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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
Winter 2009

Virginia Rural Health Summit - Bringing Rural EMS Care to the Table

For those of you who live and work in the rural areas of Virginia, you know that it's a bit different from the city. A traffic jam may mean being stuck behind a tractor, or the cows got out and are standing in the road again. Your closest neighbor may be miles away. Whatever the differences, rural living can be wonderful, but when it comes to Emergency Medical Services (EMS) it can pose some challenges.

There are several challenges that are unique to EMS agencies and providers in rural areas. Access to training to become certified or stay certified may be limited. Response times can be very long, which can add more stress to the provider. Also, keeping up skills can be hard, because you may not respond to as many calls as an agency in an urban setting.

These challenges are some of the reasons why the Annual Virginia Rural Health Summit is dedicating two days to rural EMS care. The Virginia Department of Health's Office of Minority Health and Public Health Policy and the Office of EMS are working together to host this summit. The goal of this summit is to hear about challenges, decide on ways to help overcome the challenges and to provide useful resources and information for localities and agencies in rural areas.

The summit will feature a hands-on budget model that will teach students how to develop an operational budget for their EMS agency. It will also feature a roundtable discussion that will involve interactive dialogue

to begin addressing the unique issues and challenges faced by rural EMS agencies in Virginia. National studies have found that funding for EMS, assurance of continuity of service, access and availability of EMS education and training, medical direction, and recruitment and retention of EMS personnel are some of the common concerns in rural communities.

There is no charge to attend the workshop or the roundtable discussion. The Rural EMS Summit is being held as a part of the Annual Virginia Rural Health Summit, which works to solve challenges for rural health care and support the state rural health plan. To learn more about the plan and the summit visit www.va-srhp.org/. This summit is designed to be a starting off point for important communication and action to support rural healthcare in Virginia.

The summit is being held on March 10 – 13 at the Southwest Virginia Higher Education Center, One Partnership Circle, Abingdon, VA 24210. Visit www.vaems.org/rhs today to learn more and register! Or contact Carol Morrow with the Office of EMS at carol.morrow@vdh.virginia.gov to see how we may be able to help cover the cost of your hotel.

March 10 - 13, 2009
Southwest Virginia Higher Education Center
One Partnership Circle, Abingdon, VA 24210
www.vaems.org/rhs

So, You Want to Do a Survey?, Part 4

Survey Analysis

By: Jodi Kuhn, Statistical Analyst Supervisor

The final step of survey implementation is the analysis of the data. Hopefully your survey captured rich data which can be generalized over your entire population, with a small margin of error. The first step in data analysis is to organize the data in a manner that will be useful and understandable to the person conducting the analysis. Check your resources, do you have an analyst in your office that can walk you through the process, or will you be on your own?

Choosing your software

In most cases you will be the one doing the analysis so you should choose the software program that you feel most comfortable using. An important tip in choosing software is to think about your needs.

- If you are familiar with using Excel, in most cases it will serve your needs from setting up the database to doing the analysis. You may want to load the Excel Analysis Toolpak for additional options.

- If you want to have the freedom to conduct a myriad of statistical tests then you should choose a statistical software package such as SPSS or SAS.

- If you've used an online data collection tool such as Zoomerang, you may find that their analysis capabilities sufficiently meet your needs. This may be the case if you are mainly looking to present descriptive statistics about your population.

Copy

When beginning an analysis, make it a point to always keep a copy of the original data file, before you've recoded or grouped any of the variables. You will be surprised how many times you re-visit it. Plus it is a good method of protect yourself if someone questions your variable coding or any of the steps in the analysis.

Cleaning and Validating

The next steps are cleaning and validating the data. Do not be surprised if this takes longer than the actual analysis, in most cases it will. Cleaning and validating the data are essential for ensuring your data does not contain errors and to make sure that it makes logical sense. Never underestimate your own intuition, scan the data, think about what it is saying, notice general tends. Find a systematic approach to cleaning and validating and run with it.

Re-visit your initial objectives

The main purpose in collecting the data was to try lending support to an initial thought or question. This trip down memory lane will bring you back to all of the initial plans you had months ago when you first began putting together your survey.

