

IEMSA VOICE



A VOICE FOR POSITIVE CHANGE IN IOWA EMS

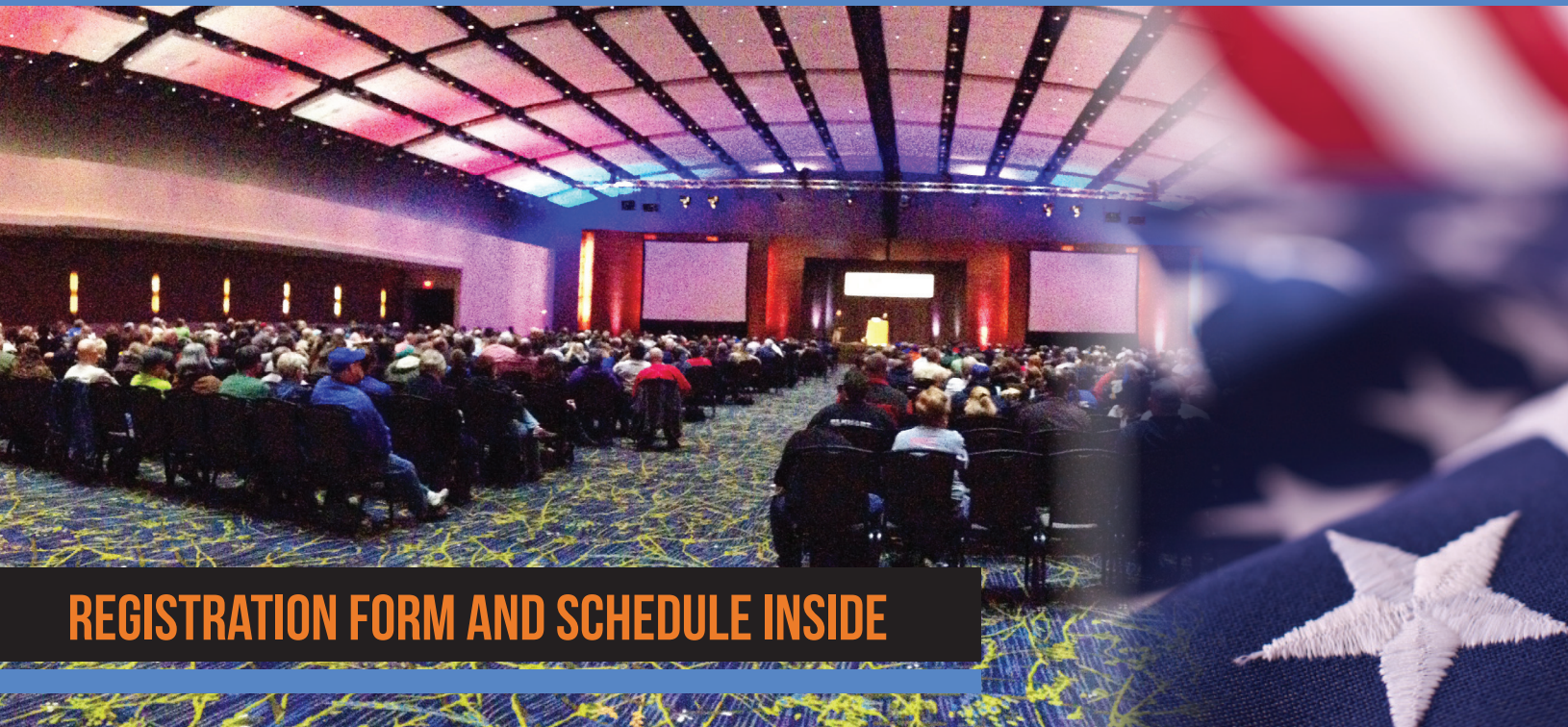
IEMSA



CONFERENCE & TRADE SHOW

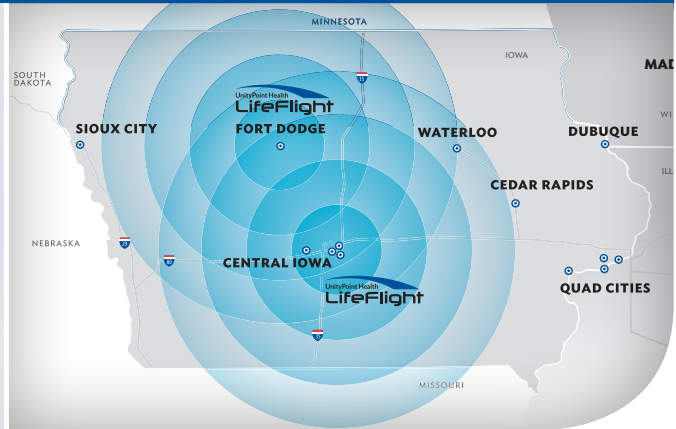
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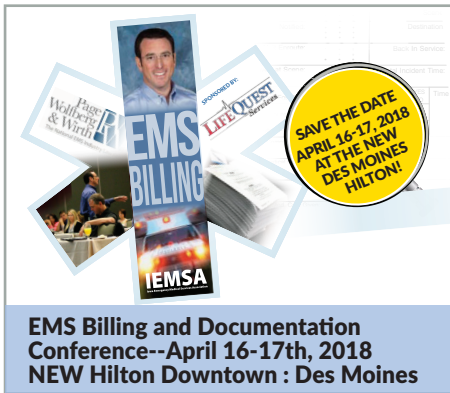
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The VOICE is published quarterly by the Iowa EMS Association covering state EMS issues for emergency medical services professionals serving in every capacity across Iowa. Also available to members online.



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26 AJ HEIGHTMAN : EDITOR-JEMS, WILL PRESENT AT THE 2017 IEMSA ANNUAL CONFERENCE—REGISTRATION IS OPEN! REGISTER TODAY!

OUR PURPOSE : To provide a voice and promote the highest quality and standards of Iowa's Emergency Medical Services.

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> BOARD MEETINGS

- > **July 20, 2017**
Teleconference - 1:00—3:00pm
- > **September 21, 2017**
WDM Station 19- 1:00—3:00pm
- > **October 19, 2017**
WDM Station 19- 1:00—3:00pm
- > **December 21, 2017**
Teleconference - 1:00—3:00pm

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A NOTE FROM OUR PRESIDENT

PEOPLE ARE LISTENING

BY MARK McCULLOCH, Deputy Chief, West Des Moines EMS
IEMSA President / Board of Directors

> AS IT TURNS OUT, OUR HISTORIC NARRATIVE OF SILENTLY GETTING THE JOB DONE (WHATEVER THAT JOB MAY BE AND AT WHATEVER COST TO OURSELVES) COUPLED WITH THE UNIVERSAL POPULARITY WE ENJOY IS NOW COMING IN HANDY.



> **In the last issue of The VOICE I wrote about the importance of promoting EMS.** We occupy a unique space in which we enjoy support and favor from an enormously diverse audience. Pretty much everyone agrees that EMS providers are good, and getting an ambulance when you need it is also good. It's an easy sell. Ironically, though we enjoy the support which any political party or special interest would pay millions to own, we don't always take advantage of our coveted position. For some reason, EMS providers have always been "the silent type" and don't usually make much noise when threatened with unreasonably long days, staffing shortages, or budgetary crisis; let alone our own needs and mental health. We are even less likely to brag about our victories.

> **As it turns out, our historic narrative of silently getting the job done (whatever that job may be and at whatever cost to ourselves) coupled with the universal popularity we enjoy is now coming in handy.** I've noticed something lately - that when we do make a little noise - people listen! They really listen. We have recently seen stories of EMS providers' staffing crisis, volunteer shortages, and unwavering commitment to our communities in the face of hardship emerging through various outlets. EMS providers are taking their "get it done" spirit to the people in a brilliant grass roots effort.

> **This is happening in small pockets throughout our state.** Though the message about EMS is similar everywhere, many of our communities require a different approach. Just like we each employ a unique means of service delivery, it appears as though EMS providers across our state are taking an approach that works in their community to get the word out: That EMS is not just at a crossroads, we are nearing the edge of a cliff. With an alarming number of our providers nearing retirement and dwindling providers on deck to carry on their legacy -

Unreasonable reimbursement plagues us. All at a time when baby boomers, the largest generational cohort in United States history, is quickly approaching the years they are statistically most likely to need our service. We all see the potential for a crisis in EMS on the horizon, and some are feeling it now.

> **This is all momentum:** We haven't asked for muchever, we have proven our value, we are committed to community service, EMS is unpopular to oppose, and people are listening to us. Last year was a tumultuous year for EVERYONE at the Capitol. I don't think a day passed without some type of loud vocal opposition. Hot button issues were all the rave, and I'm certain I'm not alone in saying I'm glad the legislative season is over.let's not do that again. After a year like that, everyone is looking for a "win." Legislators want to do something that both sides of the gavel can support next year. EMS can be the "win." We have the support and a real need. Let's find a way to make EMS available to ALL lowans for years to come! So keep up the good work, and get out there to tell your communities how hard you are working for them!

> **Now about that cliff our industry is approaching.** If you have followed the results of our annual survey, you undoubtedly noticed the alarming trend of aging responders and a void thereafter. This is not just an "age gap," this is a BUNCH of responders nearing retirement, and not enough people ready to fill their shoes. Maybe it's just the composition of our respondents, only the experienced ones know the importance of filling out our survey - but my gut and the grey hairs at EMS conferences across our state tell me otherwise. We NEED to start attracting young, qualified people to make a career in EMS. Improving our work/life balance, encouraging, recruiting, paying, and making EMS an essential service will help our numbers, but they won't help the gap in leadership we may see very soon.

> **Here we face another unique challenge:** Our industry is new enough that the individuals who forged us onto the map are now getting ready to retire. So many of our industry's current leaders who literally created EMS as we know it today are still occupying the leadership positions they created along the way! Filling these shoes is an intimidating task, and I'm afraid were not prepared. Our current leaders had to learn as they shaped the industry. Over the years this experience of trial and error has shaped them into fine examples of leadership. However, our future leaders will not have had the experience of building this industry, so they must seek education elsewhere. If we want to carry on as a legitimate profession and attract new talent as a "Destination Career," we will need strong leaders. It will be important to take cues from our peers in the health and public safety fields. Experience cannot be overlooked, but advanced education must become the norm. If you haven't already, I'm urging you to start on that college degree. Our industry will need your leadership soon.

