

# Northern Virginia Emergency Medical Services Council

## Board of Directors Meeting

Held Via Zoom

### Meeting Minutes

Thursday, September 21, 2023

#### *DIRECTORS PRESENT (Listed Alphabetically by First Name)*

<b>Name</b>	<b>User Email</b>
Alfred Pacifico	alfred.pacifico@loudoun.gov
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Corey Smedley	corey.smedley@alexandriava.gov
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John Wanamaker	john.wanamaker@hcahealthcare.com
Justin Nelson	jnelson@vhhealth.org
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Kate Kramer	kkramer@arlingtonva.us
Kate Passow	kate.passow@gmr.net
Kathleen Deal	kcdrn@cox.net
Keith Morrison	keith.morrison@hcahealthcare.com
Kelsea Bonkoski	kelsea.bonkoski@alexandriava.gov
Lee Warner	david.warner@fairfaxcounty.gov
Mark Franke	mfranke@cox.net
Michelle Ludeman	michelle@vaems.org
Nathan Strong	nstrong@pwcgov.org
Ray Whatley	ray@vaems.org
Rick Cohen	rcohen@phiairmedical.com
Scott Weir	scott.weir@fairfaxcounty.gov
Steve Kling	steven.kling@inova.org
Tony Barone	tony@emergility.com
William Earley	wearle@arlingtonva.us
Zachary Baxter	zachary.baxter@gmr.net

#### **GUESTS**

**None**

### ***Call to Order***

Council President Nate Strong welcomed all in attendance and called the meeting to order at 10:01 a.m.

- No representatives from the public were present to address the Board.

### ***Approval of Minutes***

Minutes from the NVEMSC Board of Directors held on June 15, 2023, were sent for review by email

- Beth Adams made a motion to accept as written, seconded by Rick Cohen
- The minutes were **unanimously approved**.

### ***Treasurer's Report***

Keith Morrison advised that the financial reports for June, July and August were sent via email for review. They look different than in the past, but this is just a change in format.

- Beth Adams made a motion to approve the financials as submitted but has questions about some transactions in the reports.
  - Beth stated she doesn't recall seeing carwash payments before and under Employee Development fees and dues. What are we getting for employee development? Those things she hadn't seen before stuck to her.
    - Ray Whatley advised that the carwashes were added as part of routine vehicle maintenance because it's cheaper to do a monthly subscription instead of paying time by time.
    - For Fees & Dues, Ray advised he wasn't familiar with the exact purchases and would check and get back to her before the end of the meeting
  - Beth also asked about the computer purchased in August or September and whether that was done under the OEMS equipment contract
    - Ray advised that was purchased in May and was a standalone purchase for one computer that was reimbursed under the Coverdell grant, so it was not purchased under that equipment contract. Of note, the Statewide IT Contract is being voided as of the end of October due to the OEMS lack of funding
  - Keith Morrison advised that the change in the look of the reports is that from an audit perspective, which we are currently going through now, it's a little more transparent and after Laura discussed it with the auditor, it's a new way to show what we're posting and makes it easier for everyone to view, as Beth has picked up on
- Beth Adams reaffirmed her motion to approve the financials as submitted
- The motion was seconded by Kate Passow
  - The Treasurer's Report and financials were **unanimously approved**

### ***Pharmacy Presentation***

Zachary Baxter from PTS shared a presentation on their in-house pharmacy. A copy of the presentation is at the end of the minutes.

- Tony Barone also spoke briefly on the annual cost of running an in-house pharmacy. He said the largest expense is a good commercial safe, which would be a few thousand dollars. The security system was one of the best practice they took from Fairfax County Helicopter Division in being cost-effective. They went with SimpliSafe, and it is about \$30/month on that. That is what it

costs to get it up and running. The largest fees are the safe, registrations, and the monthly security.

