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# EMS



## Bulletin

Office of Emergency Medical Services,  
Virginia Department of Health  
Winter 2011

## EMS Providers as Vaccinators - What You Need to Know

The 2010 General Assembly passed legislation to allow EMS Providers certified at the intermediate and paramedic levels to provide vaccines under the direction of their Operational Medical Director (OMD). As a result of the new legislation, the Board of Health tasked the Office of EMS with creating a policy for vaccine administration by EMS providers in Virginia.

The policy, which can be found on the OEMS Web site at [www.vdh.virginia.gov/oems](http://www.vdh.virginia.gov/oems), is designed to provide guidance to Virginia EMS OMDs, EMS Agencies and EMS providers in the development of vaccine programs in their community or agency.

Previously, EMS providers could not administer vaccines under routine circumstances, and could only be authorized to administer vaccines in the event of a declared emergency by the Governor and under the direction and authorization of the Commissioner of Health.

This policy emphasizes that it is the OMD who authorizes a vaccine program, and is ultimately responsible for ensuring that the program meets the policy created by OEMS. Providers who are permitted to administer

vaccines through this program must also adhere to establish protocols of the Board of Health and need to use the Virginia Immunization Information System (VIIS) to document and record their activity.



The Office of EMS policy outlines the requirements that must be met by an EMS provider to participate in their agency vaccine program. These include:

- Hold a valid, unrestricted Virginia certification as an EMT-I or EMT-P
- Must be affiliated with the Virginia EMS agency that is developing the vaccinator program

- Must be individually approved by their agency OMD as a vaccinator
- Must follow protocols approved by their OMD for vaccine administration

Finally, the policy outlines the procedures for a vaccine administration program. These include properly securing and storing the vaccines (some may need to be refrigerated), managing the VIIS database and proper record keeping of vaccine administration, and more.

This program can provide a service to the community, but agencies should be aware of all of the policies on vaccine administration from the Office of EMS, The Board of Health, the VIIS and the protocols established by the OMD. Also, providers should be educated on the various vaccines that they want to provide, like side effects, who can and can't receive the vaccine and more.

Agencies or regions that are interested in starting a vaccine program should discuss this with their OMD and contact Dr. George Lindbeck, State EMS Medical Director, at the Office of EMS for more information at (804) 888-9100 or (800) 523-6019.

# EMSAT Celebrates 20 Years of Training

By: Terry Coy, Video Production Manager

When the first EMSAT broadcast was televised in June of 1990, who knew it would still be going strong 20 years later? That first EMSAT program was “Multi-System Trauma Due to Gunshot Injuries” It featured former Training Director Bill Meadows, Warren Short, Dr. Carol Gilbert, Dr. L.D. Britt, former OEMS Director Susan McHenry and our first host, Mark Whiting. In those days, we broadcast via satellite television to more than 50 locations across the Commonwealth.

The Virginia Department of Health, Office of EMS was the first state agency in America to offer continuing education credit for EMS training via distance learning. Today, EMSAT is webcast using the facilities of WHRO-TV in Norfolk, and can be received by any designated



EMSAT site with high-speed internet service. EMSAT CE credit is also available 24/7 via TRAINVirginia, the Department of Health’s learning management system.

During the last 20 years, OEMS has worked with EMS and Fire agencies across the Commonwealth to produce over 250 training programs. These programs have been used by Virginia Fire

and EMS agencies, hospitals, federal agencies and individual instructors to teach continuing education classes.

OEMS would like to thank the many instructors and agencies that have helped with the production of EMSAT over the years. Your expertise continues to make EMSAT a positive component in our great EMS system in Virginia. By the way, in 1990, EMSAT stood for EMS Satellite Training. In 2010, EMSAT stands for EMS Accredited Training. For more information about how your agency can be involved in the production of an EMSAT program, please contact producer Terry Coy at (804) 888-9100 or (800) 523-6019.

