

The Role of EMS in the Military

By Ben Chlapek, NAEMT At Large Director and Chair of NAEMT's Military Relations Committee

From basic first aid to surgical intervention and psychological therapy to blood banking, the military medical field prepares members of the military medical system to provide life-saving care to our nation's warriors. In addition, the military now realizes that training in basic Tactical Combat Casualty Care (TCCC) techniques for all combatants – from tankers to engineers – helps to save lives. Training techniques enable anyone involved in casualty scenarios to recognize and treat the causes of preventable death in wounded soldiers, at the point of injury. Battlefield trauma care has undergone a remarkable transformation since the attacks in our country on 9-11.

Trauma research done in the aftermath of the conflicts in Afghanistan and Iraq shows that most deaths occur before the casualty arrives at a medical treatment facility. The success of using new trauma strategies that are customized for the battlefield, led every military branch to begin training each Soldier, Sailor, Airman, and Marine as first responders on the battlefield. Special Operation units have achieved historic lows in preventable deaths by providing each combatant with skills and equipment necessary to stop external hemorrhage, and perform basic airway management on wounded teammates. *So, what is the role of EMS in the military?*

Although EMS – as medical treatment of a patient prior to (and during) transportation to the hospital – may have roots dating back centuries, it is only since Napoleon's European campaigns that we can draw a direct line from his system of moving combat casualties to today's EMS. Napoleon's physician, Dominique-Jean Larrey, developed a system specifically for the transportation of battle casualties (the "flying" ambulance), which was introduced to the U.S. Army during the Civil War.

From World War I "medics" (who were trained to provide basic first aid in the trenches), to the original "corpsmen" and "medics" on the battlefield of World War II, the military took a huge step toward military EMS as we know it today – with initial treatment and evacuation on the battlefield being the

primary mission of military EMS. Helicopters came along during Korea and Vietnam to enhance battlefield evacuation and out of necessity, improved the survival of our fighting forces, in spite of trauma and blood loss. As the

wars in Iraq and Afghanistan progressed, so did advanced treatment, such as tourniquets, hemostatic agents, better airway management, and needle chest decompressions.





From the 1950s to the 1970s, history contains specific examples of military battlefield medicine influencing the birth of civilian EMS, as well as the treatment of casualties in the field – both before and during transportation and evacuation. Civilian EMS was born, and two major components had a significant impact on EMS in the late 1960s and early 1970s: 1) the publication of *Emergency Care and Transportation of the Sick and Injured* as the primary text for EMT education and training; and 2) the television show "Emergency," which portrayed EMS as something other than just transportation of the sick and injured. Military EMS supported both of these influential events, and these events supported military EMS.

Military EMS contains advanced care components – one being Forward

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An Inspirational Story of Survival!

In my travels, I am blessed to have the opportunity to meet some of you, our members, as well as many who are considering joining NAEMT. I get the chance to discuss the various issues and gain insight into what *you* care about in our EMS world.

This time, I had the honor of meeting one of our patients and I want to tell you about him – and what he said to me.

All of you are aware of the various speakers at EMS conferences, of which many are tremendous. This particular speaker, however, wasn't as polished as many I have heard, and yet, was one of the most tremendously focused individuals who spoke about EMS. He spoke from the patient's viewpoint *and* from our viewpoint. Let me explain.

His name is Patrick Ireland. You may know him as “The boy in the window.”

Patrick was the high school senior who was shot in the Columbine School shooting. He was shot twice in the head by evil cowards, and left for dead.

Patrick made a decision that “evil was not going to win that day.”

I admit I didn't know his story in full, but Patrick soon took me on a road of hope, redemption and power. He told us about the three hours it took him to scoot himself along the floor on his back with half of his body paralyzed from a head wound – looking left and right and seeing his friends laying on the floor, dead, and realizing that if he didn't keep going, he was going to die as well. When he reached the window, he had to push himself up so that the officers could see him. We watched on live TV from that point.

SWAT officers pulled an armored car next to the school and pulled him through the window. He fell approximately 20 feet to the roof of the truck, and was taken away from the scene.

What's the rest of the story? After a year of physical therapy, he is now a 31-year-old financial planner, married with a beautiful 2-year-old girl. Following physical therapy and a tremendous will to live, he walks unaided and without deficits. If he didn't tell you who he was, you wouldn't even guess that he had gone through the horror of Columbine.

Patrick asked if any of us at the dinner (approx. 400 EMS personnel attended) had a bad day? No one answered. He

then asked if anyone could remember what he or she was doing five minutes ago – or this morning, a week ago, or last month. In other words, in the midst of having a bad day, did you ever think of the timeline prior to what had occurred that made it a bad day? Instantly, the picture of him being pulled from the window appears and he started telling us that five minutes before, he had just entered the library to study for an upcoming test. That morning, he told his friends he couldn't attend a function due to a school project; a week before that, he had ask his girlfriend to a dance and on, and on.

Yes, on April 20, 1999, *he* had a bad day – and wished it to never happen to anyone else. It certainly puts our bad day into perspective. Twenty school children and six adults had a deadly bad day. Patrick decided he was not going to make it 21.

So, he speaks when asked, motivating those who will listen, telling people to not let evil win – no matter how bad it might seem.

Thank you, Patrick. You are an inspiration to all of us who help the people having a bad day. Thank you for surviving and sharing your struggle with us, as one of our patients – standing in front of us, whole and happy.

Sometimes in our career, we all get “hard-hearted.” Some of us have managed to miss that, but most – at one time or another – wonder why we are out there and if we make a difference.

Patrick made it simple for us. We shouldn't let evil win... period. Whether its chest pain or a gunshot, evil puts its hooks into everyone, eventually.

We are their heroes – those people who are having a bad day. True, it might not be as bad as Patrick's – or even what we think is an equal level of bad – but regardless, we have taken an oath to be our patients' advocate. Sometimes, we are the **ONLY** one in their corner.

So, that's our mission. We do many things to make their bad day not so bad, to make their health better. Medical advances and technology have helped us do our job better.