- Beth Adams asked what type of training he had to go through to do this and if their logistics division had dedicated positions.
  - Zachary advised he went through an in-house training program that was put together by the original logistics person when he became a supervisor. They walked him through all the compliance steps to go through and he had to perform pharmacy transactions and then there was in-house testing. They do not have anyone currently dedicated to that position because they are a small inter-facility company. Their actual usage and need are not that large. When they were a larger business unit, they had a full-time dedicated logistics lead assigned to the DEA registration.
  - Dr. Morgan from Loudoun County asked the group their thoughts on the security and the regulatory burden we're going through with Schedule VI from saline to drips to Zofran. Obviously, that's the Board of Pharmacy in Virginia and whether anyone has experience with these drugs in EMS in other states. To him it seems like extreme security for saline. Pharmaceuticals are more understandable. Through legislation, when we're looking at adopting a significant regulatory and paperwork burden on the laps of EMS, it comes at a cost. Is there an opportunity to push back and maybe bring more common sense to some of these regulations based on what's happening in other states? He gets the sense that this is a Virginia and that with other states when you order salt water, you don't have to get it secured under lock and key.
    - Maryland only requires narcotics to be locked up
    - Nate Strong advised New York state was the same way, only narcotics
    - Dr. Morgan said that was his assumption. He believes that this may be a good opportunity to align with other interested parties, such as the fire chiefs, considering the large sum of money they'll have to put out for this, that we can band together and try to shift the mindset on that. We can look to our neighboring states and tell the Board of Pharmacy that this is what we're proposing or find a legislative sponsor to take our cause before the state when they convene in Richmond in the late fall or early winter
    - Lee Warner from Fairfax County FRD said that going hand-in-hand with that, Loudoun County and Fairfax City are ahead of many of the other agencies in our region by using Comp-Z locks on their medications and CSKs if regionally, there is a lot of tightening down on the things we need to be concerned about. This is our level of security on medications of concern, and this is what it's cost us. These are the items of concern, and these are the actions taken.
    - Ray asked whether OEMS has looked outside the state to work with the Board of Pharmacy to make this change.
      - Dr. Morgan said he doesn't get the feeling they have. His impression from attending the state Medical Direction committee is that they just pass along whatever the Board of Pharmacy says we need to do, and there hasn't been a lot of engagement or pushback or formal conversation. People have been able to get by for many years with little hassle with the hospital-based exchange program, and unfortunately, it looks like the future of those is limited, so as this burden begins to fall more on the agencies, people are going to call to question what is the minimum we can do to be compliant and secure and are there

opportunities to change practice where we can look at other jurisdictions or states or whatever.

- Brian Orndoff stated he agrees that we need similar storage and security across the region but just with the City of Fairfax, they are seeing that it's impacting storage on suppression units because the state views aspirin the same as a bottle of Fentanyl. Everything has to be secured and climate controlled, etc., so they need to have larger containers, putting a squeeze on the space available on some of the apparatus.
- Ray asked if Dr. Morgan and Dr. Weir felt this was something medical direction could bring up to OEMS, and Dr. Morgan stated he felt they could bring it up. There are some concerns with the hospital-based exchanges based on significant diversion incidents in the lower part of the state, so this is a popular topic lately.
- Beth Adams advised that she's on the GAB Legislative and Planning Committee and she can raise that concern at their next meeting as well and just start floating the idea
  - Beth also stated that something to consider is that when BOP did their last audit a few years ago, they found that less than 70% of agencies were in compliance with the current BOP regulations so it's not a great idea to stamp your foot and draw attention if everyone isn't complying with the minimum requirements already in place

### ***President's Report***

President Nate Strong had no report at this time

### ***Executive Director's Report***

Ray Whatley submitted the following report:

- To close the loop on Beth's question about the expenses in 6115 – Fees & Dues, that covers the CLIA application, BJs membership, VAGEMSA dues, and things like that.
- Beth asked whether these are Council fees and dues or personal because it's under Employee Development
  - Ray stated that it's the way the page break is and they're not the same category. They're two different ones.
  - Beth advised she'd follow up with Laura, who handles the bookkeeping
  - Beth also requested from Keith Morrison that we itemize the transactions in category 6115 by entity so everyone knows where the money is going because even though we can see what's under the broad area, people should know what we're funding whether it's personal dues, so we have a global sense of where our Council money is going
    - Keith said he'll request that information from Laura on her return from vacation
    - Ray also stated that for additional transparency, all invoices and receipts are approved by him and Keith, so he does see that prior to them being paid, unless it's a payment by credit card
      - Beth stated that means that not everything is being approved ahead of time if it can be put on a credit card, and once the money's spent, the money's spent and you can't unapproved that.

