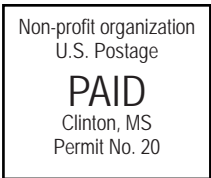




National Association of Emergency Medical Technicians
Foundation
P.O. Box 1400
Clinton, MS 39060-1400



Printer will drop in
FSC logo here

NAEMT Board meets, takes action

At the end of April, members of the NAEMT Board of Directors came to Kansas City, Missouri, from all corners of our nation for their mid-year meeting, where they considered issues affecting the EMS profession, NAEMT members and the operations of the association. Actions taken by the Board at the meeting included:

Adoption of a new position statement calling for the expansion of the Public Safety Officer Benefits (PSOB)

program — See article on page 18. The limitations of this program unfairly affect many of our members, notes Connie Meyer, President-Elect, who shares this personal example: “My husband works for a hospital based

EMS service providing 911 response. I work for a public (county based) service as well as serving as a volunteer first responder in the county. Both my positions are covered under the PSOB but his is not.”

Agreement to send a letter to the American Ambulance Association in support of its federal grant request for EMS personal protection equipment — This grant is to provide PAPR (powered air purifying respirators) for personal protection — important equipment for EMS practitioners, especially in light of threats such as an influenza epidemic. The respirators provide protection without having to do fit testing.

Adoption of a new operational policy governing the administration of NAEMT’s operating and reserve funds — The board approved the policy developed by the Finance Committee. It incorporates best practices in financial manage-

ment for associations and structures our investments to ensure the maximum possible return while assuring adequate protection of our assets. “The Finance Committee and staff developed the policy on operational and reserve funds to guide the association through these troubled financial times,” says Rick Ellis, NAEMT Treasurer. “We took a conservative approach on investing to help reduce the chance of loss. As we continue to grow, we need to remain vigilant about controlling expenses and making wise investments to ensure NAEMT remains financially solvent.”

Support of the concept of an annual EMS on Capitol Hill Day — While NAEMT has made visits to Capitol Hill for many years in conjunction with the Congressional Fire Services Institute’s Dinner, the Board agreed that EMS, with representation from all sectors of the profession, needs visibility with our congressional leaders. “This has been discussed for several years, and it’s time to move forward,” says Jerry Johnston, NAEMT Immediate Past President. “Those on the Hill need to see representatives from all the EMS factions with a strong and unified voice.” Added Meyer, “It is time for EMS to have its own day on Capitol Hill to raise awareness of EMS as the safety net for healthcare in the U.S.”

Ratification of the slate of new candidates for the Board of Trustees of the NAEMT Foundation — The Bylaws of the NAEMT Foundation recently were modified to increase involvement of NAEMT members in the work of the Foundation.

Other items — The board also received a report on the work to date of the Special Committee on Elections and Candidacy, a status report on the project sponsored by the National Fire Protection Association from Johnston, who represents NAEMT on this project, and a report from Meyer, one of NAEMT’s representatives to Advocates for EMS, on advocacy activities.

Board members also discussed in depth the impact of the new EMS scope of practice model and national education standards on the EMS profession and NAEMT.



The EMS Agenda for the Future Implements a Systems Approach

by Dan Manz

There is an old adage in rural New England: "If it ain't broke, don't fix it." After careful consideration, I've concluded that EMS education in the United States actually is broken and needs to be fixed.

The good news is that collectively, we are in the midst of implementing the necessary fixes and are setting the stage for the professional and public recognition EMS practitioners so richly deserve.

Agenda creates common vision for future

The reason EMS education is broken relates to our historical reliance on National Standard Curricula (NSC). The NSC have driven not only how EMS practitioners are educated, but also exactly what their states allow them to do professionally.

Other allied health professions use an approach that first identifies the domain of the profession (core content). A determination is then made based upon the core content as to what those at various levels within the profession will be authorized to do (scope of practice).

Only after those decisions have been made is the necessary educational preparation (education standards) created to guide educators in preparing candidates to enter the profession. The competency of candidates to practice is verified using a national certification examination, and the educational programs meet national accreditation standards. States issue licenses to individual practitioners authorizing their practice based upon this type of combined system.

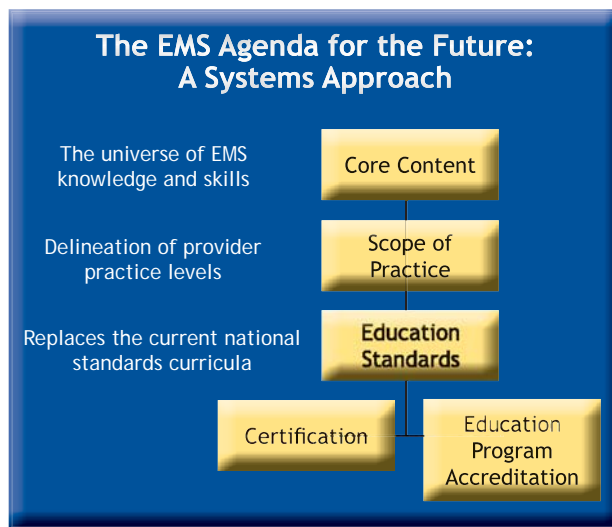
In 1996, the National Highway Traffic Safety Administration and the Health Resources and Services Administration published the *EMS Agenda for the Future (Agenda)*. The *Agenda* created a common vision for the future of EMS and is designed for use by government and private organizations at national,

state and local levels to help guide EMS planning, decision making, and policy including EMS education.

In 2000, the *Agenda* was followed by the *EMS Education Agenda for the Future: A Systems Approach (Education Agenda)*. The purpose of the *Education Agenda* is to establish a system of EMS education that more closely parallels that of other allied health care professions.

Since the release of the *Education Agenda*, we have accomplished much. The *National EMS Core Content*, *National EMS Scope of Practice Model*, and *National EMS Education Standards* have all been completed. Work continues on implementation of the *National EMS*

Certification and *National EMS Education Program Accreditation* components.



Guidelines steer improvements

EMS stakeholders — including NAEMT — that participated in developing the *Education Agenda* believe that:

An established national EMS education system would align EMS with other health professions and enhance the professional credibility of EMS practitioners.

National EMS Education Standards should replace the

Continued >> 10

INSIDE

- 3** NAEMT adds new tagline to logo
- 10** NAEMT awards newest scholarship
- 13** Ten ways to engage in YOUR association
- 18** New position statement supports extending federal benefits

Thank you to our sponsors

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 thanks our sponsors and welcomes our newest sponsors: EVS, Ltd., which offers integrated child safety seats for EMS transport, and Page, Wolfberg & Wirth, the nation's EMS industry law firm.

