

# IEMSA VOICE

A VOICE FOR POSITIVE CHANGE IN IOWA EMS

## IEMSA CONFERENCE & TRADE SHOW

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REGISTRATION FORM AND SCHEDULE INSIDE

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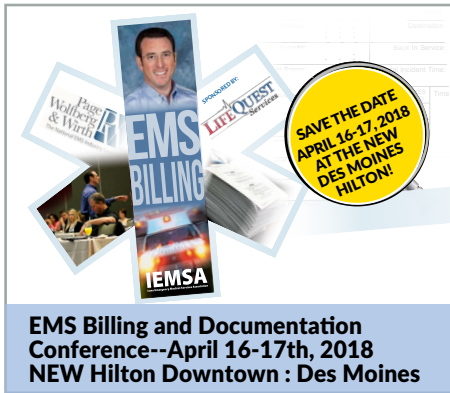
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UnityPoint Health  
Des Moines

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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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BILLING MANAGERS & CERTIFIED  
AMBULANCE CODERS



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PRESENT AT THE 2017 IEMSA ANNUAL  
CONFERENCE--REGISTRATION IS OPEN!  
REGISTER TODAY!

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

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## > 2017 BOARD MEETINGS

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

## > IEMSA OFFICE

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Our region's EMS providers are fortunate to have the opportunity to choose from many good ambulance manufacturers represented by many good ambulance dealers. But why settle for good when you can have the **BEST**?



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# A NOTE FROM OUR PRESIDENT PEOPLE ARE LISTENING. NOW WHAT?

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



OVER THE LAST  
FEW MONTHS I'VE  
BEEN WRITING ABOUT OUR  
FAVORABLE POSITION ON THE  
FIELD OF POLITICAL AND PUBLIC  
OPINION, AS WELL AS OUR SOLID  
REPUTATION FOR SELFLESSLY  
AND SILENTLY SERVING THE  
CITIZENS OF IOWA WITHOUT ANY  
COMPLAINT OR DEMAND.



> **Most industries and special interests can only dream of our universal favor and support from both sides of the political gavel.** Others shell out millions on campaigns to shift opinion in their favor. We get that for free because of the service we provide and the way we often provide it – selflessly serving everyone equally.

> **Our ability to continue serving the way we always have is now threatened.** Our ranks are aging, and new recruits are not lining up at the door. Rural Iowa and volunteerism are changing at the same time EMS education is rightfully expensive, and there are few opportunities for adequate funding. It really is no surprise that we struggle to find volunteers willing to shell out thousands of their own dollars (and hundreds annually for recertification), all for the opportunity to drop everything – work, family, vacation, sleep – to help their community.

> **The problems facing rural EMS go beyond just volunteerism.** Even with a legion of volunteers willing to help their community, providing our service is still expensive – too expensive for pancake breakfasts and bake sales. Reimbursement rates alone are typically not enough to buy and maintain a \$200K ambulance that eats fuel at a rate of 6 miles per gallon. Not to mention the thousands of additional dollars that need to be invested to equip that ambulance and keep our providers safe.

> **These issues and our good reputation are all very real, so when we make a little noise people listen.** Now that we have some attention, what do we do with it? This question can be as

frightening as the issues facing our rural service! .....Remember – we are the silent type, who don't really like to ask for help.

> **There are countless ways to respond to this attention and we are seeing wonderful examples of “grass roots” style campaigns in pockets throughout the state.** Though there

are lots of wonderful examples out there, many of us are still reluctant to reach out and campaign for ourselves and our industry. So let me suggest a few main “styles” of EMS propaganda that are easy to DIY: Tell people what we do, tell them how we got here (in this un-funded situation), and maintain our goodwill by continuing your selfless service.

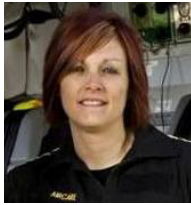
> **Tell people what we do:** You know as well as I, that many people have no clue what we actually do. How many times are you referred to as an “Ambulance Driver” or asked if you ride in the back with the patient? So many times I have re-directed people from talking about how fast we can drive, not only because we really don't go that fast, but also because we are more than simply a fast ride to the hospital. Tell people about the high-tech equipment we use to improve outcomes and how we integrate/communicate with the rest of the medical industry. Remind people that we have our own identity and purpose which is a blend of public safety, medicine, and transportation. Tell them how good you feel after positively impacting someone's life.

> **Tell them how we got here:** EMS is such a young industry that many of the people who put us on the map are still our leaders and volunteers to this day! Aside from the scary turn-over situation this has created, in which we must find a new generation of leadership, it is also part of the reason we find ourselves in an “un-essential” state of existence. Unlike Police and Fire (essential services by law), who have been around for hundreds of years, we were born in the late 60's. As far as Iowa Code is concerned, we have only been “a thing” since July 1, 1979. A very large proportion of 911 calls are placed for EMS, more than many other essential services, and that proportion continues to grow as our population ages. Clearly, based on 911 call types, our citizens believe EMS is an essential service. I bet they would be surprised if you told them it is not, and that depending on where they live, they may end up waiting a long time for an ambulance, if they get one at all.

> **Maintain our goodwill by continuing your selfless service for the community:** We no doubt enjoy the esteem of our communities and politicians because of what we do and how we do it. We are amongst the greatest examples of selfless service to the community, often making great personal sacrifices to help people in need. It's hard to argue against that. So keep up the hard work in the face of adversity and always do the right thing for your patients and community. This is our trademark and we don't want that to change.



# IEMSA INDIVIDUAL MEMBERSHIP UPDATE



## WHY JOIN IEMSA?

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

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

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

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

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

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

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

### MEMBERSHIP BENEFITS OVERVIEW

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



# WHY SHOULD MY SERVICE BELONG? AFFILIATE MEMBERSHIP

BY GARY MERRILL  
NC REGION BOARD MEMBER

I ASKED MYSELF THIS QUESTION WHEN I FIRST BECAME A SERVICE DIRECTOR FOR MY SMALL RURAL SERVICE. I WONDERED, "WHAT BENEFIT WILL WE GET FROM THIS? IS IT REALLY WORTH THE MONEY?"

> **When you look into the benefits of being an affiliate member of IEMSA, it doesn't take long to see that the return on your investment makes this a pretty good deal.** I can go on and on about the monetary benefits – that the reduced registration fees to IEMSA's conferences and workshops can quickly make up the cost of membership (and that these educational opportunities are second-to-none!), that you get copies of "The Voice," Iowa's leading EMS publication, that your service can receive discounts on supplies and equipment through our preferred vendor, or that you can post jobs at your agency at no charge on IEMSA's webpage – but there's an intangible benefit to membership that has proven to be worth far more than the membership fee.

> **By joining IEMSA, you are joining a network of experts in EMS from all across the state.** Getting to know other leaders through my IEMSA membership has provided knowledge resources that I could not find anywhere else. Whatever struggles my service may be experiencing, I know people through IEMSA who have faced or are facing the same challenges – and I've never met anyone at an IEMSA event who wasn't willing to sit down and discuss our challenges and help me work toward solutions. I've had the opportunity to interact with others from all areas of EMS – rookies and seasoned veterans, service directors and medical directors, people from large career services and small rural volunteer services, and first responders and critical care paramedics.

> **Your membership also aids in IEMSA's mission of improving EMS in Iowa by funding a lobbyist to work on our behalf to pass legislation that benefits our services.** As a result, IEMSA has been instrumental in increasing Medicaid reimbursement, providing an income tax credit for volunteer firefighters and EMS personnel, and adding EMS personnel to the "protection class" of IPERS-covered employees which provides a greater retirement benefit at an earlier retirement age. While it hasn't been accomplished yet, IEMSA also leads the charge in having EMS designated as an essential service in Iowa, which has been a major topic in discussions not only here, but around the nation.

> **Through our affiliation with IEMSA, I have had the opportunity to represent my service at the annual EMS Day on the Hill, which allowed me to visit with legislators at the Iowa Capitol.** This event created beneficial personal relationships with our elected leaders that continue to this day.

> **I hope you will consider enrolling your service as an Affiliate Member of IEMSA,** and urge you to look beyond the cost and monetary benefits of membership and consider the intangible benefits. For me, these alone have been well worth the investment in this organization. *See a full list of current affiliate members is on page 12.*

**JOIN TODAY--Complete the Affiliate Membership Application on Page 13, or Contact Lisa Arndt, Office Manager at 515-225-8079 | [administration@iemsa.net](mailto: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 Medical will activate your account to apply IEMSA discount levels to your account. This benefit alone will more than re-pay your membership dues with the discounts you see, beginning with your first order. You will enjoy FREE Shipping as well.



## MEMBERSHIP UPDATE

MEMBERSHIP TOTALS  
AS OF SEPTEMBER 2017:



1480

+



143

+



24

= 1647





# A HUGE THANK-YOU TO OUR AFFILIATE MEMBERSHIP

As of 9/20/2017

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

8

Adair County Ambulance  
Algona EMS  
Anamosa Area Ambulance Service  
Area Ambulance Postville  
Bellevue Ambulance Service  
Bernard Rescue Unit, Inc.  
Bettendorf Fire Department  
Blairtown Ambulance  
Boone County Hospital  
Boone Fire Department  
Breda Area Ambulance  
Burlington Fire Ambulance  
BVRMC Ambulance  
Calhoun County EMS  
Care Ambulance  
Carroll Co Ambulance Service  
Cedar Rapids Fire Department  
Cherokee County EMS Association  
Chickasaw County Rescue Squad  
Children's Neonatal & Pediatric  
Critical Care Transport  
Clarke Co Ambulance Service  
Clay County EMS Association  
Clinton Fire Department  
Clive Fire Department  
Clutier 1st Responders  
Council Bluffs Fire Department  
Crescent Rescue  
Dallas Co EMS  
Davenport Fire Department  
Defiance Fire & Rescue  
Denver Ambulance Service  
Dubuque Fire Department  
Eastern Iowa Community College  
Elberon Fire & Rescue  
Elkhart Fire Department  
Ely Volunteer Fire Department  
EMERSON VOLUNTEER RESCUE  
Farmington EMS  
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  
Hartley Ambulance  
Hawarden Ambulance

Henry County Health Center - EMS  
Hiawatha Fire Department  
Hudson Fire & Rescue  
Indian Hills Community College  
Indianola Fire Department  
Iowa Central Community College  
Iowa County Ambulance  
Iowa Western Community College  
Jackson Co. Reg. Health Ctr. 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  
Lake Mills Ambulance Service  
Lansing EMS  
Le Mars Ambulance Service  
Le Mars Fire-Rescue  
Lewis First Responders  
Lifeguard Air Ambulance  
Lisbon Fire and Rescue  
Lisbon Mt Vernon Ambulance  
Logan Fire & Rescue  
Louisa County Ambulance  
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 Hartford Ambulance  
New Sharon Fire & Rescue  
Newton Fire Department  
Nora Springs Volunteer Ambulance  
North Benton Ambulance  
North Iowa Area Community College  
North Sioux City Fire and Rescue  
Northeast IA Community College  
Northwest Iowa CC

