

Rappahannock EMS Council
Guidelines & Training Committee Minutes
August 29, 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 Maurice Moody, Chair John Brandrup, Tim Jeter, REMS Council Staff, Linda Harris and on the phone was REMS council staff, Wayne Perry, Mark Garnett and Pat Fitzgerald. Guest was Mark Crnarich from the REMS Performance Committee.

Approval of Minutes: June 27, 2015

Staff Report:

We have an upcoming NR psychomotor test on September 10 & November 19, 2016
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 May7, 2016 with 17 students. Eleven have gained state certification
Fall 2016 started August 15

ALS Coordinator Requests: no requests

Sub-Committee Reports:

Protocol:

Motion by Maurice Moody, seconded by Pat Fitzgerald to approve all of the following Protocol changes for Fentanyl pending approval by MDC. Motion passed.

Medication- route of administration for Fentanyl- IN. – the following routes of delivery for Fentanyl have been proposed to be sent to G & T and MDC for approval.

Medical-Pain Control- IV, IO, IN;

Medical- Chest Pain Cardiac Suspected- IV;

Trauma- Burns-IV,IO,IN;

Trauma- Injury Multisystem- IV, IO, IN;

Clinical Procedures Airway Sedation Assisted- Non-Paralytic- IV,

Airway RSI-IV.

Motion by Tim Jeter, seconded by Pat Fitzgerald to approve TXA dosage pending approval by MDC. Motion passed.

Trauma Bleeding Hemorrhage Control- Tranexamic Acid (TXA) – committee wants approval for 1gram bolus or infusion for Traumatic Arrest patients

Motion by Maurice Moody, seconded by Pat Fitzgerald to approve the change to the Zofran protocol pending approval by MDC. Motion passed

Medical-Hypotension/Shock Non-Trauma- Zofran add EMT to administer 4mg ODT to treat or provide prophylaxis against nausea

Motion by Pat Fitzgerald, seconded by Maurice Moody to approve the addition to pain control protocol pending approval by MDC and Pharmacy Committee. Motion passed

*Medical General-Pain Control--To send to Pharmacy Committee- the availability of Toradol (ketorolac) 30mg/1ml to be used for pain control for AEMT and above IV/IN

Motion by Maurice Moody, seconded by Pat Fitzgerald to approve the change to Altered Mental Status protocol pending approval by MDC. Motion passed.

Medical Altered Mental Status/ Medical Seizures/ Medical Cardiac Arrest Unknown Rhythm- Motion to add D10 as listed:

For patients with BGL less than 60mg/dl or clinical sign & symptoms indicate hypoglycemia and oral glucose is contraindicated: For Adult Patients: Establish IV normal saline KVO, Patient greater than 40kg administer Dextrose 10% 100ml bolus. Repeat once in 2 minutes if AMS persists.

If Dextrose 10% is unavailable, administer Dextrose 50% 1G/kg up to 25G IV.

For Pediatric patients – If greater than 30 days administer Dextrose 10% (5ml/kg. max dose 100ml) via IV or IO. If less than 30 days administer Dextrose 10% (2ml/kg) via IV or IO.

If Dextrose 10% bag is unavailable: If patient is less than 30 days old, administer Dextrose 10% (2cc/kg) IV or IO mixed as below. If patient is greater than 30 days but less than 8 years old, administer Dextrose 25% (2cc/kg) IV or IO mixed as below. If patient is greater than 8 years old, administer Dextrose 50% (0.5mg/kg, max 25gm) IV or IO.

Procedures for mixing: Dextrose 25%- In 50ml syringe, mix 25ml of Dextrose 50% with 25 ml of Normal Saline- mixture will yield 50ml of Dextrose 25%. Dextrose 10%- In 50ml syringe, mix 10ml of Dextrose 50% with 40 ml of Normal Saline. Mixture will yield 50ml of Dextrose 10%.

Article on Cervical collar use from Jake was reviewed – to be sent to Medical Direction Committee

Report from Mark Crnarich from the Performance Improvement Committee

Advanced Skills Tracking Forms – revise/update – report from PI committee to see if this can be eliminated. Info from PICommittee: They agree that the form need to be eliminated since the same info can be pulled from reports on VPHIB V3. At this time all agencies in our region are not using V3 but per state they need to be using V3 by the end of 2016. The PI committee suggests waiting until that time to eliminate this form. Mark will provide a a revised report at G & T December meeting

ALS Release – Train the Trainer program—no report.

