

EMSC Course/AEMT Transition - Page 2

Trauma and Critical Care Updates/VPHIB Migration - Page 3

Virginia CE on the Move- Page 4 -5

Documenting Pediatric Weights/Pediatric Restraint System - Page 6

Kids and Cars Safety decals/VDH Website Transition - Page 7

Citizen's Submission "Gumby and Jason Save the Day" - Page 8

Zika Update/EMSAT Training - Page 9

Hurricane Preparedness - Page 10

2017 Call for Symposium Presentations/RSAF Grants - Page 11

Calendar of Events, Quick Updates, EMS Challenge Question - Page 12

# EMS



## Bulletin

Office of Emergency Medical Services (OEMS)  
Virginia Department of Health  
Summer 2016

## Register Today for the 37th Annual Virginia EMS Symposium

Have you registered to attend the largest EMS training event in the Commonwealth? It's not too late, **registration is open through Oct. 7, 2016**. Learn more and register online at: [www.vdh.virginia.gov/oems/symposium](http://www.vdh.virginia.gov/oems/symposium).

It's time to mark your calendars for the 37th Annual Virginia EMS Symposium, Nov. 9-13, at the Norfolk Waterside Marriott in Norfolk, Va. The largest EMS training event in Virginia, and one of the largest in the country, this five-day educational event offers more than 270 classes and 14 course tracks to help providers fulfill their continuing education needs.

Course topics range from hands-on training in trauma, medical, cardiac and pediatric to operations, preparatory and health and safety. These classes are also applicable for nurses and physicians.

**New this year** - On Wednesday, Nov. 9, the Office of EMS has organized a special Spirit of Norfolk dinner cruise, which will be available for all symposium registrants and guests to attend. Boarding time is at 6:30 p.m. and the cruise will be from 7-9

p.m. The discounted conference rate for this cruise is \$58/person. You may reserve your seat by calling Paula Racey at 757-217-0627 or by emailing [pracey@entertainmentcruises.com](mailto:pracey@entertainmentcruises.com). **Offer valid until Oct. 9, 2016 and based on availability**. More information will be available at [www.vdh.virginia.gov/oems/symposium](http://www.vdh.virginia.gov/oems/symposium).



On Thursday, Nov. 10, the Vendor Exhibit Hall will open at 2 p.m. and welcome more than 130 local and national vendors that will feature exciting new demos, ambulance displays and much more.

Registrants can also enjoy various free on-site events, which will take place through-

out the symposium. Some of these events include a flu shot clinic, game night and DJ'd music and dancing.

On Saturday, Nov. 12, join us as we celebrate the Commonwealth's 2016 Governor's EMS Award nominees and winners. Doors will open at 5:30 p.m. and the program will run from 6-8 p.m. Dinner will be served and limited banquet-style seating will be available.

The Virginia EMS Symposium app will be available again this year for download on Android mobile devices. Unfortunately, due to required security approvals, the app will not be available for download for iOS users. However, iOS users will be able to access the same features available on the app via a special website.

For more information about this event and to register online, visit [www.vdh.virginia.gov/oems/symposium](http://www.vdh.virginia.gov/oems/symposium).

To learn how to become a sponsor for the Virginia EMS Symposium, please visit: [http://166.67.66.226/oems/Files\\_Page/symposium/2016SponsorshipPacket.pdf](http://166.67.66.226/oems/Files_Page/symposium/2016SponsorshipPacket.pdf).

## Famed EMSC Physician to Teach at Symposium

By: David Edwards, EMS for Children Coordinator

Kathleen Brown, M.D. of the Children's National Medical Center in Washington, D.C. will be teaching two pediatric courses on Friday, November 11 at the Virginia EMS Symposium.

Dr. Brown, a longtime EMS researcher/physician/pediatrician, was the former Director of the EMSC National Resource Center and has authored and coauthored numerous articles in hospital and prehospital

journals.

Dr. Brown will be teaching the following two courses on Friday: PED-1012, 10:30 a.m. - 12:00 p.m., "How Children Will Survive Disasters" and PED-1014, 3:30 - 5:00 p.m., "Finally, Real Pediatric Research!"

These topics were originally listed as being taught by David Edwards, Virginia EMS for Children Coor-

dinator, who will be assisting with the sessions. Please don't miss this opportunity to learn with a really down-to-earth and street-friendly EMS physician.

You can register for these courses and more, which will be featured at the 2016 Virginia EMS Symposium, by visiting: [www.vdh.virginia.gov/oems/symposium](http://www.vdh.virginia.gov/oems/symposium).