Choose the appropriate statistical tests/methods

In most cases, simple math is all that you will need to present your data. Descriptive statistics can be calculated using all common software such as Excel, Access, SPSS, etc. Descriptive statistics include counts, sums, measures of center, and cross tabulations will allow you to draw conclusions about your results that are applicable in helping to meet your initial objectives.

Presenting your data

Remember who your audience is when formatting your data to present. This is essential in getting others to appreciate all of your efforts.

Some of this information, as well as easy-to-follow details on the steps to data analysis (planning/cleaning/validating/presenting), can be found on the NEDARC Web site www.nedarc.org.

Also, to read the first three installments of "So, You Want to Do a Survey?," you can do so by viewing archived EMS Bulletins. Please visit www.vdh.virginia.gov/oems and click on EMS downloads in the navigation bar to download the archived EMS Bulletins.

Need EMS Books?

The joint Virginia Department of Fire Programs and OEMS bookstore makes buying all of your EMS course books simple and fast! Visit www.vafire.com/bookstore to order your supplies online today!

1005 Technology Park • Glen Allen, VA 23059
(804) 249-1976 • Ask for Mallory Nash

Task Forces Tested When Hurricanes Hit the States

By: Frank Cheatham, HMERT Coordinator

Once hurricane season begins, the Division of Emergency Operations (DEO) never knows what to expect, so we prepare for the worst. It was our hope that the season would be a slow one, but recently, Mother Nature has kept us on our toes.

First was Hurricane Gustav. With an Emergency Management Assistance Compact (EMAC) request for EMS crews to respond to Louisiana, DEO staff began work verifying deployment length, location, and logistics to assist in trying to fulfill the EMAC request. The deployment request was for ten days and, with added travel days it became a fourteen day deployment. In addition, Louisiana requested that each ambulance be staffed at the Paramedic level for 24/7 coverage.

When the decision was made to put the request out to the task forces, we were already down one task force as they were already committed to an instate event. However, the initial contact was made to the available resources and within about 18 hours, we had 19 people committed and equipment ready to deploy. We passed along our resources to the Virginia Emergency Operations Center (VEOC) and the wait began. After 24-hours we were told to stand down from that deployment as the resources were no longer needed, but to prepare for another potential storm, Hurricane Ike.

As previously mentioned, during Hurricane Gustav, we already had a task force involved in another event. A standby request had been received for the UVA-USC Football game. EMS Task Force Metro 11 accepted the mission and responded to Charlottesville when the request was received mid-afternoon that Saturday. The weather was hotter than expected and patient transports were increasing. Metro 11 responded with two ambulances, a quick response vehicle and personnel. Upon arrival all staff were immediately put to work in the Scott Stadium care centers, as well as transports to the emergency room. All personnel were back home and demobilized by 2300 hrs that day.

DEO would like to thank all task force members, but especially those who rearranged their plans to prepare for a possible deployment. Your efforts did not go unnoticed and preparing and being ready for disasters is a good test of what our system is able to do and able to provide when our state and country are in need.

Mary Washington Hospital Designated Trauma Center

By: Paul Sharpe, Trauma/Critical Care Coordinator

The Virginia Department of Health, Office of Emergency Medical Services, Division of Trauma/Critical Care is pleased to announce that Mary Washington Hospital (MWH) in Fredericksburg has been granted Designation as a Level II Trauma Center by the State Health Commissioner. On September 4th a Trauma Center Site Review Team visited MWH to ensure that the hospital had in place all the resources, processes, and programs required to provide definitive trauma care to its community as a Level II Trauma Center.

Level II trauma centers have an organized trauma response and are also expected to provide initial definitive care, regardless of the severity of injury. The specialty requirements may be fulfilled by on call staff, which is promptly available to the patient. Due to some limited resources, Level II centers may have to transfer more complex injuries to a Level I center.

Hospitals and EMS agencies in the Mary Washington Hospital catchment area are being notified of the additional resource now available to them. Mary Washington Hospital Administration and staff have been working towards the goal of Trauma Center Designation for almost nine years in order to bring this valuable resource to an area in need of a trauma center as identified by the Trauma System Oversight and Management Committee and the 2004 Joint Legislative Audit and Review Commission's report on "The Use and Financing of Trauma Centers in Virginia.

Are You Interested in Becoming an Instructor?

