

VOICE



October-December 2012

IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION



MUSCATINE FIRE DEPARTMENT AMBULANCE SERVICE
CAREER SERVICE OF THE YEAR

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IEMSA | A VOICE FOR POSITIVE CHANGE IN IOWA EMS

VOICE



Vol. 2012-04, October-December 2012

The Voice Newsletter is published quarterly by:

IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION
8515 Douglas Avenue, Suite 27B * Urbandale, IA 50322

2012

IEMSA

Board Meetings

December 20, 2012

WDM EMS Station 19 1:00—3:00 pm

2013 UPCOMING EVENTS

January 12, 2013 IEMSA SE IOWA EMS SATURDAY

January 31, 2013 EMS DAY ON THE HILL and IEMSA LEADERSHIP CONFERENCE

May 2013 EMS MEMORIAL

May 2013 IEMSA BILLING & MGMT CONFERENCE (Date TBD)

November 7-9 2013 IEMSA 24th ANNUAL CONFERENCE & TRADESHOW

2012

IEMSA

Board of Directors

President Jerry Ewers

Vice President Linda Frederiksen

Secretary Thomas Summitt

Treasurer Brandon Smith

Immediate Past President

John Hill

Northwest Region

Terry Stecker, John Jorgensen,
John Hill

Southwest Region

Rod Robinson, Jan Beach-Sickels,
Rob Marsh

North Central Region

Thomas Craighton, David Mallinger,
Russ Piehl

South Central Region

Mark McCulloch, Katy Hill,
Jeff Dumermuth

Northeast Region

Curtis Hopper, Lee Ridge, Rick Morgan

Southeast Region

Thomas Summitt, Bob Libby,
Linda Frederiksen

At-Large

Jerry Ewers, Brad Buck, Brandon Smith

Education

Kristi Brockway, Brian Rechkemmer

Medical Director Dr. Forslund

Lobbyist Michael Triplett



Iowa EMS Association Conference Reaches New Heights

This year IEMSA held its 24th Annual Conference and Trade Show with over 1038 attendees which means, this remains to be the largest EMS Conference in the state. We also were very fortunate to have 59 different vendors and several big Sponsors. First I must thank all those that attended as this conference truly is for you, the IEMSA members. Attendees traveled from all across this great state and some from out of state as well. We were fortunate to be able to bring to you some of the most renowned educators in the country. Our goal is to always present to our attendees exciting and cutting edge topics that will help you throughout your EMS career.

I must admit we were a bit nervous about this being the first year at the new venue but overall I believe things went very well. To this I owe a huge thank you to the IEMSA board members, our IT support staff, the Instructors and certainly to Tammy who does a great deal of

the behind the scenes work. The new venue gave us spacious session rooms allowing for more seating and a more comfortable climate controlled atmosphere. The large banquet hall worked extremely well for the general sessions and for serving the food. Our vendors were fantastic. We actually had a larger vendor hall area and still had to put some booths in the hallway. Reviewing your feedback on the surveys there are certainly some things to improve on for next year. Next year we continue to strive to provide you with a diverse selection of professional and specialized sessions, presentations and numerous vendors from across the spectrum of Pre-hospital Care. We have already begun the planning for the 2013 Conference which will be Nov 7-9, 2013. Please mark the dates on your calendar.

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IEMSA AWARDS CEREMONY, NOVEMBER 10, 2012

AWARD WINNERS:

- Volunteer Individual of the Year—Max Reed (pic #9)
Career Individual of the Year—Jeff Howard (pic #5)
Volunteer Service of the Year—Humboldt County Ambulance Service (pic #2)
Career Service of the Year—Muscatine Fire Department Ambulance Service (pic on cover)
Full-Time Instructor of the Year—Lee Richardson (pic #4)
Part-Time Instructor of the Year—Michael Kaduce (pic #4)
Dispatcher of the Year—Janelle Harris (pic #8)
Friend of EMS—Gene Draper (pic #7)
Hall of Fame—George Vannatta III (posthumous) (pic #6)
Hall of Fame—Charles “Jack” Atkinson (posthumous) (pic #3)
Hall of Fame—Dennis Bachman (pic #1)

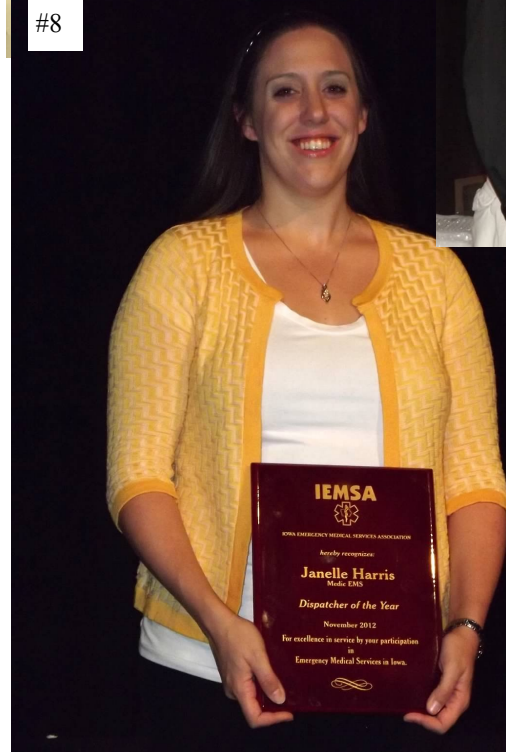


Pictured with our award winners are the IEMSA Nominating Committee members:
Brandon Smith,
Kristi Brockway, Bob Libby
and Rod Robinson

#5



#8



#6



#7



#9

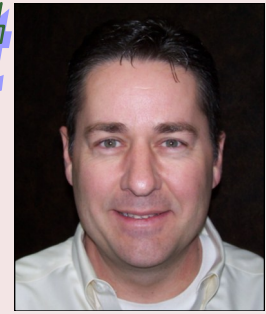


A Message from the President

Jerry Ewers, Fire Chief, EMT-PS

IEMSA President, Board of Directors

HOT TOPICS OF CONTROVERSIES IN 2013 AND BEYOND!!!



