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EMS *Bulletin*

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

New Durable Do Not Resuscitate Regulations

By: Paul Sharpe, Manager, Division of Trauma and Critical Care

The revised Durable Do Not Resuscitate (DDNR) regulations became effective on July 20, 2011.

At this time, the Office of EMS is developing informational resources to provide education on the changes. The amendments to the regulations regarding DDNR orders add several definitions, specify that DDNR forms may be obtained from the OEMS website, and allow legible electronic copies of DDNR orders to be used and recognized as valid by health care facilities.

The changes made since publication of the proposed regulations amend and revise portions of the regulations to highlight corrections in terminology, clarify the honoring of the DDNR by all levels of health care providers, and allow the use of current technology to obtain and implement the DDNR forms.

Information for Virginia Certified Emergency Medical Service (EMS) Providers:

• **Do EMS Providers need to see an original Durable DNR or Other DNR Order?**
NO; as of July 21 legible copies of a DDNR order may be accepted by qualified health



care providers.

• What types of DDNR forms or orders can be honored by EMS providers?

- The VDH/OEMS "State" DDNR form (old or new) can be honored at any time;
- Authorized "Alternate DDNR Jewelry" can be honored at any time, but it must contain equivalent information to the State form;
- A verbal order from a physician can be honored by a certified EMS provider. The verbal order may be by a physician who is physically present and willing to assume responsibility or from on-line medical control.
- "Other" DNR Orders: this is the term used to define a physician's written DNR order when it is in a format other than the State form. "Other" DNR Orders should be

honored by EMS providers when the patient is within a licensed health care facility or being transported between health care facilities. Examples of "Other" DNR orders include facility developed DNR forms, POST forms, or other documents that contain the equivalent information as the State form.

Information and Responsibilities for Health Care Provider's Issuing (DNR) orders:

- The use of the State's DDNR form is encouraged for uniformity throughout the health care continuum.
- The State's DDNR form can be honored by qualified health care providers in any setting.
- Patient's that will not be within a qualified health care facility must have a State DDNR form in order for the DDNR to be honored.
- "Other DNR" orders can be honored anytime that a person is within a qualified health care facility or during transport between health care facilities when attended by a qualified health care provider (i.e. by ambulance.)

How to Download the DDNR and Find
Continued on Page 4

Chemical Suicides

Submitted By: Captain C. L. (Butch) Jones, Virginia Fire Chief's Assoc. Hazardous Materials Committee Chairperson

As public safety personnel strive to provide the most effective service related to fire protection and medical emergencies, we must stay abreast of the evolving nature of certain types of incidents. Though on the rise, chemical suicides are somewhat new to first responders. How we handle such incidents is critical not only to the victim but to all public safety personnel. If we are to effectively respond to emergencies related to potential suicides involving hazardous chemicals, it is imperative that we be aware of the dangers and remember our basic hazmat training.

When there is the possibility of a chemical suicide, the safety of first responders must be a priority. In the National Fallen Firefighter Foundation "Everyone Goes Home Safely" initiatives, there are several, which speak to issues related to chemical suicides. The following life safety initiatives are particularly relevant:

- Define and advocate the need for a cultural change within the fire service relating to safety; incorporating leadership, management, supervision, accountability and personal responsibility.
- Focus greater attention on the integration of risk management with incident management at all levels, including strategic, tactical, and planning responsibilities.
- All firefighters must be empowered to stop unsafe practices.

The Fallen Firefighters' initiative related

to cultural change within the fire service emphasizes the need for completing a thorough size-up when dispatched to a potential chemical suicide. Typically, firefighters' first thoughts are related to rescue; however, a cultural change is needed in the face of incidents involving chemical suicides. In these types of incidents, first responders must understand the danger to themselves, the policies related to hazardous material response, and



the legal issues related to a crime scene. Rather than rescue, first responders are often faced with body recovery.

