National EMS Week - Page 2

EMSC Day and EMS Week puzzle - Page 3

BLS Practical Test - Page 4

Background checks, just for EMTs? - Page5

STEMI - Page 6

PPCR Program Vendor Announced, Grant Opportunity - Page 7

Air Borne Pathogens and H1N1 - Page 8

Calendar of events, Quick Hitters, Little Gary - Page 9

Virginia Office of Emergency Medical Services, Virginia Department of Health, www.vdh.virginia.gov/oems

VDH Virginia Department of Health — Protecting You and Your Environment — www.vdh.virginia.gov

EMS Bulletin

Office of Emergency Medical Services,
Virginia Department of Health
Spring 2009

Yes Virginia, you do have Designated Stroke Centers

By: Paul Sharpe, Trauma and Critical Care Coordinator

During the 2008 General Assembly, additional language was added to the "Statewide Emergency Medical Care System" law (§ 32.1-111.3) that established the requirement that the Statewide Emergency Medical Services (EMS) Plan includes a statewide Prehospital and Interhospital Stroke Triage Plan. What does all this mean? Simply, it has been shown that the outcome of persons suffering from an acute stroke benefit by being treated at a Designated Stroke Center, much like a trauma patient at a Designated Trauma Center. The Virginia EMS system will now place the same emphasis on acute stroke care as it does on trauma care.

So what is a Designated Stroke Center? In Virginia a hospital is considered designated as a "primary stroke center" when it has gone through certification by the Joint Commission or a comparable process. Currently, in Virginia, the Joint Commission recognizes the following hospitals as a primary stroke center: Bon Secours – St. Mary's (Richmond), CJW Medical Center – Chippenham Campus (Richmond), Henrico Doctor's Hospital – Forest Campus (Richmond), Inova Alexandria Hospital (Alexandria), Inova Fairfax Hospital (Falls Church), Inova Loudoun Hospital (Leesburg), Sentara Norfolk General Hospital (Norfolk), Sentara Virginia Beach General Hospital (Virginia Beach), University of Virginia Health System (Charlottesville), and Virginia Commonwealth University Health Systems (Richmond). Details on the Joint Commission's Primary Stroke Center Certification can be found at http://www.jointcommission.org/Certification-Programs/PrimaryStrokeCenters/.

To achieve Joint Commission stroke certification, hospitals' must ensure they have a team approach to treating patients with acute strokes, have written stroke care protocols, and can provide rapid assessments and diagnostic tests such as lab tests and radiological studies. Stroke centers must also meet standards for providing definitive stroke care such as anti-thrombotic therapy. In addition to acute care, a stroke center must be active in identifying risk factors, performing secondary prevention such as treating hypertension and vascular disease. A stroke center must also perform public education on strokes and provide rehabilitation that will help return patients to a point as close to their pre-stroke health as possible.

Continued on page 6

WALK
Is their balance off?

TALK
Is their speech slurred or face droopy?

REACH
Is one side weak or numb?

SEE
Is their vision all or partly lost?

FEEL
Is their headache severe?

Even if you only have one symptom or your symptom(s) go away, call 9-1-1 immediately.

1-888-4STROKE

www.giveme5forstroke.org

May is National Stroke Awareness Month!

The Virginia Department of Health has resources to help you build stroke prevention programs visit www.vahealth.org

National EMS Week - A Proud Partner in Your Community

By: Beth Singer, PI&E Coordinator

It is time again to celebrate National EMS Week on May 17 – 23! Does your agency have plans to hold an event for EMS Week? This year's toolkit from the American College of Emergency Physicians has ideas for events and education for the whole year!

The Office of EMS sent a toolkit to each EMS agency in Virginia, but you can also download the toolkit at www.acep.org/emsweek.

This guide has several great ideas for simple events and projects that can help you promote your agency, educate the public, help recruit new members, raise funds and much more.

The theme for this year's National EMS Week is "A Proud Partner in Your Community." EMS is an essential service that is provided to the community, but your agency can make an even greater difference by helping to prevent injury, illness and death through public information and education.

EMS agencies can be an excellent source of injury and illness prevention education, that can range from wearing seat belts, using car seats, proper monitoring of chronic illnesses like Diabetes and more.