Norway Fire & Rescue  
Oakland Rescue  
Orange City Area Health System  
Paramount EMS  
Pella Community Ambulance  
Plymouth Fire Department  
Pocahontas Ambulance Service  
Prairie City Ambulance  
Rake First Responders  
Regional Health Services/Howard Co.  
Regional Medical Center  
Remsen Ambulance Service  
Rock Valley Ambulance  
Saylor Township Fire Department  
Shelby Fire & Rescue  
Sherrill Fire Department  
Sioux Center Ambulance  
Sioux City Fire Rescue  
Siouxland Paramedics  
Slater EMS  
Southern Appanoose County First Responders  
Southwestern Community College  
Story City First Responders  
Story County Medical Center  
Superior Ambulance  
Tama Ambulance Service  
Taylor County Ambulance  
Tipton Ambulance Service  
Traer Ambulance Service  
Trinity Regional Medical Center  
Tri-State Regional Ambulance Service, Inc.  
UnityPoint Health - Marshalltown Area  
Paramedic Service  
University of Iowa Hospitals and Clinics  
Urbandale Fire Department  
Van Buren Ambulance Service  
Van Horne First Responders  
Virginia Township Fire and Rescue  
Wapello Community Ambulance  
Washington Co Ambulance  
Waterloo Fire Rescue  
Wellman Volunteer Ambulance  
West Des Moines EMS  
Western Iowa Tech Community College  
Wilton Fire and EMS  
Winneshiek County Emergency Management  
Winneshiek Medical Center Ambulance  
Woodburn Rescue



**IEMSA**  
Iowa Emergency Medical Services Association

## AFFILIATE MEMBERSHIP APPLICATION



**AFFILIATE LEVEL 1**  
( <50 CALLS/YEAR )

**\$50/YEAR**

( < 50 Calls/Year )



**AFFILIATE LEVEL 2**  
( 51-500 CALLS/YEAR )

**\$100/YEAR**

( 51-500 Calls/Year )



**AFFILIATE LEVEL 3**  
( 501-2499 CALLS/YEAR )

**\$250/YEAR**

( 501-2,499 Calls/Year )



**AFFILIATE LEVEL 4**  
( 2500+ CALLS/YEAR )

**\$350/YEAR**

( > 2,500 Calls/Year )

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

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

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

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

### Credit Card or FAX/EMAIL AFFILIATE Membership Application:

☐ LEVEL 1- **\$50/YEAR**

☐ LEVEL 2- **\$100/YEAR**

☐ LEVEL 3- **\$250/YEAR**

☐ LEVEL 4- **\$350/YEAR**

Organization/Service Provider Name

Primary Contact Name

(Home) Address

City

State

Zip

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

IA EMS Certification #

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

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

IA EMS Certification #

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

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

IA EMS Certification #

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

**PAYMENT METHOD:** ☐ MasterCard ☐ Visa ☐ Check Enclosed-Payable to IEMSA

Credit Card Number

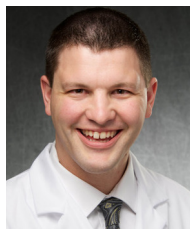
Exp. Date

Name on Card

3-Digit Security Code on Back of Card

# MEDICAL DIRECTOR UPDATE

BY DR. JOSHUA STILLEY



## FIRST RESPONDER OPIOID EXPOSURE

> I am sure by now that many of you have seen the news articles of first responders being exposed to opioids and requiring medical treatment. (1)(2) There has been some speculation among the toxicology groups as to what exactly transpired in order to allow this to occur. Recently the American College of Medical Toxicology and the American Academy of Clinical Toxicology put out a joint position statement regarding first-responder opioid exposure. This was subsequently endorsed by the National Association of EMS physicians. (3)

> Both of the toxicology groups as well as the National Association of EMS physicians feel that transdermal exposure leading to overdose in these cases is extremely unlikely. When was the last time you treated a patient who just rubbed some powder on their skin and then overdosed? (4) If this was a truly a viable way to absorb the drug, we would see way less injectable use and its complications such as hepatitis C, HIV, and local infections. Additionally, in order for fentanyl and other analgesic patches to work, they require specific solutions in order to get the opioid to cross the dermal layer. Therefore, it is not thought by these groups that transdermal absorption is very viable from a pharmacokinetic standpoint.

> What about respiratory system absorption? This is probably a little bit more likely. It is easier for drugs, and opioids included in this, to cross the

mucous membranes of the nose, pharynx, or lungs. We do see this in cases where people snort medications, so it is more commonly used than transdermal for acute psychogenic and high inducing effects.

> Another form of exposure that has not been brought up very many times is ocular exposure. The eye is a well perfused mucous membrane which may act to allow significant absorption of substances. When was the last time you wore your safety glasses on a call? It is also very easy for the eye to become damaged by flying debris or chemicals in the air. It is much easier to wear eye protection on a regular basis and to be treated for its aftereffects.

> Something to also consider is a higher rate of opioid analogs or precursors than what has been traditionally found in the street form of heroin. Heroin is derived from naturally occurring opium. Fentanyl is a synthetic opioid, meaning it is made in the lab. Versions of fentanyl such as carfentanil, alfentanil, remifentanil, and sufentanil have been developed and used because of their stronger effects. Some of these analogs are now getting mixed into heroin. Since the FDA has very limited control of street heroin sales, it is hard to know exactly what people are injecting at any given time. It is possible that some of the powders are not just heroin, but contain some of these substrates that are much stronger. For example, carfentanil is 10,000 times more potent than morphine.

> So what am I as a first responder supposed to do when I encounter an unknown substance? The same thing you are always supposed to do. That is treat it as a dangerous substance. The fortunate thing for opioids, unlike other encountered substances such as methamphetamine or its precursors, is that basic body substance isolation will probably do an adequate job

to keep you safe from significant exposure. Using nitrile gloves when contacting it with your hands, a respiratory barrier such as an N95 mask, and eye protection that you should already be wearing are probably enough to keep you from a significant exposure. The news reports do not provide enough information to be able to determine exactly what happened in the cases of first responder exposure to determine if they took these precautions or not. If you do believe you or your coworkers have been exposed and are symptomatic, then it is appropriate to treat with Narcan. As I always recommend, start with a lower dose of Narcan like 0.4 mg and titrate to effect.

> I recommend each of you with an interest in knowing any more about this to review the NAEMSP Press Release, you can find it in the references below. It goes into some more detail and is an excellent resource for general opioid knowledge as well.

> Thank you again for your time, and please contact me if you have any questions or suggestions for future articles.

1. Boyette, Chris and Watts, Amanda. Deputy, EMTs exposed to opioids get medical treatment. s.l. : CNN, 2017. <http://www.cnn.com/2017/05/24/health/maryland-deputy-emts-treated-for-heroin-overdose/index.html>.

2. Police officer suffers fentanyl overdose from drug call. s.l. : WKBN, 2017. <http://wfla.com/2017/05/15/police-officer-suffers-fentanyl-overdose-from-drug-call/>.

3. EMS Physicians Endorse Toxicology Groups' Opioid Safety Precautions Guidance. s.l. : National Association of EMS Physicians, 2017. <http://www.naemsp.org/Pages/Press-Releases.aspx>.

4. Faust, Jeremy and Westafer, Lauren. Episode 71 - Opioids. Foamcast.org. [Online] 2017.

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## Save and Heal More Lives

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

A big thanks to Newton Fire and EMS for promoting organ, eye and tissue donation through our Handprints of Hope campaign with NASCAR driver, Joey Gase!





## IEMSA BILLING & DOCUMENTATION

# CONFERENCE

BY LINDA FREDERIKSEN



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

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

Session topics for the day included the following:

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

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

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

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# UPDATES

## MISSION: LIFELINE

# FREE IN-HOUSE STEMI EDUCATION IS STILL AVAILABLE

> MISSION: LIFELINE AND MERCY COLLEGE OF HEALTH SCIENCES HAVE PARTNERED TO PROVIDE IOWA EMS AGENCIES WITH AN EDUCATIONAL OPPORTUNITY FOCUSED ON THE MISSION: LIFELINE SYSTEM OF CARE AND CARDIAC CARE FOR THE POTENTIAL ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) PATIENT.

> **This education will be provided to you at no cost, is available to be conducted in your community, and is eligible for (2) hours of EMS continuing education.** The class will help you recognize, assess, and care for the acute coronary syndrome patient, and help to better define EMS and hospital provider roles and responsibilities in a cardiac system of care. The attendee will practice applying the 12-lead device, acquiring the ECG, and when possible, practice transmitting.



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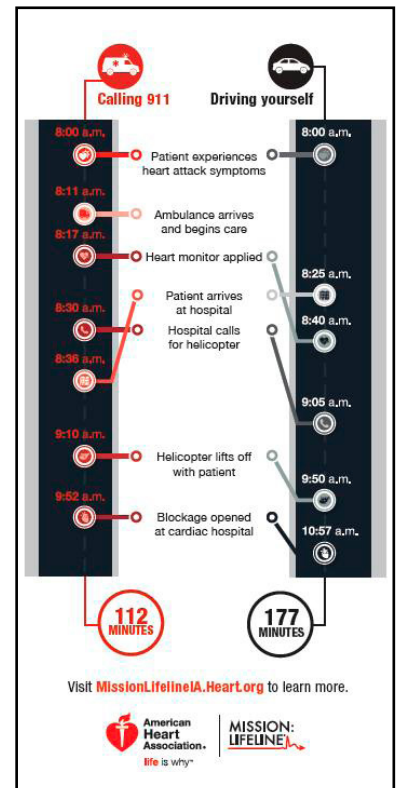


## NEXT STEPS:

- > Call Mercy College of Health Sciences at (515) 643-7491 or go online at [WWW.MCHS.EDU](http://WWW.MCHS.EDU) to schedule your class.
- > You will receive a link to share with the class participants prior to coming to class. This link is for an online introduction video to Mission: Lifeline. Please ensure that participants watch this at some point prior to class.
- > You will need to ensure that the class is attended by at least (8) people from your service in order to hold the class.
- > The instructor will bring the class roster, evaluations and materials to class.
- > Continuing education credit can be claimed during class.

## MISSION: LIFELINE 911 PUBLIC AWARENESS MATERIALS STILL AVAILABLE:

As part of the American Heart Association's Mission: Lifeline initiative, Iowa specific public education materials, focused on the need to call 911, were developed. These materials are available to EMS agencies free of charge to be utilized in your communities. In the coming months, some agencies will be selected to receive a "care package" of materials. If you do not receive a package, need materials right away, or need additional materials, please visit the Mission: Lifeline Iowa website ([https://www.heart.org/HEARTORG/Affiliate/Iowa-Call-911\\_UCM\\_471107\\_SubHomePage.jsp](https://www.heart.org/HEARTORG/Affiliate/Iowa-Call-911_UCM_471107_SubHomePage.jsp)) and complete an order form, or contact Gary Myers.



# AMPHASTAR NALOXONE IOWA REBATE

> **EFFECTIVE OCTOBER 1, 2017**, Iowa Attorney General Thomas Miller and Amphastar Pharmaceuticals, Inc., a manufacturer of the lifesaving drug Naloxone, entered into an agreement in which Amphastar has agreed to provide a \$6.00 per dose rebate for each Amphastar Naloxone syringe purchased by eligible Iowa Public Entities, including public EMS providers.



for the next two years. A copy of that agreement can be found as an attachment in the Amphastar Naloxone Rebate section on Iowa's grant management system, <https://odcp.iowa.gov/amphastar-naloxone-rebate-program>. As part of the agreement, the Iowa Governor's Office of Drug Control Policy has agreed to process the rebate requests. Please review the following instructions to submit electronically your certified rebate request to the Iowa Governor's Office of Drug Control Policy.

