NAEMT news
Serving our nation's EMS practitioners

A quarterly publication of the National Association of Emergency Medical Technicians

Winter 2015

Lessons From the Ebola Scare

Some scoff at calling it a crisis, but experts agree EMS needs more infection control training and improved preparedness

By now, the outlines of the event that kicked off the nation's Ebola mania are familiar. On Sept 20, Thomas Eric Duncan, a 42-year-old Liberian man infected with the Ebola virus, boarded an airplane bound for Dallas. He became ill shortly after arriving, but was sent home from the Texas Health Presbyterian Medical Center's emergency department five hours later with antibiotics. He returned to the hospital two days later – this time in a Dallas Fire-Rescue ambulance.

Duncan's diagnosis and death in early October rocketed Ebola to the top of every news show and headline in America. The U.S. Centers for Disease Control and Prevention (CDC) raced to prevent both the disease – and misinformation about it – from spreading, while hospitals and EMS agencies tried to figure out how to prepare. They conducted drills, listened to CDC webinars, beefed up their personal protective equipment (PPE) kits and stockpiles, and learned how to ready patient compartments for Ebola patients using duct tape and plastic.

Photo courtesy Grady EMS

And then, as quickly as it exploded, the Ebola crisis in the U.S. petered out. Two months after Duncan's death, the only other death on U.S. soil was a surgeon who had caught the disease in Sierra Leone. The infected Texas Presbyterian nurses survived – one even had her picture taken with President Obama. And no other infected West Africans had managed to slip undetected onto U.S. airliners.

Among U.S. first responders, Ebola fatigue set in. At EMS World Expo in Nashville last November, Ebola had become a running joke. "More Americans have married Kim Kardashian than have died of Ebola," said Dr. Bob Winter, National Clinical Director for Emergency Preparedness, Resilience and Response (EPRR) and Critical Care in England, speaking during the World Trauma Symposium.

Wisecracks aside, EMS leadership and other medical professionals continue to regard Ebola as a potent reminder of the vulnerability of our nation's population to emerging infections, and the importance of remaining vigilant and prepared to respond to dangerous pathogens that can threaten at any time.

"This is a bump in the road compared to other future threats we are going to face," says Dr. Paul Pepe, director of emergency medical services, speaking during a special session at EMS World Expo. "It was a good drill for the big one that is going to come, the pandemic or the SARS du jour." (Severe Acute Respiratory Syndrome, or SARS, is a viral illness that emerged in China in 2002 and quickly spread across nations, killing an estimated 775 people, including 44 in Canada. The outbreak dissipated in the summer of 2003.)

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Plan to attend EMS On The Hill Day, April 28-29, 2015 in Washington, D.C.

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

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Looking Ahead - New Milestones to Achieve

Conrad T. (Chuck) Kearns
MBA, Paramedic
NAEMT President

I am honored to be your association President and thank you for the confidence you have placed in me. To follow in the wake of such dynamic leadership by 2013-14 President Don Lundy sets the bar at an extraordinarily high level, but one that I am determined to meet. The accomplishments of Don's term as our president were apparent in every aspect of our Annual Meeting last November and filled every member in attendance with optimism. The meeting was a testament to our members' dedication to professionalism and quality patient care.

My enthusiasm for what I believe can be accomplished in the future is deeply rooted in the exceptional progress we have made on several fronts:

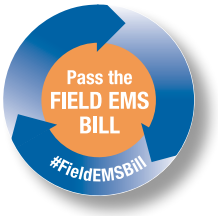
- Gaining more than 38 congressional co-sponsors and 50 supporting organizations for the Field EMS Bill.
- Advocating support for military medics, greater safety measures for air medical transport, and promoting mobile integrated healthcare and community paramedicine programs that help improve patient outcomes and lower healthcare costs.
- Strengthening support for our members through new Individual and Agency Member benefits (*visit the NAEMT website for a detailed list*).
- Completing the 8th Edition of Prehospital Trauma Life Support (PHTLS) and the new Bleeding Control for the Injured (B-Con) courses; completing development of the 3rd Edition of Emergency Pediatric Care (EPC); launching the Principles of Ethics and Personal Leadership (PEPL) course at 18 course sites; and starting development of the 2nd Edition of the Geriatric Education for EMS (GEMS) course.
- Hosting the 5th annual EMS On The Hill Day and the 3rd annual World Trauma Symposium.

I couldn't be more grateful and proud of the many members that make up our committees and working groups. They are truly NAEMT's "engines of progress" and what tremendous progress we've had! Last year alone, we achieved 6 percent growth in membership, gained recognition for being a leader in national collaboration, expanded education course sites into more than 50 countries, and trained 70,000 education course participants.

All of these achievements and many more were accomplished within a culture of teamwork. In Nashville, Don announced a new collaboration between NAEMT and the American College of Emergency Physicians (ACEP) to join forces for National EMS Week, May 17-23. Both of our organizations recognize the value of EMS Week in promoting public understanding of the critical role we have in our nation's healthcare system. We will work together, along with other EMS organizations and corporate partners, to strengthen EMS Week and the EMS profession.

Preparedness and training were themes discussed extensively in Nashville and are issues that EMS agencies in all of our communities must address. Our patients expect that we will be ready to help them in their time of need, whether in their home or at work, at an accident scene, or in response to a disaster. Our nation's response to the recent Ebola threat is just one of several recent incidents that have called into question the level of EMS preparedness, and funding for that preparedness. This newsletter examines our response to Ebola and sheds light on the lessons we can all learn from that experience.

There has never been a more collaborative piece of federal legislation that can dramatically improve care for the thousands of patients... improve training and preparedness for all EMS practitioners.



In light of these and other mounting pressures placed on EMS agencies and practitioners, I am fully committed to gaining passage of the Field EMS Bill. There has never been a more collaborative piece of federal legislation that can dramatically improve care for the thousands of patients we touch every day, as well as improve training and preparedness for all EMS practitioners. So, I ask for your help in moving this bill to the forefront of congressional discussions by educating your members of Congress on the challenges you face in delivering quality patient care and how the Field EMS Bill will help address those challenges.

EMS On The Hill Day is an excellent forum for direct conversations with members of Congress and their staff. This year, it will be held April 28-29 in Washington, D.C. and is open to all EMS professionals. I hope you'll be able to join us. Registration is open online and available at www.naemt.org/advocacy. Advocating on Capitol Hill can be somewhat

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New! EMS Disaster Preparedness Committee

Whether it's natural disasters like Superstorm Sandy, terrorist events like the Boston Marathon bombings, or infectious disease outbreaks such as Ebola or H1N1, EMS is integral to our nation's response.

In all of those situations, Paramedics and EMTs cared for the sick or injured – doing what the community expected of them, and what they expected of themselves.

Yet, it's widely known that when it comes to preparedness discussions at the federal level, EMS isn't included as often as it should be. Likewise, EMS lacks a dedicated federal funding stream to help support the training, equipment and planning needed to enable EMS to protect the public, and its own workforce.

"EMS agencies, including fire-based, third service, hospital-based, commercial and volunteer, are expected by our elected officials to be like the U.S. military: ready, equipped and staffed 24/7 to take care of all patients whether they're sick or injured as a result of motor vehicle collisions, falls, gunshot wounds, terrorist attacks, chemical agents or active shooter incidents," wrote A.J. Heightman, editor-in-chief of the *Journal of Emergency Medical Services (JEMS)*, in a recent editorial. "The problem is that EMS is a forgotten and neglected army that's being expected to train and have proper equipment and vehicles for these incidents with minimal or no financial assistance from our federal government."

