



EMS BULLETIN

Virginia Office of Emergency Medical Services, Virginia Department of Health

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OEMS Celebrates 40th Anniversary

By: Gary Brown, Director

As the Virginia Office of Emergency Medical Services (OEMS) turns 40, we not only celebrate our continued dedication to the Commonwealth of Virginia but we celebrate the EMS providers who dedicate themselves everyday to the safety and well-being of their fellow Virginians.



Governor Baliles signed the 1986 EMS Week Proclamation in the company of the current OEMS director, Gary Brown (fourth from left).

Virginia is the birthplace of the volunteer rescue squad movement. We are proud of all the accomplishments that have been made since

we were founded as the Bureau of EMS in 1968, and we continue to set the standards for what an EMS system should be.

Please join us as we celebrate our anniversary. Forty years ago our office was formed to help protect the health of our communities and provide emergency assistance to those in need. Today we continue to

work together to save a life and prepare for tomorrow.

So You Want to Do a Survey?

By: Jodi Kuhn, Biostatistician

This is the first article in a series of four on survey tips and techniques. I will help you go through preliminary questions that should be answered before conducting a survey.

I. When to use a survey

You should use a survey if you want to systematically collect information from or about people to describe, compare or explain attitudes, knowledge or behavior*.

The key component is 'systematic.' Conducting a survey requires that specific steps be taken in a particular order to yield

the best possible results.

If you are looking for rich descriptive data then a survey is probably not your best bet. In those cases it may be best to conduct interviews, focus group research or another means of qualitative research.

II. What are your goals and objectives?

Defining your goals and objectives will make every step of conducting a survey easier. Clearly defined goals and objectives help you determine:

- Target population
- Who/how many will be surveyed

(continued on page 3)

What Does Putting a Helicopter on “Stand-by” Mean?

By: Paul Sharpe, Trauma/Critical Care Coordinator

Have you ever been on scene of an incident when a Medevac helicopter was requested to stand-by? Did you not get a response from the Medevac unit you expected? Were you expecting the Medevac you requested to hover overhead, or did they respond to the scene when you didn't expect it? The Governor's EMS Advisory Board's Medevac Committee has been working on a series of Medevac best practices in an effort to establish consistent practices throughout the EMS system in Virginia. The committee, which has representatives from all Virginia Medevac services, recently adopted the following dispatch terms best practices. These dispatch terms were approved by the EMS Advisory Board and are supported by OEMS.

Stand-by is a state of heightened alertness and preparation for an air Medevac provider for a possible mission requested by a first responder.

When requested to stand-by, each air Medevac provider will:

- Communicate if aircraft is currently committed to another mission.
- Evaluate weather.
- Crew will ready aircraft for flight

(i.e., remove from hanger, untether from electrical attachments) but aircraft will remain on the ground.

- Communicate estimated time of arrival (ETA) upon lift-off, if activated to respond.
- Remain available to respond to another request.
- Await further information.

If the air Medevac provider is airborne at the time of a stand-by request or determines that lift-off would be beneficial due to long distance (defined by the Association of Air Medical Services (AAMS) as flight distance greater than 10 minutes or 29 miles and/or the patient is farther than 20 miles from a specialty hospital and patient criteria is critical in nature), it will:

- Communicate its airborne status or its desire to lift off to the first responder.
- Receive confirmation from first responder for early activation before responding.

Other activation categories include early activation, which occurs when a Medevac provider departs for a requested scene prior to the first responder arriving at the incident and is based

on a high index of suspicion that specialty services will be necessary. This is initiated at the request of the first responder.

Auto launch occurs when a simultaneous dispatch of air and ground resources is made through a 911 request for EMS that is based upon pre-designated and/or medical criteria set up by local or regional EMS systems.

Self-launch is described as a Medevac provider departing for a scene without the request of a first responder.

Notes:

[A] These requirements do not apply to public safety agencies engaging in law enforcement or other non-air medical functions. However, these agencies must still notify applicable first responders as to their response and/or presence in the area of the incident, if applicable.

[B] The Virginia State Medevac Committee supports early activation and auto launch with the understanding that it does not obligate the primary responding agency to transport the patient by air if the clinical condition does not warrant Medevac services.

OEMS Bookstore Now Open!

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

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So You Want to Do a Survey?

