

New Changes to Virginia CE Requirements -
Pages 2 - 3

EMSAT Schedule - Page 3

EMS for Children Safe Kids CPS Refresher - Page 4

NASEMSO Releases Interim Guidance on Safe
Transport of Children by EMS - Pages 4 - 5

Virginia Opts in to FirstNet - Page 6

Special Funding Initiative for Paramedic
Psychomotor Examination - Page 7

Hurricane Preparedness, Fentanyl Briefing
Guide and PCR Policy Update - Page 7

Extreme Heat and Heat-Related Illness - Pages 8 - 9

New OEMS Staff, Nasal Naloxone Grant Oppor-
tunity - Page 10

Vaccination Training for EMS Providers - Page 11

Calendar of Events, Connect With OEMS,
EMS Challenge Question - Page 12

EMS



Bulletin

Office of Emergency Medical Services (OEMS)
Virginia Department of Health (VDH)
Summer 2017

Registration for the Virginia EMS Symposium Now Open

Register today for the 38th Annual Virginia EMS Symposium, Nov. 8 - 12, 2017, at the Norfolk Waterside Marriott in Norfolk, Va. The largest EMS training event in Virginia, and one of the largest in the country, this five-day educational event offers more than 360 classes and 13 course tracks to help providers fulfill their continuing education needs.

Course topics range from hands-on training in trauma, medical, cardiac and pediatric to operations, preconference and health and safety. These classes are also applicable for nurses and physicians.

On Thursday, Nov. 9, the Vendor Exhibit Hall will open at 2 p.m. and welcome more than 130 local and national vendors that will feature exciting new demos, ambulance displays and much more.

Registrants can also enjoy various free on-site events, which will take place throughout the symposium. Some of

these events include a flu shot clinic, game night and DJ'd music and dancing. It's also important to note that the Norfolk Waterside District has officially opened, so there are lots of new dining options available during your stay.

limited banquet-style seating will be available.

The Virginia EMS Symposium app will be available this year for download on Android and iOS mobile devices.

For more information about this event and to register online, visit www.vdh.virginia.gov/emergency-medical-services/2017-ems-symposium/. **Registration closes Friday, October 6, 2017 at 5 p.m.**

Download a copy of the 2017 Course Catalog at: www.vdh.virginia.gov/content/uploads/sites/23/2016/09/symposium-catalog.pdf.

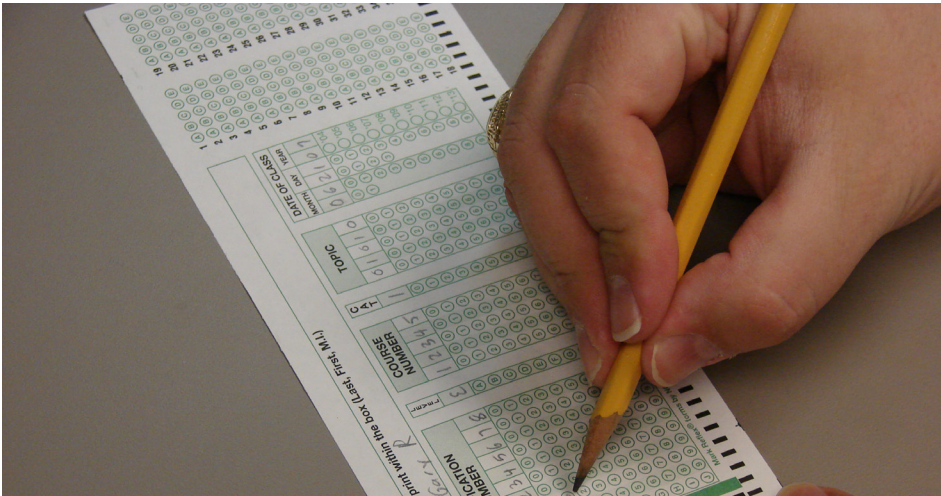
To learn how to become a sponsor for the Virginia EMS Symposium, please visit: www.vdh.virginia.gov/content/uploads/sites/23/2017/07/2017-EMS-Education-Sponsorship-Packet.pdf.



On Saturday, Nov. 11, join us as we celebrate the Commonwealth's 2017 Governor's EMS Award nominees and winners. Doors will open at 6:15 p.m. and the program will run from 6:45-8:45 p.m. Dinner will be served and

New Changes to the Virginia CE Requirements

By: Deborah Akers, ALS Training Specialist



the changes to Virginia CE requirements, please contact the Division of Educational Development at 804-888-9120 if we can offer assistance in understanding your CE report.