Corporate Partner

The College Network



Diamond

EMS1



Presidential

Masimo Corporation



Silver

Medtec Ambulance



Meridian Medical Technologies



Annual

AllMed



Braun Industries

EVS, Ltd.



HPSO

Monster Medic



Page, Wolfberg & Wirth

Water-Jel



NAEMT adds new tagline to logo

In May, after careful consideration, the NAEMT board of directors voted unanimously to add a tagline to the NAEMT logo to better define who it is that the association serves. The new tagline, *Serving our nation's EMS practitioners*, makes its debut on the cover of this issue of *NAEMT News*.

With use of the term "EMS practitioners", the new tagline better describes the whole of the association's membership, which includes paramedics, emergency medical technicians, first responders and other professionals working in pre-hospital emergency medicine.

According to the Random House Dictionary, the word practitioner refers to 1.) a person engaged in the practice of a profession or occupation, such as a medical practitioner, or 2.) a person who practices something specified. Both definitions apply to trained EMS personnel, who are required to hold certification and continue their education to practice in the field. The term practitioner particularly suggests a medical setting, conveying knowledge, credibility, skill, experience, sound judgment, wisdom and respectability.

"The term 'practitioners' recognizes pre-hospital medicine as an independent practice of medicine, of which we are all practitioners, regardless of certification, license or level of training," says NAEMT Medical Director Paul R. Hinchey, MD, MBA, EMT-P.

By adding the new tagline, NAEMT conveys the utmost respect it has for its EMS practitioner members and their work, and the respect those members deserve from other professionals and the public.



**SAFETY IN MOTION.
ACTIONSAFE™**



Medtec introduces ActionSafe – Our innovative crash-stable ambulance interior is designed to keep your patient – and you – safer. In a bold new envelope of protection, Medtec's ergonomic ActionSafe configurations allow easier access to controls, supplies and the patient. Cabinets are flared away from head impact zones. Structural side impact beams are standard. At the center of it all is a unique side action seat with a 5-point safety harness, which allows you to stay in the action while securely seated. Be ready. Be sure. Stay ActionSafe, by Medtec.



BE READY. BE SURE.
MEDTEC

www.medtecambulance.com

FACING CHALLENGES?

EMTs rush to 2-car crash

UNITED PRESS

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



WE'VE GOT ANSWERS.

GET COMPLETE EVENT DETAILS AND REGISTER AT WWW.EMSEXPOEVENTS.COM

EMS EXPO

In Partnership With
NAEMT

October 26-30, 2009

Georgia World Congress Center – Building C
Atlanta, GA

NAEMT members save \$125 on the 3-day conference program. Find out more at www.emsexpoevents.com!

Co-located with:

ENFORCEMENT
EXPO **SOUTHEAST**

Firehouse
CENTRAL
FIRE · RESCUE · EMS

What it means to be committed to the EMS profession

WE ALL SAY IT, JOKINGLY: “I THINK I NEED TO BE COMMITTED.” It’s only understandable that with the long hours and grueling work that our field often requires, at times we might question our sanity.

But we’re in this profession because we love it. We do good work, we save lives, and we have our hands on the pulse of the patient each and every shift. So what does it mean to be truly “committed” to the EMS profession?



Patrick Moore
President

EMS practitioners who show their commitment to the profession through NAEMT, the stronger the association will be and the greater the influence of EMS on national issues and in the medical community as a whole. Please see the article on page 13 for some concrete suggestions on how you can be involved in YOUR association.

One way NAEMT supports your commitment is by holding the annual meeting each year prior to EMS EXPO to provide you with the opportunity to get together and network with other members, find out what’s going on in the EMS community, meet the association’s

This issue’s cover article by Dan Manz outlines new EMS educational improvements and describes the *EMS Education Agenda for the Future: A Systems Approach*, which NAEMT was involved in developing. For many reasons, development of these new standards is crucial, not the least of which is that an established national EMS education system would align EMS with other health professions and enhance our professional credibility.

The move toward education standardization and evidence based research, which NAEMT has strongly supported, are both key to our new education standards as well. I urge you to read the article and learn more about this Agenda as part of your commitment to the profession.

New tagline better defines membership

Finally, to better recognize your commitment and better define those working in EMS, we’ve added a new tagline to the NAEMT logo: *Serving our nation’s EMS practitioners*. As noted in the article on page 3, we chose the term “practitioners”, a term we’ve been consistently using throughout the past year, to describe the whole of EMS — paramedics, emergency medical technicians, first responders and other professionals working in pre-hospital emergency medicine.

We hope that using this tagline along with our logo helps better define what it is that NAEMT does and who we serve — you, our members.

We thank you for your commitment to EMS and to NAEMT. I look forward to seeing you at the upcoming annual meeting.

Membership in NAEMT is a visible demonstration of your commitment to EMS.

For me, it means being dedicated to the highest quality patient care; actively engaging in the continued development of our profession; and visibly demonstrating professionalism to our patients, our co-workers and our communities. NAEMT exists to support your commitment to the EMS profession.

Membership in NAEMT, your national professional association, is a visible demonstration of your commitment to EMS. Through involvement in activities such as voting, participation on a committee, or sharing your thoughts with your congressional leaders through CapWiz, you can have real impact in the development of EMS. The more

leadership and staff, and just enjoy the company of EMS colleagues from across the nation in celebration of our profession. Be sure to register for EMS EXPO soon — see page 14 for more information on the annual meeting and how to register.

NAEMT committed to improving education standards

NAEMT also supports your commitment by working to improve the professional standards by which we conduct our profession. A major activity in which our association is involved is the revamping of EMS education standards to meet the needs of the 21st century and of those EMS professionals who are now in training: the future of EMS.

