

NAEMT takes a team approach to EMS advocacy

by Lisa Meyer

NAEMT is one of four main coalition partners of Advocates for EMS (AEMS). AEMS works to educate decision-makers in Washington, D.C., by promoting and increasing awareness about issues affecting EMS practitioners. AEMS advocates for all types of EMS by monitoring and influencing legislation and regulatory activity involving EMS and raising awareness among lawmakers on issues of importance to EMS.

With the new Congress off to a fast start, Advocates for EMS has been as well. Here are a few issues we've recently addressed.

Children's health insurance

Congress started off the year by passing legislation to renew the Children's Health Insurance Program (CHIP). CHIP is estimated to provide health care coverage to 6.5 million more kids than the current program. The program will be paid for by an increase in the federal tobacco tax.

Grants and loans for EMS

Congress passed the American Recovery and Reinvestment Act of 2009, which contains \$19 billion in Medicare and Medicaid incentives plus grants and loans for health care providers. Advocates for EMS worked with Congressional staff to ensure that EMS practitioners were included in the list of health care providers who are eligible for grants and loans. Grants and loans will be distributed by states, and EMS systems now will have to work with their states to determine how grants and loans will be distributed at the state level.

Funding for EMS systems

Congress is now in the process of passing the remaining appropriations bills that fund agencies for fiscal year 2009, including the Department of Health and Human Services and the Department of Transportation. Advocates for EMS was successful in working with members of Congress to secure \$750,000 for the National Emergency Medical Services Information System (NEMSIS). States such as North Carolina have begun to use NEMSIS data to help advocate at the local level for the purchase of additional ambulances and to reposition ambulances to reduce response times. We will continue to advocate for additional funding for NEMSIS next year.

2009 - 2010 agenda

Finally, the Advocates for EMS Board of Directors met to plan our legislative strategy for 2009. In addition to funding for NEMSIS, goals for 2009 and fiscal year 2010 include:

- Working to improve protections for EMS practitioners with the reinstatement of the

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Thank you to our sponsors

Sponsorship vital to NAEMT programs

SPONSORSHIP IS VITAL TO NAEMT programs and services. Without the support of our corporate sponsors, we could not continue to 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 would like to thank our sponsors and welcome our newest sponsors: **The College Network**, which partners with national institutions of higher learning to provide college degree programs through distance learning to working adults; **EMS1**, whose network of EMS web sites includes EMS1.com, Paramedic.com, ParamedicTV.com, EMSGrantsHelp.com and EMSConnect.com; **Monster Medic** and **Braun Industries**.

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Advocacy crucial to future of EMS

AS THE UNITED VOICE OF THE EMS profession, NAEMT actively represents and promotes the interests of EMS practitioners with Congress, federal agencies that affect EMS, the EMS community and the broader medical and public health communities.

Through Advocates for EMS (see cover article), we participate in lobbying efforts in Washington, D.C., monitor federal legislative initiatives, and determine what action the association should take to support or deter particular proposed legislation, such as sending a letter of support or preparing comments and suggestions.

YOU can get involved in our advocacy efforts through our online Capwiz service, which lets you connect to your congressional representatives and federal leaders about issues of concern to EMS practitioners. To guide you in reaching out to elected officials, the new *Grassroots Lobbying Guide* is available online in the Advocacy section of our web site.

Advocating for EMS practitioners

As part of our advocacy efforts, NAEMT prepares and publishes position statements that define where we stand on important EMS issues. Recently, we released a position statement on air medical transport safety (see page 15) that reflects our concern with the unacceptable and increasing rate of accidents, injuries and deaths.

In February, I represented NAEMT at the National Transportation Safety Board hearings on the Safety of Helicopter Emergency Medical Services Operations in Washington, D.C., and submitted our position statement as documentation for the hearing.

In addition to the NTSB hearings, we recently participated in several other meetings to report on our activities and represent our positions, including:

- A meeting on anthrax and first responder protection, called by the Department of Health and Human Services. Subsequent to that meeting, we provided the government with our recommendation for the distribution of antibiotics to first responders in the event of an anthrax attack. See the Letters and Comments page in the Advocacy section of www.naemt.org for details.
- The annual conferences of the National Association of EMS Physicians and the American Ambulance Association, at which we reported to their Boards on our activities and positions.
- The Institute of Medicine's Forum on Medical and Public Health Preparedness for Catastrophic Events. We are the only EMS organization participating in this forum.
- The American Medical Association's National Disaster Life Support Education Consortium. NAEMT is seated as a member of this consortium, at which we work with leaders from the AMA, emergency medicine, emergency management, and public health on



Patrick Moore
President

emergency response education.

