

# New Recommendations for EMS Fitness

by Michael Szczygiel

U.S. Department of Labor statistics confirm what EMS practitioners already know: We experience a larger number of work-related injuries than the general population. In addition to being at high risk for vehicle crashes, contagious diseases and violence, mundane, repetitive patient movement tasks put us at risk for serious, career-ending injuries. The very nature of the tasks we perform requires that we use our bodies as tools by lifting, bending, kneeling and twisting to move patients and equipment.

Our natural tendency to prioritize the patient over ourselves often makes us focus on expediency, and we don't take the time to choose safe patient movement behaviors that minimize the risk of personal injury. Even if we choose the proper movement behavior, we are still at considerable risk if our bodies are not prepared and conditioned to safely execute the requisite tasks.

In an effort to reduce injuries from patient movement, improve practitioner health and create a safer EMS work environment, NAEMT collaborated with the American Council on Exercise (ACE) to create the Task Performance and Health Improvement Recommendations for Emergency Medical Service Providers. The NAEMT Board of Directors endorsed these fitness guidelines on January 18. Common hallmarks of training developed under the aegis of NAEMT are reliability, reproducibility and practicality.

How were these hallmarks achieved? ACE sent a team of exercise physiologists to five sites across the country: Memphis Division of Fire Services, Tenn.; Austin-Travis County EMS, Texas; Charleston County EMS, S.C.; Upper Pine River Fire Protection District, Colo.; and North East Mobile Health Service, Maine. The sites offered a variety of service delivery models, environments, populations served, and geography. Most importantly, a diversity of EMS practitioners was represented. The team used the site visits, ride-along encounters and staff interviews to generate

initial observations and a practitioner task analysis. The results of the efforts were found to be consistent from site to site. Consequently, they are reliable and reproducible.

What about practicality? Common concerns, requests, obstacles and possible solutions were uncovered. Work-related injuries, general health issues, the avoidance of a forced retirement, and the desire for a good quality of life post-retirement were concerns for supervisors and staff. They were interested in weight management, stress management, and the promotion of healthy lifestyles. They also identified as important the additional departmental costs from lost time due to injuries and the financial burden on the injured.

Commonly cited was the need for physical competencies and requirements for EMS practitioners – but the feasibility of such standards was questioned. Common obstacles were identified as lack

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# NAEMT is advocating for YOU

I always get energized when I see so many friends and colleagues who come to EMS on the Hill Day! It was so great to see so many of you, advocating and supporting this important career we have chosen. It is invigorating to see all of you talking to and teaching your federal employees – yes, you “hired” (voted for) them – about EMS.



Don Lundy, B.S.,  
NREMT-P, President

With federal legislation taking an average of seven years to pass into law, our recent record is, quite frankly, exciting! However, this is no time to rest on our laurels.

Issues discussed during this visit on the Hill included the Veteran Emergency Medical Technician Support Act of 2013 to assist veteran medics who want to move into the civilian EMS profession – see the

update on page 7. The primary legislative issue on our plate continues to be passage of the crucial Field EMS Quality, Innovation, and Cost-Effectiveness Improvements Act, commonly known as the Field EMS Bill – see the articles on pages 5 and 7.

## Field EMS Bill

I believe the Field EMS Bill, like much of the legislation that began EMS in the 1970s, may be one of the most important legislative projects to bring equity to the various delivery systems that provide EMS in the United States.

Some may wonder what the Field EMS Bill could do for EMS. It gives all of us, regardless of delivery model, one strong and single voice at the federal level. And, it provides grants for the purchase of equipment to improve patient care, and for the education and training of EMS practitioners. Our members have told us that they want one agency at the federal level that primarily deals with EMS and provides funding support to EMS agencies and state EMS offices. We have heard your voices, and NAEMT is putting significant resources towards passage of this vital bill.

On top of the success of EMS on the Hill Day, NAEMT board members visited with our federal partners at the Department of Homeland Security’s Office of Health Affairs, FEMA, the Office of the Assistant Secretary for Preparedness and Response at the Department of Health and Human Services, the National Highway Traffic Safety Administration’s Office of EMS, and the Centers for Medicare and Medicaid Services to update them on what our association is doing for EMS practitioners, our members.

## Recommended EMS fitness guidelines

Our initiatives include the recommended EMS fitness

guidelines that Mike Szczygiel writes about in the cover article of this issue. We presented these guidelines during EMS Today on March 8, and they are now on our web site. We have sent the link to all members so they can take a look and put the guidelines into action.

## Advocate for EMS

So with all this going on, have you ever asked yourself, “So, what happens after EMS on the Hill Day? What can I do?” I’m so glad you asked.

EMS advocacy isn’t a one day event, and it certainly doesn’t end in March. It’s an ongoing process. You can, and should, contact your federal representatives at their district offices. Introduce yourself to their staff, as they have the ear of your representatives. Ask them those important questions regarding EMS and discuss the Field EMS Bill with them. Let them know why you as an EMS professional support it and what it can do for local EMS services.

You can either plan to meet your representatives at their offices, or better yet, ask them if they will come to your office (or ask your boss if they can come ride with you) and take a look at “their EMS system.” You could even invite them to an in-service training session to say hi to the troops. Make sure the media knows so they can be there. Good press is something both our federal representatives and we in EMS need.

**In fact, National EMS Week, taking place from May 19-25, is a great time to do this.**

Yes, I know your congressional representatives are busy, but after all, they are your employees! Don’t give up. The only way they are going to get to know EMS is for us to be like “good neighbors” and introduce ourselves to them – again and again! Let them know who you are, your passion for EMS, and how they can help. You should mention that there is no single “federal home” for EMS and few federal grants for EMS. Mention to them how much a grant or education would help you in your mission, whether it is to buy a much-needed ambulance or teach a new skill that can save lives. In other words, tell them what value you offer to the community.

To all who have attended EMS on the Hill Day, thank you for dedicating your time and funds at a time when both are in short supply. To those who have called or e-mailed – or will – their local federal representatives’ offices, thank you for your commitment.

Now, let’s all advocate for EMS – for us, for our profession, but most of all, for our patients!

**Be safe - and be sure to celebrate National EMS Week!**

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# Tools to help you advocate for the Field EMS Bill

by Lisa Tofil

As noted in this issue's message from President Don Lundy, NAEMT's leadership on the Field EMS Bill will require that NAEMT marshals its most powerful resource – members – to contact their congressional leaders to let them know why they should co-sponsor this bill.

To help you get the message out about the benefits of the bill, a Request to Congress and a talking points paper about the Field EMS Bill are posted in the Advocacy section of the NAEMT website. Listed below are some of the most frequently asked questions about the bill, along with answers to these questions that we hope you find useful in your advocacy efforts.

