



COMMONWEALTH OF VIRGINIA

Department of Health

Office of Emergency Medical Services

1041 Technology Park Drive

Glen Allen, VA 23059-4500

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Medical Direction Committee Meeting Agenda

January 5, 2012

10:30 AM

Office of EMS

1041 Technology Park Drive

Glen Allen, VA 23059

- 1) Welcome
- 2) Introductions
- 3) Approval of Minutes from: October 6, 2011
- 4) **Drug Enforcement Administration (DEA) & Board of Pharmacy (BOP) Compliance Issues**
- 5) **New Business:**
 - a) Confirmation of members and their contact information
- 6) **Old Business:**
 - a) Regional Council Access to the Image Trend Data Base
 - b) Refusal White Paper – Asher Brand, M.D.
 - c) Emergency Medical Dispatch - George Lindbeck, M.D.
 - d) Roles and Responsibilities of OMDs – Allen Yee, M.D.
- 7) **Research Requests:** None
- 8) **State OMD Issues - George Lindbeck, M.D.**
 - a) Statewide Guidelines & Formulary Project Update
 - b) EMS Medical Director Training Opportunities and Schedule
 - c) On-line EMS Medical Command
 - d) Drug Shortage Issues
 - e) Aeromedical early activation protocol
- 9) **Office of EMS Reports**
 - a) EMS Training Funds (EMSTF) & Accreditation Update – Chad Blosser
 - b) ALS Program Issues – Debbie Akers
 - c) BLS Program Issues – Greg Neiman
 - d) Training and Certification Committee Report – Nael Hasan, M.D.
 - e) DED – Warren Short
 - f) EMS Systems Planner – Tim Perkins
- 10) Regulation and Compliance Issues – Michael Berg
- 11) Public Comment
- 12) For the Good of the Order
 - a) Goals for 2012 –Marilyn Mcleod, M.D.

2012 Meeting Dates: January 5, 2012 April 12, 2012 July 12, 2012 October 11, 2012

MEDICAL DIRECTION COMMITTEE
1041 Technology Park Dr, Glen Allen, Virginia
Conference Rooms A and B
January 5, 2012
10:30 AM

Members Present:	Members Absent:	Staff:	Others:
Marilyn McLeod, M. D. - Chair Asher Brand, M.D. Christopher Turnbull, M.D. Mark Franke, M.D. Allen Yee, M.D. Stewart Martin, M.D. Forrest Calland, M.D. Theresa Guins, M.D. George Lindbeck, M.D. Eddie Ferguson	Charles Lane, M.D. Paul Phillips, D.O Nael Hasan, M.D. Cheryl Lawson, M.D.	Gary Brown Scott Winston Michael Berg Warren Short Greg Neiman Debbie Akers	Cathy Cockrell John R. Dugan III E. Reed Smith, M.D. Gary Critzer Jim Miller

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
1. Welcome	The meeting was called to order by Dr. Mcleod at 10:32 AM	
2. Introductions	Introductions were not necessary.	Meeting Sign-in Roster Attachment "F."
3. Approval of Minutes	Approval of minutes from the October 6, 2011 meeting.	Motion by Dr. Weir, seconded by Dr. Martin to approve. Passed.
4. Drug Enforcement Administration (DEA) & Board of Pharmacy (BOP) Compliance Issues	Mike indicated that BREMS and WVEMS had revised the form being used for drug box exchange in their area. A DEA investigator had an issue with the form because of not containing the physician DEA number. He has heard no other issue with this in any other area.	Dr. Weir encouraged all members to review the traffic concerning this matter on the ACEP list serve.

