

EMS Bulletin

Office of Emergency Medical Services,
Virginia Department of Health
Spring 2011

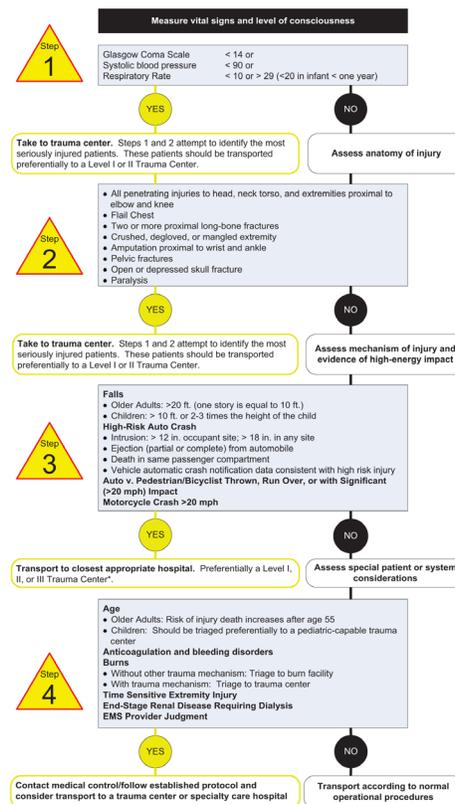
State Trauma Triage Plan Approved

On March 11, 2011 the State Board of Health approved the revised Statewide Trauma Triage Plan that establishes the minimum criteria for identifying trauma patients so that they may be triaged, treated and properly transported to the best facility for their care.

The plan establishes the definition of a trauma patient. It also emphasizes that trauma patient recognition and triage is a two-tiered system that includes:

- Initial field triage in the pre-hospital environment (pre-hospital criteria), and
- Secondary triage or trauma patient recognition and appropriate timely triage by all Virginia hospitals

The trauma triage plan is essential for getting patients properly entered into the Virginia Trauma System, which include pre-hospital care, hospitals and trauma centers. All providers should be familiar with the Virginia Field Trauma Triage Decision Scheme, which is outlined in the plan. Many providers may have reviewed this years ago in EMT class, but it doesn't hurt to review it and ensure that the guidelines are being followed properly.



The State Trauma Triage Plan also discusses considerations for transporting the trauma patient to ensure the safest and most effect method of travel and ensure that they are transferred to the most appropriate hospital for care. Also discussed is the inter-hospi-

tal triage criteria for hospitals that are not designated as trauma centers if they receive patients who should be transferred to a trauma center.

This comprehensive plan includes information on trauma triage quality monitoring that will ensure quality assurance to the trauma triage process, and the plan also includes information on the trauma centers in Virginia, the criteria they need to meet to become designated and more.

When reviewing this plan EMS agencies and providers should use this as an opportunity for planning and education. This plan should work in coordination with local EMS protocols, MCI and disaster plans, surge plans and more.

OEMS will soon be providing a printed copy of this plan to all EMS agencies, and it is available for download now on the OEMS website at http://www.vdh.virginia.gov/OEMS/Files_page/trauma/Statewide-TraumaTriagePlan.pdf.

New VPHIB Customer Support Website, E-mail and Telephone Line

The Division of Trauma and Critical Care (DTCC) has a new website, e-mail and telephone number dedicated solely to Virginia Pre-Hospital Information Bridge (VPHIB) support.

The DTCC understands that EMS agencies are learning how to use the VPHIB features, navigate the system and still ensure that they are compliant with their data submissions. To help with the learning process and to troubleshoot any issues that may arise, DTCC has created these new resources to allow agencies to have multiple outlets to help them solve any VPHIB problems and answer any questions.

You can visit <http://oemssupport.kayako.com/> to submit requests for assistance and monitor the progress of inquiries.



Additionally, this new website provides access to the VPHIB Knowledge Base and VPHIB News, which are excellent resources for getting announcements, news and information related to VPHIB.

Looking for additional virtual support? You can also e-mail your assistance requests to Support@OEMSSupport.Kayako.com. After your inquiry is received it

will be logged in the VPHIB Support Suite and you'll receive a confirmation receipt.

