IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION

JULY-SEPT 2013

IEMS VOICE

A VOICE FOR POSITIVE CHANGE IN IOWA EMS

The Des Moines Register article on April 7, 2013 has definitely sparked heated discussion not only throughout Iowa, but with other State EMS Associations and national authors.

WHAT'S NEXT ON THE HORIZON 4

President Jerry Ewers, *Fire Chief, BA, EMT-PS* : IEMSA President

IPOST 14

USAGE OF IPOST

within respective healthcare agencies

DEATH BY HYPERVENTILATION 8

CE Article

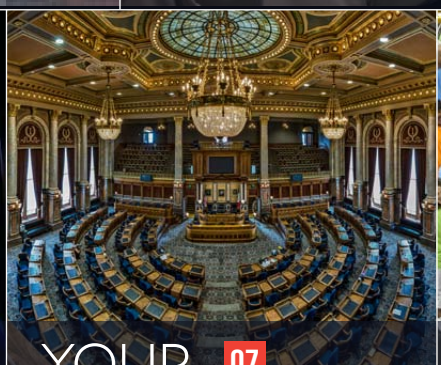
NETWORKING & AFFORDABLE CEs 18

IEMSA Annual Conference : Grow and have fun doing it!

AMLS 17

2-DAY WORKSHOP

At the Annual Conference Nov. 7-9, 2013



YOUR FEEDBACK 07

is CRITICAL! Legislative EMS Study

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CONTENTS

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

7 **YOUR FEEDBACK IS CRITICAL :** Now more than ever, it's critical for EMS providers to unite as one to determine "WHAT should be fixed" in our profession, as well as "HOW to fix it".

16 **EARN SOME CE'S --REGISTER FOR THE 24TH ANNUAL IEMSA CONFERENCE & TRADE SHOW NOW :** See the full schedule of courses, CE's and events on page 17.

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

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BOARD MEETINGS

- October 17, 2013
  IEMSA Office : 1:00—3:00 pm
- November 7th, 2013
  Annual Meeting 11:15am-12:15pm
  Annual Conference, IA Events Center
- December 19th, 2013
  Teleconference 1:00—2:00 pm

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A NOTE FROM OUR

PRESIDENT

BY JERRY EWERS, FIRE CHIEF, BA, EMT-PS
IEMSA PRESIDENT / BOARD OF DIRECTORS

WHAT'S ON THE HORIZON?

I hope everyone had a great summer and is enjoying this unusually warm fall weather. I know I've been busy with work, attended a few conferences, juggling IEMSA obligations, and trying to sneak in some time for R&R.

The rest and relaxation for me entailed a little fishing and golfing in Iowa. We're officially empty nesters. Our daughter started college this fall, so the summer was busy with buying dorm room accessories and making sure everything is in order.

I also have a lot of friends in EMS that are undergoing the same work and life changes that I'm currently experiencing. Sometimes I feel like a circus juggling act and I hate it when I feel like my plate is too full, or I'm neglecting family obligations because of work or the organizations and committees I sit on that I have passion for. It's nice to know I'm not alone. I'm fortunate to have a very understanding wife, but I have to give her credit because she helps me balance my responsibilities. For all my EMS friends out there, please don't get so caught up in all your work and extracurricular activities that you do, because before you know it your kids will be grown up and out of the house. I'm not by any means a counselor, but I do know you need to balance family and work for both to be successful.

So, what's new on the horizon? We're planning a Pediatric Workshop to be held in Iowa City sometime in February of 2014. Mark your calendars and watch your E-News and e-mail for more details. .

I would like to personally invite you to attend the Annual Conference that will be held November 7th – 9th in Des Moines. We will have a larger vendor hall this year and impressive topics taught by local and national speakers. This is a great opportunity to obtain your CEH's, get caught up on new topics and trends, attend the largest vendor hall in Iowa, network with friends and colleagues, and attend the entertainment provided at night.

How many communities and services are utilizing the salmon colored IPOST form? How many are aware of IPOST? IPOST stands for Iowa Physician Orders for Scope of Treatment. It is a physician's order that outlines a plan of care respecting the patient's health care treatment choices. If you want more information please visit http://.www.ihconline.org/aspx/toolkits.aspx

IEMSA Board elections are coming up. How active are you in EMS outside of your own organization? Would you like to be more active? IEMSA Board Member nominations open in September 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. Deadline for nominations is October 4th, 2013, contact the IEMSA Office for nomination information.

The Des Moines Register article on April 7, 2013 has definitely sparked heated discussion not only throughout Iowa, but with other State EMS Associations and national authors. Iowa is not unique to the issues brought up in the Des Moines Register article. IEMSA has been busy fielding calls and emails the past few months along with writing a few letters to the editor stressing that EMS services must be seen as an essential service. My last President's article titled "EMS Under Siege" was shared with the Des Moines Register and other state associations and received positive feedback from the membership. Skip Kirkwood, Director of Durham County (NC) EMS and editorial advisory board member for EMS World, has written a two part series in EMS World focusing on what other states can learn from Iowa's experience.


Register Investigation

Should convict serve as emergency worker?

In tiny Dayton, a resident who was once left for dead in a farm field objects to his would-be killer working as an EMT in town.

By Clark Kauffman

Mike Triplett, IEMSA Lobbyist, advised us that there will be an Emergency Medical Services Study Committee, which was approved by the Legislative Council on July 18, 2013, in regards to researching the current status of Iowa's emergency medical services (EMS) and make recommendations to ensure the future availability of EMS statewide. We will be gathering information from our members and presenting to this committee on November 6, 2013. More information will be distributed on this legislative interim study as it materializes.

As President of your organization I would like to personally ask that you attend our EMS Day on the Hill in January. Last year the event was poorly attended due to bad weather, but with over 12,000 EMS providers in the state it would really be great to assemble in large numbers to discuss the issues we all face and to dialog about the legislative talking points with your senators and representatives. Politicians will oil the squeaky wheel, but we need them to hear from ALL of us in order for them to take action on our issues.

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 2013.

The Des Moines Register article on April 7, 2013 has definitely sparked heated discussion not only throughout Iowa, but with other State EMS Associations and national authors.

