

IEMSA

July – September 2006

VOICE



A VOICE FOR POSITIVE CHANGE IN IOWA EMS



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Iowa Emergency Medical Services Association



2006 IEMSA Conference

Don't Miss!
Friday, November 10
Keynote Speaker

RANDOLPH MANTOOTH

Randolph Mantooth is widely recognized for his role as LA County firefighter/paramedic Johnny Gage in the 1970's television show "EMERGENCY!" Arriving in America's living rooms every Saturday night for seven years, John Gage and Roy DeSoto helped change the face of emergency medicine forever.

"EMERGENCY!" first introduced the virtually unknown word "paramedic" to the public in January 1972 -- a word now part of our every day lives. In May 2000, the show was inducted into the medical archives of the Smithsonian Institute's Museum of National History in recognition of its vital contribution in accelerating the establishment of Advanced Life Saving programs throughout the nation.

In the years since "EMERGENCY!" went off the air, Randy has been busy acting, writing, and is currently developing a new TV show about Urban Search and Rescue. He also plays an active role as Honorary Chairman of the County of Los Angeles Fire Museum, but manages to make time to relax, hiking in the hills above LA with his dog Dodger. Randy is a frequent keynote speaker at Fire and EMS Conferences, reminding emergency responders of their history, and of the vital role they play today in the communities they serve.

Meet Randy when he hosts a fundraising autograph session in the Third Alarm Fire Shop booth in the exhibit hall on Thursday and Friday. "EMERGENCY!" photos and other merchandise will be available for purchase. Proceeds benefit the County of Los Angeles Fire Museum's James O. Page Memorial Building Fund.



www.RandolphMantooth.com

Randolph Mantooth's Appearance Sponsored by



*Celebrity appearance subject to change



CALLING FOR EMTs IN ACTION:

Please email your EMT action photos to
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EMStat WebCUR Gold 1.0™

Achieves Gold Level National Compliance for NEMSIS

The National Emergency Medical Service Information System (NEMSIS) Technical Assistance Center (TAC) recently announced that Med-Media, Inc. received Gold Level Compliance for its EMStat WebCUR Gold 1.0™ Software. Med-Media, Inc. is one of only three vendors in the United States compliant at the Gold Level. Two additional vendors received Silver Compliance and three vendors did not meet any required compliance levels during this initial testing period. "The Gold Level compliance assures existing and future customers of our ability to meet the NEMSIS standards," stated Vice-President of Engineering and Co-Founder Andy Moyer. "The ability to share data from the agency to the federal level is an important step in the further development of the EMS industry. Our software will assist agencies at the local, state and federal level in accomplishing that important task."

"This approval will officially allow Med-Media, Inc. to state that its software is NEMSIS compliant," stated John Hrabovsky, Vice-President of Sales and Co-Founder. "Many of our competitors are claiming to be NEMSIS compliant when they have yet to complete the required testing," Hrabovsky continued. "This testing process levels the playing field and allows a customer to make an informed decision from an independent source."

Headquartered in Mechanicsburg, Pennsylvania, Med-Media was founded by pre-hospital EMS professionals and is a leading provider of public safety solutions for EMS, fire and police agencies. It is a fully diversified software firm specializing in the development and sale of technical solutions that simplify data collection and reporting, data warehousing, and data management at the local, regional, state and national levels. ■

2006 IEMSA MEETINGS



Board Meetings:

THE IEMSA BOARD OF DIRECTORS WILL MEET ON THE FOLLOWING DATES IN 2006. EACH MEETING (WITH THE EXCEPTION OF THE ANNUAL MEETING) WILL BE HELD AT THE RACCOON RIVER NATURE LODGE, 2500 GRAND AVENUE, WEST DES MOINES. ALL MEETINGS (WITH THE EXCEPTION OF THE ANNUAL MEETING) WILL BE HELD AT 1:00 P.M.

2006

- September 21
- October 19
- **November**
9 ANNUAL
MEETING
- December 21

Additional Important Dates:

Annual Conference & Trade Show

November 9 – 11, 2006
Des Moines, Iowa

NEWS *to* SHARE

Are you working on an exciting program that needs to be shared with the membership of IEMSA? Do you know of an EMS-related educational program that needs to be showcased? Has your service won an award or done something outstanding? Do you want to honor a special member of your staff or of the community? Would you like your affiliate member service or corporate member organization featured? If so, you can submit an article to be published in the IEMSA newsletter! In order to do this, just prepare a press release (and pictures, if appropriate) and e-mail it to communications@iemsanet by November 10 (to be mailed by December 15).

The Newsletter Committee will review all articles submitted and reserves the right to edit the articles if necessary.

IEMSA

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VOICE



Iowa Emergency Medical Services Association Newsletter is Published Quarterly by:

IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION

2600 Vine Street, Suite 400 • West Des Moines, IA 50265

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IEMSA Scholarships

Congratulations and Application Notice

In 2005, IEMSA board members discussed the need for financial assistance targeted at EMS students. Now, a year later, IEMSA congratulates its inaugural scholarship winners and prepares to receive its second round of applications.

The 2006 IEMSA Scholarship recipients begin with Monica Bowers, who applied her \$250 award to EMT-B training. Monica received her EMT-B certification in June. Congratulations Monica! The other three recipients were Miranda Fisher, who is applying her \$150 award to EMT-I training, Susan Hofmeyer, who is applying her \$750 award to EMT-P training, and Carmen Trader, who is applying her \$1000 award to EMT-PS certification. Good luck as you reach to your goals!

IEMSA Scholarships will be offered in 2006 for enrollment in the following training programs: First Responder – \$150; EMT-Basic – \$250; EMT-Intermediate – \$150; EMT-Paramedic – \$750; Paramedic Specialist – \$1000.

The 2006 application deadline is October 20, 2006. IEMSA members and direct family of members will be given preference. Other eligibility requirements include Iowa residency, IEMSA membership or being a family member of an IEMSA member, enrollment in an Iowa-based EMS training program and financial need. For a complete list of eligibility requirements, download the guidelines and application form today from the EMS Training page at www.iemsa.net.

Remember to pass the word to others you know who have their sights set on the Iowa EMS classroom. ■

IEMSA Sponsors

NAEMS Educators Course Scholarships

Mercy School of EMS in Des Moines and The University of Iowa Hospitals' EMS Learning Resources Center co-sponsored the National Association of EMS Educators organization (NAEMSE) new program: "Foundations of Education: An EMS Approach," June 28 through 30 at the Quality Inn in Des Moines. Fifty-five EMS participants attended from all over the United States.

IEMSA sponsored six scholarships (one to each Iowa EMS region) for an active, entry-level EMS Instructor and IEMSA member. There were nine applications received by the May 1 deadline. Five Iowa EMS providers met the qualifications for this tuition scholarship.

