

IEMSA VOICE

A VOICE FOR POSITIVE CHANGE IN IOWA EMS



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EMS DAY ON THE HILL
JANUARY 29, 2015



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**COMMUNITY PARAMEDICINE
IN IOWA** : The Possibilities of
Implementation



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4.6 MILLION DOLLAR GIFT
to Support Heart Attack
Care in Iowa



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FALLEN HERO & FRIEND
A Tribute to Dan Paulsen (Right) :
IEMSA Board Member Passed Away

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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

- > **March 20, 2015**
Teleconference - 1:00—3:00pm
- > **April 17, 2015**
WDM Station 19- 1:00—3:00pm
- > **June 19, 2015**
WDM Station 19- 1:00—3:00pm
- > **July 17, 2015**
WDM Station 19- 1:00—3:00pm
- > **September 18, 2015**
WDM Station 19- 1:00—3:00pm
- > **October 16, 2015**
WDM Station 19- 1:00—3:00pm
- > **November 12, 2015**
Iowa Events Center at the Annual IEMSA Conference Time: TBD
- > **December 18, 2015**
Teleconference - 1:00—3:00pm

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A NOTE FROM OUR PRESIDENT

EFFECTIVE & ROBUST WE NEED YOU.

BY LINDA FREDERIKSEN, Executive Director, MEDIC EMS,
IEMSA President / Board of Directors

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> As we begin the year 2015, an air of excitement, as well as promise for a better future exists for Iowa's emergency medical services providers.

> As an EMS professional in Iowa, if you're not a member of the Iowa EMS Association, NOW is the time to become a part of this great organization.



It's no secret that EMS Providers throughout our nation face many challenges on a daily basis. While many options can be available to resolve issues, becoming an active member of our statewide EMS Association is a simple way to gain access to a rich network of experienced professionals who represent a multitude of service delivery options in Iowa. And while the Iowa EMS Association boasts a membership of twelve percent of our state's EMS providers...wouldn't it be great if our membership was even larger, creating an even more effective and robust state association?

As the President of the Iowa EMS Association, I am honored to be a part of an organization that works on a daily basis to address the needs of our providers, wherever they exist within our state. And the more actively engaged our membership is, the better that we become not only as a state association, but as a profession.

While much of the credit comes from the incredible EMS providers who care for those in their communities

each day, I would be remiss if I didn't recognize the great leadership of our past President, Chief Jerry Ewers. As the President of the Iowa EMS Association for the past four years, Jerry has worked tirelessly to make our association thrive, setting our course for successful direction. As past President, he continues to support the development of our association as well as profession, creating an environment of future sustainability. We can't thank Jerry Ewers enough for his contributions!

Our year of planned events began on a high note at the Capitol with a very successful EMS Day on the Hill on January 29, followed by well-attended presentations from Minnesota experts on Community Paramedicine at our Leadership Conference at the West Des Moines Sheraton. Our second annual Pediatric Conference, held on February 21 at the Coralville Holiday Inn, provided an impressive topic array delivered by noted clinical professionals, disseminating knowledge to provide even better emergency care and treatment to our youngest population.

> Looking forward, you won't want to miss Doug Wolfberg of Page, Wolfberg & Wirth as he skillfully pilots another regional IEMSA Billing and Management Conference in Council Bluffs on April 30th--you are guaranteed to come away with knowledge helpful to navigate through billing and compliance issues. Our annual EMS Week and Memorial event, a moving tribute, is scheduled for Saturday, May 16 at the West Des Moines Public Safety Building, and promises to be a great occasion to honor Iowa EMS Providers.

> Jon Politis will return on September 26th and 27th to deliver another great Leadership Academy/Supervisor Boot Camp. If you haven't yet taken this outstanding program, be sure to sign up to experience an exciting two days certain to assist you in realizing your leadership and management abilities as an EMS professional.

> And don't forget our crown jewel; the 26th Annual Conference and Trade Show on November 13-14, 2015.

Get ready for our best conference yet, as our presenters and vendors provide you with solutions to operational challenges, as well as intrigue you with new emergency care strategies and options for the future.

In closing, thank you for the opportunity to serve as the President of the Iowa EMS Association; it's our job to make this Association the best it can possibly be, which will enable us to be a strong "Voice" for Iowa's EMS Providers...stay safe!

BY MARK SACHEN Legislative Chair and NC Region Board Member

OUR VOICE ON THE HILL LEGISLATION

SEE YOU NEXT YEAR:
JANUARY 28, 2016



EMS DAY ON THE HILL 2015

In the early morning hours of January 29th, 2015, 75 dedicated EMS providers made the trek to our state's Capitol. Their goal: To educate legislators on the issues facing EMS in Iowa. This group was made up of career providers, volunteer providers, ALS providers, BLS providers, EMS and Fire Chiefs, the entire spectrum of Iowa's EMS providers from around the state.

After a briefing by lobbyist Mike Triplett, the group was unleashed to get our message out to the legislature. The well informed and well equipped IEMSA delegation made contact with their legislators as well as some interaction with many key legislators interested in addressing the issues facing EMS.



As I reflected on my first EMS Day on the Hill event last year, as a new IEMSA board member, I was initially nervous and intimidated by the notion of speaking with lawmakers about our legislative agenda. My nervousness and anxiety was quickly put to rest after meeting with two of the legislators from the region I have the honor of representing. They were easily approachable and glad to see constituents from their home districts. They went out of their way to make our delegation feel comfortable and welcome. The fact is, our legislators were genuinely interested in what we had to say and very glad to speak with us. I'm happy to report that feeling remains the same in the current legislative session as we continue our work to make EMS in Iowa the best it can be.

It was so encouraging to see so many of my colleagues engaging their lawmakers and providing them with the information they will need to move Iowa EMS forward. If you participated in this year's Day on the Hill event, you have my sincere thanks! I would encourage you all to share your experience with others in EMS and urge them to join us for our next Day on the Hill event!

As Legislative Chair, I was very proud of everyone who participated in our 2015 Day on the Hill event and made it a success! It's because of your involvement our state legislators take our agenda seriously and are informed about the issues facing EMS in Iowa.



EMS SUMMIT UPDATE

BY MARK SACHEN Legislative Chair and NC Region Board Member

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> One of the key partnerships that IEMSA has developed is with state Senator Jeff Danielson (D-Cedar Falls). Senator Danielson was very surprised that the EMS Legislative Study Committee that was formed in November 2013 didn't put forward legislation at the conclusion of their work. He now wants to capitalize on the momentum from the EMS Study Committee to draft legislation that protects and enhances EMS in Iowa.

To that end, Senator Danielson and several other legislators have hosted a series of EMS summits across the state to gather information from Iowa EMS providers and stakeholders to help update and re-define EMS in Iowa. (EMS Study Committee Co-Chair Senator Mary Jo Wilhelm and Committee member Representative Todd Prichard hosted one in Floyd, Iowa in September 2014.) From Dubuque to Sioux City and points in between including Coralville and Ankeny, IEMSA was there to support these legislators and hear what our EMS providers and stakeholders had to say about EMS in Iowa.

Surprisingly, there are a number of common themes, including issues like the burden mental health transports put on ambulance services, the struggle for small volunteer services to attract and retain members, the need for sustainable funding to provide EMS in all areas of the state, and the effect that embarrassingly low Medicaid reimbursement rates have on ambulance services. (Even with a 10% increase for each of the last two years, Iowa's Medicaid reimbursement rates are still far below our surrounding Midwestern states.)

SENATOR DANIELSON'S 'EMS BILL OF RIGHTS' LEGISLATION IS CURRENTLY BEING DRAFTED FROM THE INPUT RECEIVED FROM THESE SUMMITS. IEMSA continues to be a key resource for Senator Danielson in our combined effort to improve EMS in our great state.

