Mountain-Valley
EMERGENCY MEDICAL SERVICES AGENCY

EMS News

Volume 1, Issue 5 Spring 2012

Special points of interest:

- National EMS Week 2012 - Scheduled Activities and EMS Award Nominations
- Focus on Quality Improvement - CVA
- Triage Drill / Patinet Tracking

Inside this issue:

EMS WEEK– 2012

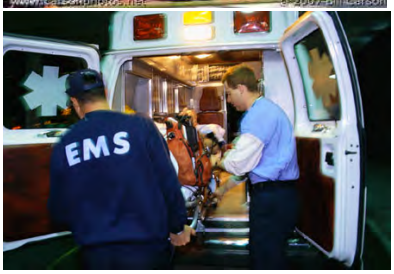
Richard Murdock, Executive Director

Every year, during the third full week of the month of May, thousands of people honor and recognize Emergency Medical Services across the nation. It's a time when communities recognize those EMS practitioners who are dedicated and committed to providing the best care for the patients they encounter. Acknowledging EMS practitioners on a national level started when the U.S. Congress authorized the Emergency Medical Services Systems Act of 1973, and in 1974 President Gerald R. Ford signed the bill. President Ford proclaimed an "Emergency Medical Services Week" hosting a White House conference on EMS soon thereafter[1]. Each year, staff from the American College of Emergency Physicians, select several ideas for a running theme. This year's theme is

EMS: More Than A Job. A Calling.

This year the MVEMSA staff felt it was very important to honor and recognize EMS practitioners within the five county EMS region. As a result, staff will be hosting a barbeque event on Sunday, May 20th in honor of all EMS practitioners we serve. The celebration day will be filled with fun, entertainment for children, music, dancing (if desired), food, and awards presented by Dr. Kevin Mackey and Richard Murdock.

Please join us as we honor those EMS practitioners who spend countless hours taking care of the citizens within our communities! We are very proud of the standard of care they provide!



See Page 2-3 of this Newsletter for additional EMS Week Activities

Mountain-Valley EMS Agency

EMS WEEK

May 20-26

What's Scheduled

- BBQ in the Park - Sunday, May 20, 2012 2pm-7pm (see flyer on page 3)
- The 2012 EMS Awards will be presented at Downey Park during the BBQ Event
- Drop by the Agency for refreshments on Tuesday, May 22 & Friday, May 25

Amador

- County EMS Awards Dinner, Saturday, May 12

Mariposa

- County EMS Awards will be presented at the Board of Supervisors meeting Tuesday, May 29

Stanislaus County

Doctors Medical Center

- BBQ - Wednesday, May 23 11am-2pm

Emanual Medical Center

- BBQ - Wednesday, May 23 - 5pm-8pm
- Will be providing t-shirts and food throughout the week

Patterson Ambulance

- BBQ - Wednesday, May 23 - 4pm

If you have something scheduled that we are not aware of, please let us know and we will help get the word out!

EMS AWARDS

- First Responder of the year
- EMT of the year
- Paramedic of the year
- EMD of the year
- MICN of the year
- EMS Educator of the year
- EMS Physician of the year
- EMS Administrator of the year

The nomination Form is available on page 17 of this Newsletter, at the Agency office and on our website www.mvemsa.com

Questions, call 529-5085 or email cmurdaugh@mvemsa.com

Mountain-Valley

EMERGENCY MEDICAL SERVICES AGENCY

EMS MORE THAN A JOB. A CALLING.

National EMS Week 2012
May 20 - May 26

In Recognition of EMS Week

The Mountain-Valley EMSA Staff Will Be Hosting A BBQ in the Park for all EMS Personnel and Their Families

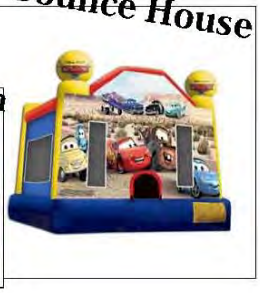
Live Music

Sunday, May 20
Downey Park, Coffee & Brighton
2:00pm– 7:00pm

Dunk Tank

This is a Family Friendly Event with activities for all ages

Bounce House



Bungee Run

EMS AWARDS WILL BE PRESENTED

For further info or any questions, call (209)-529-5085

FOCUS ON QUALITY IMPROVEMENT

The Agency will issue (two) 2 hours of instructor based continuing education (CE), provider # 60-0001, to individuals who complete and submit the following:

