041 Technology Park Dr, Glen Allen, Virginia
January 6, 2016
10:30 am

Members Present:	Members Absent:	Staff:	Others:
Ron Passmore-Chair		Gary Brown	Adam Alford
William Akers		Scott Winston	Donna Burns
Chad Blosser		Dr George Lindbeck	Lani deForest
Kathy Eubank		Michael Berg	Daniel Linkins
William ‘Billy’ Fritz		Warren Short	Brian McIntosh
Dr. Robin Foster		Greg Neiman	Tom Olander
Christopher Kroboth		Debbie Akers	Jerry Sourbeer
Dr. Charles Lane		Adam Harrell	Jason Stroud
	Larry Oliver-Excused	Peter Brown	Mark Wright
John Wanamaker			

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at:10:35am	
II. Introductions	Introductions were made of Committee Members and Guests	
III. Approval of Agenda	The Committee reviewed the Agenda for today’s meeting. (Attached)	Unanimously Approved
IV. Approval of Minutes	The Committee reviewed the minutes of the October 7, 2015 Quarterly Meeting (Attachment: A)	Unanimously Approved with minor changes
V. Reports of Committee Members		
	<p>A. Reports of Committee Members</p> <ol style="list-style-type: none"> 1. Chairman Report –Ron Passmore – Executive Committee meeting last week. Greg Neiman discussed plans to move from annual reappointments to TCC to staggered 3-year appointments. Will require EAB Bylaw change. If implemented, will conduct reappointment process in the fall and established staggered 1, 2 and 3-year appointments to begin the process. 2. Committee Members <ol style="list-style-type: none"> a. VAVRS – No report b. Regional Directors – No report c. EMS-C - No Report d. VAGEMSA – Absent (Excused) e. Non-VCCS EMS Program – No Report 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> f. VCCS-No Report g. Fire Based Organization – No report h. Educators – No report 3. Medical Direction Committee – Dr. Lane <ul style="list-style-type: none"> a. Meeting tomorrow 1/7/2016 <ul style="list-style-type: none"> 1. In October, MDC supported the DED CE Change Proposal B. Office of EMS <ul style="list-style-type: none"> 1. BLS Training Specialist – Greg Neiman <ul style="list-style-type: none"> a. EC Institute <ul style="list-style-type: none"> 1. The next Institute is in the Richmond Area beginning January 30. b. Updates <ul style="list-style-type: none"> 1. The DED Division will stay on the road for 2016. 2. Have added a couple of Friday’s to the schedule. <ul style="list-style-type: none"> 1. Held one update on Friday in June in the Western Council that was well attended 2. Have had a few requests over the years to add Friday Updates instead of all Saturdays. 3. Added one in January in Richmond and one in September in Fairfax. 3. See the latest schedule on our Webpage: http://www.vdh.virginia.gov/OEMS/Training/EMS_InstructorSchedule.htm c. Instructor Recertification <ul style="list-style-type: none"> 1. Only a handful of EMT Instructors left in the system 2. ALS Training Specialist – Debbie Akers <ul style="list-style-type: none"> 1. Accreditation (Attachment: B) <ul style="list-style-type: none"> 1. Report distributed 2. No substantial changes 3. ECPI has finalized their plans to purchase the Historic Triangle/NKA program and will offer EMS Education in their facilities in Newport News, VA Beach and Richmond <ul style="list-style-type: none"> a. Contracted with Nick Klimenko and William Hall as Program Directors b. LSSR application has been submitted to CoAEMSP 4. As previously reported, Roanoke Regional Intermediate Program was placed on probation. Have finished their last announced course. Looking to revamp, may be contracting with Jefferson College in the future. 2. NR Stats (Attachment: C) <ul style="list-style-type: none"> 1. Report Distributed 2. Previously concerns were expressed about the number of students who never test <ul style="list-style-type: none"> a. In 2015 (Jan-Nov) 523 candidates never took the exam 3. Seeing better success rates on the retests for those failing the initial attempt 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> 4. Students report they do not feel their instructor has adequately prepared them for the NR Cognitive <ul style="list-style-type: none"> a. Instructors still offering only rote memorization tests instead of critical thinking exams. 3. Continuing to work on new CE Model <ul style="list-style-type: none"> 1. On Track for implementation July 1, 2016 2. More information will be forthcoming 3. If a provider meets recertification eligibility before July 1 it will remain until they certify despite the changes in CE 4. In April, all Enhanced will be transitioned to Virginia AEMT. <ul style="list-style-type: none"> 1. Level will become "C" 2. No more Enhanced (J) 3. Will be required to meet AEMT Recertification requirements beginning July 1, 2016 4. Brings us in line with the online CE vendors that are listing courses for the AEMT Level 3. EMS Training Funds – Adam Harrell <ul style="list-style-type: none"> a. EMSTF (Attachment: D) <ul style="list-style-type: none"> 1. Report distributed. 2. FY17 Looking at some changes to the program <ul style="list-style-type: none"> 1. Beginning July 1, will no longer fund Auxiliary Programs 2. 16th Percentile will begin <ul style="list-style-type: none"> a. Latest calculation has been completed and should be posted to the web this week. b. Website <ul style="list-style-type: none"> 1. We have Updated the DED Section 2. Please provide feedback on changes and other things we need to address 4. Testing – Peter Brown (Warren Short) <ul style="list-style-type: none"> 1. Testing continues across the state. 2. Still down a few examiners, but will be rehiring the open positions soon 3. Testing issues seem to come in waves 4. Reviewing and updating scenarios 5. Division of Educational Development – Warren Short <ul style="list-style-type: none"> a. Looking to expand the portal further <ul style="list-style-type: none"> 1. Please encourage providers to access it regularly b. 2016 Virginia EMS Symposium <ul style="list-style-type: none"> 1. Only 400 or so proposals submitted 2. Usually have 700 by now 3. Please encourage people to submit proposals for 2016 4. Deadline moved to January 31, 2016 c. Are addressing the issue with Medical Professional not being allowed to obtain NR certification based on CoAEMP current policy requiring applicants to have graduated from an accredited paramedic program. 	