Chris Nollette, PhD in Education and Riverside, CA Paramedic was one of the lead instructors and authors of this program. "It was very nice to come to Iowa and get to know these very nice and enthusiastic EMS instructors." When Dr. Nollette was told about the IEMSA scholarship he said, "What a great idea! An EMS Association certainly fulfills its mission when it supports the education of EMS professionals." ■



L to R: NAEMS Scholarship recipients Steve Hester (North English First Responders), Aaron Feagain (Lee County EMS), John Cockrell (Southeastern Community College), Brent Feickert (Iowa Central Community College), Sam Arnold (Mary Greeley Medical Center).

IEMSA.net Unveils Members Only Section

A new feature has been added to www.iemsa.net! The Members Only Section has been established to ensure that IEMSA members get the full benefit of their membership. This section (which is still under construction) will feature:

- *The Voice* – current and past issues
- *Electronic Voting* – for the 2007 Board of Directors
- *Shopping Cart* – featuring discounted IEMSA merchandise
- *Links to IEMSA Benefits* – such as AFLAC insurance products, AAA products, the IEMSA Ring, the Accidental Death and Dismemberment Beneficiary Form, Discounted Conference Registration On-Line Link and a Communications Forum for Individual Members. Affiliate members will have access to the Resource CD and links to IEMSA Group Purchasing Vendors
- *And Much More* – IEMSA members are invited to suggest items that would be valuable to them which could be added to this section!

Remember to register for Members Only access by visiting www.iemsa.net, clicking on the registration link in the upper right-hand corner of the home page, and then providing the requested information. Only members can register for the Members Only Section. Please note that registering for the Members Only Section at www.iemsa.net is not the same thing as becoming an IEMSA member. IEMSA membership is necessary to be eligible for the benefits that this section provides. ■

Membership Announcements

MEMBERS ONLY WEBSITE

A recent addition to IEMSA's website, www.iemsa.net, has been created to help you access your valuable member benefits. Get all the details from the article on this page.

IEMSA E-NEWS SUBMISSIONS

IEMSA Affiliate and Corporate Members now receive a limited number of free and discounted submissions to IEMSA's weekly E-News publication. Visit the publications page in the new Members Only section at www.iemsa.net for more information. Contact Abby Russi at communications@iemsa.net with questions.

NEW IEMSA EMAIL ADDRESSES

Contact IEMSA at administration@iemsa.net. To view a complete list of the Board of Directors' and staff's new email addresses, visit the Contact Info and Links page at www.iemsa.net.

NAEMT MEMBERSHIP DISCOUNT

IEMSA members receive a 25% savings on individual membership dues. Call (800) 34-NAEMT to learn more.

GROUP PURCHASING

Affiliate Members – don't forget to check out the discounts available through IEMSA's Group Purchasing program. Visit the Group Purchasing Page at www.iemsa.net to get connected with Alliance Medical, Inc. and Tri-Anim Health Services, Inc.

INDIVIDUAL MEMBERSHIP RENEWALS

You can now renew your membership online with your credit card! Visit the Membership Information page of www.iemsa.net and click on the "Renew or Establish an IEMSA Individual

Membership" link. If you want to know what your membership expiration date is, you can click on the "IEMSA Membership List" link, find your name and see when your membership expires. This list is updated monthly.

MEMBERSHIP DATABASE

Occasionally, we make our membership list available to carefully screened companies and organizations whose products and organizations may interest you, as well as board candidates who wish to solicit your vote. Many members find these mailings valuable. However, if you do not wish to receive these mailings (via the postal service or e-mail), just send a note saying "do not release my name for mailings" to the IEMSA office via fax (515-225-9080) or e-mail (administration@iemsa.net) or regular mail (2600 Vine St., Ste. 400, West Des Moines, IA 50265). In order to ensure the correct adjustment to our database, please include your name, address and membership number.

AAA INSURANCE PRODUCTS...

are now available to IEMSA members at the Association discount rate. Contact Cameron Torstenson, Group Relationship Manager for Iowa, at (515) 707-1516.

AFLAC INSURANCE PRODUCTS...

are also available to IEMSA members at the Association discount rate. Contact Marvin A. Wittrock, District Sales Manager, at (515) 432-0578.

IEMSA RING

Don't forget to purchase your IEMSA Ring from MTM Recognition. Contact Fred Stoeker at (515) 276-2722.

Voting for new board members is right around the corner. Make sure your voice is heard by submitting your ballot on line or via the U.S. postal service. In this issue of *The Voice*, you will be provided with the opportunity to submit nominations for numerous board seats. The deadline to do this is September 20, 2006. By September 25, the ballot will be ready. It will be posted in the Members Only section at www.iemsa.net and will also be

YOUR VOTE COUNTS AND WE WANT TO MAKE IT EASIER!

available in paper form for those who request it. A reminder postcard will be sent to all eligible voters.

To vote on line, visit www.iemsa.net, log onto the Members Only section of the web site, click on the link entitled "IEMSA Ballot" and vote for the nominees from your region and for the at-large seat.

You will be asked to provide your name and membership number for verification, as all votes will be validated against the membership roster to ensure legitimate voting. An individual cannot vote twice.

To request a paper ballot, call the IEMSA office at (515) 225-8079 or toll-free at (888) 592-IEMS, or e-mail your request to administration@iemsa.net.

Cast your ballot – make your voice heard!

Taking Time to *Recognize*



Jeffery D. Dumermuth
IEMSA President
Board of Directors

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So often in EMS we do a poor job in saying thank you or recognizing those who make a difference in our profession or in our lives for that matter. I know that the generation before mine wouldn't have thought for a second about sending out a thank you note after receiving a gift or even having been invited over for dinner. What a simple gesture – it meant so much and was so easy to do. Today it's hard to even get a simple spoken thank you, let alone a written note. Often times I think we forget to be grateful and respectful and simply think of special actions as expected or part of our job. We need to do a better job of recognizing our co-workers, staff or friends.

With this issue of *The Voice* you have the opportunity to recognize that special someone or service that makes a difference every day in their community by nominating them for one of the IEMSA annual awards. While only one can be selected for the various award categories, this year we will send a note to all nominees so they know that others recognize and appreciate the efforts they put forth to improve EMS. Those who are selected for the award will be recognized during the conference at the awards luncheon.