1. Read the CVA article (located on Page 6 & 7)
2. Answer or complete questions 1-7 (located on Page 8)
3. Complete the CVA Word Search (located on Page 9)

Submit completed Answer Sheets to:

ncavanaugh@mvemsa.com or to MVEMSA 1101 Standiford Suite D-1, Modesto, CA. 95350

Objectives:

- Recognize signs and symptoms of a stroke
- Describe the two types of strokes and the emergency treatment
- Use the Cincinnati stroke scale as part of the primary assessment

Specific questions or comments regarding the content of this article should be directed to: VDeFreitas@mvemsa.com

Cerebral Vascular Accident - CVA

by Vasti DeFreitas, QI oordinator

What is a stroke? A stroke is permanent damage to brain tissue that occurs when the blood supply to the brain is reduced or interrupted thereby depriving the brain of oxygen. A stroke is a medical emergency! Management of a stroke begins with early identification of symptoms, early notification of EMS, and rapid transport to the nearest facility capable of specialized care for the stroke patient.

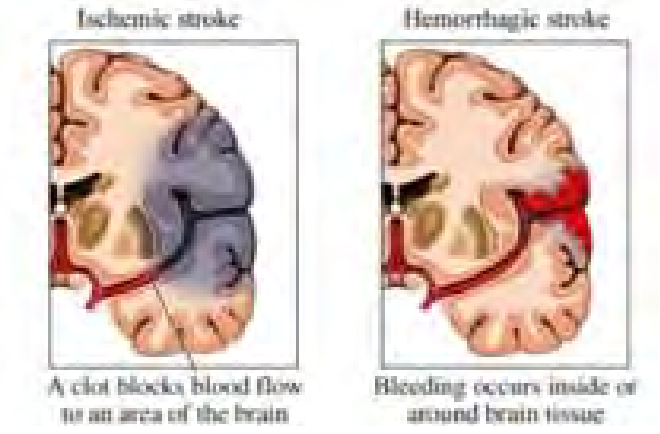
There are two main types of strokes:

Ischemic Stroke – caused by an obstruction of an artery by a thrombus. The thrombus is an intra-arterial blood clot that is formed most commonly inside the heart, usually as a result of atrial fibrillation or atrial flutter. Ischemic strokes are commonly preceded by TIAs, or **Transient Ischemic Attacks**, which are temporary (<24 hour) stroke-like symptoms created by temporary interruption of blood flow to the brain.

Hemorrhagic Stroke – caused by the rupture of a blood vessel within the primary brain tissue. Hypertension is the most common cause of this type of stroke. Other causes include the use of anticoagulants, thrombolytics, antiplatelet agents and brain tumors.

The signs and symptoms of stroke include a sudden neurologic deficit and vary depending on the area of the brain affected by the stroke. These deficits may include weakness, numbness, tingling, blurred vision, confusion, loss of movement in the face or extremities and changes in speech patterns. Without oxygenated blood, part of the brain starts to die. Brain damage can occur in minutes so it's important to recognize the symptoms and act quickly. Quick treatment can limit the damage to the brain and improve the chance of recovery. Most patients that suffer a stroke will have some level of deficits for the rest of their lives; the deficits are determined by the severity of the damage to the brain cells.

Diagnosing stroke begins with careful, accurate history taking specifically focused on when the patient was **Last Seen Normal**. Other important information includes medical history, family history and risk factors. A CT scan is a vital tool to diagnose stroke and especially to identify hemorrhagic versus embolic strokes.



Treatment – emergency treatment of stroke from a blood clot is focused on dissolving the clot. The most common treatment is thrombolytics, or t-PA (tissue plasminogen activator). This treatment is time dependent and must be administered within three hours of the onset of the stroke event. t-PA has been shown to improve recovery and decrease long term disability. t-PA does carry the risk of causing cerebral hemorrhage, and may not be appropriate for all patients, t-PA is decided on an individual bases depending on the patient's past medical history and current medication use.

Treatment of hemorrhagic stroke is aimed at controlling the intracranial pressure, typically using Nitroprusside or Labetalol. Other common treatments include IV mannitol and occasionally blood products to reverse coagulopathies. Surgical interventions to stop the bleeding in the vessel may be an option; this is determined by the MD caring for patient once the diagnostic components are completed.

