Registration is open for the 2016 Taking Care of Our Own Conference to be held October 20-23 at the Chesapeake Marriott Hotel. To register please visit www.tidewaterems.org/wellness.

This is a unique conference focusing on the needs of medical, fire, law enforcement, dispatch and other public safety responders. The conference combines various ICISF courses on stress management and suicide prevention and intervention, Green Cross courses on post-traumatic stress disorder and compassion fatigue, the NAEMT safety course, OSHA infection control officer courses, plus nutrition, self-protection, threat assessments, and more.

Lunch and Learn sessions are scheduled for Thursday Oct. 20, Friday Oct. 21 and Saturday Oct. 22. On Thursday Special Agent Mike Freeman of the FBI will present The Active Shooter - The Coming Storm, a unique training tool for law enforcement, security personnel, paramedics, fire, and other first responders designed to inspire discussion, preparation, and collaboration in managing these devastating and potentially overwhelming events. On Friday Special Agent Matt Cyr with the DHS and VA Fusion Center will provide a briefing on the current threat situation. On Saturday a speaker will introduce the attendees to new program developed by the military being implemented in the fire and EMS using an acronym to recognize and help providers developing signs and recognize symptoms of emotional crisis.

Along with the OSHA curriculum, the ICISF courses and the Green Cross Classes the conference offers a track on leadership, nutrition and body mechanics. Katherine West, BSN will present OSHA basic and advanced courses, and the OSHA update.

Jim Nida will present an in-depth introduction to the tactics, techniques, procedures and mindset of current terrorist organizations operating in the Middle East, Europe and the United States. Discussion will include aspects of terrorist psychology, recruitment and indoctrination methods in addition to critical infrastructure / key resource (CIKR) geographical profiling.

Tom Sasso will teach the ArchAngel Armor Force Protection System: Designed specifically as a “System” for abbreviated courses developed by Military and Law Enforcement Officers. The student will be introduced to Survival Tactics: Control of Distance and a Singular Technique for each Range, Improvised Methods of Protection, Ground Survival: Methods to Protect from Strikes and Escape if taken to Ground and other useful and hard to find information on how to control a person with minimal force / injury.

Please note that due to the nature of the information discussed in the classes of Jim Nida and Tom Sasso their lectures will be for registered participants only and will be closed for media, recording or photography.

James Nida is the owner of Handgun Academy Va, based in Warrenton, Virginia. In addition to weapons training, James serves as a subject matter expert for counter-terrorism to the Virginia State Police Fusion Center and a Virginia law enforcement academy. In 2008 James became the Director of Security for a U.S. government funded, corporation operating in the Middle East and North Africa. James is a veteran of the U.S. Army. In 2008 James retired from law enforcement after serving twenty two years with the Fairfax County, Virginia Police Department and six years with the Chesapeake, Virginia Police Department. Jim and his wife live in Warrenton, Virginia.

New Protocols are Coming!

By: Jason Ambrose, MPA, EMTP
EMS Program Director • Tidewater Community College

It is no secret that medical science changes daily. As EMS providers we are inundated with the “latest and greatest” practice guidelines from various state and national organizations. Every few years the protocol workgroup, in collaboration with the Medical Operations Committee and the Operational Medical Direction Committee, embarks on the task of updating the regional protocols in an attempt to align them with some of the latest changes. As the chairman for this workgroup I am happy to report that, by the time you read this article, the protocols will have been finalized and the educational rollouts released.

Here are a few of the changes you can expect to see in the new 2016 version of the Tidewater Regional EMS Protocols:

• Fentanyl has been approved as a new analgesic in the drug box. All protocols that reference pain management have been revised to include it’s use when appropriate.

• All cardiac protocols have been revised to reflect the new Emergency Cardiovascular Care Guidelines 2015. In addition, the arrangement of the protocols have been revised to better mirror those in place by the American Heart Association and reflect actual practice while in these situations.

