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EMS Bulletin

Two Offices, One Purpose

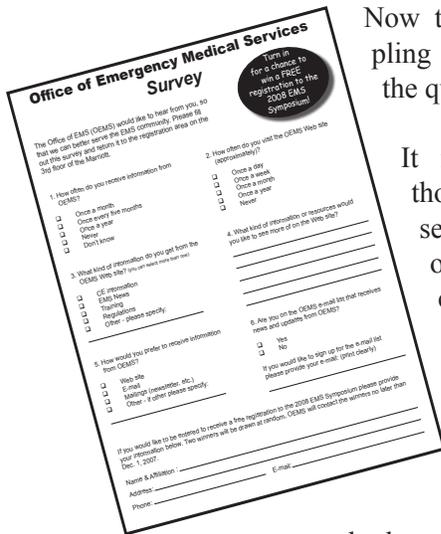
After months of planning, multiple set backs and weeks worth of packing, two Office of Emergency Medical Services (OEMS) divisions have finally made the big move! The Division of Emergency Operations and the Division of Educational Development have moved out of the Virginia Department of Health's downtown location to the quiet and easily accessible location of Glen Allen, a mere 12 miles away from downtown. Located at 1001 Technology Park Drive, these two divisions are getting settled into their new home. Set in the suburbs of Glen Allen, these divisions moved to be more easily accessible to their numerous visitors, to better serve our constituents and improve the readiness and deployment capabilities to respond to emergencies. Our office at Technology Park is easy to find, is readily accessible and offers free and ample parking.

OEMS staff is still settling in at Technology Park, but visitors are always welcome. Be sure to continue to send all mail to our downtown location at 109 Governor St., Suite UB-55, Richmond, VA 23219. For more information and directions to Technology Park, visit www.vdh.virginia.gov/oems.



So, You Want to Do a Survey?, Part 3 Questions

By: Jodi Kuhn, Statistical Analyst Supervisor



Now that we've created our sampling frame, we are ready to write the questions.

It is important to have well thought out questions that will serve as direct measurements of the survey's objective. It can be very tempting to add in questions that may be intriguing but not relevant. Stay focused on your goals and objectives. For each question think of how it may be used in the analysis and what piece of unique information it will provide.

Most surveys will benefit from the collection of some basic demographic information. This will allow cross-tabulated analysis and grouping of results.

Continuing with our past example of measuring EMS providers' perceptions of the current regional EMS council structure, a demographic question you may want to ask is:

1. "How long have you been in EMS?"

But is that what you really want to know? A better way to phrase that might be...

2. "How long have you been a certified EMS provider?"

And even better than that might be...

3. "How long have you been a certified EMS provider in Virginia?"

Answers to the third question will provide us with the richest data. Notice that it will not give us any sort of indication of provider level, whether they've actually run an EMS call, or whether they are actively affiliated with an agency. If those things are important, consider modifying the question or adding additional questions.

The second half of question writing is deciding how to let people respond. Closed-ended questions (multiple choice, true/false, etc) allow for data collection that is easier to manage. If you use closed-ended questions you can always provide the opportunity for respondents to fill in "other" if you fear that your selection choices may not be comprehensive.

You can also provide a narrative section at the end. This provides respondents the opportunity to have their opinions heard but still maintain the integrity of the survey itself.

Here are some of the most commonly made mistakes in question writing...

1. Double barreled questions or questions that ask more than one question, such as, "Do you think the current regional EMS council structure is efficient and effective?" But what if you think the structure is efficient but not effective? Or vice versa? Decide if you really want to know those two pieces of information and consider making two separate questions or eliminating one of them.

2. Leading questions introduce bias and lead the reader in a certain direction. "Do you agree that EMS councils always respond quickly to problems?"

A better way to write this would be:

How do you feel the EMS council responds to problems?

- 1-Very quickly
- 2-Somewhat quickly
- 3-Average
- 4-Somewhat slowly
- 5-Very slowly

When making a multiple choice question, like the one above, the scale should be a mirror image of itself, reflecting both ends of the spectrum equally.

