Virginia Office of Emergency Medical Services
Virginia Department of Health
www.vdh.virginia.gov/oems

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EMS Bulletin

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

EMS Recertification Process Delayed

By: Scott Winston, Assistant Director

Recently announced changes in the EMS recertification process pertaining to the elimination of testing requirements or the requirement to obtain a test waiver will be delayed. Originally scheduled to take effect July 1, 2013, changes to the EMS recertification process must be delayed until regulatory reviews can be completed.

During the 2013 session of the Virginia General Assembly, several bills (HB1622 and SB 790) were introduced and subsequently passed that amended §32.1-111.5 of the Code of Virginia by removing the requirement for EMS providers to take a written examination or obtain a waiver from testing with the relevant Operational Medical Director (OMD) in order to recertify their EMS certification.

Before regulations can be adopted and put into effect, specific steps must be completed that are required by law and defined in the Administrative Process Act. Following the passage of HB1622 and SB790, the Office of EMS (OEMS) developed and submitted a regulatory package to request the adoption of certain changes to specific sections of the EMS Regulations related to the requirements for the recertification of EMS providers in order to conform to the new Code requirements.

One step in this regulatory review process requires the Office of the Attorney General (OAG) to ensure statutory authority for the proposed regulations. The OAG has ruled and informed the OEMS that implementation of the changes to the EMS recertification process cannot take effect until after a "fast-track" regulatory process is completed. A number of stages exist in the process and it will take additional time to complete before the changes in EMS recertification can take effect.

Therefore, in the interim, no changes in the EMS recertification process will occur. This means that in order to recertify your EMS certification, you must:

1. Complete all continuing education (CE) requirements and submit the required documentation to the OEMS prior to the end of your certification expiration date. The OEMS must receive all required documentation no later than the close of business on the last day of your certification period. If the last day of your certification period falls on a weekend, then documentation must be received no later than the last business day of the month your certification is set to expire.

2. Take the written examination for the level being recertified, or if affiliated with a Virginia licensed EMS agency, submit a test waiver signed by the agency's OMD prior to the end of your certification expiration date.

The OEMS apologizes for any inconvenience this delay in the implementation of these changes to the EMS recertification requirements may cause. Regular updates will be provided to the EMS community through our website and social media outlets. At this time, it is unknown how long it will take to "fast-track" the changes to the EMS regulations.

We will do everything we can to expedite completion of the "fast-track" regulatory review process. Once we complete the regulatory process and are able to implement these changes to the EMS recertification process, notification will be widely disseminated announcing the date that the new procedures for EMS recertification will take effect.

What Goes Into VPHIB Must Come Out

By: Carol B. Pugh, PharmD, M.S., Informatics Coordinator

As you are no doubt aware, A LOT of information is entered into the Virginia Pre-Hospital Information Bridge (VPHIB) each day. What happens once it gets into the database? OEMS uses it to check for compliance with data submission and data quality requirements. We are also beginning to use it for various routine statistical reports. But what can YOU, as an agency, do with it?

Everyone who enters data into VPHIB is allowed to look at the data he or she has entered, but there is often a limit to how far back one is allowed to go. In order to look at data that was entered by others, it requires a higher level of permission. Even these folks have limitations – they are only allowed access to their own agency's data. Depending upon the agency's size and call volume, multiple people may be granted this authorization.

It's always a good idea to have at least two people with administrative privileges for an agency. Why? It's the old adage, "What if (fill in the blank) gets hit by a bus?" It is very important to keep all user accounts up to date, not just the ones for administrative users. When a person leaves your agency, an administrator should inactivate the account as soon as possible. Note that the proper approach is to inactivate, not delete! Why is this so? VPHIB is a huge database consisting of a mind numbing array of linked tables (a table can be thought of as a single tab in an Excel spreadsheet.) Codes are used to identify most of the information stored in the system. For example, "4850" takes up a lot less space than "Treated, Transported by EMS." Codes also are used to identify VPHIB users. Let's say that Jane Smith, a paramedic who has worked for your agency for the past 5 years, decides to leave. If you delete her user account, you have made it impossible to link her to her work history. This may not be a big deal for calls from five years ago, but it might be problematic for more recent activity.

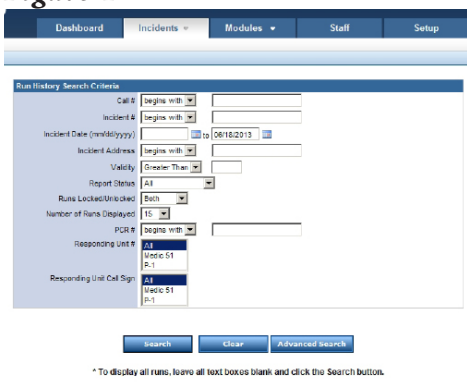
Getting back on track, how can an administrative user glean information from VPHIB? There are several approaches, each one suited to different needs. The greatest level of detail can be obtained by using the VPHIB run history report. The easiest way to count incidents by one or more categories is to use a Report Writer 2 (RW2) analytical, or data cube, report. A large variety of already prepared (aka "canned") reports are available as well – all you need to do is click on the report name, then click on "Generate Report," and then "Generate." These reports also are a good way to figure out how the most flexible – and complex – type of reports (transactional) are constructed.

Let's take a more in-depth look at each of the aforementioned report types.

VPHIB Run History Reports

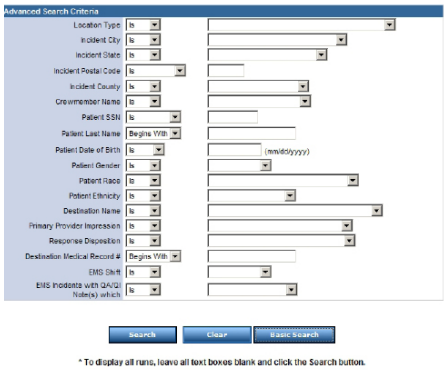
This type of report is probably the most commonly used. To access this tool, mouse over the little triangle on the Incidents tab, then click on Run History. See Figure 1 for a partial shot of the resulting screen. You will probably have something different listed under...

