

IEMSA VOICE

A VOICE FOR POSITIVE CHANGE IN IOWA EMS



2014 Volunteer Service of the Year: **New Sharon Fire & Rescue**

PAGE 11 IEMSA AWARD RECIPIENTS :
HONORED AT THE ANNUAL
CONFERENCE

LOBBY FOR EMS



PAGE 09 JANUARY 29, 2015
EMS DAY ON THE HILL
STAND UP FOR EMS--BE THERE!



PAGE 07 IEMSA
2014 EMS SURVEY RESULTS :
OUR CHANGING PROVIDERS



PAGE 20 EMERGING INFECTIOUS DISEASES
The Famous Ebola and more :
Continuing Ed.

The Source For EMS Professionals

O-Two Single-Use CPAP Delivery System With Manometer Is Here!



*Measure & Monitor
CPAP Pressure*



- An effective method of treating respiratory distress from CHF.
- Accurate CPAP delivery for such a compact device.
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- Ideal for the treatment of the respiratory impaired patient.

Product Information:

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



Thursday, January 29, 2015

09 STAND UP AND SHOW UP ON THE HILL :
OUR OPPORTUNITY FOR EMS
PROFESSIONALS TO MEET OUR
LEGISLATORS! MARK YOUR CALENDAR!



Buck McAlpin



Michael Wilcox, MD

LEADERSHIP CONFERENCE
FEATURES Community Paramedicine

09 JANUARY 29TH -LEADERSHIP
CONFERENCE: FEATURES THESE
KEY MINNESOTA COMMUNITY
PARAMEDICINE PIONEERS

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

- > January 28, 2015
Sheraton Hotel-WDM
11:00am—1:00pm
- > February, 2015 - No Meeting
- > March 19th, 2015
WDM Station #19 1:00—3:00pm

> IEMSA OFFICE

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EMS DAY ON THE HILL & LEADERSHIP CONFERENCE

FOR DETAILS AND REGISTRATION
INFORMATION GO TO:
[HTTP://WWW.IEMSA.NET](http://WWW.IEMSA.NET)

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A NOTE FROM OUR PRESIDENT

IT'S NOT THE END, BUT A NEW BEGINNING

BY JERRY EWERS, Fire Chief, BA, EMT-PS
IEMSA President / Board of Directors



Four years ago I began my term as President of IEMSA. At that time I had no idea of the true

involvement and time commitment needed to help grow and guide this organization in order to make it stronger for my replacement at the end of my term. The days, weeks, months and years since then have been an extraordinary experience and opportunity for me, both personally and professionally. What a great run. However, I didn't accomplish this on my own.

It has been a privilege and honor to work with and serve with the true leaders of IEMSA - the 23 Board of Directors and our office manager Lisa Arndt. I have worked even closer with the Executive Board and wanted to personally thank Vice President Linda Frederiksen for her help, support, guidance, listening to me vent at times, bounce ideas off her usually at odd hours of the day by phone, text or email, but for being a true friend. It would also be unfair not to mention Immediate Past President Jeff Dumermuth. Jeff has been a great resource, mentor, friend, and I've personally relied on his institutional knowledge of this great organization. So, thank you everyone for making my job easier.

As we move forward I look for a fresh new approach and close involvement with our new Medical Director Joshua Stilley. I see Dr. Stilley as being a true leader for ALL of us, especially with his passion for EMS and his personal experience as a pre-hospital EMS provider prior to going to medical school and becoming a doctor. We look forward to working with Dr. Stilley. I think he is going to be a great asset for our organization and for everyone in the state involved

in EMS, at the provider level and service and/or department level.

I'm also proud to report that the last few years we have made great strides in regards to legislative action and successes. I only see this improving as we move forward. Last year was amazing legislatively. IEMSA was invited to speak on EMS issues at the Legislative Interim EMS Study Committee at the Capitol. We have already been involved in town hall meetings, legislative committee meetings, and meeting with key Senators and Representatives in Iowa getting ready for the 2015 session. We do need your help though. As an organization, and EMS profession, we all need to be involved legislatively. I challenge ALL of you to be involved. As a member you will receive legislative "Call to Action" eNews via email asking you to contact your local politicians throughout the 2015 session. Our goal is to make it easy for everyone by providing all the information and letter templates that you need when asking for support on key EMS issues. It also helps to build those relationships with your local politicians back home now prior to session so they know who you are. I would also challenge everyone to attend our EMS Day on the Hill on January 29th. We have approximately 12,000 EMS providers in the state and it would be amazing and send a powerful message to the politicians if we stormed the Rotunda with thousands of EMS providers in uniform at the Capitol. Please come join us to make this a success.

In closing, I would like to remind everyone that we need YOUR involvement and support in order to grow and to be effective in seeking change in order to make EMS better in Iowa. IEMSA is your professional association that represents you and your issues at the highest level. However, the work doesn't happen magically. It happens because members support the organization by getting involved, giving of their time, attending conferences, and being active legislatively. This is the recipe for a successful organization.

Thank you again for giving me the opportunity to serve as YOUR president. This is my 16th and last President's article. For me, this is not the end, but a new beginning. I'll still be around. I look forward to passing the baton and assisting the next President of IEMSA as Immediate Past President just like Jeff did for me.

As stated in my first article, please tell us what we are doing well and what we can improve upon. Again, this is YOUR organization. We can't change or improve what we don't know.

Please check out IEMSA's website for upcoming programs, conferences, and events for 2015. Be safe and God Bless!



BY LINDA FREDERIKSEN, Vice President and Chair

OUR VOICE ON THE HILL LEGISLATION



Town Hall Meetings Continue to Raise Awareness

On Thursday, September 18, 2014, Senator Mary Jo Wilhelm and Representative Todd Pritchard hosted a "Town Hall" meeting at the Floyd County Fire Station to increase grass roots awareness of issues

that continue to impact delivery of emergency medical services in the state of Iowa. As two of the ten legislators who served on the Emergency Medical Services Legislative Study Committee on November 6 and 7, 2013, these two lawmakers became keenly aware of the struggles that EMS agencies continue to face, directly related to recruitment and retention of personnel and inadequate funding and reimbursement.



Rep. Mary Jo
Wilhelm



Rep. Todd
Pritchard



Floyd Co. Fire Station

The predominant theme that resonated throughout the meeting was that police and fire services are considered essential in the state of Iowa, while EMS services are not. An additional strain identified as negative for Iowa ambulance services is the increase in the number of behavioral health long distance transports to distant destinations, which occur because of the lack of local mental health resources in nearly every community.

"Mental health transports are more than ever before. We're having trouble finding hospitals near us to accept these patients. We've had to transport to Sioux City and to the Quad Cities. That takes our ambulance away from the county for multiple hours and that's a great concern of ours," said Chickasaw Ambulance Service owner Jeremy McGrath.

In addition to approximately 40 EMS providers, the meeting was also attended by several local and county legislators, as well as state of Iowa Representatives Amanda Ragan and Sharon Steckman.



Rep. Amanda
Ragan



Rep. Sharon
Steckman



> **SUSTAINABLE FUNDING AND MEASURABLE OUTCOMES.** Iowans believe EMS is an essential service. Public safety is a core function of government and the current gaps in service are putting the lives of our friends, families and neighbors at risk. IEMSA will continue working with legislators and local leaders to find sustainable ways to fund the protection Iowans need and expect. IEMSA believes that lawmakers should focus their efforts on structural modernization that ensures adequate protection for those in our state.

> **EDUCATION, TRAINING AND RESOURCES FOR RESPONDERS.** Small and rural communities across Iowa rely on volunteer responders and need high quality resources to leverage that service. Iowans recognize the value of streamlined training, curriculum and resources to ensure there is a steady and sustainable pipeline of volunteer and professional responders. IEMSA supports efforts to make education, training and retraining more cost-effective.

> **INCREASED MEDICAID REIMBURSEMENT.** Iowa's Medicaid reimbursement rate continues to be substantially lower than other states in the Midwest. Increasing the rate will make it possible to keep up with the financial challenges of providing high-quality emergency response services. The state should approve another increase or develop a strategy to move Iowa toward the Medicare reimbursement level by 2016.



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THANKS FOR STOPPING BY OUR
BOOTH @ THE 25TH IEMSA
CONFERENCE!

THIS IS SUE HENDERSON, THE
LUCKY WINNER OF OUR
ELBECO HI-VIS COAT.

THE 2014 IEMSA EMS SURVEY:

YOUR RESPONSES HELP TO SHAPE OUR FUTURE!



A huge THANK YOU!! to our members who completed the second annual 2014 IEMSA electronic survey! Your input was invaluable in the development of Talking Points to support the 2015 IEMSA Legislative Agenda, and helps us speak for all EMS responders in Iowa.

The Iowa EMS Association sincerely thanks Mark McCulloch, representing the South Central region, and Lisa Arndt, our Office Manager, for their hard work in both gathering and interpreting the survey results. A highlight of key responses may be found below, with results in entirety on our website at www.iemsa.net

Survey Trends: Our overall number of respondents decreased significantly this year to 526. The decrease is somewhat expected because we did not send as many email reminders as we did during our inaugural survey year. The downward trend also mimics decreasing membership levels. Despite the reduced number of respondents, and variance in geographical respondents, we see VERY similar proportions as last year. The questions which remained unchanged from last year were answered nearly identically this year; eliciting strong confidence in the accuracy and consistency of the overall response.