Field treatment focus is on obtaining history, accurate information of onset of symptoms is vital and initial evaluation of deficits utilizing the Cincinnati Stroke scale and supportive treatment based on symptoms and presentation of the patient.

Time is Brain.

Review of Cincinnati Stroke Scale

Sign/Symptom	How Tested	Normal	Abnormal
Facial Droop	*Have the patient show their teeth, or smile*	*Both sides of the face move equally*	*One side of the face does not move as well as the other.*
Arm Drift	*The patient closes their eyes and extends both arms straight out for 10 seconds*	*Both arms move about the same, or both do not move at all.*	*One arm either does not move, or one arm drifts downward compared to the other.*
Speech	*The patient repeats "The sky is blue in Cincinnati"*	*The patient says the correct words with no slurring of words*	*The patient slurs words, says the wrong words, or is unable to speak*

MVEMSA Policy 554.32 Acute Cerebral Vascular Accident

Strokes are life altering medical emergencies. A stroke can cause temporary or permanent disability and rehabilitation focuses on regaining function as much as possible and learn other means to compensate for permanent loss. Strokes can be devastating to the patient as well as the families. Caring for the person affected with stroke requires a new set of skills and adapting to limitations and demands. Support groups can provide information, advice and comfort for the stroke patient, the family and the caregivers.

Reference:
American Heart Association, American Stroke Association, National Stroke Association, Cleveland Clinic, Thefreedictionary.com,
Mayo Clinic

If you wish to obtain continuing education for reading this CVA article, you must complete the CE answer sheets found on Page 8 & 9 of this Newsletter.

Please Print Clearly!

CVA Continuing Education Answer Sheet #1

Name: _____ License/Certification #: _____

Mailing Address:_____ Affiliation/Employer: _____

_____

1. Ischemic Strokes are a result of

   A. thrombus
   B. A-fib
   C. A flutter
   D. Lack of blood flow to the brain
   E. All of the above

2. Hemorrhagic Strokes are a result of

   A. blood in the brain
   B. anticoagulants
   C. thromobolytics
   D. All of the above

3. Describe the signs and symptoms of a stroke

   A. _____
   B. _____
   C. _____
   D. _____

4. What information should be obtained when assessing a possible stroke patient?

   A. _____
   B. _____
   C. _____

5. What is the most important piece of information obtaining a history from the patient or family?

   _____

6. Name the type of treatment that is most common once the patient arrives in the ED

   A. Ischemic Stroke

   _____

   B. Hemorrhagic Stroke

   _____

7. Describe the use of the Cincinnati Stroke Scale

Sign/Symptom	How Tested	Normal	Abnormal

Mountain-Valley EMERGENCY MEDICAL SERVICES AGENCY

CVA Continuing Education Answer Sheet #2

The Agency will issue (two) 2 hours of instructor based continuing education (CE), provider # 60-0001, to individuals who complete and submit the following:

1. Read the CVA article (located on Page 6 & 7)
2. Answer and complete questions 1-7 (located on Page 8, answer sheet #1)
3. Complete the CVA Word Search (located on Page 9, answer sheet #2)

CVA Word Search

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

Abnormal
Arm Drift
Blindness
Brain
Cincinnati Stroke Scale
Confusion
CVA
Documentation
Emergency
Facial Droop
Glucagon
Glucose
Headache
Hemorrhagic
History
Ischemic
Neurosurgery
Normal
Paralysis
Rhythm
Slurred Speech
Symptoms
Time is Brain
TPA
Treatment
Weakness

Submit completed *Answer sheets* to:

ncavanaugh@mvemsa.com

or to:

Mountain-Valley EMS

1101 Standiford Ave., Suite D-1

Honoring Patients' End-Of-Life Wishes

by Marilyn Smith, Response and Transport Coordinator

In an earlier newsletter, the topic of POLST, Physician Orders for Life-Sustaining Treatment was introduced. To follow up on the information first presented in the Fall 2011 Newsletter, this article will discuss POLST forms and views regarding end-of-life decisions. Completing a POLST form provides a patient with the opportunity to make end-of-life health care decision's that can be honored across the health care settings. Typically a conversation between a patient and their physician will address physical, psychosocial, and spiritual issues that arise when addressing a patient's wishes. Sometimes, that conversation will include other health care professionals such as nurses, social workers, or chaplains. A POLST form is considered a medical order and as such the patient's physician retains the overall responsibility for the completion and content of the form. *A physician and the patient or his/her legal decision maker must sign the POLST form in order for it to be valid.*