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

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Time to Stop the Violence

By Skip Kirkwood, MS, JD, EMT-P, EFO, CMO, Chief of the Wake County (NC) EMS Division and past president of the National EMS Management Association.

In the 2005 *NAEMT Experiences with Emergency Medical Services Survey*, more than one-in-two respondents (52%) reported that they had been assaulted by a patient. In another study by a large California EMS system, EMS practitioners were exposed to varying degrees of violence in 8.5% of patient encounters, and were subjected to violence directed at them in 4.5% of patient encounters. Of encounters where violence was directed at EMS practitioners, 21% involved non-physical (verbal) violence only, while 79% involved physical violence.

Some states have placed the assault of an EMS practitioner on a legal par with that of assaulting a law enforcement officer. In other states, it remains a simple assault, with no enhanced penalty attached. Through our agencies or state associations, all EMS professionals should advocate for par legal status with our law enforcement colleagues.

Unfortunately, many agencies have cultures that accept violence against their practitioners as just a part of the job. Through a combination of peer interaction, policy and practice, EMS practitioners are led to believe that it is better to “absorb the hit” and carry on — regardless of injury or indignity — than it is to report the violence and encourage prosecution. Organizational policies, procedures and

practices often encourage employees to stay in service and may even penalize them financially for reporting violence-related issues. Employees injured through violence will often hide their injuries because employers haven’t addressed limitations in workers’ compensation coverage — which (if not modified) is geared toward a 40-hour-week employee who rarely works overtime. Going on workers’ compensation can often seriously impact the employee’s take-home pay.

The National EMS Management Association has created a new online reporting tool as an addition to EVENT (EMS Voluntary Event Notification Tool), which allows EMS practitioners to anonymously report an incidence of EMS violence. EVENT is a program at the Center for Leadership, Innovation and Research in EMS, with sponsorship provided by the North Central EMS Institute, EMS Chiefs of Canada, NAEMT, NASEMSO and NEMSMA.

NEMSMA’s work on EVENT is part of a larger initiative to address the issue of violence against EMS practitioners, which will include education, training, and the development of model policies and practices.

This excerpted article first appeared on “Best Practices in Emergency Services” website at www.emergencybestpractices.com.



NAEMT Foundation receives major donation to support EMS in Nevada

AAA (Northern California, Nevada & Utah) and the NAEMT Foundation have joined forces to provide educational programs that encourage and support careers in EMS, within the state of Nevada. AAA donated \$50,000 to the NAEMT Foundation at the recent NAEMT Annual Meeting in Las Vegas to create a unique pilot program that will support EMS education and training. The funding will help provide information about EMS careers to young adults, as well as create a scholarship program for career opportunities in EMS. The objective is to increase the number of EMS practitioners in Nevada. The NAEMT Foundation is currently affiliated with 28 EMS training sites in Nevada.



Pictured at the check presentation on Tuesday, September 10, are (left to right): Randy Monturi, AAA NCNU Field Consultant Manager; Laura Zeigler, AAA NCNU Regional Sales Director; Bob Brown, AAA NCNU Public Affairs Director; Craig Jacobus, NAEMT Foundation President; Troy Tuke, NAEMT State Advocacy Coordinator from Nevada; Fergus Laughridge, incoming Trustee, NAEMT Foundation, Nevada; and Dennis Rowe, NAEMT Foundation Treasurer.

Update: DHS/NIOSH/NIST Work on Ambulance Patient Compartment Design Standards

By Larry Avery, *Principal Human Factors Analyst, BMT Designers and Planners*

Achieving a balance between worker safety and patient care has been, and continues to be, a significant challenge for the EMS community. Combined with the lack of validated standards that help guide the design of the ambulance patient compartments, leads to increases in the risk of injury to both EMS practitioners and their patients.

The Department of Homeland Security (DHS) Science and Technology Directorate (S&T) has sponsored an effort to fill



this gap by applying a rigorous, multi-phased research and design approach. Working directly with the EMS community, this effort will develop design requirements, concepts, and standards for enhancing ambulance patient compartment

design. This research is being conducted by a team comprised of the National Institute for Occupational Safety and Health (NIOSH), the National Institute of Standards and Technology (NIST), and BMT Designers and Planners (D&P) and is focused on developing design guidance for ambulance patient compartments that address crashworthiness, worker safety and performance, and patient safety.

Over the past 12 months of this multi-year project, NIST

and D&P developed a comprehensive set of patient compartment design requirements and criteria that address EMS practitioner safety, and their ability to perform patient care. These requirements and criteria have been verified by EMS community feedback and validated by modeling and simulation of patient care scenarios in patient compartment design concepts.

As a result, 86 recommendations have been submitted for incorporation into the next version of NFPA 1917. These recommendations should infuse the standard with more robust requirements that address enhanced patient care and EMS professional safety in the patient compartment.

Additionally, the team is developing an *Ambulance Patient Compartment Design Guidebook*, which provides the EMS community with the best practices and guidelines to use in designing, acquiring, or building patient compartments. The Guidebook will complement and extend the requirements and guidance in NFPA 1917. As part of this effort, a draft of the Guidebook will be applied to the design of a prototype safety demonstration ambulance being developed by NIOSH.

The agencies will be soliciting the EMS community to review and comment on the Guidebook as it matures. Your input is critical to this project's success.

If you'd like to get involved with any part of this effort to save more lives, please contact Jim Grove (DHS) at 202-254-6941 or james.grove@hq.dhs.gov; Jennifer Marshall (NIST) at 301-975-3396 or jennifer.marshall@nist.gov; or James Green (NIOSH) at 304-285-5857 or jsg9@cdc.gov.

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However, I believe it's the small things – empathy – that really make the difference. We hold their hand or put a hand on their shoulder and tell them, by our actions, our smiles and our caring, that they don't have to worry. "I'm here for you. No one is going to harm you today."

So, on those days that you just can't get any empathy going for your patients (I admit I've had a few days like that. Let's

admit it – we *all* have had those days)... remember Patrick... a 17-year-old... high school senior who, with two gunshot wounds to his head and half of his body paralyzed, crawled on his back for three hours so evil wouldn't win. It didn't.