The IEMSA Board of Directors has also initiated a project to recognize those who have paid the ultimate sacrifice and been killed in the line of duty or who have died and made a special impact on EMS in their communities. We hope to unveil the Iowa EMS Memorial during EMS Week in 2007. This memorial will be located on land donated by the City of West Des Moines just off of interstates I-80 and I-35 and will be a place of respect for our fallen EMS brothers and sisters. We have already raised nearly \$20,000 of seed money for this project. Please visit our website at www.iemsa.net for information on the project and how to donate as an individual or service. ■

IEMSA 2006 Annual Conference and Tradeshow

BY BRAD MADSEN, CONFERENCE PLANNING COMMITTEE CHAIRMAN

What could possibly be better than a three-day Des Moines vacation in November? Sure, it's going to be a little chilly, but even Jamaica won't be any warmer that time of year – neither will Yale or Bagley! Okay, bad joke, but Des Moines has something that the more “exotic” destinations will never have: The 17th Annual IEMSA Conference and Trade Show!

Turn in your time-off requests early for the November 9 through 11 conference at the Polk County Convention Complex. “Why?” You ask. “What makes this confer-

ence so special?” You inquire. Two words: Randolph Mantooth – Johnny Gage from NBC's *Emergency!* Would you like to meet one of the guys that inspired tens-of-thousands of us to become EMTs in the first place? He'll be there and you should too.

Besides Mantooth, speakers like Bill Justice, Mike Grill and Paul Werfel are traveling to Iowa to lecture along with a diverse group of other speakers. We've studied your comments from last year and have made some minor changes to keep the conference progressive. The attendance numbers from

the last couple of years have been so impressive that we've booked extra classroom space at the Savory and will hold an entire track there, which should help prevent classrooms from becoming too crowded or hot.

The IEMSA conference planning committee works very hard all year to assure that Iowa's largest annual EMS conference is worth both the cost of admission and drive to Des Moines in November. Watch for the IEMSA conference brochure for more details. We've got a lot of treats in store for you this year. We hope to see you all there! ■

Don't Shoot the Messenger



Christopher S. Russi, DO
IEMSA Medical Director
Dept. of Emergency Medicine
University of Iowa

Prehospital rapid sequence intubation (RSI) is undergoing an interrogation by current emergency medicine and critical care literature. Debates and data pools are surfacing that, in the near future, may conceivably eliminate RSI protocols. The arguments opposing the use of prehospital RSI include endotracheal tube complications secondary to limited provider experience, environmental factors (tube dislodgement during transport), increased length of scene time and unrecognized esophageal intubation. However, do these debates have any bearing on the state of Iowa? I argue yes, and unfortunately to a larger degree. The majority of recent work and data collection is being done in large urban settings with career paramedics. It is not reasonable to directly extrapolate that data to our providers and patient population as Iowa is primarily rural with approximately 80% of its providers being volunteer services. Simply put, we need more data in this state.

A self reported study of career paramedics in four large urban Iowa systems from 2001 reported that the success rate for an Iowa Paramedic Specialist performing endotracheal intubation was about 58%, meaning that if you need emergent airway management using ETI, 40% of the time this procedure will not be completed in the anticipated manner. This study has bias and flaws (self reporting and only four large EMS systems in Iowa), leading to the belief that the success for placement of an ETT may be worse than indicated.

Given that prehospital RSI is now met with greater skepticism, a review of the available airway adjuncts and management strategies is important. I would like to use this forum to review and refresh old concepts and devices, and introduce a few newcomers. The Iowa Department of Public Health – Bureau of EMS is currently discussing a change at the EMT-B level on this very topic.

It is imperative that any provider have his or her own approach and algorithm in mind when undertaking active airway management. The knowledge of your systems equipment and airway adjuncts cannot be over emphasized as well as the next several steps in the event that your current plans fail.

Outside of endotracheal intubation there exists a battery of devices and techniques for acute airway management. The list is not comprehensive, but those that are highlighted are applicable to prehospital care. The list includes digital intubation, the laryngeal mask airway (LMA), the gum elastic bougie (GEB), the intubating laryngeal mask airway (ILMA), the laryngeal tube (LT), the lighted stylette and the GlideScope.

For the purposes of this article, we will only review four of the above modalities.

Digital Intubation

Rarely employed, digital intubation is a technique to be used in the event of lacking or failed equipment (i.e. bad endotracheal blades).

The provider uses his or her long finger to lift the epiglottis and guide the anterior placement of the ETT. This technique should remain a last resort given its low level of success.

The Laryngeal Mask Airway (LMA)

This device is a blindly inserted airway that seats its distal balloon tip in the esophagus and creates a “mask” over the larynx when inflated. Several systems use this device as a rescue adjunct when faced with a failed intubation scenario. The LMA is very simple and quick to place, but technique facilitates its simplicity. Anecdotal experience suggests that the balloon be slightly air filled prior to oropharyngeal insertion in order to eliminate placing a “floppy” mask.

The balloon tip is pointed and will not provide a complete esophageal seal, thus providing limited protection from aspiration.

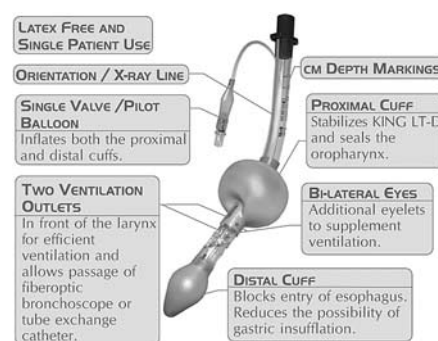
The Gum Elastic Bougie

The gum elastic bougie (GEB) is gaining high regard among emergency medicine physicians and prehospital care providers. The device is a thin, semi-rigid, long tube designed to be placed between the vocal cords and serve as a guide for ETT placement. The GEB's distal tip has a slight flexion that should be positioned anteriorly. This flex in the tube allows for the operator to feel the ridges of the tracheal rings during placement.

One key limitation to the GEB is that it is a two person technique. The intubator places

the GEB between the vocal cords while maintaining direct visualization. The assistant places an endotracheal tube over the GEB and passes it to the intubator. Once the intubator takes the ETT, the assistant is charged with holding the GEB. After visualization of the ETT passing between the vocal cords, or passing anterior to the arytenoid cartilages, the GEB is removed.

The Gum Elastic Bougie is particularly attractive when faced with a limited view of the vocal cords. The anteriorly flexed tube allows for improved placement when your view may be only of the arytenoid cartilages or the epiglottis.



Reproduced with permission from King Systems Corporation

The King LT (Laryngeal Tube) Airway

This German born device was FDA approved for use in adults in 2003. It is a blindly inserted single lumen tube that is designed for esophageal placement. The King LT is similar to the Combitube in function but notably has a single valve inflation port for the two balloons. Ventilation occurs via side-port outlets between the laryngeal (proximal) and esophageal (distal) balloon.

