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- Able to transport two patients simultaneously
  - We launch for all standby scene flights
  - Able to fly anywhere in Iowa in an hour
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IEMSA

April - June 2006

# VOICE



A VOICE FOR POSITIVE CHANGE IN IOWA EMS

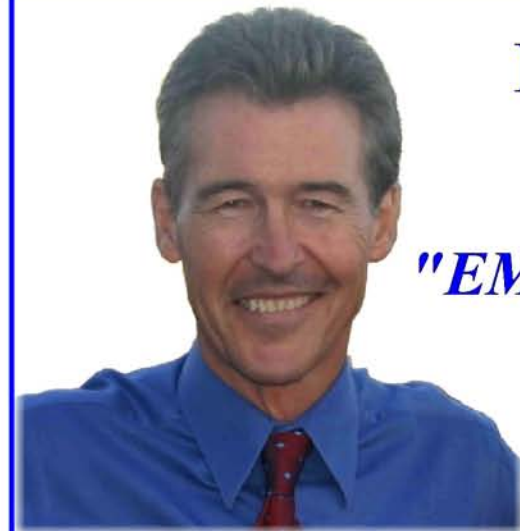


New IEMSA Members **8** | Continuing Education **9** | Legislative Update **15**

Iowa Emergency Medical Services Association

# Keynote Speaker RANDOLPH MANTOOTH

IEMSA 2006 Annual Conference & Trade Show



**Friday, November 10**  
**Keynote Speech**  
*"EMS-Past, Present and Future"*  
**Polk County  
Convention Center**

**Appearance Sponsored by MED-MEDIA & PCC INC**

**FUNDRAISING**

**AUTOGRAPH SESSIONS**

**November 9th & 10th**

**County of Los Angeles Fire Museum's  
THIRD ALARM FIRE SHOP Booth**

Randy will be available to  
autograph purchases made from  
CLAFMA's Third Alarm Fire Shop  
Proceeds benefit the museum's  
**JAMES O. PAGE MEMORIAL BUILDING FUND**

[www.LACountyFireMuseum.com](http://www.LACountyFireMuseum.com)  
[www.RandolphMantooth.com](http://www.RandolphMantooth.com)

An entire generation who grew up  
in the 1970s remembers Randy as  
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on NBC's "EMERGENCY!"



*\*Celebrity Appearance Subject to Change*

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2006  
**IEMSA  
MEETINGS**

**Board Meetings:**

THE IEMSA BOARD OF DIRECTORS WILL  
MEET ON THE FOLLOWING DATES IN  
2006. EACH MEETING (WITH THE EXCEP-  
TION OF THE ANNUAL MEETING) WILL  
BE HELD AT THE RACCOON RIVER  
NATURE LODGE, 2500 GRAND AVENUE,  
WEST DES MOINES. ALL MEETINGS,  
WITH THE EXCEPTION OF THE ANNUAL  
MEETING WILL BE HELD AT 1:00 P.M.

2006

- June 15
- **NO JULY**
- August 17
- September 21
- October 19
- **November 9**
- **ANNUAL**
- **MEETING**
- December 21

**Additional Important Dates:**

**Annual Conference  
& Trade Show  
November 9 – 11, 2006  
Des Moines, Iowa**

## NEWS to SHARE

Are you working on an exciting program that  
needs to be shared with the membership of  
IEMSA? Do you know of an EMS-related  
educational program that needs to be show-  
cased? Has your service won an award or  
done something outstanding? Do you want to  
honor a special member of your staff or of the  
community? If so, you can submit an article to  
be published in the IEMSA newsletter! In  
order to do this, just prepare a press release  
(and pictures, if appropriate) and e-mail it to  
[Administration@iemsanet.net](mailto:Administration@iemsanet.net) by the following  
dates: August 1 (to be mailed by August 18),  
November 17 (to be mailed by December  
15).

The Newsletter Committee will review all  
articles submitted and reserves the right to  
edit the articles, if necessary.

## CALLING FOR EMT'S IN ACTION:

Please email your EMT action photos to  
[Administration@iemsanet.net](mailto:Administration@iemsanet.net).

IEMSA

Vol. 2006-02, April - June, 2006

**VOICE**



Iowa Emergency Medical Services Association Newsletter is Published Quarterly by:

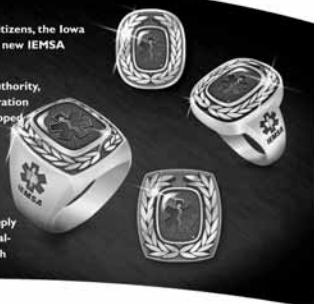
**IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION**  
2600 Vine Street, Suite 400 • West Des Moines, IA 50265

## THE IEMSA MEMBER RING

In recognition of the men and women in EMS that service its citizens, the Iowa Emergency Medical Services Association proudly announces its new IEMSA member ring!

Throughout history, the ring has stood as a symbol of power, authority, commitment and prestige. In light of this, the IEMSA, in cooperation with premier ring manufacturer MTM Recognition, have developed an IEMSA member ring that all members can wear with pride and honor!

The IEMSA Member Ring is made in the same MTM Recognition plant that produces countless championship rings for the professional sports world. Master craftsmen transform precious gold into an IEMSA ring that is a work of art, with deeply detailed and modeled shanks, antiqued background and a specialized hand-polished finish. Your ring can also be personalized with initials engraved inside the ring.



### ORDERING INSTRUCTIONS

Because each ring is custom manufactured, ALL INFORMATION MUST BE COMPLETED before your order can be processed.

Initials of Full Name \_\_\_\_\_

(Note: engraving accuracy is dependent on legible instructions)

Ring Size \_\_\_\_\_

(Note: accuracy is dependent on legible instructions)

### METAL FINISH & STYLE

Titanium gold Finish ☐ Man's \$168.15 ☐ Woman's \$168.15  
Stainless Steel Silver ☐ Man's \$138.15 ☐ Woman's \$138.15  
10-kt. White Gold ☐ Man's \$390.00 ☐ Woman's \$270.00  
10-kt. Yellow Gold ☐ Man's \$390.00 ☐ Woman's \$270.00

### PAYMENT OPTIONS

Please choose ONE method only

☐ Cashier's Check made payable to MTM Recognition

☐ Visa ☐ MasterCard

Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Ring Price \$ \_\_\_\_\_

Your local sales tax \$ \_\_\_\_\_ 10.00

Shipping/Insurance \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

### PURCHASER INFORMATION

Name \_\_\_\_\_

Address (No P.O. Box) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (with area code) \_\_\_\_\_

Signature \_\_\_\_\_

### SHIPPING INFORMATION

☐ check if same as above

Name \_\_\_\_\_

Address (No P.O. Box) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### SPECIAL INSTRUCTIONS

1. Order Cancellation  
A cancellation charge of 50% of your total will be assessed for the cancellation of any order.
2. Delivery  
Allow 4-6 weeks from receipt of order.
3. Incomplete Order Forms  
Will be returned for clarification.
4. Multiple Orders  
Please order one ring per order form. You may copy or duplicate this form as necessary.

### SEND COMPLETED ORDER FORM TO:

IEMSA Ring  
MTM Recognition  
P.O. Box 94065  
Des Moines, IA 50394

Questions? Please call (515) 276-2722

# Letter from the President

BY JEFFERY D. DUMERMUTH,  
PRESIDENT, IEMSA BOARD  
OF DIRECTORS

As I write this article, we are rapidly approaching EMS Week where we recognize ourselves and others for our accomplishments and try to move EMS into the mainstream of public safety. By the time this is published however, EMS week will have passed. Hopefully, you can look back and realize how important you all are to your communities. Don't forget to thank your families for their support of you as you serve your community. They make a sacrifice, too!



I was honored to receive the EMS Provider of the Year Award by ASIS International at their awards banquet in Des Moines. It was nice to see that this organization (American Society of Industrial Security) has recognized EMS in its own right in the public safety arena. The recognition by Mercy Medical Center — Des Moines was also greatly appreciated.