- Ray stated that all invoices are approved before payment unless it's paid by credit card
- Beth stated she'd email Laura and let her know Keith said it was ok to itemize those transactions out for better clarity
- Due to the budget shortfall that has impacted OEMS, our FY23 Q3 and FY Q4 invoices are still waiting to be paid. We anticipate those invoices to be paid upon completion of their internal audit. We will be submitting FY 24 Q1 shortly and expect those funds to be held. We did close out our Year 2 Coverdell grant with VDH and have received our \$10,000 reimbursement.
- We have pulled our Regional Educator position announcement as funding from OEMS was withdrawn for at least FY 24. Our Stroke Smart position is remaining, and we are still working towards finding a replacement for Margaret, who has agreed to continue as long as needed.
- We know that we as a council need to generate more revenue to become more financially stable. This will take time but expect to see some events that should raise funds for us. If you have an idea, feel free to let a member of the executive board or staff know.
- Our annual audit is underway.
- CEUs
  - So far in FY 24 Q1 we have awarded 660.5 hours of VA OEMS CEUs
  - We continue to obtain CE hours for Inova, Children's Medical Center, NVERS and individuals requesting CE
  - We have assisted with direct instructor support to NVERS
  - We will be assisting HCA Reston with CE hours for their November 18 one day program. They are in need of instructors. If you have a topic you want to present or see, contact Ray or Keith.
  - We are seeking individuals to be a part of the planning team for a Regional EMS Conference in the Spring of 2024. If you are interested in being a part of the planning team let Ray know. We will need a venue, instructors and sponsors.
- EMS-Pharmacy Committee
  - We plan to introduce a letter to be in compliance with our policy for agencies to report to the Pharmacists in Charge and the Council. We will be rescheduling the update from Ron Passmore and Board of Pharmacy.
  - Ketamine, Atropine, and Ativan shortages are continuing.
- Regional Paramedic Program update
  - GWU is ready to submit their CoAEMSP approval once they receive their program number.
  - GWU was to meet to outline the 9 month schedule
  - Oct/Nov expectations
  - Application process
  - Payment process
  - Instructor alignment process
  - Anticipate the need for instructors or SMEs the first two months (M-F)
- Whole Blood Program
  - We have been working with IBDS to modify the current contract. The major changes are:
  - Whole Blood \$550 per unit for transfused or out of temperature return. Maximum yearly increase of 3% may occur.
  - No participating member agency will be charged courier fees
  - Host a minimum of 1 blood drive per fiscal year

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- PHI and Fairfax One will be considered one agency
- IBDS Blood drives within the local government structure may be counted as a shared drive if all parties agree

### STATE AND REGIONAL COMMITTEE REPORTS

#### *Stroke Smart Advocate Report*

Michelle Ludeman presented the following update:


- Margaret has delivered 4 Stroke Smart training sessions since we last met, three of which were held in Arlington.
- Margaret has also made inroads with Spanish Stroke Smart training. She is working primarily with Spanish-speaking community health professionals in Fairfax County to disseminate the training through the Spanish video to Spanish speakers there. She hopes to use contacts made in those efforts to branch out to other counties.
- Efforts are underway in Montgomery County to obtain a Stroke Smart proclamation there. She has been assisting those efforts in an advisory capacity, training a group of hopeful medical school students (they are currently seniors in high school), to bring the training to all of Montgomery County schools. With Margaret's guidance, the students met with fire/EMS leadership in the county and secured Interim Chief Kinsely's support for the Stroke Smart proclamation request of Mont. Co. Board Chair Mark Elrich. The students are well on their way to making their own school Stroke Smart and are exploring ways to bring the training to other schools. Also in Mont. Co., Margaret was invited to speak at an MRC training conference in Germantown. Rather than present at that event, she will be training six of their volunteers to provide the training at the conference themselves.
- Margaret was also invited to speak at the annual CERTCon at the University of the District of Columbia next month. She will instead be training several CERT volunteers during an upcoming session for CERT in Fairfax, to provide that training themselves at the conference.

