Virginia Office of Emergency Medical Services
VDH Virginia Department of Health
Protecting You and Your Environment
www.vdh.virginia.gov

# EMS Bulletin

Office of Emergency Medical Services,
Virginia Department of Health
Spring 2010

## Office of EMS - Together Again

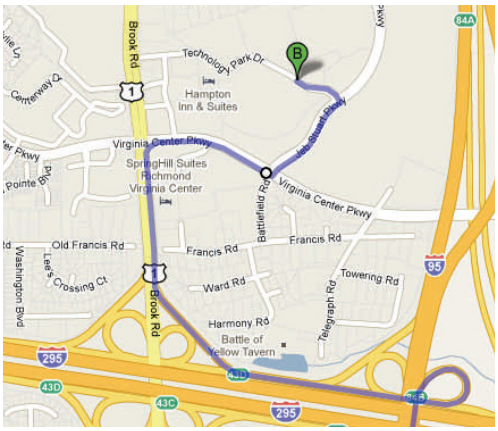
The divisions of the Office of EMS (OEMS) that were located in downtown Richmond have moved to 1041 Technology Park in Glenn Allen, which is located just north of Richmond.

Now all divisions of OEMS are located in the same office park, which allows us to be more accessible to you. There is ample free parking and the offices are conveniently located near interstate 95, interstate 64 and 295.

There are meeting facilities in both locations and OEMS and the Governor's Advisory Board will use these meeting spaces for committee meetings, training, important events and more.

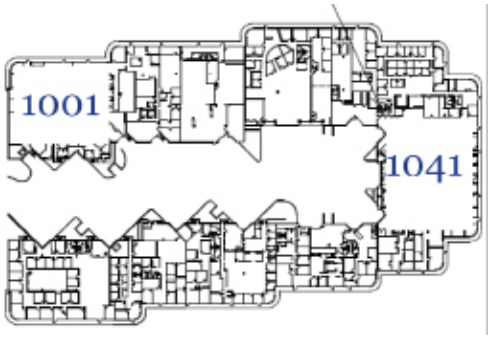
Detailed directions are available on the OEMS Web site at www.vdh.virginia.gov/oems. Please note that our mailing address and phone numbers have changed. The Web site also has contact information for OEMS staff.

We look forward to seeing you at our new location! Below is a listing of the divisions located in each location:




**1041 Technology Park Drive**
- OEMS Director
- Division of Trauma and Critical Care
- Division of Emergency Operations
- Division of Administration and Fiscal
- RSAF Grants
- Public Information
- Accounting and Fiscal

**1001 Technology Park Drive**
- OEMS Assistant Director
- Division of Educational Development
- Division of Regulation and Compliance
- EMS System Planning and Regional Coordination
- Technical Assistance to Localities and EMS Agencies




### Our New Contact Information:

**1041 Technology Park Drive**
**Glen Allen, VA 23059-4500**

**1-800-523-6019 (VA only)**
**804-888-7507 (phone)**
**804-371-3108 (fax)**

# Provider Portal - Opening the Door to Your EMS Records

By: Chad Blosser, Training QA/QI Coordinator

For years, training, certification and education records have been housed on two distinct, yet separate server platforms. We have been working for the past four years to bring new, exciting changes to our online presence. Finally, we were able to move our main Oracle database to a web-based version.

The Office shut down the old Lotus Notes based CE Report interface. The old system was replaced by a new, faster, more user friendly EMS Provider Portal hosted in real-time by our Oracle database.

In an effort to reduce our impact on the environment and provide more timely access to data, the Office of EMS is moving toward a "paperless office" as quickly as possible.
This portal will be a one-stop shop for EMS Providers to interact with the Office in real-time. The Provider Portal will be a secure, interactive location where one can update their address, telephone numbers and e-mail address.

OEMS is going paperless! We will no longer be mailing CE Reports, eligibilty letters, etc. in six months! Be sure to log into the portal today so you can access the information that you need!

In addition to these features, the EMS Provider Portal will provide links to real-time OEMS CE Reports, a new CE Summary Report and if applicable, a link to the provider's Eligibility Letter. Other features and reports will be added as we move forward.