The main points Senator Danielson's legislation addresses are as follows. This list is just a starting point, however, **IEMSA WILL BE WORKING TO CRAFT LEGISLATION THAT PROVIDES MEANINGFUL SUPPORT FOR EMS PROVIDERS:**

- > **21st Century Levy Modernization/Reform** – Ensure Iowa's current levies for EMS/Fire are able to provide adequate resources in every corner of Iowa to provide for adequate response.
- > **Education/Training** – Create a one-stop-shop for EMS training resources, curriculum, etc. to ensure standardization and support regardless of where training occurs. The state must provide additional resources to ensure a ready pipeline of EMS providers.
- > **Data Reporting** – Streamline EMS data reporting, cut red tape, reduce report filing time spent after calls are completed. Functional, reliable statewide system.
- > **Tax Credit** – Ensure financial rewards for service incentivize new Iowans to consider EMS and get the best return on investment for state resources. Consider transition from tax credit to an annuity/401K-type benefit.
- > **IDPH – Ensure IDPH staff can balance regulatory and EMS service support missions.** Focus on stable staffing for IDPH/EMS related duties, re-energize educational and support roles emphasizing customer service approach from IDPH to EMS providers.
- > **Governance/Boards/Commissions** – Ensure the EMS community has a meaningful seat at the table where EMS works with other public safety professionals at both the state and local levels.

IEMSA appreciates Senator Danielson's support and will continue to partner with him to work towards our goal of providing Iowan's with the best EMS care possible, no matter when or where they may need it.



BILL WATCH



BY MARK SACHEN Legislative Chair and
North Central Region Board Member

BILL	DESCRIPTION	LAST ACTION	IEMSA POSITION
HF 51	A bill for an act relating to reimbursement of emergency medical service providers under the Medicaid program.	Subcommittee assigned	FOR
HF54	A bill for an act requiring wireless communications service providers to provide call locations in circumstances of emergency, making penalties applicable, and including effective date provisions.	Subcommittee assigned	FOR
HF 55	A bill for an act permitting a tax refund for fuel used to provide emergency medical services by certain privately owned entities.	Introduced, referred to Ways & Means	FOR
HF130	A bill for an act exempting from the sales tax certain required equipment and supplies purchased by a volunteer fire fighter, emergency medical services personnel, or a reserve peace officer.	Introduced, referred to Ways & Means	UNDECIDED
HF137	A bill for an act relating to the operation of a rescue vehicle when responding to an emergency.	Introduced, referred to Public Safety	UNDECIDED
HF 158	A study bill for enhancing the criminal penalty for an assault on an operator of a motor vehicle providing transit services as part of a public transit system, and providing penalties.	Introduced, placed on the calendar	UNDECIDED
HF 231	A bill for an act relating to the transportation of persons with a substance-related disorder or a mental illness.	2-18-15 Passed Subcommittee	FOR
HF 251	A bill for an act relating to confidential communications between an emergency medical care provider and a patient.	2-26-15 Passed Subcommittee	FOR
HSB 30	A study bill for enhancing the criminal penalty for an assault on an operator of a motor vehicle providing transit services as part of a public transit system, and providing penalties.	1-28-15 Passed Judiciary	UNDECIDED
HSB 104	A study bill relating to and providing for the facilitation of broadband access in targeted areas of the state, including property tax incentives for broadband infrastructure installation, a broadband grant program and fund, making appropriations, and including applicability provisions.	2-18-15 Second Subcommittee	FOR
HSB 161	A study bill for an act relating to the possession, sale, transfer, purchase, and use of fireworks and providing penalties.	2-26-15 Passed Subcommittee	AGAINST
SF 291	A bill for an act relating to size, weight, and load limit applicability to authorized emergency vehicles.	2-24-15 Committee report approving bill	FOR
SF 60	A bill for an act relating to the coordination of, access to, and availability of broadband via fiberoptic network infrastructure throughout the state. (Adds IEMSA to Statewide Interoperable Communications System Board)	2-26-15 Subcommittee recommends amendment and passage	FOR
SF 75	A bill for an act relating to the use of blue and white lighting devices and reflectors during snow and ice treatment and removal, making penalties applicable, and including sunset date provisions.	Committee report, approving bill. Fiscal Note requested.	FOR
SF 226	A study bill for an act relating to the possession, sale, transfer, purchase, and use of fireworks and providing penalties.	2-17-15 Referred to Ways & Means	AGAINST
SF 262	A bill for an act relating to the transportation of persons with a substance-related disorder or a mental illness.	Introduced, referred to Human Resources	FOR
SSB 1009	A study bill for enhancing the criminal penalty for an assault on an operator of a motor vehicle providing transit services as part of a public transit system, and providing penalties.	1/28/15 Subcommittee; Companion bills moving	UNDECIDED
SSB 1014	A study bill for an act establishing the authority of the statewide interoperable communications system board over mobile architecture for communications handling software.	1-29-15 Subcommittee declined to move for now	UNDECIDED
SSB 1135	A study bill for an act relating to the possession, sale, transfer, purchase, and use of fireworks and providing penalties.	2/11/15 Passed State Government; Renumbered (SF 226) and Referred to Ways & Means	AGAINST
SSB 1146	A study bill relating to and providing for the facilitation of broadband access in targeted areas of the state, including property tax incentives for broadband infrastructure installation, a broadband grant program and fund, making appropriations, and including applicability provisions. (Adds IEMSA to Statewide Interoperable Communications System Board)	2-26-15 Second Subcommittee	FOR
SSB 1153	An Act concerning membership on the statewide interoperable communications system board.	Subcommittee scheduled/postponed: 2/24/15	UNDECIDED

BILL WATCH UPDATE AS OF 2-27-2015 : WATCH YOUR E-MAIL FOR UPDATES ON THESE IMPORTANT BILLS.



STAND UP EMS

LEADERSHIP CONFERENCE



SEE YOU NEXT YEAR : JANUARY 28, 2016 - WDM, IA

BY LINDA FREDERIKSEN Exec. Dir. MEDIC EMS and President IEMSA

> On January 29, 2015 following a great morning at EMS Day on the Hill, a group of 96 EMS Providers returned to the Sheraton Hotel in West Des Moines to attend our Leadership Conference.

At this year's conference, we welcomed presenters Dr. Mike Wilcox and Kai Hjermstad, mobile integrated healthcare experts from the state of Minnesota. Minnesota's Community Paramedicine journey began nearly fifteen years ago, when EMS Providers began to explore this concept of healthcare delivery to address unmet patient care needs, primarily in rural areas.



Since April 2014, representatives from the Iowa EMS Association have met with a number of stakeholders for options for Community Paramedicine in Iowa. As we explore the many questions regarding the possibilities of implementing Community Paramedicine in Iowa, we appreciated the lessons learned from Minnesota's experience. Our presenters quickly exposed the Initial obstacles noted in Minnesota, including a poorly understood proposal to solve health care gaps, difficulty in selling a new concept that was not clearly defined, the lack of a defined curriculum to deliver community paramedicine, territory worries about competition from other health care providers, and an inadequate overall understanding of the overall foundation of paramedic services among the general public, as well as elected officials.

Dr. Wilcox, the Medical Director for Rural EMS Services, as well as the Medical Director for the Community Paramedic Program at Hennepin Technical College, addressed the ability to fill unmet community health care needs with untapped paramedicine resources through an expanded

role, rather than scope. He stressed the need for each community to carefully assess and identify gaps between community needs and existing services to identify whether or not a Community Paramedicine Program would be effective.

Hjermstad noted that of the 600 Community Paramedics educated in Minnesota, 200 continued to practice within that state. Successful models of operation require adequate funding, and the legislative approach to secure funding through commercial insurance, as well as other pay sources, was detailed. The goal of better care and lower costs resonated throughout presentations for those who attended this very informative program to consider.

QUALIFICATIONS TO BECOME A COMMUNITY PARAMEDIC, AS WELL AS EDUCATIONAL PROGRAMS WERE DISCUSSED IN DETAIL.

The importance of recruiting seasoned, experienced paramedics for the delivery of mobile integrated healthcare was stressed as foundational to a successful program.

Our presenters heralded Minnesota's Community Paramedic program as successful, evidenced by a number of positive outcomes, including:

- > Creation of a viable option for improving the experience of care, improving the health of populations and reducing per capita costs of health care,
- > Bridged existing health care gaps, avoiding unnecessary duplication,
- > Reduced the cost of overall health care expenditures,
- > Reduced stress on vulnerable patients and improve care coordination,
- > Reduced hospital readmissions and emergency department utilization and avoid penalties

We thank Dr. Wilcox and Kai Hjermstad for traveling to Iowa to provide a great overview of their successful Community Program in Minnesota, and look forward to studying the possibility of developing a similar program in our state. Stay tuned!



