Iowa Emergency Medical Services Association
2600 Vine Street, Suite 400
West Des Moines, IA 50265



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IEMSA July – September 2004


# VOICE

a **VOICE** for **POSITIVE** change in **IOWA** EMS



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Iowa Emergency Medical Services Association

# Can you live on an EMS paycheck?

That's the question Dr. Bryan Bledsoe asked in the March 2004 cover story for Emergency Medical Servicesmagazine. His answer was a resounding No! Dr. Bledsoe's article points out that EMS is one of the 10 most underpaid jobs in the U.S.

## What's a highly trained, life-saving professional like you to do?

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Stay in the business of helping people save lives. Become a MEDIC FIRST AID® Instructor and teach your community first aid, CPR, AED, and other health and safety skills.

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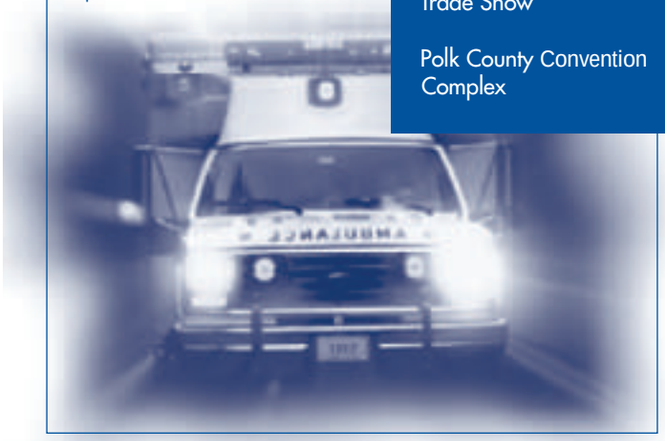
**BOARD MEETINGS:**
*The IEMSA Board of Directors will meet on the following dates in 2004. Each meeting (with the exception of the Annual Meeting) will be held at Raccoon River Nature Lodge, 2500 Grand Avenue, West Des Moines from 10:00 a.m. to 1:00 p.m.*

## 2004 IEMSA MEETINGS

- **SEPTEMBER 16**
- **OCTOBER 21**
- **NOVEMBER 11** Annual Meeting
- **DECEMBER 16**

**CALLING FOR EMT'S IN ACTION**
Please email your EMT action photos to www.iemsa.net.



## *Additional* IMPORTANT DATES:

**Nov. 11 – 13, 2004**

Annual Conference & Trade Show

Polk County Convention Complex

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Iowa Emergency Medical Services Association
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## *News to* SHARE

Are you working on an exciting program that needs to be shared with the membership of IEMSA? Do you know of an EMS-related educational program that needs to be showcased? Has your service won an award or done something outstanding? Do you want to honor a special member of your staff or of the community? If so, you can submit an article to be published in the IEMSA newsletter! In order to do this, just prepare a press release (and pictures, if appropriate) and e-mail it to iemsa911@netins.net by November 17 (to be mailed by December 10).

The Newsletter Committee will review all articles submitted and reserves the right to edit the articles, if necessary.

# *Mercy School of EMS Celebrates* 25 YEARS

BY RYAN COBURN

Since the birth of the now known Mercy School of EMS in 1979, the school has been committed to providing quality EMS training to thousands of Iowans, as well as students from across the Nation.

Pre-Hospital Advanced Care (PHAC), or what the Mercy School of EMS was initially named in 1979, was created to meet the need for advanced level care to EMS services in Central Iowa. As the EMS industry progressed, Mercy recognized the need to become involved.

Twenty – five years later, Mercy is still committed to providing the highest level of education to Central Iowans. Today, the Mercy School of EMS employs 10 full time staff members dedicated to meeting the needs of all levels of care, as well as providing continued education opportunities for EMS providers to stay current on ever-changing practices in the EMS field.

Mercy offers a wide spectrum of classes from First Responder to Paramedic Specialist to meet the needs of all individuals and departments, both volunteer and career. Mercy's Paramedic Specialist Program is nationally accredited by the Commission on Accreditation of Allied Health Education Programs. This program provides education to individuals seeking certification as Paramedic Specialists in the state of Iowa through both didactic and opportunities to work closely with many of Mercy's healthcare professionals in many different departments throughout the hospital.

Mercy also provides learning opportunities at the level of First Responder, EMT-Basic, EMT-Intermediate and Iowa Paramedic which allows students to take their EMS education to any level desired.

Several programs and courses have been added to further the education of Pre-hospital providers such as Pre-Hospital Trauma Life Support (PHTLS) which gives the providers specific knowledge on assessment and care of trauma patients; Pediatric Education for Pre-Hospital Professionals (PEPP) specific to keeping providers' skills and knowledge of Pediatric pre-hospital treatment up to date; Geriatric Education for Emergency Medical Services (GEMS), one of the latest courses available designed to be specific to the largest population of patients encountered by EMS.

In 2002, Mercy also began offering the Critical Care Paramedic (CCP) class for experienced Paramedic Specialists to focus on the assessment and treatment of the Critical Care patient by offering them both classroom instruction as well as hands on opportunities to become familiar with the skills learned.

Mercy School of EMS also provides an opportunity for medical professionals of all levels to get initial training as well as renewal in all American Heart Association Courses, from CPR to Advanced Cardiac Life Support.

Over the last 25 years, many changes have evolved in both EMS and healthcare; however, Mercy's belief in pre-hospital education remains the same: fostering a positive, motivated learning environment; identifying and striving to achieve each person's highest level of competence in delivering emergency medical care; and recognizing and promoting the delivery of emergency medicine as part of an overall healthcare team or system.

For more information on The Mercy School of EMS or to learn more about one of the many educational offerings, please call 515-643-7499, or visit us on the web at www.mercydesmoines.org.

# IEMSA CONFERENCE 2004

## *Even Bigger and Better*

At this same time last year there was an article in the IEMSA newsletter touting how the 2003 IEMSA Conference was going to be bigger and better than ever before with expanded pre-conference workshops and more national level speakers. Would you believe it if we said the same thing again this year? Well, it's true — the 2004 IEMSA Conference is going to be bigger and better with expanded pre-conference workshops and more national-level speakers than ever before! Trust us — it's true. The 2004 Conference is stacking up to be even better than last year.

The conference committee has strived once again to bring the best quality conference possible to Iowa. We have poured over the evaluations and tried to make sure to implement as many of your suggestions as possible. There will be fewer "sweets" for the break snacks and, of course, the stuffed pretzels will be back! Plated lunches will return for Friday and Saturday. Pepsi and Coke products, as well as bottled water will be back. You will be seated at tables for all of the pre-conference workshops and the general sessions on Friday and Saturday. The vendor hall will be overflowing with several new vendors and vendors should not be leaving until after lunch on Saturday.

Although we could never bring in all the session topics requested by participants, we have made arrangements for several of the most requested topics to be presented in 2004. You asked for more "autopsy" related topics and we have Mary Fran Ernst, medical examiner from St. Louis coming to present two sessions. You asked for Ag Trauma and we have Iowa's Dan Neenan presenting this topic. Several of you requested sports injuries and this topic is Dr. Craig Jacobus' specialty. You asked for more case studies and we have those. You asked for several topics related to scene issues and, because of this, we have developed a new pre-conference workshop: Scene Management.

