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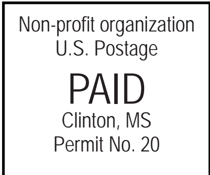

NAEMT mourns the loss of attorney and friend Martin Stillman

NAEMT mourns the loss of **Martin (Marty) S. Stillman, Esq.**, who served as NAEMT's legal counsel for more than 15 years and provided expert advice to NAEMT's leadership based on both his legal expertise and experience in EMS.

Stillman, 63, of Newington, Conn., passed away after a valiant and courageous battle with cancer on July 10, 2009, in the company of his loving family. He was known for his vast knowledge, quick wit and sense of humor. His counsel and direction were instrumental to NAEMT's development as a voice for the EMS practitioner.

"Marty was so much more to us than our legal counsel. He was our true friend, mentor, confidante and brother. He never denied our requests; he never backed away from a challenge. We could always count on Marty to guide us through whatever obstacles we faced," says NAEMT President Patrick Moore. "He touched the lives of so many of us in EMS. Marty will be truly missed and never forgotten."

Stillman was the loving husband of Suzanna Rich Stillman, the father of six children and grandfather to seven. Born in Brooklyn, N.Y., he received his undergraduate degree from NYU and his Juris Doctor Degree from Boston University.

Through his firm, Stillman practiced law for 40 years. He was a member of the Bar in the State of Connecticut, U.S. District Court of Connecticut, U.S. Court of Appeals for the Second District and U.S. Supreme Court. He has served as Counsel to the House Majority and Counsel to the Speaker of the House of Representatives of the Connecticut General Assembly and Legislative Counsel to the Connecticut Bar Association.

He was instrumental in creating the first state EMS regulations. His love for EMS led him to become the state of Connecticut's first Director of The Office of Emergency Medical Services in 1974. Stillman also served as Magistrate in several counties across the state and enjoyed his work on the bench.

Stillman

A pioneer and educator in EMS and an expert in EMS law, Stillman was a consummate volunteer and was passionate about helping others.

He was a certified instructor in emergency telecommunications and in EMS, and served as the vice president of the Connecticut Society of EMS Instructors for many years.

Stillman was a founding member of the Rocky Hill (Conn.) Volunteer Ambulance Association, where he served as president, chief of service for four terms, assistant chief of administration, training officer and legal counsel. He was also a member of the Connecticut Critical Incident Stress Team and served as their Chairman of the Board. Additionally, Stillman served as legal counsel for the National EMS Museum and the National Native American EMS Association.

He also served as an EMS consultant to several states and municipalities nationwide.

Stillman was the recipient of several awards, including the A.E. Hertzler Knox Award, the Dr. Richard L. Judd Lifetime Achievement Award, the NAEMT Presidential Recognition Award, the NAEMT Presidential Leadership Award and the RHVAA Lifetime Achievement Award.

NAEMT news
Serving our nation's EMS practitioners
A quarterly publication of the National Association of Emergency Medical Technicians
Fall 2009

STRESS

Resiliency training can help you cope on the job

by Michael T. Grill

Bubba Bell

EMS practitioners encounter stressful situations daily. It's an occupational reality.

What most practitioners do not understand, however, are the effects of working in a career where death, mutilation, long shifts, sleepless nights, poor nutrition, dangerous working conditions, and guilt (*Did I do everything possible to help this patient?*) are constant companions.

Prior to the 1980s, no process existed for helping EMS practitioners cope with the effects of stress. In fact, back then, admitting you were experiencing emotional difficulties as a result of an event was viewed as a sign of weakness.

In 1983, Dr. Jeffrey T. Mitchell raised awareness of the psychological struggles EMS practitioners face when he published "When Disaster Strikes: The Critical Incident Stress Debriefing" (CISD). [1] Widely referred to as the "Mitchell Model," the goal of CISD was mitigating symptoms of stress for EMS practitioners exposed to a disaster or large-scale incidents. For the next 20 years, CISD became a core component of a multicomponent crisis intervention system, which also included pre-crisis preparation, defusing, individual crisis intervention, family CISM and follow-up.

As the 21st century unfolds, so does the body of knowledge surrounding EMS provider health – both physical and psychological – and how best to prepare EMS practitioners for the stressors they will encounter during their careers. While CISM brought transparency to the issue of psychological health, organizations are now learning of a holistic approach to stress management called resiliency training.

Resiliency can be defined as *the ability to bounce back from adversity*. Resiliency training, therefore, teaches attitudes and skills allowing people to not only bounce back from the effects of stressful situations – but to thrive and grow as a result.

A critical distinction between CISM and resiliency is related to when the training occurs. Whereas most EMS practitioners are initially exposed to CISM as a result of an event, resiliency training is targeted as a 'stress inoculation,' providing concepts and tools at the beginning of an EMS practitioner's career, thereby allowing for the development of psychological fitness before a critical event is experienced.

On the academic side, resiliency characteristics can be taught effectively in a classroom setting[2] resulting in an increase in overall grade point average[3, 4]

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Sponsorship is vital to NAEMT programs and services. Without the support of our corporate sponsors, we could not carry out our critical mission of representing and serving EMS practitioners nationally. When a company chooses to sponsor NAEMT programs and services, it visibly demonstrates support for the life-saving efforts of EMS practitioners throughout our nation. On behalf of our members, NAEMT thanks our sponsors and welcomes our newest sponsors, EMS Manager and Med Media.

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FACING CHALLENGES?

EMTs rush to 2-car crash

UNITED PRESS

Local EMTs and rescue personnel responded to a vehicle crash that left two victims seriously injured. The department's chief credits quick action and lifesaving techniques learned at EMS EXPO for making a difference in critical 911 calls. EMS EXPO's conference sessions and exhibits provided the skills and equipment that they took back to the department and later used while out in the field. The chief added, "Attending EMS EXPO each year is an investment we make to benefit our department and community."

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Collaboration strengthens EMS

As an organization, we hold the belief that collaboration and unity are essential to the betterment of EMS for all.

Our strategic plan calls upon us to "exercise greater leadership in unifying the EMS industry through collaboration."

Over the years, many individuals and groups, including NAEMT, have made sincere efforts to bring the various constituencies within EMS together. While there are some shining examples of collaboration, achieving the broader goal of unity within EMS still eludes our profession.

Collaboration benefits both EMS and patients

Collaboration is not always an easy path. Competing interests and differing perspectives have often inhibited our ability to effectively work together for our profession. But I do believe that everyone in EMS genuinely shares the universal goal of a well funded national EMS system manned by highly trained, well equipped professionals — with workers who are appropriately paid and volunteers who are valued and recognized. With those structures in place, we are better able to provide excellent prehospital care to the patients we serve.

