Director’s Welcome
By Marty Link—EMS Director

Welcome from the Office of Rural Health’s EMS Program. We are happy to share the final 2017 edition of PULSESD with you. I wanted to thank all who have contributed to and have made this newsletter successful. PULSESD continues to hold value as a means of effectively communicating key information from the EMS Program, essential stakeholders and valued partners.

Many of you who have followed the EMS Program’s efforts of the past several years understand that in order to be successful and accomplish great things, you need an effective team, trusted partnerships and frankly—open dialogue. We hope you feel welcome to share your thoughts, questions, concerns, ideas and successes with us—just as we do with each of you.

This year has proven to be another extremely busy year for the EMS Program; a few key accomplishments include:

- Successful legislation introducing Emergency Medical Responder (EMR)
- Successful passage of Administrative Rules for EMR and new ambulance equipment standards
- Dedicated air to ground radio communication channels
- Procurement of a new electronic Patient Care Reporting (ePCR) software—ImageTrend
- Administration of Naloxone Project including training and distribution
- EMT class in high school initiative
- Technical assistance partnership with the South Dakota Ambulance Association

(Continued on page 2)
Director’s Welcome—Continued
By Marty Link—EMS Director

The EMS Program continues to focus on key areas identified by the 2015 EMS Stakeholders group. The four topical areas included ongoing development of EMS workforce, sustainability, quality and infrastructure. Much of the work the EMS Program has focused on over the past several years stemmed from each of these areas.

Throughout this year, the level of, request for and necessity of technical assistance support visits have increased dramatically. Many ambulance services are starting to see the greater impact of declining volunteerism, continued proliferation of bedroom communities and an aging workforce. One thing that keeps me up at night is the concern for quality ambulance service coverage across South Dakota.

Ensuring access to ambulance services is a complex, economically challenging, interconnected web—there is no one single, simple, silver bullet answer. This process will endure continuously as EMS evolves into a more sustainable model in South Dakota. These efforts to provide long-term sustainable, reliable and viable ambulance services will take the strength of all key stakeholders in the healthcare industry.

Please enjoy the remainder of this edition of PULSE.SD. We thank you for taking the time to read, review and ponder the content within.

Lastly, thank you again for all of your successful contributions to EMS in South Dakota.

Sincerely,

Happy Holidays

EMS.sd.gov
EMS Leadership Courses
By Marty Link—EMS Director

The South Dakota Office of Rural Health’s EMS Program is providing 2-day EMS Leadership Workshops in Rapid City, Pierre and Sioux Falls in early 2018. These workshops are for ambulance service leaders and managers and will be a time of learning, discovery and networking.

These engaging interactive sessions will:

- Strengthen your ability to lead your agency
- Provide a format for exchanging ideas and best practices
- Create an opportunity to present and work on specific challenges
- Explore the latest in EMS workforce development
- Host a forum for dialogue between ambulance service leaders and state leaders
- Provide important information on the Naloxone Project

The workshops will be facilitated by Aaron Reinert, John Becknell and Tom Nehring and will complement the concepts presented in the EMS Leadership Academies. Sessions will be held at meeting facilities in Rapid City, Pierre and Sioux Falls.

Please plan to attend one of these 2-day sessions. The 2-day sessions will run from 9:00 am to 5:00 pm and are free of charge. Lunch will be provided each day. Each ambulance service is welcome to send two members. Participants or their agencies will be responsible for travel and lodging expenses.

