IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION

JANUARY/MARCH 2017 • ISSUE 1

IEMS VOICE

A VOICE FOR POSITIVE CHANGE IN IOWA EMS

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EMS DAY ON THE HILL
FEBRUARY 9, 2017

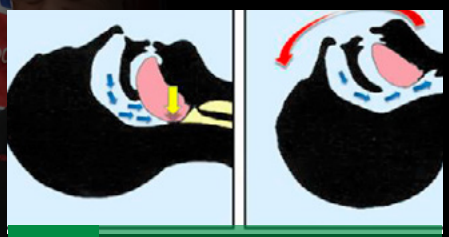
ADVOCATING F MS

Iowa Department of REVENUE

VOLUNTEER TAX CREDIT
2016 TAX YEAR

PAGE 15

VOLUNTEERS! :
See this article for details on the $100 Volunteer Tax Credit



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CE ARTICLE :
ADULT AIRWAY MANAGEMENT:
for Special Healthcare Needs

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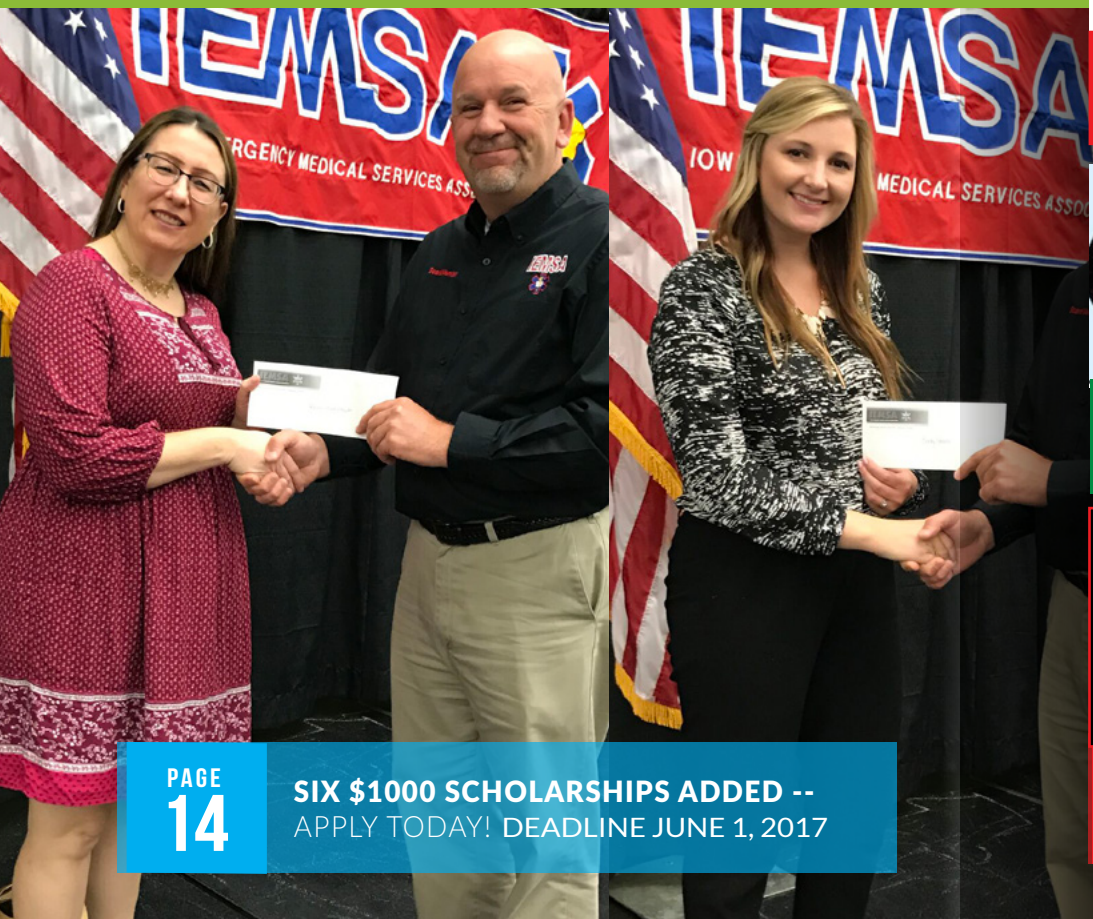
IRON JEN-will present at the **2017 IEMSA Annual Conference**—see the early national speaker line-up



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SIX $1000 SCHOLARSHIPS ADDED --
APPLY TODAY! DEADLINE JUNE 1, 2017

BOUND TREE MEDICAL – IEMSA'S GROUP PURCHASING PARTNER SINCE 2015 – IEMSA's Membership Committee is pleased to negotiate discounted pricing for equipment and services through the group purchasing benefit for our Affiliate Members. The contract for 2015-2017 was awarded to Bound Tree Medical. Bound Tree has entered into a two-year contract and works very closely with IEMSA to be sure Affiliate Members are served well with this program.

As the leading EMS distributor in the United States, Bound Tree Medical has been providing emergency medical equipment, supplies and pharmaceuticals to fire departments, law enforcement agencies, military, and other EMS organizations for over 35 years. Bound Tree offers thousands of quality products from leading manufacturers paired with innovative service to help you save time and save lives.

THE RIGHT PRODUCTS
Bound Tree offers an extensive product offering including value-priced private label products, kitting solutions, recertified equipment and a full line of pharmaceuticals.

Private Label Products – With savings up to 20% off of name-brand medical supplies, Bound Tree's portfolio of private label products enables providers to deliver quality treatment at a better overall value.

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.

Pharmaceuticals – Bound Tree offers a full line of EMS pharmaceuticals including Class II and Class IV drugs.

THE RIGHT SERVICES
Bound Tree offers valuable services to increase efficiency and accuracy, reduce liability and positively impact your bottom line.

Operative IQ – Maintain accurate inventory records, reduce overhead costs and eliminate costly mistakes.

UCapIt Controlled Access Rx Dispenser – Monitor and track accountability for access to pharmaceuticals.

Bound Tree University – Maintain certification with more than 20 hours of FREE, accredited CEUs.

THE RIGHT INFRASTRUCTURE
Bound Tree has the resources to offer convenient online ordering, timely deliveries and disaster support services.

Nationwide Distribution – Six distribution centers strategically positioned for operational efficiency and disaster response.

Disaster Support – A resource for agencies that encounter incidents that require immediate deployment of emergency medical.

THE RIGHT SUPPORT
Bound Tree's dedicated account managers offer valuable input on cost/quality tradeoffs, state/local requirements, industry changes and new product introduction.

Brooke Teeselink
Brooke has more than six years of experience in the EMS sales industry and is in her first year with Bound Tree. She is a committed Account Manager who was born and raised in northwest Iowa. Brooke strives to provide even more value to her customers with extraordinary service and a superior product offering.

Peter Lawrence
Going on three years with Bound Tree, Peter has over 15 years of Medical Sales experience. He is a dedicated Account Manager who works remotely and takes pride in treating his customers with great sincerity and the manner that he would like to be treated as a customer.

Visit Bound Tree Medical Today!

Bound Tree medical

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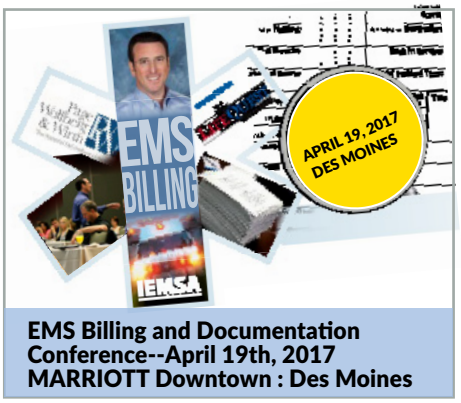
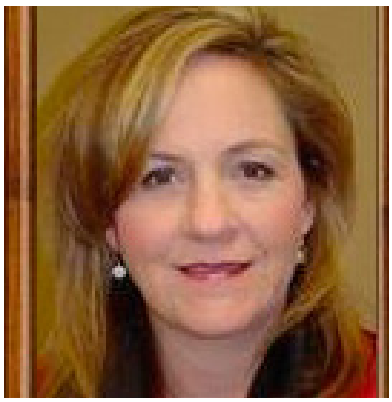
The VOICE is published quarterly by the Iowa EMS Association covering state EMS issues for emergency medical services professionals serving in every capacity across Iowa. Also available to members online.



EMS Billing and Documentation Conference--April 19th, 2017 MARRIOTT Downtown : Des Moines



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

BOARD OF DIRECTORS

- President : Mark McCulloch
- Vice President : Jerry Ewers
- Secretary : Katy Hill
- Treasurer : Brandon Smith
- Immediate Past President : Linda Frederiksen

- Northwest Region : John Jorgensen, LaDonna Crilly, Tracy Foltz
- Southwest Region : Sarah Solt, Nella Seivert, Jason Wickizer
- North Central Region : Gary Merrill, Mark Sachen, Terry Evans
- South Central Region Mark McCulloch, Katy Hill, Brad VandeLune
- Northeast Region : Amy Gehrke, Lee Ridge, Rick Morgan
- Southeast Region : Thomas Summitt, Matthew Fults Linda Frederiksen
- At-Large : Jerry Ewers, Brad Buck, Brandon Smith
- Education : Mary Briones, Brian Rechkemmer
- Medical Director : Dr. Josh Stilley
- Lobbyists : Michael Triplett, Eric Goranson & Karla Fultz McHenry

BOARD MEETINGS

- April 18, 2017
  Marriott, Des Moines
  12:30—2:30pm
- June 22, 2017
  WDM City Hall 1:00—3:00pm
- 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

IEMSA OFFICE

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West Des Moines, IA 50266

515.225.8079 • fax: (877) 478-0926
email: administration@iemsa.net
Office Manager: Lisa Cota Arndt

A NOTE FROM OUR
PRESIDENT

2017 : UNIQUE TIMES. UNIQUE CHALLENGES.