- The National Rural Emergency Preparedness Summit, which focused on the development of training courses to assist rural America in disaster response.
- The American College of Emergency Physicians' Summit on Quality and Performance.

Why do we attend these meetings? By actively participating in these events, we help ensure that the

EMS perspective is understood and incorporated into projects, plans and policies.

When necessary, we are able to voice our concerns when entities are considering actions that would have an adverse effect on our members and their patients. And, our presence at these meetings promotes EMS professionalism and our image within the EMS and medical communities.

National EMS Week in May

As part of our advocacy program, we join together with other organizations in celebrating National EMS Week from May 17 to 23. This week brings together EMS practitioners and local communities to publicize safety and honor the dedication of those who provide day-to-day lifesaving services on medicine's front line. This event is a great opportunity for local EMS services to promote the profession in their communities.

I encourage you to get involved in our efforts to voice your concerns. To learn more, please visit the Advocacy section of our web site, www.naemt.org.

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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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Next stop: ATLANTA

Preconference course preview

Are you planning to attend EMS EXPO 2009 in Atlanta? Then you won't want to miss the NAEMT workshops! The courses take place from 8 a.m. to 5 p.m. on Monday and Tuesday, October 26 and 27, 2009, prior to EMS EXPO. All are two-day courses. Enrollment is limited and pre-registration is required.

NAEMT preconference courses include:

Advanced Medical Life Support (AMLS)

AMLS offers a practical approach to adult medical emergencies. The course format helps participants increase their abilities in assessing and managing patients from initial field impressions through differential diagnoses. The AMLS provider course targets advanced-level providers and allows for a minimal amount of lecture and ample actual hands-on physical assessment of the medical patient. Successful completion awards 16 hours of continuing education credits in the area of patient assessment and medical emergency. Qualified participants may attend the four-hour instructor course following the provider course on Tuesday evening. Instructor books may be purchased on-site.

Faculty: AMLS National Faculty
Fee: \$280 — includes textbook

Emergency Pediatric Care (EPC)

The EPC curriculum focuses on the care of sick and injured children and gives students a practical understanding of respiratory, cardiovascular, medical

and traumatic emergencies in pediatric patients. Assessment is based upon the Pediatric Assessment Triangle (PAT), and lessons are consistent with current pediatric knowledge and skills. The 16-hour program incorporates Family Centered Care throughout all scenarios, as well as a component on caring for children with special needs. The accelerated two-part EPC Provider-Instructor program targets experienced EMS educators with prior pediatric CME experience or interest. Qualified participants may attend the four-hour instructor course following the provider course. Proof of recognition as an instructor in any EMS certification licensure or CME course is required.

Faculty: EPC National Faculty
Fee: \$230

Prehospital Trauma Life Support (PHTLS)

The PHTLS provider course is designed to offer an intensive 16-hour experience to all levels of prehospital care providers, and programs are typically attended by emergency first responders such as fire, police and search and rescue professionals as well as EMTs, paramedics, nurses (including industrial-based occupational health nurses), physicians and physician assistants. The course is scenario-based, with lectures and

interactive skills station components to enhance attendees' knowledge and further develop the critical thinking skills required to effectively treat trauma patients in the field.

Faculty: PHTLS National Faculty
Fee: \$280 — includes textbook

Beyond the Streets: Essential Skills for Aspiring EMS Supervisors

To be an EMT, you went to EMT school, and to become a paramedic you went to paramedic school — and now it's time to go to supervisor school.

Leading emergency services operations is more complex and challenging than ever before. Trial by fire and kicking your best providers out in the field in a fly car with no training is no longer

an acceptable or ethical leadership development program.

To be an effective supervisor, you need to understand key concepts of EMS and be proficient in specific skills. Do you

aspire to achieve a frontline leadership position? Were you promoted to supervisor without any training? If so, this program is for you.

Join industry-leading faculty for two full days of experiential and practical learning that will jumpstart your management career. Be prepared to step out of your comfort zone and own your learning experience. Pre-readings and a participant survey will be distributed in advance.

Faculty: Jay Fitch, PhD, and David M. Williams, MS, Fitch & Associates
Fee: \$295



Go ahead and prove it

Attend the “Demystifying Prehospital Research” course

“Evidence-based” is the key word in medicine. But so-called experts say that there is little to no evidence to support the practice of EMS. How do we show we make a difference in patient outcomes? In other words, how do we “prove” it?