Unfinished Business: None

New Business: request from Chancellor Vol F & R for TTT waiver. Tabled due to no written request from agency

ALS/EMT-Basic Programs Audit:

Paramedic- Non Traditional – Raymond Velesquez- Stafford County FREMS
2/6/16–1/21/17 STTFS

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

EMT VEMSES-James Allen – CCJA 10/1/16 – 10/16/16 SMTWTFS

EMT VEMSES-James Allen – CCJA 12/1/16 – 12/16/16 SMTWTFS

EMT Non Traditional-Jenni Hartle-SCFRD- 9/7/16 – 01/9/17 MWS

EMR – Ellen Vest- RCC/KG – 9/9/16 – 12/16/16 T T

EMT – Alicia Hamm – Salem Vol FD – 9/1/16 – 1/14/17 M Thur S- Maurice Moody

EMT – Linda Harris – REMS 8/15/16 – 12/12/16 MWS

REMS BOD Action Item:

For the Good of the Order:

Adjournment; Meeting was adjourned at 1940hrs. The next meeting is scheduled for Tuesday, October 25, 2016. The December meeting will be Tuesday December 20, 2016

Rappahannock EMS Council
Guidelines & Training Committee Minutes
October 25, 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 Jake Marshall, Chair, John Brandrup, Linda Harris, REMS Council Staff and guest Ed Bonham. On the phone were members Mark Garnett, Maurice Moody and Wayne Perry, REMS Council Staff. Excused was Tim Jeter.

Approval of Minutes: August 29, 2016 Minutes were approved as stand

Staff Report:

We have an upcoming NR psychomotor test on November 19, 2016, Proposed January 28 for Initial I, AEMT and retest of all including Paramedics. 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.

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 started August 15 with 8.

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. Each event may be required to have OMD approval to use the protocol/guideline. Jake will send the protocol to Wayne so it can be placed on Google docs for the committee to review/comment, then bring it back to the next committee meeting in November. Jake will also present this at the Incident and Threat Mitigation Committee (Disaster). It will also need to go to G & T and MDC for their review.

2. AICD Magnets – memo from Tina Skinner regarding the need for a protocol for the use of ring magnets on patients that are receiving inappropriate shocks with AICD's. The decision was made to add a note/line to the Indwelling device protocol about magnet use and a fact sheet about the use of magnets will be added to reference section. This info will be sent to G & T and MDC once finalized.

Per Protocol Committee the changes to each protocol in order to specify the addition of an IN route will be disregarded. A section titled 'Acceptable Medication Routes' will be added to each medication page in the Medication Reference Section of Protocols instead. The list of medication pages was divided among 3 committee members. Once completed will be sent to G & T, MDC and Pharmacy Committee. There will also be new pages for the addition of Toradol and Dextrose 10%.

- 1.) Trauma Bleeding Hemorrhage Control- Tranexamic Acid (TXA) – committee wants to add an indication or accepted use for Traumatic Cardiac Arrest patients. This will be added to the Medication Reference Sheet for TXA. Based on the discussion, the recommendation is to create a new Traumatic Cardiac Arrest protocol that will include this proposed information and the other current information from the protocols. Greg Leitz will work on this. Once approved by this committee will be sent to G & T & MDC committee

- 2.) Medical-Hypotension/Shock Non-Trauma- Zofran will be added EMT to administer 4mg ODT to treat or provide prophylaxis against nausea. The decision was made to add this to protocol
- 3.) *Medical General-Pain Control—Add to the protocol, Toradol (ketorolac) 30mg to be used for pain control for AEMT and above. Jake Marshall will create the medication reference sheet for Toradol.
Needs to be noted that “use caution with diagnosis of renal failure”
- 4.) Medical Altered Mental Status/ Medical Seizures/ Medical Cardiac Arrest Unknown Rhythm-
Motion to add D10 as presented on the draft protocol.

Wayne presented the revised Altered Mental Status protocol which was approved. Dextrose 10% will also be added to Seizures Protocol and Cardiac Arrest unknown Rhythm. Once completed will be sent to G & T and MDC

.2) ALS Release – Train the Trainer program.