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person	
5. New Business			
	Confirmation of members and contact information	List distributed and requested any changes	Updated per information given, also noted that Chief Eddie Ferguson needed to be added to the committee list
6. Old Business			
	Regional Council Access to the Image Trend Data Base – George Lindbeck, M.D.	No action has been taken since last meeting in resolving the question of ownership and the ability to share this information.	Dr. Lindbeck will resurrect the question and ask Paul Sharpe for input.
	Refusal White Paper – Asher Brand, MD	Discussion was lead by Dr. Brand based on the current version of the paper distributed (Attachment A). Additional revisions were suggested during the discussion.	Dr. Brand to submit revision to office for distribution to committee.
	Emergency Medical Dispatch – George Lindbeck, MD	Dr. Lindbeck indicated that he had received no information from the committee and therefore no further action was required at this time.	
	Roles & Responsibilities of OMDs –Allen Yee, MD	Dr. Yee indicated he was will work with Warren on formatting a formal document rather than the list that has currently been distributed.	Dr. Yee and Warren Short to work on formatting document for presentation at next meeting.
7. Research Notes			
No Items presented.			
8. State OMD Issues – George Lindbeck, MD			
	Statewide Guidelines & Formulary Project Update	Formulary Workgroup has served its purpose. He will ask Mike Berg to take one final look at the documents and will be used as education documents. Guideline workgroup will be getting back together in February. Will incorporate a white paper on all updates.	
	EMS Medical Director Training Opportunities and Schedule	Dr. Lindbeck indicated there will be an OMD updated on February 8 th in the CSEMS & TJEMS council region. He is waiting to hear back from NVEMS and WVEMS about an update in their area. He is offering an annual curriculum.. Also available on February 13 th at the Homestead. Will be a full-day course. VACEP likes for you to pre-register but not required.	
	Provision of On-line Medical Command/Control	Dr. Lindbeck stated he hoped to have time to devote to the project this year. Survey was sent out last year but the response was poor. Believes there is a need to call each licensed Emergency Department	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	(ED) to gain the information about how each ED provides direction across the state. Further discussion occurred concerning the ability to bill for online medication control and the need for this information to be included in the patient care narrative.	
Drug Shortage Issues	Dr. Lindbeck stated this is an interesting situation. Often not what you think; it can be an institutional or local issue. Dr. Lindbeck stated that this issue is often resolved between the institution and the manufacturer through contract negotiation. Also, he stated that often the drug manufacturer will hold up production on medications that are not offering a high dollar return on sales. He will continue to monitor the situations as they occur.	
Aeromedical Early Activation Protocol	Dr. Lindbeck discussed the fact that VDH administration has tasked the Medevac Committee with this project. Guests Gary Critzer, Director of Public Safety for Waynesboro gave a presentation concerning a program implemented in their area where specific mechanisms for helicopter dispatch has been utilized to allow their EMD's to dispatch helicopter EMS support to a predesignated landing zone. Aware of one other program on the Eastern Shore utilizing similar protocol. Presentation and discussion held.	
POST Form	Dr. Lindbeck shared the Physician Order for Scope of Treatment (POST) form electronically with the committee. He made them aware that this form is an additional approved alternative to the DDNR form. Gary Brown and Mike Berg provided information concerning the form.	Debbie to distribute the form to the committee electronically.
Office of EMS Reports		
Executive Director – Gary Brown	Expressed gratitude to Dr. Asher Brand for favorable comments concerning the QI language that is currently written in the Regional EMS Council contracts.	
Division of Educational Development – Warren Short	Introduced Debbie Akers to the committee as the ALS Training Specialist.	
a)	Distributed <i>Defining National EMS Program Accreditation</i> document. (Attachment B). Warren discussed the document that was prepared by NASEMSO. He stated that Virginia is ahead of many states in regards to requiring National Accreditation. He brought particular attention to page 3 of the document.	Warren Short to send document to the EMS Advisory Board.
b)	Presented information to MDC about the agency portal process. About 20% of the agencies are on-board since the portal opened on December 5, 2011. Agencies need to come on board and affiliate their members to ensure a seamless waiver recertification process. Encouraged physicians to check with their agencies to see if they are participating.	
EMS Training Funds & Accreditation Update –	Accreditation and EMSTF reports were distributed (Attachment C). Warren stated there are five (5) Paramedic programs in Virginia that are not CoAEMSP accredited. They are 40 sites currently offering	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Warren Short	paramedic education.	
ALS Programs – Debbie Akers	Informed committee that the ALS Coordinator endorsement has been reinstated due to delay in approval of EMS regulations. First group of candidates will be put through the Adult Education and Administrative portions at the February EMT Instructor Institute.	
BLS Program Issues – Greg Neiman	Greg stated that next EMT Instructor Institute is scheduled for February 11-15, 2012 and will be held in the Glen Allen area. He had 11 candidates attend and pass the practical on December 17, 2011. VEMSES Statistics were shared with the TCC committee and they had expressed their concern for the pass rates: Current statistics are: 1 st time pass rate: 51.93% (121/233), 2 nd time pass rate: 67.65% (23/34), and 3 rd time pass rate : 50% - (1/2). The overall pass rate is 53.90%. Stated that a number of Instructor/Coordinators have hesitated in taking the exam. Many are still taking the test to see what is on the exam, rather than preparing for the exam. The concern is that the 2 nd attempt pass rate is not showing dramatic improvement. Greg stated that if high pass rate was seen, then he would agree that the test was a waste of everyone’s time, but statistics do not support that thought process.	
TCC Report – Warren Short	Warren Short presented the report from the TCC meeting. The committee met on Wednesday, January 4, 2012 and was informed that the Considerations for Virginia EMS testing proposal that was approved by TCC, endorsed by MDC and approved by the EMS Advisory Board has been changed. Warren distributed a memo regarding the changes to the plan (Attachment D .) Additionally, the Motion Submission Form was distributed (Attachment E) that indicates that the TCC committee has now moved to NOT reaffirm its position in support of moving all testing to the National Registry of EMT’s unless items 1 and/or 2 were included. Much discussion held by the committee concerning the argument about who pays. Physicians felt this should not prevent the process of moving toward National Registry testing.	<p>Motion by Dr. Allen Yee</p> <p>The Office of EMS will move to National Registry testing at all levels.</p> <p>Second by: Dr. Stewart Martin</p> <p>Unanimously approved</p>
Regulation and Compliance Issues – Michael Berg	Mike reported that prior to General Assembly intervening, the Governor has a new regulatory group and that nothing will be done with the regulations until after April 2012. Advised the committee to be careful with their signature stamp. Has had an incident where the stamp was obtained and used without the physician’s knowledge. Also, to be cautious when endorsing instructors. If not certain about an instructor contact Mike for information regarding previous citations, etc.	
EMS Symposium – Warren Short	Informed the committee that the process for recruiting presenters changed this year and that it was to be done electronically. It has attracted the lecture circuit speakers but not our speakers from Virginia. Advised the group that the Call for Presentations was still available online and encouraged all to go back and submit proposals for committee consideration.	
PUBLIC COMMENT		
For The Good Of The Order	Dr. Mcleod asked that all consider what goals they wish to accomplish for 2012 and forward to her.	Committee to forward goals for