Once the new portal launches, the Office will deactivate the automatic printing of CE Reports and Eligibility Letters for initial testing. EMS Providers will become responsible to login to the portal in order to access this information.
Questions and Assistance with Initial Logins:

We have developed an all encompassing EMS Provider Portal Quick Guide to answer questions and assist providers with this launch (available on the OEMS Web site). If a person takes time to read, they should have no trouble getting logged on to the new system.

Should you still have questions or if you find that you are unable to login, please send an e-mail to the VDH Helpdesk for further assistance or to request a password reset at: oim_webappshelp@vdh.virginia.gov.

# Do You Know How Great the Keeping the Best! Program is?

By: Carol Morrow, Technical Assistance Coordinator

It is so impressive that the State of West Virginia is adopting the program – lock, stock and barrel! Two of the Keeping the Best! (KTB) instructors have been requested to assist getting West Virginia's program on its feet. What a compliment! Have you taken any of courses in the *Keeping the Best!* series?

Retention of EMS providers continues to be a primary concern with Virginia EMS agencies. Virginia is very fortunate to have the Keeping the Best! retention program.

In fact, the Office of Emergency Medical Services wants to provide this great course for your agency, city or county. We are looking for locations to hold this program. Don't miss out! Every EMS officer should take this course.

To signup or for more information, please contact Carol Morrow, OEMS Technical Assistance @ 804 864-7646 or carol.morrow@vdh.virginia.gov.

## Join Us for: Keeping the Best! How to Use EMS Retention Principles

**When: June 13, 2010**
**9 a.m. – 4 p.m.**
**Where: O.W.L. V.F.D.**
**Station # 2 Woodbridge**

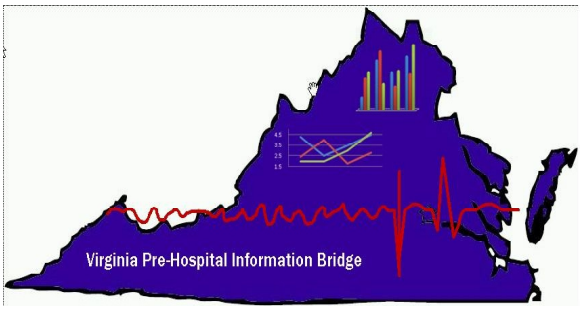
**Seating is limited, so register today!**

**There is no charge - includes lunch and all course materials. For Questions contact: Melissa Payne – (571) 641-5498 or Carol Morrow – (800) 523-6019**

**Category II CEs will be awarded**

# Virginia Pre-Hospital Bridge (VPHIB)

By: Paul Sharpe, Trauma and Critical Care Coordinator




The Virginia Pre-hospital Information Bridge has been developed as a modular EMS information system and not just for use as a data collection tool like the PPDR program was. The "State Bridge" will replace all of the components currently used by OEMS to collect EMS data. The "Field Bridge" is the program that agencies can use for electronic patient care reporting (ePCR) on Panasonic Toughbook computers or similar rugged portable computers.

The goals and objectives of the VPHIB system include the following:

• An overall upgrade of the current systems used to collect data on Virginia's EMS responses

• Update the data items OEMS currently collects to comply with the national EMS dataset, known as NEMSIS.

• Provide OEMS and EMS agencies with performance improvement tools

• Provide EMS agencies with access to their data through user-friendly system tools

OEMS Trauma and Critical Care staff are currently traveling with the software vendor (ImageTrend) around the state to deliver regional trainings to EMS agencies. It is anticipated the system will used statewide in Spring/Summer 2010.

What are three things every EMS agency should know about the VPHIB system?

1) Know when to attend training

Those persons listed as Owner 1 and 2 according to our Regulations and Compliance division records received the training invitation with all the details needed. It is the sole discretion of these leaders to designate the agency representative; these instructions were detailed in the letter received.

2) Know how to get access to the system

a) Read the implementation steps document: http://www.vdh.virginia.gov/OEMS/Files_page/trauma/EMSR/ImplementationAnnouncement.pdf

b) Submit a fully completed Agency Workbook: (http://www.vdh.virginia.gov/OEMS/Files_page/trauma/EMSR/AgencyWorkbook.xls)

c) Submit an agency administrative logon request and VPHIB user security agreement: (http://www.vdh.virginia.gov/OEMS/Files_page/trauma/EMSR/AdministrativeUserLogon.pdf) (http://www.vdh.virginia.gov/OEMS/Files_page/trauma/EMSR/VPHIBUserSecurityAgreement.pdf).

