

Hurricane Preparedness - Page 2

Blue Ridge Vol. Rescue Squad Simbulance Program - Page 3

Is Your Agency Ready for Narrowbanding? - Page 4

Heat Safety Tips- Page 5

VPHIB Update - Page 6

CDC/Virginia Trauma Triage - Page 7

What Test Will I Take?- Page 8

ALS Testing in Virginia - Page 9

The Journey to Developing a Suicide Prevention Program - Page 10

Rescue Squad Assistance Fund New Special Priority - Page 11

Hurricane Preparedness and Suicide Prevention Program Continued - Page 12

Calendar of Events, Quick Hitters, EMS Challenge Question - Page 13

EMS



Bulletin

Office of Emergency Medical Services,
Virginia Department of Health
Summer 2012

National Registry Transition - Reciprocity in Virginia

By: Chad Blosser, Training and Development Specialist

On July 1, 2012, the Office of EMS transitioned to National Registry testing for all certification levels. As a part of this transition, several changes were made to the way the Office processes reciprocity requests.

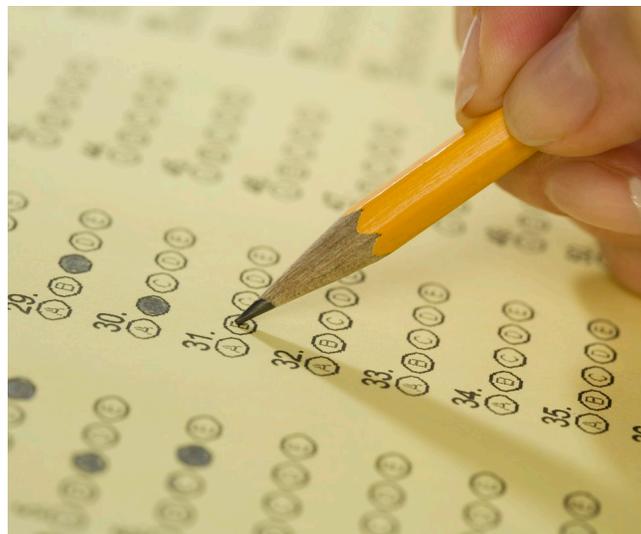
The Office of EMS now offers reciprocity for all National Registry certification levels. Anyone possessing a National Registry certification card is now eligible to receive a Virginia certification card through reciprocity.

No More Paper

For EMS providers who are trained in Virginia approved certification programs, reciprocity will now be automated. This means that Virginia EMS providers are no longer required to complete and submit reciprocity paperwork to the Office for processing.

Once you have completed your National Registry certification testing, your National Registry results are passed electronically to the Office of EMS. We use these results to issue a Virginia certification card. In most cases, you will get your Virginia certifica-

tion card in the mail at the same time you receive your National Registry card.



Out of State Providers

EMS providers coming into the Virginia from out-of-state (not trained in Virginia) who possess a National Registry card will still be required to complete the paper-based reciprocity package. The Office requires a paper-based application package so that we can verify credentials, previous training, state certifications and background checks.

Reciprocity for out-of-state providers typically takes two - three weeks to process. Out-of-state reciprocity processing requires the Office to contact the EMS office/division in the state where the provider is coming from. Therefore, this process is largely dependent upon how fast other states respond to our requests for information.

EMTs from PA and DC

The Office no longer recognizes state certifications from Pennsylvania and the District of Columbia for reciprocity, unless the provider also holds a current National Registry EMT certification.

EMTs coming to Virginia from Pennsylvania or the district without a National Registry certification will come into Virginia through legal recognition. More information about legal recognition can be found at the following link: <http://1.usa.gov/LRBjfg>.

If you have any questions about reciprocity in Virginia, please contact the Division of Educational Development at 804-888-9120.

September is Hurricane Preparedness Month - Follow These Tips for Preparedness on a Budget

National Preparedness Month (NPM) is an annual campaign to encourage Americans to take steps to prepare for emergencies in their homes, schools, organizations, businesses, and communities. NPM is led by the Federal Emergency Management Agency (FEMA) and is sponsored by the Ready Campaign in partnership with the Citizen Corps. While September is the month for recognizing national preparedness, the goal is to engage the public to make preparedness a part of their daily lives every day and not one single month.

This September marks the ninth annual NPM. This year's theme is *"Pledge to Prepare - Awareness to Action"*.

We're asking the public - individuals, businesses, and organizations - to take specific action steps by doing at least one of the following:

- 1. Learn about emergency hazards and their appropriate responses
- 2. Make a communications plan
- 3. Build an emergency kit
- 4. Get involved in preparedness in their community.

The National Preparedness Pledge to Prepare

The National Preparedness Pledge to Prepare is open to all public and private

sector organizations. You can pledge by visiting Ready.gov and clicking on the "Pledge to Prepare" banner. There is no cost or obligation in doing so.

• During NPM, we encourage those that have taken the pledge to share preparedness information with their families, neighbors, customers, employees, and communities.



www.ready.gov/hurricanes



Preparedness on A Budget

It is no secret that many families and individuals are looking to cut back on spending. But with the frequency of disasters, both natural and manmade, can you afford not to be prepared? Preparedness doesn't have to cost an arm and a leg. September is National Preparedness Month, and we are asking you to help your family and friends prepare for whatever may come.

