



National Association of Emergency Medical Technicians
 Foundation
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National Survey Finds Mobile Integrated Healthcare and Community Paramedicine Growing, But Needs More Support

MORE THAN 100 EMS AGENCIES in 33 states and the District of Columbia have launched mobile integrated healthcare or community paramedicine (MIH-CP) programs, a new national survey by NAEMT finds.

Many respondents said support for their programs was increasing among partners such as hospitals and other healthcare providers, and nearly all (96 percent) expect the number of patients served by their MIH-CP program to grow in the next 5 years.

“EMS is a 24-7 mobile workforce available in almost every community in the nation. With MIH-CP, EMTs and paramedics are helping to prevent the need for costly emergency transports to the hospital,” said Matt Zavadsky, an NAEMT Board member and public affairs director for MedStar Mobile Healthcare in Ft. Worth. “This survey deepens our understanding of the grassroots-level innovation being spearheaded by EMS professionals as they seek to better serve their patients and their communities.”

Much has been written about the potential of MIH-CP to enable EMS to not just respond to, but *prevent* 911 calls by intervening with frequent users; providing in-home health education for patients with chronic diseases; conducting post-hospital discharge follow-up or using nurse triage lines to find alternatives to ambulance response for callers with non-urgent conditions.

Yet what has been missing was a more comprehensive look at the development and characteristics of MIH-CP programs nationwide, Zavadsky said. So late last year, NAEMT conducted a search to identify all of the MIH-CP programs operating in the United States as of the end of 2014.

The search identified about 130 agencies with MIH-CP programs, of which 103 responded to the survey crafted with the input of MIH-CP practitioners, program managers and physicians. Respondents were asked about all aspects of their MIH-CP program, including agency demographics, services provided, funding sources, medical direction, partners, goals and data collection.



MIH-CP Showing Early Successes

According to survey responses, several states, including Colorado, Texas, North Carolina, Maine, Minnesota and Washington, make up the bulk of MIH-CP programs, whereas in a few states (Hawaii, South Carolina, Wyoming, Alabama), only one EMS agency reported having implemented MIH-CP.

Many of the programs were also very new, with 54 percent up and running for a year or less, 26 percent operating for one to two years, and 21 percent in operation for two or more years.

Though some said it was too soon to tell how successful their programs were, 81 percent of programs in operation for two or more years reported success in lowering costs by reducing 911 use and emergency department visits for defined groups of patients.

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Strengthening Our Diversity to Better Reflect the Nation's EMS Workforce



Conrad T. (Chuck) Kearns
MBA, Paramedic, A-EMD

SINCE ITS INCEPTION in 1975, the National Association of Emergency Medical Technicians has served as the only national professional organization representing EMS practitioners from all service delivery models including municipal and county agencies, public utilities, fire departments, hospital-based ambulance services, private

companies, industrial and special operations services, and in the military. We are justifiably proud of this heritage. We have always believed that diversity in the types of delivery models at which our members work contributes to our strength and, in fact, this belief is one of our association's core values.

In her final speech as NAEMT President in 2012, Connie Meyer noted that her encounters with our members across the country had reinforced for her that "the core strength of our association has always been and will continue to be our members." She noted that "we are strong because we are diverse. Diversity is a hallmark of our membership. We come from different ethnic, religious and cultural backgrounds. We serve in a variety of different environments. We serve in different types of EMS agencies. This diversity gives NAEMT the perspective and flexibility to meet the evolving needs of our profession. And, our diversity strengthens our association within the wider EMS community."

Her words resonated with me and I remembered them when I took office as NAEMT president on January 1, 2015. One of my goals as president is to strengthen our diversity, particularly within our association's leadership. But first, let me say that those members who have been serving in elected positions on the NAEMT Board of Directors, or in assignments as committee members or coordinators for our education or advocacy programs are doing exemplary, often extraordinary work on behalf of the association. Their contributions are deeply appreciated.

Seeking Up and Coming Leaders

However, in considering appointments for 2015, I did note the lack of diversity within our leadership ranks. Although we consistently invite all of our members to become actively involved in association activities, it occurred to me that perhaps, this was not enough. Perhaps, members who may be women, ethnically and/or racially diverse, or LGBT, may not

believe that our invitation is genuine because they cannot see people like themselves reflected in our leadership. At a time of rapid change in our industry, we need to make sure that NAEMT is seen as an organization that welcomes a broad range of perspectives and experiences. Only by doing so will we be able to capture the breadth of ideas and energy of *all* of our EMS colleagues.

Taking Action to Ensure All Practitioners Feel Welcome

With full and unequivocal support and assistance from my fellow Board members and NAEMT Headquarters staff, I identified and invited qualified members with diverse backgrounds to serve on NAEMT's committees and as advocacy and education coordinators. I am pleased to report that almost all of our committees and working groups now include a diversity of members.

This is a good start, but it is by no means sufficient. Our association must reach out to diverse communities throughout our nation to welcome their EMS practitioners to NAEMT and demonstrate that there are leadership "seats at the table" open and available to them.

Calling on All NAEMT Members to Help

I will continue to work to find more members from diverse backgrounds who wish to actively contribute to our association. I challenge each of you to step up and get more active in an NAEMT leadership position. Make sure that every one of your co-workers is aware of NAEMT membership, its value to their professional development, and the value that our association places on each individual within the EMS profession. It is very true – we are strong because we are diverse. So, please help me make our organization even stronger by ensuring that everyone in EMS feels welcome in NAEMT.

And, remember that **every member matters. I thank each and every one of you for your support of NAEMT.**



Please Join Us at EMS World Expo and the NAEMT Annual Meeting



IT'S THE LARGEST trade show and education event for EMS professionals in North America – combined with the annual meeting of the most dynamic national EMS association in the world.

We warmly invite you to join us at NAEMT's Annual Meeting, held in conjunction with EMS World Expo, Sept. 15-19, at the Las Vegas Convention Center.

At EMS World Expo, you can choose from a wide variety of EMS educational opportunities designed to keep EMS professionals current on the latest best practices, technology and emerging trends shaping our profession.

We also encourage NAEMT members to participate in the Annual Meeting events, including:

- **Drop in on Committee Meetings** – NAEMT committees hold in-person meetings, which usually last an hour or so. NAEMT members are welcome to attend whichever committee meetings they're interested in – Advocacy, Education, EMS Data, EMS Preparedness, EMS Workforce, Membership, Military Relations and MIH-CP – to learn more about what your association is doing to represent and advocate for our nation's

EMS workforce. Committee meetings are held at various times throughout the three-day event. *Click "Annual Meeting" under "Quick Links" on naemt.org to view the schedule.*

- **Attend the NAEMT General Membership Meeting and Awards Presentation** – Join us to celebrate 40 years of serving the EMS profession at the General Membership Meeting and Awards Presentation. The event brings our association family together to recap the year, present our goals for the coming year and recognize the outstanding efforts of EMS professionals with the National EMS Awards of Excellence. *Wed., Sept. 16, 5:30 p.m. to 6:45 p.m.*

- **Celebrate at the NAEMT Member Reception** – Immediately following the awards presentation, join us for refreshments and hors d'oeuvres to mark the 40th anniversary of NAEMT. Catch up with old friends, mingle with NAEMT leadership and meet EMS colleagues from around the world. *Wed., Sept. 16, 6:45 p.m. to 8:30 p.m.*

- **Attend the NAEMT Faculty Meeting** – The next morning, all NAEMT instructors are invited to attend the Annual NAEMT Faculty Meeting. The third annual gathering of NAEMT educators will include a briefing on course updates from the chairs of NAEMT's education programs, and a forum to discuss opportunities and challenges in EMS education, while enjoying a Continental breakfast. *Thurs., Sept 17, 7:30 a.m. to 10 a.m.*

NAEMT Members receive a \$125 EMS World Expo Discount. Just enter your NAEMT membership number after selecting the "Three-Day Core Program NAEMT Member Rate" on the EMS World Expo (emsworldexpo.com) registration form.