Officers

Patrick F. Moore	President
Connie A. Meyer	President-Elect
Donald Walsh	Secretary
Richard Ellis	Treasurer
Jerry Johnston	Immediate Past President

Board of Directors

Jennifer Frenette	Director Region I
James M. Slattery	Director Region I
Don Lundy	Director Region II
Dennis Rowe	Director Region II
Aimee Binning	Director Region III
Sue Jacobus	Director Region III
Charlene Donahue	Director Region IV
K.C. Jones	Director Region IV
Kenneth J. Bouvier	At-Large Director
C.T. "Chuck" Kearns	At-Large Director
Paul Hinchey, M.D.	Medical Director
Martin S. Stillman, Esq.	Legal Counsel

Staff

Pamela Cohen Lane	Executive Director
Lisa Lindsay	Business Manager
Corine Curd	Education Manager
Rebecca Dinan Schneider	Communications Manager
Trevor Hicks	Education Outreach Specialist
Keshia Robinson	Office Coordinator
Sylvia McGowan	Education Coordinator

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.

The Universe of EMS Knowledge

and Skills

Advertisement in *NAEMT News* does not constitute endorsement by NAEMT of any particular product or service.

Photocopying of articles in *NAEMT News* for non-commercial use is permitted. Reprinting of articles is permitted only with permission. For reprint permission, contact NAEMT.

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

Via e-mail: news@naemt.org

Membership information: membership@naemt.org

Copyright © 2009, National Association of Emergency Medical Technicians. All rights reserved.

Summer 2009

Volume 22, Number 3

CONTENTS

NAEMT DISPATCHES

- Back NAEMT Board meets, takes action
- 2 Thank you to our sponsors
- 3 NAEMT adds new tagline to logo

FROM THE PRESIDENT

- 5 What it means to be committed to the EMS profession

EDUCATION

- 7 Attend NAEMT educational courses
- 7 New program provides free Alzheimer's training
- 8 Attend the Scott B. Frame Memorial Lecture
- 8 PHTLS news
- 9 AMLS and EPC news
- 10 NAEMT awards newest scholarship

MEMBERSHIP

- 13 Ten ways to engage in YOUR association
- 14 Attend the 2009 annual meeting
- 14 Atlanta attractions: Top 10 things to do
- 15 National awards nominations deadline is July 31
- 16 Submit your candidacy materials for the NAEMT Board
- 17 Enter our contest and win great prizes!

ADVOCACY

- 18 NAEMT president leads Capitol Hill delegation
- 18 New position statement supports extending federal benefits
- 19 How'd you like your EMS experience?

Attend NAEMT educational courses

IF YOU'RE PLANNING TO ATTEND EMS EXPO 2009 IN ATLANTA, you won't want to miss the NAEMT pre-conference courses. Taking place from 8 a.m. to 5 p.m. on Monday and Tuesday, October 26 and 27, 2009, these two-day courses held prior to EMS EXPO include:



Advanced Medical Life Support (AMLS) — Offers a practical approach to adult medical emergencies, helping participants increase their abilities in assessing and managing patients from initial field impressions through differential diagnoses. The course targets advanced-level practitioners and allows for a minimal amount of lecture and ample actual hands-on physical assessment of the medical patient. **Fee: \$280 — includes textbook/\$330 after October 2**

Emergency Pediatric Care (EPC) — Focuses on the care of sick and injured children and gives students a practical understanding of respiratory, cardiovascular, medical and traumatic pediatric emergencies. Assessment is based upon the Pediatric Assessment Triangle (PAT), and lessons are consistent with current pediatric knowledge and skills. The program incorporates family centered care throughout all scenarios, as well as a component on caring for children with special needs. **Fee: \$230/\$280 after October 2**



Prehospital Trauma Life Support (PHTLS) — Providing an intensive experience to all levels of prehospital care practitioners, this 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. **Fee: \$280 — includes textbook/\$330 after October 2**

Demystifying Prehospital Research — This intense research workshop furthers participants' understanding of the research process, 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. Participants divide into groups to develop a topic through all the phases of research and then present their projects in moderated abstract presentations. **Fee: \$230/\$280 after October 2**

Beyond the Streets: Essential Skills for Aspiring EMS Supervisors — Targeting supervisors of EMS operations, this course provides training in management effectiveness and skills. Industry-leading faculty guide participants in experiential and practical learning activities that let them step out of their comfort zones and participate in owning their learning experience. Pre-readings and a participant survey are distributed in advance. **Fee: \$295**

Preregistration is required for all courses. To learn more about or register for any of these NAEMT courses, go to the Preconference Courses page in the Education section of the web site. **The early bird deadline is October 2!**

New program provides free Alzheimer's training

More than five million Americans are living with Alzheimer's disease and six out of 10 of them will wander. If not found within 24 hours, up to half will suffer serious injury or death. To help EMS professionals protect these individuals, the Alzheimer's Association has created a new outreach and training program: Approaching Alzheimer's: Make your first response the right response."

Designed with and for first responders, the program provides strategies for working with people who have Alzheimer's disease and related dementias. It includes a DVD featuring actual first responders portraying scenarios based on their encounters with those with dementia. "The new Approaching Alzheimer's training program will assist first responders by providing them with tools to quickly and appropriately respond to people with the disease in their community," says Beth Kallmyer, director of client services with the Alzheimer's Association. Subjects covered in the training include wandering, unsafe driving/shoplifting/unsafe guns, abuse and neglect, and disaster response.

To learn more, contact your local Alzheimer's Association chapter through www.alz.org or call 800-272-3900.



Attend the Scott B. Frame Memorial Lecture Casualty Vignette from Operation Enduring Freedom

This year's Scott B. Frame Memorial Lecture will be given by HM1 Jeremy Torrisi, U.S. Marine Corps Forces Special Operations Command (MARSOC).

In his talk, he will be describing an anti-coalition force ambush in Afghanistan in the summer of 2008, during which his EMS staff received 15 wounded in action (WIA) personnel and one killed in action (KIA) through three separate casualty evacuation helicopter lifts using Tactical Combat Casualty Care (TCCC) guidelines. At times, all staff were performing TCCC at once.

After enlisting in the Navy in 1994, Torrisi served in hospital billets in Groton, Conn., and Naples, Italy, before volunteering for the U.S. Marine Force Reconnaissance Corpsman pipeline in 2001, where he became a Special Amphibious Reconnaissance Corpsman in 2004.

During the next four years, he deployed to Fallujah, Iraq, with the 3rd Recon Battalion in 2005, returned to Ft. Bragg, N.C., for Special Operations Independent Duty Corpsman training in 2006, and deployed to Afghanistan in 2007-2008 with the 2nd Marine Special Operations Battalion.

Shortly after returning from his most recent deployment to Afghanistan, he was named both MARSOC Medic of the Year and Sailor of the Year for 2008. He currently is stationed at Camp Lejeune, N.C.