Please note: the tables referenced in this article are located on Page 3.

On October 1, 2016, the National Registry released their 2016 National Continued Competency Program (NCCP) requirements that are required for providers who maintain both their Virginia and National Registry (NR) certifications.

As a reminder, Virginia certification is required to practice in the state while keeping National Registry certification is optional. If recertifying your NR and/or Virginia in 2017 or 2018, you will continue to use the 2012 NCCP recertification hours.

For those who were certified/recertified prior to October 1, 2016, your Continuing Education (CE) hours' requirements are as follows (please refer to Table 1: Current Hours Allocation (2012 NCCP, **located on page 3.**)

To meet this new area hours' requirements, on April 4, 2017, Continuing Education hours were redistributed for EMS providers who gained eligibility for testing or

challenge, or have certified or recertified on or after October 1, 2016 in Virginia. There is no change in the total number of hours needed for each level or in the number of category 1 hours, just a redistribution of the hours in the Category 1 requirements.

For those impacted by this change, all current CE hours credited since October 1, 2017 were distributed according to the new area requirements which are as follows (please refer to Table 2: Recertified After October 1, 2016 (2016 NCCP), **located on Page 3.**)

All providers should review their continuing education report to make sure you are aware of your CE hours' requirements. All Virginia Education Coordinators and ALS Coordinators have been made aware of these changes and have been encouraged to include both 2016 and 2012 content in their CE courses offered.

For additional information about

CE Requirements - Continued From Page 2

By: Deborah Akers, ALS Training Specialist

Table 1: Current Hours Allocation (2012 NCCP)

National Continued Competency Requirements (NCCR)		Hours Required				
		A EMR	B EMT	C AEMT	I I-99	E Paramedic
16	Airway, Respiration and Ventilation	2	4	5	3	4
17	Cardiovascular	2	6	7	10	10
18	Trauma	1	2	4	3	4
19	Medical	3	6	7	7	7
20	Operations	0	2	2	5	5
TOTAL NCCR HOURS		8	20	25	28	30
Local Continued Competency Requirements (LCCR)						
Individual Continued Competency Requirements (ICCR)						
LCCR/ICCR HOURS		8	20	25	28	30
TOTAL HOURS		16	40	50	55	60

Table 2: Recertified After October 1, 2016 (2016 NCCP)

National Continued Competency Requirements (NCCR)		Hours Required				
		A EMR	B EMT	C AEMT	I I-99	E Pmedic
16	Airway, Respiration and Ventilation	1	1.5	2.5	3.5	3.5
17	Cardiovascular	2.5	6	7	7.5	8.5
18	Trauma	0.5	1.5	3	3	3
19	Medical	3	6	7.5	7.5	8.5
20	Operations	1	5	5	6.5	6.5
TOTAL NCCR HOURS		8	20	25	28	30
Local Continued Competency Requirements (LCCR)						
Individual Continued Competency Requirements (ICCR)						
LCCR/ICCR HOURS		8	20	25	28	30
TOTAL HOURS		16	40	50	55	60

EMSAT SCHEDULE

August 16, 2017

E-Cigarettes: Not as Innocent as You May Think

Cat. 1 ALS, Area 18

Cat. 1 BLS, Area 13

September 20, 2017

Myocardial Infarction Imitators

Cat. 1 ALS, Area 17

Cat. 1 BLS, Area 12

October 18, 2017

Pre-Hospital Ethics and Professionalism

Cat. 1 ALS, Area 20

Cat. 1 BLS, Area 15

November 15, 2017

Baby Safe Sleep

Cat. 1 ALS, Area 20

Cat. 1 BLS, Area 15

December 20, 2017

The Opioid Crisis

Cat. 1 ALS, Area 19

Cat. 1 BLS, Area 14

You can receive Continuing Education (CE) credits for viewing EMSAT courses at approved sites in Virginia or online. For more information, call 804-888-9120 or visit www.vdh.virginia.gov/emergency-medical-services/education-certification/emsat-schedule/.

To view EMSAT webcasts, click on <http://unreal.whro.org/oems/>.

