

IEMSA VOICE

A VOICE FOR POSITIVE CHANGE IN IOWA EMS

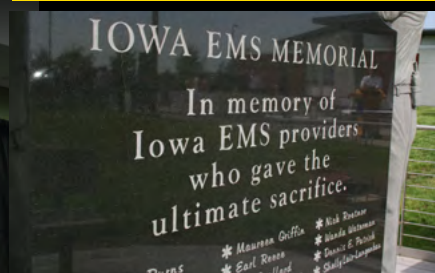


PAGE 6 2020 EMS LEGISLATIVE BILL WATCH LIST

ADVOCATING FOR



PAGE 7 2019 NOVEL CORONAVIRUS FACT SHEET FOR 911 ANSWERING POINTS



PAGE 21 EMS MEMORIAL CEREMONY: CANCELLED - SAVE-THE-DATE FOR MAY 15, 2021



PAGE 23 CE ARTICLE: FIELD ASSESSMENT AND MANAGEMENT OF THE PREGNANT TRAUMA PATIENT

2019 VOLUNTEER SERVICE OF THE YEAR SWEA CITY AMBULANCE SERVICE

PAGE 22 ANNUAL IEMSA AWARDS NOMINATIONS -- NOMINATE TODAY! DEADLINE SEPTEMBER 1, 2020

YOUR PARTNER IN EMS



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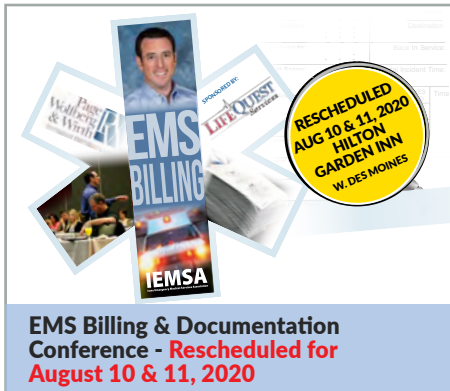
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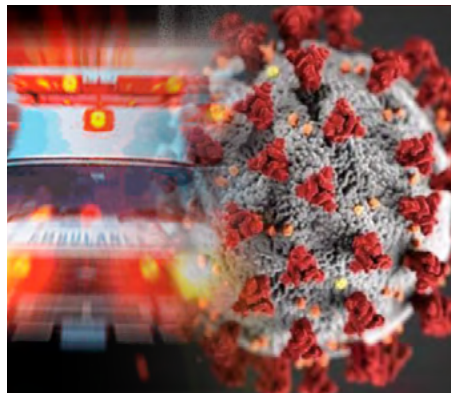
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The VOICE is published quarterly by the Iowa EMS Association covering state EMS issues for emergency medical services professionals serving in every capacity across Iowa. Also available to members online.



EMS Billing & Documentation Conference - Rescheduled for August 10 & 11, 2020

11 16TH ANNUAL REGIONAL BILLING CONFERENCE : CE'S FOR EMS BILLING MANAGERS & CERTIFIED AMBULANCE CODERS



07 2019 NOVEL CORONAVIRUS FACT SHEET FOR 911 ANSWERING POINTS

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

- > April 19, 2020
West Des Moines Hilton Garden Inn
5:00-7:00pm
- > June 18, 2020
West Des Moines EMS Station 19
1:00-3:00pm
- > July 16, 2020
Teleconference - 1:00-3:00pm
- > September 17, 2020
West Des Moines EMS Station 19
1:00-3:00pm
- > October 15, 2020
West Des Moines EMS Station 19
1:00-3:00pm
- > December 17, 2020
Teleconference - 1:00-3:00pm

> IEMSA OFFICE

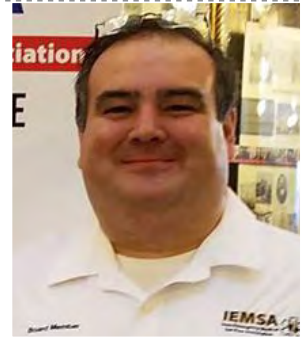
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A NOTE FROM OUR PRESIDENT

EMS RESPONSE COVID-19



BY MARK SACHEN, IEMSA President & EMS Provider

> As we all prepare our response for COVID-19 across Iowa, I've been impressed with the number of EMS and Fire agencies of all sizes educating their respective communities.

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- > From communicating the latest information on disease transmission from the CDC, Iowa Department of Public Health and local public health agencies,** to informing their communities of what they are doing and continue to do to protect themselves and their patients during these unprecedented times.
- > I've seen posts on Facebook letting citizens know that their EMS systems are reinforcing PPE use for its members, as well informing them of any additional measures they are taking to prevent the spread.**

Dedicated service directors are partnering with other departments to share information and train them on proper procedures to ensure their safety. They are providing their communities information on what to look for as far as symptoms, when to seek medical attention and when not to. From the smallest of rural services to our largest metro services, EMS is continuing its mission to protect Iowans during this crisis. As Iowans, we should all be very proud of the difficult work the men and women of EMS put in to seeing we are all kept as safe as possible at all times.

- > EMS is on the front lines of this pandemic and we need to make sure we are all doing our part** to ensure we are keeping ourselves safe, so that we may care

for those who are in need of our services. We have to make sure our brothers and sisters in EMS, the Fire Service and Law Enforcement are taking the proper precautions to keep them safe as they continue to also answer the call.

> I was expecting to attend the First Responder Suicide Awareness Proclamation signing at the Capitol today. We were planning to gather to demonstrate the importance of this issue. The ever increasing numbers of our providers who are suffering and succumbing to the pressures is a reality. Members of the Iowa Firefighters Association, who made the proclamation possible, along with representatives from our EMS family who have been personally affected by First Responder Suicide and mental health had planned on doing our best to bring light to the darkness. In true First Responder fashion, our communities needed us, and so we answered the call to help protect them. Sadly, the public signing was cancelled so that our Governor could oversee and monitor the state's increasingly dynamic response to the COVID-19 situation.

> This should not minimize in anyway the importance of this issue. What it should do is this:
--It should show the care and importance that we in public service place on our families, our friends, our neighbors often at our own sacrifice

> I'm so proud to serve all Iowa's EMS providers. You all represent what is best about our state, the compassion and sense of service to our communities that see us all through the toughest of times. Stay safe every day and please, take care of one another. We will get through this together--like we always do. EMS Strong.



OUR VOICE ON THE HILL LEGISLATION

2020 LEGISLATIVE TALKING POINTS



> EMS: AN ESSENTIAL SERVICE. Our citizens' expectation of Emergency Medical Service has shifted over the last few decades from a time when EMS was an emerging trend to the current assumption that EMS be immediately available whenever and wherever the need may arise. With response times over 30 minutes in many parts of the state and ongoing challenges in finding and retaining a quality workforce, Iowa policy makers and the EMS community need to work together to create benchmarks and intermediate steps to ensure EMS can meet Iowans' expectations. To do this, we need to address two critical areas:

- **FUNDING.** IEMSA urges the State of Iowa to adopt a permanent system of funding for EMS that would allow EMS agencies to staff personnel 24/7, purchase necessary infrastructure, and expand coverage into areas that need it most. Although there are numerous potential funding streams, we encourage the legislature and executive branch to consider the county levy proposal currently introduced in the Iowa legislature. It is the best and most comprehensive plan to date that balances statewide need with local realities and accountability.
- **PERSONNEL.** IEMSA supports robust funding of the Future Ready Iowa initiative that includes EMS-specific recruitment and training incentives. IEMSA also supports the creation of a loan forgiveness program for EMS training and incentives for placement of EMS professionals in rural Iowa where services are needed most.

**SAVE THE DATE FOR 2021 : Iowa EMS Day-on-the-Hill - Legislative Breakfast Reception
FEBRUARY 3, 2021 FROM 7AM-9AM IN THE CAPITOL ROTUNDA.**



BILL WATCH



BY Eric Goranson
IEMSA Lobbyist

BILL	DESCRIPTION	LAST ACTION	IEMSA
HF 2602	An Act relating to county emergency medical services by modifying provisions relating to optional taxes for emergency medical services.	In the House -- On the Debate Calendar	FOR
SF-2283	An Act relating to the authorized training programs for certain emergency medical care providers and including effective date provision.	Passed Senate 49-. Sent to House-referred to Human Resources Subcommittee - Lundgren, Bacon and Matson. Passed Subcommittee.	FOR
SF 2361	Statewide Mutual Aid --Persons authorized to request - elected CEO or designee	Passed House 97-0. On the Senate Debate Calendar.	Undecided
SF 2259	Donation Liability -- Liability arising from donation of equipment to municipality	Passed House 96-1. Passed Senate 49-0. On Governor's Desk.	For
HF 2487	Length of Service Award -- Authorizing Length of Service Award Program for Volunteers.	Passed Appropriations Sub-Committee.	For
SF 2293	First Responder Bill of Rights -- Pease Officer, Public Safety and EMS Bill of Rights	On Senate Debate Calendar.	Undecided
HF 2395	Telecommunicators -- Telecommunicators are First Responders	On Senate Debate Calendar.	For
HF 2585	Deaf and hard of Hearing -- Terminology Changes-Technical	Passed House 97-0. In Sub-Committee.	For
HF 2280	Individual Tax Credits for Volunteer EMS -- Increases Individual tax credit from \$100 to \$200/Volunteer	On House Debate Calendar.	For
HF 658	Speeding Ticket Revenue=EMS -- Speeding Ticket Revenue to EMS Fund	Passed Sub-Committee.	For
HF2590	Tactical EMS Carry -- Allows Tactical EMS personnel to apply for a Professional License	Passed Senate. On House Debate Calendar	Undecided
HF2224	Sports Wagering Revenues to EMS -- Puts Fantasy/Sorts Betting Profits in EMS Fund	Passed Sub-Committee.	For

BILL WATCH UPDATE AS OF 3/17/2020 -- [Go to this link](#) for UPDATES and DAILY ACTION ON BILLS.



