

## PHTLS and TCCC in partnership to improve casualty care

by Dr. Norman McSwain and Dr. Frank Butler

In the mid-1990s, a Special Operations medical research project led by Captain Frank Butler, a former SEAL and Director of Biomedical Research for the Naval Special Warfare Command at the time, conducted an analysis of how best to take the principles of trauma care and incorporate them into the combat environment. This project produced a paper entitled “Tactical Combat Casualty Care in Special Operations,” which was published as a supplement to the journal *Military Medicine* in August 1996. This paper included a proposed set of prehospital trauma care guidelines customized for use on the battlefield.

The Committee on Tactical Combat Casualty Care (CoTCCC) was founded in 2001 as a part of the Defense Health Board (DHB), the top medical advisory board to the Department of Defense (DOD). It functions under the DHB’s Trauma and Injury Subcommittee and provides expert advice on TCCC-related issues directly to the Assistant Secretary of Defense for Health Affairs and the Surgeons General of the U. S. Armed Services. The CoTCCC is unique; in previous wars and conflicts no similar committee existed as part of the DOD.

### Topics expanded in new edition

Much of the trauma in conventional ground combat is penetration wounds, and tactical combat casualty care training emphasizes their care. However, military medics also need to be trained in PHTLS, which strongly focuses on the management of the blunt trauma that many experience on the battlefield.

To ensure complete training, in the fifth edition of the PHTLS textbook, a supplement on TCCC was developed and incorporated into PHTLS courses for the military. TCCC emphasized the need for medics to integrate medical care into tactical situations, and therefore divided battlefield trauma care into three phases:

1. Care Under Fire
2. Tactical Field Care and
3. Casualty Evacuation (or CASEVAC) Care.

The CoTCCC has made significant updates to the TCCC Guidelines and has incorporated them into the training curriculum. For the sixth edition of the PHTLS textbook, the CoTCCC developed a military edition of PHTLS that expanded the discussion of prehospital trauma care in the military. It included such topics as blunt trauma, injuries from explosives, and medical support of urban military operations. These topics also were taught in the emerging TCCC training program.

Material continues to be updated and currently is available on the PHTLS web site as a public document. The updated version of the TCCC Guidelines, along with a rationale for the changes made, will be available in the seventh edition of the military version of the PHTLS course and textbook.

### TCCC improves casualty survival

Remarkable improvements in U. S. casualty survival have been seen in the conflicts in Iraq and Afghanistan due to the aggressive employment of



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# You matter to NAEMT

It was wonderful to see many of our members at our 2009 NAEMT Annual Meeting in Atlanta. It was great to visit with old friends, meet new members, and share with those present our 2009 successes, as well as opportunities and challenges for 2010. The meeting gave me a chance to personally express my appreciation to members for their support.

However, I realize that the vast majority of our members are not in a position to attend the annual meeting each year — so I don't have the opportunity to personally thank you for your continuing support of NAEMT and let you know about the great things we are doing to serve and represent the EMS practitioner community.

While I may not be able to personally meet with each and every one of you, I want to clearly explain that each of you matter greatly to me personally, and to NAEMT.

## Every member matters

We take our job of serving and representing EMS practitioners very seriously.

**Each of your opinions on issues impacting EMS matters.**

We welcome your thoughts and comments on the positions taken by the NAEMT Board on issues of critical importance, such as Operational Security and Preparedness, the Public Safety Officers' Benefits program, and EMS in Health Care Reform. Our Advocacy Committee has been working almost non-stop this past year to develop positions that support our EMS practitioners and the patients you serve.

**Our members' participation in our programs and activities matters.** On May 3-4 2010, NAEMT will host the First Annual EMS on the Hill Day in Washington, D.C. EMS professionals throughout the nation will come together to advocate for EMS in the EMS community's first coordinated advocacy effort on Capitol Hill. We invite all NAEMT members to participate in this exciting event. We recognize that the cost of participation may be beyond the means of some of our members. NAEMT is able to provide a limited number of grants to subsidize the cost of participation. Soon, you'll receive specific information about this grant opportunity.

**Our members' satisfaction with the package of benefits and services they receive matters.**

We want to know if the benefits we currently offer are useful to you. In the next few months, you will receive a brief survey in which you will be asked to rate the value of the benefits and services in our current package. Our Membership Committee is dedicated to providing our members with valuable discounts on needed products and services, so we look to your opinions to

guide us.

**Our members' health and well being, and safety on the job, matters.** We have taken strong positions on ambulance safety, practitioner safety, and air medical transport safety. We have increased

our attention to the serious issue of EMS stress management and have identified some innovative programs to address this industry-wide problem. Our Health and Safety Committee continues to work to identify tools and resources to support

our members' health and safety on the job.

While we certainly value each new member that joins our association, we



Patrick Moore  
President

## We take our job of serving and representing EMS practitioners very seriously.

want to ensure that our existing members — you — understand how much we appreciate you, and that you know about everything that we do to serve and represent your interests.

The ongoing support of NAEMT's loyal members provides our association with the strength and stability to passionately advocate for our profession.

**Every member matters.** Thank you for your membership in NAEMT.

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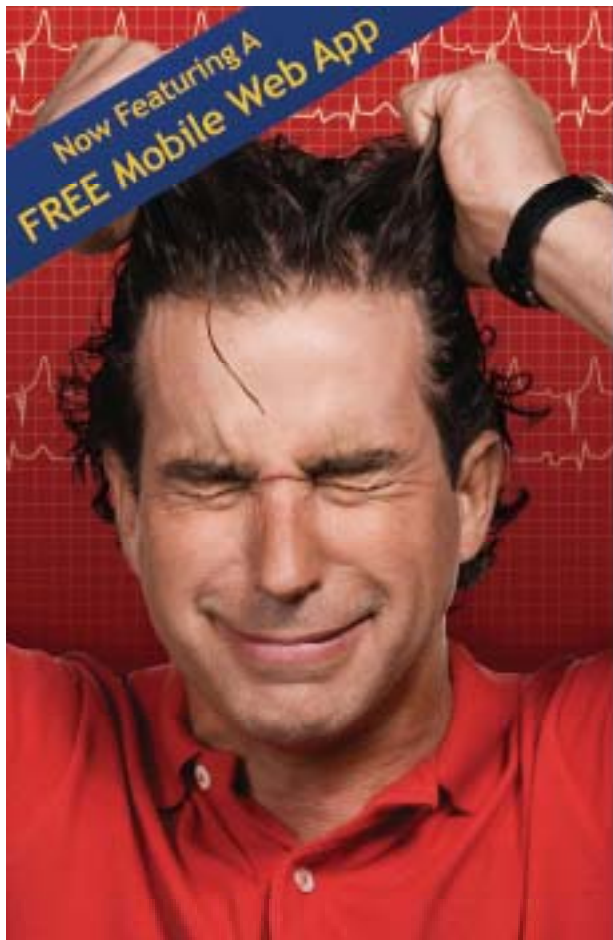


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## PHTLS news: Committee recognizes achievements with awards at meeting

TO RECOGNIZE ACHIEVEMENTS in Prehospital Trauma Life Support (PHTLS), the following individuals were recognized at the 2009 PHTLS Committee meeting at NAEMT's Annual Meeting in October:

**Michael Hay** Reno, Nevada

For his continued support and promotion of PHTLS across the United States. He recently helped with the South Africa course in July.

