



# OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

7818 East Parham Road • Suite 911 • Henrico, VA 23294-4302  
Phone: (804) 560-3300 • (804) 560-0909 • www.odemsa.net

## Training and Education Committee

August 28, 2025

10:00 am – 11:00 am

**Chair:** Marquita Whisonant, VCU CTCCE

**Vice Chair:** Damien Coy, Brightpoint

- Members and Guests Present:** Megan Middleton  
Megan Middleton, Ryan Scarbrough, Mike Harmon, Gary Samuels, Craig Bride, Mike  
**Web Conference:** Watkins, Nakia James, Marquita Whisonant, Greg Neiman, Mike Mayne, Kenneth  
Williams, Travis Jenkins, Jeff McPhearson, Jessica Goodman, Allen Yee, Adam Alford  
**ODEMSA Staff:** Megan Middleton, Ryan Scarbrough  
**Minutes Scribed by:** Megan Middleton  
**Materials Provided:** Previous meeting minutes, agenda, standing reports

Topic / Subject	Discussion	Recommendations, Action / Follow-up; Responsible Person
<b>Meeting Called to Order</b>	Meeting called to order at 10:03 am by Chairman Marquita Whisonant. Quorum present. May minutes and August agenda were approved.	<b>Motion:</b> To approve the May minutes and August agenda <b>Made By:</b> Mike Watkins <b>Second:</b> Greg Neiman Motion passes unanimously
<b>EMS Reports</b>		
<b>Goochland</b>	<b>Mike Watkins</b> - For Goochland, there's not a whole lot to report. We just started a fire academy. They're getting ready to start their EMT component. We are doing a combined academy with Powhatan and Goochland for a total of 12 people. We also have a high school EMT class in progress, that has grabbed and taken a little bit more of an assertive stance with that to help them get through some of their required elements. Right now, there's about 10 students in that class, and this is the first year that they're going double block, which is obviously an important thing for high school EMT classes. And we have finished an EMT class recently. Other than that, we've got some stuff	



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	on the horizon that I'm not able to really talk about yet, but... good stuff coming.	
<b>New Kent Fire - Rescue</b>	<b>Travis Jenkins</b> – No report.	
<b>Richmond Fire &amp; Emergency Services</b>	<b>Megan Middleton</b> - So Richmond Fire Department is doing well. We released 23 recruits into the field. They're going to be coming back over the next couple months to do some of their testing, and we are starting a lateral academy, I believe, sometime in January, but that's a little flexible.	
<b>Hospital Reports</b>		
<b>Bon Secours</b>	<p><b>Gary Samuels (Richmond)</b> - I'm an EMS liaison with Bon Secours Richmond, back in the area since October. I was working in Newport News in the PEMS region mostly before.</p> <p><b>Craig Bride (Southern)</b> - Hey, good morning, EMS Coordinator with Bon Secours, primarily representing the Southern Facilities of Southern Virginia Medical Center and Emporia, Southside Medical Center, Colonial Heights Emergency Care, and Chester Freestanding ED. The only thing that I have from Southern Virginia is, we have our monthly education coming up at Southern Virginia Medical Center which will be on the 15th of September. The Violence Response Team is coming down to do a series on strangulation recognition and care. Dinner is served, as always, all are welcome, and it starts at 1800 hours.</p> <p><b>Mike Harmon (Richmond)</b> - We're in the planning phases, again, of our EMS Education Expo for the 1st of March next year. We're working with the hospital system, Henrico Fire, and Chesterfield Fire, so more to come on that. We haven't pushed a flyer out yet, but planning's going on, so more information to come. And then I'll let Gary or Craig update you on anything in their world, if they've got anything to report.</p>	
<b>VCU Health</b>	<b>Greg Neiman</b> - Let's see, we've got a VILT scheduled for tonight. That's our 'Little Hearts, Big Problems Part 2' with Hugh Klein. He did Part 1 back in July, and we had a good response on that, so we're doing Part 2 of that tonight. We're starting to plan for our November EMS Symposium, our VILT Symposium, probably going to be scheduled between the November 2nd	