A ten percent increase in Medicaid reimbursement rate for emergency medical services providers. **BY LINDA FREDERIKSEN**

OUR VOICE ON THE HILL
LEGISLATION

446 SIGNED: Securing a ten percent increase in Medicaid reimbursement rate for emergency medical services providers.

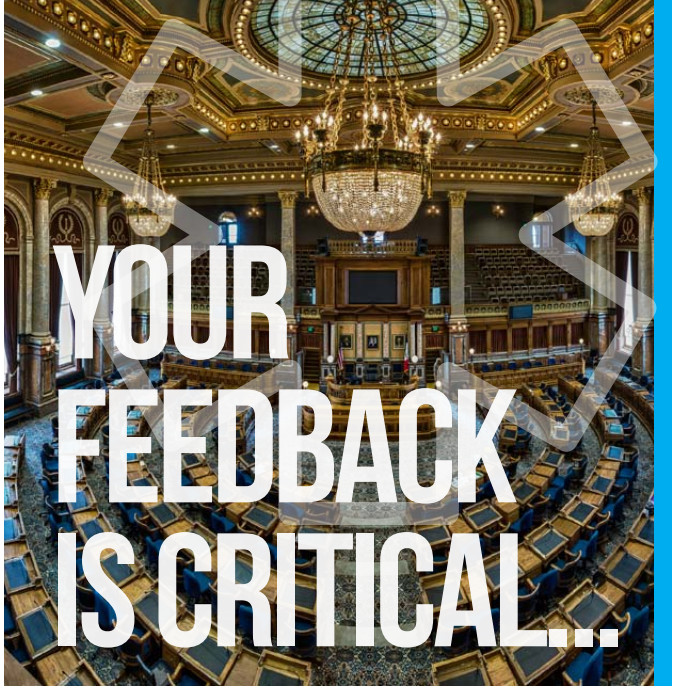
SF LEGISLATIVE BRIEFING

> **In SF 446, we secured a ten percent increase in Medicaid reimbursement rate for emergency medical services providers**. Governor Branstad signed this on June 27, and it became effective on July 1, 2013. This is one of the largest provider increases in the bill, and IEMSA is grateful for the hard work of the Legislature and the Governor's office in securing this additional funding.

This bill also creates the "Iowa Health and Wellness Plan", which will replace the IowaCare plan for low income Iowans. The IowaCare plan will go out of existence on January 1, 2014. EMS transportation services for those covered by the Iowa Health and Wellness Plan will be reimbursed at the Medicaid rate on January 1, 2014.

> **IEMSA was part of a coalition that worked to pass HF 644.** This bill equalized the E911 surcharge between landlines and mobile phones at $1.00 per month. It is hoped that this new funding will help Iowa's public safety answering points (PSAPs) improve their infrastructure to meet the needs of Iowans. Governor Branstad signed the bill in May, and it took effect on July 1, 2013.IEMSA worked with key legislators on a bill that would create an EMS Task Force, which aimed to study the needs of EMS programs throughout Iowa and make recommendations on statutory and regulatory changes to enhance service. This language, which was included in SF 446, was vetoed by Governor Branstad.IEMSA secured a spot on a Public Safety Training and Facilities Task Force that was included in SF 447. This Task Force would have reviewed the training needs of Iowa's public safety disciplines, with the vision of merging the Iowa Law Enforcement Academy and the Iowa Fire Service Training Bureau. Governor Branstad vetoed this provision.

> **Although Governor Branstad vetoed the creation of the Public Safety Training and Facilities Task Force, the Iowa Legislative Council approved the establishment of an Emergency Medical Services Study Committee on July 18, 2013.** This committee will be charged with researching the current status of Iowa's emergency medical services, as well as providing recommendations to ensure the future availability of emergency medical services statewide. Composed of five members each from the Senate and House, this group will meet after Labor Day, and be responsible to consult with stakeholders in conducting the study.



THE FIVE MEMBERS FROM THE IOWA SENATE INCLUDE:

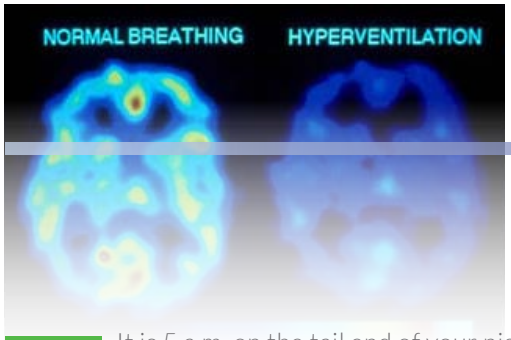
- Sen. Mary Jo Wilhelm (D-Cresco), Chair
- Sen. Steve Sodders (D-State Center)
- Sen. Rich Taylor (D-Mount Pleasant)
- Sen. Jake Chapman (R-Adel)
- Sen. Michael Breitbach (R-Strawberry Point)

REPRESENTATIVES FROM THE IOWA HOUSE INCLUDE:

- Rep. Ralph Watts (R-Adel)
- Rep. Bobby Kauffman (R-Wilton)
- Rep. Sandy Salmon (R-Janesville)
- Rep. Todd Prichard (D-Charles City)
- Rep. Art Staed (D-Cedar Rapids)

We thank our legislators for the establishment of this study committee, and appreciate its potential to identify changes necessary to improve the delivery of emergency medical services within our state. Now more than ever, it's critical for EMS providers to unite as one to determine "WHAT should be fixed" in our profession, as well as "HOW to fix it."

Your feedback is critical to the success of this study committee. Over the next several weeks, you will be asked to complete a short survey via email link, which will allow us to frame the most important issues that we face, and to clearly articulate these issues to our legislators. We hope to hear your suggestions for change, which will assist the members of this very important study committee in making recommendations to ensure the future delivery of emergency medical services.