#### *AHA Training Center*

Ray Whatley provided the following report:

- Atlas is still having some issues. Make sure your instructors have logged in and are aligned with your TS.
- Reminder to claim eCards all students must have an Atlas account. It will take approximately 24 hours to populate their dashboard.
- Updated Guidelines for Cardiac Arrest of Life Threatening Toxicity Due to Poisoning. See the top 10 take home messages. <https://www.ahajournals.org/doi/10.1161/CIR.0000000000001161>

**Table 2. Commonly Used Doses of Antidotes for Resuscitation in Critical Poisoning**

Antidote	Indication	Initial Dose (Adult)*	Initial Dose (Pediatric)*	Maintenance Infusion	Notes
Atropine	β-Blockers CCBs Digoxin Local anesthetics	0.5–1.0 mg every 3–5 min up to 3 mg	0.02 mg/kg	None	
Atropine	Organophosphates Carbamates	1–2 mg, doubled every 5 min	0.02 mg/kg, doubled every 5 min	10%–20% of the total loading dose per hour up to 2 mg/h (adults)	Titrate to reversal of bronchospasm, bradycardia, and hypotension.
Calcium chloride	CCBs	2000 mg 28 mEq Ca <sup>2+</sup> 20 mL 100 mg/mL solution	20 mg/kg 0.28 mEq Ca <sup>2+</sup> /kg 0.2 mL/kg 100 mg/mL solution	20–40 mg·kg <sup>-1</sup> ·h <sup>-1</sup> 0.28–0.56 mEq Ca <sup>2+</sup> ·kg <sup>-1</sup> ·h <sup>-1</sup> 0.2–0.4 mL·kg <sup>-1</sup> ·h <sup>-1</sup> 100 mg/mL solution	Titrate to blood pressure. Do not exceed serum ionized calcium concentration 1.5–2 times the upper limits of normal. Administer through central line, especially in children.
Calcium gluconate	CCBs	6000 mg 28 mEq Ca <sup>2+</sup> 60 mL 100 mg/mL solution	60 mg/kg 0.28 mEq/kg Ca <sup>2+</sup> 0.6 mL/kg 100 mg/mL solution	60–120 mg·kg <sup>-1</sup> ·h <sup>-1</sup> 0.28–0.56 mEq Ca <sup>2+</sup> ·kg <sup>-1</sup> ·h <sup>-1</sup> 0.6–1.2 mL·kg <sup>-1</sup> ·h <sup>-1</sup> 100 mg/mL solution	Titrate to blood pressure. Do not exceed serum ionized calcium concentration 1.5–2 times the upper limits of normal.
Digoxin immune Fab	Digoxin	Acute overdose: 1 vial for every 0.5 mg digoxin ingested Chronic poisoning: Use formula: dose in vials=serum digoxin concentration (ng/mL)×weight (kg)/100 Acute overdose, critically ill, ingested dose unknown: 10–20 vials	Same as adult	None	1 vial contains 40 mg Fab. Lower doses may be equally effective. <sup>8</sup> 
Digoxin immune Fab	Yellow oleander Bufo toad venom	1200 mg (30 vials)	Unknown	None	
Glucagon	β-Blockers CCBs	2–10 mg	0.05–0.15 mg/kg	1–15 mg/h (adult)	Anticipate vomiting.
Flumazenil	Benzodiazepines	0.2 mg, titrated up to 1 mg	0.01 mg/kg	None	Many contraindications
Hydroxocobalamin	Cyanide	5 g	70 mg/kg	None	
Insulin	β-Blockers CCBs	1 U/kg	Same as adult	1–10 U·kg <sup>-1</sup> ·h <sup>-1</sup>	Regular human insulin. Monitor for hypoglycemia, hypokalemia, volume overload.
ILE	Local anesthetics	1.5 mL/kg up to 100 mL	Same as adult	0.25 mL·kg <sup>-1</sup> ·min <sup>-1</sup> for up to 30 min	All studies use 20% lipid emulsion.
Methylene blue	CCBs Methemoglobinemia	1–2 mg/kg, repeated every hour if needed	Same as adult	1 mg·kg <sup>-1</sup> ·h <sup>-1</sup> (for vasodilatory shock)	Maximum 5–7 mg/kg
Naloxone	Opioids	0.2–2 mg IV/IO/IM 2–4 mg intranasal Repeat every 2–3 min as needed	0.1 mg/kg	Two-thirds of the waking dose per hour	Titrate to reversal of respiratory depression and restoration of protective airway reflexes.
Pralidoxime	Organophosphates	1–2 g	20–50 mg/kg	400–600 mg/h (adult) 10–20 mg·kg <sup>-1</sup> ·h <sup>-1</sup> (pediatric)	
Sodium bicarbonate†	Sodium channel blockers Cocaine	50–150 mEq	1–3 mEq/kg	Prepare 150 mEq/L solution, infuse at 1–3 mL·kg <sup>-1</sup> ·h <sup>-1</sup>	Watch for hypernatremia, alkalemia, hypokalemia, hypochloremia.
Sodium nitrite	Cyanide	300 mg	6 mg/kg	None	Watch for hypotension.
Sodium thiosulfate	Cyanide	12.5 g	250 mg/kg	None	