3. Dependence on "other" or "not applicable" as the only alternative option. When collecting opinion information such as "Do you think the current regional EMS council structure is efficient?" it may not be enough to just have "Yes", "No", and "not applicable" as your answer choices. Consider differentiating "not applicable" into "no opinion," "don't know," and/or "not enough information," so you do not miss out on potentially important components when you are trying to gauge people's opinions.

Next Month: What to do with the results

Also, to read the first two installments of "So, You Want to Do a Survey," you can do so by viewing archived EMS Bulletins. Please visit www.vdh.virginia.gov/oems and scroll to EMS News, Archives and view "So, You Want to Do a Survey, Part 1" in the Winter 2008 EMS Bulletin and "So, You Want to Do a Survey, Part 2" in the Spring 2008 EMS Bulletin.

Relaxing at the Annual CISM Training

By: Carol Morrow, CISM Coordinator

This past May, the Office of EMS sponsored the 22nd Annual CISM Training in Virginia Beach, Virginia. With sunny, warm weather and picturesque views, how could anyone get more relaxed? Well, 165 firefighters, EMS providers, police officers and mental health professionals attended the Critical Incident Stress Management (CISM) training. Although attendance was a little lower than normal, those who attended enjoyed smaller, more intimate courses, took advantage of the lower student-to-teacher ratio and had ample time to talk, learn and share with each other.

A highlight of the CISM training for the fourth year in a row, was the Post Critical Incident Seminar (PCIS). PCIS is an intimate course offered to attendees who have experienced a significant stress causing event. PCIS is a 2 ½ day experiential workshop which incorporates education on trauma, patterns of resolution, and coping strategies to promote normalization and recovery after stressful events. One of the most important components of the PCIS course is the time participants spend sharing with their co-participants. This course also boasts a low student-to-teacher ratio and is taught by CISM peers and mental health providers experienced in working with trauma.

However, PCIS is not the only course participants experienced this spring. There was a wide range of two-day, one-day and half day courses, which included Grief Following

Trauma, Suicide Prevention, CISM Response to the Virginia Tech Shooting and Healthy Living & Stress Management.

To relax even further, there were evening events to allow participants to wind down after a day of long classes. Participants mingled, enjoyed the sunset, danced to music and even received back massages from massage therapists!

Be sure to join us in the future for great training and a good opportunity to meet others! Keep your eyes open for future training dates. For more information on CISM, visit www.vdh.virginia.gov/oems or contact Carol Morrow at (804) 612-3935.



A CISM training participant enjoys a back massage.

A Beary Big Success!

To celebrate EMS Week in May, OEMS held a stuffed animal drive to benefit the EMS for Children (EMSC) program. For two months OEMS collected stuffed animal donations from our co-workers in the Virginia Department of Health (VDH) Madison building in downtown Richmond. We successfully collected about 500 stuffed animals.

We'd like to thank everyone who donated, especially those within VDH. We were overwhelmingly pleased with the response and look forward to distributing the stuffed animals to our providers for them to keep on their ambulances to help ease stressful emergency situations involving a child, whether the child is the patient or with their injured parent. The enormity of your help and generous donations is immeasurable and these stuffed animals will find a grateful home.



Our office was a sea of stuffed animals

Internal Vehicle Safety

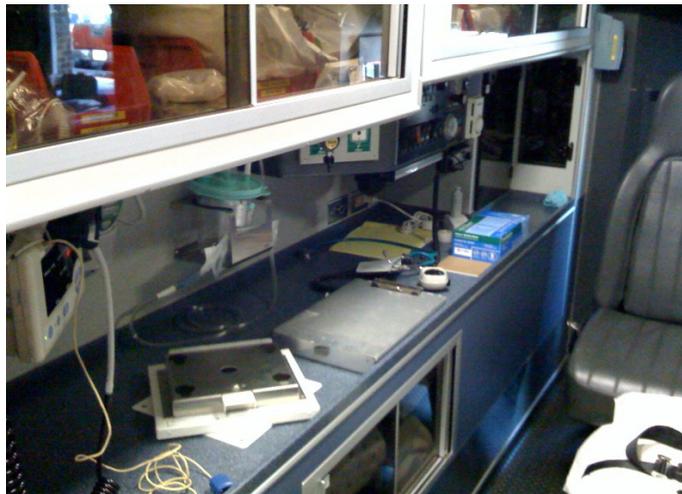
By: Michael Berg, Regulations and Compliance Manager