3) Visit the OEMS website often for information on VPHIB including helpful FAQs: http://www.vdh.virginia.gov/OEMS/Trauma/EMSRegistry.htm

# Mandated Reporting of Hunting Accidents

By: Michael Berg, Regulations and Compliance Manager

Did you know that during the 2005 General Assembly, SB 1150 (Stolle) was passed and amended § 29.1-530.4 of the Code of Virginia, effective March 23, 2005 (http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+29.1-530.4), and states in part:

"Any law-enforcement agency or emergency medical service provider that receives a report that a person engaged in hunting as defined in § 29.1-100 has suffered serious bodily injury or death, shall immediately give notice of the incident to the Department of Game and Inland Fisheries."

In reviewing the actual bill, it requires that the Department of Game and Inland Fisheries to be contacted within five days of the incident (http://leg1.state.va.us/cgi-bin/legp504.exe?051+sum+SB1150S). It is a Class 4 misdemeanor for failing to report this information.

The following is additional information from the Department of Game and Inland Fisheries regarding the reporting process, "The best way to report these incidents is to call the Department's 24-hour law enforcement dispatch center at 804-367-1258 or 804-367-2251. An officer will be dispatched to investigate, much like a state trooper to a vehicle collision. Whatever information you collect would be appreciated, but the officer should find what is needed during the investigation."

# "Chief, I think we have a problem here!":

## Continuity of Operations Planning Considerations for EMS Agencies

By: Winnie Pennington, Emergency Serivices Planner

Can your EMS agency operate in an emergency? Dumb question, right? After all that is what you do! But what if the one with the emergency was you or your agency? An emergency that effects the staffing, location where you work, equipment, technology or records you use to get the job done.


As EMS providers, we never like to think of ourselves as victims; after all, people rely on us to help them in their emergencies. Work will not just stop because we have a problem, or will it? This is precisely why you need to think about how we could continue to help those in need should our agencies be affected by an emergency. We need to make sure we have planned for our own emergencies. Your agency needs to think about the development of a Continuity of Operations/Business Recover Plan (COOP). Essential functions need to be ready to continue in a short time after the agency emergency (usually within 12 hours or in the case of EMS maybe less.) Even if you are part of a jurisdiction that has a COOP, your department needs to develop items specific to your department fitting in to the unified command of the county or city's plan.

In addition to identifying potential hazards to the agency, in COOP planning FEMA identifies ten items that must be planned for in order to have an affective response plan and your agency needs to make sure that they have thought of and prepared for all of them.

**Essential functions**

Identifying your agency's Essential Functions should be the first step in your planning process. You need to ask yourselves – what is it we do? What is expected of us, by code, charter, public or governmental or citizen expectation, etc? Decide what business functions must continue with little or no interruption and how you would get these functions back and running.

**Orders of succession**

Who is in charge if it is not the traditional boss? What if your top management was not available? Who is in the next level? Orders of Succession should also include the circumstances succession will be in place, how successors will be notified, and under what conditions things would revert to the regular agency leader as the emergency situation progresses.

**Delegations of authority**

Delegation of Authority assures continued operations of essential functions of agency and rapid response to any emergency situation requiring COOP implementation. A delegation of authority would address what authority is being delegated, what the limits of that authority will be, the title of the job to whom the authority is being delegated, circumstances under which it would become active and terminate, and finally, any authority to re-delegate any functions or activities.

**Alternate facilities**

Planning scenarios in your COOP should include instances where you are unable to re-enter your primary work location for an extended period of time and agreements and plans should be in place to address this contingent and the accomplishment of your agency's essential functions. In the case of EMS agencies you may also have to have agreements and contingency plans for replacement of ambulances, trucks, equipment and supplies in order to reinstate your essential functions.