2019 NOVEL CORONAVIRUS

FACT SHEET FOR 911 ANSWERING POINTS

UPDATED: 2/27/2020 -- VISIT THIS SITE FOR THE LATEST UPDATES:

[HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/HCP/GUIDANCE-FOR-EMS.HTML](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html)



Public Service Answering Points (PSAPs), municipalities and local EMS authorities should consider developing modified caller queries as outlined below. These caller queries should be reviewed with local EMS medical and service directors (in accordance with normal procedures), and communicated to local public health departments



SUGGESTIONS FOR MODIFIED CALLER QUERIES

PSAPs should consider questioning callers to determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. Suggested queries include:

- Fever (subjective or confirmed) or respiratory illness (cough or shortness of breath) AND
- A history of travel from China, Iran, Italy, Japan, South Korea within 14 days of symptom onset OR
- Close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset

The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated.

Communicate information regarding concerns of signs or symptoms and risk factors for COVID19 immediately to EMS

before arrival on scene in order to assure use of appropriate personal protective equipment (PPE) for the EMS provider

FIND ADDITIONAL STATE AND FEDERAL REFERENCES AT THE FOLLOWING WEBSITES:

- <https://idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus>
- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>



EMS BUREAU UPDATE

BY REBECCA CURTIS IDPH, Bureau Chief, Bureau of Emergency & Trauma Services



RECOMMENDATIONS FOR EMERGENCY MEDICAL PROVIDERS AND MEDICAL FIRST RESPONDERS

UPDATED: 2/27/2020

NOTE: THIS VERSION OF RECOMMENDATIONS IS BEING UPDATED INTERMITTENTLY — PLEASE REFER TO THIS LINK FOR THE LATEST RECOMMENDATIONS:

[HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/HCP/GUIDANCE-FOR-EMS.HTML](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html)

Emergency Medical Service (EMS) providers should use universal precautions on every call. The COVID-19 outbreak serves as a clear reminder that provider safety is paramount on every call.



Initial assessment of every patient with respiratory illness should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be

minimized to the extent possible until a surgical type facemask is on the patient. EMS providers should follow standard procedures and use appropriate personal protection for evaluating a patient with a potential respiratory infection.

CONSIDERATIONS FOR MODIFIED CALLER QUERIES THE IOWA

Department of Public Health has asked PSAPs to consider

questioning callers about their symptoms and risk factors for COVID-19 infection. Suggested queries include:

- Fever (subjective or confirmed) or respiratory illness (cough or shortness of breath) AND
- A history of travel from China, Iran, Italy, Japan, South Korea within 14 days of symptom onset AND
- Close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset

If PSAP call takers advise that the patient is suspected of having COVID-19, based on the signs and symptoms and risk, EMS providers should put on appropriate personal protection equipment (PPE) before entering the scene.

EMS PROVIDERS WHO WILL DIRECTLY CARE OR TRANSPORT/TRANSFER A PATIENT WITH POSSIBLE COVID-19 INFECTION OR WHO WILL BE IN THE COMPARTMENT WITH THE PATIENT SHOULD FOLLOW STANDARD, CONTACT, AND AIRBORNE PRECAUTIONS AND PROCEDURES, AND WEAR THE FOLLOWING PPE:

- Wear a single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated;
- Wear a disposable isolation gown;
- Wear respiratory protection (i.e., N-95 or higher-level respirator); and
- Wear eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).
- All personnel should avoid touching their face while working.
- Notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 infection so that appropriate infection control precautions may be taken prior to patient arrival.
- On arrival, after the patient is released to the facility, EMS providers should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- Documentation of patient care should be done after EMS providers have completed transport, removed their PPE, and performed hand hygiene.
- EMS documentation should include a listing of EMS clinicians and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared



with local public health authorities. o When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area. o If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.

- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures. o If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.
- EMS providers should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR) is necessary.
- Use BVMs and other ventilatory equipment, equipped with HEPA filtration to filter expired air if possible.
- Consult ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.
- If possible, the rear doors of the transport vehicle should be opened and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.

DRIVERS:

- Drivers that provide direct patient care (e.g., moving patients onto stretchers) should wear all above recommended PPE. After completing patient care and before entering the driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
- If the transport vehicle does not have an isolated driver's compartment, an N-95 or higher-level respirator should continue to be used during transport.
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- During transport, vehicle ventilation in both compartments should be on nonrecirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.

PATIENTS:

- A facemask should be worn by the patient for source control.
- Family members and other contacts of patients with possible COVID-19 infection should not ride in the

transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.

- If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures.

Follow-up and/or reporting measures by EMS Providers after caring for a potential case of COVID-19 a or patient with confirmed COVID-19 EMS providers should be aware of the follow-up and/or reporting measures after caring for a potential case or patient with confirmed COVID-19:

- EMS programs should consult with the receiving health care facility and local public health to assess exposure risk and management of EMS providers potentially exposed to COVID-19.
- EMS providers should assure that the receiving health care facility is in contact with local public health authorities and notified about the patient so appropriate follow-up monitoring of the EMS provider can occur.
- Decisions for monitoring, excluding from work, or other public health actions for EMS providers with potential exposure to COVID-19 should be made in consultation with local and state public health authorities. '
- EMS programs are encouraged to develop sick-leave policies for EMS personnel that are non-punitive, flexible, and consistent with public health guidance.
- EMS providers who have been exposed to a patient with potential or confirmed COVID19 should notify their chain of command to ensure appropriate follow-up.
- Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to program administration, the receiving health care facility and local public health.
- EMS providers should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify local or state public health to arrange for appropriate evaluation.

Cleaning EMS transport vehicles after transporting a potential case of COVID-19 or patient with confirmed COVID-19 The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
- The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.

> > > CONTINUED ON **PAGE 10**



- When cleaning the vehicle, EMS providers should wear a disposable gown and gloves. A face shield, or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. These products can be identified by the following claim:
 - "[Product name] has demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces."
 - This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, "1-800" consumer information services, social media sites and company websites (non-label related). Specific claims for "COVID19" will not appear on the product or master label.
- If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.

- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.

OTHER EMS PROGRAM RECOMMENDATIONS

The responsibilities described in this section are not specific for the care and transport of patients with potential or confirmed COVID-19. However, this guidance presents an opportunity to assess current practices and verify that training and procedures are up-to-date.

- EMS units should have infection control policies and procedures in place, including describing a recommended sequence for safely donning and doffing PPE.
- Provide all EMS providers with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
- Ensure that EMS providers are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.
- Ensure EMS providers are medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered AirPurifying Respirator, PAPR) whenever respirators are required.
- EMS units should have an adequate supply of PPE.
- Ensure an adequate supply of or access to EPA-registered hospital grade disinfectants (see above for more information) for adequate decontamination of EMS transport vehicles and their contents.
- Ensure that EMS providers and biohazard cleaners contracted by the EMS employer tasked to the decontamination process are educated, trained, and have practiced the process according to the manufacturer's recommendations or the EMS program's standard operating procedures.

Find additional state and federal references at the following websites:

- <https://idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus>
- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>



IEMSA
Iowa Emergency Medical Services Association



DAY 1+2 --
CEUs FOR EMS
BILLING MANAGERS
& CERTIFIED
AMBULANCE CODERS:

- 12.0 CAC + 11.0 CACO Units over 1 1/2 days (4.0 CAC Mandatory + 8.0 CAC Electives)
- 3.5 CAPCO CEUs (Day One)
- 1.0 CAPCO CEUs (Day Two)

CADS Certification received after successful completion of the course test.

REGISTRATION FEES:

Includes Tuition, Lunch & Breaks

Price:

NAAC CAC
8-Hours
(Mandatory + Elective)
\$200/pp

NAAC CAC
4-Hours Electives
\$75/pp

CADS
\$250/pp

GEMT & Non-Billers
Workshop
\$FREE
(must register)

Click Here to
Log-in
Register Now!

(or go to www.iemsa.net)
OR Complete the
Registration Form on the next
page and return by fax or mail
to IEMSA.

OFFERING
A FULL 12 HRS.
CAC RECERT
REGISTER TODAY
AT IEMSA.NET!

DUE TO COVID-19 RESTRICTIONS THIS CONFERENCE IS
RESCHEDULED TO AUGUST 10 & 11, 2020.
NOTE: NAAC will extend certifications expiring April and August through
to December 31, if necessary, to accommodate individuals who are unable to
complete credits due to this COVID-19 event cancellation.

IEMSA 16TH ANNUAL REGIONAL EMS BILLING & DOCUMENTATION CONFERENCE

AUGUST 10 & 11, 2020

HILTON GARDEN INN WEST DES MOINES
205 SOUTH 64TH ST • WEST DES MOINES, IOWA

We're excited to bring Doug Wolfberg back to Iowa --IEMSA will reach out to EMS Services across the
midwest to join us in Des Moines for this popular and much needed educational event.

