

State EMS Advisory Board Meeting
 Richmond Marriott Short Pump, Glen Allen, VA
 May 5, 2017 at 1:00 p.m.

Members Present	Members Absent	Staff	Others
Michel B. Aboutanos, M.D. <i>American College of Surgeons</i>	Sherrin C. Alsop <i>Virginia Association of Counties</i>	Deborah T. Akers	John Kersey <i>Blue Ridge EMS Council</i>
Samuel T. Bartle, M.D. <i>American Academy of Pediatrics</i>	Byron F. Andrews, III (Excused) <i>Virginia State Firefighters Association</i>	Charles Faison	Mary Kathryn Allen <i>Blue Ridge EMS Council</i>
Dreama Chandler <i>Virginia Association of Volunteer Rescue Squads</i>	Lisa M. Dodd, D.O. <i>Virginia College of Emergency Physicians</i>	Stephen McNeer	Ed Rhodes <i>VAVRS / VAGEMSA / RDG</i>
Gary P. Critzer <i>Central Shenandoah EMS Council</i>	Jason D. Ferguson <i>Western Virginia EMS Council</i>	Wayne Berry	Michael B. Player <i>Peninsulas EMS Council</i>
Valeta C. Daniels <i>Virginia Association of Volunteer Rescue Squads</i>	Sudha Jayaraman, M.D. (Excused) <i>Medical Society of Virginia</i>	Greg Neiman	Melissa Assalone <i>American Heart Association/American Stroke Association</i>
Richard H. Decker, III <i>Old Dominion EMS Alliance</i>	Anita Perry (Excused) <i>Virginia Hospital & Healthcare Association</i>	Michael D. Berg	Christina Evans <i>Peninsulas EMS Council / Extern</i>
Stephen J. Elliott <i>Thomas Jefferson EMS Council</i>		Scotty Williams	Ray Whatley <i>Alexandria Fire Department</i>
William B. Ferguson <i>Virginia Association of Governmental EMS Administrators</i>		David P. Edwards	Randall Geldreich, M.D. <i>Tuckahoe VRS / Ashland VRS</i>
Jonathan D. Henschel <i>Lord Fairfax EMS Council</i>		Gary Brown	Karen Wagner <i>FARC / LFEMSC / VAVRS</i>
David Hoback <i>Virginia Fire Chief's Association</i>		Scott Winston	Gary Dalton <i>VAVRS / VAA</i>
Jason R. Jenkins <i>Virginia Chapter of the International Association of Fire Fighters</i>		Wanda Street	Bryan S. McRay <i>Old Dominion EMS Alliance</i>
Lori L. Knowles <i>Rappahannock EMS Council</i>		Irene Hamilton	Kaila Bradley <i>Richmond Ambulance Authority</i>
John Korman <i>Associated Public Safety Communications Officials</i>			Eddie Ferguson <i>Goochland Fire-Rescue</i>
Cheryl Lawson, M.D. <i>Peninsulas EMS Council</i>			Mike Harmon <i>Bon Secours</i>
Julia Marsden <i>Consumer</i>			Randolph Breton <i>Physicians Transport / VAA</i>
Genemarie W. McGee <i>Tidewater EMS Council</i>			Seth Mowley <i>Bedford County Fire & Rescue</i>

Members Present	Members Absent	Staff	Others
Marilyn K. McLeod, M.D. <i>Blue Ridge EMS Council</i>			Paul Long <i>Thomas Nelson Community College</i>
Christopher L. Parker <i>VA Emergency Nurses Association / VA Nurses Association</i>			Jason Ambrose <i>Tidewater Community College</i>
Ronald Passmore <i>Southwest VA EMS Council</i>			Jeff Meyer <i>Portsmouth Fire Department</i>
Jose V. Salazar <i>Northern Virginia EMS Council</i>			Timothy M. McKay <i>Chesterfield Fire & EMS</i>
Daniel C. Wildman <i>Virginia Ambulance Association</i>			Allen Yee, M.D. <i>Chesterfield Fire & EMS</i>
			Dan Norville <i>Norfolk Fire-Rescue</i>
			Brian Hricik <i>Alexandria Fire Department</i>
			Wayne Perry <i>Rappahannock EMS Council</i>
			Amy Ashe <i>New Kent Fire-Rescue</i>
			Gary Samuels <i>HCA Henrico Doctors Hospital</i>
			Matt Lawler <i>Augusta County Fire-Rescue</i>
			Chris Vernovai <i>Highland County</i>
			Jeff Michael <i>Rockingham County</i>
			Brenda Henschel <i>Shenandoah County</i>
			Hughes Melton, M.D. MBA, FAAFP <i>VDH, Chief Deputy Commissioner</i>
			Amanda Lavin <i>Office of the Attorney General</i>

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order – Gary Critzer	<ul style="list-style-type: none"> • Mr. Critzer, Chair called the meeting to order at 1:05 p.m. • The group stood to Pledge Allegiance to the Flag. • The group had a Moment of Silence for fallen brothers and sisters in Public Safety. 	

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> • Approval of February 3, 2017 Meeting Minutes – <ul style="list-style-type: none"> ○ Cheryl Lawson asked that the minutes be corrected because her affiliation was incorrect in the listing. ○ Also Dr. Aboutanos asked that the spelling of his first name be corrected in the minutes. • Approval of the Agenda for the May 5, 2017 Meeting. <ul style="list-style-type: none"> ○ Mr. Critzer said he needed to add one item to the agenda after the Board of Health Representative’s report. There will be a presentation by Jose Salazar regarding the National Registry. 	<p>The February 3 minutes will be corrected to show that Dr. Cheryl Lawson’s affiliation is Peninsulas EMS Council.</p> <p>The minutes were approved with unanimous consent with the noted corrections.</p>
Chairman’s Report – Gary Critzer	<ul style="list-style-type: none"> • Mr. Critzer gave updates on meetings and events that he has attended over the last quarter: <ul style="list-style-type: none"> ○ EMT-I Town Halls throughout Virginia over the last quarter. ○ ACS Task Force meetings, as well as the Medical Direction Committee meeting. ○ Mr. Critzer, Dr. Aboutanos and OEMS staff gave a presentation to the Board of Health regarding the State EMS Advisory Board’s structure and how they process issues. Dr. Aboutanos gave a presentation on the American College of Surgeons Trauma System report. • Mr. Critzer also reported on upcoming events that he will be attending: <ul style="list-style-type: none"> ○ The EMS Bike Ride on May 23 at the Public Safety Memorial at the Capitol. ○ The VCU Trauma Gala on Saturday May 6, along with Dr. Aboutanos and Gary Brown. • Mr. Critzer recognized board members who will be rotating off the Board and that are not eligible for reappointment. Mr. Critzer said that he isn’t certain if appointment will be made before the August meeting and reminded board members that they serve until replaced. <ul style="list-style-type: none"> ○ Bruce Edwards has served for the last eight years on the Board of Health as the EMS Representative. Mr. Edwards was the first person to fill the EMS Representative seat on the Board of Health; and he has served as Chair of the Board of Health for most of those eight years. ○ State EMS Advisory Board members rotating off the board include Anita Perry (Virginia Hospital & Healthcare Association), Dr. Marilyn McLeod (Blue Ridge EMS Council), Steve Elliott (Thomas Jefferson EMS Council), and Chief David Hoback (Virginia Fire Chief’s Association). 	
Vice Chair’s Report – Genemarie McGee	<ul style="list-style-type: none"> • Ms. McGee did not have a report. 	

