VOICE

JULY—SEPTEMBER 2011

IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION

www.IEMSA.net

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IEMSA | A VOICE FOR POSITIVE CHANGE IN IOWA EMS

Pre-Conference Feature

Agricultural Safety and Patient Treatment Workshop for EMS Providers

IEMSA is bringing a valuable and frequently requested "hands on" workshop for pre-hospital care providers that will improve patient care for a very specific and important population, Iowa's farmers. Join us on November 10th for this unique patient care focus, day-long workshop where you will identify the safety issues in agriculture, see the kinematics of farm related injures with farm equipment demonstrations and use your new skills with fellow EMS professionals to provide the necessary assessment and care for these patients. You will have the opportunity to practice your skills with the guidance of experts in agricultural rescue and seasoned EMS patient care providers. With limited space in this workshop, early registration is suggested.

IEMSA Agricultural Medicine Workshop
November 10, 2011
Des Moines, Iowa

Workshop Description: This workshop will provide information for the EMS provider in both didactic and hands-on skills necessary for the assessment and delivery of patient care for potential health issues that face Iowa farmers.

Intended audience: Prehospital Emergency Care Providers.

CME/CEH: **8.0**

Workshop Location: The workshop will be held at West Des Moines Fire station # 17.

Workshop Fee: **$150.00**

Workshop Outcomes: Upon completion of this course the participant will be able to:

1. Identify the safety and chemical exposures encountered by EMS personnel that are common in the agricultural setting.
2. Identify and discuss the kinematics of agricultural machinery in the event of a traumatically injured farmer.
3. Discuss the health effects of agricultural pesticides for the farmer.
4. Identify, discuss and demonstrate appropriate assessment and treatment for a farmer with an agricultural chemical exposure.
5. Identify, discuss and demonstrate appropriate assessment and treatment for the farmer injured by the mechanical hazards of a tractor roll-over in the farm setting.
6. Identify, discuss and demonstrate appropriate assess ment and treatment for the farmer injured by immersion in a grain storage bin.
7. Identify, discuss and demonstrate appropriate assessment for a farmer with an agricultural trauma related to an auger/PTO entrapment.

VOICE

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IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION

8515 Douglas Avenue, Suite 27B ✱ Urbandale, IA 50322

2011 IEMSA Board Meetings

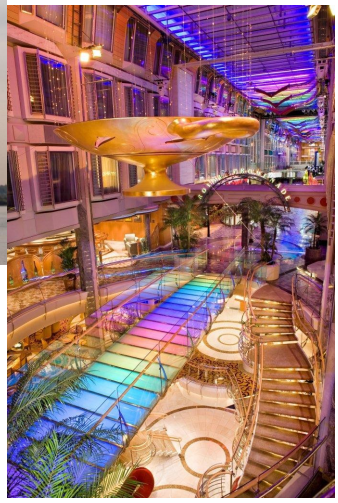
August 18, 2011
WDM EMS Station 19 1:00—3:00 pm

September 15, 2011
WDM EMS Station 19 1:00—3:00 pm

October 20, 2011
WDM EMS Station 19 1:00—3:00 pm

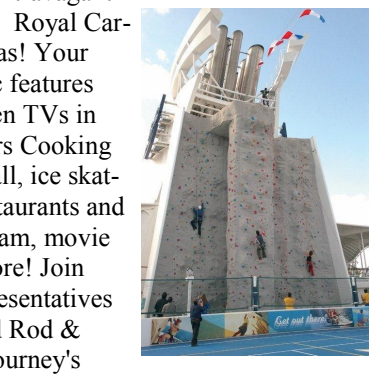
November 10, 2011
Annual Meeting 6:30—8:00 pm

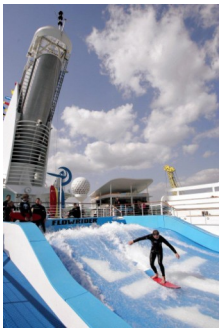
December 15, 2011
WDM EMS Station 19 1:00—3:00 pm



EMS Cruise 2012

EMS Cruisers!!! It's coming!!! Our third Iowa EMS Cruise sets sail March 4-11, 2012 from Port Canaveral , Florida for a seven day adventure to the beautiful Western Caribbean on the extravagant Royal Caribbean's Freedom of the Seas! Your ship includes many fantastic features including full size flat screen TVs in every stateroom, Chefmakers Cooking Academy, rock climbing wall, ice skating rink, many beautiful restaurants and shops, Ben & Jerry's Ice cream, movie theatre, and much, much more! Join your Iowa EMS Cruise representatives Tom & Tracey Summitt and Rod & Margaret Robinson as our journey's ports of call include Labadee Haiti, an exclusive to Royal Caribbean cruisers that features beautiful mountain slopes, pristine beaches, breathtaking scenery, and spectacular water activities, including the amazing new Aqua Park for kids. The next day it's off to Falmouth, Jamaica, a great spot to enjoy a river bamboo raft ride, shopping, or some exquisite 19th century Georgian architecture, or visit Montego Bay and the beautiful beaches of Negril! On Thursday get ready to head to the Grand Cayman, known for it's sea creatures, turtles, Seven-Mile Beach, the town of Hell, and enjoying the undersea world. Then Cozumel, Mexico tops off your cruise with another stellar intinerary of world-class snorkeling, shopping, or take a Jeep-safari adventure through the tropical landscape of Cozumel's east side, or learn how to prepare a Mexican feast. Or just escape to the secluded beauty of your own private beach paradise, Passion Island!! Much more fun and relaxation awaits you and your family on this once in a lifetime adventure. Please join us, you'll be glad you did!!





Check out www.emscruise.com for more information, or visit our booth at the Iowa EMS Association Conference Nov 10-12, 2011!!

2011

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2011 conference

You don't want to miss it!

IEMSA's 22nd Annual Conference and Trade Show will be November 10-12, 2011 at the Polk County Convention Center. The Iowa EMS Conference is the most widely recognized EMS educational conference in Iowa, and one of the largest in the region. The IEMSA Conference offers its attendees the opportunity to hear presentations from outstanding faculty from across the United States and regionally. The conference offers continuing education credit for topics of general interest and current advancements in the fields of pre-hospital emergency care, emergency and trauma medicine.

This year, IEMSA will be offering many of the required transitional topics to assist you as you transition to the National Levels.

With many exciting preconference workshops as well as two great days of education for all levels presented to you by National, Regional, and Local Presenters, the 2011 Conference will be the biggest and best yet**.**

Back by popular demand we will again be offering the **Two Wheeled Trauma Course**. The Two-Wheel Trauma concept was fashioned in early 1986 by three experienced EMS providers in rural Spencer, Iowa. Career paramedics Anita J. Bailey and Frank Prowant joined Slider Gilmore, a lifelong motorcyclist and volunteer EMT, to develop the Two Wheel Trauma program. Wayne Wierson, ABATE of Iowa State Share the Road coordinator, joined as faculty in 2005 presenting Share the Road at every Two-Wheel Trauma course. The program's sole purpose is to reduce the morbidity and mortality of motorcycle crashes through prevention and education. The three components are Rider Responsibilities, Accident Scene Management and Two-Wheel Trauma continuing education for EMS providers.

This year IEMSA will be partnering with the National Association of EMS Educators to offer the **NAEMSE Level II Instructor Course**. This course is representative of the 2002 National Guidelines for EMS Educators and will provide educators and program directors with the tools and information needed to further build their leadership skills and better evaluate programs, students, and faculty. This course also includes an online portion that will enhance the two-day in-person sessions. While Level I of the NAEMSE instructor course is ideal for the beginning educator, Level II is geared more towards the experienced instructor. The Level II course represents the next step in the formalized education process.