That's a pledge we should make to every patient we encounter. Be kind to one another and be safe!

Calling All Members! Help Us Reach Our Goal of 100 Field EMS Bill Co-Sponsors

By Bruce Evans, NAEMT Region IV Director and Chair of NAEMT's Field EMS Bill Steering Committee

In August, the NAEMT Board of Directors approved a new campaign plan to secure support from 100 co-sponsors in the U.S. House of Representatives for the Field EMS *Quality, Innovation and Cost-Effectiveness Improvement Act* – H.R. 809 (also known as the “Field EMS Bill”). The campaign officially launched at the NAEMT Annual Meeting in Las Vegas, Nevada, on September 9.

The purpose of the campaign is to get 100 members of the House to co-sponsor the Field EMS Bill. Having a large number of House members supporting our bill will increase our chances for a hearing before the House Energy and Commerce Committee (the committee to which our bill has been assigned). Right now, 11 Representatives have agreed to co-sponsor: Rep. Larry Bucshon of Indiana is the original sponsor, with co-sponsors Rep. Joe Heck (Nevada), Rep. Andre Carson (Indiana), Rep. Dave Loebsack (Iowa), Rep. Rich Nugent (Florida), Rep. Michael Michaud (Maine), Rep. John Duncan (Tennessee), Rep. Steve Stivers (Ohio), Rep. Collin Peterson (Minnesota), Rep. Phil Roe (Tennessee) and Rep. Holt Rush (New Jersey). Our goal is to add at least 89 more legislators as co-sponsors by the time we go to Washington, D.C. for EMS On The Hill Day, on March 26, 2014.

We need “all hands on deck” to make this happen. We know that the strength of our association is in our members – you are our most powerful resource in this effort. We need all of our members to reach out to their congressional representatives and help them understand why they must support this bill and encourage them to co-sponsor. To those of you whose Members of Congress have already signed on, please be sure to thank them for their support. To find out if your Representative is supporting the bill and how to contact them, just go to our Capwiz online legislative service and enter your zip code.

To help us in this effort, we have produced a new Field EMS Bill flyer that explains the bill and answers the most common questions about it. This flyer is available for download from the NAEMT website. We also have new campaign buttons to help create awareness about the bill. You may obtain a copy of the printed flyer and a button by contacting NAEMT Head-

quarters at info@naemt.org, or 1-800-346-2368. Please wear the button to generate conversation about the bill.

Our plan also includes other marketing activities, including use of social media. We ask all our members on Twitter to tweet about the bill using #FieldEMSBill.

Beginning in 2014, NAEMT will present up to three “Field EMS Bill Advocate of the Year” awards. Award recipients will have their expenses paid to attend EMS On The Hill Day. We will also present a “Field EMS Bill Legislator of the Year” award to a Member of Congress. To learn more about the Field EMS Bill Co-Sponsor Campaign, go to www.naemt.org, contact your state advocacy coordinator, or contact any member of the Field EMS Bill Steering Committee: Bruce Evans (chair), Ben Chlapek, Troy Hagen, Connie Meyer, Paul Patrick, Dennis Rowe and Dr. Ritu Sahni. Thank you for your support. I look forward to seeing you at EMS On The Hill Day on March 26, 2014!



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NAEMT Works With National Leaders to Help Military Medics with Credentialing and Licensing

By Ben Chlapek, NAEMT At Large Director and Chair of NAEMT's Military Relations Committee

Last April, I was honored to represent NAEMT at the White House Forum on Military Credentialing and Licensing, hosted by First Lady Michelle Obama. There were numerous organizations represented at the forum, including the Office of the



Secretary of Defense (OSD), all branches of the U.S. military, The Department of Veterans Affairs (VA), the Department of Transportation (DOT), the National Highway Traffic Safety Administration (NHTSA),

the Department of Health and Human Services (DHHS), the National Association of State Emergency Medical Services Officials (NAS EMSO), the National Registry of Emergency Medical Technicians (NREMT), as well as multiple educational institutions and their accrediting agencies.

The purpose of this forum was to find ways to streamline the licensing process for military medics who seek jobs in healthcare, as part of the civilian sector. With over half a million soldiers, sailors, airmen, Marines, and members of the Coast Guard projected to leave military service in the next few years, helping these veterans find work will be a challenge. The First Lady's initiative to find jobs for veterans as they leave the service, as well as their spouses, is gaining momentum – with companies across the nation committing to hire 435,000 veterans and spouses by 2018.

One issue involved in military medics wanting to work in EMS is licensing. Forum participants discussed providing classroom and college credits for military training, which has already been completed.

Dean Margie Clark of Lansing (Michigan) Community College described their program for military veterans – specifically for the Paramedic program, and as it applies to Army 68W's, Navy Surface Corpsmen, and Air Force Pararescue Jumpers. New students with military training begin their program by

meeting with a counselor to review his or her military training records. The records are cross-matched with college courses that are determined to be equivalent to the training, and credit is given where appropriate. At that point, *the credit is put on a transcript* – which is one critical key in the process. The next critical component is the fee. *The college does not charge any fee for these transcript credit hours from military training already completed!* This is a change in the way most colleges and universities do business. Dean Clark then described why it works. In a partnership with Michigan State University, these transcript credits transfer towards a Bachelor's degree. Most of the prior military members receiving credit for their military training – *at no additional cost* – go on to complete a Bachelor's degree. A win-win for all parties.

Dean Clark noted that it took roughly three weeks for an Army 68W medic to qualify for the National Registry EMT-P test and pass it, with first-time pass rates averaging 97% and higher than the medic students sitting through the entire 13-month course. She went on to say that medics who had deployed and worked in theater were more likely to qualify faster, and pass the National Registry test the first time.