Figure 1



...Responding Unit # and Responding Call Sign, but the rest of the choices should be the same. This, and the Advanced Search tool (see Figure 2), are the best ways to locate individual run forms. You may need to find one particular run form or several with a common characteristic (e.g., incident date, run form validity score, incident location, patient age.)

Figure 2

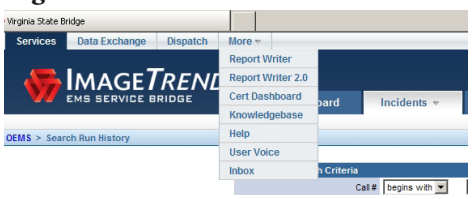


My advice for using this tool is to always set the Number of Runs Displayed to 100. If you have a result with 3 runs, it's not a problem. However, if you end up with 20 or 30 results, it is much easier to scroll down the screen than to have to keep changing pages.

Report Writer 2 (RW2)

The next three types of reports use the Report Writer 2 (RW2) application for VPHIB. To get to RW2, click on the little triangle in the More tab at the top of the screen and click on Report Writer 2 (see Figure 3).

Figure 3



Continued on Pages 10-11

Register Today for the 34th Annual Virginia EMS Symposium!

It's not too late to register for one of the largest EMS training events in the state, the 34th Annual Virginia EMS Symposium, November 6 – 10, in Norfolk, Va. **Registration is open through Friday, October 4.**

Attendees will receive an "education for life" with more than 250 classes available to help providers meet their continuing education (CE) needs and maintain their EMS certification. These classes are also applicable for nurses and physicians.

Check out the ALS & BLS Academies track for easy course selection, which targets classes designed to meet all continuing education requirements for ALS & BLS recertification.

Download a copy of the course catalog at www.vdh.virginia.gov/OEMS/Files_Page/symposium/2013Catalog.pdf.

Receive a discount when you register online at www.vdh.virginia.gov/OEMS/symposium/Registration.htm.

For general information about the Virginia EMS Symposium, visit www.vdh.virginia.gov/oems/symposium/.

EMSAT Reestablishes Free Service

By: Terry Coy, Media Specialist III

The Division of Educational Development recently reestablished a free, online CE service that is available 24/7 to more than 35,000 EMS providers in Virginia. It's derived from the monthly Emergency Medical Services Accredited Training (EMSAT) program. Between 50 and 60 EMSAT one-hour courses are hosted by CentreLearn Solutions, a vendor of online Fire and EMS courses. The EMSAT courses are free to all currently certified Virginia EMS providers, at no cost to the providers.

After viewing an EMSAT course on CentreLearn, providers will take a brief quiz. They are notified immediately of their quiz score. Three attempts at a passing quiz score are allowed. Centrelearn reports successful course completion in a timely manner to the OEMS.

In order to accommodate any special needs that may arise, EMSAT viewers should contact EMSAT Producer Terry Coy at 804-888-9129 or the Virginia Department of Health's Office of Human Resources at 804-864-7100 for assistance. All requests are confidential.

Accommodations are facilitated by the OEMS, furnishing subtitled DVDs of the EMSAT courses on CentreLearn. EMS providers can view the subtitled DVD on a PC or DVD player. They can view the same course on CentreLearn and complete the quiz after the course has finished. Written transcripts of EMSAT courses hosted on CentreLearn are also available from the OEMS.

The web-based courses on CentreLearn are offered in addition to the monthly Wednesday evening webcast to approximately 70 local Designated EMSAT Receive Sites in Virginia. For more information about the free EMSAT courses on CentreLearn, please visit www.vdh.virginia.gov/oems.

EMSAT SCHEDULE

Oct. 16 **How Sweet it is: Diabetic Emergencies**
Cat. 1 ALS, Area 89
Cat. 1 BLS, Area 05

Nov. 20 **Rapid Trauma Assessment and Treatment of Blast Injuries**
Cat. 1 ALS, Area 78
Cat. 1 BLS, Area 04

Dec. 18 **Treating the Overdose Patient**
Cat. 1 ALS, Area 76
Cat. 1 BLS, Area 05

VPHIB Data Could be the State's Best Source of Biosurveillance

By: Paul Sharpe, Trauma/Critical Care Manager

The VDH/OEMS requests agencies that have the ability to submit VPHIB data in real-time to please do so. If you use ImageTrend, EMSCharts and Zoll, you have this capability. Other vendors also may offer this feature. With the advances that have been made in EMS data collection, the EMS system could be the fastest resource for biosurveillance.

What is biosurveillance? Biosurveillance is a method of monitoring for biological agents used in terrorism, the spread of infectious diseases and foodborne illnesses. Real-time data submissions can also assist local, regional and state officials with rapid access to vital information about large-scale incidents that have occurred in the Commonwealth. Early detection of these types of incidents could save lives, decrease the spread illness and provide a means to rapidly intervene. Saving lives and rapidly intervening to prevent further illness and injury is the mission of EMS. Advances in technology now make it possible for the individual provider, treating an individual patient, to immediately affect a larger population of patients.

The most common issue VPHIB employees hear from agencies is that they don't want to submit a patient's EMS record until they are sure the record is complete and has the highest quality score possible. Agencies tell us that if a provider doesn't complete the EMS record during their shift that it may take up to 30 days for providers to complete it. Along the same lines, agencies want to be able to perform QA on the record before it is submitted.

