



FALL 2017

NAEMT NEWS

A quarterly publication of the National Association of Emergency Medical Technicians

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EMS Agenda for the Future 2050: *Establishing a New Vision for the Profession*

More than 20 years have passed since the original EMS Agenda for the Future, published in 1996, outlined a vision for EMS. The agenda described an EMS that is fully integrated with the healthcare system, provides acute injury treatment as well as follow-up care, and participates in preventing and treating chronic conditions.

EMS has made some strides toward realizing that vision. Developments such as regionalized systems of STEMI (ST-elevation myocardial infarction) care and MIH-CP (mobile integrated healthcare-community paramedicine) have helped to show the rest of healthcare the value of partnering with EMS.

Yet there is still a long way to go. Recommendations regarding funding EMS for services other than transport, legislative change to allow EMS to provide treatment that doesn't end at the hospital, and fully integrating EMS into the healthcare continuum are still in the early stages.

In an environment of continued change throughout healthcare, the EMS community is coming together to create a new Agenda for the Future that will pick up where the original vision left off, and outline a vision for EMS in the decades to come.

"Leaders in our industry and federal partners felt like it was time to do another look forward. This project will look 30 years into the future, to create a vision for what EMS will look like in the year 2050," said Mike Taigman, project facilitator.



Taigman spoke with *NAEMT News* to share an update on the project, how the agenda has the potential to change the EMS profession and ways in which EMS practitioners can participate.

What is an Agenda for the Future and why is it important to have one?

An Agenda for the Future is a vision, a roadmap and a strategy that describes where you are today and how you will get to someplace new and different. When I think about history, JFK [President John F. Kennedy] did that in his 1961 speech when he promised that we would land a man on the moon and safely return him back to earth by the end of the decade. That was very powerful vision setting.

There is some aspect of the Agenda for the Future that is predicting where you think technology is likely to evolve and where healthcare is likely to be. But there is a popular quote that says, *'The best way to predict the future is to create it.'* Setting a clear agenda for our future is creating our own future for the people involved in EMS and the people we serve. It's a vision that is intentionally created instead of assembled haphazardly.

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Photo courtesy of Trek Medics

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Your Voice Does Matter, So Let It Be Heard

By Dennis Rowe, EMT-P

Throughout the next several months, EMS professionals from across the country will be asked to share their ideas on the future of EMS in the United States through the EMS 2050 Agenda for the Future project. Via in-person gatherings and through direct online submissions, everyone in our profession is welcomed and encouraged to contribute their thoughts and suggestions. A listing of the in-person opportunities and the form where you can directly submit ideas are located on the project's website (emsagenda2050.org).

The NAEMT Board of Directors submitted preliminary comments to this project in 2016, and will submit comments to the draft document once it becomes available for public comment. We believe that it is important for our association to provide a clear statement on the future direction of EMS. We also believe that it is vitally important for each member of our association to directly express their own beliefs and ideas, based on their experiences and their unique perspectives.

Our members are frequently asked to provide their ideas, opinions and insights on a variety of issues that impact EMS. I am sure you have seen NAEMT requests for your response to surveys and polls, and we routinely share with our members requests from federal agencies and other organizations when they are seeking input from members of our profession. We thank you for responding to these requests, as we realize that they often take time.

Perhaps you have asked yourself if it is worth your time to respond to surveys or to contribute comments to national projects, or if sharing your opinions and ideas matter and have an impact on the profession. The simple answer is, **yes**. Your input and feedback directly contribute to providing direction

to our association and to the direction of national projects like the EMS 2050 Agenda for the Future.

For example, the responses that we received to the survey that was conducted in 2016 on mental health services provided by EMS agencies resulted in the creation of a new position statement on an EMS culture of personal resilience and well-being that was recently published, and in the creation of a new guide on mental health services for EMS agencies that is in development. The results of a recent NAEMT

poll on top safety concerns is being used to develop a new guide to help EMS agencies build a robust safety program that will be published by the National EMS Safety Council. The results of the surveys that we conduct on our education programs are directly used to make improvements to those programs.

We realize that our members lead very busy lives. You might be working more than one job to make ends meet. You might be trying to balance your work and family responsibilities. All of these commitments might leave you with very little personal time, and it is understandable if you struggle to find time to contribute to the further development of our profession. But, I want you to know that the 15 to 30 minutes you contribute to responding to requests for your thoughts and opinions have a tangible impact on decisions that are made for the EMS profession at the national level.

I strongly encourage you to carve out those few minutes during your week to respond whenever you are able. Our profession needs your voice and will be strengthened by your involvement. I look forward to seeing many of you at NAEMT's Annual Meeting on October 16-18 in Las Vegas in conjunction with EMS World Expo.

Until then, stay safe out there.



Are You Prepared?

EMS Practitioners Feel More Ready For Some Types of MCIs than Others

EMS practitioners feel better prepared to respond to some types of mass casualty situations than others, a new NAEMT poll finds.

About 34% of respondents say they're very prepared to respond to active shooter incidents, 28% are very prepared to respond to MCIs due to explosions and 21% say the same about natural disasters.

But far fewer – about 7.5% – believe they are prepared for infectious disease pandemics, or biological, chemical or radiological attacks.

And that's the plus side. When it comes to active shooters, nearly half (49%) say they're only somewhat prepared while 17% say they're not prepared; 51% say they're somewhat prepared for MCIs due to explosions while 20% aren't; and 62% said they're somewhat prepared for natural disasters while 17% feel unprepared. The survey, which was distributed via email in June, received 220 responses.

"Lack of preparedness and a lack of resources to get prepared is an issue

that's a serious and urgent concern for our nation and its EMS practitioners. The recent terror attacks in Barcelona are a stark reminder of how high the stakes are," said NAEMT President Dennis Rowe. "Ensuring EMS practitioners have the education, training and resources needed to respond to the many kinds of MCIs that can occur is a major priority for NAEMT."

Earlier this year, NAEMT delved into the state of preparedness in EMS in our in-depth report, "National Survey on EMS Preparedness for Disaster and Mass Casualty Incident Response" (View the report at naemt.org in the Publications section).

Also this year, NAEMT launched All Hazards Disaster Response (AHDR), an 8-hour course that teaches EMS practitioners at all levels to assess natural and manmade features of their environment that pose risk, evaluate the needs during a disaster for local populations with special needs (such as schools and nursing homes), and create a plan to respond. Find more in the Education section of our website.

HOW PREPARED ARE YOU TO RESPOND?*

Natural disasters (tornadoes, hurricanes, earthquakes, floods, wildfires)

21% 62% 17%

Infectious disease pandemics

8% 47% 42%

Biological, chemical or radiological attacks

7% 31% 59%

Mass casualty active shooter incidents

34% 49% 17%

Explosion with mass casualties

28% 51% 20%

● Very Prepared ● Somewhat Prepared ● Not Prepared

*Not all add up to 100% because respondents who answered "unsure" are not included.

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Guide for Developing an EMS Agency Safety Program

The National EMS Safety Council, a collaboration of national organizations interested in EMS practitioner and patient safety, will soon publish an important new resource to help EMS agencies establish safety programs for their workforce.



The *Guide for Developing an EMS Agency Safety Program* provides tools and templates that EMS agencies can use to develop and implement a comprehensive safety program, including:

- Specific steps and guidance on recommended policies and protocols to be included in a comprehensive safety program.
- Sample policies currently in use by some of our nation's most highly respected EMS agencies.
- Other resources for educating yourself and your workforce about safety issues and injury prevention.