Topics covered include: Mentoring * Student Centered Learning * Lesson Plans * Program Evaluation * Social Intelligence * Research * Presentation Technologies * Leadership * Administrative Issues

IEMSA is also offering a full day of **pediatric education** as a preconference workshop. Nowadays you would never dream of allowing your young children to ride unrestrained in a moving vehicle. In fact, you have probably experienced a feeling of rage as you watch a parent drive down the road with their children jumping in the back seat. As healthcare providers we know the risks and have seen the consequences first hand. Why is it with all of this knowledge and education that we do not practice as we preach when transporting children in an ambulance? In this presentation we will review the basics of child passenger safety, discuss the NHTSA Recommendations for Safe Ambulance Transport, and build on that knowledge to make good transport decisions for our pediatric patients when seconds count. **Safe Transport of pediatrics in Ambulances is a must. Come join us as learn how to reduce our liability and safely transport our peds patients.**

In the afternoon Trauma 911: A Pediatric Perspective will discuss pediatric trauma. Whether you describe it as curiosity, daring, and playing or accident, risky, and dangerous; kids will be kids. They try new things, test new limits and push themselves further with every generation. Consequences are often an afterthought, and safety is rarely considered. Whether they are toddlers trying to reach something too high, younger children trying stunts on their bicycles, or adolescents working towards a college scholarship; trauma touches everyone's lives at some point. Through a fun and interactive session, we will dive into children's adventurous spirits to review the basics of pediatric trauma with those unique factors you often forget, discuss three types of trauma that frequently affect children, summarize pediatric trauma assessments, treatment, and prevention, and bet it all on a high stakes game of Trauma 911.

HERE IS A SNEAK PEAK AT A FEW OF OUR NATIONAL SPEAKERS THAT WILL BE PRESENTING AT THE 2011 CONFERENCE

Peter Lazzara, NREMT-P, BS
Pete is a 27-year veteran in EMS and is a highly decorated Ambulance Commander with the Chicago Fire Department and currently the director of simulation training. He is a nationally recognized speaker and annually presents at EMS conferences nationwide.

Kirk E. Mittelman, M.Ed., NREMT-P
Kirk retired in 2001 from Provo City, UT Police after 21 years. Kirk teaches all levels of EMTs and wilderness medicine and directs the Paramedic Program that is held at the University in cooperation with Mt. Nebo Training. Kirk is a 29-year veteran of EMS and currently is serving as a Paramedic Captain and EMS Coordinator for Eagle Mountain Fire Department. In his spare time, Kirk travels to Third World countries as a volunteer, teaching EMS to physicians, nurses and EMS personnel. When things get too hectic, Kirk can be found waterskiing and enjoying the sun at Lake Powell.

Margaret A. Mittelman, M.Ed.
Margret is an Associate Professor/EMT Program Coordinator for the EMT programs at the Fire Academy and an Associate Professor at Utah Valley University. Along with EMT courses she also teaches other EMS related courses for the academy and UVU during the year. These courses include BTLS, CPR, PALS, PEPP and Wilderness Medicine.

Julie L. Bacon, RNC, BA, CPEN, N-CPT
Julie is currently a Flight Nurse on the Pediatric Neonatal Transport Team for the All Children's Hospital; St. Petersburg, FL. Julie is also a Clinical Educator, Centre for Women's Health at South Lake Hospital in Clermont, FL.

Scott L. DeBoer, RN, MSN, CEN, CCRN, CFRN, CPEN, EMT-P
Scott DeBoer is a seminar leader and nurse consultant with over 20 years of nursing experience. Scott received his associate's degree in 1988, his baccalaureate in 1991 and his master's degree in critical care nursing from Purdue University in 1996. He presently works as a flight nurse for the University of Chicago Hospitals and is the primary seminar leader for Peds-R-Us Medical Education, a seminar company dedicated to teaching better ways to care for kids. Scott has also authored a neonatal emergencies handbook, *Emergency Newborn Care: The First Moments of Life*, for paramedics, respiratory therapists, and emergency nurses and the first available Certified Pediatric Emergency Nurse (CPEN) examination review book. Lastly, Scott's newest position is as a medical consultant for the Association of Professional Piercers, an international group of body piercers dedicated to safe piercing and body modification practices.

Mark your calendars, get a start on your transition topics, learn from some of the best presenters on the national circuit and have fun! Register early and don't forget to book your hotel

A Message from the President

Jerry Ewers, Fire Chief
IEMSA President
Board of Directors

I hope everyone had a safe and happy 4th of July. I know I did. Here we are today and the year is already half over. Where did the time go? So far in 2011 we've encountered staffing shortages, injuries, reduced budgets, recruitment and retention issues, severe flooding, straight line winds, tornadoes, have seen increased run volumes, and even with all of this, EMS is still strong and healthy in Iowa because of the dedicated men and women, like you, who serve our communities every day across this great state no matter what is going on in the economy or the climate.

When was the last time you actually took the time to honor someone involved in EMS? When was the last time you said thank you? When was the last time you told your partner he or she did a great job on that last call? When was the last time you told your neighboring service that they did a great job on that last emergency scene? When was the last time you said thank you to your dispatcher? What about an EMS Instructor? Did an EMS instructor make an impact on you sometime during your career? I know we all get busy with work, family, and other activities in life, but please start thinking about nominating a deserving individual, or service, for an award, who has made, or is making a difference in EMS. The awards are then announced at the annual conference for the following categories: Individual EMS Provider of the Year: Volunteer and Career, EMS Service Provider of the Year: Volunteer and Career, Instructor of the Year: Full Time and Part Time, Dispatcher of the Year, Friend of EMS, and Hall of Fame.

"Please start thinking about nominating a deserving individual, or service, for an award, who has made, or is making a difference in EMS."

In EMS I would like to believe that we are always willing to help our peers, friends, neighboring services and departments out when they are in need. It doesn't matter if its help during a natural or manmade disaster, which seems we've had our fair share of this year, or if it's help in regards to sharing policies, procedures, or protocols. Information sharing is a great way to help out so others don't have to reinvent the wheel. So, if you aren't already doing this please take the time to offer your assistance when requested.

How active are in you EMS outside of your own organization? Would you like to be more active? IEMSA Board Member nominations are taken in the fall for the open seats that occur in December. Elections take place prior to the annual board meeting. This would be a great opportunity for those of you that want to promote and advance the delivery of EMS and professionalism throughout the State of Iowa.

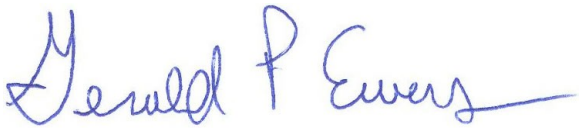
As always, if you would have a question, concern, or comment on any EMS related issue that affects you, your service, your community, the State of Iowa, or Nationally, please don't hesitate to call any board member, or e-mail any board member, to share your concerns or to give us feedback.

I would like to personally invite you attend the Annual Conference that will be held November 10th – 12th in Des Moines and also to attend our Annual Board Meeting during the conference on the evening of November 10th.

As stated in every article, I personally welcome your input and guidance during my tenure as your President. Please share with me, and our Board Members, what we are doing well and what we can do better. Remember, this is YOUR organization; we are here to support and serve you.

On behalf of the entire Board of Directors we would like to thank all of you for your continued support and commitment to YOUR IEMSA organization.

Please check out IEMSA's website for upcoming programs, conferences, and events for 2011.



IEMSA *Award* Nominations~2011

Do you work with a person who exemplifies what a professional emergency medical services provider should be? Are you proud of the accomplishments made by your ambulance service? Did an EMS instructor have an extraordinary ability to shape your career through his or her teaching? Do you know of someone in your community who supports EMS activities in a meaningful way? Do you know a dispatcher who seems to always go above and beyond? If so, now is your chance to recognize these outstanding EMS providers by nominating them for an annual IEMSA award! Read on for a description of each award, which is given at the annual IEMSA Conference and Trade show each year in November.