2015 | SERVICE DIRECTORS NETWORKING EVENT

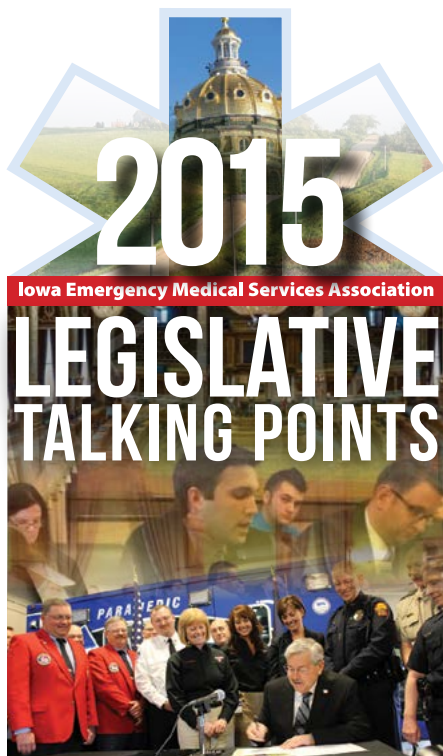
BY MARK MCCULLOCH West Des Moines EMS and Vice President IEMSA

> **An informal survey (of myself) recently revealed that EMS provider(s) value the networking opportunities attached to educational events more than the events themselves.** One brilliant respondent even reverted to the ancient proverb “It’s not WHAT you know, it’s WHO you know” to describe the value in networking. In case you didn’t know: IEMSA hosts an annual networking event for industry leaders on the night before “EMS Day on The Hill”. There are no formal requirements for admittance to our annual networking event, no secret handshake, no cover charge, and no swearing of fealty. You don’t even need to be a “Service Director”. ...you just need to show some interest in leading our industry. This year about 40 leaders stopped by to hear from President Frederiksen, learn about safely approaching wild legislators, and review a few trends in the industry.

> **Even if networking is not in your wheelhouse it’s still nice to see a few familiar faces** and know that others face the same challenges as you. Taking time to sit together over a meal and drinks, converse amongst ourselves, and learn a little about the trends our industry faces strengthens the

bonds within our “small world” of EMS providers. Cohesion amongst our Statewide EMS leaders is the intent of our annual Service Director’s Networking Event, and I believe this year we hit the mark.

- > **We can all agree that projecting a unified message during “our day” on the hill is essential; especially when that message comes from professionally passionate, engaged, and well informed public servants such as yourselves.** We know that by working as an industry we can make EMS a sustainable attractive destination for volunteers and career minded individuals alike.
- > **“Our Day” on the hill is over, but the legislative session is just underway. With EMS in the spotlight, receiving more legislative attention than any of us can remember (good or bad) it is absolutely essential that we carry our momentum forward,** maintain our cohesion, passion, and professionalism by reaching out to our local legislators through the end of this session and into next year! Keep up all the hard work! I hope to see you all at next year’s Networking Event.



Distributed by the Iowa EMS Association

- **SUSTAINABLE FUNDING AND MEASURABLE OUTCOMES.** **Iowans believe EMS is an essential service.** Public safety is a core function of government and the current gaps in service are putting the lives of our friends, families and neighbors at risk. IEMSA will continue working with legislators and local leaders to find sustainable ways to fund the protection Iowans need and expect. IEMSA believes that lawmakers should focus their efforts on structural modernization that ensures adequate protection for those in our state.
- **EDUCATION, TRAINING AND RESOURCES FOR RESPONDERS.** **Small and rural communities across Iowa rely on volunteer responders and need high quality resources to leverage that service.** Iowans recognize the value of streamlined training, curriculum and resources to ensure there is a steady and sustainable pipeline of volunteer and professional responders. IEMSA supports efforts to make education, training and retraining more cost-effective.
- **INCREASED MEDICAID REIMBURSEMENT.** **Iowa’s Medicaid reimbursement rate continues to be substantially lower than other states in the Midwest.** Increasing the rate will make it possible to keep up with the financial challenges of providing high-quality emergency response services. The state should approve another increase or develop a strategy to move Iowa toward the Medicare reimbursement level by 2016.





Iowa Department of
REVENUE

VOLUNTEER TAX CREDIT

2014
TAX YEAR

BY LINDA FREDERIKSEN Exec. Dir. MEDIC EMS and President IEMSA

> Volunteer Firefighter and Emergency Medical Services (EMS) Personnel and Reserve Peace Officer Tax Credit for the 2014 Tax Year (returns filed in 2015)

Effective January 1, 2013 the Volunteer Firefighter and EMS Personnel Tax Credit was available for volunteer firefighters and volunteer EMS personnel. Effective January 1, 2014, the Reserve Peace Officer tax Credit will be available for volunteer reserve peace officers. In order to qualify for the credits, the taxpayer must meet the conditions listed below.

QUALIFYING CONDITIONS

> FOR VOLUNTEER FIREFIGHTERS:

- > Must be an active member of an organized volunteer fire department in Iowa.
- > Must meet the minimum training standards established by the Fire Service Training Bureau, a division of the Iowa Department of Public Safety.
- > A paid firefighter who volunteers for another fire department is eligible for the credit, effective January 1, 2014.

> FOR VOLUNTEER EMERGENCY MEDICAL SERVICES PERSONNEL:

- > Must be trained to provide emergency medical care, certified as a first responder or greater, and been issued a certificate by the Iowa Department of Public Health.
- > A paid EMS personnel member who volunteers for another department is eligible for the credit, effective January 1, 2013.

> FOR RESERVE PEACE OFFICERS:

- > Must be a volunteer, non-regular, sworn member of a law enforcement agency who serves with or without compensation, has regular police powers while functioning as a law enforcement agency's representative, and participates on a regular basis in the law enforcement agency's activities including crime prevention and control, preservation of the peace, and enforcement of the law.
- > Must have met the minimum training standards established by the Iowa Law Enforcement Academy.

> AMOUNT OF THE TAX CREDIT

For tax year 2014, the tax credit equals \$100 if the volunteer serves for the entire calendar year 2014. If the volunteer does not serve the entire year, the \$100 credit will be prorated based on the number of months that the volunteer served. If the volunteer served for a portion of a month, that will be considered as an entire month. The table below provides the qualifying amount of tax credit by months of service for the year.

Number of Months of Service	Amount of Tax Credit	Number of Months of Service	Amount of Tax Credit
1	\$8	7	\$58
2	\$17	8	\$67
3	\$25	9	\$75
4	\$33	10	\$83
5	\$42	11	\$92
6	\$50	12	\$100

If an individual serves in more than one position as a volunteer firefighter, volunteer EMS personnel, and reserve peace officer, the credit can only be claimed for one volunteer position. One credit can be claimed on the IA 1040

> WRITTEN STATEMENT REQUIREMENTS

Taxpayers claiming the tax credit are required to have a written statement from the fire chief, the chief of police, sheriff, commissioner of public safety, or other appropriate supervisor verifying that the individual was a volunteer for the number of months that are being claimed. These letters do not have to be included with a filed return, but must be produced by the taxpayer upon request by the Iowa Department of Revenue (IDR). It is recommended that the statement contain the following information: Volunteer Name, Fire Department or EMS Service Name or Police Department, Number of Months of Service for the Year, Amount of Qualifying Credit, and the Name, Title, and Signature of the official authorizing the credit.

> RECORDKEEPING RECOMMENDATIONS

It is recommended that volunteer fire departments, EMS services, or police departments maintain a record of the letters that are authorized in the event that IDR requests a list of authorized credit recipients. It is recommended that these lists be kept for at least three years.



DAN PAULSEN

FALLEN HERO AND FRIEND

BY CHERYL FUEHRING Iowa Western Community College and SW Board Member

like weeks of waiting, that happened at 3:15 am for a sick person with a fever to be transported from the local nursing home. That call started a life-long journey for Dan in emergency medicine. According to him, he found a much better fit for himself in the back of an ambulance than he did in a patrol car. Although Paulsen was dedicated to helping people, he also found a love for healthcare science and built a career based on the ever-changing practices and using his knowledge to assist others in their most vulnerable moments.

