

## Preparing Our Nation to Respond to Active Shooter and Mass Casualty Events

In 2012, shortly after the horrific mass casualty shootings at the Aurora movie theater and Sandy Hook Elementary School, two prominent trauma surgeons – Drs. Norman McSwain, Jr. and Lenworth Jacobs – started examining records of the victims' injuries and causes of death.

“We wanted to know if some of the patients who died could have been saved,” says McSwain, a professor of surgery at Tulane University in New Orleans, La., and NAEMT's Prehospital Trauma Life Support (PHTLS) Program medical director. “We got information from Aurora and some of the other places where these shootings have occurred that shows several patients probably would have lived had they been properly managed. But what happened is they bled to death.”

Just as Columbine changed the way police respond to active shooters, the shootings in Aurora and Sandy Hook have led to a re-examination of the *medical* response to active shooter events.

In April 2013, McSwain and Jacobs, director of the trauma program at Hartford Hospital, along with FBI Chief Medical Officer Dr. David Wade and representatives from police and the fire service, came together in Hartford, Conn., to develop a plan for improving survivability from mass casualty shootings.

For many victims shot at close range, including the children and staff at Sandy Hook Elementary, the injuries were so severe that simple bleed control techniques would not have saved lives, McSwain says. But there are other incidents, including in Aurora, during which some victims might have lived if the bleeding had been stopped sooner.

The documents that came out of that April meeting and a second one held in July 2013 are known as the Hartford Consensus I and II. The documents outline a national policy for improving survival through collaborative responses to active shooters by EMS, law enforcement and the fire service; by training all law enforcement officers to apply tourniquets and other basic bleed control techniques; and by following a response strategy summarized by the acronym THREAT – threat suppression, hemorrhage control, rapid extrication to safety, assessment by medical providers, and transport to definitive care.

“All military personnel carry tourniquets on their uniforms, and police should do the same,” McSwain says. “They could potentially use this to save civilians, or to save themselves.”

Not only is it important for law enforcement to know how to control bleeding – civilians should too, says Dr. Peter Pons, an emergency physician in Denver, Colo., and



Photo: Josh Kennedy, kennedyphoto creations.com

*“For many victims... simple bleed control techniques would not have saved lives, Dr. McSwain says. But there are other incidents... victims might have lived if the bleeding had been stopped sooner.”*

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# Preparing for Leadership in EMS



**Don Lundy**  
BS, NREMT-P  
NAEMT President

In my work and travels as NAEMT President, I have often been asked how I prepared myself for a leadership role in EMS. To respond, I have looked back over my 40 years in EMS and noted some key experiences and observations that I'd like to pass along:

- **Opportunity** – there are usually many, but they are frequently not recognized and seized upon. In too many instances, tremendous opportunities are passed up... either because they are not connected to immediate rewards, or they appear too difficult. Unlike the EMS environment that we work in – fast paced and of short duration – many leadership opportunities take time to see results. Earlier in my career, I was offered the opportunity to ride in a helicopter to pick up a non-emergent patient and transport them to the hospital. Not to miss that opportunity, I accepted – and by day's end, I was asked by the owner if I wanted to be the Director of Operations. I could have said no, since I knew nothing about helicopters. But, I accepted, studied hard and succeeded in a system which transported over 350 patients without a serious incident taking place. So, I encourage you to seize opportunities, wherever they arise. Go for it, even if you are afraid that you'll fail. We learn more from failure than success.

- **Initiative** – Many leadership opportunities can be self-generated. You don't need to wait for someone in your agency to announce a promotion opportunity. You can initiate a leadership role... either in your regular mission, or as a result of a project that needs to be done. And, you do not always have to lead to demonstrate leadership. Being a good team player demonstrates your understanding of leadership. So, step up and let your superiors and peers know that you are interested in doing more.

- **Integrity** – We all know people in EMS who, when they give their word, it is a solid commitment. These are people who “mean what they say” and “say what they mean.” These are the individuals who are willing to stand up and do what is right even in the face of peer pressure. I encourage you to

observe these people, understand how they make decisions, and strive to behave like them. Integrity is a common trait among all great leaders in EMS.

- **Communication** – Good EMS leaders communicate concisely, clearly, directly and respectfully. Good leaders have learned how to communicate with people who don't necessarily share their goals. They recognize that just because a person has a different point of view, they still have a right to be communicated to with dignity and worth. They also understand that respect and dignity should be afforded to both parties in a communication - there is no place for harassment in communications. There are too many instances in our business where communication sounds like something from a reality TV show... where people are not conversing but rather talking “over” one another. True leaders know the difference between “productive” versus “destructive” communication.

## **Opportunity, Initiative, Integrity and Communication**

I am proud to tell you that these leadership traits are in abundance throughout our association. Great leadership is evident in every aspect of NAEMT, including the thousands of members who are working in their communities to make things happen.

A great example of NAEMT leadership can be found in our State Advocacy Coordinators and the leadership of our affiliated state EMS associations who have been so instrumental in making progress on the Field EMS Bill. As a result of their leadership, the Field EMS Bill was introduced in the Senate last month as S. 2400, and we are up to 34 co-sponsors in the House!

Great leaders can be found in NAEMT's education programs – PHTLS, AMLS, EPC, EMS Safety, TCCC, LEFR, and PEPL. The individuals who make up our NAEMT faculty – instructors, course coordinators, affiliate faculty, our state, regional and national coordinators, and the members of our education program committees – lead by example in providing the highest quality education to our EMS students.

So, you might be wondering if there are leadership opportunities for you at NAEMT. Well, you've taken a great first step by being a member of this national association. Here are some additional steps you may want to consider...