**Captain Phillip Neil** Pretoria, South Africa

For assisting with the South Africa course in July 2009.

**Lee Richardson** Abilene, Texas

As Texas state coordinator, for his active work in PHTLS courses for many years. He has been successful in working with course sites and promoting the program.

**Scott Hartley** Omaha, Nebraska

As Nebraska assistant state coordinator, for his support of NAEMT education programs. Placed into an assistant coordinator position, Hartley in a few short months accomplished much while supporting all three NAEMT educational programs. He continues to complete PHTLS training for small and large communities by assuring quality training at every site.

**David Tauber** New Haven, New Hampshire

As New Hampshire state coordinator, for his strong support of PHTLS for many years. Over the years he has traveled to set up new sites and monitor instructors.

**Brian Bernay** San Luis Obispo, California

For his strong advocacy for PHTLS in California. Bernay teaches military and civilian students. He ensures that he has physicians in his program and keeps them interested in teaching.

**Richard Petrie, Jr.** Winslow, Maine

As Maine state coordinator, for his work in personally registering and running multiple PHTLS classes each year. A long-time supporter and proponent of the program, Petrie

has helped to involve Southern Maine's trauma center with PHTLS.

**Jerry Domaschk** Marrero, Louisiana  
For his support and dedication to the PHTLS program for many years.

**Eric Rodgers** Santa Rosa, California

As California affiliate faculty, for his overall work on and extensive travel for the program. Rodgers conducts classes all over northern California for small fire departments and ambulance services that don't have a hospital nearby, let alone a trauma center. He brings his own equipment to the training site, teaches the class, and then reloads for the next class three hours away.

**Charles Arcadipane** Laplata, Maryland

For being a charter member of NAEMT and for his long-time involvement and support of PHTLS. He recently stepped down as the PHTLS Maryland state coordinator.

**Kevin McCarthy** Eagle Mountain, Utah

As Utah state coordinator, for keeping the professionalism of PHTLS in the forefront. McCarthy continues to lead Utah and works to create a stable and productive network unit of affiliate faculty and lead instructors/coordinators.

**Norman McSwain Award:** **Dr. Frank Butler** Pensacola, Florida  
For his work and involvement with the Tactical Combat Casualty Care program (TCCC) and PHTLS. His bringing together of both programs will make significant improvements in patient care.

**Scott B. Frame Award:** **Dr. Peter Pons** Brighton, Colorado  
For his dedication to and support of the PHTLS program and his work on the PHTLS Committee.

**Scott B. Frame Memorial Lecture Award:**

**HM1 Jeremy Torrisi** Lejeune, North Carolina

For his recent lecture at the 2009 NAEMT Annual Meeting. This award is presented annually to the presenter of the Scott B. Frame Memorial Lecture. This year, Torrisi presented on the topic, "Casualty Vignette from Operation Enduring Freedom."



## EPC news: Waddell receives appreciation award

TO recognize his accomplishments in Emergency Pediatric Care (EPC), Bob Waddell of Cheyenne, Wyoming, was recognized for his dedication and commitment to pediatric education worldwide, as well as for his professionalism. He has dedicated countless hours to conducting successful education courses over the past years.



# AMLS news: AMLS honors six with awards

The following individuals were recognized and honored this year at the recent Advanced Medical Life Support (AMLS) Committee meeting:

**Sarah Seiler** Charlotte, North Carolina

For her continuous support over the years as an affiliate faculty. She has helped with establishing new course sites and recognizing new affiliates for the area.

**Jeff Messerole** Spencer, Iowa

For stepping up to the plate as Region 2 Coordinator, which covers 13 states.

**Jeri Smith** Coldwater, Kansas

For her continued dedication to the AMLS program. She recently became the AMLS Region 3 Coordinator, which covers 14 states.

**Karen Larsen** Peabody, Kansas

For her dedication to and support of the AMLS program.

**Kirk Harris** Knoxville, Tennessee

For his continued support of the AMLS program, which he has strongly promoted in Tennessee. He has been establishing new sites and working with the Region 2 Coordinator to identify new affiliate faculty to teach in the state.

**Brad Pierson** Peoria, Illinois

For his continued dedication to the AMLS program. He is the AMLS Region 1 Coordinator, which covers 24 states.

Thanks to all who support AMLS!



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# Ambulance safety focus of summit

by Glenn Luedtke

ON OCTOBER 30, 2009, THE TRANSPORTATION RESEARCH BOARD of the National Academies hosted the 2009 Ambulance Transport Safety Summit in Washington, D.C. The meeting was chaired by the EMS Safety Foundation and Objective Safety CEO and founder Dr. Nadine

The discussions included ergonomics and how they pertain to ambulance design, and the EN1789 ambulance standard used to design ambulances in Norway. Also highlighted were newly enhanced safety features of the Sprinter chassis, now being used for ambulances in the United States, Europe and Australia.

## Design worsened crashes

As the summit's opening speaker, I discussed from personal experience two serious crashes last year of national concern in which ambulance design contributed to the severity of the crashes. They involved my personnel.

In January 2008, an ambulance returning from a call was struck broadside, leaving a hole in its side

large enough for the paramedic in the rear to be hurled through. Lack of a proper restraint, coupled with lack of reinforcement in the side wall of the patient compartment, were cited as contributing to his injuries, which included severe head trauma. He is only now returning to work as a paramedic.