As a part of the Virginia Department of Health, the Office of EMS is playing a significant role in helping to further the goal to prevent infant mortality in Virgina.

Infant mortality refers to the death of an infant before its first birthday. During the past year, 839 infants died in Virginia which means that 7.7 deaths occurred per 1,000 babies. As EMS providers, we can help make a difference and lower these staggering numbers.

Women who are of childbearing age, new parents, grandparents, caregivers and health care providers need to be educated about ways to keep babies safe and moms healthy. A downloadable flier is available on the OEMS Web site and can be easily duplicated and shared. The flier promotes messages on ways to help prevent infant mortality.

Some EMS week ideas that will help you promote awareness of infant mortality include:

1. Car seat check

2. Safe baby awareness seminar (talk about safe sleeping - baby sleeps on their back, car seat use, locking up medicines and poisons, fall prevention, teaching kids to use 911, creating a first aid kit for kids and more)

3. Babysitting classes (talk about safe sleep- baby sleeps on their back, teach CPR and first aid for infants and children)

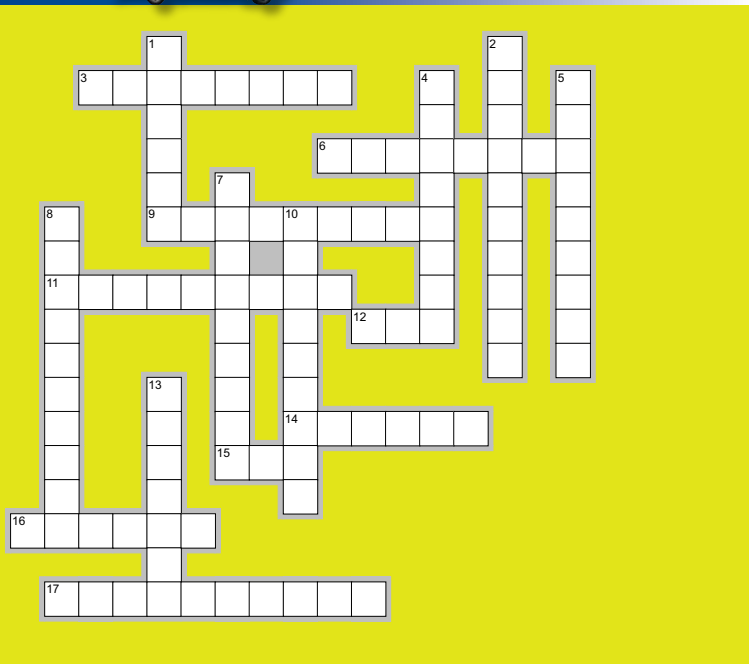
For more information on EMS Week and to download the infant mortality flier, please visit the OEMS Web Site at www.vdh.virginia.gov/oems. You are a valuable partner in your community!

The 17th Annual National EMS Memorial Service
May 23, 2009 at 6:00 p.m.
The First Baptist Church Roanoke, Virginia

Please take a moment at that time to join us in remembering our fallen colleagues.

www.nemsms.org

EMS Week CROSSWORD PUZZLE



ACROSS

3. What a driver should do when an ambulance approaches with lights and siren
6. Perpetual patients
9. Ambulance safety feature
11. Transports patients to the hospital
12. Emergency Medical Services, briefly
14. A common cause of breathing difficulty
15. Lifesaving procedure (abbr.)
16. Headgear for bicycle riders
17. Rescue extrication tool

DOWN

1. Protective and handy
2. Used to carry patients up and down
4. Paramedics often carry these on their belts
5. Someone who witnesses a medical emergency
7. A man or woman trained in advanced life support
8. International EMS symbol
10. Spinal immobilization tool
13. Important information for 911

Get the answers to this puzzle from ACEP on the last page

National EMSC Day

This year is the 25th Anniversary of the National EMS for Children Day which is held this Wednesday, May 20th.

This year, the goal of National EMSC Day is to increase public awareness of the special needs of children in EMS and to increase community partners to help promote EMSC and help to advance the care of children in emergency medical services.