## EMSAT

### February- June 2011 Schedule

**Feb. 16** Fractures: Not What They’re Cracked Up

Cat. 1 ALS, Area 90, Cat. 1 BLS, Area 04

**Mar. 16** Pediatric Shock: Not Your Normal Bumps & Bruises

Cat. 1 ALS, Area 86, Cat. 1 BLS, Area 08

**Apr. 20** An Alternative CE Approach: EMS Jeopardy!

Cat. 1 ALS, Area 88, Cat. 1 BLS, Area 03

**May 18** Responding to Pill Parties

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

**June 15** When Normal Isn’t: OB Patient Complications

Cat. 1 ALS, Area 91, Cat. 1 BLS, Area 10



CE Credits are available by viewing EMSAT at approved Web cast sites in Virginia or online. For more information go to <http://www.vdh.virginia.gov/OEMS/EMSAT/index.htm> or call (804) 221-2428.

## Recruitment and Retention Tools

By: Carol Morrow, Technical Assistance Coordinator

The Virginia Recruitment and Retention Networking Group meets regularly to discuss and share ideas on successful recruitment and retention programs, learn about new ideas and share ideas. Recruitment and retention coordinators, public information officers and others from across the state are members of this essential group. A recent meeting of the group discussed vendors and programs that are important to EMS recruitment and retention in Virginia. Information on those vendors is provided below.

### *Harvest Homes for Heroes*

Harvest Homes for Heroes works with Richmond community service heroes (firefighters, police officers, teachers, health care workers and military veterans ) working toward home ownership. Harvest Homes4Heroes has the available support and access to resources and opportunity for affordable home ownership. More information is available at: [www.harvesthomes4heroes.com](http://www.harvesthomes4heroes.com)

### *Liberty Mutual*

Liberty Mutual has a program called Be Fire Smart – which is an interactive approach to fire safety. There is information for parents, teachers and videos, games and coloring books for children. More information is available at: [www.befiresmart.com](http://www.befiresmart.com)

### *Wills for Heroes*

The Wills for Heroes was started in South Carolina after the 9/11 Terrorist Attacks. Their programs includes:

Support of pro bono estate planning programs through qualified organizations; coordination of community, business and legal resources to address the needs of families of first responders injured or lost in the line of duty; Development of educational materials about estate plan-

ning; financial assistance to families of first responders injured or lost in the line of duty; financial resources to enhance first responder welfare and safety; and public education of the need to support first responders and their survivors.

More information is available at: [www.willsforheroes.org](http://www.willsforheroes.org)

### *Hero Care*

Hero care is a non-profit organization dedicated to addressing the housing and financial needs of essential service workers across the United States. More information is available at: [www.herocare.org](http://www.herocare.org)

### *Fire 20/20*

“Recruiting and Retaining Diversity in the Fire Service,” pilot workshop was hosted by Fire 20/20 at the networking group meeting. The workshop provided information on their new model:

**Key Stakeholders Work Together as a Team:** Each department’s team includes the fire chief, labor leader, recruitment officer, minority group representatives, and human resources staff.

**Change Starts on the Inside:** The workshop focuses first on helping the teams to understand what it takes to develop and grow a department culture that is inclusive, supportive, and fosters mentoring.

**Community-Based Recruitment:** Community leaders are considered valuable recruitment partners. This approach provides additional recruitment resources, helps departments to better understand public safety needs in diverse communities, and offers insights about how the departments’ services are viewed and valued.

**Marketing with a Fire Science Twist:** The workshop provides proven marketing

strategies to cost-effectively reach new markets to recruit qualified and diverse applicants.

### How It Works:

1. **Setting A Baseline:** Each team is asked to complete a “report card” in advance of the workshop. They rate how their department is doing compared to best practices for diversity recruitment, hiring, and retention.

2. **Charting A Course:** Team members work together to articulate their values and vision pertaining to diversity and inclusivity, and to begin mapping benchmarks towards reaching their goals.

3. **Learning New Strategies:** Participants discuss new principles, strategies, and tactics aimed at supporting retention, enrolling community members as partners, and ensuring that recruitment campaigns are effective.

4. **Creating An Action Plan:** Utilizing Fire 20/20’s 4M’s Framework (Measure, Mindset, Mentoring, Marketing), teams identify and develop one “Smart Goal” that they can implement within 30-60 days.