All of the issues in the previous paragraph are still possible with real-time submission. When agencies establish web services (automatic uploading) even if the initial EMS record that is submitted to VPHIB is incomplete; once the record is updated and is completed it will be resubmitted to VPHIB and replace/overwrite the incomplete record. VPHIB employees would not assess your agency's data quality compliance on records until they were more than 30 days old. The initial data that is available in an incomplete record could be extremely valuable for biosurveillance. The same process you are currently using to assure VPHIB receives high quality records should not have to be changed if you initiate real-time submission.

All agencies that use the state provided Field Bridge submit in real-time, as do all EMSCharts users in Virginia. EMSCharts was the first third party vendor to establish real-time submission and VPHIB receives their records within minutes. Many agencies with their own ImageTrend Service Bridges also submit in real-time just by clicking on "auto-uploading" in the administrators section of their Service Bridge. Zoll Inc. also has this functionality. Zoll users can contact Zoll support and request that "web services" be turned on to auto-submit to VPHIB. Zoll will work with ImageTrend to make the connection.

Looking for more information about this topic? Read the President's National Strategy for Biosurveillance released in July 2012.

National Pediatric Readiness Project Update

By: Paul Sharpe, Trauma/Critical Care Manager

The Office of EMS' EMS for Children (EMSC) program recently completed a statewide quality improvement research project. The project assessed each emergency department's ability to stand ready to care for children of all ages; this statewide effort was part of the National Pediatric Readiness assessment sponsored by the Health Resources and Services Agency. All states and U.S. territories have contributed their state-level assessments to a larger national effort. This allows individual hospitals to compare themselves to like hospitals throughout the country and for Virginia to compare itself to other states.

In Virginia, 90 hospitals participated which represents a 96.8 percent response rate. However, the rate of civilian hospitals with emergency departments assessed is 100 percent. The collection of information occurred February 1 - May 7, 2013. Virginia received a pediatric readiness score of 76.6 percent, which was slightly higher than the national average 70 percent.

Further analysis of the data received from the assessment is being performed to identify Virginia-specific gaps in pediatric care. The gap analysis will help identify needs that can be addressed through the EMSC program and support the hospital pediatric categorization program that is being developed.

For more information about this survey, 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.

Course Enrollment Merges to the Web

By: Warren Short, Educational Development Training Manager

The Division of Educational Development in conjunction with the Office of Information Management have been working toward the development of a web-based program to supplement the paper-based bubble form used to enroll students into certification programs.

The Web-based course enrollment process is an option for those programs and students who have access to the Web. Students can now enroll either online or by paper form, but they should not use both. The Web-based program requires students to receive a course pin number from their instructor to access the application.
The new secured Web enrollment program allows the OEMS to immediately communicate with students electronically, as it now allows the capture of email addresses. In addition, the enrollment application allows students who are comfortable doing so, to provide demographics not previously available. Using the Web enrollment will allow the office to contact the student immediately upon being accepted in a course with their portal access information rather than waiting for the mail to deliver the information. The process enrolls students within 24 hours, significantly reducing paper-processing time that can take up to a week after mailing.
The OEMS emailed all Virginia education coordinators an invitation to attend multiple webinars to roll out the new program that began for all those who participated August 20, 2013. The training also will be made available during updates for the remainder of the year. With the portal and the Web enrollment, the OEMS hopes to soon start appreciating mailing cost savings.

Just a reminder, if you have not already done so, please be sure to activate your EMS portal and keep it updated. For more information about this topic, please contact the Division of Educational Development at 804-888-9120.

Regional EMS Awards Recognize Excellence

By: Tristen Graves, Public Relations Assistant

This year's Regional EMS Awards recognized the phenomenal acts of service and dedication exemplified by the EMS providers, agencies and supporters of Virginia's EMS System. From banquets to picnics, each Regional EMS Council hosted an awards ceremony in honor of the men and women who serve and provide quality prehospital care to their community.

"The Office of EMS has the greatest respect and admiration for EMS providers across the Commonwealth. As leaders in the EMS system, it is important that we take the time to recognize the outstanding accomplishments, achievements and day-to-day efforts of our EMS providers in Virginia," said Scott Winston, assistant director of the Virginia Office of EMS.

Recipients of this year's regional awards compete for the 2013 Governor's EMS Awards, which will be announced at the Virginia EMS Symposium's Annual Awards Ceremony, November 10, in Norfolk, Va. Winners will be presented with a trophy and a certificate signed by the Governor.

For more information about the Regional EMS Awards program, visit http://www.vdh.virginia.gov/OEMS/ProviderResources/GovernorAwards/index.htm.

The Governor's EMS Awards program is administered by the OEMS, in cooperation with Virginia's 11 Regional EMS Councils. The winners of the Regional EMS Awards are submitted on behalf of the Regional EMS Council to the Governor's EMS Awards Selection Committee. This committee reviews the nominations and sends its recommendations for the award winners to the Governor's office.

Rescue Squad Assistance Fund Grant Updates

By: Amanda Davis, Grants Manager

A new Rescue Squad Assistance Fund (RSAF) policy change affecting the Affirmation Page was recently implemented and is now required for future grant cycles. RSAF applicants must submit the Affirmation Page signed by the agency's Operational Medical Director (OMD). If the agency OMD is unavailable and the applicant submits the signature of the Regional OMD, the applicant must submit a statement explaining why their agency's OMD was unable to sign the Affirmation Page.

The OEMS also added a new special priority for the migration to VPHIB's version 3 (VAv3) requirements to the list of special priorities. This special priority was added during the June 2013 grant cycle and will be available for future grant cycles until further notice. The list of special priorities is available at http://www.vdh.virginia.gov/OEMS/Agency/Grants/GeneralGrantInfo.htm. Applicants must submit the Special Priorities Questionnaire with their grant application in addition to any other questionnaire that is required for a specific request.

The next RSAF Grant awards will be announced January 1, 2014.