The Office of EMS has posted the National Resource Center toolkit for EMSC Day on the Web at www.vdh.virginia.gov/oems. This toolkit offers:

- resources for parents and caregivers
- resources for staff and volunteers
- clipart and PSAs
- fun activities for kids and more.

The Virginia EMSC program has been working to ensure that EMS agencies and hospitals have proper equipment for the treatment of children, that EMS providers have access to specialized pediatrics training and has been a model for other states including West Virginia for the EMSC program in the nation. To learn more about the Virginia EMSC program, visit the OEMS Web site.

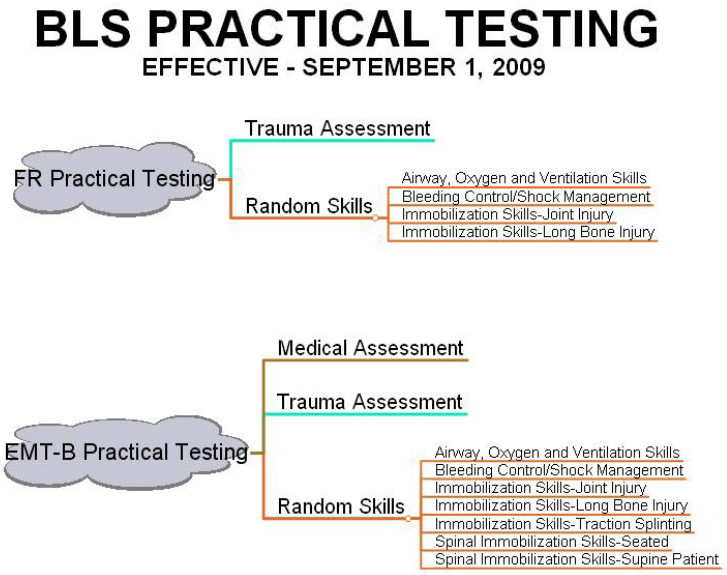
www.childrensnational.org/emsc

New BLS Practical Exam Debuts Sept.1

By: Greg Neiman, BLS Training Specialist

In 2006, the Professional Development Committee (PDC) created the BLS Certification Test Ad-hoc Sub-committee and tasked them with reviewing the current BLS Practical Exam, to identify any issues and recommend whether to keep the current process or make any changes. The Sub-committee, chaired by Jeffrey Reynolds, forwarded a recommendation to the PDC to change the stations and process of BLS Practical Testing.

The sub-committee's extensive review showed that it would be best to have all candidates tested individually. As such, the potential for a strong candidate to pull a weak candidate through the examination process is eliminated and weak candidates will no longer be able to cause strong candidates to fail. It also means that there is an odd number of students testing, the extra person will not be paired with someone they have never met.



The new Practical Exam was successfully piloted at the EMT Instructor Practical held on Dec. 6, 2008. A total of 9 stations were set up. Twenty-five Instructor candidates completed all stations in just over two hours. Other Pilots are scheduled, including the EMT Instructor Practicals on April 11 and August 1, 2009. In addition, two High School programs have volunteered to pilot the exam in May. At that pilot, 70 EMT students will be tested in order to check all of the logistics of the new exam.

Practical examination stations required for each BLS Level are as follows:

The Medical and Trauma Assessment stations will be staffed with an evaluator and an appropriately moulaged patient. The candidate will be required to conduct a hands-on assessment and voice treat all conditions found.

In the Random Basic Skills station, the candidate will enter the room and choose one of seven cards placed face-down on a table (four cards for an FR candidate). The candidate will be expected to complete whatever skill is chosen. Instructors will need to ensure their students are properly prepared to test all of the skills, since the choice will be randomly made in the station. Each skill station will have an Evaluator, an EMT Assistant and a patient (the Airway station will utilize an Airway mannequin).

Specific information regarding the stations and the checksheets used by the evaluator can be found in the Practical Exam Users Guide that can be downloaded from the OEMS Practical Exam Website: www.vdh.virginia.gov/oems/training/Practical_Exam.htm .