Not a day goes by that OEMS is not notified of a collision involving an EMS vehicle. Fortunately not all incidents shared with OEMS involve Virginia EMS vehicles (<http://www.emsnetwork.org/>). EMS vehicles are constructed to meet certain performance standards as defined by the Federal Specifications for the Star-of-Life Ambulance (KKK-A-1822F, August 1, 2007, US General Services Administration). Even within the Virginia Emergency Medical Services Regulations 12 VAC 5-31-700, 710 and 720 address safety measures to assure the vehicle you are operating and working in is not a safety hazard to you, your partner or your patient.

Within the interior of the vehicle, many hazards exist that can be mitigated to reduce the incidence of projectiles in the event you encounter a sudden deceleration event (sudden stops from braking or other immovable object) or in some cases a negative “G” effect (airborne or rollover event). Do not think that because the items are secured (i.e. stretcher, fire extinguisher) they will not dislodge in any of the events described above. There are agencies here in Virginia who can attest to this false sense of security. Even with this known, we should not add to the potential of projectiles in the workspace and operator compartments in our vehicles.

Many times when EMS vehicles are viewed, it is not uncommon to find the clipboard lying on the dashboard, the fire extinguisher behind the front seat lying in-place and not in a bolted bracket in the vehicle. Need I discuss the various drinking devices that are usually found either in the doors, floorboard or maybe sitting in the console?

The patient compartment within the ambulance is another area that deserves attention. Many providers use a “jump bag” or some sort of “first-in bag” to carry with them when evaluating a patient inside or outside of the vehicle. Some of these bags are small while others are very large to include the jumbo “d” oxygen cylinder. Often these bags/kits are just left lying on the floor of the vehicle – a projectile in waiting! Those of you who carry your oxygen cylinder and supplies in a separate carrying device are just as guilty. These items must be secured in the back of the unit when not in use, either strapped down by a seat belt on the cot or the bench seat or in closed and secure cabinets that were designed for these items.



An example of what your ambulance should *not* look like.

Speaking of cabinets, they should remain closed when not in use. Those cabinets whose latching mechanisms or Plexiglas is broken, must be repaired and be in good working order to afford even the slightest protection of items leaving the cabinet space in the event of an collision or rollover.

There are a growing number of EMS agencies who have crossed-trained providers (EMS and Fire) and even more who come off the engine to “ride the box”. When these folks are on-duty, they bring all their tools, sometimes including their turn-out gear. The gear must be stored either in a cabinet or secured in a fashion to prevent free-floating in the event of an accident.

Technology (i.e. Auto Pulse, EZ-IO, Pulse Oximetry, etc.) has been a friend for many EMS providers, making things lighter, faster and in some cases, displacing the need for certain manpower issues. EMS agencies who elect to carry this technology must ensure these items are secured either in a cabinet or carry case and if stored in the back of the ambulance, it too must be secured. Placing these items behind the captain’s chair is not considered secured!

Finally, the counter tops – these should be free of any items such as tissue boxes (yes I said tissue boxes), rolls of tape, clipboards, cell phones, etc. Speaking of tape – it has been said many times that an EMS provider can fix anything
continued on page 7

