

**EMS Advisory Board Meeting**  
**Perimeter Center, Richmond, Virginia**  
**August 13, 2010**  
**1:00 PM**

Members Present:	Members Absent:	Staff:	Others:
<b>J. David Barrick</b> <i>Peninsulas EMS Council</i>	Asher Brand, M.D. (Excused) <i>Central Shenandoah EMS Council</i>	George Lindbeck, M.D.	<b>Karen Remley, MD, MBA, FAAP</b> <i>Commissioner, Virginia Department of Health</i>
<b>Edward B. Bish, Jr.</b> <i>Virginia Association of Volunteer Rescue Squads</i>	Michael Crockett (Excused) <i>Associated Public Safety Communications Officials</i>	Gary R. Brown	<b>Marissa Levine, M.D., MPH</b> <i>VDH, Deputy Commissioner of Emergency Preparedness &amp; Response</i>
<b>Jason D. Campbell</b> <i>Blue Ridge EMS Council</i>	Bruce Edwards (Excused) <i>Tidewater EMS Council</i>	Jim Nogle	<b>Eric Gregory</b> <i>Office of the Attorney General</i>
<b>Jennie L. Collins</b> <i>Northern Virginia EMS Council</i>	Robin L. Foster, M.D. (Excused) <i>American Academy of Pediatrics</i>	Carol Morrow	<b>Larry Breneman</b> <i>NGR</i>
<b>Gary A. Dalton</b> <i>Virginia Association of Volunteer Rescue Squads</i>	James A. Gray, Jr. (Excused) <i>Virginia Fire Chief's Association</i>	Greg Neiman	<b>Rob Clemons</b> <i>Firefighter Near-Miss</i>
<b>Steve Ennis</b> <i>Virginia State Firefighters Association</i>	Linda G. Johnson (Excused) <i>Thomas Jefferson EMS Council</i>	Michael D. Berg	<b>Dan Norville</b> <i>Norfolk Fire-Rescue</i>
<b>Carol Lee Fischer-Strickler</b> <i>Consumer</i>	Ajai Malhotra, M.D. (Excused) <i>American College of Surgeons</i>	Dennis Molnar	<b>Kent Weber</b> <i>TEMS / VA EMS</i>
<b>L.V. Pokey Harris</b> <i>Southwest Virginia EMS Council</i>	Scott Weir, M.D.(Excused) <i>Virginia College of Emergency Physicians</i>	Paul Sharpe	<b>Corey Beazley</b> <i>Hanover Fire-Rescue</i>
<b>Cheryl L. Lawson, M.D.</b> <i>Virginia Hospital &amp; Healthcare Association</i>		Tim Perkins	<b>Jo Richmond</b> <i>WDC / SOE</i>
<b>Richard D. McClure</b> <i>Old Dominion EMS Alliance</i>		Nevena Skoro	<b>Tamara McDaniel</b> <i>SOE</i>
<b>Clarence Monday</b> <i>Virginia Municipal League</i>		Jimmy Burch	<b>Karen Wagner</b> <i>VAVRS</i>
<b>Larry A. Oliver</b> <i>Lord Fairfax EMS Council</i>		Stephen McNeer	<b>Randy Abernathy</b> <i>Hanover Fire EMS</i>
<b>William E. Quarles, Jr.</b> <i>Virginia Association of Counties</i>		Wanda Street	<b>Chip Decker</b> <i>Richmond Ambulance Authority</i>
<b>Gary Samuels</b> <i>Virginia Chapter of the International Association of Firefighters</i>		Irene Hamilton	<b>Bryon McRoy</b> <i>Richmond Ambulance Authority</i>
<b>Dee Dee Soyars</b> <i>Virginia Emergency Nurses Association / Virginia Nurses Association</i>			<b>Lisa Atkins</b> <i>New Kent Fire-Rescue</i>
<b>Matthew Tatum</b> <i>Virginia Association of Governmental EMS Administrators (VAGEMSA)</i>			<b>Heidi Hooker</b> <i>Old Dominion EMS Council (ODEMSA)</i>
<b>John Dale Wagoner</b> <i>Western Virginia EMS Council</i>			<b>Valeta C. Daniels</b> <i>Henrico Doctors Hospital - Forest, Parham and Retreat</i>

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<b>Anthony D. Wilson</b> <i>Virginia Ambulance Association</i> <b>Allen Yee, M.D., FAAEM</b> <i>Medical Society of Virginia</i>			<b>Wayne Peer</b> <i>Rockingham County Fire and Rescue</i> <b>Tina Skinner</b> <i>Rappahannock EMS Council (REMS)</i> <b>John Boatwright</b> <i>Chesterfield Fire &amp; EMS</i> <b>Mike Harmon</b> <i>Chesterfield Fire &amp; EMS</i> <b>William E. Aiken</b> <i>Henrico County Division of Fire</i> <b>Stephen Rea</b> <i>Thomas Jefferson EMS Council (TJEMS)</i> <b>Rob Logan</b> <i>Western Virginia EMS Council (WVEMS)</i> <b>Jeff Meyer</b> <i>Peninsulas EMS Council (PEMS)</i> <b>Jim Chandler</b> <i>Tidewater EMS Council (TEMS)</i> <b>Michael Player</b> <i>York County Fire &amp; Life Safety</i> <b>Byron Andrews</b> <i>Sterling Rescue</i> <b>Melinda Duncan</b> <i>Northern Virginia EMS Council</i> <b>Ed Rhodes</b> <i>VFCA / VAVRS / Regional Councils</i> <b>Rob Lawrence</b> <i>Richmond Ambulance Authority</i> <b>Kim Allen</b> <i>Virginia Department of Health – Office of the Commissioner</i>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Call to Order – Jennie Collins</b>	Ms. Collins, Chair, called the meeting to order at 1:10 PM	
