

Rappahannock EMS Council
Guidelines & Training Committee Minutes
August 27, 2019
REMS Training & Simulation Center

Call to Order: Meeting was called to order by the Chair, John Brandrup at 1902 hrs.

Roll Call and Recognition of Guests: Members Present were John Brandrup, Chair; Linda Harris, REMS Staff and Wayne Perry, REMS staff. On the phone were Lenore Halkowich, Pat Fitzgerald and Maurice Moody. Excused was David Smith.

Approval of Minutes: June 25, 2019. The minutes we emailed to committee members. There being no further changes the minutes stand as posted.

Staff Report:

We have an upcoming NR Psychomotor Paramedic test sites for 2019 October 26 & December 7. ABLs class- August 8, 2019—went well. There were 24 providers that attended

ALS Coordinator Requests: James Hurlock – re-endorsement. He is affiliated with both Culpeper Office of EMS and Richardsville Vol F & R, He teaches CEU classes in Culpeper region. Motion to approve by Lenore Halkowich and seconded by John Brandrup. Motion carried

Sub-Committee Reports: none

ALS Release- none

Unfinished Business: none

Old Business

1. EMSTF – OEMS stopped this program. They have decided to hire Education Coordinators to conduct 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. There is no contact information listed for her on the OEMS website yet. 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.
2. From Wayne:

FICEMS – Evidence Based Practice & Quality Committee Update June 2018- this is a RACI Matrix in brief for FICEMS. Using evidence based guidelines to improve patient care & quality. Use evidence based guidelines to implement these issues around Opioid misuse & abuse, pediatric emergency care, stop the bleed- i.e. every individual in our service area should have stop the bleed training. How do you want us to craft the coordination of this training? ODEMSA has developed a coalition of all individuals providing this training. When a request comes in for the training it is routed through the coalition to figure out who is available to teach. They have also implemented a train the trainer program for schools & businesses. Their trainers will go into teach a few individuals the train the trainer and then they in turn will teach a few others. Then moving on to make sure all individuals have the training. All agreed that the coalition is a good idea. Lenore Halkowich reports that her county, King George this week has received 4 phone calls from businesses asking for the Stop the Bleed Training. 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 will be the chair with REMS staff support of Vivian Delts. John Brandrup will get more information from ODEMSA when he meets with them on another matter on Friday 8/30. This will be a clearing house for companies, businesses requesting a Stop the Bleed class/classes.

FICEMS – Update on Opioid Crisis – June 2018 - Continuing to be an issue region wide and state wide. Our Protocol Committee under the Medical Direction Committee is in the process of updating the Scope to following the State. The incidences are continuing to rise – unsure if it is that prevalence of Narcan is making people more risky or it is just rising use of opioids.—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 could attend one or more of their meetings. Meeting are held the 3rd Wednesday of the month. The next meeting is Wednesday September 18, 2019 at 2pm. It will be held at the Fredericksburg Police Dept on Cowan Blvd.

FICEMS – Safety, Education and Workforce Committee - NIOSH & NHTSA is working on a project tracking nonfatal emergency department treated injuries among EMS workers. There is a policy in place for fire fighters but not EMS providers. Another part is medical errors and threats to patient safety which can include fatigue risk management, safe transportation of children. EMSC at state level has purchased \$65,000 worth of pediatric restraint equipment and the current and next RASF grant cycle will be a priority for pediatric restraint. A survey was sent out to providers on mental health from OEMS. They are pushing mental health awareness and supporting services such as CISM and Peer Groups, and Stress First Aid classes. King George is interested in a Stress First Aid Class. Wayne will schedule that class. Information on responder safety website indicates that vehicles strikes are up for all first responders to include fire, rescue, law enforcement, VDOT etc. How can we get out information to providers to promote mental health issues and safety? There have been posting on our FB page but we need more--Could schedule Stress First Aid classes at the REMS Council. We can forward State monthly awareness training information on safety. Vivian can push this information out on our website, FB, fax. And training officers.

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 area where the coverage is weak or non-existent, and Pediatric medication errors. The committee would like to see this sent out thru survey monkey. It may take a while to collect data. A report will be given at the October meeting. In December the committee will move to the next component going counter clockwise on the wheel which is Adaptable & Innovative.

Update from John Brandrup: Cell phone app—John will be meeting with staff at ODEMSA concerning the cell phone app and how we can develop one for our region. He will report to the committee his findings.

Update on VAVRS membership—this was voted on last meeting and Linda needs to contact VAVRS. They have been a little busy with their convention.

Glucagon for BLS providers to administer—a survey was sent out to agencies with the goal of getting 1 response per agency. But some agencies sent it out to all of their providers so the responses were slightly irregular. So it was sent out again asking for only one response but was still off. So Marc Crnarich was asked to pull some data and those documents are presented tonight. The big question from the pharmacy committee is where to store this. Will it be placed into Stat kit? It may increase the size of the stat kit and will that create issues where it is stored in the ambulance for certain agencies. The Medication is too expensive to be in both the Stat Kit and Med box. There is also an issue of carrying EPI in the Certa dose box in the stat kit. The committee felt that Epi should take priority over glucagon in the Stat kit due to the space limitations in the Stat kit. Wayne will give this information to the Pharmacy and Protocol Committees.

New Business:

Information came into the REMS office from SRMC that after they issue a med box to rescue squad that squad may transport the next patient to another facility and the box is then altered. The issue is the one facility may have a shortage of a med and the other facility may not. When the facility with the shortage finds one of the meds that they are not stocking in a returned med box they will remove it. We are trying to track down the source of this so please report it if you find a med missing after an exchange.