## ADVOCACY PROFILE

# Gary McLean: Profile of an EMS Advocate - What it Takes & What it Needs

The Field EMS Bill is on a roll lately... bipartisan introduction of S. 2400 in the U.S. Senate and new House co-sponsors of H.R. 809 from both parties bring the total number to 34. Gary McLean, president of the Oregon EMS Association and a Firefighter-Paramedic with the Sandy Rural Fire Protection District, was instrumental in getting four of five U.S. Representatives from his state – Earl Blumenaur, Suzanne Bonamici, Peter DeFazio and Kurt Schrader – to co-sponsor the bill.

McLean's efforts were recognized March 26 during EMS On The Hill Day in Washington, D.C., when he became one of three recipients of the inaugural NAEMT Field EMS Bill Advocate of the Year Award. Other winners include Jason White of Missouri and Jason Scheiderer of Indiana. Both were instrumental in securing co-sponsors in their respective states.

During his 40-year career in EMS, McLean worked as a Paramedic on an oil pipeline in Alaska, in a Saudi military hospital, and for hospital-based EMS in La Grande, Ore. He received a nursing degree in 1994 and went to work in a hospital emergency department, but he missed the field. He began volunteering with the Sandy Rural Fire Protection District in central Oregon. He later took a paid job with the district and has been there ever since.

McLean spoke with *NAEMT News* about why he got involved with advocacy – and his winning strategy.

### Q. You've had a 40-year career in EMS. How did you get your start?

I started in Cheyenne, Wyo., in 1974. I was in the Air Force working in a non-medical job. I got a part-time job driving an ambulance because it allowed me to move out of the barracks. There was no medical training required. Our very first call was a critical patient, an old lady. We were really gentle with her and her family was so nice to us. It was amazing to me that after spending four years in the military and never being told *'thank you, you did a good job'* even once, that here was a job where people thanked you.

### Q. How did you get interested in EMS advocacy?

Years ago, I was working for Buck Ambulance, which was bought by American Medical Response (AMR). They encouraged their employees to be politically active in the city and the county. We were told by the supervisors, *'Don't ever think of yourself as an employee of Buck Ambulance. Think of yourself as Gary McLean, a Paramedic, who is providing his trade to this company. There are times the company may have a different position than the employees. That's fine.'*



*Think of yourself as a professional who is providing a service. Stand up for our EMS profession. Be active in it. Help lead it and know what's going on.*

In Paramedic school, our course director also emphasized that as a profession, you have to know what's going on in your state and in your nation's capitol. He would let us know about legislation that impacted us, and there were times we would go to the state capitol in Salem, Ore., to hear testimony or to testify.

### Q. Why is the Field EMS Bill important?

EMS has been part of the transportation world because that's how we get paid, but we are more than lights and sirens taking somebody to a hospital.

We go into people's homes, evaluate them, treat them and provide medicine to them. The fact that we use lights and sirens to get there, or that we use an ambulance is incidental. We are part of that medicine realm.

The Institute of Medicine (IOM)'s 2006 report on emergency care recommended integrating EMS with the rest of healthcare. The Field EMS Bill will help to achieve that by giving EMS a federal home in the Department of Health and Human Services.

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## Gary McLean Profile > > continued from page 5

We need to be allowed to sit at the table with the National Institutes of Health, the National Institute of Aging, the CDC, and all those other health-related departments.

It's their patients that we see. Are there things we can do better for those patients? We see plenty who don't need an ambulance or an emergency department. Are there things our profession can do to help get those people to the right level of care? Of course there is.

### Q. Congratulations on winning the NAEMT Advocate of the Year Award. How was your EMS On The Hill Day experience?

It was great. I love Washington, D.C. When you walk down the hallways of the Congressional offices, see the name plaques on the doors of people you see on the news, or see them walking down the hall and say, *'There goes [House Minority Leader] Nancy Pelosi or Senator whoever, you realize, 'This is where decisions are being made.'*

You realize that you can knock on the door and say *'hi,'* that you have access to those people. When we walked into Rep. Blumenaur's office, he was just standing there. We thanked him for supporting the Field EMS Bill.

## Welcome Our New State Advocacy Coordinators!

Jacob Byrd of Texas  
texasemsadvocacy@gmail.com

Andrew Jackson of Illinois  
naemtil@gmail.com

State Advocacy Coordinators are NAEMT members who help build NAEMT's national advocacy efforts in their state.

*Want to help our profession through advocacy?* Contact your state advocacy coordinator ([www.naemt.org/advocacy](http://www.naemt.org/advocacy)).

*Want to become an advocacy coordinator?* Send a resumé and cover letter with advocacy experience to [advocacy@naemt.org](mailto:advocacy@naemt.org).

### Q. You were instrumental in getting four members of Congress from Oregon to sign on as House co-sponsors. How did you do it?

The first was Rep. Blumenaur. I was in downtown Portland, I looked on my phone to see where his office was and I just walked in. I introduced myself, and asked how I could make an appointment to talk with someone from the office about the bill. The person in charge of healthcare was in the office, so I made an appointment with her and went back a week later with Dr. Ritu Sahni (Oregon's former state EMS medical director and now president of National Association of EMS Physicians).

For Rep. DeFazio, I started by calling his district office and asking who I should send information to. A member of Rep. DeFazio's staff called me back a few days after I'd sent the packet and told me the Representative had signed on. For Rep. Bonamici, I stopped by her office in a rainstorm. I was soaked. I asked to make an appointment to speak with whoever handled healthcare issues, and she said, *'I'm it. Let's chat.'* We talked for less than 10 minutes. She called me a week later and said, *'The Representative likes the bill. She's signing on as co-sponsor.'*

It was a little harder to track down the right person to talk to at Rep. Schrader's office. I went to his office twice and called several times. You have to be persistent. I'd give it a week or two, then follow up, until I was finally able to get in touch with his Washington staff. After I sent a packet of information – including the bill, a list of the co-sponsors and the organizations supporting it – he signed on.

