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"With this collaboration, membership in NAEMT now offers even more value. We are pleased to work with such a high quality EMS supplier as 5.11 Tactical to offer our members these outstanding discounts on apparel and more," says NAEMT President Patrick Moore. "We look forward to our joint success in this venture and to continuing to add to our members' value-added benefits package."

"As a paramedic and as a member of NAEMT, I know how important NAEMT is to EMS and how important meaningful member benefits are to NAEMT. 5.11 Tactical is proud to partner with NAEMT to offer to its members quality products at a discount and provide ongoing support for NAEMT," says 5.11 Tactical's Barry Hickerson, EMT-P, FP-C, Vice President, EMS & Fire. "I know every member will enjoy our products and benefit for years to come from NAEMT's forward-thinking leadership."

To take advantage of the new benefit, just click on the 5.11 Tactical ad on the home page of www.naemt.org. You will need to sign in as a member to receive your discount.

5.11 Tactical offers EMS clothing and gear, uniforms, outerwear, footwear, eyewear and more.



A quarterly publication of the National Association of Emergency Medical Technicians

Winter 2011

Annual Meeting in Dallas brings together NAEMT family

IT WAS ALL ABOUT OUR NAEMT FAMILY GETTING TOGETHER and visibly demonstrating their commitment to our chosen profession, says President Patrick Moore of the 2010 NAEMT Annual Meeting in Dallas. "We enjoyed getting together with colleagues, learning about the latest updates in prehospital emergency medicine, and seeing what's new in the field."

The Annual Meeting, held September 27 - 29 in Dallas in conjunction with EMS EXPO, provided attendees the opportunity to celebrate the accomplishments of NAEMT and the EMS profession.

At the NAEMT General Membership Meeting and Awards Presentation on September 28, hosted by President Moore, members celebrated the association's major activities and successes during 2010, thanked NAEMT volunteers and sponsors, and recognized outstanding EMS practitioners and services with national awards (see article starting on page 18).

After the meeting, members enjoyed a wonderful spread of food and drinks at a welcoming reception hosted by the National Registry of EMTs, and shared the company of EMS colleagues from across the nation.

Meetings addressed association business

Meetings held on Monday and Tuesday of the Annual Meeting included those of the NAEMT Board of Directors, Affiliate Advisory Council and NAEMT Foundation, as well as committee meetings including Advocacy, Candidacy & Elections, Education, Finance, Health & Safety, Leadership Development and Membership.

On Wednesday, the annual meetings of NAEMT's education programs — Prehospital Trauma Life Support (PHTLS), Advanced Medical Life Support (AMLS) and Emergency Pediatric Care (EPC) — were held. EMS EXPO also opened that day.

Scott B. Frame Memorial Lecture covered Haiti

The Frame lecture, held on Wednesday afternoon, was "Hanover to Haiti - Service in a Disaster Zone" by James



Michael Newburger

President-Elect Connie Meyer, President Patrick Moore and Treasurer Rick Ellis get ready to attend the NAEMT General Membership Meeting.

Geiling, MD, FACP, FCCM. Geiling is Associate Professor of Medicine, Dartmouth Medical School, Hanover, N.H., and Chief, Medical Service, VA Medical Center, White River Junction, Vt.

In his talk, Geiling discussed his work in the aftermath of Haiti's massive earthquake in January 2010 that killed 200,000-plus people and displaced over a million.

Through Partners in Health, working in conjunction with Dartmouth College, Geiling led a team at the chaotic Port Au Prince University Hospital to provide

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Thank you to our sponsors

SPONSORSHIP IS VITAL TO NAEMT programs and services. Without the support of our sponsors, we could not carry out our critical mission of representing and serving EMS practitioners nationally. NAEMT thanks our sponsors for their continued support, and welcomes our newest sponsors: the National Registry of Emergency Medical Technicians, CentreLearn and Apex Innovations.

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What matters most

In this, my last issue of *NAEMT News* as your president, I'd like to thank you, our members, for the honor of leading NAEMT. During the time I've served as president, every member has mattered to me and to the association — as has every program and task undertaken on your behalf.

Most recently, our 2010 NAEMT Annual Meeting brought together many of our NAEMT family of members and friends to celebrate our accomplishments, thank those whose efforts and contributions have helped us along the way, and recognize outstanding achievements in EMS. Please read the story on the meeting starting on this issue's cover.



Patrick Moore
President

This year's accomplishments

2010 marked NAEMT's 35th year of serving and representing the professional interests of our nation's EMS practitioners. Serving our members is our highest priority, as our members are at the core of why we exist.

Over the past year we have undertaken important new projects and initiatives. In our work, our focus has been on what matters most to our members. These projects included:

- **Membership satisfaction survey** – This survey helped us to understand how we can better serve you, and what kinds of programs, services and activities you value most. Several new member services and benefits have been added based on the responses you provided.
- **Introduction of a new member benefit beginning in 2011** – See the article on page 15. Each NAEMT full member will receive a voucher worth up to \$15 per year to use towards a NAEMT continuing education course.
- **Scholarships** – \$35,000 in educational scholarships were awarded to NAEMT members to advance their EMS education and help them through college. Please see page 14 for our most recent recipients.
- **Squad Membership program** – In its first year, this new program is helping EMS services provide more benefits for their members. The program offers discounts on a wide range of products for EMS services and full NAEMT member benefits for their program participants. To date, 27 squads with 325 members are enrolled in this program.
- **New essay contest, "Why EMS Matters... to You"** – To recognize the work that our members do each and every

day, we introduced a successful new contest, with winning essays published in celebration of National EMS Week.

- **New and updated continuing education programs** – Led by our education program committees, NAEMT rolled out the seventh edition of the PHTLS course and materials to instructors, launched the Trauma First Response course, introduced a new AMLS textbook, course, and instructor materials, and worked on updating EPC course materials and introducing a new instructor manual for 2011. We also began beta testing our exciting new EMS Safety Course. For more information on any of our education programs, please see pages 6-8.

- **Advocacy program** – As a group, we have spoken out with a clear and direct voice on the EMS issues of greatest importance to our members. In 2010 we held our first annual EMS on the Hill Day, during which more than 120 EMS professionals met with 160-plus Congressional representatives and staff to advocate for key EMS legislation. To learn more, please see the article on page 23.

I'd like to thank you, our members, for the honor of leading NAEMT.

- **Position statements** – Over the past year, our Board has taken a stance on behalf of our members on operational safety and domestic preparedness, fair pay and benefits for EMS practitioners, the need for medical direction in EMS, and equitable Medicare reimbursement. These positions have been widely distributed throughout the EMS and medical communities and federal agencies.
- **Letters** – We have published letters to Congress in support of the allocation of broadband communication specifically for use by public safety agencies, and supporting the establishment of a grant program to reimburse public safety agencies for additional expenses incurred when personnel are deployed for active military duty. Letters also were sent to the Centers for Medicare and Medicaid Services opposing the adoption of the proposed fractional mileage policy and opposing the proposed implementation of new screening procedures for ambulance services.

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

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NAEMT  **PRESENTS:**

Trauma First Response Provider Course – PHTLS

Presented by PHTLS Committee

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SAMPLE OF EMS CLASSES PROVIDED BY

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Dan Davis, MD

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in Creating Efficient
STEMI Systems
Ivan Rokos, MD, FACEP

Trauma Triage Decisions
Heather Davis, MS,
NREMT-P

When the Body
Turns Inside Out
Cindy Tait, MICP, RN, CEN,
CFRN, MPH

YOU THINK YOU'VE HAD A ROUGH DAY?

Not even a life altering explosion can stop a hero during difficult times. Marine Corporal Joshua Bleill will present the Keynote Presentation regarding a bombing in Iraq that took both his legs. **EVERYONE WELCOME!**

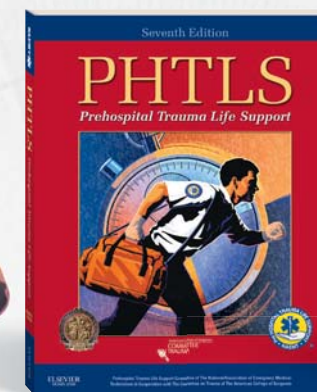
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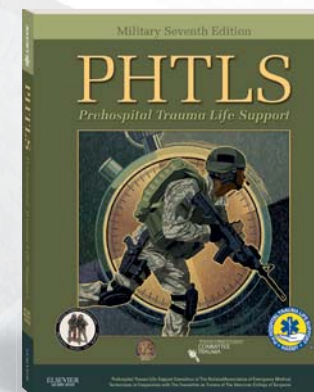
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AMLS news: Program goes to Germany

THE ADVANCED MEDICAL LIFE SUPPORT (AMLS) program would like to congratulate its German and Austrian colleagues on implementing AMLS in their countries.