The Scott B. Frame Memorial Educational Fund was established in 2001 in memory of Frame, MD, FACS, FCCM, EMT-P, who made significant contributions to NAEMT and its Prehospital Trauma Life Support (PHTLS) program. He served as medical director for PHTLS from 1994 until 2001, when he died after battling cancer. In his honor, the Scott B. Frame Memorial Educational Fund was set up to facilitate an annual sponsored lecture.



Torrisi

PHTLS news: Work continues on update of materials, program additions

Work continues on the Seventh Edition of the Prehospital Trauma Life Support (PHTLS) textbook and teaching materials. Upon release, the materials will include a one-day version of the course and a version of the textbook that specifically targets first responders.

Programs that are being updated and re-started include those in Bolivia, Chile and Panama. An update and provider and instructor training in Santa Cruz, Bolivia was held at the end of May. PHTLS is working with potential course sites in Georgia, India, Nigeria and South Africa and plans to introduce the course to these countries within the year.

Also, J & M Affiliated Businesses has introduced PHTLS into Western New York. Thirteen seasoned instructors of other programs came together to become PHTLS instructors.

Comprised of New York State Certified Instructor

Coordinators (CIC), American Heart Association Regional Faculty members, ALS Coordinators and Municipal and State Fire Instructors, this group has embraced the philosophy of PHTLS and plans to offer the inaugural course this summer. Instructor candidates hail from all over Western New York, including Monroe, Niagara, Ontario, Wayne and Seneca counties.

The PHTLS Committee has posted the Tactical Combat Casualty Care program materials on the NAEMT web site, and is working on providing recognition for PHTLS faculty who conduct this course, along with recognition for practitioners who take the course. The committee is working on details with the program's military sites.

As it develops courses, the committee is considering e-learning online options for both provider and refresher courses and will communicate any new options added.

AMLS news: Program continues growth and expansion

The Advanced Medical Life Support (AMLS) program continues to grow. Last year alone, the AMLS program trained 9,432 students in 761 courses. AMLS program coordinators have appointed many new affiliate faculty in their regions. Please check the Education section of the NAEMT web site for the affiliate faculty in your area and for course assistance.

AMLS is expanding into the Western New York region, holding its first of a series of courses on May 9, 2009. The class was small to allow for active participation and attendees were excited to be involved in this continuing education course geared for medical emergencies.

Greg Chapman, EMT-P, RRT, PHTLS Vice-Chair, and Sarah Seiler, MS, RN, EMT-P, New York AMLS Affiliate Faculty, had the opportunity to bring PHTLS and AMLS to Rochester, N.Y. “The most wonderful aspect of the experience was the excitement and commitment that all the potential instructors and students showed during the course,” says Seiler. “The strong desire to provide excellent clinical care to their region was evident.”

J & M Affiliated Businesses, Inc. is planning to offer AMLS courses in the region several times throughout the year and anticipates increasing enrollment.

EPC news

Committee appoints new member

T.J. Bishop of Washington state recently was appointed to the Emergency Pediatric Care (EPC) committee as a program coordinator for the states of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington and Wyoming.

Bishop is an EMT-Paramedic who works for North Country Emergency Medical Services in Yacolt, Wash., where he is responsible for total quality management of training, education, and clinical emergency medical care for more than 120 paid and volunteer EMS practitioners.

He also works for Southwest Washington Tactical EMS Unit with the Vancouver Police as a training resource officer/tactical paramedic and serves as a Senior Instructor, Master Sergeant with the U.S. Army Reserve, 9th Battalion (HS), 4th Brigade (HS), 100th Division (OS), in Dublin, Calif. He manages courses in Military Occupational Specialty Healthcare, Tactical Combat Casualty Care, EMT-Basic, Combat Lifesaver, Basic Life Support, and Leadership.

Bishop serves as adjunct faculty for Tacoma Community College, NCTI-NW, and OHSU EMS programs; as a curriculum reviewer for Jones and Bartlett, Elsevier/Mosby JEMS, Delmar Publishers and Washington EMS; and as a reviewer for the Continuing Education Coordinating Board for Emergency Medical Services. He is a liaison to and member of several EMS organizations, including NAEMT.



Bishop

North Carolina holds first course

North Carolina held its inaugural EPC course at the end of April at Brunswick Community College. EPC Committee members Chad McIntyre and Lisa Bennett traveled to the area to help teach the provider and instructor courses, which were coordinated by Ginny O'Brien. There were 25 participants — 23 from North Carolina and two from Tennessee — including 20 instructor candidates, who plan to establish three new sites in the next quarter.

The EPC Committee has begun looking at sites that currently offer NAEMT courses where EPC may be added. The committee's goal is to teach EPC in every state by 2010 — an optimistic goal. NAEMT is determined to meet this objective by utilizing its vast network of AMLS and PHTLS affiliate faculty as well as EPC affiliate faculty.

EMS Agenda for the Future > > continued from 1

NSC in order to increase instructor flexibility and provide them with a greater ability to adapt to local needs and resources. *EMS Education Standards* supports the introduction of new technologies and evidence-based medicine without requiring a full revision of the entire education program.

The Education Agenda would assist states in standardizing provider levels across the nation, affording ease of reciprocity and greater opportunities for career growth in EMS.

The EMS Scope of Practice Model should be based on evidence, including a practice analysis and research of what does and doesn't work in the field.

National EMS Certification standardizes verification of entry level competency and supports EMS career mobility.

In 2003, as part of its Quality Chasm series, the Institute of Medicine (IOM) published a consensus document, *Health Professions Education: A Bridge to Quality*. In its vision for health professions education, the IOM states, "All health professionals should be educated to deliver patient-centered

care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics."

The *Education Agenda* embodies all of these characteristics, and its modeling and approach are common in the health professions, as reflected in various documents published by the IOM, the Pew Health Commission Taskforce on Healthcare Workforce Regulation, the University of California at San Francisco Center for the Health Professions, and representatives of the regulatory boards of several healthcare professions.

Implementation of the *Education Agenda* will continue to unfold over the next few years. We all need to understand the model and participate in decisions about the system of education that will prepare future generations of EMS professionals.

For more information, go to www.nasemso.org.

Dan Manz is team leader for the EMS Education Agenda for the Future Implementation Team for the National Association of State EMS Officials. He is a member of the board of directors of the National Registry of Emergency Medical Technicians and has served as the State EMS Director for Vermont since 1987. He has served in several elected and appointed positions for the National Association of State EMS Officials, including President. Manz has worked in EMS since 1974.