EMS for Children and Safe Kids Virginia Hosting CPS Refresher

By: David Edwards, Virginia EMS for Children Coordinator



Virginia EMS for Children is partnering with Safe Kids Virginia to offer currently certified Child Passenger Safety Technicians a Child Passenger Safety (CPS) Refresher

Course on August 17, 2017, from 8 a.m. - 4:30 p.m. at the Insurance Institute for Highway Safety (IIHS) in Ruckersville, Virginia.

As part of the course, participants may witness a live crash simulation that is scheduled for that day.

The course will be free of charge to qualified students, and 6 education credits can be earned. Space is

limited, so those who are interested should email Corri Miller-Hobbs at corri.millerhobbs@vcuhealth.org to register and reserve space.

NASEMSO Releases Interim Guidance on Safe Transport of Children by EMS

By: David Edwards, Virginia EMS for Children Coordinator

On March 24, the National Association of State EMS Officials (NASEMSO) announced the release of Safe Transport of Children by EMS: Interim Guidance. The guidance is a result of the work of NASEMSO's Safe Transport of Children Ad Hoc Committee, a multidisciplinary group which is focused on reviewing the existing scientific evidence and to suggest best practices to utilize in transporting children until true evidence-based standards can be established for ground ambulances and ambulance equipment.

While a variety of products exist to secure children being transported in ambulances, the EMS provider (and the children being transported) must depend on the manufacturer for determining if the restraint would operate as intended in an ambulance crash. Unlike the child restraints

(car seats) used in passenger vehicles, which must meet the crash standards defined by the Federal Motor Vehicle Safety Standard (FMVSS) 213, there are no required crash-testing standards for these devices in the United States.

This Safe Transport of Children Ad Hoc Committee was a direct result of previous efforts of the Pediatric Emergency Care Council (PECC) of NASEMSO urging federal agencies and industry experts to meet with NASEMSO and conduct this kind of review, and to prioritize federal funding in the future to help establish a scientific evidence base for ambulance and equipment standards (especially pediatric).

NASEMSO is working with its partners now to obtain funding to conduct the necessary crash-testing

research to develop standards to be met by manufacturers. Until such research can be completed and standards developed, NASEMSO has issued Interim Guidance to maximize the safety of children in ambulances. This guidance is based on what is known at present and includes, in part:

"All EMS agencies that transport children should develop specific policies and procedures that address, at minimum the following elements: methods, training, and equipment to secure children during transport in a way that reduces both forward motion and possible ejection.

- The primary focus should be to secure the torso, and provide support for the head, neck, and spine of the child, as indicated by the patient's condition.

NASEMSO Releases Interim Guidance on Safe Transport of Children by EMS - Continued From Page 4

By: David Edwards, Virginia EMS for Children Coordinator

- A prohibition on children being transported unrestrained.

- A provision for securing all equipment during a transport where a child is an occupant of the vehicle, with mounting systems tested in accordance with the requirements of SAE J3043.

- To only use child restraint devices in the position for which they are designed and tested.

- All device(s) (including a combination of devices) should cover a weight range of between five and 99 pounds (2.3 - 45 kg), ideally supporting the safest transport possible for all persons of any age or size.

- Only the manufacturer's recommendations for the weight/size of the patient should be considered when selecting the appropriate device for the specific child being transported." NASEMSO does not endorse any product but urges prospective buyers to request testing information from the vendor/manufacturer. The NASEMSO Safe Transport of Children Committee is comprised of members from state EMS for Children programs, federal partners, children's hospitals, the Ambulance Manufacturers Division of the NTEA,

and the Association of Air Medical Services (AAMS). More information about the Committee is avail-

when it becomes available.

For more information, please contact David Edwards, Virginia EMS for Children coordinator at David.Edwards@vdh.virginia.gov.



The National Association of State EMS Officials is a leading national organization for EMS, a respected voice for national EMS policy with comprehensive concern and commitment for the development of effective, integrated, community-based, universal and consistent EMS systems. Its members are the leaders of their state and territory EMS systems.

able at on the committee web page at: www.nasemso.org/Committees/STC/index.asp#Goals.

The full text of the Interim Guidance is available on the NASEMSO website at: www.nasemso.org/Committees/STC/Resources.asp.