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<p>Chief Deputy Commissioner, Public Health and Preparedness – Hughes Melton, M.D., MBA, FAAP</p>	<ul style="list-style-type: none"> • Dr. Melton thanked OEMS for their excellent presentation to the Board of Health. • Dr. Melton recognized and thanked OEMS for work they are doing in regards to the recent Medevac legislation, and OEMS collaborations with other VDH offices. • Dr. Melton reported that drug overdoses have had a 40 percent increase over the prior year. The Health Department is focusing on three major areas to combat this problem: <ul style="list-style-type: none"> • (1) neonatal abstinence syndrome • (2) comprehensive harm reduction <ul style="list-style-type: none"> ○ Dr. Melton explained that the establishment of the Syringe Services Program, legislation that was passed in the General Assembly this year, is an example of comprehensive harm reduction. These programs allow addicted individuals to exchange dirty needles for clean, sterile needles. These programs, though controversial, are helping to control the spread of Hepatitis C and HIV. • (3) use of Naloxone and the role of EMS to rescue individuals who have overdosed <p>Dr. Melton also talked about the dangers of Carfentanil, a new synthetic heroin. It is more than 100 times stronger than heroin and so potent that if a bag breaks and the dust gets in the air or on your skin it can cause symptoms. There is an effort to educate first responders and other individuals who might come into contact with Carfentanil of the dangers of this drug.</p>	
<p>Office of EMS Report – Gary Brown , Scott Winston, George Lindbeck, M.D. and OEMS Staff</p>	<ul style="list-style-type: none"> • OEMS Personnel Updates – <ul style="list-style-type: none"> ○ Charles “Chuck” Faison – He is the Training and Development Coordinator. ○ Sam Burnette – He is the Emergency Services Coordinator. ○ Tim Erskine – He is the Trauma and Critical Care Coordinator. ○ OEMS is forming a new division, Community Health and Technical Resources, whose focus will be on EMS aspects of population health; looking at areas of community paramedicine, immunizations and vaccination programs; being the liaison assistance between the regional councils, EMS agencies and localities. It will also have a stronger liaison with our Health Department, districts and programs; and be responsible for the EMS Officer and Standards of Excellence programs. • Gary Brown reminded the Board that EMS week is May 21 - 27. He also reminded the board of the Virginia Fallen Firefighters and EMS Memorial Service on June 3 at the Richmond International Raceway. • REPLICA – Mr. Brown reported that 10 states have now approved REPLICA and 	

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>REPLICA can go in effect. It calls for the formation of a commission, and Virginia is taking a lead role in that task. Gary Brown and Scott Winston from OEMS are serving on committees to develop the commission.</p> <ul style="list-style-type: none"> • E.V.E.N.T. – Scott Winston gave the Board an update on E.V.E.N.T. (EMS Voluntary Event Notification Tool). Mr. Winston explained that this program and tool has been developed to improve the safety, quality and consistent delivery of EMS. It collects data unanimously by EMS practitioners. The data is used to develop policies, protocols, procedures and training programs and improve the safe delivery of EMS. The first quarter 2017 EVENT summary reports are posted on the EVENT website, which is located at www.emseventreport.com. • Fatigue Project – Dr. Lindbeck gave an update on the Fatigue Project, a grant-funded project. The task was to develop guidelines for EMS providers and systems managers to manage fatigue and associated health issues. They hope to have the work completed by June and available for this summer. A supplement will be published in Prehospital Emergency Care journal that goes through the details of the project. <p>Dr. Lindbeck suggested that it would be beneficial for EMS agencies to develop a policy for fatigue management. Dr. Lindbeck said there is an option on the grant to develop a software package that could be made available for free to help organizations staff and schedule without running into problems with fatigue. Dr. Lindbeck thinks that option will be exercised.</p> <ul style="list-style-type: none"> • SB 1244 Glucagon – This bill was introduced to make glucagon available to all providers regardless of their certification level and enabling them to possess it outside a drug box. The bill did not pass. However, emergency medical responders were added to the formulary grid at the last Medical Direction Committee meeting. MDC will probably ask that an EMS agency wanting to implement this practice have a policy or guideline in place that has been signed off on by the Medical Director. • Dr. Lindbeck spoke briefly about a couple of big national projects that are just getting started. <ul style="list-style-type: none"> ○ EMS Agenda 2050 ○ EMS Scope of Practice. Both of these projects will have a public comment period. • Critical Care Transport – Dr. Lindbeck explained that critical care transport was one of the facets of the American College of Surgeons (ACS) Report, which 	

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>sometimes gets overlooked while focusing on prehospital care and EMS response to the scene. He explained that a big part of EMS activities is getting people between facilities. Dr. Lindbeck feels EMS could get a better handle on critical care transport. OEMS staff will be working with the Medical Direction Committee to try to find a better way to define and describe critical care transport efforts.</p> <ul style="list-style-type: none"> • HB 1728 Medevac Study – Tim Perkins and Julia Marsden Mr. Perkins explained that HB 1728 directs the Virginia Department of Health (VDH) to review the rules governing dispatch and use of air medical services providers in emergency situations. VDH has convened a workgroup composed of stakeholders, including representatives from law enforcement, EMS providers, health insurance providers, State Medevac Committee, emergency physicians and other interested stakeholders to review rules and regulations and protocols governing the use of and dispatch of air transportation services and develop recommendations for the rules and regulations and protocols that will address differences in dispatch and billing. <p>The Workgroup will advise VDH of potential findings and recommendations to be reported to the General Assembly. They will provide a report to OEMS; and a report will be provided to the State Health Commissioner by October 15, 2017.</p> <p>OEMS has a page on their website has all the documents that the workgroup members have received. The Workgroup composition can be found in the Quarterly Report.</p> <p>The Workgroup met on April 24; they are meeting on June 8 and plan to have at least one more meeting in June, one meeting in July, one in August, and at least one in September.</p> <p>Julia Marsden said the bill addresses three items that they will be looking at: (1) transport; (2) dispatch; and the (3) billing. The workgroup will be looking at what they have done in the past, what they are currently doing, and coming up with what should be done in the future. The workgroup will be divided into subgroups – (1) rules and regulations for transport; (2) dispatch; and (3) billing.</p> <p>Ms. Marsden asked that if anyone has ideas or input for the future of Medevac air transportation services to send them to Tim Perkins. The meetings are open to the public.</p> <ul style="list-style-type: none"> • SB 1531 – Mike Berg gave an update on SB 1531, legislation introduced that allows EMS providers to recognize out-of-state Do Not Resuscitate orders. The 	

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>bill takes effect July 1, 2017. Once the bill is active, OEMS will introduce a regulatory package to update the regulations.</p> <ul style="list-style-type: none"> • HB 1426 – Mr. Berg explained that HB 1426 deals with alternate transportation for mental health patients. In 2009, Mr. Berg and Randy Breton worked with the Attorney General’s Office to craft language allowing alternate transportation of mental health patients across the Commonwealth. This responsibility generally is tasked to Sheriff’s Offices, who are already heavily tasked and understaffed. The legislation is defining the model to be used for alternate transportation. <p>A workgroup has been established, and they had their first meeting on May 1. They have an aggressive schedule, and plan to have a report back to the General Assembly in November 2017. They are considering a contract with a private vendor. Mr. Berg met with Virginia Ambulance Association to gather details with challenges and concerns they have with transporting mental health patients. They are interested in hearing the concerns of the EMS community and commercial providers.</p> <p>The next meeting is May 30, 2017.</p> <ul style="list-style-type: none"> • EMS Training Funds Program – Chuck Faison gave the Board an update on the new training funds program. <p>Funding for initial EMS certification education programs will be in the form of a scholarship, which will be distributed directly to the student. Students will be able to enroll in the program of their choice as long as it is approved by the Office of EMS and the program or instructor is at or above the 16 percentile.</p> <p>OEMS has partnered with the VDH, Office of Health Equity, who will be administering the application process.</p> <ul style="list-style-type: none"> ○ Office of Health Equity is tasked with: <ul style="list-style-type: none"> ▪ Responsibility for handling any help desk or user support that is needed during the application process. ▪ Monitoring student progression through their programs. ▪ Responsible for payment disbursement. ○ The Office of EMS is tasked with: <ul style="list-style-type: none"> ▪ Establish funding priorities ▪ Establish applicant evaluation criteria ▪ Establishing policies for the program <p>The timeline is that they want to have the application available by October and hope to make the first scholarship awards by January 2018.</p>	

