

.Rappahannock EMS Council
Guidelines & Training Committee Minutes
September 08, 2020
REMS Training & Simulation Center

Call to Order: The meeting was called to order by REMS Board member Maurice Moody at 1904 hrs.

Roll Call and Recognition of Guests: Since this was a virtual meeting the following members were on the phone: Maurice Moody, Linda Harris, REMS staff, Wayne Perry REMS Staff, Pat Fitzgerald, Lenore Halkowich, Kelsey Rideout, David Smith, Richard Hooper, David Garvin and chair John Brandrup

Approval of Minutes: June 09, 2020 Motion was made by Pat Fitzgerald, seconded by Kelsey Rideout to approve the June 9, 2020 minutes as posted. Motion carried.

Staff Report:

ALS Coordinator Requests: none

Sub-Committee Reports:

ALS release Sub-Committee –At the June meeting Joey Straughan with Colonial Beach VRS was given a 3 month extension on his ALS precepting due to extenuating circumstances to include Covid-19 and his job obligations. He completed his precepting the end of July and now has been released. He would like to thank the committee for the extension.

ALS Preceptors- Lennie has conducted and assisted with several ALS Preceptor classes recently. One was at LOW Fire and Rescue with 3 providers in attendance. And the other was with Fredericksburg Rescue. In attendance were 2 Rescue members and 1 Fredericksburg Fire employee. Two in attendance were unsuccessful with passing the protocol test. The two providers were allowed to attend the class but advised that they would need to take a Protocol retest. The two providers have since passed the protocol test and have been added to the Preceptor Spreadsheet.

**There is nothing in the handbook about how long a provider would need to wait to take a retest. The committee had an email discussion on this topic. They felt that a month would be too long. That maybe 2 weeks would be more appropriate. This needs to be approved by the G & T committee.

Motion was made by Lenore Halkowich, seconded by Pat Fitzgerald to add to the Preceptor Handbook: "Any eligible ALS provider wishing to be an ALS preceptor must attend an ALS Preceptor Training Class. As part of this class they must, at the beginning of the class, pass a closed book protocol test. If they are unsuccessful in passing the test they may sit through the rest of the Preceptor training class that day but will need to make arrangements with REMS Council to retake the protocol test in order to be added to the ALS Preceptor List. They must wait a minimum of two weeks to retake the test. If they are unsuccessful a second time then they must wait until the next ALS Preceptor Class is held." The motion carried. This will be sent to the REMS Board for approval

Unfinished Business: none

Old Business

EMS CEU Training in each planning district. Leddyanne Dell has been assigned to PD16, which has been named, by OEMS, as the George Washington Regional. This covers the counties of Caroline, King George, Spotsylvania, and Stafford & City of Fredericksburg. Her email is leddyanne.dell@vdh.virginia.gov. Contact phone number 804-777-6616. She lives and works in Northern Virginia.

PD9, named Rappahannock-Rapidan Region which covers Culpeper, Fauquier, Orange & Rappahannock Counties and Madison County – no one assigned yet.

FICEMS – Stop the Bleed Coalition- There are several people, organizations in our region have received the TTT training and received materials but there is no one coordinating this training. It is proposed that REMS create The Rappahannock Stop the Bleed Coalition. Lenore Halkowich will be the chair with

REMS staff support of Vivian Delts. This will be a clearing house for companies, businesses requesting a Stop the Bleed class/classes. This is still on hold during Covid. No action needed.

FICEMS – Update on Opioid Crisis – June 2018 - The REMS Mobile Integrated Health program under the direction of the Medical Direction Committee is working on topics such as opioid abuse and mental health issues. Since we do not want to duplicate efforts the committee will let the MDC maintain the lead on this issue. Some members of our committee are encouraged attend one or more of their meetings. Meetings are usually held the 3rd Wednesday of the month. Please reach out to Nana Noi, the REMS staff member who is handling these meetings for more information. Her email is nnoi@vaems.org. No action needed.

EMS Agenda for the Future 2050 - Per Wayne this is to be discussed as a regular recurring topic. He wants annual committee goals around a distinct movement towards the future of EMS. Something that we can lay as a foundation now and build upon in the coming years. This was to be reviewed and discussed at the April meeting and compile a memo/list to send to agencies incorporating this information. The component that was selected was selected was Inherently Safe & Effective. One topic was already covered in this meeting in the Mental Health issues among First Responders. There are 2 other topics the committee would like collect data on: they are radio coverage in our region-Are there still areas where the coverage is weak or non-existent, and Pediatric medication errors. The committee would like to see this sent out thru survey monkey. Kelsey volunteered to write 5-10 questions for each topic and send them to Linda Harris and Margot Moser so Margot can post them on survey monkey. This is still a work in progress. Once the survey results are reported to the committee they can move forward to the next component going counter clockwise on the wheel—Adaptable & Innovative. No action needed.

