

Who Takes Care of the Caregivers?

Worries about the mental health of EMS practitioners prompt grassroots campaigns to help

ON MARCH 12, 2014, Ann Farina and her EMS co-workers in Spokane, Wash., were rocked by the suicide of their 25-year-old colleague. "He was a really outgoing guy," Farina said. "There was a lot of shock."

Yet in talking about it with her friends at other EMS agencies, she soon realized that "we all knew somebody in EMS who had committed suicide or had a very serious attempt at suicide," Farina recalled.

Two weeks after her co-worker's death, Farina and a group of concerned EMS practitioners from around the country launched the Code Green Campaign. To raise awareness and let those struggling with mental health issues know they aren't alone, Code Green invited EMS practitioners to anonymously share their struggles with depression, substance abuse and anxiety.



"Even the strongest of us have our breaking points," said Kelly Grayson, a critical care paramedic and member of the Code Green Campaign's board of directors. "You don't go into an EMS career thinking it's going to be all

sunshine and roses. But you go into EMS thinking you can handle what you're going to see. And to a certain extent you can handle it – until you can't."

The campaign hit a nerve. Raw, painful stories about struggling with panic attacks, flashbacks, and suicidal thoughts poured in, day and night.

"I'm sick of dealing with everybody else's problems. I'm sick of sleeping all day. I'm sick of the pictures in my head. I'm sick of the kids that haunt me in my dreams. I'm sick of mothers' screams ... I'm sick of nobody understanding," wrote one.

"The shift work has been taking its toll and there's no 'taking a few weeks off' since I need the income ... I started doing this because it was what I loved, but now there's no escape. There's no break. There's no sleep ... I miss the way I used to love this job," wrote another.



Fiona Campbell, Code Green Campaign secretary, with their mascot, Annie, at an event in Austin, Texas. The group chose a goat to represent first responders "because she is stubborn and will eat anything," Code Green President Ann Farina jokes.

Scope Bigger than Once Understood

From the critical incident stress debriefings popular in the 80's and 90's, to the studies of post-traumatic stress in responders after 9/11, concern about the mental health of first responders is nothing new.

What's different today is a growing awareness that mental health issues among EMS practitioners may be far more widespread, and is taking a greater toll on the EMS workforce, than previously understood.

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EMS IS A FAMILY



Conrad T. (Chuck) Kearns
MBA, Paramedic, A-EMD

AS A PROFESSION, EMS is relatively small, compared to many other healthcare professions. Although EMS is provided through a variety of delivery models in our local communities, our mission of care for our patients is universal. We all feel a sense of camaraderie with others in our profession, as we know that they share our passion and experiences on the job. We are a small, tightly knit community...really more of a professional "family."

We work side by side with our colleagues, and we all understand the unique challenges and stress that our profession entails. In this edition of our newsletter, we examine two concerns that impact our profession – violence against EMS practitioners and EMS mental health. These are two issues that all of us in EMS have experience with, either personally or through a co-worker.

Violence against EMS practitioners is a frequent occurrence throughout the United States. In a 2005 NAEMT survey on this issue, more than one in two respondents (52%) reported that they had been assaulted by a patient. Unfortunately, there is no mechanism at the federal level to track these incidents, and to support what EMS practitioners know from experience – that their profession includes a heightened risk of being assaulted or harmed by other acts of violence. The EMS Voluntary Event Notification Tool (E.V.E.N.T.) provides a means for EMS practitioners to report instances of assault and other forms of violence anonymously. However, as those who are charged with caring for patients, we in EMS seem to be reluctant to report such incidents when we are the victims of these acts. I urge you to use this site (event.clirems.org) to help us build our body of knowledge about violence against EMS practitioners and near misses.

EMS practitioners face a multitude of challenging and traumatic events that can impact their mental well-being each and every day. The mounting effect of patient needs,

family responsibilities, long workdays, nutrition, physical health, and sleep deprivation all contribute to our sense of wellness. And, critical incident and post-traumatic stress are an inherent part of our workload that affect our mental health as well. Views of mental health and wellness within the EMS community are starting to change, but many of our brothers and sisters continue to suffer in silence. Unfortunately, there is very limited research that provides evidence to support one particular type of treatment.



THE CODE GREEN CAMPAIGN

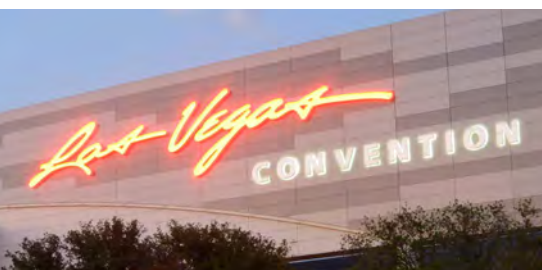
We call cardiac arrests, code STEMI, and code trauma. It is time we called a code about our mental health.

There are a few good EMS mental health resources that we have uncovered. I recently visited the Code Green Campaign website (codegreencampaign.org). The site provides a place for those in need to share their thoughts and experiences in a non-judgmental, supportive environment. I found one of the posts on the site provided some sage advice for all of us, *"this Code Green Campaign ... has been a long time coming. Finally, an avenue for all of those horrible things we smell, we see, we put in those boxes in our heads. Tell your partner it is ok to be upset with the cardiac arrest you ran on the 2 year old with AIDS, or whatever call was awful for him/her. Just freaking listen, it will make a world of difference."*

As you will read in this newsletter, our association is working to bring greater awareness of these issues to the attention of industry and government leaders as a first step in affecting change. We also call upon all EMS agencies to ensure that they establish an environment that supports their EMS practitioners in reporting problems, seeking help, and providing training to help them cope and build resiliency.

No man or woman is an island. None of our brothers and sisters in EMS should stand alone. Please be sure to reach out to your co-workers who may be in need. Let's be sure we are taking care of our EMS family.

Stay safe out there!



Thank you to all who attended EMS World Expo and the 2015 NAEMT Annual Meeting in Las Vegas and contributed to making it a huge success! Look for full coverage of the event and festivities in a special edition of NAEMT News, which will arrive in your inbox in the coming weeks!

The Field EMS Bill Needs Your Organization's Support!

WITH THE 2016 PRESIDENTIAL ELECTIONS looming – plus 34 of 100 Senate seats and all 435 seats in the U.S. House of Representatives being contested – getting Congress's attention focused on the Field EMS Bill won't be easy.

That's all the more reason that the Field EMS Bill needs the support of any EMS-related organization you belong to! That includes state associations, professional groups and your employer.

If enacted, the Field EMS Bill will pave the way for much needed financial support for EMS nationwide, so that our profession can continue to modernize practices and equipment, better integrate with the rest of healthcare, and ensure all patients have access to high-quality, life-saving out-of-hospital care.

