

# IEMSA VOICE

A VOICE FOR POSITIVE CHANGE IN IOWA EMS



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GOVERNOR BILL SIGNING IN  
WEST DES MOINES :  
HOUSE FILE 2459



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25TH ANNIVERSARY  
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NOVEMBER 6-8, 2014

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DR. JOSH STILLEY

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TO LBB OR NOT TO LBB  
The Future of Spinal  
Immobilization : Continuing Ed.

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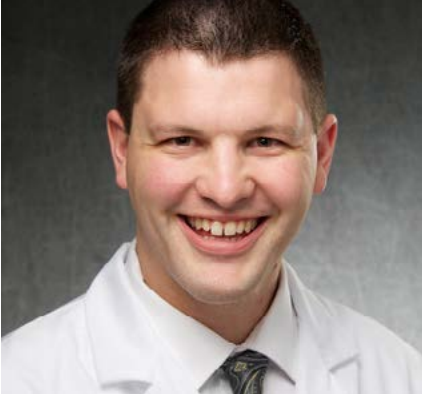
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The VOICE is published quarterly by the Iowa EMS Association covering state EMS issues for emergency medical services professionals serving in every capacity across Iowa. Also available to members online.



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NEW IEMSA MEDICAL DIRECTOR :**  
9 Read his first column of his appointment.



**WATCH YOUR EMAIL FOR  
REGISTRATION LINKS :** SCOTT BOURN,  
14 MIKE RUBIN, STEVE MURPHY just to name a few.

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## > BOARD MEETINGS

- > **September 29th, 2014**  
WDM Station 19- 1:00—3:00pm
- > **October 16th, 2014**  
WDM Station 19- 1:00—3:00pm
- > **November 6th, 2014**  
Iowa Events Center at the  
Annual IEMSA Conference Time: TBD
- > **December 18th, 2014**  
Teleconference - 1:00—3:00pm

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# A NOTE FROM OUR PRESIDENT

# ARE YOU ENGAGED IN YOUR ASSOCIATION!

BY JERRY EWERS, Fire Chief, BA, EMT-PS  
IEMSA President / Board of Directors

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**>** There are many ways to be active in EMS. This can be personally, professionally, and even legislatively. Some of you are very busy and active locally, state wide, and even at the national level.



> I know this because I've seen you at meetings, the state capitol, or in Washington DC. I know we all try to balance family and work and all our other organizational commitments to help our communities and others. So, I applaud your efforts and thank you for your involvement. But, how involved are you with IEMSA? Did you know that Iowa has approximately 12,000 EMS providers and out of those 12,000 providers only 10% are IEMSA members? I would personally like to see this increase at least another 10%, but I need your help. Let's help grow YOUR association. Let's help spread the word. I challenge each of you to recruit just one member to join our great organization. Are you aware of everything that's going on in EMS? Are you engaged? Would you like to be involved more?

## HERE ARE FIVE SIMPLE WAYS TO BE ENGAGED IN YOUR ASSOCIATION:

### > 1. PROMOTE IEMSA

We need your help. The more members who show their commitment to EMS by joining IEMSA the greater the associations influence will be, especially legislatively. If you're an Individual Member is your service an Affiliate Member? Are you sharing the quarterly VOICE publication with your peers or are you bringing it to work and placing it in the break room so others can read and see what's happening in EMS? Are you connected and sharing through social media outlets? How about promoting IEMSA through our merchandise? Did you know you received a free t-shirt for early conference registration?

### > 2. VOTE

Your voice and your opinion really do matter. One of the easiest ways to be engaged in leadership of the organization is to VOTE for your Board of Directors. Each year IEMSA seeks nominations for positions and active members vote to determine who will fill that seat for a two year commitment. When was the last time you voted? Have you ever nominated someone? Are you interested in being a Board Member?

### > 3. STAY INFORMED

EMS is always changing and you need to stay abreast of what is happening locally and nationally. As an IEMSA member you stay informed by receiving weekly eNews, quarterly VOICE publications, up to date information on IEMSA website that includes a member's only section, and critical time sensitive legislative updates by email. Are you informed legislatively? Have you read any of Clark Kauffman's articles in the Des Moines Register? Are you aware that the EMS Legislative Interim Study Committee met for 2 days in November last year? Are you aware of the EMS issues we are facing today? Are you aware of the associations Talking Points? Are you aware of Mobile Integrated Health Care? Are you aware that Dr. Stilley is our new Medical Director? Have you ever thought about attending a board meeting?