Update on the Cell phone app— They want to be able to link it to our website. Then it will be sent out to agencies and providers one completed. The website is being updated and when complete the link for the app will be made available. No action needed at this time.

Color coded syringes for BLS providers- The Pharmacy Committee liked the product that was presented by Certa-Dose but found them to be too expensive. SRMS found another syringe and it needed to be ordered through Amazon. They cannot place orders through Amazon. The information was forwarded to REMS to order. This needed a Medical Director approval to order and there was an issue getting Dr White approved through Amazon. But it was resolved and the order has arrived. Update from Wayne Perry. The syringes are dose limiting and the protocol for use is going through both the protocol committee and Medical Direction. This will be added to the new protocol TTT roll out. Where they will be stored is still to be answered. No action needed at this time.

Just FYI Information:

For BLS Testing

From OEMS all Consolidated Test Sites have been cancelled through June 2021. They will work with Councils and NREMT too slowly ramp up BLS psychomotor testing once conditions on the ground Permit this to happen. OEMS is working with all course coordinators are given further guidance about how the psychomotor component of their programs will be addressed.

Cognitive Exams – The National Registry is working to ramp up Pearson OnVUE Testing remotely proctored cognitive exams the BLS candidates. For candidates who are unable to access testing at a Pearson Test Center due to lack of available seats, they can begin using Pearson OnVUE May, 12, 2020. Please direct your candidates to learn more about Pearson OnVUE Remote Proctored Exams by visiting: <https://home.pearsonvue.com/nremt/onvue>

- Pearson OnVUE remote proctoring will be temporary, however the National Registry is planning to implement a more permanent remote proctoring solution in 2021.
- Once a candidate sits for and passes the National Registry Cognitive Exam, they will be issued a full National Registry and Virginia certification.

- Advanced EMT Programs

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- Pearson OnVUE remote proctoring will be temporary, however the National Registry is planning to implement a more permanent remote proctoring solution in 2021.
 - Once a candidate sits for and passes the National Registry Cognitive Exam, they will be issued a provisional National Registry and provisional Virginia certification.
 - The candidate will have to complete and pass their National Registry psychomotor exam before full National Registry and Virginia certification will be issued.
 - Provisional certifications can be converted to full certification once the COVID-19 threat is mitigated and the student takes and passes their NREMT required psychomotor exam.
- Psychomotor Exams – The Office will begin working with ALS programs and the National Registry to slowly ramp up ALS psychomotor testing in the Commonwealth once conditions on the ground permit this to happen. The ALS Testing Calendar on the OEMS website can be found at:

<https://www.vdh.virginia.gov/emergency-medical-services/virginia-national-registry-psychomotor-examination-schedule/>

Paramedic Programs

-Cognitive Exams – The National Registry is working to ramp up the availability of Pearson VUE Test Centers around the country in order to increase access to the cognitive exam for Paramedic candidates. Paramedic candidates are required to take their cognitive exam at a Pearson VUE Test Centers—remote proctoring via Pearson OnVUE is not permitted for paramedic candidates.

- Once a candidate sits for and passes the National Registry Cognitive Exam, they will be issued a provisional National Registry and provisional Virginia certification.
- The candidate will have to complete and pass their National Registry psychomotor exam before full National Registry and Virginia certification will be issued.
- Provisional certifications can be converted to full certification once the COVID-19 threat is mitigated and the student takes and passes their NREMT required psychomotor exam.

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All Online Proctored examinations are scheduled through Pearson VUE's OnVUE system, which you can learn about through the following links.

About OnVUE: <https://www.youtube.com/watch?v=h-0E9jGEOOnA> OnVUE Testing Experience: <https://www.youtube.com/watch?v=Gm1PqdbwBP0>

Prior to the launch date, National Registry will post Frequently Asked Questions and other helpful information to NREMT.org

New Business:

2020 EMS Trend Report- This report was sent out to committee members per the request of Wayne Perry. It evaluates the status of EMS for 2020. It also talked about a communications device, Pulsara which can communicate between EMS and Ed. Wayne wanted future input on this paper and if there is anything this committee would like to do with the information

Whole Blood Program for EMS- Wayne Perry

Subject: Northern Virginia EMS and Inova Blood Donor Services Announce Whole Blood Program for EMS

Importance: High

Watch on YouTube: <https://youtu.be/WXEUZpO6zrs>

Beginning in September, the Arlington County Fire Department (ACFD) and Loudoun County Combined Fire and Rescue System will carry whole blood as part of a regional EMS initiative to bring lifesaving treatment for patients with major life-threatening bleeding prior to arriving at the hospital. Major life-threatening bleeding, such as from trauma or other medical ailments, is traditionally treated by rushing patients to the hospital to receive a blood transfusion; this transport of patients to the hospital in some instances can delay specific treatment for the blood loss for upwards of 30-45 minutes with the potential of significant worsening or even death.