Note: NASEMSO will also soon be issuing a "product comparison list" as a companion to these recommendations, which will list current products available along with their current supportive evidence. It is anticipated that this list will be most helpful in allowing EMS provider agencies to make more informed decisions when purchasing pediatric restraint device/systems. Virginia EMSC will widely circulate this list

Virginia Opts in to FirstNet

By: FirstNet Communications Team

On July 10, Governor McAuliffe announced that Virginia would be the first in the nation to opt into the First Responder Network (FirstNet) – a wireless, broadband, public safety network that will put modern, lifesaving technology into first responders' hands.

The U.S. First Responder Network Authority, and its network provider, AT&T, will build, operate and maintain a highly secure wireless broadband communications network for Virginia's public safety community at no cost to the Commonwealth for the next 25 years. The FirstNet network will deliver innovation and create an entire system of modernized devices, apps and tools for first responders.

The network will transform the way Virginia's fire, police, EMS, emergency management and other public safety personnel communicate and share information. Specifically, FirstNet will:

- Securely connect first responder subscribers to the vital information they need for day-to-day operations; in emergencies; and to support major, planned events.
- Create an efficient communications experience for public safety in agencies and jurisdictions across the

Commonwealth during natural disasters like Hurricane Matthew, the Derecho storm of June 2012 or the 2011 earthquake with its epicenter in Louisa County.



Pictured above: Governor McAuliffe opted Va. in to the FirstNet network – a dedicated, modern communications platform for public safety.

- Usher in a new wave of innovation for public safety, with tailored apps, specialized devices and Internet of Things technologies, as well as the potential for future integration with NextGen 9-1-1 networks and Smart Cities' infrastructure.

Since 2013, FirstNet has met with Virginia officials and public safety personnel more than 90 times to address Virginia's unique communication needs. This includes understanding the importance of maritime coverage and increasing coverage in rural areas of the Commonwealth, as well as coordination with military and federal government users.

With FirstNet, Virginia's first re-

sponders can have immediate access to quality of service and priority to voice and data across the existing nationwide AT&T LTE network. Preemption for primary users over the AT&T LTE network is expected by year-end. This means fire, police, EMS and other public safety personnel will have dedicated access to the network when and where they need it – 24/7/365.

"I am proud that Virginia is the first state in the nation to opt in to this program that will help

our first responders communicate during times of emergency," said Governor McAuliffe. "While this is only the beginning of the process, I look forward to the continued coordinated efforts among Virginia, FirstNet, and AT&T to provide public safety officials with innovative new technologies that will help them keep Virginians safe."

The First Responder Network Authority (FirstNet) is an independent authority within the U.S. Department of Commerce. Chartered in 2012, its mission is to ensure the building, deployment and operation of the nationwide, broadband network that equips first responders to save lives and protect U.S. communities. Learn more at FirstNet.gov or follow FirstNet on Twitter or Facebook.

Special Funding Initiative for Paramedic Psychomotor Examination

By: Charles Faison, Training and Development Coordinator

The National Registry of Emergency Medical Technicians (NREMT) updated their paramedic psychomotor examination in January, 2017.

The new examination includes an out of hospital scenario that the candidate treats with an assigned “professional paramedic partner.”

The twenty minute scenario is run as close as possible to a real EMS incident. It requires the candidate to assess and treat the patient as a paramedic would in an actual incident.



Pictured above: Warren Short models the First-in Bag

The Division of Educational Development established a special funding initiative to provide standardized first-in-bags with equipment and patient monitors throughout the commonwealth that meets National Registry requirements.

The initiative provided funding for nonprofit accredited paramedic programs to purchase the required materials to provide a sufficient number of testing stations allowing timely completion of the examination. Thirteen accredited paramedic programs received the funding.

Hurricane Season Preparedness

By: The Virginia Department of Health

Hurricane season spans six months—from June 1 through November 30. Being prepared for severe weather before bad weather arrives can keep you and your family safe and healthy.

For important guidance on securing your family, home and pets in the event of a storm, visit: www.vdh.virginia.gov/emergency-preparedness/emergency-preparedness/hurricane-season/.

Take time now to go over your family’s emergency plan and make any changes or updates. Share this information with your family and those in your emergency network—friends, family, neighbors, emergency contacts.

For more information about severe weather preparedness, visit: www.vdh.virginia.gov/news/public-relations-contacts/severe-weather-preparedness/.