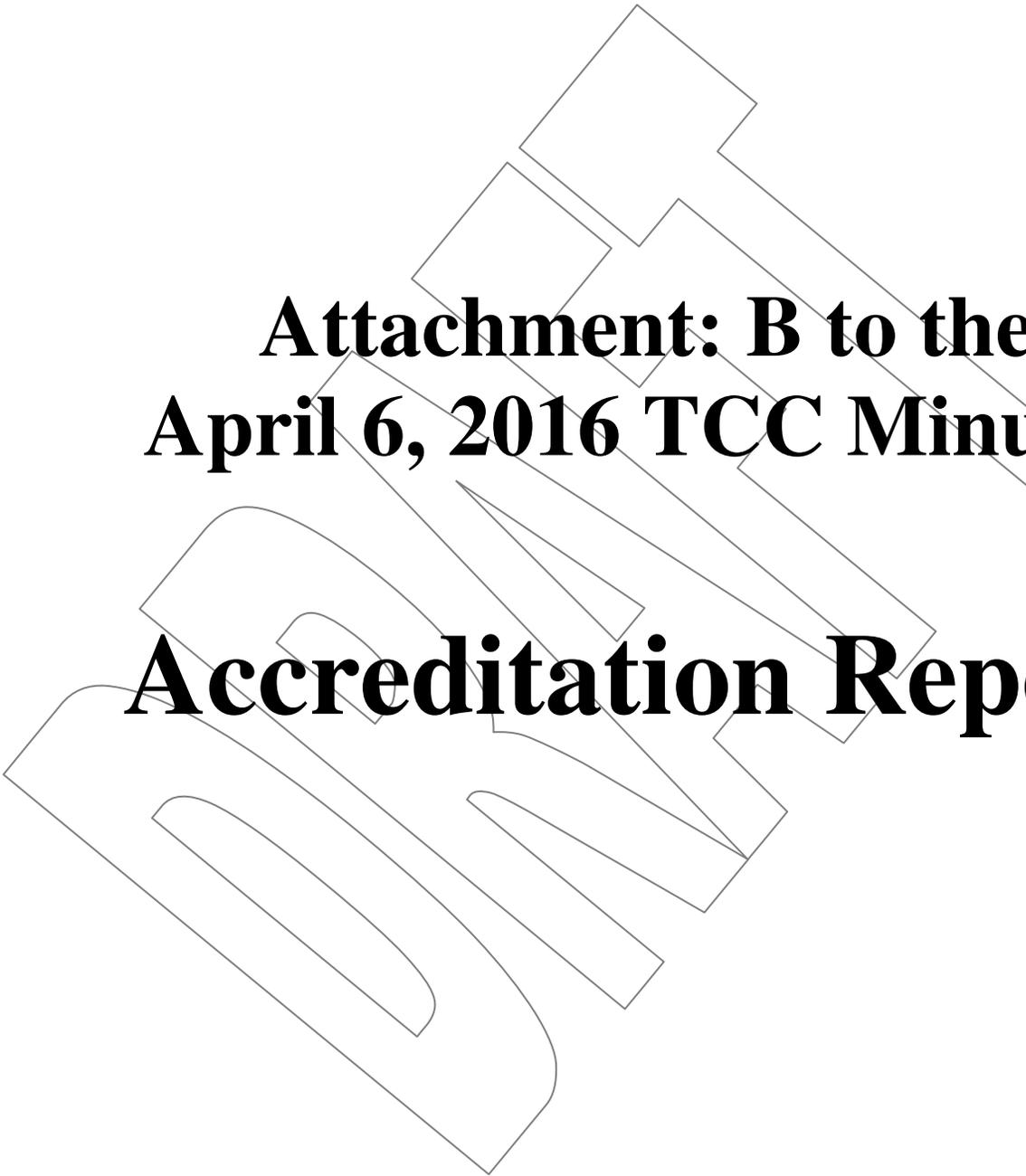
Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>1. Have over 15 people waiting for an outcome</p> <p>6. Regulation and Compliance – Michael Berg</p> <p>a. Regulations</p> <ol style="list-style-type: none"> 1. Periodic review is upcoming <ol style="list-style-type: none"> 1. Expect an announcement in July 2. Opportunity for public comment for changes or additions 3. Have been speaking with committees to request that they review their sections for recommendations 2. RSAF Changes went into effect January 4 3. Fast Track packet in the pipeline for DDNR adding POST/POLST as a definition 4. Had a Fast Track Packet to add the word ‘affiliation’ back into section 910. Governor’s Office has chosen not to support this change. Discussed at Executive Meeting. Have a couple of options. As worded now, a conviction of certain crimes may cause loss of or prevent gaining certification but will not prevent them from affiliating with agencies. <p>b. Compliance</p> <ol style="list-style-type: none"> 1. This past year we had an increase in compliance issues with Instructors submitting false documents for money as well as CE. Waiting on letters from upstairs for 2 folks right now and have an ongoing case for a jurisdiction. <p>7. OEMS Director - Gary Brown</p> <p>a. Legislation</p> <ol style="list-style-type: none"> 1. General Assembly convenes next week 2. Long Session since it is an even year 3. Tracking upcoming EMS Related Legislation <ol style="list-style-type: none"> 1. REPLICCA has been reintroduced <ol style="list-style-type: none"> a. Has broad support across the Commonwealth b. Information, talking points, FAQ and Model Resolution is posted on our Website 2. A couple of Bills have been introduced that address Mental Health for EMS/Fire personnel 3. Line of Duty Death 4. Every Friday OEMS will send out a Legislative Report and post to our website <ol style="list-style-type: none"> 1. If a Bill affecting EMS is overlooked, please let us know <p>b. Personnel</p> <ol style="list-style-type: none"> 1. Paul Sharpe has resigned to take a position with HCA 2. Will be taking a look at the Trauma System Registry 3. Data side continues moving forward 4. Maintaining VPHIB, 5. Planning for transition from NEMSIS v. 2 to v. 3 <p>8. OEMS Assistant Director – Scott Winston</p> <p>a. Reviewing EMS Plan</p> <ol style="list-style-type: none"> 1. Working through Tim Perkins, each standing committee will review their 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p style="text-align: center;">section and make recommendations</p> <ul style="list-style-type: none"> b. Designation Process of EMS Councils <ul style="list-style-type: none"> 1. Required to be designated by BOH every 3 years 2. Have received application form existing councils 3. Selecting site reviewers for visits Feb, Mar Apr 4. Will be designated effective July 1, 2016 9. State Medical Director - Dr. Lindbeck – No Report 	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person																																							
VI. Previous Business	<p>A. Workgroups</p> <ol style="list-style-type: none"> 1. I-99 Planning Workgroup <ol style="list-style-type: none"> a. Met online in December. Minutes posted online. b. Workgroup requested OEMS conduct a survey of other states' plans for Intermediate <ol style="list-style-type: none"> 1. 8 states still recognize I-99 2. Various plans for continuing the level <p>Request for # of newly certified I-99 in VA during 2015. Debbie estimates around 200</p> <p>Question regarding CMS changing definition of ALS – Dr. Lindbeck, still just a rumor, nothing solid in writing.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Organization</th> <th style="text-align: left;">Representative</th> <th style="text-align: left;">Signature</th> </tr> </thead> <tbody> <tr> <td>TCC/VAGEMSA</td> <td>LARRY OLIVER</td> <td><u>loliver@fcva.us</u></td> </tr> <tr> <td>VA FIRE CHIEFS</td> <td>DAVE HOBACK</td> <td><u>David.Hoback@roanokeva.gov</u></td> </tr> <tr> <td>VCCS ACCREDITED PROGRAM</td> <td>JEANETTE MANN</td> <td><u>jmann@dslcc.edu</u></td> </tr> <tr> <td>NON-VCCS ACCREDITED PROGRAM</td> <td>JEFFREY REYNOLDS</td> <td><u>jreynold@gamewood.net</u></td> </tr> <tr> <td>REGIONAL COUNCIL PROGRAM</td> <td>MATT LAWLER</td> <td><u>mlawler@vaems.org</u></td> </tr> </tbody> </table> <ol style="list-style-type: none"> 2. Training Regulations Review Workgroup <ol style="list-style-type: none"> a. Last met November 24th <ol style="list-style-type: none"> 1. Conducted a survey from the 50 states regarding how they address poor educators, received about 25 responses most pointed to their regulations 2. After some review the Workgroup came to the conclusion that with the recent changes in the EMSTF and regulations Virginia is in a good position. 3. Discussion point that during regulations review add a regulation that will give some teeth to pass rates/retention rates 4. Defining a “poor performer” was ultimately difficult 5. Committee felt that their job is compete 6. Consider refocusing on reviewing Training Regulations <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Organization</th> <th style="text-align: left;">Representative</th> <th style="text-align: left;">Signature</th> </tr> </thead> <tbody> <tr> <td>TCC/REGIONAL COUNCILS</td> <td>CHAD BLOSSER</td> <td><u>cblosser@vaems.org</u></td> </tr> <tr> <td>VAGEMSA</td> <td>SUSIE HELBERT</td> <td><u>shelbert@co.henry.va.us</u></td> </tr> <tr> <td>ACCREDITED PROGRAM</td> <td>KEN WILLIAMS</td> <td><u>kwilliams6@vcu.edu</u></td> </tr> <tr> <td>EDUCATION COORDINATOR</td> <td>TRAVIS MITCHELL</td> <td><u>tmitchell87@gmail.com</u></td> </tr> <tr> <td>EDUCATION COORDINATOR</td> <td>BRAD FIELDS</td> <td><u>fieldsbd@gmail.com</u></td> </tr> <tr> <td>VAVRS/FLAP</td> <td>GARY DALTON</td> <td><u>gdalton@valleyhealthlink.com</u></td> </tr> </tbody> </table>	Organization	Representative	Signature	TCC/VAGEMSA	LARRY OLIVER	<u>loliver@fcva.us</u>	VA FIRE CHIEFS	DAVE HOBACK	<u>David.Hoback@roanokeva.gov</u>	VCCS ACCREDITED PROGRAM	JEANETTE MANN	<u>jmann@dslcc.edu</u>	NON-VCCS ACCREDITED PROGRAM	JEFFREY REYNOLDS	<u>jreynold@gamewood.net</u>	REGIONAL COUNCIL PROGRAM	MATT LAWLER	<u>mlawler@vaems.org</u>	Organization	Representative	Signature	TCC/REGIONAL COUNCILS	CHAD BLOSSER	<u>cblosser@vaems.org</u>	VAGEMSA	SUSIE HELBERT	<u>shelbert@co.henry.va.us</u>	ACCREDITED PROGRAM	KEN WILLIAMS	<u>kwilliams6@vcu.edu</u>	EDUCATION COORDINATOR	TRAVIS MITCHELL	<u>tmitchell87@gmail.com</u>	EDUCATION COORDINATOR	BRAD FIELDS	<u>fieldsbd@gmail.com</u>	VAVRS/FLAP	GARY DALTON	<u>gdalton@valleyhealthlink.com</u>	<p style="text-align: center;">TCC Approves that this Workgroup refocus on reviewing Training Regulations as a whole</p>
Organization	Representative	Signature																																							
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Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	3. Test Order Workgroup – Donna Burns <ul style="list-style-type: none"> a. The Office has accepted removing the test order policy b. Planning implementation July 1, 2016 c. Workgroup was not convened 4. Accreditation Program Internal Psychomotor Testing – Chad Blosser <ul style="list-style-type: none"> a. Will be ramping up in January 	
VII. New Business	A. Standardization of Field Preceptor Training – Bill Akers <ul style="list-style-type: none"> a. Daniel Linkins – Discussion of the Proposal (Attachment: E) 	Preceptor Workgroup will be formed. Chris Kroboth will chair.
VIII. Public Comment	None	
IX. Dates for 2015 Meetings	2016 dates are 1/6, 4/6, 7/6, 10/5	
X. Adjourn	Meeting adjourned at 12:15pm	

Respectfully submitted by: _____
 Gregory S. Neiman
 OEMS Staff Representative
 January 6, 2016



**Attachment: B to the
April 6, 2016 TCC Minutes
Accreditation Report**

Accredited Training Site Directory

As of April 5, 2016



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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>Central Virginia Community College</i>	68006	Yes	--	National – Continuing	CoAEMSP
<i>J. Sargeant Reynolds Community College</i>	08709	No	5	National – Continuing	CoAEMSP
<i>Jefferson College of Health Sciences</i>	77007	Yes	---	National – Continuing	CoAEMSP
<i>John Tyler Community College</i>	04115	No	--	CoAEMSP - LOR	
<i>Lord Fairfax Community College</i>	06903	No	--	National – Initial	CoAEMSP
<i>Loudoun County Fire & Rescue</i>	10704	No	--	National – Continuing	CoAEMSP
<i>Northern Virginia Community College</i>	05906	No	1	National – Continuing	CoAEMSP
<i>Patrick Henry Community College</i>	08908	No	--	CoAEMSP – Initial	CoAEMSP
<i>Piedmont Virginia Community College</i>	54006	Yes	--	National – Continuing	CoAEMSP
<i>Prince William County Dept of Fire and Rescue</i>	15312	Yes	--	CoAEMSP – LOR	
<i>Rappahannock Community College</i>	11903	Yes	--	CoAEMSP – LOR	
<i>Southside Virginia Community College</i>	18507	No	1	National – initial	CoAEMSP
<i>Southwest Virginia Community College</i>	11709	Yes	4	National – Continuing	CoAEMSP
<i>Stafford County & Associates in Emergency Care</i>	15319	No	1	National – Continuing	CoAEMSP
<i>Tidewater Community College</i>	81016	Yes	4	National – Continuing	CoAEMSP
<i>VCU School of Medicine Paramedic Program</i>	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.

- Prince William County has completed their first cohort class and their initial accreditation site visit is scheduled for November, 2015.
- Rappahannock Community College has completed their first cohort class and awaiting their initial accreditation visit.
- Central Shenandoah EMS Council is in the process of accreditation at the paramedic level in Virginia which is described on the OEMS web page at: <http://www.vdh.virginia.gov/OEMS/Training/Paramedic.htm>
- John Tyler Community College has been granted their Letter of Review from CoAEMSP.

Accredited Intermediate¹ 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	3*	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 & 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>Roanoke Regional Fire-EMS Training Center</i>	77505	No	--	State – Probation	July 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.

