

**Emergency Medical Services Advisory Board
Regulation and Policy Committee Meeting**
Office of EMS
1041 Technology Park Drive, Glen Allen, Virginia
April 6, 2022 @ 1:00 PM

Members Present:

Dan Norville
Estee Warring
Ed Rhodes
Theresa Kingsley-Varble
Kim Craig
Anthony Wilson
Greg Woods
Beth Adams

Members Absent:

Gary Critzer
David Hoback
Jonathan Henschel

Staff:

Ron Passmore
Marybeth Mizell – OEMS
Scott Winston
Tim Perkins
Daniel Linkins
Mohamed Abbamin

Others:

Gary Samuels
Tori Smith
Kevin Lipscomb

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order	I. Called to order 1: 02 pm	
Approval	II. Approval of draft agenda - Approved @ 1:03 pm Approval of previous meeting minutes @ 1:04pm	
OEMS Updates	III. a. OEMS Update – Scott Winston, Assistant Office Director General Assembly reconvened Monday with primary purpose of approving the budget and they met briefly but still without budget due to differing versions between House & Senate. They had a very light session with a couple of Bills relating to Tele Health which requires VDH to contract with Virginia Tele Health network to operationalize the telehealth plan and we are waiting on further guidance how to proceed. Continued work to develop the infrastructure of the Hybrid Regional Council Offices. We have three offices have stood up, Central Shenandoah, Blue Ridge EMS Council in	

Lynchburg and Rappahannock EMS in Fredericksburg. We received a signed MOU From the Southwest Virginia EMS Council to identify positions that would be State Employee positions within the Council office and identify the classifications and compensation for positions that they have identified as needed within their office.

Central Office changes.

Keith Roberts – formerly Human Resources Analyst and went over to Shared Business Services. He is now back as a new compliance funding analyst.

Mohammed Abbamin – Senior Policy Analyst

Meeting scheduled for May 6th prior to Advisory Board Meeting, to Drafting document to legislative services to be presented to the General Assembly to recognize EMS as an essential service and amend existing statutory language to establish a requirement that localities have to ensure at least one EMS service is available within the jurisdictional boundaries. EMS has provided standards, resources and technical assistance statewide for many years.

b. Regulation & Compliance Enforcement Updates – Ron Passmore, Division Director

Virginia Board of Pharmacy EMS Agency specific guidance [document](#) published on our website is nothing new just guidance on which CSRC they must have. Every EMS Agency must hold a CSRC unless BLS Non-Transport with NO MEDICATIONS.

Paramedic programs with Class 6 IV needles/saline for training are required to have a CSRC

Agencies with CSRC for drug boxes but does not contain anything regarding training program must be amended to include – for training/educational purposes.

Continue with Compliance Plan 2 yr cycle – assisting Agencies with verifying who has CSRC and guiding them and making sure they are aware that they need to have one and how to go about doing it. We are looking to add an IT defect to capture which agencies hold CSRC. Our goal is to get compliance with Va Board of Pharmacy by the end of the 2 year cycle.

Scope of Practice Documents – There seems to be confusion regarding the Scope of Practice Guidance [Documents](#). We posted a guidance memo on how to read/interpret the red dots. Enforcement date July 1, 2022. Most agencies are already doing this but if the agency needs more time they can apply for a variance request. Changes to red dots were vetted through Medical Direction for 7 months and any questions will need to be addressed through Medical Direction Committee.

	<p>Ongoing Regulatory activities – Project 5100 – Chapter 32 EMS for Children did provide restraint language for 710 and 860. Dave Edwards and EMSC can assist agencies in obtaining those restraint devices</p> <p>Medivac Committee requested 9 edits for review today</p> <p>Edits - approved as discussed.</p> <p>Chapter 31-880 4.a – AIC who shall be a Paramedic, or Registered Nurse with 2 years flight experience and holds EMS credential.</p> <p>Chapter 31-880 4.b.3. - Critical Care – Pilot in command, AIC and attendant – member of the medical crew shall be a physician, physician assistant or Registered Nurse or Paramedic</p> <p>Registered nurse required training – EMS Credentials required within 6 months</p> <p>Communications Committee provided language for section 730</p> <p>Proposed progression plan for RIS Project 5100 –to enter Stage 2 of the regulatory process.</p> <p>Final edits to be completed by June 15 for review by this committee at July 2022 meeting</p> <p>Submit final draft of Chapter 32 to EMS Advisory Board as action item at August 2022 Meeting</p> <ul style="list-style-type: none"> a. To submit Project 5100 to VDH – Board of Health for approval at September meeting b. File TH-02 document in RIS following BOH approval <ul style="list-style-type: none"> ii. Ongoing Regulation & Compliance Enforcement activities 	<p>Ron to reword</p> <p>31-880-4.a and 31-880-4.b.3</p>
<p>New Business</p>	<ul style="list-style-type: none"> a. OEMS has received a request to make PPE – N-95 masks a required for equipment list. b. EMS Duty physician – being created Specialty Physician – associate physician which will only deal with their specialty Request to have Community Para-medicine – Nurse Practitioner or PA which is not addressed by our regulations. 	

Public Comment	<p>II. Public Comment</p> <p>None</p>	
Next Meeting:	<p>III. Future 2022 Meetings:</p> <p>Q1 – January 05, 2022 Q2 – April 06, 2022 Q3 – <u>June 27, 2022</u> Q4 – October 05, 2022 with all future meetings to begin at 1pm.</p>	
Motion to adjourn	Time: 2:51 pm	