## AMPHASTAR NALOXONE IOWA REBATE INSTRUCTIONS

### ELIGIBILITY:

- **Nonfederal, Iowa government agencies are eligible to receive rebate payments.** This includes Iowa government state agencies, county and local government agencies, county and local government EMS providers, law enforcement agencies and not-for-profit community agencies (hereinafter referred to as "Public Entity").
- **To be eligible for the \$6.00 per dose rebate, it is not necessary that the Public Entity originally purchased the Naloxone from Amphastar.** Public Entities that purchase Amphastar-manufactured Naloxone from a pharmacy, wholesale distributor or other third party are also eligible for the \$6.00 per dose rebate.
- **In the event that one eligible Public Entity purchased Amphastar Naloxone syringe(s) and then sold the Amphastar syringe(s) to another Public Entity, the last Public Entity purchaser is eligible to receive the rebate.**
- **Only Amphastar-manufactured Naloxone syringes purchased between October 1, 2017 and September 30, 2019 are eligible for the rebate.**
- **Rebate requests can be submitted only for Amphastar-manufactured Naloxone syringes;** any additional components of administration or a naloxone kit (e.g. nasal aspirator or atomizer) are not part of the agreement and are not part of the rebate program.

### CONTACT:

- > Dennis Wiggins 515/725-0311 [dennis.wiggins@iowa.gov](mailto:dennis.wiggins@iowa.gov)
  - > Susie Sher 515/725-0308 [susie.sher@iowa.gov](mailto:susie.sher@iowa.gov)
- at the Governor's Office of Drug Control Policy with questions.

### REBATE SUBMISSION REQUIREMENTS:

In addition to eligibility, there are two prerequisites to applying for a rebate :

- (1) The Public Entity seeking the rebate must enroll and obtain, or use its preexisting vendor ID in the State of Iowa's online Financial System known as I/3 (Integrated Information for Iowa) ([https://vss.iowa.gov/webapp/vss\\_on/altselfservice](https://vss.iowa.gov/webapp/vss_on/altselfservice)); and
- (2) The Public Entity seeking the rebate must enroll and obtain or use its preexisting User ID in the Iowa Grant Management System online at [www.iowagrants.gov](http://www.iowagrants.gov). Instructions to register with [www.iowagrants.gov](http://www.iowagrants.gov) can be found at <https://odcp.iowa.gov/iowagrantsreg>. This site also contains a link to register as a vendor on the State Financial System, I/3

Many Public Entities are already set up to do business through I/3, the State of Iowa's online financial system. Check with your office or finance manager.

Instructions for making a request for a rebate using the Iowa grant management system are available as an attachment in the grant management system. <https://www.iowagrants.gov/getOpportunity.do?documentPk=1504016507606>

- **Rebate requests must be submitted at the end of each calendar quarter** for Amphastar-manufactured Naloxone syringes purchased during that calendar quarter.
- **Rebate requests and supporting documentation must be submitted electronically via the State of Iowa's grant management system, [www.iowagrants.gov](http://www.iowagrants.gov), and must be received electronically by the 23rd day of the month following the end of each quarter (must be received by January 23rd, April 23rd, July 23rd, and October 23rd).**

The Governor's Office of Drug Control Policy will submit on behalf of all eligible Public Entities one certified combined rebate request to Amphastar within 45 days following the end of a calendar quarter. Amphastar will issue a payment for the combined rebate amount to the Governor's Office of Drug Control Policy, which will then disburse rebates to eligible Public Entities via the same electronic system.



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# EMS BUREAU UPDATE

BY ALEX CARFRAE - IDPH-BETS Service Area Preparedness Coordinator



## EMS IS KEY PARTNER IN NEW IDPH SYSTEM DEVELOPMENT GRANT PROGRAM

The Iowa Department of Public Health Bureau of Emergency and Trauma Services (BETS) rolled out a new grant program in July that combines the administration of the EMS System Development Grant with the public health and hospital emergency preparedness grant programs.

- > The changes were brought about to establish more efficient use of the federal emergency preparedness grants and state EMS system development funds in the face of continued budget and resource challenges. Each year we are asked to do more with less people, equipment, supplies, and funding. BETS' goal is to leverage the power of 930-plus EMS service programs, 118 hospitals, and 99 county public health departments to reduce redundant expenses, make more efficient use of available resources, and determine ways to share resources in a disaster or other emergency to build upon systems.
- > The program is called the All Hazards System Development and Response Grant, and is administered by BETS through 12 contracted service areas across the state. System development is the overarching goal of the new grant program. System development as it relates to EMS will be focused on a couple of areas to start.

### PARTNERSHIPS

- > By becoming part of the healthcare coalition that administers the grant funds, your EMS service program should be part of the decision making process to set the priorities for the service area system development funds.

### FUNDING

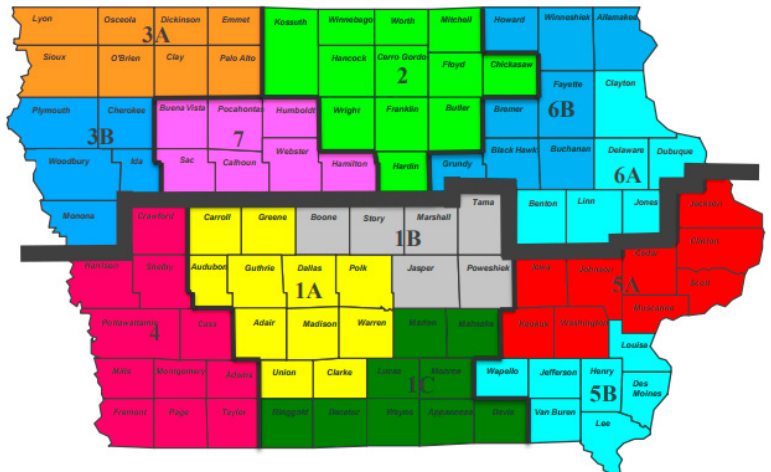
- > Efficiency in use of the funds. EMS System development funds have historically been used for training. A prioritized training and exercise plan for the entire service area will be planned and implemented. Going through this process will allow EMS service programs to identify what training is needed and look for opportunities to share/combine trainings to more effectively use the funds.

> **TO BE PART OF THE PROCESS**, your agency must be an active participant in the healthcare coalition within the service area.

- > Service areas are holding general membership meetings, and discipline-specific meetings in your area of the state.
- > Contact your county EMS association or IDPH EMS field coordinator for the time and location of those meetings. [Click Here for the listing of contact information](#)
- > Additionally, your local public health department service area coordinators/fiscal agent is listed in the next column.

Visit this link for FULL DETAILS and contact information:

<https://idph.iowa.gov/BETS/partnerships>



### Service Area Fiscal Agents | IDPH Central Office and Unit Leads

Updated - August 31, 2017

- Service Area 1A:** Scott Slater | Polk County Public Health | [scott.slater@polkcountyiaowa.gov](mailto:scott.slater@polkcountyiaowa.gov)
- Service Area 1B:** Kristy Reedy | Poweshiek County Public Health | [kreedy@grmc.us](mailto:kreedy@grmc.us)
- Service Area 1C:** Kim Dorn | Marion County Public Health | [kdorn@marionph.org](mailto:kdorn@marionph.org)
- Service Area 2:** Emily Dunbar | Cerro Gordo Public Health | [edunbar@cghealth.com](mailto:edunbar@cghealth.com)
- Service Area 3A:** Jared Johnson | O'Brien County Public Health | [jjohnson@obriencounty.org](mailto:jjohnson@obriencounty.org)
- Service Area 3B:** Tyler Brock | Siouxland District Public Health | [tbrock@siouxlanddistricthealth.org](mailto:tbrock@siouxlanddistricthealth.org)
- Service Area 4:** Sherri Bowen | Mills County Public Health | [sherib@mcph.us](mailto:sherib@mcph.us)
- Service Area 5A:** Michelle Cullen | Clinton County Public Health | [cullenm@genesishhealth.com](mailto:cullenm@genesishhealth.com)
- Service Area 5B:** Christa Poggemiller | Des Moines County Public Health | [poggemillerc@dmcounty.com](mailto:poggemillerc@dmcounty.com)
- Service Area 6A:** Julie Stevens | Linn County Public Health | [julie.stevens@linncounty.org](mailto:julie.stevens@linncounty.org)
- Service Area 6B:** Nafissa CisseEgbuonye | Black Hawk County Public Health | [ncegbuonye@co.black-hawk.ia.us](mailto:ncegbuonye@co.black-hawk.ia.us)
- Service Area 7:** Kari Prescott | Webster County Public Health | [kprescott@webstercountyia.org](mailto:kprescott@webstercountyia.org)

# Pain Management

BY Jim Steffen, BS, NRP

Iowa Western Community College



Pain is defined by Webster's as, "physical suffering or discomfort caused by illness or injury". Management of acute and chronic pain is one of the more challenging aspects of emergency medical care and an area that requires continued study and research. The relief of pain in the healthcare setting has been described as a basic human right.<sup>6</sup>

The American College of Emergency Physicians published a position paper in 2015 that advocates for capable EMS systems providing adequate analgesia and sedation. EMS physicians should provide adequate oversight and guidance for those programs.

Many patients who contact EMS for care suffer from a complaint of pain. It is estimated that up to 30% of patients who are transported by ambulance in North America suffer from a complaint of moderate to severe pain.<sup>1,2</sup> The management of that pain becomes a priority for all levels of EMS providers, including those at the basic level.

Providers may be reluctant to treat pain for a number of reasons. They may feel as if the treatment of that pain may mask a more detailed assessment once the patient arrives for definitive care. They may feel that giving opioids for patients may worsen an already present addiction, or potentially create an addiction for a patient suffering from new pain. Those worries can be lessened with an adequate understanding of pain and its causes.

The first step in adequate treatment of the patient in pain is to assess the severity and physiology of the pain. When assessing the severity of pain, it is important to use a standardized assessment scale. Evidence has shown that EMS providers, and healthcare providers as a whole, tend to underestimate the severity of pain in their patients. A validated pain scale should be used in patients suffering from a complaint of pain<sup>3</sup>. Use of a validated pain scale has been shown to increase the incidence and the effectiveness of pain management.

The most common assessment tool used to rate the severity of a patient's pain is a numerical 11 point scale, or a 0-10 scale. This assessment tool is commonly used in healthcare and provides an objective, reliable tool that trends the patient's pain over a period of time, allowing for a sense of understanding the worsening or lessening of that pain. The EMS professional should avoid non-objective assessment clues for pain. Keys such as facial expressions, verbal clues, and movement are not reliable in the indication of severity of pain. In addition, changes in vital signs, such as blood pressure and pulse rate are not accurate indicators of moderate to severe pain.<sup>4,5</sup>

In some cases, the traditional 0-10 scale may not work for patient pain assessment. For instance, in pediatric patients, a visual pain scale must be used. One commonly used scale is the Wong Faces Scale--see above. This scale uses visualized faces that allows the patient to point to the face that most accurately

represents their pain. This scale is used well in patients who cannot describe their pain, because of their age or inability to verbalize that pain.

When using any pain scale, it is important to remember that pain is a unique and individual event. Every patient feels and interprets pain differently. Use pain scales objectively when determining the treatment pathways to follow when management pain.

All EMS providers, both at the basic and advanced levels, should document a pain score on every patient with a pain complaint, no matter the cause. An important point to remember is that if the patient says they have pain, the EMS provider must believe that the patient has pain. There is no reliable, repeatable method for determining the presence or absence of pain except for asking them, and believing their answer.

The second path to assessing the EMS patient with a pain complaint is to assess the physiology of the pain. The tool most frequently used in EMS is the OPQRST mnemonic. This allows the prehospital provider to quickly and accurately assess the history of the present illness or mechanism of injury of the patient. In using this tool, the provider can determine if the pain complaint is acute or chronic, the relative severity of that pain, and the description of that pain.