Thank you to all of the organizations that have endorsed the bill in 2015!

- American College of Emergency Physicians
- Arkansas Governor's Advisory Council
- Association of Critical Care Transport
- American Heart Association
- Gold Cross/Mayo Ambulance
- Indiana EMS Association
- International Association of Fire Fighters, Local I-60
- Kansas Emergency Medical Services Association
- Louisiana Association of Nationally Registered EMTs
- Minnesota Ambulance Association
- Missouri Ambulance Association
- Missouri Emergency Medical Services Association
- MONOC Mobile Health Services
- National Association of EMS Educators
- National Association of EMS Physicians
- National EMS Management Association
- Nebraska EMS Association
- New Hampshire Association of EMTs
- New Jersey Association of Paramedic Programs
- North Dakota EMS Association
- The Paramedic Foundation
- Professional Ambulance Association of Wisconsin
- South Carolina EMS Association
- Taney County Ambulance District
- Tennessee Ambulance Services Association
- Wisconsin Emergency Medical Services Association



WELCOME NEW ADVOCACY COORDINATORS!

NAEMT WELCOMES our newest Advocacy Coordinators. Advocacy Coordinators are NAEMT members who have been appointed to help our members build and support NAEMT's national advocacy efforts within their state.

- Scott McGuire, Massachusetts
- Rusty Gilpin, Oklahoma
- Olan Leonard, West Virginia
- Dan Moynihan, Colorado
- Keith Douglas, Tennessee
- Christian Neilsen, Utah
- Glenn Blank, Texas
- Norman Miller, Mississippi
- Mike Buldra, New Mexico

There are a few states with open Advocacy Coordinator positions. See naemt.org/advocacy.aspx, and choose the "Advocacy Coordinators" link, for a complete list. If you're ready to get involved and would like to be considered for the position, email advocacy@naemt.org.

DON'T SEE YOUR EMS ORGANIZATION ON THE LIST?

Please follow these easy steps to request their support.

- 1 Send a letter or an email to your organization requesting support for the bill. To make it easy, we've posted a sample letter at naemt.org. Choose the "Field EMS Bill" link, and then the "Supporting Organizations" link. At the bottom find a link to the letter to request support, as well as an example of an official letter of support sent by an organization to NAEMT.
- 2 Follow up with a phone call to ensure they got the letter and will consider your request.
- 3 Email your Congressional representative requesting support for the bill. It's easy! Just go to naemt.org/advocacy.aspx, choose the "Online Legislative Service" link, and click the "Take Action" button. There you'll find an email requesting support for the Bill already written for you. It takes just a minute to fill in your information and hit send.

Advocacy Action: Black Out the States Campaign

U.S. REPRESENTATIVES HEARD from Field EMS Bill supporters from all 50 states this summer as part of NAEMT's Black Out the States Campaign.

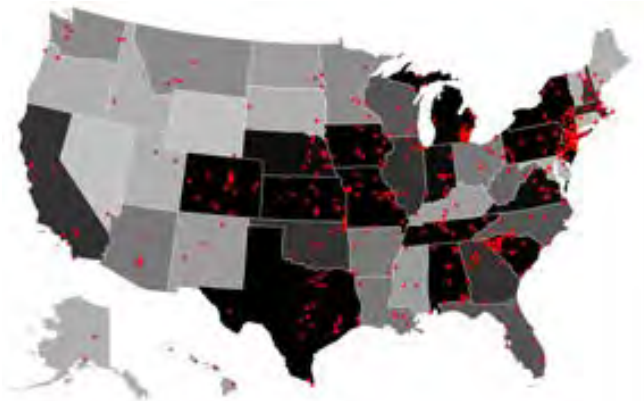
To build awareness for the Field EMS Modernization and Innovation Act (H.R. 2366), the Black Out the States Campaign asked Field EMS Bill supporters to email members of the House, urging them to co-sponsor the bill.

From May 15 to July 31, NAEMT members and other supporters sent nearly 600 emails. Led by New Jersey with 38, South Carolina with 37 and New York a close third with 33 emails, the campaign was a huge

success. During the campaign, new co-sponsors in seven states were added!

"The campaign sends a clear message to members of Congress about the strong support for the bill throughout the EMS community," said Advocacy Committee Chair Bruce Evans.

Although the campaign has wrapped up, it is never too late to ask your legislator to support the bill. Just go to naemt.org/advocacy.aspx, choose the "Online Legislative Service" link, and click the "Take Action" button, where you'll find a template letter



that you can email with just a few clicks.

To keep the momentum going, NAEMT is planning another campaign soon. Please participate! We need your help to make it a success!



Update: Veteran EMT Support Act Inches Closer to Enactment

THE VETERAN EMT SUPPORT ACT (S. 453/H.R. 1818), another NAEMT legislative priority, is inching closer to enactment.

Support for the bill, sponsored by Sen. Bill Cassidy (R-La.) and Rep. Adam Kinzinger (R-Ill.), continues to grow, with over 30 House co-sponsors and two Senate co-sponsors being added this year.

The bill would make it easier for military medics to transition into civilian EMS jobs by streamlining the process for veterans and separating military personnel to meet state certification and licensure requirements.

"Military veterans receive some of the best medical training and experience available when serving our country. Their sacrifices, commitment to duty, and ability to get the job done in austere environments make them

exceptionally well suited for working as EMTs and paramedics..." according to testimony submitted to Congress earlier this year.

Yet "experienced military medics are often required to entirely repeat their medical training again at the most basic level to receive certification to be hired for a civilian EMS job."

The U.S. military is expected to shed an estimated 250,000 soldiers each year over the next several years, many of whom will be in need of civilian jobs. Civilian EMS is a viable option for many of them. According to a recent Bureau of Labor Statistic's Occupational Outlook, there will be 55,000 new civilian EMT and paramedic jobs created between 2012 to 2022. The projected job growth rate is 23 percent, much faster than the average for all occupations.

NAEMT's Advocacy Committee Stays on Top of Federal Legislation

THOUGH THE FIELD EMS BILL is critically important to the future of EMS, it's not the *only* pending legislation that will impact EMS.

Each year, NAEMT's Advocacy Committee reviews approximately 40 bills that would affect EMS, then recommends to the NAEMT Board of Directors whether to support or oppose each bill. So far this year, the Advocacy Committee has made recommendations on 28 bills! The Board then votes on what level of support (or opposition) to offer. Here are a few examples.

H.R.361: Medical Preparedness Allowable Use Act

What does it do? Amends the Homeland Security Act of 2002 to allow existing funds from two homeland security related grant programs to be used for enhancing *medical* preparedness, medical surge capacity, and the development of a pharmaceutical stockpile, including medical kits sufficient to protect first responders, their families, victims, and vulnerable populations from a chemical or biological event.

Why are we supporting it? Because we believe that an effective response to a chemical or biological event must include protection for first responders and their families.

