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# EMS



## Bulletin

Office of Emergency Medical Services,  
Virginia Department of Health  
Winter 2014

## Celebrating 35 Years of "An Education for Life"

The Virginia Office of Emergency Medical Services (OEMS) recently hosted the 35th Annual Virginia EMS Symposium, Nov. 5 – 9 in Norfolk, Va. The largest EMS training event in the state, and one of the largest in the country, the symposium welcomed 1,732 registered attendees. Approximately 25,000 hours of continuing education credits were granted.

This year, the symposium was comprised of 18 course tracks and 279 courses covering everything from hands-on training in trauma, medical and cardiac care to education for Medevac services, communications, operations, and health and safety.

In honor of the EMS for Children Program's 30th Anniversary, a special pediatric course track was offered. It focused on educational and hands-on classes geared toward the pediatric patient.

Additionally, a two-day youth rescue camp that trained children ages 8 – 12 on basic lifesaving skills and a special operational medical directors (OMD) workshop and



field operations session targeted for OMDs was held.

In collaboration with the Norfolk City Health District, a flu shot clinic was available for all symposium attendees. Approximately 176 people were administered free flu shots.

On Nov. 8, the Governor's EMS Awards Ceremony recognized excellence in EMS

across the Commonwealth. The winner's in 10 EMS award categories and one scholarship award were honored.

The continued success of this event would not be possible without the hard work and dedication of everyone involved. Additional thanks to the many committee members, faculty and volunteers who dedicate countless hours of their time year after year. Special thanks to Norfolk Fire-Rescue for providing preplanning and on-site assistance.

Mark your calendars for the 36th Annual Virginia EMS Symposium, November 11-15, 2015 in Norfolk, Va.

Room blocks for the Norfolk Waterside Marriott and Sheraton will open Dec. 8 at 8 a.m. Rooms usually sell out within the first 15 minutes, so please plan accordingly.

For more information about the Virginia EMS Symposium, please visit [www.vdh.virginia.gov/oems/symposium](http://www.vdh.virginia.gov/oems/symposium).

# Elimination of Requirement to Obtain Medical Practitioner Signature on Prehospital Patient Care Report

By: Michael D. Berg, Regulation and Compliance Manager

During the 2013 session of the General Assembly, several bills were introduced and subsequently passed to amend §54.1-3408 of the Code of Virginia (<http://law.lis.virginia.gov/va-code/54.1-3408>) permitting certified EMS personnel acting within their scope of practice to administer drugs and devices pursuant to an oral or written order or standing protocol. The Board of Pharmacy (BOP) subsequently adopted these changes within their regulation (<http://law.lis.virginia.gov/admincode/title18/agency110/chapter20/section500>).

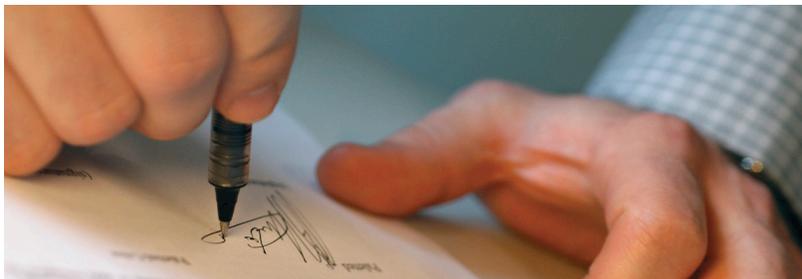
The following is an excerpt from the above referenced BOP regulation:

“Drugs may be administered by an emergency medical technician upon an oral or written order or standing protocol of an authorized medical practitioner in accordance with § 54.1-3408 of the Code of Virginia. Oral orders shall be reduced to writing by the technician and shall be signed by a medical practitioner. Written standing protocols shall be signed by the operational medical director for the emergency medical services agency. The emergency medical technician shall make a record of all drugs administered to a patient.”