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

> 2017 HAS ALREADY BEEN QUITE A YEAR, AND WE'RE ONLY TWO MONTHS IN!

› **We kicked off the year by setting our 2017 budget.** Then we reorganized our many committees and set them to task.

› **We completed another Board of Directors Strategy Meeting** right before conducting our annual membership meeting – now held in February (instead of during the Annual Conference).

› **On the education front:** We finished another great annual conference, held another SE Iowa EMS conference, finished up another Pediatric Conference, and completed our Emerging Trends Conference (FKA the Leadership Conference).

› **We also conducted another Networking/Legislative evening right before our "Day on The Hill".** I cannot say enough great things about the work our Board of Directors and Lisa Arndt, our Office Manager, have done over the last year. The members of our Board work very hard, and have a great deal of passion for EMS in Iowa.

As I sit here writing, I'm searching for a positive reflection of the last year in politics (National and State) and this legislative season. That positivity eludes me at the moment, so I will instead offer a few observations. In my lifetime, I have never seen such division, passion, hatred, and contention over so many BIG issues at one time. It's exhausting and uncomfortable. You know that physical and mental feeling you get after a wicked busy shift? – tiredness, heaviness, and exhaustion.

When I find myself traveling to the Capitol (or even nearby), I get that feeling before I even get there; just knowing there will undoubtedly be some angry group passionately protesting, debating, or complaining their cause when I get there. The same feeling pops up when I tune into the evening news. Relief from political ads, negativity, and contention used to arrive after the election, now it lingers. Even our former routes of escape have been cluttered by these politics. You would be hard pressed to find a late show, sitcom, reality show, or radio broadcast that isn't trying to make some statement. We've been beat up a little lately. It's far too easy to get caught up in a debate and forget about other important things in life.

In all that negativity lies our biggest opportunity. We have a good story to tell, and everyone is starving to hear about something other than politics right now. A close mentor of mine once (or twice) reminded me during a time I perceived as a crisis; that best thing I could do was carry on, "put one foot in front of the other" and provide the same service I always have – to the best of my ability, with my actions centered on service to the people who need the most.

In EMS this is natural, we all do the best we can for the people who need our service, often with limited resources. There are countless stories across the State of Iowa about EMS responders' dedication to service, community, and their patients. When your purpose is genuine, good, and centered on service for your community it's awfully hard for anyone to ignore your needs.

We have plenty of needs today in EMS. We've been discussing them amongst ourselves for years. It's time to get the word about EMS out to everyone. How many times have you been asked by a patient's family "Do you ride in the back of the ambulance with 'grandma'?" I have even been asked by nursing staff, our own peers in the health care industry: "This patient needs oxygen, can you do

››› CONTINUED ON **PAGE 5**

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that?"

I've been called an ambulance driver countless times, and I've even quit correcting people when they call me a Firefighter, because it's just easier to nod and smile than it is to explain the difference. My first reaction to those questions is: ARE YOU KIDDING ME!!! How can people not know about EMS? - They don't know about EMS because we aren't telling them!

During my time as an IEMSA board member I have had the wonderful opportunity to meet, and speak with many of the EMS providers in this state. None of you ever brag, boast, or gloat about your accomplishments, the lifetime of dedicated service you have provided to your community, or about the many people you have helped through the worst times of their lives. I'm not sure why, but EMS providers just don't talk about how great they are.

We need to start. In this era of atrophied budgets, anemic reimbursement, aging responders, and fewer volunteers – our citizens need to know what they might be missing in the near future. If some don't even know we carry oxygen, or ride in the back, how could they possibly be worried that trained responders may not show up when they call 911? We don't need to forecast doom – people are sick of negativity. We need to talk about all of the great things we do. If you're uncomfortable talking about yourself, then talk about the awesome things your peers have done.

I'm calling on everyone – pleading with you to get out there and talk about your dedication. Talk about your accomplishments. Tell everyone how much time your fellow responders give to the community. Doing this will encourage others to take a hand in serving their community and will remind people what they may not have in a few short years. We have a good story to tell, and people want to hear it. Thank you for all you are doing! -Mark

IEMSA
Iowa Emergency Medical Services Association

PUBLIC SAFETY
LEADERSHIP BOOT CAMP
INTENSE, HIGH QUALITY LEADERSHIP TRAINING

SEPTEMBER 23 & 24, 2017
AT WESTERN IOWA TECH
4647 STONE AVENUE • SIOUX CITY, IOWA

TUITION : $250 (INCLUDES TEXTBOOK AND RESOURCES THUMB DRIVE)

PRESENTER/FACILITATOR : JON POLITIS, MPA, NRP

CONGRATULATIONS! YOU'VE BEEN PROMOTED TO A POSITION OF LEADERSHIP: NOW WHAT?

Any effective supervisor/leader will tell you that it takes years to learn the art of leadership and supervision. But first, you need the skills to survive! This acclaimed workshop has been presented to emergency services providers across the country and at many national conferences such as EMS Today. This is a powerful-interactive workshop intended to ease the sometimes painful transition to leadership. Using "real world" experience and highly interactive case studies, this is 16 hours of training you can't afford to miss...

DAY #1- SATURDAY 9/23 - 8 AM - 5PM --8 HOURS :
- Making the transition from buddy to boss
- Learning to lead
- Ethical boundaries
- Analyzing performance issues
- Case studies in supervision

DAY #2- SUNDAY 9/24- 8 AM - 5PM --8 HOURS :
- Just Culture in Public Safety
- Coaching counseling and corrective action
- Progressive discipline
- Communication and role playing
- Case studies in supervision

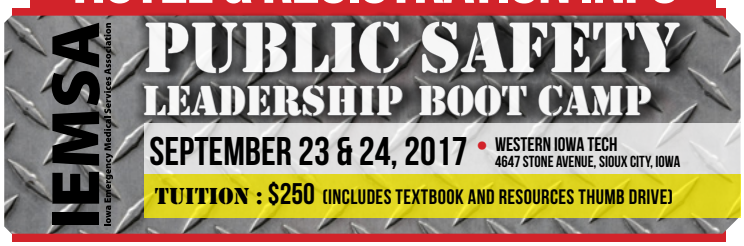
A 16 HOUR COURSE TO **SHORTEN YOUR LEARNING CURVE**

REGISTRATION FORM ON NEXT PAGE

OR REGISTER ONLINE AT WWW.IEMSA.NET/CONFERENCE.HTM

PLEASE REGISTER EARLY AS SPACE IS LIMITED! ---------->

HOTEL & REGISTRATION INFO



ROOM BLOCK:

Stoney Creek Hotel & Conference Center
Located at 300 3rd St., Sioux City, IA 51101
Room Rate: $99/nt. Single/Double Standard**
CALL1-800-843-4753 you must request the Discount Group Name : EMS Conference to receive the above discounted rate.

Discount Room Block Rate cut-off date is August 22, 2017. Any reservation request received after this date may be accepted on "space available" basis at the prevailing hotel rates.**Hotel check in time starts at 4pm and check out is at 11am.**

TO REGISTER ONLINE:

CLICK HERE (or go to http://iemsa.net/member_account.htm) --Click the Log-in Button. You will be prompted to log-in to your IEMSA Account to register--User names are set to the e-mail 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. Once Logged-in--go to the "Online Store" tab at the top of your screen, click on the "BOOT CAMP" icon, complete the registration form, add to your cart, process payment and you're registered. You will receive a receipt and confirmation immediately by e-mail. IF YOU DO NOT HAVE AN IEMSA Account online yet click here: https://netforum.avectra.com/eweb/DynamicPage.aspx?Site=IEMSA&WebCode=Verify

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.

TO REGISTER BY MAIL or FAX: Complete this form 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 e-mail once your payment is received and/or processed. If you do not receive an e-mail-please contact the office ASAP to confirm your registration was received. No Refunds after September 1, 2017, Cancellations on or prior to 9/1/17 are subject to a $50 cancellation fee.

2017 : PUBLIC SAFETY EADERSHIP"BOOT CAMP -Registration Form

Attendee Name .....

Address .....

City ..... State ..... Zip .....

Email Address (mandatory): ..... IA EMS Certification # (if applicable): .....

Organization/Service : .....

❍ **$250 : 2017 Public Safety Leadership Boot Camp Registration**
(includes textbook and resources thumb drive)

Total Enclosed: $_____

Payment Method: ❍ **MasterCard** ❍ **Visa** ❍ **Check**

Credit Card Number ..... Exp. Date .....

Name on Card ..... 3-Digit Security Code on Back of Card .....

No Refunds after September 1, 2017, **Cancellations** on or prior to 9/1/17 are subject to a $50 cancellation fee.