Unfinished Business:

New Business:

1. I Simulate life time charge as opposed to yearly update- Motion by Jake Marshall to approve, seconded by Maurice Moody. Motion passed.
2. Midwifery & EMS need to collaborate on patient care- The suggestion for EMS training will be forwarded to Tina Skinner at MWH for a possible EMS night out lecture. John Brandrup will also pass on the idea to Kathy Eubank at VAVRS for a training opportunity

ALS/EMT-Basic Programs Audit:

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 VEMSES-James Allen – CCJA 12/1/16 – 12/16/16 SMTWTFS

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 8/15/16 – 12/12/16 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

REMS BOD Action Item:

For the Good of the Order: Jake Marshall reported that information has been sent to clinical programs on a new online E form on flu shot verification for students requesting rotations at Spotsylvania Regional.

Adjournment: Meeting was adjourned at 1928hrs. The next meeting is scheduled for Tuesday, December 20, 2016

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

**Rappahannock EMS Council
Guidelines & Training Committee Minutes
February 21, 2017
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, Tim Jeter, Linda Harris, REMS Staff, and guest Mark Crnarich from the REMS Performance Improvement Committee. On the phone were members Mark Garnett and Pat Fitzgerald. Excused were Jake Marshall and Maurice Moody

Approval of Minutes: The minutes were approved from the December 20, 2016 meeting

Staff Report:

We have an upcoming NR psychomotor 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.

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

EMT Class Spring 2016 - Class finished May 7, 2016 with 17 students. 13 have gained state certification

Fall 2016 completed with 7 passing. All passed psychomotor and 3 have gained their certification.

Current class Spring 2017 has 15 students

Report from the State EMS Advisory Board Quarterly EMS report--

Continuing education requirement changes were implemented on July 11, 2016. All CE has been moved to the new categories and each provider's CE report has been updated with new recertification requirements. Providers who gained recertification eligibility under the old CE process, will maintain that eligibility until recertified at which time they will be required to start meeting the new continuing education requirements. Providers expiring in July, August or September who did not previously have eligibility were granted an extension of certification until October 31, 2016. These providers have received a new certification card reflecting the new expiration date.

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.

ALS Coordinator Requests: Christopher Payne, teaches CEU hours at Quantico –Motion to approve by Tim Jeter, seconded by Pat Fitzgerald. Motion carried.

Sub-Committee Reports:

Protocol-

Protocol Changes – to go to G & T, MDC & BOD Items with ** need to go to Pharmacy Committee

1. Mass Gathering Protocol- Motion to approve by Pat Fitzgerald with corrections to page 1, 15 and 17 where lines seem to override each other, seconded by Tim Jeter, motion carried.
2. Add Acetaminophen & Ibuprofen to Authorized Medication Table in Clinical Procedures Motion to approve by Tim Jeter, seconded by Pat Fitzgerald, motion carried.
3. In Scope Practice add Mass Gathering Protocol –C-OMD, Conditional OMD approval for event. Motion to approve by Tim Jeter, seconded by Mark Garnett, motion carried
4. Narcan – Medical- Cardiac Arrest- Unknown Rhythm - #6 remove max dose Medical – AMS – Keep #3; #7 delete max dose; add “Titrate for sufficient respiratory effort” Motion to approve by Tim Jeter, seconded by Pat Fitzgerald, Motion carried.
5. **Narcan – Increase amount to 10 mg in med box. Motion to approve by Tim Jeter, seconded by Pat Fitzgerald, motion carried.
6. ** Ancef (Cefazolin) need med sheet
Trauma – Injury Multisystem -AEMT↑ #3 for open fractures in adult patient administer Ancef (Cefazolin) 1G/IM. Motion to approve by Pat Fitzgerald, due to lack of second motion this motion did not carry
7. Sepsis Pearls – lactate levels – in Admin 3.21- Sepsis pearls- Add “When obtaining Lactate levels use current research guidelines. Motion to approve by Tim Jeter, Due to lack of second motion this motion did not carry.
8. Double Sequential Defibrillation – Medical V Fib/Pulseless VTac algorithm page 4/6 Add a defibrillation block to top of algorithm. At end add block “Consider Double Sequential Defibrillation:” Due to lack of motion to approve this did not carry.
9. Medical – Cardiac Arrest – Unknown Rhythm- To #4 add “Consider elevating patient head 30° if using mechanical device” Motion to approve by Tim Jeter, seconded by Pat Fitzgerald, motion carried

