

October 2014



Special points of interest:

- **FR-ECA/EMRs li-
cense renewals are
due by December 31,
2014**
- **Postcards have been
sent to all providers
who's license expired
6/30/14 asking
them to participate in
a short survey on why
they did not renew
their license**
- **Service licenses have
been sent out and are
due back by Novem-
ber 1, 2014**

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Vermont EMS News

25th Offering of the Vermont EMS Conference!

We would like to welcome you to this special conference printing of the Vermont EMS News! It is exciting to think about where Vermont EMS has been in the past 25 years and where it will go in the next 25 years. There are a multitude of people that have

helped make the conference what it is today. Thank you to all the services and providers that submitted pictures for the slideshow. Once the conference is over, we will post it for all to see! We hope you enjoy your time at the conference and learn from

the wide range of instructors and classes being offered this year!



The EMS Rule Revision Process

The Vermont Department of Health has begun the process to update the Vermont Emergency Medical Service Rules (last updated March 1, 2011). The primary goals of this update will be to comply with recent legislative requirements for minimum standard for credentialing in Act 155, update eligibility requirements for military personnel, spouses and veterans in response to Act 177, change

over terminology for "certification" to "licensing," and streamline language. **The session on Saturday at 2:45** will be an opportunity to hear from VT EMS about the direction the new rule will likely take and to learn about the projected timeline. Please note that Vermont EMS is still only in the drafting stage for the rule change and this session is not the formal com-

ment period. The goal for this session is to solicit feedback from providers before finishing and filing the proposed rule. Rule revisions follow a formal process dictated by the Vermont Administrative Processes Act. The most current projection for the official comment period is January or February of 2015 and notification will be sent along with copies of the proposed rule when that period begins.

Enterovirus D68 (EV-D68) Guidance for EMS Providers— Chelsea Dubie, M.Ed., EMT

The United States is currently experiencing a nationwide outbreak of enterovirus D68 (EV-D68) associated with severe respiratory illness. From mid-August to October 1, 2014, the CDC or state public health laboratories have confirmed over 500 cases. The majority of confirmed cases have been among children that have a previous history of asthma or wheezing.

As the primary medical providers of pre-hospital care, it is important to understand some basic EV-D68 information and infection control measures so that we can deliver patient care while preventing unnecessary transmission of the virus.

The more severe symptoms of EV-D68 are similar to calls that we typically respond to as EMS providers, such as difficulty breathing and wheezing. Other symptoms may include fever, muscle aches, sneezing, and cough. There are no vaccines to prevent EV-D68 infections and medical care is supportive. Because EV-D68 causes respiratory illness, the virus is likely transmitted person-to-person when an infected person coughs, sneezes, or touches a contaminated surface. Infection control guidelines should include standard, contact, and droplet precautions. Be sure to thoroughly disinfect surfaces in the ambulance, the stretcher, and any equipment used on the patient. Upon removal and prior to donning gloves, perform hand

hygiene by washing hands with soap and water for 20 seconds and/or using an alcohol-based hand rub.

If you have further questions or would like more information, check out the websites below or call:

**Infectious Disease Epidemiology at
the VT Department of Health:**
(802) 863-7240
or
**Emergency Medical Services at the
VT Department of Health:** (802)
863-7310

VDH EV-D68: [http://
healthvermont.gov/prevent/
enterovirus/ev68.aspx](http://healthvermont.gov/prevent/enterovirus/ev68.aspx)

CDC EV-D68: [http://
www.cdc.gov/non-polio-enterovirus/
about/EV-D68.html](http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html)



“With ordinary talent and extraordinary perseverance, all things are attainable.” - Thomas Foxwell Buxton



Protect the health of your community. Join. Train. Respond.



Call of the Wolf Part 1—Dr. Wolfson

TRAUMATIC EXAM

Just took my 10 year re-certification board exam so feel inspired to share a few questions...

A 52 year-old man is thrown violently against the steering wheel of his truck during a motor vehicle collision. After rapid extrication he is placed into the ambulance with cervical collar and long-board immobilization. His initial vitals are HR 147, BP 82/51, RR 40 and oxygen saturation 91%. He has clear but diminished breath sounds and is complaining of difficulty breathing. You have called for a Paramedic intercept. Shortly after you begin transport the patient becomes unresponsive and has no pulse.

EMT Question: *You are an EMT crew caring for this patient. What is the next most appropriate step?*

- A. Obtain an EKG
- B. Stop transport, begin CPR, wait for Paramedic intercept to arrive
- C. Start CPR, apply AED, stop transport only to

analyze rhythm and shock if indicated

- D. Apply high flow oxygen
- E. Start CPR, apply AED, analyze rhythm during transport and shock if indicated

AEMT Question: *You are an AEMT crew caring for this patient. You have started CPR. The AED says no shock indicated. CPR is continued. BVM ventilation is yielding adequate chest rise. What is the next most appropriate step?*

- A. Stop transport to allow for placement of IV/IO access, give fluid bolus and obtain an EKG
- B. Establish IV/IO access and administer fluid bolus en-route to Emergency Department
- C. Establish IV/IO access and administer epinephrine (1:10,000) 1 mg IV/IO en-route to Emergency Department
- D. Insert King Airway
- E. You note narrow complex tachycardia on the mon-

itor so CPR is not indicated

Paramedic Question: *You are a Paramedic crew caring for this patient. CPR has been started and the patient has IO access. The monitor shows narrow complex tachycardia and the patient has no pulse. Trachea is midline. CPR is continued. A fluid bolus and Epinephrine x 3 have been administered. The patient is intubated. Breath sounds are diminished bilaterally. What is the next most appropriate step?*

- A. Administer calcium chloride (10% solution) 10 mL IV/IO
- B. Administer Amiodarone 300 mg IV
- C. Bilateral needle decompression of chest wall
- D. Call Medical Control to consider Termination of Resuscitation (TOR)
- E. Stop the ambulance every two minutes to analyze the rhythm

***Answers and explanations can be found on page 4**

On Call for Vermont—Mallory Staskus

On Call for Vermont is the campaign that will be used to recruit volunteers for Vermont Emergency Medical Services agencies and Medical Reserve Corps units. The campaign will include radio, television and web videos profiling Vermont volunteers. Campaign materials will direct the interested public to the On Call for Vermont website. An interactive map will allow users to click on the town they live in and produce a list of the three closest EMS agencies. A preview of the map and On Call materials will be available at the EMS Conference.