Preliminary studies in the anesthesia literature show great promise for the King LT in both function and ease of placement. Limited research exists on the King LT in the prehospital setting. Anecdotal reports from EMS providers, however, have been favorable. Currently, research protocols and pilot projects are being developed in Iowa to study the efficacy of the device. The King LT may soon be available in the Scope of Practice for EMT-Bs if research data shows favorable results. ■

CONTINUING *education*

THE LARYNGEAL TUBE AIRWAY The Future of Airway Management in EMS?

BY JON PETERSEN, NREMT-P

Do we have an airway? This is one of the first questions EMS providers should ask when encountering a patient with an altered level of consciousness or that is unresponsive. Managing a patient's airway is perhaps the single most stressful thing we do in EMS.

Making a mistake with a patient's airway is one of the few things in EMS that will cause permanent damage and possibly death. Airway

management is not an advanced skill – the expectation is that all EMS providers will have the skills to effectively manage a patient's airway. Airway management techniques range from a simple jaw thrust to endotracheal intubation. The method you choose is dictated by level of certification, patient condition, experience, expected outcomes of treatment and other factors too numerous to list. There are a wide variety of adjuncts on the market to assist the patient care provider in managing airways – OPAs, NPAs, PTLs, LMAs and the Combitube just to name a few.

A more recent addition to the list is the Laryngeal Tube Airway (LT). The Laryngeal Tube Airway is not currently available for use in the State of Iowa by EMS providers. The Bureau of EMS is in the process of evaluating the device and its merits, however.

The Laryngeal Tube airway is a supraglottic non-intubating airway that was developed in

Germany. According to its manufacturer, "[t]he LT is a single use device intended for airway management. It consists of a curved tube with ventilation apertures located between two inflatable cuffs. Both cuffs are inflated using a single valve/pilot balloon. The distal cuff is designed to seal the esophagus, while the proximal cuff is intended to seal the oropharynx. Attached to the proximal end of the tube is a 15mm connector for attachment to a standard breathing circuit or resuscitation bag." (King Systems, n.d.) The Laryngeal Tube airway was approved by the FDA in 2003 for use in the United States and has been used in Europe since 1999. (Pub Med, n.d.) The LT is marketed as the Laryngeal Tube (VBM Medizintechnik, Sulz am Neckar, Germany) in Europe and the King Laryngeal Tube (King Systems Corp., Noblesville, IN) in the United States. (Virtual Disaster Medicine Training Center, n.d.)

The Iowa Department of Public Health, Bureau of EMS is currently involved in a pilot study to evaluate the LT airway in Keokuk County. According to Joe Ferrell, (personal communication, July 25, 2006) the study involves the use of the LT by advanced EMTs, Intermediates, Basics and possibly First Responders. The study is scheduled to run through January of 2007. Mr. Ferrell also stated that the LT airway is not currently included in the prehospital providers' national or state scope of practice. Christopher Russi, D.O., Carl Wilcox, BA, EMT-P and Hans House, MD, DTMH, FACEP recently completed a paper on obtaining an airway in difficult cases, comparing endotracheal intubation and the King LT airway. Paramedic students, fourth year medical students and emergency medicine residents participated in the study. The conclusion of the study states: "A

OBJECTIVES:

Each participant should be able to successfully complete a 10-question quiz after reading this piece and be able to:

1. Describe the procedure for inserting the LT airway.
2. Describe the contraindications of using the airway.
3. Describe the current status of the airway with regards to the scope of practice.
4. Describe two advantages of the LT airway over other non-intubating airways.

ABOUT THE AUTHOR:

Jon Petersen is a Paramedic for West Des Moines Emergency Medical Services.

significant time difference and simplicity exists in placing the LT, making it an attractive device for expeditious airway management. Further studies will need to validate the effectiveness in ventilation and oxygenation, however its uncomplicated design allows for successful use by a variety of healthcare providers” (Russi, Wilcox, and House, n.d.)

Indication for use of the King LT is to “provide a secure non-intubating emergency airway when direct laryngoscopy isn’t feasible or attainable.” (Fowler, 2005) A majority of providers in the State of Iowa are not able to intubate patients, making this a useful device for those persons. If you are one of the few providers who possess the training and experience to intubate, perhaps you have experienced the frustration of being unable to pass a tube. If this has not happened yet, it will. The thought of having a device to fall back on that is both easy to use and effective is comforting.

Contraindications for the LT airway are the same as other devices that are supraglottic and include patients with an intact gag reflex, known esophageal disease, and patients who have ingested caustic substances. (King Systems, n.d.)

The EMS version of the King LT is currently marketed in three sizes to be used on patients from four to greater than six feet tall. Pediatric sizes will become available in the near future. Pediatric sizing will be based on weight as opposed to adult sizing based on height. (Virtual Disaster Medicine Training Center, n.d.)

Prior to insertion of the airway, the correct size must be selected and all equipment checked to assure that it is functioning properly. This is accomplished by filling the cuff with the maximum recommended volume of air. The amount varies depending on the size of the airway chosen, ranging from 45 to 90 ml of air. Lubrication on the posterior distal end of the device is recommended by the manufacturer, while taking care not to plug the openings used for ventilation. (King Systems, n.d.) As with any airway insertion, pre-oxygenation of the patient is preferred and correct positioning of the head is crucial if the procedure is to go smoothly. The ideal head position for the insertion of the King LT is the “sniffing position.” However, the angle and shortness of the tube also allows it to be inserted with the head in a neutral position. (King Systems)

Insertion of the King LT is straightforward and less complicated to use than the Combitube. (Russi, Wilcox, and House, n.d.) To use the device properly, begin by holding

the airway at the connector with your dominant hand. With the other hand, grasp the jaw and perform a chin lift. With the King rotated so the blue orientation line is touching the corner of the mouth, introduce the tip into the mouth and advance behind the base of the tongue. As the tube passes under the tongue, rotate the tube back to the midline so the blue orientation line faces the chin. Without excessive force, advance the tube until the base of the connector is aligned with the teeth or gums. Using the syringe, inflate the cuff to the appropriate volume. Attach a bag valve to the 15mm connector of the device. While gently bagging the patient to assess ventilation, withdraw the tube until ventilation is easy and free flowing. Confirm placement by auscultation, chest rise and ETCO₂ if available. Secure the device using a bite block or other accepted

"The King LT requires minimal movement of the patient's head, making it ideal for initial use with unconscious trauma victims."

— Dr. Ray Fowler

means. (King Systems, n.d.) The key to insertion is to get the distal tip of the tube around the corner in the posterior pharynx, under the base of the tongue. A tongue blade or laryngoscope may be used to facilitate placement if difficulty arises.