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	through the 8th, like last year — three hours a night from 6 to 9. So, just putting that together.	
HCA	<p><b>Jessica Goodman</b> - At Henrico Doctors', we recently completed a major upgrade to our neuro IR suite, which is now up and running. We'll begin building our cases toward becoming a comprehensive center, which is very exciting for us. We also have a new IR physician who has joined our group south of the river, so together we'll now be covering both the north and south sides. In addition, we have a cardiovascular symposium coming up. The flyer has already been sent out and is posted on ODEMSA's Facebook page. EMS providers can register at a discounted rate of \$25. The event will include back-to-back presentations from multiple cardiovascular physicians on current practices in the field and will run for about five hours. It will be located at the Westin hotel in Henrico.</p>	
<b>Accredited EMS Programs</b>		
VCU CTCCE	<p><b>Kenneth Williams</b> - We've got our paramedic cohort moving into the fall semester, and things are going well. Classes are underway, and students are progressing on schedule. We continue to work with our clinical partners, including Carilion Clinic in Roanoke, which has been very helpful in giving students access to the patient volume and call types they need to meet accreditation requirements. We are also preparing for upcoming transitions, as both Jay and I are looking toward retirement. That means we're putting pieces in place to ensure continuity for the program, particularly around accreditation standards and documentation. It's a lot of coordination, but everything is moving forward the way it needs to, and the students are getting the experiences they should be.</p>	
Reynolds CC	<p><b>Nakia James</b> - We currently have three paramedic cohorts actively going on, as well as two EMT cohorts here at the college. In addition, we are coordinating with four dual-enrolled high school EMT programs. Those dual-enrolled programs are spread across multiple schools, and we are working closely with their instructors and administrators to make sure the students meet their requirements. It has been a lot of coordination, but things are moving forward as planned. Our students are progressing through their</p>	



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	coursework and clinical requirements, and we are balancing the scheduling challenges that come with having so many cohorts at once. Overall, everything is on track, and we are pleased with how the semester is shaping up	
<b>ODEMSA Report</b>		
<b>Ryan Scarbrough</b>	We're continuing our work on regional training initiatives and have several projects moving forward. The big focus right now is on supporting providers and agencies with clinical scheduling and education coordination. We've also been updating resources on the ODEMSA website and social media — for example, the cardiovascular symposium flyer is up on our Facebook page so agencies and providers can register. We're working closely with hospitals and EMS programs to make sure opportunities are communicated out, and overall things are progressing well.	
<b>Preceptor Training for Accredited Programs</b>		
<b>Megan Middleton</b>	No report.	
<b>Stop the Bleed Coalition</b>		
	<p><b>Greg Neiman</b> - He reported that the regional coalition is doing well, and the statewide coalition continues to grow. Both are actively seeking Stop the Bleed instructors to join. He explained that the regional group focuses on sharing instructors and equipment for local events, while the state coalition — overseen by the American College of Surgeons with Dr. Rossi as the state champion — is working to unify instructors and collect statewide data. He shared that they are testing a new QR code system which allows students to register, automatically receive certificates, and provides instructors with access to evaluations and demographic data.</p> <p>Greg also noted that House Bill 1700 was passed this year, requiring the General Assembly to purchase and distribute Stop the Bleed kits to every primary and secondary school in Virginia. However, he expressed concern that the final bill removed the requirement for mandatory training, meaning schools will get kits without being required to provide staff instruction.</p>	



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	<p>Originally, the bill called for every staff member to be trained; this was reduced to one person per building and then removed entirely.</p> <p>He emphasized that both the regional and state committees are working to fill this gap by offering free training to schools and advocating for appropriate kit contents, such as ensuring tourniquet types are suited for elementary versus secondary school settings. Greg encouraged anyone who is a Stop the Bleed instructor but not yet involved to join the effort.</p>	
<b>Old Business</b>		
<b>Regional Education Needs Assessment</b>	Due to staffing changes this report is on hold.	
<b>Provider Safety and Wellness Initiative</b>	Pending December time frame.	
<b>Protocol Review</b>	Due to staffing changes this report is on hold.	
<b>EMCE Documentation to PTAP</b>	<p><b>Background</b>            The discussion on EMCE was brought forward in response to ongoing challenges with student clinical scheduling across the region. Programs, hospitals, and agencies have been struggling with multiple platforms, most notably Platinum Planner, which has created confusion, duplicate work, and technical frustrations. Several committee members and educators requested that alternative systems be explored. EMCE was presented as a potential solution because it is newer, designed with modern functionality, and could serve as a single scheduling platform for the entire ODEMSA region.</p> <p><b>Presentation</b>            Mike Mayne presented an overview of the EMCE software platform, designed for EMS education and clinical scheduling. He explained that EMCE was first developed in 2018 as a modern alternative to older systems like Platinum Planner. The platform integrates scheduling, student tracking, and compliance documentation in one place, with a focus on user-friendly features and improved reporting capabilities. Mike highlighted that EMCE has been used</p>	<p>Megan will create the workgroup by sending out invitations and coordinating meeting dates.</p> <p>Mike Mayne will create a sandbox schedule in EMCE for hospital representatives to test and explore at the workgroup meeting.</p>