Continued from Page 1

- What you will ask them and how you will ask

If your goals are unclear then your results will be unclear. Formulating the goal of the survey is arguably the hardest step. It is difficult to go from what you are thinking (i.e., I want to get a feel for what people think of the regional council structure) to actually formulating a good research goal (i.e., I would like to measure the level of satisfaction that Virginia EMS providers have with the current regional council structure).

Your goal should be simple and concise. It should include two basic components 1. What you are measuring, and 2. Who you are measuring. In the above example you are measuring (1) satisfaction levels of (2) EMS providers.

III. What kind of survey should be used?

Defining your population will help you decide what type of survey you should conduct. Use the information you know about that population and a little bit of

common sense to determine the best method.

Example: You are collecting data on a new protocol and want information from ER docs. Ask yourself: Are most ER docs willing to schedule a sit down interview for an hour?

Example: You are in an area with a high rate of geriatric patients and want to gauge their perception of EMS. Ask yourself: Will you get the highest response rate by e-mailing them the URL to an online survey?

IV. Resources

When you are starting out, it is easy to be intimidated by the resources necessary to conduct the survey. Many people never get beyond this point and can be left frustrated and deflated. Be sure to take it step by step.

Start with the ideal amount of money and time to do a first rate job by specifying all of the survey's activities and tasks, when and who is responsible and the time needed to complete each task.

Then trim your resources to reduce cost.

Ways to trim resources include:

- Shorten duration of data collection
- Reduce the number of follow ups
- Limit pilot testing to fewer respondents
- Shorten instrument

If you are torn between doing a mail survey or phone survey, consider the kind of resources you have available. Are you a non-profit and can send mailings for free? Do you have a volunteer/intern that likes talking on the phone? These resources should not dictate the method you use but they may help you choose between two good options.

Get started on your survey today and the next *EMS Bulletin* will feature the second part of *So You Want to Do a Survey?*, which will focus on preparing the sampling frame for your survey.

*Thank you to the NEDARC, the data resource wing of the EMS for Children program, for use of their survey tips.

EMSAT Focuses on Workforce Diversity

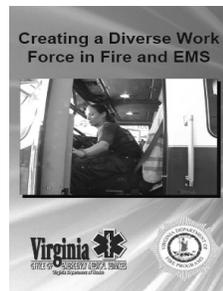
By: Rohn Brown, Technical Assistance Coordinator

While recruitment and retention garners the national and state headlines for fire and EMS agencies, creating a diverse workforce is just as important. To help emergency services organizations, OEMS produced an hour-long DVD titled *Creating a Diverse Workforce in Fire and EMS*, which was featured as the October 2007 EMSAT program. EMSAT is an interactive training and information program that is broadcast and recorded to allow providers to receive continuing education credit. Copies of the DVD were sent to all fire

departments and EMS agencies recognized by Virginia Department of Fire Programs (VDFP) and OEMS.

Creating a Diverse Workforce features insight from 14 fire and EMS providers and managers from a variety of municipal, volunteer and commercial agencies, as well as a few subject matter experts.

Produced in cooperation with VDFP and Virginia Fire Chiefs Association,



this EMSAT program is an excellent tool to promote the importance of diversity in service training for managers and leaders.

Additional copies of this EMSAT video are for sale. Please contact Terry Coy at Terry.Coy@vdh.

virginia.gov. Also, if you have high speed Internet service, you can view the program through Train Virginia at <http://va.train.org> and search for EMSAT programs.

Winter is Here

By: Winnie Pennington, Emergency Service Planner

Winter is here! Sometimes EMS providers are so concerned with the safety of our citizens we forget one of the basic premises of EMS – our own safety. Below are some basic winter reminders.

- Check batteries, antifreeze, wipers, windshield washer fluid, lights and ignition systems on all ambulances and other response vehicles.
- Add a shovel and bag of cat litter to your vehicle if you haven't already. Also, if your vehicle is equipped with chains, check them for wear and breakage (and make sure you know how to use them).
- Know the condition of your route and alternates if needed. Winter weather can often make a usually "good" road impassible. Roads can be filled with snow, ice, fallen trees, power lines or other debris. Also, don't stand in the road in case other drivers can't see you.
- Be ready for changing conditions.
- Don't become over confident or complacent while driving.
- Wear your safety belt. According to the CDC, between 1991 and 2000, 27 emergency medical professionals were killed in ambulance crashes. Seven reportedly were not wearing a safety belt.
- Make sure your personal car is winterized by checking your breaks, anti-

freeze, ignition system, headlights, blinkers, emergency flashers and tires.