Elite Sponsor:



An Ambulance Billing Service
877.882.9911 • www.pccforme.com



- > **Hospitality Suite:** On Monday Night, August 10, 2020 from 7-9pm. IEMSA will host a night of networking, finger food, and relaxation, in the Private Bar Area of the Hilton Garden Inn Event Center.
- > **SPEAKER:** Doug Wolfberg is a founding member of Page, Wolfberg & Wirth (PWW), and one of the best known EMS attorneys and consultants in the United States. Widely regarded as the nation's leading EMS law firm, PWW represents private, public and non-profit EMS organizations, as well as billing software manufacturers and others that serve the nation's ambulance industry.

DAY 1 : Monday, August 10, 2020

Track 1 & 2 Run Simultaneously **PICK ONE:**

TRACK 1 : Billing : 8.0 Hours

(4.0 Mandatory + 4.0 Elective CAC Recertification Hours)
8:00am-5:00pm - Lunch is included - \$200/pp

- Medicare and Reimbursement Update
- Compliance Update & Privacy Update
- Integrated Compliance: How to Work With Your Facility Partners to Improve Your Agency's Compliance
- The "Double Documentation Dilemma": What ePCR Elements Must be Included in the Narrative?
- Peace Love and Leadership: 6 Lessons From the Turbulent 1960s that Can Inspire EMS Leaders Billing, Compliance & Documentation Q&A: Ask the Lawyer

TRACK 2 : NAAC Certified Ambulance Documentation Specialist Course (CADS)

10am-5:30pm - Lunch is included -- \$250/pp

NOTE: This course is not approved for CAC Electives through the NAAC.

- The program is designed to provide a broad understanding of the rules and standards for EMS documentation and then dive into the skills needed to meet those expectations.
- All participants in the CADS course must complete the training as well as the written final exam.
 - CADS represents the "Gold Standard" in EMS Documentation training.
 - The CADS course is designed to improve compliance, reduce liability and teach important EMS documentation skills.
 - CADS certification is permanent - no annual continuing education costs to maintain this vital certification.

Your staff will receive critical training in:

- Writing outstanding clinical narratives
- Documenting refusals of care
- Fully and accurately documenting medical necessity issues
- Documenting with specificity, detail and clinical accuracy
- Capturing all required signatures
- and much more....

DAY 2 : Tuesday, August 11, 2020

Billing : 4.0 Elective CAC Recertification Hours **8:00am-12:15pm - \$75/pp**

- Right Payer, Wrong Rules: How to Avoid Billing Nightmares by Doing Your Homework
- The 855 Blues: Provider Enrollment and Revalidation Demystified
- The Anatomy of an EMS Cyberattack
- Five Lessons Learned from a Recent False Claims Court Case

GEMT + Non-Billers Workshop - **Are you Leaving Funds on the Table?**

(Presented by [PCG](#) & [PCC - A Billing Services Company](#))
1pm-4:30pm - FREE (MUST REGISTER)

- **GEMT-- presented by [PCG Consultants](#)**
--**Eligibility Definition--**
What it is and Who is Eligible
--**How to get On-boarded, Timelines, and Deadlines**
-- **Calculate a rough estimate of what filing GEMT Claims would mean to you in Dollars and Cents.**
- **Is "Billing for EMS Services" for you?**
--*Michelle Smith, [PCC Billing Services](#)*
- The ABC's of Setting up an EMS Billing System in Iowa.
- What are your options to Start Billing
--the Benefits and Pitfalls.

REGISTRATION FORM AND HILTON GARDEN
INN- WEST DES MOINES ROOM BLOCK
INFORMATION --->



IEMSA 16TH ANNUAL
**REGIONAL EMS BILLING &
DOCUMENTATION CONFERENCE**

AUGUST 10 & 11, 2020

HOTEL & REGISTRATION INFO

HILTON GARDEN INN W. DES MOINES • 205 S. 64TH ST. • W. DES MOINES



Discounted Room Rates at the Hilton Garden Inn West Des Moines

JUST \$109++ --Double/Single --Limited Rooms

Call (515) 223-0571 by July 20, 2020 to reserve a room. Rooms reserved after July 20, 2020 will be allowed based on availability--call the hotel direct. Ask for the IEMSA Block

Go to IEMSA.net to find the online reservation link -- Reserve prior to July 20, 2020 for the discounted fee.

TO REGISTER ONLINE: [CLICK HERE http://iemsa.net/member_account.htm](http://iemsa.net/member_account.htm) - Click the 'Login Here' button. You will be prompted to log-in to your IEMSA Account to register--Usernames are set to the email address on file use the password reset button to reset your password if you don't remember it. [Don't have an IEMSA Account? Click Here](#) to create an account.

Once Logged-in--go to the "Online Store" tab at the top of your screen, click on the "Regional EMS Billing & Documentation Conference" icon/link, complete the registration form, add to your cart, process payment and you're registered. You will receive a receipt and confirmation immediately by email. The payment options include: credit/debit card or select "Mail my Check". Registrations are not complete until payment is received, and must be paid prior to the conference. Mail Checks to: IEMSA (Billing Conf), 5550 Wild Rose Lane #400, West Des Moines, IA 50266. No Refunds AFTER July 20, 2020. Cancellations PRIOR to the July 20, 2020 are subject to a \$50 cancellation fee.

TO REGISTER BY MAIL or FAX: Complete this form and return with your check to: IEMSA, 5550 Wild Rose Lane #400, West Des Moines, IA 50266 -- or FAX with Credit Card Info this form to: 877-478-0926. You will receive a confirmation email once your payment is received and/or processed. If you do not receive an email--please contact the office ASAP to confirm your registration was received.

Elite Sponsor:



An Ambulance Billing Service
877.882.9911 • www.pccforme.com

Credit Card or FAX/EMAIL Registrations for 2020 REGIONAL EMS BILLING & DOCUMENTATION CONFERENCE

Attendee Name

Organization/Service

Phone#

Address

City

State

Zip

Email Address (mandatory):

DAY 1 - Monday, August 10, 2020 Options (Pick One --These Courses Run Simultaneously) :

\$ _____ ☐ **\$200/pp** --Day 1 -- 8am-5pm --**Billing - 8.0 Hours**

(4.0 Mandatory CAC + 4.0 Elective CAC Recertification CEs) Includes LUNCH

\$ _____ ☐ **\$250/pp** --Day 1 -- 10am-5:30pm --**NAAC Certified Ambulance Documentation Specialist Course**

(CADS Certification) Includes LUNCH

DAY 2 --Tuesday, August 11, 2020

\$ _____ ☐ **\$75/pp** --Day 2 Morning 8:00am-12:15p -- **½-Day - 4.0 Hours Elective CAC Recertification Hours**

\$ _____ ☐ **FREE** -- Must Register -- Day 2 Afternoon 1pm-4:30pm -- **½-Day -- GEMT & Non-Billers Workshop**

\$ _____ TOTAL DUE

Payment Method: ☐ **MasterCard** ☐ **Visa** ☐ **Check** (must receive check no later than day of the Conference)

Credit Card Number

Exp. Date

Name on Card

3-Digit Security Code on Back of Card



UPDATE

BY TONY SPOSETO, IOWA NAEMT ADVOCACY COORDINATOR



For those of you who do not know me, I would like to introduce myself. My name is Tony Sposeto and I am your appointed State of Iowa Advocacy Coordinator for the National Association of Emergency Medical Technician's (NAEMT.)

> As a state Advocacy Coordinator, it is my job to assist the NAEMT in gathering support from EMS providers in Iowa for bills that support EMS related issues on a national level. Additionally, I will urge providers to communicate with their local legislators to support these bills. Furthermore, based on statistics from the NAEMT we have a lot of work to do in Iowa to urge legislators in both the House and Senate to support EMS in our state.

I am confident that EMS providers in Iowa are some of the most dedicated in the country. There is a need to improve our communication to EMS providers in Iowa so that they are apprised of the bills being released, and educating providers in how they can support these bills. Undoubtedly, one of the best times to speak with legislators is by attending the local and/or national EMS Day on the Hill. If you have never visited the NAEMT website I would like to take this time to encourage you to do so at www.NAEMT.org.

If you are not a member and would like to become one the NAEMT always appreciates the extra support. However, you are not required to be a member to communicate with your local representatives on current EMS bills by visiting the NAEMT site. Once you have reached the website if you click on the "advocacy" tab, and then choose the "online legislative service" in the drop down you will see all of the current bills that we need to encourage our local representatives to support. As you navigate through this if you fill out the information the website is very good about walking you through the process. This will automatically draft a letter on your behalf if you simply fill out the little bit of information required and then press submit.

I would like to take a moment to explain a few key bills that have recently passed and others that are needing your support. I urge you to visit the NAEMT website and reach out to your local legislators for support.

**> SIREN ACT - APPLICATION DUE DATE:
MONDAY, MARCH 30, 2020**

The U.S. House of Representatives and Senate passed the package of 2020 federal appropriation bills that includes **\$5 million to fund the SIREN ACT** to support public and non-

profit rural EMS agencies through grants to train and recruit staff, fund continuing education, and purchase equipment and supplies from naloxone and first aid kits to power stretchers or new ambulances.