## Virginia Enhanced Transition to Virginia Advanced EMT

By: Warren Short, Manager, Division of Educational Development

On April 10, 2016, the ability to obtain certification at the Enhanced level ended. At that time, the Virginia Office of EMS, Division of Educational Development transitioned all Virginia EMT Enhanced providers to the Virginia Advanced EMT (Level 'C') certification level. This transition did not involve the National Registry Advanced EMT certification level.

During this transition period, the following occurred:

A new Virginia AEMT certification card was mailed to the address on file in the EMS portal. Please check the address on file in the EMS portal to make sure it is accurate and up to date.

Providers new Virginia AEMT certification card will have the same expiration date as their current Virginia Enhanced certification card.

All recorded continuing education (CE) credits at the Enhanced level were moved to the new Virginia

AEMT (level 'C'). EMS providers should check their CE record to determine what areas are needed after the conversion. All future CE earned will be recorded at the new Virginia AEMT level.

CE requirements for all EMS provider levels changed in July 2016. Prior to this change, the CE requirements for new Virginia AEMT level remained the same.

If eligible for recertification at the Virginia EMT Enhanced level at the time the certification is transitioned to the new Virginia AEMT level, the recertification eligibility will remain active until the provider recertifies at the Virginia AEMT level.

If the provider did NOT meet the recertification requirements by June 30, 2016, they will be required to meet the new CE requirements at the Virginia AEMT level.

NO Virginia EMS provider will be required to take the National Registry

Advanced EMT certification examination unless they let their Virginia AEMT certification lapse.

If the Virginia AEMT certification lapses, the provider will be required to meet all CE requirements within two (2) years of their certification expiration date AND take the National Registry Advanced EMT assessment examination in order to regain their Virginia AEMT certification.

**The new Virginia AEMT recertification continuing education requirements that became effective on July 1, 2016 can be viewed at:**  
<http://166.67.66.226/OEMS/Training/Files/2016%20ALS%20CE%20Requirements.pdf>

For additional assistance, please contact a member of the Division of Educational Development at 804-888-9120.

## Updates From Trauma and Critical Care

By: Cam Crittenden, Manager, Division of Trauma and Critical Care

It's been a busy first half of the year for the Division of Trauma and Critical Care. We have added two new staff members and will be recruiting for two additional open positions.

Cam Crittenden, R.N., assumed the role of Manager for the Division of Trauma and Critical Care in May 2016. Cam has 17 years of combined prehospital and emergency department operations experience and has been an active participant with the Old Dominion EMS Alliance Regional Council since 2005.

Lenice Sudds, L.P.N. has joined the Division of Trauma and Critical Care as a Medical Records Technician. She will be primarily responsible for managing the Virginia Statewide Trauma Registry.

The Division will be recruiting for a Trauma Coordinator to manage the Trauma Center designation process, and an additional Statistician to handle the increasing data requests from stakeholders.

Staff attended the 2016 Image-Trend Connect Conference in July 2016. It was a good opportunity to network with other states and agencies and to get updates on current and future ImageTrend products. All staff agreed that Virginia was leading the states in the Version 3 transition. Many thanks to all of our EMS agencies for embracing the challenge!

To date, 57 percent of Virginia agencies are using Elite Version 3. Just a reminder that Dec. 31, 2016 is the last day that Version 2 data will be accepted by National EMS

Information System (NEMSIS). All Agencies must be ready to go live with Version 3 on Jan. 1, 2017.

The Virginia Trauma System Plan Taskforce continues to work on the recommendations put forth by the American College of Surgeons Trauma System Consultation Report. The Taskforce has seven workgroups that are addressing specific recommendations. The workgroup meeting dates and times can be found on the OEMS website in the Trauma and Critical Care section at: <http://166.67.66.226/OEMS/Trauma/TraumaPlanTaskForceIndex.htm>.

Please feel free to participate in a workgroup—we want your input as we work together to improve our trauma system of care in the Commonwealth.

## VPHIB Migration to NEMSIS Version 3 by Dec. 31, 2016

The Virginia Office of EMS is in the process of migrating our Virginia Pre-Hospital Information Bridge (VPHIB) dataset from the NEMSIS Version 2 to NEMSIS Version 3 standards (VAv3) for local, state and national collection of EMS patient care data. A schedule listing each agency has been created with a timeline for all agencies to make this transition.