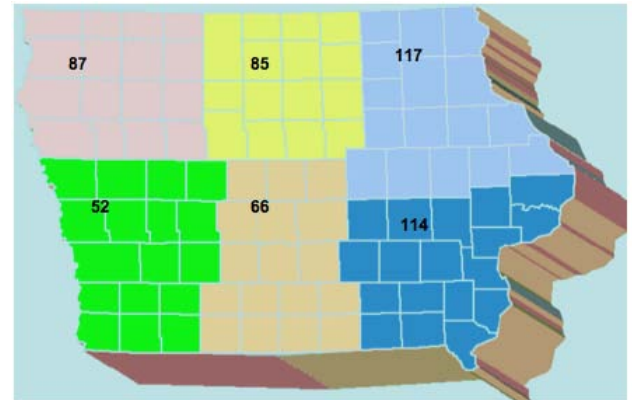
A couple of trends are emerging which I believe we need to address aggressively as an industry....

- Our ranks are aging, and we are seeing a reduction in retention of young responders to take their place!
- Our EMS responders agree that Emergency Medical Services should be considered an essential service. Many locations in Iowa continue to rely heavily on Volunteer delivery models.

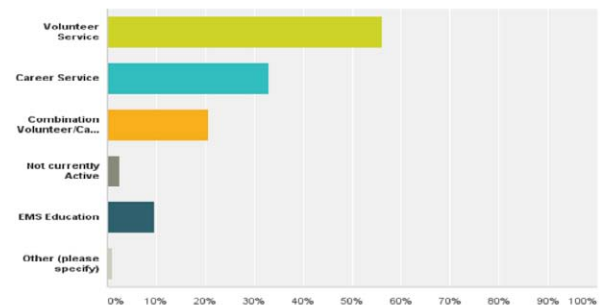
If you have additional ideas for data collection through this survey, please email your ideas to mark.mcculloch@wdm.iowa.gov

You may access this survey in its entirety under the "Members Only" Section of our webpage, located at www.iemsa.net. Stay tuned to for future survey opportunities to let your voice be heard on important issues!

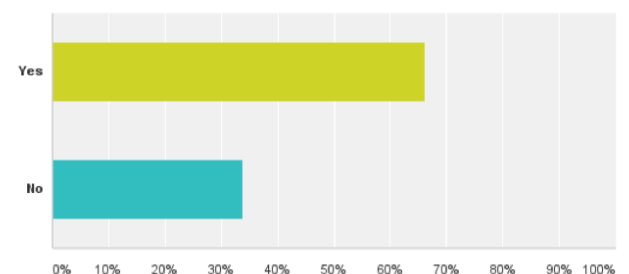
Which Region of Iowa do you serve?



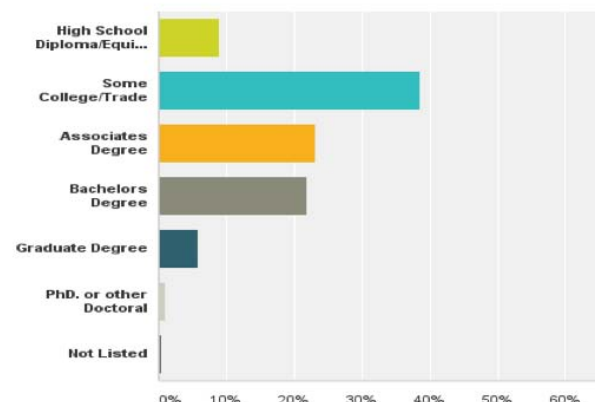
What type of EMS delivery model are you currently active with in the State of Iowa?



Does your EMS Service conduct inter-facility transports to destinations outside your community?

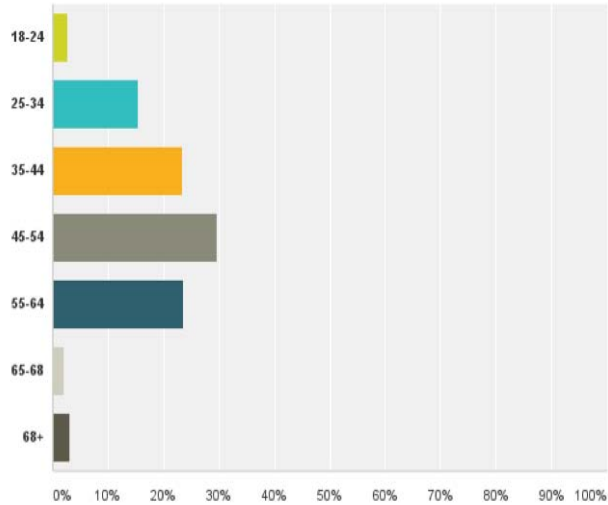


Please indicate the highest level of education you have achieved.

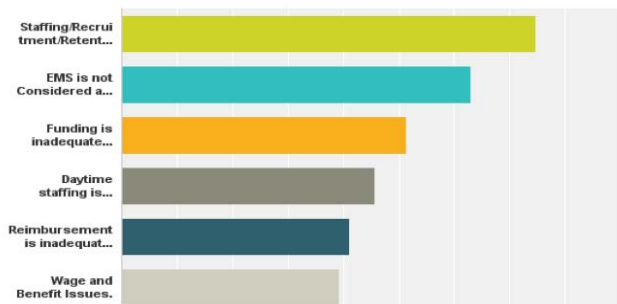




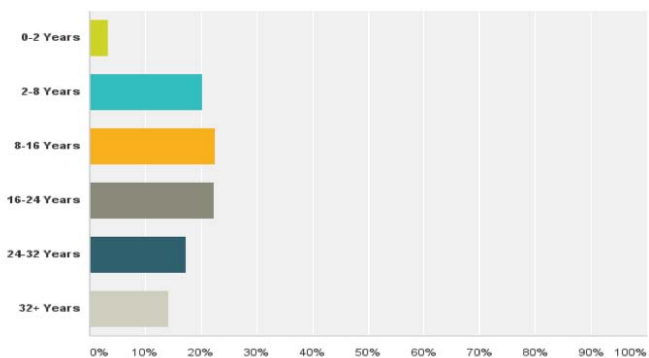
Please indicate your age.



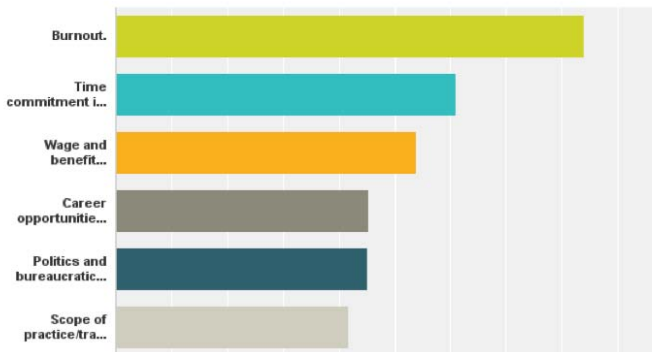
Please review the following list of concerns related to the delivery of EMS in your service area and vote for the top FIVE that you consider the most significant.



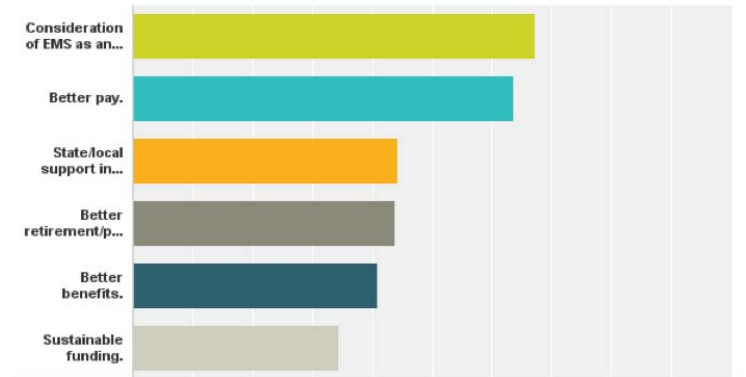
How many years have you been an EMS provider?



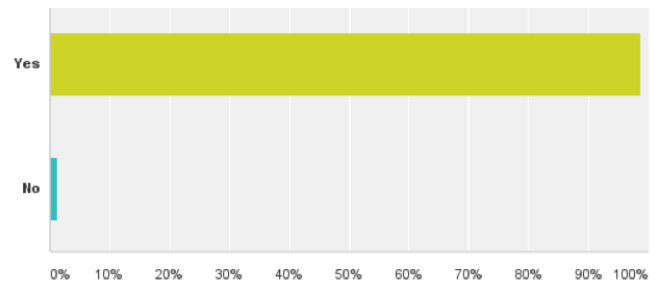
Please check the top FIVE reasons you think EMS providers allow their certificates to lapse.



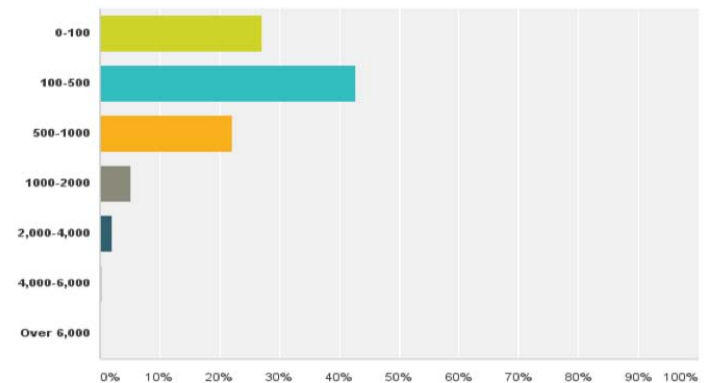
What FIVE changes would help more people consider serving as an EMS responder for a longer period of time?