While we may not be able to agree on everything, all of us in EMS must work diligently to focus our efforts on achieving this primary objective.

> At NAEMT, we strongly believe in the value and power of collaboration.

At NAEMT, we strongly believe in the value and power of collaboration. Based on this belief, we are intensifying our efforts to reach out to all sectors of EMS. Here are a few examples:

- This year, we launched an initiative with other EMS organizations to establish one national awards program for EMS that will attract national media attention. We are now working with Advocates for EMS (AEMS), the National EMS Management Association (NEMSMA), the National Association of EMS Educators (NAEMSE) and *EMS Magazine* on this project, which will eliminate duplicate efforts and build greater national recognition and prestige for the profession and those of us who practice in it.

Patrick Moore
President

- At this year's Annual Meeting in Atlanta, our Board of Directors will participate with representatives of over 30 state and local EMS associations from around the country in a joint meeting to share information and ideas about EMS. Leaders from other national EMS associations will also participate, including the American Ambulance Association, AEMS, the International Association of Fire Chiefs - EMS Section, the National Association of State EMS Officials, NAEMSE, the National Association of EMS Physicians, NEMSMA, the National Registry of EMTs, and the National Volunteer Fire Council.

  Additionally, our federal partners at the Department of Homeland Security and the National Highway Traffic Safety Administration will join us.

- NAEMT has just launched a new initiative to bring all EMS organizations and practitioners together to advocate for EMS in Washington, D.C. — leading to our first EMS on the Hill Day, to be held this coming spring. We are reaching out to ensure that this event includes all sectors of EMS in our country. Look for more information about this event at our annual meeting in Atlanta this month and in future communications to our members.

As you can see, NAEMT is not just talking about collaboration — we are leading from the front. This is because we believe that collaboration is not only possible, but essential to the strength of EMS. We will continue to reach out to represent and serve ALL EMS practitioners in our nation.

I look forward to visiting with many members of NAEMT in Atlanta at our annual meeting. I hope to see YOU there!

Fall 2009 Volume 22, Number 4

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NAEMT News is the official quarterly publication of the NAEMT Foundation, a not-for-profit corporation of the National Association of Emergency Medical Technicians (NAEMT). NAEMT is the only national membership association for EMS practitioners, including paramedics, EMTs, first responders and other professionals working in prehospital emergency medicine. Education, Membership and Advocacy are the three tenets of the NAEMT strategic plan.

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NAEMT
P.O. Box 1400
Clinton, MS 39060-1400

Via e-mail: news@naemt.org

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Attend the Scott B. Frame Memorial Lecture

Casualty Vignette from Operation Enduring Freedom

Speaker: **HM1 Jeremy Torrisi**, U.S. Marine Corps Forces Special Operations Command (MARSOC)

Topic: A 2008 anti-coalition force ambush in Afghanistan during which EMS staff received 15 wounded in action (WIA) personnel and one killed in action (KIA) through three separate casualty evacuation helicopter lifts using Tactical Combat Casualty Care (TCCC) guidelines

3-4:15 p.m. on Wednesday, October 28, at the NAEMT Annual Meeting and EMS EXPO

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PHTLS news

Programs roll out across the globe, course library to grow

Seventh edition of textbook — Work continues on the seventh edition of the PHTLS textbook. The text is currently in review after the course design team wrote new lectures and redesigned the provider course. The one-day first responder version of the course is completed and undergoing beta testing. Work continues on the PHTLS refresher and instructor courses and the online options.

All materials and courses are slated for launch in September 2010.

When completed, the library of PHTLS courses will include:

- PHTLS Provider Course
- PHTLS First Responder Course (one-day course for Police, Fire Industry and anyone that may have to make first response to trauma)
- PHTLS Refresher Course
- PHTLS Instructor Course
- PHTLS Online Course, including didactic portions of the PHTLS provider course and refresher course and additional PHTLS short courses
- PHTLS Military Course

A beta test of the one-day first responder course was conducted by Regional Coordinator Craig Jacobus in July. The course was well-received and stimulated a lot of interest. Feedback from faculty and students will be used to complete the development of this course in time for the seventh edition release.

Sixth Edition in South America — Bolivia hosted a PHTLS sixth edition update for their faculty as well as faculty from Panama and Chile. Gonzalo Ostria, the National Director for PHTLS Bolivia, invited PHTLS Chair **Will Chapleau EMT-P, RN**, to conduct the update. Dr. Froilan Fernandez represented Chile and Dr. Luis Eduardo Ruiz Valdés represented Panama. After the update, Chapleau stayed to observe the Bolivian faculty conduct their first sixth edition course.

South African faculty and students explore various PHTLS scenarios.

South Africa — In July, South Africa joined the PHTLS family, with faculty conducting their first courses while being monitored by PHTLS international faculty. The South African Army is working to train all their medics and will be putting together civilian programs in the near future.

China and India — The first course in mainland China was conducted at the end of August by our Hong Kong faculty. This will be followed by inaugural courses in India, planned for November. "We are very excited about the program coming to the most populous countries in the world," says Chapleau.

Translations — PHTLS is now published in 11 languages, including Spanish, Portuguese, French, Chinese, Dutch, Italian, German, Polish and Georgian, with Greek to be introduced soon.

Tactical Combat Casualty Care Course (TCCC) — Final adjustments are being made to the TCCC course. The U.S. Military is beginning to roll out the program and plans are in place to train PHTLS national faculty to assist in rolling out the course to PHTLS faculty.

New California state coordinator — **Monica Bradley, RN**, recently was appointed as the new PHTLS California state coordinator. She brings to the post years of experience in emergency medicine working in both hospital and prehospital settings. Bradley has worked extensively in California for many years and has worked closely with outgoing state coordinator **Heather Davis**, who has trained her on the requirements, expectations and activity within the state.

Bradley is the quality initiative advisor and educator for Downey Fire Dept in Downey, Calif., as well as a nurse educator for the Los Angeles County Fire Department. She has been active with PHTLS since 2002, and her leadership skills and quality of education are highly regarded by her colleagues.

AMLS news

Program expands in Louisiana, Ohio

The Advanced Medical Life Support (AMLS) Committee is hard at work developing the new textbook for the AMLS course. Committee members are excited about the new content areas, scenarios and DVD components. Health care providers from EMT-Basic through paramedic, registered nurses, physician assistants, nurse practitioners and physicians will continue to find the course an insightful continuing education opportunity that helps them provide more efficient care for patients. AMLS provider courses are approved for RN CME; please check the www.amls.org web site for details.

