NAEMT news
Serving our nation's EMS practitioners
A quarterly publication of the National Association of Emergency Medical Technicians
Summer 2011

You are part of the EMS Nation

by Connie A. Meyer, NAEMT President

Our jobs as EMS practitioners require us to focus with steadfast attention on the details of our patients and our EMS service. Our patients rely on us to note the smallest details to ensure they receive the appropriate care. EMS is a team effort, and our fellow squad members count on us being fully engaged in our work. The lives of our patients and our colleagues rely on our staying focused on the details.

Yet, in focusing on the details, we may not notice all that the EMS profession has to offer. We may not realize that we are part of something much bigger, connected by our shared passion and dedication to prehospital patient care. We may not recognize that each of us is part of what I like to call the "EMS Nation" where there are tremendous opportunities to grow, engage, communicate and participate in everything that our profession has to offer.

Grow your career

No one stands still. If you're not moving forward, someone wise once said, you're really moving backward as others advance around you. In any career it's important to keep growing and improving. That's particularly true in EMS, which itself is advancing so rapidly. Knowledge is power. In EMS, it's the power to help people more effectively. That's why most of us get into the field. Building your career improves you as an EMS practitioner. And of course, career growth often translates into increased financial rewards. Better educated and more experienced practitioners make better candidates for advancement.

Ours is still a young profession. As it grows into maturity, EMS needs not only excellent caregivers, but leaders to forge our path to tomorrow. The education and experience you seek today will, in its own small way, help build a better EMS for future generations.

NAEMT recently published a new web site with ideas and resources on how to grow your EMS career. Launched before EMS Week, www.emsweekideas.org is filled with information on advancing your clinical skills, becoming an EMS educator, the path to EMS management, and college degree opportunities specifically focused on EMS. We also launched the EMS Job Center at emsjobcenter.com that gives you access to thousands of EMS jobs across the U.S.

Engage your community

The citizens of our communities are our clients, but in many ways, they're our employers too. It's easy to understand that when you work within a public system, but even

Continued > > 3

INSIDE

8 Register now for NAEMT courses at EMS World Expo
10 Attend the Annual Meeting!
14 EMS social media: Why get involved?
18 EMS professionals advocate for EMS

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EMS Nation > > continued from cover

private services operate at the discretion of the public and their elected representatives who set the rules for delivering emergency medical care in their jurisdictions. Ultimately, we answer to them.

Yet often, members of the public don't understand who their EMS practitioners are, how they operate and what they exist to do. Members of third services are confused with firefighters. Public departments are assumed to have unlimited resources. Sick people don't understand the limitations of scopes of practice and why you can't do more for them, or they discount the hours of training and years of experience you've amassed and treat you as little more than a chauffeur to the real care, an "ambulance driver". Everyone expects the miraculous outcomes they've seen on TV.

Educating people can be hard, because there's no simple way to reach them, and because systems can vary so much in structure and form. As the saying goes, if you've seen one EMS system, you've seen one EMS system. But that's exactly why it's so important to reach out, inform people and raise their awareness of your organization and all it can do.

NAEMT has collected some of the best examples of projects to help practitioners and their services develop public trust and support. These ideas, as well as ways in which you can educate the public about illness and injury prevention, can be found at www.emsweekideas.org/communityoutreach.

> We are part of something much bigger, connected by our shared passion and dedication.

Connect to communicate

Do you communicate with your fellow EMS practitioners beyond your EMS service? Building professional relationships outside your service will give you a broader perspective on our profession, access to additional growth and leadership opportunities, and an outlet beyond your service for expressing and receiving feedback. I have found these three ways to connect very helpful:

1. Through membership in my state association. Most states have at least one association for EMTs and paramedics. Some have more than one. Check the Affiliates page on the NAEMT web site for your state association.

2. Through attendance at national EMS conferences, like EMS World Expo. National conferences are a great way to meet other EMS professionals from around the country.

3. Through social networking sites. NAEMT's Facebook page and our pages on other sites like EMS Connect, EMS United, JEMS Connect, and others quickly link you with EMS practitioners across the nation who share your concerns, can offer encouragement and inspiration, provide feedback, and let you know you're not alone. On page 14, read how the GenMed social networking site was founded.

Participate - Working together is key

As you probably know, I frequently ask our members to participate in NAEMT's advocacy efforts. Of course, the one factor that determines the effectiveness of our advocacy efforts is you – our members. Successful advocacy depends on a network of committed individuals who educate themselves on the issues and contact their elected government officials.

Connie A. Meyer
President

Elected officials listen to the citizens who put them in office. Congressional leaders know now more than ever that the key to getting elected and re-elected is to understand how federal legislation affects real people back home.