To make sure EMS is a part of the process for planning and preparing for mass casualty events and other threats, NAEMT is pleased to announce the formation of an EMS Disaster Preparedness Committee. The committee will advise the NAEMT Board of Directors on ways to strengthen the role of EMS in our nation's emergency preparedness strategy and response activities. Responsibilities, in part, will be to: identify national gaps in EMS preparedness protocols and training, and recommend measures to address these gaps; identify ways to improve integration of EMS in disaster preparedness planning, communications and interoperability; identify funding sources to support agency preparedness activities; and increase understanding of the EMS role within the larger preparedness community.

"When EMS agencies around the country lack the resources required to meet daily response demands, investing additional resources to respond to a public health emergency is enormously challenging," according to written testimony submitted by NAEMT to the Senate Appropriations Committee Hearing on the U.S. Government Response to the Ebola Outbreak. "There is no dedicated federal funding stream for EMS to turn to in order to ensure that EMS agencies and our practitioners are fully prepared to respond safely to public health emergencies..."

More information will be published on our website and in other communications.

From the President > > continued from page 4

intimidating if you have never done it before. So, we are preparing a special step-by-step guide to EMS On The Hill Day for first-time attendees that walks through all aspects of participation. It will be available online later this month.

To help focus our energy and enthusiasm, the NAEMT Board adopted a new Strategic Plan for the next three years. The Plan directs us to:

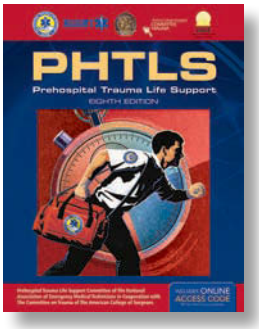
- Support the transformation of our profession as an essential and integrated component of our nation's healthcare system;
- Lead the effort to pass the Field EMS Bill in the newly elected Congress by obtaining at least 145 co-sponsors in the House and 30 co-sponsors in the Senate; and
- Reinforce our membership with the goal of reaching 13,000 full members by December 31, 2017.

I look forward to helping NAEMT leave a lasting mark on the future of EMS… a future with sufficient funding, resources and training to prepare us not only for the day-to-day calls, but also for the threatening incidents that could forever change the face of our communities. I sincerely thank the leadership of NAEMT for their vision and dedication. I am also very grateful for your support and ongoing membership. Without you, last year would have been just another year. Thank you and stay safe!

EDUCATION NEWS

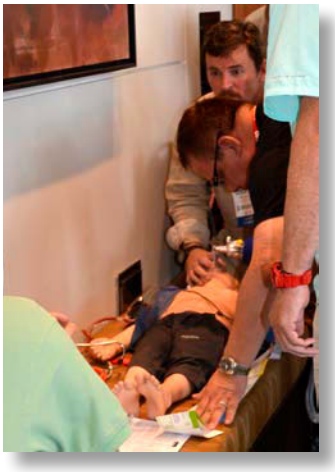
NAEMT Education Took Center Stage in Nashville!

Music City Center in Nashville, Tennessee was a great location to host the many NAEMT education events held in conjunction with 2014 EMS World Expo and the NAEMT Annual Meeting. Here is a summary of the events:



PHTLS 8th Edition Instructor Update – the PHTLS Committee hosted PHTLS faculty from around the world, providing a comprehensive overview of the 8th edition PHTLS course materials, including the textbook, instructor PowerPoint and notes. Nearly 400 instructors from 25 countries participated in this Update. Instructors not able to attend can take the Instructor Update course online. For more information, please visit the Education/PHTLS section of the NAEMT website.

The **3rd World Trauma Symposium** was held on November 10th to a sold-out audience of more than 400 attendees. Presentations from the recognized leaders in trauma care focused on response in specific situation environments, like a mass shooting. Two points discussed for improved patient survivability were the need for EMS to train more closely with other services, such as law enforcement, and that EMS should take better advantage of hemorrhage control technology. Disaster triage, geriatric trauma, pediatric disaster management, and the role of TXA in pre-hospital trauma care were among the other topics presented. Plans are already underway for next year's Symposium, so mark your calendars for Wednesday, September 16, in Las Vegas, Nevada.



Nearly 80 instructors participated in the **2nd Edition Geriatric Education for Emergency Medical Services (GEMS)** Instructor Update course. These GEMS instructors were updated on the revisions and new sections of the 2nd Edition GEMS textbook, GEMS course, and requirements to become a GEMS Instructor. Final course materials are scheduled for completion in April 2015.

The Emergency Pediatric Care (EPC) Committee held a beta test of the 3rd edition of the EPC provider course on-site in Nashville. EPC 3.0 was presented to 23 students who interacted with the new course materials and provided valuable feedback to committee members. This beta course was the first to utilize the PEPP textbook, and representatives from the American Academy of Pediatrics were on hand to observe the course. The final course materials are scheduled for publication in March 2015.

The Principles of Ethics and Personal Leadership (PEPL) provider course was held for the first time at a national EMS conference. This unique course provided the 30 students in attendance with a deeper understanding of themselves and examined how to relate basic principles of ethical leadership and service to their patients. Comments from participants included feelings of empowerment and interconnectedness with other EMS practitioners and the wider circle of healthcare providers. For more information on how to bring this course to your agency or course site, please contact education@naemt.org.

On November 11, the second annual **NAEMT Faculty Meeting** was held to update our faculty attending EMS World Expo on all current and future NAEMT education programs. For those not able to attend, the PPT presentation of the meeting has been posted on the Course Coordinator page of the NAEMT website.

Advanced Medical Life Support (AMLS)

Emergency Pediatric Care (EPC)

Have You Transitioned... to the National Education Standards?

Excerpts from the NREMT Summer 2014 Newsletter (www.nremt.org/nremt/downloads/Newsletter_Summer_2014.pdf).

In order for you to maintain your National Certification you must complete a transition course.

Why do I have to complete a transition course?

Between 2004 and 2006, the National Association of State EMS Officials, in conjunction with other national stakeholder groups, developed and released the National EMS Scope of Practice Model, one of the components of the EMS Education Agenda for the Future: A Systems Approach.

Along with changes in the national scopes of practice, some additional cognitive information and psychomotor skills were incorporated to improve the depth and breadth of EMS education in hopes of producing a better-prepared EMS provider. The "old" curricula were revised and updated to reflect current best practices, standards and state of the science. This naturally resulted in "gaps" of knowledge and skills between some previously trained providers and the new graduates. Discussions and meetings were held at the national level to better identify the "gap" material, and methods were developed to help ensure that all providers would be able to function similarly given these new scopes.

The National Association of State EMS Officials worked diligently to ensure that all "gap" material was adequately identified before developing the transitional courses. The NREMT Board of Directors then approved plans for transitioning all affected providers by permitting them to apply the transitional education towards the required refresher and continuing education hours in order to meet NREMT recertification requirements. In cases where the "gap" material was so great and the increased scopes of practice led to a significant increase in the potential risk to the public, validation of skills and cognitive knowledge were also required to assure adequate transition to the new levels (NREMT-Intermediate-85 to NRAEMT; NREMT-Intermediate-99 to NRP).