**Continuity of communications**

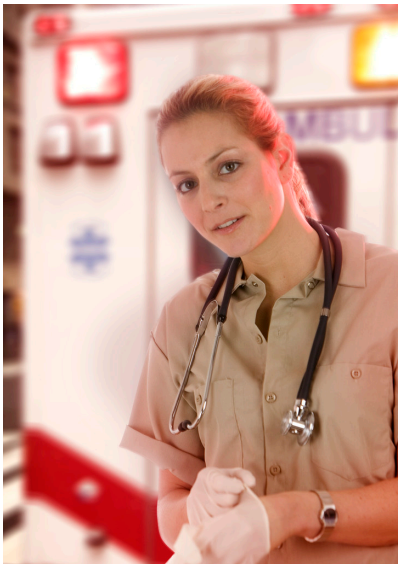
As emergency responders, we deal a lot with communications, but is your system documented and do you have a back up system including notification methods for response, radio traffic during response, telephones, e-mail, etc. Have you identified your essential employees and can you quickly notify them about an emergency, even when they are off? Does your agency have alternate methods if the first method is not successful or no longer works? These are the kind of things that you must think about when developing your communications plan COOP.

*Continued on Page 9*

# I will just ask OEMS for a variance…

By: Michael Berg, Regulation and Compliance Manager

There have been occasions where circumstances have developed or created that have agencies, entities and providers seeking an "extension" on their certification time to avoid slipping into the "re-entry" status or their agency licenses to expire. There are even times when agencies may require additional time to meet certain requirements within the regulations. Within the Virginia Emergency Medical Services Regulations, there is a section that addresses the application process for submitting a variance request, (12VAC5-31-50 through 12VAC5-31-100).



There are several important points that must be understood and addressed in order for a variance request to be processed successfully:

- A variance is a temporary request that is valid for no more than one year
- A variance cannot be extended or renewed
- Most, if not all, variance requests will require the signature of the provider's or agencies Operational Medical Director
- A variance requires the review and recommendation from the "local governing body"

Within the Code of Virginia, § 32.1-111.9 Applications for variances or exemptions states in part:

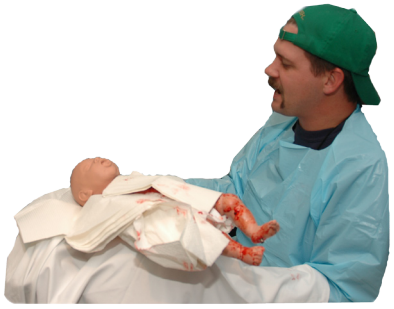
"Prior to the submission to the Commissioner of Health by an agency, entity, or provider licensed or certified by the Office of Emergency Medical Services of an application for a variance, or to the Board of Health for an exemption from any regulations promulgated pursuant to this chapter, the application shall be reviewed by the governing body of the jurisdiction in which the principal office or legal residence of the agency, entity, or provider licensed or certified by the Office of Emergency Medical Services is located."

The key in a successful review and approval of the variance request is to have the signature of the Operational Medical Director, and a resolution or recommendations from the local governing body in support of the variance request attached to the completed variance application. You can find the actual variance application at the following URL: http://www.vdh.virginia.gov/OEMS/Regulations/noira.htm.

For additional assistance, please contact the Division of Regulation and Compliance, Virginia Office of Emergency Medical Services.

## Registration opens August 1st!

## 31st Annual EMS Symposium



November 10 - 14, 2010
Norfolk Waterside Marriott
Norfolk, VA

# And The Winner Is...

Congratulations to the 11 Governor's EMS Award winners! On November 14, 2009, the winners were announced at the annual Governor's EMS Awards Banquet during the 30th Annual EMS Symposium at the Norfolk Waterside Marriott.

Jenny Collins and Gary Brown present the award for Excellence in EMS to Larry Oliver

Taking home the biggest award of the night, Excellence in EMS, was Larry Oliver, the president of the Lord Fairfax EMS Council.

Our other winners of the night include: Staunton-Augusta Rescue Squad for Outstanding EMS Agency, John R. Bomar for Outstanding Pre-Hospital Provider, Byron F. Andrews for Outstanding EMS Administrator, Gary R. Burke for Outstanding Pre-Hospital Educator, Scott Weir, M.D. for Outstanding EMS Physician, Natalie M. Root, R.N. for Nurse with Outstanding Contribution to EMS, Erin D. Elrod for Outstanding Contribution to EMS Telecommunications, Safe Kids Central Shenandoah Valley Coalition for Outstanding Contribution to EMS for Children, Franklin Southampton Charities for Outstanding Contribution to EMS and finally Audrey Hall-Garrant for Outstanding Contribution to EMS by a High School Senior. Congratulations to all of our winners!