Research is important to EMS as a profession. The Demystifying Prehospital Research course is a two-day research workshop utilizing faculty from the Prehospital Care Research Forum at the UCLA Center for Prehospital Care. The course is taught by Baxter Larmon, PhD, MICP, Professor, David Geffen School of Medicine at UCLA Center for Prehospital Care.

Over the years, more than 400 individuals have attended this intense workshop, which enables participants to obtain a good understanding of the research process and the details that it takes to become an EMS researcher.

The workshop teaches participants the essential components of EMS research and walks them through the steps of designing and implementing an EMS research project from hypothesis, research design, literature review, methodology, institutional review, data collection, statistics review and reporting.



When the going gets tough, the tough get empirical.

San Francisco Gate Columnist Jon Carroll

After a brief introduction to the research process, participants divide into groups that develop a topic and continue to develop that topic through all the phases of research. On the final day, participants present their project in a moderated abstract presentation.

This course will be held in Atlanta as one of NAEMT’s preconference courses. The fee is \$230. Enrollment is limited and pre-registration is required. See our next issue for information on registering for the course.

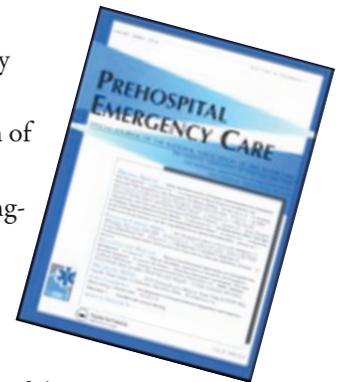
Focus on research:

Learn more in *Prehospital Emergency Care*

DID YOU KNOW THAT YOU CAN learn more about research in *Prehospital Emergency Care*, the official journal of NAEMT and other EMS organizations? This peer-reviewed quarterly journal is an authoritative resource, providing a scientific venue for EMS research. With an editorial board comprised of nationally renowned EMS physicians and practitioners, the mission of the journal is to foster and disseminate EMS literature of the highest quality.

The journal features the most current original clinical research on advances in EMS care, cutting-edge articles on all facets of EMS, case conferences, collective reviews, editorials and more. As a forum for original articles, the journal features special sections on cardiac arrest, education and practice, EMS transport, international EMS, military medicine, pediatric pain and more.

Prehospital Emergency Care has been published by Informa Healthcare since 1997, is indexed in Index Medicus by the National Library of Medicine and is listed in the online version of the index, MEDLINE, so all published work is retrievable worldwide by anyone searching these databases. **And as a full NAEMT member, you receive special members-only pricing of \$56 annually — more than 50 percent off the regular subscription price of \$115.**



To obtain the order form and subscribe, please go to the Access Your Benefits section in the Member Resources area of www.naemt.org.

AMLS news: Four appointed to new positions

To help extend our Advanced Medical Life Support program to new communities and course sites, NAEMT has appointed a new associate medical director, new member and two regional coordinators to the AMLS Committee.

David J. Hirsch, MD, was appointed associate medical director for the AMLS program. Hirsch is serving as a fellow in emergency medical services and disaster medicine at Boston Emergency



Hirsch

Medical Services and is earning a master's degree in public health from Boston University School of Public Health. He currently works as an instructor in the Department of Emergency Medicine at Boston University School of Medicine, as

an EMS physician for Boston Emergency Medical Services and as an attending physician at Quincy Medical Center in Quincy, Mass. He earned his medical degree from the University of Massachusetts Medical School.

Continuing in his role as medical director for AMLS is **Vincent N. Mosesso, Jr., MD, FACEP**, who has served in the position since September 2002. Mosesso has 25 years of experience in the field. He completed his medical degree and residency in emergency medicine at the University of Pittsburgh and served in a teaching fellowship at the Emergency Medicine Foundation, American College of Emergency Physicians. He currently is an associate professor at the Department of Emergency Medicine, University of Pittsburgh School of Medicine.



Mosesso

Anthony J. Brunello, RN, BS, TNS, PHRN, was appointed to the AMLS Committee in January. He is clinical leader of the cardiology service line at Provena St. Mary's Hospital in Kankakee, Ill. Brunello has been active in EMS for more than 20 years and has worked as a registered nurse in the ER and in critical care units for 13 years. He has taught EMS for the past 10 years and also is a POC Firefighter III and Prehospital Registered Nurse in Grant Park, Ill.

