



Injury & Illness Prevention for EMS Agencies:

Programs Your EMS Agency Can Use To Make A Difference

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Not the Business of EMS, Right?...

- Is it public safety?....
- Is it public health?
- Is it rocket science?

Not the Business of EMS, Right?...

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Not the Business of EMS, Right?...

- Is it public safety?.... YES
- Is it public health?.... YES
- Is it rocket science?.... NO

- It's the business of EMS as a profession. Injury and illness prevention is a collaborative effort across the board, between multiple disciplines and career sectors.

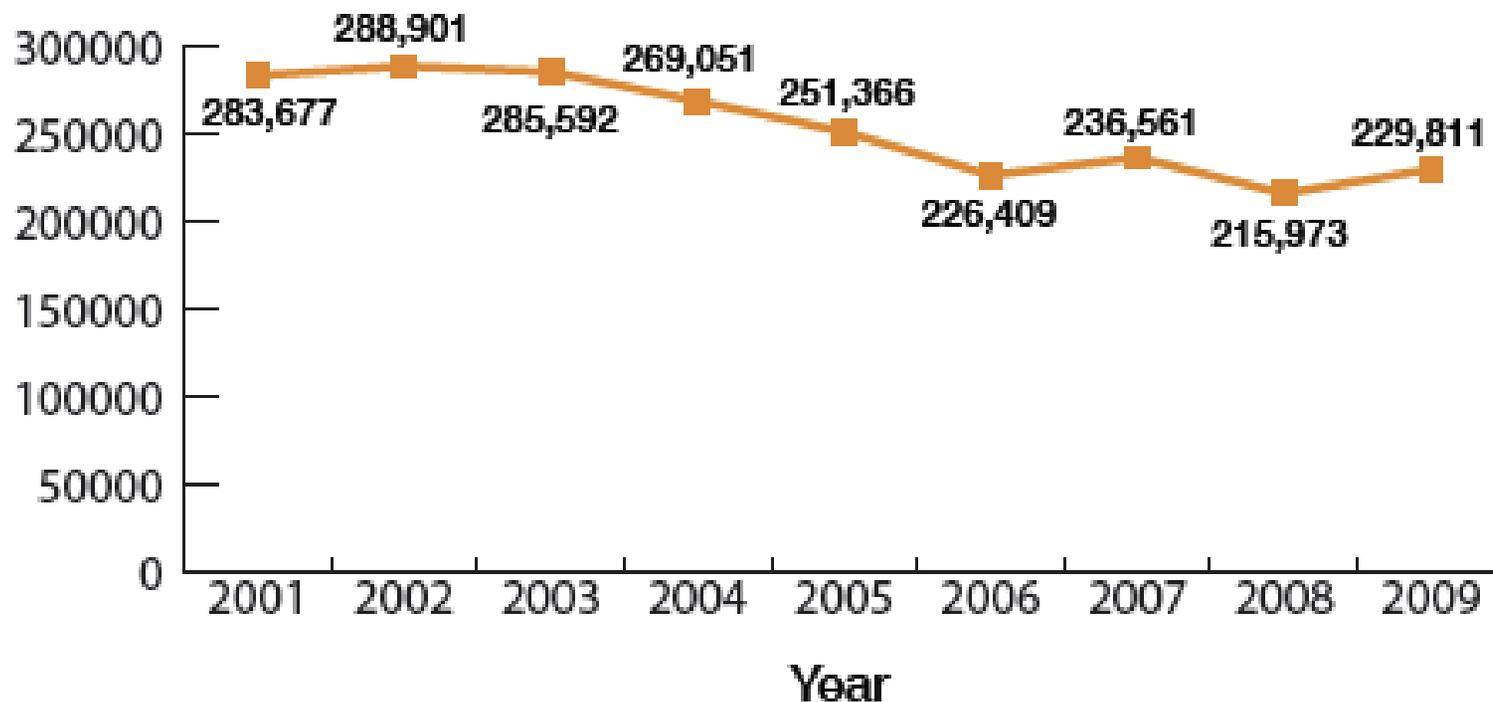
Okay, What's Out There?

- Lots
- You can begin very small
- Collaborate with experienced partners
- Start with a problem....for example...children and bicycles

Children and Bicycles

- Each year, approximately 99 children are killed and 254,000 children are injured as bicyclists.

Child Bicyclist Nonfatal Injuries by Year
Ages 0-14, 2001-2009

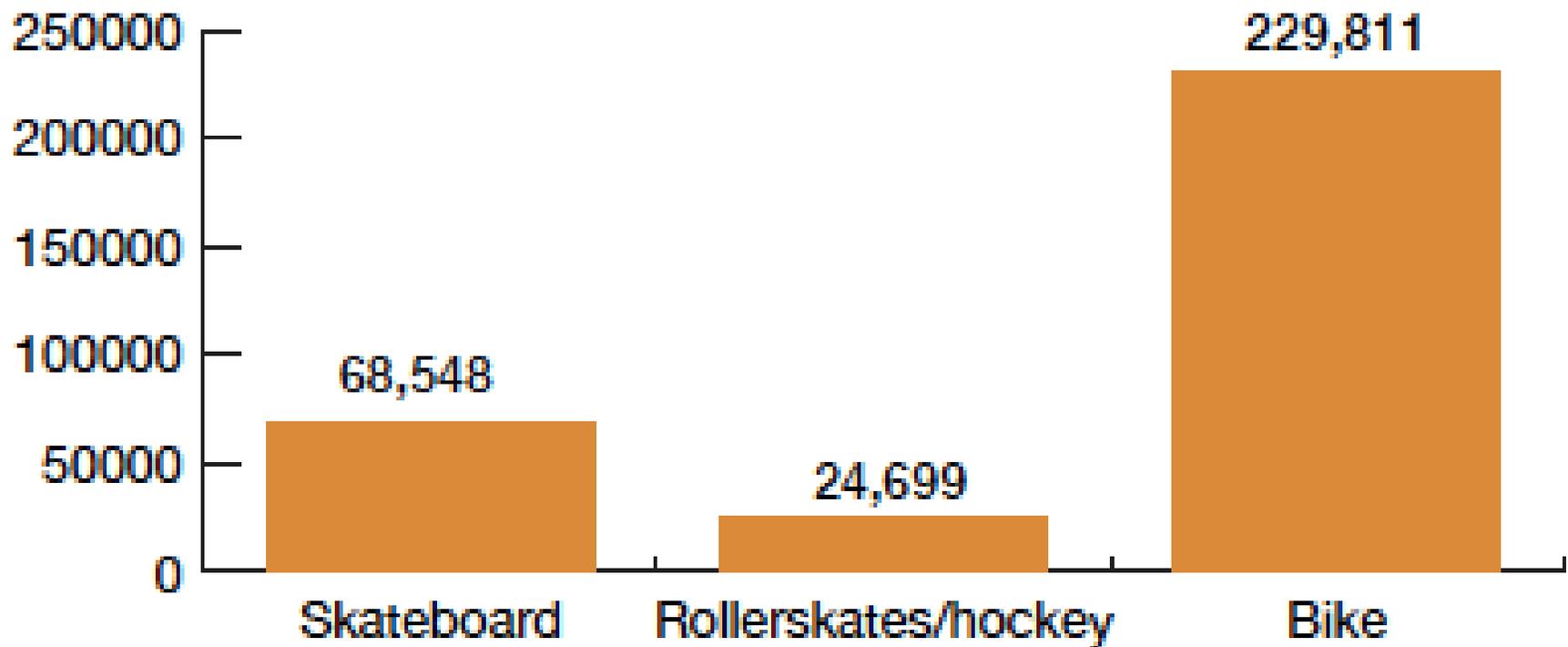


Children and Bicycles

- A total of 229,811 youth bicyclist injuries were recorded in 2009.
- Nearly 630 children are injured daily due to bicycle-related crashes.
- Of kids injured while riding bikes in 2009, 11.9 percent were under age 4 and 36.7 percent were 5 to 9 years of age.
- Approximately 50 percent of US children between 5 and 14 years old own a helmet, and only 25 percent report always wearing it while bicycling.
- For all ages, bicycle crashes follow only to riding animals as the leading cause of serious injury due to sports/recreational activity.

Wheeled Sports Injury

2009 Estimated Injuries by Product, Ages 0-14



Wheeled Sports Injury

- In 2009, there were estimated 74,841 injuries to children involving skateboards.
 - An estimated 65,494 skateboarding children were treated and released or examined and released without treatment.
 - An estimated 3,054 were more seriously injured.
- In 2009, there were estimated 24,691 injuries to children involving roller skates.

Children and Bicycles

For motor vehicle-related bicycle crashes:

- In 2008, 54.2 percent of children aged 14 and under were **killed** bicycling on **minor roads** (connecting roads and neighborhood streets) compared to 45.8 percent killed bicycling on **major roads** (high-volume roads across cities and towns).
- 54 percent of child bicyclist deaths occur during **warmer months** (May - September).
- 64 percent of motor-vehicle related bicycle deaths occur **between 2-8 p.m.**

How About Helmets? (duh...)

- Bicycle helmets **prevent 52 to 60 percent of bike-related head injury deaths** (for all ages), as well as an estimated 68 to 85 percent of nonfatal head and scalp injuries, and 65 percent of upper and middle face injuries, even when misuse is considered.
- In 2008, **males** accounted for the majority (75.6 percent) of bicycle-related deaths.
- *More children ages 5 to 14 are seen in hospital emergency rooms for injuries related to biking **than any other sport.***

Proven Interventions

- Universal use of **bicycle helmets** by children ages 4 to 15 could prevent between 135 and 155 deaths, between 39,000 and 45,000 head injuries, and between 18,000 and 55,000 scalp and face injuries annually.
- **Helmet use** can reduce the risk of head injury by 85 percent and severe brain injury by 88 percent.
- Various studies show that **bicycle helmet legislation** is effective in increasing bicycle helmet use and reducing bicycle-related death and injury among children covered under the law.
- **Police enforcement** increases the effectiveness of these laws.

Health Care Costs & Savings

- **If** 85 percent of all child cyclists wore helmets in 1 year, the lifetime medical cost savings would total \$197 to \$256 million.
- In the United States, a **\$12 bicycle helmet** for ages 3-14 generates \$570 in benefits to society.
- Every **bicycle helmet saves** health insurers \$57 and auto insurers \$17.

Laws & Regulations

- **Twenty-one states**, the District of Columbia, and more than 190 localities have enacted some form of bicycle helmet legislation.
- Eight states and District of Columbia require children to wear a helmet while participating in **other wheeled sports**, such as riding on scooters, in-line skates or skateboards.
- One study found that the rate of bicycle helmet use by children ages 14 and under was **more than twice as high** in a county with a fully comprehensive bike helmet law than in a similar county with a less comprehensive law.