Origins of the Guide

In 2013, the National EMS Culture of Safety Strategy, funded by the National Highway Traffic Safety Administration (NHTSA), brought together the EMS stakeholder community to identify what constitutes a safe environment for EMS patients and practitioners; barriers to achieving a safe EMS environment; and a strategy to overcome these challenges.



The strategy envisioned the establishment of a national level organization to coordinate national EMS safety efforts and serve as a repository for information, data and resources. In 2015, 12 leading national EMS and safety organizations, including NAEMT, came together to form the National EMS Safety Council. The goals of the council are to:

- Ensure that patients receive emergency and mobile healthcare with the highest standards of safety.
- Promote a safe and healthy work environment for all emergency and mobile healthcare practitioners.

The first initiative, funded by NAEMT, the American College of Emergency Physicians (ACEP) and American Medical Response (AMR), was developing a guide that would help EMS agencies start safety programs. AMR, MedStar Mobile Healthcare and the Richmond Ambulance Authority greatly enriched the guide by providing examples of safety policies currently in use at their agencies.

Why Every EMS Agency Should Have a Safety Program

EMS is an inherently risky job. On any given shift, EMS practitioners may be called to respond to emotionally charged, potentially life-threatening situations. These may be quickly followed by a routine patient transport, with little time for recovery. Research shows that rapidly cycling between high and low intensity routine work can lead to exhaustion and errors – whether it's forgetting to be careful when lifting a gurney or making a small driving error that leads to serious consequences.

In the coming issues of *NAEMT News*, we will feature different aspects of the guide, which includes chapters on:

- ✓ Facility Safety and Security
- ✓ Driving Safety
- ✓ Scene Safety
- ✓ Infection Control
- ✓ Personal Safety
- ✓ Patient Safety

Even when fully alert, long hours spent driving on roadways, in all kinds of weather and traffic conditions, at all hours of the day and night, exposes EMS practitioners to the potential of motor vehicle collisions. EMTs and paramedics have also been injured while responding to accidents by the side of the road.

EMS practitioners are also put into harms way every time they respond to a call that involves interacting with members of the public who are highly stressed, under the influence of drugs

EMS is an inherently risky job. On any given shift, EMS practitioners may be called to respond to emotionally charged, potentially life-threatening situations.

and alcohol or in a mental health crisis. Surveys of EMS practitioners have found that assaults, either intentional or unwitting, are all too common.

Mitigating fatigue, reducing the risk of collisions, promoting scene safety and preventing violence against practitioners are among the major issues that an EMS Safety Program can and should address. But there are many others, including facility safety and security, infection control, substance abuse prevention and all aspects of personal safety, from lift injury prevention to the mental health of practitioners.

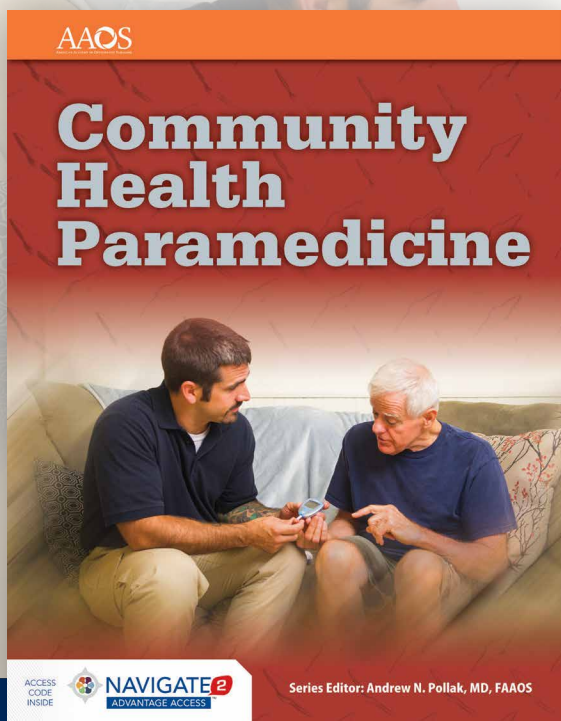
By implementing policies that protect the health and well-being of EMS practitioners, agencies ensure that their employees can continue in their chosen line of work and continue to serve our nation's communities for many years to come.

For more on the National EMS Safety Council, visit naemt.org/initiatives/safety/nemssc



Why implement a safety program?

- ✓ Protect the physical and mental health of EMS practitioners
- ✓ Protect patients
- ✓ Protect the public at large
- ✓ Lower operational costs (fewer collisions, time off due to injury, sick days)
- ✓ Lower worker's compensation costs
- ✓ Lower insurance costs
- ✓ Fewer liability claims



Based on a nationally-recognized and field-tested curricula, this groundbreaking new textbook will help EMS professionals expand their role within their existing scope of practice and fill a critical gap in the health care system—responding to the medical needs of underserved communities and ultimately improving the quality of life and health for these populations.

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How has EMS changed since the last Agenda for the Future was published?

Twenty years ago you didn't see very many EMTs or paramedics as primary authors on peer-reviewed clinical research papers, and now it's fairly common.

Back then, there were very few degree programs available in the EMS world. Medicine has evolved as well. Twenty years ago it was very hard for most EMS systems to get any feedback from the hospital, and they didn't quite get our value. But the evolution of how STEMI, sepsis and stroke are being cared for has really opened the eyes of the healthcare system. They depend on EMS to be able to provide good care and produce good outcomes for their patients. So it has opened up a level of connection, communication and collaboration that was unprecedented 20 years ago.

Why is it time for a revision?

We're not looking at this as a revision. We're looking at this as a new agenda.

Thirty years from now, the iPhone 7 will be in a museum of ancient relics. My super high-end laptop will be used as pavers on somebody's driveway. So to revise something written 20 years ago and think it will cover us 30 years from now would set ourselves for small thinking and being constrained.

Tell us about the process. Who is participating and what's the current status?

The project was awarded to a group called Redhorse Corporation, a government project management and consulting firm. The subcontractor is the RedFlash group.

The first step was to assemble a technical expert panel. We put out an open invitation and got nearly 150 applicants from all across our industry, of which 10 were chosen. It was a challenge because we had an amazing set of applicants. The intent was to get as broad a range of perspectives and views as we could. Our panel includes a front-line EMT, a medical director for a large EMS system, a Harvard medical school



population health professor who is a CEO for an EMS tech company, a fire chief, a paramedic for FDNY EMS, and folks who are young enough they are likely to still be working when 2050 rolls around.

The main role of the panel is to really listen to all aspects of the EMS world and to inspire people to dream big and share their dreams.

The main role of the panel is to really listen to all aspects of the EMS world and to inspire people to dream big and share their dreams. Eventually, the panel's job will be to assemble those dreams into a coherent vision and agenda document.

Our approach to the project is radical inclusion and openness. Before the panel was selected, a call for feedback was sent out to all the associations involved with EMS. We are working to have as many ways as possible for people to share their thoughts and perspectives.

There are four regional meetings set up, starting in September. Anyone who has ideas can put their ideas into the mix. What we really hope is that everyone who sees the final document knows they had a hand in helping to create it, that it has been created by the folks in EMS for the entire EMS world.

What does this project mean to you personally?

I've been in EMS for 42 years and have had a really fun career and spent many years writing, speaking and consulting. It's allowed me to work with EMS systems in 48 U.S. states, most of the Canadian provinces, Israel, Palestine, throughout Europe, Australia and Tasmania. I've been fortunate to see up close and personal how EMS is done in a whole lot of different circumstances and places.

Most of my career for the last 25 years has been focused on quality and performance improvement – how do we make things better? How do we improve our chances of resuscitating a patient in cardiac arrest, or how does a community

do that? How do you improve care for people with myocardial infarction, or for children with asthma in economically deprived areas? I've been working with the Institute for Healthcare Improvement, learning the science of performance improvement and how to think that way.