• The Spinal Motion Restriction protocol (previously Spinal Immobilization) has seen an enormous revision given the significant amount of available research demonstrating the negative impacts of typical spinal immobilization practices.

• As the early recognition and treatment of septic shock patients becomes a major nationwide health initiative, we have included a septic shock protocol separate from the standard shock protocol to assist providers in recognizing these patients and communicating those important findings to the hospital staff.

The workgroup is pleased with the final product and is excited about its release. Over the coming months the regional council will release several videos highlighting the changes, a revised mobile app and post the final protocols online for all providers to view.

It is our hope that the new protocols will continue to enhance the care provided by the providers within the region. If you have any questions or comments regarding the 2016 protocols, please feel free to contact me at jambrose@tcc.edu.

Katherine H. West, BSN, MSEd, CIC

Katherine has been involved with Infection Control since 1975. She pioneered infection control in EMS in 1978 and is currently a recognized expert on Infectious Disease Management, OSHA compliance and inspections, and disease control issues. Katherine publishes books, journals, newsletters, manuals, video tapes and slides for various disciplines on infection control issues and regularly lectures nationally to various disciplines on infection control and OSHA issues.

Summer Camp Introduces Teenage Girls To Future In Firefighting

The first ever Camp Fury in Chesapeake for girls, grades 6-12, took place during the second week of August 2016. Camp Fury, run by the Chesapeake Fire Department along with Girl Scouts of the Colonial Coast, gives girls in middle and high school the skills they’ll need to become firefighters one day. More importantly, it teaches girls that they can indeed become firefighters.

The camp has run for two years across the peninsula in Hampton, Virginia, and began eight years ago in Tuscon, Arizona. Now, about 20 female firefighters from Hampton, Chesapeake and Norfolk have come together to assist in Chesapeake. Many of the men working at the stations also assist.

Yes, the girls enjoy riding in fire engines and spending the night at the station – but they also train with 30 pounds of equipment, including full turnout gear and self-contained breathing apparatuses, or SCBA masks. They learn forcible entry with axes and Halligan bars, they train in search and rescue, and they hold down a hose line with the full force of a fire hydrant behind them.

The campers also met various guest speakers from female pilots with the Navy to special agents with the FBI.

The Educator’s Corner

The Taking Care of Our Own Conference is made possible by support from the Tidewater EMS Council’s Platinum Sponsors Sentara Southside Hospitals, Bon Secours Hampton Roads and Medical Transport LLC as well as a grant from the Virginia Department of Health Office of Emergency Medical Services.

We look forward to seeing you at the Chesapeake Marriott in October!
The Profile Of Wounding In Civilian Public Mass Shooting Fatalities

Synopsis By: David Long, MMRS Program Manager

Reflecting on the number of meetings, discussions, exercises, and development of plans for response to active threats, it is time to pause, and reexamine our direction with regards to the Active Threat environment. These findings address survivability and wounding patterns and how civilian wounding differs from combat.


Background: The incidence and severity of civilian public mass shootings (CPMS) continue to rise. Initiatives predicated on lessons learned from military wounding have placed strong emphasis on hemorrhage control, especially via use of tourniquets, as means to improve survival. We hypothesize that both the overall wounding pattern and the specific fatal wounds in CPMS events are different from those in military combat fatalities and thus require a new management strategy.

Methods: A retrospective study of autopsy reports for all victims involved in 12 CPMS events were reviewed. Civilian public mass shootings was defined using the FBI and Congressional Research Service definition. The site of injury, probable site of fatal injury, and presence of potentially survivable injury (defined as survival if prehospital care is provided within 10 minutes and trauma center care within 60 minutes of injury) was determined independently by each author.