Effective November 24, 2014, the Virginia EMS Regulations will change to reflect the changes in the BOP regulations and to remove the requirement of a practitioner’s signature for any drug administration, patient assist medications or invasive therapy. Provision of patient care documentation (12VAC5-31-1140)

will state in part:

“EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy



of the prehospital patient care report for each patient treated at the time of patient transfer. Should EMS personnel be unable to provide the full prehospital patient care report at the time of patient transfer, EMS personnel shall provide an abbreviated documented report with the critical EMS findings and actions at the time of patient transfer and the full prehospital patient care report shall be provided to the accepting facility within 12 hours.”

There is language in the pending regulatory packet for the BOP to further amend 18VAC-110-20-500 stating:

“3. Drugs and devices may be administered by an ~~emergency medical technician~~ EMS provider upon an oral or written order or standing protocol of an authorized medical practitioner in accordance with § 54.1-3408 of the Code of Virginia. Oral orders shall be reduced to writing by the ~~technician~~ EMS provider and shall be signed by a medical practitioner. Written standing protocols shall be signed by the operational medical director for the ~~emergency medical services~~ EMS agency. A current copy of the signed standing

protocol shall be maintained by the pharmacy participating in the kit exchange. The ~~emergency medical technician~~ EMS provider shall make a record of all drugs and devices administered to a patient.”

All EMS agencies are encouraged to submit a copy of their agency protocols signed by their agency operational medical director (OMD) to pharmacies frequently used to restock drug kits in anticipation of this regulatory change.

In conclusion, effective November 24, 2014, there is no longer a requirement to obtain a practitioner’s signature for any drug administration, invasive procedure or patient assist medication. The Virginia EMS Regulations 12VAC5-31 will be updated on November 24, 2014 to reflect the changes <http://www.vdh.virginia.gov/OEMS/Agency/RegCompliance/Regulations.htm>.

If there are additional questions, please contact your area EMS Program Representative or Michael D. Berg, Regulation and Compliance manager, Virginia Office of EMS at 1-800-523-6019 (toll free in Virginia), 804-888-9131 (direct) or by email at [michael.berg@vdh.virginia.gov](mailto:michael.berg@vdh.virginia.gov).

# Pediatric Disaster Preparedness Tool

By: David Edwards, Virginia EMS for Children Coordinator

The National Association of State EMS Officials (NASEMSO) Pediatric Emergency Care Council (PECC) recently released a "Checklist Tool for Pediatric Disaster Preparedness." This tool was derived from the 2010 report of the National Commission on Children and Disasters.

This document was developed by the Virginia EMSC Manager on behalf of the Pediatric Emergency Care Council (PECC) of NASEMSO (National Association of State EMS Officials), and was a deliverable to HRSA (Health Resources and Services Administration) under one of the Cooperative Agreement Projects (CAP) NASEMSO maintains with that federal agency. The intent of this document is to be used as a tool to identify whether or not the state disaster plan might contain gaps related to pediatric disaster planning.

This resource will help to answer questions contained in the checklist that should be asked of emergency management officials, even if addressing them is not always feasible at the time.

The following items, which are highlighted in this checklist tool, are especially relevant in Virginia:

- Sheltering standards and availability (age-appropriate supplies; data collected from those using shelters, screening/training of shelter workers)
- Availability of pediatric countermeasures (chemical, biological, radiological, nuclear and explosive threats)
- Hospital pediatric surge capacity
- Disaster planning by schools, regulated



child care agencies and Child and Family Services

- Disaster planning by juvenile and dependency courts, residential programs, detention and correctional facilities
- Reunification of children with their caregivers (if separated during a disaster)
- Disaster case management (and access to mental health and other social services by children)

To review this checklist tool, please visit [http://www.vdh.virginia.gov/OEMS/Files\\_Page/EMSC/NASEMSOPediatricDisasterPreparednessChecklistTool.pdf](http://www.vdh.virginia.gov/OEMS/Files_Page/EMSC/NASEMSOPediatricDisasterPreparednessChecklistTool.pdf).

You can also view this new "Checklist of Essential Pediatric Domains and Considerations for Every Hospital's Disaster Preparedness Policies," which was developed as a result of the hospital Pediatric Readiness Project: [http://pediatricreadiness.org/PRP\\_Resources/Checklist\\_Essential\\_Pediatric\\_Domains.aspx](http://pediatricreadiness.org/PRP_Resources/Checklist_Essential_Pediatric_Domains.aspx).