5. **Committing To Success:** Each participant commits to a personal 60-day goal. All the participants agree to attend a six-month follow-up Webinar to discuss their success, their challenges, and their action plans. For more information please go to: [www.Fire2020.org](http://www.Fire2020.org)

For the Recruitment & Retention Network meeting schedule please e-mail Karen McQuaid at [Karen.McQuaid@loudoun.gov](mailto:Karen.McQuaid@loudoun.gov).

# Preparing EMS Agencies for Disaster Response: A Brief Review

By: Winnie Pennington, Emergency Services Planner

You have probably heard it a million times – “Get a Kit, Make a Plan, Stay Informed”, the mantra of the Department of Homeland Security’s (DHS) preparedness campaign. These concepts are certainly key to any preparedness activity and we should all heed them. But what else should emergency preparedness mean for the average Emergency Medical Services (EMS) responder?

As EMS responders we should all be mindful of the role we play in response and recovery during emergencies and disasters. Hopefully this article will refresh your memory in case a few things have slipped your mind. Information here is not comprehensive; but, hopefully it will give you, as a responder, something to use as you re-acquaint yourself with the information and point you to other places where you can gather the needed information that you may not have in your planning toolbox.

## Disaster Plans and Protocols

Each agency has plans and protocols for daily response. However, for day-to-day responses, agencies sometimes tend to work on “automatic” when it comes to plans for interacting with other agencies like hospitals, neighboring EMS agencies, local government, and familiar, daily patient protocols. It is done everyday and those protocols are generally known by heart. This works well when other components are stable and responders are handling one patient at a time or the call load and response is within predictable limits. During a disaster event though, agencies and providers may need

to operate by different plans and protocols. Your agency or jurisdiction may have different annexes for mass casualty, pandemic illnesses, severe flooding or other catastrophic events to even include



altered standards of care and these plans may alter to some degree what is expected of you and your agency during the crisis. You need to know about and review these documents before disaster strikes.

## Command Structure for a Disaster

Most first responders are familiar with and working under some sort of command structure. This creates consistency and order at the scene and within the response. The most common system used is the Incident Command System (ICS). However, when agencies respond as single resources or are first on scene they often find themselves in command of the scene or under other responding public safety agencies and are most comfortable within that response genre. Incident command in that case generally involves few agencies, goes no further than the response scene, and involves mainly command and operations. This structure can be greatly expanded and prolonged

during a disaster situation and the role of the EMS responder or agency may change. In a disaster response command can be far from the incident and not a part of the actual scene response, but in charge of coordinating response, incident response planning, and incident support which in addition to general staff can involve divisions, groups and branches in which EMS will be assigned as just one component of the overall response to the disaster. In addition to patient care providers, you may find yourself serving in other roles of the Incident Command Structure including branch director, division or group supervisor, or strike team leader.

## Disaster Work Role in EMS

Day-to-day EMS work involves moments of great activity and stress followed by hours of waiting around for the next call. During a disaster you and your colleagues face long hours of work as you are dispatched from place to place and or assist patient after patient. In addition to patient care, EMS may be called on to assist in rescues, triage, and care of other responders. In a large event work will be directed by the medical branch of Incident Command and multiple agency units may work together under this group.

## Disaster Training

In addition to EMS training and ICS, disaster responders should be familiar with the National Incident Management System (NIMS), and DHS resource typing schematics among other things

*Continued on Page 8...*

# Resolve to be Ready in 2011

Many of the articles and information in this newsletter, on the OEMS Web site and on the OEMS social media outlets provide information on being prepared for emergencies.

We want your agency to be prepared by having a Continuity of Operations Plan (COOP), we want your agency also to be prepared to respond during disasters and we especially want you to make sure that you and your family are prepared for

a disaster.

Have you thought much about what will happen if there is an ice storm this winter, the power is out and you need to respond to the agency to support the high influx of calls? You will be in a warm facility with generators and food, but will your family?