On June 17 of that same year, an ambulance swerved to avoid a deer, sideswiping a tree. Although it left the tree standing, the right side of the ambulance was completely torn away. Paramedic Stephanie Callaway, seated on the bench seat, suffered fatal injuries. Her patient, who was ejected from the cot, was pronounced dead at the scene. The design of the rear compartment, lack of side wall reinforcement and cot restraint design all contributed to these deaths.

In my closing, I stressed the importance of remembering that the crash

statistics that will guide our research are not just numbers, but represent real people who deserve the safest possible workplace that science can provide. In our experience in Delaware, for us, it's personal.

At the summit, National Highway Traffic Safety Administration representative David Bryson said that his agency is currently investigating six fatal ambulance crashes — including the one in Delaware — and that the National Institute for Occupational Safety and Health also is planning to do so. Meanwhile, a representative of the Commission on Accreditation of Ambulance Services said that they have joined others in petitioning the National Transportation Safety Board to begin investigating fatal ambulance crashes as they do for airplane, train, and commercial motor carrier crashes.

Matt Crossman from New Brunswick EMS in Canada pointed out that nearly all of our skills training for emergency medical technicians and paramedics focuses on clinical skills, with little or no time spent on driving. He pointed to the reduction in crashes his service has seen following implementation the Road Safety International data device, which monitors driver performance. Perhaps the most poignant comment came from paramedic and EMS safety and risk manager Jim Love, who pointed out that while the chassis is designed by automotive engineers, "patient compartments are designed like kitchens."

**View further details at [www.emssafetyfoundation.org](http://www.emssafetyfoundation.org) or [www.objectivesafety.net](http://www.objectivesafety.net).**

*Glenn Luedtke is Director of Sussex County EMS in Delaware and is the newly appointed chair of the NAEMT EMS Safety Course Committee.*



Greg Friese, MS, NREMT-P

Levick. It was attended by approximately 60 automotive engineers, ambulance and equipment manufacturers, state and federal government officials, and EMS practitioners, physicians and administrators from throughout the U.S., as well as representatives from Canada, Australia, Israel, the Netherlands and Norway. Others — including NAEMT members and EMS EXPO attendees — were able to participate via virtual meeting.

The summit was preceded on October 29 by a half-day EMS Safety Foundation Innovation Consortium Workshop, which included 30 attendees from a similar cross-section of disciplines, and also was available online. The workshop focused on the technical aspects of vehicle and stretcher design. Topics included new occupant protection strategies, vehicle operational and design safety, and vehicle visibility.



# EMS Safety Course to launch in 2011

## Committee of safety experts appointed

The NAEMT Board of Directors recently approved the development of an EMS Safety Course scheduled for launch in early 2011. The purpose of the course is to increase EMS practitioners' awareness and understanding of EMS safety standards and practices, and develop their ability to effectively implement these practices when on duty.

Through the course, NAEMT hopes to reduce the number and intensity of injuries incurred by EMS practitioners in carrying out their work. The course will be open to EMS practitioners at all certification levels, other medical professionals providing prehospital patient care, and EMS supervisors and administrators.

The following members have been appointed to the EMS Safety Committee, which will be responsible for developing the course content, and once it is launched, will oversee course operations.

**Glenn Luedtke** Director of EMS, Sussex County Emergency Medical Services, Delaware  
Luedtke is one of the founding members of NAEMT and is a highly experienced EMS instructor, lecturer and author. He previously has served in several positions at the EMS Program at George Washington University School of Medicine and Health Sciences, including as assistant professor.

**Bruce Evans** Assistant Fire Chief, North Las Vegas, Nevada

An adjunct faculty member of the National Fire Academy in the EMS, Incident Management, and Terrorism Training programs, Evans is an experienced EMS instructor and author. He publishes the bimonthly column "EMS Viewpoints" in *Fire Chief Magazine*.

**Michael E. Szczygiel** Senior Loss Control Representative, Thomco Insurance, Kennesaw, Georgia

Szczygiel specializes in EMS safety risk assessment and preventative training, with experience in developing EMS training curricula and testing instruments. He publishes the weekly safety newsletter "Vitals" and lectures extensively on the subject of EMS safety.

**Taz Meyer** Operations Coordinator, St. Charles County Ambulance District, St. Peters, Missouri

Meyer is an experienced EMS instructor and affiliate faculty for NAEMT educational courses, with expertise in developing EMS curriculum and instructional resources.

**Scott Sholes** EMS Chief, Durango Fire & Rescue, Durango, Colorado  
With expertise in the areas of ambulance safety and EMS safety products, Sholes has made presentations on EMS safety at several conferences and has written articles on the subject.

**Michael L. Shelton** Health and Safety Manager, MedStar Emergency Medical Services, Forth Worth, Texas

Shelton, an EMS safety specialist, has served in leadership positions in EMS safety since 1990.

**Charlene Cobb** Education and Safety Coordinator, Sunstar Paramedics, Pinellas County, Florida

Cobb has worked in EMS for more than two decades as a paramedic, instructor, field training officer and driving instructor, and she works with safety and risk issues in her current position.

Look for more information on the EMS Safety Course in upcoming issues of *NAEMT News*.



Luedtke



Evans



Meyer



Sholes



Szczygiel



Shelton



Cobb

# NAEMT holds successful annual

HELD IN CONJUNCTION WITH EMS EXPO 2009, THE NAEMT ANNUAL MEETING was held October 26 - 28 at the Georgia World Congress Center in Atlanta.

The meeting featured the NAEMT Board of Directors meeting, several committee meetings, the meeting of the Affiliate Advisory Council, and a General Membership Meeting and Reception.

At EMS EXPO, NAEMT also held two-day pre-conference courses: Advanced Medical Life Support (AMLS), Emergency Pediatric Care (EPC), Prehospital Trauma Life Support (PHTLS), and Beyond the Streets: Essential Skills for Aspiring EMS Supervisors.

At the NAEMT Board of Directors meeting on Monday, Dr. Rick Hunt from the Centers for Disease Control and Prevention spoke about the activities of the CDC's Division of Injury Response and ways in which NAEMT members can support these activities.

Committee meetings held that day — at which the business of the association is carried out — were well attended by members and included Finance, Advocacy, Military Affairs, Sponsorship, Health & Safety, Membership, Education and the NAEMT Foundation.

## AAC draws speakers from many organizations

A host of speakers addressed the Affiliate Advisory Council (AAC) at their meeting on Tuesday, including representatives from the American Ambulance Association, Advocates for EMS, National Registry of EMTs, International Association of Fire Chiefs – EMS Section, National Association of State EMS Officials, National EMS Management Association, National Volunteer Fire Council, National Association of EMS Physicians, Department of Homeland Security - Office of Health Affairs, National Highway Traffic Safety Administration, and the U.S. Department of Health and Human Services – Emergency Care Coordination Center.