"I got a lot more satisfaction out of helping people this way." Dan said in an interview in 2013.

Dan worked for 13 years for Mary Greeley Medical Center in Ames and increased his level of training to the EMT-Intermediate level. He also worked with Story City, and Dallas County Ambulance services. In 1996, he started teaching EMT classes through the local training center. His teaching style was patient and personal. Through the many students in his classes, his impact on the people in his community and in the state of Iowa increased. There is no way to measure how far his efforts will reach, as his students will continue to use the knowledge he poured into them to affect others in a daily basis.

Paulsen began working in Pocahontas in April 2007. While there, he held three jobs. He was the Emergency Medical Service director for Pocahontas Community Hospital. He

was also the Pocahontas County EMS coordinator and a medicolegal death investigator for the county medical examiner. In his hospital capacity, he supervised 16 EMTs who operate three ambulances. In his county role, Paulsen helped to ensure that emergency medical providers were up-to-date on their training and helped to coordinate their activities. He worked with ambulance squads in Laurens, Rolfe and Fonda, plus the Palmer Fire Department, which operates as an emergency medical first responder unit. He was also a founder of the PCERS "When Seconds Count...." a continuing education conference which continues to date in Pocahontas.

In 2008, a malignant tumor was discovered in the cartilage of his right ankle. Part of his right leg had to be amputated, and he was fitted with a prosthesis. That, he said, slowed him down but led him to focus more on management skills. Paulsen said that transition became very apparent when he responded a few years ago to help a man who had fallen about 48 feet at the Havelock elevator and landed on concrete in a cellar. Paulsen said he knew he would get in the way if he climbed down into the cellar, so he directed the rescue operation. He secured a crane to hoist the man out of the cellar and directed volunteer firefighters in setting up a landing zone for a medical helicopter. After the man was on his way to a hospital, Paulsen apologized to his crew for not climbing into the cellar and helping to treat the patient.



WHAT IS THE DEFINITION OF A HERO?

1. (Noun) A man of distinguished courage or ability
2. Dan Paulsen: EMT, educator, public servant, supervisor, mentor, human being, friend.

For those who knew Dan Paulsen personally, the mere mention of his name brings a smile. Being a hero was not a goal, but rather a bi-product of Dan's personality and his love for people. His legacy started very quietly in Nora Springs, an Iowa town on the border of Cerro Gordo and Floyd counties, while he was still in high school. He said he was planning on a career in law enforcement when he was recruited to join the ambulance service there. He was 17 when he started his EMT training.

When Dan started his career in EMS, it was much the same as every other EMT. He joined the local ambulance service and waited impatiently with his new pager for days hoping for a call. Of course, after what seemed



DAN PAULSEN —CONT.



"They said, 'No, we needed you up there getting everything else done', Paulsen reported.

In 2012, Paulsen had to have most of the rest of his right leg amputated.

He had a prosthesis with a hydraulic knee, but it didn't fit him well, so he maneuvered himself where he needed to go by wheel chair. In a conversation last November, he was heard telling a story about an employee who called in sick because he had a blister on his foot from hunting. Dan's response was, "So, you are telling this one-legged, cancer



ridden, diabetic man that you can't come to work because you have a blister?" He then laughed and said he went to work to find a replacement for the employee because he wanted him to get better. That was Dan Paulsen, always putting the needs of others above his own.

He was a member of the Iowa Department of Public Health's Bureau of Emergency Medical Service Quality Assurance, Standards and Protocol Subcommittee. He was also a member of the Board of Directors of the Iowa Emergency Medical Service Association.

On December 3, 2014, while getting ready for work at Pocahontas Hospital, Dan experienced some shortness of breath and weakness which he attributed to the cancer that had metastasized to his lung.

Later that morning he was admitted to Hospice Care there in the place where his hospital family could be with him and his family. On Friday, December 12, 2014 Dan passed away leaving his wife, Jessica, and three children, Makayla, Abigail and Christian, other family and friends, and the Iowa EMS community that all loved him so deeply.

What started out to be an article about Dan Paulsen has left me wondering how simple words can ever be adequate enough to give tribute to this wonderful man? They cannot.... **But we can all strive to keep the attitude and love that Dan lived throughout his life** so that his three small children will know the impact their dad had on our world. That will be the continued legacy of this fallen hero.

12



January 10, 2015 marked the 6th Annual Southeast Region IEMSA sponsored educational EMS Saturday! It is co-sponsored by the Muscatine County EMS Association.

It was very well attended by 54 EMS providers from many surrounding

EMS SATURDAY

SOUTH EAST REGIONAL CONFERENCE

BY TOM SUMMITT Muscatine Fire Dept. South East Board Member

communities and even several from the western part of the State!

About 7 years ago your Southeast Regional Board of Directors decided to take our conference "on the road" and try it locally since not everyone is able to attend the annual conference

yearly in Des Moines. Every year since then it has continued to grow and prosper! We are very pleased to provide this at a very affordable rate, as EMS providers have looked forward to this training. Our goal is simple to provide you with the best possible up



SE EMS SATURDAY CONFERENCE —CONT.

to date formal education available. Suggestions are always appreciated, so do not hesitate to contact us!

Our January EMS day consisted of classes on Meth labs, To Board or Not to Board, Farm Trauma, STEMI/MI, Alcohol Related EMS Emergencies, and finally Crime Scene Investigation and how it relates to our EMS providers. Our instructors this year

received excellent reviews and came highly recommended from providers like yourself!

Does this mini-conference sound like something your area would be interested in? It should be! Please contact YOUR IEMSA Board of Directors representative to start an IEMSA EMS Day in your region! Go to www.iemsa.net to find out who your representative is.

**SAVE THE DATE
FOR NEXT YEAR—
JANUARY 9TH, 2016**

-MUSCATINE DISCOVERY CENTER

**WATCH YOUR EMAIL FOR
REGISTRATION AND FINAL
AGENDA INFORMATION.**

13

EMS BILLING COUNCIL BLUFFS APRIL 30, 2015

**IEMSA 11TH ANNUAL
REGIONAL BILLING & DOCUMENTATION
CONFERENCE @ HARRAH'S CASINO**

IT'S A NEW NAME--SAME GREAT CONFERENCE --Doug Wolfberg has agreed to return to Iowa once again. IEMSA will reach out to EMS Services across the midwest to join us in Council Bluffs for this popular and much needed educational event.

> On April 29, 2015, the night before the Conference, IEMSA will host a hospitality suite. Doug Wolfberg will entertain us with songs from the 60's, 70's and 80's. It will be a night of networking, good food, great music relaxation before the conference begins.

> The next day, Doug will take center stage and share his 30 + years of billing experience and knowledge to EMS Billing & Management attendees for a full day on the latest billing and affordable care act issues facing EMS Services in this new healthcare billing environment. Everyone will receive NAAC CE's and fresh ideas and concepts to assist to increase their billing efficiencies. EMS Optional Credits applied for. **FULL DETAILS AND AGENDA AVAILABLE WITH REGISTRATION SOON!**



BY BRIAN RECHKEMMER, Board Member and Scholarship Chair

IEMSA EMS EDUCATIONAL SCHOLARSHIP

> **APPLICATION DEADLINE : JUNE 1, 2015**

> The Iowa EMS Association is offering scholarships for persons wishing to pursue or further their EMS education. We will be awarding scholarships for \$500 each to two individuals that are pursuing a certificate for EMR, EMT, AEMT or PARAMEDIC. One \$500 scholarship to a training program to be awarded at their discretion.

> **(2) Individual Scholarships and (1) Training Program Scholarship will be awarded.** Scholarships are one time only and are not awarded on a repetitive basis. IEMSA members and direct family of IEMSA members will be given preference. Scholarship recipients will be contacted individually and announced at the 26th Annual IEMSA Conference & Trade Show.

Deadline for submission of applications : June 1, 2015.

> To find the IEMSA Scholarship application please visit the IEMSA Website at http://iemsanet/pdfs/Scholarship_Application.pdf



Mercy College of Health Sciences Student. See full article about this EMS Program in the Training Spotlight article in this issue.