EMS has made remarkable progress, yet when I think about where we are today and where we could be, there is a big gap in what we do for our patients and how we take care of the people who provide care in our world.

One of the things that excites me most about this project is in the dreaming of how we'd like it to be. We can create a vision for and set the intention for something that is revolutionary in how we provide patient care, how systems are designed to support patient care and how the people engaged in that caring process are thought about.

The technical expert panel is a truly extraordinary group of folks – kind, deep listeners and some of them are scary smart. My role as a facilitator is to help nurture the process along so the industry and the technical expert panel draw out the best ideas and are able to assemble the hopes and dreams of an entire industry. We intend to be bold in our vision creation and take people out of their comfort zone.

What are some of the most important topics being considered?

Right now we have over 200 pages of recommendations from the professional associations, dozens of suggestions from the website and ideas that have been shared at conferences. We're sorting through those looking for common themes. From there, we're assembling a straw man document, a draft proposal which is designed to give people something to react to. We'll use it at the regional meetings as a discussion facilitator. The final agenda may not look anything like the straw man, or it might. But we think it's more effective to give people something tangible to chew on and react to than show them a blank piece of paper and say, 'Hey what do you want the future to look like?'

Everything is on the table. Thirty years from now, if I have a heart attack, maybe I would like to be cared for at home. Maybe I don't need to go to a hospital. Maybe hospitals don't exist the way they do today. Maybe the term pre-hospital doesn't make sense anymore because it's presumed you go to the hospital. Out-of-hospital may not make sense because it presumes the

hospital is the center of care. Maybe in an ideal world we can transform healthcare so that it really is people centered.

How will the agenda impact field practitioners?

It's hard to know without having the dreams assembled. But it should impact their employment opportunities, compensation, the work they're expected to do, their education, credentialing, who they get to work with and how they interact with other healthcare professionals and organizations. We have struggled

for a long time to be seen as professionals and equal participants in the healthcare system. It's hard to imagine us being effective in delivering what we want to deliver on without being seen as an equal contributor and as medical professionals.

What kind of input are you hoping to get from the nation's EMTs and paramedics?

There is a natural human tendency to want to critique things, but what is so much more valuable is your dreams, and encouraging folks to share their hopes for the future.

We want to know what you would like for yourself, if you should become a patient in the future. What systems and things would help you be more effective in delivering care in the future? How do you see yourself in relation to nurses, doctors, public health and other healthcare providers? What different results would you like to be able to produce for your patients? What technology you'd like to have, whether it exists or isn't yet invented?

Can anyone attend the regional meetings?

They're not only invited, but encouraged to attend. We don't have the corner on big dreams or ideas. People newer in the field may be able to look at something and say, 'Why do we do it

this way?' If you work for a volunteer department you have a different perspective than if you work for big metropolitan department. If you're a minority working in an agency with little diversity, you will have a different perspective. The more input we have the better the end product will be. There is something very powerful about being part of the creation of something that matters. If you're involved in EMS on the front lines, leadership, education or policy, the agenda will have a lot of influence on your life. Having a hand in crafting that is a pretty exciting and pretty cool opportunity.

EMS 2050 AGENDA

Envision the future.

For more information about the EMS Agenda for the Future, visit emsagenda2050.org. Register to attend the regional meetings or submit your feedback and ideas.

Meetings will be held:

Sept. 25, Silver Spring, Md.
Nov. 7, Minneapolis, Minn.
Jan. 17, 2018 Los Angeles, Calif.
March 1, 2018 Dallas, Texas

The project is being funded by:

- National Highway Traffic Safety Administration Office of EMS
- EMS for Children Program at the Health Resources and Services Administration
- Office of the Assistant Secretary for Preparedness and Response at the Department of Health and Human Services
- Department of Homeland Security Office of Health Affairs

2017 National EMS Awards of Excellence Recipients

NAEMT and EMS World are pleased to announce the recipients of the 2017 *National EMS Awards of Excellence*. The awards will be presented during NAEMT's General Membership Meeting on Tues., Oct. 17, in Las Vegas and on Wed., Oct. 18, during EMS World Expo's opening ceremony. We congratulate this year's winners and recognize their outstanding contributions to the EMS profession and the patients they serve.



TERRY BOTTJEN

Paramedic, Faith, South Dakota
2017 NAEMT/Nasco Paramedic of the Year, sponsored by Nasco

During his 37 years in EMS, Terry Bottjen has volunteered over 50,000 hours of service, earning him the South Dakota Governor's Volunteer Award and the JC Penney Golden Rule Volunteer of the Year Award. Seeing gaps in the availability of emergency care in his rural community, Terry bought an ambulance and launched a volunteer first responder service, headquartered out of his own house. He eventually donated the vehicle to the community. An experienced scuba rescue diver and pastor, Terry believes that EMS practitioners are the hands of God every time they reach out to help patients. "With all his leadership and lifesaving skills, the thing that impresses me most about Terry is his compassion," said colleague Wes Heidlebaugh.



RYAN HOUSER

EMT, Morristown, New Jersey
2017 NAEMT/Braun Industries EMT of the Year, sponsored by Braun Industries

A student at Rutgers University who has worked in EMS since age 16, Ryan Houser is a volunteer EMT and assistant captain for Morris Minute Men EMS in Morristown, N.J., a certified firefighter with Morris Township FD, and an EMT for Cedar Knolls FD and Morris County OEM. An instructor for terrorism response courses, Ryan is also an emergency technician at Morristown Medical Center and has created awareness videos to benefit community education and encourage agency volunteers. "Ryan has truly modeled his entire life around helping others, whether patient or peer, and his work as an EMT has become one of the most significant parts of his identity," said colleague Kendall Sarson.



JACOB PONCZKOWSKI

Sergeant, U.S. Army, Joint Base Lewis-McChord, Washington State
2017 NAEMT/North American Rescue Military Medic of the Year, sponsored by North American Rescue

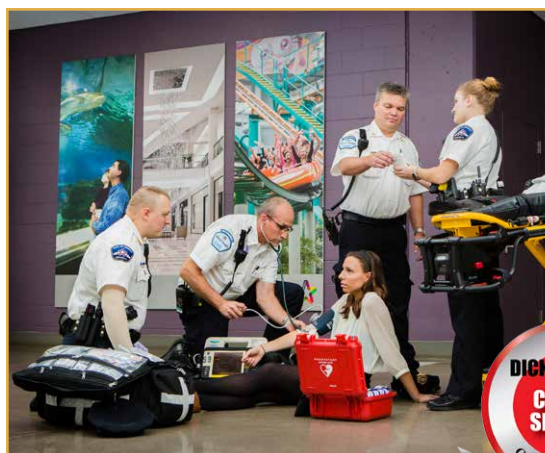
Sgt. Jacob Ponczkowski serves in the U.S. Army 2nd Battalion, 75th Ranger Regiment, as a military combat medic. Jacob, a paramedic, was awarded a Bronze Star Medal with Valor for heroic actions during Operation Freedom Sentinel in Afghanistan. The Joint Task Force citation read: "Sgt. Ponczkowski's poise while under direct fire undoubtedly saved the lives of his fellow rangers and directly contributed to the success of the task force." Added Dr. Charles Moore: "Sgt. Ponczkowski (Ponch) has continuously set the example of what a medic is and should be...Sgt. Ponch heroically put his life in peril as he fought through enemy fire to save the life of a U.S. advisor." Jacob has earned the Expert Field Medical Badge, is a dive medical technician, a graduate of Ranger School, and has advanced instructor certifications.