ALS Release – Train the Trainer program- No report

Unfinished Business:

Marc Crnarich- Advanced Skill Form information from Performance Improvement Committee. Mark Crnarich presented his data from the PI Committee. His recommendation is to delete the paper Advanced Skills Tracking Form since it is no longer needed the information can be pulled from OEMS Image trend. Motion to accept by John Brandrup, seconded by Pat Fitzgerald, motion carried

How is the G & T Committee going to accomplish these?

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

The Committee would like more information from Wayne Perry as to the direction

2. Instructor Roundtable will be held March 21, 2017. This information was read to the committee.
3. Dr White Memo- Pain medication Protocol was read to the committee.

4. From OEMS Quarterly report- the following was read to the committee:

a. **NHTSA Reports Spike in Traffic Fatalities**

The nation lost 35,092 people in traffic crashes in 2015, ending a 5-decade trend of declining fatalities with a 7.2% increase in deaths from 2014. The final data released by the U.S. Department of Transportation's National Highway Traffic Safety Administration showed traffic deaths rising across nearly every segment of the population. The last single year increase of this magnitude was in 1966, when fatalities rose 8.1% from the previous year.

In response to the increase, DOT, NHTSA, and the White House are issuing an unprecedented call to action to involve a wide range of stakeholders in helping determine the causes of the increase. NHTSA will share its **Fatality Analysis Reporting System** with safety partners, state and local officials, technologists, data scientists, and policy experts. And private sector partners using new data collection technologies will be offering access to unprecedented amounts of data and new visualizations tools.

In related news, preliminary data provided by state highway safety offices indicates that more than 5,000 people were killed on motorcycles 2015. This represents an estimated 10 percent increase compared with 2014 -- more than 450 additional deaths, as reported by the Governors Highway Safety Association's (GHSA). Motorcyclist Traffic Fatalities by State: 2015 Preliminary Data is GHSA's sixth annual motorcyclist fatality Spotlight report. The series provides an early look at current data, trends, and developing issues. GHSA projects the final motorcyclist fatality total for 2015 will be 5,010 -- only the third year in U.S. history and the first time since 2008 in which the fatality number topped 5,000. Currently, only 19 states and D.C. require all riders be helmeted. Another 28 mandate helmet use by riders younger than age 18 or 21, and three have no requirement. Do you have any ideas and suggestions for something that the council would be able to participate in or provide, please let Wayne or Vivian know.

b. **Distracted Driving's Legal Concerns for EMS**

Traffic is difficult enough to maneuver for EMS teams without having to deal with distracted drivers. Since the introduction of mobile devices, accidents caused by distracted driving have spiked, and it affects EMS drivers, too. According to Distraction.gov, 660,000 drivers are using cell phones or electronic devices while driving at any given daylight moment. This number has held steady since 2010.

Statistics for EMS drivers also show a lot of electronics use, with 26 percent admitting to using a mobile device while driving and 53 percent admitting to still using one even though they know the safety risks. In addition to the serious threat to life, departments also need to take into account the legal and insurance issues they may face.

Many states now have limitations on drivers using mobile devices while driving. If an EMS driver is found to have been using one and they are at fault for the accident, insurance may not cover the damages. Worse, in some states the insurer may cancel or not renew the policy. This makes the liability risk greater. In addition to the above, accidents involving apparatus are newsworthy; if the driver is found to have been using a cell phone at the time, the public and political scrutiny will be even more intense. **Departments should frame policy to minimize distracted driving of any kind, and could enact a "sterile cockpit" model from the airline industry.** Minimizing distractions to drivers is key to the safety of the patient, the public, and the crew. There was a discussion about how to implement these. The Traffic Incident Management System (TIMS) class was suggested. John Brandrup is an instructor for this course. He will create a proposal for REMS to host classes.

c. Just a heads up again that VDH is very interested in involving EMS as vaccinators in future Flu Vaccine exercise. Dr. Melton has been the leading proponent of this initiative. I have been seeing emails as of late that have OEMS reaching out to all the EMS Councils in the