The one I'm still working is Rep. Greg Walden from eastern Oregon. I keep calling his office, sending emails, and leaving messages asking him to sign on as co-sponsor. I'm working with some EMS groups in his area to see if they can influence him. I've also gone into the state office of Sen. Jeff Merkley to see if he wanted to be the Senate sponsor. Now, we'll see if he wants to be a co-sponsor.

### Q. How do you know what to say during your meetings with members of Congress or their staff?

I focus on three key dates. In 1966, the Vietnam War was going on, yet more people died on U.S. highways from injuries than died in Vietnam because the military had

medics and we didn't have them in the United States. They had an emergency communications system and we didn't yet have a 911 system. They had helicopters; we didn't even have ground ambulances. They had MASH (Mobile Army Surgical Hospitals) and we didn't even have a trauma system.

When President Johnson signed the National Highway Transportation Safety Act, EMS was included in the provisions of the Act because too many people were dying on our highways. That is why even today EMS is only paid to transport people to an ER. We are not paid to provide patient care.

The date 2006, when the IOM study came out that looked at EMS 40 years after it was created. The IOM said it was all kinds of messed up. We had some things under the Department of Transportation, some under Department of Homeland Security (where the fire service is), and some under the Centers for Medicare and Medicaid, which is the largest payer.

The last key date is today. Healthcare is changing, and EMS has to change with it. We now have the Field EMS Bill to address those items that were brought up in 2006. EMS needs to have a federal home that looks at EMS holistically, not individual parts of EMS, and not just transport.

The people I talked to in the Congressional offices didn't know the history of EMS. They didn't know we had only been around since 1966, or that we were designed for roadway accidents, or that we only get paid to transport. They had heard about ambulances always having to take people to emergency rooms, but they never understood why.

**Q. Does educating legislators about EMS give you a sense of satisfaction?**

To me, it's fun. I don't look at it as a chore, or a requirement. Whether it's in D.C. or in Salem [the state capitol], I'm learning how the system works. I like the challenge of convincing somebody of an idea.

**Q. What's your advice to new Paramedics and EMTs about getting involved in advocacy?**

Think of yourself as a professional who is providing a service. Stand up for our EMS profession. Be active in it. Help lead it and know what's going on.

## ADVOCACY UPDATE

# A New Milestone for EMS: Field EMS Bill Introduced in Senate

On May 22, 2014, S. 2400, the *Field EMS Innovation Act* (Field EMS Bill) was introduced in the U.S. Senate by Sen. Michael Bennet (D-Colo.), Sen. Mike Crapo (R-Idaho)



and Sen. Tim Johnson (D-S.D.). Along with its House companion (H.R. 809) the Field EMS Bill is the first piece of legislation to take a serious look at EMS issues since the 1960s. Passage of the bill will improve access to essential and life-saving EMS services, and better

integrate EMS within the larger healthcare system.

This bill is really just one in the series of “firsts” evolving for EMS practitioners. It offers an opportunity to shape our EMS system for the good of our patients, our community and budgets, and our own professional growth to meet current and future demands. The significance of the Senate’s support during EMS Week is rooted in a growing awareness of the important and expanding role of EMS in our nation’s healthcare system. In both the U.S. House and Senate, common barriers between political parties have been lowered specifically to help advance pre-hospital patient care. For the first time in history, both Democrats and Republicans are speaking out publicly and standing in support for us!

*Now what do we do?* We hope that all EMS practitioners will recognize this milestone as an opportunity to shape our future – through advocacy on Capitol Hill and in our communities. We recognize and appreciate the committed efforts of our Field EMS Bill and Advocacy Committees, State Advocacy Coordinators, supporting national and state organizations, and many NAEMT members – to advocate for this legislation. Without this broad dedication and creative persistence, we would not have the history-changing opportunities we do today.

*Let’s seize this opportunity.*

Support EMS – and the future of EMS – by advocating for the Field EMS Bill!

Join the effort using one of these resources:

- **ENGAGE!** – [cqrcengage.com/naemt](http://cqrcengage.com/naemt)

A quick and easy way for you to contact the legislators who can influence change. It only takes a few moments and you’ll be guided all the way.



- **The Advocacy section on [naemt.org](http://naemt.org)**

Read all about the Field EMS Bill and access the text bill here. Download brochures and flyers about the bill. View other resources, including guidebooks and videos on “how to advocate.”

- **EMS On The Hill Day – [naemt.org/advocacy](http://naemt.org/advocacy)**

Visit the EMS On The Hill Day section of our website and familiarize yourself with this important event that brings EMS professionals from all delivery models together – members and nonmembers alike – to discuss our own unique issues and challenges with the leaders who can bring about change.



Watch for information this fall on next year’s event.

- **Need additional resources?** Contact [advocacy@naemt.org](mailto:advocacy@naemt.org).

*More than 50 EMS organizations, 34 House Representative co-sponsors, and 3 Senate sponsors support EMS practitioners. It’s time for all EMS professionals to educate our leaders and communities.*

“Our nation’s medical first responders are saving lives on a daily basis and can make all the difference in emergency situations,” Sen. Bennet said. “This bill will help emergency

medical responders in the field address a number of challenges so they can continue providing the best possible care to patients. Improving response times, promoting better coordination among providers, and preparing technicians for disasters will hopefully help save even more lives.”

“EMS providers play an integral role in our nation’s health care system,” said Sen. Crapo. “This legislation recognizes the prudent need to ensure life-saving EMS professionals have the adequate resources to maintain their capability to effectively respond to medical emergencies.”