According to King Systems (King Systems, n.d.), removal of the device – should the need arise – should always be done with the presence of suction and both cuffs completely deflated, noting that it may require more than one filling of the syringe to accomplish deflation of the balloon.

There are several advantages the LT possesses over other non-intubating airways. According to Dr. Ray Fowler (Fowler, 2005), “[t]he advantage of the King LT is that emergency ventilation can take place within seconds and without the need of a laryngoscope... The King LT can be inserted in less than 15 seconds and requires minimal

movement of the patient’s head, making it ideal for initial use with unconscious trauma victims.” Low complication rates are reported based on initial studies of the LT airway. According to a study published in the American Journal of Emergency Medicine, “[i]n 60 patients, no adverse airway events occurred and no gastric inflation was detected. After 24 hours no patient reported sore throat, mouth pain or dysphasia.” (Argo and Galli, 2002)

Other published studies demonstrate the unlikely intubation of the trachea with the King LT. “In 500 attempts in a mannequin, no inadvertent tracheal intubation occurred. Even using a laryngoscope, the LT could not be placed in the trachea due to the form and length of the tube.” (Genzwuerker, Hilker, Hohner, and Kuhnert-Frey, 2000) This is a particular advantage over the Combitube in the fact that with the Combitube it is possible to insert the distal tip in the trachea and ventilate the wrong tube.

The ability to intubate the patient without difficulty when the time is right is another advantage of the King LT. “Its patented, elevated ventilatory inlet enables the rescuer to intubate the patient with the use of an intubation catheter and ET tube. You do this by passing an intubation catheter or bougie through the airway’s ventilatory inlet and into the trachea. The King LT is then removed, and an ET tube is passed over the intubation catheter that remains in the trachea.” (Fowler, 2005) The simplicity of the King LT design and ease of use is perhaps the most important factor to consider when evaluating the device. “A significant time difference and simplicity exists in placing the LT making it an attractive device for expeditious airway management.” (Russi, Wilcox, and House, n.d.) The King LT does not have multiple ventilation ports or multiple valves or balloons to fill. The result of this is the need for less decision making in stressful situations and less equipment needed to accomplish the procedure.

The King LT airway is one of the latest advances in non-intubating airway management in the prehospital setting. According to Dr. Fowler (Fowler, 2005), “[t]he King LT appears to represent one of the continuing advances in ‘simplicity’ of airway management for the emergency rescuer.”

As research by the State of Iowa and other institutions continues along with testing in the field, it is a good bet that you might someday in the not too distant future find this particular piece of equipment in your airway kit. ■

10 QUESTION POST-ARTICLE

Quiz

- 1) **The Laryngeal Tube Airway is currently in the Iowa Scope of Practice.**
 - A) True
 - B) False
- 2) **The contraindications of the use of the LT airway are:**
 - A) Intact gag reflex
 - B) Ingestion of caustic substances
 - C) Esophageal disease
 - D) All of the above
- 3) **How many sizes are currently marketed for adult use?**
 - A) 5
 - B) 4
 - C) 3
 - D) None
- 4) **Lubrication of the distal tip is recommended prior to insertion of the airway.**
 - A) True
 - B) False
- 5) **Ideal head position for inserting the LT airway is:**
 - A) In line
 - B) Sniffing
 - C) Flexed
 - D) Chin to chest
- 6) **Confirmation of placement of the LT should include which of the following?**
 - A) ETCO₂
 - B) Auscultation of the chest
 - C) Auscultation of the epigastrium
 - D) Both A and B
- 7) **A tongue blade may be used to facilitate the placement of the LT airway.**
 - A) True
 - B) False
- 8) **How many lumen does the LT airway have?**
 - A) 1
 - B) 2
 - C) 3
 - D) 4
- 9) **It is possible to intubate the trachea with the LT in place.**
 - A) True
 - B) False
- 10) **How many balloons/valves need to be filled to place the LT airway?**
 - A) 4
 - B) 3
 - C) 2
 - D) 1
 - E) None

IEMSA

CONTINUING EDUCATION

answer form

CLIP AND RETURN

(Please print legibly.)

Name _____

Address _____

City _____

State _____ ZIP _____ - _____

Daytime

Phone Number _____ / _____ - _____

E-mail _____

Iowa EMS Association

Member # _____

EMS Level _____

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

IEMSA Members completing this informal continuing education activity should complete all questions, one through ten, and achieve at least an 80% score in order to receive the one hour of continuing education through The University of Iowa Hospitals' EMSLRC, Provider #18.

For those who have access to email, please email the above information along with your answers to: adamr@uihc.uiowa.edu.

Otherwise, mail this completed test to:

Rosemary Adam
University of IA Hospitals and Clinics
200 Hawkins Drive, EMSLRC So. 608GH
Iowa City, IA 52242-1009

**The deadline to submit this post test is
DECEMBER 15, 2006**

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2006 IEMSA Award Nominations

Do you work with a person who exemplifies what a professional emergency medical services provider should be? Are you proud of the accomplishments made by the ambulance service you work for? Did an EMS instructor have an extraordinary ability to shape your career through his or her teaching? Do you know of someone in your community who supports EMS activities in a special way? Nominate them for the 2006 IEMSA Awards!

IEMSA Awards to be named at the 2006 Annual Conference and Tradeshow in November:

Individual: The nominee must be currently certified by the State of Iowa, have strong and consistent clinical skills at his or her certification level, and have made an outstanding contribution to the EMS system either within or outside of his or her squad or service. Award recipients **MUST** be (or become) an active Iowa EMS Association member. Two awards in the Individual category will be presented – volunteer and career.

Service: The nominee must be currently certified by the State of Iowa, have made outstanding contribution(s) in the last year to public relations, information and education (PI&E), maintain a positive and outstanding relationship with the community it services and take visible and meaningful steps to assure the professionalism of its personnel and the quality of patient care. Two awards in the service category will be presented – volunteer and career.

Friend of EMS: Any individual who has made outstanding contribution(s), which enhance the quality of EMS at the local, regional or state level.

Hall of Fame: Any individual who has made outstanding contributions to EMS during longevity in the field (10+ years). This individual may be someone to recognize posthumously. This will be an ongoing plaque displayed in the IEMSA Office.

Instructor: Any individual who instructs and/or coordinates on a full-time or part-time basis, and has dedication to EMS through instruction, number of years in EMS and/or number of years instructing EMS. Two awards in the Instructor category will be presented – full time and part time.