As you can read in the article on page 18, many of us went to our nation's capitol in May to speak with a single voice on EMS issues at EMS on the Hill Day. This annual event, the nation's largest EMS advocacy event, provides us with the opportunity to meet with our congressional representatives, build relationships and advocate for the passage of key EMS legislation. Although meeting with congressional leaders in Washington, D.C. is a direct and effective way to advocate for our profession, there are many opportunities outside of our Capitol for you to advocate on behalf of EMS.

- Get to know your members of Congress. Find information about them through NAEMT's Capwiz service at http://capwiz/naemt/home.
- Schedule meetings with your Senators and House Representatives in the district office when they are home.
- Attend town hall meetings to share EMS concerns.
- Send letters and make phone calls.
- Join your state EMS association. Many state associations already have legislative programs in place in which you can become involved.

For more ideas, visit the Advocacy section of the NAEMT web site.

There is a world of opportunities awaiting you to grow, engage, connect and participate. Recognize your role as a member of the "EMS Nation" and get more involved in our EMS profession.

Summer 2011 Volume 24, Number 3

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

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CONTENTS

FROM THE PRESIDENT

1 You are part of the EMS Nation

NAEMT DISPATCHES

2 Thank you to our sponsors

EDUCATION

6 AMLS and EMS Safety news

7 EPC and PHTLS news

8 Register for NAEMT preconference courses at EMS World Expo

MEMBERSHIP

Back Congratulations to our Stars of Life

10 Attend the Annual Meeting!

12 NAEMT exhibits across country

13 Get ready for 2011 NAEMT elections

13 NAEMT Bylaws change proposed

14 EMS social media: Why get involved?

17 Two members awarded scholarships

ADVOCACY

18 EMS professionals advocate for EMS

19 It's easy to advocate

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AMLS news: New committee members and coordinators appointed

NAEMT thanks all of the students, instructors, course coordinators, affiliate faculty and regional faculty for their support of the Advanced Medical Life Support (AMLS) program over the years. The rollout of the new First Edition AMLS textbook and course has been successful because of our supporters' hard work and dedication.

Recent appointments have been made to the AMLS Committee and the program's regional leadership team:

Dr. Angus Jameson, Assistant Medical Director, AMLS Committee: Currently serving an EMS fellowship with the Fire Department of New York and as an attending physician at North Shore Long Island Jewish Health System, Jameson obtained his Doctor of Medicine and Masters in Public Health in Albany, N.Y. and his residency at the University of Pittsburgh Medical Center.

Dr. Les Becker, Member, AMLS Committee: The EMS clinical coordinator for the College of Southern Maryland and an instructor at the Maryland Fire Rescue Institute, Becker has an extensive background in education, research and simulation.

Peter Laitenen, Regional Coordinator for Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia and West Virginia: A paramedic with the Townsend (Mass.) Fire Department, a registered nurse in Massachusetts and a paramedic/RN with the Disaster Medical Assistance Team (MA-DMAT 2), Laitenen has been involved with EMS education for many years.

Jill Torres, Regional Coordinator for Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Michigan, Mississippi, Ohio, Tennessee and Wisconsin: A paramedic in Kenosha, Wis., and the founder and director of EMS Trendsetters, which specializes in providing quality EMS education, Torres also serves as lead instructor for Gateway Technical College and as a paramedic and firefighter in the Town of Salem, Wis.

NAEMT welcomes the new members of the AMLS team.

EMS Safety news: Course in demand

Following the successful rollout of NAEMT's new EMS Safety course at the EMS Today Conference, more than 70 requests to hold the course have been received, with more requests rolling in every day.

Two of the EMS Safety Program Committee's goals were to keep the course both accessible and affordable, and we're making strides on both fronts. Over the next several months, members of the EMS Safety Program Committee will be providing courses not only to train EMS practitioners, but to produce a national pool of EMS Safety Course instructors who can provide classes across the country.

Requirements to become an instructor are quite simple:

- Complete the eight-hour provider course, scoring at least 76% on the final exam
- Have current recognition as an instructor in one of the following:

- Any NAEMT course - AMLS, EPC or PHTLS
- ITLS, ACLS, PALS, PEPP, EVOC or Fire Instructor I
- Or currently teach EMS curriculum at an accredited college or university

- Understand the program concepts and philosophies
- Have knowledge and experience relevant to assigned lectures
- Teach at least one program per year.

We've also worked to keep costs down for both students and instructors. The administrative fee for the course is $10 per student, and the price for the Student Manual is $17. For those interested in becoming an instructor, all of the instructor materials are contained on a flash drive, available for $23. All of these materials can be purchased in the Education section of www.naemt.org.

The EMS Safety Program Committee and NAEMT staff are currently working to set up course sites. As courses are registered, they will be posted on the NAEMT web site.

You can locate a course in the Education section of the NAEMT web site.