With my first two year term as your IEMSA President coming to an end I wanted to recap what we have accomplished. I believe our organization provides an excellent forum to address EMS issues, provide guidance and direction, represent everyone involved in the EMS or public safety arena, and offer top-notch educational opportunities throughout the state. The President's articles over the past two years have covered the importance of membership for our organization, my perspective of the organization, the importance of helping other services and providers, legislative opportunities during EMS Day on the Hill, team building, change and survival in EMS, and preparedness.

I feel IEMSA has been very productive in regards to offering quality education across the state, legislatively, and being fiscally responsible as an organization. I give credit to the entire IEMSA Board of Directors for all of these accomplishments along with our office manager, Tammi Dillavou. The successes and accomplishments show that we have a dedicated group representing IEMSA and all of you.

IEMSA brought back Jon Politis in 2012 to host another EMS Leadership Academy in West Des Moines that was well attended by many up and coming leaders. Thanks to LifeQuest sponsoring the annual Billing and Management Conference we were able to bring back Doug Wolfberg to Iowa for another great conference.

The annual conference moved to a brand new location called the Community Choice Credit Union Convention Center. This new location allowed us to have a larger vendor hall, larger ball room that allowed all attendees to eat lunch at the same time and allowed the awards ceremony to move from Thursday night to Saturday during lunch, improved audio visual and sound in breakout rooms along with new comfortable seating. The cadaver lab was a success according to all the comments we've received. Attendance was higher than anticipated in 2012 not to mention Friday night's entertainment provided by the Johnny Holm Band. The conference committee works hard on bringing in national speakers, which will be discussed elsewhere in this newsletter.

Legislatively, in 2011, IEMSA worked with the American Heart Association and the Red Cross to defeat a bill, HF 109, that would have eliminated the requirement that CPR be taught in all Iowa high schools. In 2012, IEMSA worked with several other groups to pass the IPOST bill, HF 2165. The new law was effective July 1, 2012. Also in 2012, IEMSA and the Iowa Fire Fighters Association worked on a bill that created a \$50 income tax credit for volunteer EMS and fire personnel. This has been an IEMSA priority issue for many years, and Governor Branstad signed SF 2322 into law on April 27, 2012, for future tax years beginning on or after January 1, 2013. This has been a long-standing priority issue for IEMSA. Also in 2012, IEMSA supported a bill that changed the E911 system in Iowa. The bill changed the funding allocation for the wireless surcharge, moving more money toward the local PSAPs to help them build their

infrastructure. The new law has a variety of effective dates.

IEMSA's goal of improving fiscal accountability has been realized, with our financial status improving greatly over that of several years ago. The entire board and our office manager have been diligent in regards to working within their respected budgets, keeping costs down, while ensuring revenue is coming in for all IEMSA sponsored events throughout the state. In December 2012, the Board of Directors will nominate and vote for a new President and Secretary since their two year term is up. According to By-Laws, executive board positions can only be held for two terms, for a total of four years. So, I may be back for another term or you may have a new President. I'm confident any nominated board member would represent you well in the position of President of IEMSA. I would just like to say it was an honor representing you and representing IEMSA at the local and national level. It was a great experience and a quick two years.

Since this may be my last article, I'm curious as to what some of the hot topics, or controversies, in EMS may be in 2013 and beyond? What about the usage of lights and sirens? How about pain assessment and pain management in the field? What about the usage of air medical transport vs. ground transport? Will we see more drug shortages in the future? Should we be doing more about the lack of evidence-based standards and data collection? What about disparities in documented response times? Will services and hospitals work collaboratively in regards to sharing patient outcomes? Will pre hospital EMS change to include post discharge home health care services?

Hopefully that sparked some interest or got you thinking. EMS organizations, hospitals, and fire departments that provide EMS must stay on top of these rapidly developing changes or risk exposing themselves to needless liability and expense. I didn't even mention sleep deprivation, documenting errors, recruitment and retention issues, drug administration errors, occupational stress, burnout, or community paramedicine, such as current topics that you'll read in trade publications, blogs, or hear speakers discuss at national conferences. Just something to ponder in between patient care and special projects!

I'd like to end with a kindly thought, reminder, or probably something you learned when you were in kindergarten, which is to be nice to others, play nice with others, be kind, listen to others before speaking, and help your friends and neighbors when in need. This alone would help EMS in Iowa.

At this point I'd like to finish up by saying thanks to all you of in EMS that are out in the trenches making a positive impact on patient outcomes. As stated in every article, please let us know what we are doing well and what we can do better. Remember, this is YOUR organization; we are here to support and serve you.

Please check out IEMSA's website for upcoming programs, conferences, and events for 2013.

