

June 2015



Special points of interest:

- Vermont Healthcare and EMS Preparedness Conference is October 22-27th at Jay Peak
- Continued Competency changes
- VT EMS Awards
- Senior Fall Prevention Training
- Child Passenger Safety NEW Tech Class –Sept 16-19- Rutland

Inside this issue:

National Continued Competency	1
Call of the Wolf	2
EMS Awards	3
FallScope	6
Newborn Screening	7
Safe Transport	7
Word Search	8
Ticks are Out!	9
Child Passenger Safety Tech. Course	10
Calendar of Events	11
How to Contact VT EMS	11

Vermont EMS News

EMS Week: Shining a Spotlight on Service! - Ray Walker

Although rain was predicted, the skies were sunny on May 19th when about 75 members of the Vermont EMS community gathered to celebrate EMS Week on the State House lawn in Montpelier. In keeping with an annual tradition, Governor Peter Shumlin declared May 17 - 23 EMS Week in Vermont. EMS Week is a time to honor the dedication of the state's nearly 3,000 EMS providers and to raise public awareness of injury prevention, community involvement, and volunteer recruitment. Passersby



were treated to an impressive array of ambulances (picture above) staged along State Street, including one from the Army National Guard. An especially popular addition to the event this year was an electronic hands-only CPR kiosk built from scratch by Luke Jackson (see left picture), Training Officer for Richmond Rescue.

EMS Week belongs to each and every member of the EMS community, and the State House event was just one of several ways EMS was recognized this year.

Please contact the EMS office at vtems@state.vt.us to let us know how your district or agency celebrated so we can share these activities in the future.

We are also eager to hear your ideas for making the annual State House event even more meaningful and fun. Special thanks to Jim Baraw and Laurie Beth Putnam from EMS District 6 and Northfield Fire Chief Peter DeMasi for their help, and to Rocket J's, the Uncommon Market and Capitol Grounds for the delicious refreshments.

A Refreshing Change: The National Continued Competency Program

Some exciting changes are coming to the way you will renew your Vermont EMS license from now on. Effective July 1, 2015 all EMS providers with licenses due to expire in 2016 or later will select and document their continuing education (CE) through the National Continued Competency Program

(NCCP), an initiative based on continuous quality improvement (CQI), lifelong learning and individual self-assessment. This program was developed by the National Registry of EMTs and will be applicable to all licensed EMS personnel in Vermont, regardless of whether they hold a current National

New NCCP CE Hours	
EMR	16
EMT	40
AEMT	50
Paramedic	60

Table Lists the total CEU's for each NREMT level.

(Article continues on page 4)

Call of the Wolf: A New Twist on Tourniquets—Dr. Wolfson



“Today is the only day. Yesterday is gone.” John Wooden

EMS responds to find a 56-year old male who had been struck by a car while riding his motorcycle at approximately 45 mph. During the initial rapid trauma assessment, the first responding EMT notes that the patient is having mild difficulty breathing, abdominal discomfort, and severe ongoing hemorrhage from a deep left lower leg laceration. Direct pressure does not readily control the bleeding, and the EMT goes on to apply a tourniquet to the leg with good hemorrhage control.

For many years, tourniquets were thought of as a very last resort to be used only in life or limb situations in-

volving external extremity hemorrhage when all other interventions have failed. Recent experiences with tourniquet use both in the military and civilian environment (Boston bombing) have shown that tourniquet use has been associated with a significant reduction in deaths attributed to extremity hemorrhage with minimal complications, prompting a reconsideration of the “last resort” mentality surrounding tourniquet use. A descriptive analysis of the Boston EMS experience with tourniquet use found an overall complication rate of only 2.1% (2 of 95) and concluded that the early use of tourniquets for extremity

hemorrhage in an urban civilian EMS setting appears to be safe, with few complications. It is difficult to extrapolate this data to a more suburban or rural EMS system, such as Vermont, where tourniquet application times may be longer due to transport distances with potential for more associated complications. However, one would expect similar positive outcomes, so long as tourniquets can be removed within the well-documented “safe” 2-hour limb ischemia time. The 2015 Vermont Statewide EMS Protocols update includes new evidence-based guidelines for the use of tourniquets that include the following key points:

- Tourniquet use is indicated to control significant external extremity hemorrhage when direct pressure is ineffective or impractical (other interventions needed, MCI, tactical situation)
- BLS providers may apply tourniquets.
- Preferentially use a commercial tourniquet device; avoid improvised tourniquets
- Apply tourniquet 2-3” proximal to wound. Do not apply over a joint. Tourniquet must completely eliminate the distal pulse to avoid a “venous tourniquet” which may cause increased bleeding, edema and compartment syndrome.
- Apply a second tourniquet just proximal to the first for failure to control bleeding.
- Apply tourniquet early before the patient goes into shock. Associated with better outcomes.
- Patients requiring tourniquet placement should be preferentially transported directly to a Trauma Center, if feasible and within 50 minutes transport time by ground or air, or should be taken to the closest appropriate ED for initial stabilization followed by expeditious transfer to a Trauma Center.



Outstanding Service Recognized—Ray Walker

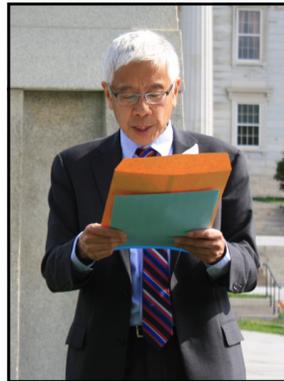
While EMS Week is a wonderful opportunity to recognize all EMS providers for their work throughout the year, it's an especially appropriate time to highlight individuals and agencies that were nominated by their peers for their outstanding service and accomplishments. On May 19th, Health Commissioner Harry Chen and EMS Director Chris Bell presented awards to several deserving recipients against the picturesque backdrop of the Vermont State House.

Teena Betourney accepted the Basic Life Support Provider of the Year award on behalf of **Edmund Sullivan of Middlebury Regional EMS** for his tireless commitment and exceptionally positive attitude. **Kandis Charlton of Regional Ambulance Service** was named Advanced Life Support Pro-

vider of the Year because she is always willing to rise to the call of duty as an instructor, role model, mentor and volunteer. **EMS District 3 Training Coordinator Chris McCarthy** earned the EMS Educator of the Year award for her accessibility, vast knowledge and positive energy that have touched many providers over the past 25 years.

Winhall Police and Rescue was selected as the First Responder Service of the Year for nurturing working relationships with surrounding EMS agencies, schools and community members. **Cambridge Rescue Squad** was chosen as the Ambulance Service of the Year for its community outreach efforts, including flu clinics, food and clothing drives, a falls prevention program and a successful volunteer recruitment program. **Barre**

Town EMS Paramedic David Danforth received EMS District 6's Virginia Caffin Award from Dr. Dan Wilson for embodying the extraordinary service for which Mrs. Caffin was known.



Dr. Chen presented the EMS Awards at the EMS Event.

If you know of an EMS provider or agency that deserves recognition, be sure to nominate them for next year's awards! Details will be made available in Spring 2016.



EMS Educator of the Year
Chris McCarthy

"Some people spend their whole lives wondering if they made a difference. Some don't have that problem."

Unknown



ALS Provider of the Year
Kandis Charlton

NREMT NCCP continued.....

(continued from page 1) Registry certification. As has been the case since 2011, those with current National Registry certification will be required to maintain it in order to maintain Vermont licensure. (The relatively few providers that never held a NREMT certification and are VT-only licensed will be sub-

ject to the same requirements.) Perhaps the most noticeable change will be an adjustment in the number of training hours you will need to complete per 2-year cycle. While the educational requirement for EMRs will increase modestly from 12 to 16 hours, EMTs, AEMTs and Paramedics will see a reduc-

tion in the total CE hours required (see chart below). The topic areas will also look differently, however you will play a role in choosing them. These concepts reflect the essence of the NCCP: focused, relevant & continuous education.



First Responder Service of the Year: Winhall Police and Rescue

“Start by doing what’s necessary; then do what’s possible; and suddenly you are doing the impossible.”

Francis of Assisi



CHART: National Continued Competency Program - Hours by Level				
Provider Level	National Requirements (NCCR)	Local Requirements (LCCR)	Individual Requirements (ICCR)	Total Hours
Emergency Medical Responder	8	4	4	16
Emergency Medical Technician	20	10	10	40
Advanced Emergency Medical Technician	25	12.5	12.5	50
Paramedic	30	15	15	60

Origins

Since the early 1970’s, EMS has advanced from the provision of rudimentary care and transportation to the delivery of sophisticated emergency medicine in the field. As entry-level requirements have changed, so too must the requirements for continued competency.