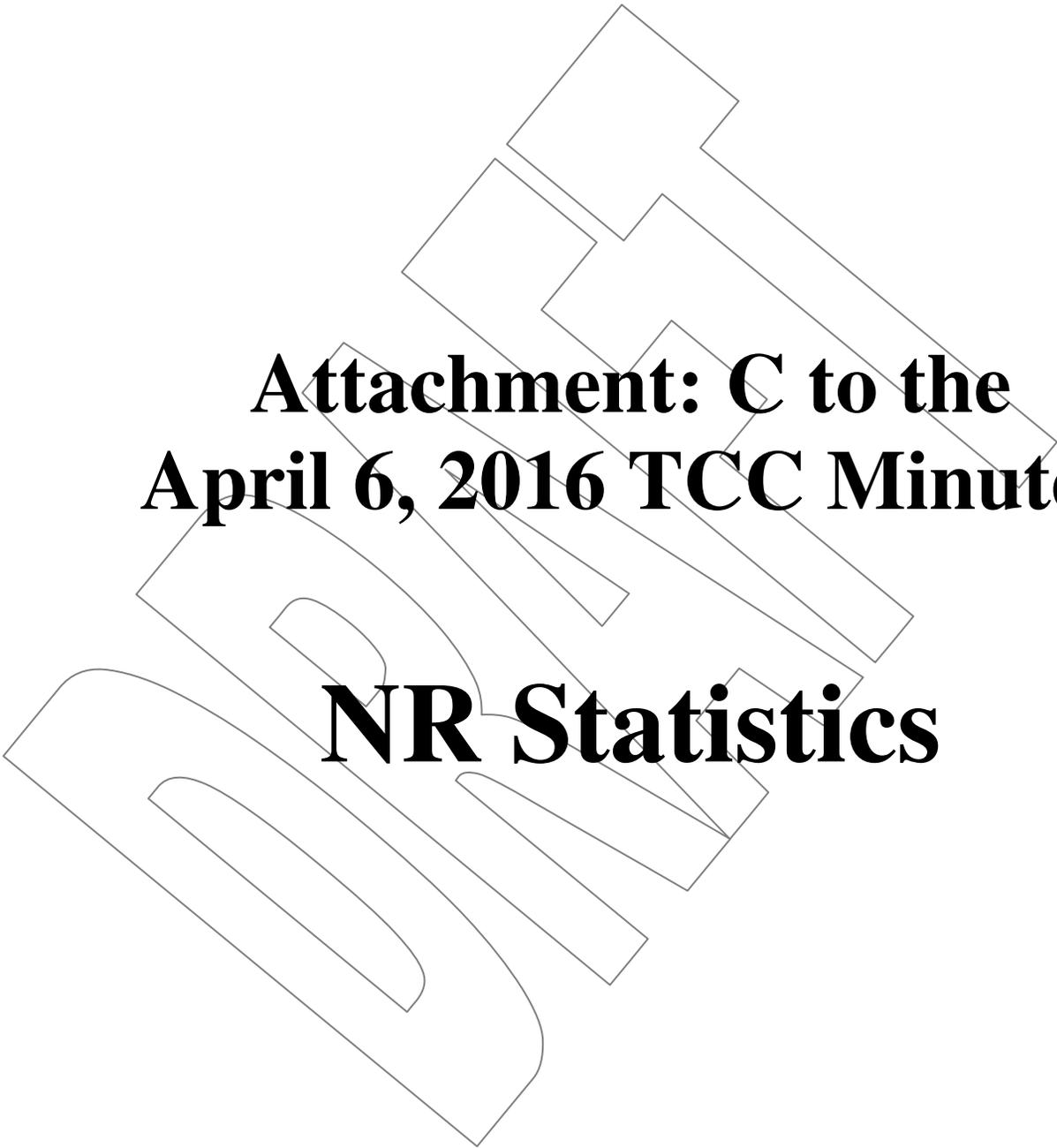
- ¹One year visit will be scheduled in the next month to review paperwork and evaluations from initial course.

Accredited AEMT Training Programs in the Commonwealth

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

Accredited EMT Training Programs in the Commonwealth

<i>Site Name</i>	<i>Site Number</i>	<i># of Alternate Sites</i>	<i>Accreditation Status</i>	<i>Expiration Date</i>
<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 & Rescue</i>	06906	--	State – Conditional	July 31, 2016
<i>Chesterfield Fire & EMS</i>	04103	--	State – Conditional	July 31, 2016



**Attachment: C to the
April 6, 2016 TCC Minutes**

NR Statistics

EMT Statistics

As of 4/05/2016

Virginia:

Report Date: 4/5/2016 4:34:38 PM
Report Type: State Report (VA)
Registration Level: EMT-Basic / EMT
Course Completion Date: 3rd Quarter 2012 to 2nd Quarter 2016
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
9212	65% (5990 / 9212)	76% (6975 / 9212)	76% (7035 / 9212)	0% (8 / 9212)	12% (1127 / 9212)	11% (1047 / 9212)

National Registry Statistics:

Report Date: 4/5/2016 4:37:24 PM
Report Type: National Report
Registration Level: EMT-Basic / EMT
Course Completion Date: 3rd Quarter 2012 to 2nd Quarter 2016
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
248140	68% (169157 / 248140)	79% (196694 / 248140)	80% (198264 / 248140)	0% (229 / 248140)	11% (27821 / 248140)	9% (22001 / 248140)

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

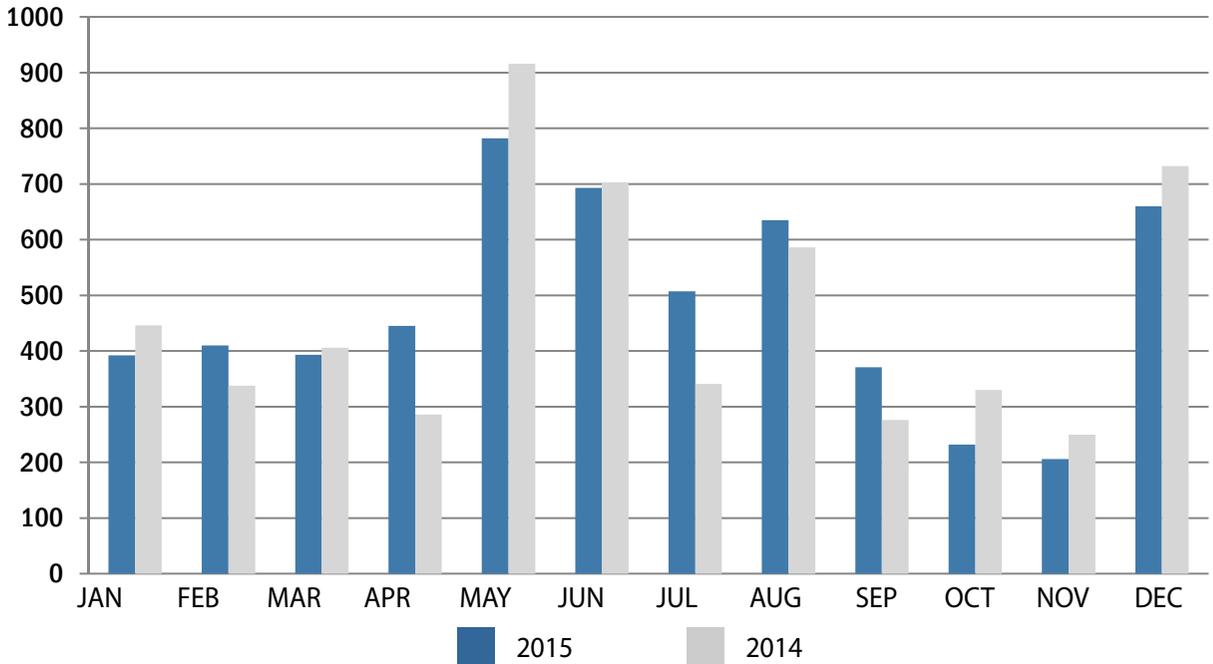
<http://www.vdh.virginia.gov/OEMS/Training/TPAM/Forms/EMT%20Performance%20Measure.pdf>

**Attachment: D to the
April 6, 2016 TCC Minutes**

NR State Report



ATTs Issued for all EMS Levels



This State Annual Report is specific to Virginia. The following statistics encompass January 1 to December 31, 2015 in regard to initial and maintenance of National EMS Certification. The National Registry of EMTs serves to protect the public by providing a valid, uniform process to assess the knowledge and skills required for competent practice by EMS professionals throughout their careers and by maintaining a registry of certification status. Please call Anne Weideman, NREMT's State Office Coordinator, if you have any questions at 614-888-4484 ext. 165.

TOTAL ATTs ISSUED IN 2015: **5,726**

AVERAGE NUMBER OF DAYS TO COMPLETION FOR FIRST TIME TEST-TAKERS for all EMS levels

ATT ISSUED to Taking First Cognitive Exam
2015 **24** days 2014 **27** days

Pearson VUE Professional Centers
2015 **8** 2014 **8**

Pearson VUE Authorized Testing Centers
2015 **10** 2014 **9**

OUR EDITORS:
Severo Rodriguez, MS, NRP
Rob Wagoner, BSAS, NRP
Sherry A. Mason, BS
Anne Weideman, BS