In October 2010, the Swiss-German AMLS faculty assisted in facilitating the inaugural courses. Marcel Schattin, Swiss-German AMLS National Coordinator,

Dr. Vincent Mosesso, AMLS Committee Medical Director, and Linda Abrahamson, AMLS Committee Chair, stated, "We commend these individuals, as well as the new faculty, on their commitment to excellence in education. The international cooperation between these



countries to support NAEMT courses and improve the care of patients in their communities ranks far above the standard." They noted that inaugural faculty did an outstanding job of mentoring new faculty members, with daily meetings to offer support, answer questions, and identify areas of weakness on the pre-test and scenarios, as well as promoting a pleasant and exciting environment in which to learn.

AMLS Appreciation Awards

To recognize achievements in AMLS, the following individuals were recognized at the Dallas meeting.

Peter Laitinen, Templeton, Mass.

Laitinen started teaching AMLS in 2006, and has since taught 21-plus courses. A dedicated affiliate faculty, he continues to show support to the program.

Barbara Brennan, Mililani, Hi.

Brennan has been a long-time supporter and affiliate for the AMLS program, and has coordinated 49 AMLS courses since 2006.

and Dr. Michael Schorn-Meyer, Medical Director, worked with the AMLS Committee to hold the course October 10-17. The committee welcomes to the program German National Coordinator David Haske, Assistant National Coordinator Timo Schadler, and Medical Director Dr. Hans-Martin Grusnick.

The Austrian Board's National Coordinator, Christoph Redelsteiner, Assistant National Coordinator, Markus Gregory, Medical Director, Dr. Reinhard Malzer, and Assistant Medical Director, Dr. Philip Eisenburger, will promulgate the course in Austria.

EMS Safety news: Course in beta testing

THE NEW EMS SAFETY COURSE CURRENTLY IS IN BETA testing to introduce it to its primary audience, EMS practitioners, and gather feedback before the course content is finalized. Eight beta courses have been conducted in Delaware, Nevada, Colorado, Florida, Kansas, Missouri, New Mexico and Massachusetts, with more than 75 students attending.

The course aims to increase awareness and understanding of EMS safety standards and practices, and develop students' ability to effectively implement these practices when on duty. NAEMT's goal is to help reduce the number and intensity of injuries incurred by EMS practitioners in

carrying out their work. It is an eight-hour course and is approved for CE credit by CECBEMS.

The course committee is pleased to announce that the new EMS Safety Course will be launched at the EMS Today Conference on March 2, 2011.

Interested in teaching the course?

If you're already certified to teach AMLS, PHTLS, EPC, ITLS, ACLS, PALS, PEPP, EVOC or Fire Instructor I; or you are current faculty teaching EMS curriculum at an accredited college or university, you can become an instructor for this course simply by taking the EMS Safety provider course and the one hour Instructor Module that will be offered to interested participants immediately following the course.

For additional information, please contact NAEMT at 1-800-34-NAEMT or info@naemt.org.

EPC news: Course continues growth

NAEMT's EMERGENCY PEDIATRIC CARE (EPC) PROGRAM has added four regional coordinators to support the program's growth.

Guy Peifer is the new regional coordinator for Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania,

Rhode Island, South Carolina, Vermont, Virginia and West Virginia. Peifer has been involved in EMS and fire services for 25-plus years. He completed his paramedic training in 1987 and is currently a firefighter-paramedic and EMS educator for the City of Yonkers Fire Department. Peifer coordinates the paramedic program at the Borough of Manhattan Community College, City University of New York,

as well as pediatric education at the Lehigh Valley Hospital Emergency Medicine Institute in Allentown, Penn., where he is state certified as a paramedic instructor. He is a regional faculty member and instructor course coordinator for New York State's Bureau of EMS. Peifer also serves as affiliate faculty for PHTLS and has been involved with NAEMT's pediatric education since its inception.

Joel Dishroon is the new regional coordinator for the states of Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Michigan, Mississippi, Ohio, Tennessee and Wisconsin. Dishroon began his EMS career in the U.S. Army in 1971 and served in Vietnam. He attended the third EMT class held in the state of Tennessee, and became the first ever paramedic for Sequatchie County (Tenn.) EMS. In 1988, he was in the initial group of paramedics to begin Hamilton County EMS. He was named its first Medic of the Year recipient, and continued to work for the service until 1994, when he became pediatric EMS education coordinator at T.C. Thompson Children's Hospital. Dishroon first began his teaching career in 1988, becoming an instructor/coordinator for the state of Tennessee EMS program, and continues today as adjunct faculty at Chattanooga State. He also is an affiliate faculty for PHTLS and AMLS.

J. Scott Hartley is the new regional coordinator for Colorado, Hawaii, Iowa, Kansas, Missouri, Minnesota, Montana, Nebraska, North Dakota, Oklahoma, South Dakota and Wyoming. Credentialed as a paramedic with the state of Nebraska and the NREMT, he has been a member of the EMS family for more than 34 years. Retired as an Air Force medic after 20 years of service, he has worked for Saint Joseph Hospital/Creighton University Medical Center in Omaha in the Level

One Trauma Center, and as a flight paramedic for LifeNet. Currently, he directs ALS Affiliates Inc., which provides EMS education in the state, and works for Omaha Ambulance Service. He also is the PHTLS state coordinator and AMLS affiliate faculty, as well as a teacher of other EMS courses.

Jon Abrams is the new regional coordinator for the states of Alaska, Arizona, California, Idaho, New Mexico, Nevada, Oregon, Utah, Texas and Washington. He is an 11-year veteran of EMS, currently the program director for the Arizona Academy of Emergency Services and also is an active flight medic. Abrams' background includes extensive pediatric critical care air and ground transport, as well as hospital emergency department and ICU experience. Abrams is an active member of the National Disaster Medical System and serves as a technical training and development consultant to the U.S. Department of Health and Human Services. He also is affiliate faculty for AMLS and PHTLS. His awards include four Star of Life awards for cardiac saves in one year.

EPC Appreciation Awards

To recognize achievements in Emergency Pediatric Care (EPC), the following individuals were recognized at the 2010 EPC meeting in Dallas.

Chad McIntyre, Jacksonville, Fla.

The EPC Committee recognized "a true professional that defines the words dedication, leader and educator." During the past two years, McIntyre educated 182 students in 12 classes within his state. "Chad defines the alert, responsible individual needed to represent the vision and philosophy of the EPC course," said Chris Cebollero, EPC Committee chair.

Jonathan Abrams, Scottsdale, Ariz.

Abrams was recognized for his outstanding job representing NAEMT and the EPC program within his state. "With dedication and commitment, Jon has displayed the drive and motivation needed to ensure the pediatric population receives the best care possible," said Cebollero.



McIntyre receives his award from Cebollero.

PHTLS news: Course adds new state coordinator

THE PREHOSPITAL TRAUMA LIFE SUPPORT (PHTLS) program has added a new state coordinator for Vermont, **Patrick Malone**. Malone is a lecturer at the University of Vermont's Department of Surgery, College of Medicine, and is director of its Initiative for Rural Emergency Medical Services. He is responsible for the development and delivery of continuing medical education programs for EMS and for providing technical assistance to emergency service organizations and assisting with EMS and prehospital medicine research projects. Malone also teaches undergraduate programs, including EMT-Basic courses, and since 1985, he has worked as an EMT-Basic instructor/coordinator for 70 courses, certifying more than 1,800 EMTs.

Thanks to TFR volunteers

Special thanks to the Duncanville Fire Department and high school students who volunteered at the Trauma First Response Course in Dallas: Brandy Collins, Raven Blair, Christian Rodriguez, Diane Ramirez, Alexis Wright, Jennifer Rojas and Christina Stuart.

Trauma First Response is a new NAEMT course that teaches the principles of PHTLS to those who haven't had advanced EMS training, including first responders, police officers, firefighters, rescue personnel and safety officers. The fire department's community-based EMS program was coordinated last year by Duncanville firefighter/paramedic Lee Richardson. The program, supported by the Duncanville Independent School District, gives high school students the opportunity to learn and master the knowledge and skills needed to become certified EMTs and to certify as Texas EMT-Bs at the end of the school year. Students complete clinical work at Methodist Charlton Medical Center and the Duncanville Fire Department. NAEMT's TFR course in Dallas gave students the opportunity to network with and learn from practicing EMS professionals.

PHTLS Appreciation Awards

To recognize achievements in PHTLS, the following individuals were recognized at the Dallas meeting.

Sue Jacobus, Schuyler, Neb.