GINNY RENKIEWICZ

Paramedic, Fayetteville, North Carolina
2017 NAEMT/Jones & Bartlett Learning
EMS Educator of the Year, *sponsored by
Jones & Bartlett Learning*

For the last 17 years, Ginny Renkiewicz has devoted her career to advancing EMS education for EMS practitioners and fellow educators. Ginny is working toward a Ph.D. in Health Science, specializing in respiratory care. She is widely published and a conference presenter, and devotes personal time to her students. Ginny "is an educator of the highest order and has been responsible for developing some of the finest paramedics with whom I've had the pleasure to work," remarked Howard (Skip) Kirkwood, Jr. formerly of Wake County EMS. Kevin Collopy of AirLink/VitaLink Critical Care Transport said, Ginny "not only inspires young paramedics, but also grows and inspires developing and accomplished educators."



ALLINA HEALTH EMS

St. Paul, Minnesota
2017 Dick Ferneau Career EMS Service of the Year, *sponsored by Ferno*

Allina Health EMS serves more than 100 Minnesota communities and employs nearly 570 paramedics, EMTs, dispatchers, special transportation drivers, maintenance and administration and support personnel. Services include priority medical dispatch, 911 pre-arrival instructions, emergency and non-emergency ambulance response, the Greater Minnesota Ride program and wheelchair transport. In 2017, to support the development of evidence-based practice, Allina Health EMS added an in-house epidemiologist and a manager of EMS analytics to expand research, analysis and interpretation of information. In 2015, Allina's communications center received accreditation by the International Academy of Emergency Dispatch. Allina launched a mobile integrated health (MIH) project to reduce the number of readmission and ED visits for patients with mental health issues or frequent hospital readmissions for congestive health failure, COPD or other cardiac conditions. In 2015, the agency conducted the first Allina Health EMS Freedom House EMT class to recruit and train inner-city St. Paul residents as EMTs.



GREENLAWN FIRE DEPT. EMS

Greenlawn, New York
2017 Volunteer EMS Service of the Year, *sponsored by ZOLL*

Greenlawn Fire Dept. EMS in Greenlawn, New York serves a population of 25,000 with a staff of 38 EMTs and three paramedics. The agency runs 2,300 emergency calls per year and does not bill for services. The department recently acquired a Lifenet system to transmit 12-lead EKGs directly to the hospital to decrease door-to-balloon times in cardiac emergencies. EMTs are all trained in 12-lead EKG acquisition and transmission. The agency also recently implemented a "check and inject" program of epinephrine in cases of anaphylactic shock. Staff wellness is a priority, as the district constructed a gym that's free for all members and instituted mandatory annual physicals for EMS staff. Greenlawn Fire Dept. EMS is currently equipping all vehicles in the fleet with a stretcher loading system and power stretchers to ensure caregiver safety. Twice annually, the department holds a patient "lifting and moving" class. Greenlawn recently instituted a CPR campaign with community outreach to help residents wishing to get Heartsaver certified. During EMS week, the rescue squad hosts activities to introduce the public to EMS and educate them on calling 911. The agency also offers educational programs to elementary and high schools.





Welcome NAEMT's New Medical Director

How did you get your start in EMS?

I started as a volunteer firefighter-EMT when I was 16 in rural Pennsylvania. I took an EMT-basic class and caught the bug. In my area, volunteer community members provided EMS response. It was an opportunity for me to care for patients at a young age. After high school, I enlisted in the Air Force and became an air medical evacuation technician and flight instructor. Emergency medicine was what I wanted to do. I was fortunate to have mentors who supported and pointed me in the right direction.

Early in the war, the Kandahar and Bagram Airfields were very austere, with limited capabilities. With limited resources, we took care of young adult soldiers, and civilian and pediatric casualties. It was a life-changing environment to work in.

Tell us about your experiences overseas.

At Wilford Hall, I helped develop critical care air transport teams and mobile field surgical teams. These teams

were instrumental in the care of injured soldiers during the war. Early in the war, the Kandahar and Bagram Airfields were very austere, with limited capabilities. With limited resources, we took care of young adult soldiers, and civilian and pediatric casualties. It was a life-changing environment to work in. We relied on collaboration, innovation and teamwork.

You're chair of NAEMT's Military Relations Committee. What are some of the issues facing military medics?

One of the primary concerns is to afford veterans opportunities as they transition from active duty to civilians, while making sure they can transition to a civilian role reflecting their education and experience. The Army started an expeditionary combat medic course pilot program providing paramedic certification for military medics that transfers to the civilian arena.

Another issue is people coming out of the military, going to work as an EMT-basic, and making \$12 to \$14 an hour. We'd like to do what we can to help with the living wage issue for all pre-hospital providers.

Clinical entities have done a good job translating the lessons from combat into civilian EMS, including the use of tourniquets, junctional tourniquets, wound packing and other hemorrhage control techniques.

Meanwhile, the military has to be

NAEMT is thrilled to welcome Craig Manifold, DO, as our new medical director. Dr. Manifold serves as medical director for several agencies in South Texas, including San Antonio AirLIFE. He's also an assistant professor in the Department of Emergency Health Sciences at the University of Texas Health Science Center San Antonio.

Manifold graduated from the Philadelphia College of Osteopathic Medicine and completed his emergency medicine internship at Wilford Hall Medical Center and residency at the Joint Military Medical Centers Emergency Medicine Residency Program. Both programs were in San Antonio.

Deployed with the U.S. Air Force to Afghanistan in 2002-2003, Manifold served with critical care air transport teams, treating and evacuating injured soldiers and civilians. He continues to serve as a commander and Joint Surgeon (senior military physician) with the Texas National Guard.

He's been active in NAEMT education for many years, serving as medical director for Principles of Ethics and Personal Leadership (PEPL) and the new All Hazards Disaster Response (AHDR) courses.

ready for the next battle, and to meet the needs of the next generation of veterans.

What's changed in EMS since you started?

Cardiac arrests were a completely different experience. We used to do mouth-to-mouth resuscitation on complete strangers! We obviously no longer do that today.

From past to present, the key components of pre-hospital care remain providing emergency response and lifesaving care. We're seeing change in advancement of the skills and knowledge we can use in the field, not limited to emergency response. We're no longer focusing on only a pre-hospital mindset. We are now looking at preventing the next 911 call, and helping people post-hospitalization to prevent a return to the hospital.

We have the ideal workforce for the transition. EMS can provide medically astute, savvy professionals to evaluate and care for patients 24 hours a day, 7 days a week. This EMS provider is comfortable in home or field environment. The next challenge is providing the appropriate reimbursement and payment.

We must recognize that we are providers of healthcare, and transition our engagement in education into that realm. We also have a public safety component. We have to be response-ready for any type of disaster, while remaining prepared for day-to-day emergency response.

You've been involved in resuscitation research. What are some of the more interesting studies you've worked on?

Primetime television often depicts providers thrown across the room when their hands touch a patient during defibrillation. Recently, we experimented with cadavers and patient contact during defibrillation. We found that when providers use some kind of barrier, only minimal energy may be transferred. In the study, we performed chest compressions during defibrillation with several types of barriers, including nitrile gloves, firefighter gloves, and a neoprene pad (similar to a mouse pad.) A few of those wearing nitrile gloves felt slight tingling while performing chest compressions during defibrillation while those using the neoprene pad and firefighter gloves felt nothing.

Currently, we're not recommending anyone continue doing chest compressions during defibrillation. Our results are meant to prompt discussion. Our experiments were conducted in a very controlled, dry environment, where moisture and other variables aren't factors. The goal is to generate further research, determine if this practice is safe and if continuing compressions during defibrillations saves more lives.