Commonwealth to push this desire out to them. For example, an email from OEMS to VDH leadership today states *“Our hope is that the EMS regions can encourage agencies that already have EMS providers cleared to vaccinate to work closely with the local health districts to increase their involvement in not only the clinics, but other events as well.* “The purpose of this email is to keep you up to date on the VDH leadership desires to pursue this initiative in each health district. Please keep this in mind and consider having some discussions with your EMS partners as planning for your future campaigns take place. I’m not sure if you’ve been receiving the emails regarding EMS involvement in VDH PODS (referenced below), so I wanted to pass this along. If you think this is an appropriate topic for our next REMS Incident and Threat Mitigation Committee meeting.

d. Email about the new EC process. Memo was read from OEMS

ALS/EMT-Basic Programs Audit:

Paramedic Non Trad– Raymond Velesquez – Stafford County Fire & EMS
1/23/17 – 5/19/17 days?
Paramedic Non Trad – Raymond Velesquez – Stafford County Fire & EMS
2/4/17 – 7/15/17 days?
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EMT –Jay Hynson- KG F&R- 10/15/16 – 2/18/17 – MWS
EMT Non Trad – Jenni Hartle-Stafford FREM 1/31/17 – 5/11/17 T T Sun
EMT Non Trad – Jenni Hartle- Stafford FREM 1/23/17 – 3/10/17 – MTWTF
EMT – James Allen- CCJA – 2/1/17 – 2/17/17- MTWTF
EMT – James Allen- CCJA – 4/1/17 – 4/17/17- MTWTF
EMT – James Allen- CCJA – 6/1/17 – 6/17/17- MTWTF
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EMT – James Allen- CCJA – 8/1/17 – 8/17/17- MTWTF
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EMRx2 – Rebecca Raines Stafford HS- 9/12/16-4/28/17- M-F
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EMT- Robert Coggsdale- Caroline F & R- 2/11/17 – 6/30/17 unk days
EMT – Jessica Icaza- Fauquier F & R – 2/14/17 – 6/03/17 T T Sat
EMT – Billie Beveridge- Orange RS – 1/23/17 – 5/22/17 – MWSat
EMT – Mike Biamonte – FBI- 5/1/17 – 5/24/17 - MTWTF

REMS BOD Action Item:

For the Good of the Order:

Adjournment: Meeting was adjourned at 1955hrs. The next meeting is scheduled for April 25, 2017

Rappahannock EMS Council
Guidelines & Training Committee Minutes
April 25, 2017
REMS Training & Simulation Center

Call to Order: Meeting was called to order by the chair, John Brandrup

Roll Call and Recognition of Guests: Members present were chair, John Brandrup, Linda Harris Tim Jeter, Jake Marshall and on the phone were Pat Fitzgerald, Mark Garnett, and Maurice Moody. Guests were Ed Bonham from Caroline County FREM

Approval of Minutes: February 21, 2017

Staff Report:

We have an upcoming NR psychomotor Paramedic test sites for 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 an Out of Hospital Scenario Based Station.

EMT-I & P students are currently working on field internship & clinicals so they can be cleared to test Fall 2016 completed with 7 passing. All passed psychomotor and 3 have gained their certification. Current class Spring 2017 has 14 students

Instructor Roundtable was held March 21, 2017.

From Debbie Akers Memo:

As all of you are aware, National Registry changed to the National Continued Competency Program on April 1, 2016. At that time, they released CE requirements for the 2012 NCCP program that had been designed based on the practice analysis and research. On October 1, 2016, National Registry released the 2016 National Continued Competency Program. Virginia providers recertifying with National Registry in the 2017 and 2018 certification cycles have the option to use either the 2012 NCCP recertification requirements or the 2016 NCCP recertification requirements. However, all providers who will be recertifying in the 2019 certification cycle with National Registry must meet the 2016 NCCP requirements. In order to keep Virginia CE requirements equivalent with the National Registry, the Office of EMS developed a system that would allow the tracking of continuing education for both of these requirements. The five areas of education: Airway, Respiration and Ventilation, Cardiology & Resuscitation, Trauma, Medical and EMS Operations and the total number of CE hours needed have not changed. What does change is the number of required hours needed in each of these five areas of education that cover the entire spectrum of EMS. To address this change, the Office of EMS will now be tracking continuing education based on the date of recertification. Any provider who has recertified their Virginia certification on or after October 1, 2016 will be required to meet the 2016 NCCP requirements

ALS Coordinator Requests: Mark Sikora, ALS Coordinator re-endorsement - works and teaches in Orange County. Motion by Jake Marshall, second by Pat Fitzgerald, motion carried

Sub-Committee Reports:

Protocol-

Protocols were approved by MDC and BOD. More will be discussed later.