The NCCP got its start in 2010 when a multi-disciplinary task force consisting of representatives from major regulatory, medical oversight and operational components of EMS met to consider revisions to the National Registry of EMTs’ recertification process. The end result is a program that

evolves over time and allows states, the local EMS community and individual EMS providers to choose topics that are most relevant to their educational needs.

The Components of the NCCP

The NCCP is comprised of three components: the National Continued Competency Requirements (NCCR) which represent half of the total hours required at each level; the Local Continued Competency Requirements (LCCR) which constitute a quarter of the overall hours; and the Individual Continued Competency Requirements (ICCR) which round out the remainder.

The NCCR topics and hours are determined by the NREMT’s board of directors based on input from EMS researchers, physicians and provider stakeholders. Topics are chosen from evidence-based medicine, changes in the National Scope of Practice Model and science-related position papers aimed at improving patient care, particularly tasks with low frequency yet high criticality. In keeping with the principles of the NCCP, the NREMT will change the national requirements at least every 5 years. See Chart: National Continued Competency Requirements— Hours by Level on page 5 for an overview of the topics areas; for a more detailed (continued on page 5)

NREMT NCCP continued.....

CHART: National Continued Competency Requirements – Hours by Level				
Topic Areas	EMR	EMT	AEMT	Paramedic
Airway, Respiration, & Ventilation	2	4	Must complete EMT NCCR PLUS an additional 5 hours of ALS EMS education.	4
Cardiovascular	2	6		10
Trauma	1	2		4
Medical	3	6		7
Operations	0	2		5
Totals:	8	20	25	30

(continued from page 4) information regarding topics areas, please visit the Vermont EMS website <http://healthvermont.gov/hc/ems/nccp.aspx>

A portion of Vermont’s local requirements (LCCR) has been determined by the Vermont EMS office based on state-specific training needs (see chart below).

These include protocol updates, skills that merit special focus as part of continu-

ous quality improvement and new topics such as spinal motion restriction. The remaining hours of the LCCR are determined by the EMS districts and/or EMS agencies.

The Individual Continued Competency Requirements (ICCR) are chosen by you. To aid you in the topic selection process, the NREMT offers an online resource called an Assessment Guide.

The ICCP Assessment Guide

All NREMT-certified providers are given access to the Assessment Guide via their online NREMT accounts during the last six months of their certification period. Although it may look like the certification exam, the Assessment Guide is not a test. It is optional, there is no final score, no one but you can (continued on page 6)

CHART: Local Continued Competency Requirements - Hours By Level				
Topic Areas	EMR	EMT	AEMT	Paramedic
Personal Protective Equipment	1	1	1	1
Professionalism/Cultural Competency	1	0.5	0.5	
Documentation	1	1	1	1
Patient Refusals	1	1	1	1
Termination of Resuscitation		1	1	
Pegasus		1	1	1
Spinal Injury Management		1	1	1
CPAP			1	1
Capnography			1	
Pharmacology			1	1
Advanced Airway Management			1	1
District/Agency Specific Topics	0	3.5	2	7
TOTALS:	4	10	12.5	15



Teena Betourney accepted the BLS Provider of the Year award on behalf of Edmund Sullivan

*If you don't know
where you are going,
any road will get you
there.*

Lewis Carroll





Ambulance Service of the Year
Cambridge Rescue

*“Only those who have
learned the power of sincere
and selfless contribution
experience life’s deepest joy:
true fulfillment.”*

Tony Robbins



OnCall for Vermont

NREMT NCCP continued.....

(continued from page 5)
access the identified results and it has no bearing whatsoever on your NREMT certification or state license. After completing the Assessment Guide, you will be told if there are topics where additional training would be beneficial.

Please note: The Assessment Guide is only available at this time to providers who hold a NREMT certification at their license level. We have asked the NREMT to make it available to all Vermont providers, and they are considering the request.

Training officers for agencies with at least 10 members will receive a de-identified aggregation of their members’ results so

that common areas of weakness can be addressed.

Moving existing CE

Since Vermont adopted the NCCP halfway through the 2016 renewal cycle, providers who are due to renew next year have likely begun entering their training hours on the NREMT website. Fortunately, NREMT has created a “Move Hours” button on the application which will allow providers to shift their entries into the new slots. Vermont renewal applications will be revised soon to reflect the changes.