## About Funding

### **What method of funding will be used to fund the provisions of this legislation, and are there any other funding sources?**

The legislation establishes an "Emergency Medical Services Trust Fund" to be funded by voluntary contributions made by taxpayers when filing their federal income tax forms. This mechanism, along with some discretionary funding from the Office of Health & Human Services (HHS), will fund the provisions in the legislation. The bill directs the Secretary of HHS to use discretionary funds for startup funding for the programs under the proposed "Office of EMS and Trauma" for its first two fiscal years.

### **How will a bill that adds grant opportunities and overhead NOT contribute to the federal deficit?**

Checkboxes at the federal and state levels are a proven method for voluntarily raising additional revenue without raising taxes. Through an aggressive public relations and outreach strategy, the EMS Trust Fund has the potential to raise a significant amount of money to help improve the nation's EMS system. For example, since 1973, the Presidential Election Campaign Fund (the single voluntary checkbox on the current federal income tax form) has raised in excess of \$50 million per year, with the highest level of funding being raised in 1994, when \$71 million dollars were "checked off."

### **Will the EMS Trust Fund be financially sustainable?**

Yes. Given the current budget deficit and enormous push to cut federal spending, having an independent funding source from the checkbox for the EMS Trust Fund provides greater long-term financial viability than would otherwise be provided through the normal federal funding process, in which many worthy programs are continually subject to cutbacks.

### **The program has lofty goals for improved EMS quality and accountability, but is there consistent funding for regulatory actions and enforcement?**

Improving the quality and accountability of EMS will most effectively be achieved by carrots and not sticks. Accordingly, the legislation is designed to incentivize and foster quality and accountability without creating federal bureaucratic rules that impede innovation in care delivery.

### **What is the projected funding timeline to achieve enactment of the bill?**

It takes many years to navigate the legislative process and enact a major piece of legislation of the magnitude of the Field EMS Bill. Given that this is the first bill to comprehensively address the many challenges plaguing EMS that were identified by the IOM five years ago, securing enactment will require a strong and sustained grassroots effort by the EMS community, lots of patience, and dogged determination to ensure that the needs of the EMS community in serving their patients are finally addressed.

## About the Programs

### **Why is DHHS the best federal agency to be the lead?**

Rather than providing public safety, EMS provides public health. EMS encompasses the provision of medical services to patients with emergency medical conditions. EMS agencies and practitioners do not provide glorified taxi services - they provide life-saving care that must be integrated into the larger health care system as part of seamless and integrated care delivery. DHHS oversees the entirety of the U.S. health care system, including Medicare, Medicaid and the Public Health Service Act, and the Innovation Center as well as health care research including the National Institutes of Health and the Agency for Healthcare Research and Quality, as well as many other aspects too numerous to name here. Ensuring such integration and quality, evidence-based patient care to the most vulnerable patients whose lives are at stake can only be effectively undertaken by DHHS, since it oversees all other aspects of the healthcare enterprise.

### **What are the top priorities of this new agency?**

The Office of EMS and Trauma's primary mission will be to promote and develop an EMS system in which all communities are well served by well-planned and highly coordinated emergency medical and trauma care services. The delivery of all services will be evidence-based, and innovations will be rapidly adopted and adapted to each community's needs. The Office of EMS and Trauma priorities will include 1) implementing essential grant programs including the new agency, state and educational grants in the bill, 2) establishing a national strategy for EMS to support and improve high quality field EMS, and 3) integrating EMS into

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## Field EMS Bill >> continued from 5

the larger health care system, including through evaluating innovative models for access and delivery of field EMS for patients, and enhancing quality and evidence-based care and research.

### How were the different grant options chosen?

The grant options were chosen based on the needs of EMS patients and the agencies and practitioners serving them. The bill draws most particularly from the recommendations made by the Institute of Medicine in 2007. More specifically, the bill's grant programs were developed for their potential to most effectively foster improvements in EMS quality, innovation and preparedness, and to strengthen accountability. The three grant programs include 1) "Field EMS Agency Grants" to promote excellence in all aspects of field EMS; 2) "State Grants" to improve field EMS system performance, integration and accountability, and 3) "Education Grants" provided to EMS educational institutions to ensure the availability, quality, and capability of field EMS educators, practitioners and medical directors.

### About State Rights and Regulations

#### Where do the states and existing state regulations/laws/standards fit into the program?

The legislation supports the continued oversight of EMS by states, which will always maintain authority for the provision of health care services within their borders. The legislation will provide for a national strategy and federal resources to support the development of EMS systems that meet the needs of communities within states. While the strategy will be national, and voluntary adoption of consistent standards is promoted by the bill, the adoption of these standards is not mandated.

### About the Legislative Process

#### How is government mission creep avoided?

The legislation is designed to consolidate within DHHS a variety of EMS- and trauma-related programs into one federal agency to streamline the federal role in EMS and trauma and make it more productive and efficient.

*Lisa Tofil is Partner, Holland & Knight, the firm that is working with NAEMT on lobbying for passage of this bill.*



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# Update on transitioning veterans to medics: H.R. 235 passes the House

H.R. 235, THE VETERANS EMERGENCY MEDICAL TECHNICIANS SUPPORT ACT OF 2013, passed in the U.S. House of Representatives in February. The legislation was introduced by Representatives Adam Kinzinger of Ill. (R-16) and Lois Capps of Calif. (D-24).

H.R. 235 amends the Public Health Service Act to direct the Secretary of Health and Human Services to establish a demonstration program for states with shortages of EMS practitioners to streamline state requirements and procedures to assist veterans who completed military EMT training while serving in the Armed Forces to meet state EMT and paramedic certification, licensure, and other requirements. It makes allowances for returning veterans to enter the EMS workforce without unnecessary duplication of their training by determining the extent to which the state requirements for education and training of EMTs and paramedics are equivalent to that of the military, and identifying methods, such as waivers, for qualified military medics to forego duplicate requirements.

In July 2012, on behalf of military veterans and representing NAEMT, NAEMT Military Relations Committee Chair and current At-Large Director Ben Chlapek testified to the Committee on Energy and Commerce, Subcommittee on Health at a hearing entitled “Helping Veterans with Emergency Medical Training Transition to Civilian Service.”

In his testimony, Chlapek stated that it was extremely important to develop policies honoring the extensive training of military medics so they can smoothly transition into the EMS civilian workforce and provide their valuable medical skills to communities across the U.S.

“Military veterans receive some of the best medical training and experience available when serving our country. Their sacrifices, commitment to duty, and ability to get the job done in austere environments make them exceptionally well suited for working as EMTs and paramedics in our communities upon their release from the armed services,” Chlapek said.

He detailed cases of work-ready veterans being stymied by varying and prohibitive requirements even though they were more than qualified to serve as civilian EMS professionals.

NAEMT thanks our Military Relations Committee and our state advocacy coordinators for their hard work on this issue.

[Read a full version of the bill in the Capwiz Online Legislative Services section of the NAEMT web site.](#)



## Latest News: Field EMS Bill Introduced in House

On February 26, H.R. 809, the Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act, was introduced in the U.S. House of Representatives by Congressman Larry Bucshon, M.D. (R-Ind.).

