

Creating a leadership legacy

by John R. Brophy

SUPPORTING GROWTH AND ENCOURAGING strength in your people is at the core of leadership development in any organization. If you're a leader now, think back to a time before you held your first official leadership position. What made you aspire to step forward and take on the challenges of leadership? How prepared were you when you made that transition from buddy to boss? Did anyone invest their time and talent in your development or did you just figure it out as you went?

The answers to these questions will provide you with a mini self-analysis and, depending upon the answers, a look at how investing or not investing in leadership development impacts both the individual future leader and the organization.

Strong leaders think and act beyond their tenure. They challenge themselves and their people to do more and to be more. One of the most important responsibilities of a leader in any position is developing the leaders of the future. Sharing ideas, challenges, and credit for success with the people around you increases success in the present, fosters loyalty, and sets the stage for the future. Providing meaningful assignments, relevant and timely constructive feedback, and challenging the people around you to achieve more for themselves and the organization tends to heighten their interest and motivate them to not simply accept the status quo.

Motivation comes from the leader's ability to listen to and observe the needs, interests, strengths and weaknesses of their people. Through this understanding and connection with their leadership protégés, the leader can develop job assignments and collateral duties that serve to benefit both the protégé and the organization. Improvement-oriented feedback that is provided in a positive and reinforcing way is essential to effectively maintaining trust and motivation. Integrating leadership development in everyday activities provides a level of responsibility for the protégé with respect to both organizational need and their own personal and professional growth.



Developing future leaders

When using developmental activities to groom the leaders of tomorrow, it is important that the level of complexity be challenging, but not overwhelming. Using delegation and empowerment in this regard can be very effective in creating a sense of ownership of the project and beginning to shift your emerging leader's perspective from one of follower to one of leader. An important component of these developmental activities is making sure the assignments are diverse so your leaders gain varied experience. Holding multiple positions of increasing and diverse responsibility provides a solid foundation for anyone in leadership.

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Developing future leaders is crucial

AN OFTEN QUOTED STATEMENT ABOUT LEADERSHIP IS that “the final test of a leader is that he or she leaves behind in other people, the conviction and the will to carry on.”

With the NAEMT election season in full swing, I thought it would be an opportune time to share with you some of the work that our association has undertaken recently to ensure that it is fostering and supporting the development of qualified and inspired leaders for the future. In 2009, at the recommendation of my immediate predecessor, Patrick Moore, the NAEMT Board established a Leadership Development Committee.

The purpose of this committee is to help our association develop future leaders by identifying active members who may possess the knowledge, skills, interest and motivation to serve in leadership positions within the association; provide them with mentoring and guidance to help them develop their leadership capabilities; and identify or develop leadership training opportunities to support the development of future leaders.

In 2010, this committee developed descriptions for all elected leadership positions within our organization, including president, president-elect, secretary, treasurer and director, to help members interested in serving as an elected NAEMT leader to fully understand the responsibilities of each position. These descriptions were approved by the Board and now are posted on the Elections page of the NAEMT web site.

This year, the committee took on the task of establishing a process for identifying and mentoring future leaders. Committee members felt that NAEMT should take a more proactive approach to identify active members who possess the qualities and characteristics that would make them well-suited to serve as a NAEMT leader. The committee identified the experience and skill sets that would be beneficial to a member of the Board, including:

- Full understanding of prehospital patient care.
- Experience in leading an EMS association.
- Knowledge and understanding of the federal political process.
- Good interpersonal communication skills.

- Ability to build relationships.
- Ability to clearly and accurately articulate NAEMT’s messaging and positions.

Through attendance at national and state EMS conferences, and through outreach to current leaders within EMS, the committee will seek out members to discuss with them the opportunities and benefits of serving as a director on the NAEMT Board.

Individuals who express an interest in serving will be mentored by the committee on an ongoing basis. If you have an interest in becoming a future leader in the association, you may contact the Leadership Development Committee at leadership@naemt.org.

The committee members also reviewed current leadership training and development opportunities in EMS. They found that while some quality programs exist, most of these

programs were not easily accessible throughout the country, and often were provided in a semester-long course by a college or university.

It was also noted that most leadership training for EMS focuses on operational management rather than strategic leadership.

The committee is now in the process of identifying how NAEMT might provide easily accessible, quality leadership training to our members. Committee members will be looking at possible leadership topics and institutions that may be interested in partnering with NAEMT on the development of leadership curriculum.

In upcoming issues of *NAEMT News*, we will keep you posted on the work of this committee and also will be sharing with you leadership ideas and tips, as included in this issue’s cover article by John Brophy.



Connie A. Meyer
President

NAEMT is fostering and supporting the development of qualified and inspired leaders for the future.

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World Trauma Symposium to debut at EMS World Expo 2012

Event brings together the best trauma care experts

THE WORLD TRAUMA SYMPOSIUM, a new event being developed by the members of our Prehospital Trauma Life Support (PHTLS) Committee, will debut on November 1, 2012, at EMS World Expo in New Orleans.



world trauma SYMPOSIUM

The symposium will present the latest information on the care of prehospital trauma patients and global trends in trauma care from internationally recognized experts. The event will be

The PHTLS motto, Judgment Based on Knowledge, has become the international standard for trauma patient care.

hosted by the PHTLS Committee and EMS World Expo.

The event will provide the opportunity for stakeholders in

prehospital trauma care from around the world to:

- Share the most up-to-date information on new techniques and protocols, lessons learned, and trends in the prehospital care of trauma patients.
- Build and enhance international relationships among prehospital trauma care specialists to facilitate the global exchange of information.
- Share issues and challenges faced in prehospital trauma care with an international audience and discuss how they may be addressed.

The event welcomes paramedics, emergency physicians, trauma surgeons, EMS educators, emergency room nurses, trauma nurse coordinators, and other medical professionals who seek the best knowledge and information in prehospital trauma care.

“The motto of PHTLS, *Judgment Based on Knowledge*, has become the international standard for trauma patient care in the prehospital arena. This World Trauma Symposium is the next logical step to making good patient trauma care available to all injured patients on all continents,” says Norman E. McSwain, M.D., FACS, PHTLS Medical Director and Professor, Tulane University, Surgery, and Trauma Director, Spirit of Charity Trauma Center,

ILH/MCLNO.

The registration fee covers the full day program, including continental breakfast, luncheon, coffee breaks and a reception at the end of the program. Registration fees are as follows:

	Early-bird	Regular
Physicians	\$275	\$300
EMT/Paramedic/Nurse/Other	\$225	\$250
Half-Day Workshop		\$150

Attendees will receive eight hours of CECBEMS, CME, or nursing continuing education credit.

Special discounts will be available for those who register for the core three-day EMS World Expo program.

For more information, visit www.worldtraumasymposium.com.