Need to renew your membership? Go to the Members section of naemt.org and click the "Renew Now" link. Forgot your member number? Call NAEMT at (601) 924-7744.



National Survey... CONTINUED FROM COVER

MIH-CP Programs Partner with Many Healthcare, Social Services Agencies

Survey respondents, who included MIH-CP program managers, medical directors and EMS practitioners providing MIH-CP services, reported partnering with an array of healthcare and social services agencies. Hospitals were the most commonly cited source of referrals to MIH-CP programs, with 69 percent of MIH-CP programs reporting receiving referrals from hospitals, followed by primary care facilities (45 percent), physicians groups (38 percent), social services agencies (38 percent), law enforcement (35 percent), home health (34 percent) and community health clinics (34 percent).

MIH-CP programs also make referrals of their patients to other healthcare entities, most often: home health (66 percent), followed by social service agencies (62 percent), primary care (53 percent), mental health facilities (50 percent), addiction treatment centers (49 percent), public health agencies (48 percent) and community health clinics (47 percent).

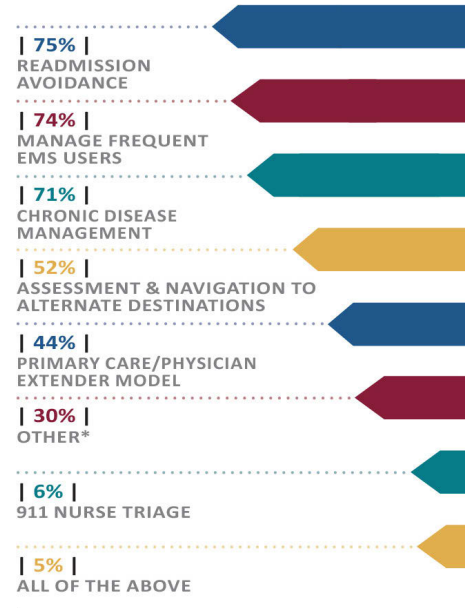
In offering advice to others launching MIH-CP programs, many respondents stressed the importance of collaboration, and avoiding perceptions of competition.

“Early identification of stakeholders is essential ... make sure they are at the table from the beginning,” noted one respondent, while another suggested creating a list of community stakeholders and having “regular informative meetings.”

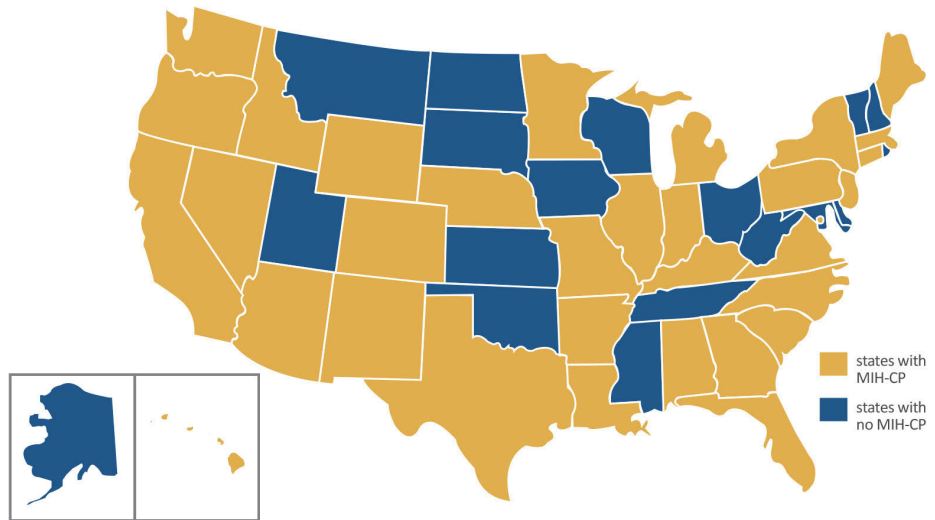
A large percentage of agencies also reported seeking stakeholder input in conducting a community needs assessment before launch. According to the survey:

- Three in four agencies conducted a community needs assessment
- 95 percent agree that their MIH-CP program is filling a resource gap in the community
- 74 percent agree their program is based on the defined needs of their community as expressed by local stakeholders.

[Characteristics of MIH-CP Programs]



* mental health, hospice support, fall prevention



RAISING AWARENESS OF MIH-CP AMONG KEY DECISION-MAKERS

The full survey analysis, “Mobile Integrated Healthcare and Community Paramedicine: Insights on the development and characteristics of these innovative healthcare initiatives based on national survey data,” was originally published as a supplement in the May issue of *EMS World* and *Integrated Healthcare Delivery*.

To raise awareness about MIH-CP among key decision makers, the report was also provided to members of Congress, their staff and key federal agencies as part of April’s EMS On The Hill Day.

Full NAEMT members should have received the report with their complimentary subscriptions to *EMS World* and *Integrated Healthcare Delivery*, an NAEMT member benefit. You can also download the survey report at naemt.org, under “Featured Resources.”

Mobile Integrated Healthcare and Community Paramedicine (MIH-CP)

Insights on the development and characteristics of these innovative healthcare initiatives, based on national survey data

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Community paramedics at Tri-County Health Care EMS in Wadena, Minn. provide post-discharge home visits.

Financial and Legislative Hurdles Remain

Despite the efforts at collaboration, many respondents acknowledged that obstacles remain in ensuring the long-term viability of MIH-CP – in particular, the need for more financial support, such as contracts with hospitals or other healthcare entities for EMS to provide MIH-CP services, and crucially, Medicare, Medicaid and commercial insurance reimbursement for services other than transport to a hospital.

According to the survey, about one in three agencies receive revenue for their MIH-CP programs, while two-thirds receive none.

Even among those receiving revenue, the amounts are mostly minimal. Seven agencies said they receive under \$10,000 annually; four reported earning between \$10,001 and \$25,000; and one generated between \$25,001 and \$50,000. A few MIH-CP programs bring in considerably more. Four reported earning between \$50,000 and \$100,000 annually; two bring in \$100,000 to \$150,000 annually; two receive payments of \$300,000 to \$500,000; and two generate \$500,000 or more annually.

Not surprisingly, 89 percent agreed that “reimbursement/funding is a significant obstacle” to MIH-CP, although they weren’t entirely pessimistic. Half of respondents said that MIH-CP would grow as a source of revenue for their EMS agency.

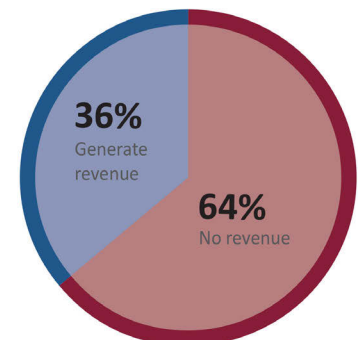
Another hurdle cited by many respondents are policies that restrict EMS to providing care only in emergency situations. About 57 percent of respondents agreed that statutory or regulatory policies are significant obstacles, while 23 percent disagreed.