Quarterly Recruitment Tips:

- Hold an open house and invite the community to see your ambulance or first response vehicles. Use this time to talk to community members and ask them if they would consider joining.
- Offer a community First Aid or CPR class at the cost of the card and materials. The reduced cost may produce more attendees and gives you an opportunity to start a conversation about your EMS squad with new community members. Advertise

the event as a way for community members to be prepared.

- Recruit members from a variety of age groups, career paths and backgrounds. A more diverse agency increases the likelihood of a wide range of shift availabilities.

Have a recruitment method that works well for your agency? Share it with us to be included in the next newsletter:

OnCall@state.vt.us

EMS Pediatric Reassessment—Stephanie Busch

During the fall of 2013, 151 Vermont EMS agencies participated in a nation-wide reassessment, evaluating pediatric pre-hospital care. Thank you to all the agencies that participated for your support! Through the participation of these agencies, our state achieved a 95% response rate. This achievement could not have been accomplished without the efforts of your organizations.

EMS agencies answered questions regarding the availability of on-line medical direction and written protocols (offline medical direction), when treating pediatric patients; the assessment also measured transporting ground vehicles' access to essential pediatric equipment and supplies as outlined by national guidelines.

On-line Medical Direction (Live medical advice) & Offline Medical Direction (written protocols)

In the past year 35.2 % of Basic Life Support (BLS) agencies and 72.5% of Advanced Life Support (ALS) agencies had attempted on-line medical direction, when treating a pediatric patient.

The table below depicts the percent of EMS agencies that reported on-line and offline medical direction always being available when treating pediatric patients, compared to national averages.

Equipment

Vermont transporting vehicles carry, on average, most of the recommended equipment: BLS (EMT and AEMT level) carry on average 95.6% of the 35 recommended equipment and supplies, while ALS (paramedic level only) carry 94% of the 67 of the recommended equipment. How-

ever, only 34.4 % of BLS transporting vehicles and 31.5% of transporting ALS vehicles reported carrying all of the national recommended pediatric equipment. Some of the top missing pieces of equipment include BVM-neonate sized mask; pediatric probes for pulse oximeters; ET Tubes sizes 2.5 mm - 4.5 mm (ALS); and length/weight-based tape.

While children often make up a small portion of total EMS calls, theirs can be some of the toughest calls; it is vital that EMS providers have the necessary training, medical direction and equipment to effectively manage and treat critically ill and injured patients.

Thank you again to all the EMS agencies that contributed to this achievement.

	On-line Medical Direction		Offline Medical Direction	
	Vermont	National	Vermont	National
EMT & AEMT (BLS) agencies	89.2%	90.1%	45.7%	72.0%
Paramedic (ALS) agencies	96.6%	89.5%	90.0%	83.5%

How do EMS & CPS fit together? Chuck Welch our new CPS Instructor tells us how!

Are you an EMS Provider that would like to broaden your skillset and find a new way to benefit your community?

Consider becoming a Certified Child Passenger Safety Technician. The Vermont Department of Health hosts free courses throughout the year. The new technician course is a 4 day course that leads to national certification. Join over 125 dedicated CPS technicians around the state ensuring the safety of children in vehicles. CPS technicians work in a variety of settings including; fire and rescue departments, police departments, hospitals, day care centers, pediatric offices, or are other dedicated community members. In order to become a nationally certified child passenger safety (CPS) technician, you must be 18 or older and pass the CPS Certification Course.

Recently, Chuck Welch, a dedicated AEMT and CPS Tech, became a CPS Instructor. We are excited to have someone with his background and experience teach others the importance of child passenger safety. Here's what he has to say about how they tie together:

"I've been in Emergency Service since 1990. I have seen many motor vehicle crashes, glad to say most of them have not involved children. The few that I have seen were minor accidents prior to becoming a CPS Technician and it never crossed my mind that allowing families to continue to use their child's car seat was putting those children in danger. In 2005 I decided to explore child passenger safety with hope to help out my community and become a better EMS provider making sure my patients and families

were safer. I took the Child Passenger safety course in 2005. This has totally changed my outlook on children's safety in vehicles. Now I know how dangerous used, expired and post accident car seats are. The more people in EMS that know that, the safer all our children will be. I strongly encourage all EMS providers to look into taking this course. Yes it is a 40 hour course but you won't regret taking the time to learn more about injury prevention for our youngest population. Lots of people ask how can you talk about car seats for 40 hours, having recently become an instructor I find that it's not hard at all. There is a wealth of knowledge to obtain in this area. If you could save just one child's life it will make it worth it." -Chuck Welch



*"Whatever you are,
be a good one." -
Abraham Lincoln*



Chuck Welch— CPS Instructor & AEMT

Call of the Wolf Part 2—Dr. Wolfson

TRAUMATIC EXAM ANSWERS

These questions are designed to promote critical thinking about care of the trauma patient. Note that in real life many of these interventions occur simultaneously and things may vary depending on the situation.

For the purpose of the test questions select the one best answer. Enjoy.

EMT Question: Answer C. The patient is in traumatic cardiac arrest. High quality CPR with minimal interruptions should be started immediately. Apply an AED and use as soon as possible. Stop transport only to analyze the rhythm and shock if indicated. If no shock is indicated then continue CPR and complete transport. Do not delay transport to wait for Paramedic intercept but try to arrange a meeting place if possible. For a severely traumatized patient rapid transport and minimal scene time is critical. EKG acquisition is not indicated in cardiac arrest. The patient needs

BVM ventilation, not just high flow oxygen.