NAEMT applauds Senator Dick Durbin (D-IL), Senator Pat Roberts (R-KS), **Congressman Dave Loebsack (D-IA)**, and Congressman Greg Gianforte (R-MT) for their leadership and commitment in passing and funding the SIREN ACT.

How to apply for the SIREN Act grant:

The Substance Abuse and Mental Health Services Administration (SAMHSA) is accepting applications for the Rural Emergency Medical Services Training grants (EMS Training). The purpose of this program is to recruit and train emergency medical services (EMS) personnel in rural areas. SAMHSA recognizes the great need for emergency services in rural areas and the critical role EMS personnel serve across the country.

SAMHSA plans to issue 25 grants of up to \$200,000 per year for up to 4 years.

HHS-SAMHSA has released the grant announcement for SIREN. <https://www.samhsa.gov/grants/grant-announcements/fg-20-005>.

Please note on page 5 of the PDF of the Funding Opportunity Announcement: All applicants MUST register with the National Institute of Health's (NIH) "eRA Commons" in order to submit an application. This is a standard step for government grant applications and usually takes up to six weeks to receive the approval. If you believe you are interested in applying for this grant, please start the registration process immediately. The applicant organization MUST be registered in NIH's eRA Commons as a prerequisite for grant consideration.

In case you have questions on registering through the era commons portal, please use this tutorial: <https://era.nih.gov/register-accounts/register-in-era-commons.htm>.

If you have questions or need additional information, please contact: Corey Sullivan, Office of Financial Resources, Division of Grants Management, Substance Abuse and Mental Health Services Administration, (240) 276-1213, OACSAT@samhsa.hhs.gov

> > CONTINUED ON **PAGE 14**

We are working with Senator Durbin's office and the staff at HRSA and SAMSHA to address questions about this new grant. As we receive additional information, we will keep you posted.

> VRIPA ACT

Also included in the appropriations is an addition one-year re-authorization of VRIPA (the Volunteer Responder Incentive Protection Act.) This will help bolster volunteer EMS and fire recruitment and retention by allowing volunteers to receive nominal incentives like property tax deductions and up to \$600.00 per year of other types of benefits like stipends or uniforms without owing federal taxes.

> H.R. 1309 THE WORKPLACE VIOLENCE PREVENTION IN HEALTHCARE AND SOCIAL SERVICE WORKERS ACT

This bill is intended to curb the epidemic of violence against healthcare and social service workers, including EMS. This bill directs the U.S. Occupational Safety and Health Administration (OSHA) to create a national standard mandating that employers develop and implement a comprehensive workplace violence prevention plan.

> H.R. 1646 THE HELPING EMERGENCY RESPONDERS OVERCOME (HERO) ACT

This bill provides resources to increase recognition and treatment of post-traumatic stress (PTS) for EMS practitioners and firefighters. The bill also calls for grants to establish peer-to-peer support programs and to collect data on EMS practitioner and firefighter suicides.


> H.R. 4871 THE PROTECTING ROADSIDE FIRST RESPONDERS ACT

This legislation would require that all motor vehicles have crash avoidance technology installed and provide funds to states to support their enforcement efforts of Move Over Laws. Move Over Laws require drivers to move over a lane if safe, or slow down, when passing vehicles displaying emergency or warning lights. All 50 states have Move Over Laws.


I would personally like to thank all the men and women who provide EMS in Iowa and keep the people in our communities safe. The sacrifices you make and the dedication to the profession are what makes EMS in the state of Iowa great. I look forward to working with you in 2020 to continue gaining support from our legislators in Iowa on important topics in EMS. Please feel free to join our Facebook page at Iowa NAEMT Legislative Advocacy. If any of you have any ideas, questions, or concerns regarding national legislation you may also email me at naemtadvocacyia@outlook.com.

YOU ARE THERE FOR OTHERS PCC IS HERE FOR YOU

No matter what size service you have, our staff continues to provide the highest level of service to ensure your success for years to come. PCC is dedicated to providing the highest quality coding, billing and account management services for a low cost to Ambulance Providers.



PCC has assembled a dedicated team of billing and collection professionals from the ambulance, fire, and medical fields to provide a dependable service that far exceeds our competitors. Our expertise, commitment, and processes are proven to be at the forefront in our industry. It is said that, "PCC is the only service that we trust" for complete and accurate Fire & EMS billing across the Midwest Region.



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Save and Heal More Lives

Implement an agency protocol to call Iowa Donor Network for every death, every time. That one call could save and heal more lives than any other phone call you make.

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24 hour referral line
800-831-4131

FREE 1.0 CEH offered with
donation education

IowaDonorNetwork.org



IEMSA INDIVIDUAL MEMBERSHIP UPDATE



WHY JOIN IEMSA?

BY AMY GEHRKE, NC REGION DIRECTOR & INDIVIDUAL MEMBERSHIP COMMITTEE CHAIR

IEMSA was established in 1987 and has been actively involved in EMS in many facets. No matter your level of service, type of department, or patch on your sleeve, IEMSA is here to serve you and help be your VOICE be heard in Iowa. Some join for the professional recognition and networking opportunities, while some join for the member benefits and discounted educational opportunities that are held throughout the year across Iowa. Others join for the resources, group purchasing, quarterly VOICE publication, our strong advocacy efforts, and timely member alerts through eNews. There are plenty of other associations, such as NAEMT, IAFF, AAA, NAEMSP, NAEMSE, and many more, but only IEMSA is geared towards focusing on EMS issues in Iowa that affect all of us personally and professionally.

> WHY SHOULD YOU SPREAD THE WORD ABOUT IEMSA MEMBERSHIP? There are so many benefits with this low cost membership. The most important for any EMS provider is the \$10,000 accidental death/dismemberment policy offered to each member. In our high risk line of duty this could be a huge asset to your family. If you are a member, have you filled out your beneficiary designation? We want to make sure all families receive this benefit if needed so fill out this form ASAP. You can find the form at this link: http://www.iemsa.net/pdfs/beneficiary_form.pdf

> EDUCATION IS ANOTHER IMPORTANT BENEFIT FOR ALL MEMBERS.

You will receive a substantial discount on all IEMSA sponsored events, including our annual conference --an amazing event that is a lot of fun, offers top quality certified CE education, featuring well-known local and national speakers. In addition, you can pick up 1.0 Optional CE from our continuing education with each of two VOICE newsletters. And finally, with your IEMSA Membership you receive a 25% off (\$10 off) NAEMT dues with proof of current membership.

> IEMSA IS YOUR ADVOCATE AT THE STATE LEVEL AND LOCAL LEVEL.

Each region has representatives that you can reach out to. We have made great strides in Iowa with the legislators. Your involvement in your professional association is important to EMS. We need your voice to make important improvements in the state and national level. We can't do it without you!

There are also numerous benefits for affiliate organizations, students, retired-active individuals, corporate, and training center memberships! To see all the great benefits please go to the IEMSA site at: <http://iemsa.net/membership.htm>

JOIN ONLINE TODAY AT: http://iemsa.net/member_account.htm For step-by-step details --follow the instructions on the screen. NEW MEMBERS SET-UP AN ONLINE ACCOUNT CLICK HERE

MEMBERSHIP BENEFITS OVERVIEW

	\$ 10,000 AD&D	FREE Individual Memberships	Member Discounts	DISCOUNTED EMS EQUIPMENT & SUPPLIES FROM BOUNDTREE MEDICAL	VOICE and eNEWS	25% NAEMT Discount
Student		X	X		X	X
Active Retired			X		X	X
Individual	X		X		X	X
Affiliate	n/a	X	X	X	X	X
Corporate		X	X		X	



WHY SHOULD MY SERVICE BELONG? AFFILIATE MEMBERSHIP

BY LINDA FREDERIKSEN
SE REGION IEMSA BOARD MEMBER

For me, membership is a sense of pride and a sense of belonging for a great group of EMS professionals and a way to give back to make EMS stronger and better in Iowa. Membership is valuable and critical for any organization. In this economy it is often hard to justify spending money on professional organization fees with shrinking budgets. Yet, that membership can provide great value to you, your employer, and IEMSA.

IEMSA was established in 1987 and has been advocating for EMS on the Hill passionately ever since. No matter your level of service, type of department, **IEMSA has served Iowa EMS resulting in:**

- > **increased revenues** for your service with increases in the Medicaid Reimbursement rates.
- > **doubling the tax credit for volunteer** providers by increasing the tax credit to \$100.
- > **an education event program that brings national level speakers to Iowa.** Offering an affordable education and a great way to network and improve the level of care by sharing ideas between providers and services.
- > **very deep discounts on equipment and supplies for our Affiliate Members** through our Group Purchasing program.

We have identified the need to address and educate the public about EMS and its role in public safety across our state. The public needs to know who we are and how they can help us better serve them. We believe if Iowans know the struggles of our dedicated EMS providers, they will stand with us to move EMS to "Essential Service" status in Iowa. This status would secure, protect and improve EMS in ways we can only dream of right now. We will be working on this issue in the coming years. Your support will help make this happen.

There are plenty of other associations, such as NAEMT, IAFF, AAA, NAEMSP, NAEMSE, and many more, but **only IEMSA is geared towards focusing on EMS issues in Iowa that affect all of us personally and professionally. Join the 195 Affiliate Organization Members today—a full list of those members is on page 16.**

JOIN TODAY--Complete the Affiliate Membership Application on Page 18, or Contact Lisa Arndt, Office Manager at 515-225-8079 | administration@iemsanet.net | Go to http://iemsanet.net/member_account.htm For step-by-step details --follow the instructions

WHAT ARE THE BENEFITS?