EPC news: Feedback positive on new materials

NAEMT is receiving positive feedback on the release of the new Emergency Pediatric Care (EPC) instructor materials. With a new look, updated materials, and new Critical Thinking Scenarios, EPC educators are driving forward in teaching the course.

As the course brings the best in pediatric care education to EMS, NAEMT is committed to ensuring instructors have the best tools available to teach EMS practitioners. Instructors have only until October 1, 2011, to obtain the new materials and begin teaching the new program.

Course coordinators who have not made this transition by the deadline will not be able to register future EPC classes.

Positive feedback also continues to come in about the EPC Hybrid course. The hybrid version of the course allows students to complete the eight hours of the didactic portion of the course online at their own pace. Once this is completed, students attend an eight-hour review and skills day in the classroom.

With EMS practitioners' fluctuating schedules, the EPC Hybrid course allows for a more manageable education experience.

If you are a course coordinator, NAEMT encourages you to consider this new training format for your students.

If you would like more information on running a hybrid course, please contact NAEMT at 1-800-346-2368 or info@naemt.org.

PHTLS news: Seventh Edition materials published

All Prehospital Trauma Life Support (PHTLS) Seventh Edition materials have been released, substantially enhancing the ability of PHTLS to reach a broader audience.

There are now three separate texts: the primary Seventh Edition provider text, the Seventh Edition Military text, and the First Edition text for Trauma First Response, a new course that teaches PHTLS principles of care to non-EMS personnel. These texts support the growing family of PHTLS courses including the PHTLS Provider course, PHTLS Provider Refresher course, Trauma First Response course, Tactical Combat Casualty Care course, and PHTLS Instructor course. All of the course materials are found on the Civilian and Military instructor DVDs.

Soon, an online PHTLS eight-hour CE offering will be released by Elsevier and NAEMT, providing an option for those who may not need a PHTLS card but want access to updated PHTLS content. This content also will be linked to a hybrid course in the near future to allow course sites to direct students to the online content for the lessons, and then conduct one day of skills and testing. Students who successfully complete the online and face-to-face components of the PHTLS Hybrid course will be awarded 16 hours of CE credit and be issued a PHTLS card and certificate.

PHTLS in South America

NAEMT thanks the following PHTLS state coordinators who are stepping down after many years of dedicated service to the PHTLS Program.

Oregon: Mark Stevens **Texas: Lee Richardson**
Nevada: Rod Hackwith **North Dakota: Derek Hanson**

NAEMT welcomes the new state coordinators for these states:

Oregon: Charmain Captur **Texas: Chris Cothes**
Nevada: Tony Shope **North Dakota: Vickie Berreth**

PHTLS also has just completed a mission to Haiti to provide training and set up a UN training site. The team consisted of **Michael Hunter, Augie Bamonti, Mark Lueder** and **Dr. Bernard Heilicser.** NAEMT thanks them for their work on this project.

Register for NAEMT preconference courses at EMSWORLD EXPO

From August 29-30, prior to EMS World Expo 2011, NAEMT will hold its preconference courses in Las Vegas. All newly updated, NAEMT courses provide the BEST in EMS continuing education. All NAEMT continuing education courses are accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS) and are recognized for recertification requirements by the National Registry of Emergency Medical Technicians (NREMT).

Register for the following courses by **August 5** to receive the early registration discount at www.emsworldexpo.com.

Two-day courses

Monday and Tuesday, August 29-30, 8 a.m. - 5 p.m.

Advanced Medical Life Support (AMLS)
Faculty: AMLS Committee
The only EMS continuing education program that fully addresses how to best assess and manage the most common medical crises in patients, AMLS offers a "think outside the box" methodology. This course is newly updated.

Emergency Pediatric Care (EPC)
Faculty: EPC Committee
EPC focuses on the care of sick and injured children, giving students a practical understanding of respiratory, cardiovascular, medical and traumatic emergencies in pediatric patients. Assessment is based upon the Pediatric Assessment Triangle (PAT). Course materials have just been updated.

Tactical Combat Casualty Care (TCCC) - PHTLS
Faculty: PHTLS Committee
The Prehospital Trauma Life Support (PHTLS) program is hosting the Committee on Tactical Combat Casualty Care's (CoTCCC) updated curriculum for the Tactical Combat Casualty Care (TCCC) course. This course is the companion course to PHTLS for the military and for those to be deployed in support of combat operations. Particulars of care are based on the principles taught in PHTLS, with appropriate modifications for the combat and tactical environments.

Beyond the Street EMS Supervisor Workshop
Faculty: Dr. Jay Fitch and Mike Ragone
This workshop helps supervisors of EMS operations think and act like leaders, providing additional training in essential management effectiveness and skills.

One-day courses

Monday, August 29, 8 a.m. - 5 p.m.