For more information about the RSAF Grant Program, visit http://www.vdh.virginia.gov/OEMS/Agency/Grants/index.htm. For questions about the RSAF Grant Program, contact Grants Manager Amanda Davis at 804-888-9106 or Amanda.Davis@vdh.virginia.gov.

Implementation of FBI Background Checks Delayed

By: Michael Berg, Regulation and Compliance Manager

The OEMS is working with the Virginia Department of Health (VDH) executive leadership and the Virginia State Police (VSP) to obtain the necessary equipment, supplies and to develop policies and procedures for the implementation of FBI background checks for each person who, on or after July 1, 2013, applies to be a volunteer with, or employee of, an EMS agency. Because these tasks are not complete, there will be a delay in the enactment of these new requirements in the law (§32.1-111.5).

Once the OEMS can implement the new requirements in the law, each person who applies to be a volunteer with, or employee of, an EMS agency will be required to submit fingerprints and provide personal descriptive information (race, height, weight, eye color, hair color, etc.) to be forwarded by the OEMS through the Central Criminal Records Exchange of the VSP to the Federal Bureau of Investigation, for the purpose of conducting a state and national criminal history check.

There is no change in the background investigation policy at this time.

The law does not require EMS agencies to submit fingerprints and personal descriptive information to the OEMS. EMS agencies may obtain state and national criminal history checks through other established processes; however, the cost to conduct these checks will not be covered by the state. EMS agencies should not change their practice until further notice. A notification will be generated by the OEMS when everything is in place to begin the new background check process.

If there are any questions pertaining to an individual's eligibility for affiliation with a licensed EMS agency and/or their eligibility for EMS certification, please contact Michael Berg, regulation and compliance manager at 1-800-523-6019 or 804-888-9131 or by email at Michael.Berg@vdh.virginia.gov.

Required Medical Practitioner Signature on PPCR Reports

By: Michael Berg, Regulation and Compliance Manager

The OEMS recently announced changes pertaining to the elimination of the requirement to obtain the signature of the medical practitioner who assumes responsibility for the patient at the hospital on the prehospital patient care report, for an incident when a drug is administered or an invasive procedure is performed. Although the law was scheduled to take effect July 1, 2013, changes to regulations are necessary before that can occur.

During the 2013 session of the Virginia General Assembly, several bills (HB 1499 and SB 773) were introduced and subsequently passed that amended §54.1-3408 of the Code of Virginia permitting certified EMS personnel acting within their scope of practice to administer drugs and devices pursuant to an oral or written order or standing protocol.

Before the OEMS can remove language in the EMS Regulations that requires EMS personnel to obtain the signature of the medical practitioner who assumes responsibility for the patient, the Board of Pharmacy (BoP) must remove language pertaining to medical practitioner signature in their existing regulations that appears in 12VAC110-20-500.

The BoP met June 18, 2013 and adopted the changes into regulation, which went into effect September 25, 2013.

Until further information is released, EMS personnel will continue to be required to obtain the signature of the medical practitioner who assumes responsibility for the patient at the hospital on the prehospital patient care report. If the patient is not transported to the hospital or if the attending medical practitioner at the hospital refuses to sign the record, a copy of this record shall be signed and placed in delivery to the hospital pharmacy that was responsible for that medication kit exchange by the agency's operational medical director within seven days of the administration.

Now that the BoP regulations are effective, the OEMS has begun the process to implement these changes to the EMS Regulations. The OEMS is currently working with the Attorney General's Office and will send out notification to announce the date that these new procedures pertaining to medical practitioner signatures on patient care reports will take effect.

If you have questions regarding this topic, please contact your area EMS Program Representative or Michael Berg, regulation and compliance manager at 1-800-523-6019 (toll free in VA), 804-888-9131 (direct) or by email at michael.berg@vdh.virginia.gov.

E.V.E.N.T. Tool

The EMS Voluntary Event Notification Tool (E.V.E.N.T.) is an anonymous online notification system for EMS practitioners to report near miss patient and practitioner safety events, and line of duty death incidents.

The purpose of the system is to collect and aggregate data that will then be analyzed and used in the development of EMS policies and procedures. It also will be used to train, educate and prevent similar events from occurring in the future.

No individual responses will be shared or transmitted to other parties.

Support of this online reporting tool by EMS organizations across the nation is the key to its success. The OEMS was recently recognized as a site partner.

For more info, visit the E.V.E.N.T. website at www.vdh.virginia.gov/oems and at http://www.vdh.virginia.gov/OEMS/EO/EMS-Safety.htm.

These online reporting tools are available at www.emseventreport.org.

September is National Preparedness Month

By: Winnie Pennington, Emergency Operations Planner

As EMS responders, you are considered leaders in your community and have the opportunity to set examples for your employees, members and the community to follow. September is National Preparedness Month, and presents the perfect opportunity to join your community in preparing for emergencies and disasters of all types, and leading efforts to encourage the community as a whole to become more prepared.

Disasters not only devastate individuals and neighborhoods, but entire communities and organizations of all sizes, including EMS agencies. As a leader and important member of your community, having a business continuity plan can help, protect your organization, its members and its infrastructure. This will maximize your chances of recovery after an emergency or disaster so that you can continue to serve your community.

This year, the Ready Campaign and Citizen Corps, with support from members of the National Preparedness Community across the nation, including a wide range

of businesses and organizations, is focusing on encouraging individuals, families and businesses including public safety agencies, to take active steps toward becoming ready.

We must work together as a team to ensure that our families, EMS organizations, businesses, places of worship and neighborhoods are ready to recover from an emergency.

As EMS agencies and leaders, we have the opportunity to focus on preparing our staff, operations and assets to recover successfully from emergencies.

For more information about the Federal Emergency Management Agency (FEMA) Ready® program, visit Ready.gov/business and Ready.gov/responder.