Recent research has shown that not only is whole blood more beneficial for the patient than blood that has been split into components, but also early administration is better for critical patients who emergently need blood; it is clear that initiation prior to arrival at a hospital can improve survival. ACFD estimates that approximately 20-30 people per year in Arlington County will benefit from this treatment. Developed by a regional coalition of EMS experts from Arlington County Fire Department, Loudoun County Fire Department, Fairfax County Fire and Rescue, and the Northern Virginia EMS Council, and partnering with Inova Blood Donor Services, the field whole blood program will allow paramedics to administer this life-saving treatment within the first few minutes of arrival at the patients' side. Although not the first EMS agencies in the United States to make whole-blood available to ground EMS units, the Northern Virginia region will be the second EMS regional coalition to develop this program nationally, and the first on the East Coast. The field whole blood program represents cutting edge EMS treatment and utilizes the most recent medical research and lessons learned from the military. With more than 2.5 million people in the Northern Virginia region, this is one of —if not the largest field administered whole blood program in the nation.

With the logistics, training, and operations of implementing a new program now established, ACFD and Loudoun County Fire and Rescue will be the first two agencies in the Northern Virginia EMS council to implement this program. However, any jurisdiction that is a member of the Northern Virginia EMS Council is able to tap into this program for their EMS agency.

Make an Appointment with Inova Blood Donor Services to Donate Blood Today

<https://www.inovablood.org/donate-blood/make-an-appointment/>

After some discussion there will be a workgroup to evaluate if this will be an option for our area. Lenore stated King George would like to be a part of a trial program. Members of the workgroup will be Lenore Halkowich, Kelsey Rideout, David Garvin and Richard Hooper. She estimates there will be 2-5 trauma cases a month. Possibly EMS supervisors would be in control of the kits. Some data collection will be # of trauma cases in the county; # personal to administer blood products (state scope is paramedic can administer and Intermediate can maintain); where to store products; who will monitor; etc.

The following came from OEMS: FYI Information

Virtual Initial Certification Programs Offering Continuing Education The ACE Division has temporarily loosened the requirements on the awarding of continuing education (CE) offered when conducting an initial certification program in a virtual, remote or distance learning environment. Education Coordinators conducting initial certification programs in a virtual, remote or distance learning environment are permitted to award CE hours to existing EMS providers who attend your virtual initial certification courses until June 30, 2021 or as long as COVID-19 is prevalent. Please make sure that you maintain detailed documentation when awarding CE for certified providers in the virtual environment. If you are awarding CE for virtual initial certification courses, you are not required to seek out a VILT Course Approval, your existing course approval will suffice.

Consolidated Test Sites and BLS Psychomotor Testing The Office of EMS Management Team has determined that we cannot safely conduct BLS Psychomotor Testing at a CTS until there is widespread adoption of a vaccine for COVID-19. Therefore, BLS Psychomotor Testing at a CTS has been suspended until at least June 30, 2021. Initial BLS and Advanced EMT programs will continue to make use of forms TR-997, TR-998 and TR-999 to verify student competency in-house as attested by the Education Coordinator and the Physician Course Director. We have developed an One-Stop Shop repository of COVID-19 related documents, forms and guidance on the OEMS website at: <https://www.vdh.virginia.gov/emergency-medical-services/covid-19-documents-and-downloads/> TPAM Policy T-1445 – Course Scheduling As a reminder, in the May 2020 update to the Training Program Administration Manual, we made it possible for Cardiopulmonary Resuscitation (CPR) to be a pre or co-requisite for initial certification programs. If CPR is offered as a co-requisite, the student must obtain a valid CPR card by the end date of the course as announced to the Office. Failure to obtain CPR by the end date of the course or marking a student as “Pass” for the course without a valid CPR card is not permitted and will be considered a violation of this policy