### What’s in the Field EMS Bill?

- A new EMS EQUIP (quality improvement) grant program for EMS agencies that demonstrate need, regardless of delivery model, to assist with hiring, training and equipping EMS practitioners.
- A grant program for state EMS offices to strengthen and support system coordination and preparedness.
- Designation of the Department of Health and Human Services (HHS) as the primary federal agency for EMS to better integrate EMS within the larger health system, and consolidate federal EMS and trauma programs into one office within HHS.
- Support for physician-led guidelines for medical oversight and direction, evaluation of medical liability and reimbursement issues affecting medical direction, and enhancement of data collection and integration of patient medical information.
- Testing and evaluation of innovative models for access and delivery of field EMS, including alternative dispositions of patients not requiring transport to a hospital.
- Research in field EMS to further improve quality, outcomes and promote the adoption of cost-effective treatments in the field.

### From the President >> continued from page 4

- Are you a member of an affiliated EMS association? Most of these associations need volunteer leaders and would welcome your interest in volunteering to help.
- Are you an instructor for one of our education programs? We have worked hard to make it easier and more affordable to become an NAEMT instructor through our new, online NAEMT Instructor Course. Yes, I know it costs a little money (\$42.95), but consider investing in your future – you are worth it!
- Are you interested in advocacy? A great way to get started is through your state advocacy coordinator. Our SAC’s are eager to help you get started and would welcome your assistance.
- Have you attended an NAEMT Annual Meeting held in conjunction with EMS World Expo? You should drop in and see what is happening. Meet members of the NAEMT Board and committees; see what areas you may want to work in and then, get to it.

Make no mistakes about it. This is hard work. Being a leader in our profession takes time and dedication to the mission. At NAEMT we are always looking for leaders – people who feel as passionate about improving EMS as we do. There are plenty of naysayers out there but the positive leaders – the ones who can see above the smoke – know where EMS is headed and want to be a part.

One more question I am often asked is how I manage to have the energy to do what I do. The short answer to that question is that I get my energy from YOU! I have met so many tremendous first responders, EMTs, and Paramedics around this country, and I am in awe of your energy and commitment to your patients and your community. You keep me going!

The long answer involves regular exercise, a regiment of living and eating healthy and making sure I have balance in my life. I know that is hard, especially in our work, but it can be done. Thousands are doing it every day and taking care of their patients, and themselves, exquisitely.

On behalf of all of us at NAEMT, thanks for all you do, every day, for EMS and our patients.

## EDUCATION NEWS

*Here are the latest updates on NAEMT's education programs.*

### AMLS – Welcome our new AMLS Regional Coordinators:

- Eric Bauer, FP-C, CCP-C, Kentucky – Region 2 Coordinator  
(Includes Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Michigan, Ohio, Tennessee, Wisconsin and Puerto Rico.)
- Jason McKay, MPA, NRP, Washington, D.C. – Region 1 Coordinator  
(Includes Connecticut, District of Columbia, Delaware, Maryland, Maine, North Carolina, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, South Carolina, Virginia and West Virginia.)

The AMLS Committee is hard at work on the 2<sup>nd</sup> edition of the AMLS course and wishes to thank all AMLS faculty who responded to the survey about content for the 2<sup>nd</sup> edition. The feedback received was very helpful in determining planned revisions for the 2<sup>nd</sup> edition.

### EPC – We are pleased to announce a new EPC Regional Coordinator:

- Michael Frith, MS – Region 4 Coordinator  
(Includes Alaska, Arizona, California, New Mexico, Nevada, Oregon, Texas, Utah and Washington.)

Educational institutions in the countries of Bolivia, France, Germany and Israel have recently expressed interest in establishing EPC course sites. The EPC Committee is working with these organizations to help them get started.

The two-day EPC Provider Beta Test Course will be conducted on November 9-10 in conjunction with EMS World Expo. We invite everyone to participate and interact with course authors and provide feedback. Registration for this course is open at [www.emsworldexpo.com](http://www.emsworldexpo.com).

The EPC Instructor Transition Course is available to all EMS instructors holding instructor certification in other pediatric EMS courses. In this course you'll learn the logistics and philosophy needed to teach EPC. These courses are offered free of charge. To sign up, please contact [education@naemt.org](mailto:education@naemt.org).

Dates for upcoming transition courses:

- August 21 – 1:00 p.m. CST
- September 23 – 10:00 a.m. CST
- October 15 – 10:00 a.m. CST

**EMS Safety** – There is no better time to bring the EMS Safety Course to your EMS training center or state conference. Jerry Johnston, director of operations for Paramedics Plus in Alameda, Calif., and a past president of NAEMT, brought the NAEMT Safety Course to his team as part of an overall effort to ensure that safe practices are in place every day. “We believe it [the NAEMT Safety Course] will help us in attaining our goal of creating a culture of safety while at the same time reducing injuries related to unsafe practices and habits,” said Johnston. “We know that we provide an invaluable service to our community... It is our responsibility to help you provide this service in the safest manner possible.”

If you are interested in hosting an EMS Safety course, contact NAEMT headquarters at [education@naemt.org](mailto:education@naemt.org).

**PEPL** – The following is a schedule of upcoming Principles of Ethics and Personal Leadership Provider/Instructor courses:

- Tualatin Valley Fire Department – Tualatin, Ore., August 19-21
- Low County EMS – North Charleston, S.C., September 3-5
- Doctors Hospital – Augusta, Ga., October 1-3

The two-day PEPL Provider course will be conducted on November 9-10 in conjunction with EMS World Expo. Registration for this course is open at [www.emsworldexpo.com](http://www.emsworldexpo.com).

Space is still available for these courses. If you are interested in bringing this new course to your training center or state conference, contact NAEMT headquarters at [education@naemt.org](mailto:education@naemt.org).