DEATH BY

HYPERVENTILATION

BY Cindy Hewitt, R.N., EMT-PS, EMS Program Director
Indian Hills Community College

It is 5 a.m. on the tail end of your night shift. You have received a dispatch to respond for a 68 year old male with shortness of breath. You arrive at the residence and are met at the door by the patient's wife. She directs you to the bedroom. As you enter the bedroom and see the patient sitting on the edge of the bed, your general impression tells you this will not be a routine call. You get a lump in your throat. Mr. Smith is diaphoretic and a color you do not find reassuring. His breathing is labored and you can see that he is in distress. Mr. Smith indicates he was awakened from sleep a few minutes ago with difficulty breathing. He got up to go to the bathroom which made his shortness of breath dramatically worse. As you reach for Mr. Smith's wrist to assess a pulse, he falls back on the bed and goes limp. You shake him and call his name, "Mr. Smith....Mr. Smith!" You get no response.

The lump in your throat is now in your stomach as well. You swing Mr. Smith around and put his legs onto the bed and move the pillows from under his head to place him supine and yell for your partner to hurry with additional equipment. You assess for a carotid pulse. You can feel a rapid carotid pulse. You open his airway and assess for breathing, but detect only nominal signs of breathing. You see minimal rise and fall of his chest and only agonal attempts at breathing. You grab the bag valve mask from your airway bag and turn on the oxygen. You seal the mask to his face and squeeze.

You give him two breaths. You assess Mr. Smith again for breathing but still only find him making minimal attempts at respirations. You place the BVM on his face to get a good seal and squeeze. How fast should you ventilate him? Does it really matter how fast you go as long as you are ventilating?.....Yes, it really does matter.

Everyone has likely heard the saying, "If a little is good, more must be better." And in most situations, the saying does apply. But not in all. When it comes to ventilation of patients, more is definitely not better. Most healthcare providers now know that prior recommendations to hyperventilate patients are no longer valid and in fact are now harmful. But do they know why?

If hyperventilation only accomplished the delivery of additional oxygen, then hyperventilating a patient may seem to be advantageous. The problem, however, is that hyperventilation does more than just deliver oxygen to the alveoli. There are two other consequences that must be considered: carbon dioxide levels and intrathoracic pressure. As it relates to these two situations, more is not better.

First let's examine the simpler of the two principles also effected- carbon dioxide levels. While hyperventilation may increase oxygen levels in the blood, it cannot do so without correspondingly effecting carbon dioxide levels. Normal partial pressure of carbon dioxide in arterial blood (PaCO2) should be 40 mm Hg ± 5 (35-45 mm Hg). Hyperventilation, of course, decreases CO2 levels resulting in hypocarbia.

What may not be as well known is that decreasing the CO2 level is suspected to cause constriction of cerebral vessels. While a small decrease in CO2 levels (to 25-30 mmHg), resulting in mild vessel constriction may be desirable in patients with increased intracranial pressure, excessive hyperventilation causes CO2 levels to decrease and constricts cerebral vessels to the point that blood flow to the brain is diminished. Cerebral hypoxia occurs in spite of elevated oxygen levels.

Secondly, let's look more closely at how hyperventilation can effect intrathoracic pressure, beginning with a review of the physiology of respiration. As cells metabolize glucose to produce energy, they also produce the byproduct of carbon

"While hyperventilation may increase oxygen levels in the blood, it cannot do so without correspondingly effecting carbon dioxide levels."

dioxide. As levels of carbon dioxide increase intracellularly, carbon dioxide then diffuses into the interstitial spaces and then subsequently as those levels rise, eventually into the capillaries. As the carbon dioxide moves into the blood, these increasing levels are detected by chemoreceptors located in the aorta, carotids and near the medulla oblongata. These chemoreceptors primarily monitor changes in pH and PaCO2 levels. As more carbon dioxide builds up in the blood, the PaCO2 levels rise and pH falls as the carbon dioxide in the blood converts into carbonic acid.

When the acidity and PaCO2 reach sufficient levels, the chemoreceptors send a message to the brain indicating the levels are elevated. The brain's response is to send a message back to the body to initiate a breath which will remove the CO2 from the blood and lower the acidity again. The brain accomplishes this by sending an electrical impulse to the muscles of the respiratory system, thereby stimulating them to contract. The diaphragm flattens, the intercostal muscles pull the ribs up and out, and the space within the intrathoracic cavity increases. The suction cup adherence between the parietal and visceral pleura of the lungs pulls the lung tissue outward with the thoracic cage. As this space is expanded, a negative pressure is created within the thoracic cavity that literally pulls or sucks air in through the only opening into the area- the trachea.

Stretch receptors in the lung tissue determine when the lung tissue has been stretched sufficiently and send a message to the brain to stop the process. During exhalation the recoil of the respiratory muscles, rib cage and natural elasticity of healthy lung tissue return the thoracic cavity to its original size. These tissues push in just like a balloon that has been blown up and released, the thoracic cavity now fills with positive pressure and the air in the lungs is pushed out through the trachea.

Air that was pulled into the lungs during inspiration replenishes oxygen supplies in the avleoli. Air that has been pushed out of the lungs during exhalation has removed excess carbon dioxide. As soon as carbon dioxide levels build up again, the process will repeat itself and the body will be stimulated to initiate another breath.

When we naturally inhale, the negative pressure created in the thoracic cavity not only pulls air into the thoracic cavity but also has the potential to pull blood into the vena cavas from the peripheral vessels, thus promoting blood flow to the heart. When we exhale, a positive pressure is created. This helps push the blood forward to the heart as the valves in the venous system will not allow it to flow backward. With each breath we take, this intrathoracic pump (also referred to as the thoracoabdominal pump) assists in returning blood to the heart, and in turn, helps create adequate preload for cardiac filling and, therefore, adequate blood volume for cardiac output and blood pressure.

Simple enough right? We naturally inhale by creating a negative "pull" pressure in the lungs and exhale by natural elasticity creating a positive "push" pressure in the lungs. Not only does this "pull" pressure pull air into the thoracic cavity, but it pulls blood into the thorax as well. The positive "push" pressure not only pushes the air out of our lungs but it "pushes" blood onward toward the heart. Now let's look at how that process changes when a patient is ventilated.