H.R. 809 addresses many of the challenges EMS systems face while trying to fulfill public expectations that all who need EMS can depend upon the highest quality of care and transport to the most appropriate clinical setting. The first bill to seriously look at EMS problems since the 1960s, the act would improve access to essential and life-saving EMS services and better integrate EMS within the larger health care system.

“As a doctor, I understand that EMS saves lives and is a critical part of the healthcare delivery system,” says Congressman Bucshon. “I sponsored this legislation to address the challenges and complications our nation’s Field EMS providers face by simplifying jurisdiction under one federal agency. This is the first step to ensure that Field EMS has the resources they need to provide quality, efficient care to patients with emergency health concerns.”

NAEMT President **Don Lundy** said, “NAEMT deeply appreciates Congressman Bucshon championing this critical piece of legislation. We look forward to working with him and his staff on this bill.”

# Celebrate our EMS Nation during National EMS Week

**N**ATIONAL EMS WEEK 2013 IS MAY 19-25, with Wednesday, May 22, named Emergency Medical Services for Children (EMSC) Day.

This week celebrates and honors all of our nation's EMS professionals dedicated to serving their local communities and providing the best care for patients.

With the issues we face on a daily basis, from salaries, to funding, to equipment, to community perception, it's important that we take time to celebrate our profession and for all of us in EMS to give ourselves pats on our backs for a job well done. National EMS Week also offers a great opportunity for us to sell the value of EMS by highlighting our work to serve our patients in communities across the nation.



While there are many different delivery models for EMS across the country, National EMS Week celebrates them all. Whether you work for a private or government service, or are paid or a volunteer, National EMS Week celebrates you. It's a week that lets those in your community know what you do every day on their behalf.

## Visit EMS Week Ideas site

Take time during National EMS Week to learn how you can make the most of your chosen profession by visiting [www.emsweekideas.org](http://www.emsweekideas.org).

This site offers resources and tools to help you get ready for National EMS Week and stay focused on your profession year round. Learn how you can engage in the full spectrum of EMS activities, including career resources, planning tools for National EMS Week, information on the history and heroes of EMS, and much more. On the site, you can explore new ways to participate in, grow and support your chosen career of EMS.

This year, the site celebrates our EMS Nation with new content on using social media, including Social Media and Your EMS Agency, Social Media and You, and the EMS Blogosphere. In the "Be an Advocate" section of the site, a new video provides tips on how to visit with your members of Congress, plus there is a presentation on how to advocate and a video on EMS on the Hill Day. In the Community Education section, there is new information provided on keeping the elderly safe.

The American College of Emergency Physicians has established their theme for National EMS Week 2013 to be EMS: One Mission. One Team. The organization has made a planning guide available on their web site, [www.acep.org/emsweek/](http://www.acep.org/emsweek/).

**Happy National EMS Week!**



# EMS 2020: A Road Map to Tomorrow

*Year-long multimedia project will help systems thrive through coming changes* by John Erich

IT'S A TIME OF GREAT TRANSITION IN AMERICAN EMS. A hard economy has forced contractions across business and government, pinching budgets and workforces that were already austere. At the same time, the Affordable Care Act (ACA) has altered the U.S. healthcare landscape, and with it, changes in the way providers of ambulance services will get paid and, in many cases, interact with patients. The EMS of five to 10 years from now seems certain to look a lot different than that of today.

What will these changes look like? What should they look like? Can we shape them to our benefit? And as we work through them, how can we continue to ensure the safety and well-being of our providers and their patients?

Such formidable questions abound, and the EMS 2020 Project offers some answers. Sponsored by Ferno and featuring the American EMS industry's top leaders, thinkers and subject-matter experts, this special year-long multimedia package will examine the spectrum of challenges facing EMS today, articulate a vision for addressing them by the year 2020, and provide a road map to get us there.

"I believe we are at a critical juncture in EMS," says EMS World publisher Scott Cravens. "If we don't act now, the opportunity to secure and expand our role in the continuum of care will be lost. EMS World will lead the way by presenting best practices, technology and advocacy ideas that will move EMS into a new, mobile out-of-hospital scope of practice with the help of forward-thinking industry suppliers, thought leaders and associations like NAEMT."

It's an ambitious effort. Many of the issues we face have persisted even through easier times. Even at its most basic, our job entails the risks of complicated moving vehicles; lifting and moving patients in tight and awkward spaces; and managing scenes that can be unstable and devolve quickly.

Now layer on the paradigm shift of the ACA, which paves the way for us to get paid for things like preventive care and other nontraditional roles (as referred to in the article on community paramedicine in the last issue of *NAEMT News*.) Then filter it all through a healthy dose of state and local financial stress, which further incentivizes finding leaner ways of providing care and producing value.

Achieving more with less is never simple, and for EMS organizations there are substantial pitfalls to sidestep along the way. But within reach lies an American EMS system that's safer, more efficient and more sensibly structured to deliver

better outcomes to all. To achieve it, there are actions agencies of all sizes and situations must take, and can start today.

## New approaches key to EMS 2020

EMS World's first six months of content delves into that, with exclusive print and online bonus materials featuring experts' views and insights into current issues and the changes we need to embrace (and additional content is available through JEMS).

A fledgling program profiled as part of the project's January kickoff exemplifies the kind of new approaches on the horizon. A federal grant is helping Reno's Regional EMS Authority (REMSA) treat patients' nonemergent healthcare needs through a community paramedic (CP) program. This ultimately will help develop a template for ambulance services to get reimbursed by Medicare/Medicaid for services beyond just taking patients to emergency departments — a huge potential game-changer for 9-1-1 systems. It also should improve safety and resource utilization by preventing unnecessary 9-1-1 responses.

The Reno project offers a nonemergency nurse advice number that will triage callers either into the CP program or the 9-1-1 system. Under the CP program, a specially trained paramedic will be sent to determine how to best meet the patient's needs, be that referral to urgent care or to a primary care physician, transport to a hospital, or another action.

Advanced paramedics also can be sent through the local CMS-approved medical home program, as well as by primary doctors and hospital systems. They additionally will monitor and follow up with patients discharged from hospitals.

"People who might typically call 9-1-1 will now have alternatives," REMSA VP of Operations Mike Williams told author Barry Smith. "We believe this will be the new wave of healthcare, giving patients options that allow for a more appropriate care response, if needed, and a lower-cost, more convenient medical approach." Find the article at [www.emsworld.com/article/10833714](http://www.emsworld.com/article/10833714). There are all kinds of exciting new programs like this now emerging, and countless efforts at improving and reshaping EMS to be better, safer and more efficient. That's the crux of EMS 2020, and we invite you to be a part of the conversation. Visit [www.emsworld.com/2020](http://www.emsworld.com/2020) for all the content and ongoing discussions, and be sure not to miss a bit of critical future-shaping information. It's free, and it's important — the tomorrow you create will be your own.