What do you think makes a great EMT or paramedic?

You need the skill set and knowledge base, but more than that, you need confidence in what you're doing along with the ability to make decisions in environments without consulting medical experts or asking for help from others. It's likely you'll independently make lifesaving decisions and use your learned skills to put those things into play. You'll have a tremendous amount of responsibility in caring for patients. You'll need to demonstrate and share your compassion because caring and going the extra mile makes the difference.

What's the role of the NAEMT medical director?

Former NAEMT Medical Director Dr. Paul Hinchey showed me that the medical director is a physician integrated with and supporting NAEMT. My role is to ensure we provide medically appropriate advice and feedback, while making sure we challenge our folks and identify and address national issues – whether it's legislation to improve care or giving our education the right focus.

When questions arise, we need to be a clearinghouse or a resource. Another responsibility is to work with other organizations and stakeholders whenever possible to advance our profession.

What are some of the most pressing issues facing the profession?

One of the main issues I see is balancing our public safety responsibilities with transitioning to a healthcare-based model. We must recognize that we are providers of healthcare, and transition our engagement in education into that realm. We also have a public safety component. We have to be response-ready for any type of disaster, while remaining prepared for day-to-day emergency response.

Lastly, we must continue the development of our profession. We talk about being a technician versus a professional. We need to make sure our educational foundation supports the transition and ensures we're adding not only knowledge and skills, but the critical thinking component.





5 MINUTES With Shannon Watson

NAEMT's new EPC Committee Chair

Shannon Watson serves as assistant chief at Christian Hospital EMS in St. Louis, Mo., where she has also worked as a paramedic and community health supervisor helping with the development of the mobile integrated healthcare program. Today, Watson helps to oversee operations and provide support to her agency's 125 employees. Watson took a few minutes to talk with NAEMT News about what drives her.

What got you interested in EMS?

I've always been intrigued by ambulances. I wanted to go where they were going, and know who they were trying to help. I had to try hard not to follow them. I guess I was very nosy! In high school, I participated in a work program that let me go to school in the morning and shadow paramedics in the afternoon. As soon as I graduated, I got my associate's degree in emergency medical science and became a paramedic.

You're chair of NAEMT's Emergency Pediatric Care (EPC) Committee. Why is pediatric continuing education so important?

We're hardest on ourselves with pediatric patients. You want to do your best and know that you provided the highest quality

care possible. But we don't see a lot of pediatric patients, so it's easy to question yourself, or get down on yourself or wonder if there was something you could have done better. To be confident, you have to have continuing education, so you can practice and freshen up your skills. That's why NAEMT's EPC course is so important. You can truly benefit from it.

What keeps you motivated?

I'm not on an ambulance anymore, so what motivates me is trying to make a difference for our crews. I try and do everything I can to make sure they have the tools and equipment they need, the resources and the backing they need.

Who has been the biggest influence on your career?

A very big influence on me is my father. He has a very good work ethic, good morals, and he never gives up. He's a very strong leader. He started sweeping the floors at his company at 19 and worked his way up to chief procurement officer.

Your husband is a paramedic-firefighter. Are there challenges in being married to someone in the same field?

It actually works out really well. I used to say I would never do that, but we actually met on an ambulance. I was the day crew and he was the night crew. He was super shy. He left his aviators in the ambulance so I put them on and took a picture and asked him if they were his. That's how I broke the ice!

How do you leave work at work?

We don't necessarily. If he has a bad call, he can talk to me about it. When I had a bad call, I could talk to him. We knew where the other was coming from. We keep each other real and we keep each other grounded.

Tell us something we wouldn't guess about you.

I played softball, starting with T-ball and then catcher and first base until I was about 16. I did competitive cheer and traveled all around the country competing. I was also a pole vaulter on the track team in high school. I had no idea how to do it, but I just went for it.

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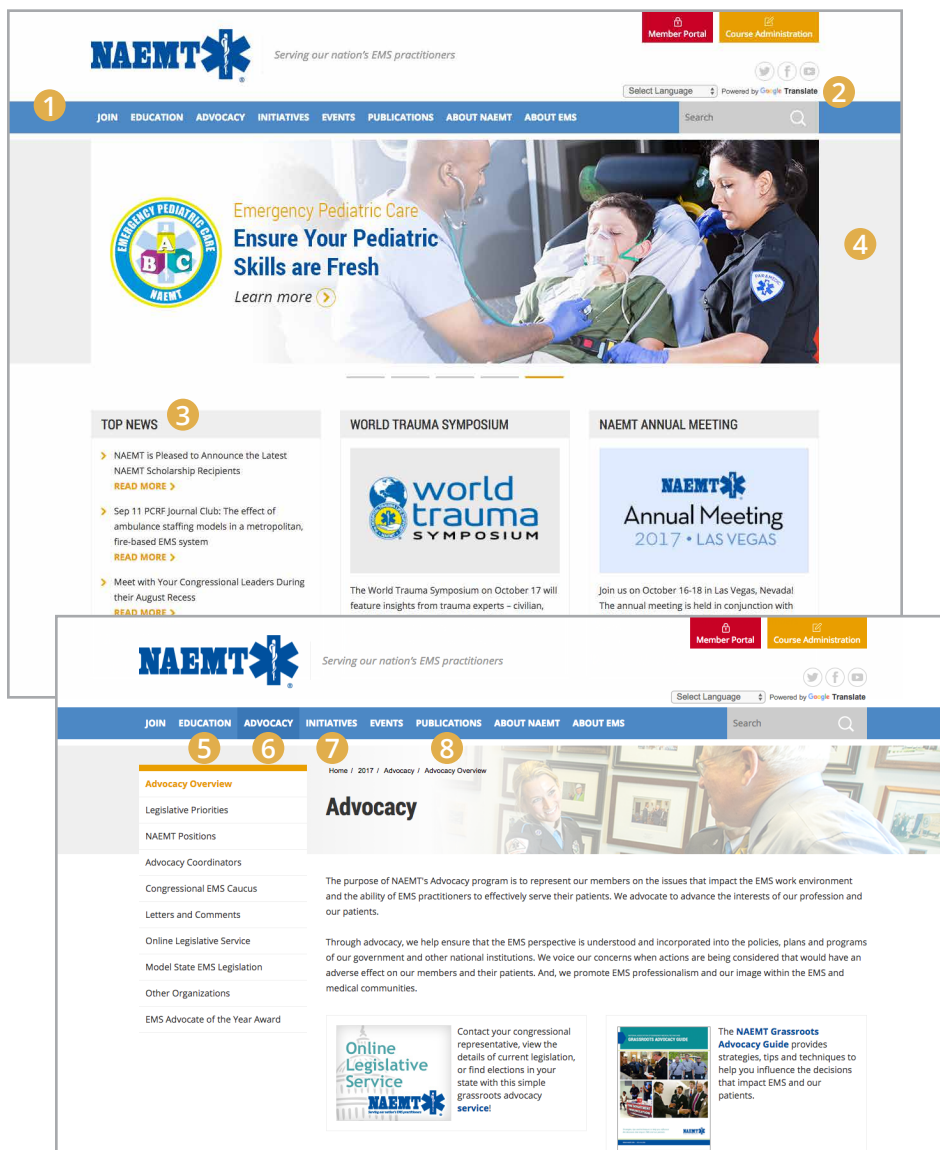


ATTEND

EMS
On The Hill Day

April 11, 2018
Crystal City, VA
Briefing April 10
INFO: WWW.NAEMT.ORG

NAEMT's Redesigned Website Has Our Members in Mind



NAEMT is pleased to announce the launch of our redesigned and updated website, naemt.org. With new content and streamlined navigation, the site offers easy access to key resources and makes it easy for our members and education partners to find out about the association's activities, NAEMT education programs and key national EMS initiatives.

