



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

7818 E. Parham Rd. Suite 911
Richmond, VA 23294
804-560-3300 • FAX: 804-560-0909
www.odemsa.vaems.org

Training and Education Committee

February 3, 2022, 10:00 am – 11:00 am
Chair: Adam Alford, VCU CTCCE
Vice Chair: Lucian Mirra, Hanover Fire

Members and Guests Present via Zoom: Adam Alford, Lucian Mirra, Nakia James, Charles Feiring, Bridget Wilson, Al Thompson, Craig Bride, Amy Howard, Jay Gould, Greg Neiman, Ray Mallory, Monty Dixon, Megan Middleton, Travis Jenkins, Jason Johnson, Johanna Chandler

Conference Line: N/A

ODEMSA Staff: Tiffany Almeida, Jessica Goodman, Tarsha Robinson, Ryan Scarbrough, Kathy Eubank

Minutes Scribed by: Tiffany Almeida

Materials provided: None

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	Meeting called to order at 1001 hours by Chairman Adam Alford. Quorum present.	Motion: To approve the minutes of the previous meeting. Made by: Al Thompson Second: Craig Bride Motion passes unanimously
Reports EMS Halifax/Southside Rescue	Jason Johnson: Ray Mason conducting an EMT class at Danville Community College. Hermon Thomas conducting EMR class at Oak Level Fire Dept.	



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<p>Lakeside VRS</p>	<p>Megan Middleton: Starting another recruit academy in March and an EMT course in April. Purchased Stop the Bleed trainer legs for us to teach Stop the Bleed classes for our members and community partners. Purchased an outside AED box and plan on placing a Zoll AED in it. It will go on the outside of the building facing the parking lot as a community accessible EMT. I am working with Dell on getting pricing/quotes for three new 7220 computers for the ambulances. Myself and Andy Inge held a Preceptor Train-the-Trainer course on 1/28. We were able to release 6 new BLS AIC preceptors. We are working on a new push dose epi protocol with our OMD that will be pushed out in March.</p>	
<p>Richmond Ambulance Authority</p>	<p>Ray Mallory: Concluding an EMT class. Starting another EMT class soon. Unknown if we will open the EMT class to public. Due to current staffing levels, we have suspended all student ride-a-longs. Will advise when this changes.</p>	
<p>New Kent Fire</p>	<p>Travis Jenkins: No report</p>	
<p>Hanover Fire</p>	<p>Lucian Mirra: Our academy has started with 2 volunteers who have crossed over to the career side. Academy is 4 weeks. Hanover Fire is also not open to outside EMS students. We are focusing on accommodating our own paramedic students who begin their capstone field rotations next month.</p>	
<p>Henrico Fire</p>	<p>Monty Dixon: The recruit school EMT class has graduated, 100% pass rate. We have our third cohort EMT to Paramedic class in session now. They will begin their capstone field rotations at the end of May, beginning of June. Awaiting a site visit from CoAEMSP but have not heard from them as of yet.</p>	