Jeff Messerole of Iowa has been named AMLS program coordinator for the states of Alabama, Arkansas, Indiana, Iowa, Kentucky, Missouri, Michigan, Minnesota, North Dakota, Ohio, South Dakota, Tennessee and Wisconsin. He has been an AMLS instructor since August 2000 and was recommended by the AMLS committee for this role. He has served as affiliate faculty for the program.

Jeri Smith of Kansas was appointed program coordinator for the states of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Montana, Nevada, New Mexico, Nebraska, Texas, Utah and Wyoming. An AMLS instructor since September 2000 and recommended by the committee, she has served in the role of affiliate faculty.

Continuing in his role is **Brad Pierson**, an AMLS committee member, as coordinator for the states of Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Louisiana, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Washington and West Virginia. He leads the AMLS regional coordinator team.

PHTLS news: Program continues to grow

THE PHTLS PROGRAM HAS ENJOYED SIGNIFICANT GROWTH, with record numbers of courses and students trained. In 2008, the PHTLS program trained 34,000 students in 2,561 courses.

The writing teams for the seventh edition of the PHTLS text and the course are working hard to complete the content. The course working group met recently in Chicago to prepare the draft lecture and course composition.

International promulgation continues in the countries of India, Georgia and Nigeria, where PHTLS plans to bring programs sometime this year.

As noted on page 11 of this issue, the Scott Frame Memorial Lecture at this year's EMS EXPO will be "Casualty Vignette from Operation Enduring Freedom," given by HM1 Jeremy K. Torrisi, 2D Marine Special Operations Battalion. PHTLS has been working with the U.S. military's Combat Casualty Care Committee to assist in delivering the program as a week-long format that includes PHTLS training as an element, but allows for the military portion to be presented as a stand-alone option as well.

EPC news

Presentation materials revamped... and more

Excitement about the EPC course is echoing from Cherry Hill, N.J., all the way to Washington State.

During the past few months, the EPC Committee has retooled the provider and instructor presentations to ensure the most up-to-date content. The new presentation CDs were distributed to affiliate faculty, course coordinators and instructors in February.

Hybrid course grows

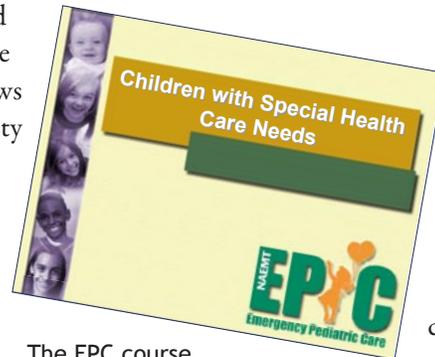
The EPC Hybrid Course is rolling ahead and picking up steam. It's the first NAEMT course to offer attendees the ability to complete seven hours of lectures online, at their own pace, anywhere — even in their favor-

ite coffee house — followed by a hands-on skills day. The Hybrid Course option allows EMS professionals the ability to fit continuing education into their unpredictable schedules.

If you are interested in finding out more about the Hybrid Course, please e-mail Hybrid Course committee contact Melissa Sally Mueller at msm779@aol.com.

Region coordinators appointed

The EPC Committee also has appointed region coordinators to work



The EPC course presentations have just been updated.

on program growth. Check online for the region coordinator in your area to contact for assistance.

Recently, EPC broke ground in Kansas City, Missouri, with the first course in the state. The EPC Committee wishes to specially thank **Sarah House** for all her efforts in introducing EPC to her state.

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The DuoDote™ Auto-Injector (atropine 2.1 mg/0.7 mL and pralidoxime chloride 600 mg/2 mL) is indicated for the treatment of poisoning by organophosphorus nerve agents as well as organophosphorus insecticides.

Important Safety Information

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

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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References: 1. DuoDote™ (atropine and pralidoxime chloride injection) Auto-Injector [package insert]. Columbia, MD: Meridian Medical Technologies™, Inc.; 2007. 2. Agency for Toxic Substances and Disease Registry. Medical Management Guidelines (MMGs) for nerve agents: tabun (GA); sarin (GB); soman (GD); and VX. Available at: <http://www.atsdr.cdc.gov/MHMI/mmgs166.html>. Accessed February 21, 2007. 3. Holstege CP, Dobmeier SG. Nerve agent toxicity and treatment. *Curr Treat Options Neurol*. 2005;7:91-98. 4. Data on file. Columbia, MD: Meridian Medical Technologies™, Inc.