**PHTLS** – With leadership provided by Dr. Peter Pons and Steve Mercer, the PHTLS 8th edition course materials are on target for completion this fall. All PHTLS faculty are encouraged to attend the PHTLS 8th Edition Update on Sunday, November 9, at 1:00 p.m. in Nashville, Tenn. The registration fee for this PHTLS Instructor Update, including materials, is only \$75. Registration for the PHTLS Update is now open at [www.emsworldexpo.com](http://www.emsworldexpo.com).

World Trauma Symposium – Drs. Norman McSwain, Lance Stuke, and Peter Pons have worked hard to plan another outstanding program. This year’s symposium presents an exceptional line-up of the top experts in trauma care who will share their expertise and insights with participants. The 2014 World Trauma Symposium will be held on Monday, November 10, in Nashville, Tenn. You can view the program and register at [www.worldtraumasymposium.com](http://www.worldtraumasymposium.com).

Welcome our new PHTLS State Coordinator:

- Timothy Neaderhiser, BA, NRP, Colorado

PHTLS continues its march forward this year with new course sites established in Panama on March 17 and Malta on April 26.



**GEMS** – NAEMT has established a new committee to work with the American Geriatrics Society (AGS) on the second edition of the Geriatric Education for Emergency Medical Services (GEMS) course materials. The committee members are:

- *Chair* – Daniel Talbert, MA, EMT-P (Florida)
- *Lead Editor* – Dave Tauber, BS, NR-P, CCEMT-P, FP-C, NCEE (New Hampshire)
- *Medical Director* – Colleen Christmas, MD (Maryland)
- *Member* – Gregory Adams, BS, NREMT-P (California)
- *Member* – Linda Bell, MSN, ARNP, EMT-P (Florida)
- *Member* – Lance Villers, PhD, LP (Texas)
- *Member* – Connie Meyer, RN, EMT-P (Kansas)

More information on committee members will be posted in the Education section of the NAEMT website. We congratulate these members on their appointments.

If you are a current GEMS instructor, plan to attend the GEMS Instructor Update on Sunday, November 9, from 8 a.m. - 12 p.m. in Nashville, Tenn. The registration fee for this Update, including materials, is only \$75. Registration for this course is open at [www.emsworldexpo.com](http://www.emsworldexpo.com).

Visit [www.emsworldexpo.com](http://www.emsworldexpo.com) for pre-conference and Expo registration. Registration discount of \$125 available for full NAEMT members attending EMS World Expo!



Advanced Medical Life Support (AMLS)



Emergency Pediatric Care (EPC)



EMS Safety



Geriatric EMS (GEMS)



Principles of Ethics and Personal Leadership (PEPL)



PreHospital Trauma Life Support (PHTLS)

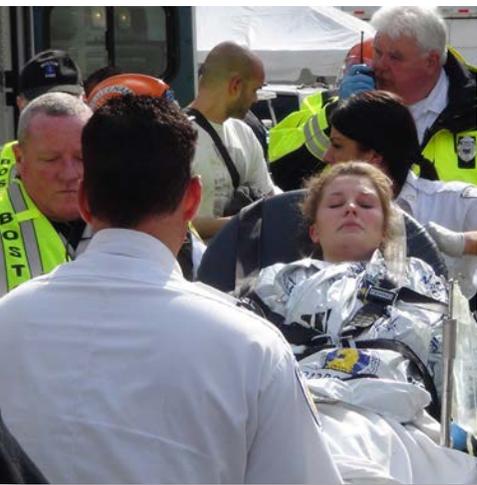


Tactical Combat Casualty Care (TCCC) & Law Enforcement & First Response Tactical Casualty Care (LEFR-TCC)

## Preparing Our Nation to Respond >> continued from cover

associate medical director for NAEMT's PHTLS Program. Two years ago, Pons led the development of an eight-hour course, Law Enforcement and First Response Tactical Casualty Care (LEFR-TCC), offered by NAEMT. The course trains police and firefighters on hemorrhage control, basic airway control techniques, use of combat gauze and recognizing shock, and has officers practice the skills during active shooter scenarios.

But not all police departments were willing or able to put their officers through the full-day course. And there was one



group missing in the chain of survival for trauma victims at risk of bleeding to death – bystanders.

To make it possible for more police officers and civilians to learn basic bleed control techniques, Pons also led the development of a new, two-hour course on controlling bleeding.

“My hope is that bleed control is the CPR of the next decade, only we will cut the timeframe for getting the word out dramatically,” says Pons, who has piloted the two-hour course to Denver residents. “Hemorrhage control is quite frankly a concept that every citizen ought to know.”

### A Trail of Tragic Events

From university campuses to high schools, office buildings, military bases and even hospitals, mass shootings happen with alarming regularity in the United States. Law enforcement defines an active shooter as an individual actively engaged in killing or attempting to kill people in a confined, populated area using a firearm and sometimes other weapons.

Until Sandy Hook, the nation's most notorious mass shooting was Columbine. In 1999, over the course of 45 minutes, two students armed with rifles, shotguns and homemade bombs murdered 13 people and wounded 24 before killing themselves.

At the time, police response to active shooters was similar to response to hostage scenarios. The assumption was that the

shooter wanted something, like money or the release of political prisoners. So police would establish a perimeter, call for SWAT, and try to communicate or negotiate with the suspect.

But Columbine turned those assumptions on their head – and showed how ineffective a hostage-style response was in active shooter scenarios. It took nearly an hour after the first shots were fired for SWAT to enter the school, and four hours to evacuate all teachers and students. While police waited outside the perimeter, a science teacher bled to death inside the building – 3.5 hours after he'd been shot.

The tragedy led to a rapid change in police tactics. Instead of waiting for SWAT, the first patrol officers to arrive on scene are taught to enter immediately, follow the sound of gunshots and pursue one objective: neutralize the threat. The longer the shooter is on the loose, the more victims there will be.

### The Role of EMS and Fire

Yet even as police response underwent a transformation, it took far longer for EMS and fire to consider that their response – staging safely on the perimeter of such incidents, waiting for police to bring victims to them – might also need an overhaul.

