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EMS



Bulletin

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

EMS Portal Expands to Serve Agencies

By: Chad Blosser, Training and Development Specialist

On Dec. 5, 2011, the Office of EMS (OEMS) launched a new EMS portal module dedicated to EMS agency administrators.

OEMS notified the chief executive officer of each Virginia licensed EMS agency with information on how to apply for access to the new system.

This new module on the EMS portal system improves personnel management and agency affiliations as well as offering expanded agency administrative access to affiliated provider data and records.

“This real-time data will assist us in planning continuing education training events at our organization, as well as printing barcodes for all providers to scan instead of using the ‘old’ bubble cards,” said Chris Snyder, chief of operations, Manchester Volunteer Rescue Squad. Snyder continues, “This portal is much quicker in pulling specific reports needed as well as providing information that is on file with OEMS, such as operational medical directors.”

These new agency specific features have been built into the existing EMS portal, which



is currently used by EMS providers and instructors and will enable agency administrators to delegate authority and access to their affiliated personnel as they see fit.

This new module implements ‘real-time’ access to records and increases the security surrounding access to provider and agency data.

“This portal is the greatest thing OEMS has done as far as being able to keep up with providers and their hours,” said Ernest Terry, EMS chief, Mount Hermon Volun-

teer Fire and Rescue. Chief Terry also elaborated that this is a great step for EMS agencies.

EMS agencies should be aware that OEMS sent e-mails to each agency. If OEMS did not have a current e-mail for the chief executive officer you may not have received the information.

If your EMS agency is not on the portal, please contact Chad Blosser at chad.blosser@vdh.virginia.gov or call 804.888.9120 to get the information on how to login and how to begin better managing your agency’s information.

EMS agencies should encourage all of their providers to log onto the provider section of the EMS portal to manage their CE’s, contact information and more. OEMS suggests that all agencies, providers and instructors use the portal to manage information, as we’ve transitioned away from sending out paper mailings.

To learn how to log onto the portal for provider and instructor access, please visit www.vdh.virginia.gov/OEMS/Training/LogInProblems.

Elements for EMS Surge Planning

By: Winnie Pennington, Emergency Operations Planner

It has been a hard thing for those of us in EMS to get our arms around what surge planning means for EMS response. Traditionally hospitals look at surge planning in terms of beds, ventilators, staff and maybe movement of in-hospital patients, but is that all we have to worry about when we look at medical surge? We can take our cues from hospital planning, but just because there is a “medical” surge plan for our area it doesn’t mean that it includes the needs of the EMS community.

The first thing we must do in EMS is define what “surge” really means to us. Most of our agencies are part of and participate in a Mass Casualty Incident (MCI) plan. But, is that surge? The short answer is “maybe.” It is a good place to start when we are looking at our surge needs. However, mass casualty involves more than one or maybe several patients, whereas surge may involve 50, 100, 1,000, or more green, yellow and red patients.

The federal government wants terrorism planning to be the first thing that comes to your mind when discussing surge. They want us to think about suicide bombings, shootings, weapons of mass destruction attacks, chemical and biological agents, and of course, nuclear devices. The “gold standard” for surge is the treatment and transport of 500 adult and pediatric patients per 100 thousand people above the current daily capacity. We also need to think in terms of our capability to manage that number of patients and to manage patients that might require unusual or very specialized medical evaluation or care. Have we trained

the right people with the right training?

Now you might be thinking, terrorism or surge? Here? Why would anyone want to attack our community? Does your jurisdiction have a high school that plays Friday night football? Do you have a fair ground that features yearly fairs and other events throughout the year? Or how about a shopping mall or a large movie



theater. All of these and more could be potential targets to a terrorist wanting to strike terror in Middle America. It doesn’t have to be the secure naval base, a large government facility or a place of banking and commerce. Remember, the terrorist’s mission other than destruction is to shake the confidence of the people he/she attacks.