*John Erich is an Associate Editor for EMS World.*

**EMS 2020**

# Education News

## AMLS Committee welcomes new chair

THERE HAVE BEEN SOME RECENT CHANGES IN THE MEMBERSHIP of the Advanced Medical Life Support (AMLS) Committee: **Sarah Seiler**, who served as AMLS Committee Chair, has stepped down from this position. We thank Sarah for her commitment to the mission of AMLS and her leadership of the committee. Sarah will be working on a new disaster EMS course that NAEMT will be developing in collaboration with ACEP and ENA. We appreciate Sarah's continued efforts on behalf of NAEMT. And, after a decade of service, **Brad Pierson** has left his position as a member of the AMLS Committee. We thank Brad for his tremendous work on behalf of AMLS and wish him all the best in his future endeavors.

**Jeff Messerole**, a member of the AMLS Committee, has stepped up to take the lead as Chair. We also are pleased to report that **Les Becker** will continue to serve as Committee Vice Chair, and that **Linda Abrahamson** and **Ann Bellows** will continue to serve as committee members. We are fortunate to have Drs. **Vince Mossesso** and **Angus Jameson** continuing on as our AMLS medical directors.

The committee is hard at work with publisher Jones & Bartlett Learning to put the finishing touches on the new eight-hour online portion of the AMLS provider course, which will be available in a hybrid format. For independent learners, AMLS Online also will be offered for eight hours of continuing education credit and is expected to be ready for purchase in early summer.

The committee also has completed a revision of the AMLS instructor materials, which will be available by the end of April. All current AMLS instructors will be able to obtain a copy of the revised instructor materials free of charge.



### New AMLS course site debuts in Santa Cruz, Calif.

Top row, from left: Lee Richardson, Paula Botman, Martin Chavez, Rich Seadler, Alexis Berelsen, Layne Lykins, Jake Fair, Henry Cordova, Alevia Roney, Troy Crivello, Kim Nettleton, Dan Beasley, Violet Ramirez, Sam Spence, Mike Van Elgort.

Bottom row, from left: Chris Curtis, Rafeal Petroni, Dylan Carls, Adam Fortino, Matt Chekouras, Jason Alagra, Katie Curtis, Robert Culbertson, Rachel Massey.

Instructors not pictured: Cindy Williams and Michelle Franklin.

## EMS Safety course second edition now in development

NAEMT has just completed an agreement with our publisher, Jones & Bartlett Learning, to begin development of the second edition of our EMS Safety course materials.

The members of the EMS Safety Program Committee are already hard at work on the second edition of the course, which will offer more interactivity for students, and will include new content on developing resiliency skills, working with agitated patients, and the concept of Just Culture.



## PHTLS establishes new international course sites



Development of the 8th edition PHTLS course materials is well underway by the PHTLS Committee. The committee also continues its work to bring PHTLS to countries around the world, with new course sites being established in Singapore and Malta. The committee will be globally represented through attendance at the meetings of PHTLS Latin America in Lima, Peru, this April, and PHTLS Europe in Mulhouse, France, in May.

The committee has been working with the Denver Police Department to develop a new one-day Tactical Casualty Care course designed for public safety first responders, including law enforcement officers, firefighters and other first responders, that will be piloted this spring (see next page for more information).

Dr. Peter Pons, PHTLS Associate Medical Director, who is leading this project, notes, "This program is based on the Tactical Combat Casualty Care (TCCC) course, which has helped revolutionize the care of the injured soldier on the battlefield and resulted in the highest survival rates for wounded soldiers of any conflict. The principles of care taught in this course have obvious application to the civilian tactical setting," he says.

"The goal of this program is to provide an educational experience, both didactic and practical, that will allow a responding police officer or first responder to provide appropriate life-saving self-care, buddy care, or initial care to a wounded individual. While the focus is on the tactical situation, the principles and skills taught in the course have wide application to a variety of trauma situations in which these principles can be applied."

## EPC Instructor Transition Course Schedule



The Emergency Pediatric Care (EPC) Instructor Transition Course is available to all EMS instructors holding instructor certification in other pediatric classes to learn the logistics, philosophy and course-work needed to teach EPC. The EPC committee will host Instructor Transition Courses on the following dates:

March 26 at 1 pm CST

April 8 at 12 pm CST

May 28 at 1 pm CST

June 25 at 1 pm CST

These courses are offered free of charge. To sign up, please contact NAEMT at [education@naemt.org](mailto:education@naemt.org) or 800-346-2368.

The EPC Committee is also working on expansion of the course into Latin America, planning to launch a new course site in Lima, Peru, in April.

# Meeting our education mission head on

**T**HE EDUCATION OF EMS PRACTITIONERS is part of the core mission of NAEMT. The importance of quality education is clearly stated in our core values and woven into the fabric of our association. The stated mission of NAEMT education is “to improve patient care through high quality, cost effective, evidence-based education that strengthens and enhances the knowledge and skills of EMS practitioners.”

Over the past 20 years, NAEMT members have contributed their expertise and experience to this mission through the development of PHTLS, AMLS, EPC and EMS Safety and have volunteered thousands of hours to this effort. In addition, members have volunteered their time to serve as our representatives on accrediting boards, such as CECBEMS and CoAEMSP, that develop and support the educational standards for our profession.

NAEMT is now poised to take the next step in meeting our education mission. Working in partnership with our publisher, Jones & Bartlett Learning, NAEMT is developing several new education courses that will become available to EMS practitioners over the next couple of years. Here is a preview of what is in store:

**NAEMT online instructor course** – Work is already underway to develop a comprehensive online course for new NAEMT instructors. This new course will provide instructor candidates with the basic training and information needed to become an instructor for any of NAEMT’s education programs. The course will cover all of the fundamental knowledge previously included in each of the instructor courses for our individual education programs. This new course will allow us to eliminate redundancy and reduce the duration of instructor training for our programs. It will be available this fall.

**Leadership and ethics course for EMS practitioners** – The NAEMT Board approved this new course, recognizing the need to help EMS practitioners develop and enhance a broad range of skills not currently addressed through the traditional EMS clinical education curricula. This course will focus on concepts of self-leadership, EMS citizenship, team participation, and effective communication with patients, their families, and co-workers. The course is expected to launch this fall as well.

**Geriatric EMS course** – NAEMT has been discussing with Jones & Bartlett and the American Geriatric Society the possibility of NAEMT’s participation in the second edition of the Geriatric EMS (GEMS) course. Recent surveys of our members and EMS agencies strongly suggest the need for an accessible and affordable course to help EMS practitioners understand and be able to respond to the needs of this patient group. We will keep our members informed as these discussions progress.

