

January 2015



Special points of interest:

- There are over 2,351 providers using LearnEMS with over 20,700 courses completed for over 15,800 hours of continuing education
- VT FR-ECA & EMR license renewals were due December 31st
- I/C Bridge Course January 23rd at Newport Ambulance

Inside this issue:

Cal of the Wolf	2
Influenza Update	3
Child Passenger Safety Tech. Course	3
Fallscape	4
EMSC Update	5
Licensure Update	6
MRC Year in Review	7
EMS Word Search	7
Health Alert Network	8
SIREN	9
FAQs on Education	10
Calendar of Events	11
How to Contact VT EMS	11

Vermont EMS News

One Year Anniversary of Vermont EMS News!

This has been a very exciting year for Vermont EMS. Highlights include: the release and implementation of the Vermont Statewide Emergency Medical Services Protocols, the hiring of EMSC coordinator Stephanie Busch, two meetings with the District Medical Advisors, PEPP classes held throughout the state,

and a great Vermont Healthcare and EMS Preparedness Conference held at Killington. There are many projects in the works for 2015, including: IFT guidelines, revisions to the protocols, revisions to VT EMS Rule, and a large update to SIREN.

There is continuous change in EMS and Vermont EMS

is no different. Jessica Freire has left her position as State Training Coordinator to return to Wyoming to be a flight paramedic. Please direct any education questions to Mike Leyden or Ray Walker.

Vermont EMS wishes all of our providers a safe, happy, and healthy New Year!

Vermont Statewide Protocols Update!

Vermont EMS has been working with the District Medical Advisors on revisions to the Vermont Statewide Emergency Medical Services Protocols. The major revisions include:

1. A move to Spinal Motion Restriction in conjunction with Advanced Spinal Assessment
2. The recommendation to utilize Dextrose 10% instead of Dextrose 50% in hypoglycemic patients
3. A reworking of the Tourniquet protocol to include hemostatic agents
4. Zofran ODT (oral disintegrating tablet) at the AEMT level
5. Removal of Solu-Medrol from the Allergic Reaction/Anaphylaxis protocol
6. The use of Epi Auto Injectors in the Allergic Reaction/Anaphylaxis protocol

In addition there will be clarification of expectations and training at the AEMT level for capnography.

Educational requirements and time line for release of the updates are forthcoming.

The free Vermont EMS Protocol app for both Apple and Droid devices is under construction and is on schedule to be released with the new version of the protocols.

Please contact Mike Leyden (mike.leyden@state.vt.us) with any questions.



Vermont Statewide
Emergency Medical Services
Protocols





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

- Steve Jobs



Call of the Wolf: 12-Lead Acquisition by First Response—Dr. Wolfson

Primary percutaneous coronary intervention (PCI) is the preferred method of reperfusion for a patient with an acute ST-elevation myocardial infarction (STEMI) when it can be performed within the goal of first medical contact (FMC)-to-device time of 90 minutes or less, or 120 minutes or less if the patient is being transferred from an outside facility. Prehospital ECG acquisition for the identification and early notification of the PCI team has been shown to improve (shorten) treatment times. I recently received this CHART from one of our First Response agencies and was impressed by their proactive leadership in bringing the capability of ECG acquisition and STEMI Alerts to the first response tier of our EMS system. Strong work!

CC: Semi-rural First Response squad with average 27 minute wait for an ambulance into distant parts of their service area and a corresponding concern for length of FMC-to-device time for acute STEMI patients.

History: ALS First Response service running an average of +/-360 calls per year. A year or so ago, one member was at case review and heard about the importance of obtaining a 12-lead ECG in all patients with chest pain or other signs and symptoms of acute coronary syndrome in order to identify patients with an “Acute MI” or “STEMI” and provide early notification to the cardiac Cath-lab. The idea of there being value in a First Response service obtaining an ECG even before the ambulance arrived on scene was brought back to the agency. After a great deal of discussion, work and some community fundraising, a refurbished but quite functional cardiac monitor was obtained for a reasonable price and put into service on September 1st of this year after appropriate training of service members.

Assessment: The new cardiac monitor was used for the first time 24 hours later on a cardiac call and has since been used 11 times. The second time it was used was on a chest-

pain patient. The computer read-out reported ***ACUTE MI*** and this information was relayed to the responding ambulance and Emergency Department saving at least 15 minutes of time to activation of the Cath-lab.