Jacobus says she "got bit by the 'PHTLS bug'" more than 10 years ago, and has worked as an instructor/coordinator since then. "She has worked tirelessly, making sure the PHTLS courses were not only done right but were made available," says Will Chapleau, PHTLS Committee chair. "She spent her own money, took time from work, and subsidized many past courses just to make sure we had 'new blood' in the PHTLS provider family. At every avenue she recruits more

to the cause of PHTLS — doing what's right for the patient — and knows that quality of courses is the key to presenting the 'gold standard' and accepts nothing less."

Bob Ferris, Colorado Springs, Colo.

Ferris began as a PHTLS instructor a few years ago with a considerable amount of teaching experience. His passion for teaching has enriched the PHTLS program. "Bob never hesitates to fill in as an instructor or waivers from saying, 'Yes, I'll do it - when do you need me?'" He brings a considerable amount of field experience with him to each class and gladly shares that, going far beyond the extra mile," says Chapleau.

Raymond Smith, Islip, N.Y.

Smith has been a long-time supporter and instructor of NAEMT programs, regularly teaching PHTLS. "He is an asset as affiliate faculty in the Long Island section of New York," says Chapleau. The program greatly appreciates that he brought PHTLS to FDNY's EMS Training Academy, which serves the country's largest EMS service. FDNY employs 3,000 EMTs and paramedics.

Mike Buldra, Roswell, N.M.

Buldra has been an active supporter of PHTLS at the University of New Mexico, Roswell, and continues to bring the program to his local areas that have fewer chances to take the course onsite. "He continues to dig deeper into areas to make sure we train as many as we can," says Chapleau.

Two state coordinators who have stepped down were recognized for their support and dedication to the program for many years: **Louis Souder, Lima, Ohio**, and **Ray Wertz, Indianapolis, Ind.**

Military Service Award

MSGT Raymond Leidy, Ft. Sam Houston, Texas

Leidy has shown support and dedication to the PHTLS program over the years, noted the committee. Coordinating courses out of DMRTI in Ft. Sam Houston, he has promulgated courses to sites across the U.S.

Scott Frame Award

Steve Greisch, the country of Luxembourg

Greisch received this honor for his dedication and support to the PHTLS program internationally.

Scott Frame Lecturer Award

Dr. James Geiling, White River Junction, Vt.

This award is presented annually to the Scott Frame Lecture presenter.



Why accreditation — and why now?

by Patricia L. Tritt, RN, MA, and Debra Cason RN, MS, EMT-P

Have you ever heard the refrain in EMS: "Why won't they treat us as professionals?"

Are you familiar with the defining characteristics of a profession? Some of the characteristics include: skills based on theoretical knowledge; extensive period of education where specialized practical experience is provided; testing of competence; formal qualifications based upon education; regulation (typically) by statute; affairs of its members regulated by professional bodies; training involving obtaining degrees and professional qualifications; regular updating of skills through continuing education; and standardization of professional training.

So how do we stack up? There are some hits and some misses. But a recurring theme appears to be education — and of course not just any education, but quality education. How do we assess quality in EMS 'training' programs? And by the way, is it 'training' or is it 'education'? There is an old saying, after all, that we train pets but we educate people.

Quality standards and guidelines

Quality begins by evaluating ourselves against a set of industry established standards. Do we meet the minimum Standards and Guidelines set by our peer group under the auspices of the Commission on Accreditation of Allied Health Education Programs (CAAHEP)? That is really how accreditation works in EMS education — and in every other health profession field. We evaluate ourselves against the Committee on Accreditation for EMS Professions (CoAEMSP) Standards under the auspices of CAAHEP.

The most recent Standards and Guidelines were established by the EMS community in 2005. Once we evaluate ourselves against these Standards and Guidelines and document our findings, we invite our peers to come to our program and see for themselves how it is done. They will look for the following: How we deliver our services; how we evaluate the competency of our graduates; and how we assure that each graduate is competent, not just in what he/she knows but also how he/she performs and behaves professionally.

A 10-year-old document titled the *EMS Education Agenda for the Future* calls for a system of education in EMS that is similar to other health professions. That system previously has not existed in EMS education, because our profession's birth, growth and development have taken a different path than that of most health professions. EMS as a field definitely has grown and matured, but our system of education has primarily been dependent on a single component: a national standard curriculum.

The authors of the *Education Agenda*, and the many groups and individuals that provided input into the document, called the systematic development of education standards and that EMS professionals graduate from an accredited EMS program in order to take the national credentialing exam. This system approach is common and expected in other more mature health professions, as well as in other disciplines. This 2000 document was not the first time that accreditation was called for by the EMS community. The 1996 document *EMS Agenda for the Future* recommended that "accreditation should be sought to demonstrate that educational programs provided meet a predefined national standard of quality."

Accreditation increases quality

Since that time, research has been published that validates the role of accreditation in educational quality. Current research articles published in peer-reviewed academic journals indicate an increased success rate on national certification exams from graduates of nationally accredited programs.* As an example, NAEMT's continuing education programs are accredited by the Continuing Education Coordinating Board for EMS (CECBEMS).

Quality begins by evaluating ourselves against a set of industry established guidelines.

After years of discussion, in June 2008, the National Registry of EMTs (NREMT) Board of Directors formally discussed the possibility of requiring graduation from a CoAEMSP/CAAHEP accredited program in order to take the paramedic NREMT exam. Discussion included concerns about acceptance of the concept by state governments, EMS provider agencies, paramedic education programs, and others. More discussion followed about how long the EMS community has discussed the concept, how many other professions require accreditation, that the NREMT is the only entity that could make the change, and that one of the roles of the NREMT is to protect citizens. In June 2008, the NREMT Board decided to table any action and continue these discussions with the EMS community.

In November 2008, the NREMT Board voted to require graduation from a CoAEMSP/CAAHEP accredited

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Why accreditation? > > continued from page 9

program in order to take the NREMT exam beginning 2013. Although some were distressed by the impact of the plan, many also said that the time had come — and why continue to discuss accreditation without any movement in the direction recommended 14 years ago? EMS accreditation is the path to professionalism, many said, and they want to travel it along with their colleagues.

The CoAEMSP has been reaching out to state officials, professional EMS organizations such as NAEMT and individual institutions to provide information on accreditation, the benefits, and the process. These forums for discussion and technical assistance facilitate the preparation of paramedic programs that are not currently accredited and provide guidance in completing the process. Many new tools, such as sample documents and reports, have been developed to assist programs.

The accreditation process is one more step toward the acceptance of paramedics as professionals — a definition for which both NREMT and NAEMT have long fought — and accreditation as “credible” education.

For more information, please visit www.coaemsp.org or call 817-330-0080.

Resources

* “Estimating the Probability of Passing the National Paramedic Certification Examination”, Antonio R. Fernandez, BS, NREMT-P; Jonathan Studnek, MS, NREMT-P; Gregg S. Margolis, PhD, NREMT-P (2008).

“Program Accreditation Effect on Paramedic Credentialing Examination Success Rate”, Philip Dickison, RN, BBA; David Hostler, PhD; Thomas E. Platt, Med; Henry E. Wang, MD, MPH (2006).

“Strategies of High Performing Paramedic Programs”, Gregg Margolis, PhD, NREMT-P; Gabe Romero, MBA, NREMT-P; Antonio R. Fernandez, BS, NREMT-P; Jonathan Studnek, PhD, NREMT-P

Patricia Tritt, RN, MA, is Director of EMS and Trauma at HealthONE EMS in Englewood, Colo. Debra Cason, RN, MS, EMT-P, is the Program Director and Associate Professor of Emergency Medicine Education at the University of Texas Southwestern Medical Center, Dallas, Texas. Both are on the Board of Directors for CoAEMSP, serving on the Accreditation Committee.



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- Ability to establish and maintain effective relationship with others.
- Ability to effectively communicate orally and in writing.
- Basic computer skills

Preferred Qualifications:

- Experience in military/combat zones, remote areas, or similar medical experience
- Experience within the military as a medic/corpsman

This position will serve as part of a comprehensive team of health care professionals providing high quality outpatient care in an Onsite OHS Health Center.

This position will: Assist with screening new patients, triaging patient clinical problems & answering patient questions concerning symptoms, medications or methods of care. Work closely with administration and other medical professionals to provide first class patient care while maintaining patient safety, confidentiality, and appropriate follow-up treatment. Function as phone liaison between specialists, primary care providers, and other health care professionals. Exercise administrative judgment and assume responsibility for decisions and consequences impacting people, costs and/or quality of service within the functional area. Coordinate response to patient emergencies in the clinical setting. Serve as a resource in a team environment and perform other duties as assigned.



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If you are not interested, please post in your local Fire Department, EMS Unit or give to another medic! We are **HIRING NOW!!!**

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Board election results announced

Voting in the NAEMT elections to fill open positions on the NAEMT Board of Directors officially ended on October 28 at midnight EDT. Following are the elections results.