What About Some Other Topics?...

- Inhalant Abuse
- Choking Game
- Drowning Prevention
- Accidental Hyperthermia
- Bike Safety, ATV Safety
- Traumatic Brain Injury (TBI)
- Spinal Cord Injury (SCI)
- SUIDS (Sudden Infant Death Syndrome)

Other Topics?...

- Fall Prevention
- Medication Safety
- Child Abuse Prevention
- Fire Prevention
- Burns Prevention
- Accidental Poisoning
- Firearms Safety
- Lead Exposure

Other Topics?...

- Pedestrian Safety
- Safe Sleep Environments
- Children with Special Health Care Needs (CSHCN)
 - Pre-register with EMS
 - Site visit
 - Medical Information Synopsis in Advance
- Child Passenger Safety
- Sports Safety

Other Topics?...

- Child Fatality Review Team (CFRT)

Resources (partial list)

- SAFE Kids
- Children's Safety Network
- EMS for Children (EMSC) Program
 - National Resource Center (NRC)
 - National EMSC Data Analysis Resource Center (NEDARC)
 - Virginia EMSC Program (within OEMS)
- VA Department of Health
 - Division of Prevention and Health Promotion
- Centers for Disease Control (CDC)

Resources (partial list)

- Centers for Disease Control (CDC)
- Virginia Department of Fire Programs
 - RISK Watch
 - Many others
- Prevent Child Abuse Virginia
- Poison Control Centers (4 in Virginia)

Inhalant Abuse

The Choking Game

Where To Begin...

Need Data?...

The Highway Safety Office has another great resource—you can now create your own “crash facts report” by choosing a jurisdiction, time frame, and report type. Visit:

www.dmv.virginia.gov/webdoc/safety/crash_data

and create your customized crash facts report (or select a pre-formatted report).

Let me introduce to you...
(for the second part of our program)

Heather Funkhouser Board

**Your key to funding for injury &
illness prevention in Virginia**

Injury Prevention

How EMS Agencies Can Be Involved

Heather Funkhouser Board, MPH
Injury and Violence Prevention Program
Office of Family Health Services
Virginia Department of Health

Health Crisis in the Headlines

- Cardiovascular Disease
- Diabetes
- Obesity
- Cancer
- Asthma



What is this crisis?

-

In an average week in Virginia, 8 children die and another 100 are hospitalized

INJURY

Injuries ≠ Accidents

- Epidemiologic studies have shown that the causes of injuries are **predictable** and are **not random accidents**
- Injury patterns identify groups at high risk and modifiable factors affecting the occurrence of injury

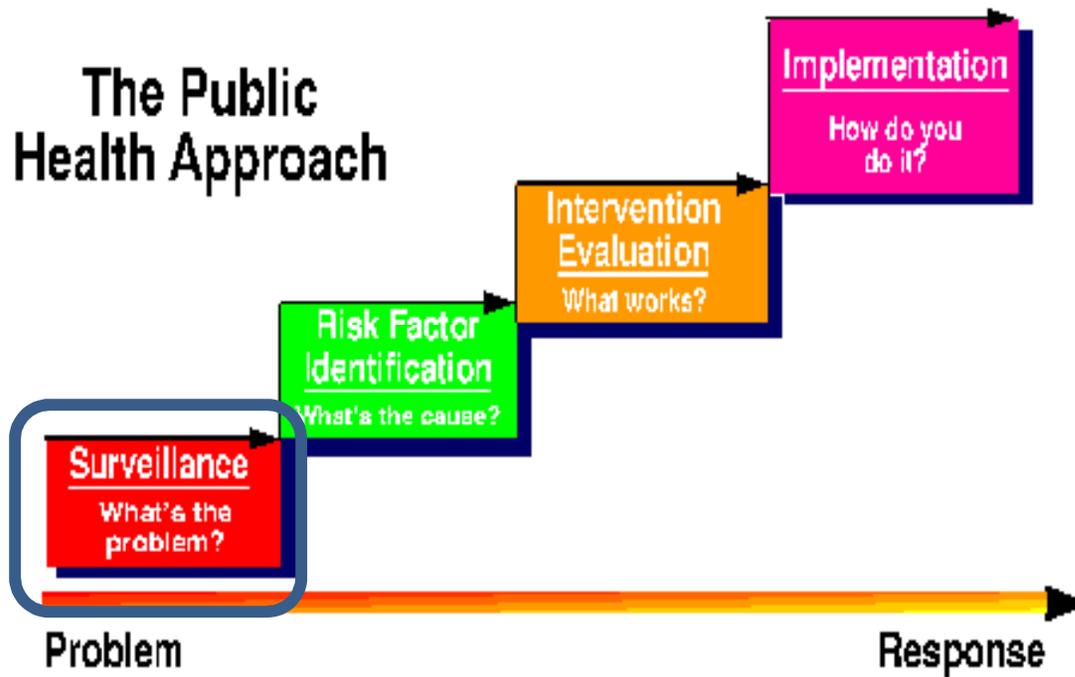
How are injuries prevented?

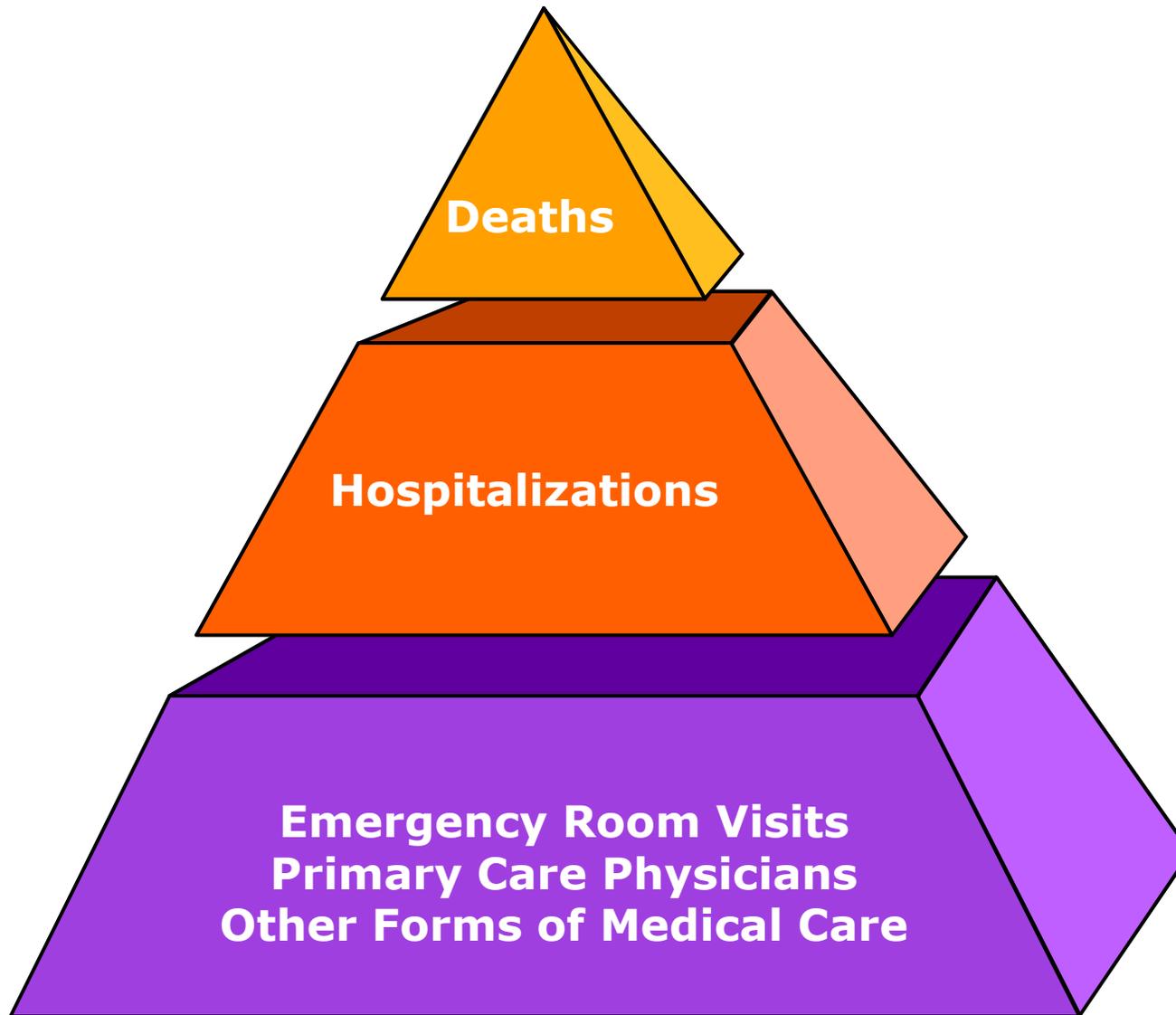


Public Health Approach

- Modify behavioral/environmental risk factors to engage target population in the desired behavior
- Many different frameworks in health behavior
 - Health Belief Model
 - Transtheoretical Model/Stages of Change
 - Theory of Reasoned Action/Planned Behavior

Public Health Approach to Prevention





(Source: National Center for Health Statistics, CDC , January, 1988)

Type



- **Unintentional**-Injuries that occur without intent, often referred to as accidents, however the vast majority are preventable.