For additional information, please contact David Edwards, EMS for Children coordinator at 804-888-9144 or [david.edwards@vdh.virginia.gov](mailto:david.edwards@vdh.virginia.gov).

## EMSAT SCHEDULE

**November 19, 2014**

**Care to the Mother, Post Delivery**

Cat. 1 ALS, Area 91

Cat. 1 BLS, Area 10

**December 17, 2014**

**Responding to Opiate Abuse**

Cat. 1 ALS, Area 76, Cat. 1 BLS, Area 05

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/>.



## Congratulations to the 2014 Governor's EMS Award Winners



On Saturday, Nov. 8, the 2014 Governor's EMS Award winners were announced at the 35th Annual Governor's EMS Awards Ceremony in Norfolk, Va. Governor Terry McAuliffe recognized 10 outstanding EMS providers and organizations from across the Commonwealth for their excellence in EMS and dedication to the system.

The awards were presented in conjunction with the Virginia Department of Health's Office of Emergency Medical Services 35th Annual Virginia EMS Symposium.

"The health and safety of all Virginians is a top priority for the Virginia Department of Health and our EMS providers are dedicated to meeting that need around the clock," said State Health Commissioner Marissa J. Levine, MD, MPH, FAAFP. "EMS providers are on the frontline every day, protecting and promoting the health of our citizens, and we welcome the opportunity to recognize their outstanding accomplishments and commitment to their communities."

"In the last 35 years, the Virginia EMS Symposium has offered an in-

credible educational opportunity to thousands of EMS providers statewide, which has helped to shape Virginia's EMS System into one of the largest and best in the nation," said Gary Brown, director, Office of EMS. "This incredible feat would not be possible without the hard work and talent of the providers recognized during the Governor's EMS Awards ceremony. Their remarkable efforts to serve the citizens of Virginia and better the EMS System are exceptional and we're proud to honor them with the highest award given at the state level. Congratulations to this year's Governor's EMS Award winners! You have set the bar high for excellence in EMS."

### **Congratulations to the following 2014 Governor's EMS Award winners:**

The Governor's EMS Award for Excellence in EMS - Matthew Lawler, Staunton-Augusta Rescue Squad, Central Shenandoah EMS Council, Inc.



The Governor's EMS Award for Outstanding EMS Administrator (The Kent J. Weber Trophy) - Ronald Passmore, Galax-Grayson EMS



The Governor's EMS Award for Physician with Outstanding Contribution to EMS (The Frank M. Yeiser Trophy) - Michael Moran, M.D., Lewis Gale Hospital – Allegany



The Governor's EMS Award for Nurse with Outstanding Contribution to EMS – Jane R. LaVerne, R.N., Middlesex Volunteer Rescue Squad



The Governor's EMS Award for Outstanding Prehospital Educator - William Akers, Jr., Southwest Virginia Paramedic Program, Lebanon Lifesaving Crew



## 2014 Governor's EMS Award Winners...Continued from Page 4

The Governor's EMS Award for Outstanding Prehospital Provider - Amy Ward, Portsmouth Fire, Rescue and Emergency Services



The Governor's EMS Award for Outstanding Contribution to EMS Health and Safety – David Jones, Roanoke County Fire and Rescue



The Governor's EMS Award for Outstanding Contribution to EMS for Children - Steven Dove, Chancellor Volunteer Fire and Rescue



The Governor's EMS Award for Outstanding EMS Agency - Bland County Volunteer Rescue Squad



The Governor's EMS Award for Outstanding Contribution to EMS Telecommunications - Susan Fulcher, Martinsville – Henry County 911 Center



An additional award was presented at the ceremony to recognize the outstanding contributions to EMS by a high school senior. This award is a scholarship provided by the State EMS Advisory Board and funded by the Alliance for Emergency Medical Education and Research.

The Governor's EMS Award for Outstanding Contribution to EMS by a High School Senior (The Dr. Carol Gilbert \$5,000 Scholarship) - Michael A. Hoffman, II, Appomattox Volunteer Rescue Squad



The annual Governor's EMS Awards Program began in 1986 and has been endorsed by each Governor to recognize the outstanding contributions of individuals, agencies and community organizations and businesses that provide or help support emergency medical care in Virginia.