Here are a few tips on how you can protect those that matter to you without spending a fortune.

• **Make a Plan.** Work with your family and neighbors to make an emergency plan for the types of disasters that affect your area. Make sure everyone in your family understands where to go and what to do in case of an emergency. You can download Family Emergency Plan templates at www.ready.gov/make-a-plan.

• **Update Contact Information.** Having accurate records for family, friends and neighbors will help you stay in contact and possibly help those in need. Make sure updated contact information is posted in visible places throughout your house and workplace.

• **Check Your Policy.** Review your insurance policy annually and make any necessary changes – renters, too! When a disaster strikes, you want to know that your coverage will get you back on your feet.

• **Make a Ready List.** You may not need all of the items in ready-made preparedness kits. Choose the essentials that fit your needs and budget. Don't forget to keep supplies at work and in your car. Sample Ready Lists can be found at www.ready.gov/document/family-supply-list.

• **Plan Your Purchases.** You can save money by thinking ahead. Don't buy preparedness items just before
Continued on Page 12

Blue Ridge Volunteer Rescue Squad Receives Grant Funding for Simulance

The Blue Ridge Volunteer Rescue Squad (BRVRS) recently received over \$100,000 in grant funding for a mobile EMS laboratory and advanced patient simulator, which was created from a retired and re-purposed ambulance.

The vision of the Simulance program was to leverage cutting-edge technology by infusing greater realism and adaptability in EMS education and training. From the beginning, this program was designed with a regional focus in mind. The Simulance program will offer its mobile resources to the urban and rural agencies of the Western Virginia EMS Council, and it will serve as a model and catalyst for enhanced EMS education.

Financial support for this project was provided by local and state funding. During the fall, 2011 RSAF grant cycle, BRVRS applied for funding for equipment to support their Simulance program in the amount of \$100,445.72 at an 80/20 (state/agency) funding level. BRVRS was awarded \$93,012.47 on January 1, 2012 at an 80/20 (state/agency) funding level.

The Virginia Department of Health, Office of Emergency Medical Services administers the Rescue Squad Assistance Fund (RSAF), a multi-million

dollar matching grant program for Virginia governmental, volunteer and non-profit EMS agencies and organizations to provide financial assistance based on demonstrated need. Funding is also recommended on the documented need of the specific item being requested.



The primary goal of this program is to financially assist governmental, volunteer and non-profit EMS agencies to purchase EMS equipment and vehicles and provide needed EMS programs and projects. RSAF is a reimbursement grant that requires the grantee to make the purchase for the awarded item(s) and then submit an invoice for reimbursement.

Are you planning to apply for state grant funding? If so, the current **RSAF grant cycle will close on Monday, September 17, 2012 by 5:00 p.m.** All applications must be submitted electronically through the OEMS website at www.vdh.virginia.gov/oems.

For more information about the RSAF grant program, please contact Amanda Davis, grants manager at 804-888-9106 or amanda.davis@vdh.virginia.gov.

For more information about the BRVRS Simulance program, please contact Colt Hagmaier at colt@blueridgerescue.com.

Photo Credit: The Roanoke Times

OEMS and OCME Collaborate on EMSAT Video

The Office of the Chief Medical Examiner (OCME) and the Office of Emergency Medical Services (OEMS) recently collaborated on a web-based/DVD training video entitled, *When a Child Dies*.

This hour-long Emergency Medical Services Approved Training (EM-SAT) video provides information on the management of infant and child death scenes.

A panel featuring a pediatric emergency specialist, a forensic pathologist and a prosecutor discuss how to ensure timely and accurate documentation of a potential crime scene.

This program was produced with the assistance of the OCME State Child Fatality Review Team and the OEMS for Children Advisory Group.



Is Your Agency Ready for Narrowbanding?

By: Richard D. Rubino

Did you know that under the current and pending EMS Rules and Regulations that there is a requirement that each licensed EMS vehicle (transport or non-transport) be able to communicate with the receiving hospital?

Did you know that cellular and other smart phones (including 3G and 4G LTE) do not meet this requirement?

Did you know that your agency's VHF and UHF radio equipment must be narrowband compliant by January 1, 2013 in order to meet the EMS Rules and Regulations?

Did you know that some newly purchased equipment in the past two years may not be narrowband compliant or capable?

Did you know that failure to comply with the FCC's narrowbanding mandate could lead to enforcement action by the FCC and the Office of Emergency Medical Services?

Did you know that after January 1, 2013 it will be illegal to operate VHF and UHF radio equipment that is not narrowband compliant?

The Federal Communications Commission has adopted rules which require the narrowbanding of radio equipment (including paging equipment and mobile data terminals) operating between 150 and 174 MHz and 421 and 470 MHz, from wide band to narrow no later than January 1, 2013. It is important to understand that this is a two-step process. The first step is the modification of your agency's FCC radio license to allow operation of its radios in a narrowband mode. While the application for modification

of your agency's radio license is pending at the FCC, your agency should start the second step of this process by sitting down with its radio equipment vendor in order to arrange for the conversion and/or replacement of its wide-band radio equipment. This equipment will in-



clude base stations, mobile radios in your vehicles, as well as hand held portables, and in some cases, mobile data terminal equipment and paging equipment.