Transition to the "New" National EMS Education Standards

The NREMT has worked with the National Association of State EMS Officials' EMS Education Agenda Implementation Team to develop policies that require you to complete or possess transition education.

However, each of the 50 states in the U.S. may adopt a variety of policies and educational interpretations regarding what you will need to do to complete the "transition."

Because of the state variations, the NREMT has implemented a standardized reporting process, outlined in this newsletter that you will need to follow to maintain your National EMS Certification and become an EMR, EMT, AEMT or Paramedic. Please note, the education you must complete, the course length, format and locations are under the direction of your State EMS Office.

Contact your local EMS agency and determine what you will need to do to transition.

Please refer to the below chart and see what the deadline would be for you to transition.

Certification Transition	Due Date
First Responder to EMR *(there are 2 recertification cycles or 4 years to complete*	Sept. 30, 2015/2016
EMT-Basic to EMT *(there are 2 recertification cycles or 4 years to complete*	Mar. 31, 2015/2016
Intermediate/85 to AEMT *(there are 2 recertification cycles or 4 years to complete*	Mar. 31, 2016/2017
Intermediate/99 to Paramedic *(there are 3 recertification cycles or 6 years to complete*	Mar. 31, 2018/2019
EMT-Paramedic to Paramedic *(there are 2 recertification cycles or 4 years to complete*	Mar. 31, 2016/2017

EMS Safety

Geriatric EMS (GEMS)

Principles of Ethics and Personal Leadership (PEPL)

PreHospital Trauma Life Support (PHTLS)

Tactical Combat Casualty Care (TCCC) & Law Enforcement & First Response Tactical Casualty Care (LEFR-TCC)

Bleeding Control for the Injured (B-Con)

Tactical Emergency Casualty Care (TECC)

AAA-Nevada Scholarship Program

To strengthen and enhance EMS in the state of Nevada and address the ongoing need for quality first responders, the AAA-Nevada Scholarship Program was established in 2013.

Through a generous contribution from AAA-Nevada, the NAEMT Foundation, in cooperation with the Nevada Division of Public and Behavioral Health, developed the scholarship program, which was designed to encourage and support careers in Emergency Medical Services (EMS) within the state of Nevada.

As part of this program, a career flyer was produced and distributed to raise awareness of EMS and provide information about EMS careers. You can view and share the following resources located on the Nevada Scholarship page within the Foundation section at www.naemt.org:

EMS Career Information

- Careers in Nevada EMS: An informational flyer that provides career information about EMS in the state of Nevada.
- NAEMT Foundation EMS Video: This fast-paced video provides a glimpse of the exciting world of an EMS practitioner.

Three waves of scholarship applications were accepted between March and May of 2014. Applications were received from 11 of the 17 counties in Nevada.

Forty-five individuals from Nevada were awarded scholarships of up to $1,000 to either pursue a new EMS career in Nevada, or to advance their EMS education. At year-end, six of the scholarship recipients have completed their education and are now certified, five of whom are working or volunteering with agencies in Nevada. Twenty-three other recipients are currently enrolled in an EMT class pending completion and NREMT testing.

One example of the impact of this program in the state – Austin, Nevada is working with Lander County EMS to reopen their ambulance service. Two local scholarship recipients are taking the NREMT test this month and completing a driver-only program. Lander County plans to hire a paramedic to cover the area 24/365, using these new volunteers to partner as the second licensed attendants. This is a huge step to cover a 120 mile gap in EMS service on Nevada roads and highways.

Applications are being accepted for NAEMT Foundation Scholarships until March 15, 2015 for individuals wishing to become an emergency medical responder or an emergency medical technician. Remaining funds for the AAA-Nevada scholarship will be awarded to individuals in Nevada.

For more information, visit www.naemt.org/foundation.

EMS Fitness: 3 Exercises To Protect Your Back

Maintaining physical fitness is daunting enough for the general public, but it's especially important for EMS practitioners to understand the physical fitness levels required for performing their jobs. Last year, we introduced a discounted annual subscription to FitResponderFitness.com as an NAEMT Member benefit. Fit Responder's Bryan Fass has provided some EMS Fitness Tips for our website, as well as the following back-strengthening exercises.

Your lower back has been aching for a few weeks now. Sure, some days are better than others – but overall, it's been downright bothersome. During your last shift, you and your partner lift a frail, geriatric patient from the floor. Instead of choosing a flexible stretcher or other transport gear, you decide to just "get it done." While awkwardly lifting your delicate patient, you feel a pop in your back, resulting in immediate pain.

Current best practices from the sports, therapy and public safety world clearly show that using tissue mobilization tools like foam rollers, massage balls and massage sticks would all have a clear benefit to helping your tissue be more mobile. These techniques are also uniform and station friendly, so they can and should be done while on duty. Plus, you will feel better and can better manage those aches and pains before they become an injury!

So, what 3 exercises can help protect your back?

1. Bird Dog: The Bird Dog (aka Contralateral extension) focuses on the poster chain muscles. What it really does is help support the fine motor spine stabilizers, while simultaneously engaging the muscles in the core and hips. *My recommendation: 2 sets of 15-30 repetitions every other day.*

Movement: Start on your hands and knees. Imagine you have a broomstick on your back. Extend your opposite arm and leg until fully extended. Slowly draw imaginary boxes in the air for 15-30 repetitions on each side. Keep your body still and in broomstick posture as your arm and leg do all the work.

2. Bowler's Squat: Named because it follows the motion of a bowler releasing a bowling ball. In the beginning, take it slow and focus on your form. As you improve, speed up but realize that technique is key. This is a gluteal integration technique. Its purpose is to strengthen your hips and legs, so when you lift patients or heavy gear, these muscles perform properly and provide extra support to your spine. *My recommendation: 3 sets of 10-15 repetitions every other day.*

3. Kettle Bell Swing: The ability to hinge your hips when lifting a patient or reaching across a bed during their transfer is very important. This is why you were taught to lift with your legs not your back. But, as we see in the field, almost everyone initiates and finishes a lift with their back. We need an exercise that trains the body to rapidly hinge the hips, while maintaining a safe and neutral spine angle (flat back/broomstick posture). So yes, you need a kettle bell for this but it does not need to be heavy. Proper technique is of the utmost importance at all times. This is ***not*** an arm exercise – it's a leg and core exercise. Use your hips to explode the kettle bell from under your body – your arms are simply an attachment for the kettle bell. Remember to keep a flat/broomstick posture (without arching your back) at all times during this exercise. *My recommendation: 3 sets of 15 repetitions every other day.*

As with all exercise, always warm up first. Foam roll, active stretch, and then do a few light repetitions of the exercise before you jump into your sets. These three movements are what I call my "go-to" exercises because they are effective, quick and again, can be done in uniform. One word of caution… there is a learning curve with the kettle bell swing. If you have a trainer or coach that can critique you, please use them. If not, a mirror will give you great feedback on your technique as well.

These exercises are not complicated and will help keep your back strong and mobile in challenging physical situations.

By Bryan Fass, President, Fit Responder

Traffic Incident Management: My Friend, TIM

I thought after 31 years in EMS, I knew pretty much all there was to know about traffic incident management. When NAEMT contacted me and asked that I attend a TIM (aka Traffic Incident Management) train-the-trainer course, I readily accepted. I looked forward to the opportunity of visiting the National Fire Academy in Emmitsburg, Maryland for a weekend getaway. As a full time EMS educator, it is always good to get another instructor certification, but rarely do you ever really learn something in the process. Let me tell you that this was an exception.

