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EMS



Bulletin

Office of Emergency Medical Services,
Virginia Department of Health
Spring 2013

Your Opinion Matters. Tell us What you Think.

By: Scott Winston, Assistant Director

In order to assist the Virginia Office of EMS (OEMS) in providing the best customer service possible, an online feedback form has been created to capture comments from the public, and it's now available.

This form will be an essential tool that will help us to continue providing excellent customer service and programs while allowing us to measure our successes and improve upon any weaknesses.

Your feedback is critical.

If there is ever a time when you feel that the office fell short of your expectations, please describe the situation in detail, include the name(s) of the OEMS staff person(s) involved and the date of the occurrence.

Commend A Job Well Done or Recommend Improvements.

Please let us know when we've done a good job! This survey offers a great outlet to commend an OEMS staff member for their positive and exceptional service, or to provide recommendations for service-related improvements.



which allows you to leave contact information for follow-up purposes. However, it is not required when submitting feedback.

The OEMS is interested in hearing what you think and looks forward to reviewing your input and suggestions.

You may submit your feedback by visiting the OEMS homepage at www.vdh.virginia.gov/oems, then scroll to the bottom of the page and click on the link that says *Customer Service Feedback Form*. The link can be found below the office's address and telephone numbers.

If you have any questions about this feedback form or any customer-related issues, please contact Marian Hunter, public relations coordinator at marian.hunter@vdh.virginia.gov or Scott Winston, assistant director at scott.winston@vdh.virginia.gov or by telephone at 1-800-523-6019 (toll-free in Va.) or at 804-888-9100.

Always remember to include the name of the person who provided you with assistance when leaving feedback.

While feedback may be left anonymously, please note that there's an additional feature

2012 Virginia EMS Symposium - Event Recap

The Virginia Office of Emergency Medical Services hosted the 33rd Annual Virginia EMS Symposium, November 7 - 11, 2012 in Norfolk, Va.

The largest EMS training event in the state and one of the largest in the country, the symposium offered 253 courses, 17 course tracks and 1,875 registered attendees (112 of whom were from out of state). Approximately 22,109 hours of continuing education credits and 14,448 provider sessions were granted by OEMS, the Virginia College of Emergency Physicians, the Virginia Nurses Association and the Virginia Chapter of the Emergency Nurses Association. Course topics ranged from hands-on training in trauma, medical and cardiac care to training for Medevac services, communications, operations and health and safety.

Additionally, a two-day youth rescue camp that trained children ages 8 - 12 on basic lifesaving skills and a special operational medical directors (OMD) course and field operations session targeted for OMDs was held. In collaboration with the Norfolk City Health District, a free flu and tdap clinic was available for all symposium attendees. Approximately 166 people were administered flu shots and tdap vaccines.

On November 10, the Governor's EMS Awards ceremony and reception was held to recognize excellence in EMS across the state. The following nominees received this prestigious award:

John Dale Wagoner, the Governor's EMS Award for Excellence in EMS.

Johnny Skeen, the Governor's EMS Award for Outstanding EMS Administrator. *The Kent J. Weber Award.*

Dr. Marilyn McLeod, the Governor's EMS Award for Physician with Outstanding Contribution to EMS. *The Frank M. Yeiser Award.*

Lifecare Medical Transports, Inc., the Governor's EMS Award for Outstanding Contribution to EMS Health and Safety.

Brian Clingenpeel, the Governor's EMS Award for Outstanding Contribution to EMS for Children.

Dante Rescue Squad, the Governor's EMS Award for Outstanding EMS Agency.

Danny Garrison, the Governor's EMS Award for Outstanding Contribution to EMS Telecommunications.

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

Congratulations to all of the 2012 Governor's EMS Award winners! You can read more about the 2012 award recipients at www.vdh.virginia.gov/OEMS/ProviderResources/GovernorAwards/2012GovernorsAwards.pdf.



Anita Ashby, R.N., the Governor's EMS Award for Nurse with Outstanding Contribution to EMS.

Debra Brennaman, the Governor's EMS Award for Outstanding Pre-Hospital Educator.

Brian McIntosh, the Governor's EMS Award for Outstanding Pre-Hospital Provider.

Special thanks to all of the people and organizations who participated. The continued success of this event would not be possible without the hard work and dedication of everyone involved.