Because of the large volume of narrowbanding applications, the FCC's licensing process is taking up to six months to complete. Additionally, agencies should start the second step of the narrowbanding process as soon as possible, even if the license modification application has not yet been filed with the FCC. This is because the second step may take a significant amount of time to complete since each and every affected wide-band radio will either need to be reprogrammed for narrowband operation or replaced. For those radios that require replacement, the time-line will be longer since it will generally be necessary to order new equipment.

In this regard, at least one major equipment manufacturer has indicated that it may not be able to manufacture and deliver replacement equipment in ad-

vance of the January 1, 2013 deadline if the equipment order is not placed in the near future. Because of inherent delays and other issues that could crop up, it is strongly recommended that agencies plan to have their narrowbanding efforts completed by September 1, 2012.

The FCC has indicated that it will not hesitate to take enforcement action against licensees that do not complete the narrowbanding of their systems by January 1, 2013. In so doing, the FCC has also made it clear that it will take action against those licensees that continue to operate their systems in a wide-band mode even if their licenses have been modified to allow narrowband operations since wide-band operations will no longer be authorized. The FCC has stated that enforcement action could include letters of admonishment, license revocation or fines of up to \$16,000 per violation or up to \$112,500 for any single act.

More information can be obtained at www.vdh.virginia.gov/OEMS/PSAP/index.htm or by contacting Ken Crumpler at the Virginia Office of EMS at 804-888-9100.

The Virginia Office of EMS would like to thank Mr. Richard Rubino for researching and authoring this document. Mr. Rubino practices telecommunications law before the Federal Communications Commission and is a partner with law firm of Blooston, Mordkofsky, Dickens, Duffy & Pendergast, LLP. He is also president of the Stonewall Jackson Volunteer Fire Department and Rescue Squad in Manassas, Va. and member of the Communications Committee, a standing committee of the State EMS Advisory Board.

Stay Cool this Summer - Extreme Heat Tips

By: S. Heather Phillips, NREMT-P, VaAEM, EMS Program Representative Supervisor

The dog days of summer are upon us and 2012 has been a year of heat records across the nation. So how does the heat and humidity affect us in the performance of duties as emergency medical technicians? What are some of the challenges we face simply because of the profession we chose? Why do we sometimes forget to take care of ourselves, before helping others?



Heat and humidity affect our core body temperatures. It's important to remember that men sweat and women perspire. Let's look at those functions for a moment. Sweating is one of our body's primary air conditioners or cooling systems, but it needs to evaporate and take some excess heat with it. When it is humid outside, it is much harder to evaporate. Slower evaporation simply means slower cooling. Because our bodies attempt to maintain 98.6°, it's working harder than usual to engage all of our cooling mechanisms, so our heart pumps faster, our vessels dilate to accommodate the increased flow of blood and our bodies diffuse water through our skin. This process results in imbalances in our electrolytes.

As a pre-hospital care provider, we must respond to calls for help in unpredictable surroundings, an uncontrollable environment and often in some of the most unusual and challenging locations. So what can we do to protect ourselves?

Stay physically fit. It helps our bodies acclimate to hot environments.

Exercise regularly and hydrate your body well before, during and after exercise.

Avoid the hottest times of the day, usually it's best to exercise early in the morning or in the evening.

Reduce the amount of caffeine and alcohol consumed during summer months. Re-hydration drinks/sports drinks help your body replace some of the nutrients it needs to function properly, such as sugar, potassium, sodium, etc.

Eat more fruits and vegetables and pass on the Reece's peanut butter cups today!

Check your urine! It should not be dark in color. Urine should be clear to pale yellow. There is an old "rule of thumb" that says, "drink until the darkness is gone."



Take frequent breaks to hydrate your body, stand in front of a fan, or sit in an air conditioned room – cool down your body and give it time to "catch up." Rest is the best way to accomplish this.

Be aware of the weather forecast for your entire shift. You can wear looser clothing made of lightweight fabric. Prepare for an extended period of time in the sun. Wear a hat, sunglasses and sunscreen. Yes – sunscreen at work, what a concept! Many of us forget to put that in our backpacks.

Know the risks associated with exposure to heat and humidity. Watch for the signs and symptoms of heat-related illnesses. Consider your own health, age, and physical condition. Remember that those of us who are older and those with a few extra pounds are more susceptible to become victims. That, coupled with the type of work we do and the environment we must work in can be a challenge!



Educate your peers, your family members and your patients to the dangers of prolonged heat exposure. When it comes to one of us experiencing some type of medical issue, many times we fail to evaluate the event objectively so please be aware, heat can kill!

Remember, the number one priority as an EMT is to save your own life so that you can help others!

For more information about preventing heat related illness, please visit <http://emergency.cdc.gov/disasters/extreme-heat/heattips.asp>.

Why VPHIB is Changing Again!