The Fallen Firefighters' initiative related to integration of risk management with incident management relates to the following:

- Size-up begins with the initial dispatch and all critical information provided by emergency communications officers during response. Upon arrival, conduct a thorough assessment of the scene; pay close attention to warning signs; look for chemical containers, and be aware of any

unusual odors or gaseous clouds. Look for any warning signs left by the victim, along with evidence of taped windows, doors, or vents. If observation is possible, assess the state of the victim, without entering the hot zone.

- Strategies and tactics are based upon a thorough size-up. Be aware of resources available to first responders: Emergency Response Guidebook, Wisner computer program, and MSDS information. Be sure a hazardous materials team has been notified. If it is determined that the victim is viable, basic hazmat strategies must be applied. These strategies include time distance, and shielding. Spend no more time in the hot zone than necessary. Send no more personnel into the hot zone than necessary to complete the assignment. Any and all personnel who approach the scene must be in full personal protective equipment to include self-contained breathing

apparatus. Emergency decon must be in place. If the victim appears to be deceased, the situation should be handled by police and the hazmat team. Proper notification should be made to all authorities to ensure proper clean-up and disposal.

Another initiative related to empowering firefighters to stop unsafe practices highlights the importance of all personnel being aware of the dangers related to chemical suicides.

This awareness should include an
Continued on Page 6

EMS Chief Elected Chair of the State BOH

By: Beth Singer, Public Information & Education Coordinator

The State Board of Health elected Bruce Edwards, Chief of Virginia Beach EMS as Chair at their meeting on June 9.

Edwards represents EMS on the Board and was recently appointed to that position after Senate Bill 1236 passed in 2009 allowing EMS to have a representative on the State Board of Health.

“In only two short years EMS has not only been approved for a dedicated membership seat representative of EMS, but the EMS representative, has earned the respect and creditability of each of the other members to be elected Chair of the State Board of Health,” said Gary Brown, Director, Office of EMS.

The Board of Health is comprised of 15 members representing various health organizations and its mission is to provide leadership in planning and policy development for the Commonwealth and the Virginia Department of Health to implement a coordinated, prevention-oriented program that promotes and protects the health of all Virginians. In addition, the Board serves as the primary advocate and representative of the citizens of the Commonwealth in achieving optimal health. This seat on the Board of Health is important for the EMS community, as EMS now has a voice with other leaders in health care in the Commonwealth.

During Edward's time with the Board he has helped to educate the other members on EMS in Virginia, some of the challenges that is faced by agencies and providers and other important issues facing EMS.

“This is a great honor,” Edwards said. “Together with the other very talented board members, I will continue to work closely with the Health Commissioner,

Dr. Karen Remley, and the staff of the Virginia Department of Health to ensure the health and safety of all Virginians.”

The Board of Health lists some of the following as core functions:

- Review and promulgation of regulations
- Advising the Governor on health-related issues
- Identifying health-related issues and formulating policy
- Advancing quality of life through improved health

Edwards was recommended to this seat on the Board by the State EMS Advisory Board, where he represented the Tidewater Regional EMS Council.

Edwards is currently the Chief of the City of Virginia Beach Department of Emergency Medical Services, the largest volunteer-based EMS department in the country.

He joined the City of Virginia Beach rescue service in February 1967. He assumed the position of Executive Director of the Emergency Coronary Care Program for the rescue squads in February 1973 and Coordinator of EMS in 1975. In 1984 he assumed the position of Director of Emergency Medical Services.

Edwards is a National Registry Paramedic, and is the longest-tenured actively running paramedic in Virginia. He holds a Bachelor's degree in Education and a Master of Public Administration from Old Dominion University.

To learn more about the State Board of Health and to see a schedule of their meetings visit www.vdh.virginia.gov/Administration/BOH/.

Virginia EMS Certification Test: Is National Registry A Good Fit?

The Office of EMS is considering using national registry for Virginia EMS certification examinations.

OEMS is looking at using the National Registry of EMTs examination for all levels of EMS certification testing in Virginia. The current process for using the Atlantic EMS Council to produce validated, psychometrically sound and legally defensible test questions will no longer be an option, and is estimated to end in 2013 or sooner.

The Office is continuing to assess the feasibility of using National Registry examinations in Virginia and look at policies for recertification cost expenditures and more.