**WE HAVE IT ALL THIS YEAR** — EXPANDED PRE-CONFERENCE WORKSHOPS, AN EXHIBIT HALL BUSTING AT THE SEAMS WITH EMS VENDORS, AN EXHIBIT HALL RECEPTION, AN OUTSTANDING LINE-UP OF ACCLAIMED NATIONAL SPEAKERS, GENERAL CONFERENCE SESSIONS, THE AWARDS LUNCHEON, AND THE DANCE WITH MULTIPLE DOOR PRIZES.

You asked for more speakers like last year's Mike Helbock and Baxter Larman; this year's conference will see an array of EMS presenters that rival the top EMS conferences in the country. This year's line up of speakers, some of whom are coming to our conference for the first time, includes Mike Grill, Paul Werfel, Peter Lazzara, Twink Dalton, William Krost, Dr. Craig Jacobus, Bob Nixon, and Will Chapleau.

The conference on Friday will begin with Mike Grill's general session: "Rebar Boy: A Case Study in Penetrating Trauma." This title should be pretty self-explanatory… Friday afternoon, we end the day with Dr. Craig Jacobus presenting "How Can You Win if You Don't Play." In this session "Dr. J" will offer choices to motivate you and redevelop the passion that you have had for EMS. He will review a variety of skills and activities that will assist you to achieve your very best. We will begin Saturday with Paul Werfel's "20 Commandments for Patient Care." Paul assures this session will be a fun and entertaining start to the morning. We will end the conference with William Krost presenting, "When our Paths Crossed." This session is a case study of a trauma call involving several EMS entities and a field performed amputation. He promises that the session "won't leave a dry eye in the house." A host of Iowa speakers will compliment this national speaker line-up with quality educational breakout sessions of just about every topic and interest.

We have it all this year - expanded pre-conference workshops, an exhibit hall busting at the seams with EMS vendors and their products, an exhibit hall reception on Thursday evening, an outstanding line-up of acclaimed national speakers for Friday and Saturday's general conference sessions, the awards luncheon on Friday, the dance with multiple door prizes on Friday night. The 2004 IEMSA conference brochure should be out in just a few weeks. It will be mailed to every currently certified EMS provider in the state, as long as your address with the EMS Bureau is current. Look for it soon! ■

# Pre-conference Workshops

## *Something for Everyone!*

This year, the Thursday pre-conference workshops have been expanded to include not only afternoon sessions but morning sessions and two all-day "specialty classes." If you look at the sessions in this year's conference brochure and don't see something that interests you, then you've missed reading a column because the day offers something for everyone!

Back due to popular demand will be 4-hour pre-conference workshops on EMS Management and EMS Education, as well as both a morning and/or afternoon offering of Critical Care Paramedic (CCP) Refresher.

Our EMS Management session will feature three speakers: Jim Graham, Mike Grill and Bill Raynovich, speaking on several topics of special interest to EMS managers or service directors. Bill Raynovich has recently been hired as the new director of the EMS Bachelor's Degree program at Creighton University in Omaha, and will be coming to IEMSA's conference for the first time. Bill is a Doctoral Candidate in Educational Administration (Educational Leadership and Organizational Learning) and has a Master's Degree in Public Health (MPH) with a concentration in Health Services Administration. Bill's expertise should be unparalleled. Bill will present two sessions, "Real Live EMS Management, Session I – The Fundamentals of Personnel Management" and "Real Live EMS Management, Session II – Headaches, Pains and Stress…and it's only Monday Morning." Closing the EMS Management workshop will be Mike Grill. Mike is a nationally acclaimed, dynamic speaker who will be coming to Iowa for his first appearance. Mike will present "Creative Destruction: How to Improve the Quality of Your Organization." ▶

*(Continued to page 8)*

*(Continued from page 7)*

# Pre-conference Workshops

## *Something for Everyone!*

Have we got a treat for EMS Educators this year! We have three of the country's best educational speakers lined up for this session. Will Chapleau will discuss the use of critical thinking in teaching, Twink Dalton will address the affective domain and Mike Grill will demonstrate how to get knock-out visuals to use in your computer presentations and classes. EMS educators would have a hard time finding a better line-up anywhere!

This year, CCPs may attend a four-hour morning session, a four-hour afternoon session or attend all day for 8 hours of CCP level con ed. Although designed for CCPs, these sessions are open to everyone who loves critical care and advanced level topics. A host of Iowa's top clinical presenters, including Rosie Adam, Dan Keough, Luke Mortensen, Mike Hartley, Lee Ridge and Brian Helland, will join Twink Dalton in presenting topics meeting the continuing education requirements for CCPs.

2004's conference will see two new four-hour workshop topics: the recently released, "Traumatic Brain Injury program (TBI)" developed by the Brain Trauma Foundation, and "Scene Management." TBI is an excellent class dealing with the assessment and treatment of brain-injured patients. You won't realize how much you don't know until you take this program! Jeri Babb, trauma nurse specialist and educator from IMMC will be presenting this topic and will, without a doubt, do an excellent job. The other new pre-conference workshop this year is "Scene Management." This session should be well suited for EMS providers of all levels, especially EMTs. It will be particularly interesting to EMS providers who also have extrication, fire or rescue responsibilities. Mike Grill will start off the session with "Scenery, What You Need to Know" followed by Brain Wright speaking on "Extrication/Scene Management for the MVC". We will also have a speaker presenting on Triage and the workshop will be capped off with Will Chapleau speaking on Unified Command. Don't miss this one!

Also new for 2004 are two, 8-hour specialty classes. Cheri Wright will be the lead instructor coordinating the Geriatric Emergency Medical Course (GEMS). GEMS is an exciting curriculum designed specifically to help EMS providers address all of the special needs of the older population. The first of its kind, GEMS has many interesting features, is especially learner-friendly and is on the cutting edge of clinical practice in geriatric emergency medical services. EMTs of all levels will find this one-day basic level program very rewarding.


Due to requests from participants for more pediatrics, the second specialty class offered will be NAEMT's Pre-hospital Pediatric Care (PPC) program. Melissa Sally-Mueller will lead this 8 hour basic program. PPC is an in-depth study of the pre-hospital care of injured and ill children. This 8 hour basic level course emphasizes a pragmatic approach and format, based on teaching providers a problem focused, assessment based approach while concentrating on what they need to know. The curriculum is designed to allow for a minimal amount of lecture and an ample amount of actual hands-on practice using case based scenarios.

Still in the development stages are plans for an eight hour, all day workshop entitled "Medical Direction." Although this session is being designed for physicians who provide medical control or who are medical directors for EMS services, EMS administrators and other leaders in EMS may also find this session particularly useful. Everyone is welcome to attend. Speakers lined up for this workshop include Dr. David Stilley, Dr. Eric Dickson, Dr. Carlos Falcon and select EMS Bureau staff. Dr. Stilley is the current chairperson for the Iowa Chapter of ACEP and has a longstanding history as a medical director for numerous EMS services in Iowa. Dr. Eric Dickson is the current director of EMS programs at the University of Iowa and has previously been a medical director for air transport services. Dr. Carlos Falcon is the chair of the Iowa Scope of Practice Committee, a member of the State Advisory Committee and is currently the medical director for Lee County Ambulance Service. All three physicians will bring a wealth of knowledge and expertise to the workshop. Please alert the physicians your service works with about this opportunity! Physician CME's will be available.

Although open throughout Thursday afternoon, immediately following Thursday's workshops, a reception will be held in the exhibit hall. Refreshments will be served as participants have an opportunity to spend some time with the vendors. At 1800, the Annual IEMSA Board meeting will be held. We strongly encourage you to attend this meeting, earn some extra CEHs and hear what IEMSA has accomplished in a very productive and busy year.