Winners of these prestigious awards will be announced at the Recognition Banquet at the 2006 Annual Conference and Tradeshow. Each award winner will receive a plaque to commemorate his or her achievements and will be recognized in *The Voice*. Winners of the Hall of Fame award will have their names engraved on a permanent plaque that is displayed at the IEMSA office (when it is not being displayed at the IEMSA booth). In order to nominate a person or service for one of these awards, you must:

1. Complete the Award Nomination Form (please see back cover)
2. Include a letter of recognition/nomination and
3. Submit your nominations to the IEMSA office by September 28, 2006 ■

**PLEASE FIND THE AWARD NOMINATION
FORM ON THE BACK COVER**

At-Large / Regional Nominations Requested

It is time to consider your At-Large and Regional representatives to the IEMSA Board of Directors. The representatives elected will serve two-year terms beginning in January 2007. These regional positions that need to be filled are currently being held by Bruce Thomas and David Johnson in the North Central Region, Kirk Dighton in the Northeast Region, Jeff Messerole in the Northwest Region, Roger Heglund in the South Central Region, Tom Summit in the Southeast Region and Bill Fish and Doug Reed in the Southwest Region. The At-Large position that needs to be filled is currently being held by Rosemary Adam.

Guidelines for Nomination Process

- The nominee must be an active member of IEMSA
- Nominations must be submitted using the provided format
- Nominations must be received by the IEMSA office by September 28, 2006 at noon
- Upon receipt by the IEMSA office, the nominations will be checked to ensure compliance with the nomination process
- Nominee's membership status within the association will be verified

Dates to Remember:

September 28 (12 noon) – Deadline for receipt of nominations by the IEMSA office.

October 5 – Final ballots will be available. Electronic ballots will be available through the IEMSA Members Only Website (www.iemsa.net). Paper ballots will also be available by request.

October 6 – Deadline for requesting a paper ballot from IEMSA.

November 6 – Deadline for receipt of all final ballots (electronic and paper).

We urge all members with an interest in becoming involved with their professional organization to consider nomination. Please complete and return the At-Large / Regional Nomination Form, by September 28. Your involvement truly makes a difference! ■

At-Large / Regional Nomination Form

Must be returned to the IEMSA office by September 28, 2006

☐ Regional Representative Nomination ☐ At-large Nomination

Nominee's Name _____

Company/Service _____

Address _____

City/State/Zip _____

Phone Number _____

Brief biography of nominee describing EMS involvement

(50 words or less – use separate paper if necessary)

Nominator's Name _____

Phone Number _____

Email _____

Mail to: **IEMSA – At-Large / Regional Nomination**

2600 Vine Street, Suite 400 • West Des Moines, IA 50265

IEMSA Honors One of Our Own

BY JULIE K. SCADDEN, NREMT-P, PS, NW REGION REPRESENTATIVE

The Iowa EMS Association's Board of Directors proudly honors one of our own, Jerry Johnston, as he begins his term as President of the National Association of EMTs (NAEMT) on September 28, 2006.

You are cordially invited to attend the welcome reception at IEMSA's 2006 Annual Conference and Tradeshow where Jerry will be recognized for his service as Past IEMSA President and Board of Directors member, and his contributions to the growth and development of this organization under his leadership. Please join us in offering congratulations and best wishes on November 9.

Jerry's desire for a career in EMS began in an ambulance service, owned and operated in the 1960s and 70s in Burlington, IA by his father. Jerry began running calls in 1975 while still in high school at a time in EMS when no formal classes or certifications were required.

Jerry began his EMS education working part-time at Henry County Health Center EMS in Mt. Pleasant while attending college in Oskaloosa, earning his BA in Business Management and Economics. He completed EMT-A class in 1979, EMT-I in 1981, was one of the first EMT-IIs in the state in 1982. Jerry obtained his Paramedic certification in 1983.

While working for Mary Greely Medical Center (Ames, IA) in 1986, Jerry attended a pilot EMS instructor class, becoming one of the first trained EMS instructors in Iowa. EMS education became an integral part of his career at Mary Greely, continuing when he returned to Mt. Pleasant in 1989. Jerry has instructed all levels of EMS and has also presented at local, regional and national EMS conferences.

Through Jerry's leadership as Director of EMS beginning in 1989, Henry County Health Center/EMS has distinguished itself as a progressive EMS service in Iowa, providing all ALS transport and Critical Care Transfer services for Henry County. They were among the first to obtain and transmit prehospital 12-Lead ECGs, and the first service in Iowa to administer Fibrinolytics in a prehospital setting in 1996. They continue to participate in innovative prehospital studies today, being one of 10 services in Iowa participating in the Iowa Resuscitative Outcomes Consortium (IROC) study with the University of Iowa. HCHC EMS was named Paramedic Service of the Year by both IEMSA and NAEMT in 1998.

In 2001, in addition to his duties as director of HCHC EMS, Jerry was asked to develop and implement a hospital-based BLS/ALS/Critical Care transport service at Great River Medical Center in Burlington, IA, (Superior Ambulance) of which HCHC is part owner.

Jerry received recognition for his progressive leadership and service administration in 2001 when he received the William Klingensmith Administrator of the Year Award from NAEMT, an award he is very proud of. In 2004, Jerry received the American Heart Association's volunteer of the year award, and continues to be a strong advocate for cardiac care education in Iowa. He is currently Regional Faculty of ACLS, PALS and BLS, having also served as the BLS National Faculty 2000 through 2004.

Jerry became the President of the Iowa EMS Association in 1995, following many years of service as a regional representative of Southeast Iowa on the Board of Directors. He served as President from 1995 until



2000, and continued to serve in the capacity of Immediate Past President until 2004.

During his initial term as President of IEMSA, he was approached by the President of NAEMT and board members desiring to bring Iowa into NAEMT. As a long time NAEMT member, Jerry felt the importance of Iowa's participation in national advocacy for EMTs and became the Iowa representative to the NAEMT Board of Governors in 1995. He has served as a member of the Board of Governors, Executive Council, Board of Directors and as Treasurer. He was the first Chair of NAEMT's Pediatric Prehospital Care (PPC) Executive Council and was elected as the first President-Elect of NAEMT in 2004.

Jerry has distinguished himself as a strong advocate for the EMS community both locally and nationally. His strong leadership within NAEMT will continue the fight to provide a voice for all EMS providers.

The Iowa EMS Association Board of Directors is proud of the accomplishments Jerry's leadership has provided this organization in the past and thanks him for the service he has given to IEMSA and the EMS field. We are confident his leadership as NAEMT President will continue to serve the EMS community as a whole in the years to come.

Congratulations Jerry! ■

IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION

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NORTHWEST IOWA EMS CELEBRATES EMS Week 2006

BY JULIE K. SCADDEN, NREMT-P, PS, NW REGION REPRESENTATIVE

National Emergency Medical Services (EMS) Week, primarily sponsored by The American College of Emergency Physicians (ACEP), is held the third week of May each year. This year marked the 33rd annual EMS Week, celebrated throughout the nation May 14 through 20, 2006. EMS Week celebrates the contributions of EMS providers throughout the country. This year's theme, "EMS: Serving on Health Care's Front Line," showed our communities how EMS is most often their first link in the health care chain.