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	<p>successfully by programs across different states and is built to scale without the performance issues seen in older platforms.</p> <p>He emphasized that EMCE could be adopted regionally to streamline the scheduling of EMS students across hospitals, colleges, and agencies. Using one shared system would prevent duplication of effort, reduce confusion, and give hospitals flexibility to manage rotations while giving programs reliable access to slots. He noted that consistency across the region would also benefit students, who would no longer need to navigate multiple platforms for clinicals. Mike encouraged ODEMSA, hospitals, and programs to consider EMCE as the single scheduling tool for the region and answered questions about how implementation could work locally.</p> <p><b>Committee Discussion/Feedback</b></p> <p>Following the presentation, several committee members shared their perspectives. Hospital representatives, including Mike Harmon (Bon Secours) and Jessica Goodman (HCA), expressed that while they do not object to which system is ultimately chosen, they strongly prefer that all agencies and programs use the same platform. They emphasized that hospitals cannot realistically manage multiple systems and that a regional solution would reduce confusion for both staff and students.</p> <p>Gary Samuels echoed this concern, noting that he works closely with many students and programs and sees firsthand the complications of juggling multiple scheduling systems. He stated that consistency is essential to ensure smooth placement and coordination.</p> <p>Jessica Goodman added that HCA is open to change, provided that all stakeholders, hospitals, EMS programs, and agencies — are in agreement. She stressed that adopting EMCE, or any new system, would require collaboration and consensus.</p> <p>Overall, the committee agreed that while Platinum Planner has been the default platform, it presents significant challenges, and EMCE offers potential</p>	



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	<p>advantages as a regional scheduler. Members supported the idea of continued exploration and evaluation of EMCE before any final decision on adoption.</p> <p><b>Resolutions and Tasks</b></p> <ul style="list-style-type: none"> <li>• The committee agreed the region must move toward a single, unified scheduling platform to reduce duplication and confusion.</li> <li>• EMCE will be evaluated further as a potential replacement for Platinum Planner, with additional demonstrations and technical review to follow.</li> <li>• A hospital workgroup will be formed, composed of representatives from Bon Secours, HCA, and VCU, to review EMCE in detail and determine feasibility from the hospital perspective.</li> <li>• ODEMSA staff will support the workgroup and collect feedback from all stakeholders, including EMS programs and agencies, before any final recommendation is made.</li> <li>• The Training &amp; Education Committee will keep EMCE on the agenda for future meetings to review updates from the hospital workgroup and track progress.</li> </ul>	
<b>New Business</b>		
<p><b>Student Ride Time and Third Rider Restrictions</b></p>	<p>Travis Jenkins (New Kent Fire-Rescue) raised concerns about current OEMS regulations that restrict EMS students to functioning strictly in a “student” role while riding on units. He explained that this creates challenges for smaller agencies, especially when students are also trained volunteers or employees who could otherwise contribute to calls. Travis emphasized that the rule is counterproductive, as it limits students’ opportunities to gain meaningful experience in the field and does not reflect the operational realities agencies face.</p> <p>Mike Watkins (Goochland) agreed, noting that his agency encounters the same difficulties when balancing staffing needs with educational requirements. He described how agencies sometimes want students to take on dual responsibilities, but the regulations prohibit this, leaving agencies</p>	<p>Greg, Mike, and Travis will work with ODEMSA to prepare language for submission to OEMS regarding student ride time restrictions, ensuring the issue is formally raised during the Chapter 32 revision.</p>



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	<p>short-handed and students underexposed to the types of calls they most need to see.</p> <p>Greg Neiman (VCU) responded by clarifying that the intent of the regulation is to prevent students from being “double-counted” as both learners and staff, much like in hospitals where students cannot replace regular staff during clinical rotations. He emphasized that the restriction is especially important during capstone phases, when students are supposed to be evaluated solely in a student role. However, Greg acknowledged there may be room for more flexibility earlier in training, provided supervision is maintained.</p> <p>Committee members generally agreed that while the restriction makes sense at the capstone level, it unnecessarily limits early-stage students from gaining valuable experiences. The consensus was that this is primarily a regulatory issue that should be raised during the upcoming Chapter 32 revision process, with the goal of clarifying the difference between early ride time and capstone requirements.</p> <p>No more new business.</p>	
<b>Business from the Floor</b>		
	No business from the floor.	
<b>Adjourn</b>		
	The meeting adjourned at 12:13 pm.	With no further business being noted, Marquita Whisonant adjourned the meeting.