By: Paul Sharpe, Manager, Division of Trauma/Critical Care

By now the Virginia EMS System should be aware that EMS patient care reporting is heading for its next big change. On July 1, 2013 OEMS will begin collecting a new minimum data set. The new minimum data set can be found in the "VPHIB Version 3 Data Dictionary" or what we call Vav3. More information on VAv3 is available in the VPHIB Support Suite.

Knowing that change can be very difficult for providers and agencies, OEMS wants to briefly explain why this change is happening. It may or may not make you feel better if you think of this change in terms of EMS taking another step towards maturing into a legitimate health care entity.

As an EMS provider on the street, you may be very interested to know that the move to VAv3 is being pushed by the federal government. It's not just someone on your command staff, at OEMS or the National EMS Information System that is making these changes. The federal government wants a strong source of information so that EMS can be properly reimbursed for the services that are provided. They also want to prove that what EMS does matters; and this is where the term, evidence-based medicine, enters into EMS.

The other big push from a national perspective is the inclusion of EMS documentation with efforts surrounding the development of a universal electronic health care record. It is hoped that by the year 2016, EMS will be ready to participate in the universal health record system and this will allow information to move back and forth between EMS and hospitals. The possibility of knowing the outcome of the patients that we trans-

port to hospitals would be a tremendous improvement on every level of EMS.

So what's in it for EMS providers and agencies? It may not be obvious, but improving our EMS documentation helps improve what we do, it focuses our training to where it's needed, increases our agency's revenue, and moves EMS to a higher level of professionalism. We can now easily demonstrate the many services that we provide to the community and how active our agencies and providers are. Next, we will be able to prove just how much our patients benefit from our direct patient care.

As legitimate studies continue to be produced using state and national EMS data, we can look forward to new skills being added to our list of abilities and perhaps some old ones being removed. Age old questions regarding the intubation of infants and whether or not every victim of a motor vehicle crash should be backboarded, may finally be answered.

Yes, there will be more fields to fill out on your PCR. However, we think these fields will be more representative of what providers believe is important when clearly documenting the care provided. Vav3 was developed to improve upon the current minimum data set. Much of the feedback received by providers, agencies and on the national level by states, has been incorporated into the new data set. We believe the new version should actually help to streamline reporting.

For more information about VPHIB, please email support@OEMSSupport.kayako.com, call (804)888-9149 or visit oemssupport.kayako.com.

Register Today for the Virginia EMS Symposium



Have you registered yet for the 33rd annual Virginia EMS Symposium? This year's symposium is offering over 250 classes that will help you meet your continuing education needs and maintain your EMS certification. These courses are also applicable for nurses and physicians.

Check out the ALS & BLS Academies track for easy course selection, which targets classes designed to meet all continuing education requirements for ALS and BLS recertification.

There are 17 course tracks this year, which include: administrative, airway, ALS & BLS academies, cardiac, CISM, communications, educator, medevac, health and safety, leadership and management, medical, operations, preconference, preparatory, special considerations and trauma.

Enjoy various events, including the 3rd annual Career Fair, Nov. 8, from 5 - 7 p.m. and the Governor's EMS Awards on Nov. 10, beginning at 6 p.m.

Register now through Friday, Oct. 5, 2012 to receive an Education for Life! Learn more about the Virginia EMS Symposium and register online at a discounted rate by visiting www.vdh.virginia.gov/oems/symposium.

CDC/Virginia Trauma Triage, One Year Out

By: Paul Sharpe, Manager, Division of Trauma/Critical Care

In early 2011 a revision of the Virginia Statewide Trauma Triage Plan (TTP) was implemented based on the new Centers for Disease Control (CDC) and Prevention's Guidelines for the Field Triage of Injured Patients.

Despite landmark studies that proved that morbidity and mortality can be decreased by up to 25 percent with proper use of trauma triage, some voiced skepticism with the new CDC guidelines. It was claimed that the effectiveness CDC guidelines had not yet been proven and that the national studies may not actually be valid within the Virginia trauma system.

Setting aside the fact that trauma triage in Virginia is required by law and EMS regulations; OEMS wanted to share some recent Virginia-specific information that is beginning to validate the CDC triage guidelines. Our hope is that this information will help EMS providers better understand the importance of making every reasonable effort to ensure trauma patients meeting Step 1 of the TTP are transported directly to definitive trauma care.

As providers know, Step 1 of the TTP includes injured patients with a Glasgow Coma Scale of 13 or less, a systolic blood pressure less than 90, or a respiratory rate of less than 10 or greater than 29. Utilizing five years of data from the Virginia Statewide Trauma Registry (VSTR) it becomes apparent that patient outcomes, or at least death rates, are significantly better when these patients are transferred directly to the highest level trauma center. (see Figure 1)