Mark your calendars for the 34th Annual Virginia EMS Symposium, November 6 - 13, 2013 in Norfolk, Va. For more information about this event, please visit www.vdh.virginia.gov/oems/symposium.

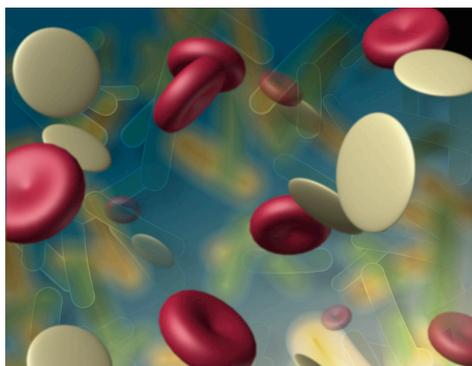
New Regulations, What's Changed?

By: Michael Berg, Regulation and Compliance Manager

The latest version of the Virginia Emergency Medical Services Regulations 12 VAC5-31 was implemented on October 10, 2012, and many providers, agency leaders and government officials are asking, "what's changed?" Although there is a plethora of information to share about the changes, this article will focus on one specific area, the Designated Infection Control Officer.

Identifying a Designated Infection Control Officer

Since the 2003 edition of the EMS Regulations, there has been a requirement to identify a "Designated Infection Control Officer" (DICO) for the licensed EMS agency.



Historically, what we found (and in actuality) were individuals who were named for these positions that had no idea what they were responsible to address and their importance to the agency and its providers.

The Code of Federal Regulations (CFR) 1910.1030, United States Department of Labor, Occupational Safety and Health Administration, Bloodborne Pathogens addresses the requirement to have infection control plans, needle safe products, health care records and many more items that are unique and specific to the entity they are addressing. There is also the "Ryan White Act" that EMS agencies need to comply with as well. Either a member of the agency or a person who is not a member of their agency can be the DICO, but that person must be an integral part of the agency infection

control plan and have the ability to be contacted for consultation by members of that agency in the event of an exposure. This is not a simple task and it requires basic training to understand the many legal and administrative components of this position.

Important Questions to Yourself:

- Do we have an Infection Control plan and if so, where is it located?
- When was the last time we had training on what to do if we think we have had an exposure?
- Have we discussed any of the needle safety items or even what type of cleaning solution we need to use for our equipment?
- What about vaccinations and health history?
- Who do we call (and it's not the chief of supervisor, unless they are your DICO)?

The OEMS in collaboration with the Rules and Regulations Committee of the State EMS Advisory Board have developed the minimum criteria that a training program must contain in order to be approved as a recognized training/certifying program for the DICO programs. This listing can be found at www.vdh.virginia.gov/OEMS/Files_Page/regulation/ApprovedDICOTrainingPrograms.pdf.

For additional questions regarding this important position within an EMS agency, please contact the Division of Regulation and Compliance at (804) 888-9131.

EMSAT Schedule

- Apr. 17 Geriatric Encounters: Specific Considerations for Emergency Care**
Cat. 1 ALS, Area 89
Cat. 1 BLS, Area 05
- May 15 Stroke Awareness**
Cat. 1 ALS, Area 89
Cat. 2 BLS, Area 05
- June 19 An EMS Guide to Motorcycle Crash Response and Care**
Cat. 1 ALS, Area 80
Cat. 1, BLS, Area 04



Tornado Preparedness

When it comes to tornadoes, there's no such thing as a "tornado season." Tornadoes can strike anywhere, anytime and you need to know the drill. That said, Spring is a prime time for tornados in Virginia.

In March, the OEMS staff participated in the Statewide Tornado Drill to prepare for such an occurrence. If you haven't already, you need to make sure that you and your family are prepared.

Know the Signs

- Strong, persistent rotation in the base of a cloud.

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

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

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

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

- Persistent lowering of the cloud base.

Learn the Language

Learn the terms that are used to identify a tornado.

- *Tornado Watch*: a tornado is possible in your area. You should monitor weather-alert radios and local radio and TV stations for information.

- *Tornado Warning*: a tornado has been sighted in the area or has been indicated by National Weather Service Doppler radar. When a warning is issued, take cover immediately.

Be Prepared Before a Tornado Strikes

- Get a NOAA (National Oceanic and Atmospheric Administration) Weather Radio with a warning alarm tone and battery backup. This radio provides the most up-to-date information and broadcasts continuous weather information directly from the nearest National Weather Service office. Many models are available in varying price ranges.



