

Rappahannock EMS Council
Guidelines & Training Committee Minutes
December 20, 2016
REMS Training & Simulation Center

Call to Order: Meeting was called to order by the Chair, John Brandrup at 1900 hrs

Roll Call and Recognition of Guests: Members present were Chair John Brandrup, Jake Marshall, Linda Harris, REMS Council Staff. On the phone were Members Pat Fitzgerald, Maurice Moody and Wayne Perry, REMS Council Staff. Guests were Ed Bonham, Captain Caroline County for member Mark Garnett, Assistant Chief Peter Orioles from Ft A.P.Hill, Chief Tom Acacia, Ft. A.P. Hill, and Debbie Shreck, FLS as a guest of John Brandrup

Approval of Minutes: October 25, 2016 Motion to approve by Pat Fitzgerald, seconded by Maurice Moody. Motion carried.

Staff Report:

We have an upcoming NR psychomotor test on January 28 for Initial I, AEMT. After that Paramedic test sites for March 11, May 20 and June 10, 2017. Possible retests of other level depending on station. New Paramedic stations will be, Trauma, Static, Dynamic, Oral A, Oral B and Scenario Based Station. Linda Harris and Wayne Perry provided information to the committee on the new NREMT Phase 1 paramedic testing that will start January 1, 2017. Information was shared on the new testing station. Staffing and equipment requirements.

EMT-I & P students are currently working on field internship & clinicals so they can be cleared to test

EMT Class Fall 2015 had 15 that passed Psychomotor test in January. So far 8 have gained certification by passing NREMT cognitive test.

Spring 2016 - Class finished May 7, 2016 with 17 students. 12 have gained state certification

Fall 2016 completed with 7 passing. They test Psychomotor on January 12

ALS Coordinator Requests: none

Sub-Committee Reports:

Protocol-

1. Jake has proposed that we look at the ODEMSA Mass Gathering Protocol which covered multiple 'treat and release' patients during large events such as Stars & Stripes, marathons, various bike races. It is proposed that this protocol will be a special addendum to the current protocols This has been postponed until later Protocol meeting

Summary of December 2016 Patient Care Protocol proposed changes

Results of Medical Direction Committee meeting – 12/12/16

Global changes/updates

- remove references to specific medication administration route; occurred to most all protocols except for ones like TBI, cardiac chest pain, airway – medication assisted; airway – RSI and sections like crush syndrome/chemical extrication

Specific updates

- add suggested administration routes to each of the medication reference sheets (see chart)
- Updated the medical cardiac arrest protocol to delete specific references for what is high-quality CPR, aligned it to match with the new traumatic cardiac arrest protocol
- Updated the Altered Mental Status, Seizure, and Cardiac Arrest protocols with new treatment of D10 infusion in place of D50 bolus.
- Updated the TBI protocol, moving some criteria into the notes section
- Updated the indwelling medical equipment protocol to include notes about the use of ring magnets for AICD that are firing inappropriately

o Not approved by medical direction committee

New additions

- created a new Traumatic Cardiac Arrest protocol
- added Toradol to Pain Management protocol at the AEMT level
- o medical direction committee limited use to patients less than 65 yoa**
- created a medication sheet for new formulary drug: Toradol
- o medical direction committee added contraindications of head trauma and cerebral hemorrhage**
- added information to the reference section on ring magnets and use with AICD
- o Not approved by medical direction committee**
- created a medication sheet for new formulary drug: Dextrose 10%

- created a medication sheet for alternate RSI drug: Rocuronium
- added ODT Zofran at the EMT level in the hypotension/shock and nausea/vomiting
- added Ketamine to general pain control at the EMT-I level

Proposed Suggested Medication Routes

- 1 Adenosine : Rapid IV/IO bolus(administered over a 1-2 second period
- 2 Albuterol: Nebulized
- 3 Amiodarone: IV/IO
- 4 Aspirin: PO
- 5 Atropine: IV/IO
- 6 Atrovent: Nebulized
- 7 Calcium Chloride: IV/IO
- 8 Dextrose: IV/IO
- 9 Diltiazem: IV/IO
- 10 Diphenhydramine: IV/IO/IM
- 11 Dopamine: IV-IO
- 12 Epinephrine: IV/IM/IO/SQ/Nebulized CC-only
- 13 Etomidate: IV/IO
- 14 Fentanyl: IV/IM/IN
- Flumazenil - DELETE
- 15 Furosemide: IV/IO
- 16 Glucagon: IM
- 17 Ketamine: IV/IO/IM
- 18 Ketorolac: IV/IO/IM
- 19 Lidocaine: IV/IO
- 20 Magnesium: IV/IO
- 21 Naloxone: IV/IO/IN/SL/SQ/Nebulized
- 22 NTG: SL
- 23 Palidozime: IV/IO/IM
- 24 Rocuronium Bromide IV/IO
- 25 Sodium Bicarbonate IV/IO
- 26 Solu-Medrol: IV/IO/IM
- 27 TXA: IV/IO
- 28 Vecuronium Bromide IV/IO
- 29 Zofran: IV/IO/IM/PO