If you want to reach someone via telephone you can call (804) 888-9149. This new support line has been setup solely to support the VPHIB program and every call will be tracked and filed for reference in order to offer more efficient response times.

Still not sure who to contact for a specific VPHIB question/issue? Below is an information tree that will better direct your requests to the appropriate point of contact.

Office of EMS
Go to: <http://oemssupport.kayako.com/>
E-mail: Support@OEMSSupport.Kayako.com
Call: (804)888-9149
Info: [OEMS VPHIB Website](#)

ImageTrend
Go to: <http://support.ImageTrend.com/>
Call: 888-469-7789

Your Agency VPHIB Administrator

- General Virginia State Bridge & Field Bridge Information
- Assistance with Functions & Features
- "Associate" Providers User Accounts When They Belong to More Than One Agency
- Mandatory Reporting Requirement Questions
- Compliance Status
- Restore Inactive Users (must be an agency admin. to request re-activation)
- Report System Down/Outage
- Add Medications or Procedures to System
- Add New Agency or Hospital to the System
- Add Hospital Users to System
- Request Additional Report Writer Reports
- Submit Suggested Changes/Enhancements for Consideration

- Data Exchange Setup or Problems from 3rd Party Vendor Software of Self-Purchased ImageTrend Service Bridge
- Field Bridge Posting Errors
- Field Bridge Trouble Shooting
- "Application Exception" Errors
- Billing Interface Setup or Problems
- Web Browser Issues
- Obtain/Purchase Other ImageTrend Products

- Forgotten User Name or Password
- Submit Provider Account Reactivation to OEMS
- Add/Remove Providers to Agency Roster
- Add User Defined Questions
- Maintain Agency Demographic Data (agency info, stations, vehicles, & Providers)
- Change agency level controlled State Bridge and Field Bridge Features

Implementation of the New EMS Education Standards

By: Greg Neiman, BLS Training Coordinator

As we approach the date of implementation for the new Virginia EMS Education Standards (VEMSES), OEMS would like for EMS providers and instructors to be familiar with this change and timeline.

Information for providers:

1. Initial programs and certification level names will change to the following with the approval of the EMS proposed regulations:

- First Responder will become Emergency Medical Responder
- EMT- Basic will become Emergency Medical Technician
- EMT-Enhanced will become Advanced Emergency Medical Technician
- EMT-Intermediate will become Intermediate
- EMT-Paramedic will become Paramedic

2. Students in initial courses with an end date PRIOR TO and current providers who begin the recertification testing process BEFORE July 1, 2012 will be tested on the National Standard Curricula.

3. Students in initial courses with an end date AFTER and current providers who begin the recertification testing process AFTER June 30, 2012 will be tested on the new VEMSES.

4. Students/providers who fail at any point during the testing process will continue to test under the same testing method/series they began until they either successfully certify or exhaust all testing opportunities.

5. In order to announce initial courses (VEMSES based) with an end date of July 1, 2012 or LATER, instructors/co-

ordinators must have passed the current EMT Instructor pre-test.

6. All EMT-Enhanced programs must end PRIOR to July 1, 2012. In order to announce Advanced EMT programs, the program site or Education Coordinator must be accredited by the Office of EMS.

Information for Instructors and ALS-Coordinators

The transition process for current EMT Instructors and ALS-Coordinators has been put into place to ensure the continued competence of the Educators in Virginia in initial training programs.

The transition process is as follows:

1. All certified EMT-Instructors must take the current EMT-Instructor pretest in order to announce, coordinate and teach BLS programs that end after July 1, 2012. (Instructor/Coordinators who have passed the EMT-Instructor pretest since February 15, 2010 have already met this requirement and will not need to retake the exam)

2. Providers who possess only the ALS-Coordinator endorsement (i.e. do not also possess certification as an EMT-Instructor) have the option to take the exam, however, in order to announce and coordinate any ALS initial training programs that end after July 1, 2012, they will be required to pass the instructor pre-test. If an ALS Coordinator chooses not to take the exam, they may continue to announce and coordinate ALS CE programs and “merit-badge” courses only.