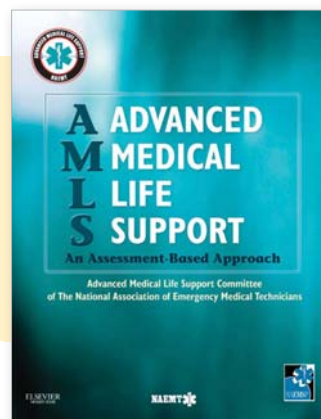
**Disaster EMS course** – NAEMT has plans to work with the American College of Emergency Physicians and the Emergency Nurses Association to develop a new course to help prepare all prehospital care providers to respond to disasters. The content for this course will be based on the National Standardized All-Hazard Disaster Core Competencies for Acute Care Physicians, Nurses, and EMS Professionals adopted in 2009. We expect work to begin on this course later this year.

**Tactical trauma courses** – Our PHTLS Committee is working on tactical trauma courses that combine the core concepts of PHTLS with the battlefield casualty principles taught in TCCC. One course will be a tactical version of the 16-hour PHTLS provider course for civilian EMTs and paramedics who desire training as tactical medics and tactical paramedics. In addition, a one-day course is in development for public safety first responders (police and other law enforcement officers, firefighters, and other first responders) that will teach the basic medical care interventions that will help save an injured responder’s life until EMS practitioners can safely enter a tactical scene. These new courses are expected to be available later this year.

NAEMT will provide our members with regular updates in this newsletter and in our monthly *NAEMT pulse* e-news as these new courses become available.

COMING SOON

## A New Hybrid Course Option for Advanced Medical Life Support



The AMLS Course will be available as:

- A 16 hour onsite course with lectures and skill stations
- A hybrid course with 8 hours of online lectures and 8 hours of one-day onsite course for skill stations

AMLS Online will be available as 8 hours of online continuing education for independent learners, and no AMLS card will be issued

To learn more about AMLS courses or to become an NAEMT course site, contact NAEMT at 1-800-346-2368 today.



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## New recommendations for EMS fitness > > continued from cover

of resources, lack of knowledge, work demands, lack of healthy eating options, and low motivation for beginning and adhering to healthy lifestyle changes.

ACE has helped address these issues with guidance to achieve the following primary outcomes:

- 1) Improve job-related physical capacity;
- 2) Improve overall wellness;
- 3) Create self-reliance.

### Improve job-related physical capacity

ACE exercise physiologists observed EMS practitioners bending, twisting, reaching, pushing, pulling and maneuvering while providing patient care. These repetitive motions were often done in tight spaces. ACE personnel also observed the external loads imposed by carrying or moving patients and equipment.

To **Improve job-related physical capacity**, ACE developed specific physical ability assessment and general exercise guidelines as a result of a biomechanical analysis of specific motions required to perform EMS tasks. Physical ability assessment includes waist circumference, standing posture, stability, core function and stability and mobility. Within the EMS fitness guidelines, *Appendix A: Physical Assessment* provides detailed instructions for objectives, equipment, test protocol, administration and evaluation, with a “Physical Assessment Score Sheet” for each component. Photographs, rating scales and warnings accompany each assessment. Information is included about fitness testing accuracy, reassessment and using assessment data to guide exercise programming.

### Improve overall wellness

For the outcome **Improve overall wellness**, *Appendix B: Exercise Program Recommendations and Guidelines* provides general physical-activity recommendations central to this wellness. The purpose of this assessment is to identify postural deficiencies, physical deficiencies and activities that cause pain. When mobility is compromised, we develop a compensated movement pattern. The goal of the exercise program is to strengthen and lengthen muscle groups to improve the body’s structure and function, and concomitantly decrease the risk of injury, pain and dysfunction. ACE uses the health-fitness-performance continuum model to achieve these goals.

In addition to improving our job performance, exercise is a cornerstone of overall wellness. The guidelines enforce the concept that wellness, like safety, is a 24/7 concept – so it’s not surprising that this section begins with a state-of-the-art behavioral approach to weight loss, with realistic fitness goals. Cardiorespiratory fitness is described in great detail using the three zone intensity model. Aerobic-efficiency training, core training

and movement training have excellent graphics and photographs to supplement the narrative, and links to the various types of exercises are provided. The FIRST acronym (Frequency, Intensity, Repetitions, Sets and Type) can be used to individualize exercise programs, which should be implemented under the supervision of a physician or exercise professional, especially for obese, injured, chronically ill or novice exercisers.

One result of a successful exercise program is that the five primary body movements – bend and lift, single leg, pushing, pulling and rotational – will be performed with proper form. Once these movements are done using proper form, ACE provides a series of exercises that add resistance. Besides regular physical activity, healthy eating and stress-reduction techniques are required to improve overall wellness. ACE provides the USDA 2010 Dietary Guidelines and the MYPlate government’s nutrition message in a practical and palatable manner.

### Create self-reliance

What do we do with all this information? The third component, **Create self-reliance**, is the critical one. This is not a “workplace program” – it’s really a “lifelong program.” What we do with our lives is a function of our powers, capabilities and resources. If we want to work without getting injured or sick, be healthy, and live long enough to have an enjoyable retirement, we must take control. We take control by making good decisions, setting goals and self-monitoring our progress.

ACE provides a process in which goal setting is specific, action-oriented and time sensitive. For example, the goal “I’m going to eat healthy and get skinny” is not as specific and productive as “I’m going to eat three servings of vegetables and do the treadmill for 30 minutes every day.” The guidelines delineate methods to promote social connection among EMS personnel, maintain an environment that fosters success and use technology to encourage self-reliance. If we can maintain a healthy lifestyle for six months, we should be self-reliant.

Each EMS practitioner using these fitness guidelines can improve his or her physiological health, which will be evidenced by improvements in body composition, blood pressure and physical fitness. In addition, reducing stress and anxiety will result in an enhanced feeling of well-being. What’s great about these guidelines is that they were developed and tailored by experts to meet our specific needs as EMS practitioners.

### Culture of caring

Agencies helping their employees implement these changes can achieve significant financial benefit when insurance premiums, overtime, attrition, equipment and training costs all improve. Employee retention will be better when people remain not just because they are uninjured, but because the culture of our organizations is better.

Continued > > 15

# Congratulations to scholarship winner

NAEMT congratulates **Christopher Antwine** of Coward, S.C., on receiving the most recent \$2,500 Degree Completion Scholarship from The College Network. Antwine currently is a paramedic with McLeod Regional Medical Center in Florence, S.C.

Antwine started his career as a volunteer firefighter and quickly realized that he felt disappointed every time EMS arrived and took away his patient, on whom he had worked so hard. "I became an EMT and transitioned to paramedic within two years," he says. "But I realized that I needed to further my education to better serve my family and my community."

In 2010, he needed shoulder surgery for an on-the-job injury that happened six years prior, which his workplace didn't cover. He then had to work two and three jobs to make ends meet.

"I contacted The College Network and realized that I could better provide for my family and begin a new chapter in my 14 years as a paramedic. I love being a paramedic, but am also excited about being able to provide continued care as a future registered nurse to better myself and make a better life for my family," Antwine says.



The next deadline for all NAEMT scholarships is June 15. Learn more about scholarships and complete an application under the Members tab of the NAEMT web site. You'll need to log in as an NAEMT member to access the page.