Refresher Courses

Refresher courses using the traditional categories no longer exist in Vermont, but providers who completed one

during this renewal period can still get credit for it. A spreadsheet that maps these topics to the NCCP categories can be found on the EMS office website.

Moving Forward

We hope that this move to a more nimble and dynamic process for identifying, completing and documenting continued competency education will result in a more confident Vermont EMS workforce that is motivated to grow stronger in their knowledge and skills.

As with all things new, we anticipate many questions. Be sure to review the Frequently Asked Questions found on our website, and as always, don’t hesitate to contact us to learn more.

Safe Transport Training to Increase Safety of Children in Ambulances – Stephanie Busch

In 2014, 3,334 children under 18 years of age were reported in SIREN to be transported in Vermont ambulances; 44% of those cases have no identified ‘position of transport’.

In an effort to increase the safety of how children are transported in ambulances, the Vermont Child Passenger Safety (CPS) program and EMS for Children

(EMSC) program have collaborated to develop a Safe Transport training for EMS providers.

“Safe Transport of Children in Ambulances: A Training Curriculum for EMS Personnel” (CPS for EMS) was designed to teach EMS personnel about selection and installation of ambulance-specific restraints and some types of

conventional child restraints in the ambulance. The training will soon be available to EMS agencies and providers across the state. The CPS for EMS training will also be available as a part of the EMS Conference in October at Jay Peak. For more information about this training opportunity, please contact the EMSC coordinator Stephanie Busch.

Transporting Newborns with Failed Critical Congenital Heart Disease (CCHD) Screens— Rebecca Goodman, MD and Dell McDonough, RN

As recommended by the American Academy of Pediatrics, all newborns in Vermont are now screened for Critical Congenital Heart Disease. Since this screen will sometimes happen at home or at the doctor’s office, Emergency Medical Services may be called to transport an infant with a failed screen to the nearest Emergency Department. CCHD lesions are structural heart defects, usually associated with hypoxia, that can cause significant morbidity and mortality, and typically require surgical intervention in the first year of life. Routine EMS Patient Care, along with excellent airway management is important as infants with CCHD can decompensate quickly with circulatory changes after birth. EMS providers should contact medical control for guidance

on appropriate transport destination. Most infants with CCHD are diagnosed on prenatal ultrasound or with clinical symptoms after birth, but some infants are still missed before hospital discharge. Even if they are hypoxic, they may not be visibly cyanotic. CCHD screening with pulse oximetry helps us achieve early diagnosis for most of the infants that were previously missed. The oxygen saturation is measured on the infant’s right hand and either foot on the second day of life. To pass the screen, at least one measurement must be $\geq 95\%$ and there must be a difference of $< 4\%$ between the two. If the infant fails the screen, they must be evaluated promptly for causes of

hypoxia. Other common causes of hypoxia include sepsis, pneumonia, pneumothorax, persistent pulmonary hypertension of the newborn, respiratory distress syndrome, meconium aspiration syndrome, and hypoglycemia. While screening is usually accomplished during the newborn hospital stay, if the infant was born at home or the screening was missed, it may occur at a patient’s home or at the doctor’s office. A failed screen is a medical emergency and EMS may be activated to transport the infant to the closest Emergency Department. Please visit the Vermont Department of Health’s website for more information www.healthvermont.gov/family/cchd



David Danforth received EMS District 6’s Virginia Caffin Award

“The only way to do great work is to love what you do.”

Steve Jobs



Senior FallScape Recruiting EMS – Julie Desrochers

The Falls Prevention program is working with EMS agencies to prevent falls in older adults. Twenty (20) squads have members who are in progress or have completed training in the evidence-based program FallScape.

EMS agencies directly work with fall patients regularly and are in a unique posi-

tion to have insight into these events even when primary care providers or families are still in the dark. The program will screen people as a follow-up to the approximately 7000 lift-assist calls that happen in Vermont every year. An EMS provider trained as a program technician can then enroll the participant and provide a personalized interview and multimedia experience.

We are still recruiting EMS agencies through the summer, particularly in Chittenden County and the southern counties. We will also be looking to work with all agencies to prevent falls and screen potential participants.

For any questions or more information about the program and training, contact Julie.Desrochers@state.vt.us

SIREN and Statewide Data— Jenna Protzko

As previously described in the Safe Transport article, electronic documentation of pediatric responses in SIREN proves to be critical in ensuring we are caring for children in Vermont, in the pre-hospital setting, to the best of our ability with the most effective interventions. Having very few pediatric EMS responses in Vermont, only about 4,700 (6% of total EMS responses) in calendar year 2014, it's always important to complete reports as best as possible. This article displays only a small illustration of those pediatric data that will guide us in delivering the utmost statewide pediatric EMS care.

