2026

State EMS Advisory Board

02/06/2026

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Full Board Meeting Minutes

Public Safety Training Center
7093 Broad Neck Road, Hanover Virginia 23609
Friday, February 6, 2026

Attendance

Members Present:	Members Excused:	VDH/OEMS Staff:	Others:
Dr. Paula Ferrada, MD, FACS, FCCM	Benjamin D. Nicholson, M.D.	Dr. Maria Beermann-Foat, Ph.D., OEMS Director	Pamela Fernando
Beth Matish		Dr. B. Cameron Webb, MD, JD – VDH Commissioner	Tanya Trevilian
Joseph Williams		Stephanie Dunkel, VDH Deputy Commissioner, Population Health and Preparedness	Kelley Rumsey
Kim Craig		Mohamed G. Abbamin, MPA	Amy Wand
Brian Frankel		Wayne Perry	Megan Middleton
Dr. Joseph Lang, MD		Jacqueline Hunter	Wendy Harrison
James Reynolds		Julie Franchok	Wayland Hudgins
Melissa Meador		Dr. Allen Yee, MD, Interim State Medical Director	David Long
Matt Rickman		Sam Burnette	Duane Garrison
David Hupp		Ashley Camper	John H. Craig III
Madison Blaska		Chris Vernovai	Gary Samuels

Members Present:	Members Excused:	VDH/OEMS Staff:	Others:
Bill Streett		Camela Crittenden	Robert Trimmer
Dr. John Morgan, MD		Doug Layton	Ryan Scarbrough
Jason Stroud		Sayed Sadaat	Jessica Goodman
Theresa Kingsley-Varble		Daisy Banta	Chip Decker
Dr. Patrick M. McLaughlin, M.D., M.S.		Barry Reeves	Heidi Hooker
R. Bruce Stratton		Marian Hunter	Greg Neiman
Steve Higgins			Tom Ludin
Lisa Baber			Connie G. Moore
Walter Bailey			Cheryl Lawson
*Dr. Rebecca Branch Griffin, Ph.D.			Allison Shaw
			Karen Owens
			Robert Hawkins
			Ali Akbar
			Kevin Dillard

*Remote participation - **

Opening Session

Call to Order

Chair Dr. Paula Ferrada called the meeting to order at 10:00 AM.

Pledge of Allegiance

The Pledge of Allegiance was recited by attendees.

Chair Dr. Paula Ferrada asked Board members to introduce themselves for the record.

Approval of Previous Meeting Minutes

Motion: Approve minutes from the November 6, 2025, meeting.

Vote: Unanimous

Action: Motion Carries

Approval of Current Meeting Agenda:

Motion: Approve the current February 6, 2026, meeting agenda.

Vote: Unanimous

Action: Motion Carries

Reports

Chairman's Report, Dr. Paula Ferrada, MD, FACS, FCCM

Topic: Chairman's Report

For the Chairman's Report, Dr. Ferrada deferred to James Reynolds to provide the update on HB 1309 and the K9 Workgroup.

She noted that the remainder of her Chairman's remarks would be delivered later during the Executive Committee report.

No further action was taken.

K9 Workgroup Report (HB1309) – Update – James Reynolds

Discussion: Presented by James Reynolds

James Reynolds reported that the K9 Workgroup has completed its report regarding HB 1309. He stated that a legislative patron has been identified to introduce the necessary legislative changes outlined in the report.

Mr. Reynolds requested that the workgroup will remain active at this time in order to address any potential revisions or additional requests related to the completed report.

No further action was taken.

VDH Commissioner, Dr. B. Cameron Webb, MD, JD

Topic: Introduction

Discussion: Dr. Cameron Webb introduced himself and shared his professional background as an internal medicine physician at the University of Virginia for the past decade and as an attorney with a focus on the intersection of health and justice. He noted his experience teaching public health at UVA and his prior service at the federal level across multiple presidential administrations, as well as at the state level on the Board of Medical Assistance Services.