- Know what tornado watch and tornado warning mean.

- Determine in advance where you will take cover in case of a tornado warning. Keep this safe location uncluttered.

- Storm cellars or basements provide the best protection.

- If underground shelter is not available, go into a windowless interior room, closet or hallway on the lowest floor possible.

- Stay away from windows, doors and outside walls. Go to the center of the room. Stay away from corners because they attract debris.

- If you are in a high-rise building, you may not have enough time to go to the lowest floor. Pick a place in a hallway in the center of the building.

- A vehicle, trailer or mobile home does not provide good protection. Plan to go quickly to a building with a strong foundation, if possible.

- Get a kit of emergency supplies. Store it in your shelter location.

- Practice tornado drills at least once a year.

Be Prepared During a Tornado

When a tornado watch is issued, stay tuned to local radio, TV and NOAA weather radio for further information and possible warnings. Be prepared to take cover.

Be Prepared After a Tornado

- Stay out of damaged buildings and stay clear of downed power lines.

- Help injured or trapped people. Check on those who might need special assistance, such the elderly, children and people with disabilities.

- When a tornado warning is issued, take cover in your safe location immediately or on the lowest level of the nearest substantial building. Protect your body from flying debris with a heavy blanket, pillows, sofa cushions or mattress.

- If you can't get to your safe location or the lowest level of a substantial building, then immediately get into a vehicle,

Continued on Page 10

Heart Health and Nutritional Awareness

By: Karen Owens, Emergency Operations Acting Manager

We recently observed National Heart Health Month in February and National Nutrition Month in March. Both occasions present the perfect opportunity to educate yourself on the warning signs and symptoms of heart disease, as well as the steps you can take to improve your health.

As EMS providers, we are not often in a position where our focus is on making sure that we are taking care of ourselves. Our focus is on our patients, our partners, everyone around us. Well, if we do not take care of ourselves, then who will be there to respond to the 911 calls? The statistics are alarming. Every year over 500,000 Americans die of heart disease. And while this may not be a surprise to us, given the fact that many of them utilize emergency services, the statistics as they relate to those in our service are alarming!

The most recent Line of Duty Death (LODD) statistics show that 49 percent of those fatalities in 2012 were the result of heart attacks/strokes (see more about these stats at www.usfa.fema.gov/media/press/2013releases/010713a.shtm.) While that number has decreased over the years, what can you do to help ensure that deaths as the result of heart attack/stroke continue to decline?

Understand your risk factors!

There are some risk factors of heart disease that you cannot change. Men over the age of 45 and women over the age of 55 are more likely to suffer from coronary artery disease. Individuals with a father or brother diagnosed before age 55 or a mother or sister diagnosed before the

age of 65 also have an increased chance of being diagnosed with heart disease.

Additionally, to those risk factors that cannot be changed, there are many risk factors that CAN be changed. The first is smoking. People who smoke have an increased chance of heart disease. An additional risk factors that can be changed is high blood pressure. With over 65 million people suffering from heart disease, chances are high that people in your agency are suffering from high blood pressure, whether diagnosed or not. Additional factors that can be modified include high cholesterol, being overweight, and diabetes. Additionally, stress, alcohol use, sleep disturbances and medications can all increase the potential of suffering from heart disease.



What Can You Do?

Improving your health can seem like a huge task, and it is, but the end results are definitely worth the effort! But to get there, consider setting smaller goals instead of larger ones. Instead of looking at overall weight loss goals, set a five pound goal. Or, consider not setting a weight loss goal at all, but an activity goal (increasing number of steps, number of times you work out a week, etc). If you are dealing with injuries or other physical issues, consider low impact training methods, such as swimming to assist an increase in your physical activity.

Here are a few quick bullet points to keep in mind if you are looking at changing your diet:

- Keep sodium intake moderate.
- Choose fat free or low fat milk and meat products.
- Boost your HDL cholesterol and lower LDL.
- Foods high in soluble fiber.
- Limit solid fats.
- Eat smaller portions.
- Limit alcohol intake to one drink a day for women and two drinks a day for men.

As for exercise, here are some tips to keep in mind when making changes:

- Focus on two main goals, decreasing weight and increasing heart health.
- For hearth-health benefits, make sure your workout routine includes 30 minutes of moderate exercise, no less than three times per week.
- For maximum weight loss benefits, make sure your workout routine includes 60-90 minutes of moderate to vigorous exercise, no less than three times per week.