It's important to understand the pediatric population in Vermont from an EMS perspective as well. As seen in Figure 1, majority of the 4,700 pediatric responses were documented in SIREN as transports, with many reporting a disposition of no treatment required, patient refused care or treated and released. Figure 2 also shows the number of pediatric transports in Vermont as compared to the overall number of pediatric 911 responses.

The number of pediatric transports in Vermont also varies by EMS District and patient age. Figure 3 displays the number of documented pediatric transports in Vermont for 911 responses only.

Pediatric patients can be a difficult population to achieve successful intravenous placement (IV) on as well. Therefore, IV success rates are also important to monitor with SIREN data in order to assess local, district and/or state wide training or other needs. When *Intravenous Access – Extremity (IV)* was documented in SIREN for a patient 0 - 17 years of age, 76% of IV placement attempts were successful. Figure 4 illustrates how successful IV placement by Vermont EMS Providers varies by patient age.

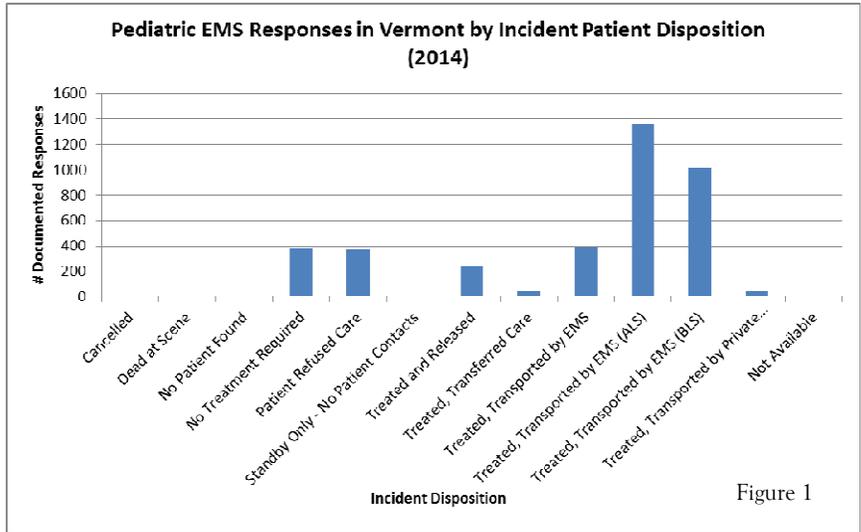


Figure 1

The following data describes the percentage of IV attempts that were successful by patient age group:

- 0 - 2 years: 54%
- 3 - 5 years: 80%
- 6 - 11 years: 73%
- 12 - 17 years: 77%

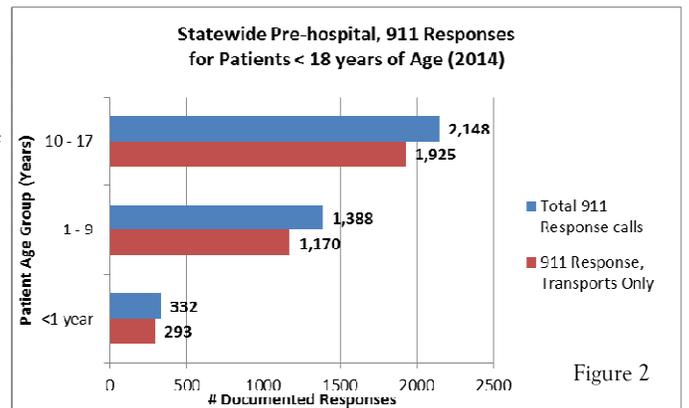


Figure 2

It was also found that 15% of patients between 0 - 17 years of age who received at least one IV attempt, did not have one successful IV placement documented.

SIREN Documentation goal for 2015 Q3: Focus on completing pediatric reports as best as possible, to include age, weight, procedure attempts, medication dose and medication units. **Keep in mind** - Documentation of one procedure entry in SIREN accounts for one attempt.