- Have a car safety kit that includes a blanket, small shovel, flashlight, first aid kit, jumper cables, ice scraper/brush and lock de-icer.
- Expect the unexpected from drivers around you and be prepared to react.
- Dress warm, as uniforms permit. Consider additional hats, gloves and thermal undergarments. Dressing in layers will trap warm air next to your body and keep you warmer if you need to stay outdoors for an extended time.
- Above all S.T.O.P.: **Stop** – Have a plan before you walk out the door or get into your vehicle; **Think** – When faced with a problem, don't panic. Settle down and think through your options; **Observe** – Be aware of your surroundings. Look for hazards and other things that could harm you, your crew or your patient; **Plan** – Have one before you leave the building, but be willing to modify it as the situation warrants.

Winter weather can make response risky for EMS providers. Make adjustments and prepare for possibilities of winter weather now.



Winter weather affects both provider and patient alike.

References:

Iowa Homeland Security and Emergency Management; Winter Preparedness Safety Tips; www.iowahomelandsecurity.org/asp/resource_room/FactSheetWinterprepsafety.asp

Nordberg, Marie, EMS Responder. Com; In Winter Park, Employee Safety Comes First; www.emsresponder.com/print/Emergency—Medical-Services/In-Winter-Park-Employee

Ready Virginia Winter 2007, Prepare for Winter Weather; www.readyvirginia.gov

www.Disastermentalhealthnj.com/newsletr_cont_winter_safety.htm

Do You Want Fries with That CPR?

In October 2007, a man walked into a Burger King not knowing that the high school student working behind the counter would be his godsend. Thomas Taylor, a student at Washington County Technical School, did not know that the skills he learned in his emergency medical technician program would come in

handy that day either. The unknowing man, who only expected to purchase a Whopper, experienced cardiac arrest. Taylor performed CPR and revived the man before EMS arrived on scene.

Thanks to emergency medical technician programs in high schools like

Washington County Technical, teenagers are learning life saving skills and are matriculating into public safety careers. Check with your local rescue squad, high school or health department to enroll your kids in basic first aid courses. You never know; your child could help save a life, just like Taylor.

Advocating for Virginia's Children

By: David Edwards, EMS for Children Coordinator

NEW TO THE OFFICE

Now that the EMS for Children (EMSC) program is part of OEMS, a bright future lies ahead for providers and health care facilities that have special concerns for the welfare of children.

OEMS is committed to being an advocate for children and those who care for them in Virginia. We strive to become a resource for educators, agencies and providers, as well as a proactive force in injury and illness prevention, reducing and reporting child abuse, finding safe ways to treat and transport children by ambulance and facilitating access to specialized pediatric training and continuing education.

FUNDING AVAILABLE

For those involved in community safety projects, funding is now available for Bike Smart Virginia, a state program

to prevent bicycle-related injuries. A critical component of the program is the promotion of proper helmet usage when a child engages in any wheeled mode of transportation (i.e. bicycle, inline skates, etc.). Organizations selected for funding will receive educational materials (brochures, posters, videos and a bike rodeo guide) and up to \$1,000 for the purchase of Consumer Product Safety Commission (CPSC) certified helmets to implement a helmet distribution project targeting low income children. Approximately 55 grants will be awarded. For more information a link called Application for the Bicycle Helmet Mini-Grant is available at www.vahealth.org/civp/fundcivp.asp.

EMSC UPDATES

Recently, an online survey of EMS pro-

viders was conducted in relation to reporting suspected cases of child abuse and neglect, which is also being discussed in the 2008 General Assembly. For EMS providers who have indicated that reporting suspected child abuse is a priority, you should remind folks to report such suspicions to the Child Abuse Hotline at (800) 552-7096.

Lastly, the EMSC portion of the OEMS Web site will be redesigned in early 2008 to provide downloadable pediatric trainings, best practices and links to other resources to help aid those working with children in EMS.

To contact the OEMS EMSC coordinator, please e-mail David Edwards at david.edwards@vdh.virginia.gov or call (804) 864-7600.