BY MARK McCULLOCH, Deputy Chief, West Des Moines EMS & IEMSA President

IOWA EMS DAY ON THE HILL–LEGISLATIVE & EMERGING TRENDS CONFERENCE

2017 IOWA EMS-DAY-ON-THE-HILL

Our 2017 Iowa EMS-Day-on-the-Hill event was a bit overshadowed by the Chapter 20 Collective Bargaining Bill taking front and center with the legislature. Although many of the legislators welcomed the opportunity to talk with us about other issues. As we always do, we sponsored a breakfast reception for the legislators from 7am-9am on February 9, 2017. Approximately 85 emergency medical service providers from across the state met with Iowa's state representatives and senators. We're encouraged by the turnout this year, as our providers were able to share their views and discuss important issues that face all EMS providers across the state. Having a personal one-on-one conversation with our legislators is crucial to giving a face to our issues, as they are asked to consider issues and bills that address ways to support our goal to provide pre-hosptial care services to all Iowans.

In preparation for our Iowa EMS Day on the Hill, concerned providers attended our networking meeting the night before. The group received an update from IEMSA's lead lobbyist, Michael Triplett on issues that would potentially be discussed in the rotunda on Thursday. Key information on initiatives moving through the legislature was presented to ensure we stressed important details to educate lawmakers in our discussions.

In addition to our 2017 Legislative Talking Points (outlined in detail at this link and previously published), **the push to make EMS an essential service is an issue that our members have been very passionate about,** but has met with some resistance with legislators hesitant to support that initiative due to perceived tax increases that would be necessary to fund it. We pushed anyway and are initiating a public education campaign this year to educate the public on the importance of this issue. You can review the status of the bills affecting EMS this legislative session on page 9.

EMERGING TRENDS CONFERENCE --

After the morning on the hill, we reconvened over50 EMS leaders who attended this year's emerging trends conference. Our speaker, **Jay Fitch,** has been educating,mentoring and inspiring EMS leaders for more than three decades. We were excited to bring his expertise to Iowa last month. Tornado-force changes in our profession are all around us. Dr. Fitch provided some insight and perspective as to how to manage today's changes in EMS. He taught our leaders key leadership insights for emergency services. Dr. Fitch described how we often try to defy universal leadership truths, in terms associated with the forces of gravity. He wrapped up the day with an indepth look at "Using High Reliability Organization (HRO) Strategies in EMS" by reviewing contemporary research to draw a clear map of where emergency services organizations need to be focused in the years ahead.

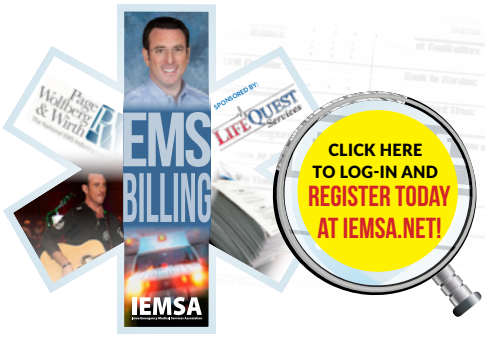
SAVE THE DATE AND PLAN TO JOIN US next year on F

BILL WATCH

BY MARK McCULLOCH
IEMSA President/Legislative Chair

BILL	DESCRIPTION	LAST ACTION	IEMSA
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
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	Ready for debate.	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
no bill yet	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
SSB 1101	IGOV's hands-free bill, with other legal changes	Governor's bill; requires use of hands-free technology.	FOR
SF 96	Requiring minors to wear helmets on mopeds	DEAD	FOR
SF 490	Fire and emergency response services training grant fund, providing for certain transfers to the fund, and repealing and creating certain other funds.	Introduced. In Sub-Committee	AGAINST
HF 17	Concussion protocol for HS sports	Still under review by interested parties. Passed w/o EMS involved.	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	Successor to above	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 2/16. Effective immediately. EMS not exempt.	AGAINST
HF 286	Use of safety helmets	DEAD	Undecided
HF 274	Stroke Registry	Per Brian Helland's request.	FOR
SSB 1147	Stroke care quality improvements	Per Brian Helland's request.	FOR
SF 298	Medicaid reimbursement for ambulance services	DEAD	FOR
HF 436	GEMT bill	DEAD	Undecided
HF 427	Medicaid reimbursement for ambulance services	DEAD	FOR
SF 318	Requiring that townships provide emergency medical services	DEAD	FOR
HSB 165	No more volunteer firefighter tax credit, move to DC pension plan.	DEAD	AGAINST

BILL WATCH UPDATE AS OF 3-2-2017 -- Go to this link for UPDATES and DAILY ACTION ON BILLS.



IEMSA 13TH ANNUAL

REGIONAL EMS BILLING & DOCUMENTATION CONFERENCE 2017

APRIL 19, 2017 • MARRIOTT DES MOINES DOWNTOWN
700 GRAND AVENUE • DES MOINES, IOWA

IEMSA
Iowa Emergency Medical Services Association

We're excited to bring Doug Wolfberg back to Iowa --IEMSA will reach out to EMS Services across the midwest to join us in Des Moines for this popular and much needed educational event.

NAAC National Academy of Ambulance Coding — CEU Approved

CEs FOR EMS BILLING MANAGERS & CERTIFIED AMBULANCE CODERS:
This course has been approved by the NAAC for CEs. In addition, optional EMS CEHs have been approved. Participants must be present for the entire conference for CEHs to be awarded-no partial credits will be awarded.

HOSPITALITY SUITE TUES. NIGHT APRIL 18TH

REGISTRATION FEES:
Includes Tuition, Lunch & Breaks

Price: $200/pp

Click Here to Log-in Register Now!
(or go to www.iemsa.net)
OR Complete the **Registration Form** on the next page and return by fax or mail to IEMSA.

Sponsored by: LIFEQUEST SERVICES
Billing and Collections for EMS & Fire
(855) 888-4911 • www.lifequest-services.com

> **On April 18, 2017**, the night before the Conference, IEMSA will host a hospitality suite--sponsored by ***PCC-An Ambulance Billing Service.*** It will be a night of networking, good food, and relaxation before the conference begins. Join us from 6-9pm at Marriott Downtown Des Moines.

PCC An Ambulance Billing Service

> **SPEAKER:** Doug Wolfberg is a founding member of Page, Wolfberg & Wirth (PWW), and one of the best known EMS attorneys and consultants in the United States. Widely regarded as the nation's leading EMS law firm, PWW represents private, public and non-profit EMS organizations, as well as billing software manufacturers and others that serve the nation's ambulance industry.

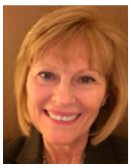
AGENDA:

7:30a - 8:00a	**Registration -- Breakfast Provided**
8:05a - 11:45a	**Medicare Reimbursement, HIPAA and Compliance Updates – the NAAC Mandatory CEU presentations :** These Updates are the industry's most complete, timely and insightful look at the "hard news" coming from CMS and other agencies that directly affect your bottom line, AND, they are **approved for the Four Mandatory CEUs needed to maintain your CAC Certification.** These sessions will give you the straightforward, no-nonsense and practical information you need to stay current with all the changing Medicare rules and policies, as well as provide you with the most up-to-the-minute news and information on what is happening at the OIG, OCR and other agencies that directly affect ambulance compliance issues. This session is more critical than ever in light of the government's new enforcement weapons and the substantial new penalties that can come from non-compliance.
11:45a - 1:00p	**Lunch Provided**
1:00p - 2:00p	**The Top Six Threats Facing Your Ambulance Service— and How to Effectively Manage Them**
2:00p - 2:15p	**Break**
2:15p - 3:00p	**DRAATT: How to Write a Well-Organized PCR**
3:00p - 3:15p	**Break**
3:15p - 4:30p	**A Holistic Look at the Ambulance Service Revenue Cycle: From Dispatch to Dollars**
4:30p - 5:00p	**Open Discussion/Q&A**

TO REGISTER ONLINE: CLICK HERE 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 for your first time logging in is set to IEMSA2014 which is case sensitive and contains no spaces. It will prompt you to enter your own password.

Don't have an IEMSA Account? Click Here to create an account:

Once Logged-in--go to the "Online Store" tab at the top of your screen, click on the "Regional EMS Billing & Documentation Conference" icon/link, complete the registration form, add to your cart, process payment and you're registered. You will receive a receipt and confirmation immediately by email. 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. No Refunds after March 23rd, 2017. Cancellations prior to the 3/23/2017 are subject to a $50 cancellation fee. **OR CLICK HERE FOR A Registration Form PDF to print and mail/fax.**



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** *(your organization and providers)***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.
- **very deep discounts on equipment and supplies for our Affiliate Members** through our Group Purchasing program.

NEW! This year we have committed to rolling out a public education campaign to help educate the public about EMS. They need 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.

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.**

CALL IEMSA TO JOIN TODAY!