AMLS Committee member **Brad Pierson, EMT-P**, and **Chuck Fugitt, EMT-P**, a firefighter and Illinois AMLS and PHTLS instructor, had the opportunity to bring the PHTLS and AMLS programs to the National EMS Academy in Lafayette, Louisiana. There, they trained 17 providers and 18 instructors for AMLS, and 17 providers and 17 instructors in PHTLS.

"National EMS Academy is a state-of-the-art-facility, and we welcome them to the program. Their new instructors will be reaching out to both civilian and military medics to conduct future AMLS and PHTLS courses," says Pierson.

Pierson and **Jeff Messerole, EMT-P** and AMLS Regional Coordinator, brought the AMLS program to University Hospital in Cleveland, Ohio, where they trained 13 providers and 13 instructors. Pierson noted, "University Hospital is looking to expand EMS education in the Cleveland area. The students were excited about being involved with the AMLS program."

EPC news

Grant brings program to more EMS practitioners

Motivated by his work as a member of the Emergency Pediatric Care (EPC) Committee, **Chad McIntyre, EMT-P**, recently applied for and was awarded a matching funds grant from the Florida Department of Health, Bureau of Emergency Medical Services. The grant was made to TraumaOne Shands, in Jacksonville, Florida, where McIntyre serves as Education Coordinator.

With the grant, TraumaOne will provide the EPC program to 200 Florida- certified EMTs and paramedics. Course attendees will only be responsible for the $15 NAEMT registration fee. The courses will be taught at Shands Jacksonville as well as at local EMS agencies through mobile education training programs in various counties.

TraumaOne also has been able to purchase a pediatric human patient simulator and 60 Comprehensive Pediatric Emergency Care Provider manuals with grant funding.

"We are pleased that this is the third matching grant TraumaOne has received from the Florida Bureau of EMS. With the grant, we have been able to conduct other valuable EMS training such as NAEMT's AMLS and PHTLS programs," says McIntyre. "We're looking for the EPC program to enjoy the same success."

The courses are scheduled to start in October 2009 with up to three courses offered each month throughout North/Central Florida until 200 practitioners are reached. If you would like to register for one of the course or would like further information, please contact trauma1.education@jax.ufl.edu.

EPC Instructors: Take new Course Coordinator class in Atlanta

The EPC Committee is proud to bring you the first EPC Course Coordinator class. This class will assist current EPC Instructors in developing the skills and knowledge to become EPC Course Coordinators. This class is set to take place in Atlanta in conjunction with EMS EXPO on Wednesday, October 28, from 8:30 to 11:30 a.m.

If you are a current EPC Instructor and are interested in attending, please e-mail chad.mcintyre@jax.ufl.edu.

Resiliency training

> > continued from cover

when compared to those individuals not receiving resiliency training. Resiliency has been shown to be a better predictor of retention and GPA than either SAT scores or rank in high school graduating class.

As one 15-year-old high school student summarized after a semester of resiliency training: "Resiliency training allows me to bounce back from problems and stuff with more power and smarts."

Table: Session and Topic Information

Resiliency Topic		Resiliency Tool
Expectations	→	Resilience, baseline measures, understanding EMS practitioners
↓		
Nutrition	→	BMR, activity factor, EER, BMI, WTR, carbohydrates, proteins, fats, vitamins, minerals, water, menu planners
↓		
Physical Exercise	→	Physical fitness, exercise sequence, cardio respiratory training, heart rate, target HR zone, FITT, aerobic workouts
↓		
Sleep	→	Sleep problems, sleep quality, controlling nightmares, image rehearsal training
↓		
Relaxation	→	Diaphragmatic breathing, progressive muscle relaxation, alternate nostril breathing, SUDS, and imagery training
↓		
Personal Cognitive	→	Self-defeating thought patterns, adversity, beliefs and consequences (ABCs), perspective, victim/survivor
↓		
Communication and Social Support	→	Listening, empathy, ticket-to-talk, fighting fair, social support, changing beliefs, giving and receiving
↓		
Teaching Resiliency	→	Mentorship, spiritual beliefs

In 2008, Dr. Phil Callahan of the University of Arizona and Dr. Michael Marks of the Southern Arizona Veterans Administration developed a resiliency training program designed to transition war veterans into an academic environment. This curriculum is being modified for use by local EMS practitioners, with a 16-hour, two-day workshop to be piloted this fall.

The training is divided into two components: day one focuses on physiological resiliency characteristics while day two describes the importance of cognitive resiliency (see table).

Physiological resiliency focuses on EMS practitioner expectations, nutrition and physical exercise, sleep issues, and relaxation techniques.

Grill

Cognitive resiliency allows practitioners to identify self-defeating thought patterns, provides instruction on how to change personal beliefs, discusses the significance of maintaining perspective, reviews empathetic communication skills, explains the importance of a strong social support system, and concludes with a personal evaluation of spiritual beliefs.

EMS practitioners have recognized the importance of physical fitness over the past decade. Yet, as any serious athlete will tell you, physical resiliency is useless without psychological resiliency. It is this holistic approach to health that will enable practitioners to experience a rewarding career in EMS – and a healthy mind and body afterward.

As somebody once said, "Old age is like everything else. To make a success of it you've got to start young."

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Michael T. Grill is Assistant Director of Allied Health Education Programs at Cochise Community College, Sierra Vista, Ariz. He holds a MS degree in Executive Fire Service Leadership and Executive Fire Officer Certification. He is an instructor in EMS topics and co-authored the textbook Fire Service First Responder. *He has presented at more than 200 conferences nationwide.*

This is the first in a series of four articles to help you in life and on the job. In the next issue: *How to develop physiological resiliency.*

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Individuals should not rely solely upon agents such as atropine and pralidoxime to provide complete protection from chemical nerve agents and insecticide poisoning. Primary protection against exposure to chemical nerve agents and insecticide poisoning is the wearing of protective garments including masks designed specifically for this use. Evacuation and decontamination procedures should be undertaken as soon as possible. **Medical personnel assisting evacuated victims of nerve agent poisoning should avoid contaminating themselves by exposure to the victim's clothing.**

In the presence of life-threatening poisoning by organophosphorus nerve agents or insecticides, there are no absolute contraindications to the use of the DuoDote Auto-Injector. When symptoms of poisoning are not severe, DuoDote Auto-Injector should be used with extreme caution in people with heart disease, arrhythmias, recent myocardial infarction, severe narrow angle glaucoma, pyloric stenosis, prostatic hypertrophy, significant renal insufficiency, chronic pulmonary disease, or hypersensitivity to any component of the product.