**Dates:**

March 2-3, 2018
The Rapid City Hilton Garden Inn
815 E Mall Drive
Rapid City, SD 57701

April 20-21, 2018
The Sioux Falls Homewood Suites
3620 W Avera Drive
Sioux Falls, SD 57108

May 4-5, 2018
The Pierre ClubHouse Hotel & Suites, at The RedRossa
808 West Sioux Ave
Pierre, SD 57501

Space is limited, so please register soon by going to [EMS.sd.gov](https://EMS.sd.gov) and clicking on the “2018 Leadership Workshops Registration & Information” link on our homepage (in red print near the top of the page).
SD Naloxone Project
By Marty Link—EMS Director

The South Dakota Department of Social Services (DSS) recently received a grant award similar to many other states to combat what has been called a nationwide opioid epidemic. As part of South Dakota’s target response to this epidemic, the Department of Health (DOH), in collaboration with DSS, has established training sessions to equip and educate first responders including hospital staff, Emergency Medical Services and law enforcement—specifically local Sheriff Offices, local Police Departments and Highway Patrol agencies statewide.

Eight regional training sessions were scheduled across South Dakota from October to December of 2017. As of this writing, 550 first responders representing EMS, law enforcement, and other healthcare personnel have been educated on Naloxone and approximately 490 doses of Naloxone have been distributed. By the end of 2017, the EMS Program will have distributed over 500 doses of Naloxone during this first phase of the project.

For additional information regarding the Naloxone project, please visit EMS.sd.gov.

EMS and the Custer Fire
By Julie Smithson—Western EMS Specialist

On December 11, 2017, a fire started in Custer State Park by a fallen power line. The condition of dry land and wind caused this fire to grow over a number of days. Numerous firefighters fought the Legion Fire for over a week, which burned over 54,023 acres. Behind the scenes, South Dakota Emergency Medical Services (EMS) were on standby to assist in any medical emergencies. For a week, various ambulance services covered the standbys not only during the days, but also for five nights.

Most EMS shifts were covered by Keystone Ambulance Service and Custer Ambulance Service, but Sturgis Fire & Emergency Services and Spearfish Emergency Ambulance Services provided some relief to the main services. As the EMS departments provided standbys, they also remained available for 911 and transfer calls.

Great job, EMS!
EMT Renewal  
By Bob Hardwick—EMS Program

Beginning January 2nd, the South Dakota EMS Program will be accepting EMT recertification applications for those expiring in March of 2018. EMTs can renew two ways: 1) online at EMS.sd.gov or 2) by mailing in the paperwork to SD DOH, ORH/EMS, 600 East Capitol Ave, Pierre, SD 57501.

Please ensure all training meets the new NCCP standards.

Recertification requirements:

- Applicant information
- Mandatory hours or National Registry card
- Record of additional continuing education hours or National Registry card
- CPR/AED verification

Please note: Renewing your National Registry does not auto-renew your State EMT Certification. You must still recertify your State EMT.

For more information, please visit EMS.sd.gov.

Questions? Call Bob at 605-773-4031 or email Bob.Hardwick@state.sd.us.

South Dakota Western EMS Specialist  
By Julie Smithson—EMS Program

I would like to take this opportunity to introduce myself. My name is Julie Smithson, and I am the new Western EMS Specialist for South Dakota.

I have lived in Nebraska all my life before moving to Rapid City. Prior to this job, I was the South Central then later the Southeast EMS Specialist with the State of Nebraska for a total of 13 years. I started in EMS as an EMT with a small volunteer service in 1991. I am currently licensed in Nebraska as a paramedic and have my certification from National Registry. I am also a National Registry Representative.

I am married with 5 children and 12.5 grandchildren. My husband is a retired law enforcement officer. I have a dog adopted from a rescue and a cat adopted from a shelter. We have always enjoyed vacationing in the Black Hills, especially since Dick calls this area home. We are excited about making it our home.

