



the SIREN

July 2013



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A Newsletter of the Division of Emergency Medical Services and the Emergency Medical, Fire, and Transportation Services Board
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www.ems.ohio.gov

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OHIO DEPARTMENT OF PUBLIC SAFETY
SAFETY • SERVICE • PROTECTION





The SIREN



Beyond Lights and Sirens: Mel House, Executive Director, EMS



We continue to evaluate and streamline the Division of EMS operations in order to ensure the best possible customer service to our constituents, Ohio's fire, EMS, medical transportation, and trauma system providers. The following is a status report on Division initiatives:

The merging of Ohio Medical Transportation Board operations into the Division of EMS is complete. The Division of EMS is now a "one-stop-shop" for emergency medical care and transportation, including vehicles, aircraft, equipment, personnel certification, accreditation of training programs, data collection and analysis, complaint processing, investigations, and grants.

The merging of the EMS and medical transportation boards is currently underway, with 19 of the 20 board appointments completed by Governor Kasich. We anticipate the entire board to be seated prior to the first meeting scheduled for August 22, 2013. Division of EMS staff and the Ohio Department of Public Safety (ODPS) Special Projects / Process Improvement Team have been traveling the state, meeting with

owner/operators of medical transportation firms to better understand the issues facing medical transportation providers. This information will be used to improve licensing processes.

A complete revamping of Division of EMS Information Technology (IT) systems is underway, a joint project of Division of EMS staff, the ODPS Special Projects / Process Improvement Team, and ODPS IT. Revamping will start with fire testing, then will work through revamping fire and EMS certifications, investigations, medical transportation, education, grants, and audits. The revamping includes online application submissions, as well as upgrades to improve accuracy of information and staff efficiency.

On November 8, 2012 the Division of EMS entered into a contract with Digital Innovation to provide new data systems for the Ohio Trauma Registry (OTR) and the EMS Incident Reporting System (EMSIRS). The project is funded by NHTSA Highway Safety grants. Implementation of the Ohio Trauma Registry is underway. We will soon be ready to accept Web entry of hospital records with full implementation by year end. We are currently testing the EMSIRS side for electronic uploading from record management systems. EMSIRS implementation will be fully implemented in the second quarter of 2014. By analyzing data we will be able to improve patient care and EMS operations. An example of this is our Geriatric Trauma Triage. Our new system is designed to help us link pre-hospital records with trauma hospital records to get a clearer picture of patient care. In addition, the new system will meet national standards in data collection, National EMS Information System (NEMSIS) on the EMS side and National Trauma Data Bank (NTBD) on the hospital side.

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Finally, on the IT side, we have been awarded a \$200,000 grant from State Traffic Safety Information System Improvements Fund to upgrade the current Trauma Rehabilitation Registry. The upgrade, coupled with the EMSIRS and OTR improvements will provide an opportunity to view the continuum of care of trauma patients in Ohio from pre-hospital scene to discharge.

Other notable activities at the Division of EMS include:

By January 1, 2013 all EMS education programs at the paramedic level were required to apply for national accreditation (Substitute H.B. 128) as mandated by the National Registry of Emergency Medical Technicians (NREMT). The EMS Board recognized the process to become a nationally accredited site is costly; so included in the passage of Substitute H. B. 128 (129th General Assembly) is a process to allow for EMS grant funding to help offset the expense. Out of fifty Ohio paramedic programs, nine are currently accredited, thirty-two have applied for accreditation, and five have verbally committed to complete the accreditation process.

Five year fire training and education rule review of Chapters 4765-11, 20, 21, 22, and 23—Rule revisions were drafted by the Division with input from the Fire Fighter and Fire Safety Inspector Committee. Stakeholder input was solicited and the draft rules were submitted to the Common Sense Initiative Office in June. Submission to JCARR is estimated for September with a late fourth quarter effective date.

A revamping of the ODPS Division of EMS Web site is underway. We anticipate the Web site will be ready for posting within the next four to six weeks. We ask that you be patient as we attempt to update the information and make the site more user-friendly.

For those who have called the Division of EMS the over the last two months you may have noticed that instead of an automated answering system, your calls are now answered by a Division customer service representative.

Please take time to read further in this edition of the SIREN regarding Division of EMS changes. If you need additional information, go to the website: <http://ems.ohio.gov> and click on “Ask EMS”.