EMS Safety Course
Faculty: EMS Safety Program Committee
This new course, designed for all those involved in EMS, promotes a culture of EMS safety and aims to reduce the number and intensity of injuries incurred by EMS practitioners while working. EMS Safety is the first national and most comprehensive education program of its kind that teaches techniques on how to best achieve safety on the job.

Tuesday, August 30, 8 a.m. - 5 p.m.

Prehospital Trauma Life Support (PHTLS) - Seventh Edition Instructor Course
Faculty: PHTLS Committee
This course is for individuals who have successfully completed a PHTLS provider course. It is designed to train instructor candidates to conduct provider and refresher courses on the latest PHTLS philosophies and techniques. *Required: Proof of current PHTLS provider status.*

Learn more at www.naemt.org or register at www.emsworldexpo.com.

The new EMS Safety course targets all those involved in EMS.

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- Basic computer skills

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Not interested? Share the news with others. We are HIRING NOW!

Please submit application at: www.onsiteohs.com

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Attend the Annual Meeting!

The NAEMT Annual Meeting will be held Monday through Wednesday, August 29 - 31, at the Las Vegas Convention Center in conjunction with EMS World Expo 2011, the nation's largest EMS event.

Come all – NAEMT members are welcome to attend the Annual Meeting free of charge. NAEMT committee meetings, the Affiliate Advisory Council meeting and the General Membership Meeting and Reception are open to all members.

Enjoy this opportunity to network with other members, enjoy the company of colleagues, and increase your involvement in your professional association.

Business meetings

Monday, August 29, 9 a.m. - 5 p.m.
Tuesday, August 30, 8:30 a.m. - 4 p.m.
Wednesday, August 31, 8 a.m. - 3 p.m.

Committee meetings open to all members and held on Monday and Tuesday include Advocacy, Education, Finance, Health & Safety, Military Relations and Membership. In addition, the NAEMT Board of Directors, Affiliate Advisory Council and the NAEMT Foundation will meet. On Wednesday, the annual meetings of the education programs AMLS, EPC and PHTLS are held.

If you're not serving on a committee, you're still welcome to attend. Simply pick your passion and come to the meetings of interest to you!

For more information on committees, visit the Our Leadership page in the About Us section of our web site.

NAEMT General Membership Meeting and Awards Presentation and Reception

Tuesday, August 30, 5:30 - 8:30 p.m.

The NAEMT General Membership Meeting and Awards Presentation on Tuesday evening, August 30, gathers together the NAEMT family to hear from President Connie Meyer on the year's activities and successes of our association. She'll also outline upcoming initiatives and goals.

At the meeting, attendees also recognize Board members, thank volunteers and sponsors, and recognize outstanding individuals working in EMS through the presentation of National EMS Awards.

After the General Membership Meeting, please join us for a reception for all NAEMT members and invited guests, graciously sponsored by the National Registry of Emergency Medical Technicians and The College Network. Come network, have fun with other EMS professionals and enjoy a delicious spread of food and drinks.

View a full schedule of events on the Annual Meeting page in the About Us section of our web site.

Join us in Las Vegas! We're looking forward to seeing you there.

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NAEMT exhibits across country

To spread the word about the value of NAEMT membership – through benefits, education courses and advocacy programs – we are exhibiting at state and national EMS conferences and other EMS events across the country.

Immediate Past President Patrick Moore mans the NAEMT booth at the Nebraska EMS Association (NEMSA) Spring Conference, with Region III Director Sue Jacobus (left) and Debbie Von Seggern, President, NEMSA.

Events where NAEMT has exhibited this year include:

- EMS Today, Baltimore, Md.
- Nebraska EMS Association Spring Conference, Lincoln, Neb.
- Georgia EMS Association Changes Conference, Atlanta, Ga.
- North Dakota EMS Rendezvous Conference, Bismarck, N.D.

Look for our NAEMT booth at these upcoming 2011 shows:

- EMS World Expo, Las Vegas, Nev. – August 31 – September 2
- North Carolina Emergency Medicine Today, Greensboro, N.C. - October 1-3
- NJ First Aid Council Convention, Atlantic City, N.J. – October 13-17
- Midcoast EMS Seminar, Rockport, Maine – November 10-14
- Special Operations Medical Association, Tampa, Fla. – December 10-12

If you're at one of these meetings, stop by to see us!

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Get ready for 2011 NAEMT elections

Elections for the NAEMT Board of Directors are coming up, and qualified NAEMT members are encouraged to run for this year's open positions.

The NAEMT Board of Directors is responsible for the general management and oversight of the affairs of the association. Each of the members of our Board is elected by the active members of the association.

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 U.S., while the other two directors are at-large, representing all members. Directors who represent a region must reside within the territorial boundaries of that region.