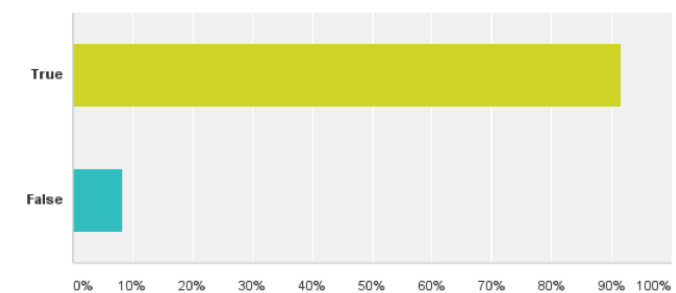
Police and Fire Protection services are considered essential in the State of Iowa; should EMS be considered an essential service as well?



On an annual basis, how many unreimbursed/out of pocket dollars do you spend to support your involvement as an EMS provider in your community? (uniforms, PPE, ConEd)



There is a value in EMS data reporting.





STAND UP EMS LEADERSHIP CONFERENCE

JANUARY 29, 2015

Sheraton West Des Moines Hotel
1800 50th Street, West Des Moines, IA 50266

JOIN US FOR EMS DAY ON THE HILL FOR FREE!
Reserve a seat on the bus- email:
administration@iemsanet.net

LEADERSHIP CONFERENCE REGISTRATION FEE:
\$70 for IEMSA Members
\$80 for Non-Members

Online Conference Registration- <[Click here](#)>

Payment must be received prior to the event-you can pay securely online by credit card or register online and select "Mail My Check" at www.iemsanet.net (registration is not confirmed until payment is received).

SCHEDULE OF EVENTS JANUARY 29, 2015:

06:30 **All Aboard!** Bus leaves the Sheraton Hotel Parking Lot to arrive at Capitol at 0700 in the Rotunda 2nd Floor

07:00-09:00 **WE'RE ON THE HILL of course! —It's EMS Day on the Hill!**

09:30-10:00 **Registration (beverages provided)**

10:00-10:50 **Implementing and Reimbursement of a Community Paramedic Program —Buck McAlpin**



Buck McAlpin, Director of Government Affairs for Minnesota's North Memorial Health Care (NMHC) has a passion for the development and implementation of the Community Paramedic program. Minnesota is a national leader in the development and legislative implementation of the Community Paramedic program. Buck authored and chaperoned the first ever certification and payment legislation that passed the Minnesota legislature in 2011 and 2012 and was signed into law by Governor Mark Dayton, and brings a unique aspect to the modeling and implementation of Community Paramedic because of his extensive background in health care finance, especially in the government payment models. Continuing to work both on the hospital and EMS side of finance developing and negotiating with government and commercial payers on health care reform,

Buck has worked closely with the Department of Human Services and the Department of Health office of Primary Care and Rural Health on reform models. Working with all types of services to be sure a model can be developed that best fits an EMS operations community and addresses the community needs, Buck has a passion to work with primary care systems to recognize the importance of the skills a community paramedic can bring to a system. In addition, Buck has worked to develop and consult with electronic medical records companies to develop platforms for Community Paramedic charting.

11:00-12:00 **Passing Community Paramedic Legislation —Buck McAlpin, Dir. of Gov. Affairs for NMHC**

12:00-13:00 **Lunch (provided)**

13:00-15:00 **The History of the Minnesota Community Paramedicine Program—Michael Wilcox, MD** is a Board Certified Family Practice Physician who has practiced in rural Minnesota for 38 years. He is the Coordinator at the Emergency Care Plus Program for North Memorial Medical Center in Minneapolis, and Clinical Associate Professor in the Department of Emergency & Family Medicine, University of Minnesota. Dr. Wilcox is the Medical Director for Rural EMS Services, as well as Medical Director at the Community Paramedic Program at Hennepin Technical College. An early architect of community paramedicine, Dr. Wilcox offers clinical skills training and oversight, CME/curriculum development, the development of policy and protocol, outcome analysis and quality assurance initiatives. Also a national conference speaker, he is a gifted ambassador of community paramedicine.



15:00-16:00 **A Look at Current Minnesota Community Paramedic Programs—Michael Wilcox, MD**



A BLOCK OF ROOMS are reserved at Sheraton West Des Moines Hotel for **JUST \$99.99** (plus 12% tax) **Online <[Click here](#)> or Call (515) 457-2101 by January 14th to reserve a room at this price.** Ask for the Iowa EMS Association Block Rate



6th ANNUAL SE EMS Saturday JANUARY 10, 2015

TUITION : \$20/IEMSA MEMBERS \$50/NON-MEMBERS (MEMBERSHIP INCLUDED)

ATTENTION ALL EMS PROVIDERS! YOUR OPPORTUNITY TO PICK UP SOME CEs

We are proud to present the 6th Annual SE EMS Saturday Conference. The Agenda is set with a full day of training. The agenda is outlined below. **Formal CEHs have been applied for.**

NON-IEMSA MEMBERS registering for this conference you will receive a 1-year membership to IEMSA. Many benefits are included with this membership, such as discounted educational opportunities to pick up CE's (including at the Annual Conference in November), a free \$ 10,000 accidental or Line of Duty Death/Dismemberment insurance policy, weekly E-News, and a subscription to the IEMSA Newsletter-The Voice.

MORNING AGENDA:

7:30AM- 8:00AM	Registration
8:00AM- 8:05AM	Introduction Welcome —IEMSA Board Member
8:05AM- 8:55AM	Meth Labs & EMS —Chad Page
9:00AM- 9:50AM	Step Away from the Light —Jamie Temple
9:50AM- 10:00AM	Break
10:05 AM- 10:55AM	To Board or Not to Board —Chuck Gipson
11:00 AM- 11:50AM	Harm on the Farm-Extremity Trauma —Chuck Gipson
11:50 AM- 12:50 PM	Lunch (on your own)

AFTERNOON AGENDA:

1:00PM 1:50PM	STEMI/MI —Saket Girotra
2:00PM 2:50PM	Alcohol Related Emergencies & EMS —Dr. Katherine Hurst
2:50PM 3:00PM	Break
3:00PM 3:50PM	Crime Scene - Part 1 —Rick Sywassink
4:00PM 4:50PM	Crime Scene -Part 2 —Rick Sywassink
4:50PM 5:00PM	Closing —IEMSA Board Member

To Register for this 1-Day Conference

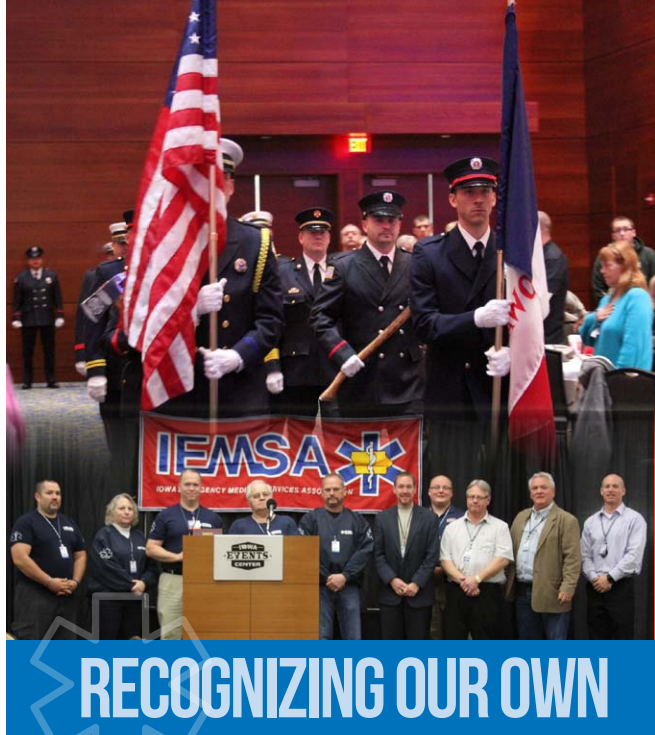
COMPLETE THE ONLINE REGISTRATION FORM BY [CLICKING HERE](http://WWW.IEMSA.NET) OR VISIT WWW.IEMSA.NET

--Payment must accompany all registrations--you can pay securely online by credit card or select "Mail my Check" --your registration is not confirmed until payment is recieved. **No refunds will be made on cancellations after January 9, 2015.**

Walk-in registrations are welcome--with payment by check. However, if you can, please register online--so we know to expect you. Just click the "[Mail my Check](#)" button on the payment page.

If you have any questions, please call our office at 515-225-8079. We look forward to seeing you on the 10th.





RECOGNIZING OUR OWN



EMS INDIVIDUAL VOLUNTEER PROVIDER **WENDY FRENTRESS**, *Benton, Iowa*

If Webster's Dictionary included people's names in its definitions, then after the words "mentor", "caring", "compassion", and "commitment" you would find the name Wendy Frentress.

Many patients have been fortunate to receive compassionate and caring treatment from Wendy. Although she currently transports with Blairstown Ambulance, she has also worked as a Paramedic Specialist with Urbana, North Benton, Iowa County, and Belle Plaine Ambulance services. Not only does Wendy use her skills in the field, she puts them to use in the ED at Virginia Gay Hospital in Vinton. She was instrumental in paving the way for Paramedics there, being one of the first paramedics to be employed in their ED over 10 years ago.

Wendy began her EMS career 14 years ago at Aegon in Cedar Rapids on their Medical Alert Team. She decided to take the EMT-B class to be more knowledgeable and provide emergency medical care, if needed at work and then started volunteering at North Benton Ambulance. On September 11, 2001, she started her Iowa Paramedic class at the U of I EMSLRC.