Dr. Webb expressed appreciation for the work of the EMS community across the Commonwealth and nationally. He shared a personal story from just before beginning medical school, when his apartment building was destroyed by fire and fire service professionals assisted him in recovering belongings and helping him restart during a difficult time. He reflected on how that experience created a lasting connection to public safety professionals.

He also noted that his wife is an emergency physician and former chief of flight medicine.

Dr. Webb concluded by expressing his commitment to supporting EMS and invited members to consider him an advocate for the EMS system.

VDH OEMS Director, Dr. Maria Beermann-Foat, PhD, NRP

Topic: OEMS Executive Director Update

Discussion: Presented by Dr. Maria Beermann-Foat, PhD, NRP

Dr. Beermann-Foat shared that she recently marked her one-year anniversary as Director of the Office of EMS and reflected on the progress made during her first year of leadership. She noted that her initial focus centered on strengthening communication, improving collaboration among stakeholders, and enhancing system alignment across the Commonwealth. She stated that meaningful progress has been made in advancing transparency and rebuilding trust within the Virginia EMS system.

Dr. Beermann-Foat also advised that the Office of EMS has officially relocated to the Madison Building in downtown Richmond. She acknowledged that the transition required operational adjustments for both staff and external stakeholders and expressed appreciation for the continued patience and cooperation during the relocation process.

She further provided an update on the continued transformation of the Office of EMS and the broader Virginia EMS system, highlighting the completed transition from 11 to 7 EMS regions. She explained that the system is now operating under the new geographic structure and continues to be evaluated to ensure appropriate alignment of processes, reporting mechanisms, and committee structures. Dr. Beermann-Foat additionally referenced the passage of HB1285, the agency bill that formally aligns the Code of Virginia with the transition from 11 to 7 EMS regions, ensuring statutory consistency with the new regional framework.

Office Rebranding and New OEMS Logo

Dr. Beermann-Foat formally introduced the new Office of EMS logo and explained its symbolism:

- **Virginia Silhouette:** Embedded within the Star of Life to represent all Virginians who rely on EMS in their time of need.
- **Star of Life with Rod and Snake Overlay:** Emphasizes EMS as a medical care system operating in the prehospital setting.
- **Seven Rays:** Represent the seven EMS regions and also reflect the future core values of the Office of EMS.
- **Radiating Arc/Horizon:** Symbolizes hope, forward momentum, unity, and a centralized vision spreading across the Commonwealth.
- **Circular Design:** Represents continuity, unity, equity, and collaboration across the system.
- **Concentric Circles:** Depict the layered EMS system - the patient at the center, followed by providers and agencies, then the state, and ultimately the national EMS system.

She emphasized that the patient remains at the center of all EMS efforts and that OEMS exists to support agencies and localities in delivering high-quality care.

As part of the logo reveal, Dr. Beermann-Foat shared that OEMS will begin communicating the rebranding through social media and other outreach channels in the coming weeks. Associations and partners that routinely incorporate the OEMS logo in educational materials, pamphlets, or collaborative projects will be provided with updated digital files along with official logo use guidelines.

Each EMS region will receive a customized logo lockup based on the core OEMS design, reinforcing that Virginia operates as one unified EMS system.

Integration and Future Vision

Dr. Beermann-Foat noted that OEMS continues to integrate within the Virginia Department of Health and align with the national EMS Agenda for the Future 2050 vision, moving from a reactive response model toward a more proactive and prevention-focused system.

She concluded her remarks by stating that she would ask Deputy Director of EMS Operations, Mr. Wayne Perry, to provide the unified regional report.

VDH OEMS Deputy Director of EMS Operations, Wayne Perry

Topic: Unified Regional Report

Discussion: Presented by Wayne Perry

Mr. Perry provided an operational update on the transition from 11 to 7 EMS regions, noting that contracts have been finalized and executed for each designated regional EMS entity. He confirmed that the transition was completed at the end of 2025. Mr. Perry emphasized that while substantial progress has been achieved, ongoing evaluation of system structures and operational processes will continue to ensure effective implementation.