Finally, the Board and Division appreciate stakeholder insight and input into state EMS, fire, medical transportation, and trauma issues. Please seek out a representative on the Board, contact the Division of EMS, or better yet, attend a Board meeting.



Bruce Shade
Chairperson, Ohio EMS Board

Message from The EMS Board Chair

Writing this article for the Siren is bittersweet for me. As you may be aware, I have taken a position as assistant safety service director for the City of Elyria. For this reason I will not be serving on the Ohio EMS Board, once the consolidation of the Ohio EMS Board and the Ohio Medical Transportation Board takes effect July 1st. As I love my new job and feel I can make a real difference in Elyria, a city of over 54,000 citizens, I am excited about the future. But at the same time, I am saddened to leave the EMS Board. Please know that I feel honored and privileged to have been afforded the opportunity to serve on the EMS Board for the last 2 ½ years. I have observed the work and energy that my fellow Board members have invested in making EMS in Ohio better. What a great group of people! Ohio is well served by this group of dedicated professionals who volunteer their time.

Certainly, the big upcoming change for the Board is the consolidation. Whether in agreement or disagreement with the idea, the EMS Board and the Medical Transportation Board will become one. The good news is that there will be a more equal representation for all the EMS providers in Ohio. Ultimately, what should happen is that the Ohio Emergency Medical, Fire, and Transportation

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Services Board will not limit its view to just the delivery of EMS, but now will focus on all aspects of EMS and the medical transportation of patients. My belief is that this will be a more holistic, and hopefully, a better approach.

As with any change, there is a lot of work to be done. I commend Director House, the leadership, and staff of the Ohio Division of EMS for their tireless efforts during these challenging times. Not only do they need to keep up with the everyday demands of their work, they also have to bring the Medical Transportation Board administrative functions into the Division. All of Ohio can rest assured that we have top notch personnel at the Division leading this transition.

Having served in emergency services as a volunteer firefighter/EMT, paramedic, supervisor, and commissioner for a large urban third service, as a part-time firefighter/paramedic for two cities, and as director of operations for a private ambulance company, I offer the following observations:

- 1) No matter what EMS delivery model is employed (public, private, fire-based, third service, volunteer), the primary mission must be the delivery of timely, quality, and affordable care and transport.
- 2) The providers of the service agency (meaning those providing the care) should be paid a decent, competitive wage for the work they do.
- 3) Profit should not be allowed to exceed cost to the extent that those in need, particularly the least advantaged, are forced to pay excessive fees.
- 4) Employee (whether at provider or leadership level) salaries should not be inflated to the point that the public is taken advantage of.
- 5) Politics should never play a part in determining the service provider. It should always be based on the point I make in # 1.
- 6) Monopolies are not good for business, nor are they good for EMS. Competition drives improvement.
- 7) The standards for all providers should be the same, irrespective of the provider model. How that is demonstrated, whether it be licensure or some other means, is irrelevant.

As the new board takes effect and moves forward there are ample challenges and opportunities. Among those that will likely improve the quality of care for the citizens and visitors to Ohio are the focus on Time Critical Diagnosis and Community Paramedicine. Both these initiatives began under the current board and will continue to the new board. Many other old and new issues will be part of the new board's agenda.

Having said all that, it is time for me to close this conversation. Know that my heart is with all of you as you do this very important work. For those traveling through Elyria, feel free to stop by and say "Hi." As they say in the commercial, "I will leave the light on."

Is the Scene Really Safe?

Is The Scene Really Safe?

From the first day of class at an EMS education institution, scene safety is emphasized in every classroom, incorporated into mock skills, and real emergency response scenarios. The assessment of scene safety is important for the EMS provider, but also for the patient. During the assessment of a trauma patient, the observation of a broken steering column is vital information that should be recorded on the pre-hospital patient report and conveyed to the receiving medical facility. The physical damage of the vehicle may be an indicator of the severity of the impact and, potentially, an increased acuity of injury to the patient. Likewise, the scene assessment is critical when EMS providers enter a patient's residence.

The EMS provider is the primary party in the emergency care system that has the opportunity to witness and record the condition of the residence, the initial interaction of the family or caregiver with the patient, and potential dangers lurking within the patient's environment. Although EMS was not involved, the recent discovery of three young women held hostage in a Cleveland home for a decade causes one to ponder. If dispatched to the scene for a medical complaint, would an EMS provider have noticed dead bolt locks on interior doors, multiple windows covered with boards, or an odd demeanor or evasive behavior of the residents?