<b>Approval of the May 14, 2010 Meeting Minutes</b>	Ms. Collins asked for a motion and second to approve the meeting minutes of May 14, 2010.	<b>A motion was made and properly seconded to approve the May 14, 2010 meeting minutes.</b> <b>VOTE: YEAS = 20; NAYS = 0; ABSTENTIONS – 0</b> <b>The motion was carried unanimously</b>
<b>Approval of the August 13,</b>	Ms. Collins informed the Board that she had added one item to the proposed agenda; adding comments	<b>A motion was made and properly</b>

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<b>2010 Meeting Agenda</b>	by the State Health Commissioner, Dr. Remley. With that one change, Ms. Collins asked for a motion and second to accept the agenda with the one proposed change.	<b>seconded to approve the proposed meeting agenda</b> <b>VOTE: YEAS = 20; NAYS = 0;</b> <b>ABSTENTIONS – 0</b> <b>The motion was carried unanimously</b>
<b>Chair Report – Jennie Collins</b>	<p>Ms. Collins called for a moment of silence in honor of fallen firefighters.</p> <p>Executive Committee Report-</p> <p>Ms. Collins gave a report on the actions of the Executive Committee at their meeting on Thursday. Most of the meeting was devoted to discussing the State Trauma Triage Plan. Ms. Collins explained that because Drs. Brand and Malhotra were unable to attend the EMS Advisory Board meeting today, the Executive Committee decided to delay the vote on the State Trauma Triage Plan until the November meeting. This means that the Office of EMS will not meet their October deadline of presenting the revised Plan to the Board of Health in October. However, Drs. Remley and Levine approve the delaying action on the Plan until the November meeting.</p> <p>However, the Executive Committee did want to bring forth a motion regarding the Field Trauma Triage Decision Scheme, which they feel will address one of the stated concerns with the State Trauma Triage Plan. The motion contains an excerpt from the CDC guideline, which Dr. Lindbeck pointed out, for Field Trauma Triage Decision Scheme and they feel that adding this footnote in the Field Trauma Triage Decision Scheme will address the stated concern with the plan being too rigid or not being reflective of regional resources or plans.</p> <p>Following discussion, the Chair called for the vote.</p>	<p><b>Motion:</b></p> <p>There were expressed concerns regarding the CDC guideline for Field Trauma Triage Decision Scheme, specifically at the third level of the decision tree related to mechanism of injury criteria. There were concerns that the language as presented would result in a level of over-triage and transport to trauma centers that would be unacceptable for many regions. The Executive Committee unanimously approved the following excerpt be footnoted in the Field Trauma Triage Decision Scheme and by doing so, it would serve to address the stated concerns of the plan being too rigid or not being reflective of regional resources or plans. The motion before the Board is to approve the following excerpt from the CDC guideline for Field Trauma Triage Decision Scheme is included in the State Trauma Triage Plan:</p> <p>“Transition from Step Three to Step Four”</p> <p>The answer of “yes” at Step Three of the Decision Scheme mandates transport of the patient to the closest appropriate</p>