Manz

NAEMT awards newest scholarship

NAEMT has awarded the newest NAEMT scholarship of \$2,500 to **Grant Rounds** of Downingtown, Penn., an EMT-B with Skippack EMS, Skippack, Penn.

Rounds, a single father of two children, says he feels that "EMS is a lifelong career for me." Before working with Skippack EMS, Rounds served with the Minquas Fire Company's EMS division for four years, as a firefighter/EMT with the West End Fire Company #3, as an EMT with the Lancaster EMS Association, and in EMS positions in Florida.

"I have always felt that education is the best way to advance your career and to help bring the field of EMS into the national spotlight as a career instead of a trade," Rounds says. "My goal is to obtain a degree that will help me become an effective EMS manager and to help change the profession of EMS in a positive way through leadership and initiatives."

The \$2,500 scholarship, available to active NAEMT members to assist them in continuing their education, was introduced earlier this year. The scholarship, exclusively sponsored by The College Network, is awarded quarterly in March, June, September and December. The next scholarship applications are due September 15, 2009. The scholarship can be used on any degree completion program offered by The College Network, including EMS Management, Fire Science, Business Administration and others.



Rounds

To hell and back home again.

"My job involves risks. But no risk is worth taking if I don't get back home to my family. That's why I carry DuoDote.[™]"



DuoDote has replaced the Mark I[™] Kit using advanced dual-delivery technology¹

- Optimizes response to chemical nerve agents^{2,3} by delivering both atropine and pralidoxime chloride in a single auto-injector
- Counteracts the life-threatening effects of a wide range of organophosphorus nerve agents and organophosphorus insecticides¹
- Offers the same advanced technology used by the U.S. military and allied nations worldwide⁴

Please visit www.DuoDote.com or call 1-800-638-8093 for more information.



Preparing for the unexpected.



MERIDIAN
MEDICAL TECHNOLOGIES

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.

© 2007 Meridian Medical Technologies[™], Inc., a subsidiary of King Pharmaceuticals[®], Inc. DuoDote[™] Auto-Injector, Mark I[™] Kit, and the DuoDote Logo are trademarks of Meridian Medical Technologies[™], Inc. MMT 5173 11/07

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/mmg166.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.



Rx Only

Atropine 2.1 mg/0.7 mL

Pralidoxime Chloride 600 mg/2 mL

Sterile solutions for intramuscular use only

FOR USE IN NERVE AGENT AND INSECTICIDE POISONING ONLY

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

INDICATIONS AND USAGE

DuoDote™ Auto-Injector is indicated for the treatment of poisoning by 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.

MERIDIAN MEDICAL TECHNOLOGIES™

© 2007 Meridian Medical Technologies™, Inc., a subsidiary of King Pharmaceuticals®, Inc.
Manufactured by Meridian Medical Technologies™, Inc.
Columbia, MD 21046
DuoDote™ Auto-Injector and the DuoDote Logo are trademarks of Meridian Medical Technologies™, Inc.
MMT 5173 11/07

Ten ways to engage in YOUR association

You've demonstrated your commitment to the EMS profession by joining your national professional association, NAEMT. How can you get the most out of your membership? Here are ten ways that you can make your membership count.

1 Vote. One of the easiest and most important ways to get involved is to VOTE for your NAEMT leadership. Each year, NAEMT holds an election for members of the board of directors. All the information about candidates is posted online, and you'll receive several communications on how to review candidate information and vote.

2 Stay informed. Be aware of NAEMT's activities and positions on national EMS issues. Simply read the e-newsletter NAEMT sends you each month, review your quarterly copy of *NAEMT News*, and check in at www.naemt.org where the latest news about EMS and NAEMT is posted. And feel free to send your comments on issues!

3 Attend the NAEMT annual meeting before EMS EXPO. Each year, the NAEMT General Membership Meeting and Awards Presentation welcomes you to join with other members to celebrate NAEMT's successes, learn about future goals, thank volunteers and sponsors, and recognize outstanding practitioners through national awards. At the membership reception, network with colleagues from across the nation, meet NAEMT leaders and staff, and have fun with others who share your commitment to EMS.

4 Promote your association. The more practitioners who show their commitment to EMS by joining NAEMT, the greater the association's influence on national issues and in the medical community as a whole. When you recruit your colleagues to join, you can earn rewards for recruiting new members — \$100 for 10 new members, \$225 for 20 new members or \$350 for 30 new members. When you bring in new members, you do your colleagues and yourself a big favor!

5 Take advantage of your membership benefits. As a dues-paying member of NAEMT, you receive a host of benefits, from huge discounts on EMS events, publications and supplies to no-cost death and dismemberment insurance — and much more. To learn more about all the benefits available to you, go to the Member Resources section of the web site and log in.

6 Join in advocating on issues of concern. NAEMT's online service Capwiz lets you easily advocate on issues of concern to EMS practitioners. Use Capwiz to find and

connect with your congressional representatives simply by entering your zip code, review pending legislation that impacts EMS, see how your congressional representatives voted on legislation, and respond to our legislative "Calls for Action." To learn more, go to <http://capwiz.com/naemt>.

7 Become a NAEMT course instructor. Share your knowledge and give back to the profession, plus build your résumé, by teaching NAEMT continuing education courses. You'll need to successfully complete the instructor course for the specific educational program, be monitored by an education program committee member or other designee, and then be approved to teach. Once you are recognized as a NAEMT instructor, you are eligible to become affiliate faculty. For more information, see the FAQs section of the Course Administration page on www.naemt.org.

8 Get involved in committees. Volunteer your time and talents to help identify issues that affect members, develop resources and operational policies, and make recommendations to the board. The only requirement for being on a committee is your interest and willingness to participate. For detailed information on the committees and their work, visit the Committees page in the About Us section of the web site.

9 Join the NAEMT groups on EMS social networking sites. NAEMT groups on www.emsconnect.com and www.emsunity.com connect you with EMS practitioners nationwide. Share stories, ideas, experiences, pictures and videos, as well as network, ask questions about and/or provide solutions to day-to-day EMS challenges.