- > **Job Openings** at your service can be posted on our Job Posting Area of our Website—just complete the application at this link— <http://www.iemsanet.net/employment.htm> when you have an opening—and we will post it for you. Your service must be an active member to post. There is no limit on the number of postings or how long the opening is posted. We understand our Job Board is, more effective, and less expensive than other job sites, like monster.com and other job sites.
- > **(1-3) FREE IEMSA Individual Membership(s)** for a provider from your organization--(\$30-\$90 Value based on membership level)
- > **25% off an Exhibit Booth** at the IEMSA Conference & Trade Show
- > **(1) FREE Seat in the Pre-Conference Leadership/Management Workshop** at the Annual IEMSA Conference & Trade Show-- held in Des Moines every November-- (\$120 Value)
- > **Deep Discounts on Equipment and Products** --Your service/organization will be automatically enrolled in the Group Purchasing Program-- once you're an affiliate member of IEMSA, within 5-7 days from purchase of your IEMSA membership Boundtree Medical will activate your account to apply IEMSA discount levels to your account. This benefit

alone will more than re-pay your membership dues with the discounts you see, beginning with your first order. You will enjoy FREE Shipping as well.

- > **NEW BENEFIT ! Ground Emergency Medical Transportation (GEMT) Program On-Boarding Services with PCG (Public Consulting Group) at a Deep Discounted Contingency Fee**

Your service or organization will automatically be allowed the deep discounted contingency fee % with PCG (Public Consulting Group) negotiated at 9% for Affiliate Level 1 -3 and 11% for Affiliate Level 4 Members. There are no up-front fees. The PCG Contingency fee will begin once all on-boarding tasks are completed and enhanced GEMT revenues are received by your service. The contingency fee will be applied to the GEMT Federal Share portion of the provider's reimbursement only. IEMSA negotiated the fee rate only. All other terms of the contract are negotiated and contracted by your service with PCG.

This is not a billing service, PCG is a specialized GEMT consultant, your contracted billing service (if you have one) or in-house billing service will still file the claims. PCG's goal is to assist IEMSA members in maximizing supplemental reimbursement while reducing audit risk and maintaining compliance with ever-changing state and federal policies. <https://dhs.iowa.gov/ime/providers/tools-trainings-and-services/medicaid-initiatives/GEMT>



IEMSA
Iowa Emergency Medical Services Association

MEMBERSHIP UPDATE

MEMBERSHIP TOTALS
AS OF MARCH 2020:



1468

+



195

+



26

= 1689



A HUGE THANK-YOU TO OUR AFFILIATE MEMBERSHIP

THESE IEMSA **AFFILIATE MEMBER** ORGANIZATIONS ARE MAKING A DIFFERENCE.
YOU CAN TOO--**BE A LEADER JOIN IEMSA TODAY!**

Ackley Vol Ambulance Service
Adair County Ambulance
Adams County Ambulance
Algona EMS
Altoona Fire Department
American Medical Response(AMR)
Anamosa Area Ambulance Service
Andover Ambulance Service
Ankeny Fire Department
Area Ambulance Postville
Area Ambulance Service
Atkins First Responders
Atlantic Fire & Rescue
Avoca Vol Rescue & Fire
Beaman Conrad Emergency Response Team (BCERT)
Bellevue Ambulance Service
Belmond Ambulance Service
Bernard Rescue Unit, Inc.
Bettendorf Fire Department
Blairtown Ambulance
Boone County Hospital
Boone Fire Department
Breda Area Ambulance
Buffalo Center Vol Amb Service
Burlington Fire Ambulance
BVRMC Ambulance
Calhoun County EMS
Camanche Fire Department
Carroll Co Ambulance Service
Carson Fire Dept.
Cedar Falls Fire/Rescue
Cedar Rapids Fire Department
Center Point Regional Ambulance
Centerville Fire & Rescue
Cherokee County EMS Association
Chickasaw Ambulance Service, Inc.
Chickasaw County Rescue Squad
Clarion Ambulance Service
Clay County EMS Association
Clay Township Fire Rescue
Clinton Fire Department
Clive Fire Department
Clutier 1st Responders
Community Ambulance Service of Preston
Council Bluffs Fire Department
Crescent Rescue
Dallas Co EMS
Danbury Ambulance Service
Davenport Fire Department
Davis County Hospital
Defiance Fire & Rescue
Delaware Township Fire Dept
Denver Ambulance Service
Des Moines Fire Department
Dubuque Fire Department
Dysart Ambulance Service
Earlham Rescue
Eastern Iowa Community College
Elberon Fire & Rescue
Eldora Emergency Med Service
Elkhart Fire Department
Ely Volunteer Fire Department
Emerson Volunteer Rescue
Essex Fire & Rescue
Fonda Ambulance Service
Forest City Ambulance Service

Fort Dodge Fire Rescue
Garner Vol Ambulance Service
Granger Community Ambulance
Granville Fire & EMS
Greene County Ambulance
Hartford Vol Fire & Rescue
Hartley Ambulance
Hawarden Ambulance
Hawkeye Community College
Henry County Health Center - EMS
Hiawatha Fire Department
Humboldt County EMS Alliance
Huxley Fire & Rescue
Indian Hills Community College
Indianola Fire Department
Iowa Central Community College
Iowa City Fire Department
Iowa County Ambulance
Iowa Falls EMS
Iowa Lakes Community College
Iowa Valley Community College
Iowa Western Community College
Jackson Co. Regional Health Center Ambulance Service
Jasper County Emergency Management Agency
Jewell Fire & Rescue
Johnson County Ambulance
Keokuk County Ambulance Service
Kingsley Ambulance Service
Kirkwood Community College
Knoxville Fire Department
La Porte City Ambulance
Lake Mills Ambulance Service
Lakes Regional Healthcare
Lansing EMS
Le Mars Ambulance Service
Le Mars Fire-Rescue
Lee County EMS Ambulance
LeGrand First Responders
Lewis First Responders
Lifeguard Air Ambulance
Lisbon Mt Vernon Ambulance
Louisa County Ambulance
Lucas County Health Center
Madison County Ambulance
Malvern Volunteer Rescue Inc
Manilla Ambulance
Martensdale Fire Dept
Mary Greeley Medical Center
Mason City Fire Department Ambulance
Mechanicsville Ambulance
Mediapolis Community Ambulance
MEDIC EMS
Medivac Ambulance Rescue Corp
Menlo Fire & Rescue
Midwest Ambulance Service of Iowa, Inc.
Mondamin Fire & Rescue
Monticello Ambulance Service
Morning Sun Ambulance Service
Muscatine County EMS Association
Muscatine Fire Department
New Hartford Ambulance
New Liberty Volunteer Fire Dept.
New Sharon Fire & Rescue
Newhall First Responders
Newton Fire Department
Nora Springs Volunteer Ambulance

North Iowa Area Community College
North Liberty Fire Department
North Sioux City Fire and Rescue
Northeast IA Community College
Northwest Iowa CC
Norwalk Fire Department
Norway Fire & Rescue
Orange City Area Health System
Osceola County Ambulance (Sibley Amb)
Ottumwa Regional Health Center
Palo Alto County Ambulance
Paramount EMS
Pella Community Ambulance
Pleasant Hill Fire Department
Pocahontas Ambulance Service
Prairie City Ambulance
Rake First Responders
Redfield EMS
Regional Medical Center
Remsen Ambulance Service
Rock Valley Ambulance
Saylor Township Fire Department
Shelby County Emergency Services Association
Sherrill Fire Department
Sioux Center Ambulance
Sioux City Fire Rescue
Siouxland Paramedics
Slater EMS
Southern Appanoose County First Responders
Southwestern Community College
St. Mary's Fire Department
State Center EMS
Story City First Responders
Strawberry Point Ambulance Service
Stuart Rescue Unit
Sumner Emerg Medical Services
Superior Ambulance
Tama Ambulance Service
Tipton Ambulance Service
Titonka Ambulance Service
Traer Ambulance Service
Tripoli Ambulance Service
UnityPoint Health - Marshalltown Area Paramedic Service
University of Iowa Hospitals and Clinics
Urbandale Fire Department
Van Buren Ambulance Service
Van Meter Fire Rescue
Veterans Mem.Hosp.Ambulance
Villisca Ambulance Service
Virginia Township Fire and Rescue
Wapello Community Ambulance
Washington Co Ambulance
Waterloo Fire Rescue
Wellman Volunteer Ambulance
West Des Moines EMS
West Liberty Vol Fire Dept
Western Iowa Tech Community College
Westgate Fire & Rescue
Wever Fire & Rescue
Wilton Fire and EMS
Windsor Heights Fire Department
Winneshiek County Emergency Management
Winneshiek Medical Center Ambulance

(Members as of --3/1/2020)



AFFILIATE MEMBERSHIP APPLICATION



AFFILIATE LEVEL 1
(<50 CALLS/YEAR)
\$50/YEAR
(< 50 Calls/Year)



AFFILIATE LEVEL 2
(51-500 CALLS/YEAR)
\$100/YEAR
(51-500 Calls/Year)



AFFILIATE LEVEL 3
(501-2499 CALLS/YEAR)
\$250/YEAR
(501-2,499 Calls/Year)



AFFILIATE LEVEL 4
(2500+ CALLS/YEAR)
\$350/YEAR
(> 2,500 Calls/Year)

TO JOIN IEMSA ONLINE: Go to http://iemsanet/member_account.htm -Click the "Login Here" button. You will be prompted to log-in to your IEMSA Account to register--Usernames are set to the email address on file and everyone's temporary password is set to IEMSA2014 which is case sensitive and contains no spaces. Passwords can be reset at this time.