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. Two awards in the Individual category will be presented – volunteer and career.

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), maintain a positive and outstanding relationship with the community it ser-vices and take visible and meaningful steps to assure the profession-alism of its personnel and the quality of patient care. Two awards in the service category will be presented – volunteer and career.

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 coordi-nates 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. Two awards in the Instructor category will be presented – full time and part time.

Dispatcher The nominee must be currently active as a dispatcher in a primary or secondary PSAP (public safety answering point) and have made outstanding contributions as a member of the public safety team.

Winners of these prestigious awards will be announced on the eve of the first day of the conference, just after the annual Board of Directors' meeting. Each award winner will receive a plaque to commemorate their achievements and will be recognized in The Voice. Winners of the Hall of Fame award will have their name engraved on a permanent plaque that is displayed at the IEMSA office (when it is not being displayed at the IEMSA booth). Winners of the Individual of the Year awards will be sent to the AAA Stars of Life program in Washington, D.C.

NOMINATION FORM

In order to nominate a person or service for one of these awards, you must **1)** complete the Award Nomination Form, **2)** include a letter of recognition/nomination and **3)** submit your nominations to the IEMSA office any time between now and September 18, 2011. Don't miss this opportunity to recognize excellence in EMS!

- ☐ Individual EMS Provider - Volunteer
- ☐ Individual EMS Provider- Career
- ☐ EMS Service-Volunteer
- ☐ EMS Service-Career
- ☐ Instructor-Full time
- ☐ Instructor-Part time
- ☐ Dispatcher
- ☐ Friend of EMS
- ☐ Hall of Fame

Mail to: **IEMSA – Award Nomination**
8515 Douglas Ave., Suite 27B,
Urbandale, IA 50265
Fax: 515-225-9080
administration@iemsa.net

Nominee's Name _____
Company/Service _____
Address _____
City/State/Zip _____
Phone Number _____

Explain here why this nominee should receive the selected award (or attach your letter of recommendation).

Nominator's Name _____
Phone Number _____

BOARD NOMINATIONS

Requested

It is time to consider your At-Large and Regional representatives to the IEMSA Board of Directors. The regional representatives elected will serve two-year terms beginning in January, 2012. Those board members, whose terms expire in December, 2011 are as follows:

Dave Mallinger, NC Region
Curtis Hopper, NE Region
Lee Ridge, NE Region
John Jorgensen, NW Region
Katy Hill, SC Region
Bob Libby, SE Region
Rod Robinson, SW Region

Nomination Process Requirements & Guidelines The nominee must be an active member of IEMSA. Nominations can be submitted by using the format provided. Nominations must be received in the IEMSA office by **September 14, 2011 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 made available on the IEMSA web site (Members Only Section) on October 1, 2011. Voting will cease on October 31, 2011. Detailed instructions will be provided on the ballot. Should you require a paper ballot, please contact the IEMSA office by calling 515-225-8079. 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 14, 2011. *Your involvement truly makes a difference!*

Board Seat Nomination Form

Return to the IEMSA office by NOON on

September 14, 2011

☐ **Regional Representative Nomination**

Region: _____

☐ **At-large Nomination**

Nominee Information

Nominee's Name: _____

Company/Service: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Brief biography of nominee describing EMS involvement. (50 words or less – use a separate sheet of paper if necessary)

Nominator Information

Nominator's Name: _____

Phone Number: _____

Mail to:
IEMSA Board Seat Nomination
8515 Douglas Avenue, Ste. 27B
Urbandale, IA 50322
Or Fax to 515-225-9080
e-mail: administration@iemsa.net

CORPORATE PROFILE | KELTEK, INC - BAXTER, IA

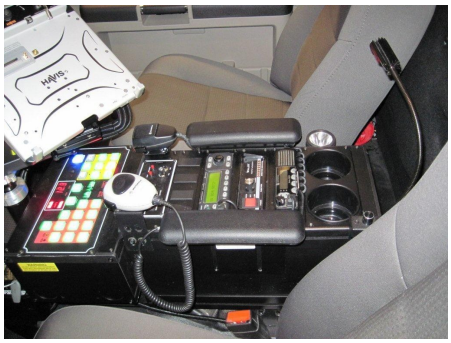
KELTEK, one of the best kept secrets in Iowa, has a fascinating story on how it all began. Kelly Milligan, owner and President, built his first police car at age sixteen. Starting around the age of 10, Kelly

was fortunate enough to have been exposed to two-way radio in this fathers business and spent his first years taking things apart and trying to learn how they worked which resulted in frequent visits from the radio guy who took Kelly under his wing and started teaching him about installing and repairing radios. After some education, Kelly began installing and servicing radio systems for the local businesses and farmers which led to the founding of Milligan Electronics.

Over time this led to more and more business and the need for a larger facility moving from a small leased building with one install bay to building the original location of KELTEK in 1998 that had two install bays with offices. From there

the business has continued to grow and purchased a larger facility in 2010 that now allows for five installation bays and can accommodate everything from police cars, ambulance, fire apparatus, school buses and the occasional combine or large tractor.

KELTEK currently has nine employees and covers the majority of the state. KELTEK is a master stocking distributor for Whelen Engineering, HAVIS, Enersys / Odyssey Batteries, as well as an extensive line card of support products like Kenwood Land Mobile Radios, Link Communications, Otto, Firecom, Davis Clark, Kussmaul, Bayco, Unity, Setina, Pro-Gard and many others. The vendors we represent allow us to focus on your vehicle needs in regards to



Lighting, Siren Systems, Equipment Consoles, Computer Docking and Mounting, and the communications tools essential to Public Safety from your basic pager to the extensive command vehicle setup with every piece of technology imaginable.

KELTEK specializes in the emergency vehicle market and prides itself on its reputation for solving problems others can't and takes a unique approach in regards to customer service. Each vehicle KELTEK builds is customized to the specific customers' needs. A KETLEK representative will meet with the customer to learn and understand their needs, creating a long term partnership, continuously working to ensure full satisfaction. Known not only for their out-

standing customer service and guidance, Keltek prides itself on safety for all of its customers, guaranteeing each car built meets the Keltek standard for safety, ergonomics and quality. KELTEK is fully insured with 15 years of experience and all work is warranted for the life of the vehicle.

"Granny don't wanna go-go"

James Sargent, PS, CCP

It's a cool summer evening in mid-July, not this year mind you, but any other year where the heat index isn't 115 degrees. You've been dispatched for a fall. When you arrive you find Mildred, an 89-year-old female sitting in a lawn chair out in front of her home. Her neighbor called when she heard Mildred shout for help. You walk up and notice right away that Mildred has a small abrasion on her cheek and what looks to be the start of a shiner….I'm sorry a periorbital hematoma. Mildred states that she is more embarrassed than hurt; she would like very much not to be transported to the hospital.

You prepare your typical refusal form and ask a few routine questions. "Ma'am what day is it?" Mildred answers, "Tuesday," it is in fact Thursday but she is 89. "What time is it?" "oh" she says "'bout 7:30 I'd reckon" Wrong again, it's actually almost 9:00; it gets darker later though so maybe she's just confused. You ask one last question "who is the president?" "Oh Lord, it's that one guy" she exclaims as she puts her head down and into her hand to think. "He's the crazy one who doesn't know what he's doing," she boldly states. You laugh and assume she means the right guy, but does she mean a former president or the current one?

In a typical day, local Emergency Medical Services or EMS might treat everything from a bee sting or minor ankle injury; to a patient in cardiopulmonary arrest or hemorrhagic shock. These are "routine calls" with specifically laid out protocols based on the patient's condition that require little autonomous thought from you the provider. Sometimes, however, we face more challenging decision while caring for a patient. "IS Mildred OK to refuse care?" Coincidentally, these times also rate as "the second highest in liability for EMS, second only to ambulance crashes involving the public" (Goldberg RL); these are Refusal of Medical Aid or RMA calls. That is not to say, however, that we are not capable of handling these calls. With a clear and concise protocol that outlines who a patient is, when the patient may refuse, and required documentation, the provider and EMS service will have minimal risk of successful litigation.