The G& T Committee Charter will be revised and brought to the next meeting for a vote. In the new charter there will be listed a quorum of voting members present in order to conduct any business. There are 13 voting members currently on the committee. John Brandrup as the chair was sent a list of committee members and their attendance percentages. He will like to see more participation. Committee member need make an effort to attend and notify REMS if they will not be attending the meetings.

ALS/EMT-Basic Programs Audit:

EMRx2 – Rebecca Raines Stafford HS- 8/19/19-4/10/20- M-F
 EMT x2- Rebecca Raines Stafford HS- 8/19/19-4/10/20- M-F
 EMRx3- Lisa Davis- Colonial Forge High- 8/22/19-4/8/20 M_F
 EMT x3- Lisa Davis- Colonial Forge High-8/22/19-4/8/20 M-F
 EMT- Kim Madison- Shannon Training 8/3/19-11/27/19 M-W-Sat
 EMT – Jessica Icaza- Fauquier F & R – 9/07/19 – 12/07/19 T-T-Sat
 EMT-Alecia Hamm- Salem V F & R 9/3/19-1/18/20 Mon- Sat
 EMT- James Allen – CCJA – 10/01/19 – 10/17/19 – SMTWTFS
 EMT- James Allen – CCJA – 12/01/19 – 12/17/19 – SMTWTFS
 EMT - Jenni Hartle- Stafford FREM 8/27/19-12/21/19 TTS
 EMT- Christopher Ross- Amissville V F & R 8/15/19-1/02/20 TTS
 Paramedic- Hillary Dussia- Shannon Training- 8/12/19-12/02/19-MTWTF
 Paramedic Advanced Standing- Hillary Dussia- Stafford Potomac Hills
 3/25/19 – 9/5/19 Sunday

REMS BOD Action Item:

For the Good of the Order: There being no further business the meeting was adjourned at 2003 hrs. The next meeting is scheduled for October 22, 2019

Rappahannock EMS Council
Guidelines & Training Committee Minutes
October 22, 2019
REMS Training & Simulation Center

Call to Order: Meeting was called to order by the Chair, John Brandrup at 1905 hrs.

Roll Call and Recognition of Guests: Members present were John Brandrup, Chair; Linda Harris, REMS Staff; Kelsey Rideout and David Smith. Members on the phone were Pat Fitzgerald; Wayne Perry, REMS staff, Lenore Halkowich; Maurice Moody, Victor Podbielski and Mark Garnett

Approval of Minutes: August 27, 2019. The minutes were sent to the committee members. There being no further changes the minutes stand as posted.

Staff Report:

We have an upcoming NR Psychomotor Paramedic test sites for 2019 October 26 & December 7.

There was some discussion if we should schedule NREMT test sites for 2020. It was decided to proceed with the 2020 schedule at this time.

ALS Coordinator Requests: none to report

Sub-Committee Reports:

ALS release Sub-Committee – Committee met on 9/27/19 and suggested several changes to the current ALS Release Program. These changes are:

Page 7- 4th paragraph. 'The majority of contacts should be ALS.'

Page 8 –'We will accept contacts that are obtained as part of the ALS Program if they are obtained within 24 months of the start of the REMS ALS Release Program.'

Page 23- following Beginning date of program. "Is this your first attempt with the ALS Release Process ____ Yes
____ No"

There is also a new option of an Out of Region workbook. This will be for the 10 calls that are the minimum need for a provider that qualifies for out of region release to be able to take the open book protocol test.

These were emailed to the committee for vote and sent to the REMS BOD for approval. They were approved by the REMS BOD and will be sent out to all REMS ALS Preceptors this week.

Unfinished Business: none

Old Business

1. 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.

2. From Wayne:

FICEMS – Evidence Based Practice & Quality Committee Update June 2018- this is a RACI Matrix in brief for FICEMS. Using evidence based guidelines to improve patient care & quality. Use evidence based guidelines to implement these issues around Opioid misuse & abuse, pediatric emergency care, stop the bleed- i.e. every individual in our service area should have stop the bleed training. How do you want us to craft the coordination of this training? ODEMSA has developed a coalition of all individuals providing this training. When a request comes in for the training it is routed through the coalition to figure out who is available to teach. They have also implemented a train the trainer program for schools & businesses. Their trainers will go into teach a few individuals the train the trainer and then they in turn will teach a few others. Then moving on to make sure all individuals have the training. All agreed that the coalition is a good idea. Lenore Halkowich reports that her county, King George this week has received 4 phone calls from businesses asking for the Stop the Bleed Training. 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 will be the chair with REMS staff support of Vivian Delts. John Brandrup will get more information from ODEMSA when he meets with them on another matter on Friday 8/30. This will be a clearing house for companies, businesses requesting a Stop the Bleed class/classes. This is still a work in progress.

FICEMS – Update on Opioid Crisis – June 2018 - Continuing to be an issue region wide and state wide. Our Protocol Committee under the Medical Direction Committee is in the process of updating the Scope to following the State. The incidences are continuing to rise – unsure if it is that prevalence of Narcan is making people more risky or it is just rising use of opioids.—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 could attend one or more of their meetings. Meeting are held the 3rd Wednesday of the month. The meetings are held at the Fredericksburg Police Dept. on Cowan Blvd.