Receiving this recognition has made me focus on our organization and our accomplishments over the past three and a half years that I have had the privilege of serving as your President. It has also made me contemplate the fact that my term will be up in just a few short months. We have a lot more work to do to continue to promote and improve EMS in Iowa. Hopefully, we can pull together a leadership academy as well as some leadership weekend trainings for those who cannot commit several days during the week. Watch for more information as your association continues to be on the move. ■

## IMPORTANT ANNOUNCEMENT!

IEMSA's e-mail address will be changing, effective June 1st.

The new e-mail address for Administrative Services is:  
**Administration@iemsanet.net**

You can reach Karen Kreider, IEMSA's Office Administrator directly at  
**kqkreider@iemsanet.net**

## Two Wheel Trauma Program Great Success!

March 18th brought EMS continuing education to Genesis Heart Institute in Davenport, IA.

ABATE of Iowa (A Brotherhood Aimed Towards Education) Districts 15, 21 and 22 sponsored the Two Wheel Trauma program. This program's objective was to enhance the survival rate for the injured rider(s) of bicycles, motorcycles, ATVs, mopeds, snowmobiles and other vehicles of similar design and to reduce the potential for rescuer injury due to inappropriate action at the accident scene. 96 EMS providers, nurses and doctors from 53 cities and 27 counties attended the workshop. Dick "Slider" Gilmore, Anita Bailey and Frank Prowant brought their entertaining and educational presentations for this course to Scott County. Thanks to ABATE, 6 hours of CEHs and lunch were provided at no charge. Please thank your local ABATE members for making this partnership a winning situation. ■

## PAPER IS DEAD (OR AT LEAST DYING)

In an effort to get up to speed with the technological age we are in, IEMSA is moving toward more paperless processes such as the on-line conference registration, the on-line conference evaluation and the on-line membership renewal which most of IEMSA's membership has had a chance to experience.

Our next step is to conduct our ballot on line. Accordingly, the ballot for Board seat elections that is done in the fall will be conducted primarily on line. Have no fear; however, paper ballots will still be available for those who request them.

The new voting process will be described in detail in the July-September newsletter that is due out in mid-August.

## Your patients deserve Level I trauma care!

Life Flight is an integral component of central Iowa's ONLY Level I Trauma Team at Iowa Methodist Medical Center and Blank Children's Hospital

**IOWA HEALTH**  
DES MOINES  
Methodist • Lutheran • Blank

Education • Life Flight • Emergency Department • ICCU/CCU • Rehabilitation

## Membership Announcements:

### GROUP PURCHASING

Affiliate Members — Don't forget to check out the discounts available through IEMSA's Group Purchasing program. Visit the Group Purchasing Page of [www.iemsanet.net](http://www.iemsanet.net) to get connected with Alliance Medical, Inc. and Tri-Anim Health Services, Inc.

### NAEMT MEMBERSHIP DISCOUNT

Members of IEMSA receive a 25% savings on individual membership dues. Call (800) 34-NAEMT to learn more.

### MEMBERSHIP DATABASE

Occasionally, we make our membership list available to carefully screened companies and organizations whose products and organizations may interest you, as well as board candidates who wish to solicit your vote. Many members find these mailings valuable. However, if you do not wish to receive these mailings (via postal service or e-mail), just send a note saying "do not release my name for mailings" to the IEMSA office via fax (515-225-9080), e-mail ([Administration@iemsanet.net](mailto:Administration@iemsanet.net)) or regular mail (2600 Vine St., Ste. 400, West Des Moines, IA 50265). In order to ensure the correct adjustment to our data base, please include your name, address and membership number.

### INDIVIDUAL MEMBERSHIP RENEWALS

You can now renew your membership online with your credit card! Visit the Membership Information page of [www.iemsanet.net](http://www.iemsanet.net) and click on the "Renew or Establish an IEMSA Individual Membership" link. If you want to know what your membership expiration date is, you can click on the "IEMSA Membership List" link, find your name and check out when your membership expires. This list will be updated monthly.

### DISCOUNT RATES

AAA Insurance Products are now available to IEMSA membership at the Association discount rate. Contact: Cameron Torstenson, Group Relationship Manager for Iowa at 515-707-1516.

AFLAC Insurance Products are also available to IEMSA membership at the Association discount rate. Contact: Marvin A. Wittrock, District Sales Manager at 515-432-0578

### IEMSA RINGS AVAILABLE

Don't forget to purchase your IEMSA Ring from MTM Recognition. Contact Fred Stoeker at 515-276-2722.

## University of Okoboji EMS Conference

Spirit Lake, Iowa • September 23-24, 2006



**Speakers:** Captain Al Haynes, Patricia Hicks Mike Smith, Local and regional instructors.

**Topics:** The story of flight 232, Elder Abuse, EMS Response to Tasers, Sleep deprivation in EMS.

**Features:** Great Food, Helicopters, K-9 Demo's, Vendors and more.

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# The Scoop on Scope

## Ask for Permission or Beg for Forgiveness?

BY ROSEMARY ADAM

Let's first re-visit an old story: You have successfully rescued, immobilized and transported a trauma patient to your local Level 4 Trauma Care Facility where the ER doctor inserted a chest tube for this patient with a pneumothorax. The ER now wants you to transfer this patient to a Level 1 Trauma Care Facility for his pelvic fracture. The patient is relatively stable and the transfer will take about 1 hour. Besides the chest tube, immobilization and 2 non-medicated IVs, this patient also has a pelvic binder applied.

Can the following crew configurations transport this patient within their scope of practice (and to comply with EMTALA regulations):

1. 2 EMT-Basics?
2. 2 EMT-Basics with an LPN from the ER?
3. 2 EMT-Basics with an RN from the ER?
4. 1 EMT-Basic and 1 EMT-Intermediate (1985 Curriculum)?
5. 1 EMT-Basic and 1 National Standard EMT-Intermediate (Iowa Paramedic)?
6. 1 EMT-Basic and 1 National Standard EMT-Paramedic (Paramedic Specialist)?
7. Any certified EMS provider with a PS and Critical Care Endorsement?



By current Iowa rules, the only crew configurations listed to the left that can transport this patient are Numbers 3 and 7. Surprised?

What if the local physician orders you to transport this patient even though your crew configuration may be similar to Numbers 1, 2, 4, 5, and 6?

Let's look at the consequences of operating outside your scope of practice. Somehow the Bureau of EMS finds out about this transfer — usually because something happened to the patient or the equipment during the transfer. Who would get into trouble? Each certified EMS provider, the ambulance service, the medical director and the hospital that transferred the patient — all would be susceptible to, not only Department of Health investigation, but federal fines and penalties. Any licensed nurses operating outside of their scope of practice would also answer to the Iowa Board of Nursing. Can they beg for forgiveness once the incident occurs? ...Usually not.

Incidents like this should not occur. Hospitals should have credentialed transport agencies PRIOR to the transfers — asking, “Can your certified personnel with current protocols and equipment safely transfer my patient given this or that condition?” Each individual should know and educate other health care professionals on the limits of their scope of practice BEFORE incidents like this occur and be

wise enough to say “no” when asked to operate outside that scope.

How about asking for permission ahead of time? There are some skills and special equipment that are outside the current curriculum for each EMS level that could be investigated by your Medical Director and ambulance service. For instance, Keokuk County Ambulance has a pre-approved study in progress that is investigating use of the new King LT® airways at the basic level.

How do we ask for permission? First, do your research. What special skills or equipment may be transferred out of your local ERs on a routine basis that is outside your service's scope of practice? Can that skill be taught to your entire crew in an educationally sound curriculum and will your service track use of the skill for Performance Improvement/Quality Assurance? What research has been done on that skill by other transport agencies — does it support my application? Then, contact Joe Ferrell at the IDPH, Bureau of EMS. This type of project will then be discussed by the Scope of Practice Sub-Committee and then the Advisory Committee for EMS at the State level.