3. EMT Instructors/ALS Coordinators will have 4 attempts to pass the exam.

Instructor Pre-Test for VEMSES

The new Instructor Pre-test is based on content found in the following documents:

- Virginia EMS Education Standards (VEMSES) for the EMT Level (http://www.vdh.virginia.gov/OEMS/Files_page/Training/VEMSES-2010.pdf)

- In addition, providers will benefit from reviewing the Gap Analysis and Virginia Phoenix documents, which highlight the changes between the National Standard Curricula and the NEMSES/VEMSES (<http://nasemso.org/EMSEducationImplementation-Planning/documents/2009NASEMSOGapAnalysisTemplate.pdf> and http://www.vdh.virginia.gov/OEMS/Files_page/Training/Phoenix-Documents-AllLevels.pdf) Be sure to view the information under EMR as well.

The test consists of 155 multiple choice questions and 5 short answer/discussion questions. All questions are at the EMT level and reflect the content found in the above documents. Of the 155 multiple choice questions, approximately 125 of the questions were taken from the Virginia written EMT certification examinations utilized between 1990 and 1994. The short answer/discussion questions reflect primarily on the material that was not in the 1994 National Standard Curriculum.

For more documents to review and information on the test visit <http://www.vdh.virginia.gov/OEMS/Training/Transition.htm>

Ready®Responder: Organizational Emergency Preparedness

By: Winnie Pennington, Emergency Services Planner



Often when we think of preparedness we associate it with individual or family activities. There is no doubt that this kind of preparedness is the backbone of

emergency preparedness and helps keep families and communities safe during emergencies and disasters.

However, there can be a step even before this that can make a big difference in if and how individuals and families prepare, especially in the EMS or public safety communities. This is the promotion of and planning for preparedness activities by the responder's organization.

Organizational preparedness refers to the preparation of first responders and their agencies to react to a catastrophic disaster. The preparedness of both is interlinked and cannot be separated.

First responders have a responsibility to

provide essential services to respond to the impacts of the disaster on their community. Responder organizations have the responsibility to lead their employees in advanced planning and training to provide for not only protection of the responder during operations but protection of their families which helps lessen the burden of response on their responders, enabling them to devote more of their mental resources to the task of securing their community.

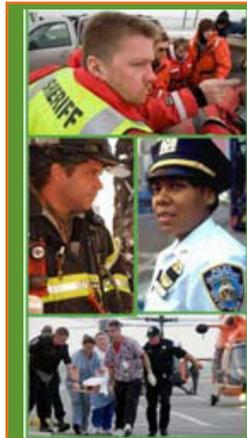
However, organizations do not have to start from scratch or work alone as they accomplish this task. The US Department of Homeland Security in conjunction with their Ready.gov campaign for the public has developed a new website entitled ready.gov/responder or Ready®Responder.

The goal of Ready® Responder is to emphasize the importance of first responder agencies preparing themselves, their responders, and responder families in disaster preparedness. Past disasters and recent studies have shown that responders may be distracted or may not report to work if they have reason to believe their family is not safe.

Ready®Responder resources draw upon existing Ready.gov website messages for consistency, but also provide agencies and departments with specific, customizable tools, which include:

- A survey to help establish a baseline understanding of preparedness of the organizations members
- A presentation to introduce the basics of individual and family preparedness to staff
- An organizational preparedness planning template with guidance on creating documents to organize agency efforts
- Other templates, graphs, tips and resources to help organizational preparedness occur
- Information on how to order brochures and pamphlets to educate staff on preparedness

Ready®Responder was created in collaboration with the Ready Campaign, Naval Postgraduate School's Center for Homeland Defense and Security, and the U.S. Department of Homeland Security's Office of Infrastructure Protection. It is a great place for organizations to start their disaster preparedness and response training and should be used by all responder agencies and organizations.



Who Takes Care of *Your* Family?