President-Elect: Don Lundy

Lundy, of Charleston, S.C., most recently served as the NAEMT Director for Region II and chairs the Health and Safety Committee. He also serves on the Bylaws Committee.

Treasurer: Rick Ellis

Ellis, of Macon, Ga., has served as NAEMT Treasurer for the last two years. He was re-elected to the position. Ellis also chairs the Finance Committee and serves on the Membership Committee. He serves as the NAEMT Foundation Treasurer, as well.

Secretary: Charlene Donahue

Donahue, of Sunnyvale, Calif., has served NAEMT as the Region IV Director for the past few years. She also is a member of the Membership Committee.

Region I Director: Jim Slattery

Slattery, of Middleboro, Mass., was re-elected to his position as Region I Director, which he's held for the past three years. He is a member of the Advocacy and Health and Safety Committees. He also serves on the NAEMT Foundation Board of Trustees.

Region II Director: Dennis Rowe

Rowe, of Loudon, Tenn., was re-elected to the position he's held for the past two years as NAEMT Region II Director. He is a member of the PHTLS Committee.

Region III Director: Aimee Binning

Binning, of Laramie, Wyo., won re-election to her position as Region III Director. She also chairs the Membership Committee and serves as the NAEMT Foundation Secretary.

Region IV Director: Rod Barrett

Barrett, of Bentonville, Ark., is newly elected to the NAEMT Board of Directors, where he will serve as Region IV Director. He most recently served on the Candidacy and Elections Committee.

At-Large Director: Jules Scadden

Scadden, of Sac City, Iowa, is newly elected to the position of At-Large Director. She has served for the past three years as a member of the Advocacy Committee.

The 2011 Board of Directors took office on January 1.

"We greatly appreciate all who stepped up to serve our national association in a leadership position, and thank all candidates for their interest in serving on our Board and for their dedication to NAEMT," says Patrick Moore, NAEMT President.

A certified report on the results of our voting was provided by Votenet and is available on the Elections page of our web site. Votenet is the independent, third-party online voting services company contracted to conduct NAEMT's voting process.



Donahue



Binning



Scadden



Barrett

President's message > > continued from page 3

■ **National representation** – We represented our membership at key meetings called by federal agencies with jurisdiction over EMS, and continued our successful collaboration with the National Association of State EMS Officials, the National Association of EMS Physicians, and the National Association of EMS Educators in Advocates for EMS.

Thank you

We would not have been able to achieve any of these accomplishments without the help and support of many. I want to thank my wife, Leslie, who started me down this path of "giving back" after my selection as the NAEMT Instructor of the Year 19 years ago. During this time, my children have blessed me with six grandchildren, and even though I may not have been present at every birthday party or other special occasion, they knew they were loved and they gave their full support during my ascent through the NAEMT ranks.

I want to thank Jim Slattery of Massachusetts and Bubba Bell of Mississippi for always being there for me since the early days of the Board of Governors. I have gained countless friends due to the experiences and travels on behalf of NAEMT and I will never forget them. I deeply appreciate my fellow members of the NAEMT Board of Directors who have worked with me as a team. And I thank our NAEMT committee chairs and members who worked throughout the year to do the heavy lifting on many of our projects. I also thank our NAEMT sponsors for their vital support.

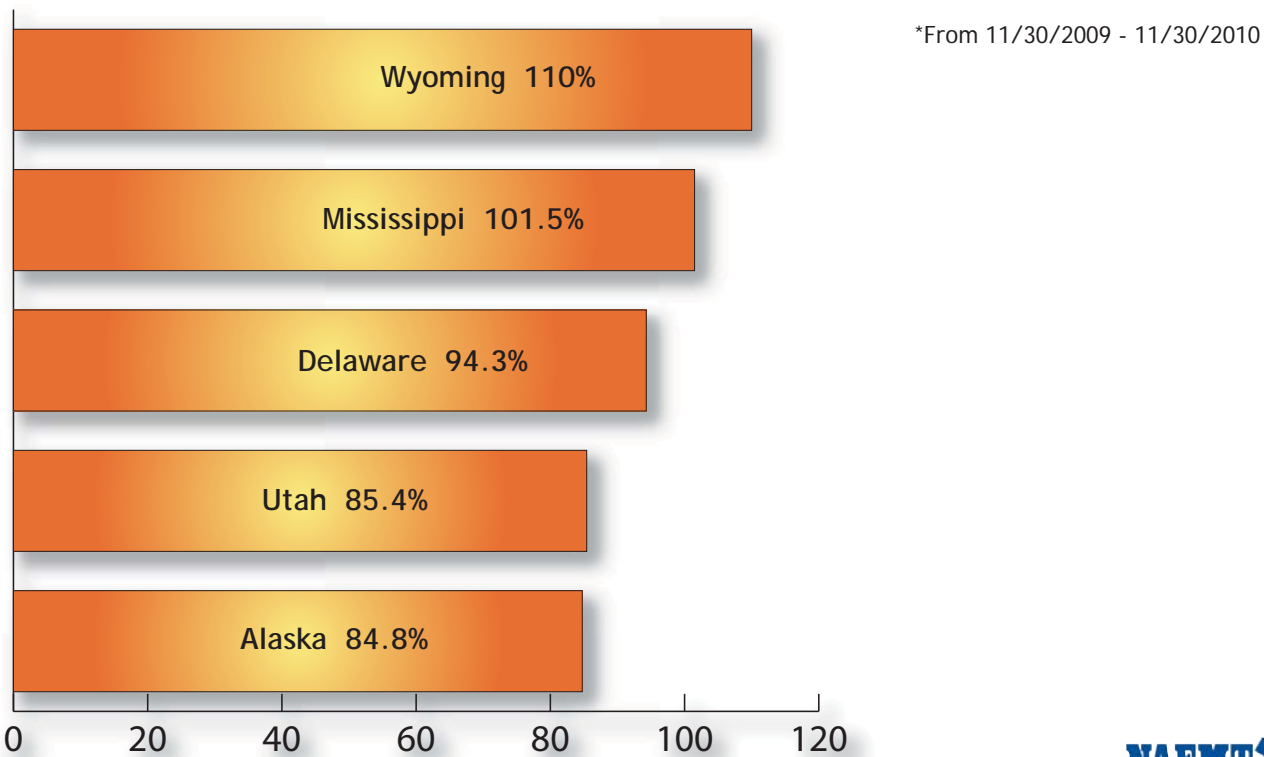
One group that has been there for me day in and day out during my term who deserve special recognition is the NAEMT staff. They are professional and dedicated, and no others can compare. Serving as the NAEMT President has absolutely been the pinnacle of my EMS career and I will cherish these memories forever.

My friend and successor, Connie Meyer, will ably lead our association forward. I will look forward to serving on the Board to help make her experience leading this organization as rewarding for her as it was for me. In the next issue of *NAEMT News*, you'll read about some of the issues on which she plans to focus during her presidency.

I again thank you for your membership in NAEMT and for the honor of leading our association — and I wish all of you a happy, prosperous and safe new year.

Member snapshot: Growth by state

Which states have experienced the most growth in NAEMT membership over the past year? Here are the top five* states that increased by the highest percentage.



Scholarship winners strive to reach career goals

Congratulations to our most recent NAEMT scholarship winners for the upcoming spring and summer semester!

Basic to Paramedic (\$5,000): Steven Patten, Boyd, Wis., and Eric Cantor, Stoughton, Mass.

Paramedic to Advanced EMS Education (\$2,000): Kyle Luckey-Smith, Clyde, N.C.

Steven Patten is an EMT-B with the Boyd-Edson-Delmar Fire Department based in Boyd, Wis. He is studying to become a fire medic and paramedic technician. He joined the fire department when he was 16, and Boyd Ambulance when he was 17. He describes a life-shaping event: "This last year, the fire department was called to a car accident. As we arrived on the scene, there was a Spanish-speaking patient who was seriously injured. The fire chief called me on the radio that morning to turn me from a rookie firefighter to a Spanish translator in the back of the ambulance. I was the only one who could help the EMTs save the patient's life. I studied three years of Spanish in high school, and was able to genuinely help that person in need, along with translating for the EMTs. That accident was a very meaningful point in my life. I was able to help save a person's life because I worked hard and studied in school exactly for an incident like this."

Patten says that he knew from that day that EMS was a career he wanted to further pursue. Although he says he knows EMS jobs can be dangerous, he works well in emergencies and high-stress situations. With a fire chief father, he says, "I have been around the public safety field my whole life, and I absolutely love helping people. Like the old saying goes, 'If you do a job you love, you'll never work a day in your life.' This scholarship will help me out tremendously for my future, and I'm very grateful."