Some of the planning elements we need to consider to make sure our surge plan is sound for an event that requires a surge of resources in EMS include:

Personnel

The first element to evaluate and consider for surge planning is personnel. Who will be responding, where are they going to be responding from, and how

will they ensure enough personnel for the event and continue with day-to-day operations as needed? How will you communicate with them before, during and after the incident?

How will you manage and protect your responders? What training will they need, what protective gear should they have or will you provide? How often will they drill with this equipment for proficiency?

You must also consider that your personnel may be involved in mutual aid response and during an incident you must form a cohesive response.

Equipment

The next element in surge planning is equipment and supplies. How much extra is available at any one time in your area including MCI trailers and other special storage of supplies and where does it come from? Who pays

for it and restocks it? How do you get it replaced if you need additional or to restock an ambulance or trailer?

During a surge incident it is very likely that agencies will go through equipment and supplies very fast and mutual aid response is only going to have so much equipment and supplies before they too need to be replenished.

Also, if you break a major piece of equipment, regardless of where it came from, someone is going to want it replaced. Those kinds of issues should be worked out well in advance of a needed response.

Transportation

Another element and something that
Continued on Page 10

VPHIB Update: Don't say you didn't know

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

The Office of EMS (OEMS) is beginning to migrate the VPHIB system to the new NEMSIS version 3 (v3) dataset and technical format. NEMSIS v3 will offer new standards to improve the quality of information collected, expand the

• February 1 – February 14 - OEMS will open a Wiki page to collect public comment. Details and instructions about how to use the VPHIB-VAv3 Wiki page are available at <https://vphib-vav3.wikispaces.com/>.



Welcome to the Virginia State Bridge. If you are new to the system, please click on About to learn more about this system. If you are a Virginia ambulance service, please click on the Login link to log into the system to enter or review your incident reports.

To find services within Virginia click on a region in the left hand menu, type in a city or town name in the search box, or move your mouse around the map and click on the region of your choice. This is a Flash movie that allows you to drill down through regions of Virginia. If you do not have the Flash player installed, your computer will prompt you for the automatic download.

Current Statistics

- Number of Services: 863
- Percentage of Services Reporting: 97.2%
- State ID System: 9343180



EMS Service Areas	
Center	(9)
East Southwestern	(15)
Northwestern	(47)
Northern	(45)
Southwestern	(174)
Other/Out of State	(1)
Southeastern	(55)
Southwestern	(9)

Search Go

Note: State, regional and local committees, EMS software vendors, EMS agencies, organizations, associations, providers, and all interested parties are highly encouraged to comment via the VAv3 Wiki.

• February 1 – April 30 - If needed,

information that can be collected, prepare us for integration with electronic health records and provide a system that is more technically mature.

In Virginia, we are planning to move to v3 in January 2013 and we'll close the old version 2 (v2) by April 2013.

OEMS began notifying agencies of the change in January 2012 and it will mirror the same process used to roll out the national v3 data dictionary as the Virginia Version 3 Data Dictionary (VAv3) to allow maximum input from the entire system, affected third party vendors and other entities, and to maximize the use of our limited resources.

The v2 to v3 migration goal timeline is the following:

• February 1, 2012 – OEMS makes the Virginia Version 3.0 Data Dictionary (VAv3) available to the public by posting it on the VPHIB Support Suite Knowledgebase, VPHIB Knowledgebase, and the OEMS website.

“Town Hall” meetings will be scheduled using a webinar format to respond to concerns and questions.

• April 30, 2012 – VAv3.1 comment period closed.

• May 18, 2012 - VAv3.1 exposure draft included in quarterly report to State EMS Advisory Board.

• April 30, 2012 – VAv3.1 comment period closed.

• June 1, 2012 - VAv3.2 posted for additional comment for final 30 days.

• June 30, 2012 – VAv3.2 second comment period closed, minimum dataset locked down.

• August 10, 2012 – State EMS Advisory Board asked to endorse VAv3.2 (final document.)

• September 14, 2012 – State Board of Health requested to adopt VAv3.