FICEMS – Safety, Education and Workforce Committee - NIOSH & NHTSA is working on a project tracking nonfatal emergency department treated injuries among EMS workers. There is a policy in place for fire fighters but not EMS providers. Another part is medical errors and threats to patient safety which can include fatigue risk management, safe transportation of children. EMSC at state level has purchased \$65,000 worth of pediatric restraint equipment and the current and next RASF grant cycle will be a priority for pediatric restraint. A survey was sent out to providers on mental health from OEMS. They are pushing mental health awareness and supporting services such as CISM and Peer Groups, and Stress First Aid classes. King George is interested in a Stress First Aid Class. Wayne will schedule that class. Information on responder safety website indicates that vehicles strikes are up for all first responders to include fire, rescue, law enforcement, VDOT etc. How can we get out information to providers to promote mental health issues and safety? There have been posting on our FB page but we need more--Could schedule Stress First Aid classes at the REMS Council. We can forward State monthly awareness training information on safety. Vivian can push this information out on our website, Social Media, fax and training officers.

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. It may take a while to collect data. A report will be given at the October meeting. In December the committee will move to the next component going counter clockwise on the wheel which is Adaptable & Innovative. We need for a member to write the survey monkey poll and get it to Margot to post. Kelsey will write 5-10 questions for each topic and will send them to Linda Harris and Margot Moser so they can be posted. A report will be provided at the December meeting.

Update from John Brandrup: Cell phone app—John will be meeting with staff at ODEMSA concerning the cell phone app and how we can develop one for our region. He will report to the committee his findings. John met with the people at the ODEMSA office and installed the app on his phone. He can link it to our website once some of the issues are worked out and the REMS Website is updated.

Update on VAVRS membership—this was voted on last meeting and Linda needs to contact VAVRS. After some discussion the motion was made by Kelsey Rideout and seconded by Pat Fitzgerald to put this on hold for the time being.

Glucagon for BLS providers to administer—a survey was sent out to agencies with the goal of getting 1 response per agency. But some agencies sent it out to all of their providers so the responses were slightly irregular. So it was sent out again asking for only one response but was still off. So Marc Crnarich was asked to pull some data and those documents are presented tonight. The big question from the pharmacy committee is where to store this. Will it be placed into Stat kit? It may increase the size of the stat kit and will that create issues where it is stored in the ambulance for certain agencies. The Medication is too expensive to be in both the Stat Kit and Med box. There is also an issue of carrying EPI in the Certa dose box in the stat kit.

The committee felt that Epi should take priority over glucagon in the Stat kit due to the space limitations in the Stat kit. Wayne will give this information to the Pharmacy and Protocol Committees. – Update FROM Wayne. The pharmacy committee met and had some discussion on the price point for the EPI convenience kit. And there are storage issues and having the kit fit in the Stat Kit on units. There are also issues if the rescue squads do not carry Stat Kits then there would not be able to carry the Epi convenience kits. A pharmacy had identified a dose limiting syringe that is less expensive. They are ordering in a case to be approved. There is also an issue of how the epi is provided. If it is in ampule form there will need to be an education component for EMT. There was a question if glucagon was a closed issue but it may be

added later. There was also some discussion on how many Stat Kits are in the field with agencies. Linda will email the each county training officer to try to get an accurate count.

The G& T Committee Charter will be revised and brought to the next meeting for a vote. In the new charter there will be listed a quorum of voting members present in order to conduct any business. There are 13 voting members currently on the committee. John Brandrup as the chair was sent a list of committee members and their attendance percentages. He will like to see more participation. Committee member need make an effort to attend and notify REMS if they will not be attending the meetings.

John Brandrup created the new charter and it was sent to committee members prior to the meeting. There were a few revisions made during the meeting. There was also some discussion on changing the meeting dates. The new meeting dates will be quarterly meetings held on the second Tuesday of the third month of each quarter (March, June, Sept. and December). This will start with the December 2019 meeting. The revised charter will need to go to the REMS BOD for approval in December.

If approved the meeting for the next year will be 12/10/19, 3/10/20, 6/9/20, 9/8/20 & 12/8/20.

After some discussion the quorum for voting at meetings will be a minimum of 3 voting members.

Motion was made by Pat Fitzgerald, seconded by Bud Moody to accept the revised charter. Motion carried. This will now go to the REMS BOD for approval. At the request of the Chair. Linda will email a few members that have not been attending meeting to see if there are still interested in serving on this committee.

New Business: Kelsey reported that the Protocol Committee is working on revising the current REMS Protocols. And she reported that the Fredericksburg Fire Dept. along with the Fredericksburg Police Dept. and holding a MCI drill on Sunday November 3. There will be 17 agencies and approximately 400 people working the event.

ALS/EMT-Basic Programs Audit:

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 Paramedic- Hillary Dussia- Shannon Training- 8/12/19-12/02/19-MTWTF

REMS BOD Action Item: Approval of the revised Guidelines & Training Committee Charter.

For the Good of the Order: There being no further business the meeting was adjourned at 1959 hrs.
 The next meeting is scheduled for Tuesday, December 10, 2019 at 1900 hrs.

Rappahannock EMS Council
Guidelines & Training Committee Minutes
December 10, 2019
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 John Brandrup, Chair, Linda Harris, REMS Staff, Wayne Perry, REMS Staff, Kelsey Rideout and David Smith. On the phone were Pat Fitzgerald, Tim Jeter, Lenore Halkowich, Maurice Moody and guest Ed Bonham from Caroline County F & EMS, Excused were Mark Garnett and Victor Podbielski

Approval of Minutes: October 22, 2019. The minutes were emailed to the committee. There being no changes the minutes stand as written.