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<p>Hospital</p> <p>Bon Secours</p> <p>VCU</p> <p>Accredited Programs</p> <p>Reynolds CC</p> <p>John Tyler CC</p> <p>VCU CTCCE</p>	<p>Al Thompson: No report, divert to Amy Howard.</p> <p>Amy Howard: Due to COVID, postponing Central VA EMS Expo from March to May 14th & 15th at Henrico Fire and May 21st & 22nd at Chesterfield Fire. We will still offer a couple of classes in March that we could not reschedule.</p> <p>Craig Bride: We are still conducting our Continuing Education series at Southern Va Medical Center on the third Thursday of every month.</p> <p>Greg Neiman: Our next VILT is February 17, 2022 covering sports injuries. Dr. Deck will be presenting. Adam and I have been working on a critical care monthly VILT for critical care medics who need critical care hours to recertify.</p> <p>Nakia James: (2) Paramedic cohorts in progress now. (2) EMT cohorts in progress now and will be finishing at the end of this semester. Starting (2) Paramedic cohorts in the fall, one will be a traditional EMT to Paramedic and the other will be a modified Intermediate to Paramedic. Still waiting on a site visit from CoAEMSP.</p> <p>Bridget Wilson: Currently we do not have any cohorts due to recent departure of our EMS Program Director. We are actively attempting to fill the position and begin new cohorts in the fall. (6) students were transferred to VCU.</p> <p>Jay Gould: Transitioning our EMS program from the university to health system side, making VCU CTCCE into hospital-based EMS program. Gives us more flexibility and ability to do a “2+2” program.</p>	
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ODEMSA	<p>Tiffany Almeida: Had EPC class on January 10th & 11th. We just started an EMT course with (6) students, ending May 26. I am mentoring an EC Candidate through this EMT course. The EC Candidate is based out of Richmond Volunteer Rescue Squad, which currently does not have an EC in-house. Our next VILT will be on February 28th the topic will cover Head Trauma, presented by Adam Alford. Starting our BLS AHA CPR courses offered on the last Wednesday of every month from 6:00 PM – 10:00 PM (except for November and December). The cost is \$65 per student. We purchased new equipment. Thank you to those who assisted us with the Patient Distribution Center.</p> <p>Adam Alford: Coagulations to Ryan Scarbrough on becoming an Education Coordinator.</p> <p>Ryan Scarbrough: We have the EMS agency student field rotations availability on our website. Please advise if your agency has any change in their status.</p> <p>Jessica Goodman: Instructing Stress First Aid at the Central VA EMS Expo in May. We are also teaching for AEC for a CE weekend they are hosting. Looking to offer more mental health classes aside from Stress First Aid to our EMS agencies across the region.</p>	
PTAP	<p>Tiffany Almeida: No concerns to report.</p>	
Stop the Bleed	<p>Greg Neiman: Stop the Bleed course at Greentop is continuing at least once if not twice per month. Still trying to recruit instructors. We have a couple of events coming up. If you are interested in a partnership and becoming a part of the coalition please let me know. Jay and I are also collecting data in regards to skill retention. Lannie Jones is retiring please congratulate him.</p> <p>Jay Gould: We started to work with Megan at Lakeside VRS on a project with a didactic component and then students can sign up for different skill sessions at different sites. The goal is to reach more people. We have done (2) courses at Bridgewater College recently.</p>	



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<p>Stop the Bleed (cont)</p> <p>Old Business</p> <p>New Business</p> <p>Regional Preceptor Manual Protocol Approval</p>	<p>Megan Middleton: Speaking in my role at the Central VA Hospital Coalition, we purchased 20 Stop the Bleed trainer kits for the region. They come with the information packet, the packing legs, the wound packing material and tourniquets. The purpose is to deploy these training materials to assist hospitals or EMS agencies who offer Stop the Bleed, especially in large groups.</p> <p>Tiffany Almeida: The EMS Educator Summit has been postponed. Looking for anyone interested in the workgroup.</p> <p>Tiffany Almeida: At the previous meeting, the Committee approved the Regional Preceptor Manual. The Committee also requested to examine and approve approximately 3 protocols at a time from the Regional Preceptor Manual with the purpose of detecting and addressing the need of revisions. The first (3) policies from Chapter 1 of the manual were selected for review today:</p> <p>Air Medical Transport Policy Regional Hospital Diversion Policy ODEMSA MCI Plan</p> <p>Air Medical Transport Policy: No revisions. The document is kept as is.</p>	
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<p>Regional Preceptor Manual Protocol Approval (cont)</p>	<p>Regional Hospital Diversion Policy: Due to recent suspension of this policy by the ODEMSA Diversion Committee, the Training and Education Committee requests a disclaimer be added to the document and dated to reflect this change. A motion is made.</p> <p>ODEMSA MCI Plan: No revisions. The document is kept as is.</p>	<p>Motion: To add a disclaimer advising of the recent suspension of the Regional Hospital Diversion Policy in the Regional Preception Manual.</p> <p>Made by: Al Thompson Second: Greg Neiman</p> <p>Motion passes unanimously</p>
<p>Hospital Preceptor Training Concern</p>	<p>Al Thompson: I recently was advised by an accredited EMS program outside our region previously on board with the ODEMSA PTAP, they will no longer use the ODEMSA PTAP. The accredited EMS program reports the ODEMSA PTAP no longer meets their needs. To the program directors, does PTAP meet the requirements of your programs? Or are there specific needs for each EMS program?</p> <p>Adam Alford: Per CoAEMSP, the school must provide training to the training site. If the school determines the PTAP does not meet their standard, they would need to create their own training for preceptors.</p> <p>Al Thompson: The whole point of creating a regional PTAP was to prevent duplication or repetitive training burden on our preceptors in the region. I am concerned an accredited EMS program has pulled out from the ODEMSA PTAP for this reason.</p> <p>Lucian Mirra: Nowhere in the CoAEMSP regulations state that an individual ED nurse or ICU nurse, for example, needs any training. The standards say someone at the training site must be trained. I mentioned to CoAEMSP that all our hospitals have the EMS Liaison position. CoAEMSP responded the EMS Liaison would be acceptable and should receive the training. Per CoAEMSP, in regards to EMS, yes, every individual EMS field preceptor needs to receive the training. Not every individual hospital</p>	