If you have any questions or would like additional information or help with preparedness planning for your agency, please contact Winnie Pennington at 804 888-9158 or winnie.pennington@vdh.virginia.gov.

Does Your Agency Have an Emergency Communication Plan?

Excerpt from FEMA Ready® Responder Toolkit

First responders are designated "emergency" employees with defined roles and responsibilities. As such, there will be procedures in place to establish communications through either an employee hotline and/or a website. Many agencies and departments also establish communication through "Call Trees" or "Call Down" lists that include the employees' work phone numbers, home phone numbers, cellphone numbers, pager numbers and an alternate contact phone number.

The first responder should be familiar with the primary communication system and any backup system for establishing contact, should the primary telephones, faxes and Internet not be functioning.

This information should be regularly trained and exercised upon, and reminders of the mediums that will be utilized should be frequently given. The vital information that should be shared through these systems includes:

- Who is required to work?
- When to report.
- Where to report.
- Any changes to the facility operations.
- Nature and expected duration of the work shift.

Social media is a powerful tool. Consider such websites as Nixle, Twitter and Facebook. Many of these websites work best if the first responder establishes a network of friends and family members prior to an emergency.

The agency that the first responder works for should also consider using social media to inform friends and family members about emergencies and the status of its employees. Use the website's internal search functions to determine if an agency uses a particular social platform.

Information on linked websites is often included on an agency or department's home page.

For more information about this topic, please visit http://www.ready.gov/responder.

CISM Response to Moore, Oklahoma

By: Ellen Vest, M.A., NREMT-P

On May 20, 2013, I was driving home from my work as EMS Program Director at Rappahannock Community College. Home is Deltaville, a town on the Chesapeake Bay that is filled with marinas and summer cottages. During that drive, I received a phone call that brought back memories of a previous event in April, two years earlier. I was employed with the Newport News Fire Department when we were dispatched during a storm to "trees down" over the road and railroad tracks just east of Busch Gardens in Williamsburg. When we returned to the station, I received a call informing me that Deltaville had been "flattened" by a tornado – the same one that took down the trees near my station. Fortunately, that was an overstatement. Still, it was a stressful 12 hours until I was able to get home.

Photo submitted by Carol Morrow, OEMS technical assistance coordinator

Deltaville is a peninsula at the mouth of the Rappahannock and Piankatank Rivers at the Chesapeake Bay. That tornado damaged 90 homes, flattened 30 of them and ripped the Baptist church in half. The neighboring county, Gloucester suffered two fatalities, but Deltaville had no reported injuries. I learned first-hand what it was like to have my community suffer a disaster while my own home remained intact. I experienced what it was like to live unscathed while others suffered.

Our minds have the ability to connect matching puzzle pieces. Sometimes the pictures fit and sometimes the pictures are just shapes, that when placed together do not make sense. That is what happened when I received the phone call informing me that Moore, Oklahoma had been destroyed by a tornado. This is significant because my daughter and her family live in Moore. It took a few minutes for that information to sink in, and as soon as I was able, I turned on the news.

The devastation was great and very personal, as I had been by those places that were damaged or destroyed. It was only 15 minutes until I received a text message that my family was safe and their home was undamaged. Then the memories of small town destruction suddenly flooded my mind.

The next morning Michael Player, executive director of the Peninsulas EMS Council called me to go to Moore with one of our team's Mental Health Providers (MHP) Dawn Linton.

Our regional CISM (Critical Incident Stress Management) team falls under the umbrella of the PEMS Council, the OEMS and the International Critical Incident Stress Foundation (ICISF). This team started when several members, who are still with our team, and who were trained by Jeff Mitchell in one of his first classes that took place in Virginia back in the 1980s. Our mission is to provide support services to public safety responders.

Freelancing is frowned upon in all emergency response situations. I would say that most of us, if not all, have an innate desire to help. It is dangerous, however, to go into a disaster area unbidden and unsupported even if the response is for the purest, most altruistic motives. In this situation, CISM was requested by the communications supervisor in the dispatch center in Moore to Terry Hall, president of the International Association of Public Safety Communications Officers (APCO). Mr. Hall had previously worked with Mike Player and contacted him to respond personally. Mike suggested that Dawn and I go. We found out later that the supervisor had come from Utah only months earlier. She had benefited in the past from CISM and realized the need her people had for a response. No one in the dispatch center had heard of CISM and we found out later that Oklahoma CISM is largely law enforcement-based. Until the first of this year, the Moore's dispatch center was under Emergency Management. It is now under the Police Department and the local CISM makes contact.

In CISM, timing is everything. The decision was made to go the first week in June to allow things to settle a bit. At that time, our expectations were not that the disaster would be over, but that at least the critical work of these responders would slow down

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What Goes Into VPHIB Must Come Out - Cont'd From Page 2

By: Carol B. Pugh, PharmD, M.S., Informatics Coordinator

This tool is an "add on" application. When you open RW2, it actually brings you to a new screen, leaving your VPHIB session patiently waiting for your return – patient, that is, until about a half hour has passed. Every 30 minutes or so you will get a little pop up message warning you that your VPHIB session has been idle for 30 minutes and asking if you want to continue. Click on the affirmative response. This can be annoying, because you have no doubt been busily working on your report query, not lounging about eating bonbons!

One of the most common complaints I hear about RW2 is that it is not very easy to use. Hey, I'm a nerdy geek and even I have to agree with this statement. What I tell people is to think of RW2 as more of a "data extraction" tool than an analytical one. You can always have RW2 dump your results into a CSV file and look at them in Excel. Of course, that means you need to learn some of the bells and whistles in Excel, but that's a lot easier to do than trying to create the perfect report in RW2.