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		<p>trauma center, not necessarily to a center offering the highest level of trauma care available, as is the case in Steps One and Two. Which center is the most appropriate at any given time will depend on multiple/actors, including the level o/trauma center readily available, the configuration o/the local or regional trauma system, local EMS protocols, EMS system capacity and capability, transport distances and times, and hospital capability and capacity. Patients whose injuries meet mechanism-ol-injury criteria but not physiologic or anatomic criteria do not necessarily require the highest level 0/ care available. At the time 0/ evaluation, these patients are hemodynamically stable, have a GCS 0/&gt; 14, and have no anatomic evidence 0/ severe injury. Their risk lies only in the mechanism by which they were injured. Thus, they require evaluation but do not need immediate transport by EMS providers to a Level I or Level II facility. If a severe injury is identified at the initial hospital evaluation, these patients may be trans/erred subsequently to a higher level o/trauma care. For patients who do not meet Step Three criteria, the EMS provider should proceed to Step Four o/the Scheme. "</p> <p><b>VOTE: 20 Yeas; 0 Nays; 0 Abstentions</b>  <b>The motion was carried unanimously.</b></p>

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	<p>Ms. Collins also reported that the Executive Committee also discussed the Regional Trauma Triage Plans and the way they are approved. Concern had been expressed at the last EMS Advisory Board meeting in regards to the language in the regional contracts in regards to approval of the State Trauma Triage Plans.</p> <p>Ms. Collins reported that following discussions, the Executive Committee and Eric Gregory were in agreement that the current contract language: The revised Trauma Triage Plan shall be submitted to OEMS with the second quarterly deliverables. Regional Trauma Triage Plans will be reviewed by OEMS and presented to the Trauma System Oversight and Management Committee at its March meeting for approval. Approved plans and protocols will be required to be posted and notifications made as listed in item 4 below</p> <p>should be modified, as follows: “The revised Trauma Triage Plan should be submitted to OEMS with the second quarterly deliverables. Regional Trauma Triage Plan will be presented by OEMS to the Trauma System Oversight and Management Committee at its March meeting for review and recommendations to the OEMS. The State Board of Health or the Commissioner shall have final approval of the State Trauma Triage Plan which shall incorporate the regional trauma triage plans. Plans and protocols will be required to be posted and notifications made as listed in item 4 below.”</p> <p>Ms. Collins reported that the Executive Committee voted unanimously to approve this modification.</p>	
<b>1<sup>st</sup> Vice Chair Report – Pokey Harris</b>	Ms. Harris asked all committee chairs to send their committee rosters to her as soon as possible.	
<b>2<sup>nd</sup> Vice Chair Report – Gary Dalton</b>	No report.	
<b>State Health Commissioner – Dr. Karen Remley</b>	<p>Dr. Remley thanked everyone on the EMS Advisory Board for helping to assure that Dr. Marissa Levine had a smooth transition.</p> <p>Dr. Remley gave an update on the current events taking place within the Health Department. Dr. Remley thanked everyone involved in assuring that the Boy Scout Jamboree was very successful. Dr. Remley talked about the “Safe Kids to School” partnership between the Department of Health and the Department of Transportation.</p>	
<b>Deputy Commissioner of Emergency Preparedness &amp; Response – Marissa Levine, M.D.</b>	Dr. Levine thanked everyone for helping her make a smooth transition.	
<b>Office of EMS Report – Gary Brown, George Lindbeck, M.D. and staff</b>	Mr. Brown let everyone know that Scott Winston is doing well, and will be back at work next week. Scott thanks everyone for all the cards, get well wishes and prayers.	