Without a doubt Thursday has something for everyone. Offered at very economical prices, participants can enjoy smaller classes, table seating and specialized training by attending one of the pre-conference workshops. The only problem you will have is deciding which one(s) to attend! ■

# *Welcome*
## NEW IEMSA MEMBERS

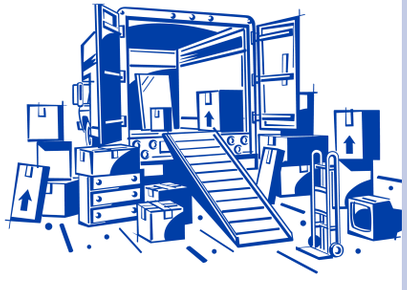
**MAY – JULY, 2004**

**CORPORATE:**
Lifeline Systems, Inc., dba LifeQuest

**AFFILIATE:**
Bi-County Ambulance, Inc.
Dexter EMS
Johnson County Early Defibrillation Task Force, Inc.
Lake Mills Ambulance Service
Mason City Fire Dept. EMS
Ottumwa Regional (ORMICS)
Parkersburg Ambulance Service
Shelby Fire and Rescue
Shenandoah Ambulance Service

**INDIVIDUALS:**

May Alduch
Ron Baker
Ann Barnes
John Baxter
Mary E. Behrends
Garthlene Bell
Jerry Bergdale
Mark Bollig
Dianne Bolsinger
Roger Bolsinger
Kevin Brix
Jim Bruggeman
James Cejka
Rose H.Challgren
Shane Clark
Joyce Cosby
D. W. Crabb
Terry L. Crow
Ron Dacken
Crystal Donnelly
Jim Duncan
Stephanie Eagen
Kim E. Fischer
Judy Froehlich
JoAnna Glandon
Pamela A. Gustin
Candy Hanna
Amy Hoffmann
Deb Hrubes
Robb Jacobsen
Dave Johnson
Carolyn Johnson
Dennis Johnson
Paul Juilfs
Debbie Kasik
Scott Kasik
Barry Kelderman
Tom Kroll
Gayle Langbehn
Wendy Lister
Bill Littler
Joseph A. Malloy
James D. Mehaffey
Patricia Meyer
Ronald Meyer
Denise Miller
Patti Miller
Melissa Monahan
Walter Moore
Jerry L. Nerem
David D. Newbrough
Priscilla Olsen
Wende Osberg
Michelle Otto
Christopher Parker
Jon T. Petersen
Scott Pigsley
Bob Platts
Kerri Poduska
Michael Reynolds
Betty Robb
LuJeanne Robbins-Fink
Janet M. Rockow
David Rodger
Barbra Rusch
Becky Sattler
Jamie Sauter
Ann Schmidt
Greg Schuster
Duane Seegebarth
David Seelye
Dorene J. Smith
James Stanley
Deb Stephenson
Brian Sudbrock
Steve Sudbrock
Cory Thompson
Dale Towne
Pat Waldorf
Sabrina Weber
Chris Webster
David Welander
Kevin Wheatly
Brent Whitlock
Duane Wiebold
Todd Wildeboer
Daphne Willwerth
Harlan Wulf
Scott Young



## IEMSA HAS MOVED!!!

PHONE NUMBERS AND E-MAIL ADDRESSES STAY THE SAME

THE MAILING ADDRESS HAS BEEN CHANGED TO:

**2600 VINE STREET, STE. 400,
WEST DES MOINES, IA 50265**

# NEW BENEFITS
## *For Affiliate Members*

Great news for Affiliate members of Iowa EMS Association! Three new benefits are available for every service that holds a current Affiliate membership — Group Purchasing, the Resource CD and the ability to purchase an AED at grant pricing.

IEMSA is exited to announce the development of the Group Purchasing Program. The Membership Committee researched vendors of consumable EMS supplies and selected two vendors through a competitive RFP process. Tri-anim Health Services, Inc. and Alliance Medical have been chosen based on their willingness and ability to provide considerable discounts on their products to IEMSA's Affiliate members. IEMSA is confident that the products and customer service provided by Tri-anim and Alliance will be extraordinary and will benefit Affiliates greatly. A "Group Purchasing" page has been added to IEMSA's web site with valuable information about Tri-anim and Alliance, along with links to their respective web sites. IEMSA is pleased to partner with two leaders in the EMS supply industry and hopes that all Affiliates will take full advantage of this program.

There is no longer a need to "recreate the wheel" when developing policies and procedures, or search for samples of bylaws in an effort to develop your own, or download a template from a similar organization only to have to format it to fit your needs and word processing programs! These items and more are available on IEMSA's new Resource CD that is now available at no charge to Affiliate members. Samples of contracts, HIPPA information, and Medical Protocols are included on the CD. Information on Recruitment and Hiring, Scope of Practice, and Written Plans of Action are on it, too!

> THREE NEW BENEFITS ARE AVAILABLE FOR EVERY SERVICE THAT HOLDS A CURRENT AFFILIATE MEMBERSHIP — GROUP PURCHASING, THE RESOURCE CD AND THE ABILITY TO PURCHASE AN AED AT GRANT PRICING

Need an AED, but just don't have a lot of funding? Thanks to a special relationship with the vendor who supplied the AED's for the Federal Rural Access to Emergency Devices Grant Program, AED's can be purchased by Affiliate members now until the end of this year at an $800 discount. Medtronic Emergency Response Systems (formerly known as Medtronic Physio-Control) has offered IEMSA Affiliate members the ability to purchase the LifePak CR+ for a mere $1399 (plus taxes (when applicable), shipping and handling). This AED, which normally sells for $2200, includes a trainer, data collection software and a computer training program. Call John Goos, 1-800-442-1142 to order.

The Membership committee values its relationship with IEMSA's Affiliate Members and welcomes the opportunity to serve them through programs that will be valuable on a practical level. Ambulance services and related organizations are eligible to become Affiliate members. Check with the IEMSA office (515-225-8079) or visit the web site (www.iemsa.net) for information about becoming an Affiliate member of IEMSA. ■

# CONTINUING *education*

## "I'M SORRY MRS. SMITH, BUT JOHNNY IS DEAD"

### DEATH NOTIFICATION AND DEALING WITH THE DEATH OF A PEDIATRIC PATIENT

**LORI REEVES, BA, EMT-PS/ CCP,**
*Lori is the EMS Training Program Coordinator for Indian Hills Community College in Ottumwa, a staff Paramedic Specialist for Ottumwa Regional Mobile Intensive Care Services, and one of the IEMSA Board Members.*

**DEATH NOTIFICATION AND DEALING WITH THE DEATH OF A PEDIATRIC PATIENT**

**OBJECTIVES: Upon completion of the lesson the student will be able to:**

1) Identify the emotions that they (as care-givers) will likely experience when involved in a pediatric resuscitation or death.
2) Identify the proper steps and actions to take when delivering a death notification.
3) Recognize specific words to use when making a death notification.
4) Identify expected family reactions to the death notification.
5) Distinguish appropriate and inappropriate things to say when speaking to a deceased patient's family.
6) Discuss family interaction during a resuscitation or with the deceased.