S.424/H.R. 821 Wi-Fi Innovation Act

What does it do? Requires the Federal Communications Commission (FCC) to provide additional unlicensed spectrum in the 5.9 GHz band for commercial development.

Why are we opposing it? The 5.9 GHz band, also known as the road safety spectrum, is allocated for use by Vehicle-to-Vehicle (V2V) and other public road safety technologies. Additional unlicensed usage might result in interference or harm to the advancement of lifesaving technologies and new vehicle safety technologies which can reduce

the severity and frequency of crashes, and will provide greater risk awareness and safety for emergency personnel.

H.R.2066: Telehealth Enhancement Act of 2015

What does this bill do? It will provide a financial incentive to hospitals to collaborate with other healthcare providers to lower their readmission rates, and supports coordinated care through a health home for individuals with chronic conditions. It also recognizes telehealth services and remote patient monitoring in the national pilot program on payment bundling.

Why are we supporting it? The bill specifically includes ambulance providers as a component of these healthcare enhancements.

For a complete list, go to naemt.org. Under the Advocacy tab, choose "Online Legislative Service," and then the "Bills" link.

NAEMT's Levels of Support/Opposition

Actively support

The strongest level of support. Actions include sending a letter of endorsement to bill sponsors, and possibly initiating or participating in an advocacy campaign, sending NAEMT representatives to Washington, D.C. to advocate for the bill or asking Advocacy Coordinators to request support from their Congressional representatives. Currently, NAEMT actively supports the Field EMS Bill (H.R. 2366) and the Veterans EMT Support Act (S. 453/H.R. 1818).

Support

NAEMT supports 22 bills so far in 2015.

Watch

If the Advocacy Committee has reviewed a bill, but wants to learn more about it or is not ready to make a decision to support or oppose, it can decide to continue to monitor the bill.

Oppose

NAEMT opposes two bills so far in 2015.

Actively oppose

No bills introduced so far this year have prompted this action. If one comes up, NAEMT would send a letter of opposition to the bill sponsors, and participate in other advocacy actions to oppose the bill.

Actively support with qualifications

If a bill benefits EMS and its patients but NAEMT would like to see specific changes to the language, the Advocacy Committee may recommend sending a letter to the sponsors indicating support of the bill while explaining NAEMT's position or concerns.

HOW DOES NAEMT DETERMINE WHICH LEGISLATION TO REVIEW?

We monitor all legislation as it is introduced in the Senate or House. All bills that directly impact EMS are reviewed. Often, NAEMT is asked by members of Congress seeking the guidance of EMS professionals in deciding whether they should co-sponsor a bill. Other times, other national or state organizations will ask NAEMT to weigh in.

MIH-CP Toolkit Helping EMS Agencies Launch Programs



TO HELP EMS AGENCIES develop and operate MIH-CP programs, NAEMT has compiled an online MIH-CP Program Toolkit. The toolkit contains forms, documents and questionnaires that EMS agencies are currently using to run their MIH-CP programs.

This information is being made publicly available in the spirit of collaboration to assist all EMS agencies in establishing MIH-CP programs.

Available resources include patient assessment and evaluation forms, patient satisfaction surveys, patient handouts, tools for talking with stakeholders, and program assessments/measures.

NAEMT thanks the following EMS agencies for generously sharing their resources.

- Ada County Paramedics, Boise, Idaho
- Cranberry Township EMS, Cranberry Township, Pa.
- North Shore – LIJ Health System, Center for EMS, Syosset, N.Y.
- MedStar Mobile Healthcare, Ft. Worth, Texas
- Tri-County Healthcare, Wadena, Minn.

View the toolkit at naemt.org. Under the MIH-CP tab, choose the “MIH-CP Program Toolkit” link. If you would like to contribute your program’s resources to the toolkit, please email mih-cp@naemt.org.

An All-New EMS Management Resource

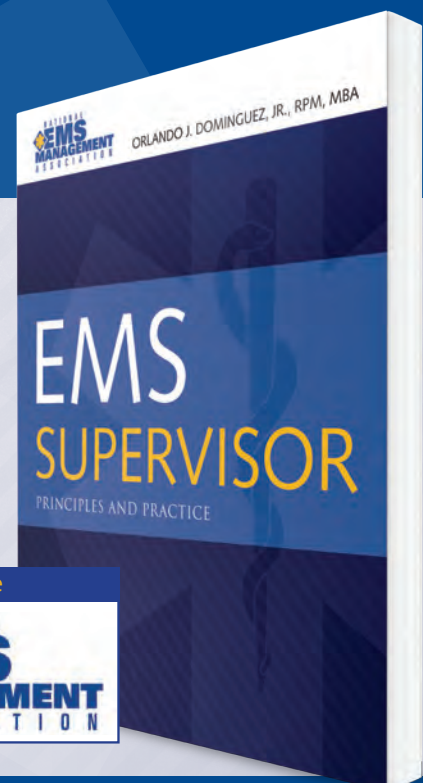
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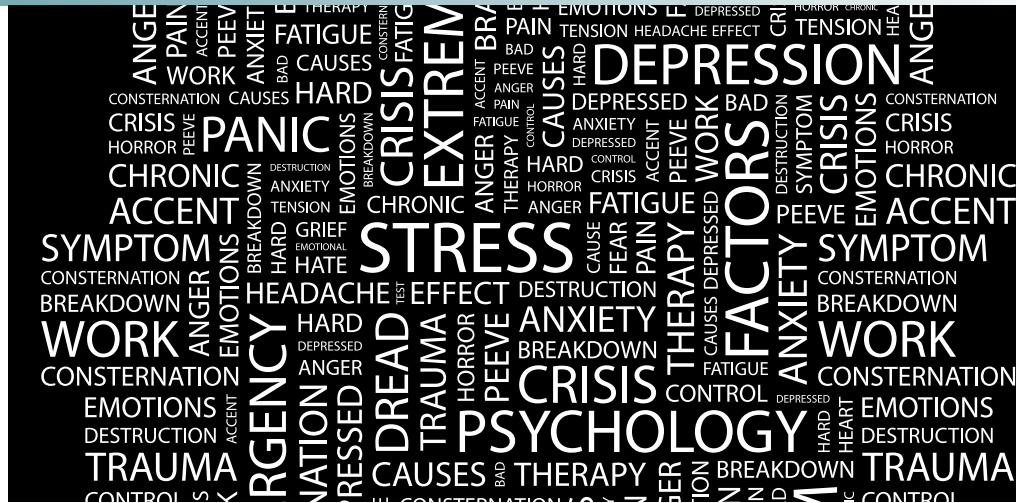


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NAEMT Compiles Online Mental Health Resources

■ NAEMT'S EMS WORKFORCE COMMITTEE has compiled a collection of mental health resources that practitioners and agencies can turn to for information about suicide prevention, depression, anxiety and other mental health issues.