Additionally, Mr. Perry reported that the effort to expand Financial Assistance Review Committee (FARC) membership from six to seven members to align with the seven-region structure was not successful during the most recent General Assembly session. As a result, the committee will remain at six members, and adjustments will be made operationally as needed.

EMS Regional representation updates were provided as follows:

- **Region Two:** Vacancy for a three-year term beginning in July; nominations (one to three candidates) due by March 20.
- **Region Three:** Two representatives currently serving; one will step down in June.
- **Regions Four and Five:** Evaluating current representatives.
- **Region Six:** Eligible for reappointment in June.

Mr. Perry stated that OEMS is reevaluating structures, processes, and untapped resources to support the new regional framework. Discussions are underway within VDH to enhance EMS integration with public health efforts.

Infectious Disease Training Initiative

OEMS has identified an opportunity to collaborate with local health district epidemiologists to provide infectious disease training for EMS providers. The first pilot program will be launched in the Lord Fairfax Health District, utilizing local prevalence data to enhance prehospital training.

Communication and Reporting Enhancements

Significant improvements are being implemented to strengthen communication across the EMS system:

- Weekly email updates from OEMS regional coordinators to each region.

- Monthly one-on-one meetings between regional coordinators and each region.
- Monthly combined meetings with all regions.
- Quarterly in-person meetings and site visits as needed.
- Development of a standardized monthly reporting template, replacing the prior quarterly reporting model. The first monthly reports (January 2026) are due at the end of February.

OEMS is also promoting best practice sharing across regions, including the use of tools such as JotForm and AI-assisted data collection.

EMS Regional Highlights

- **Region One (Southwest):**
    - Hired a part-time field coordinator; recruiting for full-time staff.
    - Hosting a 16-hour CE weekend March 7–8.
    - Launched a newsletter through the OneDose app (14 of 76 agencies participating).
    - Requested RSAF grant training session.
- **Region Two (Former BREMS and Western):**
    - Expanding engagement within Planning District 11.
    - Hosting board meeting and 50th anniversary celebration on March 12.

- Launching a “Blood in the Field” pilot program in Botetourt County.

- **Region Three (Former Central Shenandoah and Lord Fairfax):**
  - Focused on committee consolidation following council mergers.
- **Region Four (Former Northern Virginia):**
  - Exploring prolonged casualty care training and mutual aid support models for Operational Medical Directors.
- **Region Five (Former Rappahannock and Thomas Jefferson):**
  - Continuing committee consolidation.
  - Hosting an educational event on February 13.
- **Region Six (Former ODEMSA):**
  - One new hire is being onboarded and one position is vacant.
  - Whole blood program funding anticipated to begin in July.
  - Rebuilding committees.
- **Region Seven (Former PEMS and TEMS):**
  - Hosting an Educator/Coordinator update at the VFCA Conference on February 16 at the Virginia Beach Convention Center, open statewide with 68 participants registered.

Mr. Perry concluded his report.

State Medical Director's Report, Dr. Allen Yee, MD

Topic: State Medical Director's Report

Discussion: Presented by Dr. Allen Yee, MD

Dr. Yee began his report by honoring the life and service of Dr. James Dudley, who recently passed away following a battle with cancer. Dr. Dudley was recognized as a longstanding member of the Virginia EMS community. He served in the Northern Neck, led the emergency department at Tappahannock Hospital, served multiple terms on the Governor's Advisory Board, and previously chaired the Medical Direction Committee. Dr. Yee noted that Dr. Dudley mentored many EMS medical directors and was a dedicated educator. His contributions to the EMS community will be deeply missed.

DEA Final Rule Update

Dr. Yee reported that the Drug Enforcement Administration (DEA) published its long-anticipated final rule regarding EMS controlled substance management. The rule, first proposed in 2017, was formally published and will take effect on March 9, 2026.