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> • Mr. Faison said that the second phase of the training funds program transition addresses Continuing Education (CE) and Auxiliary Education programs. <ul style="list-style-type: none"> ○ OEMS will be entering into a contract with regional EMS councils. OEMS will provide funding to the regional EMS councils for them to administer CE and auxiliary programs in their perspective regions. ○ OEMS is still working on the details of the contracts. They have a meeting set up in May to meet with the regional EMS council directors to discuss the contracts and details and confirm participation. ○ They want to put the contracts into effect in July 2017. <p>Chip Decker asked if it is going to impact more people using the scholarship method versus the regular method of funding classes. Mr. Faison said he cannot give a good comparison, but they have targeted one million dollars for the scholarships; and they have flexibility with the amount of money.</p> <p>Mr. Decker also asked about the stipulations when a student receiving a scholarship doesn't complete the program. Mr. Faison explained students who are awarded scholarships enter into a contract with OEMS. They are expected to successfully complete the program and obtain EMS certification and also affiliate within the Commonwealth of Virginia. Mr. Faison said OEMS has discussed many options for possibly recouping funds, but have not confirmed any details.</p> <p>Mr. Faison was also asked how OEMS will manage assuring that students who successfully complete the program do affiliate with an EMS agency within the Commonwealth of Virginia and also how long must the student be affiliated before they fulfill their contract. Mr. Faison explained that the students are responsible to report their grades throughout the program, as well as their employment status through the Office of Health Equity (OHE). Asked how OEMS will know students are compliant, Mr. Faison explained that they will continue to work with OHE to assure that all students are compliant.</p>	
Assistant Attorney General – Amanda Lavin	<ul style="list-style-type: none"> • Ms. Lavin did not have a report. 	
Board of Health EMS Representative – Bruce Edwards	<ul style="list-style-type: none"> • Mr. Edwards said that the opioid issue is discussed at every BOH meeting. • The Commissioner has approved the NOIRA for the EMS Regulations and it is out for Public Comments. • Mr. Edwards commended OEMS on the great presentation that they gave at the last BOH meeting. • The BOH unanimously approved the State EMS Plan. • The next meeting is June 1, 2017 at the Perimeter Center. It will be Mr. Edwards 	

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	last meeting on the Board of Health.	
National Registry Presentation – Jose Salazar	<ul style="list-style-type: none"> Mr. Salazar is an at-large member on the National Registry of EMTs Board. Mr. Salazar gave a quick update on some of the things going on with National Registry (See Attachment A). Mr. Salazar clarified that he is not an employee of National Registry and also that he serves as an at-large member on the board and he does not represent Virginia or any other organization. 	
Standing Committee Reports and Action Items		
Executive Committee	<ul style="list-style-type: none"> Mr. Critzer reported that the Executive Committee met on Thursday. <p>The Executive Committee received updates and discussed several items:</p> <ul style="list-style-type: none"> The American College of Surgeons (ACS) Trauma System Plan Task Force work, to date. The EMS Training Funds program transition. The EMT-I Town Halls. Seven Town Halls have been held and the last Town Hall is scheduled in Marion, Virginia on May 24. After the Town Halls are completed, they will compile all the public comments made and present them back to the Training and Certification and Medical Direction Committees for their further review and consideration, with the expectation that an action item will be presented to the State EMS Advisory Board at the August meeting. <ul style="list-style-type: none"> VAVRS Financial Report – The Executive Committee received the report, as is required in the Code of Virginia. It will be undergoing some further review by OEMS, and it will be brought back to the Executive Committee in August for a final approval. EMS Week –Mr. Critzer said that in addition to recognizing the EMS providers, agencies and organizations that the State EMS Advisory Board should also recognize the Office of EMS and the staff of OEMS for their work to make everything the system wants to happen. 	
Financial Assistance Review Committee (FARC) – Robert Trimmer	<ul style="list-style-type: none"> Mr. Trimmer reported that he rotates off the committee at the end of June, along with Barbara Brown. <p>Blue Ridge EMS Council (BREMS) has submitted the name of Robert Bruce Stratton and Central Shenandoah EMS Council (CSEMS) has submitted the name of Donna Hurst for consideration as replacements for Robert Trimmer and Barbara Brown.</p> <p>The Chair opened the floor for discussion and hearing none, he called for the vote.</p>	<p>MOTION: The Financial Assistance Review Committee recommends that Robert Bruce Stratton be appointed to FARC to represent BREMS and Donna Hurst be appointed to FARC to represent (CSEMS).</p> <p>VOTE: YAYS = 21; NAY = 0; ABSTENTIONS = 0 The motion was carried unanimously.</p>

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> • Karen Wagner will be the Chair of FARC after June 30, 2017. • Mr. Trimmer reported that they received 134 grants in the current grant cycle. \$10.8 million dollars has been requested. The Awards Committee will meet the first week of June. Notifications will be sent out in July. • The Grants Office between the months of February and April processed 78 payments that totaled \$2.7 million. • Mr. Critzer thanked Mr. Trimmer on behalf of the State EMS Advisory Board for his service on the FARC Committee. Mr. Critzer also thanked Karen Wagner for assuming the role of Chair for FARC. 	
Administrative Coordinator – David Hoback	<ul style="list-style-type: none"> • Mr. Hoback had no comments as Administrative Coordinator. <p>Rules and Regulations Committee – Jon Henschel</p> <ul style="list-style-type: none"> • Mr. Henschel reported that the committee did not meet on Thursday because they had no business to discuss or bring before the board. The committee will meet in August. <p>Legislative & Planning Committee – Christopher Parker</p> <ul style="list-style-type: none"> • Mr. Parker reported that the committee met earlier in the day. They have no action items, and no additional comments since the Board received the same updates already that the committee received earlier. 	
Infrastructure Coordinator – Christopher Parker	<ul style="list-style-type: none"> • Mr. Parker had no report as Infrastructure Coordinator. <p>Transportation Committee – Chip Decker</p> <ul style="list-style-type: none"> • Mr. Decker reported that the Transportation Committee met on April 24. They do not have any action items to bring before the Board. • At the meeting they graded 49 grants for ambulances and forwarded the information to FARC. • The committee also discussed ambulance standards. • Mr. Decker and Mike Berg will be going to Charlotte, NC on June 7 for a National Remount Forum. Mr. Decker said if there are remount standards that are brought forward and the Virginia Rules and Regulations need to be addressed in order to accept the standards, the Transportation Committee will happily assist with the task. • The committee received some clarification on the new RSAF Scoring methodology. • Their next meeting is July 24 at 1:00 p.m. at the Office of EMS. <p>Communications Committee – Gary Critzer</p> <ul style="list-style-type: none"> • The committee met earlier in the day. 	

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<ul style="list-style-type: none"> The committee approved the PSAP Accreditation application from Powhatan 911. That will be presented to them at a later date by Ken Crumpler. <p>Emergency Management Committee – David Hoback</p> <ul style="list-style-type: none"> The committee met on Thursday. Mr. Hoback was unable to attend the meeting, and, therefore, asked Karen Owens to make the report to the Board. Ms. Owens reported that the committee discussed a patient tracking system pilot project that they are putting together in conjunction with VHHA. The patient tracking system is currently utilized in Northern Virginia and they want to bring it to other areas of the state. The committee has decided to pilot it in three jurisdictions: (1) Roanoke area; (2) Richmond area; and (3) Tidewater area. <p>The committee is looking at objectives related to the grant (1) what they want to measure; (2) how to determine if the grant/project is successful; and (3) if they should continue with the patient tracking software. The grant will be application-based, utilizing the phones and equipment that the providers and agencies already have available. They plan to pilot it at large events such as Richmond International Raceway and music festivals at the beach. VHHA will be the primary point for the grant. Hopefully they will get a second cycle to look at growing the project more after the first grant cycle.</p> <ul style="list-style-type: none"> The committee has no update on the transition from Simple Triage and Rapid Treatment (START) to Model Uniform Core Criteria (MUCC) so they are still teaching START in Virginia. 	
Patient Care Coordinator – Marilyn McLeod, M.D.	<ul style="list-style-type: none"> Dr. McLeod had no report as Coordinator. <p>Medical Direction Committee – Marilyn McLeod, M.D.</p> <ul style="list-style-type: none"> The committee met on April 6. A workgroup was established to look at Critical Care Transport. Work began on resources for EMS agencies and EMS Medical Directors for the opioid addiction problem, which included a harm reduction sheet. They plan to put together a package to leave with patients and their families; even a card telling them how to get Narcan. They hope to have a finished project by the next Medical Direction Committee meeting. <p>Medevac Committee – Tim Perkins</p> <ul style="list-style-type: none"> Mr. Perkins reported that the committee met on Thursday. They did not have any action items. The committee received updates on Project Synergy; Helicopter EMS and HB 	