Each year, Northwest Iowa EMS services utilize their week in the public eye to educate citizens on EMS' roles and responsibilities within the public safety and health care systems and to promote public injury prevention and safety programs. As an added benefit, the public gets to see the personal side of EMS – not just faceless rescuers, but as family, friends and loved ones committed to keeping our communities safe and healthy. Many EMS providers are anonymous faces in our communities. They may not wear a uniform or ride in a fire truck. Often, they're our grocers, our mechanics, our farmers, bankers and housewives, all ready to put their paying jobs and personal lives on hold when the call for help comes in.

During EMS Week 2006, career and volunteer EMS professionals devoted their time to a variety of public safety and health programs. From children's programs such as bike helmet safety and the importance of proper hand washing and hygiene, to collaboration with local hospitals, schools, law enforcement and fire departments to educate our citizens on lawn mower safety, accessing the 911 system, electrical safety and much more, EMTs in Northwest Iowa provided visible and valuable public education in their own communities.

Emmet County EMS in partnership with their local hospital hosted an "EMS Day" held at the hospital. Their innovative safety program included ambulance tours and a helmet safety program. They also collaborated with law enforcement and fire departments to provide local students with valuable education coinciding with the school system's annual Safety Day. The third grade class

rotated through eight different safety stations covering numerous topics, including bicycle safety, lawn mowers, calling 911, electricity and much more. Emmet County EMS partnered with law enforcement, fire, hospital personnel, school personnel, the Iowa State Extension office, Iowa Lakes Electric and others to provide the training. There was also a sixth grade poster contest with awards from the hospital.

The Clay County EMS association provided education and outreach to approximately 300 preschool students on bike safety and provided each child with a bike helmet.

Spencer Hospital, located in Clay County, hosted a safety poster contest for all the fifth-grade classes. All posters were displayed in the hospital, with first, second and third place winners chosen from each class and receiving t-shirts. Each day one of the first place winners was picked up at home and taken to school in the ambulance. They educated the adults in their community by bringing in a helicopter for the physicians, hospital staff and the general public to tour, and held a drawing to give helicopter rides to four staff members.

Starting the week prior to EMS Week, Danbury Ambulance Service promoted EMS with a fun challenge to all 48 students at the Danbury Catholic School (grades pre-kindergarten through sixth). Their task? Create a poster using the theme "EMS: Ready to Serve." Posters were displayed later in the week and were judged on content rather than artistic ability. All participants received a blue ribbon and a certificate for free ice cream from a local business, and the student with the winning poster from each class received a first aid kit.

On Tuesday of EMS Week, members of the ambulance service again visited Danbury Catholic, educating students with a variety of fun contests. They began with a contest to see which sixth grade team could "bandage" their teammate's body just as an EMT would. The students were given two minutes to complete the task and used toilet paper instead of conforming bandages. The students were then



divided

into groups and went through 20-minute sessions learning about proper hand washing using GloGerm and a black light to determine their effectiveness. They experienced using vacuum splints, and were given a demonstration showing how your pulse can increase during activity by watching a classmate's heart rhythm on the ambulance's cardiac monitor. The kids received pencils, a water bottle holder, handi-wipes and candy in the shape of an IV bag throughout the day. Ironically, the mother of one preschooler was transported by ambulance later that night. The preschooler said she would need to be brave if she needed an IV because her class had learned that earlier in the day when they received their IV candy!

Schaller Ambulance was featured the week previous to EMS Week in a two-part series on the difficulties facing rural ambulance services. KCAU News out of Sioux City, IA filmed the Schaller Ambulance crew responding to a staged call at the home of an elderly couple. The reporter interviewed the couple, asking what having their own ambulance in town meant to them and what effect it would have if it suddenly went away due to lack of volunteers and funding to maintain it. Several members of the squad were interviewed. Footage of equipment used by both the ambulance crew and the Fire Department First Responders was used during the newscast.

EMS Week is traditionally known for bringing together local communities and medical personnel to publicize safety and honor the dedication of those who answer the call, providing the day-to-day lifesaving services of medicine's front line. These Northwest Iowa EMS services demonstrate only a small example of the numerous activities provided by EMS services across Iowa, not only during EMS Week, but throughout the year, continuing the tradition of educating their communities on safety as well as responding to their emergencies. ■

AFFILIATE PROFILE: Bernard Rescue Unit *Celebrates 25 Years!*

The Bernard Rescue Unit was established in May of 1981 when a group of citizens in the Bernard Community realized the need for a service that could transport the sick and injured. These motivated citizens bought a van, equipped it with a stretcher and built storage cabinets within it for supplies and equipment. The unit was manned by the volunteer fire department members. They raised funds to buy the van and to expand the existing firehouse, which was city-owned. Prior to this, the community relied on neighboring communities, such as Cascade or Dubuque, for emergency medical care and transport, which meant losing valuable time.

In August of 1991 Bernard Rescue applied to the Iowa Department of Public Health for an EMT-D certification and in July of 1992, advanced to be an EMT-P conditional service. They now answer 45 calls annually in an area of approximately 90 square miles. Bernard Rescue became an IEMSA member in 2005 and especially enjoys the group pricing programs and other member benefits. Bernard Rescue Unit recently celebrated its 25th anniversary in April 2006.

Bernard Rescue's initial training consisted of 15 firemen taking a CPR/First Aid course taught by the American Red Cross. Their first EMT-B was trained in January of 1985. In October of 1986 they carried out an initial First Responder class. Bernard Rescue's first paramedic began training in 1991. Currently, Bernard Rescue prides itself in having four first responders, eight EMT-Bs and four EMT-Ps on staff with a total roster

of 24. They continue to recruit (like many small rural services) as their daytime availability is limited due to members working outside the Bernard Community.

In July of 1991 Bernard Rescue purchased a Type II four-wheel drive ambulance and its first defibrillator, a Physio Control LP-300. In May 2002, Bernard Rescue purchased a new Lifeline Type III ambulance and a Zoll M-Series cardiac monitor. At the same time, Bernard Rescue converted its four-wheel drive ambulance into a rescue truck to carry the generator, lighting, extrication equipment, cribbing and air packs along with a cascade system. Extrication equipment came next with Jaws of Life in 1988 and RescueAir Bags in 1989.

Additional equipment and improvements were made thanks to various grant opportunities. With gifts from the Dubuque Racing Association (DRA), hydraulic rescue tools were updated in 1999. In recent years, along with help from the DRA, the Iowa EMS Association Rural Outreach Program made four AEDs available to Bernard Rescue. This enables Bernard Rescue to reach cardiac arrest victims sooner with life saving equipment, which is especially crucial with so many rural patients.