## world trauma SYMPOSIUM

## SAVE THE DATE: SEPTEMBER 9, 2013

Las Vegas Convention Center | Las Vegas, NV



### Hosted by NAEMT's PHTLS Committee and EMS World Expo

Back again for the second year, the World Trauma Symposium is brought to you by the creators of the world-renowned Prehospital Trauma Life Support Program (PHTLS).

Attend the symposium for updates on global trends in trauma care from internationally recognized experts. This year's topics include:

- The European Approach to Prehospital Care: Rapid Transport vs. Field Treatment
- Mass Shootings Response: Crime Scene Preservation vs. Patient Care
- Transforming Military Care into Civilian Protocols
- The Use of Blood Products During EMS Transport



Receive 8 hours of CECBEMS-accredited CE, CME or nursing continuing education credits. Special packages are available for those who register for the 3-day core EMS World Expo program.

FOR MORE INFORMATION, VISIT [WWW.WORLDTRAUMASYMPOSIUM.COM](http://WWW.WORLDTRAUMASYMPOSIUM.COM)

# Check medical ID information for best patient care

by Greg Adams

Is accessing a patient's medical history and current medication information really important? If not, why do we spend so much time learning and teaching acronyms like SAMPLE: Signs and symptoms, Allergies, Medications, Past pertinent history, Last oral intake, and Events leading up to the incident?

If we agree that obtaining a patient's history improves patient care by guiding us to the correct protocol or treatment guidelines, then what do we do when we cannot get that information directly from our patients?

We gather medical and event history during a patient interview. If the patient cannot communicate, we can attempt an interview using the family, friends or witnesses of the patient or event. At times, this can provide the EMS practitioner with the needed information to make educated patient care decisions. However, what if there is no family or other witnesses to interview?

Gathering information from a patient who is altered to a non-verbal status or who doesn't speak a common language with the EMS practitioner increases the stress level on a scene, as well as the risk of error. While our protocols and testing can cover us in going through several steps to rule out issues like low O<sub>2</sub> saturation or blood sugar, these are not the only disease issues seen during prehospital patient care.

At times, these diseases may even present contraindications to the basic protocols that guide us. Lack of awareness of this hidden information could cause medical or medication errors if we follow the appropriate protocols based only on what we see or assume about a patient.

There are millions of people who are keenly aware of their

medical conditions and the increased potential that they may need emergency care. Many of these people wear medical identification jewelry or carry wallet cards with their medical history imprinted on these items. Engraving on these IDs can be as simple as "DIABETES," while others will be engraved with more uncommon conditions, such as "POMPE DISEASE". The medical ID then serves as a key to a wealth of medical history when the ID engraving is not enough to tell the whole story. Some organizations that provide medical ID have emergency medical information on file to equip you with the patient history you need to make educated medical decisions.

You can help the members of your community by encouraging them to wear a medical ID. National EMS Week is a great time to do that. Let them know that you and other EMS practitioners look for medical IDs when treating patients so you can provide the best patient care. And, when you recommend emergency medical identification for all those who need them, you can improve the prehospital care they receive.

All it takes is a simple web search and phone call to find non-profit organizations such as MedicAlert Foundation to assist you in these efforts.

*Greg Adams is Director of Educational Services for MedicAlert Foundation. He started his EMS career as a volunteer firefighter in 1979, and then joined the U.S. Army as a medic in 1981, retiring in 2004. He currently is licensed in California and has maintained his National Registry certification since 1998.*



## New recommendations for EMS fitness >> continued from 13

Creating a culture of health and fitness creates a culture of caring. We've demonstrated time and again that we care for and about our patients. This document gives us an opportunity to care for ourselves and each other in an organized, measurable manner.

A culture of caring is the platform for a Just Culture, which allows us to use crew resource management to communicate our Culture of Safety. We've all heard the saying "a healthy mind in a healthy body." This comes from the Satire X of the Roman poet Juvenal (circa 60-140 AD). The first few lines of the entire work are particularly fitting for what we must achieve:

You should pray for a healthy mind in a healthy body.  
Ask for a stout heart that has no fear of death,  
and deems length of days the least of Nature's gifts  
that can endure any kind of toil.

If we do a better job of caring for ourselves, we'll do a better job of caring for our patients, our families and our industry. Let's get started – together.

*Michael Szczygiel is a Senior Loss Control Specialist for THOMCO, a Markel Company, and a member of the NAEMT EMS Safety Program Committee.*

# NAEMT strategic goals: A progress report

by Dennis Rowe, EMT-P

**A**S OUR ASSOCIATION IS ALMOST MIDWAY through its second three-year strategic planning cycle, we want to share with you the progress made to date in achieving our strategic goals. As background, the NAEMT Board of Directors adopted our current strategic plan covering 2012-2014 in December 2011. This plan was developed directly from responses received from members to a strategic planning survey conducted in 2011.

A full copy of NAEMT's Strategic Plan can be found on the NAEMT web site in the About Us > Mission section.

Following are the goals established for our current three-year cycle, and a summary of progress to date:

**1. Recruit and retain 10,000 full members** – On January 1, 2012, NAEMT's full membership totaled 7,749. As of January 1, 2013, that number had increased to 8,133. So, progress has been made, but not nearly enough if we are to reach our goal. Our membership committee is hard at working identifying ways to increase membership, but they need your help. One of the best ways that members can support our association is by recruiting new members to join our ranks.

**2. Develop and implement strategies to address the key EMS challenges identified by our members** – In our 2011 survey to members, we asked you to identify the top challenges facing EMS. You identified the following four key challenges facing our profession, and we have been working on them.

**a. Difficulty with recruitment and retention** – We recognized early on the difficulty in trying to tackle this issue with no accurate data on the real size of the EMS workforce. Fortunately, we were not alone. The National Association of State EMS Officials (NASEMSO) identified this problem as well. With the assistance of a grant from the National Highway Traffic Safety Administration (NHTSA), a project has been launched to develop a reporting tool that state EMS offices can use in their licensing process to capture information on EMS employment. Once we have better data on EMS personnel, including employment status and turnover, we can better understand our workforce needs. NAEMT is participating in this project, which is scheduled for submission to NHTSA in the fall of 2013, with implementation by the states in 2014.

**b. Lack of a national certification and/or license reciprocity** – This is another difficult issue, but we are pleased to

report that substantive progress is being made. Once again, it appears that our members were right on track in zeroing in on the real roadblocks impeding EMS. The Department of Homeland Security's Office of Health Affairs is funding a project to develop an interstate compact (agreement) to recognize EMT and paramedic licenses across state lines. NAEMT is participating in this project, which is looking at the variety of scenarios in which EMS practitioners need immediate legal recognition for short-term or intermittent practice in other states. The model interstate compact for EMS personnel licensure is targeted for completion in the spring of 2014.