> **4. ATTEND ANNUAL CONFERENCE & TRADE SHOW**

This year marks our 25th Anniversary and you don't want to miss this conference. This is a great way to get away and obtain your continuing education hours by attending and listening to some of the best nationally known speakers and talented local EMS speakers, attend the largest EMS vendor hall in the state, and plenty of nightly entertainment to relax and network with peers. The conference also offers the Awards Banquet, Honoring our Own, and the annual Board Meeting.

> **5. HELP US LEGISLATIVELY**

In the past few years our legislative efforts have been strong and effective. We have helped with a tax credit for volunteers and helped ambulance services by increasing Medicaid reimbursements. We have paid lobbyists working hard pushing our agenda at the capitol and we have Board Members and our Legislative Committee committed to pushing YOUR agenda with your Senators and Representatives. We will continue to push to make EMS an "Essential Service." We have board members and EMS providers across the state hosting and attending EMS Summits to discuss the problems we are facing in Iowa in order to let our elected officials know that we need their help. We need YOU to mark your calendars for January to attend the annual EMS Day on the Hill in Des Moines. Also, when IEMSA sends out Legislative Alerts via eNews we need you to make phone calls, send emails, and meet personally with your local legislators, if at all possible.

As stated in my first article, please tell us what we are doing well and what we can improve upon. Again, this is YOUR organization.

> **Please check out IEMSA's website at [www.iemsa.net](http://www.iemsa.net) for upcoming programs, conferences, and events for 2014.**

I hope to see all of you in November for our 25th Annual Conference and Trade Show in Des Moines. Be safe and God Bless!

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BY LINDA FREDERIKSEN, Vice President and Chair

# OUR VOICE ON THE HILL LEGISLATION



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Friday, May 16, 2014 proved to be an exciting day for public safety in Iowa when Governor Branstad traveled to West Des Moines Public Safety Building 19 to sign into law House File 2459, a bill that increased the tax credit for volunteer firefighters and emergency medical services personnel, in addition to extending eligibility for this credit to reserve peace officers.

> **HF 2459 increased the individual state income tax credit** for qualifying volunteer firefighters and emergency medical services personnel from the existing maximum of \$50 to \$100, with changes retroactive to tax year 2014. The bill also created a tax credit for reserve peace officers equal to \$100, first eligible for tax year 2014. This is a great achievement for volunteer and reserve public safety personnel in the state of Iowa!

More than 100 public safety professionals attended the bill signing ceremony in West Des Moines, during which Governor Branstad paid tribute to First Responders, saying, "I personally have benefitted from those services as I know literally hundreds of thousands of other Iowans have," recalling the care he received from Lake Mills Emergency Medical Services 34 years ago after being involved in a motor vehicle crash. Governor Branstad also signed a proclamation declaring the week of May 18, 2014 as Emergency Medical Services Week in Iowa.

**Positive news regarding other IEMSA supported initiatives included:**

- > **HF 2463 - HHS Appropriations Bill.** Contains language that increases the Medicaid reimbursement for ambulance service another 10 percent, signed by Governor Branstad.
- > **SF 2349 - Infrastructure Funding.** Contains language that appropriates \$150,000 to the Bureau of EMS for software development and data tracking, signed by Governor Branstad.

Thanks to the hard work of our IEMSA Lobbyists, Mike Triplett and Lynzey Kenworthy, as well as our President, Jerry Ewers, the Board of Directors, and our Office Manager, Lisa Arndt for their hard work and persistence, which contributed to the legislative success achieved this year.

IEMSA will continue to work to make Emergency Medical Services an essential service in the state of Iowa, and to accomplish this, we need your help! Please take a moment to take our survey which will assist in determining our legislative priorities for the upcoming session. If you aren't a member of IEMSA, please consider joining to help the greatest EMS Association in our county make a difference for our patients, communities, and our people; it's time to make a difference!