The Governor's Awards program is administered by the Office of EMS, in cooperation with Virginia's 11 Regional EMS Councils.

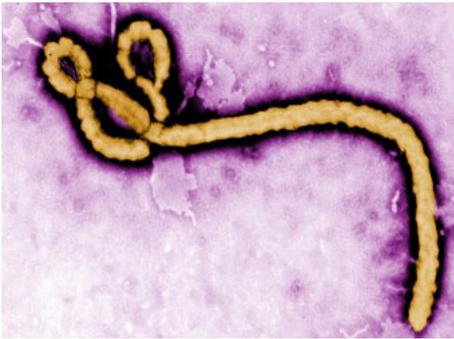
Each Regional EMS Council conducts an awards program in their community, holds an awards ceremony and publicizes the winners.

The regional winners are then submitted to the Governor's EMS Awards selection committee, which reviews the nominations and forwards its recommendations for the awards winners to the Governor's office.

To learn more about the Governor's EMS Awards Program or to nominate someone for their outstanding achievements in EMS, please visit <http://www.vdh.virginia.gov/OEMS/ProviderResources/GovernorAwards/>.

# Reminders for Providers Responding to Possible Ebola Patients

By: Winnie Pennington, Emergency Operations Planner



As EMS providers, we need to know the facts about how to protect ourselves and our patients from contracting or spreading Ebola Virus Disease (EVD).

## Providers and agencies are reminded of the following guidelines:

- PSAPs should tell EMS personnel this information before they get to the location so they can put on the correct Personal Protective Equipment (PPE) following proper procedures as described in the Centers for Disease Control and Prevention's (CDC) guidance, "Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing)" <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>.

- EMS staff should immediately verify the information provided by the PSAPs dispatcher. Travel from one of the affected countries, date of arrival in the U.S., presence of fever and other symptoms should be documented.

- EMS responders should notify the receiving health care facility in advance when they are bringing a patient with suspected Ebola, so that proper infection control precautions can be taken at the health care facility before EMS arrives with the patient.

- Personnel should be limited to those required to care for the patient.

- Patient care activities should be limited in order to limit exposure to infectious materials.

- PPE should be put on before entering the scene and continued to be worn until personnel are no longer in contact with the patient. PPE should be carefully put on under observation as specified by the CDC's guidance: <http://www.cdc.gov/vhf/ebola/hcp/procedures-for-ppe.html>.

- PPE should be carefully removed while under observation, in an area designated by the receiving hospital, and following proper procedures as specified in the CDC's guidance above.

- EMS personnel performing cleaning and disinfection of equipment and vehicles should follow the same CDC guidance for donning and doffing of protective clothing as with patient contact. There should be the same careful attention to the safety of the EMS personnel during the cleaning and disinfection of the transport vehicle as there is during the care of the patient.

- Patient care surfaces including stretchers, railings, medical equipment control panels and adjacent flooring, walls and work surfaces, as well as, stretcher wheels, brackets and other areas that are likely to become contaminated and should be cleaned and disinfected after each transport.

- A blood spill or spill of other body fluid or substance, e.g. feces or vomit should be managed by trained personnel wearing correct PPE, through removal of bulk spill matter, cleaning the site and then disinfecting the site. For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant's active ingredient. Contaminated reusable patient care equipment, e.g. glucometer, blood pressure

cuff should be placed in biohazard bags and labeled for cleaning and disinfection according to agency policies. Reusable equipment should be cleaned and disinfected according to manufacturer's instructions by trained personnel wearing correct PPE. Avoid contamination of reusable porous surfaces that cannot be made single use.

- Use only a mattress and pillow with plastic or other covering that fluids cannot get through. To reduce exposure among staff to potentially contaminated textiles (cloth products) while laundering, discard all linens, non-fluid-impermeable pillows or mattresses as appropriate.