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
		2012 to Dr. Mcleod.
Meeting Dates for 2012	April 12, 2012 July 12, 2012 October 11, 2012	
Adjournment	1:27 PM	

DRAFT

Attachment A

Patient Non-Transport from Motor Vehicle Crashes

Asher Brand, M.D.

Introduction

Obtaining patient refusals is an area that is often misunderstood by EMS providers. There are misperceptions about when a refusal is necessary and misunderstandings about the meaning of a refusal and the “protection” that such a refusal will provide an EMS provider from potential lawsuit.

This white paper addresses specific areas that frequently provide challenges to EMS providers and their agencies. Some providers feel the need to have all occupants in cars involved in motor vehicle crashes sign medical refusal paperwork. This is problematic in that it is time consuming and increases the time needed to clear the scene and increases the chance of secondary collision.

Appropriate Evaluation

EMS personnel are encouraged to identify every individual in a crash and ask if they would like evaluation. Persons involved in MVC's that are ambulatory at the scene, who are coherent, who do not appear to have suffered an injury and who decline medical evaluation are not patients and do not require a signature for refusing transportation.

If an evaluation is performed (vital signs, etc.) the person is to be considered a patient and complete documentation should be completed.

A person who has been involved in an MVC who has an apparent injury should be asked to sign a refusal if they decline evaluation or transport.

Appropriate documentation of the crash scene might include a summary of the number of total occupants and a statement about there being no complaints or reason to believe that any injury existed in situations where patients did not undergo medical evaluation.

Summary

Patients with out complaint and who have no apparent injuries and who decline medical evaluation at a car crash scene are not patients and should not be required to sign a patient refusal.

Attachment B

Defining National EMS Program Accreditation



Background

When the EMS Education Agenda for the Future: A Systems Approach (Education Agenda) was published by the US Dept. of Transportation in 2000, many EMS professionals embraced the concepts of the Education Agenda as visionary and a way to enhance the profession by bringing EMS to an educational par with other allied health professions. With the Core Content, Scope of Practice Model, and Education Standards firmly established in our implementation toolkit, all that remains to be completed is National EMS Program Accreditation and National EMS Certification. Since the National Registry of EMT's (NREMT) announced the decision to require paramedic applicants to graduate from a nationally accredited education program by 2013, there has been much discussion over what it means to be "nationally accredited."

Defining National Accreditation

The primary purpose of program accreditation is student and public protection. There are two generally accepted national accreditation processes for education programs in the United States: a non-governmental higher education enterprise such as the Council for Higher Education Accreditation (CHEA) or by the government, for example, the U.S. Department of Education (USDE).

According to the federal laws that guide the U.S. Department of Education:

- **Accrediting agency or agency means** a legal entity, or that part of a legal entity, that conducts accrediting activities through voluntary, non-Federal peer review and makes decisions concerning the accreditation or preaccreditation status of institutions, programs, or both.
- **Nationally recognized accrediting agency, nationally recognized agency, or recognized agency means** an accrediting agency that the Secretary recognizes under this part (Title 34 CFR Part 602—The Secretary's Recognition of Accrediting Agencies).