A handwritten signature in blue ink that reads "Gerald P. Ewers". The signature is written in a cursive, flowing style with a long horizontal line extending from the end.

Worst Case Scenario - Are You Ready?

"Shots fired. Multiple 911 callers. Multiple injuries. All units respond." Adrenaline surges, training kicks in, you respond your mind on caring for the victims. Scene safety must come first, but how do you make this scene safe? Is your department ready?

Increasingly EMS units are called to respond to MCI (Multiple Casualty Incidents) in traditionally low crime locales. No department is immune. These events can and do occur where they are least expected.

Friday night, July 20, 2012, Aurora, Colorado a crazed gunman opened fire in a crowded movie theater killing 12 people and injuring 58 others. April 16, 2007, Virginia Tech University a student opened fire killing 32 people and injuring 21 others. These are just two examples of situations in recent years that challenged the foundation of EMS systems nationwide. There are countless others that do not get national headlines; the booby trapped meth lab that injures multiple officers, the barricaded suspect who injures innocent people and is holding hostages, or the high risk warrant that goes bad leaving multiple officers shot.

Scene safety has been

emphasized in initial EMS education and continuing education for the past 20 years. When the scene is not safe it must be made safe by properly trained and equipped providers. Basic scene safety training does not go far enough to prepare the first responders to approach and treat at these MCIs. Training must be advanced. The next step is TEMS (Tactical Emergency Medical Support).

EMS may be faced with a hostage taker, barricaded subject, toxic hazards such as clandestine drug labs or incidents involving weapons of mass destruction

TEMS refers to non-military EMS modified for the realities of the tactical environment. TEMS is rapidly emerging as a sub-specialty of EMS with nationwide applications in pre-hospital care. TEMS can be defined as the support services needed to maintain the health, welfare and safety of Special Operations law enforcement providers.

The History and Growth of TEMS: Military has long recognized the value of early medical care in areas of operations. Dominique Jean

Larrey, Chief surgeon for the French Army under Napoleon, introduced the concept of battlefield triage and treatment. In the US, field triage, transport and treatment were introduced during the Civil War by physicians such as Jonathan Letterman and William Hammond. Unconventional warfare later resulted in the development of Special Forces units. These Special Forces units operated outside the normal realm of military operations (i.e. in remote areas for prolonged periods and were required to provide their own medical treatment to remain effective). Specially trained medics were developed and deployed with these teams (i.e. 18 Delta, PJ's etc.).

Civil unrest and disorder in the 1960's saw the advent of tactical units as a part of civilian law enforcement. August 1, 1966, the 28th story of the administration building at the University of Texas, gunman Charles Whitman killed 15 people and wounded 31 others. This Texas tragedy, lead police administrators across the country, to assess their ability to respond to this type of incident.

As civilian tactical teams, Special Weapons and Tactics or SWAT, developed

so did the national interest in TEMS. It was recognized that due to the nature of their mission SWAT operators sustain more injuries, both in training and live operations. SWAT Commanders recognized the need for close-in medical support. Operators with previous military experience discussed the concept of SWAT medics; similar to the military medics they had worked with in the past.

In late 1989 and early 1990 the first national conference was held to discuss medical support for tactical teams. It was attended by representatives from law enforcement, emergency medicine and EMS. Out of this conference the first formal training program was developed. Counter-Narcotics and Terrorism Operational Medical Support course or CONTOMS is a 56hr class. CONTOMS was originally based at the Uniformed Services University of the Health Science (Department of Defense) and was supported with DoD counter-drug funding. Today, CONTOMS is a joint effort between the Department of Homeland Security, Health and Human Services, Chesapeake Health Education Program, Inc. and the US Park Police. To date there have been 113 provider classes that have trained over 4,000 students from more than 700 agencies and four countries. As the concept of TEMS spread

and gained acceptance more tactical medical courses have been created but CONTOMS remains the only nationally available non-commercial course.

The Need for TEMS:

Law enforcement remains a dangerous occupation. A total of 1,649 law enforcement officers died in the line of duty during the past 10 years, an average of one death every 53.5 hours or 164 per year. So far in 2012 there have been 109 officers killed in the line of duty and approximately 60,000 injured by assaults in the line of duty.

Law enforcement and the military recognize that medical support of special operations enhances the probability of mission success. This support requires a unique expertise, in addition to the basic qualifications of prehospital health care providers. Community EMS systems in the United States and abroad were developed to respond to the needs of individual patients in controlled situations. However, in some locales, EMTs have been pressed into service to support counter terrorism, drug interdiction and other law enforcement activities without any additional training. These activities have become increasingly specialized in nature, characterized by prolonged operations, organized opposing forces, use of military-type weapons, and

increasing death and injury among law enforcement officers, perpetrators and innocent citizens.

*Without TEMS,
conventional EMS is
inadequate*

In addition EMS may be faced with a hostage taker, barricaded subject, toxic hazards such as those encountered in clandestine drug labs, or incidents involving weapons of mass destruction. Based on these situations, medical support may take place under austere conditions thus it is very important for those providing medical support/care to have a good understanding of the law enforcement mission when planning the medical support. Without TEMS, conventional EMS is inadequate because medical support options are typically civilian ambulances that will not have access to the scene during an on-going operation, there will be no EMS preplan and thus a delay in patient care.

In addition, the ability to provide timely documented assessment and care to wounded suspects and innocents can prove to be invaluable from a liability stand point.