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<p>EMT Pass Rates</p>	<p>preceptor needs this training. This is the reason we created our own preceptor training at Hanover Fire.</p> <p>Nakia James: The standards do state which individual components are required in preceptor training. Previously, I have mentioned training the EMS Liaisons with the PTAP to fulfill the CoAEMPS requirement but was advised the EMS Liaison role was more administration and not clinical.</p> <p>Charles Feiring: To my understanding of the CoAEMSP standard, when a paramedic student arrives at the training site, someone with the preceptor training needs to physically be at the training site.</p> <p>Lucian Mirra: This may have been so previously, but currently looking at the regulations they state, "a key person" in the hospital. At Hanover, we are going to just the EMS Liaisons for the training. We recently passed our site evaluation utilizing this process with no issues.</p> <p>Adam Alford: Monty, what are you doing to obtain a 100% pass rate?</p> <p>Monty Dixon: We had (1) student who needed to take the exam a second time. The 100% pass rate was based on the second attempt. Keep in mind, the EMT class is for our academy and results are job dependent. When passing is job dependent, there is more incentive to pass. This is a large factor.</p>	
<p>OEMS Educator Update</p>	<p>Greg Neiman: Recently went to an OEMS Educator Update. Heads up, lots of information coming through. OEMS discussed Blackboard. The National Registry will stop the psychomotor exam at the paramedic level. OEMS will also stop CTS. There are plans to send evaluators to EMT psychomotor exams for site visits, so prepare for that.</p>	
<p>State Advisory</p>	<p>Greg Neiman: Physicians on the committee were shocked when it was revealed EMT level requirements for patient contacts is 10, they thought it was more. A lot of discussion increasing to 25 patient contacts including specific demographics (i.e so many pediatrics, so many trauma etc.). This would overburden EMT programs, extending the EMT course by months and increasingly difficult to pass an EMT course</p>	



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	<p>especially with the specific demographic part. Pediatrics are not seen often in EMS. For example, obtaining (3) infant contacts would take some time. No EMS agency runs such high pediatric volume.</p> <p>Lucian Mirra: Worse in areas with very low call volumes.</p> <p>Greg Neiman: Changes coming to the Virginia scope of practice color of the dots. If the skill is not covered in the education standards, the color of the dot will be red. If your EMS agency wants your EMTs to do a certain skill not in the education standards (for example, CPAP), the EMS agency must provide training to show that providers have proven competency.</p>	
<p>Adjourn</p>	<p>The meeting is adjourned at 1121 hours</p>	<p>Motion: To adjourn.</p> <p>Made by: Lucian Mirra Second: Al Thompson</p> <p>Motion passes unanimously</p>