It is important to distinguish between acute and chronic pain. Moderate to severe acute pain in the EMS setting should nearly always be aggressively treated and managed. As stated above, acute pain is a very common occurrence in EMS. The incidence of aggressive treatment by prehospital providers is low, especially when experienced EMS providers are involved.<sup>7</sup>

Chronic pain in the EMS environment is a challenging and difficult proposition. EMS providers worry that treating pain in chronic patients will result in increased use of the EMS system and an increase in the incidence of addiction. While those are valid concerns, especially with the current addiction crisis, EMS providers have an ethical responsibility to provide care up to their level. If the EMS provider suspects that the patient is abusing the EMS system, the most appropriate path to follow is with appropriate pain management, followed by the involvement of the medical community in patient follow up. For instance, the medical director of the EMS system could contact the patient's primary care physician in an attempt to provide referral to a



The first step in adequate treatment of the patient in pain is to assess the severity and physiology of the pain.





pain clinic. In some cases, the patient should be informed that prehospital pain management is not available to them for chronic pain, but this decision belongs to the medical director, not the individual provider.

When treating pain, be it acute or chronic, providers immediately think of the administration of medications. However, many cases of mild to moderate pain can be treated without pharmaceutical methods. The treatments available to all levels of providers include the use of pillows and blankets. Perhaps allowing the patient to place themselves in to a position of comfort is all the management this patient needs. For traumatically injured extremities, effective splinting techniques will allow for some reduction in pain. Adequate padding and positioning of that extremity will prevent movement and diminish the occurrence of severe pain during transport.

For patients with chronic pain, music therapy has been proposed as a second line treatment for suffering patients. Temperature control in the ambulance also may help relieve some types of pain. If the provider is in a BLS level system, an ALS intercept may be appropriate.

For the ALS system, pharmaceutical agents are often indicated. The most commonly used classification of medications for the treatment of pain is opioids, such as fentanyl and morphine. Obviously the EMS provider should look to their protocols for correct dosage of these medications.

Morphine is the most traditionally used medication for the treatment of pain in the prehospital environment. A problem typically associated with the administration of morphine is under dosing. Even morphine doses of 0.1 mg/kg have been shown to be ineffective for treatment of severe pain in the majority of patients.<sup>8</sup>

An alternative opioid that is appropriate in the prehospital setting is fentanyl. Fentanyl has many advantages over morphine in that the onset is quicker, the duration is shorter, allowing for a potentially more accurate in hospital assessment, and the potential side effects are reduced. An additional advantage of fentanyl is that it has been shown to be very effective when administered via the intranasal route, removing the need for IV access in potentially problematic patients, including pediatrics.

Morphine and fentanyl have no true therapeutic ceiling when administered in the healthcare setting. In other words, there is no true maximum dose. Like all medications, they have side effects, and the patient should be monitored for hypoventilation, hypotension, and altered mental status. The incidence of respiratory depression and hypotension is very low. There is no valid reliable study that shows prehospital side effects incidence, but in hospital rates for hypoventilation and hypotension have been shown to be 1% and 5% respectively.<sup>9</sup>

Monitor the patient receiving opioids for sedation. Respiratory depression and hypotension are commonly associated with increased sedation. Once the patient becomes sedated, further administration of opioids is contraindicated.

Since morphine and fentanyl are opioids, they can be reversed with opioid antagonists, such as naloxone. If the patient suffers from respiratory depression secondary to the prehospital administration of opiates, they should be given naloxone as a reversal agent. It is important to remember that the half-life of naloxone is significantly shorter than many opiates. In some studies, the effectiveness of IV naloxone has been shown to be greatly reduced at 30 minutes. Repeated dosing may be necessary.

>>> CONTINUED ON **PAGE 18**

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# Pain Management >>> CONTINUED FROM PAGE 17

Medications are like bell bottomed jeans, they fade into and out of the scene. A drug that is making a return to the prehospital environment for the management of pain is ketamine. Ketamine is a disassociate agent that has been shown to be safe to administered in the prehospital environment. An advantage of ketamine is that it is not an opiate, therefore not carrying the side effects of opiates such as respiratory depression and hypotension, making it safer to use in the trauma setting.

As an adjunct to analgesic therapy, antianxiety and antispasmodic treatments may be effective. Muscle spasms, both voluntary and involuntary, are frequently seen with pain and injury. The most commonly used classification of medications used to treat these symptoms are benzodiazepines. In particular, midazolam has been shown to be effective in management of muscle spasms, as well as the treatment of anxiety associated with pain.

Repeated doses of pain medications are frequently necessary, and enhance the effectiveness of those medications. It is appropriate for the provider to use a pain scale to monitor the trending of the patient's pain, administering appropriate pain medications as needed for management. A pain scale of "zero" is relatively unachievable until definitive management of the patient's underlying condition is achieved in the hospital setting. A good guide for appropriate prehospital management of pain should be a 25% reduction in the numerical description of that pain. As an example, a patient with an initial pain scale rating of eight should be managed to a rating of less than six. The overall goals of the program should be outlined in the EMS protocols.

Managing the patient with severe pain using pharmaceutical agents requires an approach tailored to the individual patient. Patients may need increased doses outside of the doses allowed by EMS protocols. The provider should be ready to contact

medical control for an order to administer those higher doses, particularly for severe pain. This is particularly true for the patient who suffers from opioid addiction. Since those patients develop a tolerance for this class of drugs, increased dosages may be necessary. Since ketamine is not an opioid, it is not effected by opioid tolerance.

It is important to understand, believe, and follow the appropriate EMS system protocols. Frequently, those protocols will direct for the management of pain with opioids. Failure to follow those protocols by withholding treatment is a protocol violation, no different than a failure to treat respiratory distress or shock.

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# Pain Management Continuing Education Quiz

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

**Deadline:** December 31, 2017

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- **or email to** [administration@iemsanet.net](mailto:administration@iemsanet.net)

1. This is a commonly used mnemonic for assessing the history of the present illness/mechanism of injury of a patient in the prehospital setting.

- a. SAMPLE
- b. OPQRST
- c. DCAP-BTLS
- d. AVPU

2. Moderate to severe pain is a relatively common reason EMS is contacted in North America. What percentage of patients in North America have pain as a reason for contacting EMS?

- a. 10
- b. 20
- c. 30
- d. 40

3. Your patient is a 74 year old woman who fell and broke her hip. The paramedic gave repeated doses of an analgesic to control her pain. She is now minimally responsive with a respiratory rate of eight BPM. You suspect the patient has been overdosed with the analgesic. Which of these medications is least likely to cause respiratory depression when administered for severe pain?

- a. diazepam
- b. ketamine
- c. morphine
- d. fentanyl

4. The prehospital provider is unlikely to achieve a complete elimination of moderate to severe pain in the prehospital setting. What is a likely goal for reduction in the numerical pain scale of a patient in the prehospital setting?

- a. 10%
- b. 20%
- c. 25%
- d. 50%

5. All of the following are potential alternatives to analgesics in the prehospital environment except:

- a. music therapy
- b. pillows
- c. blankets
- d. touch therapy

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## **FULL Agenda to be determined**

In addition to several classes featuring a full range of pediatric education, you can count on the very popular "The Hands-On Skills Training." This session will include both BLS and ALS skills.

**Registration/Tuition: JUST \$80 for IEMSA Members and \$110 for Non-Members** (includes an IEMSA Membership). **Lunch is included in your Registration Fees.**

**REGISTER ONLINE--**[Log-in Here](#) **or call 515-225-8079** 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 the time of initial login. Once logged in--go to the "Online Store" tab at the top of your screen, click on the "Uh-oh! Peds!" icon, complete the registration, process payment and you're registered! You can **PAY BY CREDIT CARD OR** register online and check the "MAIL MY CHECK" option and send the check to: IEMSA, 5550 Wild Rose Lane, Ste. 400, West Des Moines, IA 50266 - No refunds after January 29th. All refunds prior to January 29th will be subject to a \$50 cancellation fee.

**OR print and complete the REGISTRATION FORM** (PDF Flyer/Registration Form available online at [www.iemsa.net/conference.htm](http://www.iemsa.net/conference.htm), click on "Uh-Oh Peds! Conference", to find the PDF link), **fax it to 877-478-0926 or email/scan it to [administration@iemsa.net](mailto:administration@iemsa.net).**

**NEED HOTEL RESERVATIONS?** **Radisson** Coralville--**we have a room block** You can reserve by **calling 319-351-5049** Check in is at 3pm, check out is at 11am and cancellations need to be made prior to 6pm the day of the reservation.

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



# SPOTLIGHT ON TRAINING

**>** Iowa Western Community College (IWCC) is located in Council Bluffs, Iowa offering initial and continuing education in all levels of EMS. Iowa Western Community College Paramedic program, on the Council Bluffs campus, is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

EMR & EMT programs are offered face-to-face in partnership with various communities. Iowa Western also offers EMT, AEMT, and Paramedic courses through a Hybrid format. This format is more adaptive to busy, full-time work schedules and places value on the student's time in the classroom. The programs combine online classwork with face-to-face lab sessions. The face-to-face sessions will consist of hands-on learning. As the students acquire new skills, assimilation into scenario-based learning begins. There will be a review of the week's material but the focus will be on the application of the new information. These sessions are in Iowa Western's state-of-the-art simulation center designed specifically for EMS Education. Also offered are new and refresher courses for AHA and NAEMT. Iowa Western is in progress to offer initial and renewal Critical Care Paramedic courses by 2018.

Iowa Western strives to offer students not only classroom simulation, but also education that is as close to real-life as possible. Iowa Western collaborates with various fire departments and hospitals within the community to ensure a wide-range of hands-on experience. Educational partners include Council Bluffs Fire and Rescue, Glenwood Fire and Rescue, Methodist Jennie Edmundson Hospital, and CHI Mercy Council Bluffs.

Or visit [http://www.iwcc.edu/continuing\\_education/emergency\\_services/](http://www.iwcc.edu/continuing_education/emergency_services/)

**For more information contact :**

Justin Mayabb, Director of EMS | [jmayabb@iwcc.edu](mailto:jmayabb@iwcc.edu) | 712-325-3446





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**IOWA EVENTS CENTER • DES MOINES, IA • NOVEMBER 9-11, 2017**

## HOTEL & VENUES

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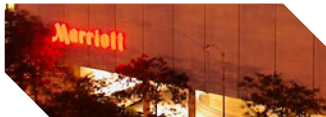
700 Grand Avenue, Des Moines

Reservations Call **515-245-5500**

MUST ASK FOR THE IOWA EMS ASSOCIATION Group Room Block & Group Code: IEMSA for a discounted rate of \$145+ tax/night for king/double

**DISCOUNT CUT OFF DATE:**  
October 23, 2017

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



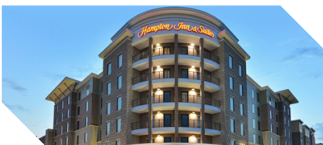
### HAMPTON INN **SOLD OUT**

120 SW Water Street, Des Moines

Reservations Call **515-244-1650**

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

**DISCOUNT CUT OFF DATE:**  
October 18, 2017



### COMFORT INN & SUITES (previously Quality Inn)

929 3rd Street, Des Moines

**515-282-5251** **SOLD OUT**

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

**DISCOUNT CUT OFF DATE:**  
October 8, 2017



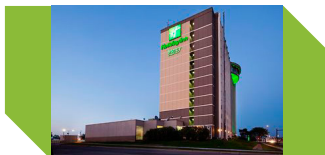
### HOLIDAY INN MERCY CAMPUS

1050 6th Ave., Des Moines

**515-283-0151**

MUST ASK FOR THE IOWA EMS ASSOCIATION Group Room Block & Group Code: IEMSA for a discounted rate of \$104+ tax/night for king/double