Intentional-Injuries occur due to homicide (murder) or assault (battery)



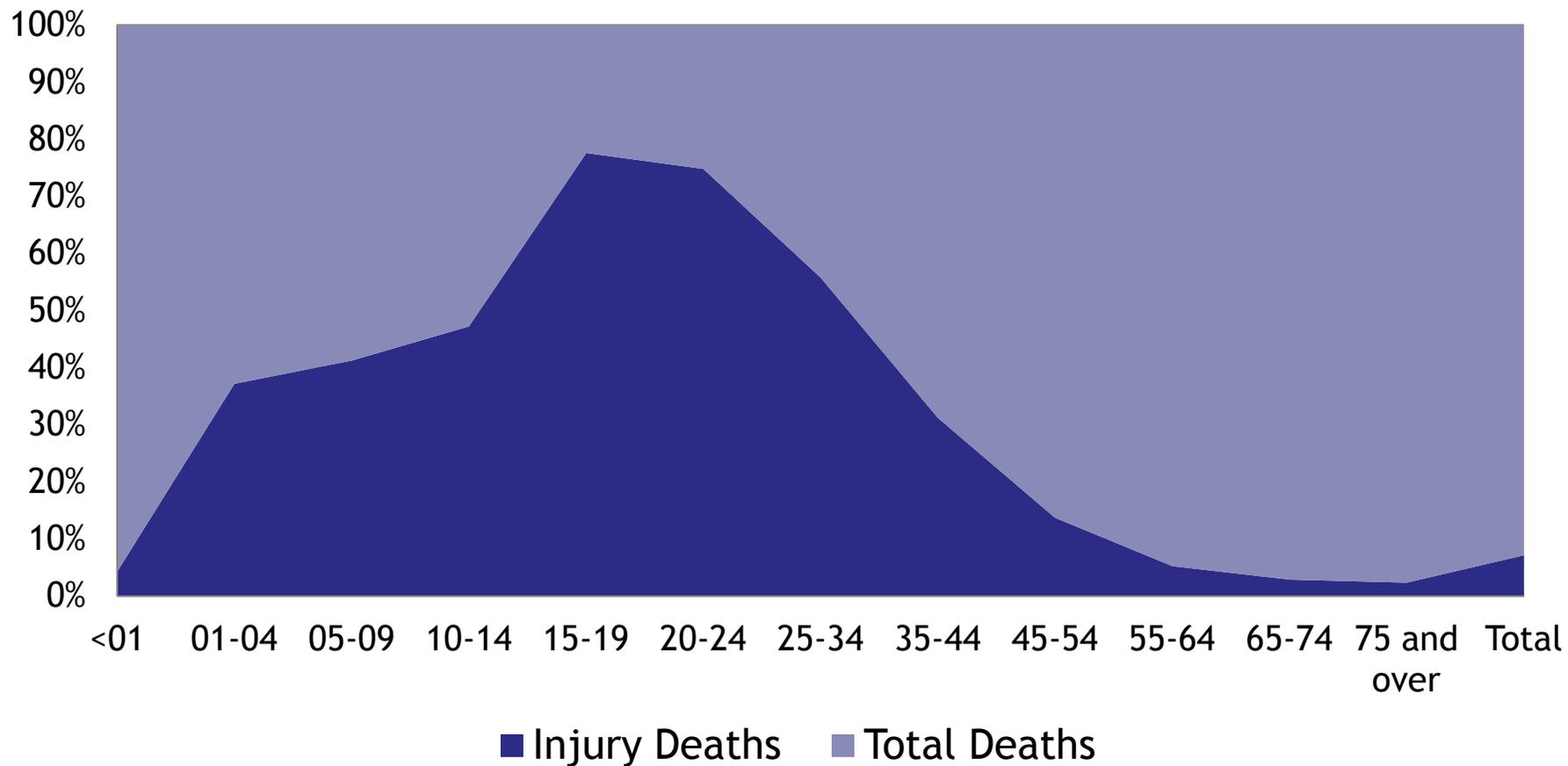
Causes of Death in Virginia

1. Malignant neoplasm (28%)
2. Diseases of the heart (28%)
3. Injury (8%)
4. Cerebrovascular diseases (7%)
5. Chronic lower respiratory diseases (7%)

Leading Causes of Death

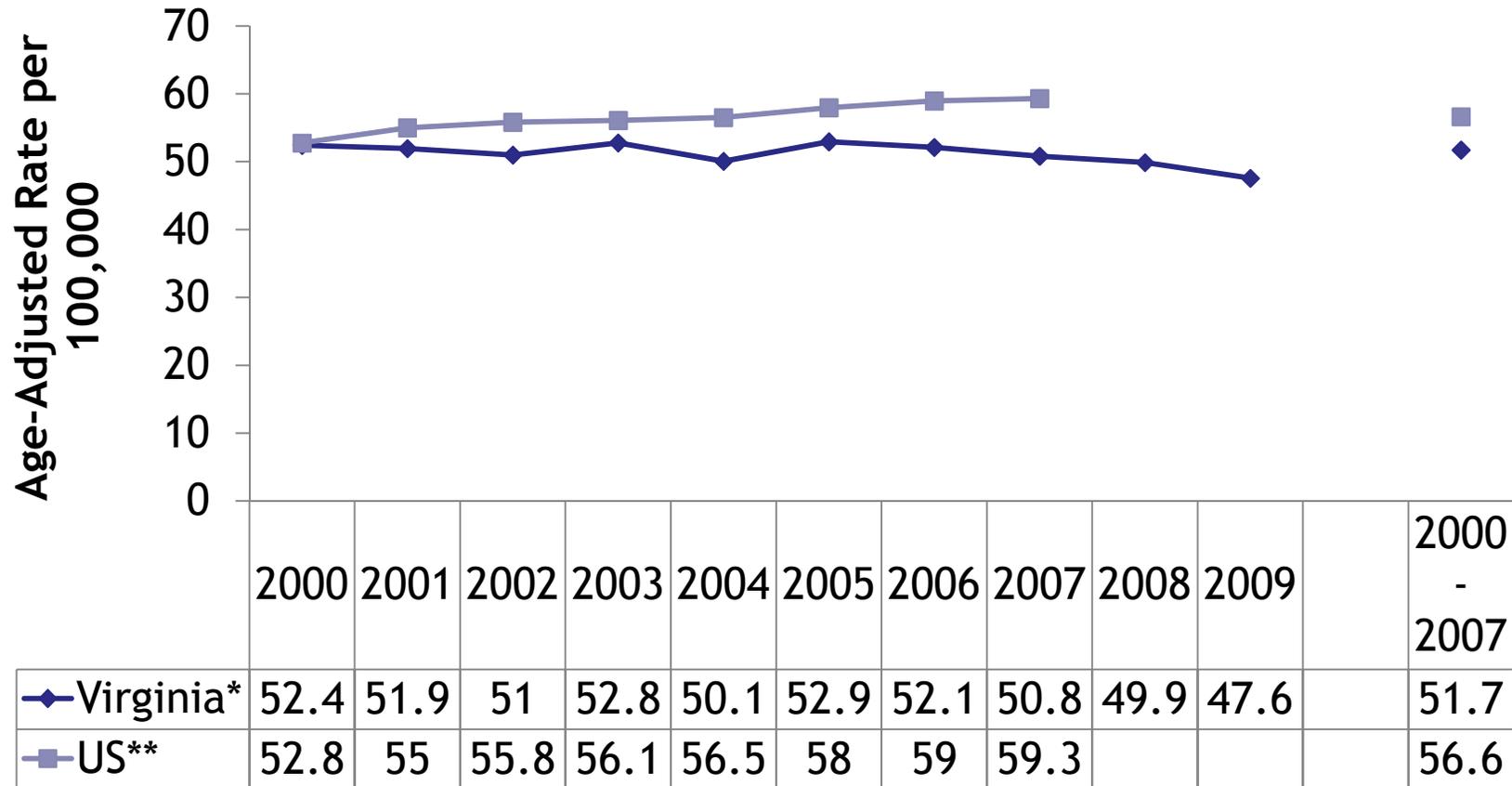
	<01	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75+
1	Perinatal conditions	Uninten. injury	Malignant neoplasm	Malignant neoplasm	Malignant neoplasm	Malignant neoplasm	Diseases of the heart					
2	Congenital malformation	Congenital malformation	Malignant neoplasm	Malignant neoplasm	Assault (Homicide)	Assault (Homicide)	Suicide	Uninten. injury	Diseases of the heart	Diseases of the heart	Diseases of the heart	Malignant neoplasm
3	SIDS	Malignant neoplasm	Congenital malformation	Suicide	Suicide	Suicide	Assault (Homicide)	Diseases of the heart	Uninten. injury	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Cerebrovascular diseases
4	Uninten. injury	Assault (Homicide)	Assault (Homicide)	Assault (Homicide)	Malignant neoplasm	Malignant neoplasm	Malignant neoplasm	Suicide	Suicide	Cerebrovascular diseases	Cerebrovascular diseases	Chronic lower respiratory diseases
5	Diseases of the heart	Diseases of the heart	Diseases of the heart	Congenital malformation	Diseases of the heart	Diseases of the heart	Diseases of the heart	HIV disease	Cerebrovascular diseases	Uninten. injury	Nephritis	Nephritis
6	Assault (Homicide)	Perinatal conditions	Chronic lower respiratory diseases	Diseases of the heart	Congenital malformation	Congenital malformation	HIV disease	Assault (Homicide)	Chronic lower respiratory diseases	Nephritis	Uninten. injury	Uninten. injury
7	Nephritis	Chronic lower respiratory diseases	Cerebrovascular diseases	Chronic lower respiratory diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	HIV disease	Suicide	Diabetes mellitus	Diabetes mellitus
8	Cerebrovascular diseases	Cerebrovascular diseases	Influenza and pneumonia	Cerebrovascular diseases	Chronic lower respiratory diseases	Chronic lower respiratory diseases	Congenital malformation	Nephritis	Nephritis	Diabetes mellitus	Suicide	Suicide
9	Influenza and pneumonia	Influenza and pneumonia	Perinatal conditions	Influenza and pneumonia	Nephritis	HIV disease	Nephritis	Chronic lower respiratory diseases	Assault (Homicide)	HIV disease	Influenza and pneumonia	Influenza and pneumonia
10	Malignant neoplasm	Nephritis	Nephritis	HIV disease	HIV disease	Nephritis	Chronic lower respiratory diseases	Diabetes mellitus	Diabetes mellitus	Assault (Homicide)	Assault (Homicide)	Congenital malformation