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>1728.</p> <p>Trauma System Oversight and Management Committee (TSOMC) – Michel Aboutanos, M.D.</p> <ul style="list-style-type: none"> • TSOMC met on March 2. The main focus was the Trauma System Plan Task Force, and they received reports from all seven workgroups. Once the workgroups are finished, they will report back to TSOMC and then to the State EMS Advisory Board for action. • The committee also discussed the Trauma Performance Improvement Committee update. Dr. Aboutanos recognized how OEMS has stepped up significantly with support. They hope to be able to present the full report at the State EMS Advisory Board meeting. At that time, they hope to be able to provide data for both 2015 and 2016. • Trauma Fund – The committee discussed the potential significant reduction of funds due to changes in assessment of fines for suspension of driver’s licenses resulting from Virginia Supreme Court Rule 1:24. The ruling may impact Trauma Center budgets and their ability to take care of patients. The committee wants to have a better understanding of the Trauma Fund and other possible sources of funding. They appreciated the presentation given by Gary Brown. The committee recommended creating a panel from TSOMC to work with OEMS to get a better understanding of the Trauma Fund and how they can become more involved in advocacy to be ahead of the game in relation to Trauma Funds. <p>EMS for Children (EMSC) – Samuel Bartle, M.D.</p> <ul style="list-style-type: none"> • Dr. Bartle reported on projects for the coming year. <ul style="list-style-type: none"> ○ Partnering with Safe Kids to certify child passenger safety technicians. There is a program coming up in August in Ruckersville where people can go to get certified. ○ The National Association of State EMS Officials (NASEMSO) released information about safe transport of children in EMS vehicles. They are looking for recommendations on how to better transport kids in a safe environment in the back of an ambulance or any other EMS vehicle. They are planning to get a product comparison demonstration of what is available, for a comparison to allow EMS providers make more informed decisions when purchasing pediatric restraint device/systems. ○ Stop the Bleed Campaign - The program is looking at how to better prepare the public to save lives through raising awareness of basic actions to stop life threatening bleeding following everyday emergencies and man-made and natural disasters. There will be a focus on emergency 	

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>disaster preparedness activities for kids within the state at hospitals and local/regional EMS systems.</p>	
<p>Professional Development Coordinator – Ron Passmore</p>	<ul style="list-style-type: none"> • There is one action item for the Training & Certification Committee to come before the Board today, and no action items from either the Workforce Development Committee or Provider Health and Safety Committees. <p>Training and Certification Committee (TCC) – Ron Passmore</p> <ul style="list-style-type: none"> • The TCC met on April 5 at the Virginia Public Safety Training Center in Hanover. The minutes of this meeting are posted on the OEMS website. • Activity reports were provided by committee members, the Division of Educational Development staff, including BLS & ALS Training Specialists, EMS Training Funds, and EMS certification testing. • There are no updates regarding TCC Workgroup activities. • The next meeting is scheduled on July 5, 2017 at 10:30 a.m. at the Office of EMS. • The committee is bringing forth one motion. The Chair opened the floor for discussion and hearing none called for the vote. <p>Workforce Development Committee – Robert Lawrence</p> <ul style="list-style-type: none"> • EMS Workforce Development Committee met on Thursday. • EMS Officer is in the pilot stage. A pilot course will be held at the VAVRS Rescue College in June. They are also hoping to run a third EMS Officer I pilot at the EMS Symposium in November. • The Standards of Excellence is available online at the OEMS website. There are two EMS agencies that are going to complete the assessment process before the next EMS Symposium. <p>Provider Health & Safety Committee – Dan Wildman</p> <ul style="list-style-type: none"> • Mr. Wildman reported that the committee continues to distribute the Safety Bulletins through the OEMS website, as well as Facebook and Twitter accounts. • In discussion of the EMS Officer Course, the committee realized that there is not a 	<p>MOTION: The Training and Certification Committee moves that the Office of EMS adopt, as a start, the attached (see Attachment 2) competencies and internal psychomotor verification policies; and that Virginia Accredited EMT programs who demonstrate implementation of these policies be eligible for consideration by the Office of EMS to verify student psychomotor competency.</p> <p>VOTE: YAYS = 21; NAY = 0; ABSTENTIONS = 0 The motion was carried unanimously.</p>

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>track for Provider Health and Safety for courses. They will be working on developing some guidelines for course structure to have some type of certification track for venues like the EMS Symposium. They also plan to develop templates for EMS agencies to utilize for developing safety plans and risk control assessments. They will work on those ideas at their August 4 meeting to vet and present at their meeting at the EMS Symposium.</p> <ul style="list-style-type: none"> • The committee is going to be working on a project to raise awareness for mental health and EMS. It is in the early stages and the committee will report on their progress as soon as they have more information. 	
Regional EMS Council Executive Directors – Jim Chandler	<ul style="list-style-type: none"> • Mr. Chandler announced that Craig Evans is the new Executive Director of the Northern Virginia EMS Council. • The group met twice on Thursday. In the morning they had a professional development workshop that addressed insurance coverage for regional EMS councils. They had a presentation from a representative from the Department of Treasury Risk Management who talked with them about the program called VA Risk 2 that is available for regional EMS councils. They anticipate that this program will save some of the regional EMS council’s money on insurance coverage. • In the afternoon, they had a presentation from the Virginia Fusion Center. They are interested in having better communication with the EMS community and asked the regional EMS councils to help receive and push some of the Fusion Center risk and prevention messages that are of interest to the EMS community. The councils will be more involved with that in the future. • They have a work session planned for May 25-26 at OEMS to discuss the new process for distributing the continuing education funds. • They discussed the regional role as it relates to the reviewing grading of the Rescue Squad Assistance Fund grant applications. There has been some concern about the process locally and how it impacts the relationship between the regional EMS councils and the localities. They will continue these discussions with FARC when they meet with them on June 1. • The contracts for the Regional EMS Councils for the next fiscal year beginning in July 2017 will be the same contracts that they currently have and the same funding level. There will, however, be the ability for the regional EMS councils to apply for projects, specific add-ons to the contract, and those proposals will be presented through a business plan template. Councils will be working within their regions to identify additional needs and put together projects that can apply for those additional funding dollars. 	

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Public Comments	<ul style="list-style-type: none"> • Rider Alert – Rob Lawrence Mr. Lawrence talked about the Virginia Motorcycle Safety Program, Rider Alert. The program is funded by the Department of Motor Vehicles with a National Highway Traffic Safety grant. The program allows them to produce safety materials for motorcyclists. • EMS Day at Busch Gardens – Cheryl Lawson, M.D. Dr. Lawson invited everyone to attend PEMS EMS Celebration and Awards at Busch Gardens on May 27. • EMS Training Funds – Eddie Ferguson Chief Ferguson from Goochland County Fire and Rescue commented on the new proposal for the EMS Training Funds. He said he thinks there is a missing piece. Some EMS agencies and teaching institutes were using the funds to lower the costs of tuitions to students to begin with. Or in the cases of volunteer rescue squads or EMS agencies may be having EMT classes at no cost for the student. There is concern the new program will raise tuition costs because they cannot access the funds for initial programs any longer; and EMS agencies will have to start charging the students for classes that they were getting for free. He feels this could also affect recruitment. He asked if the EMS agencies could possibly apply for the scholarship program so that the money goes for the greatest good for the greatest number. • EMS Memorial Bike Ride – Tim Perkins Mr. Perkins is the Southern Route Coordinator of the National EMS Memorial Bike Ride. He said it is a new route that has never been done before. The bike ride starts Sunday, May 21 in Crystal City. Information is on the website at www.muddyangels.org. The National EMS Memorial Service is on May 20. 	
Unfinished Business	<ul style="list-style-type: none"> • None 	
New Business	<ul style="list-style-type: none"> • Medical Direction Committee Meetings – Cheryl Lawson, M.D. Dr. Lawson expressed concern about the change in location for the MDC meetings. They are now meeting in Hanover County at the Virginia Public Safety Training Center (VPSTC). She is concerned because the location is about 20 minutes off a major road, and there is nowhere for meeting attendees to get food located near the VPSTC. Committee members receive lunch; however, any stakeholders and guests who want to attend the meeting only have the option of a vending machine with sodas and chips. She said that it is easy to make a wrong turn and get lost; and there is no one to ask for directions. Dr. Lawson talked about the inconvenience, as well, for OEMS staff. She is asking that the meeting is moved back to OEMS, where they have all the facilities that they need. She 	