Eric Cantor is an EMT-B employed with EASCare Ambulance in Boston. He is studying to be a paramedic. He says: "During childhood many children say, 'When I grow up, I want to be a ...' As a young boy, I always said, 'I want to be a firefighter.' Turning a dream into a reality isn't always a possibility and may not happen as often as one would hope. It means getting past obstacles and accepting any challenges that come your way."

With a strong desire to help others, Cantor reached back to his original childhood dream last December when he completed his EMT-B training. There, he was inspired by his instructor, who shared many of his life stories that made him a hero in Cantor's eyes. "I have been on many ride-alongs with the fire department in my town, and now I work for a private ambulance company, which I love."



Cantor

"Getting my paramedic license would turn my childhood dream into reality," he says. "I'd be able to use my passion of helping others on a daily basis, as well as attain additional skills. I am currently in paramedic school, and I love it. This scholarship means a great deal to me. I truly want to make a difference in life."

Kyle Luckey-Smith is a paramedic with WestCare EMS in Sylva, N.C., and is a member of his community's volunteer fire department and of the Haywood County Rescue Squad. He recently completed his Applied Associate of Science degree at Southwestern Community College in Emergency Medical Science and started the Baccalaureate program in Emergency Medical Care at Western Carolina University) this fall to strengthen his qualifications and further his knowledge in the EMS field.

The program is extending his knowledge of emergency medical care and the EMS profession, he says.

His end goal is to work as a flight medic/flight nurse. "I want to make sure that I attain the education necessary to represent the high level of professionalism that we should expect of those in the most demanding realms of emergency care, and of those serving in critical care." In the longer term, Luckey-Smith says he plans to attend medical school and specialize in emergency medicine. "My ultimate goal is to work to meet the emergency medical needs of the people here in western North Carolina, and to help advance the profession of emergency medicine as represented by NAEMT. I have spent my life preparing for work in this profession, and NAEMT's help in supporting my further education will play a major role."

The next deadline for scholarships is March 15 for the Degree Completion Program Scholarship through The College Network. To learn more about or to apply for scholarships, please visit the Member Resources section of our web site. You'll need to log in as a member.



Luckey-Smith

New member benefit: Full members receive education course vouchers

This month, current, full NAEMT members whose membership is in good standing as of January 1, 2011, will receive an e-mail with a voucher attached — good towards any NAEMT continuing education course.

Vouchers are valued up to \$15, with value being determined by course type.

Members easily can redeem the voucher by presenting it to the NAEMT course coordinator when making payment for the course.

One voucher will be issued to each eligible member for one-time use during their membership year. Vouchers will expire on the membership expiration date and are not transferable.

Eligible new and renewing members will receive their vouchers via a PDF file attached to their welcome or renewal confirmation e-mail.

In 2010, a survey was conducted to gauge the level of member satisfaction in NAEMT's programs, activities, services and benefits. When respondents were asked which benefits they would like to see offered in the future, there was a high interest level in receiving discounts on NAEMT continuing education courses.

The Membership Committee recommended that a voucher be introduced to cover the registration fee for one NAEMT course per year, to be added to the individual member benefits package in 2011.

[Look for your e-mailed voucher soon!](#)

Membership discount offered for course instructors and coordinators

IN RECOGNITION OF THE IMPORTANT CONTRIBUTIONS that NAEMT instructors and course coordinators make to NAEMT education programs and to the EMS profession, the NAEMT Board of Directors has approved a new 25 percent discount on NAEMT membership for all PHTLS, AMLS or EPC instructors or course coordinators.

This discount entitles them to the full package of NAEMT member benefits for only \$30 per year.

NAEMT encourages all course instructors and coordinators to take advantage of this offer to become members.

To join NAEMT, course instructors and coordinators may go to www.naemt.org and click on "Instructor discount" in the "Type of membership" section of the application to receive the reduced rate.



At a skills station, students learn concepts of Emergency Pediatric Care during the preconference course held recently in Dallas.

Member Benefit: Discounts on 5.11 Tactical® gear

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MEMBERSHIP

Annual meeting >> continued from cover

emergency care, with limited resources, to a population with often severe injuries. Attendees learned of the challenges of deploying to an austere disaster zone to serve a population in dire need of medical care and support, as well as the practical aspects of preparing to volunteer for such efforts.

Each year, the Scott B. Frame Memorial Lecture is held at EMS EXPO to honor Scott B. Frame, MD, FACS, FCCM, EMT-P, who made significant contributions to NAEMT and its PHTLS program.

Preconference courses introduced new material

Prior to EMS EXPO, NAEMT held its preconference courses — the AMLS First Edition Instructor Update, EPC Provider Course, Beyond the Street EMS Supervisor Workshop, PHTLS Seventh Edition Instructor Update and the new Trauma First Response Provider Course.

Especially of interest this year were brand new AMLS materials, to be published by MOSBY JEMS. New course materials introduced to instructors and coordinators included a newly designed AMLS assessment pathway, new textbook, and new content for both the provider and instructor courses, including Master Level scenarios.

PHTLS introduced completely updated material that is included in the new seventh edition Civilian and Military texts and courses. The new PHTLS Trauma First Response course, designed to teach the principles of PHTLS to first responders such as police officers, firefighters, rescue personnel and safety officers, also was introduced at the meeting.

The 2011 NAEMT Annual Meeting will be held from August 29 - 31 in Las Vegas. See you there!

Photos

Top: A PHTLS skills station at the NAEMT preconference course.

Middle: PHTLS's Will Chapleau, speaker James Geiling, and Norman McSwain.

Bottom: Doug Meyer, Connie Meyer, and David Morando and Ted McFarlane from Johnson County (Kansas) Med Act.



Michael Newburger



Michael Newburger



NAEMT

Congratulations to NAEMT's

NAEMT IS PLEASED TO CONGRATULATE our national award winners. The awards were presented on Tuesday, September 28, at the NAEMT General Membership Meeting and Awards Presentation, held in conjunction with EMS EXPO 2010 in Dallas.

2010 NAEMT EMT of the Year — Mark E. Wintle Sponsored by Braun Industries

Wintle, of Morris Township, N.J., is an EMT-Basic and Captain with Morris Minute Men Emergency Medical Services — which coincidentally won the Volunteer EMS Service of the Year Award from *EMS Magazine*.



Since joining Morris Minute Men EMS in 2003, Wintle has become one of the pillars of the organization, his colleague, Tiffany Willshaw, said. "Mark is often the first person to respond to a request for shift coverage, the first to sign-up for standbys, and the first and last person at a meeting. Mark is a true leader."

Wintle is one of the most active members of the organization, serving on numerous committees. He was promoted to Captain in January after serving as Assistant Captain. He has been proactive in improving the way Minute Men EMS recruits members through membership drives, banner creation and even publishing a Morris Minute Men comic book.

Due to Wintle's leadership, his team was chosen as the NJ EMS Strike Team Leader for Morris County, was nominated for outstanding EMS organization by the NJ Department of Health and Senior Services Office of Emergency Medical Services, and was voted Best Morris County EMS Organization by *The Daily Record* newspaper.

Wintle runs a 15-hour shift every week and an additional 24-hour shift every six weeks. "Mark realizes that this call may be one of the worst moments of a person's life, and he does his best to help them deal with the onslaught of people around them, the noise and confusion of lights and sirens, and the potentially scary experience of an ambulance and ER," Willshaw said.

Wintle has helped organize a variety of events through which community members can interact with Morris Minute Men's EMS practitioners outside of emergency situations, such as at schools, churches and community picnics. He also is involved in the Morris County Captain's Alliance, the Southeast Morris Rehabilitation Action Coalition, of which he is a founding member, the local hospital association, and the New Jersey EMS

Task Force, helping at large-scale incident drills and public events. He is highly regarded by his peers and is frequently asked to spearhead projects due to his attention to detail, dedication, and zeal for EMS.

"I love being an EMT. It's the thing I'm most proud of," said Wintle. "Some people, when they look back on their life, will have some moment when they did something that was amazing, grand or heroic. Many people never even have a chance to do something like that. It just doesn't come up and they always wonder what they actually would do if they were tested. I used to feel that way. I used to wonder. But now I get to do these amazing things regularly."

2010 NAEMT Paramedic of the Year — Lisa M. Camp Sponsored by Masimo

Camp, of Friendswood, Texas, is EMS Chief, Friendswood Volunteer EMS. She was nominated for the award by Chief Roy L. Hunter of Clear Lake Emergency Medical Corps. "Lisa Camp

is my hero for all the wonderful things she does for her community and her country," said Hunter. "When it comes to emergency medical

services, Lisa is the sage in the area. She has been at the forefront in the areas of patient care, public access, medical control, disaster preparedness, public education and training."