To learn more about the winners, visit www.vdh.virginia.gov/OEMS/Symposium/2009AwardWinners.htm. And, for information on how to nominate someone for the 2010 or future Governor's EMS Awards, contact your local regional council. www.vaems.org.

# Rural EMS Summit - Changing EMS in Rural Virginia

By: Carol Morrow, Technical Assistance Coordinator

A Rural EMS Summit was held on Dec. 10-11, 2009 in Lynchburg, Virginia to discuss and develop strategies and solutions for the top issues in Virginia related to rural EMS. These issues were identified at the Rural EMS Roundtable, in March 2009. The primary issues addressed in order of importance were:

- EMS management and leadership
- Local government accountability and responsibility to ensure the availability of EMS
- EMS recruitment and retention

Of the forty participants at the December Summit, the majority were Virginia EMS providers. In addition, there were several representatives from local government, two operational medical directors, employees of three regional EMS councils, leaders from the Virginia Office of Rural Health, Virginia Rural Health Resource Center and the Virginia Office of Emergency Medical Services.

As the Summit participants discussed the issues facing rural EMS, two issues were common in each primary area of discussion:

- A lack of community awareness about local EMS
- Need for management training for EMS agency leaders

Many citizens in Virginia do not understand how their local EMS is provided, managed or funded. There was general agreement a program is needed on a state, county and local levels discussing how EMS is provided – whether a county service or a volunteer rescue squad; the hours that it takes to become an EMS provider and how much it cost to provide the service.

In many areas of Virginia EMS is provided by a volunteer agency, especially in rural areas. Whether you are a volunteer or career EMS leader, an EMS agency is a business that needs to be managed. The individual chosen to be the business "leader" needs to have training and experience as a supervisor, budget analyst, equipment specialist and be politically savvy. These skills are not taught in an EMT class. A program for potential EMS leaders needs to be developed, marketed and provided.

The Summit was funded through a federal Rural Health grant from Health Resources Services Administration (HRSA).

The full report will be available on the OEMS Web site.

# Changes to current Durable Do Not Resuscitate (DDNR) Code Language

By: Michael Berg, Regulation and Compliance Manager

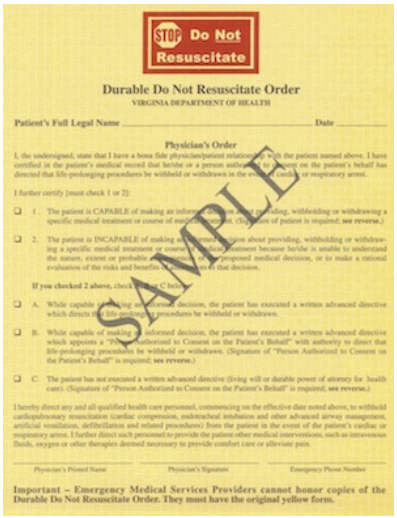
Two recent changes to the DDNR program will affect EMS providers, agencies, and educators .
Effective July 1, 2009, only the person named on the DDNR form itself may revoke the DDNR. In addition, DDNR orders may now be signed by a licensed nurse practitioner. As a result of these changes, all EMS providers and agencies need to adjust their treatment and protocols accordingly.

Previously, a patient's next of kin, guardian of a minor, power of attorney etc. could rescind a DDNR at anytime the patient became incapable of speaking for themselves. Health care providers, including EMS providers, were required to honor the next of kin's wishes and attempt resuscitation.

Senate Bill 1085 (2009) amended § 54.1-2987.1 to read in part: *"B. If a patient is able to, and does, express to a health care provider or practitioner the desire to be resuscitated in the event of cardiac or respiratory arrest, such expression shall revoke the provider's or practitioner's authority to follow a Durable Do Not Resuscitate Order. In no case shall any person other than the patient have authority to revoke a Durable Do Not Resuscitate Order executed upon the request of and with the consent of the patient himself.*

*If the patient is a minor or is otherwise incapable of making an informed decision and the Durable Do Not Resuscitate Order was issued upon the request of and with the consent of the person authorized to consent on the patient's behalf, then the expression by said authorized person to a health care provider or practitioner of the desire that the patient be resuscitated shall so revoke the provider's or practitioner's authority to follow a Durable Do Not Resuscitate Order."*