For additional information about this proposed change and the urgency of why we need to make this change, visit the OEMS web page and view the article titled “Considerations for Virginia EMS Certification Testing Documents.” www.vdh.virginia.gov/OEMS/Files_page/Training/EMSCertificationTestingConsiderations.pdf

Updates will be posted as they become available. If you have questions, please contact one of the following Division of Educational Development program staff: Greg Neiman or Warren Short at (804) 888-9120.

New Durable Do Not Resuscitate Regulations

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Additional Information on the DDNR program:

The State DDNR form has been changed to a downloadable document and is available on-line on the VDH/OEMS website at www.vdh.virginia.gov/oems/ddnr/ddnr.asp.

The new downloadable DDNR form:

- The revised DDNR form can be printed on any color paper (white paper printed on a color printer is recommended.)
- Health care providers may honor a legible copy of any of the three paged revised DDNR form. The patient copy, medical record copy, or DDNR jewelry copy all may be honored.
- It is recommended that all photocopies of DDNR forms, of any type, be of actual size

The previous golden rod colored State DDNR form:

- May still be honored no matter when it was dated;
- Physicians may still complete the golden rod State DDNR forms until supplies are exhausted;
- Photocopies of completed golden rod colored State DDNR form may be honored indefinitely.

The Web site includes:

- DDNR Fact Sheet
- How to Fill Out the Durable Do Not Resuscitate Form
- How to download the authorized Durable Do Not Resuscitate form
- How to Purchase DDNR Bracelets and Necklaces
- The applicable Virginia laws (Code of Virginia) related to DDNR

- Virginia Durable DNR Regulations

Important Items to Note:

- Eliminate the need to print forms on unique distinctive paper (discontinuance of the yellow DDNR).
- The State will maintain a standardized form that can be downloaded by prescribing health care providers.
- Original copies of DDNR's will not be required; legible photo copies will be honored
- The lists of procedures and equipment that can or cannot be used to control an airway have been updated to reflect current practice

For technical assistance downloading the form or for more information you may contact Russ Stamm at the (804)888-9146 or Russ.Stamm@vdh.virginia.gov.

Updates From the DED

The Division of Educational Development (DED) is always working to create programs and educational opportunities to better assist you.

One of the biggest items that has been launched recently is the EMS Portal, About 30 percent of the providers in Virginia have logged into the portal, and we need everyone to log in to set up their accounts and access their information.

The portal is a valuable tool that allows EMS providers to access and update their contact information, print eligibility letters and access continuing education reports.

It is essential that all providers log into the portal to set up their account, as the program is your gateway to our office and

your information for recertification. To access the portal please visit: www.vdh.virginia.gov/oems and click on the link in the "Stay Connected" box. To login for the first time or if you have login trouble, click the link "login problems."

For 20 years the DED has been producing quality education programs through the EMSAT program. The third Wednesday of the month, you can view these programs to learn more about the latest in EMS care and get valuable continuing education credits.

The continuing education credits are available by viewing the EMSAT at approved webcast sites in Virginia or online. For more information visit www.vdh.virginia.gov/oems.

Upcoming EMSAT Schedule:

Sept. 21 Dealing with LVADS

Cat. 1 ALS, Area 73, Cat. 1 BLS, Area 05

Oct. 19 Abdominal Trauma

Cat. 1 ALS, Area 82, Cat. 1 BLS, Area 04

Nov. 16 Head Injuries

Cat. 1 ALS, Area 79, Cat. 1 BLS, Area 04

Dec. 21 Communicable Diseases on the Rise

Cat. 1 ALS, Area 89, Cat. 1 BLS, Area 06

Back to School and Back to Injury Prevention Basics

By: Marian Hunter, Public Information & Education Assistant Coordinator

Kids are heading back to school and need to be educated on the do's and don'ts of injury prevention. Get involved with your community by taking part in some of these fun and educational events.