CHEA is an association of 3,000 degree-granting colleges and universities that recognizes 60 institutional and programmatic accrediting organizations: it is the embodiment of self-regulation of academic quality through accreditation. Accreditation through CHEA is a standards-based, evidence-based, judgment-based, and peer-based process. Its purpose is to ensure and strengthen academic quality and ongoing quality improvement in institutions and programs.

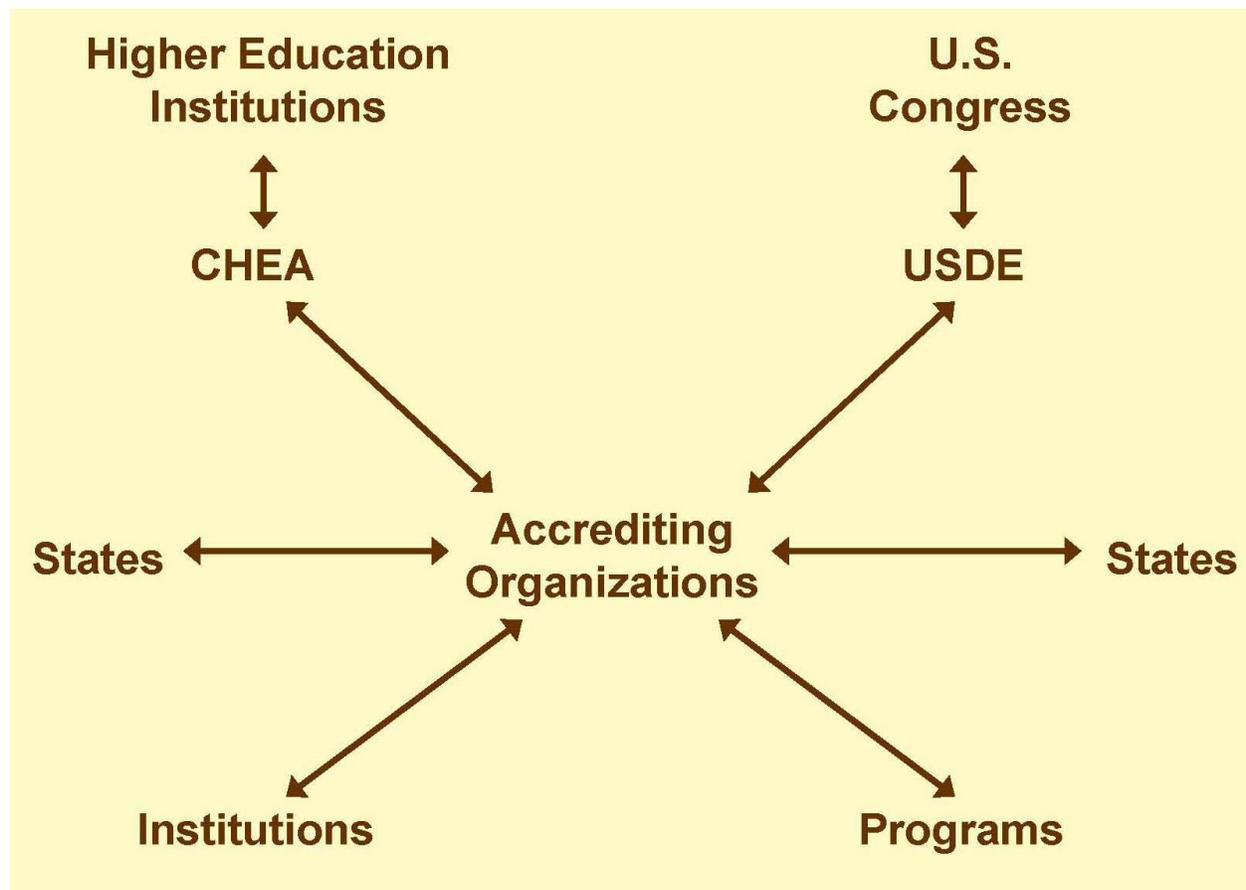
The USDE procedures and criteria for recognizing accrediting agencies are contained in Title 34 of the Code of Federal Regulations (available at <http://www2.ed.gov/admins/finaid/accred/index.html>.) The U.S. Secretary of Education (Secretary) is required by statute to publish a list of nationally recognized accrediting agencies that the Secretary determines to be reliable authorities as to the quality of education or training provided by the institutions of higher education and the higher education programs they accredit. The Secretary only evaluates accrediting agencies that apply for recognition, and certain criteria for recognition that are unrelated to the quality of accrediting activities limit the scope of the Secretary's recognition activities. The Secretary recognizes accrediting agencies to ensure that these agencies are, for the purposes of the Higher Education Act of 1965, as amended (HEA), or for other Federal purposes, reliable authorities regarding the quality of education or training offered by the institutions or programs they accredit. The procedures and criteria exist primarily to ensure the quality of institutions and programs for which the government provides federal funds and for which the government provides federal aid to students. Governmental entities (such as states) can meet "nationally recognized agency" criteria and meet Title VI funding requirements through compliance with Title 34, Part 602.