A description of the responsibilities of a NAEMT director are posted on the NAEMT web site in the About Us section. Consider committing your time and talents and running for an NAEMT Board position. Positions open this year include:

Region 1 Director – Covers Northeast U.S.: Maine, New Hampshire, Vermont, Massachusetts, New York, Rhode Island, Connecticut, New Jersey, Pennsylvania and Ohio

Region 2 Director – Covers Southeast U.S., 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 3 Director – Covers Northwest and Midwest U.S.: Alaska, Washington, Oregon, Idaho, Montana, Wyoming, North Dakota, South Dakota, Minnesota, Wisconsin, Nebraska, Iowa, Illinois, Indiana, Michigan and Missouri

Region 4 Director – Covers Southwest U.S. and U.S. territories in the Pacific: California, Nevada, Arizona, New Mexico, Texas, Hawaii, Utah, Colorado, Oklahoma, Kansas and Arkansas

At-Large Director – Represents entire membership

During the election cycle, you'll receive voting instructions. All active members are encouraged to get involved, and most of all, VOTE!

For more information on the elections, go to the About Us section of our web site.

2011 election schedule

July through October - Communications are sent to members alerting them to the upcoming election, and voting information is posted on the NAEMT web site.

July 15 through August 15 – Candidate submissions are accepted for open officer and director positions.

July 15 through October 1 – Endorsements of candidates by individual members in good standing are accepted. Members may endorse only one candidate for each open position.

August 15 through September 15 – Candidacy and Elections Committee verifies candidates' statements and supporting documents.

September 15 through October 28 – Candidates' statements and endorsements are posted on the web site. An e-mail is sent to all members with a link to the candidates' information.

October 1 through 28 – Candidates' responses to questions posed by the Candidacy & Elections Committee are posted on the web site.

October 15 through 28 – Voting is open. Members will be able to vote online for the candidates of their choice. Members eligible to vote will receive an e-mail announcing the opening of the voting period, voting instructions and a link to log in and vote online. Paper ballots are available upon request, but must be requested in advance to allow time for mailing and processing before the election closes.

November - Members are notified of election results.

NAEMT Bylaws change proposed

In accordance with NAEMT Bylaws, this serves as notification that all NAEMT full, active members soon will be receiving information on a proposed Bylaws change. Members will have the opportunity to vote on this change in the upcoming elections.

EMS social media: Why get involved?

by Natalie Quebodeaux and Meris Shuwarger

NAEMT News *asked Natalie Quebodeaux and Meris Shuwarger, founders of the EMS podcast GenMed, for their thoughts on the value of social media to EMS.*

Natalie: I was only two years into my career as a medic, a career that I was once completely enamored with, and I was experiencing serious burnout. I can't place the blame on any one thing in particular, but perhaps it was a mix of several things. I felt uninspired to keep learning, towards which I once had felt a strong pull. I worked at a small private service with older medics, most of which had 10 years of experience or more. I needed encouragement, I needed inspiration, I needed positive examples. I felt alone and ready to give up.

Quebodeaux

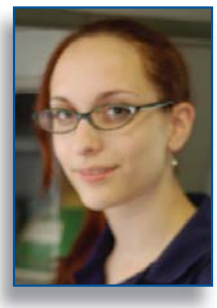
One day, I was on Facebook when I saw symbols linking to a site called Twitter. Curious, I looked into the web site. I clicked on the search button, typed in "Medic," and suddenly found a page filled with people from all over the world talking excitedly about EMS. I signed up with the moniker of MsParamedic and started talking. I vented my heartache, my frustrations, my victories, and my curiosities to this group of professionals.

My passion felt reignited by this quickly growing group of friends. I was learning things faster than I could by reading a textbook. It was like I had a group of private tutors live and in my station, my living room, the front seat of my ambulance... literally anywhere I wanted it to be. Social media saved my career and led me to more opportunities than I had ever thought imaginable.

I met @medic61 on Twitter. Soon she became more than an Internet buddy, but a true friend. Meris and I live 1,025 miles apart but we bonded over medicine and social media. With another friend, @ScottTheMedic (Scott McLeod), we came up with the idea for a podcast geared to the younger generation of medical professionals. We were three hosts from different areas, different experiences, and different backgrounds, but united by being in the same generation. Our podcast, Generation Medicine (or GenMed for short), was born via social media and it has taken us places that we never thought possible in its short existence.

After over a year of online friendship, Meris and I were able to meet and podcast together in person at the EMS Today conference in Baltimore. Our little podcast that started between online friends had blossomed into a mini-revolution of its own. Meris, Scott, and so many others in the EMS community that I had met through conferences and in-person Twitter "meet ups" have become my family away from home. The energy between the passionate people in EMS is contagious both on screen and face to face. I owe my involvement with bettering the EMS industry and myself as an EMS practitioner to these friends that I have made online.