Creating an emergency plan and kit is essential to ensuring that your family is

cared for during times of disasters and emergencies. Disasters and emergencies can happen all year long. We often think of emergency preparedness during hurricane season, but winter weather, tornadoes, flooding and even terrorist attacks provide enough reasons to be ready year-round.

To help you plan for emergencies, create your kit and learn tips for preparedness there is a Web site just for providers like you. Visit [www.ready.gov/responder](http://www.ready.gov/responder) to learn more and find resources.

Like so many people, you may know that you need a kit, but keep putting it off because of the cost, you don't have space to store the items or more, but this doesn't have to be an expensive or daunting task.

If you start now and get things in small increments, in no time, you will have all the essentials you need. A few storage bins in a closet, garage or under the bed can work for storing your kit. You can even split up the kit into smaller bins and store in different rooms so it doesn't take up so much space.

There are also things you can do that don't cost money, like make a plan and discuss with your family. Where will your family go if they need to evacuate? Do you have your essential papers in one location that is easy to grab and go? What will you do with the pets?

Today, start talking with your family about your emergency preparedness plan and visit the Web site to learn more!

This year, we are asking you to resolve to be ready and get a kit, make a plan and stay informed!

## Who takes care of your family while you take care of your community?



## You do.

  
**Ready<sup>®</sup> Responder**  
 The Emergency Preparedness Program  
 Created Specifically for First Responders and Their Families  
[ready.gov/responder](http://ready.gov/responder)

## Get a Kit. Make a Plan. Stay Informed.

## And The Winner Is... The Governor's EMS Award Winners Announced

Each year those that go above and beyond to support and better the EMS System in Virginia are honored for their dedication and service through the Governor's EMS Awards Program. The recipients of the 2010 Governor's EMS Awards were announced at the reception that was held in conjunction with the 31st Annual Virginia EMS Symposium. Dr. Karen Remley, the Commissioner of Health and Marla Decker, the Secretary of Public Safety were on hand to help present the awards.



Pictured from Left to Right Dr. Karen Remley, Secretary Marla Decker, William Altman and Gary Brown

There were 10 winners honored at the awards reception that evening, and William Altman was honored with the Governor's EMS Award for Excellence, the highest award issued by Virginia to EMS personnel. Altman was recognized for his 31 years of service in the EMS field, where he volunteered and worked as a career EMS professional for the City of Roanoke. His years of dedicated service were instrumental in the development of the Roanoke Valley Regional Fire and EMS Training Center and the first accredited EMT-Intermediate training program in Virginia.

In addition to the award for Excellence

in EMS the other winners include:

Outstanding EMS Administrator – Debbie Rice, Fredericksburg Volunteer Rescue Squad

Outstanding EMS Physician – Dr. Nael Hasan, Fredericksburg Emergency Medical Alliance

Outstanding EMS Agency – Roanoke County Fire and Rescue Department

Outstanding Pre-Hospital Educator – Deborah Akers, Western Virginia EMS Council

Outstanding EMS Provider – Patricia Mullins, Little Fork Volunteer Fire & Rescue

Outstanding Contribution to EMS Telecommunications – LeRon Lewis, Spotsylvania County Dispatch

Outstanding Contribution by a Nurse – Catherine Nowlan, Mary Washington Hospital

Outstanding Contribution to EMS – Arvel Shannon of Fredericksburg

Outstanding Contribution to EMS for Children – York Safety Town

The Governor's EMS Award winners were selected from a large group of commendable candidates nominated by their corresponding Regional EMS Councils. An additional award presented in conjunction with the Governor's awards included the State EMS Advisory Board's scholarship award recognizing Outstanding Contributions to EMS by a High School Senior. This year two high school seniors were selected to receive the scholarship: Heather Fedak of King George Fire and Rescue and Cody Ross of the Conicville Fire Department.

To read more about each award recipient and their support of the EMS community and their many achievements, please visit the Virginia Office of EMS Web site at [www.vdh.virginia.gov/oems](http://www.vdh.virginia.gov/oems).