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The Rumor Mill

I am a certified EMS provider, so I can respond to calls if I want to?

There seems to be a rumor out there that you can respond to EMS calls, because you hold a certification and that is all you need.

This rumor is false and can lead to serious trouble. All certified EMS providers in the Commonwealth of Virginia must be endorsed by an Operational Medical Director to respond to calls. It is their license that you run under and they make the decision as to whether or not you can respond to EMS calls in their jurisdiction.

You have worked hard to earn your certification as an EMS provider, however, your certification does not give you the ability to run calls wherever or whenever you like.

Below is the exact language from the Code of Virginia on this issue:

12VAC5-31-1040. Operational medical director authorization to practice.

EMS personnel may only provide emergency medical care while acting under the authority of the operational medical director for the EMS agency for which they are affiliated and within the scope of the EMS agency license.

Safety Corner - Electric Car Fire Hazard

Previously printed in a release from NHTSA

The National Highway Traffic and Safety Administration (NHTSA) opened a safety investigation into electric cars due to risk of fire after a serious accident.

This past May, NHTSA crashed a Chevy Volt in an NCAP test and during that test, the vehicle's battery was damaged and the coolant line was ruptured. When a fire involving the test vehicle occurred more than three weeks after it was crashed, the agency concluded that the damage to the vehicle's lithium-ion battery during the crash test led to the fire.



NHTSA is not aware of any roadway crashes that have resulted in battery-related fires in Chevy Volts or other vehicles powered by lithium-ion batteries. However, the agency is concerned that damage to the Volt's batteries as part of three tests that are explicitly designed to replicate real-world crash scenarios have resulted in fire.

While it is too soon to tell whether the investigation will lead to a recall of any vehicles or parts, if NHTSA identifies an unreasonable risk to safety, the agency will take immediate action to notify consumers and ensure that GM communicates with current vehicle owners.

In the meantime, the agency is continuing to work with all vehicle manufacturers to ensure they have appropriate post-crash protocols; asking auto makers who currently have electric vehicles on the market or plan to introduce electric vehicles in the near future to provide guidance for discharging and handling their

batteries along with any information they have for managing fire risks, and engaging the Department of Energy and the National Fire Protection Association to help inform the emergency response community of the potential for post-crash fires in electric vehicles.

NHTSA's current guidance for responding to electric vehicles that have been in a crash remains the same. The agency continues to urge consumers, emergency responders,

and the operators of tow trucks and storage facilities to **take the following precautions in the event of a crash involving any electric vehicle:**

- Emergency responders should check a vehicle for markings or other indications that it is electric-powered. If it is, they should exercise caution, per published guidelines, to avoid any possible electrical shock and should disconnect the battery from the vehicle circuits if possible.
- Emergency responders should also use copious amounts of water if fire is present or suspected and, keeping in mind that fire can occur for a considerable period after a crash, should proceed accordingly.
- Rather than attempt to discharge a propulsion battery, an emergency responder, tow truck operator, or storage facility manager should contact experts at the vehicle's manufacturer on that subject.

For more information on the Chevy Volt investigation and others, visit www.SaferCar.gov.

Upcoming EMSAT Schedule:

March 21
Trauma in Pregnancy
Cat. 1 ALS, Area 91
Cat. 1 BLS, Area 04

April 18
Medical Assessment Toolkit
Cat. 1 ALS, Area 78
Cat. 1 BLS, Area 05

May 16
When a Child Dies
Cat. 1 ALS, Area 92
Cat. 1 BLS, Area 05

June 20
The Near Drowning Patient
Cat. 1 ALS, Area 71
Cat. 1 BLS, Area 04



2011 Governor's EMS Award Winners Announced

The 2011 Governor's EMS Awards were held on Saturday, November 12, 2011 at the 32nd Annual Virginia EMS Symposium in Norfolk, Va.