EMS practitioners face challenging and traumatic events that can impact their mental wellbeing. But many other factors – including family responsibilities, long workdays, physical health and sleep quality – can also contribute to an individual's sense of wellness.



The resources compiled by NAEMT include information on preventing mental health issues from developing by improving the resiliency of the workforce; as well as recognizing, managing and seeking assistance for mental health issues.

Visit naemt.org. Under the EMS Health & Safety tab, choose the “EMS Mental Health” link.

Position Statement: Violence Against EMS Practitioners

■ HARDLY A DAY GOES BY without news of an EMS practitioner being assaulted while responding to a 911 call, or being put in harm's way by the dangerous and even criminal behavior of a patient or others on scene. And those are only the incidents that the media reports on.

To raise awareness of the risk of violence faced by EMS practitioners, the NAEMT Board of Directors released a “Violence Against EMS Practitioners” position statement in August.

According to the statement, NAEMT believes that all EMS practitioners deserve a safe work environment and should have the same legal protection against assaults and other acts of violence as their colleagues in law enforcement and the fire service.

Specifically, “NAEMT encourages all states to pass legislation to protect EMS practitioners against acts of violence while performing their official duties. Further, EMS agencies should ensure that they have policies

and programs in place for their EMS practitioners that

- provide appropriate training in situational awareness
- encourage them to report all acts of violence, and
- provide support to help them cope and build resiliency.”

“EMS practitioners face unpredictable and potentially volatile situations in the course of doing their jobs each day,” said NAEMT President Conrad “Chuck” Kearns. “While some level of threat will always be present, there needs to be concrete steps taken to help ensure EMS practitioners have the same level of legal protection as their colleagues in law enforcement and the fire service, as well as support from their individual EMS agencies to help their employees in preparing for and coping with the threat of violence.”

There is no federal-level tracking of violence against EMS practitioners. A 2005 NAEMT survey found that about half of respondents (52%) reported

having been assaulted by a patient.

EMS practitioners are urged to anonymously report assaults and other forms of violence through the EMS Voluntary Event Notification Tool (E.V.E.N.T). Visit event.cfirems.org.

View the position statement at naemt.org. Under the Advocacy tab, choose “NAEMT Positions.”



Who Takes Care... CONTINUED FROM COVER

When Farina and her team launched Code Green, they spent weeks searching for studies on EMS and depression, anxiety and post-traumatic stress, only to come up mostly empty handed. "There have not been a lot of high-quality studies looking at mental health in U.S.-based, non-police first responders who were not involved with 9/11 or Hurricane Katrina," Farina said.

Nor are suicide statistics easy to come by. Though the National Institute for Occupational Safety and Health (NIOSH) collects data on jobs linked to suicide, paramedic and firefighters aren't included among the other healthcare professions.

The best estimates come from the Firefighter Behavioral Health Alliance. It's run by retired firefighter and counselor Jeff Dill, whose group collects and confirms confidential reports of EMS suicides.

In 2014, Dill's group confirmed 104 suicides by fire and EMS professionals – more than the 87 firefighters who were killed in the line of duty.

"People don't really understand how bad off it is in the fire and EMS service," he said, noting that his statistics are likely an underestimate. "We are losing a lot of people to suicide."

Dill launched his organization after seeing his suburban Chicago firefighters return from post-Katrina New Orleans deeply disturbed by what they had seen. "They wanted to talk to counselors, but they were frustrated. The counselors were good people, but they didn't really understand our culture," he said.

Seeing a need for counselors who firefighters would trust, Dill went back to school and earned a master's degree in community counseling. In 2009, he founded a counseling service for firefighters, and now does workshops to help fire departments create programs to help their responders cope.

"Plaguing me these days are random crying spells, difficulty communicating person to person, complete inability to make hardly any friends, weight gain and the perpetual feeling of being consumed in loneliness."

Alabama paramedic, 7 years in EMS, posted to the Code Green Campaign's website

"When we put on this uniform, we believe we are supposed to act a certain way. Be strong, brave, help others, do not show weakness. Unfortunately we turn to addictions and other unhealthy ways of coping," Dill said.

Dealing With the Issues

Even with the heightened awareness of mental health issues among first responders, figuring out how to prevent EMS practitioners from developing mental health issues – and how best to help those who do – is an even bigger challenge.

In recent years, critical incident stress debriefing has waned in popularity, as studies have questioned whether talking about memories of disturbing events is actually helpful.

Though the idea that responders should suffer in silence has begun to fall away, EMS practitioners aren't exactly eager to discuss their psychological and emotional struggles, Farina said.

"What we're hearing is there is a lot of fear about speaking up about it. A lot of people know somebody who got fired or removed from work because of a mental health issue. There is a stigma about admitting you're struggling. And there is a very strong sentiment among first responders that for a counselor or therapist to be effective, they need to have first responder experience, or else they won't understand."

Though some companies have employee assistance programs that offer counseling services, many responders are reluctant to tap those resources for fear of being "found out," she added.

Grayson knows first-hand just how difficult talking about mental health issues can be. After seeing too many news

WHERE TO GO FOR HELP

Code Green (codegreencampaign.org) lists resources on their website, including Safe Call Now, a 24/7 help line staffed by first responders, for first responders.

NAEMT has compiled a resource library of articles, tips and other information about suicide prevention, mental health first aid, and building emotional resiliency. Find the mental health resources at naemt.org, under the EMS Health & Safety tab.



**THE CODE GREEN
CAMPAIGN**

We call code strokes, code STEMI, and code trauma. It is time we called a code alert on our mental health.

stories and Facebook posts about young EMS practitioners committing suicide, Grayson decided to share his lifelong struggle with depression in a column for EMS1.com.

"I thought, 'Enough of this. If I can stand up and admit I suffer from depression, maybe it will inspire others to speak out and get help,'" Grayson said. "I wanted to spread the message that admitting you have PTSD or depression is not a sign of weakness. It's a sign of courage. You are strong enough to admit it and get help for your problem."

The response to his column, which ran in March 2014, was overwhelming. "So many people came up to me wanting to talk, or wrote me to say 'thank you', that this was something they'd been dealing with but were afraid to say anything," Grayson said.

While reducing the stigma of mental health issues is an important step, Farina and Grayson believe the EMS profession needs to do more. That includes helping to prepare EMS practitioners to psychologically and emotionally cope with the stresses of the jobs as part of their initial and ongoing education, and developing peer support networks – trusted EMS confidantes who can provide support and help connect those who are suffering with mental health professionals.