“Don’t give up. It’s going to be one of the most difficult things you do as an EMS agency due to all of the regulations,” one respondent remarked. “If you remember this is the next step in helping the citizens of your jurisdiction and you repeat that to anyone who questions the program, you will maintain a positive attitude and be a champion for your program.”

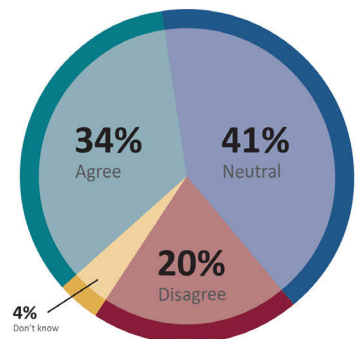
The idea that EMS needs to champion MIH-CP, and actively advocate for more efficient and effective ways to serve their patients and their community, is a theme woven throughout the responses.

“Part of our hospital’s mission statement is to achieve the Triple Aim, which is improving patient health, improving the patient experience of care, and reducing costs,” said Allen Smith, Tri-County Health Care emergency response manager, whose agency was featured in a case study in the analysis. “So how do I make sure my

EMS agency is of value to my hospital? How do I ensure my people have jobs in the future? It’s no longer, ‘You call, and we haul.’ We have to show that what we do is making an improvement in patient’s health, their ability to have a good quality of life and that they are satisfied with the care received.”



[Are MIH-CP Programs Generating Revenue?]



[Is Your MIH-CP Financially Sustainable?]

TRACKING THE DEVELOPMENT OF MIH-CP NATIONWIDE

NAEMT is continuing to track newly launched MIH-CP programs. We invite programs launched in 2015 to submit their contact information at <http://www.naemt.org/MIH-CP/mih-cp-agency-form>, where you may also opt-in to our MIH-CP listserv to receive MIH-CP news and other helpful information.

Field EMS Bill Updated to Reflect Changes in Healthcare



THE FIELD EMS INNOVATION AND MODERNIZATION ACT was reintroduced in the U.S. House of Representatives as H.R. 2366 on May 15. The legislation would establish a more defined leadership role for the Department of Health and Human Services in emergency care and provide funding for EMS to develop innovative programs to address community healthcare needs.

When the last Congress adjourned in 2014, all pending legislation expired, meaning the Field EMS Bill had to be reintroduced in the 114th Congress, which convened January 2015.

NAEMT used the transition period to update the bill to reflect changes in healthcare and national priorities since the last version was drafted in 2011.

The key goals of the bill remain the same – ensuring that all Americans have access to high-quality EMS for essential life-saving or unscheduled medical care, and that EMS practitioners have the resources they need to provide high quality care.

But the new bill also contains provisions that support the continued development and testing of mobile

integrated healthcare and community paramedicine (MIH-CP); that enhance EMS preparedness for infectious disease outbreaks and mass casualty events; and that promotes data collection and research to enable EMS to demonstrate the value of its services.

If enacted, the bill would continue the evolution of EMS away from being

Advocating for the Field EMS Bill on Capitol Hill.

reimbursed solely as provider of transportation to emergency departments, and into its future as a valued healthcare partner that provides emergency care and response – as well as alternative, cost-effective interventions that improve patient health.

“For 50 years, EMS has been paid only to transport patients to the hospital, whether or not they can more efficiently be treated elsewhere,” said Bruce Evans, NAEMT secretary and chair of the NAEMT Advocacy Committee. “The Field EMS Bill would help sustain EMS in the future, by ensuring that EMS isn’t only reimbursed as a transportation benefit but as a healthcare services provider. We should get paid for what we do, and we should have some incentive if we’re able to show cost savings to the healthcare system by providing more efficient care.”



Rep. Larry Bucshon (R-Ind.), who reintroduced the Field EMS Bill in the House, receives a Field EMS Champion Award.

Health Reform, Preparedness Concerns Help Shape New Bill

The original Field EMS Bill was drafted in response to the 2006 Institute of Medicine Report (IOM), “EMS at the Crossroads,” which found that EMS is “overburdened, underfunded and highly fragmented.” These issues still need to be addressed, Evans said.

But key developments and events over the past several years – from the implementation of the Affordable Care Act to the rash of horrifying active shooter incidents – have put any legislation regarding healthcare or emergency services into a new context. Those developments include:

- A growing emphasis on value-based healthcare payments instead of volume-based payments, and the push to improve patient health while controlling costs, as a result of health reform.
- The widespread use of health information technology that is making data collection and reporting of performance, quality and cost metrics not just more feasible, but expected by the Centers for Medicare and Medicaid from all healthcare providers with which it does business.
- The continued development of MIH-CP, homegrown innovations launched in more than 130 communities nationwide that are helping EMS gain legitimacy as a partner in preventing emergency calls before they happen.
- Incidents such as the Ebola crisis, the Boston Marathon bombing and the spate of active shooters, which have focused attention on the need for preparedness for naturally occurring and manmade threats.

Grady EMS in Atlanta preps for an Ebola patient transport. (Grady EMS)



A MedStar Mobile Healthcare paramedic visiting a patient in Ft. Worth.

Goals: Modernizing EMS For Today and the Future

To address those concerns, the Field EMS Bill includes specific provisions to support EMS in becoming more integrated, accountable, prepared and structured to ensure EMS is in synch with the priorities of healthcare reform. Those provisions include establishing several new grant programs, including:

- **EMS Preparedness Program** to assist EMS agencies with demonstrated financial need to improve preparedness and response to public health emergencies.
- **EMS Workforce Program** that designates EMS as a health profession and ensures the availability and quality of EMS practitioners, managers, medical directors and educators through training grants.



- **EMS Alternative Delivery Program** to provide funding for EMS to develop, test and participate in shared savings arrangements through MIH-CP and alternate destination programs able to show downstream cost savings.
- **Ambulance Quality Incentive Program** to provide incentive payments to EMS agencies that voluntarily report on quality measures to demonstrate the efficient use of resources.
- **Field EMS Center of Excellence** as part of the Agency for Healthcare Research & Quality (AHRQ) to support EMS research and build the evidence base.

As with the prior bill, the 2015 version is “self-funded,” meaning that money to support the programs would come largely through voluntary contributions from taxpayers on their tax returns.

“When the last version of the bill was written in 2011, discussions about value-based payments were in its infancy, health IT still had a long way to go and the threat of pandemic disease seemed more theoretical than probable,” Evans said. “So many things have changed in the last five years. We really used this time as an opportunity to step back, reevaluate the bill and make sure that it’s applicable to today’s world, and that it meet the needs of all types of EMS providers.”

2015's EMS On The Hill Day Draws The Most Advocates Yet

ON APRIL 29, 2015, emergency and mobile healthcare professionals from around the country arrived on Capitol Hill for a day of meetings with members of Congress and their staff.

Participants came with a shared purpose – to make sure our nation's top elected officials understand the vital role of EMS, and to raise awareness of the challenges EMS practitioners face in providing quality patient care in their communities.

To address those issues, participants asked members of Congress to support the Field EMS Bill, which would recognize EMS as a healthcare profession, provide resources EMS needs to prepare for public health and mass casualty emergencies, and support innovations such as mobile integrated healthcare and community paramedicine (MIH-CP).