WANTED: Paramedics for Overseas Work



- World-Class Compensation Package!
- Individual Health Insurance coverage AT NO COST!
- Location: Afghanistan/Iraq/Kuwait

Required Qualifications:

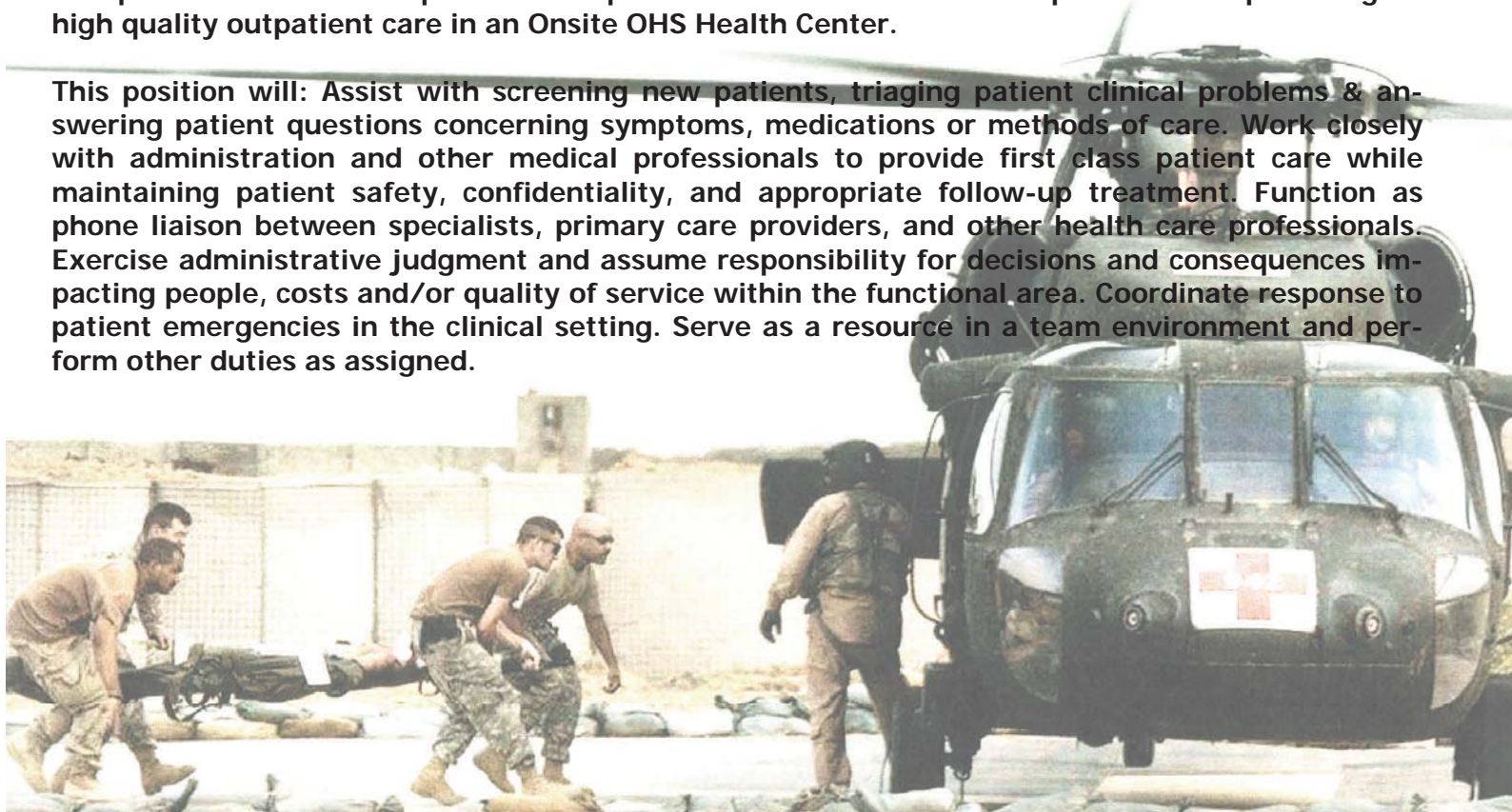
- Registered state/national paramedic
- CPR, ACLS & BLS Certification
- Ability to function as part of a team, as well as work independently
- Knowledge of professional standards of care.
- Ability to establish and maintain effective relationship with others.
- Ability to effectively communicate orally and in writing.
- Basic computer skills

Preferred Qualifications:

- Experience in military/combat zones, remote areas, or similar medical experience
- Experience within the military as a medic/corpsman

This position will serve as part of a comprehensive team of health care professionals providing high quality outpatient care in an Onsite OHS Health Center.

This position will: Assist with screening new patients, triaging patient clinical problems & answering patient questions concerning symptoms, medications or methods of care. Work closely with administration and other medical professionals to provide first class patient care while maintaining patient safety, confidentiality, and appropriate follow-up treatment. Function as phone liaison between specialists, primary care providers, and other health care professionals. Exercise administrative judgment and assume responsibility for decisions and consequences impacting people, costs and/or quality of service within the functional area. Coordinate response to patient emergencies in the clinical setting. Serve as a resource in a team environment and perform other duties as assigned.



Please submit application at: www.onsiteohs.com

If you are not interested, please post in your local Fire Department, EMS Unit or give to another medic! We are HIRING NOW!!!

NAEMT education programs grow globally

NAEMT continues to offer the best in EMS continuing education – both nationally and globally. Our Advanced Medical Life Support (AMLS), Emergency Pediatric Care (EPC) and Prehospital Trauma Life Support (PHTLS) courses continue to grow worldwide as we welcome programs in the following countries:

Program	Country
AMLS	Ecuador
AMLS	Germany
AMLS	Spain
EPC	Ecuador
PHTLS	Dominican Republic
PHTLS	Ecuador
PHTLS	Egypt
PHTLS	Serbia



NAEMT education programs promote the highest EMS continuing education standards worldwide.

For a full listing of NAEMT continuing education programs around the world, visit the Education section of www.naemt.org.

EMS Safety offered at fall conferences

THE EMS SAFETY COURSE HELPS PROMOTE A CULTURE OF EMS safety and reduce the number and intensity of injuries incurred by EMS practitioners in carrying out their work. The course aims to increase students' awareness and understanding of EMS safety standards and practices and develop their ability to effectively implement them.

Take the opportunity to attend the award-winning EMS Safety course at the following upcoming conferences:

<i>Emergency Medicine Today</i> North Carolina State EMS Conference Greensboro	10/1
<i>New Jersey State First Aid Council Conference</i> , Atlantic City	10/19
<i>Georgia Association of EMS Educators Conference</i> , Savannah	10/22
<i>Emergency Medical Services of Colorado State EMS Conference</i> , Keystone	11/1
<i>EMS Symposium</i> , Virginia Department of Health, Norfolk	11/9
<i>Texas EMS Conference</i> , Austin	11/19



Course sites continue to grow, and as they are added, they'll be posted on the NAEMT web site. To find a course in your state, visit the Education section of www.naemt.org and click "Locate a Course."