AEMT Question: Answer B. This trauma patient had hypotension and tachycardia followed by cardiac arrest and needs volume resuscitation. While epinephrine should also be immediately administered as per the cardiac arrest algorithm, fluids are the first priority for the trauma patient. For traumatic arrest deemed appropriate for transport all interventions beyond CPR, initial defibrillation attempt and spinal immobilization should be performed en-route to the Emergency Department without prolonging scene time. The patient is moving air adequately with BVM so placement of a King Airway is not the top priority. The narrow complex tachycardia is likely pulseless electrical activity (PEA) which is synonymous with cardiac arrest. Withholding CPR for this rhythm is contraindicated and interpreting the rhythm strip is outside the scope of practice of the AEMT.

Paramedic Question: Answer C. This patient had signs and symptoms of possible tension pneumothorax and/or hypovolemic shock. Having already administered a fluid bolus and epinephrine with refractory traumatic arrest and chest trauma, bilateral needle decompression of the chest wall is indicated. Termination of Resuscitation (TOR) is not an option once the patient is en-route to the ED; choose to terminate on scene, if indicated, or upon arrival to the Emergency Department. Amiodarone is indicated for VTACH or VFIB, but not for PEA arrest. Transport should be stopped only if you suspect VTACH or VFIB on the monitor and a shock is indicated. Routinely stopping every two minutes would double transport time and decrease survival. Calcium chloride administration is reserved for known or suspected hyperkalemia (dialysis patient/renal failure) and is not used routinely in cardiac arrest.



“Courage doesn’t
always roar.

Sometimes courage is
the quiet voice at the
end of the day saying,

“I will try again
tomorrow.” - Mary

Anne Radmacher



New (Free) Child Passenger Safety Technician Courses— Tanya Wells

The Vermont Child Passenger Safety Program has recently opened registration for several **New (Free) Child Passenger Safety Technician** courses.

The new technician course is a 4 day course that leads to national certification. Join over 100 dedicated CPS technicians around the state ensuring the safety of children in vehicles. CPS technicians offer free inspection and installation of car seats, provide low cost car seats to income eligible families provided by the state, and educate community members about safe child passenger safety practices.

In order to become a nationally certified child passenger safety (CPS) technician, you must be 18 or older and pass the CPS Certification Course.

Courses are currently scheduled for:

Brattleboro Memorial Hospital

17 Belmont Ave
Brattleboro, VT 05301
November 1,2,8, and 9, 2014

Georgia Fire and Rescue

4134 Ethan Allen Hwy
St Albans, VT 05478
January 28-31, 2015

Springfield

Registration to open Winter 2015
May 2015

Registration is easy!

- Go to: <http://cert.safekids.org/>
- Click on 'Find a Course'
- Search for Vermont courses
- Select the course you are interested in registering for
- Set up a profile and add 'Vermont Department of Health' as an affiliation - this will allow us to pay your course fees
- Register for the course

Please feel free to contact us for more information.
VTCPS@state.vt.us
1-888-868-7328

Give me 3 good reasons...to get the flu vaccine EVERY year

1. **To protect yourself** from being sick for up to 10 days and missing out on work, your shift with the rescue/ambulance service and other fun times. The flu isn't a quick 24 hour illness, but often lasts 10 days to 2 weeks, wreaking havoc with all your plans. Common symptoms of the flu include high fever, cough and body aches. You can't predict whether you will have a minor illness or end up in the ICU due to flu. The flu vaccine can keep you from getting sick from the flu, and may make your illness milder if you do get sick. Why take a chance?

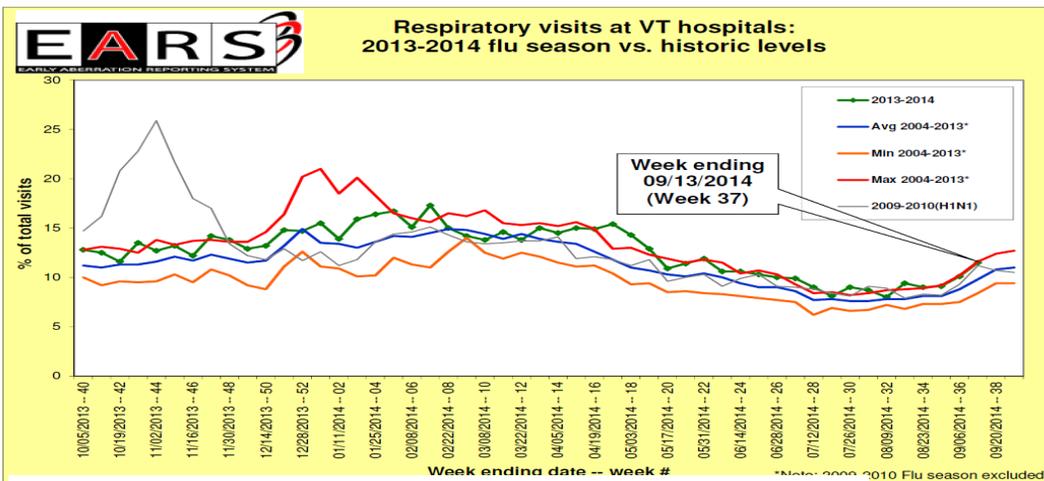
2. **To protect your family, friends and co-workers.** You can transmit the flu virus the day before you have any symptoms. Certain people are at higher risk for flu - the very young and the very old, those with heart or lung disease, diabetes or other chronic illnesses, smokers and those who can't be vaccinated. They need you to help protect them from the flu.

3. **To protect your community.** The more people that are vaccinated, the harder it

is for flu to spread in a community. As an emergency medical provider, you are often called to assist those who have suffered an injury or are experiencing complications of chronic disease and/or aging. Those you provide care to may have weakened immune systems and be at higher risk for complications from flu. If everyone does their part to prevent flu, those winter months can be healthier for all of us.



"I haven't failed, I've just found 10,000 ways that won't work." - Thomas Edison



Ebola Virus: Guidance for EMS Providers and Medical First Responders

An update was sent out to all providers regarding the Ebola virus and guidance for EMS providers on September 2, 2014.