Response: 12-lead monitor adoption has been enthusiastically embraced by all members of the squad. The fact that this is an EMT and not just AEMT skill means more folks can participate in patient care and providers at the AEMT level can address other patient needs while EMTs are acquiring ECG data. All in all, it's been a great success and it's just a matter of time before it catches a STEMI at 3 am and buys everyone some precious minutes.

Transport: Patient transported by responding ambulance direct to facility with PCI capability. The patient received a cardiac stent and was discharged home in good condition the next day.

Special thanks to Joe Gannon and Hinesburg First Response for contributing to this article.

Influenza Surveillance Activity: Update for Vermont EMS Providers - Chelsea Dubie, M.Ed., EMT, Infectious Disease Epidemiologist

Flu activity levels continue to steadily increase in the United States and in Vermont. National surveillance data indicates that H3N2 viruses are the most common so far with lower levels of detection of influenza B viruses and even less detection of H1N1 viruses. H3N2-predominant seasons are associated with more severe illness and mortality, especially in older people, young children, and individuals with certain chronic conditions. If H3N2 viruses continue to predominate, this flu season could be more severe than usual.

As of the week ending December 12, 69.4% of the H3N2 viruses collected and analyzed at the Centers for Disease Control and Prevention (CDC) were antigenically drifted from the 2014-2015 influenza A (H3N2) vaccine component. Despite the drift, the flu vaccine still provides a level of protection against drifted viruses, protects against strains that have not genetically changed, and can reduce the likelihood of severe outcomes like hospitalization and deaths. Get the flu shot, wash your

hands, cover your coughs and sneezes, and take antivirals for flu treatment if your doctor prescribes them.

For the most recent Vermont and National flu surveillance activity levels and reports, visit the Vermont Department of Health's Influenza Surveillance page: <http://healthvermont.gov/prevent/flu/fluactivitysurv.aspx>

CDC Flu Activity & Surveillance page: <http://www.cdc.gov/flu/weekly/fluactivitysurv.htm>



“Unless you try to do something beyond what you have already mastered, you will never grow.”
- Ronald E. Osborn

Child Passenger Safety Technician Course—Brett LaRose

New (Free) Child Passenger Safety Technician Course Georgia Fire and Rescue – January 28-31, 2015:

The Vermont Child Passenger Safety Program still has openings for the January 2015 Child Passenger Safety New Technician course to be held at the Georgia Fire and Rescue facility in St. Albans, VT.

The new technician course is a 4 day course that leads to national certification. Join over 100 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 provide car seat vouchers to an eligible child to receive a free child passenger safety seat. In order to become a nationally certified child passenger safety (CPS) technician, you must be 18 or older and pass the CPS Certification Course.

Registration is still open for the following CPS New Tech course:

Georgia Fire and Rescue
4134 Ethan Allen Hwy
St. Albans, VT 05478

January 28-31, 2015

To register:

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

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



Vermont EMS Agencies take the Lead in Falls Prevention— Tanya Wells



This winter, EMS personnel from around the state will be trained in a new innovative falls prevention program called ‘The Fallscape System’. The program is being funded through a 2 year grant from the Administration For Community Living. Training for the program will consist of a 2 day training followed by a 1 day training 4-6 weeks later. EMS personnel will be able to implement the

program immediately af-
ter being trained. Online registration will be open shortly.

FallsTalk and FallScope (both parts of the FallScope System) are complementary programs developed and tested with support from the National Institutes of Health, National Institute on Aging by Brookside Research & Development. FallScope is a behavioral approach that guides older Ver-

monsters (65+), empowering them to prevent their own falls.

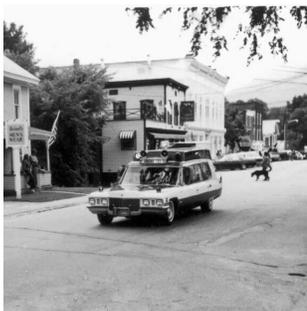
The initial two day training is scheduled for March 16-17th.