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>emphasized that the doctors and members at large who make up the committee are taking an entire day off of work without pay to attend the meeting. Lodging facilities are close to OEMS but not in Hanover County. She said that this is presenting a problem for efficiency and safety.</p> <p>Ron Passmore, Chair of the Training & Certification Committee echoed the comments made by Dr. Lawson. He agreed that guests and stakeholders at his meeting, as well, don't have any place to get lunch and miss part of the meeting if they go out to get lunch.</p> <p>Mr. Critzer, Chair of the State EMS Advisory Board, said this is a common theme that he has heard from several groups who have met at VPSTC. It is not a problem with the facility but with the lack of services and the inconvenience of the location from food establishments and hotels.</p> <ul style="list-style-type: none"> • EMS Training Funds – Valeta Daniels Ms. Daniels echoed the comments made earlier by Eddie Ferguson. She said there are concerns because of rural areas and funding. She said just to get into an EMT class is a really tough process to begin with; and then when you add getting a criminal background check and getting CPR certification, it is a lot to get done. Applying for a scholarship will add additional time to the process. She wonders if you need to bring a couple of stakeholders to the meetings who could better address these items. She is concerned that it will slow down the volunteer rate. <p>Ms. Daniels asked Chuck Faison how long from start to finish will there be cutoff times for the scholarships to go through; how many scholarships are available and how much funding is available? Will the scholarship fund the entire cost for the training program, will funding for textbooks be available, etc.</p> <p>Mr. Critzer referred to Mr. Faison for those answers. However, he reminded everyone how this change in the EMS Training Funds program came about. He explained that this is not an OEMS decision but instead it is necessary to follow state procurement policies related to the use of state funds. They have said that those funds cannot continue to be used in the manner in which they were previously used.</p> <p>Mr. Faison said that OEMS recognizes that this may not be the perfect solution for all stakeholders.</p> <p>Mr. Faison said to answer the question about outreach to rural communities; OEMS has had discussions about the best way to raise awareness to Education</p>	

Topic / Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Coordinators, programs and students in those areas. They have discussed partnering with a number of agencies; but he agrees OEMS should look into how to solicit more comments from representatives from rural areas to help them meet those challenges.</p> <p>Mr. Faison said the number of scholarships and award amounts will be determined by the reviewers and the program. A student could potentially receive full funding for their program, or partial funding. OEMS will not know how it will work until they get into the process. OEMS does have the ability to establish the funding priorities and scoring criteria.</p> <p>Ms. Daniels also asked where the funding is coming from. Adam Harrell from OEMS answered saying that the funding is the \$4.25-for-Life funding. It is the amount that was allocated each budget cycle for the EMSTF program. It is just moving it over to the scholarship program. Mr. Harrell also answered Ms. Daniels question as to whether this would come out of the RSAF grant funds. He said that this is a separate line item in the budget just for the EMS Training Funds.</p> <ul style="list-style-type: none"> • Ms. Daniels also announced that Dr. Lisa Dodd had a baby boy. 	
Adjourn	<ul style="list-style-type: none"> • The meeting was adjourned at 3:14 p.m. 	
Next Meeting	<ul style="list-style-type: none"> • Friday, August 4, 2017 at 1:00 p.m. at the Richmond Marriott Short Pump. 	

ATTACHMENT A

UPDATE TO THE VIRGINIA GOVERNOR'S ADVISORY BOARD

Friday, May 5, 2017



Disclaimer

- Not an employee of the NREMT
- Currently an at large member of the Board
- Do not represent Virginia
- Do not represent any other organization
- Here at the Chair's request for an update



National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™

EMT - Intermediate

- **RUMOR** - EMT Intermediate goes away in 2019
- Current NREMT-I expire in '18-'19, not VA cert
- NREMT continues to offer Intermediate assessment
- Only recognized in VA, MD, WV, and CO



On the Testing front: Virginia -2016

- Cognitive first attempt pass rates:
 - NREMT 69%
 - NRP 77%
- Cumulative cognitive third attempt pass rates:
 - NREMT 78%
 - NRP 89%



On the Testing front: National-2016

- Cognitive first attempt pass rates:
 - NREMT 68%
 - NRP 71%



National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™

ACLS and PALS

- Not required for initial certification
- CPR required for all levels of initial certification
- NRP in re-entry w/ no State cert. ACLS/PHTLS required
- NREMT recognizes ACLS & PALS for NCCP
- NREMT requires ACLS for traditional P recertification



Why?

- Why the PATT?
 - Candidate personal identity security
 - Internal process improvements
 - Previously NREMT required rosters 21 days before an exam
 - Currently NREMT requires rosters 14 days before an exam
 - Candidates MUST be on a roster to be allowed into an ALS Psychomotor Examination
 - This ensures that candidates are only allowed to test their designated number of attempts
 - VA allows Early Eligibility (EE) for Psychomotor exams.



Why?

- Why is NREMT getting into curriculum for recertification?
 - researched recertification processes of other medical specialties.
 - Continued competency was widespread throughout medical industries.
 - Continuing education aligns with the *EMS Agenda for the Future*; maintaining competence of EMS professionals;
 - Undertook project because it directly involves maintenance of the certification issued



National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™

Why?

- Why can't we get more Pearson View test sites?
 - This is always open for discussion based on state needs and NREMT/Pearson Vue test center policies.
 - Specific questions can be referred to *Lindsey Durham*, CFO



Looking into the Crystal ball

- No replacement for Intermediate – 4 national levels
- Examinations - no foreseen changes
- Cert/Recert – No impending changes (NCCCP/4yrs)
- AEMT – CAT testing probably in 24 months



REPLICA

The Recognition of EMS Personnel Licensure Interstate CompAct



**National Registry of
Emergency Medical Technicians®**
THE NATION'S EMS CERTIFICATION™

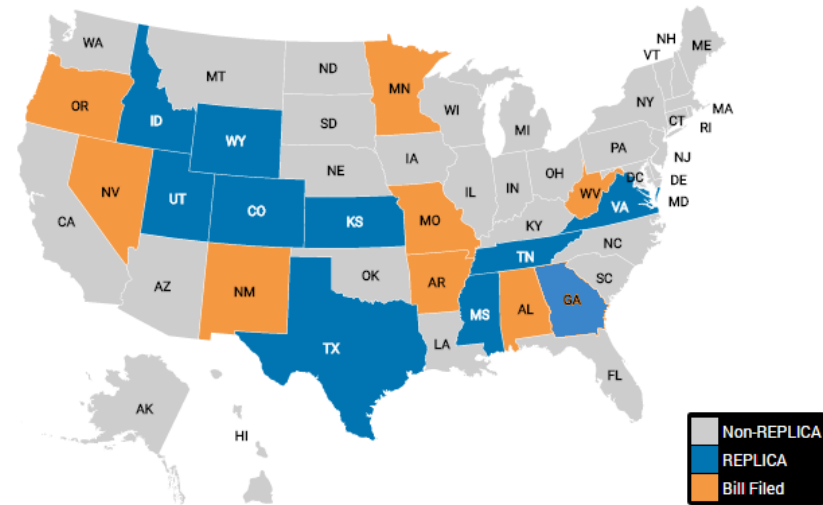
REPLICA Current Landscape

- 10 States Passed Legislation

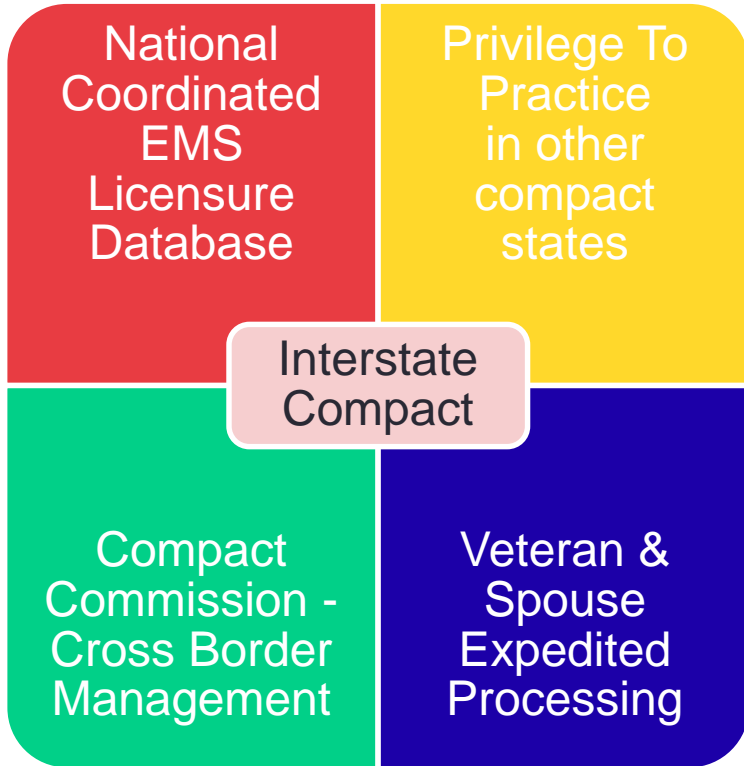
Colorado	Texas
Virginia	Idaho
Utah	Kansas
Tennessee	Wyoming
Mississippi	Georgia