Defining National EMS Program Accreditation

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the largest medical accrediting agency in the US and representatives of ALL medical specialties and organizations serve on its Board. CAAHEP is recognized by the Council for Higher Education Accreditation (CHEA). It is a non-profit, non-governmental agency, which reviews and accredits over 2100 educational programs in twenty two allied health science occupations. The CAAHEP Board of Directors is the accrediting body of CAAHEP that awards or denies accreditation after review of accreditation recommendations made by their Committees on Accreditation. There are currently 18 Committees on Accreditation in the nation. Accreditation is granted to EMS education programs through the review and recommendation of CAAHEP's Committee on Accreditation for the Emergency Medical Services Professions (CoAEMSP). Representatives from several national EMS organizations currently serve on the CoAEMSP Board, which is responsible for writing the policies and procedures for EMS program accreditation. Together, CHEA and CAAHEP define national education program accreditation standards. NASEMSO supports this rigorous non-governmental process to ensure fair and unbiased reviews of EMS programs.

The Relationship of National Accreditation to State Government

Accreditation is private (nongovernmental) and nonprofit – an outgrowth of the higher education community but it has a complex relationship with government, especially in relation to funding higher education. It adds value to society through assuring quality, enabling government to make sound judgments about the use of public funds, aiding the private sector in decisions about financial support and easing transfer of program credit. Program accreditation does NOT replace any state's authority to license educational programs. **Licensure ensures regulatory compliance and accreditation ensures program quality.** The following graphic depicts the complex relationships among various partners involved in national accreditation:



Source: Council for Higher Education Accreditation

Defining National EMS Program Accreditation

According to a recent NASEMSO survey:

- 70% of States indicate they will require National EMS Program Accreditation by December 31, 2012.
- Another 17% of States indicate they will require National EMS Program Accreditation by 2017.
- The remaining 13% are indeterminate about a deadline.
- The number of States that have indicated that they will not require National EMS Program Accreditation sometime in the future = zero.

Rationale for EMS Community Support of the CoAEMSP

The *Education Agenda* was developed through a consensus process with input from national EMS stakeholders including national EMS organizations, and many individuals and practitioners. The following chart outlines the rationale for EMS community support for the CoAEMSP.

WHAT THE EDUCATION AGENDA SAYS	COMPLIANCE INDICATORS
A single national accreditation agency will be identified and accepted by state regulatory offices.	Currently, CoAEMSP is the only organization with standards and guidelines specific to EMS programs that has completed the CAAHEP process to be recognized as an accreditation agency.
This accrediting agency will have a board of directors with representation from a broad range of EMS organizations.	CoAEMSP member organizations include <ul style="list-style-type: none"> ○ American Academy of Pediatrics (AAP) ○ American Ambulance Association (AAA) ○ American Society of Anesthesiologists (ASA) ○ American College of Cardiology (ACC) ○ American College of Emergency Physicians (ACEP) ○ American College of Osteopathic Emergency Physicians (ACOEP) ○ American College of Surgeons (ACS) ○ International Association of Fire Chiefs (IAFC) ○ National Association of EMS Educators (NAEMSE) ○ National Association of Emergency Medical Technicians (NAEMT) ○ National Association of EMS Physicians (NAEMSP) ○ National Registry of Emergency Medical Technicians (NREMT) ○ National Association of State EMS Officials (NASEMSO)
The accreditation agency will develop standards and guidelines for all levels of EMS education with broad community input. All EMS accreditation will include self-study, site visitation, and commission review, but the standards and guidelines vary according to level.	CoAEMSP Standards and Guidelines are available at www.coaemsp.org
The accreditation agency will adopt the National EMS Education Standards as the basis for evaluating the content of all EMS instruction and will develop a process for accreditation that is appropriate for each level of EMS instruction as determined by the National EMS Scope of Practice Model.	CoAEMSP Policies and Procedures are available at www.coaemsp.org .
Accreditation will be achieved by a process as close to other allied health occupations accreditation as possible, given the resources and constraints imposed by the system.	The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the largest medical accrediting agency in the US and representatives of ALL medical specialties and organizations serve on its Board. CAAHEP is recognized by the Council for Higher Education Accreditation (CHEA). It is a non-profit, non-governmental agency, which reviews and accredits over 2100 educational programs in twenty two allied health science occupations. There are currently 18 Committees on Accreditation in the nation. Accreditation is granted to EMS education programs through the review and recommendation of CAAHEP's Committee on Accreditation for the Emergency Medical Services Professions (CoAEMSP).