Rear Admiral William Roberts, U.S. Navy, is the Chief of Medical Education and Training Campus at Ft. Sam Houston, Texas, for the joint medical training facility for all service medics. He stated that the Navy graduates an annual 21,000 medical personnel from 52 different disciplines through the facility, and that the term "Navy Corpsman" refers to any of these disciplines! The Army and Air Force are not quite as diverse in their specializations and numbers of different occupational specialties, but a total of 60,000 medical personnel move through the joint campus at Ft. Sam Houston each year. The diversity of medical occupations within the military was cited as an obstacle in moving medics into civilian Paramedic positions.

Frank DiGiovanni and Marion Cain, Director and Associate Director, respectively, of Training Readiness and Strategy under the Deputy Assistant Secretary of Defense (Readiness) committed the Department of Defense (DoD) to making

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credentials and transcripts more transportable for military personnel. Their goal is for DoD to proliferate the Lansing program across the country and work on the portability of credentials. Dr. Bryna Helfer, Director of Public Engagement at the Department of Transportation, and a former EMS practitioner, also committed her support. Dr. Helfer has been very helpful to NAEMT in facilitating meetings with Pentagon officials working on the process of getting veterans into EMS careers.

Dia Gainor, Executive Director of the National Association of State EMS Officials (NASEMSO), provided information about the process of writing interstate compacts for EMS, much like the nursing profession. NASEMSO is leading a project to help develop interstate compacts for all states to help provide protection for EMS practitioners crossing state lines during transports occurring every day, and all across our country. A by-product of these efforts could very well be reciprocity across all states in the compact with a national initiative to make it *all* states. This type of reciprocity would further en-

hance, and support, the First Lady's initiatives to get veterans into EMS and other healthcare jobs.

By bringing the key leaders together and making the initiatives clear, the White House Forum made real progress in supporting the transition of military medics. As a recently retired military medic, I recall the difficulties I encountered in leaving my job as a firefighter/Paramedic, and later as a fire chief/Paramedic. Worry about finding ways to keep my license current, finding continuing education classes, and having a job when I redeployed back home were all real concerns. The First Lady's initiative and the willingness of professional organizations, military leaders, and educational institutions to work collaboratively to find solutions that will help our veterans return to work. As a member of the NAEMT Board of Directors and a retired Army Officer, I urge you to consider these initiatives when replenishing your workforce, knowing that there is a disciplined potential workforce out there looking for a way to work in our profession. Until next time, stay safe and keep an eye on your crew.

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NAEMT Announces National Award Winners

The “best in EMS” were honored at the 2013 NAEMT General Membership Meeting and Awards Presentation in Las Vegas, on Monday evening, September 9th. The National EMS Awards of Excellence recognize outstanding achievements and contributions in EMS. Congratulations to the 2013 recipients.



Shawn Mease – 2013 NAEMT/
Nasco Paramedic of the Year

Mease is a Paramedic with the Richmond Ambulance Authority in Richmond, Virginia. He was nominated by his colleague Anna Ailstock, NREMT-P, PNCCT, ALS field training officer, who states that Shawn’s dedication to maintaining

and improving Richmond Ambulance Authority’s reputation for World Class EMS is second only to his dedication to patient care.

Mease is the current chairman of the Richmond Ambulance Authority’s Clinical Services Committee. As chair, he is responsible for assessing the needs for clinical change through evidence-based practices, in collaboration with clinical and operational departments. He evaluated the need for a revision of patient care protocols, and produced a Protocol book that was adopted as standard for the Old Dominion Emergency Medical Services Alliance (Virginia) region. Shawn’s project list on the committee included the implementation of Per-Trache kits (Pediatric and Adult) on every ambulance; use of Nasal Capnography for non-respiratory patients, including seizure patients; and development of a critical care course of study, as well as Richmond Ambulance Authority’s first comprehensive Preception manuals and associated Field Training Officers manuals. In addition, Mease coordinates and instructs courses in PHTLS, AMLS, ACLS, PALS and CPR.

Patients and coworkers comment on Mease’s focus during difficult situations. “Shawn has a natural ability to bring calm to frightening situations, and ease the minds of confused and scared patients and family members,” Ailstock said. “Shawn strives to foster the skill, professionalism and compassion in

each new practitioner, that he shows to patients and their families, every day.”



Paul Schueth – 2013
NAEMT/Braun Industries EMT
of the Year

Schueth is an Advanced EMT with Tripp County Ambulance in Winner, South Dakota. He was nominated by Katheryn Benton, a state training officer in Chamberlain, South Dakota. Schueth started his

EMS career as a volunteer for Tripp County Ambulance over 35 years ago. In his early years as an EMT, he served as the unofficial Ambulance Director, along with a couple of volunteers. He was later elected to serve as the official director, a position he still holds with pride, honor and compassion.

During his tenure at Tripp County, Paul was actively involved in securing funding for technology upgrades for the ambulance service, as well as in planning training workshops. He regularly works with local health care agencies to ensure continuity in patient care. He is known for his resolute and careful work during “worst-of-the-worst” situations, such as the blizzards and thunderstorms seen so often in South Dakota.

“Paul is always willing to go above and beyond the call of duty and takes great pride in his profession. He has given continuous and selfless service to the citizens of Tripp County in their time of need,” said Benton. “He has an excellent work attitude, which radiates to his fellow employees and colleagues, and is an asset to his team, county and the community in which he proudly serves. His desire to serve without the expectation of honors or recognition clearly demonstrates his unselfish commitment to community. Paul is truly deserving

of this award.”

Nominees for the Paramedic and EMT of the Year Awards are scored on how he/she:

- Provides superior patient care;
- Effectively advocates for patients and their families;
- Assists peers in fostering a positive work environment;
- Exemplifies professionalism when interacting with patients, their families, and other medical professionals; and
- Demonstrates a commitment toward continuing professional education.



Robert Ditch, EdD – 2013 NAEMT/Jones & Bartlett Learning Educator of the Year

Ditch is an educator at the Arizona Academy of Emergency Services in Mesa, Arizona. He was nominated by Taylor Bradford, the director of operations for the academy.

A retired, highly decorated Colonel, Ditch served in the Air Force Medical Service for over 32 years, and has more than 40 years of EMS experience. He also completed a doctorate in education, with a specialization in Emergency Services Higher Education. Ditch is an adjunct assistant professor in the School of Medicine and Health Sciences at George Washington University, in Washington, D.C.