The Office will be rolling out the new Practical Exam to the Regional EMS Councils and Certification Examiners in May 2009. The Councils will be given a pre-packaged Evaluator Training Program and Evaluator Training will be conducted from June through August. On Sept. 1, 2009 all new candidates and providers seeking recertification through Reentry will be tested under the new Practical Exam. The EMSAT Broadcast on May 20th will present and discuss the new Practical Exam and all Instructors will receive a DVD which will show all practical exam stations and can be used to prepare students for the practical examinations.

There will be a 90-day Transition Period for candidates/reentry providers who are in the middle of a testing series. If a candidate tests under the old Practical Testing scenarios prior to September 1 and fails, they will be allowed to retest under the old Practical Exam criteria within 90 days. After Sept.1, 2009, any candidate who initiates the testing process, is working towards or has met Secondary Eligibility requirements and has not begun their testing process, will be required to take the new Practical Exam in order to certify/recertify.

If you have any questions or concerns regarding the new Practical Exam, please contact Greg Neiman, BLS Training Specialist at Gregory.Neiman@vdh.virginia.gov .

Criminal History Reports – only for EMS providers as needed, correct?

By: Michael Berg, Regulation and Compliance Manager

Recently, a local county attorney's office contacted the Office of EMS (OEMS) to gain insight on a complaint they had received from one of their citizens. It seemed a local volunteer fire department had "voted in" a known and registered sex offender since his probation officer said he could be a firefighter. Within a week there were already complaints of improper use of the stations internet availability – thus the contact to the local county attorney's office. Here in lies the issue, the volunteer fire department holds a Virginia EMS agency license. As defined within the Virginia Emergency Medical Services Regulations 12VAC5-31-910 Criminal or enforcement history, the gentleman in question was not eligible to be affiliated with the volunteer fire department. Once the department was notified, the person in question was immediately dismissed and security measures were implemented at the volunteer station.

This scenario is not unusual and unfortunately occurs more than most people want to admit. Agencies that are EMS only and fire departments that are also licensed EMS agencies must follow Virginia EMS Regulations when it comes to bringing in people who want to become members, but have been convicted of certain crimes.

The Virginia EMS Regulations are very clear that anyone affiliated with an EMS agency must have a criminal history report completed to determine eligibility to be affiliated with the applied organization. These reports are not to be older than 60 days to the individual's application to the organization. Do not let the applicant provide their own criminal history report. OEMS provides funding for Virginia State Police (VSP) to conduct the criminal history checks for free for volunteer EMS agencies (http://www.vsp.state.va.us/FormsPublications.shtm#CriminalHistory).

Once received, the agency can make a notation on agency letterhead that the individual is eligible for affiliation and provide the criminal history report to the individual, place in the personnel file or destroy the document. This must be done for everyone affiliated with the organization, whether or not they are involved in patient care activities. "Affiliated" is defined within the EMS Regulations, (http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC5-31-10). In the event there are any questions as to whether an individual is eligible for affiliation, the Office of EMS should be contacted (local OEMS Program Representative or the manager of Regulation and Compliance).

For fire departments, the issue of criminal history reports can be complicated. If the fire department also holds a Virginia EMS agency license, then all members affiliated with the department must have a criminal history check completed. It makes no difference if the individuals are not involved in patient care activities – they are affiliated with the licensed agency and as such are subject to the same regulations. The Office of EMS is happy to assist fire departments who also hold a Virginia EMS agency license meet Virginia EMS regulations.

Get Ready Now for Hurricane and Flood Season

June 1 marks the start of hurricane season, and EMS providers should take steps now to prepare their families.

National Hurricane Preparedness Week is May 24-30, an excellent opportunity for all EMS providers to take three simple, low-cost steps to get ready: get a kit, make a plan and stay informed. This year, the Ready Virginia campaign is focusing on teaching families how to make a plan. For hurricane season, families should learn their designated evacuation routes, decide on an evacuation destination and collect emergency contact information. Go to www.ReadyVirginia.gov for downloadable family plan worksheets.