RMA calls can be classified into three basic categories. Low or minimal risk; those that pose the patient the least amount of risk in refusing and also pose the provider and service the least risk of litigation. Medium risk RMAs are those that involve potential benefit from physician treatment, but where the patient likely will not become debilitated if they refuse. These can provide some risk of litigation to the provider or service, for obtaining the refusal. High risk RMAs provide evidence that the patient would benefit from physician evaluation and refusal will likely result in further harm. This becomes a serious liability to the providers or services, especially if the patient's condition does, in fact, deteriorate.

> "...the second highest in liability for EMS, second only to ambulance crashes involving the public" are RMAs

Does your EMS system have a protocol that covers each of these risk levels? If not you might consider the risk this places on you, the provider. You don't need fancy forms or elaborate electronic charting software to take the steps to protect you or your service. Start by using guidelines set by the American College of Emergency Physicians or ACEP. The ACEP clarify eight main points that should be contained in an RMA. Utilizing these recommendations from the ACEP you can develop a more specific "self-protocol". A series of critical thinking skills that are well within your services protocols but helps to assure that all interested parties are protected, including the patient, you, and your service. This RMA policy is more extensive than many refusal forms in existence around the United States but is not unheard of. Other EMS services, such as Sunstar Paramedics, in Pinellas County, Florida and West Des Moines EMS, in West Des Moines Iowa, currently use similar criteria and procedures. Their refusal form and protocols outline a graduated approach of obtaining the refusal based on the patient's condition and the risk associated with each level. Here we will discuss how you can adapt these principals to obtain a more thorough and accurate patient refusal.

LOW RISK RMAs

Likely sustaining only minor, if any, injuries these patients often times did not call for the ambulance themselves. The first step in any RMA is to obtain essential patient information: name, address, and date of birth. A date of birth is an integral part of any RMA; any patient who wishes to refuse medical aid must be at least 18 years old, or an emancipated minor. This helps to ensure that the refusing patient is of the legal capacity, to understand the consequences of refusing. Crucial to any refusal is a preliminary set of vital signs; usually including a blood pressure, pulse, respirations, and as necessary, blood glucose readings. These vital signs help to ensure that the patient is physically healthy enough to make an informed decision. The next step begins the separation of traditional refusals and a more detailed refusal, though some of you may already do these without the knowledge of their importance.

Beside the precursory vital signs, we should also be documenting medical capacity in refusal patients. Outside of the vital signs, there are other clinical indicators that could demonstrate medical incapacity. It's important to note though, that incapacity and incompetency are two very different things; we'll save that for another day though. These indicators or pertinent negatives are: unsteady gait, altered mental status, >65 years of age, attempted suicide, initial GCS <10, head injury, systolic blood pressure <90 or >200, respirations >29 or <10,slurred speech, patient admitted-use of alcohol or drugs, abnormal pupillary re-

sponse, serious MOI (e.g. roll-over, blast injuries, etc.) and serious chief complaint (e.g. chest pain, difficulty breathing, etc.). If a provider discovers on exam any of these indicators the index of suspicion should be greatly increased. Any of these, singularly or combined, could be evidence of a more significant issue and should lead the provider to consider the patient not medically capable of refusing medical aid. If a patient does not exhibiting diminished medical capacity, they are categorized as a Low Risk refusal. Likely presenting little risk of developing further injury or illness; Low Risk RMA patients pose little or no risk of liability to the provider or service.

As appropriate, patients should be informed of the risks associated with refusing. Up to and including, the risk of paralysis, deformity, or potentially even death. The provider should go on to inform the patient that, they have not received a complete medical evaluation and that they should follow up with a physician as soon as possible. Finally, ask that the patient verbalize an understanding of the information they have received; then obtain appropriate signature of informed consent from the patient and when possible a witness. Document all of your assessment, including each of the pertinent negatives or clinical indicators as appropriate. This will complete the process of obtaining a Low Risk RMA.

MEDIUM RISK RMAs

Medium risk refusals patients may be patients involved in a traffic collision; they complain of neck pain but do not want to be transported to the hospital in the ambulance. Patients experiencing a hypoglycemic event, a low blood glucose level that refuse to be transported following treatment provided by the Paramedic and even patients who demonstrate classic signs of potential medical incapacity; such as unsteady gait or admitted use of alcohol might be classified as Medium risk RMAs. With underlying issues that can be associated with these accidents, the unforeseeable complication from hypoglycemia or signs that the patient may be inebriated; these patients present a medium risk of liability.

Patients as those mentioned in the previous paragraph may wish to refuse medical aid regardless of the consequences. It is, therefore, the EMS provider's duty to demonstrate that the patient was thinking clearly, rationally, and made the decision based on all available information. This can prove to be a difficult task; outside of the courtroom competency, or the quality of being competent, cannot be proven. In the EMS settings, medical capacitance or capacity; "the ability to receive, accomplish, or understand", is what must be relied on. In addition to obtaining the essential patient information, proving legal age, obtaining vital signs, and establishing minimal medical capacity; the Paramedic is also tasked with evaluating the patient's cognitive ability. The Paramedic can accomplish this through an EMS Cognitive Evaluation. (Appendix A)

Based on the Folstein Mini-Mental State Exam, developed in 1975 by researcher Marshal Folstein and originally published in the Journal of Psychiatric Research, the test was used as an indicator of dementia, however, Dr. Karen Santacruz, from the University of Kansas Medical Center states, "the MMSE is useful for assessing cognitive function." However, the actual Folstein Mini-Mental State Exam is not exactly fitting for EMS use; containing questions based on "the floor or ward of a hospital" it would be impractical to ask patients, who are standing in their own home, "what floor or ward [they] are on?" Other exam questions have also been altered for EMS use, to aide in the use of the exam in the field, without affecting the outcome of the exam.

Measuring orientation, registration, attention, recall, language, repetition, and complex commands the exam aids the Paramedic in establishing a patient's mental capacity. The exam can be easily added to any refusal form or you the provider can simply make note of the questions and have your patient complete the exam outside of your services written protocol. The seven sections of the exam are each assigned a point value, ranging from 1 to 9. The more tasks performed accurately, or questions answered correctly; the more points the patient receives. The more points received, the less likely the patient is to be suffering from any deficiency in mental capacity. At face value, without considering issues such as, physical impairment, or education levels, the evaluation is graded. Scores of 23 to 29 equal no impairment, 19 to 23 equaling questionable or potential impairment, and less than 19 equaling probable impairment. Patients, who exhibit, a questionable level of impairment, receive a more diligent effort by the Paramedic to convince the patient to be transported.

These patients pose a medium risk of liability to the provider and the service due to the unforeseeable complications that could arise from their situations. By documenting the combined patient's legal age, medical capacity, cognitive ability, and verbal acknowledgement of understanding; the patient's signature of refusal attest that the Paramedic and EMS service followed due diligence in caring for them. This documentation, better equips the EMS service, and the provider to defend against any legal actions taken if the patient condition deteriorates.

HIGH RISK RMAs

High Risk RMA patients can typically be classified as, patients who should go to the hospital, and if they do not, they will likely experience deterioration in their condition. Patients experiencing shortness of breath, diaphoresis, and radiating chest pain could be experiencing a Myocardial Infarction. If left untreated, these conditions could lead to cardiopulmonary death or permanent brain damage. Other patients, such as those involved in a serious motor vehicle crash, where any occupant of the vehicle has died or the vehicle has rolled over; have experienced enough force to cause serious bodily injury. These injuries, though not immediately obvious, could result in permanent paralysis. A patient who has received a cognitive evaluation score of less than 19 may not be thinking clearly enough to understand the consequences of refusal. Likewise, a patient who demonstrates multiple signs of medical incapacity, such as a patient with suicidal ideation that admits to the use of alcohol or drugs, may not have the medical capacity to be able to discern what is in their best interest. Besides the obvious risk to the patient, these patients also pose the greatest risk of liability for the Paramedic and the EMS Service. If the Paramedic does not perform to the standard of care, negligence may be proven, and successful litigation could occur.