Several months after the Virginia Tech shootings in 2007, the Arlington County Fire Department (Va.) participated in an active shooter drill with local law enforcement at a local university. The “shooter” had barricaded himself inside the library. Police followed the trail of the dead and the dying – all while Paramedics sat waiting in a parking lot 100 yards away.

Two hours after police had caught the “bad guy,” recalls E. Reed Smith, Arlington County Fire Department's operational medical director, most victims were still inside and EMS still hadn't started treating patients. That had to change, he thought.

Arlington County fire and police soon began to work together to develop a plan for responding to active shooter events that would give firefighters access to victims more quickly. As soon as police declared an area free of obvious threat, EMTs and Paramedics wearing bullet-resistant vests and helmets would enter the building with police. Calling it Tactical Emergency Casualty Care (TECC), Smith and his team adapted their plan from the U.S. military's strategy for taking care of the combat wounded, in which responders are trained to quickly assess the wounded and treat only those

with specific types of injuries – such as bleeding – in which death is both imminent and preventable.

As more and more communities fell victim to active shooters, many EMS, fire and local and federal law enforcement agencies began conducting joint, simulated drills to better prepare. This is an important step, says Bill Seifrath, chief of the medical first responder coordination branch in the Department of Homeland Security (DHS) Office of Health Affairs.

“It has been proven that when fire, law enforcement and EMS plan together, exercise together, train together, spend time together, and get to know each other so on the date the bomb goes off they’re not exchanging cards for the first time, it improves their ability to work together on scenes of IEDs (improvised explosive devices) and active shooters,” Seifrath says.

Many EMS and fire agencies have also adopted similar protocols to the one in Arlington County, training responders to enter “warm zones” with police to get to the injured sooner.

Though sending medical responders into warm zones with police is one way of improving response to active shooters, it’s just one strategy for accomplishing the primary life-saving goal – controlling bleeding as soon as possible, McSwain says. “The principal is you’ve got to stop the bleeding,” he says, noting that the Hartford Consensus focuses less on who controls the bleeding and more on getting it done. “One system may have police controlling the hemorrhaging and carrying patients out, another will have police bringing EMS into the warm zone to get to the patient. Each individual system works differently, based on the conditions, skills of their people, resources and local preference.”

**Enter the Federal Government**

At about the same time as the meetings in Hartford, the White House was also becoming increasingly alarmed by the spate of mass casualty shootings in communities large and small.

President Obama’s plan to reduce gun violence, issued after the shootings at Sandy Hook Elementary, directed the

DHS to seek the input of first responders on best practices for improving preparation and response to mass casualty shootings. Also in the spring of 2013, more than 100 fire, EMS and law enforcement representatives were invited to attend a conference in Washington, D.C.

“There are many lessons to be learned from the wars in Afghanistan and Iraq,” Seifrath says. “What we’ve done with our partners in the Department of Defense (DoD) and across the federal government is to look at ways we can civilianize that data and information to save lives here in the United States.”

Among the initiatives: teaching more bystanders to control bleeding. As was learned in Boston, “people are going to respond,” Seifrath says. “It’s the altruistic nature of Americans.”

Other priorities include educating EMS and firefighters about ballistic vests and helmets to help agencies make informed decisions about whether they want to invest in protective equipment; and promoting the standardization of hemorrhage control techniques among responders nationwide. “We know of several major EMS jurisdictions where EMTs and Paramedics were prohibited from using tourniquets to control severe bleeding,” he says. To encourage

EMS agencies to update policies, the Office of Health Affairs, National Highway Traffic Safety Administration (NHTSA) and the American College of Surgeons Committee on Trauma worked together to create “An Evidence-based Prehospital Guideline for External Hemorrhage Control,” published in the April-June issue of *Prehospital Emergency Care*.

To Dr. Pons, greater attention must be paid to ensuring that EMS, fire, police and bystanders are prepared with the right information and skills to respond quickly and effectively to controlling bleeding from traumatic injuries – whether it’s an active shooter, or even a car accident or other mishap.

“The sad reality of life today is these sorts of incidents are going to happen,” Pons says. “It doesn’t matter if you’re in a small city or a big city, everyone has to know how to respond in these situations.”



*For information on PHTLS and LEFR-TCC programs, or the TECC guidelines and Hartford Consensus I & II, visit the NAEMT website ([www.naemt.org/education](http://www.naemt.org/education)) or contact [education@naemt.org](mailto:education@naemt.org).*

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# The Value of Advanced EMS Certifications

By John R. Clark, Chief Operating Officer, Board for Critical Care Transport Paramedic Certification (BCCTPC)

Many Paramedics are engaged in specialized practice areas that require the addition of substantial knowledge and experience beyond what is expected from an entry-level practitioner. Appropriate regulation of specialized practice has developed over nearly two decades. While it is clear that specialty certification processes evolve slowly, there are many models in medicine, nursing and other allied health professions for effective, safe and standardized specialty education, examination and practice. The Board for Critical Care Transport Paramedic Certification (BCCTPC®) is a specialty board with a mission to improve paramedic practice by providing a certification exam that is an objective, fair, and honest validation of critical care paramedic knowledge. BCCTPC supports all specialties in paramedicine.

BCCTPC exams have created a universally recognized means for medical professionals, employers and the public to understand that Paramedics holding this specialty certification have additional knowledge in the domain of paramedicine, beyond that of an entry-level Paramedic. Rather than 50 or more unique state programs to address practice in specialty areas, the BCCTPC presents a consistent, independent, profession-based approach to administering specialty certifications. This approach serves to ensure patient safety, while advancing the status and service of paramedicine practitioners within the broader healthcare community.