Key provisions include:

- EMS agencies may now serve as the DEA registrant (DEA holder).
- A physical, patient-specific written order is no longer required for administration of Schedule II–V medications; patient care protocols and standing guidelines will satisfy compliance requirements.
- The definition of "station house" has been expanded. EMS agencies may store controlled substances in EMS facilities even if no EMS vehicle is housed at that location (e.g., logistics warehouses).
- Medications may be stored in jump bags and on personnel while on duty; when not on duty, medications must be secured within the designated station house.

- Agencies operating across state lines may need to review dual registration requirements.

Dr. Yee encouraged agencies, particularly those near state borders, to review the final rule closely for potential operational impacts.

Clinical Focus Areas and Best Practice Initiatives

Dr. Yee outlined several clinical priorities under review by the Medical Direction Committee in collaboration with trauma leadership:

- **Hypothermia in Trauma Patients:** Analysis of trauma registry data indicates that patients with an Injury Severity Score greater than 20 have approximately a 20 percent likelihood of hypothermia within 30 minutes of trauma center arrival. Hypothermia increases bleeding and mortality. Further work is underway to determine whether emphasis should be placed on prevention, active rewarming, or both. Data limitations related to temperature timestamping were noted.
- **Resuscitation Before Airway Emphasis:** Educational initiatives will reinforce prioritizing aggressive resuscitation before advanced airway placement in certain trauma patients. Emerging evidence suggests some borderline patients may experience worse outcomes with early intubation. A shift from the traditional "ABC" approach toward a resuscitation-focused strategy will be emphasized.
- **Prehospital Blood Transfusion Expansion:** National Highway Traffic Safety Administration (NHTSA) guidance supports expanding EMS whole blood programs, with projected improvements in trauma survival. This will be a continued focus statewide.
- **Reduction of Large-Volume IV Fluids:** The historical practice of administering large volumes of crystalloid fluids in trauma is being reevaluated. Evidence suggests excessive IV fluids may be harmful, with blood identified as the preferred resuscitative fluid when available.

- **Pediatric Traumatic Cardiac Arrest Publication:** An upcoming evidence-based publication addressing pediatric out-of-hospital traumatic cardiac arrest, developed by the American College of Surgeons Committee on Trauma, National Association of EMS Physicians, and American Academy of Pediatrics, is expected to be released within weeks. Dr. Yee noted potential implications for Virginia's pediatric age definitions, as national guidance defines pediatric patients under 18 years of age, while Virginia currently defines pediatric patients as 14 years and under.

Dr. Yee concluded his report with an emphasis on continued evidence-based updates and educational efforts across the Commonwealth.

State Board of Health EMS Representative Report, Kevin Dillard

Topic: State Board of Health EMS Representative Report

Discussion: Presented by Kevin Dillard

Mr. Dillard reported that he attended his first State Board of Health meeting on December 12. He noted that no major EMS-specific policy issues were addressed during that meeting.

He shared that he received a warm welcome from the Board and that Gary Critzer was formally recognized for more than eight years of service, including multiple years as Chair of the Board. The Chair of the Board of Health also acknowledged the significant work accomplished by the Office of EMS over the past year.

The next State Board of Health meeting is scheduled for March 19 at 9:00 a.m. at the Perimeter Center.

Committee Reports

Executive Committee

Topic: Executive Committee

Presenter: Chair, Dr. Paula Ferrada, MD, FACS, FCCM

Dr. Ferrada acknowledged that recent changes, including Board restructuring, location adjustments, membership reductions, and workgroup implementation, have created stress and some confusion among members. She stated that workgroups were originally created to increase effectiveness, improve efficiency, and reduce costs, but emphasized the importance of ensuring that all actions remain compliant with bylaws and applicable legal requirements.