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Sterile solutions for intramuscular use only

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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 organophosphorus nerve agents as well as organophosphorus 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 organophosphorus insecticide or nerve agent poisonings; definitive medical care should be sought immediately.

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

CONTRAINDICATIONS

In the presence of life-threatening poisoning by organophosphorus 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. 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 \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 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 parathionophenol 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 scarlatiniform 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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Join us at our annual meeting!

The NAEMT Annual Meeting is set to take place on Monday and Tuesday, October 26 and 27, at the Georgia World Congress Center in Atlanta in conjunction with EMS EXPO 2009.

All NAEMT members registered for EMS Expo are welcomed and encouraged to attend the NAEMT Annual Meeting free of charge. NAEMT committee meetings, the Affiliate Advisory Council meeting and the General Membership Meeting and Reception are open to all members.

Take this opportunity to get involved in and help set the agenda for your professional association. In addition to preconference courses (see articles on pages 5 and 6), the meeting offers several exciting events.

Business meetings

Pick your passion and attend meetings of interest to you. Committee meetings to take place on Monday and Tuesday include Finance, Advocacy, Military Affairs, Sponsorship, Health & Safety, Membership and Education. In addition,

the NAEMT Board of Directors, NAEMT Foundation and Affiliate Advisory Council will meet. For more information on committees, visit the Our Leadership page in the About Us section of the web site — www.naemt.org/about-us/our-leadership.

General membership meeting and awards presentation... plus the NAEMT sponsored reception

The NAEMT General Membership Meeting and Awards Presentation on Tuesday evening, October 27, gathers together our family of NAEMT members to hear from our president on the activities and successes of the association during the year, to introduce the newly elected and currently serving board members, to outline goals for 2010, to thank our volunteers and sponsors, and to recognize outstanding individuals working in EMS through presentation of national awards.

The meeting will be followed immediately by a reception for all NAEMT members and invited guests. At the reception, you can network and have fun with

other EMS professionals — so be sure to attend this special event.

EMS EXPO and NREMT wine and cheese reception

On Wednesday, October 28, EMS EXPO opens and continues through October 30. EMS EXPO is the world's largest gathering of EMS professionals, last year bringing in 6,000-plus attendees from all 50 states and 32 countries.

The day also brings the annual meetings of PHTLS, EPC and AMLS and the Scott B. Frame Memorial Lecture. The topic for the lecture this year is "Casualty Vignette from Operation Enduring Freedom" by speaker HM1 Jeremy Torrisi, who will be addressing an anti-coalition force ambush in Afghanistan during the summer of 2008 using 15 IA/1 KIA and three CASEVAC lifts and utilizing TCCC guidelines. He will tell the story of how his special operations team responded to difficult circumstances of providing care under fire. Following his presentation will be a discussion.

That evening, NAEMT members are invited to attend the annual wine and cheese reception sponsored by the National Registry of Emergency Medical Technicians. This reception has become a valued tradition and provides a great opportunity to network with your EMS colleagues.

Plus, as a NAEMT member, you receive a \$125 discount on conference registration!

Look for information on how to register for EMS EXPO 2009 in your next issue and on the NAEMT web site.

Publication redesign reflects strategic plan

Spring is a time of rebirth — and it's the perfect time to introduce the new look of your membership publication.

You'll notice that your *NAEMT News* looks different this month. We've redesigned your membership publication to better reflect the three areas of concentration in our NAEMT strategic plan — education, membership and advocacy.

The strategic plan is crucial in defining the direction of our association and its initiatives. Within each of these sections, you'll find articles on the latest in EMS — plus, a new section called "NAEMT Dispatches" keeps you posted on activities within NAEMT. You'll find that this more colorful, easy-to-read layout utilizes publication best practices and helps better emphasize what's going on in the EMS community, with members and within NAEMT. Plus, the publication is now printed on Forest Stewardship Council (FSC)-certified paper at a FSC-certified printer, so we're doing something for the environment as well.

We look forward to continuing to bring you news about NAEMT and EMS concerns, and we welcome your input. Please send any comments about the redesign or article ideas to news@naemt.org.