And there are already signs that the efforts of Code Green are having an impact. Last fall, a 20-year-old EMT wrote to Code Green about the horror of doing CPR on a one-month old baby who didn't survive. *"I was struck with an indescribable emotional cocktail of helplessness, anger, and sadness ... It took everything out of me,"* he wrote. *"I feel as though I'm at the breaking point."*

Six months later, he shared an update. His new post talked about seeking help, being diagnosed with PTSD, depression and anxiety, and the changes it meant for his life.

"Today I look back, in awe that I could ever get to such a low point ... This website, my therapist, my doctor, and my support system saved my life ... If you are struggling, you can't do it alone. Be vocal, lose your pride and get some help."

Jenifer Goodwin is NAEMT's communications projects manager.



SURVIVOR RETREAT HELPS FAMILIES GRIEVE, REMEMBER

In May, the Firefighter Behavioral Health Alliance brought together a dozen family members of firefighters who had committed suicide for a survivor retreat. Held in Savannah, Ga., the gathering gave families the chance to talk, to grieve and to remember their loved ones with others who understood their pain. They plan to hold another retreat in the spring.

The group is also offering higher education scholarships to the children and spouses of firefighters who took their own lives. Find out more at ffbha.org.



IN MEMORY OF *Dr. Norman McSwain*

1937-2015



THE EMS COMMUNITY around the world is mourning the death of Dr. Norman McSwain, a world-renowned trauma surgeon recognized as the father of NAEMT education.

Internationally respected for his pioneering work in trauma care, Dr. McSwain founded NAEMT's Prehospital Trauma Life Support (PHTLS) program more than 30 years ago.

A certified paramedic, Dr. McSwain understood the crucial role that pre-hospital practitioners play in saving the lives of patients with traumatic injuries. He dedicated much of his career to ensuring that EMS practitioners in the civilian and military sectors received the highest quality education to enable them to provide the best care to their patients.

Dr. McSwain was admired and beloved by the EMS community, his many friends, his colleagues and so many others whose lives were touched by his vision and passion for excellence in trauma care.



"Dr. McSwain was an inspirational leader to all of us providing prehospital emergency care. I started each class I taught...with a quote from Dr. McSwain espousing the significance of PHTLS. I had the pleasure to work with him over the years and always came away with more knowledge and a sense of accomplishment. I will miss him greatly."
— Chief Charles Arcadipane, NREMT-P (Retired), Dentsville, Md., posted on legacy.com

"Dr. McSwain is the reason I still have a husband and my children still have a father. He was a wonderful man and will always be remembered. He will be greatly missed."
— Darcel Johnson, Bossier City, La., posted on legacy.com

"When Norman would call, he often began the conversation with 'What have you done for the good of mankind lately?' Norman was a giant in the field of trauma surgery, an international leader in prehospital trauma care for both the civilian and military sectors, and a world-class friend." — Dr. Frank Butler, PHTLS Military Medicine Consultant

"In his loved profession of being a trauma surgeon, he has touched and saved so many lives. In his role as the founder and medical director of PHTLS, he has contributed more to the education of prehospital providers and the survival of trauma patients around the world than anyone else I can think of. On a personal level, he has been a friend, teacher and mentor... a truly great physician and human being." — Dr. Peter Pons, PHTLS Associate Medical Director

"Dr. McSwain always treated me with respect and as a peer. He was always kind, to the point, and was not afraid to work hard for the good of the masses, regardless of who got the credit. He was always ready to grab a medic or a student and have them work along with him, helping them achieve their goals along the way." — Retired Army Lt. Col. Ben Chlapek, NAEMT Director At-Large

Please view a special tribute to Dr. McSwain at naemt.org. Under NAEMT News, click the "A Remarkable Life Remembered" link.

Spotlight on Principles of Ethics and Personal Leadership (PEPL)



NAEMT'S PRINCIPLES OF ETHICS AND PERSONAL LEADERSHIP is a one-of-a-kind EMS education course. Through facilitated discussions, PEPL gives EMS practitioners the opportunity to consider ethical questions that may arise on the job, explore their role as leaders, and learn about conflict resolution and how to communicate more effectively with patients, families and co-workers.

This year, Raymond Smith Jr., a paramedic supervisor at North Shore-LIJ Health System's Center for Emergency Medical Services in Syosset, N.Y., taught the first PEPL course in the state.

Q Why did you decide to offer PEPL?

A EMS education mainly focuses on medical knowledge and skills, while this class addresses the affective domain – attitudes, perceptions and values.

Q What kinds of students does the course attract?

A We had a very diverse group of both volunteer and career professionals that were from various agencies, including fire and EMS. We had EMTs, emergency medical dispatchers, chiefs, educators, community paramedics and critical care paramedics with experience

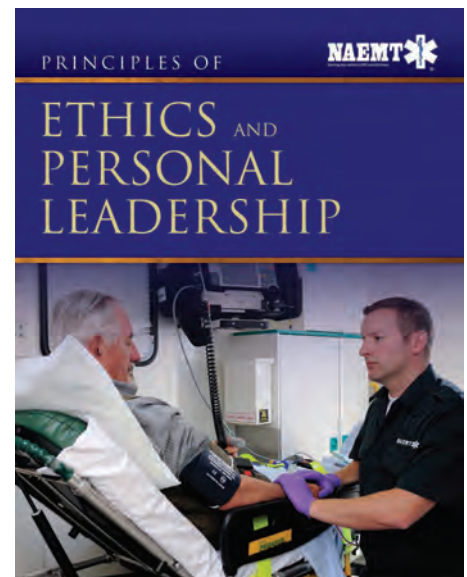
ranging from two years to more than 30 years. Some traveled over 200 miles to participate. I think the motivation to take the class was to be instruments of change in their system.

Q What makes teaching PEPL different from teaching other EMS courses?

A This class doesn't run like most other classes. We do a lot of facilitation. The class works together and shares ideas. There is almost no lecturing. Instructors almost work as a "master of ceremonies." We had so many interesting, informative discussions.

Q What kind of an impact do you think PEPL will have on the profession over time, especially as EMS evolves, and do you think it will grow in popularity?

A This class is very unique. It addresses the topics we are often afraid to talk about with our peers. As the needs of the community change, the type of service EMS provides will need to change. I believe this class will grow in popularity because it can be used as a nonthreatening instrument of change. It's not a policy or directive from above, but a grassroots effort to help us remember why we do this – for the patients.



NAEMT MEMBERS: USE YOUR VOUCHERS!

NAEMT members receive a voucher for up to \$15 toward NAEMT continuing education courses when they join or renew their membership. Simply provide your voucher to the NAEMT course coordinator.

To find a course in your area, visit naemt.org and choose "Locate a Course" in the Education section.



Education News for NAEMT Instructors

IT WAS GREAT to see so many NAEMT instructors at EMS World Expo in Las Vegas. Thank you to all who attended NAEMT's General Membership Meeting, the Faculty Meeting and the preconference courses.