> **Also, don't forget about the IEMSA Leadership Academy in September of this year! Registration Form on Page 28.**

BY MARK McCULLOCH IEMSA President/Legislative Chair

OUR VOICE ON THE HILL LEGISLATION



> **THE 2017 IOWA LEGISLATURE
ADJOURNED AT 720AM ON SATURDAY,
APRIL 22. IT WAS THE 104TH DAY OF THE
2017 SESSION.**

IEMSA supported three bills that were signed into law by Gov. Terry Branstad. SF 234 and SF 444 improved the public safety of our roads by making texting while driving a primary offense and creating a 24/7 sobriety program for first-time DUI offenders. HF 548 made improvements to the stroke quality care program. Also, SF 490 would have combined the fire and EMS safety grant funding programs, but that bill died as the savings to the state were not as significant as advertised.

On the down side, HF 291 made significant changes to the public employee collective bargaining statute. The new law is already being challenged in the courts. Also, the Iowa House passed SF 489, a bill to legalize the use of certain consumer fireworks.



IOWA EMS DAY-ON-THE-HILL
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BILL WATCH

BY MARK McCULLOCH

IEMSA President/Legislative Chair

BILL	DESCRIPTION	LAST ACTION	POSITION
SF 62	Possession, sale, transfer, purchase, and use of fireworks	Not the bill that is moving.	AGAINST
SSB 1051	Possession, sale, transfer, purchase, and use of fireworks	Subcommittee on 2/6. Passed. McCulloch and Hill testified.	AGAINST
SF 236	Possession, sale, transfer, purchase, and use of fireworks	Working Rs on committee. Long shot. W&M sub passed bill on 2/22.	AGAINST
SF 489	Possession, sale, transfer, purchase, and use of fireworks	Passed Senate 3/21. Passed House 4/19. Signed by IGOV 5/9.	AGAINST
HSB 171	Possession, sale, transfer, purchase, and use of fireworks		AGAINST
SSB 1002	Primary offense for texting while driving	Just primary offense.	FOR
SF 234	Primary offense for texting while driving	Signed by IGOV 4/20.	FOR
HF 60	Primary offense for texting while driving	DEAD	FOR
SF 100	Use of mobile phones while driving	DEAD	FOR
HF 85	Use of mobile phones while driving	DEAD	FOR
SSB 1079	Use of mobile phones while driving	Hands-free only	FOR
SF 407	Use of mobile phones while driving	Successor to above	FOR
HSB 139	Use of mobile phones while driving	Hands-free only	FOR
HF 590	Use of mobile phones while driving	Successor to above	FOR
HSB 109	IGOV's hands-free bill, with other legal changes	Governor's bill; requires use of hands-free technology.	FOR
HF 519	IGOV's hands-free bill, with other legal changes		FOR
SSB 1101	IGOV's hands-free bill, with other legal changes	Governor's bill; requires use of hands-free technology.	FOR
SF 444	IGOV's hands-free bill, with other legal changes	Passed Senate 3/7, passed House 4/6. Signed by IGOV 4/20.	FOR
SF 96	Requiring minors to wear helmets on mopeds	DEAD	FOR
HF 17	Concussion protocol for HS sports	Still under review by interested parties. Passed w/o EMS involved.	Undecided
HF 563	Concussion protocol for HS sports	EMS not included per Board direction.	Undecided
SF123	Automated traffic camera regulation	Probably not moving - only one ATE bill will move.	Undecided
SSB 1019	Automated traffic camera regulation	Passed Judiciary. Does not eliminate them, just restricts them further.	Undecided
SF 196	Automated traffic camera regulation	Successor to above	Undecided
SF 3	Automated traffic camera ban	Passed Judiciary. Outright ban.	Undecided
SF 220	Automated traffic camera ban	Passed Senate 3/22. Amended to tighten restrictions, no outright ban.	Undecided
HF 125	Behavioral health transport	DEAD	Undecided
SF 302	Behavioral health transport	DEAD	Undecided
HSB 84	Collective bargaining for public employees	EMS not exempt.	Undecided
HF 291	Collective bargaining for public employees	Passed both chambers 2/16. Signed by IGOV 2/17. Effective immediately. EMS not exempt.	AGAINST
HF 286	Use of safety helmets	DEAD	Undecided
HF 274	Stroke Registry	Per Brian Helland's request.	FOR
HF 548	Stroke care quality improvements	Passed House 3/20, passed Senate 3/23. Signed by IGOV 3/30, but bill signing next week.	FOR
SSB 1147	Stroke care quality improvements	Per Brian Helland's request.	FOR
SF 457	Stroke care quality improvements		FOR
SF 298	Medicaid reimbursement for ambulance services	DEAD	FOR
HF 436	GEMT bill	DEAD/Ashley Hinson would prefer to do a stand-alone bill in 2018.	Undecided
HF 427	Medicaid reimbursement for ambulance services	DEAD	FOR
SF 318	Requiring that townships provide emergency medical services	DEAD	FOR
HF 557	Requiring townships to provide emergency medical services	DEAD	FOR
HSB 165	No more volunteer firefighter tax credit, move to DC pension plan.	DEAD	AGAINST
SF 490	Fire/EMS Grant Funding	We have concerns about fire taking too much of the dough.	AGAINST
SF 491	Increase Fire/EMS volunteer tax credit to \$150	Bigger picture budget concerns are stopping all talk of credits/exemptions.	FOR
HSB 187	Tax credit cap	As amended, we are not in this bill. That is a victory.	Undecided
HF 605	EMS director as a state employee under the volunteer health provider program	DEAD	FOR
SF 360	Newborn safe haven act	Passed Senate 3/28.	Undecided

2017 IEMSA MEMORIAL CEREMONY

MAY 20, 2017 • WEST DES MOINES STATION #19 • 8055 MILLS CIVIC PARKWAY • WEST DES MOINES



May 20th, 2017--EMS providers, legislators, family and friends gathered to honor four fallen dedicated EMS providers at the EMS Memorial in West Des Moines. Each year we honor and remember those that gave so much of their life to the service of others. They answered the call and although all of them would be humble and shy away from the recognition, we take time to honor their service. This ceremony delivered an emotional and sincere "thank-you!"

The distinguished panel of speakers, Brian Helland

Assistant Chief, Clive Fire Department; Rep. Rob Taylor Iowa State Representative - District 44; Merrill Meese EMS Field Coordinator--Bureau Emergency and Trauma Services, Iowa Department of Public Health presented eloquent speeches that assured more progress for EMS in Iowa and reflected on the sacrifice that goes beyond the provider to their families.

The West Des Moines Honor Guard presented the colors and Rev. Jennifer L. Hall closed with a prayer.



STEVEN
PAUL BUSER

Steven Paul Buser gave a total of

25 years EMS service to his community. He was born July 31, 1965, in Iowa City to Bob and late Bonnie Rae (Smith) Buser, the eighth of their nine children. Steve grew up in Nichols, Iowa, and was a graduate of West Liberty High School Class of 1984. He married Angela Lynn Meeker, and was a dedicated father to the light of his life, his daughter, Braxton Lynn. Steve was a career firefighter, first starting as a volunteer for the Lone Tree Volunteer Fire Department and then joining the Ames Fire Department full time in 1999, as a Firefighter EMT and certified CPR and Defibrillator instructor. Steve died suddenly on Friday, March 17, 2017, following a medical emergency while at work, at 51 years of age. He is deeply missed by his family, and fellow EMS/Fire community and friends.



DOUG
COOK

Doug Cook, was just 51 when he passed. During

his short life, he was a volunteer Firefighter/EMS provider with Mechanicsville Fire Department. He was a dedicated volunteer and gave his time generously, mentoring volunteers and anyone that needed him. Family was incredibly important to him. He is missed greatly by them and his Fire/EMS family and community.

The Fire Department was such a big part of his life and he was so proud to have been a part of "the brotherhood".

He was a lifetime member of the Boy Scouts of America, including the Explorer Scouts Division, and was honored to be a 4th Degree Knight of the Knights of Columbus.

Family was of the utmost importance to Mark. He loved spending time with his daughters (Melissa, Caitlin, Laura) and grand babies (Gage and Falyn).

Mark touched so many lives and has left a lasting footprint on this world. When you think of him, please remember his smile.



MARK
P. KAKERT

Mark was an amazing father, papa, son,

brother, uncle and friend to all. Lt. Kakert began his career with the Davenport Fire Department on May 11, 1987. On July 5, 1994, he was promoted to Engineer and was later promoted to Lieutenant on February 21, 1999.

Mark served as a first responder EMT and served on the Hazmat Team. He was deeply devoted to educating people with the Fire Prevention Bureau.



ANNE
KOONTZ

Anne served as Executive Director of

Sioux-Lakes Emergency Medical Services beginning in 1979 and was hired as O'Brien County Emergency Management Director in 1984. She also served as director of the Sanborn Ambulance Service for 37 years. Anne taught EMS classes at the federal, state and county levels. She also taught a first responder class in Primghar for many years and assisted with EMT classes at Northwest Iowa Community College in Sheldon. Anne was also an ERT and EMS evaluator and taught CPR for many years.



MARCUS
C. McFALL

Marcus Charles McFall, age 34, was born November 23, 1982 at Luke Air Force Base in Glendale, Arizona, to Mark and Connie (Coleman) McFall. He graduated from Albia High School in 2001. He then attended Indian Hills Community College, earning his degree as a Paramedic Specialist. In 2007, Marcus was certified as a Critical Care Paramedic through the University of Iowa. Marcus began his EMS career in 2003 at the Monroe County Hospital in Albia. Throughout his 13 years of service in EMS, Marcus worked for many ambulance services, including MCH in Albia, Lucas County Health Center in Chariton, the Davis County Hospital in Bloomfield, ORMICS in Ottumwa, and Mercy in Centerville. Marcus was employed by Midwest Medical Transport Company in Albia at the time of his death. Outside of EMS, Marcus most loved to spend time with his two boys, Connor, age nine, and Mason, age two. He was an avid Iowa State Cyclones fan.



DOUGLAS
E. McCAULEY

Doug McCauley was born October 30th, 1958 in Des Moines to Larry and Shirley McCauley. Doug grew up in Carlisle, went to University of Iowa & DMACC. He worked at Pepsi before he became a City of Des Moines fireman in October 1987, serving the community for 29 years. His sons Ryan and Cole were the light of his life and he was involved in all of their school activities, coaching little league baseball and basketball, and helping with the swim team. He enjoyed spending all the time he could with them. Doug's firefighter family have said there wasn't a

conversation that went by without Doug mentioning how proud he was of his two boys. Doug was EMT certified in 1987 and promoted to fire engineer in 1996. Doug enjoyed spending time with family and friends at his house in the Ozarks, and most recently in Hawaii with Deb McCauley. Doug lived a great life and would do anything in his power to help out someone in need. Doug enjoyed adventure, had a contagious laugh and smile, and always lifted up those around him.