**THANK you for your dedication to the improvement of emergency medical services in the state of Iowa!**





# EMS BUREAU UPDATE



## > As the department continues to work towards the restructuring of the Bureau of EMS and The Center for Disaster Operations and Response (CDOR) steps have been

taken to assure our external partners and stakeholders continue to receive seamless communications. On July 11, 2014 a sharing document entitled "IDPH Preparedness, EMS and Trauma Update" was debuted as a replacement to the former CDOR "Talking Points." This update will be released twice a month to individuals that have joined the listserv. If you have not received a copy and wish to do so please send a blank email message to join-preparednessemstrauma@lists.ia.gov

> **First Responders (FR) and Emergency Medical Responders (EMR) with an October 1, 2014 expiration dates may renew certifications online starting July 1, 2014.** To renew online, access the System Registry at <https://portal2.idph.state.ia.us/sysregistry/studentLogin.aspx>. Due to recent changes to the System Registry, providers wishing to renew online MUST acquire A&A account login credentials. This change was required in order to allow advanced level providers to pay for certification renewals on-line. The bureau has developed instructions that are posted to the website to guide you through setting up an A&A account.

Beginning January 1, 2014, the Bureau of EMS no longer mails EMS providers a printed certification card. You can find instructions on how to print your certification card on the Bureau of EMS home page.

> **A new revised EMS Scope of Practice document has been posted on the Bureau of EMS website at: [http://www.idph.state.ia.us/ems/scope\\_of\\_practice.asp](http://www.idph.state.ia.us/ems/scope_of_practice.asp).** The document was changed to allow EMR-certified providers to administer aspirin with additional training and medical director approval.

> **Multiple RFP, RFA, RFB, and general applications are being posted, reviewed, and awarded.** IDPH received 76 applications through lowagrants.gov for EMS System Development funding. These applications have been reviewed and the notice of intent to award was posted on June 12. The EMS System Development application will be reposted in July to provide an additional

opportunity for applications that were unable to successfully submit the application by the due date in lowagrants.gov. IDPH is drafting a request for bid for an EMS System Continuous Quality Improvement Evaluation grant. This opportunity will also be posted in late July. The Love Our Kids grant application was posted in early April however due to a technical issue the application was rescinded. IDPH is in the process of resolving this technical issue and anticipates reposting an application for the Love Our Kids funding in July. Applications for these various grants will be accessible through the IDPH website under "Funding Opportunities" and lowagrants.gov

> **IDPH is pleased to announce the Joint EMS and Trauma Data System RFP was awarded to ImageTrend.** IDPH is in the process of developing a contract with this vendor to begin implementation of the new system over the next several months.

> **The Iowa Department of Public Health and the Governor's Traffic Safety Bureau** share a common goal of minimizing death and injuries that occur on Iowa's highways.

One of the most common causes of a motor vehicle crash is a distracted driver. Businesses without policies prohibiting cell phone use while driving could be exposing themselves to increased risk and liability. In an effort to keep employees safe on Iowa's roads the Governor's Traffic Safety Bureau has developed an Employee Safe Driver Program Guide that includes materials and resources to help businesses develop and implement an Employee Safe Driver Program. The guide can be downloaded at [www.drivesmartiowa.com/safelanes](http://www.drivesmartiowa.com/safelanes).

> **You may also contact the bureau's distracted driving coordinator at 515-725-6127 or by email at [parsons@dps.state.ia.us](mailto:parsons@dps.state.ia.us)** with any questions or for more information. EMS should lead the way in the effort "Towards Zero Deaths."

> **As always thank you for what you do**-the Bureau of EMS is committed to providing leadership to EMS agencies and providers across Iowa; together we can give our patients the right care at the right time.



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# 2014 IEMSA AWARD NOMINATION FORM

**GET YOUR NOMINATIONS IN! DEADLINE FOR NOMINATION IS SEPTEMBER 21 FOR THE IEMSA 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, 2014.