## SCENARIO:

*You are dispatched to a "10-50 P-unknown" at approximately 2300 one evening. Apparently, several car-loads of high schoolers were joy riding, playing "cat and mouse".*

*The cars were taking turns passing each other on a county highway when one of the vehicles lost control and struck a bridge abutment. Enroute to the scene, Dispatch advises that law enforcement has arrived and is advising that this is a one-vehicle, 10-50. They report one victim, a probable fatality. Upon your arrival, law enforcement has blocked off the road for several hundred yards in either direction and has cleared the scene of the other vehicles and kids that were in the same group.*

*As you approach the vehicle, you note tremendous vehicle damage with the vehicle intertwined in the bridge railing. Inside the vehicle driver's seat, you find a 16-year-old male. His upper chest and head are easily visible, but there is major intrusion of the dash into the passenger compartment and most of his body from the abdomen down is trapped between the dash and the seat.*

*You immediately recognize the victim as a local high school student. Your son is on several sports teams with this boy. For just a minute, you feel an uncomfortable sense of panic as you hope your son is home-where he is supposed to be. You feel angry and scared at the same time, yet you are unsure how to react, especially in front of others. You are feeling some new emotions-different that you have ever felt since becoming involved in EMS.*

*The victim is pulseless, apneic, and has obvious mortal head injuries in addition to his entrapment. You radio medical control and advise them of your decision (per protocol) to not resuscitate due to traumatic injuries inconsistent with life and the physician concurs. You are able to locate ID on the victim and confirm your suspected identification. This identification information matches what the kids in the group have told the officer on the scene. The county medical examiner is summoned to the scene and you prepare for what you will believe will be a lengthy extrication.*

*A few minutes later you note a large commotion from the group of bystanders by the barricades. Soon, law enforcement walks back to you and says, "the other kids called this kid's parents and they're here now. They insist on coming down here to see what is happening." Law enforcement says they have only told them that their son "is trapped". The officer adds, "you need to come and tell them something or we are not going to be able to control them much longer."*

*What will you do? Are you prepared to handle this difficult situation? Will you handle it correctly? How do you begin to sort through and deal with your own emotions?*

## DEATHS IN KIDS VS. ADULTS: OUR REACTIONS

How is a child's death viewed differently than an adult's? With the death of an adult, especially when the person is elderly or has had long standing illness, the death is almost viewed as being welcome-freeing that person from their pain or the constraints of an aged body. The same is not true of a pediatric death. A pediatric death is rarely, if ever, considered a positive event. We often view a pediatric death as being unfair-robbing this child of the opportunity to experience a full life. Children are also seen as being innocent, and as such, they are often perceived as being helpless to prevent, intervene or change the outcome of their death. As adults, we are responsible for many of the choices we make that contribute or lead to our deaths: smoking, obesity, drinking and driving, seat belt usage, etc. As such, we are more responsible for our own demise and should accept some responsibility for that. The same is not true of children whose sole existence seems to be at the will of others. All of these things make dealing with the death of a pediatric patient much harder than accepting the death of an adult patient.

What feelings do we have when we experience the death of a pediatric patient?

> EMS PROVIDERS SHOULDN'T THINK THAT MAKING A DEATH NOTIFICATION IS SOMETHING THEY WILL NEVER HAVE TO DO.

The feelings we have are numerous and varied and seem consistent from individual to individual. We may feel untrained or unprepared, wondering and second guessing if there was something we failed to do, something we could have done better, something we should have done differently, etc. In experiencing these self-doubts, we may find ourselves feeling partly responsible for the death. As a care provider, you must be able to realize the reasons for these doubts and be ready to deal with them. We may also fear being wrongly blamed for the death or injury by the family. It is natural for the family to lash out and look for a reason - any reason for this uncomfortable event. In their efforts to grasp for some reason, they may blame care-givers for the death or for failing to do enough to keep the death from occurring. "You didn't get there quick enough." "You didn't try long enough." "You didn't do everything you could have."

For many of us who have children, the death of a child makes us see our own children as being vulnerable, and we can empathize too easily with the parent's of the child and the emotions they are feeling. As we sort through our own emotions, we are often afraid that if we outwardly show emotion that we will be viewed as weak by our co-workers or family.

## NOTIFYING THE LOVED ONES: THE TEAM APPROACH

EMS providers shouldn't think that making a death notification is something they will never have to do. Parents and families do show up on the scene. With the current trend to make a pronouncement of death in the field, we will be faced with this uncomfortable task more and more often. Even if resuscitation efforts are ▶

IEMSA CONTINUING EDUCATION PEDIATRIC DEATH NOTIFICATION

terminated in the emergency room rather than in a pre-hospital setting, the EMS provider should play a part in the death notification process and be prepared to interact with the family.

## A DEATH NOTIFICATION SHOULD ALWAYS BE MADE IN PERSON:

face-to-face. Never give this type of news over the phone. You may request that the family come to your location or you might physically go to where the family is. Proper steps and actions to take when delivering a pediatric death notification begin with selection of a "team" to make the notification. Ideally, this team should consist of 2-3 people. The first team member will make the actual notification and should be a person in charge. If in the hospital, this will likely be the physician. In the case of a pre-hospital death, this will likely be the senior medic or person attending the call. In addition, the team should include at least one person who was present at the event or resuscitation or who knows as many of the details of the event as possible. Expect that the family will have questions about the incident and subsequent events. These questions can be best answered by this person. The EMS provider is often best suited of all the caregivers to fill this role when a child has been brought to the hospital from a pre-hospital event. Lastly, (and if available), the team may include a clergy member. This may be the family's personal clergy person, hospital or service chaplain. The team should be prepared and available to stay with the family for a while. Plan ahead. What will be said and who will say it? Make sure your clothes or uniforms are clean and are not spotted with blood or dirt from the ambulance call/ resuscitation.

> BEFORE MAKING A NOTIFICATION, YOU SHOULD BE SURE OF THE IDENTIFICATION OF THE VICTIM INVOLVED. THIS TYPE OF NEWS SHOULD NEVER BE GIVEN IN ERROR.

When making plans for the notification, be sure to choose as private a location as possible. No two situations in EMS are ever the same and finding a private location may be easier to accomplish in some situations than others. Have the family sit down. Because possible physical reactions to this news may include fainting or loss of control of the legs, have all family members sit if possible. Verify that they are the family of the deceased. Before making a notification, you should be sure of the identification of the victim involved. This type of news should never be given in error.

## SCENARIO:

*As the senior medic on the call, you decide you will make the actual notification. You ask your EMT partner and the law enforcement officer to accompany you (since he was first on scene as has spoken some with the other kids involved). You move your rig away from the accident scene, but still far enough away from the other bystanders. You have the victim's parents brought to the rig by the officer. You ask them to sit on the rear bumper. You ask if they are Mr. and Mrs. Smith and if Johnny is their son.*

## WHAT SHOULD WE SAY? HOW WILL THEY REACT?

Use the injured or deceased person's name and include the facts. Get right to the point — they already know something terrible has happened. Be direct and use direct language — don't try to overprotect through euphemisms. Begin with a "preparer" statement: "I'm sorry to inform you of this but…." Or, "I'm afraid I have some bad news for you." Identify the individual, using their name, and briefly describe what has happened. In the case of a resuscitation, describe what was done. Use words like "died" and "dead" rather than "gone away", "passed away", "passed on", "no longer with us", "fatally injured", etc. As you conclude the notification, tell them the inevitable outcome. Then pause……. and wait for their reaction.

*"As you already know your son Johnny was involved in a very bad automobile accident tonight. EMS was immediately summoned to the scene and arrived quickly. Johnny was found in the vehicle and he had sustained very serious injuries. I'm afraid there was nothing that we could do to help him. I'm very sorry to tell you this, but Johnny is dead……"*

Be prepared for the family's reaction. Expected family reactions to the death notification may include: fight, flight, freezing, or other forms of regression. Be prepared for a physical reaction, including fainting, shortness of breath, and nausea. Be aware of the potential for a physical attack. Accept expressions of anger from the family without fighting back. Do not restrain the person(s) unless there is imminent danger of injury to themselves or others.