**DISCOUNT CUT OFF DATE:**  
October 25, 2017. To Reserve your room at our block rate online go to: [www.iemsa.net/conference.htm](http://www.iemsa.net/conference.htm) and hit the link in the right sidebar under 2017 Conference Hotels



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WELCOMING RECEPTION  
4:30PM-7PM

**FRI. NOV 10<sup>TH</sup> : 9:15AM-5:40PM**

**SAT. NOV 11<sup>TH</sup> : 9:00AM-1:00PM**

#### IEMSA CONFERENCE GIVE-AWAY WINNERS ANNOUNCED

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





# PRE-CONFERENCE WORKSHOPS THURSDAY, NOVEMBER 9, 2017

## WORKSHOP DESCRIPTIONS/SPEAKERS

★ = FORMAL CEs ⓘ = OPTIONAL CEs

**AFFILIATE MEMBER SERVICES BENEFIT OF MEMBERSHIP:** Current Affiliate IEMSA Member Services/Organizations are allowed \$120 towards your choice of TWO (1 -AM and 1- PM) of the 1/2 Day Workshops on this page. **Become an Affiliate Member Before you Register to Qualify.** Use Promo Code: AFF-Leader

### 1/2 DAY WORKSHOP: IT'S BRAIN SCIENCE-NOT ROCKET SCIENCE ⓘ

\$60 MEMBER / \$90 NON-MEMBER

8:00AM - 11:15AM -- **THURSDAY MORNING WORKSHOP**

LANA HERTEEN & JESSICA DINH, BSN, RN  
CONNECTIONS MATTER

Research in brain science has taught us much over the past few decades about how the human brain develops and the critical role relationships – connections – play in the growth of neural pathways. The impact of severe (toxic) stress is understood to have a traumatic effect that changes the physical structure of the human brain, overwhelming our ability to cope effectively. Emergency Medical Service providers are in a unique role to affect patients at vulnerable times in their lives. Using a trauma informed approach, this session will provide a foundation for brain development including an understanding of the role of toxic stress, discussed as Adverse Childhood Experiences (ACEs), on adult physical and mental health. Participants will explore opportunities for first responders to connect with patients, families, and bystanders toward enhanced skill development and positive patient outcomes.

**At the completion of this program, the participant should be able to:**

- Define Adverse Childhood Experiences (ACEs) and their impact on brain development and lifelong health.
- Discuss the healing power of relationships as a means of mitigating the effects of traumatic stress.
- Describe a trauma-informed approach with patients requiring emergency medical response
- Explore staff wellness through self-care as a quality assurance measure for patient care.

### 1/2 DAY WORKSHOP: UTILIZING NEMIS DATA TO ESTABLISH BASELINE STANDARDS ★

\$60 MEMBER / \$90 NON-MEMBER

8:00AM - 11:15AM -- **THURSDAY MORNING WORKSHOP**

--IDPH : BUREAU OF EMERGENCY TRAUMA SERVICES

Establishing Performance Benchmarks for the EMS Service Program-- to provide a basic overview of quality assurance (QA) and continuous quality improvement (CQI) programs and how they can be applied to an EMS program to meet minimum regulation requirements and assist in service and individual performance measures.

**Program Objectives: At the conclusion of today's presentation the participants will be able to:**

- Discuss the difference between a Quality Assurance (QA) and a Continuous Quality Insurance (CQI) program
- Discuss the utilization of service reported data to sustain QA and CQI programs
- Utilize service call data to establish performance benchmarks
- Understand the importance of clean data
- Establish baseline standards for a service program utilizing run report data

### 1/2 DAY WORKSHOP: EMS SERVICE/MEDICAL DIRECTOR WORKSHOP ★

\$60 MEMBER / \$90 NON-MEMBER

12:15 PM - 4:30 PM -- **THURSDAY AFTERNOON WORKSHOP**

--IDPH : BUREAU OF EMERGENCY TRAUMA SERVICES

This program will provide the participant with some background information about the structure changes at the Bureau of Emergency and trauma services, give a review of the AMANDA system the departments new electronic service and personnel data base, introduce Chapter 132, the administrative rules for Ambulance/Non-transport EMS service programs, discuss the roles and responsibilities for the Medical and Service director, look at some EMS statistics and Share Leadership Best Practices from Service Programs.

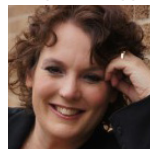
**Program Objectives: At the conclusion of today's presentation the participants will be able to:**

- Describe the roles and responsibilities of the Iowa Department of Public Health regarding EMS
- Describe the roles, responsibilities, & duties of the Medical Director and Service Director of an Iowa authorized EMS program as defined in Iowa Code Chapter 147A and Iowa Administrative Code (IAC) Section 641 Chapter 132
- List the resources available to assist the Service Director and EMS physician Medical Director with managing their system
- Navigate the AMANDA Registry System
- Apply knowledge & information from today's workshop to given scenarios

### 1/2 DAY WORKSHOP: REDUCING TRAUMA AND DRAMA THROUGH UNDERSTANDING PERSONALITY STYLES ⓘ

\$60 MEMBER / \$90 NON-MEMBER

12:15 PM - 4:30 PM -- **THURSDAY AFTERNOON WORKSHOP**



JEN MCDONOUGH (AKA THE IRON JEN)

Can you imagine how much trauma and drama could be reduced in our home and work lives if we just understood how we were wired and how we could learn to work in our strengths? In this fun and engaging talk, participants will learn how to recognize the strengths, weaknesses, fears, stressors, and motivators for each of the personality styles so they can better understand how to find strength for themselves and also understand the personality styles around them in order to reduce much of the trauma and drama that we all face in our work and personal relationships.

**Learning objectives:**

- Understand personality strengths
- Understand weaknesses
- Discover motivators
- Identify fears and stress triggers
- Ways to work with one another to reduce trauma and drama

**FULL DAY : PRE-CONFERENCE WORKSHOP****CRITICAL CARE PARAMEDIC (CCP) REFRESHER****\$120 MEMBER / \$150 NON-MEMBER****ROLE OF KETAMINE IN CCP TRANSPORT** ★

--BRIAN RAYHONS

**MANAGING THE CRITICAL AIRWAY** ★

--JD GRAZIANO

**THE HITCHHIKER'S GUIDE TO THE GALAXY OF ECG INTERPETATION -PART 1** ★

--LEE THOMAS

**THE HITCHHIKER'S GUIDE TO THE GALAXY OF ECG INTERPETATION PART 2** ★

--LEE THOMAS

**WEIRD BLOW OUTS: ANEURYSMS' R US** ★

--ROSEMARY ADAM, RN, PM

**A CCT REVIEW OF ECMO** ★

--KLINT KLOEPPING

**A CRITICAL CARE REVIEW OF TRAUMA** ★

--ROSEMARY ADAM, RN, PM

**FULL DAY : PRE-CONFERENCE WORKSHOP****(PEPP) PEDIATRIC EDUCATION FOR PREHOSPITAL PROFESSIONALS** ★ --BY MICHAEL AGUILAR**\$140 MEMBER / \$170 NON-MEMBER**

**STUDENTS MUST PURCHASE THE COURSE BOOK WITH AN ACCESS CODE:** "PEDIATRIC EDUCATION FOR PREHOSPITAL PROFESSIONALS (REVISED), THIRD EDITION " **USE THIS LINK TO ORDER YOUR BOOK & ACCESS CODE AT A MUCH REDUCED PRICE:** <http://www.jblearning.com/cart/Default.aspx?bc=13303-5&coupon=17PSG25>

PEPP represents a complete source of prehospital medical information for the emergency care of infants and children. Developed by the American Academy of Pediatrics, PEPP is an exciting curriculum designed to teach prehospital professionals how to better assess and manage ill or injured children.

PEPP is a comprehensive, innovative, and highly visual course featuring case-based lectures, live-action video, hands-on skills stations, and small group scenarios.

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# IEMSA CONFERENCE : FRIDAY, DAY 1--NOVEMBER 10, 2017

## COURSE DESCRIPTIONS/SPEAKER

★ = FORMAL CEs ○ = OPTIONAL CEs

### GENERAL SESSION

7:45 AM - 9:00 AM -

#### TIPS FORM A.J.'S TOOL BAG : PATIENT ASSESSMENT AND MANAGEMENT ★ --

AJ HEIGHTMAN - MPA, EMT-P  
EDITOR-IN-CHIEF, JEMS

Every EMS provider has encountered patients with mysterious vital signs or mechanisms of injury. These patients challenge your knowledge and skills as you attempt to determine their illness or extent of their injuries. Your second challenge is to put together a successful treatment plan to manage their problem and transport them to the appropriate facility. Join A.J. Heightman as he takes you through a series of EMS mystery cases.



### TRACK 1

9:45 AM - 10:35 AM

#### LETHAL TRIAD-TRAUMA PRESENTATION ★

--DR NATISHA JENSEN

Lethal Triad- Trauma presentation

- Define 3 elements of trauma triad of death
- Describe physiologic effects of hypothermia
- Understand key components of the coagulation cascade and anticoagulant effects
- Identify contributing factors to acidosis • Define TEG and interpret graphs • Understand current clinical application of reversal agents

10:45 AM - 11:55 AM

#### PEDS ANALGESIA ★ --DR. JOSHUA STILLEY

Do kids in pain scare you? Are you worried about overdosing and underdosing them? This session will discuss how people feel pain and the various treatment modalities at the disposal of the EMS provider.

1:00 PM - 1:50 PM

#### WHAT THE RESEARCH SAYS ★ --MICHAEL KADUCE

This session engages providers on current hot button topics and trends in Emergency Medical Services. The course reviews recently published, peer reviewed literature to help breakdown some of the controversies EMS personnel will face both in the station and while treating patients. Topics include spinal immobilization, fluid resuscitation, hemorrhage control, rapid sequence induction, provider fatigue, and oxygen therapy. The course is designed for all provider levels as evidence based practice impacts all EMS professionals.

2:05 PM - 2:55 PM

#### INFECTIOUS DISEASES ★ --MARTIN HERKER

- Identify significant bacterial and viral diseases
- Review anatomy and physiology of immune system
- Discuss treatment techniques
- Review Ebola, Zika, & flu data for Iowa (subject to change depending on the trending diseases in the fall)

### TRACK 2

9:45 AM - 10:35 AM

#### PEDIATRIC ASSESSMENT TRIANGLE ★ --LYNN KROPP

- Distinguish the three components of the PAT
- Assess pediatric-specific features of initial assessment.
- Integrate findings to form a general impression.

10:45 AM - 11:55 AM

#### DOCUMENTATION FOR REIMBURSEMENT ★

--JEFF DUMERMUTH

- Articulate the importance of documentation as a critical component of patient care
- Discuss the importance of documentation and its role in the continuity of patient care.
- Identify key risk areas in documentation as it relates to Medicare/Medicaid regulations

1:00 PM - 1:55 PM

#### GOLDEN CARE-CRITICAL COMPONENTS IN CARING FOR GERIATRIC PATIENTS ★ -- AJ HEIGHTMAN - MPA, EMT-P EDITOR-IN-CHIEF, JEMS

Golden Care is a comprehensive look at the aging population EMS providers can expect to see in increasing numbers over the next decade. This lecture covers the problems EMS personnel encountered in assessing and treating geriatric patients and helpful assessment and treatment tips providers can use when encountering this unique patient population.

Patients over the age of 65 represent the largest population transported by ambulance in the United States. Many EMS programs do not spend extra time review the important changes that occur as a person ages. The elderly cope with stress, trauma and illness in ways that are distinctly different from children and adults under 65. A.J. will zero in on these important differences and leave you with important information that will help you assess and treat this high-priority patient population.