The current Ebola outbreak in West Africa has increased the possibility of patients with Ebola traveling from affected countries to the United States. EMS providers are often dispatched to unpredictable situations with limited patient information, so it is important for you to understand the symptoms and risks of Ebola to

ensure that you and your crew are safe. The risk of contracting Ebola is very low unless you have direct contact with the body fluids, blood, excretion, or secretions (like urine, saliva, sweat, vomit) from a symptomatic Ebola patient. In addition to scene safety and appropriate personal protective equipment (PPE), it is essential to practice standard contact and droplet precautions.

Ebola is not thought to pose any significant risk to the United

States at this time and the risk of contracting Ebola is very low unless you have direct contact with blood or bodily fluids. If you have further questions, contact Infectious Disease Epidemiology (802-863-7240) or the Emergency Medical Services Office at the Vermont Department of Health (802-863-7310).

Check out the CDC Ebola page for more information:

<http://www.cdc.gov/vhf/ebola>

American Ambulance Association Stars of Life

For the past 20 years, the American Ambulance Association (AAA) has honored paramedics, EMTs and other ambulance service personnel who exemplify what is best about the EMS field. Vermont had two Stars of Life at the 2014 award presentation that occurred in Washington, DC March 24-26, 2014. Congratulations to James Collins of Regional Ambulance and Michael Wright of CALEX. Following are the peer nominations that were printed in the award booklet.

James Collins

James Collins started out in EMS as a volunteer in 1978 and 8 years later joined Regional Ambulance. Jim made EMS his career profession and has always been proactive with his training. He was one of the first employees to attend Paramedic school after the service became a Licensed Paramedic service in 1990. He gained his UMBC Critical Care Paramedic designation by taking the 8th course held in the nation put on by UMBC in 1996 at Regional Ambulance. He was chosen as the Vermont Paramedic of the year in 2001. Jim is a long time respected Paramedic Shift Supervisor who leads by example. He is known for being very fair and would never assign anything to a fellow employee he wouldn't do himself. He is knowledgeable,

dependable, dedicated, personally credible and a Great Paramedic. Jim has faithfully served the citizens of our coverage area for the past 28 years. He has been chosen as a Star of Life for his many years of service to his patients, fellow staff members and to the EMS profession. This year Jim will be semi-retiring and moving into a part time status to enjoy more time with his wife, children and grandchildren. Jim Collins sets the example of our service's motto "Serving People 1st with Pride, Proficiency, and Professionalism".

Michael Wright

Our Star of Life nominee has been in EMS for many years. During that time he has been a teacher and mentor to many. He brings an amazing energy and a high level of professionalism to every call. Michael is always willing to help any level EMT learn new skills or become more proficient in a current skill. He is patient, kind and makes learning fun! Michael is also always willing to answer any questions after a call. He truly embodies what we believe a great provider should be. Michael completed his first EMT course in the fall of 1994 and was hired part-time after completing this

course, and 6 months later was hired full-time. In 1996, Michael completed the EMT-Intermediate course and worked as an advanced provider until 1998 when he continued to advance his education and was accepted into the Advanced Life Support Institute where he obtained his National Paramedic certification in 2000. Michael became one of the first paramedics to provide paramedicine to the surrounding communities in District 5. Michael went on to complete the Vermont Critical Care Program and was instrumental in establishing the service to provide interfacility transports of critically ill patients. Michael has worked for the organization he started his career with 20 years ago. He has taught countless EMT, ACLS, PALS and recertification classes, just to name a few. He has served as CALEX Training Coordinator and District Training Coordinator. It is safe to say that everyone in our district has benefitted from his knowledge. Michael also serves as a Vermont Assistant Medical Examiner and is an American Board Certified Medicolegal Death Investigator. Michael is married to his wife Sarah and has two children Colby and Lily. Michael enjoys motorcycling, snowmobiling and spending time with his family.



"A good head and a good heart are always a formidable combination." - Nelson Mandela



Upcoming SIREN Upgrade!

Vermont EMS has an exciting SIREN upgrade announcement. Say hello to SIREN-Elite! That's right, the upgraded version of SIREN, termed SIREN-Elite, will be released to agencies for training in March 2015. SIREN-Elite will have a new look and feel, improved functionality, much faster processing and will allow for more accurate patient record documentation. Images of Elite are seen here, but for more information please attend the ImageTrend Elite sessions at the Conference in Killington this year! A demo will be available at the vendor table as well. Below are two screen shots from SIREN-Elite:



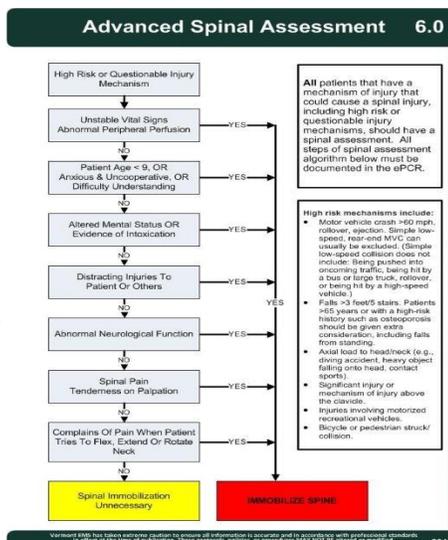
"There are no shortcuts to any place worth going." - Beverly Sills



Documentation Goal for this Quarter

Complete the Advanced Spinal Assessment Tab in SIREN as necessary.

This tab is designed to mimic the VT EMS Advanced Spinal Assessment Protocol algorithm (found in Section 6.0). Protocols went live statewide on April 1, 2014. To date, only 68% of agencies who documented a spinal assessment procedure in SIREN also completed the Advanced Spinal Assessment Tab. In order to perform statewide Quality Assurance/Quality Improvement, we must have 100% compliance.



The Joy of Exams—A Special Message for Exam Coordinators

Has the joy gone out of your practical exams? Are you tired of always being the one to get things started? Bored with going through the same motions every time? Embarrassed by equipment failure?

What you really need is a quality partner – like the Vermont EMS office.

Way back in the olden days before 2013, practical exams were considered part of an EMS course, and instructors were responsible for setting them up. Quite often, exam sites ran with fewer than 10 candidates, and because they were directly associated with courses, they rarely occurred between June and December.