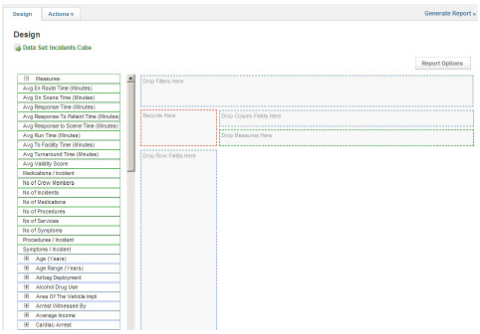
In order to get back to the main screen in RW2, click on the blue Create a Report button (see Figure 4, near the upper left corner.) Tired from your data mining experiences and want to go home?

Figure 4

Click on the Services tab (Figure 4, upper left corner) and you will be back at the familiar VPHIB main screen.

So what can you do with RW2? Here are a few of the basics, all of which can be accessed via the main RW2 screen (see Figure 4).

Figure 5



RW2 Analytical (Data Cube) Reports

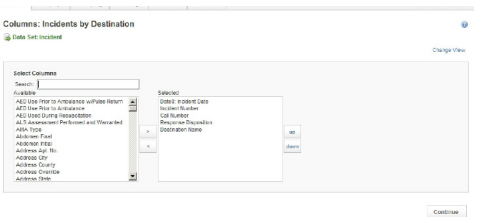
I love these! They are pretty easy to use and give you satisfying results quickly. The data cube is updated daily, so the output should be reasonably current. Simply drag and drop the items from the list on the left (see Figure 5). Everything is color coded – measures are in boxes outlined with green and row fields are outlined with blue. Put something in the wrong place or decide that you don't like what it does after all? No problem, just drag and drop it into the recycle bin (outlined with red). My primary piece of advice for this tool is to always use filters (fields only, no measures)!

At a minimum, include the incident date (which, for some reason, is labeled as Notified Date.) The default is to include everything since the dawn of time (well, since the beginning of your agency's data reporting.) If you click on the field name (it will be blue), you will be given the opportunity to uncheck the All Notified Date box and check what you want. This is where the beauty of data cubes becomes evident – you cannot only pick a particular year or years, you also can specify one or more months or even one or more particular days of the month (I told you I am a nerdy geek!) Click on the Submit button and the data cube delivers your request. This drill down capability is available for nearly all of the field choices. Click on the "+" to expand the choices. Too much information? Click on the "-" to roll things back up. One final word of caution – beware of the "average" measures! To make a long story short, averages generally do not do a good job of identifying the middle of EMS data. So why are they there? Because it is easier to calculate an average than a median.

RW2 "Canned" Reports.

Between ImageTrend and Paul Sharpe of OEMS, as well as a number of your fellow VPHIB administrators at other agencies, a whole slew of reports are available for the clicking! The All Reports section (see Figure 4, mid to bottom left side of the image) contains a catalog of ready-to-use reports. Because of the way RW2 is set up, even if someone from an agency in the next county created a report and saved it for all to use, you will see only your data when you run the report. To take advantage of this cornucopia of reporting, click on the folder name (it has the number of reports available in parentheses,) then click on the report you want to run. Don't freak out when you are greeted by something like what is shown in Figure 6.

Figure 6

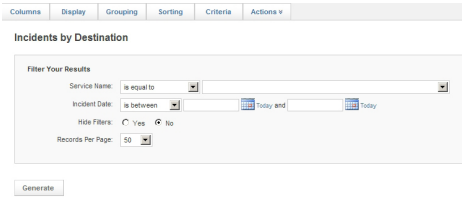


What Goes Into VPHIB Must Come Out - Cont'd From Page 10

By: Carol B. Pugh, PharmD, M.S., Informatics Coordinator

To run the report, all you need to do is click on Generate Report (upper right corner,) then Generate (see Figure 7, lower left corner).

Figure 7



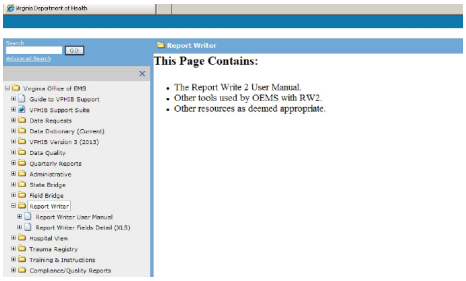
Sometimes you will have the opportunity (as in this example) to filter your results based on a particular characteristic. You can either do so or leave the field blank.

There are several types of "canned" reports. The ones created by ImageTrend will have an icon that looks like a spiral bound notebook with a vertical red stripe. All of the others were created by OEMS or other VPHIB users; the icon will match the format used to create the report (see Figure 4). If the "canned" report does not meet your needs, you can tweak it (but please "save as" – rather than "save" – or add it to My Reports.)

RW2 Transactional Reports.

Once you feel comfortable, you can take on the challenge of creating your own report from scratch! When I was learning how to use RW2, I found that looking at various "canned" reports helped me to figure out how I could get what I wanted. Initially, it always took several attempts to get things right, so if you try this approach, be patient!

Figure 8



This article was meant as a really quick overview of the ways you can use the data you and your colleagues have entered into VPHIB. If you want some written instructions on how to use RW2, click on More, then click on Knowledgebase (see Figure 3). Next, expand the Report Writer folder on the left (see Figure 8). This will bring you to some resources that you should find helpful. Actually, there's a whole bunch of very useful stuff in the Knowledgebase, so you might want to mosey through it and see what's there.

Speaking of helpful links, If you click on More followed by Help, you will be brought to the ImageTrend University site, a wonderful repository of all kinds of "how to" videos for their software products.

Don't Say You Didn't Know (DSYDK)

Finally, if you are attending Symposium in November, I'll be teaching two basic and two intermediate/advanced RW2 classes. I hope to see you there! I'll also be conducting a reporting session for the OMDs as part of their pre-symposium program.