Please see brief summary of full Prescribing Information on adjacent page.

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EVACUATION AND DECONTAMINATION PROCEDURES SHOULD BE UNDERTAKEN AS SOON AS POSSIBLE. MEDICAL PERSONNEL ASSISTING EVACUATED VICTIMS OF NERVE AGENT POISONING SHOULD AVOID CONTAMINATING THEMSELVES BY EXPOSURE TO THE VICTIM'S CLOTHING.

When symptoms of poisoning are not severe, DuoDote™ Auto-Injector should be used with extreme caution in people with heart disease, arrhythmias, recent myocardial infarction, severe narrow angle glaucoma, pyloric stenosis, prostatic hypertrophy, significant renal insufficiency, chronic pulmonary disease, or hypersensitivity to any component of the product. Organophosphorus nerve agent poisoning often causes bradycardia but can be associated with a heart rate in the low, high, or normal range. Atropine increases heart rate and alleviates the bradycardia. In patients with a recent myocardial infarction and/or severe coronary artery disease, there is a possibility that atropine-induced tachycardia may cause ischemia, extend or initiate myocardial infarcts, and stimulate ventricular ectopy and fibrillation. In patients without cardiac disease, atropine administration is associated with the rare occurrence of ventricular ectopy or ventricular tachycardia. Conventional systemic doses may precipitate acute glaucoma in susceptible individuals, convert partial pyloric stenosis into complete pyloric obstruction, precipitate urinary retention in individuals with prostatic hypertrophy, or cause inspiration of bronchial secretions and formation of dangerous viscid plugs in individuals with chronic lung disease.

More than 1 dose of DuoDote™ Auto-Injector, to a maximum of 3 doses, may be necessary initially when symptoms are severe. **No more than 3 doses should be administered unless definitive medical care (eg, hospitalization, respiratory support) is available.**

Severe difficulty in breathing after organophosphorus poisoning requires artificial respiration in addition to the use of DuoDote™ Auto-Injector.

A potential hazardous effect of atropine is inhibition of sweating, which in a warm environment or with exercise, can lead to hyperthermia and heat injury.

The elderly and children may be more susceptible to the effects of atropine.

PRECAUTIONS

General: The desperate condition of the organophosphorus-poisoned individual will generally mask such minor signs and symptoms of atropine and pralidoxime treatment as have been noted in normal subjects.

Because pralidoxime is excreted in the urine, a decrease in renal function will result in increased blood levels of the drug.

DuoDote™ Auto-Injector temporarily increases blood pressure, a known effect of pralidoxime. In a study of 24 healthy young adults administered a single dose of atropine and pralidoxime auto-injector intramuscularly (approximately 9 mg/kg pralidoxime chloride), diastolic blood pressure increased from baseline by 11 ± 14 mmHg (mean ± SD), and systolic blood pressure increased by 16 ± 19 mmHg, at 15 minutes post-dose. Blood pressures remained elevated at these approximate levels through 1 hour post-dose, began to decrease at 2 hours post-dose and were near pre-dose baseline at 4 hours post-dose. Intravenous pralidoxime doses of 30-45 mg/kg can produce moderate to marked increases in diastolic and systolic blood pressure.

Laboratory Tests: If organophosphorus poisoning is known or suspected, treatment should be instituted without waiting for confirmation of the diagnosis by laboratory tests. Red blood cell and plasma cholinesterase, and urinary paranitrophenol measurements (in the case of parathion exposure) may be helpful in confirming the diagnosis and following the course of the illness. However, miosis, rhinorrhea, and/or airway symptoms due to nerve agent vapor exposure may occur with normal cholinesterase levels. Also, normal red blood cell and plasma cholinesterase values vary widely by ethnic group, age, and whether the person is pregnant. A reduction in red blood cell cholinesterase concentration to below 50% of normal is strongly suggestive of organophosphorus ester poisoning.

Drug Interactions: When atropine and pralidoxime are used together, pralidoxime may potentiate the effect of atropine. When used in combination, signs of atropinization (flushing, mydriasis, tachycardia, dryness of the mouth and nose) may occur earlier than might be expected when atropine is used alone.

The following precautions should be kept in mind in the treatment of anticholinesterase poisoning, although they do not bear directly on the use of atropine and pralidoxime.

- Barbiturates are potentiated by the anticholinesterases; therefore, barbiturates should be used cautiously in the treatment of convulsions.
- Morphine, theophylline, aminophylline, succinylcholine, reserpine, and phenothiazine-type tranquilizers should be avoided in treating personnel with organophosphorus poisoning.
- Succinylcholine and mivacurium are metabolized by cholinesterases. Since pralidoxime reactivates cholinesterases, use of pralidoxime in organophosphorus poisoning may accelerate reversal of the neuromuscular blocking effects of succinylcholine and mivacurium.

Drug-drug interaction potential involving cytochrome P450 isozymes has not been studied.

Carcinogenesis, Mutagenesis, Impairment of Fertility: DuoDote™ Auto-Injector is indicated for short-term emergency use only, and no adequate studies regarding the potential of atropine or pralidoxime chloride for carcinogenesis or mutagenesis have been conducted.

Impairment of Fertility: In studies in which male rats were orally administered atropine (62.5 to 125 mg/kg) for one week prior to mating and throughout a 5-day mating period with untreated females, a dose-related decrease in fertility was observed. A no-effect dose for male reproductive toxicity was not established. The low-effect dose was 290 times (on a mg/m² basis) the dose of atropine in a single application of DuoDote™ Auto-Injector (2.1 mg).

Fertility studies of atropine in females or of pralidoxime in males or females have not been conducted.

Pregnancy:

Pregnancy Category C: Adequate animal reproduction studies have not been conducted with atropine, pralidoxime, or the combination. It is not known whether pralidoxime or atropine can cause fetal harm when administered to a pregnant woman or if they can affect reproductive capacity. Atropine readily crosses the placental barrier and enters the fetal circulation.

DuoDote™ Auto-Injector should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Atropine has been reported to be excreted in human milk. It is not known whether pralidoxime is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when DuoDote™ Auto-Injector is administered to a nursing woman.

Pediatric Use: Safety and effectiveness of DuoDote™ Auto-Injector in pediatric patients have not been established.