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	<p><u>Center for Disease Control (CDC) Site Visit-</u> Virginia has been chosen along with one other state, New Mexico, for a site visit from CDC. The site visit will take place on Monday, November 15; and key individuals will receive an invitation to participate in the site visit. Mr. Brown explained that the purpose of the site visit is for CDC to learn about Virginia's experience with implementing the <i>Guidelines</i>, including: barriers to adoption, successes and failures experienced along the way, and what EMS providers and leaders are saying.</p> <p><u>Durable Do Not Resuscitate (DDNR) Regulations-</u> The Office of EMS presented the final amendments to the DDNR regulations to the State Board of Health on July 16. The Board Of Health unanimously approved the final amendments to the proposed regulations. The regulations will now be submitted to the Department of Planning and Budget for final review before they can be sent to Governor for final approval to become law. The effective date for the amended regulations is October 1.</p> <p><u>EMS Symposium-</u> Mr. Brown reminded the Board that the next meeting of the Advisory Board will be held at the Symposium on Wednesday, November 10. Mr. Brown also announced that there will be a Job Fair at the Symposium this year, and Carol Morrow, from the Office of EMS, will be staffing that event.</p> <p><u>National Association of State EMS Officials (NASEMSO)-</u> Virginia is the host state for the 2010 NASEMSO annual meeting. The annual meeting will be held October 11 – 15 in Norfolk at the Norfolk Marriott Waterside.</p> <p><u>Pediatric Emergency Care Council-</u> At its May meeting, the Pediatric Emergency Care Council elected David Edwards, EMS for children coordinator, OEMS, to be Vice-Chair for 2010 through 2012, and then Chair of the Council for 2012-2014. The Pediatric Emergency Care Council is one of five standing councils of the National Association of EMS Officials (NASEMSO).</p>	
<p><b>State EMS Medical Director – George Lindbeck, M.D.</b></p>	<p><u>EMS Providers as Vaccinators –</u> Dr. Lindbeck reported on the EMS providers as Vaccinators program. The Office of EMS was assigned the responsibility of developing a policy and guidelines for vaccine administration by EMS Providers. This policy has been approved by the Attorney General's Office and has been forwarded to the State Health Commissioner for approval. The policy can be found in the Quarterly Report.</p>	
<p><b>Division of Educational Development (DED) – Warren Short</b></p>	<p><u>Formulary and Patient Care Guidelines Workgroups-</u> Dr. Lindbeck reported that both of these groups are continuing their work. As the material that is produced is approved by the workgroups, it is being posted on the OEMS website.</p> <p>Mr. Short announced that in an effort to promote the “green initiative” is to try and cut out as much mailings as possible and do them electronically. They have developed the EMS Portal to enable the providers and instructors to get their test scores and CE electronically. DED also uses the portal to</p>	

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	<p>communicate with their instructors.</p> <p><u>Bar Code Scanners-</u> The EMS Councils were awarded a RSAF grant to purchase 180 bar code scanners. This will allow providers to have their CE registered electronically and eliminate the need to fill in the green CE cards and mail them to the Office of EMS. This will allow providers to see their CE on line within 24 hours.</p> <p><u>EMS Training Funds Program-</u> Information is provided in the Quarterly Report under the Education Development section on the plans for requesting EMSTF funding once they get the new program up and running.</p> <p>Mr. Short said that DED is still doing their monthly updates on line on the first Tuesday of each month. Attendees were encouraged to visit the OEMS web site periodically to keep abreast on activities within DED and the Office of EMS.</p>	
<b>Boy Scout Jamboree Update – Dan Norville</b>	Mr. Norville gave an update on the Boy Scout National Jamboree. Mr. Norville thanked the Office of EMS for giving him an opportunity to participate. He reported that he helped to plan for the event and that their mission was to establish resources that could be brought in should the need develop.	
<b>Office of the Attorney General Report – Eric Gregory</b>	Mr. Gregory did not have a report.	
<b>National Near Miss Program – Captain Rob Clemons</b>	Captain Clemons gave a presentation on the National Fire Fighter Near-Miss Reporting System. He talked about how the system was developed; how it works; and the benefits of the system. Captain Clemons explained that they have realized in the five years that the system has been in operation that they have not done a good job of reaching out the to EMS community; and they want to make the EMS community aware of the system and also to know the benefits of using the system	