Injury Deaths vs Total Deaths by Age



Source: VDH, Vital Records,
2000-2009

Injury Deaths in Virginia vs. US



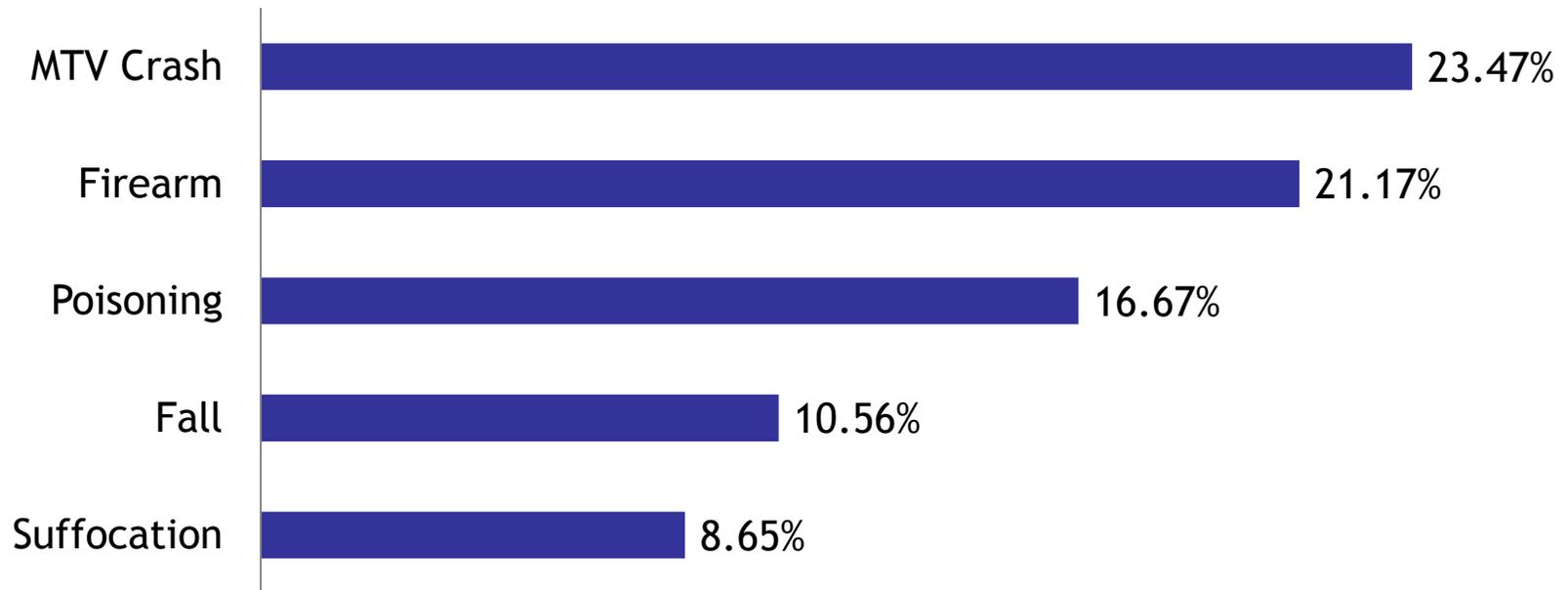
Source: *VDH, Vital Records, 2000-2009

**Centers for Disease Control and Prevention-WISQARS 2000-2007, the most recent year available.

Adjusted to 2000 standard population

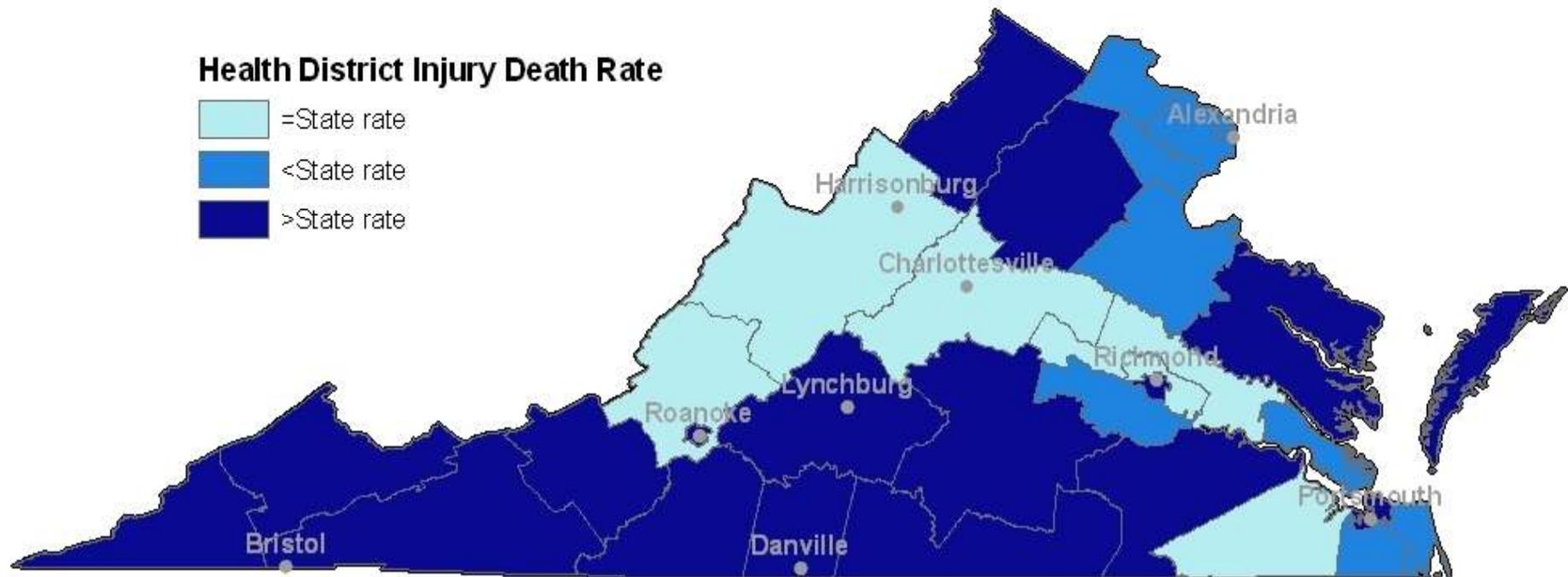
Leading Mechanisms of Injury Deaths

Top 5 Injury Death Mechanisms



Source: VDH, Vital Records,
2000-2009

Health District Rates Compared to State Rate



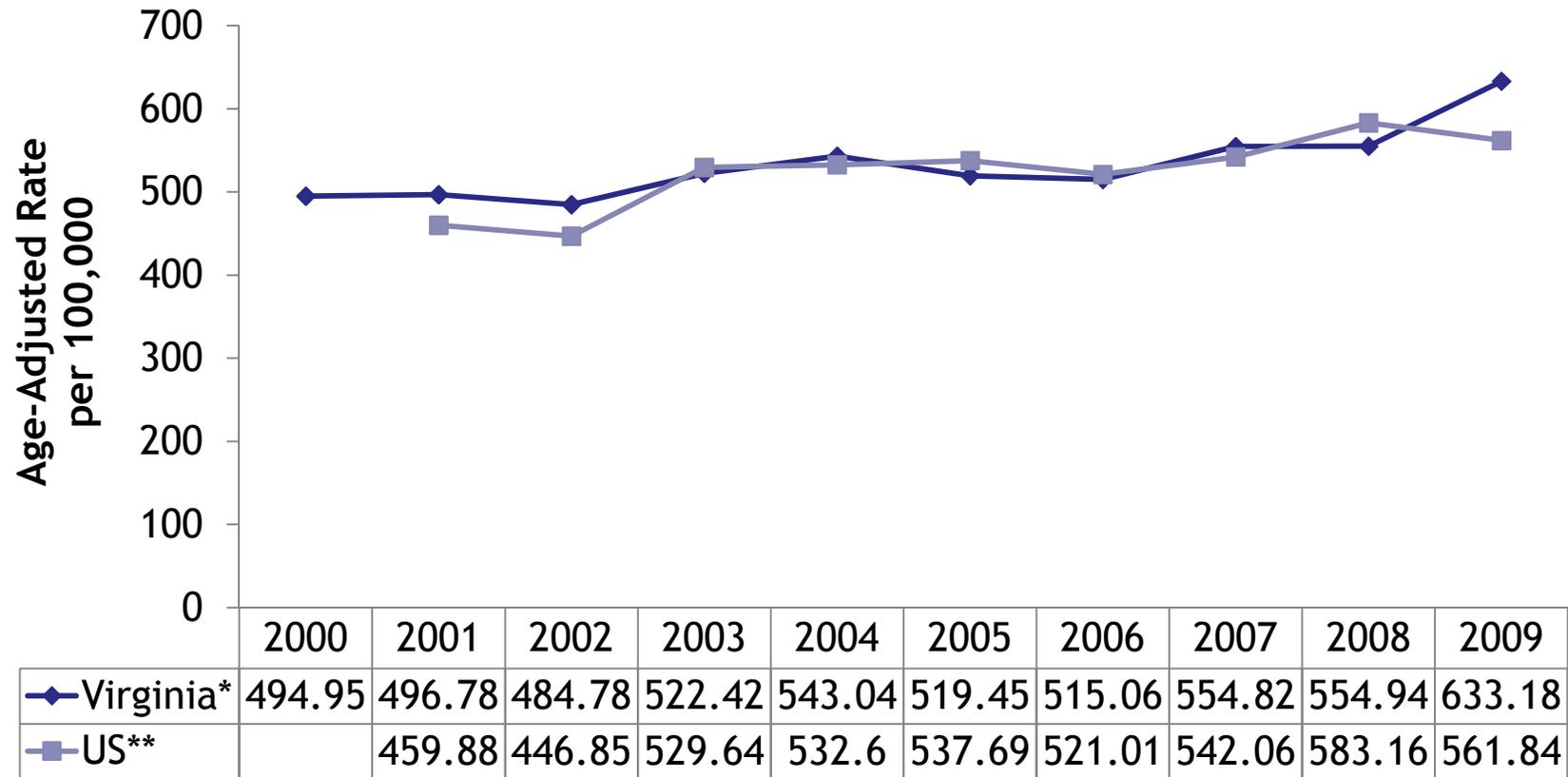
Source: VDH, Vital Records, 2000-2009

< State Rate- Health district rate is lower than the state and statistically significant

> State Rate- Health district rate is higher than the state rate and statistically significant