All EMS responders, supervisors and EMS agency managers are strongly encouraged to review the updated guidance and work closely with their own agencies, PSAPs, medical offices, urgent care centers, hospitals, public safety/law enforcement agencies and public health agencies in their jurisdictions in addition to their regional EMS councils to assure that response plans are complete, comprehensive and updated as necessary to assure that a person with a relevant travel history and signs and symptoms suggestive of EVD is identified quickly, transported to an appropriate health care facility, evaluated promptly and admitted to a suitable patient care facility, i.e. isolation at a local hospital or transfer to a designated EVD care facility.

EMS providers should work with their hospitals and develop specific plans for arrival of suspect EVD patients, prompt placement of patients into isolation areas, assistance in doffing of PPE, decontamination of the ambulance and equipment and management of medical waste, including contaminated PPE.

For additional guidance and regular updates pertaining to this topic, visit <http://www.vdh.virginia.gov/OEMS/EO/Ebola.htm>.

## Food Safety During the Holidays

Each year, the Centers for Disease Control and Prevention estimates that one out of six Americans gets sick by consuming contaminated foods or beverages. In Virginia, the most frequently reported gastrointestinal diseases include bacterial infections such as salmonellosis and campylobacteriosis, and giardiasis, a parasitic disease. In addition, norovirus is one of the most frequently reported causes of gastrointestinal outbreaks. Typical symptoms of foodborne illness are vomiting, diarrhea, and flu-like symptoms, which can start anywhere from hours to days after contaminated food or drinks are consumed.

The proper handling and preparation of food is important in preventing foodborne illnesses. Most foodborne illnesses result from food being contaminated when it is being prepared or served.

### When preparing meals remember to follow these safety tips:

- **Clean** - Wash hands, cutting boards, utensils, and counter tops.
- **Separate** - Keep raw meat, poultry, and seafood separate from ready-to-eat foods.
- **Cook** - Use a food thermometer to ensure that foods are cooked to a safe internal temperature: 145°F for whole meats (allowing the meat to rest for 3 minutes before carving or consuming), 160°F for ground meats, and 165°F for all poultry.
- **Chill** - Keep your refrigerator below 40°F, and refrigerate food that will spoil.



- When transporting food, it is important to remember that harmful bacteria can start to grow when prepared food falls between temperatures of 40 and 140 °F (4.4 °C and 60 °C); perishable food transported without an ice or heat source won't stay safe long. It is important to properly store and refrigerate leftovers.

### Keep in mind the following when storing and eating leftovers:

- Refrigerate cooked leftovers within two hours and ensure the temperature in the refrigerator is at 40°F or below.
- Divide leftovers into smaller portions and store in shallow containers in the refrigerator.
- Leftovers should be eaten, frozen or discarded within three to four days.
- Wash hands with warm water and soap for 20 seconds before and after handling food.
- Reheat cooked leftovers to 165 °F as measured with a food thermometer. Sauces, soups and gravies should be reheated by bringing them to a boil.
- When microwaving leftovers, make sure there are no cold spots in food (where bacteria can survive).

To learn more about food safety and preparation, please visit <http://www.foodsafety.gov>.

## Winter Weather Preparedness

Winter Preparedness Week is November 30 - December 6. Are you and your agency prepared for winter?

Review these safe winter weather response tips, from Chief Ronald J. Siarnicki, published by FireRescue1.com:

- If the driver you are on your way to assist had difficulty seeing due to fog, heavy rain or blowing snow, or hit black ice, you should expect to experience the same conditions. While it is important to arrive on scene quickly it is far more important to arrive safely.
- It is common for motorist to become nervous behind the wheel in inclement weather. That level of uneasiness increases when they hear sirens or see lights behind them. Their reactions, such as stopping short in front of you or skidding into oncoming traffic, may result in another incident.
- Remember, driving defensively doesn't mean driving aggressively.

- Use your seat belts, EVERY time wheels roll, whether in your department apparatus or in your personal vehicle!

To see Chief Siarnicki's article in its entirety, visit: [www.firerescue1.com/apparatus/articles/1658859-Safety-tips-for-winter-weather-response/](http://www.firerescue1.com/apparatus/articles/1658859-Safety-tips-for-winter-weather-response/).

For more winter safety tips, visit: [www.vaemergency.gov/ready-virginia/winter/winter-preparedness-week](http://www.vaemergency.gov/ready-virginia/winter/winter-preparedness-week).