DARWIN
D. MELCHER

Darwin is a graduate of Waukon High School, and went on to study at Upper Iowa University in Fayette. He went on to give 35 years of service in the EMS field. In 1970, he started his career as the ambulance department manager at Winneshiek County Hospital. He was also responsible for the operations of other departments, including respiratory therapy, EKG, and the emergency department. He developed the ambulance service from a basic service into the advanced paramedic service it is today. He held leadership positions as an active member of IEMSA and the NE Iowa EMS Association. He recruited and mentored volunteers. He also worked as an educator and tester in the early years. He retired after 35 years in 2005.



MICHAEL
NELSON

Mike Nelson passed away unexpectedly on September 6, 2016 in a house fire at the age of 47. Mike got his Paramedic license in 2000 and worked at different ambulance services throughout his career including Mercy Ambulance, Polk City FD, Lutheran Hospital, Midwest Ambulance Service, the State of Iowa Medical Examiner's Office and the Iowa Donor Network. Along the way, Mike cherished having the opportunity to manage, mentor, and most importantly, be a friend to his co-workers throughout countless

life-critical moments. Mike will be remembered as a genuinely kind and fun-loving person whose smile and laughter brought happiness to others.



RAYMOND
E. STONE

Ray served as a volunteer fire fighter and EMT with Clay Township Fire and Rescue from 1994 to 2014. He was a founding member and driving force behind the successful growth of a brand new department to be known as Clay Township Fire Department. He also served as an EMS Instructor and Evaluator who successfully added paramedic level providers to this service. He also served as the Marion County EMA from 1998-2007. He started Marion County Red Cross Redi program to assist residents with Red Cross help after a fire. He formed the Marion County CISM team. After 9/11/2001 Ray went to ground Zero as a CISM volunteer and worked at Ground Zero in this capacity for 2 weeks. Ray was not only supportive, encouraging and supporting of his peers, he also gave that same compassion and care to the patients he cared for. Whether it was a rescue call, fire call or another tragic event, Ray was there with a hug and encouraging word for the patient and their family. Ray will be missed by his family, his Clay Township Fire & Rescue family and his peers in all emergency services across Iowa. His 18 years of service can be summed up with this quote from Ray himself, "What you call a hero. I call just doing my job."

*Always missed,
never forgotten.*

IEMSA INDIVIDUAL MEMBERSHIP UPDATE



WHY JOIN IEMSA?

BY AMY GEHRKE, NC REGION DIRECTOR & INDIVIDUAL MEMBERSHIP COMMITTEE CHAIR

IEMSA was established in 1987 and has been actively involved in EMS in many facets. No matter your level of service, type of department, or patch on your sleeve, IEMSA is here to serve you and help be you're VOICE in Iowa. Some join for the professional recognition and networking opportunities, while some join for the member benefits and discounted educational opportunities that are held throughout the year across Iowa. Others join for the resources, group purchasing, quarterly VOICE publication, our strong advocacy efforts, and timely member alerts through eNews. There are plenty of other associations, such as NAEMT, IAFF, AAA, NAEMSP, NAEMSE, and many more, but only IEMSA is geared towards focusing on EMS issues in Iowa that affect all of us personally and professionally.

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> WHY SHOULD YOU SPREAD THE WORD ABOUT IEMSA MEMBERSHIP? There are so many benefits with this low cost membership. The most important for any EMS provider is the \$10,000 accidental death/dismemberment policy offered to each member. In our high risk line of duty this could be a huge asset to your family. If you are a member, have you filled out your beneficiary designation? We want to make sure all families receive this benefit if needed so fill out this form ASAP. You can find the form at this link: http://www.iemsa.net/pdfs/beneficiary_form.pdf

> EDUCATION IS ANOTHER IMPORTANT BENEFIT FOR ALL MEMBERS. You will receive a substantial discount on all IEMSA sponsored events, including our annual conference --an amazing event that is a lot of fun, offers top quality certified CE education, featuring well-known local and national speakers. In addition, you can pick up 1.0 CE from our continuing education with each VOICE newsletter. And finally, with your IEMSA Membership you receive a 25% off (\$10 off) NAEMT dues with proof of current membership.

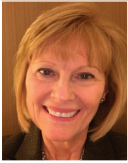
> IEMSA IS YOUR ADVOCATE AT THE STATE LEVEL AND LOCAL LEVEL. Each region has representatives that you can reach out to. We have made great strides in Iowa with the legislators. Your involvement in your professional association is important to EMS. We need your voice to make important improvements in the state and national level. We can't do it without you!

There are also numerous benefits for affiliate organizations, students, retired-active individuals, corporate, and training centers memberships! To see all the great benefits please go to the IEMSA site at: <http://iemsa.net/membership.htm>

JOIN ONLINE TODAY AT: http://iemsa.net/member_account.htm For step-by-step details --follow the instructions on the screen. [NEW MEMBERS SET-UP AN ONLINE ACCOUNT CLICK HERE](#)

MEMBERSHIP BENEFITS OVERVIEW

	\$ 10,000 AD&D	FREE Individual Memberships	Member Discounts	DISCOUNTED EMS EQUIPMENT & SUPPLIES FROM BOUNDTREE MEDICAL	VOICE and eNEWS	25% NAEMT Discount
Student		X	X		X	X
Active Retired			X		X	X
Individual	X		X		X	X
Affiliate		X	X	X	X	X
Corporate		X	X		X	



WHY SHOULD MY SERVICE BELONG? AFFILIATE MEMBERSHIP

BY LINDA FREDERIKSEN
IMMEDIATE-PAST PRESIDENT

For me, membership is a sense of pride and a sense of belonging for a great group of EMS professionals and a way to give back to make EMS stronger and better in Iowa. Membership is valuable and critical for any organization. In this economy it is often hard to justify spending money on professional organization fees with shrinking budgets. Yet, that membership can provide great value to you, your employer, and IEMSA.

IEMSA was established in 1987 and have been advocating for EMS on the hill passionately ever since. No matter your level of service, type of department, **IEMSA has served IOWA EMS resulting in:**

- > **increased revenues** for your service with increases in the Medicaid Reimbursement rates.
- > **doubling the tax credit for volunteer** providers by increasing the tax credit to \$100.
- > **an education event program that brings national level speakers to Iowa.** Offering an affordable education and a great way to network and improve the level of care by sharing ideas between providers and services.

our Affiliate Members through our Group Purchasing program.

We have identified the need to address educate the public about EMS and it's role in public safety across our state. The public needs to know who we are and how they can help us better serve them. We believe if Iowans know the struggles of our dedicated EMS providers, they will stand with us to move EMS to "Essential Service" status in Iowa. This status would secure, protect and improve EMS in ways we can only dream of right now. We will be working on this issue in the coming years. Your support will help make this happen.

There are plenty of other associations, such as NAEMT, IAFF, AAA, NAEMSP, NAEMSE, and many more, but **only IEMSA is geared towards focusing on EMS issues in Iowa that affect all of us personally and professionally. Join the 136 Affiliate Organization Members today—a full list of those members is on page 12.**

JOIN TODAY--Complete the Affiliate Membership Application on Page 13, or Contact Lisa Arndt, Office Manager at 515-225-8079 | administration@iemsa.net

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WHAT ARE THE BENEFITS?

- > **Job Openings** at your service can be posted on our Job Posting Area of our Website—just complete the application at this link— <http://www.iemsa.net/employment.htm> when you have an opening—and we will post it for you. Your service must be an active member to post. There is no limit on the number of postings or how long the opening is posted. We understand our Job Board is, more effective, and less expensive than other job sites, like monster.com and other job sites.
- > **(1-3) FREE IEMSA Individual Membership(s)** for a provider from your organization--(\$30-\$90 Value based on membership level)
- > **25% off an Exhibit Booth** at the IEMSA Conference & Trade Show
- > **(1) FREE Seat in the Pre-Conference Leadership/ Management Workshop** at the Annual IEMSA Conference & Trade Show--held in Des Moines every November-- (\$120 Value)
- > **Deep Discounts on Equipment and Products** --Your service/organization will be automatically enrolled in the Group Purchasing Program-- once you're an affiliate member of IEMSA, within 5-7 days from purchase of your IEMSA membership Boundtree Medical will activate your account to apply IEMSA discount levels to your account. This benefit alone will more than re-pay your membership dues with the discounts you see, beginning with your first order. You will enjoy FREE Shipping as well.



IEMSA
Iowa Emergency Medical Services Association

MEMBERSHIP UPDATE

MEMBERSHIP TOTALS
AS OF JUNE 2017:



1453

+



136

+



24

= 1613



A HUGE THANK-YOU TO OUR AFFILIATE MEMBERSHIP

THESE IEMSA **AFFILIATE MEMBER** ORGANIZATIONS ARE MAKING A DIFFERENCE. YOU CAN TOO--**BE A LEADER JOIN IEMSA TODAY!**

- Adair County Ambulance
- Algona EMS
- Anamosa Area Ambulance Service
- Area Ambulance Postville
- Bellevue Ambulance Service
- Bernard Rescue Unit, Inc.
- Bettendorf Fire Department
- Blairstown Ambulance
- Boone County Hospital
- Burlington Fire Ambulance
- BVRMC Ambulance
- Calhoun County EMS
- Care Ambulance
- Carroll Co Ambulance Service
- Cedar Rapids Fire Department
- Cherokee County EMS Association
- Chickasaw County Rescue Squad
- Clarinda Regional Health Center
- Clay County EMS Association
- Clinton Fire Department
- Clive Fire Department
- Council Bluffs Fire Department
- Crescent Rescue
- Davenport Fire Department
- Decatur Co Hospital Ambulance
- Defiance Fire & Rescue
- Denver Ambulance Service
- Dike Fire Dept
- Eastern Iowa Community College
- Elberon Fire & Rescue
- Elkhart Fire Department
- Ely Volunteer Fire Department
- EMERSON VOLUNTEER RESCUE
- Fort Dodge Fire Rescue
- Garner Vol Ambulance Service
- Gladbrook-Lincoln Ambulance Service
- Granville Fire & EMS
- Greater Regional Medical Center (GRMC)
- Greene County Emergency Medical Services, Inc.
- Guttenberg Ambulance Service
- Hancock Fire & First Responders
- Hawarden Ambulance
- Henry County Health Center - EMS
- Hiawatha Fire Department
- Hudson Fire & Rescue
- Indian Hills Community College
- Indianola Fire Department
- Iowa Central Community College
- Iowa County Ambulance
- Iowa Western Community College
- Jackson Co. Regional Health Center Ambulance Service
- Jasper County Emergency Management Agency
- Jefferson Monroe Fire Dept. (Swisher)
- Johnson County Ambulance
- Keokuk County Ambulance Service
- Key West Fire and EMS
- Keystone First Responders
- Kirkwood Community College
- La Porte City Ambulance
- Le Mars Fire-Rescue
- LeMars Ambulance Service
- Lewis First Responders
- Lifeguard Air Ambulance
- Lisbon Fire and Rescue
- Lisbon Mt Vernon Ambulance
- Logan Fire & Rescue
- Madison County Ambulance
- Malvern Volunteer Rescue Inc
- Martensdale Fire Dept
- Mason City Fire Department Ambulance
- Mediapolis Community Ambulance
- Medic EMS
- Medivac Ambulance Rescue Corp
- Menlo Fire & Rescue
- Mercy Air Med
- Midwest Medical Transport Co.
- Monticello Ambulance Service
- Muscatine County EMS Association
- Muscatine Fire Department
- New Sharon Fire & Rescue
- Newton Fire Department
- Nora Springs Volunteer Ambulance
- North Benton Ambulance
- North Iowa Area Community College
- North Sioux City Fire and Rescue
- Northeast IA Community College
- Northwest Iowa CC
- Norway Fire & Rescue
- Oakland Rescue
- Orange City Area Health System
- Paramount EMS
- Pella Community Ambulance
- Plymouth Fire Department
- Pocahontas Ambulance Service
- Prairie City Ambulance
- Rake First Responders
- Regional Health Services/Howard Co.
- Regional Medical Center
- Remsen Ambulance Service
- Rock Valley Ambulance
- Saylor Township Fire Department
- Shelby Fire & Rescue
- Shenandoah Ambulance Service
- Sherrill Fire Department
- Sioux Center Ambulance
- Siouxland Paramedics
- Southern Appanoose County First Responders
- Southwestern Community College
- St. Mary's Fire Department
- Story City First Responders
- Story County Medical Center
- Superior Ambulance
- Tama Ambulance Service
- Taylor County Ambulance
- Tipton Ambulance Service
- Titonka Ambulance Service
- Traer Ambulance Service
- Trinity Regional Medical Center
- Tri-State Regional Ambulance Service, Inc.
- University of Iowa Hospitals and Clinics
- Urbandale Fire Department
- Van Buren Ambulance Service
- Van Horne First Responders
- Washington Co Ambulance
- Waterloo Fire Rescue
- Wellman Volunteer Ambulance
- West Des Moines EMS
- Western Iowa Tech Community College
- Wheaton Franciscan Healthcare
- Wilton Fire and EMS
- Winneshiek Medical Center Ambulance
- Woodburn Rescue

--members as of 6/28/2017



AFFILIATE MEMBERSHIP APPLICATION



AFFILIATE LEVEL 1
(<50 CALLS/YEAR)

\$50/YEAR

(< 50 Calls/Year)



AFFILIATE LEVEL 2
(51-500 CALLS/YEAR)

\$100/YEAR

(51-500 Calls/Year)



AFFILIATE LEVEL 3
(501-2499 CALLS/YEAR)

\$250/YEAR

(501-2,499 Calls/Year)



AFFILIATE LEVEL 4
(2500+ CALLS/YEAR)

\$350/YEAR

(> 2,500 Calls/Year)

TO JOIN IEMSA ONLINE: Go to http://iemsa.net/member_account.htm - Click the "Login Here" button. You will be prompted to log-in to your IEMSA Account to register--Usernames are set to the email address on file and everyone's temporary password is set to IEMSA2014 which is case sensitive and contains no spaces. Passwords can be reset at this time.

Don't have an IEMSA Account? **click on the "Guest Registration" Link** to create an account:

Once Logged-in--go to the "Online Store" tab at the top of your screen, click on the "Individual Membership" icon, add to your cart, process payment and you're now registered. You will receive a receipt and confirmation immediately by email. The payment options include: credit/debit card or select "Mail my Check". Memberships are not activated until payment is received. **Mail Checks to:** IEMSA, 5550 Wild Rose Lane #400, West Des Moines, IA 50266.

TO REGISTER BY MAIL OR FAX: Complete this page and return with your check to: IEMSA, 5550 Wild Rose Lane #400, West Des Moines, IA 50266 -- or FAX with Credit Card Info this form to: 877-478-0926. You will receive a confirmation email once your payment is received and/or processed. If you do not receive an email--please contact the office to confirm your membership was received.

Credit Card or FAX/EMAIL AFFILIATE Membership Application:

LEVEL 1 - \$50/YEAR LEVEL 2 - \$100/YEAR LEVEL 3 - \$250/YEAR LEVEL 4 - \$350/YEAR

Organization/Service Provider Name

Primary Contact Name

(Home) Address

City

State

Zip

1st FREE Individual Membership -- Email Address (mandatory)

IA EMS Certification #

All Affiliate Levels Complete --Affiliate Level 1 & 2 receive -(1) FREE Membership--Designate Here

2nd FREE Individual Membership -- Email Address (mandatory)

IA EMS Certification #

Level 3 & 4 Complete --Affiliate Level 3 receive -(2) FREE Memberships

3rd FREE Individual Membership -- Email Address (mandatory)

IA EMS Certification #

ONLY Level 4 Complete --Affiliate Level 4 Receive -(3) FREE Memberships

PAYMENT METHOD:



MasterCard



Visa



Check Enclosed--Payable to IEMSA

Credit Card Number

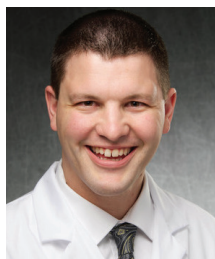
Exp. Date

Name on Card

3-Digit Security Code on Back of Card

MEDICAL DIRECTOR UPDATE

BY DR. JOSH STILLEY



> **I wanted to take some time to make sure you are all aware of the EMS Voluntary Event Notification Tool (EVENT).**

This was rolled out to the State of Iowa and has been displayed on the IEMSA website for some time, but I must admit I didn't know about it until recently, and figure there are others that don't know about it either. EVENT is supported by multiple organizations including NAEMT, NAEMSP, and CoAEMSP as well as IEMSA.

- > EVENT submission is anonymous so that more providers are encouraged to submit information. Once the data is entered it is compiled in the database and used to identify and characterize why errors are occurring in EMS. The whole goal of these reports is to provide measurable data to improve our work environments.
- > **There are several types of events that can be put into the EVENT system.** This includes a Patient Safety Event, a Near Miss Event, a Provider Violence Event, and a Paramedic Suicide Attempt.
- > **A Patient Safety Event is "any event or action that leads to or has the potential to lead to a worsened patient outcome related to the event or action:** these may be

related to systems, operations, drug administration or any clinical aspect of patient care. Patient safety events also include patient Near Misses (i.e. close calls) that are recognized before they actually occur."

- > **A Near Miss Event is one that has potential to result in injury, illness, or damage to an EMS practitioner, vehicle, aircraft, or equipment.**
- > **Hopefully you already have mechanisms for identifying and improving both Patient Safety Events and Near Miss Events within your systems.** Both of these are important, but not necessarily groundbreaking. What I really like about the EVENT tool is the collection and tracking of Provider Violence Events and Suicide Events. There are no other systems or mechanisms that I know of for tracking how often our providers are impacted by violence in the workplace or the constant mental strain that is placed on EMS.
- > **A Provider Violence Event is one where a patient either commits or there is a threat of committing verbal or physical abuse upon an EMS provider.** These events are entertaining because they seem like a regular day at work, but are really not that humorous because when I think about it a regular day at work often involves a patient who "spat in the face of a crew member" or getting told by a patient that "if I get out of

these restraints, I will kill you". The only way we will be able to show the rest of the medical community and our lawmakers that there is a problem and enact change is if we have good documentation of what is really going on. It is very difficult to show you need to make a change due to a problem if you can't even show there is a problem.

- > **Even more heartbreaking is the Paramedic Suicide Attempt Reporting Tool for use by any level of EMS provider, dispatcher, manager, student, or support personal who attempts or completes a suicide.** It is difficult to know how big of a problem exists or to show others there is a problem unless we have good information about it. This can and has led to funding to support EMS providers.
- > **If you experience a Patient Safety Event or Near Miss Event, consider reporting it through the event tool.** If you experience a Provider Violence Event, please report it. And if heaven-forbid someone you work with and care about experiences a suicide event please share it.

As always, please feel free to email me with any questions or suggestions for future articles.

FOR MORE INFORMATION ABOUT THIS PROGRAM VISIT THEIR WEBSITE AT: <http://event.clirems.org/>



Implement Your Protocol

Implement an agency protocol to call Iowa Donor Network at every death, every time. Each call has the potential to save or heal hundreds of lives through tissue and eye donation.

"Knowing that our ten year old son, Garrett, was able to help so many people has allowed me to see beyond our immediate loss and to see the life that his gifts were able to provide others. Losing a child is one of the hardest things a parent can endure but it gives me great comfort knowing that because of my son's donations, other families are celebrating life."

- Bruce Brockway, Donor Dad -



IEMSA BILLING & DOCUMENTATION CONFERENCE

BY LINDA FREDERIKSEN



A total of eighty-seven people attended the 13th Iowa EMS Association Billing and Documentation conference on April 19, 2017 at the Des Moines

Marriott. Once again, Doug Wolfberg, founding partner of Page, Wolfberg & Wirth, and one of the best known EMS attorneys and consultants in the United States, captivated those attending with eight hours of comprehensive education helpful for not only billers, but EMS Providers. Many who attended this presentation possess a Certified Ambulance Coder (CAC) certification from the National Academy of Ambulance Coding; these individuals must renew this certification annually with twelve hours of continuing education, and appreciated the fact that the four "mandatory" continuing education hours are included in this seminar.

Session topics for the day included the following:

- > A Medicare and Reimbursement Update,
- > A Compliance Update,
- > A HIPAA Update,
- > The Top Six Threats Facing Your Ambulance Service,
- > DRATT: How to Write A Well Organized Narrative, and
- > A Holistic Look at the Ambulance Revenue Cycle.