=State- Health district rate is not statistically different from state rate

Injury Hospitalizations in Virginia vs. US

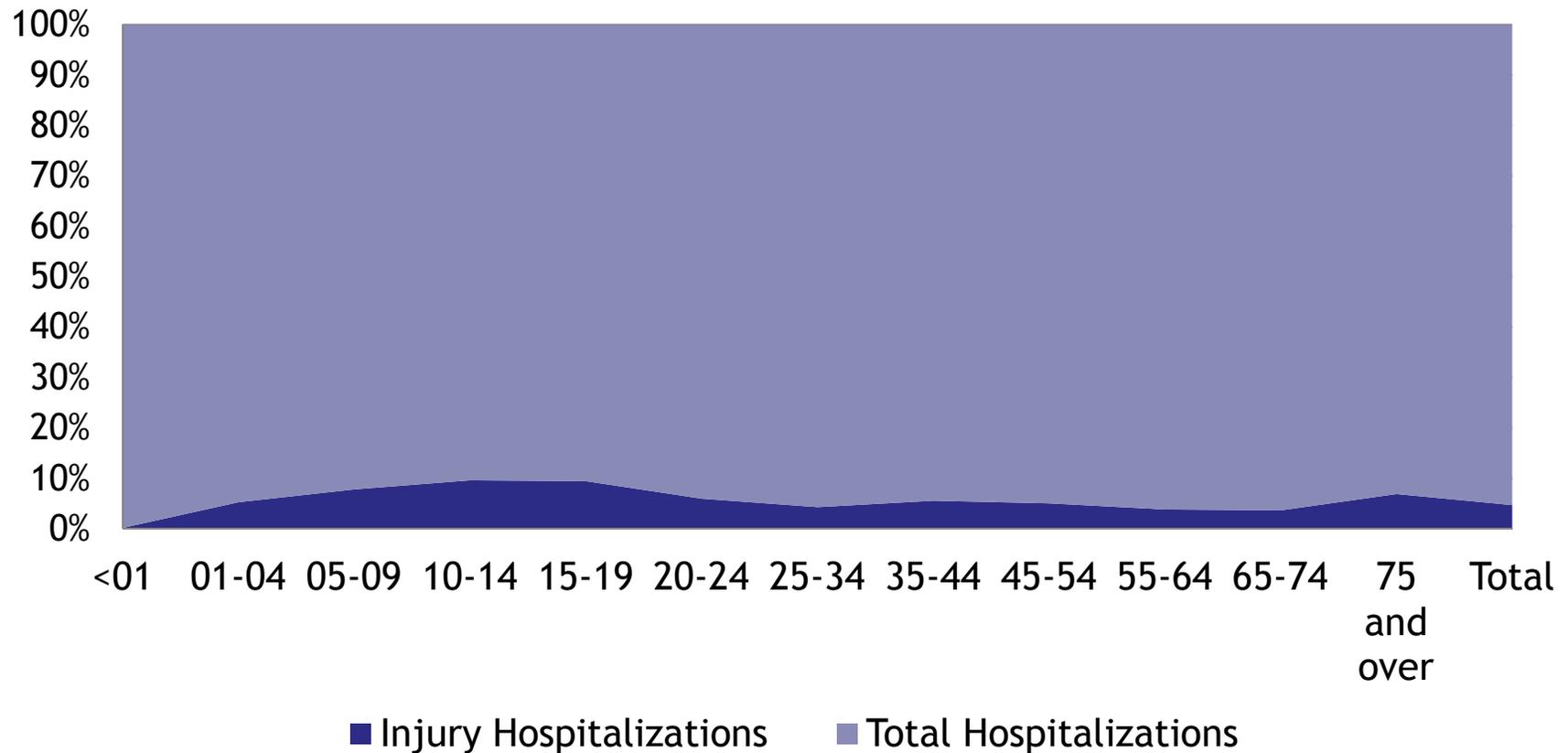


Source: * Virginia Health Information, patient level database, 2000-2009

**Centers for Disease Control and Prevention-WISQARS 2000-2009, data not available 1999-2000.

Adjusted to 2000 standard population

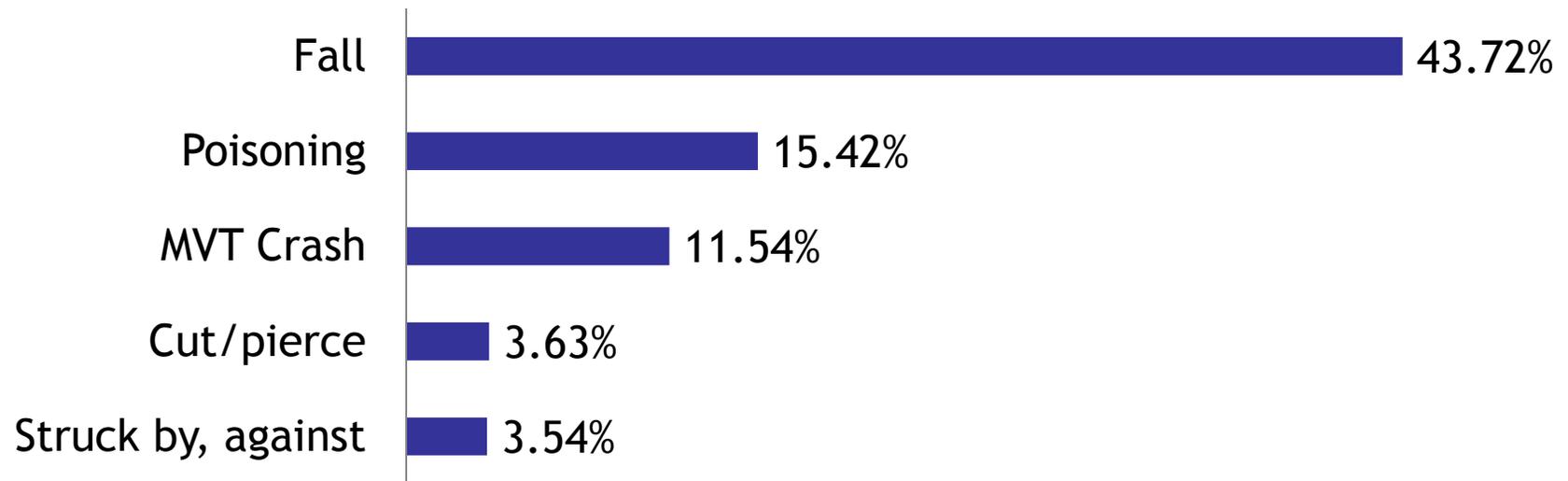
Injury Hospitalization vs All Hospitalizations by Age, Virginia 2000-2009



Source: VHI Inc, patient level data, 2000-2009

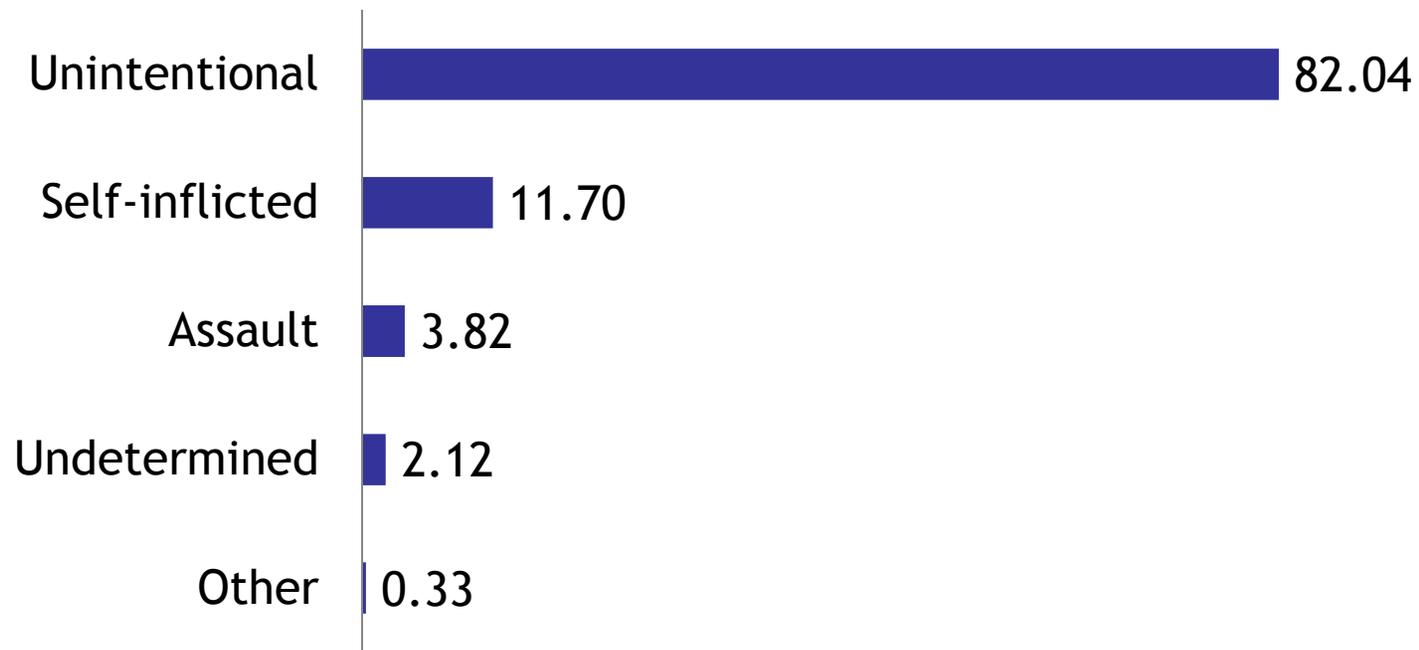
Leading Mechanisms of Injury Hospitalizations

Top 5 Causes of Injury Hospitalizations



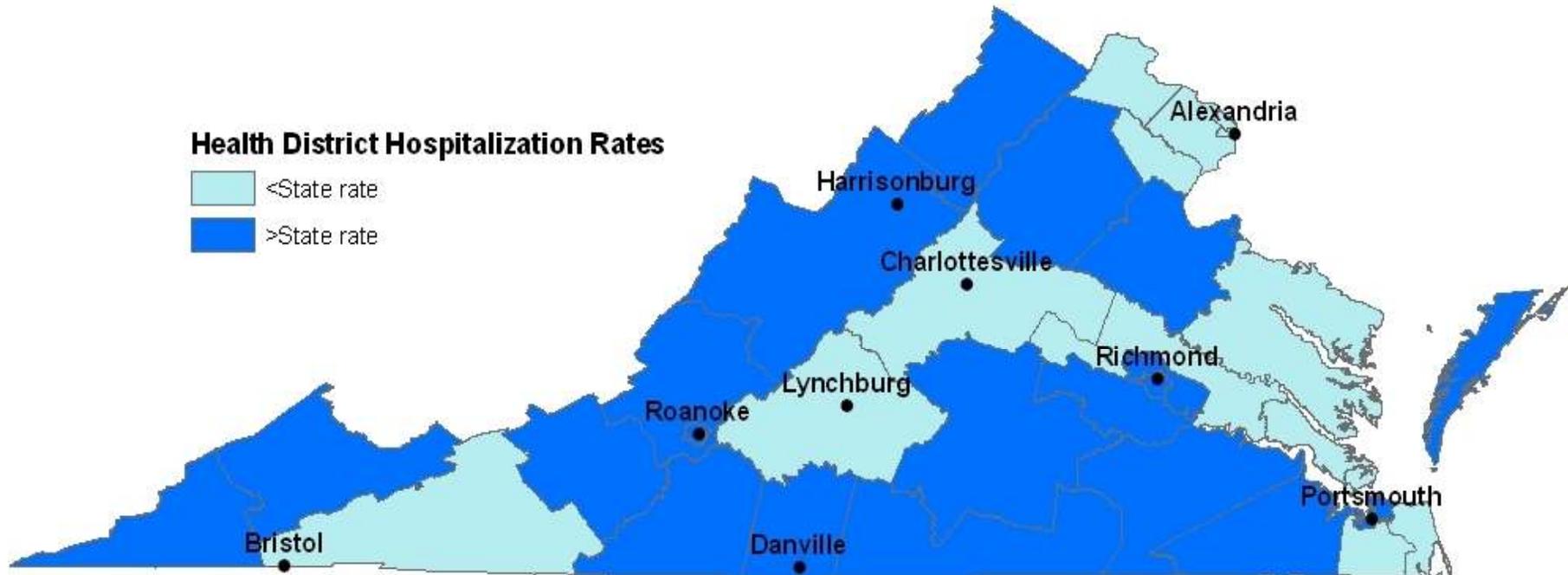
Source: VHI Inc, patient level data, 2000-2009