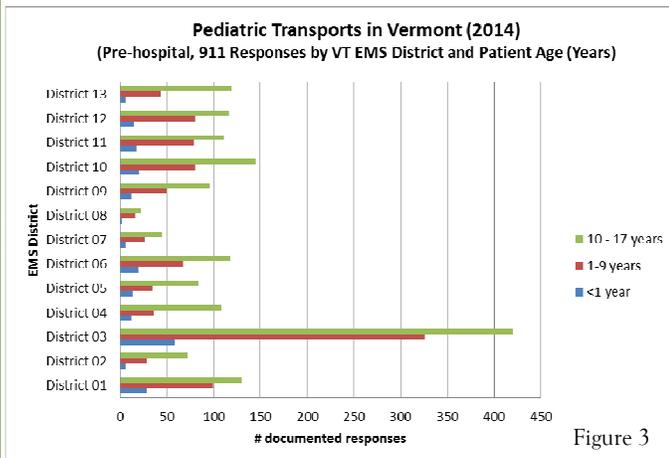


Figure 3

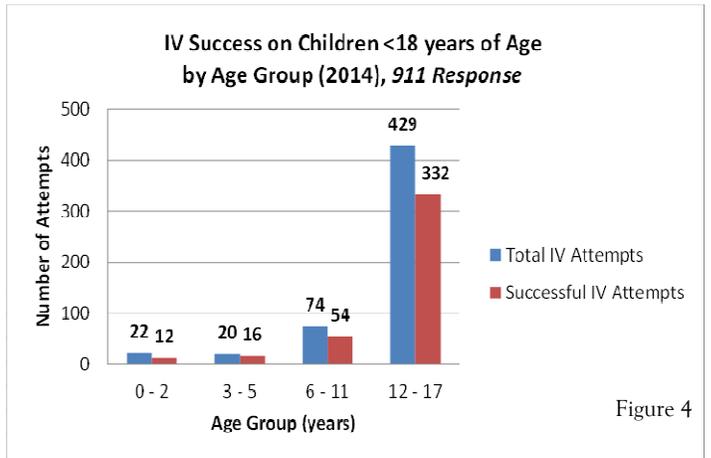


Figure 4

The Ticks Are Out! Get the Facts About Lyme Disease In Vermont—Molly Markowitz

May was Lyme Disease Awareness Month and in the spring and summer we all need to be vigilant about preventing tick bites. According to the Centers for Disease Control (CDC) more than 300,000 Americans contract Lyme disease each year.

Lyme disease is on the rise in Vermont. According to the Vermont Department of Health (VDH) the number of cases reported has steadily increased since 2005 (Figure 1).

What is Lyme Disease?

Lyme disease is a bacterial infection that can be transmitted to people through the bite of a blacklegged tick (aka deer tick) that is infected with the bacteria *Borrelia burgdorferi*. If the tick is attached to the person for at least 24 hours, the bacteria can be transferred to the person and they can become infected.

There are 3 stages of Lyme disease. Most people are diagnosed and treated during early infection; however, if left untreated the infection can progress and cause additional manifestations.

1) Early Stage: 7-14 days after tick bite

Erythema migrans rash (Figure 2) at the site of the tick bite. Frequently the rash has a classic bull's-eye appearance, but it can also appear homogenous. Flu-like symptoms may also develop including headache, fever, and muscle pain.

2) Intermediate Stage: Days-Weeks after tick bite

Multiple erythema migrans rashes, facial palsy (paralysis or weakness of the muscles in the face), meningitis (inflammation of the membranes surrounding the brain and spinal cord), heart block due to carditis (inflammation of the heart and its surroundings).

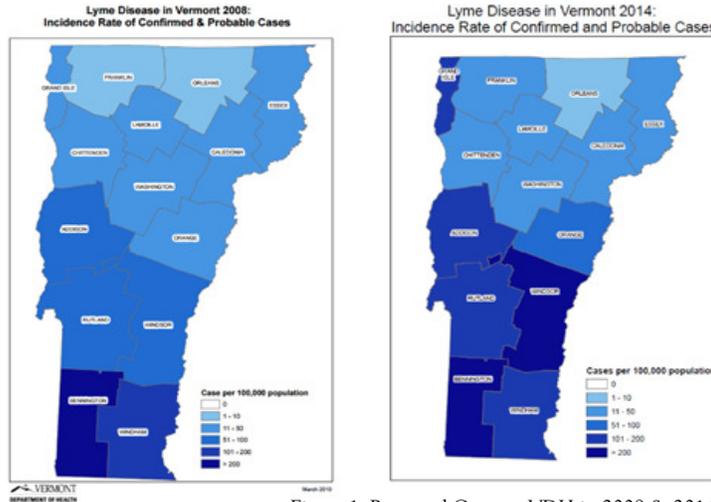


Figure 1: Reported Cases to VDH in 2008 & 2014

3) Late Stage: Months-Years

Intermittent bouts of arthritis with joint swelling, shooting pain, numbness, tingling in hands and feet.