The members of the EMS Safety Program Committee are in the process of training EMS Safety course instructors. If you are interested in becoming an EMS Safety course instructor, here are the steps:

- Complete the eight-hour EMS Safety course, with a score of 76% or higher on the final exam
- Show proof of current instructor status to the course coordinator at the time of the course for any of the following courses:
 - Any NAEMT courses - AMLS, EPC or PHTLS
 - ITLS
 - ACLS
 - PALS
 - PEPP
 - EVOC
 - Fire Instructor I
- Serve as faculty currently teaching EMS curriculum at an accredited college or university

For more information on becoming an EMS Safety course instructor or holding a course, please contact the NAEMT office at info@naemt.org or 800-346-2368.

Welcome to new PHTLS state coordinators

NAEMT would like to welcome the following new Prehospital Trauma Life Support (PHTLS) state coordinators:

State/District

District of Columbia
 Florida
 Missouri
 North Dakota
 New Jersey
 Oregon
 Texas
 Wyoming

New State Coordinator

Julie Chase
 Stephen Grant (Co-Coordinator)
 Elsa Tuttle
 Vicki Berreth
 Randy McCargar
 Charmaine Kaptur
 Chris Cothes
 Larry Macy

State coordinators are course instructors who are appointed by the PHTLS program committee chair upon recommendation by the regional coordinator. Each state coordinator is responsible for facilitating the development of new course sites and ensuring the quality of courses in his or her assigned state.

Number of NAEMT course sites expands

We're excited to share that in 2011, NAEMT education programs have added 281 new course sites.

- AMLS: 58
- EMS Safety: 19
- EPC: 16
- PHTLS: 180
- TCCC: 8

281!

Our leading-edge courses are solidly built on the most current evidence-based research, providing information on best practices assessment, treatment and techniques.

All NAEMT courses are accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) and recognized by the National Registry of EMTs (NREMT).

* Numbers as of 8/15/2011

Empower yourself. Improve care. Save lives.



Prehospital Trauma Life Support (PHTLS) Online Continuing Education

The latest addition to NAEMT's worldwide Prehospital Trauma Life Support (PHTLS) educational content includes videos, animations, interactive exercises, and reading assignments that direct you to the related content in the PHTLS 7th Edition book. Plus online feedback is provided for self-assessment questions in each module and a post-test at the end of the final module checks your retention of the online content.

- Learn at your own pace.
- Access PHTLS content online anytime, anywhere.
- Save time away from your job.
- Gain state-of-the-art, evidence-based trauma treatment and guidelines.

WHICH PATH IS RIGHT FOR YOU?

► Path 1 – I NEED a PHTLS Card.

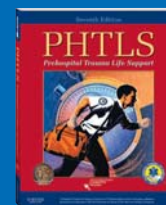
PHTLS Cards are issued only upon successful completion of a full 16-hour PHTLS course approved by NAEMT. NAEMT offers a 2-day PHTLS Hybrid course which includes 8 hours of PHTLS Online Continuing Education and 8 classroom hours. Participants who successfully complete both the online and classroom components will earn 16 hours of CECBEMS continuing education credit and be issued a PHTLS certificate and card. **PHTLS Hybrid courses are available only through NAEMT.**

Visit the Education section of the NAEMT website at naemt.org.

► Path 2 – I do NOT NEED a PHTLS Card

For Independent Learners: Earn 8 hours of CECBEMS continuing education credit by successfully completing all modules of PHTLS Online Continuing Education. **No PHTLS card will be issued.**

Learn more at phtls.centrelearn.com



PHTLS: Prehospital Trauma Life Support, 7th Edition

The required textbook for NAEMT's worldwide prehospital trauma life support course!

[buy now at elsevierhealth.com!](http://elsevierhealth.com)

About the PHTLS course

PHTLS is the world's premier trauma continuing education program and is authored and administered by the PHTLS Committee of the National Association of Emergency Medical Technicians (NAEMT) in conjunction with the Committee on Trauma of the American College of Surgeons. To learn more about PHTLS courses in your area or how to become a PHTLS instructor contact NAEMT at 1-800-346-2368 or email info@naemt.org or visit the PHTLS page on the NAEMT website at naemt.org.

Exercise your right Vote on October 15-28



ACTIVE MEMBERS WILL VOTE FOR THEIR CHOICE OF CANDIDATES TO SERVE ON THE NAEMT Board of Directors from October 15-28. Included on the same ballot, you will vote on the proposed bylaws changes. **Be sure to vote!**

Open positions on the NAEMT Board of Directors include one Director position each in Regions I, II, III and IV and one at-large director position. Candidate statements are posted on the NAEMT web site and will remain posted until the close of the elections on October 28.

Candidates' information, including responses to questions posed by the Candidacy & Elections Committee and endorsements, can be viewed through October 28 at www.naemt.org/about_us/Leadership/Elections/candidates.aspx.

A notice was sent to all active members explaining the proposed bylaws changes in early September. Voting for the proposed bylaws changes will be included on the same ballot as the election of Board members. You also may view the proposed bylaws changes on the NAEMT web site at www.naemt.org/about_us/our_mission.aspx.

You will receive an e-mail announcing the opening of the voting period, voting instructions and a link to log in and vote online. Election results will be announced by e-mail in November, and posted on the NAEMT web site.

Remember to vote October 15-28! Your vote counts. For more information on the elections, go to the About Us section of our web site and click on "Leadership."

Members advance their careers through NAEMT scholarships

NAEMT congratulates our most recent scholarship recipients:

First Responder to EMT-B (Up to \$500) - Leah Silverberg, Baltimore, Md.

EMT-B to Paramedic (Up to \$5,000) - Logan Morrow, Knox City, Texas

Paramedic to Advance EMS Education (up to \$2,000) - Sean Jarboe, Arvada, Colo.

Silverberg is a first responder completing clinicals in the EMT program of UCLA's David Geffen School of Medicine. She became interested in EMS when she received wilderness response training as part of her school's extracurricular activities. After becoming an emergency trauma technician in Alaska, she became the youngest licensed first responder in the state of Maryland. "I feel that serving the community through medical care is a great way to reach out and make a difference," Silverberg says. She thanks professors Jensen, Pollakoff and Kalilikani at UCLA and Dr. Glenn J. Treisman at Johns Hopkins for their help.