10 Serve in a national representation or leadership position. You can serve as your EMS association representative to NAEMT on the Affiliate Advisory Council (AAC); as a liaison to one of the more than 30 national organizations with which NAEMT has a relationship; or on the NAEMT Board. Members of the AAC are appointed by presidents of the EMS associations, and liaisons are appointed by the NAEMT president, while members of the board are elected by NAEMT's active members — see page 16 for more information.

There are many ways to engage in your national professional association.

We welcome new voices in NAEMT. Get involved today!

Attend the 2009 annual meeting

JOIN YOUR COLLEAGUES from across the country this October at the Georgia World Congress Center in Atlanta at the NAEMT annual meeting prior to the country's largest EMS event — EMS EXPO 2009. **Sign up soon — the early bird deadline is October 2, 2009.** Be sure to attend the following events!

Business Meetings

Monday, October 26, 9 a.m. – 6 p.m. Tuesday, October 27, 9 a.m. – 6:30 p.m.

Open to all NAEMT members, committee meetings held 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.

General Membership Meeting and Awards Presentation and Reception

Tuesday, Oct. 27, 5:30 p.m. – 8 p.m.

Join us at the NAEMT General Membership Meeting and Awards Presentation on Tuesday evening. Unite with other NAEMT members in celebrating the major activities and successes of your association during the year, meeting the new board members, and learning about goals for 2010. We'll also thank NAEMT volunteers and sponsors and recognize outstanding EMS practitioners and services with national awards. Right after the meeting, you can enjoy

Southern hospitality Atlanta style at a welcoming reception for all NAEMT members and invited guests.

Education Program Committee Meetings

Wednesday, October 28, 8 a.m. – 3 p.m.

The annual meetings of NAEMT's Advanced Medical Life Support (AMLS), Emergency Pediatric Care (EPC) and Prehospital Trauma Life Support (PHTLS) committees are designed for program instructors, affiliate faculty and site coordinators. These meetings provide updates on the status of the education programs, including plans for the future.

NREMT Wine & Cheese Reception

Wednesday, Oct. 28, 5:30 – 7:30 p.m.

Cheddar, chardonnay ... and EMS congeniality. NAEMT members are invited to attend the annual wine and cheese reception sponsored by the National Registry of Emergency Medical Technicians. This reception is a yearly tradition that celebrates EMS and provides attendees with the opportunity to have fun and network with other members and NAEMT leaders.

For a complete schedule of EMS EXPO 2009 and NAEMT annual meeting events, click on the EMS EXPO ad on the NAEMT web site home page.

Atlanta attractions Top 10 things to do

IN ADDITION TO THE educational opportunities, networking and socializing that the NAEMT annual meeting and EMS EXPO offer, the city of Atlanta offers a wealth of things to do and see. As Georgia's capitol city, Atlanta showcases not only Southern hospitality but also fine dining, museums, theater, attractions and world-class shopping. Here are a few things to do during your visit.

1. Tour the Georgia State Capitol. Its dome topped with Georgia native gold, the restored 1889 state capitol houses a museum which exhibits significant artifacts, including a priceless collection of Georgia's state flags. You can take a 60- or 90-minute tour.

2. See the Martin Luther King, Jr. National Historic Site and Sweet Auburn District. The Sweet Auburn area was a thriving center of black enterprise in Atlanta from the 1890s through the 1940s, and is the birthplace of Dr. Martin Luther King, Jr. The Martin Luther King Jr. National Historic Site features his birth home, a visitor center, historic Ebenezer Baptist Church, and The King Center, where King's Nobel Peace Prize is on exhibit. The crypt and gravesite of King and his wife, Coretta Scott King, are located here.

3. Drink in the World of Coca-Cola. Here, you'll be able to experience a multi-sensory 4-D theater, a marvelously restored 1880s soda fountain, a one-of-a-kind World of Coca-Cola glass bottle produced in a real, live bottling line, and the opportunity to sample nearly 70 different beverages from around the world.

Continued >> facing page

National awards nomination deadline is July 31

Each year, NAEMT presents national awards recognizing outstanding achievements and contributions in EMS. If you have a colleague who provides high quality EMS patient care, please nominate him or her for the NAEMT EMT of the Year or NAEMT Paramedic of the Year award. If you know of an outstanding EMS service, nominate it for the EMS Magazine Paid Service of the Year or EMS Magazine Volunteer Service of the Year award.

Award recipients receive a \$1,000 award stipend; registration for, free travel to, and lodging for three nights at EMS EXPO 2009, where the award will be presented at the NAEMT General Membership Meeting and at the opening ceremony of EMS Expo; and recognition in *NAEMT News* and in *EMS Magazine*.

Online nominations makes the process easier than ever. The deadline is **July 31, 2009**, so submit your nominations! **To learn more about the awards and access the nomination forms, visit the National Awards page of the NAEMT web site.**

Atlanta attractions >> continued from 14

4. Run rings around Centennial Olympic Park. Located downtown, this 21-acre park is a legacy from the 1996 Centennial Olympic Games. With year-round concerts, festivals and events, it features the world's largest Olympic Ring fountain, The Fountain of Rings, with four shows daily.

5. Dive in at the Georgia Aquarium. Enjoy a singular aquatic experience at the world's largest aquarium, which lets you get up close to whale and sand tiger sharks, beluga whales, sea otters and other aquatic species from around the world.

6. Relax in the Atlanta Botanical Garden. This site serves as a peaceful oasis with 30 acres of beautiful gardens, an urban forest, wildflower trails, the Dorothy Chapman Fuqua Conservatory and a 10,000 square-foot Fuqua Orchid Center.

7. Check out the High Museum of Art. The leading art museum in the southeast, the High Museum of Art features a broad, diverse selection of art: 19th and 20th century American works, European paintings, decorative arts, African and African-American art, photography, and modern and contemporary art. It currently is partnered with the Musee du Louvre to bring its treasures to the city.

8. Be blown away at the Margaret Mitchell House. The site where author Margaret Mitchell lived from 1925 to 1932 and wrote her Pulitzer Prize-winning novel, *Gone With The Wind*, this home is a three-story Tudor Revival mansion that offers tours, a museum, shop, and a Southern literature series. While in the Midtown area, take a walking tour from the Atlanta Preservation Center of the historic neighborhoods and prominent buildings like the Fox Theatre, one of the few remaining exotic movie palaces from the 1920s.

9. Visit the Atlanta History Center. Located in the Buckhead area, the Center includes 32 acres of gardens, wildlife trails and woodland areas, the 1840s Tullie Smith Farm, the fully restored 1928 Swan House mansion and Swan Coach House restaurant, as well as exhibitions on the Civil War, African-American heritage, Southern folk art and the 1996 Centennial Olympic Games.