You provide vital services to your community

You provide essential support to your family

While you are busy saving lives and responding to emergencies, is your family safe?

ready.gov/responder

EMS Standards of Excellence Program & EMS Officer Standards

By: Carol Morrow, Technical Assistance Coordinator

Standards of Excellence

The Standards of Excellence (SoE) program work group was established as a sub-group of the Workforce Development Committee. The SoE program is currently underway due to findings identified in the 2004 Joint Legislative Audit and Review Committee (JLARC) report. These findings determined that the management of Virginia EMS agencies was lacking in many areas, including EMS response times, performance management, leadership, management, recruitment and retention. The JLARC report concluded that a program should be designed to provide information to Virginia EMS agencies about best practices in the EMS field.

The goal of the SoE program is to recognize and promote EMS agencies that exceed the minimum state requirements and coordinate specific technical assistance teams that will assist local EMS agencies in solving specific EMS system issues.

The SoE program is voluntary and promotes a guided path through a self-assessment survey that can assist Virginia EMS agencies meet established industry standards and best practices. The self-assessment survey is the cornerstone of the SoE process and will assist an agency in determining what areas meet the national standard and what areas need work. The SoE self-assessment survey is comprised of the following seven sections called "Areas of Excellence":

1. Clinical Care Measures/Standards
2. Community Involvement
3. Leadership/Management

4. Life Safety
5. Medical Direction
6. Performance Improvement
7. Recruitment & Retention

Additional information about this program will be posted on the Virginia Office of EMS website soon.



EMS Officer Standards

The JLARC report also identified three major issues in regards to standards of EMS officers. The first issue identified was a lack of specific qualifications required for EMS agency officers. The report indicated that most rescue squad captains are elected to office based on factors that may not have anything to do with actual management and leadership experience.

The second issue identified lack of management experience or training required of a rescue squad officer. Officers are not required to have experience with routine management functions including financial management, budgeting, strategic planning and the management of personnel. Additionally, they are not required to complete necessary management training after being elected.

The third problem identified was retention problems and poor agency leadership. These were two major factors that contributed to the resignation of EMS agency members.

As a result of the JLARC recommendations, the State EMS Advisory Board EMS Workforce Development Committee created the Virginia EMS Officer Standards.

The purpose of the Virginia EMS Officer Standard is to specify job performance requirements for various levels of EMS officers. The intent of this standard is to define progressive levels of performance required at various levels of officer responsibility. All of the standards for any level of EMS officer shall be performed in accordance with recognized practices and procedures or as defined by an accepted authority. The four levels of EMS officer standards currently proposed are as follows:

- EMS Officer I - Crew Leader
- EMS Officer II - Shift Supervisor
- EMS Officer III - Administrative/Division Level
- EMS Officer IV - Executive/Chief or Agency Head Level

Once the program documentation process has been completed, an RFP will be issued for a contract to design an interactive training program for each of the four officer levels.

For more information on either program, please contact Carol Morrow, Technical Assistance Program Manager at carol.morrow@vdh.virginia.gov or (804) 888-9137.

Virginia Office of EMS Announces New Governor's EMS Award Category Focused on Health and Safety

Did you know that the number of EMS providers injured or killed in the line of duty is on the rise? EMS providers that are killed in crashes are double that of fire and police. Additionally, heart attacks are one of the top reasons that EMS providers die on scene. This growing trend across the U.S. and the Commonwealth has spurred OEMS and the Governor's EMS Awards Committee to create a new award category focused on the health and safety of EMS providers.

This new award category entitled, "Outstanding Contribution to EMS Health and Safety" will recognize any individ-

ual, program, business or licensed EMS Agency within the Commonwealth of Virginia that has demonstrated comprehensive and/or significant accomplishments or programs that make a significant contribution to or provide for the health, safety and welfare of EMS providers.

Some examples of programs meeting eligibility for this award would include EMS provider health and wellness programs (fitness and wellness, cardiovascular health), scene safety programs (aeromedical operations, emergency vehicle operations), and provider injury preven-

tion programs designed to prevent line of duty death and injury. Also eligible would be persons or entities developing or managing such programs.

Whether it's your own personal well-being or the health and safety of your EMS agency that needs to improve, it's important to develop a plan for change today so you don't become a statistic tomorrow. Get your team involved by creating a health and safety program that everyone can follow. And remember, be the provider – not the patient!