Workgroup Governance Clarification

Due to misunderstandings and lack of clarity regarding workgroup structure and bylaw compliance, Dr. Ferrada presented the following motion:

Motion: To create a workgroup to develop clear, practical guidance and language to define the structure, purpose, objectives, deliverables, and compliance requirements of Board workgroups.

She noted that while the bylaws contain appropriate language, additional practical guidance written in more accessible terms is needed to help chairs and members operate efficiently and in compliance.

Kevin Dillard was appointed to chair the workgroup. Identified members include JC Bolling, Gary Critzer, Gary Samuels, and Matt Lawler. Additional volunteers were invited.

Vote: Unanimous
Action: Motion Carries

Dr. Ferrada encouraged committee chairs not to pause their work while the guidance document is being developed. She advised that current workgroups should:

- Be project-based
- Have clearly defined objectives
- Establish specific deliverables
- Include defined timelines or completion dates
- Align the workgroup name with the project scope when possible

She offered to work individually with chairs to ensure ongoing productivity while the governance document is developed.

Board Meeting Structure Evaluation

Dr. Ferrada then presented a second motion regarding meeting structure. She explained that the Board has worked over the past several years to reduce costs while increasing effectiveness and efficiency. She noted that historically, two-day meetings have cost approximately $22,000 per meeting. She thanked members for traveling and acknowledged that current venue arrangements have reduced some expenses.

Matt Rickman raised concerns which included travel safety and burden for members traveling long distances, particularly those who drive more than three hours. It was noted that virtual participation options are now available, and special considerations may be necessary for members traveling from extended distances.

Clarification was requested and confirmed that the motion was to create a workgroup to explore the concept, not to immediately implement the change.

Motion: To create a workgroup to explore transitioning full Board meetings from a two-day format to a one-day format in order to reduce costs and increase efficiency.

Vote: Unanimous
Action: Motion Carries

Dr. Ferrada invited members interested in serving on the meeting structure workgroup to volunteer.

Dr. Ferrada concluded her Executive Committee report.

Financial Assistance Review Committee (FARC)

Topic: Financial Assistance Review Committee (FARC)

Discussion: Presented Chairman Robert Trimmer

Mr. Trimmer reported that Fall Cycle grant awards were posted on January 1. He noted that significant work went into completing that cycle.

He reminded the Board that the Spring Cycle grants opened on February 1, and applications will close on March 16.

Mr. Trimmer stated that the committee has been evaluating restructuring considerations related to the transition to seven EMS regions; however, those adjustments will be delayed. The committee is also currently reviewing its internal processes.

He recognized Mr. Michael Berg for his assistance in supporting the committee's work and acknowledged Mr. Linwood Pulling for his decades of service to the Financial Assistance Review Committee. Mr. Pulling will be retiring, and Mr. Trimmer expressed appreciation for his longstanding contributions, noting he will be greatly missed.

No additional questions were raised.

Rules and Regulations Committee

Topic: Rules and Regulations Committee

Discussion: Presented by Kim Craig

Ms. Craig reported that the Rules and Regulations Committee met and had a productive and informative discussion.

The committee appointed a Vice Chair and a Recording Secretary.

Two workgroups were established:

- A Chapter 32 Review Workgroup to conduct a comprehensive review of Chapter 32, acknowledging the scope and complexity of the chapter and the likelihood of additional workgroups as needed.
- An EVOC Curriculum Workgroup to review the National Safety Council EVOC curriculum.

Ms. Craig also reported that Steve Higgins was approved by the committee and subsequently confirmed by the Board as the Virginia Ambulance Association (VAA) representative.

No further action was required.

Emergency Management Committee

Topic: Emergency Management Committee

Discussion: Presented by Joe Williams

Mr. Williams reported that the Emergency Management Committee met; however, a quorum was not present. As a result, no formal discussions were held and no votes were taken.

He stated that the committee will review its membership structure to ensure alignment with the Advisory Board bylaws and the required number of committee members.