The U.S. Department of Transportation (USDOT), Federal Emergency Management Agency (FEMA), Federal Highway Administration (FHWA) and the National Fire Academy (NFA) all came together to put on this one-time, train-the-trainer class in hopes of expanding our nation's TIM training opportunities. The class included approximately 250 students from around the country and Puerto Rico. The course also included personnel from law enforcement, fire departments, EMS services, Emergency Management, DOT and even the towing industry. There was even a student from the Central Intelligence Agency (CIA).

The TIM course was established in mid-2012 by congressional authorization under the Strategic Highway Research Program (SHRP) initiative to "address the challenges of moving people and goods efficiently on the nation's highways." The TIM program is specifically designed to "reduce congestion through improved travel time reliability." This program promotes a shared understanding of quick clearance requirements and safeguards for responders and motorists.

Did You Know?

- One area of recent emphasis is the positioning of ambulances. When EMS is involved in incident response, the vehicle should always be positioned with the rear doors away from traffic. The wheels should also be turned away from the incident. This vehicle placement enables the apparatus itself to shield the patient loading area.

The U.S. Fire Administration (USFA) offers guidance on reducing the potentially negative effects of emergency lighting. Vehicle and apparatus headlights and fog lights should be turned off at night scenes. The USFA notes that the key to reducing emergency vehicle lighting is by establishing good traffic control. When good traffic control is in place using advanced warning signs, minimal emergency vehicle lighting is needed for responders to safely perform their duties. All cited resources recommend that departments review their policies on emergency vehicle lighting – especially after the traffic incident scene is secured – with the goal to reduce vehicle lighting usage at the scene, and especially to reduce or extinguish forward-facing vehicle lighting. Visit www.usfa.fema.gov to view or download the Emergency Vehicle Visibility and Conspicuity Study.

These are just a couple of observations. Others include requirements for protective apparel; color of warning lights; and in many states, the establishment of a "move over" law. This course is full of current information and is updated regularly to reflect ongoing research in the area of traffic incident management. I strongly encourage all responders to find and take this course, in addition to the NAEMT EMS Safety course, which also emphasizes many safe practices for the pre-hospital responder.

By Dean Douglas, South Carolina Paramedic Instructor, Greenville Technical College; Paramedic, Pickens County EMS; NAEMT State Advocacy Coordinator

MEMBERSHIP UPDATE

Welcome 2015 Board of Directors

Welcome the new and returning members of the NAEMT Board of Directors. They are committed to ensure an integrated role of EMS within our nation's changing healthcare system. It's our pleasure to introduce the new members whose terms began on January 1, 2015:

Robert Luckritz Region I Director
Robert Luckritz, JD, NREMT-P, is EMS Director for Jersey City Medical Center – Barnabas Health (N.J.), overseeing a department of 250 employees, and responding to 90,000 calls annually. He has nearly 20 years of experience as an EMS provider in four states across the Mid-Atlantic and New England, with oversight in all facets of EMS, including operations, clinical care, and education. He served as an adjunct professor of EMS Management at Springfield College in Massachusetts, and as the government affairs officer for a major New Jersey Healthcare System. Robert also serves on the Board of Directors of the National Association of Urban Hospitals.

Jason Scheiderer Region III Director
Jason Scheiderer, MS, NREMT-P, is education lieutenant for Indianapolis Emergency Medical Services (IEMS) in Indiana — the city's largest 911 service, responding to roughly 100,000 calls each year. First an EMT, then paramedic, Jason's career also includes being an adjunct faculty member for the Indiana University School of Medicine's Paramedic Science programs, teaching specialty continuing education, and working in the field with students. He serves as the NAEMT state advocacy coordinator for Indiana and sits on both NAEMT's advocacy and EMS safety course committees. Jason was the recipient of the 2014 Field EMS Bill Advocate of the Year Award.

Terry David Region IV Director
Terry L. David began his EMS career in 1982, later working at Hutchinson Hospital/Reno County EMS where he became a Paramedic. He then became Director of EMS for Rice County, a position he continues in conjunction with Emergency Management Director. Terry is certified as a state Training Officer II, has held faculty positions with the American Heart Association, and continues to teach both public service and health care providers. He also serves on the state's EMS disaster response team and as the past president of the Kansas EMS Association. He is involved in EMS issues at all levels and serves as a representative to the South-Central Homeland Security Council.

"Thank you for allowing me to serve this great association as your President and for the opportunity to lead our profession for a short period of time on our journey to excellence. I look forward to continuing to work for excellence under the future leadership of our great organization. God bless you all."

- Don Lundy, NAEMT President [2013-2014]

Our sincere appreciation is also extended to returning Board members for their dedication and support of NAEMT and our members:

- Conrad T. (Chuck) Kearns, President
- Scott A. Matin, Treasurer
- Dennis Rowe, President-elect
- Bruce Evans, Secretary
- Don Lundy, Immediate Past President
- Chad E. McIntyre, Region II Director *(re-elected)*
- Cory Richter, Region II Director
- Aimee Binning, Region II Director
- Ben Chlapek, At-Large Director
- Matt Zavadsky, At-Large Director *(re-elected)*
- Paul Hinchey, Medical Director

Election voting was open from October 15-28, 2014, the details of which can be found on the NAEMT website (About Us/Leadership). Our gratitude goes out to all of the 2014 election candidates who shared their interest in serving as a leader of our association.

We are also pleased to report that NAEMT members voted overwhelmingly in support of the proposed bylaws revisions, found in that same section of our website.

Congratulations to Our Scholarship Recipients!

EMT-B to Paramedic ($5,000):

Brent Crutchfield, EMT-B (Columbus, Miss.) – Seeing the training received in the classroom being applied to patient care in the field is rewarding. His family and colleagues share appreciation of this scholarship, which is important to him continuing in the "admirable professionalism" of EMS. Formerly a Cavalry Scout Sergeant in the U.S. Army, Crutchfield's transition to civilian EMS was easy because of the – "potential for improvement, education and advancement in the EMS field."

EMT-B to Paramedic ($5,000):

Vito Giacalone, Jr., EMT-B (San Diego, Calif.) – A reserve firefighter/EMT and drive operator, Giacalone has worked as a trauma/ER technician and dispatcher, received certification in HazMat/WMD (weapons of mass destruction courses), and taught several accredited lifesaving courses. Becoming a Paramedic has been a goal since 2005, and "this scholarship is my only realistic hope to be able to accomplish my goal," said Giacalone.

Paramedic to Advance EMS Education ($2,000):

Kimberly Parsley, Paramedic (Kings Mountain, N.C.) – A paramedic/training officer, Parsley seeks a degree to build on her nearly 20 years of service. Experiences have contributed to her growing passion for what the job entails, such as training employees, developing safety programs for community residents, and establishing a community paramedicine program. "These are exciting, changing times and I am happy to be part of the future in EMS," Parsley said.

First Responder to EMT-B ($500):

Matthew Jesmer (Maryville, Tenn.) – Jesmer is an emergency responder and also volunteers for a local rescue squad. He believes the benefits of becoming an EMT should be shared with the people he works with and the patients he serves in rural areas, where there are lengthy response times. With sights on becoming a Paramedic, this scholarship is a first of many important steps. "I am fortunate to have a lot of people that help and support me along the way," said Jesmer.