Intent of Injury Hospitalizations



Source: VHI Inc, patient level data, 2000-2009

Health District Rates Compared to State Rate



Source: VHI, patient level database, 2000-2009

< State Rate- Health district rate is lower than the state and statistically significant

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Virginia Injury and Violence Data

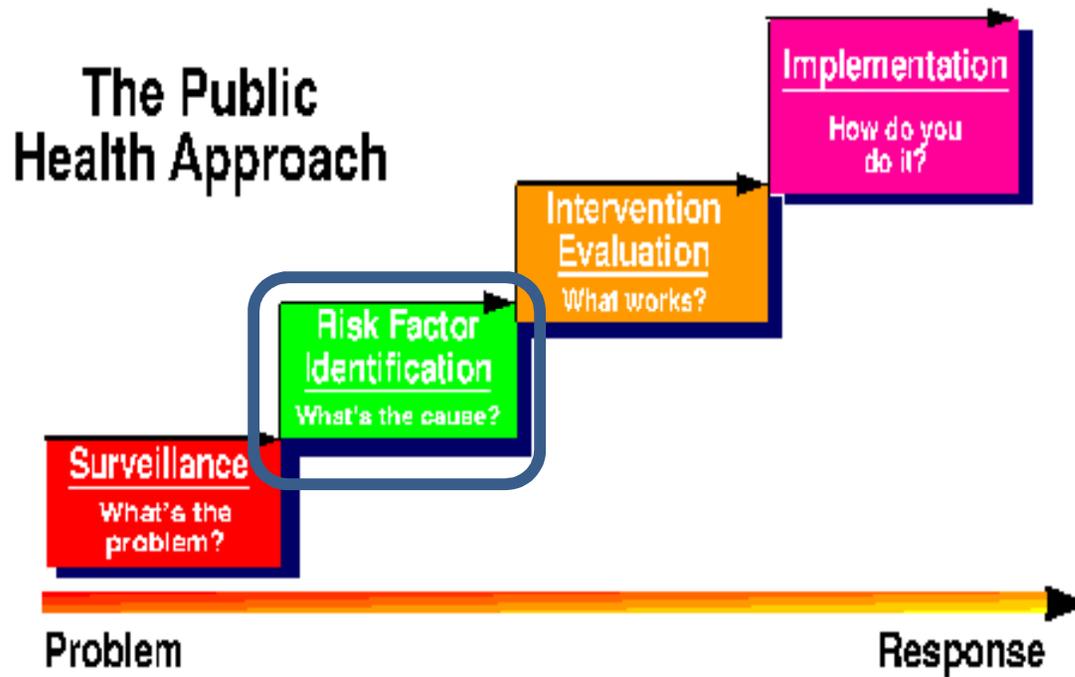
- Virginia Online Injury Reporting System (VOIRS)

- This system allows you to create customized reports on various cause and intents of injury by geographic and demographic variables.



- Annual Injury in Virginia Reports
- Injury Specific Reports
- Injury Death and Hospitalization Maps
- Injury Fact Sheets

Public Health Approach to Prevention



Injury Across the Lif

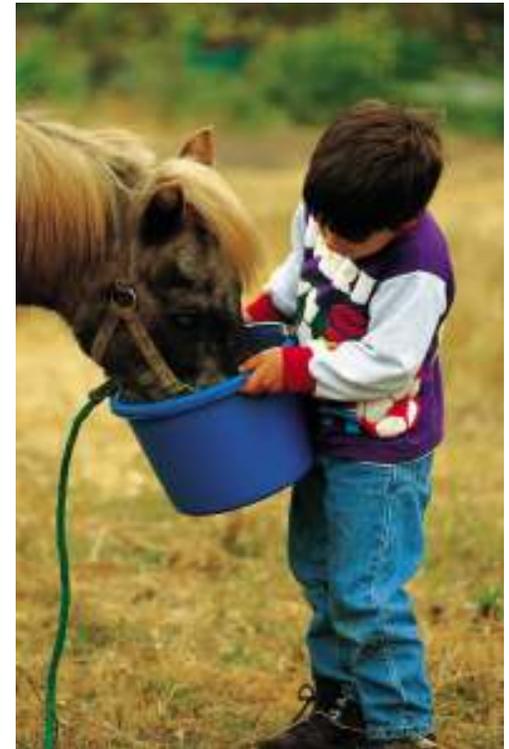
Injury risks differ by age:

- Infants die more frequently from suffocation
- School-age children are hospitalized more frequently from bicycle injuries
 - Adolescents have the highest rate of hospitalized attempted suicide
- Older adults have the highest rate of hospitalized fall injuries



Who else is at risk?

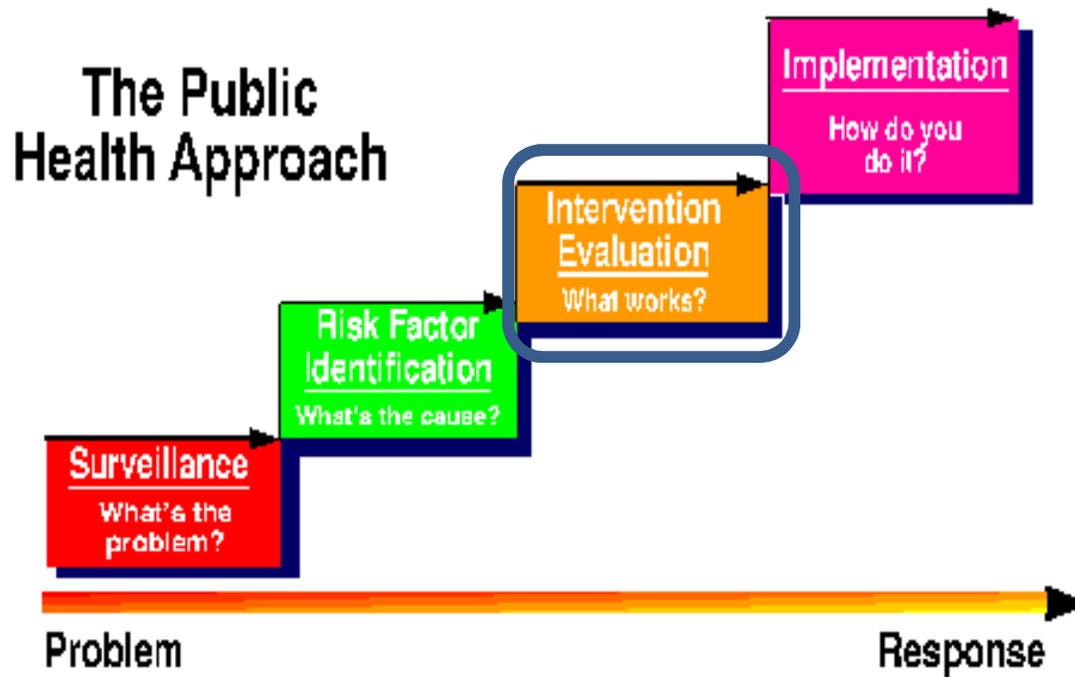
- Injuries affect everyone
- African Americans have a higher injury rate than nearly all other racial and ethnic groups.
- Hispanic Americans have a lower overall injury rate than non-Hispanics. However pedestrian fatalities for this group are nearly twice as high as for whites.



Injury Prevention: Competencies for Unintentional Injury Prevention Professionals; 2008.

- American Indians and Alaska

Public Health Approach to Prevention



Unintentional Injury Prevention

Leading Causes of Unintentional Injury

- Children < 1
- Death: Suffocation, Drowning = Motor Vehicle
- Hospitalization: Fall, Poisoning, Burn
- Children 1-4
- Death: Motor Vehicle, Drowning and Suffocation
- Hospitalization: Fall, Poisoning, Burns
- Children 5-9
- Death: Motor Vehicle, Drowning and Firearm=Pedestrian

Leading Causes of Unintentional

- Children 10-14 Injury
- Death: Motor Vehicle, Drowning, and Other Land Transport
- Hospitalization: Fall, Struck by/against, Other Transport
- Children 15-19
- Death: Motor Vehicle, Poisoning and Drowning
- Hospitalization: Motor Vehicle, Fall, Poisoning

Increased Susceptibility of Brain Injury in Children

- Brain Development
- Recognition
- Less developed neck/shoulder muscles don't transfer energy to the rest of the body well
- Less proficient at assessing risk, less coordination, slower reaction time
- Greater head-to-body ratio
- Thinner cranial bones