Clark Crowell from The College Network greeted attendees at the sponsored lunch, where a filmmaker, Carol Devoe, spoke about her work on the movie "Firestorm" and showed a clip from it.

The revealing and poignant film, available on DVD from Talking Eyes Media, follows Los Angeles Fire Department Station 65, which handles all EMS for the city, as it spends 82% of its time providing medical care

to a large uninsured population desperate for medical resources. Attendees had the opportunity to provide comments and feedback on the film clip.

Tuesday evening, the NAEMT General Membership Meeting and Awards Presentation gathered together NAEMT members to hear from President Patrick Moore on the activities and successes of the association during the year and goals for 2010. At the meeting, NAEMT also introduced the Board of Directors, thanked volunteers and sponsors, and recognized outstanding individuals working in EMS through presentation of national awards.

The meeting was immediately followed by a catered reception for all NAEMT members and invited guests, who networked and had fun with other attendees.

Wednesday brought such events as the opening of EMS EXPO 2009, the annual meetings of PHTLS, EPC and AMLS, and the Scott Frame Memorial Lecture. This year's lecture topic was "Casualty Vignette from Operation Enduring Freedom" by speaker HM1 Jeremy Torrisi.

That evening, NAEMT members were invited to attend the traditional annual wine and cheese reception sponsored by the National Registry of Emergency Medical Technicians.

## Meeting introduces new programs

The NAEMT Annual Meeting also introduced two new programs: EMS on the Hill Day (see page 18) and a new squad membership program (see back cover).

Thank you to all members who attended the NAEMT Annual Meeting.

**We'll look for you in Dallas in 2010!**



President Patrick Moore and President-Elect Connie Meyer focus on Education Committee speakers at the Board of Directors meeting.

# meeting in Atlanta



Region I Director Jim Slattery and his wife Beverly enjoy the NAEMT sponsored reception.

President Patrick Moore with Dr. Rick Hunt of the CDC, who spoke to the Board at their meeting.



Chris Cebollero, Chair of the Emergency Pediatric Care (EPC) Committee, presents to the Board on EPC's continued growth.

NAEMT former President Ken Bouvier with Jon Greene of the Office of Health Affairs, Department of Homeland Security



Scott Frame Memorial Lecture speaker HM1 Jeremy Torrisi and his wife.



Bruce Beins, AAC representative from Nebraska EMS Association, and NAEMT Board member Jennifer Frenette attend the NAEMT General Membership Meeting.

# NAEMT honors national award winners

## Honda, Smith, Brown demonstrate excellence in EMS

One award winner has dedicated his life to continuing the mission he learned as a paramedic in Vietnam: ‘That Others May Live.’ One went above and beyond the call of duty to put his department’s needs first, while the other has contributed countless hours as a volunteer EMT for 24 years.

Who are these EMS heroes? They are NAEMT’s 2009 national award winners. The awards were presented on October 27 at NAEMT’s 2009 General Membership Meeting, held in conjunction with EMS EXPO in Atlanta.

**Chris M. Honda** Paramedic of the Year  
*Sponsored by Laerdal Medical*

Chris M. Honda works for the Hawaii Fire Department as a firefighter and mobile intensive care technician. He was nominated by Ralph M. Yawata, Battalion Chief, EMS Bureau of the Hawaii Fire Department, to recognize Honda’s role in maintaining its EMT training program when it was going to be severely delayed by a lack of EMT instructors available through the community college.

Honda took on the challenge of instructing the department’s 36th Recruit Class despite the commitment required, and for the next six months devoted hundreds of hours, including much personal time, to assure

that his students received comprehensive instruction. This involved taking a loss in pay due to coming off the 24-hour fire line as well as temporarily foregoing what he loves best in his fire department career — providing advanced life support care for patients.

Fire Chief Darryl Oliveira recognized him for making personal sacrifices to assure that the future of the department and the recruit training schedule wouldn’t be jeopardized. Captain Lance Uchida, Honda’s company

officer, notes that Honda is a dedicated and hardworking employee who continually demonstrates a genuine interest in his profession and is constantly improving his knowledge of medical advancements and advancing his skills by attending classes and cross training in other disciplines. “Chris is an asset to his team, department, county and the community in which he proudly serves,” says Uchida. “His desire to serve without any expectation of honors or recognition clearly demonstrates his unselfish commitment to public safety and community service. He is truly deserving of this award.”

Honda is a member of various committees and is involved in community service. He was instrumental in conceiving, coordinating and implementing an extremely successful Mother’s Day rose project that has raised more than \$13,000 to date for the American Cancer Society. He is active in the department’s annual EMS Week and volunteers for Fire Prevention Week events, serves as a community first aid and CPR instructor, and speaks to students on fire and summer safety.

“I am extremely honored to be the recipient of this award,” says Honda. “I consider myself fortunate to have selected a career that I enjoy and still find exciting even after over 15 years of service. Being recognized by my peers and receiving such a prestigious award is more than I ever could have hoped for.”

**Linda Smith** EMT of the Year  
*Sponsored by Braun Industries*

Linda Smith has worked as an EMT for 24 years and currently serves as an EMT-Intermediate and Service Training Officer for Kadoka Ambulance. Offices she has held include Philip Ambulance Director, Kadoka Ambulance Training Officer, District 5 Vice President and South Dakota EMT Association Historian. Smith was nominated by colleague Stacy Grace, South Dakota State Training Officer.

Smith was awarded 2008 EMT of the Year from the South Dakota EMT Association, for which she currently serves as Historian and CPR Instructor. She is a member of the Central SD Critical Incidence Stress Management Team and has instructed various trauma and medical classes and has served as coordinator of EMT classes hosted by her department. Smith has been active in teaching for the state and has taught CPR for various communities. She also is a member of the State Test Team for Student EMTs. She has been active in attending state EMS conventions for the past 20 years as well as national conventions. For Philip Health Service, she



Brian Lawdermilk/EMS EXPO

Honda (center) accepts his award from Jim McMillan, Laerdal Medical, (left) and NAEMT’s Ken Bouvier.

handled a wide variety of responsibilities, including coordination of their Bioterrorism and Pandemic Awareness programs.