Course Completion - First Attempt Pass Rates*

NUMBER OF CANDIDATES
2015 2014

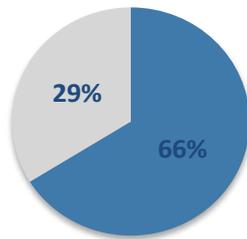
NREMR
65 90

NREMT
2,131 2,440

NRAEMT
41 54

NRP
288 132

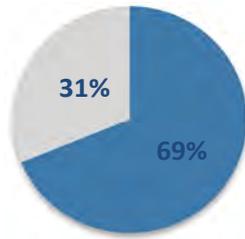
NREMR



2015

2014

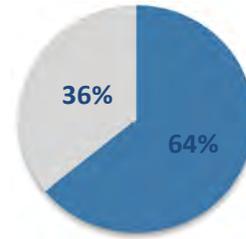
NREMT



2015

2014

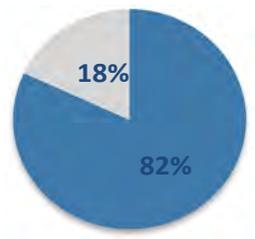
NRAEMT



2015

2014

NRP



2015

2014

Successful First Attempt

Unsuccessful First Attempt

Course Completion - Cumulative Third Attempt Pass Rates*

NUMBER OF CANDIDATES
2015 2014

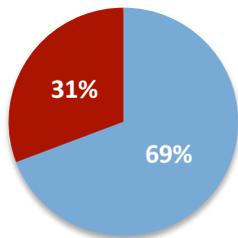
NREMR
65 90

NREMT
2,131 2,440

NRAEMT
41 54

NRP
288 132

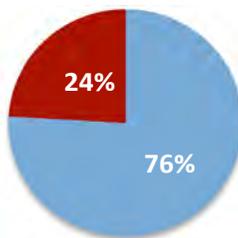
NREMR



2015

2014

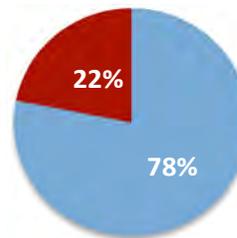
NREMT



2015

2014

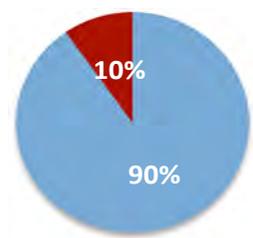
NRAEMT



2015

2014

NRP



2015

2014

Cumulative Pass by Third Attempt

Unsuccessful Third Attempt

National Rank

Course Completion First Time Pass Rates

2015 22 of 29
NREMR

24 of 51
NREMT

11 of 31
NRAEMT

18 of 44
NRP

2014 20 of 26
NREMR

33 of 51
NREMT

2 of 28
NRAEMT

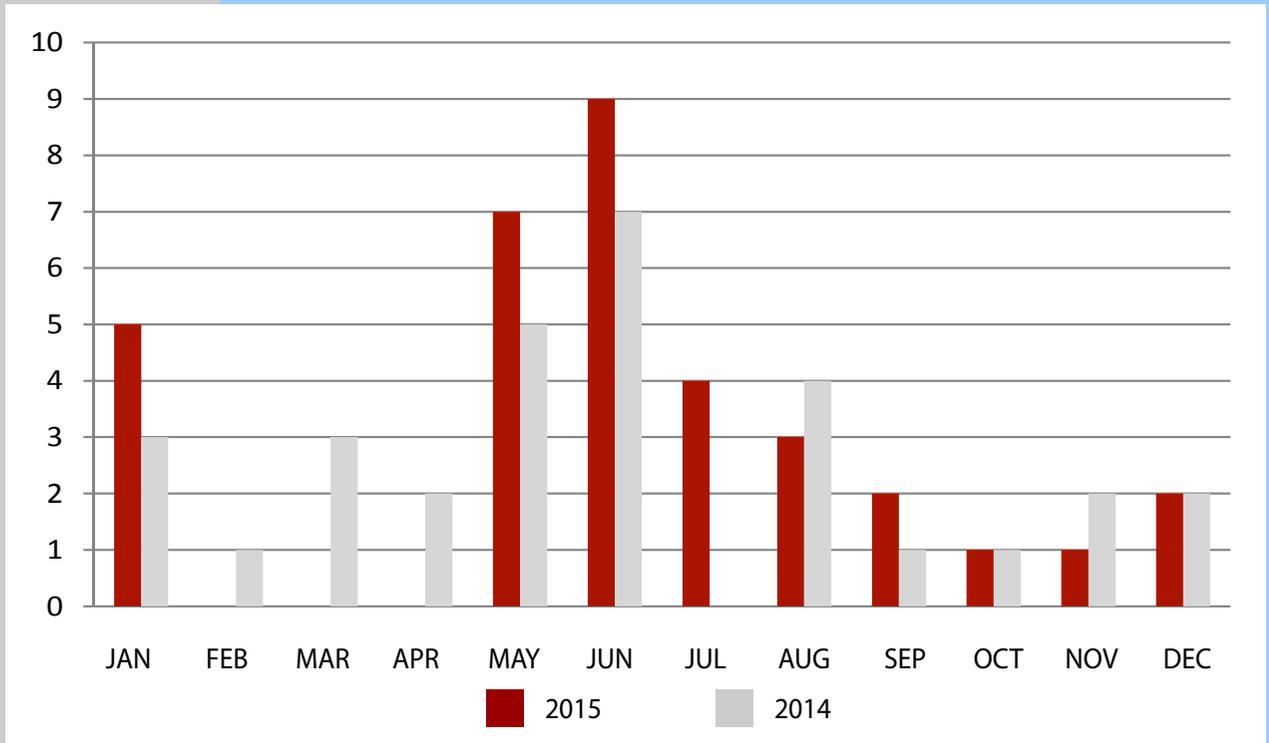
30 of 48
NRP

* Data as of January 28, 2015.
Pass/fail data reports available
on the State EMS Office section
of the NREMT website may
vary if generated
after that date.

Based on states and District of Columbia that had ten (10) or more candidates that tested for that level.



Psychomotor Exams - Number of Scheduled ALS Psychomotor Exams



Nationally Certified EMS Personnel

2015	2014
214	179
NREMR	
7,588	6,942
NREMT	
964	82
NRAEMT	
4,642	4,439
NRP	

Psychomotor Exams Administered

2015	2014
34	31

STAFF MAKE UP

as of December 31, 2015

Training Officers

2015	2014
877	684

Medical Directors

2015	2014
352	281

For these data and the remainder of this report, NREMR includes First Responder, NREMT includes EMT-Basic and NRP includes EMT-Paramedic



RECIPROCITY 2015

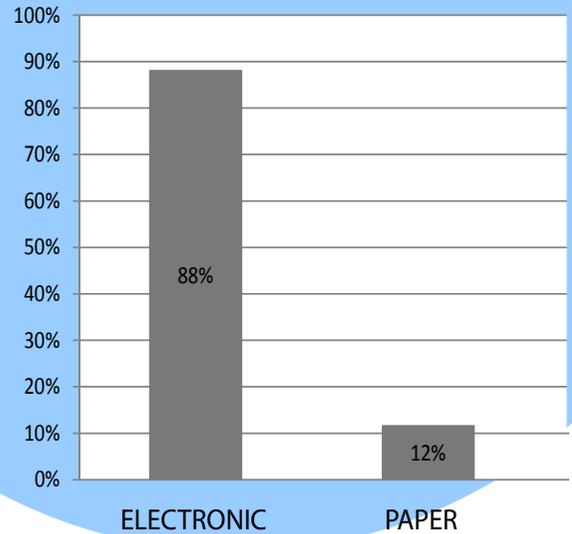
Number of manually verified requests for reciprocity

8
NREMT
0
NRAEMT
4
NRP

Mark King Initiative

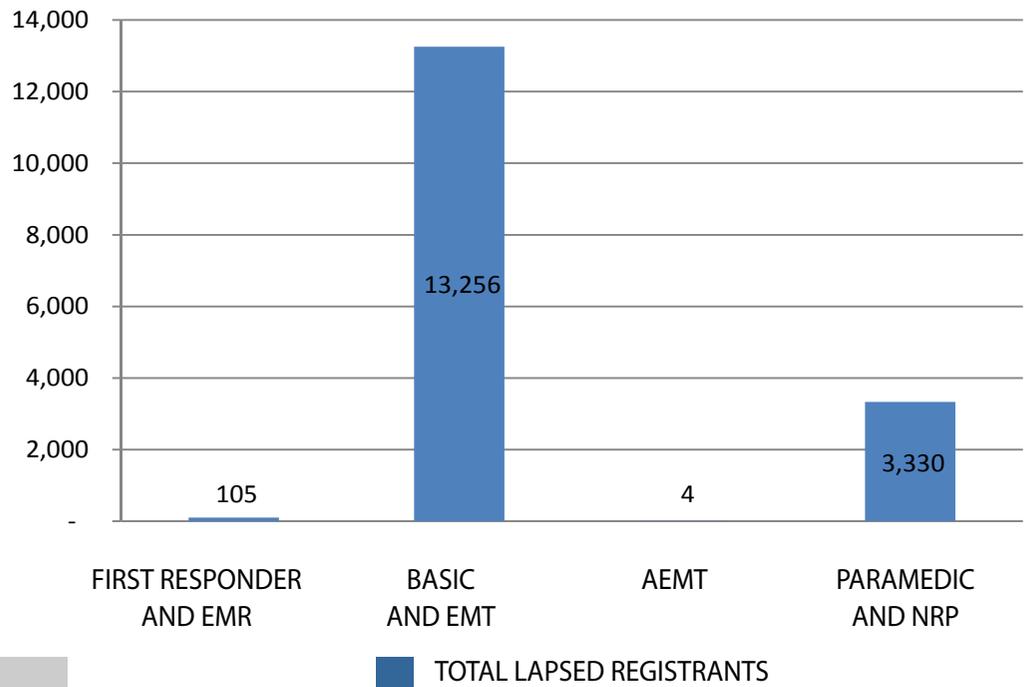
Lapsed registrants who have maintained their state license to practice and are in good standing with the state may be eligible to re-obtain National Certification. The Mark King Initiative works with State EMS Offices to help reinstate National Certification to eligible EMS personnel.

PERCENTAGE OF REGISTRANTS Recertifying Electronic/Paper



Lapsed Registrants 1970-2015

numbers may include EMS personnel that changed careers, moved out of state, retired or are deceased.



**Attachment: E to the
April 6, 2016 TCC Minutes**

EMSTF

Emergency Medical Services Training Funds Summary

As of April 5, 2016





EMS Training Funds Summary of Expenditures

Fiscal Year 2014	<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
Total	\$2,727,780.00	\$1,354,513.90

Fiscal Year 2015	<i>Obligated \$</i>	<i>Disbursed \$</i>
19 Emergency Ops	\$2,480.00	\$540.00
40 BLS Initial Course Funding	\$737,320.50	\$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
Total	\$2,603,604.50	\$1,204,881.12

Fiscal Year 2016	<i>Obligated \$</i>	<i>Disbursed \$</i>
19 Emergency Ops	\$0.00	\$0.00
40 BLS Initial Course Funding	\$0.00	\$47,278.17
40 EMT Initial Course	\$602,820.00	\$197,210.36
43 BLS CE Course Funding	\$0.00	\$5,320.00
43 Category 1 CE Course	\$133,685.00	\$32,803.75
44 ALS CE Course Funding	\$0.00	\$8,251.25
45 Auxiliary Course	\$426,400.00	\$65,920.00
45 BLS Auxiliary Program	\$0.00	\$4,455.00
46 ALS Auxiliary Program	\$0.00	\$39,360.00
49 ALS Initial Course	\$982,260.00	\$314,572.09
49 ALS Initial Course Funding	\$0.00	\$107,221.89
Total	\$2,145,165.00	\$822,392.51

**Attachment: F to the
April 6, 2016 TCC Minutes
EC Process Proposal**

Outline for Education Coordinator Candidate

I. Requirements

- A. Be a minimum of 21 year of age upon application submission.
- B. Possess a high school diploma or equivalent.
- C. Hold current Virginia EMS certification as an EMT or higher level Virginia EMS certification.
- D. Have three years medical experience with a minimum of two years verified field experience as an EMS provider at the appropriate EMS level or two years of current Virginia licensure as a registered nurse, physician assistant, doctor of osteopathic medicine, or doctor of medicine.
- E. Must not have any EMS compliance enforcement actions within the previous five years including during the candidate review process.

II. Application

- A. Candidate status is initiated upon receipt of a completed EC candidate application.
- B. Must have the endorsement of an OEMS recognized EMS physician on a form approved by the OEMS.
- C. Must have the endorsement of an OEMS certified Education Coordinator on a form approved by the OEMS from the educator who is willing to mentor the candidate and who is at or above the 16 percentile. A minimum of 60% of the teaching experience must be with the education coordinator endorsing the candidate.
- D. Applicant must sign a self-declaration indicating they meet the eligibility requirements for EC.
- E. Attach documents of the highest level of education completed
 - 1. High school diploma or equivalent
 - 2. Associates Diploma from a nationally accredited educational program whose accreditation is recognized by Virginia.
 - 3. Bachelor's Diploma from a nationally accredited educational program whose accreditation is recognized by Virginia.
 - 4. A Master's or PhD diploma from a nationally accredited educational program whose accreditation is recognized by Virginia.

Outline for Education Coordinator Candidate

- F. Application is valid for 2 years from date approved by OEMS .