You can view your agency's VAv3 deadline date by downloading the Version 3 Rollout Schedule at: <http://oemssupport.kayako.com/Knowledgebase/Article/View/216/47/vphib-v3-revised-timeline>.

The NEMSIS Technical Assistance Center (TAC) will continue to collect NEMSIS Version 2 data from the states until Dec. 31, 2016. EMS agencies in Virginia scheduled to transition to VAv3 prior to the end of 2015 are currently "not in compliance" with data submission requirements established by OEMS and are encouraged to complete transition to VAv3 immediately. The OEMS will be contacting and working with all EMS agencies to transition to the new VAv3 standards before the end of this year in order to comply with the national data reporting requirement.

Pursuant to 12VAC5-31-560 of the

Virginia EMS Regulations pertaining to patient care records, EMS agencies are required to submit data on a schedule established by the OEMS as authorized in §32.1-116.1 of the Code of Virginia. Failure to comply with data reporting requirements may result in enforcement actions.

For additional information or assistance with your agency's transition to VAv3, please contact J. Bryan Hodges at 804-888-9145 or email [Jesse.Hodges@vdh.virginia.gov](mailto:Jesse.Hodges@vdh.virginia.gov). Thank you for your timely attention to this matter.

# Virginia Continuing Education on the Move

By: Debbie Akers, ALS Coordinator

The Virginia EMS continuing education (CE) program is scheduled for an update at the beginning of July 2016. The new Virginia recertification criteria will mirror the National Registry. Although Virginia EMS providers are not required to maintain their National Registry certification, this change will make it easier for those who choose to do so.

So what will not change? The basic foundation of the CE program will not change. There is still a category one (1), category two (2) and category three (3). The certification time period will not change; BLS will still be four years and ALS will remain at three years. Those that have obtained eligibility prior to the change in CE requirements will not lose their eligibility, even if they do not meet the new recertification criteria. Their recertification eligibility will remain valid until their anniversary month or the provider chooses to recertify early.

**Components of CE and Recertification Not Changing**

1. The basic foundation of the CE program will not change.
2. There is still a category one (1), category two (2) and category three (3).
3. The certification time period will not change.

So what changes are being made to the program? The total number of hours for recertification is changing. (See Table CE-1 for BLS/See Table CE-2 for ALS). Area numbers that must be satisfied are reduced to 5 for both the BLS and ALS. The terminology between Virginia and

National Registry is reflected in Box CE-3. The BLS requirement for practical skills is removed. Virginia will still accept all online CE that has been approved by our office for recertification. Remember that National Registry limits the amount of online CE. The amount of online CE accepted by National Registry is displayed in Table CE – 4.

So how will the changes be made? The Office will close the database on July 5, 2016. All area numbers will be updated to the new set of area numbers and each provider's CE will be recalculated using the new criteria.

Remember, any provider possessing recertification eligibility before the change in CE will retain their eligibility. There may be some providers who will become eligible following the CE update.

To assist providers who have not yet obtained recertification eligibility at the time this update is made, and whose certification expiration date occurs in July 2016, August 2016 and September 2016, the office will extend these individuals certification expiration dates until October 31, 2016. If your expiration date is in any of these months and you have satisfied your recertification requirements, you will be recertified in your anniversary month and will not be extended.

If you have any questions concerning the new CE program, contact the Virginia Office of EMS. If your question pertains to your CE after the update, we request you wait until the update is applied so that we can accurately assist you.

The new CE hours can be viewed on the tables located on page 5.

For additional assistance, please contact a member of the Division of Educational Development at 804-888-9120.

# Virginia Continuing Education on the Move

Continued From Page 4

By: Debbie Akers, ALS Coordinator

**Table CE-1: BLS CE Requirements (4 year certification)**

AREA #	DIVISION HOURS PER CERTIFICATION LEVEL			National Continued Competency Requirements (NCCR – Category 1)
	EMR A		EMT B	
11	2		4	Airway, Ventilation and Respiration
12	2		6	Cardiovascular
13	1		2	Trauma
14	3		6	Medical
15			2	Operations
	8		20	<b>MANDATORY CORE CONTENT TOTAL</b>
	8		20	<b>NCCR HOURS REQUIRED PER LEVEL</b>
	8		20	<b>Category 2 CE Requirements (LCCR/ICCR)</b>
	16		40	<b>TOTAL HOURS REQUIRED PER LEVEL</b>