Fentanyl Briefing Guide for First Responders Released by FDA

In June, the U.S. Department of Justice Drug Enforcement Administration released Fentanyl: A Briefing Guide for First Responders. It’s available for download at: www.dea.gov/druginfo/Fentanyl_BriefingGuideforFirstResponders_June2017.pdf

PCR Policy Update

The OEMS updated its policy regarding Patient Care Reports (PCR) and data submission requirements. The revised agency policy regarding the completion of a PCR for Virginia EMS agencies is effective July 1, 2017, and remains in effect until acted on by the OEMS. This policy applies to all categories of Virginia EMS agencies (911, non-emergency, ground, air, etc.)

Please review this updated policy at: <http://www.vdh.virginia.gov/content/uploads/sites/23/2017/04/Patient-Care-Reporting-July-2017.pdf>.

For more information or questions about this revised policy, please contact Regulation and Compliance Manager Michael Berg at Michael.Berg@vdh.virginia.gov or 804-888-9131.

Extreme Heat and Heat-Related Illness

By: The Virginia Department of Health

Summer temperatures in Virginia normally climb into the upper 90's and even reach over 100 degrees at times. The hot temperatures and high heat indexes can cause ill health effects.

The body normally cools itself by sweating. But under some conditions, sweating just isn't enough. Prolonged exposure to heat can cause cramping, heat exhaustion, heat stroke and even death. It is important to stay hydrated and seek cool temperature environments until the heat subsides.

Here are some tips to avoid heat-related illness during the summer:

Drink water. When the temperature rises, it is important to drink plenty of water. Drinks that contain caffeine, large amounts of sugar or alcohol should be avoided because they can cause you to become dehydrated.

Keep cool indoors. On hot days, prevent illness by keeping cool indoors. If your home is not air conditioned, try to spend the hottest hours of the day in a cool public place such as a library, movie theater, or store.

Dress for the heat. Wear lightweight, light-colored clothing. Light colors will reflect away some of the sun's energy. It is also a good idea to wear hats or to use an umbrella. Always apply sunscreen to

exposed skin.

Limit physical activity. Avoid excessive physical exertion in hot temperatures, especially in the middle of the day. If you must work outdoors, stay hydrated by drinking 2-4 glasses of water each hour and take frequent breaks in a cool place. Even a few hours in an air-conditioned environment reduces the danger of heat-related illness.

Do not keep children or pets in cars. Temperatures inside a car with windows up can reach over 150 degrees quickly, resulting in heat stroke and death.

Check on your neighbors. Although anyone can suffer heat-related illness, some people are at greater risk than others. People aged 65 or older are particularly susceptible to heat-related illnesses and complications that can result during periods of high temperatures and humidity.

Heat-Related Weather Terms: Understanding heat-related weather terminology can help you and your family prepare for hot weather.

Heat Index: is a measure of how hot it feels when relative humidity is added to the air temperature. Excessive Heat Outlooks: Issued when the potential exists for an excessive heat event in the next 3-7 days.

Excessive Heat Watches: Issued

when conditions are favorable for an excessive heat in the next 24 to 72 hours.

Excessive Heat Warning/Advisories: Issued when an excessive heat is expected in the next 36 hours.

Signs & Symptoms of Heat-Related Illness:

Several heat-related health conditions can cause serious health problems. When temperatures are on the rise, watch for the following symptoms:

Dehydration— Dehydration is caused by the excessive loss of water and salts from the body due to illness or from prolonged exposure to heat. Severe dehydration can become a life-threatening condition if not treated.

Heat Cramps— Heat cramps are painful, involuntary muscle spasms that usually occur during heavy physical activity in hot environments. Muscles most often affected include those of your calves, arms, abdominal wall and back. If you are suffering from heat cramps, rest for several hours and drink clear juice or an electrolyte-containing sports drink.

Heat Exhaustion— Heat exhaustion occurs when the body loses too much water and salt from sweating during hot temperatures. The elderly, people who work outside and people with high blood pressure are most at

Extreme Heat and Heat-Related Illness - Continued From Page 8

By: The Virginia Department of Health

risk of heat exhaustion. Continued exposure may lead to heat stroke, which is life-threatening.

Heat Stroke— Heat stroke is caused by prolonged exposure to high temperatures or by doing physical activity in hot weather. Sweating has usually stopped and your body temperature becomes too high; body temperatures can reach as high as 106 degrees in 15 minutes. Heat stroke is a life-threatening condition and you should seek immediate medical attention if you or someone you know is suffering from heat stroke.