The College Network ($2,500):

Donald Whiting, III, Paramedic (Grants, N.M.) – Beginning as a certified first aid volunteer led Whiting along his 11-year trek to becoming a Paramedic and enrolling in a Registered Nurse (R.N.) degree program. His background includes multiple emergency response sectors, but Whiting's true passion lies in EMS and his desire to maintain a Paramedic license following completion of his R.N. degree. His future plans include EMS leadership, a course coordinator position, or exploring the new opportunities he expects from mobile integrated healthcare.

March 15, 2015 is the next application deadline for The College Network scholarship. Active NAEMT members are eligible to apply for a competitive $2,500 scholarship for The College Network®, and receive a 10% discount and $150 back on The College Network® courses. For more information visit the Scholarships page in the Members section of the NAEMT website.

Welcome Our New Agency Members!

We extend a warm welcome to our newest Agency Members, the **University of South Carolina Student Health Services First Responders of Columbia, S.C.** with 10 members, and **Fremont County EMS of St. Anthony, Idaho** with 44 members. Agency Members receive a tremendous package of benefits, such a group purchasing through a complimentary membership in the North Central EMS Cooperative (NCEMSC), and discounts on many EMS products and services to help support the agency's operations. Plus, employees included in the Agency Membership receive full individual benefits, suc as $10,000 AD&D insurance, discounts on 5.11 Tactical gear, free online CE credits, just to name a few.

View all of the benefits of NAEM Agency Membership on our website (www.naemt.org/become_a_member).

2014 ANNUAL MEETING

A Celebration of Life — The Central Theme of the NAEMT Annual Meeting

Nashville's diverse music style and southern comfort hospitality welcomed NAEMT members from all points of the United States and beyond for what was deemed on all accounts, a *substantive* success. Stepping through an extensive meeting and education schedule, members enjoyed ample opportunity to meet with NAEMT leaders, get the latest information and techniques from education programs, and even work in time to meet new EMS friends and catch up with older acquaintances.

Held in conjunction with EMS World Expo, the meeting began with top-notch preconference education programs:

- The Prehospital Trauma Life Support (PHTLS) 8th Edition Instructor Update received rave reviews from a jam-packed audience and is now available online.
- The beta test of the 3rd edition of Emergency Pediatric Care (EPC), utilizing the PEPP textbook, was very well received and final course materials are due out this spring.
- Participants in the Principles of Ethics and Personal Leadership (PEPL) course applauded the program for building their confidence and interconnectedness with other healthcare providers.
- There was no escaping the excitement at the 2nd Edition Geriatric Education for Emergency Medical Services (GEMS) Instructor Update, planned for release this spring.

Beyond satisfying pent-up anticipation, the remarkable progress of our education programs served as a reminder of the extraordinary dedication to excellence that NAEMT's education program committees maintain.

The 3rd annual World Trauma Symposium, presented by international experts, focused on the latest global trends in pre-hospital trauma care. Hosted by NAEMT's PHTLS Committee and EMS World Expo, the Symposium included leading-edge presentations on hemorrhage control and opening airways in active shooter and mass casualty scenarios; emerging trends in disaster triage; pediatric and geriatric trauma care; TXA; Over 400 EMS professionals from over 25 countries participated in the program, highlighted by Dr. Richard Carmona, MD, MPH, FACS, 17th Surgeon General of the United States and distinguished professor at the University of Arizona, who gave the Scott Frame Memorial Luncheon keynote on November 10.

Save the date for the World Trauma Symposium: September 16, 2015

Incoming President Chuck Kearns (l) catches up with Dr. Carmona following the Scott B. Frame Memorial Lecture.

The International Reception (left) and World Trauma Symposium attracted hundreds of EMS practitioners from around the world.

NAEMT members were captivated by the association's activities and programs underway and planned for the future. From detailed committee reports and faculty updates, to one-on-one discussions with NAEMT leaders and collaborators, members were able to fully immerse themselves in the work of the association.

Jacob Painter of Fayetteville, TN performs the National Anthem.

At night, members were able to walk down Nashville's famed Broadway to hear some of the best country music in the nation. The General Membership Meeting and Awards Presentation opened with a beautiful rendition of the National Anthem performed by Jacob Painter of Fayetteville, Tennessee. 2013-14 President Don Lundy presented a report on the activities and successes of the association during the year, and acknowledged the contributions of members volunteering their time, support from our Corporate Partners, as well as other EMS and emergency care organizations in helping us reach those successes. He shared a very personal experience about his own celebration of life and commended every EMS practitioner who cares genuinely about their patients as his did about him.

The evening closed with a reception for our members, award recipients and invited guests.

Mobile Integrated Healthcare Summit

2nd Mobile Integrated Healthcare Summit

Highlighting the EMS World Expo events was the 2nd Mobile Integrated Healthcare (MIH) Summit, which discussed the ground-level challenges of implementing a community paramedic program; case management and patient assessment for mobile healthcare/community paramedics; MIH contracting; and the economic sustainability of EMS and MIH. Matt Zavadsky, NAEMT at-large director and public affairs director at MedStar Mobile Healthcare, served as the Summit Chair.

Learn more about MIH at www.naemt.org/mih-cp

2014 Presidential Leadership Award Recipients

Bruce Evans, Chad McIntyre, Dr. Peter Pons and Matt Zavadsky (left to right) receive the Presidential Leadership Award.

Not able to attend the 2014 Annual Meeting? View the presentations and more photos from the meeting at www.naemt.org/about_us.

The stars gleamed the brightest during the awards presentations as the recipients took the stage to accept their National EMS Award of Excellence. It is our pleasure to again congratulate the following individuals for their outstanding achievements (pictured clockwise):

Jay Fitch – prestigious Rocco V. Morando Lifetime Achievement Award, *sponsored by the National Registry of Emergency Medical Technicians (NREMT)*

Susan Bailey – NAEMT/Nasco Paramedic of the Year, *sponsored by Nasco*

Brandon Pruitt – NAEMT/Braun Industries EMT of the Year, *sponsored by Braun Industries*

Melissa Doak – NAEMT/Jones & Bartlett Learning Educator of the Year, *sponsored by Jones & Bartlett Learning*

Rice University Emergency Service - Impact Volunteer Service of the Year Award, *sponsored by Impact*

Christian Hospital Emergency Medical Service - Dick Ferneau Paid Service of the Year Award, *sponsored by Ferno*

Thank You for Your Dedication and Service!

Rod Barrett, Chris Cebollero, Jim Judge, Connie Meyer and Jim Slattery







Thank you to all the members who attended the 2014 Annual Meeting!

If you haven't attended one yet, you will definitely want to attend this year! Make your plans to attend the 2015 Annual Meeting and EMS World Expo in Las Vegas, Nevada, September 15-19. We look forward to seeing you there!



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ADVOCACY UPDATE

Registration Open! For All In EMS To Represent Their State On Capitol Hill

There has never been a more compelling time for all EMS professionals to educate our nation's elected leaders on the important role of EMS in an integrated healthcare system, and on the challenges placed on EMS by increased demands of preparedness without funding provisions. EMS On The Hill Day is a unique opportunity for EMS to communicate directly to those elected to serve the interests of our states and communities.