Click here to download an Affiliate Application

OR Contact Lisa Arndt, Office Manager at 515-225-8079 | administration@iemsa.net

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 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 MARCH 2017: INDIVIDUAL 1426 + AFFILIATE 136 + CORPORATE 23 = 1585

IEMSA
Iowa Emergency Medical Services Association

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
American Medical Response(AMR)
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
Calhoun County EMS
Care Ambulance
Carroll Co Ambulance Service
Cedar Rapids Fire Department
Central Iowa Healthcare
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
Dallas Co EMS
Davenport Fire Department
Decatur Co Hospital Ambulance
Defiance Fire & Rescue
Denver Ambulance Service
Dike Fire Dept
Dubuque Fire Department
Eastern Iowa Community College
Elberon Fire & Rescue
Elkhart Fire Department
Ely Volunteer Fire Department
EMERSON VOLUNTEER RESCUE
Forest City Ambulance Service
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
Hartley Ambulance
Hawarden Ambulance
Henry County Health Center - EMS
Hudson Fire & Rescue
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
Knoxville Fire Department
La Porte City Ambulance
Laurens Ambulance Service
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
Nora Springs Volunteer 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
Panora EMS
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
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 Horne First Responders
Virginia Township Fire and Rescue
Washington Co Ambulance
Waterloo Fire Rescue
Wellman Volunteer Ambulance
West Des Moines EMS
Western Iowa Tech Community College
Wheatland Emergency Medical Services
Wheaton Franciscan Healthcare
Wilton Fire and EMS
Winneshiek Medical Center Ambulance
Woodburn Rescue

IEMSA
Iowa Emergency Medical Services Association

AFFILIATE MEMBERSHIP APPLICATION

$50/YEAR
(< 50 Calls/Year)

$100/YEAR
(51-500 Calls/Year)

$250/YEAR
(501-2,499 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 recieve a confirmation email once your payment is rec'd and/or processed. If you do not recieve an email--please contact the office to confirm your membership was rec'd.

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

IEMSA EMS EDUCATIONAL SCHOLARSHIP

APPLICATION DEADLINE : JUNE 1, 2017

BY BRIAN RECHKEMMER, Board Member and Scholarship Chair

NEW! SIX $1,000 SCHOLARSHIPS ADDED

Are you a student looking for assistance to help pay for your EMS Course? Are you a service that has students that are in an EMS Class that you are paying for? If you answered yes to either one of the questions above IEMSA can help. In 2017 the IEMSA Board of Directors approved the allotment of $7,500.00 to be given away in scholarships to students who are enrolled in an Iowa EMS Program. **New this year--there will be six $1,000 scholarships awarded to one student from each of our six IEMSA Regions.** The only guidelines are that the student must be a student member of IEMSA and the training program that they are enrolled in must be an affiliate member of IEMSA. In addition to these six scholarships we will be awarding one $500 scolarship each to two individuals that are pursuing a certificate for EMR, EMT, AEMT or PARAMEDIC. One $500 scholarship will also be awarded to a training program to be utilized at their discretion.

Funds are intended to assist those hoping to enter the emergency medical services job force or for established members of the EMS community looking to advance their education and certification level. Emergency Medical Services personnel are essential features of any disaster management effort. Whether paid or volunteer, EMS is often the first to arrive at accident sites, making split-second life-saving decisions during every shift. Quality education and comprehensive training is essential for EMS providers and paramedics, because no two disasters, emergencies or accidents are alike. The goal of the IEMSA annual scholarship fund is to encourage continued improvement and advancement for our state's providers.

Initial certification requires schooling, and continuing education, and it also plays an important role in keeping EMS personnel on the cutting edge of life-saving first responder protocols. College level programs exist at two and four-year colleges. Whether basic or advanced–EMT, school can be costly. IEMSA would like to assist individuals with scholarship funding to help achieve or further career goals.

SCHOLARSHIP SELECTION PROCESS

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 28th Annual IEMSA Conference & Trade Show-November 11th, 2017.

Deadline for submission of applications : June 1, 2017.

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

1. Only those applications which are complete, accurate and received by the deadline will be considered.
2. IEMSA will notify all applicants by email of the status of their application.
3. EMS scholarships are not awarded for course work already taken.
4. Scholarship payments are made directly to the recipient of the scholarship.
5. The following criteria will be used in the scholarship selection process:
   - Dedication to the profession
   - Financial need
   - Dedication to the community
   - Service as a positive ambassador for IEMSA

Please consider applying for one of these scholarships or forward information on to other potential recipients.

Pictured above are our 2016 IEMSA Scholarship Winners

Iowa Department of REVENUE

VOLUNTEER TAX CREDIT 2016 TAX YEAR

BY LINDA FREDERIKSEN Exec. Dir. MEDIC EMS & Immediate-Past President IEMSA

Volunteer Firefighter and Emergency Medical Services (EMS) Personnel and Reserve Peace Officer Tax Credit for the 2016 Tax Year (returns filed in 2017)

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 our 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 2016, the tax credit equals $100 if the volunteer serves for the entire calendar year 2016. 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.

2017 EMS MEMORIAL CELEBRATION : MAY 20

BY TOM SUMMITT Muscatine Fire Department & South East Board Member

Planning has begun for the Annual EMS Memorial that will be held May 20, 2017 in West Des Moines Iowa. We are accepting applications for this year's EMS Memorial Celebration. **The deadline is April 11, 2017.**

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.iemsa.net (Click Here to open Application) and print the pdf application and submit all materials by April 11, 2017 to IEMSA, 5550 Wild Rose Lane, Ste. 400, West Des Moines, IA 50266.

The names of individuals submitted will be engraved and celebrated at the May 20, 2017 EMS Memorial Ceremony, held at 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.

Watch your e-news for more information--and get your applications in today--to honor your provider heroes and friends.

This is just one way to remember and honor an EMS provider that has given so much to Iowa EMS.....Please make arrangements now to attend this beautiful ceremony.

EMS SATURDAY

SOUTH EAST REGIONAL CONFERENCE

BY TOM SUMMITT Muscatine Fire Dept. South East Board Member

On January 14th, 2017 IEMSA sponsored the 8th Annual Southeast Iowa EMS Saturday with over 59 in attendance.

As always, these are very well attended! This year's speaker line-up included sessions and speakers that included: Situational Awareness" presented by Rick Sywassink, "Kinetics of Trauma and Field Assessments/Triage" presented by Chuck Gipson, "Perfect Storm" and "Hot or Cold- It's ALL Sepsis" presented by Jules Scadden, "Crime Scene Preservation" presented by Detective Kenny Hora and "Transforming Lives through Organ, Tissue, & Eye Donation"presented by the Iowa Donor Network.

Our next SE EMS Saturday will be January 13, 2018! Plan to join us!

If you would like to have a mini IEMSA EMS Day in your area, contact your local IEMSA Board member from your region !

EMS BUREAU UPDATE

BY TERRY SMITH IDPH, Data Coordinator, Bureau of Emergency & Trauma Services

EMS DATA REGISTRY

This year has brought many changes to the Bureau of Emergency and Trauma Services (BETS), particularly EMS run data submission. All EMS agencies are required to transition to Imagetrend's Elite registry as of January 1, 2017. This article provides pointers on making Elite a useful tool rather than just a means to satisfy a state regulation.

All EMS agencies transport and non-transport are required to submit run data through the "free" online Elite EMS data registry. If your service has not yet set up an account in Elite, please email Terry Smith at terry.smith@idph.iowa.gov with your name and the EMS service name. Terry will provide login credentials and documentation on getting started in Elite.

A common question received from non-transport agencies regarding run entry is "what do we need to enter into Elite?" The answer to that might be more enlightening by knowing "What not to enter into Elite" A non-transport agency does not enter anything that occurs with the patient once care has been transferred to a transport agency, except for the name of the transporting agency. For example, if only vitals are taken before transfer, that is all that is entered, any subsequent procedures, medications, or patient care provided by the transport agency should be entered into the transport agencies incident in Elite. The idea is to capture the run elements from each individual service's perspective.

After years of working with EMS service users from around the country, Imagetrend created several "canned" reports in Elite Report Writer that shed light on many facets of an EMS service such as: Runs by city, county, time & day, hour, day of week; runs by provider impression; runs by destination, type of destination, zone, district; response disposition; dispatch reason; medications given; mileage; crew member incident participation; etc. The list is almost endless and here's how to easily execute all the listed examples reports: Click on <Tools>, then <Report Writer>. On the left side you will see "All Reports": under that, click on the folder "Call Information" then click the first report named "Ambulance Run Data Report". Click "Generate Report". Criteria such as incident date range can be entered or leave it all blank and again select "Generate Report." This one report will quickly show the who, what, why, where and how of the service calls, making Elite a very valuable tool. There are over 100 more canned reports available for use.

Any questions on Elite, whether its running reports or data entry, please contact Terry Smith at terry.smith@idph.iowa.gov

CODE ONE CONFERENCE

BY MATT FULTS, NRP : IEMSA SE Board Member

EMS providers from around the state gathered at the campus of Kirkwood Community College on March 10th and 11th, 2017 for the Annual Code One Conference.

IEMSA board members were on hand both days to speak with fellow EMS providers. Non-members attending Code One were offered the chance to add their name to the growing list of EMS providers advocating for positive change in Iowa EMS. Current IEMSA members were offered the chance to enter into a drawing that awarded an 2017 Annual IEMSA Conference Registration. Code One offered an excellent opportunity for current IEMSA board members to interact with members. We would like to extend a thank-you to the Code One planning committee for their hard work and hospitality.

2017 IEMSA AWARD
NOMINATION FORM

2016 IEMSA Volunteer Service of the Year -- Remsen Ambulance Service

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, 2017.

> **Individual EMS Provider of the Year**
- ❍ Volunteer
- ❍ Career

> **EMS Service Provider of the Year**
- ❍ Volunteer
- ❍ Career

> ❍ **Instructor of the Year**

> ❍ **Dispatcher of the Year**

> ❍ **Friend of EMS**

> ❍ **Hall of Fame**

NOMINATE A DESERVING EMS PROVIDER OR SERVICE TODAY!