<b>Bylaws Subcommittee Report – Jennie Collins</b>	<p>Ms. Collins reported that the Bylaws were presented at the May meeting. Ms. Collins noted one grammatical correction in Section B, Item 5, page 11 – Committee Management where it says “committee membership will be limited to 10 members unless approved by the Advisory Board Chair or stipulated in the Code of Virginia.” - it should read “committee membership will be limited to 10 members unless otherwise approved ... She explained that the correction is to insert the word “otherwise”.</p> <p>With that change, Ms. Collins, on behalf of the Bylaws Committee, brought forth a motion to approve the Bylaws.</p> <p>Ms. Collins opened the floor for discussion.</p> <p>Dr. Lawson reiterated her concern for the importance of having the 11 regional medical directors represented on the Medical Direction Committee.</p> <p>Mr. Oliver informed the Board that there will be a Guidance document produced to address Bylaws</p>	<p><b>MOTION:</b> <b>The State Emergency Medical Services Advisory Board accepts the revised State Emergency Medical Services Advisory Board Bylaws as presented.</b></p> <p><b>VOTE: YEAS = 20; NAYS = 0; ABSTENTIONS = 0</b></p>

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	<p>issues that might arise or need further clarification.</p> <p>Following discussion, the Chair called for the vote.</p> <p>Ms. Collins said that since the Bylaws have been approved, she will asked Anthony Wilson, Chair of the Nominating Committee, to start putting together a slate of officers for the November elections. The Nominating Committee members are: Anthony Wilson, Jason Campbell, William Quarles, Allen Yee, and Gary Dalton.</p> <p>Irene Hamilton will send out a Committee Interest form next week. Completed forms need to be sent back to Irene who will forward them to Anthony Wilson.</p>	<p><b>The motion was carried unanimously</b></p> <p><b>Please complete your Committee Interest forms and indicate your interest in any Chair positions. Forms will be sent to Anthony Wilson by September 1.</b></p>
<p><b>Awards Selection Committee – Kevin Dillard</b></p>	<p>The awards have been submitted by the regional councils and received by the Office of EMS. They have been distributed to the committee, and the committee will be meeting on August 20 to make their selections. The winners will be announced at the Awards program at the Symposium.</p>	
<p><b>Communications Committee – Pokey Harris</b></p>	<p>The committee met earlier in the day. They have identified their core objectives and initiatives and the committee will concentrate on meeting these objectives and initiatives.</p> <p>They are waiting on word of the \$1.5 million from the Department of Homeland Security grant for communications. With that they are hoping to look at the interoperability issues that they are facing across the state.</p> <p>They have the 2013 mandate from SCC on narrowbanding and they are working with all localities to provide information and promote the informational workshops and help the individual agencies.</p> <p>RSAF – there was little less than \$400,000 that went to Communications projects.</p> <p>A questionnaire will be distributed with the fall cycle for communications grant requests. This will help FARC to look at the requests to truly evaluate as well as help the localities to evaluate their needs.</p> <p>Ms. Harris reported that the Communications committee will be focusing on Emergency Medical Dispatch (EMD). She reported that the Communications Committee would like to put forth a legislative initiative to move the implementation of EMD forward in the Commonwealth of Virginia. Ms. Harris said that they will be seeking the support of the Board of Health as well as organizations such as VAGEMSA, VAVRS, APCO, NENA, Fire Chiefs, Sheriffs and Chiefs of Police. Ms. Harris will be working with Drs. Yee and Lindbeck on a white paper that will bring forth information on EMD. The committee has formed a working group within the committee that will look at both the technical and legal issues.</p> <p>Ms. Harris also reported that they will have a Communications track at Symposium this year, as well as sessions at the NENA/APCO Interoperability Conference that will be held in Roanoke in early</p>	

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	<p>November.</p> <p>The committee will be looking at the committee makeup and representation to make sure they have proper representation of stakeholders.</p> <p>Their next meeting will be in November.</p>	
<b>CISM Committee – Dee Dee Soyars</b>	<p>Ms. Soyars reported that their next meeting is scheduled on August 19. They have been working on Guidelines for the accreditation of CISM Teams. They hope to have a quorum at their next meeting on August 19 so that they can complete their accreditation standards.</p>	
<b>EMS Emergency Management Committee – Bubby Bish</b>	<p>Mr. Bish reported that the committee last met on July 29. They did have a person on site at the Boy Scout Jamboree, and he said that entailed a lot of work from a lot of people.</p> <p>The committee is still working on the Mass Casualty II Student and Instructor manuals. They will have another meeting on September 1 at 9:30 AM at Technology Park. After that project is completed they will start reviewing the triage tags.</p> <p>The next meeting of the full committee is scheduled on October 28 at 10 AM at Technology Park.</p>	