When we ventilate a patient via a bag valve mask (BVM), ET or other device, we "push" air into the lungs with positive pressure. This puts positive pressure in the thorax during inhalation rather than the normal negative pressure, which is just opposite of the natural process. This eliminates the "pull" that helps pull blood from the body towards the heart. We already know that exhalation also creates a positive pressure in the lungs. This means there is now positive pressure in the thoracic cavity during both inhalation and exhalation. With this constant positive pressure, blood meets resistance when trying to flow into the thorax toward the heart. Blood can only easily flow into the vena cava during the time between breaths

> > > CONTINUED ON **PAGE 10**

DEATH BY HYPERVENTILATION

>>> CONTINUED FROM **PAGE 9**

when the pressure in the chest is neutral. This flow is passive and not assisted by the negative pressure "pull" we see in natural breathing.

When hyperventilating a patient, we diminish the time between ventilations. We are creating positive pressure during both inhalation and exhalation and due to the increased rate of ventilations we dramatically increase the amount of time that positive pressure is present in the lungs. This correspondingly shortens or nearly eliminates the time between respirations when there is neutral pressure and passive blood flow can still occur. This diminished blood flow can significantly reduce preload, which in turn means reduced cardiac output and blood pressure.

Recommendations for appropriate ventilation rates were released by the American Heart Association (AHA) in 2006. According to the AHA, for patients with inadequate breathing that still have a pulse, ventilations should be delivered 10 to 12 times per minute or once every five to six seconds. For the patient not breathing and with no pulse, compressions and ventilations should be delivered at a ratio of 30:2 until placement of an advanced airway such as an endotracheal tube. At that time, compressions are to be delivered continuously while ventilations should be delivered at only eight to ten times per minute or once every six to eight seconds.

Seems easy enough right? Just follow the new recommendations, and don't hyperventilate. But that is not as easy as it sounds. In the heat of the moment, many healthcare providers ventilate at a rate much faster than what they believe they are ventilating. In a study completed in Milwaukee, Wis.(Aufderheide, et al 2004), researchers studied how many times paramedics ventilated patients with an advanced airway in place in a cardiac arrest situation. The study showed that on average the paramedics delivered 37 ± 4 breaths per minute. That's almost four times the recommended rate of eight to ten breaths per minute. After two months of retraining the paramedics to ventilate at correct rates, they were again evaluated and still had a ventilation rate of 22 ± 3 breaths per minute-over twice the recommended rate. Why were the rates still high after retraining? It is believed that in the "heat of the moment" healthcare providers unintentionally allow rates to increase as adrenaline affects their actions.

These same researchers went on to evaluate the risks of this hyperventilation on pigs in induced cardiac arrest. In the study, pigs were ventilated at 12, 20 or 30 breaths per minute during resuscitation. The results showed that increased ventilation rates were associated with significantly higher intrathoracic pressures and significantly lower coronary vessel perfusion pressures (the blood pressure in the coronary vessels of the heart). In the pigs ventilated at 12 breaths per minute, six of the seven were successfully resuscitated from induced ventricular fibrillation. Only one of seven pigs ventilated at 30 breaths per minute was successfully resuscitated. This corresponds to an 86% survival rate in normal ventilation rates (12 breaths per minute) versus a 14% survival rate for pigs hyperventilated at 30 breaths per minute. Hyperventilation can harm.

To effectively make the changes needed, you must be conscious of the rate you ventilate a patient. Count out loud, practice it and commit to make sure you ventilate correctly. Lastly, advocate the importance of correct ventilations when you see others hyperventilate. It can make a big difference in your patient's chance of survival. More definitely is NOT always better.

REFERENCE: *Aufderheide TP, Sigurdsson G, Pirrallo RG, Yannopoulos D., McKnite S, von Briesen C, Sparks CW, Conrad CJ, Provo TA, Lurie KG. Hyperventilation-induced hypotension during cardiopulmonary respiration. Circulation. 2004;109:1960-1965*

DEATH BY
HYPERVENTILATION
Continuing Education Quiz

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

Deadline: December 31, 2013

Complete this Quiz and:

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

1> During natural inhalation, _____ pressure is created in the thorax.

a) positive
b) negative
c) neutral

2> During ventilation with a bag valve mask (BVM), _____ pressure is created in the thorax.

a) positive
b) negative
c) neutral

3> Hyperventilation causes:

a) increased intrathoracic pressures and hypocarbia
b) increased intrathoracic pressures and hypercarbia
c) decreased intrathoracic pressures and hypocarbia
d) decreased intrathoracic pressures and hypercarbia

4> A patient without a pulse with an advanced airway in place should be ventilated at a rate of :

a) 20 times per minute (once every three seconds)
b) 15 times per minute (once every 4 seconds)
c) 10-12 times per minute (once every 5-6 seconds)
d) 8-10 times per minute (once every 6-8 seconds)

5> A patient with a pulse but inadequate breathing or apnea should be ventilated at a rate of:

a) 20 times per minute (once every three seconds)
b) 15 times per minute (once every 4 seconds)
c) 10-12 times per minute (once every 5-6 seconds)
d) 8-10 times per minute (once every 6-8 seconds)

6> The intrathoracic pump (or thoracoabdominal pump) effectively works to:

a) pull air into the lungs during inhalation
b) push air out of the thorax during exhalation
c) pull blood from the body in to the thorax and toward the heart
d) recoil respiratory muscles, ribs and lung tissue to allow for exhalation

7>Chemoreceptors are triggered to initiate a respiration when:

a) blood CO_2 levels rise and pH drops
b) blood CO_2 levels rise and pH rises
c) blood CO_2 levels fall and pH drops
d) blood CO_2 levels fall and pH rises

8>Hyperventilation induced hypocarbia with $PaCO_2$ levels below 25 mm Hg can result in:

a) increased intrathoracic pressure
b) decreased intrathoracic pressure
c) excessive cerebral vasoconstriction
d) decreased cardiac output

9>In the Aufderheide study, paramedics initially (before retraining) were found to be ventilating patients:

a) at the correct rates
b) too slowly
c) at rates double normal rates
d) at rates nearly four times normal

10> Increased intrathoracic pressure:

a) assists venous return to the heart
b) opposes the venous blood flow to the heart
c) has no effect on venous blood flow to the heart