Twelve lucky nominees were awarded the highest state honors in the following award categories:

Jennie Collins, the Governor's EMS Award for Excellence in EMS

Lonny Gay, the Governor's EMS Award for Outstanding EMS Administrator

Dr. Joseph P. Ornato, the Governor's EMS Award for Outstanding EMS Physician

Colonial Beach Volunteer Rescue Squad, the Governor's EMS Award for Outstanding EMS Agency

Holly Frost, the Governor's EMS Award for Outstanding Pre-Hospital Educator

James B. Laing, the Governor's EMS Award for Outstanding Pre-Hospital Provider

Donna Hurst, R.N., the Governor's EMS Award for Nurse with Outstanding Contribution

Marty L. Tomasek, the Governor's EMS Award for Outstanding Contribution to EMS Health and Safety

Catherine Fox, R.N., the Governor's EMS Award for Outstanding Contribution to EMS for Children

Nicola Tidey, the Governor's EMS Award for Outstanding Contribution to EMS Telecommunications

Michaela Fleming, the Governor's EMS Award for Outstanding Contribution to EMS by a High School Senior
The Dr. Carol Gilbert \$5,000 Scholarship

Congratulations to all of the 2011 Governor's EMS Award winners!

Submit your Nominations for the 2012 Regional EMS Council Awards



It's that time of year again when your Regional EMS Council is accepting award nominations for the 2012 Regional EMS Awards.

Do you know someone that has demonstrated outstanding accomplishments and contributions to the EMS system?

Recognize your fellow colleague, program, business or licensed EMS Agency within the Commonwealth by nominating them for a Regional EMS Award.

You can submit a nomination in one of the following categories:

- Excellence in EMS
- Outstanding EMS Administrator
- Physician with Outstanding Contribution to EMS
- Outstanding EMS Agency
- Outstanding Pre-Hospital Educator
- Outstanding Pre-Hospital Provider
- Nurse with Outstanding Contribution to EMS
- Outstanding Contribution to EMS Health and Safety
- Outstanding Contribution to EMS for Children
- Outstanding Contribution to EMS Telecommunications

- Outstanding Contribution to EMS by a High School Senior

The winners of these awards will go on to compete for the Governor's EMS Awards that are announced at the annual Virginia EMS Symposium!

To nominate someone today, please contact your Regional EMS Council at www.vaems.org.

To learn more about the Regional EMS Awards and Governor's EMS Awards programs, visit the Office of EMS website at www.vdh.virginia.gov/OEMS/ProviderResources/GovernorAwards/.

German EMS Providers Visit Virginia

By: Beth Singer, Former Public Information and Education Coordinator

This past fall, four German paramedics visiting Virginia were taken on a tour of the Virginia Emergency Operations Center (VEOC) that is located in Midlothian, Va.

Winnie Pennington, OEMS emergency operations planner assisted in escorting the guests through the VEOC.

The visitors were briefed by Patrick Cox, a VEOC operations officer, and were given a tour of the facility, which included a walk-through and explanation of the communication center. Other stops included emergency planning, the Governor's press room, and the Joint Information Center (JIC) as well as the operations area, which houses the Emergency Support Functions during Virginia Emergency Response Team (VERT) augmentation.



German Paramedics and their VAVRS hosts

The visitors were impressed with the facility and asked, "How do I get to work

here?" When asked about the German emergency management structure they advised that their organizational structure during emergencies is much like ours and most emergencies are handled locally or with the mutual aid of surrounding localities. They have an overarching

emergency management structure for the country, usually only activated during large scale emergencies or disasters.

Once the paramedics had completed their tour of the VEOC they went to downtown Richmond to visit the Virginia Department of Health (VDH) headquarters and meet with the State Health Commissioner, Karen Remley, M.D.

There, they were shown the VDH Emergency Coordination Center and provided an overview of emergency response from a public health perspective.

The paramedics work for the German Red Cross and were visiting through an exchange program with the Virginia Association of Volunteer Rescue Squads (VAVRS).

Elections and Updates from the State EMS Advisory Board

The State EMS Advisory Board held the election of officers, coordinators and committee chairs at their November meeting during the 2011 Virginia EMS Symposium.