Virginia's Hurricane Preparedness Sales Tax Holiday is set for May 25-31. During that week, no sales tax will be charged on the purchase of many items that can be used to prepare homes for hurricane and flood season and to fill emergency supply kits. Among the exempt items are bottled water; flashlights; batteries including cell phone batteries; food and beverage storage coolers; battery-powered or hand-crank radios, two-way radios, weather band radios and NOAA Weather Radios; cell phone chargers; carbon monoxide and smoke detectors and fire extinguishers; first aid kits; tarps, plastic sheeting, drop cloths and duct tape; artificial ice; empty gas, propane or diesel fuel tanks or containers; and generators. For a complete list and details go to www.tax.virginia.gov.

GET A KIT - MAKE A PLAN - STAY INFORMED

Acute ST-Elevation Myocardial Infarction (STEMI)

By: Paul Sharpe, Trauma and Critical Care Coordinator

Many localities in Virginia are already addressing the establishment of STEMI Systems of care that rapidly identify and treat patients suffering from acute myocardial infarctions (heart attacks). The goal of a STEMI system is to decrease the time period until a person suffering a STEMI can receive medical interventions that will restore blood flow to an area of the heart being deprived oxygen (reperfusion). These interventions may include thrombolytic drug therapy, angioplasty through cardiac catheterization, or surgery.

In Virginia, the Virginia Heart Attack Coalition (VHAC) is a group comprised of stakeholders from academic and private institutions, EMS, professional organizations, and others that are committed to ensuring STEMI care is available on a statewide basis. VHAC is working in close collaboration with the American

Heart Association's (AHA) Mission Lifeline, which is committed to fostering cooperation and coordination by STEMI care providers nationally.

Initiatives such as the American College of Cardiologists "d2b" (door to balloon) campaign and locally "Project Upstart" and other local programs have begun to make rapid STEMI care a reality in some areas. VHAC will be working towards supporting the development of regional STEMI care in all areas of Virginia and adapting the national efforts to our state's specific needs.

The Virginia Heart Attack Coalition officially launched its campaign on May 16, 2009 by pulling together hospitals, physicians, EMS agencies and others together to begin shaping this new statewide effort towards assuring all persons have a quality STEMI system available.

Yes Virginia, you do have Designated Stroke Centers Continued from page 1

What is the definition of an acute stroke? An acute stroke is the time period when the onset of stroke is a short enough period that hospitals can provide a rapid intervention to reverse the effects of the stroke; i.e. relieve a blood clot, or stop an intracranial hemorrhage. Currently, an acute stroke is defined as a three hour window from the onset of any symptom. There are variables that can expand this window of time such as medical treatments that may be performed at limited hospitals and are not considered part of stroke certification; they go above and beyond certification.

Like the Trauma System, the Stroke System needs to be an inclusive system; meaning that all hospitals have a role in the care of stroke patients. It is not feasible to expect that all acute stroke patients can be transported directly to a designated stroke center. Most Virginia hospitals can provide some level of stroke care. Many provide excellent stroke care, but may not have the volume of patients needed to support a stroke program that can become Joint Commission certified. EMS crews should strive for direct transport to a Designated Stroke Center or utilize air medical services if direct transfer to a stroke center can occur within the three hour window. The OEMS Stroke Web page has more information on what level of stroke care can be provided at most of Virginia hospitals. The web address is http://www.vdh.virginia.gov/OEMS/Trauma/Stroke.htm.

How can you....

Learn more about stroke prevention, pre-hospital care for stroke patients and more?

Provider resources
www.onlineaha.org/index.cfm?fuseaction=info.stroke

Community education
www.virginiastrokesystems.org

Prevention and provider resources
www.americanheart.com

OEMS Announces Vendor to Replace PPCR Program

By: Paul Sharpe, Trauma and Critical Care Coordinator

The Virginia Office of Emergency Medical Services is pleased to announce that ImageTrend Inc. (www.imagetrend.com) has been awarded the Commonwealth of Virginia contract (RFP# 601:517-09-102) to replace the current PPCR program with a NEMSIS Gold Certified EMS Information System. The new system will provide both state data collection and field electronic patient care reporting abilities that include:

State Database ("State Bridge")

• 100% web-based system

• Direct entry of data into the PPCR database (decrease delays)

• Agency leadership will have direct access to their agency's data with over 100 standard reports.

• Performance improvement features that include the ability to perform medical reviews, document QA performed, set benchmarks and more.