ADVERSE REACTIONS

Muscle tightness and sometimes pain may occur at the injection site.

Atropine

The most common side effects of atropine can be attributed to its antimuscarinic action. These include dryness of the mouth, blurred vision, dry eyes, photophobia, confusion, headache, dizziness, tachycardia, palpitations, flushing, urinary hesitancy or retention, constipation, abdominal pain, abdominal distention, nausea and vomiting, loss of libido, and impotence. Anhidrosis may produce heat intolerance and impairment of temperature regulation in a hot environment. Dysphagia, paralytic ileus, and acute angle closure glaucoma, maculopapular rash, petechial rash, and scarletiniform rash have also been reported.

Larger or toxic doses may produce such central effects as restlessness, tremor, fatigue, locomotor difficulties, delirium followed by hallucinations, depression, and, ultimately medullary paralysis and death. Large doses can also lead to circulatory collapse. In such cases, blood pressure declines and death due to respiratory failure may ensue following paralysis and coma.

Cardiovascular adverse events reported in the literature for atropine include, but are not limited to, sinus tachycardia, palpitations, premature ventricular contractions, atrial flutter, atrial fibrillation, ventricular flutter, ventricular fibrillation, cardiac syncope, asystole, and myocardial infarction. (See **PRECAUTIONS**.)

Hypersensitivity reactions will occasionally occur, are usually seen as skin rashes, and may progress to exfoliation. Anaphylactic reaction and laryngospasm are rare.

Pralidoxime Chloride

Pralidoxime can cause blurred vision, diplopia and impaired accommodation, dizziness, headache, drowsiness, nausea, tachycardia, increased systolic and diastolic blood pressure, muscular weakness, dry mouth, emesis, rash, dry skin, hyperventilation, decreased renal function, and decreased sweating when given parenterally to normal volunteers who have not been exposed to anticholinesterase poisons.

In several cases of organophosphorus poisoning, excitement and manic behavior have occurred immediately following recovery of consciousness, in either the presence or absence of pralidoxime administration. However, similar behavior has not been reported in subjects given pralidoxime in the absence of organophosphorus poisoning.

Elevations in SGOT and/or SGPT enzyme levels were observed in 1 of 6 normal volunteers given 1200 mg of pralidoxime intramuscularly, and in 4 of 6 volunteers given 1800 mg intramuscularly. Levels returned to normal in about 2 weeks. Transient elevations in creatine kinase were observed in all normal volunteers given the drug.

Atropine and Pralidoxime Chloride

When atropine and pralidoxime are used together, the signs of atropinization may occur earlier than might be expected when atropine is used alone.

OVERDOSAGE

Symptoms:

Atropine

Manifestations of atropine overdose are dose-related and include flushing, dry skin and mucous membranes, tachycardia, widely dilated pupils that are poorly responsive to light, blurred vision, and fever (which can sometimes be dangerously elevated). Locomotor difficulties, disorientation, hallucinations, delirium, confusion, agitation, coma, and central depression can occur and may last 48 hours or longer. In instances of severe atropine intoxication, respiratory depression, coma, circulatory collapse, and death may occur.

The fatal dose of atropine is unknown. In the treatment of organophosphorus poisoning, doses as high as 1000 mg have been given. The few deaths in adults reported in the literature were generally seen using typical clinical doses of atropine often in the setting of bradycardia associated with an acute myocardial infarction, or with larger doses, due to overheating in a setting of vigorous physical activity in a hot environment.

Pralidoxime

It may be difficult to differentiate some of the side effects due to pralidoxime from those due to organophosphorus poisoning. Symptoms of pralidoxime overdose may include: dizziness, blurred vision, diplopia, headache, impaired accommodation, nausea, and slight tachycardia. Transient hypertension due to pralidoxime may last several hours.

Treatment: For atropine overdose, supportive treatment should be administered. If respiration is depressed, artificial respiration with oxygen is necessary. Ice bags, a hypothermia blanket, or other methods of cooling may be required to reduce atropine-induced fever, especially in children. Catheterization may be necessary if urinary retention occurs. Since atropine elimination takes place through the kidney, urinary output must be maintained and increased if possible; intravenous fluids may be indicated. Because of atropine-induced photophobia, the room should be darkened.

A short-acting barbiturate or diazepam may be needed to control marked excitement and convulsions. However, large doses for sedation should be avoided because central depressant action may coincide with the depression occurring late in severe atropine poisoning. Central stimulants are not recommended.

Physostigmine, given as an atropine antidote by slow intravenous injection of 1 to 4 mg (0.5 to 1.0 mg in children) rapidly abolishes delirium and coma caused by large doses of atropine. Since physostigmine has a short duration of action, the patient may again lapse into coma after 1 or 2 hours, and require repeated doses. Neostigmine, pilocarpine, and methacholine are of little benefit, since they do not penetrate the blood-brain barrier.

Pralidoxime-induced hypertension has been treated by administering phentolamine 5 mg intravenously, repeated if necessary due to phentolamine's short duration of action. In the absence of substantial clinical data regarding use of phentolamine to treat pralidoxime-induced hypertension, consider slow infusion to avoid precipitous corrections in blood pressure.

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Check your <NAEMT Annual Meeting> schedule

We'll look to see you at EMS EXPO 2009, to be held from October 26-30 at the Georgia World Congress Center in Atlanta. The NAEMT Annual Meeting will be held in conjunction with the show, and we encourage you to attend.

Open to all members are the General Membership Meeting and Reception as well as committee meetings, the Board of Directors meeting and the Affiliate Advisory Council meeting.

If you're not yet registered, be sure to take advantage of your exclusive NAEMT member discount of $125! Just provide your membership number when selecting the Three-Day Core Program NAEMT Member Rate on the conference registration form. You can register using the button on the home page of www.naemt.org.