I look forward to learning all about the EMS services in western South Dakota and developing a long time partnership with each. I am excited about this new adventure with serving South Dakota EMS.
South Dakota State Trauma Treatment Manual Validation Questions
by Rebecca Baird, RN, SD Trauma System Manager and EMS Specialist

1. You are caring for an adult trauma patient who has been involved in a MVC. Your patient is conscious and alert, but has shallow respirations at a rate of 32/min. You should consider your patient may have:
   A. Impending airway obstruction
   B. Injury mechanism associated with respiratory failure
   C. Severe pain impacting breathing
   D. All of the above
   E. None of the above

2. Patients taking anticoagulation medications who are injured may equal “trouble”. Examples of medical anticoagulants are:
   A. Xarelto (Rivaroxabaun), Pradaxa (Dabigatran)
   B. Effient (Prasugrel), Pletal (Cilostazol), Eliquis (Apixaban)
   C. Brilinta (Ticagrelor), Plavix (Clopidogrel)
   D. Coumadin (Warfarin), ASA, and all of the above

3. The severity of cold injury depends on temperature, duration of exposure, environmental conditions, amount of protective clothing and general state of health:
   A. False
   B. True

Answers: 1) d, 2) d, 3) b

WebCur
By Marty Link—EMS Director

As noted in my opening remarks, the EMS Program has been extremely busy customizing a new electronic Patient Care Reporting (ePCR) system. Lance will be covering the details of ImageTrend in his article, but I wanted to emphasize that effective January 1st, 2018, ambulance services will no longer have access to the old Med-Media (Intermedix) platform, including the web component WebCur. Lance has provided all EMS service directors with specific instruction on how to extract electronic patient care reports from Intermedix. It is essential directors read over the instruction letter, extract all records and maintain them in a secure location. Per EMS Administrative Rule, run reports need to be retained for up to seven years or if an individual is a minor, they must be kept until the patient’s age is 21. Ambulance services should refer to their operational guidelines regarding local practices.
WebCur ePCR Backup Instructions
By Lance Iversen—EMS Program

This info page will help guide you to backup copies of your EMS Run Reports from MedMedia WebCur (EMStat) if you wish. Please remember: Our contract with MedMedia ends December 31st, 2017 at midnight so it is likely you will not be able to log into your WebCur account after that date and all your data (run reports) will be gone and unrecoverable.

When you log into your account, you will see something like this (below), where you can put in your Start and End dates to generate all the run reports in the date range you specified. Suggestion: If your service does a lot of runs per year, it may be faster to search every 4 or 6 months instead of an entire year.

Once you put in your date range and click the “Run Report” button, all the runs will generate below.

Click the button that says “Check all PCRs” then in the drop down box to the right, select “Print Selected PCRs w/Billing Info

Once you do this, you may receive a pop-up box asking if you are really sure you want to print all those PCR’s you selected. Click “OK”

The system will begin populating all the PCRs for that date range. Once they are all done loading (in pdf form), and depending on your viewer, instead of Printing, you can select the Save button. When you do this, you can create a folder on your computer, name the file and then click Save. Your pdf viewer may be different than mine so you may have to play around with your settings to be able to save the files instead of printing.
ImageTrend
By Lance Iversen—EMS Program

We have had many training events for the State’s new ePCR system (ImageTrend Elite) over the past few months. If you have attended the training and been setting up your user accounts and your agency’s configuration…great job and thank you for being proactive. Some of you have gone live with the system so again, thank you!

If you have not gone through the training or have accounts set up, please let me know who will be your agency’s administrator(s) so I can create their account(s) so you/they can get going with the system. I will need the person’s first and last name, email address, what level of provider you/they are and their SD certification/license number.

We also have a group of super trainers (info sheet at end of this article) located across the state who will assist you with training and getting you ready to go live with the system (before January 1st, 2018), and also provide technical assistance to you after you go live.

Once you and your crews feel comfortable with the new charting system, you can go live with it (before January 1st). To practice on the system (demo/training), you can go to our ImageTrend website: https://southdakota.imagetrendelite.com/Elite/Organizationsouthdakota/ and type in Training1 for the username and Training2 for the password. This link and information, as well as other supporting documents can be found on EMS.sd.gov under “South Dakota ImageTrend ePCR”.

If you do any practice charts on your live system, please delete those charts before your agency goes live with ImageTrend. You can do this by opening the chart then clicking on the menu box at the bottom of the page and select Delete (Agency Administrators only have this access to delete charts).