**Table CE-2: ALS CE Hours (3 year certification)**

AREA #	DIVISION HOURS PER CERTIFICATION LEVEL			National Continued Competency Requirements (NCCR – Category 1)
	AEMT C	intermediate I	Paramedic E	
16	4	3	4	Airway, Ventilation and Respiration
17	6	10	10	Cardiovascular
18	2	3	4	Trauma
19	6	7	7	Medical
20	2	5	5	Operations
	20	28	30	<b>Category 1 CE Requirements</b>
	20	28	30	<b>NCCR HOURS REQUIRED PER LEVEL</b>
	5			<b>Additional NCCR hours from Paramedic List</b>
	25	27	30	<b>Category 2 CE Requirements (LCCR/ICCR)</b>
	50	55	60	<b>TOTAL HOURS REQUIRED PER LEVEL</b>

**Table CE-4**

NCCP Hour Requirements*	National Requirements	Local Requirements	Individual Requirements	Total Hours
NREMR	8 (up to 3 DE)	4 (up to 3 DE)	4 (up to 4 DE)	16
NREMT	20 (up to 7 DE)	10 (up to 7 DE)	10 (up to 10 DE)	40
NRAEMT	25 (up to 8 DE)	12.5 (up to 8 DE)	12.5 (up to 12.5 DE)	50
NRP	30 (up to 10 DE)	15 (up to 10 DE)	15 (up to 15 DE)	60

\*Total Distributive Education (DE) allowance: NREMR 10 hours; NREMT 24 hours; NRAEMT 28.5 hours; NRP 35 hours

## Documenting Pediatric Weights

By: David Edwards, EMS for Children Coordinator

Pediatric medication errors are more easily made than with adult patients, largely due to the need for weight-determined dosages and the challenges inherent in obtaining an accurate weight in the first place—compounded by making sure the weight is recorded in KILOGRAMS (not pounds). The importance of documenting the weight of pediatric patients cannot be over-emphasized, especially if there is any chance of a medication being administered, either in the prehospital or hospital environment. The available studies have shown pediatric medication error rates to be extremely high (30-50 percent and higher.)

The EMS for Children (EMSC) Committee has been discussing the issue of pediatric medication errors at length,

and has approached the Pediatric Emergency Care Applied Research Network (PECARN) and had preliminary discussions about proposing a major research study to address basic questions regarding pediatric medication errors. PECARN is the first federally-funded pediatric emergency medicine research network in the United States, and conducts high-priority, multi-institutional research on the prevention and management of acute illnesses and injuries in children and youth of all ages.

PECARN is supported by cooperative agreements between seven academic medical centers and the Health Resources Services Administration/Maternal and Child Health Bureau/Emergency Medical Services for Children Program.

The EMSC program and the EMSC Committee is working to make Virginia EMS personnel aware that obtaining a weight and recording it in kilograms is an essential piece of documentation for pediatric patients. Others may actually base their treatment on what you have documented. Even if you put it in the narrative, please put it also in the electronic patient care form. Again, please take the time and effort to include a child's weight IN KILOGRAMS conspicuously in your documentation.

Please direct any questions you have to David Edwards at [david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov).

## Child Restraint Project to Begin Soon

By: David Edwards, EMS for Children Coordinator



The EMS for Children (EMSC) program will soon begin purchasing a limited number of “child restraint systems” for distribution to volunteer EMS agencies. A method for determining which agencies would like to be considered to receive these devices, which are anticipated to attach to stretchers and restrain patients up to

99 pounds, is being determined at this time. Once this method has been determined, the information will be widely disseminated.

The need for children to be “restrained” while being transported by ground ambulances in Virginia has been recognized by the EMSC Committee previously, and was specifically mentioned by the American College of Surgeons (ACS) team that recently evaluated Virginia's trauma system, and who also recommended that we work to find funding to assist EMS agencies in addressing this issue.

Some funding from the federal EMSC State Partnership Grant that supports the EMSC program (Department of

Health & Human Services—HHS) has been identified that will allow us to begin working to help address this need.

It should be noted that child “restraints” are not the same as child “immobilizers,” which were also recently purchased by the EMSC program. All children being transported by ground ambulance need to be restrained, while relatively few children meet all criteria to be “immobilized” before transport.

Please direct any questions you have to David Edwards at [david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov).

# Keeping the Heat On!

By: David Edwards, EMS for Children Coordinator

Hot cars kill kids! Every 10 days, vehicular heatstroke kills a child in the United States. Every 10 days, a parent loses a child to a preventable death.