III. Pre-institute Phase

- A. Must have a completed and an approved OEMS EC Candidate application to start the Pre-institute phase.
- B. All Pre-institute phase components must be completed to receive an invitation to the EC Institute.
- C. Testing Requirements
1. Shall pass the National Registry EMT cognitive assessment examination.
 - a. List process
 - b. The candidate is responsible for all testing fees.
 2. Shall pass the EMT psychomotor examination at a CTS site.
 - a. List process
 - b. The candidate is responsible for all testing fees.
- D. Teaching Requirements
1. Shall teach with a Virginia certified education coordinator who endorsed the candidate in an initial EMT program as indicated above.
 2. Teaching hours can only be applied for face to face interaction such as in a traditional classroom setting or in a lab setting.
 3. Teaching hours are based on the educational credentials of the EC candidate as follows:
 - a. For a high school diploma or equivalent – 100 hours
 - i. A minimum of 60% must be in an initial certification program
 - a) 20 hours lab
 - b) 40 hours classroom
 - ii. The remaining 40% may be obtained in an initial program or through delivery of CE.
 - iii. If the EC candidate is an ALS provider, may substitute up to 25 hours of instruction in the classroom or lab in an ALS initial program up to and including their ALS certification level.
 - b. For an associate's degree – 75 hours
 - i. A minimum of 60% must be in an initial certification program
 - a) 15 hours lab
 - b) 30 hours classroom
 - ii. The remaining 40% may be obtained in an initial program or through delivery of CE.
 - iii. If the EC candidate is an ALS provider, may substitute up to 25 hours of instruction in the classroom or up to 10 hours in the lab in an ALS initial program up to and including their ALS certification level.
 - c. For a Bachelor's degree – 50

Outline for Education Coordinator Candidate

- i. A minimum of 60% must be in an initial certification program
 - a) 10 hours lab
 - b) 20 hours classroom
 - ii. The remaining 40% may be obtained in an initial program or through delivery of CE.
 - iii. If the EC candidate is an ALS provider, may substitute up to 15 hours of instruction in the classroom or up to 5 hours in the lab in an ALS initial program up to and including their ALS certification level.
- d. For a Master's or PhD – 25 hours
- i. A minimum of 60% must be in an initial certification program
 - a) 5 hours lab
 - b) 10 hours classroom
 - ii. The remaining 40% may be obtained in an initial program or through delivery of CE.
 - iii. If the EC candidate is an ALS provider, may substitute up to 5 hours of instruction in the classroom or up to 5 hours in the lab in an ALS initial program up to and including their ALS certification level.

E. Documentation Required

1. The EC candidate and the EC mentor(s) must maintain documentation of the candidate's instruction on forms approved by the office.
2. A teaching log will be maintained by the EC candidate and signed off by the EC mentor(s).
3. An evaluation will be performed by the EC mentor(s) or the course coordinator on the EC candidate as requested.
4. An evaluation will be performed by students on the EC candidate when requested.

F. Successful Completion of the pre-institute phase

1. Passing of the NR EMT cognitive assessment exam.
2. Passing the EC psychomotor examination at a CTS.
3. EC mentor evaluations must average equal to or above 3.0 on a 5 point scale with 1 lowest and 5 highest score possible.
4. Student evaluations must average equal to or above 3.0 on a 5 point scale with 1 lowest and 5 highest score possible.
5. Teaching log must be complete and turned in to the office of EMS.
- 6.

IV. Institute

- A. The EC Candidate shall have successfully completed the pre-institute phase to receive an invitation to the institute.
- B. The institute content will include but not limited to:
 1. Pertinent Regulation and policy.
 2. Course Development and announcement documentation.
 3. How to appropriately apply CE.
 4. Resources for teaching.

Outline for Education Coordinator Candidate

5. Creating Evaluation Tools
 6. Intro to Hybrid and online programming
 7. Scanner Training
 8. EC Administrative Test – Given post institute
- C. The institute is estimated at 3 days.
- V. Passing Criteria
- A. National Registry cognitive assessment examination – a score of pass as defined below
 1. Passing Score with no below passing criteria – 100
 2. Passing Score with one below passing criteria – 85
 3. Failing score with a below passing criteria of more than one section - 40
 - B. EC Psychomotor examination - Passing 85%
 1. Score calculated by sum of score divided by possible points.
 - C. Institute
 1. Attendance – 100% of institute
 2. Successfully log into portal during scanner training.
 - a. Without help or difficulty – 100
 - b. With help but not changing password – 75
 - c. With help and changing password – 50
 - d. Having never logged in – 0
 3. EC Administrative test
 - D. Average score = passing = 85

**Attachment: G to the
April 6, 2016 TCC Minutes**

ALS Competency List

ALS Certification Program Clinical Hour and Competency Summary

AREAS	EMT to AEMT	EMT to INTERMEDIATE ¹⁴	EMT to PARAMEDIC ¹⁴
CLINICAL REQUIREMENTS:			
Emergency Department ¹	12 hrs	12 hrs	24 hrs
Critical Care Area ²	-	4 hrs	8 hrs
Pediatrics ³	-	4 hrs	8 hrs
Labor & Delivery ⁴	-	4 hrs	8 hrs
OR/Recovery	-	4 hrs	8 hrs
Other Clinical Settings ⁵	prn	prn	prn
TOTAL MINIMUM CLINICAL HOURS⁶	36 hrs	72 hrs	144 hrs
ALS Medic Unit (Field Internship)	12 hrs	24 hrs	48 hrs
TOTAL MINIMUM FIELD/CLINICAL	48 Hours	96 Hours	192 Hours
TOTAL PATIENT CONTACTS⁶	30	60	120
COMPETENCIES:			
Trauma Assessment, pediatric ⁷	2	5	10
Trauma Assessment, adult	2	5	10
Trauma Assessment, geriatric	2	5	10
Medical Assessment, pediatric ⁷	2	5	10
Medical Assessment, adult	2	5	10
Medical Assessment, geriatric	2	5	10
Cardiovascular distress ⁸	5	10	20
Respiratory distress	5	10	20
Altered Mental Status	5	10	20
Obstetrics; delivery	-	-	2
Neonatal Assessment/care	-	-	2
Obstetrics Assessment	-	5	10
Med Administration	15	30	60
IV Access	25	25	25
Airway Management ^{9,10}	20[8]	25[10]	50[20]
Ventilate Non-Intubated Patient ¹⁰	20	20	20
Endotracheal Intubation ¹¹	-	1 real Patient	1 real Patient
Field Experience (Team Member) ¹²	5	15	30
Capstone Field Experience (Team Leader)	5	10	20 ¹³

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

² CCU, ICU, CC transport team, Cath Lab, etc.

³ PICU, PEDs ED, Pediatrician Office, Peds Urgent Care, Ped clinic.

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

⁵ 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.

⁶ 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.

⁷ Paramedic students must have no fewer than (2) in each subgroup. : Neonate, Infant, Child, and Adolescent.

⁸ Cardiac Arrest, Chest pain/pressure, STEMI, dysrhythmia, etc.

⁹ 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.

¹⁰ Ventilation may be accomplished utilizing any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs.

¹¹ Intermediate: older than 12 years; P: any age group.

¹² Field Experience contacts will occur during the course of the program. These patient contacts cannot be counted toward the capstone field experience.

¹³ To satisfy the Paramedic Portfolio requirements, 18 out of the last 20 patient contacts must be successfully completed on an ALS unit responsible for responding to critical and emergent patients who access the EMS system. Successful is defined as a score of '2' in Team Leadership category on Field Internship Evaluation Form.

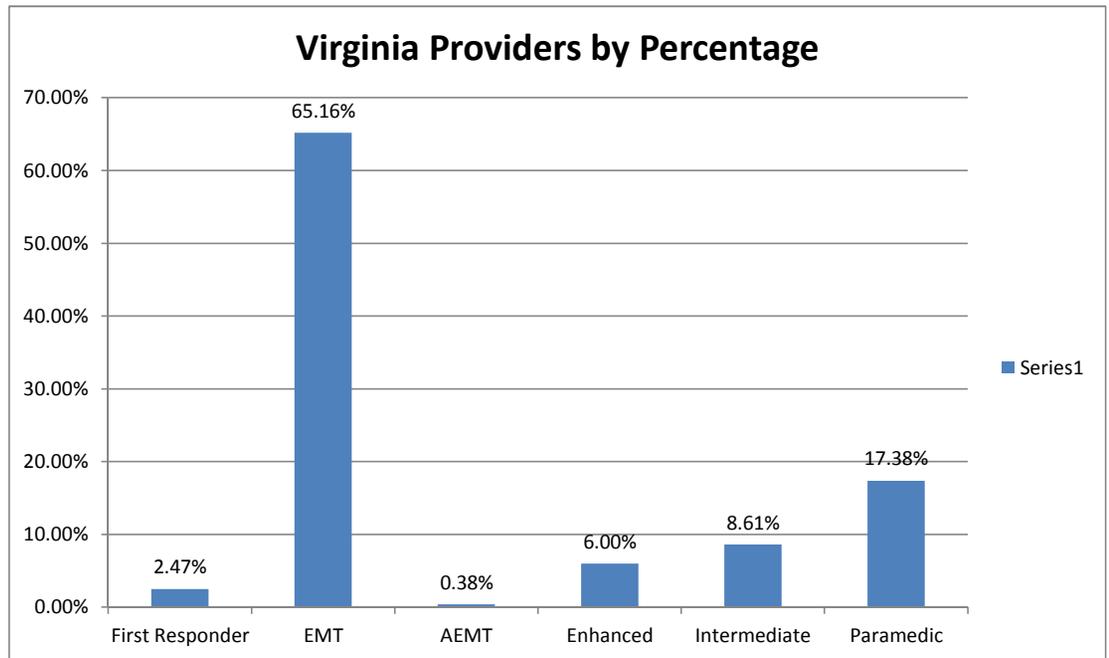
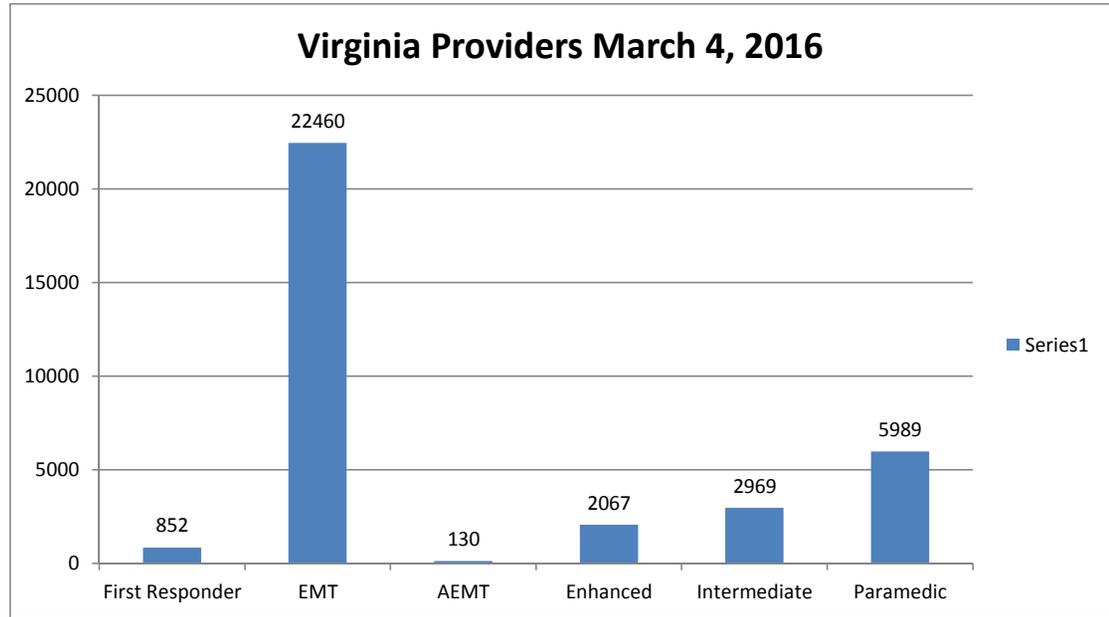
¹⁴ A certified Intermediate 99 enrolling in a Paramedic program may, at the discretion of the program's director and medical director, be awarded clinical and competency credit less than or equal to that noted in the EMT to Intermediate column. A certified AEMT enrolling in an Intermediate program may,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

NOTE: The above listed clinical hours/competencies are minimum mandatory as of August 1, 2016. Accredited Programs may set higher minimums or add to this list.