POLST v ADVANCE DIRECTIVE

What is the difference between a POLST form and an Advance Directive? A POLST form complements an Advance Directive. An Advance Directive allows someone to appoint a person they want to speak on their behalf regarding their healthcare choices. Additionally, an Advance Directive provides a broad outline of a patient's end-of-life wishes and any adult should complete one regardless of their health status. An Advance Directive is not the same as a physician order, which a POLST form is considered and typically, is not kept with a patient's medical record. Conversely, a POLST form is designed for the seriously ill patient of any age and identifies that patient's specific wishes on end-of-life health care decisions. Further, a POLST form can be completed by a patient's legal decision maker should the patient lack capacity, unlike the advanced directive which must be completed by an adult with mental capacity. Additionally, because a POSLT form is considered a physician order, it is designed to travel with a patient from one setting to another… for example from a hospital to a skilled nursing facility. A POLST form is the first statewide uniform physician order that is recognized across healthcare settings. Because the form travels with the patient, it provides clear concise information about a patient's wishes for all health care providers, including EMS providers.

WHAT SHOULD YOU LOOK FOR?

If you respond to a patient's home, patients are instructed to keep the form in a visible location so that emergency medical personnel can easily find it…usually on a table near the patient's bed or on the refrigerator.

Typically, a POLST form is printed on bright pink paper; however, you may also find it on regular old white paper. The types of decisions that will be documented on a POLST form include whether to:

- Attempt CPR
- Administer antibiotics and IV fluids
- Use intubation and mechanical ventilation, and
- Provide artificial nutrition

If a patient presents with both a POLST form and an Advance Directive that are in conflict with each other, the most recent document should be followed.

WHY ARE WE SEEING MORE FORMS REGARDING END-OF-LIFE DECISIONS?

With the aging population in California, EMS providers should expect to see more patients with various documents that outline their end-of-life

health care wishes. According to a recent report released by the California HealthCare Foundation, the California population over the age of 85 has more than quadrupled, in the last forty years! In 1970 there were approximately 130,000 individuals over the age of 85 and a whopping 680,366 as of 2009. In looking back at the last 100 years, there were 4,250,371 people in California over the age of 65 in 2010 and only 78,708 people in 1910.

In the Summer 2012 newsletter, my next article will discuss the important factors at the end-of-life; where patients want to die and where they are dying; and who is having end-of-life discussions with their families.

POLST vs Advanced Healthcare Directive

POLST does not replace an Advance Health Care Directive.
Seriously ill patients benefit from having BOTH a signed
POLST form AND an Advanced Directive.

	Advanced Directive	POLST
For whom?	Every adult	Seriously ill regardless of age
Completed by whom?	Any adult with decisional capacity	Healthcare provider in conjunction with patient or, if patient lacks decisional capacity, with the surrogate decision maker
What?	Broad outline of patients wishes, names surrogate decision maker	Specific wishes, actionable physicians order
Where?	Copies in medical records, patient home, needs to be retrieved	Travels with patient across care settings – copy in pertinent medical records

Amador and Calaveras County
Triage Drill Dates for 2012

Date	Time
January 2 - 9	0800-0800
April 2 - 9	0800-0800
July 2 - 9	0800-0800
October 1 - 8	0800-0800

Mariposa County
Triage Drill Dates for 2012

Date	Time
March 5-12	0800-0800
June 4-11	0800-0800
September 3-10	0800-0800
December 3-10	0800-0800

Stanislaus County
Triage Drill Dates for 2012

Date	Time
March 8 - C shift	1200-2400
June 5 -B shift	1200-2400
September 6 - A shift	1200-2400
December 4 - C shift	1200-2400

Mountain-Valley
EMERGENCY MEDICAL SERVICES AGENCY

PATIENT TRACKING

Tom Morton, Disaster Perpardness Coordinator

For the new Paramedics and EMTs in our region and as a reminder to the veterans in our system; below is the Triage Tag Drill procedure from Mountain-Valley EMS Agency Policy 851.00 “START TRIAGE AND PATIENT TRACKING EXERCISES”. Please refer to our website for the complete policy.