As with each RMA risk level, the High Risk RMA is a compound procedure. By the time patients are identified as High Risk, the RMA form has been mostly completed. With a High Risk RMA the Paramedic should graduate to the use of higher resources; using all available means to persuade the patient to be transported and seen in the emergency room by a physician. For High Risk RMAs, the paramedic is highly encouraged to request a supervisor to the scene, contact On-line Medical Control, a Mental Health Crisis Team, or even the

(cont) police; to facilitate compliance from the patient. So that a patient can obtain a second or "higher" opinion; Online Medical Control consultations, consultation provided by an emergency room physician via the phone or radio, is highly encouraged. Studies have shown that the use of medical control can markedly improve transport rates for patients who initially refuse care. At times, the mere idea of a "more knowledgeable" practitioner, a supervisor or physician, encouraging the patient to be transported, is often enough to convince a patient of the seriousness of their condition.

Ultimately though, even if contrary to "rational" thought, every patient who is of legal age, and has the capacity to do so may refuse care. Only in exceedingly rare situations and under court order can a patient be forced to go to the hospital against their will. In every other situation, the provider must accept the patient's decision to refuse medical aid. By identifying and outlining thorough protocols and procedures, EMS can limit their amount of liability, and decrease the risk of morbidity and mortality in their patients.

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Appendix A

QUIZ for 1 CEH on page 12

	V. EMS Cognitive Evaluation (each ☐= 1 point) *(This section is optional as outlined in Refusal Procedural Guideline)*	**Patient Score**
1	**Max Score is 9** What **SEASON** is it?☐ What **YEAR** is it?☐ What **MONTH** is it?☐ What **DAY** is it?☐ What is the **DATE**?☐ What **COUNTRY** are we in?☐ What **STATE** are we in?☐ What **CITY** are we in?☐ Where are we **RIGHT NOW**?☐	
2	**Max Score is 3** Say "**ball**, "**flag**," "**tree**" clearly and slowly, about one second for each, then ask the patient to repeat them. Check the box for each correct response. The first repetition determines the score. If he/she does not repeat all three correctly, keep saying them up to 3 tries until he/she can repeat them. **Ball☐ Flag☐ Tree☐** NUMBER OF TRIALS _____	
3	**(May do either A or B)** **Max Score is 5** A. Counting Backwards Instruct the patient to begin with 100 and count backwards by 5's. **95☐ 90☐ 85☐ 80☐ 75☐** B. Spelling Backwards Instruct the patient to spell the word "WORLD" backwards. **D☐L☐ R☐ O☐ W☐**	
4	**Max Score is 3** Instruct the patient to recall the three words you previously asked him/her to remember. **Ball☐ Flag☐ Tree☐**	
5	**Max Score is 2** Show the patient your uniform badge and ask him/her what it is. Repeat for a pencil/pen. **Badge/ID☐ Pen/Pencil☐**	
6	**Max Score is 1** Instruct the patient to repeat "**No, ifs, ands, or buts**."	
7	**Max Score is 3** Instruct the patient to, "Take this paper in your right hand, fold it in half, and put it on the floor." **Takes paper in hand☐ Folds paper in half☐ Puts paper on floor☐**	
8	**Max Score is 1** Instruct the patient to read and obey the following. **CLOSE YOUR EYES**	
9	**Max Score is 1** Instruct the patient to write a sentence. _____	
10	**Max Score is 1** Instruct the patient to copy the design below in the space provided at the right. 	
	Add the number of correct responses. [*29-23 = Normal*] [*22-19 = Borderline*] [*< 18 = Impaired*] Based on exams developed by: Folstein MF, Folstein SE, and McHugh PR, 1975 **PATIENTS TOTAL SCORE**	

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Granny Don't Wanna Go-Go

1. Who has the right to refuse Emergency Medical Aid?
A. Every patient of legal age and who has the capacity to do so.
B. Only patients who do not have any clinical indicators.
C. No one, all patients who request EMS should be transported, even against their will if needed.
D. Only patients greater than 21 may refuse care.

2. What is Capacity?
A. The ability to discern right from wrong.
B. The ability to receive, accomplish, or understand information.
C. The ability to comprehend complex medical terminology.
D. The lack of refusal clinical indicators.

3. Mental competency can be proven by EMS.
A. True
B. False

4. Second to motor vehicle crashes involving the public what is the single most high-risk liability for EMS?
A. The use of paralytics in RSI.
B. Lifting and moving patients
C. Obtaining a Refusal of Assessment, Treatment, or Transport
D. Providing patient care to children

5. The use of Online Medical Control during a refusal is for
A. The patient to obtain a second opinion on the importance of being seen at the hospital.
B. The EMS Provider to obtain permission to allow a refusal.
C. The physician to know what is going on in the world of EMS.
D. The patient to receive a diagnosis and recommendation on care.

6: A score of 23-29 on the EMS Cognitive Exam indicates
A. The patient is impaired
B. The patient is borderline on impairment
C. The patient is not impaired
D. It is not possible to obtain a score of 29.

IEMSA
CONTINUING EDUCATION
Answer Form

(Please print legibly)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

IEMSA Member Number _____

EMS Level _____

IEMSA members completing this informal continuing education activity should complete all questions 1 through 10, and achieve at least an 80% score in order to receive the 1 hour (1CEH) of optional continuing education.
Deadline: Oct.1, 2011

Mail completed form via mail, email or fax to:

IEMSA
8515 Douglas Ave., Suite 27B
Urbandale, IA 50322

administration@iemsa.net Fax: 515.225.9080

Check which box is the correct answer				
1	A ☐	B ☐	C ☐	D ☐
2	A ☐	B ☐	C ☐	D ☐
3	A ☐	B ☐	C ☐	D ☐
4	A ☐	B ☐	C ☐	D ☐
5	A ☐	B ☐		
6	A ☐	B ☐		

Iowa EMS Memorial Service

Honorees

Howard Brechtel
Steve Cook
Caroll DeGroote
Chuck Ford
Roger Heglund
Al Hunter
Terry Leicher
James D. McMeekin
Eric Stein
Sheryl Stoolman

Speakers

Thomas Craighton, MC, IEMSA
Kevin Cooney, News Channel 8
Ellen McCardle-Woods, IDPH

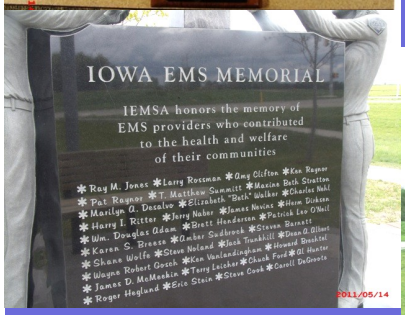
Bagpiper

MackKenzie Highlanders

Prayer

Father Hess

See related article on back cover.



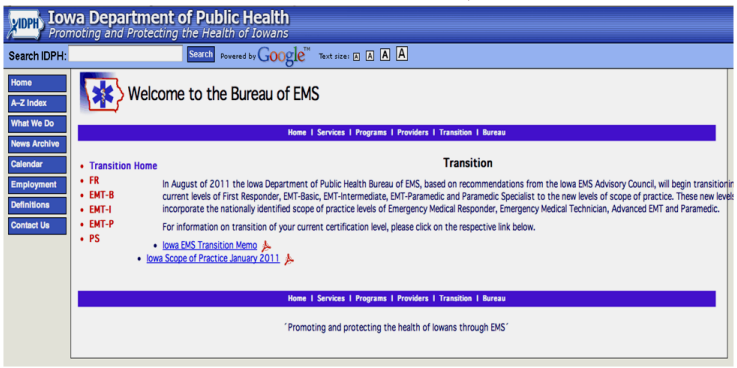
Thank you to all who attended to pay tribute to our fallen EMS brothers and sisters.