- NREMT is working on the National EMS Coordinated Database

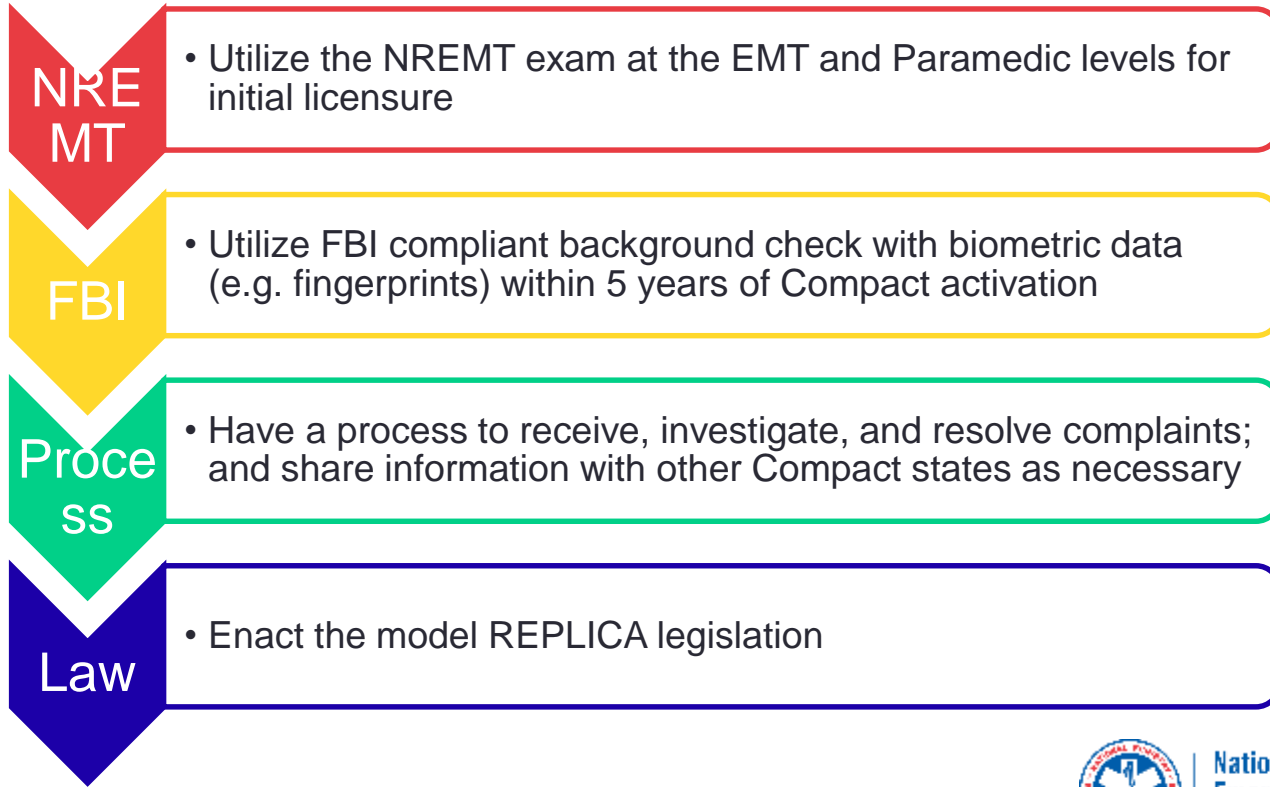
- Inaugural Meeting: October 2017



REPLICA Framework



REPLICA State Eligibility





QUESTIONS?

ATTACHMENT B

State EMS Advisory Board
Motion Submission Form

Committee Motion: Name: Training and Certification Committee (TCC)

Individual Motion: Name: _____

Motion:

The TCC moves that the Office of EMS adopt as a start the attached competencies and internal psychomotor verification policies and that Virginia Accredited EMT programs who demonstrate implementation of these policies be eligible for consideration by the Office of EMS to verify student psychomotor competency

EMS Plan Reference (include section number):

2.2.2 Enhance competency based EMS training programs.

Committee Minority Opinion (as needed):

For Board's secretary use only:

Motion Seconded By: _____

Vote: By Acclamation: Approved Not Approved

By Count: Yea: _____ Nay: _____ Abstain: _____

Board Minority Opinion:

Meeting Date: _____

ATTACHMENT B

1

Subject: Approving Psychomotor Competency for Accredited EMT Programs
--

2

3 1. Purpose

4 2. Policy

5 2.1. Program Eligibility

6 2.2. Competency-Based Education

7 2.3. Approving Psychomotor Skills

8 3. Responsibilities

9 4. Procedures

10 4.1. Documenting Student Competency

11 4.2. Reviewing Student Competency

12 4.3. Verifying Psychomotor Skills

13 5. Definitions

14 6. References

15

16 1. **Purpose**

17 The Virginia Office of Emergency Medical Services recognizes the increased demands
18 on accredited EMT education programs to complete the required “competency-based
19 education” model as compared to non-accredited sites. This policy reflects these
20 demands and successes of this model by allowing these accredited sites to complete
21 psychomotor skills verification within the program without having to utilize the existing
22 Consolidated Test Site model.

23

24 2. **Policy**

25 This policy allows accredited EMT education programs to verify psychomotor skills
26 outside of the Consolidated Test Sites. This policy is not intended to require accredited
27 programs to verify psychomotor skills outside of the Consolidated Test Sites, but to
28 provide an opportunity to do so if such option is approved by the program director,
29 physician course director, and program’s advisory board.

30 2.1. **Program Eligibility**

31 Programs who have been awarded full accreditation at the Emergency Medical
32 Technician (EMT) level through the Virginia Office of EMS (VAOEMS) are eligible
33 to utilize this policy. This classification does not automatically extend to

Policies and Procedures

34 programs accredited at Advanced Life Support levels either by the VAOEMS or
35 the Commission on Accreditation of Allied Health Education Programs
36 (CAAHEP). The program must be accredited by course start date and remain
37 accredited through the announced course end date as announced on the
38 approved Course Announcement form. Courses that do not begin and end within
39 the approved accreditation window are not included within this policy and
40 graduates should utilize the existing Consolidated Test Site process. Any new
41 alternative site will be considered having conditional accreditation and will require
42 all cohorts to test at a CTS until such time that a complete site visit can be
43 conducted and full accreditation granted.

2.2. Competency-Based Education

45 As required by VAOEMS, EMT accreditation, programs must utilize competency-
46 based education for all courses announced under an accredited program. The
47 list of required competencies must be approved by the program director,
48 physician course director, and the program's advisory board. The program must
49 maintain appropriate documentation showing each student meeting these
50 established competencies as required by existing rules and regulations regarding
51 record retention.

2.3. Approving Psychomotor Skills

53 Program directors will notify the VAOEMS upon completion of the required
54 competencies by the student. This approval shall not be completed until the
55 program director and physician course director agree that the student has met
56 the minimum required competencies.