Membership offers many benefits

YOU DEMONSTRATE YOUR COMMITMENT to the EMS profession through your continued membership in NAEMT. We certainly appreciate your support for the work and activities of the association, and we've built your benefits package to provide you with products, services and discounts that have real value and use. We want to be sure that you are fully aware of all of the valuable benefits of full membership. As a full member of NAEMT, you receive:

- Discounts to EMS EXPO, the largest EMS conference and exposition in North America. For the EMS EXPO 2009, members can receive a discount of \$125.
- Education benefits such as eligibility for \$35,000 in educational scholarships, a 10% discount on college courses through The College Network and a \$150 award upon enrollment, and two free courses per year or a discount on an annual subscription plan for online continuing education courses.
- Insurance benefits including no-cost accidental death and dismemberment benefits to add to your security. Your job as an EMS practitioner can be dangerous. If the worst were to happen, your family would be cared for with a \$10,000 accidental death and dismemberment insurance benefit. All you need to do is complete the beneficiary form. Log in to the Access Your Benefits section of the Member Resources page to download the

form, and then follow the instructions to complete it.

You also receive communications such as:

- A free subscription to *EMS Magazine*, a \$29 value, which is the recipient of the Jess H. Neal Award, the publishing industry's national award for editorial excellence
- Savings of \$59 — more than 50 percent off the subscription price of \$115 for *Prehospital Emergency Care*, the official peer-reviewed quarterly journal of NAEMT and other EMS organizations (see page 6 for more information)
- A discount on *Journal of Emergency Medical Services (JEMS)* publications
- Your very own issue of the full-color, quarterly *NAEMT News*
- Regular e-mail alerts from NAEMT such as the monthly online news and other vital e-communications
- Access to members-only sections of www.naemt.org
- Savings on EMS books and merchandise through our online store partners; discounts on Anheuser-Busch theme parks nationwide; and, with discounts of up to 50 percent, savings at more than 150,000 retailers such as restaurants, travel, automotive, shopping, entertainment, services, health and beauty, golf, movies and more through OneBigPlanet™. The average OneBigPlanet card user saves more than \$300 per year.

For more information or to take advantage of your benefits, log in to the Access Your Benefits section of the Member Resources area of the web site, www.naemt.org.

Help celebrate EMS Week!

NAEMT JOINS TOGETHER with other EMS organizations in co-sponsoring and celebrating National EMS Week from May 17 to 23 to honor the approximately 750,000 EMS practitioners in service across the nation.

With the theme of "A Proud Partner in Your Community," and sponsored by the American College of Emergency Physicians (ACEP), National EMS Week brings together local communities and medical personnel to publicize safety and honor the dedication of those who



provide day-to-day lifesaving services on medicine's front line. This event is a great opportunity for local EMS services to promote the EMS profession in their communities.

This year, EMS Week designates Wednesday, May 20, as "EMS for Children Day," a day dedicated to safety and injury prevention programs for children. On this day, practitioners are asked to focus their activities on programs designed to keep children safe.

On a national level, NAEMT is participating in the 2009 EMS Week Planner, which is designed to help agencies build recognition in their communities. The planner offers tips, tools and products that help agencies communicate their message to the public, media, elected officials, medical community and EMS practitioners. Sections discuss how to address and work with important groups such as seniors, families and children.

Order the planner or download it and additional materials from www.acep.org/emsweek.

Congratulations!

Four selected to receive scholarships

In today's economy and with ever-rising educational costs, who couldn't use help with continuing their education?

We can help. NAEMT awards scholarships to help advance the EMS education of its members. Recently, we added a new scholarship to assist members in completing their degree program (see sidebar). Our most recent scholarship winners are:

Emilio Del Busto

EMT-Basic to EMT-Paramedic – \$5,000

Brandon Scott Perry

EMT-Basic to EMT-Paramedic – \$5,000

Dion A. Stumpo

EMT-Basic to EMT-Paramedic – \$5,000

Paul D. Cissel

Paramedic EMS Education Advancement – \$2,000

Del Busto, who works as an EMT-B at New York Presbyterian Hospital, New York, N.Y., says he decided to enter the field of emergency medical services after September 11, 2001. "Since I was a child, I have admired the work of those men and women who provide such vital services to the people in their communities," he says. "Each day, I see more clearly how essential advanced training is to saving the lives of the people we serve."

"Since high school graduation, the one thing on my mind has been to reach my personal milestone of becoming a Nationally Registered Paramedic," says Perry, an EMT-B with Protransport-1 in Cotati, Calif. "I pride myself on doing my job and serving the citizens in the community. I have persevered through many obstacles in my life to even get where I am today. To receive a scholarship from NAEMT is nothing short of miraculous."

Stumpo, who works as an EMT Specialist, Intermediate, with White Lake Ambulance Authority, Whitehall, Mich., says the scholarship helps him in several ways, countering recent tuition hikes and lifting the financial burden of paying for classes himself and from his grandparents, who are helping support his goal of becoming a paramedic. "This is a motivational boost for me, knowing I am being funded by a professional organization such as NAEMT."