Results: A total of 130 fatalities consisting of 371 wounds from 12 CPMS events were reviewed. All wounds were due to gunshots. Victims had an average of 2.7 gunshots. Relative to military reports, the case fatality rate was significantly higher, and incidence of potentially survivable injuries was significantly lower. Overall, 58% of victims had gunshots to the head and chest, and only 20% had extremity wounds. The probable site of fatal wounding was the head or chest in 77% of cases. Only 7% of victims had potentially survivable wounds. The most common site of potentially survivable injury was the chest (89%). No head injury was potentially survivable. There were no deaths due to exsanguination from an extremity.

Conclusion: The overall and fatal wounding patterns following CPMS are different from those resulting from combat operations. Given that no deaths were due to extremity hemorrhage, a treatment strategy that goes beyond the use of tourniquets is needed to rescue the few victims with potentially survivable injuries. It is important to note that the authors “discourage the current myopic focus on hemorrhage control for civilians.” Additionally, the authors state that “immediate medical care in the wake of CPMS must include strategies to prevent further injury to the wounded, simple airway management, recognition and management of declining respiratory function as a result of penetrating trauma to the chest, proper positioning of the casualty, efficient movement of the casualty, and prevention of hypothermia.”

Northampton EMS Introduces New Equipment To Serve The Eastern Shore

By: TJ Rippon, VAEMT-Paramedic, EMS Captain/Deputy Coordinator of Emergency Management Northampton County, Virginia

In December 2016, Riverside Shore Memorial Hospital will relocate into Accomack County. Some of the challenges the system is facing include longer transport and increased turnaround times, combined with the necessity to staff additional units while the transporting units are out of district.

Northampton County Department of EMS is ready for the challenge- currently the department employs 23 full-time and 14 part-time personnel with a rotating schedule with 4 shifts providing 24 hour coverage to 3 EMS districts.

The department acquired several new pieces of equipment that will assist not only with patient care but also with provider’s safety: Each EMS unit in Northampton County has a LUCAS Chest Compression System, Flow Safe II EZ Neb CPAP Devices, and Drager Pac 5500 Carbon Monoxide Monitors. The new equipment was purchased with money provided by Riverside Shore Foundation along with the VA Rescue Squad Assistance Fund.

Northampton County Department of EMS is pleased with the growth of our system and we look forward to more exciting ventures, education, and growth in the coming years.

Procedural Cadaver Lab at TEMS, presented by Teleflex.

Focus on IO and advanced airway. Case studies and patient care scenarios include didactic and hands-on practice on cadaveric specimens and simulation aids.

WHEN: December 12 and 13, 2016
Labs begin at 0700. The last session begins at 1600.
Allow approximately 1.5 hours to complete Lab
WHERE: Tidewater EMS Council, 1104 Madison Plaza, Chesapeake, VA 23320
For more information, or to register: www.teleflexacademy.com/lab
Chesapeake Fire Expands Their ResQCPR™ System Citywide

By: Lieutenant Forrest Winslow, BSEd, NRP, RN
Performance Improvement Officer, Chesapeake Fire Department

Sunday, June 26, 2016, one day after Dustin Short and his fiancée mailed their wedding invitations he experienced a Sudden Cardiac Arrest (SCA). Mr. Short (35) started having chest pain and then suddenly went unresponsive with agonal breathing. Despite his gasps he was without a pulse. His fiancée already dialing 9-1-1 was quickly given CPR instructions by a Chesapeake 9-1-1 Dispatcher.

Once Chesapeake Fire Department crews arrived they took over CPR using the ResQCPR™ System. Chesapeake Fire, an early adopter of ResQCPR™, continues to be the only department in Virginia to offer this life saving therapy. The ResQCPR™ System consists of two devices—the ResQPOD® and ResQPUMP®. ResQPUMP® device further increases blood return by re-expanding the chest with a lift force of up to 10 kg. During the use of the ResQPUMP® we have measured near normal blood pressures and capnography values that mimic Return of Spontaneous Circulation (ROSC). ResQCPR™ not only increases blood flow to the brain and vital organs, it has also proven to decrease intracranial pressure that naturally occurs during cardiac arrest.