Greater love has no man than this, that he lay down his life for his friends.
John 15:11 NIV

BY ANITA J. BAILEY, PS

What's New with the Bureau

Visit www.idph.state.ia.us/ems and select the Transition link for details regarding how each level of provider will transition to the Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT) or Paramedic. The new 2011 Scope of Practice is conveniently located on each page. The scope of practice document has been separated into Basic and Advanced and will be effective August 1, 2011 when the transition officially begins.



Scope of Practice Amendments

At the July Iowa EMS Advisory Council (EMSAC) meeting they voted to amend the January 2011 Iowa EMS Scope of Practice. These changes have been posted our website within the July 2011 Scope of Practice. The revisions allow the EMR to do pulse oximetry and the EMT to carry and administer auto-injector epinephrine and conduct blood glucose monitoring. These skills must be physician medical director approved and services must maintain documentation of training. Adult intraosseous infusion and intramuscular (epinephrine) have been added as an administration routes for the AEMT. Blood pressure will be listed as an assessment skill for all levels.

EMS System Standards

The EMS System Standards group continues to meet monthly and is working to develop educational materials to share information and gain support for implementation of the EMS System Standards. Following the System Standards report at the July meeting, EMSAC Chairperson Dr. Carlos Falcon asked that System Standards work as an official subcommittee of EMSAC. Dr. Falcon appointed former EMSAC Chairperson Jeffrey Messerole to lead the group.

Bureau at the IEMSA Conference

The Bureau will again partner with the conference committee to host the EMS Service Director and Physician Medical Director courses at the Iowa EMS Conference and Tradeshow on November 10, 2011 at the Plex in beautiful downtown Des Moines. Katrina Altenhofen, EMSC Program Manager for the bureau is working to provide resources for an all day, precon Pediatric track including recommendations for safe transport of our most precious resource, our kids. Katrina is working to bring EMS Culture of Safety information to the conference as well.

EMS Culture of Safety

In 2008, the National EMS Advisory Council identified EMS as a high risk industry with serious injuries and deaths among both EMS personnel and their patients. EMS personnel are routinely exposed to factors that threaten their personal safety. There is also evidence to suggest some of the biggest risk factors for EMS personnel are combative patients and bystanders whom they encounter in the field. There also are times when a patient's safety is negatively impacted by the inadvertent actions taken by EMS personnel while providing care for the patient. National medical organizations (NAEMT, NASEMSO, ACEP, etc.) are working together to develop a strategy document scheduled to be released in September 2013. This initiative has the potential to positively impact EMS just as the 1995 EMS Agenda for the Future did. There has been some discussion that federal EMS grants could be tied to any number of safety projects in the future.

The National Association of EMT's has rolled out their new EMS Safety course. EMS Safety covers safety in emergency vehicles, at the operational scene and while handling patients, as well as patient, practitioner and bystander safety and personal health.

This course is a good first step in officially integrating safety in to our daily practices. Theoretically, the EMS providers in the future will "live safety" in all aspects of this job. The current generation of providers is not yet aware of the magnitude of the problem. The EMS Safety course provides information to begin to modify our culture.

…and finally,

Please join the Bureau as we salute Jeff Dumermuth, Chief of EMS and Communications services for West Des Moines. Jeff was selected as one of the **JEMS Top Ten Innovators in EMS for 2010** for forming the Iowa EMS Alliance. This unique partnership between 4-private hospitals and city EMS operations blankets nearly two-thirds of the state with timely access to specialty transport teams for neonates, pediatrics and critically ill and injured patients. This collaborative effort is good system development and a good example of creative resource utilization. Congratulations Jeff, you make Iowa look good!

EMS CERTIFICATION TRENDS

There are five certification levels for EMS providers. Of these, 57 percent of providers are certified at the EMT-Basic level. Trends over the past five years show that the total number of EMS providers has dropped slightly by four percent. During that time:

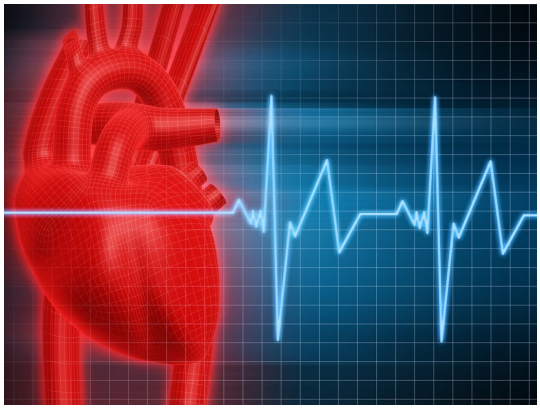
- First Responder had a 23% decrease.
- EMT-Basic had a 2% decrease.
- EMT-Intermediate had a 13% decrease.
- EMT-Paramedic had a 23% decrease.
- Paramedic Specialist level has seen a 21% increase.

This is an excerpt from the Bureau of EMS 2010 Status Report. Find more interesting information www.idph.state.ia.us/ems and select Bureau then Status Report

Medical Director's Protocol Review:
Acute Coronary Syndrome — Dr. Forslund

Acute Coronary Syndrome Protocol: Indications
Use the acute coronary syndrome protocol in patients who present with chest, back or epigastric pain suggestive of cardiac ischemia. Other symptoms suggestive of cardiac ischemia are nausea/vomiting, dyspnea, and diaphoresis. All patients with symptoms of angina or angina equivalent should be assumed to be having an evolving myocardial infarction until proved otherwise.

Overview
Chest pain is the most common complaint in acute coronary syndrome, but not all chest pain is from an acute coronary ischemia and not all acute coronary ischemia complain of chest pain. Other serious conditions that can cause chest pain are aortic aneurysm, pulmonary embolism, pericarditis, or pneumonia.



Patient Assessment: History
Acute coronary ischemia should be suspected in patients with chest discomfort, but also ask about shoulder, jaw, back, arm, or epigastric pain. Associated symptoms can help raise your clinical suspicion as well. Again, common associated symptoms are dyspnea, diaphoresis, and nausea/vomiting, but also ask about syncope or palpitations. The standard history questions of onset, provocation, quality, region, severity and timing are very useful in acute cardiac ischemia. Assessing risk factors for heart disease are another way to help increase your clinical suspicion that the patient may be suffering from acute coronary ischemia. A personal history of heart disease, hypertension, diabetes, high cholesterol, smoking, obesity along with a family history of heart disease and age of the patient should all be considered. Always ask patients about using Viagra, Levitra so that can be considered before giving nitro.

Patient Assessment: Exam
Often in acute myocardial ischemia the patient looks ill. How responsive is the patient? Is their appearance is pale/gray and are they anxious or diaphoretic. Do they have edema?
Is there neck vein distention? Vitals signs should be checked regularly. Is there labored breathing? Are there abnormal breath sounds?

Patient treatment:
Follow your general patient care protocol and your scope of practice. Address any life threatening problems immediately. Treatment priorities in acute coronary syndrome are to aquire and either interpret or transmit a 12-lead ECG, make the patient as comfortable as possible, provide supplemental oxygen if indicated, nitroglycerine to improve blood flow in the coronary arteries, aspirin to prevent extension of the thrombosis, IV access for medications and fluids if blood pressure drops from nitro. Patients with acute myocardial ischemia are at risk for cardiac arrhythmias so monitor for those and treat as needed. Also acute changes in the ST segment evolve over time so monitor for those by acquiring a 12-lead ECG and activating a STEMI alert if indicated. Rapid transport to the nearest appropriate facility is also a priority.