**c. Equity in pay and benefits** – We determined that the starting point for NAEMT working to tackle this issue would be to verify and determine the cause for the pay/benefits discrepancy for EMTs and paramedics compared to other health care providers with similar levels of education/training. Although this project has not yet been funded, we hope that funds can be allocated in 2014 to begin work on this challenge.

**d. Lack of state and federal funding for EMS** – NAEMT's leadership on the Field EMS Bill directly addresses this challenge through the bill's establishment of two grant programs: one for EMS agencies and the other for state EMS offices. Read more about the Field EMS Bill starting on page 5 of this issue.

**3. Develop and sustain relationships with institutions and organizations that advance our advocacy efforts** – Building relationships is an ongoing process, and we have worked hard to build relationships with our federal partners at NHTSA's EMS Office, at the DHS's Office of Health Affairs, FEMA, CDC, and through the office of the Department of Health and Human Services' Assistant Secretary for Preparedness and Response. We also have been successful in securing the support of many national EMS-related organizations in EMS on the Hill Day, including NASEMSO, NAEMSP, NAEMSE, NEMSMA, AAA, ACEP, ARC, AHA, IAFCPP, AAMS, and others.

**4. Increase participation at EMS on the Hill Day to at least 300, to include representation from every state and the District of Columbia and Puerto Rico** – Recently, nearly 200 EMS professionals from 37 states and the District



> > continued

of Columbia and Puerto Rico participated in EMS on the Hill Day. We hope that we will have even more participation at next year's event. You can help us grow this annual event by encouraging your state EMS association to send a delegation of members from your state to Washington, D.C., to meet with your Senators and House Representatives.

**5. Streamline our instructor process to make it more affordable to serve as an NAEMT instructor** – We are responding to this request from our education faculty by developing a comprehensive online NAEMT instructor course that will consolidate much of the training currently provided in instructor courses for our PHTLS, AMLS, EPC and EMS Safety programs. This new course will make it easier and less costly to become an NAEMT instructor without reducing the quality of our instructor training, and it is scheduled for completion by the end of the year.

**6. Develop and implement strategies to increase access to NAEMT courses** – Our goal is to make NAEMT education accessible to every EMS practitioner who is interested. Our strategy is two-pronged. One is to create more flexible formats in which students can take our courses. PHTLS and EPC both have hybrid formats that allow students to take the first day of the course online, and AMLS will have a hybrid version available later this year. The other strategy is to increase the number of instructors for our courses. We encourage all of our members to consider becoming an instructor for one or more of our courses.

While we most likely will not be able to meet all of our strategic goals by the end of 2014, we have made real progress. There is still much work to be done, and we ask for your help with these goals where feasible.

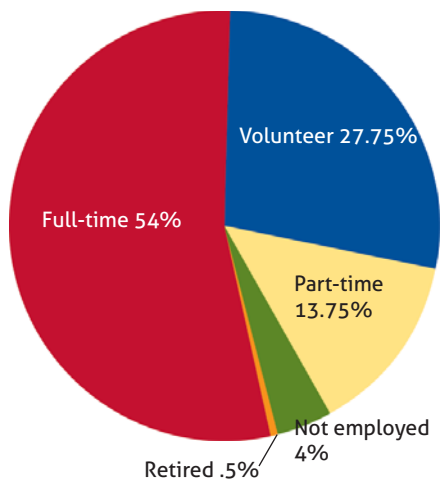
We hope this progress report helps you to know where your association is headed and how we are working to meet your professional needs. We will continue to provide you with updates on these goals as progress continues.

*Dennis Rowe is NAEMT Treasurer and has served on the NAEMT Board of Directors for many years.*

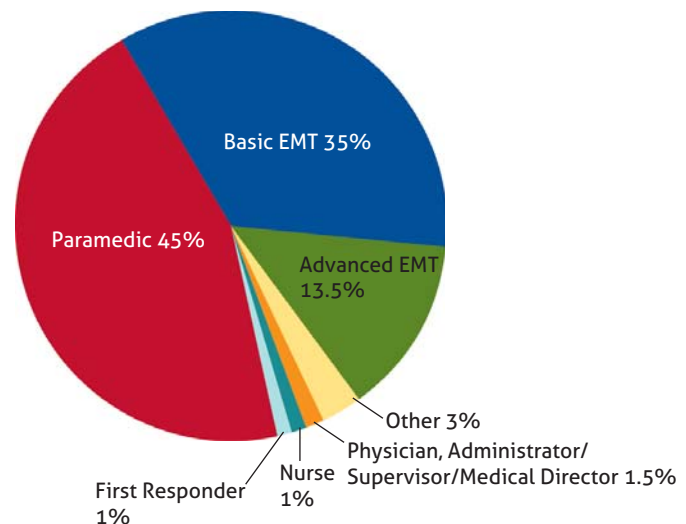
## Membership snapshot - Who we are

Our members make us strong, and NAEMT members are diverse, with both paid and volunteer EMS practitioners working full-time and part-time. Practitioner types include Basic EMTs, Advanced EMTs and Paramedics, with emergency medical responders, nurses and other allied health and medical professionals making up a small percentage of NAEMT's membership.

**Member demographics**



**Member careers**



# Share the value of NAEMT membership

by Scott Matin

**W**hat does the word *value* mean to you? The Merriam-Webster dictionary defines value as a fair return or equivalent in goods, services, or money for something exchanged. Regardless of your definition of value, we all look to get something in return any time we spend our hard-earned dollars these days.

When I joined NAEMT years ago, the value that I saw in my annual membership was representation nationally as an EMS professional. My goal was to be one of NAEMT's nearly 30,000 members who are represented on Capitol Hill every year by NAEMT's ongoing advocacy work. Knowing the success NAEMT has had in Washington, D.C., convinced me that I was receiving value for my membership.

What I didn't know until years later, however, are all of the other benefits that NAEMT offers as part of our annual membership. In some cases, a single benefit, such as the \$125 discount that we receive off registration for EMS World Expo, far exceeds the \$40 that we pay each year for membership.

Some of my other favorite benefits, to name a few, include:

- the 25 percent members-only discount on 5.11 Tactical merchandise
- the free \$10,000 Accidental Death & Dismemberment insurance to protect our families if the worse were to happen
- the free subscription to *EMS World Magazine*, valued at \$29
- and more than 50 percent off *JEMS Magazine*.

Additionally, continuing education benefits that can save time and money and help us all improve our care of patients include:

- a voucher worth up to \$15 towards an NAEMT continuing education course
- 60 percent off the *Pre-Hospital Emergency Care Journal*
- two FREE online CE credits and a 15 percent discount from Medic-CE
- two FREE online CE credits from CentreLearn, which is also good towards a subscription
- and 30 percent off eACLS online and Health Care Provider CPR Interactive online CE programs from Jones & Bartlett Learning.

If you're like me, you may have joined NAEMT for just one reason, and weren't aware of all of the great benefits that being a member of NAEMT affords you. Do yourself a favor – take just a minute to go to the NAEMT website and check out all the

member benefits for yourself.