10. Eat, shop and party. Georgia's capital is a dining mecca, offering fare from southern to Ethiopian and continental to Caribbean. The six-block Underground Atlanta is a lively marketplace offering historic guided tours, 100-plus specialty stores, nightlife and restaurants, street-cart merchants and annual events. Visit the Buckhead area for restaurants and nightlife, dancing and music. Lenox Square offers major department stores and famous specialty retailers. Phipps Plaza offers luxury retailers; Miami Circle and the Bennett Street District are known for quality antiques, estate jewelry, rare book galleries, unique lighting showrooms and art.

Other places to visit include the Millennium Gate, winner of the 2006 Palladio Award for public space design; the William Breman Jewish Heritage Museum; the Jimmy Carter Presidential Library and Museum, which displays his 2002 Nobel Peace Prize; and Zoo Atlanta's 200 species of animals. Getting around Atlanta is easy via taxis, a bus system and a rapid rail system, MARTA, which accesses the airport, major hotels and attractions. *See you in Atlanta!*



Fun Atlanta fact: 24 gorillas live at Zoo Atlanta.

Submit your candidacy materials for NAEMT Board

IF YOU ARE INTERESTED IN COMMITTING YOUR TIME AND TALENTS to your national professional association, consider running for a position on the NAEMT Board of Directors. Serving on the board allows you to help steer the course of your association, work with other leaders from across the country, play a key role in influencing issues of importance in EMS... and build your leadership skills.

NAEMT bylaws provide for five officers and 10 directors elected by the active members of the association. Eight of these directors represent members in a region of the United States, while the other two directors are at-large and represent all members.

Find your region

For the purpose of elections, the United States is divided into four geographic regions that are generally equal in terms of the estimated number of EMS practitioners. For each geographic region, two directors are elected for a two-year term, with their terms staggered. Directors who represent a region must reside within the territorial boundaries of that region. Regions are as follows:

Region I, Northeast United States: Maine, New Hampshire, Vermont, Massachusetts, New York, Rhode Island, Connecticut, New Jersey, Pennsylvania and Ohio

Region II, Southeast United States, Puerto Rico and U.S. Virgin Islands: Florida, Georgia, Alabama, South Carolina, North Carolina, Mississippi, Louisiana, Tennessee, Virginia, Maryland, Delaware, West Virginia, Kentucky, and the District of Columbia

Region III, Northwest and Midwest United States: Alaska, Washington, Oregon, Idaho, Montana, Wyoming, North Dakota, South Dakota, Minnesota, Wisconsin, Nebraska, Iowa, Illinois, Indiana, Michigan, and Missouri

Region IV, Southwest United States and U.S. Territories in the Pacific: California, Nevada, Arizona, New Mexico, Texas, Hawaii, Utah, Colorado, Oklahoma, Kansas, and Arkansas

Open positions for this election include two positions in Region I and one position each in Regions II, III and IV, as well as one At-Large Director position.

Candidate requirements

Prospective candidates must be active NAEMT members in good standing and certified as an emergency medical technician by a U.S. state, in their country, or duly registered as an EMT by the National Registry of Emergency Medical Technicians (NREMT). Candidates must live in the region for which they are running.

To submit yourself as a candidate, please send the following materials:

- A 500-word candidacy statement outlining the position you seek and why,

your goals if elected, the key challenges facing EMS and the association, how you believe NAEMT should address those issues, and why you are the best person for the position

- Background information including educational and professional accomplishments, recognition, involvement in NAEMT activities and any other information that may be relevant to the position you are seeking
- A letter of support from another active NAEMT member
- A high resolution color head shot photo

Please submit these materials electronically to nominations@naemt.org before August 2, 2009.

VOTE!

Make your membership count by voting in the annual election for NAEMT leadership. In September 2009, information about the candidates for the board of directors and voting instructions will be posted on the NAEMT web site. Candidates will participate in an online forum to answer your questions from August 31 through September 13, and the two week voting period will commence on September 14. You'll also receive member communications encouraging you to review the candidates' information and vote.

YOU choose who leads NAEMT — so please VOTE for those you believe will best serve you and your association.

Enter our contest and win great prizes!

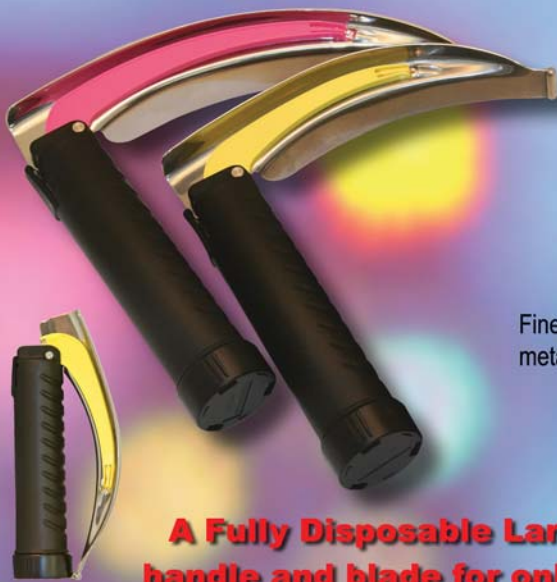
To win great prizes, simply answer the 10 questions below. You can find all the answers on www.naemt.org. Those who answer all questions correctly will be entered in a drawing for prizes sponsored by AllMed: first prize a complete intubation kit; second prize a complete first aid kit; and third prize a deluxe nylon fleece blanket. You're only 10 answers away from winning! E-mail your answers to news@naemt.org with the subject line "Contest."



Questions

1. Name two associations affiliated with NAEMT.
2. Name a director in Region II.
3. How much do NAEMT members save on EMS EXPO 2009?
4. List one of the preconference courses NAEMT is offering prior to EMS EXPO 2009.
5. How many position statements does NAEMT have posted?
6. Name one of the EMS Honor Guards listed.
7. Name one past president of NAEMT.
8. Which publication can members receive free of charge (in addition to *NAEMT News*)?
9. What company offers online education to members?
10. Name one of NAEMT's sponsors.

Good luck!



A Fully Disposable Laryngoscope handle and blade for only \$10.90!