- Gary Critzer, a returning member to the Board was elected as Chair and represents the Central Shenandoah EMS Council on the Board.
- John Dale Wagoner, a returning member to the Board was elected as the First Vice Chair representing Western Virginia EMS Council.

New members of the State EMS Advisory Board are as follows:

- Anita Ashby, representing the Virginia Hospital & Healthcare Association

- B.R. "Beau" Blevins, III, representing the Virginia Association of Counties
- Dreama D. Chandler, representing the Virginia Association of Volunteer Rescue Squads
- James R. Dudley, M.D., representing the Virginia College of Emergency Physicians
- Stephen J. Elliott, representing Thomas Jefferson EMS Council
- R. Christian Eudailey, representing Rappahannock EMS Council
- Cathy C. Fox, R.N., representing Virginia Emergency Nurses Association and Virginia Nurses Association

- David Hoback, representing Virginia Fire Chief's Association
- Brian R. Hricik, representing Northern Virginia EMS Council
- Marilyn K. McLeod, M.D., representing Blue Ridge EMS Council
- Wayne Myers, Jr., representing Virginia Association of Volunteer Rescue Squads
- Andrea W. Oakes, representing Virginia Municipal League

New committee chairs that support all aspects of the Virginia EMS System were also elected in November. Additional information about the State EMS Advisory Board is available at www.vdh.virginia.gov/OEMS/AdvisoryBoard/index.htm.

Rescue Squad Assistance Fund (RSAF) Grant Program and new Requirements

By: Amanda Davis, Grants Manager

The Rescue Squad Assistance Fund (RSAF) Grant Program is available twice annually, **February 1 – March 15** and August 1 - September 15.

RSAF is 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. 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 primarily a reimbursement grant that requires the grantee to make the purchase for the awarded item(s) and then submit an invoice for reimbursement.

There are five Special Priorities that have been identified by OEMS for the Grant Programs:

1. Emergency Medical Dispatch (EMD)
2. Emergency Operations
3. Multi-Jurisdictional/Agency Projects
4. Special (Innovative) Projects
5. Recruitment and Retention.

If an applicant has identified one of these priorities in their application, the Special Priorities Questionnaire (available at this link http://www.vdh.virginia.gov/OEMS/Files_page/Grant/PrioritiesQuestionnaire.pdf) must be completed and submitted with the grant application.

Applicants must download the Consolidated Grant Application Program (CGAP) software from the OEMS website at <http://www.vdh.virginia.gov/>

[OEMS/Agency/Grants/index.htm](http://www.vdh.virginia.gov/OEMS/Agency/Grants/index.htm), to complete the application and transfer the data to OEMS before the grant deadline.

Applicants are encouraged to download the RSAF Grant Application Instructions for a detailed guide on the application process. You can do so by visiting http://www.vdh.virginia.gov/OEMS/Files_page/Grant/Instructions.pdf. Review the Grant Application Checklist at http://www.vdh.virginia.gov/OEMS/Files_Page/Grant/AapplicationChecklist.pdf to ensure accuracy in the completion of the application.

The RSAF Grant Program implemented two new requirements for 2012:

1. All Multi-Jurisdictional/Agency (Regional) grant requests must complete a Memorandum of Agreement (MOA) with each agency participating in the grant request, the MOA's must be attached and submitted with the grant application.
2. All agency's requesting radio equipment must complete and submit the Radio Questionnaire at http://www.vdh.virginia.gov/OEMS/Files_page/Grant/CommunicationsQuestionnaire.pdf and ensure that the equipment will be P25 compliant.

For more information about the RSAF Grant Program, please contact Amanda Davis, OEMS Grants Manager at Amanda.Davis.vdh.virginia.gov or 804.888. 9106.

QA/QI Changes for PSAP Accreditation

The Office of EMS and the State EMS Advisory Board Communications Committee recently updated the minimum standards for public safety answering points (PSAP) and emergency medical dispatch (EMD) accreditation.