For additional information on the program please contact Tanya Wells at:

tanya.wells@state.vt.us

or 802-863-7596

“The greatest barrier to success is fear of failure.” - Sven Goran Eriksson

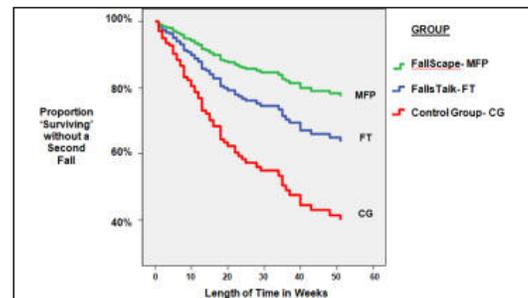


state-of-the-art falls prevention interventions...

The FallScope Program has been developed and tested with support from the National Institute on Aging starting in 2004, it has won awards from the AGS, APTA & AOTA. Designed for ease of use in any setting, FallScope uses each individual's unique mobility, environment and functional status to create personalized interactive multimedia training sessions and evaluations. The easy-to-use software provides customized falls prevention programs in any setting and includes a standardized behavioral intervention (FallsTalk), reporting tools and individual workbooks. Longitudinal research has shown that FallScope significantly reduces falls¹, while increasing recognition of personal fall risks² and promoting falls prevention behaviors^{3,4}
[View Research](#)

This Survival Analysis compares individuals who had interactive multimedia falls prevention training sessions (**FallScope**) with participants who had interactive sessions *without* multimedia (**FallsTalk**), and those who only kept daily fall diaries (**Controls**).

All individuals reported weekly for up to 1 year, the analysis shows the time to reported 2nd fall (CMS, PQRS criterion). Those who had multimedia training (**FallScope**) survived longer ($p=0.016$) compared to those who did not (**FallsTalk**). **Controls** experienced a 2nd fall significantly sooner ($p<.0001$) than either **FallsTalk** or **FallScope** participants.



References
 1- Panzer VP, Burlerson JA et al. (2008) JAGS: 56: S167.
 2- Young M, Panzer V et al. (2007) Gerontologist: 47: S70.
 3- Panzer V, Burlerson J & Wolfson L. (2009) JAGS: 57: S88
 4- Schepens S, Goldberg A & Panzer V. (2011) AJOT: 65:702.

Learn More About Offering
[FallsTalk & FallScope](#)

EMSC Updates—Stephanie Busch

Winter is upon us! As the temperature drops, Vermonters are turning up the heat and enjoying the chilly outdoors. With the increase use of heating devices children are increasingly vulnerable to injuries and burns from wood, coal and gas stoves, space heaters, cooking accidents, and candles; cold weather injuries, such as Frost bite, are also more common during the Winter months. One of the many resources available to EMS providers and hospital personnel when treating pediatric patients and their families is the skill and expertise of the Shriners Hospital for Children Burn Center in downtown Boston.

Did You Know...

- Shriners Hospitals for Children (SHC) has a dedicated phone line available 24/7 to clinicians (including EMS providers) for both consultations and referrals – Call 617-726-3575
- Many skin conditions and injuries – along with wounds in need of specialized care – are appropriate referrals to a burn center.
- SHC treats burns and non-burn conditions.

- SHC sees outpatients 24/7.
- SHC offers EMS training and an (ABLS) Advanced Burn Life Support course.

One of four verified burns centers in New England, Shriners Burn Center- Boston is the only exclusively “all pediatric” burn center in the region. Shriners Hospitals for Children – Boston is a highly specialized pediatric surgical care hospital, affiliated with Massachusetts General Hospital and verified by a joint program of the American Burns Association and the American College of Surgeons.

Shriners Hospitals for Children is committed to providing medical care for all children, educating the public regarding burn prevention, as well as being a consultative and referral resource for physicians, nurses and EMS providers when treating related pediatric cases.

Shriners Hospitals for Children – Boston provides care in the following specialized areas:

Acute Burn Treatment

- Thermal Injuries from Scald, Contact, Electrical,

Chemical and Radiation sources

- Frostbite and Cold Injuries

Specialized and Complex Wound Care

- Chronic or difficult to heal wounds
- Abscesses
- Complex Wounds
- Traumatic Degloving Injuries
- Traumatic Amputations
- Friction Injuries
- Pressure Ulcers

Pediatric Skin Disorders

General Pediatric Orthopedic Care Reconstructive Plastic and Laser Surgery

The mission for Shriners Hospitals for Children – Boston remains in alignment with the health care needs of the communities it serves through increasing burn awareness, improving burn injury outcomes, providing reconstructive surgical care and education for both the general public and medical community. For more information, check out their website at <http://www.shrinershospitalsforchildren.org/Locations/boston>.