The OEMS and the state Trauma Performance Improvement (PI) Commit-

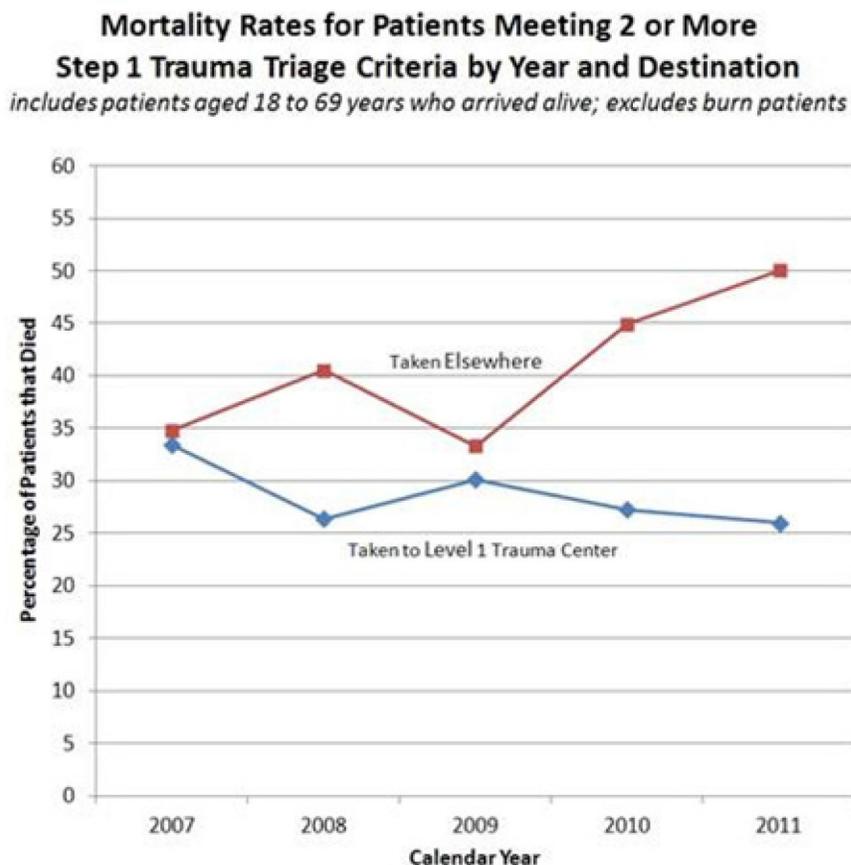
tee are finalizing the format that will be used to deliver region specific trauma triage information to the EMS Regional Councils for use by the Regional Trauma Committees and for distribution to the jurisdictions within each region.

Agency level triage reports will be developed in the future and will focus on informing EMS agencies of potential or actual "missed-triages." Transport decisions can be one of the most important interventions an EMS provider can provide to their patients.

There are a couple of new national studies that have been published and are specific to the accuracy and benefits of the CDC guidelines. We will provide that information in our upcoming OEMS newsletter.

For more information about this topic, please contact Paul Sharpe, trauma and critical care manager, at 804-888-9100 or visit www.VDH.Virginia.gov/OEMS/Trauma.

Figure 1: Mortality Rate Graph



Help! What Test Will I Take?

By: Greg Neiman, BLS Training Specialist



As you know, the OEMS has moved to National Registry testing at all levels, well, kind of! This transition creates some uncertainty that I hope to resolve in this article.

New Candidates

New First Responder/Emergency Medical Responder and EMT-B/EMT candidates are actually easy to discuss. What exam you take depends on the **official end date** of your course. The emphasis is important. The date that your instructor set with the OEMS is the date we use, not the date that you took your final or the date that you finished your clinicals or the date that you stopped prepping for the practical exam. Ask your instructor what the official end date of the course is to determine what exam you will take.

If Your Course Ended on or Before June 30, 2012

You will test the National Standard Curriculum (NSC) written and practical exams at a Consolidated Test Site (CTS) in Virginia. You will be tested under the scenarios and check sheets that went into effect on September 1, 2009 (see http://www.vdh.virginia.gov/OEMS/Files_page/CTS.htm) and your NSC written exam is based on the 1994 EMT-B curriculum. You will continue taking these exams until you certify or go through all four attempts.

If your Course Ended on or After July 1, 2012

You will test the Virginia EMS Education Standards (VEMSES) psychomotor exam at a CTS in Virginia. After successfully passing that exam, you will receive an Authorization To Test (ATT) letter from the National

Registry and you will schedule to take the National EMS Education Standards based on the cognitive exam at a Pearson Vue Testing Center. The new check sheets are posted at http://www.vdh.virginia.gov/OEMS/Files_page/CTS.htm.

Recertification/Re-entry/Challenges/Legal Recognition

If your exam is taken on or before December 31, 2013, current providers whose OMD will not sign a waiver will take the NSC written exam at a CTS, prior to their expiration. Current providers who do not complete their recertification requirements/process prior to expiration and test while in reentry and candidates who are seeking Virginia EMT certification through an equivalency challenge/legal recognition will take the NSC written and practical exam at a CTS in Virginia.

For any of these candidates/providers, if your eligibility period extends past December 31, 2013, any exam you take on or after January 1, 2014 will be the Virginia EMS Education Standards (VEMSES) Psychomotor Exam at a CTS in Virginia. After successfully passing that exam, you will receive an ATT letter from the National Registry and you will schedule to take a National EMS Education Standards based cognitive exam at a Pearson Vue Testing Center.

It's important to note that providers testing for recertification, reentry, or legal recognition when they sit for the NR cognitive exam on or after January 1, 2014 will take the NR EMR/EMT assessment exam. Only challenge/equivalency candidates will take the NR cognitive certification exam.