Since 1998, there have been 687 deaths, 26 of which happened this year. It's time to stop vehicular heatstroke from killing our children. The time to take action is now!

Awareness, education and repetition of the message to, "NEVER leave children alone in or around cars" is the way to help keep people from making a tragic mistake. Virginia EMS providers should "Keep the Heat On" by spreading this prevention awareness message over and over.

If you need car window clings (like the one featured below), stickers, etc. to aid you in spreading this message, please visit [www.kidsandcars.org](http://www.kidsandcars.org) and [www.safekids.org/heatstroke.org](http://www.safekids.org/heatstroke.org) or contact David Edwards at [david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov).



*Kids and Cars safety window cling*

# VDH Transitions to New Website Platform

The Virginia Department of Health has recently undergone a website conversion to a new and improved platform powered by WordPress.

This new platform offers a variety of features, most notably including a responsive design, which allows users on a mobile phone/device, tablet or desktop computer to easily access our web-

site. This new platform also reduces the workload needed to maintain a website, which will allow information to be updated quicker for visitors to utilize.

Additionally, the new website is search engine-optimized, which means users will be able to find the information they are looking for faster and easier by using the search function at the top of each Web page.



The Office of EMS is in the process of converting its website over to the new WordPress platform. The estimated date of completion is December 2016. Once the conversion is complete our new website will be: [www.vdh.virginia.gov/emergency-medical-services/](http://www.vdh.virginia.gov/emergency-medical-services/).

# OEMS Awards Pentagon Operations Center with PSAP Accreditation

Recently, Emergency Operations Communications Coordinator Ken Crumpler, with the Office of Emergency Medical Services (OEMS) awarded the Pentagon Operations Center with the OEMS Public Safety Answering Point Accreditation. The requirements of the accreditation program promote the implementation of the Emergency Medical Dispatch protocols along with continued training and education. The application for accreditation is approved by the Communications Committee of the State EMS Advisory Board.



# Gumby and Jason Save the Day

By: Tom Allen, Editor, Virginia Journal of Education

There's an ancient tale of a spiritual seeker, who one day stood in town and pondered the issue of suffering as he watched the crippled, the beaten and the beggars go by. "Great God," he prayed, "How is it that a loving Creator can see such things and do nothing about them?" After a long silence, the seeker heard this reply: "I did do something about them. I made you."

At the moment, I'm especially grateful that God made Gumby and Jason.

A little back story: Cathy, my wife, was recuperating after some very significant surgery. During her recovery, she's used a walker to help her get around, until the balance and strength issues caused by the operation improved.

One Sunday morning, we made our joint descent of the stairs, Cathy holding onto me for dear life. Downstairs, she grabbed the walker, cruised into the kitchen and opened the cabinet where she keeps her medications.

Not more than two minutes later, when I joined her in the kitchen, I found her pitched forward over the walker, face planted on a small stack of recycle-ready newspapers on the counter beneath the cabinet. Her eyes were open, but she didn't respond to my voice, no matter how loud I got, or to my gentle shaking.

I've carefully avoided all things medical my entire life, so I had no idea what was going on. I wondered if she was having some kind of seizure. I carefully lifted her head and shoulders, and she was completely limp in my arms, so

I lowered her to the floor. She stared toward the ceiling, but still without any indication that she could either hear or see me. If there's been a more frightening moment in my life so far, I can't think of it right now.

Enter Gumby and Jason.

By this time, I had begun a serious conversation with the good people at 911. Of course, part-way through that phone call, Cathy blinked a couple times, looked around, and informed me that there was no reason on earth to involve those people. I disagreed, as politely as I could, and in a few minutes an ambulance bearing Gumby the paramedic and Jason the EMT pulled up in front of the house.

Calm and cool, they arrived in our home from a place of kindness and compassion within themselves, an amazing place I've had the opportunity to see a lot of health care professionals living out of lately. Gumby and Jason (apparently, most people in Fire Station World go by a nickname) were able to care for and comfort Cathy and me and still walk us through what had happened, all the while managing to assure us they had the situation covered.

They entered into our chaos and managed to bring along a sense of peace.

They took Cathy's vital signs, asked lots of questions, and listened carefully to our answers. They were thoughtful, concerned and in no hurry to wrap up and move on. In the end, they (and Cathy, who is a nurse) decided all this

was very likely the result of an episode of low blood pressure combined with post-surgery pain. We opted against a trip to the emergency room, and we've watched Cathy carefully since, being sure she's getting enough liquids, food and rest.