****Please remember to contact your online medical control FIRST, rather than Shriners directly****



“You have the brains in your head. You have the feet in your shoes. You can steer yourself, any direction you choose.”

- Dr. Seuss



EMS Licensure: Is Vermont running out of EMS providers? - Ray Walker



“Wherever the art of medicine is loved, there is also a love of humanity.”
- Hippocrates



In 2014, just over 400 providers did not renew their Vermont EMS license. At first glance, that number is eye-opening and concerning, especially when you consider that there are only around 2,800 licensed EMS personnel in this state. But when we look closer at the numbers, there is reason to feel confident that the EMS system is still strong. 2,800 providers is more than we had last year after renewal, and that was more than the year before as well!

To better understand why these providers let their license expire, we sent out a survey which garnered fifty-six responses. The survey presented a list of possible reasons for leaving, and respondents were told to select all that applied. Not surprisingly, the two most frequently selected choices were the overall time commitment (30%) and the amount of continuing education required to maintain a license (29%). Retirement (25%) and leaving Vermont (21%) were the next most common reasons cited. More than half the respondents selected “Other” and attributed other factors such as family and health issues, squad politics and the increased complexity of pre-hospital patient care. A small num-

ber reported that duty shift requirements, emotional distress and feeling undervalued played a role, too. Not all left EMS entirely; some said that while they no longer hold an EMS license, they are helping their squads in other ways.

It would seem that losing so many providers in a system this small would be a devastating blow. However, the number of licensed EMS providers in Vermont has remained fairly constant over the last 25 years. Even though 400 providers chose not to renew their license last year, squads are doing an excellent job recruiting new people into the system. Well over 500 people enrolled in EMR and EMT courses in 2013; in 2014, that number topped 600. Instructors kept them engaged, too – ninety percent of enrollees finished their course and started the National Registry testing process. Yet surprisingly, only half of them have completed the exams and obtained a license.

These numbers tell us a couple of things. First, despite dire predictions that the increased training and time requirements will discourage people from staying in EMS, fewer than one in three departing providers claimed I was a factor in their decision. Second, while we are doing a good job of attracting new

people to EMS, our track record for getting them licensed is disappointing.

Possible reasons for our poor success rate include the challenging logistics of accessing test sites, difficulty mastering the material and good old-fashioned procrastination. The EMS office has a role in reversing this problem, but there is a lot squads can do to foster their members’ success.

In the past couple of years, the EMS office has addressed some of the access issues by improving the regularity of practical exam sites and covering the cost for all cognitive exam attempts. We are also looking into increasing the number of locations where students can take the National Registry computer-based cognitive exam.

Training officers can make the biggest difference in helping their people succeed by working with members throughout the course, setting up practice and study sessions and being available to answer questions. Most important, they can help their people make a testing plan and provide guidance and encouragement until the testing is complete. This investment of time and attention is the most effective means for keeping rosters full and the EMS system strong.

Medical Reserve Corps Year in Review—Mallory Staskus

Vermont’s Medical Reserve Corps Units across the state have had a successful growth year. Seven units, made up of 160 members, participated in 80 events throughout their communities. These events have included:

Public education efforts: CPR and First Aid training for community members, tick and Lyme disease protection, emergency preparedness outreach to seniors in independent living facilities

Training: CPR, Hospital Disaster Response and MRC

integration, Portable Hospital Setup, Point of Distribution for Mass Prophylaxis

Community events: Maple Fest, National Night Out, Public Safety Day, Open Streets, Bay Day, Dental and Flu Clinic Support, and PPE packaging for Ebola case precautions

The time and training these volunteers have contributed is leading to healthier and more prepared Vermont communities.