Beginning Jan. 1, 2012, the guideline regarding emergency medical dispatch quality assurance and quality improvement is as follows:

G: A Quality Assurance and Quality Improvement (QA/QI) process to assure EMD system compliance. This will consist of call review and/or call monitoring. An emergency dispatch agency or PSAP will provide an annual QA/QI report to the Virginia Office of Emergency Medical Services, in a format approved (or prescribed) by OEMS, demonstrating a minimum average score of 85 percent total compliance of EMD protocols being employed.

In the past, an accredited PSAP needed only to show a QA/QI process in place. To insure the most positive results from call review, it was decided a measurable, value based grading system should be employed by all PSAP's employing EMD protocols. The majority of centers already employ a system like this. For those not using value based QA/QI, it is believed it will provide an opportunity to demonstrate how centers are making improvements in a real and tangible way.

For more information, contact Ken Crumpler at ken.crumpler@vdh.virginia.gov. For details on OEMS PSAP Accreditation and how to get your center accredited, visit www.vdh.virginia.gov/OEMS/PSAP/PSAP.htm.

Let's go for a Ride

By: Tim Perkins, EMS Systems Planner

Each spring, I start thinking about and training for the National EMS Memorial Bike Ride (NEMSMBR). This is my fifth year doing the ride, and it continues to be the best way to spend EMS Week.

My first year on the ride was 2008, and I rode the last day and a half from Verona, VA (just outside of Staunton) to Roanoke. I became interested in the ride after listening to a lecture by Steve Berry. I was hooked after only a day and a half. This year, riders will be starting in either Boston, MA or Paintsville, KY, with both routes ending in Alexandria, VA.

Since that 2008 ride, I've spent a lot of time talking to people, either individually, or in groups, about the ride, and more importantly, why you should get involved. Whenever I do, I usually get asked the same question, "Why?," which I interpret to mean, "how can you get on a bicycle and ride hundreds of miles over the span of a week," which is then commonly followed with the statement "I could NEVER do that!"

For me, they are related. The "why" is easy, and it's for the same reason that most people are involved with the ride, and can best be summed up in the mission of the NEMSMBR, "The National EMS Memorial Bike Ride, Inc. honors Emergency Medical Services personnel by organizing and implementing long distance cycling events that memorialize and celebrate the lives of those who serve every day, those who have become sick or injured while performing their duties, and those who have died in the line of duty."

Some people have come to ride for peo-

ple that they know who have died in the line of duty, and have come back again and again. While I am fortunate to not have ridden for someone I knew personally, I am also fortunate to have ridden for those I'd never met, but gave the ultimate sacrifice and deserve to be honored.

It's the spirit of those brave providers that keep your feet moving when going up "just one more hill."



In this picture, Jim Davis (left) and Scott Davis (right) from Blacksburg Volunteer Rescue Squad and Tim Perkins (middle).

For the people reading this who are saying "I could NEVER do that!"

I'll concede that I'm athletic by nature; I played soccer, basketball and baseball in high school, and still consider myself in good shape, even in my "very late" thirties. 36 holes of golf? Absolutely! A weekend softball tournament? Sign me up!

I've never had a lot of experience with endurance events, and like many others, I thought I never could get on a bike on a Saturday and ride 500+ miles over seven days. But, going into my fifth ride, I can

tell you that if I can do it, you can too. As much as this is motivational, it's also truth-telling. I will say that like most physical activity events, you should consult your physician before beginning a training regimen. Also, you need to start slow and small. No need to go out and try to ride 25 miles the first day, even a mile or two is a good start. You will eventually lead up to bigger rides, think 70+ miles over several hours. You'd be surprised at how easily it can be done. Remember, start small and work up in small increments. Also, stay hydrated and use pain reliever, it will be your friend.

Also, you don't need a bicycle that would make Lance Armstrong jealous, but your run of the mill Schwinn with baseball cards in the spokes may not be the best either. Mountain bikes or hybrids (a combination of road bike and mountain bike) shouldn't be used either. And trust me, this is the voice of experience talking.