By: Greg Neiman, BLS Training Specialist

In 2008 the Office of EMS (OEMS) held three Instructor Institutes. During the last one in Winchester, 20 candidates completed the institute and became EMT Instructors. Fourteen of the candidates attended the entire institute and six bridged from VDFP Fire instructor to EMT instructor through an abbreviated program.

Are you interested in becoming an instructor in Virginia?

In accordance with 12 VAC 5-31-1500, an applicant must comply with the following:

1. Be a minimum of 21 years of age.
2. Hold a current certification as an EMT or higher and have been certified as an EMT for a minimum of 2 years.
3. Be a high school graduate or equivalent.
4. Obtain a minimum score of 85% on a written Instructor Pre-Test examination.
   a. Instructor pretest results are valid for a period of two years from the date of the written examination.
   b. An applicant failing the written pretest is not eligible to retest for a period of 90 days from the date of the examination.
5. An EMT Instructor candidate shall demonstrate competency during a formal practical pretest examination. An EMT Instructor candidate shall provide the Office of EMS the following to be eligible for the practical examination:
   a. An EMT Instructor candidate affiliated with an EMS agency shall be recommended by the EMS physician serving as the agency's OMD.
   b. An EMT Instructor candidate who is not affiliated with an EMS agency shall provide both a recommendation from an EMS physician and a statement from the employer or perspective employer attesting to the need for instructor certification to meet the EMS training needs of the organization. (The Office of EMS will provide an OMD/PCD Endorsement Form for this purpose to candidates passing the written pre-test.)
6. An EMT Instructor candidate shall receive an invitation from OEMS to attend an Instructor Institute after successful completion of all pre-testing.

If you meet the prerequisites, the next step would be to take the Instructor pretest. Contact any Regional EMS Council to schedule to take the pre-test at a Consolidated Test Site (www.vaems.org).

To prepare for the exam, you should study the 1994 EMT-B Curriculum. The exam is based solely on that document, not on the current books available from the various publishers. You can download the curriculum from our Web site at: http://www.vdh.virginia.gov/OEMS/Training/ResourceCD/nhtsa.asp.

All qualified and endorsed instructor candidates who have passed the written pretest are invited to a practical exam. Prior to the practical, you will need to supply the required endorsement to OEMS.

Qualified, endorsed instructor candidates are invited to the next Instructor institute based on the location and number of slots available. Traditionally we hold three institutes a year, one in the Spring, Summer and Fall. The institute is five days, Saturday through Wednesday. Providers who have current VDFP Instructor I or higher or a Masters Degree in Education may be exempt from some portions of the institute. If you have these qualifications, please contact me for more information.

How long the process can take depends on where we are in our annual process as you begin your journey.

You can view the deadlines to pass the written exam and dates and locations of the Institutes on our Web site: http://www.vdh.virginia.gov/OEMS/Training/BLS_InstructorSchedule.htm. OEMS traditionally holds the Institute in the spring in the Eastern part of the State, the June Institute in conjunction with the VAVRS Rescue College at VA Tech and the fall Institute in Northern Virginia. Practical exams are generally held in the same region as the upcoming Institute.

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No Job is Complete...

By: Michael Berg, Regulation and Compliance Coordinator

At a recent meeting for one of the standing committees of the State EMS Advisory Board, a question was posed as to why the Regulation and Compliance Division was not enforcing EMS agencies leaving a copy of their "run report" when delivering a patient to a destination (emergency department, direct admission, etc). To be quite honest, we receive veryfew complaints on this matter. These "run reports" contain important information for emergency patients as they are followed through the trauma system, most notably upon their initial arrival at the emergency department. In some cases, decisions regarding the manner in which the patient may be treated can be traced to the information found on the pre-hospital patient care report (PPCR) left by the transporting EMS agency.

With this in mind, now is a good time to review just what the Virginia Emergency Medical Services Regulations state about leaving a PPCR at the facility or when one should be provided. 12VAC5-31-1140 Provision of patient care documentation states in part:

"A. EMS personnel and the EMS agencies shall provide the receiving facility or transporting EMS agency a copy of the pre-hospital patient care report for each patient treated, either with the patient or within 24 hours."