<b>EMS for Children – Paul Sharpe</b>	<p>Mr. Sharpe reported that on the national level they are looking at the safety of transporting children. They will be providing a white paper on that issue.</p> <p>David Edwards has been elected as Vice Chair which moves up to Chair of the Pediatric Emergency Care Council.</p> <p>Mr. Sharpe reported that the CDC is also coming to do a site visit for EMS for Children.</p>	
<b>EMS Workforce Development Committee – Byron Andrews</b>	<p>Mr. Andrews reported that the Workforce Development Committee has two major projects.</p> <ol style="list-style-type: none"> <li>1. The Standard of Excellence Subcommittee is in the process of putting together the Forms Indicator for the Standards of Excellence.</li> <li>2. The EMS Officer Standards Subcommittee has developed KSAs for officer standards. The subcommittee has a motion to bring forth to the EMS Advisory Board.</li> </ol> <p>Following the motion, the Chair opened the floor for discussion.</p> <p>Steve Ennis stated that he had some concerns in regards to the direction of this document which he discussed at a Virginia State Firefighters Executive Board.</p> <ol style="list-style-type: none"> <li>1. Mr. Ennis is concerned that this document will become mandatory requirements. He said he has discussed this issue with Byron Andrews who assured him that it was not a requirement, but he is still concerned because the document reads as if it will be a requirement.</li> <li>2. In addition, Mr. Ennis is also concerned because the document is referred to as the Officer</li> </ol>	<p><b>MOTION:</b>  <b>The Workforce Development Committee requests that the State EMS Advisory board approve the Virginia EMS Officer Standards document – February 2010 edition and support the move for developing a RFP for the curriculum development of this program.</b></p>

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	<p>Standards instead of the Officer Training Curriculum.</p> <p>3. If it is being based on the NFPA 1021 model, Mr. Ennis asked if everyone around the table understand the amount of time that this involves.</p> <p>At Ms. Collins' request, Mr. Andrews addressed the concerns voiced by Mr. Ennis. Also, Gary Brown addressed the Board stating that the Office of EMS would not be placing the Officer Standards in regulations. He explained that this program has been created to elevate the abilities of the leadership of EMS throughout the Commonwealth.</p> <p>After discussion, Mr. Quarles suggested amending the original motion to strike the word standard and replace it with the word guidelines. The Chair asked if the committee was agreeable to this change. The committee was agreeable to the change. Dr. Lawson seconded this motion.</p> <p>Steve Ennis asked for clarification on the Officer 1 standard. He pointed out that his interpretation of the guidelines indicates that Officer 1 is a crew leader and that would make it a real possibility that 90 percent of the people in the organization would have to have Officer 1. Byron Andrews explained that Officer 1 is the Unit Leader, Officer II will be a crew leader, and Officer III is a Training / Division Leader, and the Officer IV is an Executive.</p> <p>Mr. Ennis pointed out that the Guidelines do not read that way and he said that if the Board is going to vote on this to accept it then it needs to be changed to a guide and also ask for needed clarification.</p> <p>Following the discussion, the Chair called for the vote.</p>	<p><b>Mr. Ennis requested that if they are going to vote on this document that not only is it changed to a guide but that they also ask that there is definitely some clarification that needs to be looked at as far as specific requirements to what level.</b></p> <p><b>The Chair asked if the Committee would be acceptable to the suggested wording change to the original amendment as brought forth by Mr. Quarles and seconded by Dr. Lawson.</b></p> <p><b>MOTION:</b>  <b>The Workforce Development Committee requests that the State EMS Advisory Board approve the Virginia EMS Officer Guidelines document – February 2010 edition and support the move for developing a RFP for the curriculum development of this program.</b></p> <p><b>YEAS = 19; NAYS = 1 (Ennis);</b></p>

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		<b>ABSTENTIONS = 0</b>  <b>The motion was carried.</b>