Advanced Medical Life Support (AMLS)

On Sept. 15, about 200 NAEMT instructors from around the world participated in the AMLS 2nd edition Instructor Update, held at the Las Vegas Convention Center. Changes included a revised AMLS Assessment Pathway, expanded content on highly critical patients, environmental-related disorders and infectious diseases, and new course lecture materials and scenarios.

Instructors who were not at the Las Vegas update can take the online Instructor Update. The online version of the update is expected to be available by Nov. 1. Course materials are expected to be available by Dec. 1. *AMLS instructors who take the Instructor Update receive 4 hours of CECBEMS credit*

Emergency Pediatric Care (EPC)

The 3rd edition EPC course, released this summer, includes all new slides, skill stations and critical thinking scenarios

that incorporate the most recent peer-reviewed literature on pediatric medical and trauma care.

For convenience, the Instructor Update is available via webinar at no cost. All current EPC Instructors must take the Instructor Update by the end of 2015. View the webinar schedule in the Education section of naemt.org. Click the "EPC 3rd Edition Instructor Update Schedule" link. *EPC instructors who take the Instructor Update receive 2 hours of CECBEMS credit.*

EMS Safety

Also on Sept. 15, NAEMT instructors participated in the 2nd edition EMS Safety Instructor Update. The updated course includes a new student manual that covers critical topics such as crew resource management, safe emergency vehicle operations, patient handling, and responder resiliency. Other new material includes critical thinking stations to give participants the opportunity to apply their knowledge and experience to complex scenarios.

For instructors who were not able to participate in Las Vegas, the EMS Safety 2nd edition instructor update will be available via webinar at no cost until March, 2016. The webinar schedule will be available in the Education section of naemt.org. Click the "EMS Safety 2nd Edition Instructor Update Schedule" link. *EMS Safety instructors who take the Instructor Update receive 2 hours of CECBEMS credit.*

Geriatric Education for EMS (GEMS)

Specialized education in caring for geriatric patients is becoming increasingly valuable, as the elderly population continues to rise. NAEMT instructors are urged to add the 2nd edition GEMS course to the courses they teach. Visit the Education section naemt.org for information on becoming a GEMS Instructor.

Tactical Emergency Casualty Care (TECC)

With the rise in civilian active shooter situations, all EMS practitioners are encouraged to take TECC, NAEMT's new, tactical care course for civilian EMS practitioners. The TECC course, which was offered as a precon in Las Vegas for the first time, takes the lessons learned from the TCCC (Tactical Combat Casualty Care) military program and adapts them to scenarios EMTs and paramedics may face.

All TCCC instructors are eligible to teach the TECC course. Cost of the instructor materials is \$39.95 (\$30 when you purchase five or more) and can be purchased through Jones & Bartlett Learning.

TECC, along with TCCC, Law Enforcement and First Response Tactical Casualty Care (LEFR-TCC), and Bleeding Control for the Injured (B-Con), make up the menu of tactical courses provided by NAEMT to meet the needs of the EMS and public safety communities.

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Updated EMS Safety Course Teaches the Skills to Stay Safe and Healthy on the Job

EMS PRACTITIONERS are 2.5 times more likely to die on the job and 3 times more likely than the average worker to miss work as a result of injury. To combat this epidemic, NAEMT created the EMS Safety course to promote a culture of safety and to help reduce the number of on-the-job fatalities and injuries.

Topics covered include:

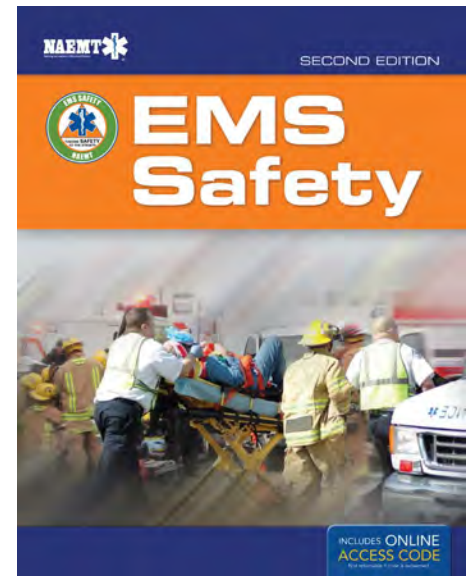
- Applying crew resource management in EMS.
- Utilizing situational awareness and defensive driving for safe emergency vehicle operations.
- Employing multi-agency preplanning, vehicle and practitioner visibility techniques, and defensive staging practices at roadside incidents.
- Utilizing lift assist teams, lifting and moving equipment, and behavioral controls to protect both EMS practitioners and patients from injury.
- Employing situational awareness to continually assess the potential for violence on the scene and verbal and physical techniques to de-escalate potential threats.
- Practicing infection and contagion control to protect both EMS practitioners and patients from emerging threats.
- Strengthening resiliency skills to help EMS practitioners cope with daily and critical incident stress.
- Ensuring personal readiness for the daily challenges and hazards of working in the field through optimal personal health.

EMS Safety is the first national and most comprehensive safety-focused education course. Its interactive format features real-life case studies and compelling discussions on current safety issues, and provides participants with a forum to share their own experiences. The new critical-thinking skill stations help to build participants' risk assessment and decision-making skills.

EMS SAFETY

Who should take this course? All EMS practitioners, other medical professionals providing prehospital patient care, EMS supervisors and administrators. This course is appropriate for all levels of EMS practitioner.

Hours: 8 Course format: Classroom



“Safety has to be an integral part of our culture in everything we do. Too many careers end needlessly because we have failed as an industry to address this. We must give our employees the proper training and skill set to function in the dynamic, and often austere, environments they work in each day. NAEMT’s EMS Safety course gives the employee the background and training they need to function safely. We provide it as a mandatory part of our academy process and offer it regularly to existing staff. It has value for everyone from the rookie to the seasoned veteran.”

Jerry Johnston, Director of Operations, Paramedics Plus, Alameda County, Calif.

THE FUTURE OF EMS

FirstNet: An EMS and Public Safety Communications Game Changer?



Q What is FirstNet, technically speaking?

A FirstNet is an independent authority within the U.S. Department of Commerce's National Telecommunications and Information Administration. FirstNet is governed by a 15-member board consisting of the U.S. Attorney General, the Secretary of Homeland Security, the Director of the Office of Management and Budget, and 12 members with experience in public safety, various levels of government and information/communications technology. The operational concept of FirstNet is to provide EMS,

AFTER THE SEPT. 11 TERRORIST ATTACKS, the 9/11 Commission found that emergency response teams—EMS, law enforcement, and fire—had difficulty communicating with each other as the events unfolded. Recognizing that communications difficulties can slow response times, create confusion, and hamper the ability of public safety personnel to save lives during major emergencies, the Commission called for interoperable communications for all first responders.