Don't have an IEMSA Account? click on the "Guest Registration" Link to create an account:

Once Logged-in--go to the "Online Store" tab at the top of your screen, click on the "Individual Membership" icon, add to your cart, process payment and you're now registered. You will receive a receipt and confirmation immediately by email. The payment options include: credit/debit card or select "Mail my Check". Memberships are not activated until payment is received. **Mail Checks to:** IEMSA, 5550 Wild Rose Lane #400, West Des Moines, IA 50266.

TO REGISTER BY MAIL OR FAX: Complete this page and return with your check to: IEMSA, 5550 Wild Rose Lane #400, West Des Moines, IA 50266 -- or FAX with Credit Card Info this form to: 877-478-0926. You will receive a confirmation email once your payment is received and/or processed. If you do not receive an email--please contact the office to confirm your membership was received.

18

Credit Card or FAX/EMAIL AFFILIATE Membership Application:

☐ LEVEL 1 - \$50/YEAR

☐ LEVEL 2 - \$100/YEAR

☐ LEVEL 3 - \$250/YEAR

☐ LEVEL 4 - \$350/YEAR

Organization/Service Provider Name

Primary Contact Name

(Home) Address

City

State

Zip

1st FREE Individual Membership -- Email Address (mandatory)

IA EMS Certification #

All Affiliate Levels Complete --Affiliate Level 1 & 2 receive -(1) FREE Membership--Designate Here

2nd FREE Individual Membership -- Email Address (mandatory)

IA EMS Certification #

Level 3 & 4 Complete --Affiliate Level 3 receive -(2) FREE Memberships

3rd FREE Individual Membership -- Email Address (mandatory)

IA EMS Certification #

ONLY Level 4 Complete --Affiliate Level 4 Receive -(3) FREE Memberships

PAYMENT METHOD:

☐ MasterCard ☐ Visa

☐ Check Enclosed-Payable to IEMSA

Credit Card Number

Exp. Date

Name on Card

3-Digit Security Code on Back of Card

IEMSA EMS EDUCATIONAL SCHOLARSHIP

> APPLICATION DEADLINE : SEPTEMBER 1, 2020

NEW! SIX \$1,000 SCHOLARSHIPS ADDED

BY BRIAN RECHKEMMER, Board Member and Scholarship Chair

> Are you a student looking for assistance to help pay for your EMS Course? Are you a service that has students that are in an EMS Class that you are paying for? If you answered yes to either one of the questions above IEMSA can help. In 2017 the IEMSA Board of Directors approved the allotment of \$7,500.00 to be given away in scholarships to students who are enrolled in an Iowa EMS Program. **2020 will be our fourth year to award six \$1,000 scholarships awarded to one student from each of our six IEMSA Regions.** The only guidelines are that the student must be a student member of IEMSA and the training program that they are enrolled in must be an affiliate member of IEMSA. In addition to these six scholarships we will be awarding one \$500 scholarship each to two individuals that are pursuing a certificate for EMR, EMT, AEMT or PARAMEDIC. One \$500 scholarship will also be awarded to a training program to be utilized at their discretion.

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

Scholarships are one time only and are not awarded on a repetitive basis. IEMSA members and direct family of IEMSA members will be given preference. Scholarship recipients will be contacted individually and announced at the 31th Annual IEMSA Conference & Trade Show-November 14th, 2020.

Deadline for submission of applications : September 1, 2020.

To find the IEMSA Scholarship application please visit the IEMSA Website at http://iemsanet/pdfs/Scholarship_Application.pdf

1. Only those applications which are complete, accurate and received by the deadline will be considered.
2. IEMSA will notify all applicants by email of the status of their application.
3. EMS scholarships are not awarded for course work already taken.
4. Scholarship payments are made directly to the recipient of the scholarship.
5. The following criteria will be used in the scholarship selection process (*full details of criteria and process indicated [here](#) and on the [application](#)*):

- 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.

> CONGRATULATIONS TO OUR 2019 INDIVIDUAL SCHOLARSHIP WINNERS:

- > Jenna Weih
- > Cynthia Torkelson
- > Morgan Olson
- > Alissa Olson
- > Anna Goodell
- > Taylor Guthrie



**IEMSA 2019
TRAINING CENTER
SCHOLARSHIP
AWARD WINNER**



Pictured above are two of our seven 2019 IEMSA Scholarship Winners.



Iowa Department of
REVENUE

VOLUNTEER TAX CREDIT

2019
TAX YEAR

BY LINDA FREDERIKSEN Executive Dir. MEDIC EMS & Southeast Board Member

> Volunteer Firefighter and Emergency Medical Services (EMS) Personnel and Reserve Peace Officer Tax Credit for the 2019 Tax Year (returns filed in 2020)

Effective January 1, 2013 the Volunteer Firefighter and EMS Personnel Tax Credit was available for volunteer firefighters and volunteer EMS personnel. Effective January 1, 2014, the Reserve Peace Officer tax Credit will be available for volunteer reserve peace officers. In order to qualify for the credits, the taxpayer must meet the conditions listed below.

QUALIFYING CONDITIONS

> FOR VOLUNTEER FIREFIGHTERS:

- > Must be an active member of an organized volunteer fire department in Iowa.
- > Must meet the minimum training standards established by the Fire Service Training Bureau, a division of the Iowa Department of Public Safety.
- > A paid firefighter who volunteers for another fire department is eligible for the credit, effective January 1, 2014.

> FOR VOLUNTEER EMERGENCY MEDICAL SERVICES PERSONNEL:

- > Must be trained to provide emergency medical care, certified as a first responder or greater, and been issued a certificate by the Iowa Department of Public Health.
- > A paid EMS personnel member who volunteers for another department is eligible for the credit, effective January 1, 2013.

> FOR RESERVE PEACE OFFICERS:

- > Must be a volunteer, non-regular, sworn member of a law enforcement agency who serves with or without compensation, has regular police powers while functioning as a law enforcement agency's representative, and participates on a regular basis in the law enforcement agency's activities including crime prevention and control, preservation of the peace, and enforcement of the law.
- > Must have met the minimum training standards established by the Iowa Law Enforcement Academy.

> AMOUNT OF THE TAX CREDIT

For tax year 2019, the tax credit equals \$100 if the volunteer serves for the entire calendar year 2019. If the volunteer does not serve the entire year, the \$100 credit will be prorated based on the number of months that the volunteer served. If the volunteer served for a portion of a month, that will be considered as an entire month. The table below provides the qualifying amount of tax credit by months of service for the year.

Number of Months of Service	Amount of Tax Credit	Number of Months of Service	Amount of Tax Credit
1	\$8	7	\$58
2	\$17	8	\$67
3	\$25	9	\$75
4	\$33	10	\$83
5	\$42	11	\$92
6	\$50	12	\$100

If an individual serves in more than one position as a volunteer firefighter, volunteer EMS personnel, and reserve peace officer, the credit can only be claimed for one volunteer position. One credit can be claimed on the IA 1040

> WRITTEN STATEMENT REQUIREMENTS

Taxpayers claiming the tax credit are required to have a written statement from the fire chief, the chief of police, sheriff, commissioner of public safety, or other appropriate supervisor verifying that the individual was a volunteer for the number of months that are being claimed. These letters do not have to be included with a filed return, but must be produced by the taxpayer upon request by the Iowa Department of Revenue (IDR). It is recommended that the statement contain the following information: Volunteer Name, Fire Department or EMS Service Name or Police Department, Number of Months of Service for the Year, Amount of Qualifying Credit, and the Name, Title, and Signature of the official authorizing the credit.

> RECORDKEEPING RECOMMENDATIONS

It is recommended that volunteer fire departments, EMS services, or police departments maintain a record of the letters that are authorized in the event that IDR requests a list of authorized credit recipients. It is recommended that these lists be kept for at least three years.

2020 EMS MEMORIAL CELEBRATION: ~~MAY 16~~

BY MARK MCCULLOCH, West Des Moines EMS & Immediate Past-President



It is with a heavy heart, we have decided to cancel this year's EMS Memorial Celebration. Given the current COVID-19 Virus pandemic and restrictions, we have determined it is just not safe for us to continue with our plans to hold this special event. However, we will be honoring our fallen heroes at the 'Honoring Your Own Ceremony' to be held on November 14, 2020 at the CCCU Veterans Memorial Building during our Annual IEMSA Conference. If you'd like your fallen hero to be recognized at this ceremony, please contact the office by email at administration@iemsa.net or call 515-225-8079.

AND we will continue to accept applications for the May 15th, 2021 EMS MEMORIAL CEREMONY. All applications submitted for this year's ceremony will be honored at the 2021 Memorial Ceremony.