"I would like to share my knowledge and experience with the next generation of EMS providers," says Cissel, Paramedic Lieutenant for Prince George's County Fire Department, Landover Hills, Md. "It is only fair that I return the time and effort of those who helped me. This scholarship helps me to continue to strive to meet my goals."



Del Busto



Perry

Apply for new scholarship

With the support of The College Network, NAEMT is offering a new scholarship for \$2,500 available to full, active NAEMT members to assist them in continuing their education.

The scholarship, exclusively sponsored by The College Network, is awarded quarterly in March, June, September and December and can be used on any degree completion program offered by The College Network, including EMS Management, Fire Science, Business Administration and other topics.

Applications for the next scholarship are due by June 15, 2009.



Stumpo



Cissel

To learn more about and apply for scholarships, go to EMS Scholarships in the Member Resources section of www.naemt.org. You'll need to log in as a member to apply.

National awards program honors excellence

EACH YEAR, NAEMT PRESENTS national awards recognizing outstanding achievements and contributions in EMS. And now, this year, the nomination process is easier than ever.

When someone chooses to submit a nomination, they not only recognize the candidates, they honor the EMS profession and all EMS practitioners who provide quality emergency patient care to their communities every day.

Award recipients receive:

- A \$1,000 award stipend
- Free travel, lodging for three nights and registration for EMS EXPO 2009, where the award will be presented at the NAEMT General Membership Meeting on October 27, 2009, and at the opening ceremony of EMS Expo
- Recognition in *NAEMT News* and in *EMS Magazine*

Our new online application process makes it simple and quick to submit your nominations for these awards. Nominations are being accepted for the following awards.



Steven Ray Huffine, NREMT-P (left), received the 2008 Asmund S. Laerdal Award for Excellence - EMT-Paramedic of the Year Award. Also pictured is Laerdal's Doug Hitchcock.

NAEMT EMT of the Year –

Sponsored by Monster Medic and Braun Industries. Recognizes an EMT who demonstrates excellence in the performance of emergency medical services in the primary role of prehospital patient care.

NAEMT Paramedic of the Year –

Sponsored by Laerdal. Recognizes a paramedic who demonstrates excellence in the performance of emergency medical services in the primary role of prehospital patient care.

EMS Magazine Paid Service of the Year – Recognizes outstanding performance by a paid EMS service.

EMS Magazine Volunteer Service of the Year – Recognizes outstanding performance by a volunteer EMS service.

If you have any questions about our awards or the application process, please contact us at awards@naemt.org or call us at 1-800-34-NAEMT.

Submit your applications today! To learn more about the awards and access the applications, visit the National Awards page in the Awards and Recognition section of our web site.

EMS advocacy

> > continued from 1

Ryan White CARE Act language and the provision of death benefits to non-governmental and volunteer firefighters, ground and air ambulance crew members and first responders

- Increasing first responder grant funding for EMS systems at the Department of Homeland Security
- Growing the number of members of the House of Representatives in the Congressional EMS Caucus
- Advocating for the passage of some of the recommendations from the IOM Future of Emergency Care Report, including improved EMS and enhanced EMS research as well as a regionalization demonstration program
- Building relationships with the new administration and those agencies that have programmatic and regulatory authority over EMS, such as the Department of Health and Human Services, the Department of Homeland Security and NHTSA.



2009 will be a busy year on Capitol Hill and for Advocates for EMS.

Please visit www.advocatesforems.org for the most up-to-date information on our activities in Washington.

Lisa Meyer is vice president, Cornerstone Government Affairs, for Advocates for EMS.

NAEMT releases two new position statements

NAEMT has released two position statements, separately covering the topics of automated external defibrillators (AEDs) for emergency cardiac care in schools and air medical transport safety.

Emergency Cardiac Care in Schools

This statement supports all schools developing emergency action plans that require the use of automated external defibrillators (AEDs) for emergency cardiac care. Sudden cardiac arrest is one of the leading causes of death in young athletes during sporting events, and the sooner defibrillation is provided via an AED, the better the chances of survival. Thus, NAEMT supports AEDs being readily accessible at all school and public activities on school property.