14

2015 EMS MEMORIAL CELEBRATION : MAY 16

BY TOM SUMMITT Muscatine Fire Dept. & South East Board Member

> **Planning has begun for the Annual EMS Memorial that will be held May 16, 2015 in West Des Moines**

Iowa. We are accepting applications for this year's EMS Memorial Celebration. **The deadline is April 11, 2015.**

EMS MEMORIAL CRITERIA

- > **Line of Duty Death:** Individual was killed in the performance of his/her EMS duties—No Fee
- > **National/State/Local Recognition:** Provider had a significant impact of EMS in their community, spent at least 10 years providing EMS, or died while an active member of a department—Fee: \$125.00

To submit an outstanding EMS Provider that has died from your community please complete an online application at www.iemsanet (Click Here to open Application) and print the pdf application and submit all materials by April 11, 2015 to 5550 Wild Rose Lane, Ste. 400, West Des Moines, IA 50266.

The names of individuals submitted will be engraved and celebrated at the 2015 EMS Memorial Ceremony, held the EMS Memorial, West Des Moines Station #19, 8055 Mills Civic Parkway, West Des Moines, IA 50266. This event is presented

by IEMSA in cooperation with supporting sponsors.

Our keynote speaker this year will be Mr. Paul Hudson Chief Operating Officer from Acute Care, Inc. Our Legislative and Iowa Department of Public Health Speaker are yet to be determined and will be announced soon.

What better way to remember and honor a EMS provider that has given so much to Iowa EMS.....Please make arrangements now to attend this beautiful ceremony.





EMS BUREAU UPDATE

BY REBECCA CURTISS IDPH, Bureau Chief-Bureau of Emergency & Trauma Services



In case you have not heard The Bureau of EMS underwent a name change in November of 2014 to solidify the merger of the Bureau of EMS and the Center of Disaster Operations and Response. The newly formed bureau is now called the Bureau of Emergency and Trauma Services (BETS).

IDPH is maintaining all Ebola-related documents in one location on the web. Users can visit IDPH's Emerging Health Threats page on Ebola and view information geared toward the public, health care providers, businesses, and schools. You'll also find status updates, news releases, and other helpful links

The Bureau of Emergency and Trauma Services is in the process of scheduling training sessions for a new web-based EMS and Trauma data system. The new system will replace the Web Cur and Trauma Collector currently used to collect EMS and trauma care information. The department is exploring a number of different options to present the training. As soon as we have some firm dates and times the department will advertise the available training using the Preparedness EMS and Trauma list serve. The EMS Field Coordinators and the State Trauma Coordinator will also be pushing information out as it becomes available.

On recent onsite inspections, EMS coordinators have noticed a number of services with automated external defibrillators (AED) that have expired electrodes, electrode packages that are opened, or otherwise compromised; or the AED is chirping or is displaying a red check mark or "x" indicating the AED is in need of attention. BETS sees this as a disturbing trend as services are required to regularly check equipment and assure proper

operating condition. Please be reminded that supplies and equipment need to be checked regularly and documented. There is a nationally recommended guideline for pediatric equipment that services to use as a resource.

BETS will have two on-site consultation visits in 2015. The first will be conducted by the American College of Surgeons (ACS). BETS has established a contract with the American College of Surgeons Committee on Trauma (ACSCOT) to conduct a trauma system consultation visit in February. The second visit will be a National Highway Traffic Safety (NHTSA) site visit in April to review the State Office of EMS. The last NHTSA Assessment conducted in Iowa was in 1993.

Iowa's EMS for Children program will celebrate its 20th Anniversary in the state of Iowa. During EMS Week 2015 (May 17-23, 2015) please consider targeting messages concerning pediatric patient care and/or injury prevention for your respective communities. The theme for this year's EMS week is "EMS Strong" packets and resources are posted on the American College of Emergency Physicians (ACEP) website.

The Bureau of Emergency and Trauma services has completed two additional coalition development tools. The tools are:

- > **1. Resource Management Checklist** which could be used to determine resource management priorities when developing plans • Recovery Plan Checklist to be used to establish priorities to restore services after an emergency These and other tools are available on the HAN under Grants>FY14-15. They have also been posted to the CDOR web page under Documents.
- > **2. Remember BETS provides a monthly newsletter** to keep all stakeholders updated on the activities of the bureau. The IDPH Preparedness, EMS and Trauma Update is distributed through the bureau list serve.

15

APRIL IS Show Your Support for the GIFT OF LIFE! DONATE LIFE MONTH

Thank you for your support of organ and tissue donation! This April, IDN encourages you to show your community you support the Gift of Life by flying the Donate Life Flag or sponsoring a public education program. It is also a great time to honor and remember local donors and their families. Contact us to find out how you can be involved!

For Donate Life Month Assistance email acasey@iadn.org



WE ARE PROUD PARTNERS AND SUPPORTERS OF EMS PROVIDERS ACROSS IOWA.





2015 IEMSA AWARD NOMINATION FORM

GET YOUR NOMINATIONS IN—DEADLINE FOR NOMINATION IS SEPTEMBER 21ST FOR THE ANNUAL IEMSA AWARDS. The awards are announced at the annual conference.

EMS Providers give of themselves every day, with little or no recognition or show of appreciation. If you know someone who has given above and beyond, please nominate that person for this prestigious recognition. **To nominate a person or service for one of these awards you must:**

- 1>** complete this form.
- 2>** include a letter of recognition/nomination.
- 3>** submit your nomination to the IEMSA office before September 21, 2015.

> Individual EMS Provider of the Year

- ☐ Volunteer
☐ Career

> EMS Service Provider of the Year

- ☐ Volunteer
☐ Career

> Instructor of the Year

- ☐ Full-Time
☐ Part-Time

> ☐ Dispatcher of the Year

> ☐ Friend of EMS

> ☐ Hall of Fame

NOMINATION FORM ONLINE!

GO TO THIS LINK:

[HTTP://WWW.IEMSA.NET/AWARDS_NOMINATIONS.HTM](http://www.iemsa.net/awards_nominations.htm)

NOMINATE A DESERVING EMS PROVIDER OR SERVICE TODAY!

Nominee's Name

Company/Service

Address

City/State/Zip

Phone Number

E-Mail Address

EXPLAIN WHY THIS NOMINEE SHOULD RECEIVE THE AWARD (ATTACH A SEPARATE SHEET IF NEEDED):

Porter Nitronox™ Field Unit

Portable, Demand Flow Nitrous Oxide
And Oxygen Analgesia System



Patient Self-Administered
Fixed 50/50 N₂O and O₂
Fast Acting
Short Duration Of Effect

The Porter Nitronox™ Field Unit
can provide on-the-spot inhalation
analgesia, bringing relief to suffering
patients at the scene of an injury.

Nitronox is a patient self-administered, demand-flow system that delivers a safe and effective mixture of 50% nitrous oxide and 50% oxygen through a hand-held demand valve. The Nitronox system easily connects to small, custom nitrous oxide cylinders and your standard oxygen supply.

Pain relief starts within minutes after inhalation. Once inhalations are discontinued, the effect of the nitrous oxide is quickly reversed by breathing room air.

That means you can take care of your patients, while they manage their own pain safely and effectively.

Nitronox
For effective
and fast, yet
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We look forward to seeing you at the IEMSA Conference
November 7-9 in booths 32-34.
Proud to be IEMSA's new preferred supplier!



MEDICAL DIRECTOR UPDATE

BY DR. JOSH STILLEY



SPINAL IMMOBILIZATION

This quarter I would like to focus on the use of spinal immobilization in the prehospital

setting. I feel like this is all I spoken about within the Iowa EMS community for the last several months, but I am very excited about it.

This January the oversight bodies for EMS in Iowa, QASP and EMSAC, approved the Selective Spinal Immobilization Protocol. This will replace Appendix K, Assessment Based Spinal Management that was in the State of Iowa Protocols. The protocol should be available on the Iowa Bureau of Emergency and Trauma Services website by the time this article is published.

> The new Selective Spinal Immobilization Protocol can be applied by providers at all levels. In addition, the protocol is applicable to patients of all ages including pediatric patients. I would like to emphasize a few points regarding this protocol.