I believe we're at our best when we're reaching out to others to help and to serve. Gumby and Jason reached out to us at a time when we surely needed it, just as thousands of first responders everywhere do, all day every day. Some might say they're just doing their job. I say, if you're built for it, what an amazing job it must be to do.

We need to be there for one another when trouble hits, and we all have chances to do that, every day. It's an amazing, beautiful thing when it happens. Ask Gumby and Jason.

**EDITOR'S NOTE** - This story was submitted by Tom Allen so that he could share his positive experience with Virginia's EMS System from a citizen's perspective.

# Zika Virus Update

[www.ZikaVA.org](http://www.ZikaVA.org)

As of Thursday, Aug. 11, 2016, VDH has reported 60 cases of Zika virus disease in Virginia residents to the Centers for Disease Control and Prevention (CDC) (7 in Northwest Region, 29 in Northern Region, 5 in Eastern Region, 11 in Central Region and 8 in Southwest Region). CDC has issued a travel alert (Level 2-Practice Enhanced Precautions) for people traveling to regions and certain countries where Zika virus transmission is ongoing.

Zika virus disease cases in Virginia are updated weekly at: <http://www.vdh.virginia.gov/zika/zika-virus-update/>.

## What We Know

- Zika is spread mostly by the bite of an infected Aedes species mosquito (Ae. aegypti and Ae. albopictus). These mosquitoes are aggressive daytime biters. They can also bite at night.
- Zika can be passed from a pregnant woman to her fetus. Infection during pregnancy can cause certain birth defects.
- There is no vaccine or medicine for Zika.

Get the facts about Zika at <http://www.vdh.virginia.gov/epidemiology/zika-virus-update/zika-virus-disease/>.

For additional information, please visit the CDC website: <http://www.cdc.gov/zika/>. You may also call your local health department. A directory of local health departments can be found at: [www.vdh.virginia.gov/local-health-districts/](http://www.vdh.virginia.gov/local-health-districts/).

If you have questions about mosquito control programs, you may also contact the Virginia Mosquito Control Association: <http://www.mosquito-va.org>.



*Worried about mosquitoes?  
Then it's time to  
Tip, Toss and Cover!*

## TIP AND TOSS

ONCE A WEEK...

**TIP CONTAINERS**—drain standing water from garbage cans, house gutters, downspout extenders, pool covers, coolers, toys, flower pots or any other containers where sprinklers or rainwater has collected.

**TOSS**—discard old tires, drums, bottles, cans, pots and pans, broken appliances and other items outside that aren't being used.

**EMPTY AND SCRUB**—birdbaths and pets' water bowls at least once or twice a week.

**PROTECT**—boats and vehicles from rain with tarps that don't accumulate water.

ONCE A MONTH...

**MAINTAIN**—apply a larvicide to standing water that cannot be emptied or drained. Larvicides can be found at garden centers and hardware stores.



## COVER

**COVER YOUR SKIN WITH:**

**CLOTHING**—cover up when you're outside! Wear long, loose, and light-colored clothing, and shoes and socks.

**REPELLENT**—apply mosquito repellent to bare skin and clothing. Always use repellents according to the label. Use mosquito netting to protect children younger than 2 months.

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**Stop Asian tiger mosquitoes from living and multiplying around your home or business.**



**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH  
*Promoting & Protecting the Health  
of All Virginians*

**For more information  
contact your local  
health department.**

[www.ZikaVA.org](http://www.ZikaVA.org)

Funding for this brochure was made possible (in part) by funding from the CDC. The views expressed herein do not necessarily reflect the official policies of the U.S. DHHS, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government. Credit: Florida Department of Health

# EMSAT

## SCHEDULE

**August 17, 2016**  
**Best Oxygen Administration Practices**  
ALS Area 16, BLS Area 11

**September 21, 2016**  
**Head Injuries and Concussion**  
ALS Area 18, BLS Area 13

**October 19, 2016**  
**Congestive Heart Failure**  
ALS Area 17, BLS Area 12

**November 16, 2016**  
**Capnography and Pulse Ox**  
ALS Area 16, BLS Area 11

**December 21, 2016**  
**Stroke Update: What's on the Horizon?**  
ALS Area 17, BLS Area 12

You can receive Continuing Education (CE) credits for viewing EMSAT courses at approved sites in Virginia or online. For more information, call 804-888-9120 or visit [www.vdh.virginia.gov/oems](http://www.vdh.virginia.gov/oems).