6th Annual EMS On The Hill Day

April 29, 2015 *(and briefing April 28)*

Visit our website to register (www.naemt.org/advocacy). EMS On The Hill Day is hosted by NAEMT and is open for anyone passionate about advancing EMS. Meetings with your U.S. Senators and House representatives are scheduled for you as part of a state delegation. For our first-time attendees, a new EMS On The Hill Day Welcome Guide is being prepared and will be available online later this month. The guide will provide a step-by-step overview of what to expect, along with tips for a successful experience. To help make it possible for everyone interested to attend, this year's event hotel will be the Hilton Crystal City with hotel rooms available at $189. The hotel is located next to the D.C. Metro station to provide convenient and affordable transportation to the Capitol.

EMS On The Hill Day
Be There For EMS

Ensure your state and agency is represented in Washington, D.C.! Learn more about EMS On The Hill Day at www.naemt.org/advocacy.

This year's event will again be held in conjunction with EMS World's Mobile Integrated Healthcare (MIH) Summit on Tuesday, April 28. Visit www.mihsummit.com for more information on the Summit. Register for EMS On The Hill Day and the MIH Summit here.

Welcome Our New State Advocacy Coordinators!

- Ohio: Vincent T. Gildone, Paramedic
- Alaska: Carin Marter, NRP, FP-C
- Montana: William Torres, NREMT-P
- Mississippi: Ken Walters, BS, NRP, CCEMT-P
- Idaho: Chris Way, BA, NREMT-P

Thanks to all of our dedicated advocacy coordinators *(see complete list at www.naemt.org/advocacy)*! Our gratitude is extended to this devoted group of NAEMT members who are demonstrating their passion for our profession and commitment to their patients.

State Advocacy Coordinators help build and support NAEMT's national advocacy efforts within their respective states. If you are interested in becoming more involved in EMS advocacy efforts in your state, contact your state advocacy coordinator or advocacy@naemt.org.

Letters Urge Administration and Congress to Fund EMS Disaster Preparedness

Letters were sent to the White House, the heads of several federal agencies, and the highest ranking officials in both the U.S. Senate and House, urging our government leaders to work together to rectify the "marginalized and underfunded" disaster preparedness components of emergency, EMS and trauma systems. Endorsed by six other national EMS organizations, the letters specifically called on Congress to: enact reauthorization of the regionalization of emergency care and trauma systems programs in H.R. 4080/S. 2405 and fully fund all the trauma, poison and emergency care programs that exist in current law; and enact the Field EMS Bill -- H.R. 809/S. 2400 -- to ensure that our EMS agencies are prepared, our practitioners are protected, and all Americans with emergency medical conditions receive the life-saving care where and when they need it. Read the full letter at www.naemt.org/advocacy.

Stay current on the reintroduction of the Field EMS Bill and take advantage of the convenient resources for contacting members of Congress!

Field EMS Bill and Online legislative service:
www.naemt.org/advocacy

www.facebook.com/NAEMTfriends
www.twitter.com/NAEMT_
www.linkedin.com/Naemt-supporters
www.youtube.com/TheNAEMT

A New Congress; A New Journey

On January 6, the legislative branch of the United States Government convened the first session of the 114th Congress, the two-year meeting term that follows the 2014 November U.S. House of Representatives elections. Any legislation (bill) introduced in the previous 113th Congress has been wiped clean from the slates, and all numbered titles ("H.R." and "S.") not signed into law, archived. While the process sounds a little permanent, it isn't really the end. In the case of the Field EMS Bill (H.R. 809/S.2400, introduced in 2013 and 2014, respectively), it is a fresh new beginning and one that begins with its reintroduction in the 114th Congress.

The Field EMS Bill addresses many of the challenges confronting EMS practitioners so they have the training and resources to fulfill the public expectation that all who need trauma and emergency medical care in the pre-hospital setting can depend upon the highest quality of care.

A Bill's Journey

A bill's journey from introduction to enactment changes with each new Congress, and follows a recurrent pattern. Along the way, components may be refined, added or removed for strength and broader support. Parts may also be stripped completely or appended to other bills. More than 10,000 bills were introduced in the 113th Congress, yet less than 200 were enacted. Many bills that are not signed into law during a particular congressional session are often reintroduced in the one that follows. They almost always receive new numbers, and sometimes the content or title may be changed when they are reintroduced. It's not uncommon for a bill to be reintroduced multiple times, each to a different Congress, before any action is taken. Not all bills will be reintroduced to the 114th Congress but we can expect a flurry of activity in the first few months – including the reintroduction of the Field EMS Bill.

Reintroduction of any legislation requires significant time and dedication. Most congressional offices plan their legislative agenda ahead of time, and will want plenty of time to build support and plan a press strategy for reintroduction. Some bills may not be reintroduced for many months, or until the second session (second year) of the 114th Congress. The main vehicle for making progress on an issue is to gain support – specifically, co-sponsorships by other members of Congress.

Reintroduction Process

The steps involved in the bill re-introduction process include the following:

- Confirm the commitment of original congressional bill sponsors, in both the U.S. House and Senate
- Draft language for the bill in conjunction with stakeholders, staff of original congressional sponsors, and legislative counsel
- Introduce the bill in the U.S. House and Senate
- Obtain a commitment from former co-sponsors and garner support from new co-sponsors
- Obtain a commitment from former supporting organizations and new organizations
- Create grassroots campaigns for constituents to educate and engage their members of Congress
- Educate members of U.S. House and Senate Committees with oversight of the bill
- Work with members of U.S. House and Senate Committees to finalize the bill's language

Support the Field EMS Bill

Reintroduction of any bill is a team effort and involves working in collaboration with stakeholders and Congress. By advocating for Field EMS Bill reintroduction, you will be able to help rally original co-sponsors and build momentum for a bill's new life in the 114th Congress. The success of the Field EMS Bill is highly contingent on the involvement of all of us in the EMS community. We must continue to educate those we have elected to Congress on the challenges plaguing EMS practitioners, in an effort to ensure all who need emergency medical care in the field can depend upon the highest quality of care and transport.

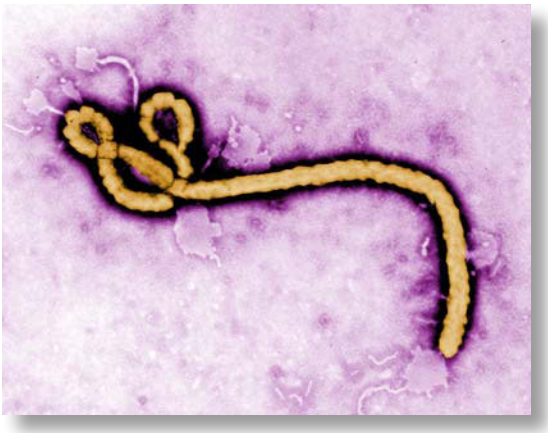
By Lisa Tofil, partne , Holland & Knight; and Melissa Trumbull, industry relations manager, NAEMT.

Lessons From the Ebola Scare > > continued from cover

Preparing First Responders

In late August 2014, with the Ebola outbreak spreading in Africa, the CDC issued guidance for hospitals dealing with known or suspected Ebola patients, and shortly thereafter, for EMS, Public Safety Access Points (PSAPs) and other first responders. The guidelines recommended that PSAPs and first responders inquire about recent travel for patients with fever and other symptoms. (The International Academies of Emergency Medical Dispatch quickly released a new Emerging Infectious Disease Surveillance tool.)