Policy 851.00 IV. PROCEDURE

During scheduled triage exercises:

The first arriving unit (ambulance or fire) shall conduct triage during the first 30 seconds of patient contact; using standard START triage criteria (see Attachment B).

Triage of patients shall occur where they lie only if the area is safe. If the area is unsafe, the patient shall be moved to a safe area prior to conducting triage.

The transporting paramedic is responsible for ensuring that each patient transported is properly triaged and tagged prior to transport.

Patient treatment shall not be delayed during scheduled triage exercises.

A. Patient Tracking

1. Transporting personnel shall note the triage tag number on the patient care record. PCRs shall be generated on all patients.

2. Receiving hospital personnel shall have a mechanism in place to:

a. Include the triage tag number in the patient registration process

b. Retrieve patient information utilizing the triage tag number

c. Link hospital medical record number with the triage tag number

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Patient Tracking Workgroup

After each Triage Tag Drill, results from system participation are collected. This information is presented to Emergency Medical Care Committees in our member counties. In Stanislaus County a Patient Tracking Workgroup meets after each drill. This workgroup consists of representatives from Ground Ambulance Providers, Base Hospital Emergency Departments, Public Health, Fire and MVEMSA. They evaluate drill results, assist in Patient Tracking Policy development, plan for upcoming drills, and may also assist in grant opportunities related to patient tracking. The group reports on its activities to the Stanislaus County Healthcare Emergency Preparedness Council.

Patient Tracking Workgroup meeting dates.

The meetings will be from 10:00 to 11:00 on the following dates…

Tuesday April 17, 2012	Tuesday October 16, 2012
Tuesday July 17, 2012	Tuesday January 15, 2013

Commission on Accreditation of Ambulance Services or "CAAS"

by Marilyn Smith

What is CAAS?

The American College of Surgeons accreditation is the gold standard for trauma centers and the gold standard for STEMI Centers is to be accredited as a Chest Pain Center. The gold standard for ambulance services is to obtain accreditation from CAAS. The concept for CAAS began in the early 1980's when the American Ambulance Association met to analyze the status of the EMS industry. Twenty items made the list of pressing issues with the need for high-quality industry standards topping the list. CAAS was established in 1990 with a mission to encourage and promote quality patient care in the medical transport system through comprehensive, consensus-based industry standards. CAAS's Board of Directors includes representation from the American Ambulance Association, the American College of Emergency Physicians, the International Association of Fire Chiefs, the National Association of Emergency Medical Technicians, the National Association of EMS Physicians, and the National Association of State EMS Officials. The National Highway Traffic Safety Administration or NHTSA for short has a liaison to the CAAS Board of Directors.

How Does an Ambulance Provider Agency Become Accredited?

Becoming CAAS accredited is a five-step process:

1. Complete a self-assessment to ensure the provider agency meets the CAAS standards

2. Following a self-assessment, complete an application process that includes submitting supporting documentation to verify compliance with CAAS standards

3. A CAAS review team will evaluate a provider's application and supporting documentation off-site and then complete an on-site review to ensure compliance with CAAS standards

4. The CAAS Panel of Commissioners will review the application, supporting documentation and reports by the Site Review team are analyzed and a determination is made regarding the whether or not the provider agency has meet all of the CAAS standards

If that answer is yes, the accreditation is granted for a three-year period

What Does CAAS Look At?

There are ten major categories in the CAAS standards with sub-categories within each of the major categories. The major categories are: Organization; Inter-Agency Relations; Management; Financial Management; Community Relations and Public Affairs, Human Resources; Clinical Standards; Safe Operations and Managing Risk; Equipment and Facilities; and Communications Center

How Long Does the Process Take?

According to CAAS, the entire accreditation process will take about two years. That includes a twelve to eighteen month period during which an applicant completes the self-assessment; analyzes what they need to address in order to submit an application; the application process; followed by the off-site and on-site review; report writing by the review team; and finally deliberation by the Panel of Commissioners who determine if an applicant has meet the standards.

Who Is Accredited?