<b>Finance, Legislation &amp; Planning – Gary Dalton</b>	<p>Mr. Dalton distributed a document that proposed some verbiage changes on the proposed State EMS Plan. Mr. Dalton explained that under Section 3.3.1 the verbiage has been changed to read “compliance of all emergency medical radio systems.” Mr. Dalton stated that they have had a number of public comments about the Plan. Mr. Dalton said that the other change was under Section 4.1.4 which was added. It states “Develop and maintain statewide pre-hospital and inter-hospital ST Elevation Myocardial Infarction (STEMI) triage plan.”</p> <p>The Chair opened the floor for discussion. Hearing no discussion the Chair called for the vote.</p> <p>The State Plan will now have to go to the Board of Health for approval.</p> <p>Mr. Dalton reported that the committee met earlier in the day and discussed upcoming legislation involving Line of Duty Death and changes to the law being presented by some of the organizations within the EMS community in Virginia. Mr. Dalton also reported that there will be some legislation coming up regarding the moving of the Office of EMS to the Secretary of Public Safety, and the destination of retirement benefits that most specifically affects Fairfax County,. Mr. Dalton clarified that they are not asking the Board to endorse these things but just want to make the Board aware of these issues.</p> <p>The next meeting is tentatively scheduled for September 24 at the Virginia Association and Volunteer Rescue Squads meeting in Virginia Beach. Mr. Dalton said if the Fire Council Legislation Summit occurs prior to that date, they will consider meeting on the date of the Summit instead.</p>	<b>MOTION: The Finance, Legislation and Planning Committee requests that the State EMS Advisory Board endorse the Office of Emergency Medical Services State Strategic and Operational Plan.</b>  <b>VOTE: YEAS = 19; NAYS = 0; ABSTENTIONS = 1 (Ennis)</b>  <b>The motion was carried.</b>
<b>Financial Assistance Review Committee (FARC) – Wayne Peer</b>	<p>Mr. Peer reported that the committee recognizes the need for updating the OEMS Pricing List for equipment for the RSAF grants. Mr. Peer also reported that the committee feels they have made a significant impact in supplying the toughbooks to patient-transport vehicles. They want to start reviewing requests to supply toughbooks to non-patient transport vehicle units.</p> <p>The committee processed \$1.7 million dollars in this grant cycle between May and July. Mr. Peer also reported that out of 113 agencies applying for grants, 101 agencies received some level of funding.</p> <p>Mr. Peer reminded the Board that the grant cycle will close on September 15.</p>	
<b>Medevac Committee – Allen Yee, M.D.</b>	<p>Dr. Yee reported that the committee has not met since the last Board meeting. The committee will be meeting again in October.</p>	
<b>Medical Direction Committee – Allen Yee, M.D.</b>	<p>The Medical Direction Committee brought forth two action items. He said that they have amended the Procedures document to include Intranasal medications for Advanced EMT, Intermediates and Paramedics. Dr. Yee also reported that the committee recognized that they had left out vagal maneuvers</p>	<b>MOTION: The Medical Direction Committee asks the EMS Advisory Board to</b>

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	<p>from the procedures section of the Virginia Scope of Practice.</p> <p>Following the motion, the Chair opened the floor for discussion.</p> <p>Hearing no discussion, the Chair called for the vote.</p>	<p><b>endorse adding Intranasal medications to the EMT-Enhanced, Intermediate and paramedic certification levels to the Virginia Scope of Practice procedures. The Medical Direction Committee would also ask the EMS Advisory Board to endorse adding vagal maneuvers to the Virginia Scope of Practice procedures.</b></p> <p><b>VOTE: YEAS = 20; NAYS – 0; ABSTENTIONS = 0</b></p> <p><b>The motion was carried unanimously.</b></p>
<b>Nominating Committee – Anthony Wilson</b>	Mr. Wilson does not have a report.	<b>Board members need to send their Committee Interest Forms by September 1.</b>
<b>Professional Development Committee – Larry Oliver</b>	<p>Mr. Oliver reported that the committee has met twice over the last couple of months because their ultimate goal is to get the EMS Education Standards approved by the EMS Advisory Board.</p> <p>Mr. Oliver gave a presentation on Virginia E.M.S. Education Standards. Following the presentation, Mr. Oliver brought forth two action items from the Professional Development Committee.</p> <p>Following the motion, the Chair opened the floor for discussion.</p> <p>Steve Ennis asked that what the proposed changes are from the current hours. Larry Oliver gave him the current requirements: the First Responder is 40 hours, Emergency Medical Technician is 121 hours, EMT Enhanced is 80 hours plus clinical, Intermediate is a minimum of 272 plus a minimum of 68 hours of clinical time, and Paramedic varies throughout the Commonwealth but the minimum is 800 -1200 hours. Greg Neiman from the Office of EMS referred Steve Ennis to the Quarterly Report, Appendix C, page 33 to see the national recommended course lengths</p> <p>Mr. Ennis also asked that based on the curriculum that they are moving towards, how much of the hour involvement is related to professional development in the context of profession versus skills provided to improve outcome. Larry Oliver said that there is professional development built into every training program that is out there for EMS providers. Larry said that EMS Education Standards as a whole are strongly geared towards evidence-based education and patient need.</p>	<p><b>MOTION:</b> <b>The Professional Development Committee asks the EMS Advisory Board to approve the Virginia EMS Education Standards.