To view EMSAT webcasts, click on <http://podcasts.whro.org/oems/>.

# Hurricane Preparedness Reminder for First Responders

By: Winnie Pennington, Emergency Operations Planner

The National Oceanic and Atmospheric Administration (NOAA) posts on its Hurricane Preparedness page, "It only takes one storm to change your life and community." Anyone who has ever been through a tropical weather event knows that even a "weak" storm can cause havoc in personal lives and communities. Isabel is considered to be one of the most significant tropical cyclones to affect portions of northeastern North Carolina and east-central Virginia since Hurricane Hazel in 1954. The most intense hurricane of the 2003 season, Isabel caused more than 3 billion dollars in damages. In Virginia, Hurricane Isabel caused 32 deaths and approximately \$1.9 billion in damages to homes, businesses and public facilities, affecting 75 percent of the state. Although it quickly became a tropical storm once it came ashore in Drum Inlet, North Carolina, the large wind field toppled trees and cut power to more than four million customers. Damage in Virginia ranged from Tidewater and Southeastern Virginia all the way up to Central Virginia.

As first responders, you know that you will be required to assist citizens in your jurisdictions before the storm, during the storm and after the storm has passed. But how do you make sure your families do not fall victim to the storm and are prepared to stay safe while you work? It is critical that responders prepare themselves and their families for the effects of a disaster, so that they will be able to rise to the occasion and perform their duties without

worrying about what is going on at their home and if their loved ones are safe.



"First responders who are well-prepared will have the peace of mind to focus on the task at hand, rather than worrying about whether their family is taken care of. First responders can also serve as role models for other members of the community, leading by example to encourage preparedness," as quoted from the [www.Ready.gov/responders](http://www.Ready.gov/responders) home page.

Although heavy rain is prevalent during a hurricane, the real threat is often wind and storm surge. In addition to preparing a family evacuation kit and developing a family communications plan, it is important to stay informed. You and your family members need to know what to expect during a storm, what you might encounter during a storm and how to understand what the media is saying in order to make decisions about evacuation and sheltering.

The Virginia Department of Emergency Management's Hurricane

website has a page that can help you and your family understand the anatomy of a Hurricane, what phrases like "storm surge" mean, and the differences between Watches and Warnings. There is also a link to a very useful Hurricane Preparedness Guide on the same Web page. This guide highlights things like weather, how to evacuate, how to prepare your home for a storm, what to do if your family members have functional or medical needs (besides calling 911 when it becomes emergent), how to provide for your pets, how to find shelter or how to shelter in place, and what to have in your emergency kit.

On a final note, you need to make sure you are prepared at your work location as well. Do you have records and equipment properly stored out of the reach of possible rising water? Do you have a plan to protect your emergency vehicles from flooding and damage? Is your IT and other electronic infrastructure protected from storm damage? Just because you're an emergency responder doesn't mean your building won't be damaged by the storm.

All responders need to be prepared for emergencies like hurricanes. As first responders, the public depends on you to help them when they are in trouble or in need of help. Leaders, help your responders prepare their families now so they will be more comfortable and effective doing their job and your community will get the help it needs during emergencies.

## 2017 EMS Symposium Call for Presentations Open

By: Warren Short, Manager, Division of Educational Development

Are you interested in teaching at the largest EMS training event in the Commonwealth and one of the largest training events of its kind in the country?

The Annual Virginia EMS Symposium is one of the nation's premier educational opportunities for EMS providers and Registered Nurses to obtain continuing education and network. Each year, more than 1500 registrants choose from over 250 different programs over the five-day event. National and local educators participate to make this event one of the top prehospital educational opportunities in the country.

The Virginia EMS Symposium

averages 14 tracks covering Airway, Oxygenation, Ventilation, Cardiac, Critical Incident Stress Management, Communications, Critical Care, Educator, Leadership & Management, Medical, Operations, Preconference, Preparatory, Safety, Special Considerations and Trauma. Sessions generally run 1.5 hours. Pre-convention sessions vary in length from 3 hours up to 24 hours.

The Symposium Call for Presentation Web Portal allows you to submit proposals for the annual Virginia EMS Symposium. Once you set up your account, you will be able use this portal to submit and keep track of the status of your proposals. You can even start a proposal and save it to finish later

if necessary. Once your proposal is submitted, it will be reviewed by the Symposium Program Committee. If selected, you will be notified by the Virginia OEMS staff.