Meris: I knew that I loved social media, and I knew that I'd have fun with our podcast, but I never realized what an incredible and dramatic effect my participation in it would have in my life. Natalie is right in saying that the energy found in EMS social media is contagious.



Shuwarger

Experiencing burnout of my own after only two and a half years of EMS, I didn't see the fun in the job anymore. But here in this community of social media, not only did I feel supported, but I felt passionate, excited, and driven to change the EMS status quo. I didn't realize how much the widespread apathy of our generation bothered me (and helped contribute to my burnout) until I got started with social media and GenMed. Our podcast caused me to rediscover my love for the political process, fighting for what I believed was right, and EMS in general.

Before we knew it, we found ourselves swept up in a whirlwind of exciting opportunities. We were being approached by innovators in EMS, asking for our help in reaching out to the new generation. The makers of "Firestorm" sought us out to help spread their film's message to those who would be joining the profession and have the ability to instigate change. We began going to conferences and blogging, tweeting, and podcasting about new and exciting things brewing in EMS.

Never in a million years had I thought that creating a Twitter would lead to a relationship with NAEMT. I didn't think that I had a voice, or that my opinion mattered. After all, I don't have decades of experience in the field, and at 22 I certainly don't have a lot of life experience to boast. What I came to understand was that EMS didn't have anything to do with the things I had seen or experienced; instead, it had to do with the passion and excitement that I felt for my profession, and the desire to change the seemingly apathetic nature of my generation.

In early May, Natalie and I spent a day lobbying our senators and congressional representatives for legislation that is crucial to ensuring the continued success of EMS at the NAEMT-hosted "EMS on the Hill Day." I had no experience lobbying, and I was incredibly nervous, but I found that the staff we spoke with didn't care exactly how knowledgeable we were; they cared about our passion.

Continued > > 17

IN A CHEMICAL NERVE AGENT ATTACK

Have No Regrets. Be Prepared.

By delivering the 2 recommended antidotes in an auto-injector, DuoDote® (atropine and pralidoxime chloride injection) offers the speed and simplicity to help you respond to poisoning by organophosphorous nerve agents or organophosphorous insecticides.[1-3]

To find out more about DuoDote® and for information on grant assistance, visit **www.DuoDote.com** or call **1-800-638-8093.**

Indication

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

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

Important Safety Information

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 organophosphorous nerve agents or insecticides, there are no absolute contraindications to the use of 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. Elderly people and children may be more susceptible to the effects of atropine. DuoDote® Auto-Injector is Pregnancy Category C and should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Safety and effectiveness in children have not been established.

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

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

READY TO RESPOND

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

References: 1. Agency for Toxic Substances and Disease Registry. Medical Management Guidelines (MMGs) for nerve agents: tabun (GA); sarin (GB); soman (GD); and VX. http://www.atsdr.cdc.gov/MHMI/mmg166.html. Updated August 22, 2008. Accessed May 20, 2010. **2.** DuoDote Auto-Injector [package insert]. Columbia, MD: Meridian Medical Technologies, Inc.; 2007. **3.** Rebmann T, Clements BW, Bailey JA, Evans RG. Organophosphate antidote auto-injectors vs. traditional administration: a time motion study. *J Emerg Med.* 2009;37(2):139-143.

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

BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION

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 ± SD), and systolic blood pressure increased by 16 ± 19 mmHg, at 15 minutes post-dose. Blood pressures remained elevated at these approximate levels through 1 hour post-dose, began to decrease at 2 hours post-dose and were near pre-dose baseline at 4 hours post-dose. Intravenous pralidoxime doses of 30-45 mg/kg can produce moderate to marked increases in diastolic and systolic blood pressure.

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

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

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

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

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

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

Impairment of Fertility: In studies in which male rats were orally administered atropine (62.5 to 125 mg/kg) for one week prior to mating and throughout a 5-day mating period with untreated females, a dose-related decrease in fertility was observed. A no-effect dose for male reproductive toxicity was not established. The low-effect dose was 290 times (on a mg/m^2 basis) the dose of atropine in a single application of DuoDote™ Auto-Injector (2.1 mg).

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

Pregnancy:

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

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

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

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

ADVERSE REACTIONS

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

Atropine

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

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

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

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

Pralidoxime Chloride

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

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

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

Atropine and Pralidoxime Chloride

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

OVERDOSAGE

Symptoms:

Atropine

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

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

Pralidoxime

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

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

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

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

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

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MMT 5173 02/2010

Two members awarded scholarships

NAEMT congratulates the two most recent recipients of the degree completion scholarship offered by The College Network – **Chris Astleford**, Port Richey, Fla., and **Samantha Seivertson**, Denton, Texas.