ITEMSA CONTINUING EDUCATION | “WORST CASE SCENARIO”

Unique attributes and skills:

The medical support of law enforcement tactical operations involve environments that differ vastly from traditional EMS and military medical environments. These environments demand the development of appropriate protocols and the teaching of additional skills. The unique training must include operating in different zones of care, utilizing special equipment, handling weapons safely, dealing with barricaded subjects, negotiating haz-mat scenes, caring for blast injuries, providing primary and preventive care and collecting forensic evidence. The TEMS provider must acquire additional skills; 1) medical pre-planning which includes medical threat assessment or MTA, 2) remote assessment methodology or RAM, 3) physical exam in sensory deprived or sensory overloaded environments, 4) medicine across the barricade or MAB, 5) hasty decon procedures and 6) how to properly clear a suspect for incarceration.

TEMS providers do not have to be advanced level providers, most of the care provided is actually BLS level skills (i.e application of a tourniquet) and ALS level skills can be taught as long as the scope of practice allows. In

fact tourniquets, the use of nasopharyngeal airways and needle chest decompression are being routinely taught to SWAT operators with little or no medical training at all in the self aid/buddy aid courses.

Ultimate Goal of

TEMS: The ultimate goal of any TEMS program is to support successful mission accomplishment. How TEMS attains this goal is based on the situation. In an active shooter scenario the goal is to eliminate the threat by advancing to the threat and providing superior firepower. In a training scenario it may be preventing an eye injury by making sure every operator has proper eye protection. Or it can be through the development of comprehensive medical/fitness guidelines.

Providing the Tactical Commander with intelligence related to the medical aspects of an operation should be the standard in every pre-operation briefing including training operations.

Summary: TEMS is considered the standard of care by the National Tactical Officers Association (NTOA), the National Association of EMS Physicians (NAEMSP), the American College of Emergency Physicians (ACEP) and the International Association of Chiefs of Police (IACP).

Current trends in TEMS have been influenced by the Tactical Combat Casualty Course (TCCC) as well as military medical advances and lessons learned in Iraq and Afghanistan. TEMS should be an essential part of any tactical operation whether it be a high-risk search warrant service, a barricaded subject or a training evolution. TEMS providers are the Tactical Commanders “medical conscious” and should be integrated into every aspect of the team and its operations. If your team does not currently have a TEMS program take the first step and initiate the conversation. Educate everyone that will listen on the importance and value of a TEMS program and the liability of not having one. Be prepared for the turf battles associated with starting a program and have a plan to counter any of the naysayer’s or their potential road-blocks.

Author: Lee Richardson, CMO, PS, has over 30 years of experience in EMS, Fire and Law Enforcement and holds multiple instructor credentials in all three disciplines including being an instructor for the CONTOMS program.

QUIZ | IEMSA CONTINUING EDUCATION

WORST CASE SCENARIO

1. TEMS refers to non-military EMS modified for the realities of the tactical environment?
 - A. True
 - B. False
2. In the US, field triage, transport and treatment were introduced during the Civil War by?
 - A. Dr. Dominique Jean Larrey
 - B. Dr. Jonathan Letterman
 - C. Dr. Red Duke
 - D. Dr. Paul Pepe
3. The idea of having tactically trained medical personnel originated in the Special Forces population?
 - A. True
 - B. False
4. When was the first national conference held to discuss the concept of TEMS?
 - A. 1990
 - B. 1995
 - C. 2000
 - D. 2005
5. CONTOMS is the only nationally available non-commercial TEMS class?
 - A. True
 - B. False
6. In general, traditional EMS is inadequate in the tactical environment for multiple reasons but primarily because:
 - A. They do not possess the MEDICAL skills required
 - B. They are not armed
 - C. They do not have tactical protocols
 - D. They will not have access to the scene during on-going operations
7. TEMS Providers must acquire additional skills above their traditional training, which skill is not included in this additional skill set?
 - A. Remote Assessment Methodology or RAM
 - B. Medical Threat Assessment or MTA
 - C. Needle Chest Decompression or NCD
 - D. Medicine Across the Barricade or MAB
8. The TEMS provider is the Tactical Commanders _____?
 - A. Eyes and Ears
 - B. Medical Conscious
 - C. Tactics Expert
 - D. Command Post Assistant
9. The ultimate goal of a TEMS program is to enhance mission success?
 - A. True
 - B. False
10. TEMS programs reduce the law enforcement agencies liability posture, especially if someone is injured.
 - A. True
 - B. False

QUIZ | IEMSA CONTINUING EDUCATION

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: Mar 1, 2013***

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 <input type="checkbox"/>	B <input type="checkbox"/>		
2	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3	A <input type="checkbox"/>	B <input type="checkbox"/>		
4	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
5	A <input type="checkbox"/>	B <input type="checkbox"/>		
6	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
7	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
8	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
9	A <input type="checkbox"/>	B <input type="checkbox"/>		
10	A <input type="checkbox"/>	B <input type="checkbox"/>		

CORPORATE PROFILE: AIR METHODS

Air medical services are an extremely valuable health care service to the citizens of Iowa, and Air Methods is proud to partner with the State's talented professionals who deliver emergency medical care daily throughout Iowa.

Through partnerships with University of Iowa, Iowa Health, Mercy Medical Center, and **Cherokee Regional Medical** Center, Air Methods provides emergency air medical transport service via the most modern air medical helicopters in the nation at bases in Cherokee, two in Des Moines, Knoxville, Iowa City, Clarinda, and Waterloo.