**> Individual EMS Provider of the Year**

- ☐ Volunteer  
☐ Career

**> EMS Service Provider of the Year**

- ☐ Volunteer  
☐ Career

**> Instructor of the Year**

- ☐ Full-Time  
☐ Part-Time

**> ☐ Dispatcher of the Year**

**> ☐ Friend of EMS**

**> ☐ Hall of Fame**

**NOMINATION FORM ONLINE!**

GO TO THIS LINK:

[HTTP://IEMSA.NET/AWARDS\\_NOMINATIONS.HTM](http://iemsa.net/awards_nominations.htm)

**NOMINATE A  
DESERVING EMS PROVIDER  
OR SERVICE TODAY!**

Nominee's Name

Company/Service

Address

City/State/Zip

Phone Number

E-Mail Address

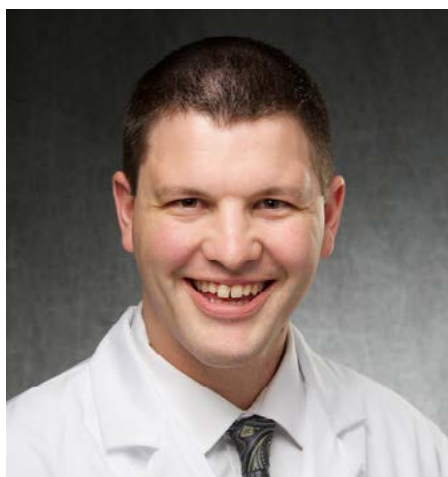
EXPLAIN WHY THIS NOMINEE SHOULD RECEIVE THE AWARD  
(ATTACH A SEPARATE SHEET IF NEEDED):





# MEDICAL DIRECTOR UPDATE

BY DR. JOSH STILLEY



## > I AM VERY EXCITED TO TAKE ON THE ROLE OF MEDICAL DIRECTOR OF IEMSA.

My regular job is as a staff physician at the University of Iowa, Medical Director of AirCare, Medical Director of the EMSLRC, and Medical Director of the State of Iowa DMAT team. Previously, I was a volunteer firefighter/EMT in Waukee, and EMT for Fraser Ambulance, and an Adjunct Instructor at Mercy School of EMS in Des Moines. I have loved being involved in EMS in Iowa since 2001. I want to take time to thank Dr. Forslund for all of his contributions, time, and effort. He has truly made EMS in Iowa better. He is leaving some large shoes to fill and I wish him the best going forward.

## > A topic that should be at the forefront of everyone's mind is safety.

There is no greater pain than hearing of an EMS provider that was injured or killed on the job, or a patient that was harmed needlessly. I take great care to support a culture of safety within my own program and I hope that you all do so as well. A culture of safety is one that we must put at the forefront

of our minds at all times. We will make mistakes and accidents will happen, but our focus on the reduction in the severity and frequency of careless mistakes and accidents is essential.

> **When I was working field EMS, I almost never wore a seat belt in the back of the ambulance and would freely get up and move around at any time.** I now believe that during transport all providers should be in a seat with a seat belt in place. It is one thing to be hit with a projectile in an accident; it is another to be the projectile. I also believe that equipment should be securely fastened to either the cot or the ambulance itself. I remember plenty of times doing chest compressions while transporting a patient with the lights and sirens going. Securement of equipment impacts provider safety and has been the cause of death of EMS providers. The addition of the cardiac monitor, IV pump, and ventilator not only creates a greater tangle of wires, it also exponentially increases the chance of the provider being struck by one of them during an accident. Does anyone think the likelihood of getting missed by a shotgun blast at close range is low? Then don't stand in front of a loaded shotgun.

> **The decision to use lights and sirens should not be taken lightly.** There are a few conditions where the minutes saved with a rapid response or transport can lead to improved patient outcomes: acute cerebrovascular ischemia within 4.5 hours of onset, acute intracranial hemorrhage, ST-elevation myocardial infarction, patients with unstable vital signs, and any patient with an unstable airway. There are other conditions that

do not warrant the use of lights and sirens. An example of such a condition is when a patient was initially unstable but after intervention, like glucose, IV fluid or an ET tube, can be transported more carefully.

> **I believe mistakenly giving a patient the wrong medication or incorrect dose of a medication is a zero level event,** meaning it should never occur and is entirely preventable. How can the wrong medication be delivered? These mistakes happen when people are in a rush, are tired, and are under stress. This is especially problematic in the case of drug shortages when there is substitution of medications given at different doses. The EMS provider has the responsibility to look at the medication, verify it, and if need be have someone double check; especially when under stress. This is not a sign of weakness but of strength in the knowledge you are providing safe and effective care. This responsibility falls not only on the EMS provider delivering the medication, but also on the EMS service director and medical director to ensure adequate training, support and correct medications in the drug bag.