If your service will not be using the State’s system rather a third party vendor for your ePCR, we are working on our Data Dictionary and Schematron. Once we get this completed, we will reach out to you and/or your vendors so they can begin setting up your accounts to transmit your EMS Run data into our repository.

If you or someone else works for two or more ambulance services, there is no need to create separate accounts for that person. He/She or the ambulance service director can contact me and let me know what services that person needs to be added to. Once I get it set up, when he/she logs into their account, they will have a drop down box where they can navigate between the services they work for with just one username and password.

Hospital Personnel Access – There is no need for you to create accounts for the hospital coordinators, DON, Trauma Coordinators, etc. to view your patient charts that go to their facilities. I have created accounts for these folks already with a permission that gives them access to all the charts that are marked by you or your crews with that hospital as a receiving facility. If there are other people the hospital wants to have this Hospital Viewer access, they can contact me and I will create an account for them.
Here are some of the main areas that are being missed when Agency Administrators are creating user accounts and configuring their agency settings.

In order for the crew members to show up in the ePCR, you need to put in their level (EMT, AEMT, etc.) and their SD certification/license number. If you have a driver, you can make up a number for them to put in this box but you cannot duplicate numbers. Example: Driver 1, Driver 2, D001, etc. For RNs, LPNs, etc., you would put in their SD nursing license number. Anything with a black circle and white i in it is required for this section:

**Certifications Tab**

![Certifications Tab](image-url)
ImageTrend Cont.
By Lance Iversen—EMS Program

Once you have that information in, on the Employment tab, be sure that under Other Duties as Assigned, Show in EMS Run Form is set to Active:

![Other Duties as Assigned]

It is also important to put in the person’s email address on the first tab, Demographics. This will allow the user to receive emails from within the system, like if you need them to go in and finish something on the chart, QA/QI notifications, etc. If they lock themselves out of their account or forget their password, they can click on the Forgot Password button on their login page and the system will send them an email with their new temp password to get in. If they don’t have an email address listed in their account, the Agency Administrator will have to go in and reset their password, etc.

Another important section we need the Agency Administrators to complete as soon as possible (before going live) is to go to your Resource tab, click on Vehicles & Call Signs and put your vehicle information in. Your Unit/Vehicle # can be the same as your Default Call Sign if your service does not differentiate between the two. If you’re not sure what to put in here, think about what you call yourselves when responding to a call with Dispatch. Do you refer to yourselves as Medic1, or your county number with a 9, etc. If so, that is what you can put in for each of the vehicles you have. When you complete these two boxes, be sure you click the green Save button at the top right corner of the page, then click the Back button and enter your other vehicles if you have more than one.
ImageTrend Cont.
By Lance Iversen—EMS Program

When you’re going through the system or doing a chart and you see a facility missing, please let me know so we can get that added. We have over 400 hospitals, clinics, nursing homes, rehab centers, etc. in the system so the list should be pretty complete, but there is always a chance we missed some. This also goes for supporting agencies. Another thing you may run across is the zip code City/County selection when you put in the patient location or address. If there is a zip code with only one county listed but the person or scene has the same zip code for a different county, please let me know. I will have to put a work order in with ImageTrend and they will have to develop that request, build it into the system, then put it out on their next scheduled system-wide update (typically 2-3 months).

When you are scanning and uploading attachments to your chart, in order for what you attach to show up on the printed report, especially for your Biller’s use, ImageTrend only allows certain file types (images) to work. The extensions you can save your scanned file to attach are: jpg, jpeg, png, tif, tiff, gif, exif, bmp, ppm, pgm, pbm, ppm, pfm, pam, webp, hdr, img, svg. If you scan a document and save as a pdf before you attach it to your chart, it will still be with your chart, but it will not show up on the printed form. You and/or your Biller will need to manually go into that chart, click on attachments, then open the attachment.

As you get used to the new charting platform, there may be things that need some minor editing/corrections, or additional selections we may need to add. If so, please reach out to us so we can fix any bugs you may be experiencing or add things to the different lists such as Providers Impression, Secondary Impressions, etc.