Fall EMSAT Schedule

- July 16 Infection Control 2008
 Cat. 1 ALS, Area 89, Flexible Core Content:
 Medical Emergencies (communicable disease)
 Cat. 1 BLS, Area 06, Infection Control
- Aug. 20 Reporting Child Abuse
 Cat. 1 ALS, Area 91, Flexible Core Content:
 Obstetrics and Pediatrics (suspected child abuse or neglect)
 Cat. 1 BLS, Area 08, Infants and Children
- Sept. 17 Advances in Ventilatory Support
 Cat. 1 ALS, Area 71, Mandatory Core Content:
 Airway (provide ventilatory support for a patient)
 Cat. 1 BLS, Area 03, Airway Management
- Oct. 15 Shock/Hypoperfusion
 Cat. 1 ALS, Area 83, Mandatory Core Content:
 Trauma (provide care to a patient with shock/hypoperfusion)
 Cat. 1 BLS, Area 04, Trauma Emergencies with Scenarios
- Nov. 19 JUMPSTART Triage
 Cat. 1 ALS, Area 87, Mandatory Core Content:
 Obstetrics and Pediatrics (provide care to an infant or child with trauma)
 Cat. 1 BLS, Area 08, Infants and Children
- Dec. 17 Epilepsy
 Cat. 1 ALS, Area 89, Flexible Core Content:
 Medical Emergencies (provide care to a patient experiencing seizures)
 Cat. 1 BLS, Area 05, Medical Emergencies with Scenarios



Don't forget that you can view EMSAT videos conveniently from home with Train Virginia. Visit va.train.org.

Do You Need Books for an EMS Course?

The joint Virginia Department of Fire Programs and OEMS bookstore makes buying all of your EMS course books simple and fast! Visit www.vafire.com/bookstore to order your supplies online today!

1005 Technology Park
 Glen Allen, VA 23059
 (804) 249-1976
 Ask for Mallory Nash



The Link Between Diabetes and Depression... Does it Affect EMS Care?

By: Elizabeth Singer, Public Relations Coordinator

The Virginia Department of Health's Office of Chronic Disease Prevention is working with OEMS to try and educate EMS providers about the link between diabetes and depression.

Research shows that diabetes doubles the risk of depression, and having depression increases the risk of developing type 2 diabetes, especially among women over 45 and minorities. EMS providers may ask, "How does this affect my job or how I treat my patients?"

Approximately 400,000 Virginia adults have been diagnosed with diabetes and another 1.2 million are at high risk for developing diabetes unless they change their lifestyle. The chances are high that some of these Virginians with diabetes have been taken to the hospital for a diabetic emergency. Understanding the

correlation between depression and diabetes offers EMS providers an opportunity to educate these patients on this very serious issue and help lessen the debilitating effects of the co-morbidity of diabetes and depression.

The National Institute of Mental Health (NIMH) recently released an article that states that, "The chances of becoming depressed increases as diabetes complications worsen. Research shows that depression leads to poorer physical and mental functioning, so a person is less likely to follow a required diet or medication plan."

Those people who are less likely to take care of themselves to better manage their diabetes are the ones who are more likely to need EMS care. To help health care providers learn more about this and how they can better educate



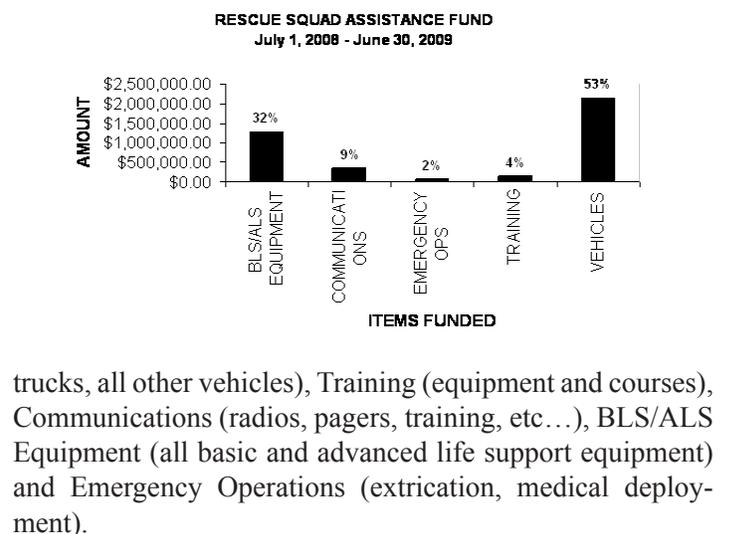
their patients, a kit of resources and tools are available online at www.you-canva.com.

Diabetes and depression can be treated, and if it is identified and treated early it can reduce the chance that EMS care will be needed.