β-blocker indicates β-adrenergic receptor antagonist; CCB, calcium channel blocker; Fab, fragment antigen binding; ILE, intravenous lipid emulsion; IM, intramuscular; IO, intraosseous; and IV, intravenous.

\*Unless otherwise stated, the route of administration should be intravenous or intraosseous. Maximum pediatric dose should not exceed adult dose. Most antidotes should be repeated frequently and titrated to achieve control of critical signs and symptoms. The ideal dose of most antidotes is not known and is often controversial. Large doses are sometimes required to overcome competitive inhibition of molecular targets such as adrenergic receptors and ion channels. Consult a medical or clinical toxicologist, regional poison center, or topic-specific reference for detailed dosing and administration instructions.

†Different sodium bicarbonate solutions are typically used for adults (1 mEq/mL) and children (0.5 mEq/mL). Both formulations are hypertonic.

**State EMS Advisory Board**

Beth Adams provided the following written report:

- Rules & Regulations Committee (8/3/23)
  - Nothing yet from DEA.
  - Ron Passmore & Board of Pharmacy presentation at NVEMSC meeting (9/21/23)
  - Chapter 32 in Stage 2 of regulatory process
  - Chapter 66 (Durable DNR) being presented to Board of Health meeting (9/14/23)
  - Routine periodic review – only style/format revisions
- Executive Committee (8/3/23)

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- Ongoing discussion re: board composition
- Ongoing VHHA & MDC collaboration re: ambulance patient offload time
- Data incomplete or inaccurate – variable data definitions
- Met with ePCR vendors, next with EMS leaders, then hospitals
  - Approval of committee items for presentation to GAB
- Legislative & Planning Committee (8/4/23)
  - Bylaws workgroup being reactivated to address suggested changes re: committee names & committee appointments.
  - HB2175 – ongoing study re: funding & sustainability for fire & EMS
    - Report due to General Assembly by 10/1/23
  - Report from MDC – establishing work group to look at nomenclature for EMS physician & roles & nomenclature for PA/NP
    - Per § 32.1-111.1 definition: "Emergency medical services physician" or "EMS physician" means a physician who holds a current endorsement from the Office of Emergency Medical Services (EMS) and may serve as an EMS agency operational medical director or training program physician course director."
- Advisory Board (8/4/23)
  - Advisory Board actions: approved the AEMT minimum competency model guidelines.
  - Advisory Board tabled a motion from the Emergency Management Committee to approve a mandatory dataset for triage tags. Dataset included things such as name, gender, address, phone number, age, weight, incident state of origin, as well as triage info (time, chief complaint, comments, agency/unit, destination, time of arrival, category START vs. SALT), vital signs, treatment record including primary & secondary decontamination,
    - Dr. Allen Yee (Medical Directors Committee) spoke against triage tags in general, noting that they are used in true MCIs.
    - Dr. Patrick McLaughlin (Peds EM doc representing EMS-C) spoke against the potential for medical error based on weight – citing field use of pounds vs ED/hospital use of kilograms + any Peds weight not obtained via Broselow.
  - Dr. McLaughlin also reported that EMS-C is evaluating alternatives to ECR. At their committee meeting, they tested ECR with live children (vs. manikins) and discovered that it's "more challenging than installing a car seat."
- Next meeting scheduled for the week before Thanksgiving with the bulk of meetings being the 16<sup>h</sup> and 17<sup>h</sup> of November
  - Ray also added that the previously scheduled OMD Workshop to be held at Symposium has been rescheduled for November 9, 2023 and is being held at OEMS