Hunter said that Camp's EMS team uses cutting-edge technologies, such as the use of a Induced Cooling by EMS (I.C.E) protocol, which Camp was instrumental in introducing to help reduce the disparity between EMS resuscitation rates and hospital discharge rates in return of spontaneous circulation (ROSC) patients. Additionally, noting a lag time in cardiac patients getting into the cardiac catheterization labs, Camp worked with a medical director and directed her team to start double-lumen IV catheters and administration of Heparin in the field, and to send 12-Lead ECGs via telemetry. By performing at least three of the critical steps in cardiac patient care in the prehospital



Camp (center) receives her award from NAEMT's Ken Bouvier and Masimo's Bob Owen.

national award winners

setting, Camp has helped the catheterization team begin life-saving treatment sooner. One patient's family was told by the attending physician that the patient was alive only because of the advanced techniques used by Camp's team.

On behalf of her community, Camp has proactively prepared for disasters by participating in and sponsoring conferences and drills in disaster management, acquiring specialized antidote kits, and training her services to use Level C personal protection equipment.

Working in EMS for more than 30 years, Camp has served as a mentor, supporter and advocate for EMS. Within the community, she assists in free immunization clinics, CPR training, child car seat safety inspections and other injury prevention activities. She trained to become a Safety Clown and performs at schools and community events, and also formed a Bike Medic group to assist in emergency response to parades and races.

Camp holds a Bachelor's degree in Public Management from the University of Houston-Clear Lake and serves as adjunct faculty at the College of the Mainland, Texas City, teaching EMS courses. Camp also serves on the college's Public Service Advisory Board. She has won numerous other awards, including 2008 EMS Educator, 2007 Public Education and 2007 EMS Administrator, all from Greater Houston EMS; 2007 Houston Astros Hometown Hero; 2007 Volunteer EMS Provider Award, 2002 EMS Administrator and 2001 Volunteer EMS Provider Award, all from Texas Department of State Health Services.

"It is truly an honor to receive this prestigious award," said Camp. "I would be remiss if I did not acknowledge my family, friends, colleagues and students that inspire me each day to advance EMS as a profession."

2010 Rocco V. Morando Lifetime Achievement Award — Jonathan Politis, MPA, EMT-P Sponsored by the National Registry of EMTs

When Politis accepted this award, NAEMT's most prestigious, NAEMT President Patrick Moore said, "This award is granted to those few individuals who, through their actions, leadership and spirit, have demonstrated a lifetime commitment and dedication to the advancement of EMS."

Politis is one of the charter founding members of NAEMT and is chief of the Town of Colonie Emergency Medical Services Department, located near Albany, New York. "During Jon's lifetime career in EMS he has provided personal leadership as part of many national events and led his system to be one of the best in the nation," said Bill E. Brown, Jr., executive director of NREMT.

For the Town of Colonie, Politis served as founding chief from 1989 to 2010. His efforts brought together six volunteer rescue

squads into one municipal third service EMS department. Politis now leads 80 career and 40 volunteer EMS

practitioners within the department, which responds to 9,500 emergency calls per year and operates a fleet of 22 vehicles, serving a population of about 80,000. Under his leadership, Colonie was named the NAEMT National Paramedic Service of the Year in 1999, the New York Regional EMS System of the Year in 2010, the New York State EMS System of the Year in 2010, and the International Association of Fire Chief's Heart Saver Community of the Year in 2010.

As chief, Politis is directly involved in the town's emergency planning and incident management, and in the region's disaster response. Previously, he served as assistant director, EMS, New York State Department of Health in Albany, where he was responsible for the administration of all aspects of the EMS educational process for the state's 30,000 emergency medical technicians. Politis also has served as a state EMS training coordinator for both Vermont and New York, and in other roles. Beginning his work in EMS in 1971, and certified as a paramedic in 1980, Politis began his work as a firefighter.

"Jon is a guy you want to be around. He's a character and a leader with the highest degree of integrity. His input has changed EMS in his community, state and the nation," said Brown, who nominated Politis for the award. "Jon Politis has had a distinguished EMS career that has lasted his lifetime."

Politis is the author and contributing author of textbooks, curricula and manuals, as well as numerous peer-reviewed articles. He has served as a member of the NREMT Board of Directors for eight years and as a member of the Committee on Accreditation for the EMS Professions for 10 years. He also is an instructor and VIP Backcountry Ranger for the National Park Service in Grand Teton National Park, and has been a registered Alpine Senior Patroller since 1968 with the National Ski Patrol, which awarded him a service award in 1998.

Politis is the author and contributing author of textbooks, curricula and manuals, as well as numerous peer-reviewed articles. He has served as a member of the NREMT Board of Directors for eight years and as a member of the Committee on Accreditation for the EMS Professions for 10 years. He also is an instructor and VIP Backcountry Ranger for the National Park Service in Grand Teton National Park, and has been a registered Alpine Senior Patroller since 1968 with the National Ski Patrol, which awarded him a service award in 1998.



Politis, center, is honored by NAEMT President Patrick Moore (left) and NREMT Executive Director Bill Brown, Jr.

IN A CHEMICAL NERVE AGENT ATTACK

Have No Regrets. Be Prepared.

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Indication

DuoDote® Auto-Injector (atropine and pralidoxime chloride injection) is indicated for the treatment of poisoning by organophosphorous nerve agents as well as organophosphorous insecticides.

DuoDote® Auto-Injector should be administered by emergency medical services personnel who have had adequate training in the recognition and treatment of nerve agent or insecticide intoxication. DuoDote® Auto-Injector is intended as an initial treatment of the symptoms of organophosphorous insecticide or nerve agent poisoning; definitive medical care should be sought immediately.

Important Safety Information

Individuals should not rely solely upon agents such as atropine and pralidoxime to provide complete protection from chemical nerve agents and insecticide poisoning. Primary protection against exposure to chemical nerve agents and insecticide poisoning is the wearing of protective garments including masks designed specifically for this use. Evacuation and decontamination procedures should be undertaken as soon as possible. Medical personnel assisting evacuated victims of nerve agent poisoning should avoid contaminating themselves by exposure to the victim's clothing.

In the presence of life-threatening poisoning by organophosphorous nerve agents or insecticides, there are no absolute contraindications to the use of DuoDote® Auto-Injector. When symptoms of poisoning are not severe, DuoDote® Auto-Injector should be used with extreme caution in people with heart disease, arrhythmias, recent myocardial infarction, severe narrow angle glaucoma, pyloric stenosis, prostatic hypertrophy, significant renal insufficiency, chronic pulmonary disease, or hypersensitivity to any component of the product. Elderly people and children may be more susceptible to the effects of atropine. DuoDote® Auto-Injector is Pregnancy Category C and should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Safety and effectiveness in children have not been established.

Muscle tightness and sometimes pain may occur at the injection site.

The most common side effects of atropine can be attributed to its antimuscarinic action. Pralidoxime chloride can cause changes in vision, dizziness, headache, drowsiness, nausea, tachycardia, increased blood pressure, muscular weakness, dry mouth, emesis, rash, dry skin, hyperventilation, decreased renal function, excitement, manic behavior, and transient elevation of liver enzymes and creatine phosphokinase. When atropine and pralidoxime are used together, the signs of atropinization may occur earlier than might be expected when atropine is used alone.

Please see brief summary of full Prescribing Information on adjacent page.

References: 1. Agency for Toxic Substances and Disease Registry. Medical Management Guidelines (MMGs) for nerve agents: tabun (GA); sarin (GB); soman (GD); and VX. <http://www.atsdr.cdc.gov/MHMI/mmg166.html>. Updated August 22, 2008. Accessed May 20, 2010. 2. DuoDote Auto-Injector [package insert]. Columbia, MD: Meridian Medical Technologies, Inc.; 2007. 3. Rebmann T, Clements BW, Bailey JA, Evans RG. Organophosphate antidote auto-injectors vs. traditional administration: a time motion study. *J Emerg Med.* 2009;37(2):139-143.

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DuoDote® AUTO-INJECTOR
(atropine and pralidoxime chloride injection)

BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION

Rx Only
Atropine 2.1 mg/0.7 mL
Pralidoxime Chloride 600 mg/2 mL

Sterile solutions for intramuscular use only

FOR USE IN NERVE AGENT AND INSECTICIDE POISONING ONLY

THE DUODOTE™ AUTO-INJECTOR SHOULD BE ADMINISTERED BY EMERGENCY MEDICAL SERVICES PERSONNEL WHO HAVE HAD ADEQUATE TRAINING IN THE RECOGNITION AND TREATMENT OF NERVE AGENT OR INSECTICIDE INTOXICATION.