With an unwavering commitment to quality of care to patients and safety in aviation, Air Methods has built its reputation on a commitment to quality patient care and safety in aviation operations. Since 1980, the company has been dedicated to air medical transport and has grown to become the most experienced air medical operator in the industry. Air Methods calls Centennial Airport in Englewood, Colorado home, but its operations expand from Alaska to Key West. Currently, the company operates 423 aircraft at more than 300 bases of operations that serve 48 states. Air Methods employs close to 4,000 professionals.

As the most experienced air medical operator, Air Methods has an obligation to use its leadership position responsibly to encourage safety improvements within the air medical community. The company not only supports safety concepts and the value, but has demonstrated the commitment during the past six years by investing more than \$100 million in advancing and incorporating safety programs and technologies into our operations. Air Methods was the first helicopter air medical operator to participate in the FAA's SMS voluntary implementation program, and one of only 9 commercial air operators (including HEMS operators and Part 121 major commercial U.S. airlines) in the nation to earn an exit Level 2 SMS status acknowledgement letter. Not only is Air Methods fully committed to hiring a professional workforce, but the company is even more driven to give its employees the resources and training necessary to maintain their elite skill set. For pilots, the company utilizes three advanced aviation training devices and an AS350 Level B Full Motion Simulator, and for its clinicians human patient simulators are utilized.

Alongside all emergency medical care professionals in the state, air medical transportation has a vital role within the health care delivery system in Iowa. Air Methods is proud to be part of that continuum of care for all Iowans.

What's New with the Bureau

Chapter 140: EMS System Development Grants

The department and Iowa EMS Advisory Council (EMSAC) are looking at ways to simplify and streamline the process for EMS System Development grants distribution. The General Fund Appropriations available for the department to allocate for training, training equipment and infrastructure support to counties has decreased by 27% over the last six years. Additionally, the funding formulas have included population and the 2010 census numbers continue to show the shift of populations to urban areas and that reduces funds available for the small counties that often have the most need. As the funding has decreased, some counties no longer wish to participate stating that the distribution of funds through the competitive bid Request for Proposal process has become too cumbersome and difficult for the amount of money available. Electronic submission, requirements for letters of support and annual fiscal audits have also been identified as areas for concern by some counties. In FY 13, 79 counties will be awarded System Development Grants. The department would like to see every county receive funds every year.

Discussions to improve the grant process have included possible Chapter 140 rule changes to allow the department to contract directly with the counties to reduce the administrative burden on the volunteer EMS associations. At the January 9, 2013 EMSAC meeting, the department will ask the council to help develop an equitable funding formula, review draft rules and discuss other ways to simplify the process beginning in FY 14.

Trauma and EMS Registries Contract Rebids

The department is working to prepare the requirements for a bidding process to combine the current trauma and out-of-hospital data registries. An ad-hoc committee of interested parties gathered in September to provide input to the department. Remaining National EMS Information System (NEMSIS) compliant by providing Iowa data to the national warehouse remains a priority. Discussions included building in easy access to reports for services and hospital for benchmarking and providing training across the state. The goal is to have the contract start January 1, 2014.

Fiscal Year	General Fund Appropriations for EMS System Development Grants
FY 2008	\$620,172
FY 2009	\$620,172
FY 2010	\$471,690
FY 2011	\$501,219
FY 2012	\$471,690
FY 2013	\$454,700

Sample Forms for Services

The Regional EMS Coordinators are working to update some sample forms for EMS services. One goal is to combine some of the documents to reduce the number of documents service medical directors and service directors need sign. The new CQI Policy and Appointments

Form combines policy approval, staff assignments, designation of skill maintenance, type and frequency of written medical audits and measurable outcomes from three documents into one. Many of the new forms are “fillable” and some include drop-down boxes. Visit www.idph.state.ia.us/ems >> Services. Check out the Pharmacy Information for samples to help implement the new Chapter 11: Drugs in EMS Programs that became effective 11-9-11.

EMS Service Director Workshop Improvements

The workshop has been updated to include the new sample forms. On December 4, twelve EMS leaders gathered in Jefferson at Greene County EMS, Inc. for the updates. The course also includes two small group sessions for the participants to brainstorm ideas for items they may wish to include in technology and staff conduct policies. Lot's of lively discussion! Contact your Regional EMS Coordinator to host an EMS Service Director Workshop.

2013 Protocol Revisions

The Quality Assurance, Standards and Protocols subcommittee of EMSAC will finalize the 2013 revisions at the January 9, 2013 meeting. Updates include changes to Allergic Reaction, Adult & Pediatric Burns, Adult & Pediatric Cardiac Arrhythmias, Pediatric Initial Care and Post-Resuscitation Care with the Return of Spontaneous Circulation (ROSC). The intent is to post the new protocols before the end of January at www.idph.state.ia.us/ems >> Services >> Protocols. Every service should plan to seek physician medical director approval and train staff to the revisions. Maintain documentation of the training at the service. If the medical director makes changes to the protocols, be sure to provide your Regional EMS Coordinator with the changes. Many services review Iowa's Scope of Practice and approved medications at the same time.

**“LIKE” Iowa EMS on
Facebook at**

<http://facebook.com/IowaEms>.