### *Provider Health and Safety*

Michelle Ludeman advised there is no report

### *Medical PI Committee*

Michelle Ludeman provided the following update:

- The last meeting was July 12, 2023
  - An obstetrics case study was presented by Steve Kling and had a representative from Child Protective Services speak to the group
  - Some discussions included whether EMS agencies do any reporting above the state minimum, policies and procedures for children being left unattended when a parent



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needs to be transported by EMS and do you have capabilities to transport a child with the parent

- The next meeting is October 11, 2023, and the topic is sepsis

### *Trauma PI Committee*

Michelle Ludeman provided the following update:

- Trauma PI was on September 13th
- The topic was tourniquet use in CY 2022 and trends since our last discussion in December 2020
  - Who was tourniquet applied by
  - Was it applied correctly
  - Was it a commercial or makeshift tourniquet
- Dr. Sarani had done a paper that he shared with us and is looking to do a paper for the last 5 years on tourniquet placement by law enforcement vs. EMS
- Next meeting is December 13, and the topic is limb salvage and amputation
  - There will be a presentation from GWU Hospital on their Surgical Strike Team and handling field amputations

### *Medevac Committee*

Rick Cohen advised that there was nothing to report

- Michelle and Ray advised that going forward, the state committee will be called the State Air Medical Committee, not Medevac

### *Patient Tracking Workgroup*

Andrew Slater advised that Chief Cooper had no update. The group is still determining what vendors to consider

### *Regional Medical Directors & State Medical Direction Committee*

Dr. Morgan provided the following update:

- State MDC met last on July 13<sup>th</sup> and next meeting is October 5<sup>th</sup>
- They revisited the discussion on what is in the scope of practice at various levels of certification
  - Cyanokits were added to the scope for Advanced EMTs
  - Magnesium was asked about for AEMTs but that was not supported moving forward
- Discussion on out-of-state paramedic programs and whether we can accept students from out of state for hospital clinicals or ride-alongs
  - OEMS suggested
    - Someone from the out-of-state program apply for an Education Coordinator certification
    - There is always the variance option for the process
      - If you have a situation where an out of state student would benefit from a clinical process, the medical director of that program could reach out to OEMS and state how they would have oversight and some type of MOU to get a variance
- There was a little discussion for the paramedic practitioner, like an advanced practice practitioner like an NP or PA that is more of an EMS track model.
  - There is discussion on this at the national level but not a lot of information. This was more of an informative discussion on whether this could be a clinical track for people in paramedicine in the future

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- Reiterated that the final stance on SALT vs. START, regions can determine what triage scheme they want to use in their area, and for statewide guidance they are leaning toward SALT but not forbid regions that want to stick with START to do so for the time being

Dr. Scantlebury provided the following update for regional medical direction:

- Most of the regional OMDs are focused on the Board of Pharmacy and how they'll satisfy requirements going forward on provider tracking and audits.
  - Much of that was supposed to be an in-person discussion today but that was canceled and will be rescheduled
  - There is an OMD meeting today, and they'll continue the discussion there
- Coming to agreement with IBDS in terms of the required/recommendations/agreement terms for IBDS providing blood for our EMS transfusion programs in the region

### ***Training and Certification Committee***

Michelle Ludeman provided the following report:

- Chad Blosser said there are 26 new educators that just came out of the last institute
- There are 736 ECs certified to date
  - 236 are in the pipeline
- They are working to publish the 2024 EC Institute dates
- There are several EMT programs doing the QA/QI visits
- They have not yet adopted the NEMSIS standards
- For the accreditation, there haven't been many changes
  - Prince William County will be placing their program on hold and joining with the VCU program as a satellite campus
    - VCU has 7 satellite campuses
  - AEC has 11 satellite locations as well
- As Beth mentioned, the GAB approved the NAEMSO AEMT SMC guidelines document
- Next meeting is in October

### **OLD BUSINESS**

None

### **JURISDICTIONAL REPORTS**

#### ***City of Alexandria Fire Department***

Kelsea Bonkoski gave the following update:

- Currently have a recruit school in session that started two weeks ago
- They have 9 students starting ALS school this week
- Currently on schedule to transition from ImageTrend to ESO at the end of October

#### ***Arlington County Fire Department***

Paul Earley provided the following update:

- There is a recruit school in session with 24 members
- Doing a trial runs this month and next for in-person telehealth with their PA or NP to see how that works

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### *City of Fairfax Fire Department*

Brian Orndoff advised of the following:

- They will be looking at doing a cardiac monitor evaluation probably in the next calendar year with hopes to move to a new product toward the end of the fiscal year next year
  - If people are interested in seeing the presentations as they do them, let them know

### *Fairfax County Fire & Rescue*

Lee Warner provided the following update:

- They continue to evaluate the EMD process and make little tweaks here and there down to how they are asking some questions
  - Those are going on weekly but would be transparent to most folks
  - They are trying to use their system in the best way possible
- They will roll back eight additional transport units back to BLS soon. They don't have an exact timeline just yet. The ballpark timeframe is 45 days
  - What that means regionally is hard to say now. They need to look at their system globally to see what needs to be an ALS transport unit and a BLS transport unit
  - They are doing it for the same reason as everyone else: they don't have enough medics
    - Brian Orndoff asked if, when they look at their system globally,, they are including the City of Fairfax or not
      - Lee advised they are considering them as part of that because they work so much with them. He'll verify with the data analytics person

### *Fairfax County Police Helicopter Division*

Dr. Scantlebury provided the following updates:

- They are in the process of going through the FTO process with two medics that have been moved up to the helicopter division

### *Fauquier County DFREM*

No Representation

### *Loudoun County Fire and Rescue*

Andrew Slater advised of the following update:

- They have 1 paramedic and 2 AEMTS precepting at this time
- There are 9 students in an AEMT to paramedic class currently and will be completing the class around January
- There are 12 AEMTs in the nighttime class as well
  - 9 career staff
  - 3 volunteers
  - They should also complete their class in January and be ready to precept
- Recruit school in session now and will graduate in January
  - They will gain an already locally endorsed AEMT out of that class
- For anyone that is carrying pediatric King airways, they got a notice from BoundTree that they are not on recall, but the FDA told AMBU that they have to resolve an issue, so they need to pull and put on hold the 2.5, 2, 1, and 0 sizes for pediatric King airways
  - They are sending out a notice today to all field providers to have them pulled and put into supply cabinets until that issue is resolved

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- He will email the letter to the Council to distribute to the listserv groups

### ***City of Manassas Fire and Rescue***

Ed Mills provided the following update:

- They are in the process of evaluating their overall call volume and resource deployment model along with their partners in PWC since they're on one main dispatch
- They are also going through the early steps to upgrade both engines to paramedic engines
- They currently have two paramedics precepting and two in the onboarding process
- They continue to recruit

### ***City of Manassas Park Fire & Rescue***

No Representation

### ***MWAA***

Gary Hubble provided the following update:

- There are two paramedics currently in their internships
  - One just completed theirs, and they are awaiting final endorsement from the medical director
  - Once they all finish their internships, they'll have all ALS positions filled for the time being
- There is a recruit class starting on October 10

### ***Prince William County Fire and Rescue***

Chip Morrison advised there was nothing new to report

### ***LifeCare Medical Transport***

No representation

### ***Northern Virginia Community College***

Kathy Deal advised of the following update:

- Fall semester started August 21<sup>st</sup> and ends December 13<sup>th</sup>
- Currently have 50 ALS students and 35 BLS students enrolled
- They hired two more full-time teaching faculty before there was a state freeze on hiring
- A year ago, the state of Virginia gave NVCC Medical Education Campus a \$25M grant to enlarge the Medical Education Campus
  - This was driven by the need for more nurses in the state, but this will also help all of the allied health professions
  - Currently, there is an education building and a garage with a grassy area. They are going to put a 3-4 story building in that grassy area and then link the two buildings
  - They are in the design stage currently and say they want to break ground in 2024
- The Medical Education Campus has been there for 20 years, and the college plans to have a 20<sup>th</sup> Anniversary Evening Gala-type event for April 2024.
  - It will be off campus, and there aren't many details yet, but they have been having admins go through records to invite anyone who has graduated from any of the medical programs in the last 20 years
- The college EMS Advisory Board Meeting is October 17th