> **Thank you very much for your time.** It is my goal within this column to stimulate some critical thinking among the EMS community in Iowa and relay helpful information. I don't think we should continue to do things the way we have always done them if there is a better, safer way to deliver care. Please feel free to contact me if you have any questions about my articles or suggestions for future ones.



# To LBB or Not To LBB

## The Future of Spinal Immobilization

BY DAVID FILIPP, MS, PM • EMS Program Chair and Assistant Professor,  
Mercy College of Health Sciences • Des Moines, Iowa



### Objectives:

1. Students will be able to list possible complications associated with longback board use.
2. Students will be able to identify criteria in which long backboards should be considered for use.
3. Students will be able to identify alternatives to long backboard use.

Spinal immobilization practices for the pre-hospital environment have been a hot topic for the last few years. Well actually, they have been a hot topic for the last thirty years. Over the last thirty years the EMS provider has seen backboards change from aluminum to wood to fiberglass. Short spine immobilization devices have changed from wooden and aluminum boards to which the patient was tied with triangular bandages folded as cravats to the KED. EMS practice has changed from using sandbags to bags of IV fluids to foam blocks to immobilize the patient's head.

One would assume that these changes and the evolution of spinal immobilization tools and techniques was driven by research. The research, however, has revealed our practice of spinal immobilization as EMS providers may not be as beneficial as we once thought.

Suppose you were attempting to obtain informed consent for treatment from an assault patient with a suspected spinal injury. Based on the research on this topic over the last thirty years, your attempt to obtain consent could go something like this.

*"Mr. Smith, based on the manner in which you were assaulted, I need to immobilize your spine. Even though you have no neurologic deficit, pain along your spine, or anatomic abnormalities found in my assessment, and despite the fact that fewer than one-half of one percent of patients actually have spinal injuries in similar situations, I will need to immobilize your spine using a cervical collar, long backboard, head blocks and straps. Additionally, this technique may increase the possibility of aspiration, restrict your breathing, increase intracranial pressure, and cause skin ulceration. It is also likely you will begin to experience back pain as a result of this procedure. Finally, you should also be aware of the fact that if*

*you do have a spinal injury, this method of spinal immobilization has not been shown to be effective, and in the case of an unstable spinal fracture, it may actually make the injury worse."*

As early as 1983 a study showed the use of a cervical collar did not restrict neck movement significantly better than using no collar at all (Podolsky, Baraff, Simon, Hoffman and Larmon, 1983). Studies have also indicated spinal immobilization with rigid collars may cause airway difficulties and increased intracranial pressure (Davies 1996), increased risk of aspiration (Buttman, 1996), restricted respiration (Totten, 1999) and skin ulceration (Hewitt, 1994). In 2007, the research indicated there was no Class I or Class II evidence that showed improved outcomes of pre-hospital spinal immobilization of all patients with suspected spinal injury (Peery, C., Brice, J., White, W. 2007).

Old habits, however, die hard. The historical precedent for spinal immobilization appears to have outweighed the evidence. There continues to be concerns about patient deterioration if the spine isn't properly immobilized despite the research findings that indicate additional spinal injury is unlikely in the absence of immobilization (Hauswald 1998).

Obviously, it is difficult to discuss the topic of spinal immobilization and why EMS providers continue to perform this skill without considering the potential legal implications of failing to immobilize the spine in a trauma patient. In fact, the concerns about potential legal complications were the reason many EMS providers performed spinal immobilization on trauma patients, regardless of clinical complaint (Burman 1998). It is estimated that over 50% of trauma patients with no neck or back pain were transported with full spinal immobilization (McHugh 1998). It is estimated that 5 million patients per year in the United States receive spinal immobilization from EMS crews because of the fear of litigation (Orledge 1998).

What then is the future for spinal immobilization in EMS? Where are the guidelines for EMS personnel to follow regarding the use of long backboards?

In 2013, the National Association of EMS Physicians and the American College of Surgeons Committee on Trauma issued a position statement on use of a long backboard and EMS spinal precautions.