**The Bureau of EMS
launched a Facebook page
as a forum to discuss EMS
issues and to access infor-
mation. We value your
comments**

...and finally

The Bureau of EMS sends best wishes for happy, healthy and safe holidays to the nearly 12,000 Iowa EMS providers, nearly 800 services, 18-training programs, and 114-Trauma Care Facilities that work to ensure the emergency care and transportation needs of Iowans are met 24/7. We recognize the sacrifices made by the providers and their families and appreciate the partners it takes to do this big job. Fah-la-la-la-la-la-la-lah!

AFFILIATE SPOTLIGHT | STUART RESCUE

Stuart Rescue Explorer Post #3924 Chartered!

The Stuart Rescue Unit is sponsoring a new program for youth interested in Emergency Services in their area. In conjunction with the Boy Scouts of America the Stuart Rescue Unit has chartered an Explorer Post for young adults aged fourteen to twenty-one years of age who are interested in participating and gaining knowledge in the Emergency Medical Services field.

Exploring is a worksite-based program of Learning for Life, a subsidiary of the Boy Scouts of America, for young men and women who are 14 through 20 years old (15 through 21 in some areas). Exploring units, called "posts", usually have a focus on a single career field, such as police, fire/rescue, health, law, aviation, engineering, or the like, and may be sponsored by a government or business entity.

Prior to the late 1990s, the Exploring program was the main BSA program for older youth and included posts with an emphasis on outdoor activities, which are now part of the Venturing program.

The Explorer motto is "Our best today for a better tomorrow!"

Since August of 2012 the Explorer Post has been active. In their short existence the post has been involved in multiple community service projects. Some of those projects include upkeep and repainting of the Stuart Landing Zone, selling first aid kits throughout the community, assisting with traffic control during Halloween, as well as decorating a Christmas Tree at the Community Care Center in Stuart. Explorers have also participated in several special events along with the Rescue Unit such as standby at several sporting events as well as a Rodeo.

Troy Armstrong, EMT-B, with Stuart Rescue has been appointed as the Explorer Post Advisor. Armstrong explains the Explorer Post not only gives the youth an opportunity to gain training and knowledge in the EMS field but also allows them to ride-along on actual calls in an observer type role. Members of the Explorer Post have already completed training in Bloodborne Pathogens, HIPPA, CPR/AED, Radio Communications and Basic EMS knowledge. Several of the Explorers have also sat in on several nights of an EMT-B class being taught in Stuart.

Along with EMS knowledge, Explorers will gain life-long beneficial attributes such as leadership skills/training and character development. The Explorer Post operates just as an actual Emergency Services department would. The Explorer Post has it's own elected Officers: Chief, Captain, Secretary and Treasurer. Each of the elected Officers have various/roles responsibilities assigned to them. Adult Advisors are simply active with the Post to provide guidance and facilitation for the program.

Current youth participants include: Explorer Chief Hailey Gross, Explorer Captain Trever Surber, Explorer Secretary Morgan Smith, Explorer Logan Sherman, Explorer Cooper Bower, Explorer Robert Jones, Explorer Abby Miller. Adult Advisors include: CEO/Stuart Rescue Director of Operations Jeff Howard, Post Advisor Troy Armstrong, Associate Post Advisor Kelly Surber, Post Committee Member Ginny Renslow and Post Committee Member Nadine Avey.

Armstrong himself stated he feels the Explorer Program is extremely beneficial as he began in Emergency Services as an Explorer with Essex Fire & Rescue in Southwest Iowa. Armstrong is full-time employee of Fraser Ambulance in Des Moines, part-time with Taylor County Ambulance and a Volunteer with the Stuart Rescue Unit and Stuart Fire Department.

The Explorer Post is a completely non-profit organization and its only income is membership dues paid by each participant to cover insurance/registration fees. The Post is constantly seeking donations of any kind (monetary/equipment/training items/training opportunities/ETC) to assist in its program.

For further information on the Stuart Rescue Unit's Explorer Program you may contact Troy Armstrong at 660-591-3180.

AFFILIATE SPOTLIGHT | STUART RESCUE



Back Row: Trever Surber, Cooper Bower, Logan Sherman, Robert Jones, Treyvor Pruitt

Front Row: Tia Chafa, Hailey Gross, Morgan Smith (Not Pictured: Abby Miller)

Back Row: Trever Surber, Cooper Bower, Logan Sherman, Robert Jones, Treyvor Pruitt
Front Row: Tia Chafa, Hailey Gross, Morgan



L to R: Logan Sherman, Robert Jones, Zac Else, Bryan Else, Morgan Smith, Cooper Bower, Hailey Gross, Trever Surber

2013 Iowa Legislative Session to begin soon. We finally got past all of the election ads and so now our real work at the grassroots level begins. The members of the House and Senate have already been meeting and selecting their leadership for this coming session. Discussions are already underway as to the items to be discussed. Mike has met with the Governor's office to start the discussion on Iowa Care and the reimbursement issue there. Mike met with the Iowa Public Safety Legislative Committee December 1 and their agenda has come out as well.

Resolutions that impact us:

- Advocate for policies that protect public safety organizations funding at all levels of government.
- Increase funding for law enforcement, fire and EMS training programs. IEMSA will be focusing most of our time and effort in this issue of reimbursement for Iowa Care. Affiliate services will be or have already received a link to our survey on the volume and costs of these calls. Please take the time to complete the survey and we can then present hard numbers to the legislators for this problem and the scope of it.

Please watch for legislative alerts and calls to action in the eNews each week as that is the way we send out requests for your input to your local legislators.