Be prepared to ride in all types of weather. It could be 40 degrees one morning, then 85 that same afternoon. It could be pouring rain, so you need to be prepared to face all kinds of weather.

If you really don't want to entertain the idea of biking 500 miles during EMS Week, there are still so many things to be done during the NEMSMBR that don't involve putting on spandex, or getting on a bicycle. Ride Support – better known as "Wingmen" – are an essential link to the NEMSMBR. You won't go anywhere on a ride such as this without a.) knowing where you are going, b.) having access to food, drinks and facilities c.) having the ability to repair your

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Statewide Tornado Drill and Preparedness

By: Winnie Pennington, Emergency Operations Planner



The first day of spring is almost here, which means tornado season will be upon us. Tornadoes are nature's most violent storms and can appear suddenly without warning. They can be invisible until dust and debris are picked up or a funnel cloud appears.

Be prepared to act quickly and have your emergency kit and communications plan ready in advance.

Know the Signs of a Tornado:

- Strong, persistent rotation in the base of a cloud

- Whirling dust or debris on the ground under a cloud base – tornadoes sometimes have no visible funnel

- Hail or heavy rain followed by dead calm or a fast, intense wind shift. Many tornadoes, especially in Virginia, are wrapped in heavy precipitation and can't be seen.

- Loud, continuous roar or rumble, which doesn't fade in a few seconds like thunder does

- If it's night, look for small, bright, blue-green to white flashes at ground level (as opposed to silvery lightning up in the clouds). These lights are power lines being snapped by very strong wind, perhaps a tornado.

- Persistent lowering of the cloud base
Everyone can practice tornado safety by holding a drill safety at home, work or school.

Everyone is strongly advised to participate in the annual **Statewide Tornado Drill, Tuesday, March 20, 2012 at 9:45 a.m.** Participants can register at <http://www.surveymonkey.com/s/Tornado-DrillRegistration>.

Don't want to wait for the statewide tornado drill? You don't have to, plan your drill today at <http://www.vaemergency.gov/readyvirginia/stayinformed/tornadoes>.



VPHIB Update: Don't say you didn't know

Continued from Page 3

- September 15, 2012 – Final VAv3 document available publicly.

- January 1, 2013 – March 30, 2013 – OEMS opens collection of version 3 dataset to agencies.

- March 30, 2013 – Last day to submit v2 format and minimum dataset.

We have worked to develop a quality dataset that will meet the needs of our

system, the National EMS Database and many future partnerships that are forming with EMS data collection.

As posted, the elements and fields in our new data dictionary are 100 percent within the NEMSIS dataset, and this will be our highest priority when considering input received during the public comment period.

This should help to minimize issues integrating third party EMS software in use

by agencies with the VPHIB system.

Stay informed about the status of the move from v2 to VAv3 by visiting <http://oemssupport.kayako.com>. Click on "News" or join the VPHIB "News" e-mail list service. There's also an RSS web feed available for those who prefer this format.

Elements for EMS Surge Planning

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should be planned for and worked out ahead of time is apparatus including ambulances, medevac helicopters and anything else you are going to use to transport patients and staff, including non-EMS vehicles.

In an event involving EMS surge you will want to know ahead of time where and how to get them and any cost involved. You will also want to know what to expect and when. In a true surge event you are probably going to need a lot more response than your normal “mutual aid”

can provide so you will also need a way to effectively track both apparatus and personnel, in route, on-scene and returning to home base for good resource management.

Training

The final element to plan for is training and exercises. This element is vital to the success of any plan. Planning for a surge event must involve training and exercising with all players. For surge, this will include both the EMS, hospital and public health components. In order for

any plan to work everyone must know their part and how it fits in the whole planning process, and they must feel confident enough to perform it well. Ultimately training and exercise will lead to the formation of a plan that works well for the entire medical community.

Like all planning, as you consider these elements it may lead to more things that you have to plan. But, reviewing the elements for planning, creating the plan and exercising it will help your agency be better prepared for patient surge.