## The position paper included the following information:

- **Appropriate patients to be immobilized with a backboard may include:**
  - > Blunt trauma with altered level of consciousness
  - > Spinal pain or tenderness
  - > Neurologic complaint (e.g. numbness or motor weakness)
  - > Anatomic deformity of the spine
  - > High energy mechanism of injury and any of the following:
    - > Drug or alcohol intoxication
    - > Inability to communicate
    - > Distracting injury
- **Patients for whom immobilization on a backboard is not necessary include those with all of the following:**
  - > Normal GCS (15)
  - > No spine tenderness or anatomic abnormality
  - > No neurologic findings or complaints
  - > No distracting injury
  - > No intoxication
- **Patients with penetrating trauma to the head, neck or torso with no evidence of spinal injury should not be immobilized on a backboard.**
- **Spinal precautions can be maintained by application of a rigid cervical collar and securing the patient firmly to the EMS stretcher, and may be most appropriate for:**
  - > Patients who are found to be ambulatory at the scene.
  - > Patients who must be transported for a protracted period of time, particularly prior to interfacility transfer.
  - > Patients for whom a backboard is not otherwise indicated.
- **Whether or not a backboard is used, attention to spinal precautions among at-risk patients is paramount. These include application of a cervical collar, adequate security to a stretcher, minimal movement/transfers, and maintenance of in-line stabilization during any necessary movement or transfers (NAEMSP, ACS-COT 2013).**

Some courses such as Pre-Hospital Trauma Life Support have already embraced the research and have altered their course material to reflect what the evidence suggests and what the position paper recommends. Additional changes need to occur with other areas of EMS education but that will be problematic until NREMT practical testing changes.

The volume of research suggests it is time to revisit the use of spinal immobilization in the pre-

hospital environment. Changes are anticipated in the future of EMS education and field practice. EMS agency administrators should meet with their Medical Director(s) about any changes they anticipate in the use of long backboards or future procedures for spinal motion restriction.

EMS Providers should continue to seek the most current information available about this topic and attend certification courses or continuing education offerings that include this information. EMS continues to change and the care we provide to patients must be driven by proof, not preference.

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## THE FUTURE OF Spinal Immobilization Continuing Education Quiz

IEMSA members can earn 1 hour (1CEH) of optional continuing education credit by taking this informal continuing education quiz. You must answer questions 1 through 10, and achieve at least an 80% score.

**Deadline:** September 30, 2014

**Complete this Quiz and:**

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

1> Which of the following is a potential complication of long backboard use?

- a. Skin ulceration
- b. Restricted Breathing
- c. Back Pain
- d. All of these

2> A high energy MOI and which of the following may indicate the need for a long backboard?

- a. history of HTN
- b. an abrasion
- c. sulfa allergy
- d. open tib/fib fracture

3> According to one study, what percentage of patients received spinal immobilization regardless of clinical complaint?

- a. 20%
- b. 50%
- c. 10%
- d. 75%

4> In addition to a cervical collar, what other method is recommended to help immobilize the spine of patients for which a backboard may not be indicated?

- a. KED
- b. securing firmly to the stretcher
- c. tape
- d. none of these

5> For trauma patients with altered mental status, a backboard and \_\_\_\_\_ are indicated.

- a. Pillow
- b. tape
- c. rigid cervical collar
- d. pain medication

Name \_\_\_\_\_

Cert # \_\_\_\_\_

email: \_\_\_\_\_

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# HONORING OUR OWN

## JOIN US

### SATURDAY, NOVEMBER 8TH, 2014

#### AT THE 2014 IEMSA CONFERENCE,

for "Honoring Our Own", our beautiful tribute to our EMS Heroes who are no longer with us.

> If you know of any EMS, Fire, Dispatch, EMS Instructor, or Friend of EMS (who made significant contributions to our EMS profession) that is no longer with us and should be honored in this ceremony, please contact Tom Summitt, Mark Sachen, or Curtis Hopper your IEMSA Board of Director members that can help you. Contact information at [http://iemsanet/contact\\_info.htm](http://iemsanet/contact_info.htm)





# SPOTLIGHT ON TRAINING

## > IVCCD EMS PROGRAMS : QUALITY TRAINING FOR PROFESSIONALS

> **IVCCD is unique among Iowa's community college districts because it operates two separate community colleges under the umbrella of one district.** IVCCD operates Marshalltown Community College and Ellsworth Community College in Iowa Falls, as well as a satellite campus known as Iowa Valley Grinnell. We also operate Iowa Valley Continuing Education, which offers hundreds of adult and continuing education programs, business and industry training, and many unique and specialized programs and services districtwide.