When dealing with a potentially infected patient, EMS practitioners should don gloves, a gown, mask and goggles to protect from contact and droplet contamination. "Unlike patient care in the controlled environment of a hospital or other fixed medical facility, EMS patient care before getting to a hospital is provided in an uncontrolled environment," noted the CDC. "This setting is often confined to a very small space and frequently requires rapid medical decision-making and interventions with limited information."



The initial PPE recommendations are similar to the precautions EMS is urged to take to protect from other diseases, such as flu, noroviris, and MRSA (Methicillin-resistant Staphylococcus aureus), says Dr. Paul Hinchey, NAEMT's medical director and medical director for Austin-Travis County EMS in Texas. Many EMS agencies, including his own, responded to the CDC recommendations by reviewing basic PPE usage for all responders.

And for a little while, that seemed like enough. But then the two nurses who cared for Duncan fell ill – and the Ebola frenzy reached a fever pitch.

It's not known how the nurses became infected, Pepe says, though it's thought that it may have occurred when they removed contaminated PPE. Under fire from nurses unions and politicians, on Oct. 20 the CDC issued more stringent Ebola guidelines for healthcare workers that stressed the importance of more infection control training and supervision, recommending that no skin be exposed when workers are wearing PPE, that health workers wear a disposable full-face shield instead of goggles, and that each step of PPE "donning and doffing" be supervised by a trained observer.

Ebola patients at the end stages of the disease can emit a startling amount of fluids – vomit, diarrhea and blood, Pepe explained. As the disease progresses, their viral load increases, making these fluids highly contagious.

As the spotlight turned to the correct usage of PPE, it became increasingly clear that "putting on PPE and taking it off is not that easy to do safely," noted Dr. Richard Carmona, a former paramedic, nurse and U.S. surgeon general, speaking during the World Trauma Symposium.

Following the Lead of Hospitals

When the CDC issued more stringent guidelines for hospitals, there was one group of healthcare workers missing from the recommendations – EMS. Without specific guidance for pre-hospital care practitioners, Hinchey says, EMS agencies struggled to interpret the extent to which the new guidelines for hospitals should be applied to the EMS workforce.

Some discussions centered around whether EMS needed to suit up in full PPE when taking care of patients in the so-called "dry" phase of the disease, which is characterized by fever and muscle aches, or only during the significantly more contagious "wet" phase. The thinking was that EMS was most likely to encounter patients in the "dry" phase, whereas by the time patients reached the "wet" phase, they would already be known to have Ebola and special response units could be called in.

Following the lead of hospitals, many EMS agencies determined that attempting to train every staff member to respond to Ebola was neither feasible nor necessary. Instead, they established Ebola response teams. In Austin-Travis County, for example, all responders received refresher training in basic PPE, but a select group of about 40 to 50 received specialized Ebola training. This included the daily practice of putting on and taking off full PPE using a buddy system and spot checks, Hinchey says.

"I couldn't train every single person in the system to get in and out of every level of PPE and keep them proficient," Hinchey says. "We started to use the hospital model, picked a small cadre of people and trained them to a very high level."

Resources Strained by Hoaxes

As Ebola worries spiked among the public, so did the number of scares and hoaxes, making identifying who was actually a suspected Ebola patient increasingly difficult.

At University of Toledo Medical Center in Ohio, a frequent EMS user with a fever claimed she had contact with a man from West Africa, leading to four EMS practitioners and the patient being placed into isolation, and hospital staff treating her wearing full protective gear, for what turned out to be a common viral illness, according to the Toledo *Blade*.

At EMS World in Nashville, many practitioners swapped stories about Ebola scares. In Delaware, a woman known to be an EMS frequent user claimed she had close relations with a man from West Africa who had Ebola symptoms, which led to activation of the receiving hospital's Ebola response plan and the responding ambulance being put out of service and decontaminated, says Mike McMichael, a longtime volunteer EMT. The woman was eventually charged with making a false report to emergency services.

Whether real or imagined, none of those responses were free. In the weeks after they treated Duncan, Texas Presbyterian lost 50 percent of their business, with patients cancelling scores of elective surgeries and other procedures, Pepe noted. University of Nebraska's Medical Center, which treated two Ebola patients, put its cost at $1 million. Harder to measure are the costs to other hospitals that have yet to see a single Ebola patient, but readied biocontainment or isolation chambers nonetheless.

Resource challenges for EMS were outlined in NAEMT's testimony submitted to Congress for the Nov. 12 Senate Appropriations Committee Hearing on the U.S. Government Response to the Ebola Outbreak.

"Paramedics and EMTs transported the first case of Ebola in Dallas and EMS practitioners have played a role in the care and safe transport of every Ebola patient in the country … We are dedicating scarce resources toward creating dedicated ambulances retrofitted to make them capable of treating and transporting patients with Ebola."

Rough estimates put providing training and a set of single-use PPE, such as masks, gloves, gowns and goggles, for each of the nation's more than 850,000 EMS practitioners at more than $34 million, according to this testimony. The higher levels of PPE needed to manage Ebola patients in later stages of the disease will cost more than $255 million to equip and train as little as 20 percent of the EMS workforce.

The testimony called attention to the need for Congress to pass the Field EMS Bill (H.R. 809/S. 2400 in the 113th Congress). The legislation would provide additional preparedness funding for EMS, and would establish an Office of EMS and Trauma in the U.S. Department of Health and Human Services (HHS) – placing EMS squarely among its partners in public health and healthcare as they coordinate responses to emerging infectious diseases.

"What this event has done is highlight the fact that EMS is an integral part of the health system, and we may be a key piece of the first contact with emerging diseases, a key piece of identifying them and navigating them through the healthcare system," Hinchey says. "The Field EMS Bill helps better align EMS with the healthcare side of the universe, which will help with funding and the functionality of our response to these types of events."

Lessons Learned

As the immediate threat recedes, EMS leaders say it's crucial to make sure that lessons learned from the Ebola response aren't quickly forgotten.

A big one was that putting on and taking off PPE isn't as simple as it sounds, and that ongoing training is needed to keep skills fresh. "What did Ebola teach us? That skills are perishable," Carmona says.

In Austin-Travis County, EMS practitioners moving forward will be expected to demonstrate competency in correctly donning and doffing PPE annually, Hinchey says. "Before Ebola, folks very seldom spent a lot of time thinking about PPE – never mind training," he says. "We have a much greater awareness of the importance of wearing PPE and getting in and out of it safely."

Those infection control lessons also apply to other, more routine bacterial or viral illnesses, even the upcoming flu season, he adds. It's been well documented that even basic infection control guidelines are not always followed. "Pretty routinely, both in the hospital or the pre-hospital settings, healthcare workers will do some of the parts – wear the gloves and goggles but don't wear a mask, or take off the PPE and don't wash their hands after," Hinchey says.

Continued > > 23

Grady EMS Supports CDC Clinicians

When word spread that Dr. Kent Brantly, an American aid worker who contracted Ebola while treating patients in Liberia, was coming for treatment to Emory University Hospital in Atlanta, the nation let out a collective shudder. His arrival marked the first time the scary disease from a far off place had reached American shores.