### ***OEMS Program Representative***

Chris Vernovai advised there was no update other than what was previously discussed

### ***PHI Aircare***

Rick Cohen advised of the following:

- They had a good site visit from their accreditation board
  - They should find out in the next few weeks about their re-accreditation

### ***Physicians Transport Service***

Kate Passow advised of the following:

- Thanks to Zach for his presentation today
  - If you have pharmacy questions, contact Zach
  - If you want to do a site visit for the pharmacy, contact Kate

### ***Inova Health System***

Steve Kling advised that there was nothing to report

- They have a few educational opportunities coming up
  - They're planning a trauma breakfast soon
- They want to get more clinical rotations through there and get more opportunities going to go through different service lines

### ***Reston Hospital Center***

Keith Morrison provided the following update:

- Thanks to all of those who came out to help with the Trauma Level II designation with the state
  - They had no findings and they were impressed with their EMS presence so thanks to all who were able to show
- They were approved for open heart surgery from the state
  - They are going to be moving forward with that process over the next 18 months
  - They look forward to expanding their services
- Recently, they partnered with NVERS and did a decon training and are piloting a new decon training for the hospital to stretch out and get everyone doing the same thing from the hospital perspective
- They did an internal mass casualty drill last week to test their internal processes to get ready for the regional drill next April
- On November 18<sup>th</sup> they plan to do a continuing education day, probably from 8/9am to 4/5pm.
  - They already have some speakers lined up for that
  - Hopefully, this will help offset that lack of hours available with the Symposium being canceled

### ***Stafford County Fire and Rescue Department***

No representation

### ***StoneSprings Hospital***

John Wanamaker provided the following update:

- They just finished their stroke accreditation with Joint Commission and that went well
- They will be helping Reston Hospital with the EMS CE day in November that Keith just discussed

***Northern Virginia Emergency Response System***

No Representation

***Emergility***

Tony Barone advised there was nothing to report

**NEW BUSINESS**

- Michelle Ludeman advised that next month’s Board of Directors meeting will be held on October 12<sup>th</sup>, in person at FS403, 4081 University Drive, 3<sup>rd</sup> Floor.
- Mike Berg from OEMS will be here presenting information regarding the RSAF
- Michelle will be sending out a conflict-of-interest form next week for all board members and alternates
  - When the minutes and reports were sent before this meeting, they included each agency’s Board delegates
  - If you have any changes, please send them to us to update

Ray advised that the Hospital Diversion Plan will not be discussed today and hopefully will be able to be discussed at the next meeting

- The main reason is that even though the wording was changed, there was concern on the hospital side of things about picking up the ring-back phone for PSAPs
  - Hopefully, we can have this resolved and discuss it at the next meeting

***Bylaw Committee***

We need volunteers for a Bylaw Committee to review the Bylaws and make any revisions

- If you want to participate, please let Council staff or VP Orndoff know
- We’d like to have a slate of people within the next week
  - Beth Adams volunteered

**MOTION TO ADJOURN**

There was a motion to adjourn at 11:37 am.

**Board meetings for 2023 are as follows.**

**October 12, 2023**

**December 7, 2023 (due to holidays)**

**CERTIFICATION OF BOARD OF DIRECTORS MEETING**

Northern Virginia EMS Council  
7250 Heritage Village Plaza, Ste. 102  
Gainesville, VA 20155

I, Laura Vandegrift, Administrative Coordinator of the Northern Virginia EMS Council, certify that the above minutes are a true and correct transcript of the minutes of a meeting of the Board of Directors of

**Northern Virginia EMS Council**

Board of Directors Minutes – September 21, 2023

the Northern Virginia EMS Council held via Zoom on September 21, 2023, and that the meeting was duly called and held in all respects in accordance with the laws of the state of Virginia and bylaws of the corporation and that a quorum was present. The minutes were officially approved at the October 12, 2023, meeting of the Board of Directors of the Northern Virginia EMS Council.

*Laura Vandegrift*

10/12/2023

Laura Vandegrift  
Northern Virginia EMS Council

Date