Staff Report:

Upcoming NR Psychomotor Paramedic test sites for 2020 – none scheduled at this time. Probably won't be until Spring 2020.

ALS Coordinator Requests: none

Sub-Committee Reports:

ALS release Sub-Committee – The changes to the ALS Precepting Program that were voted on last meeting and moved forward to the BOD meeting and were approved. The information was sent out to all Preceptors following the approval. We are working on another meeting date to add AEMT preceptors to the list to precept only AEMT's and create that training. And to revise the protocol test for this level. The meeting should take place in January 2020 then the changes will need to be approved by this committee before going to the REMS Board for approval. This committee does not meet again until March. A motion was made by Pat Fitzgerald and seconded by Maurice Moody that when the changes are made it can go directly to the REMS Board agenda for the February 19 meeting. Motion was approved.

Unfinished Business: none

Old Business

1. 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.

It was announced at Symposium that Bob Page is now working for VAOEMS and will be conducting free classes. I was in touch with Leddy Anne at symposium about holding a class or two here in Fredericksburg. This is still pending. She has visited several agencies in our region.

No action at this time.

2. From Wayne:

FICEMS – Evidence Based Practice & Quality Committee Update June 2018- this is a RACI Matrix in brief for FICEMS. Using evidence based guidelines to improve patient care & quality. Use evidence based guidelines to implement these issues around Opioid misuse & abuse, pediatric emergency care, stop the bleed- i.e. every individual in our service area should have stop the bleed training. How do you want us to craft the coordination of this training? ODEMSA has developed a coalition of all individuals providing this training. When a request comes in for the training it is routed though the coalition to figure out who is available to teach. They have also implemented a train the trainer program for schools & businesses. Their trainers will go into teach a few individuals the train the trainer and then they in turn will teach a few others. Then moving on to make sure all individuals have the

training. All agreed that the coalition is a good idea. 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. No report on the progress at this time. No action at this time

FICEMS – Update on Opioid Crisis – June 2018 - Continuing to be an issue region wide and state wide. Our Protocol Committee under the Medical Direction Committee is in the process of updating the Scope to following the State. The incidences are continuing to rise – unsure if it is that prevalence of Narcan is making people more risky or it is just rising use of opioids.—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 could attend one or more of their meetings. Meeting are held the 3rd Wednesday of the month. The meetings are usually held at the Fredericksburg Police Dept on Cowan Blvd. The January meeting will be held in Stafford. Please check with Nana Noi, the REMS staff member who is handling these meetings for more information. Her email is nnoi@vaems.org. Wayne reported that the State MIH committee met recently and their version will become guidance for agencies to add this to the services. They will be drafting recommendations starting with BLS moving on to ALS and Critical care all keeping within the state scope. No action at this time

FICEMS – Safety, Education and Workforce Committee - NIOSH & NHTSA is working on a project tracking nonfatal emergency department treated injuries among EMS workers. There is a policy in place for fire fighters but not EMS providers. Another part is medical errors and threats to patient safety which can include fatigue risk management, safe transportation of children. EMSC at state level has purchased \$65,000 worth of pediatric restraint equipment and the current and next RASF grant cycle will be a priority for pediatric restraint. A survey was sent out to providers on mental health from OEMS. They are pushing mental health awareness and supporting services such as CISM and Peer Groups, and Stress First Aid classes. Information on responder safety website indicates that vehicles strikes are up for all first responders to include fire, rescue, law enforcement, VDOT etc. How can we get out information to providers to promote mental health issues and safety? There have been posting on our FB page but we need more--Could schedule Stress First Aid classes at the REMS Council. We can forward State monthly awareness training information on safety. Vivian has been putting this information on our website, FB, and if needed fax. No action at this time

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. 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. Several questions were sent to the REMS office. After checking with Margot Moser suggestions were made to change the questions so they will be more effective on Survey Monkey. Kelsey will make the changes and forward them to the REMS Council. After some discussion Kelsey will rewrite the questions for cell phone and radio coverage noting which county, area they live. And additional questions about pediatric medication errors. They will be sent to the committee for review.

Update from John Brandrup: Cell phone app—John met with staff at ODEMSA concerning the cell phone app and how we can develop one for our region. During the meeting he installed the app on his phone. He wants to be able to link it to our website once it is updated. Then it will be sent out to agencies and providers. This is still a work in progress. No action at this time.

Glucagon for BLS providers to administer—a survey was sent out to agencies with the goal of getting 1 response per agency. But some agencies sent it out to all of their providers so the responses were slightly irregular. So it was sent out again asking for only one response but was still off. So Marc Crnarich was asked to pull some data and those documents are presented tonight. The big question from the pharmacy committee is where to store this. Will it be placed into Stat kit? It may increase the size of the stat kit and will that create issues where it is stored in the ambulance for certain agencies. The Medication is too expensive to be in both the Stat Kit and Med box. There is also an issue of carrying EPI in the Certa dose box in the stat kit. The committee felt that Epi should take priority over glucagon in the Stat kit due to the space limitations in the Stat kit. Wayne will give this information to the Pharmacy and Protocol Committees. – Update FROM Wayne. The Pharmacy Committee is still waiting on sample meds from SRMC.