EMS BUREAU UPDATE

BY ANITA J. BAILEY, PS : IDPH—EMS BUREAU

CHAPTER 132: EMS SERVICE PROGRAMS WORKGROUP

The Iowa Department of Public Health (IDPH) has asked the Quality Assurance, Standards and Protocols (QASP) subcommittee of the Iowa EMS Advisory Council (EMSAC) to review 641—132(147A) and provide guidance and recommendations for improvements. The greater limitations on the IDPH resources have resulted in the need to evaluate the administrative demands of regulation. This chapter regulates EMS service programs and became effective in 1979. The chapter regulated only advanced care services until minimum ambulance standard were added in 1995. Chapter 132 has been revised over 40 times including minimum staffing from 2-EMT's to 1-EMT and a driver, conditional staffing, removing occasional transport and allowing ambulance services to seek approval to provide nontransport coverage in addition to ambulance authorization (ambulance/TA). Among the many improvements made to operational requirements are minimum protocols, continuous quality improvement programs, electronic data reporting and the emergency driving and communications policy. Some federal initiatives may influence the group discussion as well. Emergency vehicle manufacturing regulations, Community Paramedicine Programs, difficult reimbursement rates and the Affordable Care Act are some of the relevant initiatives.

QASP will meet monthly August through November and convene in January 2014 to provide the final recommendations to the department. Efforts will be made to submit changes to the State Board of Health before July 1, 2014. Contact your regional coordinator if you have questions or to submit comments. Your input is essential and welcomed. The Bureau Staff Contact list is available at http://www.idph.state.ia.us/ems/staff.asp

2014 IOWA EMS ADULT AND PEDIATRIC PROTOCOL REVISIONS

> **EMSAC approved recommendations from QASP** to make changes to the Pediatric Seizure protocol and developed an extensive new Shock protocol.

The change to the Pediatric Seizure protocols are for the advanced care guidelines and include the recommendation for dosing medications according to the length/weight based device.

> **The new shock protocol includes guidelines** for hypovolemia (internal and external bleeding), cardiogenic, obstructive (tension pneumothorax, pericardial tamponade and pulmonary embolus) and distributive (neurogenic, anaphylactic and septic) shocks.

> **The protocol workgroups timeline** includes posting the 2014 protocols after the January 8, 2014 EMSAC meeting. Plan now to seek physician approval and to train staff early in 2014 so patients can benefit from these improvements. Send your regional coordinator any changes and maintain documentation of staff training onsite. BEST PRACTICE: Many services provide medications and scope of practice training with the protocol updates.

SCOPE OF PRACTICE

The April 2012 Scope of Practice document will be revised to include a change for the emergency medical responder (EMR). EMSAC has approved the recommendation from QASP to include the administration of aspirin for eligible chest pain patients. Modifications to the Scope of Practice require administrative rule changes. The skill may be

As designated by code, the department is the lead agency responsible for the development, implementation, coordination and evaluation of Iowa's EMS system.

introduced at the service level with physician medical director approval and documentation of training once the scope is officially changed. Over the last few quarters QASP has tabled discussions on spinal-based immobilization for levels other than paramedics and is seeking more evidence-based information on the use of capnography for the EMT and AEMT level.

...AND FINALLY

The IDPH thanks Janis Adams, representing the Iowa Nurses Association, for serving as the EMSAC Chairperson for the last 18-months. Your guidance has been appreciated. We welcome longtime EMSAC member Dr. Doug Butzier, representing the Iowa Chapter of the American Academy of Emergency Medicine, as the new Chairperson. Jeff Messerole will replace Dr. Darrel Forslund as vice-chairperson as Dr. Forslund has reached the term limit for serving in that capacity. He will continue as the Chairperson of the QASP. Sincere thanks to all of you for all you do for EMS in Iowa. Your expertise is essential as we work together to promote and protect the health of Iowans.

IEMSA Pediatric Workshop—
Coming February 2014

IEMSA is currently in development of a Pediatric Workshop to be presented in Iowa City in February of 2014. We will announce the details of this conference in your E-News and on the IEMSA Website (http://www.iemsa.net)

WATCH FOR MORE DETAILS SOON.

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NEW NAEMT COURSE ON
ETHICS & LEADERSHIP FOR EMS PRACTITIONERS

> NAEMT is preparing to launch a new course, called Principles of Ethics and Personal Leadership (PEPL) to develop awareness and build skill sets for the effective exercise of ethics and personal leadership. The course has been designed to provide EMS practitioners with a deeper understanding of themselves as it relates to basic principles of ethical leadership and serve to patients., and awareness of the leadership challenges facing today's evolving mobile healthcare environment. This course assists students in identifying their personal responsibility and accountability for ethical decision making and for the exercise of ethical servant leadership for themselves, their patients, and their profession.

> **Topics and skills covered in the curriculum will include** personal and professional core values ethics , decision making, duty to serve, strategies for conflict resolution, and ambassadorship for the profession, their agencies and the community at large. Through course presentation, dialogue, and learning activities, including written and video case studies, students will explore the importance of ethics and personal leadership, identify their leadership roles in civic life as individuals, family members, professionals, and members of the community, and practice the skills important to the exercise of personal, ethical leadership.

> **Members are encouraged to take this 16 hour course. If you are interested in taking this course or bringing it to your agency or EMS training site, contact NAEMT at 800-346-2368 or education@naemt.org.**

IOWA PHYSICAN ORDERS FOR SCOPE OF TREATMENT

BY KATRINA ALTENHOFEN : IDPH—EMS BUREAU

On July 1, 2012 the "Iowa Physician Orders for Scope of Treatment" (IPOST) was signed into law.

The intent of the law was the actual IPOST form which is housed at the Iowa Department of Public Health. Iowa Department of Public Health and the Iowa Healthcare collaborative joined together to convene a group of stakeholders who would help to shape the course of IPOST in Iowa and its usage among the citizens regardless of age.

This group has met a couple of times and have outlined the following as its mission, vision and initial goals-

Mission: To promote community care coordination and advanced care planning

Vision: Seamless communication and execution of individual patient care choices across the healthcare continuum

Goal 1: Develop and implement statewide IPOST strategy

Goal 2: Spread the community-wide application of IPOST in Iowa

Goal 3: Monitor IPOST deployment, spread and effectiveness

The statewide workgroup wants to assure that all individuals that need an IPOST are in fact having the conversation about the form and completing the form. There has been some issue surrounding various trainings needed to even start the conversation. The LAW did not outline training and/or education just the usage of the form which can be used at anytime regardless of community coalition building or training. Ideally a community's healthcare providers should be aware of the usage of IPOST within their respective healthcare agency.