Additionally, Smith has been active in volunteering as an EMT at the Sturgis Bike Rally for three years, the South Dakota State Fair, the Central States Fair, at an annual July Mount Rushmore event, and for the Oahe Speedway, WWII Veterans Memorial and Vietnam Veterans Memorial. She also volunteers in her church, the area Red Cross and Cornerstone Mission.

Kadoka Ambulance Service President Jackie Stilwell notes that Smith has contributed countless hours to her community as a volunteer EMT for the past two-plus decades. "Linda is very active as an EMT and strives to keep her skills sharp by attending numerous trainings," Stilwell says.

"She is a person who cares for patients as if they were her own family, with compassion and professionalism. I cannot think of a more deserving person for this award."

"To be recognized like this among my peers is an extreme honor and also very humbling," says Smith.

#### **William E. "Bill" Brown, Jr. Rocco V. Morando Lifetime Achievement Award**

*Sponsored by National Registry of Emergency Medical Technicians (NREMT)*

NREMT Executive Director Bill Brown, Jr., came to the stage during the awards ceremony believing he was presenting the award to someone else. So Brown was completely surprised when NAEMT President Patrick Moore instead named Brown himself as the recipient of the award.

The Rocco V. Morando Lifetime Achievement Award is named after EMS pioneer and NAEMT founder Morando and represents great achievement in EMS. Considered NAEMT's most

prestigious honor, the award is presented by NAEMT and is sponsored by NREMT.

"Lifetime Achievement in EMS' is a title that is truly appropriate to attach to the name of Bill Brown," NREMT Chairman of the Board Jimm Murray commented. "He has spent a professional career in the service of EMS and patients, first in direct medical care and then in devising systems of training and testing that aid the public. This is a most fitting match of a title and a person."

NAEMT President Patrick Moore told the audience at the awards ceremony that "Bill Brown is truly a visionary," pointing out his heroic efforts as a para-rescuer in Vietnam, his assistance of refugees from Hurricane Katrina, contributions in shaping the national EMS system and guiding the NREMT.

"A long time ago in Vietnam, I recognized my mission would be to continue the Pararescue mission — 'That Others May Live,'" Brown commented as he accepted the award. He said his purpose with the NREMT is about EMS provider competency and safety of the public, and also bettering EMS.

## NAEMT and EMS Magazine establish National EMS Awards of Excellence

Starting in 2010, NAEMT and *EMS Magazine* are teaming up in a new program, the National EMS Awards of Excellence, which will recognize outstanding achievement in EMS. Other organizations participating include Advocates for EMS, the National Association of EMS Educators, and the National EMS Management Association.

The following awards will be presented as part of this new program:

- EMT of the Year
- Paramedic of the Year
- EMS Educator of the Year
- EMS Executive of the Year
- EMS Legislator of the Year
- Paid EMS Service of the Year
- Volunteer EMS Service of the Year

Award recipients will receive a monetary gift and free registration and travel to EMS EXPO, and will be recognized by all of the participating organizations.

NAEMT President Patrick Moore notes, "This new program allows us to collaborate with fellow EMS organizations to create one national awards program that focuses all of our attention on the excellent work undertaken by those in our profession."

"Recognizing excellence gives us the opportunity to showcase the individuals and organizations that rise above the job description and participate actively in the community," says *EMS Magazine* Publisher Scott Cravens.

Nominations for the 2010 awards will be available online beginning in February 2010 on all of the participating organizations' web sites.



NAEMT President Patrick Moore surprises Brown with the Lifetime Achievement Award.

Brian Lawdermilk/EMS EXPO

# Increase your physical resiliency through nutrition and exercise

by Michael T. Grill

**R**esiliency training encourages the development of practical physical and psychological skills that can improve your health, performance, and longevity in the often stressful profession of EMS practitioner.

When you first establish and maintain a regimen addressing your physical needs, developing the psychological skills for resiliency becomes considerably easier. So, to increase your resiliency, you first need to focus on nutrition and exercise.

By establishing sound nutrition and physical fitness habits, you accomplish two important objectives. First, you build a sound foundation for strengthening mental, social and spiritual fitness.

Second — because sound nutrition and fitness can show positive results in a very short period of time — you create a sense of control and accomplishment, which leads to increased self-esteem.

## Fuel your body

*“He that takes medicine and neglects diet wastes the skill of the physician.” - Ancient Chinese proverb*

We wouldn't think of responding to emergencies from our fire stations or ambulance bays without first ensuring our vehicles have the proper type and amount of fuel in them. Yet, many EMS practitioners ignore how they are fueling their bodies — especially in stressful conditions. To perform at peak levels, it's essential that you understand the importance of establishing sound nutritional habits. Your goal is to maintain a healthy balance between food intake and the amount of total energy your body needs. This concept, often referred to as energy balance, represents the difference between calories consumed and calories burned. Energy balance can be altered by:

- **Changing energy intake.** You increase calories consumed but your energy output remains the same and you gain weight.
- **Changing energy output.** You increase energy output but calories consumed remain the same and you lose weight.
- **Changing both energy intake and energy output.**

Obtaining baselines is an extremely important concept in patient care, and also is a key element in maintaining your personal resiliency. The first step to beginning a nutrition program is to determine personal nutritional baselines, for the same reason we must obtain baseline vital signs during patient care: it allows us to measure changes as they occur. It is a good way to monitor your body, which is an important concept not only from a health perspective but also

as a key element in maintaining personal resiliency.

These baselines aid in establishing personal nutritional requirements and diet.<sup>1</sup>

You'll need to calculate your basal metabolic rate (BMR), a measurement that provides the basis of how much energy is required to simply sustain life.

To calculate your BMR, use the following formula:

### MEN

$66 + (6.3 \times \text{weight in pounds}) + (12.9 \times \text{height in inches}) - (6.8 \times \text{age in years})$

For example, Robert is a 27-year-old EMT who is 5'11" tall and weighs 190 lbs.

$$66 + (6.3 \times 190) + (12.9 \times 71) - (6.8 \times 27) = 66 + 1,197 + 916 - 184 = 1,995$$

### WOMEN

$655 + (4.3 \times \text{weight in pounds}) + (4.7 \times \text{height in inches}) - (4.7 \times \text{age in years})$

For example, Sarah is a 27-year-old EMT who is 4'6" tall and weighs 120 lbs.

$$655 + (4.3 \times 120) + (4.7 \times 54) - (4.7 \times 27) = 655 + 516 + 254 - 127 = 1,298$$

Factors to consider that affect your BMR include:

- **Physical activity.** This value varies from person to person and is measured on the scale above, ranging from 1.2 to 1.9. *See Table.*
- **Estimated energy requirements (EER).** Multiplying the BMR by your physical activity factor determines how many calories must be consumed in order to maintain your current body weight. Example: For Robert, who jogs two miles a day, his EER is calculated by multiplying  $1,995 \times 1.6 = \text{EER of } 3,199$  calories a day.
- **Waist to Hip Ratio (WTR).** People carrying excessive fat above their waist (often referred as “apple” shapes) are at greater risk of heart disease and diabetes than those carrying excessive fat below their waist (“pear” shapes).