Getting Familiar with PPCR

By: Christy Saldana, PPCR Coordinator

Does the very thought of completing a call sheet make you tingly all over? Do you know where to start or are you bubbling over with questions like, When is completion of a call sheet required?, When is data due?, and Who can I call when I have questions?



Pre-hospital patient care reporting (PPCR) is not that difficult.

You must complete a call sheet and submit data on all EMS incidents and responses, including canceled calls, stand-by calls, DOAs, no treatment required, treated/released, treated/trans-

ported by privately owned vehicle (POV), treated/transferred care to another EMS agency (ground or air), patient refusals and patient transfers. Scheduled inter-facility transports are not required (unless it becomes an urgent call).

Data submission is required quarterly, each calendar year. The submission dates are below.

Jan., Feb. and Mar. are due by April 30th of the same year; Apr., May and June are due by July 30th of the same year; July, Aug. and Sept. are due by October 30th of the same year; Oct.,

Nov. and Dec. are due by January 30th the following year.

Submitting data through the OEMS PPCR Web page is the most secure and preferred method.

If you have any problems with the pre-hospital patient data reporting (PPDR) program or uploading your data please contact your PPCR coordinator; she is just a mouse click or phone call away.

When calling OEMS, please have your agency name and number available. Contact Christy Saldana at christy.saldana@vdh.virginia.gov or call (804) 864-7598.

Straight From The Rumor Mill... Regulations Myths & More

By: Michael Berg, Regulations & Compliance Manager

Here are a couple of commonly asked questions and misconceptions that providers in the field may have.

Q. Are there going to be new regulations for EMS?

A. As part of the periodic review process delineated in the Governor's Executive Order 36, the current regulations promulgated by the Board of Health in January 2003, are undergoing a review and revision process. The Regulation and Policy Committee of the Governor's EMS Advisory Board is working diligently to review, revise

and incorporate changes into the next version of the regulations. A Notice of Intended Regulatory Action (NOIRA) was issued to solicit public comment regarding changes to the regulations. The public comment period closed November 28. No changes were suggested by the public.

OEMS staff, along with the Regulation and Policy Committee, will work to develop proposed regulations. Once approved by the Board of Health, they will be posted on the Virginia Town Hall Web site (<http://www.townhall.state.va.us>). Once the proposed regula-

tions are approved, there will be multiple public hearings held around the Commonwealth to solicit input. OEMS will coordinate the locations with the regional EMS councils and advertise this on our Web site as well as other media outlets (regional council list serve, etc.).

For the most complete and direct answers, contact your local OEMS program representative or OEMS at (800) 523-6019.

Get To Know Your Rep...

Wayne Berry is an OEMS program representative in the Tidewater/Peninsulas region. Read on to learn more about Wayne.

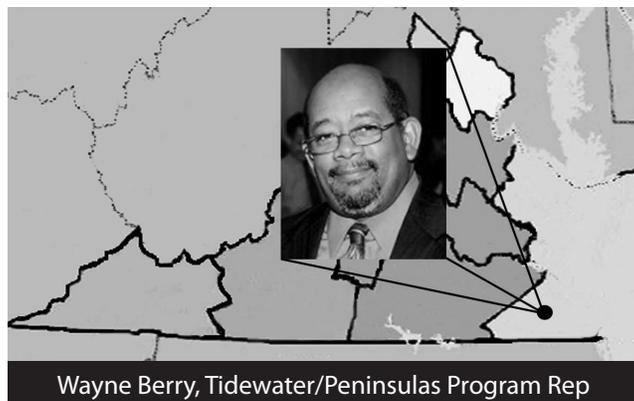
What's your favorite part about your job? I really enjoy working with people. I retired as a Captain-EMS from Newport News Fire Department, and during my career got to meet some wonderful people. I now get a chance to see some of them more often and get to work with them on various projects. I have really been impressed by my co-workers at OEMS. They have made my new career enjoyable and they have been a great help. My fellow reps are also a great bunch and I enjoy getting to see them at our staff meetings.

If you could change anything about being a program rep, what would it be? I wish I could spend more time with the agencies. There are only eight of us "reps" around the state, so I don't get to spend a lot of time with some of the agencies, especially when travel time is factored in. I wish I could spend

more time doing the technical assistance part of the job.