> **For over 40 years Iowa Valley Community College District has been meeting the EMS needs of the community** by offering Emergency Medical Responder (EMR), Emergency Medical Technician (EMT) and Advanced Emergency Medical Technician (AEMT) certification along with recertification classes.

> **The EMS programs at IVCCD are directed by Marla Williams EMT-P, and medical director Dr. Dennis Mallory, D.O.** Marla has been in EMS for over 15 years and is still a working paramedic giving her firsthand knowledge of the skills needed to work in the field. Dr. Mallory has practiced family, geriatric, and emergency medicine for 40 years. He is an active retired physician involved in local, state, and national medical matters. His service on state public health committees has been ongoing and his participation is directed toward the betterment of patient care.

**In August, EMTs will be training in the newly remodeled simulation lab using high fidelity manikins** that simulate and behave as real human beings. The lab has an ambulance simulator where students get real life practice working inside a confined space with their partners.

**For more information on EMS programs** at IVCE, contact Program Coordinator Marla Williams at 641-844-5624 or [marla.williams@iavalley.edu](mailto:marla.williams@iavalley.edu) or visit our website at <http://www.iavalley.edu>.



# 2014

## 25<sup>TH</sup> ANNIVERSARY CONFERENCE & TRADE SHOW

# NOV 6-8, 2014

DES MOINES, IA • IOWA EVENTS CENTER



**IEMSA**  
ANNUAL  
CONFERENCE  
CELEBRATING  
**25**  
YEARS

14

### 25TH YEAR CONFERENCE LINE-UP!

This year's Conference will feature SIX Pre-Conference Workshops and FOUR 2-Day Tracks!

#### >Pre-Conference Workshops are:

- >CCP
- >Leadership & Management
- >NAEMT EMS Safety
- >ACLS
- >Hands on Tools of Your Trade Vendor Demonstrations

**JOIN IEMSA TODAY--AND SAVE UP TO \$90 ON YOUR REGISTRATION FOR THIS EVENT.**



**NEW! MOBILE PHONE  
EVENT SCHEDULE APP!**

**WATCH YOUR EMAIL  
FOR MORE DETAILS!**

### > 2-Day Conference Track Features Long list of Nationally Renowned Speakers:

#### > **Scott Bourn, PhD, RN, EMT-P** -has practiced as



a paramedic, emergency/critical care nurse and educator for over 30 years. He has authored over 200 publications and educational programs and taught throughout the world. He was formerly the Director of the EMS Degree program at the University of Colorado, and now serves as the VP of Clinical Practices and Research at American Medical Response.

#### > **Mike Rubin, BS, NREMT-P** is author of the Life



Support and Write Stuff columns for EMS World. He spent 11 years on the faculty of Stony Brook University's School of Health Technology & Management. Mike has logged 21 years in EMS, and 18 in the corporate world as an engineer, manager, and consultant.

#### > **Jon Politis, MPA, NREMT-P**, is the retired chief



of the Colonie EMS Department in upstate N.Y. An active EMT since 1971, he has been a career firefighter, state EMS training coordinator for Vermont and New York and a paramedic training program



coordinator. He has served on the National Registry of EMTs board and on the Committee on Accreditation for the EMS Professions.

> **Steve Murphy, EMT-P, Division Chief/Paramedic,**



**Tacoma, WA “Murph”** has been a paramedic for thirty years. His experience in the EMS community is extremely diverse. He has worked in both the rural and urban settings. He’s served as a flight paramedic in Colorado, an EMS supervisor and manager in the private ambulance sector, and as an EMS educator. He currently works as the Training Division Chief for the University Place Fire Department, near Tacoma, Washington. He is the Co-President of Murphee Inc., a medical education and consulting firm. He continues to serve as an American Heart Association Regional Faculty Member for ACLS and PALS. He has been actively involved in the continuing education of medical professionals, administrators, and other educators for the past twenty five years, and has had the privilege of being invited to speak at numerous states, national and international conferences.

> **Lisa Hollett Trauma Program Manager, of a Level II ACS verified at St. John Medical Center-Tulsa, Oklahoma.** She has over 32 years of experience in emergency, trauma, EMS and education. She has been teaching and speaking at conferences since 1986 and has experience in textbook review and has authored several text books for EMS and nursing. She is also a Certified Forensic Nurse. Her areas of interest include trauma, EMS and law enforcement.