Silverberg

Morrow is an EMT-B with Knox County EMS in Knox City, Texas, attending Vernon College. He says that his dedication to the EMS profession is evident in his service to the

program, where he covers many shifts and helps with cardiac rehabilitation. He takes advanced classes when he can, including PHTLS, and he is certified in ACLS and PALS. He is looking to earn his EMT-I and paramedic certifications so he can better assist his service. "Most importantly," he says, the scholarship "benefits the small rural community that I live in."

Jarboe is a paramedic with Pridemark Paramedic Service in Arvada, Colo. He's also worked as a flight paramedic for Flight for Life Colorado and Tri State CareFlight. He is enrolled in Metropolitan State College of Denver, working to obtain his degree in Biology, with a minor in Management, so he can be an EMS educator. "I have been involved in EMS since I was 16 years old and have loved every second of my career choice," he says. "I hope that in coming years more and more EMS professionals begin to pursue higher education."



Jarboe

The deadline for the next scholarship application, for the Degree Completion Scholarship through The College Network, is December 15. To apply, log in to the members-only Member Resources section of www.naemt.org.

Creating a leadership legacy >> continued from cover

If you're a leader, think about the steps you take or might take to encourage upcoming leaders. If you're looking to step into a leadership role, think about how you might step up and offer to take on some leadership responsibilities so you can begin to grow into the role with your leadership's support.

Providing leadership training

In addition to everyday integration of leadership development, your organization can provide more formalized training and educational programs for leaders, present and future. Ask yourself, do you have a tuition reimbursement program and are you and your staff taking advantage of it? Do you have subject matter experts within your organization that you can tap into to provide internal leadership seminars? Do you encourage and support your leaders in attending regional and national conferences? Can you budget for bringing in an occasional guest speaker or doing some "fun" team-building activity for your leadership team? While not every organization can do all of these, perhaps with some creativity and networking every organization can provide some level of formalized leadership training for their staff.

Encourage the people around you to ask "Why?" Their feeling comfortable doing so facilitates open dialogue, gives them a window into your thoughts and vision, and perhaps even helps you catch something you otherwise may have missed – thereby improving the organization now while continuing the grooming process for the future.

If you are growing into a leadership role, be sure to ask relevant questions so you fully understand the organization

and can grow it, and yourself in a leadership role, from there.

It is not enough for a leader to have a vision – the leader must successfully share that vision and help others see it and understand it. Once people begin to grasp the concept of vision through the eyes of their leaders, they too will begin to develop vision skills of their own. When this occurs, the leader of today has successfully bridged the gap to the future and has developed a legacy that extends beyond their time in a position or even within an organization.

Assessing, challenging, and supporting our future leaders is vital to our organizations and our industry. Leadership development must be an active part of every leader's portfolio of responsibilities. In developing the future leaders of EMS, the leaders of today must provide opportunities, feedback, and counseling to the EMS leaders of tomorrow.

Doing what was done yesterday is no longer a formula for success in the future. We must challenge ourselves to reach further and engage those who will succeed us to strive for even more.

John R. Brophy is Director of Operations and Communications at Community EMS in Southfield, Michigan. He is the author of Leadership Essentials for Emergency Medical Services, which is a continuing education text designed for the development of new and aspiring EMS leaders. Brophy is a former U.S. Navy Corpsman and Fire Department Captain with 29 years of experience in EMS.



Brophy

Squad membership program brings great benefits to practitioners, EMS services

NAEMT welcomes several new squads to our Squad Membership program:

Baldwin Area EMS, Baldwin, Wis. - 10 members

Blount County Rescue Squad, Alcoa, Tenn. - 11 members

Delmar EMS Squad, Delmar, New York - 41 members

EBR EMS Paramedic Association, Baton Rouge, La. - 59 members

Event Safety Service, Henderson, Nev. - 10 members

Golden Heart EMS, Rugby, N.D. - 12 members

Lifewatch EMS, Houston, Texas - 8 members

Village of Scottsville (New York) Rescue Squad - 10 members

The winner of the Squad Membership raffle for a Cardiac Science Powerheart G3 AED Pro® is **Golden Heart EMS**. The raffle was held for new services that recently joined the Squad Membership program.

The NAEMT Squad Membership program offers EMS services major savings and discounts on products and services from some of the leading EMS vendors. The program helps agency leaders invest in their employees by providing them with major benefits.

Learn more on the Squad Membership page of www.naemt.org.

NAEMT celebrates its 2011 National EMS Award winners

ONCE AGAIN, MEMBERS AND GUESTS ATTENDING the NAEMT General Membership Meeting and Awards Presentation in Las Vegas the evening of August 30 were presented with some of the finest examples of excellence in our profession.

NAEMT awarded its 2011 National EMS Awards to three outstanding individuals exemplifying EMS professionalism and dedication:

EMT of the Year - William (Bill) Rise, EMT-I
Milbank, South Dakota

Paramedic of the Year - Anne Edwards, NREMT-P
Indianapolis, Indiana

Rocco V. Morando Lifetime Achievement Award - Ken Knipper
Melbourne, Kentucky

Bill Rise

Rise, a volunteer EMT-I with Grant-Roberts County Ambulance Service, is described as an outstanding example of an EMT by Katheryn Q. Benton, South Dakota EMT Association (SDEMTA) State Training Officer. "By helping educate other EMS providers and the public, as well as promoting safety to everyone, Bill shows his commitment to the care and welfare of the people of his community and the State of South Dakota," she says.

Because of Rise's commitment to EMS, he currently is enrolled in a paramedic program to increase his skill level. He looks to "provide an even higher level of care to the

patients he serves and for the ambulance service of which he is a vital member," says Benton. Duane Tillman, EMT-I, of Grant-Roberts Ambulance Service, commends Rise for sharing his knowledge with other EMS personnel as well.

Mike Mach of the Milbank Fire and Rescue Department comments that Rise has always been very active with the department, not only at the scene of incidents, but also during drills and in helping newer members. "He is experienced with rescue drills and helps with planning and setting up different rescue drills such as vehicle extraction and procedures in an actual water rescue," Mach says.

Since 1989, Rise has found time to volunteer with the Grant-Roberts County Ambulance Service and also volunteers many hours with organizations including the Milbank Volunteer Fire Department and the Police Reserves. He has served as a police reserve officer since 1999 and is Secretary/Treasurer of the Fraternal Order of Police and is a member of the Milbank Police Department.

"Through continual training and hands-on experience, Bill has become a valuable asset to the local community," says Tillman. Rise is trained in Critical Incident Stress Debriefing (CISD) and helps on the Watertown, S.D., CISD team. It's one of his toughest jobs, Benton says.

Trained as an American Heart Association CPR/AED instructor, Rise has been involved in coordinating and teaching bicycle safety courses to the public, teaching first aid courses to local fire departments, Boy Scouts and 4-H groups, and in many events promoting safety in the community. He also is involved with the Department of Public Safety, conducting annual child safety seat, seat belt and motorcycle helmet surveys within the county.