Today she remains on the MAT team at work and most recently taken over as the team medical director. She has over 30 volunteer team members that she shares



EMS INDIVIDUAL CAREER PROVIDER **TERESA MATHEWS**, *Decatur County*

Teresa has served as an Iowa EMS provider for over 24 years; starting her career as a volunteer in the late 1980's as a First Responder with Allerton 1st Responders in Wayne County. She continued to advance herself in the EMS field obtaining her EMT-A, I and ultimately Paramedic. She is currently employed full-time with the Decatur County Hospital Ambulance as a Paramedic.

Teresa was a "pioneer" in EMS in rural South-Central Iowa by becoming one of the first certified EMS providers in Allerton and becoming the first ever Paramedic for the Decatur County Hospital Ambulance, now having served for over 20 years.

During her long career she's had many challenging calls, including a motor vehicle collision involving her son, in which he was seriously injured. Most recently, Teresa responded to a MVC which resulted in 4 fatalities, including and unborn and a 3 year old child. As with any incident involving children, emotion was running rampant; Teresa was not only able to maintain composure herself but assisted her co-workers as well.

Teresa's co-workers constantly describe her as helpful and friendly; always showing respect and dignity towards her



patients and willing to lend a helping hand to fellow providers.

Being one of only two Paramedics who reside within the city limits of Leon, Teresa routinely responds to calls off-duty when additional assistance is needed.



EMS DISPATCHER JESSICA FRUNZAR, Westcom

Dispatcher Frunzar is a very positive asset to the Westcom team. She always has a positive attitude, contributes to the team, and is a leader to other dispatchers. She is always on the top of her game and asks questions when she is unsure of a new process.

During the previous year, Jessica has done or contributed to the following: Emergency Medical Dispatch (EMD) average was 99.87%. She received one of the annual awards for the highest scores within the center. Her Emergency Fire Dispatch (EFD) average was 99.69%. She is an active EMD-Q (Quality Assurance for EMD calls) where she reviews medical calls along with a team of other dispatchers.

Jessica became a Certified Training Officer (CTO) this year, and trained one employee immediately after becoming certified and is currently training one of the newest employees.

She is an In Charge Dispatcher and is able to perform these duties and without hesitation. Jessica fulfilled a 2-year term as a member of the Westcom Quality Team. She is an active member of the Westcom Boosters, which is a group of dispatchers who focus on the moral of the center, organizing team activities for the staff, and she is active in planning the activities for the annual National Telecommunicator Week

In October, she took a call regarding a patient who was overdosing on an illegal substance. Utilizing her training and experience, Jessica was able to walk the caller through administering CPR which directly resulted in saving the life of the patient. Jessica received a Life Saver award for her actions that day.



EMS INSTRUCTOR JANE MORGAN, Blackhawk County ACLS

Jane Morgan has impacted many individual providers in Northeast Iowa and beyond with her high level of knowledge and training that she provides. This impact has in turn been felt by the services these individuals either work or volunteer for, which is evident by the high level of care they provide to their patients. Talk to anybody in EMS in Northeast Iowa and just about any of them have a story or have heard a story about Jane Morgan.

Jane is very involved in the winter education provided by Wheaton Franciscan each January, February and March at Covenant Medical Center in Waterloo. She teaches many of the classes, coordinates the event, and makes sure the paperwork is submitted ensuring that hundreds of EMS providers have the required hours to recertify each year.

Jane has taught many initial EMS education classes at all levels. She has taught classes for both Hawkeye and Kirkwood Community Colleges as well as being a National Registry evaluator. She is the coordinator for Blackhawk County ACLS and is present at every class both initial and recertification that is administered by the organization.

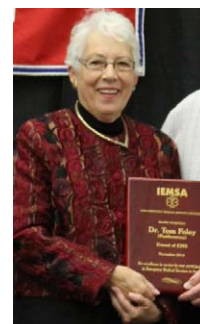
Jane has done individual recertification classes for providers that are in need of a class and cannot find one. She is one of the best preceptors a student could ask for. She is patient and always has constructive advice after the incident is complete.

Jane has put her heart and soul into EMS education for many years, both initial and continuing education of all levels. Countless lives have been saved indirectly thru Jane because of her selfless giving to EMS education.



EMS FRIEND OF EMS DR. TOM FOLEY

Dr. Foley passed this May from an extended illness. His contributions to the trauma system won't be forgotten and it is for this reason that he is the 2014 IEMSA Friend of EMS Award recipient. His wife (right) accepted the award for him.



Dr. Foley completed his first two years of surgical residency at the University of Kentucky before finishing his residency at the University of Iowa. In 1972, Dr. Foley moved to Marshalltown before serving for two years in the United States Air Force at Ellsworth Air Force base in Rapid City, South Dakota. In 1974, Dr. Foley moved back to Marshalltown where he joined the general surgery practice of Drs. Reading and Mandsager. In 1996, he joined the McFarland Clinic. He practiced as a general surgeon until his retirement in 2010. He was board certified by the American Board of Surgery, a fellow of the American College of Surgeons, and a member of American Medical Association, the Iowa Medical Society, and the Marshall County Medical Society.

Dr. Foley was actively involved with Emergency Medical Services across the State of Iowa and was an Advanced Trauma Life Support instructor. He was instrumental in the establishment of the Iowa Trauma system and served as chair of the verification and categorization sub-committee of the State of Iowa Trauma System Advisory Council.

Dr. Foley was a co-author of the Rural Trauma Team Development Course for the American College of Surgeons (ACS) and was a past Chairman for the State of Iowa for the Committee on Trauma for the ACS. He was also a lead reviewer to verify trauma centers for the ACS Committee on Trauma's Verification Review Committee.

EMS VOLUNTEER SERVICE NEW SHARON FIRE & RESCUE



New Sharon Fire & Rescue is a dedicated emergency service department serving almost the entire northern half of Mahaska County and into Poweshiek. They dedicate themselves as volunteers to better the prehospital care of every patient they contact. It's because of their dedication that their motto stands true "Professionally Staffed by Volunteers". To better

serve the community they schedule volunteers to cover certain times so they know they are able to respond when needed day or night.

With money tight right nowadays they go out and raise as much as they can to make sure they have all the tools and equipment needed to do what they need to do, when they need to do it. This Department is not just some department that gets a pager and shows up when they feel like it. They are committed to the citizens they serve and I have always said they could be a role model department for others out there. The compassion and dedication of these volunteers doesn't stop in just their service area, they have provided assistance on the National level after the tornado in Joplin, MO and Hurricane Sandy.

EMS CAREER SERVICE TRINITY REGIONAL MEDICAL CENTER AMBULANCE SERVICE



Trinity Regional Medical Center Ambulance Service (TRMC) ambulance service was founded in August of 1958 in Ft. Dodge at Lutheran Hospital. TRMC Ambulance service was the first paid career ambulance service in Iowa and it is Iowa's first hospital based ambulance service.

TRMC Ambulance Service has a current staff of 26 EMS providers, including Critical Care Paramedics, Paramedics, AEMTs and EMTs. These dedicated individuals not only staff the 5 ambulances, but also provide patient care in the emergency department, working alongside ED RNs, Physicians and mid-levels. This work model, coupled with Unity Point Health's commitment to providing its staff with continuing education, allows EMS providers to hone their skills as they strive for the best outcome for every patient, every time.

TRMC Ambulance endeavors to be on the cutting edge of EMS technology. They were one of the first services in Iowa to have the capability of transmitting 12-lead EKGs to the receiving hospital from the field; capnography was being used before it was the standard of care in Iowa, and our advanced providers have collaborated with TRMC's anesthesia department for training allowing them to perform RSI both in the field and in the ED.

TRMC Ambulance is an active supporter of various community events: sporting events at the local schools and college, concerts, auto races, and Ft. Dodge Frontier days. They provide education for the community thru car safety seat fit stations, regular EMS outreach education for area EMS services, providing BLS, ACLS, PALS and PHTLS classes for area EMS providers and working in tandem with Webster County EMA, Ft. Dodge Fire, Ft. Dodge Police and area EMS providers for disaster preparedness.

TRMC Ambulance is actively involved in trialing the Community Paramedicine program in Ft. Dodge allowing access to those patients that are at high probability of return to the ED or readmission to the hospital. A home visit is made to those patients within 24 hours of discharge to see how they are doing and make primary care referrals/appointments as necessary. Their goal is to keep patients healthy in their home and to connect them with various community services if needed.



Award accepted by her Clay Township Fire Department



co-workers and family.

Fay became a member of the Clay Township Fire Department in 1994, when the department was formed. She remained a member until her death on February 1, 2014. During her 20 year membership she held the Treasurer's position.

On September 11, 1995, Fay, her husband Dean and sons Dennis and Trevor, took EMT classes and all became EMT-As. Fay and her family all served in Marion County on departments as medical providers. Later they all transitioned to EMT-B. Fay then went on to become an Instructor in February 1997 and Evaluator in May 1997. Her first EMT-B class was

made up of students who would later serve as providers for Clay Township Fire and Rescue. Two of those students remain as active EMTs for Clay Township today. Fay taught many continuing education classes in and around Marion County. From 2000 to 2007 she provided continuing education for the Knoxville Raceway rescue crew, making sure they were ready for the race season each year, as well as the 3M Company medical squad.

Fay served as an EMT-B for Clay Township from 1995 until the time of her death. She was a very dedicated and valuable member who also went above and beyond for her patients, the patients' families, her department members and the community. Fay unselfishly gave of her time to provide education to many EMTs in the Marion County area and to ensure coverage for Clay Township Fire and Rescue. It is my honor to present the 2014 IEMSA Hall of Fame award to Fay Boyd.