Access to an AED is an important link in the chain of survival from sudden cardiac arrest. Sudden death is estimated to occur in one out of every 200,000 high school athletes, or about 100 events per year. Ninety percent of the victims are male and 70 percent come from football and basketball. Attendees at school activities also include adults who may be at risk. Additionally, schools are community gathering places and often serve as sites for mass care and shelter during a disaster. Thus, it is crucial that school emergency action plans include training school staff in CPR with AED and in emergency first aid in conjunction with calling 911 in the case of a serious medical condition or injury.

Each year in the United States, 220,000 people die from sudden cardiac arrest. Before complete arrest, the heart often develops ventricular fibrillation

or ventricular tachycardia. With each passing minute, the odds of survival are reduced by seven to 10 percent. Early defibrillation is key, in addition to early recognition of the problem, early CPR and immediately calling 911.

Air Medical Transport Safety

With the alarming and increasing rate of accidents, injuries and deaths occurring in the air medical transportation industry, NAEMT strongly supports the development and enforcement of evidence-based, mission appropriate safety standards for air medical transport that enhance the safety of both patients and crew members.

Since 2000, many scientific papers and reports — published by agencies and organizations such as the U.S. Government Accountability Office, National Transportation Safety Board (NTSB), *Annals of Emergency Medicine*, Congressional Research Service and the Air Medical Physicians Association — have identified numerous air medical safety issues and have recommended solutions. However, none of these solutions have been implemented to date by either the federal government or the industry.

We recommend that the federal government bring together all stakeholder groups to reach a consensus on these standards and incorporate them into federal regulation, and should work with states to ensure the full enforcement of all

air medical transport regulation.

NAEMT also recommends that through their EMS offices, state

NAEMT position statements represent the positions of NAEMT on issues of importance to the EMS profession.

governments have regulatory authority over the medical and EMS system components of air medical transport and supports researching and developing evidence-based protocols that would determine when air or ground medical



transport would best serve the needs of patients.

In February, NAEMT President Patrick Moore represented NAEMT in Washington, D.C., at the NTSB hearings on the safety of Helicopter Emergency Medical Services (HEMS) operations and submitted our position statement as documentation for the hearing.

To view the full text of both position statements, please visit the NAEMT Positions page in the Advocacy section of the web site, www.naemt.org/advocacy.

New EMS social networking sites launch

There's Facebook, My Space, Friendster and more... and now there are new social networking sites targeted to EMS professionals only. Both sites listed below have NAEMT groups on them, so be sure to sign up and join the group!

EMS EXPO Launches EMS United

EMS United, launched by EMS EXPO in December 2008, was the first social networking site devoted to EMS professionals. The site lets users connect to EMS professionals all over the world and:

- Share stories, experiences, pictures and videos
- Ask questions about and/or provide solutions to day-to-day EMS challenges
- Let fellow EMS professionals know about upcoming EMS events
- Share information about what works for their departments and find out what's working for other departments nationally and globally.



“EMS United was created to serve as a natural extension of what a conference experience offers, but in a format that is 24/7/365,” says Joe Covelli, Show Manager, EMS EXPO. “The site is truly about the members and their interactions, interests, ideas, forums and blogs. We are thrilled with the response by EMS professionals from all over the world who have signed up, referred friends to join and frequently contribute content to make the web site what it is today.”

Go to the site at www.EMSUnited.com and join the NAEMT group at www.emsUnited.com/group/nationalassociationofemergency-medicaltechnicians.

EMS1 Introduces EMSConnect

EMS1.com has launched EMSConnect.com, a new social networking site geared to EMS professionals. EMSConnect officially launched in

January, joining EMS1's growing network of sites, which also includes Paramedic.com, ParamedicTV.com and EMSGrantsHelp.com.

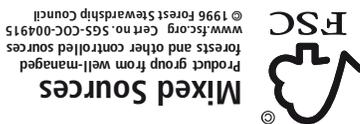
This online community is a conduit through which EMS practitioners all over the nation and world can connect, share ideas and network with others. Users can start a group devoted to their specific areas of passion, or join in on any discussions of interest.



EMSConnect offers an expanded selection of interactive online features such as videos, blogs, forums, pictures and friend lists. Plus, the site offers daily news from EMS1, videos from ParamedicTV and a wide range of EMS resources.

“The EMS community is increasingly seeking out ways to connect with others in their profession, as well as share information and insight that entertains and informs,” says Kris Kaul, Online Director for the EMS1 Network. “EMSConnect.com provides an outlet for that interaction, and serves as a perfect complement to the range of information and resources we've assembled throughout the EMS1 Network of web sites.”

Visit the site at www.EMSConnect.com and join the NAEMT group at www.emsconnect.com/group/naemt.



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