27 minutes after Mr. Short collapsed, crews had restored his pulse and worked to stabilize him to prevent a subsequent cardiac arrest. His post ROSC 12-lead EKG revealed Mr. Short was having a ST Elevation Myocardial Infarction (STEMI). Chesapeake Regional’s Cardiac Cath Lab (CCL) Team was activated from Mr. Short’s home. They successfully opened his blocked coronary artery shortly after his arrival to the hospital.

Dustin Short had been without circulation for 27 minutes the decision was made to keep him sedated and initiate Targeted Temperature Management (TTM). Several days after his event he started to wake up and after a couple of days his confusion was completely gone.

On July 15, 2016 Mr. Short and his family went to the Greenbrier Fire Station #14 to thank the rescuers that help save his life. He is completely neurologically intact and returned to work less than 2 weeks after his sudden cardiac arrest.

As part of our initial launch of the ResQCPR™ system we were only able to purchase 9 units. Ironically on the same day as Mr. Short’s cardiac arrest, we received a shipment of 16 additional ResQPUMPs® to outfit each fire apparatus with this life saving device.

Dustin Short was not saved by one individual or a single device, it literally took a System to Save a Victim. This is a mantra that our department developed during our High Performance CPR Cardiac Arrest Management Program (HP-CPR-CAMP). Mr. Short is an ideal example of how the system is designed to work.
Meet TEMS Regional Award Winners

Recipient of 2016 Outstanding Contribution to EMS by a Physician (Frank M. Yeiser Award)

Leonard J. Weireter, Jr., MD, FACS, is a general surgeon and a member of the American College of Surgeons (ACS) Board of Governors. In addition to serving as a Medical Director of Sentara Norfolk General Hospital’s Shock-Trauma center and the Chief of The Division of Trauma and Critical Care and the Arthur and Marie Kirk Family, Professor of Surgery (EVMS).

Dr. Weireter became Critical Care Committee Chairman for the Virginia EMS Advisory Board, tasked with designation and verification of trauma centers in Virginia, development of guidelines for trauma/critical care issues and maintenance of Virginia Trauma Registry. He also served as Co-Chair of the Virginia Trauma Triage Task Force, charged with developing a statewide Trauma Triage Plan.

Dr. Weireter led the charge for Tidewater and chaired the region’s first ever Trauma Triage Quality Improvement Committee. This committee fielded and reviewed trauma cases that were submitted from all facets of the pre hospital and hospital systems throughout Tidewater. In every case Dr. Weireter encouraged the committee to address issues from a systems approach for the purposes of Quality Improvement.

Dr. Weireter is described as one of this region’s most passionate advocates for pre-hospital trauma care and a dedicated supported for EMS. He is patient advocate in every sense of the word. His dedication is undying and his professionalism is immaculate. His sense of teamwork is contagious.

Dr. Weireter remains active in the field as an instructor and trauma subject-matter-expert for EMS agencies who use him as a valued resource.

Recipient of 2016 Outstanding Pre-Hospital Provider

Alex Witte is a service-connected disabled veteran who joined the Virginia Beach Volunteer Rescue Squad (VBVRS) as an EMT three years ago.

In his naval experience, he received basic medical and trauma training, which piqued his interest in EMS. After honorable separation from the NAVY and while working on his Bachelor’s degree, Alex met a professor who was also a captain with VBEMS. He was encouraged to run an observation duty, and after that duty Alex was hooked.

He has taken every certification available to him and enthusiastically joined the different EMS crews around the City of Virginia Beach.

He is passionate about serving others as a paramedic. When someone has a question, he will patiently and thoroughly answer and explain. Whether its an operational or performance improvement question, Alex will break down into private training session immediately.