By delivering an improved user experience, it's our goal to make being an NAEMT member more valuable than ever. We also want to ensure that visitors to our site get timely information about the work of NAEMT and the most pressing issues impacting our profession.

- 1 Streamlined navigation makes it easy to access your member benefits, renew your membership, or encourage colleagues to join NAEMT.
- 2 Google Translate instantly translates content into most languages.
- 3 The latest news about EMS and information about upcoming events at a glance.
- 4 Responsive layout for all platforms, making accessing information on mobile devices easy.
- 5 The redesigned Education section puts information about all NAEMT courses at your fingertips, including instructions on becoming an NAEMT instructor and an easy-to-use form to help you locate a course in your area in seconds.
- 6 An expanded Advocacy section, which now includes sample state EMS legislation.
- 7 The new Initiatives section directly connects you to important topics in EMS and projects your association is actively involved with, including EMS Safety, Mental Health, Fitness, Preparedness, MIH-CP and the EMS 3.0 transformation. Resources and talking points are included to help with discussions at your agency and in your community.

- 8 Under the new Publications section, NAEMT has brought together all of our published resources, including survey reports, research papers, guides and fact sheets. Our members can view and download publications easily, for use at their own agencies, within their community and as part of their advocacy efforts. These publications are also made available to the wider healthcare system and lawmakers to educate them about the value of EMS and the challenges we face.

We welcome your feedback on the new site. Please share your thoughts and suggestions at membership@naemt.org.

PLEASE VOTE in NAEMT Elections

We know you already get asked to do a lot. But we're asking you to do one more thing – vote in your association elections. From October 15 to 28, NAEMT members will choose who they want to represent them on the 2018-2019 NAEMT Board of Directors.

The board plays a critical role for our association. Board members set NAEMT's agenda and priorities, advocate for our workforce at national meetings and on Capitol Hill, oversee our finances and take the lead on growing our membership.

Voting is an opportunity to select who you think is best qualified to take on that role.

Voting is done online and literally only takes a minute or two! Please take a moment to choose who will lead NAEMT!

Maybe we've talked on the phone, or by email. But nothing can replace getting to know someone face to face! Please stop by to say "hi." We look forward to meeting you!

**16-20
OCT**

NAEMT Annual Meeting &
EMS World Expo
LAS VEGAS, NV

**26-29
OCT**

Vital Signs
ROCHESTER, NY

**9-11
NOV**

Virginia EMS Symposium
NORFOLK, VA

**10
APR**

EMS 3.0 Transformation Summit
CRYSTAL CITY, VA

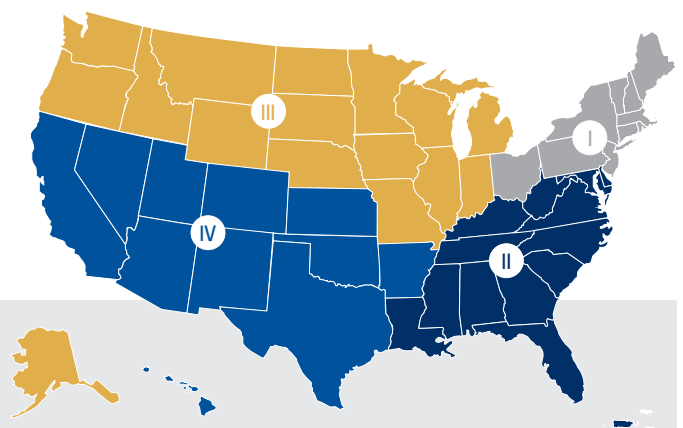
**11
APR**

EMS On The Hill Day (Briefing April 10)
WASHINGTON, D.C.

HOW TO VOTE

Oct. 1 – Candidate background information and answers to questions about key topics in EMS are posted online. To view, go to the "About NAEMT" section of the NAEMT website and choose "Board of Directors" and "Candidates."

Oct. 15 to 28 – Voting open. You should receive an email asking you to vote. A "Vote" link will also be posted on the NAEMT website.



Open positions for the 2018-2019 term include:

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

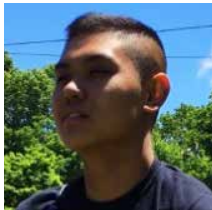
Directors serve two-year terms that begin Jan. 1. To qualify for a Region Director or At-Large position, a candidate must be an active NAEMT member and meet other eligibility criteria. Region Directors also must live in the region they represent.

To learn more, visit naemt.org. Under the "About NAEMT" tab, select "Board of Directors" and the "Elections" link on the left side. There you will find information about who is eligible to serve on the Board of Directors, and more about the role and responsibilities.

Congratulations to Our Fall 2017 Scholarship Recipients!

FIRST RESPONDER TO EMT-B

(up to \$500)



CHRISTIAN VENTURA of Manalapan, N.J., is a high school student and an emergency medical responder for

the High School Association of Medical Engineers & Scientists (HAMES), Inc., a non-profit organization he founded in 2016. HAMES provides first-aid education to the community, medical standby and response for events, and provides opportunities for young adults interested in careers in healthcare to learn more about medicine through partnerships with local healthcare professionals. Christian plans to use his scholarship to attend a program at an EMS agency over the coming months. "Upgrading my certification from an EMR to an EMT-B will equip me with additional training and knowledge to pursue my future goals," said Christian.

EMT TO PARAMEDIC

(up to \$5,000)



ALEXANDRA ZAHLOUT of Mount Sinai, N.Y., is an EMT for the Port Jefferson Volunteer Ambulance Corps. She is enrolled at

Stony Brook University with the goal of becoming a paramedic. Alexandra began her EMT training in college and quickly found the career she had been searching for. "I was learning things that could actually make a difference, that could actually save lives," she said. Following her certification, Alexandra volunteered as a college student with Port Jefferson EMS and is now a full-time member. She wrote: "I have learned what it is to truly be a part of the emergency services community. I have truly found where I belong in the world, and that place is in EMS."



PENNY SIMMONS of Louisville, Ohio, is an EMT for Ambulance Associates in Canton. She is enrolled in the

EMS program at Stark State College to become a paramedic. Penny finds the EMS profession immensely rewarding, and appreciates being able to help patients by working as a team with other medical responders and families. "We hold a unique position to advocate for them through attention to details, problem solving, and clear communication from start to finish. We make a difference," she said. Penny believes it is an honor to serve her community as an EMS practitioner.

PARAMEDIC TO ADVANCED EMS (up to \$2,000)



CHARLES MCLEOD of Virginia Beach, VA, is a paramedic for Tidewater Community College. He is also affiliated with the City of Virginia Beach EMS and the Davis Corner Volunteer Fire and Rescue Squad. Charles plans to enroll at Hennepin Technical College in the spring to earn an Advanced Technical Certificate. He took his first CPR class in high school and later became a firefighter, captain and training officer. He has learned a great

deal from the EMS professionals he has worked with, Charles wrote. "By watching them teach, I witnessed firsthand how to efficiently lead others, how to present training information in a compelling manner, and how to positively impact others. They gave me a standard of leadership to aspire to." Charles is interested in community paramedicine and the recruitment and retention of volunteers. He also plans to pursue a master's degree in emergency management.

Welcome New NAEMT Agency Members!

NAEMT warmly welcomes our new agency members.