"I met with several Representatives, Sen. Kirsten Gillibrand (D-N.Y.) and staff members in several offices. Though I enjoy meeting my elected representatives, meetings with the wonderful staffers were just as

valuable," said Steve Dziura, EMS chief of Central Oneida County Volunteer Ambulance Corps in Clark Mills, N.Y., and vice president of the New York State Volunteer Ambulance Corps. "No matter how busy their schedule may be, they seem genuinely interested in learning about our concerns."

MIH Summit Held the Day Before

The day before the Hill visits, many participants attended the MIH Summit, which featured presentations by those running MIH-CP programs. Co-sponsored by NAEMT and EMS World, topics covered included the need for EMS reimbursement reform, and the importance of data and outcomes measurements to demonstrate the effectiveness of EMS healthcare delivery innovations.

"It was great to be able to gauge our program with others in the country, and to compare ideas," said Brett Garrett, EMS Prevention Coordinator for Tuscaloosa Fire



EMS On The Hill Day By The Numbers

-
- 247 EMS attendees
-
- 40 Number of states represented, plus Washington, D.C. and Puerto Rico
-
- 244 Total number of meetings attended

and Rescue. “The enthusiasm has continued to build. More and more agencies of all types are looking into mobile healthcare, and seeing the benefits that are there for the agency and the patients.”

That evening, those scheduled to make Hill Day visits attended the briefing to learn more about key legislative issues such as the Field EMS Bill and strategies to build Congressional support for the bill.

“After the briefing, I felt very comfortable with the issues and able to intelligently discuss the issues with members of Congress,” said Dziura, attending his third EMS On the Hill Day.

The next morning, many participants put on their Class A uniforms, flight suits or business attire – and their comfortable shoes – and headed to the Hill.

EMS Role in Health Reform Sparks Interest

With healthcare reform a priority issue in Washington, many EMS On The Hill Day participants used their Hill visits as an opportunity to educate members of Congress about the innovative ways that EMS agencies are meeting the healthcare needs of their communities. Leave-behind packets included NAEMT’s report on the results of its national survey on the development of MIH-CP, answered by over 100 U.S. agencies currently running MIH-CP programs.

Dan Swayze, vice president and CEO of the Center for Emergency Medicine of Western Pennsylvania, shared the successes and challenges faced by community paramedicine programs in the Pittsburgh area.

“You could see the wheels start to turn,” Swayze said. “Every time we told a story, our host seemed more engaged and asked more questions.”

Many participants are also seeing signs that their message is getting through. Tim Campbell, a firefighter-paramedic and EMS Education Program Director at D.C. Fire and EMS, attended EMS On The Hill Day in 2009, and then again this year.

“The staffers clearly understood the important role EMS plays in the public safety and the medical sectors – that



we aren’t only an extension of public safety, but that we are also part of the healthcare and public health field in general,” Campbell said. “They asked the right questions, and you could see that they were better informed than they were five years ago.”

An Experience Not To Be Missed

Whether stepping into the offices of members of Congress, many of whom are familiar faces from TV news, comparing notes with groups of their EMS colleagues from around the nation in the hallways, or admiring the grandness of the rotundas and marble staircases, participants agreed – EMS On The Hill Day is an event that everyone in EMS should experience.

“Every time I walk the staircases throughout the buildings and see the worn marble treads, I can’t help but think about all the people who have walked in this same place in their mission to make our country what it is today,” Dziura said.

Added Aidan O’Connor Jr., President and CEO, Green County Emergency Medical Systems in Cairo, N.Y.: “I would highly recommend any and all EMS providers who are interested in learning about EMS advocacy to attend. It is an inspiring and energizing experience... You really feel as though you have helped drive change for the EMS profession.”





HOW THEY DID IT: Field EMS Bill Advocate of the Year Award Recipients Discuss Securing Co-Sponsors, Support

BUILDING CONGRESSIONAL SUPPORT for legislation as significant as the Field EMS Bill takes time and persistence. NAEMT is pleased to recognize three outstanding advocates – Dr. Ritu Sahni of Oregon, Tim Dienst of Colorado and Keith Douglas of Tennessee – whose efforts have brought this landmark legislation that much closer to passage.

TIM DIENST

CEO, Ute Pass Regional Ambulance District
and President, Colorado EMS Chiefs



Q You played a big role in getting the first representative from your state, Doug Lamborn (R-Colo.), to co-sponsor the Field EMS Bill. How did you do it?

A He's from my district. I took advantage of an opportunity at a campaign event for another candidate. Rep. Lamborn happened to be there and I asked him for a few minutes of his time. He connected me with his legislative aide. It took a few months of consistent follow-ups with the aide to get this done. But when Rep. Lamborn signed on as a co-sponsor, it was an awesome feeling. I felt like I made a difference.

Q Why should the federal government support Field EMS?

A We are an essential service at the community level, and essential services are heavily dependent on federal rules and regulations, payer sources and changes in the healthcare system that the U.S. Department of Health and Human Services has a lot of control over. It doesn't matter if you are private, public, fire-based or hospital based. EMS needs to be at that table, where decisions are being made.

Q What do you find rewarding about advocacy?

A I'm starting to get connected to the people that make the policy changes who can make things happen on behalf of EMS, whether its legislators or their aides.

One of the most important things I've learned is to never underestimate the influence of a legislative aide. They have that direct ear of the legislator. If you can convince the aide to support your issue, they can often get that legislator to support your issue as well.

Q Should everyone in EMS participate in advocacy?

A Everybody has a role, but some people aren't comfortable with it, or they are intimidated by it. Even if you don't want to be directly involved, then be supportive of the organizations that are involved. They have people who are willing to go out and fight the good fight. One of my goals in Colorado is to help EMS practitioners here become more aware of the issues and understand the Field EMS Bill better.

KEITH DOUGLAS

Director, Sumner County EMS and NAEMT
Advocacy Coordinator for Tennessee



Q Thanks for stepping up to serve as NAEMT Advocacy Coordinator for your state. What does that role entail?

A Having an Advocacy Coordinator gives EMS practitioners in that state a point of contact, or someone to talk one-on-one with, if they have questions. I help disseminate information from NAEMT to my network in the state, and at the Tennessee Ambulance Service Association. I also try to explain how national issues can affect us in Tennessee specifically.

Q You've attended EMS On The Hill Day every year since 2010. Why is advocating for EMS important?

A If we don't stand up for ourselves, no one will. Fifteen, 20 years ago, we didn't seem to be able to come together as a profession and speak for ourselves on big issues in public safety and healthcare that affect us. We're getting better at that.

Q You were instrumental in changing Tennessee law to open the door for MIH-CP. What was involved with that?

A The way the old law was written was very antiquated. EMTs and paramedics couldn't do any non-emergency patient care. The new law is short and sweet. It simply says that nothing within the law should be construed to prohibit EMS practitioners from providing non-emergency patient care. It opened up the opportunity for taking patients to alternative destinations, or providing some other non-emergency treatment, with medical control.

Initially we had a lot of opposition from the home healthcare industry. We had long meetings with them and our lobbyist met with their lobbyist to explain that our intent isn't to take their jobs, but to enhance what they do. We will evaluate patients to see if we might connect them to home health.