- Set up workshops that teach kids about bike safety, sports-related injuries and the importance of wearing helmets. Visit this webpage for a fact sheet on bicycle safety www.vahealth.org/Injury/data/documents/2010/pdf/Bicycle%20Safety%20Fact%20Sheet.pdf. For more information about sports-related brain injury and concussions visit www.cdc.gov/concussion/HeadsUp/youth.html.
- Teach kids that will be walking to school or the bus stop the rules of the road and stranger danger. For more information about road and stranger safety tips visit www.cdc.gov/nccdphp/dnpa/kidswalk/pdf/section11.pdf.

- Host car seat safety checks and inform parents and guardians about the dangers of distracted driving. You can find resources and information to share on distracted driving at www.vahealth.org/injury/safetyseat/distracteddriving.htm.

- Kids are back in school and need updated immunizations and flu shots. Your agency can get involved by setting up a vaccine clinic (as long as your providers are authorized to administer vaccines).

Additional injury prevention materials, especially designed for safety professionals to distribute, are available at www.safekids.org/safety-professionals/. The Safe Kids Coalition is an excellent resource for many pediatric injury prevention materials.

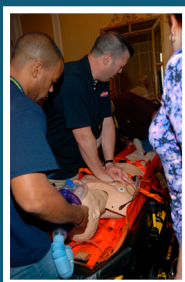
For statistical data and injury prevention information from Virginia, VDH

has many resources as well. These sites can help provide you with tools and ideas on how to enhance your public education efforts and ultimately reduce

injury and illness. The Virginia Department of Health's Division of Prevention and Health Promotion information can be found at www.vahealth.org/prevention/index.htm and the Centers for Disease Control and Prevention's Injury and Violence Prevention and Control program resources can be found at www.cdc.gov/injury/index.html.



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Chemical Suicides

Continued from page 2...

understanding of a variety of chemicals, which could be utilized for suicide.

A recent incident that occurred in Henrico County involved a pesticide; however, more likely choices for chemical suicide currently include the following:

- Hydrogen Sulfide is the most prevalent choice for chemical suicides, due to ease of access. The basic formula is a strong acid found in numerous cleaning products, plus calcium polysulfide solutions often found in pesticides, fungicides anti-dandruff shampoo, etc. Use of this combination of chemicals is often referred to as detergent suicide. Hydrogen sulfide attacks the nervous system. It is a colorless, flammable and extremely hazardous gas, which is heavier than air, and it has an odor of rotten eggs. The LEL

is 4%, and the UEL is 44%, making the gas highly explosive. The auto-ignition temperature is 500 degrees Fahrenheit, compared to gasoline, which is 450 degrees Fahrenheit. The IDLH, immediate danger to life and health, is 100 parts per million.

- Hydrogen Cyanide has characteristics similar to hydrogen sulfide. First responders should pay attention to labels on containers which may include potassium cyanide or cyanide compounds. Unlike hydrogen sulfide, hydrogen cyanide has an almond odor, and the gas is lighter than air. The IDLH is 50 parts per million. If there is any indication of the presence of hydrogen cyanide, fully encapsulated Level A chemical protective clothing should be utilized.

In conclusion, first responders must stay abreast of our changing environment. It is imperative that personnel understand the dangers related to chemical suicides. First responders cannot afford to be complacent in regard to these incidents. An informational chemical suicide flow chart designed by the National Hazardous Material Fusion Center provides additional helpful information to first responders. Review of such documents and protocols related to chemical emergencies is highly recommended for all public safety personnel.

The chart and more information on this trend can be found at:

www.hazmatfc.com/incidentreports/statstrends/Pages/Home.aspx

Preventing Pertussis

Pertussis, which is better known as Whooping Cough, has been on the rise in Virginia increasing 72 percent from 2009 to 2010. Researchers have found that one of the reasons for this trend is that adults need to be revaccinated and if they aren't they can spread the infection to other adults and children.

Infants are especially vulnerable to this infection and can become seriously ill and even die because they are too young to be fully vaccinated.

People with pertussis usually spread the disease by coughing or sneezing while in close contact with others, who then breathe in the pertussis bacteria. Many infants who get pertussis are infected by parents, older siblings, or other caregivers who might not even know they have the disease.