The standardized exam schedule has accomplished the goals of leveling out the frequency of exam sites and assuring that the next exam site is no more than a month and a district away. With just one test site required each year, districts have months to prepare for their turn in the cycle.

The new schedule did not solve all problems, though. For years, exam coordinators across the state have stepped up to the challenge of providing high-quality practical examinations, but the increased sophistication of the exams has presented new challenges. There are not enough qualified evaluators and patient models. The evaluation sheets for some of the skill stations are more complicated than before. There are more skill stations and pieces of equipment required.

Some districts have said that too much of the added weight has fallen to their shoulders. To that end, our office has taken steps to be a better partner.

To improve consistency among evaluators and patient models, we have created an evaluator training program to be unveiled at the EMS and Preparedness Conference in Killington this month. This program will give exam coordinators a useful tool to strengthen the competence – and confidence – of their evaluator corps. The session will be offered twice at the conference, but will also be available to districts and services after the conference!

An age-old challenge for candidates has been visualizing a sick or injured patient when they are looking at a healthy (and fully-intact) patient model. New this Fall, the EMS office is providing every exam representative with kits containing moulage and tear-away clothing.

We understand that the added complexity of the exam requirements has made it harder to recruit evaluators. One solution could be state-managed regional teams of evaluators who are deployed to standardized exam sites in their area. A paid workforce is not feasible at this time, but the EMS office is happy to train and coordinate volunteers into strike teams. If you are interested in serving on one of these teams, let me know.

Many districts are thinking about charging candidates a testing fee so they can compensate their evaluators. This has some appeal, but the added financial burden to a mostly volunteer EMS system should be a factor in making such a decision. The EMS special fund's primary purpose is to expand initial education offerings, but a portion of a district's allocation could be set aside for exam sites if it is used prudently and results in more competent evaluations.

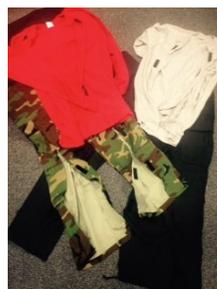
Perhaps the single best thing your district can do to ensure a successful exam site is to start planning right away. For instance:

- If your district has a calendar of events, include it as an annual event
- Discuss the exam site at every district board meeting and secure commitments from every squad
- Schedule classes to end just before the exam site date
- Schedule a social event to coincide with the exam site date (district awards, community outreach event, potluck, etc.)
- Schedule evaluator training sessions
- Discuss sharing of resources with neighboring districts

Thank you for your interest in this important component of Vermont EMS's education and licensing programs. Feel free to email me at ray.walker@state.vt.us to share your thoughts and ideas.



Moulage kit being distributed to each exam representative



Examples of the tear-away clothing being provided to each exam representative

Continuing Education Credits for the Conference

Vermont EMS has reviewed the EMS continuing education (CE) credit for all sessions held at the 2014 Vermont Healthcare & EMS Preparedness Conference. The breakdown of CE by each EMS level (FRECA/EMR, EMT-B/EMT, EMT-I/AEMT, EMT-P/Paramedic) can be found on the EMS CE Tracking Matrix that will be available at the conference and is located on pages 10-13 in this newsletter.

To receive credit for the courses you attend you must fulfill the evaluation obligations. An evaluation must be completed for each session for which you are requesting credit. Please clearly print your name and email address on each page to ensure you receive all credit you are due.

After the conference you will receive a certificate for the total numbers of hours you submit hours for. You are responsible for tracking the categories with the CE Tracking Matrix. If you attend all 4 days, you can obtain 24 hours of continuing education!

VT EMS Calendar of Upcoming Events:

- Certified Child Passenger Safety Technician Course:
 - November 1, 2, 8, & 9, 2014—Brattleboro Memorial Hospital
 - January 28-31, 2015—Georgia Fire and Rescue
 - May 2015—Springfield
- Instructor Coordinator & Training Officer Call: First Monday every other month (December 1st) at 4pm—email Jess for information
- Leadership Call: 1st Thursday of every month at 11am, 877-668-4493 (Access Code: 734 141 663)

Welcome New EMS for Children Program Coordinator!

The EMS office would like to welcome Stephanie Busch as the new Vermont EMS for Children's program coordinator. Stephanie is joining us from Oregon, where she was involved with the Oregon EMS for Children program working with predominately volunteer and rural EMS agencies to ensure they had training, equipment, and policies to treat and manage critically ill and injured kids.

She is excited to meet and work with the EMS agencies and hospitals to build upon the great work providers are already doing when treating the smallest Vermonters. To connect with Stephanie regarding EMSC please email her at Stephanie.busch@state.vt.us or call at 802-863-7313.

How to Contact EMS:

By phone: 802-863-7310 or 1-800-244-0911 (in VT only):

Ray Walker: EMS Program Administrator—can assist with personnel, service, and vehicle licensures, regulatory issues or investigations—**option 1 or (802) 863-7274**

Jessica Freire: State Training Coordinator—can assist with initial and continuing education, CentreLearn, and the Vermont EMS Conference—**option 2 or (802) 863-7255**

Jenna Protzko: EMS Data Manager—can assist with information on SIREN run reporting and other electronic reporting inquiries—**option 3 or (802) 951-0160**

Brett LaRose: Child Passenger Safety Program Administrator and Injury Prevention—**option 4 or (802) 865-7734**

Stephanie Busch: EMS for Children (EMSC) Coordinator—**option 5 or (802) 863-7313**

Tanya Wells: Child Passenger Safety Program Coordinator—**option 6 or (802) 951-4089**

Mike Leyden: Deputy Director, EMS—**option 7 or (802) 865-7735**

Additional assistance, which will bring you to our administrative team: Kerry Winger, Donna Jacob & Brenda Robert—**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