I was asked to reach out to agency training officers to find out the number of stat kits they have on their vehicles. They are: Fred Rescue-5; Stafford FREM-24; Culpeper Rescue-5; Orange -0; Caroline FREM-11; Fred FD-3; King George-11; Spotsy Frem-58; LOW-5; Richardsville-3; Salem-2; Reva-3; Colonial Beach 4 and Rappahannock Cty-0. Pat Fitzgerald reported that Oak Grove FD and Colonial Beach FD also carries Stat kits. She will get the information to me. They are: Oak Grove FD – 1; Colonial Beach FD-3; Westmoreland Cty- 3. No action at this time.

The G& T Committee Charter will be sent to the REMS BOD for approval at the December meeting. If there any changes John will send it out as a Committee Email poll.

John asked that I reach out to the committee members that do not attend meetings on a regular basis. I checked with Vivian Delts who keeps a record of attendance for all committee meetings. There were 4 that were identified as attending 0 to 1 meetings this year. They were all sent an email on 10/30 asking if they are still interested in being a part of this committee. I received one response to remove which was forwarded to the chair. John Brandrup asked Linda Harris to follow up with the other committee members for a response. If none by January 15 he will move forward

New Business:

Virginia Trauma Triage reports- Q1 & Q2. These were emailed to committee members. This information will be going to the Medical Direction Committee and Protocol sub-committee for consideration in the protocol update. Wayne would like some feedback, suggestions from this committee on the data. The G & T committee would like for the PI Committee to replicate a report on Trauma and the appropriate transport and triage for the REMS region. Kelsey asked to be added to the REMS PI Committee and Tim Jeter has been asked to be notified when the committee meets next so he can have some input to this report. This will be sent to Margot Moser, the REMS staff member on this committee so she can forward it to the chair.

New fingerprint based background checks. The new process was announced by OEMS on December 2 and will take effect January 1, 2020. No more fingerprint cards will be utilized. It will not be an electronic format. All of the information is on the VAOEMS website. No action at this time

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 EMT - Jenni Hartle- Stafford FREM 8/27/19-12/21/19 TTS
 EMT - Jenni Hartle- Stafford FREM 01/14/20-05/19/20 TTS
 EMT - Jenni Hartle- Stafford FREM 07/06/20-08/08/20 MTWTF
 EMT- Christopher Ross- Amissville V F & R 8/15/19-1/02/20 TTS

EMT- Cherree Hogan- Richardsville F & R- 1/5/20-4/12/20 Sunday
EMT Carolyn McGee- KG F & R Co1 02/08/20 – 06/06/20 TT Sat
EMT Billie Beveridge- Orange Cty F & R 01/7/20-5/27/20 M Sat
EMT Les Greeley- CB VFD- 01/20/20 – 5/9/20 MWSat

REMS BOD Action Item:

For the Good of the Order: There being no further business the meeting was adjourned at 1950hrs
The next meeting is scheduled for March 10, 2020 at 1900hrs

Rappahannock EMS Council
Guidelines & Training Committee Minutes
March 10, 2020
REMS Training & Simulation Center

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

Roll Call and Recognition of Guests: Members present were John Brandrup, chair; Kelsey Rideout; Wayne Perry, REMS Staff and Linda Harris, REMS Staff. On the phone were Pat Fitzgerald, Maurice 'Bud' Moody and Lennie Halkowich. Guests present were Richard Hooper. Excused were Tim Jeter and Mark Garnett.

Approval of Minutes: December 10, 2019 Motion was made by Bud Moody and second by Pat Fitzgerald to approve the December minutes. Motion was approved.

Staff Report:

ALS Coordinator Requests: none

Consolidated Test sites update – REMS office was notified today that Stafford County Schools have cancelled all activities in the school at least thru the end of April. We have several test sites scheduled at a high school and we will need to reorganize those sites including the one for the High School EMT classes. We may need to host several here at REMS in May.

Sub-Committee Reports:

ALS release Sub-Committee – The changes to the ALS Precepting Program adding AEMT preceptors to the precepting book were approved by the REMS Board last month. That will be sent out to all ALS Preceptors very soon. The revised protocol test for this level is still a work in progress.

Unfinished Business: none

Old Business

1. 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. No action at this time

2. From Wayne:

FICEMS – Evidence Based Practice & Quality Committee Update June 2018- this is a RACI Matrix in brief for FICEMS. Using evidence based guidelines to improve patient care & quality. Use evidence based guidelines to implement these issues around Opioid misuse & abuse, pediatric emergency care, stop the bleed- i.e. every individual in our service area should have stop the bleed training. How do you want us to craft the coordination of this training? ODEMSA has developed a coalition of all individuals providing this training. When a request comes in for the training it is routed through the coalition to figure out who is available to teach. They have also implemented a train the trainer program for schools & businesses. Their trainers will go into teach a few individuals the train the trainer and then they in turn will teach a few others. Then moving on to make sure all individuals have the training. All agreed that the coalition is a good idea. 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 a work in progress. No action at this time

FICEMS – Update on Opioid Crisis – June 2018 - Continuing to be an issue region wide and state wide. Our Protocol Committee under the Medical Direction Committee is in the process of updating the Scope to following the State. The incidences are continuing to rise – unsure if it is that prevalence of Narcan is making people more risky or it is just rising use of opioids.—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 could attend one or more of their meetings. Meeting are held the 3rd Wednesday of the month. The meetings are usually held at the Fredericksburg Police Dept. on Cowan Blvd. Please check with Nana Noi, the REMS staff member who is handling these meetings for more information. Her email is nnoi@vaems.org. The next meeting is 3/18 at Lifecare. We are looking for agencies to attend this meeting for information. There was some discussion on Narcan use in the field. State is reporting use is down. No action at this time.