"My goal in life has been to have a career that I love, and that's EMS," says Astleford. "I have been an EMT since 1995 and have enjoyed not only helping patients but mentoring new people." Astleford notes that he has worked his way through the ranks to the position of operations manager – and he has helped many new people in the industry by educating himself and them, and sharing his passion for the job. "However, I need a management degree to efficiently run an organization," he says. "This scholarship will help me obtain a degree through The College Network so I can continue to be an effective leader."

"The College Network has allowed me to study online and continue to work full time to support myself," says Seivertson, who recently switched from handling 911 calls to working as a transport paramedic with pediatrics at the Children's Medical Center of Dallas. "I love working with kids – there is something innocent and amazing about them, and it is the most rewarding thing I have ever done in my life."

The next deadline for The College Network scholarship is September 15. To learn more and apply for a scholarship, go to the Member Resources section of www.naemt.org. You must log in as a member to access the page.

Astleford

Seivertson

EMS social media > > continued from page 14

So this is our plea to you, no matter how young or old you may be, or how long you have been in EMS – get involved! If you feel inspired, create a Twitter account and start following us, or shoot us a message to ask how to get involved in the community, and we'll be glad to help you. Blog about your experiences and frustrations, and you will find tons of people who not only echo your sentiments, but also want to help you effect change. Listen to EMS podcasts, read blogs, and don't be afraid to express your opinions on the state of EMS. Encourage your coworkers to join NAEMT and get linked in.

This is our profession, and it is our duty and responsibility to make it the best that it can be. Natalie and I look forward to seeing you at the next EMS on the Hill Day, and we'll catch you on the Internet!

Natalie Quebodeaux is a nationally registered paramedic from Louisiana. You can follow her at http://Twitter.com/msparamedic or check out her blog at http://msparamedic.com.

Meris Shuwarger is an EMT from Virginia. She authors the blog http://samtheemt.com, and can be found at http://Twitter.com/medic61.

You can find more information on their podcast at http://genmedshow.com.

EMS professionals advocate for EMS

May 4 dawned a dreary day in Washington, D.C., but the grey weather couldn't dampen the passion of EMS professionals from across the nation who were there to advocate for EMS.

At the second annual EMS on the Hill Day, which took place from May 3-4, 145 EMS professionals from 39 states, the District of Columbia and Puerto Rico met with more than 217 U.S. Senators, House Representatives, and their congressional staff to inform them about EMS issues and lobby for our causes.

Hosted by NAEMT, the event helped ensure that EMS has a strong voice in the nation's capitol and in government decisions that affect its practitioners and their ability to provide quality patient care to their patients.

With a new Congress, it was critical that EMS professionals educate their legislators in the Senate and House of Representatives on EMS issues and advocate for the passage of key EMS legislation. Building upon last year's success, EMS on the Hill Day 2011 included representation from all sectors of the EMS community, sent a consistent message to elected leaders on the important issues facing EMS in our country, and gave EMS professionals the opportunity to build and strengthen relationships with congressional leaders.

> "I felt like I actually helped make a difference."

The program included a pre-Hill Visit briefing to prepare participants for visiting Congressional leaders, as well as a reception, hosted by NAEMT, for all participants, congressional leaders and staff, and federal agency staff.

"I hope we will have this event year after year, as I feel the goal of EMS having a voice in Washington was met. It was a great time and eye-opening for both elected officials and attendees," said David Aber, EMS Supervisor, Odessa Fire Company, Odessa, Del. He had this story to share: "While a few of us were walking down a side street, a Secret Service officer rolled down his window and said, 'Can I ask you a question? What are all these EMS people doing around here today?' I told him – and realized that we were SEEN."

"EMS on the Hill Day is a unique event that provides the opportunity for EMS professionals to make their voices heard on Capitol Hill. Members of Congress want to hear from their constituents about issues that matter," says Connie A. Meyer, NAEMT President. "I am pleased that so many EMS professionals made it a priority to come to Washington, D.C. The more EMS professionals participate in EMS on the Hill Day, the louder our national voice."

Grant winners enjoyed experience

NAEMT provided grants of up to $1,200 each to four active members to subsidize the cost of participation in EMS on the Hill Day 2011. These grants were awarded to:

Jonathan Blatman, West Chester, Penn.

Thomas Craighton, Hampton, Iowa

Dean Douglas, Easley, S.C.

William "Mike" McMichael, Delaware City, Del.

Grant recipients enjoyed the chance to make a difference on a national level, said Douglas. "Making a difference in people's lives is part of our job, but rarely do we, as EMS professionals, have the opportunity to actually make an impact on our profession. I felt like I actually helped make a difference as a result of our combined efforts on Capitol Hill."

Blatman said, "I really enjoyed the event... it was great having the time before and after to network and socialize with our groups and all the other providers. All in all, great event. Thanks for putting it together."