MONDAY October 26

Courses

8 a.m. - 5 p.m.	AMLS, EPC, PHTLS, Beyond the Streets, Demystifying Prehospital Research

Meetings and Events

9 a.m. - 12 p.m.	NAEMT Board of Directors Meeting
12:30 - 2:30 p.m.	Finance Committee Meeting and Advocacy Committee Meeting
2:30 - 4:30 p.m.	Military Affairs Committee Meeting, Sponsorship Committee Meeting and Health & Safety Committee Meeting
4 - 6 p.m.	NAEMT Foundation Meeting

TUESDAY October 27

Courses

8 a.m. - 5 p.m.	AMLS, EPC, PHTLS, Beyond the Streets, Demystifying Prehospital Research

Meetings and Events

9 - 11 a.m.	Membership Committee Meeting and Education Committee Meeting
11 a.m. - 12:30 p.m.	Affiliate Advisory Council Meeting
1 - 4 p.m.	Affiliate Advisory Council Member Workshop
5:30 - 6:30 p.m.	NAEMT General Meeting/Awards Presentation
6:30 - 8 p.m.	NAEMT Sponsored Reception
6 - 10 p.m.	Preconference Instructor Courses

WEDNESDAY October 28

Meetings and Events

8 a.m. - 12 p.m.	PHTLS Annual Meeting
8:30 - 11:30 a.m.	EPC Course Coordinator Class
1 - 2 p.m.	EPC Annual Meeting
2 - 3 p.m.	AMLS Annual Meeting
3 - 4:15 p.m.	Scott Frame Memorial Lecture
5:30 - 7:30 p.m.	NREMT Wine & Cheese Reception

NAEMT adds health insurance plan as NEW member benefit

To better serve members and help you protect your health and that of your families, NAEMT is now offering an affordable limited benefit health insurance plan through America Protect® and underwritten by National Union & Fire Insurance Company.

As an individual NAEMT member — active, student or associate — you qualify for members-only rates as low as $75 per month for individuals. The plan coverage pays you cash benefits to spend as you wish in addition to other insurance you may already have, and offers you access to reduced rates from a nationwide network of physicians and hospitals.

The plan offers you coverage for your spouse and dependent children and provides you with value-added benefits such as discounts on prescription drugs, vision care, lab and imaging services and accident medical expense insurance.

These plans provide easy-to-use, affordable limited benefit health insurance coverage. Plan highlights include:

- Guaranteed issue, and no waiting periods for pre-existing conditions
- Pays in addition to any other coverage
- Uses national PPO network
- Portable, with flexible billing options
- Easy phone-in or online enrollment

"The Membership Committee is excited about this new benefit for our members," says Aimee Binning, Chair of the committee. "With the cost of health insurance today and high deductibles, we wanted something that could help all members, and we believe this product does that."

Seven reasons to consider coverage

There are several reasons to consider adding this coverage. Plan offerings include:

1. Broad benefits You receive a variety of health care options, plus discounts on prescriptions and laboratory tests as well as accident medical coverage

2. First-dollar coverage You get cash payments for your health claims (unless you specify otherwise) without any co-payments or deductibles, in addition to any other insurance coverage you may have

3. Cash to spend as you need You decide how to spend the money you receive — for unreimbursed expenses, treatments, home help, travel or any other purpose

4. Discounted networks You make your money stretch further when you visit doctor and hospital networks offering discounts

5. Simple enrollment You spend just a few minutes to complete a simple questionnaire and you're enrolled, with no medical questions asked; it's a guaranteed issue policy with no pre-existing conditions limitations

6. Easy to afford, easy to pay Because you're a NAEMT member, you pay low group rates for coverage, and can pay using a bank draft or credit card

7. Fast, responsive claims service When you need to use your coverage, knowledgeable professionals will provide you with skilled help and promptly process your claims

Benefits

As a NAEMT member covered under the plan, benefits you would enjoy under the plan include these **and much more:**

Physician's office visits benefit — Pays per visit benefit if an insured person visits a physician's office for treatment of sickness or injury

Physician and hospital discounts — Offers discounted rates at premier physicians, hospitals and medical centers around the country

Health screening benefit — Pays a per test amount when an insured person undergoes specified routine examinations or other preventive testing

Routine well-child benefit — Pays a per physician's visit amount when an insured dependent child visits a physician and undergoes physical examination and/or appropriate immunizations during the child's first 12 months

Outpatient diagnostic x-ray and laboratory benefit — Pays an outpatient diagnostic x-ray and laboratory benefit when an insured person visits a physician's office or other outpatient setting except an emergency room and undergoes diagnostic x-ray and laboratory tests for treatment of sickness or injury

Emergency room accident treatment benefits — Pays a per accident benefit when an insured person suffers an injury that, within 72 hours of the accident that caused the injury, requires him or her to receive emergency treatment in the emergency room of a hospital

Continued > > facing page

New member benefit

> > Continued from facing page

Emergency room sickness treatment benefit — Pays a per visit benefit when an insured person visits the emergency room of a hospital for emergency treatment of sickness

Hospital admission benefit — Pays a lump sum hospital admission benefit if an insured person is admitted as an inpatient to a hospital for treatment of sickness or injury

Hospital confinement benefit — Pays a daily hospital confinement benefit for each day that an insured person is charged for a room as an inpatient when that insured person becomes confined as an inpatient to a hospital for treatment of sickness or injury

Accidental death benefit — Pays a lump sum benefit if an insured person suffers an injury that results in death

Added benefits

Additional coverage and services offered by the plan include:

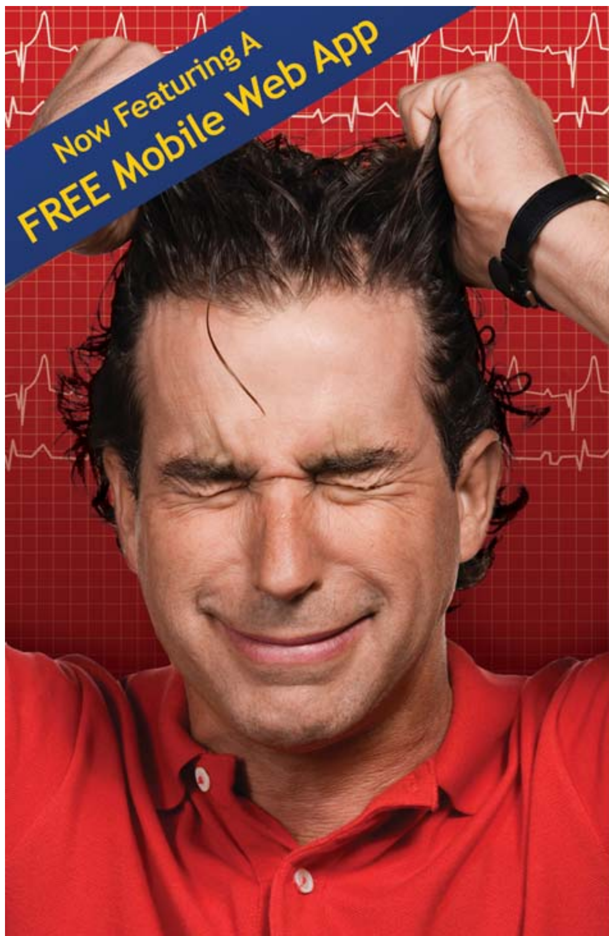
- **Prescription drug coverage** covering the most commonly prescribed generic drugs and brand name drugs at deep discounts, with a network of more than 54,800 major chains and independent pharmacies nationwide, plus mail order options
- **Insured vision benefit** that covers regular vision exams through thousands of providers nationwide, including leading optical retailers; members pay a low $20 co-pay for an eye exam and receive up to a 35 percent discount off standard eyeglass lenses, frames and contact lenses
- **Accident medical insurance and accidental death and dismemberment (AD&D) insurance** of up to $5,000 for accidents and up to $5,000 AD&D insurance, with a $100 deductible per occurrence; underwritten by GTL Life Insurance Co.