Jeff Howard made a career in the EMS field before becoming disabled earlier this year. Jeff's career started in 1979 when he became an EMT-A, which is the same year he joined the Menlo Fire Department. That same year, he started working as an orderly in the Emergency Department of Mercy Hospital in Des Moines. During this time, Jeff started to understand the EMS system as Mercy quickly became a teaching hospital with a program under the direction of Bill Cochran, Sr. and his sidekick, Mike Smith.



In 1984 Jeff left Mercy and started working for LifeLine Ambulance service in Des Moines. During his time at LifeLine, Jeff became a CPR Instructor and an EMT-Intermediate.

In 1989 Jeff left LifeLine and started working for Adair County Memorial Hospital in the Ambulance Division. While there, Jeff became an Iowa certified EMS Instructor through DMACC's very first Instructor program. While at Adair County, Jeff became a Paramedic, and following that achievement, a Paramedic Specialist.

In 2004, Jeff left Adair County and started working for the Guthrie County Sheriff's Office as a 911 Dispatcher and Jailer. During that time Jeff had joined the Stuart Rescue as a volunteer Paramedic Specialist under the direction of Kenny Vanlandingham. In 2006 Jeff left the Sheriff's Office and became a full-time Paramedic Specialist for Stuart Rescue and later became the Director of Operations after

the death of Kenny Vanlandingham.

Earlier this year Jeff retired because of a service-related disability.

During his career, Jeff was responsible for starting the first "Voluntary Inspection Program" (VIP) through the Bureau of EMS for Menlo Fire Department. The VIP program was successful for Menlo as they became an authorized service. Jeff assisted in the initial authorization for a Paramedic Service in Adair County through the Adair County Hospital. Jeff has taught hundreds of CPR and first aid classes with well over a thousand people trained. He has taught dozens of First Responder and EMT classes and assisted with teaching Advanced and paramedic classes over the years. Over his 35 year career Jeff has worked in the private sector, municipal, and hospital-based EMS services.

Jeff was active in assisting other Fire and Rescue Departments throughout Adair and Guthrie counties with their EMS CQI Policies and Procedures.

Jeff served on EMS Councils for Adair and Guthrie County; he was also the President for the Guthrie County EMS Council for five years before stepping down earlier this year.

In closing, Jeff has been involved in the EMS field for 35 years and has made a significant impact on those around him. He has sacrificed his time, effort and health to help those in their time of need.



HALL OF FAME INDUCTEE ERNEST JOHNSTON (posthumous)

Award accepted by his son Jerry Johnston.



Ernest Allen "Ernie" Johnston, 75, of Burlington, Iowa, died at his home on Tuesday, August 12, 2014. Born on July 15, 1939 in Keota, Iowa, he was the son of Richard and Genevieve Vogel Johnston. He married Janet Lyes on May 25, 1958 at St. Paul Catholic Church, Burlington, Iowa.

Ernie attended school in North English, Iowa and graduated from St. Mary Catholic High School, West Point, Iowa. He worked at I.R.C., material control at J.I. Case, Burlington Community School District in food service delivery and as a bus driver. He owned and operated Yellow Cab Co. and Superior Ambulance Service for 11 years.

He was an avid race fan of Sprint cars and NASCAR. He especially enjoyed watching his favorite driver, Jeff Gordon leading when the checkered flag fell. He loved to read, listen to country music and spend time with his children and grandchildren. He enjoyed walking, running errands, car rides and playing with his puppy "Wolfie". He was a member of St. John & Paul Catholic Church.

He is survived by his wife, Janet; three sons, Jerry (Kelly) Johnston, of Pleasanton, California, Randy (Linda) Johnston of Ft. Madison, Iowa and Jay (Lisa) Johnston of Iowa City, Iowa; one daughter, Lynne Johnston Lipper of South Elgin, Illinois; seven grandchildren, Emily (Justin) Dorothy, Jade Johnston, Daniel Johnston, Jessica (Jacob) Rohde, Kayla (Corey) Lipper, Nile Johnston and Karley (Ben) Lipper; five great-grandchildren, Tate, Carsen, & Aubree Dorothy and Calvin Mayo, Leah Rohde; two brothers, Raymond (Liz) Johnston of Burlington, Iowa and Carl Johnston of West Point, Iowa; two sisters, Regina Johnston of Ft. Madison, Iowa and Marilyn (Maurice) Neuweg of Springfield, Illinois; many cousins, nieces and nephews.

He was preceded in death by his parents; three brothers, Francis "Red", Robert, Joseph and one sister, Roberta.



HALL OF FAME INDUCTEE DOUG POLKING



Doug is retiring this year after 30 years of service to the Pella Community Ambulance. Words cannot express what he has meant to our service and our community. He is without a doubt one of the most caring people I have ever met and this shows through on every call he has ever been on. He provides the best possible care to every patient and also treats his staff like

family. He is always willing to stop whatever he is doing and explain things and has been a mentor and teacher to many EMTs over the years. He has always held us to a higher standard and that shows in how we run our service. We are a non-profit and Doug has always kept this in mind with his spending over the years.

In addition to directing PCA he has provided guidance to many smaller services in the area, develop billing for their service.

Doug has been stuck to his pager for 30 years, day and night and if no one else is available you can count on him to be there. His wife probably deserves an award too!



HALL OF FAME INDUCTEE DOUG YORK

Award Accepted on his behalf by Rosemary Adam and Dr. Joshua Stilley both UNI EMLRC co-workers.

An excerpt from the nomination submitted Michael Hartley:

As most know, Doug was one of the original "Greeley gods", working in the pioneering system that established advanced EMS care in Iowa. He worked the streets for decades, preserving/saving countless Iowa lives during his career. He served as the University of Iowa's EMS Director, and then signed on to oversee their paramedic training program. For the majority of his 30 year career at UI, he has served as Director the EMS Learning Resources Center, overseeing the training of thousands of paramedics, advanced EMTs, EMTs, First Responders, nurses, physicians and allied healthcare professionals. By extension of those who he has trained in EMS, the number of lives that have been indirectly touched by this man cannot be accurately estimated.



During his tenure, he was instrumental in making the early defibrillation efforts that Iowa is so famous for a resounding success and established EMS milestone for our state. The "alphabet soup" courses, such as PHTLS, ATLS, PALS, and NRP thrived during his watch. He oversaw the adoption/creation of Emergency Medical Dispatch (EMD) training for Iowa's 911 dispatchers, Critical Care Paramedic (CCP) training for Iowa's paramedics, and championed the accreditation of Iowa's EMS training programs through his involvement at the national level.

These are only a few of the noteworthy accomplishments that have marked Doug's stellar EMS career in Iowa. He has established a career measuring stick that few EMS professionals will ever fully measure up to. It is for these reasons, along with his laid back, comedic (albeit bad joke) nature, that IEMSA should induct Doug into its Hall of Fame.

An excerpt from the nomination submitted by Paul Hudson:

Doug was part of the original "Greeley Gods" cohort that had preceded us, young men and women tutored and prepared by McFarland Clinic physicians with an interest in bringing advanced level prehospital care

to the area. In the operative paradigm of the era (and in an ironic twist on his future career as an educator), Doug and his peers then used the learn one - do one - teach one method (and a new textbook authored by Dr. Caroline) to impart their (somewhat new found) wisdom to us. It was here that it became apparent that, in addition to being a superb, skilled and confident field medic, Doug was also a gifted teacher.

I believe that the facets of the style and substance of his trademark educational methodology were first tested on myself and the students (we call them participants these days) he taught. His self-deprecating humor made him approachable, his Socratic reflection of the question back to the students made them think, and his insistence on wearing a suit while teaching showed that he took the job - the responsibility - seriously. I copied him when I started to teach, and continue this homage to this day.

"Doug York touched lives and altered destinies directly through education and mentoring of his students (and the educators who went on to emulate him), and indirectly but significantly through preparing a generation of caregivers who used the practical and pertinent wisdom he imparted as they cared for patients and their families."

2014

BOARD OF DIRECTOR UPDATE



NEW BOARD MEMBER NELLA SEIVERT

Southwest Region

Nella has been involved with EMS for 30+ years. She now owns Medivac Corp. Ambulance and is actively involved in many areas of EMS. Not only does she respond in the field and actively teaches classes, she is always exploring new things coming out in the field of EMS and passes those things onto all her EMS employees. She has lots of knowledge in EMS from all her years of experience.



2014

IT IS WITH A VERY GRATEFUL HEART

that we say “thank you” to the outgoing board members who have served so faithfully on the

IEMSA Board but have seen their terms come to an end. Without these members and their selfless dedication and giving spirit, Iowa EMS would not be what it is today. I consider myself a newbie on the team, and watching these seasoned members in action has been both inspiring and mind-boggling. For those who have not been an active part of the IEMSA meetings or activities, you cannot imagine how much work and time goes into supporting Iowa EMS. The monthly meetings always have a full agenda and tackle critical issues facing our EMS family. The activities of IEMSA impact everything from Iowa law to the local volunteer. (And you thought IEMSA was just an awesome conference that you can't wait to attend each year!) The members of this group make that happen on a daily basis. So join us when we say, “Our hats are off to you, members who have served so well!”

> JERRY EWERS 2010-2014 IEMSA PRESIDENT

Jerry Ewers, President of IEMSA will be stepping down after 4 years as president. Jerry serves as the Fire Chief in Muscatine, filling the role of both firefighter and paramedic. His leadership skills have been a blessing to IEMSA by building a focused platform to target essential issues and work toward change that will address those topics. Jerry has created an environment of financial stability and surrounded himself with a team that is of like-mind. Jerry is truly a team player and a “Get-er Done” kind of guy! You may have seen him jetting around at the Conference this year on a scooter... that's because even with surgery and the inability to be on his feet, we couldn't keep him down. Thank you does not seem to be enough for all of the time and effort you have put forth, Jerry.