CQI:
Consider monitoring for these items in your run reports
From the history it is important to note the onset and associated symptoms.
From initial assessment vital signs and obtaining a **12 – Lead** ECG early on if the capability exists.
From the treatment of acute coronary syndrome the initial steps are well defined. Make sure all the steps are followed in a timely fashion.
For transport make sure the patient is transported in a timely manner to the appropriate facility.

Not getting the weekly eNews?
Send us an email to: administration@iemsa.net

Hello! Summer is hitting us with a vengeance it seems. I hope everyone is staying cool and healthy in this heat! NAEMT has had a busy May, June and July holding Safety Courses all over the country, sorting through several bills that have been introduced federally affecting EMS practitioners and developing programs on health and fitness in EMS.

The 2nd annual EMS on the Hill Day took place on May 3-5 in Washington D.C. This year there were 145 participants from 39 states plus DC and Puerto Rico, with 217 visits conducted with members of congress lobbying for Medicare Ambulance relief 2011, Extended Federal Death Benefits to Nongovernmental Medics (PSOB) and Allocation of the D-Block Broadband Spectrum to Public Safety.

Additionally, I was honored to attend the AAA Stars of Life dinner and presentation that was held the evening of May 3 where IEMSA's Volunteer Individual EMS Provider of the Year, Jane Hagen was honored. EMS on the Hill Day will move to March next year, so make plans to attend now! It takes the voices of the constituents to gain the attention of our congressional leaders and EMS needs your voices to be recognized as an essential, vital profession at the Federal level. NAEMT is partnering with AAA to hold the 3rd annual EMS on the Hill Day on March 20 and 21 in Washington, D.C. Go to www.naemt.org to watch for updates on this event!

The NAEMT Advocacy Committee, of which I serve as Vice Chair, continues to work through legislation as it is introduced in Congress that has any potential impact on EMS. NAEMT's primary legislative focus remains on Medicare reimbursement, PSOB and Allocation of the D-Block Broadband spectrum to Public Safety. There have been a number of other pieces of either new legislation or renewal of older legislation since January 1, 2011. The NAEMT advocacy committee developed a policy establishing different levels of support for each piece of legislation. The levels will be assigned to indicate the level of action NAEMT is taking on each new piece of legislation as it is introduced or on older legislation that is re-evaluated as it begins to move through the process. Go to http://capwiz.com/naemt/home/ for a listing of the legislation being tracked and NAEMT's level of action on that legislation.

In March 2011, NAEMT appointed a task force of which I am a member to work with Gary Wingrove's Center for Leadership and Innovation, establishing a reporting system for "Near Miss" incidents. A near miss can be defined as "An unplanned event that did not result in injury, illness, or damage – but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality or damage." The tracking of this data would enable EMS to be proactive in preventing situations that pose a safety risk to EMS practitioners and patients. Through the process of developing this near miss reporting system, the matter of tracking Line of Duty Death was also discussed. As the near miss reporting system moves to the beta testing phase, NAEMT will continue to work with the Center for Leadership and Innovation to develop a universal tracking system for EMS LODD.

NAEMT Committees have been busy working on a variety of projects to advance educational opportunities, leadership and health and safety in EMS. The Advanced Medical Life Support Course (AMLS) executive committee is working on an on-line component that should be released by the end of 2011. An EMS Fitness program is also being developed. The Leadership Development Committee is also working on an EMS Leadership program. This will be college level training for people in Public Safety. A new Military Relations committee has been established with Ben Chlapek appointed chair. This committee will work with the department of defense to aid in the transitioning of military medics to civilian EMS. Watch for more information on these projects in the near future.

During this year's election cycle, active NAEMT members will vote on proposed bylaws changes which will be sent to you for review no less than four weeks prior to the commencement of voting, and will also be available for viewing on the NAEMT website. The NAEMT Annual meetings will be taking place in Las Vegas August 29 and 30th, with the awards and members' reception the evening of August 30, 2011.

Finally, I was honored to read the names of the 43 individuals and their families during the National EMS Memorial Service in Colorado Springs, CO June 25, 2011. It was a very emotional and poignant moment reading Sheryl Stoolman's name and that of her husband and sisters, who accepted an American Flag, which had flown over the Capital, the memorial medallion and white rose symbolizing her sacrifice to EMS and that she will always be remembered. I thank the National EMS Memorial Service for that special honor and hope many of you were able to watch the live streaming of the service.

July marks the beginning of NAEMT's election cycle when we request candidates for our open positions on the NAEMT Board of Directors. Open positions for the 2011 elections include:

- One open Director seat each in Regions I, II, III and IV
- One open At-Large Director position

Individuals interested in running for Regional positions must reside within the territorial boundaries of that region. Iowa falls within Region III. Serving on the Board provides a tremendous opportunity for you to help steer the course of your association, work with other EMS leaders from across the country, play a key role in influencing issues of importance in EMS, and represent the interests of our nation's EMS practitioners.

To learn more about candidate requirements and materials to be submitted please go to http://www.naemt.org/about_us/Leadership/Elections.aspx. **Candidacy materials will be accepted from July 15 through August 15, 2011**, so start working on yours today!

I wish you all a healthy, safe and wonderful summer and early fall! If you have any questions, comments or concerns or would like to be more actively involved in the NAEMT organization please contact me at jkscadden@gmail.com.

Best Regards!

Jules

Jules Scadden, PS

NAEMT-Director-at-large

www.naemt.org

Spotlight on Training

Northwest Iowa Community College—Sheldon, Iowa

Northwest Iowa Community College has the distinction of being the smallest community college in Iowa. The EMS program has always been, and will continue to be, focused on providing education to the rural volunteer EMS services that make up nearly 100% of the coverage area in northwest Iowa. The college serves the counties of Lyon, Osceola, Sioux, O'Brien, and a portion of Cherokee county in Iowa. Minnesota borders the college area to the north and South Dakota to the west.

Basic EMS programs are offered through the college, including the Emergency Medical Technician and Emergency Medical Responder levels. College credit is provided to the students for the EMT program. Classes are held on campus or in the local communities when the demand arises. In addition to the primary course offerings, NCC offers continuing education classes in a variety of topic areas including medical, trauma, vehicle extrication, hazmat, and firefighting.

Evan Bensley is the Program Coordinator. He started as a volunteer EMT-A with the Odebolt Ambulance Service shortly after graduating high school. He went on to become a Paramedic while working for the Sac County Ambulance Service in Sac City. He moved to Spirit Lake in 1988 and began working for Lakes Regional Healthcare as a fulltime staff member on their mobile intensive care unit. While working for these services, he coordinated EMS classes for various community colleges. Evan started at Northwest Iowa Community College in November 1996 as the Emergency Services Education Coordinator. In addition to EMS training, he is responsible for firefighter classes, weapon permit classes, American Heart Association CPR Training Site, and numerous other programs through the Continuing Education Department.

Two primary course coordinators and several assisting instructors are utilized to conduct EMT courses. Since the Instructors are volunteer EMT's on area services, they are able to relate to the students and bring their knowledge of local EMS to the classroom. NCC has been a long time advocate for the local community's EMS and Fire Departments. The college continues to provide top notch equipment to further enhance the hands-on training. The Nursing Lab at NCC has an authentic ambulance box which is used for simulation scenarios & training. The EMS programs are proud about their National Registry first time testing results which has remained higher than the national average. The college would like to continue this trend with competent and motivated instructors, quality training equipment, and students mentally prepared to perform to high standards.

In fiscal year 2010-11, NCC has certified over 3,900 people in American Heart Association CPR and First Aid classes through the regional instructors. Continuing educations hours were awarded approximately 1,677 times for various EMS training classes in-house at local squads or on campus.