NOMINATION FORM **ONLINE!** GO TO THIS LINK:
HTTP://WWW.IEMSA.NET/AWARDS_NOMINATIONS.HTM

Award Nominee's Name

Company/Service

Address

City/State/Zip

Phone Number

E-Mail Address

Person Nominating -- Contact Name

Email Address Phone#

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

Submit by mail to: IEMSA Awards, 5550 Wild Rose Lane, Ste. 400, West Des Moines, IA 50266 **or by fax to:** 877-478-0926.

BY JOSHUA STILLEY, MD

MEDICAL DIRECTOR UPDATE

PEDIATRIC DOSING GUIDELINE

> For as long as I have been involved in emergency care the Broselow® tape has been the standard tool for dosing of pediatric medications. The reason we think it is a good idea to use such a device is that in the heat of the moment doing quick mental math may not work so well. Additionally, your weight guessing talent may have not have shown up to work with you that day. Estimating the age, weight, or height of a pediatric patient is the first step in determining the dose of medication to deliver, but we don't all have the luxury of putting the patient on a scale to obtain an accurate weight before beginning patient care. The benefits of the Broselow® tape are that it is fairly comprehensive, easy to carry, and can be quickly applied. Since we have been using the Broselow® tape so ubiquitously, its name has become pretty synonymous with pediatric dosing. Just like Kleenex is a brand name of a category of products, Broselow® is one of several devices now on the market that we can use.

> In our discussions within QASP and EMSAC this year we decided that it would be appropriate to make sure our phrasing in state protocol reflects the broad range of commercial products or local methods for dosing of pediatric medications. We don't want to endorse one product over another or limit available options for providers to utilize. For that reason we are changing the language from either specific doses or Length/Weight Based Device to Pediatric Dosing Guideline. What this means is that when you look at any of the State of Iowa pediatric protocols you will see "Refer to Pediatric Dosing Guideline." Because of the different methods the varying systems use to dose medications, putting specific doses in the protocol is not possible.

It will now be up to your medical director and system leadership to approve doses for medications and to have a reference available. Still want to use the Broselow®? Great! Just make sure all of the medications you want to use are available. Want to use one of the newer products like Handtevy™? Great! Make sure your providers are trained and effective in its use. Want to make your own in-house dosing guideline? Great! Make sure to double check your math. Want to steal adopt one from your neighboring service? Great! Just make sure to double check their math. Like I said, any of these methods will work as long as all of the pediatric medications and devices you use in your service are represented and available for reference.

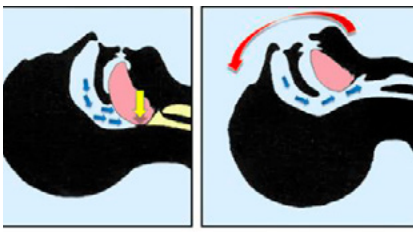
> So why would you choose one device over another? Lets look into that a little bit.

Dr James Broselow developed the Broselow® Tape in the 1980s. This device uses a tape to measure a patient's height. The height then gives an estimation of the patient's weight. Using that weight it then provides the recommended dose of a variety of medications and medical devices. The Broselow® tape is accurate for 65% of children1. It will under-estimate the weight in about 30% of children, and overestimate the weight in about 15% of children. This accuracy is actually probably a little bit better than parent's guessing or attempts at remembering their child's weight, and certainly better than ours. Some criticisms of the Broselow® tape are that it does not contain a broad enough range of medications or that the dose for a particular medication may be different than what is in your protocol. As there is one Broselow® tape available, you are not able to customize it for your needs.

> The newer system now on the market is called the Handtevy™ system. This was developed by Dr Peter Antevy starting in 2006. The difference in the Handtevy™ system is that it can utilize length or age as the initial measurement tool. Additionally, there is significantly more ability to customize medications, doses, and concentrations within the system. Rappaport et al found that there is not a significant rate of difference in medication delivery error between the Broselow® or Handtevy™ system2. Downside? It is a new system that you have to purchase and then train your providers to use.

> There are other systems such as The RightDose™, Pedi-Wheel™, and CrashCards® that are appropriate to use. There is even an updated Broselow system called eBroselow that is an electronic app which allows for a lot of customization, but does not appear to contain the ubiquitous Tape that we have all come to know and love. What do I use in my system? We do have a Broselow® for estimating size and then our drug references for estimating dose. Whichever system you use, make sure it is applicable to your protocols and train with it often. As always, please feel free to email me with any questions or suggestions for future articles.

1. *Nieman CT, Manacci CF, Super DM, Mancuso C, Fallon WF, Jr. Use of the Broselow tape may result in the underresuscitation of children. Acad Emerg Med 2006;13(10):1011-9.*
2. *Rappaport LD, Brou L, Givens T, Mandt M, Balakas A, Roswell K, Kotas J, Adelgais KM. Comparison of Errors Using Two Length-Based Tape Systems for Prehospital Care in Children. Prehosp Emerg Care 2016;20(4):508-17.*
3. *Lowe CG, Campwala RT, Ziv N, Wang VJ. The Broselow and Handtevy Resuscitation Tapes: A Comparison of the Performance of Pediatric Weight Prediction. Prehosp Disaster Med 2016;31(4):364-75.*
4. *2017 eBroselow. <ebroselow.com>.*
5. *2017 Handtevy. <handtevy.com>.*



Adult Airway Management for Special Healthcare Needs

BY LaDonna Crilly, MS--EMS Program Coordinator
Western Iowa Tech Community College • Sioux City, Iowa

As the general population ages, trauma-related and naturally occurring disease processes will increase the number of adults with special healthcare needs. The impact of this will dramatically affect EMS in the future. Prehospital care providers will be asked to take on new challenges in airway management. They will be called into situations where short-term, corrective airway management in life-threatening illnesses is replaced with long-term and palliative care of the airway.

OBJECTIVES:

1. Recognize disease processes associated with airway compromise in the adult patient with special healthcare needs.
2. Distinguish between diseases associated with airway compromise in the adult patient with special healthcare needs.
3. Select airway management techniques based on presenting disease processes.
4. Detect the importance of suctioning and oxygenation in the adult patient with special healthcare needs.

DISPATCHED

A Paramedic and his partner have left from the local hospital and are returning back to quarters. Riding along with you is a Paramedic student from the local Community College. You are dispatched to a residence for a male with shortness of breath. Dispatch tells you the patient suffers from Lou Gehrig's disease (amyotrophic lateral sclerosis or ALS), and there is a family member with him. The Paramedic student informs you that he has read about this condition but has not seen anyone with this type of disease. The EMS Provider explains ALS and what they are going to look for in assessments and how it should be treated. The student says he is not comfortable team leading this type of patient because he is unfamiliar with ALS. You reassure him that you are by his side and he will do fine. They discuss what equipment needs to be brought in for the airway management and assessment due to patient having shortness of breath.

ON SCENE

You arrive at the scene and you determine that the scene is safe and no hazards appear. You take the jump kit, instruct the Paramedic student to bring the suction and airway kit, and your partner gets the cot. The patient's wife is standing in the doorway as you approach. You, your partner and Paramedic student follow her to a bedroom, where your team is presented with a male patient lying on his side in a hospital bed. Your general impression is that he is significantly short of breath, appears anxious and restless, and is unable to speak clear words due to his shortness of breath.

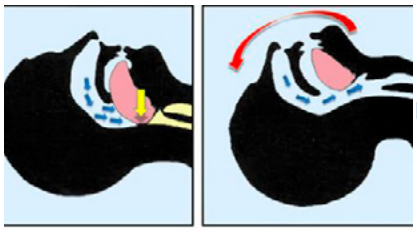
ASSESSMENTS, HISTORY AND TREATMENT

Paramedic student and your partner perform an initial assessment while you talk to the patient's wife. She tells you her husband has been sick for a few days and has been running a fever on and off. He has been having nausea and vomiting so he has not been able to eat or take his medications. Prior to getting sick, the patient had a nonproductive cough that seemed to get progressively worse. Patient history reveals that he has been diagnosed with ALS and over the past several weeks has had difficulty with facial and neck paralysis. The student advises you that the initial assessment reveals the patient is having trouble speaking and maintaining his airway. Your partner has suctioned the patient to clear the throat of accumulated secretions. The student also reports breath sounds are hardly audible, and the patient has poor chest rise and fall. The patient's skin is pale and sweaty, and he appears cyanotic around the lips and eyelids and nailbeds. Your partner places the patient on oxygen using a non-rebreather mask. You quickly double check the student's assessment findings and verify that the patient has diminished breath sounds with decreased chest rise. You check with the wife on his plan of care and what hospital to transport. The wife wants her husband to be transferred from his home to the local hospital.

AIRWAY MANAGEMENT

Difficult airway management is still an emerging standard of care in the EMS field. Adults with special healthcare needs can present with a difficult or challenging airway. Difficult

>>> CONTINUED ON **PAGE 21**



Adult Airway Management for Special Healthcare Needs

> > > CONTINUED FROM **PAGE 20**

airway management requires competence in both basic and advanced airway assessment and skills. There is a real possibility that patients with special healthcare needs will survive because of basic airway interventions and not due to advanced airway measures. It is important to recognize patients who present with difficulty in airway management, not just the patient who is difficult to intubate. Intubation is only part of successful airway management in the patient with airway or breathing compromise. Prehospital airway management has been focused on gaining control of the upper airway. Airway compromise in adults with special healthcare needs often involves the lower airway as well as the upper airway, and the prehospital provider will be presented with multiple degrees of airway management.