What can the EMS community do?
First - get vaccinated! Your general physi-



cian or local health department should be able to provide you with a vaccine. Even if you were vaccinated as a child, you need to get the vaccine again, as it fades over time. A little pinch can go a

long way in saving lives and reducing illness rates.

The DTap vaccine is used for infants and children and Tdap for pre-teens, teens and adults. EMS providers who are vaccinated dramatically reduce the risk of spreading this infection to their friends, families and patients.

The second thing that the EMS Community can do to help is to become educated on the signs and symptoms of pertussis and to help educate their community about the need for vaccinations.

The Centers for Disease Control and Prevention has several resources and information on their website that also includes sound bites of what the pertussis cough sounds like. To learn more visit www.cdc.gov/pertussis.

Disaster Preparedness and Response for Pediatrics

By: Beth Singer, Public Information & Education Coordinator

We often hear about disaster preparedness and OEMS has been working to emphasize the need for EMS providers to be prepared and to prepare their families for potential disasters and emergencies.

However, there has been little information shared about the importance of providers and agencies preparing for responding to the special needs or pediatrics during a disaster situation.

Many organizations like the American Academy of Pediatrics and EMS for Children have recently brought attention to the lack of planning and preparation needed to handle this unique population.

EMS providers are often told that children are not little adults, and have to learn specialized care for treating pediatrics, and this is also true during potential man-made or natural disasters.

For example EMS providers should be aware that children are more vulnerable to the rapid spread of infectious diseases or toxic agents. Also, children need special equipment like cribs, formula, diapers and pediatric medical supplies when they are in a shelter or mass casualty treatment area.

Also, it is common for schools to close during or after a disaster leaving parents to try and care for their children while also working to recover from the disaster. For example, after a hurricane the schools may be closed, but the children may be home with no power. They may also be near dangerously high water, downed trees and more.

Children are more vulnerable to the psy-

chological affects of a disaster and could cause challenges to providing quality mental health care.

An article from the American Academy of Pediatrics states that, "children frequently receive more appropriate and more effective care when they are accompanied by a parent or other caregiver... they should not be separated from their families or caregivers to the maximum extent possible during evacuation, transport, sheltering or the delivery of other services."

What can the EMS community do to address this concern? The priority of the providers and the agency is to respond to the emergencies and provide appropriate care as needed. But, EMS agencies and localities can start to create processes for the care and needs of pediatrics in their mass casualty and emergency response plans.

Also, doing research and learning more about emergency response that can meet children's needs can help. Below are links to resources on this topic.

American Academy of Pediatrics Preparedness Resources:

www.aap.org/disasters/index.cfm

EMS for Children Resources:

www.childrensnational.org/EMSC/PublicRes/OldToolboxPages/PDPpreparedness.aspx

EMSC Pediatric Preparedness Training:

www.childrensnational.org/EMSC/EducationTraining/web-based-training.aspx

FEMA for Kids:

www.fema.gov/kids/

OEMS Employee Appointed to National EMS Memorial Service Board

Office of EMS Systems Planner, Timothy Perkins, was elected to serve on the National EMS Memorial Service Board of Directors at its 2011 General Meeting.

The National EMS Memorial Service is held annually to honor EMS providers who have died in the line-of-duty. Perkins was elected to this prestigious position based on his extensive experience in the EMS field as a paramedic, EMS manager and coordinator, and his dedication to supporting this honorable cause.

Perkins has shown his support for educating EMS providers and the public about the prevention of line-of-duty injuries and deaths through his travels in four National EMS Memorial Bike Rides and through his podcast, called "Squad Cast," which is featured online on EMS World.

The National EMS Memorial Service is held annually in Colorado Springs, CO to induct EMS providers who give the ultimate sacrifice while in the line-of-duty.

In May of 1998 the U.S. Congress unanimously passed concurrent resolutions of the Senate and House of Representatives recognizing the National EMS Memorial Service as the official EMS Memorial of the United States. For more information on the National EMS Memorial Service visit www.nemsms.org.

Narrowbanding - Will Your Agency Be Compliant?

By: Karen Owens, Assistant Manager Emergency Operations

Did you know that under the current and pending EMS Rules and Regulations, there is a requirement for each licensed vehicle (transport or non-transport) to be able to communicate with hospitals?