> **And back by popular demand --Jason Dush**



Jason serves as a full-time Firefighter paramedic for the Arlington Fire Department and part-time Critical Care Flight Paramedic with CareFlite. Jason’s resume includes 20 years of paid EMS/Fire and 13 years as a Critical Care flight paramedic. Jason is passionate about EMS education and is a known speaker locally and nationally over the last 10 years for bringing a sense of humor, energy and practical experience to his audience.

**DON'T MISS IT! PLAN NOW!**

- > **PUT IT ON YOUR CALENDAR NOW! WATCH FOR THE BROCHURE IN THE MAIL AND ONLINE MID-SEPTEMBER.**
- > **TALK TO YOUR SERVICE TO SCHEDULE TIME OFF**
- > **MAKE YOUR HOTEL RESERVATIONS NOW! [www.iemsa.net/conference.htm](http://www.iemsa.net/conference.htm)**
- > **PLAN TO BE THERE--NOVEMBER 6-8, 2014 IN DES MOINES.**



## CONTINUING EDUCATION

Attending the IEMSA Conference is a great way to obtain affordable, formal and optional continuing education. IEMSA is diligent in its efforts to provide a conference that meets the needs of nursing, and all levels of EMS Providers. This year IEMSA appreciates the support of Eastern Iowa Community College, they make continuing education possible at our conference this year.

### PLAN ON CEs: THIS IS HOW IT WORKS:

> **CEHs: EASTERN IOWA COMMUNITY COLLEGE** will award one continuing education hour (CEH) of credit for each contact hour attended. CEHs earned will be applicable for renewal of an Iowa EMS Provider certification.

> **CEUs: ILLINOIS AND IOWA NURSING CEUs** are approved through Eastern Iowa Community College Iowa Board of Nursing Approved Provider No. 8.

> **CEH/CEU PROCESS:** IEMSA CONFERENCE PARTICIPANTS **MUST BE PRE-REGISTERED AND INCLUDE NAME, LEVEL OF CERTIFICATION, CERTIFICATION NUMBER, AND EXPIRATION DATE ON THEIR REGISTRATION FORM.**

> **Upon check-in on the day of the conference, you will receive a nametag with a barcode.** For participants to be awarded CEU/CEHs, it is your responsibility after each presentation you have attended, to scan your nametag barcode to receive credit for attendance.

> **After the conference, you will receive your certificate of attendance electronically by email.** The email will have a link that will take you to a quick post-conference survey. After the survey is complete--you will see a link to your certificate. You can then download to save it, and/or print it. Your conference certificate will include CEU/CEH detailed information, including the Iowa EMS sponsor number designating formal education (FE) or optional education (OE). Certificates will be e-mailed within 4 weeks after the conference.

# > IEMSA ENTERTAINMENT

CELEBRATE WITH US FOR OUR  
25TH ANNIVERSARY  
IEMSA ANNUAL CONFERENCE & TRADE SHOW

FRIDAY • NOVEMBER 7TH • 8:30 - 11:30  
COMMUNITY CHOICE CREDIT UNION BALLROOM

**LIVE ENTERTAINMENT**  
BACK BY POPULAR DEMAND

## The Johnny Holm Band



> DANCING

SPONSORED BY

UnityPoint Health  
**LifeFlight**

## ✓ IT'S AN 80'S NIGHT EVENT!

JOIN THE FUN AND DRESS  
LIKE YOU ROCKED THE 80'S



> OUR FAVORITE BAND



→ BIG HAIR

→ FLASH DANCE

→ THE MULLET

→ TOP GUN

→ MADONNA

→ BE CREATIVE!

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

- [illegible]

- 1> complete this form.
- 2> include a brief biography describing EMS Involvement.
- 3> **submit your nomination to the IEMSA office before September 25, 2014.**

Nomination Form Online [Click Here!](#)

- ☐ Regional
- ☐ At-Large

Nominee's Name

Company/Service

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Address

City/State/Zip

Phone Number

E-Mail Address

We urge all members with an interest in becoming involved with their professional organization to consider nomination. Your involvement truly makes a difference.