For more information on this new benefit, go to the Access Your Benefits section of www.naemt.org.

Limited Benefit Health Insurance is not comprehensive major medical coverage and is not designed as a substitute or replacement for comprehensive major medical coverage.

These limited benefit health programs are administered by ADMU Benefits. Limited Benefit Health Insurance underwritten by National Union & Fire Insurance Company of Pittsburgh, Pa.

NAEMT receives no commission from the purchase of these policies by our members.



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CentreLearn adds new online courses — FREE for members

Individual active NAEMT members receive two FREE credits of online EMS continuing education per year through CentreLearn. Credit can be used toward online individual courses or toward the price of an annual subscription. You also have immediate access to a free online course as an introductory lesson, and for a limited time, two additional FREE courses, Pandemic Influenza parts 1 and 2, are available to NAEMT members.

A few of the newly posted courses include:

- Poisons and Toxins, Parts 1 and 2
- Introduction to Capnography — CCEMTP approved
- Spinal Injury Assessment and Treatment, Parts 1 and 2
- Selective Spinal Immobilization
- Hypothermia Assessment and Treatment
- The Human Body, Part 2 — Other Systems
- Pharmacology Special Considerations — CCEMTP approved
- Sports Medicine for EMS, Part 1
- Workplace Diversity

In addition to these courses, CentreLearn offers a variety of courses on other topics. Each of these courses offers one CE hour.

For more information and to access online education, log in to the Access Your Benefits section of www.naemt.org.

Congratulations to contest winners!

Thank you to everyone who entered our contest in the Summer issue of *NAEMT News*. Congratulations to our members who won!

First prize: **Darlene Plummer** of New Gloucester, Maine, won a complete intubation kit.

Second prize: **Eric Pohl** of Brooklyn, N.Y., won a complete first aid kit.

Third prize: **Julie Smithson** of Central City, Neb., won a deluxe nylon fleece blanket.

Thank you to contest sponsor AllMed, which generously provided the prizes.

Keep an eye out for future contests in *NAEMT News*!

Whenever a Burn Emergency Strikes... WATER-JEL IS THERE.

Did You Know?

- WATER-JEL stops the progression of the burn - and can be used on all types of burns.
- WATER-JEL Blankets & Sterile Burn Dressings utilize gel that is 96% water, contains no active ingredients and is water-soluble.
- WATER-JEL cools the burn, not the patient. Unlike water or saline, WATER-JEL evaporates very slowly so there's no need to rewet the WATER-JEL blankets or dressings and no increased risk of hypothermia.

Whether your medical protocols suggest dry or wet sterile dressings, you can use WATER-JEL dressings for small area burns (less than 15% TBSA) to stop the burning process and provide immediate pain relief.

Fire departments and EMS Services across the country are prepared for burn emergencies — large and small — with WATER-JEL Blankets and Dressings. Is your department prepared?

NAEMT awards most recent scholarships

NAEMT awarded its most recent educational scholarships in July. We congratulate our scholarship recipients:

First Responder to EMT-Basic ($500)

Mario Lepore, Hoboken, N.J.

"I have been a first responder for many years and am an instructor for emergency response teams," says Lepore.

"I always have wanted to become a certified EMT but have not had a chance to attend any courses due to my work schedule and the cost of the program. My goal is to eventually become a paramedic and enhance the profession of all in the emergency medical field."

EMT-Basic to EMT-Paramedic ($5,000)

Diana Albanese, White River Junction, Vt., and Edward J. Burrell, Jr., Peach Bottom, Pa.

Albanese

"After 19 years in the field, I am making every attempt possible to attain paramedic status," says Albanese.

"I truly believe that a person's first defense is knowledge... and that many EMS services can offer the knowledge and community bond that is needed to educate, help and ally with the communities they serve."

"As an EMT-B for more than 20 years, I recently have returned to a full-time career in EMS after working in other areas of public safety," says Burrell.

"I am now looking to complete the next important step in climbing the EMS career ladder. Thank you for this opportunity."

Burrell

Paramedic EMS Education Advancement ($2,000)

Christie Hale, Orange, Tex.

"Since I began my adventure in EMS, I have strived to be the best and most knowledgeable to adequately serve the people. I began as an EMT and worked my way to a licensed paramedic in about three years," says Hale.

Hale

"I am lead instructor for an EMT-Basic class. To continue teaching, I need to obtain my degree in EMS. Recently, we were struck by Hurricane Ike, so money cannot go to education — it needs to go toward rebuilding our lives. With this scholarship, I can obtain my degree in EMS and continue my teaching career."

Degree completion program through The College Network ($2,500)

David Barr, Asheboro, N.C.

"I began my EMS career in 1993 as an EMT-Basic with the fire department while in college. My intentions are to use my education to ultimately combine my two career fields — politics and government and EMS — by using field experience and management training to help shape EMS policy," says Barr. "Thank you for the opportunities that NAEMT affords its members."

Barr

NAEMT offers $35,000 annually in educational scholarships to assist members in continuing their education. Applicants must be individual, active members of NAEMT.

"In these trying economic times, we are pleased to be able to assist our active members by providing these educational scholarships," says NAEMT President Patrick Moore. "We wish them the very best in completing their education."

The next scholarship application deadline is December 15, 2009. For more information, please go to the Member Resources section of www.naemt.org.

Margolis to represent EMS in Capitol through fellowship

Gregg Margolis, PhD, NREMT-P, a NAEMT member who serves on the Education Committee, has accepted a one-year fellowship in Washington, D.C., as part of the Robert Wood Johnson Foundation Health Policy Fellows program. The position began last month.