Ditch is a Nationally Registered Paramedic, licensed in Arizona, Virginia and Texas. Since leaving the military, he has dedicated his retirement years to bringing quality EMS education to the nation’s EMS practitioners. Much of his time is unpaid, so travel and instruction are funded out of his own pocket as a volunteer EMS educator. Although he teaches over 30 different curriculums, he is most recognized for his voluntary development/instruction of terrorism response courses for EMS responders.

In addition to his time training others in emergency management, Ditch has been deployed to numerous “in-need” locations, such as 14 national-level disasters that included Hurricanes Katrina and Rita (2005), the earthquake in Haiti (2010), and Hurricanes Isaac and Sandy (2012).

Ditch’s long list of accomplishments and contributions to EMS education nationwide, personifies the spirit of

volunteerism and unbridled passion for prehospital care training and education. “Dr. Ditch is the quintessential champion of EMS education excellence,” Bradford said. “I cannot think of anyone else who deserves this recognition more than Dr. Bob.”

Nominations for the Educator of the Year Award are scored on how the nominee:

- Consistently demonstrates his/her commitment to provide high-quality, professional education for EMS practitioners;
- Serves as an outstanding role model for EMS practitioners in the classroom and in the community;
- Effectively mentors EMS students at all stages of their professional development;
- Introduces and incorporates innovative approaches and tools in the classroom, to enhance student learning experiences; and
- Contributes and participates in the development of educational content that expands the quality the EMS curriculum.



Daniel Manz – 2013 NAEMT Rocco V. Morando Lifetime Achievement Award

Manz has been continuously involved in the direct provision of patient care, since 1974. He currently serves as Executive Director at Essex Rescue in Essex Junction, Vermont, and is certified as an EMT-Intermediate in Vermont, as well as a nationally registered EMT-B. After graduating in 1978 from the University of Vermont in Burlington with a degree in business administration, he worked as an EMT for Transport Ambulance Service, Inc. From there, he served as a regional coordinator for the Southern Maine Emergency Medical Services Council, Inc., before becoming the director of the EMS division of Vermont’s Department of Health. He left Vermont for a two-year stint designing and implementing a comprehensive national EMS system for Saudi Arabia.

In 1987, he returned to his position at the Vermont Department of Health and stayed until 2011. During that

Continued > > 12

National Award Winners >> continued from page 11

time, he managed all state EMS office functions, including agency licensing, complaint investigation and enforcement, technical assistance, as well as representation to federal, state, local agencies, private partners and stakeholders. Manz served as a representative to the State Emergency Operations Center, and was the designated incident commander during public health emergencies for the VDH Health Operations Center. He also started numerous programs, including EMS for Children, rural access to emergency devices, and an assistant medical examiner program using non-physicians for on-scene death investigations.

Additionally, Manz served as an advisory committee member to the National Rural Health Resource Center, an NREMT Board member for nine years, treasurer and president of the National Association of State EMS Officials (NASEMSO) and chairperson for the Implementation Team at NASEMSO's Education Agenda for the Future project. He served as a principal investigator at the National EMS Scope of Practice Model Project, a contributing editor to the *EMS Insider* newsletter, has co-authored two chapters of the text book *Medical Oversight of EMS* with the National Association of EMS Physicians, has represented NASEMSO in the Health Care Finance Administration Negotiated Rule Making process, as well as served as the EMS member on the Future of Emergency Care Project with the Institute of Medicine of the National Academies. He has also been a member of numerous state EMS assessments and reassessments, organized by the National Highway Traffic Safety Administration (NHTSA).

The Rocco V. Morando Lifetime Achievement Award is NAEMT's most prestigious award, and is named after one of the founding members of NAEMT.

The 2013 Service Award Winners are:

Kiowa County EMS, Greensburg, Kansas —
Volunteer EMS Service of the Year
Sponsored by Impact Instrumental, Inc.

In May 2007, a series of tornadoes tore across Central United States, with the most destructive hitting Greensburg, Kansas, home to Kiowa County EMS. About 95% of the city was destroyed by the EF5 tornado. Kiowa County EMS was

left with just one operable ambulance and fifth-wheel trailer for use in caring for its community and rebuilding service. In just six short years, the turnaround for KCEMS has been nothing less than remarkable.

KCEMS continues to strive for ways of helping crew members maintain their skills. The service now boasts three ambulances and two quick response vehicles, which its 13 crew members use to respond to more than 300 service requests, within a 720-square-mile area each year.



MedStar Mobile Healthcare, Ft. Worth, Texas —
Dick Ferneau Paid EMS Service of the Year
Sponsored by Ferno

Earlier this year, MedStar EMS became MedStar Mobile Healthcare — a change intended to reflect its burgeoning role as a broad-spectrum provider of community healthcare services, which transcend traditional emergency care.

While the paint is still wet on mobile healthcare as an industry-wide concept, a few big systems have embraced it aggressively. MedStar was

the first to make such an unreserved public commitment by breaking with the EMS in their name. The name change was only a small part MedStar's organizational transformation. The service has implemented bold changes, innovations and improvements across all areas of its operations and medicine.

"We've believed for a long time that we're not just an ambulance transportation company. We practice medicine and healthcare delivery every single day, and we need to be viewed in that venue," said MedStar Executive Director, Doug Hooten.



Engage and Educate Your Congressional Leaders About EMS

Plan now to participate in EMS On The Hill Day in Washington, D.C., on March 26, 2014 (with a briefing on March 25). Help us celebrate the fifth anniversary of the only national EMS advocacy event open to all EMS professionals. Join us in educating your Members of Congress about the challenges you face in providing emergency medical care, and advocate for the passage of key EMS legislation.

- Personally meet and share your concerns with your U.S. Senators, House Representative and their Congressional staff.
- Meet and work with the top EMS leadership from across the country.
- Learn the “art” of advocacy to benefit your EMS agency and local community.