A few items to note here; the word "shall" in law means it will happen – it is not an option. Also, the EMS agencies have up to 24 hours to provide the documentation to the receiving facility or transporting EMS agency. Those of us who work in busy EMS systems know that at times, we may not be able to leave a written report before the next call goes out. Most, if not all, EMS agencies have internal policies noting the need to complete the shift paperwork (to include any EMS run reports) before concluding the shift (this means before going home).

We know from experience, as a first responder agency, that sometimes getting the paperwork done before the transporting agency arrives may be a bit challenging. It does not however preclude the first responder agency from providing the report at all. This report should accompany the patient care report provided by the transport EMS agency to the receiving facility.

Documentation is essential in recording the events as seen and told. We record our actions, and some cases inaction, on this form. Whether it is paper or plastic (electronic or paper), documentation must be part of the total EMS response. No job is complete until the paperwork is done!

State Medevac Committee Focuses on Four Core Areas

In October, the State Medevac Committee held a summit in Charlottesville to bring together Virginia's Medevac service representatives to discuss issues and challenges in the Medevac system in Virginia.

The representatives at the summit and the members of the State Medevac committee agreed that workgroups need to be created to help address four areas in Medevac services.

These include: 1) safety for Medevac services, 2) utilization of Medevac services, 3) regulation and oversight and 4) centralized dispatch.

The safety and utilization workgroups have already began work on these important issues and recently gave presentations at the Medevac Committee meeting on February 12th.

Members of the committee and other Medevac representatives volunteered to help work on the centralized dispatch and regulation and oversight workgroups.

If you are interested in learning more about the workgroups or about Medevac services in Virginia, you are welcome to attend the next State Medevac Committee meeting on May 14, 2009 at the Marriott West, Richmond.

Congratulations to the 2008 Governor's EMS Award Winners!

Congratulations to the 11 Governor's EMS Award winners! On November 15, 2008, the winners were announced at the annual Governor's EMS Awards Banquet during the 29th Annual EMS Symposium at the Norfolk Waterside Marriott. Taking home the biggest award of the night, Excellence in EMS, was Tina Skinner, the Executive Director of the Rappahannock EMS Council.

Karen Wagner and Scott Winston present the award for Excellence in EMS to Tina Skinner

Our other winners of the night include: Spotsylvania Volunteer Rescue Squad for Outstanding EMS Agency, Beth Addington for Outstanding Pre-Hospital Provider, Jennie Collins for Outstanding EMS Administrator, Thomas Watson for Outstanding Pre-Hospital Instructor, Dr. Allen Yee for Outstanding EMS Physician, Karen Hamilton for Nurse with Outstanding Contribution to EMS, Lisa Usher for Outstanding Contribution to EMS Telecommunications, Fredericksburg Volunteer Rescue Squad for Outstanding Contribution to EMS for Children, NSWC Federal Credit Union for Outstanding Contribution to EMS and finally Jessica Jefferson for Outstanding Contribution to EMS by a High School Senior. Congratulations to all of our winners!

For information on how to nominate someone for the 2009 Governor's EMS Awards, contact your local regional council. www.vaems.org.

Regional EMS Award Deadlines

Thomas Jefferson EMS Council	March 16 at 4:30 p.m.	Tidewater EMS Council	May 1
Southwest EMS Council	March 31	Penninsulas EMS Council EMS	May 1
Rappahannock EMS Council	April 3	Western Virginia EMS	May 3
Northern Virginia EMS Council	April 10	Old Dominion EMS Alliance	June 1
Blue Ridge EMS Council	April 24	Central Shenandoah EMS Council	June 1
Lord Fairfax EMS Council	April 24		

OEMS Staff Member Facilitates Donation of Zoll AED/Monitor

Office of EMS Program Representative, Andy Daniel recently attended a meeting with representatives of the Iron Gate Volunteer Fire Department in regards to obtaining EMS licensure as a non-transport first response agency (Paul Fleenor is this area's field representative from OEMS, but Andy stepped in to assist Paul with this meeting). This license would allow Iron Gate VFD to provide medical care to a patient before an ambulance arrives – this type of licensure is essential in rural areas where ambulance response times can be long.