The non-partisan fellowship is through a national program of the Robert Wood Johnson Foundation, the nation's largest health care philanthropy, with direction and technical assistance provided by the Institute of Medicine of the National Academies. It is the nation's most prestigious learning experience that connects health science, policy and politics and offers exclusive, hands-on policy experience working with congressional and executive offices in the nation's Capitol.

Margolis will have the opportunity to work directly with top figures in federal health policy and will be able to gain an insider's perspective of the political process, develop leadership skills, and build a strong professional network. "It is a great honor to have been selected for such a prestigious fellowship," Margolis says.

The fellowship opportunity is of particular importance to the EMS community since this is the first time an EMS professional has participated in the program. "While I am personally excited, this represents success for the entire EMS profession," Margolis notes. "EMS is profoundly affected by federal health policy and we have been largely absent from the process. Through this opportunity I hope to learn how we, as a community, can become an effective participant in the national health care policy and reform conversations."

Margolis

Margolis is associate director for the National Registry of Emergency Medical Technicians (NREMT). NREMT executive director William E. Brown, Jr. says, "We are very excited about this opportunity for Dr. Margolis to serve the nation's citizens in this capacity. EMS will have a paramedic expert working within the federal decision-making process as our nation transitions its health care system. We consider our one-year loss of his talent at the NREMT to be for the greater good for Gregg, our profession and EMS."

Lockhart receives prestigious IAFC EMS Section award

Lockhart with his wife, Suzanne

The International Association of Fire Chiefs (IAFC) Emergency Medical Services Section named former NAEMT president Mark Lockhart, NREMT-P, fire chief of the Maryland Heights Fire Protection District, Missouri, as the 2009 recipient of the James O. Page EMS Achievement Award. The award presentation took place during the General Session at the IAFC's annual conference for fire-based EMS leaders in Las Vegas.

This honor — presented by the IAFC EMS Section and Physio-Control, Inc. — is awarded annually to an individual who has played a key role in creating and/or promoting non-clinical innovation and achievements in fire service based EMS management and leadership that have had a positive impact nationally. The award is named in honor of the late James O. Page, who was a visionary and national leader in fire service based EMS for more than three decades.

Since 2007, Lockhart has served as chief of the Maryland Heights Fire Protection District in St. Louis County, Missouri. His career in fire and emergency medical services started in 1983 and includes working for an ambulance district, an air medical program and a Level I trauma center. Lockhart served as the deputy chief in charge of Emergency Medical Services prior to his promotion to chief.

Besides serving as a past president of NAEMT, he is a recipient of the NAEMT Jeffrey S. Harris National Leadership Award, the A. Roger Fox Founders Award for outstanding contributions to the association, a Presidential Leadership Award and the William Klingensmith EMS Administrator of the Year Award.

As a member of the Prehospital Trauma Life Support (PHTLS) International Faculty, Lockhart has taught EMS professionals in the U.S., Mexico, Great Britain and Sweden. He served as a site reviewer for the Commission on Accreditation of Ambulance Services for 15 years and currently serves as a member of the IAFC Fire-Rescue-Med Conference Planning Committee and Chair of the IAFC EMS Section's Elections Committee and By-Laws Committee.

NAEMT Board takes bold steps for EMS

Adopts three position statements on EMS in health care reform, safety

The NAEMT Board of Directors took bold steps at their August meeting to represent the interests of EMS practitioners and the patients they serve by adopting the following new position statements.

EMS in Health Care Reform

This new position statement advocates for the inclusion of EMS principles in the development of national health care reform legislation, such as that both emergency and non-emergency ambulance services be covered; insurance fee schedules be based on the cost of providing the service as determined by the GAO study on ambulance costs; EMS and emergency physicians be active participants in health care reform; analysis be conducted to determine the impact of health care reform on emergency department overcrowding, especially in the event of major disasters or public health emergencies; and that EMS data be collected and available for improvements in EMS care and integrated with data on the overall health care system.

The statement also includes other key principles, in addition to noting that emergency medical services are a critical component of the nation's emergency and trauma care system, with hundreds of thousands of EMS practitioners providing more than 16 million medical transports each year. Speed and quality of emergency medical services are critical factors in a patient's ultimate outcome.

EMS Patient Safety and Wellness

This position addresses the fact that over the past 10 years, although much attention has been paid to tracking, preventing and addressing errors in medical settings, there remains a lack of specific, evidence-based principles addressing patient safety in EMS. EMS practitioners provide various treatments to their patients, often in adverse or challenging environments — and serious challenges exist in ensuring patients' safety during treatment in these environments. In the statement, NAEMT supports the development of a culture of safety in all EMS systems in our nation and states its commitment to advocating for the safest practices and regulations that protect and promote EMS patient safety and wellness.

This requires that federal and state EMS laws and regulations specifically address a systematic approach to patient safety and error accountability; adequate funding for the research of patient safety issues specific to EMS response; development of error reporting and tracking systems in EMS systems for workplace patient safety, clinical or medication errors and inappropriate use or failure of equipment used in patient assessment and treatment; and quality assurance programs that include patient safety issues and provide clear guidelines for clinical improvement and preventative safety measures, among other issues.

EMS Practitioner Safety and Wellness

In this statement, NAEMT notes that the vital, life-saving care that EMS practitioners provide to patients is often performed in risk-filled environments. The fatality rate for EMS practitioners is more than twice the national average for other occupations, and the non-fatal occupational injury rate is five times higher than the average for health care workers in general.

Because of the degree of danger that EMS practitioners face daily, NAEMT is committed to advocating for the safest practices and regulations that protect and promote their health and wellness.

These include enforceable legislation and regulations at the federal and state levels that specify safety practices and protective equipment and preventive interventions, such as immunizations, appropriate for the anticipated risks the practitioners may encounter; employer-provided current information and training about specific hazards in the workplace and available protective practices, equipment and safety procedures; provision of effective patient moving equipment and procedures that minimize the very significant risk of lifting and moving exertion injuries; regulations on length of work shifts, and more.

"Statistics, as well as the personal experience of our members, illustrate how risky an occupation EMS can be. Because of the volatile environments in which we practice, both practitioners and patients can face a degree of danger. We are proud to be a leader in advocating for the health and safety of our practitioners and the patients we serve," says NAEMT President Patrick Moore. "NAEMT supports regulations being put into place at local and state levels to ensure a culture of safety in patient treatment, as well as state and employer policies that protect and promote the health and wellness of EMS practitioners."

To access the full position statements, please visit the NAEMT Positions page in the Advocacy section of www.naemt.org.