According to the CAAS web site, more than 140 agencies internationally are accredited. As of March 2012, the following ambulance provider agencies in California are CAAS accredited:

- AmbuServe, Inc., Gardena
- American Ambulance, Fresno
- AMR – Contra Costa County
- AMR - Los Angeles County
- AMR – Riverside County
- AMR – San Bernardino County
- AMR – San Diego County
- AMR – San Joaquin County
- AmeriCare, Carson
- Care Ambulance Service, Inc., Orange
- Doctors Ambulance Service, Laguna Hills
- Medic Ambulance Service, Inc., Vallejo
- Medix Ambulance Service, Inc. Mission Viejo
- Riggs Ambulance Service, Merced

For further information go to: http://www.caas.org

"The Gold Standard for Ambulance Services is to obtain Accreditation from CAAS"

AMBULANCE PROVIDER PROFILE

by Pat Murphy, MVEMSA Field *Liasion*

Patterson Ambulance, Del Puerto Health Care District

When I met with the Chief of Operations, Barry Hurd, of Patterson District Ambulance, he was at the Westside Ambulance office helping them with a "current administrative need". Barry, like many in the ambulance business, had worked for many ambulance companies over the 34 plus years starting at Calistoga Ambulance and eventually landing in Patterson in 2006 as Chief of Operations. He worked for A-1, Turlock, Doctors, Mobile Life Support, to name a few, while becoming a paramedic in 1981.

One station in Patterson District covers a large 555 square miles of varied topography with a population of 26,000, with the chief amount of residents in Patterson itself. They run about 2,000 calls a year with two cars, one 24 hour and the other 12 hour. Three hospitals are almost equal distance with Memorial, Doctors and Emanuel being available. They employ 52 dedicated people. Only 6 are fulltime with the remaining per diem, part time employees. Barry Hurd joking disclosed that the saying goes in the company, that if you want a full time position, then you have to wait for someone to die. The newest full time employee has over 8 years, with the longest over 24 years, which stands as a testimony to what kind of company they must be to work for. The organization is led by a five member board of directors with Chad Vargas as their CEO. The district also staffs a health care clinic in Patterson. Barry says they have the boiler-plate mission statement that is common to many organizations, but proudly feels "Excellence in EMS" fits all the team members perfectly.

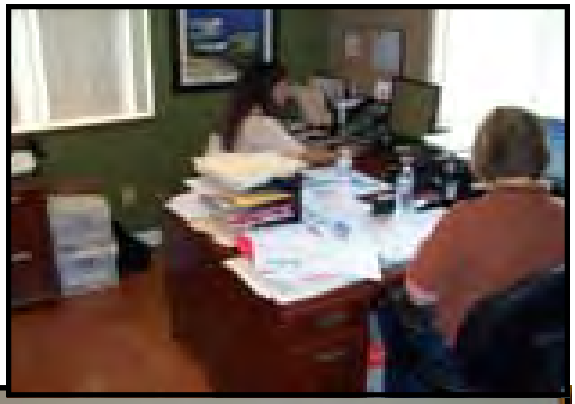
The district started out as a hospital district in 1946, and then they purchased Patterson City Ambulance in 1975, thus launching their big start in the ambulance business. It was a BLS transport service to start, but quickly developed into ALS in 1978. A special tax measure was attempted in 1984, where it missed the mark by only one vote. They tried again for a successful attempt a year later.

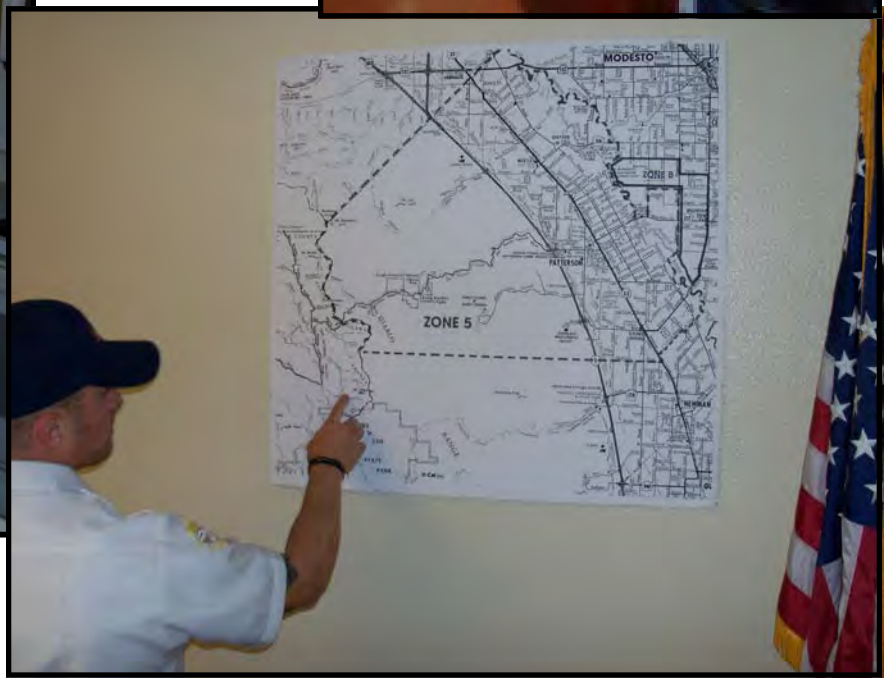
I also talked to Chris Hutson, a CCT paramedic with Patterson, which works for Mercy Air as well. I asked about the CCT part and he admitted that is how he is able to work for Mercy Air. He conveyed his pain of the long hard program he had to accomplish before becoming a CCT Paramedic. Evan Franks was working with Chris the day I visited and he had recently finished Paramedic School and was attempting to get his five calls in. He also works for Paramedic Plus.