> JAN BEACH-SICKELS BOARD MEMBER

Jan Beach-Sickels has served on the Board of Directors for many years. Her face is familiar to many in the Southwest region of Iowa where she works as the Supervisor for Taylor County Ambulance at CHI Health Mercy Corning as well as EMS Instructor at Southwestern Community



College. Jan has also worked with Adams County Ambulance. You may know her best from talking with her at the merchandise booth at the Annual Conference where she has coordinated the products and sales of the IEMSA gear that we are all so proud to wear. Jan's smiling face and hard work will be missed and her ability to get things done will be difficult to duplicate. Thank you, Jan!

> ROB DAVISON BOARD MEMBER

Robert Davison has represented the North Central Region of Iowa very well for many years as a Board Member. Rob has worked as paramedic Supervisor with Forest City Ambulance Service and brings insight from the EMS community in that area to the state level. Rob's winning and cheerful attitude have been a welcome part of the Board over the past several years. Thank you, Rob!



> TERRY STECKER BOARD MEMBER

Terry Stecker came to us from the Sioux City area, where he served as the Siouxland Paramedics' Director of Operations. Terry has been a member of the Board of Directors representing the Northwest region EMS Providers for many years. Terry has been a voice of concern for the struggling volunteer base in Iowa, specifically to the small services such as Oyens, where the services had to close due to lack of volunteers. His commitment to IEMSA and EMS has been an asset and we will miss his assistance and presence. Thank you, Terry.

> DR. DARREL FORSLUND IEMSA MEDICAL DIRECTOR

Last but certainly not least, we want to thank our Medical Director, Dr. Darrel Forslund. Dr. Forslund has chaired for many a meeting, provided unending insight, and offered immeasurable support to the Iowa EMS Community for many, many years. His willingness to volunteer his time and effort has made our successes possible. Although his time is valuable and limited, he has always made time for the EMS community. Members of IEMSA wish you the very best and we thank you for your service and support! Dr. Josh Stilley took over the reins as Medical Director earlier this year at which time he said, “I want to take time to thank Dr. Forslund for all of his contributions, time, and effort. He has truly made EMS in Iowa better. He is leaving some large shoes to fill and I wish him the best going forward.” I think he speaks for all of us.....

Thank you, Dr. Forslund!

IEMSA SCHOLARSHIP 2015

The Iowa Emergency Medical Services Association is proud to offer annual scholarship opportunities in 2015. Funds are intended to assist those hoping to enter the emergency medical services job force or for established members of the EMS community looking to advance their education and certification level. Emergency Medical Services personnel are essential features of any disaster management effort. Whether paid or volunteer, EMS is often the first to arrive at accident sites, making split-second life-saving decisions during every shift. Quality education and comprehensive training is essential for EMS providers and paramedics, because no two disasters, emergencies or accidents are alike. The goal of the IEMSA annual scholarship fund is to encourage continued improvement and advancement for our state's providers.

Initial certification requires schooling, and continuing education, and it also plays an important role in keeping EMS personnel on the cutting edge of life-saving first responder protocols. College level programs exist at two and four-year colleges. Whether basic or advanced – EMT, school can be costly. IEMSA would like to assist individuals with scholarship funding to help achieve or further career goals.

SCHOLARSHIP SELECTION PROCESS

1. Only those applications which are complete, accurate and received by the deadline will be considered. **Current Scholarship Application Deadline : June 1, 2015)**
2. IEMSA will notify all applicants by email of the status of their application.

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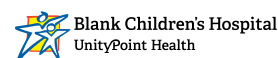
unitypoint.org

Your Decision Matters

Serious medical emergencies require more than a traditional hospital. In central Iowa, the only Level 1 Adult Trauma Center designated by the American College of Surgeons is Iowa Methodist. And, when it comes to emergency care for a child, Blank Children's Hospital is central Iowa's only verified Level 2 Pediatric Trauma Center.

From LifeFlight to our dedicated pediatric and neonatal transport teams, you can count on Iowa Methodist and Blank Children's Hospital to have the specialists, the experience and the equipment necessary to save lives in emergencies.

The point of unity is you.



>>> IEMSA SCHOLARSHIPS CONTINUED FROM PAGE 18

3. EMS scholarships are not awarded for course work already taken.
4. Scholarship payments are made directly to the recipient of the scholarship.
3. The following criteria will be used in the scholarship selection process:
 - Dedication to the profession
 - Financial need
 - Dedication to the community
 - Service as a positive ambassador for IEMSA

Please consider applying for one of these scholarships or forward information on to other potential recipients.

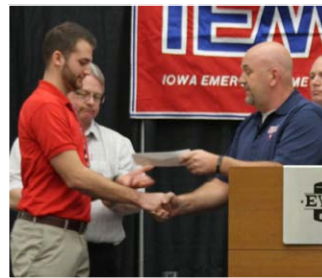
Click Here to print the scholarship application:
http://iemsanet/pdfs/Scholarship_Application.pdf

2014 SCHOLARSHIP RECIPIENTS ARE:

> TROY ARMSTRONG -- Troy is currently working on his paramedic certification at PERCOM-Kilgore College and is full-time Advanced EMT provider with Decatur County Hospital.



> JACOB SCOTT MAYER -- Jacob is currently working on his paramedic certification at Des Moines Area Community College (DMACC) and is full-time EMT for Lake City Ambulance/Stewart Memorial Community Hospital in Lake City, Iowa.



> uh-oh! Peds! CONFERENCE

EMS TRAINING TO CARE FOR LITTLE BODIES

FEBRUARY 21, 2015

AT THE HOLIDAY INN • CORALVILLE, IOWA

PRESENTING:

- > Pediatric Fever for the EMS Provider—Dr. Josh Stilley
- > Caring for your Patients Family
—Dr. Josh Stilley & Dr. Carlyn Christensen Szalanski
- > Practical Skills Station—Dr. Potter
- > Pediatric Assessment—Michael Aguilar
- > Shock Resuscitation Tactics—Rosie Adam
- > Neonatal Nightmares—Heather Elmore, RN
- > Pediatric Burns—Jackie Heinle, RN



Sponsored in part by





Ebola, Enterovirus, and EMS

Emerging Infectious Diseases

and What EMS Providers Need to Know.

BY Adam Wedmore, BS, CCP, NREMT-P

EMS Program Manager, North Iowa Area Community College



INTRODUCTION

Recently the media has captivated audiences with their relentless broadcasting of outbreaks of the rapidly spreading Ebola outbreak in African Nations as well as emerging respiratory viruses that have sickened children across the United States. These news stories tend to highlight the dramatic side of these diseases and play on the fears of the general public. While infectious diseases are of concern for Emergency Medical Service providers, simple procedures and sound policies can limit the risk of transmission and bring these viruses from Hollywood-like fame to manageable situations.

Infectious Disease Process

Before beginning to discuss how to protect ourselves, as well as care for potentially infected patients, the individual disease processes will need to be understood as well as why infections spread. Infectious diseases come from one of seven types of etiologic agents including fungi, bacteria, viruses, prions, metazoan, rickettsia, and protozoa¹. This discussion will focus on viruses and highlight two particular infectious diseases of current interest and concern.

Viruses are tiny, non-living structures comprised of either DNA or RNA. The life cycle of a virus starts with finding a suitable living cell inside a host and replicate, using its own DNA or RNA as the master copy for replication. Once the virus is able to penetrate into the host cell the replication process can begin as dictated by the virus's encoded instructions. These encoded instructions dictate the viral life cycle and stimulate the virus to either begin replication immediately, such as in the case of the measles virus, or to lay dormant for an extended period of time, such as in HIV².

Simple exposure to a virus does not necessarily constitute an infection as the virus must elude or overcome a host's defensive immune system after it has entered the host. The ability of a virus to evade or overcome a host's immunity and thus infect a cell varies widely based upon the genetic makeup of the virus as well as the overall health of the individual host. Whereas some viruses are easily transmitted from person to person; others are easily destroyed outside of the host and thus limiting the infectious spread of the virus¹.

The Famous- Ebola

Ebola is one of four viruses in the Filoviridae family which are commonly referred to as hemorrhagic fevers due their effects on the human body and their ability to cause extensive bleeding³. Ebola, referred to as Ebola Virus Disease (EVD), can cause disseminated intravascular coagulopathy which leads to diffuse bleeding, hypotension, and ultimately death⁴. The Ebola virus was first discovered in the Ebola River valley in Africa in 1976 following an outbreak of an unknown disease. Since that time, several outbreaks of the disease have occurred with the largest one currently occurring across West Africa. This current epidemic outbreak is by far the largest known EVD epidemic with several thousand documented infections and a mortality rate of forty-seven percent⁵. The spread of EVD across Africa has triggered an international response and has been declared an "extraordinary event" by the World Health Organization⁶.

The EVD's natural reservoir and carrier have never been identified. It is believed that wild African animals are likely carriers as outbreaks of the infection have been discovered in nonhuman primates³. The ability of a virus such as EVD to transmit from its non-human primate host to the human population is due to constant viral evolution as it replicates from cell to cell. The process of viral replication is not perfect and mutations occur which can increase the potential susceptibility of the virus to a different host⁸.

EVD is transmitted from one infected person to another through bodily fluids including blood, urine, saliva, feces, vomit, sweat, and semen⁶. Currently no studies exist to conclude that EVD is transmittable through the air in a clinical setting yet data does exist to prove that the virus is able to be aerosolized in controlled environments³.



Simple exposure to a virus does not necessarily constitute an infection as the virus must elude or overcome a host's defensive immune system after it has entered the host.