In these types of cases — it is much better for our patients AND is more professional to seek permission instead of inadvertently injuring our patients through ignorance and personally suffering the consequences of an unethical action. ■



## EM-POD:

AN EM/EMS DIGITAL COLLECTION OF VIDEO PROCEDURES, AUDIO LECTURES AND PHOTOS



**Christopher S. Russi, DO**  
IEMSA Medical Director, Assistant Professor of Emergency Medicine, University of Iowa — Department of Emergency Medicine

“Medicine is repetition.” This quote from my residency director carries truth for me as I journey through my career in emergency medicine. To continually serve our patients well, we are challenged to maintain an understanding of an extremely dynamic scientific field. Textbook material is often outdated in less than a year and new protocols, devices and skills are constantly developing to provide the most up-to-date care for our critically ill prehospital and emergency department patients. Carrying around textbooks to review topics is unrealistic and maintaining libraries can be costly. Digital technology now provides the ability to review pertinent medical information “real-time” in a variety of settings: the patient's bedside, in the ambulance or helicopter, commuting to work.

The EMS Learning Resource Center and the Iowa Emergency Medicine Residency Program at the University of Iowa have developed a growing digital repository of EM and EMS materials to be reviewed at the leisure of the user. The repository, or digital library, houses lectures and procedure videos for our EM/EMS providers.

Our pilot design uses Apple's iTunes software and is designed for an iPod digital video and MP3 player. However, the beauty of the content delivery vehicle is that you do not need an iPod to view or listen to the material. Apple's iTunes soft-

ware (free from their website) will allow you to view and listen to the podcast material in its entirety from a laptop or desktop PC or Macintosh. The iPod simply allows you to take the content from iTunes and review it “on the go.”

**Q:** “What is iTunes?”

**A:** The software that Apple has created for music, videos, TV shows and educational materials.

**Q:** “What is an iPod?”

**A:** A handheld device that allows you to carry libraries of lectures, music and videos.

**Q:** “Do I need an iPod to view this stuff?”

**A:** No. You only need an iPod if you wish to carry the material with you.

**Q:** “How do I get this?”

**A:** Put iTunes on your computer:

- Open your internet browser (Internet Explorer or Mozilla Firefox)
- Go to Apple's Website: [www.apple.com](http://www.apple.com)
- Click on the “iPod + iTunes” tab near the top of the screen
- Click on “Free Download” to get the latest version of iTunes
- Follow the instructions you are given to install

Now that you have iTunes — time to PODCAST!

- Open iTunes software (you should be routed to the “Music Store”)
- From the Music Store click on “Podcasts” in the left column
- Now in the left column you will see an empty space to search. Type “emergency medicine” and hit enter or return on your keyboard
- You should see the University of Iowa's Podcast. Click on our logo.
- Click on “Subscribe”
- In the left column of iTunes click on “Podcasts”

CONGRATULATIONS! You are now free to review all of the content in the repository at your leisure!

Our hope is that this media and the collective resources will serve as an educational outreach tool. We are very interested in your comments and ideas on how to improve this for emergency healthcare providers. If you would like to see a change or hear about a topic, please contact us via email: [christopher-russi@uiowa.edu](mailto:christopher-russi@uiowa.edu). ■

# Welcome New IEMSA Members

FEBRUARY – APRIL, 2006

CORPORATE SPONSORS:

Code Red Inc.

Physicians Claims Co. Inc.

AFFILIATES:

Anthon Rescue Squad  
Bayard Ambulance  
Boone County Hospital  
Bussey Fire & Rescue  
Clay County Emergency Medical Services

Dubuque Fire Department  
Key West Fire/EMS  
Knoxville Fire Rescue Dept  
Lansing EMS  
Morning Sun Ambulance Service

Rockwell City Ambulance Service  
Treyvor Fire & Rescue  
Van Horne First Responders  
Wallingford Rescue  
Wapello Community Ambulance Service

INDIVIDUALS:

Connie Andersen  
Mike Anderson  
Jerry Aschenbrenner  
Laurie Baatz  
Michael R. Back  
Nicole Baer  
Robert Baugh  
Cynthia Bequette-Huey  
Dan Berens  
Jason Bina  
Kurt Blackburn  
Marvin Boldt  
Brad Boldt  
Sara Bonham  
Jim Boon  
Paula Borland  
Kathleen Brennan  
Kalie Brenneman  
Cheryl Brinks  
Dick Brosh  
Jesse Burdde  
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Lincoln Calvin  
Al Cannon  
Amanda Cantill-Sosa  
Tate Christensen  
Chris Clark  
Travis Clifton  
Rachelle Cochran  
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Tina Cochran  
Christopher Cochran  
Matthew Connell

Amber Corr  
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IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION

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IEMSA CONTINUING EDUCATION ALTERNATIVE MEDICINE: THERAPIES AND TREATMENTS



ANGLE:

*Strong need for knowledge of alternative medicine practices, including homeopathic and herbal medications, is vital to a complete and comprehensive pre-hospital assessment and treatment of patients suffering unknown altered mentation and seizure etiology.*

OBJECTIVES:

Each participant should be able to successfully complete a 10-question quiz after reading this piece and be able to:

1. Discuss why gaining knowledge in alternative medical practices is important and why patients who use this form of treatment may change how EMS provides care.
2. Describe the difference between a homeopathic and an herbal medicine.
3. List the 2 assessment and the 2 treatment criteria in Traumatic Brain Injury (TBI).
4. Discuss the use and side effects of the herbal and homeopathic medicine called Belladonna.

ABOUT THE AUTHOR:

*Julie is a Consultant/CQI/Data officer and part-time staff paramedic for Sac County EMS. Julie is currently serving on the Board of Directors of the Iowa EMS Association, and Iowa Scope of Practice committee.*

# CONTINUING *education*

## Alternative Medicine: Therapies and Treatments

# YOU MAKE THE CALL!

BY JULIE K. SCADDEN, NREMT-P, PS

The Call

You and your partner are dispatched to the offices of a law firm for an unknown person down. Your dispatcher also advises you that an engine company from the local fire department has been dispatched as BLS first responders.

You arrive at the building a few minutes behind the engine company. The receptionist points you toward the patient. Upon arrival, you see a male in his mid-40s lying on the ground. The firefighters have given you a first set of vitals. BP 140/80, HR 130, RR 18. The first responders have just started administering oxygen at 10 LPM via a non-rebreather. One of the first responders reports the blood glucose at 130 mg/dL.

The man's secretary reports that he was in an accident last night, having been hit on his bicycle by a large SUV. He was unable to see his physician but she reports his calendar showed an appointment with some sort of alternative medicine provider during his lunch hour. He returned with a bottle of "homeopathic" medicine and his arm in a sling. About 15 minutes ago, he threw up and then passed out.

Upon initial survey, you notice the patient's skin is hot, dry and flushed.

The patient seems confused and reports seeing snakes, although there are none. Your cardiac monitor shows a sinus

tachycardia at 140 bpm with no ectopy noted. As you continue a rapid trauma survey, you note a dressing on the right shoulder with the right arm secured in a sling and that the patient has obviously dilated (equal) pupils.

Just as you get the bottle from the secretary, the patient goes into an active, generalized seizure.

You make the call!

What is causing this patient's deterioration? What is the extent of the injuries suffered in the MVC? What treatments did he have when he visited his alternative medicine provider? What is in the bottle of homeopathic medicine he is taking? Let the games begin!!

What do we know?

Your patient was involved in a MVC, bicycle vs. SUV. He is unable to tell what injuries he sustained due to an altered mental state - hallucinations and confusion. We know he has an arm/shoulder injury that is in a splint. Blood pressure and respirations are within normal limits, but his heart rate is rapid and his skin vitals are not consistent with expected trauma injuries. He has had one emesis and a syncopal episode. There is dressing applied to his right shoulder and what's up with those pupils? What do you suspect is going on — trauma, medication or both?