PROGRAM HIGHLIGHTS:

March 25 - Meet with other participants and attend an informative pre-Hill visit briefing, followed by a networking reception.

March 26 - Attend scheduled appointments with your Senate and House leaders and their staff to talk about the challenges you face as an EMS professional, and the EMS legislation that can help. Then relax and enjoy a post-Hill visit reception.

The Washington Plaza Hotel will serve as event headquarters.

The one factor that determines the effectiveness of our advocacy efforts is you – the EMS professional. Elected officials listen to the citizens who put them in office. Don’t miss the most important EMS advocacy event of the year! Please – Be there for EMS. Registration is now open at www.naemt.org.



The Role of EMS in the Military > > continued from page 1

Surgical Teams (FST). Anywhere from 15-25 people make up the FSTs in the Army, Navy, and Air Force. Navy teams also cover and include Marines in their forward resuscitation teams. These teams staff between two-to-four physicians and surgical personnel to provide definitive care forward, and move EMS alongside the maneuver units. The FSTs are really an advanced form of EMS and are normally considered a Level II Medical Treatment Facility in treatment hierarchy.

Every American warrior on the battlefield carries an Individual First Aid Kit which contains a tourniquet, Combat Gauze and trauma dressings. They are all trained in the use of these adjuncts to stop bleeding on the battlefield. This is EMS at its finest, and the lives saved by this approach are solidly documented in literature from our recent wars. In lessons learned, military EMS is providing valuable information to civilian EMS. I am a strong advocate for first responders, from major cities and other targets of opportunity, to carry the same military first aid kit and be prepared to save lives, following suicide and terrorist bombings, or mass shooting events. The Boston Marathon incident and the Ft. Hood shooter are two prime examples of the need for these adjuncts in civilian EMS, fire, and law enforcement.

Military EMS ranges from the basic “buddy aid” by a fellow soldier with a tourniquet, to surgical procedures in austere environments. A basic infantryman or new Marine may stop a bleeding with his or her skills and equipment, while a surgeon with an FST may have his or her hands in a soldier’s chest cavity during the administration of blood products. Additionally, an Independent Duty Corpsman on a sub may be removing a sailor’s gall bladder, while his or her counterpart in the field with a Marine Expeditionary Unit may be relieving the pressure in a combatant’s crushed thumbnail, caused by fluid beneath it.

Military EMS covers a very broad spectrum of healthcare. There were 52 different versions of a “Navy Corpsman” at last check. TCCC in a combat zone through ambulance service on base may be included under the label of “Military EMS.” As military medics move up in rank, they become the equivalent of corporate leaders, managers, directors, chief ward masters, and deans of educational and training facilities. As they leave the military, they provide an untapped resource of experience and knowledge for our workforce. The broad spectrum of military EMS brings us a lot of good things and good people worthy of our admiration and respect.

For the specific sources of this article, contact info@naemt.org.

Education News



AMLS

NAEMT is proud to announce the new online component of our AMLS program. Each of the eight modules in **AMLS Online Continuing Education** includes interactive

patient scenarios, where EMS practitioners can apply the AMLS Assessment Pathway and gain valuable experience in a convenient and safe online environment. The AMLS online content provides eight hours of continuing education credits. It is designed for independent learners. Utilizing the online content, the 16-hour AMLS provider course is now available in a hybrid format, and will be offered at EMS Today on Wednesday, February 5, 2014.

New International Partner Agreements have been signed with The College of Paramedics and the Hellenic Society of Cardiopulmonary Resuscitation for conducting courses in the United Kingdom and Greece. The inaugural course in the United Kingdom is planned for November. AMLS in Brazil was successfully launched in August – in partnership with Capitulo Brasileiro do Comitê de Trauma do Colegio Americano de Cirurgioes. AMLS Regional Coordinator Lee Richards, AMLS Affiliate Faculty Felix Marquez, and AMLS Medical Director Dr. Vince Mosesso led the inaugural course. AMLS also launched in July with our new partner in Japan, Life Support Oita Corporation. AMLS Committee Member Ann Bellows led this inaugural course. Denmark has also expressed interest in conducting AMLS courses in the future.



EMS Safety

Michael Szczygiel, a member of the EMS Safety Committee since 2009, was recently appointed as the committee's chair. Michael was certified as a Paramedic in 1975. After twenty

years as a clinician, educator, administrator and litigation consultant, he spent a decade as Director of Risk Management for a chain of hospitals. Since 2006, he has worked for Thomco Insurance as a Senior Loss Control Specialist, providing risk engineering and loss control services to Thomco's client base of about 650 private medical transportation services in 48 states.

The EMS Safety Committee is currently focused on preparing the second edition course materials, scheduled to be released in 2014. The Committee is also seeking to appoint four qualified volunteers for the position of regional coordinator. Responsibilities will include:

- Appointing Affiliate Faculty within assigned region;
- Overseeing set up and monitoring of new course sites by Affiliate Faculty, within their assigned regions;
- Conducting quarterly conference calls with the affiliate faculty;
- Supporting affiliate faculty in promoting NAEMT education programs in their region.

To apply for this volunteer position, please send a letter of interest and a copy of your resume or curriculum vitae to education@naemt.org. Application packages are due by October 30, 2013.



AMLS Class in Brazil

Pictured top row (left to right): Felix Marquez, Dr. Newton Djin (MD), Maria Cecília Damasceno (MD), Júnia Sueoka (MD), Gilson Melo (MD), Fernando Novo (MD), Silene da Fonseca (RN), Sonia Batista (RN), and Vince Mosesso (MD).

Bottom row (left to right): Denison da Silva (RN), Fabio Gomes (MD), Carla Abgussen (MD), Daniel Lima (MD), Gustavo Feriani (MD), Cristiane de Alencar Domingues (RN), and Lee Richardson, Region 4 Coordinator.