Pre-hospital providers are in a unique position to identify potential abuse due to the ability to assess the scene and are often the first party to observe signs of maltreatment. This includes child abuse or neglect, elder abuse or neglect, and human trafficking. According to the latest CDC (Center for Disease Control and Prevention) statistics, the estimated incidence of child maltreatment is 9.2 per 1,000 with the highest rate of victimization occurring in children younger than 1 year of age. Approximately 80 percent of the perpetrators are the child's parents, and the estimated fatality rate for pediatric victims of maltreatment is 2.1 per 100,000 children.

Accurate data is less available for elder maltreatment due to multiple factors. The victims are adults who may be reluctant to report the crime due to emotional or financial reliance on the abuser, fear, or a sense of increased vulnerability after reporting abuse especially if the abuser is the primary caregiver or a healthcare provider in a long-term care facility. The types of elder maltreatment

include abandonment, emotional, financial, physical, sexual, or neglect. The U.S. Department of Health and Human Services' National Center on Elder Abuse has identified research that indicates that approximately 90 percent of elder abusers are family members with higher rates occurring in care providers who feel burdened by their care giving responsibilities, have psychiatric illness, or abuse drugs or alcohol. Patients with dementia are at the greatest risk of abuse with approximately 50 percent having experienced maltreatment by their caregivers.

Human trafficking is the illegal trade in human beings for the purposes of involuntary commercial sexual exploitation or forced labor. According to the U.S. Department of Justice, it is the second fastest growing criminal industry in our nation with drug trafficking maintaining the lead. In 2010, the U.S. Department of Homeland Security launched the Blue Campaign which created resources for a broad spectrum of stakeholders, including EMS, to combat human trafficking. These resources include education, avenues for reporting victim assistance, and training modules to enhance public and stakeholder awareness.

A patient who is withdrawn or is accompanied by an overbearing person who speaks for the patient may be the only subtle sign of maltreatment exhibited when a patient arrives in an emergency department. The report of squalor, unusual social dynamics, physical restraining devices, or lack of food or utilities at a patient's residence is valuable information that EMS can convey, especially for the victims of maltreatment without physical signs of injury. As we recognize the need for scene safety before entry, let us also recognize the value of a safe scene for the patients under our care.

Carol A. Cunningham, M.D., FAAEM, FACEP
State Medical Director
Ohio Department of Public Safety, Division of EMS

Courage, Character, Commitment and Competence

Courage, Character, Commitment and Competence

By Steve Kimple
Everyone Goes Home® Advocacy Manager

Many years ago, a group formed to work for a common cause. They wanted to protect their people against the wrath and fury of both man and nature. They believed that their goal was worthy and their patience endless. Those honorable people stayed and swore their allegiance and became the core of the new society, and they developed a code of behavior that became the tenets of their mission. They were known as The Knights of the Round Table.

Whether King Arthur and the Knights of the Round Table actually existed centuries ago, or they were a well written fable, is debated to this day. But the code of conduct, values and tenets that guided the society may be timeless.

A few years ago another group formed, also to work for a common cause: the elimination of preventable firefighter line-of-duty deaths and serious injuries. The Advocates of the Everyone Goes Home® Program have accepted the mission without reservation. Over the past eight years we have seen incredible changes. The Everyone Goes Home® program began as a holistic approach to educate the U.S. Fire Service about the 16 Firefighter Life Safety Initiatives and has developed into a multi-faceted, multiple project program that will have even more impact for years to come. There has been a marked decrease in the number of firefighter LODDs in the past three years, but the advocacy mission is far from complete.

Advocates are constantly changing roles between leading educational sessions, attending conferences and political events, and supporting National Fallen Firefighters Foundation's survivor programs. The advocates are also active in the Vulnerability Assessment Program (VAP), The Phoenix Society SOAR Program, and continuing development of the Courage to be Safe® (CTBS) and Leadership, Accountability, Culture and Knowledge (LACK) programs. Major projects related to behavioral health support and responding to violent incidents are nearing completion.

Many advocates participate in the National Fallen Firefighters Memorial Weekend in different capacities, ranging from family escort to logistical support. Advocates assist at the 9-11 Memorial Stair Climbs, golf outings, NASCAR and Hero Rush events. All advocates also work at their state level to imbed the 16 Firefighter Life Safety Initiatives into training curriculums and support community risk reduction programs. Like the Knights of the Round Table, the advocates tirelessly work on the mission of eliminating the preventable LODD of their brothers and sisters. In contrast, the advocates also have to balance their career and family responsibilities. It is an amazing responsibility and we are incredibly proud of their dedication.