DR. RITU SAHNI

Medical Director, Lake Oswego Fire Department and Past President, National Association of EMS Physicians (NAEMSP)



Q You've been a driving force in garnering support for the Field EMS Bill, from publishing articles to building consensus among EMS physician groups, from the beginning. Why should physicians support the Field EMS Bill?

A Physicians should support the Field EMS Bill because it really helps to acknowledge the fact that EMS is the practice of medicine. EMS recently became a physician sub-specialty. Physicians can now be board certified in EMS. Field EMS practitioners should also be recognized as medical professionals, and federal activity around EMS should involve the Department of Health and Human Services.

There are other reasons physicians should support the Field

EMS Bill that are more general to all of EMS. It would bring improved funding for medical direction, improved funding for research, and allow for alternative payment models for EMS to become better integrated into the healthcare system.

Q What will it take to get more widespread physicians' support for the Field EMS Bill?

A As the current chair of the NAEMSP Advocacy Committee, I believe we need to continue to work with our membership to raise awareness and to become involved in advocacy, including attendance at EMS On The Hill Day, but also visiting their Congressional offices locally, writing letters and making themselves available to members of Congress and their staff.

It's actually quite surprising as a medical practitioner, whether you're a physician or a paramedic, if you say, 'The next time you're in the district, come see us.' They are interested in doing that. It's important to make those connections.

EMS practitioners on a local level can also make sure that their medical directors know about the Field EMS Bill and the issues facing EMS.

Q You joined forces with the Oregon EMS Association to obtain five U.S. House co-sponsors, four from Oregon and one from California. What message resonated with those representatives?

A Many were surprised when they learned that EMS is not woven into the fabric of the healthcare system as much as it should be. When you start talking to them about the fact that EMS receives transport-only reimbursement, or when EMS practitioners work with patients to improve their health and reduce their need for an emergency service, there is nothing in the system that acknowledges that as a goal, that really resonates. They start to see the potential difference EMS can make in improving their community's health.

SEN. MIKE CRAPO RECOGNIZED FOR HIS SUPPORT OF FIELD EMS

Sen. Mike Crapo (R-Idaho) is the recipient of this year's Field EMS Legislator of the Year Award, which recognizes a member of Congress who demonstrates an outstanding commitment and support of high-quality Field EMS practitioners.

"It is critical we find meaningful ways to give EMS providers the necessary tools and adequate resources to ensure Americans continue to have access to high-quality, lifesaving emergency medical services," Crapo said. "The importance of this care rendered daily to patients in need throughout the country by EMS professionals cannot be understated."



Include EMS in Biodefense Plans, NAEMT Letter Urges



Grady EMS in Atlanta conducting an Ebola drill last year.

THE NATION'S BIODEFENSE STRATEGY should place greater emphasis on the threat from emerging infections than bioterrorism, and the EMS perspective must be included in any policy changes or recommendations made to Congress, urged a letter from NAEMT to a blue-ribbon panel on biodefense.

In late 2014, a bipartisan panel of experts came together to study U.S. readiness to respond to bioterrorism or naturally occurring outbreaks of infectious disease. Co-chaired by former Sen. Joe Lieberman (CT) and former Pennsylvania Gov. Tom Ridge (PA), the Blue Ribbon Study Panel on Biodefense will recommend changes to U.S. policy and law to strengthen national biodefense, including preventing, preparing for, detecting and responding to biological and large-scale chemical incidents.

To ensure that EMS is considered and included as part of any recommendations, NAEMT submitted a letter to the panel reminding them about the essential role of EMS in our nation's response to pandemic outbreaks and biological disaster.

"EMS has taken the lead, as the primary medical responders, to a variety of scenarios in the past decade including Severe Acute Respiratory Syndrome (SARS), the H1N1 influenza pandemic, Middle East Respiratory Syndrome (MERS), and most recently, Ebola," according to the letter.

Letter Cautions: Don't Neglect Risks from Emerging Infectious Disease

The letter also raised concerns that the panel had not engaged the EMS community in its discussions, which have included four face-to-face meetings. The letter also questioned the panel's focus on bioterrorism, rather than naturally occurring infections, which are both more likely to occur and have the potential to sicken or kill many people.

"While we continue to respond to 'white powder' incidents," the report noted, referring to the anthrax/ricin

scares, "these are more of a sporadic nuisance than actual threat ... the most pressing 'biological' threats continue to be emerging infectious disease."

"EMS practitioners respond daily to the biological events of infectious disease from minor to lethal airborne and body fluid-borne pathogens. These essential medical first responders represent the highest at-risk, and will bear the bulk of responsibility during biological events."

The letter to the panel was the first activity undertaken by NAEMT's new EMS Preparedness Committee, which began meeting in February to advise the NAEMT Board on ways to strengthen the role of EMS in our nation's emergency preparedness strategy and response activities. The committee is chaired by Fergus Laughridge, a captain at Humboldt General Hospital EMS in Winnemucca, Nev. The committee's members include several leaders in national and EMS preparedness, including Dr. Alex Garza, who previously served as chief medical officer for the U.S. Department of Homeland Security (DHS), and Dr. Carol Cunningham, Ohio's state medical director and a member of DHS's First Responder Resource Group.

The Blue Ribbon Study Panel on Biodefense is co-sponsored by the Hudson Institute and the Inter-University Center for Terrorism Studies, both Washington, D.C.-based think tanks. The panel will issue a report this fall.

Updated GEMS Course Teaches the Skills to Care for a Surging Geriatric Population



OLDER ADULTS make up an estimated 40 percent of EMS patients, a number that is expected to rise as Baby Boomers age and develop more chronic diseases, experts say.

To give EMS practitioners the skills and knowledge they need to take care of geriatric patients' unique health and communications challenges, NAEMT partnered with Jones & Bartlett Learning and the American Geriatrics Society to develop the 2nd edition GEMS (Geriatric Education for Emergency Medical Services) course.

The curriculum, designed for both BLS and ALS students, was created by NAEMT's GEMS Committee, a team made up of EMS educators, field practitioners with years of experience in caring for the elderly, and nationally recognized experts in emergency medicine and geriatrics.

"The older population is just as different from your average adult as a child is from an average adult," said Dr. Manish Shah, an associate professor of emergency medicine, geriatrics and public health at the University of Rochester who serves as medical director for the GEMS Committee. (Shah is moving to University of Wisconsin-Madison.) "There hasn't been a question for 50 years that children are not just small adults, and there is a need for pediatric specific education. The argument is being increasingly made that older adults are different too, and there is a lot of medical literature supporting that."

Medical, Psychosocial Issues Pose Challenges

From polypharmacy – the taking of four or more medications – to coping with multiple chronic diseases, many of the medical issues geriatric patients deal with are familiar to many EMS practitioners.

But others may be less obvious, Shah says. For example, while fever almost always accompanies pneumonia in young people, the elderly may have pneumonia without fever.

EMS practitioners also need to be on the lookout for psychosocial and behavioral issues, such as cognitive decline and how to recognize the signs of elder abuse or neglect.

Another big theme the course covers is communicating with older adults. Patients with vision, hearing or neurologic issues such as early stage dementia, may also have trouble understanding what's going on and why.

"They can have anxiety about losing their independence, or fears about losing contact with a loved one if they are the caretaker or perceive they are the caretaker," said Dan Talbert, a critical care flight paramedic and chair of the GEMS Committee. "What we're trying to drive home with this course is to take that little bit of extra time to understand their perspective, build that relationship and that trust."