In response, Congress created the *First Responder Network Authority (FirstNet)* to build, deploy and operate the first high-speed, nationwide wireless broadband network dedicated to public safety.

“When built, paramedics, law enforcement officers, and firefighters will finally have access to a dedicated communications system that they all can use,” noted Kevin McGinnis, a member of the FirstNet board, communications technology advisor to NAEMT and community paramedicine chief of North East Mobile Health Services in Hallowell, Maine.

McGinnis shared the latest on the development of FirstNet with *NAEMT News*.

fire, police and other first responders with a dedicated broadband communications network that is always there when they need it for whatever applications they require to be successful professionally.

Q Why not just use commercial wireless networks?

A First responders need priority access to a reliable network during times of crisis. This is a key differentiator from using commercial networks, which often become congested and overloaded during emergency situations and even large planned events. Additionally, the network will be designed so that it can continue to operate if portions of the network are destroyed or compromised. Finally, the network will provide interoperability among first responders.

Q Will FirstNet change how EMS is conducted in the field?

A Broadband capabilities will fundamentally change the way paramedics practice in the field – the way they make decisions about care for patients, where they're going to transport patients, and how they manage information in

that process. A national public safety broadband network will provide EMS agencies with improved situational awareness and information to support decision-making.

Imagine a day when one interoperable communications network can be used to detect the need to dispatch EMS personnel, a medical helicopter, police officers, and fire personnel from different jurisdictions and dispatch them all at the same time. Response to automatic crash notification systems in cars, patient-worn monitors in public or at home, and building threat monitors for fire safety and environmental issues are just a few examples.

EMS professionals using the network will be able to share applications, gain access to databases, and provide better patient care through improved communications. EMS practitioners will have knowledge of all resources available for patient calls – medical helicopters, extrication specialists, trauma centers, or other responders; they will know where they are and how available they are. They will know about other events going on in the response area that may draw away needed resources.

Recognizing that EMS requires strong teamwork, the network will provide a common operating picture for responders who arrive on the scene before the ambulance, responders in the ambulance, responders engaged to help the ambulance (e.g. for extrication), and doctors and specialists in the hospital. The network will also enable the exchange of real-time data and audio/video feeds among EMS personnel, other scene responders, and hospital staff.

Q What’s the timeline and how will FirstNet be rolled out?

A We are moving as quickly as possible to get this network up and running. We are currently in the network planning and design stage and have been very successful in meeting our milestones to date.

The law that established FirstNet requires consultations with federal, tribal, state, and local public safety entities to ensure that the network is designed to meet the needs of public safety across the country. A key component of our current efforts involve those consultations. From there, we will work with the states to develop plans for building the network in their states and territories.

Initially, when FirstNet launches the network, it will provide mission-critical, high-speed data and video services that will supplement today’s LMR (land mobile radio) networks. The network is also expected to provide non-mission critical voice communications at launch. Public safety entities will continue to rely on their LMR networks for mission-critical voice features – such as group communications and direct mode – that are needed in an emergency response setting. In the near term, public safety entities will need to maintain and/or upgrade their LMR networks, as appropriate.

Q What are the challenges to implementation?

A Building a nationwide network that can meet the diverse needs of public safety in 50 states and six territories is challenging, and that’s why we are conducting extensive outreach and consultation. For example, there are more than 60,000 public safety agencies in the United States, and some of them are as small as one or two individuals while others are quite large, such as New York’s police, fire and EMS departments. We are moving quickly to communicate and consult with them, so we can incorporate their requirements for the network. We will continue to do so through stakeholder conferences, workshops, and events as part of our consultation and outreach efforts.

Q What is the cost and who is paying for it?

A Given the range of estimates, it’s difficult to predict how much the network will cost at this time. FirstNet has three key sources to fund the network, including \$7 billion in cash provided by revenues from spectrum auctions; fees from selling excess network capacity on the network; and public safety subscriber fees.

FirstNet’s goal is to provide services at a compelling and competitive cost to attract millions of potential public safety users and deploy a self-sustaining network. The costs of our network services and devices have not yet been set.

Q Is there anything EMS practitioners can do to prepare for FirstNet?

A FirstNet officials have begun meeting with each state and territory to discuss implementation plans and learn about each state’s needs. It’s critical that EMS practitioners are a part of this process, working through their designated state Single Point of Contact (SPOC). EMS practitioners may also want to contact members of the FirstNet Public Safety Advisory Committee (PSAC) and participate in outreach discussions at their association meetings and conferences. More information regarding the PSAC and its membership is available at <http://firstnet.gov/about/public-safety-advisory-committee>. To stay up-to-date on FirstNet activities, EMS personnel can track progress at www.firstnet.gov, or via Twitter (@FirstNetGov).



■ KEVIN MCGINNIS is available to speak at statewide EMS conferences at no cost to the hosts. He welcomes questions about FirstNet. Contact him at kevin@mcginnis.ws.

MEMBERSHIP UPDATE

Elections: Every Vote Matters

STARTING OCT. 15, online voting opens for the election of the 2016-2017 NAEMT Board of Directors. Open positions include:

- One Director in each Region I, II, III and IV
- One At-Large Director

Voting will remain open until Oct. 28. Please make your voice heard by choosing the candidate(s) you believe are best qualified to lead our association!

What Does an NAEMT Board Member Do? (And Should I Ever Consider Running?)

NAEMT's volunteer Board of Directors steers the course of the association, collaborates with other organizations and represents the interests of EMS practitioners on issues of importance to our profession.

With this year's elections underway, Board Members Jason Scheiderer, Terry David and Cory Richter – none of whom are up for election at this time – share their experiences and advice to NAEMT members considering becoming more involved with their association in the years to come.



Jason Scheiderer, Director, Region III

What inspired you to run for the NAEMT Board? Actually, I ran three times and was finally successful the third time! I had started as an NAEMT Advocacy Coordinator.

That role taught me so much and made me hunger to be a greater part of the organization.

What do you like best about serving on the board? It's given me a chance to work with very intelligent folks who are top leaders in their industry. They are also extremely welcoming and friendly. They even listen to the new guys like me and ask for our opinions.

I also get to work with the tireless unsung heroes of EMS who work so hard to improve and represent the profession and don't really seek or receive much credit.

Any advice for NAEMT members who might want to run someday? Just get involved. Start by upgrading the introductory membership that you got by taking an NAEMT course. Become an NAEMT instructor, apply for an open Advocacy Coordinator position, or attend EMS On The Hill Day.

Put yourself out there and let folks know you're interested in doing more. A great way to get to know the board and see the committees in action is to come to the NAEMT Annual Meeting at EMS World Expo. Attend the events and the committee meetings and introduce yourself.



Cory Richter, Director, Region II

What inspired you to run for the board?