In the spring of 1996, Bernard Rescue realized that it had outgrown its present facility. Fundraising efforts began in the spring of 1997 and in February of 1998, Bernard Rescue moved into its new Emergency Services Center. The new 45 foot by 100 foot structure consists of four bays, meeting



rooms and offices. This building also houses the fire trucks and equipment for the Bernard Fire Department, which is a separate entity staffed by the same group of volunteers. Each has their own board of directors that work together toward the same goal – the safety and well being of the Bernard Community.

Bernard Rescue carries out three annual fund raising events to offset operating expenses and training costs. They participate in and help the Bernard Commercial Club with their annual parade, bring Santa Claus to town and work with the local grade school to educate the kids on what to expect in the event of an emergency or disaster. Bernard Rescue also holds blood drives for the Mississippi Valley Regional Blood Center.

Although much has changed in Bernard Rescue's past 25 years, one thing remains the same: their goal to provide their community with comforting, compassionate care for their families, friends and neighbors in need. ■

Welcome New IEMSA Members

MAY – JULY, 2006

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Page, Wolfberg & Wirth LLC

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Fraser Medical Services

Oakville EMS

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Jeanne Thompson
Nancy Walgren
Doug Wolfberg
Chad Zittritsch

IOWANS LOBBY FOR AED ACCESSIBILITY in Washington, DC

Sudden Cardiac Arrest Survivor Butch Gibbs and his wife, Susie, of Humeston, IA, recently made a trip to Washington, DC at the request of the American Heart Association. This is the third straight year the AHA has asked the couple to urge United States Senators Tom Harkin and Charles Grassley and Iowa Second District U. S. Representative James Leach to lobby their colleagues in the United States Congress to restore funding in the Health Resources and Services Administration (HRSA) Rural and Community Access to Emergency Medical Devices grant program. This program provides funding to increase availability of automated external defibrillators (AEDs) to rural areas and to train first responders, law enforcement, and the general public on how to use the devices. The program also provided the Humeston First Responders with the AED that saved Butch Gibbs' life on April 2, 2004, and also saved the life of Don Greenlee of Humeston on July 27, 2003 – the first time it was ever used on a patient.

After the grant was funded with \$8.9 million in 2005, the allocation for 2006 was cut by 83%, thus drastically reducing the availability of these life-saving devices in rural areas where the arrival of an ambulance is often too late to save a person in cardiac arrest. President George W. Bush's budget for 2007 calls for the elimination of the program completely. The AHA and the Gibbs family would like to see the funding return to at least the 2005 level of \$8.9 million.

On June 7, 2006 the House voted to grant \$1.5 million to the program for 2007. The Labor, Health, Human Services, and Education Appropriations Subcommittee provides the funds. Harkin is the Ranking Member of the Senate's subcommittee. On June 28 at his weekly breakfast for Iowans visiting the nation's capitol, the Senator told

the Humeston couple that he and Chairman Arlen Specter (R-PA) are trying to get \$7 billion for the budget and that this program is part of that. Harkin is a champion of the rural health program and was instrumental in preventing its elimination last year.

Don and Joyce Greenlee joined the Gibbses on visits to the lawmakers in September of 2004 and June of 2005. Butch and Susie Gibbs also traveled to Washington in January of this year to assist the AHA in teaching the new CPR Anytime class to staff members of the U. S. House and Senate.

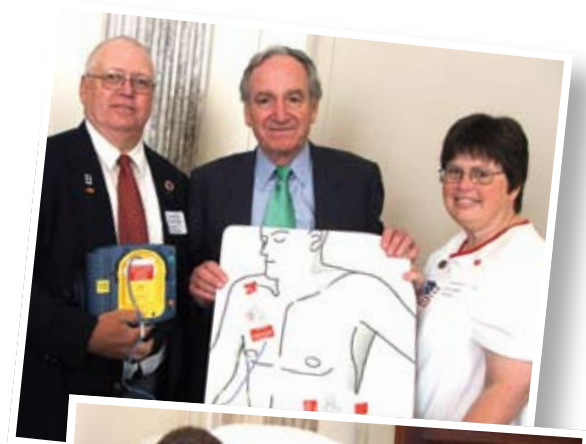
The Heart Association felt the Humeston story was a great example of how this program can save lives. It was Susie Gibbs who submitted the application on behalf of the Humeston First Responders to get the AED; Greenlee was the first patient on whom it was used; Susie Gibbs was part of the rescue crew that helped save both lives; Butch Gibbs was part of Greenlee's call; Greenlee is a member of the Wayne County Board of Supervisors and Gibbs is a Wayne County employee; Butch & Susie Gibbs teach CPR/AED; and the two men are distant cousins.

"Hearing the story and seeing that a person whose heart stops can be revived and still be a productive member of society is important," said Susie Gibbs.

Susie Gibbs demonstrated to the Senator and his staff how to use an AED. Harkin and his aides manned the AED and delivered the shock to "save" the patient.

"Unbelievable how simple it is to use," commented Harkin.

Representative Leach had the same reaction when he saw how an AED worked



during a visit to his office. Leach hit the button to deliver the shock and said to his aide, "We have to make this a top priority." Last year, Leach voted against the 83% cut, saying it was not enough money for rural Iowa.

On the final stop of the day, the Gibbses were able to meet with Grassley personally for the first time in his Washington office. After hearing the plea for more funding, the Senator noted he had sent a letter to Specter and Harkin to support the \$7 billion for the budget request and then watched as the AED was demonstrated.

Butch and Susie Gibbs, along with Government Relations Managers Claudia Louis and Lea Fisher – the two AHA representatives from the Washington, DC office who accompanied them – were satisfied with their visits after all three lawmakers expressed interest in their presentation. ■



Be sure to stop by Booths 58 and 59 at IEMSA's 2006 Annual Conference and Tradeshow to thank Air Evac for providing the tote bags that you will receive with your conference registration materials.

IEMSA 2006 AWARD NOMINATION FORM

INDIVIDUAL: ☐ Volunteer ☐ Career

SERVICE: ☐ Volunteer ☐ Career

INSTRUCTOR: ☐ Full Time ☐ Part Time

FRIEND OF EMS: ☐

HALL OF FAME: ☐

**Mail Nomination Form and Letter of
Recognition/Nomination to:**

IEMSA AWARDS

2600 Vine Street, Suite 400
West Des Moines, IA 50265

DEADLINE: SEPTEMBER 28, 2006

Nominee's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Certification Level & Number: _____

Nominator's Name: _____

Address: _____

City/State/Zip: _____

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