Heat-Related Illness in Virginia

The Virginia Department of Health (VDH) receives data on visits to emergency departments and urgent care centers in Virginia for purposes of public health surveillance. The data is analyzed through a syndromic surveillance system, known as ESSENCE, to monitor the health of the community and identify emerging trends of public health concern. In response to extreme heat, the Office of Epidemiology, Division of Surveillance and Investigation conducts surveillance for heat-related illness.

Over the weekend of August 13-14, a total of 154 emergency department and urgent care visits were identified with a chief complaint or diagnosis of heat exposure, heat exhaustion, heat stroke, or heat cramps – 94

visits occurred on August 13 and 60 occurred on August 14. Of the total 154 visits, 102 (66%) occurred among males. Individuals 50-59 years old accounted for the largest proportion of weekend visits with 32 visits (21%). Of note, the number of visits among adolescents 10-19 years (N=14), older adults 60-69 years (N=26), and adults 50-59 years old (N=32) were significantly higher over the weekend when compared to a 4 week baseline average for each age group ($p < 0.05$).

For more information:

Visit: www.vdh.virginia.gov/news/public-relations-contacts/severe-weather-preparedness/extreme-heat-and-heat-related-illnesses/

Heat Wave Safety Checklist – American Red Cross: www.vdh.virginia.gov/content/uploads/sites/6/2016/01/m4340158_Heat-Wave.pdf

Tips for Preventing Heat-Related Illness – Important tips from the CDC: www.cdc.gov/disasters/extremeheat/index.html

National Integrated Heat Health Information System (NIH-HIS) Extreme Heat Preparedness Tips for Emergency Responders: <https://toolkit.climate.gov/topics/human-health/extreme-heat%E2%80%9494nihhis/nihhis-quick-start-guide#emergency>

AVOID • SPOT • TREAT
HEAT STROKE & HEAT EXHAUSTION

In hot temperatures your body may be unable to properly cool itself, leading to serious health problems.

AVOID

When the temperature is very high stay indoors. If you must go outside, dress properly and take breaks often. Know who is at high risk for heat stroke and heat exhaustion.

Tips to Beat the Heat

- Drink plenty of water.
- Check on friends and neighbors at high risk for heat-related illness.
- Find air conditioned places and shopping malls and libraries.
- NEVER leave kids or pets in a closed, parked vehicle.

If you go outside, remember:

A HOT DAY
SUNSCREEN (SPF 15 OR HIGHER)
WATER
LIMIT TIME OUTDOORS, TAKE BREAKS OFTEN

Know who is at high risk:

- Elderly
- Young children
- Older adults
- People with chronic medical conditions

SPOT

Know the signs of heat stroke and heat exhaustion.

Heat Stroke

Signs & Symptoms:

- Very high body temperature
- Loss of consciousness
- Hot, red, and dry skin to the touch
- Rapid, strong pulse
- Throbbing headache
- Nausea
- Upset stomach or vomiting
- Confusion
- Fainting

Heat Exhaustion

Signs & Symptoms:

- Sweaty sweating
- Blurred vision
- Headache
- Weakness
- Dizziness
- Upset stomach or vomiting
- Fainting

If you see any of these signs, get medical help immediately.

TREAT

While waiting for medical attention, you can help someone with heat stroke or heat exhaustion.

Heat Stroke

Move the victim to a shady area or indoors. Do not give the person fluids. Cool the body by:

- Placing person in a cool (not cold) bath or shower
- Spraying with a garden hose
- Spraying with cool water
- Fanning

Continue efforts to cool the person until body returns to 98°F or his or her body temperature falls below 102°F and stops rising.

Heat Exhaustion

Get medical attention if symptoms get worse or last longer than one hour. Cool the body by:

- Cool, nonalcoholic beverages
- Rest
- A cool (not cold) bath, shower or sponge bath
- Placing in an air-conditioned room
- Wearing lightweight clothing

Immediately if symptoms are severe or if victim has heart problems or high blood pressure

<http://emergency.cdc.gov/disasters/extremeheat/>

CDC U.S. Department of Health and Human Services

OEMS Welcomes New Staff Members

The OEMS would like to introduce our newest staff members. Please join us in welcoming them to our team.