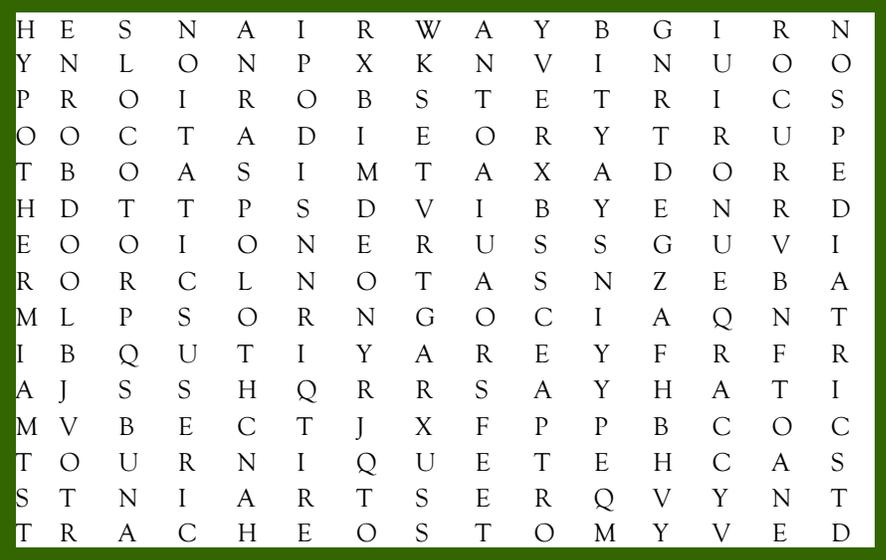
We are excited to see these units continue to grow and support their regions in 2015.

EMS providers are a valued asset in the Medical Reserve Corps. If you interested in getting involved with your local unit, you can find out more about at mrc.vermont.gov and register at verv.vermont.gov. Questions? Give us a call or send us an email: 802-651-1614 mrc@state.vt.us



“The secret of change is to focus all of your energy, not on fighting the old, but on building the new.” - Socrates

EMS Word Search!



AIRWAY
CAPNOGRAPHY
INTRAVENOUS
OXYGEN
RESTRAINTS
TACHYCARDIA
TRANSITION

BLOODBORNE
HYPOTHERMIA
INTUBATION
PEDIATRICS
RESUSCITATION
TOURNIQUET
VTEMS

BVM
INTRAOSSEOUS
OBSTETRICS
PROTOCOLS
SEIZURE
TRACHEOSTOMY



Office of Public Health Preparedness (OPHP) & EMS



The Vermont Health Alert Network (VT-HAN)



What is the HAN?

The Vermont Health Alert Network (HAN) is a powerful, secure means of communication used by the Department of Health to deliver pertinent information to the Healthcare community. It is a web-based program that enables the Department to relay important health-related alerts and advisories to medical providers and other public health professionals throughout the state.

Who uses the HAN?

The HAN is currently used by State employees at the Department of Health, all hospitals in the State, private health offices, clinics, Emergency Preparedness personnel, Town Health Officers, physicians, veterinarians and other clinical providers and more.

Why is the HAN important?



The HAN allows for direct and effective communication to public health professionals through various means of transmission. Messages can be sent to multiple contacts for each user via phone, pager, fax and e-mail. If warranted, alerts and advisories can require the recipient to confirm message delivery.

E-mail is by far the most powerful means of communication as it is able to get all the information to the user directly as opposed to having them wait on a potentially un-manned fax machine.

Lastly, the HAN has an extensive Document Center that can allow for the sharing of important documents, such as Emergency Response Plans. It also provides the ability to access this information with any valid internet source as opposed to being tied into your computer's hard drive or server.

How do I ensure my staff and I are on the HAN?

Please log on to the Vermont Health Alert Network (VT-HAN) landing page to find and submit an account request form. <https://han.vermont.gov>

There is power in numbers. The more people we have on the Network, the more powerful it becomes. Please help strengthen our communications network by signing up for an account, and encouraging your staff and colleagues to utilize the HAN.

Any Questions?