EMS Memorial Criteria

- > Line of Duty Death: Individual was killed in the performance of his/her EMS duties—No Fee
- > National/State/Local Recognition: Provider had a significant impact of EMS in their community, spent at least 10 years providing EMS, or died while an active member of a department—Fee: \$150.00

To submit an outstanding EMS Provider that has died from your community please complete an online application at www.iemsa.net ([Click Here to open Application](#)) and print the pdf application and submit all materials by April 14, 2021 to IEMSA, 5550 Wild Rose Lane, Ste. 400, West Des Moines, IA 50266.



The names of individuals submitted will be engraved and celebrated at next year's ceremony on May 15, 2021 EMS Memorial Ceremony, held at the EMS Memorial, West Des Moines Station #19, 8055 Mills Civic Parkway, West Des Moines, IA 50266. This event is presented by IEMSA in cooperation with supporting sponsors. This is just one way to remember and honour an EMS provider that has given so much to Iowa EMS.....Please make arrangements now to attend this beautiful ceremony.

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EMS SATURDAY

SOUTH EAST REGIONAL CONFERENCE

BY TOM SUMMITT Muscatine Fire Dept. South East Board Member

On February 8, 2020 IEMSA sponsored the 11th Annual Southeast Iowa EMS Saturday with over 55 in attendance.

As always, these are very well attended! This year's speaker line-up included sessions and speakers that included: "The Red Car Conundrum--12-Lead EKG" and "Situational Awareness or Lack of" presented by Jamie Temple, "Stroke" and "ACHF/LVAD" presented

by Kim Lopez, "Opioids, Narcan and the End User" and "1,000 Ways Not to Die" presented by Chuck Gipson, "TOK, They're Dead-Now What?" and Panaphylaxis/Shock" presented by David Rogis. We are grateful to these speakers for lending their expertise.

Our next SE EMS Saturday will be scheduled for January or February of 2021! Watch for the date in your E-News!

If you would like to have a mini IEMSA EMS Day in your area, contact your local IEMSA Board member from your region !



2020 IEMSA AWARD

NOMINATION FORM

EXPLAIN WHY THIS NOMINEE SHOULD RECEIVE THE AWARD
(ATTACH A SEPARATE SHEET IF NEEDED):

It's not too early to be thinking about nominations you may want to make for the Annual IEMSA Awards. The awards are announced at the annual conference.

EMS Providers give of themselves every day, with little or no recognition or show of appreciation. If you know someone who has given above and beyond, please nominate that person for this prestigious recognition.

To nominate a person or service for one of these awards you must:

1> complete this form. or online for here:

[HTTP://WWW.IEMSA.NET/AWARDS-NOMINATIONS.HTM](http://www.iemsa.net/awards-nominations.htm)

2> include a letter of recognition/nomination.

3> submit your nomination to the IEMSA office before September 1, 2020. Return the completed form to by mail to IEMSA, 5550 Wild Rose Lane, Ste. 400, WDM, IA 50266, e-mail to administration@iemsa.net or fax to 877-478-0926.

> **Individual**

- ☐ Volunteer EMS Provider of the Year
- ☐ Career EMS Provider of the Year

> **EMS Service**

- ☐ **Volunteer** EMS Service Provider of the Year
- ☐ **Career** EMS Service Provider of the Year

> ☐ **Instructor of the Year**

> ☐ **Dispatcher of the Year**

> ☐ **Legislator of the Year**

> ☐ **EMS Physician of the Year**

> ☐ **Hall of Fame**

> ☐ **Friend of EMS**

Nominating Service/Person --Contact Name

Nominating Service/Organization Name

Nominating Contact E-Mail Address

Nominee's Info-- Name

Company/Service

Address

City/State/Zip

Phone Number

E-Mail Address



No Pollo, No Huevo :

Field Assessment and Management of the Pregnant Trauma Patient

BY Jamie A. Temple BA, NRP, CCP –EMS Program Coordinator
Eastern Iowa Community College • Davenport, Iowa



Look, EMS spends the majority of training time preparing for the “what if” scenario. Trying to quickly assess and assign meaning to what you find can be difficult enough without the increased sphincter tone that accompanies caring for the injured pregnant female. Make no mistake, responses that involve babies, birth, or “bout to birth babies” are some of the most powerful, memorable, and potentially frightening experiences available. We tend to focus on the baby, and may miss the road signs on the way to maternal demise at our own peril, because as we will learn, “No Pollo, No Huevo.”

Physiologic Changes of Pregnancy

As any mother would attest, this will not be the complete exhaustive list of changes involved in pregnancy, just some of the more important ones to the EMS provider.

Cardiovascular Changes

The expectant mother has increased her cardiac output by 30-40%, as she will now be responsible for supplying oxygen and nutrients to at least 2 people. In order to accomplish this supply-chain feat, her pulse will increase by 10-15 beats/min, her systemic vascular resistance decreases 5-10%, her blood volume will increase 30-40%, and her resting blood pressure will decrease by 10-15 mmHg. If you are like me, this information leads to a few questions or physiologic “WTH’s?” First of all, if you increase the plasma volume 40%, what happens to the hematocrit? Aren’t you diluting the RBC pool? The answer is actually – yes. RBC production does increase, by about 20%. But remember, we increased the liquid volume by 40%, so we still have diluted the pool. So, while we can carry less oxygen with relatively fewer RBC’s, the blood is actually a little thinner and easier to push around the system. Couple that with a higher resting HR, we get the aforementioned increased cardiac output. Blood flow to the non-gravid uterus is roughly 2% of cardiac output, or 120 ml / min. Compare that to the needy, gravid uterus at a whopping 18% of the now greater cardiac output (7-8L) or 1200 ml / min. This is one of the reasons that a placental abruption can be life threatening to both mom and baby! So yes, cardiac output increases while systolic and diastolic pressures decrease. What have we learned about identifying shock? Increased HR and decreasing BP = shock – apparently not every time! Maybe the injured patient happens to be with child...

Respiratory Changes

The pregnant mother also has an increased appetite for, among other things, oxygen. Her oxygen consumption increases by 20%. In an effort to accommodate this new found appetite for oxygen, her tidal volume increases 30-40%. Usual and customary tidal volumes run 400-500 ml / breath. If you increase the tidal volume and increase the respiratory rate, you are going to increase the minute volume, which is exactly what happens. In an effort to optimize the space for the new inhabitant, the diaphragm actually elevates a bit, so early on, thoracic volume increases. Additionally, there is a right-shift in the oxyhemoglobin dissociation curve – which means that the attraction between oxygen and the RBC is a bit weaker, making it easier for oxygen to be used by the body, placenta, and fetus. These physiologic changes underscore the need for delivering oxygen therapy to the pregnant trauma patient.

Other Notable Changes

The pregnant woman becomes hypercoagulable. Many of the clotting factors increase – think of it as a protective mechanism against uncontrolled hemorrhage. What may be an unintended consequence of this hypercoagulability? If you were thinking blood clots, DVT, PE’s, you win the Gold Star! The presentation of a gravid female with the sudden onset of extreme air hunger, chest pain, and no trauma should worry even the most grizzled veteran. What do we have for that expectant mother who is experiencing a pulmonary embolism? Anybody – what can we do? We need to recognize the gravity of the situation, apply high-flow oxygen and beat feet to the nearest emergency department!

> > CONTINUED FROM **PAGE 23**

Obviously, the uterus becomes the largest abdominal organ, making it the prime target for any abdominal trauma. The bladder also is displaced upward and forward, making it more vulnerable to injury, or becoming a seat for the baby, making everyone uncomfortable.

Scope of the Traumatic Problem

Trauma occurs in 6-7% of pregnancies in the US.(1). Falls accounted for the most injuries, followed closely by motor vehicle trauma, which results in 50% of all prenatal mortality. Believe it or not, assaults are the third most common reason for admissions. The following are the causes of Traumatic Fetal Death:

1. Maternal Death
2. Maternal Shock
3. Abruptio placenta

Anywhere between 1300 – 3900 pregnancies are lost each year due to trauma. In women with severe trauma, an abruption occurs in 40-50% of the cases, compared with 1-5% in minor trauma.

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Placental Abruption

By its nature, the word “abruption” sounds like something nasty, untoward, and painful. Let's take a look at the players here. The uterus is composed of many elastic fibers – how else are you going to be able to contract and move Junior down the chute? The placenta has very few elastic fibers. This mismatch of fiber types produces a rather inflexible union. Under sudden directional change or applied pressure, the rigid fibers of the placenta do not flex or give, instead they just rip and tear away from the uterine wall, causing the abruption. This tearing mechanism is usually accompanied by pain and discomfort, and in 80% of cases, significant vaginal bleeding. In the other 20% of cases, the hemorrhage is concealed and not seen externally, making it more difficult to give a clear picture of the danger both mom and baby are potentially facing. Some of the risk factors for abruption are: hypertension, alcohol use, smoking, cocaine use, and trauma.

Signs / Symptoms of Abruptio Placenta

- > Vaginal Bleeding
- > Abdominal, back, uterine tenderness / pain
- > Fetal distress / lack of fetal movement
- > 3rd Trimester shock

Shock and Pregnancy

Remember, at the base level, the definition of shock is “inadequate tissue perfusion”. Regardless of the patient's physiology or situation, this definition holds true. Even with all of the safeguards in place, we have to be able to recognize shock in the pregnant patient and act accordingly. A pregnant woman can lose 30% (2 Liters) of blood volume before a change in VS might be noticed. Rest assured, however, that if mom has lost 2L of blood, the baby is in deep, deep trouble. Do not forget, that most likely the resting BP will be a bit lower than expected, and the HR will be a bit higher than expected. Just to add a bit of fuel to this fire, uterine blood vessels constrict in response to a catecholamine dump early in shock, further limiting by 25% the blood and oxygen available for the baby!