"We were very fortunate and honored to have been able to actually speak to Senators Tom Carper, Chris Coons and Congressman John Carney and their staffs. Each took time out from their busy schedules to sit down and discuss our recent concerns on national EMS issues that affect our nation, state and local communities," said McMichael, who also is Secretary, Delaware State Emergency Medical Services Association, a NAEMT affiliate. "We mentioned during the meeting the important topics that concerned us and asked for their support of legislation that will help strengthen our nation's EMS system. Overall, our group thought it was a great opportunity for us to attend, take part and see our representatives in Washington, D.C."

EMS On the Hill Day
Be There For EMS

EMS on the Hill Day 2011 sponsors included the **American Ambulance Association, EMS World, OnStar, 5.11 Tactical, American Heart Association, Frazer, Gold Cross, Masimo, Physio Control, EVS, Ltd.,** and **Page, Wolfberg & Wirth, LLC.** NAEMT thanks them for their support of this important event.

Connie Meyer

The Kansas delegation, including NAEMT President Connie Meyer (left center) meets with U.S. Representative Lynn Jenkins. Also pictured: Terry David, Chris Way, Kerry McCue and John Hultgren.

North Carolina delegation members Paul Roberts and Elizabeth Gentry enjoy the nation's capitol.

Paul Roberts

David Aber

The Delaware delegation meets with U.S. Representative John Carney. From left to right: Bruce Egan, Dave Aber, Congressman John Carney, Robert Jones and Mike McMichael.

It's easy to advocate

If you weren't able to attend this year's EMS on the Hill Day, you still can be involved in EMS advocacy and have your voice heard. Event participants addressed the following legislative issues with their congressional representatives – and you can, too.

The Medicare Ambulance Access Preservation Act of 2011 (S. 424, H.R. 1005) – This legislation would provide extended Medicare reimbursement relief for ambulance services consistent with the 1997 GAO report that determined that they are paid significantly below cost. It would provide a 6 percent increase for ambulance transports originating in urban or rural areas and add a bonus payment for transports originating in super rural areas.

The Dale Long Emergency Medical Service Providers Protection Act (S. 385) – This bill would extend the Public Safety Officers' Benefits (PSOB) program – which currently only applies to those employed by a federal, state or local government entity – to EMS professionals employed by private, non-profit EMS agencies.

The Public Safety Spectrum and Wireless Innovation Act of 2011 (S. 28, H.R. 607) – This act allows for allocation of D-Block spectrum for public safety and funding of the build-out of a nationwide public safety broadband network around the D-Block and adjacent bandwidth already licensed by public safety.

Through NAEMT's **Capwiz** online advocacy service, you easily can send letters urging your Senators and House Representatives to co-sponsor these bills. It takes only minutes - all you need to do is enter your ZIP code, and Capwiz determines your congressional representatives and provides a draft letter. Once you've personalized your message, it then e-mails or faxes it.

To add your voice, go to Capwiz by clicking "Contact Congress" in the Advocacy section of www.naemt.org.

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

Please don't throw away this magazine...share it with a friend or colleague.

Congratulations to our *Stars of Life*

NAEMT would like to congratulate its recent Stars of Life: **Steven Simon** of Acadian Ambulance Service, Louisiana, and **Philip Reid** of Metro West Ambulance, Oregon.

The Stars of Life is an annual event, sponsored by the American Ambulance Association (AAA), that recognizes and honors the dedication of EMS professionals — those who stand out in every area of the industry. The 20th Annual Stars of Life Celebration took place from May 1-4 in Washington, D.C.

Simon, a paramedic, was chosen by his peers as Acadian Ambulance Service's 2011 Paramedic of the Year, an honor he previously won in 2008.

An 11-year Acadian veteran, Simon is a resident of Lake Charles, La. He is a certified EMS instructor and spends countless hours at the National EMS Academy in Lake Charles assisting the staff as an adjunct instructor. He also teaches CPR and advanced cardiovascular life support to Acadian employees as well as at local hospitals.

A critical care medic, Simon works on one of Acadian's busiest ambulances. He holds six Meritorious Awards from Acadian and is known for his positive attitude and the top-notch care he provides to his patients.

Within the year that **Reid** has worked as an EMT-Basic for Metro West Ambulance, he has shown a passion for EMS by serving his community and the surrounding areas. He quickly was promoted to a Field Training Officer and then to department Supervisor.

Reid plans to continue his EMS education by working on his EMT-Intermediate this fall and then plans to study to be a paramedic. Reid also volunteers as a firefighter with the City of Hillsboro Fire and Rescue Department.

Simon and Reid were among the 81 EMS professionals honored this year as Stars of Life.

According to the AAA, the Stars of Life epitomize the spirit and commitment of the nation's top EMS professionals. Stars are recognized for service above and beyond the call of duty, years of service, extraordinary bravery, commitment, skill and dedication to their life-saving work and the communities in which they serve.

Star of Life Philip Reid