Let the person(s) respond and ask questions. Try to be comfortable with silence. Sometimes doing nothing is actually doing something. Your presence alone can help. Continue to use the victim's actual name, not "the body" or "the deceased." After the notification, you may find yourself struggling with what to do or what to say. In your actions and words, remember that feeling sorry for the family is not as effective as feeling with the person or family. Shared feelings may be the most meaningful.

## SOME APPROPRIATE THINGS TO SAY MAY INCLUDE:

- "I'm so sorry." This is simple, direct, and validating.
- "Most people who have gone through this react similarly to what you are experiencing." This validates and normalizes what they are feeling.
- If I were in your situation, I'd feel very _____, too. This also validates and normalizes.
- Answer their questions as honestly as possible.
- Be prepared to provide addresses and telephone numbers of resources, support groups.
- Provide information on the autopsy, if applicable.
- Assist with contacting a funeral service.
- Resist the temptation to try to comfort people by making promises you cannot keep or validating things you don't really know for sure.
- Avoid "small talk".

## INAPPROPRIATE STATEMENTS YOU DO NOT WANT TO SAY INCLUDE:

- "I know how you feel." You don't- unless you have also lost a child in a similar manner.
- "Time heals all wounds." It doesn't.
- "He didn't know what hit him." Are we sure?
- "You'll get over this." They will get better, but they will never "get over it."
- "You must focus on your memories." Not now.
- "It must have been their time." Is it ever really anyone's time?
- "Someday you'll understand why this happened." They may never understand.
- "God must have needed them more than you did." Not at this moment.
- "You must be strong for your spouse / other children." Not now-let them grieve.
- "Your loved one is in a better place" No- the "better place" is home with them.
- "It was God's will." Calling a tragic loss the "will of God" can have a devastating impact on faith.
- "You must go on with your life." They will the best way they can, and they don't need to be told to.

A member of the team should make contact with the family the next day. A phone call is probably most appropriate. ▶

The family may have additional questions but even if not, the contact shows caring and concern. It is appropriate and shows compassion for caregivers to attend the funeral or visitation. It shows the family that that individual was someone more than just a "patient" to you. On the anniversary of the death, or on the deceased's birthday, a call to the family or sending a card or note can be a very special touch.

## SHOULD THE FAMILY WATCH?

If the family is present during the resuscitation effort, allow the family members the option to watch the resuscitative efforts if they wish. This may allow them the opportunity to spend the last minutes while their child is still technically alive. Seeing the resuscitation efforts may also help the family to know in their hearts that everything that could have been done was done. It has been shown to help acceptance and help healing.

After a resuscitation has been terminated (or in the case where resuscitation was not attempted), the family should be allowed, (but not forced), to see or hold their child if they wish. Prepare the family for what they will see, i.e. injures, resuscitation equipment, etc. Within reason, allow them to stay as long as they wish. Occasionally, offering the family the opportunity to take a memento with them such as a lock of hair, a piece of jewelry, etc. may help with the final parting.

In the situation where the deceased individual has received serious injuries that may be visually shocking, it is still important to make every effort to still allow the family some contact, (especially physical contact). Prepare the body as much as possible by cleaning it of blood, removing torn or bloodied clothes, etc. Cover or protect body parts that have been seriously traumatized to prevent the family from visualizing them. Although the face of the victim is what the family will want to see the most, in some cases this may not be possible. In these situations try to allow the family at least some contact, perhaps with just a hand.

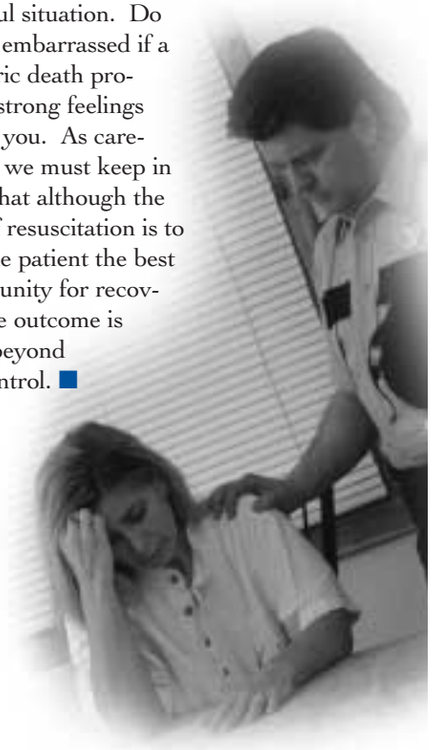
## PERSONAL POSSESSIONS

When appropriate, ask the family how and when they would like personal possessions delivered. Do not deliver personal items in a plastic trash bag. Use a box, patient belongings bag, etc. Explain what the contents are and the condition of the items so they will know what to expect when they decide to open it. Avoid giving the family possessions covered in blood, clean them first or ask the family for permission to discard these items if appropriate.

## MY OWN EMOTIONS AND REACTIONS

Is it appropriate for you to show emotion? Even if in front of the family or "behind the scenes?" Yes, caregivers should allow a display of their own emotions. In front of the family this validates the person(s) being notified, demonstrates concern, and has been shown to have a long-lasting, positive effect. Showing emotion "behind the scenes" and/or in front of peers is also very appropriate. Pediatric death produces strong emotions within us. Showing emotions just shows that we are human; it allows us to defuse and cope. As you deal with these events, make sure you are taking care of yourself. Don't let your emotions and the stress you will naturally experience in empathizing with the bereaved build into a problem for you. Debrief your own personal reactions; don't try to carry emotional pain all by yourself. Do not hesitate to seek assistance from family, friends, clergy, and other professionals-CISD/CISM. Remember that emotional defenses are a natural reaction to a stressful situation. Do not be embarrassed if a pediatric death produces strong feelings within you. As caregivers, we must keep in mind that although the goal of resuscitation is to give the patient the best opportunity for recovery, the outcome is often beyond our control. ■

PLEASE REMEMBER, WE CANNOT SAVE THEM ALL.....WE'RE NOT SUPPOSED TO. MAKE THE EVENT POSITIVE BY TAKING LESSONS FROM IT THAT WILL BETTER PREPARE YOU FOR THE NEXT SITUATION WHEN YOUR ACTIONS MAY MAKE A DIFFERENCE.

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10-QUESTION

# Quiz

POST-ARTICLE

## PEDIATRIC DEATH NOTIFICATION

**1) A death notification is best made by:**

**A)** a single individual
**B)** 2-3 individuals as a "team"
**C)** 4-5 individuals as a "team"
**D)** telephone contact, not in person

**2) You have just told a father that his son has died and he unsuccessfully attempts to strike you, you should:**

**A)** restrain him
**B)** realize that this is a normal reaction, do not over react
**C)** have him arrested
**D)** administer a sedative medication

**3) You have bloody clothes and jewelry removed from a traumatically injured child that has died. In regards to giving these belongings to the family, which of the following would NOT be appropriate:**

**A)** Place them in a biohazard trash bag and give them to the family
**B)** When appropriate, explain the condition of the clothes and ask the family if you may throw them away.
**C)** Give them to the family in a patient belongings bag and clearly explain what is in the bag.
**D)** Clean the jewelry and clothes as much as possible, place them in a box, and give them to the family.