Lee Dorf, MPH, AEMT

HAN Coordinator

(802) 865-7734

Lee.Dorf@state.vt.us

vthan@state.vt.us

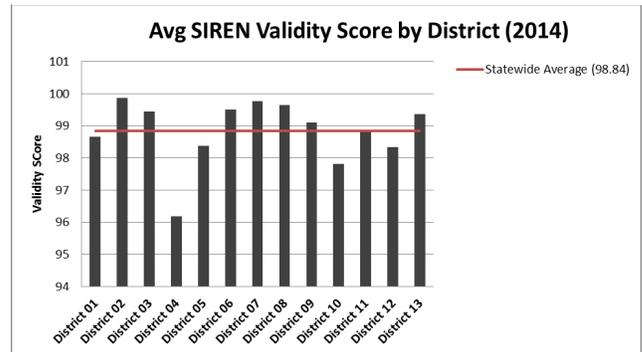
<https://han.vermont.gov>

SIREN and Statewide Data—Jenna Protzko

It has been two years since Vermont EMS electronic reporting rule mandated that all ambulance agencies report electronic patient care reports to the State. Adjusting to the process of electronic reporting brought on some challenges in Vermont. With 100% of Vermont licensed ground ambulance agencies submitting pre-hospital patient care information to the State, however, we have made significant progress in our ability to use those data for statewide continuous quality assurance and quality improvement of Vermont EMS performance and protocols. Great work and thank you for your continuous efforts! Below are data showing some of our progress in 2014.

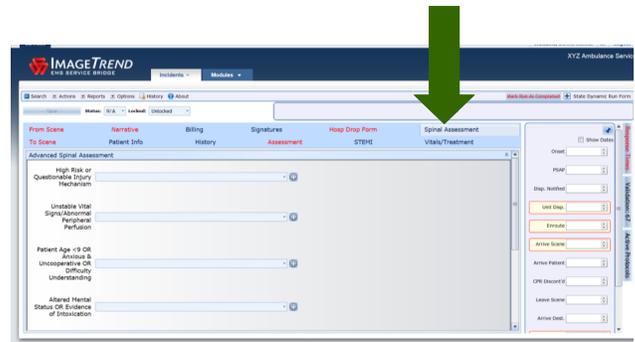
Validity Score. The validity score, as seen in the chart below, is used to determine completeness of documentation. Completeness is important to provide a standard level of reporting across the state for more accurate data analysis, in order to best assess and improve statewide policies and procedures. A validity score of 100 indicates that all required elements on the run form have been completed. It is best practice to submit patient care reports with a validity score no less than 100 and we have specifically developed the SIREN run form in such a way to support and encourage 100% completeness. **Each District has**

submitted EMS reports with an average validity score of greater than 95!! **Great work Vermont EMS!!** The red line on this graph indicates the statewide average validity score (98.84). The black bars indicate the average validity score for each EMS District. If you have comments or suggestions about the run form, please contact the EMS Data Manager.



Advanced Spinal Assessment. The Advanced Spinal Assessment Tab in SIREN is used to document spinal assessment procedures based on the algorithm as seen in Section 6.0 Advanced Spinal Assessment in the Vermont EMS Protocols. In order to perform statewide quality assurance/quality improvement of spinal assessment, we must have 100% compli-

ance. From October to December of 2014, only 42% of Vermont ground ambulance agencies using SIREN who documented a spinal assessment procedure in SIREN also completed the Advanced Spinal Assessment tab. **In 2015, let's focus on documenting the Spinal Assessment Tab in SIREN, each time a spinal assessment is performed!!**



Stroke Data Review. All calls with a provider impression of Stroke/CVA should have the following criteria documented in SIREN:

- Stroke Assessment
- IV access
- Blood Glucose Measurement
- Stroke Alert/Notification

Below is a table showing the percentage of calls in 2014 with a provider impression of Stroke/CVA and other stroke related patient care and documentation criteria. This table shows:

- 732/734, or 99%, of stroke/CVA calls had a scene time of less than 10 minutes – **good work!!**
- Only 116/734, or 15%, of stroke/CVA patient care

- reports had a stroke alert/notification documented.
- Only 408/734, or 56%, of stroke/CVA patient care reports included successful IV procedure documentation. Let's get this documentation rate up to 85% by April 2015!!
- Only 373/734, or 51%, of stroke/CVA patient care reports included documentation that a stroke assessment was performed. Let's get this documentation rate up to 85% by April 2015!!
- 600/734, or 82% of stroke/CVA patient care reports in SIREN included blood glucose measurements. Strong work, but let's continue to focus on documenting blood glucose for stroke/CVA calls!!