There are specific disease processes presenting airway management challenges in the prehospital setting not normally associated with airway compromise. Some of these disease processes and ways the EMS professional can successfully mitigate airway compromise in patients presenting with unexpected challenges to airway patency, breathing, and ventilation. Disease processes and special healthcare needs addressed are oxygen and suctioning, Lou Gehrig's disease (ALS), Guillain-Barre syndrome, myasthenia gravis, limited mobility, obesity, obstructive sleep apnea, tardive dyskinesia, tracheostomy, and palliative care issues.

Suctioning, Oxygenation and Hypoxia

Adults with special healthcare needs present a wide variety of medical and physiologic airway management challenges. The proper use of oxygen and suctioning are two of the most important aspects of airway management that can be provided to the adult with a special healthcare need. Patients with disease processes inhibiting ventilation and oxygenation become hypoxic very quickly. Patients with special healthcare needs require higher levels of inspired oxygen than healthy individuals to maintain adequate saturation levels. Changes in ventilatory or respiratory capacity reduce the patient's ability to maintain oxygen levels required for normal perfusion. Decreased lung capacities, regardless of cause, reduce minute volumes of inspired air. Patients are unable to acquire or restore residual oxygen reserves necessary to maintain adequate levels of perfusion. Adults with special healthcare needs are at an increased risk for hypoxic injury or compromise because they have lower residual oxygen reserves.

Disease processes can increase oxygen consumption and increase carbon dioxide production, resulting in chronic hypoxia. Any interruption in the patency of the airway or the integrity of ventilation results in oxygen desaturation. If not immediately addressed, hypoxia can develop, leading to acidosis and further patient injury or insult. Patients who appear to be in respiratory distress, until proved otherwise, should receive enough oxygen to maintain at least the minimum pulse oximetry values specified in local protocol, usually at least 94%.Interruptions in effective ventilation and respiration can result from a buildup of secretions and mucous in the lower airway. As the secretions and mucous reach the upper airway, obstruction occurs. Once obstruction

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takes place, rapid oxygen desaturation develops and hypoxia follows. Airway management in patients without the ability to cough or otherwise remove secretions and mucous from their airway is centered on effective suctioning and adequate oxygenation. When responding to patients with special healthcare needs, oxygen and suction equipment should be brought to the patient's side during the initial assessment.

LOU GEHRIG'S DISEASE

Amyotrophic lateral sclerosis (ALS), or Lou Gehrig's disease, is a motor neuron disease causing progressive muscular atrophy. Onset of the illness usually occurs in patients between age 40 and 70. Men are three times more likely than women to develop the disease. Patients develop muscular atrophy and weakness, usually starting in the feet and the hands. As the disease progresses, involvement of the mouth, tongue, throat, neck, and face occurs. Patients develop difficulty in swallowing, chewing, and breathing. Patients who lose the ability to swallow complain of choking sensations and drooling. Drooling may be significant and pose aspiration problems. Patients and family members are taught to suction the airway, but EMS may be called when secretions increase or respiratory distress develops.

In the later stages of the disease, atrophy of the respiratory muscles develops and the patient loses the ability to breathe. Signs and symptoms of hypoventilation will occur over time or may develop suddenly. Patients are faced with the decision of going on mechanical ventilation or entering into palliative care. Because ALS does not affect the patient's ability to think and understand, this decision causes severe emotional and psychological stress for both patients and their caregivers. If noninvasive or invasive airway management techniques are chosen, the EMS provider needs to show equal levels of concern for the patient's emotional status as well as respiratory status.

Patients with ALS are awake and aware of their conditions, and the EMS provider should expect the anxiety that accompanies loss of airway control or breathing and provide support. Aggressive suctioning may be required to control drooling and to keep the airway free of secretions. Oxygen should be administered if the patient shows signs of respiratory distress or hypoxia. Airway management in patients with ALS is supportive and symptomatic. Patient positioning helps in the management of drooling and reducing choking sensations. Patient positions need to be supported because the patients may not be able to support themselves. ALS is a terminal disease, and advanced airway procedures may not be warranted. Advanced airway management should be offered in accordance with progression of the disease and patient wishes.

GUILLAIN-BARRE SYNDROME

Guillain-Barre syndrome is an autoimmune disorder in which the immune system attacks the peripheral nervous system. The syndrome is a rapidly progressing and potentially fatal disease that causes profound muscle weakness, paralysis, and mild sensory loss. Recovery from the disease is spontaneous, and approximately 95 percent of patients recover fully. Guillain-Barre syndrome is generally short-lived, lasting from 15 to 30 days before symptoms dissipate. Complete recovery can take from several weeks to several years. Guillain-Barre syndrome begins with symmetrical muscle weakness in the legs that quickly progresses up the body, involving the muscles of the arms, chest, neck, and face. Paralysis of the facial and neck muscles can occur within 24 hours of initial symptoms.

Airway management for the patient with Guillain-Barre syndrome is supportive. It should be noted that patients are awake and fully aware of their situation. Acute anxiety may be present, and the EMS provider needs to provide compassionate emotional support. Loss of airway can be followed by loss of respiratory competency. These patients

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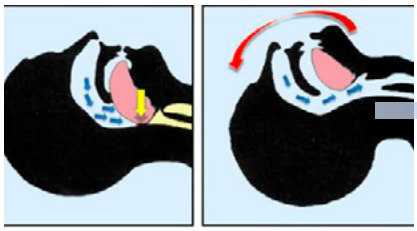

Adult Airway Management for Special Healthcare Needs

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should be intubated and placed on mechanical ventilation. Suction should be readily available to remove accumulated secretions in the oropharynx. If intubation is indicated, neuromuscular blockade and/or chemical sedation is necessary. Sedation post-intubation should be considered to reduce patient anxiety and pain.

MYASTHENIA GRAVIS

Myasthenia gravis is an autoimmune neuromuscular disease that produces sporadic and progressive weakness of skeletal muscles. Myasthenia gravis usually affects the muscles of the face, neck, tongue, lips, and throat, but can affect any muscle group. It is a cyclic disease evidenced by unpredictable periods of exacerbation and remission. Onset of myasthenia gravis exacerbations are usually noticed through weak eye closure, drooping of the eyelids, or double vision. Paralysis of the facial and neck muscles can lead to airway obstruction and buildup of secretions. Neck muscles become so weak the patient may be unable to support his head, and bobbing may be noticed, which is due to hypoxia of the neck muscles. Loss of airway occurs from the tongue and hypo- or hyperextension of the neck. Airway management of patients with myasthenia gravis is symptomatic and supportive. Patients are normally awake and fully aware of their situation. The EMS provider should anticipate emotional distress and provide support as needed. Patients with acute exacerbations can experience a loss of airway and/or respiratory capability. These patients should receive aggressive airway support up to and including mechanical ventilation. Suction should be readily available to remove accumulated secretions in the oropharynx. Because progression may occur slowly, hypoventilation may precede noticeable airway distress. Waveform capnography (graphical measurement of expired carbon dioxide, or CO2) can be helpful in monitoring ventilator sufficiency. Oxygen should be administered to reduce hypoxia and rebuild patient oxygen reserves. In intubated patients, sedation should be considered to reduce patient anxiety.

LIMITED MOBILITY

Limited mobility of the head, neck, and spine can present significant problems in airway management. Patients with arthritis, kyphosis, or corrective surgery to the spine will challenge the EMS provider's ability to provide effective airway management within the limitations of the patient's condition. Arthritis and kyphosis are degenerative bone disease processes that alter the normal shape of the spine and cervical spine.

Arthritis in the cervical spine leads to narrowing of the vertebral joint space and deformity from degeneration of bony tissue. These changes lead to vertebral joint instability and pain on movement of the neck. Peripheral nerve damage can occur, increasing discomfort for the patient. Application of a cervical collar is common to reduce movement of the neck.

Kyphosis is an anteroposterior curving of the thoracic spine that causes a bowing of the back. This spinal curving can also occur at the lumbar or sacral levels. When kyphosis involves the upper spine, the head is pushed down and forward, placing the chin very close to the chest. Alignment of the mouth, oropharynx, and tracheal axes becomes difficult because the neck cannot be hyperextended and the patient cannot be placed in a supine or sniffing position. This also makes the use of BVM ventilations difficult. Proper packaging of the patient includes making sure the spine and cervical spine are well-supported to ensure adequate access to the airway in arthritic and kyphotic patients.

Fusion of cervical vertebrae will prevent hyperextension of the neck during intubation attempts. Patients with fused cervical vertebrae can be placed in a sniffing position without any difficulty, allowing for effective airway management at both the BLS and ALS levels. If intubation is not possible, any of the secondary airway device such as, King LT, or Laryngeal Mask Airway can be used.

OBESITY

Individuals found with BMIs (Body Mass Index) of 30 or higher—people considered to have obesity—amounted to 35.7 percent. Those considered to have extreme obesity, with BMIs of 40 or higher, amounted to 6.3 percent. 74 percent of men have overweight or obesity; 64 percent of women have overweight or obesity.

Even when the obese patient is otherwise healthy, airway management problems are present. Severely obese patients always have some level of respiratory insufficiency.

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Oxygenation of obese patients becomes critical during periods of hypoventilation or apnea caused by decreased levels of oxygen reserves. Increased oxygen consumption from physical exertion or increased metabolic demands leads to rapidly developing hypoxia. Aside from decreased oxygen reserves, severely obese patients have physical barriers to adequate ventilation and respiration.