3. Responsibilities

59 The program director, physician course director, and program advisory board shall
60 create a list of minimum competencies required to become an entry-level competent
61 provider. This list shall include the skill, and the required number of successful iterations
62 to be deemed competent in each skill. This list shall be reviewed annually and such
63 review evident in the documented meeting minutes. The competency list shall include
64 at, a minimum, those competencies and successful attempts as listed by VAOEMS on
65 the published EMT Competency Tracking Form (TR-90).

67 Upon completion of the program, the program director and physician course director

Policies and Procedures

68 shall review the collected documentation on a per-student basis to verify competency. A
69 student's psychomotor verification shall not be submitted to VAOEMS until such review
70 has been completed and documented.

71

72 **4. Procedures**

73 **4.1. Documenting Student Competency**

74 Programs shall utilize a standard documentation process to verify student
75 acquisition of required skills and competencies. At a minimum, the retained
76 documentation shall demonstrate the required minimum number of successful
77 attempts at a skill to meet the established competency requirements. It is
78 suggested, however, that programs maintain documentation on all attempts,
79 including unsuccessful attempts, to best document the student learning process.

80 **4.2. Reviewing Student Competency**

81 At the conclusion of the course, the program director and physician course
82 director shall review each student's file to verify that all required competencies
83 are met. Such review shall be documented in a consistent manner such as a
84 terminal competency form.

85 **4.3. Verifying Psychomotor Skills**

86 Once the program director and physician course director have reviewed and
87 approved each student as "entry-level competent", the program director shall
88 notify the VAOEMS of such so that completion of the psychomotor skills can be
89 verified to the National Registry of EMTs.

90

91 **5. Definitions**

92 **Competencies:** Skills, and the minimum number of iterations of such skills, as defined
93 by the Virginia Office of EMS' EMT Competency Tracking Form (TR-90), program
94 director, physician course director, and program advisory board.

95 **Entry-Level Competent Provider:** In the context of this policy, a provider who has met
96 the minimum-required competencies of an education program.

97

98 **6. References**

99 Virginia Office of EMS rules and regulations

EMT Competency Tracking Form



Student Name: _____ **Student Certification #:** _____

Instructions:

The student will be evaluated on each competency, at a minimum, as listed in the table. The evaluator will award a score from the list below and initial and date the appropriate block. The evaluator should only document scores of "2". Scores of "1" or "0" should not be signed off by the evaluator.

Upon completing the evaluations, the student's competency will be validated by the faculty. If the student is deemed competent, the faculty will assign a "2" then initial and date in the first "Faculty" column. If the student is not deemed competent at the skill, the faculty will assign a score, then initial and date, checking the "R" Remediation Needed box. The student must then complete the required remediation, as determined by the program, and have a final faculty validation.

At course completion all skill areas must have been completed to signify eligibility for certification testing. Competency in all relevant skills contained within the Competency-based EMT program is required before the student can move forward for state certification.

Scoring:

2 = Successful/competent; no prompting necessary – The student performed at the entry-level of competency as judged by the preceptor. Entry-level of competency takes into account the amount of education the student has undergone at the time of evaluation.

1 = Not yet competent, marginal or inconsistent; this includes partial attempts.

0 = Unsuccessful – required critical or excessive prompting; inconsistent; not yet competent; this includes "Not attempted" when the student was expected to try. The student performed with some errors of commission or omission that would lead the preceptor to a conclusion that the student did not meet competency in the skill being evaluated.



EMT Competency Tracking Form



Program Specific Information for evaluation:

DRAFT Approved by Workgroup
February 22, 2017



EMT Competency Tracking Form



Preparatory Competencies		Date & Initial When Student Deemed Competent								
		Performed	Performed	Performed	Faculty Validation	Remediation			Faculty Validation	
1	select, don, doff and properly/safely discard PPE				<input type="checkbox"/> R					
2	determine a patient's level of consciousness				<input type="checkbox"/> R					
3	assess a patient for a patent airway.				<input type="checkbox"/> R					
4	assess a patient for breathing and provide depth, rate, quality.				<input type="checkbox"/> R					
5	acquire a pulse and provide rate, rhythm, and strength				<input type="checkbox"/> R					
6	assess the skin color, temp, and moisture, turgor in an adult				<input type="checkbox"/> R					
7	assess capillary refill				<input type="checkbox"/> R					
8	assess the pupils as to equality, size, reactivity, accommodation				<input type="checkbox"/> R					
9	obtain an auscultated blood pressure				<input type="checkbox"/> R					
10	obtain a palpated blood pressure				<input type="checkbox"/> R					
11	obtain a SAMPLE history				<input type="checkbox"/> R					
12	operate a stretcher				<input type="checkbox"/> R					
13	operate a stair chair				<input type="checkbox"/> R					



EMT Competency Tracking Form



Preparatory Competencies (continued)		Date & Initial When Student Deemed Competent								
		Performed	Performed	Performed	Faculty Validation	Remediation			Faculty Validation	
14	provide proper patient lifting and moving techniques				<input type="checkbox"/> R					
15	perform a simulated, organized, concise radio transmission (lab setting)				<input type="checkbox"/> R					
16	perform pt. report that would be given to staff at receiving facility (lab setting)				<input type="checkbox"/> R					
17	Perform report that would be given to ALS provider in (lab setting)				<input type="checkbox"/> R					
18	Complete pre-hospital care report (lab setting)				<input type="checkbox"/> R					

DRAFT Approved by VDH February 22, 2017



EMT Competency Tracking Form



Airway Oxygen and Ventilation Competencies									
The student/candidate must demonstrate the ability to correctly:		Date & Initial When Student Deemed Competent							
		Performed	Performed	Performed	Faculty Validation	Remediation			Faculty Validation
1	perform a chin-lift during an airway scenario.				<input type="checkbox"/> R				
2	perform a jaw thrust during an airway scenario.				<input type="checkbox"/> R				
3	perform suctioning using soft/rigid suction devices during an airway scenario .				<input type="checkbox"/> R				
4	assemble, connect to O ₂ and ventilate with a BVM during an airway scenario.				<input type="checkbox"/> R				
5	ventilate using a BVM for 1 min at the appropriate rate.				<input type="checkbox"/> R				
6	artificially ventilate patient w/stoma.				<input type="checkbox"/> R				
7	insert OP airway during an airway scenario.				<input type="checkbox"/> R				
8	insert NP airway during an airway scenario.				<input type="checkbox"/> R				
9	operate an O ₂ tank and regulator.				<input type="checkbox"/> R				
10	use a non-rebreather and adjust O ₂ flow requirements needed during an airway scenario.				<input type="checkbox"/> R				
11	use a nasal cannula and adjust O ₂ flow requirements needed during an airway scenario.				<input type="checkbox"/> R				
12	use a Venturi mask during an airway scenario.				<input type="checkbox"/> R				



EMT Competency Tracking Form



The student/candidate must demonstrate the ability to correctly:		Date & Initial When Student Deemed Competent							
		Performed	Performed	Performed	Faculty Validation	Remediation			Faculty Validation
13	use a supraglottic airway in a scenario.				<input type="checkbox"/> R				
14	use and interpret pulse oximetry in a scenario				<input type="checkbox"/> R				
15	apply and use capnography in a scenario.				<input type="checkbox"/> R				

DRAFT Approved by WOLSON
February 22, 2017



EMT Competency Tracking Form



Patient Assessment Competencies		Date & Initial When Student Deemed Competent							
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation			Faculty Validation
1	identify potential hazards while performing a scene size-up				<input type="checkbox"/> R				
2	assess mental status in a scenario				<input type="checkbox"/> R				
3	assess the airway in a scenario				<input type="checkbox"/> R				
4	assess if a patient is breathing in a scenario				<input type="checkbox"/> R				
5	assess if a patient has a pulse in a scenario				<input type="checkbox"/> R				
6	assess a patient for external bleeding in a scenario				<input type="checkbox"/> R				
7	assess patient skin color, temperature, moisture, and turgor in scenario				<input type="checkbox"/> R				
8	prioritize a patient in a scenario				<input type="checkbox"/> R				
9	assess a responsive patient with no known history in a scenario				<input type="checkbox"/> R				
10	assess an unconscious/ALOC patient in a scenario				<input type="checkbox"/> R				
11	perform a secondary assessment in a scenario				<input type="checkbox"/> R				
12	perform a reassessment in a scenario				<input type="checkbox"/> R				