Application of spinal immobilization in the setting of penetrating trauma is something that has not been found to be beneficial. In fact, there is a significant risk for patient harm as providers lose the ability to provide adequate hemorrhage control and airway management following the application of a cervical collar.^[1, 2]

> There are 2 different organizations who have published recommendations regarding spinal immobilization. The first is a joint statement by the American College of Surgeons Committee on Trauma (ACS/COT) in combination with the National Association of EMS

Physicians (NAEMSP). The second is from the National Association of State EMS Officials (NASEMSO).^[3, 4] Appropriately assessing the spine and a limiting use of the long spine board and is now the standard of care nationwide. We are not the first to move towards this type of protocol; however we are not the last. I would encourage you to read these documents yourself as well as review the literature behind them. As we grow the profession of EMS it is critical that we understand the research that influences the care we deliver.

> There are two different ways to immobilize the patient. One is just with a cervical spine collar; the other is with a long spine board and cervical spine collar. If the patient requires a cervical spine collar but not a long spine board, they can be laid down on the EMS cot and secured with the cot straps only.

I would like to move away from the terminology of prehospital spinal clearance. I believe spinal clearance indicates there is no risk for bony, ligament, tendon, or spinal cord injury. This protocol is not meant to clear the spine. It is meant to risk stratify for the presence of significant injury and apply mobilization when indicated. I feel it is still up to the receiving emergency department provider to determine if further investigation of spinal injury is warranted. I fully expect patients to not be immobilized based on appropriate application of the protocol yet still have injuries present. Personally, if I had a lumbar or thoracic spine fracture I would not want a long spine board.

The goal of the protocol is to get back to the original intent for the Long Spine Board: Extrication. It was never intended to be a transport device.

When in doubt, apply a cervical collar and place the patient on the EMS cot.

> The more difficult part of this protocol is its application to the interfacility transfer process. The physician to physician transfer of care is one that tends to be out of the scope of most protocols as the referring provider is legally responsible for the method of transfer. Currently, many providers are hesitant to not transfer a patient on a long spine board. It is my hope that the physicians who were previously hesitant to not reapply the long spine board or even not take the patient off of the long spine board in the first place will now be encouraged that it is very appropriate to do so.

> I know there will be some hesitancy among medical directors, service directors, and providers to not apply spinal immobilization even in the face of significant mechanism of injury.

Hopefully by examining the evidence you will become comfortable with the protocol.

> I know providers may be hesitant to not apply a long spine board because of the fear of bringing someone to their local ED or the Trauma Center without a Long Spine Board. This protocol has been reviewed by the Trauma Service Advisory Committee (TSAC) and is being shared with the hospital side of the trauma committee. You may still have to do some education for your own trauma care providers, however.

As always, please do not hesitate to contact me at joshua-stilley@uiowa.edu.

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Addison's Disease:

What EMS Providers Should Know

BY David Filipp, MS, BS, CCEMTP – EMS Program Chair and Assistant Professor
Mercy College of Health Sciences • Des Moines, Iowa



The amount of time spent in EMS education courses on the endocrine system is generally only a few hours. Most of that time is utilized discussing

diabetes, which makes sense because of the number of patients EMS providers encounter with diabetic emergencies, or the number of patients who have an illness directly related to the risk factors of diabetes. Unfortunately, not much time is devoted to other endocrine emergencies. The purpose of this continuing education article is to highlight another endocrine system related illness to enhance EMS Providers' understanding of Addison's Disease.

The adrenal glands sit atop the kidneys. They perform their role as endocrine glands in the same manner as other endocrine glands. They secrete hormones, chemical messengers, to maintain normal body function and to promote homeostasis. When the adrenal glands do not function properly and hormone levels fall, this can result in Addison's Disease.

Only one in 100,000 people has Addison's Disease. It is rarer than many of the chronic diseases EMS providers encounter, and like many chronic diseases, patients with Addison's disease can lead normal lives if the disease is properly managed with medication (1).

There are actually two forms of Addison's disease. If a problem occurs in the adrenal glands, this is known as primary adrenal insufficiency. If the problem with the adrenal glands is caused by a abnormality with another body system or structure, this is known as secondary adrenal insufficiency. Addison's Disease results from atrophy of the adrenal glands and the subsequent lowered production of the hormone cortisol or sometimes a related hormone, aldosterone. The majority of cases are the result of an auto-immune disease mistakenly attacking the outer layer of the adrenal glands. Other causes of Addison's Disease can include HIV, Tuberculosis, and even cancers that spread from one part of the body to the kidneys. Diseases affecting the Pituitary gland or Hypothalamus, located in the brain can also cause secondary adrenal insufficiency. (1)

The hormones affected the most by Addison's Disease are cortisol and aldosterone. Cortisol is sometimes referred to as the "stress hormone". In addition to helping your body deal with stress, cortisol helps regulate your body's use

of fats, proteins and carbohydrates. It plays an important role in the function of the cardiovascular system by helping maintain blood pressure, and also helps control inflammation in the body. The hormone that triggers the release of cortisol is ACTH. ACTH is produced in the pituitary gland. If the pituitary gland is diseased, the chemical messenger (ACTH) normally triggering the release of cortisol doesn't occur, and when cortisol levels drop, Addison's disease occurs.

The hormone Aldosterone is important for the maintenance of fluid balance in the body. Aldosterone helps maintain the balance of sodium and water in the body. The balance of sodium and water in your body is a major component of how your blood pressure is maintained. If aldosterone levels drop, your kidneys are unable to maintain the sodium and water balance, and blood pressure falls.(2)

Addison's Disease signs and symptoms can be acute or occur gradually. Chronic Addison's Disease often presents with vague, non-specific signs and symptoms such as fatigue, or dizziness, especially upon standing. Chronic Addison's Disease is often diagnosed with routine blood tests checking levels of potassium or sodium. White blood cell count abnormalities can also be an indicator of Addison's Disease.(1).

Acute Addisonian Crisis can occur in individuals when their cortisol levels drop rapidly. This can be a true emergency. Precipitating factors for Addisonian Crisis for patients previously diagnosed with Addison's disease include dehydration, physical stress, surgery, trauma, and infection. Signs and symptoms include acute pain in the abdomen, lower back or legs, hypotension, nausea/vomiting, loss of consciousness, and tachycardia.(6)

Pre-hospital care of the patient with Addisonian Crisis is largely supportive, however, the patients often present with signs and symptoms consistent with hypoperfusion. Fluid replacement and oxygen administration are appropriate. Since hypoglycemia can also occur with complications from Addison's Disease, blood glucose levels should be checked and corrected if low. Hypoglycemia occurs more often in children than adults. Cardiac monitoring is also necessary since cardiac arrhythmias are common.(1,6).

Upon arrival and definitive diagnosis in the Emergency Department, the patient will likely receive Hydrocortisone intravenously. (6)

>>> CONTINUED ON PAGE 20



CONCLUSION

Patients with Addison's Disease may present in the pre-hospital environment as patients in shock. Altered mental status, hypotension, cardiac arrhythmias all signal a true emergency during a patient encounter. Although encountering Addisonian Crisis in the pre-hospital environment may be a rare event, we receive education about other rare events as well, such as prolapsed umbilical cord.

Fortunately, many EMS providers have the knowledge and skills necessary to recognize and initially manage this endocrine emergency in the pre-hospital environment. Oxygen therapy and treatment of hypotension are stressed in all levels of EMS education.

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Addison's Disease

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 all questions, and achieve at least an 80% score.

Deadline: June 30, 2015

Complete this Quiz and:

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

The Adrenal Glands are located on the:

- | | |
|-------------|------------|
| a. Liver | b. Kidneys |
| c. Pancreas | d. Heart |

The "chemical messengers" found in the body are also known as:

- | | |
|-----------------|-------------|
| a. electrolytes | b. hormones |
| c. blood cells | d. vitamins |

Which of the following is a hormone produced by the adrenal gland?

- | | |
|-------------|-------------|
| a. cortisol | b. insulin |
| c. glucagon | d. estrogen |

Which of the following can be a cause of secondary Addison's Disease?

- | | |
|---------------------------|-----------------|
| a. Tuberculosis | b. HIV |
| c. Pituitary gland damage | d. all of these |

Which of the following is not normally associated with Addisonian Crisis?