Rise has served as Vice-President of the SDEMTA for more than 10 years and has been involved on its various committees. He also volunteers for the Masonic Temple, Elraid Shrine in Sioux Falls, and the Yelduz Shrine in Aberdeen. "He has made numerous trips transporting children to the Shrine Hospital in the Twin Cities," notes Tillman.

Benton says, "It's time for everyone to take notice of the person who is always helping, is there when needed, and is the one who always can be relied upon to get the job done."

Anne Edwards

Edwards, a paramedic with Indianapolis EMS, "will step up when others shy away," says Michael Thralls, NR/CCEMT-P, PI, FP-C, CMO Operations Commander, Indianapolis EMS. He describes her as always giving 100 percent.

Edwards trains new employees as well as paramedic students in the Indiana University School of Medicine. "Anne provides them with the structure and guidance they need to build a



Bill Rise is congratulated on his award by (left) Scott Cravens, EMS World Magazine Publisher, and (right) Chad Brown of Braun Industries.

Glen E. Ellman

great foundation for their future field practice. She spends time after her shift to work with students, helping them prepare for the next day, an exam, or difficult concepts,” Thralls says.

In fact, Edwards was nominated by Silvia Alba, FF/EMT-P, whom she precepted during the ambulance rotation portion of the class. “Little did I know that she would become more than a preceptor; over the course of the rotation she proved herself to be a role model for patient advocacy, a patient and fair teacher, level-headed in the midst of chaos and the voice of encouragement,” Alba says.



Anne Edwards receives her award from Cravens and Patrick Moore, NAEMT Immediate Past President.

private and makes sure they understand and learn from each experience. She herself is quick to ask medical directors questions to increase her knowledge and share it with her students.”

She notes that Edwards models her strong work ethic and conscientiousness when she unflinchingly and thoroughly checks her ambulance at the beginning of each shift, anticipates a possible inability to get back to the station for more supplies in case of back-to-back calls, and immediately addresses any issues that may interfere with patient care. “Anne is not one to stand on the sidelines when she can do something to make things better.”

When the agency teamed up with the MESH Coalition to build a disaster team capable of deploying to the MAST-F, a 25-bed mobile tent hospital system, Thralls says that Edwards quickly stepped up to volunteer her services and has become a team leader instrumental in developing policy and deploying missions. Additionally, to help unify EMS services within the county, Edwards has provided her expertise in developing a new field training program, policies and procedures. “She has put in hundreds of hours with the focus of making the service better for our future patients,” says Thralls.

Thralls notes that Edwards takes her time on scenes to ensure the family, friends and patients understand their options, and facilitates the best choices for the patient. He says that on time-

critical calls, she guides the patient care team to keep everyone on task in a timely manner. Alba says Edwards is an inspiration and shares this story of how she goes above and beyond to advocate for her patients: “We had a run during which a female patient was confused about her medication. Anne called the company that sent the patient medication every month, getting the error corrected for both the patient and her husband when she realized he had the same issue. She saw the bigger picture – and by taking the time to make the call, she helped two people avoid becoming patients in the future. When the situation allows it, she helps her patients improve their long-term health.” Alba says that on a busy ambulance, Edwards sees her share of “regulars,” and although it is easy to treat these patients with less than professionalism, Edwards greets them by name and is familiar with their history and issues, addressing their conditions with the same regard, time and time again.

“Anne is always willing to explain concepts, do post-incident analysis of runs, share resources to aid learning, encourage when she sees the need and genuinely wants to help students become good medics, capable of thinking critically and clinically,” Alba says. “She gives feedback to her students in

critical calls, she guides the patient care team to keep everyone on task in a timely manner.

Alba says Edwards is an inspiration and shares this story of how she goes above and beyond to advocate for her patients: “We had a run during which a female patient was confused about her medication. Anne called the company that sent the patient medication every month, getting the error corrected for both the patient and her husband when she realized he had the same issue. She saw the bigger picture – and by taking the time to make the call, she helped two people avoid becoming patients in the future. When the situation allows it, she helps her patients improve their long-term health.” Alba says that on a busy ambulance, Edwards sees her share of “regulars,” and although it is easy to treat these patients with less than professionalism, Edwards greets them by name and is familiar with their history and issues, addressing their conditions with the same regard, time and time again.

“I believe it is fair to say that there are few people who display true passion for their work, compassion for others, dedication to the mission of their organization, and are willing to do both the sweaty, back-breaking work and office work with the same degree of energy, all while maintaining a positive attitude,” says Alba. “Yet Anne does exactly that.”

Ken Knipper

Knipper was nominated for this award, NAEMT’s most prestigious, due to his tireless and dedicated service to EMS in the many capacities he has served. “Ken is most deserving of this honor,” says Charles M. O’Neal, B.A., NREMT-P, Assistant Division Director, Kentucky Division of Emergency Management. O’Neal notes that he has had the privilege of serving with Knipper on various state level EMS committees and councils and has seen firsthand the “sincere desire he has to see the citizens of the Commonwealth receive first rate prehospital medical care, and his determination to see EMS in Kentucky recognized as a legitimate part of the public safety community.”

Knipper is retired from his job as Campbell County Emergency Manager. He has served as a volunteer EMT and Chief of the Silver Grove Fire Department in Northern Kentucky. “Ken has consistently and fairly represented the citizens of Kentucky and the EMS community,” says O’Neal.

Knipper previously served as the Director of the Kentucky Board of Emergency Medical Services, was inducted into the Kentucky Firefighters Association Hall of Fame in 2008 and has received a Special Recognition Award from the EMS Branch of the Kentucky Cabinet for Health Services.

“Ken was always there to help support my agency and causes that would improve EMS for the citizens and the EMS community as a whole. Be it fire-based, hospital-based or a private EMS organization, Ken was always ready to offer advice and

National award winners >> continued from page 13

provide support through the many channels he had developed over his many years,” notes O’Neal.

Knipper currently is serving his second term on the National EMS Advisory Council, where he was appointed by the U.S. Secretary of Transportation to represent volunteer EMS practitioners. He served as a member of the National Core Content Committee during the development of the EMS Education Agenda for the Future: A Systems Approach. He also was a panelist on the Institute of Medicine’s Preparedness and Response to Rural Mass Casualty Incident workshop, which was funded by the



Ken Knipper (left) receives his award from Bill Brown, NREMT.

National Highway Traffic Safety Administration (NHTSA) in response to a National Transportation Safety Board recommendation to the Federal Interagency Committee on EMS. He currently serves as a member of the Culture of Safety Project Steering Committee, a project funded by a NHTSA grant awarded to the American College of Emergency Physicians. Additionally, Knipper serves on the National

EMS Advisory Council and serves as a liaison to the NREMT Board of Directors.