Wolfberg's depth of knowledge was appreciated by those attending, as well as his engaging presentation style, which kept everyone interested. Plans are already being made for next year's session in April, 2018, which may be expanded to an additional half day to include all twelve hours for the Certified Ambulance Coder renewal requirement.

Mark your calendars for April 16 & 17, 2018 this great event in 2018...you won't want to miss it!

14th ANNUAL REGIONAL
EMS BILLING & DOCUMENTATION
CONFERENCE

APRIL 16 & 17, 2018

AT THE NEW! **Hilton**
DES MOINES

OPENING APRIL 2018



15

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Bound Tree Medical is the leading EMS distributor in the US, providing prehospital emergency medical supplies, equipment, and pharmaceuticals to EMS providers, including First Responders, EMTs and Paramedics. As Your Partner in EMS for nearly 40 years, Bound Tree has made it their mission to help you save minutes and save lives. Bound Tree strives to understand your unique needs and provide you with the right products, services, and support to best meet those needs.

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Kitting Solutions – Bound Tree's pre-assembled kits provide a cost-effective, convenient way to respond quickly, providing immediate care for emergency situations.

Recertified Equipment – Bound Tree's recertified equipment includes AEDs, monitor/defibrillators, infusion pumps, pulse oximeters, suction units, ventilators and vital sign monitors from top manufacturers.

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**MISSION:
LIFELINE**

UPDATES

CONGRATS TO THE AGENCIES WHO ACHIEVED 2017 MISSION: LIFELINE EMS AWARDS:

- > Council Bluffs Fire Department
- 2017 Mission: Lifeline® EMS Gold Plus;
- > Clive Fire Department
- 2017 Mission: Lifeline® EMS Bronze;
- > MEDIC EMS, Davenport
- 2017 Mission: Lifeline® EMS Gold;
- > Dubuque Fire Department,
- 2017 Mission: Lifeline® EMS Gold;
- > UnityPoint Health-Marshalltown Area Paramedic Service - 2017 Mission: Lifeline® EMS Silver Plus and their designated team members: Marshalltown Fire Department, Clemons First Responders, BCERT, Albion First Responders, Green Mountain First Responders, Liscomb First Responders, State Center First Responders, Laurel First Responders, Haverhill First Responders, Gilman First Responders, Le Grand First Responders, Melbourne First Responders, Rhodes First Responders

Criteria for the achievement awards can be found here:
http://www.heart.org/idc/groups/heart-public/@wcm/@gwtg/documents/downloadable/ucm_490883.pdf

WELCOME TO OUR NEW AHA/ASA IOWA QUALITY AND SYSTEMS IMPROVEMENT DIRECTOR, KATIE BERGEN.

Katie is an RN and holds an MBA with an emphasis in healthcare management. Most recently, she was the Director of Strategic Initiatives for Eastern Iowa Health Center. She is based out of Cedar Rapids. Katie will manage all AHA/ASA Quality Programs, including Mission: Lifeline, in Iowa. Gary Myers will remain the contact for Mission: Lifeline grant activities until the end of the grant initiative in January 2018. Katie's contact info:

Katie Bergen, MBA, BSN-RN
1035 N Center Point Rd #B
Hiawatha, IA 52233
(319) 471-3565
katie.bergen@heart.org

EDUCATION AND HOSPITAL RECEIVING SYSTEM GRANTS:

Please take advantage of the free, in-house Mission: Lifeline STEMI education that is still available to services

across Iowa. Mission: Lifeline education is focused on STEMI Heart Attack system issues, including coordination with your receiving hospitals. Some time is spent on 12-leads, and some time is spent on typical heart attack care, but this education is really about the system. The curriculum was developed specifically for Mission: Lifeline in rural, primarily BLS, areas. It is taught by Iowa educators that have been contracted through the grant. To sign up for a class, or host a class, please contact Mercy School of Health Sciences: <http://www.mchs.edu/Academics/Continuing-Education-and-CPR/Mission-Lifeline>

Finally, grants are still available for hospitals who do not have the ability to received 12-lead transmissions from the field. If your agency can transmit, but transports to a hospital that cannot receive, please let them know about this opportunity and have them contact:

Gary W. Myers, MS
Sr. Director - Quality & Systems Improvement
EMS Consultant for Midwest Affiliate
(605) 215-1551
gary.myers@heart.org

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EMS BUREAU UPDATE

BY DIANE WILLIAMS—Trauma Program Manager

Iowa Department of Public Health—Bureau of Emergency and Trauma Services



STOP THE BLEED CAMPAIGN

IOWA'S CONCEPT FOR STATEWIDE IMPLEMENTATION

In April 2013, just a few months after the active shooter event on December 14, 2012, at Sandy Hook Elementary School in Newtown, CT, the Joint Committee to Create a National Policy to Enhance Survivability from Intentional Mass Casualty and Active Shooter Events was convened by the American College of Surgeons (ACS) in collaboration with the medical community and representatives from the federal government, the National Security Council, the U.S. military, the Federal Bureau of Investigation, and governmental and nongovernmental emergency medical response organizations, among others. The committee was formed under the guidance and leadership of trauma surgeon Lenworth M. Jacobs, Jr., MD, MPH, FACS, vice president of academic affairs and chief academic officer at Hartford Hospital, and professor of surgery, University of Connecticut School of Medicine, to create a protocol for national policy to enhance survivability from active shooter and intentional mass casualty events.

> **The committee's recommendations** are called the Hartford Consensus, and currently consist of four reports.¹ The Stop the Bleed campaign is a direct result of the Hartford Consensus III: Implementation of Bleeding Control.

> **The overarching principle of the Hartford Consensus is** that with intentional mass-casualty and active shooter events, no one should die from uncontrolled bleeding. An acronym to summarize the necessary response is THREAT:

- Threat suppression
- Hemorrhage control
- Rapid Extrication to safety
- Assessment by medical providers
- Transport to definitive care

> **The Hartford Consensus calls for a seamless, integrated response system that includes the public, law enforcement, EMS/fire/rescue, and definitive care to employ the THREAT response** in a comprehensive and

expeditious manner. This concept is applicable to any trauma situation that results in uncontrolled bleeding.

> **Unintentional Injury is the leading cause of death for people ages 1-45 in the nation.**¹ While this trauma can be caused by stabbings and gunshot wounds, it is more typical for injuries to occur in motor vehicle collisions, farm accidents, manufacturing, and in association with other day to day emergencies. The availability of bleeding control supplies and the knowledge to rapidly apply those measures is key to saving lives.

> **Data from the Federal Bureau of Investigation (FBI) indicates that Active Shooter incidents steadily increased between 2000-2013.**² Massive bleeding from stabbing and gunshot wounds lead to many deaths during these incidents. It only takes a few minutes for an individual to bleed to death. It is essential that efforts are taken to ensure individuals have immediate access to bleeding control supplies and the knowledge to use those supplies.

> **Providing bystanders with basic tools and information on the simple steps they can take in an emergency situation to stop life threatening bleeding can save lives.** Research has shown that bystanders, with little or no medical training, can become heroic lifesavers. Dr. Richard Sidwell, a trauma surgeon at Iowa Methodist Medical Center in Des Moines, and has promoted implementation of the training in Iowa. "The problem is that severe bleeding is the leading cause of preventable death following injury, and there isn't time to wait for trained medical personnel to arrive," he says. "We want to turn bystanders into first responders who can 'Stop the Bleed' and save a life." Similar to the use of CPR or automatic defibrillators, improving public awareness about how to stop severe bleeding and expanding personal and public access to Bleeding Control Kits can be the difference between life and death for an injured person.³ "This isn't hard," Sidwell says. "With a small amount of training and practice, anyone can learn what to do to save a life."

> **The Iowa Department of Public Health Bureau of Emergency and Trauma Services is actively engaged**





in a statewide implementation of the Stop the Bleed campaign. Some of the groups/entities will serve as trainers of the program, and others as program recipients. The recommended course for Iowa's standardized statewide program will be Bleeding Control for the Injured version 1.0 (B-Con v. 1.0) available through the American College of Surgeons. B-Con v. 1.0 teaches participants basic life-saving medical interventions through the A, B, Cs. This includes "A-alerting" 911, finding "B-bleeding" injuries, and use of "C-compression" to stop bleeding. The course is designed for NON tactical law enforcement officers, first responders, firefighters, security personnel, teachers and other civilians.

> **B-Con may be taught by any of the following that have successfully completed the B-Con v. 1.0 course:**

- > All NAEMT instructors.
- > All military approved TCCC instructors.
- > All PHTLS, TCCC or TECC providers.
- > EMRs, EMTs, or Paramedics who have successfully completed the B-Con course.
- > ATLS, ATCN, TNCC or ATC instructors or providers who have successfully completed the B-Con course.
- > All physicians, physician assistants and nurses who have successfully completed the B-Con course.

> **To ensure a successful campaign across Iowa, instructors are currently being trained to create an instructor pool.** The first three train the trainer sessions are scheduled in June 2017 (June 7, 2017 in Des Moines; June 20, 2017 in Council Bluffs; and June 27, 2017 in Iowa City). Once the initial training is completed trained instructors will be asked to provide additional train-the-trainer and public sessions within their respective jurisdictions.

> Please contact Diane Williams at diane.williams@idph.iowa.gov for questions or additional information.

REFERENCES:

American College of Surgeons website. <https://www.facs.org/about-ac/s/hartford-consensus>. Accessed 1/27/2017.

U.S. Department of Justice, Federal Bureau of Investigation, *A Study of Active Shooter Incidents in the United States Between 2000 and 2013*. September 16, 2013. Washington Navy Yard, Washington, D.C.

National Center for Health Statistics (NCHS), National Vital Statistics System, Office of Statistics and Programing, National Center for Injury Prevention and Control, CDC using WISQARS. *10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States-2014*.



Does he need a trauma center or the local hospital?



Twenty-year-old male in a motor vehicle accident. Airbag has deployed.

Car has significant front-end damage. Is he bleeding internally? Hemorrhage is the leading cause of death after injury.¹

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¹Acosta JA, et al. *Journal of the American College of Surgeons*. 1998;186(5):528-533.

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DISCOUNT CUT OFF DATE:
October 23, 2017

To Reserve your room at our block rate online go to: www.iemsa.net/conference.htm and click on the link in the right sidebar under 2017 Conference Hotels.



HAMPTON INN

120 SW Water Street, Des Moines

Reservations Call **515-244-1650**

MUST ASK FOR IEMSA Group Room Block & Group Code: IEMSA for a discounted rate of \$112+ tax/night for king/double

DISCOUNT CUT OFF DATE:
October 18, 2017



COMFORT INN & SUITES (previously Quality Inn)

929 3rd Street, Des Moines

515-282-5251

MUST ASK FOR IEMSA Group Room Block & Group Code: IEMSA for a discounted rate of \$110+ tax/night for king/double.