(Continued to page 10)

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### Traumatic Brain Injury (TBI)

Traumatic Brain Injury should be suspected in this case based the on the mechanism of injury; bicycle vs. SUV. The patient is unable to relate to you the events preceding the accident, the extent of all injuries he may have suffered or if there was any loss of consciousness.

Determination of a possible TBI will be discovered through a thorough patient assessment and your knowledge of TBI criteria.

There are 2 findings in your assessment that might determine TBI:

1. Level of consciousness-Glasgow Coma Scale (GCS)
  - a. GCS 14-15: mild
  - b. GCS 9-13: moderate
  - c. GCS 3-8: severe
2. Pupil Response
  - a. Bilateral symmetry-reactive
  - b. Asymmetric pupils differ more than 1 mm
  - c. Dilation-greater than or equal to 4 mm diameter in adults

There are treatment goals with the patient who has a potential TBI:

1. Systolic Blood Pressure, avoid hypotension, keep SBP > 90 mmHg
2. Oxygen Saturation
  - a. Pulse oximetry over 90%
  - b. Mucous membranes (mouth and tongue) should be pink and perfused
  - c. Ventilation rates-approximate breaths per minute
    1. 10 bpm for adults (every 6 seconds)
    2. 20 bpm for children (every 3 seconds)
    3. 30 bpm for infants (every 2.5 seconds)
3. Additionally, hypoglycemia should be checked on any patient with altered mental status of undetermined etiology.

### Does your patient fit the criteria for a TBI?

Mechanism of injury would indicate a possibility of TBI. His pupils are dilated to a 6 bilaterally, systolic BP is 140, oxygen saturation is above 90%, but mucous membranes are dry. The patient assess-

ment determines a GCS of 11 prior to the seizure. The patient has vomited once; often present in TBI cases. Blood glucose check shows a result of 130 mg/dL.

### Could the patient have internal bleeding?

Signs and symptoms of internal bleeding most often present as hypoperfusion (shock):

1. Signs of shock include a weak and rapid pulse, shallow, rapid and irregular breathing, cool and clammy skin, dilated pupils and a mental status from alert to unconsciousness.
2. Symptoms of shock include restlessness, thirst, weakness, fright, fainting, nausea, anxiousness, dizziness. Blood pressure may range from normal to hypotensive as shock progresses.

Determination of a possible Traumatic Brain Injury (TBI) will be discovered through a thorough patient assessment and your knowledge of TBI criteria.

Does our patient fit the signs and symptoms of shock? Mechanism of injury would and should lead us to consider internal bleeding. However, are the signs and symptoms consistent with hypoperfusion? Pupils are dilated, patient does have an altered mental status with tachycardia, but respirations are normal and skin vitals are not consistent with shock.

### Is our patient suffering from medication side effects?

What about that visit to the “alternative medicine” provider? What is that bottle of homeopathic medication he brought back with him?

### Homeopathy and Homeopathic Medications



Homeopathy is a 200-year-old therapeutic system that uses small doses of various substances to stimulate self-healing. Homeopathy was developed at the end of the 18th century by Samuel Hahnemann, a German physician. The basis of homeopathy was to treat a disease with a substance which, in large doses, could reproduce the symptoms of that disease in a healthy person. It provided an alternative to the sometimes abusive treatments of conventional medicine of that era, such as blood letting, vomiting and purging. The University of Iowa had a College of Homeopathic Medicine from 1887 to 1919.

Hahnemann theorized that if a large amount of a substance caused certain symptoms in a healthy person, smaller amounts of the same substance can treat those symptoms in someone who is ill, “like is cured by like.” Hahnemann believed that a substance’s strength and effectiveness increased the more it was diluted. Minuscule doses were prepared by repeatedly diluting the active ingredients by factors of 10. In later years when these dilutes were run through testing, often there was no evidence of the original extract present in the dilute. This created an atmosphere of suspicion and doubt concerning the effectiveness of homeopathic practices.

Why is homeopathic medicine so attractive to patients in this era of “modern medicine?” Homeopathy has recently undergone a revival in the United States and around the world. It is available over the counter, in many cases much cheaper than conventional medications and readily available. Many of us use ingredients every day that are included in homeopathic and herbal medications.

Chamomile is a well known herb that is used primarily in a tea to help people relax. Chamomile is also used in homeopathic medicines to aid individuals who are having difficulty sleeping, with loss of appetite, menopausal depression, anxiety, motion sickness and the aches and pains of flu.

Onion is considered to be at least somewhat effective against colds, heart disease, diabetes, osteoporosis and contains anti-inflammatory, anticholesterol, anticancer and antioxidant components.

Even some of nature’s most dangerous creations have found a use in homeopathic medications:

Belladonna is a plant that was used widely 200 years ago for many ailments. Belladonna alkaline (more commonly known as Deadly Nightshade) was used as a narcotic, diuretic, sedative, antispasmodic as well as being valuable in the treatment of eye diseases. Atropine, the extract of the belladonna plant, is used in eye surgery to dilate the pupils. Various preparations of Belladonna have many uses. Poultices of Belladonna are often applied to the injured or sprained part following a fall or injury. It is considered of value in acute sore throat and relieves local inflammation and congestion. Locally applied, it appears to lessen irritability and pain in cases of neuralgia, gout, rheumatism and sciatica. Belladonna alkaline (Atropine) is an anticholinergic that can become toxic when taken in high doses.

Poison Ivy, something we have all been taught to avoid at all costs, can be used in an ointment with prickly ash bark and alfalfa seeds and is purported to be good when applied externally for arthritis. When used in homeopathic medicines, poison ivy is often used for people with skin problems. By the way, while harvesting this plant for your skin problems,

you can rub the juice of a jewelweed over the exposed area of skin to avoid a poison ivy rash.

### Homeopathic vs. Herbal Remedies

Homeopathic remedies and herbal remedies are not the same thing. Though many homeopathic remedies are based on herbs or other ingredients, they are then diluted until there is only the tiniest, if any, amount of the original substance left. Herbal remedies are millions of times less

Homeopathic remedies and herbal remedies are not the same thing.

dilute. They also differ in the manner they are prescribed. Homeopaths are given according to the law of similar (the remedy would produce the same symptoms as the patient is already experiencing). Herbal remedies are given like conventional medications.

An example of this difference is an onion. The onion is used homeopathically for treating hayfever, as the experience of inhaling onion fumes produces symptoms



similar to hayfever. In herbal medicine, onions are used for their antioxidant properties and are used in treating colds and flu.

### Let’s return to our scenario.

Patient has begun to have an active seizure.

You have established an IV and administered 5 mg of valium, which has proven effective in stopping the seizure activity. O2 is in place via NRB at 10 LPM. Pt has been rapidly packaged using full spinal immobilization. Rapid transport to the nearest trauma center is determined. Airway remains patent, however you are prepared to intubate if necessary.

While enroute, pt is exposed with a full head-to-toe assessment performed. You find no swelling or deformity to the head or neck. Breath sounds are clear and equal bilaterally. You note swelling and bruising over the right side rib area with numerous abrasions and crepitus present. Previous deformity to right shoulder is noted, however you also notice what appears to be some kind of poultice applied over the joint. Abdomen is soft with no bruising noted. Pelvis is stable. Swelling and ecchymosis is present to the right thigh with no deformity present. Pedal pulses are present bilaterally. No injury noted to left upper extremity, previous noted injury to right shoulder with additional contusions and abrasions noted to lower right arm. Radial pulses present bilaterally. You remove the poultice to expose injury below, noting an ointment residue present over the deformed area of the shoulder. You place the poultice in a biohazard bag to give to the ED physician.