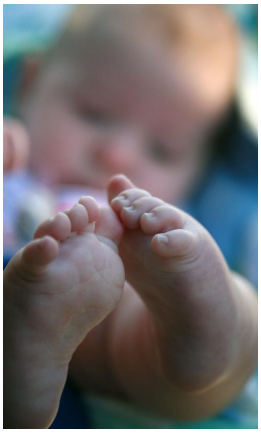
During this meeting with the Iron Gate Board of Directors, several objectives for them to become licensed were clarified. Andy then inspected some of their equipment, including an old LP 300 AED that they were given, however it was not American Heart Association (AHA) compliant. Andy suggested that they apply for RSAF Grant funds to help them get the proper equipment to meet their goals, but he also came up with another idea to help them.

Andy, being the President of Woodstock Volunteer Rescue Squad in Shenandoah County, knew that his agency recently replaced their Zoll M-Series monitor (which had only been in service for two years). He worked with the Woodstock VRS Board to have the AEDs donated to Iron Gate VFD.

Andy had the honor to return to Iron Gate VFD to present a Zoll M-Series AED/Monitor to Chief Robbie Boyd and President Bob Daniel (who is also Andy's father). This donation is a step that will help Iron Gate VFD become licensed as an EMS agency.

EMS's Role in Infant Mortality Prevention

OEMS Program Representative Supervisor, Jimmy Burch recently conducted a four-hour presentation in South Boston as a part of the annual continuing education weekend. One of his topics of discussion was the prevention of infant mortality. Burch had requested information on infant mortality from the Department of Health Commissioner Karen Remley, MD, MBA, FAAP, who is engaged in projects and initiatives to help lower the number of infant mortalities in Virginia.



Infant mortality is defined as a death of a child that is under the age of one year. There are some simple messages that EMS providers can help spread throughout their communities:

1. Infants should sleep on their back
2. Infants should sleep in a crib with a firm mattress
3. There should be no loose items like blankets and stuffed animals in the crib
4. Car seats should always be used properly (rear facing seats for infants)
5. Infants should get regular check-ups with their doctor

Burch's talk was on educating babysitters and other care providers on the importance of having infants sleep on their back. It is proven that having babies sleep on their back helps to prevent Sudden Infant Death Syndrome, which is one of the causes for infant mortality.

There will soon be a PowerPoint posted on the VDH Web site to assist educators who want to teach this important topic. For additional information visit the VDH Web site at www.vdh.virginia.gov.

How can you....

get the latest news and information from OEMS, chat with OEMS staff and network with other EMS providers ?

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Facebook
www.facebook.com

Twitter
www.twitter.com/virginiaems

& on the OEMS Blog
http://virginiaems.wordpress.com/

RAM Event a Success

By: Frank Cheatham, HMERT Coordinator

Remote Area Medical (RAM) is an organization that provides medical care for the poor and uninsured, not only in the United States, but throughout the world. The organization provides services to southwest Virginia each summer. The timeline for a RAM event is very short, covering the better part of a single weekend. The event was held in Wise at the fairgrounds and an estimated 3,000 plus people came to get various types of medical care. Many were there to see dentists but there are other various medical disciplines available as well. The event has been continually growing since the first one was held in 2000. People line up the evening before to ensure they receive needed care and unfortunately this event is sometimes the only health care some folks will get all year.

In order to accommodate the large number of people in such a small area, the organizers of the RAM event requested a HMERT Task Force to augment the resources that normally cover the area. EMS Task Force, Thomas Jefferson 2 (TJ-2) from Charlottesville, was assigned this mission. They have provided coverage at previous RAM events and this year they deployed six members with units from Western Albemarle Rescue Squad and Lake Monticello Rescue Squad. TJ-2 members assisted with setup of the treatment areas, as well as a base of operations and assisted with logistics and troubleshooting. The Task Force personnel contributed over 250 hours and treated and transported various patients to several areas for treatment on site. They also transported off site on several occasions and provided ALS for the local resources.

When you look at the vast number of people who came to the event and saw more than one doctor, it can be overwhelming. The task of providing care for that number in such a short time can was huge; 14 hours a day for two and a half days.

If you know anyone on the TJ-2 Task Force, please thank them for making the event a success.

Are You Interested in Becoming an Instructor? continued...

The only cost associated with the process is travel, food and lodging for the practical and time spent at the Institute.