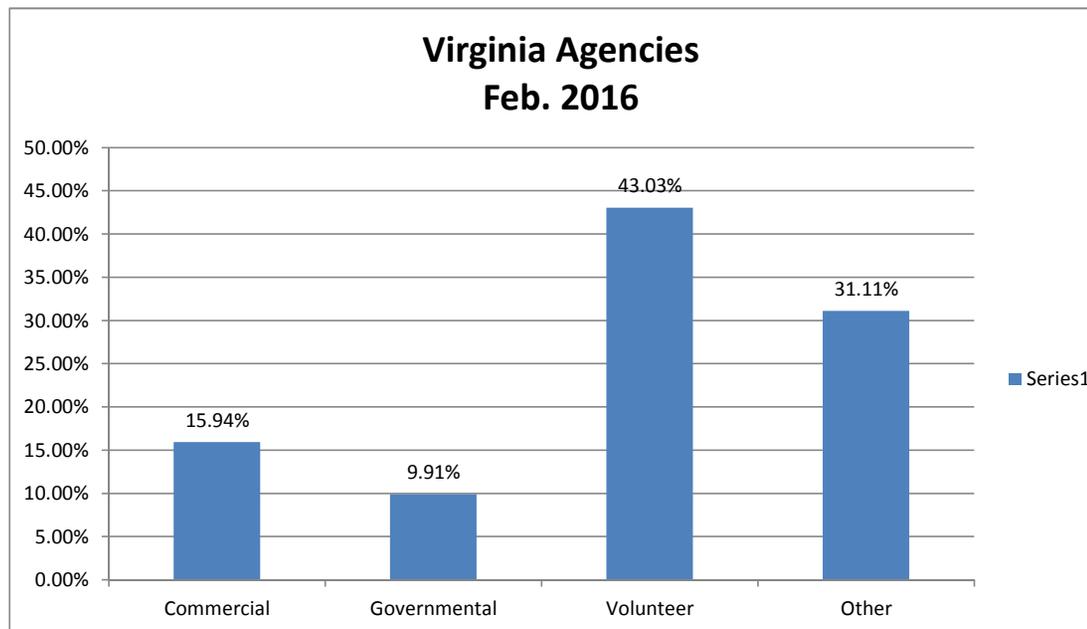
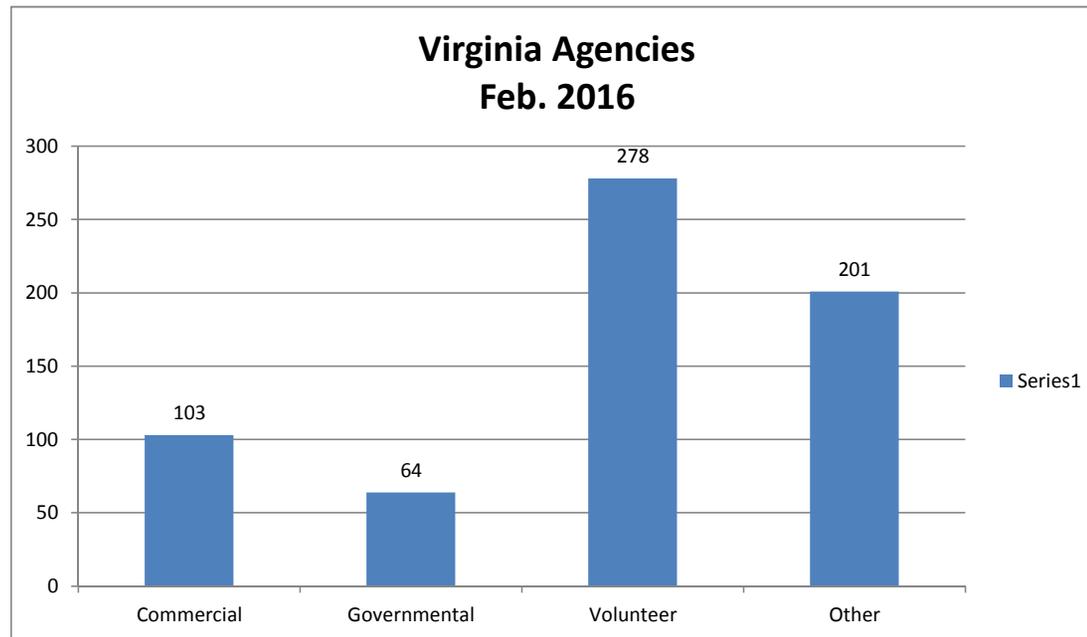
**Attachment: H to the
April 6, 2016 TCC Minutes**

**I-99 Workgroup Requested
Information**

	Mar	%
Total Providers	34467	
First Responder	852	2.47%
EMT	22460	65.16%
AEMT	130	0.38%
Enhanced	2067	6.00%
Intermediate	2969	8.61%
Paramedic	5989	17.38%
		100.00%

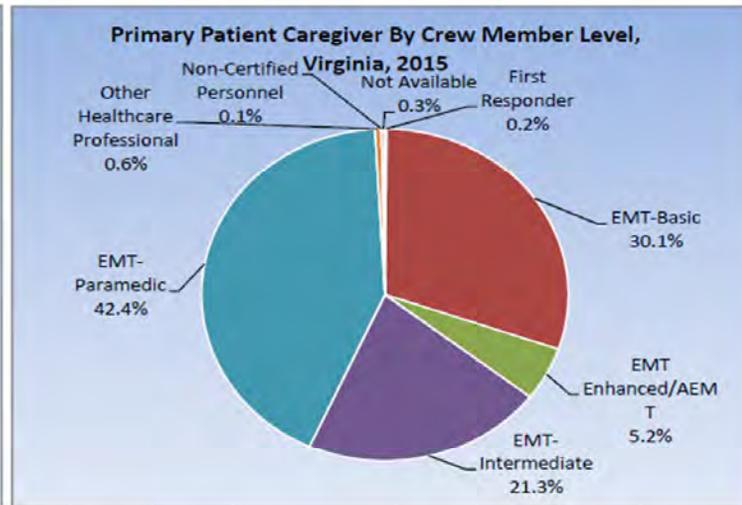
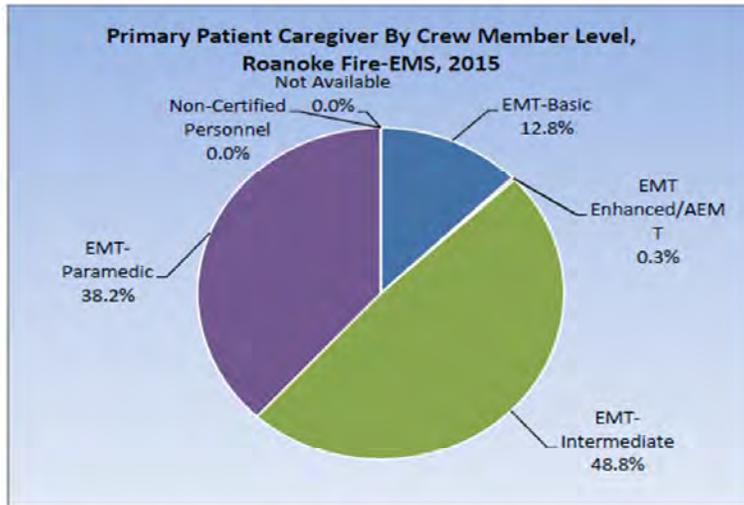


<u>Total EMS Agencies</u>	646	
Commercial	103	15.94%
Governmental	64	9.91%
Volunteer	278	43.03%
Industrial	-	0.00%
Non-Profit	-	0.00%
Other	201	31.11%

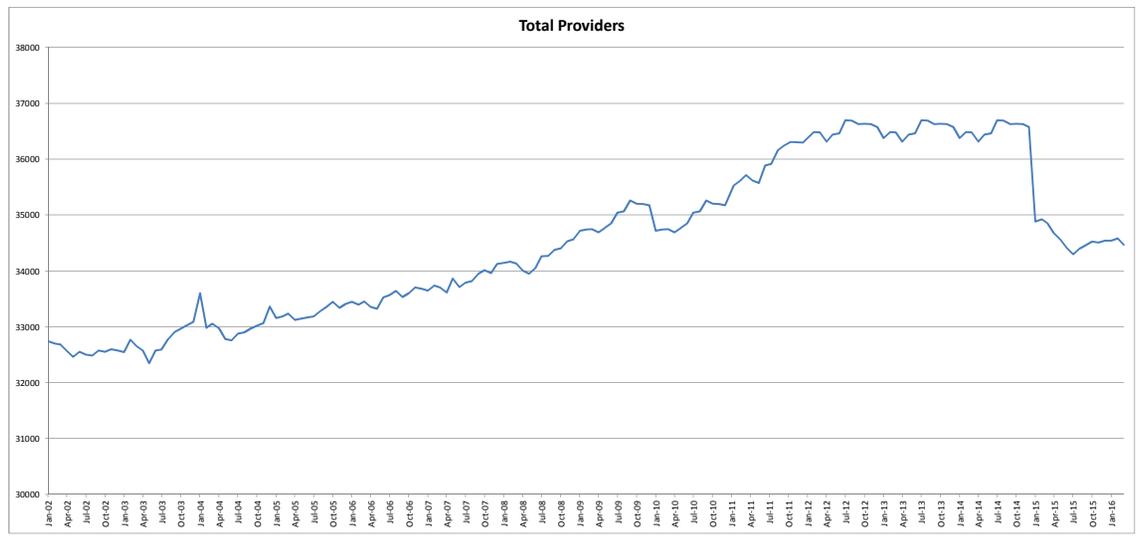
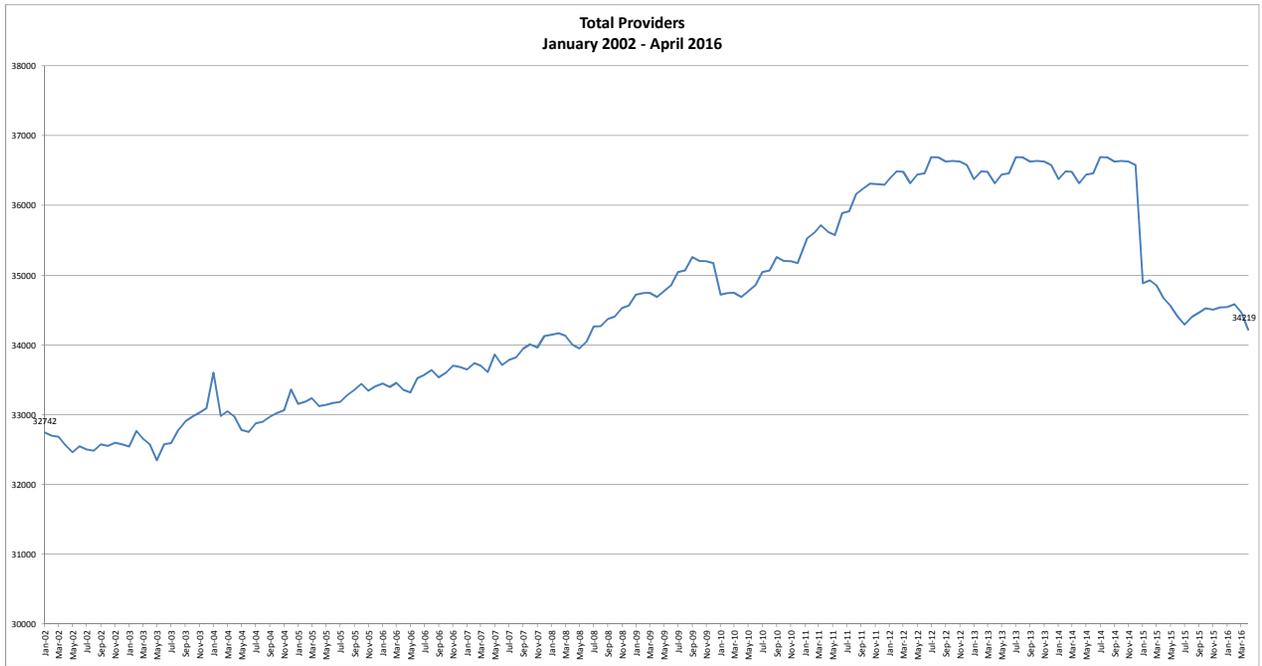