DISCOUNT CUT OFF DATE:
October 8, 2017



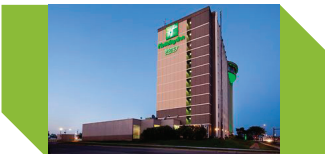
RENISSANCE SAVERY HOTEL

1050 6th Ave., Des Moines

515-244-2151

MUST ASK FOR THE IOWA EMS ASSOCIATION Group Room Block & Group Code: IEMSA for a discounted rate of \$126+ tax/night for king/double

DISCOUNT CUT OFF DATE:
October 18, 2017. To Reserve your room at our block rate online go to: www.iemsa.net/conference.htm and hit the link in the right sidebar under 2017 Conference Hotels



IOWA EVENTS CENTER

COMMUNITY CHOICE CREDIT UNION CONVENTION CENTER & HYVEE HALL C

730 3rd St,
Des Moines, IA 50309



IEMSA EXHIBIT HALL

HYVEE HALL C

FEATURING:
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EXHIBIT HALL HOURS:

THURS. NOV 9TH
WELCOMING RECEPTION
4:30PM-7PM

FRI. NOV 10TH : 9:15AM-5:40PM

SAT. NOV 11TH : 9:00AM-1:00PM

IEMSA CONFERENCE GIVE-AWAY WINNERS ANNOUNCED

DRAWING HELD DURING BREAKS
FRIDAY AND SATURDAY. **MUST BE
PRESENT TO WIN.**





PRE-CONFERENCE WORKSHOPS **THURSDAY, NOVEMBER 9, 2017**

7:15 AM REGISTRATION OPENS

FORMAL & OPTIONAL CE_s APPLIED FOR

8:00 AM-4:30 AM

FULL DAY PRE-CONFERENCE WORKSHOPS

- **CRITICAL CARE PARAMEDIC (CCP) REFRESHER**
- **(PEPP) PEDIATRIC EDUCATION FOR PREHOSPITAL PROFESSIONALS** --MIKE AGUILAR

8:00 AM - 11:15PM --1/2 DAY MORNING WORKSHOPS

- **IT'S BRAIN SCIENCE-NOT ROCKET SCIENCE**
--CONNECTIONS MATTER DEVELOPING BRAIN RELATIONSHIPS
(LEADERSHIP/MANAGEMENT TRACK-AM SESSION)
- **UTILIZING NEMSIS DATA**
TO ESTABLISH SERVICE BASELINE STANDARDS
--IDPH STAFF

12:15 AM - 4:30 PM 1/2 DAY AFTERNOON WORKSHOPS

- **REDUCING TRAUMA AND DRAMA**
THROUGH UNDERSTANDING PERSONALITY STYLES
--IRON JEN MCDONOUGH
(LEADERSHIP/MANAGEMENT TRACK-PM SESSION)
- **SERVICE DIRECTORS WORKSHOP**
--IDPH STAFF
- **MEDICAL DIRECTORS WORKSHOP**
--IDPH STAFF

LUNCH AND SPECIAL EVENTS

11:15 - 12:15 PM

LUNCH IS AVAILABLE OUTSIDE THE EXHIBIT HALL

--HYVEE HALL BBQ, MEXICAN FOOD VENDORS AND SEATING WILL BE AVAILABLE

4:30 - 7:00 PM

> VENDOR HALL WELCOMING RECEPTION

--EXHIBIT HALL --HYVEE HALL C

- COMPLIMENTARY FOOD AND BEVERAGES.
- LARGE DISPLAY OF THE TOOLS OF YOUR TRADE

NOW IS YOUR CHANCE TO DROP OFF YOUR RAFFLE TICKET FOR A CHANCE TO WIN PRIZE! DRAWINGS WILL BE

IN THE EXHIBIT HALL FRIDAY AND SATURDAY BREAKS ONLY. YOU MUST DROP OFF YOUR RAFFLE ENTRY CARDS IN THE RAFFLE BAG AT THE IEMSA BOOTH. YOU MUST BE PRESENT TO WIN.

DRAWINGS WILL BE HELD:

- FRIDAY AM BREAK -- 9AM - 9:45AM
- FRIDAY PM BREAK -- 2:55PM - 3:40 PM
- SATURDAY AM BREAK 9:15AM - 9:45AM

IMPORTANT NOTE:

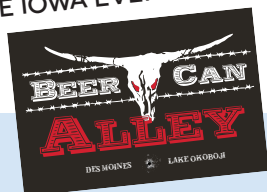
NO RAFFLE DRAWINGS DURING LUNCH

7:30PM - 11PM

> **"GATHERING PLACE EVENT" -- "BEER CAN ALLEY" ON COURT AVE DETAILS BELOW.**

THURSDAY NIGHT FUN
GATHERING PLACE EVENT : 7:30-11P

LOCATION: BEER CAN ALLEY - NOV. 9TH
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FRIDAY NOVEMBER 10, 2017 SCHEDULE AT-A-GLANCE PLANNER

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6:45 AM REGISTRATION OPENS

7:45 AM - 9:00 AM --KEYNOTE SPEAKER GENERAL SESSION **BALLROOM**

TIPS FROM A.J.'S TOOL BAG : PATIENT ASSESSMENT AND MANAGEMENT —A.J. HEIGHTMAM (JEMS EDITOR)

9:00 AM - 9:45 PM

- **BREAK IN THE EXHIBIT HALL**---HYVEE HALL C
Give-Away Drawings Begin and Refreshments and a treat will be served in the exhibit hall for this break.
- **YOUR CHANCE TO DROP OFF YOUR RAFFLE TICKET**
"DROP OFF YOUR RAFFLE ENTRY CARDS IN THE RAFFLE BAG AT THE IEMSA BOOTH #33 IN THE EXHIBIT HALL."

9:45 AM - 10:35 AM

- **MCI/TRIAGE**
--MICHAEL KADUCE
- **PEDIATRIC ASSESSMENT TRIANGLE**
--LYNN KROMPF
- **MENTAL HEALTH HAPPY HOUR**
--LEE THOMAS
- **CRUSH INJURY AND COMPARTMENT SYNDROME**
--TERRY RAGALLER

10:45 AM - 11:55 AM

- **PEDIATRIC ANALGESIA**
--DR. JOSHUA STILLEY
- **DOCUMENTATION FOR REIMBURSEMENT**
--JEFF DUMERMUTH
- **STOP THE BLEED AND TOURNIQUETS**
--PIPER WALL
- **TRAUMA PRESENTATION**
--NATASHA JENSEN

NOON - 1:00 PM

- **Lunch is also available at the** FOOD VENDORS (BBQ, Mexican) IN THE EXHIBIT HALL
SIT-DOWN LUNCH--you must have purchased a ticket with your registration. Lunch is served in the educational area of the event center. Your Badge indicates your lunch purchase on the back--this is your ticket.

1:00 PM - 1:50 PM

- **WHAT THE RESEARCH SAYS**
--MICHAEL KADUCE
- **GOLDEN CARE- CRITICAL COMPONENTS IN CARING FOR GERIATRIC PATIENTS** --A.J. HEIGHTMAN
- **PEDIATRIC TRAUMA CASE STUDIES**
--LYNNETTE HEMPHILL
- **VADs/LVADs**
--KIM MAXSON

2:05 PM - 2:55 PM

- **INFECTIOUS DISEASES**
--MARTIN HERKER
- **CARDIAC EVENTS : VARIOUS TYPES AND PREHOSPITAL TREATMENT**--MATT KLEIN
- **CHAIN SAW SUICIDE STUDY**
--TERRY RAGALLER
- **EVERY BREATH YOU TAKE**
--JANET TAYLOR

-- 2:55PM - 3:40PM

- **BREAK IN THE EXHIBIT HALL**---HYVEE HALL C
Give-Away Drawings Continue and Refreshments and a treat will be served in the exhibit hall for this break.
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-DROP OFF YOUR RAFFLE ENTRY CARDS IN THE RAFFLE BAG AT THE IEMSA BOOTH #33 IN THE EXHIBIT HALL.

3:40 PM - 4:55 PM -- KEYNOTE SPEAKER--GENERAL SESSION - BALLROOM

CALMING THE CHAOS DURING PATIENT CARE ★ —IRON JEN MCDONOUGH

8:30 PM - 11:30 PM — ★ CRAZY HAT DJ DANCING PARTY ★

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7:30-8:15 AM — **HONORING OUR OWN CEREMONY** : Please join us in honoring those no longer with us at this moving ceremony. Upstairs in the Ballroom--Level 3. This ceremony starts promptly at 7:30am. Doors will be closed once the ceremony starts.

8:25 AM - 9:15 AM -- KEYNOTE SPEAKER GENERAL SESSION **BALLROOM**

HOT TOPICS -- ASK THE DOCS --PANEL DISCUSSION WITH DR. JOSHUA STILLEY, DR. JASHIM AHMED & DR. CHRIS WISTROM

9:15 AM - 9:45 PM

- **BREAK IN THE EXHIBIT HALL--HYVEE HALL C**
Give-Away Drawings Continue and Refreshments and a treat will be served in the exhibit hall for this break.
- **YOUR CHANCE TO DROP OFF YOUR RAFFLE TICKET**
"DROP OFF YOUR RAFFLE ENTRY CARDS IN THE RAFFLE BAG AT THE IEMSA BOOTH IN THE EXHIBIT HALL."