• Communication tools to provide feedback on data submission and compliance status.

• Agency level customization including work flow process, knowledge base for agency policies and resources, ability to develop provider certification management and more.

• Increased data analysis and reporting features for OEMS.

• Computer based learning so agencies and providers can learn how to use the new "State Bridge" and "Field Bridge" when convenient.

Field Software ("Field Bridge" or ePCR)

• OEMS has secured a statewide license for ImageTrend's "Field Bridge".

• Virginia Licensed EMS agencies will have access to electronic PPCR software at no cost.

• Agencies will have to secure the field laptop/notebooks to utilize this software if they choose (not required).

• The "Field Bridge", like the "State Bridge", is customizable on the agency level so agencies can adjust their ePCR program based on agency protocols and processes.

OEMS is exploring every avenue available to support agencies with obtaining the needed equipment to utilize ePCR. For more information on a grant program for toughbook notebooks - read the article below.

Details about the features available, technical information, training plans and implementation will be posted and distributed by the Office of EMS as they become available. Official and up-to-date information can be found on the OEMS Web site at http://www.vdh.virginia.gov/OEMS/Trauma/EMSRegistry.htm.

Agencies can prepare by assuring their agency has internet access at the location data will be submitted from and that the Office of EMS has up-to-date information on your agency head on file with the Division of Regulation and Compliance (www.vdh.virginia.gov/OEMS/Contact_Us/index.htm).

EMS Registry (EMSR) Grant Opportunity

To increase the use of electronic patient care reporting (ePCR) in the pre-hospital setting and increase the availability of information technology to expand upon with the new ePCR software application, a no-match 100 percent grant is available to non-profit, volunteer and governemental EMS agencies.

This grant opportunity is being offered by OEMS through U.S. Department of Homeland Security (DHS) funding. Agencies who receive this grant must use the funding to purchase Toughbook Computers for use in completing pre-hospital patient care reporting in the field. These computers will be funded based on patient-transport vehicles permitted by OEMS.

The grants must be coordinated through and submitted by city/county governments. The deadline to submit all paperwork for the grant must be received by OEMS no later than June 1, 2009. Original signatures must accompany all paperwork by this deadline.

OEMS would like to emphasize that we cannot accept grants from individual agencies, they must be submitted by the city/county to include all elgible agencies within that jurisdiction.

For more information, please visit the OEMS Web site at www.vdh.virginia.gov/oems or call the office and ask to speak with the grant administrator (804) 864-7600.

Respiratory Pathogens and H1N1 - Staying Vigilant

The Virginia Department of Health reports that there are 21 confirmed cases of the H1N1 A flu in Virginia. The cases and the health district where they are located are updated on the VDH Web site regularly.

News coverage of H1N1 has slowed down and the number of cases aren't streaming across the headlines, but it doesn't mean that EMS providers should put away the mask and gloves.

This event is something that should remind us to constantly remain vigilant while in the field and to use proper PPE for blood borne and respiratory pathogens. It is also a reminder that we need to be prepared for large scale events at all times, all EMS agencies should have a Continuity of Operations Plan (COOP) and should review and test this plan to ensure the continuation of EMS provision in your area, no matter what the situation is.

The Office of EMS recommends that you follow the CDC Interim Guidance for EMS Systems and 911 Public Safety Answering Points (http://www.cdc.gov/swineflu/guidance_ems.htm). We also recommend that field providers do the following:

• Request additional information from dispatch when sent to respiratory, sick person and fever related calls.

• If limited initial dispatch information is provided, perform initial interview from at least 6.5 feet away to determine if PPE precautions are necessary.

• Ask the patient to place a mask over their mouth and nose before approaching them if they have suspected influenza symptoms. Use a surgical mask or non-rebreather mask (when oxygen is required).

• Avoid droplet-producing procedures whenever possible, including use of nebulizers and bag-valve masks, as well as suctioning or intubation. If bag-valve masks are needed, use BVMs with HEPA filters whenever possible.

• Recommended PPE for taking care of ill/potentially infected patients includes: gloves, N-95 or better respirators, eye protection and gowns. PPE should be donned and doffed according to published guidelines to prevent cross contamination, including faceshield/eye and gown protection when splash or airborne contamination is possible.