2:05 PM - 2:55 PM

#### CARDIAC EVENTS: VARIOUS TYPES AND PREHOSPITAL TREATMENT ★ --MATT KLEIN

A-fib to the SCD to the QT (And we're not talkin' about the corner convenience store!)

Learn the interventions to treat various cardiac dysrhythmias in the pre-hospital setting. We will be looking at case studies and current evidence base practices for management of cardiac dysrhythmias from atrial fibrillation to sudden cardiac death.

### TRACK 3

9:45 AM - 10:35 AM

#### THE MENTAL ILLNESS HAPPY HOUR ★ --LEE THOMAS

This lecture is intended to look at mental illness from an EMS prospective. Sorting patients with attention seeking behavior from true mental illness. A look at creative ways in dealing with mental illness patients. To discuss the risks EMS providers are placed in when transporting mental health patients. And to provide out of the box concepts for ensuring and maintaining safety for the patient and the care provider.



10:45 AM - 11:55 AM

**STOP THE BLEED AND TOURNIQUETS** ★ --PIPER WALL

A bleeding control basics class. This course will give participants general knowledge and resources to provide lifesaving care when seconds count.

1:00 PM - 1:50 PM

**PEDIATRIC TRAUMA CASE STUDIES** ★ --LYNNETTE HEMPHILL

- Define Trauma
- Review Trauma Statistics
- Understand the impact trauma has on childhood mortality and morbidity
- Discuss the importance of a good assessment
- Discuss treatment strategies
- Discuss the importance of MOI
- Identify challenges associated with the care of the pediatric patient

2:05 PM - 2:55 PM

**CHAIN SAW SUICIDE STUDY** ★ --TERRY RAGALLER

In early 2000's a patient decided to take his own life using a chainsaw. Initially the patient was awake and semi-alert. Using the information from the call, my own recollections and photos from the medical examiner I am able to discuss the call, intertwining "How do you care for this..." examples throughout.

**TRACK 4**

9:45 AM - 10:35 AM

**CRUSH INJURY AND COMPARTMENT SYNDROME** ★

--TERRY RAGALLER

Crush injuries have been around since the first caveman was hit by a fallen boulder. Compartment syndrome has been around since his leg was pinned under it. And rhabdomyolysis was his demise. In modern times, how do we identify the injuries and assess them properly? These injuries can be tricky to identify and treat but certainly life-threatening. This presentation will assist in making that assessment and treatment better!

10:45 AM - 11:55 AM

**MCI/TRIAGE** ★

--MICHAEL KADUCE

Whether an act of violence, natural catastrophe, or motor vehicle pile up, a disaster is the one of the greatest challenges an EMS provider will face. These events overwhelm resources, degrade the standard of care, and require a deviation from protocol. These responses will overwhelm the senses and trigger a fight or flight response yet EMTs and paramedics will have to rapidly and accurately make decisions about incident severity, needed resources, and victim survivability. When the patient is a child, these decisions are even more complicated. In this course we will review triage systems for children, the research that supports these systems, and introduce the new SALT system.

1:00 PM - 1:50 PM

**VADS/LVADS** ★ --KIM MAXSON

Educate on proper assessment and management of patients with a ventricular assist device. Understand how to safely care for a patient with a ventricular assist device in place.

2:05 PM - 2:55 PM

**EVERY BREATH YOU TAKE** ★ --JANET TAYLOR

This course will review the most common respiratory diagnoses found in EMS and the differences between the way the symptoms present in EMS and the treatment options. Included in the list of diagnoses are COPD, Asthma, CHF, Pneumonia, Pulmonary Embolus and ARDS. Also included are special notes about Ventilator Acquired Pneumonia (VAP) and what we can do in EMS to prevent VAP and improve our patient's outcome in the long run.

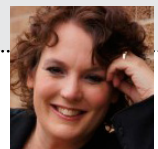
**GENERAL SESSION**

3:40 PM - 4:55 PM

**CALMING THE CHAOS DURING PATIENT CARE** ★

--JEN MCDONOUGH (AKA THE IRON JEN)

Besides working in ever changing work environments, those who serve in our first responder and law enforcement service areas can become fatigued, stressed, and burnt out from all the day-to-day pressures they are faced with. These negative consequences can lead to dangerous and chaotic outcomes for not only the individuals themselves, but also for their teams, their families and the patients they serve. In this talk, audience members will discover how unleash their best and in the process tame the chaos in their work, home and patient care environments using simple techniques that will empower them to overcome their obstacles and improve patient outcomes.



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# IEMSA CONFERENCE : SATURDAY, DAY 2--NOVEMBER 11, 2017

## COURSE DESCRIPTIONS/SPEAKER

★ = FORMAL CEs ○ = OPTIONAL CEs

### GENERAL SESSION

8:25 AM - 9:15 AM

#### HOT TOPICS - ASK THE DOCS ★

--DR. JOSH STILLEY / DR. AZEEMUDDIN AHMED / DR. CHRIS WISTROM  
This course is intended to be an open discussion on the HOT TOPICS in Emergency Medical Services and current Pre Hospital Care. We will take questions from the audience and provide input from several experts speaking on areas of interest/inquiry.

### TRACK 1

9:45 AM - 10:35 AM

#### SUICIDE AND ADOLESCENT PSYCHIATRIC ISSUES ★

--DR. KEN CHAYNE

Adolescent/young adult suicide is the second leading cause of death in Iowa. This presentation will discuss the signs and symptoms of depression in adolescents/young adults and the risk factors for suicide. Strategies for intervention with a depressed and suicidal adolescent will be discussed. EMS providers will leave the presentation with strategies to assist families and their communities in the aftermath of a completed suicide.

10:45 AM - 12:00 PM

#### FIREFIGHTER REHAB...KEEPING FRIENDS ★

--DR. CHRIS WISTROM

EMS and the role of Rehab officers face many challenges at fire scenes. Dr. Wistrom will discuss the many aspect of Fire Rehab and how you as EMS personnel involve on these incidents can preform at top level and earn the respect of those you are caring for.

1:00 PM - 2:15 PM

#### CONCUSSION PROGRAM ★ --MARTIN HERKER

This course will help students to become a better concussion evaluator. Initial concussion evaluation following an incident is critical to determine the depth and breadth of that injury.

2:25 PM - 3:15 PM

#### EVIDENCE BASED PROTOCOLS-HOW TO ★

--DR. JOSH STILLEY

How do you make a protocol? Do you know if your protocols are up date? This session will walk through the steps necessary to review current protocols and how to decide what information should influence protocol updates.

### TRACK 2

9:45 AM - 10:35 AM

#### PATIENT CENTERED CARE ★ --MARTIN HERKER

- Recognize interpersonal skills used in patient evaluation that can improve outcomes
- Identify personal, moral, and ethical issues that can hinder providing quality patient care

10:45 AM - 12:00 PM

#### RSI AND AIRWAY PROTECTION ★ --DR. JOSH STILLEY

This session will focus on the application of high-level techniques you can use to manage your patient's airway. We will discuss new techniques and some of arguments for and against different emerging practices.

1:00 PM - 2:15 PM

#### TROUBLE CHILDREN- DIFFICULT OB DELIVERIES ★

--TERRY RAGALLER

EMS has always had a "fear" of OB patients and active-labor. As a call that EMS rarely encounters but always causes high-stress, this presentation will shed light on why EMS has the easy job! Identifying simple assessments, delivery techniques and how to manage a delivery is the easy goal! We will also discuss the management of the new-born baby and how to assess the child effectively.

2:25 PM - 3:15 PM

#### SICK OF IT! SEPSIS IDENTIFICATION AND CARE ★

--TERRY RAGALLER

Sepsis has been an increasing concern for medical professionals. EMS has always responded to private homes and nursing facilities for "sick persons". But how sick are they?! Is this a simple UTI or full-blown sepsis? We will review assessment methods for identifying sepsis and how to treat it in the pre-hospital setting.

### TRACK 3

9:45 AM - 10:35 PM

#### WORKING THE CROWD- A PRIMER ON MASS GATHERING MEDICINE ★ --DR. AZEEMUDDIN AHMED

This presentation will discuss the major medical, operational, and logistical aspects of providing medical coverage to large gatherings of fans and spectators. Whether it is a small high school event, town festival, a collegiate sporting event or a music concert - there are unique challenges in providing EMS care to a variety of potential patients largely unknown to the providers to include a wide age range as well as severity of illnesses. In addition, with increasing concern regarding terrorism - EMS providers face the prospect of providing care in a dangerous mass casualty incident that adds a significant challenge to the medical coverage.

10:45 AM - NOON

#### DEADLY DELIRIUM ★ -TERRY RAGALLER

Excited delirium is not a new problem. Actually first discovered in the early 1800's, excited delirium (E.D.) is an old disorder that has been made worse and more frequent with the new street drugs of today. This presentation will discuss the history of E.D., the incidence and causation and how EMS and law enforcement has been encountered with it and how we can better identify, protect ourselves and treat this life threatening condition. This presentation has been held for law enforcement.

1:00 PM - 3:15 PM

#### DEPENDENT ADULT AND CHILD ABUSE ★ (2 PART CLASS-MUST BE PRESENT FOR BOTH) --JOANNA SHADE

This course meets the Iowa Department of Human Services Bureau of EMS State mandatory 5 year training on abuse identification and reporting for all EMS provider recertification. If you don't have access to this required topic in your community, now is an excellent time to get your credits complete.



## TRACK 4

9:45 AM - NOON

### SHOW ME: HANDS ON CONCEPTUAL LEARNING AND WEIRD SCIENCE WORKSHOP ① (2 PART CLASS-MUST BE PRESENT FOR BOTH) --JANET TAYLOR & LORI SIZER

SIZER

How do you help a kinesthetic learner 'touch' osmosis? Some subjects just seem to have limited opportunity for a hands-on learning...not anyone. Participants will leave this session inspired and equipped with ideas that can be used immediately upon return to their classroom. Adapted from Heather Davis' "Great Ideas". Use Cucumbers & salt to show effects of hypertonic fluids and electrolyte disturbances. Use Cotton Candy to visualize when a heart attack victim receives thrombolytic. Utilize trendy music to enhance understanding of the cardiovascular system and other concepts. Use audience participation (via improvisation/role play) to convey the importance of body language when teaching communication techniques and scene awareness. And much, much more! This session is fast paced and will guarantee to have the participant walk away with some great ideas for their classroom and a renewed outlook on education.

CLASS IS FULL

1:00 PM - 3:15 PM

### SHOW ME : HANDS ON CONCEPTUAL LEARNING AND WEIRD SCIENCE WORKSHOP ② 2 PART CLASS-MUST BE PRESENT FOR BOTH) --JANET TAYLOR & LORI SIZER

How do you help a kinesthetic learner 'touch' osmosis? Some subjects just seem to have limited opportunity for a hands-on learning...not anyone. Participants will leave this session inspired and equipped with ideas that can be used immediately upon return to their classroom. Adapted from Heather Davis' "Great Ideas". Use Cucumbers & salt to show effects of hypertonic fluids and electrolyte disturbances. Use Cotton Candy to visualize when a heart attack victim receives thrombolytic. Utilize trendy music to enhance understanding of the cardiovascular system and other concepts. Use audience participation (via improvisation/role play) to convey the importance of body language when teaching communication techniques and scene awareness. And much, much more! This session is fast paced and will guarantee to have the participant walk away with some great ideas for their classroom and a renewed outlook on education.