Where is your favorite place to stop while traveling in your service area? Anyplace that has good barbeque. I absolutely love good barbeque. I always try to find the best places and if time permits stop and check it out. Note: If you have any recommendations, e-mail me! (wayne.berry@vdh.virginia.gov)

Do you perform a lot of spot checks? Yes, I try to do a lot of spot inspections. I think we get a more accurate picture of the daily operation of an agency. It also gives me a chance to talk to providers and answer their questions. I often visit emergency rooms and talk to hospital staff and the physicians to see how things are. I like to visit agencies, not because of enforcement issues, but because it allows me time to get to know the agency and learn from them.



Wayne Berry, Tidewater/Peninsulas Program Rep

What's your favorite thing to do outside work? My favorite things are music and photography. I taught myself to play guitar, then took lessons and studied at a music school where I grew up. I play bass guitar in a band in Newport News, and I am starting a blues band in 2008. I started in photography with a Polaroid and graduated to 35mm. I have been published in magazines, photographed weddings and have taken family portraits. Some of my best photos are of the World Trade Center in New York. I grew up in New Jersey and can remember them being built. I miss them greatly.

From Virginia to Kosovo

It's a well known fact that EMS providers are different. They dedicate themselves to the wellbeing of others and respond when others need them the most. So when Michael Eames, an EMT-B from Monelison Volunteer Rescue in Amherst County, was deployed to Kosovo, it's no surprise that, when he saw that others were in need, he wanted to give more than was asked of him. He reached out to the Blue Ridge EMS (BREMS) council for help. Connie Purvis, BREMS executive director, was Michael's EMT instructor. He has kept in touch with her since his deployment. This time he wanted to provide the children in Germove, the local 1-5 grade school, with supplies. The BREMS community provided an overwhelming response and Michael was able to collect bags, pens, folders and other materials for the children. Michael sent this picture to show how much the children really enjoyed and appreciated the items that were sent to them. The kids of Germove now proudly carry EMS messenger bags to class.



Michael Eames is another example of how EMS providers can change the life of a fellow human being or in this case, an entire school.



To keep up to date with the OEMS Calendar of Events, please visit our Web site at www.vdh.virginia.gov/oems.

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.

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2008 Instructor Updates

The OEMS Division of Educational Development (DED) has released the 2008 Instructor Update schedule.

April 8	6 p.m., ODEMSA
June 14	9 a.m., WVEMS, VAVRS Rescue College
Sept. 27	9 a.m., VAVRS Convention
Oct. 11	9 a.m., NOVA
Nov. 15	8:30 a.m., Virginia EMS Symposium

These dates are subject to change. Please visit www.vdh.virginia.gov/oems for locations, directions and updates.

In case you miss your opportunity to attend an update, check with TrainVirginia, <http://va.train.org>, our learning management system, to see if Instructor Updates are available for you to take in the comfort of your home.

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EMS in Brief

2008 *Keeping The Best!* Retention Training

Are you having trouble retaining members? Do you want to know how to keep dedicated providers from succumbing to burnout or worse – leaving your agency? Be sure to join us for the *Keeping the Best!* EMS Retention Trainings. Visit www.vdh.virginia.gov/oems or call (800) 972-4367 for more information.

Maximizing Your Retention Efforts

Friday, April 18, Winchester
Registration deadline is April 1
Saturday, June 14, VAVRS Rescue College, Blacksburg

How to Use EMS Retention Principles

Saturday, April 19, Winchester
Registration deadline is April 1
Sunday, June 15, VAVRS Rescue College, Blacksburg

On the Move

The Division of Educational Development (DED) and the Division of Emergency Operations will be moving out of the Virginia Department of Health building in downtown Richmond to One Technology Park in Glen Allen, VA. The move will occur in the early spring of 2008. The new location is easily accessible to those visiting our facilities and personnel.

CISM Conference

Mark your calendar because the CISM Conference is quickly approaching! From May 27-31, relax in Virginia Beach while you interact with your



peers in fire, EMS, law enforcement and social work. A fresh training schedule will be offered including courses on the CISM response to the Virginia Tech incident, new ICISF seminars, yoga and others. Be sure to visit the OEMS Web site at www.vdh.virginia.gov/oems for CISM updates and information.