“For many years, Ken’s presence has been ubiquitous in the emergency medical services projects supported by NHTSA,” says Drew Dawson, Director, Office of Emergency Medical Services, U.S. Department of Transportation, NHTSA. “Ken has capably and professionally represented the voice of volunteer EMS providers throughout the nation – regardless of their affiliation. Ken is indefatigable in his enthusiastic support of EMS system improvement throughout the United States.”

According to the National Volunteer Fire Council (NVFC),

over 30 years ago Knipper recognized the need for volunteer EMTs in his Northern Kentucky community and helped initiate the EMS division of his local department. Since then, he has become a prominent and active leader and voice for EMS at the local, state, and national levels.

He represented the NVFC at various development meetings for the National EMS Workforce Assessment and for the EMS Workforce Agenda for the Future, and was a member of the steering committee for the Feasibility for an EMS Workforce Safety and Health Surveillance system study. Knipper’s representation in several meetings led to the development of 2007’s “EMS Pandemic Influenza Guidelines for Statewide Adoption (2007)” and “Preparing for Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points.”

“Ken’s dedication and commitment to the fire service of Kentucky and to the NVFC over the years has been exemplary,” says Ronnie Day, Executive Director, Kentucky Fire Commission. “Ken takes on all he does with determination, and his devotion and enthusiasm is second to none.”

“Ken is a living legend of leadership in EMS in Kentucky,” says Bill Brown, Executive Director, National Registry of Emergency Medical Technicians (NREMT), who presented Knipper with the award.

These three awards are part of the National EMS Awards program. The NAEMT EMT of the Year Award is sponsored by Braun Industries, the NAEMT Paramedic of the Year Award is sponsored by EMS World, and the Rocco V. Morando Lifetime Achievement Award is sponsored by NREMT.

Other 2011 National EMS Award winners included:

Volunteer EMS Service of the Year - Bay Shore-Brightwaters Rescue Ambulance Sponsored by Impact

Dick Ferneau Paid EMS Service of the Year - Sussex County (Delaware) EMS Sponsored by Ferno

Glenn Luedtke, Chair of the EMS Safety Program Committee, received the NAEMT Presidential Leadership Award for his dedicated work in the realm of EMS safety.

New EMS associations affiliate with NAEMT

NAEMT WORKS COLLABORATIVELY WITH AFFILIATED EMS associations to build and strengthen the profession and the EMS nation. We welcome our newest affiliates:

New York State Volunteer Ambulance & Rescue Association Inc. (NYSVARA)

Representing New York state’s community, volunteer and non-profit EMS sectors, NYSVARA is a not-for-profit, 501(c)(3) membership organization, active since 1939. Its mission is to promote and assist the interests of the state’s community

volunteer and nonprofit EMS/first responder/first aid sector. Learn more at www.nysvara.org.

Indiana Emergency Medical Services Association (IEMSA)

IEMSA is working diligently to bring about changes that positively impact the EMS community. To learn more, visit www.theindianaemsa.org.

See if your local or state association is affiliated with NAEMT on the Our Affiliates page of www.naemt.org.

IN A CHEMICAL NERVE AGENT ATTACK

YOU HAVE ONE CHANCE. BE PREPARED.

When you need to act fast, DuoDote[®] (atropine and pralidoxime chloride injection) can help you respond to organophosphorous nerve agent and insecticide poisoning by delivering the 2 recommended antidotes in a single, self-contained auto-injector.¹⁻³

To learn more about DuoDote[®], visit DuoDote.com or call 1-800-638-8093.



Indication

DuoDote[®] (atropine and pralidoxime chloride injection) Auto-Injector is indicated for the treatment of poisoning by organophosphorous nerve agents as well as organophosphorous insecticides.

Important Safety Information

The DuoDote[®] Auto-Injector should be administered by emergency medical services personnel who have had adequate training in the recognition and treatment of nerve agent or insecticide intoxication. It is intended as an initial treatment of the symptoms of organophosphorous nerve agent or insecticide poisoning; definitive medical care should be sought immediately.

Individuals should not rely solely upon agents such as atropine and pralidoxime to provide complete protection from organophosphorous nerve agents and insecticide poisoning. Primary protection against exposure to organophosphorous nerve agents and insecticides 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 organophosphorous nerve agent or insecticide poisoning should avoid contaminating themselves by exposure to the victim's clothing.

In the presence of life-threatening poisoning by organophosphorous nerve agents or insecticides there are no absolute contraindications to the use of DuoDote[®]. When symptoms of poisoning are not severe, DuoDote[®] 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 compound of the product.

No more than three doses should be administered unless definitive medical care (eg, hospitalization, respiratory support) is available. Elderly people and children may be more susceptible to the effects of atropine. DuoDote[®] is pregnancy Category C and should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Safety and effectiveness in children have not been established.

Muscle tightness and sometimes pain may occur at the injection site. The most common adverse effects of atropine can be attributed to its antimuscarinic action and include dryness of mouth, blurred vision, dry eyes, photophobia, confusion, headache, and dizziness among others. Pralidoxime chloride's adverse effects include changes in vision, dizziness, headache, drowsiness, nausea, tachycardia, increased blood pressure, muscular weakness, dry mouth, emesis, rash, dry skin, hyperventilation, decreased renal function, excitement, manic behavior, and transient elevation of liver enzymes and creatine phosphokinase. When atropine and pralidoxime are used together, the signs of atropinization may occur earlier than might be expected when atropine is used alone.

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

References: 1. Agency for Toxic Substances and Disease Registry. Medical Management Guidelines (MMGs) for nerve agents: tabun (GA); sarin (GB); soman (GD); and VX. <http://www.atsdr.cdc.gov/mmg/mmg.asp?id=523&tid=93>. Updated March 3, 2011. Accessed April 20, 2011. 2. DuoDote Auto-Injector [package insert]. Columbia, MD: Meridian Medical Technologies, Inc.; 2007. 3. Rebmann T, Clements BW, Bailey JA, Evans RG. Organophosphate antidote auto-injectors vs. traditional administration: a time motion study. *J Emerg Med.* 2009;37(2):139-143.



DuoDote[®] AUTO-INJECTOR
(atropine and pralidoxime chloride injection)

READY TO RESPOND



BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION

For complete product information, please see full Prescribing Information, including Instructions for the Use of the DuoDote® Auto-Injector, at www.DuoDote.com.

Rx Only
Atropine 2.1 mg/0.7 mL
Pralidoxime Chloride 600 mg/2 mL

Sterile solutions for intramuscular use only

FOR USE IN NERVE AGENT AND INSECTICIDE POISONING ONLY

THE DUODOTE® AUTO-INJECTOR SHOULD BE ADMINISTERED BY EMERGENCY MEDICAL SERVICES PERSONNEL WHO HAVE HAD ADEQUATE TRAINING IN THE RECOGNITION AND TREATMENT OF NERVE AGENT OR INSECTICIDE INTOXICATION.