- Truckee Meadows Community College EMS Program of Reno, Nevada
- Charles County Department of EMS of La Plata, Maryland
- Phoenix 1 EMS, LLC of Philadelphia, Pennsylvania
- Sherwood Forest Fire District of Williams, Arizona

Update on Federal Legislation That Will Impact EMS and Our Patients

Many of the bills winding their way through Congress don't grab headlines, but they are important nonetheless. Here are a few examples of pending legislation that NAEMT supports and EMS practitioners should be aware of.

1

Airline Kids in Transit Safety (KITS) Act of 2017

What does it do?

The Airplane Kids in Transit Safety (KITS) Act of 2017 introduced by Rep. Sean Patrick Maloney (D-NY) and Sen. Brian Schatz (D-HI) requires the Federal Aviation Administration (FAA) to establish rules for updating emergency medical kits on airplanes to ensure that they contain appropriate medication and equipment to meet the emergency medical needs of children. Congress last required an update in 1998, 20 years ago.

Why does NAEMT support it?

NAEMT cares deeply about the health and safety of our nation's children. Children make up 25% of the nation's population and are more vulnerable than adults in the case of an emergency or disaster. Pediatric patients have important physical, physiological, and developmental differences from adults, and need different medications and medical devices.

The current contents of emergency medical kits onboard commercial airplanes are outdated and do not contain appropriate medications and devices for treating children. Specifically, medications lack pediatric dosages and formulations that are appropriate for children. Similarly, the kits are not currently required to have devices such as pediatric

bag-mask valve ventilation, pediatric CPR masks, or infant-sized oropharyngeal airways that are used to maintain or open an infant's airway.

By requiring the FAA to establish updated rules for the contents of the kits, this bill will help to ensure that when a pediatric medical emergency occurs on an airplane, appropriate medication and equipment is available. The KITS Act (H.R. 2485/S. 1167) is pending in the respective House and Senate committee of jurisdiction.

2

Volunteer Responder Incentive Protection Act (VRIPA)

What does it do?

The Volunteer Responder Incentive Protection Act was introduced by Rep. David Reichert (R-WA) and Sen. Susan

Collins (R-ME) to permit volunteer firefighters and EMS personnel to receive up to \$600 in property-tax and other incentives tax free. The bill will help volunteer and combination fire and EMS departments recruit and retain personnel in communities that rely on volunteer firefighters and EMS personnel

to protect their citizens. H.R. 1550/S. 1238 will also dramatically reduce the administrative burden placed on volunteer

and combination fire chiefs who struggle to comply with IRS and IRC (Internal Revenue Code) regulations.

Why does NAEMT support it?

The minimal costs associated with this common-sense correction to the IRC are dwarfed by the benefits of volunteer firefighters and EMS personnel who provide services valued at more than \$140 billion per year.

Volunteer firefighters and EMS personnel play a vital role in communities in all fifty states. Data from the National Fire Protection Association (NFPA) show that nearly 70% of all firefighters in the United States are volunteers. Together, more than 814,850 volunteer firefighters serve in more than 27,000 fire departments. As of 2015, 66% of fire departments in America rely exclusively on volunteer firefighters and EMS personnel for staffing. Additionally, 25% of fire departments rely on a combination of volunteer and career firefighters and EMS personnel. In thousands of rural communities across the United States, it is commonplace for all personnel in a fire or EMS department to be volunteers, including all emergency responders and administrative personnel.

NAEMT has joined efforts to include H.R. 1550/S.1238 in any major tax legislation moving this year to ensure our communities have enough volunteer firefighters and EMS personnel to respond to a wide variety of emergencies.



Photo courtesy of Trek Medics

*NAEMT has taken
a position on
17 bills
so far in 2017.*

*Read more about them at
[naemt.org/advocacy/
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service#/bills](http://naemt.org/advocacy/online-legislative-service#/bills)*

EMS Culture of Resilience and Well-Being

Personal resilience, or the ability to cope with stress, trauma and tragedy, is an important attribute in keeping EMS practitioners in good physical and mental health over the long-term.

The NAEMT Board of Directors recently published a position statement urging agencies, practitioners and the community to share responsibility for fostering a culture of personal resilience and well-being in EMS.

"NAEMT believes that all EMS practitioners should practice within a culture of personal resilience and well-being that allows them to become aware of and learn to adapt to their work and personal life, and cope with significant stressors," according to the statement.

There's a growing trend among U.S. employers to adopt personal resilience and well-being programs, including those focused on preventing burnout among

healthcare workers by providing support at difficult times, such as after the death of a patient.

In EMS, a culture of personal resilience and well-being should include:

PRACTITIONER RESPONSIBILITY

- Strengthen personal resilience - the ability to cope and adapt in the face of adversity, trauma, tragedy, threats or significant sources of stress
- Engage in self-assessment and participate in mental health training
- Elect to practice a healthy lifestyle.

EMPLOYER RESPONSIBILITY

- Offer an Employee Assistance Program (EAP) with counselors who understand the unique challenges of the EMS industry.
- Develop a comprehensive wellness program, inclusive of mental health,

that addresses the overall health and well-being of EMS practitioners.

- Promote a work-life balance within the agency.
- Ensure confidentiality and utilize a just culture framework.

EMS PARTNER RESPONSIBILITY

- Practice self-awareness and open communication.
- Develop a positive and supportive environment.
- Know the signs when mental health resources are needed, and how to access services.

FAMILY RESPONSIBILITY

- Learn the emotional and physical challenges faced by EMS practitioners, and obtain the necessary resources to understand the signs of personal distress.

COMMUNITY RESPONSIBILITY

- Develop an awareness of the emotional and physical challenges faced by EMS practitioners in your community, and identify ways to support them.

Read the full statement at naemt.org

NAEMT Supports Medicare Relief and Reform Legislation

With Medicare "add-ons" set to expire on Dec. 31, NAEMT is supporting legislation to extend the supplemental payments for five more years. The Ambulance Medicare Budget and Operations Act of 2017 (H.R. 3236) is sponsored by Rep. Devin Nunes (R-CA).

"These add-ons are critical in stabilizing EMS budgets in the years to come," said NAEMT President Dennis Rowe. "Letting the add-ons expire would jeopardize the ability of EMS to continue to provide the level of service our nation's communities deserve and expect."

First authorized by Congress in 2003, the add-ons give ambulance service providers a 2% increase in the base rate and mileage for transports in urban areas and a 3% bump in the base rate and mileage for transports in rural areas. Super rural providers are eligible for a 22.6% bump, plus the 3% rural add-on.

Though crucial for sustaining EMS, the add-ons are authorized as temporary payments, set to expire every year or two. Over the past 15 years, EMS has needed to continually lobby Congress to request reauthorization. Each time, often at the 11th hour, Congress has agreed to extend the payments for another year.

The uncertainty has made it difficult for EMS agencies to set

budgets and plan for the future. And there are no guarantees that Congress will continue to extend the add-ons.

In exchange for authorizing a five-year extension, H.R. 3286 calls for EMS to provide information to the Centers for Medicare and Medicaid (CMS) about the costs of providing service. Cost reporting is happening throughout healthcare, and is intended to help CMS better understand the value that EMS brings to communities relative to how much it costs to provide services.

NAEMT is working with organizations representing the full spectrum of EMS agency types to get this bill passed.

"Ultimately, we would like to see the add-ons become permanent," Rowe said. "But in the meantime, a five-year extension will allow our nation's ambulance service providers to continue to function as an essential part of our local and national healthcare and emergency response systems."