Visiting Patterson Ambulance made me feel like I was visiting a full time fire department. I mean this in a positive way. The style of the station, the uniforms (white shirts with patches and badges), the kitchen, and the quarters, all reminded me so much of my own fire career. I just felt like I was visiting an old friend.

Above - Paramedic Evan Franks shows off sandwiches for lunch. These guys eat quite well!

To the right - Yumi Edwards and Kathy O'Day are both Administrative Assistants, plus Kathy serves as Clerk of the Board as well.





Above - Chris Hutson pointing on the map to the Patterson Ambulance District .

Above - Chris Hutson making sure all is working well on his ambulance

To the right - Cherie Swenson hard at work as the Human Resource Manager.

EMS Personnel Training Requirements to Incorporate New National Standards

California will be implementing changes in training hours to incorporate the new National Standards.

As California moves closer to implementing changes that will reflect the new "Emergency Medical Services Education Agenda for the Future: A Systems Approach" from the National Highway Transportation Safety Administration, the EMS Authority is revising the EMT and Advanced EMT Regulations to adopt the new education standards and instructional guidelines.

In addition to adopting the education standards and instructional guidelines, the minimum hours of training will also be changed. The proposed changes for EMT training hours are increased from the current minimum of 120 hours to 160 hours. The revisions to the EMT regulations coincide with the National Registry of EMTs transition of their EMT examination to the new instructional guideline content. This transition occured on January 1, 2012.

Due to unavoidable scheduling issues the Instructor's Meetings scheduled on Wednesday, April 25, 2012 have been POSTPONED. Once a new date and time is confirmed, notification will be made to all Educator's via email.

Need to Recertify?

The Agency will accept complete applications during the following hours:

Monday	10am-12pm & 1pm-4:30pm
Tuesday	8am-12pm & 1pm-4:30pm
Wednesday	8am-12pm & 1pm-4:30pm
Thursday	8am-12pm & 1pm-4:30pm
Friday	8am-12pm

MVEMSA going GREEN!

- The Agency no longer mails out reminder cards or applications for recertification. Please go to our website and print the appropriate documents to complete your recertification.

  www.mvemsa.com

- The Agency newsletters will be distributed via email and posted on our website for you to read. We request that providers also post for employees. If you do not have internet access please contact the Agency to have a hard copy sent to your mailing address.

PLEASE ensure that we have your most current email address!

MOUNTAIN-VALLEY EMERGENCY MEDICAL SERVICES AGENCY
AWARDS PROGRAM

Nomination forms are available at the Mountain-Valley EMS Agency or on our website at www.mvemsa.com. EMS providers, supervisors, and managers are encouraged to watch for outstanding performances by their staff, and to nominate any individual for recognition in the appropriate category.

AWARDS REVIEW PROCESS

The Awards Review Committee will review the nominations including all supporting documentation; submit recommendations to the Agency Medical Director, who will make the final selection and presentation of the EMS Awards.