FICEMS – Safety, Education and Workforce Committee - NIOSH & NHTSA is working on a project tracking nonfatal emergency department treated injuries among EMS workers. There is a policy in place for fire fighters but not EMS providers. Another part is medical errors and threats to patient safety which can include fatigue risk management, safe transportation of children. EMSC at state level has purchased \$65,000 worth of pediatric restraint equipment and the current and next RASF grant cycle will be a priority for pediatric restraint. A survey was sent out to providers on mental health from OEMS. They are pushing mental health awareness and supporting services such as CISM and Peer Groups, and Stress First Aid classes. Information on responder safety website indicates that vehicles strikes are up for all first responders to include fire, rescue, law enforcement, VDOT etc. How can we get out information to providers to promote mental health issues and safety? There have been posting on our FB page but we need more--Could schedule Stress First Aid classes at the REMS Council. We can forward State monthly awareness training information on safety. Vivian has been putting this information on our website, FB, and if needed fax. No action at this time.

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. 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. The Adaptable & Innovative needs to be discussed at the next meeting. This survey has been posted and results will be reported at the next meeting. No action at this time

Update from John Brandrup: Cell phone app—John met with staff at ODEMSA concerning the cell phone app and how we can develop one for our region. During the meeting he and installed the app on his phone. He wants to be able to link it to our website once it is updated. Then it will be sent out to agencies and providers. John is asking that the new protocols be send to him as a PDF in individual section. He will then post them to the app. No action at this time.

Glucagon for BLS providers to administer— The big question from the pharmacy committee is where to store this. Will it be placed into Stat kit? It may increase the size of the stat kit and will that create issues where it is stored in the ambulance for certain agencies. The Medication is too expensive to be in both the Stat Kit and Med box. There is also an issue of carrying EPI in the Certa dose box in the stat kit. The committee felt that Epi should take priority over glucagon in the Stat kit due to the space limitations in the Stat kit. Wayne will give this information to the Pharmacy and Protocol Committees. – Update FROM

Wayne—Per Wayne the Pharmacy committee moved forward with adding Glucagon to the stat kits at this time due to the lack of color coded syringes for the EPI. No action at this time

The G& T Committee Charter will be sent to the REMS BOD for approval at the December meeting Update from John Brandrup. The REMS BOD had a few questions concerning the number of committee members for a quorum to vote at a meeting. They thought the number of 3 was too low. John researched state information and found that a quorum is considered 10% of qualified members attending a meeting. It was suggested to John that he try to increase/edit the number of active members. John will work on this and will rewrite the charter. He made a motion and it was seconded by Kelsey that he send this out to the committee for an email poll/approval before sending it back to the April BOD meeting for approval

New Business:

Triage tags- training opportunities to improve the understanding and compliance with triage tags. After some discussion on triage tags on this information. The motion was made by Kelsey and seconded by Pat to send this to the Medical Direction Committee for guidance.

Torodol is not to be used in Trauma patients. This information is going to the protocol committee.

2nd and 3rd Quarter Trauma Triage report was sent out to committee members. OEMS would like information on transport decisions.

OEMS- Data compliance report & memo was sent out. There was some discussion about agency compliance and missing data due to uncooperation of patient. This data was sent out to agencies and Linda will send it to the training officers. Agencies need 100% compliancy.

NHTSA requests information on Prehospital airway management Systematic Review- This information was sent to committee members as well. And will be send to agency training officers.

NREMT had discontinued the KED station for AEMT. And the IV & medication stations will be separate test stations.

Trauma Cardiac Arrest are not to be transported to hospital until ROSC has been achieved. This information needs to be sent to agencies

There will no longer be an OEMS approved DICO class. But you will still to have a person/persons trained as a DICO. The training will consist of whatever the agency OMD decides is required for training.

Wayne reported that the Protocol Committee is working on their 3 year revision of the current protocols. If anyone has any information or what they think is needed or any feedback on current protocols please send them to Wayne Perry.

ALS/EMT-Basic Programs Audit:

EMRx2 – Rebecca Raines Stafford HS- 8/19/19-4/10/20- M-F
 EMT x2- Rebecca Raines Stafford HS- 8/19/19-4/10/20- M-F
 EMRx3- Lisa Davis- Colonial Forge High- 8/22/19-4/8/20 M_F
 EMT x3- Lisa Davis- Colonial Forge High-8/22/19-4/8/20 M-F
 EMT – Jessica Icaza- Fauquier F & R – 01/11/20 – 05/09/20 T-T-Sat
 EMT- James Allen – CCJA – 04/01/20 – 04/17/20 – SMTWTFS
 EMT- James Allen – CCJA – 06/01/20 – 06/17/20 – SMTWTFS
 EMT- James Allen – CCJA – 07/06/20 – 07/23/20 – SMTWTFS
 EMT- James Allen – CCJA – 08/01/20 – 08/17/20 – SMTWTFS

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 01/14/20-05/19/20 TTS
EMT - Jenni Hartle- Stafford FREM 07/06/20-08/08/20 MTWTF
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EMT- Terry Gamlin- Caroline Middle- 3/9/20-6/29/20 MW Sat
EMT- Joann Lohr- Salem Vol F & R- 2/17/20-6/13/20 M Sat
EMT- Daniel Douglass- FRS- 2/17/20-6/11/20 UNK days- John Brandrup
EMT- Kim Madison- Shannon Traing- spotsy 2/1/20-5/16/20 MW Sat
Paramedic- Hillary Dussia- Shannon Training- 2/19/20-6/19/20 MTWTF
AEMT- Hillary Dussia- Stafford FREM- 3/3/20-4/10/20- MTWTF
AEMT- Hillary Dussia- Stafford FREM- 6/2/20-7/10/20 MTWTF
AEMT- Hillary Dussia- Stafford FREM- 6/7/20-8/16/20 MW Sat