EPC

The EPC Committee continues to offer Instructor Transition Courses to help pediatric EMS instructors who are interested in teaching this program. The EPC Committee

will host additional Instructor Transition Courses on the following dates:

- Wednesday, October 30 at 1:00am CST
- Monday, November 18 at 10:00am CST
- Tuesday, December 10 at 10:00am CST

The EPC Committee is also in the process of reviewing the most recent edition of the Pediatric Education for Prehospital Professionals (PEPP) textbook, for possible consideration as the recommended textbook for EPC.



PHTLS

Law Enforcement and First Response Tactical Casualty Care (LEFR-TCC) was successfully launched with 41 courses registered as of August 31. This course teaches

public safety first responders the basic medical care that will help save an injured responder's life, until EMS practitioners can safely enter a tactical scene.

In May, the manuscript for the PHTLS 8th edition was completed. This effort was led by Dr. Peter Pons, who is serving as the PHTLS 8th edition editor. Instructor materials are now in development. The 8th edition course materials will be completed and presented at the PHTLS 8th Edition Instructor Update on November 11, 2014, in Nashville, Tennessee, in conjunction with the 2014 EMS World Expo.

In international work, Dr. Norman McSwain and Mike Hunter recently led the inaugural PHTLS course in Singapore, with our partners Tan Tock Seng Hospital PTE LTD. A new international partner agreement has been signed with Emergency Response and Rescue Corps in Malta. New TCCC course sites were established in the United Kingdom, Argentina, and Peru.



PEPL

Over the last several months, the PEPL (**Principles of Ethics and Personal Leadership**) Course Committee has been working with the International Public Safety Leadership and Ethics Institute (IPSLEI) to complete the develop-

ment of course materials, run beta tests of the course, and make any necessary adjustments. The final course materials will now be turned over to Jones & Bartlett Learning for publishing. The committee is now focusing on the selection and training of instructor candidates. The committee has developed the following selection requirements for PEPL instructor candidates:

1. Successful completion of the PEPL provider course with a minimum passing score.
2. Letter of interest that describes the candidate's qualifications, and why they wish to be considered.
3. Current CV including contact information, employment history, education, achievements and honors.
4. Two letters of recommendation from EMS leaders (such as EMS directors or chiefs, medical directors, college deans or department heads, or directors of EMS training sites).
5. Personal interview with one or more members of the NAEMT PEPL program committee.
6. Successful completion of the online NAEMT Instructor Course with a minimum passing score.
7. Monitored by committee member or appointed representative at initial course, and approved as an instructor.

The Committee will also identify course sites interested in hosting PEPL instructor training courses. Information on this opportunity will be sent to all NAEMT course sites.

NAEMT Develops New Instructor Course

By Bob Loftus, NAEMT Education Committee Chair

In 2011, a survey was conducted to obtain member input on key challenges facing EMS, which would help NAEMT on where association focus should be. One of the issues highlighted by members was the level of difficulty in becoming an instructor for NAEMT's education programs. Members cited a lack of access to instructor courses, cost of courses, and duplication of content within the instructor courses for each program.

The results of the survey were used to develop NAEMT's 2012-14 Strategic Plan. One of the goals in the three-year plan calls for NAEMT to "streamline our instructor process to make it more affordable to serve as an NAEMT instructor."

In 2012, the NAEMT Board agreed to develop a comprehensive course that would provide instructor candidates with the basic training and information needed to develop as an instructor for any NAEMT education program — thus, eliminating redundancy and reducing the cost of instructor training.

NAEMT President Don Lundy appointed a special committee to work with NAEMT's publishing partner, Jones and Bartlett Learning, to develop this course. Committee members include: Bob Loftus (chair), Ann Bellows, Greg Chapman, and Chad McIntyre. The committee began its work by carefully assessing the content in our current instructor courses. Then, they consulted with the members of each of NAEMT education program committee to obtain their thoughts on what type of content should be included in a consolidated instructor course.

Work on the course has been progressing throughout the year, with expected completion by this December. To ensure accessibility and help reduce cost, the course has been developed in a fully online format. The new course covers all of the fundamental knowledge included in each of the previous program instructor courses, and also contains new sections on teaching methodologies, classroom applications, skills stations, as well as best practices. The course will cover the following:

- Philosophy, history and current courses offered through NAEMT's education programs;
- Concepts of adult education and learning methodologies used in our courses, and in other EMS training;



- Common classroom problems and methods for addressing them;
- Best practices for classroom and hybrid courses;
- What is required to become and maintain an NAEMT instructor status.
- The relationship between the NAEMT Instructor Course and the instructor requirements for each NAEMT education program; and
- Basic principles and requirements for coordinating an NAEMT course.

"We are grateful for our members' input, as well as the diligent efforts of the committee and association," said committee Chair Bob Loftus. "Access to the new course is unlimited thanks to the online environment, which also help make the costs of becoming an instructor a more affordable option. Streamlining this course in an convenient online format will certainly set a precedent for future courses we offer."

If you are interested in the new NAEMT Instructor Course, email education@naemt.org or call 1-800-346-2368.

Special Thank You to Glenn Luedtke

With Appreciation...

Mr. Glenn Luedtke, who has served as the Chair of NAEMT's EMS Safety Program Committee since its inception in 2009, retired from the committee last month. Glenn led the committee through the development of the first edition of NAEMT's EMS Safety course, which received two national awards. Glenn has chaired a wonderful committee of very dedicated professionals who are now working on the second edition of the course, targeted for 2014. Glenn also served as a member of NAEMT's Health and Safety Committee, and as NAEMT's representative on the National EMS Culture of Safety Steering Committee.

On behalf of the NAEMT Board of Directors and our EMS Safety faculty, we thank Glenn for his outstanding contributions to NAEMT education.



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NAEMT Members Enjoy Exciting New Benefits

NAEMT members deserve the best benefits! We are happy to announce that even more valuable benefits have been added to your membership package. The following is information on your new benefits.