*Nominate Someone Today for the  
2011 Regional EMS Awards!*

*The Winners go on to Compete for the Governor's EMS Awards that are Announced at The Virginia EMS Symposium!*



Contact your Regional EMS Council to learn how you can nominate someone today! [www.vaems.org](http://www.vaems.org) or visit the OEMS Web site at [www.vdh.virginia.gov/symposium](http://www.vdh.virginia.gov/symposium)! **There is a new award this year!** Do you know a person or program that should be honored for their **Outstanding Contribution to EMS Health & Safety**? If so, nominate them today!

# Virginia Building Memorial to Public Safety Officers

Submitted By: Virginia Public Safety Foundation

Governor Bob McDonnell announced on September 11, 2010, his support for the creation of the Commonwealth Public Safety Memorial, a project begun by Governor Tim Kaine. The memorial campaign, now administered on behalf of the Commonwealth by the non-profit Virginia Public Safety Foundation (VPSF), will honor all Virginia public safety officers killed in the line of duty, including paid and volunteer emergency medical technicians. It will be built in Capitol Square in Richmond at the site known as Darden Memorial Garden.

“Virginia is one of only six states in the nation that fails to honor public safety officers who make the ultimate sacrifice in service to their community with a statewide memorial,” said C. Hadden Culp, VPSF President and Assistant Chief with the Prince William County Department of Fire and Rescue. “We’re truly building a monument to heroes, and it’s long overdue.”

The memorial design is a series of granite blocks that will list the names of those killed in the line of duty, and includes a reflection garden and an open plaza for annual remembrance ceremonies. “It’s been designed to highlight the names of those we’ve lost; they are the center and the focus. We always want to remember those who have paid the ultimate price for the safety of the citizens of the Com-

monwealth,” Culp said.

The memorial design and location were selected by a commission of public safety officers, elected officials, and survivors appointed by Kaine in 2007. McDon-



nell has reappointed the commission for the purpose of finalizing the roster of names to be honored on the memorial wall. While the roster has not been completed, a first group of 355 names has been approved including nearly two dozen EMTs.

Culp says VPSF is working to raise \$2 million for construction of the memorial, and that it will be funded entirely by private contributions. “When measured against the sacrifice made by these heroes, the small sacrifices necessary for each of us to support this memorial campaign are insignificant.”

To learn more about the Commonwealth Public Safety Memorial and VPSF, or to make a contribution supporting the memorial fund, visit [www.vpsf.org](http://www.vpsf.org).

## The Rumor Mill

The Office of EMS, the Governor’s EMS Advisory Board and other groups are constantly working to better the EMS System, provide new resources and look at new ways of doing things that can improve quality of patient care, provider safety and health and much more.

Sometimes when these ideas are being discussed misinformation can be passed around and the water cooler is like a game of “telephone.” This new segment allows the Office of EMS to address some of this rumors and give you the facts:

**Rumor:** The Office of EMS is getting rid of the EMT-E and EMT-I levels.

**Fact:** The Office of EMS is going to use the new EMS levels that coincide with the National EMS Education Standards that were developed by NHTSA in partial fulfillment of the EMS Education Agenda for the Future. The EMS Education Standards will replace the National Standard Curriculum (NSC) for all levels of EMS.

Virginia has developed the “Virginia Education Standards” based primarily on the National Education Standards. However, Virginia will still recognize the EMT-Intermediate level, even though the new EMS Education Standards do not.

The certification levels in Virginia will be the following:

- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Advanced Emergency Medical Technician (equivalent to current EMT-E)
- Intermediate (only in Virginia)
- Paramedic

To learn more visit [www.vdh.virginia.gov/OEMS/Training/Transition.htm](http://www.vdh.virginia.gov/OEMS/Training/Transition.htm)

## Preparing EMS Agencies for Disaster Response continued...

when responding to and working in disasters. Additional NIMS education can be found on line at <http://training.fema.gov/> from the Emergency Management Institute's (EMI) Independent Study (IS) courses. Suggested courses include IS-800.b – National Response Framework, An Introduction; IS-700.a – National Incident Management System, and; IS-100.a – Introduction to Incident Command. These three courses are basic introductions, but there are other IS courses that could be helpful to responders and training can be tailored to the responder's needs. These courses can be found under NIMS Courses or ISP Courses listed on the EMI independent study page and can be used to tailor your agency's training to its needs.