CATEGORIES OF AWARDS

There shall be a maximum of one award per year in each of the following categories. **The EMS awards presentation will be at Downey Park during the EMS BBQ – Sunday, May 20, 2012.**

- **FIRST RESPONDER OF THE YEAR**
- **EMT OF THE YEAR**
- **PARAMEDIC OF THE YEAR**
- **EMD OF THE YEAR**
- **MICN OF THE YEAR**
- **EMS EDUCATOR OF THE YEAR**
- **EMS PHYSICIAN OF THE YEAR**
- **EMS ADMINISTRATOR OF THE YEAR**

ELIGIBILITY

Eligible nominees for these awards include the following EMS personnel who have made a special contribution to the community or EMS system through such activities as EMS response, systems development, continuing education, quality assurance, medical community liaison, etc.:

- ✓locally certified Emergency Medical Dispatchers, First Responders and EMTs,
- ✓locally accredited Paramedics,
- ✓locally authorized MICNs,
- ✓locally active EMS educators and EMS training officers,
- ✓local EMS physicians,
- ✓local EMS administrators, managers, and supervisors

NOMINATIONS

Nominations may be made by anyone. Describe the nominee's qualities and contributions to the local EMS service or system. Letters of support from fellow EMS personnel and local EMS administrators are encouraged. **All nominations and documentation must be received by the Mountain-Valley EMS Agency no later than Monday, May 14, 2012.**

NOMINATION FOR EMS SYSTEM AWARD

Nominee: _____ Rank/Position/Title: _____

Agency Affiliation: _____ Nominated for: _____ of the Year.

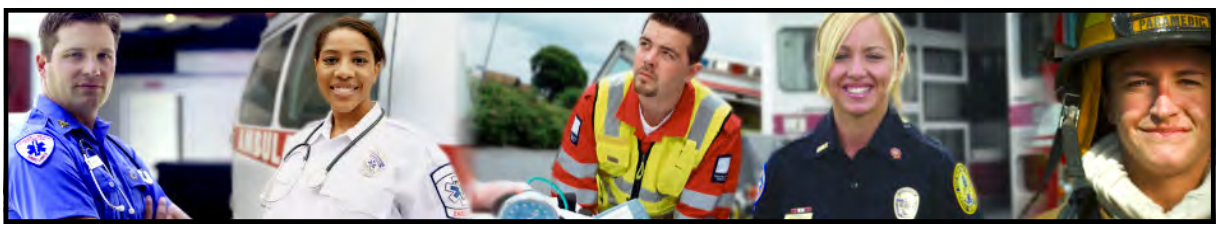
I hereby nominate the individual named above for the award indicated. **Documentation of the basis for this nomination is attached in accordance with the requirements of this program.** I certify that this information is true and correct to the best of my knowledge, and is provided based upon information personally known to me.

Nominated by: _____ Relationship to Nominee: _____

Address: _____

Phone # _____ Signature: _____

All nominations must be submitted to the Mountain-Valley EMS Agency, by U.S. Mail to 1101 Standiford Ave., Suite D-1, Modesto, CA 95350, fax 209-529-1496 or emailed to cmurdaugh@mvemsa.com.



NEW OFFICE HOURS: Monday - Friday 8:00am - 4:30pm

Office Closed: 12:00pm - 1:00pm

Mountain-Valley Emergency Medical Services Agency - (209) 529-5085

Richard Murdock	(*Executive Director*)	(209) 566-7203
Kevin Mackey M.D.	*(Medical Director)*	(209) 529-5085
Cindy Murdaugh	*(Deputy Director,Training/Communications)*	(209) 566-7204
Linda Diaz	*(Trauma System Coordinator)*	(209) 566-7207
Vasti DeFreitas	(QI Coordinator)	(209) 566-7211
Tom Morton	*(Data Systems / Disaster Preparedness)*	(209) 529-5085
Pat Murphy	*(Liasion - Alpine, Amador, Calaveras, Mariposa)*	(209) 566-7207
Marilyn Smith	*(Response and Transport)*	(209) 566-7205
Susan Watson	*(Executive Secretary / Financial Services Asst)*	(209) 566-7202
Joy Thompson	*(Receptionist)*	(209) 566-7201
Norma Cavanaugh	*(Data Registrar, Certification)*	(209) 566-7208

MVEMSA

1101 Standiford Ave

Suite D-1

Modesto, CA 95350

PHONE:

(209) 529-5085

FAX:

(209) 529-1496

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We're on the Web!

See us at:

www.mvemsa.com

Dated Material

Address Service Requested

MVEMSA
1101 Standiford Ave
Suite D-1
Modesto, CA 95350