# Submit a Presentation for the 2015 Virginia EMS Symposium

By: Warren Short, Training Manager, Division of Educational Development

The Annual Virginia EMS Symposium is one of the nation's premier educational opportunities for EMS providers and Registered Nurses to obtain continuing education credit and network. You can become a participant in one of the largest EMS training events in the nation by submitting a proposal for consideration for the 2015 Virginia EMS Symposium at <https://vdhems.vdh.virginia.gov/symposium/?p=102:1:10529309223441>.

Each year, nearly 1800 registrants choose from more than 250 programs, which take place over a five-day period. National and local educators participate to make this one of the top prehospital educational opportunities in the country.

The Symposium averages 14 tracks covering Airway, Cardiac, Critical Incident Stress Management, Communications, Critical Care, Educator, Leadership & Management, Medical, Operations, Preconference, Preparatory, Safety, Special Considerations and Trauma. Sessions generally run 90 minutes long. Pre-convention sessions vary in length from three - 24 hours.

## How to Submit a Proposal

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 to use this portal to submit and keep track of the status of your proposal(s). You can 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 Office of EMS (OEMS) staff.

Note: Prior to clicking the "Submit To Committee" button on the summary page, your application is considered incomplete. You must enter all required information and click the "Submit To Committee" button in order for your proposal to be considered by OEMS.

## Course Categories

Symposium categories allow for didactic as well as psychomotor activities, and encourage faculty to include appropriate innovative information as part of the continuing education program. Hands-on classes are always popular! Educational categories are as follows:

**Pre-Conference** – These sessions are comprised of training that is offered Wednesday morning through Thursday. Typically these are ancillary multi-day programs or programs offering certification or are sessions that are longer than three hours. Many classes combine classroom training with hands-on activities. Classes are offered at the ALS and BLS levels.

**Administrative** – These programs are typically Virginia-specific offered by the OEMS that pertain to the Virginia EMS system.

**Airway** – The Airway category provides topics that involve the pathophysiology of ventilation, respiration and the use of airway devices in the management of airway compromise.

**BLS Academy** – The Academy is specifically designed for EMTs to comply with category 1 requirements for recertification.

**Cardiology** - Cardiology addresses the anatomy, physiology and pathophysiology of the cardiovascular

system including risk factors and prevention strategies. Complex issues including, but not limited to, acute coronary syndrome, heart failure, hypertensive emergencies, vascular disorders, and cardiac rhythm disturbances.

**Communications** - From the 911 center and delivery of emergency medical dispatch protocols to communications concerns to field responders from the 911 center, interoperability and hospital communications. New and emerging technologies and practices covering all aspects of communications are addressed in this track.

**Critical Incident Stress Management (CISM)** - Focuses on ensuring mental health and mental fitness during all times, including pre-event, event and post-event activities. Course topics may include suicide prevention and resiliency training, as well as others.

**Educator** – Whether a novice or experienced educator, this track is for educators who will learn the latest in educational methodology, alternative teaching methods, student motivation, engagement and interaction and tips and tricks on how to design your curriculum and evaluation tools to enable your students to succeed.

**Health and Safety** – Health and Safety provides information on provider health and safety as it relates to pre-incident, incident and post incident activities, including, but not limited to, physical fitness, nutritional health, ambulance safety/design, impact of shift work and roadway incident safety.

**Leadership and Management** – Leadership provides tools and techniques for EMS management and

## Submit a Presentation...Continued from Page 8

By: Warren Short, Training Manager, Division of Educational Development

supervisors. It's also appropriate at the provider level to share valuable information that will help with their upward mobility and career planning at the EMS Agency level.

**Medevac** - Intended for both ground EMS providers, as well as flight crews. Presentations focus on: safety, resource utilization, careers in air medical services and case studies.

**Medical** - Medical applies assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive/disposition plan for

a patient with a medical emergency.

**Operations** - Operations is most appropriate for supervisors, managers and EMS administrative staff. It offers information to assist with the day-to-day operations of the EMS agency. This could also be attractive for both ALS and BLS providers who are interested in management and supervisory training.

**Preparatory** - Preparatory includes training on medical and legal issues, specialty care, documentation, communication and ethics.