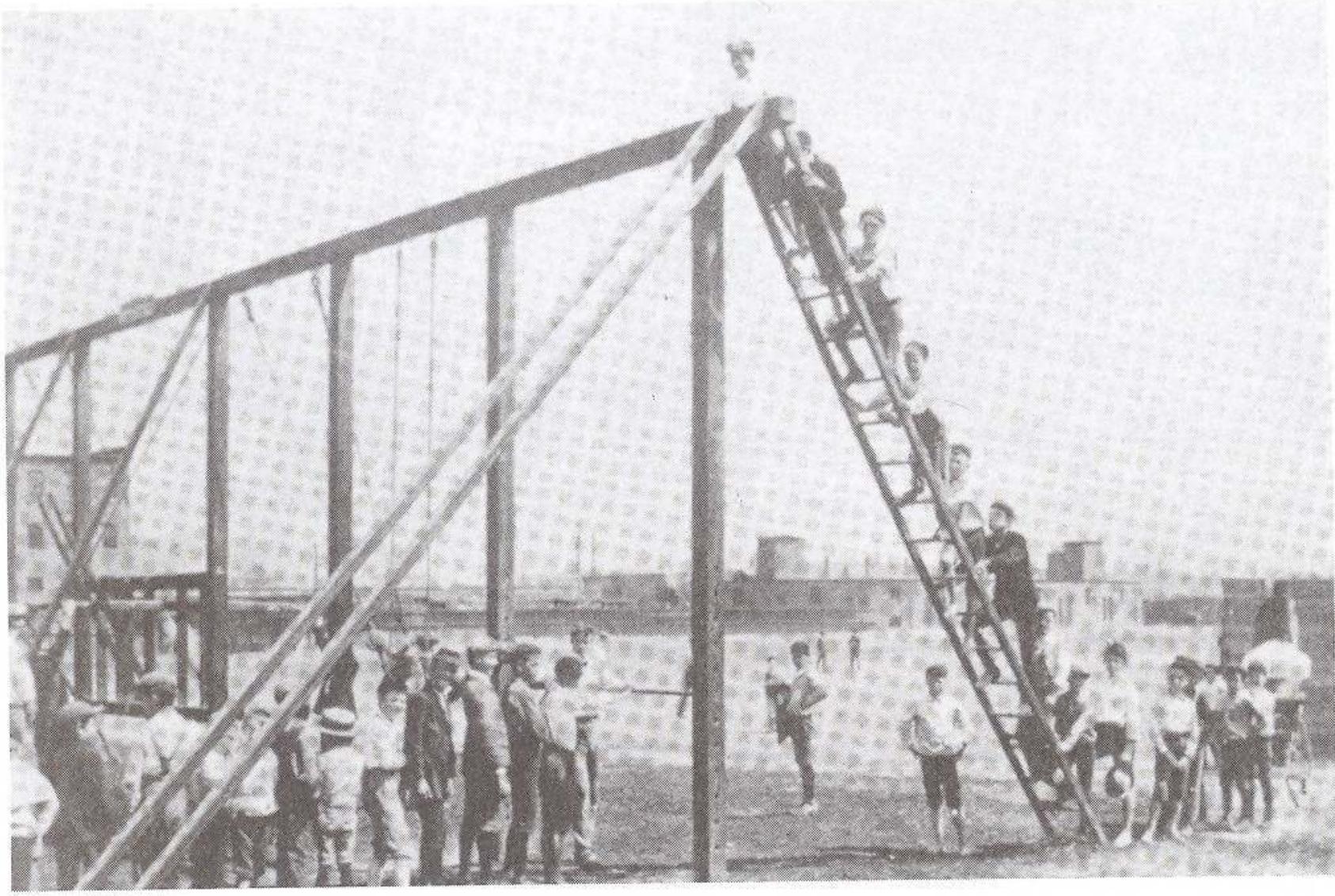
Prevention: Helmets

- Head injury is the leading cause of bicycle related death.
- 75% of all bike related fatalities could be prevented with a helmet.
- Helmets reduce the risk of head



Prevention: Falls





© Susan Hudson

Prevention: Playground Surfacing

- Nearly 70% of all playground injuries are due to falls to surface
- Inadequate surfacing is the most persistent and dangerous hazard
- Recent studies have found that about 80% of playgrounds have unsuitable surfaces



Prevention: Child Restraints

- Prevent ejection
- Distribute forces to the strongest parts of the skeleton
- Spread crash forces over a broad area
- Provide “ride down”
- Protect head, neck and spinal cord by preventing contact with hard surfaces
- Allows children to ride in the safer rear-facing position



Recognition Challenges

- Loss of consciousness is seen in less than 10% of concussions
- Symptoms may appear minutes to hours or days after the initial impact
- Functional disruption not structural disruption
 - MRI and CT scan will not detect a concussion



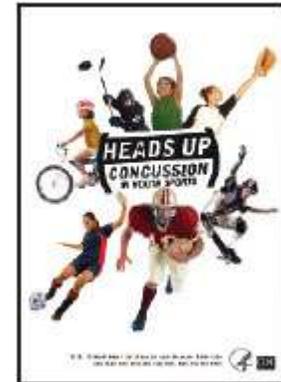
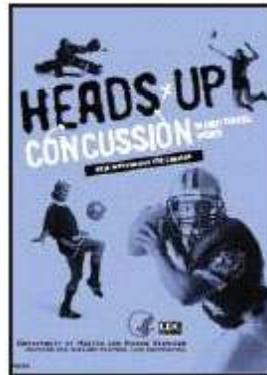
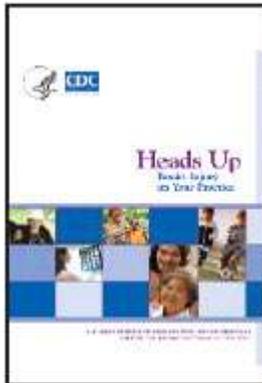
Post-Concussion

- The cells are in an extreme state of vulnerability
- Failure to recognize or treat the concussion:
 - Second Impact Syndrome
 - Post-Concussion Syndrome



CDC Resources

- Heads Up:
- Concussion Prevention
- Toolkits



- <http://www.cdc.gov/concussion>

Contact Information

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- Injury Prevention Program Supervisor

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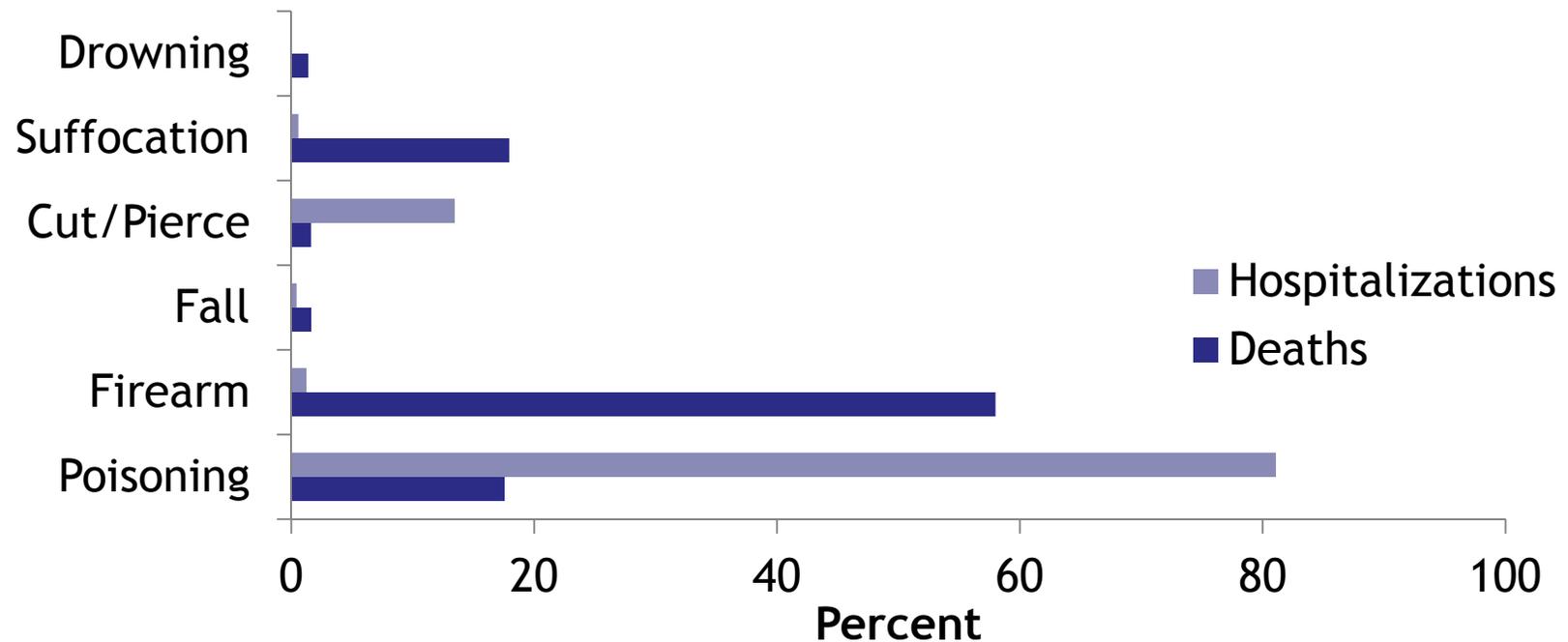
- Safety Seat Check Coordinator

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Suicide Prevention

Suicides and Self-Inflicted Injury Hospitalizations



Source: VDH, Vital Records and Virginia Health Information, patient level database, 2000-2009

Suicides and Self-Inflicted Injury Hospitalizations

Age Group	Deaths			Hospitalizations		
	N	% of Injury	Rate	N	% of Injury	Rate
<01	--	--	--	--	--	--
01-04	--	--	--	--	--	--
05-09	--	--	--	33	0.61	0.67
10-14	62	16.36	1.23	1,340	16.35	26.51
15-19	379	16.44	7.33	6,225	28.53	120.40
20-24	600	17.53	11.27	5,793	25.04	108.82
25-34	1,242	23.69	11.95	10,187	26.52	98.00
35-44	1,785	28.40	15.24	10,977	23.78	93.71
45-54	1,807	30.48	16.45	7,263	15.52	66.11
55-64	1,130	31.63	14.49	2,449	6.54	31.40
65-74	715	24.37	15.30	767	1.93	16.41
75 and over	729	10.14	18.27	606	0.53	15.19
Total	8,450	22.11	11.26	45,650	11.70	60.85

Suicides and Self-Inflicted Injury Hospitalizations

Suicide by Race and Gender

Race/ Ethnicity	Male		Female		Total	
	N	Crude Rate	N	Crude Rate	N	Crude Rate
Black, NH	753	10.49	161	2.06	914	6.10
White, NH	5,533	21.70	1,612	6.13	7,145	13.79
Hispanic	132	5.58	39	1.89	171	3.86
Total	6,564	17.81	1,886	4.94	8,450	11.26

Self-Inflicted Injury Hospitalizations by Race and Gender

Race/ Ethnicity	Male		Female		Total	
	N	Crude Rate	N	Crude Rate	N	Crude Rate
Black, NH	2,865	39.93	4,025	51.48	6,890	45.95
White, NH	13,110	51.42	21,605	82.09	34,715	67.00
Hispanic	413	17.46	780	37.78	1,193	26.93
Total	17,360	47.10	28,288	74.13	45,648	60.85

Source: VDH, Vital Records and Virginia Health Information, patient level database, 2000-2009

What is Suicide Prevention?

- Recognizing warning signs
- Asking and listening
- Connecting to help



Community Trainings

- QPR (Question, Persuade, Refer)



- safeTALK (Suicide Alertness for Everyone)



- ASIST (Applied Suicide Intervention)



Crisis Resources

- National Suicide Prevention Lifeline

1.800.273.TALK (8255)

Veteran Crisis line: Press 1

Spanish Line: 1-888-628-9454



Lifeline Wallet Cards: English/Spanish

Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to harm or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when those actions are not of the ordinary for the person
- Feeling hopeless
- Feeling rage or intense guilt or seeking revenge
- Acting reckless or engaging in risky activities—suddenly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to relax

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK
www.suicidepreventionlifeline.org

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK
www.suicidepreventionlifeline.org

Are you or someone you love at risk of suicide?

Get the facts and take appropriate action.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
 www.samhsa.gov

Señales de Suicidio

Solicite ayuda lo más pronto posible, contacto a un experto de salud mental, o llame a la Red Nacional Para La Prevención de Suicidio al 1-800-273-8255. Al llamar, pida esta referencia si usted o un conocido sobre los siguientes síntomas:

- Una persona que ha amenazado o hablado sobre hacerse daño o matarse;
- Una persona que ha buscado maneras de hacerse daño con armas de fuego, sobre medicándose, o de alguna otra manera;
- Una persona que habla sobre la muerte y/o habla de morir cuando ese tipo de tema no es normal en esa persona;
- Actuar impulsivamente y/o involucrarse en actividades arriesgadas;
- Sentirse atrapado y sin salida;
- Aumentar el uso de alcohol o drogas;
- Aislarse o apartarse de amistades, familia o de la comunidad;
- Sentirse ansioso, agitado, no poder conseguir el sueño, o dormir demasiado;
- Sentir dramáticos cambios del estado de ánimo;
- Perder la razón de vivir o de valorar su vida.