Once you establish your baseline for energy requirements, it is important to establish baselines on not only the amount of food consumed (to lose, maintain, or gain

Table: Physical activity factor

Physical activity	Factor
Very light: Sitting, standing, driving, computer work	1.2
Light: Walking, light stretching	1.4
Moderate: Jogging, dancing, swimming, biking	1.6
Strenuous: Running, soccer, rowing	1.9

weight) but also the quality of your food. Specific to diet, your baseline measures your daily intake of carbohydrate, protein, fat and water. The goal is to balance your actual dietary intake with your EER. Intake includes:

**Carbohydrates (CHO)** – Classified as either simple — such as glucose, a simple sugar and the main source of energy for the body — or complex (whole grains), which are digested into simple sugars. CHOs should comprise 60% of your caloric intake.

**Proteins** – Meat, dairy, beans and grains are high in protein. Approximately 10 – 15% of your diet should be from these food groups.

**Fats** – No more than 30% of your caloric intake should be from fat. Additionally, fat intake should be directed away from trans fats to polyunsaturated fat, which is found in fish, corn, nuts, and vegetable oil.

**Water** – To calculate your approximate daily water requirements in cups, use the following formula: Water cups =  $\frac{1}{2}$  body weight in pounds/8

Diet affects your personal resiliency. No matter what your energy requirements, if you fuel yourself with whole grains, lean proteins and plant-based foods like legumes, vegetables and fruits, you'll be healthier and feel better overall – and will be able to do your job better.

### Get FITT

*Fitness - if it came in a bottle, everybody would have a great body. - Cher*

Physical fitness can be defined as a set of characteristics (i.e., the work capacity of your heart and lungs, the strength and endurance of your muscles, and the flexibility of your joints) that relate to your ability to perform physical activities. Participating in a cardiovascular (aerobic) exercise routine is a hallmark of resilient people. The overwhelmingly positive impacts include:

- Stronger heart and lower resting heart rate
- Maintenance of a healthy body
- Stress management
- Enhanced physical appearance
- Positive impact on self-esteem
- Increased resiliency

A moderately intense cardiovascular (aerobic) workout — defined as exercising hard enough to raise your heart rate and break a sweat yet still be able to carry on a conversation — should take about 30 minutes/day, five days a week for beneficial cardiovascular effect. More is better: while 30 minutes

yields general health benefits, 60 to 90 minutes helps in preventing weight gain for most people.

As with nutrition, establishing fitness baselines is essential so you can monitor your progress towards fitness goals. One baseline that should be monitored is resting and target heart rates. To start, first:

- Establish current resting heart rate
- Calculate your age-predicted maximum heart rate:  $220 - \text{your age in years}$
- Calculate your 60% and 90% target heart rate:

*Age-predicted maximum heart rate  $\times .06 = 60\%$  maximum heart rate*

*Age-predicted maximum heart rate  $\times .09 = 90\%$  maximum heart rate*



As fitness improves, the level of intensity required to maintain a target heart rate will increase to maintain the same target heart rate — indicating an increase in fitness.

For example, Norma is a 54 year old EMT. Her resting HR is 88 beats per minute. Her age-predicted maximum HR is  $220 - 54 = 166$  beats per minute. Her fitness goal is to exercise at 80% of her age-predicted maximum heart rate — which is  $166 \times .8 = 133$  beats per minute. As she begins her fitness program on a stationary treadmill, she reaches her target heart rate when the treadmill speed is at 3.5 mph. Two weeks later, she must set the speed to 3.7 mph in order to reach the same heart rate, indicating an improvement in

her fitness level. (Go, Norma!)

When beginning an exercise program, it is important to consider your exercise preferences when setting personal goals so you'll be more likely to sustain your fitness regimen. Ask yourself the following questions:

1. Are your interests health, fitness or performance related?
2. Do you prefer team or solitary activities?
3. How much time can you devote to your exercise program?
4. Is there specialized equipment you will need, such as a bicycle, racquet, etc.?

Finally, ensure the fitness program chosen integrates the four basic components of staying FITT:

**Frequency of exercise.** To be beneficial, a minimum of three days per week is required.

**Intensity of the exercise.** Strive to maintain a heart rate of between 60% to 90% of your maximum during the exercise period.

**Time spent exercising.** Set a goal of at least 30 minutes per exercise session.

**Type of exercise.** Walking is low impact and beneficial, but only if you increase your heart rate to 60% – 75% of your maximum. You can start a running program by combining walking and

Continued > > 17

## PHTLS and TCCC partnership > > continued from 1

TCCC principles, first within the Special Operations community and now throughout the U. S. Military. This has resulted in increased demand for TCCC training by U.S. military units, coalition partner countries, and tactical law enforcement agencies. In the past, there were four ways to obtain TCCC training:

- In a U.S. military training course;
- Through a military-to-military training program in foreign countries through coordination between the countries involved and the U.S. embassies in those countries;
- Through commercial vendors of TCCC training;
- By downloading the TCCC course material from the PHTLS web site and teaching it locally.

There is now one more way: a PHTLS-sponsored TCCC program as an official NAEMT course, taught by PHTLS/TCCC qualified instructors.

Through the efforts of Major Bob Mabry and Don Parsons at the Army Department of Combat Medic Training, and Dr. Steve Giebner of the CoTCCC, PHTLS national faculty members have received training in TCCC and have provided this training to other faculty. The new TCCC courses will supplement the trauma training provided in the PHTLS course.

Course participants can sign up for the course with NAEMT. Upon course completion, they receive an official PHTLS TCCC card and certificate bearing the logos of NAEMT, PHTLS, TCCC and The American College of Surgeons. Those taking PHTLS courses at some military sites receive these same cards and certificates.

This cooperative arrangement between NAEMT and CoTCCC lets students complete both PHTLS and TCCC as one combined course or as two individual courses. Continuing education credits are granted through the Continuing Education Coordination Board for EMS (CECBEMS).