Figure 2: Erythema Migrans Rash is present in approximately 70 percent of cases.

How to Prevent Tick Bites:

There are some easy steps we can all take to protect ourselves from being bitten by ticks and still enjoy time outdoors:

- **Avoid Ticks**

When outdoors, walk in the center of trails and avoid wooded areas

- **Repel Ticks**

Use 20-30 percent DEET on skin/clothing

Treat clothing/gear with permethrin

- **Remove Ticks**

Bathe or shower within 2 hours after spending time outside in tick prone areas

Conduct a full body tick check using a mirror

Inspect pets and gear for ticks

Running your clothing in the dryer for 5-10 minutes on high heat after coming indoors should kill any ticks that have attached to your clothing.

Get the Facts:

There is a lot of misinformation regarding Lyme disease. Here we address some of the most frequently asked questions. (continued on page 10)

(continued from page 9)



Be Tick Smart!
Protect your family and pets from Lyme Disease.





Molly Markowitz
UVM Medical Student

Excellence is not a singular act, but a habit. You are what you repeatedly do.

Shaquille O'Neal



St. Mike's providers at the State house celebrating EMS Week.

Ticks continued...

Can I contract Lyme disease anywhere in the United States?

No, Generally speaking, infected ticks are limited to the Northeast, Northern Midwest, and a few specific locations in Northern California, Oregon, and Washington.

Can Lyme disease become a chronic infection?

No. With the proper identification and treatment, prognosis is generally excellent

However, some people may develop nonspecific symptoms such as fatigue that can linger after treatment. This is called post-treatment Lyme disease syndrome.

Persistent symptoms after proper treatment may be the result of resid-

ual tissue damage and/or an autoimmune response

Studies have not supported that Lyme disease can be a persistent infection after proper treatment.

Are long-term IV antibiotics indicated for Lyme disease?

No. The recommended treatment duration for Lyme disease is 2-4 weeks, depending on the manifestation.

Post-treatment Lyme disease syndrome occurs when patients have persistent symptoms after receiving proper treatment.

Antibiotics can have anti-inflammatory effects and there

fore may make people feel better even if they do not have an active infection

For more information on Lyme disease, please visit the following websites:

<http://www.cdc.gov/lyme/>

http://healthvermont.gov/prevent/lyme/lyme_disease.aspx

Bio: Molly Markowitz, first-year medical student of the University of Vermont College of Medicine, member of Lyme Corps, a CDC-sponsored program which conducts Lyme disease education.

BeSeatSmart.org – Brett LaRose

The Vermont Department of Health manages Vermont's Child Passenger Safety (CPS) program, BeSeatSmart. BeSeatSmart aims to increase and sustain safety seat and seat belt use for children 0-18. BeSeatSmart provides hands-on help, advice, consultations, presentations, training, materials and support to residents of Vermont. BeSeatSmart provides best practice advice as given and sourced by the American Academy of Pediatrics (AAP) and the National Highway Traffic Safety Administration (NHTSA). The BeSeatSmart Program is a federal grant-based program supported by the Governor's Highway Safety Program in Vermont.

The CPS program coordinates yearly training of over 150 nationally-certified technicians and annual training of new technicians. It also provides support to new and existing safety seat fitting stations; and open-to-the-public

inspections, a telephone hotline staffed by a certified technician, a website, public events displays, creation and distribution of educational materials, and distribution of low-cost car seats to children in need and at risk.

Recent Child Passenger Safety Program activities include:

- CPS New Tech classes in Georgia, and Springfield
- CPS Tech Updates, May 2015 in Lyndon, South Burlington, and Ludlow- Updates are held annually and provide CPS Techs opportunities to earn required CEU's.

The CPS program would like to extend a big thanks to the Georgia Fire Department and Springfield Fire Department for hosting the CPS New Tech Classes. Without their support

and facilities, courses would not be possible.