Don't Give Up!

Making changes can be hard. If you have a bad day, miss a workout or eat more dessert than you had hoped, it's okay. Just keep trying! Make your new goals part of your daily routine. Remember, it takes time to see changes, so keep up the hard work and focus on the heart health impacts that you are making!

For more heart-healthy tips, please visit www.heart.org/.

Northern Virginia Technician Recognized for Outstanding Efforts



Nick Nurthen, IV, technician I was recently selected as Prince William County Department of Fire and Rescue's Team Member of the Month in December 2012 because he went above the call of

duty to assist a county citizen and her family in need.

During the Christmas season, Nurthen received a call from a citizen who requested assistance with a local toy program. After researching the program, he discovered that enrollment had already closed and that this citizen would be unable to receive assistance.

Determined to ensure that this family had a happy holiday, Nurthen obtained the ages and gift requests for all five children, and reached out to members of his station to contribute to this cause.

Nurthen spent an entire weekend shopping for toys and clothes that would fit each child's age group, and then he delivered these items to the family's home.

Nurthen went above and beyond the call of duty to provide Christmas gifts to this family in need and his actions exemplified the county and department's visions and values.

The Virginia Office of EMS commends Technician Nick Nurthen, IV on a job well done and thank him for his service to the EMS system.

National Pediatric Readiness Project

By: David Edwards, Virginia EMS for Children Coordinator

Close to 30 million children are seen in an emergency department each year and the majority of those children will be treated in local general hospitals, not dedicated children's hospitals.

The American Academy of Pediatrics, the American College of Emergency Physicians, the American Academy of Family Physicians, the Emergency Nurses Association and the Emergency Medical Services for Children Program have partnered on this new project to ensure effective care for all children in the nation's emergency departments.

The National Pediatric Readiness survey is the first national survey (in more than 10 years) that will assess emergency department ability to stand ready to care for children of all ages.

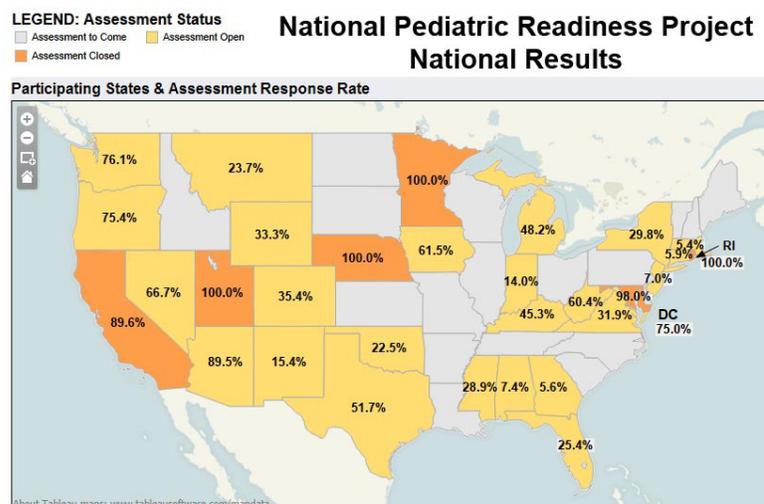
This survey will provide a clear picture of the current capacity of emergency departments in urban, suburban, rural and remote areas to stand ready to care for children seeking emergency care.

Virginia hospitals will be assessed in the 2nd of five cohorts, and will have a **February 1 - May 7** window to complete the online assessment.

The Virginia EMS for Children program is assisting the national project by making contact with appropriate personnel at hospitals to participate in the assessment in order to achieve the goal of a 100 percent national response rate.

If your hospital has not taken this assessment, please contact the Virginia EMS for Children Coordinator David Edwards at (804) 888-9144 or david.edwards@vdh.virginia.gov.

For more information about the National Pediatric Readiness project, please visit www.pediatricreadiness.org.



Central Shenandoah EMS Council Welcomes New Executive Director



It's said that all good things must come to an end, and in December 2012, the Virginia Office of EMS bid a fond farewell to former Training and Development Specialist Chad Blosser.