Field and Clinical Requirements for EMT and Advanced EMT Programs (T-1445) State and regional Medical Directors have reiterated, as late as August 12, 2020, the importance of students in initial certification programs successfully completing and meeting all field and clinical requirements as specified for all certification programs. Educators and Program Directors conducting initial certification programs

during COVID-19 are expected to seek out all possibilities to ensure students are able to meet all field and clinical requirements until at least June 30, 2021. If an educator or Program Director has exhausted all possibilities for field and clinical sites for their students and they are unable to secure sites due to COVID-19 limitations or restrictions, then the educator or Program Director shall: 1. Secure an attestation statement from each site indicating that they will not allow access to their facility for your students due to COVID-19 limitations or restrictions. 4 a. The attestation statement must include signatures (physical or electronic) from the educator, the field or clinical site representative and the program Medical Director. b. A sample attestation statement is attached. 2. Once attestation statements have been received for all sites, the educator or Program Director can then allow field and/or clinical competencies to be conducted with the students using programmed patients and/or advanced simulation scenarios until you are comfortable that the student is satisfactorily competent. a. Field and/or clinical competency stations should limit the number of people in contact with one another in compliance with social distancing guidelines. b. Screening of all students and staff is required before ANY in-person meetings with them using form TR-900 – Student Screening Log. Maintain the screening log along with TR-06 – Course Roster. c. Maintain social distancing requirements of six (6) feet of separation to the best of your ability. d. ANY face-to-face field and/or clinical competency stations sessions that require being less than six (6) feet apart shall use adequate PPE to ensure all involved are protected to the highest degree possible. 3. Attestation statements are required to be maintained by the educator with their course files.

Continuing Education (CE) Scanners Over the next several years, the Office will be phasing in QR Codes on provider certification cards and other documents—replacing the 1D barcodes that have been in use for well over a decade. QR codes provide OEMS with the opportunity to program more data into the code than we can with a 1D barcode. In order to assist with the adoption of QR codes across the Commonwealth, the ACE Division has secured enough WASP scanners to supply each educator with a device. In order to receive your device, you will be required to: • sign an Equipment Loan Agreement with the Office, • agree to maintain the equipment with minimal wear and tear, • replace said device if lost, stolen or damaged, and • return the device to OEMS upon forfeiture, revocation, or surrender of your EC certification. We will be in touch with each of you when we are ready to begin the distribution process for the scanners—so hold tight.

ALS/EMT-Basic Programs Audit:

EMRx2 – Rebecca Raines Stafford HS- 8/17/20-6/30/21- M-F
 EMT x2- Rebecca Raines Stafford HS- 8/17/20-6/30/21- M-F
 EMRx3-Lisa Davis- Colonial Forge High-8/24/20-4/9/21- M-F
 EMTx3-Lisa Davis- Colonial Forge High- 8/24/20-4/9/21-M-F
 EMT – Jessica Icaza- Fauquier F & R – 08/29/20 – 12/05/20 T-T-Sat
 EMT- James Allen – CCJA – 10/01/20 – 10/17/20 – SMTWTFS
 EMT- James Allen – CCJA – 12/01/20 – 12/17/20 – SMTWTFS
 EMT - Jenni Hartle- Stafford FREM 08/23/20-10/20/20 MTWTFSat
 EMT-Jenni Hartle- Stafford FREM-8/25/20-12/22/20- TTSat
 EMT- Daniel Douglass- FRS- 9/02/20-1/30/21 UNK days- John Brandrup will monitor
 Paramedic- Hillary Dussia- Shannon Training- 8/05/20-12/04/20 MTWTF
 EMT-LeddyAnne Dell- Culpeper Rescue- 7/20/20-10/24/20-Tues,Sat
 EMT- Alecia Hamm- Salem F & R- 8/31/20-01/09/21- Mon, Sat
 AEMT-Mary Hart- Warrenton Armory-10/13/20-11/20/20 MTWTF
 EMT- Kim Madison- Shannon Training- 8/17/20-12/16/20 MWS

New Protocol Rollout – There will be a number of TTT classes coming up over the next few months. Announcement will be coming out about registering for TTT meetings. Tentatively 9/19 at 9a & 1p; 9/29 7p; 10/1 8a & 1p; and make up dates as needed. Limited to 20 participants and using a virtual format. Participants need to be approved by either agency chief or training officer. They will then train providers in their agencies. The drop date for all to be trained is 01/01/2021. More info to come.

REMS BOD Action Item: Change to the Preceptor Handbook

For the Good of the Order: There being no further business the meeting was adjourned at 1955 hrs. The next meeting is scheduled for December 08, 2020