**4) Which phrase would be most appropriate to tell someone his or her child has died?**

**A)** Johnnie is gone.
**B)** Johnnie has passed on.
**C)** Johnnie is no longer with us.
**D)** Johnnie has died

*(Continued to page 20)*

## 10-QUESTION Quiz POST-ARTICLE

CONTINUED

**5) Which statement would be appropriate to say to a family after receiving a death notification?**

**A)** I know how you feel.

**B)** You must be strong for your other children.

**C)** Other families that have gone through what your are going through feel exactly the same way you do.

**D)** Time heals all wounds.

**6) Showing emotion in front of the family:**

**A)** validates, shows concern and has a long-lasting positive effect.

**B)** will make you appear weak and ineffective.

**C)** inappropriately increases their emotional reaction.

**D)** is appropriate only if you know the family.

**7) Scenario: You are assisting in the resuscitation of a 5 year old in the ER. The patient's family is present at the hospital. During the resuscitation the family requests to be with the child. You should:**

**A)** refuse this since it protects the medical providers from liability for improper care

**B)** disallow this and protect them from seeing the resuscitation by putting them in another room.

**C)** discourage this since it will be unsettling for the family to see

**D)** allow a limited number of family to take turns being with the child as long as it does not hinder resuscitation efforts

**8) Scenario: A teenager has died from traumatic injuries and was not successfully resuscitated. He suffered severe chest and extremity trauma and portions of his body would be quite graphic if seen by the family. The family has requested to spend time with the deceased child. You should:**

**A)** not allow them to see him due to the visual shock of his injuries.

**B)** only allow the strongest family member to see him for identification purposes only

**C)** prepare the body by cleaning it, cover the injured areas, and allow the family to see him.

**D)** allow the family to view the body from a distance so that the extent of his injuries is not clearly visible

**9) You have delivered a death notification to a family. The family becomes angry, claiming the death was the fault of another EMT who was on the call. They are accusing them of incorrectly performing some procedures on the patient. You should:?**

**A)** realize this may be a normal reaction and listen but do not overact

**B)** contact your service's lawyer or legal representative

**C)** tell the family they are inappropriately placing blame

**D)** walk away from the family and not continue contact with them

**10) A caregiver may seek help dealing with the death of a pediatric patient by**

**A)** talking to other care-givers about the experience

**B)** attending a CISD debriefing

**C)** make an appointment with a professional counselor

**D)** all the above





# IEMSA

## CONTINUING EDUCATION

*answer form*

**CLIP AND RETURN**

(Please print legibly.)

Name _____

Address _____

City _____ State ____ ZIP _____ – _____

Daytime Phone Number _____ /_____–_____

Iowa EMS Association Member # _____ EMS Level _____

E-mail _____

| | | | | |
|---|---|---|---|---|
| 1. | A. ☐ | B. ☐ | C. ☐ | D. ☐ |
| 2. | A. ☐ | B. ☐ | C. ☐ | D. ☐ |
| 3. | A. ☐ | B. ☐ | C. ☐ | D. ☐ |
| 4. | A. ☐ | B. ☐ | C. ☐ | D. ☐ |
| 5. | A. ☐ | B. ☐ | C. ☐ | D. ☐ |
| 6. | A. ☐ | B. ☐ | C. ☐ | D. ☐ |
| 7. | A. ☐ | B. ☐ | C. ☐ | D. ☐ |
| 8. | A. ☐ | B. ☐ | C. ☐ | D. ☐ |
| 9. | A. ☐ | B. ☐ | C. ☐ | D. ☐ |
| 10. | A. ☐ | B. ☐ | C. ☐ | D. ☐ |

*IEMSA Members completing this informal continuing education activity should complete all questions, one through ten, and achieve at least an 80% score in order to receive the one hour of continuing education through the Southwestern Community College in Creston, Provider #14.*

***For those who have access to email, please email the above information, along with your answers to:*** blazek@swcc.cc.ia.us

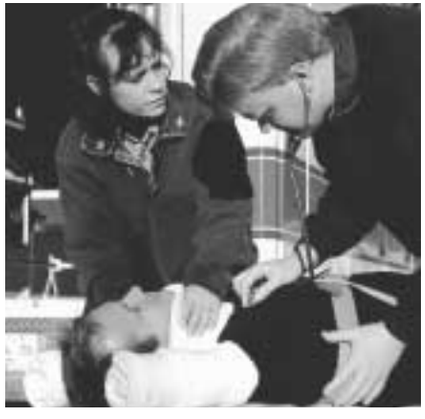
***Otherwise, mail this completed test to:***
Cheryl Blazek
Southwestern Community College
1501 Townline Road
Creston, IA 50801

# RECRUITMENT
## *Retention Revisited*

**BY GARY IRELAND, IEMSA EXECUTIVE DIRECTOR**

Enlisting new EMS recruits has certainly taken on a new meaning in recent years, and to say it is a challenging task is a major understatement. Restocking the EMS provider ranks is perhaps the single factor that is jeopardizing the future of the volunteer EMS system way of life. The pool of potential recruits has severely diminished over the years due to such factors as rural population decline, job demographics and childcare responsibilities to name a few. Coupled with the increased cost of training, daytime coverage in many rural Iowa communities has reached dangerously low levels. Many volunteer EMS service programs are just one person away from a disaster. That is, one person on the squad becomes sick, moves away or for some reason is unable to respond, and Iowa's EMS safety net fails.

As the backbone of Iowa's EMS system, volunteerism is struggling to keep up with the increased demands placed on EMS providers and service programs. Higher training standards, changing expectations by the public and EMS community, and the financial burdens of the volunteer service program have taken their toll on the system. Even though the future of volunteerism looks a little bleak, new initiatives



directed at recruitment and retention of the volunteer EMS provider is critical if Iowa is to continue with a volunteer EMS delivery system.

So what's an option? I believe it takes more than just an ad in the local paper asking for volunteers. It has been said that if you want the best tasting apple you should pick it just before it hits the ground. If we want fresh new recruits, maybe we should get into the public schools before the students graduate. There have been a few studies made regarding the use of 16 and 17 year olds on first response teams and as ambulance attendants. The results of the studies have been mixed, and even though we know these young adults are capable, I have reservations about placing these young people in an EMS environment that can be very cruel, even to the veteran EMT. There is, however, a middle of the road option - using Iowa's public school system - that should be explored.

A student EMS squad created to function within a school system could provide several benefits. High school students could be recruited to form an EMS response squad that would be available at most school functions including sporting events, fine arts performances, and social activities. Training could be completed by the local EMS squad and would be very basic including CPR, vitals, communications, and use of an AED. The student squad, properly attired, would only function at school events and act as the initial responders for the local squad should an emergency arise. It would essential to announce the student squad members at each school event and give annual recognition to those who serve, much the same as earning a sports letter.

By creating an EMS squad of high school students, you will have, in effect, created your own collection or pool of individuals who can serve as a feeder program for the local EMS squad. Additional incentives could be offered e.g. education/training scholarships etc. to encourage these young recruits to stay. This recruitment tool is not an immediate fix, but by partnering with the local schools, it could pay big dividends down the road.

There are other ideas (most are not new) that should be considered/reconsidered when talking about recruitment and retention. Do you remember when you first became a member of an EMS squad? Your enthusiasm was high and then you got bogged down with time consuming extra duties that you didn't count on, e.g., fund raising, collecting and entering data, equipment checks and maintenance, vehicle maintenance and public relations to name just a few. It is those "extra duties" that many times pushes the volunteer over the edge and causes a reevaluation of priorities.