Stroke Data Review	2014
Total calls with provider impression of Stroke/CVA :	994
911 calls with provider impression of Stroke/CVA :	734
And scene time < 10 minutes:	732 (99.7%) GOOD WORK!
And stroke alert/notification:	116 (15%) <i>Don't forget to document when a stroke alert/notification is called!</i>
And IV access, extremity performed:	408 (56%) <i>Let's get this up to 85% by April 2015!</i>
And stroke assessment documented:	373 (51%) <i>Let's get this up to 85% by April 2015!</i>
And blood glucose measurement documented	600 (82%) <i>Strong work, but let's focus on documenting blood glucose for all stroke/CVA calls!!</i>

Frequently Asked Education Questions:

1. Who should I contact for LearnEMS accounts and questions? **Email Donna at donna.jacob@state.vt.us for account set-up or Rachel at rachel@centrelearn.com for LearnEMS specific questions!**
2. How many hours of distributive (LearnEMS) education can I use for recertification/re-licensure?

	Maximum amount of Distributive Hours that can be used towards Refresher Topics	Maximum amount of Distributive Hours that can be used towards additional Continuing Education
FR-ECA/EMR	6	n/a
EMT-B/EMT	10	24
EMT-I/AEMT	10	18
EMT-P/Paramedic	10	12

3. When do I need to transition by?

	If you ONLY have a Vermont EMS License and it expires:	You must complete your transition course by:	If you have a NREMT certification and Vermont EMS License and your NREMT expires:	You must complete your transition course by:	Transition course length (minimum hours)
FR-ECA	December 31, 2016	December 31, 2016	September 30, 2016	September 30, 2016	12
	December 31, 2015	December 31, 2015	September 30, 2015	September 30, 2015	12
EMT-Basic	June 30, 2016	June 30, 2016	March 31, 2016	March 31, 2016	16
	June 30, 2015	June 30, 2015	March 31, 2015	March 31, 2015	16
EMT-Intermediate	June 30, 2016	June 30, 2016	March 31, 2016	March 31, 2016	16
	June 30, 2015	June 30, 2017	March 31, 2015	March 31, 2017	16
EMT-Paramedic	June 30, 2016	June 30, 2016	March 31, 2016	March 31, 2016	18
	June 30, 2015	June 30, 2017	March 31, 2015	March 31, 2017	18

4. Why do I have to have a National Registry card AND a Vermont EMS license? **Your National Registry card certifies that you have completed approved training and have demonstrated through testing that you have met a nationally-recognized standard. This certification attests to your competency, but it does not give you permission to function as an EMS provider in Vermont. To obtain that authorization, you must also meet the standards for state licensure, which include an affiliation with a Vermont-licensed EMS agency and satisfactory answers to questions regarding criminal convictions, drug use, actions taken on other professional licenses, child support and tax obligations!**

Vermont EMS Calendar of Upcoming Events:

- Certified Child Passenger Safety Technician Updates:

Tech update #1: Tuesday, April 21, 2015
Lyndon State College—Lyndonville, VT 05851

Tech update #2: Wednesday, April 22, 2015
Okemo Mountain Resort—Ludlow, VT 05149

Tech update #3: Thursday, April 23, 2015
Doubletree Hotel and Conference Center—South Burlington, VT 05403

Contact VTCPS@state.vt.us or 1-888-868-7328 for details

- Child Passenger Safety Technician Course (see page 3 for details):

January 28-31, 2015
Georgia Fire and Rescue

- Leadership Call: 1st Thursday of every month at 11am, 877-668-4493 (Access Code: 734 141 663)
- Fallscape: March 16-17th, 2015 (see page 4 for details)
- Vermont Instructor/Coordinator Bridge Class: January 23rd at Newport Ambulance. Contact Ray Walker if interested



How to Contact Vermont 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, initial and transition classes—**option 1 or (802) 863-7274**

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 Coordinator —**option 4 or (802) 865-7734**

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

Tanya Wells: Injury Prevention Program Administrator—**option 6 or (802) 951-4089**

Mike Leyden: Deputy Director, EMS (including training questions)—**option 7 or (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

State of Vermont Department of Health
Office of Public Health Preparedness & EMS
PO Box 70
Suite 201
Burlington, VT 05402-0070