About the National Registry Written Exam Taken at the Pearson Vue Test Centers

Since 2007, the National Registry has utilized Computer Based Testing (CBT) for their written exams. This means you will take the exam on a computer, not the standard pencil-and-paper exam. In addition, the FR/EMR and EMT written exams are Computer Adaptive Tests (CAT). To learn more about CBT and the CAT exam type, you can view the information on the National Registry website at https://www.nremt.org/nremt/about/CBT_Home.asp.

What About Candidates Under 18-Years-Old?

I'm glad you asked! FR/EMR and EMT candidates who are under the age of 18 can't receive National Registry certification. Once they complete their class, they will take the appropriate psychomotor exam at a CTS. Upon successful completion of that exam, they'll take the EMR/EMT cognitive assessment exam, which is the same exam, but it does not lead to NR certification. When they are successful at the cognitive exam the National Registry will send those results to the OEMS and we'll issue a Virginia certification at the appropriate level.

For questions, please contact the Division of Educational Development at (800) 523-6019 or (804) 888-9120.

ALS Testing in Virginia - What Changes can I Expect?

By: Deborah T. Akers, ALS Training Specialist

The testing process in Virginia has undergone a major revision—effective July 1, 2012—when the Office of EMS became 100 percent compliant with the National EMS Education Agenda for the Future and moved to National Registry testing at all certification levels. So you ask yourself, “How will that affect me as an ALS provider in Virginia?” This article will answer those burning questions.

Paramedics

Let’s take a look at Paramedic certification level. In the now infamous words of Warren Short, “That’s easy, nothing is changing!” For a provider completing an initial Paramedic certification course in Virginia, you will continue to take the National Registry cognitive and psychomotor examination. Upon gaining National Registry certification; you will be granted reciprocity in Virginia.

For more information about reciprocity, please read the article, *National Registry Transition - Reciprocity in Virginia*, located on page one of this newsletter.

Paramedics who are recertifying (and are not being waived from the testing process), or who are in reentry, will continue to take the Virginia Paramedic recertification written examination until December 31, 2013. After that date, the required test will be the National Registry Paramedic assessment examination. Successful completion of this assessment examination will be transmitted electronically to Virginia and a new certification card will then be generated. This assessment test will not generate a National Registry certification for the individual taking the examination.

Intermediates

The Intermediate level becomes a bit more involved as National Registry moves away from offering certification at this level. For a provider completing an initial Intermediate certification course in Virginia, you will continue to take the National Registry cognitive and psychomotor examination until December 31, 2013. Upon gaining National Registry certification; you will be granted reciprocity with Virginia.



This process will change after December 31, 2013, when National Registry no longer offers the NREMT-Intermediate certification. Test candidates will then take a Virginia psychomotor examination and the National Registry cognitive assessment examination. Upon successful completion of the National Registry cognitive assessment examination, that information will be transferred electronically to Virginia and if the individual has also successfully completed their Virginia psychomotor examination, a Virginia Intermediate certificate will be issued. Intermediates who are recertifying (and are not being waived from the testing

process), or who are in reentry, will continue to take the Virginia Intermediate recertification written examination until December 31, 2013. After that date, the required test will be the National Registry Intermediate assessment examination. Successful completion of this assessment examination will be transmitted electronically to Virginia and a new certification card will then be generated. This assessment test will not generate a National Registry certification for the individual taking the examination.

Enhanced

Enhanced level testing will remain the same until such time as the new EMS Rules and Regulations are promulgated and the Virginia EMT-Enhanced to Advanced EMT transition timeline has been implemented.

For students enrolled in an initial Enhanced certification course in Virginia, they will continue to take the Virginia written and practical examination at an EMT-Enhanced test site in Virginia. Upon successful completion of the written and practical examination, a Virginia EMT-Enhanced certification card will be issued.

Enhanced providers who are recertifying (and are not being waived from the testing process), or are in reentry, will continue to take the Virginia Enhanced written examination until such time as the new EMS Rules and Regulations are promulgated and the Virginia EMT-Enhanced to Advanced EMT transition timeline has been implemented.

If you have any questions about testing in Virginia, please contact the Division of Educational Development at 804-888-9120.

The Journey to Developing a Suicide Prevention Program

By: Captain Rick Talley, Chesterfield Fire and EMS

I never really thought much about suicides in the fire service during my years as a member. There were departments around us that would have a firefighter suicide every now and then, but I did not dwell on the fact that these had occurred. I would say a prayer for the individual, the family left behind and the department that was grieving, and then I would move on to the next thing that came along.

On November 1, 2011, this all changed, as I became exposed to the reality that fire service suicides are occurring at alarming rates across the country. This exposure came as I was conducting research and stumbled across an article in Firehouse magazine that was written about the four firefighter suicides that Phoenix Fire Department experienced over a seven month period, December 2010 - July 2011.

This article opened my eyes to the fact that this is a problem that my department has not experienced yet, but could experience at any time. At this point, I decided that we needed to develop a suicide prevention program to hopefully prevent firefighter suicides from occurring in our department. I contacted my supervisor, Deputy Chief Mark Sacra, to discuss what I learned and to request permission to pursue developing a suicide prevention program for Chesterfield Fire and EMS. Permission was granted to proceed with the project, and the journey began.