To date there has not been a statewide "formal" tracking of the form usage with the exception of the patients seen at the University of Iowa Children's Hospital. The Children's Hospital designed a "parent packet" to assist families in the implementation of the IPOST for their child. The packet includes: Instructions and guidelines for the packet, IPOST form, template letters to their respective EMS Service Director, EMS Medical Director, County Medical Examiner etc...which is designed to enable the conversation concerning the IPOST to happen proactively rather than reactively. Since November of 2012, twenty-two packets to parents with forms have been completed for children within 19 various counties in Iowa. The following is a break-down of the forms:

- Indications:
  - o DNR/Comfort Care: 11
  - o DNR/Limited: 8
  - o DNR/Full treatment: 2
  - o CPR/Full treatment: 1
- Patient Outcomes:
  - o Living patients: 16
  - o Deceased patients: 6
- Patients receiving hospice support: 7 of 22

For more information on the state's IPOST form and its usage please contact Katrina Altenhofen, 515-344-1618; Katrina.Altenhofen@idph.iowa.gov as she has been the appointed IDPH staff person.

SPOTLIGHT ON IHCC TRAINING

INDIAN HILLS COMMUNITY COLLEGE is located in southeast Iowa with their main campus located in Ottumwa and a satellite campus at Centerville. IHCC has a long history of providing EMS education since the late 1970's. From the 1970's until the late 1990's First Responder, EMT and Paramedic classes were offered through the continuing education division. The EMS program transitioned to credit courses with the option of an A.A.S. degree in 2001, led by Lori Reeves. Lori is currently the Department Chair for the Rural Health Education Partnership of IHCC's Health Occupation's division. Through the Rural Health Education Partnership at Indian Hills, IHCC offers a variety of continuing education classes for EMS providers in the area. A listing of the classes offered can be seen here: http://www.indianhills.edu/courses/custom/rhep/index.html

On March 16, 2012, IHCC received their initial accreditation from the Commission on Accreditation of Allied Health Education Programs for the Emergency Medical Technician-Paramedic program under the direction of Cindy Hewitt as the Program Coordinator.

The current EMS Program offers five programs:

- EMR (Emergency Medical Responder) for 3.5 credits.
- EMT (Emergency Medical Technician) for 9.5 credits over 2 terms. Offered as spring and fall starts.
- AEMT (Advanced Emergency Medical Technician) for 9.5 credits over 2 terms.
- Paramedic. AAS as a total program is 80 credits over 8 terms. The Paramedic as a 'core course' option is an option for currently certified EMT's. The core program is 48.5 credits over seven terms. Human anatomy, human anatomy lab, human physiology, and human physiology lab, and PHTLS are pre-requisites to taking Paramedic 1.

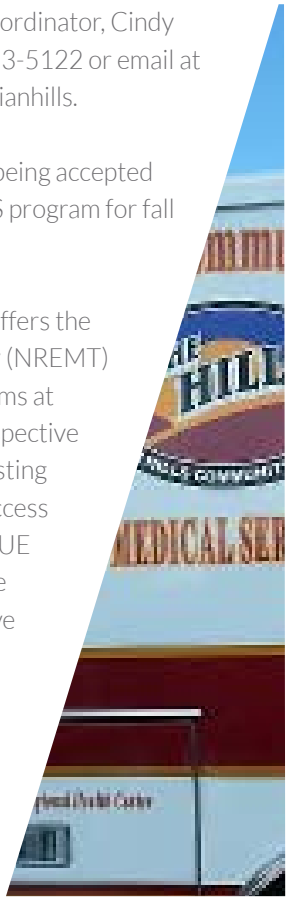
Our EMS students are on campus two days of the week for lecture and lab. The clinical and field experiences can be scheduled almost 24/7. Student experiences include high and low fidelity simulation including the use of an ambulance. Endorsements within the program include BLS, GEMS, ACLS, PALS, PHTLS, and AMLS. Ronda Lamb is the lead instructor for the paramedic program and can be contacted at ronda.lamb@indianhills.edu.

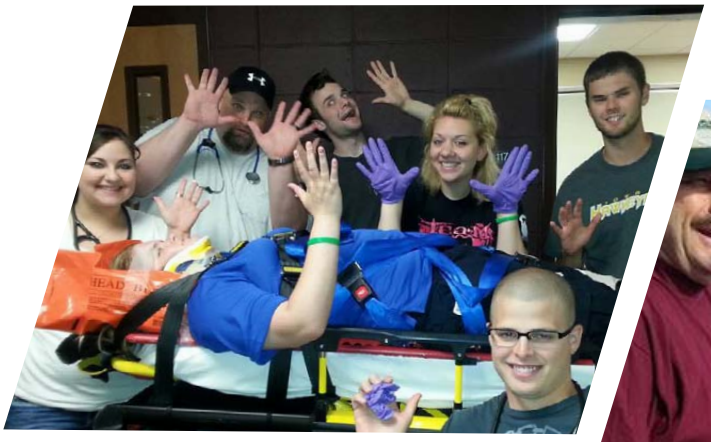
Interested students can look at this web site to review each of the EMS classes offered to determine what fits into their career plans. http://www.indianhills.edu/courses/health/index.html

Or make an appointment to talk to the EMS Program Coordinator, Cindy Hewitt at 641-683-5122 or email at cindy.hewitt@indianhills.

Applications are being accepted now into the EMS program for fall 2013 in August.

Indian Hills also offers the National Registry (NREMT) psychomotor exams at the end of the respective programs. The testing center also has access to two Pearson VUE computers for the computer adaptive examination.





SPOTLIGHT ON **MEMBERS** CORPORATE

HENRY SCHEIN EMS—IEMSA'S NEW GROUP PURCHASING PARTNER—IEMSA's Membership Committee is excited to update you on the Group Purchasing Program. The contract has been awarded to Henry Schein EMS. Henry Schein EMS has entered into a two-year contract with IEMSA to provide our Affiliate Members (in good standing) with considerable discounts on their products. Click here for a video about this exciting new partner.