ALS Release – Train the Trainer program: Committee met April 17, 2017. Revisions are being worked on by the committee. They meet again May 15, 2017

Unfinished Business:

How is the G & T Committee going to accomplish these:

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

Tim Jeter has been working on this with Wayne. He presented what he has found so far. It is a work in progress and he will have more at the next meeting.

New Business:

From Regional Directors Group meeting

1. 2017 Virginia Public Health & Healthcare Preparedness Academy- will be held May 31 & June 1 at the Fredericksburg Expo Center. This is through the Virginia Hospital & Healthcare Association. More info at www.vhha.mci.org
2. From Mike Berg – OEMS has been tasked with participation in 15 vaccination programs across the commonwealth. Anyone who is involved with the VDH-sponsored program must complete a 4 hour – online training program. Any EMS provider who receives the training needs to be tracked and OEMS is working on determining how and who will be doing this. The councils have been asked to assist with information sharing with EMS agencies about vaccination clinics, training and other new related to vaccinations and the contract modification includes a greater involvement with public health/health departments
3. From Adam Harrell- EMTSTF contracts – special grant initiative for initial classes starting January 1, 2017 through June 30, 2017. Information will be coming about funding contract/payments for CEU programs, It is reported that auxiliary funding will be based on the last years funding that was requested for the councils service area.

From Wayne Perry: Promoting Innovation In EMS (PIE) Project. Item was tabled until more information can be obtained and sent out to the committee

ALS/EMT-Basic Programs Audit:

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 Paramedic Non Trad – Raymond Velasquez – Stafford County Fire & EMS 2/4/17 – 7/15/17 days?
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 EMT- Robert Coggsdale- Caroline F & R- 2/11/17 – 6/30/17 unk days
 EMT – Jessica Icaza- Fauquier F & R – 2/14/17 – 6/03/17 T T Sat
 EMT – Billie Beveridge- Orange RS – 1/23/17 – 5/22/17 – MWSat Maurice Moody will audit

EMT – Mike Biamonte – FBI- 5/1/17 – 5/24/17 - MTWTF
EMT – Kim Madison- Spot VRS- 4/8/17-8/5/17—MWSat
AEMT- Vincent McGregor- Lord Fair CC 1/12/17-5/1/17 Thur, Sat

REMS BOD Action Item: The Mass Gathering Protocol came back to G & T for revisions.
Page 4 – use generic names for all medications- ie. Acetaminophen, ibuprofen, ASA.
Page 7-C –can be left as is - does not need to be transported by 911 unit
Page 8-#5 check with Dr White on wording on following up with PCP/ED
Page 9- Maurice Moody proposed adding over the counter nasal decongestant spray to the Non traumatic Nose Bleed protocol. He will forward to Linda Harris his proposal
Page 15- John will provide a report that is used by Henrico Cty events to this committee and the ITM Committee. The motion to approve all of the changes above was made by Maurice Moody and seconded by Pat Fitzgerald, motion carried. These will move to the MDC

For the Good of the Order:

Adjournment: The next meeting is scheduled for **June 27, 2017**

Rappahannock EMS Council
Guidelines & Training Committee Minutes
June 27, 2017
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 Tim Jeter and Linda Harris. On the phone were Wayne Perry, John Brandrup, Maurice Moody and Mark Garnett. Guests were Ed Bonham, Caroline County FREM

Approval of Minutes: April 25, 2017 Motion by Tim Jeter to approve, second by Maurice Moody, motion carried

Staff Report:

We have an upcoming NR psychomotor Paramedic test sites for August 26 & October 21, 2017. Possible retests of other level depending on station. The 2018 schedule will be determined this week. New Paramedic stations will be, Trauma, Static, Dynamic, Oral A, Oral B and an Out of Hospital Scenario Based Station.