During his nearly 10 year tenure with the office, Chad accomplished many objectives. Initially, he was hired to assist with the development of an EMS accreditation program. When he started, there were only a handful of accredited sites. Through his knowledge, vision and customer service, he developed the program, which now numbers 45 accredited sites, either at the Intermediate or Paramedic level. Through his guidance and direction, he prepared Virginia and its ALS programs to be in compliance with national standards for paramedic certification well before the required start date of January 1, 2013. Because of his efforts, Virginia is nationally recognized as a leader in compliance with the National EMS Agenda for the Future as well as the National EMS Education Agenda for the Future.

He was instrumental in the development of the EMS Training Funds program, taking what started for ALS and extending it to BLS programs. Policies developed for this program lead to a more equitable funding stream for EMS education. This program is outcome-based and it rewards educational programs that

graduate providers who become a part of Virginia's EMS System.

Chad's knowledge of the internet and computers greatly assisted in the development of the EMS Portal. Working closely with Office staff, he managed the program through its growth from access by instructors, to include EMS providers and EMS agencies. The Portal has greatly enhanced the management, knowledge and access to vital EMS data for each of these groups.

He took the lead in developing the electronic submission of continuing education, which led not only to the use of scanners, but also to the ability to accept online continuing education. His knowledge and management skills led to the development of software that the office made available to EMS educators, reducing the number of continuing education errors. Additionally, his administrative skills were invaluable in the development of online continuing education partnerships.

A valuable team member of the Division of Educational Development, Chad assured that the division's web page stayed updated, participated with writing regulations, policies and procedures and was instrumental in their publication.

On Dec. 10 2012, Chad Blosser officially assumed the position of executive director for the Central Shenandoah EMS Council (CSEMS) in Staunton, Va.

Please join us in congratulating Chad on his new position and welcoming him to the Central Shenandoah region.

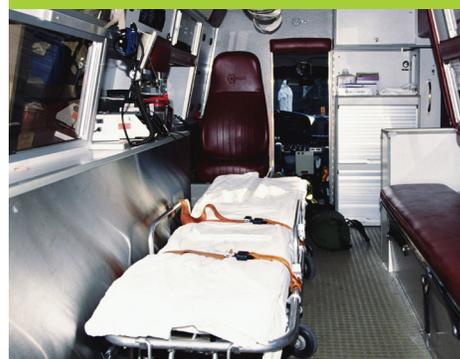
RSAF Grant Cycle Opens Aug. 1

The Rescue Squad Assistance Fund (RSAF) fall grant cycle will open on August 1, 2013, the deadline date is September 16, 2013.

The Financial Assistance for Emergency Medical Services Grants Program, also known as the RSAF Grant Program is a multi-million dollar grant program for Virginia non-profit EMS agencies and organizations.

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.

For more information about the RSAF Grant Program, please contact Grants Manager Amanda Davis at 804-888-9106 or Amanda.Davis@vdh.virginia.gov.



Protecting Yourself Against the Flu

By: Winnie Pennington, Emergency Operations Planner

Influenza, commonly referred to as the “flu,” is a contagious respiratory illness caused by influenza viruses. In December, 2012 more than 40 influenza-like-illness outbreaks in schools, nursing homes, or other residential health care settings, have been reported to the Virginia Department of Health.

It’s important to remember that certain people – including young children, persons aged 65 years or older, and those with underlying lung or heart conditions—are especially vulnerable to developing flu complications. It can cause mild to severe illness and even death.

Each year in the United States, on average:

- 5% to 20% of the population gets the flu;
- More than 200,000 people are hospitalized from flu complications, and;
- About 36,000 people die from the flu.

Flu viruses are spread mainly from person to person through coughing and sneezing of an infected person. Also, people may become infected by touching something with the flu virus on it and then touching their nose or mouth.

Healthy adults may be able to infect others beginning one day before symptoms develop and up to five days after becoming sick. That means you may pass on the flu to someone else before you even know you are sick.

Preventing Seasonal Influenza: Get Vaccinated

The best way to prevent the flu is to get a flu vaccination every year

- There are two types of vaccines.
- The flu shot – an inactivated vaccine

(containing killed virus) that is given with a needle. The flu shot is approved for use in people 6 months of age and older, including healthy people and people with chronic medical conditions.

- The nasal-spray flu vaccine – a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called



LAIV or “Live Attenuated Influenza Vaccine”). LAIV is approved for use in healthy people aged 2-49 years who are not pregnant.

About two weeks after vaccination, antibodies develop that protect against influenza virus infection. Flu vaccines only protect against illnesses caused by influenza viruses, not flu-like illnesses caused by other viruses.