Updates Aimed at Improving Patient Outcomes, Quality of Life

Relying on the latest research and trends in healthcare, the 2nd edition course has two components:

- An eight-hour, classroom-based "core" course that covers topics such as polypharmacy; falls prevention; end-of-life issues and do-not-resuscitate orders; trauma care and disaster care for geriatric patients. Lectures are enhanced with scenarios that facilitate group discussion, and simulation stations allow participants to "experience" what it's like to have vision, hearing and movement limitations. Students are eligible to receive 8 hours of CECBEMS credit and a GEMS provider card.
- An eight-hour, interactive "advanced" course, which can be taken in a classroom or online, that delves deeper into strategies for caring for the elderly. (The advanced course is in development and will be available later this year.) Students are eligible to receive 8 hours of CECBEMS credit and an advanced GEMS provider card.

"EMS practitioners will use the skills learned in this course on a daily basis," Shah said. "Through the GEMS course, we try to hit the key issues that EMS practitioners need to really appreciate and understand how to provide excellent care to older adults."

ON-THE-JOB RISKS faced by EMS practitioners run the gamut. There are the dangers associated with treating patients in unpredictable conditions, risks from spending long hours on the road and the worry that a serious back injury could be one wrong move away.

NAEMT is committed to advancing EMS practitioner and patient safety. We are pleased to announce two new safety initiatives – the release of an EMS Patient and Practitioner Safety Bill of Rights, and a special EMS Safety Officer Program at EMS World Expo, offered in partnership with the American College of Emergency Physicians (ACEP) and American Medical Response (AMR).

EMS Safety Officer Program

The EMS Safety Officer Program is tailored to EMS practitioners who serve as the designated safety officer for their agency or who seek to prepare themselves to qualify for this position.

During the three-hour workshop, participants will learn how to develop a safety management system for their EMS agency, conduct an accident investigation and implement a safe lifting program.

Participants who complete the Safety Officer workshop receive a certificate of attendance endorsed by NAEMT and ACEP. Registration in the program is included with the EMS Expo core program registration. *Fri., Sept 18, 2 p.m. to 5 p.m.*

For even more lessons in safety, you can also register separately for “Safety Outside the Ropes of EMS,” to be held just before the workshop. Presented by Rose McMurray, former chief safety officer at the U.S. Department of Transportation, the session will explore best practices from the transportation industry in qualifying drivers, regulating shifts and deploying safe driving technology. *Fri., Sept. 18, 12:30 p.m. to 1:45 p.m. Cost \$15.*



Advancing Safety for EMS Practitioners and Patients

EMS Patient and Practitioner Safety Bill of Rights

In April, the NAEMT Board adopted an EMS Patient and Practitioner Safety Bill of Rights, affirming its belief in the rights of EMS patients and practitioners to give and receive mobile and emergency care in a safe environment.

“The NAEMT Board has a long history of supporting initiatives that enhance EMS safety, but none articulated what we believe are the basic rights of patients and practitioners in a mobile healthcare environment,” said NAEMT President Conrad “Chuck” Kearns. “We urge practitioners to post the Bill of Rights prominently in your workplace as a reminder that safety is a priority for our profession.”

According to the Bill of Rights, EMS patients have the right to care that is:

- High quality and medically appropriate.
- Delivered on a timely basis using recognized and accepted patient safety standards.
- Delivered by appropriately trained, equipped and licensed emergency and mobile healthcare practitioners who are physically and mentally fit for duty.
- Provided under the guidance of a qualified physician medical director.

EMS practitioners have the right to:

- Work in a safe and healthy workplace.
- Have appropriate equipment and training to ensure the safety of their patients, themselves and their co-workers.
- Work within a “just culture” of shared accountability.
- Share information about patient care with their EMS agency, without fear of liability, as part of their agency’s quality improvement program.
- Timely access to medical countermeasures when responding to biological or radiological events.

Add Skills, Receive Leading-Edge EMS Education With NAEMT Workshops

THE EMS WORLD EXPO preconference line-up features a selection of NAEMT workshops to meet the education needs of NAEMT instructors and EMS practitioners.

One-Day Workshops For Faculty

EMS Safety Course Instructor Update – For current EMS Safety instructors. Get ready to teach the 2nd edition of this award winning course with new material on crew resource management, defensive driving, patient handling, responder resiliency, self-defense skills and new scenarios. All participants will receive a complete set of 2nd edition course materials, including the new EMS Safety Student Manual. 4 hours of CECBEMS approved credit. *Tues., Sept. 15, 8 a.m. to noon.*

Advanced Medical Life Support (AMLS) Instructor Update – For current AMLS instructors. Get familiar with the 2nd edition AMLS textbook and course materials, hear about the revised AMLS Assessment Pathway and experience updated scenarios that emphasize critical thinking for BLS and ALS students. 4 hours of CECBEMS approved credit. 2nd edition textbook and instructor resources are included. *Tues., Sept. 15, 1 p.m. to 5 p.m.*

Two-Day Workshops for Practitioners

Tactical Emergency Casualty Care (TECC) Course – TECC is NAEMT's

new, tactical care course for civilian EMS practitioners. The TECC course takes the lessons learned from the TCCC (Tactical Combat Casualty Care) military program and adapts them to scenarios EMTs and paramedics may face, including active shooters, mass casualty events and austere environments. 16 hours of CECBEMS approved credit. *Tues. and Wed., Sept 15 and 16, 8 a.m. to 5 p.m.*

Principles of Ethics and Personal Leadership (PEPL) Course – Improve your communication and leadership skills through this highly interactive, discussion-based course. Explore the importance of ethics, and identify your leadership role as an individual, professional and respected member of civic life. 16 hours of CECBEMS approved credit. *Tues. and Wed., Sept 15 and 16, 8 a.m. to 5 p.m.*

World Trauma Symposium: Cutting Edge Education Brought to You By Global Experts

FROM LESSONS LEARNED on the battlefield to the latest research on administering prehospital plasma and treating concussions, the World Trauma Symposium showcases the latest on trauma research and practice.

This one-of-a-kind educational event features internationally recognized experts in trauma and prehospital care who will present groundbreaking – and sometimes envelope-pushing – concepts and best practices in treating trauma patients.

Participants in the day-long event will leave energized and inspired, with an enhanced knowledge of the most up-to-date information on trauma care available anywhere in the world. Speakers include:

- Dr. Don Jenkins, a former U.S. Air Force trauma surgeon and immediate past chair of the National Trauma Institute. Jenkins is world-renowned for championing groundbreaking treatments that saved the lives of U.S. military personnel in Iraq, including the use of tourniquets, wound vacuum machines to prevent infections, uniforms that reduce burn injuries and the use of whole blood for patients who need large infusions.
- Dr. John Amoss, New Orleans Saints team physician. Amoss will speak on prehospital response to concussions and challenges in serving as a team physician for the NFL.
- Dr. David Callaway, director of the operational and disaster medicine division at Carolinas Medical Center



and medical director of a state-of-the-art mobile hospital known as Carolinas MED-1, will speak on disaster triage systems.

Hosted by NAEMT's Prehospital Trauma Life Support (PHTLS) Committee and EMS World Expo, this year's program will be held *Wed., Sept. 16, from 7:30 a.m. to 5 p.m.*

Participants receive 8 hours of CECBEMS-accredited CE, CME or nursing CE credit, as well as networking opportunities during the breakfast and lunch that are included in the registration fee. Visit worldtraumasymposium.com for information and to register.