Let's go for a Ride

Continued from Page 8

bike should there be a mechanical issue, and d.) making sure your luggage gets from where you start that day, to where you end that day. Let's face it, EMS providers need structure and direction.

There's a financial commitment associated with the ride. There's an entry fee of \$350 for the week, or \$75 per day. For ride support, the fee is \$75 per week, and \$15 per day. The NEMSMBR does its best to provide as many meals as possible, but there may be a time when you have to pay for a dinner. But, to be able to spend time with other riders and wingmen, it's worth it. Also, participants are responsible for covering their own lodging costs, sharing rooms with others definitely helps keep that cost more manageable.

Over the years, the ride has, to me, grown to be one of the most rewarding things I have done in my time in EMS, not involving patient care. From the riders and wingmen I have gotten to know

and love, to the agencies we've visited who have warmly welcomed us as we've gone through their town, fed us, kept us cool or warm and/or dry, given us a place to rest, and most importantly, provided rest rooms, to the families of the providers we've ridden, and will continue to ride, for. Not only those reasons, but I can tell you that there is no better way to view and appreciate the country we live in than to see it from a bicycle. And riding a bike down Broadway through Times Square, and Ground Zero in New York City, as well as past the monuments of Washington, DC, is nothing short of magical. It's also really neat to see the different providers, agencies, squad buildings, and systems we encounter on the route.

In addition to the providers that we ride for that have died in the line of duty, we are also riding for one of our own, a member of the NEMSMBR family. Paramedic Lori Foster-Mayfield from Reno, Nevada, and a veteran rider, passed

away unexpectedly on January 27, 2012, and we will ride to honor her as well. I will also be riding to honor FF/EMT-P Joshua Weissman from Alexandria Fire/EMS, who passed away in February.

So, not to sound like a political candidate, but for those who ask “why?”, I say to you “why not?”

Those who say, “I could never do that!” I say to you, “Yes you can!” Please come and join me and about 100 or so of my (and your future) Muddy Angel brothers and sisters for a memorable and life changing experience in May. You will definitely not regret it. Your body might be tired at the end, but your heart and soul will be rejuvenated.

For additional information on the National EMS Memorial Bike Ride, please go to www.muddyangels.com or drop an e-mail to pio@muddyangels.com.

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

- National Brain Injury Awareness Month
- March 1 - Trauma System Oversight & Management Committee
- March 8 - EMS Instructor Update
- March 15 - RSAF Grant Deadline
- March 18 - 24 - Poison Prevention Week
- March 21 - EMSTAT
- March 29 - EMS for Children Committee

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					

- National Distracted Driving Awareness Month
- April 2-8 - National Public Health Week
- April 4 - Training and Certification Committee
- April 7 - World Health Day
- April 8-14 - National Public Safety Telecommunications Week
- April 11 - Workforce Development Committee
- April 12 - Medical Direction Committee
- April 16 - National Stress Awareness Day
- April 15 - 21 - National Volunteer Week
- April 18 - EMSTAT
- April 23 - Transportation Committee
- April 26 - Emergency Management Committee

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

EMS Quick Hitters

Discontinuance of Programming on TRAINVirginia

Due to technical issues beyond our control, the Office will be suspending all online CE programs posted on TRAINVirginia effective March 1, 2012 at 12:01 A.M.

We hope to have resolution soon, however we cannot provide a specific date at this time. If Virginia EMS providers find themselves against a deadline for continuing education (CE), we encourage them to visit our 3rd party vendors located on our website at <http://www.vdh.virginia.gov/>

OEMS/Training/WebBasedCE.htm.

We regret that these technical issues have occurred and will provide updates on the OEMS web site as we seek a solution.

Find us on Facebook and Twitter

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

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 one of our lucky **Where's Little Gary** winners & get a prize!



Little Gary is kicking his way to a healthier heart!

Congratulations to:
 Michael Pruitt with Franklin County Public Safety & Ashley Hargrove with New Kent Fire and Rescue

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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