The annual EMS Day on the Hill will be held Thursday, January 31st, 2013. The leadership conference will be held immediately following at Adventureland Inn in Altoona. We are planning on having presentations on the new IPOST from the Iowa Healthcare Collaborative, New Pharmacy requirements by the Iowa Board of Pharmacy, a discussion in Leadership and leading volunteers in this climate of change. Other exciting speakers are still being worked out.



2013 EMS DAY ON THE HILL & LEADERSHIP CONFERENCE

DATE: January 31, 2013, 10:00 to 16:30

LOCATION: Adventureland Inn, I80 at Hwy 65, Altoona, IA 50009

REGISTRATION: \$70 for IEMSA Members, \$80 for Non-Members

Bus will leave hotel at 0630 to meet at Capitol at 0700 in the Rotunda 2nd Floor

- 06:30 Bus leaves hotel
- 07:00-09:00 EMS Day on the Hill
- 09:30-10:00 Registration (beverages provided)
- 10:00-10:50 Anatomy of a Healthcare Coalition – Rebecca Curtis IDPH-CDOR
- 11:00-12:00 Pharmacy Rule Changes
- 12:00-12:45 Lunch (provided)
- 12:45-13:25 IPOST
- 13:30-14:45 When You're Through Changing, You're Through! – Steve Siemens, Siemens People Builders
- 14:45-15:15 Break
- 15:15-16:30 When You're Through Changing, You're Through! – continued.

A special room rate of \$79 (plus 12% tax) is available at Adventureland Inn. Call (515) 265-7321 by January 13th to reserve a room at this price. Ask for the Iowa EMS Association Block.

You may register online at our website, iemsanet.net (starting December 18th) Or complete and mail the bottom of this registration form with payment to IEMSA, 8515 Douglas Ave., Suite 27B, Urbandale, IA 50322. Payment must accompany the registration form.

ATTENDEE'S NAME: _____

IEMSA MEMBER(\$70)_____ NON-MEMBER(\$80)_____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

CREDIT CARD NUMBER: _____ EXP DATE: _____

Medical Director's Update

Overview of Behavioral Emergencies Protocol

Dr. Forslund

Overview of Behavioral Emergencies Protocol

Being paged out for a “psych” emergency is probably one of the more stress inducing responses an EMS provider can have. You could have a delusional patient who thinks they are God. You could have a patient who is suicidal. You could have a patient who is very agitated or violent. You could have an intoxicated patient. All of these are different challenges that all raise the blood pressure and stress of the EMS provider.

The first thing that is important during a behavioral emergency call is to make sure that you are safe. If there is any evidence of immediate danger protect yourself and others by requesting the help of law enforcement if they are not already present.

If the situation is a stressful one, that is there are probably other people contributing to the situation, try to remove the patient from that is at all possible. Try to reassure the patient, be calm with them and establish rapport.

When the patient has behavior problems you have to consider at least two protocols. Is this an altered mental status/medical issue or is it true behavioral/psychiatric problem. You may need to use both protocols as psychiatric patients can also have medical problems that may exacerbate their psychiatric problems.

If the patient is anxious/excited, the first medication to use is a benzodiazepine such as lorazepam or diazepam. Often this leads to calming and helps get control of the patient. Also benzodiazepines are important in calming down patients with cocaine use. Remember it is also useful if cocaine users have chest pain as well.

If the patient has excited delirium/psychosis/agitated behavior and a benzodiazepine didn't provide enough sedation consider using an antipsychotic such as ziprasidone (Geodon). Both drugs together are often needed to calm a severely agitated patient.

For your EMS documentation here are things to document: On the history is there any situational crisis or psychiatric illnesses? Is there any psychiatric medication that the patient takes? Are there any threats for injury to themselves or others? Have a history of overdosing on or abusing any substances?

For the exam, make sure you document mental status, skin exam, heart, lung and neurologic exams.

The Iowa EMS Protocol does not address use of restraints. If used, follow any protocol you have and document thoroughly. Frequent assessment of the patient is vital because death of restrained agitated patients is not all that infrequent.

In summary, try to calm the situation and use medications as needed. Cautious use of restraints may be necessary but be very diligent to reassess the patient if restraints are used.



Hello!! I hope everyone has had a great fall and is excited for Christmas and the promises that come with a New Year! NAEMT has had a very busy summer and fall.

The NAEMT annual meeting was held in New Orleans this year in conjunction with EMS World Expo. The week was busy with committee and NAEMT board meetings on Monday and Tuesday. The Affiliate Advisory meeting was held on Tuesday and I had the honor of representing IEM-SA. The NAEMT Affiliates learned the House passed the Veterans Emergency Medical Technician Support Act (H.R. 4124) to help veterans trained as military medics' transition to similar civilian EMS jobs. Lt. Co (Ret) Ben Chlappek, Chair of the Military Relations Committee testified before Congress on July 11, 2012 on the importance of helping our military medics and how passage of this bill would support the transition process.

NAEMT's 2012 National EMS Award winners were announced during the Members meeting. Kenneth Davenport, Paramedic, Marion, KY received the 2012 Paramedic of the Year Award. Dean Darling, EMT-I, Sauk City, WI received the EMT of the Year Award. These individuals were judged on providing superior patient care; being an effective advocate for patients and their families; working with peers to foster a positive work environment; demonstrating professionalism in interacting with patients, their families and other medical professionals; and showing a commitment to continuing professional education. Congratulations to Kenneth and Dean!!