CLASS IS FULL

## GENERAL SESSION

3:25 PM - 4:40 PM

### CASE REVIEW: UNIQUE AND CHALLENGING CASES IN THE PRE HOSPITAL SETTING

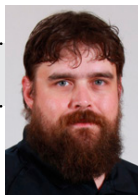
★ --DR. CHRIS WISTROM

In this class Dr. Wistrom will review numerous unusual EMS cases handled with a unique approach and presenting students with real life examples of care in the field and during transport.

#### Objectives:

At the completion of this class, students will leave with lessons for patient assessment, treatment plan development, and QA/QI opportunities.

- learn from real life scenarios some tricks of the trade
- describe when and why we perform reverse triage





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# BRIGHT LIGHTS & CRAZY NIGHTS

FRIDAY • NOVEMBER 10<sup>TH</sup> • 8:30 - 11:30P  
**NEW! MARRIOTT DES MOINES BALLROOM**

**NEW! DJ MUSIC**  
PLAYING ALL THE POPULAR DANCE TUNES



**PHAT-VINYL**  
**DJ MUSIC**

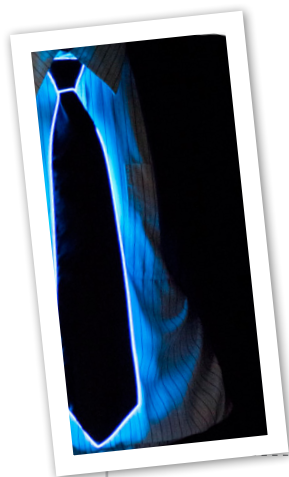
Sponsored by **UnityPoint**  
**LifeFlight** and **IEMSA**—  
you earned it--a night of games,  
dancing, fun and relaxation.

**SO, PLEASE JOIN US IN THE**  
**MARRIOTT BALLROOM**

for some fun--including contest,  
dancing and more. Registered  
attendees admission is included.

**SPONSORED BY**

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**LifeFlight**



## IT'S BRIGHT LIGHTS & CRAZY NIGHTS --GET YOUR BRIGHT ON!

JOIN THE FUN OF BEING SILLY! START PLANNING YOUR BRIGHT, LIGHTED OUTFIT FOR THE  
EVENING. **PRIZES AWARDED FOR THE FOLLOWING :**

- Best Overall Outfit
- Best Lighted & Bright Hat
- Most Creative Use of the Theme
- Wackiest



→ **LIGHT YOURSELF UP!**



→ **SIMPLE TOUCH**



→ **STICK FIGURES**



→ **JELLY-FISH FUN**



→ **BOW TIE!**



# HONORING OUR OWN



## JOIN US

### SATURDAY, NOVEMBER 11TH, 2017

#### AT THE 2017 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, Rick Morgan or Amy Gehrke your IEMSA Board of Director members that can help you. Contact information at [http://iemsanet/contact\\_info.htm](http://iemsanet/contact_info.htm)



UNIVERSITY OF IOWA  
HEALTH CARE

Emergency Medical Services  
Learning Resources Center

[uihealthcare.org/emslrc](http://uihealthcare.org/emslrc)

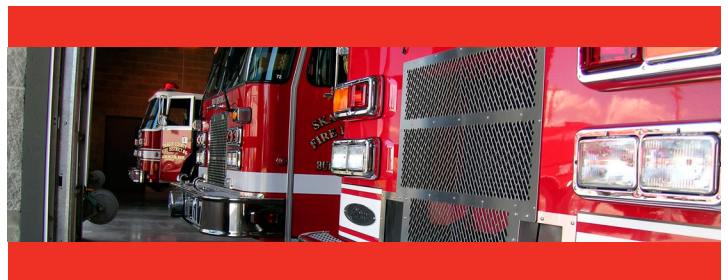
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**1100 CO Monitor**  
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• Part: AMSAI-1100-V2

**1200 CO Monitor w/LCD**  
• CO Monitor with Sniff™ Technology  
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**1201 CO & Methane Monitor w/LCD**  
• CO & Methane Monitor with Sniff™ Technology  
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# CONTINUING EDUCATION AFFORDABLE

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, who makes continuing education possible at our conference.

## REGISTER TODAY!

THIS IS HOW IT WORKS:

### > CEHs:

**EASTERN IOWA COMMUNITY COLLEGE** will award one continuing education hour (CEH) of credit for each contact hour attended. Most credits are formal, and a few are optional. Please check the schedule for details. 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 PARTICIPANTS MUST BE PRE-REGISTERED TO INCLUDE NAME, LEVEL OF CERTIFICATION, AND CERTIFICATION NUMBER.**

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 an email with a link to your certificate of attendance. The link will take you to a quick post-conference survey. After the survey is complete--you will see a link to your certificate in the top left corner of your screen. Click that link--to show your certificate. You can then download, save, 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).



## Does he need a trauma center or the local hospital?



Twenty-year-old male in a motor vehicle accident. Airbag has deployed. Car has significant front-end damage.

Is he bleeding internally? Hemorrhage is the leading cause of death after injury.<sup>1</sup>

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

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

★ = FORMAL CEs ⓘ = OPTIONAL CEs

7:15 AM REGISTRATION OPENS

8:00 AM-4:30 AM

## FULL DAY PRE-CONFERENCE WORKSHOPS

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

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

- **IT'S BRAIN SCIENCE-NOT ROCKET SCIENCE** ⓘ
- PRESENTED BY: CONNECTIONS MATTER DEVELOPING BRAIN RELATIONSHIPS
- **UTILIZING NEMSIS DATA** ★
- TO ESTABLISH SERVICE BASELINE STANDARDS
- PRESENTED BY: IDPH STAFF

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

- **REDUCING TRAUMA AND DRAMA** ⓘ
- THROUGH UNDERSTANDING PERSONALITY STYLES
- PRESENTED BY: IRON JEN MCDONOUGH
- **SERVICE DIRECTOR/MEDICAL DIRECTORS WORKSHOP** ★
- PRESENTED BY: IDPH STAFF

## LUNCH AND SPECIAL EVENTS

11:15 - 12:15 PM

LUNCH IS AVAILABLE OUTSIDE THE EXHIBIT HALL

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

4:30 - 7:00 PM

## > VENDOR HALL WELCOMING RECEPTION

--EXHIBIT HALL --HYVEE HALL C

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

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

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

**DRAWINGS WILL BE HELD:**

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

**IMPORTANT NOTE:**

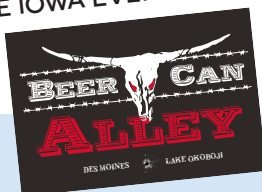
**NO RAFFLE DRAWINGS DURING LUNCH**

7:30PM - 11PM

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

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

**LOCATION: BEER CAN ALLEY - NOV. 9TH**  
(NO COVER FOR CONFERENCE ATTENDEES)  
**216 COURT AVE. • DES MOINES**  
JUST A 10 MINUTE WALK FROM  
THE IOWA EVENTS CENTER



**FREE GIFT** FOR THE FIRST 250 ATTENDEES!



LIVE MUSIC BY "**NICK LYNCH BAND**" WITH  
DANCING, DRINK SPECIALS, AND A WHOLE LOT OF FUN.



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# FRIDAY NOVEMBER 10, 2017 SCHEDULE AT-A-GLANCE PLANNER

★ = FORMAL CEs ○ = OPTIONAL CEs

6:45 AM REGISTRATION OPENS

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

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

9:00 AM - 9:45 PM

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

9:45 AM - 10:35 AM

- **LETHAL TRIAD-TRAUMA PRESENTATION** ★  
--DR. NATISHA JENSEN
- **PEDIATRIC ASSESSMENT TRIANGLE** ★  
--LYNN KROPP
- **THE MENTAL ILLNESS HAPPY HOUR** ★  
--LEE THOMAS
- **CRUSH INJURY AND COMPARTMENT SYNDROME** ★  
--TERRY RAGALLER

10:45 AM - 11:55 AM

- **PEDIATRIC ANALGESIA** ★  
--DR. JOSHUA STILLEY
- **DOCUMENTATION FOR REIMBURSEMENT** ★  
--JEFF DUMERMUTH
- **STOP THE BLEED AND TOURNIQUETS** ★  
--PIPER WALL
- **MCI/TRIAGE** ★  
--MICHAEL KADUCE

NOON - 1:00 PM

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

**SIT-DOWN LUNCH**--you must have purchased a ticket with your registration. Lunch is served in the educational area of the event center.

Your Badge indicates your lunch purchase on the back--this is your ticket.

1:00 PM - 1:50 PM

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

2:05 PM - 2:55 PM

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

-- 2:55PM - 3:40PM

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

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

**CALMING THE CHAOS DURING PATIENT CARE** ★ —IRON JEN MCDONOUGH

8:30 PM - 11:30 PM

★ **BRIGHT LIGHTS & CRAZY NIGHTS PARTY** ★

— HELD AT THE MARRIOTT DOWNTOWN

**DES MOINES** (700 GRAND AVE. - DES MOINES)

DJ MUSIC AND GAMES "" SPONSORED BY **UnityPoint LifeFlight**. You earned it--a night of fun and relaxation.

**PLEASE JOIN US FOR** costume contest, dancing and more. Registered attendees admission is included.

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# SATURDAY NOVEMBER 11, 2017 SCHEDULE AT-A-GLANCE PLANNER

★ = FORMAL CEs ○ = OPTIONAL CEs

## 7:00 AM REGISTRATION OPENS

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

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

**HOT TOPICS -- ASK THE DOGS** ★ --PANEL DISCUSSION WITH DR. JOSHUA STILLEY, DR. AZEEM AHMED & DR. CHRIS WISTROM

## 9:15 AM - 9:45 PM

### • **BREAK IN THE EXHIBIT HALL--HYVEE HALL C**

**Give-Away Drawings Continue** and Refreshments and a treat will be served in the exhibit hall for this break.

### • **YOUR CHANCE TO DROP OFF YOUR RAFFLE TICKET**

"DROP OFF YOUR RAFFLE ENTRY CARDS IN THE RAFFLE BAG AT THE IEMSA BOOTH IN THE EXHIBIT HALL.

## 9:45 AM - 10:35 AM

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

## 10:45 AM - 12:00 PM

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

## NOON - 1:00 PM (EXHIBIT HALL CLOSING AT 1PM)

### **IEMSA AWARDS CEREMONY LUNCH**

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

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

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

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

## 1:00 PM - 2:15 PM

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

## 2:25 PM - 3:15 PM

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

# IEMSA 28TH ANNUAL CONFERENCE & TRADE SHOW



**REGISTER BEFORE  
OCTOBER 31<sup>ST</sup>  
AVOID \$50 LATE FEE!**

To avoid the Late Fee your registration must be received in our office or posted online by 12AM October 31st.

**ALL REGISTRANTS  
WILL RECEIVE AN  
IEMSA BACKPACK.**

> **REGISTRATION DEADLINE:** Register prior to **October 31st to ensure entrance to the conference.** Registrations received after this date and on-site registrations may be limited. **IEMSA will not invoice services for payment. PO's are not an accepted form of payment. Register by October 31th before 12am to SAVE \$50.**

> **CONFIRMATION:** Registrations processed online will automatically receive a registration confirmation immediately via email. All others will not receive a confirmation unless requested by email to: [administration@iemsa.net](mailto:administration@iemsa.net).

> **CANCELLATION/REFUND POLICY:** Refunds, less a \$50 processing fee, will be made for cancellations made prior to October 15th. No refunds will be made for cancellations after October 15th. IEMSA reserves the right to cancel any session or special event that does not meet the minimum requirements, or to change a speaker as necessary.