It seems that now would be a good time to introduce the concept of the Modified Shock Index. This is just another tool in the assessment toolbox that may activate the Pucker factor alarm and cause folks to move a bit quicker. The Modified Shock Index is found by simply taking the heart rate and dividing it by the MAP. For those who have a math phobia, the MAP, or Mean Blood pressure, can be found on any of the Advanced Cardiac monitors after you take a blood pressure. Mathematically, it is:

$$\text{MAP} = [(\text{DBP} \times 2) + \text{SBP}] / 3$$

Any MSI of greater than 1.3 indicates a hypodynamic situation, while a MSI of less than 0.7 indicates a hyperdynamic state. Studies have shown that the predictive value of t MSI is superior to that of HR, BP, and even Shock Index, when finding who is at greater risk of ICU admission or even death.(3)

These items suggest a pattern EMS needs to recognize – maternal shock, especially with any kind of suggestive mechanism. Remember, “No Pollo, No Huevo”!

Management of Shock in the Pregnant Patient

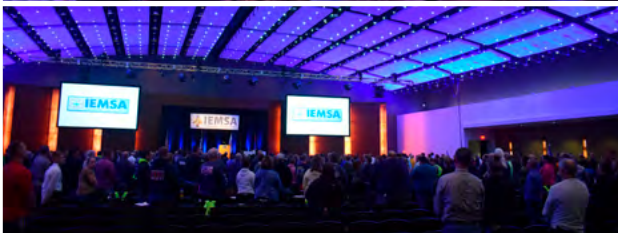
As with the management of anyone in shock, some of the cornerstone principles hold true. Rapid assessment and impression, high flow oxygen, airway management if necessary, and early and rapid transport. Be sure to pay careful attention to the position of the patient during transport. You must avoid making the situation exponentially worse by lying them supine, and invoking Inferior Vena Cava Syndrome. The fetus may compress the vena cava, further decreasing blood flow and cardiac output.



31ST ANNUAL CONFERENCE & TRADE SHOW

SAVE THE DATE
NOVEMBER 12-14, 2020

- > **EXHIBIT HALL : HYVEE HALL C**
LARGE DISPLAY OF THE TOOLS OF YOUR TRADE
- > **AWARDS CEREMONY :** Saturday, November 14, 2020, 1200-1300, during lunch. Awards given for EMS Service - Career and Volunteer, EMS Individual - Career and Volunteer, EMS Instructor, Dispatcher, Friend of EMS, EMS Physician of the Year, Legislator of the Year and Hall of Fame. Go to [this link](#) for the application to nominate someone today!
- > **HONORING OUR OWN :** Saturday, November 14, 2020, 0730-0815 Please join us in honoring those no longer with us at this moving ceremony. Contact Tom Summitt - tcsommitt@maclink.com. Also--consider completing the application at [this link](#) to apply to engrave an dedicated EMS provider on the EMS memorial, and honor them at our May 16, 2020 EMS Memorial Ceremony--more details at <http://iemsa.net/awards.htm>
- > **LUNCHES :** Again this year, we have elected to allow you the option and convenience of purchasing lunch during the conference. or you can purchase a lunch ticket as usual.
- > **CONFERENCE HOTEL GROUP RATES :**
Will be at the Hilton Downtown Des Moines, Comfort Inn, Holiday Inn Mercy Campus and Embassy Suites Des Moines. Reserve your room early--they sell out.



If the patient was not hypotensive or “shocky” when they were placed supine, and develop shock symptoms, get them off of their back! Move them to their Left side, either with pillow wedges, or on the LSB if required. (AHA recommendation for Left Uterine Displacement during resuscitation.) If able, a couple large bore Iv’s can be placed during transport, and then you need to be ready for the big one...premature delivery of the baby! That will be discussed in a later article.

Despite your best efforts, sometimes there is maternal demise to the point of cardiac arrest. In the event of a maternal cardiac arrest, perform CPR as you would, notify the ED of your situation so they can meet you with everyone right there in the ER. There are cases in the literature of perimortem C-Section with successful outcomes past 24 weeks gestation. The overriding principle is the 4 minute rule: **After 4 minutes of maternal CPR, the infant should be delivered by minute 5!**

We take care of pregnant patients all the time...we take care of trauma patients all the time. We just don’t meld them together very often. They need our best from us, each and every time. There is not just one person counting on it. Remember, “No Pollo, No Huevo”. No Chicken, No Egg!

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> > CONTINUED FROM **PAGE 20**

Field Assessment and Management of the Pregnant Trauma Patient

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

Deadline: June 30, 2020

Complete this Quiz and:

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

1. Which of the following statements regarding maternal physiology is correct?

- a. Heart Rate decreases 15-20%
- b. Resting BP decreases
- c. Plasma volumes decrease
- d. Resting BP increases

2. How does the pregnant mother increase her Minute Volume, and supply the fetus with adequate oxygen?

- a. Increase Dead Space air and decrease respiratory rate
- b. Increase respiratory rate and increase tidal volume
- c. Increase tidal volume and decrease respiratory rate
- d. Decrease tidal volume and increase respiratory rate

3. Choose the correct field impression for the 25 y/o pregnant female (24 weeks) who complains of a sudden onset of severe dyspnea, chest pain associated with respiratory effort, and no history of trauma or injury.

- a. Ectopic Pregnancy
- b. Uterine Rupture
- c. Asthma attack
- d. Pulmonary Embolism

4. Inferior Vena Cava Syndrome can best be mitigated by which of the following?

- a. Rapid fluid bolus
- b. Positioning the patient on her Left side
- c. High Flow oxygen
- d. Positioning the patient on her Right side

5. A 35 -week gestation female presents to your truck with a 3 hour history of moderate vaginal bleeding, abdominal / back pain, and does admit to recent cocaine use. This patient looks like they are in trouble...you see pallor, diaphoresis and lethargy. You suspect which of the following:

- a. Ectopic Pregnancy
- b. Spontaneous Abortion
- c. Prolapsed Cord
- d. Abruptio Placenta

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.net](http://iemsanet.net) , go to our membership page and apply online today at http://iemsanet.net/member_account.htm --just \$30/year.

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HONORING OUR OWN



JOIN US

SATURDAY, NOVEMBER 14TH, 2020 | 7:30-8:15AM

AT THE 2020 IEMSA CONFERENCE,

for "Honoring Our Own", our beautiful tribute to our EMS Heroes who are no longer with us.



If you know of any EMS, Fire, Dispatch, EMS Instructor, or Friend of EMS (who made significant contributions to our EMS profession) that is no longer with us and should be honored in this ceremony, please contact Tom Summitt, Mark Sachen, Amy Gehrke, Spencer Armstrong or your IEMSA Board of Director members that can help you. Contact information at http://iemsanet/contact_info.htm

2019 WRAP-UP: SAVE-THE-DATE FOR 2020

Our 30th annual IEMSA conference and trade show took place in Des Moines on November 7-9th, 2019. Each year our conference committee strives to provide great continuing education that reaches each and every level of EMS provider. This year, over 1000 attendees chose from a full schedule of general and specialized topics (43 classes to choose from in all, including 4 pre-conference tracks)

The IDPH Bureau of EMS staff delivered a workshop for Medical and Service Directors regarding upcoming changes and strategies for meeting the challenges of EMS in today's world. We offered 4 hours of education on Community Paramedicine to increase interest and knowledge in this up and coming area of interest.

Participants enjoyed educational content, combined with networking and social events. Attendees enjoyed an Vendor Welcoming Reception a fun networking event to kick off the week, with live music and dancing at our "Thursday Night Gathering Place" on Court Avenue and our main event Friday evening featuring live music by our all time favorite -The Johnny Holm Band!

A continued highlight on the agenda this year was two full days of "Hard to Find--National Refresher Topic Hours". This track offered the highly desirable basic content that so many of our attendees have asked for. We had great feedback on this and plan to include future refresher topics in the years to come.

Saturday morning attendees started their conference day bright and early with IEMSA's Honoring our Own Ceremony. Always a moving tribute to EMS providers no longer with us, as their families and friends gathered with us to remember their lives of service and sacrifice.

We hosted our well attended Vendor Hall this year with extended hours, opening at Noon on Thursday and as always remains an exciting and important part of our attendees conference experience.

We know that attendees hope to take home something different each year. You may be looking for up to date evidence-based research, new protocols, ways to improve your patient care or department moral. We strive each year to bring a large variety of

classes and pre-conference offerings so that your choices are many and your overall experience is valuable.

Keep the comments coming and check our IEMSA website regularly for other upcoming educational opportunities throughout the state. Your feedback is important to us as we plan for next year's conference!

So, mark your calendars now and we will see you November 12-14th, 2020 for our 31st Annual Conference and Trade Show!

Stay safe and have a great 2020!

---Katy Thornton, IEMSA SC Regional Board Member and Annual Conference Chair.

**31ST ANNUAL
CONFERENCE &
TRADE SHOW
NOVEMBER 12-14, 2020
DOWNTOWN DES MOINES**

SAVE THE DATE | DES MOINES | NOVEMBER 12-14, 2020

WATCH OUR LINE-UP GROW: WWW.IEMSA.NET/Conference.htm



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