- | | |
|--------------------------|----------------|
| a. hypertension | b. fatigue |
| c. altered mental status | d. tachycardia |

ACTH is a hormone released from this endocrine gland:

- | | |
|-------------|--------------|
| a. pancreas | b. pituitary |
| c. thyroid | d. adrenal |

Hypoglycemia as a complication of Addison's Disease occurs more commonly in:

- | | |
|----------------|----------------------|
| a. the elderly | b. teens |
| c. children | d. middle age adults |

Management of a patient in Addisonian Crisis may include:

- | | |
|-------------------|---------------------|
| a. IV fluid bolus | b. High flow oxygen |
| c. IV Dextrose | d. All of these |

Patients with Addison's Disease can lead normal lives with proper a proper medication regimen.

- | | |
|---------|----------|
| a. True | b. False |
|---------|----------|

Patient management in the Emergency Department of a patient with Addisonian Crisis may include Hydrocortisone.

- | | |
|---------|----------|
| a. True | b. False |
|---------|----------|

Name _____

Cert # _____

email: _____



SPOTLIGHT ON TRAINING



MERCY COLLEGE OF HEALTH SCIENCES IS THE ONLY 4 YEAR COLLEGE WITH A NATIONALLY ACCREDITED EMS PROGRAM IN IOWA.

> Located in Des Moines, Mercy was among the first accredited EMS programs in Iowa, achieving national accreditation over 25 years ago. Mercy College of Health Sciences offers initial EMS education in both a traditional classroom format and online as well. Mercy College offers courses for your entire EMS education. From EMT to Critical Care Paramedic, from Associates Degree in EMS to a 4 year degree in Pre-Med, or Healthcare Administration, you can do it all at Mercy College of Health Sciences.

- > **Two EMS Program Medical Directors, Dr. James Poole and Dr. Hijinid Carreon**, both full-time Emergency Department Physicians at Mercy Medical Center. The Medical Directors meet with each student during the program and also participate as faculty in the program.
- > **Excellent Clinical and Field rotations including rotations** where students perform endotracheal intubation, medication administration, and other skills learned in labs but performed in the clinical setting under the direct supervision of physicians and other healthcare professionals.
- > **Learning opportunities only available in colleges specializing in health sciences** such as a cadaver lab, and a library with an emphasis on health care resources and literature.
- > **Four full-time faculty in the EMS Program with over 65 years combined experience in EMS and the Fire Service, including positions in EMS administration and aeromedical service.** All full-time faculty, including the Program Director, actively teach in all EMS Program courses.
- > **Over 90% of the students who begin the EMS Programs complete the EMS Program.** A Student Success Center and access to tutoring helps our program maintain one of the best student retention rates of any EMS Program.
- > **NREMT exam pass rate consistently exceed both the State and National average.** High retention rate and a high pass rates is evidence of our efforts aimed at student success.
- > **Paramedic students completing our program finish with an additional 7 certifications and 36 college credits.** EMT students earn an additional 2 certifications. Employers prefer graduates with additional credentials beyond their EMS certification
- > **Accelerated and Traditional Paramedic programs** starting each Fall semester. EMT Programs offered every semester.
- > **For more information contact:**

David Filipp, Mercy College
EMS Program Chair
(515) 643-7498 or at
dfilipp@mercydesmoines.org
<http://mchs.edu/>





American
Heart
Association®

MISSION:
LIFELINE™

4.6 MILLION DOLLAR GIFT TO EXPAND HEART ATTACK CARE IN RURAL IOWA

BY KATY HILL UnityPoint Health Des Moines & Secretary, IEMSA



> **The American Heart Association, Midwest Affiliate, announced at a press conference on Tuesday, February 3, 1:00 p.m. in the State Historical Building of the Capitol Complex in Des Moines a \$4.6 million grant award to enhance systems of care, save lives, and improve outcomes for heart attack patients in rural Iowa, called Mission: Lifeline.**

MISSION: LIFELINE is the American Heart Association's community-based initiative that aims to improve outcomes for heart attack patients and will focus on rural Iowa.

The initiative will be implemented with funding from key partners that share a commitment to improving outcomes for patients in rural Iowa. In collaboration with stakeholders representing hospitals, individual ambulance services, the State of Iowa and other statewide partners, the project will enhance many critical elements of an optimal STEMI system of care and build on the STEMI systems work already occurring in the state.

The lead funder is The Leona M. and Harry B. Helmsley Charitable Trust, one of the nation's largest foundations, providing this grant of \$4.6 million to the American Heart Association for the Mission: Lifeline initiative in Iowa.

The Helmsley Charitable Trust and the American Heart Association launched Mission: Lifeline in South Dakota in July 2010, and since then the Trust has generously committed additional funding for Mission: Lifeline in five other states including North Dakota, Wyoming, Minnesota,

Nebraska and Montana. With the recent award for rural Iowa, the total commitment from the Trust for Mission: Lifeline has reached \$36.8 million.

In partnership with the medical community, this collaboration has the power to transform patient care for future heart attack victims in Iowa.

This innovative regional collaboration will work to ensure equipment compatibility, consistent training and uniform protocols for both transporting and treating heart attack patients across the region.

Key parts of the project include:

- > A system-wide data tool for quality measurement and improvement
- > Initial and ongoing medical provider STEMI education
- > Coordination of protocols for EMS and hospital personnel
- > Regional plans for rapid transport and/or transfer of patients
- > Public education campaign on heart attack signs and symptoms and the need to activate the 9-1-1 system
- > Targeted funding will be provided to assist rural hospitals and ambulance services in acquiring essential ECG equipment and training

>>> CONTINUED ON **PAGE 23**

>>> CONTINUED FROM **PAGE 22**



IEMSA Board members and EMS representatives from across Iowa stand in support of Mission: Lifeline Iowa as they expressed appreciation to the Helmsley Charitable Trust for the \$4.6 million dollar gift

"We are truly grateful to the Helmsley Charitable Trust for this grant," said Dr. Kay Gannon, retired internal medicine physician and Medical President of the American Heart Association's Greater Des Moines board of directors. "Along with the Mission: Lifeline initiative, it will help Iowa to better coordinate heart attack care, which will mean better outcomes for patients, and more lives saved. Time is muscle when someone is having a heart attack, so getting a patient proper treatment faster, especially in rural areas, is crucial. Better collaboration among healthcare providers improves care for patients, and Mission: Lifeline provides these important communication and collaboration tools to our first responders and hospitals to improve care for all Iowans."

IEMSA members stress that this project is an excellent addition to the current efforts being developed to foster a stronger EMS system in Iowa.

"This opportunity has garnered the interest of the Governor's office, legislators and the media. IEMSA's 2015 legislative

agenda and work on this particular issue has helped these groups appreciate the need for greater resources to protect and care for Iowans."--Lynzey Kenworth, IEMSA Lobbyist

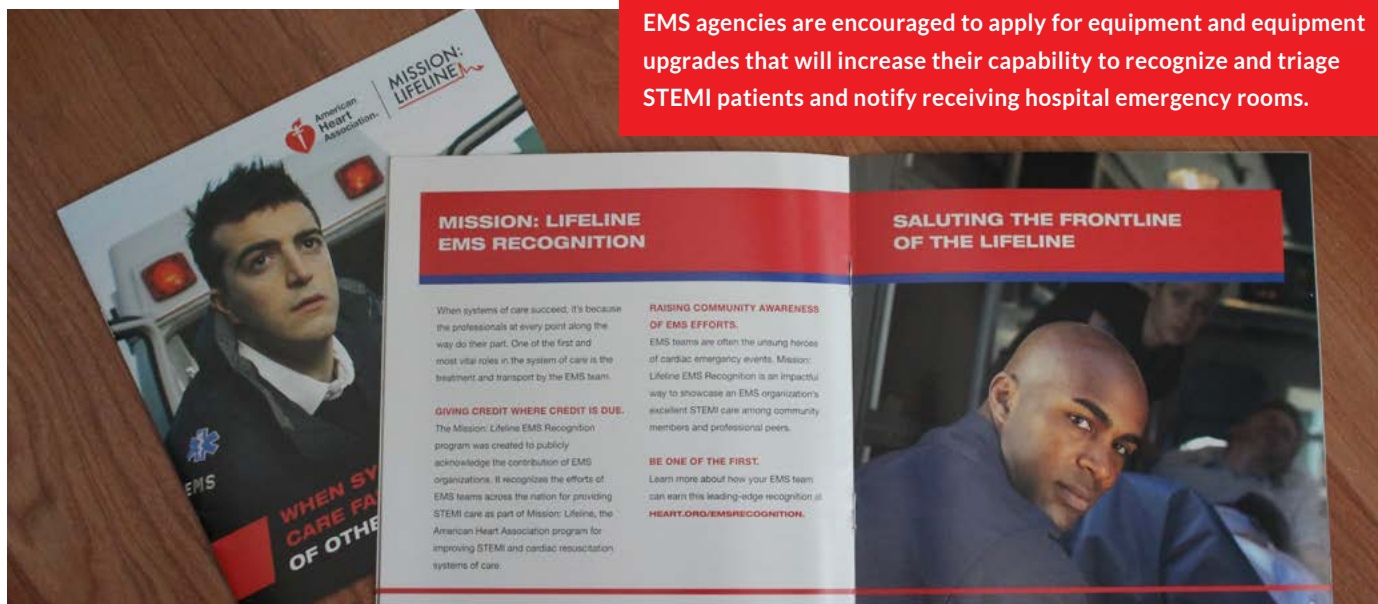
PARTICIPATE IN THE IOWA MISSION: LIFELINE INITIATIVE WILL BE STATEWIDE.