**Special Considerations** - This category is comprised of classes that cover special populations such as bariatrics, geriatrics, pediatrics and OB/GYN.

**Trauma** - Trauma applies assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive/disposition plan for a patient with a trauma-related emergency.

For more information about the Virginia EMS Symposium, visit [www.vdh.virginia.gov/oems/symposium](http://www.vdh.virginia.gov/oems/symposium).

## Remembering James A. Nogle, Jr.

Sept. 19, 1954 - June 11, 2014



On June 11, 2014 the Virginia Office of EMS and the entire EMS community lost an incredibly talented colleague, brother and friend.

Mr. James A. Nogle, Jr., former manager of the Office of EMS' Emergency Operations Division for 10 years, passed away, leaving an indelible mark upon everyone who came in contact with him.

To say that he played an instrumental role in Virginia's EMS System is an understatement. To say that he will be forever missed is an even greater one.

Many who knew Jim remembered his jovial laugh, kindness, selflessness and devotion to the EMS field. His spirit had a way of filling up a room and leav-

ing you with a feeling far greater than anything that can be described with words.

Born on Sept. 19, 1954 in Washington, D.C., Jim attended George C. Marshall High School, where he played in the infamous football game against T.C. Williams High School, which was depicted in the movie "Remember the Titans." Even back then, at such a young age, his reputation preceded him.

He went on to attend James Madison University, and graduated with a Bachelor of Science degree in medical social work.

Jim started his first job at MCV Hospital as an emergency room social worker. He was later promoted to the hospital administration as a night superintendent, and he held that position for more than 10 years.

While working at MCV he was also the vice president of operations, person-

nel and training at the Central Virginia Ambulance Service. It was there that he initiated the first mobile central care unit and one of the first licensed air ambulances in Virginia.

He became a life member of the West End Volunteer Rescue Squad (WEVRS), and while there he became the neonatal transport coordinator for the WEVRS and MCV.

He was a founding member of the Virginia-1 Disaster Medical Assistance Team, among many other achievements, which included serving on various committees, programs and volunteer organizations. However, his greatest and most noteworthy accomplishment was his family, his wife Donna and two daughters Danielle and Christine.

We are sad to bid farewell to our dear friend, but we treasure the legacy and memories that he has left behind. Rest easy brother. You will always be in our hearts.

## Child Immobilization Devices

By: David Edwards, Virginia EMS for Children Coordinator

The EMS for Children program is utilizing the Health Resources and Services Administration (HRSA) funding to purchase a limited number of infant/pediatric immobilization devices for distribution to volunteer EMS agencies (see picture).



We are asking agency leaders with an interest in receiving these immobilizers to contact David Edwards by email at david.edwards@vdh.virginia.gov. Please provide the number of devices your agency would need (this number is usually equal to the num-

ber of transport ambulances), and we will put your agency on the list.

Though an initial procurement of these devices has been delayed, they will be purchased soon, and agencies who have already been confirmed to

receive the devices will receive them first.

If more requests are received than there are devices available, we will have a drawing to determine which agencies will receive them.

For additional information, please contact David Edwards, EMS for Children coordinator at 804-888-9144 or david.edwards@vdh.virginia.gov.

## Former Program Representative Teaches Fellows in Anguilla

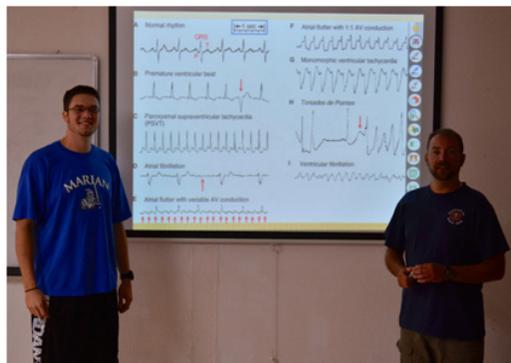
By: S. Heather Phillips, NRP, VAAEM

Former EMS Program Representative Andrew W. Daniel has advanced his dreams and career in pursuit of obtaining his medical degree.