Provider Health and Safety Pledge

By: Karen Owens, Emergency Operations Manager

The OEMS recognizes the importance of provider safety, whether it's on the scene, responding or working at the station. As part of our focus on provider health and safety, the Provider Health and Safety Committee of the State EMS Advisory Board developed two safety pledges.

The first pledge focuses on the areas where an EMS agency can make provider health and safety a priority. The second pledge is written specifically for the EMS provider. Like the agency pledge, the provider pledge also provides areas that focus on health and safety.

It is strongly encouraged that EMS agencies and their members sign the safety pledge. You can download the safety pledge at the following links:

Provider Safety Pledge
www.vdh.virginia.gov/OEMS/Files_Page/EmergencyOperations/Provider-SafetyPledge.pdf.

EMS Agency Safety Pledge
www.vdh.virginia.gov/OEMS/Files_Page/EmergencyOperations/Agency-Pledge.pdf.

Signed pledges can be returned to the following address so that agencies may receive recognition for their pledge to focus on provider health and safety.

Mail pledges to:
Virginia Office of EMS
Attn: Karen Owens, Emergency Operations Manager
1041 Technology Park Drive
Glen Allen, Virginia 23059

For questions about this pledge, please contact Karen Owens at Karen.Owens@vdh.virginia.gov.

Standards of Excellence Program

By: Carol Morrow, Technical Assistance Coordinator

Whether your EMS agency is a career, for-profit or volunteer-based agency, it's still a business. EMS agencies are in the "business" of providing quality prehospital patient care to millions of Virginians on a daily basis.

However, not all EMS agencies are created equal. Some may need assistance running their business. The Standards of Excellence (SoE) program is a self-evaluation program designed to assist EMS agencies by identifying their critically defined areas that require improvement and by supplying technical assistance to improve those critically defined areas.

The SoE program will first be available to smaller volunteer and rural EMS agencies that may be struggling to keep their crews operating 24/7 in addition to maintaining the business functions of their agency.

The critical areas addressed in this program are called Areas of Excellence. Each area provides questions based on best practices in that category. The SoE program has seven Areas of Excellence or areas of EMS system "concentration," which will be reviewed.

The Areas of Excellence categories are:

- Leadership/Management
- Recruitment & Retention
- EMS Operational Readiness
- Life Safety
- Medical Direction
- Clinical Care Measures/Standards
- Community Involvement

Each of the Areas of Excellence are reviewed using an assessment document that details optimal tasks, procedures and guidelines that are necessary to maintain the business of managing an EMS agency. The EMS agency can choose to complete each survey, which self-identifies areas that may need improvement.

This program provides assistance to agencies in a non-threatening way through a voluntary process that self-identifies how the agency is doing through the SoE Survey. It then offers technical assistance to improve the areas that the agency has identified in need of improvement.

After the self-evaluation process is completed, the agency (if they chose) may submit their SoE documents to the OEMS for review and identification of resources and information, which will assist them with the improvement of their areas of weakness.

Hands-on assistance is also available (if requested) during this improvement process, from the SoE Technical Assistance Teams, which are comprised of the Regional EMS Councils and subject matter experts.

For questions about the SoE program, contact Carol Morrow, Technical Assistance Coordinator at 804-888-9137 or Carol.Morrow@vdh.virginia.gov.

Updates and additional information about this program will be available at http://www.vdh.virginia.gov/OEMS/Agency/Recruitment/.

Important Reminder About Emergency Response

By: Karen Owens, Emergency Operations Manager

With the current Atlantic Hurricane outlook and the potential that areas of the United States may be significantly impacted, the Virginia Office of EMS would like to post some reminders about disaster assistance. As EMS providers, we understand that you want to help and that you may feel compelled to want to travel to areas impacted by a major disaster. We request that you please do not respond to any area of Virginia, or the country, that needs assistance, unless you have received a formal request. Requests for assistance from impacted areas will be routed through the Virginia Emergency Operations Center. Those requests pertaining to EMS will be assigned to the Office of EMS, Division of Emergency Operations where they will be filled as applicable and appropriate.

Liability, safety, and accountability become major issues when self-dispatch to affected areas occurs, whether it is done by an agency or a single provider. Self-dispatching also places a strain on the response structure of the affected locality and impacts their ability to effectively respond to the incident. Again, the best assistance you can provide is making yourself available to your local agency, not self-dispatching to the impacted areas.

If you have any questions please contact Karen Owens, Emergency Operations Manager, at Karen.Owens@vdh.virginia.gov. You can also call 804-888-9100

CISM Response to Moore, Oklahoma - Cont'd from Pg. 9

By: Ellen Vest, M.A. NREMT-P

and they would have time to work through some of their heightened responses as well as any personal losses. What none of us could plan for was the second massive tornado that came through just 11 days later.

All plans for travel were in place and the morning before our scheduled departure Dawn had a family emergency that required her to go to Connecticut. All attempts to find a qualified, licensed MHP who was able to go on short notice was exhausted. I must add that an interstate deployment, even one that is privately requested as this was, must go through proper channels. The deployment was reported to Karen Owens, Emergency Operations division manager with the OEMS and she notified everyone on the state level who needed to know what was happening. This made the task of requesting someone outside of our local team much easier. It was determined late that afternoon that Carol Morrow, Technical Assistance Coordinator for the OEMS, approved ICISF instructor and former CISM coordinator for Virginia, was able to go with me. It was Don Howell, executive director of ICISF who assured me that we would make a great team even in the absence of an MHP, and he was right. He then provided us with names of some people in Oklahoma that we could contact if the need arose. One of those being, Kathy Thomas, who worked with Carol in Virginia on several Post Critical Incident Seminars for responders to the 9/11 attack on the Pentagon. Carol contacted Kathy on our way to Oklahoma. Kathy arranged for a communications peer out of Tulsa to join us in Moore. This was well planned because in a few days we would be gone and those in Moore would have a local contact.