Please help get this bill passed by calling or writing your House Representative to ask him/her to co-sponsor H.R. 3236. Use NAEMT's Online Legislative Service (naemt.org/advocacy/online-legislative-service/#/) to send an email to your representative. It only takes about 5 minutes. Thank you!

What's EMS 3.0?

Talking Points to Help You Explain It To Your Community

NAEMT is dedicated to providing our members with tools to help them educate their communities and elected officials about the important role of EMS in a healthcare system that's undergoing rapid change. These talking points clearly articulate what's meant by the term "EMS 3.0" – as well as the urgent reasons why EMS agencies, healthcare partners and communities should embrace it. Please use these talking points as a resource in your advocacy for our profession, whether it's helping to explain EMS 3.0 to your colleagues, when meeting with elected officials or when explaining what EMS has to offer to potential partners for an MIH-CP program.



WHAT IS EMS 3.0?

- ➔ **America's healthcare system is broken and needs fixing.** The best way we can fix our healthcare system is by changing the way care is delivered and coordinated across all spectrums of healthcare providers and facilities.
- ➔ **EMS must be a part of the solution.** **EMS 3.0** is an EMS industry initiative to help EMS agencies and practitioners understand the changes that are needed in EMS to fully support the transformation of our nation's healthcare system, and to provide tools and resources to help them implement these changes.
- ➔ **Today, EMS operates in communities across the country as a trusted and expected medical provider.** EMS providers administer care in homes and throughout the community, delivering rapid and reliable medical assessment, care and transportation.
- ➔ **Many of the patients to whom EMS provides care are not in need of emergent medical interventions,** but rather have medical needs that can be better addressed through actions other than transporting these patients to an emergency department. Some examples of these actions can include care coordination, community resource acquisition, and facilitation of transportation to appropriate healthcare facilities.
- ➔ **EMS is transforming to fill needs in the healthcare system that improve patient outcomes and satisfaction** while also providing additional value to the healthcare system. EMS has demonstrated that we can assess, treat, and navigate patients to the most appropriate and convenient location for their medical needs. This may mean that patients receive their treatment in locations other than a hospital emergency department, including in their own home.
- ➔ **Transformed EMS agencies have proven significant savings in healthcare costs, while also improving the quality of care.**



New Advocacy Coordinators

NAEMT is pleased to welcome three new Advocacy Coordinators: Sandy Massey of Nebraska, Jesse Davis of New Mexico and Joshua Patrick of New Hampshire. Advocacy Coordinators advocate for the EMS workforce and our patients, conduct outreach and build a grassroots network of EMS professionals in their state to assist with advocacy initiatives.



Coming Soon: Revisions to NAEMT Tactical Courses

NAEMT's Tactical Emergency Casualty Care (TECC), which teaches tactical EMS to EMS practitioners responding to mass casualty terrorist attacks, hostage scenarios and active shooter events, is undergoing a revision to make the course even more relevant to civilian responders.

The revised course will be beta-tested during a preconference workshop at EMS World Expo in Las Vegas. The updated curriculum incorporates the latest evidence-based medicine and updated scenarios to reflect the tactical situations civilian responders are most likely to face.

"We are committed to providing course materials to our faculty and students that are up to date and reflect the latest evidence-based research," said Julie Chase, chair of the NAEMT Prehospital Trauma Committee.

Led by Chase and Medical Director Dr. Alex Eastman, the PHT committee recently completed a review of NAEMT tactical courses as part of an ongoing quality assurance process for NAEMT education programs. The review found that TECC needed to be updated to reflect recent updates to the National Tactical Emergency Medical Support Competency Domains (TEMS). TEMS are recommendations for medical and training competencies for out-of-hospital response to hostage scenarios, warrant service, active shooter or violent incidents, terrorist attacks and other intentional mass casualty events.

TECC was launched in 2014 by NAEMT as a way to apply the lessons learned during the Iraq and Afghanistan Wars to the civilian world of tactical medicine.

The course is based on the principles of the U.S. Department of Defense's

Tactical Combat Casualty Care (TCCC), and has been built to meet the guidelines established by the Committee on Tactical Emergency Casualty Care.

The new TECC course, which will be available in early 2018, will contain new learning modules that address each of the TEMS domains and go even further in ensuring that the lessons are truly civilian-centric. The 16-hour course covers topics such as hemorrhage control; surgical airway control and needle decompression; strategies for treating wounded responders in threatening environments; caring for pediatric patients; and techniques for dragging and carrying victims to safety.

NAEMT's review also determined that NAEMT's Law Enforcement and First Response Tactical Casualty Care (LEFR-TCC) course, which teaches basic lifesaving techniques to non-medical responders, should be replaced by a new tactical casualty care course specifically for non-EMS first responders. That course will be a simplified version of the new TECC and is currently under development.

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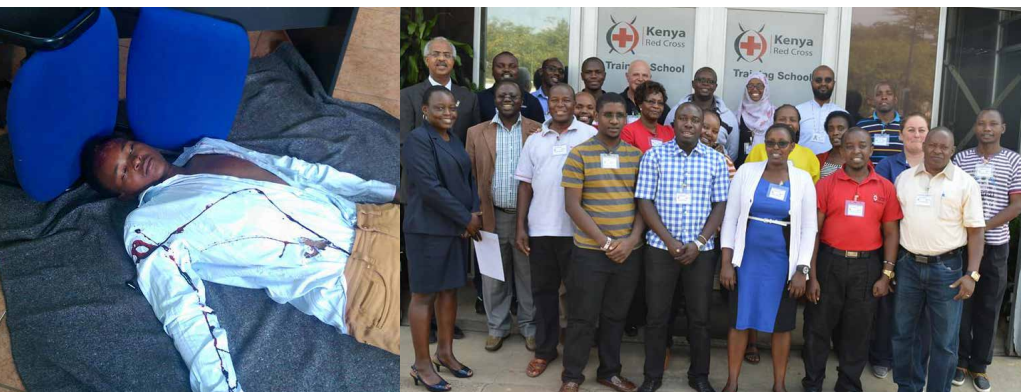
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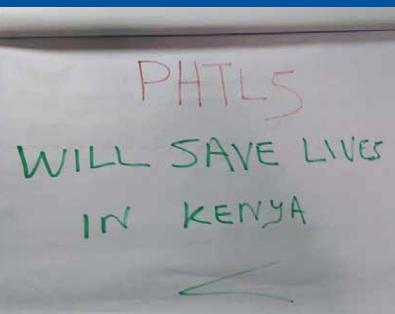
NAEMT Education

Around the U.S. and World

NAEMT Education courses are taught across the U.S. and in 64 countries, a number that continues to grow.



"PHTLS will save lives in Kenya." Yes it will! Congratulations to Kenya's Red Cross for bringing PHTLS, which offers evidence-based skills and critical thinking in treating multi-system trauma, to Nairobi. Thank you to Riana Constantinou, NAEMT affiliate faculty from Cyprus, for organizing the effort.



Cruz Roja Ecuatoriana (Red Cross Ecuador) teaches PHTLS to Ecuador's EMS responders.





In their inaugural PHTLS course, SISMEDICA, which provides EMS response and training in Colombia, teaches instructor candidates in Bogota how to triage and stabilize patients in a multi-victim accident.



PHTLS has come to Panama. Courses were offered by Emergency Medicine Services Panama (EMES) and the Interactive Center for Training (CICAMP), both NAEMT authorized training centers.



TCCC (Tactical Combat Casualty Care) teaches military-approved techniques for treating traumatic injuries and saving lives. Brule/Buffalo County Emergency Management and the Sioux Falls Fire Department in South Dakota recently offered the course to instructors and responders, with the eventual goal of opening up the courses to responders statewide.



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