INDICATIONS AND USAGE

DuoDote® Auto-Injector is indicated for the treatment of poisoning by organophosphorous nerve agents as well as organophosphorous insecticides.

DuoDote® Auto-Injector should be administered by emergency medical services personnel who have had adequate training in the recognition and treatment of nerve agent or insecticide intoxication.

DuoDote® Auto-Injector is intended as an initial treatment of the symptoms of organophosphorous insecticide or nerve agent poisoning; definitive medical care should be sought immediately.

DuoDote® Auto-Injector should be administered as soon as symptoms of organophosphorous poisoning appear (eg, usually tearing, excessive oral secretions, sneezing, muscle fasciculations).

CONTRAINDICATIONS

In the presence of life-threatening poisoning by organophosphorous nerve agents or insecticides, there are no absolute contraindications to the use of DuoDote® Auto-Injector.

WARNINGS

CAUTION! INDIVIDUALS SHOULD NOT RELY SOLELY UPON 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.

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. Organophosphorous 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 organophosphorous 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 organophosphorous-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 \pm 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 organophosphorous 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 parathionol 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 organophosphorous 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 organophosphorous poisoning.
- Succinylcholine and mivacurium are metabolized by cholinesterases. Since pralidoxime reactivates cholinesterases, use of pralidoxime in organophosphorous 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 1 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 scartariniform 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 organophosphorous 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 organophosphorous 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.

INADVERTENT INJECTION

The DuoDote® Auto-Injector should be administered by emergency medical services personnel to treat organophosphorous poisoning. However, an injection might be given by mistake to someone who is not poisoned.

Studies have been conducted to evaluate the effect of atropine and pralidoxime on individuals in the absence of poisoning.

Atropine 2 mg IM, roughly the equivalent of one DuoDote® Auto-Injector, when given to healthy male volunteers, is associated with minimal effects on visual, motor, and mental functions, though unsteadiness walking and difficulty concentrating may occur. Atropine reduces body sweating and increases body temperature, particularly with exercise and under hot conditions.

Atropine 4 mg IM, roughly the equivalent of two DuoDote® Auto-Injectors, when given to healthy male volunteers, is associated with impaired visual acuity, visual near point accommodation, logical reasoning, digital recall, learning, and cognitive reaction time. Ability to read is reduced or lost. Subjects are unsteady and need to concentrate on walking. These effects begin about 15 minutes to one hour or more post-dose.

Atropine 6 mg IM, roughly the equivalent of three DuoDote® Auto-Injectors, when given to healthy male volunteers, is associated with the effects described above plus additional central effects including poor coordination, poor attention span, and visual hallucinations (colored flashes) in many subjects. Frank visual hallucinations, auditory hallucinations, disorientation, and ataxia occur in some subjects. Skilled and labor-intensive tasks are performed more slowly and less efficiently. Decision making takes longer and is sometimes impaired.

It is unclear if the results of the above studies can be extrapolated to other populations. In the elderly and patients with co-morbid conditions, the effects of ≥ 2 mg atropine on the ability to see, walk and think properly are understudied; effects may be greater in susceptible populations.

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.

Patients who are mistakenly injected with a DuoDote® Auto-Injector should avoid potentially dangerous overheating, avoid vigorous physical activity, and seek medical attention as soon as feasible.

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 organophosphorous 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 organophosphorous 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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DUO290572 08/2011

Can you hear me now?

by Chuck Kearns, Membership Committee Chair

WE WANT TO HEAR FROM YOU. You've heard this many times, but we mean it... we **really do** want to hear from you. We hope the feeling is mutual, because your Membership Committee members are trying to make personal contact with you.

If you receive an e-mail from one of the members of the committee, it's not SPAM! Each member of the committee is sending personal e-mails to NAEMT members to find out the best time to reach you by phone. Don't worry... we're not selling anything. We just want to say hello, and talk to you about your EMS activities and your NAEMT membership. We are sincerely interested in hearing what you think of your association and what we can do to make it better.

We want to establish open door communications with all NAEMT members, but we are limited to the number of people we can contact each month. So feel free to contact us directly by sending an e-mail to membership@naemt.org. Your e-mail will be forwarded to a member of the committee for response. If you would like to receive a phone call, please include the best time and number to reach you in your e-mail.

I am providing you with the names of the committee members so that when you receive an e-mail or phone call from one of us, you will know that it really is NAEMT trying to reach you.

Membership Committee members are:

Aimee Binning	Jennifer Frenette
Brad Gronke	K.C. Jones
Jim Judge	Les Powell
Howard Schwartz	Matt Zavadsky



Kearns

Every member matters, and we are here for you. Your input is really important to us. The information we receive from you will help us to better serve you and ensure that you find value in your membership. This is your association, and it is our privilege to serve you as members of the Membership Committee.

We look forward to hearing from you and speaking with you personally in the near future.

New member benefit introduced Program offers STEMI and ACS education

NAEMT is pleased to add another great benefit to your package of value-added membership benefits. Now, individual NAEMT members can receive a 30 percent discount from Apex Innovations on its Responder® STEMI Recognition program, a web-based, interactive education and competency program.

The program helps EMS practitioners better recognize and treat STEMI (ST segment elevation myocardial infarction) and acute coronary syndrome (ACS) according to national guidelines. Including interactive case study ECGs and ECG

STEMI drills, the program is available 24/7 to help EMS practitioners accelerate and complete their ACS-STEMI education.

Responder® includes:

- ACS Recognition

- Indications for a 12-Lead ECG
- Obtaining a 12-Lead ECG
- ECG Interpretation
- ECG Case Studies and Drills
- Prehospital Management and Disposition of the ACS Patient
- Components of STEMI Systems of Care

Testing provides robust administrator reporting, and a passing score allows you to print a program completion and/or continuing education certificate. Completion of the program offers 3.75 hours of Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) credit.

The program will be offered to NAEMT members for \$34.30 annually.

Learn more at www.apexinnovations.com/Responder.php and in the Member Resources section of www.naemt.org. You'll need to log in as a member to receive your discount.



Board establishes new system for supporting federal legislation

To ensure that members are aware of NAEMT's position on pending federal EMS legislation or regulation, the NAEMT Board of Directors has adopted a new system for designating and implementing NAEMT's level of support for pending bills or regulatory rules that affect and/or relate to EMS.

The system provides for six levels of support: actively support, actively support with qualifications, support, watch, oppose, and actively oppose. Each level has designated actions that will be undertaken by NAEMT to advocate for or against passage of the bill or rule.

The Board has charged the Advocacy Committee with monitoring all pending EMS legislation and regulation and recommending to the Board levels of support and appropriate action to be taken by NAEMT.