REMS BOD Action Item: revised Charter listed above

For the Good of the Order: there being no further business the meeting was adjourned at 1950 hrs. The next meeting is scheduled for June 09, 2020

Guidelines & Training Committee Minutes
June 09, 2020
REMS Training & Simulation Center

Call to Order: The meeting was called to order by the chair, John Brandrup at 1900 hrs

Roll Call and Recognition of Guests: Since this was a virtual meeting, the following member were on the phone, John Brandrup, Pat Fitzgerald, Lenore Halkowich, Linda Harris, REMS Staff, Tim Jeter, Maurice Moody, Wayne Perry, REMS Staff, Kelsey Rideout, David Smith, Bill Tosick, Richard Hooper, David Garvin and guest Ed Bonham, Caroline County. The following members were excused, Mark Garnett and Victor Podbielski.

Approval of Minutes: Motion was made to approve as presented, the March 10, 2020 minutes and the motion carried.

Staff Report:

ALS Coordinator Requests: none

Sub-Committee Reports:

ALS release Sub-Committee – The changes to the ALS Precepting Program adding AEMT preceptors to the precepting book were approved by the REMS Board at the last meeting. That was sent out to ALS Preceptors. The revised protocol test for this level has been completed. The first class should be mid-July

Joey Straughan- Colonial Beach VRS. The REMS council received a request to bring Mr. Straughan's ALS precepting issues to the Guidelines & Training Committee. Mr. Straughan is already released as a AEMT and is currently precepting as an Intermediate. His precepting will end on July 8, 2020 and he is still short 7 contacts. Due to his full time job and the Covid pandemic he was deployed for about 6 weeks during his precepting time. And has been deployed for 2-3 days at other times. It states in the precepting manual that there are no extensions to precepting time. After discussing this with the chair of the ALS Release Sub-Committee it was decided to bring to the G & T Committee a request for 1 month extension since we are currently working under extra-ordinary circumstances. After some discussion the motion was made to extend his precepting for 3 months since VAOEMS extending all certification for that period of time during the pandemic. Motion to approve by Pat Fitzgerald and seconded by Maurice Moody. Motion carried

Provisional Providers & precepting- Another questions was brought to REMS concerning the Provisional ALS Providers and whether they should start precepting, especially since they will still need to take and pass their psychomotor skills. If they are unsuccessful with all of the attempts at these psychomotor skills their Provisional certification will be withdrawn. The county that brought the question to REMS also contacted Chad Blosser at VAOEMS. He said it was up to the agencies Operational Medical Director. When they contacted their OMD he approved the provider to start precepting. It will be up to the agency and their OMD.

Unfinished Business: none

Old Business

1. 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. No action needs to be taken

2. From Wayne:

FICEMS – Evidence Based Practice & Quality Committee Update June 2018- this is a RACI Matrix in brief for FICEMS. Using evidence based guidelines to improve patient care & quality. Use evidence based guidelines to implement these issues around Opioid misuse & abuse, pediatric emergency care, stop the bleed- i.e. every individual in our service area should have stop the bleed training. How do you want us to craft the coordination of this training? ODEMSA has developed a coalition of all individuals providing this training. When a request comes in for the training it is routed through the coalition to figure out who is available to teach. They have also implemented a train the trainer program for schools & businesses. Their trainers will go into teach a few individuals the train the trainer and then they in turn will teach a few others. Then moving on to make sure all individuals have the training. All agreed that the coalition is a good idea. 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 a work in progress. No action at this time

FICEMS – Update on Opioid Crisis – June 2018 - Continuing to be an issue region wide and state wide. Our Protocol Committee under the Medical Direction Committee is in the process of updating the Scope to following the State. The incidences are continuing to rise – unsure if it is that prevalence of Narcan is making people more risky or it is just rising use of opioids.—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 could attend one or more of their meetings. Meeting are normally held the 3rd Wednesday of the month. The meetings are usually held at the Fredericksburg Police Dept. on Cowan Blvd. Right now the meeting are on hold during the Covid pandemic Please check with Nana Noi, the REMS staff member who is handling these meetings for more information. Her email is nnoi@vaems.org. Wayne reports that MIH has received a grant for an Actively Care App which he would like to tie in with REMS phone app for protocols etc. No action at this time.

FICEMS – Safety, Education and Workforce Committee - NIOSH & NHTSA is working on a project tracking nonfatal emergency department treated injuries among EMS workers. There is a policy in place for fire fighters but not EMS providers. Another part is medical errors and threats to patient safety which can include fatigue risk management, safe transportation of children. EMSC at state level has purchased \$65,000 worth of pediatric restraint equipment and the current and next RASF grant cycle will be a priority for pediatric restraint. A survey was sent out to providers on mental health from OEMS. They are pushing mental health awareness and supporting services such as CISM and Peer Groups, and Stress First Aid classes. Information on responder safety website indicates that vehicles strikes are up for all first responders to include fire, rescue, law enforcement, VDOT etc. How can we get out information to providers to promote mental health issues and safety? There have been posting on our FB page but we need more--Could schedule Stress First Aid classes at the REMS Council. We can forward State monthly awareness training information on safety. Vivian has been putting this information on our website, FB, and if needed fax.