Andy worked for the Virginia Office of EMS for four years as an EMS program representative. During his time with OEMS, he advanced from an intermediate-level EMS technician to paramedic, regulatory investigator and EMS education coordinator for Advanced Life Support (ALS) and Basic Life Support (BLS) programs. He continues to teach both home and abroad in his areas of expertise as he works to complete medical school at the Saint James School of Medicine (SJSM) in Anguilla.

On June 21, 2014, Andy made the news in several countries by teaching fellow students basic EKG interpretation. Excerpts from the American Medical Students Association (AMSA) article included: Andrew Daniel and an MD3 student, who recently provided a Teach-Me Tuesday

on EKG Interpretation. More than 50 students commented with positive feedback on his lecture. Jeremy Taubman stated, "Today's class on reading and understanding EKG's from a student with an almost 20 years of experience as a first responder/EMT in the Commonwealth of Virginia, was one of the best so far."



Pictured: AMSA President Patrick Asdell (left) and MD3 student Andrew Daniel (right) during Teach-Me Tuesday on EKG Interpretation

Taubman continues, "We covered material from all four semesters in depth; in addition to learning how to read EKG's, we also covered the anatomy of the heart, cardiac physiology, the pathologies associated with

each problem, pharmaceutical therapies indicated for each. All students that attended benefitted from this extra lecture. Attendance was great and after today's success I expect it to increase. These student-led classes, such as the Teach-Me Tuesday's that the AMSA set up, have been great in helping to transfer real, practical and clinical information to the students from those who have backgrounds in healthcare."

I visited Andy in Anguilla and had the opportunity to visit the SJSM Campus, met Dr. Iliou, M.D., Dean of Basic Science and numerous other professors at the School. Each one of them expressed their pride in having Andy Daniel attending their school and they commended the Virginia Office of EMS for what must be one of the most "Outstanding Emergency Medical Services systems in the United States!"

# Calendar of Events

November						
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						

- Nov. 19 - EMSAT
- Nov. 22 - National Registry & Virginia Enhanced Test Schedule - Rappahannock EMS Council
- Nov. 26 - Close at Noon
- Nov. 27 - Closed for Thanksgiving Day
- Nov. 28 - Closed Day After Thanksgiving

December						
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			

- Dec. 1 - World Aids Day
- Dec. 4 - Trauma Systems Oversight & Management Committee Meeting, 11 a.m., OEMS
- Dec. 4-5 - RSAF Award Meeting, 9 a.m., Courtyard by Marriott
- Dec. 17 - EMSAT
- Dec. 24 - Close at Noon
- Dec. 25 - Closed for Christmas
- Dec. 26 - Closed day after Christmas
- Jan. 1 - Closed New Year's Day
- Jan. 2 - Closed day after New Year's Day

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

We are happy to welcome our newest staff members to the team and we invite you to meet them.

### Division of Educational Development

- Former OEMS program representative, Adam Harrell is now the training and development specialist in the Division of Educational Development.

### Division of Trauma and Critical Care

- Karen Rice, patient care information system support staff
- Bryan Hodges, patient care information system support staff
- Robin Pearce, Trauma/Critical coordinator

### Division of Regulation and Compliance

- Regina Garcia assists with the processing of fingerprints and background checks.
- Scotty Williams, Northern Virginia EMS program representative

### Find us on Facebook, Twitter and YouTube

For the latest EMS news, like us on Facebook at [www.facebook.com/pages/Virginia-EMS/153545858005772](http://www.facebook.com/pages/Virginia-EMS/153545858005772), follow us on Twitter at [www.twitter.com/virgini-aems](http://www.twitter.com/virgini-aems) and subscribe to our YouTube channel at <http://www.youtube.com/user/VirginiaEMS/>.

## EMS Challenge Question

### When is Winter Preparedness Week?

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 pack from the Office of EMS.

Congratulations to the Spring 2014 EMS Challenge Question winner, **Don Unger with Tuckahoe Volunteer Rescue Squad.**

\*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 e-mail, please send your request to [emstechasst@vdh.virginia.gov](mailto:emstechasst@vdh.virginia.gov) or sign up to join our e-mail list at [www.vdh.virginia.gov/oems](http://www.vdh.virginia.gov/oems).

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