Please note: Due to costs, all out of state speakers are expected to present a minimum of three 1.5 hour classes or the equivalent. Virginia speakers should expect to do two classes at a minimum.

Learn more and submit your presentation at: [https://vdhems.vdh.virginia.gov/emsapps/?p=102:LOGIN\\_DESKTOP:::](https://vdhems.vdh.virginia.gov/emsapps/?p=102:LOGIN_DESKTOP:::)

## RSAF Grant Cycle Open Through September 15

Amanda Davis, Grants Manager

The Rescue Squad Assistance Fund (RSAF) Grant Awards cycle is open Aug. 1 - Sept. 15, 2016. Items eligible for funding include EMS equipment and vehicles, computers, EMS management programs, courses/classes and projects benefiting the recruitment and retention of EMS members.

There have been some format changes to the E-Gift program. All user guides have been updated and posted on the OEMS website, so please refer to these when applying for an RSAF grant.

The biggest change to note applies to non-EMS agencies. They will now be able to add vehicles to their grant application without uploading any additional document. This category is for non-EMS agencies that have permitted OEMS vehicles housed at their agency, but might not be licensed under their specific agency name.

Licensed agencies may also use this feature when vehicles are not pre-populated due to the vehicles not being licensed under their specific agency name. They will be able to "ADD or DELETE VEHICLE"

under the "VEHICLE INFORMATION" tab.

Please be sure to review all of this updated information, along with screenshots, which are available in the user guides at: <http://166.67.66.226/OEMS/Agency/Grants/index.htm>.

For more information about the RSAF Grant Program, contact Amanda Davis, grants manager at 804-888-9106 or email Amanda.Davis@vdh.virginia.gov.

# Calendar of Events

September						
Su	M	T	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

- Sept. 5 - Labor Day - Closed
- Sept. 9 - 10 - EMS Educator Update in NVEMS council region
- Sept. 15 - RSAF Grant Deadline
- Sept. 21 - EMSAT
- Sept. 24 - EMS Educator Update in TEMS council region
- Sept.- National Childhood Obesity Month Awareness Month

October						
Su	M	T	W	TH	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

- Oct. 7 - Symposium Registration Deadline
- Oct. 10 - Columbus Day - Closed
- Oct. 15 - EMS Educator Update in SWVEMS council region
- Oct. 19 - EMSAT
- Oct. 29 - World Stroke Day
- Oct. - National Breast Cancer Awareness Month

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

## Quick Updates

### New OEMS Staff Updates

The Office of EMS is pleased to announce and welcome the following new team members:

- **Adam Harrell, M.B.A., N.R.P.**, accepted the position as the OEMS Business Manager in May 2016. Previously, Adam was the Training and Development Coordinator in the Division of Educational Development.
- **Cam Crittenden, B.S.N., R.N.**, recently accepted the position as the Manager of Trauma and Critical Care.
- **Shurtone Lee** - recently accepted the position as the Personnel Analyst in the Division of Administration and Fiscal. Previously, Shurtone worked in a recruiting role at the Virginia Depart-

ment of Emergency Management.

- **Lenice Sudds, L.P.N.** - recently accepted the position as the Senior Medical Records Technician in the Division of Trauma and Critical Care. Previously, Lenice worked at the Virginia Department of Motor Vehicles in the medical compliance division.

### Connect With OEMS Online!

**Facebook:** [www.facebook.com/Virginia-Office-of-Emergency-Medical-Services-153545858005772/](http://www.facebook.com/Virginia-Office-of-Emergency-Medical-Services-153545858005772/)

**Twitter:** [www.twitter.com/virginiaems](http://www.twitter.com/virginiaems)

**YouTube:** <http://www.youtube.com/user/VirginiaEMS/>

## EMS Challenge Question

**When is the registration deadline for the 2016 Virginia EMS Symposium?**

Email the correct answer to [emstechasst@vdh.virginia.gov](mailto:emstechasst@vdh.virginia.gov) and you may be one of the lucky winners that will receive a prize from the Virginia Office of EMS.

Congratulations to the Winter 2015 EMS Challenge Question winner, **Nancy McMicken** with **Spruance Emergency Services**.

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



The Virginia Department of Health Office of Emergency Medical Services publishes the *EMS Bulletin* biannually. If you would like to receive this publication via email, please send your request to [emstechasst@vdh.virginia.gov](mailto:emstechasst@vdh.virginia.gov) or sign up to join our email list at [www.vdh.virginia.gov/oems](http://www.vdh.virginia.gov/oems).

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