All of the changes were emailed to committee members for review. Motion to approve all by Jake Marshall, seconded by Pat Fitzgerald. Motion carried

ALS Release – Train the Trainer program

Unfinished Business:

New Business:

1. A.P.Hill – Asst Chief Orioles – release of provider Jonathan Blackwell
Provider was ALS released in Stafford County only in 2012 but never completed the REMS ALS Release process. He is now an employee of Ft A.P. Hill and they need him to be released in the region so he can function as an ALS provider. They have limited staffing to have this provider complete the full ALS release process. They are asking for a waiver. After much discussion the motion was made to allow him as a one time case to complete the out of region release process for REMS Council. Motion by Ed Bonham, seconded by Pat Fitzgerald. Motion carried. This item will be brought to the ALS release committee for revision to the ALS release process.

These items were read to committee members asking for input to assist the REMS Council.

2. From State EMS plan: For all committees':
 - a. Using technology to provide accurate and timely communication within the Virginia EMS system
 - b. Promote collaborative activities between local government, EMS agencies, hospitals and increase recruitment and retention of certified EMS providers.
 - c. Provide a platform for clear, accurate, and concise information sharing and improved interagency communications between OEMS, state agencies and EMS stakeholders in Virginia
 - d. Develop, implement and promote a comprehensive recruitment and retention campaign for EMS personnel and physicians, supporting the needs of the EMS system.
 - e. Standardize performance and outcome-based service contracts with EMS Councils and other qualified entities

- f. Research and disseminate information on best practice as it relates to community risk reduction programs targeted toward improving population health

These items were read to committee members for input for REMS council. Jake Marshall will bring A, C And D to the REMS Incident & Threat Mitigation Committee and C will be brought to the CISM Committee for further input.

From State EMS plan for Guidelines & Training:

- a. Ensure adequate, accessible, and quality EMS provider training and continuing education exists in Virginia
- b. Assure an adequate amount and quality of crisis/behavioral health training and educational resources for EMS providers
- c. Develop, implement, and provide programs that emphasize safety, health, and wellness of first responders
- d. Research and disseminate information on best practices as it relates to EMS response to active shooter and hostile environment incidents

These items were read to the committee:

3. From EMSGAB meeting:

Pediatric Medication Errors

In consultation with the EMS for Children Committee, the EMSC program has planned additional action steps going forward in addressing concerns about pediatric medication errors and how to prevent them. Currently these will include:

- Continued research into alternative pediatric medication dosage systems (Handtevy™, Broselow®, etc.)
- Letter to Medical Direction Committee raising awareness of the issue.
- Providing the MI-MEDIC® product (result of an EMS for Children Targeted Issues Grant) to the Medical Directors Committee for comment—the EMSC program is considering providing a similar product for Virginia use.
- Letters to regional performance improvement entities (care of regional councils/trauma centers, etc.).
- Statement of concern to EMS providers on state listserv (plea to document weight in kg.).
- Submission of articles to the EMS Bulletin and VAVRS newsletter for consideration.
- Proposing “pediatric medication errors” as a potential EMSAT subject.

The following was read to the committee members:

The Periodic Review of the Durable Do Not Resuscitate (DDNR) regulations 12VAC5-66 has been completed. OEMS staff has developed a Fast Track regulatory packet to include the definition of Physicians Orders for Scope of Treatment (POST) in the definitions. The packet was signed by the Governor and is currently published in the Virginia Registrar for public review and comment. It is set to be effective November 19, 2016 (<http://townhall.virginia.gov/L/viewstage.cfm?stageid=7484>).

Motion from the Training and Certification Committee to approve the new format and updates to the Training Program Administrative Manual (TPAM). Due to the size of the TPAM document, it is accessed at http://www.vdh.virginia.gov/oems/Files_Page/Training/TPAM2017.pdf.

All National Registry I-99 certified providers must complete the transition process to Paramedic level by 2018/2019 or their certification level with National Registry will become Advanced EMT (AEMT). This will NOT affect their Virginia certification level which will remain Intermediate.