EPC faculty in Switzerland hold the plaque given to them for conducting that country's inaugural course.

Advanced Medical Life Support (AMLS)

The AMLS Committee continues to work on the 2nd edition AMLS textbook and instructor materials in preparation for the Instructor Update, which will be held at EMS World Expo on Sept. 15, from 1 to 5 p.m. Cost is \$75. Includes the new textbook and instructor materials. *AMLS instructors who take the Instructor Update receive four hours of CECBEMS credit.*

NAEMT has also streamlined the process for current AMLS instructors to become qualified to teach the updated Geriatric Education for EMS (GEMS) course. (See page 15 to learn more about GEMS). To qualify to teach GEMS, current AMLS instructors need only take the eight-hour, core GEMS Provider Course and, if you haven't already, the online NAEMT Instructor Course. Monitoring is *not required*.

Welcome Justin Lindsay, who was recently appointed the new AMLS State Coordinator in Colorado! And welcome AMLS faculty in Peru and Costa Rica, where the first AMLS courses were taught this Spring!

EMS Safety

The EMS Safety Committee is finalizing the 2nd edition of the EMS Safety course in preparation for the Instructor Update, to be held at EMS World

Expo on Sept. 15, from 8 a.m. to noon. The 2nd edition includes a new student manual, and the curriculum is structured to enable discussions about specific safety situations practitioners may experience in the field. Cost is \$75. Includes the instructor materials. *EMS Safety Instructors who take the Instructor Update receive four hours of CECBEMS credit.*

Emergency Pediatric Care (EPC)

EPC 3.0 is now available! The 3rd edition EPC course, released in June, includes all new slides, skill stations and critical thinking scenarios that incorporate the most recent peer-reviewed literature on pediatric medical and trauma care.

For instructor convenience, the Instructor Update is available via webinar at no cost. All current EPC Instructors must take the Instructor Update by the end of 2015. View the webinar schedule in the Education section of naemt.org. *EPC instructors who take the Instructor Update receive two hours of CECBEMS credit.*

EPC 3rd edition is already being adopted internationally. The 3rd edition EPC Provider Course will be taught at the annual PHTLS Latin America conference, Nov. 13 and 14, in Mexico City.

EPC also recently launched in **Switzerland**, and an agreement has been signed to bring the course to **Costa Rica** later this year.

NAEMT OFFERS THE HIGHEST quality EMS education available.

Our course curriculum, developed by teams of experts within EMS, emergency medicine and other relevant medical specialties, is regularly updated to reflect new evidence and treatment strategies. Here's the latest.



Durham County EMS participates in a PEPL team-building exercise.

Principles of Ethics and Personal Leadership (PEPL)

Through facilitated presentation, dialogue and other learning activities, PEPL provides EMS and mobile health-care practitioners with the knowledge and skills to more effectively interact with patients, other medical personnel and their community at large. Students explore the importance of ethical leadership, identify their leadership roles in their work and civic life, and work to develop their leadership potential.

While PEPL is available at course sites in 19 states, NAEMT has received feedback that some practitioners are having difficulty locating a nearby course. To enable more EMS



practitioners to access the course, PEPL will be offered as a preconference course at EMS World Expo on Tues. and Wed., Sept. 15 and 16, 8 a.m. to 5 p.m. Cost is \$195 before Aug. 14; \$220 after. Includes student manual. *Students receive 16 hours of CECBEMS credit.*

Congratulations to John Loney of Georgia who was recently appointed a PEPL Affiliate Faculty!

Prehospital Trauma Life Support (PHTLS)

With the PHTLS 8th edition course available since January 2015, PHTLS instructors have until July 31 to complete the Instructor Update, available online. After July 31, 7th edition materials will no longer be available. The PHTLS Instructor Update course can be taken online and is available through Jones & Bartlett Learning. Cost is \$100, which includes the 8th edition textbook and instructor materials. *PHTLS instructors who take the Instructor Update receive four hours of CECBEMS credit.*

PHTLS continues to grow internationally! PHTLS was launched in **South Korea, Turkey, Thailand and Ukraine**, and will be introduced in **Honduras** later this year.

NAEMT FACULTY MEETING

Mark your calendar for the NAEMT Faculty Meeting on Wed., Sept. 17 at EMS World Expo. See page 6 for more info!

Tactical Combat Casualty Care (TCCC)

Endorsed by the American College of Surgeons, NAEMT's 16-hour TCCC course is designed for military *medical* personnel, including medics, corpsmen and pararescuemen, who are preparing to

deploy in support of combat operations.

Now, current TCCC instructors can teach a new eight-hour course, TCCC for All Combatants (TCCC-AC), that teaches lifesaving techniques to **non-medical** military personnel. The curriculum is available for download in the Education section of naemt.org.

TCCC for All Combatants was adapted from the TCCC curriculum and includes training in life-saving techniques, such as clearing airways, applying tourniquets, and using hemostatic to control bleeding. These techniques have been shown to reduce preventable deaths on the battlefield.

Tactical Emergency Casualty Care (TECC)

To address the alarming rise in active shooters and the threat of mass casualty incidents due to terrorism, NAEMT's PHTLS Committee has developed a new course, TECC, to ensure all EMS practitioners have the *medical* skills to respond.

All current TCCC instructors can teach the TECC course. Cost of the instructor materials is \$39.95 (\$30 when you purchase five or more) and can be purchased through Jones & Bartlett Learning.

TECC will be offered as a preconference provider course at EMS World Expo on Sept. 15 and 16. Cost is \$195 before Aug. 14; \$220 after Aug. 14 and includes a textbook.

Law Enforcement and First Response Tactical Casualty Care (LEFR-TCC)

LEFR-TCC is an eight-hour course that trains police and other first responders on hemorrhage control, basic airway management and the use of combat gauze to stanch bleeding. In mass casualty situations, law enforcement officers may need to act quickly to save

a life before EMS arrives, or there may be so many victims that non-medical personnel must step up to treat victims.

NAEMT continues to work to spread the word about the availability of the course to law enforcement. Please do your part by becoming a LEFR-TCC instructor! LEFR-TCC can be taught by current TCCC instructors. Instructors who don't teach TCCC must take the online NAEMT Instructor Course, the LEFR-TCC or the TCCC Provider Course, and have their first LEFR-TCC course monitored by NAEMT Affiliate Faculty.



Congratulations to Denver Health's EMS Education Department, which recently held its 100th LEFR-TCC course!

Geriatric Education for EMS (GEMS)

With the 2nd edition of the GEMS course now available, current GEMS instructors have until Aug. 31 to complete the Instructor Update online. Don't delay! After Aug. 31, only 2nd edition course materials will be available. *GEMS instructors who take the Instructor Update receive four hours of CECBEMS credit.*

See the AMLS update on the previous page for information about a simplified process that allows AMLS instructors to become GEMS instructors.

MEMBERSHIP UPDATE

5 Stretches that EMS Practitioners Should Do Every Day

LIFTING, TWISTING, bending, squatting and kneeling are all in a day's work for EMS. To help avoid injury and pain, Bryan Fass, a certified athletic trainer and president of Fit Responder, recommends that EMS practitioners make stretching a part of their on-the-job routine.