The committee anticipates moving forward with future projects once membership alignment is completed.

EMS Workforce Resilience Committee

Topic: EMS Workforce Resilience Committee

Discussion: Presented by Brian Frankel

Chief Frankel reported that the Workforce Resilience Committee met the previous day and achieved quorum. There are no action items for the Board at this time.

The committee engaged in discussion regarding the future direction of its workgroups, with a renewed focus on aligning workforce development and health and safety initiatives. The goal is to better integrate workforce sustainability with provider health and safety priorities.

Administrative updates included the appointment of a committee secretary. The committee currently has one vacancy representing the regional councils and is awaiting an appointment from the Virginia Professional Firefighters (VPFF). Once these appointments are finalized, committee membership will be complete.

The committee established a workgroup focused on EMS Officer Program Development, including review of the EMS Officer I program and evaluation of the framework for EMS Officer II and III. This work is intended to meet established deliverable timelines and strengthen leadership development pathways.

Ongoing discussions included:

- The DEQ and blood process transition work, previously aligned under health and safety.
- Continued evaluation of infection control initiatives, with the potential formation of a future workgroup.

- Responsibilities related to peer support systems and other mental health programs across the Commonwealth.

The committee previously requested a legal interpretation regarding OEMS responsibilities related to accreditation. Feedback has been received that OEMS is currently reviewing these issues, and the committee will continue to monitor progress.

Chief Frankel also reported the addition of another peer support program to the committee's portfolio and emphasized the committee's commitment to strengthening workforce resiliency across Virginia.

He expressed appreciation for the newly established workgroup tasked with clarifying committee structure and expectations, noting that clearer guidance on charters and responsibilities will enhance overall committee effectiveness.

No further action was required.

Medical Direction Committee

Topic: Medical Direction Committee

Discussion: Presented by Dr. Joseph Lang, MD

Dr. Lang reported that the Medical Direction Committee (MDC) met on January 15, 2026, and achieved quorum. The meeting agenda and minutes were approved.

The committee received a presentation from Daisy Banta with OEMS System Optimization Division, reporting that EMS call volume increased by 3.9 percent compared to 2024. The committee also reviewed EMS analgesic administration data and found Virginia's performance to be consistent with national benchmarks.

The committee discussed Freedom of Information Act (FOIA) public meeting requirements and reviewed compliance considerations.

Several workgroups were established, including:

- Pediatric Pain Management and Prehospital Care
- Mobile Integrated Healthcare (MIH)
- Required Vehicle Equipment List
- Air Medical

White papers are currently in development addressing pediatric pain management and prehospital resuscitation in trauma, including hypothermia prevention measures. Data reviewed indicated that in some jurisdictions up to 26 percent of trauma patients presented hypothermic within 30 minutes of arrival to the trauma center.

The committee also discussed whether EMS providers should be permitted to administer and interpret Purified Protein Derivative (PPD). The committee determined this would not be allowed at the EMS provider level at this time.

Action Items

Dr. Lang presented a consolidated motion for Board consideration, including:

- Addition of red dot procedures at the paramedic level for Impella and balloon pump transport, requiring a three-person crew including a second trained and authorized provider.
- Authorization for administration and maintenance of antivenoms at the paramedic level via red dot procedure.

- Authorization for exchange of tracheostomies greater than 90 days old at the intermediate and paramedic levels as a black dot skill.

- Submission of the updated Virginia Scope of Practice, incorporating red dot and black dot procedures, to the Virginia Board of Health for approval and implementation.

A motion was made to approve the action items as presented.

Vote: Unanimous
Action: Motion Carries

Trauma Administrative and Governance

Topic: Trauma Administrative and Governance

Discussion: Presented by James Reynolds

Mr. Reynolds reported that the Trauma Administrative and Governance (TAG) Committee met the previous day and achieved quorum, with members participating both in person and virtually.