He is passionate about excellence and is always improving by taking classes for his job as a Paramedic. He is an RSI-paramedic (a specialty that not all paramedics are allowed to perform), and he believes that any good leader starts from the bottom, goes above and beyond as an example, gains respect, and then moves up the leadership chain of command. He would like to attain leadership position within the EMS chain of command as he gains experience, respect and credibility.

Some of his statistics for 2015 include:
- 1,993 hrs. volunteered
- 1,040 dispatched calls
- 26 cardiac arrest calls
- 554 reports

Alex also has a long list of various awards including 2 life-saver awards.

Eastern Virginia Healthcare Coalition Assesses Capabilities

By: Glenn McBride, HPP Program Manager

The Apr-June 2016 quarter for the Hospital Preparedness Program (HPP) concluded with exercises and capabilities assessments. Two exercises during the second half of June tested two of HPP capabilities, Fatality Management and Patient Surges.

On 21 June the City of Virginia Beach hosted a functional exercise assessing the capabilities of Family Assistance Center (FAC) during a Mass Fatality incident. The Virginia Office of the Chief Medical Examiner responded with State-wide personnel. 21-1 Virginia was also present for the exercise, evaluating the Virginia Healthcare Alerting and Status System (VHASS) Patient Tracking System for effectiveness in reunitifying families. Virginia Beach Police, Sheriff, Human Services, and Health Department participated as well.

On 24 June the City of Chesapeake, Chesapeake Health Department, Hampton Roads Metropolitan Medical Strike Team, and Chesapeake Regional Medical Center (CRMC) conducted a Strategic National Stockpile Chempack exercise. The exercise tested the ability to mobilize nerve agent antidote available at the CRMC to EMS/Fire units in the field. Areas of improvement were put in place prior to the exercise. As a result an effective and successfully tested plan was put in place.
In this Issue:
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Eastern Virginia Healthcare Coalition Assesses Capabilities

NEWS BRIEFs

Reminder to ALS providers: A “wet” signature is still needed on a run report or an exchange form when exchanging drug boxes when controlled substances have been administered.

EMS providers are reminded to make sure they indicate ALL EMS agencies with which they are affiliated in their Virginia EMS provider portal.

Virginia Beach EMS Chief Brazle appointed Jason Stroud and Tom Green as deputy EMS chiefs. The newly appointed officers will serve as EMS2 and EMS3 respectively.

Jason Ambrose, MPA, EMT-P was named the New EMS Program Director at TCC. Mr. Ambrose has been serving as TCC EMT coordinator and an adjunct faculty member since 2011. Prior to that Jason worked as a Firefighter/Paramedic with Norfolk Fire-Rescue. He has earned an AAS in EMS from TCC, a BS in Education, and a MS in Public Admin from Bellevue University.


Dr. Stephen Skinner is the first physician in the Tidewater region to be accepted in the EMS Fellowship training program. This multi-jurisdictional training program provides intensive training for a physician with an EMS interest. The program prepares a physician for Board certification in EMS medicine.

Teresa L. “Terrie” Edwards, president of Sentara Leigh Hospital in Norfolk, has been promoted to corporate vice president for the Sentara Peninsula and Western Tidewater regions. Her successor at Sentara Leigh is Joanne Inman.

The AHA is looking for nominations for the Heartsaver Hero Award. An award given to heroes that have stepped in to save a life, by performing bystander CPR. To nominate a hero visit: https://volunteer.heart.org/apps/forms/Pages/Heartsaver-Hero.aspx

Bruce Lo, MD, MBA, CPE, FACEP, FACHE has been promoted to Medical Director for Sentara’s new Regional Transfer Center. Dr. Lo will be responsible for helping lead the creation and process for transfers both within and into the Sentara health system in Hampton Roads (8 hospitals 3 Free-standing EDs). Dr. Lo serves as Chief of Sentara’s Department of Emergency Medicine.

Emergency Medical Services (EMR) based in Portsmouth, suspended operations effective August 10, 2016.