Another great thing about ImageTrend is the development of their online University and Library. If you’re not sure how to do something or have a question, please visit the Help/University section (located under your Community tab at the top of the page).

Once we have everyone up and running with ImageTrend, we are planning to have additional training throughout 2018, in phases, to go over the Report Writer section so the Agency Administrators can create their own custom reports, in addition to the dozens of pre-built reports already available to you in your system.

Thank you for all your time and effort during this short transition window. We hope that you like the new ePCR system and find value in all the things that it is capable of doing that our previous system was not able to do for you.

As always, feel free to contact any of us at the EMS Program with questions or ideas, or your area ImageTrend Super Trainers.
ImageTrend Super Trainers
By Lance Iversen—EMS Program

South Dakota ImageTrend Super Trainers

Each of the Super Trainers below will be available, based on scheduling, to assist ambulance services on initial setup of the Elite program, such as adding users, adding ambulance units, customizing facility lists and providing an overview of the ImageTrend website and user interface.

These Super Trainers have extensive knowledge of the new platform and are more than willing to assist you during this exciting transition.

Shawn Fischer
Home Community: Sturgis
Email: shawnf@sturgisgov.com

Jackie Conlon
Home Community: Hot Springs
Email: hsash3@hotmail.com

Jason Culberson
Home Community: Rapid City
Email: jason.culberson@rcgov.org

Doug Glover
Home Community: Mitchell
Email: hazmatglover@msn.com

Chuck Hanson
Home Community: Selby
Email: chanson35@abe.midco.net

Tammy VanDam
Home Community: Murdo
Email: tammy.van-dam@k12.sd.us

Gordon Dekkenga
Home Community: Sioux Falls
Email: gdekkenga@brookingshealth.org

Eugene Taylor
Home Community: Sioux Falls
Email: sfmedic9@gmail.com

Nicole Neugebauer
Home Community: Armour
Email: neugeban@dcmhsd.org
2018 EMS Day
By Maynard J. Konechne

2018 EMS On The Hill Day
Monday, February 12
Pierre, SD

COMMITTEE MEETINGS 7:30 am AND 10:00 am

DEMOCRATIC CAUCUS 12:00 pm OR 1:00 pm

POSSIBLE PICTURE WITH THE GOVERNOR

SESSION BEGINS AT 2:00 pm

RECEPTION AND SOCIAL PIERRE RAMKOTA

LAKE SHARPE ROOM 5:30 pm—8:00 pm

SOUTH DAKOTA EMERGENCY MEDICAL SERVICES ASSOCIATION
AND AMERICAN HEART ASSOCIATION

Any questions contact: Maynard J. Konechne
Cell (605)-730-0462 or email: mjkemtkc@hotmail.com

2018 SDAA State Conference
By Shawn Fischer

The 4th Annual South Dakota Ambulance Association Conference will be held February 10th-11th at the Ramkota in Pierre. The registration fee is $120 for SDAA Members by 1/15/2018 and $150 for non-members. Vendor space is available for $350 before 1/15/2018 and $400 after 1/15/2018. You can register online for the conference at https://goo.gl/CU1Jh9.

Room reservations can be made by calling the Ramkota Hotel at 605-224-6877.

The Conference is a time for ambulance service directors and members to learn about leadership, documentation, recruitment and compliance within your service. This year at the conference, we will be offering two sessions on the new reporting system that will be implemented 1/1/2018. We will also have round table discussions on what we can do to help each other within prehospital emergency care.