Defining National EMS Program Accreditation

Summary of National EMS Program Accreditation

There are two basic types of educational accreditation, one identified as “institutional” and one referred to as “specialized” or “programmatic.” Institutional accreditation normally applies to an entire institution, indicating that each of an institution’s parts is contributing to the achievement of the institution’s objectives, although not necessarily all at the same level of quality. Specialized/programmatic accreditation normally applies to the evaluation of programs, departments, or schools which usually are parts of a total collegiate or other postsecondary institution. The unit accredited may be as large as a college or school within a university or as small as a curriculum within a discipline.

The Accrediting Procedure

Standards: The accrediting agency, in collaboration with educational institutions, establishes standards.

Self-study: The institution or program seeking accreditation prepares an in-depth self-evaluation study that measures its performance against the standards established by the accrediting agency.

On-site Evaluation: A team selected by the accrediting agency visits the institution or program to determine first-hand if the applicant meets the established standards.

Publication: Upon being satisfied that the applicant meets its standards, the accrediting agency grants accreditation or preaccreditation status and lists the institution or program in an official publication with other similarly accredited or preaccredited institutions or programs.

Monitoring: The accrediting agency monitors each accredited institution or program throughout the period of accreditation granted to verify that it continues to meet the agency's standards.

Reevaluation: The accrediting agency periodically reevaluates each institution or program that it lists to ascertain whether continuation of its accredited or preaccredited status is warranted.

Click [here](#) to review 34 CFR Part 602 regarding the Secretary’s Recognition of Accrediting Agencies.

Source: US Department of Education

National Association of State EMS Officials
201 Park Washington Court
Falls Church, VA 22046
Phone: 703.538.1799
Email: info@nasemso.org

Attachment C

Accredited Training Site Directory

As of December 30, 2011



Accredited Paramedic¹ Training Programs in the Commonwealth

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Associates in Emergency Care	15319	4	National – Initial	CoAEMSP
Center for EMS Training	74015	1	State – Full	January 1, 2013
Central Virginia Community College	68006	--	National – Initial	CoAEMSP
J. Sargeant Reynolds Community College	08709	5	National – Initial	CoAEMSP
Jefferson College of Health Sciences	77007	--	National – Continuing	CoAEMSP
Lord Fairfax Community College	06903	--	State – Full	January 1, 2013
Loudoun County Fire & Rescue	10704	--	National – Continuing	CoAEMSP
National College of Business & Technology	77512	--	National – Initial	CoAEMSP
Northern Virginia Community College	05906	1	National – Continuing	CoAEMSP
Patrick Henry Community College	08908	1	State – Full	July 31, 2013
Piedmont Virginia Community College	54006	--	National – Continuing	CoAEMSP
Rappahannock EMS Council Program	63007	--	State – Full	December 31, 2012
Southside Virginia Community College	11709	1	State – Full	CoAEMSP
Southwest Virginia Community College	18507	4	National – Continuing	July 31, 2011
Tidewater Community College	81016	3	National – Continuing	CoAEMSP
VCU School of Medicine Paramedic Program	76011	4	National – Continuing	CoAEMSP

1. Programs accredited at the Paramedic level may also offer instruction at EMT- I, EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.
 - Southside Virginia Community College had its initial CoAEMSP site visit on Dec ½, 2011. They will learn the outcome of their visit in the spring or summer of 2012.
 - There are four (4) state programs still in need of obtaining CoAEMSP accreditation by the January 1, 2013 deadline established by National Registry: Center for EMS Training, Lord Fairfax Community College, Patrick Henry Community College and Rappahannock EMS Council.
 - There are several currently accredited state Intermediate programs which have inquired about becoming accredited at the Paramedic level. These programs are: Central Shenandoah EMS Council and Western Virginia EMS Council. The process for accreditation at the paramedic level in Virginia is described Attachment A and on the OEMS web page at: <http://www.vdh.virginia.gov/OEMS/Training/Paramedic.htm>