All Iowa EMS agencies and hospitals, clinicians and administrators that participate in the care of cardiovascular emergency patients will be invited to have representation on a statewide taskforce. Health organizations, associations, and other interested parties that work directly with EMS organizations and hospitals on the care of cardiovascular emergency patients are also encouraged to participate in the statewide taskforce.

TIMELINE FOR THE GRANT PROCESS

- > Grant specifics and on-line applications will be available starting in the summer of 2015 on the Iowa Mission: Lifeline website. An award timeline for each round of grant funding will be made available in the fall of 2015. The award process will roll out by highest priority, determined by the EMS advisory committee. Awards will be announced starting in the fall of 2015 through the end of 2016.
- > The grant project term is 01-15-2015 to 01-15-2018. EMS and hospital infrastructure and equipment is the primary focus of year one of the grant.
- > EMS agencies that are selected for funding will be issued grant funds and will be responsible for making payments to vendors. The American Heart Association does not pay the vendors directly.

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EMS agencies are encouraged to apply for equipment and equipment upgrades that will increase their capability to recognize and triage STEMI patients and notify receiving hospital emergency rooms.

> uh-oh! Peds! CONFERENCE

EMS TRAINING TO CARE FOR LITTLE BODIES

FEBRUARY 21, 2015

AT THE HOLIDAY INN • CORALVILLE, IOWA

BY BRAD BUCK CARE Ambulance and
Pediatric Conference Chair & Board Member



Sponsored in part by:



**IEMSA presented
the Uh-Oh!
Pediatric
Conference for the
second year, held in Coralville on
Saturday February 23, 2015.**

It was a great turn out with an amazing mix of engaging speakers, that ranged from physicians to nurses, and paramedics.

The conference this year featured some interactive time for attendees, with a practical skills session presented by Dr. Donald Potter, including pediatric jeopardy and hands-on skills including needle decompression using pig ribs and an inner tube. This session gave attendees a more real life skills practice. Thanks to all who attended to make this a great event.

A special thanks to all the speakers and the University of Iowa Emergency Medical Services Learning Resources Center (EMSLRC) for dedicating time and resources to this important educational event--your support is vital and much appreciated.

We're already planning next year's event--February 2016--watch the website and your e-news for more details as they are finalized.



**UH-OH! PEDS!
2015**



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WHY CAN'T WE TALK?

BY Rob Dehnert NRP

> I believe that the single most important piece of equipment for any public safety responder is their radio. I will admit that I am a bit of a zealot. My passion is public safety radio communications. It has been for the past twenty-five years that I have served the public in various capacities. But please hear me out. We, the first responders, cannot even get out the door without radio communications. We rely on our radios whether there is a call for help or not. It is the first piece of equipment for every shift and every call. Our radio is always with us, like a trusty friend. Actually, more like our lifeline. Not only do we rely on our radios to know when and where to respond, but to help us coordinate the resources for those that need our help. And sometimes we need our radio to summon help for ourselves.

If our radios are our most important piece of equipment, why do we so often take communications via radio for granted? We just push to talk and let up to listen. Sometimes we change channels. But for the most part we stay on one channel. Most of the people that we need to talk to are on that one channel. But what happens when we need to talk to somebody that is not on that one channel? What if we need to communicate with somebody from another agency? What if they do not have that one channel?

I would venture to say that most responders receive very little training regarding their radios and how to communicate with them. Why do we dedicate so little time to training with our single most important piece of equipment? You ought to intimately know every button, knob and switch on your radio. You should know who you can communicate with on every channel in your radio. But sadly, I bet there is a button on your radio that you do not know what it does. And I bet there are channels in your radio that you have no idea what they are for or who you can communicate with on them.

I challenge you to learn more about your most important piece of equipment, your radio. To help with that challenge, I am willing to share what I have learned over the years. Let us start with a buzzword called interoperability.



Interoperability is defined as the ability of public safety agencies to be able to talk to one another—to exchange voice and/or data with one another on demand and in real time. Public safety radio communications interoperability generally involves people from two or more agencies being able to exchange voice communications via radio. Can you communicate with other agencies, like law enforcement or fire, within the area that you serve? Can you communicate with neighboring agencies of any discipline? Can you communicate with a mutual aid agency responding from more than fifty miles away?



WHY CAN'T WE TALK?—CONTINUED

BY Rob Dehnert NRP

There are many interoperability channels available for interoperable radio communications. A few legacy interoperability channels that have been popular around Iowa for many years have been renamed. The ever popular, widely used “mutual aid” or “law mutual aid” channel at 155.475MHz has been renamed VLAW31. The “fire mutual aid” channel at 154.280MHz has been renamed VFIRE21. Both of these channels have been renamed to reflect standardization of the channel nomenclature for consistency across the country. These new names, VLAW31 and VFIRE21, are being adopted by public safety agencies nationwide.

In addition to the above legacy interoperability channels, there are a number of relatively new national interoperability channels that are becoming more and more popular. In each of the public safety frequency bands (VHF, UHF, 700MHz and 800MHz) there are dedicated “calling” or hailing channels and dedicated tactical channels. The calling channels include VCALL10, UCALL40, 7CALL50, and 8CALL90. The tactical channels include VTAC11-14, UTAC41-43, many 7TAC’s, and 8TAC91-94.

The National Interoperability Field Operations Guide (NIFOG) provides much more detail on all of the above interoperability channels and much more. Search online for “NIFOG” for more information or [click here](#).

In 2007 the Iowa Legislature created the Iowa Statewide Interoperable Communications System Board (ISICSB). The ISICSB is mandated to “develop, implement, and oversee policy, operations, and fiscal components of communications interoperability efforts at the state and local level, and coordinate with similar efforts at the federal level, with the ultimate objective of developing and overseeing the operation of a statewide integrated public safety communications interoperability system.” The ISICSB is seeking the involvement of people just like you and me. I currently participate on the ISICS Board’s Operations and Technology committees. They also need you. There are six Standing Committees including: 1) Finance, 2) Governance, 3) Operations, 4) Outreach, 5) Technology and 6) Training and Exercise.

If you are interested in public safety communications, I encourage you to get involved. Consider attending the

Iowa Statewide Interoperable Communications System Board (ISICSB) meetings either in-person or by joining the telephone conference bridge. Consider participating on one or more of the standing committees or by joining the Regional Interoperability Committees (RICs) that are forming now. For more information, go to <http://isicb.iowa.gov> or contact Craig Allen, Iowa’s Statewide Interoperability Coordinator (SWIC) at 515-725-6108 or callen@dps.state.ia.us.

We are just beginning to scratch the surface of public safety radio communications and I have much more to share. I am a radio geek. Are you a radio geek? Or maybe I have convinced you to learn more about radio communications or get involved with improving communications in Iowa. Here is your chance. Watch for future articles by me. Send me your questions, comments or concerns regarding public safety radio communications.

BETTER YET, GET INVOLVED!

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SAVE THE DATE

2015

**26TH ANNUAL IEMSA
CONFERENCE & TRADE SHOW**

NOVEMBER 12-14, 2016
DES MOINES, IA • IOWA EVENTS CENTER