INDICATIONS AND USAGE

DuoDote™ Auto-Injector is indicated for the treatment of poisoning by organophosphorus nerve agents as well as organophosphorus insecticides.

DuoDote™ Auto-Injector should be administered by emergency medical services personnel who have had adequate training in the recognition and treatment of nerve agent or insecticide intoxication.

DuoDote™ Auto-Injector is intended as an initial treatment of the symptoms of organophosphorus insecticide or nerve agent poisonings; definitive medical care should be sought immediately.

DuoDote™ Auto-Injector should be administered as soon as symptoms of organophosphorus poisoning appear (eg, usually tearing, excessive oral secretions, sneezing, muscle fasciculations).

CONTRAINDICATIONS

In the presence of life-threatening poisoning by organophosphorus nerve agents or insecticides, there are no absolute contraindications to the use of DuoDote™ Auto-Injector.

WARNINGS

CAUTION! INDIVIDUALS SHOULD NOT RELY SOLELY UPON ATROPINE AND PRALIDOXIME TO PROVIDE COMPLETE PROTECTION FROM CHEMICAL NERVE AGENTS AND INSECTICIDE POISONING.

PRIMARY PROTECTION AGAINST EXPOSURE TO CHEMICAL NERVE AGENTS AND INSECTICIDE POISONING IS THE WEARING OF PROTECTIVE GARMENTS INCLUDING MASKS DESIGNED SPECIFICALLY FOR THIS USE.

EVACUATION AND DECONTAMINATION PROCEDURES SHOULD BE UNDERTAKEN AS SOON AS POSSIBLE. MEDICAL PERSONNEL ASSISTING EVACUATED VICTIMS OF NERVE AGENT POISONING SHOULD AVOID CONTAMINATING THEMSELVES BY EXPOSURE TO THE VICTIM'S CLOTHING.

When symptoms of poisoning are not severe, DuoDote™ Auto-Injector should be used with extreme caution in people with heart disease, arrhythmias, recent myocardial infarction, severe narrow angle glaucoma, pyloric stenosis, prostatic hypertrophy, significant renal insufficiency, chronic pulmonary disease, or hypersensitivity to any component of the product. Organophosphorus nerve agent poisoning often causes bradycardia but can be associated with a heart rate in the low, high, or normal range. Atropine increases heart rate and alleviates the bradycardia. In patients with a recent myocardial infarction and/or severe coronary artery disease, there is a possibility that atropine-induced tachycardia may cause ischemia, extend or initiate myocardial infarcts, and stimulate ventricular ectopy and fibrillation. In patients without cardiac disease, atropine administration is associated with the rare occurrence of ventricular ectopy or ventricular tachycardia. Conventional systemic doses may precipitate acute glaucoma in susceptible individuals, convert partial pyloric stenosis into complete pyloric obstruction, precipitate urinary retention in individuals with prostatic hypertrophy, or cause inspiration of bronchial secretions and formation of dangerous viscid plugs in individuals with chronic lung disease.

More than 1 dose of DuoDote™ Auto-Injector, to a maximum of 3 doses, may be necessary initially when symptoms are severe. **No more than 3 doses should be administered unless definitive medical care (eg, hospitalization, respiratory support) is available.**

Severe difficulty in breathing after organophosphorus poisoning requires artificial respiration in addition to the use of DuoDote™ Auto-Injector.

A potential hazardous effect of atropine is inhibition of sweating, which in a warm environment or with exercise, can lead to hyperthermia and heat injury.

The elderly and children may be more susceptible to the effects of atropine.

PRECAUTIONS

General: The desperate condition of the organophosphorus-poisoned individual will generally mask such minor signs and symptoms of atropine and pralidoxime treatment as have been noted in normal subjects.

Because pralidoxime is excreted in the urine, a decrease in renal function will result in increased blood levels of the drug.

DuoDote™ Auto-Injector temporarily increases blood pressure, a known effect of pralidoxime. In a study of 24 healthy young adults administered a single dose of atropine and pralidoxime auto-injector intramuscularly (approximately 9 mg/kg pralidoxime chloride), diastolic blood pressure increased from baseline by 11 ± 14 mmHg (mean ± SD), and systolic

blood pressure increased by 16 ± 19 mmHg, at 15 minutes post-dose. Blood pressures remained elevated at these approximate levels through 1 hour post-dose, began to decrease at 2 hours post-dose and were near pre-dose baseline at 4 hours post-dose. Intravenous pralidoxime doses of 30-45 mg/kg can produce moderate to marked increases in diastolic and systolic blood pressure.

Laboratory Tests: If organophosphorus poisoning is known or suspected, treatment should be instituted without waiting for confirmation of the diagnosis by laboratory tests. Red blood cell and plasma cholinesterase, and urinary paranthrophenol measurements (in the case of parathion exposure) may be helpful in confirming the diagnosis and following the course of the illness. However, miosis, rhinorrhea, and/or airway symptoms due to nerve agent vapor exposure may occur with normal cholinesterase levels. Also, normal red blood cell and plasma cholinesterase values vary widely by ethnic group, age, and whether the person is pregnant. A reduction in red blood cell cholinesterase concentration to below 50% of normal is strongly suggestive of organophosphorus ester poisoning.

Drug Interactions: When atropine and pralidoxime are used together, pralidoxime may potentiate the effect of atropine. When used in combination, signs of atropinization (flushing, mydriasis, tachycardia, dryness of the mouth and nose) may occur earlier than might be expected when atropine is used alone.

The following precautions should be kept in mind in the treatment of anticholinesterase poisoning, although they do not bear directly on the use of atropine and pralidoxime.

- Barbiturates are potentiated by the anticholinesterases; therefore, barbiturates should be used cautiously in the treatment of convulsions.

- Morphine, theophylline, aminophylline, succinylcholine, reserpine, and phenothiazine-type tranquilizers should be avoided in treating personnel with organophosphorus poisoning.

- Succinylcholine and mivacurium are metabolized by cholinesterases. Since pralidoxime reactivates cholinesterases, use of pralidoxime in organophosphorus poisoning may accelerate reversal of the neuromuscular blocking effects of succinylcholine and mivacurium.

Drug-drug interaction potential involving cytochrome P450 isozymes has not been studied.

Carcinogenesis, Mutagenesis, Impairment of Fertility: DuoDote™ Auto-Injector is indicated for short-term emergency use only, and no adequate studies regarding the potential of atropine or pralidoxime chloride for carcinogenesis or mutagenesis have been conducted.

Impairment of Fertility: In studies in which male rats were orally administered atropine (62.5 to 125 mg/kg) for one week prior to mating and throughout a 5-day mating period with untreated females, a dose-related decrease in fertility was observed. A no-effect dose for male reproductive toxicity was not established. The low-effect dose was 290 times (on a mg/m² basis) the dose of atropine in a single application of DuoDote™ Auto-Injector (2.1 mg).

Fertility studies of atropine in females or of pralidoxime in males or females have not been conducted.

Pregnancy:

Pregnancy Category C: Adequate animal reproduction studies have not been conducted with atropine, pralidoxime, or the combination. It is not known whether pralidoxime or atropine can cause fetal harm when administered to a pregnant woman or if they can affect reproductive capacity. Atropine readily crosses the placental barrier and enters the fetal circulation.

DuoDote™ Auto-Injector should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Atropine has been reported to be excreted in human milk. It is not known whether pralidoxime is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when DuoDote™ Auto-Injector is administered to a nursing woman.

Pediatric Use: Safety and effectiveness of DuoDote™ Auto-Injector in pediatric patients have not been established.

ADVERSE REACTIONS

Muscle tightness and sometimes pain may occur at the injection site.

Atropine

The most common side effects of atropine can be attributed to its antimuscarinic action. These include dryness of the mouth, blurred vision, dry eyes, photophobia, confusion, headache, dizziness, tachycardia, palpitations, flushing, urinary hesitancy or retention, constipation, abdominal pain, abdominal distention, nausea and vomiting, loss of libido, and impotence. Anhidrosis may produce heat intolerance and impairment of temperature regulation in a hot environment. Dysphagia, paralytic ileus, and acute angle closure glaucoma, maculopapular rash, petechial rash, and scarlatiniform rash have also been reported.

Larger or toxic doses may produce such central effects as restlessness, tremor, fatigue, locomotor difficulties, delirium followed by hallucinations, depression, and, ultimately medullary paralysis and death. Large doses can also lead to circulatory collapse. In such cases, blood pressure declines and death due to respiratory failure may ensue following paralysis and coma.

Cardiovascular adverse events reported in the literature for atropine include, but are not limited to, sinus tachycardia, palpitations, premature ventricular contractions, atrial flutter, atrial fibrillation, ventricular flutter, ventricular fibrillation, cardiac syncope, asystole, and myocardial infarction. (See **PRECAUTIONS**.)