Accredited Intermediate¹ Training Programs in the Commonwealth

Site Name	Site Number	# of Alternate Sites	Accreditation Status	Expiration Date
Central Shenandoah EMS Council	79001	--	State – Full	May 31, 2015
Danville Area Training Center	69009	--	State – Full	October 31, 2013
Franklin County Public Safety Training Center	06705	--	State – Full	July 31, 2012
Fort Lee Fire		--	State – Conditional	November 30, 2011*
James City County Fire Rescue	83002	--	State – Full	February 28, 2014
John Tyler Community College	04115	--	State – Full	February 28, 2012
WVEMS - New River Valley Training Center	75004	--	State – Full	December 31, 2011**
Norfolk Fire Department	71008	--	State – Full	July 31, 2016
Old Dominion EMS Alliance	04114	1	State – Full	August 31, 2012
Rappahannock Community College	11903	1	State – Conditional	July 31, 2012
Roanoke Regional Fire-EMS Training Center	77505	--	State – Full	January 31, 2015
UVa Prehospital Program	54008		State – Full	July 31, 2014

1. Programs accredited at the Intermediate level may also offer instruction at EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

* Fort Lee Fire is in the process of scheduling a follow-up visit with OEMS. They are currently not offering any EMS training programs.

** WVEMS - New River Valley Training Center obtained a variance granting an extension on their reaccreditation until June 30, 2012.

Emergency Medical Services Training Funds Summary

As of December 30, 2011





EMS Training Funds Summary of Expenditures

Fiscal Year 2010	Obligated \$	Disbursed \$
40 BLS Initial Course Funding	\$442,119.00	\$281,079.57
43 BLS CE Course Funding	\$66,360.00	\$37,108.00
44 ALS CE Course Funding	\$194,880.00	\$83,437.50
45 BLS Auxiliary Program	\$128,000.00	\$13,280.00
46 ALS Auxiliary Program	\$476,000.00	\$97,480.00
49 ALS Initial Course Funding	\$844,815.00	\$455,611.54
Total	\$2,152,174.00	\$967,996.61

Fiscal Year 2011	Obligated \$	Disbursed \$
40 BLS Initial Course Funding	\$787,116.00	\$478,577.49
43 BLS CE Course Funding	\$84,000.00	\$36,995.00
44 ALS CE Course Funding	\$235,200.00	\$102,252.50
45 BLS Auxiliary Program	\$98,000.00	\$12,920.00
46 ALS Auxiliary Program	\$391,680.00	\$125,760.00
49 ALS Initial Course Funding	\$1,057,536.00	\$488,111.94
Total	\$2,653,532.00	\$1,245,115.33

Fiscal Year 2012	Obligated \$	Disbursed \$
40 BLS Initial Course Funding	\$707,487.00	\$160,452.08
43 BLS CE Course Funding	\$98,280.00	\$16,537.50
44 ALS CE Course Funding	\$243,600.00	\$30,782.50
45 BLS Auxiliary Program	\$80,000.00	\$3,680.00
46 ALS Auxiliary Program	\$274,000.00	\$52,760.00
49 ALS Initial Course Funding	\$1,207,710.00	\$351,175.05
Total	\$2,611,077.00	\$615,387.13

Attachment D

Changes To The
“Considerations For Virginia EMS Certification Testing”
As Originally Submitted And Supported By
The EMS Advisory Board During The August 2011 Committee Meeting.

1. The proposal for the Office to incur the cost of the initial National Registry (NR) examination for the BLS levels as presented was not supported by VDH due to concerns over the lack of a consistent and sustainable source of funding to cover the initial NR examination fees for Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT). The Office has been directed to encourage EMS agencies and personnel to identify other sources of funds to support this initiative.
2. The proposal to allow recertification to occur based upon compliance with continuing education requirements did not receive support for inclusion in the VDH legislative packet to be considered as an administrative bill. Therefore, no change in the current recertification process will occur. Recertification will continue as it is today, which requires that a provider upon completing all continuing education requirements must, prior to their current EMS certification expiration either:
 - a. Pass the current written EMS certification examination for the eligible level
or
 - b. If affiliated with a licensed EMS agency, be waived from the written examination by their affiliated agency’s operational medical director.