EMT Competency Tracking Form



Medical, Behavioral and OB/GYN Competencies		Date & Initial When Student Deemed Competent						
		Performed	Performed	Performed	Faculty Validation	Remediation		Faculty Validation
The student/candidate must demonstrate the ability to correctly:								
1	assist a patient with self-administration of medication				<input type="checkbox"/> R			
2	read labels and confirm each type of medication				<input type="checkbox"/> R			
3	perform steps in using an inhaler in a scenario.				<input type="checkbox"/> R			
4	apply and operate an AED in a scenario with CPR.				<input type="checkbox"/> R			
5	perform steps to administer nitroglycerin for chest pain/discomfort in a scenario.				<input type="checkbox"/> R			
6	perform steps to administer aspirin for chest pain/discomfort in a scenario.				<input type="checkbox"/> R			
7	apply and obtain a 12 lead ECG to include Vr4, V8 and V9.				<input type="checkbox"/> R			
8	provide emergency medical care for a patient taking diabetic medicine w/ALOC in a scenario.				<input type="checkbox"/> R			
9	perform steps to administer of oral glucose in a scenario.				<input type="checkbox"/> R			
10	use a glucometer in a scenario.				<input type="checkbox"/> R			
11	Perform steps to administer and dispose of epinephrine in a scenario.				<input type="checkbox"/> R			



EMT Competency Tracking Form



Medical, Behavioral and OB/GYN Competencies		Date & Initial When Student Deemed Competent							
		Performed	Performed	Performed	Faculty Validation	Remediation			Faculty Validation
12	perform steps to administer of naloxone via the intra-nasal route in a scenario.				<input type="checkbox"/> R				
13	assess and care for a patient with a behavioral emergency in a scenario				<input type="checkbox"/> R				
14	safely restrain pt. with behavioral problem in scenario.				<input type="checkbox"/> R				
15	Assess and provide care for the pregnant female				<input type="checkbox"/> R				
16	assist in a normal cephalic delivery.				<input type="checkbox"/> R				
17	perform neonatal assessment and care procedures.				<input type="checkbox"/> R				
18	provide post-delivery care of newborn.				<input type="checkbox"/> R				
19	determine how and when to cut umbilical cord.				<input type="checkbox"/> R				
20	perform the steps for the delivery of the placenta.				<input type="checkbox"/> R				
21	provide post-delivery care of the mother.				<input type="checkbox"/> R				
22	perform the procedures for abnormal deliveries (vaginal bleeding, breech birth, prolapsed cord, limb presentation, and nuchal cord).				<input type="checkbox"/> R				
23	Assess and care for a patient suffering from GI/GU emergency in a scenario.				<input type="checkbox"/> R				



EMT Competency Tracking Form



Medical, Behavioral and OB/GYN Competencies		Date & Initial When Student Deemed Competent								
		Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation
24	Assess and care for a patient suffering from a toxicology emergency in a scenario.									
25	communicate effectively and appropriately with the patient during a medical scenario.									
26	complete a PPCR for various medical patients at the conclusion of the scenarios.									

DRAFT Approved February 22, 2017



EMT Competency Tracking Form



Trauma										
Date & Initial When Student Deemed Competent										
The student/candidate must demonstrate the ability to correctly:	Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation	
1	perform direct then diffuse pressure by applying dressing to the head				<input type="checkbox"/> R					
2	perform direct then diffuse pressure by applying dressing to the torso				<input type="checkbox"/> R					
3	perform direct then diffuse pressure by applying dressing an extremity				<input type="checkbox"/> R					
4	use a commercial tourniquet for an extremity injury.				<input type="checkbox"/> R					
5	care for a patient with signs and symptoms of internal bleeding/shock				<input type="checkbox"/> R					
6	care for closed soft tissue injuries				<input type="checkbox"/> R					
7	Care for facial injuries				<input type="checkbox"/> R					
8	Care for eye injuries				<input type="checkbox"/> R					
9	Care for epistaxis				<input type="checkbox"/> R					
10	care for an open neck wound				<input type="checkbox"/> R					
11	Care for an open chest wound				<input type="checkbox"/> R					
12	care for an open abdominal wounds				<input type="checkbox"/> R					
13	Care for an open groin injury				<input type="checkbox"/> R					



EMT Competency Tracking Form



Trauma (continued)										
Date & Initial When Student Deemed Competent										
The student/candidate must demonstrate the ability to correctly:	Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation	
14	care for an impaled object				<input type="checkbox"/> R					
15	care for a patient with an amputation and the amputated part				<input type="checkbox"/> R					
16	care for a patient with superficial burns				<input type="checkbox"/> R					
17	care for a patient with partial thickness burns				<input type="checkbox"/> R					
18	care for a patient with full thickness burns				<input type="checkbox"/> R					
19	care for a patient w/chemical burns				<input type="checkbox"/> R					
20	care for a patient with a painful swollen deformed forearm				<input type="checkbox"/> R					
21	care for a patient with a painful swollen deformed upper arm				<input type="checkbox"/> R					
22	care for a patient with a painful swollen deformed clavicle				<input type="checkbox"/> R					
23	Care for a patient with a painful hip/pelvis				<input type="checkbox"/> R					
24	care for a patient with a painful swollen deformed upper leg				<input type="checkbox"/> R					
25	care for a patient with a painful swollen deformed lower leg				<input type="checkbox"/> R					
26	care for a patient with a painful swollen deformed ankle/foot/wrist				<input type="checkbox"/> R					



EMT Competency Tracking Form



Trauma (continued)										
Date & Initial When Student Deemed Competent										
The student/candidate must demonstrate the ability to correctly:	Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation	
27	opening the airway in a patient with a suspected spinal cord injury during a scenario				<input type="checkbox"/> R					
28	evaluate and manage a responsive patient with a suspected spinal cord injury during a scenario				<input type="checkbox"/> R					
29	stabilize a patient's cervical spine				<input type="checkbox"/> R					
30	perform a four person log roll for a patient with a suspected spinal cord injury				<input type="checkbox"/> R					
31	log roll a patient with a suspected spinal cord injury using two people				<input type="checkbox"/> R					
32	secure a patient to a long spine board				<input type="checkbox"/> R					
33	Immobilization of the pregnant female				<input type="checkbox"/> R					
34	secure a patient to a short board				<input type="checkbox"/> R					
35	perform rapid extrication on a patient				<input type="checkbox"/> R					
36	perform the preferred methods for stabilization of a helmet				<input type="checkbox"/> R					
37	perform the helmet removal techniques				<input type="checkbox"/> R					
38	Assess and care for a patient experiencing an environmental emergency (heat/cold, near drowning)				<input type="checkbox"/> R					



EMT Competency Tracking Form



Trauma (continued)										
Date & Initial When Student Deemed Competent										
The student/candidate must demonstrate the ability to correctly:	Performed	Performed	Performed	Faculty Validation	Remediation				Faculty Validation	
39	communicate effectively and appropriately with the patient during a trauma scenario									
40	complete a PPCR for various trauma patients at the conclusion of the scenarios.									

DRAFT Approved by Workgroup
February 22, 2017



EMT Competency Tracking Form



Infants & Children and Operations		Date & Initial When Student Deemed Competent							
The student/candidate must demonstrate the ability to correctly:		Performed	Performed	Performed	Faculty Validation	Remediation			Faculty Validation
1	Provide artificial ventilations with a BVM at the appropriate rate for the infant				<input type="checkbox"/> R				
2	Provide artificial ventilations with a BVM at the appropriate rate for the child				<input checked="" type="checkbox"/> R				
3	Provide oxygen delivery for the infant and child				<input type="checkbox"/> R				
4	perform a primary, secondary , and reassess an infant in a scenario				<input type="checkbox"/> R				
5	perform a primary, secondary and reasses a child in a scenario				<input type="checkbox"/> R				
6	Perform triage during a scenario of a mass casualty incident				<input type="checkbox"/> R				

DRAFT Approved February 22, 2017



DRAFT Approved by Workgroup
February 22, 2017



Final Verification of Student Competency

Program Director Final Verification of Competency:

Print Name _____ Signature: _____ Date Verified: _____

Physician Course Director Final Verification of Competency:

Print Name _____ Signature: _____ Date Verified: _____

DRAFT Approved by Workgroup
February 22, 2017