If you are interested in becoming a Certified Child Passenger Safety Technician you are in luck! **The next new Tech class is scheduled for September 16th – 19th, 2015 at Regional Ambulance Service in Rutland.**

If you are 18 years or older, passionate about child safety and interested in learning about becoming a nationally certified child passenger safety (CPS) technician, please contact Brett LaRose at Brett.LaRose@state.vt.us:

Vermont Child Passenger Safety Hotline: 1-888-VMT-SEAT (1-888-868-7328)

www.beseatsmart.org

vtcps@state.vt.us

Vermont EMS Calendar of Events:

- Falls Talk training:
August 11-12, 2015
Location: TBD
- Child Passenger Safety Technician Course:
September 16-19, 2015
Regional Ambulance Service- Rutland, VT
- Leadership Call: 1st Thursday of every month at 11am,
877-668-4493 (Access Code: 734 141 663)

VT Healthcare & EMS Preparedness Conference

This year the Vermont Healthcare & EMS Preparedness Conference will take place October 22nd–27th at Jay Peak!

Thursday – Healthcare Preparedness Friday – Trauma Day

Saturday & Sunday – General

Monday & Tuesday – Post-Conference Workshops

Registration and lodging information can be found at: www.vtemsconference.com If you are interested in speaking at the conference, the call for speakers will be open until July 1st. You can find the call for speakers application here: <https://vtemsconference.com/index.php/speakers>

How to Contact Vermont EMS:

By phone: 802-863-7310 or 1-800-244-0911 (in VT only). When calling please listen to the message, as our options will be changing.

Ray Walker: EMS Program Administrator—can assist with personnel, service, and vehicle licensures, regulatory issues or investigations, initial and transition classes—(802) 863-7274

Jenna Protzko: EMS Data Manager—can assist with information on SIREN run reporting and other electronic reporting inquiries—(802) 951-0160

Brett LaRose: Child Passenger Safety Program Coordinator —(802) 951-4089

Stephanie Busch: EMS for Children (EMSC) Coordinator—(802) 863-7313

Tanya Wells: Injury Prevention Program Administrator—(802) 863-7596

Julie Desrochers: Fall Prevention Program Coordinator— (802)863-7227

Mike Leyden: Deputy Director, EMS (including training questions)—(802) 865-7735

Additional assistance, which will bring you to our administrative team: Kerry Winger, Donna Jacob & Brenda Robert (including LearnEMS questions)—option 8

Chris Bell: Director of the Office of Public Health Preparedness & EMS—option 8

Dr. Dan Wolfson: Medical Advisor—option 8

Webpage: www.vermontems.org

Email: vtems@state.vt.us

Mail: 108 Cherry Street, PO Box 70, Suite 201—Burlington, VT 05402

EMS Word Search!

E	H	J	T	P	U	A	I	T	M	N	B	M	A	Z
W	E	P	T	O	U	R	N	I	Q	U	E	T	P	O
Q	M	E	X	V	B	J	I	C	S	T	E	A	M	E
U	E	R	E	N	S	L	L	K	A	J	F	C	E	P
T	R	A	M	S	T	A	E	S	F	I	F	H	D	G
R	G	U	Q	A	Z	X	U	O	E	P	A	L	I	H
A	E	L	V	E	R	M	O	N	T	M	L	N	C	Y
N	N	O	L	T	U	Q	V	T	Y	I	L	E	A	S
S	C	G	O	E	Y	A	I	U	N	X	S	A	L	E
P	Y	Y	C	N	E	T	E	P	M	O	C	Z	C	R
O	U	Q	O	I	V	B	I	W	I	M	A	A	Y	V
R	T	C	T	L	E	M	T	M	T	S	P	L	P	I
T	K	N	O	D	B	S	Z	S	E	I	E	V	K	C
Z	B	E	R	M	I	T	R	R	X	R	O	G	H	E
O	O	A	P	I	T	W	U	S	I	E	T	A	V	S
R	W	U	F	N	E	W	B	O	R	N	F	X	U	P
A	X	V	T	I	O	Q	U	E	T	L	F	A	E	A

Find the following words on the grid above:

- | | |
|------------|------------|
| Vermont | Emergency |
| Medical | Services |
| Award | Competency |
| Newborns | SIREN |
| SeatSmart | Ticks |
| Safety | FallScape |
| Tourniquet | Protocol |
| Extremity | Transport |

State of Vermont Department of Health
Office of Emergency Preparedness, Response and Injury Prevention
PO Box 70
Suite 201
Burlington, VT 05402-0070