Attachment E

State EMS Advisory Board
Motion Submission Form

Committee Motion: Name: Training and Certification Committee

Individual Motion: Name: _____

Motion:

The Training and Certification Committee moves that the EMS Advisory Board NOT reaffirm its position in support of moving all testing to the National Registry of EMTs beginning July 1, 2012 UNLESS items 1 and /or 2 listed below are included:

1. The proposal for the Office to incur the cost of the initial National Registry (NR) examination for the BLS levels as presented was not supported by VDH due to concerns over the lack of a consistent and sustainable source of funding to cover the initial NR examination fees for Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT). The Office has been directed to encourage EMS agencies and personnel to identify other sources of funds to support this initiative.
2. The proposal to allow recertification to occur based upon compliance with continuing education requirements did not receive support for inclusion in the VDH legislative packet to be considered as an administrative bill. Therefore, no change in the current recertification process will occur. Recertification will continue as it is today, which requires that a provider upon completing all continuing education requirements must, prior to their current EMS certification expiration either:
 - a. Pass the current written EMS certification examination for the eligible level
 - or
 - b. If affiliated with a licensed EMS agency, be waived from the written examination by their affiliated agency's operational medical director.

EMS Plan Reference (include section number):

Strategic Initiative 4.2 – Assess and enhance quality of education for EMS providers.

4.2.1 Update the certification process to assure certification examinations continue to be valid, psychometrically sound, and legally defensible.

4.2.2 Update quality improvement process to promote a valid, psychometrically sound, and legally defensible certification process.

§ 32.1-111.5. Certification and recertification of emergency medical services personnel.

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: _____

State EMS Advisory Board
Motion Submission Form

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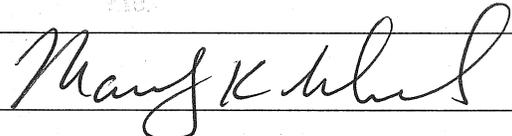
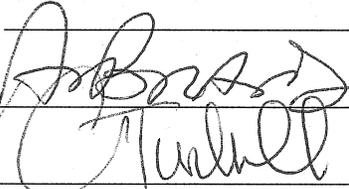
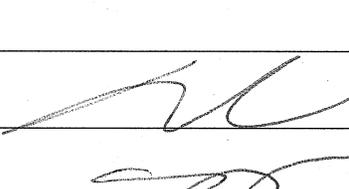
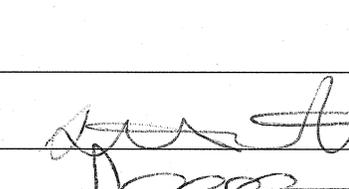
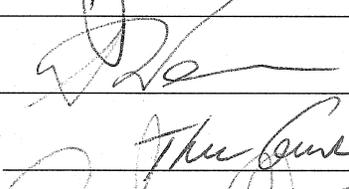
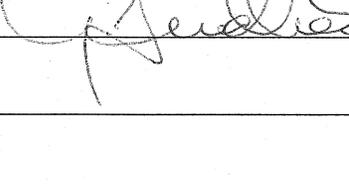
Meeting Date:

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Attachment F

MEDICAL DIRECTION COMMITTEE MEETING ROSTER
January 5, 2012

Please sign in next to your name.

Region	Representative	Signature
SWVEMS	PAUL PHILLIPS, D.O.	
WVEMS	CHARLES LANE, M.D.	
BREMS	MARILYN MCLEOD, M. D.	
TJEMS	GEORGE LINDBECK, M. D.	
CSEMS ✓	ASHER BRAND, M. D.	
LFEMS ✓	CHRISTOPHER TURNBULL, M.D.	
REMS	NAEL HASAN, M. D.	
NVEMS ✓	MARK FRANKE, M. D.	
ODEMSA	ALLEN YEE, M. D.	
PEMS	CHERYL LAWSON, M. D.	
TEMS ✓	STEWART MARTIN, M. D.	
MAL	FORREST CALLAND, M.D.	
MAL	SCOTT WEIR, M.D.	
EMS CHILDREN ✓	THERESA GUINS, M.D.	
OEMS MD	GEORGE LINDBECK, M. D.	
CHAIR	MARILYN MCLEOD, M.D.	

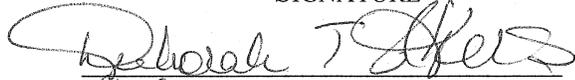
MEDICAL DIRECTION COMMITTEE MEETING ROSTER
January 5, 2012

OTHERS PRESENT: PLEASE PRINT YOUR NAME AND SIGN ON THE LINE NEXT TO YOUR NAME.

PRINT NAME

SIGNATURE

Deborah T Akers



Cathy Cockrell



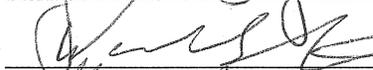
Eddie Ferguson



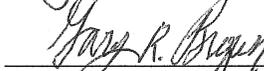
JOHN R DUBAN^{III}



Wanna Shurt



Gary R Brown



E. Ross Smith, MD