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Symptoms of EVD begin abruptly eight to ten days after exposure to the virus. Initial symptoms include fever, general malaise, chills, and weakness. These symptoms quickly progress and worsen along with the development of a diffuse rash that typically appears by day seven. Patients then begin to develop gastrointestinal symptoms including abdominal pain, diarrhea, and nausea and vomiting. Late stage symptoms include bruising, diffuse bleeding from puncture sites and body orifices, and finally multisystem organ failure coupled with shock. There is currently no cure or vaccine for EVD and treatment is limited to supportive care and fluid resuscitation ⁷.

In order to protect healthcare workers and limit the spread of the virus basic barrier nursing techniques and appropriate personal protective equipment (PPE) should be worn. The specific personal protective equipment that should be utilized by healthcare workers when caring for patients potentially infected with EVD was recently updated by the CDC and now recommends that all exposed skin be covered. In addition to the CDC's Standard Contact and Droplet Precautions guidelines which suggest single use gloves, eye protection, and a fluid resistant gown be worn the CDC also states that providers involved in the care of Ebola patients must have received repeated training and have demonstrated competency in infection control practices and procedures with an emphasis on donning and doffing the PPE. The CDC also recommends double gloving for invasive procedures and respiratory protection that is at least as protective as a NIOSH certified fit-tested N95 filtering face piece respirator or higher when infectious aerosols could be generated ⁹.

Additional guidance has been released from the CDC related to the identification and isolation of suspected EVD patients. One valuable tool in the fight of infectious diseases is the use of screenings and early recognition to identify potentially infected patients and the rapid isolation of the patients in an effort to prevent the spread of the disease ⁶. Any person under investigation should be placed in isolation if they meet the criteria and risk factors as outlined in the CDC's Case Definition Document. This policy recommends that this isolation period be for twenty-one days following a potential exposure, using twenty-one days as the longest documented EVD incubation period ¹⁰.

The threat of EVD entering the United States is debated by experts who tend to agree that through screening and the use of personal protective equipment the likelihood of an EVD outbreak in the United States is low. The rampant pace at which the epidemic has spread across West Africa

is largely due to the limited access to properly equipped facilities, inadequate numbers of trained healthcare providers, and widespread misunderstanding of the virus ¹¹. Should the EVD be encountered in the United States, those infected should have the opportunity to be quickly be identified, placed into isolation, and provided high quality supportive care.

As with any infectious disease, emergency responders must understand the disease, be able to recognize the signs and symptoms, employ strict infection prevention and control with particular regard to body substance isolation procedures. Providers are encouraged to conduct an extensive background and history on patients and attempt to identify any person who has had close contact with a suspected EVD-infected patient or has been in a country affected by the EVD outbreak within the last twenty-one days. Early recognition is critical ⁶.

A New Threat- Enterovirus D68 (EV-D68)

The start of the new school year typically brings with it an onset of illness as children across the country once again come into close contact with new viruses inside the confines of the classroom. Typical infections found among children and adolescents in classroom settings include gastrointestinal infections, influenza, and methicillin-resistant *Staphylococcus aureus* also known commonly as MRSA ¹². However, an emerging new virus has recently been identified and its effects on children can be significant.

The CDC released a Health Advisory on September 12th, 2014 in response to a sudden influx of a severe respiratory illness among children ¹³. This virus, which was first discovered in California in 1962, is one of many non-polio enteroviruses. This infection caught the attention of the CDC due to the sudden increase in severe respiratory cases in children clustered throughout the Midwest ¹⁴.

Enteroviruses can cause a variety of symptoms which range from mild to severe in nature and include runny nose, sneezing, coughing, body aches, and respiratory distress. The specific Enterovirus EV-D68 is less common among enteroviruses and typically causes a respiratory illness. This specific uptick in infections appears to cause severe respiratory illness and has resulted in a sudden rise in pediatric patients experiencing severe respiratory distress. Two main clusters of patients exist, one in Kansas City, Missouri and the other in Chicago, Illinois with additional suspected cases in Iowa, Kansas, and Colorado ¹⁴.

Concern about EV-D68 comes from both the severity

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Emerging Infectious Diseases

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of illness as well as the unusual number of cases as this particular strain of Enterovirus is thought to be less common ¹⁴. Hospitals that have seen confirmed cases of EV-D68 report pediatric patients, ranging in age from six weeks to sixteen years in age, presenting with hypoxemia and respiratory distress. Some cases have also involved wheezing. One particular item to note is that the vast majority of patients are afebrile at the time of admission ¹³.

Currently there is no specific treatment, cure, or vaccine for EV-D68 and care is limited to supportive therapy. Of the patients treated, some have required mechanical ventilation with one patient having been treated with extracorporeal membrane oxygenation ¹³. The severity of respiratory distress caused by EV-D68 is atypical of enteroviruses and has triggered increased monitoring by the CDC ¹⁴.

EV-D68 is considered primarily a respiratory virus and is believed to be spread from person to person through droplets carried by coughing or sneezing as well as contact with contaminated surfaces ¹⁴. Infection control recommendations include both standard precautions as well as contact precautions. In addition, healthcare providers are encouraged to utilize droplet precautions when engaged in activities that could generate aerosolized droplets. While EV-D68 currently appears to cause severe respiratory infections in the pediatric population, there is concern that it could also infect adults. As such, all patients with unexplained severe respiratory illness, even in the absence of a fever, should have EV-D68 included on the differential diagnosis ¹³.

Infection Control Policies and Procedures

Infection control procedures are paramount to protecting healthcare providers. The importance of personal protective equipment is stressed throughout all levels of training and continues to remain a critical failure item on the National Registry of EMT's psychomotor examination for all certification examinations ¹⁵. The fact that all providers are tested on the proper use of personal protective equipment highlights the importance of its use in the field.

Agencies are encouraged to adopt body substance isolation procedures or protocols and equip personnel

accordingly. To assist in identifying minimum levels of protection, the CDC has published the 2007 Guidelines for Isolation Precautions document which is available for download. These guidelines are supplemented by periodic CDC Health Advisories which provide updated information regarding new and emerging outbreaks as well as recommended infection prevention, control, and disinfection practices.

Following contact with any patient suspected of having an infectious disease emergency medical care providers are encouraged to conduct a thorough decontamination of all equipment and surfaces that could potentially have been contaminated. The CDC recommends the use of EPA-registered hospital-grade disinfectants for the routine cleaning and disinfecting of potentially contaminated equipment ⁹. All soiled linen, including uniforms, should also be laundered according to department policies and procedures.

Summary

Emergency medical providers must be well-versed in patient care and assessment of a variety of medical and trauma related events including. Throughout our training we have practice the steps of cardiopulmonary resuscitation, mastered the use of airway adjuncts, and perfected our ability to conduct a patient assessment. These skills are well within our comfort level as we practice them practiced on a regular basis. A challenge for EMS providers to obey all infection control and prevention measures can occur when faced with a new or atypical situation, especially if the situation involves the presence of an unfamiliar and emerging infectious disease. Fear of the unknown can take over and cause the provider to abandon all basic training.

Provider and patient safety will be best suited through an understanding of the individual disease processes, rapid identification and isolation, the strict use of appropriate personal protective equipment, and proper decontamination. Regardless of the infectious disease, EMS providers must remain vigilant in their assessment and unwavering in regards to infection control.

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Emerging

Infectious Diseases

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 6, and achieve at least an 80% score.

Deadline: March 31, 2015

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@iemsanet
-

1. Ebola is characterized as a type of _____.

- a) Bacteria
- b) Fungi
- c) Protozoa
- d) Virus

2. Ebola was first discovered in _____.

- a) Virginia
- b) Africa
- c) Russia
- d) Canada

3. Stepmoms of Ebola typically being between _____ and _____ days after exposure to the virus.

- a) 4 to 6
- b) 6 to 8
- c) 8 to 10
- d) 10 to 12

4. Ebola has been shown to be transmitted in which of the following bodily fluids:

- a) Blood
- b) Saliva
- c) Vomit
- d) All of the above

5. Initial symptoms of Ebola include all of the following except:

- a) Fever
- b) Bleeding
- c) Chills
- d) Weakness

6. The Food and Drug Administration (FDA) has approved a vaccine for EV-68.

- a) True
- b) False

NOT A MEMBER? But would like to earn this CE. Join our Voice for positive change in EMS by joining IEMSA today. Visit www.iemsanet, go to our membership page and apply online today at www.iemsanet. --just \$30/year.

YOUR ROLE IS VITAL

You are a critical
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We need your referral. By referring ALL out-of-hospital deaths to Iowa Donor Network, you ensure every Iowan is given the opportunity to leave a legacy through the gift of donation. Your role in referring at the time of death or within one hour of leaving the scene is one of the most important parts of the tissue donation process.

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SPOTLIGHT ON TRAINING

> NORTH IOWA AREA COMMUNITY COLLEGE, REFERRED TO AS NIACC

> **NIACC is located on the East side of Mason City in North Central Iowa.** Our Training Program offers initial certification courses at the EMR, EMT, and AEMT levels as well as continuing education for all levels of providers. All initial certification courses are approved for college credit and are taught by a pool of dedicated and talented instructors.