Headquartered in Irmo, South Carolina, they are one of the largest EMS distributors in the United States. Specializing in emergency medical supplies, equipment, training adjuncts, and EMS supply solutions, Henry Schein EMS is proud to work with ambulance services, rescue squads, fire departments, police agencies, emergency management and preparedness teams, teaching institutions, and other prehospital and first responder agencies in all fifty states providing the right products, at excellent prices, and exceptional customer service, as well as field sales consultants with considerable field EMS experience and knowledge.

Henry Schein EMS, previously known as MATRX Medical, joined the Henry Schein family approximately ten years ago, but has been providing equipment and supplies for over thirty years. The Henry Schein Corporation itself is a Fortune 300 company, with multiple specialty divisions. This is a great advantage for the EMS Division , particularly when working with critical care transfer services, rotor and fixed wing agencies, mass casualty preparedness programs, and other specialized EMS teams and first responder units.

Henry Schein EMS provides free shipping to all IEMSA affliate members. There is also no minimum order level, and most non capitol equipment and supply orders will arrive to IEMSA customers next day from our efficient and modern Indianapolis distribution facility.

We feel that it is our responsibility to personally assist you in streamlining your supply and equipment programs, and to help reduce your supply expenditures whenever possible, as well as answers and insight when it is most needed.

IEMSA's field sales consultant, Bill Beetschen, has been with Henry Schein EMS for 7 years, and has been in the EMS sales field for 24 years--and he's one of us—active in the Fire and EMS service for nearly 40 years, having served as an EMS system coordinator and an instructor, a paramedic for 37 years, and is also a part time deputy fire chief. Bill spends a lot of time working face to face with his customers, and commits himself to being "only a phone call away" 24/7.

Planning for stocking a new vehicle, transitioning into a new care level, streamlining inventory, preparing mass casualty packages, and projecting prices to assist with budget development are just a few ways that Bill can help you.

Bill's cell phone is 847-366-7989. His email address is rescue8@comcast.net

Visit Henry Schein EMS today-- Click here.

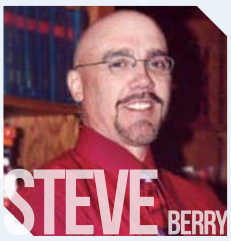
HENRY SCHEIN®

CLICK HERE TO REGISTER NOW!

REGISTER BY OCT. 18TH & RECIEVE A FREE IEMSA T-SHIRT!

IEMSA 24TH ANNUAL CONFERENCE & TRADE SHOW

NOVEMBER 7–9, 2013 –DES MOINES



STEVE BERRY—LIVE!

FOR SOME LAUGHS, FUN AND PICK UP SOME CEs TOO! Steve is a former teacher and interpreter for the hearing impaired. Steve has published 11 EMS related cartoon books since his escapades as a paramedic/EMS instructor began 28 years ago. Steve writes a monthly humor column for the Journal of Emergency Medicine, and illustrates cartoons for JEMS magazine! He is also the Public Image Officer for the National EMS Memorial Bike Ride. A full time paramedic for Southwest Teller County EMS in Colorado, Steve seeks world peace along with frequent flyer mileage! His photo may be acquired at any United States Postal Service Office near you!! You will enjoy Steve Berry!

NEW 2-DAY AMLS WORKSHOP!*

NAEMT's Advanced Medical Life Support (AMLS) course is the first EMS education program that fully addresses how to best assess and manage the most common medical crises in patients, offering a "think outside the box" methodology. It is for all levels of practitioners with a strong commitment to patient care, including emergency medical technicians, paramedics, nurses, nurse practitioners, physician assistants, nurse anesthetists and physicians. AMLS is endorsed by the NAEMSP. It is accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) and is recognized by NREMT. Students who successfully complete the AMLS course will receive a certificate of completion that is valid for four years. * 12 students needed to hold this workshop.

CONTINUING EDUCATION AFFORDABLE

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

REGISTER TODAY! THIS IS HOW IT WORKS:

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

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

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

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

After the conference, you will receive your certificate of attendance to include CEU/CEH detailed information, including Iowa EMS sponsor number as formal education (FE) or optional education (OE) which will be designated on the certificate. Certificates will be mailed winthin 4 weeks after the conference.

REGISTER & GET A FULL CONFERENCE BROCHURE ON-LINE!

WWW.IEMSA.NET

SCHEDULE-AT-A-GLANCE

2013 : 24TH ANNUAL IEMSA CONFERENCE

Topics approved as Formal Education (FE) are approved for Nursing CEUs by IBON Approved Provider # 8. (1.0 CEH = 0.1 CEU)

PRE-CONFERENCE WORKSHOPS : THURSDAY, NOVEMBER 7TH, 2013

08:00-16:30 — **CCP REFRESHER WORKSHOP :**
- What's New in Airway? ★ 1.0 FORMAL CEs
- Ventilation Management & the Truth Re Oxygenation ★ 1.0 FORMAL CEs
- Staffing: Medic vs. CCP Missions ★ 1.5 FORMAL CEs
- Drip and Ship ★ 1.5 FORMAL CEs
- Technology in Cardiovascular ICU ★ 1.5 FORMAL CEs
- CCP Case Studies ★ 1.5 FORMAL CEs

REGISTRATION SIGN-IN : 07:00-17:00

EMS HAZMAT: THE CONTINUING CHALLENGE ◎ 8.0 OPTIONAL CEs

MEDICAL DIRECTOR (NO CEs)**/SERVICE DIRECTOR WORKSHOP** ★ 4.5 FORMAL CEs

NEW! AMLS : 2-DAY WORKSHOP (THURS. & FRI.) ★ 16.0 FORMAL CEs *A MINIMUM OF 12 ATTENDEES IS NEEED TO HOLD THIS WORKSHOP

11:15-12:15 — **ANNUAL IEMSA BOARD MEETING**

THURSDAY : SPECIAL EVENTS

19:00-23:00 — "THE GATHERING PLACE"
400 WALNUT ST, DES MOINES
DRINK SPECIALS, LIGHT SNACKS, AND A JOLLY GOOD TIME!