Recognizing the similarities between the Knights of the Round Table and the Everyone Goes Home® Advocacy, the Order of the Sleepless Knights Award was created in 2010 to acknowledge the dedication, courage, commitment, and character of our brothers and sisters. There are less than one hundred members of the Sleepless Knights currently, and they include advocates, chiefs, firefighters, commissioners, and officers. They know who they are, but you may not.

We have respectfully translated and applied the code of the Round Table to the Sleepless Knights;

- We shall always set an example that others can replicate to success. We shall treat our brothers, sisters, and charges with respect and give assistance in their time of difficulty.



Courage, Character, Commitment and Competence

- We will never forcefully inflict our values on those who are contrary.
- We shall not deceive our brothers, sisters, or charges. We shall maintain the strength of character necessary to defend honor. If our assistance is requested we will respond promptly and perform based on the values of our order.
- We shall protect our brothers and sisters at all times regardless of the personal risk. We shall risk our own safety and livelihood, and if necessary, shall lay down our own life to save the life of our charges. We shall do what is necessary to make sure that our brothers and sisters are allowed to return to their families.
- We shall defend the weak and honor the strong of character. We shall attempt to lead a life of integrity, truth, vigilance, and honor.
- We shall understand and embrace the privileges we have been given. We will share that good fortune with our brothers, sisters, and charges. We shall always remember that we are the servants of our charges and continually demonstrate humility. Arrogance within our ranks shall not be tolerated.
- As the Order of the Sleepless Knights, we have united to ensure the safety of our community, our brothers and sisters, and our charges. This duty shall not be taken in vain. We will demonstrate the courage, character, and commitment necessary to complete our assigned tasks. The culture that we have created allows us to make a positive change in our service.
- We understand that we may not be able to affect change in the values of our charges, but we shall not allow our standards to wane.

There are many similarities between the story of Camelot and the Advocacy of the Everyone Goes Home® Program. The traditional values of the fire service in regards to sacrifice, honor and duty are imbedded within the 16 Firefighter Life Safety Initiatives. Both Camelot and The Sleepless Knights are comprised of people that are expected to be a visionary example of leadership. Both are comprised of members that have sworn to protect their fellow members. Both organizations revolve around a central core of committed members: in the King's world it is the Knights of the Round Table, in ours it is The Order of the Sleepless Knights.

The Order of The Sleepless Knights is a small and exclusive group. Membership is not given out as a trinket. It is meant to symbolize the dedication and commitment to increasing the competence, character, courage and decreasing the complacency of our service. This membership, and evidence of, is reserved for a select few.

During the 2013 National Fallen Firefighters Foundation's Survivors and Fire Service Conference a new group of advocates will be added to the Order, celebrating their courage, commitment, character and competence. They will receive the latest edition of the award which will include artwork by firefighter artist Paul Combs. It is an honor to be part of the mission of the 16 Firefighter Life Safety Initiatives and the National Fallen Firefighters Foundation, and it is my privilege to honor the work of such a committed group.

Permission was granted by the author to reprint this article.

Need a simple way to track your EMS and/or fire continuing education credits?
Go to http://ems.ohio.gov/ems_ce_tracking.stm and follow the instructions for the CE Tracking System.
Remember to keep all documentation for your credits.

Ohio EMS for Children Program

Over 40 percent of all Basic Life Support Squads in Ohio Fail to Carry Protocols

The Ohio EMS for Children Program surveyed EMS agencies in 2010-11 to collect information about pediatric medical direction and pediatric equipment as part of the federal EMS for Children Program's performance measures. One question within the survey was whether an EMS agency had adopted protocols that included care of pediatric patients, and whether those protocols were available at the scene of an emergency. While over 93 percent of agencies operating basic life support (BLS) ambulances indicated they had adopted pediatric protocols, only 58 percent indicated that those protocols were available in written or electronic form at the scene of an emergency. (Over 95 percent of agencies operating advanced life support (ALS) ambulances indicated their protocols were available at the scene.)