Photo courtesy Grady EMS

At Grady EMS, Brantly's Aug. 2 arrival was a day they had spent years preparing for. They reviewed protocols, draped the walls and floor of an ambulance in sheets of plastic and went over plans with multiple local, state and federal agencies, including the U.S. State Department and the Federal Bureau of Investigations (FBI). Then, Grady EMS's Biosafety Transport Team headed out to transport the ill doctor from the airfield where his medical jet landed to Emory's isolation unit, about a 40-minute drive.

"There were people on social media saying, 'Don't bring him here,'" says Wade Miles, interim director of Grady EMS and Biosafety Transport Team supervisor. "But that's not the right thing to do. To be a part of a team that was willing to be there for him when he needed it means something to us."

Faith in the Training, Protocols

Think about it for a moment. You're called to respond to a patient who has a highly contagious, often lethal disease. Your job is to climb into the back of the ambulance, seal the doors, and provide the best care you can. Would you be willing?

For the Biosafety Transport Team, the answer is yes. "You train for all these years, expecting the worst and hoping for the best," Miles says. "It takes a lot of faith in our training, our processes and procedures, and our leadership to not put us in harms way."

Grady EMS's Biosafety Transport Team got its start 12 years ago, after the U.S. Centers for Disease Control and Prevention (CDC), headquartered in Atlanta, approached nearby Emory University Hospital about building a special isolation unit that could care for CDC clinicians who, either working in the lab or in the field, became ill with an unusual or highly infectious pathogen. The Emory team realized that they needed a ground ambulance component, so they asked the Grady Memorial Hospital-based ambulance service to participate.

Today, the team includes four paramedics and Dr. Alexander Isakov, the team's medical director.

Initial training is 24 hours of classroom discussions about the symptoms, transmissibility, characteristics and treatment of illnesses ranging from small pox to cholera, and then hands-on practice methodically donning, doffing and disposing of personal protective equipment (PPE).

Since its inception, the team has been called on to transport about a dozen people, with diseases such as SARS, extensively drug-resistant tuberculosis, and in recent months, four Ebola patients.

Despite the recent flurry of activity, the team may go months between calls, Miles says. To stay ready, they conduct rigorous and ongoing training that includes twice-annual drills with Emory simulating a full response to a high-risk patient.

"As many times we we've done this, every time we train, we pull out our notebook and go line by line. We don't do anything by memory," he says. "When we're suiting up, the whole team is watching, making sure they do exactly what they're supposed to do. We do the same when taking PPE off."

Ebola Call Comes In

Because of that ongoing preparation, the Biosafety Transport Team can be ready to activate in moments. For Dr. Brantly, they were given 48 hours, much of that time spent coordinating with other agencies, including those that would provide security, given the highly publicized arrival of the physician.

A few hours before, they readied the patient compartment of an ordinary ambulance by removing all extraneous equipment and draping the walls and floor with impermeable sheets of plastic secured with gorilla tape, which can withstand the Georgia humidity. The plastic covering makes it easier to decontaminate the ambulance from blood or vomit after the transport, he says.

They also turned off the air-conditioner and heater and closed the vents, helping to prevent airborne germs from circulating around the patient compartment in the breeze.

A second ambulance was prepared identically, just in case something unexpected happened en route.

Depending on the condition of the patient, either one or two paramedics ride in the back, wearing full-body PPE and a powered air-purifying respirator (PAPR), which decontaminates air by forcing it through multiple filters. The driver wears full PPE, with a PAPR at the ready, in case he or she is called on to assist with patient care.

For Brantly, who could walk on his own, John Arevalo rode in the back, while Gail Stallings drove. (Grady EMS's second Ebola patient transport came a few days later, when Nancy Writebol arrived in the United States. Because she needed to be carried on a gurney, both medics rode in the back with her, while a third drove.)

Safely Delivered to the Destination

Inside the ambulance, Brantly also wore protective gear, and the transport went smoothly. After safely delivering him, medics began a key part of the mission: thoroughly decontaminating the ambulance and carefully removing and disposing of their PPE, both done at a secure location at Emory.

The driver, who has not made patient contact, stays in the same PPE while they clean the ambulance. The other medic or medics change into clean PPE. It's a painstaking process, with the entire team watching their every move.

After the entire patient compartment is wiped down twice with a solution recommended by CDC, the PPE "doffing" steps begin again.

One of the easiest mistakes to make, Miles says, is to rush.

"After you've been in the suit for awhile, you just want to get that stuff off and get in the shower. It gets hot and stuffy. Your boots are full of sweat. It's like wrapping yourself in a plastic bag and there's no air movement," he says. "We don't rush anything. Everything we do is very deliberate. They don't make a move until their team leader tells them to make a move."

Visit the Ebola Response Resources section of the NAEMT website (www.naemt.org/emshealthsafety) for latest information in Ebola response.

Lessons From the Ebola Scare > >

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Another take-away is that preparedness is an ongoing endeavor. Austin-Travis County already stockpiles tens of thousands of extra sets of PPE for pandemic flu, Hinchey says. But when they tried to order the additional PPE for responding to Ebola patients, supplies were sold out. "What Ebola taught us is that some portion of our strategic reserves should be dedicated to an all-hazards response that can get to a much higher level of PPE," he says.

And finally, the Ebola crisis should serve as a reminder that EMS is a critical part of the nation's healthcare system.

"In any epidemic, the key pieces to responding to it are identifying people with the disease, isolating them and safely transitioning them into the healthcare system," Hinchey says. "EMS plays a big role in that. We can identify them, either on the phone or at the home by asking key travel questions. We can also isolate them. Then, we can send a special unit to transport them – all without exposing any EMS practitioners."

By Jenifer Goodwin, NAEMT Communications Projects Manager

National Association of Emergency Medical Technicians
Foundation
P.O. Box 1400
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2015 Education Events in Las Vegas

2nd Edition EMS Safety Instructor Update	September 15, 2015
2nd Edition AMLS Instructor Update	September 15, 2015
Tactical Emergency Casualty Care (TECC) provider course	September 15-16, 2015
Principles of Ethics and Personal Leadership (PEPL) provider course	September 15-16, 2015
World Trauma Symposium	September 16, 2015
NAEMT Faculty Meeting	September 17, 2015

**dates subject to change*

COME SEE US!

NAEMSP Conference
January 22-24
New Orleans, La.

Wisconsin EMS Association Conference
January 28-31
Milwaukee, Wisc.

Metro Chiefs
March 6-8
Atlanta, Ga.

FDIC
April 20-25
Indianapolis, Ind.

Prehospital Trauma Life Support (PHTLS) 8th Edition Hybrid Provider Course

Wednesday, February 25, 2015 at EMS Today in Baltimore, Maryland

The new 8th Edition PHTLS course provides EMS practitioners at all levels with updated state-of-the-art information about the prehospital assessment and management of the trauma patient. The 8th edition textbook has been updated to ensure that all of the information reflects the latest researc in assuring the best outcome for victims of traumatic injury. A new chapter on the Physiology of Life and Death has been added. This hybrid course consists of 8 hours of online content followed by one-day interactive skills stations. Participants must complete the online portion of the course prior to attending the one-day preconference workshop. Participants successfully completing both the online and face-to-face components of the hybrid course will receive 16 hours of CECBEMS credit and a PHTLS provider card. PHTLS 8th Edition textbook is included in the course registration fee. Class limited to 30 participants.