- Cellular Communications does not meet this requirement
- Your radio equipment will need to be narrowband compliant to meet EMS Rules and Regulations requirements (by January 1, 2013)
- All newly purchased equipment in the last two years may not be narrowband compliant or capable

Did you know that your current wide-band FCC license will expire January 1, 2013?

- You will need to apply and receive a license for narrowband communications by January 1, 2013 (application process may take up to 6 months)
- You will not be able to operate equipment until a license is awarded (operating without a license may result in large fines (per day) from the FCC)

Will your agency be narrowband compliant by January 1, 2013?

- All radio equipment that operates in the affected frequencies must be narrowband compliant (includes, but not limited to radios, paging equipment and mobile data transmission)

- After January 1, 2013, licensees not operating at 12.5 KHz efficiency will be in violation of the Commission's rules and could be subject to FCC enforcement ac-

tion, which may include admonishment, monetary fines or loss of license.



To learn more, please read the VHF/UHF narrowbanding FAQs at <http://transition.fcc.gov/pshs/public-safety-spectrum/narrowbanding-faq.html>.

Please e-mail Karen Owens (Karen.Owens@vdh.virginia.gov) with a point of contact should additional information on narrowbanding need to be shared.

Additionally, information can be obtained by visiting www.vdh.virginia.gov/OEMS/EmergencyOperations/Communications.htm or by contacting Ken Crumpler at the Virginia Office of EMS (804-888-9100).

CLASSIFIEDS

WE WANT YOU!

Join us for the 2nd Annual EMS Career Fair at the Virginia EMS Symposium in Norfolk on Thursday, November 10 from 5 - 7 p.m. Bring your resume and dress for success. Dozens of local organizations will be there to meet you!

More details coming soon. Check our website for additional information
www.vdh.virginia.gov/oems.

Over Worked, Under Paid & Just Plain Stressed Out

By: Beth Singer, Public Information & Education Coordinator

Are you stressed? You may answer with an overenthusiastic “YES” or you may think, “No, I’m not that stressed.” Either way we are all stressed, its just that there are varying levels of stress and each of us reacts differently to stressful situations.

In EMS, stress is all around us. The obvious stressor is what is seen on a daily basis - people in crisis who are ill, injured or worse. Also, the inherent danger of the job, long hours and more can increase the stress in your life.

Stress isn’t just something that makes us feel anxious or upset, it can also manifest itself in a physical way and can take a toll on your physical and mental wellbeing. Here are some things that can happen if stress is not dealt with in a healthy manner:

- Fatigue
- Nausea
- GI upsets
- Memory loss
- Concentration problems
- Problem solving difficulties
- Anxiety
- Depression
- Identification with the victims
- Changes in sleep patterns
- Changes in eating and work habits
- Unusual actions or behaviors

Responding to disasters is of course a huge stressor, but so are other calls you experience in EMS - pediatrics, mass casualty, injury or death of a coworker and even something that puts you in direct danger.

Not only do EMS providers have stressful jobs, but other things in life can add to it - family or relationship troubles, money issues and even happy occasions

can add stress like buying a new house and having a baby.

Some people when stressed may eat com-



fort foods like french fries and ice cream which can compound the issue adding the risk for obesity and obesity related diseases like diabetes and heart disease.

Also, many people deal with stress in other unhealthy ways like smoking, drinking excessively and even abusing illegal or prescription drugs. These too can lead to more serious issues and don’t really deal with the stress.

How can EMS providers deal with stress in a healthy and effective way? There are several options, the first and the most popular way that doctors want you to deal with stress is to exercise.

A walk around the block, a round of boxing on the Wii or Xbox, playing fetch with the dog - all are simple ways to add a little exercise that doesn’t force you to get on the treadmill or listen to a personal trainer tell you to push harder! Visit this link to read an article from *JEMS* on motivating yourself to exercise, because

we all can find the time it just may be the motivation we need. www.jems.com/article/health-and-safety/cure-lack-motivation.