• Alert the receiving hospital personnel of the possibility of an infectious patient and hold suspected infectious patients in the ambulance until their destination in the hospital is known.

• At the end of the call, place all PPE in a biohazard bag for appropriate disposal.

• Maintain strict adherence to hand hygiene by washing with soap and water or using hand sanitizer immediately after removing gloves and other equipment and after any contact with respiratory secretions.

• Perform a thorough cleaning of the stretcher and all equipment that has come in contact with or been within 6.5 feet of a potentially infected patient with an approved disinfectant.

• Upon completion of the call, follow CDC interim guidelines for cleaning EMS transport vehicles. http://www.cdc.gov/swineflu/guidance_ems.htm

Please remember that this event is changing and evolving and we recommend checking the CDC Web site at www.cdc.gov/swineflu and the OEMS Web site at www.vdh.virginia.gov/oems for updates.

As information changes or resources become available, the Office of EMS will update our Web site and forward information through our e-mail news updates. We also ask that you please forward this and future messages to your agency members and network of providers.

Calendar of Events

June						
Su	M	T	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

- June 4 - State Trauma Committee Meeting 11 a.m.
- June 4 - Financial Assistance Review Committee 9 a.m. - 5 p.m.
- June 5 - Financial Assistance REview Committee Grant Award Meeting from 9 a.m. to noon
- June 12 - 20 - VAVRS Rescue College
- June 17 - EMS Satellite Training

July						
Su	M	T	W	TH	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- July 4 - Independence Day (state holiday observed on the 3rd)
- July 8 - Professional Development Committee 10:30 a.m.; Workforce Development Committee Time 10 a.m.
- July 9 - Medical Direction Committee 10:30 a.m.; EMS for Children Committee 3 p.m.

Meeting dates are subject to change, visit the OEMS Web site at www.vdh.virginia.gov/oems for the latest events and locations.

Where's Little Gary?

He is hiding in the Bulletin somewhere! If you find him, e-mail the location to: emstechasst@vdh.virginia.gov & you may be our lucky *Where's Little Gary* Winner and get a prize!

Little Gary is ready for warm weather!
Congratulations to Jessica Moore and Les Greeley for finding Little Gary in the Winter Bulletin!

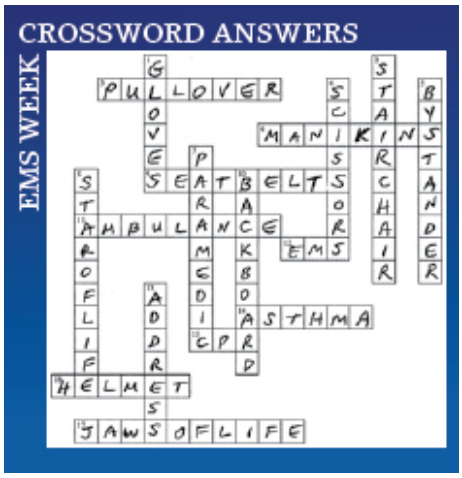
EMS Quick Hitters

Symposium Registration & Pre-conference sneak peek

Mark your calendars! August 1st is when registration for symposium will open. Visit the OEMS Web page to check out the classes and register! Before registration opens you can get a sneak peek at the pre-conference classes on the OEMS Web page at www.vdh.virginia.gov/oems, click on the symposium link in the left navigation bar and download your very own copy!

Tri-City Regional Fire & EMS School

The Virginia Department of Fire Programs, the Office of EMS, and the Namozine Volunteer Fire and EMS Department, Inc will conduct the 1st Annual Regional Fire and EMS School on August 22-23, 2009 in Petersburg, VA. Registration Fee is $30 non-refundable. This registration fee covers school cost and the steak/shrimp feast on Saturday night (August 22nd). Download the registration form at the www.vdh.virginia.gov/oems.



The Virginia Department of Health Office of Emergency Medical Services publishes the EMS Bulletin quarterly. If you would like to receive this publication via e-mail, please send your request to emstechasst@vdh.virginia.gov or sign up to join our e-mail list at www.vdh.virginia.gov/oems.

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