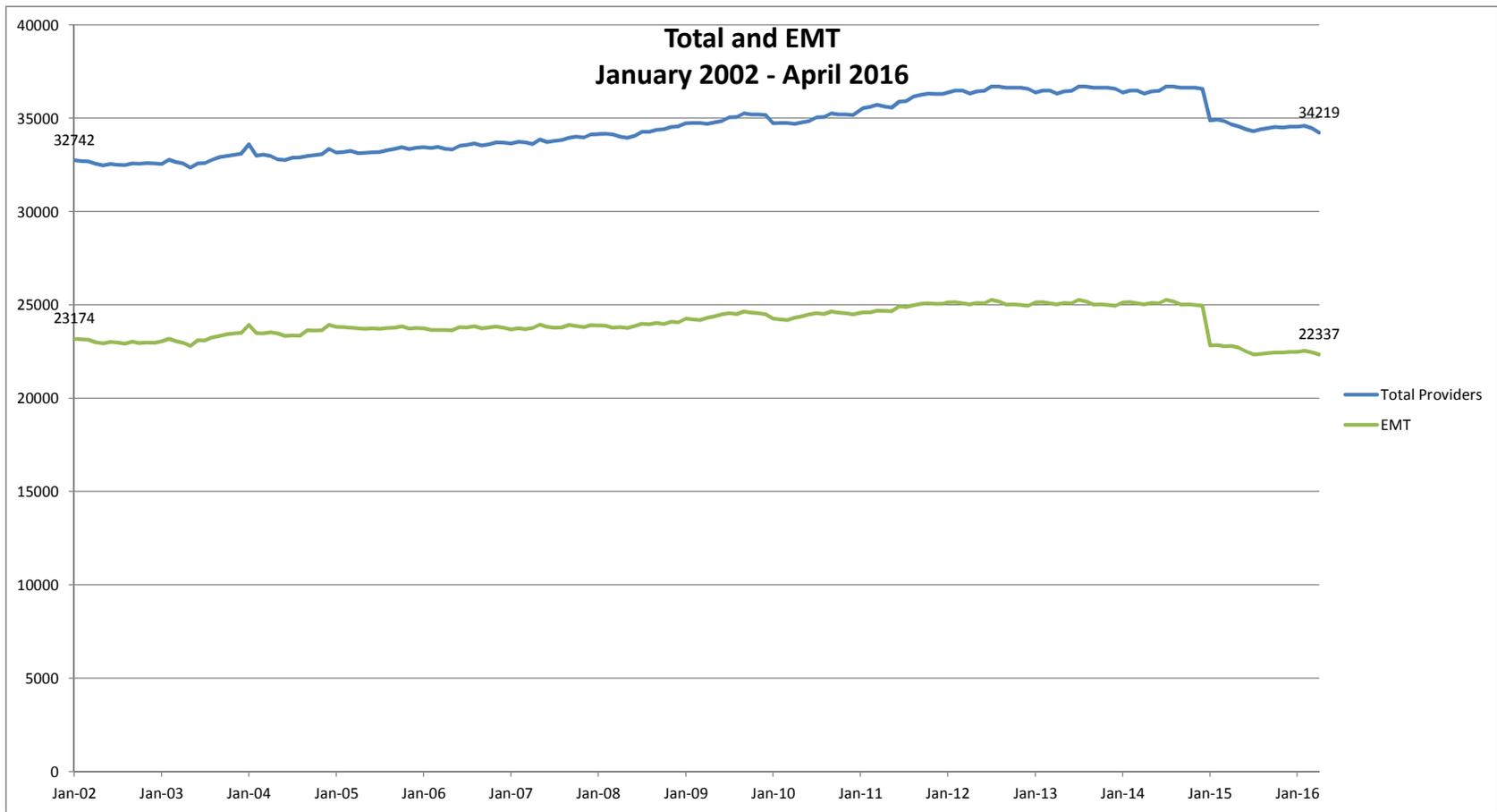
Primary Patient Caregiver By Crew Member Level Summary, 2015

Crew Member Level	Roanoke Fire-EMS		VA Statewide - All Agencies	
	Total	Percent	Total	Percent
First Responder	0	0.00%	1,889	0.16%
EMT-Basic	2,849	12.76%	354,397	30.13%
EMT Enhanced/AEMT	57	0.26%	61,038	5.19%
EMT-Intermediate	10,892	48.79%	250,446	21.29%
EMT-Paramedic	8,519	38.16%	498,163	42.35%
Other Healthcare Professional	0	0.00%	6,708	0.57%
Non-Certified Personnel	2	0.01%	647	0.06%
Not Available	3	0.01%	2,998	0.25%
Grand Total	22,322	100.00%	1,176,286	100.00%