Hypersensitivity reactions will occasionally occur, are usually seen as skin rashes, and may progress to exfoliation. Anaphylactic reaction and laryngospasm are rare.

Pralidoxime Chloride

Pralidoxime can cause blurred vision, diplopia and impaired accommodation, dizziness, headache, drowsiness, nausea, tachycardia, increased systolic and diastolic blood pressure, muscular weakness, dry mouth, emesis, rash, dry skin, hyperventilation, decreased renal function, and decreased sweating when given parenterally to normal volunteers who have not been exposed to anticholinesterase poisons.

In several cases of organophosphorus poisoning, excitement and manic behavior have occurred immediately following recovery of consciousness, in either the presence or absence of pralidoxime administration. However, similar behavior has not been reported in subjects given pralidoxime in the absence of organophosphorus poisoning.

Elevations in SGOT and/or SGPT enzyme levels were observed in 1 of 6 normal volunteers given 1200 mg of pralidoxime intramuscularly, and in 4 of 6 volunteers given 1800 mg intramuscularly. Levels returned to normal in about 2 weeks. Transient elevations in creatine kinase were observed in all normal volunteers given the drug.

Atropine and Pralidoxime Chloride

When atropine and pralidoxime are used together, the signs of atropinization may occur earlier than might be expected when atropine is used alone.

OVERDOSAGE

Symptoms:

Atropine

Manifestations of atropine overdose are dose-related and include flushing, dry skin and mucous membranes, tachycardia, widely dilated pupils that are poorly responsive to light, blurred vision, and fever (which can sometimes be dangerously elevated). Locomotor difficulties, disorientation, hallucinations, delirium, confusion, agitation, coma, and central depression can occur and may last 48 hours or longer. In instances of severe atropine intoxication, respiratory depression, coma, circulatory collapse, and death may occur.

The fatal dose of atropine is unknown. In the treatment of organophosphorus poisoning, doses as high as 1000 mg have been given. The few deaths in adults reported in the literature were generally seen using typical clinical doses of atropine often in the setting of bradycardia associated with an acute myocardial infarction, or with larger doses, due to overheating in a setting of vigorous physical activity in a hot environment.

Pralidoxime

It may be difficult to differentiate some of the side effects due to pralidoxime from those due to organophosphorus poisoning. Symptoms of pralidoxime overdose may include: dizziness, blurred vision, diplopia, headache, impaired accommodation, nausea, and slight tachycardia. Transient hypertension due to pralidoxime may last several hours.

Treatment: For atropine overdose, supportive treatment should be administered. If respiration is depressed, artificial respiration with oxygen is necessary. Ice bags, a hypothermia blanket, or other methods of cooling may be required to reduce atropine-induced fever, especially in children. Catheterization may be necessary if urinary retention occurs. Since atropine elimination takes place through the kidney, urinary output must be maintained and increased if possible; intravenous fluids may be indicated. Because of atropine-induced photophobia, the room should be darkened.

A short-acting barbiturate or diazepam may be needed to control marked excitement and convulsions. However, large doses for sedation should be avoided because central depressant action may coincide with the depression occurring late in severe atropine poisoning. Central stimulants are not recommended.

Physostigmine, given as an atropine antidote by slow intravenous injection of 1 to 4 mg (0.5 to 1.0 mg in children) rapidly abolishes delirium and coma caused by large doses of atropine. Since physostigmine has a short duration of action, the patient may again lapse into coma after 1 or 2 hours, and require repeated doses. Neostigmine, pilocarpine, and methacholine are of little benefit, since they do not penetrate the blood-brain barrier.

Pralidoxime-induced hypertension has been treated by administering phentolamine 5 mg intravenously, repeated if necessary due to phentolamine's short duration of action. In the absence of substantial clinical data regarding use of phentolamine to treat pralidoxime-induced hypertension, consider slow infusion to avoid precipitous corrections in blood pressure.

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Advocacy program focuses on moving EMS agenda forward

The year 2010 was a banner year for NAEMT advocacy. NAEMT led the way in establishing EMS on the Hill Day, took positions on key issues of great impact to EMS practitioners, and actively advocated for legislation in support of the EMS profession.

With little significant movement on EMS issues in Congress this past year, 2011 NAEMT legislative priorities will focus on:

The Medicare Ambulance Access Preservation Act of 2009 (S. 1066, H.R. 2443) - This would provide permanent Medicare reimbursement relief for ambulance services consistent with the 1997 GAO report that determined that they are paid significantly below cost. It would provide a permanent 6 percent increase for ambulance transports originating in urban or rural areas and add a bonus payment for transports originating in super rural areas.



The NAEMT Board of Directors met with Drew Dawson and NHTSA staff in Washington, D.C.

The Dale Long Emergency Medical Service Providers Protection Act (S. 1353) and the Nongovernmental Emergency Responder Family Protection Act (H.R. 2485) - Both bills would extend the Public Safety Officers' Benefits (PSOB) program — which currently only applies to those employed by a federal, state or local government entity — to EMS professionals employed by private, non-profit EMS agencies.

The Broadband for First Responders Act of 2010 (H.R. 5081) - This bill would enhance public safety by making more spectrum available to public safety agencies, facilitating the development of a wireless public safety broadband network, and providing standards for the spectrum needs of public safety agencies.

The Strengthening Community Service Act of 2010

- This would establish a grant program to reimburse public safety agencies for additional expenses incurred when a police officer, firefighter, paramedic or EMT who is in the National Guard or Reserves is deployed for active military duty.

Field EMS Bill - This bill would implement a cohesive strategy to strengthen the development of our nation's field EMS at the federal, state and local levels. The bill will promote patient-centered, medically directed, evidence-based, cost-effective and safe field EMS service throughout the United States to enhance 24/7 readiness, catastrophic preparedness and continual innovation in quality and capability for the betterment of patients.

With the recent turnover in both houses of Congress, NAEMT's 2011 advocacy work will focus on educating and re-educating national leaders and staff on the challenges faced by EMS professionals and services across the country.

"The decisions made in Washington, D.C., directly affect EMS services and practitioners on the local level. For this reason, it is vitally important for EMS practitioners at all levels to take an active role in advocating for their profession to their legislators," says Jules Scadden, an incoming member of the NAEMT Board of Directors and a member of the Advocacy Committee.

It's important that national leaders understand what EMS is and what it is that EMTs and paramedics do, as well as the issues and challenges they face. And it's important for EMS practitioners to build relationships with elected officials so they can serve as a trusted, credible resource to them on EMS issues.

"Advocating for EMS in Washington, D.C., is essential to ensuring our Congressional leaders and their staff understand the key issues that affect the ability of EMS services to effectively serve their communities," says Connie Meyer, NAEMT President-Elect.

NAEMT members can get involved by attending EMS on the Hill Day and advocating in person to their Congressional representatives, or visiting with their staff at their representatives' district offices, as well as reaching out to representatives on specific issues through our Capwiz service, accessible through the NAEMT web site.

To learn more about the NAEMT Advocacy program, please visit the Advocacy section of our web site.

Register for EMS on the Hill Day 2011

NAEMT INVITES ALL MEMBERS TO ATTEND the most important advocacy event of 2011 — EMS on the Hill Day. Held this year from May 3-4, the event provides members with the opportunity to join other EMS professionals from across the nation and meet with Congressional leaders on Capitol Hill to advocate for the passage of key EMS legislation.

EMS on the Hill Day:

- includes representation from all sectors of the EMS community
- sends a consistent message to our elected leaders on the important issues facing EMS in our country
- builds and strengthens our relationships with Senate and House leaders and their staff

Program highlights

May 3, 5 p.m. - Meet with other participants, attend the pre-Hill visit briefing

May 4, morning/afternoon - Attend scheduled appointments with your Senate and House leaders and their staff

May 4, 5 p.m. - Attend the post-Hill visit reception

The Washington Plaza Hotel will serve as the official headquarters for the event.

Coordinated and hosted by NAEMT, last year's first annual EMS on the Hill Day included representation from all sectors of the EMS community, with 120 EMS professionals from 40 states and Puerto Rico advocating to more than 160 U.S. Senators and House Representatives.

"EMS on the Hill Day is an event that provides the opportunity for EMS practitioners to make their voices heard on Capitol Hill. Members of Congress want to hear from their constituents about issues that matter," says Connie Meyer, NAEMT President-Elect. "Please join me in Washington, D.C., for this historic event. The more EMS professionals who participate in EMS on the Hill Day, the louder our national voice."

For more information and to register, please visit the EMS on the Hill Day page in the Advocacy section of www.naemt.org. Registration is open until March 31.



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