Reassessment of vital signs determines a blood pressure of 110/68, R-16 shallow, P-122, skin-flushed, hot and dry, SpO2 at 94%, temp is 101.8 deg F. Patient begins to regain consciousness and appears confused but is no longer hallucinating. You have given the patient a fluid bolus of 250cc and are in the process of giving a second IV fluid bolus. The patient is complaining of pain in the right shoulder, but continues to be confused over previous events.

Upon arrival at the emergency department, you transfer your patient into the care of the ED staff, providing a follow up patient report. At that time, you also

(Continued to page 12)

(Continued from page 11)

turn over the bag containing the poultice as well as the bottle of medication the patient's secretary gave you. As the ED physician listens to your report, he begins reading from the bottle he has been handed. He immediately looks at the poultice, but as you reach in the bag to get the poultice, he notices that you have taken your gloves off. He stops you from taking the poultice out of the bag and asks if everyone who touched the poultice was wearing gloves at the time. You assure him you were and ask why. He asks you to stick around so he can talk to you after assessing the patient.

The ED doctor meets you in the chart room and explains the following. The medication the patient was taken was most likely not a homeopathic dilute but an herbal mixture which contained belladonna alkaline. He further explains that belladonna is used for dilation of the eyes prior to eye procedures and that it is also a natural form of atropine. Homeopathic uses can range from treatment of sore throat and inflammation to pain relief in injuries. Belladonna will cause an anticholinergic response, causing the warm, flushed skin with dry mucous membranes, fever, dilated pupils and in the case of extreme toxicity, seizures are possible. He further explains that as true homeopathic medications are diluted to the point of having the extract usually undetectable in the final product, this medication appears to be an herbal mixture, being many times more concentrated. After examining the poultice, he has determined the ointment on the poultice and shoulder was a topical mixture also containing belladonna. In this case, the patient had gotten an overdose of belladonna through the internal dose and the external absorption of the ointment. He stresses that belladonna is easily absorbed through the skin when in an ointment base and that anyone who had touched the poultice without gloves on could have also gotten a dose of belladonna.

He commends you on removing the poultice, therefore eliminating any additional absorption as well as treating the patient for both the anticholinergic toxicity and a possible traumatic brain injury. He further tells you an easy way to remember the signs and symptoms of anticholinergic toxicity is: **"Hot as an oven, dry as a desert, red as a brick, mad**

**as a Hatter, blind as a bat."**

Later that night you call the ED to check on the patient. You are told he had a severe dislocation of the right shoulder as well as several fractured ribs on the right side. No other serious injuries were found and the CAT scan of the head was negative for a TBI. Pt was admitted for continued monitoring for the toxicity and continuing to respond following fluid therapy with full mentation at this time.

**Summary:**

Homeopathic medications and treatments are becoming increasingly popular in this day of "modern medicine." Often, patients are not able to tell us if they are taking homeopathic or herbal medications and treatments, or they do not think they are important to mention considering they are available without a formal prescription. This continued growth and use of alternative medications indicates a strong need to insure patients are including these treatments and medications in their responses during the SAMPLE history assessment and that EMS providers are looking at the scene for clues that could indicate an alternative medication response may exist. Asking specific questions regarding use of alternative medicine as well as a familiarity with the practices of homeopathic medicine and herbal medications will assure a complete and comprehensive patient assessment followed by appropriate interventions in the prehospital setting. ■

**REFERENCES:**

1. Wesley A. Ogilvie, MPA, JD, EMT-B, Austin, Texas: *Initial Scenario*  
 2. "Belladonna (*Atropa belladonna*) History and Description of Belladonna" [www.a1b2c3.com/drugs](http://www.a1b2c3.com/drugs)  
 3. IPCSINTOX Databank — Dr. J. Szajewski, Director, Warsaw Poison Control Centre  
 4. "Belladonna Poisoning Associated with an Herbal Tea (Tisane) (Mate, Yerba Mate) — New York City, 1994", [www.nobleharbor.com/tea/health/beladona.htm](http://www.nobleharbor.com/tea/health/beladona.htm)  
 5. "Nightshade, Deadly"—A modern Herbal, Mrs. M. Grieve, *Botanical.com*  
 6. Brain Trauma Foundation—"Prehospital Management of Traumatic Brain Injury"  
 7. Annals of Internal Medicine-- "A Critical Overview of Homeopathy", Wayne B. Jonas, MD; Ted J. Kaptchuk, OMD' and Klaus Linde, MD, March 2003, volume 138 issue 5

10 QUESTION POST-ARTICLE

Quiz

- 1) Traumatic Brain Injury criteria states TBI can be suspected in patients who have the following assessment findings except:  
 A) Glasgow Coma Score of 15  
 B) Unequal pupils  
 C) Traumatic injury  
 D) Altered mental status
- 2) Homeopathy is a therapeutic system that uses small doses of nature's creations to stimulate self-healing.  
 A) True  
 B) False
- 3) Signs and symptoms of hypoperfusion (shock) include the following:  
 A) Altered mental status  
 B) Warm, pink, dry skin  
 C) Strong, slow pulse  
 D) All of the above are signs and symptoms of shock
- 4) You are called to the home of a 74 year old female complaining of abdominal pain. While gathering your SAMPLE history, your patient proudly states she does not take any prescription medications. You notice numerous bottles of pills lined up on her dining room table. What should you do next?  
 A) The bottles look like over-the-counter vitamins so you do not need to ask any further questions about them.  
 B) Ask her if she takes vitamins and document her answer.  
 C) Inquire what the different bottles of pills are and why she is taking them.  
 D) Explain to her that you need to know everything she is taking - vitamins, herbal mixtures and over-the-counter medications, and that you will need to take the bottles with you to the hospital for the doctor to look at.

10 QUESTION POST-ARTICLE

Quiz
 continued

- 5) Choose the correct statement, describing why our patients are using more Homeopathic medications:  
 A) While more expensive, they are easily accessible in many stores.  
 B) They are a little hard to get through the internet, but are cheaper than prescription medications.  
 C) These well-advertised medications are easily accessible and cheaper than prescription medications.  
 D) Homeopathic medications are better advertised with specific cures that are proven in research.
- 6) An easy way to remember the signs and symptoms of anticholinergic toxicity is:  
 A) "Dry as a brick, mad as a bat, hot as an oven and red as a beet"  
 B) "Hot as a hare, mad as a hat, red as a beet, dry as a desert"  
 C) "Mad as a hatter, hot as an oven, dry as a desert, red as a brick"  
 D) "Hot as an oven, dry as a desert, red as a brick, mad as a Hatter, blind as a bat"
- 7) Chamomile is an herb used widely by people for all of the following except:  
 A) To help them relax  
 B) Aid with difficulty sleeping  
 C) Menopausal depression  
 D) Chamomile is used for all of the above
- 8) Onion is considered to contain effective anti-inflammatory and antioxidant properties.  
 A) True  
 B) False
- 9) You have been treating an elderly male for dehydration and confusion. His wife has provided you with all the medications he has been taking. She tells you he has been feeling his arthritis pain more often and was taking extra doses of some of his medications for the pain; however she is not sure which ones. As you are reading the back of one bottle you are unfamiliar with, you note that the main ingredient is belladonna. You begin to form a differential diagnosis for the confusion and dehydration through your knowledge that belladonna:  
 A) Contains atropine and can be toxic when taken in high concentrations, producing hallucinations, confusion and possibly seizures.  
 B) Produces an anticholinergic response that causes the drying out of mucous membranes and fever when taken in high doses.  
 C) Doesn't really matter since a true homeopathic dilute would not contain enough atropine to produce an anticholinergic response.  
 D) A & C are correct.  
 E) All of the above are accurate statements concerning belladonna.
- 10) The difference between a homeopathic and an herbal medicine is:  
 A) Homeopathic medications are given like conventional medicines whereas herbal remedies are diluted.  
 B) Herbal remedies are given like conventional medications vs. homeopathic medicines which are diluted.  
 C) Both of these alternatives medicines are prescribed by pharmacists.  
 D) Neither of these alternative medicines are of any value.