2014 Vermont Healthcare & EMS Preparedness Conference Continuing Education Breakdown:

Thursday October 16, 2014

Topic	Hours	BLS CEU Category (FRECA, EMR, EMT-B, EMT)	ALS CEU Category (EMT-I, AEMT, EMT-P, Paramedic)
General Session 8:30-9:30			
Terry Clancy & Henry Cortacans - EMS Response to Superstorm Sandy-New Jersey's Largest 911 Call	1	Elective or Additional Continuing Education	Additional Continuing Education
Morning Session 10:00-11:00			
Derek Coffrin - We Need Volunteers! Where Do We Find Them and How Do We Keep Them?	1	Elective or Additional Continuing Education	Additional Continuing Education
Mark Van Dyke - Special Needs The Community Unheard; Working with Special Needs Patients during Decontamination	1	Elective or Additional Continuing Education	Additional Continuing Education
Sarah Herle - Table Top Exercises: The Answer to an Emergency Manager's Budget and Preparedness Needs	1	Elective or Additional Continuing Education	Additional Continuing Education
William Irwin - The Decommissioning of Vermont Yankee	1	Elective or Additional Continuing Education	Additional Continuing Education
Mallory Staskus & Max Kennedy - Portable Hospital Deployment Training	2	Elective or Additional Continuing Education	Additional Continuing Education
Larry Toney - Blast Injuries-What You Need to Know When the World is Exploding Around You	1	Trauma	Mandatory Core Content - Trauma
Morning Session 11:15-12:15			
Terry Clancy & Henry Cortacans - Super Bowl XLVIII-Planning and Managing EMS Operations for a Major Special National Event	1	Preparatory	Flexible Core Content - Operational Tasks
Lee Dorf - How Now, Brown Cow? Public Health Emergency Communications	1	Elective or Additional Continuing Education	Additional Continuing Education
Bradley Goodhale - Risk & Vulnerability Analysis-HSEEP Exercises for Hospital Environments	1	Elective or Additional Continuing Education	Additional Continuing Education
Meghan Groth - Epinephrine: What You Don't Know Can Hurt Your (Or Your Patient)	1	Medical/Behavior	Mandatory Core Content - Medical Emergencies
Maureen McMahon - Managing Environmental Emergencies in High Acuity, High Risk Clinical Settings	1	Medical/Behavior	Flexible Core Content - Medical Emergencies
Afternoon Session 1:15-2:15			
Paul Biddinger - Implementation of an Exercise Evaluation Toolkit	1	Elective or Additional Continuing Education	Additional Continuing Education
Mark Van Dyke - Learning to Build an Effective Patient Decontamination Team	1	Elective or Additional Continuing Education	Additional Continuing Education
Sarah Herle - Disaster-How to Care for the Youngest Victims	1	OB, Infants, Children	Mandatory Core Content - Obstetrics and Pediatrics
Angus McCusker and Jeremy McMullen - Vermont E911 Web & Mobile Mapping Applications	1	Elective or Additional Continuing Education	Additional Continuing Education
Maureen McMahon - Building a Comprehensive Workplace Violence Response Plan; The Experience at One Urban Based, Level One Trauma Center	1	Elective or Additional Continuing Education	Additional Continuing Education
Afternoon Session 2:45-3:45			
John Berino - N95 Respiratory Protection Program for EMTs, Health Care Providers, and Other 1 st Responders	2	Elective or Additional Continuing Education	Additional Continuing Education
Ben Daukeswicz - A New Approach to Healthcare System Recovery	1	Elective or Additional Continuing Education	Additional Continuing Education
Mark Lindberg - Disaster Behavioral Health: Four Keys to Resilience and Recovery	1	Medical/Behavior	Flexible Core Content - Medical Emergencies
Will Moorhead - Overview and Integration of Hazard and Vulnerability Analysis	1	Elective or Additional Continuing Education	Additional Continuing Education
Stuart Rosenhaus - Recruitments, Retention, and Public Education: Creating Synergy to Strengthen Your Volunteer Organization	1	Elective or Additional Continuing Education	Additional Continuing Education
Afternoon Session 4:00-5:00			
Max Kennedy - Relax and Prophylax: Providing Meds During a Public Health Emergency	1	Elective or Additional Continuing Education	Additional Continuing Education
Jenna Protzko and Jessica Freire - Report Writer Training for SIREN Administrators	1	Elective or Additional Continuing Education	Additional Continuing Education
Stuart Rosenhaus - Training the Trainer to Train	1	Elective or Additional Continuing Education	Additional Continuing Education
Mallory Staskus - Volunteers and Public Health: A Love Story	1	Elective or Additional Continuing Education	Additional Continuing Education