- > North Iowa Area Community College, referred to as NIACC, is located on the East side of Mason City in North Central Iowa. Our Training Program offers initial certification courses at the EMR, EMT, and AEMT levels as well as continuing education for all levels of providers. All initial certification courses are approved for college credit and are taught by a pool of dedicated and talented instructors.
- > In addition of EMS education the NIACC EMS Training Program also provides a variety of health education courses such as ACLS, PALS, NRP, TNCC, and others. The variety of training opportunities we provide helps to serve the needs of healthcare professionals in our nine-county service area are met. In addition to health care education we also coordinate fire and hazardous materials training for local first responders.
- > Dr. Tavi Madden-LeDuc serves as the Medical Director for the Training Program and is Board Certified in Emergency Medicine. Her expertise and knowledge play an instrumental role in course development and design and help to ensure our students receive the most current and relevant information. In addition, as a full-time physician in the Emergency Department allows her to pass along firsthand experience to our students and instructors.
- > One exciting project taking place at NIACC is the construction of a brand new, state of the art simulation center. This new center will feature four different high-fidelity mannequins with an integrated audio and video system. This new simulation center will be flexible enough to mimic a variety of pre-hospital and in-facility settings to allow students to master their skills in a controlled environment. Students in initial certification courses as well as taking part in continuing education classes will be able to learn and master both patient assessment and psychomotor skills in our new center which is scheduled to open in the fall of 2015.

FOR MORE INFORMATION PLEASE CONTACT ADAM WEDMORE.

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 641-422-4434 • wedmoada@niacc.edu • www.niacc.edu





BY DR. JOSH STILLEY MEDICAL DIRECTOR UPDATE

>IT WAS GREAT TO SEE SO MANY OLD FRIENDS AND MEET NEW ONES AT THE IEMSA CONFERENCE THIS YEAR.

Thank you to all of the speakers from across Iowa and the United States. Thank you also the Conference Committee for all of the hard work they put in to make such a spectacular gathering. I am also consistently amazed at the dedication, commitment, and level of service provided across Iowa by our EMS providers. For those of you who are not IEMSA members I would encourage you to become one. IEMSA can and does make a positive impact for EMS and we would love your involvement.

EMS to ED Trauma Handoff

>Patient handoffs between treatment teams have been identified as one of the riskiest times for the patient. Handing off a patient to the ED, especially to the trauma team, has long been identified as one of the most frustrating times for an EMS provider.

>There are multiple reasons for this frustration. On the side of the trauma team it includes incomplete information from EMS providers, lack of a formalized presentation, or a lack of familiarity with EMS in general. For the EMS provider the frustrations include people speaking to the patient before hearing report, multiple people asking questions about information covered in the report, or feeling judged for the care given.

>The timeout has become common practice within the hospital prior to procedures to ensure the correct procedure will be performed on the correct patient in the correct manner. In the same way that all play stops on the field when a sports timeout is called, during the medical timeout all activity stops and everyone listens to one person at a time. Time is also given for all involved to ask questions and ensure every individual is on the same footing.

>In the Twin Cities this problem was recognized and led to the development of the Trauma Team Activation Time Out. This is a script the EMS provider uses when delivering patient information. It is standardized so that all personnel involved can be on the same page.

>The other half of this equation, as we all know, is to have the receiving providers patiently wait while report is given. After the report is given one person at a time can ask questions. After the handoff report is completed and questions are answered, only then is the patient assessed and moved.

>There are four areas of the TTA Timeout. The Mechanism includes brief patient demographics including name and age. It focuses on the mechanism of injury. Injuries include the detailing of all known or suspected abnormalities. Signs/Symptoms include other areas of concern for the patient as well as objective information such as Vital Signs and GCS. Treatment details all

interventions performed including splinting, IV insertion, and fluid administration.

M = Mechanism

I = Injuries

S = Signs/Symptoms (including vitals and GCS)

T = Treatment

>I would recommend we use SBAR modify but modify it for EMS.

The standard SBAR as endorsed by the Joint Commission is Situation, Background, Assessment, and Recommendation. When delivering an EMS report SBAR could stand for Situation, Background, Assessment, and Rx (therapies). The trauma handoff would be stated exactly the same but then the mnemonic is applicable to other patients as well.

> As we are all aware there has to be buy in not only from EMS but also from ED and Trauma personnel.

I am a firm believer that a time out as outlined above will lead to improved communication, improved coordination across care teams, and improved patient care. Identification of a process that improves provider satisfaction and patient outcomes is good for us all. Watch the video at the link below if you would like to see the TTA Timeout in action.

<http://youtu.be/6l21QWpD3as>

If you have comments, questions, or suggestions please feel free to contact me.



BUREAU OF EMERGENCY AND TRAUMA SERVICES UPDATE

BY REBECCA CURTISS: BUREAU CHIEF-EMERGENCY & TRAUMA SERVICES



> THE DEPARTMENT HAS COMPLETED THE RESTRUCTURING OF THE BUREAU OF EMS AND THE CENTER FOR DISASTER OPERATIONS AND RESPONSE (CDOR).

> **THE NEW BUREAU IS NOW MERGED AND IS NAMED THE BUREAU OF EMERGENCY AND TRAUMA SERVICES (BETS).** Our mission remains consistent and we will strive to provide enhanced services to all EMS providers and preparedness partners. As always, never hesitate to contact me or any of the staff with any concerns or questions, we are here to serve you.

> **TWO NEW STAFF HAVE JOINED THE BUREAU:** Marty Smith joined the team in September as a preparedness coalition coordinator/i-SERV Coordinator/EMResource Coordinator; Michelle Fischer joined the bureau in November as the Trauma Coordinator. Anita Bailey announced that she will retire from the Bureau of Emergency and Trauma Services effective December 31, 2014, she will be greatly missed, the position will be posted as soon as possible.

> **ALL EMS PROVIDERS ARE ENCOURAGED TO JOIN THE LIST SERVE** to receive talking points and updated information from the bureau in the "IDPH Preparedness, EMS and Trauma Update". This update is released twice a month. Send a blank email message to join-preparednessemstrauma@lists.ia.gov to receive the e-mail updates.

> TRANSITION UPDATE:

- > First Responder to Emergency Medical Responder transition was completed September 30, 2014
- > EMT-Basic to Emergency Medical Technician-March 31, 2015
- > EMT-Intermediate to Advanced Emergency Medical Technician-March 31, 2016
- > EMT-Paramedic to Paramedic-March 31, 2018

> Paramedic Specialist to Paramedic -March 31, 2015
Please see the bureau website for details at: <http://www.idph.state.ia.us/ems/Transition.aspx>

> **THE IMAGETREND JOINT EMS AND TRAUMA DATA SYSTEM IS CURRENTLY BEING DEVELOPED, IDPH AND LOCAL USERS ARE VIEWING AND WILL BEGIN PILOTING THE SYSTEM IN THE NEAR FUTURE.** We intend to have the system ready for training and implementation in the first quarter of 2015.

> **BETS HAS ENTERED INTO AN AGREEMENT WITH THE AMERICAN COLLEGE OF SURGEONS TO EXECUTE A STATEWIDE ASSESSMENT OF THE TRAUMA PROGRAM.** The assessment has been scheduled in late January. Additionally Bets has requested a re-assessment of the statewide EMS program. Funds for the assessment have been approved through DOT. Planning is currently underway for re-assessment to occur in early spring. The last full assessment of EMS in Iowa was completed in the early 1990's. The summary and outcomes of these assessments will be used to strategically plan for improvements in both programs.

> **THE IOWA DEPARTMENT OF PUBLIC HEALTH HAS SUBMITTED A STATUS QUO BUDGET TO THE GOVERNOR.** Director Clabaugh has reviewed internal budgets and plans to re-distribute \$200,000 to the Bureau of Emergency and Trauma Services. No additional legislative general funds will be requested. There will be no certification fee increase in the upcoming year.

The EMS Bureau will continue to provide updates through this publication and through the bureau website <http://www.idph.state.ia.us/ems/>



A SYSTEM STANDARDS **SUCCESS STORY**

BY Rex Heisdorffer – Jasper County EMS Assoc. Chairperson/Newton Fire Dept.

THE JASPER COUNTY EMS ASSOCIATION WAS CREATED IN MAY OF 2009. Its members are comprised of the service director from the 10 authorized services within the county. Also invited are the medical directors, medical examiner, Jasper County dispatch, Jasper County EMA manager and a

representative from Skiff Medical Center. Initially our organization met on a quarterly basis, and our focus stemmed mostly toward how to utilize the System Development Grant funds. The first couple years funds were given mostly for initial EMT training and the remaining funds would be divided between departments for continuing education costs.

Our organization began to realize this method was not necessarily developing an improved EMS system. It felt like our efforts were focused in one

direction until the next quarterly meeting, and then our focus became something different. A few years had passed before realizing that we were meeting merely to discuss grant funds. After becoming more educated on Iowa EMS system standards, we began to look at how we could meet the standards.

Our first movement was to utilize a good portion of our grant funds toward purchasing Pro-QA software

for our County PSAP. Our organization felt that the initial 9-1-1 call, and how it gets prioritized and dispatched would have an impact for our EMS services.

The services within Jasper County operate under the authority of five different medical directors. Four of the services have come together and are now utilizing the identical EMS protocols. Our goal is to try to get all services utilizing one EMS protocol in some manner. This may be accomplished by utilizing a medical director's advisory group.

Currently our Association is meeting on a monthly basis. This change has seemed to help keep the momentum of change moving forward. Our organization is discussing how to create our own County standards and also how to create policies to ensure we meet those standards. We have just finalized having an EMS system study performed on our County. The study was funded under the System Development Grant. The study results have given us an insight into our current system, as well as recommendations of things to be improved on. With this study, we will establish our strategic plans.

A FEW LESSONS WE HAVE LEARNED,

- 1. Our focus should not be about our own department,** as much as what's in the best interest of the patient who requests our help.
- 2. When we work together, much can be accomplished.**
- 3. The future of our EMS system depends greatly on the actions we take today.**

IN SUMMARY, it's little things that make a big difference. Iowa EMS System Standards has aided our County to strive for something greater. As much as the System Development Grant has played an important role in some of our success, there are as many things that can be improved without a financial cost.