New committee members were introduced, including:

- Dr. Stefan Litesley, Vice Chair of TAG, trauma surgeon in Fairfax, and Chair of the Virginia Chapter of the American College of Surgeons (ACS) Committee on Trauma.
- Dr. Jessica Burgess, trauma surgeon in Norfolk, serving as representative for the Legislative and Advocacy Workgroup.
- Deputy Chief Mike Watkins, representing the Prehospital Workgroup.

Workgroups discussed refining goals, enhancing collaboration, and addressing emerging challenges in trauma care across the Commonwealth.

Trauma System Plan Review

The committee discussed reviewing the 2018 Virginia Trauma System Plan (developed following the 2015 ACS system review). A motion was made and approved for workgroup representatives to begin a formal review of the 2018 Trauma System Plan to assess current effectiveness, identify needed updates, and align with ongoing system developments.

Whole Blood and Trauma Funding

Mr. Reynolds referenced discussion regarding whole blood programs and hypothermia prevention in trauma care. He shared that local implementation of whole blood programs has demonstrated positive outcomes in Hampton Roads. The committee identified trauma funding as a topic for further discussion at future meetings, with the goal of exploring funding mechanisms to expand whole blood access statewide.

Legislative and Advocacy Updates

Dr. Burgess is seeking additional representatives from various medical specialties and geographic regions to participate in the Legislative and Advocacy Workgroup. Interested individuals were encouraged to contact the committee.

Legislative measures of interest include:

- **HB 941:** Stop the Bleed training requirement for high school graduates (currently advancing).
- **HB 229:** Restrictions related to weapons in hospitals to enhance safety.
- **SB 128:** Covenant not to compete provisions for healthcare providers.

Mr. Reynolds concluded by expressing appreciation for the TAG Committee members and acknowledging Ms. Ashley Camper from the Office of EMS for her continued guidance and support.

No further action was required.

Training and Certification Committee Report

Topic: Training and Certification Committee

Presenter: Melissa Meador

Ms. Meador reported that she chaired her first TCC meeting on January 14 and acknowledged Matt Lawler for his leadership and assistance during the transition. She publicly thanked him for his service to the Board and the committee.

Effective January 1, 2026, OEMS discontinued printing physical certification cards to reduce costs and environmental impact. Providers may access digital certification cards through the app or online portal.

The Education Coordinator Institute (ECI) scheduled for the end of January was canceled. All affected candidates and Education Coordinators were notified, and one-year extensions were granted. The next ECI remains scheduled for June 2026.

TCC voted unanimously to maintain the Regulatory Workgroup to continue review and updates to the Training Program Administrative Manual (TPAM), with future submissions to the Rules and Regulations Committee as appropriate.

The replacement for Debbie Akers remains outstanding. A contractor was onboarded in December to assist with workload demands.

The committee has begun drafting a formal charter. Goals and objectives have been established, with a draft expected for review at the next TCC meeting.

Additionally, TCC is forming a workgroup to conduct a comprehensive review of the ECI and Education Coordinator credentialing process. OEMS requested a thorough, data-driven evaluation to assess program effectiveness, remove unnecessary barriers where appropriate, benchmark against other systems, and ensure current processes meet system needs. This review is intended as continuous quality improvement.

The next TCC meeting is scheduled for April 1, 2026, at 10:30 a.m. at ODEMSA on Parham Road.

No action items were presented to the Board.

Public Comment

Topic: Public Comments

Discussion: The Chair inquired whether there were any public comments. No public comment was offered.

Business Matters/ Unfinished Business

The Chair asked whether there was any new or unfinished business. None was presented.

Next Meeting

Topic: New Business

Discussion: The next meeting of the EMS Advisory Board is scheduled for Friday, May 1 at 10:00 a.m. at the Public Safety Training Center.

Adjournment

Discussion: A motion to adjourn was made by Melissa Meador and seconded.

Meeting adjourned at 11:13 AM.

Prepared by: Mohamed G. Abbamin, MPA