Charles “Chuck” Faison joined the Division of Educational Development in March and serves as the Training and Development Coordinator. His duties include, but are not limited to, managing distance learning projects, the EMS Training Funds program, and providing technical assistance to EMS educators. Prior to joining OEMS, Chuck was the Assistant Director of Learning Sciences at Longwood University and he worked on faculty and staff development programs related to the effective integration of technology into instructional strategies. He holds a Master of Science in Instructional Design and Technology, which he earned through Walden University in October 2014.

Samuel Burnette serves as the Emergency Services Coordinator for the Division of Emergency Operations. Sam is responsible for managing emergency operations training,

including Mass Casualty Incident Management and vehicle rescue. He will also work with the Health and Medical Emergency Response Team Coordinator and Communications Coordinator while overseeing those programs. Prior to joining OEMS, Sam worked at the Virginia Department of Fire Programs where he served as the Fusion Center representative. He has also held other roles including Division Chief. Sam has an extensive background in fire and EMS and will be a great addition to the division.

Timothy Erskine joined the Division of Trauma and Critical Care in May and serves as the Trauma/Critical Care Coordinator. Prior to joining OEMS, Tim was the Chief of Trauma Systems and Research for Ohio’s EMS Office, from 2001 until March 2017. He has been an EMS provider for more than 30 years and he became a paramedic when he was 19-years-old.

Gabriella “Gaby” E. Lyons serves as a Fiscal Technician in the Division of

Administration and Fiscal. She earned a Bachelor of Science in Political Science and Sociology with a focus on American Politics and Political Theory. She is currently pursuing a master’s degree in Business Administration with a concentration in Human Resources Management.

Sunny Lessner is the newest addition to the Division of Trauma and Critical Care and serves as the Management Lead Analyst. She officially started in August and will bring leadership and supervision to the direct analysis of big data. Prior to joining OEMS, she worked on statistics and data management, where she was responsible for statistical modeling, prediction and forecasting, statistical analysis, data analysis and data management. She also worked in the computer industry in various countries, as well as Silicon Valley, Ca. She received her M.A. in Mathematics, majoring in Statistics. She also has a B.S. and M.S. in Computer Engineering.

Nasal Naloxone Grant Opportunity for Licensed EMS Agencies

By: Amanda Davis, Grants Manager

The OEMS announced a no cost grant opportunity for licensed EMS agencies for nasal naloxone to be administered by EMS personnel.

The EMS agency applying for this grant opportunity must either have a controlled substance registration (CSR) or the operational medical director (OMD) must provide au-

thorization for shipment of naloxone, their drug enforcement agency (DEA) number and an address for the medication to be shipped to on behalf of the awarded agency.

Applications must be received through E-GIFT with all appropriate e-signatures by the application deadline, September 29, 2017.

For more info, visit: www.vdh.virginia.gov/oems/Agency/Grants/index.htm or contact Amanda Davis, grants manager, Amanda.Davis@vdh.virginia.gov or 804-888-9106. Please note: the RSAF grant cycle is August 1 - September 15, 2017.

Vaccination Training for EMS Providers

By: Karen Owens, Emergency Operations Manager

EMS providers can now complete required training through TRAIN Virginia to participate in any upcoming VDH-sponsored vaccination events through their local health departments. Review the following log in directions for more information.

Step 1

Go to www.train.org/virginia/home and click magnifying glass to show search bar. See screenshot 1.

Step 2

Enter “VDH OEMS Vaccination Knowledge Assessment” and click enter. See screenshot 2.

Step 3

Click on the appropriate course (should be the first record) See screenshot 3.

Step 4

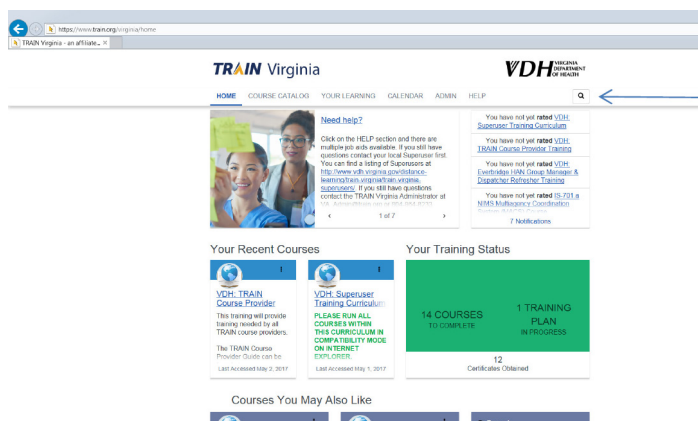
Click on the “Register” Button. See screenshot 4.