9:45 AM - 10:35 AM

- **SUICIDE AND ADOLESCENT PSYCHIATRIC ISSUES**
--DR. KEN CHAYNE
- **PATIENT CENTERED CARE**
--MARTIN HERKER
- **WORKING THE CROWD--
A PRIMER ON MASS GATHER MEDICINE**
--DR. JASHIM AHMED
- **SHOW ME: HANDS ON CONCEPTUAL LEARNING
AND WEIRD SCIENCE WORKSHOP (MUST ATTEND BOTH
MORNING SESSIONS TO RECEIVE CREDIT)**--JANET TAYLOR

10:45 AM - 12:00 PM

- **SHOW ME: HANDS ON CONCEPTUAL LEARNING
AND WEIRD SCIENCE WORKSHOP (MUST ATTEND BOTH
MORNING SESSIONS TO RECEIVE CREDIT)**--JANET TAYLOR
- **FIREFIGHTER REHAP...KEEPING FRIENDS**
--DR. CHRIS WISTROM
- **RSI AND AIRWAY PROTECTION**
--DR. JOSHUA STILLEY
- **DEADLY DELIRIUM**
--TERRY RAGALLER

NOON - 1:00 PM (EXHIBIT HALL CLOSES AT 1PM)

IEMSA AWARDS CEREMONY LUNCH--you must have purchased a ticket with your registration. Lunch is served in the educational area of the event center. Your Badge indicates your lunch purchase on the back--this is your ticket. **ATTENDEES Line-up on the far ends of the lunch hall. The center line is reserved for honorees and their guest.**

- **Lunch is also available at the FOOD VENDORS (BBQ, Mexican, Salad/Soup/Sandwich)IN THE EXHIBIT HALL**

1:00 PM - 2:15 PM

- **SHOW ME: HANDS ON CONCEPTUAL LEARNING
AND WEIRD SCIENCE WORKSHOP (MUST ATTEND BOTH
AFTERNOON SESSIONS TO RECEIVE CREDIT)**
NOTE: THIS SESSION IS A REPEAT OF THE MORNING "SHOW ME" SESSION TO ALLOW MORE PEOPLE TO ATTEND.
--JANET TAYLOR
- **DEPENDENT ADULT AND CHILD ABUSE (MUST ATTEND BOTH
AFTERNOON SESSIONS TO RECEIVE CREDIT)**
--JOANNA SHADE
- **CONCUSSION PROGRAM**
--MARTIN HERKER
- **TROUBLED CHILDREN-DIFFICULT OB DELIVERIES**
--TERRY RAGALLER

2:25 PM - 3:15 PM

- **SHOW ME: HANDS ON CONCEPTUAL LEARNING
AND WEIRD SCIENCE WORKSHOP (MUST ATTEND BOTH
AFTERNOON SESSIONS TO RECEIVE CREDIT)**
NOTE: THIS SESSION IS A REPEAT OF THE MORNING "SHOW ME" SESSION TO ALLOW MORE PEOPLE TO ATTEND.
--JANET TAYLOR
- **DEPENDENT ADULT AND CHILD ABUSE (MUST ATTEND BOTH
AFTERNOON SESSIONS TO RECEIVE CREDIT)**
--JOANNA SHADE
- **EVIDENCE BASED PROTOCOLS--HOW TO**
--DR. JOSHUA STILLEY
- **I'M SICK OF IT! SEPSIS IDENTIFICATION AND CARE**
--TERRY REGALLER

3:25 PM - 4:40 PM —KEYNOTE SPEAKER--GENERAL SESSION - BALLROOM

CASE REVIEW : UNIQUE AND CHALLENGING CASES IN THE PRE HOSPITAL SETTING ★ —DR. CHRIS WISTROM

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CHOOSE YOUR BREAK-OUT SESSIONS ON THE BACK OF THIS FORM.

REGISTRATION FORM -----> CONTINUED ON PAGE 26



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CONTINUED—

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PLEASE CHECK THE BREAK-OUT CLASSES YOU WILL BE ATTENDING:

> DAY 1 : FRIDAY, NOVEMBER 9TH, 2017

- 09:45 - 10:35
- MCI/Triage
 - Pediatric Assessment Triangle
 - Mental Health Happy Hour
 - Crush Injury and Compartment Syndrome
 - Pediatric Analgesia

- 10:45 - 11:55
- Documentation for Reimbursement
 - Stop the Bleed and Tourniquets
 - Trauma Presentation

- 1:00 - 1:50
- What the Research Says
 - Golden Care-Critical Components in Caring for Geriatric Patients
 - Pediatric Trauma Case Studies
 - VADs / LVADs

- 2:05 - 2:55
- Infectious Diseases
 - Cardiac Events: Various Types and Pre Hospital Treatment
 - Chain Saw Suicide Study
 - Every Breath You Take

> DAY 2 : SATURDAY, NOVEMBER 10TH, 2017

- 09:45 - 10:35
- Suicide and Adolescents Psychiatric Issues
 - Patient Centered Care
 - Working the Crowd- A Primer on Mass Gathering Medicine
 - Show Me: Hands on Conceptual Learning and Weird Science Workshop
(TWO SESSION COURSE--must attend both to receive credit)

- 10:45 - 12:00
- Firefighter Rehab...Keeping Friends
 - RSI and Airway
 - Deadly Delerium
 - Show Me: Hands on Conceptual Learning and Weird Science Workshop
(TWO SESSION COURSE--must attend both to receive credit)

- 1:00 - 2:15
- Show Me: Hands on Conceptual Learning and Weird Science Workshop
(TWO SESSION COURSE--must attend both to receive credit)
 - Dependent Adult and Child Abuse
(TWO SESSION COURSE--must attend both to receive credit)
 - Concussion Program
 - Troubled Children : Difficult OB Deliveries

- 2:25 - 3:15
- Dependent Adult and Child Abuse
(TWO SESSION COURSE--must attend both to receive credit)
 - Show Me: Hands on Conceptual Learning and Weird Science Workshop
(TWO SESSION COURSE--must attend both to receive credit)
 - Evidence Based Protocols- How to
 - I'm Sick of It! Sepsis Identification and Care

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- Progressive discipline
- Communication and role playing
- Case studies in supervision

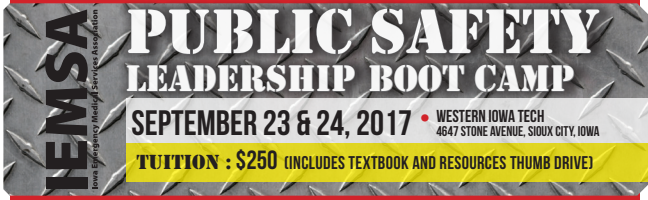
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REGISTRATION FORM ON NEXT PAGE

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The Payment Options include: credit/debit card or select "Mail my Check". Registrations are not complete until payment is received, and must be paid prior to the conference. Mail Checks to: IEMSA, 5550 Wild Rose Lane #400, West Des Moines, IA 50266.

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Ebola, Enterovirus, and EMS

Emerging Infectious Diseases

and What EMS Providers Need to Know.

BY Adam Wedmore, BS, CCP, NREMT-P

EMS Program Manager, North Iowa Area Community College



INTRODUCTION

Recently the media has captivated audiences with their relentless broadcasting of outbreaks of the rapidly spreading Ebola outbreak in African Nations as well as emerging respiratory viruses that have sickened children across the United States. These news stories tend to highlight the dramatic side of these diseases and play on the fears of the general public. While infectious diseases are of concern for Emergency Medical Service providers, simple procedures and sound policies can limit the risk of transmission and bring these viruses from Hollywood-like fame to manageable situations.

Infectious Disease Process

Before beginning to discuss how to protect ourselves, as well as care for potentially infected patients, the individual disease processes will need to be understood as well as why infections spread. Infectious diseases come from one of seven types of etiologic agents including fungi, bacteria, viruses, prions, metazoan, rickettsia, and protozoa¹. This discussion will focus on viruses and highlight two particular infectious diseases of current interest and concern.

Viruses are tiny, non-living structures comprised of either DNR or RNA. The life cycle of a virus starts with finding a suitable living cell inside a host and replicate, using its own DNA or RNA as the master copy for replication. Once the virus is able to penetrate into the host cell the replication process can begin as dictated by the virus's encoded instructions. These encoded instructions dictate the viral life cycle and stimulate the virus to either begin replication immediately, such as in the case of the measles virus, or to lay dormant for an extended period of time, such as in HIV².

Simple exposure to a virus does not necessarily constitute an infection as the virus must elude or overcome a host's defensive immune system after it has entered the host. The ability of a virus to evade or overcome a host's immunity and thus infect a cell varies widely based upon the genetic makeup of the virus as well as the overall health of the individual host. Whereas some viruses are easily transmitted from person to person; others are easily destroyed outside of the host and thus limiting the infectious spread of the virus¹.

The Famous- Ebola

Ebola is one of four viruses in the Filoviridae family which are commonly referred to as hemorrhagic fevers due their effects on the human body and their ability to cause extensive bleeding³. Ebola, referred to as Ebola Virus Disease (EVD), can cause disseminated intravascular coagulopathy which leads to diffuse bleeding, hypotension, and ultimately death⁴. The Ebola virus was first discovered in the Ebola River valley in Africa in 1976 following an outbreak of an unknown disease. Since that time, several outbreaks of the disease have occurred with the largest one currently occurring across West Africa. This current epidemic outbreak is by far the largest known EVD epidemic with several thousand documented infections and a mortality rate of forty-seven percent⁵. The spread of EVD across Africa has triggered an international response and has been declared an "extraordinary event" by the World Health Organization⁶.

The EVD's natural reservoir and carrier have never been identified. It is believed that wild African animals are likely carriers as outbreaks of the infection have been discovered in nonhuman primates³. The ability of a virus such as EVD to transmit from its non-human primate host to the human population is due to constant viral evolution as it replicates from cell to cell. The process of viral replication is not perfect and mutations occur which can increase the potential susceptibility of the virus to a different host⁸. EVD is transmitted from one infected person to another through bodily fluids including blood, urine, saliva, feces, vomit, sweat, and semen⁶. Currently no studies exist to conclude that EVD is transmittable through the air in a clinical setting yet data does exist to prove that the virus is able to be aerosolized in controlled environments³.



Simple exposure to a virus does not necessarily constitute an infection as the virus must elude or overcome a host's defensive immune system after it has entered the host.





Symptoms of EVD begin abruptly eight to ten days after exposure to the virus. Initial symptoms include fever, general malaise, chills, and weakness. These symptoms quickly progress and worsen along with the development of a diffuse rash that typically appears by day seven. Patients then begin to develop gastrointestinal symptoms including abdominal pain, diarrhea, and nausea and vomiting. Late stage symptoms include bruising, diffuse bleeding from puncture sites and body orifices, and finally multisystem organ failure coupled with shock. There is currently no cure or vaccine for EVD and treatment is limited to supportive care and fluid resuscitation ⁷.

In order to protect healthcare workers and limit the spread of the virus basic barrier nursing techniques and appropriate personal protective equipment (PPE) should be worn. The specific personal protective equipment that should be utilized by healthcare workers when caring for patients potentially infected with EVD was recently updated by the CDC and now recommends that all exposed skin be covered. In addition to the CDC's Standard Contact and Droplet Precautions guidelines which suggest single use gloves, eye protection, and a fluid resistant gown be worn the CDC also states that providers involved in the care of Ebola patients must have received repeated training and have demonstrated competency in infection control practices and procedures with an emphasis on donning and doffing the PPE. The CDC also recommends double gloving for invasive procedures and respiratory protection that is at least as protective as a NIOSH certified fit-tested N95 filtering face piece respirator or higher when infectious aerosols could be generated ⁹.