> **REGISTRATION SIGN-IN:** Packets and badges will be available for pick up in the first floor lobby of the Veteran's Memorial Community Choice Credit Union during the following hours: Thursday, Nov. 9 from 7:00am to 5:00pm; Friday, Nov. 10 from 7:00am to 5:00pm; and Saturday, Nov. 11 from 7:00am to Noon. **IEMSA MEMBERS:** Don't forget to join IEMSA or renew your membership. Conference registration member discount not allowed for non-active members. NON-Active Members taking the conference discount will be billed accordingly. Visit [www.iemsa.net](http://www.iemsa.net) and go to Membership for all the details.

> **CELL PHONES/PAGERS:** Out of courtesy for fellow attendees, it is requested that all cell phones and pagers be turned off during all sessions, the Awards Ceremony, and the Honoring Our Own Presentation.

## HIGHLIGHTS

### > EXHIBIT HALL : HYVEE HALL C

LARGE DISPLAY OF THE TOOLS OF YOUR TRADE  
**EXHIBIT HALL HOURS:**

• **THURSDAY, NOVEMBER 9<sup>TH</sup>**

VENDOR HALL WELCOMING RECEPTION

4:30PM-7PM

• **FRIDAY, NOVEMBER 10<sup>TH</sup> : 9AM-5:40PM**

**GIVE-AWAY WINNERS ANNOUNCED IN EXHIBIT HALL**

DRAWINGS WILL DONE DURING THE A.M AND P.M.

BREAKS ONLY--**MUST BE PRESENT TO WIN.**

• **SATURDAY, NOVEMBER 11<sup>TH</sup> : 9:10AM-1:40PM**

**GIVE-AWAY WINNERS ANNOUNCED IN EXHIBIT HALL**

DRAWINGS HELD DURING A.M. BREAK ONLY--**MUST BE PRESENT TO WIN.**

> **AWARDS CEREMONY :** Saturday, November 11th, 1200-1300, during lunch. Awards given for EMS Service - Career and Volunteer, EMS Individual - Career and Volunteer, EMS Instructor, Dispatcher, Friend of EMS, and Hall of Fame.

> **HONORING OUR OWN :** Saturday, November 11th, 0730-0815  
Please join us in honoring those no longer with us at this moving ceremony.

> **LUNCHES :** Again this year, we have elected to allow you the option and convenience of purchasing lunch during the conference. Our venue is a little farther away from the usual lunch sites, and with the short lunch break, we are encouraging you to include our plated hot lunch in your registration. In an attempt to keep the conference affordable, we kept the lunch price at \$15/day, a discounted price from what we are charged. Lunches must be purchased when you register—you will not be able to purchase a lunch the day of the event. **Lunch is on your own on Thursday.** **Concession stands will be available** during the lunch break on Thursday, Friday and Saturday. Food Concession open in the exhibit hall on Friday and Saturday.

> **BREAKS :** Coffee, tea and water will be available during registration. Two refreshment breaks will be provided on Friday and Saturday at no additional cost--served in the exhibit hall.

> **CONFERENCE HOTEL GROUP RATES :**  
—SEE PAGE 23 FOR DETAILS



IOWA'S PREMIER  
**BEER, WINE & FOOD**  
EXPO PRESENTED BY **HyVee**

**NOVEMBER 10-11**  
HY-VEE HALL | DES MOINES, IA

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Present this coupon at the Wells Fargo Arena box office or use promo code IEMSA at:



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of Des Moines



**SPECTRA**  
BY COMCAST SPECTRUM



# 2017 : 28<sup>TH</sup> ANNUAL IEMSA CONFERENCE REGISTRATION

REGISTER BEFORE OCTOBER 31<sup>ST</sup> TO AVOID A **\$50 LATE REGISTRATION FEE!**

FIRST NAME

LAST NAME

ADDRESS

CITY/STATE/ZIP

LAST 4-DIGITS OF SS#

DATE OF BIRTH--(Mandatory Field for YOUR CE Certificate):

PHONE

EMAIL

CERTIFICATION LEVEL

CERT/LICENSE #

## IEMSA INDIVIDUAL MEMBERSHIP: SAVE UP TO \$90 [SIGN-UP OR RENEW NOW & PAY MEMBER PRICES TODAY!]

\$ \_\_\_\_\_ ☐ NEW ☐ RENEW: \$30/YR

### THURSDAY : PRE-CONFERENCE WORKSHOP REGISTRATION

\$ \_\_\_\_\_ **FULL DAY CRITICAL CARE PARAMEDIC (CCP) REFRESHER**  
\$120 MEMBER / \$150 NON-MEMBER

\$ \_\_\_\_\_ **FULL DAY (PEPP) PEDIATRIC EDUCATION FOR PREHOSPITAL PROFESSIONALS**  
\$140 MEMBER / \$170 NON-MEMBER

\$ \_\_\_\_\_ **1/2 DAY : AM IT'S BRAIN SCIENCE-NOT ROCKET SCIENCE**  
\$60 MEMBER\* / \$90 NON-MEMBER

\$ \_\_\_\_\_ **1/2 DAY : AM UTILIZING NEMSIS DATA TO ESTABLISH SERVICE BASELINE STANDARDS**  
\$60 MEMBER\* / \$90 NON-MEMBER

**IEMSA AFFILIATE MEMBERS MAY PICK (1) AM & (1) PM WORKSHOP FROM THESE WORKSHOPS INDICATE "FREE" OR ONLINE APPLY PROMO CODE AFF-Leader**

\$ \_\_\_\_\_ **1/2 DAY : PM SERVICE & MEDICAL DIRECTOR WORKSHOP**  
\$60 MEMBER\* / \$90 NON-MEMBER

\$ \_\_\_\_\_ **1/2 DAY : PM REDUCING TRAUMA AND DRAMA THROUGH UNDERSTANDING PERSONALITY STYLES**  
\$60 MEMBER\* / \$90 NON-MEMBER

### 2-DAY : FRIDAY & SATURDAY CONFERENCE REGISTRATION

\$ \_\_\_\_\_ \$220 MEMBER / \$290 NON-MEMBER

\$ \_\_\_\_\_ **2-DAY LUNCH - PASS : \$30**

### 1-DAY : FRIDAY REGISTRATION

\$ \_\_\_\_\_ \$165 MEMBER / \$240 NON-MEMBER

\$ \_\_\_\_\_ **1-DAY LUNCH - PASS : \$15**

### 1-DAY : SATURDAY REGISTRATION

\$ \_\_\_\_\_ \$165 MEMBER / \$240 NON-MEMBER

\$ \_\_\_\_\_ **1-DAY LUNCH - PASS : \$15**

### LATE FEES:

\$ \_\_\_\_\_ **+ \$50 LATE REGISTRATION FEE**  
**REGISTRATIONS REC'D AFTER 12 AM/OCTOBER 31<sup>ST</sup>**

\$ \_\_\_\_\_ **TOTAL REGISTRATION FEES**



**REGISTER BEFORE  
OCTOBER 31<sup>ST</sup>  
& AVOID A  
\$50 LATE FEE**

**ALL  
REGISTRANTS  
WILL  
RECEIVE  
AN IEMSA  
GIFT ITEM!**



### 3-WAYS TO REGISTER:



**ONLINE BY CREDIT CARD:** Go to **www.iemsa.net/conference**—click on "Register Now", complete the online form, make payment securely by credit card.



### COMPLETE THIS REGISTRATION FORM & MAIL WITH PAYMENT

to confirm your registration. Make checks payable to IEMSA and mail to: 5550 Wild Rose Lane, Ste. 400, West Des Moines, IA 50266.



### COMPLETE THIS FORM AND FAX

This method is **only for credit card payment registrations**. Fax to 877-478-0926.

**REFUND POLICY:** Refunds, less a \$50 processing fee, will be made for cancellations made prior to October 15th. No refunds made after Oct 31st.

**REGISTRATION DEADLINE:** Register prior to October 31st to ensure entrance to the conference. Registrations received after this date & on-site registrations may be limited. **IEMSA will not invoice services for payment. PO's not accepted form of payment.**

### SPEAKER/SPECIAL EVENT CANCELLATION POLICY:

The IEMSA Conference committee reserves the right to cancel any session or special event that does not meet minimum requirements, or to change a speaker as necessary.



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

[

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

]





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## CONTINUED—

REGISTER BEFORE OCTOBER 31<sup>ST</sup> to AVOID a \$50 LATE FEE.

REGISTRANT'S FIRST NAME (REQUIRED FOR FAXING AND MAILING) :

REGISTRANT'S LAST NAME (REQUIRED FOR FAXING AND MAILING) :

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

#### > DAY 1 : FRIDAY, NOVEMBER 10<sup>TH</sup>, 2017

- 09:45 - 10:35**
- ☐ Lethal Triad-Trauma Presentation
  - ☐ Pediatric Assessment Triangle
  - ☐ The Mental Illness Happy Hour
  - ☐ Crush Injury and Compartment Syndrome
- 10:45 - 11:55**
- ☐ Pediatric Analgesia
  - ☐ Documentation for Reimbursement
  - ☐ Stop the Bleed and Tourniquets
  - ☐ MCI/Triage
- 1:00 - 1:50**
- ☐ What the Research Says
  - ☐ Golden Care-Critical Components in Caring for Geriatric Patients
  - ☐ Pediatric Trauma Case Studies
  - ☐ VADs / LVADs
- 2:05 - 2:55**
- ☐ Infectious Diseases
  - ☐ Cardiac Events: Various Types and Pre Hospital Treatment
  - ☐ Chain Saw Suicide Study
  - ☐ Every Breath You Take

#### > DAY 2 : SATURDAY, NOVEMBER 11<sup>TH</sup>, 2017

- 09:45 - 10:35**
- ☐ Suicide and Adolescents Psychiatric Issues
  - ☐ Patient Centered Care
  - ☐ Working the Crowd- A Primer on Mass Gathering Medicine
  - ☐ Show Me: Hands on Conceptual Learning and Weird Science Workshop  
(TWO SESSION COURSE--must attend both to receive credit)
- 10:45 - 12:00**
- ☐ Firefighter Rehab...Keeping Friends
  - ☐ RSI and Airway
  - ☐ Deadly Deterium
  - ☐ Show Me: Hands on Conceptual Learning & Weird Science Workshop  
CLASS IS FULL
- 1:00 - 2:15**
- ☐ Show Me: Hands on Conceptual Learning and Weird Science Workshop  
(TWO SESSION COURSE--must attend both to receive credit)
  - ☐ Dependent Adult and Child Abuse  
(TWO SESSION COURSE--must attend both to receive credit)
  - ☐ Concussion Program
  - ☐ Troubled Children : Difficult OB Deliveries
- 2:25 - 3:15**
- ☐ Dependent Adult and Child Abuse  
(TWO SESSION COURSE--must attend both to receive credit)
  - ☐ Show Me: Hands on Conceptual Learning & Weird Science Workshop  
CLASS IS FULL
  - ☐ Evidence Based Protocols- How to
  - ☐ I'm Sick of It! Sepsis Identification and Care

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### CREDIT CARD PAYMENT:

CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE

CARD HOLDER NAME

ADDRESS

CITY/STATE/ZIP

AUTHORIZED SIGNATURE

[ THANK YOU ]

# YOU ARE THERE FOR OTHERS PCC IS HERE FOR YOU

No matter what size service you have, our staff continues to provide the highest level of service to ensure your success for years to come. PCC is dedicated to providing the highest quality coding, billing and account management services for a low cost to Ambulance Providers.



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**IEMSA**

Iowa Emergency Medical Services Association

5550 WILD ROSE LANE, STE. 400  
WEST DES MOINES, IA 50266

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