Then go ahead and share this information with your friends and colleagues, and recommend that they, too, join the ONLY national association that represents the professional interests of ALL EMS practitioners in ALL sectors of EMS, including government service agencies, fire departments, hospital-based ambulance services, private companies, industry, and in the military.

Once they realize all the benefits they can enjoy simply by being a member of NAEMT, they'll thank you.

*Scott Matin is chair of the NAEMT Membership Committee and Director, Region I on the NAEMT Board of Directors.*

Save the date:

## NAEMT Annual Meeting

Fabulous Las Vegas calls you to come enjoy some fun, the camaraderie of colleagues, networking opportunities, and the chance to get more involved in your professional association at the 2013 NAEMT Annual Meeting.

Attend the meeting free of charge from Sunday through Wednesday, September 8 - 11, before attending EMS World Expo 2013.

What happens in Vegas includes... NAEMT committee meetings, the Affiliate Advisory Council Meeting and the General Membership Meeting and Awards Presentation, which takes place on Monday, Sept. 9, at 5:30 p.m. The General Membership meeting is followed by the NAEMT Member Reception, sponsored by EMS World, at 6:45 p.m., for all members and guests.

No matter how you do at the slots, you'll come out ahead when you attend the NAEMT Annual Meeting.

See you in Vegas!



# Violence is a real threat to scene safety

by Chris Cebollero

During our initial EMS training, we all have spent countless hours muttering that magical little phrase: “Universal Precautions/Scene Safety.” Sometimes that little phrase was said in vain just so we could practice the skill at hand. However, the kind of training many of us received when we first entered the profession no longer seems adequate in the face of the increasingly violent environment in which we must work.

Over the past several months, there has been growing concern with violence against EMS practitioners. This past Christmas, we all felt that pit in the bottom of our stomachs when our peers were attacked responding to a house fire. That act of violence in Webster, N.Y., left two responders dead and two others sent to the hospital.

As both an EMS practitioner and a chief of a department, my concern for the safety of my workforce and my own personal safety were dreadfully heightened. The tragedy in New York and other acts of violence against EMS practitioners is a topic of serious discussion on EMS blogs and podcasts. Questions have been raised as to whether it is time to buy our employees bulletproof vests, or even go as far as to arm them with weapons. Although there is no consensus as to a solution, we can agree on the paramount importance of paying more attention to scene safety.

Those who have spent any time working in EMS have come across violence of some degree. We’ve had to wrestle our patients waking up from hypoglycemia, or defend ourselves from patient aggression, or have even had to flee the scene for our safety. It is no longer possible to have an “it won’t happen here” mentality. Instead, we must prepare our workforce for the “when.”

A short time ago, a paramedic told me a story. The crew responded to the home of a sick child. The child had obvious abdominal pain and was not getting any comfort. At one point, the parent’s behavior became both confusing and frightening to the crew. Not knowing how to handle the situation, and worried about their safety, the crew fled the scene.

In conducting research for our EMS Safety course, NAEMT’s EMS Safety Program Committee found that four in five EMS practitioners have experienced injury related to our profession, with 52 percent claiming an injury by assault. This statistic signals that we should be spending more time and resources to help our

practitioners protect themselves and respond appropriately.

## Possible solutions

So, what can we do to keep ourselves safe? Is it time to teach our workforce crisis management? Is it time to teach self-defense techniques? Is it time to teach de-escalation tactics? Perhaps we should teach all of the above.

All EMS agencies should prepare their EMS practitioners through a violence prevention and response program appropriate to the specific needs of the community being served.

NAEMT offers a comprehensive EMS Safety course for all EMS practitioners. This one-day, CECBEMS accredited course is designed to promote a culture of EMS safety and help reduce the number and intensity of injuries incurred by EMS practitioners. The curriculum covers crew resource management, emergency vehicle safety, responsibilities in scene operations, patient handling, patient, practitioner and bystander safety, and personal health.

It offers an overview of current issues surrounding safety in EMS, presents and discusses case studies, builds risk assessment and decision-making skills and provides an opportunity for participants to relate their own experiences with EMS safety issues. It is an affordable way to ensure that all EMS practitioners receive

the safety training that they and their patients deserve. Contact [education@naemt.org](mailto:education@naemt.org) to learn how to bring this course to your agency.

For more hands-on self-defense training for EMS, consider the Defensive Training for EMS course offered by DT4EMS. This 16-hour course teaches EMS practitioners the skills needed to recognize a developing threat of assault and how to react appropriately. It presents a non-aggressive approach to responding to real world situations. You can learn more about this course at [www.dt4ems.net](http://www.dt4ems.net).

If we truly believe the saying “get through your shift and get home to your family safe,” we need to have training that is more relevant and effective than just repeating “Universal Precautions/Scene Safety.”

*Chris Cebollero is Director, Region I, on the NAEMT Board of Directors.*





National Association of Emergency Medical Technicians  
Foundation  
P.O. Box 1400  
Clinton, MS 39060-1400



# Nominate colleagues, agency for National EMS Awards of Excellence

*National EMS awards celebrate best in EMS profession*

**N**ominations are now open for the 2013 National EMS Awards of Excellence. Be sure to play a part in getting your excellent colleagues or your EMS agency the recognition they deserve by nominating them for one of the awards.

Each year, NAEMT collaborates with other national EMS organizations to recognize outstanding achievements and contributions in EMS. By submitting a nomination, you not only recognize the candidate, you honor and recognize the EMS profession and all EMS professionals who provide quality emergency patient care to their communities.

The following National EMS Awards of Excellence will be awarded:

- **NAEMT/Braun Industries EMT of the Year** – recognizes an emergency medical technician who demonstrates excellence in the performance of emergency medical services, with their primary role being that of prehospital patient care.
- **NAEMT Paramedic of the Year, sponsored by Nasco** – recognizes a paramedic who demonstrates excellence in the performance of emergency medical services, with their primary role being that of prehospital patient care.
- **Dick Ferneau Paid EMS Service of the Year, presented by NAEMT and sponsored by Ferno** – recognizes outstanding performance by a paid EMS service.
- **Impact Volunteer EMS Service of the Year, sponsored by Impact Instrumentation, Inc.** – recognizes outstanding performance by a volunteer EMS service.

Award recipients receive a monetary award, three core program registrations, plus \$1,000 for travel and lodging at EMS World Expo 2013 and the NAEMT Annual Meeting in Las Vegas, September 8-12.

All award recipients are announced in *EMS World Magazine* and recognized at the opening ceremony of EMS World Expo. The EMT of the Year, Paramedic of the Year, Paid Service of the Year and Volunteer Service of the Year awards also are presented at the NAEMT General Membership Meeting and are recognized in *NAEMT News*.



2012 NAEMT Paramedic of the Year Kenneth Davenport, of Marion, Ky., accepts his award from former NAEMT president Patrick Moore.

**The deadline for submitting nominations for the 2013 awards is June 14, so submit your nominations soon! Submit your nominations in the About Us > National Awards section of our web site.**