IEMSA
 CONTINUING EDUCATION
 answer form

CLIP AND RETURN

(Please print legibly.)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Daytime

Phone Number \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Iowa EMS Association

Member # \_\_\_\_\_

EMS Level \_\_\_\_\_

E-mail \_\_\_\_\_

1.	A.	<input type="checkbox"/>	B.	<input type="checkbox"/>	C.	<input type="checkbox"/>	D.	<input type="checkbox"/>		
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IEMSA Members completing this informal continuing education activity should complete all questions, one through ten, and achieve at least an 80% score in order to receive the one hour of continuing education through The Southwestern Community College in Creston, Provider #14.

For those who have access to email, please email the above information, along with your answers to: [blazek@swcc.cc.ia.us](mailto:blazek@swcc.cc.ia.us).

Otherwise, mail this completed test to:  
 Cheryl Blazek  
 Southwestern Community College  
 1501 Townline Road  
 Creston, IA 50801

The deadline to submit this post test is  
 AUGUST 2, 2006

# Legislative Report

BY RIC JONES, IEMSA PUBLIC POLICY CHAIR

All in all, it's not as bad a session as it feels like it is. We actually made a little progress.

You will wonder, no doubt, what happened to IPERS. An IPERS bill escaped committee and made it to floor debate where an attempt was made to add the amendment providing protection class coverage for EMS workers who are covered by IPERS. We were unsuccessful.

Representative Thomas introduced a bill that will make it a serious misdemeanor (fine from \$ 500 up to \$ 5,000 and/or up to 1 year in the county jail or up to 2 years in prison) to tamper with an AED.

If the Bureau is successful with their budget efforts, we may have a foot in the door to keep EMS viable. The Governor's proposed budget includes funding the Bureau. It has not previously appeared in the Governor's budget.

By the time you are reading this, the Legislature will be adjourned and 150 people will have gone home to their other jobs. It will be helpful to all of us if we seek them out throughout the year, help elect or re-elect them this fall, and to keep EMS in their faces.

Below is the status (as of the morning of May 2) of bills we worked, with the Legislative Services Agency's explanatory summaries:

## Signed by the Governor:

**SF 2318** (assigned to Human Resources Committee):

This bill provides that the emergency medical care requirements for training and certification of and exemptions from liability for emergency medical care providers do not apply to a registered member of the national ski patrol system, an industrial safety officer, a lifeguard, or a person employed or volunteering in a similar capacity when the person provides on-site emergency medical care at a facility solely to the patrons or employees of that facility, provided that the person provides emergency medical care only within the scope of the person's training and certification, and provided the person does not claim to be a



certified emergency medical care provider or use any other term to indicate or imply that the person is a certified emergency medical care provider. The bill also provides that the emergency medical care provisions do not apply to the national ski patrol system or any similar system in which the system provides on-site emergency medical care at a facility solely to the patrons or employees of that facility, provided that the system does not provide transportation to a hospital or other medical facility and provided that such system does not use any term to indicate or imply authorization to transport patients without having obtained proper authorization to transport patients under the subchapter.

*(This was the Bureau's bill to solve and clarify the issue of who can do what outside of EMS. It allows organizations such as NSP to operate outside the Bureau's rules, but prohibits them from providing transport services)*

## Alive and Well for Interim Study:

**SCR 103: SENATE CONCURRENT RESOLUTION NO. 103** (BY HANCOCK; COMPANION TO LSB 5685HH BY HUSER)

A Concurrent Resolution establishing a joint ad hoc committee of members of the Senate and House of Representatives to study emergency services in the state.

*WHEREAS*, emergency services are vital to the health and safety of Iowans; and *WHEREAS*, the organizational structure and governance of emergency services is complex, involving many units of state and local government; and *WHEREAS*, the funding streams available

for emergency services are varied; *NOW THEREFORE, BE IT RESOLVED BY THE SENATE, THE HOUSE OF REPRESENTATIVES CONCURRING*, that a joint ad hoc committee consisting of members from both chambers is established to study emergency services in the state during the Eighty-first General Assembly, 2006 Regular Session; and *BE IT FURTHER RESOLVED*, that the joint ad hoc committee shall receive input from the department of public defense, division of homeland security, departments of human services, public health, and public safety, including the state fire marshal, and representatives of emergency services providers, including but not limited to the Iowa Firemen's Association, Iowa Fire Chiefs Association, Iowa Association of Professional Fire Chiefs, and Iowa Professional Fire Fighters; and *BE IT FURTHER RESOLVED*, that the joint ad hoc committee shall expeditiously complete its study and issue findings and make recommendations regarding the governance, structure, and funding of the state's emergency services.

*(Please note: IEMSA has been added to the list of those represented on the Ad Hoc Committee. We were omitted by clerical error in the Legislative Services Agency that drafts the legislation. Senator Hancock assures me that this has been corrected. This is a good bill and quite overdue. — Ric)*

## Awaiting the Governor's Signature:

**HF 540** Section 1. NEW SECTION. 321.267A TRAFFIC ACCIDENTS INVOLVING CERTIFIED LAW ENFORCEMENT OFFICERS OR OTHER EMERGENCY RESPONDERS — REPORTS.

1. Any traffic accident involving the operation of a motor vehicle by a certified law enforcement officer or other emergency responder shall be reported to the department by the officer's or responder's employer. The officer's or responder's employer shall certify to the department whether or not the accident occurred in the line of duty while operating an official

government vehicle or during the responder's deployment on an emergency call. Such a certification is effective only for the purposes of this section.

2. Notwithstanding section 321.200, upon receiving a certification pursuant to subsection 1, the department shall not include a notation of the accident described in the certification on the officer's or responder's driving record.

3. The provisions of this section shall not relieve a certified law enforcement officer or other emergency responder operating a motor vehicle of the duty to drive with due regard for the safety of all persons.

4. For the purposes of this section, "certified law enforcement officer" means a law enforcement officer who is certified through the Iowa law enforcement academy as provided in section 80B.13, subsection 3, or section 80B.17.

5. For the purposes of this section, "other emergency responder" means a fire fighter certified as a fire fighter I pursuant to rules adopted under chapter 100B and trained in emergency driving or an emergency medical responder certified under chapter 147A and trained in emergency driving.

## Awaiting Senate Action:

**HF 2592** is the IDPH's Technical Corrections Bill and will likely pass and be signed by the Governor. Rep. Thomas added an amendment to it that makes it a serious misdemeanor to tamper with an AED.

## These bills failed funnel and are dead:

**HF 47:** This bill would have increased the fee for special emergency medical services motor vehicle registration plates from \$25 to \$35.

**HF 144:** This bill would have provided that local law enforcement and first responder personnel access to the Iowa communications network.

**HF 2180:** This bill would have prohibited consideration by insurance companies of certain traffic accidents involving volunteer emergency services providers.

**HF 2279:** This bill would have permitted a qualified organization that represents a volunteer emergency services providers



holding an annual game night to award prizes of up to \$100 to a participant per game and up to \$500 for all games conducted during the game night.

## These Bills Survived Funnel, but will probably die on the floor:

**HF 50** (assigned to State Government and Judiciary Committees): This bill relates to the provision of emergency crisis counseling at the place of an emergency or accident by a volunteer critical incident stress team member. The bill provides that a volunteer critical incident stress team member who receives nominal compensation not based upon the value of the services performed at the place of an emergency or an accident shall be considered to be receiving no compensation and shall not be liable for any civil damages for acts or omissions occurring at the place of the emergency or accident while in transit to or from the emergency or accident or while at or being moved to or from an emergency shelter, unless such acts or omissions constitute recklessness.