I dedicated a lot of my career in Florida to helping advance EMS statewide. I'm an NAEMT instructor, Affiliate Faculty for PHTLS, AMLS and EPC, and AMLS state coordinator for Florida. I enjoyed helping promote NAEMT programs around the state. This was a great opportunity to make a difference on the national level.

What advice would you give NAEMT members considering running for the board? I would highly encourage them to go for it. For me, the experience of being on a nationally recognized board of directors has been humbling. The wealth of knowledge and passion the NAEMT staff and board members have is very inspiring. NAEMT is regularly recognized as the leader for EMS issues nationwide and many other national organizations are reaching out to NAEMT for advice and direction.

Any surprises? The level of commitment and dedication to EMS from all the members of this board. It makes you want to go that extra mile and be a part of shaping the future of EMS.



Terry David, Director, Region IV

What should NAEMT members consider before running for the board? Consider the time commitment and what you can bring to the table. This is definitely a

working board and each member is not only expected to participate in monthly board meetings (via conference call) but serve on one or more committees. I would also encourage those who have the desire to serve to have some experience at their state level, such as being active in their state professional EMS organization.

What kinds of responsibilities do you have as a board member? I currently serve on the Finance Committee, the EMS Workforce Committee, the Advocacy Committee and as chair of the Affiliate Advisory Council. I was also appointed NAEMT liaison to the National Rural Health Association. Most board members serve on several NAEMT committees, and also represent NAEMT on other EMS-related projects or as liaisons to other EMS organizations. The commitment is time consuming, yet very rewarding.

Congratulations to Our Scholarship Recipients!

WE ARE PLEASED to announce the recipients of NAEMT's EMS and The College Network scholarships, selected in June:



First Responder to EMT-B (\$500):

Evan Winney, EMT-B (Medford, Ore.) – After working as an operations manager for a private fire fighting company for over a decade, Winney decided it was time for a career change when the company shuts its doors. After becoming an EMT this summer, Winney decided to keep right on going and is starting paramedic school this fall. "I am trying in every way to be successful, and this is the same motivation and drive that I will keep if I get hired as a paramedic."



EMT-B to Paramedic (\$5,000):

Robert Castaldi, EMT (Springfield, Pa.) – For 12 years, Castaldi has served his community as an EMT for the Plymouth Community Ambulance Association and Westwood Fire Company. "I became an EMT at 18 and have not regretted it for a second ... Furthering my education will ... allow me to continue to serve the community as I love to."



EMT-B to Paramedic (\$5,000):

Catharine Found, EMT (Iowa City, Iowa) – A few years ago, Found was studying urban design in college, when the death of her sister in a moped accident sparked her interest in helping patients with traumatic injuries. Now with Johnson County Ambulance, "I have not looked back," she wrote. "I know in EMS we are never done learning ... Everyday I look forward to my career as a paramedic."



Paramedic to Advanced EMS Education (\$2,000):

Benjamin Hastings, Paramedic (Grovetown, Ga.) – A paramedic/crew chief for Aiken County EMS, Hastings' colleagues voted him the department's 2015 Paramedic of the Year. An instructor for PHTLS and PEPL, Hastings is also his department's public information and education officer. In that role, he organizes events to improve public awareness of EMS, including Touch-a-Truck events at local schools and participating in Relay for Life and the Special Olympics. "Completing my bachelor's degree [at University of Texas Health Science Center] will fulfill a personal goal but will also add many valuable skills and broaden my knowledge base."



The College Network (\$2,500):

Ashley Krumnow, Paramedic (Austin, Texas) – A paramedic at Kirby Fire and EMS, Krumnow is a mother of three children who is able to juggle the demands of family and career and seeks to be a role model to younger women in the profession. "This scholarship would be a blessing and would help not only me, but my family as well."



The College Network (\$2,500):

JennaBea Sturman, Paramedic (Las Vegas, Nev.) – Teaching CPR certification classes for a private company sparked Sturman's interest in EMS. She became an EMT, then a paramedic at American Medical Response, and today is midway through a paramedic to nursing degree program at Excelsior College. "I'm determined to advance my education ... and become an integral part of the change and transition ... in emergency medicine."

Dec. 15, 2015 is the next application deadline for The College Network scholarship.

WELCOME NEW NAEMT AGENCY MEMBERS!

- Trans-Care Ambulance, Terra Haute, Ind.
- U.S. Border Patrol Emergency Medical Program, Rio Grande Valley Sector, McAllen, Texas
- Superior Ambulance Service, Elmhurst, Ill.
- Procarent/Yellow Ambulance, Louisville, Ky.
- Laurens County EMS, Laurens, S.C.
- Seals Ambulance, Indianapolis, Ind.
- Grand Island Fire Department, Grand Island, Neb.

Superior Ambulance Service, Procarent/Yellow Ambulance, Seals Ambulance and Trans-Care Ambulance all joined NAEMT as part of a combined membership agreement with the Indiana EMS Association. Thank you and welcome new agencies!





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COME SEE US!

■ **MAYBE WE'VE TALKED ON THE PHONE**, or by email. But nothing can replace getting to know someone face to face! If you're attending one of the events listed below, please stop by the NAEMT booth and say "hi."

Pick up goodies like NAEMT pens, plus copies of the latest NAEMT publications, such as the 2014 Annual Report or our 2015-2016 Education Catalog. Bring your colleagues and allow us to introduce them to the many benefits of NAEMT membership.

Don't be a stranger! There is nothing more rewarding for us than getting to meet NAEMT members in person. We look forward to meeting you!

- | | |
|-------------------------------|-------------------------------|
| Virginia EMS Symposium | Nov. 12-14, Norfolk, Va. |
| SOMA Symposium | Dec. 15-16, San Marcos, Texas |
| EMS Today | Feb. 25-27, Baltimore, Md. |
| EMS On The Hill Day | April 19-20, Washington, D.C. |



NAEMT Sets The Standard In Tactical Casualty Care Training



- **Tactical Combat Casualty Care:** only TCCC course endorsed by the American College of Surgeons; uses PHTLS military textbook; 16 hours of CECBEMS credit. For MEDICAL military personnel.
- **NEW! Tactical Combat Casualty Care-All Combatants:** 8-hour course created by the Committee on TCCC. Specifically for NON-MEDICAL military personnel.
- **NEW! Tactical Emergency Casualty Care:** endorsed by the American College of Surgeons; meets TECC guidelines; uses PHTLS military textbook; teaches civilian tactical EMS. 16 hours of CECBEMS credit.
- **Law Enforcement and First Response Tactical Casualty Care:** for all public safety first responders; based on TCCC and PHTLS. 8 hours of CECBEMS credit.
- **Bleeding Control for the Injured:** teaches basic lifesaving medical interventions to first responders and civilians; meets recommendations of the Hartford Consensus. 2.5 hours.



Learn more at www.naemt.org/education.



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