Only the person named on a DDNR order (or person authorized to make the decision) may revoke the order; the next of kin no longer may override a DDNR when the patient becomes unable to


STOP Do Not Resuscitate

Durable Do Not Resuscitate Order

VIRGINIA DEPARTMENT OF HEALTH

Patient's Full Legal Name _____ Date _____

Physician's Order

I, the undersigned, state that I have a bona fide physician/patient relationship with the patient named above. I have certified in the patient's medical record that he/she or a person authorized to consent on the patient's behalf has directed that life-prolonging procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

I further certify [must check 1 or 2]:

☐ 1. The patient is CAPABLE of making an informed decision regarding providing, withholding or withdrawing a specific medical treatment or course of medical treatment. (Signature of patient is required; see reverse.)

☐ 2. The patient is INCAPABLE of making an informed decision about providing, withholding or withdrawing a specific medical treatment or course of medical treatment because he/she is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits involved in that decision.

If you checked 2 above, check A, B or C below:

☐ A. While capable of making an informed decision, the patient has executed a written advanced directive which directs that life-prolonging procedures be withheld or withdrawn.

☐ B. While capable of making an informed decision, the patient has executed a written advanced directive which appoints a "Person Authorized to Consent on the Patient's Behalf" with authority to direct that life-prolonging procedures be withheld or withdrawn. (Signature of "Person Authorized to Consent on the Patient's Behalf" is required; see reverse.)

☐ C. The patient has not executed a written advanced directive (living will or durable power of attorney for health care). (Signature of "Person Authorized to Consent on the Patient's Behalf" is required; see reverse.)

I hereby direct any and all qualified health care personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide the patient other medical interventions, such as intravenous fluids, oxygen or other therapies deemed necessary to provide comfort care or alleviate pain.

Physician's Printed Name | Physician's Signature | Emergency Phone Number

**Important – Emergency Medical Services Providers cannot honor copies of the Durable Do Not Resuscitate Order. They must have the original yellow form.**

SAMPLE

speak for themselves. In the case of a minor, the person authorized to consent on the minor's behalf may revoke the order.

This is a significant change in how EMS crews deliver emergency medical care. In addition, EMS agency leaders and EMS Medical Directors must realize the Code of Virginia supersedes all policies and protocols at both the state and local level. Typically, when an individual is unable to speak for themselves, EMS providers operate under the concept of "informed consent." However, when a situation involving a valid DDNR exists, EMS providers can no longer assume how the patient would want to be treated and must follow the DDNR as written.

Based on a recommendation of a Joint Committee of the Boards of Nursing and Medicine, both the Board of Nursing and the Board of Medicine concur that a licensed nurse practitioner may sign DDNR forms en-lieu of a physician. In accordance with §§ 54.1-2957.02 and 54.1-2987.1 of the Code of Virginia and 18VAC90-30-120, and consistent with their normal delegated practice, nurse practitioners have the authority to write DDNR orders. In order to be clear and reduce confusion, a licensed nurse practitioner is an advanced practice nurse with prescriptive powers. Registered Nurses (RN) or Licensed practical/Vocational Nurses (LPN/LVN) are not included and cannot sign DDNR forms.

Additional revisions to the regulations related to the Durable Do Not Resuscitate (DDNR) program currently are open for public comment.

The proposed changes to the DDNR regulations are posted on the Virginia Regulatory Town Hall site which can be found on-line at http://townhall.virginia.gov/index.cfm. The Virginia Regulatory Town Hall is the official Web site utilized by Virginia governmental agencies to post proposed regulations, notices and minutes to public meetings.

# Continuity of Operations Planning Considerations for EMS Agencies continued...

**Vital records manage**
What about your Vital Agency Records? Are they safe from flooding, fire or other emergencies? What if you can not use your normal methods to access your records because you can not enter the building where they are housed? What would you do if you did not have access to patient reports, billing, equipment records, or agency accounting and other vital records? Your agency needs to think about offsite and duplicate storage among other things when it comes to your vital records.

**Human capital**
During emergencies, EMS personnel have problems just like other people. Long hours, adjusted work schedule, temporary relocation of work location, loss of secure environment, family concerns and a host of other things can affect your employees, especially if they are affected by the emergency outside of work. 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.