</b></p> <p><b>VOTE:</b></p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Following the discussion, the Chair called for the vote.</p> <p>Mr. Oliver brought forth a second motion for action by the Board, Mr. Oliver explained that at PDC they have discussed making sure that instructors meet the requirements to teach all of the new education standards</p> <p>The Chair opened the floor for discussion.</p> <p>Richard McClure asked the question if being able to pass the test will make a competent instructor. Mr. McClure said that based on recent comments through his EMS Council, he doesn't think that it will make a more competent instructor.</p> <p>Mr. Short explained that it seems like the high failure rate of the current EMT pre-test is due to providers who take the test just as a way to see what is on the test. Mr. Short also said that most of the questions on the test come from the EMT exam</p> <p>After considerable discussion, the Chair called for the vote.</p>	<p><b>YEAS = 19; NAYS = 0; ABSTENTIONS = 1 (Ennis) The motion carried.</b></p> <p><b>MOTION:</b> <b>The Professional Development Committee asks the EMS Advisory Board to endorse the Education Coordinator (EC) Testing Requirement that all Instructors/ALS Coordinators must take the EMT-Instructor Pretest in order to gain eligibility for Education Coordinator Certification. If a person fails all 4 attempts they must wait 6 months before restarting the Education Coordinator Process.</b></p> <p><b>VOTE:</b> <b>YEAS = 13; NAYS = 7; ABSTENTIONS = 0</b></p> <p><b>The motion was carried.</b></p>
<b>Regulation and Policy Committee – Gary Samuels</b>	<p>Mr. Samuels reported that the Regulation and Policy committee has had two work sessions. They have worked through the public comments of the EMS Regulations and they will be moving forward to the Attorney General's office. The plan is to have them presented to the Board of Health at their October 15 meeting.</p> <p>Mr. Samuels thanked Jim Chandler for his work on the committee over the past few years and welcomed Jeff Meyer who will be replacing Jim on the committee.</p> <p>Mr. Ennis asked if there is a delta document of what they currently have versus what is proposed. Mr. Berg told Mr. Ennis that he can find the Town Hall 03 document on the Town Hall web site.</p>	
<b>Transportation Committee – David Barrick</b>	<p>Mr. Barrick said that the Transportation Committee has not met since the last Board meeting, and it is not scheduled to meet again until after the RSAF Grant closes.</p>	
<b>Trauma System Oversight and Management Committee – Paul Sharpe</b>	<p>The committee met in early June. The committee is working on several projects. Projects that they are working on include (1) Trauma Performance Improvement; (2) Burns Data; (3) Trauma Designation Manual; (4) Trauma Center Fund; and (5) Trauma Nursing Coordinator.</p>	
<b>Regional EMS Council</b>	<p>The committee met on Thursday, August 12. The councils have received their FY 2011 contracts. The</p>	

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Executives – Tina Skinner</b>	contracts do have some changes in them that they discussed. The councils are continuing plans for a Board Retreat for the regional council leadership in the spring. The councils are also looking at focusing on financial management and policies. The regional councils are moving to an on-line consolidated test site registration system. The hope is to have all of the councils using the new system by October 1.	
<b>PUBLIC COMMENT</b>	Mr. Chip Decker from the Richmond Ambulance Authority spoke. Mr. Decker said that as an EMT instructor he hopes that the test will be an indicator if he is a good instructor; and he hopes that the test will be able to make instructors better instructors. Mr. Decker said he is not convinced that the test will result in a more competent instructor, but he hopes that it will work.	
<b>UNFINISHED BUSINESS</b>	Ms. Collins said that at the last Board meeting, the Board had passed a motion about the variance request and having the language worked on between Finance, Legislation and Planning Committee and Regulation and Policy Committee. The committee has completed this request, and they hope to have this included in the VDH Legislative package.	
<b>NEW BUSINESS</b>	<p>Matt Tatum asked about the status of the EMS Training Funds Contracts.</p> <p>Mr. Short said the Office of EMS anticipates getting the contracts ready for distribution next week and will notify all current ALS Coordinators and EMT Instructors via email through the portal access in regards to the rules. Coordinators and Instructors should continue announcing their courses, marking the forms to indicate they want reimbursement. Once the contracts have been posted, the Office of EMS will select a specific date for submitting the contracts to the Office of EMS. Mr. Short emphasized that contracts received before that date will be returned, and they will not be accepting contracts by hand delivery. Contracts will be processed in the order in which they are received.</p>	
<b>Adjournment</b>	A motion was made to adjourn the meeting at 4:21 PM	
<b>Next Meeting</b>	Wednesday, November 10 at 1 PM at the Norfolk Waterside Marriott.	