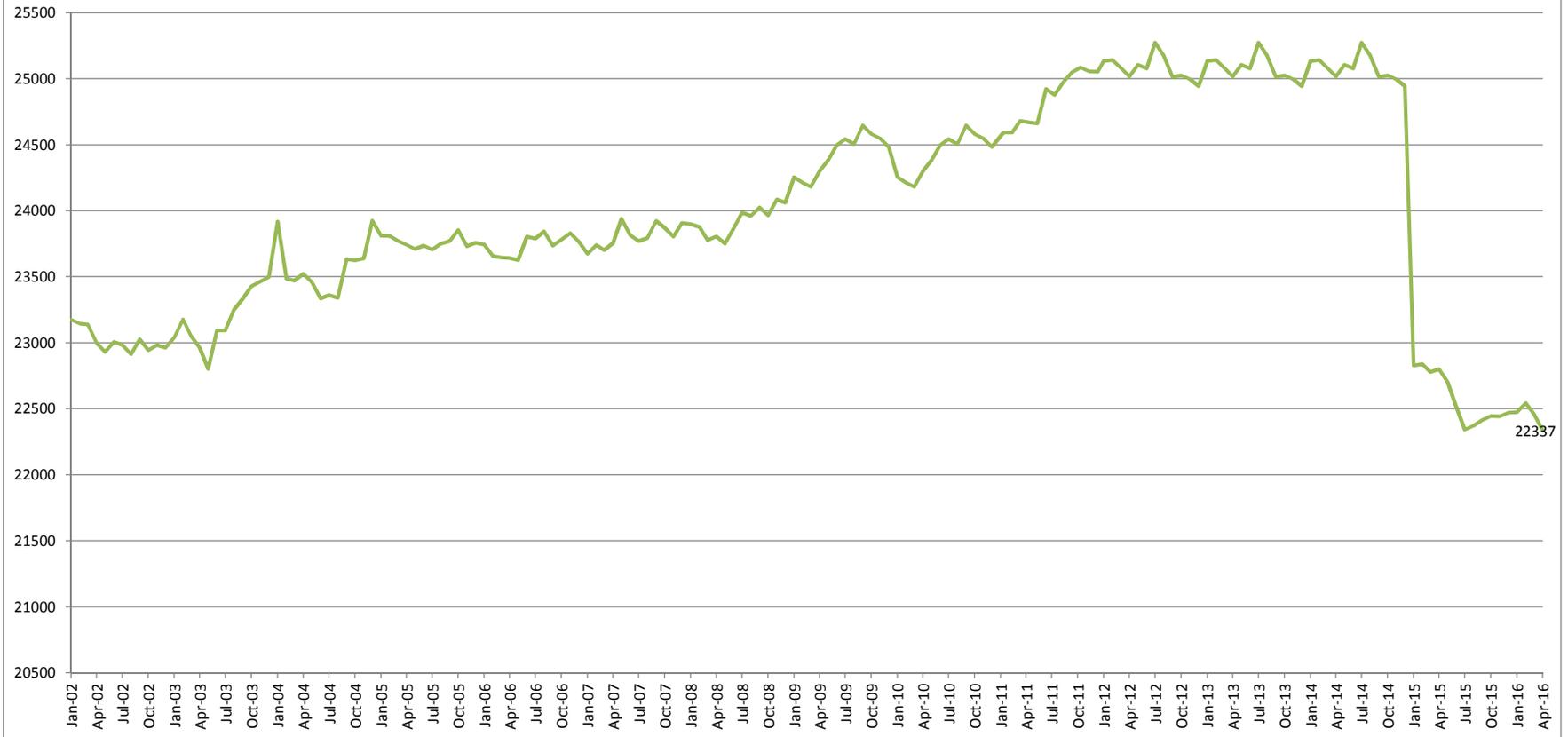


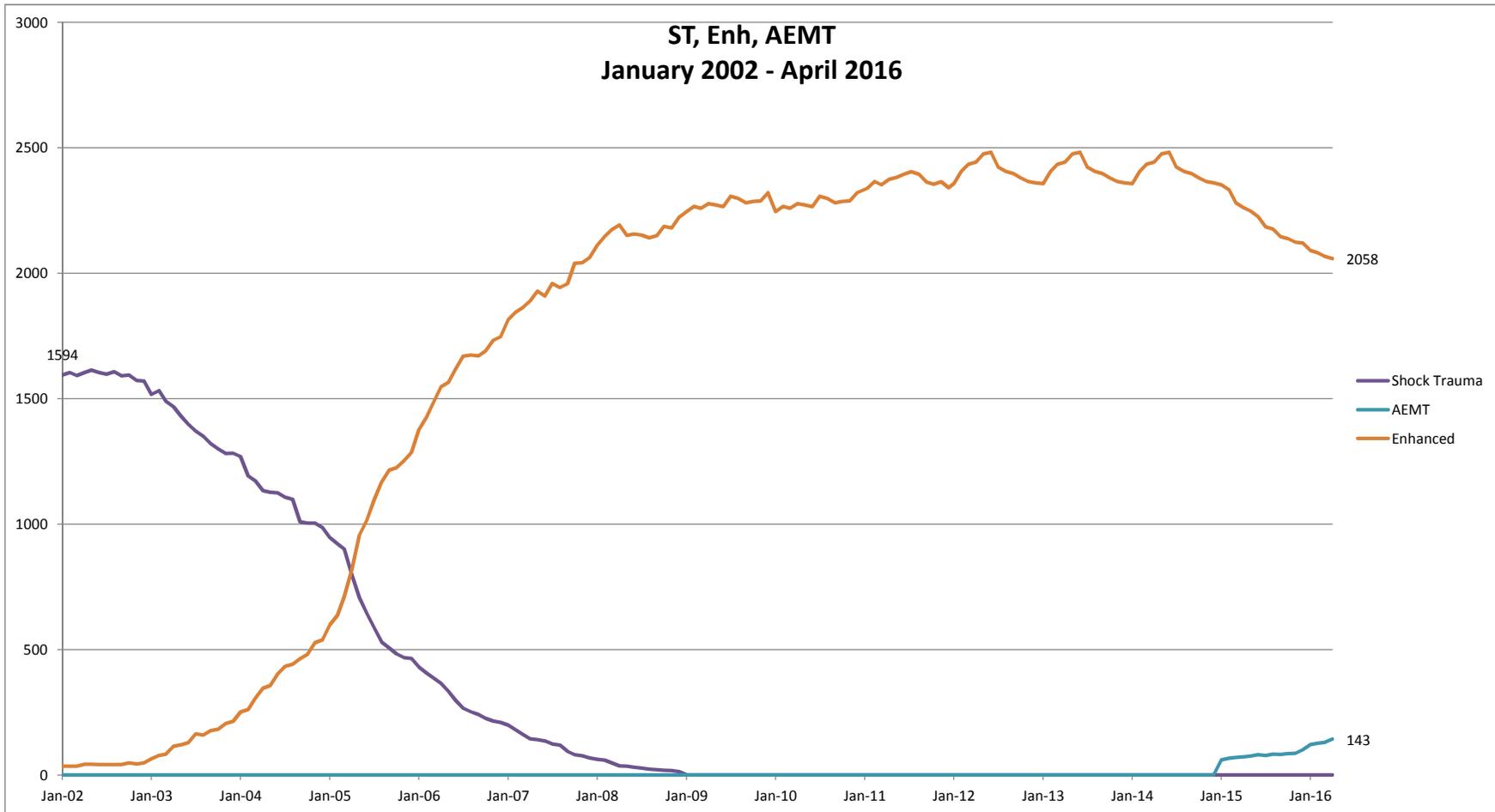
Note: Data is compiled from patient medical records submitted to the Virginia Pre-Hospital Information Bridge (VPHIB) program (v2, v3) with the Virginia Department of Health, Office of Emergency Medical Services (OEMS), Division of Trauma/Critical Care for Jan-Dec, 2015 as of 2/17/2016.

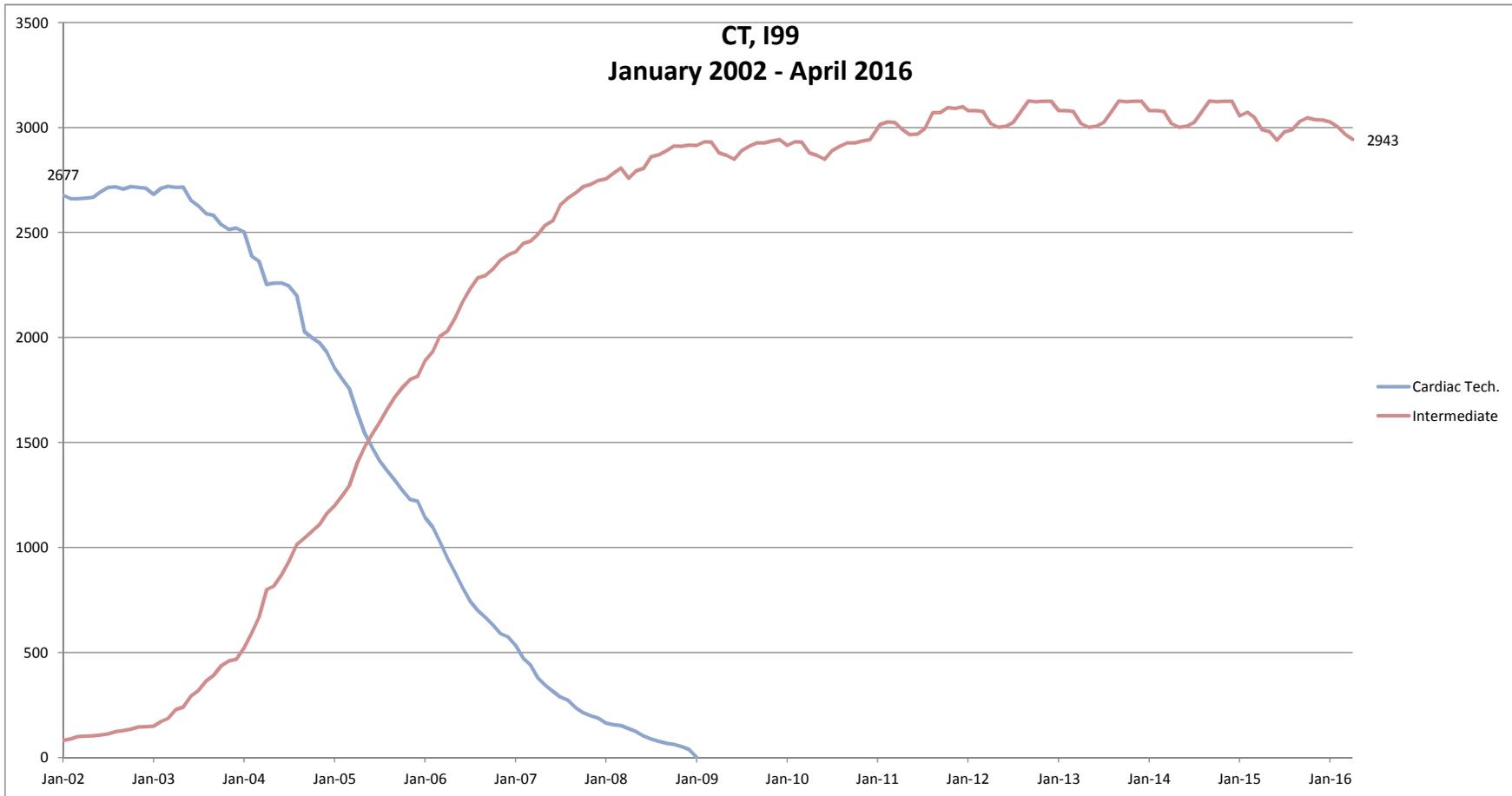


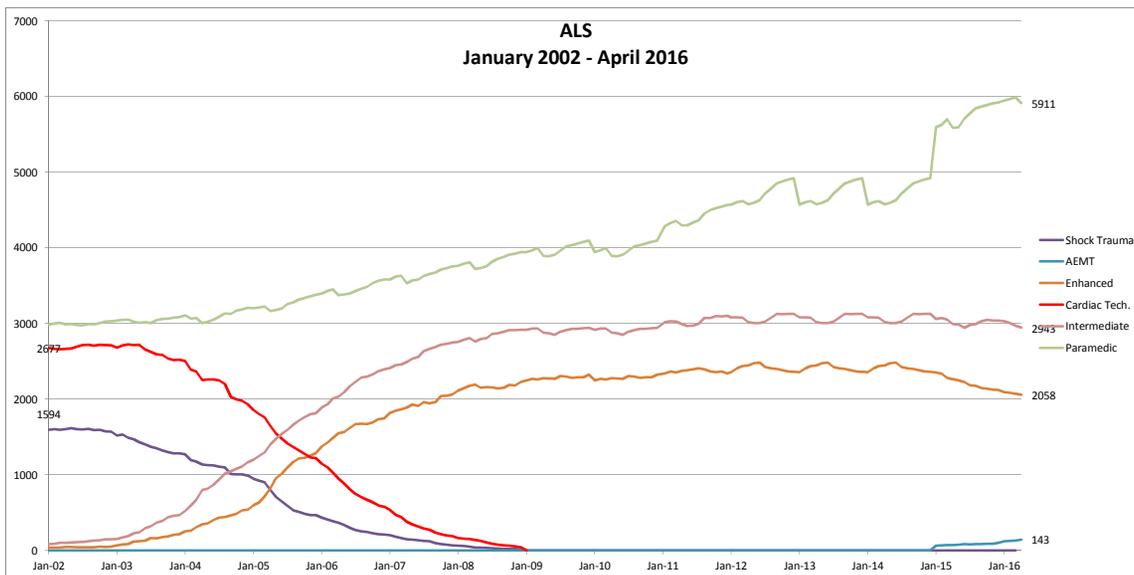
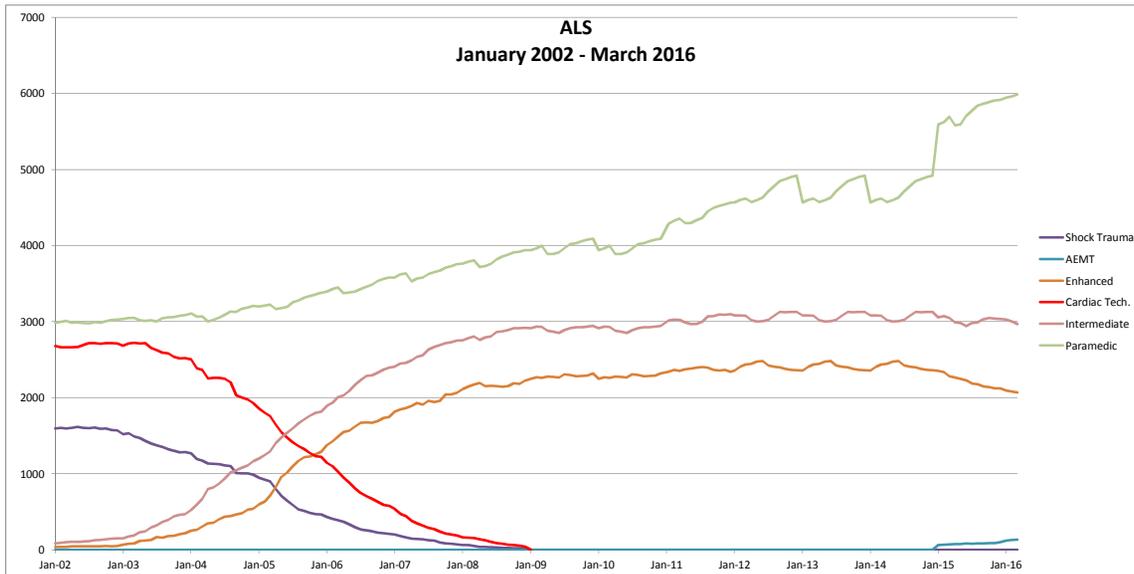


EMT January 2002 - April 2016









All Levels January 2002 - April 2016