- Full NAEMT members will now receive a 15% discount off the annual subscription price of the *Journal of Special Operations Medicine* (JSOM) and the *Advanced Tactical Paramedic Protocol Handbooks*. The JSOM is the only quarterly peer-reviewed medical journal, indexed in the National Library of Medicine's *PubMed*, which specifically addresses the work of the special operation medical professionals, and offers a forum for professional discourse on global special operations medicine. The JSOM transcends the boundary between military and civilian medicine by bringing ideas and techniques to the civilian Tactical Emergency Medical Support (TEMS) provider. This discount is good on all subscriptions — Advanced Tactical Paramedic Protocols Handbook Digital Access, Digital Journal Access, Digital Journal and ATP-P Handbook Access, Domestic Print Only, Domestic Print and Digital, International Print Only, International Print and Digital, Tablet.



- Another new benefit for Full NAEMT members — a discount of up to 20% from Hertz Car Rental on Business Travel and Leisure rates. Receive up to a 15% discount on International rates, guaranteeing the best rates available. In addition, NAEMT members will receive the Hertz #1 Club Gold program membership for free! Hertz Gold members enjoy the fastest pick-up and drop-off car rental experience. With the Hertz Gold program, there is no more waiting at counters or paperwork to complete.



To access your NAEMT Member Benefits, use your membership number to login at www.naemt.org.

DESIGNS WANTED! NAEMT Challenge Coin Design

Help design the new NAEMT Challenge Coin by sharing your design ideas with us. Your ideas should reflect our profession and, if selected, you will receive a new NAEMT Challenge Coin as well as recognition in *NAEMT News*.

Email design ideas to:
membership@naemt.org

Sketch it, snap a picture, and email your design to us. *Not an artist?* Just provide a detailed description or find a graphic as reference online. **Good luck, designers!**



Everyday NAEMT Member Benefits:

- You are represented by a professional association that is dedicated to advancing EMS as an integral part of quality healthcare delivery.
- You join EMS advocacy groups that represent key legislative issues that address challenges of all EMS.
- You help secure an enhanced role for EMS in the important changes that are to come!
- You can network and engage other EMS professionals at meetings, events and on NAEMT social media.



Congratulations to Our Scholarship Winners

NAEMT is proud to announce the scholarship recipients for the following scholarship opportunities:

First Responders (toward EMT-Basic) – up to \$500

Troy Lesmeister of River Falls, WI. Troy is currently a Pilot Instructor with Pinnacle Airlines. He plans to enroll in the EMS program at Chippewa Valley Technical College. He is also a First Responder in the rural area of River Falls, WI. He would like to advance his certification to EMT-Basic. Troy explains, “As a First Responder I only experience the first part of the call. I would like to have more exposure to the entire call from patient contact to the hand-off at the care facility. That would allow me to better serve my community while acting as a First Responder, and having the added skills and knowledge of an EMT Basic.”

EMT-Basic (toward EMT-Paramedic) – up to \$5,000

Jessica Colon, Bronx, NY. Jessica is an EMT-Basic with TransCare Ambulance in Mount Vernon, NY. Jessica plans to enroll in the EMS Program at St. John’s University to become a Paramedic. Jessica states, “I would love nothing more than to develop the skills and experience necessary in order to branch out and be of assistance to the community at my fullest potential. I have no doubt that becoming a Paramedic would afford me that opportunity.”

Gregory Johnson, Mason, OH. Gregory is currently

the Assistant Chief-EMS with the Turtle Creek Township Fire and EMS in Lebanon, OH. He is enrolled in the EMS Program at the University of Cincinnati Clermont Campus and plans to advance his certification to Paramedic. Gregory states, “There have been several occasions since I began practicing in EMS where having added knowledge and skills could have helped my patient and do just a little more. There is no greater weight than to know that you and your partner couldn’t do the extra lifesaving technique that your patient needed, because of a certification level.”

Paramedics (To advance education in EMS) – up to \$2,000

Scott Yates, Pawnee, IL. Scott is a Paramedic with Medics First in Springfield, IL. He plans to enroll in the Critical Care program at Christian Hospital EMS Academy to advance his Paramedic status. Scott comments in his essay, “As I treat patients, and speak with nurses and physicians, I’m coming to understand that there is much more that could be done in the prehospital setting. I have already begun to read the Critical Care Paramedic curriculum book, and am convinced that this course is the next step.”

Scholarship application deadlines are June 15 and September 15 each year. NAEMT members may login at www.naemt.org to learn more about scholarships and complete an application.

Vote in the 2013 NAEMT Elections

Elections for the open NAEMT Board of Directors positions will take place from October 15-28, 2013. Open positions include Region 1 Director, Region 2 Director, Region 3 Director, Region 4 Director, and At Large Director.

As an active NAEMT member, you have the privilege and responsibility of voting for the members who will lead your association. Please take the time to vote for the candidates of your choice.

October 1 through October 28 – Candidates’ statements and endorsements are posted on www.naemt.org.

October 15 through 28 – Voting is open. Members will vote online for the candidates of their choice.

November – Members are notified of election results.

As a member of NAEMT, you decide who leads your association. Be sure to vote between October 15 - 28!



Education News >> continued

NAEMT Faculty Meeting

The first annual NAEMT Faculty Meeting was held in Las Vegas, in conjunction with EMS World Expo, on Tuesday, September 10. More than 150 faculty members participated. The meeting began with a reception in appreciation of the work that NAEMT instructors and course coordinators do on behalf of NAEMT and their students. Then, NAEMT President-elect Chuck Kearns officially opened the meeting. Participants received updates on NAEMT's current education

programs from Will Chapleau for PHTLS, Jeff Messerole for AMLS, Chris Cebollero for EPC, and Bruce Evans for EMS Safety. Information about NAEMT's new PEPL course was provided by Scott Matin, and information on the new NAEMT Instructor Course was presented by Bob Loftus. Severo Rodriquez, NREMT Executive Director, provided an update on NREMT activities. Kim Brophy, Jones & Bartlett Learning Executive Publisher, joined NAEMT President Don Lundy to present Robert Ditch with the NAEMT/JBL Educator of the Year Award.



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- Emergency Pediatric Care (EPC)
- EMS Safety Course
- Principles of Ethics and Personal Leadership (PEPL)
- Prehospital Trauma Life Support (PHTLS)
- Tactical Combat Casualty Care (TCCC)

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