RED para la PREVENCIÓN de SUICIDIO NACIONAL
1-800-273-8255

RED para la PREVENCIÓN de SUICIDIO NACIONAL
1-800-273-8255

¿Estás tú o un ser querido al riesgo de suicidio?

Infórmate y toma acción preventiva.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
 www.samhsa.gov

Suicide Prevention Resources

- Virginia Department of Health
 - www.preventsuicideva.org
- Suicide Prevention Resource Center
 - www.sprc.org
- American Association of Suicidology
 - www.suicidology.org
- American Foundation for Suicide Prevention
 - www.afsp.org
- Jed Foundation
 - <http://www.jedfoundation.org>
- Virginia Wounded Warrior Program
 - www.wearevirginiaveterans.org

Contact Information

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Suicide Prevention Coordinator

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w.preventsuicideVA.org

Violence Prevention

Sexual Violence

- VDH/VCU survey conducted between 2002-2003
- 27.6% of women reported experiencing sexual assault in their lifetime
 - 78% assaulted first time prior to the age of 18
 - 90% knew their perpetrator
- 12.9% of men reported experiencing sexual assault in their lifetime
 - 95% assaulted first time prior to the age of 18
 - 75% knew their perpetrator
- Limited definition of sexual assault used in survey:
 - *“Rape, attempted rape, inappropriate touch of the breast, buttock and/or genitalia area, inability*

Sexual Violence Prevention

- Internal policies for issues within the agency
- Policies for care of clients
 - Local shelters
- Prevention during natural disasters
 - Centers for Disease Control and Prevention:

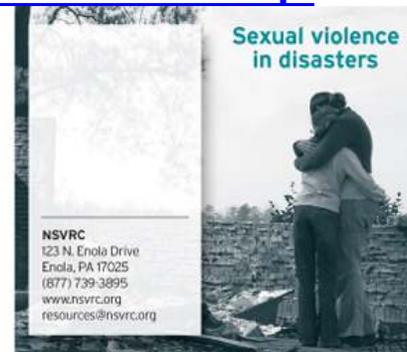
<http://www.bt.cdc.gov/disasters/violence.asp>

- National Sexual Violence Resource Center:

<http://www.nsvrc.org/>

About disasters and sexual violence

A disaster is any sudden event that causes damage, destruction, harm or loss such as hurricanes, earthquakes, tsunamis and floods. After a disaster, some people are more vulnerable to victimization because basic resources that can protect people from sexual violence are not readily available.



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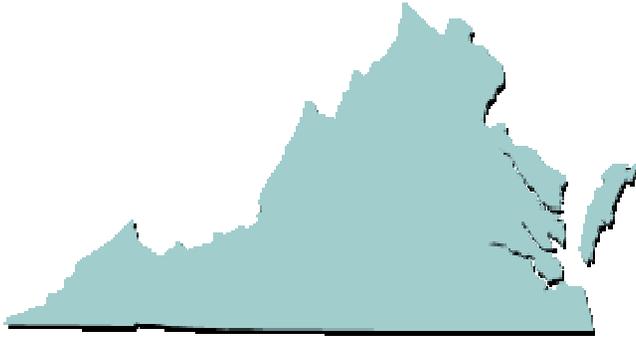
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Is Bullying Really a Problem?



~ **50%** of students reported being bullied

~ **35%** of students reported bullying others



17% of students reported being bullied 2-3 times/month or more

10% of students reported bullying others 2-3 times/month or more

~**40-45%** of those bullied had been bullied for one year or longer

*baseline assessment of 62 Virginia elementary and middle schools in an implementation of the Olweus program

Prevention: General Guidelines



1

Emphasize individual and collective responsibility for supporting the well-being of students.

2

Encourage help-seeking by those bullied, bullying, or perpetrate or experience violence; emphasize available resources.

3

Emphasize the vital importance of family support and acceptance for students' well-being.

Bullying Prevention

- ENHANCE PROTECTIVE



academic achievement, school success



positive, caring relationships



safe, secure, nurturing environments



self awareness

Contact Information

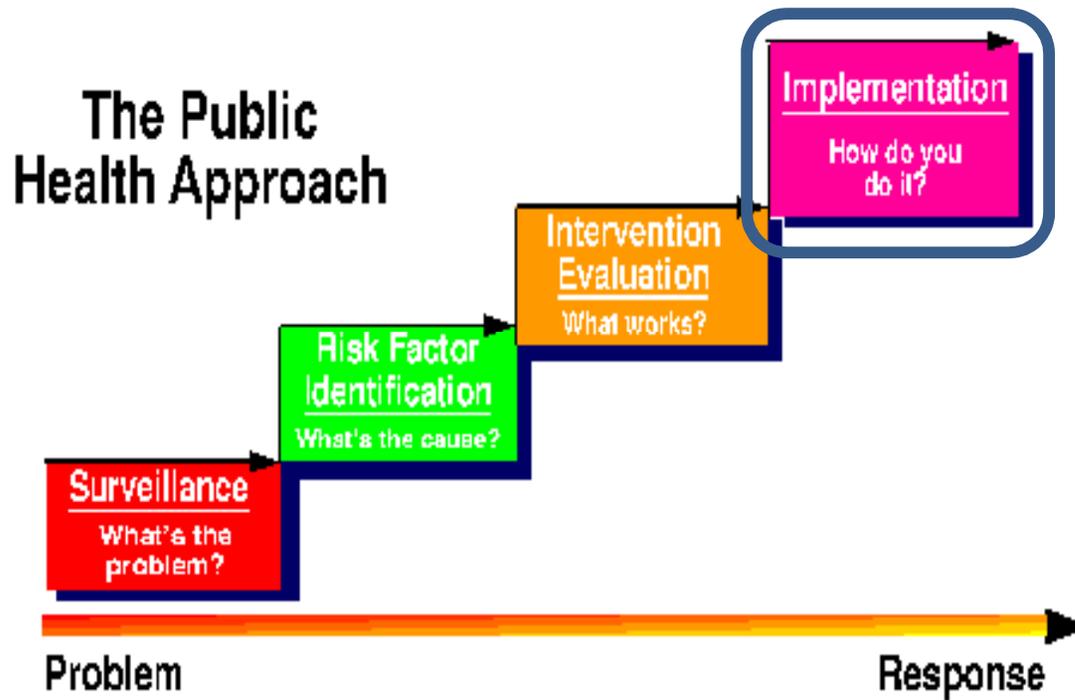
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Public Health Approach to Prevention

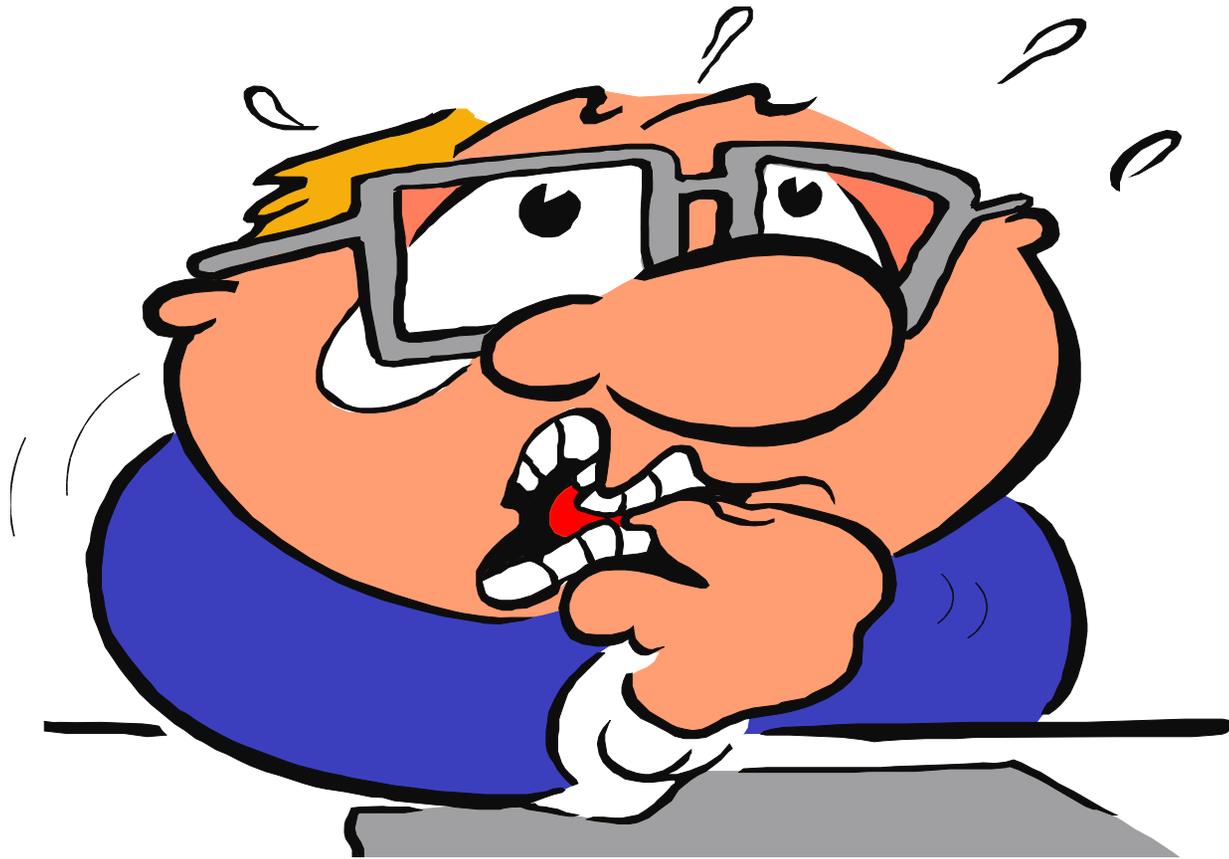


Virginia Department of Health
Office of Family Health Services
Injury and Violence Prevention
Program

1-800-732-8333

www.vahealth.org/prevention

???? QUESTIONS ???? ?



Thanks for your attention and participation!

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Injury & Illness Prevention for EMS Agencies:

Programs Your EMS Agency Can Use To Make A Difference

Virginia EMS Symposium
November 10, 2011
Norfolk, VA

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VA Pediatric Emergency Care Coordinator
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