Off-line medical direction, i.e. written or electronic protocols, helps to standardize pediatric patient assessment and care based upon current pediatric clinical recommendations and evidence-based guidelines. **The availability of these protocols at the scene of an emergency ensures that pre-hospital providers have a resource available to them from the time of dispatch through patient transport to a definitive care facility, enhancing patient care and safety.**

Reasons for having pediatric protocols available at the scene of an emergency include:

- New or less experienced pre-hospital providers may need to refer to protocols more often
- Pre-hospital providers working for multiple services may have different protocols for each service
- Pediatric patients may cause some pre-hospital providers additional stress and may elicit a stronger emotional response, making the availability of written protocols more necessary to effectively manage the situation
- Pediatric patients make up a very small percentage of the total number of responses, making it likely that many pediatric procedures, including taking vital signs, are not practiced often enough to remain familiar to providers
- Severely ill or injured pediatric patients make up an even smaller percentage of the total number of responses, and skills at providing life-saving procedures, such as airway management, may be "rusty" as a result

The federal EMS for Children Program's target for each state is for at least 90 percent of all EMS agencies to have pre-hospital pediatric care protocols available at the scene of an emergency. The State of Ohio EMS Pediatric Guidelines and Procedures Manual is a resource for EMS medical directors, and is available at the Ohio EMS for Children website, http://ems.ohio.gov/emsc/emsc_index.stm. Nevertheless, written or electronic protocols are only helpful at the scene of an emergency if they are available at the scene. Please discuss this topic with your EMS medical director and EMS coordinator or chief.

Find all the forms you need in one click! EMS, Fire, Instructor, Grants, Training and more are all at:

http://ems.ohio.gov/ems_forms.stm

Fire Practical Skills Testing Update

Fire Practical Skills Testing Update

The Firefighter and Fire Safety Inspector Training Committee approved the following format for practical skills testing:

Firefighter I practical skills examination will include 7 mandatory skills and 3 random skills.

- Firefighter II Transition practical skills examination will include 3 mandatory skills and 1 random skill.
- Firefighter I and II practical skills examination will include 10 mandatory skills and 4 random skills.

The Committee, understanding the significant logistics issues and costs associated with six of the skills, has approved “flip-the-switch” for instruction and testing of those skills, whereby the skills can be taught and tested on the same day. All other skills must be tested at the end of the course.

The following practical skill sheets have been approved for the “flip-the-switch” method:

- Skill 8-1 Passenger Car Fire
- Skill 10-1 Search and Rescue
- Skill 13-1 Interior Structure Fire Attack
- Skill 24-1 Ignitable Liquid Fire
- Skill 25-1 Flammable Gas Fires
- Skill 26-1 Vehicle Extrication

The practical skills testing will be mandatory upon the effective date of the new fire rules. Fire charters interested in conducting the practical skills testing may voluntarily take advantage of this option prior to rule implementation. If interested please contact Doug Orahood, State Fire Coordinator to discuss the process. You must have instructors that have completed the Evaluator Training Program to be eligible.

EMS administrators, Fire Chiefs, Officers and administrative staff: **Make sure** you know you have **certified** personnel on the street! Verify Ohio EMS and Fire Certifications of every member of your department at:

<https://www.dps.state.oh.us/certrenewal/Verification.aspx>

2013 The Ohio Fire and EMS Expo

Columbus, Ohio
SEPTEMBER 25-27, 2013



2013 The Ohio Fire and EMS Expo

The Division of EMS is supporting the 2013 Ohio Fire and EMS Expo Educational Conference and Exhibition. This conference offers EMS and fire instructors an opportunity to receive state updates as well as instructional CEU's.

The Ohio EMS and Fire Expo is offering a discounted price for this year's conference. The Fire and EMS program director updates will be free to anyone who wants to attend. There will be additional instructor classes at the reduced instructor rate of \$105 for the full conference. This is discounted from the regular full conference price of \$155.

Please visit <http://www.ohiofireexpo.com/> to see some of the educational offerings.

Contact Doug Orahood, Fire Testing Coordinator, if you have any questions at 614-752-3960 or dorahood@dps.state.oh.us.

Fire Initial Certification Applications

The Division of EMS Certification Section would like to send a reminder that program directors only need to send in a paper initial fire certification application if there is an error during the web based test administration. To verify if an individual needs to submit paper applications please verify their certification status on the Certification Verification at:

<https://www.dps.state.oh.us/certrenewal/Verification.aspx>

Please do not submit the paper application for those that are in an active status in the database. If you have questions, please contact Jean Booze, Certification Coordinator, at 800-233-0785.