Keep ur Eyes AND Mind on the Road

Eighty percent of all accidents are caused by distracted driving. To help reduce this statistic April was established as National Distracted Driving Awareness Month.

EMS agencies are in a unique position where they can reach out to their community to better educate them on safe driving. A great deal of attention has been brought to texting while driving, but distracted driving includes so much more:

- Playing with the radio
- Programing the GPS
- Putting on make-up or fixing hair
- Eating
- Attending to the kids
- and much more...

providers can take this experience to help them in their education programs.

Even if it is talking to a group of teenagers at a local high school, your experience can help emphasize that driving while distracted is dangerous and deadly.



In Virginia in 2009, there were 116,744 traffic crashes resulting in 756 deaths and 62,976 injuries. EMS providers were on scene to assist the victims of these accidents and have seen the tragic consequences of inattention to driving. EMS

To help with this education effort, the Drive Smart Virginia program has a plethora of resources and information that can be used in small or large scale education campaigns. This resource in-

cludes data, posters, sample Tweets and more at <http://www.drivesmartva.org/>.

EMS agencies and providers not only can help lead this initiative, but should lead by example. The next time you get behind the wheel of your car, ambulance or other vehicle - pay attention to the road and remember that no text, call or anything else is more important than you and your passengers.

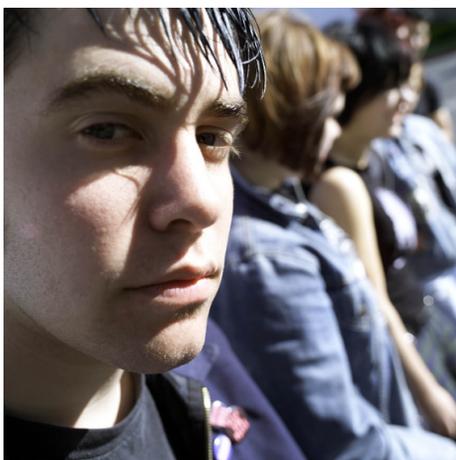
At the end of this newsletter is a pledge that can be printed and signed. This pledge states that you will focus on driving and cut back on distractions while behind the wheel.

OEMS encourages all EMS agencies to print out these pledges and have your members sign it as part of your dedication to preventing accidents due to distracted driving and show that you are a leader in your community when it comes to safety and awareness.

The Choking Game - Is Not a Game at All

Source: www.gaspinfo.com

The choking game is not a game, but a serious and deadly activity that we often find adolescents between 9-16 years old participating in. The purpose of this activity is to get high without the use of drugs or alcohol. Teens who are generally high-achieving in academics and participate in sports and activities are often the players of this game, as they don't want to get caught with drugs or alcohol.



This game has been around for a long time, but recently participants have been using bonds (ropes/belts) to play alone, which has increased its deadliness dramatically. It's estimated as many as 250 to 1,000 young people die in the United States each year playing some variant of the Choking Game, but it's difficult to track statistics because many of the cases are reported as suicides.

As EMS providers you may want to be aware of some of the warning signs, in case you have a patient who displays some of these signs or their parents state that they have noticed some of these signs in their children:

- Any suspicious mark on the side of the neck, sometimes hidden by a turtleneck,

scarf or permanently turned-up collar.

- Changes in personality, such as overtly aggressive or agitated.

- Any kind of strap, rope or belt lying around near the child for no clear reason—and attempts to elude questions about such objects.

- Headaches (sometimes excruciatingly bad ones), loss of concentration, flushed face.

- Bloodshot eyes or any other noticeable signs of eye stress.

- A thud in the bedroom or against a wall—meaning a fall in cases of solitary practice.

- Any questions about the effects, sensations or dangers of strangulation.

The game can cause death, but those who do wake up may suffer from brain damage as a result of loss of oxygen to the brain. EMS providers know that four to five minutes without oxygen can cause death, and it takes even less time to cause permanent brain damage.

Like drugs and alcohol, the rush from this activity can be addictive. It is important for parents, educators and medical professionals to be aware of this activity and know the warning signs.