Step 5

Complete all modules in the course. Only one option below each header is required.

For additional assistance with login issues or access to the site, please contact Emergency Operations Manager Karen Owens at 804-888-9100 or karen.owens@vdh.virginia.gov.

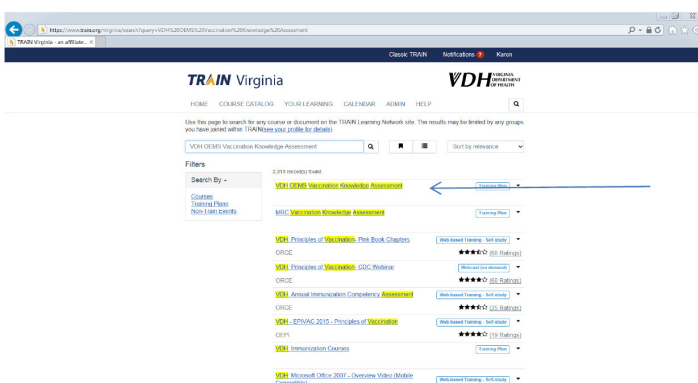
Screenshot 1



Screenshot 2



Screenshot 3



Screenshot 4



Calendar of Events

August						
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		

- Aug. 2-5 - 2017 Annual Virginia State Firefighter's Association Conference/Expo
- Aug. 3 - State EMS Advisory Board Executive Committee
- Aug. 3 - Emergency Management Committee
- Aug. 3 - Financial Assistance Review Committee (FARC)
- Aug. 3 - Medevac Committee
- Aug. 3 - Regional EMS Council Executive Directors Group
- Aug. 3 - Rules and Regulations Committee
- Aug. 3 - Workforce Development Committee
- Aug. 4 - State EMS Advisory Board
- Aug. 4 - Provider Health and Safety Committee
- Aug. 4 - VAGEMSA
- Aug. 16 - EMSAT E-Cigarettes
- August - National Immunization Awareness Month

September						
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

- Sept. 4 - Labor Day (Observed)
- Sept. 7 - Trauma System Oversight & Management Committee
- Sept. 7 - Trauma Performance Improvement Committee
- Sept. 15 - RSAF Grant deadline
- Sept. 15 & 16 - EMS Educator Update at Central Shenandoah EMS Council
- Sept. 20 - EMSAT Myocardial Infarction Imitators
- Sept. 29 - Nasal Naloxone for EMS Agencies (NNEA) grant deadline
- Sept. 27-30 - 83rd VAVRS Conference
- Sept. 30 - EMS Educator Update at VAVRS Conference
- September - National Preparedness Month
- September - National Childhood Obesity Awareness Month

Meeting dates are subject to change at any time. Visit the OEMS website for the latest event information.

Connect With OEMS

OEMS Customer Satisfaction Survey

The Office of EMS instituted a customer satisfaction survey, beginning January 1, 2017.

Please tell us how we're doing; let us know what a great experience you've had with our office or improvements that can be made in order to help make your customer experience better.

We want to hear from you, please take our survey at: www.surveymonkey.com/r/FPP8YRL.

Connect With OEMS Online!

Facebook: www.facebook.com/Virginia-Office-of-Emergency-Medical-Services-153545858005772/

Twitter: www.twitter.com/virginiaems

YouTube: <http://www.youtube.com/user/VirginiaEMS/>

Product Recalls and Safety Notifications:

www.vdh.virginia.gov/emergency-medical-services/other-ems-programs-and-links/product-recalls-and-safety-notifications/

EMS Challenge Question

When is the deadline to register for the 2017 Virginia EMS Symposium?

Email the correct answer to emstechasst@vdh.virginia.gov and you may be one of the lucky winners that will receive a prize from the Virginia Office of EMS.

Congratulations to the Winter 2016 EMS Challenge Question winner, **Susan Lowe with Bensley Bermuda 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 Office of Emergency Medical Services publishes the *EMS Bulletin* biannually. If you would like to receive this publication via email, please send your request to emstechasst@vdh.virginia.gov.

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/emergency-medical-services/