Abdominal girth and the weight of abdominal contents compromise movement of the diaphragm during respiration. Impingement of the diaphragm is at its greatest when obese patients are supine or when severely obese patients are placed in a bolt upright sitting position. Both supine and upright sitting positions force the abdominal contents to push the diaphragm into the chest cavity. This restricts the diaphragm's ability to function, reducing tidal and minute volumes of inspired air. As these volumes decrease, less oxygenation takes place, adding to the patient's hypoxia. Hypercapnia will develop from inability to exhale carbon dioxide and lead to the onset of respiratory acidosis.

Obese patients require additional ventilatory and airway assessment to ensure that adequate oxygenation takes place. The presence of tissue folds in the mouth and oropharynx may create obstructions during ventilation attempts. The possibility of aspiration is higher in obese patients because turning them to a lateral recumbent position is more difficult. Suction should be readily available when managing the airway of obese patients. Continuous positive airway pressure or Bi-level Positive Airway Pressure (BiPAP) can be used to effectively maintain the airway in obese and severely obese patients. The increasing use of CPAP to treat obstructive sleep apnea is exposing new and innovative patient care options regarding airway management in the breathing patient. CPAP maintains a patent airway by creating positive pressure in the oropharynx and lower airway. The positive pressure does not allow excessive tissue or tissue folds to collapse into the airway. In the breathing obese or severely obese patient unable to maintain his own airway, CPAP offers a safe and reliable alternative to invasive airway techniques. Patients with a history of obstructive sleep apnea will have airway management problems if they have an altered level of consciousness or are unresponsive. The airway can often be maintained with the use of basic airway adjuncts and positioning with or without a gag reflex, but if excellent technique does not result in adequate ventilation, intubation is necessary. CPAP may be attempted in awake patients with intact gag reflexes, but is not indicated in the unresponsive patient.

TARDIVE DYSKINESIA

Tardive dyskinesia results from the long-term use of neuroleptic and psychotropic medications as well as medications used to treat nausea and vomiting associated with chemotherapy or surgery. It is seen in patients who are on long-term use of phenothiazines and other dopamine antagonists. Tardive dyskinesia is a neurological syndrome and almost always results from medication use. It manifests through dystonic or involuntary, repetitive, and purposeless movements of the extremities, trunk, neck, head, and face. It is seen in older patients, females, and patients with diabetes. Initial or early presentations of tardive dyskinesia symptoms are thought to be extrapyramidal reactions and can be controlled using additional medications or changing current medication treatments. Late-developing tardive dyskinesia symptoms are thought to be irreversible. In patients experiencing airway or breathing difficulties, facial distortions such as grimacing, puckering, or pursing of the lips and sustained tongue protrusion or thrusting create difficult airway situations. Unilateral repetitive spasms of neck muscles can pull the lower jaw down at an acute angle toward the shoulder. Neck muscle spasms coupled with tongue protrusion or thrusting challenge the most experienced provider attempting to gain access to the airway.

TRACHEOSTOMY

Tracheostomies are an increasingly common special health care need in the adult population. The EMS professional's ability to care for and treat airway emergencies related to tracheostomies will become more and more important as the prevalence of home-bound and out-of-hospital tracheostomies rise. Tracheostomy tubes are the preferred method of airway maintenance in patients requiring long-term intubation. They are also the preferred method of airway maintenance in obstructive upper airway diseases or malformation and for patients with chronic inability to clear secretions. Patients with tracheostomy tubes require additional assessment and treatment measures to ensure that their airways remain patent and open. The upper airway is completely bypassed, and the patient loses the ability to filter warm and humidity-inspired air. This can lead to infectious processes, which produce copious amounts of mucous and secretions in the lower airway. While tracheal tubes allow the patient to breathe, they prevent adequate removal of accumulated secretions. Suctioning is needed to facilitate removal of fluids and mucous from the tracheostomy tube. Lack of adequate humidification of inspired air can lead to drying of tracheal tissues and thickening of secretions, thereby contributing to obstruction and infection.

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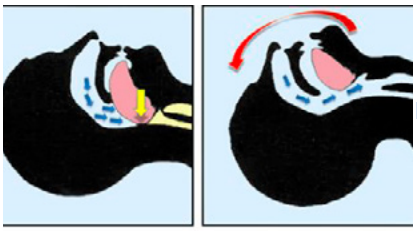

Adult Airway Management for Special Healthcare Needs

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Consult local protocol or medical control regarding field management of tracheostomy patients. At minimum, if there is any difficulty at all in replacing a tracheostomy tube or if patient caregivers have been advised not to replace the tube themselves, the patient should be transported to the hospital for further evaluation and management

PALLIATIVE CARE

Airway emergencies in palliative care arise as chronic illnesses progress into acute phases. These emergencies are distressing for family members and long-term care providers and can be frustrating for EMS personnel. Terminal care emergencies involving the airway are not common. When they do happen, prearranged management plans are set in place by family members or caregivers. EMS personnel are likely to enter late in these management plans. However, it is not unusual for EMS providers to enter airway management situations that are spiraling out of control and be faced with distressed family members or care providers. It may not be possible to open the airway using conventional techniques because of obstructions that have occurred from the development of tumors in the face, neck, trachea, or the large bronchi. The EMS provider may be presented with severe bleeding in the airway that cannot be controlled, creating obstruction and aspiration potentials. Rapid, thorough, and accurate assessments need to be accomplished to ensure that appropriate airway management techniques are employed. The EMS provider also needs to ascertain if advanced airway management interventions are appropriate. The presence of living wills, advanced directives, medical powers of attorney, Physician Orders for Life-Sustaining Treatments and do not resuscitate (DNR) orders dictate what, if any, care should be undertaken.

SCENARIO CONTINUED

You, your partner, and the paramedic student have been presented with a patient who requires some form of airway management. Your partner has done a good job of suctioning his airway and placing him on oxygen. As long as he remains on his side, suctioning should keep his airway clear.

The paramedic student has noted that the patient is cyanotic around the lips and eyelids. This may improve with oxygen administration, but the patient is more likely suffering from long-term hypoxia as a result of respiratory muscle atrophy. It has become evident that he requires either noninvasive or invasive airway management. The type of airway management depends on the patient's wishes and the severity of respiratory distress.

The paramedic student questions you as to why the patient is allowed to be involved in the decision-making process. You reply to the student that patients have the right to self-determination, and the patient should be given the choice if he wishes to be intubated or not. You believe the patient's airway can be maintained using noninvasive airway techniques and offer this explanation to the paramedic student.

TREATMENT AND TRANSPORT

Your patient is able to maintain his airway with suctioning and placement in a lateral recumbent position. He is able to move some air even though his respiratory effort is noted to be weak. After discussion with the patient and spouse, it is decided that the patient would like to try a noninvasive technique prior to being intubated. After discussion with the paramedic student, it is decided that the patient will be left in a lateral recumbent position and placed on CPAP with high-concentration oxygen. The paramedic student is allowed to place the patient on CPAP and is advised to monitor the patient closely for signs of increasing respiratory distress. The transport of the patient to the hospital is uneventful, and the paramedic student performs an ongoing assessment every five minutes. On arrival at the hospital, the patient is less cyanotic and appears to be more comfortable.

SUMMARY

Adults with special healthcare needs present with patient care challenges not normally associated with conventional airway management methodologies. As the scope of practice expands to include "special needs" groups outside the traditional realm of prehospital emergency medicine, the EMS professional will be required to offer "expanded" levels of airway management. This includes airway management that is offered as palliative or comfort care versus a life-saving intervention. Approaches to airway management in adults with special healthcare needs require higher levels of problem solving and critical thinking skills to ensure successful or patient-desired outcomes.

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Adult Airway Management

Continuing Education Quiz

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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, 2017

Complete this Quiz and:

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

1. **Airway compromise in adults with special healthcare needs, often involves the lower as well as the upper airway.**
   a) True b) False

2. **Patients who appear to be in respiratory distress, until proved otherwise, should receive enough oxygen to maintain at least the minimum pulse oximetry values specified in local protocol, usually at least 94%.**
   a) True b) False

3. **Amyotrophic lateral sclerosis (ALS), or Lou Gehrig's disease, is a motor neuron disease causing progressive muscular atrophy.**
   a) True b) False

4. **Airway management for the patient with Guillain-Barre syndrome is supportive. It should be noted that most patients are not awake and fully aware of their situation.**
   a) True b) False

5. **Arthritis limiting mobility in the cervical spine, leads to narrowing of the vertebral joint space and deformity from regeneration of bony tissue.**
   a) True b) False

6. **The percentage of men to women that are overweight or obese is_____?**
   a) 74% to 64% b) 82% to 54%
   c) 64% to 74% d) 58% to 69%

7. ***Tardive dyskinesia is a neurological syndrome and almost always results from medication use.*** It manifests through dystonic or involuntary, repetitive, and purposeless movements of the extremities, trunk, neck, head, and face. It is usually seen in:
   a) Older patients b) Females
   c) Patients with diabetes d) All the above.