Additional guidance has been released from the CDC related to the identification and isolation of suspected EVD patients. One valuable tool in the fight of infectious diseases is the use of screenings and early recognition to identify potentially infected patients and the rapid isolation of the patients in an effort to prevent the spread of the disease ⁶. Any person under investigation should be placed in isolation if they meet the criteria and risk factors as outlined in the CDC's Case Definition Document. This policy recommends that this isolation period be for twenty-one days following a potential exposure, using twenty-one days as the longest documented EVD incubation period ¹⁰.

The threat of EVD entering the United States is debated by experts who tend to agree that through screening and the use of personal protective equipment the likelihood of an EVD outbreak in the United States is low. The rampant pace at which the epidemic has spread across West Africa

is largely due to the limited access to properly equipped facilities, inadequate numbers of trained healthcare providers, and widespread misunderstanding of the virus ¹¹. Should the EVD be encountered in the United States, those infected should have the opportunity to be quickly be identified, placed into isolation, and provided high quality supportive care.

As with any infectious disease, emergency responders must understand the disease, be able to recognize the signs and symptoms, employ strict infection prevention and control with particular regard to body substance isolation procedures. Providers are encouraged to conduct an extensive background and history on patients and attempt to identify any person who has had close contact with a suspected EVD-infected patient or has been in a country affected by the EVD outbreak within the last twenty-one days. Early recognition is critical ⁶.

A New Threat- Enterovirus D68 (EV-D68)

The start of the new school year typically brings with it an onset of illness as children across the country once again come into close contact with new viruses inside the confines of the classroom. Typical infections found among children and adolescents in classroom settings include gastrointestinal infections, influenza, and methicillin-resistant *Staphylococcus aureus* also known commonly as MRSA ¹². However, an emerging new virus has recently been identified and its effects on children can be significant.

The CDC released a Health Advisory on September 12th, 2014 in response to a sudden influx of a severe respiratory illness among children ¹³. This virus, which was first discovered in California in 1962, is one of many non-polio enteroviruses. This infection caught the attention of the CDC due to the sudden increase in severe respiratory cases in children clustered throughout the Midwest ¹⁴.

Enteroviruses can cause a variety of symptoms which range from mild to severe in nature and include runny nose, sneezing, coughing, body aches, and respiratory distress. The specific Enterovirus EV-D68 is less common among enteroviruses and typically causes a respiratory illness. This specific uptick in infections appears to cause severe respiratory illness and has resulted in a sudden rise in pediatric patients experiencing severe respiratory distress. Two main clusters of patients exist, one in Kansas City, Missouri and the other in Chicago, Illinois with additional suspected cases in Iowa, Kansas, and Colorado ¹⁴.

Concern about EV-D68 comes from both the severity

>>> CONTINUED ON **PAGE 32**



Emerging Infectious Diseases

>>> CONTINUED FROM **PAGE 31**

of illness as well as the unusual number of cases as this particular strain of Enterovirus is thought to be less common¹⁴. Hospitals that have seen confirmed cases of EV-D68 report pediatric patients, ranging in age from six weeks to sixteen years in age, presenting with hypoxemia and respiratory distress. Some cases have also involved wheezing. One particular item to note is that the vast majority of patients are afebrile at the time of admission¹³. Currently there is no specific treatment, cure, or vaccine for EV-D68 and care is limited to supportive therapy. Of the patients treated, some have required mechanical ventilation with one patient having been treated with extracorporeal membrane oxygenation¹³. The severity of respiratory distress caused by EV-D68 is atypical of enteroviruses and has triggered increased monitoring by the CDC¹⁴.

EV-D68 is considered primarily a respiratory virus and is believed to be spread from person to person through droplets carried by coughing or sneezing as well as contact with contaminated surfaces¹⁴. Infection control recommendations include both standard precautions as well as contact precautions. In addition, healthcare providers are encouraged to utilize droplet precautions when engaged in activities that could generate aerosolized droplets. While EV-D68 currently appears to cause severe respiratory infections in the pediatric population, there is concern that it could also infect adults. As such, all patients with unexplained severe respiratory illness, even in the absence of a fever, should have EV-D68 included on the differential diagnosis¹³.

Infection Control Policies and Procedures

Infection control procedures are paramount to protecting healthcare providers. The importance of personal protective equipment is stressed throughout all levels of training and continues to remain a critical failure item on the National Registry of EMT's psychomotor examination for all certification examinations¹⁵. The fact that all providers are tested on the proper use of personal protective equipment highlights the importance of its use in the field.

Agencies are encouraged to adopt body substance

isolation procedures or protocols and equip personnel accordingly. To assist in identifying minimum levels of protection, the CDC has published the 2007 Guidelines for Isolation Precautions document which is available for download. These guidelines are supplemented by periodic CDC Health Advisories which provide updated information regarding new and emerging outbreaks as well as recommended infection prevention, control, and disinfection practices.

Following contact with any patient suspected of having an infectious disease emergency medical care providers are encouraged to conduct a thorough decontamination of all equipment and surfaces that could potentially have been contaminated. The CDC recommends the use of EPA-registered hospital-grade disinfectants for the routine cleaning and disinfecting of potentially contaminated equipment⁹. All soiled linen, including uniforms, should also be laundered according to department policies and procedures.

Summary

Emergency medical providers must be well-versed in patient care and assessment of a variety of medical and trauma related events including. Throughout our training we have practice the steps of cardiopulmonary resuscitation, mastered the use of airway adjuncts, and perfected our ability to conduct a patient assessment. These skills are well within our comfort level as we practice them practiced on a regular basis. A challenge for EMS providers to obey all infection control and prevention measures can occur when faced with a new or atypical situation, especially if the situation involves the presence of an unfamiliar and emerging infectious disease. Fear of the unknown can take over and cause the provider to abandon all basic training.

Provider and patient safety will be best suited through an understanding of the individual disease processes, rapid identification and isolation, the strict use of appropriate personal protective equipment, and proper decontamination. Regardless of the infectious disease, EMS providers must remain vigilant in their assessment and unwavering in regards to infection control.



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2017 IEMSA BOARD MEMBER NOMINATION FORM



IT IS TIME TO CONSIDER YOUR REGIONAL REPRESENTATIVES TO THE IEMSA BOARD OF DIRECTORS. The regional representatives elected will serve two-year terms beginning in December, 2017. Those board seats whose terms expire in December, 2017 are as follows:

- > North Central Region
- > Northeast Region
- > Northwest Region
- > South Central Region
- > Southeast Region
- > Southwest Region

To nominate a person to one of these IEMSA Regional seats:

- 1> **complete this form or go online to download this form or complete this form on line** at <http://iemsanet.com/membership.htm> for the links for each of these options --(see the link in the right sidebar "IEMSA Nominations" box).
- 2> **a biography** describing EMS Involvement. You may email this to administration@iemsanet.com
- 3> **submit your nomination to the IEMSA office before September 25, 2017.**

Print, complete and return this form to the IEMSA Office by mail to IEMSA, 5550 Wild Rose Lane, Ste. 400, WDM, IA 50266 or email to administration@iemsanet.com.

> **This nomination is for a Regional Board Representative for the _____ IEMSA Region that this nominee resides in.**

Nominated by : Name/Service

Nominee's Info: Name

Company/Service

Address

City/State/Zip

Phone Number

E-Mail Address

BRIEF BIOGRAPHY DESCRIBING EMS INVOLVEMENT (**E-MAIL OR MAIL A SEPARATE SHEET IF NEEDED TO: ADMINISTRATION @ IEMSA.NET** OR IEMSA, BOARD NOMINEE, 5550 WILD ROSE LANE, STE. 400, WEST DES MOINES, IA 50266)

The nominations will be checked to ensure compliance with the nomination process. The nominee's membership status will also be verified. Successful nominations will comprise the final ballot which will be emailed to active members by region on October 15, 2017. Voting will cease on October 30, 2017. Detailed instructions will be provided on the ballot. Should you require a paper ballot, please contact the office by calling 515-225-8079 or email administration@iemsanet.com.

Emerging

Infectious Diseases

Continuing Education Quiz

IEMSA members can earn 1 hour (1CEH) of optional continuing education credit by taking this informal continuing education quiz. You must answer questions 1 through 6, and achieve at least an 80% score.

Deadline: September 31, 2017

Complete this Quiz and:

- **mail to** IEMSA -5550 WILD ROSE LANE, STE. 400
WEST DES MOINES, IA 50266
- **fax to** (877) 478-0926
- **or email to** administration@iemsa.net

1. Ebola is characterized as a type of _____.

- a) Bacteria
- b) Fungi
- c) Protozoa
- d) Virus

2. Ebola was first discovered in _____.

- a) Virginia
- b) Africa
- c) Russia
- d) Canada

3. Stepmomms of Ebola typically being between _____and _____days after exposure to the virus.

- a) 4 to 6
- b) 6 to 8
- c) 8 to 10
- d) 10 to 12

4. Ebola has been shown to be transmitted in which of the following bodily fluids:

- a) Blood
- b) Saliva
- c) Vomit
- d) All of the above

5. Initial symptoms of Ebola include all of the following except:

- a) Fever
- b) Bleeding
- c) Chills
- d) Weakness

6. The Food and Drug Administration (FDA) has approved a vaccine for EV-68.

- a) True
- b) False

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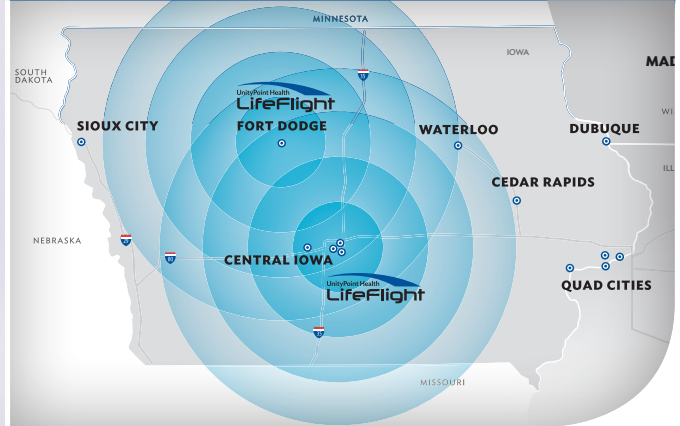
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