At any time, you can see NAEMT's stance on current EMS bills and issues, as well as where your congressional representatives stand on them, by visiting the current bills section of our Capwiz page. Simply visit the Advocacy page of www.naemt.org and click on Contact Congress.

Plan on attending EMS on the Hill Day 2012



Tell your members of Congress about the challenges you face in providing emergency medical care and advocate for the passage of key EMS legislation. Plan on joining EMS professionals from across the nation for EMS on the Hill Day on March 21, 2012, in Washington, D.C.

EMS on the Hill Day:

- Includes representation from all sectors of the EMS community
- Sends a consistent message to our elected leaders on the important issues facing EMS in our country
- Builds and strengthens our relationships with Senate and House leaders and their staff

Program highlights:

March 20 – Meet with other participants, attend the pre-Hill visit briefing

March 21, morning/afternoon – Attend scheduled appointments with your Senate and House leaders and their staff

March 21, evening – Attend the post-Hill visit reception

The Washington Plaza Hotel will serve as headquarters for the event.

As an added benefit for 2012, attendees will be able to participate, free of charge, in the Reimbursement Task Force meeting of the American Ambulance Association at 2 p.m. on Tuesday, March 20, at the Washington Plaza Hotel. The meeting will address reimbursement issues affecting EMS providers and will discuss health care reform, Medicare ambulance relief and other hot topics.

Don't miss the most important EMS advocacy event of the year. Mark your calendars... and be there for EMS!

Watch for details on www.naemt.org.

National network of state advocacy coordinators created

To help build and support NAEMT's national EMS advocacy efforts at the state level, NAEMT President Connie A. Meyer has appointed several NAEMT members as volunteer state advocacy coordinators.

"As NAEMT builds its grassroots advocacy network, we are grateful for the courage and vision of these state coordinators in stepping forward to begin the process," says Meyer. "These pioneers will help lead the way to better representation of our profession at the local, state and national level."

The new state advocacy coordinators are:

Alabama - Linda Oldham, BS, NREMT-P

Alaska - Carin Marter, NREMT-P, FP-C

Florida - Cory S. Richter, BA, NREMT-P, AS EMS & Fire

Georgia - Rhonda Fountain, EMT-P

Indiana - Jason Scheiderer, NREMT-P

Iowa - Thomas Craighton, BS, AAS, CRT, RCP, PS, CCP, FF-II, EMT-P

Louisiana - Natalie Quebodeaux, NREMT-P

Maryland - Wm. Random Ward, NREMT-P

Massachusetts - Scott Kier, EMT-P

Missouri - Lori Ann Schwalm, EMT-B

Mississippi - David Hall, NREMT-P

New York - Richard Nower, MAT, NR-EMTP

North Carolina - Sean Smith, RN-Paramedic, BS, C-NPT, CCRN, CSC, CMC, CEN, CFRN, FP-C

Ohio - Ed Brewer, EMT-P

Pennsylvania - Jon Blatman, NREMT-P

South Carolina - Dean Douglas, EMT-P

Utah - Shanna Alger, BA, AS, ADN, Paramedic, CCEMTP

Virginia - Allen (Mac) Snead, MS, NREMT-P

Vermont - Matt Herbert, EMT-I

Wisconsin - Andrew Schlagel, CCEMTP

Wyoming - Jay Johnson, EMT-P

Puerto Rico - Etienne Rosado Domenech, EMT-P

The responsibilities of the positions include:

- Conducting outreach to NAEMT members in the state to encourage and support member participation in national EMS advocacy efforts;

- Updating members on the status of pending national legislation and regulation;
- Coordinating visits to the district offices of the state's U.S. Senators and House Representatives to educate congressional leaders and staff about the issues that affect delivery of EMS to communities within the state;
- Building relations with the state EMS office and state EMS association(s);
- Coordinating state involvement in national advocacy campaigns.

NAEMT intends that each state, and the District of Columbia and Puerto Rico, will have an appointed state advocacy coordinator to support federal advocacy efforts within the state. Interested NAEMT members are encouraged to apply for the open positions at advocacy@naemt.org.

"The idea of creating an advocacy coordinator for each state is just one of NAEMT's progressive ideas that is unprecedented in any EMS association," says Cory S. Richter, state advocacy coordinator for Florida. "NAEMT is cutting-edge when it comes to fighting for the rights of all EMTs and paramedics. The Advocacy program only enhances the ability of NAEMT to represent all its members on issues that affect EMS nationwide. I am looking forward to the challenges of this position."

Be sure to contact your state advocacy coordinator and let him or her know that you are interested in federal advocacy issues and willing to help.

"Advocacy is one of the most important aspects of NAEMT," says Jim Judge, Chair of the Advocacy Committee. "We recognize the value of local and state involvement in EMS advocacy and are proud to be the first organization to create an innovative network of grassroots EMS advocates at the state level to address priority issues as identified by the membership. This grassroots network will be very powerful in communicating NAEMT's national advocacy positions and building support for important EMS legislative issues."

Learn more about the role of the state advocacy coordinators, contacting the coordinator in your state, and how to become a state advocacy coordinator on the new State Advocacy Coordinators web page in the Advocacy section of www.naemt.org. Additionally, find helpful information on how legislation is reviewed and how to advocate in your state on the new Advocate in Your State web page.



National Association of Emergency Medical Technicians
Foundation
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NAEMT publishes new position statement on lead federal agency for EMS

In a new position statement approved and published by the NAEMT Board of Directors on August 12, NAEMT supports the establishment of a lead agency or administration within a cabinet-level department to lead EMS efforts at the federal level, including development and implementation of a national EMS framework and coordination of all EMS programs and activities undertaken throughout the federal government.

NAEMT believes that, as the core function of EMS is the provision of medical care to patients outside of the hospital, this lead agency should be located within the Department of Health and Human Services.

As the leader in advocating for EMS at the national level, NAEMT felt it important to take a stand on this issue.

The statement notes that the delivery of EMS is a local function that should and must be managed locally, at the municipal, county, and regional levels. Those who are responsible for the delivery of these services

look to our federal government to provide broad leadership and support to the efforts of all EMS systems and practitioners, identify and document best practices in the clinical and operational realms, and remove impediments to quality and progress. The statement also includes a list of responsibilities for which the lead federal agency for EMS should be responsible.

“The designation of a lead agency for emergency medical services is a giant step towards implementation of a national framework and enhanced coordination of all EMS at the local, state and national level,” says James Judge, chair of NAEMT’s Advocacy Committee. “As the leader in advocating for EMS at the national level, NAEMT felt it important to take a stand on this issue.”

Through publication of position statements, the NAEMT Board of Directors takes a stand on issues of importance to the EMS profession.

View the full position statement and other published positions on the NAEMT Positions page of the NAEMT web site, www.naemt.org/advocacy/naemt_positions.aspx.