8. **Patients with tracheostomy tubes require additional assessment and treatment measures to ensure patency.** The upper airway is completely bypassed, and the patient loses the ability to filter warm and humidity-inspired air. This can lead to:
   a) Infectious process
   b) Produce small amounts of mucous in upper airway
   c) Produce small amounts of secretions in upper airway
   d) Moistening of tracheal tissues

9. **Airway emergencies in palliative care arise as chronic illnesses progress into acute phases.** The EMS provider also needs to ascertain if advanced airway management interventions are appropriate. The presence of living wills, advanced directives, medical powers of attorney, Physician Orders for Life-Sustaining Treatments and do not resuscitate (DNR) orders do not dictate what, if any, care should be undertaken.
   a) True b) False

10. **Approaches to airway management in adults with special healthcare needs require higher problem solving and critical thinking skills to ensure successful or patient-desired outcomes.**
    a) True b) False

Name_____

Address_____

City/State/Zip _____

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Cert #_____

email: _____

SPOTLIGHT ON TRAINING

WESTERN IOWA TECH COMMUNITY COLLEGE (WITCC) – SIOUX CITY

EMERGENCY MEDICAL SERVICES AT WESTERN IOWA TECH COMMUNITY COLLEGE (WITCC) was organized in August 1966, when the Iowa State Board of Public Instruction accepted a plan submitted by the counties of Ida, Monona, Plymouth and Woodbury to merge for the creation of an Area Vocational-Technical School and will be celebrating its 50th Anniversary in Sioux City this year.

- **The first classes began on January 27, 1967** and when the fall term began on August 28, 1967, seventeen full-time programs were in operation. WITCC's boundaries were expanded on July 1, 1969, when Crawford County joined Merged Area XII. The boundaries were extended again in April 1971, when Willow Community, Aurelia Community School District, and Cherokee Community School District were added. WITCC received approval in 1973 to offer liberal arts courses in Denison, and thus was designated as a community college. When the college received permission to offer a two-year Associate of Arts degree at the Sioux City campus, the college curriculum became fully comprehensive, serving both full, part-time and evening students throughout the six county service area. The college has continued to expand program offerings in all divisions, with the arts and sciences division continuing to represent one of the fastest growing areas of the College.
- **WITCC offered the first EMT class held in the State of Iowa in March of 1972 at the Ida Grove campus** and has offered Paramedic Training programs since 1981. Today the EMS Department provides credit courses in Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), and Advanced Emergency Medical Technician (AEMT) and offers diploma or an Associates of Applied Science degree in Emergency Medical Services Paramedic (EMT-P).
- **On March 20th, 2009 the EMS Department received accreditation from the Commission on Accreditation of Allied Health Education Programs for the Paramedic Program and December 14, 2009** became accredited as a National Disaster Life Support Foundation Regional Training Center. The Paramedic Program is fully accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Committee on Accreditation for the EMS Professions (CoAEMSP).
- **The WITCC EMS Department does Continuing Education for EMS providers of Northwest Iowa, Northeast Nebraska, and Southeast South Dakota.** WITCC serves as Training Center for American Heart Association for Heartsaver First Aid & CPR, BLS, ACLS, and PALS. Pre-hospital Trauma Life Support, and Advanced Medical Life Support are offered with our Paramedic program. Western Iowa Tech BLS Instructors have taught over 1200 classes in Basic Life Support and Heartsaver courses this past year.

LaDonna Crilly, BA, RN, and Paramedic, is the EMS Program Director. LaDonna worked at St. Luke's Regional Medical Center in Sioux City for 18 years as a burn nurse, critical care nurse, and St. Luke's School of Nursing before coming to WITCC in 2006. LaDonna started in EMS in 1974 as a volunteer. Worked as an EMT, EMT-I and obtained a Paramedic certification in 1996. She has been in EMS Education for 35 years. LaDonna serves on the IEMSA Board.

Terry J. Sudrla, MA, BS, NREMTP, EMSI, is WITCC's full-time faculty and clinical coordinator. Terry has provided Emergency Medical Services since 1977, starting as a junior in High School. Upon completing his initial EMT coursework, Terry has been assisting with EMT instruction since 1979. Terry obtained his Master of Arts Degree in Education in 1985 and Paramedic in 1989. His work experience includes Field Paramedic and Command Officer at Siouxland Paramedics, Inc. (SPI), since 1988, and Flight Paramedic for Mercy Air Care (1990-99).

The EMS Department has two full-time office staff: Cammy Jo Cother, EMS Specialist and CPR/Continuing Education Coordinator and Mary Jorgensen, EMS Office Manager and BLS Instructor. Cammy Jo works directly with a local hospital to coordinate BLS, ACLS, PALS, TNCC, NRP, and Stable courses to their employees plus Western Iowa Tech and outreach courses.

WITCC's EMS Department has numerous EMS Adjunct Instructors and Evaluators that have many years of experience and work in the EMS field.

SYSTEM STANDARDS : IT'S PROTOCOL TIME

BY KERRIE HULL : RN, EMERGENCY SERVICE COORDINATOR-CALHOUN COUNTY

It is that time of year when we are anxiously waiting for the new state protocols. The clock starts ticking: "Has to be signed by the medical director, paperwork back to the EMS Field Coordinator, has everyone been trained on them and where is my proof?"

Don't wait. Start the talk now. Were there things last year that you started thinking "Why don't we do this;" new treatments, new equipment? Remember that the state protocols or guidelines are the minimum. Is there more that you can do within your scope of practice? What are the current treatment regimens being utilized by the healthcare facilities you transport to? How will you know unless you are working together as a team. Is there evidence to support the changes or treatments you are thinking about? Once you have your list from your EMS providers and facilities, get a group of you together with your Medical Director. What is his/her direction for EMS care and treatment for your service, for the system? Work on making changes based on your system needs and capabilities.

If you don't have a single medical director for your system, can the medical directors work together to have a single set of protocols? Then everyone knows what everyone else can do, what is expected of each provider and the partnership with your healthcare facility improves as they know what to expect.

Now take it a step further. Can we expand this within the service areas? Maybe not a single set of protocols for the service area yet, but someday? Is it possible to have minimum guidelines from the State and the actual protocols developed by the service areas which are based on time critical conditions and transporting criteria? The service areas may help promote further ideas and quality improvement between EMS and the healthcare facilities. What other ideas can be brought to the table at these meetings. There is no limit to what can be accomplished if we are part of the discussion, but we must attend. We must contribute or EMS will keep getting left behind instead of being part of the solution.

If you have questions on system standards, system development, or you would like assistance from a member of the Iowa EMS System Standards Committee, please contact Kerrie Hull, khull@calhouncountyiowa.com or 712-297-8619.

SAVE THE DATE

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life is why™

MISSION: LIFELINE®

2017 Mission: Lifeline Iowa Statewide STEMI Symposium

May 3, 2017 * 8:30-4:40pm

Northwest
King's Pointe
1520 E Lakeshore Drive, Storm Lake, IA 50588

Central
Gateway Hotel & Conference Center at ISU
2100 Green Hills Drive, Ames, IA 50014

Northeast
Dubuque County Emergency Management Training Facility
14928 Public Safety Way, Dubuque, IA 52002

Southeast
Bridge View Center
102 Church St, Ottumwa, IA 52501

Southwest
Methodist Jennie Edmundson: Classroom 2HA
201 Ridge Street, Council Bluffs, IA 51503

FREE to attend however registration required:
https://www.surveymonkey.com/r/May3IAMLSTEMISymposium

Conference Format: In person- video/teleconference

Objectives

1. Identify and understand their role in systems of care for "Time Critical" conditions.
2. Identify data metrics, understand the value of data collection and how to use it in process improvement at their services or facilities.
3. Describe the role of the Emergency Department staff in both the Non-PCI Hospital and the PCI Hospital.
4. Explain the rules related to HIPAA and EMTALA in regards to the system of care.
5. Relate current and most effective interventions to Evidence-Based Practice in ACS.

Target Audience:

- EMS providers, leadership & medical directors
- Nurses and nursing leadership, administration
- Cardiologists, Emergency Physicians
- Health-care providers, rural physicians and mid-levels, interested in improving emergency heart in Iowa

Mission: Lifeline Iowa Statewide STEMI Symposium is a continuing education activity for all locations.

uh-oh! Peds! CONFERENCE

FEBRUARY 25, 2017
RADISSON • CORALVILLE
1220 1st Ave., Coralville

EMS TRAINING TO CARE FOR LITTLE BODIES

BY MATT FULTS, NRP : South East IEMSA Board Member

Sponsored in part by:

On February 25th, 2017 providers from around Iowa gathered in Coralville, IA for IEMSA's Pediatric Conference, "Uh Oh, Peds!".

This year registered attendees included EMTs, paramedics, nurses, and physicians. From trauma prevention to children with special needs, many topics were articulately covered. Also featured this year, back by popular demand, was a session that broke down various hands-on skills rarely performed by care providers. In the hands-on laboratory setting instructors from the University of Iowa Emergency Medical Services Learning Resources Center were on hand to assist with the group instruction. Providers were able to practice endotracheal intubation skills, intraosseous placement, cardiac arrest management, and needle decompression.

Attendees were treated to over 3 hours of instruction by the nationally renowned **Dr. Christopher Colwell**. This was an exciting opporunity for everyone attending.

We are especially grateful to all of this year's attendees, speakers, and venue staff. A very special thank you to the IDPH Bureau of Emergency and Trauma Services, the University of Iowa, and the EMSLRC director and instructional staff. Without your assistance, this quality event would not be possible. With an eye toward the future, planning has already begun on the 5th Uh-Oh Peds! Conference. Please check the IEMSA website frequently and watch for updates via your IEMSA eNews.

Presented in Partnership with:

- Bureau of Emergency and Trauma Services
- University of Iowa Emergency Medical Services Learning Resources Center