When to vaccinate?

Yearly flu vaccination should begin in September or as soon as vaccine is available and continue throughout the influenza season. The best time to receive influenza vaccine is during October and November; however vaccination in December, or even later, can still prevent the flu. January and February are typically peak flu months in Virginia, but increased flu activity can last into March

or even later. Protection develops about two weeks after vaccination and may last up to a year.

Who should be vaccinated?

In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, certain people should get vaccinated each year because they are either at high risk of having serious flu-related complications or because they live with/care for such persons.

- Children aged 6 months up to their 19th birthday
- Pregnant women
- People 50 years of age and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term care facilities
- People who live with/care for those at high risk for serious com-

plications, including health care workers and household contacts and caregivers of high risk individuals or children too young to be vaccinated (less than 6 months of age)

Vaccination of school aged children can also help protect their families and the community. Children are key flu spreaders. Several recent studies have shown that communities with more young children tend to have earlier and increased levels of respiratory illness compared to areas that have fewer youngsters.

Learn how you can help control the spread of flu by visiting www.vdh.virginia.gov/flu/.

Recognize Excellence! Submit your Nominations for the 2013 Regional EMS Council Awards

It's that time of year again when your Regional EMS Council is accepting award nominations for the 2013 Regional EMS Awards.

Do you know someone that has demonstrated outstanding accomplishments and contributions to the EMS system? If so then you can recognize your fellow colleague, program, business or licensed EMS Agency within the Commonwealth by nominating them for a Regional EMS Award.

Submit a nomination in one of the following award categories:

- Excellence in EMS
- Outstanding EMS Administrator

- Physician with Outstanding Contribution to EMS
- Outstanding EMS Agency
- Outstanding Pre-Hospital Educator
- Outstanding Pre-Hospital Provider

- Outstanding Contribution to EMS Telecommunications
- Outstanding Contribution to EMS by a High School Senior



The winners of these awards will go on to compete for a chance to receive a Governor's EMS Award, which will be announced at the annual Virginia EMS Symposium!

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

- Nurse with Outstanding Contribution to EMS
- Outstanding Contribution to EMS Health and Safety
- Outstanding Contribution to EMS for Children

To learn more about the Regional EMS Awards and Governor's EMS Awards programs, visit www.vdh.virginia.gov/OEMS/ProviderResources/Governor-Awards/.

VPHIB Compliance Report Update

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

Beginning with the April 2013 VPHIB Compliance Report, agencies that have been consistently non-compliant with EMS data quality standards will be included on the non-compliance report. OEMS has added a separate report, called "Compliance March 2013 Quality Only," which lists agencies that are not compliant with the quality standards required for submitting to VPHIB.

EMS data quality standards are based on the requirement that agencies submit the required minimum dataset in the specified technical format. OEMS uses the widely accepted data standard that data should be at least 95 percent accurate.

Effective April 2013 agencies with a history of not meeting VPHIB data

quality standards will be included on the non-compliance report.

Scoring: monthly average, not per record

- Green/Satisfactory = 95% or greater (compliant)
- Yellow/Below Average = 90 – 94.99% (compliant)
- Red/Unsatisfactory = 89.99 or less (non-compliant)

For any questions or concerns with the validity of your agency's status, please contact us in the same manner as requesting any other type of assistance http://support@OEMSSupport.Kayako.com or support@OEMSSupport.Kayako.com.

The last page of the report contains a

key to help you interpret the report. Compliant agencies are not listed within the report.

Don't forget VPHIB will be changing come July 2013! Those not using OEMS' State Bridge and Field Bridge license should ensure that they will be prepared for the change. Additional information can be found in the VPHIB Knowledgebase, VPHIB Support Suite, or on the OEMS website.

For more information about VPHIB, please email support@OEMSSupport.kayako.com, call (804)888-9149 or visit oemssupport.kayako.com.

Celebrating EMS Week, May 19 - 25, 2013



It's that time of year again when EMS providers across the nation are recognized for their hard work, heroic efforts and dedication during EMS Week, May 19 - 25, 2013 and EMS for Children (EMSC) Day, Wednesday, May 22. This year's theme is "One Mission. One Team."

In April, every affiliated EMS agency in Virginia will receive a planning guide with tips to help coordinate community-centered events, which will promote your agency, educate the public about health-related issues, recruit new members and facilitate fund-raising efforts.