To learn more about this activity, how you can become involved in the campaign to prevent it and more visit www.gaspinfo.com. Also, Cathy Fox, R.N. will be teaching a course on this topic at the 2011 Virginia EMS Symposium in November.

Line of Duty Act Fund

The 2010 Appropriations Act established a new Line of Duty Act (LODA) Fund with the Virginia Retirement System (VRS) as the investment manager. The LODA Fund provides a funding source for payment of Line of Duty Act benefits.

VRS has recently started sending out packets to EMS agencies to gather specific information to help with managing this fund.

At this time packets have been mailed out to 50 counties. The packet will include detailed instructions, County/City Code verification, LODA roster and additional information to establish rosters of hazardous duty professionals and more. Be sure to look for this information, as it will be coming to your mailbox soon.

Please note that your verification of the information that you provide to them is not an election to participate in the LODA Fund. The purpose of gathering this information is to ensure the covered population is captured. You will receive more information about the election process in early spring.

OEMS urges you to accurately fill out this information and return it to VRS in a timely manner so that your agency can be counted.

This is an important program for EMS providers and public safety personnel. For more information on the LODA please visit <http://valoda.org/>.



EMS Week is May 15 - 21, What Do You Have Planned?

This year, EMS Week will recognize everyday heroes - all of you who put on the uniform and respond to emergencies and serve your community.

The Office of EMS would like to thank each and every one of you for your hard work and dedication to EMS and your community.

It is during this week that EMS agencies can become even more visible and reach out to their communities to provide public education and resources to help with things like injury prevention, emergency preparedness and much more.

OEMS is sending all EMS agencies the 2011 EMS Week Planning Guide from the American College of Emergency Physicians. This guide offers ideas and information on public education programs, working with the media and how EMS Week can help forge partnerships

with the community and build a better relationship with your fellow agency members.

OEMS hopes that you take the time to read through this guide and think of some activities or programs that you can implement for EMS Week.

Open houses are always a popular event, and can be a fun learning experience for children. It can help them learn about what happens when an ambulance comes, the importance of knowing how to dial 911, and things that they can do to prevent injuries. For more information on injury prevention visit www.va-health.org/Injury/VIPP/.

During EMS Week, Wednesday, May 18th is Child Safety and Injury Prevention Day. This day provides an opportunity to focus on children through education and awareness.

It may be a good day to arrange to take the ambulance to a local school or day care center and let the children explore the ambulance and talk about 911 for children and other important topics.

As you plan your events for EMS Week, also be sure to think about how these events may also become a recruitment opportunity. Be sure to have information on hand about applying for a job or volunteering with your agency. Remember, not all volunteers need to be on the ambulance, some may be able to provide resources like business management, equipment maintenance and building and grounds up-keep.

For more information on EMS Week visit www.emsweek.org. Or for other resources or questions to help you plan your event you can e-mail emstechasst@vdh.virginia.gov.

National Public Safety Telecommunications Week April 10 - 16, 2011



The Virginia Office of Emergency
Medical Services proudly supports and
recognizes the daily contributions and
dedication of the Public Safety
Communications Officer!

Take the Step Towards Better Health

Did you know that if you loose 10 percent of your body weight you can decrease your chance of getting a weight related disease by 85 percent?

This means that weighing 10 percent less can help prevent diabetes, heart disease, and some cancers, while also lowering blood pressure, cholesterol and more. That is a staggering statistic that can make a huge difference in the quality of many people's lives.

Of course, health is more than a number on the scale. Measuring your health can include your weight, heart health, mental health and more. Whether you need to lose weight or not, we can always do more to help reach a goal to be healthier.

We have all heard it and know that exercise and physical activity are key in any goal to be healthy. The recommendations keep changing for how much activity you need, but the bottom line is, most of us are not getting enough.

Simple steps like parking further away, taking the stairs and walking the dog can help put you in the right direction. As you build up from walking around the squad to walking around the neighborhood you will start to notice a difference in how you feel, and may be motivated to start adding more exercise to your routine.