I started contacting safety officers from the Richmond metropolitan area fire departments to ascertain if their departments ever experienced any firefighter

suicides from within the ranks. Most of the departments had experienced at least one suicide that could be remembered. Of the ones who had experienced a firefighter suicide, most had experienced multiple suicides over the years. The next question posed was, "Do any of you have a suicide prevention program in place for your department?" The answer was a resounding no.

At this point, I began an internet search for fire service suicide prevention programs and information. I changed the search terms multiple times and in many different configurations hoping for something that would help with my quest to develop a suicide prevention program. Actually, I was hoping to find a program posted on the internet that I could ask for permission to use for our own department. I could find no such program.

During the next leg of the journey, I contacted Lieutenant Jason Elmore, Chesterfield Fire and EMS community programs supervisor, public information officer and chaplain, to seek his assistance with the development of a program. Lieutenant Elmore and Chaplain David Huffman asked if they could take the ball and run with it. I agreed under the condition that the program would be useful to all persons, spiritual and non-spiritual alike. They agreed and we started development.

Research continued for weeks and months, biweekly telephone conferences and monthly meetings for project updates became the norm. The county's EAP vendor was contacted to see if they had any suicide prevention programs that we could use or if they could provide any

assistance in our endeavors. They did not have anything but were willing to review ours and utilize it once it was completed, another dead end.



As December approached, I had hoped to have something to send out to our personnel that would address suicide prevention, but our program was nowhere near completion. I didn't realize how long it would take to create a meaningful program that would meet our needs.

In order to fulfill my desire to have something sent out before the holidays, I created three safety zone bulletins on mental health during the first three weeks of December, 2010. The positive feedback began pouring in for the bulletins. Some of the feedback advised that the timing was perfect and had impacted several employees' lives that were spiraling downward at the time of delivery.

At this point, my resolve to bring this project to fruition was cemented even more. During one of our meetings, Lieutenant Elmore and I felt that we needed to create a discreet method for personnel to contact our chaplains for help. An email address and a chaplain's hotline number were established. These two

Continued on Page 12

Rescue Squad Assistance Fund New Special Priority for VPHIB-Fall 2012 Grant Cycle

The Virginia Office of EMS (OEMS) has made some important additions regarding the Rescue Squad Assistance Fund (RSAF) grant program, specifically adding a new special priority to the program, effective for the September 17, 2012 grant cycle (available August 1, 2012 on the OEMS website.) The new special priority is outlined below.

Migration to VPHIB's version 3 (VAv3) Requirements

The OEMS is making this priority available in response to changes that have now taken place with the national EMS dataset and technical requirements; OEMS must make significant changes to Virginia's EMS data collection programs, Virginia Pre-Hospital Information Bridge (VPHIB). Virginia's VPHIB program will be moving from its current version 2 to the new Virginia version 3 minimum dataset and technical format, or what we are calling "VAv3." Funding may be used for a broad range of items including, but not limited to, hardware, software, licenses, support and services. All applicants must complete the VPHIB questionnaire regardless of whether the agency is seeking special priority consideration.

Special Priority

Priority will be given to those agencies that are being forced to move to version 3 and it has caused a financial hardship on that agency. Please note: A hardship must be justified in the application.

VPHIB Questionnaire

The applications will be reviewed by OEMS technical staff, EMS Regional Councils and FARC based on the information that your agency will document in the VPHIB questionnaire. The VPHIB questionnaire is available here http://www.vdh.virginia.gov/OEMS/Files_Page/Grant/VPHIBQuestionnaire.pdf.



The Consolidated Grant Application Program (CGAP) grants software program along with ALL grant information was available on the website on August 1, 2012, and the CGAP version you must use is 2012.2.

Grant Application Instructions Updated

The grant application instructions have been updated for the current grant cycle and are available here http://www.vdh.virginia.gov/OEMS/Files_page/Grant/Instructions.pdf.

[virginia.gov/OEMS/Files_page/Grant/Instructions.pdf](http://www.vdh.virginia.gov/OEMS/Files_page/Grant/Instructions.pdf).

The OEMS highly recommends that your agency reviews these instructions prior to applying for an RSAF grant. The instructions outline the CGAP program and provide screenshots of the software, which will guide the applicant through writing the grant.

The RSAF Grant application deadline is September 17, 2012 by 5:00 p.m. All applications must be submitted via the web. The affirmation page is also due by September 17, 2012 with original signatures.

For more information about this special priority or the RSAF grant program, please contact Amanda Davis, grants manager at 804-888-9106 or amanda.davis@vdh.virginia.gov.

For VPHIB Support call 804-888-9149 or email Support@OEMSSupport.Kayako.com. You can also visit <http://oems-support.kayako.com/>.

September is Hurricane Preparedness Month

Continued from Page 2

a storm when they're expensive and supplies will be in high demand. Buy items at the end of the season when you can get good deals.

- **Shop Sales.**

Shop at sales and used goods stores. Buy preparedness items throughout the year, instead of all at once, and you won't notice the cost as much.