So what's an option? When beating the bushes for recruits why not seek community minded individuals who would volunteer to do some of these "extra duties." ▶

*(Continued to page 24)*

# Postma *Accepts* Position in Florida

On Thursday, May 27, 2004, Mark Postma, Executive Director of MEDIC EMS resigned his position over the Iowa Quad Cities 911 Paramedic Ambulance Service. Mark was a 22-year employee with MEDIC EMS and served as the Executive Director for his last 8 years. Mark was also the At-Large representative to the Iowa EMS Association Board of Directors from 2001 through 2002, serving as Chair of the Legislative Committee.

Mark has accepted the position of Chief Officer for Paramedics Plus, L.L.C. a Tyler, Texas company. Paramedics Plus was the successful bidder to begin 911 Paramedic Ambulance Service to Pinellas County's Sunstar EMS System in the Tampa Bay area beginning October 1, 2004. Pinellas County has approximately 900,000 residents and is served by the Sunstar/Pinellas County EMS System.

MEDIC EMS is the not-for-profit 911 Paramedic Ambulance Service in Scott County providing 911 Ambulance and Dispatching Services. As Executive Director, MEDIC EMS has grown to 130 employees and provides services in the Iowa Quad Cities, LeClaire, Eldridge, and Clinton. In addition, MEDIC EMS provides dispatch services for Illini Hospital Ambulance and MED-FORCE Aero Medical Services.

Mark has also served as Chairman of the Board for the Commission on Accreditation of Ambulance Services for the United States. The Quad City Times recognized Mark as one of the Quad Cities "Movers & Shakers" in 2003. The Iowa Governors Safety Bureau also recognized him for promoting safety in the State of Iowa.

The MEDIC Board of Directors has appointed Ms. Linda Frederiksen, as the Interim Executive Director. Linda has been the Quality Manager for MEDIC EMS for the past 8 years. An Executive Search will occur over the next few month's by the Board of Directors. ■

*(Continued from page 23)*

## RECRUITMENT
### *Retention Revisited*

There are individuals in the community who may not be the least bit interested in taking EMS training and doing patient care, but might be encouraged to be a part of the EMS squad and perform other duties. These other duties might include childcare, employee replacement, data entry or maintenance. This will give the EMS providers a bit of reprieve and allow them to do what they really volunteered for…emergency response. The only little different twist to this strategy is that it is important that these "other duty" volunteers are identified as a part of the squad, e.g., attire, pagers, etc. Their contribution to the squad needs to recognized as important as the certified EMS provider.

Recruitment and retention of EMS providers is a big challenge for volunteer squads. If squads around you don't seem to have a problem getting and keeping personnel, you need to find out why. Try something new or revisit some of the old standards. ■

# Honoring Our Own…

OVER THE YEARS, MANY EMS PROVIDERS HAVE GIVEN COUNTLESS HOURS OF THEIR DEDICATED SERVICE TO MANY IOWANS. SOME HAVE EVEN GIVEN THEIR LIFE AS A RESULT OF THEIR COMMITMENT TO IOWA EMS.

Please join IEMSA in honoring our own... EMS Providers who are no longer with us. These honorees may be volunteer or career individuals who have died in the last ten years.

Please send a photo along with the following information:

Decedent's Name _____

Date of birth/Date of Death_____

Died in the line of duty ☐ YES ☐ NO

Years of service/Service name

Also include your name, address, and phone number should we need to contact you.

Please send a stamped, self-addressed envelope if you would like your photo returned.

Deadline for entry is: **September 24, 2004**

Send to:
Mr. Thomas Summitt
IEMSA
1718 Timberline Drive
Muscatine, Iowa 52761-2502

*We hope to see you at the 15th Annual IEMSA Conference. Please join us for a moving memorial presentation, Remembering Our Own...*



# *The Scoop on Scope:*
## What's Happening With EMS Scope of Practice?

BY ROSEMARY ADAM

This installment of the quarterly update to our EMS providers will focus on how the subcommittee on Scope of Practice functions, on what information decisions are based, and what happens to the decisions once they are made. We will include one of the Scope questions from past meetings, as well.

**The EMS Scope of Practice Committee is made up of:**

- **2 physicians:** Dr. Carlos Falcon, (Chair) and one vacant position
- **1 RN:** Rosemary Adam, RN, PS
- **1 EMS Service Director:** Jeff Messerole, PS
- **1 Provider:** Tina Young, PS
- **1 Training Program Rep:** Cheryl Blazek, EMT-I

This is a subcommittee, appointed from the EMS Advisory Committee in January of 2003. The purpose is to review scope of practice issues and make recommendations to the Iowa EMS Advisory Committee for consideration.

Decisions from the EMS Advisory Committee regarding scope issues will be forwarded to the Bureau of EMS for consideration for inclusion/exclusion in the Iowa EMS Provider Scope of Practice Policy. For some decisions, Iowa rules may need to be changed.

The rational decision-making guidelines discussed in the Scope of Practice issues include the following:

- Is the skill needed in the out-of-hospital setting, given prevailing standard of care?
- Can the EMS provider be expected to enhance patient care as a result of using the skill given their scope of practice?
- What would be the educational impact if the skill were adopted?
- Would this skill/procedure be applied universally to all currently certified providers for the level(s) identified?
- Would this skill/procedure be limited to specialty individuals (e.g. documentation of additional training/ education and protocol)?

**Question:** Can the EMT-Intermediate place a sternal Intraosseous device for the purposes of fluid resuscitation in the adult patient?

No. There are no knowledge or skill objectives in the Intermediate '85 or '99 curricula that speak to indications, contraindications, use and troubleshooting of intraosseous devices. This technique for fluid resuscitation is reserved for the Iowa Paramedic (EMT-Intermediate), Paramedic Specialist (EMT-Paramedic) and the CCP-endorsed providers.

**Follow-Up Question:**
If my Medical Director wants us to do the adult IO, even though we are certified as I-'85 or I-'99, how do we change this?

In order for a service program to provide a skill outside a particular EMS level's known scope of practice, a "Pilot Project" would need to be applied for. This begins with a literature search that would document credible research that shows patient care benefit from this additional skill, an educational lesson plan, supporting documentation from the Service Medical Director and some logistical information about the Service area.

The next meeting of the Scope of Practice subcommittee will meet October 13th at the Altoona FD. Please, contact the Bureau of EMS for times. ■

# AT-LARGE/REGIONAL
## *Nominations Requested*

It is time to consider your **At-Large** and **Regional** representation on the IEMSA Board of Directors. The representatives elected will serve two-year terms beginning in January, 2005. These positions are currently being held by Melissa Sally-Mueller — At-Large, Kay Lucas & Bill Fish — SW Region, Bruce Thomas & Judy Rurup — NC Region, Roger Heglund — SC Region, Kirk Dighton — NE Region, Tom Summitt & Brian Jacobsen — SE Region.

**The following are guidelines for this process.**

**Nomination Requirements:**

- The nominee must be an active member of IEMSA for two years or more.
- Nominations can be submitted by using the format provided.
- Nominations must be received in the IEMSA office by **September 24, 2004 at noon**.

Upon receipt at the IEMSA office, the nominations will be checked to ensure compliance with the nomination process. The nominee's membership status within the association will also be verified.

Successful nominations will comprise the final ballot which will be mailed on October 8, 2004. These ballots will be due back in the IEMSA office by November 8, 2004. Detailed instructions will be provided on the ballot.