Don't forget to take the Ohio Trauma Triage Course! The completion of a course on Ohio trauma triage is a MANDATORY component of the continuing education in trauma issues that is required during each certification period for all Ohio EMTs, AEMTs and Paramedics.

There are two ways to achieve this training. Attend a class in your area that is offering the Ohio Trauma Triage training or go to http://ems.ohio.gov/ems_pstc.stm to register for the Public Safety Training Campus.

New Online Continuing Education Course

New Online Continuing Education Course Available

A new online EMS CE training course has been posted. Ohio EMS CE credit is now available from the Ohio EMS Online CE Training Program, for a new course, **The 12-Lead EKG Training program**.

This training program is conducted through the Ohio Public Safety Training Campus at this link: http://www.ems.ohio.gov/ems_pstc.stm or available from the Ohio EMS home web page www.ems.ohio.gov under "Online Services" and then click on "EMS Online CE Training."

The new course is designed to assist EMS Providers obtain online CE credit, and specifically with their understanding of 12-Lead EKG's.

Successful completion of the course, the written test and the course evaluation, will allow the participant to print out a certificate of completion for 2 hours of cardiology EMS CE credit, towards Ohio recertification hours required. There is no charge for this course.



DON'T LET YOUR OHIO CERTIFICATIONS EXPIRE!

Want to check your EMS and/or fire certification status 24/7?

Go to <https://www.dps.state.oh.us/certrenewal/Verification.aspx>, then enter either your certification number or Social Security number and click on "**Search**".

New Web Based Testing System

New Web Based Testing System

The Division of EMS is ready to launch the new EMS Web-based Testing System after making many enhancements from the current EMS Web Based Testing System. Some of the enhancements are:

- Electronic Test Request
- Proctor / Administrator Access
- Practical Skills Testing
- Student List Report
- Automated Student Username
- Redesigned Student Report
- Search Student Information with SSN and Birthdate



To prepare for the new EMS Web Based Test System, Program Directors need to have proctors register for the EMS Test Proctor Application through the ODPS Account Center. Please go to the following link to register for the application:

<https://ext.dps.state.oh.us/AccountCenter/Pages/Public/Login.aspx>

Program Directors should ensure that proctors complete the application including the fire charter name and number. Once proctors are registered and have selected the EMS Test Proctor application in the Account Center, the Division of EMS will approve their access as a Proctor or Administrator in the new system. Please remember no certified fire or EMS personnel may proctor the examination. Program Directors may have Administrative rights, but will not have access to the examination password.

REMIND PROCTORS to write down the username and password established on their application, as this will be the same as their EMS Proctor username and password.

If you or your proctor have already registered through the Account Center for the EMS Test Proctor application, you do not need to register again. Please verify your username and password are still operational and valid if you have not used it recently.

Once proctors are approved and/or have verified their account information, they can log into the EMS Test Proctor site through the Ohio EMS website, <http://www.ems.ohio.gov>.

If there are any questions or concerns regarding the EMS Web Based Testing System, please contact the Office of Fire Services at 800-233-0785. Program Directors should make sure their proctors are registered today.

Fire Safety Inspector Examination

The Fire Safety Inspector examination has been updated to the 2011 Ohio Fire Code. This examination can only be requested through the new EMS Web Based Test System. If you have questions regarding the testing process please contact the Office of Fire Services at 800-233-0785.

Upcoming Events

Ohio Fire and EMS Expo September 25-27, 2013

Greater Columbus Convention Center, 400 N. High St., Columbus

Cost varies based on number of days registered; see website for more information.

Registration Deadline: Registration accepted until classes are filled; discount before September 5.

For more information or to register, go to <http://ohiofireexpo.com/index2013.shtml>



Wayne County Regional Fire School September 28-29, 2013

OSU/ATI Skou Hall, 1328 Dover Rd., Wooster, and
WCFRA Regional Training Facility, 2311 S. Millborne Ave., Apple Creek

One day fee: \$50; two day fee: \$100
Fire and EMS CE available

Registration Deadline: Registration accepted until classes are filled

For more information or to register, contact Ardetta Romanchik, Wayne County Regional Fire School secretary, at 330-465-6273

Additional information at <http://www.wcfra.com/fireschool/schedule.html>



Please provide information about upcoming educational conferences to Joe Stack at jestack@dps.state.oh.us. Submissions must be received by September 1 for consideration for the October issue.