An important change is coming in the process. At the Instructor Practical Exam scheduled for December 2008, OEMS piloted the new EMT-Basic Practical Exam Stations. In order to be successful, you will must pass the following stations:

1. Trauma Station
2. Medical Station
3. Random Skills Station

The following randomly chosen skills will be tested:

1. Traction Splinting
2. Extremity Splinting
3. Airway & Ventilation
4. Bleeding Wounds & Shock
5. Spinal Immobilization – Seated Patient
6. Spinal Immobilization – Supine Patient

Information on the stations and check sheets will be sent to all eligible candidates to assist with preparation.

If you have further questions about becoming an Instructor, please contact me either by e-mail @ Gregory.Neiman@vdh.virginia.gov or by phone at (804) 612-3950 or (800) 523-6019 (VA only).

If you are interested in becoming an ALS Coordinator, contact Tom Nevetral via e-mail @ Thomas.Nevetral@vdh.virginia.gov or by phone at (804) 612-3950 or (800) 523-6019 (VA only).

RSAF Grants Awarded

The most recent cycle for the Financial Assistance for Emergency Medical Services Grant Program, known as the Rescue Squad Assistance Fund Grants program awarded $3,364,850.79 to 98 EMS agencies on January 1st. The breakdown of the agency categories are as follows:

- 66 Volunteer Agencies in the amount of $2,303,407.11
- 22 Government Agencies in the amount of $679,463.00
- 10 Non-Profit Agencies in the amount of $381,980.68

The grants help to fund EMS vehicles and equipment for emergency operations, BLS and ALS care and communications. It also provides funding for training and special projects like recruitment and retention.

The next RSAF grant submission cycle opened on Feb. 2 and the deadline is March 16, 2009.

Mandated Child Abuse Reporting

Every child deserves to live in a safe and healthy environment, and as an EMS provider you can help to ensure that they have this opportunity.

On March 1st the bill that requires EMS providers to be mandated child abuse reporters will go into affect.

What does this mean for you? It means that if you suspect child abuse, you must report it to the hotline (800) 552-7096, to your local Department of Social Services or to the attending physician at the facility that you are transferring care to.

Every agency will be receiving an EMSAT DVD on the child abuse reporting along with a poster and some hotline wallet cards. Please have everyone in your agency watch the video and post the information where everyone can easily access it.

For more information or to take the online training program on this, please visit http://www.dss.virginia.gov/family/cps/mandated_reporters.cgi.

Or contact the EMS for Children Coordinator at the Office of EMS (804) 864-7600.

Calendar of Events

March						
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				

- March 5 - Trauma Committee Meeting
- March 8 - Daylight Savings Begins
- March 10 - 13 - Virginia Rural Health Summit
- March 15 - 21 - Poison Prevention Week
- March 16 - Rescue Squad Assistance Fund Deadline
- March 18 - EMSAT Training
- March 31 - April 3 - Virginia Emergency Management Conference

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

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 7 - 13 - National Public Health Week
- April 8 - Professional Development Committee Meeting
- April 9 - Medical Direction Committee Meeting (10:30 a.m.), EMSC Committee Meeting (3 p.m.)
- April 15 - EMSAT Training
- April 16 - National Stress Awareness Day
- April 19 - 25 - National Volunteer Week
- April 24 - 26 - Continuing Concepts in Pre-Hospital Medicine Conference

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!

Gary's dressed for St. Patrick's Day!

EMS Quick Hitters

EMS Advisory Board New Chair

The State EMS Advisory Board held their election of officers on their February 13th meeting. Jennie Collins from Prince William County Fire and EMS was elected as the new Chair of the advisory board. Collins sits on the board as the representative from the Northern Virginia Regional EMS Council.

New Virginia EMS News Web site

A new Web site that features news and information on EMS in Virginia has been launched. www.vaemsnews.com is the sister site to www.vafirenews.com. OEMS will share news and information with the site. Be sure to check it out for all of your VA EMS news!

***Keeping the Best!* Workshops**

The *Keeping the Best!* workshops offer valuable information on recruitment and retention of EMS providers. Are you interested in taking the course, want to know if a course is coming to your area or are you interested in becoming an instructor of the workshop? You can get the answers to all of these questions by contacting Carol Morrow, the new Technical Assistance Coordinator at carol.morrow@vdh.virginia.gov or call (804) 864-7600.

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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