Studies on the benefits of stretching are far from conclusive, but there is evidence stretching can reduce the chance of strains and sprains by increasing flexibility, improving range of motion, improving circulation, improving posture and relieving stress. Heeding that research, some industries that involve physical labor have implemented pre-shift stretching to prepare the body for work, Fass said.

The good news is you don't need any special equipment to stretch. "Ambulances and fire trucks are the perfect stretching machines," he advised.

Here are five simple stretches that Fass recommends practitioners do before every shift, or after periods of prolonged inactivity or sitting during your shift. Hold each position for 45 seconds, no bouncing, then repeat. You should feel the stretch, but ease up if you feel pain.



1. CALF/ANKLE (ACHILLES TENDON) STRETCH

On a step, stand with your toes on the end of the step. Slowly let your heel drop down off of the step. Stretch one calf, and then the other. Or, on a curb, place your heel on the ground and your toes up on the curb. Slowly lean in.

2. HIP FLEXOR/QUAD STRETCH

Place your foot on the edge of a table, countertop, desk or truck bumper. Stand tall with your balance leg slightly in front of you. Make

sure you are far enough out from the foot to get a good stretch. Without rounding or arching your back, slowly squat down until you feel the stretch in the quads (front of the leg) that's behind you.

3. GLUTEAL/HIP STRETCH

Place your calf, knee bent and facing out on a table, counter, desk, or any other knee- to waist-high object. Keeping your back flat and your head up, slowly lean forward until you feel a gentle stretch in your hip and glutes.

4. CHEST/SHOULDER

Place your palm on a grab bar or door frame at shoulder height. Keeping the wrist straight, walk away from your hand. Elevate your chest and look away from your outstretched arm.

5. LATS/UPPER BACK

Grasp a sturdy handle or bar, slowly lean back, bending from the hips and letting your chin and neck relax. Imagine your spine is a spring that you're uncoiling.

BRYAN FASS, a former paramedic and certified athletic trainer (ATC), works with fire departments and public safety agencies on injury prevention and wellness programs.

NAEMT members receive a 20 percent discount on a yearly subscription to his website (fitresponderfitness.com) and mobile app, which includes access to more than 100 EMS specific workouts, including images and demonstration videos; a progress tracking tool; and online peer support. New subscribers also receive a free e-book, "How to Eat on the Street." Fass's program follows NAEMT's recommended EMS Fitness Guidelines, developed in partnership with the American Council on Exercise (ACE) in 2013.

To access your benefit, log in at naemt.org. Click the "Members" link, then choose "Access your benefits."



WELCOME NEW AGENCY MEMBERS!

NAEMT is pleased to welcome two new agency members – Durham County EMS in Durham, N.C. (*top right*) and Butler County EMS in El Dorado, Kansas (*bottom right*).

WELCOME NEW AFFILIATED ASSOCIATIONS!

NAEMT's Affiliate Advisory Council is made up of over 40 EMS associations and organizations that have entered into a formal relationship with NAEMT to further the shared purpose and objectives of both the affiliate and NAEMT.

We are thrilled to welcome two new affiliated associations – Illinois EMT Association and Utah Association of Emergency Medical Technicians. Affiliated organizations receive:

- Representation on NAEMT's Affiliate Advisory Council, which advises the NAEMT Board of Directors on issues and concerns within EMS at the state and local level.
- Members of affiliated organizations receive a 25 percent discount on NAEMT's annual membership dues.
- Financial incentives for recruiting new NAEMT members.

For more information, go to the "About Us" tab on naemt.org, and select "Affiliation with NAEMT."

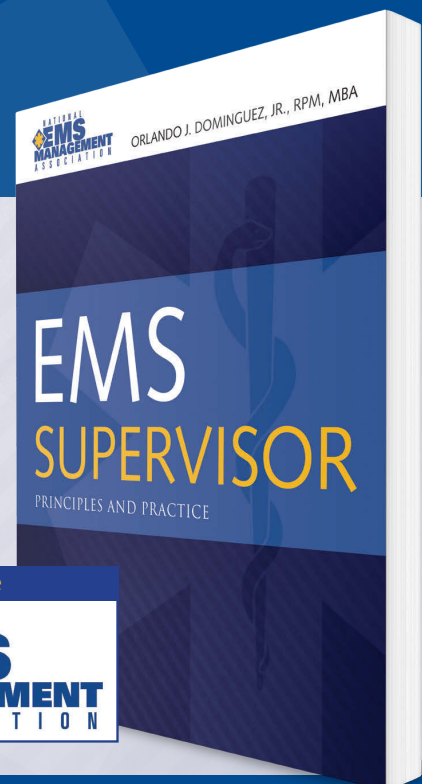


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Call for Candidates for the 2016 NAEMT Board

NAEMT IS SEEKING CANDIDATES for open positions on the NAEMT Board of Directors. Open positions for the 2016-2017 term include:

- One Director in each Region I, II, III and IV
- One At-Large Director

Directors serve two-year terms that begin Jan. 1. To qualify to run for a Region Director or At-Large position, you must be an active NAEMT member and meet other eligibility criteria. Region Directors also must live in the region they represent.

NAEMT Depends on the Contributions of Our Volunteer Leaders

Serving on the Board provides a tremendous opportunity to help steer the course of your association, to work with other EMS leaders from across the country, to play a key role in influencing issues of importance in EMS and represent the interests of our nation's EMS practitioners.

Serving on the Board is also a big responsibility. Board members are expected to participate in monthly meetings most often held via conference call, participate on committees and working groups, represent the association at EMS events and conferences as assigned, and attend the NAEMT Annual Meeting, held in conjunction with EMS World Expo. Board members are responsible for the general management and oversight of the affairs of the association, including its finances, staffing, programs and positions.

What is the Process to Become a Candidate?

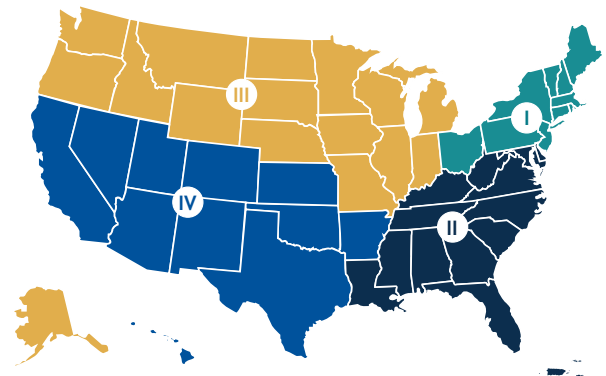
Any active member interested in becoming a candidate should visit naemt.org. Under the "About Us" tab, select "Our Leadership" to learn more about elections, who is eligible to serve as a Director, materials to be submitted and more about the role and responsibilities of Directors. **Candidacy submissions will be accepted from July 15 through Aug. 15, 2015, so don't delay!**

Election Timeline

Oct. 1 to 28 – Candidate information is posted online along with candidate's responses to a series of questions posed by the Candidacy and Elections Committee.

Oct. 15 to 28 – Voting is open online.

To ensure that you receive information about online voting, please make sure we have your *current email address* by



logging in to your member profile on naemt.org. (Paper ballots are available by written request to NAEMT no later than Oct. 1.)

Please Cast Your Vote!

We strongly encourage all active NAEMT members to vote for the candidate(s) they believe is best qualified to lead our association. This is your association – you choose who leads!

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