Friday October 17, 2014

Topic	Hours	BLS CEU Category (FRECA, EMR, EMT-B, EMT)	ALS CEU Category (EMT-I, AEMT, EMT-P, Paramedic)
General Session 8:30-9:30			
<i>Dr. Kenneth Sartorelli</i> - Trauma Quality: Where we have been, where we are now, and where we are going	1	Trauma	Additional Continuing Education
Morning Session 10:00-11:00			
<i>Dr. Paul Biddinger</i> - EMS Response to Mass Shootings	1	Trauma	Mandatory Core Content - Trauma
<i>Christine McCarthy</i> - Hands on Skills Session-Extremity Injuries	1	Trauma	Flexible Core Content - Trauma
<i>Dr. Laurel Plante & Dr. Courtney Fuller</i> - Pit Falls of Advanced Spinal Assessment	1	Trauma	Mandatory Core Content - Trauma
<i>Dr. Margaret Tandoh</i> - The Gas was Old...and other Burn Tales	1	Trauma	Flexible Core Content - Trauma
<i>Dr. Thomas Trimarco</i> - Tourniquets and Hemostatic Bandages	1	Trauma	Mandatory Core Content - Trauma
Morning Session 11:15-12:15			
<i>Tim Hillier</i> - Trauma, Country Style	1	Trauma	Mandatory Core Content - Trauma
<i>Peter Igneri</i> - The Weighty Problem of Trauma	1	Trauma	Flexible Core Content - Operational Tasks
<i>Christine McCarthy</i> - Hands on Skills Session-Head/Spine Trauma	1	Trauma	Mandatory Core Content - Trauma
<i>Dr. Matthew Roginski</i> - An Approach to Trauma in the Pregnant Patient	1	OB, Infants, Children	Flexible Core Content - Obstetrics and Pediatrics
<i>Dr. Peter Taillac</i> - Evidence Based IV Fluid Resuscitation in Trauma: Not too much, not too little, just right	1	Trauma	Mandatory Core Content - Trauma
Afternoon Session 1:15-2:15			
<i>Jennifer Gratton</i> - Pediatric Interesting Cases	1	OB, Infants, Children	Mandatory Core Content - Obstetrics and Pediatrics
<i>Tim Hillier</i> - Man, That's Going to Leave a Bruise	1	Trauma	Mandatory Core Content - Trauma
<i>Christine McCarthy</i> - Hands on Skills Session-Chest Injuries	1	Trauma	Mandatory Core Content - Trauma
<i>Tom Perron</i> - DHART Ground Safety Course	2	Preparatory	Flexible Core Content - Operational Tasks
<i>Dr. Peter Taillac</i> - An Evidence Based Guideline for Pre-hospital Hemorrhage Control/Top Ten Tips for Safe and Effective Tourniquet Use in the Field	1	Trauma	Mandatory Core Content - Trauma
Afternoon Session 2:45-3:45			
<i>Kris Halliwell</i> - Hemodynamic Management of the Multi-Trauma Patient	1	Trauma	Mandatory Core Content - Trauma
<i>Dr. Robert Hyde</i> - Traumatic Arrest	1	Trauma	Mandatory Core Content - Airway, Breathing and Cardiology
<i>Christine McCarthy</i> - Hands on Skills Session-Multi-System Trauma	1	Trauma	Mandatory Core Content - Trauma
<i>Dr. Gino Trevisani</i> - Caring for Injured Soldiers	1	Trauma	Additional Continuing Education
Afternoon Session 4:00-5:00			
<i>Panel</i> - Didn't you see that bear? Interesting Trauma Cases	1	Trauma	Additional Continuing Education

Saturday October 18, 2014

Topic	Hours	BLS CEU Category (FRECA, EMR, EMT-B, EMT)	ALS CEU Category (EMT-I, AEMT, EMT-P, Paramedic)
General Session 8:30-9:30			
David Page - Daily Habits of Clinical Masters	1	Elective or Additional Continuing Education	Additional Continuing Education
Morning Session 10:00-11:00			
Dr. Richard Kamin - Let's Talk About Trauma	1	Trauma	Mandatory Core Content - Trauma
T. Carter Neville - Should we get a Finger Stick? Blood Glucose before and after the new VT EMS Protocols	1	Medical/Behavior	Flexible Core Content - Medical Emergencies
Dr. Karyn Patno - Non-accidental Burns in Children	1	OB, Infants, Children	Flexible Core Content - Obstetrics and Pediatrics
Jenna Protzko and Jessica Freire - Report Writer Training for SIREN Administrators	1	Elective or Additional Continuing Education	Additional Continuing Education
Dr. Matthew Sholl - Management of Patient Suffering from Submersion	1	Medical/Behavior	Mandatory Core Content - Medical Emergencies
Dr. James Suozzi - Acute Coronary Syndromes and Advanced 12 Lead ECG Recognition	1	Medical/Behavior	Mandatory Core Content - Airway, Breathing, and Cardiology
Morning Session 11:15-12:15			
Ray Barishansky - Understanding and Implementing COOP Planning for EMS Agencies	1	Elective or Additional Continuing Education	Additional Continuing Education
Phil Cappitelli - Demonstration of ImageTrend Elite	1	Elective or Additional Continuing Education	Additional Continuing Education
David Page - Hand your student a fish or...Teach your student to fist for themselves...Enhancing critical thinking through problem based learning	1	Elective or Additional Continuing Education	Additional Continuing Education
Rob Sheridan - Pediatric Burn Care	1	OB, Infants, Children	Mandatory Core Content - Obstetrics and Pediatrics
Dr. Matthew Sholl - Excellence in Management of Cardiac Arrest	1	Medical/Behavior	Mandatory Core Content - Airway, Breathing, and Cardiology
Forest Weyen - SIREN QA Module-Basic Concepts	1	Elective or Additional Continuing Education	Additional Continuing Education
Afternoon Session 1:15-2:15			
Dr. Nicholas Atinchman - When Nature Attacks	1	Patient Assessment	Flexible Core Content - Medical Emergencies
Dr. Richard Kamin - Asthma	1	Medical/Behavior	Flexible Core Content - Airway, Breathing, and Cardiology
Michael Lawria - Beyond the Brain: The Assessment and Management of Traumatic Head Injuries in the Prehospital Environment	1	Trauma	Mandatory Core Content - Trauma
Corinne Lemaire - CHF and CPAP	1	Medical/Behavior	Flexible Core Content - Airway, Breathing, and Cardiology
Dale Porter and Dr. Dan Wolfson - Termination of Resuscitation	1	Patient Assessment	Mandatory Core Content - Airway, Breathing, and Cardiology
Dr. James Suozzi - Sepsis, Severe Sepsis, and Septic Shock-The Role of EMS in Early Goal-Directed Therapy	1	Medical/Behavior	Mandatory Core Content - Airway, Breathing, and Cardiology
Afternoon Session 2:45-3:45			
Ray Barishansky - It's coming-are you and your EMS agency ready for the next Pandemic?	1	Medical/Behavior	Flexible Core Content - Medical Emergencies
Richard Beebe -- Let's get Physical	1	Patient Assessment	Additional Continuing Education
Chris Bell - EMS Rule Stakeholder Meeting	1	Elective or Additional Continuing Education	Additional Continuing Education
Dr. Laurel Plante - Interesting Cases	1	Elective or Additional Continuing Education	Additional Continuing Education
Kate Soons - Best Education Practices: The Syllabus Strategy	1	Elective or Additional Continuing Education	Additional Continuing Education
Forest Weyen - Understanding Social Media #Whatdoesitmeanforme?	1	Elective or Additional Continuing Education	Additional Continuing Education
Afternoon Session 4:00-5:00			
Rob Farmer - Disaster Topic	1	Elective or Additional Continuing Education	Additional Continuing Education
Mark Forgues - Toxicology 201	1	Medical/Behavior	Mandatory Core Content - Medical Emergencies
Jessica Freire - Observe and Report: The Art of Evaluating Practical Exams	1	Elective or Additional Continuing Education	Additional Continuing Education
Latimer Hoke - "Thank goodness you're here!" ALS Hand-Offs and Intercepts for BLS Providers	1	Elective or Additional Continuing Education	Additional Continuing Education
Michael Lawria - Making the Call: Enhancing Cognition, Critical Thinking, and Decision Making in Prehospital Emergency Care	1	Elective or Additional Continuing Education	Additional Continuing Education
Bill Mapes - The EMS Pit Crew & I.C.E.:Let's just Chill Out	1	Medical/Behavior	Mandatory Core Content - Airway, Breathing, and Cardiology