The newest exam to join the BCCTPC family is the Certified Tactical Paramedic (TP-C®). The TP-C specialty exam credential was designed to bring recognition to paramedicine practitioners who demonstrate a certain level of knowledge and competency in a tactical medicine environment.

Working with subject matter experts in the tactical medicine community across the United States, in both civilian and military sectors, the BCCTPC has developed the exam to measure competency of Paramedics operating in austere and hostile environments. Based on a 2012 Job Analysis Study of tactical Paramedics across the country and in all branches of the U.S. Special Operations Command (USSOCOM), the TP-C exam blueprint outlines the skills critical to the Tactical Emergency Medical Support (TEMS) provider and the frequency at which those skills are utilized. The BCCTPC

also follows the Committee on Tactical Combat Casualty Care (CoTCCC) and the Committee for Tactical Emergency Casualty Care (C-TECC) guidelines, the USSOCOM Tactical Trauma Protocols, and various other standard-of-care guidelines for prehospital and critical care provision to ensure all examination materials correctly reflect current “best practices.”

To successfully obtain the TP-C credential, the candidate must have a strong working knowledge of tactical medicine, operations and practical experience on a tactical team. NAEMT’s Tactical Combat Casualty Care (TCCC) course, while not the only resource to prepare for the TP-C exam, will help prepare candidates to successfully pass the TP-C exam. The TCCC course and its evidence-based, life-saving techniques and strategies provide the best trauma care on the battlefield and are an important component of the TP-C credential.

The Certified Flight Paramedic (FP-C), the Certified Critical Care Paramedic (CCP-C) & the Certified Tactical Paramedic (TP-C) exams are in use around the world today. The methodology used meets or exceeds the standards of the National Commission for Certifying Agencies (NCCA) and the National Organization for Competency Assurance (NOCA). Accreditation is one of the key benchmarks for measuring quality. Valid accreditation is necessary in assuring the general public that the specialty Paramedic is competent and current.

For more information about the TP-C exam or the BCCTPC, visit [www.bcctpc.org](http://www.bcctpc.org)



*The NAEMT TCCC course and its evidence-based, life-saving techniques and strategies provide the best trauma care on the battlefield and are an important component of the TP-C credential.*



# World Trauma Symposium: Get the Latest from the Best in Just One Day!

One day, one transformational event... the World Trauma Symposium, to be held on November 10 in Nashville, Tenn. This one-of-a-kind educational event provides the latest prehospital trauma care trends from the world's most



progressive minds. They will explore the future of trauma care, discuss the latest federal and worldwide initiatives, and put it all together with

education that will transform the way patients are cared for in the field. Now in its third year, the symposium is an event from the creators of the world-renowned Prehospital Trauma Life Support (PHTLS) program, and presents a diversity of opinions on best practices and controversies in prehospital trauma.

Developed by PHTLS Medical Director Dr. Norman McSwain, and Associate Medical Directors Drs. Lance Stuke and Peter Pons, the outstanding program will feature an unsurpassed lineup of topics and experts:

- The Role of TXA in Prehospital Trauma Care  
*Corey Slovis, MD, Chief, Emergency Medicine at Vanderbilt University Medical Center in Nashville, Tenn.*
- Pediatric Trauma: Impact of Prehospital Care and Resuscitation Endpoints  
*Stephanie Haley-Andrews, RN, Trauma Program Manager, Denver Health Medical Center in Denver, Colo.*
- Emerging Trends in Disaster Triage  
*Bob Winter, MD, National Clinical Director for EPRR and Critical Care, NHS England*
- Pediatric Disaster Management  
*David W. Tuggle, MD, FAAP, FACS, Associate Trauma Medical Director, Dell Children's Medical Center in Austin, Texas*
- Prehospital Management of Geriatric Trauma  
*Manish N. Shah, MD MPH, Associate Professor, University of Rochester School of Medicine in Rochester, N.Y.*
- Scott Frame Memorial Lecture  
*Richard H. Carmona, MD, MPH, FACS, 17th Surgeon General of the United States, Distinguished Professor, University of Arizona in Tucson, Ariz.*

- IED/Active Shooter and the Role of EMS  
*Alex Eastman, MD, Interim Medical Director, Trauma; Lieutenant & Deputy Medical Director, UT Southwestern Medical Center in Dallas, Texas*
- Review of International Trauma Care: Similarities and Differences with the United States  
*Will Chapleau, EMT-P, RN, CEN, TSN, PHTLS Committee Chair*
- Clinical Vignettes
  - Prehospital Care of the Hanging Victim  
*Bob Winter, MD, Queens Medical Centre*
  - Needle Decompression by Prehospital Personnel  
*Mike Hunter, EMT-P, PHTLS Committee Member*
  - Last Resort Management of the Pediatric Patient  
*David W. Tuggle, MD, FAAP, FACS, Associate Trauma Medical Director, Dell Children's Medical Center in Austin, Texas*
- Resolved: Prehospital RSI for Trauma is Safe and Improves Outcomes  
Pro – *Manish N. Shah, MD MPH, Associate Professor, University of Rochester School of Medicine in Rochester, N.Y.*  
Con – *Alex Eastman, MD, Interim Medical Director, Trauma; Lieutenant & Deputy Medical Director, UT Southwestern Medical Center in Dallas, Texas*

## Register today, and put the latest research to work for your patients.

The full program schedule and the distinguished panel of experts can be found at [www.worldtraumasymposium.com](http://www.worldtraumasymposium.com). All attendees receive 8 hours of CECBEMS-accredited CE, CME or nursing CE credit. Ample networking opportunities – breakfast, lunch, and breaks – are all included in the full program registration fee.

## Enhance the value of your attendance!

The NAEMT Annual Meeting and EMS World Expo are held in conjunction with the Symposium. Full NAEMT members attending the Expo receive a registration discount of \$125. Visit the Education Update of this newsletter for the pre-conference programming lineup. Then, go to [www.emsworldexpo.com](http://www.emsworldexpo.com) to register.