RSAF Grants Awarded

By: Amanda Davis, Grants Coordinator

The Financial Assistance for Emergency Medical Services Grants Program, known as the Rescue Squad Assistance Fund (RSAF) Grant Program just announced the awards for the March 2008 grant cycle (funded July 1, 2008 – June 30, 2009). The requests for this cycle included \$8.9 million in requests from 145 different agencies, the awards were made to 112 agencies for \$3.9 million. This past cycle funded 27 ambulances, 4 response/rescue trucks, 138 defibrillators, 22 CPR devices (Autopulse), 19 extrication items, 93 portable radios, 126 pagers, 33 training equipment items, 18 computers, 35 Emergency Medical Dispatch (EMD) items, 97 intraosseous items (EZ-IO), 300 EpiPen Jr. auto injectors, and 85 cots/stretchers/stair chairs. These items are categorized below by Vehicles (ambulances, crash/rescue



George Lindbeck, MD Named New State OMD

The Office of EMS welcomes Dr. George Lindbeck to the staff as the part-time State Medical Director.

Dr. Lindbeck currently works as the Medical Director for the Emergency Department of Augusta Medical Center. With his impressive resume and dedication to emergency medicine in Virginia,

Dr. Lindbeck brings his years of experience and eagerness for improvement to the state level. Along with being the State OMD, he is the OMD for numerous EMS and Fire agencies in the Albemarle/Charlottesville area and serves on several committees and boards. As the State OMD, Dr. Lindbeck will provide his expert advice and guid-

ance to the Virginia EMS system and we look forward to working with such a dedicated individual.

Welcome Dr. Lindbeck! And, will someone get this man an OEMS staff shirt already!

Internal Vehicle Safety *continued from page 4*

with cling and tape and this has some truth to it. However, using tape to secure items because the securing mechanism is broken, taping scissors and such to the wall for future use is not safe and does not meet anyone's safety

programs.

There are many more areas that can be discussed, but for now, we wanted to address some of the more common issues we encounter and highlight the

importance of occupant safety within the vehicles. Look for future articles regarding vehicle sanitation, occupant's restraints and more!

Public Safety Employee Disaster Assistance Program

The Commonwealth of Virginia has enacted new legislation that offers financial assistance to public safety responders. Section 44-146.17 in the Code of Virginia states that public safety employees who respond to a disaster can receive assistance from the state under the following conditions:

The governor has declared a state of emergency; and
 The employee is actively involved in response and recovery efforts for the disaster; and
 The employee experiences extreme personal or family hardship as a result of the disaster.
 Each employee can receive up to \$2,500 each month for up to three months. The Commonwealth is offering these funds to fill unmet needs that insur-

ance, charitable contributions and any other available disaster funds do not cover. The approval of assistance and amounts awarded are at the discretion of the governor or his designee, and all such decisions are final. Temporary or contract support employees are not eligible.

Public safety employees who suffered extreme hardships due to the April 28 tornadoes should submit an application and supporting documentation to VDEM. Applications and program guidance are available at [\[mergency.com/recover/index.cfm\]\(http://www.vae-mergency.com/recover/index.cfm\). For more information, contact Individual Assistance Program Manager Larry Braja at \[larry.braja@vdem.virginia.gov\]\(mailto:larry.braja@vdem.virginia.gov\) or \(804\) 897-6500, ext. 6538.](http://www.vae-</p>
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EMS Training Fund

Summer brings days at the pool, road trips, and better parking spaces at the office, because everyone else is on vacation! It traditionally also brings higher gas prices. This year is no different. But, this year it is causing higher groceries, electricity, and everything else we need to live. Everyone is feeling the pinch now, and that includes EMS agencies and providers. To help ease the pain, the Office of EMS is here to help with the new EMS Training Fund!

The Virginia Office of EMS Emergency Medical Services Training Fund (EMSTF) program is designed to provide financial assistance for Virginia Certified Basic and Advanced Life Support EMS

providers and Virginia Office of EMS (OEMS) approved initial basic certification programs. These funds supplement local and individual support for EMS training.