Sunday October 19, 2014

Topic	Hours	BLS CEU Category (FRECA, EMR, EMT-B, EMT)	ALS CEU Category (EMT-I, AEMT, EMT-P, Paramedic)
General Session 8:30-9:30			
<i>Richard Beebe</i> - Are you a Dinosaur or a Shark?	1	Elective or Additional Continuing Education	Additional Continuing Education
Morning Session 10:00-11:00			
<i>Dan Batsie</i> - Medical Shock and the EMT	1	Medical/Behavior	Flexible Core Content - Medical Emergencies
<i>Dr. Mark Gorman</i> - Transient Ischemic Attack and the Importance of Pre-hospital Recognition	1	Medical/Behavior	Flexible Core Content - Medical Emergencies
<i>Krista Johnson and Greg Friese</i> - CentreLearn Training System Best Practices for Group Administrators Part 1	1	Elective or Additional Continuing Education	Additional Continuing Education
<i>Dr. Manish Shah</i> - A Whole Lot of Shakin' and Wheezin' Going On (Evidence-Based Guidelines for Pediatric Seizures and Respiratory Distress)	1	OB, Infants, Children	Mandatory Core Content - Obstetrics and Pediatrics
<i>Katherine West</i> - Vaccines & Immunizations for EMS	1	Medical/Behavior	Flexible Core Content - Medical Emergencies
Morning Session 11:15-12:15			
<i>Richard Beebe</i> - Two Ways to Bleed to Death	1	Trauma	Mandatory Core Content - Trauma
<i>Rob Farmer</i> - Social Media and Disaster Management	1	Elective or Additional Continuing Education	Additional Continuing Education
<i>Mark Forgues</i> - The Aftermath of the Bombings: Tragedy at MIT	1	Elective or Additional Continuing Education	Additional Continuing Education
<i>Bill Kane</i> - Immersion vs. Submersion...A Game of Inches	1	Medical/Behavior	Mandatory Core Content - Medical Emergencies
<i>Justin Padgett</i> - Utilizing First Responders as an Extension of Emergency Medical Services in Disaster Settings	1	Elective or Additional Continuing Education	Additional Continuing Education
<i>Katherine West</i> - Multi-drug Resistance Organisms and Antibiotic Use	1	Medical/Behavior	Flexible Core Content - Medical Emergencies
Afternoon Session 1:15-2:15			
<i>Dan Batsie</i> - Acute Coronary Care for the Non-Medic	1	Medical/Behavior	Mandatory Core Content - Airway, Breathing, and Cardiology
<i>Dr. Michael Dailey</i> - Controversies in EMS	1	Elective or Additional Continuing Education	Additional Continuing Education
<i>Jessica Freire</i> - Observe & Report: The Art of Evaluating Practical Exams	1	Elective or Additional Continuing Education	Additional Continuing Education
<i>Dr. Seth Hawkins</i> - Moving EMS Care to the Backcountry	1	Patient Assessment	Additional Continuing Education
<i>Bill Mapes</i> - EMS Management of Excited Delirium and TASER	1	Medical/Behavior	Flexible Core Content - Medical Emergencies
<i>Dr. Dan Wolfson</i> - MCI: Car versus Motorcycles	1	Trauma	Mandatory Core Content - Trauma
Afternoon Session 2:45-3:45			
<i>Chris Bell</i> - EMS Town Hall	1	Elective or Additional Continuing Education	Additional Continuing Education
<i>Phil Cappitelli</i> - Demonstration of ImageTrend Elite	1	Elective or Additional Continuing Education	Additional Continuing Education
<i>Dr. Seth Hawkins</i> - Epinephrine & Anaphylaxis: The State of the Art for EMS	1	Medical/Behavior	Mandatory Core Content - Medical Emergencies
<i>Krista Johnson and Greg Friese</i> - CentreLearn Training System Best Practices for Group Administrators Part 2	1	Elective or Additional Continuing Education	Additional Continuing Education
<i>Bill Kane</i> - Making Successful AEMTs	1	Elective or Additional Continuing Education	Additional Continuing Education
<i>Cynthia Taylor-Patch</i> - Death Notifications	1	Preparatory	Flexible Core Content - Operational Tasks
Afternoon Session 4:00-5:00			
<i>Dr. Michael Dailey</i> - STEMI Management	1	Medical/Behavior	Mandatory Core Content - Airway, Breathing, and Cardiology
<i>Keith Hermiz</i> - Capnography: It's a Gas!	1	Medical/Behavior	Flexible Core Content - Airway, Breathing, and Cardiology
<i>Michael Manning</i> - Interoperable Communications	1	Elective or Additional Continuing Education	Additional Continuing Education
<i>Justin Padgett</i> - Rescue Cross Pollination	1	Elective or Additional Continuing Education	Additional Continuing Education
<i>Dr. Manish Shah</i> - Region-wide Protocols Will Exist When Horses Can Fly: the Pediatric Evidence-Based Guidelines, Assessment of EMS System Utilization in States (PEGASUS) Project	1	OB, Infants, Children	Additional Continuing Education
<i>Kate Soons</i> - Pucker Factor 10: Pediatric Respiratory Compromise	1	OB, Infants, Children	Mandatory Core Content - Obstetrics and Pediatrics

Celebrating Vermont EMS...thank you for all that you do!