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. 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. Margot found these questions will not work with Survey Monkey. She tried several options but they were all unsuccessful. She is working on posting them through another avenue. She will prioritize this.

Update from John Brandrup: Cell phone app—John met with staff at ODEMSA concerning the cell phone app and how we can develop one for our region. During the meeting he and installed the app on his phone. He wants to be able to link it to our website once it is updated. Then it will be sent out to agencies and providers. John will be working on this

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. SRMC found another syringe but it needed to be ordered through Amazon but they cannot order through this company. The information was forwarded to REMS and we placed an order. This product required a Medical Director approval. Dr. White's information was provided but for some reason it was denied. So Wayne and Margot are working on this. No action required at this time.

New Business:

FICEMS Meeting – Wayne reported some notes from the most current meeting. About 90% of PPE that was purchased through a non-official organization is defective. They also provided a FICEMS Strategic White Paper and Resources for Civil Unrest and Management which can be found on their website.

The following information was provided by VAOEMS and it is just to keep the committee informed on what they are doing and how they are handling everything during this pandemic. No action required.

For BLS Testing

From OEMS all Consolidated Test Sites have been cancelled for the remainder of 2020. They will work with Councils and NREMT to 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

- Cognitive Exams – The National Registry is working to ramp up Pearson OnVUE remotely proctored cognitive exams the Advanced EMT 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 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.

-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/>

National Registry Online Proctored Certification Exams

Beginning Tuesday May 12, 2020, Online Proctored cognitive examinations will be an available option for both EMT and AEMT certification levels.

What is an Online Proctored cognitive examination?

- Online Proctored cognitive examinations deliver the EMT or AEMT high stakes certification examination securely from a candidate's home or office.
- Online Proctored cognitive examinations meet the cognitive examination requirement for National Registry certification.
- What does this mean?
- Eligible candidates will be able to select Online Proctored as an examination delivery method via their certification application in their National Registry account.
- Candidates who select Online Proctored will be issued an Authorization To Test (ATT), and will schedule their Online Proctored exam through Pearson VUE as usual.

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-0E9jGEOaA>

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](https://www.nremt.org)

Virtual Instructor-Led Training (VILT)

The Office—specifically the ACE Division—understands that institutions, program directors, medical directors, are working diligently to find ways to continue the education of EMS students and Virginia providers during this extraordinary time. The Office continues to seek out and find alternative pathways to

assure excellence in education while maintaining compliance with the National Registry and Virginia regulatory requirements.

Debbie has spent the past few weeks working with the National Registry to eliminate hurdles and expand the ability for Virtual Instructor-Led Training (VILT) to be allowed to count as Category 1 education. After much discussion, the Office of EMS and National Registry will begin accepting VILT instruction as Category 1 CE starting July 1, 2020. Please remember that NREMT distributive education limitations still apply for NREMT certified providers.

Virtual instructor-Led training (VILT) refers to training that is delivered in a real-time, virtual or simulated environment where the instructor and learner are in separate locations. VILT environments are designed to simulate the traditional classroom or learning experience while allowing for more access to training for educators and students.

At the present time, Division staff are reaching out to a wide variety of VILT educators across the Commonwealth and nationally to seek input for guidelines that we will be instituting for this new method of instruction. More information on this will be coming in future updates once we have put the finishing touches on TPAM policies and a new TR-01-VILT Course Approval Request form for course coordinators to use.

Notes from the Commission on Accreditation of Allied Education Programs (CAAHEP)

From the President Glen Mayhew

The board has asked all CoA's (Committees on Accreditation) to provide regular communication and guidance to their programs during this time of uncertainty. He stated that regular communication and engagement is the best means for keeping our constituents informed and reassured.

The CAAHEP meeting was held as a virtual online meeting and reduced to a 4 hour meeting

Notes from the 3/20 Board meeting:

They took accreditation action on 63 programs which included 14 initial programs, 47 continuing programs and 2 on probation.

From staff report: Request from CHEA (Council for Higher Education) for additional information on the Change of Scope. They are requesting the following professions be added to the Scope: Advanced Cardiovascular Sonography, Art Therapy, Assistive Technology and Clinical Research. The Board authorized the Change of Scope.

The Standards Committee presented a recommendation to approve the proposed Advanced Cardiovascular Sonography Standards- the Board approved the standards

Please advise your providers when they complete a procedure during patient care to please chart that they did that procedure not just list it in the narrative.

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
 EMT – Jessica Icaza- Fauquier F & R – 01/11/20 – 06/20/20 T-T-Sat
 EMT – Jessica Icaza- Fauquier F & R – 05/30/20 – 08/17/20 T-T-Sat
 EMT- James Allen – CCJA – 06/01/20 – 06/17/20 – SMTWTFS
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 EMT- Daniel Douglass- FRS- 2/17/20-6/11/20 UNK days
 Paramedic- Hillary Dussia- Shannon Training- 2/19/20-6/19/20 MTWTF
 AEMT- Hillary Dussia- Stafford FREM- 6/2/20-7/10/20 MTWTF
 AEMT- Hillary Dussia- Stafford FREM- 6/7/20-8/16/20 MW Sat

REMS BOD Action Item: None

For the Good of the Order: There being no further business the meeting was adjourned at 1945hrs.
The next meeting is scheduled for September 08, 2020