- **Make Sure it Keeps.**

Store water in safe, containers. You don't need to buy expensive bottled water, just make sure your water containers are dis-

infected and airtight.

- **Request a Gift.**

We all get things we don't need. Suggest preparedness supplies as gifts from your friends and family. It just might save your life.

- **Trade a Night Out.**

Trade one night out to fund your 72-hour kit. Taking a family of four to the movies can cost upwards of \$80. Just one night staying in could fund your Ready kit.

- **The Best Tip: Start Now.**

Take small steps toward preparedness and before you know it, you will be Ready!

For more information about hurricane preparedness, please visit www.ready.gov/hurricanes.



The Journey to Developing a Suicide Prevention Program

Continued from Page 10

communication mediums were relayed to our personnel to use in a time of need and it didn't take long before both were utilized. This was another success story!

The research and re-writes continued until March 24, 2011. Lieutenant Elmore forwarded the proposed program to me for review and it looked good. It was packed with useful, relative and timely information. Additionally, we related personal crisis and suicidal thoughts to a 'mayday' on the emergency scene. Our personnel are trained to call mayday when certain triggers on an emergency scene occur. Personal crisis and suicidal thoughts are a life emergency and the program encourages and directs our personnel to "call the mayday!"

Upon completing my review of the program, I sent it to Fire Chief Loy Senter and Deputy Chief Mark Sacra for review,

comment and approval. The executive staff approved the program to be distributed to our personnel and posted on the department's intranet home page for use. Once the approval was received, the program was forwarded to our information management and technology unit to be posted on the intranet.

Throughout the process, our executive staff provided support to the program. The fire chief and I conducted a video interview for the department's video newsletter that was sent to all personnel in April, 2011. The purpose of the interview was for our staff to hear the fire chief say that it was okay to ask for help and to educate them about the program's existence. Additionally, a presentation was developed to be delivered to our company officers at the April, 2011 company officer meeting.

To date, we've shared our program with many agencies across the country that have requested copies, and we are developing a brochure that can be posted in fire stations and work locations throughout the department. A presentation was also developed and delivered at the Virginia Fire Chiefs Association's Mid-Atlantic Expo & Symposium in February, 2012.

This journey will continue long after I have retired because we owe it to one another to never let it end.

For more information or to request a copy of this program, please contact Captain Rick Talley, Chesterfield Fire and EMS at talleyr@chesterfield.gov.

Calendar of Events

September						
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
23/30	24	25	26	27	28	29

- September 1 - VA Enhanced Test Schedule
- September 6 - Trauma System Oversight & Management Committee
- September 15-19 - Instructor Institute
- September 17 - RSAF Grant Cycle Deadline
- September 19 - EMSAT
- September 21 - VA National Registry Paramedic & Intermediate 99 Test
- September 23 – 25 - Virginia Municipal League Conference
- September 26 - 29 - VAVRS Convention
- September 29 - EMS Instructor Update
- Hurricane Preparedness Month
- National Childhood Obesity Awareness Month

October						
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			

- October 3 - Training and Certification Committee
- October 4 - EMS for Children Committee
- October 5 - Symposium Registration Deadline
- October 11 - Medical Direction Committee
- October 17 - EMSAT
- October 22 - Transportation Committee
- October 25 - Emergency Management Committee
- October 29 - World Stroke Day
- National Breast Cancer Awareness Month

Meeting dates are subject to change at any time. Visit the OEMS website at www.vdh.virginia.gov/oems for the latest event information.

EMS Quick Hitters

Regional Area Medical Event

As a member of the Virginia Office of EMS' Health and Medical Emergency Response Teams, EMS Task Force Thomas Jefferson 2 participated in the Remote Area Medical clinic held at the Wise County Fairgrounds, July 19-22, 2012. Michael D. Berg, regulations and compliance manager for OEMS and NREMT-P, Charlottesville-Albemarle Rescue Squad also participated in this event by providing emergency care and transportation to local hospitals.

OEMS Staff Updates

Debbie Akers, ALS training specialist, was recently appointed to the position of vice chairman on the Recognition Com-

mittee for the National Association of EMS Educators.

Gary R. Brown, director of the Office of EMS was elected to a three year term on the National Emergency Medical Services Memorial Service Board of Directors. The board elected Gary from a pool of applicants from throughout the country citing that, "the number and quality of applicants this year was very competitive."

Find us on Facebook and Twitter

For the latest EMS news, "like" us on Facebook at <http://www.facebook.com/pages/Virginia-EMS/153545858005772> and follow us on Twitter at <http://twitter.com/#!/virginiaems>.

EMS Challenge Question

When does the fall 2012 RSAF grant cycle close?

Email the correct answer to emstechasst@vdh.virginia.gov and you may be one of the lucky winners that will receive a prize pack from the Office of EMS.

*Note: The answer to the EMS Challenge Question can be found in this edition of the *EMS Bulletin*.



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.

Gary R. Brown, Director,
Office of EMS

P. Scott Winston, Assistant Director,
Office of EMS

Marian Hunter, Public Relations
Coordinator, Editor/Writer
Office of EMS

1041 Technology Park
Glen Allen, VA 23059
(804) 888-9100
www.vdh.virginia.gov/oems