The EMSTF monies are available for expenses related to certification, auxiliary and continuing education programs whose lessons are based upon or resemble the learning objectives in the United States Department of Transportation's Intermediate-99 and Paramedic curricula and the Enhanced curricula as defined in 12 VAC 5-31. These funds are designed for non-profit entities and individuals participating in Virginia's EMS System.

The EMSTF monies are divided into five broad categories: tuition reimbursement, course funding, auxiliary programs, continuing education programs and training site accreditation.

For more details concerning funding amounts or to download funding contracts, tuition reimbursement applications or course rosters, please visit the OEMS Web site at www.vdh.virginia.gov/OEMS/Training/EMSTF.htm

EMS Quick Hitters

EMS Symposium Update

Online registration for the 29th Annual Virginia EMS Symposium will open August 1 at 8 a.m., so mark your calendars! The symposium catalog will be available online and distributed shortly after. Visit www.vdh.virginia.gov/oems to view the Symposium Pre-Conference brochure now, as well as other symposium information!

CISM Update!

The Office of EMS will soon be offering one-day CISM review courses to the regional CISM team members. Included in the course will be the latest information on CISM techniques, provision of CISM during a large incident and/or disaster, and deployment of team members to other areas.

Also, standard forms are being developed for use by all CISM teams. These forms, as well as special use forms, will

be posted on the OEMS Web site under CISM. Contact Carol Morrow for more information 804 612-3935

Stay Connected

Have you joined our e-mailing list, visited our blog, or are friends with OEMS on MySpace? Stay connected with OEMS and get our latest news, updates and announcements.

Visit virginiaems.wordpress.com to get weekly updates from our OEMS bloggers. View our MySpace page at virginiaems.myspace.com and become our friend to connect with OEMS and your fellow providers. Also, sign up for regular e-mails from OEMS at www.vdh.virginia.gov/oems.

Barcodes are arriving

Certification cards for EMS providers in the Commonwealth are now being printed with bar-coded certification

numbers on the wallet card--please see the sample by visiting the OEMS Web site at www.vdh.virginia.gov/oems

The purpose in the barcode is for use in the electronic tracking, recording, and submission of continuing education (CE) records to the Office. This is the first step the Office is taking in the process of moving away from paper based bubble cards for submission of CE.

For now, there is nothing special that you need to do, just keep your new bar-coded certification card in your wallet. The Office is in the process of moving to a new scanning system. Development of software is underway and the testing and final certification of the software is scheduled to be completed in December.

Calendar of Events

JULY

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
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27	28	29	30	31		

7/31 - Workforce Development Committee, 10:30 a.m.

AUGUST

Su	M	T	W	TH	F	Sa
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31						

8/1 - Symposium registration opens
 8/4 - Transportation Committee, 1 p.m.
 8/6 - CISM Committee, 10 a.m.
 8/7 - Emergency Management Committee, 10 a.m.; Medevac Committee 10 a.m.; Best Practices Committee, 11 a.m.; Regional Council Director's Meeting, 1:00 p.m.; FARC, 1 p.m.; Regulation and Policy Committee, 3 p.m.
 8/8 - Communications Committee, 9 a.m.; Finance, Legislation and Planning Committee, 9 a.m.; VAGEMSA, 10 a.m.
 8/8 - State EMS Advisory Board Meeting, 1 p.m.
 8/20 - EMSAT, 7 p.m.
 8/22 - Governor's EMS Awards Selection Committee, 10 a.m.

SEPTEMBER

Su	M	T	W	TH	F	Sa
	1	2	3	4	5	6
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28	29	30				

9/4 - Trauma System Oversight and Management Committee, 10 a.m.
 9/13-9/17 - EMT-B Instructor Institute
 9/17 - EMSAT, 7 p.m.
 9/15 - RSAF grant application deadline
 9/19 - 9/20 - Keeping The Best! Workshops
 9/24 - 9/28 - VAVRS Convention, VA Beach
 9/27 - EMS Instructor Update

Please check our Web site for event locations and possible changes.

The Virginia Department of Health Office of Emergency Medical Services publishes the EMS Bulletin quarterly. If you would like to receive this publication via e-mail, please send your request to emstechasst@vdh.virginia.gov or sign up to join our e-mail list at www.vdh.virginia.gov/oems.

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