Start thinking about fun and family-

friendly events that you can host, in addition to free health seminars and screenings that you can offer during this week-long celebration.

The National EMS Memorial Bike Ride (east coast route) will also take place during EMS Week, May 18 - 24, 2013, and the closing ceremony will occur on May 25. This ride honors EMS personnel by celebrating the lives of those who serve, those who have become sick or injured while performing their duties and those who have died in the line of duty. For more information about the ride, please visit www.muddyangels.org.

The National EMS Memorial Service, which honors EMS providers who have died in the line of duty, will be held on June 22, 2013 in Colorado Springs, Co.

This year, the National EMS Memorial issues a challenge to all EMS agencies across the country to raise \$1000, and air medical programs are challenged to raise \$3000 by June 30, 2013. If this challenge is successful, the National EMS Memorial and the Air Medical Memorial could be built in the coming year! For more information about this challenge, please visit www.nemsms.org/.

For more information about EMS Week or to download a free copy of the 2013 EMS Week planning guide, please visit www.acep.org/emsweek or email emsweek@acep.org.

National Emergency Medical Services Week brings together local communities and medical personnel to publicize safety and honor the dedication of those who provide the day-to-day lifesaving services of medicine's "front line."

Tornado Preparedness

Continued from Page 4

buckle your seat belt and try to drive to the closest sturdy shelter. If your vehicle is hit by flying debris while you are driving, pull over and park. Stay in the car with the seat belt on. Put your head down below the windows; cover your head with your hands and a blanket, coat or other cushion if possible.

- Open buildings like shopping malls, gym or civic center: Try to get into a restroom or interior hallway. If there is no time, get up against something that will support or deflect falling debris. Protect your head by covering it with your arms.

- Cars and trucks: Get out of your vehicle and try to find shelter inside a sturdy building. A culvert or ditch can provide shelter if a substantial building is not nearby. Lie down flat and cover your head with your hands. Do not get under an overpass or bridge. You are safer in a low, flat location.

- Outdoors: Try to find shelter immediately in the nearest substantial building. If no buildings are close, lie down flat in a ditch or depression and cover your head with your hands.

- Mobile homes: Do not stay in mobile homes. Leave immediately and seek shelter inside a nearby sturdy building, or lie down in a ditch away from your home, covering your head with your hands. Mobile homes are extremely unsafe during tornadoes.

- Stay in your safe location until the danger has passed.

For more tornado preparedness tips, please visit www.emergency.cdc.gov/disasters/tornadoes/ and www.ready.gov/tornadoes.

Calendar of Events

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

- April 1-7 - National Public Health Week
- April 7 - World Health Day
- April 13 - EMS Instructor Update
- April 14 - 20 - National Public Safety Telecommunications Week
- April 16 - National Stress Awareness Day
- April 17 - EMSAT
- April 21-27 - National Volunteer Week
- National 911 Education Month
- National Distracted Driving Awareness Month

May						
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	

- May 10 - State EMS Advisory Board Meeting
- May 15 - EMSAT
- May 18-20 - National EMS Memorial Bike Ride
- May 19-25 - National EMS Week
- May 22 - EMS for Children Day
- May 27 - Memorial Day observed
- Mental Health Awareness Month
- National Stroke Awareness Month

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

EMS Quick Hitters

Health Commissioner Appointed

On January 7, 2013, Governor Bob McDonnell appointed Dr. Cynthia C. Romero, MD, FAAFP as Commissioner to the Virginia Department of Health.

Dr. Romero manages TPMG Romero Family Practice, a private family medicine office and serves as the first female Chief Medical Officer for Chesapeake Regional Medical Center. Dr. Romero has served in a variety of leadership roles in the medical field, including immediate Past President of the Medical Society of Virginia; Past President of the Medical Staff of Chesapeake General Hospital; Past President of the Virginia Academy of Family Physicians; and Past President of the Norfolk Academy of Medicine.

Dr. Romero received her undergraduate degree in psychology from the University of Virginia, and her medical degree from Eastern Virginia Medical School. She completed her family medicine training at the Riverside Family Medicine Program.

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EMS Challenge Question

When is National EMS for Children Day?

Email the correct answer to emstechasst@vdh.virginia.gov and you may be one of the lucky winners that will receive a prize pack from the Office of EMS.

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



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