### How the courses differ

PHTLS and TCCC provide two different answers to two different questions. PHTLS has long emphasized an understanding of *principles* versus *preferences*. A principle is a medical standard of care. The preference is the method the practitioner uses to carry out this principle. That method is based on the condition of the patient; the specific situation; the practitioner's knowledge, skills and experience; and the resources available.

PHTLS teaches the principle and offers various methods of achieving it. The goal is to achieve the principle with quality output. For example: The goal in airway management is to establish an airway. The preference, or method by which this is carried out, can include an oral airway, a nasal airway, an

endotracheal tube, a double lumen esophageal tracheal tube, or a tracheostomy.

In civilian practice, **the patients are the mission**. In the changeable tactical environment, combat medics must take into account **both the patients and the mission**.

The TCCC course is devoted specifically to the care of the injured warrior on the battlefield, the providers of that care, and the equipment that they utilize. Care is rendered in austere environments, usually with very limited equipment, and often under conditions of darkness and extreme heat or cold. The number one goal is completion of the mission and survival of the unit as a whole. In the *Care Under Fire* phase of TCCC, preservation and protection of the unit and completion of the mission may take precedence over providing care, with only life-threatening extremity hemorrhage addressed in this phase. TCCC stresses self-care and buddy-care. As the tactical situation evolves, the combat medic provides additional care as feasible, focusing primarily on the most common causes of death on the battlefield.

While TCCC focuses on these tactical factors, the particulars of care are based on the principles taught in PHTLS, with appropriate modifications. These concepts and principles are taught in detail in the TCCC course. And, as mentioned, the TCCC Guidelines and training are modified as needed based on new data such as medical literature, input from military medical research facilities, feedback from the service 'lessons learned' centers, analysis of causes of death in combat casualties as determined by the Armed Forces Institute of Pathology, and direct input from combat medics.

In Dr. Butler's words: "The United States-led coalition forces at this point in time have the best combat casualty treatment and evacuation system in history. TCCC's job is to make sure that the casualties get to the hospital alive so that they can benefit from it. Seventy-five percent of combat fatalities occur in the prehospital phase, where the casualty is being cared for by the corpsman or medic in the field."

In summary, a unique relationship has been created between the Committee on Tactical Combat Casualty Care, NAEMT and its PHTLS Committee, and the Committee on Trauma of the American College of Surgeons, to provide military medics with the very best education utilizing principles of patient care that are up-to-date, fluid, and based on active patient care research done in both the civilian and military communities. This course is now available to all practitioners through NAEMT.

**To learn more about PHTLS or TCCC, please visit the PHTLS page on [www.naemt.org](http://www.naemt.org).**

*Dr. Norman McSwain is PHTLS Medical Director and Dr. Frank Butler chairs the CoTCCC.*



# DHS helps to identify EMS technology gaps

by Mary Hanson

Science and technology can help make our jobs easier and, more importantly, save lives. The Department of Homeland Security Science & Technology Directorate (DHS S&T) is asking first responders to help it make the right investments.

DHS S&T has created a process called an Integrated Product Team (IPT) to identify the technology needs — or capability gaps — of first responders. Representatives from EMS, fire, law enforcement and emergency management services comprise a working group of 38 first responders that is advising DHS.

The working group has met twice in the Washington, D.C., area. In September, seven EMS representatives from diverse geographic areas and population bases — including NAEMT President Patrick Moore — identified five initial and broad technology needs.

At the next meeting, DHS will brief these representatives on current research to fill these gaps. The practitioners and researchers will discuss how close currently-available research is to meeting the needs. This discussion and other parts of the process will eventually lead to long-term R&D strategies to address the most critical first responder needs. These priorities may be presented to Congress for possible funding.

DHS S&T already is committed to providing solutions and services to first responders — see <http://firstresponder.gov>. While it believes it is important to have sustained inter-

action with 38 representatives of the first responder community, DHS S&T welcomes input from all first responders. Please go to its TechSolutions web site, <https://www.techsolutions.dhs.gov>, to provide comments.

Mary Hanson works in the Interagency and First Responder Programs Division of the Department of Homeland Security's Science and Technology Directorate.



From left to right: NAEMT member and Ouray Co., Colo., EMS Chief Norm Rooker; Randy Zeller, Director of Interagency and First Responder Programs with DHS S&T Directorate; Patrick Moore, NAEMT President; Milton Nenneman, Director of First Responder Coordination - West, Interagency and First Responder Programs with DHS S&T Directorate; and NAEMT Region II Director and Director of EMS for Charleston, S.C., Don Lundy.

## Physical resiliency >> continued from 15

jogging. Slowly increase the time you spend jogging, maintaining an exercise intensity of 60% to 75% of your maximum heart rate. Swimming is a good alternative for people having orthopedic problems. Swimming ¼ mile – or 440 meters – is the equivalent to jogging one mile.

Choosing sound nutrition and exercising regularly not only promotes physical health, but it improves psychological health by allowing us to concentrate on goals we can create and achieve. By achieving our goals we increase our self-esteem — and along with it, our personal resiliency.

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*Mike would like to thank Dr. Phil Callahan, PhD, NREMT-P, and Dr. Michael Marks for their assistance with this article.*

*Michael T. Grill is Assistant Director of Allied Health Education Programs at Cochise Community College, Sierra Vista, Ariz. He holds a MS degree in Executive Fire Service Leadership and Executive Fire Officer Certification. He is an instructor in EMS topics and co-authored the textbook Fire Service First Responder. He has presented at more than 200 conferences nationwide.*

**This is the second in a series of four articles to help you in your life and on the job. In the next issue: sleep issues and relaxation techniques for EMS practitioners.**

# Attend first EMS on the Hill Day in May



To ensure that EMS has a strong voice in the nation's Capitol and in government decisions that affect the field and its practitioners, NAEMT is sponsoring the first EMS on the Hill Day. The event will be held from May 3-4, 2010, in Washington, D.C.

This event, which will be held annually, represents the EMS community's first coordinated effort to visit congressional leaders and staff on Capitol Hill. The event will:

- Include representation from EMS organizations in all sectors of the EMS community.
- Provide a consistent message to Congress on the key issues affecting EMS and EMS practitioners.
- Encourage and promote broad participation within the EMS community.

The Hotel Palomar in Washington, D.C. has been selected as the official event hotel. The program will include:

**May 3, 2010 (evening)** — A pre-Hill Visit briefing will prepare participants for visiting their congressional leaders. All participants will receive Hill Visit Kits and

appointment schedules.