17:00-19:00 —

EXHIBIT HALL WELCOMING RECEPTION

BEAT THE RUSH - VISIT THE EXHIBITORS DURING THIS RECEPTION. VENDORS ARE FEATURING **"THE TOOLS OF YOUR TRADE"—**NEW PRODUCTS, SERVICES THAT YOU USE AND NEED. DRINKS AND SNACKS PROVIDED.

DAY 1 : FRIDAY, NOVEMBER 8TH, 2013 : REGISTRATION SIGN-IN : 07:00-17:00

08:00-16:30 — SECOND DAY OF THE AMLS 2-DAY WORKSHOP—CONTINUED

07:45-09:00 — **GENERAL SESSION :** Life Worth Saving, It Must Be Worth Living -STEVE BERRY ◎ 1.5 OPTIONAL CEs

09:45-10:35
- **TRACK A-GENERAL :** Hazmat:"Chemist or the Non-Chemist"-ART SAENZ ◎ 1.0 OPTIONAL CEs
- **TRACK B-BASIC :** Surviving Columbine—DR. WILKINS, MD & K.JOHNSON, RN ★ 1.0 FORMAL CEs
- **TRACK C-ADVANCED :** Coverdell Stroke Project ★ 1.0 FORMAL CEs —REBECCA SWIFT BRIAN HELLAND

10:45-12:00
- **TRACK A-GENERAL :** What is Going On in There—KEVIN-MCFARLANE ★ 1.5 FORMAL CEs
- **TRACK B-BASIC :** Death on Scene-ME—STEVE BERRY ★ 1.5 FORMAL CEs
- **TRACK C-ADVANCED :** Don't Get Burned!—LARRY MACY ★ 1.5 FORMAL CEs

13:00-13:55
- **TRACK A-GENERAL :** Teen Suicide—KEVIN MCFARLANE ★ 1.0 FORMAL CEs
- **TRACK B-BASIC :** Mama, Don't let your kids grow up to be Ambulance Drivers —STEVE BERRY ◎ 1.0 OPTIONAL CEs
- **TRACK C-ADVANCED :** New Untouchables—CHRIS SUPRUN ★ 1.0 FORMAL CEs

14:05-14:55
- **TRACK A-GENERAL :** Sorry I Don't Speak Peds!—KEVIN MCFARLANE ★ 1.0 FORMAL CEs
- **TRACK B-BASIC :** Tales From the Dark Side—CHRIS SUPRUN ★ 1.0 FORMAL CEs
- **TRACK C-ADVANCED :** Spiders,Scorpions, & Snakes-OH MY!—LARRY MACY ★ 1.0 FORMAL CEs

15:40-16:55 — **GENERAL SESSION :** The Lies Hollywood Told Me!—KEVIN MCFARLANE ◎ 1.5 OPTIONAL CEs

FRIDAY : SPECIAL EVENTS:

09:00 - 17:40
EXHIBIT HALL HOURS

20:30 - 23:30
FRIDAY NIGHT ENTERTAINMENT

BACK BY POPULAR DEMAND
THE JOHNNY HOLM BAND

SPONSORED BY LifeFlight

COMMUNITY CHOICE CREDIT UNION BALLROOM
• BALLROOM • **NEW!** PHOTO BOOTH & GAMES •

DAY 2 : SATURDAY, NOVEMBER 9TH, 2013 : REGISTRATION SIGN-IN : 07:00-12:00

07:30-08:15 — **HONORING OUR OWN :** A Moving Tribute. Arrive Early—No seating after it the ceremony begins.

08:25-09:15 — **GENERAL SESSION :** Thru the Eyes of the Rescuer—JASON DUSH ◎ 1.0 OPTIONAL CEs

09:45-10:35
- **TRACK A-GENERAL :** ECG's Made Easy—LARRY MACY ★ 1.0 FORMAL CEs
- **TRACK B-BASIC :** Young Guns-School Shootings—CHRIS SUPRUN ★ 1.0 FORMAL CEs
- **TRACK C-ADVANCED :** Sentimental Journey-A Final Wish Come True—BERRY ★ 1.0 FORMAL CEs

10:45-12:00
- **TRACK A-GENERAL :** Man VS Machine—JASON DUSH ★ 1.5 FORMAL CEs
- **TRACK B-BASIC :** How Did I End Up in Hee Haw? Rural EMS—SUPRUN ★ 1.5 FORMAL CEs
- **TRACK C-ADV :** 2 Dudes & 2 Beers;Alcohol & Minor Trauma—MCFARLANE ★ 1.5 FORMAL CEs

13:00-14:15
- **TRACK A-GENERAL :** Bath Salts—JASON DUSH ★ 1.5 FORMAL CEs
- **TRACK B-BASIC :** Child Birth & Complicated Deliveries—TERRY RAGALLER ★ 1.5 FORMAL CEs
- **TRACK C-ADVANCED :** Home Improvement Trauma—STEVE BERRY ★ 1.5 FORMAL CEs

14:25-15:15
- **TRACK A-GENERAL :** EMS System Standards Success Stories ★ 1.0 FORMAL CEs —BY SYSTEM STANDARDS COMMITTEE MEMBERS
- **TRACK B-BASIC :** HOLE Story-Implications of Body Piercing—STEVE BERRY ★ 1.0 FORMAL CEs
- **TRACK C-ADVANCED :** How to Expect the Unexpected—JASON DUSH ★ 1.0 FORMAL CEs

15:25-16:40 — **GENERAL SESSION :** Who put the A** in Assessment?—CHRIS SUPRUN ★ 1.5 FORMAL CEs

SATURDAY : SPECIAL EVENTS

VENDOR GIVE-AWAY

(must be present to win)

DROP OFF YOUR
"GIVE-AWAY ENTRY CARD"
AT THE IEMSA BOOTH
LOCATED IN THE VENDOR HALL!

WINNERS ANNOUNCED
IN THE VENDOR HALL DURING THE
SATURDAY MORNING BREAK
09:15-09:45
AND
SATURDAY LUNCH BREAK
12:00-13:00