Another effective way to deal with stress is meditation. The benefits of meditation can go past stress relief, recent articles from the Mayo Clinic and *MIT News* discuss the many benefits of meditation to include dealing with chronic pain, chronic diseases and more. To learn more about the various styles of meditation and how you can incorporate it into your life read this article from the Mayo Clinic www.mayoclinic.com/health/meditation/HQ01070. Or search for more resources online.

Also, a way to include meditation and exercise into your day would be through Yoga. An ancient form of stretching, strength building and breathing that will work up your heart rate and get you sweating, while helping to center your mind and wellbeing.

Sometimes family and friends can add to your stress, but having a close network of trusted friends is essential to keeping you healthy and offers an outlet to vent and deal with some of your stress. After a bad day, sometimes a call to a friend can make all the difference and help you let go.

One big item for EMS providers to learn is that there is more to life than EMS! Take a step back and enjoy other things in life! Find a hobby, watch your favorite movie, enjoy outdoor activities - even the little things, like downloading a new song that you really like, can help you focus on the things that make you happy.

A View From the 2011 EMS Memorial Bike Ride

By: Tim Perkins, EMS Systems Planner

The 2011 National EMS Memorial Bike Ride began May 14 on a cold, gray day in Boston, MA, with 85 riders from several states and Canada.

The opening ceremonies included representatives from Boston EMS and emotional comments from the family of Jonathan Lindsey, an EMT from Waltham, MA, who was killed in the line of duty in November 2010.

The “Muddy Angels” were warmly received during rest stops in Stoughton, MA, Raynham, MA, and Pawtucket, RI, and finished the 66 mile day 1 trek with dinner courtesy of the Rhode Island DMAT in South Kingston, RI.

Day 2 of the ride began under gloomy conditions in Rhode Island with the “Muddy Angels” continuing their EMS Week-long trek to Alexandria, VA.

Throughout the day, the riders made their way from Rhode Island to Long Island, NY. Along the way in Mystic, CT, a ceremony was held to commemorate public safety officer's week.

Day 3 of the ride proved to be the most challenging day. Torrential downpours may have dampened the ride route, but not the spirits of the “Muddy Angels,” riding to honor EMS providers who have died in the line of duty.

The riders also visited the Nassau County 9/11 Memorial where they paid tribute to the thousands of lives lost on that fateful day.

Some of the riders enjoyed a special opportunity to attend a New York Mets baseball game at CitiField in Flushing,

NY, where the Mets were holding an “EMS Night” to celebrate EMS Week.

Day 4 brought more threatening weath-



er to the New York City area; however, the riders were able to take advantage of a slight break in the weather to travel through Queens and into Manhattan, including a ride down Broadway and through Times Square. The route also took the riders past Ground Zero, where construction for a new World Trade

Center complex is underway. The day ended with a reception by FDNY, including remarks by FDNY EMS Chief Abdo Nahmod.

Day 5 began in East Stroudsburg, PA, and took the riders on an 80-mile ride through a good portion of eastern/central Pennsylvania.

Day 6 began at Leola Ambulance in Leola, PA, with a moving tribute to David Sauter, a member of Leola who died in the line of duty in 2007.

The skies opened up into a torrential downpour that the Muddy Angels had to push through to reach their final destination of the day at the Gettysburg Fire Department, where they were greeted by crews with towels and warm blankets.

The final day of the ride had riders again facing threatening weather. They were escorted through the Gettysburg battlefield and then crossed over into Maryland, where a ceremony was held in Taneytown, where Mayor James McCarron, Jr. read a proclamation from Maryland Governor Martin O'Malley, honoring the riders.

The riders then gathered just outside of Washington, DC, where they were joined by riders of the Kentucky leg of the bike ride, and were led by members of the Alexandria and Arlington (VA) Fire & Rescue to the final destination in Alexandria, where riders received a warm welcome from family, friends and members of the FDNY EMS Pipes and Drums.

For more information on the bike ride go to www.muddyangels.org.

Emergency Medical Dispatch Saving Lives

Recently two of the Office of EMS Accredited Public Safety Answering Points (PSAPs) sent OEMS information on how their emergency medical dispatch programs have helped to save lives in their localities.