We were asked to do a "debriefing" at 1400 hours that day. This was one time they would all be together and was a regular meeting time for them. Carol and I agreed that this was not the right time for a debriefing due to the impact of the second storm. The number of reported fatalities was still rising and the entire Oklahoma City greater metropolitan area was still in response mode.

The PEMS CISM Team has held many critical incident stress debriefings over the years and they have been well received, but CISM incorporates several interventions and we are careful to provide the right intervention to the right people at the right time. The debriefing is involved and generally lasts from two to four hours. It takes participants through a seven-stage process including a phase where deeper emotions are shared in a safe and confidential environment. It works best after the event is completely over and when responders have had time to process their own reactions. Our team generally aims for 48 to 72 hours post incident. Given the timing and extent of Moore's response, Carol and I decided to do what is called a defusing, which provided what they needed right away - information on stress and how people respond to it physiologically and psychologically. The education phase is essential to all interventions. Responders need to know that their reactions are normal under the circumstances and what they can do to take care of themselves as they recover – exercise and healthy eating being foremost, along with having trusted friends or family members to talk with. Carol was able to bring enough copies of Under the Headset: Surviving Dispatcher Stress for each of the 12 attendees. During that time we learned that two of the dispatchers also worked through what the locals call the "May 3rd Storm" of 1999 and one had only been there three months. Isn't that often the case as we respond to the bad calls? Carol and I left that meeting with the promise to be available by cellphone for anyone who wanted some individual time with us to talk or visit. We also told them we would be back at shift changes to touch base. We spent a lot of time talking with the supervisor over the next couple of days. We met with one of the dispatchers over breakfast for a couple of hours the morning before we left. We heard later that she was able to sleep through the night for the first time in a long time.

During our visit, we surveyed the damage and it was just as horrible as expected. The neighborhoods have hundreds of houses, mostly brick that look almost alike. The neighborhood directly to the south of my daughter's was leveled and much of the cleanup had already begun. The neighborhood to the west was almost as bad. The relative lack of damage surrounding my daughter's home was almost surreal in comparison. The impact was felt by all, especially when you consider the loss of family members and friends, the loss of a medical center, schools and day cares.

The people who live in tornado alley are resilient. They value their families more than their property. In my area we prepare for a hurricane or two every year. Folks in Oklahoma hear the sirens and head for the shelters. Not the dispatchers, however. In an unprotected building they are told to stay at their post. Along with all of the other first responders who will rest when it is all over.

Ellen Vest is the EMS Program Director at Rappahannock Community College in Glenns, Virginia. She retired from the Newport News FD in 2011. S has been active in CISM since 1996 and is an approved ICISF instructor. In 2008, she received her M.A. in Human Services Counseling from Regent University.

Calendar of Events

October						
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		

Oct. 4 - 2013 Virginia EMS Symposium registration deadline by 5 p.m.
Oct. 5 - EMS Educator Update
Oct. 9 - Training and Certification Committee, 10:30 a.m.
Oct. 10 - EMSC Committee, 3 p.m.
Oct. 10 - Medical Direction Committee, 10:30 a.m.
Oct. 14 - Columbus Day Observed
Oct. 16 - EMSAT
Oct. 21 - Transportation Committee, 10 a.m.
Oct. 29 - World Stroke Day
October is National Breast Cancer Awareness Month

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

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

Nov. 6-10 - 2013 Virginia EMS Symposium
Nov. 6* - State EMS Advisory Board
Nov. 6* - Emergency Management Committee, 10 a.m.
Nov. 6* - Legislative & Planning Committee, 9 a.m.
Nov. 6* - Medevac Committee, 9 a.m.
Nov. 7* - Financial Assistance Review Committee (FARC), 9 a.m.
Nov. 7* - Communications Committee, 9 a.m.
Nov. 7* - VAGEMSA, 7 p.m.
Nov. 9 - EMS Educator Update
Nov. 20 - EMSAT
Nov. 11 - Veterans Day Observed
Nov. 27 - State offices close at noon
Nov. 28 – Thanksgiving Observed
Nov. 29 – Day After Thanksgiving Observed

These meetings will occur at the 34th Annual Virginia EMS Symposium in Norfolk, Va.

EMS Quick Hitters

OEMS Feedback Tool
In order to assist the OEMS to provide the best customer service possible, an online feedback form was recently posted online in order to capture comments from the public.

This feedback form offers a great outlet to commend the OEMS staff members for their positive and exceptional service, or to provide recommendations for service-related improvements. Always remember to include the name of the person at the OEMS who provided you with assistance when leaving feedback.

You may submit your feedback by visiting the OEMS home page 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.

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For the latest EMS news, "like" us on Facebook at www.facebook.com/pages/Virginia-EMS/153545858005772 and follow us on Twitter at www.twitter.com/virginiaems.

EMS Challenge Question

When does registration close for the 2013 Virginia EMS Symposium?

Email the correct answer to emstechasst@vdh.virginia.gov and the lucky winner will receive a prize pack from the Office of EMS.

Congratulations to the winner of the last newsletter challenge question, Shannon Freeze with Stanley Volunteer Rescue Squad!

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

The Virginia Department of Health (VDH) Office of Emergency Medical Services (OEMS) publishes the *EMS Bulletin* three times a year.

If you would like to receive this publication via email, please send your request to emstechasst@vdh.virginia.gov or sign up to join our email list at www.vdh.virginia.gov/oems.

Gary R. Brown, Director,
Office of EMS

P. Scott Winston, Assistant Director,
Office of EMS

Marian Hunter, Public Relations Coordinator, Editor/Writer
Office of EMS

Tristen Graves, Public Relations Assistant, Assistant Editor/Writer
Office of EMS

1041 Technology Park
Glen Allen, VA 23059
(804) 888-9100
www.vdh.virginia.gov/oems