A special speaker this year will be South Dakota Medicaid. They will be talking about documentation, billing and their state portal.
2018 SDAA State Conference—Continued
By Shawn Fischer

Saturday - February 10th

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<tr>
<td>10:00-10:30</td>
<td>Welcome – Brian Hambeck</td>
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<tr>
<td>10:30-11:00</td>
<td>Conference Expectations – Group</td>
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<td>11:00-11:15</td>
<td>Break – Vendors</td>
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<td>11:15-12:30</td>
<td>ImageTrend – Halli Schulz &amp; Jason Culberson</td>
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<td>12:30-1:30</td>
<td>Lunch – Vendors</td>
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<td>1:30-2:30</td>
<td>Leadership – Brian Hambeck</td>
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<td>2:30-2:45</td>
<td>Break – Vendors</td>
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<td>2:45-3:30</td>
<td>EMR Training – Nicole Neugebauer</td>
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<td>3:30-4:15</td>
<td>Round Table</td>
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<td>4:15-4:30</td>
<td>Break – Vendors</td>
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<td>4:30-5:30</td>
<td>Documentation - Tyler McElhany</td>
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<td>6:30</td>
<td>Banquet</td>
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Sunday – February 11th

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<tr>
<td>8:30-9:00</td>
<td>Breakfast</td>
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<tr>
<td>9:00-11:00</td>
<td>Medicaid – State Office</td>
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<td>11:00-11:15</td>
<td>Break – Vendors</td>
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<td>1:00-1:45</td>
<td>Compliance – Shawn Fischer</td>
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<td>1:45-2:00</td>
<td>Break – Vendors</td>
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<td>2:00–2:30</td>
<td>ImageTrend – Halli Schulz and Jason Culberson</td>
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<td>2:30–3:00</td>
<td>Business Meeting</td>
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<tr>
<td>6:00</td>
<td>AHA Supper</td>
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**FOR MORE INFORMATION**
Shawn Fischer: 605-863-2267   Email: shawnf@sturgisgov.com
Brian Hambek: 605-641-1876    Jason Culberson: 605-939-5032
Sherry Hocking: 605-210-0703  Maynard Konechne: 605-730-0462
Where Did We Come From And Where Are We Today?
By South Dakota Ambulance Association

The South Dakota Ambulance Association started with Leadership classes funded by the Office of Rural Health and led by John Becknell and Aaron Reinert from Safetech Solutions LLC. The Leadership classes were 60 hours total split into four sessions. As we attended and learned leadership techniques, we grew into a group of rural health care providers that wanted to share our knowledge and experiences with others.

Thus the South Dakota Ambulance Association (SDAA) became a reality. One of our primary goals is to assist Ambulance Directors, supervisors and other officers in an EMS agency with their job and help them develop the tools to succeed. The EMS Director provides an important role in their community, by leading their advanced personnel, EMTs, EMRs and drivers in providing the best prehospital care to the residents and visitors of their community. We offer help in educating and working with the Boards of Directors, County Commissioners, Ambulance District Boards or City Council members. We are working towards developing an EMS Medical Directors summit in order to help them understand their roles and provide resources to aid them in becoming more active within your local agencies.

We have created a consulting team to reach out to SDAA member services by phone or in person and assist ambulance services in leadership development, assistance with funding, equipment, workforce, community involvement or other issues that may arise. We do not have all the answers, as each service is unique, but we are willing to listen and offer assistance as needed to work through your local concerns.

We currently have 45 EMS agencies as members of the SD Ambulance Association out of 134, and it would be great to have 100% participation so we can better serve all of you when the need arises. Every EMS agency, whether large or small, has some of the same issues. By coming together, we are able to develop new techniques that will enhance EMS throughout South Dakota.

The more members we have the greater advocating power we have to serve ambulance services in South Dakota. There are many areas in state law and administrative rules that are outdated, incomplete and do not represent EMS in the 21st century. As an Ambulance Association we are able to combine our voices and help develop the necessary changes to enhance EMS throughout the state. The SD EMS Program is relying on US as a whole to help drive the changes we all need. The best way to make change is to make our voice bigger – Join the SD Ambulance Association, a nominal fee of $75 per year.

Please visit our website at https://sites.google.com/site/sdemsleadership/home.

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Brian Hambek, President
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EMS.sd.gov