James City County 911

Inscribed on a pouch that holds their headsets are phrases like: Prevented a suicide...Helped find a lost child...Recovered a stolen vehicle...Worked with heroes...These are the typical day to day scenarios that occur in the life of a public safety emergency communication officer. One of the phrases that stands out for James City County particularly in the month of May is, "Instructed someone on CPR (and it worked, they're alive)!"

On Tuesday, May 24, 2011, just three hours into her shift, Master Emergency Communication Officer Kathy Larrimore answered a call from a citizen reporting a man convulsing and lying unconscious in a field. After a quick assessment, Larrimore determined through briefly questioning the caller, that the individual was not showing signs of life and instructed them step-by-step

in CPR encouraging them to continue until medics arrived. It was determined that the individual had been in cardiac/respiratory arrest and because of the instructions provided by Larrimore, this individual survived.

Just two days later, on May 26, 2011, Senior Emergency Communication Officer Diane Mason answered a similar call from a visitor located on Jamestown Island. He advised his wife had fallen unconscious and it was determined that she was not breathing. Mason gave CPR directions to a bystander who relayed the information to the husband who provided CPR to his wife. Mason counted out loud and had the caller do so as well while the husband gave chest compressions. Like Larrimore's call, this too was a conversion of a cardiac/respiratory arrest resulting in the survival of the gentleman's wife.

Both of these individuals have recently been added to "The Tree of Life" plaque displaying the name of the public safety communication officer and the date on which they "saved a life."

Fairfax County 911

While staffing the phones on July 12, 2011, PSC III Carolyn Kellam took a 911 call at approximately 1737 hours from a caller who reported that her 99 year old mother-in-law was choking on a piece of food. Kellam quickly verified the address and entered the call for dispatch. While reassuring the caller that help was on the way, Kellam explained that she would be providing emergency medical instructions over the phone. Frantic to help her mother-in-law, the caller stated that her husband was attempting to administer the Heimlich maneuver without success.

A true 911 professional, Kellam remained calm and composed while providing clear obstructed airway instructions, encouraging the caller and her husband to continue the Heimlich until responders arrived or the food was expelled.

Thankfully, Kellam's instructions and the caller's efforts succeeded. After the food was dislodged, the patient quickly regained normal breathing, as EMS units arrived on scene.



**A Time to Remember.
A Time to Prepare.**

**NATIONAL
PREPAREDNESS MONTH**

September 2011
www.readyvirginia.gov

Calendar of Events

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. 11 - Patriot Day
- Sept. 15 - RSAF Grant Deadline
- Sept. 21 - EMSAT
- Sept. 21 - 25 - VAVRS Convention
- Sept. 24 - Instructor update @ VAVRS

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

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
23/30	24/31	25	26	27	28	29

- Oct. 1- Symposium Registration Deadline
- Oct. 2-3 - Virginia Municipal League Conference
- Oct. 5 - Training and Certification Committee
- Oct. 6 - EMSC Committee
- Oct. 6 - Medical Direction Committee
- Oct. 10 - Columbus Day - State Offices Closed
- Oct. 19 - EMSAT
- Oct. 19 - Workforce Development Committee

EMS Quick Hitters

New VDH Office of EMS Website

On August 1st, the Office of EMS launched a redesigned website that coincides with the redesign of the entire VDH website. The new site includes rotating important news items on the top bar, resources arranged to better meet the needs of providers and agencies and quick links throughout the site.

There are still some sections of the site that are under development, so please check back for updates. Also, be sure to make this page one of your favorites so that you can get the latest

news, information and quickly link to the EMS portal and more.

www.vdh.virginia.gov/oems.

Do you Tweet?

The OEMS Twitter site is growing, but are you following us? We offer news, updates and important information related to EMS, public safety and more. Be sure to follow-us!

<http://twitter.com/#!/virginiaems>

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 & get a prize!



Little Gary loves the USA!

Congratulations to:

Todd Southard with Albemarle County Fire and Rescue & Ron Donelson Tactical Medic with the U.S. Marshals Service

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.

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