The bill defines a "volunteer critical incident stress team member" to mean a person who is a member of a volunteer critical incident stress team providing emergency crisis counseling to emergency service personnel at the scene of and after an emergency or accident. "Emergency service personnel" includes, but is not limited to, emergency medical technicians, police officers, fire fighters, dispatchers, paramedics, and mental health personnel. The Iowa Department of Public Health shall adopt rules further defining volunteer critical incident stress team management members.

**HF 231** (assigned to Ways & Means Committee): This bill provides an individual income tax credit of \$500 for an individual who was a volunteer fire fighter or a volunteer emergency medical services personnel for the entire tax year. If the individual was not a volunteer for the

entire tax year, the amount of credit is prorated based upon the months of volunteer service. Only one volunteer position per month may be claimed. The bill takes effect upon enactment and applies retroactively to January 1, 2005, for tax years beginning on or after that date.

**HF 236** (assigned to Ways & Means Committee): This bill provides an individual income tax credit for an individual who was a volunteer fire fighter or volunteer emergency services personnel for the entire tax year. The credit is to compensate the individual for the volunteer services. The amount of the credit equals \$500. The individual must have served for at least one year. If the individual was not a volunteer for the entire tax year, the amount of credit is prorated based upon the months of volunteer service. A credit may be claimed for only one volunteer position per month. The bill takes effect upon enactment and applies retroactively to January 1, 2005, for tax years beginning on or after that date.

**HF 274** (assigned to Ways & Means Committee): Current law allows townships to levy an amount not exceeding 40 1/2 cents per \$1,000 of assessed value of the taxable property in the township for fire protection service and, if the township chooses to provide emergency medical service, for emergency medical services. In townships that contract with a special charter city to provide these services, the levy limit is 54 cents per \$1,000 of assessed value. And, in townships located in a county with a population of 300,000 or more, the levy limit is 67 1/2 cents per \$1,000 of assessed value. In addition, all townships may levy an additional 20 1/4 cents per \$1,000 of assessed value if the described levy amount is insufficient. This bill requires all townships to impose a minimum levy of 40 1/2 cents per \$1,000 of assessed value of the taxable property in the township for fire protection service and, if the township chooses to so provide, for emergency medical service. The bill also strikes the separate additional levy language and adds the amount of the additional levy to the maximum limits that may be levied by all the various townships. The bill applies to taxes due and payable in the fiscal year beginning July 1, 2006. ■

## Honoring Our Own 2006

Please join us for Honoring Our Own 2006, a moving DVD presentation and memorial service honoring Volunteer and Career EMS/Fire personnel from Iowa who are no longer with us.

If you know of someone who has died within the last 10 years and was part of our “family” please plan to include them in this year’s presentation. Please indicate whether or not the death was in the line of duty. Please remember, it does not have to be line of duty death to be featured on this presentation.

Information, and pictures can be sent to: Tom Summitt, 1718 Timberline Drive, Muscatine, Iowa or emailed to [tsummitt@machlink.com](mailto:tsummitt@machlink.com). Please call 563-506-0103 for any questions. Make sure that the photo is of good quality. ■

## Homeland Security Conference in July 2006

The Iowa Homeland Security and Emergency Management Division will be hosting the Third Annual Governor’s Homeland Security Conference July 18-20 at the Polk County Convention Center in Des Moines. This year’s theme is Learning from Yesterday, Planning for Tomorrow.

Keynote speakers on the first day will be U.S. Department of Homeland Security Under Secretary for Preparedness, George Foresman, U.S. Army Chief of Staff General (retired) Dennis Reimers, and State Epidemiologist for the Iowa Department of Public Health, Dr. Patricia Quinlisk. Topics will range from lessons learned from Hurricane Katrina to pandemic influenza.

Breakout sessions on the second day will

cover a variety of topics including agro-terrorism, Iowa’s pandemic influenza plan, catastrophic planning, Iowa’s Disaster Medical Assistance Team’s (DMAT) deployment during Hurricane Katrina and many others. NIMS — the National Incident Management System — will also have a session. (NIMS compliance becomes mandatory in September 2006 to receive any Federal Preparedness funds.) Other topics include Urban Search & Rescue Task Force and Special Needs populations.

Attendees will also have an opportunity to visit the many exhibitors that will be on hand. By doing so, participants will be eligible for an exciting door prize. Registration will be available on the Iowa Homeland Security and Emergency Management website — [www.iowahomelandsecurity.org](http://www.iowahomelandsecurity.org). ■

# Northwest Iowa *Presents* Emergency 2006

BY JULIE K. SCADDEN, REMT-P, IEMSA BOARD MEMBER/NW REGION

Emergency personnel — EMS, Fire, Nursing and Physicians came together in a spirit of fellowship, education and fun, March 10 and 11th for the Emergency 2006 conference held at the Sioux City Convention Center. This conference, sponsored through the cooperative efforts of Mercy Medical Center, St Luke’s Regional Medical Center, Western Iowa Tech Community College and Sioux Lakes EMS Association was first held approximately 30 years ago to provide affordable continuing education for healthcare providers from this tri-state area. Over these past years, it has grown to include providers from all counties in Iowa, as well as EMS and healthcare providers from Nebraska, South Dakota and Minnesota, with the occasional attendees from Missouri and North Dakota.

This year’s event saw an increase in the number of attendees with approximately 610 attending on Friday March 10th and approximately 550 attending on Saturday, March 11th. A new format was unveiled providing for a full vendor hall with many new vendors from the Midwestern states as well as Pennsylvania. Disaster Medical Assistance Team-B displayed the state disaster trailer, in addition to the Urban Search and Rescue Team and the search and rescue dogs, who stole the show in the vendor hall as many felt the need to stop and pet or play with these special rescue workers.

Local, regional and national speakers provided quality continuing education covering a variety of topics including the new CPR guidelines, advanced and difficult airways, Trauma Jeopardy and the Bureau of EMS updates to name just a few. Education through humor was provided by Steve Berry, a popular presenter at this Northwest Iowa Conference. Dave Long brought his “parts car,” demonstrating the newest information on airbag safety and providing the stimulation to keep all alert by blowing up the airbags. Juli Burney provided an inspirational and humorous monologue to end the first day, demonstrating the many positive reasons for fun and laughter in a



Speaker Steve Berry and  
NAEMT President-Elect Jerry Johnston

job that is many times sad and trying.

The Emergency 2006 committee generously donated the equivalent of 2 booths in the vendor hall for a silent auction and poster signing to raise money for the National Association of EMT (NAEMT) Foundation’s EMS & Rescuer Relief Fund. The fund has been actively raising money to aid the many EMS & Rescue workers and their families who lost homes and possessions following the devastation inflicted on Louisiana, Mississippi, Alabama, Texas and Florida by Hurricanes Katrina, Rita and Wilma last fall. NAEMT was able to distribute approximately \$120,000 to 403 families just before Christmas. The NAEMT Board of Directors voted to keep the fund active for a further distribution of funds this spring, establishing a need to replenish the fund for this continued distribution.

Northwest Iowa demonstrated the best of Iowa EMS through donations and fundraising efforts following an initial email request in September 2005, for donations to aid our brethren in the south. They continued the effort to raise as much as possible by bidding on the many items donated for the silent auction from vendors, individuals and conference sponsors.

Jerry Johnston, BA, REMT-P, a distinguished member of the EMS community, Director of Henry County EMS, and currently President-elect of NAEMT, was present on Friday March 10th, personally thanking the people of

Northwest Iowa for their generosity, on behalf of NAEMT, through a brief speech during that day’s luncheon. Mr. Johnston explained the importance of the fund and the efforts by many who continue the task to raise money to be distributed in May.

Steve Berry, who was in New Orleans for the EMS Expo just prior to Katrina’s landfall and remained in New Orleans for several days helping to aid the many displaced people of the New Orleans area, generously donated a print and “I am not an Ambulance Driver” books to NAEMT to aid in the fundraising efforts. Steve spent his spare time between his scheduled presentations signing posters and books for all who donated \$5 or more to the cause.