Finely finished, non-traumatic metal edges with a real forged tip



LED technology for a bright, white light with ideal spectrum for viewing tissue

Available in
Macintosh 2, 3, 4
Miller 00, 0, 1, 2, 3, 4



The TruLITE™ one piece blade and handle combination is a versatile, high quality, airway management tool. This disposable instrument offers the features necessary to assist in quality intubation.

TRUPHATEK™
TruLite™

888-633-6908 • www.AllMed.net

NAEMT president leads Capitol Hill delegation

In April, NAEMT President Patrick Moore led a delegation of 10 NAEMT leaders in visits to federal agencies and with congressional representatives and staff.

They met with several United States senators and congressmen and their staff at the National Highway Traffic Safety Administration and the Department of Homeland Security. That evening, the delegation represented NAEMT at the annual Congressional Fire Services Institute dinner.

President Moore noted, "Representing the professional interests of EMS practitioners to our leaders in Washington, D.C. is some of the most important work we do at NAEMT. By actively voicing our positions and concerns, we help ensure that our government leaders understand the EMS perspective when developing policies, regulations and programs."

For more information on NAEMT national advocacy efforts, please visit the Advocacy section of the web site.



President Moore with Rick Patrick (left) and Dr. Jon R. Krohmer (right) of the Department of Homeland Security, Office of Health Affairs

New position statement supports extending federal benefits to all EMS practitioners

IN A NEW POSITION STATEMENT, NAEMT SUPPORTS extending the federal Public Safety Officer Benefit (PSOB) program to all police, fire and EMS personnel who lose their lives providing emergency medical services as a public service. Currently, the program covers only those EMS practitioners employed by a government entity.

Congress established the PSOB program to provide assistance to the survivors of police, fire and ambulance staff employed only by federal, state and local entities in the event of their deaths in the

line of duty. The program provides a one-time financial benefit to the eligible survivors of governmental public safety officers whose deaths are the direct result of a traumatic injury sustained in the line of duty. Disability benefits are provided to public safety officers who have been completely disabled in the line of duty by a catastrophic injury, if that injury prevents them from performing

gainful work. The program does NOT cover non-governmental ambulance personnel.

NAEMT strongly supports extending this benefit to cover all EMS practitioners who die in the line of duty. In 2003 and 2008, bills were introduced in Congress to extend the benefits program to non-governmental ambulance personnel such as EMTs, paramedics, nurses, doctors, drivers and pilots. However, these bills did not pass through committee.

"It is a travesty that two people working in similar positions may or may not be allowed benefits just because of where they work or what color uniform they wear," says Jerry Johnston, NAEMT Immediate Past President. "If the federal government saw fit to award benefits to private providers from 9/11, they should do so for those who pay the ultimate sacrifice every day."

According to the National EMS Memorial Service, approximately 400 EMS practitioners have died in the line of duty since 1993, averaging about 25 deaths a year, with about half of those employed by non-governmental agencies. As of October 1, 2008, the death benefit is \$315,746. To expand this benefit based on an average of 12 line-of-duty deaths of non-governmental practitioners per year would cost about \$3.79 million annually.

"NAEMT represents all EMS practitioners, whether they work in the public or private sectors," says Patrick Moore, NAEMT President. "Extending the benefit program to all EMS practitioners helps enforce the value of the life-saving skills and service of these dedicated men and women delivering EMS nationwide."

To view the full position statement, please visit the NAEMT Positions page on the web site.



How'd you like your EMS experience?

Benchmark study gauges satisfaction levels of patients using EMS

By Marie Nordberg, Associate Editor, EMS Magazine

As a routine part of providing good customer service, many EMS agencies ask patients to complete surveys to see how satisfied they were with the care they received following their calls to 911. But that only tells organizations how their own personnel are doing, not how they compare to other providers nationwide.

Study shares patients' thoughts on EMS care

Now, thanks to a 2008 study — the PRC National EMS Patient Perception Benchmark Study — undertaken by Omaha, Nebraska-based Professional Research Consultants, EMS agencies and hospital emergency departments nationwide can better understand the patients they serve.

“We work with hospitals and health systems, and one of our product lines is patient loyalty research,” says Janna Binder, MBA, PRC’s director of marketing and public relations. “We did this national study to get a baseline and find out, on average, what patients think. What type of care are they receiving? How do they perceive that care? That gives us a way to tell our clients where they’re doing well or where they need to improve.”

The study included hospitals, stand-alone EMS agencies and EMS patients nationwide, says Binder. The research employed a randomized telephone survey of 1,000 people who had experienced EMS care within the previous 90 days. The study showed what percentages of households used EMS services, called 911 and experienced transports

to medical facilities, and the patients’ perceptions of the overall quality of their experiences.

“One of the first things we told patients was that the agency or hospital would use the data to improve patient care for the future, so they were very receptive,” says Binder. “An EMS experience is not something that happens to people every day, so they understood the importance.”

To summarize: Of the 1,000 patients interviewed, 54.6 percent were female and 45.4 percent were male. A majority were 55 or older; the patients least likely to use EMS were between 18–24. When asked to rate the overall quality of care provided, 58.3 percent of all EMS patients rated their care as excellent. When comparing patients’ perceptions of EMS, in-patient and emergency department (ED) care side by side, patients rated their EMS care highest — at a rate actually double that of EDs (58.3 percent vs. 29.2 percent).

EMS practitioners receive high ratings

Evaluations of EMS practitioners showed nearly 60 percent of patients gave “excellent” scores in areas of overall teamwork, respect for racial/cultural backgrounds, and courteous and caring attitudes. The study also included questions regarding personal safety, use of 911

services, hospital care and suggestions for improvement.

Although this particular study probably will not be repeated, PRC conducts an annual National Consumer Perception Report, to which they’ve added a handful of EMS questions, says Binder. “Of the yearly survey of 1,000 consumers nationwide, roughly

one-fifth of them have used EMS during that time, and we ask them for their perceptions,” she says.

Results of the 2009 consumer study actually show increased satisfaction in the areas of overall quality of care (rated excellent by 54.1 percent of customers in 2008, 56.3 percent in 2009); overall response time (51.5 percent excellent rating in 2008, 55.1 percent in 2009); and emergency personnel’s knowledge and skill (49.8 percent excellent in 2008, 56.1 percent in 2009).

The 2008 patient perception survey can be found online at www.PRCOnline.com.

Reprinted with permission from EMS on the Hill, Vol. 3, #2, 2009, an EMS Magazine publication.