EMT-I & P students are currently working on field internship & clinicals so they can be cleared to test. Fall 2016 completed with 7 passing. All passed psychomotor and 4 have gained their certification.

Spring 2017 EMT class had 13 test Psychomotor skills—all passed on first try but one had to retest one station and that retest was successful. They are working on their Cognitive testing- so far 1 has passed. Fall 2017 class starts 8-19-17

ALS Coordinator Requests: None

Sub-Committee Reports:

Protocol-

Protocols were approved by MDC and BOD. More protocol changes will be going to the BOD in August

ALS Release – Train the Trainer program: The committee has met several times and will meet again this week. Revisions are being worked on by the committee. Target goal is to have the new program ready for training in September 2017. The revised program will be presented to G & T at the August meeting

Unfinished Business:

How is the G & T Committee going to accomplish these: update from Tim Jeter

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

Tim will forward to the committee his update. He is also working on Active Shooter Training. Orange County recently offered a lecture and King George has one scheduled for next month. It will be posted on REMS Facebook page. There was other discussion about Tim consulting both with REMS and local agencies and police departments about MCI Drill. He also reported that Homeland Security has online Active Shooter lectures.

Tim is also researching an EMS Health and Fitness program. It was suggested he contact Vivian Delts at REMS since she is working on the same thing and Orange FREM. They already have a successful program with very good results.

He will forward any information he finds and will report next meeting.

New Business:
From OEMS

1. From Adam Harrell- EMTSTF contracts – special grant initiative for initial classes starting January 1, 2017 through June 30, 2017. Grant Initiative will continue for classes for it is reported that auxiliary funding will be based on the last years funding that was requested for the council's service area.

Wayne Perry presented the new OEMS funding for initial class. The funding will be distributed as a scholarship to EMS student and should be available on the OEMS website about 7/17. There was much discussion over the new 'funding contracts' for CEU classes and Auxiliary Classes. It was decided that a committee of 5 personal should be scoring the criteria for the funding if these contracts for classes. One member of Finance Committee, G & T Committee and one REMS Staff personal, plus one provider from Planning Districts 9 & 16. The information will go out to the Committees and providers looking for members to serve on this scoring/award committee. The suggestions will go to G&T for appointment. The appointment will be for a 2 year period but be re-evaluated after the first round of awards. The motion for the approval of this process was made by Maurice Moody, seconded by Mark Garnett. Motion carried.

From Wayne Perry: Promoting Innovation In EMS (PIE) Project-Wayne made his presentation on this project- such things as Mobile Integrated healthcare Each member was asked to bring ideas for a template for a survey to go out to agencies/providers to identify what is going on in the communities and agencies and what needs there are in our region. This has been tabled until the August Meeting

Stroke Van Scale- This stroke scale if one that is being considered for the revised REMS Stroke Plan. It will identify Large Occlusive Stroke. The Heart and Stroke Committee is working on the new plan

EMS News – opioid overdose crisis. This was for information only.

ALS/EMT-Basic Programs Audit:

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EMT –Jay Hynson- KG F&R- 10/15/16 – 2/18/17 – MWS
EMT Non Trad- Jenni Hartle-Stafford FREM 6/26/17-7/30/17 MTWTF
EMT Non Trad – Jenni Hartle-Stafford FREM 8/29/17 – 1/09/18 T T Sun
EMT – James Allen- CCJA – 7/6/17 – 7/22/17- MTWTF
EMT – James Allen- CCJA – 8/1/17 – 8/17/17- MTWTF
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EMT- Robert Coggsdale- Caroline F & R- 2/11/17 – 6/30/17 unk days
EMT – Jessica Icaza- Fauquier F & R – 6/13/17 – 9/16/17 w- Sat
EMT Non Trad- Pam Bertone- LOW 6/3/17 – 9/16/17- W-Sat-Maurice Moody will observe
EMT – Kim Madison- Spot VRS- 4/8/17-8/5/17—MWSat
AEMT- Vincent McGregor- Lord Fair CC 1/12/17-5/1/17 Thur, Sat

REMS BOD Action Item:

For the Good of the Order: Meeting was adjourned at 2010 hrs.

Adjournment: The next meeting is scheduled for **August 22, 2017**