**May 4, 2010 (morning-afternoon)** — Participants will visit the offices of congressional leaders to advocate for key EMS issues.

**May 4, 2010 (evening)** — NAEMT will host a reception for all EMS on the Hill Day participants, congressional leaders and staff, and federal agency staff.

"It's exciting to see EMS on the Hill Day come to fruition. I am so glad that NAEMT has taken the initiative; it's time that EMS practitioners receive the recognition they are due," says Jerry Johnston, Immediate Past President

of NAEMT and the event chair.

"We hear time and time again from our membership that they most want a voice and to receive recognition for the work they do every day. This effort not only accomplishes that, but also should serve as a catalyst for furthering future Hill activity and developing relationships that will strengthen our cause at the federal level."

The success of this event depends on the EMS community's participation. To help cover the



// This effort should serve as a catalyst for developing relationships that will strengthen our cause at the federal level.

cost of participating in the event, the NAEMT Board of Directors will award grants to four active members. Information about this grant program and how to apply will be sent to all members in January.

For more information and to register, go to the [EMS on the Hill Day page under Advocacy on www.naemt.org](http://www.naemt.org).

# Legislative updates: NAEMT fights for your rights regarding PSOB, Ryan White CARE Act

## NAEMT fights for rights of all practitioners

IF YOU DIE IN THE LINE OF DUTY while employed by a governmental entity, your family can receive a federal benefit. But if you happen to work for a private entity, then your family receives nothing.

Why is this? Congress established the Public Safety Officers' Benefits (PSOB) program to provide a one-time financial benefit to eligible survivors of governmental public safety officers whose deaths are the direct result of a traumatic injury sustained in the line of duty.

In addition, 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.

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 approximately \$3.79 million per year. According to the National EMS Memorial Service, approximately 400 EMS practitioners have died in the line of duty since 1993, averaging 25 per year — with about half of those employed by non-governmental agencies.

NAEMT believes that ALL EMS practitioners who die in the line of duty deserve the same benefits.

With two Congressional bills addressing the PSOB program, last month we urged all members to advocate for extending Public Safety Officers' Benefits to all EMS practitioners by sending letters to their Senators and House Representatives asking them to co-sponsor these bills.

It's easy to do using the Capwiz online advocacy service. Using the service, you simply need to enter your zip code and Capwiz determines your congressional representatives and provides you with a draft letter. It will then e-mail or fax it for you.

**You still can send your letter to advocate on behalf of the families of ALL fallen EMS practitioners across the nation. Just go to the Contact Congress page in the Advocacy section of [www.naemt.org](http://www.naemt.org).**

## Important language reinstated in Ryan White CARE Act extension

IF, AS A FIRST RESPONDER, you've been exposed to a bloodborne or airborne pathogen, you once again have the right to be notified.

On October 30, President Obama signed S. 1793, the Ryan White HIV/AIDS Treatment Extension Act of 2009. Once again, the bill includes a provision requiring first responders be notified in the event of an exposure to a bloodborne or airborne pathogen. This language had been in the bill but was removed from a reauthorization that passed and was signed into law on December 20, 2006. Over the past year, NAEMT has worked with other national EMS organizations to have this important language reinstated.

Emergency responders are protected by a number of laws and standards of care regarding occupational exposure to communicable diseases. One of those provisions was included in the emergency response provisions of the original Ryan White CARE Act that was passed by Congress in 1990. The section "Notification of Possible Exposure to Infectious Diseases" required emergency response employers, including fire departments, police departments and emergency medical services providers, to have a "Designated Officer" to field calls from employees regarding exposures to communicable diseases and obtain the disease status of the source patients in those exposures from the medical facility providing treatment to that patient.

This provision was included in subsequent reauthorizations of the Ryan White CARE Act until the last reauthorization that passed in 2006, when the language was removed. Concerns developed throughout the country that emergency responders would no longer be able to find out in a timely manner whether or not they had been exposed to an infectious disease and be tested and treated outside of the emergency department at a lower cost.

Seeking to address those concerns, Advocates for EMS (AEMS) members, including NAEMT, the National Volunteer Fire Council, the International Association of Fire Fighters, the International Association of Fire Chiefs and the National Association of Government Employees successfully advocated to have that provision again included in law.

AEMS President Kurt Krumperman stated, "One of the key issues Advocates is concerned with is the safety and health of our nation's EMTs and paramedics. Getting the notification of first responder provisions back into law is a crucial health and safety issue and a priority for AEMS," he says. "We sought to create the broadest coalition possible to get this issue resolved."



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



## New membership program for EMS services offers real value and savings

**N**ow your EMS service can do more for less! NAEMT has introduced a new membership program that offers EMS services extra value and savings programs when they join as a squad.

After working to collaborate with some of the best product and service suppliers in EMS, NAEMT now offers your EMS service a program that includes benefits and discounts on the products and services you use every day. These include:

### Benefits

- 10 NAEMT individual memberships with full benefits
- Access by everyone in the EMS service to NAEMT's limited coverage health insurance plan at the NAEMT member group rate
- 10 NAEMT t-shirts for your group
- A listing on the NAEMT web site

### Discounts

- A 10% discount of up to \$1,500 on the purchase of a custom CentreLearn Standard™ or CentreLearn Complete Learning Management system or an annual group subscription to the NAEMT online learning system powered by CentreLearn
- A 10% discount of up to \$2,500 on any single purchase from EMS Innovations' complete line of emergency medical supplies, disaster mitigation products, and personal protection, hazmat and response recovery products
- Up to a 25% discount on General Communications portable and mobile two-way radios and pagers
- A 15% discount on the first year purchase of EMStat Platinum level software from Med Media
- A 20% discount on all Page, Wolfberg & Wirth EMS law books, manuals, compliance guides, video programs, audio recordings and webinars on important EMS law topics such as billing, compliance, personnel management and more
- A 15% discount on an annual print and electronic subscription to *Best Practices in Emergency Services*

And the most important thing? All this is only \$400 per squad! This means your service's designated members receive all the regular NAEMT member benefits plus so much more. Plus, you can add more squad members at \$35 per member, with full benefits.

The program will continue to grow as more product and service providers continue to sign up to support EMS services.



To learn more and enroll today in the new squad membership program, call 1-800-34-NAEMT or visit the Squad Membership page in the Become a Member section of [www.naemt.org](http://www.naemt.org).