The Rocco V Morando Lifetime Achievement Award, sponsored by the National Registry of EMTs was presented to NAEMT PHTLS Chair Will Chapleau! Will has lead the cause for quality EMS education nationally and internationally for many years. He has taken the PHTLS program to a new level through critical thinking when treating multi-system trauma. Because of his passionate work over the past 16 years, PHTLS is now offered in more than 55 countries. Congratulations Will!!

NAEMT has partnered with Jones & Bartlett Learning, the educational solutions division of Ascend Learning. J & B, long known for publishing the AAOS EMS Textbooks, will now be publishing NAEMT's Prehospital Trauma Life Support (PHTLS) and Advanced Medical Life Support (AMLS) textbooks. Additionally, NAEMT and JBL are exploring other opportunities for collaboration and envision partnering on additional products in the future.

The Advocacy Committee is working hard on your behalf with the latest call to action in November and December to extend Medicare Ambulance relief. The Medicare Payment Advisory Commission (MedPAC) recently recommended that Congress allow the ambulance add-ons to expire. Your voice in obtaining adequate Medicare reimbursement is more vital now than ever. Please go to <http://capwiz.com/naemt/home/> to check out the latest advocacy issues NAEMT is working on and send a letter to your legislative leaders in Washington using Capwiz.

Registration is open for EMS on the Hill Day 2013, which takes place on March 5 & 6 in Washington DC. Join the many EMS professionals from across the nation in being one of the voices informing your representatives of the challenges you face in providing emergency medical care and advocating for the passage of key EMS legislation. While there, you will be able to meet and work with the top EMS leadership from across the country and learn how advocacy will benefit your agency and local community. The Renaissance Plaza Hotel located next to the Washington Convention Center, site of the EMS Today Conference being held March 5-9, 2013, will serve as EMS on the Hill Day headquarters. Make your plans now and register!!

Finally, the NAEMT Board of Director elections were held in October. There will be a number of new board members who will carry on representing the EMTs and Paramedics in advocacy, education and safety! NAEMT wishes to thank all the candidates for their interest in serving in a leadership position on the NAEMT Board of Directors as well as the many active NAEMT members who voted. The following members were elected to begin their terms on January 1, 2013: President-elect: Chuck Kerns, MI; Secretary: Jim Judge, FL; Treasurer: Dennis Rowe, TN; Region I Director: James Slattery, MA; Region II Director, Chad McIntyre, FL; Region III Director: Chris Cebollero, MO; Region IV Director: Rod Barrett, AK; and At-Large Director: Matt Zavadsky, TX. Congratulations to all the new and continuing Board members!!!

I would like to take this opportunity to thank you all for allowing me to keep you updated these past two years on the many wonderful things NAEMT continues to do on behalf of EMS Practitioners. I love to continue to hear from you concerning any ideas, issues, challenges or just to chat!

I wish you all a healthy, safe and wonderful Holiday Season and a prosperous 2014.

Best Regards!

Jules
Jules Scadden, PS
NAEMT-Director-at-large



www.naemt.org

Spotlight on Training

MERCY COLLEGE OF HEALTH SCIENCES



Since 1979 the Mercy College Emergency Medical Services program has been preparing leaders in the EMS community. Mercy College believes EMS leaders must be experts in pre-hospital care, and the curriculum is developed to transform students into EMS leaders through *distinct opportunities offered by the institution.*

The Mercy College EMS Ladder - start at the entry rung and reach the TOP rung:

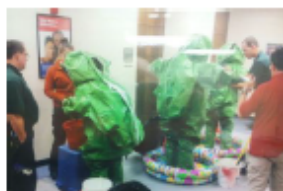
- EMT (1 semester)
- Paramedic (accelerated 2 semester or 3 semester option)
- Critical Care Paramedic (1 semester)
- Associate of Science in Emergency Medical Services

What makes a Mercy College EMS education Distinctive?

- IEMSA award winning faculty - 2012 recipients *Lee Richardson and Michael Kaduce.*
- Classroom instruction includes cadaver lab for paramedic students.
- Students are afforded the chance to experience hands-on training in more than 60 clinical sites including the busiest trauma center in the state of Iowa-Mercy Medical Center, Des Moines.
- More than 15 Field Internship Sites for all EMT and Paramedic students.
- CCP students participate in a Flight Internship.
- The Paramedic curriculum includes eight (8) additional certifications (e.g. ACLS, PALS, AMLS, WMD, EVOC and more).
- The *Weapons of Mass Destruction (WMD)* program is taught by the Texas A&M faculty and was integrated into the Mercy College Paramedic program in 2008.
- In 2011, Mercy College hosted one of only four pilot sites in the nation for a Medical Response to Bombing Incidents Program led by New Mexico Tech and Texas A&M including faculty from the Israeli Police Force. The same program will be *operated in the spring of 2013-watch for details!*
- The Mercy College American Heart Association Training Center certifies more than 800 people a month.



Texas A&M Engineering Extension Service WMD Equipment on Mercy College campus.



Mercy students participating in a hazmat drill on campus.



Mercy College Summer 2012 Des Moines Fire Graduates being sworn in.

2012 IEMSA ANNUAL CONFERENCE AND TRADE SHOW



IOWA EMERGENCY MEDICAL SERVICES
ASSOCIATION
8515 Douglas Avenue, Suite 27B
Urbandale, IA 50322