### Equipment Needs

Technically EMS providers work with emergency equipment every day. They are very familiar with the vehicles, rescue equipment, and documentation they use on a day-to-day basis. So the question becomes, do you have the right kind and enough equipment to operate in a disaster? Also, have workers been trained to work in an environment that involves patient surge and or multiple components like hazmat and law enforcement?

You need to be familiar with and know how to access items like tarps for staging, colored surveyor's tape for marking patients, additional medical equipment and special documentation like triage tags used in multi-patient incidents and ICS forms used in larger or multi-agency incidents. You need to be familiar with extrication devices and safety procedures for working around them, even if you will not be the principle operators of the equipment. Finally, personnel must be

given the opportunity to practice disaster procedures and work with disaster equipment on a regular basis. Drills and exercises are a vital part of any disaster plan.

### Family Assistance and Communication

In the case of long-term or distant responses, EMS agencies may need to take on the role of liaison and support for responder family members. This task can be critical to the EMT performing his or her job safely and to the best of their ability. Responders do not need the added stress of worrying about family members and loved ones who may be affected by the disaster or at the very least left to fend for themselves while they respond to the disaster. Although families should plan for deployment and should work to be self-reliant, it is to an agency's advantage to look out for the responders and their families at all times. Responders working in a disaster and their families will need regular communication during the event and families need somewhere to turn if they experience an emergency they cannot handle while their loved one is working or deployed. If your agency does not already have it, urge your leadership to include in the response plan a section that addresses liaison with responder families to address their needs and keep them in the response loop during disaster activation.

### Additional Assistance for EMTs During and After the Event

Responders need food, water, and rest during the disaster response, but even "seasoned" veterans of emergency medical response have been overwhelmed in disaster situations. Long hours, devastating situation, and countless victims

in need of assistance can take its toll on the emergency responder. Workers are seldom untouched by their response and some responders may need additional help to process all that they have witnessed. All response plans need to include an element of rehabilitation that, in addition to responding to physical needs, addresses the psychological needs of responders both during and after the event.

### Conclusion

EMS agencies and their jurisdictions need to take stock of their planning. Just because you have developed plans for day-to-day activities does not necessarily mean that your personnel will be ready for disaster response. This article has just scratched the surface of the needs in disaster response and certainly each agency may have different needs according to the needs and circumstances of their jurisdiction. However, planners and managers need to look at their disaster plans with the above elements in mind to make sure they have prepared their responders for and in turn are prepared to respond to them during a disaster.

These issues need to be adequately addressed in your plan to help management anticipate and deal with them as they come up, and to reassure personnel that their needs and concerns have been addressed during the emergency.

# You Will Feel A Small Pinch - Vaccines That Save Lives

## It's Not Just a Cough - Pertussis

Pertussis, also more commonly known as Whooping Cough, is not a disease of the past, and is not a simple case of a cough. It is a serious disease that has had an increase in the number of cases in Virginia and across the nation.

Pertussis can be a serious illness for adults and adolescents, and potentially fatal in infants. Pertussis is often thought of as a childhood disease, but adults and adolescents often unknowingly spread the disease.

By being informed about whooping cough, you can help protect yourself from getting and spreading this highly contagious disease.

State Health Commissioner, Karen Remley, MD, MBA, FAAP, addresses this issue and provides detailed information on data, symptoms and the adult vaccine in her letter to health care providers. To read more about this visit: [www.vdh.virginia.gov/OEMS/Files\\_page/ClinicianUpdate/CliniciansLetter-Pertussis.pdf](http://www.vdh.virginia.gov/OEMS/Files_page/ClinicianUpdate/CliniciansLetter-Pertussis.pdf).

One thing to emphasize is the need for adults to get the adult Pertussis Vaccine. Even if you were vaccinated as a child, you need this additional vaccine to prevent the spread of this disease. It is especially important for health care providers, parents and caregivers of small children and family members who may be around small children to get vaccinated.