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## Do You Know a Shining Star (of Life)? Consider a National Award Nomination

Nominate your best-in-EMS for the 2014 National EMS Awards of Excellence – *but, do so by August 1!* These awards recognize outstanding achievements and contributions within our profession. Submit your nomination – not only to recognize your candidate, but also to recognize the quality emergency patient care that is brought to your community every day.

Candidates may be nominated in the following categories:

- NAEMT/Braun Industries “EMT of the Year”
- NAEMT/Nasco “Paramedic of the Year”
- NAEMT/Jones & Bartlett Learning “EMS Educator of the Year”
- Dick Ferneau “Paid EMS Service of the Year”
- Impact “Volunteer EMS Service of the Year”

Award recipients receive a monetary award, three registrations to the 3-day core program for EMS World Expo, plus \$1,100 for travel and lodging at the 2014 EMS World Expo/NAEMT Annual Meeting, November 9-13, in Nashville, Tenn. These awards will be presented at the NAEMT General Membership Meeting on November 10 in Nashville, and at the opening ceremony of EMS World Expo on November 11. Recipients of these awards will be recognized in *NAEMT News* and announced in *EMS World Magazine*.

**For more information and to submit your nomination by August 1, visit our website ([www.naemt.org/About Us/National Awards](http://www.naemt.org/About Us/National Awards)).**

## How Are We Doing? Many of You Let Us Know...

NAEMT’s leadership, committees and staff continually strive to provide services and benefits that enhance your professional life. To measure our success and provide direction on how we can improve, we conducted a member satisfaction survey in May and appreciate the comments received from many of you. We rely on this and similar surveys as a guide to help determine what future benefits to offer, what services to enhance, and what information to publish (and how).

Sharing member survey results is also important, so you can get to know your association better and gain insight from questions raised from EMS peers. Here are just a few results from the total survey responses received:

- 63% have been members of NAEMT for at least two years, with 12% having more than 15 years as members.

- Nearly 76% of members are male, and 54% of all members responding are between 41-60 in age.
- 53% of respondents are Paramedics, 28% are EMTs, and the remaining 19% group includes EMR, EMT-I and AEMT.
- Members gave highest communication value to the NAEMT website ([naemt.org](http://naemt.org)), monthly *NAEMT Pulse*, and quarterly *NAEMT News*, Facebook page and periodic emails.
- Most valuable individual benefits offered include: accidental death and dismemberment insurance, subscription to *EMS World Magazine*, significant discount on 5.11 Tactical gear, subscription to *NAEMT News*, and \$125 discount to EMS World Expo.
- An overwhelming 89% of NAEMT members pay their own membership dues – *we appreciate your commitment to your profession and your association!*

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## NAEMT Annual Meeting and EMS World Expo - Don't Miss the Biggest and Best EMS Event of the Year!

It's time to lock down plans for North America's biggest and most comprehensive EMS event of the year! This is a one-stop opportunity to get the most from travel plans – from education, to the latest innovations, to networking with NAEMT leadership. Reserve the dates of November 9-13, in Nashville, Tenn., for this back-to-back full program event. **NAEMT members receive a \$125 discount to EMS World Expo.** Be sure to include the following events in your Nashville plans:

### NAEMT Annual Meeting – November 9-11

This annual meeting for our members packs information, education and networking into one fun-filled event... In fact, the only thing better is that it's free to all members! Meet the leadership of NAEMT, participate in meetings on key EMS issues, and explore ways to get involved in association activities.

### NAEMT Preconference Education – November 9 -10

Select the courses that meet your needs –

- Nov. 9 – 8:00 a.m.-12:00 p.m. – Geriatric Education for EMS (GEMS) 2nd Edition Instructor Update
- Nov. 9 – 1:00-5:00 p.m. – Prehospital Trauma Life Support (PHTLS) 8<sup>th</sup> Edition Instructor Update
- Nov. 9 & 10 – 8:00 a.m.-5:00 p.m. – Emergency Pediatric Care 3<sup>rd</sup> Edition Beta Test Provider Course
- Nov. 9 & 10 – 8:00 a.m.-5:00 p.m. – Principles of Ethics and Personal Leadership Provider Course

### World Trauma Symposium – November 10

An unmatched day, featuring the most progressive minds in EMS, will explore the latest trauma care techniques and education from around the world. Learn the best practices for hemorrhage control and airway management in active shooter and mass casualty scenarios; pediatric and geriatric trauma care; the future of trauma care, from TXA to disaster triage trends. *Register at [www.worldtraumasymposium.com](http://www.worldtraumasymposium.com).*

### EMS World Expo – November 11-13

The \$125 registration discount for NAEMT members is only the beginning of the good things to be found at EMS World Expo. Sign up for a complimentary tour of Vanderbilt University's Medical Center, Nashville's only Level 1 Trauma center, and its only dedicated Burn Center. EMS World Expo offers ample opportunity for high quality training and access to the latest trends and newest innovations the industry has to offer.

Factor in the sights and sounds that can only come from the home of the Grand Ole Opry, the Country Music Hall of Fame, and the EMS World Expo Pub Crawl... and you've got social opportunities galore! Register at [www.emsworldexpo.com](http://www.emsworldexpo.com).

COME SEE US

#### Indiana EMS Emergency Response Conference

August 21-22, Indianapolis, Ind.

#### Massachusetts EMS Conference

October 17-18, Springfield, Mass.

#### Ontario Paramedicine Conference

October 17-19, Ontario, Canada

#### Texas EMS Conference

November 23-25, Fort Worth, Texas

#### Special Operations Medical Association (SOMA) Conference

December 8-11, Orlando, Fla.