All students enrolling in Paramedic programs that start after August 1, 2016 will be required to master the National Registry Paramedic portfolio of vital skills to qualify for the National Registry Paramedic (NRP) Certification examination. Testing requirements for Paramedic candidates will be changing as of January 1, 2017 with the implementation of the out-of-hospital scenario station.

Recertification with National Registry has been simplified. Information on the steps necessary to recertify will be posted on the Office of EMS webpage and distributed to all Education Coordinators and ALS Coordinators.

Additionally, a list of the identified training officer for each agency is being provided by National Registry that will allow information to be distributed to them as well.

The following was read to committee members and an update on funding was provided by REMS Staff, Linda Harris and Wayne Perry.

A special grant initiative for funding of Initial Programs that start on or between July 1, 2016 and December 31, 2016 was announced with a grant request period of 09/21/2016 through 10/05/2016.

This special initiative was to address any initial certification program with a start date between

07/01/16 and 12/31/16, the period of time for which funds were not available due to the restructuring of the funding program. It was available to any non-profit licensed EMS agencies or other EMS organization operating on a nonprofit basis exclusively for the benefit of the general public. Funding availability for remainder of Fiscal Year 2017 is in development with the goal to have funds available for certification programs with a start date between 01/01/17 through 06/30/17.

The following was read to committee members:

The Office plans to schedule a webinar to standardize expectations for the National Registry of EMTs Paramedic psychomotor examination process that is changing January 2017. The webinar will include all accredited paramedic programs, National Registry test representatives, and the National Registry will be requested to introduce the new initiative. OEMS is investigating an initiative to provide materials and supplies for a standardized first-in-bag and equipment for the new scenario based paramedic examination based on National Registry recommendations.

The NREMT will be increasing the initial certification fees effective January 1, 2017.

The NREMT Board of Directors approved the fee increase effective 2017 following a ten-year price freeze (2007 -2017). The 2017 fee increase reflects the renewed relationship between the NREMT and Pearson VUE and the costs to maintain a coordinated national and state EMS certification database for states that have adopted Recognition of EMS Licensure Interstate Compact (REPILCA).

NREMT Initial Certification Fees effective January 1, 2017

NREMT Level	Current Fees	Fees Effective 1/1/17	Change
EMR	\$65	\$75	\$10
EMT	\$70	\$80	\$10
AEMT	\$100	\$115	\$15
Intermediate/99	\$100	\$125	\$25
Paramedic	\$110	\$125	\$15

Distributive Continuing Education

EMSAT programs are available FREE on the Internet. Certified Virginia EMS providers can receive free EMSAT continuing education courses on their home or station PCs. There are 60-70 category one EMSAT programs available on TargetSolutions/CentreLearn at no cost to Virginia EMS providers. For specifics, please view the instructions listed under Education & Certification, EMSAT Online Training. For more information on EMSAT, including schedule and designated receive sites, visit the OEMS Web page at:

<http://www.vdh.virginia.gov/OEMS/Training/WebBasedCE.htm>

ALS/EMT-Basic Programs Audit:

Maurice Moody submitted a report from his positive evaluation of the EMT class in Culpeper on December 5, 2016.

A request was made by the chair of other committee member to audit other classes in our region.

Paramedic- Non Trad- Raymond Velesquez- Stafford County FREMS

2/6/16-1/21/17

Paramedic - Gretchen Wills - Stafford County Fire & EMS 2/5/16 - 1/22/17 STTFS

Paramedic- Raymond Velesquez - Stafford County Fire & EMS 1/23/17 - 5/19/17 days?

Paramedic - Raymond Velesquez - Stafford County Fire & EMS 2/4/17 - 7/15/17 days?

EMT Non trad- Alicia Hamm -Salem Vol F&R - 9/1/16 - 1/14/17 M Th S- Maurice Moody

EMT Non trad- Alicia Hamm - Salem Vol F&R - 2/27/17 - 6/24/17 M Thur S- --??

EMT - Linda Harris - REMS 1/09/17 - 05/14/17 MWS

EMT- Kim Madison- Spot VRS - 10/10/16-2/4/17- MWS

EMT -Jay Hynson- KG F&R- 10/15/16 - 2/18/17 - MWS

EMT Non Trad - Jenni Hartle-Stafford FREM 1/5/17 - 5/14/17 T T Sun

EMT Non Trad - Jenni Hartle- Stafford FREM 1/23/17 - 3/10/17 - MTWTF

REMS BOD Action Item: None

For the Good of the Order:

Adjournment: Meeting was adjourned at 1955 hrs. The next meeting is scheduled for February 21, 2017