For more information or to find a place to get your vaccine you can also visit: [www.soundsofpertussis.com](http://www.soundsofpertussis.com).

## Influenza - Peak Season is Around the Corner

In Virginia, peak flu season is in February. If you have not had the seasonal flu vaccine yet, it is not too late! There are free clinics around the state and getting the vaccine can help prevent you from missing work, missing out on fun activities and even prevent spreading the flu to others.

Influenza is not a disease to take lightly, it can cause serious illness and even death, especially in children and the elderly.

The VDH Web site has a great deal of re-

sources to help you learn more about the flu and even locate a flu vaccine clinic in your area at: [www.vdh.virginia.gov](http://www.vdh.virginia.gov).

It is up to you to do what you can to keep yourself, your family and your patients safe, and today that can include getting the adult Pertussis Vaccine and the Seasonal Influenza Vaccine.

### What can you find in the Portal?

- CE Reports
- Certification Exam Results
- Change of Address
- Test Eligibility Letters
- Agency Affiliation

and More...

The Office of EMS is strongly encouraging all EMS personnel in the Commonwealth to login and complete the registration process for the EMS Provider Portal. The EMS Provider Portal -- a new Web site -- provides secure, real-time, online access to a wide range of services offered by the Office of EMS to include CE Reports, test eligibility letters, certification exam results, agency affiliation and change of address services.

Please join us online today! It will only take you 5 minutes to complete the registration process.



To access the portal visit:  
[www.vdh.virginia.gov/oems](http://www.vdh.virginia.gov/oems)

# Calendar of Events

February						
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					

- Feb. 7 - Transportation Committee
- Feb. 10 - VAGEMSA Meeting
- Feb. 10 - Medevac Committee
- Feb. 10 - Regional EMS Director's Group
- Feb 10 - Regulation & Policy Committee
- Feb. 11 - ALS Coordinator Meeting
- Feb. 11 - Communications Committee
- Feb. 11 - Financial Assistance Review Committee
- Feb. 11 - Legislative & Planning Committee
- Feb. 11 - State EMS Advisory Board Meeting
- Feb. 16 - EMSAT
- Feb. 19 - EMS Instructor Update
- Feb 21 - President's Day (State Holiday)
- Feb. 24 - 27 - Virginia Fire Chief's Association Mid Atlantic Expo & Symposium
- February - National Heart Awareness Month

March						
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		

- March 30 - April 1 - Virginia Emergency Management Association Symposium
- March 16 - EMSAT
- March 3 - EMS Instructor Update
- March 12 - EMT-Enhanced Test (Lebanon, VA)
- March 13 - EMT-B Instructor Candidate Training & Testing
- March 20 - 26, 201 - Poison Prevention Week

Meeting dates are subject to change, visit the OEMS Web site at [www.vdh.virginia.gov/oems](http://www.vdh.virginia.gov/oems) for the latest events and locations.

## EMS Quick Hitters

### New OEMS Phone Numbers!

The Office of EMS now has new phone numbers. Everyone in the office has had their number changed. We are sorry for any inconvenience, but now it is easier to contact us, as we can all be found at the same number!

**Main # (804) 888-9100 or Training Main # (804) 888-9120**

The 800 number is the same:  
**1-800-523-6019 (VA only)**

### General OEMS E-mail



Do you have a question, but are unsure who to ask? Send us your questions, requests or comments to

**[emstechasst@vdh.virginia.gov](mailto:emstechasst@vdh.virginia.gov)**

The OEMS PI&E staff will respond to your questions or ensure that your questions are forwarded to the correct person for a quick response!

## Where's Little Gary?

He is hiding in the Bulletin! If you find him, e-mail the location to: [emstechasst@vdh.virginia.gov](mailto:emstechasst@vdh.virginia.gov) & you may be our lucky **Where's Little Gary** Winner & get a prize!



**Little Gary is Keeping his Resolution to exercise more!**

### Congratulations to:

Bill Perkins from Wintergreen & Eileen Williams from Buckhall VFD who won the last contest!

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](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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