Volunteer shortages have seriously affected many local squads. Finding competent and willing EMS Instructors will also continue to be a concern for our training program. By working together in a collaborative effort between the college and local communities, we are working to address these concerns. The college will continue to explore options such as on-line training and other ideas to bring more volunteer providers into the system. NCC will continue to strive for being a quality resource for the northwest region of Iowa.

Northwest Iowa Community College

Summitt Men Featured in Muscatine Journal

Reprinted with permission from the Muscatine Journal By Ann Phillips

MUSCATINE, Iowa — No desk jobs for the Summitt men. And they wouldn't know how to manage regular 8 a.m. to 5 p.m. shifts, either. But they can talk shop like no other. Not everyone who will celebrate Father's Day on Sunday has the honor of having all three of his sons go into his chosen profession. All family ribbing aside, Muscatine firefighter and critical-care paramedic Tom Summitt, 54, is proud of sons Andrew, 29, and Jason, 27. His oldest son, Matt, was also a firefighter/paramedic. Matt died in 2000 at age 20. Matt's death affected each of them in slightly different ways. A few years after Matt died, Tom went to St. Louis University to train to become a death investigator. He also produces a yearly DVD for the Iowa EMS Association called "Honoring Our Own." It features EMS and fire personnel who have died around the state over the past several years. "We show this DVD on the Saturday morning concluding the event," Tom said of the Iowa EMS Association annual conference. "We use honor guard and a bagpipe player. I began this program as a way to honor Matt in my life." Andy was already in the field when Matt died and it gave him more resolve to be the best paramedic he could be. Jason was still in high school and it sealed and strengthened his desire to follow the career path of his father and older brothers.

"The boys are excellent at what they do," Tom said. "They knew what they wanted and they went for it."

Tom started driving for Riley's Ambulance Service in 1976, at age 18. Each of his sons was 18 when they began their public service careers, too.

All about family The Summitts share a physical resemblance and a similar sense of humor, although Tom said, "I'm not sure if it's a sense of humor or a line of ..." All three agree that Andy, the middle child, is "the mellow one." (Middle children are supposed to have "issues," right?) "I'm the baby," piped up Jason. "Can't you tell?" Each Summitt works a different shift — called red, green or blue —which makes holiday celebrations challenging. And each shift is a 24-hour shift. "One of us always has to work," Andy said. And when they aren't EMS-ing or fighting fires in Muscatine, Andy and Jason have part-time jobs working for Medforce, an air ambulance service based in Colona, Ill., and Burlington.

They say they work hard, but they play hard, too. Tom admits missing his boys' ballgames, family birthday dinners and holidays are his biggest regret about his line of work.

Duty calls Quiet days on the job are rare for the Summitts. But the boys grew up around their dad's crazy schedule, so they are used to it. "Some people think all we do is sit around and play cards and sleep," Tom said. "Couldn't be further from the truth." For example, the department may hit 4,000 calls this year, compared to 1,200 in 1999. In January, it had 28 calls in one day. The Summitts say the increase in the volume of EMS calls in the past few years seems to be for more minor complaints — even toenails. They estimate about 85 percent of the calls are medical and about 15 percent are true emergencies. Each day has different challenges, which is why all three say they wouldn't do anything else. "It's always different when you know the person, though," Jason said. "It is what it is," Andy said.

> ***"The boys are excellent at what they do…. They knew what they wanted and they went for it."***

There is protocol to be followed, Jason said, "and you have to keep your emotions under control or that's when you can make mistakes." The longer the Summitts live and work in the same community, the odds of them knowing the person they are sent to help increases. Tom responded to the call when his father died. He has also been dispatched to homes of his aunts and uncles. "Afterwards, it sinks in," Tom said. "You want to be there. I wouldn't change that. But you never

get used to death."
"Anytime you're dealing with the human body, anything can happen," Tom said.

The future

The possibility of EMTs wearing bullet-proof vests or carrying guns someday isn't far-fetched, the Summitts report. Much like police officers, all three say they never know for sure what the situation is until they get to their location. The dispatcher's tone of voice can offer some clues, they said. And, on occasion, they've each had to break doors down.

The near future

Treats for all three shifts at the fire department. That's the "rule" anytime employees in the department get their pictures in the paper, which the Summitts have done today.

At a glance

Tom Summitt

Family: Wife, Tracey, daughter, Taylor Conlin, 15

Current employment:

* Muscatine Fire Department as firefighter II/critical care paramedic/EMS and fire instructor/hazmat tech
* Chief/administrator for Muscatine County Medical Examiner's Office-Investigative Division
* Trinity Muscatine — laboratory

Affiliations:

* Executive board of the Iowa EMS Association
* Vice president Southeast Iowa EMS Council
* President Muscatine County EMS Association
* Past president Southeast Iowa EMS Council
* Past president Muscatine American Red Cross

Memberships:

* National Association of Emergency Medical Technicians
* Compassionate Friends
* Iowa Death Investigators Association
* Iowa Office of the State Medical Examiner
* International Association of Firefighters
* Muscatine Association of Firefighters Local 608
* Iowa Professional Firefighters

*Registered Diplomate-American Board of Medicolegal Death Investigators (D-ABMDI)

Andy Summitt

Family: Wife, Heidi, three daughters — Bailey, 13, Cameron, 5, Morgan, 3.

"Compared to his kid, mine are angels," (grinning and jerking a thumb toward his brother.) "I think girls are easier to raise."

"I like to hang out with my wife and kids. I enjoy being home."

Affiliations:

*EMS/fire instructor
*Hazmat technician
*Arson investigator
*Iowa EMS Association
*Iowa Professional Firefighters Association
*Muscatine Association of Firefighters Local 608

Jason Summitt

Family: Wife, Meghan, son Ryan, 2 1/2.

"He's a terror."

Affiliations:

*Hazmat technician
*Iowa EMS Association
*Iowa Professional Firefighters Association
*Muscatine Association of Firefighters Local 608
*Fire instructor

Posted in Local on *Friday, June 17, 2011 11:14 pm* | Tags: Tom Summitt, Andy Summitt, Jason Summitt, Muscatine Firefighter, Ems, Paramedic, Father's

Remembering our own…. By Jeff Dumermuth

When I was serving as President of IEMSA, it troubled me that our brothers and sisters in the Law Enforcement and Fire service had memorials recognizing their fallen but we only had a wood carved Star of Life plaque that sat in our offices for 362 days and was displayed in the IEMSA booth for 3 days. It simply did not seem to be enough for those who had been killed in the line of duty or made a significant EMS contribution to their community or the State.

As with so many things, timing is everything and as we began building our new public safety station in West Des Moines there was a push to have some public art in our community. The City was gracious enough to donate the location and the plaza for our memorial, all we had to do was raise the money for the statue.

In 2006 the IEMSA Board of Directors authorized the project and the fund raising began. Significant contributions were received and after about half of the cost was raised the Board entered into a contract with Memorials by Michael of Solon, Iowa and commissioned the design and carving of the memorial. The memorial was dedicated, May 19, 2007.

Those who contributed to the construction of the memorial. Platinum = Iowa Health Des Moines. Platinum = Iowa EMS Association, The Iowa Clinic, Mercy Medical Center-Des Moines, West Des Moines EMS Association and West Des Moines Wal-Mart. Gold = Central Iowa EMS Directors Association, Durant Volunteer Ambulance Service and the National Association of EMT's.

The memorial, which depicts two EMS providers holding a Star of Life memorializes those who have been killed in the line of duty on one side and allows for others who have made a significant impact with EMS in their community to be honored on the opposite side for a fee.

Each year during EMS Week, the Iowa EMS Association sponsors a memorial service honoring those who have made the ultimate sacrifice. But daily visitors from throughout the State have the opportunity to remember the contributions made to our profession.

May those who have been memorialized, rest in eternal peace.

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