Through the generosity of many, the silent auction and poster signing raised approximately \$1750 for the relief fund. This money will be part of the funds distributed this spring to the many EMS and rescue workers and their families who continue to provide their services to their communities even while attempting to rebuild their homes and lives. Thank you to each and every individual and squad who made this fundraising effort a giant success. Your efforts are appreciated by the many who will be aided and comforted by your generosity.

Emergency 2006 was an unequivocal success in all of its endeavors. The Northwest Iowa conference committee provided a fun, educational and generous atmosphere for all conference attendees and beyond. Thank you to St. Luke’s Regional Medical Center, Mercy Medical Center, Western Iowa Tech Community College and the Sioux Lakes EMS Association Board of Directors for their continued promotion of quality education and support of the EMS and healthcare communities in Northwest Iowa. Congratulations and thanks to a conference committee that works hard all year to provide a quality educational forum to all healthcare providers in Northwest Iowa and surrounding states. ■

## “What’s New With the Bureau” *for the* IEMSA VOICE

BY ANITA J. BAILEY, PS

We extend a special thanks to our partners on the IEMSA board for inviting us to routinely submit to this vital publication. Quarterly, we intend to provide a brief overview of a couple current issues from the Bureau of EMS.

### Welcome the new Bureau of EMS Chief

The new year has ushered in Bureau management changes following the retirement of Ray Jones. Kirk E. Schmitt comes to Iowa from Monterey, California where he managed their county EMS system for the last couple years. Kirk brings a wealth of experience as a former EMS flight paramedic, CQI coordinator, educator and administrator for both hospital-based and private EMS systems. Kirk is no stranger to rural EMS as he has spent much of his career in the Midwest, primarily in South Dakota.

During 2006, Chief Schmitt plans to attend local, county and state events to meet as many EMS providers as possible. He also will accompany the Bureau staff at training program visits, hospital trauma verifications and service program inspections in each region.

Initially Kirk will focus on getting to know Iowans and reviewing the information gathered during the Bureau assessment

that was conducted in 2005. Kirk is a good listener, open to suggestions and seeks input from all sources.

Join us in welcoming Kirk to Iowa and feel free to contact him at [kschmitt@idph.state.ia.us](mailto:kschmitt@idph.state.ia.us) or 515-281-0437.

### EMS Provider Examination Process Written Examination

After months of intense process review, the Bureau of EMS announces that we will continue with the National Registry of EMT for our examination vendor. Exploration of other testing options reinforce that the National Registry provides a reliable, valid, standardized and defensible EMS certification exam.

Beginning January 1, 2007, the National Registry will move to Computer Based Testing (CBT) for all levels of EMS written examination. The advantages of CBT include rapid results to candidates, flexibility for test scheduling, more accurate evaluation and increased security. Each exam is specifically tailored to the ability of the candidate, therefore, the testing experience is unique and more secure.

Some disadvantages include a fee increase and possible travel distances. The Bureau has worked diligently with the National Registry to ensure no student will travel more than an hour to a test site. In-

state sites include: Cedar Rapids, Creston, Davenport, Des Moines, Dubuque, Iowa City, Mason City, Sioux City, Storm Lake, and Waterloo. The near out-of-state sites are: Lincoln, NE; Omaha, NE; Prairie du Chen, WI; and Sioux Falls, SD.

The fee increases are substantial; however, the National Registry has not increased fees since introduced in Iowa in 1996. Candidates may use state training funds to pay testing fees.

### Advanced Practical Examination

The Iowa EMS Training Programs will be responsible for conducting all advanced practical testing beginning January 1, 2007. This will remove a step for the students as they register for practical testing. Additionally, the Training Programs can offer their test site to all candidates, including those out-of-state. The current state-administered practical is not available to out-of-state students. Flexible scheduling will be another advantage for the training programs and candidates. Training Programs can collaborate and offer more advanced practical testing sites.

Joe Ferrell will continue to provide technical assistance as the Training Programs during the transition. The National Registry representatives come to Iowa in October to train new exam proctors. ■

# Key West Fire and EMS

## Affiliate Profile



**K**ey West Fire Dept. (KWFD) was established and chartered in February 1953 to provide fire protection to three townships in Dubuque County. At that time, response was alerted by an outdoor siren. With basic first aid training in the 1970s and Dubuque Fire Dept. providing transport service to that area, the need was realized to provide first responder service in an effort to help save lives. Training was held for interested persons by Dubuque Fire Dept. paramedics. As a result, KWFD's first responder service was initiated in 1982, along with the purchase of their first pagers and resuscitation equipment which included oxygen, bandages, powered suction, homemade splints, and long and short boards. After a number of years of basic life support, consisting of only oxygen, CPR and oral airways, a grant was obtained from the Dubuque Greyhound Park and Casino to purchase a ZOLL 1600 manual/AED defibrillator. After the purchase of the defibrillator in 1996, KWFD became a provisional paramedic non-transport service. In 1998, KWFD acquired the rescue equipment formerly operated by Dubuque County Search and Rescue (who had disbanded) and began extrication services. In May 2003, the City of Dubuque notified KWFD that as of January 2004 they would no longer serve their areas due to financial constraints and call volumes. KWFD then began to investigate the options of contracting the services out or doing it them-

selves. The decision was made to proceed with plans to purchase an ambulance and begin transport service. On January 1, 2004, KWFD began as a provisional paramedic specialist transport service, which continues to the present.

KWFD's call volume continues to increase due to healthy residential and commercial development, as well as two major four-lane highways that intersect and travel through their area. Their 2005 call volume was 142 (EMS and Fire, combined) of which 111 were EMS calls (including rescue and vehicle accidents). KWFD covers approximately 96 square miles in 3 townships and serves approximately 6500 residents. They are responsible for approximately 1700 acres of state land in the Mines of Spain Recreation Area, 300 acres of county land consisting of Swiss Valley Park and Nature Center, as well as the Massey Station Park and Campground and the Mississippi River. They also provide automatic aid to the City of Dubuque Fire Dept. at the Dubuque Regional Airport and mutual aid ambulance services to the City.

KWFD currently has a staff of 30 volunteers, which consists of 3 EMT-PS, 6 EMT-P, 2 EMT-I, 5 EMT-B, 4 FR, and 2 EMT-B "in process." Six of these staff members are also City of Dubuque Firefighters. Their mission is summed up in their motto "Saving Life and Property Since 1953."

Their department provides fire prevention activities and mass evacuation drills at

the local school as well as tours for local groups of boy scouts, 4H clubs and any other groups that request it. They have a community parade and fun Day each August, in which they do fire and EMS demonstrations for the public. They hold public CPR classes and have secured a grant to place 5 AEDs in their community and provide the related training.

KWFD has had a lot of great support from its neighbors, especially the City of Dubuque paramedics who provided KWFD's initial first responder training. They applauded Ric Jones, an IEMSA Board member and former City of Dubuque Paramedic/EMS Supervisor, for being a great sounding board and a good source of advice. They also commended the entire staff on the Dubuque ambulances for their help when they ran ambulance calls together, noting that that support continues today. Another source of support was their relationship with the Dubuque County EMS Association; they particularly valued the Association as a forum for shared information and the opportunity to conduct joint projects. They are grateful to their medical director, Dr. Mark Singsank, who supports their cause with advice and knowledge. The Key West Fire Dept. Board of Directors and their Township Trustees have also been strong contributors to KWFD's success — they have always supported KWFD's mission by asking pertinent questions, being willing to help find funding for their projects and engaging in stimulating discussions as they all work for a common goal — to provide quality service to their community.

KWFD became an Affiliate Member of IEMSA in 2006 to show their support to the Association and to take advantage of the Group Purchasing Program. A number of their members are also Individual IEMSA members who attend the annual conference regularly, noting that they appreciate the high quality training that is provided through IEMSA's Annual Conference. ■

## Key West Fire and EMS In Action



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