We urge all members with an interest in becoming involved with their professional organization to consider nomination. Please complete and return the At-Large/Regional Nomination Form by September 24, 2004.

*Your involvement truly makes a difference!*

# AT-LARGE/REGIONAL
## *Nomination Form*

Must be returned to the IEMSA office by September 24, 2004

Nominee's Name: _____

Company/Service: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

**MAIL TO:**

*IEMSA — At-Large/Regional Nomination*
*2600 Vine Street, Suite 400*
*West Des Moines, IA 50265*

Brief biography of nominee (50 words or less — use a separate sheet of paper if necessary):

_____
_____
_____
_____
_____
_____
_____
_____

Nominator's Name: _____

Phone Number: _____



# CALL FOR IEMSA
## *Award Nominations*

The IEMSA Annual Emergency Medical Services recognition banquet will be held at the 2004 conference on Friday, November 12 at the Polk County Convention Center. This time is dedicated to the recognition of EMS leaders in the State of Iowa. The nomination criterion is listed below. Please write a letter of recognition/nomination and return it to IEMSA with your completed nomination form. The Award Nominations must be postmarked no later than **September 24, 2004**.

### CRITERIA FOR NOMINATION

*(You can nominate yourself)*

**INDIVIDUAL:**
The nominee must be currently certified by the State of Iowa, have strong and consistent clinical skills at his/her certification level, and have made an outstanding contribution to the EMS system either within or outside of his/her squad or service. Award recipients MUST be (or become) an active Iowa EMS Association member.

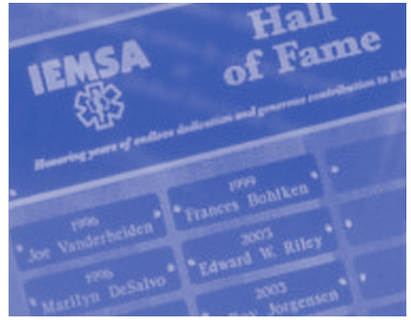
DON'T MISS THIS OPPORTUNITY TO RECOGNIZE SOMEONE DESERVING RECOGNITION!

**SERVICE:**
The nominee must be currently certified by the State of Iowa, have made outstanding contribution(s) in the last year to public relations, information and education (PI&E), maintained a positive and outstanding relationship with the community it services and taken visible and meaningful steps to assure the professionalism of its personnel and the quality of patient care.

**FRIEND OF EMS:**
Any individual who has made outstanding contribution(s), which enhance the quality of EMS at the local, regional or state level.

**HALL OF FAME:**
Any individual who has made outstanding contributions to EMS during longevity in the field (10+ years). This individual may be someone to recognize posthumously. This will be an ongoing plaque displayed in the Association Office.

**INSTRUCTOR:**
Any individual who instructs and/or coordinates on a full-time or part-time basis; has dedication to EMS through instruction, number of years in EMS and/or number of years instructing EMS.




# IEMSA AWARD *nomination form*

| | | |
|---|---|---|
| **INDIVIDUAL:** | ☐ Volunteer | ☐ Career |
| **SERVICE:** | ☐ Volunteer | ☐ Career |
| **INSTRUCTOR:** | ☐ Full Time | ☐ Part Time |
| **FRIEND OF EMS:** | ☐ | |
| **HALL OF FAME:** | ☐ | |

**Nominee's Name:** _____

Address: _____

City/State/Zip: _____

Phone: _____

Certification Level & Number: _____

_____

Nominator's Name: _____

Address: _____

City/State/Zip: _____

Day Telephone: _____

Evening Telephone: _____

**MAIL NOMINATION FORM AND LETTER OF RECOGNITION/ NOMINATION TO:**

*IEMSA Awards*
*2600 Vine Street, Suite 400*
*West Des Moines, IA 50265*

DEADLINE:
SEPTEMBER 24, 2004



*Affiliate Profile*

# Davenport Fire Department

In 1882, the City of Davenport established its first paid fire department. Davenport Fire Department, (DFD) replaced the many volunteer units located throughout the city. The first fire chief of the paid department was Marsh Noel. By 1905, the City of Davenport could boast of seven engine companies and two truck companies providing protection. In 1960, a third truck company was added and in 1994, an eighth engine company was added with the opening of Station 8 in the city's northeast corner. With this addition, the capabilities of the DFD rose to its current compliment of 11 companies at 7 strategically located fire houses.

Emergency Medical Services within the fire department dates back to the 1940's. At that time, the department went on "resuscitator calls." DFD expanded its services in the early 1970's with some of the first certified EMT's in the State of Iowa. In 1980, the fire department began operating as a First Response organization and was first certified by the Bureau of EMS in 1994. The department equipped its companies with Life Pak 300, a semi-automatic defibrillator in 1995. In 1997, the department upgraded its personnel to EMT-Intermediate by holding a number of EMT-I courses in house and boasted a very high success rate on both the written and practical exam. 1998 brought the purchase of Life Pak 12's with manual defibrillation and 12 lead capabilities and the hiring of Dr. Walter Bradley as Medical Director. Also in that year, DFD began operating at the "conditional Paramedic Level" as a non-transport agency. The department's first full-time Emergency Medical Services Coordinator was hired after a national job search in 1999 to oversee the department's EMS Program.

The year 2000 brought significant growth to the Davenport Fire Department. All of its 8 engine companies were capable of operating at the Paramedic Level and many days do. At a minimum, the fire department operates at the Intermediate Level. Quad City Safe Communities, a community-wide coalition with the goal of reducing senseless injuries and death, was formed in 2000. DFD is a founding member of this important organization and embraces prevention efforts as an important part of our mission. DFD is the first fire department based, permanent fit station for child safety seats in Eastern Iowa.

Seeing a community need, in 2003, the fire department established a Tactical EMS Program, a joint venture between the fire department and Davenport Police Department. This program is designed to provide advanced life support in tactical law enforcement situations. In addition, Dr. Walter Bradley was named EMS Medical Director of the Year by the National Association of EMT's at its annual meeting. ▶

DFD is committed to EMS at both the local and state levels. Our EMS Coordinator serves as the President of the county EMS Association and as a SE representative to the IEMSA Board of Directors. In addition, he serves on the Board of Directors for Trinity College of Health Sciences, EMS Section.

The Davenport Fire Department, under the command of Chief Mark Frese, responded to over 8,000 calls for EMS in 2003. All eight engine companies and one truck company respond as paramedic-capable rigs and the remaining two truck companies respond at the Intermediate Level. The average response time for EMS calls is 3.4 minutes anywhere in the City of Davenport.

Our units are staffed with firefighters cross-trained as EMS providers. The following are the current EMS certifications and the number of personnel at each certification.

- First Responder (3)
- Emergency Medical Technician — Basic (42)
- Emergency Medical Technician — Intermediate (65)
- Emergency Medical Technician — Paramedic (30)

The Davenport Fire Department provides a rapid EMS response, with highly trained and skilled personnel capable of handling medical emergencies professionally. We recognize that successful outcomes depend on how well we do our job.

Chief Frese, Dr. Bradley and the Davenport Fire Department are committed to improving patient care and will continue to work jointly with the medical community to provide the best emergency medical services possible. The City of Davenport can be proud of the emergency medical services it provides to the community and its visitors. Our most important goal continues to be the consistent provision of the finest, most advanced, pre-hospital care. Working with the dedicated men and women of Davenport Fire Department, that goal will not be difficult to achieve. ■

## IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION

# *2004 Board of Directors*

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