**Devolution of control and direction**
Your agency is flooded; all of the ambulances are not able to run. What next? Being prepared for and event like this is a vital planning element that FEMA calls Devolution of Control and Direction. It is a plan for someone or some agency to take over when we cannot accomplish essential tasking. You may already have "informal" or maybe even written agreements with other partners, but these agreements need to be included in the COOP. The COOP needs to include a section with directions and agreements to outline who can accomplish essential tasks while you begin to recover. This can be for short or long periods of time. This section also needs to include the necessary authority for other agencies or persons to get the job done in our absence.

**Reconstitution**
How will we get things back to the way they were before? There should be someone in charge of this element to coordinate replacement of equipment, reorganizing of records, repair for facilities, etc. If you have had to resort to devolution to get your essential tasks done, this element also includes steps on how control and direction are re-established by your agency. Reconstitution also addresses when employees can return to work and any additional assignments they might have when they return.

**The need for testing, training and exercise of the plan**
Remember, after developing a plan, you must be able to test it, train your employees to respond using it, and exercise your ability to use it in an emergency. Your COOP must include schedules and planning for these tasks. Even though testing, training and exercise do not seem to be part of a working plan at first glance, they are vitally important in preparing you to work within the other plan elements.

Developing a COOP is not a hard task; however, it does require the effort to sit down and think about what essential tasks your customers expect and the elements mentioned in this article. This article has only presented a brief overview of planning elements to include in a COOP. There are many other things to think about when you are protecting the work of your agency. There is a host of web-sites that can help agencies in writing their own plan (listed below). These COOP elements are useful not just for emergency planning; but, also apply to everyday business planning and we should start thinking about them today!

Article references and user web-sites:

Federal Continuity Directive (FCD)1
http://www.fema.gov/pdf/about/offices/fcd1.pdf

Federal Continuity Directive (FCD) 2
http://www.fema.gov/pdf/about/offices/fcd2.pdf

FEMA Continuity of Operations Web-Site
http://www.fema.gov/government/coop/index.shtm

Virginia Department of Emergency Management
Continuity of Operations Tool Kit
http://www.vaemergency.com/library/coop/index.cfm

FEMA Ready.com, Ready Business
http://www.ready.gov/business/publications/index.html

# Calendar of Events

| June | | | | | | |
|---|---|---|---|---|---|---|
| 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 | | | |

- June 1 Online EMS Instructor Update
- June 3 Trauma System Oversight & Management Committee
- June 3 RSAF Grant Review Meeting
- June 4 RSAF Grant Award Meeting
- June 12 EMS Instructor Update at VAVRS
- June 12 - 20 VAVRS Rescue College
- June 16 EMSAT Training
- June 26 National EMS Memorial Service

| July | | | | | | |
|---|---|---|---|---|---|---|
| Su | M | T | W | TH | F | Sa |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

- July 4 Independence Day - State Holiday
- July 6 Online EMS Instructor Update
- July 8 EMSC Committee
- July 8 Medical Direction Committee
- July 9 EMS Instructor Update, Roanoke
- July 14 EMSAT Training
- July 14 Workforce Development Committee
- July 29 Emergency Management Committee

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

## Where's Little Gary?

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

Little Gary is feeling Zen this spring! Meditation is excellent for relieving stress!

# EMS Quick Hitters

**A Fond Farewell**

While we're sad to announce the retirement of one of our own, we're happy to recognize the many years of dedicated service by Ernestine Sutton.

Over the past 15 years, Ernestine was a devoted employee that took great pride in her job at the Office of EMS. Ernestine started working for the State of Virginia in a wage position for four years. She later transitioned into a full-time position as a Program Support Technician for the Office of EMS Department of Education and Training, and remained there for the next 11 years. Not only was she a kind person that was always willing to help out, but her hard work, dedication and customer service skills were recognized countless times with awards presented by Virginia's Regional EMS Councils.

Ernestine was a true example of what a committed and hard-working employee should be and she will be missed greatly. But with change comes opportunity and we're happy to see her start the next exciting chapter in her life. Congratulations and farewell Ernestine!

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

Gary Brown, Director, Office of EMS
P. Scott Winston, Assistant Director, Office of EMS
Elizabeth H. Singer, Editor/Writer
Marian Hunter, Assistant Editor/Writer

109 Governor St., Suite UB-55
Richmond, VA 23219
(804) 864-7600
www.vdh.virginia.gov/oems