Sticking to a regular exercise plan can be tough, especially when you have long hours, odd schedules, kids and more. But, you'd be amazed where you can find time to fit in a quick walk or even some push-ups and sit-ups. How about doing

lunges while vacuuming or jog around the squad after inspecting your gear on the ambulance before your shift starts?



Another great way to get more activity into your life is to get a pedometer. Keep track of your steps each day and work up to where you take more steps and keep increasing your goal to challenge yourself.

Exercise doesn't have to be hard, it can be disguised as a game! The Wii, Xbox and other gaming consoles have fun games that can get you up and moving. They even have some exercise programs like personal trainers, boxing and Zumba.

The next time you and your crew are watching TV while waiting for the next call (this is of course if you have time to wait for a call) why not pick up a basketball and play a few rounds?

A great thing to help you stick to an exercise plan is to have a buddy. Find a friend, neighbor or family member who can join you for walks, or go with you to the gym or join the community kick-ball team. Having someone that is counting

on you to be there helps to motivate you to follow through and also can help challenge you to work harder - nothing like some friendly competition to get you moving.

Some people prefer to exercise alone, but it doesn't mean that you can't do some things to help motivate yourself like downloading some upbeat and fun music to an MP3 player to listen to while exercising. Or you can challenge yourself by timing your walks and trying to beat your times, or increasing the difficulty level on the exercise game on the Wii.

No matter if you work out alone or with a friend, having a goal is essential. Is your goal to get healthier, is it to lose that 10 percent of your body weight or something more personal?

Find that goal that will really make you want to work hard. Some may say that they want to be healthier for their kids, or want to stop taking medicine for blood pressure. Others just want to fit back into those jeans.

Like all things in life, starting an exercise program can have setbacks. You may work out everyday for three weeks and then you have to work late, or you are sick and the next thing you know you haven't worked out in a month! Don't get upset, and definitely don't quit! Start back again and keep going.

Taking the first step towards getting healthier is a huge step, but it is not temporary. This is a lifestyle change that will change your life!

Calendar of Events

April						
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

- April 20 - Workforce Development Committee
- April 20 - EMSAT
- April 25 - Transportation Committee
- April 10 - 16 National Public Safety Telecommunications Week
- April - National 911 Education Month

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

May						
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				

- May 5 - Instructor Update
- May 12 - Financial Assistance Review Committee
- May 12 - Medevac Committee
- May 12 - Regional Directors Group Meeting
- May 13 - VAGEMSA Meeting
- May 13 - Legislative and Planning Committee
- May 13 - State EMS Advisory Board Meeting
- May 15 - 21 - National EMS Week
- May 18 - National EMS for Children Day
- May 18 - EMSAT
- May - National Trauma Prevention Month

EMS Quick Hitters

Sponsorship Needed for 2011 National EMS Memorial

The National EMS Memorial Service is seeking family sponsors for the upcoming Memorial Service to be held in Colorado Springs, CO on June 25, 2011. There will be 43 EMS providers that will be recognized at the Memorial Service.

You or your agency can help provide financial support to the family members of those being recognized at this year's service by donating \$350.00 per family you wish to adopt. These funds are used to offset the total cost to family members of lost love ones,

so they can be in attendance at this service which recognizes the contribution and dedication these men and women had to EMS.

For additional information about adopting a family for this event please contact Kevin Dillard, President of the National EMS Memorial Service at kdillard@lifecare94.com. Please help by making a contribution today to ensure that family members will be able to attend this event to remember those that have made the ultimate sacrifice.



Where's Little Gary?

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



Little Gary is Getting Ready for National EMS Week!

Congratulations to:
Kimberly Harris with Christiansburg Rescue Squad & Earl Barwick with Hanover Fire & EMS Station 7

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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The EMS Providers Pledge



Distracted driving causes 80 percent of all car accidents. For my family, community and the drivers, passengers and pedestrians around me, I promise to cut back on distractions while I am behind the wheel.

From now on, when I'm driving I will not:

- Use my cell phone or any handheld device
- Program my GPS
- Change CDs, DVDs or play with the MP3 player
- I will not put on makeup or fix my hair
- I will not do anything that takes my focus off the road



Signature: _____

Cut Here

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